

# Selected Abstracts

(From Journal of American Medical Association)

**Nongranulomatous Interstitial Pneumonitis in Sarcoidosis.** Y. ROSEN et al. (SUNY Downstate Medical Centre, Brooklyn, N.Y. 11203) *Chest*, 74:122 (Aug), 1978.

Nongranulomatous, nonspecific interstitial pneumonitis was a predominating or prominent histopathologic finding in 62% of 128 granuloma-containing specimens from open lung biopsies obtained from patients with sarcoidosis. Data from this study, combined with observations by others on the evolution of experimentally induced granulomas, indicate that interstitial pneumonitis represents a very early lesion, possibly the initial lesion, in pulmonary sarcoidosis. Because of the relatively large error of sampling inherent in the currently increasing practice of obtaining small specimens for lung biopsy via the flexible fiberoptic bronchoscope, interstitial pneumonitis may be seen as the only histopathologic finding in these specimens with increasing frequency. It is important to recognize interstitial pneumonitis as a characteristic, although non-diagnostic, morphologic feature of pulmonary sarcoidosis.

**Intermittent Severe Mitral Regurgitation.** M. A. McDONNEL et al. (T. J. Tsagaris, Univ. of Utah Medical Centre, Salt Lake City, UT 84132) *Chest*, 74:130-132 (Aug), 1978.

Two patients with hemodynamic evidence of intermittent severe mitral regurgitation with cyclic variation in right and left ventricular pressures had aortic and mitral valvular regurgitation of unknown etiology without definite evidence of papillary muscle dysfunction. The basis for the variation in the degree of mitral regurgitation is unclear.

**High-Density Lipoprotein Cholesterol and Anti-hypertensive Drugs.** A. HELGELAND et al. (Ullevaal Hosp, Oslo, Norway) *Br. Med. J.*, 2:403 (Aug 5), 1978.

Metabolic studies were made in men, aged 40 to 49 years, who were taking different drug regimens for mild uncomplicated hypertension. Pretreatment triglyceride concentrations were comparable in patients treated with hydrochlorothiazide (HCTH) with propranolol, with HCTH with methyldopa, with HCTH alone, and in the untreated controls. The HCTH-propranolol combination showed a statistically significant lower serum concentration of high-density lipoprotein cholesterol than the other

groups. A distinct increase in concentrations of triglycerides and uric acid was also seen in patients on the HCTH-propranolol combination. The possibility exists that the untoward metabolic changes induced by this frequently used drug combination may counteract the beneficial effect of pressure lowering.

**Cimetidine in the Treatment of Duodenal Ulcer.** P. BETTER et al. (Medizinische Klinik, Hagen, West Germany) *Dtsch. Med. Wochenschr.*, 103:1163-1166 (July 21), 1978.

In a double-blind trial of patients with duodenal ulcer, the healing rate after a four-week treatment course (1 g cimetidine daily) was 79% (30 of 38 patients), compared with 58% (23 of 40 patients) on placebos. Cimetidine did not affect subjective symptoms except for a minor beneficial effect on diurnal ulcer symptoms during the second week of treatment. Results of long-term administration suggest that cimetidine at 400 mg daily prevents relapses, but the possibility of an increased relapse rate after withdrawal cannot be excluded.

**Comparison of Sucrose With Glucose in Oral Therapy of Infant Diarrhoea.** D. R. NALIN et al. (29 S. Greene St, Baltimore, MD 21218) *Lancet*, 2:277-279 (Aug 5), 1978.

In a randomized double-blind trial, 51 infants who were 5%-10% dehydrated were rehydrated with oral electrolyte solutions containing sucrose or glucose. Most infants in both groups were successfully rehydrated, but the sucrose solution produced a slower correction of electrolyte abnormalities and a higher percentage of patients who needed more than 24 hours of therapy. Where there is adequate knowledge of the oral therapy method, sucrose can substitute for glucose in many cases, where there is a choice, glucose is recommended.

**Non-seminoma Testicular Tumors.** H. S. KOOPS et al. (J. Oldhoff, Academisch Ziekenhuis, Groningen Netherlands) *Ned. T. Geneesk.*, 122:1020-1026 (July 15), 1978.

During 1963 to 1976 inclusive, laparotomy was carried out in 89 patients with a non-seminoma testicular tumor. This was restricted to those in whom neither supradiaphragmatic lymph node metastases nor hematogenic spread could be demonstrated. Infradiaphragmatic metastasization was absent in 44 and present in 45 cases. In the former group the three-year survival rate after bilateral retroperitoneal lymph node dissection was 92%, the five-year survival rate was identical. In the group in which laparotomy had revealed infradiaphragmatic tumor growth, a three-year survival rate

of 63% and a five-year rate of 57% was achieved by treatment consisting of retroperitoneal lymph node dissection, radiotherapy and/or chemotherapy. None of the patients subjected to lymph node dissection had a retroperitoneal recurrence.

**Arrhythmias From Fiberoptic Bronchoscopy.** J. C. LUCK et al. (T. R. Engel, 3300 Henry Ave., Philadelphia, PA 19129) *Chest*, 74:139-143 (Aug), 1978.

The electrocardiogram was monitored in 51 patients during fiberoptic bronchoscopic procedures and was compared with recordings made before premedication. Sixteen of the patients had heart disease. During the bronchoscopic procedure, the heart rate increased by  $154 \pm 5\%$  (+SE). The frequency of atrial ectopic beats was minimally increased, by an average  $0.15 \pm 0.12$  beats per minute (not significant). Ventricular ectopic became less frequent during the bronchoscopic procedure ( $-0.17 \pm 0.41$  beats/min, NS), and there was no ventricular tachycardia. Frequent ventricular ectopic beats were seen mainly during bronchoscopic procedures in patients with coronary heart disease, but even in this group, ventricular ectopic beats became less frequent than at rest ( $-1.13 \pm 1.46$  beats/min; NS). The nearly uniform sinus tachycardia that was observed was well tolerated but could predispose coronary patients to ischemia.