

## Selected Abstracts

### SELECTED ABSTRACTS FROM GYNAECOLOGY OBSTETRICS SURGERY

**Complications of Repeated Operations to Control Esophageal Reflux (Esophagogastrocutaneous and Esophagogastropericardial Fistulas).** J. Lynwood Herring, Jr., and Atef Ibrahim. *Am. Surg.*, 1977, 43:203.

Two Esophagogastrocutaneous fistulas secondary to repeated operations for gastroesophageal reflux are reported. An alternative method of treatment for recurrent reflux esophagitis, that is, distal gastric resection with Roux-en-Y division of the duodenal contents, is suggested.

Ricardo J. Moreno-Cabral

**Carcinoma of the Male Breast; a Review of 200 Cases.** G.G. Ribertro. *Br. J. Surg.*, 1977, 64:381.

The treatment and survival rates among 200 instances of carcinoma of the male breast treated between 1942 and 1971 are described. The youngest patient was 27 and the oldest 91 years of age. The incidence of cancer of the breast rises sharply with age, and the majority of patients were in the fifth and sixth decades.

The treatments of this condition varied with the stage of the disease. In Stage I, 36 patients had a radical mastectomy with or without radiotherapy, and 35 patients had a simple mastectomy with or without radiotherapy. Five patients with Stage I disease had radiotherapy only. In Stage II, there was a definite bias toward radical mastectomy; almost three times as many patients had a radical operation compared with a simple mastectomy. This trend has not altered in the past 15 years. The majority of patients with Stage III disease had radiotherapy as the treatment of choice without prior surgical intervention.

The results when intercurrent deaths are included showed five and ten year survival rates are 39 and 18 per cent, respectively. With the exclusion of intercurrent deaths, the five and ten year figures are 42.6 and 26 per cent, respectively. In those patients with Stage I disease, with intercurrent deaths excluded, the five year survival rate is 79 per cent and ten year survival rate, 56.3 per cent. There were 38 patients with Stage II disease and 45 patients with Stage III, a total of 83 patients. The survival curve of these 73 patients showed five and ten year survival rates of 28 and 10 percent, respectively. The survival rate of male patients is compared with that of 110 female patients matched for age and stage of disease treated

during the same period. It was found that the survival rates of the females were significantly better at five and ten years.

Twenty-five per cent of patients with Stage I disease had evidence of local recurrence or distant metastases. Seventy-five per cent with Stage II disease had local recurrence or metastatic disease. The majority who had recurrence or metastases develop did so within two years of mastectomy.

All patients with Stage IV disease were treated palliatively. Radiotherapy was given to the primary tumor when necessary and also to painful bone metastases. The majority were given hormonal therapy, which was also given to the patients who had recurrence and metastases after operation and radiotherapy in the earlier stages of the disease.

Thirty-eight per cent of patients treated with stilbestrol therapy showed a response with a median remission of seven years. No response was obtained in patients with bony metastases. Eight patients had a bilateral orchidectomy for generalized disease, and none of these showed a response. With such a rare disease, it would be of help to centralize the treatment of these patients as much as possible.

Donald M. Clough

**Diagnostic Peritoneal Tap and Lavage in Blunt Abdominal Trauma in Children (Diagnostische Punktion und Spulung der Bauchhöhle beim stumpfen Bauchtrauma in Kindesalter).** P. Klau, H.P. Keller and E. Kern. *Z. Kinderchir.*, 1977, 21:56.

Fifty instances of peritoneal tap and lavage in blunt abdominal trauma in children between four and 14 years of age are reported. Peritoneal dialysis catheters were inserted 4 cm, below the umbilicus using local anesthesia. If blood was not immediately obtained, then lavage was carried out using 500 ml of an isotonic solution for children and approximately 10 ml/kgm for infants. The readings were either strong positive, weak-positive or negative.

