

- o Operative mortality at DGH was 41% as against 13% in Oxford.
- o More serious patients were operated on by consultants (the rest mainly by senior registrars) who did not achieve lower mortality rates.
- o Only 10–32% of admissions needed operation.
- o 75% of patients stop bleeding on admission.
- o Prompt endoscopy identifies patients who can be discharged home early, those needing sclerotherapy and differentiates them from those who should be operated upon.

**Surgery for acute abdomen in adults with leukemia**  
Martell R.W., Jacobs P., *Postgraduate Medical Journal*, 1986, 62, 915–918.

In a series of 104 leukemic patients, five patients receiving cytotoxic therapy developed abdominal signs. Three of them had acute myeloblastic and two had acute lymphoblastic leukemia. All were severely neutropenic and thrombocytopenic at the time of the abdominal operation. Symptoms appeared on the average of eight days after starting chemotherapy. Cytosine arabinoside was common to all the therapeutic regimes. Non-specific hemorrhages were seen at laparotomy as also necrotising colitis and acute appendicitis. The caecum and ascending colon are frequently involved. Platelet and granulocyte transfusions, antibiotics are needed as support till marrow function returns.

T.J.

**An analysis of ileal perforation treated in Surgical A Unit — Lady Reading Hospital, Peshawar.** Khaliq Usman, M. Tahir Hasan, Taj M. Khan, *Khyber Medical Journal*, 1986, Vol. 5 pages 7–10.

This is a prospective study of patients with perforation in the distal 60 cms of the ileum. All patients were admitted as acute abdominal emergencies at interval varying from 12 hours to 2 weeks from the onset of symptoms. Only 20% of them showed gas under the diaphragm on radiological investigation. The Widal test was positive in 30%. Five percentage of the patients had a leucopenia of less than 3000 WBC per mm<sup>3</sup> while 87.5% had leucocytosis of about 8300/mm<sup>3</sup>. None of them had a positive urine culture for *S. typhi* whereas two patients had a positive culture. All patients were subjected to surgery. 36 patients had a solitary ulcer, 4 had two or more ulcers. The perforations were closed in two layers. 4 patients had local segmental resection in addition. All had peritoneal lavage with normal saline and drainage with corrugated drains. Postoperative treatment was with Chloramphenicol and Flagyl.

There was no mortality. Wound infection occurred in 15 patients and wound dehiscence in 5. Small bowel fistulae developed in 10 of which 2 had to be re-explored, yet there was no overall mortality.

(J. Talati)

**Computed Tomography and Ultrasonography of Hepatoma:** S.A. Teefey, David H. Stephens, E.M. James, J.W. Charboneau, P.F. Sheedy II, *Clinical Radiology*; 37: 339–345, July 1986.

Computed tomography (CT) scans were carried out on 37 patients with hepatocellular carcinoma. In 13 of these, ultrasonography was also done. On CT, 50% of the tumours were multicentric, 40% were solitary and the rest were diffuse. Most of the tumours enhanced non-uniformly after the injection of contrast agent. About quarter of the tumours either became visible or were better seen after injection of contrast agent. At ultrasonography about two-thirds of the tumours were thought to be solitary and one-third multicentric. The majority had heterogeneous echogenesity. This modality under-estimated the extent of hepatic involvement in 38% of cases. Ultrasonography failed to demonstrate lymphadenopathy that was seen on CT in two patients. Both techniques were effective in identifying vascular invasion. CT was unable to identify direct invasion of neighbouring structures. Because each technique has limitations in the evaluation of hepatoma, both should be performed if curative resection is being considered.

(Sarwat Hussain)

#### PANCREAS

**Ultrasound and Computed Tomography of the Infant Brain: A Clinical Comparison.** J.K. Lipinski, B.J. Cremin, *Clinical Radiology*; 37: 365–369, July 1986.

