

SURGERY

Official Publication SOCIETY OF UNIVERSITY SURGEONS
CENTRAL SURGICAL ASSOCIATION
AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS

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A. Yee, BS, E. Zubovic, MD, J. Yu, MD, S. Ray, MD, S. Hildebrandt, MD, W.E. Seidelman, MD, Rabbi Joseph A. Polak, M.A. Grodin, MD, J. Henk Coert, MD, PhD, D. Brown, PhD, I.J. Kodner, MD, S.E. Mackinnon, MD
- This article addresses the question if, and if so, how it is appropriate ethically to use anatomic information obtained largely from Holocaust victims during the Nazi regime (ie, the Pernkopf anatomic atlas). We review eruditely the historic background, pertinent questions of medical ethics of Jewish law, and also the outcome or responsum by Rabbi Joseph Polak, as determined by experts at the Vienna Protocol, which outlined the appropriate use of such material (saving human life, historically informed use, commemoration, and honoring of the victims).

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- 882 **Simplified risk prediction indices do not accurately predict 30-day death or readmission after discharge following colorectal surgery**
D.G. Brauer, MD, MPH, S.A. Lyons, MS, M.R. Keller, MS, M.G. Mutch, MD, G.A. Colditz, MD, DrPH, S.C. Glasgow, MD
- Our aim was to evaluate whether an existing or a novel, simplified, risk-prediction index could accurately model readmissions for patients undergoing colorectal surgery. This study has implications for patients, providers, and payers because it demonstrates that simplified models are not suitable to guide efforts to decrease readmission rates in this patient population undergoing colorectal surgery.

LIVER

- 889 **Vascular infiltration-based surgical planning in treating end-stage hepatic alveolar echinococcosis with ex vivo liver resection and autotransplantation**
Y. Qiu, M.D, X. Yang, M.D, S. Shen, M.D, B. Huang, W. Wang, Ph.D., M.D
- This report describes a classification based on the vascular infiltration of end-stage hepatic alveolar echinococcosis. The classification improved the comprehension of the anatomy of lesions and the vasculature, thus facilitating the surgical planning.

- 897 **Is R1 vascular hepatectomy for hepatocellular carcinoma oncologically adequate? Analysis of 327 consecutive patients**
M. Donadon, MD, PhD, A. Terrone, MD, F. Procopio, MD, M. Cimino, MD, A. Palmisano, MD, L. Viganò, MD, PhD, D. D. Fabbro, MD, L. Di Tommaso, MD, G. Torzilli, MD, PhD, FACS
- In a series of 327 patients with hepatocellular carcinoma, we show that R1 vascular hepatectomy was not associated with increased recurrence. The importance of this finding is that surgery with exposure of hepatocellular carcinoma along intrahepatic vessels should be considered oncologically adequate.

Publication information: Surgery (ISSN 0039-6060) is published monthly (six issues per volume, two volumes per year) by Elsevier Inc., 230 Park Avenue, Suite 800, New York, NY 10169. Periodicals postage paid at New York, NY and additional mailing offices.

USA POSTMASTER: Send address changes to Surgery, Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043.

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A. Kerola, MD, J. Lohi, MD, PhD, P. Heikkilä, MD, PhD, A. Mutanen, MD, PhD, H. Jalanko, MD, PhD, M.P. Pakarinen, MD, PhD

We found elevated levels of transforming growth factor beta expression after successful portoenterostomy in biliary atresia and correlation with fibrosis. The importance of this finding is that it supports the central role of transforming growth factor beta pathway in mediating ongoing fibrogenesis.

BILE DUCT/GALLBLADDER

912 **Pleural dissemination of cholangiocarcinoma caused by percutaneous transhepatic biliary drainage during the management of resectable cholangiocarcinoma**

H. Yamashita, MD, T. Ebata, MD, Y. Yokoyama, MD, T. Igami, MD, T. Mizuno, MD, J. Yamaguchi, MD, S. Onoe, MD, N. Watanabe, MD, M. Ando, MD, M. Nagino, MD

We reviewed patients who underwent resection of cholangiocarcinoma after percutaneous transhepatic biliary drainage (PTBD), with attention to recurrence. The significance of this finding is right-sided PTBD was identified as a risk factor for pleural dissemination.

918 **Morbidity and mortality after major liver resection in patients with perihilar cholangiocarcinoma: A systematic review and meta-analysis**

L.C. Franken, MD, A.M. Schreuder, MD, E. Roos, MD, S. van Dieren, PhD, O.R. Busch, MD, PhD, M.G. Besselink, MD, PhD, T.M. van Gulik, MD, PhD

Pooled overall morbidity and 90-day mortality after hepatectomy for perihilar cholangiocarcinoma were 56% and 8%, respectively. This report demonstrates higher mortality in Western centers and low-volume centers.

