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SURGICAL EVALUATION OF MINIMALLY INVASIVE PARATHYROIDECTOMY

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Abstract

This study included selected 30 patients with primary hyperparathyroidism (PHPT) due to solitary adenoma after exclusion criteria. All our patients were submitted preoperatively to: estimation of serum calcium level, serum parathormone (PTH) level, bone survey, neck ultrasonography and technetium 99 sestamibi (Tc99 MIBI) scan. After adequate localization of the parathyroid adenoma, all our patients were treated surgically by excision of the previously adequately localized parathyroid adenoma through a unilateral neck exploration.

Conclusion: *The unilateral neck exploration (focused technique) for treatment of PHPT due to solitary adenoma can be considered as a good method of treatment of such condition regarding the less surgical morbidity, favourable cosmesis, patient satisfaction, shorter operating time and earlier discharge.*

MANAGEMENT OF SOLITARY THYROID NODULE : NEW UPDATE

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Abstract

Background: *The study was done on (56) patients with clinically apparent Solitary Thyroid Nodule (S.T.N). They were treated in Mansoura Endocrine Surgery Unit (M.E.S.U) during the period from January 2005 - January 2006 inclusive. All our patients were presented by palpable single nodule in the thyroid gland. Patients with malignant nodule were mainly presented by rapid recent increase in the size of the nodule and some presented with early hoarseness of voice. Those with toxic nodule were presented with thyrotoxicosis and those with simple nodule were presented by accidentally discovered thyroid swelling. All patients were submitted to careful history taking and clinical examination. Different methods of investigations were done that included measurement of thyroid hormones, neck ultrasound, Computerized Tomography (C.T), Magnetic Resonance Imaging (M.R.I) in certain cases when needed and thyroid scan using Technetium ninety nine (Tc99). Histopathological examination was done using Fine Needle Aspiration Biopsy (FNAB), tru-cut needle biopsy or frozen section. According to the result of the pathology whether : a) Malignant (Papillary, Follicular, Medullary) b) Simple (benign) c) Toxic, adequate treatment was done that varies in every case ranging from total lobectomy in benign lesion up to total thyroidectomy and block dissection or cherry picking in medullary or papillary cancer respectively.*

Conclusion: *S.T.N may become an easier surgical problem after following a specific proposed protocol in management.*

THE LATERAL EXTRACAVITARY APPROACH ALL THROUGH POSTERIOR

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Abstract

The Lateral extra cavitory approach (LECA) is a one stage approach allowing simultaneous ventral and dorsal exposure in the more familiar prone position without repositioning of the patients. It provides the ability to re-attack the ventral graft site after application of dorsal instrumentation. The neural elements are visualized early in the procedure allowing safe decompression. The aim of this work was to study the safety and technical difficulties of the LECA in different spinal pathology and the value of using a midline skin incision. 40 patients with different spinal pathology including trauma, tumours, infections, deformity and thoracic disc prolapse were treated via the LECA. 37 patients were operated via midline skin incision and only 3 patients via the hockey stick incision. All patients had decompression, anterior column reconstruction and posterior stabilization simultaneously. Mean follow up period was 21 months. Neither significant perioperative complications nor mortality were reported. The midline skin incision is more cosmetic and offers good exposure. The LECA is a safe approach better than combined anterior and posterior approaches.

Key words: *Lateral extracavitary approach, all through posterior, operative complications, midline incision, decompression, fusion, instrumentation.*

REPEATED PAP-SMEAR AS A SCREENING AND FOLLOW-UP STRATEGY FOR PATIENTS WITH ASCUS

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Abstract

Objectives: *The present screening study aimed to evaluate the frequency of atypical squamous cells of undetermined significance (ASCUS) in localized population using repeated 6-monthly Papanicolaou (Pap) smear and to determine its diagnostic yield for detection of squamous intraepithelial lesions (SIL).*

Patients & Methods: *All enrolled women underwent Pap smear; the adequacy and the cytologic features for each specimen were evaluated by cytopathologist, patients who had ASCUS received the appropriate antimicrobial treatment if there was infection otherwise underwent a follow-up smear after 6 months (2nd smear) and if the 2nd smear showed normal cytology with apparently healthy cervix patients were underwent follow-up smear 1-year later; however, for patients with smears showed ASCUS or higher lesions a colposcopy and cervical biopsy were performed and patients proved to be free of abnormal cytological changes were follow-up for another 6 months and underwent the 3rd Pap smear with application of the same protocol for 2 years.*

Results: *The 1st Pap smear diagnosed 89 out of 2350 screened patients as having ASCUS with a frequency of 3.8%. The 2nd Pap smear defined 71 patients had normal smear; while 15 patients still had ASCUS, 2 patients had LSIL and one patient had HSIL, these 18 patients underwent colposcopy and biopsy whenever indicated and histological examination detected 3 cases with LSIL and one case with HSIL, while 11 had chronic cervicitis and underwent a 3rd Pap smear 6-months later and 9 smears showed ASCUS, while 2 smears showed LSIL. The 4th Pap smear was conducted 6-months later for 9 patients with ASCUS and 6 smears were still showing ASCUS, 2 smears were diagnosed as LSIL and the last smear showed HSIL that was confirmed by colposcopy directed biopsy.*

Mahmoud R. Fayed

ROC curve analysis of Pap smear cytological examination of the 2nd smear versus results of histopathological examination of 18 tissue biopsy obtained during colposcopy defined high sensitivity with AAC=0.607.

Conclusion: *It could be concluded that repeated Pap smear is a cost-effective, reliable strategy for follow-up of cases with cytological diagnosis of ASCUS on screening for cancer cervix.*

SINGLE-STAGE ANTERIOR-POSTERIOR STABILIZATION OF UNSTABLE LOWER CERVICAL FRACTURES

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Abstract

The Objective of this work was to evaluate the applicability, safety and the results of single-stage combined anterior-posterior decompression and fusion for highly unstable lower cervical spine injuries. Between January 2004 and May 2006, 16 patients with unstable lower cervical spine injuries were included in this study, There were 12 males and 4 females with a mean age of 38.89 years (range 18-58 years). All patients presented with traumatic multicolumn instability and kyphotic deformity; they underwent anterior subtotal cervical corpectomy and autogenous tricortical iliac bone graft and anterior plates were placed, Lateral mass plating with autograft (morselized iliac crest) fusion was performed in the same surgical setting. The mean follow-up period was 28.4 months (range 24-32 months). Fusion was determined to be successful in all patients. Although the short-term morbidity rate reached 18.75%, No significant long-term morbidity was noticed, there were no clinically significant hardware complications and no patient required repeated operation. We strongly consider a single stage combined approach in unstable lower cervical injuries with 3-column involvement by providing immediate rigid internal fixation to both the anterior and posterior columns, eliminating the need for halo immobilization postoperatively and preventing anterior plate failure or strut graft extrusion.

