

Abstracts from the Journals of the East

Pages with reference to book, From 249 To 250

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Prevalence of Primary Nocturnal Enuresis in NWFP. Zahoorullah, Akhtar, T. and Akhtar, T. Pak J. Med. Res., 1993; 32:59-61.

The prevalence of nocturnal enuresis was studied during the National Health Survey of Pakistan in the NWFP section. Twelve primary sampling units were selected by the Federal Bureau of Statistics, of which 8 were rural and 4 urban. Each member of the 30 selected families was interviewed. A complete physical examination was done and selected laboratory investigations carried out. Specific questionnaires were filled by a member of the field team and the respondents for children were mothers. There were two adult enuretics, husband and wife. Primary nocturnal enuresis was defined as night time bed wetting in persons of age 5 years and above for more than 3 times a month without the subject having had any period of control. The total population surveyed was 12,112 of which 11,028 were males and 1,084 females. The prevalence of primary nocturnal enuresis in females was 5.2% and 7.8% in males. The rural and urban distribution of enuresis gave figures of 7.2% and 4.78% respectively. The highest incidence was found in the age group 8-10 years (26.1%) and the overall prevalence was 6.5% in all the groups together. Nocturnal enuresis is a distressing medicosocial problem. The exact etiology is not known. Several studies have shown an association between enuresis and behaviour problems in children. The results of the presented study compare well with others confirming the prevalence of enuresis with socioeconomic development. The sex ratio of boys being twice as enuretic compared to girls is also consistent with reports from other studies. The urban-rural difference reflects the mode of living. Modern toilet facilities are still not available to 90 percent of this population. Treatment of enuresis involves Desmopressin, an analogue of vasopressin to be the drug of choice. Enuresis alarms are also effective.

Epidemiology of HIV Infection in Northern Pakistan. Tariq, W.U.Z., Malik, L.A., Hassan, Z.U., Hannan, A., Ahmad, M. Pak. J. Pathol., 1993;4:111-115.

The serum samples of 54,170 individuals have been screened for HIV antibodies at the Armed Forces Institute of Pathology, Rawalpindi since 1987. There were 48,235 blood donors, 3,369 intending immigration, 561 cases with venereal diseases, 350 lymphoma patients, 21 deportees from UAE, 460 clinically suspected cases of AIDS, 735 worried persons and 439 family members of HIV positive cases. All the samples were initially screened by Wellcozym competitive ELISA. The positive samples were re-tested by the same ELISA system. The repeatedly reactive specimens were again tested by Abbott Indirect ELISA system. The positive sera were then confirmed by Western Blot. The samples with antibodies against one of the glycoproteins and against core protein were labelled positive for HIV infection. The mode of acquiring the infection was determined to be sexual in 24 cases, 4 from blood transfusions, one due to breast feeding and in one the cause could not be ascertained. Of the 30 positive cases, 25 were in the age group 16-40 years. There were 27 males and 3 females and 20 individuals had acquired the infection from the Gulf States, 3 each from Pakistan and South East Asia, 2 from France and one each from Saudi Arabia and Greece. Five of the infected persons died, 15 were still living till 1993 and 10 were lost to follow-up. HIV infection was initially brought into Pakistan from the Middle East. Millions of Pakistanis work abroad and the low paid ones do not take their families with them. Prostitution and male homosexuality are common in these countries and this is an important source for contracting the HIV infection. Blood donation without HIV screening is another risk factor for the spread of HIV infection. Four individuals in the study had received seropositive blood. The breast feeding spread was again from a mother who had received blood transfusion during a caesarian section. No positive sera were found in drug addicts. This could be attributed to the fact that

most of these cases use the oral route for intake of drugs. It is necessary now to check the spread by collective efforts.

Renal Angiomyolipoma Presenting with Diabetic Ketoacidosis. Davies, J.P., Shrestha, B.M., Sturdy, D.E. J.Nep.Med.Assoc., 1993;31:259-261.

