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IRAQI POSTGRADUATE MEDICAL JOURNAL

**The Official Journal of the Iraqi Board for Medical
Specializations**

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Penetrating Injuries of the Neck

Musaed L. H. Albadri *Uday A. Albeiruty **Ahmed Abass Mossa ***

ABSTRACT:

BACKGROUND:

Penetrating injuries of the neck are potentially dangerous, causing high rates of morbidity and mortality due to their association with sever bleeding and serious damage to the vital structures in the cervical region.

OBJECTIVE:

To know the incidence and distribution of these injuries on the anatomical zones of the neck and the damage of the vital structures in the cervical region and their early surgical management.

METHODS:

A prospective study on 52 patients of both civilian and military personnel with penetrating neck injuries attended the casualty department at Alyarmouk hospital over a period of 7 months from June-December 2006.

RESULTS:

Fifty patients (96.15%) were males. Twenty four patients (46.15%) were in their third decade. Twenty six patients (50%) were injured by shrapnel of explosives, 23 patients (44.21%) by bullets & 3 patients (5.77%) by unknown objects. Thirty six patients (69.23%) were injured at zone 2, 11 patients (21.15%) at zone 3 & 5 patients (9.62%) at zone 1. Twenty nine patients (55.77%) had laryngeal & tracheal injuries. Thirteen patients (25%) had pharyngeal & esophageal injuries. Four patients (7.7%) had recurrent laryngeal nerve injury. Nine patients (17.3%) had vascular injuries 6 arterial & 3 venous. One patient had vertebral & spinal cord injury. Forty one patients (78.86%) had tracheostomy operations, & 13, (25%) had neck exploration. Six patients (11.54%) treated conservatively. Nine patients (17.3%) have died.

CONCLUSION:

Male patients at their middle age were the predominant victims either by shrapnel or by bullets. Zone 2 was most commonly affected followed by zone 3 & zone 1. Laryngo – tracheal, pharyngo – esophageal & vascular structures were mostly involved. Tracheostomy & neck exploration were the main urgent operations performed for them. The high mortality reflected the serious nature of these injuries.

KEY WORDS: neck wounds, penetrating injuries.

Colorectal Carcinoma Presentation and Management

Talib A.Majid , Wasem Muhamed Shakir, Aqeel Shakir Mahmmod

ABSTRACT

BACKGROUND:

Colorectal carcinoma is the most common gastrointestinal tract cancer worldwide. In men, it is the third cancer after lung and prostate cancer, while in women; it is the third common cancer after lung and breast cancer. Despite the clear relationship with aging, colorectal carcinoma is not strictly a disease of elderly and 6-8 % of cases occur in patients below 40 years of age. Colorectal cancers are of favorable prognosis provided they are diagnosed and treated in early stage.

OBJECTIVE:

This study aims to assess the patterns of presentation, distribution, and management of colorectal carcinoma in Gastroenterology and Hepatology Teaching Hospital.

METHODS:

From November 2005 to November 2007, 80 patients with colorectal carcinoma 50 males and 30 females were admitted to the Gastroenterology and hepatology center. The age, sex, presentation, modes of investigation, stage of the cancer, treatments as well as complications have been described.

RESULTS:

Male: female ratio about 1.6:1 with peak age of incidence is 60-69 year age group, 17.5% of cases are below age of 40 most of them were with worse histopathological types and advanced stage. The main presenting symptom was bleeding per rectum 63%.The mean period between onset of presenting symptoms and final diagnosis was 7 months .The most common sites were rectum 35% . Fiftythree percent were moderately differentiated ,47.5% were Duke's-C.

CONCLUSION:

The study highlights the distribution of colorectal carcinoma, presenting symptoms, modalities of treatment, keeping in mind the increasing incidence of colorectal carcinoma in younger age groups.

KEY WORDS: colorectal carcinoma

Primary Repair of Unilateral Cleft Lip Nasal Deformity

Zakaria Y.Arajy*, Ahmed A.M.Nawres**

ABSTRACT:

BACKGROUND:

There is a growing attitude towards correcting the nasal deformity in conjunction with primary repair of cleft lip. Many studies had concluded that this repair will not affect the nasal cartilages growth; it usually reorients the deformed nasal cartilages into a near normal position, and will allow a better growth pattern.

OBJECTIVE:

This study was conducted to document the pattern of primary unilateral cleft lip nasal repair and to evaluate the medium term outcome.

