

ABSTRACTS

Review of long term results in supportive treatment of Facial Paralysis :

B. S. Freeman. Plastic Reconst. Surg. 63/2, 214, 1979.

150 Patients have been reviewed and followed up for a period of 5-25 years. Various operative procedures used have been analysed.

Final conclusion is that supportive technique in facial palsy can modify the deformity, lesser the sphincteric incompetence and to a considerable degree, lesser the functional and visual handicaps.

Better results can be obtained by the combination of the various surgical procedures. It is important for the physicians to help the patient to require a tranquil face during speech and emotion by preserving in mirror training and mimetic gymnastics.

S. K. B.

Use of paired abdominal flaps for release of adduction contractures of the thumb :

T. Miura. Plastic Reconst. Surg. 63/2 242, 1979.

The authors have described a new technique to release adduction contracture of the thumb.

Paired flaps of the adequate size are designed on the abdomen, to cover the open raw area. Good diagrams are given. Flaps are raised at subcutaneous level and rotated and joined at the edge to form an inside to inside flap. The opened interdigital space is sandwiched between the inside and inside flap. Author claims that it to a better method to correct cosmetic and functional defect in the adduction contracture of the thumbs.

S. K. B.

Twenty year experience in maxillofacial Surgery. Evaluations of early surgery on growth, function and body image :

J. E. Murry et al. Annals Surg. 190/3, 320, 1979.

Authors have analysed 404 cases who had wide variety of maxillary and oronofacial deformities. The concept of earlier operative interventions has emerged as an aid in unlocking growth potential diminishing secondary deformities and improving development of body image.

The aim of the treatment listed is to allow the patient to enter the main stream of life. Various types of deformities treated are given in a table alongwith the magnitude of operation. Although overall incidence of complication is very high (30%). But final results are encouraging.

Previously, Surgeons were hesitant to operate early for the fear of the disturbance of the growth centre. But this retrospective study has indicated that growth disturbances are not accentuated by the operation.

S. K. B.

A simple Clinical approach to quantifying losses from the extracellular and Plasma Compartments :

Robarts et. al. Ann. Roy. Coll. Surg. Eng. 1979 61/2, 142.

The authors have said that it is possible to estimate the category and volume of lost fluid in patients who have become acutely deprived of body fluids by measuring haematocrit and plasma protein concentrations in venous blood samples.

Illustrations have been given in Pancreatitis, Paralytic ileus and peritonitis. Good

results have been obtained by the infusion of appropriate volumes of either plasma or saline so as to restore the haematocrit and plasma protein concentrations to their presumptive basal values.

Formulae have been explained in detail to measure plasma volume loss depending upon initial haematocrit value.

S. K. B.

Trismus after injection of local anaesthetic

J. Stone and B. Kaban. Oral Surgery, Oral Medicine, Oral Pathology, 48/1, 29, 1979.

Inferior alveolar nerve block and posterior maxillary infiltration injects are known to be associated with the complication of trismus. The basic mechanism is that the injection needle penetrates the pterygoid muscles or temporalis muscle. A small intramuscular haemorrhage occurs. Multiple injections increase the scope of bleeding, haematoma and fibrosis. Injection may further aggravate the situation.

Treatment recommended is heat therapy, analgesics and muscle relaxants in early cases. But once the chronic trismus develops then surgery is the only answer. Manipulation under anaesthesia with side to side movements is required. Exploration of the infratemporal fossa may be required. Joint involvement is rare in early cases but fibrous ankylosis of the temporomandibular joint may become a problem after prolonged illness.

S. K. B.

The Age of onset of Leprosy :

V. N. Sehgal et. al. : International Journal of Leprosy 45/1, 52, 1977.

This study has been done to contradict the view generally held that leprosy is contacted

at an early age and the period of onset is variable.

1075 patients were studied between the years 1969 to 1975. All ages were affected. Mean age of onset fell between 20-31 years. The age of onset is significantly related to the type of the leprosy. The mean was lowest in the tuberculoid type. Highest in the neuritic type. Sex has no influence on the age of onset.

S. K. B.

Consequences of vasectomy : An immunological and histological study to subsequent fertility :

I. L. Jenkins et al. Brit. Jr. Urology, 1979, 51, 406.

Authors have studied two groups of patients who had follow up of 2 years (23 cases) and 2-8 years (19 cases) i.e. total 42 cases have been studied for cell mediated immunology to sperms by lymphocytic transformation technique.

11 cases in 2nd group had vas-recanalisation with testicular biopsy. No evidence of an in-vitro response to the sperm extract after vasectomy could be detected.

However histological changes in 11 cases were detected i.e. intertubular odema with reduced spermatogenesis. These were Patchy with normal tubules adjacent to those with maturation arrest. Vacuolization of the tubular contents was occasionally seen in some cases. Absence of more mature elements suggested a back pressure atrophy. Disorganization of spermatogenesis with hypertrophy of the spermatogonia was also seen. Severity of changes had no relation to the duration of vasectomy. Severity of changes again had no relation to the subsequent fertility or the conception time.

S. K. B.

*Distraction—Lengthening of the Digital Rays
in the Management of the injured hand :*

**I. Kessler, Otto Hecht and A. Baruch,
Jr. Bone and Joint Surg. 61A/1, 1979,
83.**

The Authors have described the used of distraction lengthening principle and apparatus formerly used in the hand for reconstruction in congenital anomalies and traumatic amputation. They have described its use for reconstruction of Metacarpals and phalangers shortened by injuries. Hands where single metacarpal is shortened or multiple digits are involved gain most by this technique. Scarred areas require proper skin coverage before hand.

Conclusion is that this technique has wide range of application in the reconstruction and rehabilitation of the injured hands.

S. K. B.

The Crocodile tear Syndrome :

**F. J. Mecoy and R. Cole Goodman,
Plastic, Reconst. Surg. 63/1, 58, 1979.**

The syndrome of unilateral lacrimation associated with eating or drinking described by Oppenheim in 1913 is called crocodile tear syndrome. Till now 95 cases have been reported in literature.

Authors have added two cases of their own. Various pathological causes have been listed which may be responsible for the syndrome. Anatomy of the secretomotor fibres of the parotid have been discussed.

The mechanism appears in their cases to be the misdirection of regenerating gustatory fibres destined for the salivary glands, so that they become secretory fibres to the lacrimal

gland and cause homolateral tearing while the patient is eating.

Various operative forms of the treatment from radical to conservative are available in the literature. Authors have advocated the simple use of subtotal resection of the palpebral lobe of the involved lacrimal gland.

S. K. B.

*Clinical experiences with protoplast as an
implants :*

**L. I. Epstein. Plastic, Reconst. Surg.
219, 63/2, 1977.**

38 facial implants used between 1974-77 have been followed up for a period of 6 months and over. The various implants used were chin-14, Nasal-12, Orbital-floor-7, Molar onlay-3, under nostril floor-1, Mandibular onlay-1. In all cases implant was impregnated with Antogenous blood.

Technique of preparing the implant has been described in detail.

Results have been classified into *good* where the deformity was completely corrected to the satisfaction of both the Surgeon and Patient. *Satisfactory* when defect was connected but either of one was not satisfied. *Poor* requires removal of the implant.

33 cases had good result, while 2 had poor results.

Finally they have listed important ideal of the implant i.e. Biocompatibility, no physiological effect, easily sterilizable. Disadvantages of the protoplast listed are :

If uncoated with Teflon, dark colour of the material shows through the skin thinner than 5 m.m. The implant has to be individually carved out.

S. K. B.

