bronchiectasis coming to Govt. Hospital for Chest and Communicable diseases, Visakhapatnam, Andhra Pradesh were tested for nasal mucociliary abnormalities. Saccharin test was done to all patients and nasal brush biopsy was taken in those the saccharin time was delayed by more than 30 minutes and subjected for light microscopy, phase contrast microscopy and electron microscopy in some patients.

Results: Saccharin time was delayed in 12 patients. Among these 12 patients 6 patients presented as Kartagener’s syndrome - light and phase contrast microscopic evaluation of nasal brush biopsy of these 12 patients revealed short cilia (1 patient), sluggishly motile cilia (5 patients), damaged cilia (2 Patients). Electron microscopic evaluation of 3% gluteraldehyde fixed Nasal brush biopsy of 6 Patients with only bronchiectasis without Kartagener’s syndrome revealed primary dynein arm defects (2 patients). The incidence of primary ciliary dyskinesia in this group is 18%. (3 cases from bronchiectasis without Kartagener’s and 6 cases with Kartagener’s syndrome)

Conclusion: This 18% incidence of primary ciliary dyskinesia in this study is rather high and prompts us to collectively work with ENT specialists and paediatricians to detect the cases at an earlier stage to prevent subsequent complications and progress to irreversible bronchiectasis.

190 Clinical Evaluation and Immunochemical Characterization of Peltophorum pterocarpum Pollen from Mumbai (India)

Mahadik UD*, Niphadkar PV**, Dhar HL*
*Medical Research Centre, Bombay Hospital Trust, Bombay 400 020,
**Sir HN Hospital, Mumbai 400 004

Pollen of Peltophorum pterocarpum (PP) pollen exhibit tricolporate pattern under scanning electron microscopy. Aerobiological survey of Mumbai city has shown that atmospheric prevalence of PP is very high. Five hundred fifty-nine patients were investigated for total IgE, skin prick test (SPT) and nasal provocation test (NPT). Twenty-six patients were investigated for allergen specific IgE by ELISA, SDS-PAGE and western blotting. Out of the total, 39 (6.9%) patients were strongly sensitive for PP in SPT. 75% patients were showing 90% decrease in nasal airflow in NPT. Allergen extract of PP resolved into 24-26 CBB stained protein bands in the MW range of 100-116 KD in SDS PAGE in western blot analysis, 9 protein bands were found to be allergenic and binding with specific IgE from patients sera. Proteins bands at 70, 37, 31, 26, 23, 20 and 14 were recognised by specific IgE antibodies from 96.15% patients sera which constitute the major allergens. In conclusion, PP is a potent aeroallergen and identification of major allergens patients sera which constitute the major allergens.

Conclusion: Antiphospholipid syndrome is an important acquired thrombophilic disorder with protean manifestations.

192 A Study on Extra-articular Manifestations of Rheumatoid Arthritis from West Bengal

Kundu AK, Saha AK, Mukhopadhyay JD, Mukherjee AK
Burdwan Medical College & Hospital, Burdwan, West Bengal

Background and Objectives: Rheumatoid arthritis is classically a symmetrical, destructive and deforming polyarthritis, often associated with systemic disturbances and a variety of extra-articular (E-A) manifestations. It has been observed that three major pathological phenomena dominate the E-A disease are: inflammation of membranes (eg, pleura, pericardium, sinovium), nodule formation and vasculitis. Keeping these facts in mind, a prospective study was done to evaluate various E-A manifestations of rheumatoid arthritis in the state of West Bengal.

Methodology: The study was conducted since Oct’ 98 to May’ 03; it is an ongoing study. As per American College of Rheumatology (ACR) criteria 1987, total 290 patients were diagnosed as rheumatoid arthritis in the Rheumatology Clinic of NRSMC&H, Kolkata and MOPD of BMC &H, Burdwan, WB, and were included in the study. Thorough history, meticulous clinical examination, different investigations like haemogram, rheumatoid factor (RF), CRP, ANF, renal and liver function tests, ECG, blood sugar and uric acid etc with relevant radiological studies were done in all the patients.

