SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 233 To 234

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ECTOPIC SUPERNUMARY TEETH IN THE NASAL CAVITY. Salmi, J.K., Uppal, K. Pak. J. OtolaryngoL, 1989; 5 : 213-214.

A case of supernumary teeth medial to the mucoperichondrium and periosteum along the nasal septum in a 12 year old boy is reported. The child presented with complaints of nasal obstruction and mouth breathing since early age. ENT examination revealed a narrow right nasal cavity with a deviated septum. Septoplasty was suggested. During surgery a hard mass was felt while attempting to lift the mucoperichondrium and mucoperiostium. Further dissection revealed a tooth lying horizontally in the septum, with a second one behind it. Both teeth were extracted easily and were permanent incisors. Examination of the oral teeth confirmed the presence of all permanent teeth. The teeth in the nasal cavity were supernumary incisors grow ectopically probably due to aberrant extraodontogenic epithelium. The cases of supernumary teeth reported in literature are generally related to the upper jaw. The presenting symptoms are usually nasal obstruction, foul nasal discharge or epistaxis. Radiology especially a panoramicview could help in providing a diagnosis.

LIPOID PNEUMONIA. Ashraf, M., Sarwar, S.A. Pak. Ped., 1989; 13: 141-143.

Twenty three patients diagnosed as Lipoid Pneumonia in the Paediatric Department of B.V. Hospital, Bahawalpur are presented. There were 20 males and 3 females with the ages ranging between 10 days and 4 months. 16 babies were breast fed and 7 a combination of breast and top feeds. All the infants bad been delivered at home. The presenting symptoms were cough, fever, excessive crying along with cyanotic spells, vomiting, constipation and failure to gain weight. The signs encountered were chest retractions, decreased breath sounds, impaired percussion note, bilateral crepitations and rhonchi, enlarged liver, tachycardia and pallor. The respiratory symptoms persisted without toxaemia, suggestive shadows on chest Xray, prolonged course of illness with failure to respond to conventional therapy and a high mortality rate of 20 percent. Diagnosis was based on the history of ghee intake. Endobronchial biopsy could not be done. Lipoid pneumonia is a well known entity affecting mainly malnourished babies. It usually follows instillation of oily nasal drops or some interference in swallowing. Ghee or butter is commonly fed to babies with the belief that it relieves constipation, expels meconuim and provides strength to the infant. When this is aspirated, symptoms start developing in the neonatal period. This illness can be prevented by intervention, awareness of the problem and public education.

TESTICULAR FEMINIZATION SYNDROME - A CASE REPORT. Hasan, H. Pak. Ped. J., 1989;13: 199-197.

A routine neonatal examination of a normal female child revealed an inguinal hernia. Testis was felt in the groin. Ultrasound scan failed to demonstrate a pre-pubertal shaped uterus posterior to the bladder. Two hypoechoic areas were present in the inguinal canal. Buccal smears showed no barr bodies and chromosomal analysis gave an XY pattern. Testicular feminization syndrome is a rare disorder, inherited as an X-linked recessive in 2/3rd cases, and mutant gene in 1/3rd cases. Diagnosis is determined in the pre-pubertal period by fmding an inguinal hernia in a female child and by primary infertility in the post-pubertal period. The primary defect lies in the androgen receptor. In the presented case mullerian regression factor suppressed the mesonephric duct and hence the absence of the fallopian tubes, uterus and upper one third of the vagina. As there was tissue unresponsiveness to testosterone, the external genitalia developed as of females. Also in these cases increased amounts of oestrogen are produèed from the circulating androgens, adrenal glands and testis. This leads to normal development of secondary female sexual characters but the female suffers from primary amenorrhoea

and is infertile. The abnormally placed testis should be removed at puberty due to the risk of malignant changes.

IATROGENIC FOREIGN BODIES IN MASTOID AND MIDDLE EAR Jan, A., Ahmad, I., Saleem, M. Pak. J. Otolaryngol., 1989; 5 141-142.

Two cases of foreign bodies entering the mastoid by erosion are described. A 25 year old male gave a history of pain and foul smelling discharge from the right ear since six years. Examination showed a left DNS and a dry tympanic perforation on the left side with a smooth mass the size of an almond arising from the postero-superior wall of the right external auditory canal alongwith a smelly discharge. Exploration was undertaken and a blackish ribbon gauze was found in the meatus with a healthy mastoid antrum and an eroded posterior wall. The guaze was presumably used by some doctor earlier to treat the otitis externa. The patient made a satisfactory post-operative recovery. A seven year old boy presented with the complaints of an impacted foreign body, a stone, in the left ear. Extraction had been attempted in a local hospital with no success. The ear was found to be full of pus, there was left facial palsy and a severe degree of conductive deafness. Examination under general anaesthesia revealed a total perforation of the tympanic membrane, exposed facial nerve in its canal and a perilymph leak from, the oval window. On exploration of the mastoid antrum, a small stone, the size of a pea was found in the epitympanum which was removed. The handle of the malleus was fractured, the long process of the incus was dislocated, and the Stapes was absent. A facial graft was put on the oval window and the exposed facial nerve. A muscle graft was used for covering the exposed dura. The wound was closed and antibiotic cover given. The post-operative recovery was good. Gradual improvement of the facial palsy was noted in the follow up visits. Foreign bodies in the mastoid antrum are rare occurrences and are usually reported in road traffic accidents for fire arm injury cases. Occasionally a therapeutic wick may remain in place for prolonged periods if the patient drops out for follow up and this may get pushed up in the mastoid antrum. It is thus advisable that patients should be explained about the inserted wicks and exploration of an impacted foreign body in the mastoid should not be done by inexperienced hands and in the absence of proper facilities otherwise it can cost the patient his hearing.