

Best Scientific Papers Read in The Tenth All Nepal Medical Conference Held in February 19—22, 1981 at Kathmandu

I. BEST ARTICLE

The award for best scientific paper* was given to Dr. G. W. Hankins, B. Sc., M.D., F. R. C. S. (Eng.), F. R. C. S. (Can), F. A. C. S. Dr. Hankins was formerly a consulting surgeon in Calgary and a part-time member of Dept. of Surgery, Faculty of Medicine, University of Calgary until 1974. He is working in the Dept. of Surgery, Shanta Bhawan Hospital with the United Mission to Nepal since 1974.



*ABDOMINAL INJURIES: HOW TO DIAGNOSE & WHEN TO OPERATE

ABSTRACT

Proper management of abdominal injuries is a real challenge to the medical team. The injured abdomen deserves to be treated with great respect. The treatment of most penetrating injuries is usually evident. Nearly all bullet wounds require laparotomy and exploration. Other types of penetrating wounds may not need surgery, depending on the penetrating object and the violence used. Many stab wounds can be treated conservatively with close monitoring of the patient.

Blunt or closed injuries pose the greatest problems. The indications for operation are often obscured for various reasons; accurate evaluation of the injury may demand the best in surgical judgement.

Some useful guidelines include:

- 1) Careful history-taking, from the patient and witnesses.
- 2) Painstaking examination of the abdomen-allowing a decision to be made on the

basis of all the existing physical signs, in summation. It is important to remember that serious injuries can sometimes exist in the presence of minimal physical signs.

3) Repeated examinations at half-hourly intervals is recommended for doubtful cases,

In this way, a progression of events can be gradually appreciated.

4) Utilization of diagnostic aids: Diagnostic peritoneal lavage is the most useful investigation. It is simple and rarely gives misleading results.

5) Resuscitation prior to surgery is crucial.

6) Operative difficulties may at times be formidable but the most serious trap of pitfall in the management of these cases is error in diagnosis, particularly that which results in a dangerous delay before a decision is made to operate.

The award for the second best scientific article was given

to Dr. Upendra Prasad Devkota for his paper 'MANAGEMENT OF ORTHOPAEDIC CASES IN CASUALTY DEPARTMENT UNDER KETAMINE ANAESTHESIA'. Dr.

U. P. Devkota, M. B. B. S. graduated in 1978 and was

working as Medical Officer in the Department of Casualty, Bir Hospital at the time when the study was undertaken.



'MANAGEMENT OF ORTHOPAEDIC CASES IN CASUALTY DEPARTMENT UNDER KETAMINE ANAESTHESIA'

ABSTRACT

50 cases of orthopaedic casualties requiring closed manipulative reduction were managed under ketamine anaesthesia in the Casualty Department of Bir Hospital. All the dislocations and 82.5% of the fractures were satisfactorily reduced. The duration of anaesthesia (10.8 min \pm S. D. 1.5 min) that it provided was sufficient and no serious anaesthetic complication was encountered. 25% of the cases in plaster cast had swelling of the limb subsequently.

1. Though ketamine has been reported to have poor muscle relaxant property, present experience shows that it can be satisfactorily employed as the sole anaesthetic agent for the

closed reduction of commonly encountered orthopaedic casualties. It is specially applicable in situations where facilities for routine anaesthetic techniques are not available.

- 2 As subsequent tissue swelling is inevitable in fresh injuries, wherever possible a supporting plaster slab should be applied instead of an encircling cast
3. With due precaution to the management of emergence phenomena it can be used even in adults if cardiovascular contra-indications are carefully excluded. It is a safe drug for use in children. In adults where the use of this drug is contraindicated Neurolept Anaesthesia (I. V. Diazepam & Pentazocine) could be satisfactorily employed"

III. Two articles were selected the third best papers read in the Conference.

- A. A joint paper by Dr. S. M. Shrestha and Dr. (Mrs) S. Shrestha on "Incidence of Hepatitis B. Surface Antigen (HbSag) in a random population", Dr. S. M. Shrestha, M. R. C. P., D. T. M. & H is a consulting physician, Bir Hospital. He is undertaking a big research project on chronic liver diseases and Hepatitis B. Surface Antigen in Bir Hospital. Dr. (Mrs) S. Shrestha is a consultant Pathologist at the Central Health Laboratory, Kathmandu.

We hope to publish the full text of the paper in the subsequent issues of the journal.

- B. A joint paper "Xerophthalmia in and around Kathmandu Valley" by Dr. M. P. Upadhyay, Mr. K. Pillai, Dr. Bhagavat Pd. Nepal and Dr. Bhupendra J. Gurung from Nepal Xerophthalmia Survey Project, Tripureswar and Department of Ophthalmology, Tribhuvan University, Institute of Medicine, Maharajgunj, Kathmandu.

"XEROPHTHALMIA IN AND AROUND KATHMANDU VALLEY"

ABSTRACT

In a community based study using Bitot's spot as criterion overall prevalence of xerophthalmia in and around Kathmandu was found to be 2.01 %. Boys were found to be more commonly affected. Mild forms of xerophthalmia were commoner in older children. Newars, Tamangs and Damais were found to be more vulnerable. Use of dyes either Lissamine green or Rose bengal spotted more cases of xerosis. Lissamine green appeared to be superior to Rose bengal in staining dry conjunctiva.

—: O :—