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Abstract Selection

Validation of a croup score and its use in triaging children with croup. Jacobs, S., Shortland, G., Warner, J., Deardon, A., Gataure, P. S., Tarpey, J. Intensive Therapy Unit, University Hospital of Wales, Cardiff. *Anaesthesia* (1994) October, Vol. 49 (10), pp. 903–6.
The Syracuse croup scoring system was validated in 165 children with croup who were admitted to an intensive therapy unit for assessment over a one year period. The unit served as a croup triage point for Cardiff and its environs. A score of >5 was taken as an indication that a patient was at risk of upper airway obstruction and was used to support a triage decision by the junior hospital doctor to admit a patient to the intensive therapy unit. All patients with an initial score < or = 5 were considered safe for transfer to a general paediatric ward and none of these required subsequent admission to intensive care. This score was then tested on a further 134 children with croup, in order to identify those patients who required specialized monitoring, observation or treatment in intensive care. A score of >5 gave a specificity of 100 per cent and a sensitivity of 80 per cent. Croup scoring continued after admission on the general paediatric wards. Two patients who were originally admitted to the intensive therapy unit with a score >5 improved within 6 h and were transferred to the general ward with a score < or = 5. These children subsequently required readmission to the intensive therapy unit. Our tracheal intubation rate of 2 per cent was low and may relate to the routine use of regular adrenaline nebulization. We recommend this scoring system to other paediatric departments for initial triaging decisions and for documenting progress on the wards. Author.

Primary ciliary dyskinesia (the immotile cilia syndrome). Schidlow, D. V. Department of Pediatrics, Medical College of Pennsylvania, Philadelphia. *Annals of Allergy* (1994) December, Vol. 73 (6), pp. 457–68; quiz 468–70.
OBJECTIVE: The purpose of this review is to familiarize the reader with the genetic aspects, clinical manifestations, diagnostic techniques and management of the primary ciliary dyskinesia syndrome. Further, this article illustrates some unusual features of this syndrome and discusses some speculative hypotheses concerning its pathogenesis and clinical presentation. DATA SOURCES: The bibliography includes references in English as well as some references of historical interest in German. Both human and veterinary literature are quoted. Sources included computerized bibliographic searches of recent literature and reviews of literature. STUDY SELECTION: Selection of papers was made based on their historic importance in the definition and characterization of the disease, and on reviews of large bodies of novel or interesting information. Some review papers were not included to avoid repetition. RESULTS: Although the incidence of primary ciliary dyskinesis is low, the inclusion of this condition in the differential diagnosis of chronic and recurrent sinobronchial disease in children and older individuals is very common. Primary ciliary dyskinesia should be suspected in individuals who present chronic respiratory symptoms already in the neonatal period, develop profuse, chronic mucopurulent rhinorrhea, and chronic otitis media and sinusitis. Chronic cough, obstructive lung disease, and bronchorrhea associated with the aforementioned manifestations should also make clinicians suspect this syndrome. Male sterility is almost universally present and situs inversus is present in 50 per cent of affected persons. The diagnosis of primary ciliary dyskinesia is clinical and is confirmed by studies of ciliary motility and ultrastructure of the respiratory mucosa. Management is directed to microbial suppression by frequent antibiotic administration, and to clearing of retained secretions. CONCLUSIONS: The diagnosis of primary ciliary dyskinesia requires familiarity with the clinical picture and the specific techniques of identification. Although the basic mechanism of disease is known, the molecular genetics of primary ciliary dyskinesia and the causes for the phenotypic variability remain to be explained. Future research should be directed to the identification of the gene(s) responsible for the manifestations of the disease, and to effective methods of activation, in vivo, of dysfunctional cilia. Author.

