

Abstracts from The Journals of The East

Pages with reference to book, From 270 To 271

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Repeated Pregnancies and Early Marriage are Responsible for Iron Deficiency Anaemia in the Rural Areas. Hassan, K., Haq, M.I., Mirza, M.I. Rashid, S., Akhtar, M.J., Firdous, S.M. J.Pak.Instit.Med.Sci., 1992;3:140-144.

A study of iron deficiency anaemia in 60 pregnant women in a rural area (Basic Health Unit, Ban Shaheed, Distt. Jhelum) is presented. All cases coming in for antenatal check-up between September 1991 and May 1992 were included in the study. A detailed obstetric history was recorded with special reference to age at marriage and gestation, gravidity, parity, abortions and still births and spacing between consecutive child births. In the medical history questions about diet pattern, bleeding from GA. tract or any other site, vomiting, diarrhoea and passing of worms was particularly noted. Blood transfusions during pregnancy and intake of supplemental iron during the present pregnancy was also questioned. Laboratory investigations included haemoglobin estimation, packed cell volume, white cell and platelet count differential leucocyte count, red cell morphology, reticulocyte count, absolute values, serum iron and TIBC levels and percentage of transferrin saturation. The cases were grouped according to the trimester during which they had presented. Of the 60 women, 12 were in the first trimester, 22 in the second and 26 in the third trimester. The mean age at the time of marriage was 18 years and the number of pregnancies was 3.88. The mean time period between two pregnancies was 1.9 years. Most of the women (86 percent) took vegetables or pulses for 3 or more days in a week. Meat was consumed twice weekly by 12 percent only. The remaining had it less frequently. Symptoms of anaemia were found in 80 percent of the cases and 25 percent had passed worms in the past 6 months. Bleeding gums were complained by 18.5 percent cases and only 3 women had received a blood transfusion. Microcytosis and hypochromia were observed in 89 percent of cases and a haemoglobin level below 10G/dl in 75 percent. The absolute indices, serum iron, TIBC and transferrin saturation all gave a diagnosis of iron deficiency anaemia. The additional factors leading to the iron deficiency were identified as early marriage, high number of pregnancies with short intervals, less nutritious diet due to poverty, high incidence of intestinal worms and lack of supplemental iron during pregnancy. More epidemiological studies especially in the rural populations are required for obtaining statistics and adopting preventive measures.

Perioperative Antibiotic Reduces The Incidence of Infection in Clean Laminectomy Patients. Mahmood, A. and Shaffi, M. J.Pak.Instit.Med.Sci., 1992;3:155-157.

One hundred consecutive patients undergoing spinal surgery during the period 1991-1992 were selected for the trial of perioperative antibiotic use. There were 63 males and 37 females with an average age of 36.58 years. The patients were randomly divided into 3 groups labelled A, B and C. The A group patient received no antibiotics at all. B group cases were injected a single dose of 500 mg Amikin locally in the wound and group C had 500 mg Amikin intravenously after induction of anaesthesia. Post-operatively no antibiotic was given. The wound was examined routinely at 4, 6, 15 and 90 days post-operatively. Wound sepsis was declared when a purulent discharge was present and this was encountered only in 3 patients belonging to group A. Culture tests revealed staphylococcus aureus to be the organism grown and sensitivity was present to Amikin which proved to be a successful therapeutic agent. Aseptic technique, careful dissection and wound care will minimize the infection rate in clean neurosurgical procedures. A retrospective review by Horwitz and Curtin showed the infection rate to be less than one percent in the antibiotic receiving cases compared 9.3 percent in cases where no antibiotics were used. In the presented study there was no infection in the groups of antibiotics and 8.8 percent in those without the antibiotics. Amikin was the drug of choice due to its action on

staphylococcus aureus and no side effects were observed. It was concluded that a short perioperative regimen of prophylactic antibiotics is preferred in clean neurosurgical cases. Antibiotic prophylaxis should never compensate for inadequate surgical technique.

Chediak-higashi Syndrome - Recognition of A Mild Clinical Variant. Bhatti, F.A., Saleem, M., Khan, LA., Ahmad, M. Pak. Armed Forces Med. J., 1992 ;42:58-62.

Three children of a family diagnosed as a mild form of Chediak . Higashi Syndrome are presented. This syndrome is rare autosomal recessive disorder characterised by pigmentary dilution of skin, hair and eyes, defective leucocyte and platelet function and early death due to an accelerated phase resembling aviral associated haemophagocytic syndrome. The three children were brought in with complaints of spontaneous ecchymotic spots and bruising by the 9 year old girl and history of repeated infections additionally by the 4 and 7 year old boys. Investigations were carried out on the entire family. Complete blood count, ESR, coagulation profile, platelet factor 3 availability and platelet aggregation studies and bone marrow examination were performed. The affected children were noted to have dilution of colour of hair, skin and eyes. Photophobia and nystagmus was present and ecchymotic spots were found on the lower limbs and one child had hepatomegaly. The parents and one daughter had no manifestations. Their blood counts were also within normal limits. All the affected children showed giant granules in some neutrophils. Bleeding time was prolonged and the aggregation of platelets was either absent or subnormal. The bone marrow aspirate revealed giant granules in some of the leucocytes and their precursors. Iron deficiency anaemia was present. The diagnostic features of Chediak-Higashi Syndrome were present in the family with the inheritance being of the autosomal recessive type. The parents were cousins and there was no family history of a similar illness. The features found reflected a mild form of the disease. This syndrome has to be differentially diagnosed from Hermansky Pudlak Syndrome and Griscelli Syndrome. The basic genetic defect responsible for the abnormalities of CHS remains unknown. The classical cases usually develop an accelerated phase manifested by pancytopenia hepatomegaly and death. Patients with milder forms do not have marked symptoms and do well.

Seroepidemiology of Toxoplasma Gondii Infection in Pregnant Women in Abbottabad. Shah, S.H., Zaidi, M.H., Ahniad, Z, Awan, K.P Pak. J. Pathol., 1992;3:45-46.

A study was conducted to observe the prevalence of toxoplasma gondii infection in 271 pregnant women of Hazara Division of NWFP and to study its association with bad obstetrical history and environmental factors. The subjects included in the screening were interviewed for their dietary habits and contact with domestic animals. Sera was analysed for toxo, IgG and IgM antibodies by EIA technique. Of the 271 women screened, 137 were found positive for toxo-antibodies. The age range was between 17 and 45 years. Positive toxo IgG was found in 107 cases, toxo IgM in 22 and both toxo IgG and IgM in 8 women. A bad obstetric history was recorded in 170 women of which 87 were positive for IgG, whereas of the 101 women with a normal obstetric history, 85 had positive toxoantibodies. Under-cooked meat was consumed by 85 positive individuals and 96 had contact with domestic animals. The overall incidence of toxoplasma gondii infection in pregnant women in the presented study is almost the same as that reported in NWFP and lower than in Punjab. This could be attributed to variable climates and habitat. A large number of seropositive cases having a history of domestic animal contact was noted in this study. But this association cannot be ruled out in other studies due to the presence of stray animals as cats and dogs are found all over. The study concluded that toxoplasmosis was prevalent in Hazara Division of NWFP and a routine screening of pregnant women as part of the antenatal care is recommended so that the seropositive women can be treated accordingly.