Key Words: *Cervical spine injury-cervical spine fusion-combined anterior posterior stabilization*

POST OPERATIVE SPONDYLODISCITIS, STABILIZATION AND FUSION

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Abstract

Twelve patients with postoperative spondylodiscitis (POD) not responding to conservative treatment, were managed by early surgical debridement of the infected necrotic tissue, transpedicular fixation and fusion and early mobilisation. Their mean age was 41.4 years old (range 28-65), 7 males and 5 females. Diagnosis was achieved 2 weeks to 3 months after disc surgery. The POD was diagnosed clinically, Laboratory by elevated erythrocyte sedimentation rate (ESR) values and radiologically by magnetic resonance imaging. According to the sensitivity studies of the obtained pathogens, systemic antibiotics were given, followed by early mobilisation of all patients in a light spinal corset. All patients experienced immediately reduced back pain and leg pain allowing them to leave their bed and start mobilisation during the first postoperative day. After a mean follow-up of 9 months (range 6-24 months) only one case was using analgesics. None had deteriorated, and all were ambulatory without bladder or bowel disturbances. Bacteriological diagnosis was obtained in 75% of the patients. Elevated ESR values returned to normal ranges within 30 to 60 days (mean 45 days) after reoperation.. Early surgical removal of the necrotic and infected tissues and transpedicular stabilization of the affected spinal segment supported by specific antibiotic therapy should be considered as an effective means to treat POD, thereby avoiding a prolonged period of unpleasant immobilisation for the patient.

Keywords : *Erythrocyte sedimentation rate, Postoperative spondylodiscitis, Transpedicular stabilisation.*

CAGE VERSUS AUTOGENOUS TRICORTICAL ILIAC BONE GRAFT IN THE TREATMENT OF SINGLE LEVEL CERVICAL DISC PROLAPSE

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Abstract

A total of 48 patients with single level cervical discogenic radiculopathy were randomly divided into two groups. Patients in Group A (24 patients) underwent anterior cervical discectomy and fusion with a cage filled with autogenous iliac cancellous bone), and patients in Group B (24 patients) were treated with discectomy and autogenous iliac crest graft (AICG) fusion. There were 30 men and 18 women with a mean age of 41.2 years (range, 25-62). We evaluated the patients for cervical lordosis, the amount of interspace collapse and fusion status on the basis of X-rays, the patient's neurological and functional outcomes were assessed on the basis of Odom's criteria, The two groups had similar clinical results and fusion rates. However, the loss of cervical lordosis (2.5°) was less in the cage group than in the autograft group (5.25°). Additionally, the anterior interspace collapse (1.53 mm) in the cage group was less than the collapse recorded in the autograft group (2.72 mm). The operative time, the blood loss and hospitalization time was less in the cage group. In conclusion, our results showed that the cage is superior to the autograft in maintaining cervical interspace height and cervical lordosis after one-level anterior cervical decompression procedure with reduction of the operative time and no bone graft donor site complications.

Key words: *cervical discogenic radiculopathy- cervical cage- autogenous iliac crest graft*

**NOSOCOMIAL INFECTIONS AND FEVER
OF UNKNOWN ORIGIN IN PEDIATRIC
HEMATOLOGY/ONCOLOGY UNIT :
A RETROSPECTIVE ANNUAL STUDY**

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Abstract

Background: *Pediatric hematology / oncology patients are faced with an increased risk of nosocomial infections (NIs) that vary in different populations and different institutes with considerable morbidity and mortality.*

Objectives: *Our aims were to assess the frequency and patterns of NIs in this group of patients relation to the risk of neutropenia and to determine the prevalence of causative organisms and their antimicrobial sensitivities.*

Study Design: *A retrospective analysis of the data for all children admitted to pediatric hematology/oncology unit of Mansoura University, Egypt, was done over one year from January, 2007 to January, 2008. A total of 1564 patients were included (173 children with leukemia, 39 with lymphoma, 49 with other solid tumors, 1293 with thalassemia and 10 with aplastic anemia) corresponding to 2084 admissions and 27092 inpatient days. The Centers for Disease Control and Prevention criteria were used as standard definition for NI.*

Results: *The overall incidence density rates of NIs in all patients and neutropenic patients were 8.6 and 25.3 per 1000 patient-days respectively. The most frequent sites of microbiologically and or clinically documented NIs were blood stream (42.7%), respiratory (25.3%), Urinary (22.2%) and CNS infections (9.8%) whereas nosocomial fever of unknown origin*

(nFUO) constituted 52.9% of defined cases with incidence density rates of 9.7 and 15.4 per 1000 patient-days in all patients and neutropenic patients respectively. The frequency of NIs and nFUO were significantly higher during neutropenic days ($p < 0.001$). Gram-positive organisms represented 64.5 % of isolated pathogens (Staphylococci 71.5%, Streptococci 16%, Pneumococci 7% and Enterococci 5.5%), gram-negative organisms represented 30% (E coli 48.6%, Klebsiella 15.7%, and Pseudomonas 35.7%), and Candida 5.5%. Positive cultures were more frequent in summer months (July to September). The antimicrobial susceptibilities of the isolated organisms were relatively low (cefoperazone/sulbactam 49.9%, amikacin 35.9%, imipenem/cilastatin 34.4%, cefoperazone 33.6% and vancomycin 36.5%).

Conclusion: Blood stream infection and fever of unknown origin are the most common nosocomial infections in pediatric hematology/oncology patients with a higher risk during neutropenic days. Isolated organisms are multi-drug resistant, predominantly gram-positive pathogens.

INTRA-ARTERIAL DRUG INJECTION : AN EFFECTIVE TREATMENT PROTOCOL

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Abstract

Intra-arterial drugs injection (IADI) either iatrogenic or self administered in drug abusers is a source of considerable morbidity. Most interventions are largely empirical. No prospective human studies have shown that any specific treatment is superior to another. The aim of this study was to evaluate the outcome of different modalities of treatments in patients with IADI. This study included 36 patients divided into 2 groups: Retrospective group (A) (from November 2002 to July 2004) enrolled 13 patients (10 males and 3 females) and prospective group (B) (from August 2004 to June 2008) enrolled 23 patients (19 males and 4 females). Group A received systemic treatment only (heparin, dexamethazone, antiplatelet and prostaglandins) and group B received intra-arterial treatment (heparin and streptokinase) in addition to the systemic treatment. Normal outcome (normal extremities) improved greatly in group B (52%) than in group A (23%) although, this failed to reach statistical significance. Conclusion: Intra-arterial cannulation and administration of heparin and streptokinase is a good option in treating accidental IADI resulting in better final outcome than systemic heparinization and early treatment is mandatory for a good outcome.

