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Suppl. 1

World Literature on: Prazosin

An Evaluation of its Clinical Efficacy and Safety in the Treatment of Benign Prostatic Hypertrophy
Guest Editor: E. Milroy, London, UK

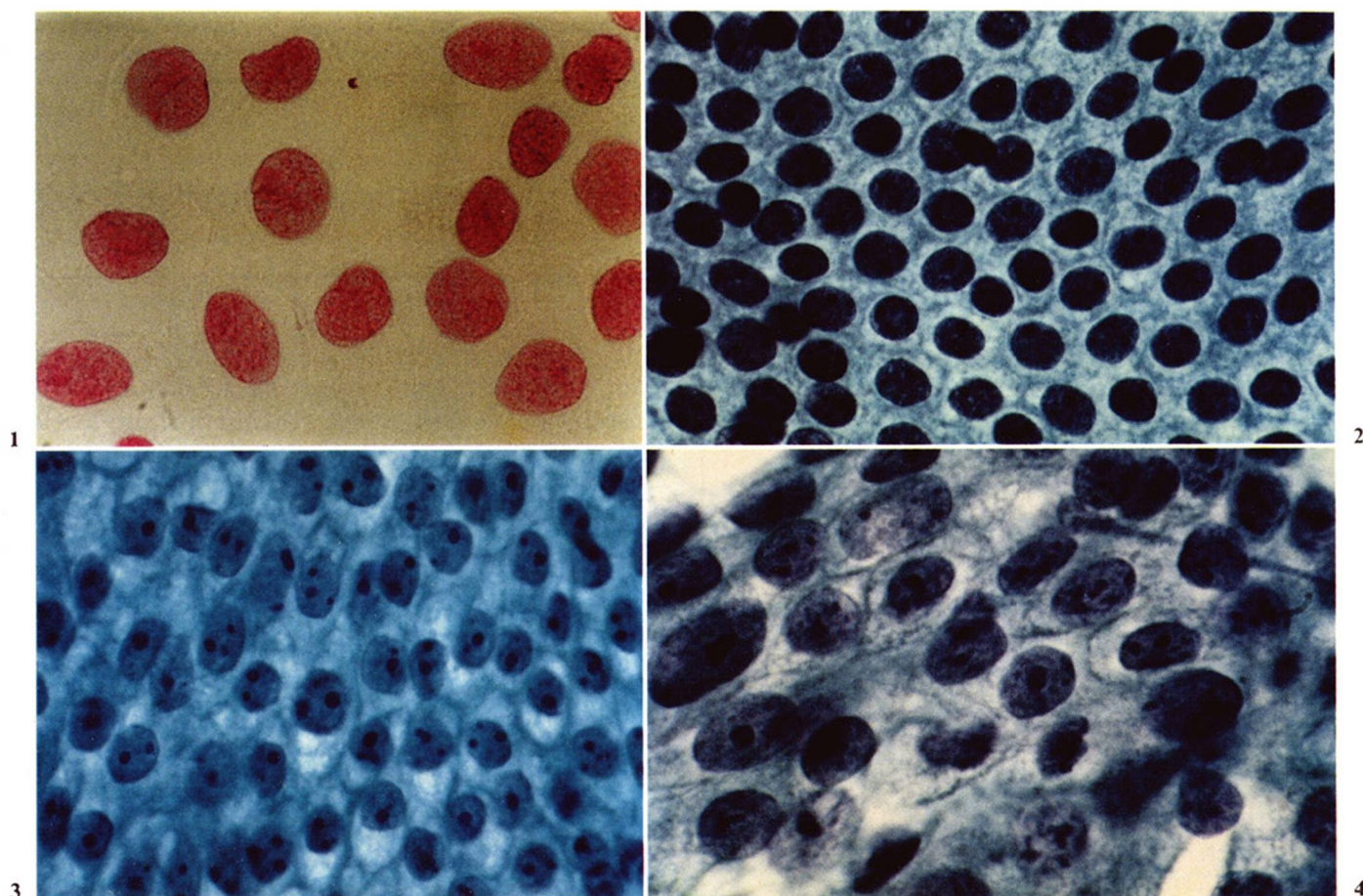
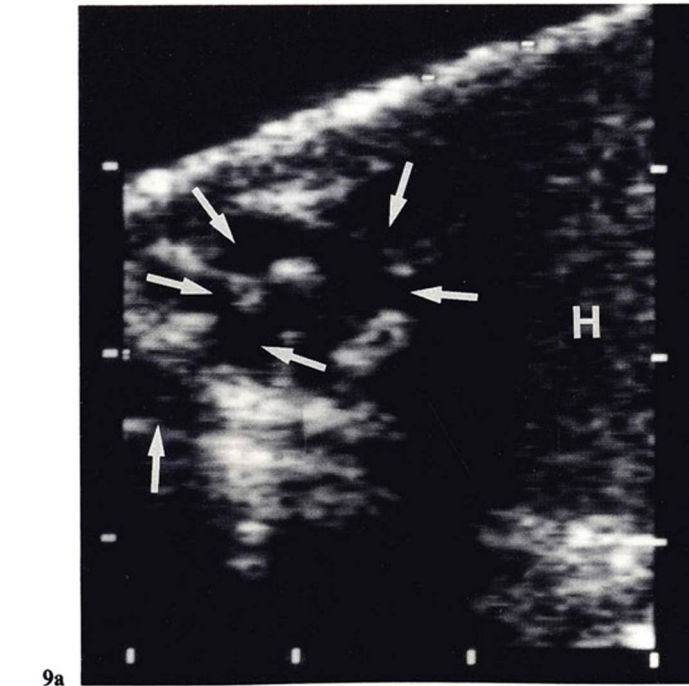