PANCREAS

929 **Systematic review of the utility of 18-FDG PET in the preoperative evaluation of IPMNs and cystic lesions of the pancreas**

N. Srinivasan, Y.-X. Koh, MBBS, MMed, FRCSEd, Brian K.P. Goh, MBBS, MMed, FRCSEd

This report aims to summarize all the commonly utilized and recently proposed prognostication systems for pancreatic neuroendocrine neoplasms by performing a systematic review of the literature. Numerous prognostication systems have been proposed for pancreatic neuroendocrine neoplasm, of which the most commonly used systems presently include the World Health Organization 2010 criteria and the two tumor, node, metastasis staging systems by European Neuroendocrine Tumor Society and American Joint Commission on Cancer.

938 **Duodenum-preserving pancreatic head resection: A retrospective analysis of the Hamburg Modification**

E. Bellon, MD, M.D. Roswora, N. Melling, MD, R. Grotelueschen, MD, K. Grupp, MD, M. Reeh, MD, T. Ghadban, MD, J.R. Izbicki, MD, K. Bachmann, MD

This report represents the results of an analysis comparing three different operative strategies for the treatment of chronic pancreatitis. This report is of interest to all involved in the field of chronic pancreatitis.

ESOPHAGUS

946 **JMJD3 expression is an independent prognosticator in patients with esophageal squamous cell carcinoma**

S.-H. Li, MD, H.-I. Lu, MD, Y.-H. Chen, MD, C.-M. Lo, MD, W.-T. Huang, MD, W.-Y. Tien, MSc, Y.-C. Lan, MSc, H.-T. Tsai, MSc, C.-H. Chen, PhD

The Jumonji-domain containing 3 overexpression was independently associated with poor prognosis in patients with esophageal squamous cell carcinoma. These results may further elucidate the role of the Jumonji-domain containing 3 in esophageal squamous cell carcinoma and provide a potential new therapeutic approach for patients with esophageal squamous cell carcinoma.

COLON/RECTUM

953 **Does retrieval bag use during laparoscopic appendectomy reduce postoperative infection?**

A.C. Fields, MD, P. Lu, MD, D.L. Palenzuela, BS, R. Bleday, MD, J.E. Goldberg, MD, MPH, J. Irani, MD, J.S. Davids, MD, N. Melnitchouk, MD, MSc

We demonstrate that appendix retrieval bags decrease the risk of postoperative intra-abdominal abscess. The significance of this finding is that it supports the use of retrieval bags as the standard of care during laparoscopic appendectomy.

ENDOCRINE

958 **Laparoscopic adrenalectomy for metastatic disease: Retrospective cohort with long-term, comprehensive follow-up**

F.T. Drake, MD, MPH, T. Beninato, MD, M.X. Xiong, N.V. Shah, W.P. Kluijfhout, MSc, PhD, T. Feeney, MD, MPH, I. Suh, MD, J.E. Gosnell, MD, W.T. Shen, MD, MA, Q.-Y. Duh, MD

Laparoscopic adrenalectomy for metastases is associated with prolonged survival (median=34 months) in well-selected patients. Our findings are important because they affirm that a minimally invasive approach should be first line for this indication.

CARDIAC

965 **Quality of reporting in randomized controlled trials of therapeutic cardiovascular medical devices**

W. Chen, MD, J. Yu, PhD, L. Zhang, MD, G. Su, MD, W. Wang, PhD, J. Kwong, PhD, X. Sun, PhD, Y. Li, MD

This study was a survey of the quality of reporting in randomized controlled trials of therapeutic cardiovascular medical devices, and we found that reporting is poor. Further guidelines should be developed, including more important information about device-related items.

TRANSPLANTATION

970 **Passive mesenterico-saphenous shunt: An alternative to portocaval anastomosis for tailored portal decompression during liver transplantation**

F. Faitot, MD, PhD, P. Addeo, MD, C. Besch, MD, B. Michard, MD, C. Oncioiu, MD, B. Ellero, MD, M.-L. Woehl-Jaeglé, MD, P. Bachellier, MD, PhD

An alternative to portocaval anastomosis during liver transplantation is described through the use of a passive mesenterico-saphenous shunt. The significance of this report is to propose tailored portal decompression according to spontaneous shunt types.

OUTCOMES

- 978 **Cognitive impairment is associated with mortality in older adults in the emergency surgical setting: Findings from the Older Persons Surgical Outcomes Collaboration (OPSOC): A prospective cohort study**
A.D. Ablett, MA, K. McCarthy, MD, B. Carter, PhD, L. Pearce, MD, M. Stechman, MD, S. Moug, PhD, J. Hewitt, PhD, P.K. Myint, MD

We found that a low Montreal Cognitive Assessment score on admission was associated with poor outcomes. The importance of this study is that it allows clinicians to identify older patients in need of comprehensive geriatric assessment.

- 985 **Defying public expectations: Publicly reported hospital scores do not always correlate with clinical outcomes**
M.S. Altieri, MD, J. Yang, PhD, D. Yin, MS, L.A. Bevilacqua, MD, K. Spaniolas, MD, M.A. Talamini, MD, FACS, MBA, A.D. Pryor, MD, FACS

The relationship between hospital scores and clinical outcomes do not correlate broadly with established clinical surgical outcomes. The significance of this finding is that patient satisfaction scores should not be a substitute for quality of care.

