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Medical Science

About the Cover

Meningitis in an infant is a frequent cause of admission in intensive care facilities. Immunological deficiencies and anatomical abnormalities comprise a majority of patients presenting with meningoencephalitis. We present a 22-month-old male infant admitted with bacterial meningitis that was refractory to medical treatment. On further evaluation with computed topography, a meningoencephalocele was revealed involving the anterior aspect of the left nasal cavity. It is presumed that this abnormality served as a reservoir for the offending bacteria. In situations when meningitis is refractory to treatment, we propose further investigation with cranial imaging to potentially identify an encephalocele (Ref: Nicholas Suraci, Partha Chatterjee. Meningitis Associated with Meningoencephalocele. *Medical Science*, 2016, 20(81), 164-167).

LETTER

Anton's syndrome- the neurologic mystery of denial

Tanmay Gandhi, Sourya Acharya, Samarth Shukla

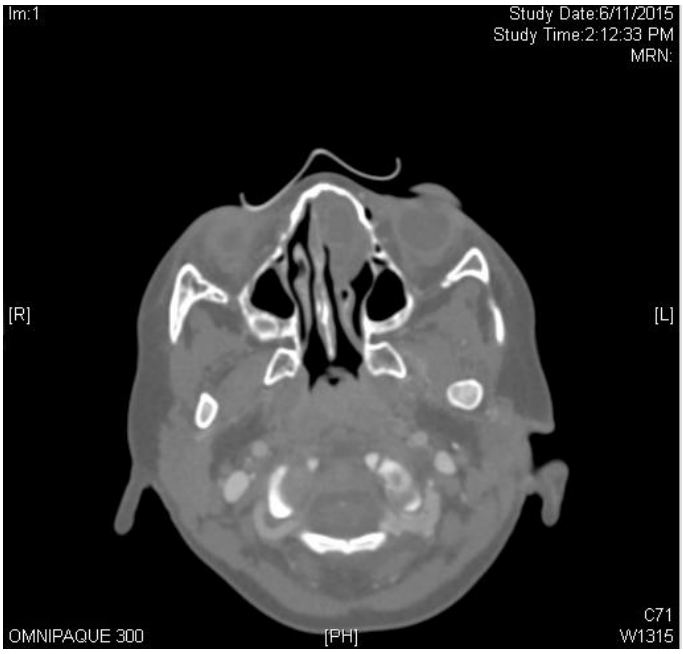
Anton's syndrome is a neurologic condition in which patients deny their blindness despite objective evidence of visual loss. It is a rare extension of cortical blindness in which, in addition to the injury to the occipital cortex, other cortical centres are also affected. Ironically the patients confabulate and stick to their stance that they are normal.

Medical Science, 2016, 20(81), 161-163

CASE STUDY

Meningitis Associated with Meningoencephalocele

Nicholas Suraci, Partha Chatterjee



Meningitis in an infant is a frequent cause of admission in intensive care facilities. Immunological deficiencies and anatomical abnormalities comprise a majority of patients presenting with meningoencephalitis. We present a 22-month-old male infant admitted with bacterial meningitis that was refractory to medical treatment. On further evaluation with computed topography, a meningoencephalocele was revealed involving the anterior aspect of the left nasal cavity. It is presumed that this abnormality served as a reservoir for the offending bacteria. In situations when meningitis is refractory to treatment, we propose further investigation with cranial imaging to potentially identify an encephalocele.

Medical Science, 2016, 20(81), 164-167

ANALYSIS

Laparoscopic Management of Simultaneous Liver and Pulmonary Hydatid Cysts

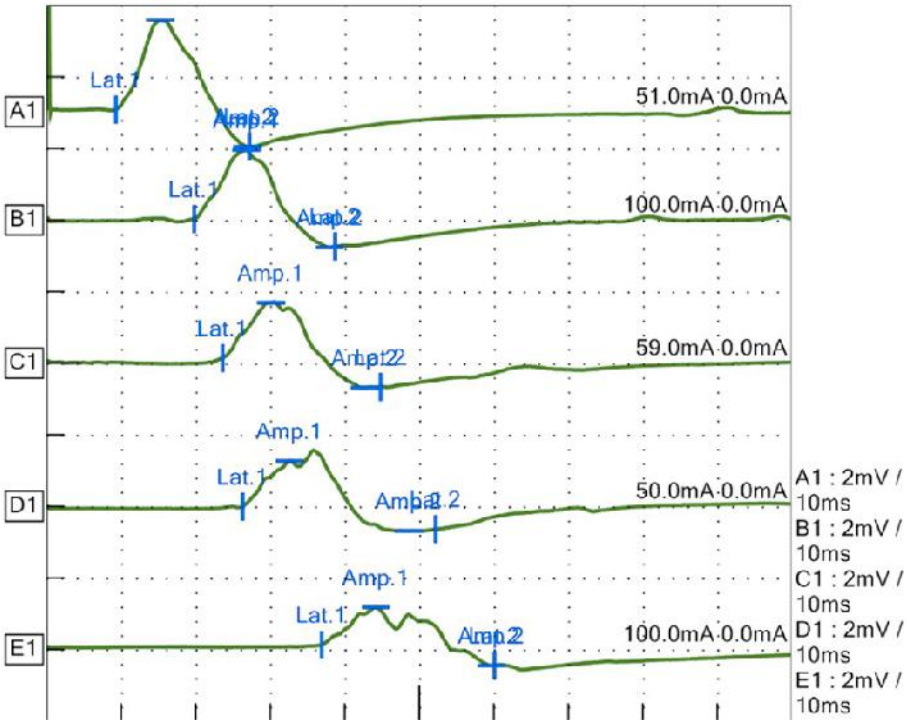
Rifatbegovic Z, Mestric A, Musanovic N, Hasanovic J