Key Words : *Injections; intra-arterial, Ischemia; gangrene.*

LAPAROSCOPIC TRANSABDOMINAL PREPERITONEAL PROCEDURE VERSUS LICHTENSTEIN REPAIR IN TREATMENT OF RECURRENT INGUINAL HERNIA

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Abstract

Background: *This study was designed to compare an open tension-free technique (Lichtenstein repair) with a laparoscopic transabdominal preperitoneal hernia repair (TAPP).*

Methods: *In the period between January 2004 and May 2005, 36 patients presented with recurrent inguinal hernias admitted to General Surgery Department at Mansoura University Hospitals. All patients were males and subjected to careful history taking, clinical examination and investigations, they were divided into two groups, group A included 20 patients with 20 recurrent inguinal hernia were treated by open technique (Lichtenstein) and group B included 16 patients were managed by laparoscopic technique. Follow up was done after 1week, 6week, 3months, 6months and one year.*

Results: *20 patients were treated by open technique and 16 patients were treated by laparoscopic method. No major complications were found in both techniques apart from one recurrence in the laparoscopic group (1 year after surgery). There were difference in operative time between the two methods with favor to open technique ($P < 0.05$).*

Conclusion: *Laparoscopy is of great benefit in treatment of recurrent inguinal hernia due to less postoperative pain, early return to work, it still of limited applications in this field due to its serious complications. High cost and experience needed by surgeon to elicit this type of surgery. This makes conventional open technique more applicable for those patients.*

CARDIOVASCULAR DISEASES AMONG EGYPTIAN PATIENTS WITH RHEUMATOID ARTHRITIS AND ITS RELATION TO TRADITIONAL RISK FACTORS

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Abstract

Background: Rheumatoid arthritis (RA) is associated with increased mortality which is due to accelerated coronary artery & cerebrovascular atherosclerosis and researchers have not been able to clearly identify specific aspects of RA or its treatment that might higher the risk for cardiovascular (CV) disease.

Aim : Prevalence of CV events in patients with rheumatoid arthritis. Effects of rheumatoid arthritis as a risk factor in developing CV diseases as well as influence of early & proper treatment on such risk. Association between RA as a risk factor and other traditional risk factors on CV diseases.

Methods: 300 patients with RA & 150 controls matched with age & sex were subjected to full clinical assessment, laboratory investigations especially for rheumatoid factor (RF), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), electrocardiography (ECG), conventional radiographs of both hands and feet to detect joint erosions and Doppler echocardiography.

Results: 13.5% of patients with RA has CV events, 7% for myocardial infarction and 2% for stroke. RA-related risk factors (extra articular disease, joints erosions and presence of RF) were associated with CV events, the use of disease modifying antirheumatic drugs (DMARDs) were associated with lower risk for CV events.

Conclusion: our study confirm the role of traditional risk factors and their interplay with RA-related risk factors in development of CV events. It also supports the beneficial effects of some DMARDs in lowering such risks.

SUBCLINICAL ATHEROSCLEROSIS IN PATIENTS WITH EARLY RHEUMATOID ARTHRITIS

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Abstract

Background: Rheumatoid arthritis (RA) patients have increased mortality and morbidity as a result of cardiovascular (CV) and cerebrovascular diseases. Surprisingly the extent of atherosclerosis (AS) in RA is not known, nor have standard CVD risk factors have been fully evaluated. Study of these changes in early RA and early diagnosis of AS in this population might trigger more aggressive prophylaxis.

Aim: To demonstrate subclinical atherosclerosis in early RA and possible underlying mechanism.

Methods: 60 patients with early RA and 40 controls matched for age, sex and traditional risk factors for AS were selected. All patients and controls were subjected to a complete history and full clinical examination, laboratory assessment and carotid ultrasonography.

Results: Patients with early RA had average greater cIMT than controls and an increased prevalence of atherosclerotic plaques. Positive association between cIMT and age, joint count, disease activity score (DAS), smoking, serum cholesterol and c-reactive protein (CRP) were observed. Age & CRP were independently associated with atherosclerosis.

Conclusion: Patients with early RA developed accelerated atherosclerosis compared with controls. Age & CRP are strong predictors for occurrence of CV disease before onset of symptoms.

OXIDATIVE STRESS AND INFLAMMATORY MARKER : POSSIBLE PATHOGENIC ROLE IN ACUTE CORONARY SYNDROME

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Abstract

Background: Acute coronary syndrome (ACS), which comprise unstable angina (UA) and acute myocardial infarction (AMI) are multifactor diseases involving both thrombotic and inflammatory processes. C-reactive protein (CRP) has emerged as independent risk indicator of active atherosclerosis. Reactive oxygen species (ROS) are key mediators of signaling pathways that underlie vascular inflammation in atherogenesis starting from the initiation of fatty streak development, through lesion progression to ultimate plaque rupture. CRP directly up-regulate AND(P)H oxidase p22 (phox) and enhance ROS generation. Recently it has been shown that 8-iso-prostaglandin F2 alpha (8-iso-PGF2-) is a specific, chemically stable and quantitative marker of oxidative stress in vivo. It is formed in situ in cell membranes following free radical attack on the arachidonic acid. To counteract the effect of ROS, cells are endowed with a complex antioxidant network that operates to prevent or limit oxidant damage. The present study was designed to investigate the changes of 8-iso-PGF2-, total antioxidant capacity (TAC) and CRP levels in patients with acute coronary syndrome in order to evaluate the role of oxidative stress as well as inflammation in pathogenesis and consequence of the disease.

Patients and methods: The present study included 30 patients with ACS and 15 healthy, age and sex-matched controls. The patients were divided into two groups; 15 patients with UA and 15 patients with AMI. Serum level of 8-iso-PGF2- was measured using an ELISA kit. Serum CRP and TAC levels was measured by turbidimetric immunoassay and

colorimetric methods respectively.

Results: Serum levels of both 8-iso-PGF2-₂ and CRP were significantly increased in patients compared with control ($p < 0.05$). TAC showed significant decrease in patients with AMI when compared to controls ($p < 0.05$).

Conclusions: It could be concluded that elevated levels of 8-iso-PGF2-₂ and CRP together with decreased TAC level contribute directly and actively to the pathogenesis of ACS. The oxidative stress is likely to either induce or intensify the inflammatory action, and may co-affect with inflammatory factors to accelerate plaque rupture. The evaluation of oxidative stress would enable formulation of specific antioxidant therapy as promising strategy against atherogenesis for an early intervention and better management of the disease.

INFLUENCE OF FIBRIN GLUE ON SEROMA FORMATION AFTER MODIFIED RADICAL MASTECTOMY : A PROSPECTIVE RANDOMIZED STUDY

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Abstract

Background: *The pathophysiology of seroma after modified radical mastectomy (MRM) is still poorly understood. The optimal ways to reduce the incidence of seroma formation are unknown. This study was done to evaluate the effect of fibrin glue on seroma formation and drain removal time after MRM.*

Patients and Method: *This study was carried out from January 2005 to December 2007 at Mansoura university hospital. Fifty patients had breast cancer were included in the study, MRM was done for all patients. Patients were randomly divided into two groups. Group I where 8 ml of fibrin glue was sprayed on the surgical area with Y canula and group II without fibrin glue. Preoperative, Operative and Postoperative data were collected included postoperative measurement of drainage, date of removal of the drain, state of the wound, incidence of Seroma formation.*

Results: *The duration of axillary drainage was 7.88 ± 2.56 days in group I and 11.62 ± 2.68 days in group II (p value =0.04) . Total drainage volume was 770.48 ± 70.81 in group I and 1089.51 ± 75.8 in group II (p value =0.002). The volume of aspirated fluid after removal of drain was significantly less in group I. The date of Seroma resolution was delayed in group II (11.8 ± 5.32 vs 19.81 ± 8.12 p value =0.05)*

