

Selected Abstracts

Pages with reference to book, From 21 To 24

Acquired Urethral Diverticula in the Male. Mahmoud A. Bazeed, Saad M. Saad, Tounnon A. Abou-el-Azm. Urol. Int., 1981, 36: 380-385.

THIRTEEN male patients with acquired urethral diverticula who were seen between 1965 and 1980 are presented. Infection of the urinary tract complicated 12 instances, and periurethral suppuration was considered to be the promoting cause of the diverticulatum in 50 per cent of the patients. All patients were diagnosed by means of retrograde urethrography. Urethral diverticulectomy was the treatment of choice whenever possible.

-David S. Cristol.

Therapy for Acute Cystitis in Adult Women; Randomized Comparison of Single-Dose Sulfisoxazole vs Trimethoprim-Sulfamethoxazole. Frederick J. Buckwold, Patricia Ludwig, Godfrey K.M. Harding and others. J.A.M.A., 1982, 247: 1839-1842.

ONE HUNDRED AND SEVENTEEN unselected women with symptoms of acute cystitis were randomly assigned to groups for immediate therapy with one of the four following single dose regimens: 1 gm. of sulfisoxazole; 2 gm. of sulfisoxazole; a combination of 160 mgm. of trimethoprim and 800 mgm. of sulfamethoxazole, or a combination of 320 mgm. of trimethoprim and 1,600 mgm. of sulfamethoxazole. Forty-one women, 13 who did not return for follow-up study and 28 who did not have significant bacteriuria in the pretherapy culture, were excluded.

Escherichia coli was isolated in 81 per cent of the infections. Antibacterial activity was significantly greater in urine collected during the 24 hours after therapy in those who received the regimens of trimethoprim and sulfamethoxazole. However, over-all cure rates varied from 85 to 95 per cent without any great differences among the regimens. The 69 per cent rate of cure of the 13 patients with presumptive evidence of renal infection—the presence of antibody coated bacteria—was significantly lower than the 95 per cent cure rate of women without evidence of renal infection. Single dose therapy with these regimens was safe and effective in adult women with symptoms of acute cystitis regardless of the localization of the site of infection.

-Ralph C. Benson, Jr.

Late Complications of Pterygium Treatment. K.H. Tarr and I.J. Constable. Br. J. Ophthalmol., 1980, 64 : 496.

The use of beta irradiation in an attempt to prevent the problem of pterygium recurrence after excision is examined. Scleral ulceration and radiation induced cataracts are reported as side-effects from the use of this therapeutic modality. Beta irradiation treatment is noted to be a significant cause of iatrogenic ocular disease. A more cautious attitude toward the management of pterygium and to the use of beta irradiation is recommended.

-John Fournier.

Effect of Blunt Trauma on the Corneal Endothelium. J. Geoffrey Slingsby and S. Lance Forstot. Arch. Ophthalmol., 1981,99: 1041.

The use of cameras for recording pictures of the corneal endothelium has resulted in the investigation of the healthy corneal endothelium in a variety of conditions. This technique of specular microscopy not only gives a description of the contours of the cell but also allows the number of cells per square millimeter of endothelial area to be compared.

In the present study, specular microscopy was performed upon 26 patients with a history of unioocular

trauma with hyphema. In general, there was a mean decrease in endothelial cell density in the injured eyes of 6.4 per cent of patients. If there was associated angle recession, decrease in endothelial cell density was much higher. No significant decrease in endothelial cell density was noted to be associated with the size of the hyphema, iridodialysis, vitreoretinal abnormalities or transiently increased intraocular pressure.

-David Shoch

Results of Treatment for Squamous Carcinoma of the Lower Gum. Robert M. Byers, Richard Newman, Nancy Russell and Agnes Yue. *Cancer*, 1981,47 :2236.

This article presents the results of treatment for squamous carcinoma of the lower gum in 61 patients. The over-all two year survival was 67 per cent with a local regional failure of 5 per cent. The majority of patients were treated with operation initially. Radiation therapy is recommended postoperatively for those patients whose cancers exhibit metastasis to the nodes, perineural invasion, or inadequate margins of the surgical specimen.

