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Official Publication of the Western Surgical Association,
Surgical Infection Society, New England Surgical Society,
Society of Surgical Oncology**PAPERS READ BEFORE THE NINTH ANNUAL SURGICAL SYMPOSIUM OF THE
ASSOCIATION OF VETERANS ADMINISTRATION SURGEONS, TAMPA, FLA, MAY 8-11, 1985****Multiple Malignancies of the Lung and Head and Neck:****Second Primary Tumor or Metastasis? 265**Alan T. Lefor, MD; Carl E. Brødenberg, MD; Robert M. Kellman, MD;
John C. Aust, MD, Syracuse, NYWhen the origin of the pulmonary lesion is unclear, the
patient should be treated as though independent primary
malignant neoplasms were present.**Prostaglandin and Complement Interaction in****Clinical Acute Respiratory Failure 271**Gus J. Slotman, MD; Kenneth W. Burchard, MD; Scott A. Yellin, MS;
John J. Williams, MD, Providence, RIPlasma C3a and granulocyte aggregation were increased to
a greater extent in patients in an intensive care unit
who developed respiratory failure.**Intra-abdominal Surgery in Patients With Advanced Cirrhosis 275**

Gerard V. Aranha, MD, FRCS(C), Herbert B. Greenlee, MD, Maywood, Ill

Intra-abdominal operations in patients with advanced
cirrhosis have a very high mortality.**Application of Clinically Valid Cardiac Risk Factors to****Aortic Aneurysm Surgery 278**Richard A. Yeager, MD; Ronald M. Weigel, PhD;
Edward S. Murphy, MD; Donald B. McConnell, MD;
Truman M. Sasaki, MD; R. Mark Vetto, MD, Portland, OreAll cardiac complications occurred in patients with
clinically evident coronary artery disease.**Serum Kinetics of Intraperitoneal Moxalactam 282**Donald E. Fry, MD, Cleveland; Laura Trachtenberg, MS,
Hiram C. Polk, Jr, MD, LouisvilleIntraperitoneally administered moxalactam resulted in
sustained serum levels compared with intravenous route
and was greater with peritonitis.

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