Selected Abstracts

Microbiological Investigation of Bartholin's Gland Abscesses and Cysts. Yhu-Hsiung Lee, Joel S. Rankin, Susan Alpert and others. Am. J. Obstet. Gynecol., 1977, 192:150.

Percutaneous aspirators from intact cysts and abscesses of Bartholin's gland were examined for bacteria and genital mycoplasmas. Aspirates from ten of the 12 patients with cysts of Bartholin's glands were sterile. Aspirates from the other two cysts contained organisms that are a part of a vaginal microbial flora. There were 34 abscesses studied and 24 contained bacteria. Eight abscesses contained gonococci in pure culture. Twelve abscesses contained one or more vaginal organisms, including anaerobic gram-negative rods, anaerobic gram-positive cocci and microaerophilic sterptococci.

Aspirates from 12 patients contained organisms, all of which were a part of the vaginal flora. Bacteria and polymorphonuclear leukocytes were seen in gram stained smears of 11 of 12 aspirates. The most common aspirates were anerobes, and anerobic gram-negative rods were recovered from eight of 12 aspirates, as were anaerobic gram-positive cocci. Four of these patients had received antibiotics.

It was concluded that there is a clinical and bacteriologic spectrum which ranges from an uninfected cyst of a Bartholin's gland to a frank abscess of a Bartholin's gland and that the organisms isolated from abscesses of Bartholin's glands include facultative gram-negative rods in pure culture, gonococci in pure culture and mixed infections with anaerobic, facultative and aerobic members of the vaginal flora.

A. Stark Wolkoff

Hepatitis and Pregnancy. J. Patrick Hieber, David Dalton, James Shorey and Burton Combes. J. Padiatr., 1977, 91:545.

The outcome of mother and fetus in 50 pregnancies complicated by acute viral hepatitis were examined. Type B, serum, hepatitis accounted for 40 per cent of the patients. The incidence of prematurity was significantly increased by hepatitis, type B or non-type B, but the incidence of congenital malformations, stillbirths, abortions and intrauterine growth retardation was unaffected. Pregnancy did not affect the clinical course of the disease in the mothers. Only two infants born to eight patients with third trimester onset of hepatitis were found to have hepatitis B surface antigen and persistent mild elevations of serum glutamic-oxalacetic transaminase levels. Results of follow-up studies of patients with non-type B hepatitis revealed no disease of the liver in any of the mothers or infants.

Richard J. Joseph

Tuberculosis and Infertility in Men. F. Sole-Balcells, F. Jimenez-Cruz, J. Sanez De Cabezon and A. Soler Rosello. Eur. Urol., 1977, 3:129.

Fifty patients, all younger than 40 years of age, in whom a diagnosis of tuberculosis was established, had spermiograms made to see if there was any cytomorphologic or biochemical alteration. The 50 patients were classified into three groups; a pathologic intravenous pyelogram without disturbances of the genitalia by rectal examination and by physiologic examination of the scrotal contents; a pathologic intravenous pyelogram associated with lesions of some or several genital structures, and a normal intravenous pyelogram with a genital lesion.

The modification of the spermiograms in accordance with the evolution of the urinary tubercular lesion and the specific treatment used was evaluated. All patients with clinical alterations in the genital structures showed alterations in the cytomorphologic or in the biochemical study or both. Seventy-five per cent of the patients without genital lesions showed oligoasthenozoospermia. In spite of treatment, no improvement whatsoever was observed in the spermiogram. The prognosis of fertility in these patients is not good. It is not known if this faulty evolution is caused by the irreversibility of the genital lesions or some other factor, such as toxicity from drugs or some toxic-allergic manifestations of tuberculosis.

David Rosenbloom

Accuracy of Biliary Duct Ultrasound; Comparison with Cholangiography. Harvey L. Heiman and Richard A. Mintzer. Am. J. Roentgenol., 1977, 129:979.

A comparison of diagnostic accuracy was made in 30 patients to determine the usefulness of diagnostic gray scale ultrasound in differentiating obstructive from nonobstructive hepatobiliary disease. Twenty-five patients were studied by both diagnostic ultrasound and Chiba needle percutaneous transhepatic cholangiography. Another five patients were studied with diagnostic ultrasound and operative cholangiography. All examinations were conducted during a six month period in 1976. Patients with obstruction were proved operatively, as well as many nonobstructive patients. Some patients had overwhelming clinical evidence of nonobstructive disease which usually proved to be hepatitis.

