

Abstract Selection

We are pleased to announce that a further 25 journals have given us permission to publish abstracts verbatim and these have now been added to our computer search. We are most grateful to the editors, publishers and parent associations for allowing us to do this and thereby enabling us to give our readers an even better and wider selection of abstracts to peruse each month.

Acta Oncologica
American Journal of Physiology
(The American Physiological Society)
American Journal of Surgical Pathology
Annals of Neurology
(American Neurological Association and Child Neurology Society)
(Little, Brown & Company)
Australasian Radiology
Clinical Radiology
(Journal of the Royal College of Radiologists)
Clinical and Experimental Allergy
(Blackwell Scientific Ltd)
Current Opinion in Radiology
(Current Science)
Dentomaxillofacial Radiology
(Butterworth Scientific)
Hearing Research
(Elsevier Biomedical Press)
Journal of Applied Physiology
(The American Physiological Society)
Journal of International Medical Research
(Cambridge Medical Publications Ltd)

Prognostic factors in head and neck non-Hodgkin's lymphoma with special reference to serum lactic dehydrogenase and serum copper. Hisamitsu, S., Shibuya, H., Hoshina, M., Horiuchi, J. Department of Radiology, Tokyo Medical and Dental University, Japan. *Acta Oncologica* 1990, Vol 29 (7), pp. 879–83.

An analysis of prognostic variables was performed in a retrospective study of 121 patients with Ann Arbor stage I-II head and neck non-Hodgkin's lymphoma admitted from 1973 to 1988. The overall actuarial 5-year survival rate was 58.8 per cent and the minimum follow-up 15 months. Nine clinical and laboratory parameters were studied, including serum lactic dehydrogenase (LDH) and serum copper (SCL), and subjected to univariate and multivariate analyses. In univariate analysis, histology and LDH were found to be significant prognostic variables. Evaluation by Cox's multivariate proportional hazard model revealed histology, SCL and sex to be of prognostic significance. Author.

Carcinoma of the nasopharynx. The significance of lymphocytic infiltration. Roth, S. L., Krueger, G. F., Bertram, G., Sack, H. Department of Radiotherapy, University Hospital, Cologne, West Germany. *Acta Oncologica* 1990, Vol 29 (7), pp. 897–901.

From 1974 to 1985, 76 patients with nasopharyngeal carcinoma (NPC) received irradiation with curative intent and 14 with palliative intent in our department. Of the 76 patients, 59 presented with UICC stage IV. The 5-year actuarial survival rate was 41 per cent and the relapse-free survival rate (RFS) 45 per cent. The slides were reviewed according to the World Health Organization (WHO) histologic classification, also taking into account the degree of lymphocytic infiltration according to its Cologne modification. Undifferentiated carcinoma and non-keratinizing carcinoma had similar 5-year RFS (47 and 44 per cent respectively). Patients with major lymphocytic infiltration in the tumour presented with younger median age, with smaller primary tumours and with more advanced neck disease than the other patients. There was, however, no obvious association between the degree of lymphatic infiltration in the tumour and the prognosis. Patients with major lymphocytic infiltration and a 5-year RFS of 44 per cent, versus 49 per cent for patients without such infiltration. Author.

Carcinoma of the hypopharynx. A retrospective analysis of the treatment results over a 25-year period. Kajanti, M., Mantyla, M. Department of Radiotherapy and Oncology, Helsinki University Central Hospital, Finland. *Acta Oncologica* 1990, Vol 29 (7), pp. 903–7.

One hundred and sixty-two patients treated for hypopharyngeal cancer during the 25-year period 1958–1982 were reviewed retrospectively. Of the 162 patients, 29 received combined treatment with surgery and postoperative irradiation, 106 received radical radiotherapy alone, and 27 palliative radiotherapy. The 5-year survival rate was 28 per cent for the patients treated with combined therapy and 16 per cent for the patients treated with radical radiotherapy. There were no long-term survivors in the palliatively treated group. The major cause of death was tumour (102 patients) while 40 patients died of intercurrent diseases. Author.

Influence of otitis media on the correlation between rectal and auditory canal temperatures. Terndrup, T. E., Wong, A. Department of Pediatrics, State University of New York Health Science Centre, Syracuse 13210. *American Journal of Diseases of Children* 1991 Jan, Vol 145 (1), pp. 75–8.

