

area (b) flattened cystic area or (c) complex cystic mass from infected hydatid cyst. Delineation of daughter cysts within the complex internal echoes of infected hydatid cysts leads to correct diagnosis.

**Urography and cystoscopy in bladder mucosal abnormality.** Sarwat Hussain, H.A. Aisha and T. Saleh, *British Journal of Urology*, 1986, 56, 180-184.

A prospective study in 60 patients was carried out to assess the diagnostic usefulness of intravenous urography compared with that of cystoscopy in assessing bladder mucosal pathology. Collectively IVU was as good as cystoscopy in suggesting the final diagnosis and the severity of mucosal lesion.

The post-micturition film from IVU was the single most informative film giving correct results in 59 of 60 patients. The full bladder film was the least useful examination and suggested incorrect or misleading diagnosis in 75% cases.

**Computed tomography of the liver in newly diagnosed Hodgkin's disease and non-Hodgkin's lymphoma: staging implications.** C.H. Neumann, S. Hussain, St. E. Seltzer, C. Chiles and R.A. Castellino, *TumourDiagnostik & Therapie*, 1986, 7, 1-4.

The value of computed tomography (CT) in 201 patients with newly diagnosed Hodgkin's disease and non-Hodgkin's lymphoma, was assessed as regards impact on the staging. The CT sensitivity in both groups was very low at 8%. If liver biopsy results were omitted from consideration, reliance on CT findings and other clinical staging procedures would have led to staging error in 9% patients, understaging in 8% and overstaging in 1%. Therefore, CT is an unreliable indicator of liver status in newly diagnosed Hodgkin's disease and non-Hodgkin's lymphoma and cannot replace liver biopsy in supplying the data required for optimal management.

**UROLOGY**

**STONES**

**Ureteroscopy and ureteric calculi: how useful?** R.B. Kinder et al (Leicester UK). *Brit. J. Urology*, 1987, 60 (6), 506-508.

134 patients were admitted during 1985 with ureteric colic. 100 patients passed their stone spontaneously. Stones smaller than 5 mm in maximum dimension passed spontaneously in

92% of cases in comparison to only 28% of those 6 mm or larger. 19 of 34 procedures were endoscopic. In 3 cases, ureteroscopic extraction with Dormia basket was done. In 5 patients, ureteric dilatation by balloon catheter allowed subsequent passage of stone. Ten patients had a ureteral meatotomy, one a Dormia extraction, 13 ureterolithotomy and 2 had a pyelolithotomy.

T.J.

**Prostatic Cancer**

**The role of prostate specific antigen in the baseline assessment of patients undergoing hormone therapy for advanced prostatic cancer.** Emtage et al (Birmingham, UK). *Brit. J. Urology*, 1987, 60 (6), 572-577.

The authors have shown that prostate specific antigen (PSA) is much more sensitive in picking up metastatic disease specially those with one 'hot spot' on bone scan. In the latter (all nine), the PSA was elevated to twice above the normal limit. Early death due to cancer was noted in 4 patients with levels of PSA 2500 g/L. ASP gave an overall sensitivity of 89% compared to 63% for acid phosphatase and 64% for alkaline phosphatase. PSA is a protease distinct from acid phosphatase. It is elevated in patients with carcinoma, prostatitis, prostatic infarction and benign prostatic hypertrophy. It shows very few false positives with other tissues.

PSA may be helpful in monitoring response to hormonal therapy.

**Intravesical doxorubicin for the prophylaxis of superficial bladder tumours.** Blist Italian cooperative group. *Cancer* 1984, 54:756-761.

50 mg of Doxorubicin (ADM) dissolved in 50 ml saline was instilled weekly for four weeks and then monthly. Few side effects were seen. Recurrence rates expected without therapy (historical controls) were 50-70%. The trial recurrence rates were 62%. 50% of primary tumours had relapsed by 8-10 days when treated with ADM as against 427 days for (historical) controls (P = 0.001).

50% of recurrent tumours had relapsed by 480 days (controls 188 days) (P = 0.006).

EORTC trials also quoted by the author showed that recurrence rates of patients receiving chemotherapy was significantly lower (16 of 73) in the treated as compared to the control group (22 of 47).

T.J.