-Leslie Bern stein

Surgical Management of Papillary and Follicular Carcinoma of the Thyroid. William B. Farrac Cooperman and Arthur G. James. *Ann. Surg.*, 1980, 192: 701.

A RETROSPECTIVE assessment of 155 patients with papillary and follicular carcinoma of the thyroid who were seen over a 25 year period was carried out with respect to management of the malignant disease and the morbidity of surgical complications with various operative treatments. Clinical outcome showed no statistically significant difference in survival rates or incidence of recurrent tumor, whether or not the patients had been treated by total thyroidectomy or less total thyroid excision. Total thyroidectomy was associated with significant postoperative complications in 24 per cent of patients compared with a 2.4 per cent complication rate after partial thyroidectomy. This statistically significant increased morbidity, ten times higher for the total thyroidectomy, leads to the conclusion that total thyroidectomy is not indicated in the treatment of papillary follicular carcinoma of the thyroids. It is proposed that partial thyroidectomy with lobectomy on the side of the tumor, resection of the thyroid isthmus and simple excision of enlarged cervical lymph nodes, if present, appears to be equally effective and safer.

-Glenn W. Geelhoed.

The “Giraffe Women” of the High Plateaus of Burma (Les “femmes girafes” des hauts plateaux de Birmanie). E. Mahe and H. Prache. *Ann. Chir. Plast.*, 1980, 25: 277.

CUSTOM AND RITUAL define beauty in this primitive society. The Karen-Padaung women of Burma wear rings of copper alloy around their necks from the age of five onward to achieve a marked hyperelongation of the neck. Associated changes in the configuration of both the thorax and the mandible are observed. The elongation of the neck appears to be at the expense of the intervertebral spaces. If the copper rings are cut off, the vertebrae are no longer capable of supporting the spinal column and the woman dies of buibar compression.

-Diana V. Farnsworth.

Disability After Severe Head Injury; Observations on the Use of the Glasgow Outcome Scale. B. Jerinett, J. Snoek, M.R. Bond and N. Brooks, *J.Neurol. Neurosurg. Psychiatry*, 1981, 44 285.

The Neurologic and Mental disabilities of 150 patients were analyzed in order to review the practical application of the Glasgow outcome scale for injuries to the head. The scale has four categories: vegetable state, general disability, moderate disability and good recovery. For increased accuracy outcome categories were assigned to the 150 patients by two of the authors at separate times. These assignments were made at six months and twelve months. Subcategories of better or worse were also

assigned to each patient to avoid overlooking improvements or regressions. From the results of these studies it would seem that all patients would be expected to reach maximal improvements within eighteen months, however, most patients reached their final outcome category within six months of injury.

-Andrew J. Rhodes.

Dandy-Walker Syndrome; Clinical Analysis of 23 cases. Raymond Sawaya and Robert L. McLaurin. J.Neurosurg., 1981,55: 89.

TWENTY-THREE PATIENTS with Dandy- Walker syndrome were clinically analyzed. The various developmental theories are presented.

The results of the analysis is described. The most common presenting feature is a large or enlarging head. Brainstem and cerebellar dysfunction are exceedingly rare.

The incidence of mental retardation and associated congenital anomalies is high. Computerized tomography is considered the diagnostic test of choice. The authors state that according to their own experience and that of others, direct posterior fossa membrane excision as a treatment method is often unsuccessful. Their own preference is posterior fossa shunting alone.

-Mahmoud G. Naguib.

No Effect of Bromocriptine in Acromegaly; a Controlled Trial. Jorgen Lindholm, John Rhshede, Sanne Vestergaard and other. N. Engi. J. Med., 1981,304: 1450.

EIGHTEEN PATIENTS, 12 men and six women, with acromegaly were given bromocriptine, daily dosage 20 mgm., and placebos, alternately every six weeks for three months. Plasma levels of growth hormone, carbohydrate metabolism, insulin secretion and clinical symptoms were compared. The study was conducted as a double blind, cross over trial. The patients were observed four times, before and at the end of each three month treatment period, either with bromocriptine or placebo.

