

## Abstracts

**1. Lopezmas, J., Monasterio, F. O., Gonzalez, M. V. and Olmedo, A. : Skin graft pigmentation. A new approach to prevention. *Plast. & Reconstr. Surg.*, 49 : 18-21, 1972.**

Although pigmentation of skin grafts is not a problem in caucasians, it is of serious concern when skin grafting is done on the face in pigmented races. The authors tried three procedures in the patients coming to him for skin grafting on the face. In the first group the skin graft was taken from a donor area which had been prepared by removing a thin graft three months earlier. This group of cases gave the best results. Dermabrasion of hyperpigmented grafts gave poor results. The results obtained by the use of laminated grafts were inconsistent.

N. N. Khanna

**2. Grabb, W. C. and Dingman, R. O. : The fate of amputated tissues of the head and neck following replacement. *Plast & Reconstr. Surg.*, 49 : 28-32, 1972.**

The authors have reviewed all the cases during the past 11 years in their hospital who had completely amputated tissues of the head and neck replaced, and found that in none of the six cases attempted, did the amputated tissue survive. On reviewing the literature of the past 5 Centuries 19 reports of successful replacement of amputated tissues of the face are available. This shows

that the chances of any completely amputated tissue surviving are very rare indeed. Tissues which have been sharply cut off and replaced within two hours have better chance of survival than macerated tissues or those replaced after longer intervals. The technique of holding the tissue in place is of not much importance.

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**3. Dupont, C. and Menard, Y. : Transposition of the greater omentum for reconstruction of the chest wall. *Plast. & Reconstr. Surg.*, 49 : 263-267, 1972.**

The authors have made use of the greater omentum in 11 cases in repairing defects of the chest wall. They observed that the greater omentum can be easily transposed, adheres to the defect, brings in new blood supply and accepts skin grafts satisfactorily. The omentum in their cases has been transposed extra-abdominally, pedicled on the right or left gastro-epiploic vessels. Even in difficult cases of post-radiation necrosis of the chest wall, the technique proved successful.

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**4. Monasterio, F.O., Serrano, A., Barera, G. and Araice, J. : Congenital absence of the vagina. *Plast. & Reconstr. Surg.*, 49 : 165-170, 1972.**

The authors have reviewed their results in 21 patients in whom vaginal reconstruc-