

Selected Abstracts

Pages with reference to book, From 51 To 53

Radical Hysterectomy in the Treatment of Cervical Cancer. J.L.Benedet, M. Turko, D.A. Beyes and others. Am. J. Obctei. Gynecol., 1980, 137:254.

THE RESULTS of the Cancer Control Agency of British Columbia study on radical hysterectomy in 241 patients within a 30 year period is presented. The current indications for radical hysterectomy include radiation failures with small volume persistent central disease, patient in whom radiation therapy is contraindicated, young women in whom ovarian conservation is desired, in combination with radiation therapy 0 in patients who have bulky endocervical lesions, and pregnant patients with early stage carcinoma of the cervix.

The corrected five year survival for all patients with squamous carcinoma of the cervix was 73 per cent. The corrected survival for patients with Stage 1-B carcinoma who have positive lymph nodes is 66 per cent. The operative deaths in this series were 0.4 per cent and the most significant complication was the formation of fistulas in patients who had undergone previous pelvic radiation. It was concluded that lymphocyst formation was not a problem because of adequate drainage of the retroperitoneal space after lymphadenectomy.

-C. Robert Stanhope.

Female Sterilisation-.No More Tubal Coagulation. Br. Med. J., 1980, 280:1037.

AT THE Tokyo IXth World Congress of Gynecology and Obstetrics, presentations on female sterilizations recommended the use of occlusive devices rather than thermocoagulation methods. It was reported that the occlusive devices destroy less tissue allowing for easier reversal operations and greater success rates after reversal. The bipolar ectrocautery was reported to be safer than unipolar coagulation, but both methods are unnecessarily destructive. All methods have about the same rate of failure.

In view of the incidence data from women requesting reversal of sterilization and those regretting it, gynaecologists should preferably use those procedures that destroy a minimum of tissue and allow for easier and more successful reversal. Fortunately, these procedures have the lowest number of complications.

-Ku/i S. Amankwah.

Retraperitoneal Surgical Approach to the Pelvis After Radiation Therapy or Radical Surgery. Helmut F. Schellhas. Am. 7. Obstet. Gynecol., 1980. 137:367.

SEVENTY-ONE patients with a previous history of pelviciotherapy or total abdominal hysterectomy had extraperitoneal exploration for suspected recurrence, hemorrhage with infection, or pelvic pathologic features unrelated to the primary malignant condition. Details of the surgical technique are included. Group 1 had previous pelvic irradiation. Mild to severe radiation fibrosis was encountered during surgical treatment. The difficulty of dissection of the pelvic cc was proportionate to the degree of radiation fibrosis. Group 2 had previous radical hysterectomy. It was general-observed that the retroperitortel dissection was more difliult after radical hysterectomy than in the patients previously treated with external irradiation alone. Group 3 had previous irradiation and radical hysterectomy. The retroperitoneal evaluation was technically easy. The extraperitoneal surgical approach to the pelvis is a standard procedure in gynecologic oncology but is used infrequently. The possible extent of exposure is virtually limit less but should be confined to the area of interest in the patient treated with irradiation. Surgical procedures limited to the extraperitoneal space avoid intestinal manipulations, which is beneficial to the patient treated with irradiation. Intensified pelvic fibrosis, with possible cnstricting

effects in the ureter and pelvic vessels, has been the main risk for retroperitoneal surgical treatment.
-Elmer B. Cano.

Tubal and Peritubal Surgery Without Magnification; an Analysis. Leon R. Spadoni. Am. J. Obsid. Gynecol., 1980, 137:189.

THE use of the operating microscope to facilitate the performance of infertility surgical treatment has become more and more widespread. There is a tendency among gynecologic surgeons to believe that the operating microscope must be used in order to obtain high pregnancy rates. Evidence has accumulated that suggests that this may be true if re-anastomosis of a severed fallopian tube is contemplated. It is less clear that intraoperative magnification is of significant help in the operation on the distal fallopian tube, salpingostomies, fibrioplasties, lysis of peritubal adhesions or cornual reimplantation.

