Selected Abstracts

Prophylactic Cefazolin Versus Placebo in Total Hip Replacement; Report of a Multicentre Double-Blind Randomised Trial. C Hifi, R.Flamant, F.Mazas and J Enrard. Lancet, 1981, 1: 795.
IN A WELL supervised, large and statistically valid multicenter study, results on late infections of a five day prophylaxis with cefazolin are compared with a placebo in more than 2,000 patients with total hip replacements. In the centers where also a laminar flow facility existed the difference was not statistically significant. However, with conventional operation theaters the difference was important and statistically significant.
The late infection rate was 3.3 per cent versus 0.9 per cent.. There were fewev positive cultures of the drains removed from treated patients than in the other patients. There were' also less urinary complications. More late hip infections occurred in patients when there had been a bacteriologically positive deep preoperative swab or postoperative positive drain culture. A significant relationship was not seen between remote infections within two weeks of operation and later hip infection.
-Joseph C Mulier

Fractures of the Tibia Treated with Lottes Nail Fixation. Antenor Velazco, Thomas E. Whitsides, Jr, and Lamar L. Fleming. South-Med. J., 1981, 74: 427.
NEARLY 30 YEARS ago a semirigid, triflanged intramedullary nail suitable for closed nailing of tibia was described. Extensive series of this technique have not been reported often. A ten year experience with Lottes nail fixation in 60 patients who had adequate follow-up examinations to be considered for the study is reported.
Fifty patients were treated acutely, 38 patients had open fractures which were nailed after adequate irrigation and debridement. The remaining 12 patients had closed fractures. The remainders of the total series were nonunions of the tibia. A 100 per cent union rate was achieved in this series with an infection rate of 3 per cent and a malunion rate of 3 per cent. The necessity for adequate debridement and the requirement for soft tissue coverage over the bone whenever possible is emphasized.
-George L. Lucas

The Anterior Aspect of the Knee Joint an Anatomical Study. Bruce Reider, John L. Marshall, Bert Koslin and others. J. Bone Joint Surg;Am., 1981,63 ;351.
IN THIS TIME of increasing sophistication and complexity of reconstructive procedures on the knee joint, it is imperative that more detailed knowledge of the anatomy of the knee joint be studied. The authors have attempted to amplify the description of the anatomy of the quadriceps mechanism and the related structures of the anterior aspect of the knee. They have dissected. 48 knees.
The four part configuration of the quadriceps mechanism is well known and described in considerable detail in this article. The dimensions of the quadriceps mechanism in 20 fresh specimens relating to the shape of the patella allowed some quantitative correlations and it was found that there is a strong correlation between the width of the lateral patellofemoral ligament and the shape of the patella in terms of width of the lateral facet. There was also a high correlation between the width of the vastus lateralis and vastus medialis implying that these muscles tend to be proportional in size. The shape of the patella is varible and its height, width and thickness are not directly interrelated but tend to vary independently. It reflects the dimensions of the adjacent soft tissue structures. Another striking correlation was a negative one between the length of the infrapatellar tendon and the width of the medial patellofemoral ligament.
-George L. Lucas

The Burned Hand Early Treatment and Surgery of Scars and Contractions. S. Asko-Sel Javara, M-L Kilpt. M. Hytonen and B. Sundell. Ann. Chir. Gynaecol., 1980, 69: 224.

DURING THE YEARS 1976 to 1979,45 patients, 67 hands were treated for acute band burns. Superficial second degree burns were generally treated with conservative techniques including initial light debridement and occlusive dressings. De'ep second and third degree burns were treated by immediate or early excision and reconstruction. Reconstruction most often involved free skin grafting with sheets of medium thickness skin, but six hands were reconstructed with local flaps and seven with groin flap reconstruction where deep structures were exposed. Two hands required total amputation and 16 fingers were amputated. The authors reported full range of movement in 80 per cent of patients. Six patients who were primarily treated in this manner required reconstruction.

In addition, during this period of time 29 scarred and contracted bands were seen and treated secondarily. These secondary procedures included scar excision with split thickness skin grafting interdigital web contracture release with local flap reconstruction, arthrodesis, tendon tran sposition , tendon release or lengthening, capsulectomy and rotational osteotomy. This report is a summary of the variety of types of treatments that occur from acute and scarred burned hands.

-Kenneth R Tucker

Prevention and Treatment of Infection injuries to the Hand (Prevention et traitement de I infection dans les traumatismes dela main). A Boisdenghien and M. Menier. Acta Orthop. Beig., 1980, 46 237.

THE MANAGEMENT OF 52 hand infections is the subject of this retrospective review for surgeons at the Free University of Brussels in Belgium. The infections are categorized as boils, spreading cellulitis, bite wounds and gas gangrene. There is nothing new to add to the last two categories; the last category demands rapid wide debridement and bite wounds merit a combination of open management and appropriate antibiotics. It is believed that early dorsal cellulite can be managed non-surgically, but that nearly all palmarcellulitis involves tendon sheaths or palmar spaces and should be promptly opened and irrigated. The willingness to irrigate out early tendon sheath infections without full, formal anesthesia is debatable.

No successful management of digital boils, panaris, without surgical drainage is noted. Two kinds of these were open or submerged and were drained after 48 hours of preparatory antibiotic treatment.

-William G. Winter. Jr.