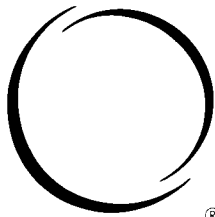


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HEAD

Scalp

Du Jovny, M., et al. **Cranioplasty: Cosmetic or therapeutic.** *Surg. Neurol.* 47: 238, 1997.

Cranioplasty is among the oldest surgical procedures. Trauma, infections, tumors, and compression caused by brain edema are some of the reasons for the removal of bone. The indications for cranioplasty after resolution of the primary process that led to the bone defect were never well defined, and many were the "cosmetic" indications for cranioplasty. However, there are many theories suggesting that an underlying physiological alteration may occur that may require the correction of the bone defect. Many patients improve after

surgery. The authors discuss the physiopathologic basis of the "syndrome of the trephine" and try to achieve a better understanding of the present status of cranioplasty and its possible therapeutic role.

Ivan M. Turpin

Nose

Rizk, S., et al. **Concurrent functional endoscopic sinus surgery and rhinoplasty.** *Ann. Plast. Surg.* 38: 323, 1997.

The authors report a series of 40 patients who underwent rhinoplasty in conjunction with sinus surgery for rhinosinusitis recalcitrant to medical management. Using the Messerklinger endoscopic technique, the combined treatment modality was determined to be safe and efficacious for all

patients with mild and moderate sinus disease and for selected patients with severe disease. An illuminating round-table discussion is included.

L. Leslie Bolton

(Reprint requests to Dr. A. Matarasso, 1009 Park Ave., New York, N.Y. 10021)

Bones and Joints

Albury, C. D. Modified condylotomy for chronic nonreducing disk dislocations. *Oral Surg.* 84: 234, 1997.

This retrospective study showed that the modified condylotomy should be considered as a surgical alternative in treatment of patients with chronic nonreducing disk dislocations that have been treated unsuccessfully nonsurgically. Sixty-three patients, previously treated unsuccessfully with nonsurgical modalities, underwent 78 operations. Of these, 94 percent of the patients believed that their pain was less postoperatively.

Carl H. Manstein

(Reprint requests to Dr. C. D. Albury, 2400 Patterson St., Suite 316, Nashville, Tenn. 37203)

Martello, J. Y., and Vasconez, H. C. Supraorbital roof fractures: A formidable entity with which to contend. *Ann. Plast. Surg.* 38: 223, 1997.

The authors report on a series of 621 patients with facial fractures that on retrospective review, revealed 58 cases of supraorbital roof fractures. This contrasts with a frequently quoted incidence of 1 to 5 percent of such fractures. Sixty-nine percent of the patients had associated skull fractures, and 54 percent had frontal sinus fractures. A majority of the patients had intracranial hemorrhage. The authors conclude that the incidence and morbidity rate of supraorbital roof fractures are much higher than generally thought, and these injuries warrant individualized aggressive treatment.

L. Leslie Bolton

(Reprint requests to Dr. J. Y. Martello, 712 Orange Grove Ave., South Pasadena, Calif. 91030)

Sato, S., et al. Effect of lavage with injection of sodium hyaluronate. *Oral Surg.* 84: 241, 1997.

The purpose of this study was to determine whether lavaging of the superior joint space of the temporomandibular joint can be used as an alternative treatment method for nonreducing disk displacement. Twenty-six patients were injected with sodium hyaluronate and evaluated at the end of 6 months. Lavaging with sodium hyaluronate appears to be a useful treatment, but longer-term follow-up studies are needed.

Carl H. Manstein

(Reprint requests to Dr. S. Sato, Dept. of Oral Surg., Tohoku Univ. Sch. of Dent., 4-1 Seiryomachi, Aoba-ku, Sendai 980-77, Japan)

BREAST

Disease

Grishkevich, V. M., and Sarygin, P. V. Restoration of the shape, position, and the skin of burn-damaged breast. (Russian) *Khirurgiya (Mosk.)* 6: 32, 1995.

Experience in the treatment of 24 women with restoration of 29 breasts that had been damaged by burns is discussed. In

16 patients, the glandular tissue of the breast lay flat under the scar. A method for restoring the shape and position of the breast is suggested. It consists of the radical excision of the cicatricial tissue covering the glandular tissue and the application of multilayer subscapular circular retention sutures for a 3-month period. The restoration of the skin over the breast is achieved by using split-thickness skin grafts or expanded healthy skin from an adjacent area.

Good aesthetic results were obtained in all cases. Stable restoration of the shape, position, and skin coverage over the breasts distorted by scars was achieved in the follow-up period from 2 months to 2 years.

Kirill P. Pshenishov

(Reprint requests to Dr. V. Grishkevich, Dept. of Plast. Surg., Vishnevsky Inst., 27 B. Serpukhovskaya St., Moscow 113811, Russia)

MAMMAPLASTY

Cook, L. S., Daling, J. R., and Voight, L. F. Characteristics of women with and without breast augmentation. *J.A.M.A.* 227: 162, 1997.

In view of the continued controversy regarding the role of silicone gel-filled implants in producing autoimmune-like disease in women who receive them, continued research in this area is inevitable. Confounding is an issue that is currently being investigated in this controversy. This study compares a range of characteristics between women with and without breast implants in an effort to identify differences, if any, between them. The report is on 3570 women (a secondary analysis of data collected from other epidemiologic studies), of whom 80 had an augmentation mammoplasty.

Women with breast implants had more alcoholic drinks per week than the control group, were younger at first full-term pregnancy, had a greater number of induced abortions, were more likely to use oral contraceptives, and had a greater lifetime number of sexual partners. They also had more than a high school education and somewhat greater household income, but their marital status was about the same as the nonimplant group. Breast implant patients were somewhat taller and less heavy than those in the nonimplant group. Breast implant patients reported greater use of semipermanent or permanent hair dyes, a point of some interest in view of recent studies, some of which suggest an association of these dyes with systemic lupus and scleroderma.

This study points to the complexity of this issue and reveals how a particular factor may have a confounding or modifying effect on the breast implant study. An editorial (*J.A.M.A.* 227: 1643, 1997) discusses the numerous ramifications of this problem quite clearly.

Errikos Constant

(Reprint requests to Dr. L. S. Cook, Fred Hutchinson Cancer Res. Ctr., 1110 Fairview Ave. N., P.O. Box 19024, Seattle, Wash. 98109-1024)

Medot, M., et al. Effects of capsular contracture on ultrasonic screening for silicone-gel breast implant rupture. *Ann. Plast. Surg.* 39: 337, 1997.

The authors undertook a study to ascertain the quantifiable sensitivity and specificity of ultrasound to detect a ruptured silicone gel-filled implant in the presence of capsular contracture. Whereas it is generally believed that capsular contracture does decrease the sensitivity of ultrasonic breast imaging in the recognition and diagnosis of abnormal masses, the actual impact of the capsular contracture on this study's