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The first part of the journal is dedicated to BREAST CANCER SURGERY. De Kok M. et al present *Implementation of an Ultra-short-stay Program After Breast Cancer Surgery in Four Hospitals: Perceived Barriers and Facilitators.* The objective of this study was to identify barriers and facilitators that professionals see when implementing a program incorporating ultra-short hospital admission in the treatment of breast cancer.

Aggarwal V. et al made a *Feasibility Study of Safe Breast Conservation in Large and Locally Advanced Cancers with Use of Radiopaque Markers to Mark Pre-Neoadjuvant Chemotherapy Tumor Margins.* This novel indigenous method of identifying tumor margins with sterile silver wire markers is safe, inexpensive, practical, and effective; and it may help perform safe breast-conserving surgery in patients with locally advanced breast cancer.

Malycha L.P.et al present the results of international symposium ISW 2007 in Montreal. The subject for the symposium was Oncoplastic Breast Surgery who is probably best described as a seamless joining of extirpative and reconstructive breast surgery performed by a single surgeon. The presenters and authors are well-known breast surgeons from Australia, Croatia, India, Sweden, and South Africa. The modern breast surgeon can play a crucial role in minimizing physical disfigurement and improving the quality of life of breast cancer patients. Breast oncoplasty is an emerging subspecialty of surgery. The new model of breast oncoplasty proposes a seamless integration of breast surgery and plastic surgery into a common training program. The need for bringing together skills of a surgical oncologist and a plastic and reconstructive surgeon into a single surgeon cannot be overemphasized.

Denewer A. et al recommend skin-sparing mastectomy with immediate breast reconstruction using our new modification of extended latissimus dorsi flap allows single-stage, totally autologous reconstruction with satisfactory aesthetic results and low morbidity.

Chan W. W. S. et al present the benefit of ultrasonography in the detection of clinically and mammographically occult breast cancer.

In section ENDOCRINE SURGERY, Yano Y. et al present Long-Term Changes in Parathyroid Function After Subtotal Thyroidectomy for Graves' Disease. Subtotal thyroidectomy was performed in 275 patients with Graves' disease. The phenomenon of an elevated serum PTH level after surgery for Graves' disease was

observed in 21% of the patients with postoperative hypocalcemia despite the achievement of normal serum calcium levels by calcium and vitamin D supplementation.

Morita N. et al from Department of Surgery, Teikyo University School of Medicine, Tokyo, Japan evaluated expression of P53 protein, immunohistochemically in sections of paraffin-embedded tissue in 68 papillary thyroid carcinoma and 196 lymph node metastases. The results of this study suggest that immunohistochemistry for P53 in the primary tumor could be useful in the clinical evaluation of patients with PTC. Moreover, P53 protein overexpression in lymph node metastasis may be useful as a treatment guide or target for lymph node recurrences.

Alfalah H et al from University Hospital, Lille, France made a retrospective review of 70 patients operated on between January 1995 and December 2005 for follicular thyroid carcinoma. Follicular thyroid carcinoma results in metastases to regional lymph nodes in 7% of cases but only to the ipsilateral neck side. Tumor size is the only factor that impacts it and not recommend lymph node dissection in follicular thyroid carcinomas <4 cm.

In section UPPER GASTROINTESTINAL TRACT SURGERY, Morgagni P et al from Italy analysed the impact in survival a resection line involvement after gastric cancer surgery. Infiltration of resection line significantly affects long-term survival of advanced gastric cancer. The impact on prognosis is independent of lymph node involvement. The conclusion of this study is for the patients in good general condition for whom radical surgery is possible should be considered for reoperation.

