Selected Abstracts

Microinvasive Epithelioma of the Uterine Cervix (L'epithelioma micor-invasif ducol uterin). D. Querleu. Gynecologie, 1980, 31 :117.
This Article reviews microinvasive carcinoma of the cervix, its diagnosis and treatment and also gives a review of the literature. It is described as a transition form between carcinoma in situ and invasive carcinoma and is noted to be a preclinical malignancy. The average patient age is 45 years old, ranging in age from 20 to 70 years old. Microinvasive carcinoma is characterized by epitheiomatous formations beneath the basement membrane with marked epidermid differentiation and a stromal reaction of numerous inflammatory cells and dilated vessels. The prognosis is determined by the presence or absence of vascular or lymphatic embolizations. Thirty to 66 per cent of microinvasive epitheiomas are asymptomatic. Evaluation of an apparently normal cervix requires cytologic examination and culposcopy. Clinically, there may be a circumoral red area which bleeds or there may be leukoplakia. Cytologic features are imperative and reveal class 4 or S smears, although 5 to 10 per cent of microinvasive carcinoma has negative smears. Culposcopy is described in detail.
The risk of malignant conditions and the chances of extension are compared with the risk of treatment and its attendant morbidity and mortality. The five year survival of microinvasive epitheioma is 92 per cent. The operations are discussed; radiation has a 2 per cent complication rate, hysterectomy and lyinphadenectomy with 0.6 to 1.5 per cent mortality and simple hysterectomy with 0.1 to 0.2 per cent mortality.
-Paull). Urnes

Contraception and the Etiology of Pelvic Inflammatory Disease; New Perspectives. Pramilla Senanayake and Dorine and Dorine G. Kramer. Am. J.Obstet. Gynecol., 1980, 138: 852.
A review of the literature dealing with the relationship between non-surgical contraceptive techniques and pelvic, inflammatory disease was performed. The relative risk of pelvic inflammatory disease associated with the intrauterine device was found to be 150 per cent to 4000 per cent that of pelvic inflammatory disease with no contraceptive usage. There was a, three to five-fold ncTeas in pelvic inflammatory disease among intrauterine device usets compared with users of other forms of contraception. Oral contraceptives appear to have a protective effect against pelvic inflammatory disease, with an incidence of 0.3 to 0.9 times that occurring in women using no contraception. The epidemiologic implications of these findings are discussed, including contraception counselling and prescribing in both developed and developing countries.
-Janice B. Asker

Acute Adolescent Menorrhagia. E. Anne Claessens and Carol A. Cowell. Am J Obstet. Gynecol., 1981, 139 :277.
This Article emphasizes that a significant proportion of adolescents with acute menorrhagia have an underlying ôoagulation disorder which requires elucidation and specific therapy. In a review of all admissions to the Hospital for Sick Children for acute menorrhagia between January 1971 and January 1980, the following factors were assessed; the incidence of coagulation disorders in the cause of menorrhagia as opposed to purely anovulatory bleeding, the hemoglobin on admission, the incidence of transfusion, the role of dilation and curettage and whether or not the admitting episode occurred at menarche or in later gynecologic years.
Fifty-nine patients were suitable for detailed review. Of these 59, 11 patients, 19 per cent, were diagnosed as having a coagulation disorder. The coagulation disorders comprised four patients with

idiopathic thrombocytopenia purpura, three patients with von Willebrand' disease, two patients with the rare Glanzmann's disease which is congenital thrombasthenia, a primary qualitative platelet defect, one patient with thalassemia major and one patient with Franconi's anemia. Forty-nine per cent of the patients presented with a hemoglobin of less than 10 gm./l00 ml. on admission. Twenty-eight per cent, I or one in tour patients, naa an underlying coagulation disorder. The number of patients presenting with life threatening uterine blood loss during their first menstrual period was nine patients, 15 per cent of the total, but this included five of the 11 patients with coagulation disorders, or 45 per cent of this group of girls.

The conclusions are that an underlying coagulation disorder can be found in one of five girls requiring hospitalization, one of four with severe menorrhagia and a hemoglobin less than 10 gm./100 ml., one of three needing transfusions and one of two presenting at menarche. Therefore, it is recommended that in addition to a careful medical history to elicit symptoms of easy bruising, epistaxis and gingival bleeding, the family history should also be reviewed. A thorough physical examination, a blood smear and coagulation screen should be performed routinely. These tests should be performed before transfusion or the initiation of hormonal therapy. It is also suggested that thyroid function tests, thyroxine, triiodothyronine resin uptake and thyroid staining hormone, urinalysis and a screening blood glucose level be done to complete the laboratory evaluation in the adolescent age group. The management protocol is individualized according to the clinical presentation.

-Elvis S. Donaldson

Tumor Markers in the Ovarian Carcinoma. P.A. Margariti, P. Benedetti Panici, L. Villani and others. Eur. J. Gynaec.Oncol., 1980, 1: 77.

Detection of tumor markers was carried out in 28 patients with carcinoma of the ovary at the Institute of Obstetric and Gynecologic Oncology in Rome, Italy. This study was done, before operation and eight days postoperatively in patients with Stage III carcinoma of the ovary and only after operation in patients with Stage I carcinoma of the ovary.

