

SELECTED ABSTRACTS

OCULAR MYIASIS

An unusual cause of kerato conjunctivitis is reported. The cause of conjunctivitis being the larva of *Oestrus Ovis*, the common sheep nasal bot fly. These larvae cause conjunctivitis and superficial keratitis. These larvae do not penetrate the structures. We came across four such cases. All of them gave history of trauma to the eye and the lesion was limited to one eye in each case.

—*Jaffar Khan et al. J. Pak. Acad. Ophthalmol, 34; 3-4, 1989*

MEDICAL TREATMENT OF TOXIC GOTTER IN AN AREA OF IODINE DEFICIENCY

The response to methimazole [1-methyl-2-mercapto-imidazole (MMI)] therapy, 10mg twice daily in 15 patients and propylthiouracil (PTU) therapy, 100mg twice daily in 10 patients with diffuse toxic goiter was evaluated in an area of iodine deficiency (Tehran).

The mean free  $T_4$  index ( $FT_4I$ ) decreased from  $22.7 \pm 6.8$  ( $\pm SD$ ) to  $10.8 \pm 2.8$ . In MMI-treated, and from  $25.1 \pm 6.8$  to  $13.2 \pm 2.1$  in PTU-treated patients, two weeks after treatment. The  $FT_4I$  further decreased to  $6.8 \pm 4.3$  and  $8.5 \pm 2.1$  after four weeks of MMI and PTU administration, respectively. The mean free  $T_3$  index ( $FT_3I$ ) was  $415 \pm 90$ ,  $162 \pm 44$  and  $117 \pm 46$  in MMI treated and  $430 \pm 80$ ,  $210 \pm 45$  and  $140 \pm 53$  in PTU treated patients before and two and four weeks after treatment, respectively. The mean  $FT_4I$  and  $FT_3I$  had decreased more in the MMI treated groups as compared to the PTU treated patients, two weeks after treatment. In patients treated with MMI or PTU, 11 of 25 (44%) had subnormal  $FT_4I$  after four weeks of treatment of whom one had increased TSH.

These results indicate that treatment with less than the recommended doses of thionamide compounds causes a rapid decline of thyroid hormone indices in patients residing in Tehran. The dosage of thionamide compounds as well as the duration of therapy with the initial doses necessary to induce euthyroidism, should be evaluated in various parts of the world.

—*Fereydoon Azizi, M.D. Medical Journal of Islamic Republic of Iran, Vol. 2, No. 2, 119-122, 1988*

THE ROLE OF BEHAVIOUR PATTERN AND EMOTIONAL RISK FACTORS IN CORONARY HEART DISEASE

For evaluating the role of behavior pattern and emotional factors in coronary heart disease (CHD), 86 patients were followed for one to three years (average 20 months). The behavior pattern itself was not considered

as a main risk factor, rather it was found to be an aggravating and predisposing factor, especially in morbidity rate.

Both behavior patterns were more common in males than in females. 73% of male type A patients and 60% of male type B patients smoked, whereas smoking rate was equal among the female patients, amounting to 20% for both types. Thus smoking was considered as a major and prevalent risk factor in males especially those with type A behavior. 62% of patients included in the type A group had acute MI, while 56% of type B patients had the same condition. Thus, MI and its complications occurred more commonly in type A than type B patients. However, the mortality rate, which was mainly due to anterior MI (90%), was the same in both groups.

—*Freidoon Nouhi, M.D. and Ahmad Mohebbi, M.D.*  
*Medical Journal of the Islamic Republic of Iran,*  
*Vol. 2, No. 2, 123-126, 1988*

### UTI: A NEW APPROACH TO ITS DIAGNOSIS

The incidence of urinary tract infection in our community is studied taking into consideration the indiscriminate and inappropriate use of antimicrobial agents and describing a simple method which could be adopted to evaluate samples of urine for the presence of antimicrobial agents. It reveals that 42.9% individuals were actually on antimicrobial agents and had sufficient levels in their urine to inhibit growth of the most common causative agent of urinary tract infection.

—*S. Hafiz and N. Layall, JPMA 39; 126, 1989*

### PRE-HOSPITAL CORONARY CARE—AN IMPORTANT EXTENSION OF HOSPITAL CORONARY CARE

From January 1983—December 1986 a total of 880 patients were received by the 'Flying Squad Team' from Rawalpindi and Islamabad. The average delay between the onset of chest pain and medical aid was considerably less in those patients evacuated by 'Flying Squad' compared to those who came on their own (3.2 + 1.2 SEM hours vs 6.5 + 2.0 SEM hours). Eighteen cases developed cardiac arrest outside hospital of which 14 (77.8%) were successfully resuscitated. Eleven (61.1%) left the hospital alive. Pre-hospital coronary care is an important adjunct to the hospital coronary care which significantly reduces mortality.

