
IRAQI POSTGRADUATE MEDICAL JOURNAL

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IRAQI POSTGRADUATE MEDICAL JOURNAL

**The Official Journal of the Iraqi Board for Medical
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Chronic Cough :A Marker for Silent Diseases

Farhan Bakir

Abbreviations and key words:

ACE = Angiotensin converting enzyme

C Ch = Chronic cough

GERD = Gastro Esophageal Reflux Disease

NAEB = Non Asthmatic Eosinophilic Bronchitis

PNDS = Post Nasal Drip Syndrome

PPI = Proton Pump Inhibitor

UACS = Upper Airway Cough Syndrome

Impact of Risk Factors on Complications of Coronary Intervention in Non-ST-Elevation Acute Coronary Syndrome

Hassan Al-Najjar

ABSTRACT:

BACKGROUND:

Percutaneous Coronary Intervention ; PCI has become important tool of treating patients with Ischaemic Heart Disease however it is associated with serious complications.

OBJECTIVE:

This paper is a survey of the complications that occur during hospitalization for such treatment of patients with Non-ST-Elevation Acute Coronary syndrome, assess relation of those complications with the clinical severity, and with number of five classical predisposing Risk Factors for atherosclerosis

METHODS:

Data of 142 consecutive hospital pts with Non-ST-Elevation Acute Coronary syndrome were analyzed. All patients had early coronary angiography following stabilization. Apart of 27 patients who had either medical treatment only or surgery 115 pts had PCI

RESULT:

Complications were reported in 19 out of the 115 pts who underwent PCI (16.5%). They were; 1- Significant Coronary Artery dissection in 13 pts (11%), 2- Signif. Coronary thrombi, 3 pts {3%} culminating in NSE-MI in two, 3- Signif. Creatine Kinase rise; NSE-AMI, 2 pts (2%), 4- Arterial Rupture and death 1 pt; 1%. These primary complications had led to Secondary complications in 9 pts and tertiary complications in six. Dissection, the most frequent primary complication had culminated in five of the ten infarcts (NSTE-AMI). B-Predictors of complications:- Complications rate was not affected by worsening of clinical severity of the various groups of pts while it was directly linked to the no. of risk factors. Their rates were zero, 12%, 15% and 33% in pts with no risk factor, 1, 2, and 3-5 Risk Factors respectively. The data of the 79 patients with one or two risk factors suggested that hypertension was associated with the highest rate of complications ;(27%). This was probably attributed to the finding in this study that Likelihood of sustaining dissection, the precursor of most complications, was more than twice frequent in the hypertensive pts compared to those without hypertension (18% compared to 8% respectively).

CONCLUSION:

Inhospital Complications of coronary intervention in patients with NSTE-ACS were in one sixth of patients (16.5%). Dissection was most common complication (11%). It had precipitated five of the eight cases of coronary thrombosis (63%) and five of the ten Acute myocardial Infarctions (50%). Complications had probably increased with the increment of the number of Risk Factors but they were not related to clinical severity. Hypertension probably was associated with highest complication rate, this might be due a possible association between dissection and hypertension and underlined the need for further study

KEY WORD: coronary angioplasty and stenting = percutaneous coronary intervention = pci, unstable angina and non-st-elevation myocardial infarction = non-st-acs

The Significance of Helicobacter Pylori Infection in Uraemic Patients

Jenan Eiyas , Arif Sami , Tariq AL-Hadithi

ABSTRACT:**BACKGROUND:**

Helicobacter Pylori play an important role in pathogenesis of gastritis and peptic ulcer disease in uraemic patients

OBJECTIVE:

To assess the prevalence of helicobacter pylori infection in uraemic , and to find the relationship endoscopic findings and the H. pylori infection

PATIENTS AND METHODS :

Forty patient with chronic renal failure were studied and compared with 38 patients with dyspepsia with out any known history of renal disease.

