Animal Experimental Studies on Anorectal Smooth Muscle Pedicle Flap (Funnel Graft) in the Goat. *A.A. Holschneider, S. Amano, U. Löhrs, et al.* Z Kinderchir 39:191–201, (June), 1984.

Since free smooth muscle transplantation provided only poor results in anal sphincter replacement, the authors investigated anorectal smooth muscle pedicle flaps in 20 goats. The pedicle flaps were prestretched to various extents. Three animals died of pulmonary worm infections. Six of the remaining 17 goats died of intestinal obstruction due to prestretching by more than 150%. Electromanometrically, an increased anorectal resting pressure profile was found in all cases regardless of the degree of prestretching. There were also relaxation reflexes of the internal anal sphincter in all animals. Increasing fibrosis and final disintegration of the graft was found if the graft was prestretched by more than 150%. Based on these results, the authors recommend smooth muscle pedicle flaps (funnel grafts) as proper method for the improvement of anal continence in childhood if prestretching does not exceed 120% to 140%.—*Thomas A. Angerpointner*

ABDOMEN

Omphalocele and Gastroschisis. *O.A. Mabogunje and G.H. Mahour.* Am J Surg 148:679–86, (November), 1984.

Omphalocele and gastroschisis were seen in 57 and 64 patients, respectively, over a 10-year period ending in June 1980. Results were reviewed and compared to the ten-year period 1960 to 1970. Perinatal data and information on associated anomalies were examined.

Survival for patients with omphalocele was essentially the same between the two time periods, but a significant reduction in mortality was seen with gastroschsis patients. Prematurity and sepsis were frequent causes of death with gastroschisis.—*Thomas V. Whalen*

Paraduodenal Hernia: Diagnosis and Surgical Management. *R.A. Brigham, W.F. Fallon, J.R. Saunders, et al.* Surgery 96:498–501, (September), 1984.

The author describes 5 patients with paraduodenal hernias ranging in age from 19 to 35 years. All patients presented with abdominal pain; one had signs of partial small-bowel obstruction. The average duration of intermittent pain was 23 months, with a range of 14 to 43 months. The 5 patients had undergone upper gastrointestinal series with findings compatible with paraduodenal hernia in all. Four patients had left paraduodenal hernias while one had a right paraduodenal hernia. The authors describe the surgical management of left paraduodenal hernia which includes wide opening of the orifice, incision of the hernia sac, and preservation of the inferior mesenteric artery and vein. The right paraduodenal hernia should be managed by the Ladd Procedure as used in patients with malrotation. All patients did well with the exception of one who developed postoperative intestinal obstruction managed by nasogastric decompression.—*Eugene S. Wiener*

Cholelithiasis and Cholecystitis in Childhood. *W.J. Pokorny, M. Saleem, and R.B. O'Gorman.* Am J Surg 148:742–744, (December), 1984.

Fifty patients less than 19 years of age (ave 11 yrs) underwent cholecystectomy for cholelithiasis and/or cholecystitis over a 20-year period. Twenty-nine were male.

Twenty-five patients had a hemolytic process. Twenty-three of the remaining half were symptomatic. An oral cholecystagram performed in 16 patients was positive in 13. Sonograms in 20 patients showed stones in 18.

An intraoperative cholangiogram was performed on 16 patients, and 7 of these underwent common bile duct exploration. Four were found to have common bile duct stones.

The authors state that the finding of cholelithiasis in children, symptomatic or not, mandates cholecystectomy.—*Thomas V. Whalen, Jr*

Excision of Choledochal Cyst With Roux-en-Y Hepaticodochojejunostomy. *R.S. Ibay, Jr.* Ann Paediatr Surg 1:44–45, (January), 1984.

Two cases of choledochal cyst are reported. The first was a 4-year-old boy who presented with recurrent abdominal pain, distension, jaundice, and fever. The second was a 3½-year-old female with recurrent pain and jaundice. Both were managed successfully by total excision of the cyst and anastomosis of a Roux-en-Y jejunal loop to the common hepatic duct.—*P. Puri*

Response of Traumatized Splenectomized Patients to Immediate Vaccination With Polyvalent Pneumococcal Vaccine. *E.S. Caplan, H. Boltansky, M.J. Synder, et al.* J Trauma 23:801–805, (September), 1983.

Sixteen patients received polyvalent pneumococal vaccine within 72 hours of undergoing splenectomy for traumatic splenic injury. Antibody measurements at 4 weeks in these patients and then healthy controls revealed no significant difference in rate of response to individual serotypes or rate of geometric mean fold rise (preimmunization and postimmunization antibody levels). The authors conclude that pneumococcal vaccine can be administered early after splenectomy for trauma.—*Randall W. Powell*

Cystic Lesions of the Pancreas in Childhood. *O. Illi, A. Delarue, G. Morisson-Lacombe, et al.* Z Kinderchir 39:315–319, (October), 1984.

The authors report on 7 children who were operated on for cystic pancreatic lesions which are very rare in childhood. Since the introduction of ultrasound, the diagnostic approach has become easier. There were 3 posttraumatic pseudocysts, 1 postinfective pseudocyst following postoperative pancreatitis, 1 multilocular cystadenoma, 1 echinococcal cyst, and 1 pseudocyst of unknown origin. The lesions healed after simple drainage in 4 cases. In the remaining cases partial resection or cystenterostomy were necessary. All patients are doing well. The authors recommend percutaneous puncture of pseudocysts under sonographic control as the primary surgical procedure.—*Thomas A. Angerpointner*

Total Parenteral Nutrition in Pancreatic Disease. *J.P. Grant, S. James, V. Grabowski, et al.* Ann Surg 190:627–631, (November), 1984.

One hundred and twenty-one patients aged 5 to 94 admitted with pancreatitis and receiving total parenteral nutrition (TPN) were reviewed. These were divided into four groups: (1) those with acute pancreatitis (46), (2) those with complications of pancreatitis including abscess, pseudocyst, and fistula formation (27), (3) those with chronic pancreatitis (23), and (4) those presenting with pancreatic malignancy (25). No adverse effects on the pancreas were detected from the TPN including those patients (73) treated with intravenous fat emulsions. No significant impact on the course of the diesase was recognized, although nutritional status was maintained or improved. There was an increased risk of catheter-related sepsis in patients with complicated pancreatitis (14.8%) and with chronic pancreatitis (17.4%). Except for the need for insulin, these patients presented no unusual metabolic requirements compared to patients with similar stress without pancreatic disease. The overall catheter