In a non-interventional, controlled, single-blinded trial, 251 children were examined in a university hospital emergency department setting to study the influence of acute otitis media on the relationship between rectal and auditory canal temperatures. Bilateral auditory canal temperatures were measured using an infrared detection probe and micro-processor by nursing staff blinded to the presence of acute otitis media. Correlation between rectal and auditory canal temperatures in children with ($r = 0.81$) and without ($r = 0.75$) acute otitis media were not significantly different. There was no significant difference between infected ($38.1^{\circ}\text{C} \pm 1.0^{\circ}\text{C}$) and uninfected ears ($38.0^{\circ}\text{C} \pm 1.0^{\circ}\text{C}$) with unilateral otitis ($n = 75$). Although significantly higher than in uninfected children, auditory canal temperatures of children with acute otitis media reflected elevated rectal temperatures and not differences in auditory canal temperatures between ears. Author.

Lack of MHC class I antigens and tumour aggressiveness of the squamous cell carcinoma of the larynx. Esteban, F., Concha, A., Delgado, M., Perez-Ayala, M., Ruiz-Cabello, F., Garrido, F. Servicio de Otorrinolaringología, Hospital Virgen de las Nieves, Granada, Spain. *British Journal of Cancer* 1990 Dec, Vol 62 (6), pp. 1047–51.

A series of 60 primary laryngeal and hypopharyngeal tumours, 24 lymph node metastases and normal tissue were evaluated in frozen sections for the expression of MHC class I antigens, using monoclonal antibodies and the APAAP technique. We found 13 tumours presenting total HLA-ABC loss, five with selective loss of HLA-A antigens and one with absence of HLA-B antigens. These losses were statistically associated with clinical and pathological parameters, such as T stage, degree of differentiation, scores according to the Jakobsson and Glanz grading systems and degree of leukocytic infiltration. Our results lead us to the following conclusions: (a) HLA class I losses were found in a group of tumours showing greater aggressiveness and worse prognosis; (b) these alterations in expression were not associated with an increased metastatic potential. Thus, the absence of HLA molecules in laryngeal tumours is related to greater local aggressiveness, and the loss of class I antigens seems to constitute an adaptive tumour mechanism to avoid the different anatomical and immunological barriers within the larynx. Author.

'Conchal show' measurements: a new idea in prominent ear correction. Vermeulen, J. G., Monballiu, G. Department of Plastic and Reconstructive Surgery, General Hospital Sint Jan, Brugge, Belgium. *British Journal of Plastic Surgery* 1990 Nov, Vol 43 (6), pp. 732–4.

The average 'conchal show' has been determined in a series of patients and a device is described to measure conchal show in prominent ears. By measuring the conchal show preoperatively, the surgeon can determine exactly how much to reduce the concha. Author.

A longitudinal study of respiratory symptoms in a community population sample. Correlations with smoking, allergen skin-test reactivity, and serum IgE (see comments). Barbee, R. A., Halonen, M., Kaltenborn, W. T., Burrows, B. University of Arizona College of Medicine, Arizona Health Sciences Center, Tucson. *Chest* 1991 Jan, Vol 99 (1), pp. 20–6. Comment in: *Chest* 1991 Jan, 99 (1): 1–2.

Chronic cough and/or phlegm, wheeze in the absence of colds, and rhinitis attributed to allergies are three of the most common respiratory symptoms encountered in community populations. In this study, we have determined the prevalence of these complaints in a random population sample ($n = 1,109$) using standardized questionnaires at two points in time, eight years apart. Cross-sectional prevalence and changes in symptom occurrence have been correlated with smoking status, allergen skin test reactivity, and total serum IgE levels. Our objective was to determine the individual and combined influence of these three variables on symptom prevalence. Initially, 19.2 per cent of the population admitted to wheeze, 17.9 per cent to cough, and 44.1 per cent to allergic rhinitis. Cough and wheeze prevalence changed little over the eight-year period, while rhinitis increased 11 per cent by the second survey. The occurrence of chronic cough was strongly correlated with smoking, and was not further influenced by either allergen skin reactivity or IgE level. Conversely, rhinitis prevalence was related to skin test reactivity with no additional association with smoking or IgE level. The occurrence of wheeze in the absence of colds was associated with both smoking and allergen skin reactivity. Among smokers, the prevalence was over 30 per cent and was similar in both skin test positive (STP) and skin test negative (STN) individuals. However, on both surveys, STP ex-smokers and non-smokers had significantly more wheeze than those who were STN. While the prevalence of wheeze in STN non-smokers was low (6.8 per cent), and IgE-wheeze relationship was also suggested on the second survey. In addition to these cross-sectional symptom relationships, changes in either smoking status or allergen skin reactivity during the study period were associated with changes in the prevalence of each symptom. Author.

Preliminary studies on the use of an ABR amplitude projection procedure for hearing aid selection. Davidson, S. A., Wall, L. G., Goodman, C. M. Division of Speech and Hearing Science, Ohio State University, Columbus. *Ear and Hearing* 1990 Oct, Vol 11 (5), pp. 332–9.

