术和一期切除肠吻合术之间无显著区别。Hartmann手术组中，持续肠梗阻、呼吸道感染和肾衰竭是常见的需要再次手术的不良事件（$P < 0.01$）。已控制的并存病症、憩室病范围、严重腹腔感染（Mannheim腹膜炎标准）及急症手术，使Hartmann手术患者在术后发生外科不良事件可能性升高近2.1倍（OR的95% Cl 1.3～3.3）。结论：Hartmann手术与一期切除肠吻合术比较，是一种与术后不良事件高度相关的复杂外科手术。为了将此种不良事件的发生率降至最低，行Hartmann手术患者需要高度重视术前评估及术后密切监护。

0472. Sutureless intestinal anastomosis with the biofragmentable anastomosis ring: Experience of 632 anastomoses in a single institute

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PURPOSE: Uncertainty with the safety of the biofragmentable anastomosis ring makes surgeons hesitate in its widespread use in intestinal surgery. This study was designed to evaluate the validity of the biofragmentable anastomosis ring as a routine anastomotic device in enterocolic surgery. METHODS: The study analyzed the nine-year experience of 632 biofragmentable anastomosis ring anastomoses performed in 617 patients: 525 (83 percent) as elective procedures and 107 (17 percent) as emergency. Three classic types of anastomosis, end-to-end (n = 354), end-to-side (n = 263), and side-to-side (n = 15), were performed with a standard technique. RESULTS: Anastomotic sites included ileocolic/ileorectal in 283 patients (45 percent), colorectal in 148 (23 percent), enteroenteric in 101 (16 percent), and colocolic in 100 patients (16 percent). Anastomotic leakage with clinical relevance was observed in five patients (0.8 percent): three elective cases, and two emergency (2 colorectal anastomoses and 1 ileorectal required diversions). Among 13 instances (2.1 percent) with postoperative intestinal obstruction, only 1 required relaparotomy for closed-loop obstruction. Seven patients (1.1 percent; 4 elective cases, and 3 emergency) died postoperatively; no deaths were directly related to the biofragmentable anastomosis ring technique. CONCLUSIONS: Our data suggest that the anastomosis using the biofragmentable anastomosis ring is a uniform and highly reliable technique even in high-risk emergency surgery. Along with its clinical validities, clinical application of the biofragmentable anastomosis ring in different types of anastomoses in enterocolic surgery is expected to be expanded with a high level of technical safety.

应用生物可降解吻合环行无缝合肠吻合术：在独家机构中632例手术吻合经验

目的：在肠道手术中，由于对生物可降解吻合环的安全性尚不确定，从而导致外科医生使用该方法存在犹豫。该项研究旨在评估在小肠结肠炎手术中生物降解吻合环作为常规吻合装置的有效性。方法：研究分析了617例患者9年手术体验，其中632例应用生物降解吻合环：525例（83%）行择期手术而107例（17%）行急诊手术。3种典型吻合形式作为标准手术，即端对端吻合（$n = 354$），端侧吻合（$n = 263$）和侧对侧吻合（$n = 15$）。结果：吻合位置：283例（45%）为回肠结肠吻合，148例（23%）为结肠直肠吻合，101例（16%）为肠胃吻合和100例（16%）为结肠与结肠吻合。观察到5例（0.8%）出现吻合口漏：3例为择期手术及2例急诊手术（2例为结肠直肠吻合而1例为回肠结肠吻合）。13例（2.1%）出现术后肠梗阻，仅1例因闭合袢肠梗阻必需再次剖腹手术。7例（1.1%；4例择期手术及3例急诊手术）术后死亡，且死亡病例无1例与生物降解吻合环技术直接相关。结论：该文表明使用生物降解吻合环行吻合术，甚至在高风险的急诊手术中，是一贯高度可靠的技术。结合其临床效应与临床应用的安全性，生物降解吻合环在不同类型肠吻合手术的临床应用中期望被广泛使用。

0473. Gastrointestinal involvement of posttransplant lymphoproliferative disorder in lung transplant recipients: Report of a case

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PURPOSE: Lymphoproliferative disorder is a well-recognized complication of lung transplantation. Risk factors include Epstein-Barr virus infection and immuno-suppression. The gastrointestinal manifestations of posttransplant lymphoproliferative disorder in lung transplant recipients have not been fully characterized. METHODS: Case presentation and 16 previously reported cases of posttransplant lymphoproliferative disorder with gastrointestinal involvement are reviewed. RESULTS: Patient ages ranged from 25 to 65

