

## SPECIAL COMMENTARY

### Current Status of Chemotherapy in the Treatment of Head and Neck Cancer

John E. Woods, MD, Rochester, Minn

Despite occasional enthusiastic reports, no single agent as yet consistently dramatic.

1055

## ORIGINAL ARTICLES

### Immunology and Adjuvant Chemoimmunotherapy of Breast Cancer

Frank C. Sparks, MD; Alan G. Wile, MD;

Kenneth P. Ramming, MD; Hulbert K. B. Silver, MD;

Richard W. Wolk, MD; Donald L. Morton, MD, Los Angeles

At two years metastases seen in only 3.5%.

1057

### Intraductal "Noninfiltrating" Carcinoma of the Breast

Peter W. Brown, MD; Jan Silverman, MD; Elwoon Owens, MD;

David C. Tabor; Jose J. Terz, MD;

Walter Lawrence, Jr, MD, Richmond, Va

Homolaterally multicentric in 33%; 10% developed contralateral invasive carcinoma.

(Editorial comment by Jerome J. DeCosse, MD, Milwaukee)

1063

### Femorofemoral Bypass Graft in Intra-aortic Balloon Counterpulsation

Ernest M. Barsamian, MD; Mitchell Goldman, MD;

Chilton Crane, MD; W. Robert Felix, Jr, MD;

Nina S. Braunwald, MD; Thomas Buchholtz, MD; E. Beverly Smith, RN, Boston

A valuable new use for an established technique.

1070

### Subclavian Steal Syndrome: A 12-Year Experience

Charles D. Hafner, MD, Cincinnati

Reconstruction patent in 38 of 40 patients at mean follow-up of 60 months.

(Editorial comment by Alan D. Callow, MD, Boston)

1074

### Leiomyosarcoma of the Inferior Vena Cava: Diagnosis and Surgical Management

David C. Brewster, MD; Cristos A. Athanasoulis, MD; R. Clement Darling, MD, Boston

Transplanting of kidney to pelvis allowed safe radiotherapy of caval resection area.

1081

### Thromboembolic Disease in Renal Allograft Recipients: What Is Its Clinical Significance?

K. Venkateswara Rao, MD; Edwin J. Smith, MD;

J. Wesley Alexander, MD; James P. Fidler, MD;

Seshagiri R. Pemmaraju, MD; Victor E. Pollack, MD, Cincinnati

Intravascular thrombosis a significant posttransplant complication.

1086

### Postoperative Acute Acalculous Cholecystitis

Per-Ebbe Jönsson, MD, Åke Andersson, MD, Kristianstad, Sweden

A rare but serious condition: an immediate cholecystectomy recommended.

1097

Contents continued on p 1048.

# Archives of Surgery

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Contents continued from p 1047.

**Cadaver Kidney Preservation With Viacell Organ Perfusion Apparatus** 1103

Michael J. Sullivan, MD; John M. Palmer, MD;  
David A. Swanson, MD; Laura Kayfetz, Davis, Calif  
80% of grafts functioned immediately.  
(Editorial comment by Sang I. Cho, MD, Boston)

**Gallstone Pancreatitis: Exploration of the Biliary System in Acute and Recurrent Pancreatitis** 1106

Herbert Freund, MD; Reuven Pfeffermann, MD;  
Arieh L. Durst, MD; Nathan Rabinovici, MD, Jerusalem, Israel  
In Israel 3/4 of pancreatitis cases associated with  
gallbladder disease.

**Congenital Choledochal Cysts** 1112

Kamel Muakkasah, MD; Sami Obeid, MD;  
Michel Slim, MD, Beirut, Lebanon  
Cystojejunostomy preferred except in infants where  
cystoduodenostomy recommended.

**Ischemic Therapy in Thrombocytopenia From Hypersplenism** 1115

Charles L. Witte, MD; Theron W. Ovitt, MD; David B. Van Wyck, MD;  
Marlys H. Witte, MD; Robert E. O'Mara, MD; James M. Woolfenden, MD, Tucson  
Caused hypostatic pneumonia in one patient, septic splenitis in another.

**Central Venous Pressure and Pulmonary Wedge Pressure: A Comparative Study in Anesthetized Surgical Patients** 1122

Kamran Samii, MD; Christian Conseiller, MD;  
Pierre Viars, MD, Paris  
Elderly patients without heart disease studied: moment  
to moment correlation poor.  
(Editorial comment by John B. Downs, MD, Gainesville, Fla)

**EXPERIMENTAL SURGERY**

**Analysis of 75 Discarded Cadaver Kidneys** 1129

Anthony M. Filoso, MD, Sang I. Cho, MD, Boston  
Pretreatment of donors increased percent of transplantability.

**CLINICAL NOTES**

**Venous Embolus to a Transplanted Kidney: Diagnosis and Treatment** 1135

Stanley R. Mandel, MD; William D. Mattern, MD;  
Edward Staab, MD, Chapel Hill, NC  
Successful operative embolectomy.

