

Abstracts From the Journals of the East

Pages with reference to book, From 113 To 114

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Repair of Vesico-Vaginal Fistula by using Omental Flap. Shaikh, N.A., Memon, R.B., Oonwala, Z, Pak.J.Surg., 1994;10: 1-4.

Fourteen patients with a vesico-vaginal fistula of more than 2 cm were treated with transperitoneal, transvesical approach with extensive dissection and omental flaps at the Peoples Medical College Hospital, Nawabshah. Eleven of these cases were in the age group 20-40 years who had been through a prolonged neglected labour. Three patients in the age range of 40-76 years had developed a fistula secondary to pelvic surgery. They had also been repaired earlier. Routine investigations along with an intravenous urography were performed and hypertension and diabetes were controlled. The pentoneal cavity was opened through a midline incision, the dome of the bladder identified, anterior cystostomy incision made, fistula excised, the vagina closed and available omental flap placed between the vagina and urinary bladder. A urethral Foley's catheter was left in place for 2 weeks. All patients received antibiotics for 3 weeks as prophylaxis. The follow-up period was 18 months and all except one who was a diabetic, showed good results. The failure of repair in this case was observed 8 weeks alter surgery. The principles of repair of vesico-vaginal fistulae were first described by J.M. Sim in 1849. Small fistulae heal with conservative treatment but those of 2 cm or more require transabdominal repair. Strengthening tissues as fascia lata or skin graft give encouraging results. The greater omentum has also proved to be an excellent tissue for repair of vesico-vaginal fistulae. For free bladder drainage the intra-vesical tubes should be retained for 2-3 weeks.

Renal Angiomyolipoma with a Prominent Angiomatous Component and Extramedullary Haematopoiesis: A Case Report. Lin, C.N., Chiang, H.S., Iisu, S.!, Huang, A.H., Chuang, S.S. Chinese Med.J. (Taipei), 1994;53: 185-187.

The case of an asymptomatic renal angiomyolipoma in a 57 year old female is reported. She was admitted with yellowish discolouration of the skin and dark coloured urine. Physical examination revealed mild hepatomegaly. The laboratory data showed haemoglobin 14.70%, haematocrit 44.9%, red cell count 4.5 million and white cell count 17000/mm³. No abnormal cells were noted in the peripheral blood smear. The liver function tests reported a total bilimbin of 18.6 mg/dl with 5.4 mg/dl as direct. SOOT was 570 I.U./L, SGPT 918 I.U./L, alkaline phosphatase 25.4 I.U./L, GGT 571 I.U./L. Serum albumin was 3.2G%, serum globulin 2.80%, urine analysis was normal and serum markers for hepatitis A and 13 were negative. Abdominal sonography revealed amass in the middle of the right kidney. Intravenous pyelomphy and C.T scan showed a mass in the right renal pelvis. Right nephrectomy was performed and the histopathology examination reported a non-capsulated, well demarcated, dark brown mass in the medulla protruding in the renal pelvis. The rim comprised of adipose tissue and there was central haemorrhage. Microscopically the tumour contained vessels, fat cells and smooth muscle cells. The central portion was angiomatous showing vascular channels. Blood forming elements including megakaiyocytes with myeloid and erythroid colonies were prominently seen. A diagnosis of renal angiomyolipoma along with haemopoietic elements in the vascular spaces was made based on the histopathology fmdings. Extramedullary haematopoiesis is usually encountered as a compensatory process to inadequate haematopoiesis. The presented patient was not anaemic so these elements in her case were regarded as hamartomatous in nature. Renal angiomyolipoma is a benign tumour and nephrectomy is the choice of treatment.

Letterer Siwe Disease - A Case Report. Hassan, K., Ikram, N., Khalid, T. Rawal Med.J., 1993;21:39-40.

The case of a female infant of 4 months age presenting with a history of passage of pus from the right

ear, multiple boils around the right ear and diagnosed as Letter Siwe disease is presented. Similar symptoms had been noted after birth which were relieved with medication in 5 days. Bluish spots were present on 8th trunk since birth. There was no history of jaundice or bleeding tendency. Examination revealed a pale and lethargic child with hepatosplenomegaly. The haematological analysis showed haemoglobin 4.0g/dl, white cell count $3.5 \times 10^9/L$, platelet count $75 \times 10^9/L$, neutrophils 35%, lymphocytes 36%, monocytes 8% and eosinophils 3%. Coagulation tests were in the normal range and blood culture revealed no organism.

Bone marrow aspirates stained with May-Grunwald Giemsa Stain showed fairly active erythropoiesis and megakaryopoiesis with slightly hypoplastic myelopoiesis. The marrow smears were infiltrated by a large number of large sized, pleomorphic histiocytes containing abundant fibrillar and partially vacuolated cytoplasm with evidence of markedly exaggerated haemophagocytosis. On these criteria a diagnosis of Letterer Siwe Disease was made. Before any treatment could be instituted the patient was taken away against medical advice. Histiocytosis comprises of a group of diseases of unknown cause. Letterer-Siwe Disease is one of the entities. It occurs in young children and infants and is diagnosed by a bone marrow smear. The prognosis of the disease is dismal if it is widespread. Treatment comprises of cytotoxic drugs as vincristine, vinblastine, cyclophosphamide and prednisolone.

Risk Factors of Spontaneous Pre-term Labour in Pakistani Women - A Case-Control Study.

Razzak, A.A., Rizvi, I.A., Hussain, R., Khan, K.S. Specialist, Pak.J.Med.Sci., 1993;9:351-375.

To evaluate the significance of known risk factors of spontaneous preterm labour in Pakistani women, a retrospective study was conducted between 1989-1991 on 63 subjects with spontaneous labour at >24 and <37 weeks gestation. The controls were 65 women with labour at >37 weeks. Gestational age was determined by the date of the last menstrual period and confirmed by physical findings and ultrasonography in second trimester. The age, weight, height, parity, past obstetric and medical history, information on current pregnancy and outcome were noted. No difference was observed in the mean ages, height, gestational age, weight and haematocrit at the first examination, between the study and control groups. The mean gestational age at delivery was 33.7 weeks in the study subjects and 38.6 weeks in the controls. Premature births, recurrent fetal wastage and gravidity of less than two, was also related to an increased risk of preterm labour. The events of the current pregnancy revealed polyhydramnios in 3 and uterine bleeding in 10 of the study cases and in none of the controls. Urinary tract infection was also found in 4 of the former and one of the latter cases. Congenital abnormalities occurred in 7 pre-term deliveries. Many risk factors have been identified for early onset of labour by various studies. The presented work shows nulligravida, previous premature birth, recurrent fetal wastage, mid trimester abortion, polyhydramnios, low lying placenta, uterine bleeding, pregnancy induced hypertension and maternal infection to be contributing factors to preterm labour. These factors need to be further evaluated.