Comparison of budesonide and disodium cromoglycate for the treatment of seasonal allergic rhinitis in children. Fisher, W. G. The Clinic, Fallin, Scotland, UK. *Annals of Energy* (1994) December, Vol. 73 (6), pp. 515–20.
BACKGROUND: Budesonide and disodium cromoglycate (DSCG) are commonly used agents for the treatment of seasonal allergic rhinitis. The comparative efficacy, however, of these agents in the pediatric population has not been reported. OBJECTIVE: The efficacy of nasally administered budesonide (400 micrograms/day, administered twice daily) was compared with that of DSCG (31.2 mg/day, administered six times per day) for the treatment of seasonal allergic rhinitis in children. METHODS: A single-blind parallel group study was carried out in 56 children (mean age 12 years) with seasonal allergic rhinitis. Treatment was for 3 weeks, during which patients assessed nasal symptoms, eye symptoms, and overall efficacy. RESULTS: Over the 3-week period, mean scores for the nasal symptoms of blocked nose, itchy nose, and sneezing were significantly lower with budesonide therapy than with DSCG. P values were .021, .0032, and .0016, respectively. Both treatment groups reported reduced scores for runny nose and eye symptoms; no statistically significant difference was observed between budesonide and DSCG. The global efficacy assessment scores show significantly more patients benefited from budesonide therapy than from DSCG treatment. CONCLUSIONS: The results suggest that nasally administered budesonide has greater efficacy than DSCG in the treatment of seasonal allergic rhinitis in children. Author.

Is there a role for temporomandibular joint surgery? Dolwick, M. F., Dimitroulis, G. Department of Oral and Maxillofacial Surgery, University of Florida, College of Dentistry, Gainesville. *British Journal of Oral and Maxillofacial Surgery* (1994) October, Vol. 32 (5), pp. 307–13.
In North America, surgery of the temporomandibular joint (TMJ) has made considerable progress, although significant failures have plagued this field in recent years. In spite of the controversies, surgery of the TMJ continues to have a small, but nonetheless, important role in the management of specific temporomandibular disorders (TMD). A general overview of the current thinking in TMJ surgery is presented with the clear message that careful case selection is the most essential ingredient for a successful outcome. Author.

Upper aerodigestive tract cancers. Muir, C., Weiland, L. Information and Statistics Division, Scottish Health Service, Edinburgh. *Cancer* (1995) January 1, Vol. 75 (1 Suppl.), pp. 147–53.
BACKGROUND: Cancers of the upper aerodigestive tract constitute approximately 4 per cent of all malignancies. These include cancer of the lip, tongue, major salivary glands, gums and adjacent oral cavity tissues, floor of the mouth, tonsils, oropharynx, nasopharynx, hypopharynx and other oral regions, nasal cavity, accessory sinuses, middle ear, and larynx. METHODS: The histologically diagnosed cancers of the upper aerodigestive tract reported to the Surveillance, Epidemiology, and End results programme of the National Cancer Institute in 1973–1987 were tabulated by histologic type, sex, age, and racial group, and according to quinquennium (1973–1977, 1978–1982, 1983–1987). Frequencies, age-specific incidence rates, median age, and extent of spread at diagnosis, stage, and survival were examined. RESULTS: Cancer of the upper aerodigestive tract represented 3.5 per cent of all microscopically proven malignant neoplasms. Except for salivary glands, gums, nasopharynx, and nasal cavity

and accessory sinuses, epidermoid carcinomas accounted for greater than 95 per cent of the cancers. For all aerodigestive sites combined, there was a 2-to-1 male-to-female ratio (greater for laryngeal cancer, which was approximately 5 to 1). Incidence in black males was often twice the levels recorded in white males, whereas rates for black and white females tended to be close. The 5-year relative survival was approximately 50 per cent (90 per cent for lip and 65 per cent for larynx), was somewhat better for whites than for blacks, and did not improve significantly over the 15 years studied. Salivary gland adenocarcinoma carried a survival of approximately 80 per cent. CONCLUSIONS: Because many of the cancers of the upper aerodigestive tract are caused by alcohol and tobacco use, the potential for prevention is considerable. Author.