METHODS:

A total of 33 babies with unilateral cleft lip deformities underwent simultaneous nasal correction with their lip closure, between March of 2004 and April of 2008. Through short nostril rim incision, alar suspension to the dorsal skin at the nasion and interdomal sutures were performed primarily. Alar transfixion stitches were used to maintain the new position of the suspended cartilages.

RESULTS:

The average follow up periods were 3 years (ranging from 1 – 5 years). The results were assessed by 4 parameters: Nostril asymmetry, nasal dome projection, alar buckling deformity, and flaring deformity of the alar base. Eleven patients had good results, 16 patients had acceptable results, and 6 patients had poor results.

CONCLUSION:

Alar suspension is a relatively simple effective procedure for the primary correction of cleft lip nasal deformity. Short nostril rim incision can be relied on to access the alar dome and facilitate insertion of suspension sutures. Whether it interferes with nasal growth or not, it is necessary to have a long period of follow up to answer this question.

KEY WORDS: unilateral cleft lip, alar suspension, cleft lip nose.

Tension –Free Inguinal Hernia Repair Comparing 'Mesh' with 'Darn' A Prospective Randomized Clinical Trial.

Ali M.Al-Saiegh*, Raad S. Al-Saffar**, Haider T. Al-Khassaki***

ABSTRACT:

BACKGROUND:

Lichtenstein tension free hernioplasty(mesh repair) and Moloney darn repair are commonly practiced repairs for inguinal hernias with acceptably low recurrence rates. Mesh repair is considered more recent than darn repair and both of them are tension free.

OBJECTIVE:

To compare the number of postoperative complications and early recurrence between Mesh repair and Darn repair, for inguinal hernia.

PATIENTS AND METHODS:

The study was conducted at Department of Surgery, Al-Sadur teaching hospital in An-Najaf from 1st august 2007 to 1st august 2008 . A total of 104 patients were selected. 51 patients were treated with Lichtenstein tension free hernioplasty (Group A) and 53 with Darn repair (Group B). Cases were followed up for three months to one year. The study design was quasi experimental.

RESULT:

The male to female ratio was 51:1. The mean hospital stay was 37.18 hours in group A and 47.17 hours in group B. there was statistically significant difference between the groups ($p < 0.05$).

The mean operative time was 44.7 minutes in group A and 50.9 minutes in group B. There was statistically significant difference between the groups ($p < 0.05$). The total number of postoperative complications was reported in 36 patients, 15 (29.42%) complications occurring in group A and 21(39.62%) in group B. Scrotal swelling was the most common complication followed by urinary retention and wound infection in both study groups. Postoperative complications like scrotal swelling (11.77% vs. 16.98%), haematoma (5.88% vs. 3.77%), urinary retention (5.88% vs. 9.43%), wound infection (1.96 vs. 7.55%) and scar pain (3.92% vs. 1.89%) were insignificantly low in Lichtenstein tension free hernioplasty as compared to Darn repair ($P > 0.05$). There were no recurrences noted till date in any of the two groups under study.

CONCLUSION

Open inguinal hernia repair with a nylon darn was equivalent to polypropylene mesh with respect to early measures of postoperative outcome and recurrence at 1 year. The mesh was superior to darn in operative time and hospital stay.

KEY WORDS: inguinal hernia,mesh,darn,repair.

Excision with Primary Closure and Suction Drainage for Pilonidal Sinus in Adolescent Patients

Ibtessam Khalid Salih Al-Shadydy

ABSTRACT:

BACKGROUND :

Controversy persist regarding the treatment of pilonidal sinus. Sacrococcygeal pilonidal disease is a common chronic disorder of the natal cleft that is often considered a minor problem, but may cause substantial in convenience and local infection. Therefore, adequate treatment of a pilonidal sinus is important in order to improve the quality of life of affected patients.

OBJECTIVE:

To evaluate the technique of excision with primary suture and suction drainage (PSD) for the treatment of pilonidal sinus in adolescent patients.

METHODS:

Between 1996 and 2005, forty patients aged 14-19 years (are range 16.4) underwent PS excision with primary closure and suction drainage. Anesthesia was general in 18 (45%) and spinal in 22 (55%). Prophylactic cephalosporine was used is I.V antibiotic. Excision of the sinus done down to the social fascia. Closed continuous suction drain was used.

