

Selected Abstracts

SELECTED ABSTRACTS FROM SURGERY, GYNECOLOGY & OBSTETRICS

Fine Needle Aspiration Cytology in the Preoperative Diagnosis of Thyroid Nodules. Marvin C. Gershengorn, Michael R. McClung, Elizabeth W. CHU and others. *Ann. Intern. Med.*, 1977, 87:265.

Fine Needle aspiration biopsy has been used for preoperative diagnosis of abnormalities in a number of organs. Several reports have appeared showing successful application of this technique to the diagnosis of lesions in the thyroid. However, it has not been widely accepted in this country either by clinicians or pathologists. In an attempt to assess the utility of aspiration cytology in the preoperative diagnosis of thyroid nodules, consecutive adult patients who were referred to an endocrine clinic with this diagnosis were studied during a two and one-half year period. To increase the objectivity of the analysis, the cytologic diagnosis was made without knowledge of the clinical or laboratory information and did not influence the decision for surgical intervention.

Fifty consecutive patients presenting with discrete, usually single, thyroid nodules were selected for study. In two patients, cysts were evacuated and did not recur. Thirty-three patients underwent excisional biopsy; the aspiration biopsy result was not a criterion for operation. Satisfactory aspiration specimens were obtained in 32 patients. The diagnoses in nine aspiration specimens were of malignant disease; of these, seven were correct and there was one false-positive and one occult carcinoma unrelated to the clinically detected nodule. Five aspirations showed a suspected malignant tumor; of these, two were carcinoma, one was an occult carcinoma and two were benign. Eighteen aspirations were interpreted as of benign tissue; of these, 17 were correct, and the one false-negative diagnosis was of a well differentiated follicular carcinoma. The procedure is useful in assessing the need for operation in patients at high risk and in selecting patients for thyroid suppression therapy.

Donlad M. Clough

The Epidural Venogram as a Diagnostic in the Young Athlete with Symptoms of Lumbar Disk Disease. Arthur Rettig, Douglas W. Jackson, Leon L. Wiltse and Less Secrist. *Am. J. Sports Med.*, 1977, 5:158.

Epidural venography is presented as a reasonably reliable initial test in patients with symptoms of lumbar nerve root compression.

It apparently produces few false-positive results, one out of 130, and when the results of an epidural venogram are abnormal, pantopaque, isophendylate, myelography is indicated. A method of treatment of young athlete with ruptured discs is alluded to that includes epidural injections of cortisone, even in the patient with a virtually complete block on the myelogram, which is not the standard neurosurgical treatment for such disorders. Illustrations of normal and abnormal epidural venography are shown.

—William R. Bernell

Changing Trends in Mortality from Malignant Melanoma. H.M. Shaw, W.H. McCarthy and G.W. Milton. *Med. J. Aust.*, 1977, 2:77.

From 1950 to 1976, 1,716 patients were treated for malignant melanoma at a melanoma clinic. Three hundred and ninety-one of these patients, all of whom died of the disease, were reviewed for this series. Survival rates of groups of patients representing five year periods were then computed. Each five years period showed a better survival rate than the preceding period. There was a P value of less than 0.0005 when the most recent three years survival periods were compared with the two earlier periods. There was no significant difference between the rate in men and women or the site of the primary lesion. It is suggested that a change in the biologic nature of malignant melanoma may have occurred over this time period. Such a change would cast doubt on the value of investigations in which historical controls are used to monitor the effects of change in therapy.

Bruce M. Achauer

Abdominal Wound Closure; a Trial of Nylon, Polyglycolic Acid and Steel Sutures. D.J. Leaper, A.V. Pollock and Mary Evans. *Br. J. Surg.*, 1977, 64:603.

Results of a clinical trial in which the wounds of 357 patients undergoing laparotomy were closed in one of three ways are reported. Patients in the groups, which were randomized, underwent closure of wounds by layered closure, through and through closure with stainless steel sutures and through and through closure with polyglycolic acid sutures.

Only one statistically significant variable correlated with wound failure. Those patients who had significant postoperative complications of the chest were more likely to have wound failure. There were no significant differences among results of different techniques of abdominal wound closure.

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