Results: Among 290 patients, 218 were females and 72 males (F: M=3:1). The age group ranged from 18-77 yrs. Altogether, 16% (47/ 290) patients had one or more E-A manifestations like rheumatoid nodules 6%, muscle atrophy 12%, Sjogren’s syndrome 1.7%, vasculitis 1.4%, moderate anaemia 10%, pleuro-pulmonary complications 1%, pericardial involvement 0.4%, iridocyclitis 0.7%, episceritis 3.1%, Feltys’syndrome 0.4%, carpal tunnel syndrome 0.7%, osteoporosis 1.4% and fever in 2.4% cases. Most of the patients with E-A features (96%) were sero-positive and were suffering from >5 yrs with varying degree of deforming arthritis. The E-A features were more severe with high titre of RF.

Conclusion: Though rheumatoid arthritis was mainly articular at presentation, E-A manifestations were observed in 16% patients of which, 96% were sero-positive, and were suffering from the disease for more than 5 yrs duration.
193 Clinical Profile of SLE - 100 cases
A Krishna Prasad, Srinivasan VR, Rao VMM, Narendra AMVR
Nizam's Institute of Medical Sciences, Hyderabad

Aim: Study of clinical profile of systemic lupus erythematosus presented to our institute.

Material and Methods: Clinical records of 100 consecutive patients with SLE were collected in the last 10 years. Case records of patients satisfying the ARA criteria for SLE were taken for analysis. The details of clinical profile noted at the time of making the diagnosis were analyzed retrospectively.

Results: Mean age of patients was 28.2 ± 9.8 years. Males were 7 and females 93. Mean duration of illness was 11 months. Commonest presenting symptom was prolonged fever in 37. Other presenting symptom with decreasing frequency was arthralgia in 30, hemolytic anemia in 8, ITP in 7, malar rash in 5, GTCS in 4, anasarca in 3, anemia in 3 and edema in 3, splenomegaly in 28, lymphadenopathy was noted in 26, hepatomegaly seen in 23 and goiter in 4.

Various clinical criteria were noted on evaluation and the order of frequency they observed were arthralgia 79 hematological abnormalities 64, oral ulcers 38, nephritis 36, malar rash 35, polyserositis 29, seizures 18, skin photosensitivity 14, psychiatric manifestations 9 and discoid rash 6.

Antinuclear antibodies were positive in all but anti ds antibodies in 86 and anti Smith antibodies in 37. Other autoantibodies found positive were RF in 22, RNP in 17, ENA positive in 12, SCL-70 in 5, SSA in 4, SSB in 3, ATA in 3, | ANCA in 2, antinucleomere antibodies in 1.

Vascular thromboses were seen in 4 cases (venous 3 and arterial 1). But antiphospholipid antibody syndrome noted was in 3. Lupus anticoagulant was positive in 2 though ACA is positive in 28 cases.

Nephritis was seen in 31 and 19 had hypertension. CNS abnormalities seen in 17 cases, they were vasculitis (3), infarcts (3), CSVT (1), myelopathy (2), myeloneuropathy (1), myopathy (3), mononeuritis multiplex (2) and sensory neuropathy (1). Other organ involvements seen were pancreatitis (2), lupus pneumonitis (1), cutaneous vasculitis (11), myocarditis (5) and hepatitis (11).

Coexisting autoimmune disorders documented were rheumatoid arthritis in 11, hypothyroidism in 10 and MCTD in 3. Coexisting tuberculosis infection was noted in 8 cases. All received steroids. Chloroquine and steroid sparing drugs wherever necessary along with treatment of coexisting problems. Spleenectomy was done in 5 cases (3 in IHA and 2 in ITP management). Renal biopsy was done in 6 cases of lupus nephritis and cyclophosphamide pulse therapy was given to 5.

Mortality was noted in 4 and causes of mortality IC bleed, disseminated TB, septicemia and MOF and myocarditis and hypertension.