The two treatment periods were separated by four weeks, during which time no medication was given. Before and after each treatment period a fasting glucose tolerance test during the two regimens did not differ significantly. The median values of growth hormone at each time before and during treatment with bromocriptine and placebo varied only slightly. The number of patients with amelioration of clinical symptoms during treatment with bromocriptine was almost identical to the number of patients with clinical improvement during treatment with placebo. Neither blood glucose nor plasma concentrations of immunoreactive insulin changed significantly during bromocriptine or placebo, respectively. It was concluded that it remains doubtful whether or not bromocriptine has a beneficial effect in acromegaly and it is possible that spontaneous fluctuations in growth hormone caused misinterpretation of the effect of drug.

-Victor F. Canelas.

Subdural Empyema-Importance of Early Diagnosis. Justin W. Renaudin and John Frazee. Neurosurgery, 1980, 7: 477.

SUBDURAL EMPYEMA is relatively rare. Twenty-three patients are reviewed. The predisposing factors were sinusitis mastoiditis, or otitis media in 16 patients. Early diagnosis was made frequently because of the monotonous uniformity of the clinical presentation of systemic febrile illness headache and neurologic deficit. Roentgenograms of the skull were helpful when they showed the primary focus. Specific findings in the early stages of subdural empyema were subtle. This was also true of angiographic findings.

The cerebrospinal fluid was characteristic of meningitis in infants. There was pleocytosis, depressed glucose and usually Hemophilus influenza was cultured. In older patients the protein was high, the glucose was not depressed, the cell count was not extreme and no culture was positive. The computed tomography scan was considered the better test. Systemic antibiotics, strategically placed burr holes

and drainage were used as management. The major determinant of outcome was a short interval between onset of symptoms and, operations.

-Andrew J. Rhodes.

Traumatic Acute Subdural Hematoma; Major Mortality Reduction in Comatose Patients Treated Within Four Hours. John M. Seelig, Donald P. Becker, J. Douglas Miller and other. N. Engl. J. Med., 1981,304: 1511.

A STUDY OF 82 consecutive comatose patients with traumatic acute subdural hematoma who were treated in a single center with a uniform protocol is presented. The major issue addressed was that of the importance of early treatment of acute subdural hematoma and its effect not only on mortality but on functional recovery. The general outcome of patients with traumatic acute subdural hematoma has been so disappointing that a fatalistic attitude may have resulted. Various additional factors influencing outcome of patients with acute subdural hematoma are discussed and good correlations are noted between intracranial pressure, initial neurologic examination and mode of injury. An analysis of multimodality evoked potentials is given but the time from initial injury to surgical decompression is emphasized as a major factor affecting outcome.

Patients who underwent operation within the first four hours had a 30 per cent mortality as compared with a 90 per cent mortality in those patients who underwent operation four hours or later. The problem of bias due to many variables was well addressed in this article; however, all patients in this series were selected to the point that the subdural clot was the major contributing factor causing brain shift in each patient. Associated intracerebral and extradural hematomas were not excluded and were determined to have no significant additional effect on outcome.

Many patients with severe injuries to the head have acute subdural hematomas with massive brain shifts that are disproportionate to the volume of the subdural hematoma and might not add their negating effect to the over-all outcome of patients with acute subdural hematomas. Nonetheless, in this group of patients the outcome of not only rapid treatment, but of effective, comprehensive management resulted in reduced mortality and better functional recovery. An awareness of this among all physicians treating the acutely injured patients is emphasized to hopefully diminish the over-all mortality of accidental deaths in this country.

-William M. Chaddock.

Transsphenoidal Surgery on the Pituitary. Marshall. B. Allen, Jr., Taher El. Gammal and Marshall D. Nathan. Am. Surg., -1981, 47: 291.

AN EXPERIENCE OF transseptal-transsphenoidal pituitary resections in a group of 51 patients over the last nine years is presented. Indications for operation included large pituitary lesions with suprasellar extent and deformed sellae turcicae in 29 patients; microadenomas in ten patients; pituitary apoplexy in four patients and hormone dependent carcinoma or diabetic retinopathy in nine patients. The location of an enhanced infundibulum on computed tomography scan was used to locate small adenomas preoperatively and the article is well illustrated with multiple computed tomography scans demonstrating this. Complications included cerebrospinal fluid leakage in six patients with meningitis in two of these six, postoperative visual damage in two patients, diabetes insipidus in 23 patients, but only ten of these remained permanent.

-Albert J Camma.