RESULT:

No complications due to the anesthesia were observed. Twenty five patients (62.5%) had day case surgery, while the others fifteen patients, (37.5%) were hospitalized for 2-4 days (average 2.3 days). The drain was removed on post operative day 3-6 days (average 3.2 days) primary healing with no postoperative complications occurred in 36 patients (90%). Postoperative infections requiring incision , drainage, and lay-open occurred in 3 cases (7.5%). No recurrence was found at 12-months follow-up. One recurrence (2.5%) was noted 2 years after surgery.

CONCLUSION:

Excision with primary closure and closed-suction drainage as an ambulatory procedure is thus a simple and effective method of treatment of uncomplicated PS in adolescents.

KEY WORDS: pilonidal sinus, adolescent, primary closure, drainage.

Laparoscopic Orchidopexy: Current Surgical Opinion.

Saad Dakhil F

ABSTRACT:

BACKGROUND:

With the use of diagnostic laparoscopy widely accepted in the setting of the non palpable testes, now day's laparoscopic orchidopexy is an efficient and logical alternative to open orchidopexy.

OBJECTIVE:

We reviewed the efficacy of laparoscopy for diagnosing the intra abdominal testes.

Also we review the efficacy of primary orchidopexy, one stage and two stages laparoscopic orchidopexy for the management of the intra abdominal testes.

PATIENTS AND METHODS:

Prospective Study includes 20 boys with 23 impalpable testes (3 patients were bilateral). underwent laparoscopy for a non palpable testes at urosurgical department between June 2007 and February 2009.

Their age ranged between 3years and 7 years. Eight patients had primary laparoscopic orchidopaxy without division of spermatic vessels .twelve patients had one stage Fowler Stephen method, and Two patients had two stages Fowler Stephen method.

RESULTS:

During diagnostic laparoscopy: Bilateral abdominal testes was found in 3 patients, Left intra abdominal tests was found in 10 patients, while right intra abdominal testes was found in 7 patients .With the use of laparoscopic orchidopexy : twenty two testes were brought down to the scrotum: sixteen testes (72.7%) brought down to the normal scrotal site, while six testes (27.2 %) were placed at high scrotal position. Orchiectomy was done for one (4.3%) intra abdominal testis.

CONCLUSION:

Laparoscopy is extremely effective for diagnosis and treatment of patients with non palpable testes. Laparoscopic orchidopexy is the logic extension of diagnostic laparoscopy for intra abdominal testes.

KEY WORDS: laparoscopic orchidopexy, undescended testis.

The Effect of Valvular Heart Diseases on Maternal and Fetal Outcome of Pregnancy

Nada Salih Ameen*, Nawfal Fawzi Anwer**

ABSTRACT:

BACKGROUND:

Profound hemodynamic alterations occur during pregnancy, labour and in the postpartum period. These changes can adversely affect both maternal and fetal outcome, if a woman encounters a valvular heart disease during her pregnancy.

OBJECTIVE:

We try to evaluate the effect of valvular heart disease on maternal and fetal outcome of pregnancy.

METHODS:

This is a cross section descriptive study, carried out in Baghdad teaching hospital, throughout the period from September 2007 to October 2008. Seventy eight pregnant women with valvular heart diseases, in labour, were enrolled in this study. Their medical and obstetrical records were reviewed on admission. We looked for maternal outcome after delivery (method of delivery, heart failure, arrhythmia, need for medication and period of hospitalization), additional to fetal outcome (prematurity, viability and birth weight).

RESULTS:

Mitral valve disease is predominate valvular heart disease in pregnancy, most of them of mild severity. All maternal and fetal outcome parameters adversely increase among pregnant women with valvular heart diseases.

CONCLUSION:

Valvular heart diseases carried a higher risk for both mother and fetus. The risk related directly to severity of valvular heart diseases.

KEY WORDS: valvular heart disease, pregnancy, maternal outcome, fetal outcome.

Glyceryl Trinitrate Versus Misoprostol for Termination of First Trimester Missed Miscarriage

Ibtissam Y.Al-Saffar*, Eman Marouf**

ABSTRACT:

BACKGROUND:

Missed abortion refers to a pregnancy that can manifest as an anembryonic gestation or fetal demise prior to 20 weeks' gestation. Medical management has been used as a treatment options. A common medical regimen used to evacuate the uterus is vaginal misoprostol (Cytotec) in single or multiple doses.

OBJECTIVE:

To compare the therapeutic efficacy and adverse effects of intravaginal administration of a nitric oxide donor (glyceryl trinitrate) with that of a prostaglandin (misoprostol) to induce cervical changes in women with missed miscarriages to terminate their pregnancies.