All underwent upper gastrointestinal endoscopy and antral biopsies were taken for detection of H.pylori infection using the rapid urease test as agoldstandard for confirmation of the infection

RESULT:

The prevalence of H.pylori infection was 32.5% in uraemic patient and abnormal endoscopic finding were detected in 70% of the patients with abnormal endoscopic findings

CONCLUSION:

The prevalence of H.pylori in uraemic patients is lower than in patients with the normal renal function , but the difference is not significant statistically

KEY WORDS: chronic renal failure , urease test , hemodialysis

Quantitative Ultrasound Versus Dual-Energy X-Ray Absorptiometry for Diagnosis of Osteoporosis in Iraqi Women with Rheumatoid Arthritis

Nizar Abdulateef Jassim

ABSTRACT:

BACKGROUND:

Osteoporosis is a major co-morbidity in rheumatoid arthritis (RA). Bone mineral density (BMD) in adults can be assessed precisely by dual-energy x-ray absorptiometry (DXA). In recent years, quantitative ultrasound (QUS) technique has been used in radiation-free assessment of bone density by mean of ultrasound waves attenuated by bone.

OBJECTIVE:

The aim of study was to compare QUS to DXA in assessing BMD in patients with RA.

PATIENTS AND METHODS:

Fifty women with RA (diagnosed according to ACR criteria) of 2-12 years duration, their ages range from 30-72 years, who were seen at Osteoporosis Clinic in Baghdad Teaching Hospital were recruited. Sixty four percent were or had been receiving glucocorticoid treatment. All patients receiving disease modifying anti-rheumatic drugs (DMARDs). Lumbar spine BMD was measured by DXA, and QUS for calcaneum was performed in all patients.

RESULT:

T-scores measured by QUS were correlated significantly with lumbar spine BMD T-scores measured by DXA ($p < 0.0005$). Bone mineral density T-scores were negatively correlated with age and disease duration. Patients taking glucocorticoids were associated with lower T-scores.

CONCLUSION:

The findings of this study support QUS as an alternative tool for assessing BMD in patients with RA.

KEY WORDS: quantitative ultrasound, osteoporosis, rheumatoid arthritis

Female Pattern Alopecia and Lipoproteins

Khalifa E. Sharquie* , Adil A. Noaimi **, Husam Ali Salman **,
Nibras A. Hindy***

ABSTRACT:

BACKGROUND:

The meaningful association of androgenetic alopecia and coronary heart disease had been well documented, but few studies had been focused on the importance of lipid parameters in patients with androgenetic alopecia.

OBJECTIVE:

To investigate the lipid profile and its relation to female pattern alopecia.

PATIENTS & METHODS:

This is a case controlled study conducted at the Department of Dermatology & Venereology- Baghdad Teaching Hospital, between January 2001 and April 2002. Sixty female patients with androgenetic alopecia were enrolled in this work. From each patient a detailed history and full clinical examination were performed regarding all demographic points relative to the disease, grading of alopecia and measurement of serum lipoproteins was done. Female pattern alopecia was classified according to Sharquie's classification

Sixty age and weight matched females with normal hair status were considered as a control group. Measurement of serum lipoproteins also performed for them.

RESULT:

Sixty patients, their ages ranged between 20-60 years with mean \pm SD of 30.3 ± 9.4 years. Twenty (33.3%) patients were having grade I, 20 (33.3%) patients grade II and another 20 (33.3%) patients grade III. The mean levels of total serum cholesterol, triglycerides, low density lipoprotein and very low density lipoprotein in all patients and those with grade II and III separately were significantly higher when compared to the control group. On the other hand, the mean levels of high density lipoprotein in all patients and those with grade I and III separately were lower in comparison to the control.

CONCLUSION:

The atherogenic index or risk ratio was found to be significantly high in patients with female pattern alopecia and this goes parallel with the severity of baldness.

KEY WORDS: female pattern alopecia, lipoproteins, ischemic heart disease.

Ultrasonographic Findings in Developmental Dysplasia of the Hip in Infants

Haider Qasim Hamood

ABSTRACT:

BACKGROUND:

Ultrasound (U/S) is valuable modality for evaluating the hip in infants because it enables direct imaging of the cartilaginous portion of the hip that cannot be seen on plain radiographs. Furthermore, U/S examination enables dynamic study of the hip with stress maneuvering. U/S is the preferred imaging modality which used to study the hip disorders like developmental dysplasia of hip (DDH), because it is sensitive indicator of malposition, instability and lack of acetabular development. U/S accomplishes all of these without exposing the infant to ionizing radiation, not expensive, non-invasive and available.

OBJECTIVE:

The aim of our study is to determine the effectiveness and sensitivity of ultrasound examination of neonates to confirm the early clinical diagnosis of developmental dysplasia of hip (DDH) especially in the high risk groups of neonates and young infants.

