SEVENTY-SEVEN patients with nonfunctioning or poorly functioning unilateral tuberculosis kidneys were reviewed. A nephrectomy was performed upon 73 patients after at least six weeks of chemotherapy with three antituberculous drugs. There was no perioperative mortality. Nephrectomy significantly decreased hypertension in 11 of 17 patients who had hypertension preoperatively. The aim is complete sterilization of the urinary tract by combining chemotherapy and excision of nonfunctioning tissue. Nephrectomy causes negligible loss of renal function and removes a large focus of necrotic debris that might cause future problems.
Frank B. Mahon, Jr.

IN THIS ARTICLE, involvement of the ureter and bladder secondary to intestinal pathologic characteristics, either chronic inflammatory or malignant, is presented. Involvement of the bladder in intestinal diseases should be suspected when a patient complains of dysuria, lower abdominal pain and examination of the urine shows abnormal findings, or it should be obvious in presence of specific symptoms of pneumaturia or fecaluria. Cystoscopy, cystogram or bariumocoustred studies will help to identify the site and probably the cause of fistula, and absolute indication t4 or operation.
Involvement of the ureter may be either asymptomatic or overshadowed by intestinal symptoms, which is commonly found. The involvement is due either to retroperitoneal or tumorous infiltration and the progressive fibrosis of the ureter may lead to complete obstruction and nonfunctioning of the kidney except by timely surgical intervention to save the kidney. Bilateral involvement of the ureters results from an extensive infiltration in the true pelvis and mostly located at the level of the promontory.
RD. Sheth

NINETY patients with carcinoma of the esophagus treated over a ten year period are described and surgical techniques are emphasized. In general, 81 per cent of the patients with carcinoma of the esophagus are operable and, of these, 88 per cent were resectable. The goal of surgical treatment is always palliative; therefore, all operations must be performed without staging and with adequate preparation. Preoperative parenteral nutrition is particularly important.
Lesions of the lower esophagus are managed through a left thoracotomy. The stomach is brought into the chest and the esophagogastric anastomosis is performed at the aortic arch. Higher lesions require a right thoractomy and abdominal incision. This is followed by an esophagogastrostomy. Cervical lesions are managed by esophageal resection without thoracotomy and subsequent high gastric anastomosis. Patients with gastric pathologic characteristics or a history of previous gastric surgical treatment were all managed by colon interposition.
Most patients were discharged at two weeks. The hospital mortality was 2.5 per cent and palliation was achieved in 90 per cent of the patients; These excellent results encourage a continued aggressive attitude towards the palliative management of carcinoma of the esophagus.
Giacomo A. DeLaria

TN A PERIOD of 11 months, 12 patients underwent single stage total esophagectomy. This series consisted of ten men and two women ranging in age between 52 and 76 years. In ten patients, squamous cell carcinoma invaded all the esophageal layers. In nine patients, malignant involvement extended into the periesophageal tissue or metastasized to the periesophageal lymph nodes, or both. Operation was performed by two surgical teams with the patient in the supine position throughout the (entire operative procedure. The incisional approach consisted of an upper midline abdominal incision and a 16 cm. right sub-mammary incision with a subperiosteal removal of the fifth rib. The esophagus, pleura, azygos vein and lymph nodes were resected in monoblock. In nine patients, the stomach was used for esophageal reconstruction. This made possible the use of a long segment of tubular structure for easy and rapid interposition requiring only a single anastomosis. If use of the stomach was not feasible, an inperistaltic segment of left colon was substituted. In these instances, the operation became more complex and three anastomoses were necessary for the restoration of gastrointestinal continuity. With either autograft, stomach or colon, the tube was lifted to neck level where a two layered anastomosis was made.

It was noted that previously all these patients would have been operated through the conventional posterolateral thoracotomy approach. The right anterior approach as described offered several advantages; the patient was kept in the supine position throughout the entire operation, two surgical teams worked simultaneously, mobilization of the upper and lower parts of the esophagus were easily effected and operating time was reduced significantly.