A dose-ranging study of the efficacy and safety of azelastine nasal spray in the treatment of a seasonal allergic rhinitis with an acute model. Weiler, J. M., Meltzer, E. O., Benson, P. M., Weiler, K., Widlitz, M. D., Freitag, J. College of Medicine, University of Iowa, Iowa City. *Journal of Allergy and Clinical Immunology* (1994) December, Vol. 94 (6 Pt 1), pp. 972–80.
BACKGROUND: Oral azelastine, a nonsteroidal antiinflammatory respiratory investigational drug has demonstrated activity in the treatment of allergic rhinitis and asthma with a good safety profile. METHODS: Azelastine nasal spray was compared with sustained-release oral chlorpheniramine maleate and placebo for efficacy and safety in the treatment of seasonal allergic rhinitis in a double-dummy, two-centre, 2-day double-blind, randomized, dose-ranging, parallel-groups, onset and duration of action study. Two hundred and sixty-four subjects reported to an outdoor park on Saturday morning during the height of the fall pollen season and remained there for 8 hours that day and the next to ensure maximal exposure to seasonal aeroallergens. Symptom diary cards were collected hourly Saturday from 8.00 a.m. to 10.00 a.m. (baseline period). Subjects who had sufficient symptoms were randomized into five groups and received medication at 10.00 a.m. and 10.00 p.m. on Saturday and at 10.00 a.m. on Sunday: azelastine 0.1 per cent (1 spray (0.12 mg) per nostril every 12 hours, 2 sprays per nostril every 12 hours, or 2 sprays per nostril once daily), Chlor-Trimeton Repetabs (12 mg twice daily), or placebo (twice daily). Diary cards were completed hourly (11.00 a.m. to 4.00 p.m.) and at 6.00, 8.00 and 10.00 p.m. on Saturday and again hourly on Sunday (from 8.00 a.m. to 4.00 p.m.) to evaluate rhinitis symptoms and adverse events. RESULTS: Two hundred and fifty-nine subjects completed the study. The groups that received 2 sprays of azelastine per nostril once and twice daily and the chlorpheniramine group had statistically significantly more improvement in total rhinitis symptoms than the placebo group without serious adverse events. CONCLUSIONS: This study supports a once to twice daily dosing regimen for 2 sprays of 0.1 per cent azelastine in the acute treatment of allergic rhinitis with onset of action within 2 to 3 hours. Author.

Nasal challenge with allergen upregulates the local expression of vascular endothelial adhesion molecules. Lee, B. J., Naclerio, R. M., Bochner, B. S., Taylor, R. M., Lim, M. C., Baroody, F. M. Department of Medicine (Division of Clinical Immunology), Johns Hopkins University School of Medicine, Baltimore, MD. *Journal of Allergy and Clinical Immunology* (1994) December, Vol. 94 (6 Pt 10, pp. 1006–16.
To understand the events involved in selective eosinophil migration into allergic inflammatory sites, we studied the expression of vascular endothelial adhesion molecules in the nasal mucosa. Ten subjects with asymptomatic seasonal allergic rhinitis and 13 nonallergic subjects underwent localized allergen challenge of one inferior turbinate. Twenty-four hours later, biopsy specimens were obtained from the inferior turbinates bilaterally in the seasonally allergic subjects and unilaterally in the nonallergic control subjects. The specimens were divided, sectioned, and either stained for identification of eosiniphils or analysed immunohistochemically for intercellular adhesion molecule-1, E-selectin, vascular cell adhesion molecule-1 (VCAM-1), and von Willebrand's factor. Intercellular adhesion molecule-1 expression was observed in all mucosal specimens, with no significant difference among groups. E-selectin showed minimal baseline expression, and low levels were significantly induced on the challenged mucosa of the allergic compared with nonallergic subjects ($p<0.05$). VCAM-1 was expressed basally and was significantly unregulated by allergen challenge, compared with the nonchallenged side and nonallergic control subjects ($p<0.05$). Submucosal eosinophils increased significantly in allergic subjects 24 hours after antigen challenge, compared with nonallergic control subjects and weakly correlated with VCAM-1 expression ($rs = 0.33$, $p = 0.06$). Our results suggest that endothelial activation accompanies allergic inflammation. Furthermore, because the counterligand for VCAM-1, very late activation antigen-4, is present on eosinophils, VCAM-1 upregulation may contribute to the selective recruitment of these cells to the nasal mucosa. Author.