METHODS:

We conducted a retrospective review of ultrasonographic imaging in 60 neonates and young infants (36 females and 24 males ; age range, 1-9 months, median age , 4 months). U/S examination of the hip joint were evaluated for, percent bony coverage (PBC), which indicates the percentage of the femoral head that covered by the bony acetabulum, normally, 50% or over of the femoral head should be covered by bony acetabulum. And evaluated for Graf angles, alpha angle which defines the bony acetabulum and normally it is more than 60 degree and beta angle which indicates the cartilaginous development and it is normally less than 55 degree. Also evaluate the femoral head flattening which usually associated with delayed ossification , shortening and anteverting of the femoral neck .

RESULT:

DDH is more common in the female patients (F:M = 3:1). Instability and dislocation is usually unilateral, this is seen in 30 patients (50%), (unilateral :bilateral = 3:1). Left hip is more commonly affected, this is seen in 24 patients(40%),(L:R = 4:1). Children born by caesarian section are more likely to have associated instability or dislocation of the hip, 10 patients(25%). First born baby are more affected, 4 patients(10%) and usually these children are more likely to have been breech presentation during their gestation, 14 patients (35%). Family history of DDH is seen in 6 patients(15%).

CONCLUSION:

The U/S is the preferred modality for evaluating the hip in infants who are younger than 6 months. U/S of infant's hip can be used in the diagnosis of DDH and also in monitoring of treatment or follow-up the improvement in the acetabular maturity and morphology, as well as the location of femoral head can be documented to assist in the guidance of therapy plan.

KEYWORDS: infant hip joint, developmental dysplasia, ultrasound

Nasal Layer Lengthening in Cleft Palate Repair Outcome of Two Techniques.

Zakaria Y. Arajy*, Dhafir Dawood Hanoon**

ABSTRACT:

BACKGROUND:

Cleft palate repair aims at producing closure of the cleft with reasonably lengthy palate in order to have competent velopharyngeal closure. Various procedures have been described and used for this purpose. Primary lengthening of the nasal layer is one of these procedures.

OBJECTIVE:

The aim of this study is to evaluate two procedures of primary nasal layer lengthening, with or without a turned in buccal flap.

METHODS:

The total number of our patients is 36. Twelve patients of our study did not undergo nasal layer lengthening technique and considered as control (group A). Twenty four patients underwent lengthening of nasal layer technique.

In 12 of them (group B) the raw area of nasal layer was covered only by oral layer flaps and 12 cases of them (group C) the raw area of nasal layer was covered by unilateral buccal flap.

RESULT:

All patients who had this technique (group B&C) obtained an acceptable lengthening of the palate and it approached the posterior pharyngeal wall. Three patients to whom we used nasal layer lengthening technique without buccal flap developed complications; two fistulas and one case of infection, while patients with nasal layer lengthening with buccal flap and patient without nasal layer lengthening technique showed lower level of complications.

CONCLUSION:

Nasal layer lengthening technique is a favorable technique for palatal lengthening in cleft palate repair if accompanied by buccal flap.

KEYWORDS: cleft palate, palatal lengthening, buccal flap, velopharyngeal incompetenc

Septorhinoplasty for the Crooked Nose

Ahmed A. M. Nawres*, Aziz Al Sarhan**, Ihsan A.Challow**

ABSTRACT:

BACKGROUND:

The externally deviated nose represents a complex cosmetic and functional problem. Its correction remains one of the challenging problems in rhinoplasty.

OBJECTIVE:

To evaluate the result of correction of crooked nose by septorhinoplasty with fixation of nasal septum to the anterior nasal spine.

METHODS:

54 patients have undergone primary septorhinoplasty through a closed approach including full mobilization of the septal cartilage, osteotomy to reduce the displaced lateral nasal wall and finally fixing the septal cartilage to the anterior nasal spine.

RESULT:

The minimum follow-up period was 6 months. Recurrence rate for nasal deviation 10%. The aesthetic results were considered good to excellent in all patients, as judged by both the surgeons and patients.

CONCLUSION:

Complete mobilization of septal cartilage without scoring along with its fixation to the anterior nasal spine is satisfactory for correcting crooked nose.

KEY WORDS: crooked nose. externally deviated nose, twisted nose.

A Comparative Study Between Imipramine , Oxybutynin and Non Drug Therapy in Treating Nocturnal Enuresis

Maitham H. Kenber , Kussay M. Zwain

ABSTRACT:

BACKGROUND:

Treatment with tricyclic antidepressants agents is the mainly used therapy for nocturnal enuresis also there are other agents such as anticholinergic drugs and desmopressin (nasal spray and oral) which are used to lesser extent also other modalities are used such as behavior modification.

