Selected. Abstracts

Pages with reference to book, From 378 To 380

Head and Neck Carcinoma in Patients- Under 40 Years of Age. Paul J. Carniol and Marvin P. Fried. Ann. Otol. Rhinol LaryngoL, 91: 152-155.
TWO THOUSAND AND SEVEN HUNDRED patients who were admitted to Massachusetts General Hospital were studied retrospectively with respect to carcinoma of the nasopharynx, larynx, hypopharynx and oropharynx. Thirty-six patients were less than 40 years old. Fifteen were women, and a higher percentage of women than men had tumors in these areas. Among patients less than 31 years old, there was no significant history of smoking or alcohol consumption. The prognosis for younger patients with carinoma of the nasopharynx appears to be better than that reported for patients of all ages, while for patients with tumors of the larynx and hypopharyngeal region, the length of survival correlates better with the initial stage of disease and is comparable to that of patients of all ages. The same held true for patients with carcinoma of the oropharynx. Further follow-up study is required to determine whether or not these patients who have carcinoma develop at an early age have a greater number of second primary tumors develop.
Lynn A. Hughes

Iridectomy in the Surgical Management of Eight- Ball Hyphema. Richard Parrish and Vitaliano Bernardino, Jr. Arch. OpthalmoL, 1982. 100: 435 : 437.
SEVEN PATIENTS who underwent iridectomy for the treatment of eight-ball hyphema which was accompanied by uncontrolable intraocular pressure are presented. The patients did well: blood was completely absorbed, and intraocular pressures were normal without medical therapy for six months postoperatively, it is thought that pupillary block and tamponade may be responsible for the secondary glaucoma which is seen in patients with this condition.
Critical Evaluation of Cornea! Graft Surgery Using Fresh Corneas and Corneas Preserved in MK-Medium. Fouad N. Sayegh. Ophthalmologica, 1982, 184: 131-138:
Richard Stone

A CRITICAL EVALUATION of corneal graft operations using fresh corneas and corneas preserved in monkey lung medium was presented. Both preservation methods, whole eyes in a moist chamber and corneoscieral segments in monkey lung medium, were associated with a good prognosis.
Richard Stone

Trabeculectomy; a Retrospective Long-Term Follow-up of 444 Cases. K.B. Mills. Br. J. Ophthalmol., 1981, 65: 790.795.
THE RESULTS of trabeculectomy upon 444 eyes of 356 patients are presented. It is thought that this operation is an excellent means of surgical management of open-angle glaucoma but that attendant surgical and long term side effects which are associated with the surgical procedure appear to be more widespread than has been suggested in previous reports.
Richard Stone

Experience with Extracapsular Extraction and Binkhorst 2-Loop Intraocular Lenses; Preliminary Communication. R.J. Marsh and N.C. Andrew. J.R. Soc. Med., 1981, 74: 892-895.
THE RESULTS and complications of extracapsular extraction of cataracts and implantation of a Binkhorst 2-loop intraocular lens which were performed upon 50 patients are reviewed. The complications that4 occurred were divided into operative, immediate postoperative and late

postoperative. Four patients had operative complications in which the corneal endothelium was touched by either the implant or the instruments at the time of introduction of the lens. In two patients, during the immediate postoperative period, one of the loops of the implant subluxated and the pupils remained semidilated. Long term complications were more numerous and consisted of formation of dense capsular membranes in 11 patients which required capsulotomy in nine patients. Two patients were reported to have cystoid macular edema.

No problems with glaucoma or intraocular hemorrhages, as described in other series, were noted. None of the patients in this series had corneal edema. The majority of patients achieved a postoperative corrected acuity of 6/9.

Suggestions were made to improve the surgical results of this procedure. The use of Helon, sodium hyluronate, to maintain the depth of the anterior chamber during insertion of the implant and to protect the corneal endothelium was recommended. The case of insertion of posterior chamber lenses was considered a significant advantage in avoiding damage to the endothelium and reducing the incidence of corneal edema as a late complication.

John H. Fournier

Indication for Surgical Procedures for Anaplastic Carcinoma of the Thyroid Gland (Die Operation sindikation beim undifferenzierten (anaplastischen) Schiiddrusen karzinom). Th. Hodel, U. Metzger,F.Largiader and Ch. Hedinger. Helu. Chir. Acta., 1982, 48: 635-638.

BETWEEN 1965 AND 1979, III patients with carcinoma of the thyroid gland underwent surgical procedures at Surgical Clinic A of the University of Zurich in Switzerland. Twenty-four of the patients had anaplastic carcinoma. The average survival time was 13 months; none survived five years.

The pathologic diagnosis is, in general, difficult because of variable tissue findings in any given gland. Two longtime survivors had to be excluded from the series because of being reclassified as having papillary and follicular carcinoma. Any analysis with carcinoma of the thyroid gland without a second review of all the patients, therefore, seems invalid. At the same time, one should have serious doubts about the accuracy of any fine needle biopsy of the thyroid gland. One patient was diagnosed as having anaplastic carcinoma by fine needle biopsy, and operation was, therefore, deferred for two years; at a delayed operation, the final diagnosis was determined as papillary carcinoma.

The authors are ot the opinion that each tumor of the neck and each suspicious cold nodule should be diagnosed surgically. Surgical treatment rather than operating as a rule or doing extended super-radical operations are recommended. Contramdications for surgical treatment are direct extension of the tumor into the trachea, invasion of the plexus or large vessels and metastatic disease.

Rudolph W. Roesel

Prevention of Vasospasm by Early Operation with Removal of Subarachnoid Blood. Masabro Mizukami, Takeshi Kawase, Takashi Usami and Toshiaki Tazawa. Neurosurgery, 1982, 10: 301-307.

A PROSPECTIVE STUDY of 64 patients undergoing surgical procedures for an intracranial aneurysm in the first four days after rupture was done to determine the effect on vasospasm. Computed tomographic scans were performed on the day of and one day after operation to estimate the amount of subarachnoid blood. Angiography was performed seven to ten days postoperatively to assess the degree of vasospasm. Two-thirds of the patients demonstrated high density areas of blood on the preoperative com puted tomographic scan. When the blood had been successfully removed at operation, as documented on postoperative computed tomographic scans, only mild or no vasospasm was seen. Only those patients who had a significant amount of subarachnoid blood remaining had delayed neurologic problems.

John C. Oakley

Differential Intracranial Pressure in Patients with Unilateral Mass Lesions. David D. Weaver, H, Richard Winn and John A. Jane. J. Neurosurg., 1982, 56: 660-665.
THE RESULTS of the authors are quite convincing. They show that, in some patients, the intracranial pressure from mass lesions is high only on the side of the mass lesion and can even be normal on the opposite side. Monitoring of intracranial pressure on the same side as the mass lesion is recommended.
William R. Bernell

Normal Computed Tomograms in Acute HeadInjury; Correlation of Intracranial Pressure, Ventricular Size, and Outcome. Peter 0. Holliday III.David L. Kelly, Jr., and Marshali Ball. Neurosurgery, 1982. 10: 25-28.
THE PREDICTIVE VALUE of normal computed tomographic scans obtained shortly after injury to the head of 17 patients is examined. The correlations among the ventricular size, intracranial pressure and outcome are also discussed. It is concluded that a normal computed tomographic scan does not exclude elevated intracranial pressure. The ventricular size is not a reliable index for increased intracranial pressure, and a normal computed tomographic scan in the absence of associated extracranial neurologic injuries is almost always associated with a good neurologic recovery.
Mahmoud G. Naguib