Hearing aid selection in young non-verbal children is difficult and objective selection procedures are needed. Kiessling (*Scandinavian Audiology* 1982; 11: 269–275; *Archives of Otorhinolaryngology* 1983; 238: 233–240) has proposed an objective hearing aid selection method based on an unaided ABR amplitude projection procedure. However, Kiessling's ABR projection method is based on the assumption that ABR amplitude is directly related to the loudness of a signal—an assumption which has not been tested. This assumption was investigated in a group of 10 normally hearing and three hearing-impaired listeners. The results indicated that ABR amplitude measures obtained in a single trial do not always correlate well with perceived loudness, but ABR amplitudes averaged over several trials do correlate well with estimates of perceived loudness. The hearing-impaired listeners then participated in a second phase of the investigation in which hearing aids chosen by the ABR projection procedure were compared with hearing aids chosen by more conventional methods. The results indicated that the projection procedure prescribed appropriate gain and compression characteristics for two of the three hearing-impaired listeners. Author.

Feasibility of auditory event-related potential measurement in brain injury rehabilitation. Harris, D. P., Hall, J. W. Healthcare Rehabilitation Center, Austin, Texas. *Ear and Hearing* 1990 Oct, Vol. 11 (5), pp. 340–50.

Measurements of auditory event-related potentials (AERPs) from brain injury rehabilitation patients may provide information on neural function related to cognitive processes important to the recovery of social and intellectual skills. The present study investigated the feasibility of measuring AERPs from 50 brain injury rehabilitation inpatients at various stages of cognitive recovery including comatose to automatic-appropriate function. Patients from levels II through VII on the Rancho Los Amigos Scale of Cognitive Function were studied. Results indicated that waveforms showing N_1 , P_2 , N_2 and P_3 components could be recorded from individual patients at each of the RLAS levels we studied, except level IV where only one patient was tested. However, considerable variability in waveforms was also observed at each scale level. No statistically significant relationships were demonstrated between AERP components and all other evoked potential, central auditory, and audiometric test results for 30 patients at RLAS

level VII (automatic-appropriate). Overall results suggested a need for research focused on electrophysiologic and behavioural measures that can be used in conjunction to better describe auditory function and prognosis in brain injury patients. Author.

Asymmetric brain stem auditory evoked responses in infants treated with extracorporeal membrane oxygenation. Schumacher, R. E., Spak, C., Kileny, P. R. Department of Pediatrics, University of Michigan Medical Centre, Ann Arbor. *Ear and Hearing* 1990 Oct, Vol 11 (5), pp. 359–62.

Brain stem auditory evoked responses (BAERs) were obtained in 25 infants who received extracorporeal membrane oxygenation (ECMO) for severe respiratory failure. Tracings were obtained by means of a Nicolet CA-2000 averager, using a conventional paradigm. The presence or absence of replicated responses at 35 and 75 dB nHL were recorded for each ear. Interpeak latencies I–III, III–V, and I–V were measured and differences between right and left ears were compared, using a matched pair t-test. Wave III–V latencies were longer on the left than right (p less than 0.05), but no significant right-left differences for latencies I–III were noted. Sixteen per cent of the infants failed hearing sensitivity criteria, 45 per cent (10/23) had prolonged I–V latencies. At follow-up (age 4 to 12 months) 6/10 infants with prolonged I–V latencies had additional neurologic abnormalities. In this population left ear III–V latencies are prolonged versus right, and the incidence of abnormal BAERs is high. Relative prolongation of left ear III–V latencies (generated from the right brain stem) may be result of right carotid artery and/or jugular vein ligation for ECMO, and abnormal I–V latencies prognosticate future neurologic abnormalities in this population. Author.

Catheterization of branchial sinus tracts. A new method. Feldman, J. I., Kearns, D. B., Pransky, S. M., Seid, A. B. Department of Surgery, University of California San Diego 92103. *International Journal of Pediatric Otorhinolaryngology* 1990 Sept, Vol 20 (1), pp. 1–5.

The complete surgical extirpation of branchial cleft abnormalities is essential in avoiding recurrent disease. The most technically difficult manoeuvre is often the localization and excision of associated sinus tracts and fistulae. The authors communicate a simple yet effective technique for dealing with this difficulty utilizing the Fogarty embolectomy catheter. Author.

Peritonsillar abscess in Kawasaki disease. Rothfield, R. E., Arriaga, M. A., Felder, H. Department of Otolaryngology, University of Pittsburgh School of Medicine, PA 15213. *International Journal of Pediatrics Otorhinolaryngology* 1990 Sep, Vol. 20 (1), pp. 73–9.

