

## Selected Abstracts of Articles Published Elsewhere by Authors in Kuwait

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### The Prevalence and Predictors of Erectile Dysfunction in Men with Newly Diagnosed with Type 2 Diabetes Mellitus

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**Objective:** To determine the prevalence of and risk factors for erectile dysfunction (ED) in men newly diagnosed with type 2 diabetes mellitus (DM).

**Patients and Methods:** All consecutive samples of men newly diagnosed with type 2 DM attending the diabetes centre in the capital of Kuwait were included in the study. Face-to-face interviews with the men were conducted using the International Index of Erectile Function (IIEF)-5 questionnaire. A threshold IIEF-5 score of <21 was used to identify men with ED. Pertinent clinical and laboratory characteristics were collected.

**Results:** Of 323 men with newly diagnosed type 2 DM, 31% had ED; comparing potent men and men with ED, there were statistically significant differences for smoking, duration of smoking, hypertension, education level, body mass index and serum glycosylated haemoglobin level. Among these, age was the most important risk factor identified by multivariate logistic regression.

**Conclusion:** About a third of men with newly diagnosed type 2 DM had ED; this was associated with many variables, but most notably with age at presentation.

### Increasing Severity of Haematuria with Successive Pregnancies in a Woman with Renal Angiomyolipoma

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**Objective:** To report a case of a 31-year-old woman with renal angiomyolipoma (RAML) who presented with progressive massive haematuria with successive pregnancies.

**Clinical Presentation:** A 28-year-old woman presented with mild haematuria in the third trimester of her second pregnancy. This was due to bleeding from a left RAML. Patient became pregnant for a third time. The RAML increased in size and patient bled more during the third trimester. After delivery she refused partial nephrectomy or renal embolisation. In the third trimester of the fourth pregnancy, she presented with massive haematuria, shock, severe anaemia (haemoglobin of 6gm/l) and required a total of 26 units of blood transfusion during a 4-week period. She required emergency Caesarian section at 36 weeks and simple nephrectomy 3 months postpartum.

**Conclusion:** The risk of profuse haemorrhage from RAML may increase with successive pregnancies in women with RAML. This anomaly should be treated in between pregnancies by either angioembolisation or resectional surgery.

## Trauma at a Nigerian Teaching Hospital: Pattern and Documentation of Presentation

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*Afr Health Sci* 2006; 6:104-107

**Background and Objectives:** This study is aimed at identifying the characteristics of injuries and determining the efficiency of documentation of patients' records in a tertiary hospital where there is no trauma registry.

**Patients and Methods:** A retrospective case record analysis was conducted of injured patients seen at the Accident and Emergency unit over a 12 month period from January to December 2003.

**Results:** A total of 1078 records of injured patients that attended the A&E were analysed. Their mean age was 31 years (range 3 months to 85 years). Laceration (n = 408) and fractures (n = 266) representing 62.5% of injuries were seen. Injuries to the lower limb occurred in 239 patients, multiple anatomical sites 224, head 224, upper limb 203, the neck 20, and the abdomen 11 patients. Trauma was due to road traffic accident in 977 patients, fall in 39, assault in 14 while burns and firearm injuries occurred in 5 and 7 patients respectively. The mean injury severity score (ISS) was 4. Severe injuries, ISS > 15 occurred in 54 patients with mean ISS of 21, and resulted from RTA in 92.6% of cases. Mortality from severe injuries occurred in 31.5% of cases while overall mortality was 2%. Most deaths were associated with multiple injuries (60.9%) and head injury (30.4%). Incomplete documentation of accident and injury data occurred frequently, from 2% of some data to 100% of others.

**Conclusions:** Lacerations and fractures were the most common injuries. Mortality is due usually to head and multiple injuries. Research into appropriate strategies for prevention of injuries, especially RTA, is required but this must start with the establishment of institutional and regional trauma registries for complete documentation of relevant data.

## Genotypic Characterization of Rotaviruses and Prevalence of Serotype-Specific Serum Antibodies in Children in Kuwait

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There are no data on the serotypes of rotaviruses prevalent in Kuwait, which has a large expatriate population and hence a focal point for transmission of pathogens. The serotype information will contribute to the fund of knowledge on the world epidemiology of rotavirus serotypes and will predict the outcome of vaccination in Kuwait. Of the 75 rotavirus-positive samples from 172 children (aged <5 years) with severe diarrhoea, 69 were genotyped. The distribution of genotypes was G1 (63.8%) followed by G9 (10.2%), G2 (7.3%), G4 (7.3%) and G3 (4.4%). Among the P types, P[8] was the most common type found across all G types. By fluorescent focus neutralization test, serum antibodies to genotypes G1 (94%), G4 (68%) and G9 (46%) were found in 120 other children. These results show that G1 is the predominant serotype in Kuwait and that a vaccine that contains G1 will be most effective.

