Pregnancy in a patient with an aorto-iliac prosthesis

by
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The case presented concerns a secondipara (carried to term) who had undergone surgery six years earlier for a large sub-renal aortic aneurysm.

P. A., 31 years old, admitted on 12.1.1974 (obstets Dept. 84).

History: Mother suffered from arterial hypertension. Usual childhood diseases. At the age of 14 the patient was hospitalised for acute glomerulonephritis and arterial hypertension. From this time she had continuously received antihypertensive treatment and remained in good general health.

Menses began at 13; subsequent menstruation was normal as regards periodicity, quantity and duration. The patient married in September 1964; a pregnancy, in 1965, was interrupted by caesarian section at 8th months because of pre-eclampsia. The baby girl died after 10 hours.

In July 1968 the patient was hospitalised at the Istituto di Patologia Medica after the discovery of a pulsating abdominal mass in the mid epigastric and umbilical regions, diagnosed as an aneurysm. Clinical examination was otherwise unremarkable, except for slight accentuation of the second heart sound and a 20% increase in the frontal cardiac area shown by the radiological examination. B. P. ranged between 155/90 and 180/120 mmHg. ECG within normal limits. Normal findings were also obtained from the following tests: blood count, blood sugar, blood urea, blood creatinine, creatinine clearance, serum protein electrophoresis, blood electrolytes, urinary 17-KS and 17-OHCS, urine aldosterone and urinary catecholamines. Angiographic investigation confirmed that the pulsating abdominal mass was a very large subrenal aortic aneurysm. The patient was consequently transferred to the Istituto di Patologia Chirurgica for resection of the aneurysm and insertion of a dacron aorto-iliac prosthesis.

Subsequent examinations yielded both clinical and oscillographic evidence of symmetry in the arterial pulses of the lower limbs; the BP continued to show moderately elevated values, easily controllable by medical treatment.

Last menstruation had taken place on 24th April 1973. During the third month of amenorrhea pregnancy was diagnosed, complicated by arterial hypertension (195/130 mmHg). The peripheral pulses were normal and symmetrical, and cardiac and ECG findings unremarkable. Hypotensive therapy was started with reserpine, diuretics and sedatives; the results were satisfactory. In the eighth month the BP began to rise (200/130 mmHG) and signs of left ventricular strain appeared on the ECG.

Two days before admission to the Clinic the BP had attained 210/130 mmHg, and a sinus tachycardia had appeared, with more marked signs of left ventricular strain; the patient was consequently admitted as an emergency.

On 14th January spontaneous rupture of the amniochorial sac occurred, with initial dilation of the cervix; signs of foetal distress (green amniotic fluid) appeared, and caesarian section was performed. The newborn was alive and healthy,

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and weighed 3650 g. The aortic bifurcation was seen at the time of surgery; the prosthesis appeared to function perfectly, pulsating normally in all parts.

Normal post-operative course. Two blood transfusions were given to correct a slight state of anaemia. The B. P. returned to 150/95 mmHg. The patient was discharged on the 16th day.

In 1962 Clough (1) described the case of a 33-year old multipara who had undergone surgery seven months before the beginning of her 10th pregnancy for the rupture of an aneurysm which involved the right common iliac artery, the right internal iliac artery and the right femoral artery; a right iliofemoral arterial prosthesis had been inserted. At term and before the beginning of labour a caesarian section was carried out so that any haemodynamic imbalance occurring during labour or the post-partum period would not affect the function of the prosthesis, and also because of the abnormal (shoulder) presentation of the foetus.

In our case the situation was agravated by the extension of the prosthesis and the long-standing arterial hypertension, which had lead to premature interruption of the preceding pregnancy by caesarian section, with a result which was unfortunate for the foetus and did not respond to medical treatment.

The planned surgical intervention was accelerated because of the premature rupture of the amniotic sac, with signs of foetal distress.

SUMMARY

The authors describe a pregnancy in a patient with an aorto-iliac prosthesis whose condition was complicated by hypertension; the pregnancy ended, at term, with the birth of a live infant, by caesarian section. The post-operative course as uneventful.

