

## Abstracts

1. **Korlof, B., Nylén, B., Rietz, K.A. :**  
**Bone grafting of skull defects.**

**Plast. and Reconstr. Surg., 52 : 378, 1973.**

The authors have reviewed in brief the various methods of cranioplasty used over the years. Of the various materials used for cranioplasty, namely metal implants, synthetic organic substances such as acrylic and silicones, homograft and autograft bone, the authors feel that the last is the most physiological. The authors have reported their experiences in 46 patients with skull defects due to trauma, neoplasms, burns and as a result of surgery, which were treated by autogenous ribs and iliac crest bone grafts. In general split rib grafts are recommended for larger defects and iliac crest for smaller defects. A well healed hard bony surface was obtained in the majority of cases. The complications were minimal and scars over the donor areas were inconspicuous.

N.N.K.

2. **Correliá P C. and Ziani, R. :**  
**Masse-  
ter muscle rotation in the treatment  
of inferior facial paralysis.**

**Plast. and Reconstr. Surg., 52 : 370, 1973.**

The authors have studied in detail in 25 cadavers the anatomy of nerve to the masseter. They found that the muscle presented two anatomical forms viz the short and the long muscle, and the course of the nerve was

different in the two types. Based on this knowledge, that the mobilisation of the muscle for transfer should be done at the junction of the anterior two thirds with posterior one-third, and the height of the incision should not extend more than 3.5 and 4 cms above the inferior border of the muscle in the short and long ones respectively. An alternative to this approach can be the transfer of the whole muscle belly. The authors performed 57 operations for facial nerve paralysis, and in 12 of them, masseter myoplasty was performed with good results in 6, satisfactory results in 5 and no improvement in one case.

N.N.K.

3. **Levine, N., Seifter, E., Connerton, C.  
and Levenson, S.M. :**  
**Debridement  
of experimental skin burns of pigs  
with bromelain, a pineapple-stem  
enzyme.**

**Plast. and Reconstr. Surg., 52 : 413, 1973.**

The authors have described their experiences with the use of bromelaine, a pineapple stem enzyme, both in vitro and vivo experiments, in the debridement of burnt pig skin. The mean debridement time was 20 days in the controls, and 11.2 days with 2.5% and 1 day with 50% bromelain cream. The enzyme did not damage the healthy tissues, nor convert second degree burn to third degree. No gross signs of anaphylactic reaction or systemic toxicity were observed in the

animal experiments. However bromelain was found to be compatible with 10% sulfamylon, 1% neomycin and 1% tetracycline but not with 1% silver sulphadiazine 1% gentamycin or high concentration of penicillin.

N.N.K.

4. **Rees, T.D., Guy, C.L. and Coburn, R.J. : The use of inflatable breast implants.**

**Plast. and Reconstr. Surg., 52 : 609, 1973.**

The authors have described their experience with the use of 86 Mammatech inflatable implants in a series of patients. The operative techniques has been described in detail using a peri areolar incision. Haemostasis is achieved by using a cautery with the aid of a fiberoptic light mounted on a narrow blade retractor. The prosthesis in the collapsed state is inserted in the retromammary space and then inflated with saline. Post operatively complications developed in 3 cases— one leakage, one haematoma and one infection. Although a favourable result with a conventional prosthesis closely parallels a good result with an inflatable implant, there are certain virtues, such as an inconspicuous periareolar scar, the superior contour and feel of these breasts, and the opportunity for the surgeon to adjust the size intraoperatively which warrant a continued use and development of this kind of prosthesis.

N.N.K.

5. **Grossman, R. : The current status of augmentation mammoplasty.**

**Plast. and Reconstr., Surg., 52 : 1, 1973.**

The author observes that the complication rate after augmentation mammoplasty is still high, and new implants are being tried and modified. For a good augmentation the author recommends that the implant should not be placed too high, perfect haemostasis should be obtained to avoid post operative firmness, and use a inframammary or a small periareolar incision. The subpectoral implant gives a soft nice contour in repose, but when the pectoral muscle is made to contract the implant is markedly displaced. The cronin breast prosthesis with or without a dacron patch has proved to be the most successful over the years. Recently inflatable implants have been introduced which have some merits. As regards the future, the author gives the requirements of an ideal implant to have a cover which would later dissolve, leaving just the gel in place in a manner that would not leak, drift or deflate.

N.N.K.

6. **Morgan, B.L. and Samiiian, M R. : Advantages of the bilobed flap for closure of small defects of the face. Plast. and Reconstr. Surg., 52 : 35, 1973.**

The authors have used the bilobed flap for reconstruction of facial defects in three cases. The conventional form of bilobed flap has an angle of 90° between the two lobes, the larger lobe is adjacent to the defect and equal to it in size, and the size, and the smaller lobe is taken from an area with loose skin and half its size. The bilobed flaps do not cause facial asymmetry and distortion of lines of expression that may be caused by large rotation advancement flaps. Besides

this the bilobed flap causes less problems in closure of donor sites, less distortion and provides for a better match as regards colour and texture.

N.N.K.

7. **Rees, T.D., Ashby, F.L. and Delgado, J.P. : Silicone fluid injections for facial atrophy. *Plast. and Reconstr. Surg.*, 52 : 118, 1973.**

The authors have described their experiences in the treatment of 73 cases of facial atrophy with silicone fluid injections over a period of ten years, and claim markedly superior results as compared to the conventional modes of treatment by dermal fat grafts, flaps, bone and cartilage implants and alloplastic implants. The various causes giving rise to facial atrophy have been reviewed. Majority of the patients had good to excellent results and there was only one failure in this series. Tissue reactions and complications were practically nil. The authors con-

clude that injection of dimethylpolysiloxane is an effective method for the treatment of this condition.

N.N.K.

8. **Shapira, E., Gladi, A. and Neuman, Z. : Use of water insoluble papain (WIP) for debridement of burn eschar and necrotic tissue. *Plast. and Reconstr. Surg.*, 52 : 279, 1974.**

There are limitations to debridement of burns by mechanical means because of blood loss and difficulty in accurately assessing the depth of the burn. For enzymatic debridement bromelain, sultilain and collagenase have so far been tried. The author used insoluble papain and observed the following advantages — A constant enzymatic activity could be maintained and the enzyme absorption was minimum without any risk of antibody formation and toxic reactions. The authors claim encouraging results.

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