Proposed nomenclature for quantifying subdivisions of the bronchial wall. Bai, A., Eidelman, D. H., Hogg, J. C., James, A. L., Lambert, R. K., Ludwig, M. S., Martin, J., McDonald, D. M., Mitzner, W. A., Okazawa, M., *et al.* University of British Columbia Pulmonary Research Laboratory, St. Paul's Hospital, Vancouver British Columbia, Canada. *Journal of Applied Physiology* (1994) August, Vol. 7 (2), pp. 1011–4.
There is increasing interest in the structural components of the airway wall because of the airway remodelling that is observed in conditions such as asthma and chronic obstructive pulmonary disease and because of their contribution to changes in airway mechanics. This interest has stimulated several groups to make morphometric measurements on airway cross sections, and their results have been reported using a variety of nomenclature. We propose the adoption of a standard system of nomenclature that is based on accepted terms for subdivisions of the airway wall and has been agreed to by several groups working in this field. Author.

Early evaluation of necrotizing fasciitis with use of CT. Yamaoka, M., Furusawa, K., Uematsu, T., Yasuda, K. Oral and Maxillofacial Surgery Department II, Matsumoto Dental College, Nagano, Japan. *Journal of Craniomaxillofacial Surgery* (1994) October, Vol. 22 (5), pp. 268–71.
Gas bubbles are one of the important signs in the clinical diagnosis of necrotizing fasciitis, and radiographs are mandatory. An instance where gas bubbles not found on the plain radiographs were clearly shown by CT, which is a useful method for close monitoring and decompression of gas bubbles situated deeply in the spaces of the maxillo-facial and neck regions. Author.

Recovery of the sutured facial nerve after removal of acoustic neuroma in patients with neurofibromatosis-2. Blomstedt, G. C., Jaaskelainen, J. E., Pyykko, I., Ishizaki, H., Troupp, H., Palva, T. Department of Neurosurgery, Helsinki University Hospital, Finland. *Neurosurgery* (1994) September, Vol. 35 (3), pp. 364–8; discussion 368–9.
The authors compared the long-term recovery of sutured facial nerves after the removal of 8 neurofibromatosis-2 (NF2)-associated and 22 non-NF2 acoustic neuromas. The patients were from a series of 270 patients operated on for an acoustic neuroma between 1979 and 1989. The assessment was done with a modified House and Brackmann scale from video recordings. At least some facial movement or tone was achieved (Grade 5 or better) in all but three patients, but in none was the recovery excellent. The facial function, judged by the overall appearance in movement, recovered less in patients with NF2 ($P = 0.048$); a moderately good recovery (Grade 3 or better) was seen in one patient of eight with NF2, as compared with 13 of 22 with non-NF2. In conclusion, if the tumour cannot be peeled off easily from the facial nerve in patients with NF2, leaving a fragment of tumor behind is preferable to cutting and suturing the facial nerve. Author.