Conclusions: (1) Most of the patients were females and between 20 to 40 years. (2) Commonest presenting symptom was prolonged fever in 37. (3) More than half of the cases had arthralgia and hematological abnormalities. (4) Bleeding was common than vascular thrombosis though ACA is positive in many. (5) Morbidity was mostly because of brain and kidney involvement. (6) Infections and thrombocytopenia were the common causes producing mortality. (7) Coexisting autoimmune diseases were noted in 21 patients.

194 Pleuropulmonary Involvement in Rheumatoid Arthritis
Kaur Gurdeep, Bhattacharya Amal
Medical College, Baroda, Gujarat

Introduction: RA is a chronic multi-system disease. It is a heterogenous disease; its severity and rate of progression is variable. Presents as chronic symmetrical inflammatory polyarthritis of the synovial joints but can affect virtually any body tissue or organ- extraarticular manifestations, pleuropulmonary, cardiac and neurological involvements, vasculitis, and Felty’s syndrome. For pleural and interstitial involvement-RA factor, subcutaneous nodules, male sex is risk factors. Spectrum: pleural effusion, pulmonary fibrosis, pulmonary nodules, Caplans’s syndrome, airway obstruction, pulmonary vasculitis and pneumonias.

Aims: To study lung involvements in rheumatoid arthritis. To correlate clinical-spirometric profile and HRCT findings with regard to early detection of possible lung involvements.

Methods: Thirty patients satisfying ARA criteria for rheumatoid arthritis were selected without regards to the presence of pulmonary symptoms or X-ray changes. Clinical assessment, investigations-ESR, RA, spirometry, imaging-chest x-ray, HRCT performed.

Observation: M:F=23:7. Majority was in 41-60 years. Duration of illness: majority 1-3 years. Majority had household activities. Morning stiffness, arthritis, RA + ve, radiographic changes were seen in descending order. ESR was 21-100 mm/1" hr in 80%. Patients were on NSAIDs, corticosteroids and DMARDs in that order. Cough, dyspnoea, wheeze, sputum and chest pain were the presenting symptoms. 73.3% had normal spirometry, 3.3 had obstructive and 23.3 had restrictive pattern. 13.3% by chest x-ray and 36.7 by HRCT were positive for respiratory involvement. Pattern: reticular- infiltrates, honey-combing, pleural thickening.

Summary and conclusion: Six out of 30 had respiratory symptoms. Four detected by x-ray chest. Spirometry detected 8 patients. HRCT was positive in 11 cases. Rheumatoid nodule more likely to have lung involvements.

Limitations: Bronchoalveolar lavage, technetium diethylene triamine pentacetate radionucleid scanning and DLCO should be performed. 1 mm section of HRCT is ideal.

195 A Study of Intravenous Cyclophosphamide Pulse Therapy in Systemic Lupus Erythematosus
Das D, Pegu GM, Das MF, Bora DJ
Department of Medicine, Gauhati Medical College, Guwahati

Aim: To study the effect of monthly intravenous cyclophosphamide therapy on patients diagnosed as SLE as per the criteria laid down by the American College of Rheumatology.

Material And Methods: Twenty-six patients of SLE who had not received any previous cytotoxic drugs and had no associated comorbid conditions were studied during the period from August 2001 to October 2002. Every patient was given 6 pulses of cyclophosphamide and then followed up monthly for another six months.

Results: This study revealed that cyclophosphamide pulse therapy produces a significant reduction of both clinical and laboratory parameters with a low relapse rate during the subsequent six months follow up after completion of the pulse therapy when compared with published data of SLE patients not treated similarly (Malaviya et al 76% and Martellini et al 60%).

Conclusion: Monthly intravenous Cyclophosphamide pulse is a safe and potent modality of treatment in patients with SLE.

196 Acute Renal Failure and Hepatic Dysfunction in Malaria - A Study from Nepal
Sharma SK, Khaniya S, Shalaya K, Kastel BH, Khanal B, Shrestha N, Parajuli K, Rijal S, Karki P
BP Koirala Institute of Health Sciences, Dharan, Nepal

The clinical presentations of severe and complicated malaria vary. The