Selected Abstracts

The Impact of Cytoiogical Screening on the Incidence of Invasive Cervical Cancer. G. Helm. J.E. Johnsson and L-G- Lindbcrg. Acta Obstet. Gynecol., 1980, 59:271.
The impact of a cytologic screening pro-gram on the incidence of invasive carcinoma of the cervix in the Swedish country of Malmohus is reported. The initiation of a cytologic screening program in 1967 was barely detectable. A statistical analysis of the crude data did not demonstrate a significant impact on the frequency of invasive carcinoma of the cervix. No significant decreases in the whole population could be demonstrated However, there was a significant, lower incidence in the age groups participating in the screening program as well as among the women who considered themselves under regular observation- The incidence of invasive carcinoma of the cervix among the women who abstained from screening remained the same before and after the screening program-The reduced incidence could first be noted three years after the screening program. A cleat increase demonstrated during the first year of screening was most likely a reflection of the increased diagnostic activity. Medical population statistics combined with thorough individual follow-up examination seem mandatory for evaluating the effects of a mass screening progiam.
-Richard O. Davis

Late Recurrences of Gestational Trophoblastic Neonlasia. Thomas C. Vaughn, Earl. A. Surwit and Charles B.Hammond. Am. J. Oustet. Gynecol., 1980, 138:73.
IN THIS ARTICLE two patients are presented with recurrences of gestational trophoblastic neoplasia more than one year alter apparently successful treatment. Both patients initially had had nonmetastatic discase, were clinically free of disease and had repetitive negative serum radioimmunoassay titers for the beta subunit of human chorionic gonadotropin for two to three years.
The development of these late recurrences again emphasizes the need for prolonged follow-up monitoring of these patients. The monitoring should be in the form of gonadotropin titers. it was pointed otzt that the uterus may be a privileyed site for the recurrence of nonmetasta- tie trophoblastic neoplasia. Both of the patients were found to have residual foci in the uterus. This points out the need for hysterectomy in those women who are not interested in childbearing. It was also pointed out that the method of evacuation of the hydatidiforin mole may have contributed to increasing the potential for malignant sequelas and later recurrence. Late recurrences of gestational trophoblasti c neo- plasia are rare and the incidence is less than 1 per cent. However, the fact that it has recurred in these patients reemphasizes the need for prolonged follow-up examination of patients with this prublem
- Harry Garber

Use of Dermal Graft in the Surgical Repair of Vaginal Vault Prolapse. Marco Antonio Pelosi, Joseph Apuzzio, Vijaya Gowda and Ramesh C. Patcl. Obstet. Gynecol., 1980,55:385.
Two PATIENTS in whom a dermal graft was used in the surgical repair of vaginal vault prolapse following hysterectomy are presented. The technique of obtaining the graft from the surgical skin incision is fairly simple and rapid. Dermal tissue offers several potential advantages when compared with other materials frequently used in surgical repair of vaginal vault prolapse. No special skills or instruments are nceded for obtaining the material and extensive surgical dissection or prolonged operating time is avoided. The graft site heals rapidly and the dermal tissue is strong and stable from the time of operation, has a good blood supply and is gradually converted into fibrous tissue.
-Richard O. Davis

Prenatal Care and Pregnancy Outcome. George M. Ryan Jr., Patrick J. Sweeney and Ahiodus S. Solola. Am. J. Obstet. Gyrecol., 1980, 137:876.

The DEvELOPMENT of wide spread systematic Prenatal care during the early years of this century represents an important advance in the field of obstetrics. In the current study, the relationship of prenatal care to perinatal outcome was studied in a racially and socioeconomic- cally homogenous population delivered at a single hospital during a six month period. These patients were divided into two groups, based on the amount of prenatal care received. One group of 1,102 patients had zero to three prenatal visits and the second group, which consisted of 2,027 patients, had four or more visits. These groups were similar with respect to age, marital status, previous obstetric history and initial risk assessment. Howevtr, the group with inadequate prenatal care had a significantly higher fetal, neonatal and perinatal mortality.

It was pointed out that four gencral categories of less than optimal perinatal outcomes are easily identifiable. These are congenital abnorn alities, prematurity, fetal death and maternal morbidity or mortality. Maternity patients were classified as to whether or not they were in high risk categories and it was decided what actions could be taken during the prenatal period to reduce the risks to the mother and infant. Based upon the current results, it is clear that a significant proportion of the population still does not receive adequate prenatal care. Out reach programs might be useful in achieving the greatest possible impact of prenatal care on improving the outcome of pregnancy.'

-Robert J. Sokol

Infants of Mothers Treated With Ethanol for Premature Labor. Toannis A. Zervoudakis, Alfred Krauss, Fritz Fuchs and Kathleen H. Wilson. Am.J. Obstet. Gynecol., 1980, 137:713.

THERE WAS NO increased neonatal mortality among infants whose mother were treated with alcohol for premature labour as opposed to the infants in the control group. Infants born within 12 hours after administration of alcohol had a significantly lower one minute Apgar score and a higher percentage of respiratbry distress syndrome. Mothers are advised that treatment with alcohol should be discontinued as soon as it becomes evident that labor cannot be arrested.

-William E.Grisp