ABSTRACTS FROM THE JOURNALS OF THE EAST

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BROMOCRIPTINE IN SCHIZOPHRENIC STUPOR. Mahmood, T.J. Pak. Instit. Med. Sc., 1991;2:118-119.

A case illustrating the trial of bromocriptine in catatonic stupor is reported. The patient was a 16 year old female admitted in a mute and immobile state. This was followed by waxy flexibility and imposed postures. She had been treated with imipramine with no improvement. There was no fever nor dehydration and the relevant laboratory investigations were all normal. EEC and CT scan revealed no pathology. After a trial with trifluoparazine, bromocriptine 2.5 mg twice daily was started. Three days later the patient recoverd from the stupor. Bromocriptine was stopped and she reverted to the original condition. l3romocriptine was re-introduced with dramatic results. Due to psychotic experiences flupenthixol 3 mg thrice daily was started and bromocriptine tapered off in two weeks. The patient improved steadily and was discharged eight weeks after admission on Tab. fluanxol 3 mg TDS and Tab. benzhexol 2 mg TDS. The condition remained stable tilt six months later follow-up. Catatonic stupor resembles parkinsonion syndromes produced by dopamine deficiency. It is encountered more in the under- developed countries and is attributed to superimposed infections, fever and dehydration. ECT is the commonly used treatment. it increases the levels of neurotransmitters. Bromocripuine increases the dopamine availability chemically and helps to differentiate catatonic stupor from depressive stupor. Besides the diagnostic and therapeutic usefulness it also demonstrates that catatonia has a neuro physiological basis and is not a bodily expression of psychological distress.

THE ASSOCIATION OF CA..MPYLOBACTER PYLORI (HELICOBACTER PYLORI) WITH GASTRITIS AND PEPTIC ULCER. Adibfar, P., Mirsalehian, A., Ghofrani, H., Alavi, M., Ragabi, A. Med. J. Islamic Repub. Iran, 1991;5:19-22.

The relationship between gastroduodenal inflammation and campylobacter pylon was studied in 91 subjects and 9 controls. There were 76 males and 24 females with ages between 16 and 76 years. Three samples each were taken from the gastric mucosa of patients presenting with a suspected peptic ulcer. One specimen was introduced in 12 percent formaldehyde for histology, the second in thioglycolate broth (campy-thio) and the last was placed in Christeinsen's urea broth. Microscopic examination was done by gram staining the smears and a piece of the tissue removed was put into a tube containing 1 ml of freshly prepared 10% W/V urea in deionized water at pH 6.8 with two drops of 1% phenol red. The result was considered positive if the colour changed from yellow to pink in a minute. Cultures were obtained by inoculating the triturate on plates with chocolate campylobacter selective agar. Morphologically the C. pylon appeared as long bacilli with few curves in the bullhorn form. C. pylon was detected in 68 of 91 patients and in none of the controls. It was found positive in 70 percent of the gastritis cases and 78 percent of the duodenitis patients. The gastric ulcer specimens were 67 percent positive and 93 percent of the duodenal ulcer were positive for C. pylon. It was found absent in all controls and the gastric cancer patients.

Sensitivity tests revealed C. pylori to be susceptible to erythromycin, cephalothin, gentamycin, tetracycline and chloramphenicol. Nalidixic acid and vancomycin were found resistant. The study confirmed the close relationship be. tween C. pylon and chronic gastritis with or without ulcer.

DUBIN JOHNSON SYNDROME: A BIOCHEMICAL AND HISTOPATHOLOGICAL STUDY IN NORTHERN PAKISTAN. Malik, I.A., Miibarik, A., Luqman, M., Akhtar, M.A., Muzaffar, M., KhaIil, U., Ahmad, N., Zaheeruddin. Pak.J. Path., 1991;2: 17-22.

The incidence of Duhin Johnson syndrome was studied in 24 cases subjected to a biochemical profile and histological examination of the liver. A retrospective review of these cases registered from 1980 to

1991 at the department of Pathology, Army Medical College Rawalpindi, was conducted, The diagnosis was based on yellow discolouration of the conjuctivae and raised levels of conjugated bilirubin in the blood. All the cases had been through a liver needle biopsy. The tissue obtained was processed by routine paraffin embedding, sectioning and staining. Of the 1326 liver biopsies. 24 were diagnosed as Dubin Johnson\'s syndrome. The age range of the patients was between 20 and 60 years, with 22 being males and 2 females. Most of the cases were diagnosed as acute viral hepatitis initially except one who was correctly labelled as Dubin Johnson\'s syndrome. The serum bilirubin level ranged between 20.5 and 51.3 umol/L with two patients having a level of 82 umol/L and 116 umol/L. The serum alanine amino transferase and serum alkaline phosphatasc level were normal. The gross examination of the liver biopsy material showed black tissue and the stained section projected granules of golden brown pigment in the hepatocytes. No evidence of liver cell necrosis, cholestasis, hepatitis or cirrhosis was present in any of the specimens. Duhin Johnson syndrome is described as a benign, hereditary, conjugated hyperbilirubinaemia charactensed by chronic or intermittent jaundice and a grossly pigmented liver. It is difficult to diagnose the condition clinically especially in areas where viral hepatitis is prevalcnt. In the presented series most of the cases were treated as acute or chronic hepatitis. They were young with male preponderance. The prognosis of Dubin Johnson syndrome remains good as no major derangement of liver function occurs with no damage to the hepatocytes.

DOUBLE-HEADED CONDYLE IN A YOUNG PERSON CAUSING JAW DEVIATION. Taher, A.A.Y. Med. J. Islamic Repub. Iran., 199 1;5:71-75.

A case of double-headed condyle causing jaw deviation is presented. The patient was a 22 year old male from Afghanistan who presented with pain and restricted movement in the left temporomandibular joint associated with jaw deviation since five years. Clinical examination showed marked deviation of the chin to the right. A bony hard swelling was present in the left preauricular region and intraorally the occlusion was not good. Radiological examination revealed enlargement of the left mandibular condyle with a bony protuberance extending superoanteriorly. Tomography gave the details of the abnormality and a diagnosis of double condyle was determined. Surgery for excision of the condyle was done by the preauricular approach. A round elevated structure was found below the zygomatic process of the temporal bone. The covering capsule alongwith the two heads were dissected out and the condyle was sectioned from the neck and removed with the disc. A silastic implant was placed and covered with temporalis fascia. An uneventful recovery followed. The histology report stated hyperplastic structure in one condyle and normal in the other and the soft tissue was fibrous connective tissue. This is the seventh case of double condyle reported in the literature. Sophisticated investigations as CT scan, TC99m scintigraphy and MRI give very accurate diagnosis. But in centres with limited facilities TMJ tomography is also very helpful. Condylar abnormalities can be congenital or acquired. The genetic ones are associated with other abnormalities. The non-genetic ones are inter-linked with nutritional deficiency or drugs during pregnancy. The presented case fits into the acquired group or due to some genetic mutation during condylar head formation.