Abstracts

1. **Obrien, B.M.; Morrison, W.A.; Ishida, H.; Macleod, A.M. & Gilbert. A. : Free flap transfers with microvascular anastomosis. Brit. J. Plast. Surg., 27: 220-230, 1974.**

The authors have described their experience in a series of nine cases of free flap transfers with microvascular anastomosis in both emergency and elective situation. Groin flap was used in seven and lateral forehead flap in two. There was failure only in one case. The authors stress that only normal vessels should be anastomosed. The vessels must be of normal size, the anastomosis should be end to end and there must be no tension. The application of microvascular surgery broadens the scope of reconstructive surgery.

N.N.K.

2. **Tamai, S.; Hori, Y.; Tatsumi, Y.; Okuda, H.; and Mii, Y.: Little finger replantation in a 20 month old child—A case report. Brit. J. Plast. Surg., 27 :1-4, 1974.**

This is the first report of replantation of a digit in so small a child. After perfusing the amputated digit with heparinised low molecular weight dextran, the proximal interphalangeal joint was ablated and phalanges fixed by Kirschner wire. Next the extensor as well as the flexor tendons were repaired. Both the digital arteries, and one vein were anastomosed. Skin was then sutured loosely. Soon after joining the digit assumed a pink colour. Heparinisation was continued for 6 days. Post operative plethysmography showed near normal circulation in the replanted digit.

N.N.K.

3. **Harii, K.; Ohmori, K.; and Ohmori, S. : Free deltopectoral skin flaps. Brit. J. Plast. Surg., 27:231-239, 1974.**

The authors describe their experiences in the successful transfer of six deltopectoral skin flap for reconstruction in the head and neck region. The flap is taken from the area encompassed by the Bakamjian flap. The second intercostal artery and vein are isolated and then transferred to recipient site, by microvascular anastomosis. This flap has great versatility. The deltopectoral region provides ample quantity of good quality hairless skin with good colour match. The donor area can usually be closed primarily.

N.N.K.

5. **Terzis, J.; Faibisoff, B. & Williams; H.B. : The nerve gap Suture under tension versus graft. Plast. and Reconstr. Surg., 55:166-170, 1975.**

In an experimental study performed in albino rats the authors have tried to compare the results of suture of nerve under tension with repair using a nerve graft. Conduction velocities and electrophysiological responses

were used as parameters for comparison. It was found that axonal regeneration was optimal in the control group. Regeneration in mildly stretched nerves was equivalent to that obtained after applying properly tailored graft. Severly stretched nerves gave the poorest results. Perhaps this is due to increased connective tissue proliferation at the suture line and also due to intraneural haemorrhages due to the stretching.

N.N.K.

5. **Fiijino, T.; Harashina, T. and Aoyagi, F.: Reconstruction for aplasia of the breast and pectoral region by microvascular transfer of free flap from the buttock. Plast. and Reconstruct. Surg., 56:178-181, 1975.**

The authors report the first successful clinical case of a one stage microvascular transfer of a free dermal fat muscle flap from the buttock to reconstruct the contour of an aplastic breast and missing major and minor pectoral muscles. The superior gluteal vessels were anastomosed to the lateral thoracic vessels. Donor area could be closed primarily.

N.N.K

6. **Fortner, G.; Schottenfeed, D. and Maclean, B.J.: En Bloc resection of primary melanoma with regional lymph node dissection. Arch. Surg., 11:674-676, 1975.**

In a series of 281 patients with melanomas in the limbs, the authors compared the results of enbloc resection of primary melanoma with regional lymph nodes, and those obtained after a discontinuous dissection. Although no difference was observed in the 5 year cure rates, the incidence of recurrence was 20% in the former and 14% in the later group. On the basis of these observations, the enbloc incontinuity resection is recommended for the treatment of malignant melanoma.

N.N.K

7. **Ostrup, L.T. and Fredrickson.: Reconstruction of mandibular defects after radiation, using a free living bone graft transferred by microvascular anastomosis. Plast. and Reconstruct. Surg., 55:563-572, 1975.**

After a successful distant transfer of free living bone grafts by microvascular anastomosis, the author tried the same method for reconstruction of mandibular defects in 10 adult dogs after a full therapeutic dose of radiation had been given. The ninth rib was selected for transfer and the posterior intercostal artery and vein were used for anastomosis to the lingual artery and vein by means of the Nakayama pin technique. In five animals the operation was success as judged by clinical, radiological and angiographic studies. This experimental observation seems to have important implications for the management of patients with oral cancer.

N.N.K

8. **Mandel, M.A.; Mahmond, A.A. and Warrenk, S.: Marked prolongation of skin homograft survival with Niridazole. Plast. & Reconstr. Surg., 55: 76-80, 1976.**

In this experimental study performed in mice the authors have demonstrated a significant prolongation in survival of skin homografts by using a new drug Niridazole. This drug has been in use for nearly 10 years for the treatment of helminth infections. It was observed that the drug had a marked anti inflammatory effect. This was the first time when it was found that Niridazole suppressed cell mediated immunity. The drug can be administered orally and its toxicity is low.

N.N.K,

9. Taylor, G.I.; Miller, G.D.H. and Ham, F.J.: The free vascularised bone graft. Plast. and Reconstr. Surg., 55:533-544, 1975.

The paper presents two patients in whom extensive bone and soft tissue loss was restored by free vascularised bone grafts of the fibula based on the peroneal vassels. The free vascularised fibular graft has several advantages. It is a single stage procedure. Union is quicker and the more stable. However it takes a long time to accomplish the operation and the patency cannot be assessed in the immediate post operative period.

N. N. K.