Selected Abstracts

Kazuo Inamoto, Kozaburo Sugiki, Hideo Yamasaki and Takashi Miura. Am. f. Roentgenol., 1981, 136:349.
The computed tomography images of five patients with hepatoma associated with portal vein obstruction were studied. The solitary tumors in two patients presented on computed tomography" scan as low density areas. In addition, these patients demonstrated other areas of low density zones in the liver that proved to be noncancerous. The low density findings were caused by diminished perfusion from portal venous obstruction.
-Herbert M. Goldberg.

Grey-Scale Ultrasonography and Percutaneous Transhepatic Cholangiography in Biliary Tract Disease. S.R. Wild, J.G. Cruikshank, G.M. Fraser and others. Br. Med. F., 1980, 281:1524.
Fifty-one patients with suspected obstructive jaundice and 14 patients without jaundice in whom disease of the biliary tract was suspected but infusion cholangiography had been unhelpful were examined by grey-scale ultrasonography and percutaneous transhepatic cholangiography. These findings were analyzed retrospectively. Grey-scale ultrasonography distinguished between obstructive and hepatocellular jaundice in 35 of 46 patients, 76 per cent and indicated the site of obstruction in 27, 58 per cent and the cause of the obstruction in 13, 28 per cent. Percutaneous transhepatic cholangiography distinguished between obstructive and hepatocellular jaundice in 42 of the patients, 91 per cent. It indicated the site of the obstruction in 42, 91 per cent and the cause in 29, 63 per cent. In the 14 patients without jaundice, percutaneous transhepatic cholangiography showed bile duct stones in one patient and ampullary stenosis in three.
It was concluded that grey-scale ultrasonography and percutaneous transhepatic cholangiography are complementary examinations and that ultrasonography should always be undertaken first as it is a noninvasive procedure that may provide the surgeon with all the diagnostic information required. Percutaneous transhepatic cholangiography should be performed when grey-scale ultrasonography has shown dilated bile ducts but has failed to provide adequate diagnostic information.
Cholangiography is also required when preoperative percutaneous drainage of the bile duct is contemplated. In those patients in whom grey-scale ultrasound shows nondilated ducts, endoscopic retrograde cholangiopancreatography is probably the contrast examination of choice.
-Sidney Ulreich.

High Accuracy Sonographic Recognition of Gallstones. Paul C. Hessler, Donald S. Hill, Frank M.Detorie and Albert F. Rocco. Am. F. Roentgenol., 1981, 136:517.
In this prospective sonographic study of 420 patients referred for gallstone detection, there was a 98.6 per cent accuracy rate for positive diagnosis. These included 69 proved, surgery, autopsy, instances of gallstones in 70 patients and one false-positive instance. In studies interpreted as negative, 276 patients, or indeterminate, five patients, there were few operations, but in two there were tiny 1 mm. stones. Sonographic criteria for diagnosis of gallstones included echogenic foci with shadowing or movement of the foci on position change. This may explain the discrepancy between this and other accuracy studies for gallstones. Small focal nonshadowing opacities or fluid-fluid levels were not included as positive in order to decrease false-positive instances. These occasionally represent multiple tiny stones. Neither oral cholecystography or intravenous cholangiography demonstrated stones when the ultrasound was negative. It was concluded that cholecystosonography may be the examination of choice for suspected gallstone detection.

-Eric van Sonnenberg.

Fine-Needle Transhepatic Cholangiography; Reflections After 450 Cases. Peter R. Mueller, William P. Harbin, Jospeh T. Ferrucci, Jr., and others. Am F.Roentgenol., 1981, 136:85.
A five year experience with 450 patients is presented to provide a basis for clinical application and technique refinements in fine needle transhepatic cholangiography. It was demonstrated that this has led to a duct opacification rate of 93 per cent with only a 4.8 per cent rate of complication. It was also believed that fluoroscopic monitoring was needed to insure a controlled needle placement. An understanding of the normal anatomic course of the biliary ducts permitted gravity maneuvers and positional changes in order to better demonstrate the exact area and appearance of any obstructing lesions.
Cholangiographic aids were used such as glucagon and barium duodenography to improve the accuracy of interpretation. An algorithm was presented to integrate fine needle transhe-patic cholangiography with other prominent diagnostic methods. The use of sonogram and computed tomography further emphasizes the importance of transhepatic cholaugiography on patients with suspected obstruction of the biliary duct. It was also shown that the intravenous cholangiography may still be used but its role has become more obscure due to the effectiveness of the combination of sonography and fine needle transhepatic cholangiography.
-Robert Sarreck.

