

# Robotic Heller Myotomy Reduces Perforations

BY JEFF EVANS  
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TUCSON, ARIZ. — Heller myotomy performed with robotic telesurgery for the treatment of achalasia appears to cause fewer esophageal perforations and an equivalent functional outcome, compared with the traditional laparoscopic technique, W. Scott Melvin, M.D., said at the annual meeting of the Central Surgical Association.

Laparoscopic Heller myotomy for achalasia requires advanced laparoscopic skills, especially in performing what may be the toughest part of the operation—dividing the muscle fibers of the esophagus, where perforation can occur, noted Dr. Melvin, director of the Center for Minimally Invasive Surgery at Ohio State University, Columbus.

The difficulty of the procedure has contributed to a substantial rate of intraoperative esophageal perforations, which occurred in 51 (11%) of 479 laparoscopic Heller myotomies performed for achalasia in all series reported during the past 7 years.

To assess robotic Heller myotomy as an achalasia treatment, Dr. Melvin and his colleagues conducted a prospective study of 104 patients treated with the da Vinci robotic surgery system (made by Intuitive Surgical Inc.) and partial fundoplication at three centers in 2000-2004. Only patients with previous surgical myotomy were excluded from the study. The patients' hospital stay averaged 1.5 days.

No esophageal perforations occurred intraoperatively or postoperatively. Eight minor complications occurred, including urinary retention and postoperative pyrexia, Dr.

Melvin said. One patient needed conversion to an open surgery because of bleeding, and another to a standard laparoscopic surgery because the robotic system failed.

No reoperative procedures were necessary in 79 patients who had an average follow-up of 16 months. According to a survey completed by these 79 patients, symptoms improved from a mean score of 5 prior to surgery to 0.48 during the follow-up period.

The hardest part of the computer-assisted surgery often was at the gastroesophageal junction, where some patients had scarring from undergoing previous therapies such as Botox injection or balloon dilatation, Dr. Melvin said.

The operative time for the computer-assisted surgery at first averaged 162 minutes but fell to 113 minutes in the study's last 2 years. ■

## CLINICAL CAPSULES

### Fatty Liver Disease Histopathology

Histopathologic markers of nonalcoholic fatty liver disease are more common among whites than African Americans, even when features of the metabolic syndrome are present, according to the results of a prospective study.

Steven F. Solga, M.D., of Johns Hopkins University, Baltimore, and his colleagues obtained liver biopsies during Roux-en-Y gastric bypass surgeries performed in 2001-2003 in 189 patients who did not report past or current alcoholic use. The 26 African Americans and 163 whites in the study were severely obese and had similar rates of three metabolic syndrome features: hypertension, diabetes mellitus, and hyperlipidemia (Surgery for Obesity and Related Diseases 2005;1:6-11).

Compared with whites, African Americans had significantly lower rates of moderate or severe steatosis (incidence of 40% vs. 8%), inflammation (71% vs. 42%), fibrosis (48% vs. 31%), and nonalcoholic steatohepatitis (59% vs. 27%).

### Hemophilia in Chronic Hepatitis C

Treatment of chronic hepatitis C with ribavirin and interferon alfa-2b in patients

with hemophilia appeared to reduce patients' use of clotting factors in a small case series, reported Takashi Honda, M.D., and associates at Nagoya (Japan) University.

In a series of eight consecutive hemophiliac patients with chronic hepatitis C virus (HCV) infection treated at one center with a combination of ribavirin and interferon alfa-2b, five patients had moderate or severe hemophilia that required significantly less use of clotting factors on average during each month of treatment than in the 6 months prior to combination therapy (1,605 U/mo vs. 3,783 U/mo). Each patient received 600-800 mg of ribavirin per day for 24 weeks and an interferon alfa-2b regimen of 6 million units daily for 2 weeks and then three times per week for 22 weeks. Three patients with mild hemophilia were not included in the analysis because they rarely used clotting factors (JAMA 2005;293:1190-2).

Several patients continued to use less clotting factor after combination therapy stopped. "This strongly suggests that the reduced use of clotting factors was associated with the addition of ribavirin," the investigators wrote. The findings may reflect a change in coagulation status.

### Diabetes and Hepatocellular Carcinoma

Diabetes is an independent risk factor for hepatocellular carcinoma. This finding holds regardless of the presence of other risk factors for the disease, according to results from the first population-based case-control study to examine the association in U.S. patients.

Diabetes was independently associated with about a threefold higher risk of hepatocellular carcinoma (HCC) in a multivariate logistic regression analysis of data from 2,061 patients with HCC and 6,183 control patients without cancer. The percentage of HCC patients with diabetes (43%) was significantly greater than the proportion of controls with diabetes (19%).

But when cases of diabetes diagnosed in the 2 years prior to the date of HCC diagnosis were excluded, the proportions of patients with diabetes dropped to 32% for the HCC group and 12% for the control group (Gut 2005;54:533-9).

The results did not change appreciably when Jessica A. Davila, Ph.D., of the Houston Veterans Affairs Medical Center, and her associates restricted their analysis to patients without hepatitis C or B virus infection, alcoholic liver disease, or hemochromatosis.

### Noninvasive HBV Fibrosis Detection

A formula using four regularly measured biomarkers can help to predict the absence of significant liver fibrosis in chronic hepatitis B patients, thereby allowing some patients to avoid or postpone liver biopsy, reported Alex Yui Hui, M.D., and colleagues at the Chinese University of Hong Kong.

Studies of a series of patients with HBV DNA levels greater than 10<sup>5</sup> copies per mL showed that a model incorporating bilirubin and albumin concentrations, platelet count, and body mass index could predict the absence of significant fibrosis, defined as an Ishak score of 3 or higher (Am. J. Gastroenterol. 2005;100:616-23).

The formula gave a negative predictive value (NPV) of 95% and 79% in a training set of 147 patients, 89% and 81% in a validation set of 75 patients, and 92% and 81% in the total cohort of 222 patients; the NPV varied depending on the use of a predictive probability with a low cutoff of 0.15 or a high cutoff of 0.5, respectively. "It is possible that our noninvasive fibrosis index combined with the biochemical, serological, and virological data will provide sufficient information that liver biopsy could be avoided or postponed in some patients," the investigators wrote.

—Jeff Evans

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