

من مذكراتي "رحلتي في الطب والحياة"، الجزء الثاني "نشرة الجراحات"

أ. د. عبد الهادي الخلي

أصدرنا نشرة متميزة باللغة الإنكليزية بأربع صفحات. أسميتها "ALJIRAHAT" ورمزت للنشرة بالحروف (SSH (Surgical Specialties Hospital) أي مستشفى الجراحات التخصصية بعيداً عن التسميات السياسية. وافق مدير المستشفى الدكتور مثنى القصاب على ذلك. تعهد الدكتور جعفر الدجيلي مدير مطبعة التعليم العالي بطبع النشرة. ساعدني في مشروع النشرة زميلي الأستاذ الدكتور زياد طارق النائب الذي كانت له خبرة باستخدام برنامج حاسبي (الناشر المكتبي Publisher) في تصميم أبواب المواضيع التي تنشر.

اتصلت بالعديد من أساتذتنا وزملائنا الذين تحمسوا لذلك وساهموا في الكتابة. ضمت النشرة عدداً من المواضيع العلمية والأخلاقية الطبية والاجتماعية وأصدر منها عددان. في كل عدد كتبت "صلاة" أو دعاء يدعو الجراحون بكل اختصاصاتهم سبحانه وتعالى على غرار ما كان في كتب الجراحة التي درسناها في الكلية. فمثلاً جراح التجميل يدعو الله أنه إذا تقرر يوم أجله أن لا يأخذ روحه بعد تعرضه للحرق الشديد، وجراح الدماغ أن لا يجرمه من القدرة على التعبير التي تصاحب الشلل النصفي وهكذا.

كان ما كتبت في العدد الثاني من النشرة توجيهاً ومناشدة للشباب من الجراحين والأطباء بصورة عامة نحو التخصص الدقيق وألا يقتصر طموحهم على الاختصاصات العامة ليواكبوا التطور السريع الهائل في القرن الواحد والعشرين.

ALJIRAHAT



A Scientific bulletin published by Al-Shahid Adnan Khairalla Surgical

Specialities Hospital (SSH), Saddam Medical City, Baghdad

The Teaching Hospital of College of Medicine, Baghdad University &

The Iraqi Commission of Medical Specialization

Editors : Prof. A Hadi Khalili & Prof. Z. T. Al Naib

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The Surgeon and the Challenge

Issue 1, Volume 1, July,
1997

Dr. Muthanna Al-Qassab FRCS
Director of SSH

When the scientific committee honored me the privilege of writing the Editorial of the first edition of ALJIRAHAT, I feel obliged as a director of this hospital to introduce this 650 beds surgical hospital to the reader. It holds twelve surgical specialities (excluding general surgery and paediatric surgery), with its 27 operating theaters and is a complementarily part of a complex of four hospitals (total 1800beds).

We started in May 1990, and during these seven years of hardship and the difficulties of obtaining medicine and supplies, because of the Embargo, 64302 patients were admitted from may 1990 to May 1997. Almost five times this number were examined and advised by over 50 specialists and 140 house surgeons.

Forty-one thousand and three hundred and two (41302), patients were operated upon and more than 22744 of them major operations.

All of our 50 consultant surgeons share a major part of their time in post-graduate and under-graduate teaching and we provide a four years training program for for each speciality as are quirement for the Iraqi Board for higher specialization.

Eighty five young surgeons finished their basic training in these seven years. Three of them returned back recently as young consultants after they worked two years in peripheral hospitals. The others are either working elsewhere in this country or seeking higher qualification outside. Fifty candidates graduated with the degree of Diploma in Ophthalmology and two in Urology after finishing their training and the final examination.

One wonders how did we manage all this with such a tight Embargo, We lacked to almost every supply from anaesthetic drugs and antibiotics to surgical gloves and suture materials, from medical books and periodicals to light bulbs and water pumps and even writing paper ???.

Total mortalities (operative and non operative), in these seven years are 1260. One wonders again, of such a relatively low incidence with so severe shortage of almost every item, drugs and equipments.

As it is customary for the old to give advices to the young on assumption that age entitles one to do so, and as I am approaching the age of my retirement, my advice to the young surgeons is what my seniors advised me; Do remember that you are doctor first and surgeon second, Do not think of those under your care as cases upon which you exercise your care as cases upon which you exercise your skill, think of them as patients, individuals that are in need of your humanitarian help. Remember that the art of surgery is unmeasurable, it is not only the skill of craft. This can be gained by time and experience, it is the art of knowing how and when to operate, of understanding which cases demand operation and which cases bid us to abstain.

