Selected Abstracts

(FROM SURGERY, GYNAECOLOGY AND ORSTETRICS)

Comparison of Barium Enema and Colonoscopy in the Detection of Small Colonic Polyps. RUEDI F. THOENI and LESLIE MENUCK. Radiology, 1977, 124:631.

A total of 219 polyps were found in 112 patients examined by both barium enema and colonoscopy. Single contrast barium enema missed 45.2 per cent of polyps, and double contrast barium enema missed only 11.7 per cent of polyps. Colonoscopy failed to detect less than 3 per cent of polyps seen on double contrast barium enema, but 10 per cent of polyps could not be reached by the colonoscope.

Double contrast barium enema and colonoscopy are complementary in detecting small colonic polyps. The data indicate that the right side of the colon can be evaluated with less difficulty by double contrast barium enema than by colonoscopy. A double contrast barium enema should be performed initially, followed by colonoscopy, especially if the lesion is 1 cm or greater in diameter. In patients upon whom colonoscopy is performed and a polyp demonstrated by double contrast barium enema cannot be identified, a repeat roentgenologic examination should be given for confirmation, and if the results are abnormal, a second colonoscopy should be considered.

Charles F. Heussner

Review of 200 Instances of Ureterolithiasis (Revue de 200 cas de lithiase ureterale). W. DE SY, E. WALLIN, W. OOSTERLINCK and G. RENDERS. Acta Urol. Belg., 1977, 45:86.

Two hundred presumed instances of ureterolithiasis were referred to a university urology service because of exception 1 symptoms, especially pronounced pain. In 82 per cent, the diagnosis was correct. The diagnoses which incorrectly suggested calculus included cystitis, prostatism, appendicitis and epididymitis. Only 56 per cent of the patients had hematuria, while 42 per cent had pyuria and 5 per cent had only bacteriuria.

In addition to the offending stone, intravenous urography demonstrated a silent kidney 10 per cent of the time; pronounced dilation 17 per cent, bilateral pyelonephritis 2.5 per cent, papillary necrosis 2 per cent and congential anomaly 2 per cent of the time. Thirty-four per cent of patients had a previous history of ureterolithiasis. Five per cent of the patients had conditions predisposing a stone formation.

Seventy-two per cent of the patients spontaneously passed their stones. Forty-five patients, 22.5 per cent, underwent ureterolithotomy. In all these patients, the stone was greater than 5 mm in diameter. There were four complications in the patients operated upon, including incisional herniation, ureteral stenosis and two fistulas of short duration. In 11 patients, 5.5 per cent, the stone was retrieved with sound.

With the abatement of pain and the absence of infection, patients with stones less than 5 mm in diameter were followed closely for extended periods of time as outpatients with frequent checks of urinary sediments and an intravenous pyelogram every six weeks. With this conservative approach, many patients otherwise destined for operative extraction have eliminated their stones without apparent problems.

Ronald C. Merrell

Operations upon the Dorsal Wrist in Patients with Rheumatoid Arthritis (La chirugie du "poignet dorsal" dans la polyarthrite rhumatoide; Synovectomies et reaxations du carpe). Y. ALLIEU and B. BRAHIN. Ann. Chir., 1977, 31:279.

A deformity over the dorsal surface of the wrist in patients with rheumatoid arthritis caused by an underlying tenosynovitis and an articular synovitis is considered a surgical entity. Depending upon the pathology, synovectomies of the extensor and interossei group with resection of the inferior radioulnar joint are carried out as a routine procedure.

Three approaches are described. These include synovectomies in beginning deformities, synovectomy followed by internal or plaster fixation and axil repositioning of the wrist by tendon transfer and internal fixation in the unbalanced rheumatoid hand with deviating metacarpophalangeal joints. Some of the patients with simple synovectomies had in-

creasing stiffness develop later in spite of painless stability. Twelve of 99 patients who underwent synovectomy had radial drift. The subluxation of the inferior radiocubital articulation is considered an early sign of rheumatoid polyarthritis. The early tendinous axial shift is followed by the carpal shift with malalignment of the radiocarpal and central carpal segments occurring in the frontal, sagittal and horizontal planes with carpal instability and the inclination of the thumb with the well known deviation of the metacarpophalangeal joints.

One patient with a Swanson broken implant had a recurrence of the deformity. Twenty-three of 99 patients ,56 per cent of whom were between the ages of 40 and 65 years, showed bilateral, 58 right and 41 left hand involvement. Seventy-eight extensor synovectomies, 76 articular synovectomies and 69 reconstruction procedures of the inferior radiocubital segment were performed. Basic procedure carried out were simple synovectomy with a stable thumb without deviation, synovectomy and tenodesis followed by cast immobilization in patients with an unstable thumb joint and combined synovectomy and carpal axial realignment, obtaining relief from pain, a stable thumb joint and general physical improvement.

E. H. Bettmann

Ultrasound Evaluation of the Nonvisualized Gallbladder. FARHAD AZIMI, JOHN P. MARANGOLA and PATRICK J. BRYAN. Gastrointest. Radiol., 1977, 1:293.

Ultrasonic evaluation of the gallbladder can be extreme value when the patient is jaundiced and extrahepatic obstruction is suspected or immediately after an oral cholecystogram which yields a non-specific conclusion of nonvisualization. The technique of examination is briefly outlined, and summaries of 11 patients are presented.

Classical findings of enlargement of the gallbladder, internal echoes and accoustic shadowing were found in two patients. Occasionally sludge or fine microscopic calculi can be demonstrated. When biliary ducts are dilated, scans of the pancreas should be done, as they can occasionally demonstrate a carcinoma and differentiate between hepatocellular and obstructive jaundice.

Victor Oberhelm

Ultrasonography in Obstructive Jaundice. SIRINI MALINI and JOHN SABEL. Radiology, 1977, 123:429.

Ultrasonography was used to differentiate obstructive from hepatocellular jaundice in 35 consecutive patients and the site of obstruction determined as either proximal bile duct or distal bile duct. The gallbladder, intrahepatic bile ducts and common bile duct were evaluated as to dilation, calculus and presence of a mass in the area of the pancreas. The technique included attempts to visualize the common duct on longitudinal and transverse scans plus continuity of intrahepatic bile ducts with the common bile duct. Simethicone, 80 mgm, four times a day, was used to decrease intestinal gas when clinically feasible.
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The site of obstruction was accurately identified in 85 per cent of patients, while the differentiation between hepatocellular and obstructive jaundice was 86 per cent. Intraluminal obstruction of the common duct was accurately diagnosed in two patients by the spot sign, that is, increased dense echos within a dilated duct. One patient had a stone while the other had a small carcinoma of the ampulla of Vater. There were three false-negatives which proved to be caused by acute obstructions in young patients. Two false-positives were recorded, with the first occurring in a patient who on autopsy was found to have ascending cholangitis and the second in a patient with alcoholic disease of the liver and concomitant gallbladder calculi. Ultrasound is recommended in the preliminary evaluation of jaundice to detect obstruction. Radionuclide imaging was found to be helpful, particularly in medical jaundice.

Victor Oberhelm