—*M. Masudul Hasan Nuri, JPMA 39; 157, 1989*

### NEUROBRUCCELLOSIS

Brucellosis is a zoonotic disease, and the increase in the incidence among humans is always related to an increase of the infection among animals. This fact is well documented in the studies published recently.

Between 1977 and 1982, the percentage of animals positive rose from 0.4% to 11.6%. In 1983, animals positive for brucellosis totaled 18%, and in 1984, 26%. Between June 1985 and December 1986, 4% of total admissions at King Faisal Specialist Hospital and King Khalid University Hospital were brucellosis cases.

Brucellosis is diagnosed if *Brucella* organisms are cultured from the tissues obtained from the infected persons. Madkour et al reported fever, body aches, and lethargy in all their patients with brucellosis. Other symptoms, in descending order of frequency, were back pain and joint pain, swelling, anorexia, weight loss, headache, and irritability. Brucellosis is also diagnosed in patients with this complex of signs and symptoms and either a positive standard agglutination titer (SAT 1: 320) or a fourfold change in the serologic titer.

Brucellosis could present complications affecting one or multiple organs if not treated properly. In the musculoskeletal system, brucellosis may lead to spondylitis, abscess in any part of the skeleton, sciatica, arthritis, pseudo-paralysis, osteomyelitis, synovitis, or bursitis.

In the cardiovascular system, endocarditis, disseminated intravascular coagulation, deep venous thrombosis, or pulmonary embolism may occur.

In the respiratory system, bronchopneumonia, pleurisy, empyema, or pleural effusion may occur.

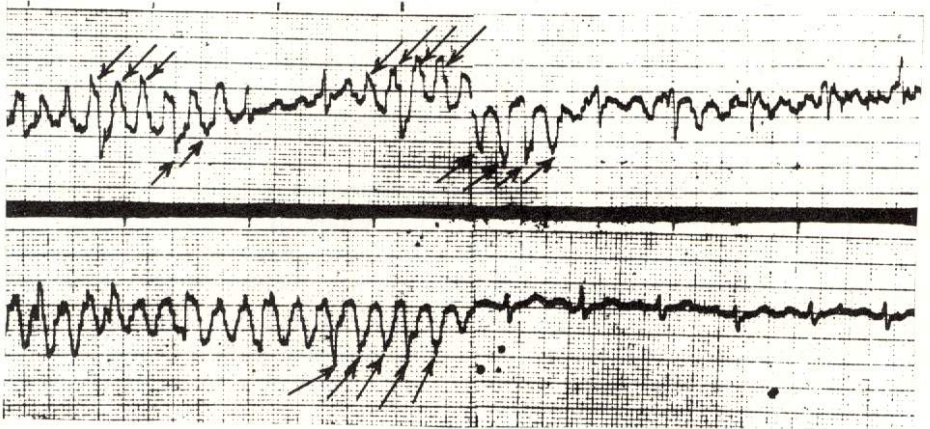
The genitourinary tract may manifest epididymoorchitis, granulomatous renal disease, spontaneous abortion, menstrual disturbance, intrauterine fetal deaths, premature labour, urinary obstruction, and chronic cystitis.

Hepatitis and hepatorenal syndrome may affect the liver, and cholecystitis the gallbladder. The central nervous system may be afflicted with meningitis.

In the eye, untreated brucellosis may lead to visual disturbances, corneal ulcers, keratitis, papillitis, iridocyclitis, retinitis, papilledema, optic atrophy, and uveitis.

Skin manifestations are erythema nodosum and rashes (papular, urticarial, morbilliform, and petechial).

—Abdul Karim Al-Aska, *Facharzt, Annals of Saudi Medicine, Vol. 9, No. 2, 1989*



### ANSWER TO THE ECG QUIZ

The dysrhythmia shown is termed "Torsades de Pointes" i.e. "Twisting of the points." This refers to the change of direction of the apices of the QRS complexes from positive to negative (shown by arrows in the above photograph). Note also the prolonged QT interval with which this dysrhythmia is associated. The appearance of polymorphic ventricular tachycardia i.e. a tachycardia with many different shaped QRS complex should alert one to an underlying problem of "Torsade de Pointes."