Dear Readers:

ALJIRAHAT, is a modest attempt to prove that a leading teaching hospital can extend its scientific responsibility beyond its geographical limits to other colleagues. It is called a "bulletin" which means; a brief update or summary of current news. Our aim is to inspire our colleagues to pass on what they have of state of the art in their specialties to others. Practical advices to our junior colleagues are stressed on to remind them of some practical points which help them through their daily medical practice. We promise our contributing SSH colleagues that all the material they submit shall appear in the coming issues. We sincerely hope, and work to ensure, that this bulletin will be issued regularly and be up to the expectation of the contributors and the readers alike. AHK.

* ANNOUNCING *

The tenth scientific congress
College of Medicine,
University of Baghdad,
29-30 November, 1997.

STICH IN TIME
SAVES NINE

Informations

Update

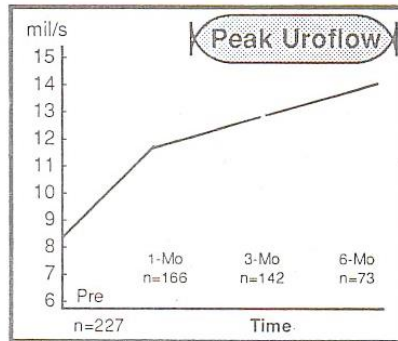
E.M.D.A.

TUNA of the prostate
The Canadian Experience

Prof. Ziad Al-Naibh

Transurethral needle ablation of the prostate by radio frequency thermal current has been used in Europe with good results. The Canadian study of TUNA™ was in May 1994 and was the first study conducted in North America.

The method of study was a prospective Phase II-trial. Entry criteria for the study include a max. peak flow rate (Qmax in ml/sec) of 12, a maximum postvoid residual of 350 ml, a maximum prostatic weight of 100 grams, no prior prostatic surgery, no current medical therapy of the prostate. AUA symptom and quality of life scores were recorded. The standard protocols (needle depth and lesion numbers by the prostate size, power and temperature curves adjusted by hand to predetermined curves) were used. Pre-treatment preparation and urodynamic evaluation were performed by a nurse practitioner who subsequently assisted in regulation of the energy delivery. Patients received a single dose of quinolone antibiotic before treatment and three days post Tuna™ treatment. The patient was discharged after voiding following Tuna™. All patients tolerated the procedure by using 2% Xylocaine gel, intraurethral topical analgesia. In general the patients were relaxed and were able to watch the procedure via TV monitor. No patient required any sedation. The treatment has taken 20-40min.



*TUNA in 27 clinical sites worldwide .
Peak Uroflow improvement .
Results as mean value from 17 clinical sites
(Clinical update) Vol1IN2*

Phenytoin: which is a standard drug used in epilepsy is also used in cardiac arrhythmia, especially that induced by digitalis. Injection should be done directly in a large vein followed by injecting normal saline to avoid local irritation. It should not be added to IV infusion. Extreme care should be taken to avoid injection in an artery as arterial destruction is inevitable due to the high PH of phenytoin

Saba Waleed, Clinical Pharmacist

Why Don't you pay a visit to the tenth floor at the Ministry of Health building .

*There is a rich library to help you.
Books, Periodicals and medline data base . All up to date .*

Electromotive Drug Administration

Routine administration of drugs for superficial pathologies is usually achieved by local application to the site of skin lesions or by local application to the site of skin lesions or by intralesional injections primarily for musculo-skeletal inflammation.

Since the early 1980's controlled transdermal administration by means of an electric current has been used with increasing frequency. However, the majority of publications advocate simple iontophoresis of corticosteroids and local anesthetic agents.

Physion introduced a new era of drug administration by means of electric current wherein all aspects of this approach are presented as a totally integrated program: current wave forms; iontophoresis, electrophoresis; electrode receptacle; tissue treated; drug effects and side effects. The term applied to this integrated technology is Electro-Motive Drug

EMDA used in:

- * Pain therapy
- * Rheumatology
- * Physiotherapy
- * Andrology
- * Urology
- * Dermatology

Administration (EMDA). It is useful for cytotoxic drug application in the bladder in STCC after TUR of Bladder tumors.

inside...

