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Instructions for authors / Directives aux auteurs

Detailed instructions for authors may be found in the February 1996 issue on pages 80 to 82.

On trouvera des instructions détaillées à l'intention des auteurs dans le numéro de février 1996, aux pages 83 à 85.

Cover/couverture

Canadian experience with hydatid disease is largely in patients who have emigrated from countries where the disease is endemic. The cover shows a computed tomography scan and an operative photograph of hydatid disease in a Yugoslavian patient who 6 years previously had had traumatic rupture of a hepatic hydatid cyst. Virtually every intra-abdominal structure was involved. At surgery (1987) many of the cysts could be removed *in toto*. The largest remaining cysts were sterilized with 20% sodium chloride solution and ruptured daughter cysts removed from the unroofed lesions. About 95% of the cysts were either excised or unroofed. The use of so much hypertonic saline led to hypernatremia postoperatively. The patient recovered and the remaining cysts were stable when the patient was last seen in 1995.

L'expérience que l'on a de l'hydatidose au Canada provient en grande partie de patients qui ont immigré de pays où la maladie est endémique. La couverture présente une tomographie et une photographie d'intervention dans un cas d'hydatidose chez un patient yougoslave qui, 6 ans auparavant, avait subi une rupture traumatique d'un kyste hydatique au foie. À peu près toutes les structures intra-abdominales étaient atteintes. Au moment de la chirurgie (1987), on a pu procéder à l'ablation totale d'un grand nombre des kystes. Les plus gros des kystes restants ont été stérilisés au moyen d'une solution de chlorure de sodium à 20 % et l'on a procédé à l'ablation des vésicules filles rupturées dans les régions décomprimées chirurgicalement. Environ 95 % des kystes ont été excisés ou décomprimés chirurgicalement. L'utilisation de volumes aussi importants de solution physiologique hypertonique a entraîné une hypernatrémie après l'intervention. Le patient s'est rétabli et les autres kystes restants étaient stables la dernière fois lorsque le patient a été examiné en 1995.