Conclusion : *Fibrin glue leads to a significant reduction in postoperative drainage, earlier removal of drain and decrease amount of aspirated fluid after removal of drain after MRM . So, fibrin glue reduces the amount of seroma formation but not prevent its formation.*

Key words: *Seroma. Fibrin glue, mastectomy.*

**CLINICAL IMPACT OF ROUTINE ABDOMINAL
DRAINAGE AFTER LAPAROSCOPIC
CHOLECYSTECTOMY.
A PROSPECTIVE RANDOMIZED STUDY**

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Abstract

Background: *Laparoscopic cholecystectomy (LC) has become the standard treatment for gall bladder stones. Routine drainage after laparoscopic cholecystectomy is an issue of considerable debate .In this study we elucidate the clinical impact of intraperitoneal drain following LC.*

Patients and Method: *Fifty patients were included in this study. They were divided into two groups, group (A) with drain and group (B) without drain. We recorded the effect of drainage on, postoperative pain using visual analogue scale VAS at 6 , 24, 48 h and 1 week postoperative, nausea / vomiting (PONV) at 6, 24, 48 h postoperative, abdominal collection ,hospital stay , chest complication, and postoperative body temperature .*

Results: *Hospital stay was significantly longer in group A 32 + 10 h vs. 28 + 11 h in group B. Neither the incidence nor the location of postoperative pain (Po-P) at different postoperative time points, differed significantly between both groups .VAS in group B was lower than in group A, at 24 h postoperative (5.86+2.35 in group A vs. 3.95+2.49 in group B, P value 0.004) and at 48 h postoperative (2.78+1.52 in group A vs. 1.62+1.57 in group B, P value 0.001). PONV was higher in group B but was not significant at different time points.*

Conclusion: *Abdominal drain is not effective in alleviating Po-P and PONV after LC but the use of drainage tube is considered to intensify Po-P . Hospital stay is longer in drained group. So, routine intraperitoneal drain is not recommended after LC unless there is serious intraoperative complication.*

Key words: *Drain, laparoscopic cholecystectomy, pnemoperitonum*

**MATERNAL, OBSTETRIC AND NEONATAL
OUTCOME IN MULTIPAROUS PREGNANT
WOMEN WITH HEPATITIS C VIRUS INFECTION
IN AN EGYPTIAN RURAL COMMUNITY**

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Abstract

Background: Hepatitis C virus infection is worldwide. The obstetric and perinatal outcome of chronic Hepatitis C virus infection are variable. Vertical transmission is a serious unsettled problem. **Aim:** Evaluation of risk factors of HCV infection in pregnant women. Identifying the maternal, obstetric, perinatal outcome and the vertical transmission rate. **Design:** A prospective clinical observational study. **Subjects and Methods:** The studied groups included 418 pregnant women attending the Obstetric Department, Mansoura University Hospital. They were tested for HCV antibodies. Seropositive cases underwent HCV-RNA. HCV+ve were compared to the HCV-ve group. Risk-factors for HCV infection were inquired. The maternal and perinatal morbidity together with Apgar scoring were evaluated. The rate of vertical transmission was estimated by measuring HCV antibodies and HCV-RNA in the offsprings of the HCV+ve mothers at labour and seropositive offsprings had repeated HCV-RNA at 3, 6 and 9 months after delivery. **Results:** 13.16% of the studied cases were seropositive for HCV-ab and 10.05% were HCV-RNA positive. Previous genital mutilation and deliveries by traditional birth attendants were significantly higher in the HCV+ve group. No significant maternal, obstetric and perinatal complications in the diseased group except high rates of miscarriages. No significant clinical differences between the studied groups. However, significant elevations in the serum bilirubin, transaminases and alkaline

phosphatase and significant lowering of platelet count were found in the HCV +ve group. Vertical transmission rate was high (16.6%).

Conclusion: *HCV infection in pregnant Egyptian rural mothers is high. Female genital mutilation and deliveries by traditional birth attendants should be abandoned. HCV antibodies testing in preconception counseling is advisable.*

Key Words: *Hepatitis C virus infection, Prevalence, Risk factors, Maternal-Fetal outcome, Vertical transmission.*

SURGICAL PROCEDURES FOR ABDOMINAL HYDATID CYST : A MINIREVIEW

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Abstract

Hydatid disease (HD) may occur in any intra-abdominal organ and the liver is the most frequently involved. Surgery is the treatment choice for this disease. A retrospective study of 95 patients (64 female and 31 male, aged 5 to 82 years) with intra-abdominal HD. Eighty eight patients were symptomatic and the remaining seven asymptomatic. HD diagnosis was accomplished with laboratory tests, imaging techniques and serological tests. All of our material underwent surgical treatment, 61 patients by endocystectomy with drainage of the remaining cavity (by external tube or marscipulization), 23 by endocystectomy with obliteration of the remaining cavity (by omentoplasty or capitonnage) and 11 patients by cystectomy or organ-ectomy (splenectomy, nephroectomy, cholecystectomy or cyst excision). Results: The morbidity rates were higher in drainage techniques compared with obliteration techniques or cystectomy (24.21%, 5.4% and 1.1 respectively). Infections of the remaining cavity was the most common complications in 11 (11.6%) patients, followed by prolonged external drainage 7 (7.4%), biliary discharge 4 (4.2%) and recurrence 2 (2.1%) (table2). Over all mortality rate 3.6%, represented by 3 patients died in our study, 2 of them due to septicaemia and one patient due to pulmonary embolism. Cystectomy and obliterating of the remaining cavity (omentoplast and capitonnage) techniques could be advised for uncomplicated hydatid disease.

Key words: *Hydatosis, Hydatid disease, Omentoplast, Capitonnage.*

**ABRIEF DISCUSSION COMPLICATIONS OF
THYROID SURGERY AT EL-THOURA
TEACHING HOSPITAL**

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Abstract

As every operation, thyroid surgery carries risk to complications, which may transient or permanent. Objective of this study was to explore our experience in thyroidectomy performed for seventy nine patients in General Surgical Department of El-Thoura Central Teaching Hospital, El-beida, Libya, for a period of two years (from May 2003 to April 2005). Twenty eight (35.4%) patients of them operated by lobo-isthmoectomy, 39 (49.4%) sub-total thyroidectomy, 6 (7.6%) near total thyroidectomy, 4 (5.1%) total thyroidectomy and the remaining 2 (2.5%) patients by enucleation of simple cyst. Post-operatively; recurrent laryngeal nerve (RLN) injury and hypoparathyroidism were transient for a few months and were not common (3.6% and 2.5% respectively). Wound infection occurred in two (2.5%) cases and hypothyroidism in one (1.3%) case. Severe primary haemorrhage was not developed in our material. Complications of thyroid surgery are fear to patient and surgeon; can be prevented or minimized when the surgery performed under optimal condition by an experienced hand surgeon with meticulous surgical techniques.

Keywords: Goiter, Thyroid surgery, RLN injury, Hypo-calcaemia.

