

## Abstracts

1. **Conley, J.J. and Clairmont, A.A.** : Subdermal facial augmentation. Arch. Otolaryng., 103 : 44, 1977.

For augmentation of localised and limited soft tissue depressions, the authors have described a technique of augmentation. Strips of facial lata are used and crisscrossed as in basket weaving. This augments the soft tissue and the scarred area is raised from the underlying tissues. The surgical scarring and local tissue reaction is minimal.

2. **Longacre, J.J., Berry, H.K., Basom, C.R. and Town, S.F.** : The effect of Z-plasty on hypertrophic scars. Scand. J. Plast. Reconstr. Surg., 10 : 113, 1976.

The authors describe changes, following Z-plasty, in a scar where it has not been removed. Clinically it softens and thins. Histochemically it was observed that abnormally sulfated mucopolysaccharides were replaced by normal acid mucopolysaccharides in two weeks. There change in pattern of collagen fibres which decreased urinary secretion of hydroxyproline and hydroxylysine amino acids were increased after Z-plasty. Disaccharide, glucosyl galactosyl hydroxylysine increased following Z-plasty operation. Histochemical, ultrastructural and biochemical studies showed degradation of collagen disordered fibril formation.

3. **Taylor, J.W., Wilmore, D.W., Patterson, H.D. and Pruitt, B.A. Jr.** : Scalp as a donor site. Amer. J. Surg., 133 : 218, 1977.

The authors have used split skin graft from scalp in 26 patients in this series. The graft is very useful in skin donor deficiency. The healing of donor area is fast. The infection of donor site was uncommon. The scar of the donor area was concealed by hair growth.

4. **Sidhu, S.S., Subherwal, G.L. and Parkash, H.** : Analysis of fractures of jaws. Clinician. 40 : 443, 1976.

This paper presents a series of 102 patient and 153 fractures of jaws and facial bones. Majority of patients were from age group between 20-40 years. Mandible was involved in 95% and maxilla in 5%. The frequency of site of fractures in decreasing frequency in lower jaw was condyle, premolar, angle, symphysis and molar regions. The treatment was mostly conventional. In some cases jaw fixation period was 3-4 weeks.

5. **Crawford, B.S.** : Buried Penis. *Brit. J. Plast. Surg.*, 30 : 96, 1977.

A series of six cases of buried penis seen in children is presented. Nomenclature of number of penile deformities has been clarified in an attempt to clear the prevailing confusion. The author recommends the management before school going age. In addition to freeing the penis from its abnormal attachments, the fixation of fibromuscular bands between penile shaft and abdominal wall is recommended.

6. **Azzam, N.A. and Kuehn, D.P.** : The Morphology of musculus uvulae. *Cleft Palate J.*, 14 : 78, 1977.

The gross anatomy based on dissection and histological sectioning of seven adult human cadavers is described by authors. The paired muscle arise from tendinous palatal aponeurosis posterior to hard palate, lateral to mid line. The origin is just anterior to insertion of levator veli palatini muscle. The two muscle bundle converge in an area overlying the sling of levator muscle and traversing the dorsum of soft palate gets inserted, after subdividing, into the connective tissue and basement membrane of mucosa. The author suggest that it play its role in velopharyngeal closure in speech and deglutition.

R.S.T.