A series of 30 patients on whom distal tubal operation, fimbrioplasties, salpingostomies and lysis of adhesions, or cornual reimplantation was performed is reported. Term pregnancy resulted in 53 per cent of the patients. Pregnancy was more common in the group of patients that received postoperative hydrotubation. Ectopic pregnancy did not occur in any patient, and prophylactic antibiotics were not used. There were no control groups of patients. Postoperative febrile morbidity resulted in a significant decrease in the pregnancy rate.

-David B. Ret/wine.

Survivorship of Total Hip Replacements. H.S. Dobbs. 9. Bone Joint Surg., Br., 1980, 62:168.

ACTUARIAL METHODS which are usually used for life tables were used to analyze the results of total hip replacements. At the Royal National Orthopedic Hospital, 173 metal-on-metal pro-theses were used between 1963 and 1972. Two hundred and forty-eight metal femoral components on plastic acetabular cups were also used. The Criterion for survival of the total hip prosthesis was determined from the time the prosthesis was inserted to the time that it has to be removed regardless of whether or not the patient experienced pain or loss of function in the interim. In metal-on-metal prostheses, the over-all survival was 53 per cent in 11 years. One of every two prosthesis was removed within this period. The average annual probability of removal was 5.5 per cent.

The metal-on-plastic prosthesis survival was 88 cent after 8 years or a .5 per cent annual probability of its removal. In most instances, loosening of the cup portion of the metal-to-metal prosthesis and the femoral metal component in metal-to-plastic prosthesis were the reason for the removal of the prosthesis. Rather complicated calculations, using special formulas, indicate that the probability of a survival rate after 20 years for metal-on-metal prosthesis to be 33 per cent for the metal-on-plastic 74 per cent. These predictions of survival rate of the prosthesis ignore the possibility of loosening after longer follow-up examination nor does it take into consideration aging and the wearing out of the prosthesis.

-George I. Reiss.

A Re-Appraisal of Tennis Elbow. Hans K. Uthoff and Kiriti Sarkar Acta Orthop. Belg., 1980, 46:74.

USING THE concept that all pain at the lateral aspect of the elbow is not tennis elbow and that only such pain that is related directly to extensor wrist movement be considered, the authors present a re-appraisal. Forty-one patients had surgical detachment of the common exterior tendon from the lateral epicondyle. Also, portions of the tendon were resected along with usually part of the annular ligament. The tendon specimens revealed areas of thinning and fibrillation of bundles. Although not discernible at operation, microruptures were found in the tendons bundles. No areas of acute or chronic inflammation were noted. The specimens pathologically did not elucidate a cause for pain. It was felt that the physical phenomenon of stretch rather than any intrinsic pathologic change was the cause of

pain.

It was thought that symptoms might be improved by stabilizing the wrist, either through use of a cock-up splint or through modified action of wrist extension. The surgical procedure, which relieved the stretch on the tendon, was thought to be most significant, rather than correcting the stenosing effect of the annular ligament.

-Louis P. Clark, Jr.

Wilm's Tumor; an Update. G.J. D'Angio, J.B. Beckwith, N.E. Breslow and others. Cancer, 1980, 45:1791.

THE history of the treatment for Wilm's tumors and an up-date of the present management, which leaped from a 90 per cent death rate at the beginning of the century to a 90 per cent survival rate as of today is summarized. It was emphasized that only results of the nationwide cooperative study led to the present knowledge. (The National Wilm's Tumor Study has contributed to adequate and comparable staging in comparison with treatments of this relatively rare disease. This study was able to categorize histopathologic features to identify patients at special risks, those requiring special work-up examinations and more intensive treatment. It also became clear after the second study that age is no longer a predictor of the over-all outcome.

The Second National Wilm's Tumor Study is still investigating different regimens for the five Wilm's tumor stages involving operation, A Third National Wilm's Tumor Study is being planned. It will concentrate basically on late results and adversities of treatment looking into genetic, familial and other causative factors.

-Rudolf Nunnensann.