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Cochlear implants page 3
Hints for you Doc. !!

Laser in Ophthalmology

Dr. Muied Khashin, FRCS

The recent advances in management of Glaucoma in LASER SUTURELYSIS by cutting the suture which holds the scleral flap in place, you can selectively alter the flow through and around the scleral flap. This is specially useful when using antimetabolites following filtration surgery.

When using Mitomycin C, we choose to suture the flap tightly usually with five sutures for a rectangular flap. Titrating the filtration post-operatively with the laser helps guard against hypotony and flat chambers. This technique can be performed effectively at least two weeks following surgery, and sometimes it can work even months after surgery.

Notes to the residents

- * Do not forget examining the eye even in your gastroenteritis patient. He might have acute Glaucoma.
- * Do not forget to refer a patient with red eye and reduced vision to ophthalmic unit. He might get a serious eye problem!
- * Antibiotic drops are not going to open blocked nasolacrimal duct in a new born.

Neurosurgeon's Prayers

**O, Lord
if thou
takest me
take me
not with
aphasia**

21st Century Neurosurgery

Prof. A. Hadi Khalili FRCS

This decade, is named the decade of the brain. During this decade the neurosurgical field, amongst other neurosciences, has advanced significantly. Neurosurgery is becoming a high tech specialty. The high technology has affected many lines the most important of which is minimally invasive neurosurgery. Minimally invasive brain surgery refers to technological advances refining surgical access that have enabled neurosurgeons to reduce the morbidity and improve the accuracy and quality of neurosurgical procedure. These advances include computer-assisted stereotaxis, intraoperative ultrasound, brain mapping and neuroendoscopy. Computer-assisted stereotaxis includes not only smaller and accurate craniotomies but precision radiotherapy with radiosurgery and interstitial brachytherapy. Amongst the tools used are surgiscope and the gamma-knife. SURGISCOPE in image guided surgery; is a powerful robotic system, combining a two-way communication between the target and the diagnostic image. It is used for preoperative planning and intraoperative guidance. It helps you visualize, localize and navigate to a selected target. It guides you to your target, deep lesion, even through the normal surface brain tissue.

GAMMA KNIFE is a radiosurgical system treating brain lesions by delivering a single high dose of radiation to a small and critically located intracranial lesion through the intact skull. Such lesions used to be deemed inoperable or inaccessible. It does the "surgery" without any skin cut, allows patients to return to their preoperative life style quickly.

Cochlear Implant



Dr. Sabah Al-Agilly FRCS

The normal cochlea act as transducer for the mechanical energy of sound vibration to a form of energy capable of stimulating the auditory nerve. This function is performed by the hair cell within the cochlea, and their absence result in total hearing loss. The cochlear implant attempts to replace the function of the lost hair cell by transforming the mechanical energy of sound into electrical energy which directly excites the remaining auditory neurons.

BASIC CONCEPTS Although Cochlear implant take many forms, they are all composed of similar basic elements.

- 1- Microphone to pick-up sound and speech.
- 2- Speech processor to analyses the signal from the mic.
- 3- Transmitter coil to transmits signals to the implanted coil.
- 4- Receiver coil relays signals received to the electrodes.
- 5- Electrodes usually placed within the cochlea inside the scala tympani.

Pathophysiology: cochlea implants function best in profoundly deaf ears which have a large number of surviving peripheral neural elements capable of receiving and transmitting electrical impulses to central nuclei. The neural element that most likely to be stimulated by cochlear electrodes are spiral ganglion cells.

The cochlear implant can not be used for patients with eighth nerve disorder (after acoustic neuroma surgery), or after central problems such as bilateral temporal lobe damage.

Complications:

- [A] Immediate problems;
Hematoma under skin flap, Poor blood supply to the edge of skin flap, cerebro-spinal fluid leak and perilymph leak and facial palsy (very rare).
- [B] Long term problems; includes tinnitus, taste disorder, facial twitching, persistence perilymph leak.

THE CLINICAL PHARMACIST; A NEW SUCCESSFUL TASK

To treat the patient a team work effort is mandatory. The team includes the treating doctor, the pharmacist, and the nursing staff. In the past the pharmacist used to be considered a subsidiary member of the team which resulted in occasional chaotic medicinal management. The experiment of clinical pharmacist has been found very successful in dealing with a patient's care and advising on proper use of all medications. She, or he is a very handy source of information about drugs and their dangers to all members of the team. This fruitful experiment is now a standard implementation all over the developed world. In our country the Ministry of Health introduced the post of clinical pharmacist at all major hospitals.

