46. Experience of an Epipharinx Tumor in which Disturbance of Cranial Nerves were Initial and Main Symptoms

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47. A Case of Colloid Cyst in Third Ventricle

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We have reported a case of successful removal of a colloid cyst in third ventricle. This 31-year-old male was admitted to hospital on May 29 to August 18, 1971, because of suddenly increased intracranial pressure with unconsciousness. Pneumoencephalography showed a 2.5 cm in diameter rounded tumor-shadow in the anterior-superior part of the third ventricle. Adding the right-sided frontal craniotomy, we have done successful subtotal removal of cystic wall. Postoperative clinicopathological diagnosis revealed a colloid cyst with ependymal-like wall. Postoperative recovery was uneventful. Statistically colloid cyst in the third ventricle (Monro cyst) is comparatively rare; choroidal cyst (including Monro cyst) represents about one per-cent of all intracranial neoplasma verified by autopsy in Japan (Ueki, Katsura 1959) and 0.3% in the world (Gruder 1935).

48. Note on Antibiotic Therapy in Craniotomy

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Recently, craniotomy is performed safely, owing to the progress of anesthesia, surgical technique and antibiotics.

We used to give patients massive doses of antibiotics during and after surgery, with no significant consideration of doses or route of medication.

Up to today, there are many reports which emphasize the difficulty of penetration of antibiotics into the brain.

Since January 1971, in 10 cases of ventricular drainage with craniotomy, we studied the concentration of cephaloridine in serum and cerebrospinal fluid from ventricular drainage in relation to time after injection.

Antibiotic levels were determined by biological assay with streptococcus haemolyticus D.

We concluded that concentration of cephaloridine in cerebrospinal fluid is approximately one tenth of that in serum, and concentration of cephaloridine in cerebrospinal fluid increase or decrease parallel to the concentration of that in serum.

49. Surgical Indication for Massive Gastrointestinal Hemorrhage After Craniotomies

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Eleven cases of massive gastrointestinal hemorrhage after craniotomies are presented. In this group, there are 5 of brain tumors, 4 of aneurysms and 2 of spontaneous intracerebral hemorrhage. The type of intracranial disease cannot be correlated with the occurrence of the gastrointestinal hemorrhage or ulceration. The hemorrhage occurred in all patients within a week postoperatively, and was manifested by melena, hematemesis and shock. Gastroenterostomy was carried out in all patients, and the hemorrhage was located in the upper tract. Seven patients were survival and four patients dead. One patient died of pneumonia postoperatively. The second patient died of intracerebral hematoma after craniotomy. In the third patient, the suture line of the duodenum was separated at autopsy. The fourth patient died of gastrointestinal bleeding postoperatively and autopsy was not performed. Our series indicates that early gastroenterostomy offers the best chance for survival.