dL and a PT 3 seconds more than control. Although patients who progressed to deeper coma grades had severe hepatic lesions, similar lesions were found in 15 of 78 patients who did not progress. Therefore the degree of mitochondrial injury was not believed to be responsible for the neurological progression.

Monica Hauptman, MD

ABDOMINAL WOUNDS, PERITONEAL LAVAGE; PERITONEAL LAVAGE, ABDOMINAL WOUNDS

Five hundred open taps or lavages in patients with abdominal stab wounds

Feliciano DV, Bitondo CG, Steed G, et al
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Dec 1984

This study was designed to evaluate the diagnostic accuracy of peritoneal tap and lavage in patients with stab wounds to the anterior abdomen. Five-hundred patients with evidence of peritoneal penetration but no evidence of intraperitoneal injury underwent open-technique lavage. A positive tap was defined as 1) aspiration of 20 mL or more of gross blood, feces, bile, or food; or 2) after infusion of 1,000 mL normal saline, effluent results of more than 100,000 RBC/mm^3, more than 500 WBC/mm^3, or an elevated amylase level. Patients with positive taps or lavages were taken to celiotomy; the remainder were observed. Two-hundred-eighty-three patients had negative lavages, and 7 of these later were found to have intraperitoneal injury. Two-hundred-seventeen had positive results, of which 37 had no demonstrable intraperitoneal injury at celiotomy. Overall the accuracy was 91.2%, sensitivity was 96.3%, and specificity was 88.2%. The authors believe the test is sensitive enough to warrant its use in anterior abdominal stab wounds, thus saving many patients unnecessary celiotomy. They note that a delay of more than 2 to 4 hours contributed to their number of false-positive lavages by WBC criteria. In addition they no longer recommend using amylase because of its low yield.

Gary Halvorson, MD

CANDIDIASIS, VAGINAL, TREATMENT

Single blind comparison of ketoconazole 200 mg oral tablets and clotrimazole 100 mg vaginal tablets and 1% cream in treating acute vaginal candidosis

Bingham JS
Br J Vener Dis 60:175-177
1984

A single-blind prospective study of 103 patients was done comparing oral ketoconazole with clotrimazole vaginal suppositories for the treatment of vaginal candidiasis. The patient's diagnosis, initially made by Gram stain demonstrating yeast cells or psuedomycelia, subsequently was confirmed by culture. Patients were treated randomly with either ketoconazole 200 mg BID for 5 days, or with clotrimazole 100 mg vaginal tablet each evening for 6 days and clotrimazole cream 1% to the vulva and perianal areas as needed. The success of each regimen was evaluated by a subjective graded score (ranging from absent to severe) given by the patient for clinical symptoms of discharge, pruritis, vulvitis, and vaginitis on follow-up days 14 and 42. Fungal cultures were obtained on these days. On follow-up day 14, patients who previously had received treatment for candidosis were asked to compare the acceptability of the trial medication with their previous treatment. The results demonstrated that both treatments were equally effective in reducing symptoms of vaginal candidiasis, yielding negative culture results, and preventing relapse. Significantly more patients treated with ketoconazole than those treated with clotrimazole found their new treatment more acceptable than previous therapy. The authors conclude that oral ketoconazole is an effective and possibly preferred alternative treatment for vaginal candidiasis.

Stanford Lee, MD

COMPUTERIZED TOMOGRAPHY, TRAUMA, THORACIC TRAUMA, ABDOMINAL

Computed tomography in thoracoabdominal trauma

Sherck JP, McCort JJ, Oakes DD
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Dec 1984

The authors reviewed all cases over a 5-year period in which a posttraumatic computed tomography (CT) scan was done. There were 122 abdominal and 10 thoracic scans performed on 98 patients. Eight of the thoracic scans were obtained within 24 hours of injury. None detected an injury needing further therapy. Two scans were obtained after 48 hours. One altered therapy by preventing a thoracotomy for a bullet fragment. Abdominal scans were performed after blunt (79), penetrating (10), or complex (4) injuries. Accuracy was assessed by autopsy, operation, serial CT scans, other radiographic studies, or subsequent clinical course. Splenic injuries were detected by CT in 17 patients. Guided by CT findings, surgery was confined to 5 patients. Hepatic injuries were found in 8 patients. Surgery was avoided in these patients based on clinical stability and CT findings. Renal injuries were found in 11 patients. Nine also had an IVP, which provided the same information as the CT scan in all cases. Pancreatic abnormalities were noted on 24 scans in 9 patients. There were 1 false-positive and 8 false-negatives, including one missed pancreaticoduodenal injury. Three patients with small bowel injury were missed by CT scan. The authors conclude that CT is useful in the evaluation of splenic, hepatic, and renal injuries; in localizing posttraumatic abscesses or pseudocysts; and in diagnosing retro-