

Selected Abstracts of Articles Published Elsewhere by Authors in Kuwait

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Morbidity Associated with Surgical Treatment of Ureteric Calculi in a Teaching Hospital in Kuwait

Kehinde EO, Al-Awadi KA, Al-Hunayan A, Okasha GH, Al-Tawheed A, Ali Y
Department of Surgery, Division of Urology, Mubarak Al-Kabeer Teaching Hospital, Faculty of Medicine, Kuwait University, Kuwait
E-mail: ekehinde@hsc.kuniv.edu.kw

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Background: Ureteric lithiasis is a common urological problem in Kuwait. Because of the different interventional approaches, we carried out an audit on the morbidity associated with the surgical management of the disorder.

Patients And Methods: The surgical records were reviewed of all patients with the diagnosis of ureteric lithiasis that were managed surgically by ureteroscopy or ureterolithotomy in Mubarak Al-Kabeer Hospital in Kuwait between January 1996 and December 1999. Patients' bio-data, location of calculi, indications for surgical intervention, types of therapeutic interventions, operating surgeon and complications were analysed. Patients managed primarily and successfully by extracorporeal shockwave lithotripsy were excluded from this analysis.

Results: A total of 1383 patients with ureteric calculus were managed in the period under review- 775 (56%), 567 (41%), and 41 (3%) patients were managed by extracorporeal shockwave lithotripsy, ureteroscopy and ureterolithotomy, respectively. The 608 patients managed by ureteroscopy or ureterolithotomy had a total of 710 operations. The commonest surgical procedure performed was ureteroscopy with Dormia basket with or without double 'J' stenting and this accounted for 418 (58.9%) operations. The least common procedure was ureteric meatotomy with Dormia basket and with or without double 'J' stenting in 9 (1.3%) patients. The overall complication rate was 110 out of 710 (15.5%) operations. Of the complications, 101 (92%) were minor (e.g. haematuria, fever, and mucosal injury). Nine (8%) complications were major complications (e.g. ureteric perforation and ureteric avulsions). Ureterolithotomy and ureteroscopy with intracorporeal lithotripsy were associated with the highest complication rates.

Conclusions: This analysis has shown that with technological advances, the treatment of ureteric lithiasis has improved and major complications have decreased. However, with so many therapeutic options to choose from, there is a need to audit the various therapeutic options and select those associated with the least morbidity rates in each urology unit.

The Seasonal Variation in Allergic Rhinitis and Its Correlation with Outdoor Allergens in Kuwait

Behbehani N, Arifhodzic N, Al-Mousawi M, Marafie S, Ashkanani L, Moussa M, Al-Duwaisan A
Department of Medicine, Kuwait University, Kuwait

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Background: Allergic rhinitis (AR) is the most common allergic problem in Kuwait. Most of the patients who have either AR or asthma are referred to the Al-Rashed Allergy Center.

Objective: To determine if there is a seasonal variation in AR in Kuwait and to correlate it with the daily pollen count.

Methods: Information about the new patients referred to the center over a 5-year study period (1996-2000) was extracted from the center's records. The daily pollen count in Kuwait city was obtained from the Air Biology Laboratory.

Results: There was a significant seasonal variation with a bimodal increase in the number of patients with AR referred to the center. The main peak in the number of patients occurred in September-October, and there was a smaller peak in April-May. The mean number \pm SD of new patients per month over the 5-year period varied from 87 ± 32 for December to 367 ± 104 for September. Similarly, the average daily pollen count varied from 3.7 ± 1.0 pollens per mm^3 in January to 124 ± 92 in October. There was high correlation between the number of new AR patients and the average total pollen count (Pearson correlation, $r = 0.77$, $p < 0.001$), as well as with Chenopodiaceae and Amaranthaceae (weed) pollens ($r = 0.75$, $p < 0.001$), while there was no correlation between the number of new patients and either tree or grass pollens.

Conclusion: Seasonal AR occurs during two periods in Kuwait: September-October and April-May, with September-October being the main season. The rise in AR during late summer in Kuwait is mainly associated with the pollination of Chenopodiaceae species.

Resection of the Right Middle Lobe and Lingula in Children for Middle Lobe/lingula Syndrome

Ayed AK

Department of Surgery, Faculty of Medicine, Kuwait University, and
Chest Diseases Hospital, Kuwait
E-mail: Adel@hsc.kuniv.edu.kw

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Study Objective: To review our experience with specific characteristics, indications, and results of pulmonary resection in children with middle lobe/lingula syndrome.

Design: Retrospective cohort study.

Setting: Thoracic Surgery Department, Chest Diseases Hospital, Kuwait. **Patients and intervention:** Thirteen children with middle lobe, lingula, or both syndromes were treated with pulmonary resection from January 1995 to December 1999.