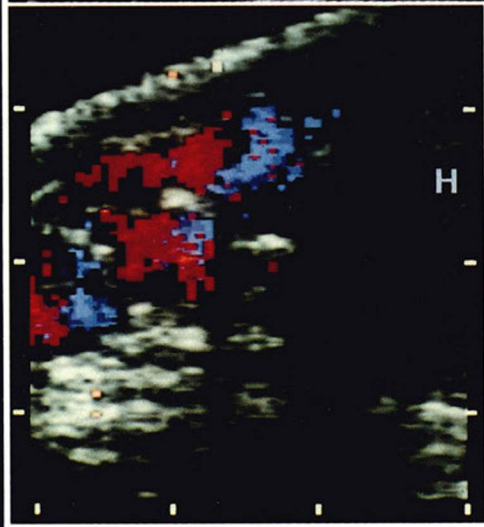
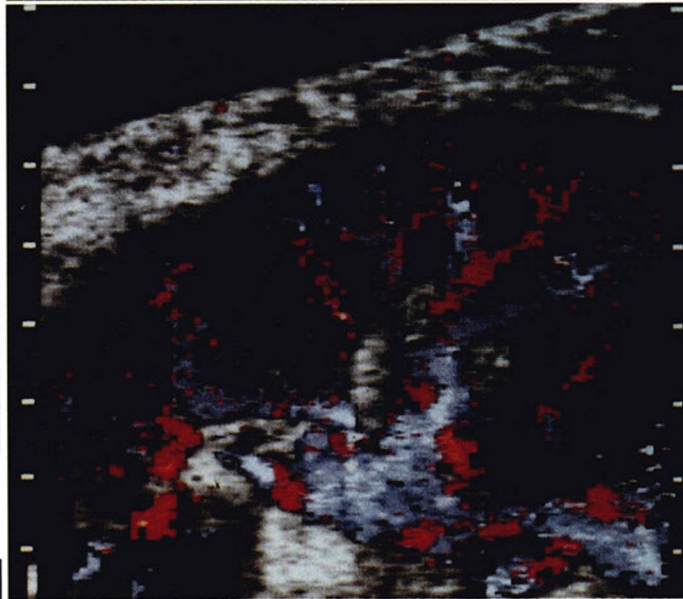
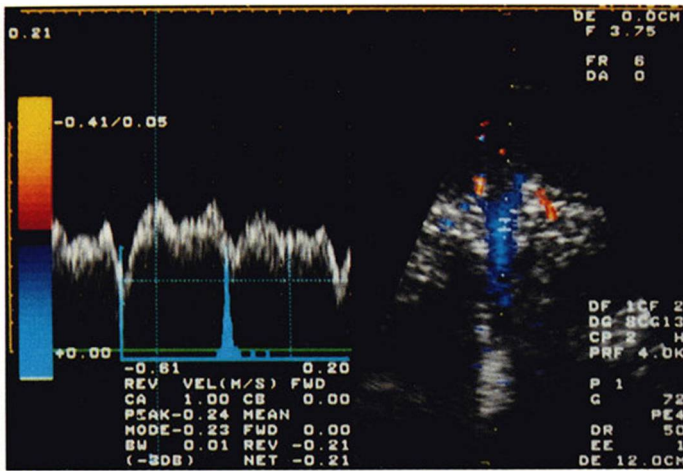
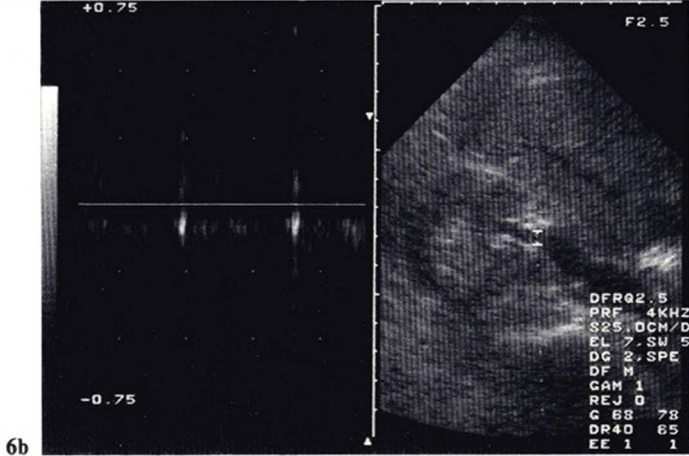