Human acoustic neuromas secrete interleukin-6 in cell culture: possible autocrine regulation of cell proliferation. Adams, E. F., Rafferty, B., Mower, J., Ward, H., Petersen, B., Fahlbusch, R. Department of Neurosurgery, University of Erlangen-Nurnberg, Germany. *Neurosurgery* (1994) September, Vol. 35 (3), pp. 434–8; discussion 438.
Interleukin-6 (IL-6) secretion by cell cultures of human acoustic neuromas was examined. Secretory rates varied from 0.02 to 5.4 ng/10 (5) cells per 4 days, depending on the tumor. The IL-6 immunoreactivity eluted from a Sephadex G-100 column in a major peak corresponding to an M(r) of 30,000 and a lesser peak corresponding to an M(r) of 50,000. Western blot analysis revealed three IL-6 immunoreactive bands with M(r)s corresponding to 53,000, 29,000, and 24,000. Tumour necrosis factor-alpha,

interleukin-1-beta, and cholera toxin all stimulated IL-6 secretion. An antisense phosphorothioate oligonucleotide against IL-6 messenger RNA inhibited both (3H) thymidine uptake and IL-6 secretion by acoustic neuroma cells in culture. In addition, (3H)thymidine uptake was inhibited by a specific polyclonal antibody against IL-6. We conclude that human acoustic neuroma cells produce and secrete IL-6, which may act in an autocrine manner to stimulate cellular proliferation. Author.

Combined and three-dimensional rendered multimodal data for planning cranial base surgery: a prospective evaluation. Gandhe, A. J., Hill, D. L., Studholme, C., Hawkes, D. J., Ruff, C. F., Cox, T. C., Gleeson, M. J., Strong, A. J. Department of Radiological Sciences, Maudsley Hospital, London, England. *Neurosurgery* (1994) September, Vol. 35 (3), pp. 463–70; discussion 471.
Magnetic resonance (MR), X-ray computed tomography (CT), and angiographic images best depict soft tissue, bone, and blood vessels respectively. No one on its own is sufficient in the preoperative assessment of cranial base lesions. We have developed and evaluated a computational technique for the three-dimensional (3D) combination and display of multimodality images for planning cranial base surgery. This evaluation was prospective and performed in such a way that the results could be quantified. Eight patients (three acoustic neuromas, four subfrontal and suprasellar meningiomas, and one petrous apex meningioma) underwent MR, CT, and MR angiographic investigations. These images were registered with anatomical landmarks rather than an external frame. Two techniques were used to display the resulting combined images: multiple slices in which bone from CT was overlaid on soft tissue from registered MR and pseudo-3D-rendered movie sequences showing bone from CT, lesions and optic nerves from MR, and blood vessels from MR angiography. The advantages of the combined displays compared with those of conventional methods of viewing were assessed prospectively by the operating surgeon and by an independent surgeon, and the results were compared with operative findings. The preoperative assessment showed a significant improvement ($P<0.05$, sign test) in the depiction of both individual structures (lesion and bone from overlaid slices and lesion and vasculature from 3D-rendered displays) and structural relationships (tumor-bone relationships from overlaid slices and of tumor-vasculature relationships from 3D-rendered displays). The operative findings indicated that a more accurate interpretation of this information was possible from the combined images. Author.

Aggressive papillary middle ear tumors: a report of two cases with review of the literature. Polinsky, M. N., Brunberg, J. A., McKeever, P. E., Sandler, H. M., Telian, S., Ross, D. Section of Neurosurgery, University of Michigan Hospitals, Ann Arbor. *Neurosurgery* (1994) September, Vol. 35 (3), pp. 493–7; discussion 497.
Adenomatous tumors of the middle ear are rare, with only approximately 100 cases reported. A distinct subclass of this tumor demonstrates microscopic papillary architecture and has a propensity to erode the petrous bone and extend intracranially. The term "aggressive papillary middle ear tumor" has recently been proposed to describe this more invasive type of middle ear tumor. Thirty-seven cases of aggressive papillary middle ear tumors have been reported. We present two additional cases and discuss the clinical, radiologic, histologic, and operative features of this locally aggressive neoplasm. The tumor affects adults of both sexes. The clinical prodrome is prolonged. Presenting signs and symptoms most often relate to the involvement of cranial nerves V–VIII. Imaging studies reveal large, enhancing, destructive tumors with a generous vascular supply. Intraoperatively, the tumors are bloody, fibrous, and adherent to surrounding structures. Various surgical approaches in combination or in series may be used. Preoperative embolization may be helpful. The role of adjunctive radiation is unclear. Aggressive papillary middle ear tumors are histologically benign tumors with clinically destructive behavior. However, it appears that aggressive surgical management affords prolonged survival with minimal worsening of cranial nerve deficits. Author.

