Selected Abstracts

SELECTED ABSTRACTS FROM SURGERY GYNECOLOGY AND OBSTETRICS

Social and Psychological Changes After Tubal Sterilization; a Reevaluation Study on 425 Women. R.A. Watkins, J.F. Correy, D.A. Wise and G.J. Perkin. Med. J. Aust., 1976, 2:251.

A questionnaire was mailed to 425 women after tubal sterilization to assess social and psychologic changes after sterilization. Only 3 per cent of the patients regretted having had the operation, and 5 per cent reported an increase in emotional difficulty, including decrease of libido. The improved sexual functioning was attributed to the removal of fear of pregnancy and occurred in about one-half of the sample, the other half reporting no change. It is the conclusion of this report that most women, including some of those reporting some emotional problems prior to the sterilization, have a positive attitude towards tubal sterilization.

Silvio Aladjem

Forty Years of Transurethral Prostatic Resections. Paul Perrin, Roger Barnes, Henry Hadley and R.T. Bergaan. J. Urol., 1976, 116:757.

A series of 1,690 transurethral resections of the prostate performed by two urologists were divided into decades for the purpose of relating morbidity and mortality to the decade in which the procedures were performed. The mean weight of tissue resected decreased from 26.7 to 38.0 gm in the three older series to 20.7 gm in the series from this decade.

The percentage of patients with postoperative fevers greater than 100 degrees F orally dropped from a high of 71 per cent in the 1940's to 28 per cent in the 1970's, while the mortality dropped from 5.5 per cent in the 1930's to 0.7 per cent in this decade. The rate of sequelae, such as strictures, incontinence and contracture of the neck of the bladder, has dropped in the more recent series. This over-all decrease in morbidity and mortality was attributed to the use of antibacterials, aseptic techniques and isotonic irrigating solution and to improved surgical techniques and instrumentation.

Randall G. Rowland

Peritoneal Dialysis in Children; Review of 8 Years' Experience. Ruth E. Day and R.H.R. White. Arch. Dis. Child., 1977,52:56.

When conservative management is insufficient to treat acute renal failure in children' peritoneal dialysis is the therapy of choice. It is simpler, less expensive and more available than hemodialysis. The use and results of 59 peritoneal dialyses in 44 children over an eight year period are reviewed.

The dialysis cannula was inserted with the aid of a trocar through a subumbilical stab incision after 200 ml of dialysis fluid were run into the peritoneal cavity through a needle. The peritoneal dialysis cannula was removed after each period of dialysis and reinserted through a new incision if repeat dialysis was required. Serious technical complications were rare. One infant went into shock during catheter insertion and a subsequent autopsy revealed a retroperitoneal blood vessel perforation that presumably occurred during the trocar insertion. Another patient sustained a local area of ileal necrosis and perforation that required laparotomy.

Intraperitoneal infection was the most common complication of peritoneal dialysis. Immunosuppressive agents and the altered immune response in the patient with uremia were felt to reduce the patient's resistance to infection. Candida albicans peritonitis contributed to the death of one child. Eschericia coli, Staphylococcus pyogenes and Candida albicans were the frequent micro-organisms cultured from the dialysate. There was a direct relation between the duration of peritoneal dialysis and the increased development of infection. The major source of infection appeared to be bacterial colonization of the abdominal skin and subsequent entrance into the peritoneal cavity through the cannula tract. The incidence of infection was higher in children under two years old compared with the older children. It was felt that young children, incontinent of stool, colonized the skin around the cannula with fecal organisms.

Three children had deaths partly attributed to complications of peritoneal dialysis. A patient with the hemolytic-uremic syndrome who was treated with streptokinase died shortly after discontinuing dialysis. Autopsy showed massive intraperitoneal hemorrhage. Two patients with chronic renal failure died during or after dialysis. Necropsies showed cerebral edema in a hypertensive patient and extensive myocardial fibrosis in the other patient.

The mean daily dialysate protein loss was 0.58 gm/kgm of body weight. The protein loss is an unavoidable disadvantage of peritoneal dialysis and should be considered in the dietary protein requirements.

Since the over-all number of these ill children requiring peritoneal dialysis is small and yet may need many special diagnostic procedures, centers specializing in the treatment of children with renal disease should be established to

achieve optimal therapeutic results.

Frank B. Mahon

The Surgical Fate of Ureteral Calculi; Review of Mayo Clinic Experience. William L. Furlow and John J. Bucchiere. J. Urol., 1976, 116:559.

