

## Selected Abstracts

Pages with reference to book, From 131 To 132

### **Improved Survival Beyond 5 Years After Coronary Bypass Surgery in Patients with Left Main Coronary Artery Disease. Gerald M. Lawrie, George C. Morris, Jr., Jimmy F. Howell and others. Am. J. Cardiol, 1980, 44:612.**

One hundred and thirty-four consecutive patients with more than 50 per cent stenosis of the luminal diameter of the left main coronary artery who underwent coronary bypass operation between 1968 and 1973 are presented. In addition to left main stenosis, coexistent significant coronary disease was present in other vessels in 128 patients, 95.5 per cent, with multivessel disease present in 109 patients, 81 per cent. Ventricular function was good in 88 patients and poor in 46 patients. The perioperative mortality was 13 per cent in the total group and 11 per cent among patients with good left ventricular function. Postoperative graft patency in 33 patients was 85 per cent. All patients were observed at least 5 years after surgical treatment. The survival rate was 79 per cent for the total group. 81 per cent in patients with good ventricular function and 76 per cent in patients with poor ventricular function. Late annual attrition rates were 1.5 per cent and 2.1 per cent for patients with good and poor ventricular function, respectively. Comparison of these results with normal population of the United States of identical age and sex distribution indicates that late attrition is almost normal after operation for patients with good ventricular function.

**R. Thomas Mc Laughlin**

### **Propranolol for Prevention of Postoperative Cardiac Arrhythmias; a Randomized Study. Larry W. Stephenson, Horace Macvaugh III, Donald N. Tomasello and Mark E. Josephson. Ann. Thorac. Surg., 1980: 29:113.**

The efficiency of propranolol as an agent for prevention of postoperative cardiac arrhythmias is presented. Two hundred and twenty-three patients were randomly selected after coronary bypass grafting, of which 136 served as controls and 87 received 10 mgm. of propranolol orally every 6 hours. The incidence of cardiac arrhythmias requiring treatment was 23 per cent in the control group, 18 per cent atrial fibrillation or flutter and 5 per cent ventricular arrhythmias, and only 10 per cent in the patients treated with propranolol, 8 per cent atrial and 2 per cent ventricular. This difference was statistically significant.

Patients who had cardiac arrhythmias developed within 18 hours postoperatively were not included in the study. The authors concluded that propranolol, when used in small doses after coronary bypass operation, is an effective drug for prevention of both atrial and ventricular arrhythmias.

**Ali N. Shariatzadeh**

### **Thymectomy for Myasthenia Gravis in the Young Adult; Long-Term Results. Richard E. Clark, John P. Marbarger, Phillip N. West and others. F. Thorac. Cardioasc. Surg., 1980,80:696.**

Although thymectomy has been established as one of the forms of treatment for myasthenia gravis, the timing of the operation in the course of the disease remains controversial. An 8 year experience with a prospective treatment program for patients with myasthenia is reviewed with a particular focus on the results of patients less than 35 years of age. Twenty young adults with myasthenia, an average age of 24 years and a duration of symptoms of 22 months excluding two with the juvenile form, had thymectomy followed by short term anticholinesterase and long term prednisone therapy. All of the is patient's with' a short duration of symptoms are in sarkedly improved condition and 61 per cent of them are in remission after a mean postoperative period of 32 months. The longest follow-up period was 7.3 years. Two patients have mild improvement.

There was no correlation between thymic disease and clinical result. Complete en bloc extirpation of all thymic and adjacent tissue through a median sternotomy was advocated. Postoperatively, seven patients were extubated on the day of operation and 13 patients one to 15 days after operation. The first patients in the series received the only tracheostomy. There were no serious pulmonary, urinary or infectious complications. All patients survived. Post-operatively, the patients were treated with prednisone, 100 mgm./day, a regimen which gradually is changed to every other day medication and finally a gradual reduction of dosage. The effects have been long lasting, with not a single instance of significant recurrence of symptoms of myasthenia gravis six months after thymectomy.

**Larry W. Stephenson**

**Leukocytosis at Termination of Antibiotic Therapy; Its Importance for Intra-Abdominal Sepsis. E. Stan Lennard, Barbara H. Minshew, E. Patchen Dellinger and Margaret Wertz. Arch. Surg., 1980, 115:918.**

The appropriate timing of antibiotic stoppage after surgical and antibiotic therapy remains undefined. The purpose of this study intends to shed new light on this subject. In this group of 31 patients with intra-abdominal sepsis, antibiotics were stopped after an afebrile course of 48 hours. Twelve of 31 patients had normal, 10,000 or less, white blood cells. Only two of three patients had further septic problems develop. Nineteen of 31 patients had a persistent leukocytosis and 13 of these patients had an infectious complication develop and three patients died.

