Abstracts From the Journals of the East

Pages with reference to book, From 127 To 129 .
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Effect of Fasting on Various Biochemical Constituents of Blood. Zahoorullah, Akhtar, T., Haq, T., Akhtar, T. Pak.J.Med.Res., 1993;32:71-75.
Thirty healthy volunteers (15 males and 15 females) in the age group 25-45 years were studied for the changes in a group of selected biochemical entities of blood during the month of Ramadan, the fasting month for Muslims. The study period coincided with April-May 1989 when the temperature varied from 33-37°C and the humidiiy was 30-55 percent. Blood samples were collected at mid-day (10-12 hours after the morning meal) on three occasions, first, second and last week of the month. Estimation was done on haemoglobin, sugar, urea, creatinine, uric acid, proteins, lipids and electrolytes. Body weight was recorded in light clothing. It was observed at the end of the month that only 3 subjects could maintain their body weight whereas 12 underwent reduction with a mean value of 2.5 kg. Non-significant decrease was noted in the blood sugar, total lipids and serum cholesterol. The maximum increase was found in blood urea being 23.7 in males and 30 females. Mean serum creatinine increased in male and female subjects by 25 and 33 percent respectively whereas mean serum uricacid rose by 21 and 12.5 percent respectively. The mean serum protein rise was seen in males by 5.4 and in females by 5.8 percent. No change was seen in serum electrolytes. The triglyceride levels increased by 21.6 percent in males and 15.7 percent in females. Obligatory fasting in Ramadan provides sufficient weight loss more so in the younger age groups. Though the blood sugar reduction is insignificant in healthy people, diabetics on oral hypoglycaemic agents and insulin should take advice from their physicians. The significant increase in blood urea, serum creatinine and uric acid in healthy subjects is an indication that individuals with any degree of renal insufficiency or stone disease should not fast. The significant increase in triglyceride levels can be attributed to the high intake of carbohydrate especially sucrose at the time of breaking the fast. Caution in the diet composition will prevent this rise.

Inappropriately Treated Intractable Cough. Khattak, M.T. J. Ayub Med. Coil., 1992;5:35-37.
The case of a 51 year old male with chronic persistent, non- productive cough diagnosed finally as being secondary to drugs, is presented. The patient was diagnosed as hypertensive two years ago. Therapy was started with methyldopa, later changed to verapamil and finally convened to enalapril 10 mg daily with which the blood pressure was stabilized. Soon he developed a dry irritating cough for which he was given antitussives, cough linctus and antibiotics by his family physician. As the cough did not subside, he was investigated by his practitioner. A blood count and ESR were normal. The chest X-ray was clear and the electrocardiogram was in the normal range. On clinical suspicion he was started on anti-tuberculous therapy. This also provided no relief so the patient sought further consultation. Nothing remarkable was noted on the physical examination and he was normotensive. In the absence of any other cause the cough was attributed tp be a side effect of the ACE inhibitor and the enalapril was stopped and substituted with a beta blocker. The anti-tuberculous drugs were also discontinued. Soon after the cough subsided and the patient became symptom free with a stable blood pressure. ACE Inhibitors, a new class of anti-hypertensives, act on the rennin - angiotensin - aldosterone system. They are effective in treating mild, mpderate and severe hypertension. Dry irritating cough is the commonest reported side effect of all ACE inhibitors. But when the cough becomes very troublesome, the drug has to be stopped. The mechanism of the cough is attributed to the effect of ACE inhibitors on bradykinin and prostaglandin production. Bradykinin causes bronchial constriction and stimulates afferent vagal C fibres. Bradykinin leads to increased production of prostacyclin and prostaglandin E2. These in turn have an irritant effect on the respiratory passages. This case illustrates the unfamiliarity of the side effects of tommonly used drugs on the part of the practicing

doctor. Unnecessary investigations and inappropriate treatment are thus carried out. It is mandatory that the practitioner should be aware of the pharmacokinetics of the drugs prescribed by him.

Surgical Management of Lumbar Spinal Stenosis in Elderly. Zaman, K. Specialist, 1992;8:23-26.

Spinal stenosis in the elderly can lead to very distressing symptoms and difficulty in walking. The surgical results in 18 patients, 8 males and 10 females, with a mean age of 78.2 years is presented. The duration of symptoms varied from one month to 35 years; with backache and bizarre symptoms on walking, being the most frequent. No neurological or power deficit was found on examination. Two patients had incontinence of urine and three had retention with overflow. Spondylitic changes in the lumbar spine were observed in all the X-rays. Myelogram was performed in 16 patients. Of these 6 showed a narrow canal with beaded appearance of the theca, 5 showed a complete block and one showed associated disc protrusion. Decompression laminectomy was performed on 14 subjects whereas 4 had disc excision also. There were no posfroperative complications and 8 to 10 days of hospitalizàia period was required. Eleven patients were relieved of pain, 3 had some residual pain and 3 felt no relief at all. Walking improved in 15 cases and all the 12 individuals with bizarre symptoms became asymptomatic. In all 70 percent achieved excellent results, 15 percent had good and 15 percent a bad outcome. Spinal stenosis is an important cause of limitation of mobility in the elderly. Myelography is the main investigation for diagnosis. Conservative measures relieve the symptoms in many patients but the quality of life is not improved. Decompressive laminectomy adequate in length and width releases the nerve roots. Excellent results are reported in the aged population who tolerate and recover from the spinal surgery very well.

Central Giant Cell Granuloma of the Jaw. Ahmed, I. Pak.J.Otolaryngol., 1993;9:191-193.

The case of a 12 year old boy with the history of painless swelling of the upper jaw of one year's duration is presented. The mass which had gradually increased in size extended to the nose, lower eye lid, upper lip and zygoma. It encroached onto the anterior upper teeth also. The patient complained of blocked nose, minimal nasal bleeding and epiphora from the affected side. There was no history of trauma. The mass was firm on palpation, non-crepitant, non-pulsatile with indistinct margins. Anterior rhinoscopy showed a generalized bulging of the lateral wall of the nose. The CT scan revealed a soft tissue mass completely filling the enlarged right maxillary sinus with no extension. Angiography showed the mass to be moderately vascular. The mass was removed through a sublabial incision under general anaesthesia. Curettage of the sinus wall was performed. The blood loss was about 500 ml. The histopathology examination reported a central giant cell granuloma of the maxilla. The giant cell granuloma occurs predominently in children or young adults. The mandible is affected more commonly than the maxilla. Pain is not a prominent feature and local swelling is the usual presenting symptom. Diagnosis is confirmed by histopathology and surgical excision is the treatment of choice. Radiotherapy is contraindicated.