1138 Spectrum of Myopathy Associated With Alcoholism: I. Clinical and Laboratory Features. G. T. Perkoff. Ann. Internal Med. 67, 481-492 (Sept., 1967).

A spectrum of myopathy is found among chronic alcoholic patients. Studies are reported of 29 alcoholics without muscular symptoms, one additional patient with an acute reversible myopathy with muscle cramps, one patient with gross myoglobinuria, and 10 with chronic myopathy. The patients with acute myopathy had features of chronic myopathy after recovery from their acute abnormalities. The clinical features in them and in the ten patients who presented with chronic myopathy included proximal and diffuse muscle atrophy and weakness, frequently progressive and often associated with muscle tenderness. A more stable form with proximal wasting unassociated with tenderness also was observed. In the acutely ill patients and in the alcoholics without muscular complaints, elevated serum creatine phosphokinase levels and reduced ability to raise blood lactic acid levels in response to exercise were noted. In patients with chronic myopathy the biochemical changes were similar but less striking and less consistent. Abstinence from drinking was associated with improvement in every instance.
-- J. Am. Med. Assn. References & Reviews

1139 Spectrum of Myopathy Associated With Alcoholism: II. Light and Electron Microscopic Observations. G. Klinkerfuss, et al. Ann. Internal Med. 67, 493-510 (Sept., 1967).

Eight skeletal muscle biopsies were obtained for electron microscopy from patients with myopathy associated with severe alcoholism. Five additional biopsies were examined only by light mi -o-scopy. In the acute phase, myofilaments and myofibrils were separated by an expanded sarcoplasm. The myofilaments were disorganized, initially at the I band but with severe degrees of intracellular edema the A band also became disorganized. In the chronic form individual fibers were small and rows of nuclei were found. Intracellular edema was less pronounced but mitochondria contained dense inclusions and filaments resembling the A band myofilaments collected in large aggregates. The morphologic features of acute lesions probably are best explained by altered membrane permeability leading to intracellular edema and disorganization of mitochondria and myofilaments. Filaments of the I band become fragmented and disappear whereas the A band myofilaments are retained in aggregates for prolonged periods. Morphology of the chronic phase reveals the preceding destruction of fibers plus extensive regeneration.
-- J. Am. Med. Assn. References & Reviews

1140 Longitudinal Pancreaticojejunostomy in Alcoholic Pancreatitis. W. D. Cox and W. J. Gillesby. Arch. Surg. 94, 469 (1967).

A hospital in the Chicago slums near Skid Row, where the alcoholics consume "smoke" made with paint and varnish remover, treated 350 patients with what might be labeled alcoholic pancreatitis. Using strict criteria (history of alcoholism, amylase levels of more than twice the normal values, absence of biliary disease and hyperparathyroidism), 86 patients were reviewed, 32 of whom had pancreaticojejunostomy. Their indications for this operation were: history of two or more recurrences, pancreatic calcification associated with symptoms, pancreatic insufficiency, and malabsorption or presence of a pseudocyst. Although pancreaticojejunostomy was sometimes followed by complications such as postoperative fistulas, it was found to provide adequate pancreatic drainage and to prevent recurrence of pancreatitis. Obstructive jaundice and pain were relieved. Pancreatic exocrine function returned within about six months. Though none of the patients stopped drinking, none were readmitted for a recurrent attack of pancreatitis during a follow-up period of eight to 48 months. -- Can. Med. Assn. J. Absts.

1141 Occult Temporal Arteritis: Common Cause of Blindness in Old Age. J. F. Cullen. Brit. J. Ophthalmol. 51, 513-525 (August, 1967).

Review of a substantial number of cases shows that temporal arteritis in its occult form is a common cause of blindness in elderly people and appears to be more common than the classical variety. A raised erythrocyte sedimentation rate is a good guide to the diagnosis although not absolute. All patients with ischemic optic neuritis should be presumed to be suffering from occult temporal arteritis until proved otherwise. In 10% of patients with central retinal arterial occlusion the cause is occult temporal arteritis. Biopsy of the superficial temporal artery is the only way to prove or exclude the condition. Involvement of fellow eye is prevented by early treatment. -- J. Am. Med. Assn. References & Reviews

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