

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 302 To 303

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MALIGNANT OTITIS EXTERNA. Jalisi, M. and Jalisi, H. PakJ. OtolaryngoL, 1992;8:24-26.

Malignant otitis externa, a rare condition is described in a 65 year old man presenting with paralysis of left side of the face, pain in the left ear, blood stained discharge and granulations in external meatus since 2 months. He was a known diabetic on oral hypoglycaemic therapy. Infranuclear facial paralysis was found on the left side. The left external auditory canal had fleshy red granulation tissue and mixed type of deafness was present in left ear. The mastoid x-ray showed haziness and the CT scan revealed soft tissue swelling in the left external auditory canal and demineralization of the skull base. The fasting blood sugar was 210 mg% and a growth of pseudomonas aeruginosa was obtained from the pus culture. Vascular granulation tissue was the histopathology report. Tc 99 bone scan showed an increased uptake of the isotope. Antibiotic therapy was given with ceftizoxime and gentamycin parenterally and the blood sugar was stabilized which cleared the condition. Necrotizing otitis externa, a progressive inflammatory condition with a predilection for invading the bones of the skull base is usually encountered in adult diabetics. The cause attributed is microangiopathy causing ischaemia and ulceration of the external auditory canal. In 98 percent cases pseudomonas aeruginosa is the causative organism. The other bacteria mentioned in literature are proteus mirabilis and staphylococcus aureus. Bone scan with Tc 99 or gallium gives an accurate diagnosis, as it becomes positive within hours of bone inflammation. Antibiotics are given according to the sensitivity and should be continued for 4 to 6 weeks.

AN UNUSUAL PRESENTATION OF A PREAURICULAR SINUS. Attaullah, M.S. Pak. J. Otolaryngol., 1992;8:27-29.

The case of a congenital preauricular sinus with an impacted foreign body is presented. The patient was a 20 year old male with symptoms of intermittent foul discharge from a small opening in front of his right ear. Four weeks early he had accidentally inserted a stapler pin in it and could not recover it. On examination a right discharging preauricular sinus was noted with a clean and dry left one. The discharge was scanty, thick and foul smelling. The remaining ENT examination was normal. The discharging pus was tested for culture and sensitivity and a growth of staphylococcus aureus was obtained with sensitivity to amoxicillin. Routine blood tests and pure tone audiogram were normal. A lateral x-ray confirmed the presence of a metallic foreign body on the right side of the skull. Under general anaesthesia the tract was injected with methylene blue and dissected out by the supraauricular approach. It was 2.5 cm long ending near the right external meatus. A small stapler pin was found on dividing it. The wound was cleaned closed in two layers. An uneventful recovery followed. The histopathology report was of an epidermidized preauricular sinus. The management of congenital preauricular sinuses is difficult and there is a tendency for recurrence. The supra-auricular approach is favourable as it is more convenient for complete excision and averts recurrence. The use of methylene blue aids the dissection. Some workers have worked through the microscope to trace the fistula tract. Hearing evaluation should be done on all patients with congenital ear defects as occasionally calcification of the tympanic membrane and fusion of the ossicles has been observed.

INDICATIONS FOR PEDIATRIC TRACHEOSTOMY IN FAISALABAD. Tirmizey, M.A. Pak.J. Otolaryngol., 1992;8: 16-18.

A retrospective review of 76 children subjected to tracheostomy between 1986 and 1990 in Punjab Medical College Hospital Faisalabad, is presented. The ages ranged from 0 to 11 years with 49 children being in the group between 5 and 9 years. There were 44 boys and 32 girls. The indications for

tracheostomy were inflammatory conditions in 55 cases, inhaled foreign bodies in 19 children and 2 babies had congenital conditions as neurofibroma of the false cord and subglottic stenosis. Diphtheria was the most common infection (44 cases) followed by acute laryngotracheobronchitis (11 cases). Tracheostomy has been known for about 3,500 years. It became popular in the 19th century when it was used for managing diphtheria. Presently the indications for the procedure are very diverse in the western world and the developing countries. In the west congenital anomalies are the main reasons for tracheostomy whereas inflammatory conditions especially diphtheria still heads the list in the third world. This contrast reflects on the alarming situation regarding poor immunization, lack of adequate neonatal care and late diagnosis of airway problems in this part of the world.

ANAEROBIC INFECTION IN ATROPHIC RHINITIS. Gupta, S.C., Pandey, R.C., Yadav, P.C. Pak.J. Otolaryngol., 1992;8:19-21.

Atrophic rhinitis, a disease of unknown aetiology, is associated with chronic suppuration of the nose and paranasal sinuses. Studies for anaerobes causing these infections have not been conducted very frequently. In the present study the nasal discharge and crusts were cultured for both aerobes and anaerobes in 50 cases of atrophic rhinitis over a period of one year. Collection of specimen was done under aseptic conditions. Smear was made for gram staining and aerobic culture was done on plates and incubated for 48 hours. Anaerobic culture was done by inoculation on anaerobic Robert cooked meat media and incubated in McIntosh jar. Four specimens were sterile whereas 96 were positive for both aerobic and anaerobic bacterial growths separately. The most common organism isolated was *Pseudomonas aeruginosa* followed by *Staphylococcus aureus*, *E. coli* and *Proteus vulgaris*. In the anaerobic group the most common bacteria encountered was *Peptostreptococcus intermedius* and *Parvulus*, followed by *Bacteroides fragilis*, *Eubacterium lentum* and *Reinococcus bromili*. Chronic infection of the nose and para-nasal sinuses is an important causative factor in atrophic rhinitis.

Changes in the nasal mucosa cause viscous secretions which are not easily drained due to depressed or absent ciliary action. There is narrowing of the mucosal vessels due to endarteritis and periarteritis which lowers the partial pressure of oxygen and provides a potential for anaerobic proliferation. In the present study a large number of non-sporing anaerobes especially *Bacteroides* were isolated. These organisms cause the peculiar foul smell of atrophic rhinitis.