Neurolept Anaesthesia for the RenalTransplant Operation. Ch. Lindahil-Nilsson, R. Lundh and C. G. Groth. Acta Anaesthesiolo. Scand., 1980, 24:451.
NEUROLEPTANESTHESIA was used in 176 consecutive kidney transplantations perfbrmecl upon 155 patients who were seen between October 1973 and December 1976. For premedication, oxicon and scopolamine were used in 82 operations; droperidol, diazepam and atropine in 70 operations; and combinations of droperidol, atrophic, promethazine hydrochloride and diazepam in the remaining 24 operations. The combination of oxicon and scopolamine was (letermined to be more effective. For induction, combinations of droperidol, thiomebumal sodium, thiopental sodium and diazepam were used. Halothane was used in one operation. The barbituate was found to be preferable. Maintenance was achieved with nitrous oxide and fentanyl citrate. For intubation, pancuronium bromide was used as a muscle relaxant in 146 operations and suxamethonium chloride was used in 30 operations.
Standard extraperitoncal kidney transplant techniques were used, including creation of vascular anastomoses to the iliac vessels and implantation of the graft ureter into the bladder of the patient. Thirty-four kidneys that were used were from relatives, while 146 were from cadavers. In patients who underwent transplantations, the roentgenograms of the chest were normal while in 83 there were pathologic features including cardiac enlargement, pulmonary congestion and pleural effusion. In 79 patients, electrocardiogram findings were normal; in 97, there were pathologic changes which included left ventricular hypertrophy or strain, S-T segment changes that were suggestive of coronary insufficiency or digitalis therapy, or both, and evidence of previous myocardial infarction. Anemia and hypertension were also found in many of the patients. In the majority of the patients anesthesia was uneventful. During anesthesia, there was a blood pressure drop of more than 30 per cent of the initial value in 35 per cent of the patients. In four patients the onset of respiration was delayed. One patient had an arrhythmia develop which required treatment. There was no evidence of nephrotoxicity and no preoperative or postoperative mortality. It was concluded that neuroleptanesthesia was suitable for kidney transplant operations.
-Judith S. de Nuno.

Diagnosis Surgical Treatment and Postoperative Care of Patients with Acute Thrombosis of the Femoral and Iliac Veins.S.Horsch and H. Pichlmaier. Vasc. Surg., 1981, 15:40.

EARLY AND LATE results of venous thrombectomy in 80 patients with iliofemoral deep vein thrombosis are described. Early preoperative and late postoperative studies were performed upon all patients. Of the total group of patients, 43 had a temporary arteriovenous fistula that was constructed in the groin at the time of thrombectomy.

Both early and late results were classified as very good, or good in 90 per cent of patients with arteriovenous flstula and in 75 per cent of those without arteriovenous fistula. A table of 995 collected patients from the literature also quotes a similar figure of an over-all 80 per cent very good or good result. However, there is no objective definition of the quality of the results. Neither is there any attempt made at a comparison with valid controls of other modes of therapy. It was suggested that thrombolytic therapy may be a reasonable alternative. This report therefore does not assist in settling the controversy over the accurate role of thrombectomy in iliofemoral venous thromboses.

-Raphael Adir.

Vascular Trauma; Review of 10 Years'Experience. Thomas Kjellstrom and Do Risberg. Act a Chir. Scand., 1980, 146:261.

A TEN YEAR experience with vascular trauma is presented. This limited experience includes 14 patients with iatrogenic trauma and the remaining 68 patients included 36 stab wounds and only two gunshot wounds in the ten year period. There was a lack of detail of the injuries and the clinical state of the patients.

Ligation alone was performed in 40 patients with direct repair only in 28 patients. These repairs included 16 lateral arteriorraphies nine end-to-end anastamoses and only three patients requiring grafting. There were five deaths with a mortality of 17.7 per cent in this series.

-Fesse A. Blumenthal.