

ABSTRACTS

A SIGNIFICANT DIAGNOSTIC SIGN OF PILONIDAL DISEASE

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Diseases of Colon and Rectum, Jan. - Feb. 1961

Pilonidal cysts in the sacrococcygeal region are easily missed on routine examination. In 50% of cases hair is absent.

An average of 411 out of 100,000 Navy personnel (a young population) are treated at least once for pilonidal cysts. 96.6% under 35 years of age.

Most were noticed after trauma, resulting in inflammation. Most were overweight; many had hyperhidrosis associated with seborrheic dermatitis, Staph. infection of skin and superficial integumentum of sacral region.

Precipitating factors were trauma and poor hygiene.

Hair on glabella in supra orbital region was a significant diagnostic sign.

Of 5,477 personnel, 46.6% had hypertrichosis of glabella. On careful examination 21% were found to have a pilonidal cyst. Of the 53.4% with no hypertrichosis of glabella, only 1.3% had pilonidal cysts. Also, 93.4% of 574 patients with pilonidal cysts had hair on glabella.

20% with hair on glabella had inflamed pilonidal cysts. It is suggested that in any hairy patient inquiries should be made if hair has been removed from glabella for cosmetic reasons.

Importance of early diagnosis is shown in that during 1958, 99,426 sick days were lost in the U. S. Navy with a cost of \$2,000,000.

BLOOD TEMPERATURE: A CRITICAL FACTOR IN MASSIVE TRANSFUSION

Drs. C. D. Boyan; and W. S. Howland

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Reduction in body temperature due to massive transfusions is indicated as a major factor in cardiac disturbances, along with citrate excess, hypocalcemia and hyperpotassemia.

An effort was made to combat cardiovascular difficulties such as shivering, mottling of skin, patient becoming cold and possible cardiac arrest. These developed during the administration of large amounts (greater than 1800 mls.) of whole blood at usual bank temperatures of 4 to 5.8 degrees C. During infusion (e.g. 60 mls. per minute to combat haemorrhage) difficulties started when body temperature dropped to 27 to 32 degrees C.

Blood temperature is measured by a thermocouple placed down the esophagus behind the heart. Heart action is measured by pressure, pulse and E.C.G.

Blood was first run through coiled plastic pipe within a 37 degree C. water bath with a result that temperature was maintained close to normal. Patients appearance remained good, taking of blood pressure was easier and cardiac arrest did not occur even after 7200 mls. at 60 mls. per minute was administered. No E.C.G. or blood pressure changes were noted in three patients, on which apparatus was used.

In patients who had developed signs of cardiovascular collapse without use of apparatus, this could be reserved when additional blood was warmed.

HICCUPS ASSOCIATED WITH HAIR IN THE EXTERNAL AUDITORY CANAL SUCCESSFUL TREATMENT BY MANIPULATION

Erminio Cardi, M. B.

New England J. of Med. 10-8-61

Two cases of severe hiccups are described that responded immediately to manipulation of hair in the external ear by a cotton applicator.

Although the pathological physiology of hiccups remains largely unknown, they are only rarely associated with organic disease, and usually are self-limiting and they occur in apparently healthy people.

The two cases described had been four and seven days duration. For one patient this had resulted in a ten pound weight loss, and both experienced extreme discomfort.

The external ear is supplied by a sensory branch of the third cervical nerve (via greater auricular or lesser occipital). The third cervical nerve also contributes to phrenic nerve which controls the diaphragm.

A reflex mechanism is suggested that may be interrupted by manipulation of a long hair touching the tympanic membrane.

CHILDHOOD THYROID CARCINOMA

T. Winship, M.D., and R. V. Rosvall, M.D. *Cancer* July-August, 1961

Five hundred and sixty-two cases of childhood thyroid carcinoma were collected from all parts of the world. Seventy-one per cent were papillary carcinoma.

A definite increase in diagnosis of this disease is shown, especially between the years 1945 and 1957.

Almost 80 per cent of patients were shown to have received irradiation during infancy or childhood for enlarged thymus, hypertrophies tonsils and adenoids, nevi and angiomas.

Metastases had occurred in 77 per cent of cases.

55 per cent had received surgery and X-ray (others receiving surgery or X-ray alone).

23 per cent required secondary operations from a few months to twenty-five years after surgery alone was used.

Extent of disease was not important factor re survival, 18 per cent died of the disease. Cause of death in most cases was carcinoma of neck and thorax.

The suggestion is made that irradiation is definitely contra-indicated during infancy and childhood.