LETTERS

Heparin and Leno-Renal Shunt Patency

Sir,

The leno-renal shunt is often used to reduce portal pressure and re-bleeding in patients with portal hypertension. It is the most commonly used type of surgery at our center and is being used predominantly for patients with portal vein thrombosis (PVT) and non-cirrhotic portal fibrosis (NCPF). Shunt thrombosis, however, is a major problem. In 1980, Basmuth et al. reported that heparin is useful in preventing shunt thrombosis. From August 1981 to July 1983, we performed 23 spleno-systemic shunts. One had a spleno-caval shunt and another had a leno-renal shunt with splenic artery ligation. The remaining 21 had a side to side leno-renal shunt without splenectomy. Eighteen of them had PVT, 4 NCPF and one cirrhosis. Their age varied from 7 to 36 years and splenic vein diameter from 8 to 20 mm. All were given 3000 U of heparin just before clamping the splenic vein and 100 U/kg/day in two divided doses subcutaneously for 10 days. One patient died of an anastomotic tear within 24 hours of operation. Of the remaining 22, one died of post-operative sepsis and another had no post-mortem examination. Two patients were not studied for shunt patency. Nineteen patients had a splenoportovenogram done to study shunt patency. All were patent 2-4 weeks after the shunt. One patient developed a delayed thrombosis recognized 12 months after the operation. He had had an anastomotic kink recognisable on the initial shuntogram. No major post-operative event was due to heparin. Two patients who inadvertently received 200 U/kg/day of heparin were oozing from the abdominal wound. This stopped on reducing the dose of heparin.

Eighteen patients who underwent spleno-systemic shunts in the period April 1979 to July 1981 were also studied. None of them received heparin in the peri-operative period. One had a spleno-caval shunt with splenic artery ligation and another a side to end leno-renal shunt. All others (16) had a side to side leno-renal shunt without splenectomy. Ten of them had PVT, 7 NCPF and one cirrhosis. Their age varied from 9 to 50 years and splenic vein diameter from 8 to 22 mm. All had a splenoportovenogram to test the patency of the shunt. The shunt was patent in only 9 of the 18. Seven of the 9 with blocked shunts relapsed within 2 years of surgery, and one died of a re-bleed.

The two groups are not strictly comparable as the group which received heparin was studied prospectively and the group which did not receive heparin retrospectively. However, the difference between the 95% patency in the group which received heparin and the 50% patency in the group which did not receive heparin was significant (P<0.01). It appears, therefore, that heparin in the peri-operative period helps maintain leno-renal shunt patency.

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Spontaneous Disappearance of Gastric Polyps

Sir,

Reports of spontaneous detachment and disappearance of gastric polyps are very rare. We report a case of multiple gastric polyposis detected sixteen years after a gastroenteric anastomosis performed for peptic ulcer disease. Two of the polyps disappeared spontaneously within one week.

A 65 years old woman underwent a gastroenteric anastomosis 16 years ago for duodenal ulcer diagnosed on barium meal examination. She remained asymptomatic for the next 12 years, when she developed a dull ache in the left hypochondrium, increasind after food and accompanied by a feeling of a mass and abdominal distension. Anticholinergics and antacids relieved her discomfort. There was no history of vomiting or anaemia, but her dietary intake was poor because of fear of inducing pain.

On examination, she was pale. There was a linear scar of previous surgery on the abdomen, with tenderness in the epigastrium. There was no organomegaly or other lump felt. Systemic examination was normal. Investigations revealed normal hematological and biochemical profile and normal electrocardiogram. Stools were negative for occult blood on more than three occasions.

Endoscopy revealed a normal esophagus. The stomach showed marked hyperemia of the body and fundus with a large poly (2.5 x 2.5 cm) along the lesser

Fig 1: Double contrast barium appearances of the gastric body and antrum showing multiple polyps and a large poly (black arrow) along the lesser curvature. The large poly measured 2.5 cm x 2.3 cm at endoscopy and was found missing at surgery.

References

curvature and another seven or eight scattered over the fundus and body, some pedunculated, the others sessile. The antrum and different loops were normal. Barium meal (Fig 1) revealed the biggest polyp, along the lesser curvature, to be pedunculated with significant movement on fluoroscopy. The gastrojejunostomy anastomotic site was normal with a free flow of contrast material.

Gastroscopic biopsy showed ulcerated mucosa, purulent exudate on the surface and heavy mixed cellular infiltration in the lamina propria. The biopsy and brush cytology did not reveal malignant cells. A subtotal gastrectomy was done a week later. The two big stalked polyps were missing and instead ulcerated areas were seen at those sites (Fig 2). Histology of the resected stomach showed features of atrophic gastritis with hyperplastic polyps. There was no evidence of malignancy.

Although cases suggesting autopolyectomy have been reported decades earlier, 1, 2, published reports of such patients are extremely rare. 3 In our patient the two pedunculated polyps seen on barium study, which followed endoscopic biopsy, were missing at surgery a week later. Detachment following necrosis or cancerous infiltration of the polyp base does not seem responsible in our case as histology did not show such changes. These observations suggest a spontaneous detachment of the polyp, but the precise mechanism of such an event remains unclear.

References

Fig 2: Resected specimen of the stomach showing ulcerated area representing the sites of two big pedunculated polyps which disappeared spontaneously.

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