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REVIEW ARTICLE

69 **Brugada Syndrome-An Update**

Oruganti Sai Satish, MD, DM; Kuan-Hung Yeh, MD; Ming-Shien Wen, MD

A diagnostic triad characterizes Brugada syndrome. It consists of a right bundle branch block, ST-segment elevation in leads V1-V3 and sudden cardiac death (SCD). When considering the diagnosis of Brugada syndrome, rule out secondary causes of ST-segment elevation. Treatment with an implantable cardiac-defibrillator (ICD) is the only established, and effective treatment for the disease. Supporting data for long-term therapy with quinidine, or isoproterenol for prevention of SCD, in these patients, is incomplete. Future advances in understanding the molecular mechanisms of Brugada syndrome may provide answers to many of the controversial issues in the management of this disease.

ORIGINAL ARTICLES

77 **Paradoxical Increase in 3-Nitropropionic Acid Neurotoxicity by α -Phenyl-tert-butyl-nitrone, a Spin-Trapping Agent**

Min-Yu Lan, MD; Yung-Yee Chang, MD; Shun-Sheng Chen, MD, PhD; Hsiu-Shan Wu, MD; Wei-Hsi Chen, MD; Jia-Shou Liu, MD, PhD

3-Nitropropionic acid (3-NP) is a mitochondrial toxin which inhibits cellular energy generation. In this study, the neuroprotective effect of α -phenyl-tert-butyl-nitrone (PBN), a free radical scavenger, was evaluated in 3-NP treated mice. However, it was found that PBN accentuated 3-NP-induced motor dysfunction in association with necrosis of striatal cells and enhanced expressions of glial fibrillary acidic protein and cyclooxygenase-2. These paradoxical results may have been due to impairment by PBN of metabolic clearance by 3-NP.

85 **Ocular Complications after a Sub-Tenon Injection of Triamcinolone Acetonide for Uveitis**

Hsi-Kung Kuo, MD; Ing-Chou Lai, MD; Po-Chiung Fang, MD; Mei-Ching Teng, MD

Complications after a sub-Tenon injection of triamcinolone acetonide for uveitis control in this study included ocular penetration (1.6%), rapidly progressive cataracts (13.3%), ocular hypertension (76.9%), and glaucoma (23.1%). Careful pretreatment evaluation and post-treatment monitoring of intraocular pressure are mandatory for patients with uveitis treated with a sub-Tenon injection of triamcinolone acetonide.

90 **Tongue-Lip Adhesion in the Management of Pierre Robin Sequence with Airway Obstruction: Technique and Outcome**

Faye Huang, MD; Lun-Jou Lo, MD; Yu-Ray Chen, MD; Johnson C. Yang, MD; Chen -Kuang Niu, MD; Mei-Yung Chung, MD

Pierre Robin sequence has the triad of glossoptosis, micrognathia, with or without cleft of palate. Airway obstruction can be life threatening during the neonatal period and can occur at anytime right after birth. The treatment protocol for PRS usually starts with conservative treatment. When surgical treatment is indicated, a thorough preoperative airway evaluation to rule out other associated airway problems and concurrent neurological diseases is of paramount importance. Tongue-lip adhesion is an easy surgical procedure without major complications, it should be first considered when surgical relief of airway obstruction is indicated.

97 Midpalmar Accurate Incision for Carpal Tunnel Release
Wen-Ching Tzaan, MD; Tai-Ngar Lui, MD; Shih-Tseng Lee, MD
Carpal tunnel syndrome is the most common entrapment neuropathy in human today. Among the various surgical techniques currently in use, endoscopic techniques are becoming increasingly popular. Based on our experiences, midpalmar accurate incision for carpal tunnel release can be a simple, as effective and less equipment-demanding alternative.

104 Use of the Arndt Wire-Guided Endobronchial Blocker to Facilitate One-Lung Ventilation for Pediatric Empyema during Video-Assisted Thoracoscopy
Angie CY Ho, MD; Chun-Yu Chen, MD; Min-Wen Yang, MD; Hung-Pin Liu, MD
One-lung ventilation is a commonly used technique to facilitate surgical visualization during thoracic surgical procedures. Functional separation of the lungs may be accomplished by several methods. The Arndt wire-guided endobronchial blocker system offers a new tool to achieve 1-lung ventilation in pediatric populations. It allows the clinician to achieve 1-lung ventilation using a conventional endotracheal tube.

CASE REPORTS

111 Lipofibromatous Hamartoma of the Median Nerve with Long-term Follow-up
Chung-Chen Hsu, MD; Da-Jeng Chen, MD; Hung-Chi Chen, MD
A rare case of right median nerve lipofibromatous hamartoma was treated with the release of the carpal tunnel and microsurgical intraneural dissection to preserve the thenar motor branch, followed by segmental excision of the residual sensory component with sural nerve grafting. Three years postoperatively, the patient did not notice the minor motor deficit subjectively, however, the patient did experience numbness of fingertips after surgery.

117 Congenital Radioulnar Synostosis Treated Using a Microvascular Free Fasio-fat Flap
Huang-Kai Kao, MD; Hung-Chi Chen, MD; Hwan-Tan Chen, MD
A 12-year-old female patient with congenital radioulnar synostosis of the bilateral forearms was treated with separation of bony bridge between the left radius and ulna combined with a free groin flap transfer into the separated space. The functional results were good and no recurrent ankylosis occurred during a period of 28 months postoperatively.

123 Intrapartum Spontaneous Uterine Rupture Following Uncomplicated Resectoscopic Treatment of Asherman's Syndrome
Chii-Shinn Shiau, MD; Ching-Chang Hsieh, MD; Chi-Hsin Chiang, MD; T'sang-T'ang Hsieh, MD; Ming-Yang Chang, MD
In this report, we describe a patient who had spontaneous uterine rupture at term pregnancy after uneventful resectoscopic management of Asherman's syndrome. Due to its inherent unpredictability, maternal and perinatal outcomes are optimized by the awareness of risk factors, recognition of clinical signs and symptoms, and prompt surgical intervention.

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