A perforator-based bilobed fasciocutaneous flap: an additional tool for primary reconstruction following wide excision of sacrococcygeal pilonidal disease.
Ei-Khatib HA, Al-Basti HB.

Abstract:
A great variety of procedures have been proposed for the cure of sacrococcygeal pilonidal disease. A bilobed fasciocutaneous flap, based on the parasacral perforators, is described. This retrospective study was conducted to evaluate our experience with bilobed fasciocutaneous flaps and to review current publications about flap surgery for the treatment of sacrococcygeal pilonidal sinus. Eight bilobed fasciocutaneous flaps have been performed between February 2004 and September 2006. Eight males, aged 19 to 35 years (mean age: 26.2 years), presented with chronic and recurrent pilonidal disease. The duration of the disease was ranged from 2 to 6 years (mean age: 3.8 years). The sinuses were excised in a vertical, elliptical fashion and the defect closed using a bilobed fasciocutaneous flap. This flap was designed using the parasacral perforators and tailored to obliterate the midline defect. Primary wound healing was achieved in all patients. Large defects after excision can easily be closed using the bilobed fasciocutaneous flap. The flap provides a tensionless wound closure. Hospitalisation is brief, and the postoperative course is comfortable. No recurrence was seen in any of the eight cases. This procedure is indicated in patients in whom wide skin resection is required, because of the tension-free skin closure in such cases. This technique enabled regional reconstruction, conserved tissues, and provided satisfactory aesthetic results. Therefore, this procedure can be considered an additional, useful tool in the treatment of pilonidal sinus.

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Dentoalveolar Trauma: Management outlines.
(It was presented in Qatar International Medical Congress, Dec. 2009)
Ahmed Tarik Hieawy

Abstract:
The dentofacial structures are some of the most frequently injured parts of the body by traumatic injuries which can occur as a result of sports, motor vehicle accidents or altercations. Injuries can range from minor dental injuries to facial lacerations to fracture of one or more of the facial bones.
Fungal infections of the diabetic foot. In: Foot ulcers: Causes, diagnosis, and treatments.
(It was published in 2009 December, Foot Ulcers Book)

Abstract:
Foot infections are common and serious complications of diabetic patients. Most of the infections in diabetic foot ulcers are of aerobic and anaerobic bacterial origin, and in most cases polymicrobial, which has been characterized in much detail, although a few studies have also reported some filamentous fungi and yeasts as etiologic agents of diabetic foot infections. Mycotic infections of the diabetic foot are generally classified into two categories; those that cause superficial infections, skin and nail, and the fungi that infect tissue causing severe ulceration and serious complications by progressing deep into tissue, which may result in osteomyelitis. The fungi involved in the later syndrome are mainly Candida species and Fusarium solani.

A combination of factors contributes to the pathophysiology of the diabetic foot, including peripheral vascular disease causing poor circulation to the legs and feet, and neuropathy, a condition in which nerve damage from diabetes results in impaired sensation in the lower extremities can make diabetic patients unaware of minor abrasions and ulcerations on the foot. These conditions may easily develop a serious microbial infection among diabetic subjects. Diabetic foot infections can accelerate dramatically, if appropriate treatment is not given promptly.

We report a group of patients who presented to Diabetic Foot and Wound care Clinic, with long term foot infections and failed to respond to antibacterial therapy and appropriate foot care. The patients were diagnosed to have serious fungal infections of the foot. Diagnoses were based on X-ray, fungal culture from deep tissue specimens, and histopathology to demonstrate tissue invasion. Thirty-two patients were subjected to the infected ulcer and deep soft tissue is important because it improves the outcome by protecting the foot from deep tissue invasion and osteomyelitis. The observation reported in this study suggest that fungal infections may play a significant role in the pathogenesis of the diabetic foot disease, and more risky in the immunocompromised individuals. These cases will broaden the differential diagnosis of etiologic microbial agents causing diabetic foot infection. If the disease is to be managed, early diagnosis is essential along with increased awareness that filamentous fungi can infect the diabetic foot leading to serious complicated infections with a prolonged healing time.

Fungal rhinosinusitis: a categorization and definitional schema addressing current controversies.
(It was presented in the Laryngoscope - 2009 Vol. 119)

Background: Fungal rhinosinusitis encompasses a wide spectrum of immune and pathological responses, including invasive, chronic, granulomatous and allergic disease. Multiple different fungi are implicated including Aspergillus, Zygomycetes, numerous dematiceous fungi (i.e. Bipolaris spp. etc). The recent descriptions of eosinophilic fungal rhinosinusitis (EFRS) in patients with severe bilateral disease with nasal polyps and fungal hyphae visualized in mucin from the sinuses, has illuminated the pathogenesis and thrown up major challenges to disease classification. However consensus on terminology, pathogenesis and optimal management is lacking. The International Society for Human and Animal Mycology (ISHAM) convened a working group to attempt consensus on terminology and disease classification.

