Abstract

1. Johnson, R. K., Iverson, R. E. and Joses : Cross finger pedicle flaps in the hand. J. Bone and Joint Surg., 53-A : 913, 1971.

The authors have described their experience in 22 cases in which full thickness soft tissue volar defects had been treated by cross finger pedicle flaps. All the operations were performed under general anaesthesia. The results were evaluated on the basis of sensory return, hand function, rehabilitation and appearance. The findings confirmed the observations of Porter that sensation is better in cross finger and thinner flaps than free skin grafts. The appearance and function of the hand were also good after the operations.

N. N. K.

2. Gibraiel, E.A. : The jump flap procedure in the treatment of burn scar contractures of the neck. Brit. J. Plast. Surg., 24: 289, 1971.

The modern tendency is to treat extensive post burn contractures of the neck by split thickness skin grafts followed by prolonged post operative splintage. But there are various limitations to the prolonged use of splints. In view of this the author feels that the jump flap is the most suitable for release of such contractures. Five or six stages are required to complete the repair. Large flaps of skin can be safely transferred by this technique. There is no risk of contraction and post operative splinting is not required.

N.N.K.

3. Hamilton, R and Royster H. P.: Reconstruction of extensive forehead defects. Plast. & Reconst. Surg., 47 : 421, 1971.

The authors have described a method for the reconstruction of extensive forehead defects since the methods in common use leave much to be desired. The technique is based on the principles originally enunciated by Skoog and Millard.

The repair is accomplished in two stages. At the first stage a direct flap of adjacent hair bearing scalp is used as a carrier to deposit soft tissue on to the forehead defect. At the second stage the flap is split in the subcutaneous plain, returning the hair bearing scalp skin to the donor site. A split thickness skin graft is applied over the forehead defect which is now covered by the soft tissue left behind by the scalp flap. The authors have obtained good results in two cases in which the method was used.

N. N. K.

4. Teich-Alasia, S. : A study of the vascularisation of pedicle flaps using disulphine blue. Brit. J. Plast. Surg., 24 : 282, 1971.

The author has reviewed the various methods used for assessing the blood supply

of pedicle flaps. He has described the use of disulphine blue and has observed that this gives a very satisfactory information regarding the vascularity of the flap. Areas of hyperaemia stain early and intensely. The dye persists longer in a flap with poor venous circulation. Both intra-arterial and intravenous injections of the dye can be used. The dye is quite harmless even on repeated injections. The author feels that this technique offers the plastic surgeons a safe and simple means of determining the exact moment when the pedicle of the flap can safely be raised and transferred.

N.N.K.

5. **Thomson, H.G. and Wright, A.M. : Surgical Tattooing of the port-wine stain. Plast. Reconst. Surg., 48:113, 1971.**

The authors have described in detail the method of surgical tattooing, in cases with port wine stain, and have analysed their results in 41 patients treated by this technique. A Densichron densitometer is used to determine the colour density of the skin. Selected pigments are then mixed with sterile saline and blended to a tooth paste consistency with a portable blender. The mixture is sterilised in a high vacuum autoclave. The instrument used for tattooing is a high speed turbine to which is attached a reciprocal drive carrier. The amount of pigment inserted appeared to be adequate upto 5 to 6 months but after that the appearance deteriorated because of gradual loss of pigment upto 12-16 months, when an end point was reached. Based on the 3 protocol system the results of the treatment appear to be staisfactory.

N.N.K.

6. **Carstam, N. and Eiken, O. : The use of silicate sheet in hand surgery. Scand. J. Plast. Reconstr. Surg. 5:57, 1971.**

Adhesion formation around repaired tendons has always presented challenge to those involved in reconstructive hand surgery. The author has used silastic sheets as underlays for extensor tendons of the fingers adherent to callus and scar formation from fractures of the fingers. In the seven cases operated, the results were very good and in 5 cases a normal range of movement was obtained. Similarly one case of post traumatic synostosis of the forearm bones was successfully treated by using a silastic sheet for isolation. The authors feel that these silastic sheets can be safely left in situ without any harmful effects.

N.N.K.

7. **Graziani, M. : A simple and versatile appliance for use in Maxillary and Mandibular Fractures. J. Oral Surg., 29 : 554-56, 1972.**

Method of construction of a simple and versatile acrylic appliance that can be used in the management of facial bone injuries and reconstructive precodures, has been detailed. It's desirable means of attachment for the various devices used in the treatment of fractures of facial bones, has been discussed. Its use in four different types of fractures, is illustrated.

J.K.S.

8. **Lund, K. : Fractures of the Zygoma-A follow up study on 62 Patients. J. Oral Surg., 29 : 557-560, 1971.**

A clinical follow up examination of 62 patients with fractures of the zygoma has

been presanted. In 36 patients there has been indication for surgical repositioning; in 30 patients this was done by the Gillies procedure alone. This type of repositioning resulted in satisfactory results in 92% of the patients, including some in whom the repositioning was carried out one week or more, after the accident. Disturbances in sensibility of the infraorbital nerve were presant in nearly 50% of the patients more than two years after the accidents.

J.K.S.

9. Spielman, W.R., Marano, R. D., Kolodny, S. C. and Smart E.A. : True Hemifacial Hypertrophy — Report of a case : J. Oral Surg., 29 : 592-95, 1971.

Resemblance of hemifacial hypertrophy to many conditions and thus causing difficulty in diagnosis, has been discussed. Presence of unilateral dental anomalies and a symmetry of the tongue have been emphasized to make certainty in the diagnosis. Because of the frequency of prominent features such as abnormalities of teeth and jaws; the Oral surgeon's responsibility to diagnose and treat the anomaly has been emphasized.

J.K.S.