Henry Ford Hospital Medical Journal

Volume 22 | Number 2 Article 9

6-1974

Publications of the Staff of the Henry Ford Hospital and the Edsel B. Ford Institute for Medical Research

Henry Ford Hosp. Med. Journal
Vol. 22, No. 2, 1974

Publications of the Staff

of the Henry Ford Hospital and the
Edsel B. Ford Institute for Medical Research

Titles and Selected Abstracts

Edited by G. B. Bluhm, MD

Antinuclear antibodies. I. patterns of nuclear immunofluorescence. T. K. Burnham and P. W. Bank. *J Invest Derm* **62:**526-34, 1974.

Fifteen separate and distinct nuclear immunofluorescent patterns have been identified by indirect immunofluorescence employing human spleen touch imprints as substrate. The patterns are classified into three groups. 1. Patterns of major diagnostic importance: This group includes the peripheral pattern seen in systemic lupus erythematosus (SLE), the thready pattern seen most commonly in LE, occasionally in scleroderma, but not in rheumatoid arthritis; the speckled pattern mainly confined to scleroderma and Raynaud's disease; and nucleolar fluorescence found almost exclusively only in scleroderma. 2. Patterns of less specificity but still of helpful diagnostic importance: A pattern of large speckle-like threads was seen mainly in LE while a nucleolar-like speckled pattern was generally not seen in LE. 3. Patterns not associated with any specific disease: These patterns have to be differentiated from those specifically associated with certain diseases. Malignancy must be strongly suspected when unexplained persistently positive tests are found.

Malignant fibrous histiocytoma of spermatic cord. R. N. Farah and A. W. Bohne. *Urology* **3:**782-3, June 1974.

The second known case of malignant fibrous histiocytoma presenting as a scrotal mass is reported.

Hypercalcemia and skeletal effects in chronic hypervitaminosis A. B. Frame, C. E. Jackson, W. A. Reynolds, and J. E. Umphrey. *Ann Intern Med* **80:**44-8, Jan 1974.

The clinical features of vitamin A toxicity in a 7-year-old boy, a 16-year-old boy, and a 46-year-old man included vague skeletal pains and hypercalcemia. Experimental and clinical evidence indicates that hypervitaminosis A can cause bony resorption as well as periosteal calcification. Ingestion of excessive amounts of vitamin A should be considered in the differential diagnosis of hypercalcemia. Vitamin A preparations containing more than the minimum daily requirement for an adult (5000 units) per dose should be dispensed only by prescription.

Squamous cell carcinoma diagnosed as keratoacanthoma. G. R. Mikhail. *Cutis* **13**:378-82, Mar 1974.

Although solitary keratoacanthoma is a distinct entity, its differentiation from squamous cell carcinoma is at times uncertain or even impossible. This is demonstrated by three cases where the initial pathological examination supported the clinical diagnosis of keratoacanthoma but the subsequent course and pathology were those of epidermoid carcinoma. It is felt that the diagnosis "keratoacanthoma" is being made too readily when actually it should be "carcinoma". Therefore, it is advocated that these lesions be adequately excised with the object of making an accurate diagnosis, curing the disease, achieving acceptable appearance and function, and attaining a good prognosis.

Peripheral arterial embolism following paroxysmal atrial tachycardia. G. Mody and G. M. Folger. *Amer J Dis Child* **126**:520-2, Oct 1973.

The authors report that peripheral arterial embolism is, to their knowledge, a heretofore unreported complication of paroxysmal atrial tachycardia. Their observation of one such association is presented with a postulation regarding its pathogenesis. The patient also had unilateral facial paresis suggesting cardiac conduction anomaly as a previously unrecognized cardiac defect with this cardiofacial syndrome.

Serial hemodynamic observations in secundum atrial septal defect with special reference to spontaneous closure. M. R. Mody. *Amer J Cardiol* **32**:978-81, Dec 1973.

Forty patients with atrial septal defect of secundum type diagnosed by cardiac catheterization underwent repeat study 1½ to 14 years later to document the frequency of spontaneous closure. These 40 patients were classified in two groups of 20 each according to age. Group 1 comprised 20 patients who were less than 1 year of age on the initial study and Group 2 comprised 20 patients who were older than 1 year on the initial study. Eleven of the 20 patients in Group 1 were noted to have spontaneous closure of the atrial septal defect on repeat study. The incidence of spontaneous closure was not necessarily related to the size of the defect. In contrast, none of the 20 patients in Group 2 had spontaneous closure on repeat study. Our data indicate that atrial septal defect of secundum type diagnosed in the first year of life frequently closes spontaneously. If the defect is diagnosed after the first year, it is unlikely to close spontaneously.

