Selected Abstracts

Total Elbow Replacement.Allan E. Inglis and Paul M. Pellic. F. BoneJoint Surg. Am., 1980,62:1522.

Thirty-six total elbow replacements in 31 patients at the Hospital for Special Surgery in New York City are reviewed. The mean follow-up examination was 3.7 years, with a minimum of two years. Initially the Pritchard-Walker semiconstrained prosthesis was used, 17 elbows, and, subsequently, a semiconstrained triaxial prosthesis was used upon 18 patients. The diagnosis was rheumatoid arthritis in 19 patients, juvenile rheumatoid arthritis in three patients and posttraumatic arthritis in nine. Those patients with rheumatoid arthritis, with a functional disability primarily related to pain, benefited most from the procedure. The seven patients with posttraumatic arthritis benefited least and had the highest complication rate. The over-all complication rate was 53 per cent, 19 patients, and reoperation was required in 22 per cent of the 36 total elbow replacements. In patients with rheumatoid arthritis, there was a mean gain in the range of motion of 60 degrees. There was one postoperative fracture of the humerus, one broken humeral component, one deep infection and one broken axle. There were two instances of loosening of Priechard-Walker prostheses. Postoperatively, there were two patients with ulnar neuropathy who underwent operative release of the nerve.

There were twenty good results, nine satisfactory results and seven failures. Four of the failures were related to complications and five failures were in patients with posttraumatic arthritis. It was concluded that the current deficiencies in total replacement arthroplasty of the elbow lie in patient selection and surgical technique. The high rate of loosening reported in previous series was not noted in this group of patients. It was felt that the best candidate for total elbow replacement is the patient with severely painful and disabling rheumatoid arthritis, accompanied by altered articular architecture.

-Murray F. Goodman.

Operative and Nonoperative Management of Fractures of the Carpal Scaphoid; Five Years' Experience.

K.J. Bongers and R.J.G. Ponsen. Neth. J. Surg., 1980, 32:142.

Seventy-one patients with fractures of the carpal scaphoid were treated over a five year period. Fifty-two were treated in the traditional manner with plaster immobilization from the elbow, distally. to include the thumb metacarpophalangeal joint for at least 12 weeks following an initial splinting period of one week. Nineteen were treated operatively with an osteosynthesis screw which was removed about five months later. One pseudoarthrosis developed in each group, requiring operation.

Those patients who underwent surgical treatment did not have plaster immobilization and returned to work in an average of one-half the time that the traditionally treated group required for recovery. Obviously, the two operations and hospital stay for at least the first are disadvantages to this form of treatment. One patient who was operated upon also had loss of function of the sensory branch of the radial nerve.

-Wiliam T. Kernahan,'Jr.

A Ten-Year Experience with Glomus Tumors.

Thomas S. Davis, William P. Graham III, and Eric W. Blomain. Ann. Plast. Surg., 1981,6:297.

The preoperative and operative findings in ten patients with histologically proved glomus tumors are presented. The normal glomus structure occurs throughout the body and regulates arteriovenous shunting of blood. The benign tumor is an overgrowth of the normal 1 mm. sized structure and it ranges in size from 2 to 10 mm. Preoperative symptoms were present in patients for months to years.

Five of the patients complained of excruciating pain on point pressure over the tumor, the other five patients noted only a painless mass. Those patients with pain were correctly diagnosed preoperatively. The differential diagnosis for the others included ganglion, exostosis, melanoma, nevus and varix. In this series, only two tumors were found in the classic subungual location, the other locations were throughout the upper limb.
-Roy A. Meals.

Carpal Bone Cysts; a Clinical and Radiographic Study.
Oddvar Eiken and Kjell Jonsson. Scand. 7. Plan. Reconstr. Surg., 1980, 14 :285.
Mosi CARPAL BONE cysts are located in the scaphoid or lunate and vary from an ill-defined area in the trabecular bone to a distinct cavity with a sclerotic rim. Only eleven of 77 patients with evidence of carpal bone cysts on roentgenographic examination complained of pain and underwent operation. In nine patients, the cyst was curetted and packed with bone. Eight patients obtained satisfactory relief of pain, though the cyst subsequently recurred in three of the patients. An intercarpal fusion was performed on two patients, presumably because the adjacent articular cartilage was damaged. Both were relieved of pain.
Pain was constantly correlated with marginal sclerosis of the cyst and at operation the cyst was filled with fibrous tissue with mucoid changes. It was thought that the bony changes were due to intramedullary vascular disturbances and that the pain was caused by increasing pressure within the cyst cavity which was associated with the development of a substantial fibrous cyst well. -Herbert H. Stark.
Congenital Dislocation of the Hip in Infantile Idiopathic Scoliosis.
Geoffrey Hooper. 7. Bone Joint Surg. Br., 1980, 62 :447.
THE ARTICLE identified a coincidence of congenital dislocation of the hip and idiopathic scoliosis in the infant, but failed to draw any inference connecting idiopathic scl iosis and congenital dislocation of the hip. The appearance of these abnormalities could possibly be explained by coincidence, environmental factors affecting development, or as a mechanical relationship between the related structures. Thus, the article does not contribute a great deal to this subject.
-Joseph F. Feno.

Total Hip Arthroplasty in the Quiscent of Adult Hips with Current or muescent Sepsis.
Jesse B. Jupiter, Adolf W. Karchmer, J. Drennan Lowell and Wiliam H. Harris. 5. Bone Joint Surg. Ant., 1981, 63: 194.
TOTAL HIP replacement in 57 patients with present or past hip infection was described. Eighteen pa :ients had active infecion documented at time of arthroplasty, five had probable infection and 27 had a previous infection. Seven hips of the patients in this series had been infected with tuberculosis. Of the 18 patients with acive infection, only four were not successful and two were gram-negative infections. In none of the other three groups mentioned, was there recurrence of infection.
A total of 75 patients with hip infections who had total hip replacement were studied and 18 were originally excluded because of extensive acute local infection or systemic infection. This excluded group underwent resection arthroplasty.
A two year minimum follow-up examination was used and a 77 per cent success rate was obtained because of proper selection of subjects with either low grade or inactive infection. Multiple cultures, extensive debridement, antibiotic therapy including anvibioic-impregmented cement and removal of all previously implanted material were essential to the result.
-William T. Kernahan, fr.