

THESES

SURGICAL TREATMENT OF PREMATURE SAGITTAL SYNOSTOSIS (Abstract)*.

Thesis. Belo Horizonte, 1994.

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A series of 40 consecutive children with premature sagittal synostosis is analysed. All of them were treated surgically. 35 children are male, 38 are leukodermic and 2 are brothers. In the pre-operative examination the head shape, the skull measures and the radiologic findings had been valued. 28 children had been operated before 6 months of age, and 12 of them between 6 and 12 months. The surgical technique used was a wide biparietal craniectomy. Blood transfusions were eventual, being necessary only for 6 (15%) of the children. The children were admitted at the day of the surgery and discharged between the second and the third days. Local or general complications were not observed, and no one died. The aesthetic result was considered to be good.

In the analysis of the surgical experience with the premature and isolated fusion of the sagittal suture, one gets to the conclusion that:

- the treatment must be done through a wide and biparietal craniectomy, without the use of interpositional material or chemical solutions on the dura;
- it must be performed so far as the sixth months of age;
- a blood reposition should be eventual and not usual;
- the discharging of the hospital may occur early;
- the aesthetic valuation should be done through parents, pediatrician and surgeon's observation;
- the skull measures, generally altered before the treatment, come to normalization within the first 12 months.

It may be concluded that it is a procedure of great effectiveness in the treatment of premature fusion.

KEY WORDS: craniosynostosis, sagittal suture, surgical treatment.

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LATE EVALUATION OF VENTRICULOPERITONEAL SHUNTS EFFECTIVENESS WITH RADIONUCLIDES IN HYDROCEPHALIC CHILDREN (Abstract)*. **Thesis. Ribeirão Preto, 1995.**

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Twenty-three children aged between 49 and 121 months (average 68.52 months) bearing ventriculoperitoneal shunts were submitted to evaluation of cerebrospinal fluid flow with radionuclide (Technetium 99m).

The shunts had been implanted 49 to 79 months (average 61.61 months) before the above evaluation. During this period no clinical signs of malfunction or obstruction of the shunts appeared in any of the patients.

The examinations showed that the shunts were functioning. Twenty-two of them (95.83%) showed an absolutely normal flow, and one of them (4.15%) showed a slower flow.

None of the patients presented evidence of infection following the examination, which also confirms the method's safety.

In this study the following points are discussed:

- the history and the clinical and surgical treatments of hydrocephalus;
- the complications in ventriculoperitoneal shunts;