Mucocutaneous lymph node syndrome, Kawasaki disease, is a potentially fatal pediatric disease characterized by prolonged high fever, conjunctivitis, stomatitis, myocarditis, aseptic meningitis and coronary artery vasculitis. We present peritonsillar abscess as a previously unreported otolaryngologic symptom and presentation of Kawasaki disease. A previously healthy 7-year-old boy required hospitalization for a peritonsillar abscess. Despite adequate surgical drainage and appropriate intravenous antibiotics, the patients' systemic symptoms persisted. After the week of hospitalization, the child was transferred to the intensive care unit with acute myocarditis, heart failure and severe arthritis. The diagnosis of Kawasaki disease was confirmed with echocardiographic evidence of coronary artery aneurysms and the development of the characteristic hand and foot desquamation. The patient's symptoms resolved with salicylates and intravenous gamma globulin therapy. He was discharged in good condition after three weeks of hospitalization. This is the first report of Kawasaki syndrome presenting with peritonsillar abscess. Although we discuss a unique presentation of this disease, Kawasaki syndrome often exhibits other otolaryngologic findings early in its course. A literature review of the clinical characteristics, pathogenesis and therapy of this disease is presented. Author.

The predictive value of cell kinetic measurements in a European trial of accelerated fractionation in advanced head and neck tumours: an interim report. Begg, A. C., Hofland, I., Moonen, L., Bartelink, H., Schraub, S., Bontemps, P., Le Fur, R., Van den Bogaert, W., Caspers, R., Van Glabbeke, M., et al. Department of Experimental Therapy, The Netherlands Cancer Institute, Amsterdam. *International Journal of Radiation, Oncology, Biology, Physics* 1990 Dec, Vol 19 (6), pp. 1449–53.

The value of cell kinetic measurements in head and neck tumours in predicting which patients will benefit from accelerated fractionation radiotherapy regimens is being tested in a multicentre European trial

(EORTC trial 22851). This paper reports on the first analysis of the correlation of kinetics with outcome in this trial. A proportion of patients in both the accelerated arm (72 Gy in five weeks, 1.6 Gy per fraction, 45 fractions) and the conventional arm (70–72 Gy in 7–8 weeks, 1.8–2.0 Gy per fraction, 35–40 fractions) were given an i.v. injection of 100 mg/m² IuDR (iododeoxyuridine), before treatment, and a tumour biopsy was taken several hours later. The potential doubling time of the tumour (Tpot) was obtained from a flow cytometric analysis of tumour cell nuclei using an anti-IuDR antibody. From a total of 260 patients entered in the trial, 53 have undergone kinetic analysis. Adequate IuDR labelling was seen in 47 patients (88.7 per cent), from which the mean value for Tpot was found to be 4.5 ± 2.5 days (\pm SD). Of the IuDR labelled patients, 30 have now been followed up for at least one year, 17 with conventional and 13 with accelerated radiotherapy. These patients were split into those with fast and those with slowly growing tumours, the dividing line being the median Tpot value of 4.6 days. After conventional seven-week radiotherapy, two of the six patients with 'fast' growing tumours obtained local control compared with eight of 11 with 'slow' growing tumours. A small difference in local control was seen in fast and slow tumours in the accelerated arm (5/9 vs. 3/4). These preliminary data support the hypothesis that patients with fast growing tumours do poorly with conventional radiotherapy and that pretreatment kinetic measurements can select patients at risk. The predictive power of the method must await the final analysis of trial results. Author.

Concomitant boost radiotherapy schedules in the treatment of carcinoma of the oropharynx and nasopharynx. Ang, K. K., Peters, L. J., Weber, R. S., Maor, M. H., Morrison, W. H., Wendt, C. D., Brown, B. W. Department of Clinical Radiotherapy, University of Texas M.D. Anderson Cancer Centre, Houston 77030. *International Journal Radiation, Oncology, Biology, Physics* 1990 Dec, Vol 19 (6), pp. 1339–45. Concomitant boost schedules are characterized by delivering the boost (10–12 fractions) as second daily treatments during rather than following the basic wide field irradiations. This results in shortening the overall time to administer 69–72 Gy from seven and a half–eight weeks to six weeks, which we hoped would improve the tumour control rate by reducing the opportunity for tumour clonogens to regenerate during treatment. From August 1985 to August 1988, 79 patients with T2–4 carcinomas of the oropharynx (72 patients) or nasopharynx (seven patients) were treated according to one of the three variants of the concomitant boost technique. The median age of patients was 60 years (range: 19–84 years) and the male-to-female ratio was 2.6. The overall two-year actuarial primary and nodal control rates by radiotherapy alone were 74 per cent and 76 per cent, respectively. The ultimate two-year control rates after surgical salvage were 82 per cent and 84 per cent, respectively. If the boost given during the last two–two and a half weeks of basic treatment, a slightly better primary control rate ($p = 0.11$) resulted than if the boost was delivered during the first two–two and a half weeks or twice a week throughout the basic treatment. The two-year actuarial primary control rate of the 13 patients receiving induction chemotherapy prior to radiotherapy was significantly lower than that of patients treated with radiation only (81 per cent vs 34 per cent, $p = 0.01$), but this could be partly attributed to a more advanced stage in the chemotherapy group. The acute mucosal reactions were, as expected, more severe than those observed with conventional fractionation. Fifty patients developed confluent mucositis covering more than half of the boost area. Such reactions lasted for more than six weeks in seven patients. Late complications, however, so far observed, have been few. Three patients experienced chronic mucosal tenderness, one chronic mucosal ulceration, two transient bone exposure, and one carotid rupture following salvage surgery. The results so far appear to be better than the outcome of conventional radiotherapy. Its real value will be determined in a prospective randomized study. Author.

