

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 308 To 309

Fatema Jawad (Sughra Bai Millwala Hospital, North Nazimabad, Karachi.)

BLOOD LIPID PROFILE IN TREATED AND UNTREATED HYPERTENSIVE PATIENTS.

Bano, K.A., Jabeen, M., Fayyazuddin, Haider, Z. Pakistan J. Med. Res., 1984;23: 58-62.

A study was conducted to evaluate HDL Cholesterol, serum triglycerides and total cholesterol in 96 newly diagnosed untreated hypertensives, 158 hypertensives taking treatment and 198 normotensives. The commonly used drugs included methyldopa, thiazide, diuretics and beta blockers. A detailed history with clinical examination including height and weight was recorded. Laboratory investigations included urine analysis, complete blood count, serum electrolytes, urea and creatinine. Serum triglycerides, total cholesterol and HDL-cholesterol were estimated from venous blood after an overnight fast.

It was observed that hypertensives tended to be overweight. The triglyceride levels were high in the control males whereas the hypertensive females had a high level of cholesterol and triglycerides. Serum triglycerides were higher and HDL cholesterol levels lower in the treated males whereas the females under therapy showed a lower HDL-cholesterol.

Anti-hypertensive treatment reduces complications as stroke, congestive cardiac failure and renal failure but its effect on the development of atherosclerosis and coronary heart disease are less well defined.

The link between high cholesterol levels and vascular disease are well established and it has also been concluded that diuretics and beta blockers bring about lipid changes that may be detrimental.

The results of this study are also consistent with various other trials showing that hypertensives had a higher level of triglycerides which tended to increase further after anti-hypertensive therapy. Similarly HDL-cholesterol values were lower and showed further reduction after treatment. Further studies should be performed to determine the effect of various groups of drugs on the lipoproteins. Also repeated evaluation of lipid profile is indicated in hypertensive patients.

ERUPTIVE SYRINGOMA - A CASE REPORT. Zaman, H. Pak. A. F. Med. J., 1986; 39:25-27.

A case of eruptive syringoma in a 34 years old female is presented. She sought consultation for pimples she had had on her face and neck since childhood but which had gradually increased. They had also spread out on the face, neck and wrists with no regression. The general health of the patient was good and the systemic examination along with the routine laboratory tests revealed no abnormality.

The lesions, a profuse crop, were distributed on the entire face, neck, upper chest and wrists. Some of the lesions were discrete papules but those on the eyelids and cheeks had, by confluence, turned into uniform plaques. A skin biopsy was taken and the histopathology examination gave a diagnostic impression of syringoma.

Cryotherapy with liquid nitrogen and electro-dessication was tried with unsatisfactory results.

Dermabrasion was resorted to and amazingly good results were achieved.

Syringoma is a hamartoma of misplaced embryonic eccrine sweat ducts occurring usually in females, with no tendency to involution or malignancy. It should be differentiated from Trichoepithelioma. With all the available treatment modalities, a blemish free skin is still difficult to achieve.

ABSCCESS OF SPLEEN - A CASE REPORT. Qureshi, A.G. Pak.A.F.Med.J., 1985;37 :41-43.

A case of splenic abscess in a 25 years old female is presented. The patient was admitted with abdominal pain, fever, nausea, vomiting and a lump of one months duration on the left side of the abdomen. On examination, anaemia was present with mild jaundice, the liver and spleen were enlarged with the latter reaching the umbilicus. Conservative treatment with antimalarials, antibiotics and cortisone was given and the patient was discharged after 3 weeks with a receded liver but a spleen

reaching the umbilicus. After two weeks, the lady returned to the emergency room with fever, vomiting and diarrhoea. She had a temperature of 102°F, pulse 134/min and BP 90/40 mm Hg. The liver was not palpable and the spleen extended to the left iliac fossa below the umbilicus. Laboratory tests showed Hb 7G%, TLC 17,500/cmm and the X-ray abdomen revealed a dense shadow on the left side and the chest X-ray a higher left dome of the diaphragm with a telectatic band of the left lung base.

The patient was resuscitated and laparotomy was performed. A splenic abscess with necrotic areas was found. 3600 cc pus was drained and splenectomy performed. An uneventful recovery followed. The pus culture was positive for Salmonella Typhi.

Splenic abscess occurs in 75 percent of cases due to metastatic spread of infection from elsewhere. 15 percent of the cases are secondary to trauma by infection of a haematoma and 10 percent are extensions from the neighbouring pathological processes. If the splenic abscess bursts, a subphrenic collection of pus may be had or acute peritonitis may develop. Empyema may follow the rupture of the splenic abscess in the pleural cavity.

Splenectomy is the best treatment which can be performed safely. Appropriate antibiotic therapy and supportive measures have reduced mortality.

NORFLOXACIN IN URINARY TRACT INFECTIONS A CLINICAL TRIAL. Akhtar, M.A., Mom, S., Hussain, A., Rizvi, S.D.A. Pak. A.F. Med. J., 1986; 39:37-40.

Twentytwo patients, 18 females and 4 males, ranging in ages between 18 and 70 years, suffering from bacteriologically proved acute uncomplicated urinary tract infection, were treated with tablet Norfloxacin 400mg twice daily (12 patients) and tab Nitrofurantoin 100mg thrice daily (10 patients) for a period of ten days. The patients were seen daily while on medication and then followed for four weeks to note the efficacy and the untoward clinical and biochemical effects of the drugs.

All the isolated organisms in the urine culture including pseudomonas aeruginosa were sensitive to Norfloxacin. Resistance to Nitrofurantoin was encountered in two cases of proteus mirabilis, one of E. Coli and one of Acinetobacter.

70 percent of the individuals on Norfloxacin had no side effects whereas 70 percent of those On Nitrofurantoin experienced untoward reactions as anorexia, nausea, vomiting, giddiness and headache. There were no haematological and biochemical abnormalities noted in any of the patients.

It was concluded that Norfloxacin is an effective and well tolerated urinary antiseptic. It is much better tolerated as compared to Nitrofurantoin.