

Selected Abstracts

Pages with reference to book, From 282 To 283

Sensitivity to Intravenous Anaesthetics; a Report of Three Cases. J.W. Dundee, E.S.K. Assem, J.M. Gaston, and others. *Br. Med. J.*, 1974, 1:63.

Adverse reactions to intravenous anesthetics are reported. Intravenous thiopental produced skin flushing, hypotension, and bronchospasm in one patient on two occasions. Intravenous Althesin (alphadolone acetate and alphaxalone) resulted in vasodilation with flushing and hypotension in a second patient. Skin contact with propanidid was associated with facial edema and local skin rash at the point of contact on multiple occasions in a third patient. All patients had personal or family allergic histories.

The thiopental sensitive patient showed positive skin and leukocyte challenge tests to thiopental. Leukocytes from this patient released histamine on challenge with thiopental, propanidid, and polythoxylated castor oil which is vehicle for Althesin and propanidid but not with either alphadolone or alphaxalone. The second patient had positive leukocyte challenge tests to alphadolone acetate and alphaxalone. The propanidid sensitive patient had positive skin tests to propanidid but negative reaction for Althesin. Leukocyte challenge tests to both drugs were negative.

Thomas D. Mull

Patient's Views on General Anaesthesia. P. Ryhanen, A. Hollmen, A. Hinkula, and others. *Ann. Chir. Gynaecol. Fenn.*, 1973. 62:299.

Two hundred patients were interviewed about 24 hours after the end of anesthesia. The awareness, recollection, and subjective experiences of general anesthesia were evaluated. Anesthesia was by thiopental-oxygen-nitrous oxide-relaxant technique with analgesic, enuroleptic, or halo-thane supplementation.

Twelve per cent of the patients reported awareness during anesthesia. Incidence of awareness decreased with increasing age. Of the 15 to 34 year age group, 17.4 per cent reported awareness as compared with 9.1 per cent of the over 34 year age group. Of the 200 patients, 7.5 per cent reported feeling pain during the surgical procedure. Awareness during anesthesia did not correlate with the patient's general condition or the duration of the operation. Frequency of awareness was lower in the halothane supplemented group.

Fear and unpleasant impression of general anesthesia were more common in patients under 35 years of age. Prior experience with general anesthesia did not increase the incidence of fear of anesthesia.

Thomas D. Mull

Restoration of Growth by Human Growth Hormone (Roos) in Hypopituitary Dwarf Immunized by Other Human Growth Hormone Preparations; Clinical and Immunological Studies. Louis El Underwood, Sandra J. Voina, and Judson J. Van Wyk. *J. Clin. Endocrinol. Metab.*, 1974, 38:288.

Antibodies to human growth hormone were detected in 12 of 37 hypopituitary dwarfs treated with human growth hormone. In two of the 12 patients, an impaired growth response was evident. The antibodies of these two patients had a greater percentage of growth hormone binding and a higher binding capacity for growth hormone. Additionally, the rate of removal of ¹³¹I labeled hormone in these two patients was delayed, suggesting that binding to antibody reduced the availability of the hormone to tissues.

Human growth hormone prepared by a modification of the Roos method did not show this immunogenicity and restored the growth response in the two patients with growth attenuating antibodies to the preparation. It is implied that chemical alteration of the growth hormone molecule

during extraction and purification can cause antibody formation. Human growth hormone prepared by a modification of the Roos method appeared to be superior to preparation available for clinical use.

Thomas W. Newsome

Carcinoid Tumors; Effect on Thyroid Function. Carl H. Bevens, Raymond L. Marecek, and Jerome M. Fekelman. *Am. J. Med. Sci.*, 1973, 266:427.

Alteration of thyroid function by serotonin on experimental animals has been previously reported. To determine if thyroid function changes occur in human beings with hyperserotoninemia, evaluations were made on 15 patients with carcinoid tumors. Ten of the patients had elevated serotonin levels and the carcinoid syndrome, while five had normal serum serotonin.

Fifteen patients had no symptoms or physical findings of thyroid dysfunction. Thyroid-binding globulin, thyroid-stimulating hormone, and cholesterol levels were normal in all patients except one with an elevated cholesterol level.

Four thyroid function tests were performed. These are serum thyroxine, T₄; triiodothyronine, T₃; triiodothyronine resin uptake; and free thyroxine index. Abnormalities in one or more of these tests were found in seven patients, 47 per cent, and occurred in patients with normal and elevated serum serotonin levels. None of the patients had abnormal results for all four tests.

While abnormal results of thyroid function tests frequently occur in patients with carcinoid tumors, they are not due to the presence of serotonin, do not correlate with the presence or absence of the carcinoid syndrome, and do not represent significant thyroid dysfunction clinically.

William G. Abbab

Urinary Tract Stone After Small Bowel Bypass for Morbid Obesity. J. Patrick Q'Leary, W.C. Thomas, Jr., and E.R. Woodward. *Am. J. Surg.*, 1974, 127-142.

Stone formation in the urinary tract was observed in seven of 31 patients who had undergone small intestinal bypasses for morbid obesity. In six instances, the stones were radiopaque. Of these, four were documented calcium oxalate calculi. In each of six patients who underwent metabolic studies, increased urinary oxalate concentrations were demonstrated. This was not influenced by taurine or cholestyramine resin but consistently fell with reduced caloric intake.

In addition, low citrate excretion was noted, and urinary magnesium levels were decreased in four of six patients studied. It was noted that loss of the solubilizing effect of citrate and magnesium may also contribute to oxalate stone formation.

Thomas W. Newsome

Thrombocytosis by Malignant Tumor (Thrombozytose bei malignen Tumoren). A.C. Mayr, H.J. Dick, G.A. Nagel, and H.I. Senn. *Schweiz. Med. Wochenschr.*, 1973, 103:1616.

The diagnostic phenomenon of paraneoplastic thrombocytosis in the patient with a tumor is not well known. Of 408 consecutive patients with tumors in a hematology and neoplasia outpatient department, 68 exhibited a platelet count of more than 400,000 per cubic millimeter on admission.

Excluding the patient pretreated with chemotherapy, 53 or 15.3 per cent still had thrombocytosis. An increased incidence of elevated platelet count was noted in all carcinomas of the kidney and intestine and to a lesser degree in cancer of the bronchus and lung. The relative frequency of thrombocytosis in malignant diseases requires careful investigation for hidden cancer once other possibilities for platelet elevation have been ruled out.

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