

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 336 To 337

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HERPES ZOSTER OPHTHALMICUS IN NORTHERN AREAS OF PAKISTAN. Niazi, M.A.K., Karim, A., Hussain, S. Pak. J. Med. Res., 1988; 27: 272- 277.

Forty patients diagnosed as Herpes Zoster Ophthalmicus in the hospitals attached to Rawalpindi Medical College from 1983 to 1988 are presented. Twenty seven individuals were between the ages of 20 and 60 years, 10 were above 60 years, and 3 between 7 and 10 years. 34 patients reported in spring and 6 in summer. 3 cases came in the premonitory phase whereas the other cases came with full fledged clinical features. 28 patients had a left side involvement and 2 had a right side involvement. Scalp, skin of the forehead and lids were involved in every patient. Vesicles on the tip of the nose along with ocular manifestations were seen in many patients. 18 patients had superficial punctate keratitis and one had a dendritic ulcer. 3 cases had iritis and one was suffering from post herpetic sectorial iris atrophy. All the patients had been partially treated by their family practitioners. Calamine lotion, used locally, had produced crust formation. Two cases with intractable pain to be given a nerve block with xylocaine. 3 patients had associated conditions like rheumatoid arthritis, pulmonary tuberculosis and heart disease. It was concluded that Herpes Zoster Ophthalmicus occurs more frequently in the northern regions of Pakistan. It is encountered more in summer which could be attributed to the impaired host immunity due to the hot humid weather. As all the patients came from the lower socio-economic class of rural areas so it was presumed that this was a problem of under privileged people. 50 percent of the cases had ocular involvement whereas all had involvement of the lids. It was noted that Calamine lotion promoted crust formation and consequently excessive scarring which is responsible for the post herpetic neuralgic pain. One patient presented with maculopathy on the side of the skin lesion which is a rare manifestation and could be the result of focal ischaemia.

GIARDIASIS AMONG SCHOOL CHILDREN OF ISLAMABAD. Ahmad, S., Maqbool, S. Pak. J. Med. Res., 1988; 27: 247 -251.

One thousand school children, belonging to the lower socio- economic group in Islamabad were included in a study to determine the incidence of Giardiasis. The ages ranged between 5 and 14 years and there were 359 boys and 461 girls. Each child was examined and anthropometric data was recorded. Inadequate water supply and poor environmental sanitation was present in each home. Samples of morning stool were brought in by the children in plastic containers. They were examined both with saline and iodine within three hours of collection. The overall prevalence of giardiasis was found to be 18.3% with children between 5 and 10 years being more infected than the older children. Giardiasis, an infection of the small intestine is caused by the flagellated protozoan, Giardia Lamblia which exists either in the trophozoite form or cystic form. Giardiasis is endemic throughout the world. The cystic form is transmitted by contaminated drinking water or by person to person contact. The cysts remain viable in cool water for 2 months and for 4 days at 37°C. A high prevalence of giardiasis has been noted in male homosexuals, sewerage workers, patients in institutions and children with protein calorie malnutrition. Studies conducted in other parts of the country when compared with this study revealed a higher incidence of giardiasis in Lahore, Quetta and Multan and lower in Abbottabad. Compared to studies performed in developed countries the incidence was higher in this study. It has been established that improved sanitation, health education and a clean water supply will reduce the prevalence of giardiasis.

EFFECT OF SMOKING ON LIPID PROFILE OF SMOKERS AND NON-SMOKERS Siddique, S.A., Saleem, M., Fayyazuddin. Pak. J. Med. Res., 1988;27: 269-271.

The health hazards of tobacco are well established. The association of cigarette smoking and coronary heart disease is also a known fact. Studies have also proved cigarette smokers to have low values of HDL-cholesterol. A study was conducted to assess the relationship between smoking and the blood levels of different lipids. Sixty healthy individuals of which 40 were males and 20 females with ages ranging between 21 and 50 years were included in the study. 20 males and 10 females were smokers with an average smoke of 15 cigarettes daily. 3 women were hukkah smokers. After an overnight fast venous blood was collected. HDL-cholesterol was estimated by Burstein's method. Cholesterol and triglycerides were measured by CHOD-PAP enzymatic method. Statistical analysis was done by the student 't' test. The Values of Serum Cholesterol, HDL-cholesterol and LDL-cholesterol were significantly different in the smokers and non-smokers. Serum triglyceride showed no difference. Serum cholesterol and LDL-cholesterol were higher in the smokers whereas HDL-cholesterol was much higher in the non-smokers. Also HDL-cholesterol levels were lower in the male smokers as compared to the female smokers. The results of this study are in agreement with other similar studies. It is difficult to assess which component of cigarette smoke is responsible for the damage. However the findings so prove that smoking is a possible cause of increased atherogenesis.

SURGERY FOR RECURRENT ANGIOFIBROMAS. Thn-dan, D.A, Bahadur, S., Kapila, K. Pak. J. Otolaryngol., 1988; 4:39-47.

Juvenile angiofibroma, a rare benign tumour of the head and neck, originating in the naso-pharynx occurs exclusively in males. The tissue of origin still remains unknown. Vascularity is the distinctive feature of the tumour and histologically it consists of large venous sinusoids lined by endothelium dispersed in fibrous tissue. Surgery is the treatment of choice, though recurrence poses a big problem. Fourteen male cases with recurrent angiofibromas with a mean age of 17.7 years were treated between January 1978 and December 1985 at the All India Institute of Medical Sciences. 12 cases had a nasopharyngeal and nasal mass. 3 patients had a mass in the cheek while 3 had proptosis. In all cases symptoms had recurred within two years of the first operation. Computerized tomography was done in nine cases suspected of having extranasopharyngeal spread. Excision of the tumour by a transpalatal procedure was done in 2 patients. This was combined with a sublabial incision in 2 cases. One patient had a lateral rhinotomy and a transmaxillary excision using a Weber-Fergusson incision was required in 9 cases. Intra-operative ligation of the external carotid artery was undertaken in one patient to control severe haemorrhage. All the tumours consisted of numerous vascular channels embedded in fibrous tissue with the vessels ranging from capillary to venous size. There was no mortality. One patient developed an oronasal fistula which was repaired. One case had a reactionary haemorrhage and nasal crusting occurred in patients undergoing transmaxillary excision. A follow up was maintained for 2 years and none of the cases had a recurrence. The notoriety of angiofibroma recurrence is well established. Cases of other workers reported a high rate of recurrence, 10-20% with the use of adjuvant radiotherapy. The cause of the recurrence is attributed to an unrecognized residual tumour due to incomplete surgical excision. With the introduction of computerized tomography the extent of the tumour can be outlined. This determines the approach of the surgery and is more helpful in the recurrent cases. It is also advisable to excise the tumour as a whole. Dissection of the tumour should be done in the subperiosteal plane. A transmaxillary approach should be used for cases with a lateral spread.