Selected Abstracts

SELECTED ABSTRACTS FROM SURGERY GYNECOLOGY AND OBSTETRICS

Epidermoid Carcinoma of the Larynx-VI, Histologic Grading in the Clinical Evaluation. C. Lund, H. Sogaard, K. Jorgensen and M. Hjelm Hansen. Acta Radiol. Ther., 1976, 15:293.

In this study, a statistically significant correlation was found between the degree of malignancy as well as the frequency of regional metastases and the death rate in 129 patients with carcinoma of the larynx. Tumors with a high degree of malignancy had a distinctly higher frequency of local recurrence. Moreover, the increased metastatic rate also was directly proportional to the T stage. Microscopic grading is an essential supplement to the clinical evaluation of these patients with cancer.

Leslie Bornstein

Treatment of the Neck in Patients with Squamous Cell Carcinoma of the Head and Neck. Richard H. Jesse and Gilbert H. Fletcher. Cancer, 1977, 39:868.

In a retrospective analysis of a large group of patients with clinically positive lymph node metastasis from squamous cell carcinoma of the upper respiratory and digestive tracts treated between 1954 and 1968, the policies of treatment of metastatic disease in the neck have been developed. This study is not randomized but includes a rather large number of patients. The patients were studied after a 24 month minimum follow-up period after the completion of the treatment.

Those patients in whom the primary lesion was controlled were divided into two groups according to the original treatment. The first group included those patients in whom the neck was treated by operation alone. The second group included those patients who had a combined treatment to the neck by radiation therapy and operation. There was a superiority of the combined treatment in all stages of positive lymph node disease in the neck for the group undergoing combined treatment. Furthermore, the results of this study showed that the elective irradiation of clinically normal necks with 5,000 rads in five weeks will prevent metastasis from occurring in this area.

Helmuth Goepfert

'he Localization, Prevention and Treatment of Subphrenic Abscesses. S. Kugler and H.P. Eichfuss. Chirurg., 1977, 48:93.

Subphrenic abscess is a serious disease of the odominal cavity which may be an undesirable seuelae of surgical management. Causes may include nflammatory conditions in the abdomen such as erforation of the intestine, cholecystitis or gangrenous appendicitis. It is particularly common fter perforation of the intestine which is unrecognized and untreated for a prolonged period. may also follow unnecessary contamination of ie abdomen caused by inadequate protection of ie operative field and may also be seen after blunt penetrating abdominal trauma as well as after ıtra-abdominal bleeding.

Antibiotics may prolong and obscure the signs nd symptoms but cannot be relied upon to preent the development of a subphrenic abscess. 'he primary symptoms are fever, leukocytosis, odominal pain associated with breathing, elevation the diaphragm, shoulder pain, depression of the ver edge in right-sided abscesses, respiratory inufficiency, pleural effusion, distention of the oper abdomen in the erect position and disntion of neighbouring hollow viscera secondary ileus. Because it is a late complication, gasointestinal function may be undisturbed. In ese situations, the localization can be xceedingly difficult.

Although aspiration of the suspected site ppears to be the simplest method of localization, negative result does not rule out an abscess, nd there is risk of injury to hollow viscera or the pleen in the left upper quadrant. Roentgenoams of the upper abdomen do not always veal the abscess. It will be visible only as a sult of gas formation. Displacement of the ırium column in the upper abdominal organs n suggest a non-radiolucent abscess. When e abscess cannot be localized by routine methods, ood results are reported with localization by eans of radioactive gallium scans.

The surgical technique of anterior and posrior extraperitoneal approaches and of an nterolateral extrapleural transdiaphragmatic apoach with rib resection for right subphrenic bscesses is described. The technique of draining ft subphrenic abscesses is also described.

Over a five year period, 75 patients with bphrenic abscesses were observed. Ten had no evious surgical procedure, 25 had been transferd from other hospitals. All patients were erated upon. Five died from direct or indirect quelae of the abscess. In five patients, the galım scan was useful, particularly when the bscess was masked or when the fever recurred ter initial antibiotic therapy. A direct and, if ossible, extraperitoneal approach is preferable

but requires prior localization. When localization is not possible, a transperitoneal exploration is required. The resulting contamination of the remaining peritoneal cavity must be accepted for the better exposure of the possibility to completely open the abscesses, thereby avoiding overlooking contralateral abscesses.

Irving B. Margolis

Temporary Gastrostomy as Alternative to Nasogastric Tube. K. Meissner, W. Weissenhofer and A. Zangl. Chirurg., 1976, 47:485.

Foley catheter temporary tube gastrostomy was used as an alternative to nasogastric suction and as a double purpose tube—first decompression, then feeding—in 20 patients treated for carcinoma of the esophagus by esophagectomy. The procedure is safe, reduces pulmonary complications and increases the patients' comfort. The catheter is double purse-stringed into the fundus of the stomach. Care must be taken that the balloon is drawn back flush to the gastric wall. Dislocation of the catheter tip and balloon into the pyloric channel can produce antral spasm, retention, hypersecretion and gastric distention. Properly placed, the gastrostomy tube is particularly helpful in older patients, but in young patients in whom a prolonged period of gastric atony is anticipated, tube gastrostomy is an excellent alternative to the nasogastric tube.