OBJECTIVE:

We prospectively evaluated the effect of imipramine for treating children with nocturnal enuresis compared to oxybutynin and to non drug treatment.

METHODS:

We enrolled 149 patients of the age group more than 5 years from September 2006 to end of July 2007. The children were randomly assigned into three groups; the first (60 patients) treated with imipramine, the second (60 patients) treated with oxybutynin and the third (29 patients) treated with non drug therapy and the three groups were followed for more than 3 months. Treatment response was measured monthly for 3-6 months in terms of frequency of enuresis, tolerance to drugs and side effects of the drugs used . The recurrence of enuresis after stopping the treatment was also reported.

RESULT:

Of the 149 children followed 96(64.45%) were boys and 53(35.55%) were girls with 1.8:1 male to female ratio. Of those treated with imipramine 32 (53.34%) have complete dryness and 16 (26.66%) improved; while those treated with oxybutynin 20 (33.3%) were dry and 20 (33.3%) improved. For those with non drug treatment 5 (17.2%) dry 14 (48.3%) improved and 10(34.5%) with no response.

CONCLUSION:

Treatment of nocturnal enuresis in children with imipramine was well tolerated and gave significantly faster and more cost-effective results than oxybutynin or non drug treatment, females had a significantly better response ($P<0.05$) than males in general.

KEY WORDS: nocturnal enuresis, imipramine and oxybutynin.

A Clinical Study of Vibriosis During 1999 in Al-Mansour Childrens' Teaching Hospital

Mahjoob N AL-Naddawi , Zayir H. Khalid

ABSTRACT:**BACK GROUND:**

Cholera is an acute infectious disease characterized by profuse watery diarrhea and vomiting. It is caused by Vibrio Cholerae O1 and O139 sero-group

OBJECTIVE:

To find out clinical variety of the admitted cases of Vibriosis..

METHODS:

Clinical features of the illness were studied , and fresh stool specimens were sent for culture. The stool is taken in seawater containers to the laboratory where further processing of the stool is done on alkaline peptone and TCBS medium.

RESULT:

All patients presented with diarrhea and the majority had vomiting (65%) , (37.5%) of the patients presented with sever dehydration and no patient died during this study .

The epidemic mainly caused by Ogawa serotype (75%) , and there was different antibiotic resistance recorded especially for trimethoprim (47.5%) and tetracycline (25%) .

CONCLUSION:

Nearly all cases in vitro were susceptible to cefotaxime .

KEY WORDS: vibriosis , children, diarrhea, vomiting.

Systemic Humoral Anti Helicobacter pylori Immune Response in Dyspeptic Patients

Batool M. Mahdi

ABSTRACT:

BACKGROUND:

Helicobacter pylori (HP) cause a continuous gastric inflammation in virtually all infected persons. It induces a vigorous systemic and mucosal humoral and cellular immune response. In spite of these responses, the vast majority of infected hosts are unable to clear the infection and it persists for decades.

OBJECTIVE:

Determination the humoral immune response to HP infection in dyspeptic patients.

PATIENTS AND METHODS:

The immunological serological tests were evaluated in 80 dyspeptic patients divided into two groups: (HP +) and (HP-). Levels of specific HP IgG antibodies were determined through a specific immunological non invasive Enzyme Linked Immuno Sorbent Assay (ELISA) test from Biohit PIC, Helsinki, Finland. Immunoglobulin levels and complement were done (IgG, IgA, IgM, C3 and C4) using single radial immune diffusion (BioMaghreb-Tunis).

RESULT:

About 62.5 % of dyspeptic patients had HP + infection. There was no significant differences between two groups in the levels of (IgG, IgA, IgM, C3 and C4) and most of them were within normal values.

CONCLUSION:

Humoral immune response had an important role in the control and limits the inflammation of gastric mucosa.

KEY WORDS: helicobacter pylori, immunoglobulin, complement.

Evaluation of Performance Characteristics of Commercially Available Tests for Diagnosing Hepatitis B Surface Antigenemia

Saad Hasan Mohammed Ali *, Saja Jehad Al-Khalidi **,Waleed Nadi Kasim ***

ABSTRACT:

BACKGROUND:

A number of serologic immunoassays techniques have been developed in diagnostic virology with different degrees of sensitivity and specificity for the detecting hepatitis B virus (HBV) antigens and their relevant antibodies.