Heparin and cardiac arrhythmias following acute myocardial infarction. A. P. Niarchos and C. S. McKendrick. *Acta Cardiol* **28**:604-14, 1973.

It has been suggested that heparin may increase cardiac arrhythmias in patients with myocardial infarction, because it increases the level of plasma-free fatty acids. Out of 195 patients with acute myocardial infarction, 41 did not have heparin because of contraindications to the drug. These were compared to a group of 50 patients who were given heparin in standard therapeutic doses. The two groups were well matched as far as the following are concerned: admission delay, severity and duration of pain, sex and age, site and extension of myocardial infarction, and level of SGOT. No estimation of plasma-free fatty acids was done in either of the groups. The 91 case records were studied for the timing and incidence of recorded arrhythmias during the first 30 hours after admission. It is concluded that there was no significant difference of arrhythmias between the two groups. In a further group of 200 consecutively admitted patients, the incidence of ventricular arrhythmias only was studied. Again there was no significant difference between the heparin and non-heparin treated.

Systematic evaluation and management of fractures of the frontal sinus. R. D. Nichols, C. N. Ford and R. T. Szymanowski. *Trans Amer Acad Ophthal Otolaryng* **77**:429-33, Nov-Dec 1973.

There are, basically, only three types of fractures of the frontal sinus: fractures of the anterior table only, fractures which involve the posterior table, and fractures of the

floor. Each of these types of injuries is associated with distinct clinical considerations. To assure optimum results from treatment the surgeon must 1) have an accurate and concise description of the injury, 2) have an appreciation for the possible acute and delayed complications of the injury and 3) precisely define realistic therapeutic objectives. Therapeutic goals are three in number 1) restoration of the normal contour of the forehead, 2) prevention of delayed episodes of acute sinusitis and formation of destructive mucoceles and pyeoceles, and 3) the prevention of acute or delayed episodes of intracranial sepsis. Surgical procedures to correct frontal sinus fractures are performed through three basic approaches. 1) a traumatic laceration or surgical extended laceration, 2) a bilateral eyebrow incision, or 3) the coronal incision.

Does thyroid substance improve response of breast cancer to surgical castration? R. M. O'Bryan, G. S. Gordan, R. M. Kelley, R. G. Ravdin, A. Segaloff, and S. G. Taylor III. *Cancer* **33:**1082-85, 1974.

Under the aegis of the Cooperative Breast Cancer Group, 13 principal investigators studied a total of 218 female patients with metastatic carcinoma of the breast. All patients were menstruating actively or were less than 1 year past the menopause; all had histologic proof of breast cancer and progression of tumor documented either by physical examination or by roentgenograms. Both incidence of remission and survival time were compared between patients treated either by surgical castration or by surgical castration plus thyroid substance. The incidence of remission was 27.5% for the control group and 25.7% for the group treated with thyroid substance; the survival time for the two groups was identical, with 50% surviving 30 months or longer. The investigators conclude that the effects of surgical castration were not enhanced by the addition of thyroid substance.

Lack of evidence for a plasma humoral factor of extrarenal origin causing release of renin. C. Polomski, A. Piwonska, N. B. Oza and O. A. Carretero. *Proc Soc Exper Biol Med* **145**:641-4, Feb 1974.

The suggestion that a plasma humoral factor of extrarenal origin could cause a release of renin was investigated. For this, normal dogs were injected with plasma obtained from nephrectomized dogs in which hemorrhagic hypotension was produced one-half hour before the blood withdrawal. PRA was measured by radioimmunoassay before and after the injection of the plasma from the hypotensive, nephrectomized dogs. PRA did not increase after the injection of plasma. This work, therefore, fails to confirm the results previously reported by another group of investigators.

The gastroscopic yield from the negative upper gastrointestinal series. B. M. Schuman. *Gastroint Endosc* **19**:79-80, 1972.