Ultrasonography and computed tomography examinations of the brain were carried out in 89 infants. Correlation and comparison showed that in 85% of the cases, both modalities were equally accurate. In the remaining 15%, it was the combination of both ultrasonography and CT that helped to localise the extent and the nature of disease. Therefore, it is concluded that ultrasonography of the infant brain provides as much or more information than CT in majority of patients. In the remaining, both modalities compliment each other. Ultrasonography is the primary investigation for the infant brain in view of its accuracy, low cost, speed and convenience.

(Sarwat Hussain)

**The High Incidence of Benign Testicular Tumours, Hass GP et al, Henry Ford Hospital, Detroit, Michigan, J. Urol. 1986, 136, 1219-1220.**

The authors reviewed 2800 testicular procedures done in a 20 year period. Of these 233 were done for a suspicion of testicular cancer. 31% of the testes were found to have benign lesions. 70% of these had a radical inguinal orchidectomy inspite of a suspicion that the tumour may be benign. In the authors series, the benign lesions included epidermoid cysts, sarcoidosis granulomatous orchitis, cholesterol granulomas, adenomatoid tumours and tuberculosis.

T.J.

**Orchiectomy in advanced germ cell tumour following intensive chemotherapy. Comparison of testicular to systemic response. Chong et al J. Urol, 1986, 136, 1221-1223.**

Chemotherapy was used prior to orchidectomy when the secondaries posed a life threatening situation or the primary remained unrecognised. At the time of orchidectomy, 13 patients had complete and 3 partial regression. Of the 13 patients 3 had viable tumour discovered on orchidectomy. The 3 patients have survived 12, 20 and 30 months. The authors conclude that post-chemotherapy orchidectomy is necessary for suspicious primary tumour of the testes because of the risk of residual tumour in the testes even when abdominal metastases have disappeared.

T.J.

**CT Diagnosis of Adrenal Abnormalities in Patients with Primary Non-Adrenal Malignancies. Hussain S. et al. Europ J. Radiol. 1986 6 127-131.**

The adrenal gland owing to its vascularity is the fourth commonest site for hematogenous metastatic deposit. On reviewing abdominal scan of 5,200 patients the authors discovered unsuspected adrenal masses in 0.6%. 73% of the 33 patients with masses had metastases the commonest primary tumours being carcinoma of the lung and kidney, and lymphoma. Adrenal metastases usually manifested as a mass lesion. Bilateral masses were almost invariably due to metastases. Other features which suggested malignancy are; contrast enhancement in a heterogenous adrenal mass; growth of an adrenal mass or appearance of a new mass in a previously normal gland. The authors suggest percutaneous needle biopsy of adrenal masses to prove metastases and help stage the disease more accurately.

T.J.

## GASTROINTESTINAL

**Surgery for Peptic Ulceration Associated with Hypergastrinaemia.**

**Clerk C.G., Chowcat N.L., Lewin M.R., Gilbert J.M., Gelister J.S.K. and Boules P.E., B.J.S. 1986, Vol. 73, 248-252.**

From a reference laboratory for serum gastrin assay located in University College Hospital, London, 44 patients who had hypergastrinaemia associated with peptic ulcer disease were identified during a 13 year period. The source of gastrin hypersecretion was traced to a gastric antral lesion including G-cell hyperplasia in 11 cases, a pancreatic gastrinoma in 14 cases, multiple endocrine adenomatosis type I in 11 cases and primary hyperparathyroidism in 4 cases. A further 4 cases remained unclassified. The diagnosis in some cases was presumptive, based on operative findings and the effect of surgery on serum gastrin levels and clinical outcome. In other cases, a histological diagnosis was obtained. A historical prospective analyses of the cases showed that there was commonly a delay in detection of hypergastrinaemia and of the source of gastrin hypersecretion resulting in multiple inadequate surgeries. The authors emphasise the need to measure serum gastrin levels by radio immunoassay in patients having unusual manifestations of peptic ulcer disease, in the event of recurrent ulceration after routine peptic ulcer surgery and whenever there is associated hypercalcaemia. The use of provocative tests to detect the source of gastrin hypersecretion is advocated as is the need for planned definitive treatment.

