

Selected Abstracts

Pages with reference to book, From 110 To 111

Gastrointestinal Bleeding in Patients with Spinal Cord Trauma; Effects of Steroids, Cimetidine, and Mini-Dose Heparin. Nancy Epstein, Donald C. Hood and Joseph Ransohoff z. Neurosurg., 1981, 54:16.

THE AUTHOR'S concluded that gastrointes-tinal bleeding in patients with injuries to the spinal cord was frequent. It was aggravated by full (lose heparin but not minidose heparin and the risks of significant gastrointestinal bleeding was lessened by antacids but the risks were not further lessened by adding cimetidine. There was no data on the use of cimetidine alone with low or high dose heparin.

-William R. Bernell.

Hyperprolactinemia in Cases of Infertility and Amenorrhea. Mirjam Furuhjelm, Thure Rydner and Kjell Caristrom. Acta Obstet. Gynecol. Scand., 1980, 59:137.

THE RESULTS of bromocriptine treatment in 17 patients with long standing, mean 7.7 years, amenorrhea and hyperprolactinemia arc described. The amenorrhea followed oral contraceptive use in eight patients and occurred spontaneously in the remainder. Serum levels of follicle stimulating hormone, luteinizing hormone, low polar estrogens, and prolactin were determined initially and at weekly intervals during therapy. Basal levels were similar between the two groups of patients. All showed normal follicle stimulating hormone but elevated pro-lactin levels.

Four of the patients had evidence of pituitary tumor, 23 .5 per cent. Two of these four were treated with bromocriptine. One of these patients had progression of neurologic abnormalities during pregnancy which cleared immediately post partum. The patients with tumor were treated with 1 .25 mgm., three times per day, of bromocriptine. All began to menstruate when serum prolactin levels fell below 25 mgm/l. All who desired pregnancy were able to conceive.

-fzohn C. Oakley.

Pulmonary Tuberculosis in Children. James E. Lowe, Thomas M. Daniel, Charlotte Richer and Walter G. Wolfe. z. Thorac. Cardiovasc. Surg., 1980, 80:221.

ONE HUNDRED AND FORTY children with pulmonary tuberculosis were reviewed and results of the therapy are discussed. The need for surgical intervention in children with active pulmonary tuberculosis continues to decrease. In the present series, 140 children, aged seven months to 16 years, with active pulmonary tuberculosis were treated from 1968 to 1978 and the incidence of surgical intervention was 1 .4 per cent, two patients. All patients received antituberculous medical therapy to. an average of one year.

The presenting forms of childhood tuberculosis include Miliary, unilateral or bilateral hi lar or paratracheal adeiopathy, mediastinal adenopathy, segmental lesins or asymptomatic with a normal roentgenogram of the chest and a recently positive skin test. Complications included pleural effusions, interlobar effusions, obstructive emphysema and chest wall abcesses.

It is recommended by the Medical Section of the National Tuberculosis and Respiratory Diseases Association that the child who is asymptomatic with a recently positive skin test should be treated for one year. This is perhaps the reasons, treatment of these patients, that the need for surgical intervention has been reduced considerably. In the present series, two patients that had surgical Intervention needed it for enlarged tuberculoma and the other for refractory involvement of the chest wall. It was concluded that pulmonary tuberculosis in children is primarily a medical disease and only rarely is surgical intervention indicated.

-Steven S. Phillips.

Occult Carcinomas of the Lung. Naci Martini and Myron R. Melamed. Thorac. Surg., 1980, 30:215.

A STUDY of a rare and frustrating aspect of carcinoma of the lung, occult lesions, is presented. A 32 year experience resulted in 47 patients with 54 occult tumors of the lung; many of which were found by mass screening programs. Only one patient in the group never smoked. Twenty-four patients were asymptomatic but had positive cytologic findings. Seventeen patients were seen with hemoptysis. Others had chest symptoms of wheezing, hoarseness, pain anti cough.

The approach to the patients included a vigorous examination of the head and neck kr evaluation of positive cytologic characteristics. Bronchoscopy has been the most vital aspect of evaluation. Fiberoptic bronchoscopy under general anesthesia allowed visualization to the fifth or sixth under bronchi. Tumor visualization and biopsy ended the search. Normal endobronchial finding required systematic brushings of each segment and subsegment in a meticulous manner requiring one to two hours. Negative results were followed by repeat exams at eight to 12 weeks. Positive biopsy was diagnostic. Localization by cytologic examination was ac-cepted if confirmed by two separate examinations. Seventy-four per cent of the patients required only one bronchoscopy. Interestingly, 2 1 patients had two separate primary cancers, 45 per cent, and 32 per cent a second carcinoma of the lung. Most of the occult cancers were central epidermoid lesions hidden within the mediastiiial shadows. Five instances o of adenocarcinoma were encountered, all at an advanced stage. Thirteen patients with advanced disease died in 5 to 42 months and one is alive at one month. Patient survival has ranged from two months to 20 years for patients with early disease treated by resection. No resected lesions recurred, although, the author emphasizes the frequency of second carcinomas which are frequently pulmonary.

-foseph D.Marco.

An Unusual Onset of a Spinal Cord Tumour: Subarchnoid Bleeding and Papilloedema; Case Report I.Job, G.C. Andrioli, L. Rigohello and G. Salar, Neurochirurgia, 1980, 23:112.

AN 18 YEAR OLD male who presented with paroxysms of low back pain, paraparesis and papilledema is described. A lumbar puncture revealed grossly blood fluid. A computerized tomography scan of the brain showed moderately enlarged ventricles. Myclography performed at the twelfth thoracic and first lumbar vertebrae showed an intradural block at the level of the first lumbar vertebrae. Laminectomy from the twelfth thoracic to the second lumbar vertebrae produced a large vascular tumor which was subtotally removed. The histopathologic examination was myxopapillary ependymoma.

-Andrem f. Rhodes.