In a series of nearly 2,300 patients, there were 843 normal or negative upper gastrointestinal roentgen examinations. Indications for gastroscopic study were primarily abdominal pain and anemia or bleeding. Thirteen percent of patients with normal or negative x-ray examination of the upper gastrointestinal tract showed significant lesions, including 59 gastric ulcers and 4 cancers, by gastroscopy.

Trimethoprim-sulfamethoxazole in the treatment of bacterial endocarditis. S. J. Seligman, T. Madhavan, and D. Alcid. *J Infect Dis* **128**:S 754-61, Nov 1973.

The combination of sulfamethoxazole (SMZ) and trimethoprim (TMP) in a 5:1 ratio has not previously been evaluated as the sole antimicrobial agent in treatment of bacterial endocarditis. Bacteremia was suppressed in three patients with *Streptococcus viridans* endocarditis; however, one patient relapsed three days after cessation of therapy. Two patients treated for six and eight weeks for *Pseudomonas cepacia* endocarditis relapsed within two weeks of stopping chemotherapy. In one patient with endocarditis due to a susceptible *Staphylococcus aureus,* treatment was stopped after two days because of lack of clinical improvement and of increasing numbers of organisms on quantitative blood cul-

tures. Review of the literature suggests that administration of polymyxin or another appropriate antimicrobial agent may increase the effectiveness of TMP-SMZ in the treatment of bacterial endocarditis. Since effective antibacterial therapy is available for many organisms causing endocarditis, future evaluation of TMP-SMZ in endocarditis should be limited to those situations in which either no other effective therapy is known or host factors such as allergy to penicillin exist.

The celiac artery compression syndrome: Does it exist? D. E. Szilagyi, R. L. Rian, J. P. Elliott, and R. F. Smith. *Surgery* **72:**849-63, Dec 1972.

The contention, held by many, that association of an angiographically demonstrable stenosis of the celiac artery and a somewhat ill-defined set of clinical symptoms resembling intestinal angina constitutes a syndrome amenable to surgical correction is puzzling, since all fundamental physiologic and pathologic considerations would dictate that an isolated stenosis or even occlusion of the celiac artery should be semeiotically silent and clinically unimportant. Upon analyzing our clinical material during the last five-year period, we found no fully documented case of this syndrome. Of 157 celiac arteriograms performed both in search of cause for vague abdominal symptoms and in the study of suspected abdominal diseases, 49.7 percent of the patients showed some degree of stenosis of the celiac axis, with a considerable range of variations in anatomical detail. No correlation could be found between the existence of celiac arterial narrowing, degree of narrowing, and presence of collaterals on the one hand and such symptoms and signs as abdominal pain and weight loss on the other. The conclusion is that narrowing of the celiac artery is of such common occurrence as to be a normal anatomical variant; its association with symptoms at present has no proved significance in the pathophysiology of the alimentary tract.

Listed by title only:

Decubitus ulcer (bed sore). J. Beninson. *Current Therapy,* Phila: J. B. Saunders pp 588-9, 1974.

Lupus erythematosus. T. K. Burnham. *Current Therapy,* Phila: J. B. Saunders pp 617-8, 1974

Rheumatoid arthritis. D. C. Ensign. *Current Therapy,* Phila: J. B. Saunders pp 732-8, 1974

Rickets and osteomalacia. B. Frame. *Current Therapy,* Phila: J. B. Saunders pp 434-7, 1974.

Septic arthritis with *Pseudomonas Stutzeri.* T. Madhavan. *Ann Intern Med* **80:**May 1974.

Scanning electron microscopy of colcemid-synchronized hela cell cultures. J. H. L. Watson, R. H. Page, J. L. Swedo. *Proc Electron Microscopical Soc Canada,* June 1974.

Roy D. McClure Surgical Society Third Triennial Meeting

September 20-21, 1974 at Henry Ford Hospital

A scientific program will be held on Friday afternoon and Saturday morning with Dr. Brock E. Brush and Dr. D. Emerick Szilagyi as chairmen. A social hour, dinner and dancing will take place on Friday evening at the Howard Johnson Motel on West Grand Boulevard. For woman guests, a tour of the General Motors Technical Center on Friday will be followed by a luncheon at the Grosse Pointe Yacht Club. Complete information from Dr. Joseph L. Ponka, general chairman.

Henry Ford Hospital
Detroit, Michigan 48202

US ISSN 0018-0416

Vol. 22, No. 2 — HENRY FORD HOSPITAL MEDICAL JOURNAL — SUMMER 1974