The case of an angiomyolipoma of the kidney with the dominant feature of diabetic ketoacidosis is presented. The patient was a 62 year old female who came in with right sided abdominal pain and fever. She had been investigated for iron deficiency anaemia 8 months earlier and treated with oral iron supplements. Initial examination revealed a tender right sided abdominal mass. Laboratory investigations showed a haemoglobin of 13.5G/dl, white cell count to be $18.0 \times 10^9/L$ and blood glucose 38 m.mol/L. Metabolic acidosis was present. The diabetes was corrected and ultrasound and CT scans of the abdomen performed. A large mass associated with and partly replacing the kidney was detected. The consistency appeared fatty with haemorrhagic areas. A similar but smaller mass was noted in the left kidney. From appearance the lesions were diagnosed as renal angiomyolipoma. No other manifestation of the disease was present. The DTPA scan showed the right kidney to contribute 37% of the total renal function. A good metabolic control was achieved and the patient was discharged on oral hypoglycaemics. Conservative treatment was given for the kidney lesion, the size of which did not show an increase on monitoring. Diabetic ketoacidosis is an unusual presentation for a rare kidney tumour. It is postulated that tumour necrosis with retroperitoneal haemorrhage may have produced sufficient metabolic disturbance to cause a crisis situation. Previously a renal biopsy was required to confirm the diagnosis of the tumour. Now the CT scan appearance is diagnostic. Asymptomatic lesions are treated conservatively whereas those producing symptoms are dealt with selective arterial embolisation.

Treatment of Hirsutism in Polycystic Ovarian Syndrome with Diane, 50 MCG Ethinyl Estradiol and 2 MG Cyproterone Acetate. Saeed, K., Akram, J., Changezi, H.U., Saeed, M. Specialist Pak.J.Med.Sci., 1993;9: 109-112.

A study was conducted on 20 women, diagnosed as polycystic ovarian syndrome, to assess the value of Diane (50 meg ethinyl estradiol and 2 mg cyproterone acetate) for the treatment of hirsutism. The diagnosis of the condition was made by the scoring system of Ferriman and Gallway. Patients had no other endocrine disorders and no contraindications to oral contraceptives. The patients were given either Diane or placebo (10 each), from the 5th day of the menstrual cycle or withdrawal bleeding for 21 days followed by a 7 days gap and then again for 21 days. Barrier contraceptives were advised. Subjective assessment for hirsutism was made every 3 months. Objective estimation was done by noting no addition of terminal hair, reduced speed of hair growth, thinning of existing hairless pigmentation and disappearance of unwanted hair. Biochemical estimations of testosterone, dihydroepiandrosterone (DHEASO₄), follicle stimulating hormone (FSH), leutinising hormone (LH) and liver function tests (LIT) were performed at specific intervals. Pelvic ultrasonography was done at 3 months and 6 months. The 10 patients on Diane therapy completed the 12 months treatment. Their mean age was 20.6 years and the minimal side effects noted were nausea, headache, weight gain and slight menstrual irregularity. Subjective improvement was seen in 7 cases in 6 months and complete cure achieved in 12 months period. Two patients had slight improvement with a slow response and had to be given Andmcut additionally. One woman felt no relief at all. Patients in the placebo group showed no improvement. Six had a deterioration of hirsutism, in 2 it remained as such and 2 had a slight relief. The hormonal levels showed a significant change in the Diane group patients. The levels of LH, testosterone and DHEASO₄ decreased significantly whereas those of FSH increased. The typical picture of polycystic ovaries on ultrasonography reverted to near normal after 3 months therapy. Polycystic ovarian syndrome is characterised by infertility, hirsutism, oligomenorrhoea, obesity, dysfunctional uterine bleeding, virilization and diabetes mellitus. The hirsutism present is attributed to the increased circulating androgens. Diane, given in sequential order has shown promising results for treating hirsutism. The therapy is a slow process and requires perseverance and compliance to achieve

success.