

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 175 To 176

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FAMILY PLANNING IN PAKISTAN: RESULTS FROM A SURVEY IN FAISALABAD CITY.

Bashir, A., Cheema, M.A. and Akram, S. 'Specialist', 1991; 7: 19-27.

A door to door survey was conducted in Gulzar Colony Faisalabad in 1989 to determine the prevalence of family planning procedures. It was found that 87.9% of the women were not using any contraceptive devices. Among those on contraceptives 1.2% were on pills, 1% on IUD, 1.3% on injections, 3% had norplant and 3.2% were sterilized. The husbands of 4% were using condoms and 1.1% were sterilized. It was noted that 5% of the women with 1 to 3 children and 13.9% of those with more than 7 children were practicing family planning. Literacy seemed to play an important role as 9% of the illiterate women were on contraceptives compared to 23% of the literate ones. The woman's occupation did not have a significant effect on the use of contraceptives. At the time of the interview 39 women had stopped using any method of birth control due to various reasons leaving only 46 women on family planning devices. The interesting features noted were that majority of the women turned to contraceptives when their family size had grown to 4 to 6 and above. The users were mainly above 30 years of age and educated with well educated husbands. It was thus concluded that literacy is a pre-requisite of fertility decline in Pakistan.

HEPATIC INJURIES DUE TO BLUNT ABDOMINAL TRAUMA. Husain, R., Rathore, A.H. and Zulfiqar, R. "specialist", 1991; 7:15-17.

Sixty cases of blunt abdominal trauma treated in surgical unit of DHQ Teaching Hospital Faisalabad from 1985-1986 are described. The commonest cause of injury was bamboos from donkey carts and horse carriages striking against the motorcyclists. Shock was resuscitated by intravenous infusions and analgesics. If blood pressure did not rise to acceptable levels intra-abdominal haemorrhage was suspected and laparotomy was performed without further delay and with blood transfusion. So also abdominal pain, distension, vomiting, rigidity, tenderness, lump and free gas in the peritoneal cavity were an absolute indication for surgery. Laparotomy was performed by a long mid-line incision under general anaesthesia. In extensive liver injury the incision was extended transversely. Of the 66 cases, 15 had liver injury and 5 had multiple organ involvement. The rest had trauma of the other abdominal viscera. In liver injuries 4 had grade II or non-bleeding parenchymal tear, 7 had grade III or bleeding parenchymal tear, 3 had grade IV or lobar destruction and one had grade V or hepatic venous or retrohepatic caval injury. This last case died on the operation table. The overall mortality rate was 13.3 percent. The grade III injury was repaired with catgut and in grade IV lobectomy was performed. Grade V is usually a shattering trauma requiring hepatic resection. This is a grave injury with a high mortality and resection can be performed successfully only in well equipped centres.

DIAGNOSIS OF "SILENT" NASOPHARYNGEAL CARCINOMA. Sayed, Y. Pak. J. Otolaryngol., 1991; 7:150-153.

In an attempt to diagnose nasopharyngeal carcinoma while the tumour is still silent and confined to the nasopharynx, a prospective study was carried out to examine under general anaesthesia the nasopharynx of all patients undergoing elective nasal surgery. A complete general and ENT examination was performed along with x-rays of the nasopharynx and para-nasal sinuses. After induction of general anaesthesia the patient was placed in the tonsillectomy position and nasopharynx visualised with a laryngeal mirror. If a lesion was found it was biopsied. The original pathology was dealt with accordingly. Over a 20 months period, 218 patients were examined. The age range was between 12 and 72 years. 142 were males and 76 females. 201 patients had a normal nasopharynx. 12

were diagnosed as adenoids, 2 had cysts, 1 anterochoanal polyp and 2 were carcinomas.

Nasopharyngeal carcinoma is a difficult lesion to diagnose due to its subtle presenting symptoms and its concealed site. Usually the patient comes in with metastasis. Examination of the nasopharynx under general anaesthesia allows an adequate exposure and performing a biopsy is also possible. Another possible but not definite screening method is measuring the Epstein Barr Virus antibodies titre, the association of which has been documented. Early cases can be missed by this technique and in other cases the titre can be falsely raised due to the immunosuppressive effects of the cancer itself. The early the diagnosis, the easier is the management and a better prognosis. Routine examination of the nasopharynx under anaesthesia should be utilized in patients undergoing any ENT surgery.

PRIMITIVE REFLEXES IN SCHIZOPHRENIA. Bashir, A., Chaudhry, H.R., Ahmed, B. and Keshavan, M.S. Pak.J. Clin. Psychiat., 1991; 1:2 5- 29.

Presence of primitive reflexes has been reported in schizophrenics. 85 male chronic schizophrenics and 30 healthy controls were studied for the presence of palmomental reflex. the ages ranged between 18 and 58 years and all were on antipsychotic drugs. The palmomental reflex was observed by careful visual inspection of the chin muscles for twitchings after a firm stroke on the thenar eminence of the resting subject. The reflex was considered habituated if no response was had after 5 strokes. Among the 85 schizophrenics 28 patients showed a positive palmomental reflex compared to 3. controls. The presence of primitive reflexes indicates immaturity of the brain and eventually cortical dysfunction in later life, The result also supports the theory, of cerebral involvement in schizophrenics. The difference in presence of palmomental reflex between schizophrenics and healthy controls may consider it as a differentiating sign.