

Abstracts from The Journals of The East

Pages with reference to book, From 192 To 193

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Management of Ureteric Stones (A Study of 200 Cases). Ahmad, M, Nawaz, M., Khan, F.A. Pak.J Med. Res., 1992;31:18-21.

A series of 200 consecutive patients with radio-opaque ureteric Stones seen in the urology department of Postgraduate Medical Institute, Lahore were included in the study. A detailed history was recorded and all cases examined physically. Routine urine analysis, renal profile, plain x-ray abdomen and pelvis were done in all patients while intravenous urography in a selected few. Renal ultrasonography was performed on all patients. Conservative treatment with diclofenac sodium tablets 100mg twice daily for two weeks was given to cases with stones less than 0.5 cm size. Ureteroscopy was done in cases with larger stones. There were 149 males and 51 females with ages between 15 and 72 years having the peak incidence between 20 and 49 years. The duration of symptoms varied from one day to 8 years. Most patients (65%) attended the hospital within one month of the onset of symptoms. Burning micturition was complained by 25 cases, gross haematuria by 27, retention of urine by one and fever by one individual. A history of passing a stone per urethra was given by 16 subjects and 14 had a family history of stones. The renal profile was normal in all cases and microscopic haematuria was positive in 30 patients. Right ureteric calculus was found in 97 cases, 100 had it in the left ureter and 3 had bilateral ureteric calculi. Mild to moderate hydronephrosis was detected by ultrasonography in 79 patients whereas one had severe degree of hydronephrosis. Conservative therapy was instituted in 172 patients of which 72 did not return for a follow-up. Of the remaining 100 subjects, 54 passed the stone and in 19 the stone moved to the lower ureter. Ureteroscopic removal of the stone was successful in 19 cases, of the 26 subjected to it. Primary ureterolithology was performed in one patient and nephrectomy in one due to a non-functional kidney. The stone passage rate of 54 percent with conservative treatment achieved at 4 weeks of therapy in the presented series is encouraging. The advent of ureteroscopy is again a progress, as stone retrieval is done under vision. The high success rate with low incidence of complications (two ureteric perforations managed conservatively by double J stent) makes it a safe and effective procedure.

Relationship between Platelet Adhesiveness and Essential Hypertension. Butt, I.F., Khan, S.J. Pak.J.Pathol., 1991;2:33-35.

Platelet dysfunction has been documented in hypertension. Increased platelet adhesiveness has also been noted in these subjects. The presented study was conducted on 49 cases with essential hypertension and 24 normotensive controls. The ages ranged between 20 and 60 years having systolic BP 160 mmHg or more and diastolic BP of 95 mmHg or more. Routine laboratory tests were carried out and all subjects were asked to refrain from drugs for 10 days prior to the platelet test. The blood pressure was measured by a mercury sphygmomanometer in sitting and supine position. The platelet adhesiveness was determined by the Borchgrevink method. The mean systolic and diastolic blood pressure showed a significant difference between the study and control groups ($P < 0.0001$). The mean values of platelet adhesiveness in both the groups again revealed a significant difference ($P < 0.0001$) and was higher in the hypertensive group. These results which are comparable with other studies, confirmed that a significantly increased platelet adhesiveness is present in patients with hypertension and which could have a causative role in the genesis of atherosclerotic complication which develop in many untreated cases.

Prevention of Recurrence of Rhinosporidiosis after Conventional Treatment. Hafiz, M.M., Haroon, LA. Pak.J.Otolaryngol., 1992;8: 173-176.

The treatment of rhinosporidiosis, a chronic fungal infestation by the fungus *rhinosporidium seeberi*,

predominantly affecting the mucosa of the nose and nasopharynx, by surgical excision, cauterization followed by pentavalent antimony compound intravenously, is described. The study period lasted 4 years. 40 patients each were selected as control group and trial group. Most of these subjects belonged to slum areas and were habituated to bathing in stagnant or polluted water and majority were adult males. Epistaxis and viscid nasal discharge with irritation and partial obstruction are the usual symptoms. The lesions are friable, moist, granular and red, resembling a strawberry. It is commonly seen in the antero-inferior part of the nasal cavity but may spread to the nasopharynx or the oropharynx. All the cases were diagnosed by anterior rhinoscopy except 3 who required posterior rhinoscopy. Histopathology was performed on all the excised tissue to confirm the diagnosis. Excision was followed by cauterization in all 80 individuals. The 40 trial patients then received pentavalent antimony compound in doses according to body weight by intravenous route for 10 consecutive days. Sensitivity test was performed prior to injection. Urticaria and vomiting was complained by 2 cases and the drug had to be withdrawn in them. The patients were followed up for 18 months and in the 4 years study period, the trial group had a recurrence rate of 20 percent. The control group had 80 percent recurrence. As the pathogenesis of rhinospondiosis is not well understood so its treatment varies from centre to centre. Surgical excision is usually the procedure of choice. Anti-leprosy and anti-tubercular therapy are instituted in some centres. These regimes require patient compliance which may not be optimal. Pentavalent antimony compound has infrequent adverse reactions and as the therapy lasts for 10 days only, so patients usually comply. Also with lower recurrence rates the drug may be given more trials.

Operative Treatment of Malunited Fracture of Femoral Shaft in a 65 days old Infant. Malik, G.M., Malik, O. The J.Surg. PIMS., 1992;3&4:55-56.

A 42 days old infant sustained a fracture of the shaft of the left femur due to a fall. A plaster of Paris hip spica was applied in the local hospital. This was removed after 3 days as the baby was uncomfortable. No treatment was given for the following 23 days, when he was taken to the orthopaedic department of PIMS. On examination the thigh was swollen, firm and deformed with 4 cm shortening. There was overlapping, angulation and callus formation at the site of fracture. - Surgery was undertaken and the union broken by osteotomy and internal fixation done by using a kirschner wire. Stitches were removed on the twelfth post-operative day. In 3 months time the fracture had united fully and the k-wire was removed. Operative treatment is rarely indicated for fractures in children. But surgery becomes necessary in difficult fractures as those of lateral humeral condyle, femoral neck and distal tibial epiphysis. Negligence and delay in treatment will lead to malunion, deformity and shortening which will not be corrected by growth. Corrections of a deformity of a moderate degree is also justified.