Abstracts from The Journals of The East

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Carcinoma of Alveolar Ridge: Experience at PIMS. Aslam, M., Muzaffar, K. J.Surg., 1994;8:13-15.

Twenty-six cases of carcinoma of the alveolar ridges diagnosed and treated at the Department of Otorhinolary ngology of Pakistan Institute of Medical Sciences, Islamabad, are presented. A detailed history was noted, physical examination conducted and routine with specific investigations perfonned. Incisional biopsy was performed in all cases and TNM staging done. Treatment instituted was either surgery or radiotherapy as indicated.

The female to male ratio was 3:2 with the mean age being 55 years. Naswarwas advocated as the etiological factor in 21 cases whereas loosening of the teeth was complained by all 26 patients and 20 had a fungating ulcer of the alveolar ridge.

Tumour size T2 was found in 42 percent and T3 in 35 percent of the patients. All the subjects had squamous cell carcinoma with 73 percent rising from the loweralveolar ridge and 27 percent from the upper ridge.

Radical neck dissection with post-operative radiotherapy was carried out in 16 patients whereas 6 had palliative radiotherapy only. Flemi-mandibulectomy was performed in all 21 patients with lower alveolar ridge involvement. Reconstructive surgery was done in 3 cases and wound infection developed in one.

The patients studied belonged to the northern areas of Pakistanwhere naswar chewing is habitual. This is acombination of tobacco and calcium carbonte and causes mucosal changes as leukoplakia and erythroplasia. The mandibular reconstruction did not yield as good results as desircd which are also shared by other workers. A more suitable technique is needed.

Prevalence of Diabetes Mellitus and Impaired Glucose Tolerance in a Rural Sri Lankan Community. Illangasekera, U., Nugegoda, D.B., Perera, L.S. Ceylon Med.J., 1993;38: 123-1 26.

A survey was carried out to determine the prevalence of diabetes mellitus and impaired glucose tolerance (IGT) in a rural Sri Lankan community. The method adopted was as advised by the World Health Organisation (WHO). The subjects selected were over 18 years of age and numbered 200. The demographic and socioeconomic data was recorded. Venous blood and a urine sample were collected in the morning after a 12 hour overnight fast. This was followed by a dnnk of 75 Gm glucose dissolved in 200 ml water. Blood and unne were again collected after 2 hours. Height, weight and blood pressure were recorded. Body mass index was calculated according to the formula, weight in kilograms divided by the squared height in meters. Obesity was defined as BMI equal or more than 25 kg/rn2 for females and 27 kg/m2 for males. Hypertension was defined as a systolic blood pressure equal to or more than 160 mmHg and a diastolic 95 mmHg. Blood glucose was estimated by the glucose oxidase method in a Hitachi spectrophotometer with a control check at a reference laboratory at the University of Perademya. Diabetes and IGT were diagnosed as per WHO criteria. Students t-test was used for statistical analysis.

The subjects studied included 79 males and 120 females. The prevalence rate of diabetes foreach sex was 2.5% and for JOT being 8%. Mild obesity was present in 6 individuals and 8 had hypertension. The low prevalence rates of diabetes mellitus and JOT in this study is attributed to the low obesity rate. Most of the subjects were farmers and exposed to physical exercise. The adverse environmental factors as modeni diet, physical inactivity and obesity were also non-existant in this study population.

Hypertension: A Common Cause of Epistaxis in Adults.

Bugti, I.H., Udaipurwala, 1.11., Jalisi, M. Specialist Pak.J.Med.Sci., 1994;11 :43-45.

The cause for epistaxis was analysed in 116 cases referred to departments of ORL and Head and Neck Surgery, Civil Hospital, Karachi and Chandka Medical College Hospital, Larkana. Hypertension was found to be the leading etiolog, effecting 68 (57.g%) subjects. There were 43 males and 25 females with 70.6% of them in the age range 40 to 60 years. The mean age was 46.7 years. The mean systolic blood pressure on admission was 197.4 mmHg and the diastolic 128.3 mmHg. In 30 patients there was no past history of epistaxis whereas 18 had one episode, 12 had 2 episodes, 5 had 3 to 5 episodes and 3 had more than 5 episodes of nose bleed previously.

The miscellaneous causes for epistaxis were blood dyscrasia one case, carcinoma of nose one case, nasopharyngeal angiofibrorna one case and drug reaction in one case.All the hypertensive patients were managed with anterior nasal packing and anti-hypertensive drugs. The pack was retained from 2 to 6 days.