CARDIO-RENAL EFFECTS OF CELECOXIB VERSUS IBUPROFEN IN PATIENTS WITH ARTHRITIS

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Abstract

Background: arthritis is a common condition that co-exists in the elderly population. This condition leads to frequent administration of comorbid Non Steroidal Anti-inflammatory drugs (NSAIDs). Aim of the work: to study cardio-renal toxicity of celecoxib versus ibuprofen in arthritic patients. **Subjects and methods:** seven hundred ninety two arthritic patients were enrolled in the study for 6 months. Three hundred ninty six patients administered celecoxib, 400 mg twice a day; 396 patients administered ibuprofen 300 mg three times a day Effects measured included: investigator reported hypertension, edema, or congestive heart failure, and increases in serum creatinine or reduction in serum creatinine clearance, and changes in serum electrolytes. **Results:** celecoxib was associated with significant ($P<0.05$) lower incidence of hypertension and edema in comparison with ibuprofen. Systolic hypertension occurred significantly less ($P<0.05$) with celecoxib compared with ibuprofen. Serum creatinine was significantly increased ($P<0.05$) in patients treated with ibuprofen in comparison with celecoxib. Creatinine clearance was significantly lower ($P<0.05$) in cases treated with ibuprofen in comparison to celecoxib. Non significant changes in serum body electrolytes. **Conclusion:** the most important finding of this study was the lowering incidence of cardiorenal complications of celecoxib in comparison with ibuprofen .

Key words: hypertension, renal functions, NSAIDs, arthritis.

**EFFECT OF SOME ANTIHYPERTENSIVE
DRUGS ON SERUM CREATININE AND
TUBULOINTERSTITIAL INDEX IN ADENINE
INDUCED NEPHROPATHY IN RATS**

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Abstract

*The progression of chronic kidney disease (CKD) is more than just a simple, creeping loss of kidney function finally resulting in end-stage renal disease (ESRD). The present study was intended to study the potential renoprotective effect of ramipril (angiotensin-converting enzyme inhibitors -ACEI) and valsartan (angiotensin receptor-1 blocker- AT1 blocker) on adenine-induced nephropathy in rats. Also, to study the possible effect of combination of above mentioned drugs. Seventy- six male albino rats were used through out the study in Clinical Pharmacology Department, Mansoura University. Twelve rats were taken as negative control without any manipulation. Sixty four male albino rats were given adenine diet (150mg) in 0.5 ml saline by gavage feeding once daily for 10 days to confirm induction of adenine-induced nephrotoxicity. Sixteen rats died during induction. Rats that survived, started treatment and divided into two main groups: animals in each group were classified into 4 subgroups (each contain 6 rats), each of them took the test drugs once daily by stomach tube for 4 weeks **Group I:** started treatment after 2 weeks from administration of adenine and **Group II:** started treatment after 4 weeks from administration of adenine. The sera were taken for measurement of creatinine. The kidneys are rapidly dissected and put in formalin containing bottles and taken for pathological examination by H& E and special stains that included PAS and trichrome stains. Administration of each of ramipril, valsartan and combination of both ramipril and valsartan*

showed that they produced highly significant reduction of the mean serum creatinine level ($p < 0.01$, $p < 0.001$, $p < 0.001$) respectively as compared with the positive control. There was non-significant decrease of tubulointerstitial index when comparing ramipril treated group, valsartan treated group, and ramipril plus valsartan treated group, versus positive control group. We concluded that adenine induced nephropathy is important model in elucidating tubulointerstitial injury and coincident with chronic renal insufficiency. Drugs under the study play some degree of renoprotectin.

ASSESSMENT OF THE RANGE OF MOTION AFTER TOTAL KNEE ARTHROPLASTY FOR OSTEOARTHRITIC KNEES

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Abstract

Objective: A prospective study was performed to evaluate the range of motion after total knee replacement for osteoarthritis, one year postoperatively, by comparing it to baseline value. **Patients and Methods:** forty-two knees (23 right and 19 left) primary TKAs in 36 patients (six patients received two stage bilateral total knee replacements) were performed between July 2004 to September 2006. There were a total of 22 women and 14 men. The mean age at the time of the operation was 68 years (range 53 - 82 years). The average duration of follow-up was 18 months (range 14 - 22 months). All prostheses were cemented preserving the posterior cruciate ligament. Three different models were used namely: P.F.C. SIG-MA® Total Knee System from DePuy, AGC® Total Knee System from Biomet, and Columbus® Total Knee System from Aesculap. The diagnosis of osteoarthritis was established in all cases. The parameters evaluated were age, sex, preoperative knee flexion and extension range, preoperative flexion arc, tibiofemoral angle, and implant design. **Results:** Advanced age, female gender, and good preoperative flexion and flexion arc were related to better postoperative flexion. Preoperative tibiofemoral malalignment had no significant effect on postoperative flexion. **Conclusion:** Advanced age, female gender, and good preoperative flexion and flexion arc are related to better postoperative range of motion particularly the degree of flexion.

Key words: Flexion, Flexion arc, Osteoarthritis, Range of motion, Total knee replacement.

RADIOLOGICAL EVALUATION OF TOTAL KNEE ARTHROPLASTY

**Ahmed Enan, MD, M. Ashraf Khalil FRCS,MD,
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Abstract

Objective: X-Ray analysis of a subset of TKA performed using a standard posterior cruciate ligament (PCL) retaining cemented technique to study the component malposition, overall post-operative alignment and mechanical loosening with respect to components positioning during follow-up period. **Patients and Methods:** This is a prospective study where we radiographically evaluated twenty-six primary TKAs (15 right and 11 left) in 20 patients (six patients received two stage bilateral total knee replacement) performed between July 2004 and December 2005. There were a total of 13 women and 7 men. The mean age at the time of the operation was 68 years and the follow-up period ranged from 18-32 months. The indication for knee replacement in all cases was advanced osteoarthritis. Radiographs were done immediately postoperative, at 6 weeks, at 3 months, at 6 months and then every year after surgery, and each time were compared to the postoperative controls. **Observations:** The overall alignment was acceptable in 19 knees, 3 had excessive valgus and 4 had varus alignment. At the last follow-up which was up to 32 months in some cases, none of the cases developed loosening as evidenced by non appearance of radiolucent zones or shifts in the position of the components. Moreover, the seven cases with joint malalignment didn't show signs of aseptic loosening within the available follow-up period. For the patellar angle, the mean tilt angle was $12^{\circ} \pm 6^{\circ}$. In 17 knees the patellar prosthesis was displaced superiorly, and in seven cases there was medial displacement of the patellar prosthesis. **Conclusion:** Evaluation of total joint arthroplasty must be clinical, radiological and with annual intervals, in order to discover early failure signs. Proper alignments are critical for achieving good results thus keeping loosening to a minimum. Concerning the present study, aseptic loosening was not a complication of the total knee arthroplasty evaluated at a follow-up period of up to almost

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three years in some cases, including those cases with documented post-operative joint malalignment.

