

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 200 To 201

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FOOD PASSAGE FOREIGN BODIES - A SIX YEAR EXPERIENCE Beg M.H., Reyazuddin, Ansari, M.M., Mansoor, T Pak. J. Otolaryngol., 1989; 5: 194-197.

120 cases of foreign bodies in the food passage, treated over a period of 6 years from January 1983 to December 1988 were analysed. The age range was from one month to 75 years and there were 75 males and 45 females. The foreign body was located by an Xray chest including the cervical region in 87 percent of the cases. The rest had to undergo a barium swallow as the object was radiolucent. A Wolf's rigid oesophaguscope was used for extraction of the foreign body in 115 cases and 5 patients required a cervical esophagotomy. Coins, bones, dentures and meat pieces were the objects removed. The endoscoped subjects were discharged after 3 to 4 hours whereas the operated cases were hospitalized for 7 to 10 days. Dysphagia was the commonest presentation with the upper one third of the oesophagus being the commonest site. The study compares well with other studies and it was concluded that early diagnosis and prompt removal of foreign bodies from the food passage results in a high cure rate with low morbidity and mortality.

PERIPHERAL FACIAL PALSY IN . ACUTE LYMPHOBLASTIC LEUKAEMIA. Yondemli, F. Pak. J. Otolaryngol., 1989; 5:203-205.

A case of bilateral peripheral facial palsy which occurred in a case of acute lymphoblastic leukaemia is presented. A 22 year old female complained of epistaxis and gingival bleeding since one week. She was 28 weeks pregnant and on clinical examination was pale with diffuse red eruptions and petechiae. After laboratory tests she was diagnosed as acute lymphoblastic leukaemia. The Hb was 5.9G% with 2.7 million erythrocytes and a white cell count of 16,500. There were atypical cells in the peripheral blood film and a bone marrow examination revealed lymphocytes in preponderance. Six units of blood were transfused and prednisolone 60mg daily was started. The patient went into remission and had a normal delivery. She was discharged with a white cell count of 10,500 mm³. She returned with a bilateral lower motor neurone facial paralysis. The Schirmer test showed no difference on both sides. Radiological examination of the internal auditory meati showed no abnormality. Prednisolone 60mg daily was started with the dose being reduced every third day. The EMG showed total involvement of the facial nerve on the right side and partially on the left side. The patient expired after four months. Otological manifestation in acute leukaemias have been reported earlier. The causes suggested are infection, infiltration and the toxic effects of therapeutic drugs. A relationship between T cell phenotype and retrovirus infection in leukaemias has been suspected. The virus associated with leukaemia can cause facial palsy.

A STUDY OF THYROID ACTIVITY IN NORMAL AND MOLAR PREGNANCY. Sultana, A., Haq, I., Ahmed, S., Nawab, G. Pak. J. Med. Res., 1988; 27: 181-184.

The association of hyperthyroidism with hydatidiform mole has been described earlier. A study was conducted to determine the changes in thyroid activity in 5 normal pregnant women and 15 with molar pregnancies. The diagnosis of molar pregnancy was confirmed by ultrasonography. The women's ages ranged between 26 to 40 years and the gestational age varied from 4 to 12 weeks. Serum T3, T4 and TSH were measured in all the cases by radio-immunoassay. The 5 normal pregnant females with ages between 25- 40 years and gestational age between 4 and 12 weeks also underwent the investigation. All the molar pregnancy individuals had a microcytic hypochromic anaemia. Serum protein was less than 6gm in 5 cases and bloodpressure was mildly raised in 3 women. There were no clinical signs of thyrotoxicosis. Pregnancy test was positive in 512 dilution. Serum T3 was high in 4 cases and serum T4

was high in 9 patients of the 15 molar pregnancy cases. Serum TSH was below normal in 5 patients only. The normal pregnant cases showed values of these tests to be normal. Some of the molar pregnancy cases having biochemical hyperthyroidism are in similarity with reports of other workers. The probable cause of the rise of the thyroid activity in these cases is the markedly elevated levels of circulating human chorionic gonadotrophic hormone which suppresses TSH resulting in a rise of the thyroid hormones. Other workers have suggested a substance elaborated by gestational trophoblastic tissue to be responsible for thyrotoxicosis. Oestrogens have also been held responsible as they sensitize the response to thyroid hormones.

EFFECT OF PROTEIN ENERGY MALNUTRITION ON SERUM PROTEIN LEVELS IN SCHOOL BOYS. Ahmed, IF., Gilani, A.H. Pak. J. Med. Res., 1988; 27: 192-195.

Protein energy malnutrition caused by inadequate intake of energy involves social and economic factors. Pathological alterations in nearly all tissues of the body are noted along with the values of blood components. A study was conducted to determine the changes in serum proteins due to protein energy malnutrition. 123 boys between 6 and 14 years of age suffering from different degrees of malnutrition were selected from a primary school in Faisalabad. Based on Jelliffes classification, 21 boys were declared healthy, 87 had third degree malnutrition and 15 fourth degree malnutrition. Venous blood samples were collected, serum obtained and total proteins and albumin estimated using Weiner Lab. Kit (Proti 2). The globulin and A/G ratio was calculated. The results achieved showed the total proteins, albumin and globulin to be within normal limits. The effect of nutrition was thus found to be insignificant on these factors. Other workers have concluded that in Kwashiorkor total protein levels are low with most of the deficit in serum albumin. In marasmus, serum protein levels are normal but may fall after an infection. In the present study the A/G ratio was found to be altered among the malnourished children, being highest in the third degree malnourished group and lowest in normal controls. The broader A/G ratio could be attributed to increased albumin and decreased globulin level in this group.