

Selected Abstracts

Pages with reference to book, From 100 To 102

Histologic Grading of Malignancy in Squamous Cell Carcinoma of the Oral Tongue. Lars-Erik Hoim, Per Gotthard Lundquist, Claes Silfversward and Aron Sobin. Acta Otolaryngol 1982, 94: 185-192.

A SYSTEM of histologic grading of malignant conditions was applied to 95 instances of squamous cell carcinoma of the anterior two-thirds of the tongue. Three parameters relating to the relationship of the tumor and the host were evaluated; each parameter was assigned a numeric value from one to four, and the sum of the six values yielded a total tumor -score which ranged from six to 24. The expected five year survival rate was 88 per cent for patients with tumors with a total score less than 13, 65 per cent for those with scores from 13 to 16 and 44 per cent for those with tumor scores greater than 16.

The prognostic significance for five years of survival was statistically valid for the three groups of patients with different tumor scores, whereas the conventional classification of patients into those with well-differentiated, moderately differentiated and poorly differentiated tumors did not give equally good correlations for length of survival or for occurrence of metastases. Histologic grading of malignant condition by the technique of the authors is a better method for the evaluation of biologic behavior of carcinoma of the tongue.

Lee A. Harker

Cancer in Cystic Lesions of the Thyroid. Max Hammer, Jacobo Wortsman and Roland Folse. Arch. Surg., 1982, 117: 1020-1 023.

THE CYSTIC NATURE of a nodule of the thyroid gland does not exclude the presence of carcinoma, according to the results of this report from the Southern Illinois University School of Medicine in Springfield. Forty-eight of 341 patients, 14 per cent, undergoing thyroidectomy for nodular goiter between 1975 and 1980 were diagnosed as having a malignant condition. Cysts greater than 1 cm. in diameter were found in about one-third of all specimens and were equally prevalent in benign goiters, 27 per cent and in thyroid glands with carcinoma, 33 per cent. In a number of instances, cancer was found within the cystic cavity and, at times, developed in necrotic tumor. Results of ultrasonography were not reliable for differentiating cystic from solid lesions. Needle aspiration for biopsy or cytologic study was not used.

John H. Wulsin

Aspiration Biopsy and Cytodiagnosis of Nodules of the Thyroid Gland (Feinnadelpunktion and zytologische Diagnostik). G. Galvan. Praxis, 1982, 71: 534-537.

FINE NEEDLE ASPIRATION of cold nodules of the thyroid gland of office patients or outpatients furnishes useful cytologic findings. The patient is seated, and the procedure is done without local anesthesia using a No. 12 needle on a 10 ml. syringe. Inside the nodule, the needle is moved in two directions while the operator exerts pull on the syringe. The aspirate is spread on glass slides and stained. The patient holds a piece of gauze with pressure against the puncture site for 10 minutes. The only complication seen with 1,700 patients undergoing this procedure has been an occasional rebleed into the nodule, which is easily managed by repeat aspiration and more pressure.

Follicular, papillary and polymorphous cell carcinoma and various types of thyroiditis can be clearly demonstrated. In multinodular goiter, all nodules should be aspirated. Some malignant conditions have shown up in hot nodules, so all nodules of the thyroid gland should be aspirated. Cytologic results which are not clearly benign should lead either to surgical excision of the nodule or serial aspirations. If a lump appears to be suspect-that is, if it is hard or fixed-it should be operated upon even if the

cytologic results of the aspirate are normal.

William B. Gallagher

Intracranial Suppuration; a Review of 79 Cases Seen at Baragwanath Hospital over 3 Years.

Alegria, R. C. Lipschitz and G. Zwonnikoff. S. Afr. J. Surg., 1982, 20: 25-35.

A REVIEW of 79 consecutive patients with intracranial abscess is presented. Of 79 intracranial infections, 41 were solitary brain abscesses. Twenty-five subdural empyemas and two extradural empyemas were present. The remainder involved more than one anatomic plane.

