

Abstracts From the Journals of the East

Pages with reference to book, From 25 To 26

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Fine Needle Aspiration Biopsy in Clinical Practice: A Review of 350 Cases. Ahmed, M., Rafi, C.M., Mushtaq, S., Manioon, N., Rashici, M. Pak. Armed Forces Med.J., 1992;42:12-15.

Fine needle aspiration (FNA) was done in 350 patients presenting with superficial lumps. Thyroid nodules, breast lumps, enlarged lymph nodes and other miscellaneous accessible swellings were included in the study. Aspiration was performed with disposable 10 ml syringe having 22-23 gauge needles. The slides were stained with Leishman, Papanicolaou and H and E stains. Open biopsy followed the aspiration and diagnosis was compared. There were 108 breast aspirates, of which 39 were reported malignant, 54 benign and 4 suspicious. Of these 4, one was gynaecomastia and fat necrosis and two carcinomas on histopathology. Of the 90 thyroid specimens, 5 were malignant, 56 benign and 8 suspicious, of which 6 were proved to be papillary carcinoma on biopsy. The 71 lymph nodes studied showed 18 to be malignant and 37 benign (13 reactive and 24 chronic granulomas). The remaining were inadequate. There were 19 salivary gland swellings of which 3 were malignant, 14 benign and 2 suspicious. Of the 20 abdominal masses, 16 were malignant, one benign and 3 inadequate. Other 42 miscellaneous lesions included cysts in the neck, large head and neck masses, skin nodules and soft tissue swellings: No complications due to FNA technique was encountered and H and E and Papanicolaou staining was found to give better results. Fine needle aspiration biopsy was first introduced in America in 1925. The procedure is simple, time saving, economical and has a high degree of accuracy. No serious complications are experienced and tumour spread risk has been ruled out. A quick diagnosis can be made especially in cases presenting in the advanced stage and in areas with inadequate medical facilities. Appropriate palliative therapy can be advised thus obviating the need for life threatening surgery.

The Changing Pattern of Malignant Disease in Sindh Province. Memon, M.H., Memon, I., Memon, R.A. Pak.J. Pathol., 1992;3:17- 20.

Malignancies reported during the period 1982-1990 to the surgical biopsy examination registry of the Pathology Department of Liaquat Medical College, Jamshoro, were analysed. The total number of cases diagnosed as malignant were 6344 with a male to female ratio of 1.03 to 1. Children, below 12 years constituted 4.88% of the total cancer cases. The five most common sites in males were lymph nodes, oral cavity, skin, liver and G.I. tract. In females these sites were breast, oral cavity, cervix, lymph node and ovary. In children, almost 80 percent of the malignancies involved lymph nodes, haemopoietic tissue, bone and soft tissue. The less common sites were eyes and kidneys. The analysis revealed a marked difference in the frequency of various tumours in males and females. It was noted that cancers commoner in males were of the bronchus, larynx and urinary bladder whereas in females the gall bladder was more frequently involved. Comparing the pattern of malignancies reported between 1982-1984 and 1988-1990, it was observed that cancers of the urinary bladder and liver had markedly increased in the latter years. Lung and bronchus malignancies had risen in frequency by about two and a half times. The child figures between the two periods showed no indiscrepancy. The study concluded that the pattern of malignancies was different in the two sexes and the pattern had changed with the passage of time. This could be attributed to improved diagnostic techniques and better reporting.

Study of Hypertension in a Northern District of Bangladesh. Badaruddin, M., Khatun, F., Borhanuddin, M., Ahmad, K. Specialist, Pak.J.Med. Sd., 1993;9:145-148.

A random survey of blood pressure was carried out on the adult population of Thakurgaon, a district town of Northern Bangladesh, to assess the incidence of hypertension. The criteria for adulthood were

menarche in females and the age of 16 years or more for males. Blood pressure was measured in the sitting posture with an aneroid sphygmomanometer. The first korotkoff sound was considered the systolic and the disappearance of the korotkoff sound the diastolic blood pressure. A systolic pressure of 160 mmHg or above was taken as hypertension and diastolic pressure of 95-104 was classed mild, 105-114 as moderate and 115 and above as severe hypertension. The study included 1148 subjects with ages ranging between 13 and 90 years and from all professions. The highest incidence of hypertension was found in the 60.64 years age group (22.22%). The average incidence of hypertension was calculated as 2 percent with 60.86 percent having mild diastolic hypertension. A similar study performed by the Bangladesh Medical Research Council gave a figure of 2.29 percent as the incidence of hypertension with 2.77 percent being in the rural and 4.33 percent in the urban population. It could be concluded that the incidence of hypertension was lower in Bangladesh than in the developed countries and that diet and working conditions could be an influencing factor.

Thalidomide as an Agent to Control E.N.L. Reaction in Patients with Lepromatous Leprosy Requiring Cataract Extraction. Iqbal, M., Malik, M.A.K.J.Pak. Instit. Med. Sci., 1992;3:169-170.

The case of a 35 year old man suffering from lepromatous leprosy, subjected to cataract surgery with the help of thalidomide is presented. The patient had a bacterial index of 4, left sided foot drop, bilateral ulnar nerve damage and a perpetual erythema nodosum leprosum. The medication prescribed was 40 mg of prednisolone, chlorpromazine 30 mg and aspirin 900 mg daily. Dapsone 50 mg and clofazimine 200 mg daily were also simultaneously administered. Moderate hypertension was controlled with methyldopa 750 mg and captopril 50 mg daily. The patient developed bilateral cataract and delaying surgery would pose a risk for the vision. Usually cataract surgery is postponed in leprosy cases till the smears are negative and steroids have been stopped for six months. Thalidomide was procured and given in dose of 100 mg thrice daily. This helped to reduce the requirement of prednisolone to 5 mg daily with an eventual reduced dose of thalidomide also. Although the bacterial index was 3+, an extracapsular cataract extraction was performed with good results. Circumcorneal congestion developed two weeks post-operatively but it was controlled by increasing the dose of thalidomide and prednisolone temporarily. Ideally a zero bacterial index and freedom from E.N.L. reaction without steroids for atleast six months is a requirement for surgery. This is usually achieved over a period of several years. In cases of cataract surgery a long delay would lead to disuse atrophy of the retina and macular and secondary glaucoma requiring enucleation of the eye. To overcome the E.N.L., reaction, clofazimine has been used for short periods. Side effects as abdominal pain, diarrhoea, gastrointestinal bleeding and splenic infarction may be encountered. Thalidomide is known to possess potent anti - E.N.L. effects. Its addition helps to reduce the steroid dose. It is only permitted in males due to its embryotoxic effects. It may be used in females beyond the child-bearing age or if reliable contraception is practiced.