Hydatid disease is a widely prevalent parasitic infection caused by cestode species Echinococcus granulosus and Echinococcus multilocularis. Infestation by Echinococcus granulosus in humans most commonly occurs in the liver 55-70% followed by the lung 18-35%. Four approaches exist in the clinical management of cystic echinoccocosis. The goals of treatment are a complete elimination of the parasite and prevention of recurrence, minimizing mortality and morbidity risk. A stage-specific approach is recommended. Surgery is still the first choice of treatment. Laparoscopic approach along with its inherent benefits provided the access to difficult areas along with controlled drainage without adding to the existing morbidity. We present here the case report where the laparoscopic surgery for the liver cysts and video-assisted thoracoscopic surgery for the simultaneous pulmonary hydatidosis was performed.

Medical Science, 2016, 20(81), 168-173

Severe Guillain-Barré syndrome with motor nerve inexcitability but a good outcome

Naoki Kasahata



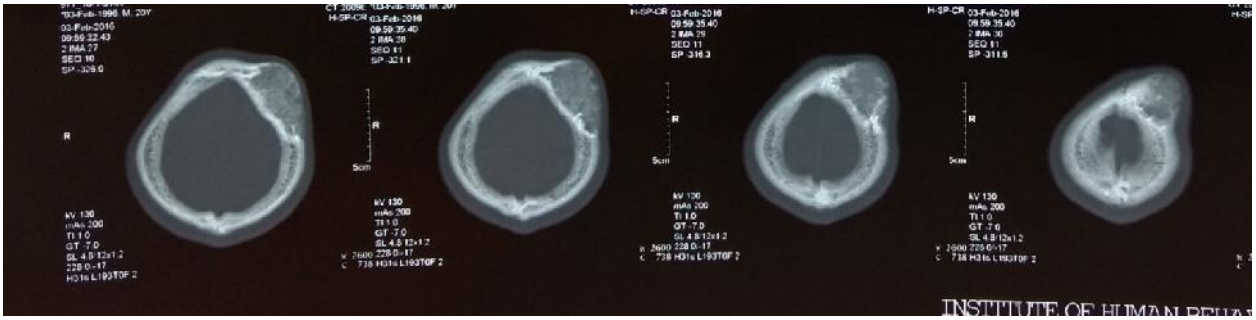
Inexcitable motor nerves in the initial stages of Guillain-Barré syndrome (GBS) are thought as findings of axonal degeneration and suggest a poor outcome. To describe 2 severe GBS patients with motor nerves inexcitability but a good outcome. We encountered 2 severe GBS patients with inexcitable motor nerves but a good outcome. They presented with quadriplegia, respiratory muscle paralysis, generalized areflexia, and mild sensory disturbance. We followed nerve conduction study and patients' courses. When compound muscle action potentials (CMAPs) obtained, they showed conduction slowing with the preserved shapes of CMAPs, and prolonged F wave latencies. These findings suggested acute inflammatory demyelinating polyneuropathy. Both 2 patients have recovered and have been able to walk independently. We think some severe GBS patients with early inexcitable motor nerves show a

good outcome. Inexcitable motor nerves in initial stages of GBS do not always suggest axonal degeneration. Proper treatment, respiratory management in intensive care unit, and sufficient rehabilitation improved prognosis.

Medical Science, 2016, 20(81), 174-180

Primary calvarial space occupying lesions – a short case series at neurosurgery department in erstwhile mental hospital

Upadhyay PK, Pandey P, Bharali M, Samantaray LK, Pandey S, Sharma M, Yadav A



Three scalp swellings were being evaluated for infectious or tumorous lesion in young adults which on operation was found to be bony and thus was excised under magnification which, on histopathological examination, proved to be osteoma and fibrous dysplasia.

Medical Science, 2016, 20(81), 181-185

REVIEW

Ketamine: A Recent Review of Literature

Suraci Nicholas, Grandhi K Ravi

Despite being on the market for longer than a half a century, Ketamine occupies a very unique space in the anesthesiologist's management preoperatively and for the management of pain. Over the past couple of decades, significant amount of research was conducted evaluating the mechanism of action specifically it's specific function within the central nervous system. Based on this increased understanding, ketamine is now being evaluated for use in a greater number of conditions including pediatrics, pain management, and depression. This article provides an overview of the history and some of the future uses of ketamine in various clinical settings.

Medical Science, 2016, 20(81), 186-191

CASE REPORT

Growing skull fracture – Case report & technical aspects of repair

Upadhyay PK, Pandey P, Bharali M, B Bala, Pandey S, Yadav A, Sharma M

Growing fracture of the skull (GFS) is a rare complication of head injury in infancy and early childhood which is characterized by skull fracture that enlarges with time.Growing skull fracture is recently termed as CraniocerebralErosion. They are estimated to occur in 1% of linear skull fractures sustained under 3 years of age—the most vulnerable age group (Vignes, 2007). They can present many years later with headache, seizures, and hemiparesis. It is characterized by progressive diastatic enlargement of the fracture line. This late complication is also known as a Leptomeningeal cyst because of its frequent association with a cystic mass filled with CSF (Khandelwal, 2002).The exact etiopathological process of growing skull fracture is unclear. The single most important factor in the pathogenesis of growing skull fracture is dural tear (Taveras, 1953). In 1961, Lende and Erickson reviewed the literature on this subject and emphasised on four essential features: (1) skull fracture in infancy or early childhood; (2) dural tear at the time of fracture; (3) brain injury underlying the fracture; and (4) subsequent enlargement of the fracture resulting in a cranial defect (Dyke CG, 1938).

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