METHODS:

A prospective, randomized comparative trial conducted at Al-Yarmouk Teaching Hospital, Department of Obstetrics & Gynaecology/ Baghdad-Iraq, enrolled Sixty women with first trimester missed miscarriages that requested pregnancy termination. They were randomly selected to receive either two tablets of 500 µg glyceryl trinitrate vaginally (n = 30) or 200 µg misoprostol tablet vaginally (n = 30), every 3 hours to a maximum of four doses or until reaching desirable cervical changes. Baseline vital signs were recorded and repeated with monitoring for adverse side effects every 3 hours until finishing therapy.

RESULT:

The difference in cervical changes between the two groups was statistically not significant ($p > 0.05$). The successful outcome taken as cervical dilatation ≥ 10 mm, incomplete, or complete miscarriage was achieved in 30% of women in the glyceryl trinitrate and in 53% of women in the misoprostol group which was statistically not significant ($p > 0.05$).

Systolic & diastolic blood pressure, temperature & heart rate were lower with glyceryl trinitrate than misoprostol, but the differences were not significant ($p > 0.05$). The most frequent side effect associated with glyceryl trinitrate administration was headache, which occurred in 27/30 women, compared with only 5/30 women in misoprostol group; relative risk 5.42 ($p < 0.05$). Women treated with misoprostol reported mainly lower abdominal pain; relative risk 4.2 ($p < 0.05$).

CONCLUSION:

Although glyceryl trinitrate was less effective than misoprostol when used prior to termination of missed miscarriage, the difference was statistically not significant. Moreover glyceryl trinitrate caused less adverse effects than misoprostol and it could have a role in the management of this obstetrical problem.

KEY WORDS: glyceryl trinitrate, misoprostol, missed miscarriage

Significance of Umbilical Cord Nucleated Red Blood Cells Count in Overdue Pregnancy

Abdulrazak H Alnakash

ABSTRACT:**BACKGROUND:**

Elevated count of nucleated red blood cells (n-RBCs) in the cord blood of fetuses at birth as well as prolongation of pregnancy, have been suggested as predictor of adverse perinatal outcome.

OBJECTIVE:

A prospective cohort study to evaluate the association between umbilical cord nucleated RBCs (uc-nRBC) count in uncomplicated overdue pregnancies with their neonatal outcome.

PATIENTS & METHODS:

One hundred and eighty five ladies with overdue pregnancy (41-42 weeks+3days) were included in the study. Dating was confirmed by their precisely recalled last menstrual periods and early pregnancy sonographies. At their deliveries, umbilical cord nucleated red blood cells were counted and expressed per 100 white blood cells. Mode of delivery, the newborn outcome and the risk factors were all analyzed with the obtained counts of the n-RBCs using descriptive and inferential statistics.

RESULT:

The number of n-RBCs counted, ranged from 3-43/ 100 WBC and accordingly the cases were categorized into 3 groups. Those with more than 20 n-RBC/100 WBC (high risk group) showed higher incidence of neonatal risk outcomes (49.3% of the calculated total risks) than the group with 3-10 n-RBC (low risk group) which included about half of the participants, it exhibited only 20.5% of the total risks. The risk outcomes include; meconium staining, admission to neonatal intensive care unit, neonatal death and Apgar score at 7 minutes less than 5. Moreover, cesarean section rate in high risk group was almost double its rate in the low risk group (44.7% Vs 22.5%). The association between risk outcome and n-RBC counts is statistically highly significant P value < 0.001.

CONCLUSION:

In overdue pregnancy, umbilical cord n-RBC count of the new born is significantly associated with risk outcome.

KEY WORDS: nucleated red blood cells (n-rbc), prolonged pregnancy and neonatal outcome.

Allelic Distribution of Human Leukocyte Antigen in Patients with Pulmonary Tuberculosis in Baghdad City

Falah Salim Manhal

ABSTRACT:**BACKGROUND:**

Host genetic factors such as human leukocyte antigens (HLA) and non-HLA genes that are associated with the susceptibility to tuberculosis (TB) will serve as genetic markers to predispose or predetermine the development of the disease.

OBJECTIVE:

The aim of this study is to analyze the association between particular HLA-typing class I and the incidence of pulmonary tuberculosis in Baghdad city.

PATIENTS & METHODS:

Blood samples were collected from one hundred patients; 50 samples from patients with pulmonary tuberculosis referred to the Chest and Respiratory Diseases Institute in Baghdad city and 50 samples from apparently healthy individuals. All samples were submitted to the lymphocytotoxicity test (NIH) and examined in Major Histocompatibility Laboratory in AL- Karama Hospital in Baghdad city.

