SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 55 To 56

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TREATMENT OF ACUTE DUODENAL ULCERS WITH FAMOTIDINE Akhtar, M.A., Khan, MA., Rashid, P. Pak. A.E Med. J., 1988; 141: 6-10.

A study was conducted on 25 patients diagnosed as duodenal ulcer endoscopically at the Combined Military Hospital, Rawalpindi, to evaluate the efficacy and tolerance of Famotidine. This is a new H2 receptor antagonist which has proved to be 3 to 20 times more powerful than ranitidine and 20 to 160 times more potent than cimetidine. Its anti-secretory activity persists for 12 hours, the safety profile is excellent, there is no interference with drug metabolism, no anti androgenic effect and no drug interaction. The duration of action is 12 hours with 1/3rd of the drug being metabolised in the liver and 2/3rd being excreted through the kidneys. The patients included in the study were in the age range of 18 to 69 years. They were not suffering from any othef systemic disease and the women were neither pregnant nor lactating. A detailed history was obtained from each case. Physical examination was carried out and basic laboratory investigations done. Each patient received 40mg Famotidine at bed time and was given a diary card for recording the pain occurrence, severity of pain and antacid tablets used. Evaluation was done after 8 weeks theçapy after which Famotidine 20mg at bed time was administered for six mOnths to prevent a relapse. After 4 weeks of treatment 80 percent of the patients were evaluated as successful and after 8 weeks it was 96 percent. Complete relief of pain was achieved in 5 days. No adverse effects were reported and the post-treatment laboratory tests showed no deviation. In the follow up period only one case had a relapse.

It was concluded that Famotidine 40mg at bed time, is a highly effective and well tolerated therapy for the treatment of acute and chronic duodenal ulcers.

IMPROVED METhOD FOR DIRECT EXAMINATION OF SPECIMENS FOR FUNGI. Uppal, tB. R.M.J., 1989; 17: 59-64.

Diagnosing superficial mycotic infections has been done with KOH preparations which has the advantage of rapid results. Recently the fluorescent brightener Tinopal (diaminostilbene disulphonic acid cyanuric chloride) was tried with KOH which lead to fungal elements appearing clearer and brighter. Culture positive samples of skin scales and hair, were tested. The solutions used were 1% Tinopal and 20% KOH and 20% KOH alone. The preparations were warmed and after 15 minutes were examined under a 400 x microscope. The clearing effect was found to be much better with Tinopal-KOH and the fungal elements were much clearer and brighter than with KOH solution alone. In one specimen short clear hyphae were seen in KOH — Tinopal preparation only. It was concluded that KOH-Tinopal solution is a step towards improved detection of fungal elements which in turn is essential for treatment with the required antifungal agents.

SERUM LEVELS OF ESTRADIOL AND PROGESTERONE AFTER USING INJECTABLE CONTRACEPTIVE (NET EN) FOR DIFFERENT TIME PERIODS. Ashfaq, G., Khan, Z. R.MJ., 1989; 17: 65— 68.

The levels of ovarian steroids (Estradiol and Progesterone) were estimated by radioimmunoassay in four groups of women who used injectable contraceptives (Norigest) for 0-6 months 19 women, 7-18 months 10 women, and 19-36 months 10 women. One group of 9 women served as control who had never used any type of contraceptives. Norigest is administered 200mg at 8 weeks interval for the first six months and then every 12 weeks. The duration of action is long after a single injection. The mode of action is suppression of Gonadotropins thus inhibiting ovulation. It has been demonstrated that progesterone levels are consistently suppressed and oestradiol level remains in the range of the early

follicular phase. There is also evidence of no cumulative effect in long term users.
Blood samples were withdrawn from the women included in the study, from the cubital vein between 9.00 a.m. and 12noon on day 3-7 of cycles. The blood was centrifuged at 3000 rpm and serum was stored at -20°C. Estradiol and Progesterone were estimated by RIA PEG Method and WHO RIA Method respectively. The results showed that progesterone levels were the same in all the groups. Estradiol levels were decreased in the user groups as compared to the control group. The long term users had a higher level in comparison to the other two user groups with the lowest level being in those women using NET EN for 0-6 months. This is attributed to the fact that in these newly exposed subjects the feedback mechanism is prompt and some FSH may be produced and some ovarian follicle may develop. The results of the study indicated that levels of estrogen and progesterone do not change with the duration of use of injectable contraceptives.

A STUDY OF SERUM CHOLESTEROL, TRIGLYCERIDES AND BETA LIPOPROTEINS IN DIABETICS WITH VASCULAR COMPLICATIONS. Ahmad, I., Fayyazuddin. R.MJ., 1988; 17 73-78.

86 diabetic and 20 normal subjects were tested for the pattern of cholesterol, triglycerides and B-lipoproteins levels. It is an established fact that elevated lipid levels play a major role in diabetic microangiopathy. It is also documented that there is an increased incidence and severity of atherosclerotic heart disease in diabetics as compared to non-diabetics. The age range of the diabetic patients was between 25 and 80 years. One was an insulin dependent diabetic. They were categorised in 4 groups, viz, newly diagnosed diabetics with or without vascular complications and established diabetes with/or without vascular complications. The 20 individuals in the control group were between the ages of 18 and 61 years and were free of any illness. 7-8ml of blood from the cubital vein was collected in the post- absorption state. Serum was separated and estimation of total cholesterol, triglycerides and B -lipoprotein was done. The mean serum cholesterol, triglycerides and Blipoproteins in the non- diabetics were 196.75 mg/dl, 113.95 mg/dl and 325.15 mg/dl respectively. The newly diagnosed and established diabetics without vascular complications gave results of 197 mg/dl and 195.86 mg/dl, - cholesterol; 175.63 mg/dl and 188.47 mg/dl, Triglycerides and 370 mg/dl and 402.61 mg/dl B-Lipoproteins respectively. The newly diagnosed and established diabetics with vascular complications had values of 245.25 mg/dl and 24.20 mg/dl cholesterol; 237.5 mg/dl and 206.97 mg/dl, triglycerides and 408.25 mg/dl and 414.63 mg/dl B-lipoproteins respectively. All the values were found to be statistically higher in the diabetics with vascular complications as compared to the non- diabetics. Elevated lipid levels especially of serum beta-lipoproteins are a great risk for development of coronary heart disease.