SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

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RESPONSE OF OESOPHAGEAL STRICTURES TO DILATATION. EXPERIENCE AT SHAIKH ZAYED HOSPITAL, LAHORE. Nadeemullah, Khan, LA. Pak. J. Med. Res., 1990; 29:3-7.

Of three thousand patients evaluated for upper G.I. symptoms, 45 were found to have oesophageal strictures. The patients presented with dysphagia. Barium swallow, upper G.I. endoscopy and histopathological evaluation of biopsy and cytology were performed. The site and length of the stricture were noted and the narrowing of the oesophagus was graded byendoscopeas G1, G II and Gill. Dilatation was performed as an outpatient procedure by Eder Puestow metal olives, key-Med rigid metallic dilators or mercury filled rubber bougies. Initially dilatation was done at weekly intervals and later increased to 2 to 4 weeks. An esophagogram was performed if bleeding or perforation was suspected. The response of dilatation was considered good if the symptoms were completely relieved with no further dilatation for 4 weeks. It was satisfactory if the procedure had to be repeated in less than 4 weeks. If adequate dilatation ôould not be performed the response was poor. 17 cases had biopsy proven malignant strictures of which 7 were adenocarcinoma, 9 squamous cell carcinoma and one lymphoma. There were 13 males and 4 females with a mean age of 53 years. 3 patients were subjected to resection. Of the 28 benign strictures, 15 were due to acid peptic esophagitis. 6 had taken corrosive agents, 3 lower esophageal rings, 3 due to repeated sclerotherapy and one secondary to radiation. There were 22 males and 6 females. 15 cases had a good response to dilatation. 9 had a satisfactory response and 4 showed a poor result. These 4 cases were later operated. Acid peptic esophagitis was found to be the most common cause of esophageal stricture in the presented study. The duration of the gastro-oesophageal reflux does not influence stricture formation. These are short strictures and respond well to dilatation. Strictures secondary to corrosives and long and tight and the response to dilatation is not good. Sclerotherapy does not commonly lead to stricture formation and when formed are managed easily by repeated dilatation. All patients with lower oesophageal rings had a good response with dilatation. The overall response to dilatation in patients with oesophageal strictures secondary to variable causes was satisfactory. The number of sessions required varied from into 8. The rate of complications was negligible.

TOXOPLASMOSIS: DETECTION OF ANTIBODIES IN BLOOD DONORS OF KARACHI AND ISLAMABAD. Anwer, F., Kazmi, K., Awan, M.N., Ahmad,. T. Pak.J. Med. Res., 1990; 29:23-24.

One hundred and fifty blood donors each from Lyari General Hospital, Karachi and National Institute of Health, Islamabad were screened for toxoplasma antibodies. The ELISA technique as described by Engvall and Perlmann was used. Results were noted visually and calculated in enzyme immuno units. 13 cases in Karachi and 11 in Islamabad showed a positive response against the toxoplasma gondii antigen. Toxoplasmosis is a systemic infection and runs a mild course. The presence of anti bodies varies in different parts of the world. The disease is transmitted by oocysts shed by cats. Screening for toxoplasma gondii antibodies has gained importance as the parasite can cause intrauterine infections. Toxoplasma encephalitis is seen in AIDS patients also. Antenatal screening of pregnant women should be done as a routine investigation as factors favouring transmissiofl of toxoplasmosisarefound in ourcountry. Catsare in abundance in Pakistan and they are favourite pet animals. The soil is easily contaminated with cat faeces. Majority of the children play in the streets and grounds. Goats milk, anotherfactor, is also consumed commonly in villages and if not boiled properly will readily transmit

the infection.

CHONDROID-SYRINGOMA OF THE NOSE. Bais, A.S., Sood, S., Logani, K.B. PakJ. Otolaryngol., 1991; 7:35-36.

The case of a chondroid syringoma, a benign tumour of sweat gland origin of the external nose is described. The patient was a healthy 30 years old male seen in the E.N.T. dept. of Lady Harding Medical College and Smt. S.K. Hospital, New Delhi. He complained of an asymptomatic swelling on the left alanasi since 2 years. On examination it was a peanut size, firm, subcutaneous swelling, freely mobile and non-tender. No regional lymphadenopathy was present and anterior and posterior and rhinoscopy revealed no abnormality. X-ray of the paranasal sinuses was normal. The mass was excised under local anaesthesia and it was found to be smooth, glistening lobulated and firm. The histopathology examination gave a diagnosis of chondroid syringoma. Chondroid syringoma is a mixed tumour of the skin relatively uncommon, Microscopically there is a pattern of ductal ad glandular strictures in addition to solid epithelial Islands. The treatment of choice is excision. Recurrence is rare.

LEIOMYOMAOF MAXILLARY SINUS. Ping, Q.J., Hua,J.B., Wu, 5.5. Pak.J. OtolaryngoL, 1991; 7:33-34.

The case of leiomyoma of the left maxillary sinus in a seven years old boy is presented. There ‘was a history of facial injury a year ago followed by gradual swelling on the left side. The left nasal cavity was obstructed and a discharge mixed with blood was present. On examination the tip of the nose was found deviated to the right. The inner wall of the left maxilla was touching the nasal septum due to a projecting mass covered by mucosa. The mass was smooth and immobile. There was no regional lymphadenopathy. X-ray examination showed destruction of the walls of the left maxilla. Surgical biopsy gave a diagnosis of leiomyoma of the maxilla. Excision of the tumour was done through a Weber-Kocker Incision. The inner, inferior and outer wall of the left maxilla were destroyed. Photomicrograph of the tumour showed spindle cells with elongated blunt nuclei. Electron microscopy demonstrated myofilaments with typical focal condensation. Leiomyoma in the maxillary sinus is rare occurrence. 35 cases of oral, intra-oral leiomyomas have been reported by other workers. Electron microscopy is necessary for diagnosis and surgical excision is the treatment of choice.