
Postnatal development of the stromal fibers of the pancreas of albino rat

Gamal Mohamed Hagra

Under Meniere's disease we have mentioned the main aspects of clinical picture and diagnosis, as well as a short account of its medical treatment. The major surgical procedures for Meniere's disease were reviewed in more detail and these are: Endolymphatic sac surgery, with an account on the surgical anatomy of the ELS, the indication of which seemed to vary from one surgeon to another and so did the unpredictable results. The surgical technique of each of the three main methods was discussed along with the postoperative complications, while no variation in results were obtained. Labyrinthectomy, which, unlike ELS surgery, is a destructive procedure of the labyrinth was discussed along with its indications and techniques. Results here were more positive than those of the ELS surgery in controlling vertigo. Slightly better results were obtained by the transcanal labyrinthectomy with cochleovestibular neurectomy, otherwise difference in technique and route of labyrinthectomy gave no variation in results. Besides sacrifice of hearing, complication rate here is higher and more serious than in ELS surgery. Vestibular neurectomy was outlined with its indications and contraindications. It gave better results in control of vertigo than ELS surgery, while hearing conservation results were the same in both. This procedure carries a higher risk of complications due to its intracranial route, thus its application is better to be followed by a trial of ELS surgery. Sacculotomy is a drainage procedure of endolymph into perilymph, same idea as ELS drainage, but it is complicated by a higher risk of postoperative hearing loss, with the same or even inferior control on vertigo. It is thus reserved to elderly patients with unilateral incapacitating Meniere's disease as a trial prior to labyrinthectomy. Ultrasonic destruction of the vestibular labyrinth is a technique of limited use and uncontrollable outcome with a risk of complications which outweigh its value. The results with most surgeons are unsatisfactory with high incidence of recurrence of vertigo, of loss of cochlear function, or both. Cervical sympathectomy, which is based on the vascular aetiology theory of Meniere's disease and is applied at a remote site from the ear, is useful as a trial prior to other procedures. ---93-conservative procedures when hearing is to be preserved, mainly in bilateral Meniere's disease. The risk of hearing loss is negligible, but results of control of vertigo are less satisfactory (50 % control after 2 years). It is still not decided as to which surgical procedure is best for treatment of Meniere's disease, as none is directed to the elimination of the aetiological factors which are still uncertain. So it is left to each surgeon to do the

operation that gives the best results in his own experience. Under acoustic neuroma, we have reviewed the anatomy of the VIII cranial nerve, pathology and physiopathology of the tumor, along with the clinical picture of the condition. Emphasis was made on the methods of investigation especially the radiological ones, as it is very important, besides confirming the diagnosis of the tumor, to estimate its size in order to select the correct surgical approach and to safeguard against surgical risks, especially with large tumors. Also prognosis of hearing preservation is directly dependent on the tumor size. The three main surgical approaches were discussed as for their indications, advantages and disadvantages, technique, complications and results. ---911-The translabrynthine approach is the one mainly done by otosurgeons, while the suboccipital approach, although mainly done by neurosurgeons in the past, is being recently done in combination with the otosurgeon. Advantages of each of the above approaches over the other were discussed along with their indications, techniques, complications and results. The middle fossa approach for acoustic neuromas besides having very few indications, has less advantages than the other two mentioned above. Under benign paroxysmal positional vertigo, a comment was given on its aetiological theory, clinical picture and diagnosis. Technique of neurectomy of the nerve to the posterior canal ampulla (Singular neurectomy), which is the surgical treatment of choice for cases resistant to conservative medical management, was discussed along with its indications, complications and results. Under labyrinthitis, we discussed its stages, etiological factors, clinical picture and management. The later included surgical drainage of the labyrinth for which we gave a short account and referred to (Chapter one) under labyrinthectomy for the technique. ---95-Finally perilymph fistula with its various causes and types was discussed. Emphasis was made on the spontaneous (barotraumatic) fistulas, the etiological theory of which is discussed along with its clinical picture and investigations. The steps of management of spontaneous and traumatic perilymph fistulas (i.e. conservative, surgical exploration and repair of the fistula if found) are discussed in detail, along with their indications and results.