Key words: *Arthroplasty, Knee, Radiological evaluation, Aseptic loosening.*

HISTOLOGICAL FEATURES OF CHRONIC HEPATITIS C WITH PERSISTENTLY NORMAL SERUM ALT LEVEL

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Abstract

*Approximately one third of patients with chronic hepatitis C (CHC) infection have normal alanine transaminases (ALT) levels. definition and clinical significance of persistently normal ALT in CHC have been revised. Liver biopsy is usually the most accurate test for assessing the severity of liver disease. **Aims:** To evaluate the liver histological feature of patients suffering from CHC with persistently normal ALT levels.*

***Methods:** In this study 50 patients with CHC with persistently normal ALT since last six months who enrolled for the antiviral treatment and subjected to liver biopsy for assessing the severity of liver disease. Histological results were scored using the METAVIR system. Results: Mean age of these patients was 40.1 ± 9.3 years; out of these 39 (78%) were male. Significant fibrosis (F 2-4) in 19 patients (38%) and insignificant fibrosis (stage 0-1) 62%. Cirrhosis (F 4) were present in 6 patients (12%). The necro-inflammatory changes were grade 1 in 36 (72 %) patients and grade 2 in 14 (28%) patients , no patients showed more severe changes. Steatosis were minimal (0-1) in 43 (86%) patients and severe (score 2-3) in 7 patients (14%). Viral load were weak in 16, (32%) moderate in 27 (54%) and high in 7 (14%) patients. severity of fibrosis were highly correlated to grade of inflammation ($P=0.002$) and slightly to steatosis ($p=0.048$).but no correlated to age, sex, ALT value or viral load. The grade of inflammation were related to age ($p=0.011$). Extent of steatosis were not correlated to clinical or laboratory variables.*

***Conclusions:** There was no correlation found between the transami-*

nase level and biopsy scores. Approximately 38 % of the patients with normal transaminases have fibrosis equal to or greater than stage 2 and 12% have cirrhosis. The grade of inflammation and extent of steatosis is related to the score of fibrosis.

**THE ROLE OF SECOND TRIMESTER
UTERINE ARTERY DOPPLER VELOCIMETRY
ASSESSMENT IN EARLY PREDICTION OF
SPONTANEOUS PRETERM DELIVERY**

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Abstract

This study was designed to assess the association between uterine artery Doppler velocimetry abnormalities and idiopathic spontaneous preterm delivery, therefore value of uterine artery Doppler assessment for early prediction of preterm delivery. The study was carried out on 180 pregnant women (between 24 -28 weeks gestation) who had no maternal or fetal complications & subsequently delivered vaginally. the mean uterine systolic / diastolic ratio (S/D) of both uterine arteries was computed and the outcomes of pregnancies with spontaneous preterm and term deliveries were compared. Uterine artery (S/D) was significantly higher ($P < 0.0001$) in preterm than term deliveries (tenth percentile 1.80 versus 1.61, 90th percentile 2.80 versus 2.09) . The sensitivity, the specificity, the positive and negative predictive values of abnormal uterine S / D in predicting preterm labour were 58.9% , 88.9 % , 27.8 % and 95.9% respectively . The incidence of small for gestational age(SGA) newborn was significantly higher ($P < 0.0001$) among preterm than term deliveries (33.3% versus 10.3%). It could be concluded that abnormal uterine Doppler waveforms are predictive of preterm labour .

ENDOSONOGRAPHY AS A PREDICTIVE TOOL FOR FIRST ESOPHAGOGASTRIC VARICEAL BLEEDING

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Abstract

Background: The development of portosystemic collaterals is the central pathophysiological event that leads to variceal bleeding in patients with liver cirrhosis. Endosonography (EUS) is useful to evaluate the fine details of the vascular structures at the gastroesophageal junction. EUS may give a promising chance for predicting upper gastrointestinal bleeding in cirrhotic patients. Aim of work: To evaluate the value of extraluminal gastroesophageal vascular collaterals as predictors of first variceal bleeding. Subjects and Methods: A total of 50 cirrhotic patients with no history of previous upper GI bleeding were recruited into this cohort study. After thorough history taking and clinical examination, they were subjected to upper endoscopy and EUS for assessing the number and size of peri- and para-mural collaterals and perforating vessels. All participants were followed up for 24 months for upper gastrointestinal bleeding. Results: Eighteen out of 50 patients (36%) had at least one attack of upper GI bleeding during the follow up period. All patients had one or more type of extraluminal venous collaterals. Gastric varices ($P = 0.02$), perigastric collaterals ($P = 0.03$) and perforators ($P = 0.02$) were independent risk factors for first variceal bleeding. The presence of 3 or more paraesophageal collaterals and the presence of perforators were significantly higher in bleeders compared to non-bleeders ($P = 0.034$). Perigastric and paragastric collateral size were significantly larger in bleeders than non bleeders ($P = 0.019$ and 0.038 respectively). Perigastric and paragastric collaterals size more than or equal to 2 mm and 6.20 mm respectively were associated with significantly increased risk of first variceal bleed-

ing. Peri-esophageal and para-esophageal collaterals although present in large diameters in all bleeders than non bleeders, did not reach a statistical significant level. Conclusions: EUS may be a promising tool for predicting first variceal bleeding in cirrhotic patients thus justifying primary prevention by band ligation or sclerotherapy.

**EARLY AND MID TERM RESULTS OF SURGICAL
REPAIR OF COARCTATION OF THE AORTA :
EXPERIENCE OF BENHA IN 19 PATIENTS
WITH SIMPLE COARCTATION OF THE AORTA**

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Abstract

Objective: To evaluate early and mid-term results of surgical repair of coarctation of the aorta in patients with isolated (simple) coarctation of the aorta.

Patients and Methods: Between March 2000 and February 2005, nineteen patients diagnosed as cases of isolated coarctation of the aorta (with or without PDA) using Echocardiography .They underwent resection of the coarctated segment with end-to-end anastomosis. The patients were followed up for a mean period 23.8 ± 7.4 months. In each visit, the patient was clinically evaluated for blood pressure, gradient (by echocardiography), neurological and recoarctation symptoms

Results: the age ranged from 6 months to 9 years (mean of 4.4 ± 2.8 years) and 12 patients of them (63%) were males. The patients presented with different symptoms in the form of claudications in 12 patients (63%), headache in 10 patients (54%), chest pain in 3 patients (16%), and repeated chest infections in 7 patients (36%). On examination, 14 patients (73%) had weak femoral pulse, and 11 patients (58%) had systolic continuous murmur conducted to the back. All the patients had hypertension which was defined as blood pressure greater than that of the 90th percentile for age, On measuring blood pressure, the mean upper limb blood pressure was $129/83 \pm 6.7/5.7$ mm Hg, and the mean gradient was 35.4 ± 6.8 mm Hg. Operatively, the mean operative time was 149.2 ± 14.6 minutes, the mean cross clamp time was 25.7 ± 2.4 minutes, the mean inter-

costal tube (ICT) period was 2.7 ± 0.8 days, the mean ICU stay was 1.6 ± 0.6 days and the mean hospital stay was 9.9 ± 1.6 days. There was no operative or hospital mortality. There was immediate postoperative increase in mean blood pressure which was $131/82 \pm 6/3$ mm Hg, this increase was controlled with infusion of antihypertensive drugs. However, all the patients had dramatic improvement in blood pressure before discharge as the mean blood pressure on discharge was $114/67 \pm 6/4$ mm Hg and the mean gradient on discharge was 13.3 ± 5.1 mm Hg. On follow up, the signs of hypertension occurred in total of 4 patients (21%), unfortunately, 2 of them died due to heart failure (11 and 15 months postoperatively). The other 2 patients with postoperative hypertension were on one antihypertensive medication to control blood pressure. There was significance difference (P Value less than 0.05) between both mean blood pressure as well as mean gradient on admission and both on discharge, also, there was significant difference between both mean blood pressure and mean gradient on admission and both on 30 months after surgery.

