EDITORIAL
Clinical Trial Registry - India (CTR-I): A meaningful initiative. How to take it forward?
Bavdekar SB

ORIGINAL ARTICLES
Detection of Rh antibodies using two low ionic diluents: Extension of the incubation time and the number of Rh antibodies detected
Skaik YA

Immunophenotypic characterisation of peripheral T lymphocytes in pulmonary tuberculosis
Al M ajid FM , Abba AA

Relationship between N-terminal pro-B type natriuretic peptide and extensive echocardiographic parameters in mild to moderate aortic stenosis
Cemri M , Arslan U , Kocaman SA , Ç engel A

Relative efficiency of polymerase chain reaction and enzyme-linked immunosorbant assay in determination of viral etiology in congenital cataract in infants
Shyamala G , Sowmya P , M adhavan H N , M alathi J

Stomaplasty—anterior advancement flap and lateral splaying of trachea, a simple and effective technique
Trivedi NP , Patel D , Than kappan K , Iyer S , Kuriakose M A

CASE REPORTS
Rhodotorula mucilaginosa as a cause of persistent femoral nonunion
Goyal R , D as S , A rora A , A ggarwal A

Repeated fracture of pacemaker leads with migration into the pulmonary circulation and temporary pacemaker wire insertion via the azygous vein
U dyavar AR , Pandurangi U M , Latchumanadhas K , M ullasari AS

Recurrent respiratory papillomatosis complicated by aspergillosis: A case report with review of literature
Kuruvilla S , Saldanha R , J oseph LD

Citrobacter freundii infection in glutaric aciduria type 1: Adding insult to injury
M ukhopadhyay C , D ey A , B airy I

IMAGES IN RADIOLOGY
Chordoma: A rare presentation as solitary ivory vertebra
Kumar S , Hasan R

IMAGES IN PATHOLOGY
Intracystic papillary carcinoma associated with ductal carcinoma in situ in a male breast
Dragoumis D M , Tsiftsoglou AP
REVIEW ARTICLE

Implications of HLA sequence-based typing in transplantation
Shankarkumar U, Pawar A, Ghosh K

DRUG REVIEW

Ramelteon: A melatonin receptor agonist for the treatment of insomnia
Devie V, Shankar PK

STUDENTS CORNER

The internet: Revolutionizing medical research for novices and virtuosos alike
Jethwani KS, Chandwani HS

VIEW POINT

Documenting indications for cesarean deliveries
Kushtagi P, Guruvare S

CLINICAL SIGNS

Cherry-red spot
Suvarna JC, Hajela SA

LETTERS

Central retinal vein occlusion associated with thrombotic thrombocytopenic purpura/hemolytic uremic syndrome
Author’s reply
Simultaneous umbilical hernia repair in patients undergoing laparoscopic cholecystectomy: Is obesity a risk factor for recurrence?
Authors’ reply
Snap sound and detumescence: Fracture penis
Paraphenylene diamine-induced acute renal failure: Prevention is the key
Inadequate awareness of the role of erythrocytic parameters in the detection of beta-thalassemia minor
Model for end-stage liver disease and outcome of portosystemic encephalopathy
Aortic thrombus during invasive aspergillosis in a kidney transplant recipient
Castleman’s disease in interpectoral lymph node mimicking mammary gland neoplasia
Bacterial endocarditis due to Group C streptococcus
Postpartum Group B streptococcal meningitis
Model for end-stage liver disease and outcome of portosystemic encephalopathy

Sir,
The burden of hepatitis C virus (HCV)-related chronic liver disease is on the increase in Pakistan. Portosystemic encephalopathy (PSE) is one of important complications of chronic liver disease (CLD). Prognostic evaluation of patients with PSE complicating HCV-related CLD is important for the treating physician as about 15% patients are alive three years after first episode of PSE.

