

## Selected Abstracts

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### **Rh Isoimmunization; a 24 year Experience at Duke University Medical Center. Stanley A Gall. and Joseph M. Miller, JR. Am. J. Obstet. Gynecol., 1981, 140: 902-908.**

ERYTHROBLASTOSIS FETALIS continues to be a contributor to perinatal morbidity and mortality. In this retrospective analysis of Rh-sensitized patients who were delivered at Duke University Medical Center during a 24 year period, the data for 202 patients with 280 sensitized pregnancies who represented less than 1 per cent of the population were reviewed.

The change in optical density of the 450 M Peak of amniotic fluid was found to correlate significantly with the severity of disease in the neonate and should be considered the cornerstone of clinical management. However, even in patients whose change in optical density of the 450 M Peak decreased to zero, only one-third of the infants were unaffected. Approximately 45 per cent had mild sensitization, 14 percent had moderate sensitization, and 7 per cent had severe sensitization. Thus, the clinician should consider early delivery even when titers are in the low zone late in pregnancy. Further, significant sensitization was present even in patients with very low blood titers, which suggests that amniocentesis should be performed regardless of the titer for any patient with abnormal results of an indirect Coombs' test.

**-Robert J. Sokol.**

### **Indomethacin-Placental Transfer, Cytotoxicity, and Teratology in the Rat. Kenneth L. Klein, William S. Scott, Kenneth E. Clark and James G. Wilson. Am. J Obstet. Gynecol, 1981, 141: 448.452.**

ASPIRIN is a well-known but poorly understood teratogen in mice, rats and nonhuman primates. Inasmuch as aspirin is a known inhibitor of the synthesis of prostaglandins, the authors evaluated the possibility that the teratogenesis of aspirin may be related to an inhibition of the synthesis of prostaglandins.

By examining the teratogenic potential, cytotoxic potential and placental transfer of indomethacin in the rat, it was found that indomethacin was not teratogenic in this species. It was not cytotoxic to cells in the embryonic bud of the hindlimb and did not cross the placenta in physiologically significant amounts on the 11th and 12th days of gestation. Near parturition, however, indomethacin crossed the placenta in pharmacologically significant amounts. These results demonstrate the difficulties in making generalizations about the placental transfer of drugs at different times in gestation and the difficulty of extrapolating placental transfer data from one species to another.

**-Roberti. Sokol.**

### **A Low Power Magnification Technique for Reanastomosis of the Vu. D. Urquharthay. Br. J. Urol., 1981,53: 466-469.**

MICROSURGICAL REANASTOMOSIS of the vas after vasectomy should result in a pregnancy rate of 65 per cent, but the technique requires expensive and sophisticated equipment and considerable expertise. In this report, it is shown that equally good results can be obtained using a meticulous but simple technique under low-powered magnification. Such a technique is well within the capacity of any competent surgeon.

In this study, a spermproof junction was created by the accurate placement of four 7-0 silk sutures in the muscle layer only using low-powered magnification. A 000 nylon splint is placed through the anastomosis. Ultimate failure is probably due to continuing partial obstruction rather than to an autoimmune response to spermatozoa, and neither the microsurgical technique nor the conventional

approach are immune from this complication.

**-John H. Li/land.**

**Short-Term Antibiotic Prophylaxis and Prostatectomy. P. J. R. Shall, Gordon William and M. Chaudary. Br. J. Urol., 1981, 53: 339-343.**

IN A PROSPECTIVE STUDY, 200 patients were randomly assigned to three groups to investigate the incidence of infections of the urinary tract after prostatectomy. Any patient who had an infection of the urinary tract preoperatively or who was undergoing antibiotic therapy was excluded. Urethral catheterization was performed with an aseptic technique upon all patients.

Four groups of patients, including a control group and groups receiving antibiotic treatment with cephalexin, trimethoprim or carfecillin, were studied. Each antibiotic was given orally both preoperatively and postoperatively. Transurethral resection of the prostate was performed, and catheters were used in association with continuous irrigation of the bladder. Cultures were obtained on alternate days until the patient was discharged.

Fifty patients were allocated to each of the four groups. The incidence rate of infections of the urinary tract in the control group was 28 per cent, and prophylaxis with carfecillin failed to reduce the incidence of infections of the urinary tract. Both trimethoprim and cephalexin reduced the incidence rate to 8 per cent and 16 per cent respectively, and these findings are statistically significant.

