

Incidence of DIC in Hepatic Encephalopathy

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Occurrence of DIC has been reported in varied diseases including those of liver. One of the major problems in treating patients of hepatic failure is onset of ceaseless bleeding that occurs in many patients.

The present work was carried out in order to study the incidence of DIC in Liver Diseases. Fifteen patients each of cirrhosis (Gr. I) and infective hepatitis (Gr. II) were studied as control cases. Thirty patients of hepatic precoma and coma of various causes (Gr. III) were included in the test group. Out of 30 liver biopsies done on patients of hepatic coma, none showed histopathological evidence of fibrin deposition in sinusoids. Of the 30 patients selected, 14 patients had either portal or postnecrotic cirrhosis, one had IDC, 3 had subacute hepatitis, one had hepatoma, while 11 patients had evidence of acute viral hepatitis.

DIC was found in 4 patients, one had acute viral hepatitis, one had subacute hepatitis and 2 had liver cirrhosis.

A Polyethylene Glycol Based Radio-immunoassay for Gastrin

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Most radioimmunoassays currently employed for gastrin estimation use either a second antibody or an ion exchange resin as the separating reagent. While the ion exchange approach is not suitable for plasma samples, double antibody methods involve the use of a reagent that is expensive, usually in short supply, and also involve an additional pipetting step and an extra 24 hours incubation time. We have developed a polyethylene glycol based radioimmunoassay for gastrin. Comparison with a standard double antibody method set up in this laboratory showed that PEG 6000 is a suitable reagent for the RIA of gastrin. This separating agent cannot however be used in invertase-based enzyme immunoassay techniques for the assay of G.I. hormones.

Correlation of Blood Xylose and Nutrient Absorption in Diarrhoea of Different Aetiologies in Children

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Estimation of blood xylose level one hour after a loading dose of 5g of D-xylose was carried out in 195 children up to 5 years of age with acute diarrhoea of different aetiology. Of 195 children 85 were cholera, 55 non-specific gastroenteritis, 34 Rotavirus, 32 Enterotoxigenic E. coli, and 9 were shigella. A one

Four blood xylose absorption test was done during acute diarrhoea and repeated 2 weeks after recovery. A balance study to see the net absorption of nutrients after a normal meal was carried out along with xylose absorption tests in 9 Cholera patients, 7 E. coli, 7 Rotavirus, and 4 Shigella patients during the acute stage of diarrhoea at 2 weeks and 6-8 weeks after recovery. The blood level of xylose in acute diarrhoea was lower than 20 mg% in diarrhoea of all causes except in shigella. It became normal during recovery. The difference between the blood xylose level during acute diarrhoea and after recovery was highly significant in Cholera, Rotavirus and non-specific gastroenteritis ($P > 0.001$). In E. coli this difference was less significant ($P > 0.05$), and in shigella not significant. The correlation between the xylose absorption and absorption of nutrients in diarrhoea and after recovery will be discussed in this presentation.

Bile Pigment in Neutrophils

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Neutrophils containing yellow birefringent rhomboidal crystals and amorphous material were seen in 35 cases of jaundice with high unconjugated bilirubin (UCB) in neonates and infants. These were found in blood smears from EDTA vials and not when other anticoagulants were used nor in direct smears. Control cases (adults and children) with low UCB and with high conjugated bilirubin did not show this pigment. On the basis of morphological and physico-chemical properties these crystals were found to be an unconjugated bilirubin. How EDTA helped in producing the intra-cytoplasmic crystals is difficult to explain. However, the presence of neutrophils containing such crystals provides a diagnostic feature of severe unconjugated hyperbilirubinaemia.

Obstructive Jaundice—A Study of 26 Cases

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Twenty-six consecutive cases of obstructive jaundice treated in a single surgical unit over the last 3 years have been studied.

The etiology was varied. However, calculous disease of the biliary system was the commonest in the non-malignant group and carcinoma of gall bladder, common bile duct, and periampullary region was commonest in the malignant group.

Majority of the patients were above 40 years of age and presented late after onset of jaundice.

Apart from jaundice, clay coloured stools, fever with chills, abdominal pain and upper G.I. symptoms were the other common complaints.

Hepatomegaly was a consistent clinical finding seen in the 24 patients. Gall bladder was palpable in 11 cases.

Liver function was mild to moderately impaired in most cases.

An entire battery of biochemical and radiological investigations were necessary to be performed in order to arrive at the correct diagnosis of the nature and site of obstruction. No single investigation was absolutely diagnostic, one was complementary to the other.