

Abstracts from the Journals of the East

Pages with reference to book, From 56 To 57

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Nutritional Rehabilitation Through Education. Ahmad, M Pak.J.Med.Res, 1992;31:214-216.

A study was conducted on 105 children, suffering from moderate to severe malnutrition, to mark the effects of nutritional education of the mothers. The children ranging in age from 3 months to 5 years were subjected to a routine physical examination. A detailed diet history was noted, immunization status checked and completed and vitamin A prophylaxis and iron supplement prescribed to all children. Nutrition education was given to the mothers on the first visit and then on each subsequent visit, both individually and in groups. Breast feeding was encouraged. Low cost diets were advised and use of cups and spoons was encouraged. Correct technique of food handling was demonstrated and advice given for use of potable boiled water. Personal cleanliness of the children was stressed and a 'road to health' card provided where weight changes were noted. It is a known fact that adequate nutrition is a necessary first step to improve the quality of life. Malnutrition is a man made disease and in Pakistan protein energy malnutrition is a leading cause of morbidity and mortality in infants and pre-school children. The many factors contributing to malnutrition are poverty, illiteracy, ignorance, infection, customs and traditions. It has also been proved that educating the mother and supervising her, will cause the child's nutrition to improve. The results obtained in the presented study were 72% children had improvement, 26% had no improvement and 2% deteriorated. The preschool age groups derived the maximum benefit of this aspect of preventive medicine. The approach of teaching utilized in the presented study is economical and easy to organize. The programme is interest based as mothers themselves are involved. The results are highly encouraging as the improvement seen in the child benefits the entire community.

Posterior Duodenal Ulcer As a Cause of Right Hydronephrosis. Hussain, R. and Saburi, S.D. Pak.J.Med.Res., 1992;31:262-263.

The case of a 36 year old African male with right hydronephrosis due to perforated posterior duodenal ulcer, is presented. The symptoms reported were pain in the right lumbar region, dysuria and frequency of micturition. A palpable, tender right kidney was found on examination and the intravenous urography showed hydronephrosis of right kidney. Surgery was initiated through a right lumbar incision. Fibrosis and adhesions were found on the right kidney pelvis, pelvi-ureteric junction and upper end of the right ureter. During dissection there was sudden bulging of the intestinal mucosa anteriorly with leakage of intestinal contents through the perforation. A midline laparotomy incision was then made. Adhesions were found around the duodenum, gall bladder and mesocolon. The duodenal mucosa was found bulging posteriorly. All these findings confirmed a posterior duodenal ulcer. Truncal vagotomy and gastrojejunostomy was performed and a Foleys catheter was passed through the perforation and repair done. Obstructive jaundice developed on the eleventh post-operative day which was relieved by deflating the Foley's balloon. There were no other complications and the patient could be discharged after two weeks. A repeated intravenous urography after six weeks showed improvement in the hydronephrosis. Chronic granulomatous disease of the bowel can lead to obstructive hydronephrosis. It is thus advisable to perform an WU in all chronic granulomatous disease of the gastrointestinal tract. Similarly while managing a case of hydronephrosis GIT pathology should also be considered as a primary cause.

Role of Epidural Analgesia in Cancer Palm Salini, M. Pak. Armed Forces Med.J., 1992;42:87-89.

The results of epidural analgesia tried as a pain relief measure on 56 cancer patients with severe pain are presented. They were referred to the pain clinic by oncologists between November, 1989 and November, 1991. They had been subjected to radiotherapy or chemotherapy and conventional methods

of pain relief had been tried. Neural blockage with bupivacaine or lignocaine had also been used in a few cases. Sixteen patients with abdominal malignancies, with ages between 27 and 65 years were selected for epidural analgesia as their pain was intractable. The epidural catheter was passed in lumbar space L3-L4 and threaded upward through Tuohy's needle. Initially 0.5% lignocaine with adrenaline 5-10 ml was given. Analgesia was extended by supplementing 0.25% bupivacaine 5-10 ml in a few cases. Others got opioids through the epidural catheter. The catheter was fixed and the relatives were trained to administer the drugs. Excellent results were achieved in 9 cases and they stopped taking all other narcotics. In 7 patients the requirement for narcotics was very much reduced. The sleep pattern improved and in waking hours the patients were mentally alert. A large number of patients had cancer of the colon and rectum. Analgesia was obtained for 8 to 24 hours when lignocaine and bupivacaine were combined. The major side effects were warmth and fullness of legs complained by 6 patients. A strategy for analgesic therapy was presented by the WHO in 1982. This was unsuccessful due to multifactorial causes. Under treatment still continues probably due to lack of adequate pain assessment. To provide comfort in the terminal stages of cancer the presented study has proved that epidural analgesia produces the desired effects without obtundation of mental function. There is a low incidence of side effects especially respiratory depression as these patients are already tolerant to narcotics. Epidural opioids should thus be resorted to when other methods to relieve pain have failed.

azoospermia in Clinical Practice at Rawalpindi. Khan, D.A., Khan, F.A., Sattar, A., Naveed, A.K., Ahmad, M. Pak. Armed Forces Med.J., 1992;42:93-95.

The incidence of male infertility due to azoospermia in a representative population of Pakistan was studied from July, 1990 to September, 1991 in the Armed Forces Institute of Pathology, Rawalpindi. Semen specimens were collected from 2313 male partners referred by gynaecologists, endocrinologists and medical officers. 25 age matched healthy fertile men were taken as controls. Two semen specimens were collected at an interval of 7 to 15 days after sexual abstinence of 3-5 days. Azoospermia was considered when there was absence of spermatozoa in the semen after centrifugation at 2000G for 10 minutes. Of the 2313 cases of infertility tested, 285 (12.32%) individuals had azoospermia. The incidence was compared with figures from other countries and was found higher than figures from Nigeria, Kenya, USA and Scotland but lower than Zimbabwe and Turkey. The high incidence of azoospermia in the representative Pakistani population can be due to intake of drugs as heavy metals, steroids and high doses of testosterone. The still higher incidence in Zimbabwe and Turkey can be attributed to ductal obstruction secondary to infection. Schistosomiasis is another common cause in Zimbabwe. The study also indicates that awareness should be created about investigating the male partner in cases of infertility.