

**PAPERS READ BEFORE THE 92ND ANNUAL MEETING OF THE
WESTERN SURGICAL ASSOCIATION, COLORADO SPRINGS, COLO, NOV 12-14, 1984—PART I**

- The Presidential Address** 525
George L. Jordan, Jr, MD, Houston
- Idiopathic Pulmonary Fibrosis in Adult Respiratory Distress Syndrome:
Diagnosis and Treatment** 530
David G. Ashbaugh, MD, Ronald V. Maier, MD, Seattle
Idiopathic pulmonary fibrosis was diagnosed by early lung biopsy in adult respiratory distress syndrome patients who did not respond to conventional therapy.
- Early Steroid Therapy for Respiratory Failure** 536
John A. Weigelt, MD; James F. Norcross, MD; Karen R. Borman, MD;
William H. Snyder III, MD, Dallas
Early steroid therapy not only failed to improve pulmonary function but was associated with an increased infection rate.
- Pharyngoesophageal Dysfunctions: The Role of Cricopharyngeal Myotomy** 541
Luigi Bonavina, MD; Nazir A. Khan, MD; Tom R. DeMeester, MD, Omaha
Myotomy should be carried out only in patients with an identifiable motor disorder or a Zenker's diverticulum.
- Selective Nonoperative Management of Blunt Liver Injury Using
Computed Tomography** 550
Anthony A. Meyer, MD, PhD; Richard A. Crass, MD;
Robert C. Lim, Jr, MD; R. Brooke Jeffrey, MD;
Michael P. Federle, MD; Donald D. Trunkey, MD, San Francisco
Limited liver injury discovered by computed tomographic scan was managed safely without operation in patients who had no abdominal findings.
- Ruptured Amebic Liver Abscess** 555
Gregory C. Greaney, MD; Telfer B. Reynolds, MD;
Arthur J. Donovan, MD, Los Angeles
Amebicidal therapy is effective in treatment of both ruptured and intact amebic liver abscess with operation reserved for secondary bacterial complications.

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Needle Localization of Nonpalpable Breast Masses	565
Roger Bigelow, MD; Russel Smith, MD; Paul A. Goodman, MD; Gerald S. Wilson, MD, Troy, Mich	
The hook-wire method of localizing highly suspicious breast masses on mammography is safe, rapid, and accurate.	
Relation of Free Silicone to Human Breast Carcinoma	573
Leon Morgenstern, MD; Stewart H. Gleichman, MD; Stephen L. Michel, MD; James E. Rosenberg, MD; Irving Knight, MD; David Goodman, MD, Los Angeles	
The presence of silicone mastopathy makes early diagnosis of breast carcinoma difficult, causing delay in treatment.	
Management of Hypercalcemic Hyperparathyroidism After Renal Transplantation	578
Paul J. Garvin, MD; Marco Castaneda, MD; Rob Linderer, RN; Maureen Dickhans, BSN, MS, St Louis	
Hypercalcemia is a frequent occurrence after renal transplantation but spontaneous resolution often occurs.	
Surgical Management of Hyperinsulinism in the Multiple Endocrine Neoplasia, Type I Syndrome	584
Dennis A. Rasbach, MD; Jon A. van Heerden, MB, FRCS(C); Robert L. Telander, MD; Clive S. Grant, MD; J. Aidan Carney, MD, Rochester, Minn	
Multiple adenomas are common in hyperinsulinism due to the multiple endocrine neoplasia type 1 syndrome, and subtotal (85%) pancreatectomy is therefore recommended.	
Recurrent Aneurysms and Late Vascular Complications Following Repair of Abdominal Aortic Aneurysms	590
Gunnar Plate, MD; Larry A. Hollier, MD; Peter O'Brien, PhD; Peter C. Pairolero, MD; Kenneth J. Cherry, MD; Francis J. Kazmier, MD, Rochester, Minn	
Subsequent vascular disease after aneurysmal repair may lead to recurrent aneurysms or graft complications.	
Arterial Thromboembolism: A 20-Year Perspective	595
Roy L. Tawes, Jr, MD; Edmond J. Harris, MD; William H. Brown, MD, San Mateo, Calif; Perry M. Shoor, MD, James J. Zimmerman, MD, Redwood City, Calif; Gerald R. Sydorak, MD; John P. Beare, MD; Robert G. Scribner, MD, San Mateo, Calif; Thomas J. Fogarty, MD, Redwood City, Calif	
Combined embolectomy and heparin therapy is recommended for patients with lower-extremity thromboembolism.	
Topical Prostaglandin E₂ in the Treatment of Acute Upper Gastrointestinal Tract Hemorrhage: A Prospective, Randomized, Double-blind Study	600
Barry A. Levine, MD; Kenneth R. Sirinek, MD, PhD; Harold V. Gaskill III, MD, San Antonio, Tex	
Topical prostaglandin therapy did not control acute bleeding in patients, but did accelerate healing of mucosal lesions.	
Neurotensin, Vasoactive Intestinal Peptide, and Roux-en-Y Gastrojejunostomy: Their Role in the Dumping Syndrome	605
Kenneth R. Sirinek, MD, PhD, San Antonio, Tex; Thomas M. O'Dorisio, MD, Brent Howe, Columbus, Ohio; Arthur S. McFee, MD, PhD, San Antonio, Tex	
Significant release of neurotensin and vasoactive intestinal peptide in gastric bypass patients suggests that both play a role in the dumping syndrome.	

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