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Title: SURVIVAL AND FUNCTIONAL RECOVERY IN ELDERLY MULTI-TRAUMA PATIENTS. ANALYSIS OF 659 CASES.

As the segment of population over age 65 increases impressively (18% over the next 10 years and 50% within 50 years), trauma in elderly becomes of great importance. In a 5-year period 659 consecutive cases of polytrauma geriatric patients were transported with blunt abdominal trauma and other systemic injuries. Age ranged up to 102y. and mean age was 73.8±0.7y. Forty-four patients were dead on arrival. On another 67 death occurred in emergency room, while resuscitation. After admission the 548 survivors were submitted to an urgent diagnostic evaluation, on the basis of which 68,8% underwent an emergency intervention. Out of the remaining 171 patients only 73 were finally treated conservatively. On the 37,8% of all cases a supplementary second or third operation was needed.

Overall mortality rate exceeded 23%. Although the mean age between deceased and survivors present a statistically significant difference, I.S.S. confirms its prediction associated to the final outcome. It is remarkable that patients over 80y. presented a high mortality rate of 32%, although G.T.S.S. was significantly lower compared to G.T.S.S. of the younger group-age (65-79). In addition patients admitted to the I.C.U. and intubated for longer time than one week presented high mortality rate despite low degree of I.S.S.

Preexisting diseases seemed to increase postoperative morbidity rather than mortality which was straight resulted from the injury. Although preinjury activity was high (91,97%) rehabilitation at discharge from the hospital and six months later continued to be in disappointing levels: 55,1% full care and 28,7% home assistance necessity.

The complete statistical evaluation of the above evidences show that only proper prehospital care and aggressive treatment may ameliorate morbidity rates in elderly multi-trauma patients. Rehabilitation will remain problematic until serious State's programs will undertake the subject.-

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Title: BREAST CONSERVING SURGERY AND RADIOTHERAPY AS AN ALTERNATIVE TO MASTECTOMY IN EARLY CARCINOMA OF THE BREAST.

AIM:  
 To compare the results of Local Surgery and Primary Radiotherapy versus Radical Surgery for early carcinoma of the breast treated at the Johannesburg Group of Teaching Hospitals associated with the University of the Witwatersrand from 1978 - 1987.

PATIENTS & METHODS:  
 331 - Breast conserving surgery & Radiotherapy  
 Total number = 936  
 605 - Modified Radical Mastectomy

Breast Conserving (B.C.) surgery was essentially local excision, and Radiation therapy employed was Cobalt Teletherapy with electron booster to the tumour bed. Radical Mastectomy (Mx) was of the Modified Patey type.

RESULTS:  
 Loco-regional recurrence

Stage	Survival	B.C.	Survival Mx	B.C.	Mx
T1NoMo	80%		80%	6%	16%
T2NoMo	81%		73%	33%	21%
T1N1Mo	74%		64%	24%	19%
T2N1Mo	63%		63%	22%	22%

Cosmetic results were excellent or good in 86% of evaluated patients in the Breast Conservation Group according to doctors' assessment. Post Mastectomy patients with and without reconstruction were inferior cosmetically when compared with the conservation group.

CONCLUSION:  
 Breast Conserving Surgery with Radiotherapy was equal in terms of Survival and loco-regional control and superior in cosmetic results to Radical Surgery in early carcinoma of the Breast as evaluated in this series of 936 patients with Stage I & II disease.

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Title: SIGNIFICANCE OF INTERCOSTOBRACHIAL NERVE PRESERVATION IN MODIFIED RADICAL MASTECTOMY FOR BREAST CANCER

Intercostobrachial nerve innervates to the medial and posterior aspects of the upper arm. We report the results and the significance of the preservation of this nerve.

PATIENTS AND METHODS  
 Since 1983, we have preserved the intercostobrachial nerve on 58 cases of breast cancer. They had been examined the sensory disturbance of the upper arm repeatedly with time. They were compared with 74 non-preserved cases. The sensory disturbance of coolness was evaluated by measuring the lengths of the sensory disturbed areas from the axilla to peripheral in each medial and posterior aspects of the upper arm. And the value divided the length of the sensory disturbed area by the length from the axilla to the elbow (x 100) was expressed as the sensory disturbance index (hereinafter indicated as S.D.I.). The periods of observation was divided into 0-6 Mo, 7-18 Mo, 19-30 Mo, after operation.

RESULTS  
 In preserved group, the mean values of the sums of S.D.I. (Mean±S.E.) of the medial and posterior aspects were observed 64.3±4.7(0-6 Mo), 59.0±6.3(7-18 Mo), 49.6±15.7(19-30 Mo). In non-preserved group, they were 89.1±4.3(0-6 Mo), 78.4±9.1(7-18 Mo), 109±17.4(19-30 Mo). The former showed significantly milder sensory disturbance, and improvement with time. In preserved group, sensory disturbed area was smaller in the medial aspect of the upper arm than posterior, but in non-preserved group, they showed little difference between both aspects.

CONCLUSIONS  
 Preserved group showed a smaller area of sensory disturbance than non-preserved group. Only preserved group showed improvement of sensory disturbance with time. No local recurrence of lymph node has been observed in preserved group. So, preservation of intercostobrachial nerve is a significant procedure in modified radical mastectomy.

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Title: FLUOROCYTOCHEMICAL ASSAY OF ESTROGEN RECEPTORS USING FLOW CYTOMETRY

Detection of estrogen receptors (ER) was performed for human cancer cell lines and clinical materials using flow cytometry (FCM).

Materials and Methods: Twenty five patients with breast cancer and two human cancer cell lines (ZR75-1, LK-2) were studied. We investigated ER of single cell suspensions prepared from those materials by FCM method (FACS-analyzer). FCM method were used fluorescence-conjugated estrogen (17β-estradiol-6CMO-BSA-FITC; E2-BSA-FITC). The mean fluorescence intensity (MFI) was measured. The fluorescence binding ratio (FBR) was calculated from the MFIs in incubation with and without diethylstilbestrol diphosphate (DES-DP).

Results: (1) The mean fluorescence intensity (MFI) indicating specific binding of E2-BSA-FITC increased in a dose dependent manner at the range of 10<sup>-9</sup> to 10<sup>-8</sup> M in a ER positive cell line ZR75-1 while no such dependency was seen for a ER negative cell line LK-2.  
 (2) Competitive inhibition of E2-BSA-FITC was observed for antiestrogen and estrogenic drugs but not for other steroids, supporting the specific binding of E2-BSA-FITC to ER.  
 (3) In the ER positive group investigated by dextran-coated charcoal method, the MFI was significantly higher than in the ER negative group (P<0.05).  
 (4) The ratio (FBR) was found to be significantly higher in the ER positive group than in the ER negative group (P<0.01).

Conclusion: These results suggest that the flow cytometric analysis is useful for determination of ER in breast cancer.

Table: Results of flow cytometric analysis in the ER positive and ER negative groups

ER status (DCC method)	No.	FCM method	
		MFI	FBR
ER (-)	10	90.5±31.5	1.4±0.3
ER (+)	15	201.5±149.2	2.9±1.4
Significance		P<0.05	P<0.01

(mean ± SD)