

Selected Abstracts

Pages with reference to book, From 100 To 102

Cutaneous Transureteroureterostomy in children with Neurogenic Bladders. R. Gosalbez, J. M. Garat, G. Piro and J.A. Martin. Eur. Urol., 1980, 6:257.

CUTANEOUS TRANSURETEROURETEROSTOMY as a form of permanent urinary diversion in children is well known. The necessity for supravescical urinary diversion is now less frequent because of newer antireflex techniques, better antimicrobial agent, the availability of endoscopic sphincterotomy and especially with the application of intermittent catheterization techniques. Nevertheless, when indicated, cutaneous transureteroureterostomy is an excellent form of diversion if at least one ureter is dilated sufficiently to form a stoma of adequate caliber.

The experience obtained accomplishing 30 cutaneous transureteroureterostomies in children with neurogenic bladders is presented. The procedure is relatively simple. Postoperative infection and other complications are infrequent. In properly selected patients, problems with urolithiasis and stomal stenosis are less frequent than in patients with enteric conduit diversion..

Paul M. Jepson

Management of Urinary Calculous Disease in Patients with Renal cysts; Review of 12 year of Experience in 18 Patients. Arian D. Amar, Sakti Das and Richard M.Egan.J. Urol., 1981, 125:153.

A study of 18 patients with urinary calculi who were eventually diagnosed as having associated renal cystic disease is reported. The difficulties encountered in diagnosis of renal cysts are described. The roles of obstruction, stasis and infection in perpetuating calculus formation and complicating the subsequent prevention and treatment of stone disease are reviewed.

George A. Fiedler, Jr.

Congenital Female Epispadias with Incontinence. W.Hardy Hendren. J. Urol., 1981, 125:558.

THERE ARE congenital anomaly of female epispadias with incontinence and the operative treatment are described. Three Patients were made continent by a one stage operation using a corn- bined perineal and transvesical approach. The operative technique is outlined in detail and several explanatory drawing are presented.

The basic principle of the procedure consists of excision of the abnormality wide roof of the distal urethra from below, narrowing the urethral caliber and mons piasty. Urethra proach and bladder neck are narrowed also from a suprapubic approach and the ureters are replanted in case of reflux or to facilitate bladder neck narrowing. It is believed that this approach is better than previously described techniques. In all three patients the operation was postoperatively successful in nine years, four years and three months respectively.

Rudolf Nunneman

The Management of Squamous Cell Carcinoma of the Bladder. M A. Jones, H. J. Bloom, Grant Williams and others. Br. J. Urol., 1980, 52:51.

Fifty-one patients with pure squamous cell carcinoma of the urinary bladder and the institutional experience from 1958 to 1978 of the Royal Marsden Hospital were reviewed. There were 33 men and 18 women in this series, thus, the male to female ratio of 1.8 to 1. The mean age of the patients was 63 years old and survival ranged from one week to 16 years. The crude survival rate at five years was 16 percent. Male and female survival patterns were similar and plateaued at three years so that all patients who survived three years were also alive at five years. Patients whose presenting symptoms had been present three months or less predominated among the three year survivors.

The patients were retrospectively staged by the TNM system. There were no T-1 lesions and only two T-2 lesions. The remainder were T-3 and T4 lesions. Four patients, 80 per cent, died with metastases: two with metastases to the bone, one with metastases to the nodes and liver and one patient died as a result of failure to control the local disease in the pelvis. Among the patients who survived three and five years, seven received radiotherapy and only one received radiotherapy and salvage cystectomy. Radiotherapy and elective cystectomy, cystectomy alone and interstitial implant alone failed to produce any one year survivors. It was suggested that the role of, chemotherapy should be explored as an adjuvant to radiotherapeutic management of this rare disease.

Lany L. Doss

Attempts at Revascularization of the Necrotic Femoral Head (Essai de revascularisation de la tête femorale necrosee). J. JUDET and H. JUDET. Acta Orthop. Belg., 1979, 45:412.

FOR TWO years, revascularization of the femoral head has been attempted in fractures of the neck and in aseptic necrosis by a fibular graft through an anterior Smith-Peterson nail approach. The head is implied of all necrotic bone and filled with spongy bone of the tibial epiphysis. The fibula is introduced with its nutrient vessel and inserted in the head. A screw fixes the transplant to the neck. The anastomosis is carried out with the anterior circumflex artery using microsurgical techniques. After one month a scintigraphy shows persistent blood supply. These results are preliminary.

Joseph C. Muller

Recurrent Transient Subluxation of the Shoulder. CARTER R. ROWE and BERTRAM ZARINS. J. Bone Joint Surg. Am., 1981, 63 :863.

SIXTY SUBLUXATING shoulders in patients over a 16 year period were treated. In 28 patients there was an awareness that the joint was subluxating, but 32 patients did not realize their joint was displacing. The size of the second group of patient suggests that this mechanism of actual or apprehended shoulder pain on abduction and external rotation must frequently be missed and attributed to other causes such as shoulder cuff injuries and bursitis.

