SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 174 To 175

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RIS KFACTORS IN POST DIARRHOEAL ABDOMINAL DISTENSION. Haque, S., Ali,M. Pakistan Paediatric Journal, 1986; 10 : 4348.

A retrospective study was carried out from 1980 to 1984 at the department of Paediatrics, Services Hospital, Lahore to determine the risk factors in post diarrhoeal distension. 879 cases of gastroenteritis had been admitted of which 107 came in with PDD. There were 75 males and 82 females and the ages ranged from 5 days to 3 years. A detailed history was obtained which included the drug history. A thorough clinical examination with complete blood picture, urine analysis, radiographs of the chest and abdomen and serum electrolytes were also performed. Stool examination and culture were also undertaken. The analysis revealed that 21 of the P.D.D. cases were due to antispasmodic and antidiarrhoeal drugs alone, 13 due to hypokalaeinia, 14 due to associated illnesses and 52 due to a combination of these factors. In 7 cases the causes could not be ascertained. It was also observed that of the 70 patients who had not taken ORS prior to admission, 39 were hypokalaemic whereas only 9 of the 37 cases who took ORS had a low serum potassium level. 81 cases got cured, 7 left against medical advice and 19 expired. The conclusion drawn from the study was that incidence and mortality rates were both higher in the younger age group. The injudicious use of drugs especially antispasinodics, is a major contributory factor in causing P.DD. Finally lypokalaemia has an important role in P.D.D. and ORS definitely reduces its incidence in diarrhoea.

ERYTHROMELALGIA. Haque, S. Pakistan Paediatric Journal, 1986; 10: 53-55.

The case of a child with Erythromelalgia secondary to hyperthyroidism is described. This syndrome is characterised by paroxysmal redness of feet and hands associated with burning pain, sweating and raised skin temperature. The patient was a nine year old male who presented with burning sensation, redness and swelling, sharply limited to the hands and feet, of three weeks duration. This was accompanied with profuse sweating. Partial relief was had by immersing the hands and feet in cold water. The intervals between the paroxysms and intensity gradually increased causing great distress. History of administration of drugs or exposure to chemicals and metals was denied. There was no prior hypersensitivity to cold and heat. Systemic examination revealed no abnormality and there was no evidence of cardiac arrythmia or alteration of blood pressure during the attack. Haematology, blood chemistry, urine and CSF examination were all within normal limits. Blood analysis for lead, mercury and arsenic was negative. The thyroid was found diffusedly enlarged and further tests proved its hyperfunction. Antithyroid medication was administered and the patient made rapid progress with complete resolution of the symptoms.

CEREBRAL PALSY IN Riyadh, SAUDI ARABIA. Haque, K.N. , Farouqi, A.R. Pakistan Paediatric Journal, 1986; 10: 1-12

208 Saudi children afflicted with Cerebral Palsy seen by a Paediatrician in Riyadh during the period December 1978 and February 1982 are presented. There were 162 males and 46 females with ages ranging between 6 months and 6 years. A detailed history was obtained from each mother and a complete clinical and neurological examination with investigations as virology, skull Xray, EEG, Brain C.T. Scan and urine aminoacid chromatography were carried out. It was determined that 69 children were affected postnatally of which 37.6 percent were due to infection of CNS, 21.7 percent due to Sepsis, 2.8 percent due to kern icterus, 5.6 percent bad trauma, 14.4 percent severe hypernatraemic dehydration and for 173 percent no cause could be determined. 134 children were both physically and mentally handicapped with 16 having a severe degree impairment with no prospect of independent

ambulation. 48 cases had deafness of varying degree, 21 had speech difficulties, 52 had associated epilepsy and 32 had minor handicaps. From the maternal history it could be concluded that 35 babies had a birth weight of 2500 gm or less. 42 mothers had 4 or less children with the remaining having more than four. Three infants were second twins. Perinatal factors as birth asphyxia, sepsis, hypoglycaemia and kern icterus were thought to be responsible for CP in 139 babies. Post natal causes were determined in 69 cases. The management of CP cases needs a structured, home centred support. In the institution where this study was earned out, the existing facilities could only give out an honest diagnosis and sympathetic support to the parents. Physiotherapy was offered to most babies. It was concluded that an appropriate solution for prevention of CP is by defining the risks and etiological factors by an epidemiological study. Health education, public awareness, effective anti-natal care and advanced obstetric and neonatology services all play an important role.

PROSPECTIVE STUDY OF SIXTY PATIENTS WITH CARDIOMYOPATHY. Nun, M.H., Khan, M2A, Qureshi, M.S. Pak. A.F. Med. J., l985;37 : 1- 11.

The review data of 60 cases of cardiomyopathy is reported. None of the cases had a history of rheumatic fever or bacterial endocarditis. All patients underwent a detailed physical examination, Chest Xray, 12 lead ECG and Echocardiogram. There were 43 females and 17 males with their ages ranging between 6 and 50 years and none had congenital cardiac malformations. Dyspnoea on exertion, orthopnoea, paroxysmal nocturnal dyspnoea were the presenting symptoms of 45 patients. Palpitations due to dysrrhythmia was the next fre4uent symptom. Fatigue and weakness due to diminished cardiac outpuf was reported by 35 cases. Haemoptysis occurred in 28 patients whereas 18 had chest pain due to angina pectonis or pulmonary embolism. Four individuals were asymptomatic and were referred due to ECG abnormalities. The physical examination showed peripheral cyanosis in 12 cases and 20 had a low amplitude arterial pulse. Rapid upstroke was observed in 15 cases. A raised JVP was noted in 18 cases, prominent Left Ventricular impulse in 52, ventricular gallop in 39 and a pre-systolic gallop in 18 cases. The typical harsh systolic murmur was heard in 18 patients, tricuspid pansystolic murmur in 18 and basal crepitations in 28 cases. Hepatomegaly was found in 32 and Splenomegaly in 3 individuals. The radiological abnormalities observed were cardiothoracic ratio greater than 50 percent in 49 cases. Signs of pulmonary yenous hypertension manifested as kerley-B lines, pleural effusion and prominent upper lobe veins were seen in others. Left atnial enlargement was noted in 17 cases. Mitral valve and to a lesser extent aortic valve abnormalities were observed in patients with hypertrophic cardiomyopathy. Left ventricular internal dimensions were reduced in 13 cases of hypertrophic cardiomyopathy and increased in 36 cases of dilated congestive cardiomyopathy. Right ventricular dimensions were increased in 15 cases of advanced dilated congestive cardiomyopathy. Interventricular septum was thickened in 18 patients of hypertrophic cardiomyopathy and left artial enlargement was encountered in 16 cases while 15 cases had pericardial effusion of those with dilated congestive cardiomyopathy. It was concluded from the study that cardiomyopathy is certainly not an uncommon condition and closer workup of the suspected cases is recommended.