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Three patients diagnosed as strictly posterior wall infarction on the basis of a positive R in VI in a conventional 12 Lead ECG are presented. A 57 year old male with a past history of angina pectoris came with sudden left sided chest pain radiating to the left arm and accompanied with sweating and choking since 5 hours. The ECG showed a prominent R (3mm) in Vi and the SGOT was 66 F units. The second case was a 39 years old young man with diagnosed angina pectoris of 4 years duration which had become worse since 4 months. The ECG showed R waves of 8 mm amplitude in VI. The single Masters Test was positive. The third case was of a 50 years old housewife, a known diabetic since 6 years and habituated to tobacco in pan for 11 years. She came in with sudden breathlessness accompanied with profuse sweating and constricting retrosternal pain. An ECG done showed R wave of 5 mm amplitude in VI, upright T wave in Vi, V2 and QS in I and AvL. The SGOT was 160F units. Prominent R wave in VI is seen in complete RJ3BB, W.P.W. Syndrome, R.V.H., rotation and altered position of the heart and the ECG of a normal child. A posterior wall infarction may be diagnosed when a suggestive clinical history accompanies the ECG changes (tall R in VI) and a raised SGOT.

A clinical trial with Cephaloridine carried out in Nishtar Hospital, Multan in 1969 is presented. The drug is semisynthetic antibiotic obtained from the parent substance cephalosporinC and is active against many gram positive and negative organisms. As staphylococcal penicillinase has little effect on it, Cephaloridine is therefore highly effective against penicillin resistant staphylococci. 33 patients with ages ranging between 12 and 70 years were studied. There were 22 males and 11 females and they were diagnosed to have chronic pyelonephritis 18 cases, pulmonary infections 10 patients, S.B.E. 2 cases and 3 had pyogenic meningitis. BloQd picture with ESR and urine test was done in all cases whereas sputum, urine and blood culture were carried out when indicated. Cephaloridine was administered intra-muscularly in a dose of 500mg 8 hourly. This was increased after 3 days if the desired effect was not had. 22 patients showed a favourable response. These were 13 of the pyelonephritis cases, 7 from the 10 suffering from pulmonary infections, one of the three of pyogenic meningitis and one of the two of S.B.E. who had a positive blood culture for streptococcus beta haemolyticus.
It was concluded that Cephaloridine, a new broad spectrum antibiotic was found to be effective in the urinary and lower respiratory tract infections in daily doses of 30 mg per Kg body weight.

Two cases infected with Microsporum ferrugineum in Peshawar are presented. A 45 year old male came with a 14mm diameter lesion on the front of the neck noted since 4 days. The surface was scaly with mild itching and no signs of inflammation. The skin scales were examined after treatment with 20 percent potassium hydroxide and numerous long fungus mycelia were observed. The scales were cultured and a colony was visible after three days of incubation. 7 days later the colony became compact and alter 11 days irregular convolutions and radial grooves appeared. Examination showed intercalary chiamydospores and the mycelium was composed of intertwining filaments with many protruberances. Treatment was carried out with vioform hydrocortisone ointment locally and within 3
days the lesion cleared up. The second case was of a 35 years old male with a nodular lesion on the upper lip and side of the chin since one month. The nodules were about 10mm in diameter covered with crusts and a few pustules were also present. Itching and burning were the only symptoms. No scales or signs of inflammation were seen and there was no loss of hair. The skin scrapings showed a few Macronidia and the culture after 9 days of incubation gave a growth of Microsporum ferrugineum. Treatment was given with Fulcin Forte tablets and Erythromycin. After 15 day the big nodules disappeared. Infection with Microsporum ferrugineum has not been reported previously from Pakistan. It usually infects the scalps of children. The two cases seen were adults with involvement of the neck and face. Usually fungus mycelia are not observed which were noted in one case.


407 pregnant women were examined for changes in the periodontal and dental tissues. The data was tabulated in age groups with an interval of 5 years. The first age group of 15 to 20 years was ignored as there were only 5 individuals in it. 16.6 percent of the women were illiterate, 42.9 percent had had school education and 40.5 percent had been to college and university. The maximum number of pregnant cases were between the ages of 30 and 34 years with a mean of 4.45 pregnancies. Of all the cases 183 percent used a tooth brush, 49.2 percent tooth powder, 15.1 percent miswak and 17.4 percent were negligent about their oral hygiene. 23 percent were free of decayed, missing and filled teeth. Gingivitis was found to be directly related to the number of pregnancies. It is generally believed that pregnancy is associated with an increased susceptibility to dental caries in the mother. For every child a tooth, is a well known saying, but is not accepted by all. Various theories have been presented as increased demand of calcium and phosphorus by the foetus is met with by withdrawal from the mother’s bones and not the teeth. But dental caries may increase during pregnancy due to reduction of the mineral salts in the teeth. Mobility of the teeth may be increased due to loss of calcium content of the supporting bone. Gingival changes occur due to low resistance. It is accepted by all that oral hygiene and prophylactic checking of the dental condition of pregnant women should be given due importance.