Patients, doctors, nurses, and administrators are all in agreement that the clinical pharmacist's task is a successful task. The clinical pharmacists found themselves in a position forced to improve their therapeutic knowledge continuously to keep up to this new task. We sincerely hope that the clinical pharmacy post is applied in all medical services in our country.

At your service !!

Medline data base at the library of the College of Medicine, Baghdad University

THE SCIENTIFIC COMMITTEE AT SSH

Prof. A.H. Khalili, FRCS MPhil, FRCS
Dr. M. Al Qassab, FRCS
Prof. Z.T. Alnaib, MD PhD
Prof. A Al Samarrai, FRCS
Dr. A.W. Wahid H. Faraj, DLO
Dr. A.M. Ismail, FDSRCS
Dr. Dh. Said, FRCS
Dr. M. Al Khashin FRCS
Dr. S. Waleed, Bsc Pharm.

Anaesthesia

For some must watch while some must sleep (HAMLET). Patient awareness in operation room can happen with any case. To minimize this problem;

- 1- The use of anaesthetic drugs with amnesic effect in form of premedication or as adjuvant drugs to general anaesthesia.
- 2- Muscle relaxant must be avoided unless indicated
- 3- After routine i.v. induction, supplemental doses of induction agents should be given when a difficult intubation is accompanied by protracted period of intubation attempts.
- 4- Inhalation agents must be administered by minimum end-tidal concentration of 0.6% MAC
- 5- Well informative consent must be considered regarding the possibility of awareness especially in Cesarean Section, trauma or cardiac surgery, where awareness is foreseeable.

AWARD TO IRAQ

The Pan Arab Medical Union Award was granted this year to Iraq. Prof. A. Hadi Khalili, FRCS, FACS, of SSH, Dept of Neurosurgery, eleventh floor, was nominated by the union as the leading Pan Arab Doctor of the year. Congradulation to College of Medicine, Baghdad University, SMC, & SSH

RECENT ADVANCES :

Research is directed now a days of different aspects of management of post-operative pain.

Preemptive Analgesia :

Preoperative administration of analgesic drugs reduces the amount of analgesic drugs needed to reduce pain post-operatively.

Epidural or intrathecal opioids and local analgesics (alone or in combination), provide satisfactory postoperative analgesia.

The use of NSAID, preoperative has opioid sparing effect up to 30% of postoperative analgesia.



SSH
news FOR YOU

- SSH news**
- * A leading maxillofacial surgeons retires: Dr. [] Shukur, FDSRCS, of the tenth floor, retired last month. He shall be remembered for very long time to come.
 - * The library at SSH, second floor is reopened last month. The audiovisual and computer data base section is to start soon. All staff members and students at SSH and SMC are welcomed.
 - * A bookshop is to be opened at SSH, first floor soon. It shall be run by Baghdad University Book house. Medical books in display and by order can be obtained. Stationary and photocopy services shall be offered too.
 - * A French surgical team visited SSH and carried out few surgical procedures and also delivered some lectures.
 - * Dr. Ziad Al-Naieb and Dr. Sabah Al-Kadi, Urology Dept. inaugurated as Prof. in Urology, Congradulations.
 - * Dr. Musaid Al-Bedri became Assistant Professor ENT, Congradulation.

QUIZ



Who is the leading Arab surgeon who was born in Cordoba (936-1013), whose classical teachings shaped European surgical procedures until the Renaissance? The last chapter of his classic book "At-Tasrif" showed drawings of more than 200 instruments which constitutes the first illustrated independent work on surgery. At-Tasrif translated into Latin in the 12th century. It stood for nearly 500 years as the leading textbook on surgery in Europe. (The Answer is in the next issue)

ALJIRAHAT *SSH*

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Editors: Prof. A Hadi Khalili, Prof. Z T Al-Naib*

Issue 1,
Volume 2,
June 1998

Editorial

THE "SUPER SPECIALTY"

