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ARCHIVES

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COMMENTARIES

Reflections on My Surgical Residency 1176

Michael E. Zenilman, MD, Baltimore, Md

Reflections on My Surgical Residency 1177

Maurine A. Waterhouse, MD, Kansas City, Kan

Benefits of Carotid Endarterectomy Confirmed by Randomized Trial 1178

Jesse E. Thompson, MD, Dallas, Tex

PAPERS PRESENTED AT THE 62ND ANNUAL MEETING OF THE PACIFIC COAST SURGICAL ASSOCIATION, PEBBLE BEACH, CALIF, FEBRUARY 18, 1991

Surgery and Surgical Education on the Pacific Coast in the 19th Century 1180

Allen H. Johnson, MD, Stanford, Calif

Bile Duct Carcinoma in the Elderly: A Rationale for Surgical Management 1186

Kimberly Saunders, MD; Ronald Tompkins, MD;
William Longmire, Jr, MD; Joel Roslyn, MD, Los Angeles, Calif

- Elderly patients should not be denied surgical evaluation of bile duct malignancies simply on the basis of age.

Endoscopic Cholecystectomy: An Analysis of Complications 1192

Bruce M. Wolfe, MD; Barry N. Gardiner, MD;
Barbara F. Leary, PA-C, MHS; Charles F. Frey, MD, Sacramento, Calif

- The learning curve is real and somewhat prolonged; a willingness to convert to open cholecystectomy is necessary if technical complications are to be avoided.

A Current Analysis of Primary Lymphoma of the Thyroid 1199

Erik D. Skarsgard, MD; Joseph M. Connors, MD;
Richard E. Robins, MD, Vancouver, British Columbia

- Surgery should be restricted to diagnostic biopsy; there is infrequently a role for resection given the effectiveness of combined therapy.

Reoperative Surgery for Periapillary Adenocarcinoma 1205

Gretchen E. McGuire, MD; Henry A. Pitt, MD; Keith D. Lillemoe, MD;
John E. Niederhuber, MD; Charles J. Yeo, MD;
John L. Cameron, MD, Baltimore, Md

- In carefully selected patients, reoperative surgery for periapillary cancer can be performed safely and offers a chance for long-term survival.

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ARCHIVES

Calciphylaxis in Secondary Hyperparathyroidism: 1213

Diagnosis and Parathyroidectomy

Quan-Yang Duh, MD; Robert C. Lim, MD;
Orlo H. Clark, MD, San Francisco, Calif

- Calciphylaxis is a limb- and life-threatening complication of secondary hyperparathyroidism. Patients should be treated with subtotal parathyroidectomy.

In Vivo Measurement of Breast Cancer Growth Rate 1220

William H. Goodson III, MD; Britt-Marie Ljung, MD;

Frederic Waldman, MD; Brian Mayall, MD;

Karen Chew, MS, San Francisco, Calif;

Dan H. Moore II, PhD, Livermore, Calif;

Helene Smith, PhD; Eric S. Goldman, MD;

Christopher Benz, MD, San Francisco, Calif

- Labeling index correlated positively with poorly differentiated cancer, higher mitotic counts, and tumor size; it correlated negatively with estrogen and progesterone receptors.

Control of Dumping Symptoms by Somatostatin Analogue in 1231

Patients After Gastric Surgery

John L. Gray, MD; Haile T. Debas, MD;

Sean J. Mulvihill, MD, San Francisco, Calif

- Octreotide is a useful tool in the management of patients with severe, refractory dumping syndrome.

Is Early Prediction of Outcome in Severe Head Injury Possible? 1237

Kenneth Waxman, MD; Michael J. Sundine, MD;

Ronald F. Young, MD, Orange, Calif

- Initial therapy should be aggressive for severe head injury regardless of initial neurologic status; accurate prediction of outcome is not possible within 6 hours of presentation.

The Mangled Extremity: When to Amputate? 1243

Markus S. Roessler, MS; David H. Wisner, MD;

James W. Holcroft, MD, Sacramento, Calif

- If salvage is attempted, amputation should be done at 24 hours if the patient's condition, including markedly positive fluid balance, indicates systemic compromise.

