

Abstracts

1. **Korlof, B., Nylén, B., Olsson, P., Skoog, T. & Strembeck, J. O. : Resection of the thoracic wall and local flap repair for recurrences of mammary carcinoma.**

Brit. J. Plast Surg., 26 : 322—327, 1973.

In 25 patients with slowly growing mammary carcinoma, the tumour was excised along with the chest wall. Repair was then done by a variety of delayed flaps from the immediate neighbourhood or by transposing the contralateral breast. In the initial period Marlex Mesh was used to strengthen the chest wall, but its use was later found to be unnecessary, and associated with complications. However, majority of the cases developed recurrence after 2 to 3 years.

2. **Hurt, J. L., McManus, W.F., et al : Vascular lesions in acute electric injuries. Jour of Trauma, 14 : 461—473, 1974.**

Progressive muscle necrosis is a frequently described clinical phenomenon in electric injuries. In such cases arteriograms can yield valuable information when performed especially in limbs without palpable pulses. Complete or partial vascular occlusion indicates muscle necrosis and the need for immediate surgical exploration, whereas a normal arteriogram is unlikely to be associated with extensive underlying muscle injury. Narrowing, irregularity and beading

are often arteriographic signs associated with muscle injury. The authors report their experience in 11 cases of electric injury in whom arteriography was done and they observed that the ultimate level of amputation required in these patients could be accurately predicted in most of the cases by the angiographic studies.

3. **Friedman, G. D., Capzzi, A. and Pennisi, V. R.**

Care of the split thickness skin graft donor site. Jour. of Trauma, 14 : 163—167, 1974.

The authors mention that the conventional dressing used to cover donor areas are cumbersome and associated with several drawbacks. In view of this they have used a semi-exposure method for treating these cases. In the immediate post operative period for 12-24 hours the area is dressed as usual. After this the dressing is removed except the layer of gauze just next to the raw wound. This is allowed to dry and then painted with 10% aqueous mercuriochrome. This forms a pliable and comfortable dressing for the patient.

4. **Burke, J. F., Bondoc, C. and Qumby, W.C. : Primary burn excision and immediate grafting : a method shortening illness. Jour of Trauma 14 : 389—395, 1974.**

The authors have compared their results

of treatment in two groups 100 children each. The first group was treated by primary excision and immediate grafting, supplemented with topical 0.5% silver nitrate therapy and the second group with topical silver nitrate alone. It was found that in all categories the results in the first group were superior to those in the second group and the time required to close the burn wound with skin grafts was less than half in the first group. In view of these results, the authors advocate the routine use of primary excision and immediate grafting of all patients whose burns extend between 10% and 65% of body surface.

5. **Tucher, H.M., Rabuzzi, D. D., Sagerman, R. H. and Reed, G.F. :** **Prevention of complications of composite resection after huge dose pre operative radiotherapy. Laryngoscope. 84 : 933—939, 1974.**

Recent reports from the literature suggest that carcinoma of the tonsil and adjacent areas can be treated with improved survival rates by combining definitive surgery with planned preoperative radiotherapy. In general the survival rates improve with increasing dosage of preoperative radiation. However the complication rate is proportionally high. The authors treated 36 cases by preoperative radiotherapy of 5000-6000 rads, and performed radical surgery after waiting for a period of 5-6 weeks. The whole of irradiated area was excised and repair performed by distant unirradiated tissues. The complication rate in their series was only 3.03%. The authors recommend this approach for the treatment of advanced head neck cancers.

6. **Beehuis, G. J. :** **Saddle Nose Deformity. Laryngoscope. 84 : 2—42, 1974.**

The author has reviewed the various causes of the saddle nose deformity and mentions augmentation rhinoplasty as its treatment. Filler materials range from autografts or homografts of bone or cartilage, heterografts of cartilage or processed bone, and inorganic implant materials—metals and synthetic alloplastics. Each of these materials has certain drawbacks and the ideal material is yet to be found. The author describes his experience in 30 cases in which augmentation was done by polyamide mesh. Satisfactory results were obtained in 27 patients. The advantages of the polyamide mesh are its flexibility, good host tissue acceptance, fixation to surrounding tissues, and satisfactory cosmetic result.

7. **Maye, N., Vaseonez, L. O. and Jurkiewica, M. I. :** **Treatment of macromastia in the actively enlarging breast. Plast. & Reconst. Surg., 54 : 6—12, 1974.**

The exact etiology of macromastia is still not clearly understood, but is probably the result of an increased susceptibility of the breast tissue to the circulating oestrogen levels. Accordingly the authors have proposed a combined approach consisting of reduction mammoplasty and hormonal therapy for its treatment. Dydrogesterone therapy has been found to arrest the continuing breast hypertrophy. The authors have described their experience in four patients, treated by the above regime with gratifying results.

9. **Terz, J. J., Bear, E. S., King, R. E., and Lawrence, W. : Primary reconstruction of the mandible with a wire mesh prosthesis. Surg. Gynaec. Obstet., 139 : 198-205, 1974.**

After radical excisional surgery for cancer of the mouth defects in the mandible have been repaired by several materials including autogenous bone, metal bars and pins, external splints and synthetic materials. The authors have used a stainless steel wire

mesh prosthesis for the repair of mandibular defects in 47 patients as a primary procedure with gratifying results. The mesh had to be removed in 4 cases only. The advantages claimed are the possibility of tailoring the mesh at the time of the operation, the rapid incorporation of the mesh in the soft tissues and the possibility of attaching the condyle to the prosthesis. It has been used successfully even in patients who had received prior radiotherapy.

—N. N. K.