The 52 male and 23 female patients ranged from three months to 70 years old. Most patients were affected during the second decade of life. Otitis was the source of most infections in the first decade, six of ten, paranasal sinusitis was the most common source in the second decade, as was trauma in the third decade; 13 patients displayed no demonstrable source of infection. Despite expectations, no patients in this series had congenital cardiac anomaly.

Fifty-five brain abscesses were seen, and 48 were supratentorial. Sixty-two patients had focal deficits, particularly hemiparesis.

Definitive diagnosis was best achieved with computed tomographic scanning. Nevertheless, 41 patients underwent lumbar puncture which was associated with morbidity of 11 patients and, probably, with the death of five.

Abscess cultures of 60 per cent of the patients were negative. Increasing frequency of anaerobes and gram-negative organisms is mentioned, although staphylococcus was still most common. Aspiration without excision was the treatment of choice. Over-all mortality was 34 per cent. Those with cerebellar abscesses fared best; only one of six such patients died. Mortality was related to the level of consciousness of the patient at the time of diagnosis.

Joseph K. Jamaris

Acute Subdural Hematoma, Review of 39 Consecutive Cases with High Incidence of Cortical Artery Rupture. Henry A. Shenkin. J Neurosurg., 1982, 57:- 254-257.

A SERIES of 39 consecutive patients who were admitted to the emergency rooms of two inner city hospitals with acute subdural hematomas were evaluated with computed tomography and treated by craniotomy. Sixteen patients had fallen, seven had been assaulted, 15 had either fallen or been assaulted, and one patient had been hit by a car. The acute subdural hematoma resulted from a bleeding cortical artery in 24 patients, venous bleeding in ten patients and cerebral contusions in three patients. Two patients had chronic subdural hematomas with an acute rebleed caused by a fall.

Eleven patients with arterial bleeding, four with venous bleeding and one patient with cerebral contusions died in the postoperative period. The length of survival of patients with arterial bleeding and those with venous bleeding did not differ significantly. Two patients with arterial bleeding, two with venous bleeding and two with cerebral contusions had partial recovery or recovery requiring partial or total care. Preoperative neurologic status appeared to be predictive of survival: 67 per cent of patients who were decerebrate with fixed pupils prior to operation died. Only 20 per cent of the remaining patients failed to improve.

Judith S. de Nuno

Evaluation of Results in 36 Cases of Facial Palsy Treated with Nerve Grafts. Grazia Salimbeni Ughi. Ann. Plast. Surg., 1982, 9: 36-41.

A SERIES of 36 patients with facial paralysis is reported upon. The lesion of 20 of the patients was distal to the stylomastoid foramen. In these patients, a faciofacial graft using the sural nerve was accomplished. In 16 patients, the lesion was proximal to the foramen; therefore, a cross-facial technique was used.

Although a quantitative analysis of the results was not done, several photographs of the results are

presented. Several outstanding results are shown. It is concluded that all 20 patients with homolateral grafts had satisfactory innervation, which produced good symmetric muscular motility. Patients upon whom the cross-facial technique was used had slow and poor reinnervation; the results of three of these patients were unsuccessful, only good muscle tone was produced in five of these patients. Several technical modifications of this cross-nerve grafting technique are discussed, and it is hoped that, with these modifications, the results will be improved.

Bruce M. Achauer

Late Sequelae of Spinal Cord Trauma; Myelographic and Surgical Correlation. Dennis R.S. Osborne, George Vavoulis, Blame S. Nashold, Jr., and others. J. Neurosurg., 1982, 57: 18-23.

EIGHTEEN PATIENTS with posttraumatic paraplegia and intractable pain were studied with myelography prior to surgical attempt to relieve pain. Thus, a comparison of myelographic changes and visual changes of the spinal cord after trauma could be done. The six major late effects of trauma to the spinal cord were: tethered cord and subarachnoid adhesions; cysts of the proximal portion of the cord; loculated subarachnoid cysts; atrophy of the proximal part of the cord; extradural - fibrosis, and in eight patients, complete occlusion of the subarachnoid space.

The best detail resulted from myelography with metrizamide followed by computed tomographic scanning. Computed tomographic scans done immediately and delayed 3 hours were particularly effective for diagnosing posttraumatic syrinxes.

Joseph K. Jamaris