In the year 1971 I applied to the Mass Eye and Ear Institute, USA to join the ophthalmic training program. I was accepted to join in 1974 which I did not do, as I moved to neurosurgery. However they sent me their training program which was a surprise! It specified that the candidate shall join for six months Professor of cataract and six months Professor of glaucoma and so on. My surprise then was this superspecialisation? It was too much, I thought and commented; in 1974 I "may" see Professor of cataract of right eye and another for glaucoma of the left eye! Looking back at this concept I see it now as the only way to progress scientifically, professionally and personally. There is no room for Jack to master all trades! The "trades" are becoming too many, too elaborate, and too widened in their scope. A "GP" in any specialty can in no way match the super specialist scientifically, professionally and personally. If we take neurosurgery as an example, we see the general practitioner in neurosurgery is very much lagging behind the super specialist in e.g. pituitary surgery, brain tumors, vascular, pediatric neurosurgery, spinal congenital lesions, or skull base lesions, etc. These specialists advance their super specialty with better service to everybody. I propose that our professional masters in all specialties take the superspecialty seriously and make our junior colleagues take superspecialty in addition to being "GPs" too.

A H Khalili

The Iraqi Commission for Medical Specialization:

By
Prof. Aziz M. Shukri FRCS,
Head of ICMS

This medical institution was established in 1986 in response to the needs of proper training programs of our young doctors in the different fields of medicine and surgery, and to overcome the current difficulties of training abroad.

Our training program is not very different from training programs in other medical teaching centers, perhaps with minor modifications to suit our circumstances.

The candidates are enrolled for four, now, five years in the program. This program depends mainly on clinical and practical training as well as set numbers of theoretical reading hours. The candidates are obliged to present a thesis in the third year.

All candidates are supposed to pass Part I examination in basic sciences and a Part II, final, examination in the specialty. Successful candidates granted the degree of "Fellow of Iraqi Commission for Medical Specialization", which is considered officially as the highest professional degree.

In Feb 1988 the program started with general surgery, general medicine, gynecology and obstetrics, pediatrics, neurosurgery and orthopedics. This was followed in Nov 1988 Urology, plastic surgery, otolaryngology, cardiothoracic surgery, psychiatry, and community medicine. Neurology, Maxillo-facial surgery, anesthesia and radiology were started in 1992, to be succeeded in 1993 by Ophthalmology, Pathology, pediatric surgery, Dermatology and Family medicine. Most recently gastroenterology was commenced in 1996. This year it is intended to establish other specialties namely: Nephrology, Rheumatology and Forensic medicine.

At the beginning, The training programs started with only 81 candidates, which expanded to a total of 2321 young doctors

under training or graduated in different fields of surgery and medicine.

So far 707 Fellows graduated as displayed in the following table.

All those graduates are carrying the task of running the medical services and filling a big gap created by the scientific and professional sanction inflicted upon our country.

In evaluating this establishment we feel satisfied with the program and its successful outcome hoping to carry on and do more to serve medicine in our great country.

Finally we all are determined to see the day when our training programs and degrees fully established and recognized beyond our geographical limits.

General Medicine	120
General Surgery	105
Orthopedic surgery	88
Pediatrics	71
ENT	62
Gynecology & Obst	47
Psychiatry	42
Urology	36
Community Medicine	35
Neurosurgery	30
Plastic surgery	28
Cardiothoracic Surgery	15
Pathology	11
Anesthesia	5
Radiology	4
Dermatology	3
Neurology	2

" Opportunity
To Learn Walks Into
The Operating Room With
Any Surgeon
Who Has Unanswered
Questions On His Mind "

Wilder Penfield

Inside

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UPDATE

Intravesical BCG-instillation therapy for superficial bladder cancer: A standard beneficial treatment beyond the understanding of its mode of action?

A. Bohle, C. Durek, S. Brandau, A.J. Ulmer, H.-D. Flad, D. Jocham
Dept. of Urology, Medical University of Lübeck
Dept. of Immunology and Cell Biology, Forschungsinstitut Borstel, Germany

Purpose: Topical BCG (Bacillus Calmette-Guérin) instillation therapy is the method of choice against superficial bladder cancer recurrences including carcinoma in situ. In order to elucidate the mode of action of BCG, bladder biopsies and the urinary cytokine profile was investigated in patients. In vitro approach, we set up a model to characterize the cytotoxic effector cells.

Methods: Bladder biopsies were stained for CD4+ and CD8+ cells before, during and after instillation therapy. Urinary secretion of IL-1, TNF and IL-6 was detected by ELISA and bioassay. In vitro, PBMC were co-incubated with BCG or IL-2. The resulting cytotoxicity was measured in different target cell culture systems.