Results showed 18 of 50 patients had a strong-positive tap done, and eight were strong-positive after lavage. In 29, the lavage was negative, and four were weak-positive. One of the negatives was false because of inadequate lavage. There were no complications resulting from the tap or lavage. Ruptured spleens, livers, kidneys, one ruptured pancreas and one tured intestine were noted. In addition, there were torn mesenteries and two intra-abdominally leaking retroperitoneal hematomas. If intra-abdominal injury is suspected in blunt abdominal trauma in children as well as in adults,

tap and lavage belong to the most important diagnostic tests.

Walter Matern

#### Late Infection After Total Hip Replacement.

E. Malcolm Downes. *J. Bone Joint Surg. Br.*, 1977, 59:42.

As is well known, deep infection is the most serious complication of total replacement of the hip and usually bespeaks significant morbidity and even mortality. The source of late infection remains controversial, but a long delay with no previous evidence of infection suggests spread by the bloodstream. Reports of four patients who had infection in the hip joint are detailed. The development of infection at a late time is fairly clearly implicated by infection elsewhere. Although the evidence here is circumstantial, though if one accepts septic arthritis as usually of hematogenous origin, it is reasonable to suppose that prosthetic joints are liable to infect in the same way. Another pertinent point that is brought out in this series is that, in two patients, bilateral prostheses were simultaneously infected by an identical organism, strongly favouring a hematogenous spread.

As far as management is concerned, two points of practical importance are brought out. In established deep infection all foreign material should be removed. Suction irrigation should be carried out to aid in rapid clearing of the infection.

Any potential source of infection should be treated before replacement. Afterwards, any procedure likely to produce a bacteremia, such as extraction of a tooth, should be carried out under full antibiotic coverage.

George L. Lucas

#### Chemotherapy of Metastatic Carcinoma of the Breast; a 4-Drug Regimen.

W. Mattson, I. Gynning, C. Trope and B. Astedt. *Acta Radiol. Ther.*, 1977, 16:97.

Single Drug therapy for advanced or metastatic carcinoma of the breast rarely results in complete remission, and partial remissions are usually of short duration. Combination chemotherapy yields better results. A phase II study using Adriamycin (doxorubicin hydrochloride), vincristine, cyclophosphamide and methotrexate was performed on 32 patients with advanced carcinoma of the breast. The average number of organs involved was 3.2.

Vincristine, 1 mgm, and Adriamycin, 50 mgm/m<sup>2</sup>, were given intravenously on day one. Cyclophosphamide, 100 mgm/m<sup>2</sup>, was given orally on days 1 to 8 and methotrexate, 150 mgm/m<sup>2</sup>, intravenously on day 8, followed by leu-

the methotrexate. Courses were repeated every three weeks until a total dose of 500 mgm/m<sup>2</sup> of Adriamycin had been given. Adriamycin was then discontinued and 5-fluorouracil, 500 mgm/m<sup>2</sup> intravenously, given in its place. A complete remission was defined as the presence of normal Karnofsky's performance index, no sign of residual tumor with the exception of bony metastases and remission persisting for at least one month. Partial remission was a 50 per cent reduction in measurable tumor and an unchanged or improved Karnofsky index.

Ten of 13 patients previously treated by chemotherapy and 20 of 26 previously treated by hormone therapy had remissions. All of those with soft tissue lesions who responded did so within three courses of treatment and the others within six courses. Fourteen of 18 patients with skin metastases, 17 of 22 with nodal metastases, nine of 12 with liver metastases and 17 of 21 with skeletal metastases had remissions. Twenty-eight per cent had complete remissions.

All patients had alopecia, 60 per cent leukopenia, 10 per cent thrombocytopenia and 25 per cent had ocular catarrh. There was no serious cardiotoxicity. Vincristine caused paresthesia in one-half of the patients and often caused neurotoxicity. This is a useful combination chemotherapy. With an over-all remission rate of 81 per cent, no serious side-effects and an improvement in the Karnofsky's performance index.

John A. McCredie