***Brain stem compression secondary to adipose graft prolapse after* translabyrinthine craniotomy: case report.** Chen, T. C., Maceri, D. R., Levy, M. L., Giannotta, S. L. Department of Neurological Surgery, University of Southern California School of Medicine, Los Angeles. *Neurosurgery* (1994) September, Vol. 35 (3), pp. 521–3; discussion 523–4.
Three cases of fat graft prolapse into the cerebellopontine angle with clinical deterioration are presented. These patients had undergone translabyrinthine craniotomy for cerebellopontine angle tumors and had autologous abdominal fat strips placed to obliterate the dural defect and the mastoid cavity. Two patients suffered significant morbidity, and one patient died. Clinical presentation, computed tomographic scan findings, method of treatment, and avoidance of this complication are discussed. Author.

Screening for hearing loss in an at-risk neonatal population using evoked otoacoustic emissions. Meredith, R., Stephens, D., Hogan, S., Cartlidge, P. H., Drayton, M. Welsh Hearing Institute, University Hospital of Wales, Cardiff, UK. *Scandinavian Audiology* (1994), Vol. 23 (3), pp. 187–83.
The present study examines the performance of a transient evoked otoacoustic emissions hearing screening programme for neonates with risk factors for hearing loss. The programme has run for 5 years, and 772 babies with various risk factors have been screened using the Programmable Otoacoustic Emissions Measurement System (POEMS) designed by the Medical Research Council Institute of Hearing Research. Fourteen cases of significant hearing loss have been detected, with no false negative results. However, a very high false positive rate is reported, especially in babies with a birthweight of less than 1500 g. Author.

Intranasal fluticasone propionate is more effective than terfenadine tablets for seasonal allergic rhinitis. van Bavel, J., Findlay, S. R., Hampel, F. C. Jr., Martin, B. G., Ratner, P., Field, E. Allergy Associates of Austin, Diagnostic Clinic, Tex. *Archives of Internal Medicine* (1994) December 12–26, Vol. 154 (23), pp. 2699–704.
BACKGROUND: We compared the efficacy and tolerability of the intranasal corticosteroid fluticasone propionate with that of the antihistamine terfenadine in patients with seasonal allergic rhinitis. METHODS: Two hundred and thirty-two adults and adolescents with seasonal allergic rhinitis received intranasal fluticasone propionate (20 micrograms once daily), terfenadine tablets (60 mg twice daily), or placebo for 2 weeks in a double-blind randomized, parallel-group study. Main outcome measures were clinician- and patient-rated individual and total nasal symptom scores (based on ratings of nasal obstruction, sneezing, nasal itching, and rhinorrhea); clinician-rated overall response to therapy; changes in nasal inflammatory cell counts; adverse events; and morning plasma cortisol concentrations. RESULTS: Both clinician- and patient-rated total and individual nasal symptom scores were significantly lower in the fluticasone group than in either the terfenadine group or the placebo group at nearly every measured time point throughout the treatment period. After 2 weeks of therapy, clinician-rated total nasal symptom scores decreased by 49 per cent in the fluticasone group compared with 27 per cent in the terfenadine group and 19 per cent in the placebo group. In general, therapy with terfenadine was not statistically distinguishable from that with placebo based on patient-rated total or individual nasal symptom scores. According to clinician ratings, 64 per cent of fluticasone-treated patients compared with 49 per cent and 44 per cent of patients treated with terfenadine and placebo, respectively, experienced significant or moderate improvement. A greater percentage of fluticasone-treated patients compared with either terfenadine- or placebo-treated patients experienced reductions in intranasal eosinophil and basophil counts after 2 weeks of therapy. No unusual or serious drug-related adverse events were reported. Morning plasma cortisol concentrations after 2 weeks of therapy did not differ among groups. CONCLUSION: Fluticasone aqueous nasal spray, a well-tolerated corticosteroid preparation that can be administered once daily, is more affective than terfenadine tablets or placebo in controlling symptoms of seasonal allergic rhinitis. Author.

