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CLINICAL AND PARASITOLOGICAL OUTCOME AFTER SAG THERAPY IN PATIENTS WITH VISCERAL LEISHMANIASIS

Q Islam[1], M Haque[2], M Habib[2], M Siddiqui[1], A Hossain[1], H Ahasan[1]

[1]Department of Medicine, Dhaka Medical College Hospital, Dhaka, [2]Department of Medicine, Rajshahi Medical College Hospital, Rajshahi, Bangladesh.

A total 50 patients with parasitologically proven Visceral Leishmaniasis were studied between February 2007 and October 2007 in Rajshahi medical college hospital, a tertiary care center of Bangladesh. Splenic aspiration to demonstrate LD body was the method used for parasitological diagnosis. After confirmation of diagnosis, all the patients were treated with Sodium Stibogluconate (SAG) for 28 days. Patients were clinically evaluated during treatment and splenic aspiration was repeated at the end of treatment to demonstrate parasitological cure. 36 (75%) patients had remission of fever within 1 week, and 100% became afebrile within 3 weeks. In 48 (96%) patients had regression of spleen size at the end of treatment. In 43 (86%) patients, there were no adverse effects of SAG therapy. However, 5 (10%) patients had bleeding manifestations, and 4% died suddenly, due to ventricular arrhythmias. In 48 (96%) of cases, there was clinical and parasitological recovery, 2 (4%) patients died because of adverse effects of SAG therapy. Resistance to SAG therapy was not observed. 48 patients were followed up clinically at the end of 6 months; there was no clinical evidence of relapse.

Conclusion: Sodium stibogluconate is still a relatively safe and effective therapy for the treatment of Visceral Leishmaniasis.

PUFFER FISH POISONING IN BANGLADESH: 83 CASES REPORTED IN A SINGLE OCCASION

Q Islam[1], M Haque[1], M Faiz[2], U Kuch[3], M Razzak[1]

[1]Rajshahi Medical College Hospital, Bangladesh, Dhaka, Bangladesh, [2]Health Services, Government of Bangladesh, Dhaka, Bangladesh, [3]Biodiversity and Climate Research Center, Frankfurt, Germany, Dhaka, Bangladesh

Objective: To know the clinical features, complications and prognosis of Puffer fish poisoning.

Settings: The study was carried out in Medicine and Paediatrics department of Rajshahi Medical College Hospital, located in the northern territory of Bangladesh. Period of study ranged from admission till discharge.

Methods: On 8th June 2008, 83 patients were admitted in Rajshahi medical college hospital with the history of consumption of puffer fish. A presumptive diagnosis of puffer fish poisoning was made on the basis of classical clinical presentations followed after ingestion. Blood and urine samples were taken from 38 patients and sent for toxicological analysis to Frankfurt, Germany. The cases were clinically reviewed periodically and routine investigations were done.

Results: Total of 83 patients (male 46, female 37) with history of ingestion and clinical manifestations of Puffer fish poisoning were admitted in hospital. Important symptoms observed were peri-oral paresthesia (71), tingling over entire body (50), nausea and vomiting (43), dizziness (35) headache (20) abdominal pain (13). Muscular paralysis of the limbs was noted in 13 patients, of which 7 patients developed respiratory involvement. All the patients with respiratory paralysis died. Out of 83 patients 76 patients were improved with conservative management. Out of 38 blood samples sent for toxicological analysis, 27 had detectable levels of Tetrodotoxin

(TTX) in their blood, and in 11 patients blood TTX level was not detectable (<1.6 ng/ml). Blood TTX level seems to have a strong correlation with development of neuromuscular paralysis. Average TTX concentration in patients who developed neuromuscular paralysis was 8.1 ng/ml.

Conclusion: Early diagnosis and supportive management could ensure a safe and favorable outcome. Although Puffer fish poisoning is uncommonly encountered in our daily practice, physicians should be familiar with the clinical presentations and management and get prepared to handle such potentially life-threatening intoxication.

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