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The use of clotrimazole in vulvo-vaginitis

by
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Vulvovaginal phlogosis represents more than one-thir of gynecological pathology in out-patient practice. These constitutes therefore one of the topics of most frequent interest, not only for the specialist but also for the general physician. A woman goes to the doctor complaining of tiresome ailments affecting her subjectively much more important than the hidden initial symptoms of a disfunctional or neoplastic pathology. Leucorrhoea, itching, a burnig sensation

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often associated with dysuria, dyspareunia are the symptoms usually reported. The etiology is varied: greatest importance is attributed to a specific agents (Trichomonas vaginalis, Candida albicans, Neisseria gonorrheae), but in at least 50% of the cases the cause is commonplace germs (Colibacillus, Staphylococcus, Streptococcus, Proteus, Pasteurella, Bacillus difterioides, etc. ([1, 2, 3, 4]).

In the case of specific phlogosis, diagnosis is possible with the aid only of the microscope by wet smear examination; but in case of microbic vaginitis, the diagnosis is possible only after an examination of a culture. It is common knowledge that not all out-patient departments are able to arrive at a precise diagnosis and thus to practise the therapy aimed at. We have therefore sought to utilize one single wide-spectrum therapy, verifying its results in the most varied etiopathological conditions.

MATERIALS AND METHODS

We have treated 72 patients attending the out-patient department of the Clinic for vulvovaginal infections; their ages varied from 3 days to 6-7 months; in 9 cases the beginning of the symptoms went back a year; and in one case, in fact, 7 years. Two of the women treated were pregnant.

The etiological diagnosis was formulated by means of the wet smear examination. We found Candida albicans in 38 cases, Trichomonas vaginalis in 10 cases, coccical flora in 19 cases, bacillary flora in 5 cases (in vulvovaginitis of mixed etiology we have considered the prevalent type of flora). It is interesting to observe how specific vulvovaginitis, especially of mycotic type, often present an ordinary concomitant flora. In one case we encountered the massive contemporaneous presence of Trichomonas and Candida, demonstrating that the alteration of the vaginal pH (lower in the first case, higher in the second) to wich in the past so much importance has been attributed in the determination of such phlogosis, cannot be considered primary, but if at all, secondary to the presence of the protozoa or fungi. In 15 cases the patients, particularly if the infection was of long duration, had previously been subjected to other local treatments without results.

For therapeutic trials we have employed vaginal tablets of clotrimazole, (biphenyl-[2chlorophenyl]-1-imidazolyl-methane) (CANESTEN®-BAYER); each tablet contains 0,1 g. of active substance united with inert excipients q.b. to 1,7 g. This product has the characteristic of a wide spectrum of action and in particular is endowed with an anti-Trichomonicide, fungicide and bactericidal action ([5, 6, 7, 8]). Its action is not influenced by variations in the vaginal pH and seems to act exclusively at the level of the cellular membrane of the pathogenic agent. In fact the lack of absorption through vaginal mucosa as demonstated and therefore, the absence of systemic effects ([9]); this does not counterindicate its use in pregnancy.

The dose adopted was one tablet a day for six days, with microscopical chek of the wet smear on the senventh day. Since, in the first cases wich came under our observation, residues of the tabled used had been observed at ceck-up examination, wich disturbed the wet smear, in successive cases we advised the opportunity of daily vaginal lavage during the therapy, postponing the ceck-up examination for some days to permit the reformation of the secretions. In the case of associated vulvitis the use of the same preparation in cream form was advised. The identical advice was given for the partner's balanitis.

