

# Commentary

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**T**he “The Sixth Carlos E. Rubio Memorial Lecture” on the prevention and treatment of variceal hemorrhage published in Puerto Rico Health Sciences Journal (Vol. 19 No.1 March, 2000) has brought to my mind cherished memories. They relate to the years 1948-1950 when I was a member of the Faculty of the Department of Medicine of the old San Patricio Veterans Administration Hospital (VAH).

At that time we were troubled by the relatively high incidence of gastroesophageal variceal hemorrhage when the methods at our disposal to correct the malady were, at best, inadequate. Dr. Luis A. Passalacqua was the Chief of Surgery who, in one case, to allay the portal hypertension, scraped the surfaces of the spleen and opposing diaphragm, powdered them with talc and sutured them in apposition. The man died of a perforated intestinal ulcer about a year later. At autopsy, numerous thin-walled vascular channels had developed between the spleen and the diaphragm evidencing that an “escape valve” had been achieved between these two organs.

In the year 1950, a patient whose last name I still remember, was admitted to my service. His age was about 35 years and had been diagnosed with Laennec’s cirrhosis. The barium swallow revealed huge esophageal varices, some the size of my little finger. He had not bled but I strongly suspected that he would at any moment. I discussed the case with Dr. Passalacqua with the intention to treat him surgically and we devised an operation to prevent both acute and long term bleeding. It consisted of, perhaps, previous individual surgical attempts but, this time, all were to be performed at one setting. It was not difficult to obtain the patient’s consent as his life was being threatened.

The operation consisted of three parts:

1. Ligation of the esophagus at the esophago-gastric junction with reimplantation at another close site of the stomach. This procedure would eliminate the danger of acute esophageal bleeding (prevention).
2. The spleen and the diaphragm were apposed as previously described (to allay portal hypertension; we assumed that the vascular channels would develop before esophageal varices were to recur).
3. The greater omentum was passed into the left pleural cavity through an incision made in the left diaphragm. It was sutured to the inferior surface of the lung lobe (much like covering the surface with a piece of cloth) after rasping both surfaces and applying talc. We reasoned that, on a long term basis, vascular channels would also develop here thus eliminating the future need of a porto-caval anastomosis.

The patient tolerated the operation well (a hobnail liver was directly visualized) and he was discharged.

In 1970, 20 years later, unexpectedly, I met the patient at the new VAH. He had been admitted to the Surgical Service because an unexplained “density” was discovered over the lower left chest on an X-ray. I informed the surgeons on the details of the case and the need for further investigation, contrast studies, etc. but they were not interested and discharged him before I could do anything about it. I have not seen or heard from him since.

On my questioning, the patient had lived in California for a number of years, had not required any hospitalizations, had never bled, and had no episodes of ascites or jaundice. He was feeling relatively well.

To my knowledge, this exceptional case has never been published. Although it cannot be offered as a scientifically proven procedure for the treatment of the life-threatening complication of hepatic cirrhosis, one cannot negate the significance of a symptomless 20 year follow-up, with special reference to the absence of esophageal bleeding.

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**Editorial Note.** Although anecdotal, we feel this commentary on the 6<sup>th</sup> Carlos E. Rubio Memorial lecture on portal hypertension brings to light the ingenuity of physicians in attempting to control variceal bleeding. It also gives the reader a historical perspective of the surgical management of portal hypertension in Puerto Rico at a time when no medical options were available.