Acquired laryngomalacia as a cause of obstructive sleep apnea. Chetty, K. G., Kadifa, F., Berry, R. B., Mahutte, C. K. Department of Medicine, Long Beach Veterans Affairs Medical Center, CA 90822. *Chest* (1994) December, Vol. 106 (6), pp. 1898–9.
We describe a patient who, 4 years after a radical neck dissection and radiotherapy, presented with obstructive sleep apnea; upon bronchoscopy, he was found to have acquired laryngomalacia. Inspiration induced upper airway obstruction due to a large flaccid

epiglottis, large aryepiglottic folds, and edema of the supraglottic area. We suggest that acquired laryngomalacia can lead to obstructive sleep apnea. Patients with obstructive sleep apnea after radical neck dissection need to be evaluated for laryngomalacia with fiberoptic laryngobronchoscopy. Examination of the upper airway is useful to determine the nature and extent of any upper airway collapse. Author.

Plasmacytoma of the larynx. Slavicek, A., Betka, J., Mirejovsky, P. From the 1st ORL Clinik and 1st Pathology Institute, Charles University in Prague, Czech Republic. *Otolaryngologie* (in Czech with English abstract) (1994), Vol. 43, pp. 260–2.
Two rare plasmacytomas of the larynx are reported. The patients both men one 57 the other 70 on admission presented with massive infiltrates of the larynx requiring tracheostomy in the older man. Surgical removal was successful and the 57 year old patient was symptomless for 13 years after his operation presenting with a recurrence on his soft palate which was removed. The other patient had remained without any sign of the original disease for 9 years. The histopathological description and illustrations are of considerable interest showing in the 57 year old man the tumour consisting of mature plasma cells with scattered multiple deposits of amyloid. There are unusual Russel bodies of "giant size" present not previously described. The other tumours has been described as composed of less mature plasma cells with amyloid deposits. It is emphasized that plasmacytomas may be difficult to assess at presentation and both patients have been closely followed-up over many years. Both remained without any radiological or biochemical evidence of any systemic myelomatosis.

The surgical treatment of a neurinoma of the eighth nerve by the translabyrinthine approach. Koval, J., Sulla, L., Molcan, M. From the ORL and Neurosurgery Departments of the University of PJ Safarik in Kosice, Slovakia. *Otolaryngologie* (in Slovak with English abstract) (1994), Vol. 32, pp. 221–4.
A neurinoma (sic) or Schwannoma of the VIIIth nerve was removed in two stages by the translabyrinthine method. The staging was necessitated by the considerable difficulties in locating the tumour and the patients condition. The removal of the tumour was completed at the second stage which proved uneventful. The anatomical and functional integrity of the facial nerve was fully preserved. It may be interesting to draw our attention to the terminology used instead of the incorrect notorious term "acoustic neuroma".

Ultrastructural and morphometric investigations of the spiral ganglion of the normal rat. Lukan, N., Fercakova, A., Jalc, P. From the ORL and Neurobiological Institute, Kosice, Slovakia. *Otolaryngologie* (in Slovak with English abstract) (1994), Vol. 43, pp. 266–9.
A detailed quantitative analysis of the type I ganglion cells of the normal rat are reported confirming earlier findings. The technical details are of interest forming the basis of some experimental studies.