Selected Abstracts

Biliary Peritonitis (Le peritoniti biliari). Franco Tobaldi and Elio Palego. Osp. I tal. Chir., 1977, 30: 365.

Biliary Peritonitis is classified as traumatic, spontaneous or iatrogenic. Ten patients with this entity were reviewed, seven of whom had perforation of the biliary tree. The prognosis depends upon early diagnosis and surgical intervention. Three patients without evidence of perforation of the biliary tree also had bile peritonitis. The average age was 75 years. They were treated with cholecystectomy and no deaths occurred. Only one of these patients had cholelithiasis.

Reflux of pancreatic juice is believed to be the cause of this nonperforating variety of bile peritonitis; the refluent pancreatic juice is believed to be the cause of this nonperforating variety of bile peritonitis; the refluent pancreatic juice changes the permeability of the gallbladder or biliary tree wall, producing a microscopic slippage of bile.

Cholecystectomy with Drainage; Factors Influencing Wound Infection in 1,000 Elective Cases. George J. Todd and Keith Reemtsma. Am. J, Surg., 1978, 135:622.

A Retrospective study was undertaken to identify the significance of the technique of wound'drainage in cholecystectomy, to compare with undrained cholecystectomy and to determine the contribution of other factors such as appendectomy and choledochotomy. One thousand patients were studied. There were 51 wound infections. Patients whose wounds were drained through a separate incision had infection less frequently than expected- Patients whose wounds were drained through the primary wound had a much higher incidence of infection. It was concluded that the technique of wound drainage influences the incidence of infection of wound complications to a significant degree.

Biliary Pancreatitis (La pancreatite biliarre). A. Del court. Acta Gastroenterol. Beig., 1977, 40: 347.

A 49 Year old man had five clinical attacks of acute pancreatitis, early elevated serum levels of amylase and later an increased amylase to creatinine clearance ratio. The patient was not alcoholic. Results of cholecystography and intravenous cholangiography were normal, as were those from ultrasonic examination of the pancreas. Computerized axial tomograms were suspicious for two small cysts in the tail of the pancreas.

Results retrograde cholangiopancreatography showed tiny stones in the gallbladder not demonstrated by the cholecystogram. The common duct was clear at this time and the patient's attack had subsided.

The common channel explanation of pancreatitis is possible anatomically in only 5 to 8 per cent of instances. Another investigator suggested a migration of biliary stones, not becoming impacted in the common duct but producing functional or morpholo it alterations in the sphincter of Oddi, as the cause. Stones were demonstrated in the stools of 34 of 36 patients with biliary pancreatitis; perhaps a functional common channel can exist and produce pancreatitis. Stones of the biliary tract should be sought in patients with pancreatitis by cholecystogram, intravenous cholangiography and results of these are negative, by retrograde cholangiopancreatography.

Ascites in Ovaran Cancer (L'ascite dansle cancer de Povaire). J. P. Wolf. M. Vignier. E. Gold-farb and N. Patri. Gynecologie, 1977, 28:517.

One Hundred and thirty-one patients with carcinoma of the ovaries were reported upon, 91 of whom had ascites and 40 of whom did not. Using ascites in determining the prognosis of the disease, it was reported that 32 per cent of those with ascites were dead after 12 months compared with only 16 per cent of those without ascites. Those with ascites were classified most often as having Stage III carcinoma. When the ascites was hemorrhagic, 70 per cent of the patients were dead in one year, and

all were dead in five years. Twenty per cent of those with ascites were alive at five years. If malignant cells were present in the ascites, the fluid was most likely to be hemorrhagic, and the disease was clinically staged as Stage III or Stage IV. None of the patients with malignant cells survived after two years. Operation to remove the tumor eliminated the ascites, and radiation therapy and chemotherapy were used as adjuncts. Chemotherapy was necessary for at least two years in these patients.

Postoperative Irradiation and Chemotherapy in Patients with Advanced Ovarian Cancer. G. Welander, K. E. Kjorstad and P. Kolstad. Acta Obstet. Gynecol. Scand., 1978, 57: 161.

Three Hundred and two patients with Stage III carcinoma of the ovary were selected for a prospective, randomized study. The first group, 157 patients, had complete removal of all visible tumor at the time of the first laparotomy. Operation was followed by 3,000 rads of irradiation plus chemotherapy with thiotepa or by 5,000 rads of irradiation and no chemotherapy. The second group of patients had inoperable disease and received either the higher dose of irradiation or the lower dose plus chemotherapy as described. In neither group did the higher dose of radiation prove to be more effective than the lower radiation dose plus chemotherapy. Also the histologic type of the tumor did not alter the prognosis of these patients with Stage III disease.

Very Early Abortions- by Prostaglandins. I. Z. Mackenzie, M. P. Embrey, A. J. Davies and J. Davies and J. Guilebaud. Lancet, 1978, 1: 1223.

Three Hundred and nine women whose menstruation was delayed by three to 35 days were treated with intrauterine or vaginal administration of prostaglandins. Of 275 confirmed pregnancies, 229 were successfully terminated without further abortifacient therapy. A successful outcome was often associated with episodes of vomiting, diarrhea and uterine cramps in the 24 hours after administration of prostaglandins, but the incidence was related to dosage of prostaglandins. Gastrointestinal tract side-effects were more common after vaginal administration. The best results were achieved by the analogue 16 : 16 dimethyl prostaglandin E2 as a vaginal pessary.

Fourteen patients, 6.1 per cent, required curettage of the uterus for excessive or prolonged bleeding, while two patients required blood transfusion. One patient, who had an intrauterine contraceptive device left in situ during treatment, had acute pelvic sepsis develop. No deleterious side effects occurred in 34 patients who were subsequently proved not be pregnant at the time of treatment.

Treatment by intrauterine or vaginal administration of prostaglandins offers promise as a method of termination of pregnancy which avoids much of the physical and emotional trauma associated with surgical termination, and has the advantage of not requiring admission to the hospital in the majority of patients. Results of this study show the safety of the method and its potential as a self-administered technique.

Patients' Responses to Barium X-Ray. Studies. Jenifer Wilson Barnett. Br. Med. J., 1978, 1: 1324.

Two Similar studies were undertaken concurrently, one with patients /having a barium meal for the first time and the other with those having a barium enemas, was divided equally into experimental and control groups. The experimental group received a specially prepared explanation, while the control group was interviewed by the same researcher on unrelated topics-

Four anxiety scores obtained in each patient within a 24 hour period before and after the roentgenographic study showed low levels of anxiety before and after a barium meal. Patients having a barium enema reported high levels of anxiety.

Those who had received the explanation were significantly less anxious than those in the control group during the roentgenographic study. It was concluded that doctors should recognize that the barium enema is a stressful procedure and that prior explanation is .benefical.