

# SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 142 To 143

Fatema Jawad ( 7/6, Rimpa Plaza, M. A. Jinnah Road, Karachi. )

## **FOETAL HAEMOGLOBIN CONCENTRATION IN PAKISTANI NEWBORNS. Nizami, S.Q., Farooqui, S., Alam, M. Pak. Ped. J., 1989; 13:31-36.**

A perspective study was carried out to determine the levels of foetal haemoglobin in Pakistani newborns, at the Neonatal Unit of Abbasi Shaheed Hospital. 108 neonates 50 males and 58 females less than 24 hours of age admitted in the Neonatal Unit from January to November 1987 were included in the study. The gestational age and birth weight were recorded and blood was sent for estimation of foetal haemoglobin by the alkaline denaturation method. 90 infants were of a low birth weight whereas 13 had a normal birth weight. 36 neonates were preterm and 72 were full term. 35 babies were appropriate for gestational age and 60 were small for dates. The mean haemoglobin concentration was 14.84 g/dl and the mean foetal haemoglobin concentration was 41.56%. This figure is comparatively low. But no positive correlation was found with the gestational age or birth weight. No significant difference in the HbF was noted between the male and female the LBW, NBW, preterm, full term SFD and AGA babies.

## **INCIDENCE OF URINARY TRACT INFECTION DURING PREGNANCY. Khaliq, M. A., Pervez, S., Begum, N., Bano, A. J.A.M.C., 1988; 1: 14-18.**

A study was carried out at the D.H.Q. Teaching Hospital, Abbottabad to assess the prevalence of urinary tract infection in pregnancy in the local population and its relation to symptomless bacteriuria and pyuria. 164 samples of mid-stream urine were collected in sterile containers from pregnant women. The specimen was tested for albumin and sugar and examined microscopically. Culture was placed by a platinum loop in blood agar and Mac-Conkey's agar. They were incubated at 37°C for 18-20 hours. A colony count was done and sensitivity was tested by using commercially available discs. Of the 164 pregnant women, 76% were between the age of 17 and 30 years. 85% were of urban and 15% of rural origin. Albumin was positive in 6% and sugar in 3% of the cases and a leucocyte count of over 5 per HPF was present in 13 percent of the specimens and significant bacteriuria was found in 9.7%. Only 4% of the asymptomatic cases had significant bacteriuria whereas 12.5% of the symptomatic group showed bacteriuria. Renal colic and lower abdominal pain were the predominant symptoms. The organism isolated were Esch coli in 9 cases, Staphylococcus in 4, Klebsiella in 2 and one case had proteus Spp. Most of the organisms were sensitive to Minocin, Gentamycin and Claforan. The sensitivity to Amoxil, Ampicillin, Dalacin, Fosfomycin and Doxycyclin was variable. The incidence of U.T.I. in this presented series was 9.7%. It was also confirmed that U.T.I. in pregnant women judged by viable bacterial count can be present in the absence of pyuria and symptoms. Adequate therapy and follow up avoids long term complications.

## **EXTRANASOPHARYNGEAL JUVENILE ANGIOFIBROMA. Jan, A., Dekret, L.A. Pak. J. Otolaryngol., 1989; 5: 113-114.**

A case of angiofibroma arising from the nasal septum is presented. The patient was a 12 years old boy complaining of right sided nasal obstruction associated with occasional nose bleed for six months and swelling of the right side of the nose. General examination revealed no abnormality. The nasal septum was deflected to the left and a large pinkish white mass was found filling the whole of the right nasal cavity. The nasopharynx was clear. Laboratory tests were normal and Xray of the Paranasal sinuses showed opaque sinuses with no bony erosions. An examination under anaesthesia revealed the mass to be arising from the nasal septum going into the middle meatus. A right lateral rhinotomy approach was used and the lobulated mass excised. Histopathology confirmed the diagnosis of Angiofibroma. The postoperative recovery was uneventful. Angiofibromas of the nasopharynx are commonly encountered.

An angiofibroma arising from the nasal septum has not been reported.

**MUCIN IMPACTION TUMOUR OF PARANASAL SINUSES. Cingi, E., Cingi, C. Pak. J. Otolaryngol., 1989; 5: 104-108.**

Two cases of maxillary sinus disease with bone destruction are presented. Sub-mucosal inspissated compact mucin collection was located as the cause. A 62 year old female came in with headache, nasal obstruction, post nasal discharge and pain over the cheek. She had undergone a submucous resection 25 years ago and a bilateral Caldwell-Luc operation 16 years earlier. On examination the malar bones were tender, inferior turbinate were pale and hypertrophied and a large quantity of mucous was present in the post nasal space. Xrays showed loss of aeration in the maxillary sinuses with bone destruction in the surrounding walls. Caldwell-Luc operation was performed. Large quantities of very thick compact mucin was removed from maxillary sinus. Pathological examination showed polymorphonuclear leucocytes, lymphocytes and histiocytes. The second case was a 53 years old lady with headache, nasal obstruction and pain over the maxillary sinus. A Caldwell-Luc operation had been performed 10 years ago. The malar area was tender with pale mucosa. There was no nasal discharge. Xrays showed complete opacity of the right maxillary sinus with erosion of the medial wall. A probe puncture was done and a yellow ball shaped material with a diameter of 2.5cm was removed. The pathological examination revealed polymorphonuclear leucocytes, lymphocytes and histiocytes. Follow up showed no evidence of disease. The lesions commonly encountered related to the paranasal sinuses are mucocoele, pyocoele, cholesterol granuloma, dermoid cysts and neoplasms. The two cases described do not fit into these categories. A similar case reported has been defined as sub-mucosal collection of inspissated mucin in a chronic inflammatory milieu. Trauma and infection lead to mucous gland hyperplasia and hyperfunction. Mucous collects in acinar cul-de-sacs and the basement membrane is thinned out. The mucous herniates into the surrounding connective tissue and the sub-mucosa giving a final picture of sub-mucosal masses of mucin with a round cell infiltrate.