Selected Abstracts

(From Surgery, Gynaecology and Obstetrics)

Ascities in Ovarian Cancer (L'ascite dans le cancer de l'ovaire). J. P. WOLFF, M. VIGNIER, E. GOLDFARB and N. PATRI. Gynaecologie, 1977, 28:517.

One hundred and thirty-one patients with carcinoma of the ovaries were reported upon, 91 of whom had ascites and 40 of whom did not. Using ascites in determining the prognosis of the disease, it was reported that 32 per cent of those with ascites were dead after 12 months compared with only 16 per cent of those without ascites. Those with ascites were classified most often as having Stage III carcinoma. When the ascites was hemorrhagic, 70 per cent of the patients were dead in one year, and all were dead in five years. Twenty per cent of those with ascites were alive at five years. If malignant cells were present in the ascites, the fluid was most likely to be hemorrhagic and the disease was clinically staged as Stage III or Stage IV. None of the patients with malignant cells survived after two years, while 25 per cent of those with no malignant cells survived to five years. Operation therapy and chemotherapy were used as adjuncts. Chemotherapy was necessary for atleast two years in these patients.

Paul D. Urmes

Postoperative Irradiation and Chemotherapy in Patients with Advanced Ovarian Cancer. C. WELANDER, K. E. KJORSTAD and P. KOLSTAD. Acta Obstet. Gynecol. Scand., 1978, 57:161.

Three hundred and two patients with Stage III carcinoma of the ovary were selected for a prospective, randomized study. The first group, 157 patients, had complete removal of all visible tumor at the time of the first laparotomy. Operation was followed by 3,000 rads of irradiation plus chemotherapy with thiotepa or by 5,000 rads of irradiation and no chemotherapy. The second group of patients had inoperable disease and received either the higher dose of irradiation or the lower dose plus chemotherapy as described. In neither group did the higher dose of radiation prove to be more effective than the lower radiation dose plus chemotherapy. Also, the histologic type of the tumor did not alter the prognosis of these patients with Stage III disease.

Richard J. Joseph

Very Early Abortions by Prostaglandins. I. Z. MACKENEZIE, M. P. EMRREY, A. J. DAVIES and J. GUILLEBAUD. Lancet, 1978, 1:1223.

Three hundred and nine women whose menstruation was delayed by three to 35 days were treated with intrauterine or vaginal administration of prostaglandins. Of 273 confirmed pregnancies, 229 were successfully terminated without further abortifacient therapy. A successful outcome was often associated with episodes of vomiting, diarrhea and uterine cramps in the 24 hours after administration of prostaglandins, but the incidence was related to dosage of prostaglandins. Gastrointestinal tract side-effects were more common by the analogue 16:16 dimethyl prostaglandin E2 as a vaginal passary.

Fourteen patients, 6.1 per cent, required curettage of the uterus for excessive or prolonged bleeding, while two patients required blood transfusion. One patient, who had an intrauterine contraceptive device left in situ during treatment, had acute pelvic sepsis develop. No deleterious side-effects occurred in 34 patients who were subsequently proved not to be pregnant at the time of treatment.

Treatment by intrauterine or vaginal administration of prostaglandins offers promise as a method of termination of pregnancy which avoids much of the physical and emotional trauma associated with surgical termination, and has the advantage of not requiring admission to the hospital in the majority of patients. Results of this study show the safety of the method and its potential as a self-administered technique.

Charles Baron

Patients' Responses to Barium X-Ray Studies. JENFER WILSON BARNETT. Br. Med. J., 1978, 1:134.

Two similar studies were undertaken concurrently, one with patients having barium meal for the time and the other with those having a barium enema for the first time. Each of the groups, one of 58 patients having barium meals and one of 70 patients having barium enemas, was divided equally into experimental and control groups. The experimental group received a specially prepared explanation, while the control group was interviewed by the same researcher on unrelated topics.

Four anxiety scores obtained in each patient within a 24 hour period before and

after the roentgenographic study showed low levels of anxiety before and after a barium meal. Patients having a barium enema reported high levels of anxiety.

Those who had received the explanation were significantly less anxious than concluded that doctors should recognize that the barium enema is a stressful procedure and that prior explanation is beneficial.

Beatriz E. Amendola

Long-Term Observation of Thyroid Function After Surgical Treatment of Thyrotoxicosis. M. BLICHERT-TOFT, S. JUUL JORGENSEN, J. BECH HANSEN and others. Acta Chir. Scand., 1977, 143:221.