(Mushtaq Ahmed)

**Management of hematemesis in a district general hospital — can we do better? Madden M.V., and Spence R.A.J., Postgraduate Medical Journal, 1986, 62, 907-908.**

This article takes a critical look upper G.I. hemorrhage management in district hospitals and makes interesting comments and observations summarised below:

- o Upper G.I. hemorrhage accounts for 50,000 admissions a year in England and Wales.
- o 15% of these die in district general hospitals (DGH). This is three times the mortality in Oxford. This difference is not due to age, (59% of the DGH patients as compared to 69% of the Oxford group were about 60 years of age) or spectrum of disease.
- o 10% of the DGH patients underwent surgery as compared to 19% in Oxford.

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# ABSTRACTS

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## UROLOGY GENERAL

**Radiation therapy in Peyronie's disease, Carson CC IV, Coughlin PWF, Duke University North Carolina, J. Urol. 1985, 134, 684-686.**

The authors note that external beam radiation therapy relieves those patients where the plaque causes pain or pain on erection, but is of little value otherwise.

T.J.

## CALCULI

**Successful treatment of Hyperuricosuric calcium oxalate calculi with potassium citrate. Pak, Archiv Int. Medicine, 1986, 146 : 863-867.**

A normal individual excretes 643 mg of citrate in 24 hrs. Pak administered 60-80 mg potassium citrate daily to stone formers. New stone formation decreased from  $1.55 \pm 2.70$  to  $0.38 \pm 1.22$  per patient per year during  $2.35 \pm 0.88$  years. Stone formation ceased in 16 of 19 patients.

**Comparative Efficacy of Potassium Citrate therapy versus conservative management in Nephrolithiasis, Premlinger G.M. et al (University of Texas Health Sciences) J. Urol. 1985, 134, 658-661.**

The authors treated 54 patients who had nephrolithiasis with 30-100 mEq (usually 20 mEq 3 times a day) potassium citrate. The aim was to increase citrate excretion in patients with hypocitraturia (urinary excretion below 320 mg in 24 hrs) or to increase urinary pH to above 6 in patients with uric acid calculi. Some of these patients also had allopurinol or thiazide therapy. Stone formation reduced from 0.52 incidents per patient per year to 0.02 such incidents, (a 96% reduction) whilst placebo treated patients had a reduction of only 54% (from 0.54 to 0.25 stones per patient per year). As drugs other than citrate were also used, it is not possible to conclude that citrate alone was responsible for the reduced rate of stone formation.

It is known that calcium oxalate stones form by epitaxy on uric acid crystals. Other authors have shown that diet restriction and fluid intake can decrease the incidence of stone disease by 43%-64%.

T.J.

**Urography and Cystoscopy in Bladder Mucosal Abnormality, Sarwat Hussain, H.A. Aisha, T. Saleh (Riyadh, Saudi Arabia), British Journal of Urology, 1984, 56, 180-184.**

The authors suggest that the postmicturition film from an i.v. urogram can suggest and accurately localise mucosal abnormality. This form of study is important in a region where Schistosomiasis is common where detection of polyps on the postmicturition film may alert the urologist. However, it can be equally well applied to Pakistan where transitional cell carcinoma is detected only too late.

T.J.

## TRAUMA

**Genitourinary Injuries secondary to break dancing. Gearhart et al. Pediatrics 1986, 77, 922-24.**

Break dancing resulted in injuries in two youngsters. One had pain in and swelling of the scrotum after spinning. The other sustained a urethral injury as a result of a fall on the corner of a coffee table whilst executing a "double squat kick following a hand post".

T.J.

## TUMOURS

**Germ cell tumours in aircraft repair men. Ducatman et al, J Urol 1986, 136: 834.**

The authors found a group of 7 aircraft repairmen with testicular germ cell tumours amongst workers at two factories. They suggest that dimethylformamide may be a possible etiological agent. This chemical was used in the decade 1960-70. The tumours included both seminomas and embryonal carcinomas.