RESULT:

It was found that HLA (15) expression was significantly higher in recently infected patients with tuberculosis than in the controls ($p < 0.01$) and HLA-A (33) was significantly lower in those patients than the controls ($p < 0.05$). HLA-A (1) was high significantly lower in historical TB patients than the controls ($p < 0.01$). HLA-B (17) was significantly higher in recently infected patients with TB than the controls ($p < 0.05$), HLA-B(35) was high significantly lower in historical TB patients than the controls ($P < 0.01$). This study concluded that frequencies of HLA-A (15), HLA-B (17), in recently diagnosed pulmonary TB patients were significantly increased compared with those in the control group.

CONCLUSION:

The development of pulmonary tuberculosis infection is partly controlled by genetic factors. Sophisticated techniques such as (PCR) are needed for more assurance to verify this association. Further studies are required to investigate a possible relation between HLA-typing class II and the incidence of pulmonary tuberculosis in Iraq.

KEY WORDS: leukocyte antigens, pulmonary tuberculosis, lymphocytotoxicity.

The Role of Endoscopic Ultrasound-Guided Fine-Needle Aspiration Cytology in Diagnosis of Pancreatic Masses: Review of 40 Cases in Iraq.

Rayadh A. Zaydan *,Khitam R. Al-Khafaji**, Sazan A. Al-Atrooshi***

ABSTRACT:

BACKGROUND:

Pancreatic masses are often initially identified by magnetic resonance imaging or computed tomography, during evaluation of varied symptoms. Endoscopic ultrasound (EUS)-guided fine-needle aspiration (FNA) has been proved to be safe and useful method for tissue sampling including the pancreas.

OBJECTIVE:

In this study we aim to find out some of the factors which may influence successful EUS-FNA of pancreatic masses, like: location of the mass, size, consistency and other significant factors.

PATIENTS AND METHODS:

A retrospective study of 40 patients underwent EUS-FNA of pancreatic masses, referred to Gastroenterology and Hepatology Teaching Hospital in Baghdad, from March 2005 to December 2007 (this is the first study done in Iraq); all patients were clinically suspected to have pancreatic malignancy. Cytology samples were evaluated and many other clinical variables were examined for association with EUS-FNA diagnosis.

RESULT:

Twenty six (65%) patients were males, and 14(35%) patients were females. Age ranged between 13-65 years with a mean of 46.6 years, the size of pancreatic masses range between 1.7-13cm, the masses were divided into 3 groups according to their sizes: <5cm 26(65%) cases, between 5-10cm 13(32.5%) cases, and >10 cm 1(2.5%) case. Consistency wise the masses were characterized as solid 34(85%) cases, mixed solid and cystic 6(14%) cases. In 13(32.5%) cases the mass was located in the body of pancreas, 25(62.5%) cases in the head, and 2(5%) cases in the tail. Regarding the cytological diagnosis: 19(47.5%) cases were benign (inflammatory conditions), and 21(52.5%) cases were malignant; including 17(80.9%) cases adenocarcinoma, 2(9.5%) cases malignant mucinous tumor, and small cell carcinoma 1(4.8%)case, and papillary and solid epithelial neoplasm (solid pseudopapillary tumor SPPT) 1(4.8%)case. Lymph node enlargement was found in 10(25%) cases.

CONCLUSION:

EUS-FNA can be used to sample pancreatic tumors in most patients. Communication clinical background information and imaging findings to the cytopathologist can facilitate the interpretation of the FNA specimens.

KEYWORDS: endoscopic ultrasound, fine-needle aspiration, cytology, pancreatic masses.

Insight on the Side Effects of Lipid Lowering Agents (Statin) in Iraqi Patients with Ischemic Heart Diseases

Basil N. Saeed

ABSTRACT:

BACKGROUND:

3-hydroxy-3methyl glutaryl co enzyme inhibitor (MMG-COA) (statin) is a very common drug used in many medical conditions regardless of the presence or absence of dyslipidemia. One of these conditions is the cardiac disorders.

OBJECTIVE:

Throwing a light on the prevalence of their side effects in Iraqi patients.

PATIENTS AND METHODS:

Two hundred seventy patients with ischemic heart disease from the period of November 2006-November 2007 referred to Baghdad teaching hospital (the medical city). Those cases were using statin and grouped into two groups.