Conclusion: Surgical repair of isolated coarctation of the aorta by the technique of excision of the coarctated part with end-to-end anastomosis is essential in young patients to avoid subsequent morbidity and premature mortality. The short-term and mid-term results were satisfactory and encouraging.

RESULTS OF INTERNAL FIXATION OF DISTAL HUMERAL ARTICULAR FRACTURES IN OLD AGE, STUDY OF 10 CASES

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Abstract

Background: *In elderly patients the tolerance of elbow joint to immobilization is very poor and stiffness develops easily, so conservative treatment is not suitable method for intraarticular fractures of the distal humerus. Although open reduction and internal fixation is the treatment of choice for these fractures in adults, in elderly patients disagreement remains on how to treat these fractures. Also the reports on the functional results after internal fixation of these fractures in elderly patients are rare.*

Objectives: *The purpose of this study is to evaluate the results of open reduction and stable internal fixation for treatment of intra-articular fractures of distal humerus in elderly patients above 60 years old.*

Patients and Methods: *10 patients with 10 intra-articular fractures of distal humerus. The average age was 63 years (ranged 60-73 years). There were six females (60%) and four male (40%). The right side was affected in seven patients (70%) and left side in three patients (30%). The fractures were classified according to the AO/ASIF classification. There was one fracture (10%) type B1, four fractures (40%) type C1, three fractures (30%) type C2 and two fractures (20%) type C3. All the patients were treated by open reduction and internal fixation through a posterior approach. The average follow up period was 18 months (ranged 12-32 months) During it the patients were examined both clinically and radiographically for union of the fractures, Post-traumatic arthritis, range of motion the elbow and forearm, muscle strength, degree of pain, return to previous activities. The final results were evaluated according to the Mayo Elbow scoring points system.*

Results: *average time to union were 3.5 months (ranged 2-4.5months). Four patients (40%) had Post-traumatic arthritis of the elbow*

(three patients with mild degree and one patient with severe degree). The motion at the elbow was mainly affected, the median arc of flexion/extension was 1000 (ranged 600-1300). The forearm motion was not affected and it was near normal in all of the cases. The final clinical results were excellent in three patients (30%), good in five patients (50%), fair in one patient (10%), and poor in one patient (10%).

Conclusion: *Open reduction and internal fixation of distal humeral intra-articular fractures in elderly patients can achieve excellent and good results in majority of the patients. Advancing age is not a contraindication for open reduction and internal fixation of these fractures.*

MODIFIED EXTENSION BLOCK PINNING FOR LARGE MALLET FRACTURES

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Abstract

Treatment of a mallet finger due to an intra-articular fracture of the distal phalanx involving one-third or more of the articular surface is controversial. Twenty one mallet fractures involving more than 33% of the articular surface and fractures associated with subluxation of the distal phalanx that could not be corrected by closed reduction are treated with an extension block pin and transarticular fixation of the distal interphalangeal joint. The average patient age was 26.8 years and the average fracture size was 40.5% of the joint surface. The average delay after injury was 5.6 days (range, 0-14 days) Average time to fracture union was 32 days. The average active flexion of the distal interphalangeal joint was 81.2° and the average extensor lag was 1.4°. There were no major complications. Using the established outcome criteria for mallet injuries, 95.2% had excellent or good results. This surgical technique resulted in rapid fracture union with only minor complications and has excellent functional outcome.

COMPARATIVE STUDY BETWEEN AUTOLOGOUS BLOOD PATCH PLEURODESIS VERSUS TALC SLURRY PLEURODESIS IN PERSISTENT AIR LEAK

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Abstract

Objective: *The aim of this work is to compare the outcome and results of pleurodesis with injection of talc slurry versus pleurodesis with injection of autologous blood patch in management of persistent air leak complicating lung resection, decortication or spontaneous pneumothorax.*

Patients and methods: *This study was carried out from January 2003 till December 2006. The persistent air leak was a postoperative complication of lung resection or/and decortication or due to spontaneous pneumothorax. All the patients were considered to have persistent air leak if the air leak persisted for 7 days or more. The patients were divided into 2 groups, group I (autologous blood patch pleurodesis group) and group II (talc slurry pleurodesis group). The Group I patients included 13 patients; 50 mL of autologous patch blood were injected intrapleurally for pleurodesis. Group II patients included 16 patients; 5 gm of asbestos-free talc slurry was injected intrapleurally for pleurodesis.*

Results: *There was no statistical significant difference between the mean ages of both groups, as the mean age of the blood group patients was 31 ± 10 years, while it was 30 ± 8 years for the talc slurry group patients. The mean prepleurodesis air leak period was $(6.8 \pm 1$ days VS 7.1 ± 1 days respectively). It was statistically non-significant. There was no statistical significant difference in the mean post pleurodesis air leak period between the blood pleurodesis group patients and the talc slurry pleurodesis group patients $(2.9 \pm 1.7$ days VS 3.9 ± 1.8 days respectively). There was statistical significant difference in the mean dose of analgesics given postpleurodesis $(139 \pm 60$ mg VS 231 ± 14 mg respectively), and in*

the mean postpleurodesis analgesic period (1.7 ± 1 days VS 3.5 ± 0.5 days respectively). There was no statistical significant difference between the 2 groups of patients in mean ICT period postpleurodesis (4.7 ± 3.1 days VS 6.6 ± 4 days respectively) and the mean hospital stay (7.5 ± 3.7 days VS 9 ± 4 days respectively). Minor adverse effects occurred in blood pleurodesis group of patients and talc slurry pleurodesis group of patients. Fever (23% VS 50%, respectively), empyema (8% VS 6%, respectively), chest pain (15% VS 56%, respectively), and recurrence (8% VS 13%, respectively). Persistent air leak occurred in (8% VS 13%, respectively), and second dose pleurodesis in 1 patient of each group (8% VS 6%, respectively).

Conclusion: *we concluded that in persistent air leak, pleurodesis with one of the 2 methods of pleurodesis (Autologous Blood Patch or Talc Slurry) is easy to perform, safe, available, and effective and does not add more costs. Acceptable minor adverse effects may occur more with talc slurry pleurodesis, but, it still effective and could be tolerated by the majority of patients.*

**RETICULOCYTE HEMOGLOBIN CONTENT AN
IMPORTANT PARAMETER WHICH INCREASES
THE EFFICACY OF ANEMIA MANAGEMENT
IN HEMODIALYSIS PATIENTS**

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Abstract

Anemia is a leading symptom of CRF and is present in over 90% of the dialyzed patients. Introduction of recombinant human erythropoietin (rHuEPO) into routine therapy of uraemic anemia has dramatically reduced or even eliminated the need of blood transfusion and improved the quality of life .

