

Selected Abstracts

Pages with reference to book, From 288 To 290

Statistically significant decreases in the serum microsomal antibody level occurred in the treated group of patients. There was no significant change in serum levels of the thyroxine or thyrotrophin in either group of patients. These findings support the theory that carbimazole has a direct effect on the immune cells that synthesize thyroid auto- antibodies in patients. This effect could be of potential value in influencing the autoimmune process in patients with both Hashimoto's and Grave's diseases.

-Roland S. Philip.

Monomorphic Adenoma of Minor Salivary Glands; a Reappraisal and Report of Nine New Cases.

Jonathan Levine, David J. Krutchkoff and Ellen Eisenberg. *F Oral Surg.*, 1981, 39: 101.

Specimens of INTRA-ORAL lesions were taken at biopsy over a five year period at the University of Connecticut. Nine of the lesions were classified as variants of the monometric adenoma. Of nine lesions, eight were considered to be basal cell, basoloid or canalicular types. Since there was no clear histologic distinction between these histologic subtypes, and all such lesions displayed a noticeable predilection for the upper lip, it was believed that all three variants were of one entity and need not be separated into the three previous divisions as they are in the World Health Organization's classification. Clinical features, histopathologic features and gross appearance are described and it was recommended that the term basal cell adenoma should be adopted to describe all such variants. Treatment consisted of simple surgical enucleation of the encapsulated tumor which used local anesthesia. The follow-up period was from two to 12 months.

-Gordon G. Thomas.

Carbimazole and Autoantibody Synthesis in Hashimoto's Thyroiditis. Alan M. McGregor, H. Kaye Ibbertson, Bernard Rces Smith and Reginald Hall. *Br. Med. F.*, 1980, 281:968.

Thirty patients with Hashimoto's thyroiditis and hypothyroidism were divided into two groups. One group of ten patients was treated with carbimazole, 15 mgm., three times a day and the other group received a placebo. Serum levels of throxine, thyrotrophin and microsomal antibody levels were measured.

Steroids in Severe Head Injury; a Prospective Randomized Clinical Trial. Thomas G. Sault, Thomas B. Ducker, Michael Salcman and Eric Carro. *F. Neurosurg.*, 1981, 54:596.

A prospective randomized study of the efficacy of steroid therapy in patients with severe head injury is reported. One hundred patients were randomized into two equal groups: the steroid group of patients received 5mgm./kgm./day of methylprednisolone and the nonsteroid group of patients received no drug. Otherwise, all groups received a standardized therapeutic regimen and they were similar in clinical features.

Patients were also classified as early res-ponders or nonresponders to the over-all treatment protocol and in regard to steroid administration on the basis of change in Glasgow Coma Scale score during the first three days of admission. There was no statistically significant difference in the outcome of the steroid and nonsteroid group of patients at six months. The nonresponder group of patients who received steroids were actually associated with a worse outcome than those who did not receive steroids.

The data suggested that the effect of the steroids may be different for different patient groups and a sensitive coma scale is needed to identify such patients. It is also stated that all patients with injury to the head should be given steroids initially but to discontinue their use in patients who were not

benefitting from such therapy.

-Ahmet E. Oygar.

Spontaneous Abortion and Parental Chromosomal Abnormalities; Cytogenetic Stud of 248 Couples.

Avortements spontanés et anomalies chromo-somiques parentales; Etude cytogenétique de 248 couples). Cecile Trochet-Rover, B. Sele, P. Jalbert and others. Rev. Fr. Gynecol. Obstet., 1981, 76:195. This article verifies if the systematic karyotype of couples who have reproductive failures is a proper procedure for identification of balanced familiar abnormalities, mainly translocations. Correlations are investigated between the number of reproduction failures and the frequency of abnormalities. Most of the 248 couples have a history of two or more abortions with no known cause.

The procedure to determine the control sample, the cytogenetic technique, the classification of abnormalities and their incidence are pointed out. The results of the study showed a frequency of major anomalies of the karyotype, 2.4 per cent. The minor abnormalities, pericentric inversion of 9, appeared only in five out of 496 patients.

It was concluded that the numerical chromosomal abnormalities are accidents of the meiosis which may occur in any couple. The pericentric inversion of the heterochromatic area of 9 is not an abortion factor and does not require special prevention. The role of other structural variations require more investigation.

-Beaty Gorisnic.

Peripheral Nerve Function in Patients with Bronchial Carcinoma; Comparison with Matched Controls and Effects of Treatment.

J. A. R. Lcnman, A.M. Fleming, M.A.H. Robertson and others. F. Neurol. Neurosurg. Psychiatry, 1981, 44-54.

CLINICAL EXAMINATIONS were performed upon 80 patients with bronchial carcinoma who presented with minor neurologic abnormalities, but only a few patients were considered carcinomatous neuromyopathy. Fifty patients were matched with 50 patients in a control group and the patients showed small, but significant impairment in nerve conduction velocity in comparison with the patients in the control group. It appears that this is mainly a subclinical neuropathy associated with bronchial carcinoma and consists primarily of axonal changes.

