ANOTATED BIBLIOGRAPHY

Diseases of the liver, biliary tract and spleen

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—Editor

LIVER


A well conducted experimental study which indicates that lamotrigine inhibits hepatic regeneration and therefore must be used with caution in patients after extensive liver resection.


The study demonstrates that cirrhotics have an increased mortality when they undergo surgery. Allergic tract operations have the highest mortality. Surgery should, hence, be done selectively in cirrhotics and that too only if liver function is optimum.


The authors suggest that patients with disabling posthepatic encephalopathy should have discontinuation of the humoral and antigenic response. A new technique should be done in these patients by a Scharhath catheter, which was exteriorized and traction applied.


Conclusive proof that the presence of anti-HBs along alone does not indicate a non-infectious serum. Concomitant HBsAg and anti-HBs are particularly common in patients on hemodialysis. This was explained by different subtype specificity of circulating HBsAg and anti-HBs.


A NIH conference which covers all aspects of this fascinating disease. In particular, immune mechanisms have been highlighted.


A brief account on how to minimize the dental's risk of being infected by the hepatitis B virus.


An editorial comment updating the present knowledge of this often lethal condition.


A controlled trial suggesting that while endoscopic injection therapy of esophageal varices may prevent rebleeding, it has no long-term effect on survival.


The authors carried out a controlled trial of propranolol in an unselected group of patients. No beneficial outcome could be detected.


A strong case for initial hemorrhage due to esophageal varices being treated by balloon tamponade followed by acute sclerotherapy. Early rebleeding should be treated by sclerotherapy.


Resolution of tumors at the hepatic hilum is suggested, with drainage being reserved for those patients in whom resection is not possible.


A positive IgM anti-HBc antibody predicts a HBsAg carrier state. In addition, if it is negative in a patient with hepatitis and HBsAg positivity, a cause other than hepatitis B virus must be looked for.


The authors discuss various non-suspecting and non-operative modes of therapy for esophageal variceal bleed. An aggressive approach, like endoscopic sclerotherapy is suggested. Stapled esophageal transection and coronary venous ligation are effective surgical means when necessary. Shunting or more extensive surgery is not warranted.


A good paper on predictability of encephalopathy after portacaval shunts.


An elaborate description of one of the largest series of hepatic resections.


A paper dealing with some of the causes for failures following surgery for reflux esophagitis.


The importance of preserving retrograde portal flow in portacaval shunts is dealt with.


A very well worked up series is presented.


A CPC discussion of chronic active hepatitis in children.

A review of the basic procedures for control of variceal bleeding. Selective shunts for non-emergent blood have been assessed after a long follow up as effective with good patency rates. Transcatheter decompensation of stomach and pharynx leads to prevention of gastroesophageal variceal bleeding. Portal perfusion is adequately sustained for many years.


A good literature review on Caroli's disease and malignancy. Four new cases are reported.


The benign nature of hemangiomas is highlighted in this review of 49 cases of hemangiomas bigger than 4 cm.


The indications and advantages of CT are discussed. A study of 24 cases and a cumulative review of 252 patients. Percutaneous drainage is possible under CT guidance.


Experience of 87 cases (106 operations) in 42 patients. A radical excision is strongly advocated.


Distal biliary stasis did not prevent progressive decrease in portal flow to the liver. The authors suggest that endoscopic variceal pressure measurement detects patients at risk of recurrent bleeding.


This paper implicates NANB hepatitis as the most common cause of hepatitis preceding spleenectomy. A study of 16 cases.


Periodic assessment of liver function is warranted in patients with alpha antitrypsin deficiency over the age of 40 years. Although risk of liver disease is high, a study of 16 cases out of which 13 cases had probably NANB hepatitis.


A clinicopathological study. Congestive cardiac failure is a common complication. In infants and children, spontaneous resolution can occur if treated conservatively. Massive lesions should be treated with ligation or embolization of hepatic artery and resection if limited to one lobe.


An interesting theory is postulated for reduced renal blood flow in portal hypertension.


Evidence to suggest that the cholinergic action of insulin is on the hepatocyte.


An important paper for those administering chemotherapy for liver tumors.


Indicates that molecular hybridization not only provides a more sensitive and direct method for detecting hepatitis B virus in serum but also defines additional serological patterns with predictive or epidemiological value.


Suggests a relative deficiency of the cytotoxic suppressor population of T cells in autoimmune liver disease and possibly in anti-HEP-B positive, HBV-induced chronic active liver disease.


The production of cytokine antibodies may be due to the reorganization of cytokine-like structures in the liver.


Suggests that reactivation of HBV replication or continued HBV virus replication occurs as commonly or more commonly than de novo infection in renal transplant recipients.


Describes the use of the above test in the diagnosis of different forms of hepatitis B infection and in determining the severity of chronic hepatitis B.


Although alcohol intake is known to correlate positively with HDL concentrations, these data show that this association is not absolute, and in most cases is reversed once liver disease becomes apparent.


Indicates that muscle glycogen is present in significant concentrations in human black pigment stones.


Branched chain amino acids reduced the concentration of aromatic amino acids but neither improved cerebral function nor decreased mortality in patients with hepatic encephalopathy.