Model for end-stage liver disease (MELD) is one of the scoring systems developed to predict survival in patients with CLD. It is based on easily available laboratory tests and can be measured by a calculator or through internet. An exploratory study was conducted at the Rawalpindi General Hospital to note the relationship between the MELD score at hospital admission and three months outcome, in patients with PSE complicating HCV-related CLD. The theme of the study came from the observation that such patients with higher MELD score had worse prognosis.

Sixty adult patients were inducted. Patients were treated according to standard guidelines of PSE management. The MELD score at admission was calculated using formula: 10\{0.957 \times \text{natural logarithm (serum creatinine)} + 0.378 \times \text{natural logarithm (total bilirubin)} + 1.12 \times \text{natural logarithm (INR)} + 0.643\}. Three months outcome was noted as improved (complete recovery or improvement in PSE stage) or deteriorated (no recovery/improvement, death). To note the relationship between MELD and outcome, patients were divided into two groups according to their MELD score i.e. Group I (MELD score <25) and Group II (MELD score ≥25). Fisher’s exact test was used for p value calculation.
Letters

Group I consisted of 42 (70%) and Group II, 18 (30%) patients. Forty-one (97.6%) patients of Group I and nine (50%) Group II patients improved while the rest deteriorated. The MELD score at admission with value ≥25 had significant relationship with poor outcome of PSE, p value <0.01. These results are indicative of the fact that patients who improved or deteriorated had comparatively lower or higher serum creatinine levels, INR scores and serum bilirubin levels.[4]

According to my knowledge, this kind of relationship between MELD score and outcome of PSE has not been noted previously. Three points need to be stressed in this regard: 1) MELD score was used as a discrete variable, 2) simplified statistical analysis was used and 3) study sample comprised patients with single CLD etiology i.e. HCV. It is recommended that MELD score should be performed in HCV-related CLD patients with PSE at admission and patients with score value ≥25 given additional care.

Acknowledgment

Dr. Khushnood Ejaz, Dr. M Arshad Mian helped during various stages of study. Professor Bushra Khar encouraged and helped a lot.

Khurram M, Ahmed K, Arshad MM,
Khar HB, Hasan Z*
Department of Medicine, Rawalpindi Medical College, Rawalpindi, *PAEC Hospital, Islamabad, Pakistan

Correspondence:
Muhammad Khurram, E-mail: drmkhurram@gmail.com

References


Aortic thrombus during invasive aspergillosis in a kidney transplant recipient

Sir,

Involvement of the large vessels has been rarely described during invasive aspergillosis (IA), especially after solid organ transplantation.[1-3] It affects poorly the prognosis of this fungal infection and was often reported as a postmortem finding.[4,5]

We report the case of a massive floating aortic thrombus diagnosed simultaneously with a pulmonary IA in a 54-year-old kidney transplant recipient. Kidney transplantation was performed in June 2003 with an uneventful early course. Maintenance immunosuppressive therapy consisted of prednisone, mycophenolate mofetil (MMF) and cyclosporine A (CsA). The occurrence of many complications, including extensive skin herpetic infection, cytomegalovirus (CMV) disease and post-transplantation diabetes mellitus (PTDM), resulted in prolonged hospital stay. In September 2003, two weeks after successful treatment of acute graft-rejection, the patient developed fever with a dull chest pain. Arterial gasometry revealed a moderate hypoxemia and hypocapnia. Chest X-ray showed pneumonic infiltration with right para-cardiac cavitations; angio-CT scan confirmed the pulmonary nodules and showed a massive floating thrombus of the ascending aorta. The diagnosis of IA was made in view of the isolation of Aspergillus fumigatus on the culture of the fluid of bronchoalveolar lavage. Electrocardiography, transoesophageal echocardiography and serum tests ruled out other predisposing factors for thrombosis, mainly endocarditis. Therapeutic regimen, associating reduction of the doses of MMF and CsA with initiation of Voriconazole, resulted in prolonged apyrexia with regression of the pulmonary radiological abnormalities. The substantial reduction in the size and mobility of the aortic thrombus, documented after...