Thirty patients participated in a prospective study of the effects of treatment. Although there was a slight trend toward improvement in sensory conduction, no consistent change in the electro-myogram findings was evidenced. Carcinomatous neuromyopathy appears to have the highest incidence in the association with, bronchial carcinoma, although it does occur with other forms of carcinoma as well.

-Neil I. Meyer.

Flap Wounds of the Shin. Margaret T. King. Injury, 1981, 12:354.

Four hundred and fifty patients with flap wounds of the anterior tibial shin were reviewed. The typical patient had a triangular or U shaped flap and often had poor quality of skin with characteristic mottling or erythema. Treatment consisted of wound cleansing, occasional closure of deep layers with sutures and application of Steristrips over a compound tincture of benzoin. A gap was left between each Steristrip and a pressure dressing of gauze and cotton with an elastic bandage was applied.

The patients were treated as outpatients and instructed to walk at least once a day and keep the leg elevated as much as possible. The mean healing time in this series was 29 days. This compares favorably with a series in which the flaps were excised and the area grafted, resulting in a mean healing time of 26.4 days. However, grafting required an average of 35 days hospitalization. Eighteen patients had their wounds sutured which took an average of 35 days to heal. It is believed that suturing the wounds is contraindicated.

-Bruce M. Achauer.

Pretibial Flap Wounds; Early Grafting Under Regional Anaesthesia as an Outpatient Procedure.

Shewak R. Ramnani and Peter A.M. Weston. *Injury*, 1981, 12:360.

Records of 40 patients who had thin avascular flaps of skin torn from the pretibial area were reviewed. Most patients were elderly and ten patients were on steroid therapy. In most patients, the flaps were distally based. The flap was trimmed without anesthesia until the patient perceived pain or bleeding of the flap occurred. The denuded area was washed and treated with a nonadherent dressing for three to five days.

In 36 patients, split thickness skin graft was obtained from the thigh under nerve block, the lateral femoral cutaneous nerve and, if necessary, the femoral nerve. Graft was applied to the wound without anesthesia and held in place with a dressing. Four patients received general anesthesia and 27 patients were discharged from the clinic with wounds that were healed after 15 days. Eleven patients with incomplete healing were discharged to the district nurse for treatment after 16 days. None of the patients returned for subsequent treatment and were presumed healed with routine nursing care. The technique of lateral femoral nerve block was discussed at length.

-Robert G. Brown.

Morbidity and Mortality Rates in Major Blunt Trauma to the Upper Chest. Galen V. Poole, Jr., and Richard T. Myers. *Ann. Surg.*, 1981, 193:70.

It has been widely taught in recent years that fracture of the first rib in a trauma patient should lead to a suspicion of major thoracic injury, particularly injury to the great vessels and, in fact, arteriography has been advocated on the basis of first rib fracture alone. An experience during a five year period of 168 patients who had fractures of the first, second, third or fourth ribs among their other injuries is reviewed. It was found that fracture of the first rib was not predictive of significant injury.

The major thoracic injury problems were evenly distributed among the various patients and those with first rib fractures did not stand out at all. There was also no particular increased incidence of other major injuries related to patients who had sustained the supposedly more severe trauma required to fracture the first rib.

It was concluded that all trauma patients require individual careful evaluation and that it would be unwise to exclude the possibility of major thoracic injury on the basis of no fracture of the upper ribs. From these results of this report, it would certainly seem that trauma severity indexing should not consider which ribs are fractured, in that far as this study is concerned, it makes no difference.

-William E. Gotthald.

Prospective Study of 445 Lung Carcinomas with Mediastinal Lymph Node Metastases. Nael Martini, Betty J. Flehingcr, Muhammad B. Zaman and Edward J. Beattie, Jr. *F. Thorac. Cardiovasc. Surg.*, 1980, 80:390."

During a five year period, 445 patients with carcinoma of the lung and clinically evident mediastinal metastases to the lymph node were studied. The condition of 204 of the patients was considered inoperable at diagnosis. Surgical exploration was undertaken in the remaining 241 patients. Of these patients, 135 had extensive disease precluding complete excision. Resection plus mediastinal lymph node dis-section was carried out in 106 patients, with 80 patients thought to have complete potentially curative resection. Postoperative mortality was 2.5 per cent. The majority of all patients who underwent thoracotomy received postoperative external radiation therapy, regardless of the intra-operative procedure performed. The survival of the 80 patients who underwent complete resection was 49 per cent at three years. The survival of the 12 patients who did not receive radiation therapy did not differ from that of the others. Survival was better among those patients presenting with diseased lymph nodes at only one level as opposed to more than one. No patient had involved mediastinal lymph nodes at

more than three levels. There was no statistically significant difference in survival among the various cell types. It was concluded that there is a select group of patients with mediastinal metastases to the lymph node who can be effectively treated by combined resection and radiation therapy, with prolonged survival.

-Martin J. Fischer