

Selected Abstracts

(FROM SURGERY GYNECOLOGY AND OBSTETRICS)

Thoracic and Upper Lumbar Disc Herniation; a Report of 75 Operations (Hernies dorsales lombaires, moyennes et) Grisoli, G. Weill and P. Michotey. Sem. Hop. Paris, 1977, 53:1337.

The relative rarity of thoracic and high lumbar herniated discs and the difficulties in diagnosing these conditions are well known at the present time. Seventy-five instances were reported, 67 showing an upper lumbar disc herniation, 59 of which were at the third to fourth lumbar level and the remaining eight at the second to third lumbar levels. The level of the disc herniation is classified differently in this series. Middle lumbar herniations are those at the fourth to fifth lumbar level, but those at the first to second lumbar level are grouped with the thoracic discs. The difficulty in diagnosing discs at the upper lumbar region is emphasized. Ten of the 59 patients with herniations at the third to fourth lumbar level had a herniated disc at another level, and eight had a narrow lumbar canal. Eleven patients had extruded disc material.

Fifty-one patients were men and 16 women, with an average age of 46 years. Thirty of the 67 patients did heavy work. Twenty-four patients had a past history of back pain, 23 had a sudden onset of pain, and five had trauma. Eighteen had a history of a sudden violent effort. The symptoms and neurologic examinations of those patients showed a typical distribution at the third to fourth lumbar level in 61 per cent. Thirty-seven patients had sensory changes, and 41 had pathologic deep tendon reflexes. The relative diversity of symptoms directly related to the herniated disc, either lateral, medial, or extruded, is emphasized. Lumbar puncture protein was not of diagnostic help. Only 56 patients in this group had undergone myelography. Operation was performed upon all other patients only on the basis of clinical diagnosis. Forty-six patients had abnormal myelograms. Eighty-one per cent of the patients operated upon had complete recovery.

There were eight herniated thoracic discs, including the first to second lumbar level. These were from the eighth to ninth thoracic to the first to second lumbar levels. Five patients were men three women, with an average age of 47 years. One patient had a gas myelogram, and seven others received contrast material by cisternal puncture. Five patients had a complete block. Surgical treatment has not been as effective as in the lower lumbar levels. Two patients improved, two recovered and three were worse

after surgical treatment. Extruded discs produced medullary compressions, which sometimes had irreversible neurologic defects. The anterior thoracic approach is recommended for better results.

Jose Kanshepolksy

Torsion of the Testis. J.F. Wright. *Br. J. Surg.*, 1977, 64:274.

A retrospective study of the records of 56 patients with torsion of the testis proved by surgical treatment is presented. Fifteen were treated by orchiectomy. Twenty-six patients had follow-up assessment, and results of this suggested that a confident prognosis can be given to patients which presenting within 12 hours of the onset of symptoms. A hopeful prognosis can be given to patients operated upon with onset of symptom from 12 to 24 hours. Orchiectomy is recommended for torsion present for more than 24 hours, with warning that preservation of a nonviable testis can lead to suppuration, requiring subsequent orchiectomy. A wound infection rate of 7 per cent is a sufficient deterrent to fixation of the opposite, normal testis at the original operation. This procedure should be done at a subsequent operation.

Ronald W. Lewis

Value of prophylactic Oophorectomy in Advanced Breast Cancer with Parasternal Lymph Nodes Metastasis. Masafumi Jini, Mitsuo Katano and Hideki Kishikawa. *Jpn. J. Surg.*, 1977, 7:49.

To Improve the poor prognosis of advanced cancer of the breast with positive parasternal lymph node metastasis, prophylactic oophorectomy was performed on 25 unselected patients. A retrospective study was made of patients with cancer of the breast operated upon from 1958 to 1969. Comparison of eight patients with advanced cancer of the breast with positive parasternal lymph node metastasis after radical mastectomy of Halsted type and parasternal lymph node dissection with and 17 without prophylactic bilateral oophorectomy was made with respect to the survival rate, the survival time pattern by Mantel-Haenszel's procedure in its entirety and the recurrence rate. These results suggest the effectiveness of prophylactic oophorectomy for advanced cancer of the breast.

Charles Baron

Percutaneous Transhepatic Catheterization of the Portal Vein for the study of Portal Hemodynamics and Shunts; a Preliminary Report. Kunio Okuda, Koji Suzuki,

Hirotsuka Musha and Noboru Arimizu. *Gastroenterology*, 1977, 3:279.

Quantitation of intrahepatic and extrahepatic portosystemic shunts is accomplished by percutaneous transhepatic catheterization of portal and splenic veins. Injection of 99m Tc macroaggregated albumin into the splenic vein and ¹³¹I macroaggregated albumin into the portal veins is followed by scanning and differential counts over the liver and both lungs. The technique also allows the obtention of splenoportograms, portal vein pressure, wedged hepatic vein pressure and indocyanine green test. Results of a previous study demonstrated that 99m Tc does not interfere with the measurements of ¹³¹I, whereas the latter interferes with the count of the former in a calculated 3.5 per cent of instances. A preliminary report of 30 patients studied in this manner, 21 of whom had hepatic cirrhosis, four idiopathic portal hypertension, two hepatic steatosis, two chronic hepatitis and 1 drug-induced cholestatic hepatitis is presented. A significant correlation with the size of the collateral veins and gastroesophageal varices is found. Possible sources of error are also described.

Duvan Mejia

Improving Cholecystectomy. Marvin B. Corletter, Henri Bismuth and Jacques Hepp. *Am. J. Surg.*, 1977, 133:655.

Two Hundred patients undergoing cholecystectomy were studied. In the first 100 patients, bile was aspirated from the gallbladder and the common duct for aerobic and anaerobic cultures. The wound was protected by sewing in a sandwich drape to the peritoneum. All bile leakage was quickly sponged or suctioned. Drains and T-tubes were brought out separate stab wounds. Gallbladder bile had positive cultures in ten of 22 patients with acute cholecystitis and 26 of 78 patients with chronic cholecystitis. The wound infection rate was one patient in 200, 0.5 per cent, as compared with 20 per cent in other reported series. Meticulous care with the addition of a water-impermeable, all layer wound protecting drape to prevent the patient's self-contamination can almost eradicate wound infection.

Lawrence Hollander