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A variant of apple peel small intestinal atresia and agenesis of the mesentery in a spontaneously aborted fetus

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We report on a variant of apple peel atresia in a 19 week female fetus in a triplet pregnancy, born to non-consanguineous parents, and spontaneously miscarried at 19 weeks gestation. Apple peel intestinal atresia derives its name from a distal loop of small intestine twisted around the marginal artery.

The mother was a 27-year-old lady who had a six-year-old, apparently healthy son. She had polycystic ovaries and secondary infertility, and had ovarian stimulation with clomiphene, which was followed by a triplet pregnancy. She was prescribed dydrogesterone and folic acid, and a low calorie diet because of mildly deranged blood glucose levels. At 19 weeks gestation, she miscarried all 3 fetuses.

Triplet 1 was a female foetus whose crown-rump length, occipito-frontal and biparietal diameters corresponded to dates. There were no obvious external abnormalities. Detailed post-mortem examination showed an abnormal arrangement of the intestines. The stomach was normal while the duodenum was grossly distended and meconium-stained, and the jejunum was short, distended with meconium and arranged in the form of a spiral with its apex anteriorly. The small intestine lacked a mesentery. There was a short atretic segment of small intestine extending to the ileo-caecal junction. The large intestine was collapsed; the caecum and appendix were situated in the midline just below the liver in contact with the ligamentum teres, while the rest of the large intestine was irregularly coiled on the left side of the abdomen. The anus was patent. The rest of the examination was normal.

Detailed pathological examinations of spontaneously miscarried fetuses are not performed routinely in most hospitals, although they may be of great practical importance in genetic counselling, in providing insights into the pathogenesis of anomalies and in detecting anomalies that are rarely encountered in neonates because of their early lethality.

p-027

FISH: Application in the diagnosis of haematological malignancies

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The use of cytogenetics for the detection of chromosomal abnormalities in haematological disorders is of vital importance. Chromosomal findings such as translocations, deletions and inversions are important for the classification and diagnosis of such disorders. In the acute leukaemias, the karyotype may be an important and independent prognostic factor in predicting remission, length of remission, and risk of relapse. Many studies showed that cytogenetic analysis and the identification of chromosomal aberrations were directly related to the treatment strategies adopted for each patient. The role of cytogenetics in diagnosis and management of leukaemias depends largely on the availability of abnormal bone marrow cells for karyotyping and the quality of metaphase spreads. Metaphase spreads from leukaemic cells are usually of inferior quality and quantity as compared to normal cells, which makes the detection of certain aberrations a tedious and difficult job. With the use of molecular cytogenetic techniques such as fluorescence in situ hybridisation (FISH), identification of certain aberrations that would not be resolved by conventional cytogenetic techniques is now possible. Moreover, FISH has the advantage over cytogenetics to investigate the chromosomes and genes in interphase as well as in metaphase cells. This presentation will highlight the importance of FISH in the detection of certain chromosomal abnormalities, and how such results will help in the management of patients with haematological malignancies.

p-028

Selection of medication in hospitalised elderly patients with angina pectoris

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Objective: To evaluate medication changes in hospitalised elderly patients diagnosed with angina pectoris and to compare the selection of medication with evidence-based treatment guidelines.

Design: Review of medical notes and patient interview.

Setting: St. Luke's Hospital, Malta; January - May 2001.

Subjects: 226 patients, aged 60 years or over, with a history of chronic stable angina and a discharge diagnosis of angina.

Main outcome measures: Prevalence of use of antiplatelet agents, lipid-lowering agents, beta-blockers, calcium channel blockers, nitrates, potassium channel openers and cellular anti-ischaemic agents; presence of co-morbidities, concurrent medication and adverse effects.

Results: Prior to discharge, 77% of patients were receiving antiplatelet agents and 27% were receiving lipid-lowering agents. The most frequent anti-ischaemic agents used were nitrates (97%) and second-generation dihydropyridine calcium channel blockers (59%). Beta-blockers were used in 31% of patients and non-dihydropyridine calcium channel blockers were used in 4% of patients. Potassium channel openers (nicorandil) and cellular anti-ischaemic agents (trimetazidine) were used in 5% and 19% of patients respectively.

Of patients discharged on a single anti-ischaemic agent, 96% were on nitrates, while 64% of those using two agents were on nitrates and dihydropyridine calcium channel blockers. Beta-blockers, nicorandil and trimetazidine were generally used in conjunction with at least two other anti-ischaemic agents. The major medication changes involved the addition, or increase in dose, of amlodipine and isosorbide dinitrate. The major determinants affecting choice of medication were age and co-morbidities.

Conclusion: Medication selection for chronic stable angina was not in accordance with treatment guidelines.

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Treatment of differentiated thyroid cancer in the Maltese Islands

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Differentiated thyroid cancer is a relatively common cancer with an incidence that is on the increase throughout Europe and possibly even in the Maltese Islands. Early diagnosis and adequate treatment lead to a successful outcome in most cases and death due to thyroid cancer progression is rare.

Treatment relies on a multidisciplinary approach with involvement of surgeons, oncologists and nuclear medicine physicians. We review the current protocol being used in the Maltese Islands that involves total thyroidectomy, radioactive iodine (I^{131}) ablation, repeated as necessary, and suppressive doses of thyroxin. Subsequent follow-up involves the use of serial thyroglobulin measurements as well as low-dose I^{131} whole-body scans.

Between January 1998 and May 2002, 30 patients received a total of 66 I131 treatment doses. At follow-up, >60% of patients are free of residual thyroid tissue and metastatic disease. Further follow-up will be necessary to determine the long-term outcome of these patients.

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I^{123} MIBG scintigraphy in patients with neuroblastoma – The Malta Experience

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