Benjamin G.P. Shafiroff


BEWEEN JANUARY 1978 and December 1 979, 109 consecutive patients with severe closed head injuries who were unable to follow simple commands were evaluated for occult trauma to the abdomen. Such trauma could not be eliminated in 87 of these patients and 58 received a diagnostic peritoneal lavage. A lavage was considered positive if the hematocrit was 2 per cent or greater or frank blood was obtained. Fiftyeight Patients underwent early lavage with ten positive results requiring abdominal exploration. All 10 patients required surgical repair. Of 47 patients with an early negative lavage, only one subsequently had signs of a lesion missed by lavage. Only one attempted lavage was unsuccessful. Seventeen per cent of the patients, 13, presented with a low systolic blood pressure, less than 90 mill mercury, on admission and four of these patients had a positive lavage. In patients with a glasgow coma scale score of 4 or less, six of 15 had a positive lavage. It was concluded that diagnostic peritoneal lavage should form an integral part of the evaluation of comatose patients with injury to the head, whether or not signs of shock are present.

John C. Oakley


THE INFLUENCE OF successful coronary artery bypass operation on resting left ventricular function remains controversial. The authors studied the effects of coronary bypass operation on left ventricular function in 51 patients and repeated the postoperative coronary angiography and ventriculography an average of seventeen months after operation. They observed five segments of left ventricular wall motion. anterobasal; anterolateral; apical; diaphragmatic, and posterobasal. Subjective and objective analysis of wall motion was carried out on the 51 patients who had an average
of two grafts per patient with a graft patency of 95 per cent. With subjective analysis, 25 per cent of asynergic segments showed improvement, 72 per cent no change and 3 per cent deteriorated in contraction. There was a 5 per cent incidence of new wall motion abnormality in segments that were judged normal from the preoperative ventriculogram. Objective analysis revealed significant improvement in contraction of asynergic segments in each of the five left ventricular segments analysed. 

In conclusion, one to two years after coronary bypass operation, there was a significant reduction in left ventricular segmental wall motion abnormalities, and the incidents of deterioration in contraction were small. Although most patients were taking propanolol before their preoperative catheterizations, few were taking propanolol during their postoperative catheterizations. The authors felt though that it is unlikely that the improvement of asynergy post-operatively reflects the absence of propanolol because work from their laboratory has shown that propanolol given intravenously in a dose of 0.15 mgm./kgm. body weight produced no significant effects on regional wall motion and ejection fraction. This study demonstrates that one to two years after successful coronary arterial bypass operation characterized by a low perioperative infarction rate and a high graft patency rate, left ventricular asynergy may be improved.

Steven J. Phillips


THE AUTHORS report their experience with tricuspid valve replacement in Ebstein’s anomaly. Their operations were performed between 1965 and 1974. There were 11 patients. All of the patients had tricuspid valve replacements with the Kay-Shiley valve. One patient with Wolff-Parkinson-White syndrome died of a dysrhythmia on the first postoperative day. The other ten patients were observed between 4 and 13 years, with a mean of 6 years. Seven patients are working full time. Two patients are housewives and one patient attends school. All have improved at least one functional class according to the New York Heart Association.

James Sturm


IN A PROSPECTIVE randomized study, 31 patient with inoperable carcinoma of the middle and lower third part of the esophagus were treated. Carcinomas of the upper third part of the esophagus were excluded because of their known favorable response to radiation treatment alone. Of 16 patients treated with only bleomycin and Adriamycin, doxorubicin hydrochloride, three had partial remissions, two stable diseases and 11 disease progressions and a response rate of 19 per cent. Of 15 patients treated with these cytostatics and radiation, three achieved complete remission, six partial remission and four had stable disease, a response rate of 60 per cent.

The addition of radiation to cytostatics was superior to monochemotherapy or polychemotherapy alone. However, the toxic side-effects of these drugs when combined with radiation proved also to be more severe. In this combined treatment group, the average weight loss was 15 per cent, four had esophagobronchial fistulas and one aortic rupture, signs of disease progression as well as therapy aggressiveness.

Dick Tbio