Abstracts from The Journals of the East

Pages with reference to book, From 222 To 223

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Olfaction in Hypothyroidism. Soni, N.K., Sankhla, H.S., Gupta, V. Pak.J. Otolaryngol., 1992;8:206-208.

Olfaction may be impaired in cases with hypothyroidism. Sixty patients with hypothyroidism were examined for smell disorder. There were 35 females with ages between 20 and 50 years with duration of hypothyroidism from 3 to 25 years. All the cases were subjected to a complete medical examination alongwith the routine haematology and urine analysis. Thyroid scan, thyroid profile and radioactive iodine uptake were performed in all. Other causes affecting the sense were excluded. 30 normal individuals served as control. The assessment was made by blast inhalation method. Six identical bottles with various odours and completely concealed were used for the purpose. Two bottles with water were the controls. The patients had to occlude one nostril by lateral pressure and to inhale with forceful blasts. The procedure was repeated thrice where necessary after whichif the odour was not detected then complete anosmia was diagnosed. The degree of anosmia was assessed as mild, moderate, severe or complete. A total of 13 cases had smell impairment with the early stage hypothyroidism patients being less affected. Of the advanced cases 50 percent had olfaction impairment from mild to severe degree. Interference with olfaction can be secondary to drugs as amphetamine and cisplatin, in elderly cases, smokers and in subjects with nasal pathologies. Some systemic diseases can alter the sense of smell as diabetes mellitus, multiple sclerosis, collagen vascular disease and leprosy. Head injury and cystic fibrosis can lead to anosmia. The mechanism causing loss of smell sense can be mechanical obstruction, interference with the binding mechanism in the olfactory receptors, atrophy of the receptors and abnormality in nerve transmission. In hypothyroidism though the inferior turbinates enlarge, the alteration in the olfactory receptor cell biology and slow neural activity are more likely causes.

Maxillsry Sinusitis: Bacterial Organisms and Antibiotic Sensitivity. Akhund, LA., Shaikh, LR. Pak.J. Otolaryngol., 1993;9:80-83.

A study was conducted between August, 1991 and January, 1992 to determine the common bacteria associated with maxillary sinusitis in the patient population attending the ENT department of Peoples Medical College, Nawabshah. The sensitivity pattern of the organisms to chemotherapeutic agents was also noted. Aspirate from the mixillary sinus was obtained by puncturing the medial wall of the antrum by a cannula and inoculated on an appropriate media or smears prepared for direct microscopy. Antibiotic sensitivity test was done by single disc diffusion method. The maximum number of cases were between 11 and 20 years with nasal discharge and nasal obstruction with or without headache being the leading symptoms. The most frequently associated conditions were deflected nasal septum and allergic rhinitis. The bacteria most frequently encountered in the sinus aspirates were streptococcus pneumoniae 35.4%, streptococcus pyogenes 6.4%, klebsiella pneumoniae 5.45%, haemophilus influenzae 14.5% and streptococcus viridans 4.55%. Majority of the aspirates had a single organism growth. The antibiotic sensitivity of the 112 isolates showed 46.7% strains to be resistant to penicillin G, with 26.1% being fully sensitive and 27.1% moderately sensitive. The rate of resistance was 44% to cotrimoxazole w hile90-98% of the isolates were sensitive to doxycycline and of ioxacin and other third generation cephalosporins. All the parameters studied correlated well with western studies.

Balloon Dilatation for Prostatic Obstruction. Bhatty, J.A.N., Khan, S., Mahmood, F. Proceeding S.Z. PGMI., 1992;6:36-39.

Retrograde balloon dilatation of the prostate was performed on 31 patients for prostatic obstruction. The age ranged from 63 to 93 years and all cases presented with acuteretention of urine. No previous

treatment had been given and all were diagnosed as benign prostatic hyperplasia. Pre-operative workup and prostatic size assessment clinically, by ultrasound examination and finally by cystoscopy was performed. Antibiotics were given in accordance with the antibiogram. General or epidural anaesthesia was used and uretherocystoscopy performed to confirm the findings and place a guide wire in the bladder. Optilume prostate balloon dilator and 35 mm long dilating balloon was passed over the guide wire. The dilating balloon was inflated with saline to a pressure of 50 pounds per square inch for 15 minutes after which both were deflated and the catheter with the guide wire was withdrawn. Finally a 3-way 22 Fr. Foley's catheter was passed and saline irrigation started. This was removed after 48 hours. Results were assessed according to a scoring system where grading was done related to relief of symptoms. Excellent results were obtained in 26 cases, fair in 2 patients and 3 had a failure of treatment and were subjected to transurethral resection of the prostate. Mild haematuria was encountered in all the cases which cleared in 24 hours with saline irrigation. Though the same balloon was re- used after cold sterilization no significant incidence of postoperative infection was had. The high success rate in the presented series (84%) could be attributed to a careful case selection. The procedure has been performed on an outpatient basis by other workers. It alsq does not hinder subsequent transurethral resection of prostate if required. Duration of anaesthesia and intra-operative irrigation are reduced. It can be a procedure of choice in obstructive prostatic cancer. It would be concluded from this small study that balloon dilatation of the obstructive prostatic urethra is a simple, cost-effective treatment with minimal mortality.

Abdominal Tuberculosis, A Varied Presentation.Baluch, N, Tufall, M., Durrani, K., Ahmad, M. Proceedings S.Z. PGMI., 1992;6:51-55.

From March, 1988 to February, 1990, thirty patients diagnosed as abdominal tuberculosis were managed at the Shaikh Zayed Hospital Lahore. The diagnostic criteria included a positive histology, demonstration of A.F.B. and response to anti-tuberculosis chemotherapy. Barium meal follow through studies were done on 10 cases presenting as sub-acute bowel obstruction. All the cases were subjected to exploration surgery. The age range of the patients was from 15 to 60 years with a male to female ratio being 2:1. Primary intestinal tuberculosis was diagnosed in 26 individuals as they had no lesions in the chest x-ray. Seventeen patients presented with subacute intestinal obstruction and 13 with acute intestinal obstruction. The duration of symptoms varied from 4 days to one year. Plain x-rays of the abdomen revealed distended bowel loops and air fluid levels in 20 patients. Barium studies showed mucosal oedema of the small gut, stierlin's sign, narrowing of the distal ileum and ileo-caecal region. On laparotomy, 22 patients hadinvolvement of the distal ileum, 8 had ileo-caecal lesion and 3 jejunal involvement. The surgical procedures performed were resection of ileum with end to end anastomosis in 14 cases, limited hemicolectomy and end ileostomy in 3 patients, loop ileostomy and stricturoplasty in 2 patients each. The histopathology reports showed typical caseating granulomas in all the cases with positive Ziehl Nelson stain for acid fast bacillus in 22 specimens. There was no mortality. Residual abscess was encountered in 2 cases and wound dehiscence in one case. The anti-tubercular therapy was completed by 26 patients and no delayed complications were noted. The highest incidence of bowel obstruction in patients with abdominal tuberculosis has been reported from the Indian subcontinent. Unfortunately there is no pathognomonic test and the absolute diagnosis requires a histological proof. Laparoscopy is thus the procedure of choice. Chemotherapy is advised for a period of 12 months. It is thus recommended that patients with vague bowel symptoms especially sub-acute obstruction should have contrast studies and in cases with perforation, ileostomy is the procedure of choice.