Results: The inversion of the CD4+/CD8+ ratio with predominance of CD4+ cells in the bladder wall after therapy lasted for longer than 1 year. IL-1, TNF and IL-6 secretion in the urine was highly elevated in patients. The in vitro co-incubation of PBMC with BCG resulted in the induction cytotoxic cells termed BCG-activated Killer (BAK-) cells that exhibited a pronounced cytotoxicity towards single bladder tumor cells and multicellular spheroids (MCS).

Conclusion: Our in vitro approach reflects the local activation of immunocompetent cells detected in vivo playing a crucial role in BCG-instillation therapy.



Did you know that the Dept. of Pharmaceuticals of Saddam Medical City is publishing its own Bulletin named "Pharmaceuticals Information"

**DID YOU KNOW?
ALJIRAHAT**

library now is amongst the Reference Medical Library in Iraq.

COME and enjoy the Computer service, Video Library, and publications.

Thermo-expandable Urethral Stent: A New Option

Mr. Fadel Derry, FRCS
Consultant Surgeon
Stoke Mandeville Hospital,
Aylesbury, UK

A stent is a device inserted inside a tubular structure to maintain its patency. Urethral stent can be used to prevent recurrence of strictures, treat the obstructive symptoms of BPH and manage detrusor-sphincter dysynergia (DSD) in neuropathic bladders. The use of permanent mesh stents in the urethra, e.g. *Wallstent*, has been associated with many complications, including urothelial tissue hypertrophy through the mesh leading to obstruction, and the difficulty of removing such an embedded stent. The need for a safer device has never been more pressing.

Certain Nickel-Titanium alloys have a peculiar physical property of retaining a shaped memory at body temperature, yet forgetting the memory when cooled. Stents made in the form of wire coils or spring shaped tubes of such an alloy, can be deployed inside the urethra with a flexible cystoscope using warm saline to expand the stent to retain it in the required position, and take it out easily with a cystoscope using cold saline. Different sizes and lengths of stents can be made from wire coils of this alloy to fit the prostate, urethra, and even the ureter.

Memokath is a thermo-expandable urethral stent that can be used as a prostatic stent deployed from the bladder neck to the verumontanum in BPH, or as an alternative to external sphincterotomy in DSD from the

Reconstruction Surgeons
Prayers

O, Lord,
If Thou Takest me,
Take me not through
my
BURNED SKIN!

good luck

For the Iraqi ophthalmological Society for their new bulletin "Uyoon".



Medicine Digest 1988;14:12

bladder neck to the bulbous urethra. It may be left in situ for many months, and taken out or replaced using a flexible cystoscope. Many old or frail patients can keep such stents for many months or years, and even die with functioning stents and no urinary complaints. This method is widely used now across the world, usually under a day surgery environment. Complications are uncommon and generally not serious, including migration, and encrustation. However, the great asset of this method is that removal or exchange of a malfunctioning *Memokath* is very easy unlike a *Wallstent*. The first patient in Iraq to receive a *Memokath* stent was a poor anaesthetic risk BPH case. TURP was indicated but due to acute cardiac problems, he was kept on an indwelling urethral foley catheter for many months. Using flexible cystoscopy under local anaesthesia, a 50 mm *Memokath* stent was deployed on 2 Nov 1997. The patient was able to pass urine in a good flow, and was discharged home the same day. The era of thermo-expandable or temporary urethral stenting has dawned. These stents can provide practical solutions

TO ALL OUR READERS

Please send your contributions, comments, and suggestions.

Highlights on Hydatid Disease

Prof. Abdul-Latif Al-Badri

The antigens in the hydatid cyst fluid (EM 2, EM18, 8KDa and 55 & 65KDa subunits of antigen 5) initiate the antibody response by activating the mononuclear T-celof the peripheral blood to produce interferon-gamma, IL-10 and IL-4 (IgE, IgG3, IgG4), on which the serological diagnostic tests depend.

The sensitivity and specificity of these tests are as follows:

The present therapeutic modalities of hy-

	Speci- ficity	Sensi- tivity
ELISA	95 %	63%
ELISA/CN-br cellulose disc	97 %	63 %
ELISA + Phosporyl choline	100 %	80 %
Micro ELISA	100 %	87 %
DD5 (double diffusion Arc5)	100 %	57 %
HA-Dia (Hydatid antigen dot immunoblotting assay)	94 %	40 %

datid disease are:

1. **Drug therapy:** Albendazole, Mebendazole and Paraziquantal.

