Selected Abstracts

Radionuclide scanning is a sensitive technique for detection of metastases to the bone from carcinoma of the prostate. A reduction in the uptake of the radiopharmaceutical by the metastases following therapy is felt to be associated with clinical improvement while an increase in uptake or the appearance of new metastases occurs with progression of disease. By expressing the amount of radionuclide localized in a selective site as a proportion of the dose administered, a method for quantifying the bone uptake is offered.
The effect of estrogen therapy on the uptake into normal vertebrae was investigated in 41 patients with histologically proved carcinoma of the prostate with no metastases to the bone as judged by a normal scan and normal roentgeno-graphic skeletal surveys. The quantative bone uptake of Tc-methylene disphosphonate was monitored during therapy for periods of up to 15 months. The results of the study show that the estrogen therapy has no significant effect on the uptake into normal bone.
- Marco A. Amendola

Eighteen findings of priapism treated by glando-cavernous anastomosis are presented. The techniques of glando-cavernous anastomosis were described. Complete relief of priapism was obtained in 11 instances and partial relief in six. It is stressed that early treatment gives better results when dealing with preservation of erectile function, and fewer operations are required to reach desired results. The procedure presented is technically simpler than other procedures and may provide better results.
-John Bostwick III

One hundred patients who underwent unilateral or bilateral nephrostomies for upper urinary tract obstruction associated with invasive, incurable cancer are reviewed. The patient's desire, the belief that effective therapy is still available and previously undiagnosed disease are important factors which should be considered when deciding whether or not diversion should be done. Although there were no intraoperative deaths, 18 patients died in the hospital. Patients with carcinoma of the prostate and cervix seemed to have a longer and a better quality of survival than patients with malignant conditions from other primary sites.
-Frank B. Mahan, Jr.

Eight patients with rhabdomyosarcoma of the bladder and prostate, who underwent different modalities of treatment are compared. Included in the article is a review of the literature. The recommended treatments for this disease are radical surgical treatment, chemotherapy and radiotherapy. Chemotherapy and radiotherapy alone are not considered to be a substitute for radical surgical treatment.
-Raudolf Nunnemann
Uninhibited bladder contractions in patients without any demonstrable neurologic defect was present in 6 to 66 per cent of women with urinary incontinence. Preoperatively, recognition of uninhibited bladder contractions may lead to medical cure and thus, avoid needless surgical procedures. A simple office test for the diagnosis of uninhibited bladder contractions was introduced in this article.

Ninety-one women with urinary incontinence and 11 women in the control continence group were evaluated with both standing and supine filling cystometrograms. The range of age was 22 to 86 years old. Uninhibited bladder contractions of at least 30 mm. of mercury in intensity were regarded to be clinically signficant. It was noted that 16 per cent of the 91 women with incontinence had uninhibited bladder contractions. The treatment and results are described.


IN A CONSECUTIVE series of 87 total knee replacements, an analysis was made as to the pattern of articular destruction at operation. It was found that in knees that had greater than a 10 degree flexion contracture a characteristic pattern of erosion was noted. The areas eroded were noted to be a triangular area on the medial femoral condyle at the junction of the tibial and trochlear surfaces and another area of erosion was noted to be a strip on the lateral femoral condyle at approximately the same level as the triangular lesion on the medical femoral condyles. These two sites of erosion corresponded accurately to the points of contact between the femur and the anterior horns of the menisci when the knee is in full extension and locks home. This characteristic pattern of erosion was not found in patients who underwent total knee replacements in whom there was not a flexion contracture. It was hypothesized that these erosions with degenerative changes are due to the fact that these areas of articular surface were not in contact with an opposing surface, therefore, preventing normal articular nutrition produced by joint motion.


CERVICAL SPINE osteomyelitis occurred after dental extraction in two children, one of whom subsequently had Pseudomonas aeruginosa cultured from his blood. Although fever, neck pain, and stiffness developed within 24 liburs, the correct diagnosis was not made for several weeks. Treatment with halo-jacket immobilization and antibiotics produced a cure in two to three months, but residual vertebral deformities persisted. Possible portals of entry were the extraction sites, local anesthesia or intravenous injection sites. Cervical spine osteomyelitis should be suspected in any child who had neck pain, fever or stiffness of the neck develop subsequent to dental extraction.


THE EFFECT of intra-articular injection of acetylsalicylic acid in patients with rheumatoid arthritis was compared with that of hydrocortisone acetate and saline solution. The concentration of aspirin taken orally in the synovial fluid was low. The authors have been unable to detect any evidence that hydrocortisone, aspirin or saline differ noticeably in the effect. As an explanation, the following factors are mentioned: placebo response, aspiration of synovial fluid, mechanical effect of distending the capsule, breaking down of periarticular adhesions and the use of a local anesthetic. The study does not clarify a preferred use of aspirin for relieving symptoms and improving joint function in rheumatoid arthritis.
arthritis, but suggests that hydro-cortisone and saline were both equally effective.

-Ernest H. Bettmann