DO.05.11

PULMONARY CMV INFECTION AND INTERSTITIAL PNEUMONIA AFTER BONE MARROW TRANSPLANTATION - AN AUTOPTIC STUDY

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Interstitial pneumonia (IP) is a frequent and serious complication of bone marrow transplantation (BMT). Most of the cases are assumed to be caused by cytomegalovirus (CMV) infection. However, the precise position of CMV in the aetiology of IP is not clearly understood so far. This study explores the association of CMV infection and IP in a necropsy series of 104 bone marrow recipients. Paraffin sections of lung tissue were analysed by hematoxylin-eosin morphology, immunohistochemistry and in-situ-hybridization (ISH). At necropsy, IP was detected in 59 of 104 marrow recipients (56 %). Morphologically and/or immunohistochemically proven CMV infection of lung tissue was found in 18 patients. 12 of the 18 CMV cases were associated with IP, thus presenting as CMV-pneumonias. The remainder of 6 CMV-positive lungs showed no signs of IP. In a majority of 47 IP (79 % of all IP) no pathogenic organisms were identified (idiopathic IP). By ISH, 8 additional CMV infections were detected after beeing negative in morphological and immunohistochemical analysis. With the exception of one, none of these cases was associated with IP. In sum, pulmonary CMV infection could be documented in 26 BMT, but was complicated by IP in 13 patients only. We conclude from these results that after BMT idiopathic IP is by far more common than CMV IP. Furthermore, in view of the apparently innocent presence of CMV in the lungs of many marrow recipients, it seems clear, that CMV infection is not identical with CMV disease respectively CMV pneumonia.

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DO.05.12

INTERFERON - THERAPY IN LEWANDOWSKY-LUTZ-SYNDROME COMBINED WITH MYELOPROLIFERATIVE DISORDER.
A CASE REPORT

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LEWANDOWSKY-LUTZ-Syndrome (Syn. Epidermodysplasia verruciformis) describes a rare, virus-mediated, and premalignant disease of the skin. In October 1990 a 65-year old woman was sent to our hospital because of a chronic myeloproliferative disorder. Furthermore, the patient suffered from multiple tumorous skin lesions, which had developed since 1961. The histological examinations had shown premalignant (Mb. BOWEN) and malignant (spinaliomas) changes according to a LEWANDOWSKY - LUTZ - Syndrome. Trials of therapy had include radiation, tumor resections, and application of retinoids, but there was no considerable benefit. That's why we decided to apply interferon alfa (Intron A^{R}, 3-5 Mio sc dayly). Now the blood cells became normal, and premalignant skin lesions regressed. However, spinaliomas of the face advanced, burgled the brain, and the patient died 4 month after beginning of our therapy. As far as we know a combination of LEWANDOWSKY-LUTZ-Syndrome and myeloproliferative disorder has not been described before, and effects of interferons are not investigated in detail.

DO.06.01

TRUE THREE DIMENSIONAL TREATMENT PLANNING IN RADIOTHERAPY
A PRELIMINARY REPORT OF A PROJECT IN CLINICAL ROUTINE

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Computer programs for 3-dimensional treatment planning in radiotherapy have been developped by several research institutes during the last years. However there were only few clinical applications, mainly because of the much higher time consumption with the consequence that clinical experience is still limited to some centers and tumor sites. With support of the Deutsche Krebshilfe the program VOXEL_PLAN that was developped at the German Cancer Research Center could be installed at the Radiotherapy Department of the University of Heidelberg in order to evaluate its use in clinical routine. This implies software adaption for a better clinical effectiveness, evaluation of new organisation forms in the cooperation of physics and medicine and definition of indications that will benefit from a more concentrated and precise irradiation. We began in August 1991 with the project. 10 patients with bronchial carcinoma, 2 with recurrent pelvis tumors, one with esophagus carcinoma and one with cervical chordoma were 3-dimensionally planned within a CT cube and irradiated according to this plan. Irregular field shaping was administered from the beam's eye view. The quality of 4 to 14 plans per patients (median 8) was primarily checked by dose volume histograms of the target and several organs at risk. The procedure until the final version took considerable more time than 2D planning. However the reason was not as much the preparation and calculation time but particularly the high number of versions. The better spatial information showed more often disappointing results of plans than would be accepted by 2D planning. According to the time schedule of the project clinically viable results shall be achieved within a period of 3 years. The beginning of the project regarding software reliability and interest of the collegues in medicine and physics looks very promising.

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DO.06.02

THE HOCKEY-STICK INCISION AND THE APRON FLAP INCISION FOR UNILATERAL AND BILATERAL NECK DISSECTIONS IN ORAL CANCER.

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Since Crile's article of 1906, stressing the importance of neck surgery in case of regional metastasis, many incisions have been described. Although the hockey-stick incision was already mentioned by Lahay in 1940, this incision was first described as standard approach for functional radical neck dissections (FRND) by Ariyan in 1980. The rationale for the FRND was described by Bocca in 1967, who preferred a superiorly based apron flap incision for bilateral neck dissections.

The unilateral FRND is performed according to Aryian, with elevation of the SCM muscle up to the mastoid. Only when preoperative findings indicate the need of a retromandibular extended resection, which might endanger the occipital artery, the SCM is kept intact and reflected laterally. The whole resection is done using the "Shaw knife", preparing the specimen from the carotid artery and the internal jugular vene. The accessory nerve is preserved. The SCM muscle, when reflected, is repositioned at its sternoclavicular base. The incision for bilateral neck dissection is performed according to Bocca.

This technique has been used in 19 patients (January 1989-August 1990). In 14 patients, a unilateral and in 5 patients a bilateral neck dissection has been performed. Although minor wound dehiscencies did occur, wound healing was achieved in all cases but one.

Though no regional recurrences did occur till now, the small number of patients and the short follow-up period do not allow us to comment on the recurrency rate. The complication rate is lower compared to classic radical neck dissection. The esthetic and functional results are better.

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