It was stressed that persistent leukocytosis after termination of antibiotic therapy can well be a harbinger of smoldering sepsis. These patients should be observed carefully and many will require further surgical drainage.

**Ronald L. Holliday**

**Therapeutic Significance of Noncurative Gastrectomy for Gastric Cancer with Liver Metastasis. Shigemasa Koga, Hiroki Kawaguchi, Hiroyuki Kishimoto and others. Am. J. Surg., 1980, 140:356.**

At Tottori University in Japan, a group of 23 patients who underwent noncurative gastrectomy in the presence of metastases to the liver were compared with 36 patients who underwent exploratory laparotomy alone. Approximately 6 per cent of the patients with carcinoma of stomach present with metastasis to the liver demonstrable at operation. If peritoneal metastasis or direct cancer invasion of other organs is absent, then mean postoperative survival of patients with carcinoma of stomach with metastasis to the liver is prolonged to 20.6 months if a palliative or noncurative gastrectomy is performed versus only 4.2 months for laparotomy alone. An occasional patient who underwent simultaneous resection of a solitary metastasis to the liver had prolonged survival. A non-curative resection prevents bleeding and obstruction in the diseased stomach. The typical carcinoma of the stomach which metastasizes to the liver through the blood stream, is a differentiated adenocarcinoma.

**Lawrence M. Freeman**

**Endoscopic Brush Cytology and Biopsy in the Diagnosis of Cancer of the Upper Gastrointestinal Tract. Ali H. Qizilbash, Mario Castelli, Marie A. Kowalski and Anne Churly. Acta Otol., 1980, 24:313.**

Brush cytologic examination and biopsy under direct vision was performed upon 250 patients. After the lesion was examined endoscopically, a small nylon brush was introduced through the endoscope and advanced to the lesion. The suspicious area was brushed under direct vision. The brushes were then smeared directly on to forced slides and fixed immediately in 95 per cent ethyl alcohol. Multiple specimens taken at biopsy were obtained in the same examination. Of the 44 patients with proved carcinoma of the upper gastrointestinal tract, brush cytologic examination yielded positive results in 88.6 per cent and multiple specimens taken at biopsy yielded positive results in 93.2 per cent. With the

combined technique, the results increased 95.4 per cent. False-negative results were caused by large tumors with necrotic surfaces or infiltrative tumors at the gastro-esophageal junction. There was one false-positive

result with brush cytologic examination and none with biopsy. Four patients with early carcinoma of the stomach were diagnosed with combined technique.

**Moshe Haimoii**

**Clinical and Laboratory Findings in Patients Subjected to Laparotomy for Suspected Acute Appendicitis. Mikael Andersen. Tommy, Lilja, Lars Lundell and Anders Thulin. Acta Chr. Scand., 1980, 146:55.**

Four HUNDRED and Fifty-four patients who underwent laparotomy for suspected appendicitis were evaluated. A normal appendix was found in 25 per cent of the patients in this series. This was twice as common in female than in male patients. The difficulties in differentiating gynecologic disorders from acute appendicitis have been suggested as a reason for peritoneoscopy as advocated by Change, Hogle and Welling in 1973 for use in women of fertile age to avoid negative surgical explorations, and Mason and colleagues in 1977 suggested that a barium enema might also be useful for the same purpose.

Perforated appendicitis was observed in 8 per cent of the patients in this series, most commonly in the youngest age group, less than five years, and the oldest, over 40 years. Of the patients with a laboratory profile including fever and leukocytosis, 44 per cent had gangrenous or perforated appendicitis if elevated erythrocyte sedimentation rate, more than 20 mm. 62 per cent showed a gangrenous or perforated appendicitis.

In young children, the relative inability to describe symptoms and the elderly patients who had impaired blood supply, intraluminal obstruction and weakness of the appendicial wall can predispose to early perforation. In these two age categories an active surgical approach would appear to be warranted. Antibiotic prophylaxis was recommended for those who are suspected of having severe appendicitis and are less than five or over 40 years of age. It also included those with protracted, over one two days, abdominal symptoms preoperatively.

**George C. Wee**