# Abstracts From the journals of the East

Pages with reference to book, From 287 To 288
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**Simple Colt re Presenting As Hornes Syndrome: A Case Report. Ahined, R., Specialist Pak.J.Med.Sci., 1996;12:275-276.**

The case of a 32 years old female with an enlarged thyroid left lobe and plosis is presented. The duration of the symptoms were of 1 8 months. The goitre measured 3x2 centimeter and was firm, non-tender and mobile. No lyrnphadenopathy was present. The ophthalmological exam mation revealed left sided ptosis, enophtalmos and a constricted pupil reacting to light. Clinically the patient was euthyroid. The blood chemistry alongwith the thyroid profile was in the normal range. Ultrasound scan showed a single solid nodule in the left lobe of the thyroid gland. Iota! thyroidectoniv was periornied due to a high suspicion of malignancy. The histological examination reported thyroid tissue containing follicles ol various sizes lined by cuboidal epithelium containing colloid which indicated a benign goitre. It is rare for a benign goitre to present as Homer's Syndrome which is usually seen secondary to apical bronchogenic carcinoma or cervical and upper thoracic paravertebral tuniours.

As the presentation of symptoms suggested carcinoma of the thyroid, supported by the investigations reporting non— functioning goitre. total thyroidectomy was undertaken. Ideally a needle biopsy should have been performed before surgery which would have provided a correct diagnosis.

**Pheochromocytoma of the Urinary Bladder: A Case Report. Lee, S.P., Wang, C.C., hwang, S.C., Chen, M.T., Lin, H.D., Chin.Med.J. (Taipei), 1996;57:297-300.**

The case of a 61 year old female finally diagnosed as vesical pheochromocytotna is presented. She had symptoms of haematuria and a bladder mass fOr 6 months. Headache and raised blood pressure had been noted for one year. The physical examination was normal except for a BP of 1 80/I 00mmHg. Routine laboratory tests with alpha feto protein and carcinoembryonic antigen showed no abnormality. Plasma norepinephrine before and aller voiding was raised. The intravenous pyelograrn, abdominal sonogram cystoscopy and CT scan revealed a turnout- mass in the right anteriorwall ofthe bladder. $I^{131}$-Meta-iodobenzyle-guanidine showed a small area of increased uptake in the urinary bladder suggesting a diagnosis of vesical pheochromocytoma. Partial cystectorny with resection of the tumour was performed also excising a margin of the normal bladder wall. During manipulation of the tumour the blood pressure rose to 300mmHg hut after excision it again fell to 80mmHg. The post-operative period was uneventful with a blood pressure ranging between 110/70 and 140/80mmHg. The plasma norepinephrrne also returned to normal. The histological examination reported nest of large polygonal cells positive for chrornogrannin, neuron specific enolase and argyrophil stain. These findings were typical for pheochromocytoma.

Pheochromocytoma as are catecholamine producing tumours arising from the sympathetic nervous system - About 10 percent of these turnout-s occur at an ectopic site and the bladder accounts for one percent of these growths. Males an females have a similar incidence with the peak age being the second decade. Usually these tumours are benign and when they become malignant, the diagnosis is made when they have spread.

Micturition headache and haeniaturia is suggestive of the diagnosis and raised plasma and urinary catecholamines are con firmatory. Sonography and CT scanning are useful for tumour location. MIBG scanning may be undertaken as an alternative to CT scanning. Partial cystectomy is the choice nrocedure. Transurethral resection is inadequate as these tuniours extend transmurally. Prognosis is good bitt 1 0 percent cases can have local recurrence and 5 percent may have metastatic disease. Post-operative follow-up is recommended.

**Experience with Acyclovir in Encephalitis. Haq, A., Khan, M.M.N., Pak. Pediatr. J., 1995;19:**

**101-f 02.**

A retrospective analysis of 51 patients diagnosed as encephalitis was carried out. Acyclovir was used on 7 of these cases. These patients had features of headache, irt-itability, restlessness, altered sensorium, mental confusion, normal CSE or mild pleocytosis, negative Gram and Ziehi Neelson stain and negative rnantoux test.

Acyclovir was started after second day of hospitalization on these patients. 5 females and 2 males with ages ranging between 3 months and 20 years. The drug could be given for a maximum of 7 days (range 2-7 days) either because the patient expired or due to the cost factor. Three subjects died, three recovered and one developed post-encephalitic damage. Viral encephalitis due to Herpes Simplex virus is occasionally encountered. Pleocytosis is encountered in 90 percent of' these cases. If sophisticated investigations are not available, the clinical findings alongwith simple laboratory investigations and a high suspicion index should be used. Acyclovir is the drug of choice for Herpes Simplex Encephal itis. It has low toxicity and is simple to administer. It is more effective if started early.

**Mycosis Fungoides: A Clinicopathological Study of Eleven Cases at Armed Forces Institute of Pathology, Raw alpindi. Mushtaq, S., MaIlk, l.A., Khan, I., Khan, A.H., Mamoon, N., Muzaffar, M., Pak.J.Pathol., 1994;5:39-41.**

Mycosis Fungoides (MF), a cutaneous T cell lymphoma was diagnosed in 11 cases over a period of 5 years at the Armed Forces Institute of Pathology (AFIP), Rawalpindi. All the patients underwent a clinical examination. The had a complete blood picture, X-ray chest and a skin biopsy. Lymph node biopsy was performed in two cases with lymphadenopathy and a bone marrow examination on II patients. Staining of the sections was done whith Haematoxylin and Fosin. Special staining with PAS and Alcian blue was used only in specimens when required.

Of the eleven cases diagnosed as MF, six were in the plaque stage, 2 in patch stage, 2 in tumour stage and one had poikiloderma atrophicans vasculare. The male to female ratio was 10:1 with a mean age of 50 years. The mean duration of illness was 6.2 years. The maximum number of lesions were seen on the trunk with the leading presenting symptoms being itching over the lesion. The skin changes noted were irregular patches varying in size, sonic being annular. One patient had hyper and hypopigmented areas with thinning ofthe skin and telengectasia.

Intolerance to heat with inability to sweat and alopecia niucinosa was observed in one case. The niost pathognomic histopathological features of the skin lesions was a band of lymphoid cells involving the dermis with epidermotropism. The epidermis showed vacuolated lymphoid cells, single or in groups with spongiosis. The infiltrate in most cases was polymorphous and lymphoid cells were not anaplastic. The tuniour nodules showed anaplastic lymphoid cells with m itotic figures and immunoblasts. The cellular infiltrate was found to be invading the subcutaneous fat causing panniculitis and a tumour mass. The recognition ofMF in the early stages is difficult thus leading to a wrong diagnosis. Skin biopsy is thus important even in the initial period of the suspected cases. The histological features niay not always show the characteristic MF cells, but the other findings as epidermotropism, band of lymphoid cells in the upper dermis and atypical lyniphoid cells in the epidermis are helpful in the diagnosis.