Group A: patients admitted with acute coronary syndrome (myocardial infarction and unstable angina) (230 patients 77%).

Group B: patients with associated risk factors (Hypertension, diabetes mellitus, smoking and secondary lipidemia) 40 cases 23%, have history of ischemic heart disease on treatment they use the drug in range of (10-40) daily with review monthly for the side effects. All 270 cases were free from other organic disorders (i.e. renal, thyroid, malignancy, or any longstanding disease). All patients went through a questionnaire which includes: age, gender, risk factors (Hypertension, diabetes mellitus, smoking, and lipidemia), routine blood tests, lipid profile, liver function tests, C-reactive proteins, thyroid function tests, chest X-ray, electrocardiography and echocardiography done for all patients, all patients used to take drugs in the range of 10-40mg daily for at least one year.

RESULT:

The side effects noticed in this study were gastric, musculoskeletal, elevated liver enzymes (40%, 28.9%, and 1% respectively from the total number of patients). Other side effects in other systems like skin, respiratory, and cardiac were not encountered.

CONCLUSION:

This study showed that the side effects of statin were not involving all the body systems.

KEY WORDS: statin, side effects, Iraqi patients,

Physiological Problems Which Confront Renal Transplant Recipients

Batool Amin Jaddoue Al-Ani *, Suhban S. AL-Mallah**

ABSTRACT:

BACKGROUND:

The study objectives are to identify the problems which confront renal transplant recipients (RTR_s).

OBJECTIVE:

Identify the physiological problems which confront renal transplant recipients (RTR_s).

METHODS:

A descriptive study was carried out at two Teaching Hospitals with kidney transplant centers. Surgical specialties and Al-Karama outpatients' clinics for (RTR_s), and three Teaching Hospitals; Medical city, Al-Karama and Al-Yermok which were responsible for immunosuppressive drugs distribution .Starting from October ,1st 2006 to the end of July 2007.To achieve the objectives of study, a non-probability (purposive) sample of 150 (RTR_s) who were attending to the outpatient clinic of the above listed hospital were selected according to the criteria of the study sample .

The finalized questionnaire contained (42) items. The content validity of the instrument was established through penal of (14) experts. Reliability of the problems scales was determined by test-retest method which was estimated as average ($r=0.76$).

Data was gathered by interview technique using the questionnaire format and data was analyzed by application of descriptive and inferential statistical methods.

RESULT:

The results of the study indicated that the (RTR_s) confront (83) problems and affected by these problems with different severity level, high, moderate, and low.

CONCLUSION:

according to the results of this study, the researcher recommended that the provision of the necessary post transplant medicines should be easily acquired from easy to reach centers.

KEY WORDS: end stage renal failure, hemodialysis, peritoneal, cadaver, immunosuppressant.

Immunological Non Invasive Blood Tests to Evaluate Gastric Mucosa in Iraqi Dyspeptic Patients

Batool M. Mahdi

ABSTRACT:

BACKGROUND:

Dyspepsia is a common symptom in general practitioner. Using non invasive serological biomarkers would help to identify individuals at increased risk of atrophic gastritis and gastric cancer. In present study, the evaluation of the utility of a serological gastric panel test combining pepsinogen I (PGI), pepsinogen II (PGII), pepsinogenI/ pepsinogenII ratio (I/II), gastrin-17 (G-17) (basal and stimulated) and *Helicobacter pylori* (HP) IgG antibodies as a screening method and to predict the state of gastric mucosa: non atrophic, atrophic gastritis and its sequel of developing gastric carcinoma and intestinal metaplasia.

OBJECTIVE:

Prediction of gastric mucosa using non invasive immunological blood tests from dyspeptic patients.

PATIENTS AND METHODS:

The serological gastro panel test was evaluated in (54) Iraqi dyspeptic patients divided into two groups: (HP +) and (HP-). Levels of PGI, PGII, PGI/PGII ratio, G-17 basal and stimulated and HP IgG antibodies were determined through a specific immunological non invasive Enzyme Linked Immuno Sorbent Assay (ELISA) test from Biohit PIC, Helsinki, Finland. Using fasting and postprandial samples from those patients.

RESULTS:

60% of dyspeptic patients complain from epigastric pain and 62.96% of them had HP +. There were significant increase in PGI, PGII ($p < 0.05$) in NAG. In case of I/II ratio, there was no significant difference between two groups of HP+ and HP-. The other parameter was done is basal G-17 which is significantly increased in HP+ ($p > 0.05$) and postprandial G-17 showed no significant difference between two groups.

