Discussion

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Clinical Aspects of Incompetence of the Cardia

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In the Gastroenterological Out-Patient Clinic at the West London Hospital we have averaged 10 new cases of this condition yearly over the past 6 years. These form 2% of the new patients referred to the Clinic on account of dyspepsia.

The correct diagnosis was made on clinical grounds at the first attendance in 70%; of the remainder 20% presented with symptoms of gastroduodenal ulceration, 10% had dyspepsia suggestive of chronic gall bladder disease. In fact, concomitant gastroduodenal ulceration was present in 1 case in 10 and gallstones with the same frequency.

One case in 10 presented with a massive haemorrhage.

Females were affected 4 times as frequently as males, the ages ranging from 34 to 80 (average 51). The ages of the men ranged from 36 to 81 (average 57).

Sixty per cent of the females aged 50 and over were both obese and hypertensive.

Partly because of this we have so far only submitted the medical failures to surgery (about 10%) and these are all symptom-free. Medical treatment has consisted of an in-patient period of 3 weeks on continuous mid-oesophageal milk drip and of teaching the patient to sleep sitting upright in bed, so that she continues to do this when she goes home. She is also advised to avoid bending and stooping and to take all food and drink tepid. Of those treated in this way 60% are symptom-free, the remainder have intermittent discomfort or pain, but have not so far thought it severe enough to agree to operation.

Three patients (2 males and 1 female) have developed a carcinoma just proximal to the cardia while under observation, one 3 years after the first attendance, one 2 years and one 1 year. This is an incidence of 5%.