Abstracts from The Journals of The East

Pages with reference to book, From 145 To 145
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Ocular Tuberculosis: A Study of Seventeen Cases. Abdullah, M., Hashmani, S. Specialist, Pak. J. Med. Sci., 1994;11:15-18.

The incidence of ocular tuberculosis is quoted as one percent in the western world. The presenting symptom is usually iridocyclitis with a markedly positive mantoux test. Seventeen patients were selected in a prospective study carried out at a private clinic in Karachi. They had complaints of ocular discomfort, photophobia, redness of the eye and dimmished vision since one year.

A detailed history of past illnesses was recorded. Tuberculosis in the family members was enquired and the nature of the occupation was noted. Physical examination alongwith a complete ophthalmological examination including fundus photography was carried out. Connective tissue disorders, fungal infections and tuberculosis were screened by laboratory tests and chest X-ray.

The significant findings were a strongly positive mantoux test with 1:1000 dilution and the X-rays of three patients showed healed pulmonaiy tuberculosis. Anti-tuercular therapy was started in all the cases with a three drug regimen. Rifampicin, INN and Pyrazinamide were given for first two months follwed by Rifampicin and INH for seven more months. Remarkable improvement was observed in 80 percent cases after 6 weeks and after 10 weeks in all the patients. On completion of nine months all the symptoms had resolved.

Tuberculosis can involve any part of the eye and is difficult to diagnose. Choroid tubercles may be seen in cases of miliary tuberculosis. Other sites of the eye being involved have been described in literature. As there has been a resurgence of tuberculosis in this part of the world, the ocular involvement should be kept in consideration when examining a patient with the suggestive symptoms.

Mass in Left Iliac Fossa, Presenting with Haematuria: Role of Imaging. Anjum, M.N., Bakhtiari, M. PakJ. Radiol., 1994;6:l5-18.

A 23 years male presented with a histoty of low grade fever, left loin ache and haematuria. Examination showed a large, tender pulsatile mass in the left iliac fossa. Ultrasound examination revealed a left sided hydro-uretero-nephrosis. A mass measuring 15x10cm was observed in the left iliac fossa. This had a large peripheral solid component and a medial 3cm round sonolucent area in which eddy currents of echogenic particles could be seen: Pulsatile compressed iliac vessel were present posteriorly. A provisional diagnosis of a false aneurysm of the iliac vessels was made. A radio-isotope scan was carried out which confirmed increased activity in the aneuiysm and aphoton deficient area supero-lateral to it suggesting an associated thrombus.

Angiography was performed using a selective visceral catheterplaced in the left femoral artery. Initial phase revealed deviation of the iliac vessels whereas the late phase showed leaking of the internal iliac artery into a large sac surrounding and compressing the common femoral and external iliac artery. Aneurysms are localised segmental or diffuse dilatation of an artery. They may be true with all layers of the vessel wall being intact or false with all layers disrupted. The iliac artery aneurysms are found more in the internal vessel and which can assume large sizes. Inflammatory processes cause fibrosis, uretenc entrapment leading to hydronephrosis and haematuria. A plain X-ray film can offer a clue by showing a wide soft tissue shadow. Ultrasound examination gives an accurate assessment of the size, configuration, cavity and thrombus.

The distinction between vessel wall and the mass is difficult by ultrasound thus giving a false assessment of the size Vascular imaging with radio-nuclide is a helpful investigationthoughangiography is anessential part ofpre-operative evaluation of aneurysms. Computed tomography and magnetic

resonance imaging are other accurate methods for detecting pelvic aneurysms.