# Selected Abstracts



**Role of Nephrectomy in the Treatment of Nonfunctioning or Very Poorly Functioning Unilateral Tuberculous Kidney. Stuart M. Flechner and James G. Gow. f. Urol., 1980, 123:822.**
SEVENTY-SEVEN patients with nonfunctioning or poorly ftmctioning unilateral tuberculosis kidneys were reviewed. A nophrectomy was performed upon 73 patients after at least six weeks of chemotherapy with three antituberculous drugs. There was no perioperative mortality. Nephrectoniy significantly decreased hypertension in 11 of 17 patients who had hypertension preoperatively. The aim is complete sterilization of the urinary tract by combining chemotherapy and excision of nonfunctioning tissue. Nephrectomy causes negligible loss of renal function and removes a large focus of necrotic debris that might cause future problems.
**Frank B. Mahon, Jr.**

**Urological Complications in Malignant and Inflammatory Intestinal Diseases. N.Jaeger and W. Distelamier. Eur. Urol., 1980,6:275.**
IN THIS ARTICLE, involvement of the ureter and bladder secondary to intestinal pathologic characteristics, either chronic inflammatory or malignant, is presented. Involvement of the bladder in intestinal diseases should he suspected when a Patient complains of dysuria, lower abdominal pain and examination of the urine shows abnormal findings, or it should be obvious in presence of specific symptoms of pncurnaturia or fecaluria. Cystoscopy, cystogram or bariumocontrast studies will help to identify the site and probably the cause of fistula, and absolute indication t4 or operation.
Involvement of the ureter may be either asymptomatic or overshadowed by intestinal symptoms, which is commonly found. The involvement is due either to retroperitomtis or tumorous infiltration and the progressive fibrosis of the ureter may lead to complete obstruction and nonfunctioning of the kidney except by timely surgical intervention to save the kidney. Bilateral involvement of the ureters results from an extensive infiltration in the true pelvis and mostly located at the level of the promontory.
**RD. Sheth**

**Esophagogastrectomy for Carcinoma; Technical Considerations Based on Anatomic LocatiOn of Lesion. F.Henry Ellis, Jr. Surg. Clin. North Jmt., 1980. 60 :265.**
NINETY patients with carcinoma of the esophagus treated over a ten year period are described and surgical techniques are emphasized. In general, 81 per cent of the patients with carcinoma of the esophagus are operable and, of these, 88 per cent were resectable. The goal of surgical treatment is always palliative; therefore, all operations must be performed without staging and with adequate preparation. Preoperative parenteral nutrition is particularly important.
Lesions of the lower esophagus are managed through a left thoracotomy. The stomach is brought into the chest and the esophagogastric anastornosis is performed at the aortic arch. Higher lesions require a right thoractomy and abdominal incision. This is followed by an esophagogastrostomy. Cervical lesions are managed by esophageal resection without thoracotomy and subsequent high gastric anastomosis. Patients with gastric pathologic characteristics or a history of previous gastric surgical treatment were all managed by colon interposition.
Most patients were discharged at two weeks. The hospital mortality was 2 .5 per cent and palliation was achieved in 90 per cent of the patients; These excellent results encourage a continued aggressive attitude towards the palliatU)fl of carcinoma of the esophagus.
**Giacomo A. DeLaria**

**Total Esophagectomy by Right Anterior Thoracotomy and Immediate Esophageal Reconstruction for Carcinoma of the Esophagus. E.Moreno-Gonazlez, J. Hebrero Sanmartin, M.Hidalgo Pascual and others. 4cta Chir. Scand 1980, 146:19.**

TN A PERIOD of 11 months, 12 patients tindcrwcnt single stage total esophagecto my. This series consisted of ten men and two women ranging in age between 52 and 76 years. In ten patients, squamous cell carcinoma invaded all the esophageal layers. In nine patients, malignant involvement extended into the periesophageal tissue or metastasized to the periesophageal lymph nodes, or both. Operation was performed by two surgical teams with the patient in the supine position throughout the (entire operative procedure. The incisional approach consisted of an upper midline abdominal incision and a 16 cm. right sub-mammary incision with a subperiosteal removal of the fifth rib. The esophagus, pleura, azygos vein and lymph nodes were resected in monoblock, In nine patients, the stomach was wed for esophageal reconstruction. This made possible the use of a long segment of tubular structure for easy and rapid interposition requiring only a single anastomosis. If use of the stomach was not feasible, an inoperistaltic segment of left colon was substituted, In these instances, the operation became more complex and three anastomoses were necessary for the restoration of gastronintestinal continuity. With either autograft, stomach or colon, the tube was lifted to neck level where a two layered anastomosis was made.

It was noted that previously all these patients would have been operated through the conventional posterolateral thoracotomy approach. The right anterior approach as described offered several advantages; the patient was kept in the supine position throughout the entire operation, two surgical teams worked simultaneously, mobilization of the upper and lower parts of the esophagus were easily effected an(l operating time was reduced significantly.

