



PROGRAMME & ABSTRACTS

E5

ORBIT-NET. PLATFORM FOR ORBITOLOGY IN THE INTERNET

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Purpose: A basic service in the public network Internet is electronic mail (e-mail). E-mail makes the participation in discussions groups possible by mailing contributions to the debate to all members electronically. To complement the existing list of ophthalmologic discussion groups ORBIT-NET was introduced. It offers experts in research, clinic, diagnostic and therapy of orbital diseases the opportunity to make queries or present interesting casuistries and to ask for comments, differential diagnosis or advice on therapy. Other participants can be made aware of new scientific results, actual publications or meetings.

Material and methods: For participation a computer, a modem, an Internet-Provider and special software are required. Registration is made by sending the following message via e-mail to listserv@listserv.gmd.de: `subscribe orbit-net<your first name><your last name>`. A verification is necessary to limit the list of participants to experts.

Results: Since the introduction of ORBIT-NET on November 9th, 1996, there have been no technical problems. ORBIT-NET has been effective as a platform.

Conclusions: The international, interdisciplinary platform ORBIT-NET is an addition to the existing ophthalmologic discussion groups. ORBIT-NET offers orbitologists an international discussion of results and diagnosis, supports further training and can give encouragement to further research.

E6

ORBITAL RECONSTRUCTION BY MEANS OF CALVARIAL GRAFTS

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This study attempts to evaluate the reconstructive possibilities by means of calvarial grafts, after partial or almost complete loss of orbital bone substance as a result of neoplastic pathologies, trauma or malformations.

Between 1992 and 1996, 15 patients needed more or less extensive orbital reconstruction using partial thickness (12) or total thickness (3) calvarial grafts. The pathologies could be subdivided into the following groups:

- loss of trauma substance
- congenital hypoplasia-aplasia of the orbit

Normally, the reconstructive methods include

- harvesting the calvarium from the temporal-parietal region
- modelling and siting of one or more bone fragments
- rigid fixation with titanium screws and plates
- protecting the grafts by rotating a gall flap (but only in the event of extensive reconstruction of the lateral-inferior wall)

The results which were evaluated by X-rays and clinical means, were most encouraging. There was never any loss of the graft, so that, in some cases, absolutely perfect aesthetically-functional rehabilitation of the orbital skeleton was possible while in others, the results were more than satisfactory.

In this paper, the reconstructive methods used, together with some examples of clinical cases will be illustrated.

E7

NASAL MANAGEMENT IN PITUITARY TUMOUR SURGERY

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Sublabial and external rhinoplasty approaches in transeptal, transphenoidal pituitary surgery are associated with nasal and labial complications. These problems are contributory factors to patient discomfort post-surgery. A transnasal, transeptal approach to pituitary tumours is utilised at the Mater Hospital and a review of the 20 patients who have had transphenoidal hypophysectomy performed there, from 1991-1996, was performed.

The aim of the study was to document the preoperative nasal assessment, to evaluate the peroperative prevention and calculate the postoperative incidence of otolaryngologic complaints. Before surgery, six patients (30%) had septal deviations severe enough to warrant septoplasty and five other patients (25%) had pronounced rhinitis with turbinate hypertrophy. Five patients required a second operation for control of their disease and these cases highlight the need to retain part of the vomer during the initial surgery as a landmark for ease of access in a revision procedure. The introduction, in 1994, of a septal quilting technique during closure has obviated the need for postoperative nasal packing since then. Transient diabetes insipidus occurred in two patients (10%). An intraoperative cerebrospinal fluid leak was induced in another two patients (10%) and settled quickly with packing. Operative bleeding was severe in one case necessitating a second procedure at a later stage. Otolaryngologic complications were minor and involved two patients with readily treatable synechiae and one with transient sinusitis which responded to medical