The incidence of infections of the urinary tract was less when catheterization was not performed prior to operation. Patients with chronic retention who had not required catheterization and who were treated with antibiotics did not have infections develop. In both the patients who were treated with trimethoprim and those treated with cephalexin, the majority of organisms which were cultured from urinary specimens were resistant to the antibiotic. However, the majority of organisms which were cultured from infections of the patients who were treated with carfecillin and the patients in the control group were sensitive to penicillin.

**-Richard A. Blatk**

**Results of Testicular Tumour Management Based on Lymphographic Staging. M.E. Holmes. Clin. Radiol., 1981, 32: 683-686.**

THE RESULTS of the treatment of 132 patients with germ cell tumors of the testes are presented and assessed in relation to lymphographic staging. The four year disease-free survival rate for patients with Stage I seminoma was 100 per cent and for those with Stage II seminoma, 84 per cent; for those with Stage I teratoma, it was 72 per cent and for those with Stage II teratoma, 31 per cent. In patients with Stage II seminoma, metastases to the supradiaphragmatic nodes were seen only with involvement of the infradiaphragmatic nodes, which causes renal or ureteric displacement; a case is made for prophylactic radiotherapy above the diaphragm in the presence of extensive infradiaphragmatic disease. In patients with Stage I teratoma, the relapse rate in the paraaortic nodes was 24 per cent when prophylactic irradiation was not given, a finding justifying postoperative irradiation in these patients. With the availability of measuring alpha-fetoprotein and beta human chorionic gonadotropin and in view of the high correlation between raised levels of these markers and active disease, a watch policy is easy to follow, particularly with patients who have raised levels prior to orchidectomy, and is recommended. It is not possible to predict the safety of such a policy, however, since not all tumors secrete one or another of these markers.

**-Peter F. Winter.**

**Congenital Absence of the Kidney, Problems in Diagnosis and Management. J.R. Cope and S.E. Trickey. J.Urol., 1982, 127: 10-13.**

RENAL AGENESIS or congenital absence of the kidney poses special problems in diagnosis and management. The recorded incidence of this anomaly is one in 1,000 patients.

Six patients with proved renal agenesis are presented. The condition of each of these patients was confirmed surgically. The place of cystoscopy, isotopic studies, ultrasonography, computerized tomography, arteriography and renal venography are described. The frequent difficulty in establishing a definite diagnosis of renal agenesis is emphasized, and in the indications for the investigation of patients who possibly have renal agenesis are reviewed.

**-Richard A. Blath.**

**Renal Calculi in Association with Hyperparathyroidism; a Changing Entity. Fletcher, G. Derrick. J. Urol., 1982, 127: 226.**

THE INCIDENCE of hyperparathyroidism as a cause of renal calculous disease has decreased considerably during the past 50 years. From 1972 to 1977, 5,034 patients with calculous disease were seen in five major hospitals in South Carolina, and nine had a diagnosis of calculous disease and hyperparathyroidism. This was a 0.178 per cent incidence rate of hyperparathyroidism as a cause of renal calculous disease in this series, that is, between one and two patients per 1,000 with stone disease. During this same period, 93 additional patients were discovered to have hyperparathyroidism for a total of 102 patients. However, these 93 patients did not have evidence of renal calculous disease. The finding of a 0.178 per cent incidence rate varies significantly from an incidence rate of 8.0 per cent in 1934. This change is probably the result of a large scale use of multiphasic screening blood tests or the possibility that the diagnosis and treatment of primary hyperparathyroidism are done earlier, perhaps thus decreasing the risk of stones forming within the urinary tract.

**-Ralph C. Benson, Jr.**

**A New Technique to Localize the Origin of Idiopathic Microscopic Hematuria. Ulrico Jacobellis, Andrea Fabiano and Carlo Tallarigo. J. Urol, 1982, 127:475-476.**

A NEW, nontraumatic, simple and inexpensive office technique to identify the area of the urinary tract involved in the origin of microhematuria is presented. Air cystoscopy is used, and a strip of Hemostick is introduced into the bladder with biopsy forceps and placed close to the ureteral meatus. The air prevents the reactive strip from becoming damp so that only urine can moisten the strip.

**-David & Cristol**