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EMERGENCY TREATMENT OF SEVERE HYPERTENSION WITH SUBLINGUAL NIFEDIPINE. Akhtar, MA. Pak. A.F. Med. J., 1987; 40:9-14.

A study was performed on 20 patients, 14 males and 6 females with hypertensive crisis in the period 1980-1987, where sublingual Nifedipine was administered. The criteria for inclusion in study was a diastolic pressure more than 120 mm Hg or a systolic pressure more than 190 mm Hg. The patients infarction, aortic stenosis or those already receiving a calcium channel blocker were excluded. Ten patients had left ventricular failure, six had encephalopathy, two ecclampsia and two had renal failure. Twelve subjects did not receive any antihypertensive therapy previously. Patients were confined to bed, serial blood pressure readings were taken and then 10 or 20 mg Nifedipine was given sublingually by chewing the capsule. Blood pressure was measured at 5 minutes interval for 5 minutes and then every 15 minutes for one hour. If adequate blood pressure was not reduced in 30 minutes then 10 mg of Nifedipine was given to a total of 30 mg. The drugs time of onset was the time noted when the blood pressure values became significantly lower than the baseline values. Peak effect was when there was no more decrease in the pressure. All except one patient had an adequate fall of blood pressure by 60 minutes. The maximal decrease was noted at 35 minutes. Age, sex or type of hypertensive emergency did not play a role. Side effects were noted in one case who complained of flushing. Nifedipine is the most potent vasodilator of the available calcium channel blockers, and has a rapid onset of action when given sub-lingually. The blood pressure falls smoothly with seltctive dilatation of the coronary and cerebro-vascular bed. Risks of complications with Nifedipine are low and the sub- lingual route of administration is safe. Nifedipine has thus been considered a useful agent in the management of hypertensive emergencies.

EPISTAXIS FROM TIlE ANEURYSM OF INTRACAVERNOUS INTERNAL CAROTID ARTERY. Ozkaptan, M.Y., Poyrazoglu, E. Pak. J. Otolaryngol., 1988; 4:68-70.

Aneurysms or abnormal, localised dilatations of blood vessels may be congenital, traumatic, arteriosclerotic or infectious. The most common intracranial aneurysm is of the internal carotid artery. Traumatic aneurysms are associated with basal skull fractures. Aneurysms of the cavernous part of the internal carotid artery may erode the bone and if it ruptures bleeding occurs in the Sphenoid sinus and then into the nose. A 21 year old man was admitted with recurrent epistaxis and severe headache for six months. There was a history of head trauma a year ago and nasal septal surgery 2 months back. The routine laboratory tests gave a normal finding except for anaemia whichh was corrected by a blood transfusion. Severe attacks of epistaxis occurred despite anterior and posterior tamponade. Examination revealed the source of bleeding to be in the upper and posterior part of the left nasal cavity. Radiograms showed cloudiness in the left sphenoidal sinus. Left carotid angiography showed an aneurysm in the cavernous part of the artery. The aneurysm was clipped proximally and distally through a trapping procedure. The patient had a smooth recovery. Cavernous internal carotid aneurysms especially in the traumatic ones, epistaxis occurs at the time of injury and can recur after one week to 9 months. Blindness may accompany the bleeding. There is nearly always an association with paralysis of the HI, IV, V and VI cranial nerves. Radiological studies are essential for diagnosis and angiography should be performed before surgery. Excision of the aneurysm is not feasible. Occlusion of the internal carotid artery on the affected side by clipping, ligation or balloon insertion is the preferred treatment.

THE SURFACE MORPIIOLOGY OF LARYNGEAL CANCER. Zhang, K., Guan, C., Wang, L., Chen, Z., Fei, S. Pak. J. Otolaryngol., 1988; 4: 1-4.

A study was conducted in Liaoning province of China to determine the changing characteristics of laryngeal cancer.

Five patients, 3 males and 2 females were selected for the purpose. The scanning electron microscope (SEM) specimens were taken after laryngectomies. They were rinsed in normal saline and fixed in 2.5% glutaraldehyde in phosphate buffer for several days. They were dehydrated in graded alcohol, dried with carbon dioxide and coated with gold. They were then examined in a S520 scanning electron microscope at 15 Ky. All specimens were divided into two parts, one for SEM observation and the other for HE Stained Section. The dominating characteristics of cancer tissue was considerable variation in cell size and shape. A bulging cell surface and loose liaison between cells with decrease in the microridges resulted in a smooth bare appearance. It is an accepted fact that SEM can recognise morphological differences between normal, premalignant and malignant squamous lesions in the larynx. Further studies are recommended.

AUGMENTATION RHINOPLASTY USE OF PRESERVED CARTILAGE IN THE CORRECTION OF SADDLE NOSE DEFORMITY. Ramesh, C., Deka, M.S. Pak. J. Oto-laryngol., 1988; 4:128-131.

Fifty two patients with saddle nose deformity underwent augmentation rhinoplasty at the All India Institute of Medical Sciences in the period July 1981 to December 1986. There were 40 males and 12 females with ages ranging between 17 and 42 years. A close technique was employed through intercartilaginous approach to the dorsum under local anaesthesia. Most were operated as outpatient cases. The graft material used was 70% alcohol preserved articular cartilage from the femoral head in 27 cases and similarly preserved nasal septal cartilages in 25 cases. The femoral heads were procured from the orthopaedic operation room and were disease free. They were put into 70% alcohol and taken to the laboratory. Here they were washed with normal saline and dissected out into smaller pieces and then again immersed in 70% alcohol and stored in a use the cartilages were washed in normal saline for refrigerator at 4°C for 2 to 3 weeks. This caused the cartilage to be denaturalised. Before 30 minutes. The nasal cartilages were obtained from septoplasties and sub-mucous resections and treated similarly. An intercartilaginous incision was given to produce a space in the nasal dorsum to facilitate the placement of the graft material. The pieces were sutured together with catgut. Nasal packs weye kept for 3 or 4 days. The external dorsal paper adhesive and plaster cast was kept for 7 to 10 days. Antibiotics and anti-inflammatory drugs were used. Of the 27 articular cartilage group cases, 20 were considered successful after one year follow up and 7 were failures. 6 cases had infection and 3 of these individuals were subjected to revision surgery using preserved nasal cartilage. Only one was successful and 2 again got infected. After 2 years only 10 of the 21 successful cases were followed up and were doing well without any absorption. Of the 25 cases of nasal cartilage group, successful results after one year were bad in 17 and 8 failed. 5 of the failures were due to infection. Two of these 5 underwent revision augmentation and they were successful at one year. 12 cases were further followed up after 2 years. Of these 8 were doing well whereas 4 showed some absorption. Augmentation rhinoplasty is a simple procedure which can be done in local anaesthesia on outpatient basis. Both articular and nasal preserved cartilage from successful grafts. A further improvement in the antiseptic and aseptic preservation will reduce the infection rate.