Only one patient with Stage I was negative for all markers. The incidence of positive readings increases with the number of markers studied in each patient. There was no correlation between histologic type and a particular marker. Tumor markers are not helpful for evaluation of tumor response to operation or antiblastic treatment.

In ttie patients wbo were reported upon, no significant changes were seen in the tumor marker levels either before or after operation or chemotherapy.

-Elmer R. Cano

Microbiology of the Bartholin Gland Abscesses (Microbiologic des abces de la glande de Bartholin). M.Blum and I. Elian. Ren. Fr. Gynecol. Obst.et., 1980,75: 371.

Nineteen Abscesses of the Bartholin's duct were cultured at the University Medical Sehollin Tel Aviv, Israel. Neisseria gonorrhea was found in none of the cultures. E Coli was found in 14 cultures which also contained gram-negative bacteria, Bacteroides fragilis, along with vaginal saprophytic bacteria. Gram-positive bacteria, staphylococcus albus and Enterococcus, were found in two cultures and the remaining three cultures were sterile. Proteus was found in four cultures. Klebsiella, Enterococcus, were found in two cultures and the remaining three cultures were sterile. Proteus was found in four cultures. Kiebsiella, Enterococcus and Staphylococcus albus were found in one culture. It was noted that no specific causal agent was observed in the abscesses.

-Pw4 D. Urnes

Rupture of the Pregnant Uterus. A. Golan, 0. Sandbank and A. Rubin. Obstet. Gynecol., 1980, 56: 549.

In a retrospective study during the five year period from 1973 to 1977, the records of 93 patients with a

ruptured uterus were reviewed. A distinct difference could be identified in both maternal and fetal outcome between patients with and without scarred uterus. Shock, uterine bleeding, hematuria and disappearance of fetal heart sounds were more commonly associated with unscarred uterus.
In addition to other causal fact9rs reported by other investigators such as oxytocin, grand multiparity, the presence of abruptio placenta was found to be of major importance. This factor was found in almost one-half of the patients with maternal death in this series. Complete and longitudinal tears were more commonly seen with unscarred uteri while incomplete and transvers tears were more commonly assoéiated with scarred ones.
The incidence of uterine rupture in this series was 0.73 per 1,000 deliveries with a scarred to unscarred ratio of 1 to2. In this series, poor antenatal care was not an important factor. Fetal mortality and maternal morbidity were more pronounced with complete and longitudinal rupture of an unscarred uterus. Hysterectomy was more commonly used in complete rupture of an unscarred uterus, whereas, more conservative measures were usually used for the incomplete transverse rupture of a scarred uterus.
-MonezaM. Dini

Consideration of Blood Loss at Delivery as Percentage of Estimated Blood Volume. George H. Nelson. Am. J. Obstet. Gynecot, 1980, 138: 1117.
Blood Loss at delivery should be reported as a percentage of estimated blood volume rather than as volume per se in order to be more meaningful clinically. Postpartum hemorrhage is defmed as loss of greater than or equal to 15 per cent of total estimated blood volume.
-Janice B. Asher

Acute Effects of Albumin Infusion on Blood Volume and Renal Function in Premature Infants with Respiratory Distress Syndrome. Khin Swe Lay, Eduardo Banclari, Herbert Malkus and others. J. Pediatr., 1980,97: 619.
The immediate effects of albumin infusion on blood volume and kidney function was investigated in ten premature infants, gestational age 28 to 36 weeks, birth weights 0'.88 to 2.46 kgm., with respiratory distress syndrome. All infants had total serum protein concentrations of less than 4.5 gm./dl. before entering the study. All but one infant were studied within 24 hours of birth; the other , at 31 hours of age. The infants, after voiding, were given 1 gm/kgm. of 25 per cent normal serum albumin intravenously over a terminute period. The study ended when the infant died.
Within ten minutes after completion of albumin infusion, total serum protein concentration, colloid osmotic pressure and blood volume rose significantly while hematocrit fell below preinfusion levels. Mean arterial blood pressure increased slightly but significantly. Creatinine clearance rose significantly with infusion. Although preinfusion creatinine clearance rates correlated poorly with gestational age, r = 0.43, postinfusion clearances correlated well, r = 0.92. No significant rises in urinary flow rate, Uosm/ Posm or free water clearance were noted. Thus, albumin infusion appeared to acutely increase both blood volume and glomerular filtration in premature infants with respiratory distress syndrome. Because the measurements in this study were done only during tha first hour postinfusion, no conclusions regarding long term effects of albumin infusion could be made.
-Judith £ de Nuno

The Glucose Tolerance Test as a Means of Identitying Intrauterine Growth Retardation. Victor A. Khouzami, David S. Ginsburg, Norman H. Daikoku and John W.G. Johnson. Am. 1. Obstet. GynecoL, 1981, 139 : 423.
Three hour glucose tolerance tests were performed upon pregnant patients to determine whether or not an association exists between maternal hypoglycemia and intrauterine growth retardation: Hypoglycemia was found to be sig nificantly associated with non-low birth weight intrauterine growth

retardation. Specifically, in the absence of hypoglycemia, a 15 per cent incidence of low birth weight intrauterine growth retardation and a 50 per cent incidence of nan-low birth weight intrauterine growth retardation were encountered. The authors consider the three hour glucose tolerance tests performed at 28 to 32 weeks gestation to be an effective screening test for non-low birth weight intrauterine growth retardation.

-Janice B.Asher