CONCLUSION:

Most of those Iraqi dyspeptic patients had non atrophic gastritis due to *Helicobacter pylori* infection that leads to increased in the PGI, PGII, G-17 through many mechanisms. If HP not treated properly this may leads to atrophic gastritis, peptic ulcer and gastric carcinoma. Gastric panel test was considered as a non endoscope immunological blood test in the diagnosis of atrophic gastritis and its outcome in dyspeptic patients.

KEY WORDS: helicobacter pylori, dyspepsia, gastro panel test.

Evaluation and Comparison of Immunchromatography and Immunofluorescent Techniques in Diagnosis and Epidemiological Studies in Iraqi Kala-Azar.

Mohammed F. Al-Timmimi*, Sami Y. Guirges**, Abdul Rahman A. Al-Tae**

ABSTRACT:

BACKGROUND:

Infantile kala-azar is an endemic protozoal disease prevalent among children in Iraq. A rapid diagnostic laboratory tests are required for immediate treatment.

OBJECTIVE:

A prospective study was conducted in two pediatric hospitals in Baghdad during the period from Oct. 2005 to Sept. 2006 to evaluate the efficiency of immunochromatography strip test (IC) with rK39 antigen compared to indirect fluorescent antibody test (IFAT) for serodiagnosis of visceral leishmaniasis (VL) to investigate its use for epidemiological studies in Iraqi kala-azar.

PATIENTS AND METHODS:

The study included 54 proved cases for *Leishmania donovani* (L.D.) bodies in bone marrow, 108 clinically diagnosed cases, 38 with diseases other than VL (tuberculosis, acute amoebic dysentery, urinary schistosomiasis, brucellosis, toxoplasmosis and malaria) and 24 healthy controls. In addition of 3000 patients presented with fever, anaemia and hepatosplenomegaly.

RESULT:

The highest sensitivity of the sera was obtained by IC (92.6%) and by IFAT (96.3%), and the highest specificity by IC (100%) and by IFAT (86.8%). In the epidemiological study with rK39 strip test 66.1% positive reactions were obtained in patients with fever, anaemia and hepatosplenomegaly.

CONCLUSION:

IC strip test with rK39 antigen was more easy to perform but less sensitive than IFAT and the former was more specific than the latter.

KEY WORDS: serological tests , kala-azar, epidemiology .

Childhood Nephrotic Syndrome, Frequent and Infrequent Relapses and Risk Factors for Relapses

Kasim Rahi *, Adel Abdul Salam AL-Badri **, Bushra Jalil Salih***, Faleeha Obaid Hasan ****

ABSTRACT:

BACKGROUND:

Most patients with steroid sensitive nephrotic syndrome (SSNS) have frequent relapses until disease resolve spontaneously toward the end of second decade of life and so the main problem in such disease is frequent relapses and their association with complications of disease or side effects of drugs used in each relapse.

OBJECTIVE:

In this study, we evaluate different factors which might be associating or leading to occurrence of frequent relapses.

PATIENTS AND METHODS:

A retrospective study was done in the Central Child Teaching Hospital from Feb. 2007 - Feb. 2008, during this period, 120 patients with nephrotic syndrome (NS) randomly selected who were diagnosed & or treated in this hospital. Out of 120 patients, 85 (70.8%) patients with steroid sensitive nephrotic syndrome (SSNS), 9 (7.5%) patients with steroid dependant nephrotic syndrome (SDNS) and 26 (21.7%) patients with steroid resistant nephrotic syndrome (SRNS). The steroid sensitive patients were divided into 24 (28.2%) patients as undetermined (UD) group, 35 (41.2%) patients with frequent relapses (FR) group and 26 (30.5%) patients with infrequent relapses (IFR) group. We compare between frequent and infrequent groups regarding to age, sex, type of presentation, biochemical finding, precipitating factors, family history of renal disease, the time needed to respond to steroid therapy and duration of steroid therapy.

RESULTS:

The age ranged from 1-16 years, with peak incidence at age group from 1-5 years. There were 64 patients (53.3%) presented with this age group, most of them were steroid sensitive nephrotic syndrome 53 (82.5%) patients. There were 73 male and 47 female & M: F ratio 1.5: 1, most of them (70.8%) with steroid sensitive nephrotic syndrome & male to female ratio was 1.8: 1. The main type of presentation was periorbital oedema; the main type of precipitating factor was respiratory tract infection. The family history of renal disease (P value = 0.0006) and the delay in response to steroid therapy, 2 weeks and more (P value = 0.0477 & 0.0486) were statistically significant correlation with frequent relapsers (FR) group in comparison to infrequent (IFR) group.