The diagnostic accuracy of ultrasound resulted in a demonstration of bile duct or intrahepatic biliary dilatation in 16 of 18 patients shown by percutaneous transhepatic cholangiography to have dilated ducts. This series contained two false-negatives. Ultrasound demonstrated nondilated ducts in nine of 12 patients; two were false-positives and one patient could not be studied because of gas. Percutaneous transhepatic cholangiography demonstrated that five of seven patients had nondilated ducts, with two successful studies, and operative cholangiography demonstrated that five of five patients had nondilated ducts.

Correct description of biliary duct caliber was achieved by ultrasound in 89 per cent of the patients with dilated ducts and 82 per cent of the patients with nondilated ducts. The over-all accuracy rate was 86 per cent. Only one in 30 ultrasound examinations was considered a technical failure. The ultrasound examination seems to be an excellent screening tool and is most accurate when intrahepatic radicles are dilated.

Ronald L. Washburn

Bone-Marrow Transplantation in Acute Leukaemia. U.C.L.A. Bone-Marrow Transplantation Team. Lancet, 1977, 2:1197.

Survival rates of 33 patients with resistant leukemia treated by marrow transplantation were compared with those of 37 matched patients treated by conventional and experimental chemotherapy. All patients who received transplants were rendered free of detectable leukemia for periods of from 36 days to more than two and one-half years, while only six patients in the group who underwent chemotherapy achieved a hematologic remission. Over-all survival rates in both groups were poor; however, five patients, 15 per cent, who received transplants were alive and in hematologic remission one to two and one-half years after transplantation, while no patients in the group who underwent chemotherapy lived longer than 13 months. Bone marrow transplantation appears to offer a small but distinct possibility of long term survival in patients with acute leukemia resistant to conventional therapy.

Ernest D. Bloomenthal

Hysteroscopy; Its Application in Gynecology. Carlos M.D., Freire De Oliveria. Rev. Portuguesa Obstet. Ginecol. Cir., 1976, 7:7.

The development of intrauterine endoscopy has come with improved illumination systems, fiberoptics and better methods for distending the uterine cavity, including use of water, balloon distentions, injection with viscous solutions like 30 per cent dextran and gas insufflation. Today the hysteroscopes of Porto and Lindeman, both the diagnostic and operative variants, are most used. The Storz cold light fiberoptic standard model equipped with two 150 watt lamps serves for illumination. The Semm insufflation apparatus delivers CO_2, and a side-arm syringe is connected into the system for delivery of viscous 30 per cent dextran.

The cervix is dilated with Hegar dilators eight to 12 hours before the examination. The patient should be eight to 12 days into her menstrual cycle. Most procedures are done either under local or no anesthesia with preoperative transquilization and the patient in the lithotomy position. The vagina and cervix are prepared with antiseptics, and the cervix is injected with Xylocaine, lidocaine. The hysteroscope is introduced through the dilated cervix through a cervical cannula connected to a two way system for aspiration and insufflation of CO_2.

Through the operating hysteroscope the examiner can do direct biopsies, coagulate bleeding sites, catheterize the fallopian tubes, extract foreign bodies, cut adhesions and take photographs. The indications for hysteroscopy are to investigate endouterine lesions in the presence of metrorrhagia, amenorrhea, habitual abortions, sterility or when a hysterogram has been ambiguous or difficult to interpret; preoperatively for patients undergoing myomectomy to rule out other intrauterine lesions; to establish the diagnosis of carcinoma of the endometrium and evaluate the topography and extent of the lesion; for post-treatment followup studies; to ablate and coagulate small polyps, and to sterilize by coagulating the tubal ostia.

Contraindications to hysteroscopy include pregnancy, recent pelvic inflammatory disease and ongoing uterine bleeding. The procedure is impractical or impossible in the presence of intact hymen, vaginal atrophy or malformation, cervical tumor, amputated or split cervix, large

uterine tumors, fixed retro flexed uterus, previous anterior hysteropexy or cervical or uterine synechiae so extensive that insufflation of the cavities is impossible. Complications are rare, about the same incidence as with hysterosalpingograms. A few patients have had hypotension and vertigo. One patient had a recurrence of a preexisting pelvic inflammatory disease; it cleared with antibiotics. Seven patients, all with general anesthesia and, in hindsight, with excessive insufflation, had cardiac arrest; one died.

The major difficulties of the procedure are the necessity for cervical dilatation, the frequent occurrence of hemorrhage and the difficulty of distending the uterine cavity. The balloon distension type of hysteroscope controls bleeding well but does not permit direct biopsies, coagulation or resection of adhesions.

The eighth to the 12th day of the patient's cycle is dieal for hysteroscopy because at this time tonicity of the endocervical canal is at its lowest, no nidation can be interrupted and insufflated fluid or gas is least able to exit through the tubes. Although sterilization can be done by this method, it is about 90 per cent effective and laparoscopic salpingotomy is superior.

William B. Gallagher