Limb Salvage vs Amputation for Critical Ischemia: 1251

The Role of Vascular Surgery

Lloyd M. Taylor, Jr, MD; Daniel Hamre, MD; Ronald L. Dalman, MD;

John M. Porter, MD, Portland, Ore

- An aggressive policy of limb revascularization in patients with critical lower-extremity ischemia results in low operative morbidity/mortality and excellent long-term limb salvage.

Hepatic Vein and Retrohepatic Vena Caval Injuries in 1262

Children: Sternotomy First?

Steven L. Moulton, MD; Frank P. Lynch, MD; Timothy G. Canty, MD;

David L. Collins, MD; David B. Hoyt, MD, San Diego, Calif

- Although sternotomy before laparotomy improves the efficiency of hepatic exclusion and may offer improved survival, accurate preoperative case selection limits its use.

Wound Healing After Anorectal Surgery in Human 1267

Immunodeficiency Virus—Infected Patients

Edmund C. Burke, MD; Susan L. Orloff, MD; Christopher E. Freise, MD;

James R. Macho, MD; William P. Schecter, MD, San Francisco, Calif

- Anorectal surgical wounds heal in most HIV-infected patients; the survival time of HIV-infected patients with anorectal disease justifies appropriate surgical treatment.

Surgical Management of Pneumothorax in Patients With 1272

Acquired Immunodeficiency Syndrome

Alfred N. Gerein, MD; Mary Lynn Brumwell, MD;

Lindsay M. Lawson, MD; Norman H. Chan, MD;

Julio S. G. Montaner, MD, Vancouver, British Columbia

- The results of treatment of pneumothorax in the patient with AIDS are related to the pathologic lesions of the lung, not to the surgical treatment.

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ARCHIVES

The Impact of Liver Reductions in Pediatric Liver Transplantation 1278

Carlos O. Esquivel, MD, PhD; Paul Nakazato, MD; Kenneth Cox, MD; Waldo Concepcion, MD; William Berquist, MD; Thomas R. Russell, MD, San Francisco, Calif

- RSLT offers small children with end-stage liver disease a chance for long-term survival.

Decortication for Childhood Emphysema: The Primary Provider's Peccadillo 1287

Andrew S. Kennedy, MD; Melisa Agness, MD; Leonard Bailey, MD; John J. White, MD, CM, Loma Linda, Calif

- Decortication for emphysema is seldom necessary when a child is treated promptly with appropriate antibiotics directed by thoracentesis findings, drainage, and tube thoracostomy.

Effect of Donor-Disseminated Intravascular Coagulation in Liver Transplantation 1292

Stephen S. Cheng, MD, Portland, Ore; C. Wright Pinson, MD, Richard R. Lopez, MD, Nashville, Tenn; Richard A. Crass, MD, Roderick S. Johnson, MD, Portland, Ore

- The presence of DIC in donors did not adversely affect graft function or patient outcome.

ORIGINAL ARTICLE

Surgical Resection of Pulmonary Metastases From Colorectal Adenocarcinoma: Special Reference to Repeated Pulmonary Resections 1297

Masaki Mori, MD; Hirotsugu Tomoda, MD; Teruyoshi Ishida, MD; Akinori Kido, MD; Reishi Shimono, MD; Tetsuya Matsushima, MD; Hiroyuki Kuwano, MD; Keizo Sugimachi, MD, Fukuoka, Japan

- A long survival time following pulmonary resection for colorectal metastases will occur; repeated, pulmonary resection in highly selected patients may be indicated.

CLINICAL OBSERVATIONS

Salvage of Hemodialysis Access in Infected Arteriovenous Fistulas 1303

Kevin McMullen, MD; Daniel Hayes, MD; John L. Hussey, MD; J. Philip Boudreaux, MD, New Orleans, La

- Immediate reconstruction allows the surgeon to utilize the arterialized outflow vein and save other sites of access for future use.

Recurrent Bronchogenic Cyst: An Argument for Complete Surgical Excision 1306

Charles A. Read, MD; Michael Moront, MD; Robert Carangelo, MD; Richard W. Holt, MD; Michael Richardson, MD, Washington, DC

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