

Abstracts from the Journals of the East

Pages with reference to book, From 308 To 309

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Grand Multiparity. Aslam, M. Specialist, Pak. J. Med. Sci. 1994;10:317-321.

A retrospective comparative study was conducted to evaluate the obstetric and neonatal outcome of grand multiparity in women delivered in 1991 at the Lady Willingdon Hospital, Lahore. A woman was considered a grand multipara when she was para5 or more. The control group consisted of women with parity upto 4. The comparison was made between the outcome variables in the prenatal complications, labour and mode of delivery and the paediatric complications. The grand multiparae comprised 10 percent of the total deliveries in the study period. No significant difference was seen in the antenatal care of the two groups. Medical complications as diabetes and hypertension and the incidence of antipartum haemorrhage were encountered more in the grand multiparae. The obstetrics related maternal mortality was seven times higher in the grand multipara group than in the non-grand multiparous women. The incidence of macrosomia was 6.2% in the former group compared to 2.9% in the latter. The results of the study indicated a high prevalence of grand multiparity in the Pakistani population. Diabetes and hypertension were associated more with this group and the most striking feature was the 7 times increased maternal mortality in these women which is attributed to the associated medical and obstetric antenatal complications. It was concluded that adequate antenatal care would reduce the maternal mortality rate and more acceptance of contraceptive methods would lower the incidence of grand multiparity.

A Morphological Study of 280 Mastectomy Specimens of Breast Carcinoma. Malik, L A., Mushtaq, S., Mamoon, N., Afzal, S., Jamal, S., Ahmad, M. Pak. J. Pathol. 1994;5:5-8.

A retrospective study of the records of 280 mastectomy specimens received in the histopathology department of Armed Forces Institute of Pathology, was performed. The features examined were the tumour size, its histological type and grade, the presence of lymph node metastasis and hormone receptors, which also influence the prognosis. The age range of the patients was between 20 and 76 years with more than 50 percent being younger than 50 years. Nearly 48 percent of the tumours were greater than 5 cm in diameter and infiltrating duct carcinoma was the most common histological type (98%). According to the Bloom and Richardson system of grading, 62 percent of the tumours were in grade III, 36.5 percent in grade II and 1.5 percent in grade I. Skin involvement was observed in 21 percent and lymph node metastasis in 74 percent patients. Immunohistochemical stains for oestrogen receptors were performed in 72 cases of which 62 were found positive. The low age group developing breast carcinoma in this study is supported by similar results of work performed by others in Pakistan. The large size tumour at presentation is because women especially in the rural areas delay in seeking medical advice. The high histological grade and axillary lymph node involvement are also due to late consultation. Despite the younger age group majority of the cases in the study were oestrogen receptor positive.

Thrombolysis with Streptokinase is a Safe and Effective Measure in Acute Myocardial Infarction. Ahmed, N., Mahmood, A. J. Pak. Instit. Med. Sci. 1994;5:289-292.

A study was conducted on 24 patients with confirmed myocardial infarction, treated with Streptokinase as a thrombolytic agent. There were 19 males and 6 females with a mean age of 52.7 years. Anterior myocardial infarction was diagnosed in 13 patients whereas 11 had inferior infarction. Thrombolytic therapy with streptokinase (SK) was started within approximately 5 hours of the onset of chest pain. The complications due to the therapy requiring active intervention were hypotension and left ventricular failure encountered in 4 and 5 patients respectively. All responded well to treatment. Six patients had post infarction angina which settled with nitroglycerine orally. There were no bleeding

episodes. or allergic reactions. Reperfusion arrythrnias in 10 subjects and transitory complete heart block in one was treated successfully. Intravenous streptokinase recanalises thrombotic occlusion and improves coronary flow thus restoring myocardial function. Adjunctivë treatment with anti-platelet agents helps in maintaining the success achieved by the throinbolytic drugs. Adding aspirin to the regime has shown clear benefits. A favourable impact of heparin on the outcome of these drugs has also been observed. Streptokinase has been used in large trials giving results of reduced mortality. The dose is 1.5 million units infused intravenously over one hour. Best results are had with early use preferably within 4 to 6 hours after the onset of pain. The doctors at the general practice level even in rural areas should be trained to start SK therapy so that a maximum benefit is obtained with a reduced morbidity and mortality.

Osseous Hydatid Disease. Mahboob, G., Ahmed, S., Bhatti,A. Pak. J. Surg. 1994;10:68-69.

Two cases of osseous hydatid disease are presented. A 60 year old male from Baluchistan was diagnosed as pathological fracture of the distal 1/3rd of the femur. The X-ray showed a comminuted fracture with an osteolytic lesion. Surgery was undertaken which revealed the bone to be filled with white flakes. Curettage and lavage with saline and 1% fonnaline was done. Fixation with a condylar plate and bone grafting was performed. Histopathology reported a hydatid cyst lesion. After four years the patient came in with a dull ache and swelling of the distal thigh. The X-rays revealed a healing fracture with multiple radiolucent areas. Blood count was normal. Recurrence of hydatid cyst was noted on exploration. The area was curetted and washed and acrylic bone cement was filled in the osteolytic areas. Post-operatively albendazole 10 mg per kg body weight was prescribed for 6 months. The second case was of a 26 years pregnant woman from Swat. She presented with a swelling of the left gluteal region since 6 years. The lump was irregular with variable consistency. No regional lymphadenopathy was noted and the blood count was normal. The X-ray examination showed a swelling involving the left iliac bone, hip joint, ischial ramus and superiorpubic ramus. The outer rim was calcified with specks throughout the enclosed area. At surgery a thick creamy whitish material with small white flakes was obtained. Curettage and lavage were performed. Histopathology confirmed the diagnosis of hydatid disease. Bony involvement by hydatid disease is rare. It is usually seen in the vertebral column, pelvis, long bones and skull. The osseous lesions are primary and not extensions from the soft tissue. The echinococcus form cysts in the spongiosa of the bone. They lack the host adventitia layer here. Symptoms are due to pressure exerted by the enlarging cyst. Radiologically radiolucent areas with bone expansion are seen. Computed tomography and magnetic resonance imaging give exact extent of the disease. Serological examination as casonis, complement fixation and precipitation tests may aid the diagnosis. The recommended treatment is a combination of surgery and chemotherapy. Albendazole is the preferred drug due to minimal side effects.