Revision of estimates of acoustic energy reflectance at the human eardrum. Stinson, M. R. Physics Division, National Research Council, Ottawa, Ontario, Canada. *Journal of the Acoustical Society of America* 1990 Oct, Vol 88 (4), pp. 1773–8.

An improved analysis procedure has been applied to standing wave patterns measured previously (B. W. Lawton and M. R. Stinson, *Journal of the Acoustical Society of America* 1986; 79: 1003–1009) in human ear canals. Revised acoustic energy reflection coefficients, at the eardrum, are obtained for 20 ears for frequencies between three and 13 kHz. The new analysis addresses anomalous features of the standing wave patterns, apparent at frequencies above 8 kHz, due primarily to the curvature of the ear canal. Much better agreement is now found, at these higher frequencies, between the theoretical form assumed for the

standing wave patterns and the experimental data. The revised values of eardrum reflectance are somewhat smaller, especially for frequencies above 11 kHz. The reflectance rises from about 0.25 at 4 kHz up to 0.7 at 8 kHz, falls to a minimum of 0.5 at 11 kHz, then rises to 0.6 at 13 kHz. Considerable intersubject variability in the results is noted. Author.

A double-blind comparison of intranasal budesonide with placebo for nasal polyposis. Ruhno, J., Andersson, B., Denburg, J., Anderson, M., Hitch, D., Lapp, P., Vanzielegem, M., Dolovich, J. Department of Pediatrics, Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada. *Journal of Allergy and Clinical Immunology* 1990 Dec, Vol 86 (6 Pt 1), pp. 946–53.

Intranasal budesonide, 400 micrograms two times a day, was evaluated in 36 patients referred for treatment of nasal polyposis. The age range was 20 to 68 years. Polypectomy was done 5.6 (mean) times previously. After a five-week, treatment-free, baseline period, patients were treated in a double-blind fashion with either budesonide or placebo during four weeks. After this treatment period, placebo-treated patients started receiving budesonide in an open trial for an additional four weeks. The patients rated their nasal symptoms daily. Nasal examinations and nasal inspiratory flow rate (IFR) measurements were done at clinic visits. After three and four weeks of treatment, the response to budesonide was significantly greater than response to placebo. The greater reduction in nasal blockage caused by polyps, observed on physical examination, $p = 0.005$, was mirrored by an increase in nasal IFR ($p = 0.0001$). Patient rating of the severity and frequency of nasal blockage were reduced more by budesonide than by placebo (p less than or equal to 0.0005). Switching placebo-treated patients to budesonide treatment resulted in a reduction of nasal blockage (p less than 0.001) and an increase in nasal IFR (p less than 0.001). The results demonstrate that topical nasal budesonide, 400 micrograms two times a day, is an effective treatment of nasal polyps. Author.

Perennial allergic rhinitis: clinical efficacy of a new antihistamine. Ber- man, B. A. Tufts University, Brookline, MA. *Journal of Allergy and Clinical Immunology* 1990 Dec, Vol 86 (6 Pt 2), pp. 1004–8.

Nasal itching, sneezing, and rhinorrhea are troublesome symptoms in patients with perennial allergic rhinitis. Most first-generation, H1-receptor agonists achieve a 50 per cent reduction in these symptoms, but their benefits are frequently offset by annoying anticholinergic and sedative side effects. Cetirizine is a major metabolite of hydroxyzine that has little anticholinergic activity and causes significantly less sedation. In addition, it can be given once a day. In placebo-controlled comparisons with terfenadine, both active drugs were comparably effective and significantly better than placebo in relieving sneezing, rhinorrhea, and nasal itching. In a multicenter, double-blind comparison with placebo, both cetirizine, 10 and 20 mg given once daily, were similarly effective and superior to placebo in reducing the overall symptoms of rhinitis. In another multicentre, double-blind study, cetirizine was comparable with diphenhydramine and significantly superior to placebo in reducing total symptom severity, sneezing, rhinorrhea, and ocular itching. The safety of cetirizine was demonstrated in all studies. Cetirizine tended to be less sedating than diphenhydramine. Author.