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# ABSTRACTS

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**C.T. diagnosis of adrenal abnormalities in patients with primary non-adrenal malignancies.** S. Hussain, A. Belledegrun, S.E. Seltzer, J.P. Richie, H.L. Abrams, *European Journal of Radiology*, 1986, Vol. 6, 127-131.

In 75 patients, unsuspected adrenal abnormality was found on Computed Tomography (CT). All these patients had primary non-adrenal malignancy. In 33 of these patients, a final adrenal diagnosis was confirmed. These turned out to be metastasis in 69%, benign non-functioning adenomas in 21%, metastases with adrenal hyperplasia in 3%, benign hyperplasia in 3% and fatty infiltration in the remaining 4%. Analysis of CT parameters in these patients indicated that (a) A large heterogenous enhancing adrenal mass was always metastatic in nature, (b) Non-functioning adenomas were always 3 cms in diameter or smaller, (c) Bilateral adrenal masses showing growth on follow-up on regression on treatment indicated metastases, (d) Metastatic disease of the adrenals could be excluded purely on the basis of the size of the adrenal mass.

**Ultrasonographic diagnosis of schistosomal periportal fibrosis.** Sarwat Hussain, N.D. Hawass, Anjum J. Zaidi, *Journal of Ultrasound in Medicine*, 1984, 3, 449-452.

The ultrasonographic pattern of hepatic schistosomal periportal fibrosis in 22 patients with histologically proven schistosomal involvement is described. On Ultrasonography echogenic areas of pipestem fibrosis were seen as echogenic cuffing around the portal vein and its branches. In the endemic areas this appearance may give clue to the presence of unsuspected hepatosplenic schistosomiasis even before clinical evidence of portal hypertension becomes apparent.

**Work-up of adrenal disease.** Sarwat Hussain and Paul H. Swerdlow, *Postgraduate Radiology*, 1985, 5, 251-270.

Computed Tomography (CT) is the method of choice in diagnosing bio-chemically proven adrenal disease in order to differentiate between cases that require surgery and those that can be medically managed. CT has entirely changed the role of other radiological method in the work-up of adrenal disease. In patients in whom CT can not provide the answer, arteriography, venography, and venous sampling may have to be employed but these procedures are invasive and hazardous. With the application of increasingly sensitive CT Scans, incidental adrenal masses are being discovered with increasing frequency. Majority

of non-functioning adenomas are small. Larger masses can be carcinomas. It is often possible on CT alone to differentiate benign from primary adrenal malignancy although metastatic lesions can virtually produce any CT appearance.

**Unusual appearance of molar pregnancy on ultrasound.** Sarwat Hussain, *Saudi Medical Journal*, 1985, 6 (3), 242-247.

Ultrasonographic findings in 15 patients with proven hydatidiform moles are described. These patients demonstrated unusual appearance in that very large echo-free spaces were seen within molar tissue as a result of haemorrhage. In four patients, the large cystic areas also contained septa, previously unreported, dividing these anechoic spaces. This septation probably developed from further bleeding in an area adjacent to pre-existing haemorrhagic space. The readers are warned not to be misled by unusually large cystic areas within molar tissue on ultrasonography.

**Differentiation of malignant from benign adrenal masses predictive indices on computed tomography.** Sarwat Hussain, Arie Belledegrun, Steven E. Seltzer, Jerome P. Richie, Ruben F. Gittes, Herbert L. Abrams, *American Journal of Radiology*, 1985, 144, 61-65.

CT findings of 43 adrenal masses were analyzed in order to see which features correlated most significantly with malignancy. Size, contrast enhancement, and internal consistency of the masses emerged as important differentiators of malignant from benign adrenal tumours. These factors were further analyzed by application of more sophisticated mathematical technique of logistic regression to examine the joint influence of these features in predicting chances of malignancy of an adrenal mass. For example, a 5 cm adrenal mass without enhancement has a 31% chance of malignancy, with enhancement, a 68% chance.

**Diagnostic criteria of hydatid disease on hepatic sonography.** Sarwat Hussain, MD, *Journal of Ultrasound in Medicine*, 1985, 4, 603-607.

Sonographic findings in 31 patients with proven hepatic hydatid disease are presented. In 68% of the cases previously described pathognomonic appearance of hydatid cyst containing daughter cysts or intra-cystic septation were encountered. Three other types of ultrasonic patterns were seen, (a) single spherical cystic