The lesion was confirmed at operation in 50 patients; two-third of the patients had a Bankart lesion and one-third had a lax joint capsule. A standard Bankart procedure or a capsular plication' resulted in good or excellent function of the shoulder in nearly 90 per cent of patients, some returning to demanding sport such as baseball pitching.

The most Constant clinical finding was an apprehension test, where sudden pain and weakness of the shoulder are provoked by abduction, external rotation and forward pressure on the head of the humerus. The presence of a Hill-Sach's lesion of the humeral head was noted in 24 patients.

The authors did not find axillary view of the shoulder or arthrograms useful in demonstrating subluxation.

J.P. Moreau

A Simple X-Ray Method for Monitoring Progress of Osteoporosis. KIELD KURSTEIN JENSEN and LARS TOUGAARD. Lancet, 1981, 2:19.

THIS BRIEF ARTICLE summarizes a routine for measuring progressive collapse of vertebral bodies in an osteoporotic spine by serial lateral roentgenograms of the spine. The method requires three lateral views routine thoracic, routine lumbar and a thoracolumbar view for each measurement. The same machine must be used each time to obtain identical magnification. Under these circumstances, the method is reasonably reproducible; variation due to different films, or to different observer averaged perhaps 4 to 10 per cent.

The method is primarily useful when progressive symptomatic vertebral collapse is the clinical problem, as it follows the clinically important parameter of such osteoporosis. In an era when we still lack a reliable treatment for osteoporosis, such a method is of value in assessing allegedly useful

regimens. In addition, it will not be influenced by mechanically useless mineralization, such as that stimulated by flouride, that fails to strengthen imperilled bone. For absolute bone mineral measurement, photon absorptiometry still appears to be the method of choice.

William G. Winter, Jr

Fractures of the Patella; One Hundred Consecutive Cases. J. Haajanen and E. Karaharju. Ann. Chir. Gynaecol, 1981,70:32.

TI-I.E TREATMENT and early results of 100 fractures of the patella are reviewed. Twenty-two patients had no disruption of the quadriceps mechanism and were treated by plaster cylinder immobilization. Partial excision of the patella, at least one-half of the patella being intact, was carried out in 36 patients. In 42 patients the patellar fragment were treated by Cerelage wiring and tension band. All were immobilized in a plaster cylinder, usually for six weeks. The early results were excellent or good in 71 patients and the authors do not find any significant difference in those patients who were treated by excision and those who were treated by internal fixation.

J P Moreau

Healing of Femoral Neck Fractures; Influence of Fracture Reduction and Age. S. NIEMINEN, M. NURMI and K. SATOKARI. Ann. Chir. Gyaecol.. 1981, 70:26.

IN THIS STUDY of 436 patients who were treated by internal fixation, the influence of the age of the patient on fracture healing was investigated. Ninety per cent of the patients resulted healing with reduction of valgus anterior-posterior position, 77 per cent healed after anatomic reduction and 63 per cent healed in varus position. The age of the patient did not influence the failure rate in 22 per cent but with increasing age, progressive decrease of healing was encountered. Follow-up study was hampered by the high mortality of the older patients. The mean age of male patients was 66.3 years and of females, 73.9 years. Twenty patients had to be treated conservatively because of poor general condition.

The author is still using original Smith-Peterson nailing which is completely abandoned in most hospitals by now. No statistical evidence could be concluded between the increase of the necrosis of the femoral head and the age of the patient and the occurrence of femoral necrosis even after anatomic reduction. The procedure of nailing is still recommended as the procedure of choice for all age groups if weight bearing after nailing is expedient, with only a small series of deterioration being observed after increasing follow-up time. However, it is stated that the accuracy of the reduction determines the result.

Drffling of OS Calcis in Persistent Painful Heel. J.P. Moreau CHEN BAOXING and LI ZUMOU. Chinese Med.J., 1981, 94:288.

Ernest H. Bettmann

FOURTEEN PATIENTS' 20 heels with persistently painful heels which were successfully treated are described. The indication of persistent pain over the inferior aspect of the heel was treated conservatively at first for at least six to 12 months. The indications for drilling also included rheumatic calcaneal persostitis.

with a 4 cm long incision below the lateral malleolus. After periosteal stripping and displacement of the peroneal tendon, nine drill holes were made transversing from the lateral to the medial cortex. After closure of the wound a compression bandage is applied and ambulation is started for one day. The operative result of 20 painful heel in 14 patients is described as excellent in 11 patients, good in three patients and poor in two patients. The operation is only recommended when the clinical symptoms of painful heel do not respond to conservative management. The effect of the drilling of the heel is evidently caused by decompression of the calcaneal structure.

Ernest H. Bettman

Steroid-Induced Osteonecrosis. RICHARD L. CRUESS.J.R. Coil. Surg. Edmb., 1981, 26:69.

AN EXCELLENT review of the literature with regard to steroid-induced osteonecrosis is presented. The high propensity of the hip to be at risk to have this condition develop in patients is mentioned. The causes and pathomechanics of the progression of this condition is also discussed. The small but instructive series of treatment used in the care of various affected joints serves to delineate an algorithm for the management of this condition.

Joseph F. Fetto