In next section, HEPATOPANCREATOBILIARY SURGERY, Akita H studies the utility of Indocyanine green retention after 15 min measured by pulse dye densitometry to predict residual liver function prior to hepatectomy, and Nakagohri T. present *Surgical Outcome and Prognostic Factors in Intrahepatic Cholangiocarcinoma.* Tewari M. et al recommend a cholecystectomy in locally advanced unresectable cancer of the gallbladder with a better median survival compared with only bypass and biopsy procedures. The findings in this may justify a palliative cholecystectomy in selected patients with locally advanced GBC. Sarr G.M. comments this study and said „*Tewari, Sharma, and Kumar offer a memorable lesson: take out the gallbladder if technically feasible—it will benefit the patient!"*

Chen H et al from Department of Hepatobiliary Surgery, Foshan, Guang Dong, The People's Republic of China present a variant of pancreaticojejunostomy anastomosis technique with a pancreatic fistula rate of 0% and low intra-abdominal complication rate. In this tehnique, performed in 52 cases, a 4-cm pancreatic stump would be invaginated into the jejunum and the capsular edge of the transected pancreas and the free end of the jejunum were sewn circumferentially with continuous running sutures (polypropylene 4/0). The mean hospital stay was 12.6 ± 3.2 days. The overall incidence of surgical complications was 9.6%. No patient developed pancreatic leakage/pancreatic fistula. The four patients with bile leakage, intra-abdominal collection, and abscess were treated successfully with percutaneous drainage. One patient (1.9%) died of respiratory failure on postoperative day 7. He had no intra-abdominal complication after the operation.

In COLORECTAL SURGERY section, Kim S.H. et al from Koreea, performed a 10 laparoscopic-assisted combined colon and liver resection for primary colorectal cancer with synchronous liver metastases. Surgical procedures for colorectal cancer included 5 low anterior resections, 3 anterior resections, 1 right hemicolectomy,

and 1 subtotal colectomy. Combined hepatic surgery included 6 major hepatectomies, 3 segmentectomies, and 1 tumorectomy. All procedures were successful, with no conversions to open surgery required. The median operation time was 439 min (range: 210–690 min), and the median estimated blood loss was 350 ml (range: 300–1,200 ml). There was no surgical mortality or major morbidity, except in one patient in whom postoperative bleeding at the site of para-aortic node dissection was promptly controlled.

In section TRAUMA AND CRITICAL CARE GENERAL SURGERY, Thoma M. et al from University of Cape Town, South Africa conducted a prospective observational study of 203 patients with penetrating neck injuries. 159 with stab wounds and 42 with gunshot wounds. A vascular injury was identified in 27 (13.3%) patients, pharyngoesophageal injury in 18 (8.9%) patients, and an upper airway injury in 8 (3.9%) patients. Only 25 (12.3%) patients required surgical intervention. A further 8 (3.9%) patients had therapeutic endovascular procedures. The remaining 158 (77.8%) patients, either asymptomatic or with negative work-up, were managed expectantly. There were no clinically relevant missed injuries. The conclusions was a selective nonoperative management of neck injuries based on clinical examination and selective use of adjunctive investigational studies is safe in a high-volume trauma center.

Gauer JM et al from Department of Surgery, Schaffhausen, Switzerland present *Twenty Years of Splenic Preservation in Trauma: Lower Early Infection Rate Than in Splenectomy.* During a 20-year period, 155 patients were prospectively evaluated. In 98 patients (63%), the spleen could be preserved by nonoperative (64 patients, 65%) or operative (34 patients, 35%) treatment and 57 patients (37%) needed splenectomy. There were no differences in age, sex, or trauma score between the groups, but a higher early infection rate in patients with splenectomy compared with patients with splenic preservation ($p < 0.005$) was observed, even if the patients were matched with respect to multiple trauma using the Injury Severity Score ($p < 0.01$). According to the data evaluated in this study and the literature reviewed the autors are a strongly advocate that the treatment of splenic trauma consists whenever possible in splenic preservation. Hemodynamically unstable and/or polytraumatized patients will benefit from an improved immunity if treated with operative splenic preservation instead of total splenectomy. Nonoperative treatment should be chosen whenever possible, especially in younger patients with mono- or oligotrauma being hemodynamically stable, but also in older patients with a good general health before the trauma.

This number is closed with sections SURGICAL PRACTICE and LETTERS TO THE EDITOR.

A. Vasilescu