Selected Abstracts

Dissecting Type I and Ill Aneurysms of the Aorta Which Simulate Primary Aneurysms (Dissezioni aortiche del I e III tipo complicate da rottura in cavita abdominale simulanti aneurismi abdominali primitivi). Renato Moretti, Gianfranco Rossi, Alberto Duranti and others. Osp. Ital. Chir., 1981, 34: 563-567.

TWO PATIENTS presented with what appeared to be an aneurysm of the abdominal aorta. The first patient had coronary arteriographic examination preoperatively, but the operator was unable to enter the right coronary artery. At operation, the aorta was found to have dissected; the adventitia was swollen, and underlying blood clots were present. Cross-clamping the aorta below the kidneys quickly produced cardiac arrhythmia and arrest. The patient had had a type I dissection as evidenced by the inability to catheterize the right coronary artery. Occluding the aorta created hypertension in the dissection space, thus leading to retrograde dissection and complete coronary ostial obstruction. After cardiac massage, the sternum of this patient was opened, cardiopulmonary bypass was established, and cardioplegic solution was injected. The ascending aorta was opened, and the internal tear was found in the supracoronary tract. The dissection was sutured shut, and the heart was restarted.

The second patient presented in shock and had to be operated upon without work-up studies. The preoperative diagnosis was ruptured abdominal aortic aneurysm. At laparotomy, a large retroperitoneal hematoma was found. The aorta was cross-clamped below the diaphragm, and opening the aorta showed that dissection had occurred from somewhere in the thorax. The aorta was reconstructed with a Dacron, polyester fiber, prosthesis from the renal arteries to the bifurcation, and a re-entry opening was constructed. Nevertheless, the patient died as a result of an intrathoracic rupture of the aorta.

William B. Gallagher

The Significance of Patient's Age and Sex in the Interpretation of Signs and Symptoms in Clinically a Suspected Acute Deep Vein Thrombosis. Asbjorn Kierkegaard. Acta Chfr. Scand., 1982, 148: 355-358.

EIGHT HUNDRED AND SEVENTY-SIX consecutive patients with clinically suspected acute deep veinous thrombosis were examined with phiebography. The results of the examinations were correlated with the age and sex of the patients. One hundred and sixteen patients, 13 per cent, had been operated upon less than one month previously. Eighty-two of these patients, 71 per cent, and 357 of those who had not been operated upon, 47 per cent, proved to have a thrombus. Among the patients who did not undergo operation, a thrombus was demonstrated significantly more often in male and older patients than in female and younger patients. Among operated upon patients, no correlation was found between the phlebographic diagnosis and the age and sex of the patients, but thrombus was demonstrated more often in operated upon patients than unoperated upon patients. These results suggest that signs and symptoms of thrombosis are less reliable in females and younger patients than in males and older patients, particularly in patients who have previously undergone operation.

Dov Weissberg

Warren's Operation; Preliminary Experience (L'operazione di Warren; Esperienza preliminare). Franco Mosca, Francesco Medi, Mario Carmellini and others. Osp. Ital. Chir., 1981, 34: 607-611.

THE AIM of the splenorenal shunt of Warren is to decompress selectively the gastroesophageal veins, the only veins at risk of haemorrhage, conserving the hypertension and perfusion of the splanchnic and intrahepatic portal bed. In Pisa, Italy, in 1979, 14 selected patients who were at low risk underwent this operation.

The operation was found to be moderately difficult. The decompression obtained was often neither immediate nor marked, and results of two patients who were operated upon as emergencies were poor. The shunts did tend to stay open. Long term results have yet to be evaluated. The authors plan to use this operation upon patients with impaired hepatic function working with the hypothesis that the selective gastroesophagealdecompression of Warren, unlike portacaval procedures, will not depress hepatic function further.
William B. Gallagher

A Comparison of Suprapubic and Transurethral Drainage for Postoperative Urinary Retention in General Surgical Patients. Joseph Shapiro, Jack Hoffman and Jerry Jersky. Acta Chir. Scand., 1982, 148: 323-327.
PROSPECT WE STUDY was carried out to compare suprapubic and transurethral drainage in the management of postoperative retention of urine. With transurethral catheterization, the rate of infection of the urinary tract was 70 per cent. In contrast, the infection rate with suprapubic drainage was 8 per cent.
Besides the difference in the infection rate, the patients found the suprapubic drainage to be more comfortable and less painful. Also, with suprapubic drainage, the medical personnel could assess the ability of the patients to pass urine spontaneously without removing the catheter. Minor mechanical complications did occur among those with suprapubic drainage. These included passage of the catheter through the urethra, loss of the cannula in the subcutaneous fat and the accidental removal of catheters by the patients.
Gerald T. Ujiki

Appendicitis in Childhood; Reduction in Wound Infection with Preoperative Antibiotics. J.E. Wright. Aust. N.Z.J. Surg., 1982, 52: 127-129.
ONE HUNDRED AND EIGHTEEN PATIENTS, 1.5 to 16 years old, who had acute appendicitis were divided into three groups, each to receive one protocol of antibiotics. The 76 patients in group 1 had a history of less than 24 hours and no clinical peritonitis and were given ampicillin intravenously or kanamycin intramuscularly before operation. Those in group 2, 29 patients with a history of 24 to 48 hours and no clinical peritonitis, were given Kanamycin with premedication and ampicillin intravenously before operation. The 13 patients in group 3 had a history of more than 48 hours, a temperature over 39 degrees C., a white blood cell count over 20,000 and abscess or clinical peritonitis; these patients received kanamycin and lincomycin intravenously before operation.
No intraperitoneal abscesses formed postoperatively. One major wound abscess caused by bacteroides was observed in a patient in group 1. At operation, six patients in group 1, six in group 2 and ten in group 3 had appendicitis complicated by gangrene, perforation, peritonitis or abscess. The average hospital stay was 4.8 days for all patients and 8.3 days for those with complicated appendicitis. During the period from 1947 to 1964 at the hospital of the author, the wound infection rate was 37 per cent with a 9 per cent rate of intra-abdominal abscess formation postoperatively. During the period from 1976 to 1977, in a preliminary study, preoperative antibiotics were used in selected patients with a resultant wound infection rate of 8 per cent.
It is believed that the simple expedient of using a single dose of one or more appropriate antibiotics preoperatively for patients with acute appendicitis has contributed to a marked reduction in postoperative wound infections and, therefore, deserves universal implementation. The selection of antibiotics for preoperative administration is discussed.
Judith S. de Nuno

A Modified Laparoscopic Entry Technique Using a Finger. Hans Grundsell and Goran Larsson.Obstet. Gynecol., 1982, 59: 509-5 10.

A MODIFICATION of the open laparoscopic technique is described in this article. As with open laparoscopy, a small mini-laparoscopic incision is made down through the fascial layer. With this modification, the abdominal cavity is entered by inserting the index finger, rather than a sharp instrument, through the peritoneum. The purpose of this manoeuvre is that of the original open laparoscopic technique: the further minimization of the risk of damage to structures, such as intestine, which may occur as a result of blind entry into the abdominal cavity, particularly when surgical procedures kave been carried out previously.

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