Abstracts

1. Van Der Mevlen, J.C.: Reconstructive surgery of the anterior urethra. Brit. J. Plast. Surg., 23 : 291-298, 1970.

The author has enumerated four major technical inadequacies in treatment which were responsible for the majority of the complications experienced with operations of the buried skin strip type : defective rearrangement of skin; inadequate urinary drainage; insufficient vascularity of the skin and inadequate wound closure. On the basis of this some principles have been formulated for the prevention of such complication. The cases have been classified into two types viz. type I are those in which ventral curvature is absent and type II those with a ventral curvature requiring correction. All type I cases have been repaired in one stage using the large dorsal flap rotated ventrally. The type II cases have been repaired in two stages. The reconstruction of urethra has been done using the modified Duplay or Fisher's technique.

The author has also described his experience in the repair of urethral fistulae and urethral strictures.

N.N.K.

2. Orticochea, M.: The use of the intact side of the face for reconstruction of the injured opposite side. Brit. J. Plast. Surg., 23: 235-241, 1970.

The authors has described a method of repairing large facial defects by means of large flap, including the skin, muscle and mucosa from the opposite side of the face. This flap is based on the coronary artery. The chief advantages claimed are, the completion of repair in two or three stages with tissues comprising skin muscles and mucosa, and with minimal residual scarring over the donor area. The article is well illustrated.

N.N.K.

3. Elliot, R.A. : Rotation flaps of the nose. Plast. & Reconstruct. Surg., 44 : 147-149, 1969.

The author has presented his experience in the use of rotation flaps of nasal tissue for resurfacing small surgical defects of the nose in 69 patients.

The defects were usually larger than could be closed by direct approximation. Mainly two types of flaps have been used, viz. the one stage banner flap and the bilobed flap. The aesthetic results shown in the illustrations are excellent.

N.N.K.

4. Ansfield, F.J., Ramirej G., Davis, H.L., Korbitz, B.C., Vermund, H., and Gollin, F.F. : Treatment of advanced cancer of head and neck. Cancer. 25 : 78-82, 1970.

The authors have compaired the results of treatment of advanced intra oral cancer by radiotherapy alone and radiotherapy plus 5-F.U. They found a significantly in-

creased survival in the later series. This was particularly marked in patients with T3 lesions as compared to T1, T2 or T4 lesions. There was no significant increass in survival in patients with cancer of the nasopharynx, hypopharynx and extrinsic larynx cases.

N.N.K.

5. Tipton, J.B. : Semi open method for the treatment of fractures of the mandible. Surg. Gynaec. Obstet., 13 : 865-868, 1970.

The author has described a method of intermaxillary fixation for mandibular fractures by the use of two upper suspension wires passed through the edge of the piriform aperture and two lower circumferential wires passed around the body of the mandible. After reducing the fracture and bringing the teeth in proper occlusion, an interlocking wire is passed on either side through the upper suspension wire and lower circumferential wire and twisted to hold the mandible firmly and unyieldingly in place. The author claims that it is possible to maintain a better oral hygiene, and is less cumbersome than when the traditional arch bar fixation is used. The results reported in 75 cases are very encouraging.

N.N.K.

6 Milton, S.H. : Pedicled skin flaps : The fallacy of the length : width ratio. Brit. J. Surg., 57 : 502-508, 1970.

In an experimental study on pigs the authors observed that the surviving length of flaps made under similar conditions of blood supply is constant, regardless of width. The only effect of decreasing width is to reduce the chance of the pedicle of containing a large vessel. The classic concept that viable length of a flap is proportional to its width, is shown to be based on a misunderstanding of the effects of change of scale. The author postulates that it is quite possible that in man also the viable length of flaps is unrelated to width, and suggests that further research in this direction is required.

N.N.K.