Four hundred of 1,061 patients had primary ureterolithotomies and 661 had transurethral manipulation of treatment of ureteral calculi. The size and location of the calculi were determined by excretory urography. These two characteristics were felt to be the imortant factors in planning the course of treatment for a patient.

All calculi in the upper third of the ureter were best removed by ureterolithotomy. Calculi of less than I cm could be manipulated in the middle third of the ureter in approximately one-half of the patients. Larger midureteral calculi were removed by ureterolithotomy. Calculi in the lower part of the ureter were successfully manipulated in 92 per cent of the patients if they measured less than 1 cm and in 87 per cent of the patients if they measured 1 cm or larger.

The morbidity was 17.5 per cent after ureterolithotomy, 10 per cent after all transurethral manipulations and 25 per cent in the failures of transurethral manipulation. There were three deaths in the group who had ureterolithotomy and three in the group who had transurethral manipulation, giving an over-all mortality of 0.6 per cent. Four of the six deaths were related to acute myocardial infarcts.

Randall G. Rowland

Review of Treatment of Injuries to the Meniscus. J. Despontin. Acta Orthop. Belg., 1976, 42:174.

This study is based on 500 menisectomies. Three factors of the management are stressed as most important, painstaking diagnosis, exact technique during cartilage removal with preservation of the pericartilagenous border and intensive re-education and management.

The distribution of lesions of the meniscus was found to be 88 per cent for the medial and 12 per cent for the lateral cartilage. The lesions of the medial cartilage were mostly in the form of longitudinal tears with different types of tears noted in the lateral cartilage. The right knee was involved in 57 per cent of the lesions of the meniscus and the left in 43 per cent, with a greater percentage occurring in males.

A slightly vertical, oblique surgical approach is recommended, thus avoiding the distal end of the cutaneous saphenous nerve and avoiding severence of the medial collateral ligament. Resection of the cartilage is carried out in three stages. The anterior and middle portions are removed by means of a special dislocator instrument, the posterior segment is then dislodged. The synovial is used for the other layer. The maintenance of the meniscal border is again emphasized to enhance stability and to prevent arthrosis and effusion. Rather than postoperative immobilization, intensive postoperative quadriceps drills are recommended almost immediately.

Diagnostically comparative tests should be carried out in both knees in terms of hyperextension, full flexion and movement of the patella. In addition, trigger pressure should be elicited, testing for McMurray and Grinding signs should be carried out, articular clicking should be listed, and the often observed atonia of the internal rostus can be observed with quadriceps tightening and atrophy.

E.H. Bettmann

Fine Needle Transhepatic Cholangiography; a New Approach to Obstructive Jaundice. Joseph T. Ferrucci, R. Dreyfuss. Am. J. Roentgenol., 1976, 127:403.

Transhepatic cholangiography using a newly introduced fine caliber Chiba needle, developed in Chiba, Japan, was performed upon 50 consecutive patients. The ducts were opacified in 100 per cent of patients with duct dilatation caused by mechanical obstruction and 82 per cent of patients with nondilated ducts. Complications occurred in 10 per cent and consisted of pneumothorax and bacteremia. There was no instance of clinically significant bile leakage or hemorrhage.

Surgeons were aided by being able to defer operation for several days in those patients with incomplete bile duct obstruction because the risk of bile leakage was decreased through a small needle tract. In comparison with conventional needle technique, there was increased frequency of duct opacification as well as a decreased rate of complications. The advantages of fine needle cholangiography over endoscopy include increased frequency of duct opacification, decreased cost and greater ease.

Carol C. Pohl

The Successful Transplantation of Frozen Parathyroid Tissue in Man. Sanuel A. Wells Jr., J. Caulic Gunnells, Robert A. Gutman and others. Surgery, 1977, 81:86.

Autologous parathyroid tissue frozen in liquid nitrogen for six weeks was transplanted successfully into the forearm muscle of an aparathyroid, uremic patient with renal osteodystrophy. Two years later, biopsy was performed on the parathyroid graft. Histologic evaluation revealed normal architecture, and there was ultrastructural demonstration of secretory granules within

parathyroid cells. Physiologic function of the patients' graft was documented by the presence of a normal serum calcium concentration in the absence of replacement therapy and by a high level of parathyroid hormone in the venous blood draining the grafted muscle bed.

Ernest D. Bloomент