

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 318 To 319

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RHEUMATOID ARTHRITIS IN CHILDREN: A COMPARATIVE STUDY. Khan, M.A., Hazir, T., Sughra.J. Pak. Instit. Med. Sc., 1990;1:27-29.

Ten children with rheumatoid arthritis were admitted in Children's Hospital, Islamabad from 1986 to 1988. A study was conducted to sub-classify them and compare the findings with statistics from North America. All the children were examined physically and slotted into various sub-types of juvenile rheumatoid arthritis according to the international criteria. They were further sub-classified On the presence or absence of RA factor and accompanying complications as sacroilitis and iridocyclitis. HLA sub-typing could not be done and late complications could not be noted due to lack of followup studies. The sex distribution in this study was equal as compared to American statistics showing female preponderance. Total absence of iridocyclitis and sacroitis in the presented study was a mounted feature. It could be attributed to steroid treatment given by the child's family physician. The distribution of the sub-types in this series was of a similar pattern as of the American study.

ASTHMATIC PULMONARY EOSINOPHILIA. Zaman, M.J. Pak. Instit. Med. Sc., 1990;1:37-39.

The case of a 20 year old female suffering from pulmonary eosinophilia with bronchial asthma is presented. Asthmatic pulmonary eosinophilia is caused by hypersensitivity to aspergillus fumigatus or candida albicans and occurs predominantly in atopic people. The presented patient belonged to a poor socio economic back ground. She complained of recurrent paroxysmal attacks of dyspnoea since 15 years. Cough with dark yellow inspissated sputum, fever and chest pain was present since 2 months. For the last one month she had developed blood streaks in sputum and was severely breathless with a loud wheeze for 12 hours. On examination the temperature was 101.5°F, pulse 105 per minute and respiration rate 42 per minute. Pallor was present with both peripheral and central cyanosis. Chest examination revealed bronchial breathing in both upper halves with rhonci and scattered coarse crepitation all over the chest. Pulse was irregular and atopic dermatitis was present on the dorsum of both feet. Three specimens of sputum cultured for bacteria and fungi alongwith direct microscopy for AFB gave negative results. ECG showed occasional supraventricular ectopics. A blood picture revealed a relative eosinophilia with a total eosinophil count of 2771/mm³. The ESR was raised to 77 mm 1st hour with the other parameters being in the normal range. A bone marrow smear showed marked hyperplasia of eosinophilic series of cells. Hepatosplenic scan showed an enlarged liver with uniform distribution of activity. Treatment was started with ketoconazole 200 mg daily, prednisolone 40 mg daily for 3 days, being tapered off in 10 days and terbutaline sulphate. The patient became asymptomatic after 72 hours. Ketoconazole was continued for 12 days. Isolation and culture of fungi in sputum of pulmonary eosinophilia cases is often difficult. A prick test with aspergillin derived from the fungus shows an immediate positive reaction. Sputum may contain mycelium or large number of eosinophils. Radiologically recurrent abnormal shadows more in the upper 3 zones are seen. These have to be differentiated from tuberculosis infarcts and large consolidations. Occasionally treatment leads to a complete recovery.

COLLOID CYST OF THIRD VENTRICLE CAUSING FATAL ACUTE HYDROCEPHALUS. Ahmed, M., Mubarik,A., Khan, A.H. Pak.A. F. Med.J., 1990;XLIII:23-25.

The case of a young soldier who died suddenly due to a colloid cyst of the third ventricle of the brain causing fatal acute hydrocephalus is presented. The young man was posted at a height of 10,000 feet. He became suddenly ill and complained of a headache and giddiness. Before he could be shifted to

hospital he expired. He had till then enjoyed good health. A routine autopsy showed mid congestion of all viscera with marked congestion of the brain. The gyri were flattened and ventricles were dilated. A greyish round pedunculated cyst about 3 cm in diameter was found in the anterior part of the cavity of the third ventricle. On sectioning the cyst wall was of 0.3 cm thickness and contained a jelly like material. Histopathology of the cyst revealed the wall to be of fibrous outside and a mucous secreting low columnar epithelium on the inside. The colloid material was PAS positive. It was thus concluded that the patient died due to acute hydrocephalus because of impaction of the colloid cyst in the opening of the foramen of Monro. Colloid cyst of the third ventricle has an incidence of 2% of all intracranial tumours. Although it is congenital, it produces symptoms in adult life only. These are attributed to obstructive hydrocephalus produced by blocking of the foramen of Monro by the pendulous cyst. This often causes sudden death. Surgical excision is the treatment of choice on early diagnosis. Patients with intermittent headache without any apparent cause should be excluded from this rarity.

CONJUNCTIVAL MAGGOTS - A CASE REPORT. Akram, M. Pak. A. F. Med.J., 1990;XLIII:26-27.

A case of ocular myiasis is presented. The patient was a young man of 25 years age, a mule driver who came in with lacrimation, redness and sensation of foreign body in both eyes since 2 weeks. It started with a history of something suddenly entering the eyes. On examination the lids were oedematous with profuse watering and marked conjunctival congestion. The cornea was clear. A slit lamp examination revealed 5-6 tiny 1.5 mm long grey white coloured larvae with black heads, actively mobile in lower fornices. Anaesthetic drops were instilled and the larvae were picked up with forceps. They were identified after being taken on a glass slide. Antibiotic and steroid eye drops were used giving a complete cure in 3 days. The larva was identified as that of *Oestrus ovis*. The intermediate host of this fly are sheep, goats and can; where they grow in the nasal mucosa and sinuses. In m of the cases of ocular myiasis this larva has bet identified. Sometimes they penetrate deep into the anterior chamber which can cause ophthalmomyiasis and lead to a grave visual prognosis.