Results: The mean age was 7.5 years (range, 5 to 10 years). Eight patients were girls, and five were boys. All patients underwent high-resolution CT and bronchoscopy. Bronchiectasis and atelectasis of right middle lobe, lingula, or both was noted in nine patients. Bronchial stenosis and inflammation of the bronchus was found endoscopically in four patients. The indications for surgery were recurrent respiratory tract infection with persistent atelectasis and bronchiectasis in nine patients, and recurrent respiratory tract infection with bronchiectasis in four patients. A right middle lobectomy was done on seven patients and a lingulectomy on four patients. Two patients underwent staged thoracotomies (right middle lobectomy and lingulectomy). There were no operative deaths. Only two patients had postoperative complications: atelectasis ($n = 1$), and pneumothorax ($n = 1$). Mean follow-up was 3.5 years (range, 3 to 5 years) for all patients. Nine patients were asymptomatic, and four patients had improved.

Conclusion: Right middle lobe or lingula syndrome with the presence of bronchiectasis, bronchial stenosis, or failure of lung to re-expand are indications for early pulmonary resection.

Imported Malaria in Kuwait (1985-2000)

Iqbal J, Hira PR, Al-Ali F, Sher A

Department of Microbiology, Faculty of Medicine, Kuwait University, Kuwait

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Background: The objective of this study was to document the status of malaria infection and effect of preventive measures on the epidemiologic profile of imported malaria cases in Kuwait during 1985-2000.

Methods: The study included screening of two groups of individuals for malaria infection by microscopy; (1) all migrant workers from malaria-endemic countries on their first entry to Kuwait; and (2) all suspected malaria cases already residing in the country. The study period was divided into pre-war (1985-1990), post-war (1992-1997) and proactive preventive (1998-2000) periods. During the proactive preventive period, the home countries were also involved in screening for malaria infection in all prospective immigrants to Kuwait.

Results: The annual incidence of malaria cases detected during the pre-war, post-war and proactive preventive periods ranged between 465 and 1,229, 654 and 1,379, and 248 and 393, respectively. *Plasmodium vivax* infection was detected in 71% of the cases and *P. falciparum* in 27%. The number of malaria cases detected increased to > 1,300 after the war during 1992-1993. However, the number of malaria cases dropped significantly to less than 400 during 1998-2000. 80% of malaria patients were young male adults between 21 and 40 years of age. The data on drug resistance were not well defined, due to limited testing.

Conclusion: This study suggests that the proactive preventive program to screen all prospective immigrants for malaria infection in their home countries significantly reduced the numbers of imported infections to < 400 cases/year, a drop of 52.6%. In addition, it also identified a group of settled immigrants, the majority of whom were at high risk for acquisition of malaria infection during their visit to home countries. There is an urgent need to target this group for prevention strategies such as education/information and other preventive measures against malaria infection.

Epidemiology of *Candida* Colonization in an Intensive Care Unit of a Teaching Hospital in Kuwait

Ahmad S, Khan Z, Mustafa AS, Khan ZU

Department of Microbiology Faculty of Medicine, Kuwait University, PO Box 24923, Safat 13110, Kuwait

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The incidence of *Candida* infections in intensive care units (ICU) is increasing. Although most cases of candidemia are caused by commensal strains colonizing the patients' own body sites, recent studies have suggested that the source of *Candida* infection can also be exogenous. This study was carried out to prospectively investigate the frequency of *Candida* colonization among patients and health care personnel of an ICU of a teaching hospital in Kuwait. A total of 57 patients and 45 nurses were investigated. *Candida* isolates were identified to the species level by the Vitek identification system. The typing of selected isolates was performed by randomly amplified polymorphic DNA (RAPD) using three different arbitrary primers (CARAPD1, AP3, CT5). Of the 526 samples collected from 57 patients, 180 (34%) yielded *Candida* species. These included 112 (62%) *C. albicans*, 37 (21%) *C. glabrata*, 15 (8%) *C. parapsilosis*, 11 (6%) *C. tropicalis*, 3 (2%) *C. krusei* and 2 (1%) *C. lusitanae* isolates. Thirty-seven patients (65%) were colonized by *Candida* at some point of stay in the ICU. Seven (12%) patients yielded more than one *Candida* species from the sites/specimens tested. The frequency of *Candida* isolation was highest from oropharynx, followed by rectum, groin, urine and trachea. Twenty-five (6%) of the 448 swabs from the nurses yielded *Candida* and included *C. albicans* (n = 16), *C. parapsilosis* (n = 4) and *C. famata* (n = 5). While all the three primers yielded varying patterns in RAPD analyses for each *Candida* species, the results obtained by AP3 were most discriminatory. The data showed that the colonizing *Candida* isolates recovered from various body sites of the patients, as well as the nursing staff, were different. However, when RAPD profiles of three blood culture isolates from candidemic patients were analyzed, the DNA fingerprint produced by one *C. parapsilosis* blood culture isolate was similar to *C. parapsilosis* recovered from the hands of two nurses, suggesting exogenous acquisition of infection.