SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 225 To 226

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HISTOLOGICAL DIAGNOSIS OF PAEDIATRIC LIVER DISEASE. Shakoor, K.A. Pak. Paed. J., 1987; 11: 73-80.

Retrospective study of one hundred liver needle biopsies has been presented. The study was undertaken to determine the histological pattern of infantile and childhood liver disease and to evaluate the usefulness of the procedure. Of the 100 cases studied, 56 were males and 44 females. The ages ranged between 2 months and 12 years. Twenty two percent of the cases showed no significant change in the histology, 14% mixed type of cirrhosis, 13% acute neonatal hepatitis and 8% revealed chronic hepatitis. Nine percent were diagnosed as metabolic disorder and storage disease, 5% had cholestasis, another 5% fatty changes, 9% atresia, 7% carcinoma and 8% could not be definitely diagnosed. It was concluded that cirrhosis was a fairly common disorder which follows neonatal hepatitis.

Liver biopsy should be undertaken when investigations reveal defective liver function. Biochemical, serological and enzymatic studies should be carried out concomitantly to confirm the diagnosis. Persistent jaundice is a definite indication for liver biopsy to differentiate between acute neonatal hepatitis and biiary atresia. Identification of malignancy, primary or metastatic should be done as early as possible.

CLINICAL TRIAL ON THE EFFICACY AND TOLERANCE OF GABROMICINA IN RESPIRATORY TRACT INFECTIONS.Khan, S.R., Khan, M.N., Iqbal, M., Qayyum, Z., Inayatullah. Pak. Paed.J., 1987; 11:103-108.

A study was conducted in 1984 at the Department of Paediatrics, Mayo Hospital, Lahore to determine the efficacy of Gabromicina in twelve cases of respiratory tract infection. Gabromicina is an aminosidine, effective against grain negative and gram positive bacteria. It is administered intramuscularly and is eliminated through urine.

The ages of the twelve patiqpts studied ranged between 2½ months and 5 years. All belonged to the lower socio economic group and had no kidney, liver or ear disease. A detailed history was obtained and a complete physical examination with laboratory tests as blood picture, blood culture, liver function tests, blood urea, serum creatinine, urine analysis, Xray chest and tuberculin tests were carried out. The dosage schedule was 12 mg per Kg body weight, 12 hourly, daily for 5 to 10 days.

An excellent response with rapid deferrescence and prompt resolution of clinical picture within 5 days was seen in 10 out of 12 cases. A good response with slower resolution within 5 to 10 days was had in one patient and one child did not respond at all. All patients showed a good tolerance with no side effects and no change in the blood chemistry.

It was concluded that Gabromicina appears to be a good parenteral antibiotic for treatment of respiratory tract infections in children.

OVERVIEW OF DIABETES MELLITUS IN CHILDREN. Sarwar, S.A., Mazhar, A. Pak. Paed. J., 1987; 11: 137-140.

A retrospective study of patients, admitted over a period of nine years in the Paediatric Department of Quaid-e-Azam Medical College Bahawalpur, is presented. Of the 16,700 cases hospitalized, 40 were found to be suffering from Insulin Dependent Diabetes Mellitus. The diagnosis was based on clinical symptoms, glycosuria, ketonuria and blood glucose more than 200 mg/dl. There were 23 males and 17 females and the ages ranged between 3 and 15 years. Four cases had diabetic ketoacidosis of which three died despite all efforts.

IDDM presents with an acute onset. The duration of illness in this study was 4 to 10 weeks. The

condition has to be differentiated from transient hyperglycaemic states as stress of trauma and infection hyperosmolar state, genetic syndromes, endocrine disorders and drugs as diuretics and glucocorticdids. The treatment is with Insulin, with dose adjusted to the needs of the patient. A regular follow up of the patient is essential.

CARDIAC ACHALASIA IN A CHILD A CASE REPORT. Beg, M.H., Riazuddin. Fak. Paed. J., 1987; 11:91-93.

A case of achalasia of the oesophagus in a 9½ year old child is presented. Achalasia is a motility disorder characterisedby poor peristalsis and failure of the gastroesophageal junction to relax during swallowing

The boy had a four year history of dysphagia with a recent onset of choking while eating. The patient was remarkably thin and the physical examination revealed no abnormality. Results of haemogram, urine analysis and Xray chest were normal. A barium oesophagogram showed a dilated, tortous oesophagus and failure of relaxation of the lower oesophageal sphincter. Endoscopy revealed a dilated oesophagus filled with dirty material and stasis oesophagitis.

The patient underwent a modified Heller oesophagomyotomy and had an uneventful recovery and a steady weight gain. A repeated barium swallow showed dimunition of lumen size and opened-up lower oesophageal segment.

Achalasia is transmitted by an autosomal recessive gene. There is a congenital absence and degeneration of the mesenteric nerve ganglion. The diagnosis presents difficulties but an adequate barium swallow confirms cardiospasm. Heilers oesophagomyotomy, a relatively safe procedure with excellent long term results make it a treatment of choice.