

MEDICAL KALEIDOSCOPE

Howard M. Friend and Anthony D. Harries

(1) A randomised, placebo-controlled, double blind trial was carried out to determine whether low dose aspirin could prevent pregnancy – induced hypertension and pre-eclampsia in primigravidae. Forty-six normotensive women at 28 weeks gestation, judged to be at risk of pregnancy – induced hypertension or pre-eclampsia because of an increased blood pressure response to intravenously infused angiotensin II, were studied. Twenty-three women received 60 mg aspirin daily and the same number received matching placebo until delivery. In the placebo group pregnancy – induced hypertension, pre-eclampsia and eclampsia developed in 4, 7, and 1 cases respectively, whereas only 2 women in the aspirin group had mild pregnancy – induced hypertension. There were no adverse effects of treatment in mothers or infants. Low-dose aspirin may restore prostacyclin/thromboxane imbalance, previously suggested as an important aetiological factor in pregnancy – induced hypertension and pre-eclampsia.

LANCET 1986 i 1-3

Comment

The role of low dose aspirin in the management of incipient pre-eclampsia is yet to be defined, although this trial suggests undoubted benefit. A trial in Rotterdam demonstrated that treatment starting in the third trimester may be effective, so the right clinical approach may be to test the use of aspirin at the first signs of the disorder.

(2) A double – blind placebo controlled trial was carried out on fifty-two severely ill asthmatic patients admitted to hospital to determine whether intravenous hydrocortisone given in addition to high dose prednisolone (45 mg once a day) and standard bronchodilator therapy accelerated recovery. As judged by peak flow measurements 24 hours after admission, parenteral steroids had no effect on the outcome. There is no evidence for the continual use of intravenous hydrocortisone in addition to oral prednisolone and bronchodilator therapy in severe asthma.

LANCET 1986 i 181-184

Comment

This is encouraging news especially as prednisolone is easily obtainable in Malawi whereas hydrocortisone is often unavailable. It is worth remembering that prednisolone is readily absorbed from the intestine and peak plasma levels are achieved within 15 minutes of oral administration.

(3) 100 Black patients in Harare with stroke illness had a C.A.T. scan performed. 62 had evidence of cerebral infarction of which 20 had

Dr. Friend is Medical Tutor, Lilongwe School for Health Science and Dr. Harries is Medical Specialist, Kamuzu Central Hospital, Lilongwe

hypertension and 12 a cardiac source of embolism and 8 had neurosyphilis. 29 had had a cerebral haemorrhage of which 27 were hypertensive. 2 suffered subarachnoid haemorrhage due to hypertension. 7 had non-stroke illness either due to subdural haematoma or neoplasm.

BRITISH MEDICAL JOURNAL 1986 1649-1651

Comment

This study, the first of its kind in East or Central Africa underlines the importance of hypertension in the aetiology of stroke. 53% had a raised B.P. More interestingly, of these, roughly half had never had their hypertension diagnosed and the other half had not been taking their treatment. Neurosyphilis accounted for a higher proportion of infarcts than one would expect in a Western society but there was no evidence that atheroma caused any infarcts, again in contrast to Western studies. Another small item of interest was that 4 of the 7 who were eventually diagnosed as one-stroke illness had presented with haemiplegia plus convulsions. None with vascular stroke had had convulsions. How educational to have a 'window on the brain'.

Question: Do you routinely take the blood pressure of your In and Out patients, and how many of your hypertensive patients understand that their treatment is long term?

(4) Were you told as I was when I first started to practise in Malawi that Bananas are a good source of potassium and that a couple a day would obviate the need for potassium supplements in drug form when using Digitalis and diuretics? Well according to this letter it is true up to a point. It rather depends on the size of the banana. These researchers calculate that each inch of banana contains 2 mEq potassium which means that to provide the 70 mEq usually recommended you have to eat approximately 3 feet of banana a day!

NEW ENGLAND JOURNAL OF MEDICINE 1985 582-583

(5) 150 infants aged under 6 months and admitted to hospital in India with acute gastroenteritis were treated with rice water or rice-based electrolyte solution or glucose-electrolyte solution recommended by World Health Organization (WHO – ORS). Rice water and rice-based electrolyte solution were superior to WHO – ORS in reducing the frequency of stool, the volume of stool and in producing weight gain.

LANCET 1986 i 843-845

Comment

This is interesting because rice is generally cheap, it is easy to prepare, it has greater nutritional value than glucose and above all rice water is more likely to be sterile because it has to be boiled.