Col 19

RESULTS OF A REGULAR POSTOPERATIVE FOLLOW-UP PROGRAM AFTER CURATIVE SURGERY FOR COLONIC CARCINOMA
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The efficiency of a regular postoperative follow-up program was studied basing on the histories of 675 patients. They were operated upon colonic carcinoma between 1970 and 1980. Compared were patients with regular follow-up examinations according to a standardized program with patients refusing further attention until clinical manifestation of the relapse. 50 % of the recurrences in the group with regular check-ups were diagnosed within the first postoperative year compared to 39 % of the patients without medical controls. In the first group diagnosis of recurrent disease was made in 75 % during a regular check-up, i. e. in state of asymptomatic relapse. 95 % of the patients without postoperative controls attended a physician because of symptomatic recurrence. 30 % of the periodically examined patients were free from lymph node involvement and metastases at the time of secondary operation in opposite to 20 % of the group without periodical examinations. 37 % of the secondary procedures could be performed curatively for the patients with examinations compared to 17 % of the patients without controls. Five-year-survival-rate after secondary procedure was 11 % in the group with follow-up and 0 % in patients without controls. Therefore the high personal, financial and temporal expense of a regular postoperative follow-up seems justified in case of colonic carcinoma.

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Col 20

ASCITES FLUID CHOLESTEROL IS A USEFUL TUMORMARKER

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In the differentiation between ascites caused by liver disease and ascites caused by malignant neoplasms cytological investigation has been found to be rather insensitive. Ascitic fluid (AF) protein concentration, the most widely used parameter, has been reported not to exceed 80 % efficiency. The purpose of the present study was to investigate the efficiency of AF lipid analysis in discriminating malignant from nonmalignant ascites. Methods: 92 ascitic patients were investigated: 51 with neoplasms and 41 with nonmalignant, mostly cirrhotic ascites. AF total protein (biuret method) as well as triglycerides, phospholipids and cholesterol (enzymatic-photometric kits, Boehringer, Mannheim) were determined. Results: In malignant AF median values were significantly (Mann-Whitney test, $p < 0.01$) higher for cholesterol (72 vs. 21 mg/dl), phospholipids (0.77 vs 0.33 mmol/l) and protein (3.9 vs. 2.0 g/dl), but not for triglycerides (71 vs. 43 mg/dl) than in nonmalignant ascites. Using optimal cutoff levels (c.l.), sensitivity, specificity and efficiency were calculated to be:

	c.l.	Sensit.(%)	Specif.(%)	Effic.(%)
Cholesterol (48 mg/dl)	90.1	95.1	92.3	
Phospholipids (0.6 mmol/l)	72.5	85.3	79.4	
Triglycerides (65 mg/dl)	72.5	73.1	72.8	
Protein (2,5 g/dl)	82.3	75.6	79.4	

Cytological examination was performed in 28 of 41 patients with nonmalignant and 37 of 51 pts. with malignant ascites. At a diagnostic specificity of 100 %, sensitivity was only 62 %.

Conclusion: Ascitic fluid cholesterol concentration was found to be an excellent marker for ascites caused by malignant neoplasms with more than 90 % efficiency at a cutoff level of 48 mg/dl. This simple and cost-effective method could be useful in the differential diagnosis of ascites.

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Col 21

PLASMATIC AND CELLULAR LIPOPROTEINS ARE RESPONSIBLE FOR HIGH LIPID CONCENTRATIONS IN MALIGNANT ASCITES FLUID
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Elevated lipid concentrations have been found in ascites fluid caused by peritoneal carcinomatosis as compared to ascites fluid due to chronic liver disease. The basis of these observations is not well understood. Therefore, we studied the nature of ascitic lipids in 25 patients with various neoplasms. Lipids were isolated on Sephadex G-100 and Biogel A-5m columns. Plasmatic LDL and HDL represented about 80 % of the total ascitic lipids. However, the void volume fractions after gelfiltration on the Biogel A-5m column regularly contained a non-plasmatic macromolecular protein-lipid complex with a median composition of 63.5 % protein, 16.2 % triglycerides, 7.4 % phospholipids and 7.0 % cholesterol. Electron microscopy showed globular particles of 36 - 64 nm in diameter. They floated in a density range from 1.128 - 1.181 g/ml after CsCl gradient ultracentrifugation. SDS-PAGE of the proteins separated up to 11 subunits with a molecular weight range from 29000 - 97000. In immunodiffusion studies these complexes showed no reaction against anti-apoLDL and anti-apoHDL, but were precipitated by anti-LSP (liver specific lipoprotein).

It is concluded that enhanced filtration of plasmatic LDL and HDL seems to be the main mechanism responsible for high lipid concentrations in malignant ascites fluid, although minor amounts of lipids derive most likely from surface membranes of the peritoneum or the liver infiltrated by carcinomatosis.

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Col 22

ENDOSCOPIC TREATMENT OF COLORECTAL POLYPS. ITS IMPORTANCE IN PROPHYLAXIS OF COLORECTAL CARCINOMA
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In the last decade a strong increase in the number of colorectal carcinoma could be observed in the western countries. The adenomatous polyps play an important part in the development of this disease. In a retrospective study we investigated the possible consequence of endoscopic polypectomy in the prophylaxis of colorectal carcinoma. From 1.1.80-30.6.85 in the Surgical Clinic, University of Marburg, 1413 polyps of the large bowel were removed endoscopically from 848 patients. 79% of the polyps were situated in the rectum and sigma, that means within a range which could easily be reached with the commonly used 60 cm sigmoidoscope, only 21% were located in the upper colon. The histological examination showed in 14.1% hyperplastic polyps, in 39% tubular adenomas, in 21.6% tubulovillous adenomas and 3.7% villous adenomas. In 1.6% we found a variety of none adenomatous polyps like juvenile polyps, granulation polyps etc.. In 16.9% histological examination was not done because of different reasons.

3.9% of the benign adenomatous polyps showed severe dysplasia according to the WHO connected with a high malignant potency. 44 polyps (3.1%) contained already parts of an invasive carcinoma. The smallest malignant polyp was only 8 mm in diameter.

Conclusions: The large number of polyps with severe dysplasia or already invasive carcinoma in our study support the importance of endoscopic polypectomy in the prevention of colorectal carcinoma.

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