

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 46 To 47

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COAGULOPATHY IN ACUTE PROMYELOCYTIC LEUKAEMIA. Hassan, K., Ikram, N., Nur, S., Akhtar, M.J. Rawal Medi., 1990;18:82-85.

A retrospective study was conducted on 147 leukaemia patients to diagnose acute promyelocytic leukaemia. These patients were diagnosed between 1986 and 1989 in the pathology department of Rawalpindi Medical College. Nine cases were established as M3 type of Acute Promyelocytic leukaemia. There were 5 males and 4 females with ages between 40 and 60 years and two cases were below 25 years of age. Coagulation tests performed included P.T., APTT. T.T., Plasma Fibrinogen level and FDP level. Coagulopathy was considered to be present when PT was more than 12 seconds, APTT more than 45 seconds or fl more than 18 seconds. Fibrinogen level less than 150mg/dl and FDP level more than 10 ug/mi. Peripheral blood and bone marrow were examined under Giemsa stain. Bleeding manifestations were present in all the cases with variable severity. Cerebral bleeding walls diagnosed in two cases., both of whom died. All the coagulation tests gave a higher value with low platelet counts. All the 9 cases diagnosed as AML-M3 had a coagulopathy with marked thrombocytopenia. This incidence is considered high in comparison to patients with ALL and AML. It is therefore suggested that all patients with AML -m3 should be subjected to coagulation screening tests for an early diagnosis because bleeding into vital organs can be fatal.

CUTANEOUS LEISHMANIASIS. Rashid, A., Khan, M.R., Jan, A., Ahmad, I. Pak.J. OtolaryngoL, 1990;6:135-138.

‘Rn cases of cutaneous leishmaniasis are presented. This disease was first described by Razi in Iraq around 1500 A.D. A severe outbreak occurred in Quetta in 1935. Of the ten cases presented 7 were males and 3 females in ages ranging between 3 and 45 years. Seven patients had lesions on the face, nose or cheek and one had it on the forearm. Diagnosis was made by smear test with geimsa stain when Leishmania Donovan bodies were found. Histopathology was performed in one patient. Leishmania Donovan is endemic in Baluchistan. It is also prevalent in the northern areas of Sind, Punjab, and NWFP. The vector is the sand fly of which P. Sergenitli is the most common. No effective treatment is available for cutaneous Leishmaniasis. Anti-malarial and cycloguanil pamoate have been recently introduced

SPECTRUM OF ORGANISMS ASSOCIATED WITH SUPPURATIVE OTITIS MEDIA AND THEIR ANTIBIOTIC SENSITIVITY PATTERN. Farooqui, B. , Ashfaq, M.K, Khurshid, M., Jilani, S.A. Pak. J.Otolaryngol., 1990;6:99-104.

120 ear swabs from patients with middle ear infections were processed at the Microbiology laboratory of the Aga Khan University Hospital. The eligibility criteria were history of ear ached and suppurative discharge from the ear. Samples were collected on a sterile cotton swab and transported to the laboratory within one hour. Each swab was cultured on two blood agar plates, one for anaerobic incubation, and a MacConkey's agar plate. The plates were examined after 24 hours for growth. Fungal cultures were made on SDA and Mycosel agar and after 48 hours examined microscopically. Antibiotic sensitivity was performed by the Kirby Bauer method. Of the 120 specimens cultured, 85 gave a positive result and 35 were sterile. Of the 85 samples 72 had a single organism and 13 showed a mixed growth. Pseudomonas aeruginosa was the most common organism followed by staphylococcus aureus, proteus species, candida albicans, E. coli and other bacteria. All isolates of pseudomonas aeruginosa were sensitive to amikacin, azactam and ofloxacin. E. coli, Enterobacter species and Serratia species were sensitive to all antibiotics used. The proteus species exhibited a sensitivity to co-

trimoxazole and gentamycin of 75-90 percent. There were two isolates of *Branhemella catarrhalis* and they were sensitive to erythromycin, clindamycin and chloramphenicol. Two isolates of B-haemolytic streptococcus and streptococcus pneumoniae were sensitive to penicillin, erythromycin and ampicillin. Staphylococcus aureus isolates showed a sensitivity to cloxacillin and amikacin. It was concluded from the study that pseudomonas aeruginosa was the predominant bacteria causing middle ear infection with the second major aetiologic agent being staphylococcus aureus. No anaerobe was isolated which could be due to a defective transport system. A higher incidence of candida albicans was noted in this study which could be attributed to the tropical climate Pseudomonas aeruginosa has a sensitivity to amikacin, azactam and ofloxacin. Staphylococcus aureus isolates showed a sensitivity to cloxacillin and amikacin. As 80 percent of the gram negative bacilli were sensitive to cotrimoxazole so this remains to be the drug of choice for the treatment of otitis media. Also topical antibiotics should be avoided as bacteria acquire resistance to them more rapidly.

HAEMANGIOBLASTOMA OF THE CENTRAL NERVOUS SYSTEM IN CHILDREN LESS THAN 10 YEARS OF AGE - REPORT OF TWO CASES. Zaman, K., Qadri P. Rawal MedJ., 1990;18:99-102.

Two cases of haemangioblastoma a benign, non metastasizing tumour are presented. A nine year old girl was brought in with headaches and vomiting of six months duration and difficulty in walking since two months. Blurred vision was noted since 2 weeks. Examination revealed truncal ataxia, positive Romberg's sign and right sided limb in coordination. Bilateral papilloedema was present. Skull x-rays showed evidence of intracranial hypertension and a CT Scan presented amid line cystic lesion. Acute hydrocephalus was present. A large cyst was drained and a solid component excised through a posterior fossa craniectomy. Postoperative recovery was uneventful. Histology gave a diagnosis of haemangioblastoma. A complete screening was done and von-Hippel Lindau syndrome was excluded. As excision was complete radiotherapy was not carried out. The second case was of a six year old boy with headache and vomiting of six months duration and a swelling in the right temporal region since three months and left hemiparesis. A pulsatile swelling was present on the right temple, right sided facial weakness and left sided hemiparesis of grade 3 was observed. Bilateral papilloedema was found and the skull x-ray depicted a defect in the squamous part of the temporal bone. The CT Scan showed a cystic space occupying lesion in the right hemisphere. Craniotomy was performed and the tumour was removed piece meal. The histological diagnosis was of haemangioblastoma. Postoperative complications included a CSF leak for which repeated lumbar punctures were performed because surgical closure failed and infection for which appropriate antibiotics were administered. Haemangioblastomas occur either as an isolated tumour or as a part of von-Hippel-lindau Syndrome. The CT Scan and angiography compliment each other in making an accurate diagnosis. Excision should be performed as piecemeal removal can cause excessive bleeding. Radiotherapy is used after piecemeal removal or recurrence where it gives good results.