Selected Abstracts

FROM SURGERY GYNECOLOGY AND OBSTETRICS

Malignant Mixed Tumor of Salivary Origin; a Clinicopathologic Study of 146 Cases. Ronald H. Spiro, Andrew G. Hoves and Elliot W. Strong. Cancer, 1977, 39:388.

Thirty years of experience with a total of 146 patients with malignant mixed tumor are reviewed. Malignant mixed tumors arose in the parotid gland in 73 per cent of the patients. Submaxillary salivary glands in the upper digestive tract were involved in 27 per cent. Treatment was almost exclusively surgical. The cure rate after five years was 40 per cent, ten years 24 per cent and 15 years 19 per cent. Local recurrence was almost invariably the reason for treatment failure. Distant metastasis were noted in 28 per cent of the patients. The high local recurrence rate after conservative surgical treatment suggests that results may be improved if more radical operative procedures are performed primarily in more of the patients with malignant mixed tumors of the salivary glands.

Lynn A. Hughes

Analysis of 100 Cases of Paget's Disease of the Breast. Bruno Salvadori, Giuseppe Fariselli and Roberto Saccozzi. Tumori, 1976, 62:529.

Ninety one of 100 patients with Paget's disease of the breast were analyzed to determine the optimal surgical treatment of lesions presenting with and without a palpable nodule as indicated by survival rate. Forty-one had no nodule and none were found to have positive nodes. Eight of these 41 lesions were non-infiltrating. Eighty-four per cent of the 50 who had a palpable nodule had positive nodes. Eighty-two of the 91 patients underwent radical surgical treatment-radical mastectomy or extended radical mastectomy-while nine had more conservative operations-simple or modified radical mastectomy.

The actual survival rates of the groups with and without a palpable nodule were, respectively, at five years 38 versus 92 per cent and at ten years 22 versus 82 per cent. No difference in survival rate in the group without a palpable nodule could be demonstrated to result from conservative surgical treatment versus a more radical operation. Patients with palpable nodules should undergo an extended radical mastectomy with dissection of the internal mammary chain lymph nodes. Those without palpable nodules should have a mastectomy of the Patey-Dawson type.

Richard O. Gregory

Thirty Years' Experience with the Surgical Treatment of Pulmonary Hydatid Cyst; Report of 184 Cases. T. Lorenzo, X. Rius and J. Reventos. Ann. Chir. Thorac. Cardiovasc., 1977, 16:79.

While Echinococcal disease is, in general, decreasing, the relative incidence of the pulmonary form of the disease is increasing. The 184 patients with the pulmonary form treated between 1942 and 1972 ranged in age from six to 69 years; 106 were males. The cysts were simple in 110 patients and ruptured in 63; 27 were asymptomatic. Symptoms included pneumothorax in two patients, cough in 109, hemoptysis in 84 and expectoration in 63. The differential diagnosis was occasionally difficult because of pericyst atelectasis. The Casoni test was positive in 48 per cent of the patients.

Simple cystectomy was done 173 times and is the procedure of choice. Pulmonary resection was required five times. Bilateral lesions were removed by thoractotomies a few weeks apart 14 times. Three patients died early in the series; one of suppurative mediastinitis, one of shock and another of pulmonary embolism. One late death occurred because of amyloidosis. Five residual cavities required further surgical therapy and are now cured. Of 11 empyemas, nine occurred before 1948 and all were cured medically. One bronchopleural fistula was cured by a drainage procedure. There were no instances of perioperative hydatid infestation.

Two patients cured themselves by expectorating the entire cyst and its contents. More commonly, the cyst membrane remains intrapulmonary and becomes reinfected or protrudes into the bronchus and causes a granuloma.

After cystectomy, as much of the residual cavity as possible is obliterated by suturing or resecting the adventitia and collapsed parenchyma. If there is no superinfection, any open small bronchioles are closed. If infection is present, they are left open. The operative field was protected against possible perioperative infestation by using gauze pads impregnated with hypertonic serum.

Alan T. Marty

Transbronchial Lung Biopsy Using Fiberoptic Bronchoscope. Sawtantra K. Chopra and Fouad Ben-Isaac. South Med. J., 1977, 70:202.

The flexible fiberoptic bronchoscope was recommended for biopsy diagnosis of diffuse pulmonary infiltrates of unknown cause especially in acutely ill patients. There were no definite limitations for this procedure and the amount of tissue obtained by biopsy was usually adequate for histologic diagnosis. These conclusions were based on an evaluation of 15 patients, eight

males and seven females ranging in age from 13 to 70 years. The procedure for transbronchial lung biopsy was standardized. Premedication consisted of an intramuscular injection of 0.6 mgm atropine and 50 to 75 mgm meperidine.

The fiberoptic bronchoscope with a sleeved-on-endotracheal tube was passed orally under direct vision. The vocal cords were anesthetized with 3 per cent cocaine. The trachea was entered and the endotracheal tube was slipped over the bronchoscope. Bronchial brushings and cultures were taken as indicated. In patients with diffuse disease, the bronchoscope was directed into a posterior or lateral segment of the lower lobe. The biopsy forceps was passed into the closed portion, opened during a maximal inspiration and then the biopsy specimens was taken as exhalation followed.

By this method several biopsies were possible. Bleeding was controlled by suction, irrigation, or topical applications of 1:1,000 epinephrine solution. Roentgenograms of the chest were taken after bronchoscopy and again at 24 hours. Morbidity following this procedure consisted of a small pneumothorax in one patient and minor bleeding in three patients. In this series, pulmonary parenchymal tissue was obtained from 14 of the 15 patients. This procedure was briefly compared with the open lung biopsy, the turbine powered trephine biopsy and the bronchial brush biopsy.

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