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Review article

The life and legacy of William Ernest Miles (1869-1947): a tribute to an admirable surgeon[☆]

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ABSTRACT

The present article aimed to review some important aspects regarding the work and life of the legendary English surgeon William Ernest Miles. His masterwork began at the beginning of the 20th century, when he devised the first radical procedure that aimed to control rectal cancer, after analyzing the poor outcomes of perineal resections for the disease. The famous 1908 publication, focusing on the technique and early results of abdominoperineal excision influenced numerous surgeons for decades, at a time when most rectal tumors were managed through rectal amputation, regardless of their location. Miles was recognized as a brilliant, fast, and skilled surgeon, and his fame attracted many surgeons to watch him at work in London at that time. He was also recognized as a gentle and kind man who became a trusted leader in coloproctology. In this context, he also made various contributions in the field of anorectal diseases, such as hemorrhoids, anal fistula, anal fissure, and rectal procidentia. Thus, he deserves the honors as the pioneer in the elaboration and refinement of a surgical technique that allowed a significant decrease in tumor recurrence and mortality. Furthermore, the Miles operation shifted the perspectives of rectal cancer, and for that his name will always be regarded as one of the giants in the history of colorectal surgery.

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William Ernest Miles (1869-1947): tributo a um cirurgião admirável

R E S U M O

O presente artigo teve como objetivo rever alguns dos aspectos importantes referentes ao trabalho e à vida do legendário cirurgião inglês William Ernest Miles. Sua obra-prima teve início no começo do século XX, quando ele concebeu o primeiro procedimento radical para controlar o câncer retal, após analisar os pobres resultados das ressecções perineais para a doença. Sua famosa publicação em 1908, focalizando a técnica e os resultados preliminares da chamada excisão abdômino-perineal do reto, influenciou muitos cirurgiões durante décadas, quando a maioria dos tumores retais era tratada por amputação do reto independentemente de sua localização. Miles era reconhecido como um cirurgião brilhante, rápido e habilidoso, e sua fama atraiu numerosos outros cirurgiões para vê-lo trabalhar em Londres nessa época. Apesar disso, era considerado um homem gentil e amável que

Palavras-chave:

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se tornou um verdadeiro líder em coloproctologia. Nesse contexto, ele também fez várias contribuições no campo das doenças anorretais como hemorroidas, fístula anal, fissura anal e procidência retal. Por isso, ele merece todas as honras por ter sido o pioneiro na elaboração e no refinamento de uma técnica operatória que viabilizou uma redução significativa na recidiva tumoral e mortalidade. Assim, a operação de Miles mudou as perspectivas do câncer retal e por isso seu nome será sempre reconhecido como um dos gigantes na história da cirurgia colorretal.

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Introduction

From the turn of the century through the initial decades of the 20th century, most rectal tumors were excised through the perineal approach, popularized by the British surgeon Lockhart-Mummery of St. Mark's Hospital. This approach enclosed a perineal resection several weeks after a sigmoidostomy.¹

Despite the low morbidity associated with this procedure, this resection was not curative. After performing 57 perineal resections with only one death from 1899 to 1906, William Ernest Miles (Fig. 1) diagnosed early recurrences in 54 (95%) patients who he personally examined after death, describing recurrences within the pelvic peritoneum, mesocolon, and lymph nodes situated at the bifurcation of the left common iliac artery.²

These observations led him to the "cylindrical concept", a theory that tumor spread occurred in all directions through the lymph nodes and was responsible for the locally recurrent disease. Following the same principles defended by Wertheim for uterine cancer, Miles subsequently proposed a radical operation to remove the rectal cancer and its lymphatic drainage by a simultaneous abdominoperineal approach, for which he became universally famous since the publication of an article in 1908 (Fig. 2).

In 1923, Miles emphasized the importance of the abdominal phase of the operation, through which it was possible to evaluate operability and to control the zone of upward

spread.³ But the one-stage resection was not widely adopted at that time, because many surgeons still preferred to perform a two-stage procedure (colostomy and rectal mobilization by laparotomy, followed by perineal rectal resection) aiming to limit blood loss and surgical shock. The one-stage approach became more popular only after Lloyd-Davies published the use of adjustable leg rests for the lithotomy-Trendelenburg position.⁴

Although Miles was not the first to excise a rectal malignancy, or to perform this combined resection (the pioneer was Vincent Czerny in 1884), his name will be forever associated with this procedure.^{5,6} Thus, he deserves the credit for having shifted the perspective of rectal cancer surgery from a R2 to a radical operation for the first time, causing a significant decrease in tumor recurrence and mortality over the years (from 50% to 18%).⁷ Moreover, he proposed a procedure with an improved rectal exposition when compared to the current techniques at the time.⁸

In a very interesting review of rectal cancer surgery, Lange et al. stated that "although today the abdominoperineal resection (APR) is performed in only a minority of patients, wider perineal and pelvic floor resections for low rectal cancers have regained interest again, from which it may be



Fig. 1 – William Ernest Miles ((1869-1947). The English surgeon who developed the abdominoperineal excision of the rectum.

A METHOD OF PERFORMING ABDOMINO-PERINEAL EXCISION FOR CARCINOMA OF THE RECTUM AND OF THE TERMINAL PORTION OF THE PELVIC COLON.

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REMOVAL of the rectum by a combined abdominal and perineal operation was first performed by Czerny in 1884. Since that time several other surgeons, notably Maunsell, Chaput, Gaudier, Challot, Weir, Boechal, Giordino, Quénu, Reverdin, Tuttle, Gant, Mathews, Sir Charles Ball, Wallis, and Aldrich-Blake have employed the method with certain modifications of procedure and with varying success in regard to mortality. So far as I have been able to gather from the literature of the subject, however, the technique of these operators seems to have failed in one important respect—namely, the complete eradication of the zone of upward spread of cancer from the rectum, whereby the chance of recurrence of the disease, above the field of operation, can be diminished if not entirely obviated.

Fig. 2 – First page of Miles' classical article, published in 1908.

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