A series of 113 patients with Thyrotoxicosis who underwent thyroidectomy for diffuse or nodular toxic goiter between 1960 and 1970 is reported upon. Patients were given propylthiouracil until the condition was controlled and then iodine was administered for ten days before operation. It is unclear as to whether this was given in addition to propylthiouracil or instead of it, during the final ten days. All patients had chemical evaluation before operation and were biochemically euthyroid. Such total thyroidectomy was the standard procedure. An attempt was made to leave a 6 gm remnant of the thyroid whenever possible. Follow up examinations took place between five and 15 years postoperatively.

Recurrent hyperthyroidism was noted to occur in 11 patients within one year of operation. Hypothyroidism occurred in seven patients. Serum levels of thyroid-stimulating hormone were found to be abnormal in 17 per cent of patients, although 90 per cent of serum tri-iodo thyroxine and serum thyroxine values were normal. Hypofunction was considered to be a low serum level of thyroxine, or low or normal concentration of tri-iodo thyroxine and raised level of thyroid-stimulating hormone. These criteria indicated that a patient with a raised level of thyroid-stimulating hormone and normal hormonal value was euthyroid, but bore watching as a candidate for hypothyroidism.

The long term results in this study revealed a rate of recurrent hyperthyroidism of 9 per cent, usually diagnosed within one year after operation, although 30 per cent of these patients recovered after this time. Five of 12 instances of hypothyroidism were not diagnosed until final recall. This clearly demonstrated that the original period of follow up study was of too short duration. The over-all low rate of hypothyroidism was believed to be caused by appropriate remnant size, low incidence of autoimmunity and unexplained factors.

The complications of operation included transient hypocalcemia in 2 per cent, wound revision for keloid formation or wound infection in 6 per cent and proved unilateral vocal cord palsy in 3 to 4 per cent, for which voice training was instituted to overcome the disability. When the surgical procedure was concentrated in the hands of a few experienced surgeons rather than a diversity of surgeons the rate of vocal cord paresis fell to one instance in the last 60 patients.

The 85 per cent success rate in this series does represent less than the usually reported incidence of hypothyroidism. It is important, however, to maintain long-term observation. Patients with a continuing elevation of thyroid-stimulating hormone levels in spite of normal hormone levels, should be given thyroid hormone replacement rather than risk development of frank hypothyroidism.

Thomas S. Reeve

Management of Severe Hypercalcemia Caused by Primary Hyperparathyroidism. VANESSA G. SCHWEITZER, NORMAN W. THOMPSON, JAY K. HARNESS and RONALD H. NISHIYAMA. Arch. Surg., 1978, 113:373.

Twenty-nine patients with severe symptomatic hypercalcemia caused by primary hyperparathyroidism were studied over a 16 year period. It is pointed out that a hypercalcemic crisis is a rare but often fatal consequence of primary hyperparathyroidism. Eighty-five patients since 1932 were reviewed, and it was noted that there was an over-all mortality of 60 per cent. Early diagnosis and medical treatment before surgical removal of adenomas of the parathyroid gland markedly reduced this mortality. One comatose patient died of irreversible shock and, of the 28 patients who subsequently underwent parathyroidectomies, all survived the early postoperative period. One patient died three weeks after operation of myocardial infarction. The patients were treated with intravenous hydration with saline solution and diuresis with furosemide with Mithracin, mithramycin, whom a hypocalcemic agent was required to bring the level of calcium below 12 mgm per 100 ml. Parathyroidectomy remains the only definitive form of treatment for parathyrotoxicosis and can be accomplished with minimal morbidity and mortality even

in instances of severe hypercalcemia.

Lynn A. Hughes

Carcinoembryonic Antigen as a Monitor of Successful Surgical Research in 130 Patients with Carcinoma of the Lung. R. G. VINCENT, T. M. CHU, W. W. LANE and others. J. Thorac. Cardiovasc. Surg., 1978, 75:734.

In the patient with carcinoma of the lung, carcinoembryonic antigen has limited value in screening for the early lesion, modest value in presaging a successful resection and considerable value in monitoring the course of disease after resection. Forty-nine per cent of the patients with preoperative concentrations of carcinoembryonic antigen of 2.5 ngm/ml or less remained free of the disease after resection. On the other hand, 74 per cent of the patients who had a carcinoembryonic antigen value greater than 2.5 ngm/ml preoperatively eventually had disseminated disease develop, and treatment was regarded as failed.

As a result of this study, multiple recommendations were made. During a postoperative follow-up period of more than three months, if the carcinoembryonic antigen values exceed 2.5 ngm/ml, the surgeon should observe the patient carefully and hope for a lesser value upon the next examination. However, if the level of carcinoembryonic antigen rises during this period to 5 ngm/ml, a diagnostic evaluation of the patient is indicated with the intent of finding residual disease of a second primary lesion. If the value of carcinoembryonic antigen exceeds 6.5 ngm/ml, in two measurements during the postoperative period, consideration should be given to starting additional antineoplastic therapy.

Joseph G. Suckarich