All CKD patients with renal anemia undergoing treatment with rHuE-PO should be given supplementary iron to maintain or reach the Hb targets. Regardless of dialysis status Iron deficiency is the most important cause of a suboptimal response to rHuEpo therapy ,determining the proper dose is a challenge topic.

** This work has been carried out to evaluate efficacy of Reticulocyte Hemoglobin Content (CHr) in management of anemia in CRF under dialysis.*

Our study included 50 patients with ESRD on hemodialysis divided into 2 groups, (A) include 25 patient with E.S.R.D where Anemia management depend on Transferrin Saturation (TSAT%) and serum ferritin and group (B) with ESRD where anemia management depend on CHr and serum ferritin

In our study we found that:

** There was no significant difference between group A and B as regard CRP(11.8±5.5 and 9.7±3.9 p>0.05) and also no difference in Hb% at the start and end of study of both groups(8.9±1.9 - 7.6±1.7 p>0,05 and 10.6±2.9-10.1±2.8 respectively)*

** There was significance difference between the two group as regarding doses of I.V iron (mg) and doses of rHuEPO (units).*

(200+/-100.7vs160.7+/-103.1and2240+/343vs1973+/-543.2 respectively).

- * There was negative correlation between C.R.P and CHr.
- * There was inverse relationship between duration of HD and severity of anemia we conclude that:
- * CHr may be used as marker iron deficiency Anemia in E.S.R.D Patients.
- * CHr more specific and sensitive than other traditional markers of iron deficiency anemia i.e TSAT% and serum ferritin.

SEROPREVALENCE OF HEPATITIS B AND C VIRUS INFECTION, PRE AND POST-TONSILLECTOMY AT BENHA TEACHING HOSPITAL

**Mohamed Abdul M. Eltoukhy MD
and Eman R. Aamer Ph.D***

*E.N.T.department, *Clinical pathology Department,
Benha Teaching Hospital*

Abstract

The high incidence of viral hepatitis among Egyptian populations compared with other developing countries deserve to pay the attention to search for the predisposing factors especially in our locality at Kaliobia.

Objective : *to evaluate the importance of pre-operative testing of hepatitis B and C in decreasing the incidence of their transmission. **Study design:** prospective open trial. **Patients and Methods:** pre-and post-tonsillectomy(six months follow up) screening for hepatitis surface antigen (HBs Ag), hepatitis B core antigen (HBcAg-IgM) and antibodies for hepatitis C were done for 100 patients(age range4-18ys) attending E.N.T. department at Benha Teaching Hospital. **Results:** one seropositive case for hepatitis B representing 1% and four seropositive cases for hepatitis C representing 4% of all cases, were detected. Follow up screening for seronegative cases of hepatitis B and C, six months post-operatively, were negative. Seropositive cases showed moderate elevation of aminotransferase enzymes (SGOT & SGPT) up to 4 months follow up.*

Conclusion: *tests for hepatitis B and C virus infection must be included in the routine laboratory investigations at Benha Teaching Hospital pre-tonsillectomy or adenotonsillectomy as well as pre any operative interference to detect the occult positive cases regardless of the additional cost. Prophylactic guidelines of hepatitis nosocomial transmission should be respected especially in preoperative seropositive cases.*

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INTRAOCULAR LESIONS SIMULATING CHOROIDAL MELANOMA

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Abstract

During the last 3 years intraocular lesions simulating choroidal melanoma were reported.

6 eyes were reported with choroidal melanoma. A single patient was reported to have secondaries in both eyes.

Intraocular haemangioma were found in 2 cases. Choroidal nevi were found in 2 cases.

Pigmented epithelial hypertrophy is a single case and two eyes with absolute secondary glaucoma proved to be retinal haematoma.

WRIST JOINT ARTHODESIS 7 YEARS EXPERIENCE

**Mohmamed E. Shabana MD, Ahmed M. Elsersawy MD,
Ahmed H. Tawfiek MD and Hamed Elgohary MD**

EL- Sahel Teaching Hospital, Cairo, Egypt

Abstract

Prospective study of 23 cases of painful wrist due to many reasons presented at elsahel teaching hospital from May 2000 to March 2007. Age ranged from 24-52 years. 12 cases female and 11 males. 14 wrists were right and 9 wrists were left. All cases were heavy workers.

11 cases were rheumatoid arthritis, 8 cases were post traumatic arthritis, 4 cases were stage 4 kienbock's disease.

Aim of the work: *To evaluate the result of wrist fusion in different aetiological conditions.*

Methods: *All patients had preoperative assessment, clinically and radiologically. for 1-3 years. All operations were done under general anesthesia through dorsal approach of the wrist joint.*

Results: *15 cases excellent, 4 cases good, 2 cases fair and 2 cases poor.*

Conclusion: *Wrist arthrodesis is a good choice for patients with persistent wrist pain and functional disability who are demanding painless stable wrist.*

Wrist arthrodesis allows pain relief, deformity correction and restoration of function.

PREVALENCE OF HYPERTENSION AMONG EGYPTIAN ATHLETES

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Abstract

Background and aim This study was undertaken to determine prevalence of hypertension among, Egyptian male athletes.

Methods: This study has been conducted on 1200 Egyptian male athletes of whom 825 athletes were engaged in endurance sports, and 375 were engaged in power sports with mean age of 23.4 ± 2.7 years and a BMI of 21.5 ± 1.1 .

For the studied subjects Clinical examination and resting electrocardiogram were performed. All subjects were asked about the use of sport beverages and the present or the past use of doping.

Result: Normal Blood pressure was found in 89.75 % (n=1077) with a mean systolic blood pressure of 105.18 ± 5.4 mmHg and a mean diastolic blood pressure of 63.7 ± 5.8 mmHg. ECG criteria for left ventricular hypertrophy was found in 49.2 % (n=528), 8.6% (n=92) report the daily use of sport beverages. Six athletes report the past use of a doping substance.

Hypertension was found in 3.75 % (n=45) of the studied athlete with a mean systolic and diastolic blood pressure of 150.3 ± 4.1 and 93.2 ± 2.5 mmHg.

60% (n=23) of the hypertensive athletes had ECG criteria for left ventricular hypertrophy, 6.6% (n=3) report the past use of a doping substance. One athlete report the daily use of sport beverages.

There was a highly significant difference in the presence of hypertension in the power versus the endurance athletes ($p < 0.01$)

There was a highly significant difference between the Normotensive versus the hypertensive groups regarding the use of sports drinks and doping. ($p < 0.01$)

Conclusion: It is concluded that Hypertension among athlete is esti-

mated to be 3.75% in the studied age group; all of the athlete were in stage I.

Hypertension is more prevalent among those engaged in power sports.

ECG criteria for Left ventricular hypertrophy are very common in athletes irrespectively of their blood pressure or the sport type.

Sport beverages should be monitored by the team physician and replaced by fresh juice in a hypertensive athlete.

Awareness regarding the life long health hazards of doping including hypertension should be widely known to the athlete and the team physician.

A further study should be planed in which the athlete blood pressure and response to medication should be followed.

Key words : Athletes, Hypertension, Doping, Sport Beverages.