The Frequency and Histological Types of Malignant Testicular Tumours in Rawalpindi/Islatnabad Area.

Fifty-two orchidectomy specimens received in the Pathology Department of Army Medical College from 1980 to 1994 were reviewed. The patient’s clinical details and the x-ray chest findings were noted. The gross examination findings of the excised specimen along with the stained slide examination result was also recorded.

Unilateral testicular swelling of less than one year duration was the complaint of 50 patients. One patient had a groin mass and one an intra-abdominal mass. Seminoma was diagnosed in 20 cases in the age group 20 to 30 years. Malignant teratomas and yolk sac tumours constituted the next most frequent histology type in 20 subjects. One patient had embryonal carcinoma, 3 had malignant lymphoma of the testis and 2 had mixed germ cell tumours. Paratesticular rhabdomyosarcoma was encountered in one child and there was one case of metastatic carcinoma of the testis.

The results of the study show a relatively low frequency of testicular tumours in our population. The age group of the patients was also lower than that reported in other western studies. Seminoma was the most frequent testicular tumour in the series.


Due to the fact that the incidence of ectopic pregnancies has increased in the last two decades, an analysis was performed on 681 such pregnancies encountered during 35,537 deliveries from January 1981 to December 1992 at the China Medical College Hospital. Clinical evaluation included etiology, diagnosis and therapy, Diagnosis was confirmed by histopathology. Risk factors considered were age, number of previous deliveries, pelvic surgery, pelvic inflammatory disease and use of I.U.D.

The ratio of ectopic pregnancies and deliveries was 1 to 52. The maximum ectopics were encountered in the age range 26 to 30 years. There were 81 primi-gravida and 245 second gravida which indicated ectopic pregnancy to be associated with low gravidity.

Previous pelvic operations were recorded in 138 patients and pelvic inflammatory disease in 196 subjects. Use of intrauterine device did not prove to be a high risk factor for ectopic pregnancy in this study.

Abdominal pain was reported by 98% patients, amenorrhoea by 90% and abnormal vaginal bleeding by 64% cases. Backache was complained by 18 women who had ruptured ectopic pregnancies and large haemoperitoneums. Diagnosis was facilitated by estimation of Beta HCG levels and Ultrasonography. The operative procedures adopted were unilateral salpingectomy in 250 cases with opposite tubal ligation and only unilateral salpingectomy in 254 patients.

Total hysterectomy was performed in 5 patients due to 2 ruptured comual, one interstitial and 2 cervical pregnancies.

Seven patients with unruptured ectopics were treated with single dose intramuscular methotrexate or 25 mg methotrexate into the gestational sac under sonography guidance. Monitoring was done by Beta HCG titres. Laparoscopic surgery was carried out on 15 subjects and blood transfusion was required by 301 cases. There was no mortality.

The increasing incidence of ectopic pregnancy is attributed to a rising figure of pelvic inflammatory disease. Good results are achieved due to improved diagnostic facilities. Beta HCG titres and transvaginal sonography provide an early detection. Laparoscopy and laparoscopic surgery in selected cases
gives easy access. Systemic treatment with methotrexate in unruptured ectopics is again a new modality. With the changing therapy, ectopic pregnancy can be accurately diagnosed and better treated than in earlier times.

Foreign Bodies in the Ears: The Regional Experience
The details of 200 cases of foreign bodies in the ears during the period February 1993 to March 1994 are presented. There were 118 males and 82 females with an age range of 15 months to 35 years.
Animate objects were found in 40 cases whereas 160 had in-animate foreign bodies. The house fly was the commonest animate and Paddy rice the vegetative in-animate foreign body. In the non-vegetative group metallic objects were present in 20 subjects, glass pieces in 24 and miscellaneous articles in 32 cases.
All the foreign bodies were removed directly through the transmeatal route. General anaesthesia was required in 134 patients who had a tightly impacted foreign body or were too young and anxious. Ulceration or perforation of the tympanic membrane was found in 42 cases which healed by conservative therapy.
The ear is the second common site for foreign body impaction. Unskilled attempts for removal can cause traumatic perforation of the eardrum. In adults, if it is a small object it can be removed without anaesthesia. Syringing may be used in small round objects. Vegetative substances should not be soaked as they swell. If impaction is in the deep meatus then open surgery is required.

The relationship between the signs and symptoms of untreated Graves disease and the corresponding serum levels of thyroid hormone were studied in 25 patients, 21 females and 4 males with an average age of 35.6 years. A detailed physical examination along with the estimation of the goitre size was performed. Electrocardiography was used to determine the heart rate. Thyroid function profile and the Hyperthyroid Symptom Scale (HSS) were the measures of assessing the severity of the condition.
All the 25 subjects had elevated thyroid hormone levels
All had a diffusely enlarged thyroid with a mean goitre size of 58.4Gm. The mean heart rate was 104.6 beats per minute.
Symptoms of thyrotoxicosis were present in all cases with an average HSS score of 26.3 points.
The thyroid function tests were significantly correlated with goitre size and inversely with age. This has been reported by other workers also when hyperthyroid symptoms decreased after the fifth decade. The severity of peripheral endocrine symptoms correlated with anxiety. This is attributed to the changes in catecholamine levels induced by the thyroid hormone. The mean serum T3 was 4.18 ng/ml (range, 2.5-6.84 ng/ml) showing no linear relationship to the symptoms. The study concluded that thyroid hormone levels do not predict the severity of clinical expression of thyroid disease.