Albendazole: 800 mg/D in **four** 28 days courses, seperated by 14 days intervals, show:

Liposome entrapped Albendazole with

	Liver Hydatid	Lung Hydatid
Cured	41 %	72 %
Improved	44 %	9 %
No change	15 %	19 %

co-administration of Ranitidine improves the treatment and reduce the dose.

Loading the poly (D,L-lactide) nanoparticles with Albendazole increase the efficiency of the drug to (97 %).

2. **Laparoscopic evacuation:** using a special perforator-grinder-aspirator capable in producing (- 250 mbar) to close the cavity.

3. **Surgery** with following precautions:
i: A pack moistened with scolicidal sub-

stance (*Ivermectine*) should be placed around the bulging part of the cyst.

ii: Tension inside the cyst should be reduced by aspirating some of its fluid before injecting the scolicide.

iii: If the aspirated fluid contains bile, then the scolices are dead, and no need for injecting the scolicide.

iv: Approximate the wall of big cavity with few stitches.

The effectiveness of the treatment can be measured by the level of antibodies change *one year* after treatment, with the IgE being most useful marker of therapeutic success if compared with pretreatment values.

Partial response have intermediate value.

Full Response	No Response
INF-G ↑	INF-G ↓
IL-10 ↓	IL-10 ↑
IgE ↓	IgE ↑



A Fairly Common Condition!

*Dr. Maysoun M. Saeed, FRCS
Dept. of Ophthalmology*

In a seminar meeting dedicated to inflammation of the conjunctiva and cornea held on 21 Sept. 1996 in France, Professor Boudouin presented a paper dealing with iatrogenic conjunctivitis, where he found that preservative allergies were fairly common. (The condition is linked to a immediate hyper-allergy or to delayed hypersensitivity of the contact allergy). The problem was traced oftenly to mercurial derivatives or quaternary ammonium preparations, particularly Benzalkonium chloride, which is used in many different types of eye drops. Therefore, those patients who suffer from chronic pathological disorders such as glaucoma, dry eye syndrome, and allergies along with those who use contact lenses are at greatest risk.

Obituary

The untimely death last May of

Dr. Naif Al-Hasoni

brought great sorrow to medical profession. He was an ex-president of the Iraqi Medical Union, president & founder of Iraqi Ophthalmological Society, & director of Ibn Al-Haitham Eye Hospital.

His death is a great loss.

With deep sorrow, we lost a dear friend & efficient ENT surgeon

Dr. Abdul Wahid Hassan

The scientific committee held a commo-meration for his good soul on
8 Jan 1998.

Practical

Points For You

DOC!



Never send an injured patient for radiological Oexam without ensuring optimal medical and nursing care before and during the radiological procedure.



Do not mix *Garamycin* with *Ampicillin* in the same syringe because this lead to inactivation of gentamycin !.



Phenytoin injection is indicated in cardiac arrhythmias & Status Epilepticus. Do not mix it with 5% glucose solution, as it will be inactivated !.



To minimize damage in acute spinal cord injury; give immediatly an iv. bolus dose of methylprednisolon 30mg/kg, within 8 hours of injury, followed by an infusion of 5.4 mg/ kg/ hr for 23 hours.



Never attempt to do lumbar puncture without checking for papilledema. If present with negative CT scan; you may do lumbar puncture, but very carefully; i.e. do not let the CSF drain quickly and freely. By this you avoid brain damage.

Coronary Angioplasty and Stenting

Dr. Talib K. Majwal, MD, MRCP, FACC

The goal of therapy in patients with coronary artery disease is to alleviate symptoms of angina and reduce the risk of death or non-fatal MI. Balloon angioplasty was started on 1978. Improvements in the catheter design have been partially responsible for higher success rate in recent years (95 - 98 %). But the problem of re-stenosis within the first 6 months after the procedure remain the major problem, which occur in up to (30 %) of cases. The need for emergency bypass surgery for balloon dilatation alone previously was (4 % for abrupt and threatened closure), for which other devices were introduced, like the development of coronary stents by which almost all cases of abrupt or threatened coronary artery occlusion can be treated without the need of emergency surgery. Stenting had reduced the need for emergency surgery from (4 %) to almost (0.2 %), for this reason the need of surgical backup for centers doing coronary angioplasty is not necessary.