## Species Distribution and Antifungal Susceptibility of *Candida* Bloodstream Isolates in Kuwait: a 10-year Study

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Bloodstream infections due to *Candida* species are important complications in severely ill hospitalized patients. This study presents data on species distribution and antifungal susceptibility profiles of *Candida* bloodstream isolates obtained from Kuwait during a 10-year period. All the bloodstream isolates were identified to species level by the germ tube test and carbohydrate assimilation profile using the VITEK 2 yeast identification system. Using E-test strips for amphotericin B, fluconazole, 5-flucytosine and voriconazole, MICs were determined on RPMI agar supplemented with 2 % glucose. The MIC breakpoints for resistance were based on Clinical and Laboratory Standards Institute criteria or those published by reference laboratories, and were as follows: amphotericin B,  $>1$  mug ml<sup>-1</sup>; fluconazole,  $\geq 64$  mug ml<sup>-1</sup>; 5-flucytosine,  $\geq 32$  mug ml<sup>-1</sup>; and voriconazole, 4 mug ml<sup>-1</sup>. In all, 607 bloodstream yeast isolates were obtained over the past 10 years in Kuwait. *Candida albicans* was the predominant species (39.5 %), followed by *Candida parapsilosis* (30.6 %), *Candida tropicalis* (12.4 %), *Candida glabrata* (5.6 %) and *Candida krusei* (1.6 %). All *C. albicans*, *C. tropicalis* and *C. glabrata* isolates were susceptible to amphotericin B. Of 186 isolates of *C. parapsilosis* tested, only four (2 %) exhibited an MIC for amphotericin B of  $>1$  mug ml<sup>-1</sup>. Resistance to fluconazole was observed in nine (3.8 %) *C. albicans* isolates, two (5.8 %) *C. glabrata* isolates and four (40 %) *C. krusei* isolates. Resistance to 5-flucytosine was observed in two (0.8 %) *C. albicans* isolates, seven (9.3 %) *C. tropicalis* isolates, three (1.6 %) *C. parapsilosis* isolates and all ten (100 %) *C. krusei* isolates. All the isolates of *C. albicans*, *C. tropicalis*, *C. parapsilosis*, *C. glabrata* and *C. krusei* were susceptible to voriconazole, including those resistant to fluconazole. Although amphotericin B and fluconazole are widely used in clinical practice in Kuwait, resistance to these drugs remained low.

## Male infertility in Kuwait. Etiologic and Therapeutic Aspects

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**Objective:** To evaluate the pathological patterns associated with male infertility in Kuwait and to characterize treatment outcome after varicocele repair using percutaneous varicocele embolization.

**Methods:** We carried out a prospective study of 64 infertile men in Kuwait between 2001 and 2005. All patients included had proven non-obstructive azoospermia or oligospermia (sperm count  $<20$  million/ml). All patients underwent ultrasonographic evaluation of the scrotum. Fine needle aspiration of the testes was performed on all azoospermic patients.

**Results:** A total of 24 (38%) patients were azoospermic while 40 (62%) were oligospermic. Sertoli-cell-only pattern was the most common cytopathology associated with primary testicular failure. Among the oligospermic patients, 50% had small to moderate varicocele. Spermatic vein embolization resulted in a significant rise in the mean sperm count from  $10.6 \pm 3.8$  million/ml to  $30.2 \pm 6.8$  million/ml ( $p < 0.05$ ) in 5 treated oligospermic patients, followed by spontaneous pregnancy in 2 couples. No effect was seen on azoospermic patients.

**Conclusion:** From an etiological point of view, we believe that the high incidence of Sertoli cell-only-syndrome among nationals and residents of a country that underwent a major environmental insult strengthens the chances of an environmental role in the development of this syndrome. From a management point of view, in cultures where in vitro fertilization is either still not widely acceptable or is unaffordable, oligospermia with clinical or subclinical varicocele deserves a trial of a low risk, out patient procedure, namely, spermatic vein embolization that could improve fertility.