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

Laryngeal Foreign Bodies. Pakistan Journal of Otolaryngology, 1986;2 63-65.

Two cases of laryngeal foreign bodies have been presented. An eleven year old girl was seen in the emergency department with a history of pain in the throat and hoarseness of three days duration. It started after she had put a handful of Areca nuts from her pocket into her mouth, chewed them and suddenly choked. On examination there was slight stridor and hoarseness. X-ray showed a linear shadow in the larynx and endoscopy revealed a foreign object lying in the anterior part of the larynx with generalised oedema in the surrounding area. The foreign body was removed under general anaesthesia and was found to be a tripod shaped plastic sheet decoration from her dress which had fallen into the pocket.

The second case was of a ten years old girl with a history of inhaling a safety pin three weeks earlier. At that time she had choked a little but then had no difficulty in breathing. On examination there was hoarseness and stridor on deep breathing. The X-ray showed an open safety pin in the larynx.

Endoscopy revealed the head of the pin lying between the two vocal cords but the pointed end was not visualized. There was generalised swelling and oedema of the larynx. Removal of the pin by direct laryngoscopy under general anaesthesia was attempted but proved unsuccessful. An external approach through a mid line incision on tracheal ring 2-4 was made and the pin was removed.

Foreign body of the larynx can cause complete asphyxia and sudden death. This is termed as cafe coronary. If this episode is escaped LP.MA. January, 1987 then medical aid is called for. Direct laryngoscopy usually is successful in removing the foreign body. The external approach is advisable when the object is long and hangs down in the trachea.

Transient Diabetes Mellitus in Neonatal Period. Mazhar, A. Pakistan Pediatric Journal, 1985; 9: 173-176.

Diabetes Mellitus in a six weeks old male child is reported. In the neonatal period, Diabetes is very rare. It may develop at birth or in the first six weeks of life persisting for weeks or months and terminating spontaneously with complete recovery. These babies are almost always small for gestational age.

The reported child was admitted with a history of failure to gain weight since birth, vomiting and diarrhoea since one week earlier. On examination he was irritable, moderately dehydrated and febrile. Systemic examination was unremarkable. Sugar and acetone in the urine were positive and blood sugar was 345 mg/dl. Plain insulin was given in small doses along with intravenous re-hydration therapy and Ringers solution was used.

After stabilization the dose of insulin required was 1-2 units twice daily. Following discharge from the hospital the child was brought in regularly for a check up and after 5 months of insulin therapy the baby recovered completely and Insulin was not required. This went to prove that the state of Diabetes in the infant was a transient one.

Glucose-6-Phosphate Dehydrogenase in new borns. Ali S. and Khan, S.J. Pakistan Pediatric Journal, 1985 ;9: 151-163.

One hundred new borns were investigated / Five were less than 2500 g. body weight, 2 were post mature and 93 were full term babies. The enzyme G6PD was analyzed according to the recommendation of WHO Scientific group. Screening was carried out with Brewer's methaemoglobin reduction test. Fourteen babies of which two were girl were detected as having deficient G6PD. But the quantitative determination of the enzyme confirmed only 6 subjects to be lacking in G6PD giving an incidence of 6 percent. No positive correlation was observed between G6PD deficiency and birth

weight, body length and head measurement. Gestational age studies revealed that pre-term neonates had an increased enzyme activity.

The enzyme assay was found to be more accurate at 39°C. Hb, PCV and RBC count were found to be lower in the enzyme deficient newborn than its normal counter-part whereas MCV and MCHC were higher. This was suggestive of the documented fact that enzyme deficient babies were more anaemic. Also that the female babies had lower level of Hb, PCV and RBC counts compared to the boys.

Visceral Leishmaniasis in Children in Pakistan. Anwar, C.M. Pakistan Pediatric Journal, 1985; 9168-172.

Eight cases of visceral Leishmaniasis were diagnosed in 1983 in Military Hospital, Rawalpindi, Army Medical College and Armed Forces Institute of Pathology. The patients ages ranged between 2 and 8 years and there were 2 females and 6 males. Most of them belonged to Azad Kashmir. The presenting features were prolonged irregular fever, loss of weight, anaemia and abdominal distension. Hepato-Splenomegaly was present in all the cases. Malnourishment, emaciation and a retarded growth were prominent features. Lymphadenopathy was detected in 5 children.

Laboratory investigations revealed a low Hb with leucopenia and relative lymphocytosis and a high ESR. Aldehyde formal gel test and antimony test were positive. Serum albumin was diminished and gamma globulin was raised. Diagnosis was confirmed by a bone marrow study which revealed large numbers of L.D. bodies in all the patients.

All the cases were treated with sodium stibogluconate 20mg/kg body weight 1/rn daily for ten days. Packed cell transfusion, vitamins and a high calorie diet was also added. Appreciable clinical improvement was observed in 7 cases. One patient died of bronchopneumonia.

Visceral Leishmaniasis or Kalazar is caused by *Leishmania donovani* which primarily effects the R.E. cells. It is transmitted by the bite of the sandfly. Prevention should be stressed by spraying insecticides and maintainence of hygienic conditions.