

# Abstracts from the Journals of the East

Pages with reference to book, From 298 To 299

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## **Secretomotor Dysfunction in Aetiopathogenesis of Rhinolith. Soni, N.K., Gupta, V. Pak. J. OtolaryngoL, 1993;9: 170-172.**

The diagnosis and management of 22 cases of rhinolith or antrolith is described. Twenty of these subjects had a calculus in the nasal fossa and two had it in the maxillary antrum. The past history revealed facial palsy in 3 cases, chronic purulent rhinitis in 10 and chronic sinusitis in 6 individuals. Adenoidectomy and tonsillectomy had been performed in 3 patients whereas 2 had had antrum puncture. The modified Schirmer test for determining the lacrimal flow showed evidence of decreased lacrimation in 12 patients. The rhinolith was removed through the nasal route in all cases and 2 antroliths were managed with sublabial canine fossa antrostomy. There was one case of recurrence where a second surgery was performed. No complications were encountered. Rhinolith formation is an insidious process and the exact etiology is not known. Infection, stagnation of nasal secretion and mechanical obstruction play an important role. Rhinolith is formed around a nidus which can be endogenous as inspissated pus, mucous or blood clot or it may be an exogenous foreign body inserted in the nostril as nuts, button or a plastic piece. Secretomotor dysfunction has been labelled as a contributing factor. Paralysis of the facial nerve or involvement of the geniculate ganglion or vidian nerve can be some of the factors leading to rhinolith formation.

## **Prevalence of Retinopathy in a Sri Lankan Diabetes Clinic. Fernando, D.LS., Siribaddana, S., DeSilva, Subasinge, Z. The Ceylon Med. J., 1993;38:120-123.**

A study was conducted in a Sri Lankan diabetes clinic to determine the prevalence of diabetic retinopathy in patients with Non-Insulin Dependent Diabetes and to assess the skills of non-ophthalmologists in screening for retinal disease. 1003 subjects were included in the study. There were 567 males and 436 females with a mean age of 51.7 years and a mean duration of diabetes of 6.7 years. Corrected visual acuity was recorded for each eye using a Snellen's chart. Fundus examination was performed after dilating the pupils to 3 mm and grading was done according to the W.H.O. criteria by two physicians. Randomly selected subjects were also examined by a consultant ophthalmologist. Small vessel disease of the eye was found in 314 patients, minimal vessel disease in 160, moderate small vessel disease in 95 and severe vessel disease in 59 cases. Retinopathy changes were present at diagnosis of diabetes in 53 subjects. 4.1% of all diabetic patients were blind due to retinopathy. 62 patients with cataract were blind. 20% of the total diabetic study population had undetected refractive errors and 156 in all required laser therapy. The general physicians had a 90.6% sensitivity and 100% specificity in screening for retinal disease. The results show a different trend of eye disease in Sri Lanka as compared to the developed countries. In the U.K. diabetic retinopathy is the commonest cause for blindness whereas in Sri Lanka cataract and uncorrected refraction errors are the major cause for visual handicaps. This is because these problems remain unattended and undiscovered due to lack of routine screening. With laser therapy being made available in Sri Lanka, it is mandatory to screen every diabetic patient for retinopathy so that blindness and visual handicaps can be prevented.

## **The Patterri of Malignant Ovarian Tumours - A Study of 285 Consecutive Cases at the Armed Forces institute of Pathology, Rawalpindi. Jamal, S., Malik, L.A., Ahmad, M., Mushtaq, S., Khan, A.H., Pat J. Pathol., 1993;4:107-110.**

An analysis of 285 cases of malignant ovarian tumours diagnosed in the period 1977-1988 at AFIP, Rawalpindi, is presented. The clinical staging of the tumours was done according to the International Federation of Gynaecology and Obstetrics. Formal saline was used as a fixative, paraffin embedding was done under standardised conditions and staining was carried out with Haematoxylin and Eosin.

The histological characterization of the tumours was done according to the WHO classification. The ovarian malignant tumours constituted 37.05% of all gynaecological malignancies. Most of the patients were between 25- 55 average. Abdominal distension and pain were complaints of 70 percent subjects, ascites was present in 16 percent and menstrual irregularities were reported by 15 percent cases. The mean parity was 4.85, 10 women were unmarried and one had no issue. Histologically, 64.83 percent of the tumours had an epithelial origin, 10.68 percent had stromal and 3.08 percent were undifferentiated. The average size of the tumour was 12.86 cm and 95 percent of the cases presented in advanced stages. In contrast to the west, where cervical cancer is more common, in Pakistan ovarian malignancies rank higher. Nulliparity is not a significant factor in the etiology of ovarian malignancies here. The age range was again slightly lower than the Western countries where it lies between 35 and 70 years. As ovarian tumours are clinically silent in the initial stage, the patients came in an advanced condition with large sized growths. This again differs from the Western statistics where 49 percent of the malignancies were presented in the stage II.

**Endogenous Candida Endophthalmitis: A Case Report. Chung, Y.M., Lin, J.C., Liu, J.H. Chin. Med. J. (Taipei), 1994;53:239-42.**

The case of a 63 year old man diagnosed as candida endophthalmitis is presented. He came with blurred vision bilaterally since one month. He had chronic obstructive pulmonary disease and had also undergone extracorporeal shock wave lithotripsy and percutaneous nephrostomy lithotripsy. The vision was reduced to 6/20 in the right eye and hand motion in the left eye. Cells were present in both anterior chambers. Vitreous opacities were present in both eyes with an invisible fundus in the left eye. Laboratory tests showed a mild leucocytosis, elevated ESR, negative blood culture, positive urine culture for candida albicans with growth quantity over 10. Vitreous culture was also positive for candida albicans. Endogenous candida endophthalmitis was suspected and fluconazole 400 mg daily orally was given for two weeks. The eye lesions gradually resolved. A mild vitreous opacity in the right eye and localized vitreous opacity around the macular area in the left eye was found after 6 months. The visual acuity recovered to 6/45 right eye and 6/20 in the left eye. Candida endophthalmitis is usually caused by haematogenous dissemination and can even lead to sub-retinal abscesses. If left untreated it can result in phthisis bulbi. It is encountered in cases whose immune system has been suppressed by drug or weakened by chronic diseases as malignancies, diabetes, autoimmune disorders, haemodialysis cases or hepatic insufficiency. Amphotericin B is considered the most effective agent and is administered introcularly or parenterally. Oral fluconazole has proved to be very helpful due to excellent absorption, permeation and low toxicity. More trials with the duration of therapy are needed.