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Answer: Saint's triad of gallstones, hiatus hernia and colonic diverticuli

Saint's triad describes the concurrence of cholelithiasis, hiatus hernia and colonic diverticular disease.¹ It is named after the British surgeon Charles FM Saint who emphasised the importance of considering the possibility of multiple separate diseases in a patient whenever his or her history and the results of the physical examination were atypical of any single condition. Traditionally, it was believed that there was no pathophysiological basis for the coexistence of these three diseases in the same patient. Saint emphasised that more than one disease might be responsible for a patient's clinical signs and symptoms.

Charles Saint was born in Bedlington, Northumberland, England in 1886. He graduated from the University of Durham in 1908, with a remarkable distinction of winning 15 of the available 18 undergraduate prizes. In 1920, he was appointed as the first Chair of Professor of Surgery at the University of Cape Town, South Africa; and became the founder of the first South African Medical School. Professor Saint was a man of principle and taught approaches to surgery where principles had pride of place. His aphorisms used as guidance for trainees are legendary; 'the

brain is like a muscle, it atrophies with dis-use', 'the simpler the procedure the better the outcome', 'early to bed and early to rise', 'work like hell and organise!' and 'always attempt what you are afraid to do, it will be easier next time'. He retired in 1947 and later in 1960 settled down with his wife in the Isle of Sark, Channel Islands where he lived until his death in 1973.

Although each component of the triad is fairly common; among 637,518 patient records reviewed in a study,² hiatus hernia was diagnosed in only 0.3% of patients, colonic diverticulosis in 2.3% of patients, and gallstones in 0.8% of patients. Saint's triad has a reported incidence of 3.4%.³ Not all the components are likely to cause clinical symptoms. Consequently the diagnosis and subsequent therapy are targeted at the dominating symptoms. On the other hand, the existence of the triad is also not sufficiently known in clinical practice. It is stressed that in the event of simultaneous symptoms suggestive of cholelithiasis, hiatus hernia and colonic diverticulosis, one has to consider the potential of Saint's triad. Therefore it is recommended to verify or exclude each of these three components to establish a precise diagnosis and provide adequate subsequent therapy.

REFERENCES

- 1: Saint CF. Saint's triad: The origin and story of its recognition. *Rev Surg* 1966; 23:1-4.
 - 2: Hauer-Jensen M, Bursac Z, Read RC. Is herniosis the single etiology of Saint's triad? *Hernia* 2009; 13:29-34.
 - 3: Palmer Ed. Saint's triad: hiatus hernia, diverticulosis coli and gallstones. *Am J Dig Dis* 1951; 18:240-1.
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