There were no statistically significant differences between frequent and infrequent groups regarding other factors.

CONCLUSION:

There were significant correlation between family history of renal disease & delay in response to steroid therapy with occurrence of frequent relapses supporting other studies but this study fails to confirm previous studies about other factors.

KEY WORDS: steroid sensitive nephrotic syndrome (SSNS), frequent relapses (FR), infrequent relapses (IFR).

Ventral Penile Papillae as a New Anatomical Structure: A Clinical-Epidemiological Study Among Iraqi Males

Khalifa E. Sharquie *, Jamal R. Al-Rawi **, Adil A. Noaimi***
Munqithe M. Jabir****

ABSTRACT:

BACKGROUND:

Ventral Penile Papillae (VPP) are benign asymptomatic structures that are found on the skin of the ventral aspect of penile shaft of many adult males; yet, no frank record or description of them is found in the English medical literatures.

OBJECTIVE:

To hit light on the VPP, finds their frequency among circumcised Iraqi adult males, seeks about their associations with other skin conditions, and examines the histological picture.

PATIENTS AND METHODS:

Forty seven Iraqi circumcised adult males were included in this case descriptive ,comparative study which extended between July 2007-November 2007 was conducted in Department of Dermatology-Baghdad Teaching Hospital. All 47 persons were asked about sociodemographic aspects, medical and skin conditions. They were evaluated clinically regarding different clinical aspects. Statistical data were deduced. Biopsies were done for 8 papillae from 6 persons for histological assessment. Also, 50 circumcised children under the age of 10 years were examined for the presence of these papillae as a control group.

RESULT:

Forty seven males were enrolled the present work, their ages ranged from 14-59(29.72+10.57) years. Twenty five (53.2%) persons had VPP, while 22 (46.8%) subjects showed no papillae. Fifty circumcised children of ages ranged from 3.5-10(5.97+1.42) years, all were lacking the papillae. The papillae were asymptomatic. Shapes of papillae were distributed as follows: skin tag-like papillae were 53.93%, dome-shaped 40.44%, while wartlike in 5.61% of these papillae. Histology was normal apart from finding of dermal encapsulated structures which simulate mechanoreceptor nerve endings, so called Meissner's corpuscles.

CONCLUSION:

All facts start as speculative thoughts as had been proved by the present study. Ventral penile papillae are normal anatomical and physiological structures that are present in only adult males while completely absent in children. So the age of onset lies during adulthood. The location, morphology, age of onset, and the histology of these papillae are very suggestive of their sexual stimulatory function. Still further physiological and histological studies are strongly recommended.

KEYWORDS: ventral penile papillae, human penis, mechanoreceptors, sexual arousal.

The Value of Spiral Computed Tomography in Diagnosis of Renal Mass Lesions

Sahar Basim Ahmed, Saad Hatem Al-Samarrai

ABSTRACT:**BACKGROUND:**

This prospective study was done in spiral CT units at Al-Yarmook teaching hospital & Al-Kadhmia teaching hospital , in the period from October 2005 to October 2007, 40 Patients with renal masses were examined

OBJECTIVE:

To evaluate the role of spiral CT in the diagnosis of renal mass lesion. Agreement between spiral CT with histopathology in diagnosis of renal masses by spiral computed tomography.

PATIENTS & METHODS :

Forty patients with renal masses were referred to spiral CT examination , they were referred from urology department . The final diagnosis of most cases was confirmed by surgery and histopathology in (36) cases. The patients ages ranged from (3-79) years. Data collection regarding age, sex, occupation, history of cigarette smoking, history of renal stones, clinical presentation, past history, family history of renal disease, history of trauma and previous history of hospital admission were made.

RESULTS:

The most common age group affected was (50-59) most frequently Presenting symptom was haematuria .

The sensitivity 76.9%, specificity 97%, PPV 78%, NPV 96.4% and accuracy of CT in diagnosis of renal masses was 96%.

CONCLUSION:

This study shows that CT is highly specific and accurate for diagnosis of renal masses and especially the renal cell carcinoma, which is the most common tumor detected in this study.

KEY WORDS: centimeter, computed tomography, hounse field unit, kilovoltage, milliamperere .

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مساعد لفته حمزة البدري	نزار باقر أحمد الحسني
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داود صادق العبيدي	رجاء كاظم كمونة
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