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ABSTRACTS

1. *Plastic Surgery in the management of the peripheral vascular ulcer :*

Sten Jacobsson, Angiology 29/9, 661, 1978.

29 cases treated during the year 1974-1976 have been analysed and various mode of treatment available have been discussed. Author has advocated that wound closure in the Peripheral vascular ulcer should primarily be attempted by conservative means. Mean hospital stay was 37 days. Recurrences usually occured within 6 first months of surgery. In various ulcer with marked arterial insufficiency. a more cautious approach is advised. Skin grafting to the wound bed without the wide and deep excision is done. The patients presenting healing problems are those who also have arterio sclerosis and those who do not cooperate.

S. K. B.

2. *Auricular Keloids. A simple method of management :*

Barton, R. P. F., Annals Royal College of Surgeons, England 60/4, 324, 1978.

The management of 12 patients with 19 keloids of the Ear lobes following, Ear pricking have been discussed. Treatment plan devised was (*a*) effective cosmetic eradication of the Keloid scar. (*b*) minimal inconvience to the patients. (*c*) Avoidance of the steriod effect.

Surgical excision followed by cortisone injection at the wound margin is the plan of management. Cortisone is injected immediately and after a week at the time of suture removal.

Follow up is of 6 months to 4 year with no evidence of recurrence with excellent results.

S. K. B.

3. *Trigeminal neurotization of paralyzed facial musculature :*

A Dour K. K., Klein, J. C. and Bell N. Douglas. Archives of otolaryngology, 1/105, 13, 1979.

Here the Lexer-Rosenthal surgical procedure (Lexer E., Hosenthai W., Cited by Miehilke, A. Surgery of the facial nerve ed. 2, Philadelphia W. B. Saunders Co., 1973, P 215) has been modified.

Details of the technique performed in 4 cases have been discussed. Follow up of the patients varies from 6 months to 3 years with good to satisfactory result. The advantage of the technique are (1) the face lift offers a temporary static suspension until the dynamic neurotization occurs (2) it does not necessitate sacrificing function of the tongue or the Trapezius muscle (3) the grotesque spasms associated with eating or motion of the sholder after these substitution anastomosis are avoided (4) the function of the masseter muscle is not impaired.

S. K. B.

4. *Management of Burn :*

Parks D. M., Carvajal, H. F. and Larson, D. L. Surg. Clin. North Ann. 1977, 57/5, 875-894.

Review of the management of the acutely burned patient has been described. Preven-

tion of shock, early resuscitation, care of nutrition alongwith the care of the burn area and finally rehabilitation aspects are the points, very well covered. Varicus complications and problems encountered during the treatment always tax the wisdom of the attending physician.

S. K. B.

5. *The transmaxillary K-wire :*
John, S. Silverton, John Bostwick, M. J. Jurkiewic. Ann. Royal Coll. Surg. 60/4, 329, 1978.

Transmaxillary K-Wire has been used as a fast, simple and effective fixation technique in 100 cases of unstable Malar fractures. Technique of the fixation and introduction has been described. Various indication given are (*a*) unstable malar fractures (*b*) Leforte II fracture and osteotomy is prevented from any posterior or inferior displacement (*c*) the osteotomy used in facial advancement with stepcut in the zygoma. Advantages of the technique are (i) no special instruments are required (ii) quick procedure (iii) no scarring (iv) fixes unstable segments in new position solidly (v) it can be combined with other modes of fixation.

6. *A new method to create a philtrum in Sec. Cleft lip repares :*
Takuya Onizuka, Tetuya Akagawa, and Shinsuke To Kunaga. Plastic and Reconstructive Surgery 62/6, 842 1978.

The authors have described their experience of creating Philtrum in 206 cases. Altogather they have used 6 types of operation. The newer technique has advantage of (*a*) it makes a good philtrum column (*b*) it maintains the shape of the nasolabial trinagle (*c*) it does not disturb the muscle function of the lip.

The key point of the success of new method is to release the skin tension of the upper lip, thus protecting against the disappearance of the newly made philtrum. This technique gave improvement in 71.6% cases definitely while results in 15.8% cases. are difficult to comment upon.

7. *Experimental work with Isoxuprine for the prevention of skin flap necrosis and for treatment of the failing flap :*
Frederick finseth and Michael G. Adelbery Plastic, Recont. Surgery, 63/1, 94, 1979.

The author have used Isoxuprine, a B-adrenergic receptor antagonist (stimulator) in the prevention of flap necrosis in experimental animals. The administration of the drug intraperitoneally prevented the necrosis of the abdominal skin flaps in rats which would otherwise have gone standard pattern necrosis. The drug is effective when given two weeks before and one week after raising the flap or administered after quards also.

The drug acts by diulating the B-adrenergic receptors in peripheral vascular smooth muscles predominently the precapillary sphincter and the arteriolar side of the microcirculation resulting in an increase in capillary nutritional blood flow. The results appear encouraging.

S. K. B.

8. *Underlayed musculocutaneous Island cross leg, flap :*
M. Orticochea, 31/3, 205, 1978, British Journal of Plastic Surgery.

Two new musculocutaneous flaps have been described (*a*) one based on sartorius

muscle (*b*) other based on the gastrocnemius muscle. Both have been used as Island flap and as cross leg flaps without delay. Technique is clear from the illustrations. The two points stressed are (*a*) the proximal end of the cutaneous part of the flap should overlie the vascular pedicle to the muscle.

The fat should be sutured to the muscle to avoid shearing stress to the vessels supplying the skin through the muscle.

9. *The Pectoralis major myocutaneous, a versatile flap for reconstruction in the head and neck :*

Stephan Ariyan B. Plastic Reconstructive Surgery, 63/11, 73, 1979.

Pectoralis major myocutaneous flap have been used in 4 cases for the reconstruction in the head and neck. Advantages and disadvantages of various flaps available for head and neck reconstruction have been discussed. The advantage of the Pectorialis major myocutaneous flap are (*a*) axial flap (*b*) it has bulk to fill gap and cavities. (*c*) it can reach not only to the depth or orbit but also the frontal, parietal and temporal region (*d*) the intact motor nerve with flap prevents the later atrophy and contraction of the muscle (*e*) donar site can be closed locally.

Good illustrations are given to depict its uses. It is a more versatile flap than deltopectoral flap as claimed by the author.

S. K. B.

10. *A new technique for end to end anastomosis of small vessels for different diameters :*

Katsueki Watanabe and Koreo Makino, Plastic Reconst. Sury. 62/5, 713, 1978.

The author have developed a new technique in carrying anastomosis of vessles of different diameter. Some adventitia is removed on both side of both vessels. Then the smaller vessel is introduced in the lumen of the big vessel. Then the two vessel are sutured together by complete enterence bite.

This experimental study was carried out in rats. 30 anastomosis were done. The 87% vessels were found to be patent after one week. This technique can be used without worrying about the thickness and hardness of the wall of the large vessels.

S. K. B.