

SELECTED ABSTRACTS

Pages with reference to book, From 290 To 291

Radiology in Idiopathic Chronic Ulcerative Enteritis. C.M. Lamont, F.G. Adams and P.R. Mifis. Clin Radiol., 1982, 33: 283-287.

IDIOPATHIC chronic ulcerative enteritis is a disease of middle age with a poor prognosis and only an occasional response to a gluten-free diet. The early roentgenographic features range from normal to a malabsorption pattern with mucosal effacement. The late changes most frequently seen were effacement of mucosa with narrowing and dilation of small intestinal loops proximal to the stricture. The strictures were frequently multiple, with the actual ulcers being seen roentgenographically only rarely. The disease primarily affects the jejunum, whereas Crohn's disease and lymphoma primarily involve the ileum. The latter two disorders are much more common.

Herbert M. Goldberg

Results of Radiation Therapy for Vulvar Carcinoma. L. Pirtoli and M.L. Rottoli. Acta Radiol. Ther., 1982, 21: 45-48.

A RETROSPECTIVE REVIEW was done of 53 patients with carcinoma of the vulva who were referred to the University of Florence, Italy, from January 1958 to December 1976. Thirty-six of the 53 patients were treated with radiation therapy alone. The results of radiation therapy for carcinoma of the vulva were analyzed and are described in this article. The patients ranged from 57 to 90 years old, an average of 80 years old.

Radiation therapy was given to 19 patients, palliative treatment to 17. Treatment consisted of external irradiation by either electron beam or kiooltage irradiation. Except for eight patients, the entire vulva and both inguinal regions were treated. The dose ranged from 45 to 85 Gy to the primary tumor and from 45 to 55 Gy to the inguinal region. Of the 36 patients, 17 had complete regression, 17 had partial regression, and two had no regression.

Eight of the 19 patients who received radical irradiation were alive at five years or more. One patient relapsed at two years and was salvaged by operation, and two patients died with disease at seven and 12 years, respectively. All of the patients had mild adverse effects, such as erythema, two patients had moderate effects, and one patient had severe effects.

The over-all five year survival rate of 26 per cent, eight of 36 patients, was similar to that of series in other reports. Eight of 19 patients who were treated by radical irradiation, 42 per cent, survived for five years, a rate comparable to that of most surgical series.

It is concluded that, because of the small number of patients in this series, no definitive conclusion can be drawn. However, survival rates resulting from the use of high dose irradiation for patients with carcinoma of the vulva were demonstrated to be in the same range as those resulting when operation is used.

Beatriz E. Amendola

Effectiveness of CT in Evaluating Intrathoracic Masses. Peter J. Sones, Jr., William E. Torres, Richard S. Colvin and others. Am. J. Roentgenol., 1982, 139: 469-475.

THE ROLE of computed tomographic evaluation, as compared with conventional tomographic evaluation of the chest, was assessed. Despite the slightly greater radiation dose and cost, the significantly more useful and definitive diagnostic information provided justifies the direct use of computed tomography after plain film examination of the chest. Definitive diagnoses possibly include mediastinal lipomatosis, bronchogenic cysts, aortic aneurysm with and without dissection, pericardial effusion and herniation through the diaphragm. Computed tomography is also more sensitive and

reliable for detecting the presence of hilar masses and metastases to the lung and bone.

Herbert M. Goldberg

Computed Tomography in Crohn's Disease. Leonard Berliner, Patricia Redmond, Elias Purow and others. Am. J. Gastroenterol., 1982; 77: 548-553.

COMPUTERIZED TOMOGRAPHIC FINDINGS for five patients with Crohn's disease of the small intestine were reviewed. Computerized tomography contributed to diagnosis by showing localized thickening of the intestinal wall, enhancement of the intestinal wall by contrast material, visualization of the sinus tract and detection of abscesses.

The localized thickening of the intestinal wall indicated disease of the intestinal wall but did not differentiate inflammation from neoplastic infiltration. Moreover, collapsed small intestinal loops occasionally led to similar images. To minimize the possibilities of diagnostic error, multiple scanning sections were used. Air or contrast material enhancement and correlation with endoscopic and standard contrast roentgenographic results also proved to be useful.

The enhancement of the intestinal wall with contrast material allowed visualization of the thickening and hypervascularity of the wall. When remissions of the disease occurred, these findings disappeared. A review of 100 consecutive computerized tomographic scans performed for patients with various diseases disclosed enhancement of the intestinal wall by contrast material in only four, including one patient who had Crohn's disease, two who had ischemic colitis and one patient with neoplastic obstruction of the small intestine. Thus, while this sign is not specific for Crohn's disease, it is indicative of a disorder of the intestinal wall in need of further evaluation.

With visualization of the sinus tract, a fistula of the small intestine, formation of phlegmon and extramural inflammatory changes were detected. The anatomy, the relationships, the extent of the inflammatory process and the presence of a discrete abscess could be assessed.

An abscess, which appeared as a soft tissue mass with one or more areas of low density and extraluminal gas deposits, was detected. Adjacent structures were displaced. Tissue planes were thickened or ill-defined. According to the authors, detection and serial evaluation of abscesses was the most important contribution of computerized tomographic scanning to the diagnosis of Crohn's disease.

Erich W. Pollak