

Abstracts from the Journals of the East

Pages with reference to book, From 158 To 159

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Nasal Polyposis and Fungal Sinusitis - Efficacy of Caldwell Luc as a Therapeutic Procedure.

Iqbal, K., Saqulain, C., Jalisi, M. Pak.J.Otolaryngol., 1993;9:173-176.

Bilateral nasal polypi usually originate from the ethmoid sinus. They cause nasal obstruction and could lead to broadening of the nose in advanced cases. Untreated patients can develop hypertelorism and proptosis. Fungal spores floating in the air can be harboured in the paranasal sinuses and *Aspergillus* is the most common organism responsible for sinusitis. To identify the relationship between nasal polyposis and fungal sinusitis and to evaluate the efficacy of Caldwell Luc as a therapeutic procedure, a study was conducted on twelve patients with aggressive, recurrent bilateral nasal polypi. All the subjects underwent a classic Caldwell Luc operation preceding intranasal polypectomy. Postoperative packing was done with ribbon gauze soaked in cotrimoxazole, kept in place for 48 hours. There were 4 females and 8 males with a mean age of 18 years. Hypertelorism was present in 10 cases with two having bilateral proptosis additionally. The X-ray of the paranasal sinuses showed bilateral antral opacity in 4 cases and unilateral in 5 patients. There was no intracranial extension. A Caldwell Luc with mucosal clearance and antrostomy and a bilateral intranasal polypectomy was done in all cases in different sequence. Thick green inspissated material with granulations was removed in 7 cases and was subjected to histopathology. The diagnosis made was *Aspergillus* with acute and chronic inflammation. Fungal hyphae were identified in 10 cases. Symptomatic relief was observed and there was a definite curtailment in the recurrence rate. It has been reported that fungal infections of the paranasal sinuses are always superimposed by bacterial and viral infections. This persistent sinusitis could lead to polyposis. The surgical removal of the offending fungus is the mainstay of the therapy and Caldwell Luc clearance and polypectomy rids the fungal spore deposits and the diseased mucosa and restores drainage and ventilation of the ethmoid area.

Spontaneous Bacterial Peritonitis. Jafri, S.M.W., Shah, H., Hamid, S., Abid, S., Abbas, Z., Khan, A., Khan, A., Khan, A., Khan, H. Specialist, 1992;8:33-38.

Spontaneous bacterial peritonitis is a frequent cause of hospital admission in patients with chronic liver disease. A review of 100 patients admitted to the Aga Khan University Hospital is presented. All cases had clinically detectable ascites and hospitalization was due to variceal bleeding, worsening of ascites, encephalopathy or fever. Diagnostic paracentesis was performed on all cases within the first 24 hours. The ascitic fluid was examined for protein, glucose, white cell count, total and differential and culture and sensitivity were performed. Liver function tests, renal function tests, serum proteins, electrolytes and prothrombin time were also done. Febrile patients were subjected to a blood culture. Most of the cases were in the age range of 40 and 60 years. Abdominal pain was complained by 66 percent cases. Spontaneous bacterial peritonitis was diagnosed in 33 individuals of which 15 were males and 18 females. The diagnosis was based on a white cell count of 350 per cmm with 75 percent or more of the cells being neutrophils. Ascitic fluid culture was positive in 15 cases and blood culture in 5 specimens. Seven patients had a history of repeated episodes of SEP and it was observed in these cases that the protein content of the ascitic fluid was less than 1Gm/dl and the prothrombin time 20 seconds with a control of 13 seconds. *Klebsiella* and *E.coli* were the most frequent organisms cultured. Ampicillin and gentamycin was given to 29 cases whereas 4 who had an impaired renal function received cefotaxime. The antibiotics were continued from 7 to 14 days depending on the response. Twelve of the 33 cases died. Decompensated cirrhotic patients tend to develop spontaneous bacterial peritonitis. Routine paracentesis is a safe procedure and gives the pathogenesis and makes the selection of antibiotics more appropriate. Low protein levels in the ascitic fluid predispose to repeated episodes of SEP. Cefotaxime

