

## Abstracts from the Journals of the East

Pages with reference to book, From 269 To 270

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### **Infective Gangrene of Skin and Soft Tissues of the Neck. Cheema, MA., Pak. J. Med. Res., 1993; 32:90-92.**

The case of a Sudanese managed 47 years with diabetes mellitus since 10 years and admitted in hospital with severe pain and swelling on the right side of the face and neck of 3 days duration, is presented. Tooth extraction had been performed a week earlier. On examination he appeared toxic with a temperature of 37.5°C. The skin over the facial swelling had turned black over an area of 7.5x3 cm whereas the surrounding tissues were oedematous, red, hot and tender. A foul smell was present. Biochemistry of the serum revealed a blood sugar level of 485 mg/dl, Na 130 mmol/L, K 5.6 mmol/L and Urea 32 mg/dl. The urine was positive for ketone bodies. Orthopantomogram showed no abnormality. Treatment was started with intravenous fluids, regular insulin, metronidazole and cephradine. Extensive debridement of dead skin and soft tissues of the neck was done. The pus culture gave a growth of streptococcus viridans and klebsiella pneumoniae on aerobic and streptococcal species on anaerobic media. Repeated debridement had to be performed. After controlling the infection the defect was reconstructed by a flap from the pectoralis major. Virulent aerobic and anaerobic bacteria can cause infective gangrene of the skin and soft tissues especially in patients who are immunodepressed. Diabetes mellitus has been reported to be a predisposing factor. These necrotizing soft tissue infections carry high mortality. Early diagnosis and prompt treatment is thus very essential. Regardless of the causative organisms, the principles of treatment are the same. They involve adequate fluid replacement, broad spectrum antibiotics and aggressive debridement of the dead tissues. Reconstructive surgery is usually required.

### **Management of Eclampsia : A Longitudinal Study. Bashir, A., Cheema, M.A., Akhtar, M., Mustansar, M. Specialist, PakJ.Med. Sd., 1993; 9:169-175.**

A study was conducted from January, 1989 to December, 1991 in the department of Obstetrics and Gynaecology, Punjab Medical College Faisalabad, to evaluate the factors responsible for eclampsia and the results of its management. During this period a special programme on mother and child health was started in Faisalabad which included training and refresher courses for Traditional Birth Attendants, utilisation of the Flying Squad's Services and community education programmes. Free service was provided in hospitals. Data was collected on causes of maternal deaths for rectification. In the period January, 1989 to December, 1991, 98 patients with eclampsia were admitted in Allied Hospital, Faisalabad (incidence 1.4%). Twenty-one of these women died (20.2%). Eighty cases came from the rural areas and 18 from urban. This showed an increased awareness in the latter due to the education programmes. 73 women were below 25 years of age and 74 were primigravida. Antepartum eclampsia was diagnosed in 55 cases, intra-partum eclampsia in 34 and post partum in 9 women. Outlet forceps were applied in 39 patients, lower segment caesarian section in 37 and home deliveries were conducted in 10 cases. Nine women died undelivered and 3 had a normal vaginal delivery in hospital. The outcome of the pregnancies were 51 living babies, 27 fresh still births, one macerated still birth and 10 neonatal deaths. Eighteen babies were less than 36 weeks gestation and 80 more than 36 weeks. The mode of transport used was a car for 63 patients, public transport for 27 and obstetric flying squad for 8 cases. 74 women were uneducated and most belonged to the poor socio-economic class. The cause of death was mainly intracerebral haemorrhage in 13 cases, followed by pulmonary embolism, disseminated intravascular coagulation and renal failure. It was observed in the study that the incidence of eclampsia reduced from 1.7 to 1.4 percent in the 3 year period which is attributed to the special programme of mother and child health along with a safe and fast mode of transportation. It was also

observed that illiteracy and poverty contributed a great deal to ignorance and lack of awareness in the pregnant female.

**Serosurveillance of HIV Infection. Raziq, F., Alam, N., Ali, L. Pak. J. Pathol, 1993 ;4:117-119.**

The HIV screening centre of Lady Reading Hospital, Peshawar, established in 1989, screened a total of 34353 individuals by June, 1992. The groups studied were blood donors, recipients of multiple transfusions, tuberculosis patients and pregnant women from the antenatal clinic. The method used was ELISA with Welicozyme HIV recombinant test kit by Welicome Diagnostics and Serodia HIV latex particle agglutination test kit manufactured by Fujirebio Inc. Japan. The reactive samples were retested by the other kit and confirmed by Western Blot method. A positive HIV was found in 35 persons of which 32 were males and 3 females. One female acquired the infection through blood transfusion abroad and 2 got it from their husbands. Thirty-one males got the infection through sex and one by intravenous drug abuse. The 400 pregnant women and 84 tuberculosis patients were all HIV negative. The increase in the incidence of HIV infection was found from 2 in 1989 to 15 in 1992. There are 18 other established HIV screening centres throughout Pakistan and the data obtained shows a small number of HIV positive cases compared to India and Thailand. Under-reporting also prevails and the diagnostic facilities are not fully established. The catchment area has to be extended for serosurveillance to make the national AIDS control programme more effective.

**An Interesting and Difficult Foreign Body Trachea in An Adult Female. Shahabi, I., Khan, M., Yousaf, N., Saeedullah, Asadullah, Hidayatullah. Pak J. Otolaryngol., 1993;9:194-196.**

The case of a 30 years female with a history of swallowing a threaded sewing needle, is presented. The accident took place when she had about of severe cough with the needle in her mouth. She presented with mild throat pain exacerbated by swallowing and a very mild degree of breathing difficulty. Examination showed the thread to be lying in the posterior commissure leading into the larynx and slight pooling of saliva in the pyriform sinuses. X-ray of the neck and chest were done to locate the impaction site. Bronchoscopy revealed the needle to be in the lumen of the trachea with the pointed end buried in the posterior wall. Removal was attempted which broke the needle into two. The threaded end was extracted and the pointed end was lost. As all investigations could not locate the broken needle, an exploration was carried out. The broken portion of the needle was found in the left lobe of the thyroid gland. Tracheotomy was done and nasogastric tube passed for feeding. The recovery was uneventful and healing complete. Foreign body inhalation is usually encountered in the age group one to three years. In adults it is accidental while talking or coughing and mostly get lodged in the trachea bronchial tree. Treatment of choice is removal via a rigid bronchoscope. Emergency procedure should be performed only if the patient is in distress.