

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 255 To 256

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HEPATOLITHIASIS. Ali, M. J. Postgrad. Med. Instit., 1986; 1:109- 111.

The case of intrahepatic lithiasis in a middle aged woman from the Khyber Agency is presented. The presenting complaints were recurrent right hypochondria! and epigastric pain of moderate intensity since seven months. The pain had no relation to meals. There was a history of mild jaundice on two occasions. Cholecystogram showed a normal gall bladder. Ultrasonography revealed a normal gall bladder and common bile duct. Four round highly echogenic shadows with diameter between 7 mm and 1.3 cm were seen in the right lobe of the liver. The intrahepatic ducts were not dilated. Intrahepatic lithiasis is an uncommon clinical finding. It has been associated with congenital cystic disease of the liver and is more common in the orient. Cholangiohepatitis is more prevalent in China. Clonorchis infestation, sclerosing cholangitis, biliary strictures and prolonged biliary obstruction are considered predisposing factors. Intrahepatic calculi are composed of mainly calcium bilirubinate which is insoluble in water and are formed in an infected biliary system. Some stones originate around foreign bodies and eggs of *Ascaris lumbricoides* also may be responsible for genesis of some stones. Intrahepatic calculi are usually silent. Symptoms of pain and fever is due to secondary infection. Treatment is difficult and recurrence is frequent. Excision is the choice of treatment and extensive involvement may require total hepatic lobectomy.

FOLLICULAR CYST DUE TO IMPACTED CANNINE. Qaimuddin, J. Postgrad. Med. Instit., 1986; 1:112-

A 16 year old Afghan boy came in with complaints of swelling on the left anterior region buccally and palatally since 7 months. A soft mobile cystic swelling was noted on the left side of the ala nasi. Intraorally a large hard swelling was seen extending from the upper left canine region to the palate. General oral condition was good and there was no pain on percussion. Radiographic examination showed a large cyst extending from the upper left lateral incisor to the upper left first molar. The canine was seen within the cyst. Straw coloured fluid was aspirated from the cyst and sent for protein estimation. Enucleation of the cyst was done under local anaesthesia along with the left canine. Histopathological examination of the cyst lining confirmed the diagnosis of follicular cyst. The protein content of the fluid was more than 4 gm/100 ml which is typical of odontogenic cyst. Follicular cysts arise from reduced enamel epithelium on the surface of the tooth crown after complete calcification. When eruption is impeded or delayed a pericoronal cyst is formed due to proliferation of the alveolar epithelium. X-ray examination is extremely helpful in the diagnosis of a periodontal cyst but aspiration analysis gives an accurate conclusion. The fluid is straw coloured and contains cholesterol crystals. Electrophoresis reveals total proteins in excess of 4 gm/100 ml. The periodontal cyst should be differentiated from the keratocyst which contains a suspension of keratine and its smears show parakeratinized squames.

OSTEOGENESIS IMPERFECTA. Zafar, M., Nazir, AR J. Postgrad. Med. Instit., 1986; 1:118-123.

The case of osteogenesis imperfecta type I in a 25 year old woman is presented. She complained of blue discoloration of the sclera, slight impairment of hearing, weakness, difficulty in walking and a limp dating to childhood. She also had a history of acquiring fractures after minor trauma, with poor healing. This led to a deformity of the left arm and left leg. There was no family history of similar symptoms. Though 3 of 4 children were affected. In the physical examination anaemia was present. Blue sclerae, large head with small and pinched features, discoloured teeth and difficulty in hearing

were also noted. The systemic examination revealed no gross abnormality except for a forward bulging sternum. Laboratory tests were all in the normal range except for a haemoglobin of 8.8 Gm%. Radiological examination of the chest was suggestive of tuberculosis. Generalised osteoporosis, pseudoarthrosis in the right humerus and a fractured medullary nail in the left femur were also observed. Osteogenesis imperfecta type I occurs as a mutation in half the cases and is autosomal dominant in the rest. No specific treatment is known. Careful orthopaedic management and avoidance of immobilization are essential. Progressive osteopenia found in young adults with this disorder are treated with sodium fluoride, vitamin D androgens and magnesium oxide.

SUPERFICIAL MYCOSES IN AFGHAN REFUGEES. Kamil, D., Uppal, T.B.J. Postgrad. Med. Instil., 1986; 1:38-41.

Fifty Afghan refugees belonging to 10 different provinces of Mghanistan were examined for skin diseases of fungal origin. The patients attended the outpatient department of Dermatology of Lady Reading Hospital, Peshawar. A complete history was noted which included the duration and site of the lesion. The affected area was cleaned with 70 percent alcohol and scraping collected. This was mounted in 20 percent KOH solution and examined microscopically for hyphae and spores. Part of the material was inoculated on two tubes of savorand's dextrose agar, containing penicillin and streptomycin and one in addition had cyclohexamide. The tubes were incubated at 25° centigrade. The species isolated were identified by microscopic morphology. From the fifty patients examined, 24 cultures were obtained. Tinea capitis was found in 51% cases, tinea corporis in 38.7%, tineabarbain 4.3%, tinea cruris inn 4% and tinea unguium in 2% cases. Tricho-schoenleini was isolated from tinea capitis and caused favus. Tinea corporis had tricho-schoenleini and M. furfur. Tinea cruris was infected with tricho-mentagrophytes, epid floccosum and scopulariopsis. Tricho-mentagrophyte was isolated in one case of tinea barbae. The patients were all from the low socioeconomic group and were associated with farming. The duration of the lesions varied widely. It extended to 30 years. The superficial mycotic infections especially favus commonly found in the Afghans could be attributed to malnutrition, neglect and poor medical facilities.