**Benjamin G.P. Shafiroff**

**Detection of Occult Abdominal Trauma in Patients with Severe FIend Injuries. Join F. Buttcrworth IV, Kimball I. Maul!, J.Douglas Miller and Donald P. Becker. Lancet, 1980, 2:759.**

BE WEEN JANUARY 1978 and December 1 979, 109 consecutive patients with severe closed head injuries who were unable to follow simple commands were evaluated for occult trauma to the abdomen. Such trauma could not be eliminated in 87 of these patients and 58 received ed a diagnostic peritoneal lay age. A lavage was consiclered positive if the hematocrit was 2 per cent or greater or frank blood was obtained. Fiftyeight Patients underwent early lavage with ten positive results requiring abdominal exploration. All 10 patients required surgical repair. Of 47 patients with an early negative lavage, only one subsequently had signs of' a lesion missed by lavage. Only one attempted lavagc was unsuccessful. Seventeen per cent of the patients, 13, presented with a low systo\lic blood pressure, less than 90 mill mercury, on admission and four of these patients had a positive lavage. In patients with a glasgow coma scale score of 4 or less, six of 1 5 had a positive lavage. It was concluded that diagnostic peritoneal lavage should form an integral part of the evaluation of comatose patients with injury tO the head, whether or not signs of shock are

**John C. Oakley**

**Effects of Coronary Bypass Grafting on Resting Left Ventricular, Contraction in Patients Studied 1 to 2 Years After Operation. Leonard M. Zir, Robert Diusmore, Michael Vexeridis and others. Am. 7. Cardiol., 1979, 44:601.**

THE INFLUENCE OF successful coronary artery artery bypass operation on resting left ventricular function remains controversial. The authors studied the effects of coronary bypass operation on left ventricular function in 51 patients and repeated the postoperative coronary angiography and ventriculargraphy an average of seventeen months after operation. They observed five segments of left ventricular wall motion. anterobasil; anterolateral; apical; diaphragmatic, and posterobasil. Subjective and objective analysis of wall motion was carried out on the 51 patients who had an average

of two grafts per patient with a graft patency of95 per cent. With subjective analysis, 25 per cent of asynergic segments showed improvement, 72 per cent no change and 3 per cent deteriorated in contraction. There was a 5 per cent incidence of new wall motion abnormality in segments that were judged normal from the preoperative ventriculargram. Objective analysis revealed significant imprcvemcnt in contraction of asynergic segments in each of the five left ventricular segments analysed.

In conclusion, one to two years after coronary bypass operation, there was a significant reduction in left ventricular segmental wall motion abnor malities, and the incidents of deterioration in contraction were small. Although most patients were taking propanolol before their preoperative catheterizations, few were taking propanolol during their postoperative catheterizaticns. The authors felt though that it is unlikely that the improvement of asynergy post-operatively reflects the absence of propanolol because work from their laboratory has shown that propanolol given intravenously in a dose of 0.15 mgm./kgm. body weight produced no significant effects on regional wall motion and ejection fraction. This study demonstrates that one to two years after successful coronary arterial bypass operation characterized by a low perioperative infarction rate and a high graft patency rate, left ventricular asynergy may be improved.

**Steven J. Phillips**

**Thirteen Years' Experience with the Kayshiley Disc Valve for Tricuspid Replacement in Ebstein's Anomaly. Masaharu Shigenobu, Michael A. Mendez, Pablo Zublate and Jerome Harold Kay. Ann. Thorac. Surg., 1980, 29 :423.**

THE AUTHORS report their experience with tricuspid valve replacement in Ebstein's anomaly. Their operations were performed between 1965 and 1974. There were 11 patients. All of the patients had tricuspid valve replacements with the Kay-Shiley valve. One patient with Wolff-Parkinson-White syndrome died of a dysrhythmia on the first postoperative day. The other ten patients were observed between 4 and 13 years, with a mean of 6 years. Seven patients are working full time. Two patients are housewives and one patient attends school. All have improved at least one functional class according to the New York Heart Association.

**James Sturm**

**Combination of Bleomycin and Adriamycin With and Without Radiation in The Treatment of Inoperable Esophageal Cancer; a Randomized Study. Krsto Koliric, Zeljko Maricic, Anton Roth and Ivo Dujmovic. Cancer, 1980, 45 :2265.**

IN A PROSPECTIVE randomized study, 31 patient with inoperable carcincma of the middle and lower third part of the esophagus were treated. Carcinomas of the upper third part of the esophagus were excluded because of their known favorable response to radiation treatment alone. Of 16 patients treated with only bleomycin and Adriamycin, doxorubicin hydrochloride, three had partial remissions, two stable diseases and 11 disease progressions and a response rate of 19 per cent. Of 15 patients treated with these cytostatics and radiation, three achieved complete remission, six partial remission and four had stable disease, a response rate of 60 per ceit.

The addition of radiation to cytostatics was superior to monochemotherapy or polychemotherapy alone. However, the toxic side-effects of these drugs when combined with radiation proved also to be more severe. In this combined treatment group, the average weight loss was 15 per cent, four had esophagobronchial fistulas and one aortic rupture, signs of disease progression as well as therapy aggressiveness.

**Dick Tbio**