

**QUADRICEPS PARALYSIS SECONDARY
TO ANTICOAGULATION**

Mark B. Stern, M.D.

The author presents 2 cases of femoral nerve paralysis following hemorrhage while the patient was on heparin anticoagulant therapy. A review was presented of the pertinent literature written in English, the anatomy, and pathophysiology of the lesion.

**COMPRESSION NEUROPATHY OF THE
FEMORAL AND OBTURATOR NERVES**

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and Theodore R. Waugh, M.D.*

This is a report of 3 cases of compression neuropathy involving the femoral and obturator nerves. Similar features were present in all cases including a snap in the groin followed by pain, swelling, numbness, and loss of function with the hip held in flexion for relief of pain. The pathogenesis and management including a review of the literature, suggests that the condition can be incorrectly diagnosed as a disk lesion, but should become easy to recognize once physicians are made more aware of its existence.

**INTRAOPERATIVE AUTOTRANSFUSION:
A PRELIMINARY REPORT**

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Despite an increase in the demand for banked blood in the United States, the availability of blood for transfusion is diminishing. Surgeons constantly confronted with the need to replace blood have become increasingly aware of the multiple sequelae of homologous blood transfusions. In addition to immediate deleterious effects of blood transfusions such as allergic and hemolytic reactions, circulatory overload, and shock from gram negative sepsis, the potential danger of serum hepatitis following blood transfusion may not become apparent for several weeks or months. In addition, several harmful properties may develop while blood is stored. Accordingly, after a laboratory study in dogs undergoing spinal fusion we began a preliminary clinical trial of intraoperative autotransfusion in selected patients undergoing total hip replacement, lumbar spinal fusion and scoliosis spinal fusion. Twenty-five patients have undergone intraoperative autotransfusion and have been closely observed in the postoperative period. Laboratory studies including hemoglobin and hematocrit values, platelet counts, fibrinogen, prothrombin times, bilirubin, partial thromboplastin time, serum lipase, BUN, creatinine, plasma free hemoglobin and urine hemoglobin values have been monitored. Early elevations occurred in the plasma and urinary hemoglobin values but returned to normal after 24 hours. Platelet counts were depressed during the

first 48 hours. SGOT and LDH values remained elevated for 3 days. In the average patient one-half of the estimated blood lost was retrieved and transfused. There were no serious reactions.

**FRACTURE OF THE PELVIS:
PATTERNS AND COMPLICATIONS**

James K. Weaver, M.D.

In a review of 200 consecutive admissions with a diagnosis of "fracture of the pelvis," the patients fell into 2 distinct groups: 1) those with pelvic fractures resulting from minor trauma, and 2) those pelvic fractures resulting from major forces. The first group occurred more frequently in older age groups and were related to the infirmity, frequent falls and fragile bones of the aged. The injuries in the second group resulted from road accidents and falls from a height. The mortality and morbidity in each group is analyzed and related to the type of injury and the pattern of fracture. The neurologic, urologic, vascular and visceral complications are analyzed. On the basis of the information obtained, a rationale for treatment was developed in an effort to predict which cases might prove troublesome, to organize a treatment plan to decrease mortality and to return patients to activity more quickly with fewer complications.

**THE USE OF THE SLIDING SCREW
(RICHARDS)
IN HIP FRACTURES**

J. Drennen Lowell, M.D.

**EXPERIENCES WITH FRACTURES OF
THE LOWER THIRD OF THE TIBIA AND
FIBULA TREATED WITH
INTRAMEDULLARY FIBULAR
ROD FIXATION**

Robert R. Odén, M.D.

**SURGICAL PROBLEMS IN
HYPERPLASTIC DYSTROPHIC
EPIDERMOLYSIS BULLOSA**

George E. Omer, M.D.

This uncommon congenital disorder of skin and mucous membranes produces massive blisters and extensive scar from minimal trauma, with resultant joint contractures that are particularly severe in the hands and feet; the disorder is most severe in the hyperplastic dystrophic type. Two children of this type have been followed for 5 years, and 9 operations have been performed in these 2 patients. Two other patients presented diagnostic and treatment problems. The evaluation and general treatment includes manifestations such as pharyngeal stenosis or secondary infection. Preoperative requirements