**Hemicorporectomy for Intractable Decubitus Ulcers** 1139

Nathan W. Pearlman, MD; Richard H. McShane, MD;  
Peter R. Jochimsen, MD; Sirooms S. Shirazi, MD, Iowa City, Iowa  
Rehabilitation in this case was spectacular.  
(Editorial comment by Bradford Cannon, MD, Boston)

Contents continued on p 1050.

**Extracorporeal Membrane Oxygenation During Bronchopulmonary Lavage 1148**

Murray D. Altose, MD; Richard E. Hicks, MD;  
McIver W. Edwards, Jr, MD, Philadelphia

Lavage in a severely hypoxemic patient made possible with ECMO.  
(Editorial comment by Philip A. Drinker, PhD, Boston)

**Clinical and Roentgenographic Findings in Splenic Abscess 1156**

Franklin J. Miller, Jr, MD; Franklin J. Rothermel, MD;  
Martin J. O'Neil, MD; Stephen J. Shochat, MD, Hershey, Pa

A rare entity: newer methods facilitate diagnosis.

**Surgical Management of Aplasia Cutis Congenita 1160**

Charles D. Vinocur, MD; William H. Weintraub, MD;  
Robert J. Wilensky, MD; Arnold G. Coran, MD;  
Reed O. Dingman, MD, DDS, Ann Arbor, Mich

Delayed closure for rare condition.

**BRIEF CLINICAL NOTES****Percutaneous Adrenal Suppression With Topically Applied Corticosteroids 1165**

James C. Gruenberg, MD, George R. Mikhail, MD, Detroit

A neglected cause of hypoadrenalism.

**REGULAR DEPARTMENTS****Letters to the Editor****Increased Risk of Appendicitis in Patients With Pelvic Appendix 1167**

Peter J. Wilk, MD, Brooklyn, NY

**Clinical Diagnosis of Pancreatic Tumor 1167**

J. C. Baid, MS, Jodhpur, India

**Help for Mrs Jones 1167**

Shepard B. Stone, MPS, PA, Bayside, NY

**Breast Cancer Screening 1168**

Hector Battifora, MD, Chicago,  
J. David Lewis, MD, Milwaukee

**Barium Appendicitis 1168**

Raymond P. Sakover, MD, Riverside, Calif,  
Philip C. Trotta, MD, St Louis

**Instructions for Authors See September 1976, p 938**

**Index to Advertisers 1168**

1050

Before prescribing, please consult complete product information, a summary of which follows:

**INDICATIONS:** Tigan is indicated for the control of nausea and vomiting.

**CONTRAINDICATIONS:** The injectable form of Tigan in children, the suppositories in premature or newborn infants, and use in patients with known hypersensitivity to trimethobenzamide are contraindicated. Since the suppositories contain benzocaine they should not be used in patients known to be sensitive to this or similar local anesthetics.

**WARNINGS:** Tigan may produce drowsiness. Patients should not operate motor vehicles or other dangerous machinery until their individual responses have been determined. *Reye's Syndrome* has been associated with the use of Tigan and other drugs, including antiemetics, although their contribution, if any, to the cause and course of the disease hasn't been established. This syndrome is characterized by an abrupt onset shortly following a nonspecific febrile illness, with persistent, severe vomiting, lethargy, irrational behavior, progressive encephalopathy leading to coma, convulsions and death.

**Usage in Pregnancy:** Trimethobenzamide hydrochloride was studied in reproduction experiments in rats and rabbits and no teratogenicity was suggested. The only effects observed were an increased percentage of embryonic resorptions or stillborn pups in rats administered 20 mg and 100 mg/kg and increased resorptions in rabbits receiving 100 mg/kg. In each study these adverse effects were attributed to one or two dams. The relevance to humans is not known. Since there is no adequate experience in pregnant or lactating women who have received this drug, safety in pregnancy or in nursing mothers has not been established.

**PRECAUTIONS:** During the course of acute febrile illness, encephalitides, gastroenteritis, dehydration and electrolyte imbalance, especially in children and the elderly or debilitated, CNS reactions such as opisthotonos, convulsions, coma and extrapyramidal symptoms have been reported with and without use of Tigan or other antiemetic agents. In such disorders caution should be exercised in administering Tigan, particularly to patients who have recently received other CNS-acting agents (phenothiazines, barbiturates, belladonna derivatives). It is recommended that severe emesis should not be treated with an antiemetic drug alone, where possible the cause of vomiting should be established. Primary emphasis should be directed toward the restoration of body fluids and electrolyte balance, the relief of fever and relief of the causative disease process. Overhydration should be avoided since it may result in cerebral edema.

The antiemetic effects of Tigan may render diagnosis more difficult in such conditions as appendicitis and obscure signs of toxicity due to overdosage of other drugs.

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**NOTE:** The injectable form is intended for intramuscular use only; it is not recommended for intravenous use.

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