Discussion: Key conclusions reached were; ‘rhinosinusitis’ is preferred to ‘sinusitis’; ‘acute invasive fungal rhinosinusitis’ is preferred to ‘fulminant’ or ‘necrotizing’ and should refer to disease of <4 weeks duration in immunocompromised patients; both ‘chronic invasive rhinosinusitis’ and ‘granulomatous rhinosinusitis’ were useful terms encompassing locally invasive disease over at least 3 months duration, with differing pathology and clinical settings; ‘fungal ball of the sinus’ is preferred to either ‘mycetoma’ or ‘aspergiloma’ of the sinuses; that localized fungal colonization of nasal or paranasal mucosa should be introduced to refer to localized infection visualized endoscopically, which is not (yet) invasive or a fungus ball; that the term ‘eosinophilic mucin’ is preferred to ‘allergic mucin’; that the terms ‘allergic fungal rhinosinusitis’ (AFRS), ‘eosinophilic fungal rhinosinusitis’ and ‘eosinophilic mucin rhinosinusitis’ (EMRS) are imprecise and require better definition. In particular to implicate fungi (as in AFRS and EFRS), hyphae must be visualised in eosinophilic mucin, but this is often not processed or examined carefully enough by histologists, reducing the universality of the disease classification. A schema for sub-classifying these entities, including aspirin-exacerbated rhinosinusitis, is proposed allowing an overlap in histopathological features and with granulomatous, chronic invasive and other forms of rhinosinusitis. Recommendations for future research avenues were also identified.
Summary: Numerous airborne fungi are causative agents in invasive, granulomatous and saprophytic rhinosinusitis and probably partially responsible for most cases of eosinophilic mucin rhinosinusitis. Precise categorization of these clinical entities, using the proposed consensus criteria, will greatly aid further research and clinical care for these increasingly recognized clinical entities.

An increasing trend of cutaneous zygomycosis caused by Mycocladus corymbifer (formerly Absidia corymbifera): report of two cases and review of primary cutaneous Mycocladus infections. (It was published in Medical Mycology 2009 August)


Abstract:
Cutaneous zygomycosis is a rare but serious infection in trauma patients. Two cases of cutaneous zygomycosis are reported due to Mycocladus corymbifer (Absidia corymbifera) probably caused by soil contamination of wounds of the lower extremities. The patients received appropriate antifungal therapy in combination with aggressive surgical debridement. A cure was achieved with amphotericin B in one patient. The other patient was intolerant for amphotericin B therapy and cure was achieved with a new antifungal azole, posaconazole. Twenty eight cases (including the 2 cases in this study) of cutaneous M. corymbifer zygomycosis reported in the literature were reviewed. The data showed an increase in the trend of cutaneous infections with 16 cases (57%) reported after the year 2002.

Prevalence and Predictors of Asymptomatic Bacteriuria among Pregnant Women Attending Primary Health Care in Qatar (It was published in Middle East Journal of Medicine May 2009)

Dr. Muna Taher S.M. Aseel

Abstract:
Introduction:
The study aims to determine the prevalence and predictors of asymptomatic bacteriuria in pregnant women attending antenatal clinic at the primary health care centers in Qatar.

Methodology:
A cross-sectional study was carried out at four primary care centers that were selected randomly; and all pregnant women attending antenatal clinic between August and November 2008 and who agreed to enter the study, were clinically evaluated to exclude signs and symptoms of urinary tract infection (UTI). After collection of demographic and medical data of the participants, and samples of 10-15ml urine have been collected and cultured.

Results:
Of the 433 pregnant women, 43 had significant bacteriuria giving a prevalence rate of 9.9%. The highest prevalence was found in the 35–39 year-olds (13%). There was no significant difference in prevalence with increasing parity. The dominant bacteria isolates were E. coli (31%) and Streptococcus agalactiae (30%). Pregnant women who have previous history of UTI are approximately 3 times more likely to develop asymptomatic bacteriuria as compared to those who have no history of UTI (OR=2.7, 95% CI=1.4–5.1). Anemia increased the risk for developing asymptomatic bacteriuria (OR= 1.5, 95% CI=1.1–3.4).
Conclusion:
The prevalence of asymptomatic bacteriuria in pregnant women attending primary health care centers in Qatar is 9.9%, and the predominant organism was E.coli. The current screening for asymptomatic bacteriuria in pregnant women attending antenatal clinic at primary care should focus on anemic pregnant women and those with history of urinary tract infection.

Keywords: asymptomatic bacteriuria, pregnant women, Qatar

Material & Methods:
Seven cases were collected in the period 2002-2007. Their age range 25-43 years. There were five females and 2 males. Five were AML, two were RCC.

Flank pain was present in all cases. Only two came with shock and 3 patient had significant anemia (< 10 gm). One patient had hematuria and another patient had fever. CT scan diagnosed all AML except one which had low fat content. Angioembolisation was carried out in 2 patients prior to nephrectomy. Nephrectomy was done in 5 cases, two cases were managed conservatively.

Results:
All AML cases treated with nephrectomy had smooth postoperative recovery. Those managed conservatively showed resolution of the hematoma. Of the two RCC cases treated by nephrectomy, one dies a year later from end stage renal disease, the other one missed follow up.

Conclusion:
High index of suspicion in vague flank pain with signs of internal haemorrhage with CT may lead to early diagnosis and the institution of life saving measures.

Spontaneous Rupture of Renal Tumors
(It was presented in SIU Conference, Nov. 2009 Chile)
Nagy Younes, Ammar Ali AlAni, Sabah Alkadhi, Abdulla Al Ansari, Fazz Gomma, El Fadil El Malik
Department of Urology
Hamad Mediacal Corporation, Doha, Qatar

Abstract:
Spontaneous rupture of the kidney, is a rare potentially life threatening condition (1,2,3), often presenting as an emergency. Renal cell carcinoma (RCC) and angiomyolipoma (AML) comprise two thirds of such cases (4,5,6). The clinical picture may be misleading and diagnosis is mostly done by imaging.