Human auditory brain stem response during induced hyperthermia. Kohshi, K., Konda, N. Department of Hyperbaric Medicine, School of Medicine, University of Occupational and Environmental Health, Kitakyushu, Japan. *Journal of Applied Physiology* 1990 Oct, Vol 69 (4), pp. 1419–22.

A continuous monitoring of auditory brain stem response (ABR) and esophageal (Tes) and rectal temperatures (Tre) were recorded in male undergraduate subjects to investigate a relationship between the interpeak latencies (IPLs) and core temperature. The average change of Tes (36.8–39.5°C) was achieved by immersing the subjects in a temperature-controlled water bath (30–42°C). The IPLs became shorter with the rise in body temperature and were correlated with both Tes and Tre. The average slopes for IPL(I–III) and IPL(I–V) were significantly higher than those for IPL(III–V). The present study of humans indicated that changes of IPL(I–III) and IPL(I–V) were 0.11 and 0.16 ms, respectively, per 1°C change in core temperature during induced hyperthermia. Author.

Detection of human papillomavirus type 16 DNA in carcinomas of the palatine tonsil. Niedobitek, G., Pitteroff, S., Herbst, H., Shepherd, P., Finn, T., Anagnostopoulos, I., Stein, H. Institute of Pathology, Freie Universität Berlin, West Germany. *Journal of Clinical Pathology* 1990 Nov, Vol 43 (11), pp. 918–21.

Twenty eight tonsillar carcinomas of various histological types were investigated for the presence of Epstein-Barr virus (EBV), cytomegalovirus (CMV), and human papillomavirus (HPV) types six, 11, and 16 by in situ hybridization using highly stringent procedures. In six cases an autoradiographic signal was obtained in the tumour cell nuclei with the HPV type 16 specific probe. No signal was obtained with any of the other probes. Immunohistochemical investigations with mouse monoclonal antibodies directed against the L1 protein of HPV type and a rabbit antiserum that detects common protein determinants of HPV gave negative results, thus indicating latent infection. Furthermore, a series of tonsils from controls with comparable age distribution was negative by both in situ hybridization and immunohistology. These results indicate a possible role for HPV 16 in the aetiology of a proportion of tonsillar carcinomas. Author.

Basaloid-squamous carcinoma of larynx metastatic to the skin of the nasal tip. Shvili, Y. Talmi, Y. P., Gal, R., Kessler, E., Kolkov, Z., Zohar, Y. Department of Otolaryngology, Hasharon Hospital, Petah-Tiqva, Israel. *Journal of Cranio-Maxillo-Facial Surgery* 1990 Oct, Vol 18 (7), pp. 322-4.

Basaloid-squamous carcinoma is a rare, highly malignant epithelial tumour with problematic histological characteristics and a poor prognosis. This unusual tumour has been described in the tongue, hypopharynx, and larynx. A unique case of basaloid-squamous carcinoma of the larynx metastatic to the skin of the nasal tip is presented. The literature regarding the histopathological and clinical aspects of basaloid-squamous carcinoma is reviewed. Author.

Mohs micrographic surgery fixed-tissue technique for melanoma of the nose. Mohs, F. E., Snow, S. N., Larson, P. O. Mohs Surgery Clinic, University of Wisconsin Hospital and Clinic, Madison 53792. *Journal of Dermatologic Surgery and Oncology* 1990 Dec, Vol 16 (12), pp. 1111-20.

Mohs micrographic surgery, fixed-tissue technique, for excision of nasal melanoma provides three important benefits: 1) assurance of eradication of the main mass along with its 'silent' contiguous outgrowths, 2) safe management of non-contiguous satellites too small to be visible initially, and 3) safe sparing of maximal amounts of surrounding normal tissues. These benefits are achieved because all incisions are through chemically fixed (killed) tissue, eliminating the danger of disseminating the highly transplantable melanoma cells and permitting the excision of successive layers for microscopic scanning of their undersurfaces by the systematic use of frozen sections. The process is continued to the termination of each ramification. There is no need to remove a wide margin of normal tissue as is customary with conventional surgery. Clinically invisible satellites are not moved or disturbed and can be removed safely by the same method if they appear. The reliability of the method is manifested by the 62.5 per cent 5-year cure in a series of 10 consecutive patients, all of whom had no local recurrence after micrographic surgery. Author.