- 990 **Chronic steroid use as an independent risk factor for perioperative complications**
F. Chouairi, BS, S.J. Torabi, BA, M.R. Mercier, BA, K.S. Gabrick, MD, M. Alperovich, MD, MSc

This study used a national database to demonstrate that chronic steroid use increases the odds of perioperative complications, readmission, and death. The significance of this finding is that it confirms—with very high power—the effect of steroids on outcomes.

HERNIA

- 996 **Anatomical study comparing medialization after Rives-Stoppa, anterior component separation, and posterior component separation**
D. Sneider, BSc, Y. Yurtkap, MD, L.F. Kroese, MD, PhD, J. Jeekel, MD, PhD, F.E. Muysoms, MD, PhD, G.-J. Kleinrensink, PhD, J.F. Lange, MD, PhD

Posterior component separation provides more medialization of the posterior rectus sheath compared with Rives-Stoppa and anterior component separation. For incisional hernias ≥ 10 cm in width, component separation techniques will be beneficial to attain closure.

THORACIC

- 1003 **Effects of perioperative oral care on prevention of postoperative pneumonia after lung resection: Multicenter retrospective study with propensity score matching analysis**
E. Iwata, DDS, PhD, T. Hasegawa, DDS, PhD, S.-i. Yamada, DDS, PhD, Y. Kawashita, DDS, PhD, M. Yoshimatsu, DDS, PhD, T. Mizutani, DDS, H. Nakahara, DDS, PhD, K. Mori, DH, Y. Shibuya, DDS, PhD, H. Kurita, DDS, PhD, T. Komori, DDS, PhD

The aim of this multicenter retrospective study, using propensity matching, was to determine whether perioperative preventive oral care would decrease the incidence of postoperative pneumonia after lung resection for lung cancer. This study is important because it strongly suggests that perioperative oral care, beginning before lung resection, can decrease the incidence of postoperative pneumonia from about 9% to 5%.

BREAST

- 1008 **Surgical resection of breast cancers: Molecular analysis of cancer stem cells in residual disease**
S.J. Pommier, PhD, R.E. Morgan, MD, K.E. Limbach, MD, C.M. Jackson, MS, A.M. Naik, MD, J.L. Peckham, MS, P.J. Muller, BS, M.E. Condron, MD, N.E. Jameson, MS, R.F. Pommier, MD

Breast cancer stem cells collected from surgical specimens carried PIK3CA mutations at all stages, regardless of treatment. These findings show that chemotherapy does not eradicate breast cancer cells with stemlike properties with PIK3CA mutations and identified a therapeutic target.

INFECTION

- 1014 **Hydrogen sulfide attenuates lung ischemia-reperfusion injury through SIRT3-dependent regulation of mitochondrial function in type 2 diabetic rats**
T. Jiang, MD, Y. Liu, MD, Q. Meng, MD, X. Lv, MD, PhD, Z. Yue, MD, PhD, W. Ding, MD, PhD, T. Liu, MD, X. Cui, MD, PhD

Hydrogen sulfide ameliorates oxidative stress and mitochondrial dysfunction via activation of Sirtuin3 signaling, thus reducing diabetic lung ischemia-reperfusion damage. The importance of this report is that hydrogen sulfide has translational value for treating lung ischemia-reperfusion injury in type 2 diabetes mellitus.

PEDIATRICS

- 1027 **The contemporary appendectomy for acute uncomplicated appendicitis in children**
C. P. Childers, MD, PhD, J. Q. Dworsky, MD, MS, R. L. Massoumi, MD, R. Shenoy, MD, M. Maggard-Gibbons, MD, MSHS S. L. Lee, MD, M. M. Russell, MD

We generated contemporary epidemiologic data for children undergoing surgery for acute uncomplicated appendicitis. These data can inform patient and family expectations, identify areas for improvement, and benchmark the validity of nonoperative trials.

TRAUMA/CRITICAL CARE

- 1035 **Comparing clinical judgment with the MySurgeryRisk algorithm for preoperative risk assessment: A pilot usability study**
M. Brennan, MD, MS, S. Puri, MS, T. Ozrazgat-Baslanti, PhD, Z. Feng, MS, M. Ruppert, BS, H. Hashemighouchani, MD, P. Momcilovic, PhD, X. Li, PhD, D.Z. Wang, PhD, A. Bihorac, MD, MS

We demonstrated that the MySurgeryRisk algorithm predicted postoperative complications with equal or higher accuracy compared with physicians using clinical data. The importance of this finding is improving risk assessment of postoperative complications.

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M.C. Makris, MD, MSc, G. Tzouma, MD, D. Moris, MD, MSc, PhD, D.I. Tsilimigras, MD, M. Kornaropoulos, MD, N. Varsamidakis, MD

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[Surgery 164/6 (2018) 1294–1299]**
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Walter J. Pories, MD, Greenville, NC

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