(median, 52) years. Median time fromlung transplantation to onset of posttransplant lymphoproliferative disorder was 36 (range, 1 – 109) months; 35 percent of cases (6/17) occurred within 18 months; Eighty-eight percent of patients (15/17) had positive Epstein-Barr virus serology before transplantation. In five patients (29 percent), the posttransplant lymphoproliferative disorder also involved sites other than the gastrointestinal tract. The most common gastrointestinal site of posttransplant lymphoproliferative disorder was the colon, followed by the small intestine and stomach. Clinical features included abdominal pain, nausea, and bloody diarrhea. Diagnosis was based on typical pathologic changes on gastrointestinal tract biopsy obtained mainly by colonoscopy. Treatment included a reduction in the immunosuppressive regimen in 15 of 17 cases (88 percent) and surgical resection in 10 (59 percent). One patient was untreated. Seven of 16 patients (44 percent) responded to treatment and 9 patients died. Median time from onset of posttransplant lymphoproliferative disorder to death was 70 (range, 10 – 85) days. CONCLUSIONS: Posttransplant lymphoproliferative disorder with gastrointestinal involvement is a unique entity that should be considered in all Epstein-Barr-Virus-positive lung transplant recipients who present with abdominal symptoms. Although immunosuppressive modulation and resection can lead to remission, the risk of death is 50 percent.

肺移植患者术后淋巴增生性疾病与胃肠道相关性：1 例病例报道

目的：淋巴增生性疾病是肺移植患者公认的并发症，其危险因素包括 EB 病毒感染及免疫抑制，而肺移植患者术后，伴随淋巴增生性疾病的胃肠表现尚不具有相应特征。方法：回顾性研究现存病例与 16 例前期报道的移植后出现淋巴增生性疾病患者与胃肠道有相关性的案例。结果：患者中位年龄为 52 岁（极差 25～65）。从肺移植到出现淋巴增生性疾病的中位时间为 36 个月（极差 1～109）。35% 案例（6/17 例）在 18 个月之内发病；88% 患者（15/17 例）移植前 EB 病毒血清学指标阳性。5 例患者（29%）涉及胃肠道之外的淋巴增生性疾病。移植后淋巴增生性病变在临床上最常涉及胃肠道的部位是结肠。临床症状包括腹痛、恶心和便血。基于结肠镜检查时胃肠组织活检出现典型病理学改变而作出诊断。治疗方法包括 15/17 例（88%）减少免疫抑制剂使用，10 例（59%）行外科切除术。1 例患者未作治疗。7/16 例患者（44%）治疗有效，9/16 例死亡。从出现移植后淋巴增生性疾病至死亡的中位时间是 70 d（极差 10～85）。结论：移植后淋巴增生性疾病出现胃肠道症状是一个单一病种，可认为是在所有 EB 病毒阳性的肺移植患者中出现的腹部症状。虽然调整免疫抑制剂用量和手术切除能使其有所缓解，但死亡风险仍为 50%。

0474. Familial adenomatous polyposis and mental retardation caused by a de novo chromosomal deletion at 5q15 – q22: Report of a case

Finch R. / Moore H. G. / Lindor N. et al. [Dr. J. G. Guillem, 1275 York Avenue, New York, NY 10021, United States] -DIS. COLON RECTUM 2005, 48/11 (2148 – 2152)

Familial adenomatous polyposis, caused by mutations in the adenomatous polyposis coli gene located at chromosome 5q21, is an autosomal dominant syndrome characterized by polyposis of the colon and rectum and nearly 100 percent progression to colorectal cancer. We report a case of familial adenomatous polyposis and mental retardation caused by a chromosomal deletion at 5q15 – q22. Chromosomal analysis is considered part of the evaluation of children with mental retardation and developmental delay. The resulting karyotypes from high-resolution chromosomal analysis can help characterize large deletions, some of which involve known tumor suppressor genes. Because familial adenomatous polyposis may arise from de novo chromosomal deletions involving the adenomatous polyposis coli gene locus, individuals with chromosomal deletions involving 5q21 should be considered at-risk for familial adenomatous polyposis and offered standard screening with flexible sigmoidoscopy by 10 to 12 years of age.

因 5q15 – q22 染色体缺失导致家族性腺瘤性息肉病与智力发育迟缓的病例报道

由于位于染色体 5q21 上的腺瘤性大肠息肉病基因突变所引起的家族性腺瘤性息肉病，是以结肠、直肠息肉病及几乎 100% 进展为结肠直肠癌为特点的常染色体显性症候群。该文报道了 1 例因 5q15 – q22 染色体缺失导致家族性腺瘤性息肉病及智力发育迟缓病例。染色体分析用来对智力发育迟缓的患儿进行部分评估。应用高分辨染色体分析染色体组型有助于对大的染色体缺失特征进行描述，其中包括一些已知的肿瘤抑制基因。由家族性腺瘤性息肉病可因腺瘤样息肉基因位点相关新的染色体缺失而引起，因此有 5q21 染色体缺失的个体应高度考虑患家族性腺瘤性息肉病的风险，这可在 10～12 岁间应用可屈性乙状结肠镜进行标准筛查。

（0471～0474 张 欣 译 史 敏 校）