

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In today's issue you will find a study on such an important topic as the introduction of the DILO card in cancer patients. Authors from the University Hospital in Olsztyn discuss the importance of implementing a prompt diagnostic and therapeutic pathway for patients with colorectal cancer. The above article is a practical compendium on the DILO card in a patient with colorectal cancer. As already known, the DILO card serves as a referral enabling treatment initiation as part of prompt anticancer therapy. After both an initial and, then, an extended cancer diagnosis, each case of colorectal cancer is discussed at a multidisciplinary case conference, which is of key importance for selecting an appropriate treatment strategy. The authors also point out the most common shortcomings and errors in completing the documentation.

This issue also features two review papers written by an anaesthesiologist. The first paper discusses anaesthetic care in a patient qualified for emergency laparotomy. In addition to promptly and correctly performed surgery, factors such as optimal fluid therapy, pharmacological support of the cardiovascular system and effective analgesia also determine final treatment outcomes. Mortality and complication rates are high in this group of patients. The author points to the importance of risk assessment and the participation of an experienced medical team in the entire in-hospital treatment process in this demanding group of patients, as well as to the need to increase the number of beds in the Department of Anaesthesiology and Intensive Care. The second paper discusses the role of an anaesthesiologist in the management of patients with colonic perforation after colonoscopy. The paper presents a case of an 81-year-old patient with perforation after endoscopic resection of a sigmoid polyp.

I also recommend an article on treatment methods for fistula-in-ano: fistulotomy with sphincter reconstruction. Although new techniques, known as sphincter-saving techniques (SST), such as laser ablation, the use of paste, plugs, tissue adhesives, are not associated with a high risk of postoperative incontinence, they have high recurrence rates of up to 60%. The authors discuss indications for the use of the above mentioned method in the treatment of fistula-in-ano, along with possible complications and pitfalls. Fistulotomy followed by sphincter reconstruction is a bold surgical approach requiring extensive experience in performing colorectal surgical procedures and suitable for a selected group of patients. Despite the risk of postoperative incontinence, the discussed surgical approach, when performed by an experienced surgeon, is a good therapeutic option for patients with high recurrent anal fistulas.

Finally, I encourage you to take a moment of reflection and read an article in our history section. Despite the fact that the paper was written during the COVID-19 pandemic, and therefore the authors had limited access to archives and libraries, it is full of original anecdotes and historical curiosities, as typical of papers sent by Associate Professor Maria Ciesielska. The article is devoted to two doctors from the so-called "Polish School of Gastrology" from the first half of the 20th century: Antoni Tuchendler and Leon Plocker. Antoni Tuchendler dealt with the aetiology and diagnosis of habitual constipation, while Leon Plocker focused his research on issues related to gastric cancer. In addition to being an excellent doctor, Tuchendler was an unconventional person. Among other things, he wrote in "Przekrój" that prohibitive and puritan slogans, which absolutely condemn any use of alcohol, are an ineffective weapon in this combat. He appreciated the beneficial effects of wine on mood, especially in the case of tuberculosis patients lacking appetite, as well as the positive impact of beer on the whole body. However, he warned against excessive intake of vodka and wine, especially by individuals with haemorrhoids, as well as kidney and nervous system diseases. Both doctors were registered in the Warsaw Ghetto, where Dr. Plocker ran a gastroenterological clinic. Maria Ciesielska describes the medical activity and the fate of these two outstanding physicians in an extremely interesting way.

I wish you an interesting read.

Editor-in-chief
Małgorzata Kołodziejczak

