

## Abstracts from the Journals of the East

Pages with reference to book, From 213 To 215

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### **Non-Venereal Endemic Syphilis (Bejel): A Cause for Nasal Septal Perforation. Ali, M.M., Amin, L.A., Jijakli, T.A., Pak.J.Otolaryngol., 1996;12:191-92.**

A 70 years female Bedouin Saudi presented with recurrent nasal bleeding since 8 months. She had no perception of smell but others complained of foul smell emanating from her. The systemic examination revealed no abnormality. The nasal cavity showed a large posterior septal perforation, the edges of which were covered with crusts. Granulation tissue filled both nostrils. Removal of the crusts exposed ulceration with little bleeding. Turbinates were shrunken and covered with pale niucosa. The ear and throat examination were normal except for high tone sensory neural hearing loss. Routine blood tests were normal.

The nasal swab culture grew staph. aureus and citrobacterdiversus. Serological tests for syphilis were positive. X-ray of sinuses showed hazy maxillary sinuses. Biopsy was taken from the edges of the perforation and histopathological examination performed. Numerous epitheloid cell granulomas with areas of extensive necrosis was seen. Fungi and acid fast bacilli were not detected.

Treatment was done with Ratarpen injections 1.2 mega units intramuscularly ever third day for 3 weeks, nasal douching and antibiotic intment locally. Bejel is prevalent among Bedouin Arabs and the causative factor is tinhygienic conditions. It should be considered in the diagnosis of septal perforation.

### **Choriocarcinoma Presenting as Valval Growth without any Gestational Tumour. Sharma, R., Maheshwari, V., PakJ.Pathol., 1995;6:65-67.**

The case of a 50 Year old female with a perineal swelling and heavy vaginal bleeding for 7 days is presented. There was no history of amenorrhoea, menstrual cycle was regular and the last delivery was 10 years earlier. The patient looked pale and ill and there was no abnormality found in the systemic examination. Local examination revealed an irregular fungating growth, 9x6.5 cm in size on the left side of the vulva extending to the right labia minora. The tumour was non-tender, soft, friable and bled profusely on touch. It extended to the left vaginal wall upto the cervix which was normal. The haemoglobin was 6.5G pcrdL. total leucocyte count 12000/cmm with 92% neutrophils. Blood group was A positive. The chest skiagrarn showed multiple homogenous opacities in both lungs.

An ultrasound scan of the abdomen and pelvis gave no pathological findings. An incisional biopsy was performed and histopathological examination done. Light microscopy revealed disorderly growth of trophoblastic tissue with areas of haemorrhage and necrosis. A diagnosis of choriocarcinoma was made. The hCG titre was raised to 50,000 IU/day. Chemotherapy was started with Methotrexate in a dose of 35 Mg/m<sup>2</sup> intramuscularly on alternate days for 4 days with folic acid 15 rug orally on alternate days. A second course was repeated after seven days. The hCG levels receded to 20.000 IU/day. Two months later the tumour had reduced in size. The woman was then lost to follow-up. Choriocarcinoma usually develops upto two years of abortion or delivery, but in rare cases it can occur several years after the expulsion of a mole. In the presented case no primary focus could be found. It is presumed that a small intramural lesion may have been present which was difficult to demonstrate. Prognosis of choriocarcinoma depends on age. parity hCG levels, metastasis, tumour size and immune status of the patient. Chemotherapy is the choice treatment especially a multidnig regime.

### **Morbidity and Mortality in Afghan Refugee Inpatients Aged 1 Mo to 5 Years in AHSOA Children Hospital, Peshawar. Safl, M., Pak.Ped.J., 1995; 19:107-9.**

A retrospective stuy was conducted on 5802 patients with ages between one month and 5 years admitted in AHSOA Children Hospital. Peshawar. in the period 1991 to 1994. The parameters noted were age, sex. weight. reason for admission.

condition on discharge and referrals to other units. The patients were all Afghan refugees with 53.4% males and 46.6% females. Respiratory disease was the presenting cause in 39.2% cases, diarrhoeal diseases in 37.2% and malnutrition in 4.9 percent patients. Death occurred in 9.7% children with the cause being diarrhoea in 37%, respiratory problems in 28.7% and malnutrition in 22.3% cases. A successful outcome was achieved in 85% patients.

Mortality was highest in the one to 12 months age group (44.4%) with 45% deaths occurring in the first 24 hours of admission. In developing countries, diarrhoea and respiratory infections are the main causes of death in the post-neonatal period. Health education for mothers and provision of well trained medical practitioners in the basic health units can reduce morbidity and mortality.

**Blood Parameters and Smoking Pattern in Peshawar Colleges. Ahmcd, Z., Habibullah., Saddiqui, M.K., Khan, M.II., Pak.J.Med.Res., 1995;34: 190-93.**

A survey of cigarette smoking was carried out on 1983 students from seven colleges in Peshawar. The participants were classed as smokers (smoking atleast one cigarette daily for 30 days), ex-smokers (was a smoker but given up) and a non-smoker. A questionnaire was designed to the effect which also included other information as age, number of cigarettes smoked per day, reason for smoking, duration of smoking, smoking in family members and whether a boarder or day scholar. A detailed medical history was also recorded. The questionnaire was filled in 1983 healthy male students.

The age of the study population ranged between 15 and 23 years. Four ml blood was collected from each individual for estimation of haemoglobin, haematocrit and cholesterol. The results showed 445 (22.4%) students to be smokers, 41 (2.1%) ex-smokers and 1494 (75.5%) non-smokers. Amongst the family members 28% fathers and 42% brothers of the smokers also smoked whereas in the ex-smokers 12% fathers and 18% brothers smoked. Most of the smokers (43%) did so to reduce mental tension whereas 10% were smoking to maintain good personalities. Adverse effects on health was the main reason to give up smoking in 63% ex-smokers.

In the non-smokers 44.5% claimed it to be harmful for health and 36.5% did not smoke on religious grounds. The mean haemoglobin, haematocrit and cholesterol was 15.3G, 44.5% and 210mg% respectively in smokers compared to 14.4G, 41.3% and 186mg% in non-smokers.

The use of tobacco in the form of cigarettes is constantly rising in the developing countries. In the presented study 22.4% students smoked which is a cause for alarm. The data obtained from the study also revealed that smoking amongst students of colleges located in the university campus was least common. This could be due to an increased awareness about the health hazards due to smoking.

The haematological parameters were raised in smokers and this along with a higher cholesterol level in this group makes this population more susceptible to heart disease. The family influence also is an important factor in initiation of smoking. Quitting smoking requires a tremendous effort and alternative activities as sports and exercise. The harmful effects of smoking should be widely advertised to increase awareness.