SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 221 To 222

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CHOLINERGIC INNERVATION OF THE NASAL POLYPl. Fatani, J. A., All, F., Sbaad, F. U. Pak. J.Otolaiyngol., 1986; 2:89-92.

Distribution of cholinergic nerves was investigated in the nasal polyp1 of 25 patients. There were 20 males and 5 females operated for polypectomy with their ages ranging between 23 and 62 years. The excised tissue was fixed in 10% chilled formaldehyde calcium solution and kept for 48 hours at 4°C. Sections were then stained by Karnousky and Roots technique. Acetyicholine iodide and butyryithiocholine iodide were used as substrates. A brown colour precipitate indicated the presence of acetylcholinesterase. Stained nerve fibres represented the cholinergic type. Butyrylcholinesterase activity was negative in the nerve fibres. The nasal polypi were found to be richly innervated with cholinergic fibres, more dense in the basal part. These fibres were also seen in the proximity of mucous and serous glands. The cholinergic fibres in the nasal mucosa are presumed to be the postganglionic fibres of para sympathetic nerves from the sphenopalatine ganglion. As they are found in abundance in the oedematous tissue of the polypi, it has been suggested that they become hypersensitive and release more acetyicholine which evokes the allergic response. The presence of degranulated mast cells in the oedematous tissue also supports the allergic factor.

PYOCELES OF THE TUBRINATES. Ozsahinoglu, C., Akcali, C., Kitroglu, F., Kanlikama, M. Pak. J. Otolaryngol., 1987; 3:137- 141.

Three rare cases of pyocoeles of the nasal turbinates are presented. The first case was of a 16 year old female with a five year history of gradual swelling around the inner canthus of the right eye, with nasal obstruction and lateral deflection of the eye since two years. A solid mass was seen expanding from the right cavum nasi filling the nasal cavity on both sides, and pushing the eye laterally causing exoph-thalmus. Radiology showed a cystic mass. A right modified lateral rhinotomy was performed. The cyst was arising from the turbinates extending into the ethmoidal region. The retro-orbital area and cribriform plate were involved on the right side and on the left side the septum and medial wall of the maxillary sinus were pushed towards the zygoma. The cyst was removed totally. It was thick walled and filled partly with pus and necrotic material. Histopathology gave a diagnosis of infected cystic mass. The patient had a smooth recovery. The second case was of a 19 year old male, with a three months history of left sided nasal obstruction and pain in the cheek. Examination showed a smooth solid mass arising from the middle turbinate occupying the left middle meatus. Radiology revealed a soft tissue mass in the left nasal cavity with opacity of the maxillary sinus and destruction of the lateral nasal wall. A left lateral rhinotomy was performed. A cyst was found in place of the middle turbinate 2 x 3 cms in size and filled with pus. The upper part of the medial wall of the left maxillary sinus was absent and the mucosa was infected. The cystic turbinate was removed and the histopatbological examination reported pyocoele-papillary lining with chronic inflammatory changes. The patient was symptomless on follow up. The third patient was a 31 year old male with right nasal obstruction, right epiphora and swelling around the inner canthus since 6 months. On ex amination 3 cm soft mass was seen filling the right nasal cavity. Light lateral rhinotomy was performed. The cyst arising from the middle turbinate extending into the right ethmoidal region to the medial wall of the orbit was totally excised. Histopathology revealed an infected cyst. The patient made an uneventful recovery. Mucocoeles may occur in any paranasal sinus. 65 percent are found in the frontal sinus, 30 percent in the ethmoidal sinus and 3-10 percent in the maxillary sinus. Pyocoeles are indolent purulent collections or occasionally a mucocoele may get infected. The signs and symptoms depend on the location of the

cyst. The external approach is preferred for excision of such tumours.

CLINICAL AND BACTERIOLOGICAL STUDY OF ACUTE OTITIS MEDIA. Beg, M.H.A., Raza, A. Pak. J. Otolaryngol., 1987; 3:130-134.

A double blind clinical study was carried out on 80 patients, diagnosed as acute otitis media, with Bacampicillin and placebo. The role of antibiotics in acute otitis media is not certain and that of anti-histamines and decongestants is controversial. There were 57 males and 23 females with ages ranging between 4 months and 60 years. The presenting symptoms were otalgia or pulling of ears in infants, fever, full or bulging tympanic membrane and purulent discharge of recent onset. Ear, nose and throat examinationwas done in all cases followed by otoscopy. Swabs for culture were taken from the nasopharynx and from the external auditory meatus if it was discharging. Forty patients received Bacanipicillin tablets 400 mg twice daily for 10 days and the remaining half were given a placebo. 411 patients received Methoxamine nasal drops, Triprolidine and aspirin or paracetamol. The patients were examined after 5 days initially. 43 patients had an acutely inflamed bulging tympanic membrane, 30 cases had a perforation. Bacteriological cultures showed staphylococcus pyogenes to be the commonest organism followed by Staphylococcus aureus, streptOcoccus pneumonae and Haemophilus. 30 cases on Bacampicillin and 3 on placebo had a good clinical response and 6 on the antibiotic and 22 on placebo improved This study showed asatisfactoryresponseobtained with Bacampicillin. This is probably due to the large number of suppurative complications in this part of the world. A big number of patients in this study were between 11 and 40 years of age which is unusual in the west. The reason could be attributed to the fact that children are either ignored or dealt haphazardly with the disease becoming chronic. 30 patients with perforated tympanic membranes are an example of this neglect.

FOREIGN BODY IN THE NASOPHARYNX. Qayum, A. Pak. J. Otolaryngol., 1986; 2:66-67.

The case of an ear ring impacted in the nasopharynx of a six months old baby is presented. The foreign body was swallowed 2 hours earlier. The mother had tried to remove it with her index finger but had failed. Initial examination of the mouth and phaiynx did not reveal the foreign body. Baby was re-examined under general anaesthesia. Nothing was visible in the oropharynx and oesophagus till the cardiac end. A lateral view X-ray showed the object in the nasopharynx. This was removed with a curved artery forceps again under general anaesthesia. Bleeding was controlled by a post-nasal pack. This is an unusual case. Small foreign bodies can enter the nasopharynx after being dislodged from the nose. In this case the ear ring was introduced through the mouth and got lodged in the nasopharynxwhen the mother tried to extract it with her finger.