Epistaxis, a very common event is mostly encountered in hypertensive subjects. The changes in the walls of the small arteries of the nose leads to a loss of contractility on rupture. Anterior nasal packing along with stabilization of blood pressure is an effective mode of treatment.

Castlem an's Disease in the Parotid Gland. Kadar, A.A., Coakley, J.F. Pak.J.Otolaryngol., 1995;11:49-51.

A 38 year old female presented with a painless lump situated below the right ear. A similar mass had been excised from the same site at the age of 10 yeais. The scar was visible as a horizontal line 2 cms below the angle of the mandible. A hard lump measuring 8x6 ems was situated at the posteriorend of the scar A CT scan reported a 27mm irregular lump related to the parotid gland. This was confirmed by anangiogram. The lump was excised and subjected to histopathology which gave a diagnosis of Castleman's disease based on the architecture. Castleman's disease was first reported in 1954. It usually involves the mediastinal lymph nodes and its etiology is not known. The histological and clinical features suggest chronic inflammatory response. It may be solitaiy or mu!ticentric and the sites involved can be axilla, mesentery, broad ligament, retroperitoneum and neck. The mediastinal lesions are usually asymptomatic or there may be pressure symptoms as cough, dyspnoea or chest pain. Histologically the lesion can be the hyaline vascular type or the plasma cell type. The former is more common. The treatment of choice is complete surgical resection. Recurrence is rare.

Diffuse Pigmented Villonodular Synovitis of the Shoulder: A Case Report. Tong, KM., Hsu, K.C., Lee, T.S., Chang, S.M., Chin. Med. J. (Taipei), 1994;53: 188-92.

The case of a 51 year old man diagnosed as Pigmented Villonodular Synovisitis (PVNS) is presented. The patient presented with intermittent right shoulder pain since 10 years. There was no history of trauma. On examination the right shoulder was swollen and tender with painful movements. Laboratory tests were unremarkable and an X-ray done showed a cystic lesion in the greater tuberosity. Magnetic resonance imaging revealed a soft tissue mass in the right shoulder joint with bony erosion in the greater tuberosity. Surgery was undertaken and a complete tear of the supraspinatus tendon was found at its insertion. Repair of the tear and a biopsy of the synovium was done. The pathology test gave the report of pigmented villonodular synovitis. As the pain in the right shoulderpersistedfortwo months, total synovectomy was performed. The synovium was diffusely hypertrophic, rusty brown in colour with numerous papillary brownish growths on the surface. Microscopic examination showed the papillary projections to be made up of haemosiderin containing phagocytes, foamy cells and hyperplastic synovial tissue. Scattered lymphocytes and plasma cells infiltrated into the stroma. The pigment was positive for iron stain. The patient recovered inthree months regaining a normal range of painless movements. Pigmented villonodular synovitis is an uncommon disorder, described first in 1941. It occurs in the second to the fifth decades of life with the knee being involved in 80 percent of cases. Shoulder joint being affected by PVNS has been described in 12 cases only. The etiology of the disease is not known. Pain and limitation of movements are the usual symptoms and MR imaging acts as a helpful diagnostic tool. Treatment suggested is synovectomy in moderately involved joints and synovectomy with total joint replacement in joints with severe destruction.

“Charge” Associaton. Jayantha, U.K., Devasin, I.V., DeSilva, D.G.H., Ceylon Med. J., 1993;38: 136-37.

The acronym Charge Association was described by Pagon et al. in 1980. This included colobomata, heart disease, choanal atresia, retarded growth and development with or without central nervous system abnonnalities and deafness. The case of a child with full term normal delivery at a district hospital. Choanal atresia was diagnosed when feeding difficulties were encountered and corrective surgery was performed. She was brought in at the age of 1 year and 3 months with a history of continuous fever, delayed mile stones, microphthalmia, microcornea, bilateral cup shaped ears and facial asymmetry. On examination a machinery murmur was audibleontheprecordiuni. She wasundcrwcightandunderdeveloped. The ECG showed biventricular hypertrophy and patent ductus arteriosis was seen in the echocardiogram. Blood culture and count were normal. All these abnormalities are typical features described in the Charge association. The treatment approach for this complex nature of problems is multidisciplinary. Paediatricians, ENT Surgeons, Ophthalmologists, Cardiac Surgeons and Neurologists assisted by Physiothempists would all orm a team to manage these cases.