Abstracts from the Journals of the East

Pages with reference to book, From 140 To 141

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Salmonella Pericarditis and Empyema: A Case Report. Yong, C.H., Chen, KJ., Tseng, H.H., Yang, C.J., Liu, J.D. Chin.Med.J. (Taipei), 1995;56:199-204.

The case of a 54 year old diabetic woman with salmonella pericarditis and empyema is presented. The symptoms started with a mild fever and diy cough which progressed to exertional dyspnea and orthopnea. She had diabetes since two years and was taking oral hypoglycaemic agents. Onexaminationthebody temperaturewas 37.5°C, pulse rale 117 per minute,jugularvenous distension, bibasilar rales, tachycardia with systolic and diastolic murmurs on the cardiac apex with no pericardial rub.

The white cell bloodcountwas 16,600/mm^3, haemoglobin 8.4G, blood sugar 546mg/di and serum creatinine 0.9mg/di. Hepatosplenomegaly was noted in the abdominal sonogram. The chest X-ray showed cardiomegaly and mild bilateral pleural effusion. The electrocardiogram revealed sinus tachycardia with ST elevation in leads II, III, AVF and V3 to V5. Pericaglial effusion with cardiac tamponade was observed in the echocardiogram. Emergency pencardiocentesis was performed and 600ml of turbid fluid was obtained, This alongwith the fluid from thoracocentesis was cultured and a growth of salmonella typhimuriuin was found, Cefuroxime was started but a satisfactory response was not had. The antibiotic was changed to cefmenoxime. Symptomatic relief along with an improvement in the chest X-ray was had. The patient was discharged on oral ofloxacin for 8 weeks.

Pericarditis and empyema are rare complications of salmonella infection. Pericarditis is seen in patients with collagen disease and malignancy. In otherwise healthy persons, salmonella infections also may complicate immunocompromised hosts as those with diabetes and on steroid therapy. The pathogenesis is impaired cell mediated immunity or there may be a direct extension from a nearby site, by aspiration of infected gastric secretions orby haematogenous dissemination from a co-existing gastrointestinal infection. Early diagnosis with appropriate surgical drainage and antibiotic therapy are important in improving the prognosis.

The Prevalence of Intestinal Parasitic Infestation in Bahawalpur. Khichi, G.Q., Pak.Paed.J., 1995;19:103-106.

A study was conducted on 2,000 children attending the out-patient department and admitted cases in Quaid-e-Azam Medical College Hospital, Bahawalpur, to determine the frequency and pattern of intestinal parasitic infestation in Bahawalpur, Three fresh consecutive stool specimens were collected in clean containers and examined by direct microscopy after preparing a smear with normal saline and Lugol iodinc.

Of the 2,000 children examined, 580(29%) had ova or cysts of different intestinal parasites intheirstools. There were 255 boys and 325 girls. Of the parasites detected, 28% were giardialainblia, 20%ascarislumbricoides, 15.5% hookworm and 13% H. nana. Entamoeba histolytica cysts were seen in 11% cases and 6% children had trichuris trichuria and enterobius vermicularis each The most common complaint was loss of appetite followed by lassitude and fatigue, poor performance in school, irritability, diarrhoea and vomiting. Pallor was present in 39% children, 14% had rectal prolapse and 42% had a history of pica. Abdominal distension and intestinal obstructionwas found inO.5% cases. Similar studies performed in Karachi gave figures of 7 1.2% in 1986 and in Rawalpindi/Islamabad 14.6% in 1992.

Giardia lamblia had a high prevalence in this study as well as in Karachi and Sargodha. Ascaris lumbricoidis had a similar pattern from all the studies. The presented study also showed that children with intestinal parasites belonged to all socio- economic levels with 14%being in the privileged class.

This proves that hygienic orientation plays an important role in this disease. The essential factois are poor sanitation, contaminated water supply, lack of hand washing before meals and overcrowding in homes.

The WHO recommends that inareas where malnutrition is present in over 25% population and parasites are known to be widespread, de- worming should be given a priority status. Health education with stress on persona! hygiene, promotion of breast feeding and sanitary disposal of human excreta should receive due attention.

Bacterial Infections of the Skin. Zaidi, Z.,Jafri, N., Noori, B.A., J.Pak.Assoc.Dermatol., 1995;5:17-19.

A study was conducted on 161 subjects with skin infections attending the out-patient clinic of Dermatology at the Jinnah Postgraduate Medical Centre, from November, 1993 to 1994. There were 84 males and 77 females with ages between 6 months and 70 years. Infection was found to be maximum in the age group 1-10 years. All the patients studied had no systemic disorder and were on no medication for a fortnight A swab was taken forbacterial culture and sensitivity. The bacteriology results showed 135 specimens to have a positive growth with staphylococcus aureus to be the most common pathogen (65.1%). This was followed by mixed staphylococcus aureus and betahaemolytic streptococcus (8.8%), kiebsiella (6.6%), E. coli (6.4%), proteus (5.2%), enterobacter (4.0%), pseudomonas aeruginosa (1%) aix! betahaemolytic streptococcus (2.8%). Impetigo of the nonbullous type was the most frequent infection.

Most of the pathogens were resistant to ampicillin and erythromycin (80% and 53%); ofloxacin was the most sensitive antibiotic. Staphylococcus aureus was thus determined to be the major causative organism for non-bullous impetigo in this study. Ampicillin resistance to staphylococcus has been reported by other scientists also. Erythromycin resistance can be attributed to its widespread use.

Pre-Hospital Measures of Snake Bites in Sindh. Hussain, S., Ali, G., Khanani, B.., Makhdoom, P.A., Sanaullah., Specialist, Pak.J.Med.Sci., 1995;12:23-26.

A prospective study on 100 snake bite victims was conducted at the National Poison Control Centre, Karachi in 1993-1994, The patients were examined physically, the site of the bite was seen and the time of bite, time of arrival at the medical centre and local remedies used were noted. Majority ofthe patients (44%) were betweenthe ages of 16-30 years and the most common site bitten was the lower limb (69%) and while they were walking (51%). Subjects were mostly attacked in farms or factories. All were frightened, 88% expenenced pain at the site, 80% hadfang marks and 5%were unconscious.

Immediate measures taken after snake bite included application of tourniquet 72%, immmobilization of the part 48%, pressure bandage 24%, application of live chicken anus at site 20% and topical application of herbs 20%. The time period between the snake bite and arrival in hospital was less than6 hours in 52% cases.

The study revealed that most of the snake bite victims were walking, bitten on their legs and in the evening, showing that most poisonous snakes are nocturnal and glide. Torniquet application proximal to the bitten part prevents systemic envenomation. Delay in appropriate treatment due to spiritual therapy caused 12% patients to develop complications. This needs to be discouraged. People should be educated about the timely initiation of proper treatment in a hospital to- have a favourable outcome.