7. Oliveira, J.C.: Some aspects of thumb reconstruction. Brit. J. Surg., 57: 85-89, 1970.

The author has reviewed the various methods of thumb reconstruction and mentions the indications for reconstruction by the tube pedicle bone graft method for amputations through distal metacarpal or the metacarpophalangeal joint with good function at the carpometacarpal joint. Ordinarily three to the four stages are required for reconstruction but the author has described successful reconstruction in two stages. In the first stage a tube pedicle is attached to the thumb. At the second stage the tube pedicle is detached, a bone graft inserted and an island flap to improve circu lation and sensation is also transferred to the tip of the thumb. Immobilisation is done for 10 weeks. The average hospital stay by this method in his last three patients was only 35 days.

N.N.K.

8. Skoog, T. : Repair of Unilateral cleft lip deformity : maxilla, nose and lip. Scand. J. Plast. Surg., 3: 109-133, 1969.

The author defines a congenital cleft lip deformity to be a tripartite problem viz.

restoration of the cleft maxilla, correction of the nasal deformity, and repair of the lip. The osteogenic capacity of tissues bordering the cleft is utilised for maxillary restoration by establishing periosteal continuity using local periosteal flaps. Surgical is used as a scaffolding between the periosteal flaps to bring about a deposition of a mass of bone.

The nasal deformity is regarded being mainly due to dislocation of the anatomical framework, caused by abnormal traction during development. A method of correcton has been described, and prolonged post operative corrective splinting by an acrylic prosthesis is considered essential to prevent relapse of this deformity.

The lip repair is done essentially by the technique described by the author in 1958. Special emphasis has been laid upon restoration of muscle function by attaching the lateral muscle segment to the midportion of the philtrum. The article is well illustrated by suitable photographs.

N.N.K.

9. Hummel, R.P., Mac Millan, B.G. and Altemeier, W.A. : Topical and systemic Antibactierial Agents in the Treatment of Burns. Ann. Surg., 172 : 370-384, 1970.

Infection continues to be the principle cause of death in extensive burns. After the gram positive septicaemias came under control by the use of specific antistaphylococcal drugs, there emerged the group of gram negative infections. Newer methods of chemotherapy are now beginning to control these gram negative septicaemias and now the emergence of infections with certain other non pathogenic organisms and yeasts is being seen.

The authors evaluated four topical antibacterial agents viz. O.5 Silver Nitrate solution, Sulfamylon, Gentamycin and Silver Sulphadiazine in 354 extensively burnt patients, while Ag NO3, Sulfamylon and Silver Sulphadiazine were effective only against gram negative organisms, Gentamycin was effective against both gram negative and gram positive organisms. Diffusibility was maximum with Sulfamylon, Silver Nitrate applications were associated with pain and marked electrolyte loss. Toxicity was low with all the agents. Over all the authors observed fewer complications and lowest mortality rate with Gentamycin.

Systemically Staphcillin, Keflin, Lincomycin and Novobiocin have been employed for Staphylococcal infection and Gentamycin Colomycin and Carbenicillin for pseudomonas aerugenosa infection. Other newer advances mentioned by the authors consists of hyperalimentation and pseudomonas vaccine therapy.

N.N.K.

10. Edgerton, M. T. Udvarhelyi and Knox, D. L., The Surgical correction of Ocular hypertelorism, Ann. Surg , 172 : 473-496, 1970.

True Ocular Hypertelorism may be defined as a widening of the interpupillary distance. A true hypertelorism is always associated with a bony deformity of the cranio facial skeleton, that includes widening of the root of the nose. The ethmoid region and the eyes are spread apart. By X-Rays and observations at operation the

authors concluded that in these cases the deformity is entirely anterior to the sella turcica. The hazards associated with any corrective attempt in these case consist of damage to the optic nerves, lacrymal system extra ocular muscles and a risk of spreading meningitis. The diagnostic studies required prior to surgery include psychologic testing, ophthalmological examination, chromosomal studies, tomograms of skull and orbit, arteriography and air studies of the brain, E.E.G. and radioactive isotope studies. Over a period of time the authors have gradually evolved a method of surgical correction consisting of one stage craniofacial osteotomy (utilising the glabella osteotomy). In the authors series of eight cases the incidence of complications has been low, In the last four cases complete correction has been obtained. The authors feel that a reasonasibly safe surgical procedure is now available for the correction of this awesome deformity.

N.N.K.