

Abstracts from the Journals of The East

Pages with reference to book, From 25 To 26

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The Role of Essential Amino Acids in Patients on Chronic Haemodialysis. Akhtar, N., Fayyaz, T. Specialist, Pak. J. Med. Sci., 1994;10:307-310.

Haemodialysis has markedly improved the management of patients with chronic renal failure. As protein malnutrition is usually present in these cases, it becomes more severe after this mode of treatment. Supplementation with Essential Amino Acids has proved useful in some studies. The presented trial was conducted to assess the efficacy of these protein constituents on patients undergoing chronic haemodialysis. Twenty-four chronic renal failure patients, 17 males and 7 females were randomized into two groups equally. Group I was given one sachet 2.5 Gm of "Amiyu" granules thrice daily after meals for 4 weeks. Group II received a placebo for the same period. All patients were dialyzed twice weekly.

No significant comparable change was noted in the levels of blood urea, serum creatinine and body weight. Minimal side effects as bloating were complained by two patients taking Amiyu which subsided spontaneously. Catabolism has been associated with haemodialysis due to blood loss, inadequate proteins in diet, protein breakdown attributed to dialyzer membrane biocompatibility. Deterioration of amino acid metabolism is observed in chronic renal failure. The essential amino acids are decreased and they are further worsened by haemodialysis. Approximately 5.8 Gm of free amino acids are lost in the dialysate; and of these one third are essential amino acids. In addition 4-5 Gm of peptide bound amino acids are also lost per dialysis. The total loss of amino acids thus amounts to 10-13 Gm per dialysis. Studies conducted for three months on oral amino acid intake showed improvement in the levels of blood urea and serum creatinine. The period of the presented study being short i.e., four weeks, could not establish the beneficial role of a short term therapy.

Acute Cholecystitis Due to Round Worm - Case Report. Samdani, G., Alam, S. Bangladesh Med. J., 1992;21:114-116.

The case report of a patient diagnosed as acute cholecystitis due to round worm infestation is presented. A 27 year old female was admitted with severe pain in the right hypochondrium radiating to the right shoulder. Nausea and vomiting accompanied the pain and she was febrile with a temperature of 38.2°C. Clinical examination showed guarding and tenderness in the right hypochondrium and laboratory tests revealed a leucocytosis with a count of 11000 per cmm with 80 percent neutrophils. Liver function tests were normal. The ultrasound examination of the abdomen showed a normal liver and biliary tree.

Atubular soft tissue structure was noted in the gallbladder which showed sluggish movement.

Cholecystectomy was performed under general anaesthesia. The round worm was found within the gall bladder with one end lodged in the cystic duct. The post-operative recovery was uneventful.

Ascariasis infestation causes most of the surgical problems amongst the helminthic infections in the tropical countries. The round worm has been found in the Eustachian tube, pancreatic duct, fallopian tube and urinary tract. It can find its way through the sphincter of Oddi into the common bile duct. As the proximal portion enters first, it is unable to come out. Toxic products are liberated causing biliary spasm. A live worm leading to acute cholecystitis is an uncommon occurrence. Early cholecystectomy is the treatment of choice.

A Review of Cases of Carpet Factory Labourers in Teku Hospital. Vaidya, B., Tuladhar, SMJ. Nep. Med. Assoc., 1993;31:222-225.

A retrospective study was conducted on the cases of carpet factory labourers attending Teku Hospital, Kathmandu, from April to July, 1992. Of the total 2050 patients attending the outdoor clinic, 375 were carpet factory labourers. The male to female ratio was 1.3:1 and the ages ranged between 5 and 73 years

with 90 percent subjects being below 30 years age. Gastroenteritis was the presenting complaint in 62.4% patients followed by fever, chest infection, measles, viral hepatitis and chicken pox. In the indoor admissions, 757 carpet factory labourers formed 23.8% of the total population. The male to female ratio was 1.1:1 with the majority being teenagers.

Gastroenteritis was again the diagnosis in 90 percent cases with many coming in shock and with chest infections. Consolidation of the lung was seen in 33 cases of the 39 examined radiologically. Blood culture did not yield anthrax bacilli which were also not isolated from urine, stool and sputum. Enteric fever, viral hepatitis, meningitis, measles, worm infestation, scabies and pulmonary tuberculosis were also found in the admitted cases. The average stay in hospital was two days with the longest being 30 days. Eight patients died.

The carpet industry in the Kathmandu Valley has expanded bringing with it the problems of environmental pollution, population growth and child labour. The large number of factory labourers attending hospital with ill health especially with gastroenteritis is a pointer to lack of proper sanitation, safe drinking water, healthy food and personal hygiene. Overcrowding in the working place with inadequate ventilation, dampness, polluted air and lack of sunlight contribute to spread of infectious diseases. This group has also a high risk for alcoholism, drug addiction and sexually transmitted diseases.

The industrial hazards include exposure to chemicals and anthrax, an occupational disease. Fortunately none of the labourers seen in this hospital had a positive test for anthrax which has a 100 percent mortality. Basic health needs, protective clothing and gloves, proper lighting and ventilation in the factory, periodical medical check-ups, medical benefits and health education are essential for maintaining good health in the carpet factory labourers.

Histiocytic Necrotizing Lymphadenitis (Kikuchi's Disease): A Case Report. Rahman, M.A., Rahman, M.F., Islam, K.M.N. Bangladesh J. Pathol., 1991;6:SS-57.

Histiocytic Necrotizing Lymphadenitis (HNL) is commonly seen in females presenting with cervical lymphadenopathy which may be tender. It is a benign condition characterised by focal necrosis in the affected nodes with abundant karyorrhexis and a polymorphic infiltrate of histiocytes and transforming lymphocytes. A case of a 15-year-old female diagnosed as HNL is presented. She had a month's history of enlarged, tender cervical lymph nodes which were observed after an attack of influenza. On examination no systemic abnormalities were detected. The cervical lymph nodes were enlarged with the largest being 2x1 cm in size, firm and mobile. The blood picture and chest X-ray were all normal. MT was negative, antibiotics were given for 7 days and a re-examination after three weeks showed no change in the size of the lymph nodes. An excisional biopsy was done and the histopathology confirmed the diagnosis of HNL. The etiology of HNL is unknown. It has been associated with toxoplasmosis, yersinia and viruses. Recognition of HNL is essential as it could be misdiagnosed and treated as a malignant disorder.