

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 137 To 139

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ORAL VERSUS INTRAVENOUS REHYDRATION OF INFANTS AND CHILDREN WITH DJARRHOEAS. Bhutta, Li Mazhar. A., Chughtai, M.A. Pakistan J.Med.Res.,1985;24: 147-152.

128 patients (89 males and 39 females) were included in the study. All were below 2 years of age. Complete physical examination was carried out and the weight was recorded. Serum electrolyte estimation was done on admission. 57 severely dehydrated patients were rehydrated with intravenous fluids. 71 moderately dehydrated cases were divided into two groups of 41 on ORS and 30 on intravenous fluids.

The oral solution was based on the WHO formula containing (GIL) sodium chloride 3.5, sodium bicarbonate 25, potassium chloride 1.5, and glucose 20. The total amount of fluid was calculated by the formula, admission weight in kg x percent dehydration. ORS was administered either with a spoon or a feeding bottle. Intravenous fluids were given as 8.18% dextrose saline for neonates and 0.45% dextrose saline for the other children. Serum electrolytes were reestimated 24 hours after admission and before discharge.

From the first group of 41 cases on ORS, 39 improved to a satisfactory state of health. 9 had to be converted to intravenous therapy due to persisting vomiting. The mean rehydration time was 10.5 hours with a mean hospital stay of 3.7 days. The 30+9 cases on intravenous fluid replacement had a mean hospitalization of 2 days.

All the patients in both groups recovered irrespective of being hypernatraemic or hyponatraemic. Oral rehydration has proved successful in acute watery diarrhoea in all age groups. Duration of treatment is short if the patient has been well nourished and without complications. ORS does not respond in cases with persistent vomiting. It is equally effective in hyponatraemic or hypernatraemic dehydration. ORS has thus proved to be a cheap and satisfactory method of treatment of uncomplicated mild to moderately dehydrated patients.

FOCAL CORTICOSTEROID TREATMENT FOR INFANTILE HAEMANGIOMA OF THE EYE UDS. Hasan, K.S. J. Pak. Acad. Ophthalmol 1986; 4:71-72.

Four patients of cavernous haemangioma of the eyelids, ranging in age from 4 to 6 months were treated with intralesional injections of cortico-steroids. One child had a large haemangioma involving the upper and lower eye lids causing occlusion of the visual axis. Two cases had the tumour on the lower eyelids and in one case the haemangioma was situated on the upper lid but was large enough to obstruct the sight. In all the cases, the tumours were of the left eye. Steroid injections with triamcinolone and betamethasone were injected deep in the tumour at multiple sites through the skin. A second injection was given in three cases at intervals varying from 5 to 22 weeks. The dose given ranged from 40-80 mg triamcinilone and 4-12 mg betamethasone sodium phosphate.

In all the four cases the mass reduced considerably so much so that two of them having occluded visual axis got a clear vision. The process began with blanching in the mass followed by loss of lustre and then appearance of wrinkles on the covering skin of the lower eye lid. This phenomena was not seen in the tumour of the upper lid. No local or systemic complications were encountered.

The mechanism of action of corticosteroids in producing regression in haemangiomas is not known. It may be due to shrinkage of vascular channels in the haematoma as the terminal vascular bed becomes more sensitive to circulating vasoconstricting agents in the presence of corticosteroids. This form of treatment has been found to be highly effective and has been used and reported by other workers also.

CHEMODECTOMA OF THE LARYNX. A CASE REPORT. Younus, M. Pakistan Journal of

Otolaryngology, 1986; 2:37-42.

A case of laryngeal chemodectoma is described. The patient was a 66 years old white male who complained of a husky voice and dysphagia since six weeks. He also had occasional choking, cough and excessive salivation. A direct laryngoscopy revealed a vascular fibrotic pedunculated tumour arising from the posterior surface of the aryepiglottic fold and the anterior surface of the right arytenoid. The tumour was completely avulsed and the histology report revealed a well differentiated adenocarcinoma with tubular structures lined by high columnar cells. Three weeks later a biopsy was repeated from the site where the tumour had arisen and the result was only a chronic inflammation. A partial laryngectomy was planned but the operation was postponed as a direct laryngoscopy showed a normal mucosa, and a frozen section again gave a result of chronic inflammation. A one year follow up showed no recurrence of the tumour.

Nearly four years later, the patient returned with a similar larger tumour. Biopsy confirmed a recurrent anaplastic adenocarcinoma of the larynx. Total laryngectomy with right block dissection of the neck and right hemithyroidectomy was carried out. The histological picture was that of a chemodectoma. The patient is well and without recurrence six years after the surgery.

Chemodectomas are tumours arising from chemoreceptor glomeruli or the non-chromaffin paraganglia found all over the body including the larynx. 29 cases have been reported in literature with a predominance of males, It has been suggested that in cases of pain in the larynx with no findings, a chemodectoma should be suspected.

Chemodectomas are relatively benign tumours, except those of the larynx which show a high rate of malignancy with recurrence and distant metastasis. Surgery thus remains the treatment of choice.

REMOVAL OF IMPACTED BLUNT OESOPHAGEAL FOREIGN BODIES BY FOLEY CATHETER. Mirza, F., Hasan, N. Pakistan Journal of Surgery, 1985; 1:45-47.

Nine cases of impacted foreign bodies in the oesophagus were dealt with the Foley catheter technique of extraction in the Paediatric Emergency Department of the National Institute of Child Health, JPMC., Karachi. This technique has first been described by Bigler in 1966 and is based on the fact that the impacted foreign body can be dislodged by dilating the oesophagus just distal to the site with the balloon of the Foley catheter.

Five males and four females, ranging between 2.5 and 7 years of age, with a history of swallowing a coin were subjected to the Foley catheter extraction procedure. An X-ray was done to locate the position, size and shape of the coin. No anaesthesia was used. A Foley catheter of the appropriate size was passed and when it reached below the foreign body its bulb was inflated with 3 cc of sterile water. The catheter was then retracted gently till the coin entered the oral cavity where it was removed and the balloon deflated,

The procedure was successful in 8 cases who were allowed to go home immediately after. One child had the coin impacted in the oesophagus at the thoracic inlet and it had to be removed under general anaesthesia with an endoscope.

Foley catheter manipulation of impacted blunt oesophageal foreign bodies is an effective, safe and easy method of treatment. It requires no patient preparation, no anaesthesia and no fluoroscopic control.