

Selected Abstracts

Pages with reference to book, From 52 To 53

Giant Fibroadenoma of the Breast in Girls (Riesen-fibroadenom (sog. Cystosarcoma phyllodes) der kindlichen Brust). J. KIESLER and' H. GASS-NER. Z. Kinderchir., 1977:131.

THREE INSTANCES of fibroadenoma phyllodes of the breast in girls aged 11, 12 and 14 years are presented. Local or left breast, without contestation, secretion or pain. Palpation detected a limited tumor the size of an orange. Treatment involved resection of the entire tumor. No complications postoperatively occurred. Histologic diagnosis eliminated the possibility of a malignant tumor. Data from other studies are discussed. The focus is on recurrences, occurrence of tumor in children and adults and prognosis.

Beaty Gorisnie

Contraceptive Steroids and Breast Cancer. J. D. SPENCER, ROSEMARY R. MILLIS and J.L. HAYWARD. Br. Med. J., 1978,1:1024.

ORAL CONTRACEPTIVES have no untoward effect on the prognosis of patients with carcinoma of the breast. The prognosis and pathologic findings in 44 patients with carcinoma of the breast who had taken contraceptive steroids during the year before diagnosis were compared with those in 44 controls matched for age and parity. No significant differences between the two groups were found in the histologic features of the tumor or the extent of involvement of the axillary lymph nodes. In patients with disease of the axillary lymph nodes, the rate of recurrence in the control patients was significantly higher than in the study group and more of the control patients died.

E. Theodore Palm

Bronchopulmonary Manifestations of Gastroesophageal Reflux (Manifestations bronchopulmonaires et reflux gastro-oesophagien). A. Bel, J. F. Labarre, P. Thivolle and E. Passot. Paumon Cocur, 1977, 33:345.

OF 196 PATIENTS with gastroesophageal reflux, with or without hiatal hernia, 59 had respiratory problems, 25 per cent. Thirty-nine patients had nocturnal coughing. When the patients were divided into those with simple reflux, cardiotuberous misplacement or hiatal hernia, nocturnal coughing was present in 20 per cent of the patients in each group. Coughing occurring with the patient in the bent-over position was found in only two patients. These patients also had nocturnal coughs.

Twenty-seven other patients suffered from less frequent and possibly less specific problems, such as recurrent bronchopulmonary infections, acute asthma, Mendelson's syndrome and pulmonary fibrosis. When such respiratory symptoms are associated with gastroesophageal reflux, surgical treatment is recommended.

Oesophageal Atresia; Analysis of a National Material from 1960 Through 1976. P.A. DRAB-LOS, R. BJORDAL, G.B AND O. KNUTRUD-Z. Kinderchir, 1978, 23:262

SINCE 1960, 151 patients with esophageal atresia were treated at one hospital. Repair was • usually performed transthoracically with a single layer anastomosis after a gastrostomy. Optimum results were obtained in large babies operated upon during the first hours of life with a solitary type C atresia. As anesthetic technique, parenteral alimentation and respiratory management improved over the interval of study, over-all survival increased from 51 per cent to 77 per cent. Analysis of the date indicated an advantage with primary anastomosis, even under tension. Primary repair at the time of the first operation was associated with better results than a later operation or formation of an interposition graft in similar patients. Under optimum conditions, 100 per cent survival in infants who do not have additional serious anomalies or pneumonia should be approached.

Donald C. Watson, Jr.

Selective Proximal Vagotomy With and Without Pyloroplasty; Results of a Prospective Randomized Study (Selektive proximale Vagotomie mit oder ohne Pyloroplastik; Ergebnisse einer prospektiven randomisierten Studie). M. WAL-TER and P. AEBERHARD, Schwiz. Med. Wochenschr., 1978, 108:406.

IN A STUDY begun in 1972, 75 male patients undergoing surgical treatment for duodenal ulcer, who had no associated disease such as reflux esophagitis or cholelithiasis, were randomized into two groups. All patients had proximal selective vagotomy, in one group with and in the other without pyloroplasty. Of 75 patients entered into the study, 64 could be adequately observed. Length of follow-up study ranged from six months to five years. Most groups were similar in age of the patients, duration of symptoms of ulcer and pentagastrin-stimulated maximal gastric secretion preoperatively.

The average length of hospitalization postoperatively was 11 days in the groups with pyloroplasty and seven days in the average of three days in the group with pyloroplasty and one day in the group without. There were no deaths. Four patients required splenectomy because of operative trauma. Two wound infections were noted in the group with pyloroplasty. Postoperatively, the patients were evaluated clinically by two examiners and graded according to the modified Visick classification. At six months, the results appeared better in the group with pyloroplasty but at one year the results were identical. After two years, the group without pyloroplasty showed a higher proportion of asymptomatic patients. After two years, the group without pyloroplasty showed no evidence of the dumping syndrome. However, at no point were there differences in the pentagastrin-stimulated maximal secretion between the two groups. Insulin tests postoperatively were positive in 11 and negative in 21 patients who had had pyloroplasty, and were positive in 20 patients and negative in 20 who had had selective proximal vagotomy alone. There was no correlation between the status of the insulin test and complaints postoperatively. At the time of completion of the study, there had been no recurrence established in either group. It was concluded that a drainage procedure is unnecessary with selective proximal vagotomy.

Irving B. Margolis

Technical Failures in the Operative Treatment of Carcinoma of the Colon and Rectum (Operation stechnisch bedingte Misserfolge bei der Behandlung des Kolon- und Rektumkarzinoms)? F. STENZNER. Zentralbl. Chir., 1977, 102:1559.

A REVIEW of 1,703 anastomoses of the colon and rectum from the literature disclosed a 5 per cent incidence of leakage. Suture line leakage seems to occur in patients who are elderly, anemia, irradiated or require emergency treatment, or after peritonitis, hypotension, massive transfusion, lengthy operation or extraperitoneal anastomoses. Carcinoma and granulomatous colitis also seem to predispose to a higher rate of leakage. A protecting colostomy may not prevent leakage but will markedly diminish mortality.

A single layer anastomosis is recommended. A cecostomy is placed with anastomoses of the left colon and a transverse colostomy is used to protect extraperitoneal anastomoses. A 3 per cent mortality in 100 operations to preserve the rectum is reported.

Frank J. Searpa

Haemorrhoids; an "Outpatient Package". H.D. Kaufman. J.R. Coll. Surg. Edinb., 1978, 23:40.

THREE HUNDRED patients with primary hemorrhoids were treated as outpatients with a combination of cryosurgical and injection techniques. Thirty-one per cent of patients had first degree, 53 per cent had second degree and 16 per cent had third degree hemorrhoids. Twenty-seven per cent of the patients had skin tags requiring treatment. In a majority of patients, the cryosurgical procedure was virtually painless and the aftereffects minimal. Approximately 15 per cent suffered from quite severe pain and

edema postoperatively. Bleeding occurred in 10 per cent of patients for up to two weeks after treatment but generally was no more severe than bleeding had been before treatment.

E. Theodore Palm