

Selected Abstracts

(From Surgery, Gynaecology and
Obstetrics)

Circulating Immune Complexes in Patients with Breast Cancer. KLAUS HOFFKEN, IAN D. MEREDITH, R. ADRIAN ROBINS and others. *Br. Med. J.*, 1977, 2:218.

The ^{125}I -Clq-binding assay was used to assess the relative amounts of circulating immune complexes in 22 women with cancer of the breast and ten apparently healthy, age-matched women serving as controls. Those in the experimental group underwent simple mastectomy and regional biopsy of nodes in the base and apex of the axilla and in the internal mammary chain. Ten women without histologic evidence of nodal metastases were designated as having a good prognosis; seven with apical or internal mammary nodal metastases were designated as having a poor prognosis; the remaining five died within 22 months of operation and composed the third group. ^{125}I -Clq-binding was examined on serums drawn preoperatively and 12 months postoperatively. The mean ^{125}I -Clq-binding activity of the control group was 17.9 ± 3.5 per cent, that of the good prognosis group 26.2 ± 2.6 per cent, that of the poor prognosis group 29.9 ± 5.5 per cent and that of those who died 34.9 ± 4.1 per cent. The 12 month samples showed reductions in each experimental group with the reduction in the good prognostic group being greatest. These results imply an elevation of the level of immune complexes in individuals with

cancer of the breast, and the degree of elevation may have some prognostic significance.

Thomas A. Brondie

Efficacy of Preoperative and Postoperative Bone Scanning in the Management of Breast Carcinoma. FREDERIC H. GERBER, FOUTY, N. Engl. J. Med., 1977, 297:300.

In an effort to determine the value of bone scanning in the management of cancer of the breast, an attempt was made to determine the preoperative incidence of bony metastasis in Stage I and II carcinoma of the breast, the rate of bony metastasizes to bone more frequently than any other organ, and the bone scan has been shown to be a sensitive detector of bony abnormalities with false-positive and false-negative rates in the ranger of 2 to 5 per cent.

A total of 122 patients were followed; 59 had one or more follow-up scans. They were further broken down into groups based on the clinical stage of their disease and whether they were premenopausal or postmenopausal. Staging groups 1 and 2 correlated with the American College of Surgeons clinical Stages I and II, respectively, but group 3 patients had either preoperative evidence of dissemination, invasion of chest wall or matting of axillary lymph nodes.

Eighty-two per cent of all patients studied preoperatively had normal scans, 12 per cent had benign abnormalities, and 6 per cent had scan evidence of bony metastasis. Patients in groups 1 and 2 only had a 2 per cent incidence of bony metastasis, but 42 per cent of the patients in group 3 had bony metastasis. Two per cent of premenopausal women and five of 74 postmenopausal women had scan findings of bony metastasis.

Fifty-five of the 59 patients who had follow-up studies had normal preoperative scans and 36 per cent of these had detectable metastasis on bone scan alone. Seven of 34 patients in groups 1 and 2 underwent scan conversion from normal to abnormal in the mean follow-up time of 24 months. All 7 patients in group 3 had abnormal bone scans in the follow-up period. Finally, 16 per cent of all premenopausal women converted, whereas bony metastasis developed in one-third of the postmenopausal patients.

Bone biopsy of a suspicious lesion is recommended in certain specific instances. The importance of a bone scan as a base line within one month of operation is emphasized. Be-

cause of the high conversion rate in women with Stage I and II cancer of the breast, routine periodic bone scans are recommended in all women with carcinoma of the breast. Although the initial yield from preoperative bone scans is low, preoperative scanning combined with sequential postoperative scans constitutes one of the most sensitive indicators of evolving metastatic disease.

Philip W. Susann

Selection of Breast Cancer Patients for Adjuvant Chemotherapy; Another Look at the Prognostic Importance of Involved Lymph Nodes. R. ANDREW PACKARD, LEONARD R. PROSNITZ and SAMUEL N. BOBROW, J.A.M.A., 1977, 238:1034.

To establish base line data for their own institution to aid in the selection of patients with cancer of the breast for adjuvant chemotherapy, 263 patients with primary carcinoma of the breast undergoing curative operations were examined with respect to axillary lymph node involvement and prognosis.

Thirty-five per cent of patients with one to three axillary nodes histologically involved with cancer relapsed within five years, as did 61 per cent of patients with four or more cancer-positive nodes. Equally important was the clinical stage. Patients with Stage III disease had a poor prognosis regardless of their axillary status. Patients with Stage I disease with metastasis to one to three axillary nodes did just as well as patients with Stage I disease with no nodal involvement, 13 per cent relapse rate. Relapse rates within the nodal categories are significantly less, $P < .05$, than those reported by the National Surgical Adjuvant Breast Project. It was believed that, had the National Surgical Adjuvant Breast Project data been used, the worth of chemotherapy would have been inaccurately credited with the lower relapse rates.

John R. Orndorff

Intersphincteric Excision of the Rectum. J. A. LYTLE and A. G. PARKS, Br. J. Surg., 1977, 64:413.

A technique of intersphincteric excision of the rectum for benign inflammatory disease of the intestine to avoid damaging a healthy pelvic floor and pelvic nerves to minimize sexual dysfunction is described. The principle is based on the fact that there is an embryonic plane of fusion between the visceral structures, that is, the rectum and anal canal, and the surrounding somatic tissues, the most important

of which are the skeletal muscles and nerves of the pelvic floor. The purpose of the technique is to remove the viscus without damaging the skeletal muscles and nerve supply.

The mechanics of the operation are well described and illustrated. The importance of conserving all the anal external sphincters as well as the puborectalis and levator ani muscles, thus leaving the patient with a functional muscular pelvic floor, is emphasized.

The results of 53 instances are presented: 39 patients underwent the procedure for ulcerative colitis, 13 for Crohn's disease and one for nonspecific proctocolitis. Sixteen patients had total proctocolectomy, and most of the others had colectomy with oversewing of the rectal stumps or a cutaneous rectostomy.

There were no operative deaths, and the main complications resulted from infections, bleeding and perineal wound healing. Of the patients with ulcerative colitis 85 per cent of the perineal wounds were healed by one year, but in patients with Crohn's disease, only 54 per cent were healed at that time. In 14 of the 15 male patients on whom information was available, there was no disturbance of sexual function compared with other series from the literature in which sexual dysfunction ranged from zero to 25 per cent.

Philip W. Susann