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RESULTS

In cases of Candidosis we obtained the disappearance of the symptoms and the negativity of the wet smear in 32 cases out of 38. In the other 6, at the microscopical ceck-up examination a common microbic flora was reported, also with the disappearance of the symptoms. After a second cycle of therapy for a further 6 day in all cases negativity of this examination too, was obtained. In all the cases, on the vulvo-vaginal examination the disappearance of signs of phlogosis was noted even after the first cycle of treatment. In the Trichomonas infections in two cases out of 10 the persistence of protozoa was encountered, and of the correlated symptoms. This had to do with particularly intense cases of vaginitis in wich the vaginal mucosa presented a granular aspect and the microscopical examination demonstrated the massive presence of the germs with an intense granulocitary reactions. After the second therapeutic cycle the symptoms and Trichomonas had disappeared: the wet smear evidence a commonplace flora in a modest quantity, asymptomatic. One of these two patients returned after a month reporting the disappearence of the symptoms; the examination of vaginal secretion showed that it was connected with a relapsed infection by Trichomonas. The partner, on being questioned directly, reported symptoms of intense balanitis, of which the woman had non knowledge, and which therefore had not provoked our therapy contemporaneously with the first cycle of cure. In two cases of intense vulvovaginitis in wich the clotrimazole had been used both in tablet form and in cream, at the examination after a first cycle an intercellular coccical flora in a considerable amount was discovered, with mild granulocitary reaction. The inspection of the vaginal mucosa showed a regression of the vesicular vaginitis, with only an intense reddening persisting. Subjectively the patient complained of a mild vaginal burning sensation. After a second cycle of therapy in both cases normalization both subjective and clinical and microscopical was obtained. In the inspection of bacillary flora, therapeutic success was always obtained with a single cycle of therapy.

CONCLUSIONS

Clotrimazole as shown to be completely efficacious in the various vulvovaginal infections in 70 out of 72 cases examined. In the other 2 cases, consisting of intense Trichomoniasis, a clinical cure was achieved, even though at the ceck-up examination the presence of a commonplace and asymptomatic flora was encountered.

In 60 cases the result was obtained with 1 cycle of therapy lasting 6 days; only in 12 cases did we have to have recourse to a second cycle of equal duration. Tolerability was excellent in all cases; not a single manifestation of local irritability, even slight, was observed.

In conclusion, clotrimazole constitutes a rapid and efficacious protection in all common vulvovaginal infections. Furthermore, because of its extreme manageability and its exclusively local action, it represents a reliable aid even in cases in which allergic diathesis, gastrointestinal pathological conditions or a pregnancy limit the therapeutic choice.

SUMMARY

72 patients with vulvovaginal infections (Candida albicans, Trichomonas vaginalis, coccical and bacillary flora) were treated. Clotrimazole was shown to be

completely efficacious in the various vulvovaginal infections in 70 out of the 72 cases examined. In the other 2 cases, consisting of intense Tricomonas infections, a clinical cure was achieved even though at ceck-up examination the persistence of a common asymptomatic flora was encountered. The good tolerability and local application, the lack of absorption at the level of the vaginal mucosa render the use of clotrimazole particularly effective, even under those condition which counterindicate the use of drugs (pregnancy, allergic diathesis, etc.).

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The tetracycline induced fluorescence test in the diagnosis of neoplasia of the vulva

by
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The tetracycline induced fluorescence regarded as a viable diagnostic test in oncology since the chance discovery of the selective affinity of this drug for neoplastic tissues. In 1957 Rall et al. ([1]) during research into an antagonist of riboflavin noticed under a Wood light a particular yellow-green fluorescence in the autopsy samples of breast cancer in a patient, to whom tetracycline had been administered for therapeutic purposes. Subsequently, in studies carried out on animals (rats and mice) that were carriers of neoplasia (sarcoma 37), these authors showed that tetracyclines induce a yellow-green fluorescence that persists over a period in neoplastic tissue, while normal tissues display an autofluorescence that is thought to be a reflex phenomenon.

Similar research work carried out on patients suffering from neoplasia enabled confirmation of all that Rall had demonstrated in animals. Neoplastic tissues were studied immediately after surgery ([2, 3]), in vivo ([4, 5, 6, 7, 8, 9, 10]) and at autopsy ([3, 4]); in this way the properties of tetracyclines and the means of using these as a diagnostic aid were determined.

The properties of tetracyclines are as follows:

— they are distributed in all healthy tissues without showing affinity for any of them in particular;

— they accumulate in the excretory organs: liver, kidneys, intestines;

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