

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 22 To 24

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PRIMARY SQUAMOUS CELL CARCINOMA OF THE THYROID GLAND. Ahmad, I., Khan, M.R., Jan, A., Rashid, A. Pak. J. Otolaryngol., 1990; 6 : 85-87.

A case of primary squamous cell carcinoma of the thyroid in a 60 year old woman is presented. This tumour comprises less than 1% of all thyroid cancers. The first case was reported in 1858 by Von Karst. The patient was an Afghan refugee. She complained of a mass in her left anterior neck since 6 months, breathlessness since 3 months and difficulty in swallowing solids since one month. Examination revealed an enlarged hard and fixed left lobe of the thyroid, extending retrosternally. There were no palpable lymphnodes. Indirect laryngoscopy showed a paralysed left vocal cord. X-ray of the neck projected an increased width of the pre- vertebral soft tissue. The j131 uptake was low and a scan concluded a cold left lobe of the thyroid. A clinical diagnosis of carcinoma of the thyroid was made and excision was proposed. Through a collar incision the thyroid gland was exposed and the tumour which was involving the entire left lobe was excised as far as possible. The posterior and retrosternal extension could not be removed completely. A total left lobectomy and a subtotal lobectomy on the right gland was performed. tracheostomy had to be resorted to due to respiratory distress and the tracheal mucosa was found to be intact. Histopathology examination gave a diagnosis of squamous cell carcinoma which was labelled as primary because a body survey did not reveal any primary lesion. Radiotherapy was carried out postoperatively. This rare neoplasm affects elderly people. It grows rapidly and presents with pressure symptoms. A thorough search for primary lesion must be conducted because the thyroid can be target for metastasis from all over the body. The prognosis is not good with the maximum life expectancy of one year after extirpative surgery. Radiotherapy should be used though these tumours are moderately radio-resistant.

LARYNGO-TRACHEAL STENOSIS. Jalisi, M., Alam, J. Pak. J. Otolaryngol., 1990; 6 : 88-90.

A case of total laryngeal stenosis following laryngeal trauma is presented. The patient was a 17 year old male who had been involved in a road traffic accident causing a crush injury of the neck. Tracheostomy had been performed which was now causing difficulty in decannulation. Granulation tissue had been removed with no success and whenever corking of the tracheostomy tube was attempted the patient became dyspnoeic. He was thus aphonic too. Routine laboratory tests revealed no abnormal results. A CT scan showed stenosis of the subglottic part of the larynx and upper part of the trachea. A direct laryngoscopy showed complete stenosis below the vocal cords. Tracheostomy was revised to a lower level and the neck explored. Stenosis was found from the level of the cricoid cartilage to the original tracheostomy. The stenotic part was excised and the larynx was anastomosed with the trachea. A 5cm gap was bridged by dividing the adjacent structures and by a laryngeal drop and tracheal pull up. The postoperative period was uneventful and a direct laryngoscopy done 6 weeks later showed a good lumen. Laryngeal stenosis follows prolonged intubation and crush injuries of the larynx and trachea. Mild degree of stenosis are treated with serial dilatation whereas the severe ones require surgical procedures. Depending on the nature of the stenosis surgery varies from tracheoplasty to laryngo-tracheoplasty or in severe cases resection end to end anastomosis.

FOREIGN BODY IN THE NASOPHARYNX. Raza, A., Beg M.HA. Pak. J. Otolaryngol., 1990 ; 6:94 - 96.

A 30 year old male was involved in a road traffic accident and was hit on the right side of the face and head. There was an open wound on the medial canthus of the right eye and the right eye ball. Debridement of the wound was done. Odynophagia was noted. A swelling in the medial canthus

recurred after 3 months and debridement had to be repeated. At this time odynophagia, foetor and pain and blockage of the right side of the nose was reported. After 4 years he was examined again and an ulcer was seen behind the palate and dirty white slough on the left side of the posterior pharyngeal wall. Examination was conducted under anaesthesia. A 4" x 1/2" piece of wood was lying across the nasopharynx and its penetrating end was creating the ulcer. It had entered through the medial canthus of the right eye and travelled through the ethmoid, nasal cavity to the naso-pharynx. It was removed orally. The nasopharynx is a rare site for foreign bodies. Most of the text books have not given the subject its due importance. Also during examining the patient the nasopharyngeal foreign body should be looked for though it is not a common occurrence. Bullets and missiles entering the face, neck or head can eventually lodge in the nasopharynx.

CLINICO-BIOCHEMICAL PATTERNS IN ACUTE VIRAL HEPATITIS. Bukhari, K.P., Nagi, A.H. R.M.J., 1990;18:76-81.

A follow-up study conducted in 59 hospitalized cases of acute viral hepatitis is presented. The aim of the study was to determine the minimal number of tests required for diagnosis and follow-up of the disease and to observe the effect of hospitalization on the clinico-biochemical status. 42 males and 17 females in the age range of 15-35 years were included in the study. Weekly biochemical investigations were carried out till clinical recovery. 8 ml. of blood was collected every week. Serum was separated by centrifugation and the tests performed included Bilirubin total and fraction, Alkaline Phosph-ALP, alanine aminotransferase-ALT, Aspartate amino-transferase-AST and lactate dehydrogenase-LDH. The normal range for bilirubin and enzymes were derived from the values assessed in 40 apparently healthy males and females in age group 15-40 years. All cases were jaundiced. 81 percent had nausea and vomiting, 76 percent had anorexia and 74 percent complained of dark coloured urine. Hepatomegaly was encountered in 78 percent patients. 22 percent of the subjects gave a history of injection in the past 6-30 weeks. 51 patients were hospitalized in the first two weeks of jaundice. These recovered before the 7th week. Of these 21 cases showed a biochemical recovery also. The bilirubin levels were highest in the first week of jaundice and they decreased gradually over 6 to 9 weeks. The conjugated fraction predominated. The transaminases ALT and AST had their peak values during the first week. A rapid fall was observed in the next two weeks which later became gradual. ALP was raised to about 2.5 the upper limit and LDH did not show significant changes. The study concluded that serum total bilirubin with its fractions and serum transaminases are the minimal tests to diagnose and assess the prognostic status of acute viral icteric and anicteric cases. Hospitalization helps in uncomplicated hepatitis. Serum ALT is the only diagnostic test in both complicated full recovery.