At the same time, stent decrease the incidence of re-stenosis from (30 %) to (15 %). The lumen diameter of stented arteries did not decrease, according to serial angiographic observations made from 6 months to 3 years after the procedure.

The main indications of stenting are:

1. Threatened and abrupt closure.
2. Significant dissection after PTCA.
3. Re-stenosis lesion.
4. High residual stenosis (> 30 %) after PTCA.
5. Angioplasty of vein graft.
6. Lesions suspected to carry high rate of re-stenosis like proximal LAD lesions.
7. Angioplasty of a totally occluded coronary artery.

Congratulations !

For the continuation of the
Health Bulletin published
by the **Ministry of Health.**

COMPUTER LINK
is to start soon between ALJIRAHAT
and other libraries and medical centers

RESEARCH CORNER

Role of Antibiotics after Tonsillectomy

Dr. Nadhim K. Saoudi, FRCS

Dr. Fadhil A. Khalil, MB ChB

Tonsillectomy continues to be a commonly performed operation by Otolaryngologists. Postoperative period especially in the first week is often protracted, and characterized by throat pain with earache, intermittent fever, poor oral intake with foul odour from the oral cavity.

Antibiotics are frequently prescribed in an attempt to minimize these symptoms and /or avoid complications, such as infection of the operative site or secondary bleeding.

Many surgeons attempt to prevent or minimize these symptoms with antibiotic therapy in the postoperative period. Others have felt, however, that antibiotics therapy has no role in this setting.

We conducted a prospective comparative study of 130 tonsillectomies performed at the ENT Dept. of ALJIRAHAT hospital. We divided our patients into TWO groups;

Group A: constituted of 80 patients, all received antibiotic therapy and paracetamol.

Group B: constituted of 50 patients, received only paracetamol.

The results showed that;

1. The incidence of secondary bleeding was the same in both groups (with / without antibiotic therapy).
2. Antibiotics do not protect the patient from infection in the tonsillar fossa.
3. There is no great difference in temperature readings of patients taking antibiotics with analgesia or analgesia only.
4. Patients on antibiotics complained of less throat pain, otalgia and dysphagia.
5. Frequent and regular meals and drinks in the postoperative period is associated with reduced incidence of postoperative pain, bleeding, infection, halitosis, and dysphagia.

In conclusion;

- i: It is not necessary to give antibiotics routinely following tonsillectomy.
- ii: It is necessary to give prophylactic antibiotics in cardiac lesions, history of rheumatic fever and acute glomerulonephritis.
- iii: It is necessary to give antibiotics in established infections postoperatively.

Answer to Quiz of Issue no. 1
Abu Alqasim Al-Zaharawi
(Albucasis)

NEWS

1 During the past 6 months, our hospital was honored by the visits of medical delegations and authorities from; Egypt, Syria, Austria, France, Switzerland, Jordan and Tunis. They delivered scientific lectures in most of surgical specialities, donated books, journals, video tapes, radiographic contrast solutions & some surgical gadgets.

2 Dr. Fadel Derry; consultant spinal cord injuries & neuro-urology at Stoke Mandeville Hospital UK, visited our hospital & delivered updated lectures on spinal cord injuries on all its aspects, & donated books & CD-ROM.

3 Prof. A. H. Khalili, Head of neurosurgery dept. at SSH was nominated as member of the health research committee of the WHO East Mediterranean Regional office EMRO, which is in charge of conducting research in 23 countries.

4 Our library is to be connected through a network with the College of Medicine & Ministry of Health.

5 Dr. A. Sami went for 6 weeks course in Belgium for training on neurosurgical advances.

Facts & Figures

SSH in 1997

Total patients admitted : 13041

Total operations done : 7538

Mortalities : 246

Dr. Muhammed A. Al-Rawi
has been elected as president of the
Iraqi Medical Union.
Congratulations

Quiz

Who is the man who has changed the direction of human history for best? He was born in Essex, England in 1827, received his medical degree at University College, London in 1852. He worked under James Syme in Edingburgh at the Royal Infirmary and married his daughter. His nephew (Rickman Godlee) was a pioneer neurosurgeon. He was the first to apply Louis Pasteur findings of bacteria and applied Carbolic acid on wounds. He also changed the technical details in the operating environment by applying the same principle. His techniques were followed through out the world of wounds management and surgery.