Cartilage removal prior to skin grafting in the triangular fossa, antihelix, and concha of the ear. Mellette, J. R. Jr., Swinehart, J. M. Dermatology Service, Fitzsimons Army Medical Centre, Aurora, Colorado. *Journal of Dermatologic Surgery and Oncology* 1990 Dec, Vol 16 (12), pp. 1102-5.

Skin grafting onto a large area of exposed ear cartilage with irregular contours poses an increased risk of inadequate re-establishment of circulation. Removal of cartilage not needed for structural support before grafting following Mohs surgery on the triangular fossa, antihelix, and concha of the ear decreases the risk of recurrence of the carcinoma, and increases the chances for survival of the graft. Author.

The human antibody response to streptococcal C5a peptidase. O Connor, S. P., Darip, D., Fraley, K., Nelson, C. M., Kaplan, E. L., Cleary, P. P. Department of Microbiology, University of Minnesota Medical School, Minneapolis. *Journal of Infectious Diseases* 1991 Jan, Vol 163 (1), pp. 109-16.

An ELISA was developed to measure antibody, both IgG and IgA, against the streptococcal C5a peptidase (SCP), in human sera and saliva. Generally, sera and saliva from young, uninfected children lacked antibody to SCP. In contrast, most sera and saliva specimens from healthy adults had measurable levels of anti-SCP IgG and SCP-specific secretory IgA (anti-SCP sIgA). Paired acute and convalescent sera from patients with streptococcal pharyngitis possessed significantly higher levels of anti-SCP IgG than did sera from healthy individuals. Sera containing high concentrations of anti-SCP immunoglobulin were

capable of neutralizing SCP activity. A survey of healthy adults and children also showed that the latter were significantly less likely to have anti-SCP sIgA in their saliva. Detection of this antibody in greater than 90 per cent of the saliva specimens obtained from children who had recently experienced streptococcal pharyngitis demonstrated that children can produce a secretory response. This is thought to be the first report of a secretory IgA response in humans to a somatic antigen of *Streptococcus pyogenes*. Author.

Evaluation of Serratia peptidase in acute or chronic inflammation of otorhinolaryngology pathology: a multicentre, double-blind, randomized trial versus placebo.

Mazzone, A., Catalani, M., Costanzo, M., Drusian, A., Mandoli, A., Russo, S., Guarini, E., Vesperi, G. Institute of Clinical Otorhinolaryngology, University of Naples, Italy. *Journal of International Medical Research* 1990 Sep-Oct, Vol 18 (5), pp. 379-88.

The efficacy and tolerability of Serratia peptidase were evaluated in a multicentre, double-blind, placebo-controlled study of 193 subjects suffering from acute or chronic ear, nose or throat disorders. Treatment lasted seven to eight days, with the drug or placebo being administered at a rate of two tablets three times a day. After three to four days' treatment, significant symptom regression was observed in peptidase-treated patients. There was also a significant reduction in symptoms after seven to eight days for patients in both treatment groups but the response was more marked in those patients receiving the active drug. Statistical comparison between the two groups confirmed the greater efficacy and rapid action of the peptidase against all the symptoms examined at both stages. Tolerance was found to be very good and similar for both groups. It is concluded that Serratia peptidase has anti-inflammatory, anti-oedemic and fibrinolytic activity and acts rapidly on localized inflammation. Author.

Cerebrospinal fluid rhinorrhea following acoustic neurinoma surgery.

Technical note. Symon, L., Pell, M. F. Gough-Cooper Department of Neurological Surgery, Institute of Neurology, National Hospital, London, England. *Journal of Neurosurgery* 1991 Jan, Vol 74 (1), pp. 152-3.

The authors describe a method of preventing cerebrospinal fluid (CSF) rhinorrhea following surgery for acoustic neurinoma. Mastoid air cells exposed during craniectomy are skeletonized and packed with bone dust, then covered with Surgicel soaked with Tisseel fibrin glue. The use of this technique has reduced the number of acoustic neurinoma cases requiring secondary mastoidectomy for CSF leakage from 16 per cent to 5 per cent. Author.

Central odontogenic fibroma: clinicopathologic features of 19 cases and review of the literature. Handlers, J. P., Abrams, A. M., Melrose, R. J., Danforth, R. Department of Pathology, School of Dentistry, University of Southern California, Los Angeles 90089-0641. *Journal of Oral and Maxillofacial Surgery* 1991 Jan, Vol 49 (1), pp. 46-54.