Fig. 1. Feulgen's reaction: isolated clearly distinguishable cell nuclei without overlapping or artifacts. $\times 100$.

Fig. 2. Cytological smear: slight nuclear polymorphism, prominent nucleoli, some of which are beginning to lose their circular contour, intact cell membranes. Grade I carcinoma. Papanicolaou. $\times 100$.

Fig. 3. Cytological smear: moderate nuclear polymorphism and hyperchromatism, prominent nucleoli which have lost their circular shape; locally the nuclei have more than one nucleolus; disturbance of nuclear arrangement. Grade II carcinoma. Papanicolaou. $\times 100$.

Fig. 4. Cytological smear: distinct nuclear polymorphism and hyperchromatism, polymorphic nucleoli, high nuclear dissociation. Grade III carcinoma. Papanicolaou. $\times 100$.



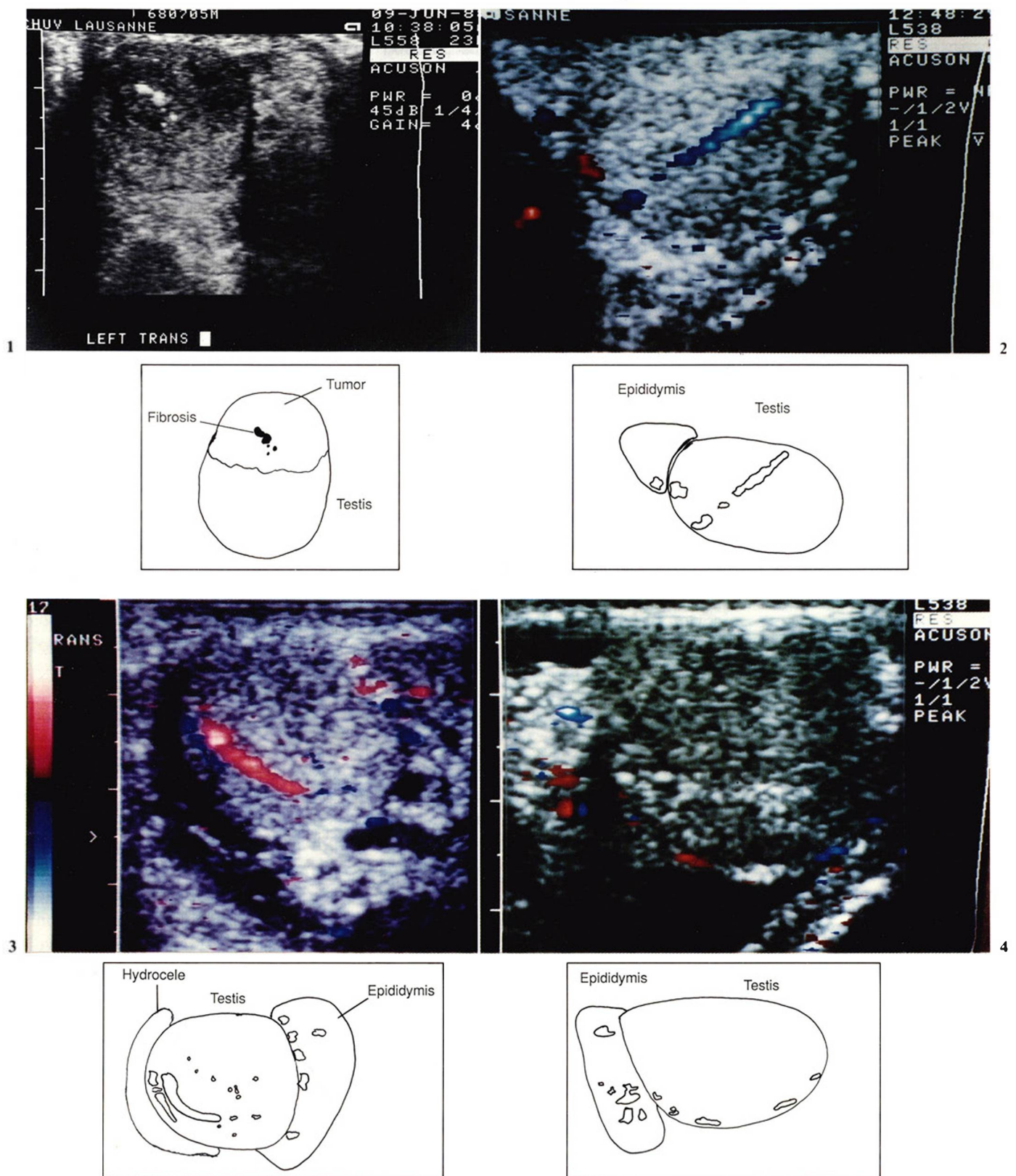


Fig. 1. A Typical image of a testicular tumor in a 20-year-old man. Note the hypoechoic and heterogeneous area surrounded by normal parenchyma. The hyperechoic zone in the center of the tumor is not a calcification, but a focus of fibrosis.

Fig. 2. A normal sonography of the testis of a 21-year-old man. Vascularization is principally noticeable in the testicular parenchyma.

Fig. 3. A left epididymitis in a 63-year-old man. Note the hyperemia of the epididymis and testis.

Fig. 4. A right epididymitis in a 21-year-old man. Note the hyperemia of the enlarged epididymis. Blood flow only persists in the periphery of the testis which is becoming heterogeneous. By an appropriate antibiotherapy, the testis of this young man returned to normal 1 month later.