is a safe antibiotic to use in these cases due to its low nephrotoxicity. A combination of ampicillin and gentamycin gives good results too. SBP a serious condition with high mortality rates is encountered not only in cirrhotics but also in malignant ascitis, alcoholic hepatitis, acute viral hepatitis, systemic lupus erythmatosus and nephrotic syndrome. Fine Needle Biopsy without Aspiration: A Study in 130 Cases of Breast Lumps. Latif, 7., Rasool, I.,

Chaudhry, A.R., Iqbal, M., Akhtar, M.J. Pak.J.Pathol., 1993; 4: 35-40.

The role of fine needle biopsy without aspiration was evaluated in 130 cases of breast lumps by comparing the diagnostic yield with the histological examination of the surgical biopsy specimens. There were 2 males and 128 females with the size of the lump varying from 1 to 9.5 cm. and the consistency being soft to stony hard. A 22 gauge needle was introduced in the lump and moved back and forth and then withdrawn. The cellular material in the needle was expelled in a glass slide, the smear dried and stained with May-Grunwald Giemsa Stain. The surgical biopsies were processed routinely. The cytological interpretation was then compared with the histological diagnosis. The correlation of the diagnosis by the two techniques gave a figure of 91% in carcinoma cases whereas fibroadenoma, fibrocystic disease and inflammatory lesions all had 100% specificity. Aspiration cytology dates back to 1920. With the passage of time techniques have been improved and modified. Previously an 18 gauge needle with local anaesthesia was used. With the introduction of thin needles the local anaesthesia was obviated and fine needle aspiration was introduced. In 1981 the suction was considered unnecessary and the samples were obtained with a fine needle only. In breast lesions the fine needle biopsy is considered superior to physical examination, mammography and Tru-Cut needle biopsy and is a routine diagnostic test before surgery. The presented series shows an accuracy of diagnosis to be 97.5% in the fine needle biopsy technique. There was no complication and there was less trauma and bleeding. The texture and consistency of the lesion was felt and appreciated more accurately. It was thus concluded that fine needle biopsy without aspiration is a safe and useful technique in the diagnosis of breast lumps.

Phenomenology of Obsessive Compulsive Disorder in Pakistani Patients. Javed, M.A., Meerza, T. Pak.J.Med.Res., 1992; 31: 21 1-2 13.

Obsessive compulsive disorder projected as diverse symptom has an incidence of 0.1 to 4.6% in the psychiatric population. The impact of socio-cultural influences, environment and religion have been well documented by earlier studies. To gather more information among Pakistani subjects, a study was conducted at the Department of Psychiatry, Mayo Hospital, Lahore. The period of study was from January to December 1989 and 75 patients both from the outdoor clinic and indoor wards were included. They all fulfilled the International Criteria (ICD-9) for the diagnosis of the disorder. There were 40 males and 35 females with 80 percent males and 83 percent females reporting of unpleasant and adverse life events as financial problems and unemployment in the former and death of a close relative and marital conflicts in the latter. Obsessional thinking in 73.3% and doubts in 64% were the commonest obsessions. Compulsion about cleanliness (77.3%) and washing (62.60%) were also frequently reported.

It is well established that psychiatric symptomology is influenced by cultural beliefs and this makes the pattern of obsession. The results of the presented study also support this notion. The main theme was cleanliness experienced by both male and female patients. Cleaning rituals were the commonest compulsive acts followed by repeating, washing and counting. This can be attributed to the socio-cultural background and religious practices of the patients.

It was also observed that the patient performed their rituals either exclusively or predominantly in one place particularly the home. Keeping the socio-cultural influences on the illness in view, a programme for treatment and rehabilitation should be implemented to support the struggle of these patients to acquire a healthy life style.