William B. Gallagher

Treatment and Survival in 631 Patients with Invasive Carcinoma of the Cervix. C. Gad. Br. J. Obstet. Gynaecol., 1976, 83:560.

Results of therapy administered between 1951 and 1972 to 631 patients with invasive carcinoma are presented. Treatment was usually by operation or radiotherapy alone. Combined therapy was used rarely and, in retrospect, was felt to be indicated only in those patients who had Stage Ib disease and positive lymph nodes at operation.

Radical hysterectomy was more effective than radiotherapy in Stage Ib disease. Microinvasive carcinoma was adequately treated by total hysterectomy. In the latter years of the study, simple hysterectomy replaced radical hysterectomy for Stage Ia. The operative mortality for radical hysterectomy was acceptable when compared with other series. Radiotherapy alone was best for most patients with Stage II, III or IV disease. The overall five year crude survival rate was 63 per cent with the breakdown for stages being Ia, 99 per cent; Ib, 79 per cent; IIa, 67 per cent; IIb, 45 per cent; III, 23 per cent, and IV, 5 per cent.

David W. Cromer

Renal Disease in Pregnancy. F.K. Bell, W.R. Dame, H.W. Intorp and others. Am. J. Obstet. Gynecol., 1976, 126:845.

The hypothesis is presented that the current clinical criteria for the classification of hypertensive disorders of pregnancy are inadequate for studying basic etiologic factors in these diseases. Percutaneous renal biopsies, transperitoneal when cesarean section was performed, were performed on 20 patients with severe preeclamptic symptoms-proteinuria and a blood pressure greater than 160 mmHg systolic or 100 mmHg diastolic. Biopsies were obtained at the time of cesarean section or two to three days post partum. Histologic, immunologic and biochemical studies on these specimens may be useful in the postpartum period and future management of these patients because of a better understanding of the specific renal disease in each patient.

The results of the study did not demonstrate that a relation exists between the histologic, immunologic or biochemical data and the specific mechanism of hypertension in pregnancy. Renal biopsy during pregnancy and in the puerperium carries a significant morbidity which must be weighed against the benefit of the procedure. At the present time, renal biopsy does not provide any information that might alter the clinical management of the hypertensive gestation. Management of renal disease post partum, however, may be aided by the biopsy data.

Robert T. Turner

The Effects of Diethylstilbestrol and Medroxyprogesterone Acetate on Kinetics and Production of Testosterone and Dihydrotestosterone in Patients with Prostatic Carcinoma. W.E. Nolten, L.J. Sholiton, L.S. Srivastava and others. J. Clin. Endocrinol. Metab., 1976, 43:1226.

An attempt was made to study the influence of therapeutic doses of diethylstilbestrol and medroxyprogesterone acetate on the plasma kinetics for the production of testosterone and hydrotestosterone and the plasma protein binding of testosterone. The limitations of projecting these values from one body compartment to a total therapeutic dose and other consequences are self evident.

Alterations in the metabolism of testosterone and dihydrotestosterone induced by diethylstilbestrol or medroxyprogesterone acetate could account for the beneficial therapeutic effect of these agents

in carcinoma of the prostate. To investigate this possibility, the plasma kinetics of testosterone and dihydrotestosterone were studied in 17 elderly patients with carcinoma of the prostate before and after treatment with diethylstilbestrol, 1 or 5 mgm/day, or medroxyprogesterone acetate, 10 or 30 mgm/day, for 30 days.

Production rate and plasma concentrations of testosterone were lower, production rate and plasma concentrations of dihydrotestosterone were higher in the patients than in normal men. With both diethylstilbestrol regimens, production rate, plasma concentrations and metabolic clearance rate levels of either androgen declined; however, testosterone level was suppressed to a much greater extent than dihydrotestosterone. In either instance, the decrease may have been caused by direct suppression of testicular androgen synthesis, by decreased gonadotropin stimulation or by both. Enhanced testosterone-binding played an additional role in reducing the free testosterone index. High and low doses of diethylstilbestrol were equally effective.

The low dose regimen of medroxyprogesterone acetate did not influence androgen metabolism. Medroxyprogesterone acetate in the higher dose suppressed production rate and plasma concentrations of testosterone and dihydrotestosterone, possibly because of effects on testicular synthesis or by gonadotropin suppression as suggested for diethylstilbestrol. In contrast to diethylstilbestrol, medroxyprogesterone acetate failed to cause profound changes in metabolic clearance rates of either androgen or in testosterone-binding. When judged by its influence on the metabolism of testosterone and dihydrotestosterone in carcinoma of the prostate, medroxyprogesterone acetate in higher doses is much less effective than either dose regimen of diethylstilbestrol.

Gerald P. Murphy