

Abstracts From the Journals of the East

Pages with reference to book, From 168 To 169

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An Unusual Subglottic Tumour: Fibroma. Souza, S.D.S., Lobo, C., Sarod, P. and Jagtlane, A. Pak.J.OtolaryngoL, 1992;8:218-220.

A 16 year old male presented with severe breathlessness which had been progressive over the last 2 years. Examination revealed tachypnoea and cyanosis with inspiratory stridor. Indirect laryngeal examination showed congestion and oedema of the vocal cords with a mobile mass below them. An immediate tracheostomy was performed which improved the condition of the patient spontaneously. The cyanosis disappeared and the stridor ceased. An elective surgery for excision of the mass was performed under general anaesthesia after giving antibiotics. A single pedunculated cystic swelling arising from the posterior aspect of the subglottis was easily removed. The postoperative recovery was uneventful and the tracheostomy could be closed. The histopathology gave a diagnosis of fibroma molle, a benign tumour characterised by abundant cellularity and loose fibrous connective tissue. The growth occurs in the submucosal region and is pedunculated. No recurrence is had after excision.

Empyema Thoracis. Khan, S. H., Malik, Zi., Rashid, R., All, A. and Ansari, S. The J Surg. P.I.M.S., 1992;384:40-43.

A study of 54 cases of empyema thoracis is presented. The patients attended the Thoracis Clinic, Department of Surgery, PIMS, Islamabad from January, 1989 to June, 1991. There were 40 males and 14 females with a mean age of 34 years. 37 cases had right sided involvement and 5 had a broncho-pleural fistula. Predominant symptoms were general weakness, debility, fever, dyspnoea and pleuritic pain. The duration of the symptoms was from 2 months to 3 years. Preoperative management was done by improving pulmonary function with breathing exercises, parenteral antibiotic to combat infections and a high protein diet. Anaemia was corrected. Surgery was performed in 48 cases. Two cases refused operation and 4 had to be dropped due to active pulmonary tuberculosis in the other lung. The primary cause of empyema could not be ascertained as most of the patients had received antituberculous drugs for variable lengths of time prior to referral. The diagnosis of tuberculosis could be established in 18 cases of which 14 had a positive pleural biopsy and 6 had acid fast bacilli in sputum or pleural pus. Bacteriological examination was done on all the pus specimens and the most encountered bacteria was staphylococcus aureus followed by gram negative bacilli. One case had amoebic empyema due to extension of a liver abscess. The surgery performed was decortication in 24 cases of which 2 underwent pneumonectomy later due to failure of the lung to expand. Lobectomy and decortication was performed in 4 cases of broncho-pleural fistula with loculated empyema. Six pneumonectomies were done due to desparate condition of the lungs. There were 2 bronchial carcinomas and one foreign body bronchus. Open drainage with rib resection was done in 11 cases and 2 had modified eloesser window thoracostomy. The average postoperative hospital stay was 13 days and there was one death. Empyema thoracis or infected pleural fluid is a most dreadful complication. It may be acute or chronic. The former is managed with antibiotics and repeated aspirations. Due to lack of facilities, the empyema becomes chronic and the lung is collapsed and entrapped by thick empyema peel. Surgery is the only option at this stage. Again due to the high incidence of tuberculosis, this becomes a major cause of empyema thoracis.

Acute Renal Failure following Gastro-Enteritis: A Challenge. Satyal, P.R., Khakurel, S., Kafle, R.K. and Suvedi, BJCJ. Nepal Med. Assoc., 1992;30:52-54.

The case of a 2 year old male child diagnosed as haemolytic uraemic syndrome and acute renal failure (ARF) secondary to severe gastroenteritis, treated in Bir Hospital, Kathmandu, Nepal is presented. The history of diarrhoea and vomiting of 3 days. On arrival in the hospital after attempts of rehydration, the

child was deeply comatose, had puffiness of face and oedema of the legs. The pulse rate was 116/minute and BP 70 mmHg systolic. The breathing was acidotic with bilateral lung crepitations. Abdomen was distended, ascites was present and liver was enlarged. There was no urine output. Management of the case was a challenge as the Nephrology Unit of Bir Hospital has facilities for adult patients only. The peritoneal dialysis catheter was devised by trimming the adult one and after insertion PD was started with 270 ml of 1.36 percent commercial PD fluid which ran smoothly for 86 cycles in 100 hours. The laboratory parameters on admission were blood urea 216 mg% and S. creatinine 4.9 mg % which came down to 24 mg% and 0.9 mg% respectively before discharge of the patient which followed 8 days later in a satisfactory state of health. Acute renal failure is a commonly reported sequelae of severe gastroenteritis. In adults the case is managed by rehydration, normovolaemia followed by a diuretic challenge. In children rapid correction of dehydration can lead to cerebral oedema, seizures and neurologic abnormalities. These cause ARF, fluid over-load, metabolic acidosis and uraemia and dialysis becomes mandatory. Peritoneal dialysis is the answer unless facilities are present for haemodialysis of children.

Antibody to Rubella Virus among The Saudi pregnant Women in Medina Munawwarrah. Ikram, M.H. Pak. J. Pathol., 1991;2:82-84.

Rubella virus infection, a mild illness characterised by a short term rash can cause severe consequences if a pregnant woman is infected and especially in the first trimester. As the vaccination scheme against rubella has been launched for pre- school children recently in Saudi Arabia, the women of child bearing age carry a high level of antibodies to the virus. Four hundred Saudi pregnant women were screened for antibody to rubella virus antigen. The blood withdrawn was allowed to clot; serum separated and stored at -20°C. The presence of antibodies to rubella virus was tested by haemagglutination-inhibition assay. This method is based on the principle that one day old stabilized chick erythrocytes agglutinate in the presence of rubella haemagglutinin if present in the serum sample. The results obtained indicated that the exposure rate to rubella virus was 67.8 percent with a geometric mean titre of 98. The infection rate increased with age and sero negativity was higher among the young females (below 20 years age). Women above 36 years of age had 89 percent positive response. It was also observed that the antibody prevalence rose with an improvement in the socioeconomic status. The positive rubella antibody in 68 percent of females of child bearing age in Medina Munawwarrah is lower than the prevalence rates in other parts of Saudi Arabia. These women are mostly house-wives and their exposure to the rubella virus is from their children who contract it from their schoolmates. Though the antibody rates were found higher in the older population, the geometric mean titre was much higher in the younger group indicating a strong immune response. The higher antibody levels in women of a better socio-economic status is perhaps due to prior vaccination and better knowledge of the disease. As rubella is a preventable disease, so a vaccination programme against mumps, measles and rubella has been launched in Saudi Arabia and all pre-school children are being vaccinated.