OBJECTIVE:

This study was designed to apply and assess the sensitivity and specificity of different commercially available laboratory techniques for detecting hepatitis B surface antigen(HBsAg).

METHODS:

One hundred and twenty-one sera samples were collected from National Center for Blood transfusion, Gastroenterology and Liver Diseases Hospital, Central Public Health Laboratories and Teaching Laboratories. According to the manufacturer's practical instructions, a group of commercially available laboratory methods for detecting HBsAg were applied , including enzyme linked immunosorbent assay (ELISA), enzyme linked fluorescent assay(ELFA), immunochromatographic assay(ICA), and latex agglutination test(LAT).

RESULT:

Among ELISA, ELFA, ICA, and LAT methods for detecting HBsAg, the 3rd generation ELISA was proved to have very high specificity (no false negative results) and the least one that has necessitated few confirmatory repetitions. ELFA versus ELISA has showed relatively lower sensitivity (more false negative results). However, similar to ELISA, ELFA showed very high specificity. Immunochromatographic assay (ICA) confidentially appeared to be a good, rapid and simple technique with comparable sensitivity and specificity to ELISA and ELFA techniques. Although LAT was introduced as a rapid, simple and cheap technique for HBsAg screening, it showed frank lower sensitivity and specificity that deranged it from competing with all those tested techniques.

CONCLUSION:

The concomitant use of ELFA with ELISA compensates its relatively lower sensitivity in front of ELISA. Latex agglutination test for HBsAg has relatively lower sensitivity and specificity than all other tests. For its comparable performance characteristics to ELISA, the use of ICA is ideally suited for HBsAg screening, in respect to its lower cost, rapidity, simplicity and no need for expensive equipments

KEY WORDS: hepatitis b surface antigen, enzyme linked immunosorbent assay, enzyme linked fluorescent assay, immunochromatographic assay, and latex agglutination test.

Evaluation of the Viability of Sperms with DNA Fragmentation in Infertile Men

Ghassan Thabit Saaid Al-Ani

ABSTRACT:

BACKGROUND:

The sperm DNA integrity is a vital factor to transmit the genetic material and complete the process of the formation of new generation. Many studies tried to explain the male infertility of unknown cause as a result of the presence of high percentage of sperms with DNA damage and found its correlation with the standard seminal analysis parameters.

OBJECTIVE:

This study was conducted to find the correlation between percentage of sperm death and percentage of sperms with DNA fragmentation and to calculate the percentage of live sperms with DNA damage.

METHODS:

Thirty four infertile patients were included in this study. And twenty fertile patients were volunteered as controls. Standard clinical semen analysis was performed according to World Health Organization (1999) criteria. The stain eosin-Y was used to assess sperm viability. The Terminal deoxynucleotidyl transferase-mediated dUTP- nick end labeling assay (TUNEL) was performed to observe the sperms with DNA fragmentation.

RESULT:

The percentage of sperms with DNA damage in the seminal sample was significantly positively correlated with the percentage of dead sperms ($r=0.888$; $p=0.0001$) and the percentage of sperms with abnormal morphology ($r=0.707$; $p=0.0001$). The percentage of live sperms with DNA damage was about 7% in infertile samples and about 11% in healthy samples.

CONCLUSION:

The small percentage of live sperms with DNA fragmentation in ejaculate could not explain idiopathic male infertility. This study concluded also that sperm DNA fragmentation could be considered as an independent parameter of sperm quality to differentiate infertile from fertile semen samples.

KEYWORDS: sperm dna fragmentation, tunel assay, sperm vitality.

Shock Wave Lithotripsy for Medium to Large Renal Pelvic Stone Without Ureteral Stent

Ammar Fadel Abid

ABSTRACT:

BACKGROUND:

Although Double J ureteral stent placement has been widely used to prevent steinstrasse after fragmentation of larger stones. But, particularly more recently, its preventive efficacy has been questioned.

OBJECTIVE:

It is to determine that patients with medium to large renal pelvic stone should be treated in situ shock wave lithotripsy without auxiliary stenting.

PATIENTS & METHODS:

Between October 2007 and December 2008 a series of 55 patients with unilateral renal pelvic stone with at least one diameter between 15 and 30mm. were treated with extracorporeal shock wave lithotripsy in situ without auxiliary stenting.

