PRENEURAL ENTEROGENOUS CYSTS

J. M. SMALL (Birmingham) had presented a paper on these lesions in 1961 and had predicted that there would be further cases of cysts in the mediastinum and mesentery associated with spinal cysts. Further experience had been gained, and a recent case showing foregut anomalies associated with an intraspinal enterogenous cyst was described. It was considered that the pattern was now complete and the entity undoubted.

ANGIOGRAPHIC DEMONSTRATION OF EARLY VENOUS DRAINAGE IN HEAD INJURIES

B. ODORIZ (Argentina) had studied the carotid angiograms of 15 patients with head injuries who had subsequently undergone operation. It was considered that early venous drainage (EVD) was present when venous filling was found during the arterial or arteriolar phase of the angiogram or when it was shown two or more seconds before the filling of the main venous system. In five cases there was an extradural haematoma, in four a cerebral contusion, in five a subdural haematoma, and in one both a cerebral contusion and a subdural haematoma. EVD was demonstrated in six (40%), was doubtful in three (20%), and absent in six (40%). EVD was always found to be in the same area as the lesion demonstrated at operation, but there was no obvious relationship between EVD and the type of lesion found. In cases of extracerebral haematoma, EVD demonstrated areas of brain injury despite their normal microscopic appearances at operation. The appearance of EVD was a sign of poor prognosis, even in patients with extracerebral haematomas and no obvious brain lesions at operation. The number of cases studied was small and therefore it was impossible to say when EVD could first be demonstrated after injury.

A THERAPEUTIC TRIAL OF EPSIKAPRON

S. C. SO and R. P. SENGUPTA (Newcastle) examined the efficacy of EACA (epsilon aminocaproic acid) in preventing ruptured intracranial aneurysms from bleeding again in the preoperative period. They had administered the drug to a series of 66 patients with proved subarachnoid haemorrhage from ruptured intracranial aneurysms. Seventy-six patients had been used as controls, using a method of random selection. The two groups were compared with regard to age, incidence, sex, site of aneurysm, clinical grade on admission, time of inclusion within the series, and the length of treatment before operation (or fatal bleed). The number of female patients was higher in the EACA treated group, whereas the incidence of male patients was higher in the control series. The two groups were comparable in respect of

remaining data. Almost all the patients in both groups were in grade 3 (Botterell's classification) or higher on admission. In the EACA treated group no rebleeding occurred in the preoperative period but two patients died of thrombotic complications. In the control series eight patients were shown to have suffered from recurrent haemorrhage and nine were presumed to have bled again because of rapid deterioration in clinical condition. Of the 17 patients who bled a second time, two became fit for surgery, four died, and 11 were managed conservatively. All the recurrences of haemorrhage occurred within the first two weeks of the initial bleeds. The pharmacological basis of EACA in the management of ruptured intracranial aneurysms was discussed. It was concluded that EACA was of definite value in the short-term prevention of recurrent haemorrhage from ruptured intracranial aneurysms. Definitive surgery was still the best safeguard against recurrences of bleeding.

CIRSOID ARTERIOVENOUS MALFORMATIONS OF THE SCALP

R. H. SHEPARD (Derby) described the clinical findings, investigations, and operative procedures in three cases of congenital arteriovenous malformation of the scalp found in three young men aged 29, 18, and 20 years respectively, who had been seen in the out-patient clinic during a period of six months. The author had seen a further three patients with similar abnormalities, the total of six accounting for 5% of a total personal series of 115 cases of cranial angioma. The rarity of the lesion was emphasized, and it was noted that in the series of Olivecrona and Ladenheim only 2.4% of 125 angiomas were of this type. The importance of full angiographic investigation including, for occipital lesions, vertebral studies was emphasized.

Primary excision of the anomaly was performed in the first case. In cases 2 and 3 preliminary ligation and division of the main feeding arteries was ineffective, the malformation recurring within a few months in the second case and a few weeks in the third. Repeat carotid angiograms in these last two cases demonstrated anastomoses between branches of the main vessels proximal to the ligatures and branches distal to the ligatures. These simple procedures of ligation and division of main vessels were performed with the idea of reducing the blood supplies to the lesions without rendering likely ischaemic necrosis of thin scalp flaps. In cases 2 and 3 the main masses of angiomatous tissue were deep to the galea and included pericranium. The angiomas were totally excised. In the third case a large feeding vessel from the right middle meningeal artery entered the deep surface of the angioma and required division.