The odontogenic fibroma is a benign neoplasm infrequently reported in the literature (20 cases). Nineteen additional examples are reported. This lesion occurs most frequently in the maxilla anterior to the molars and displays a striking female predilection. On occasion, it may be associated with an unerupted mandibular third molar. Histomorphologically, it is not encapsulated. A spectrum of fibrous connective tissue stroma is present: from myxoid to densely hyalinized and from relatively acellular to cellular. Calcification may or may not be present. It is distinguished by the presence of sparse cords and islands of inactive odontogenic epithelium. Enucleation or surgical curettage is appropriate therapy and recurrence is low. As there appears to be no correlation of histologic pattern with clinical behaviour, it seems unnecessary to try to separate the tumour into two variants. Author.

Estheseoneuroblastoma with intracranial extension. Meneses, M. S., Thurel, C., Mikol, J., Ramina, R., Maniglia, J. J., Arruda, W. O., Cophignon, J. Department of Neurosurgery and Anatomopathology, Lariboisiere Hospital, Paris, France. *Neurosurgery* 1990 Nov, Vol 27 (5), pp. 813-9; discussion 819-20.

The authors present five cases of olfactory neuroblastoma with intracranial extension operated on in the Department of Neurosurgery in collaboration with otorhinolaryngologists. This tumour is most frequently reported as growing inside the nasal cavities, and it can extend to the paranasal sinuses. Cases presenting initially as intracranial tumours have been infrequently reported. At present, histological and

diagnosis of this tumour is aided by the use of electron microscopy and immunocytochemistry. Total resection combined with radiation therapy remains the most satisfactory treatment. Author.

Stridor: intracranial pathology causing postextubation vocal cord paralysis. Chaten, F. C., Lucking, S. E., Young, E. S., Mickell, J. J. Division of Pediatric Critical Care Medicine, Children's Medical Center, Medical College of Virginia, Richmond. *Pediatrics* 1991 Jan, Vol 87 (1), pp. 39–43.

During an 18-month period in a pediatric intensive care unit, nine patients with vocal cord paralysis were identified using flexible bronchoscopy. When tracheally extubated, each child was found to have stridor. The children ranged in age from 17 days to 5½ years. Two patients had unilateral paralysis, but neither required tracheostomy. Seven patients displayed bilateral abductor vocal cord paralysis. Of these, six patients required tracheostomy. Surgical injury to the recurrent laryngeal nerve was the probable cause in two patients. The other seven patients had neurologic disorders with documented or suspected increases of intracranial pressure. Four of the seven patients with bilateral abductor vocal cord paralysis regained cord mobility within four months. Both children with unilateral cord paralysis have no stridor and vocalize well one year later. Cord paralysis in the setting of intracranial hypertension probably results from compression or ischemia of the vagus nerve before it exits the skull. Early visualization of the larynx should be done in patients who become stridulous when extubated, especially those with prior thoracic procedures or with neurologic disorders associated with intracranial hypertension. Author.

Bacteremia with otitis media. Schutzman, S. A., Petrycki, S., Fleisher, G. R. Department of Medicine, Children's Hospital, Harvard Medical School, Boston, Massachusetts 02115. *Pediatrics* 1991 Jan, Vol 87 (1), pp. 48–53.

To investigate the occurrence and outcome of bacteremia associated with otitis media, charts were reviewed from patients who were three to 36 months of age, had temperatures greater than or equal to 39°C, and were diagnosed with isolated clinical otitis media. A total of 2982 patients were identified. Blood cultures were obtained from 1,666 (56 per cent). Of the 1,666 patients, who had blood drawn for cultures, 50 (3.0 per cent) had bacteremia. These included 39 with *Streptococcus pneumoniae*, four with *Haemophilus influenzae*, two with *Neisseria meningitidis*, three with *Salmonella* species, and two with *Staphylococcus aureus*. The incidence of bacteremia increased at higher temperatures, being 1.9 per cent at temperatures less than or equal to 40°C and 5.0 per cent at temperatures greater than 40°C. Younger children were more likely to have bacteremia; 3.7 per cent less than or equal to 12 months of age, 2.4 per cent 13 to 24 months of age, and 1.9 per cent 25 to 36 months of age had blood culture results that were positive (not significant). Re-evaluation of the 50 bacteremic patients showed that nine patients had continued fever, three patients had persistent bacteremia, pneumonia developed in one patient, and meningitis developed in one patient. It was concluded that (one) 3 per cent of young febrile children with otitis media have bacteremia at the time of evaluation, a rate comparable to that previously reported in children with no focus of infection; (2) the incidence of bacteremia increases at higher temperatures; and (3) most febrile children with otitis media do well. The clinician must therefore weigh the potential benefit of drawing a blood culture to identify children at risk for complications against the inherent cost, inconvenience, and discomfort. Author.