RESULT:

Fifty five patients the mean age 40 years, 21 being males and 34 were females.

With renal pelvic stone, clearance of stone fragments was analyzed by x-ray KUB and ultrasound on first month and three months after treatment or until stone fragments were cleared. Twenty three 42 % were stone free three months after treatment while 32 patients 58% were having residual fragments. Treatment complications consisted of steinstrasse in seven 12.7%, pyelonephritis in two, four of steinstrasse cleared spontaneously, the other three steinstrasse were treated successfully with ESWL.

CONCLUSION:

Shock wave lithotripsy in situ for medium to large renal pelvic calculi (15 to 30 mm) is reasonable procedure, avoiding the morbidity of ureteral stent and additional cost.

KEY WORDS: renal stone, extracorporeal shock wave lithotripsy, ureteral stent

Breast Lesions During Pregnancy Diagnosed by Fine Needle Aspiration Cytology

Lubab Fadhil Talal *,Sazan A. M. Al-Atrooshi **

ABSTRACT:

BACKGROUND:

The breast functions as a secretory gland during pregnancy due to the interaction of estrogen and progesterone, where the secretory unit is the lobule.

OBJECTIVE:

Is to highlight breast lesions during pregnancy and to show the importance of fine needle aspiration cytology in the diagnosis of these breast lesions.

PATIENTS AND METHOD:

This study was carried out within the Main Referral Training Center for Early Detection of Breast Tumors, Medical City Teaching Hospital, Baghdad (from the beginning of May 2006 till the end of August 2008). Fifty eight pregnant ladies presenting with different breast lesions were included, all were subjected to physical breast examination, ultrasonography of the breast and fine needle aspiration with 10 ml disposable syringe (20-22 gauge), spread on glass slides and fixed in 95% alcohol, stained with Pap stain and examined under light microscope.

RESULT:

Clinicopathological study of 58 pregnant ladies presented with breast lesions including the age (range between 17-42 years), chief complaint (pain 10(17.2%)cases, mass 30(51.8%) cases, discharge 3(5.2%) cases, painful mass 11(18.9%) cases, axillary mass 3(5.2%) cases and pain and discharge in 1(1.7%) case), site of the lesion (left side 24(41.4%) cases, right side 27(46.5%) cases and bilateral in 7(12.1%) cases.), the time of presentation during pregnancy (first trimester 19(32.8%) cases, second trimester 26(44.8%) and third trimester 13(22.4%) cases.) Our results show that breast lesions presented during pregnancy were benign in 54 (93.1%) cases, and malignant in 4 (6.9%) cases (all were breast carcinoma), the benign lesions include: fibroadenoma 15(25.9%) cases, inflammatory lesions 13(22.4%) cases, galactocele 8(13.8%) cases, fibrocystic changes 6(10.3%) cases, pregnancy related changes 5(8.6%) cases, lactating adenoma 3(5.2%) cases, 2(3.5%) cases lipoma, and papilloma one (1.7%) case, and one case was diagnosed as accessory axillary breast tissue.

CONCLUSION:

The majority of breast lesions during pregnancy are benign; however, a small percentage of these lesions prove to be malignant. Aspiration cytology has a place in the work up of abnormal areas found in pregnant breasts but an experienced cytologist with knowledge of the clinical setting is required.

KEYWORDS: breast lesions, pregnancy, cytological diagnosis, breast cancer.

Surgical Pathology Archive of Urology in Iraq; where Do we Stand?

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ABSTRACT:**BACKGROUND:**

The international surgical centres recognised the progressive importance of archiving the written pathological data as well as the pathological materials such as paraffin blocks and slides using updated techniques to facilitate possible future retrieval of patients' pathological data and research plans.

OBJECTIVE:

To highlight the difficulties and pitfalls of the current pathological archive of urology in Iraq and demonstrate the characteristics of urology archives in advanced urology centres represented by Torino University (Italy) and Johannes Gutenberg University – Mainz (Germany). Recommendations are suggested to optimise our surgical pathology archive in general and urology archive in particular in the third millennium.

CONCLUSION:

Surgical pathology archive is an essential component of the daily surgical practice and research procedure. In Iraq clear legislation is needed to protect and regulate the surgical pathology archive including that of urology, as well as adequate economic funding to implement new international standards and techniques in this field.

KEY WORDS: pathology archive, urology practice, urology research.

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