

Results: The results showed a significant ($P < 0.024$) irregularity of oestrous cycle and reduction in relative ovarian weights of experimental animals treated by FSA extract in comparison to the control group. A reduction in the number of secondary follicles and corpora lutea was found in the treated groups as well as an increment in the number of antral follicles in all treated groups when compared with the control.

Conclusion: The observation of irregular oestrous cycle, significant decrease in the number of secondary and antral follicles, and significant increase in the number of atretic follicles demonstrated the potential anti-fertility effects of fenugreek seeds on the female rats were found in this study.

Clinical

SUBDERMAL ETONOGESTREL: THE EFFECTS ON MENSES, GENERAL HEALTH, RELIGIOUS OBLIGATIONS AND SEXUAL RELATIONSHIP

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Objective: The aim of this study is to determine the effects of subdermal etonogestrel implant on menstrual pattern, body mass index (BMI), systolic and diastolic blood pressure (SBP and DBP), sexual relationship and religious obligations.

Methodology: A descriptive study was conducted at a family planning clinic between 1st January 2010 to 31st December 2011 whereby all the women who had their subdermal etonogestrel removed during this period were included. A self-prepared questionnaire was filled up with the help of a research assistant, which looked into the menstrual cycles prior to and during the implant usage, the non-menstrual adverse events, effect of menses on religious obligations and sexual relationship and the overall acceptability of subdermal etonogestrel as a contraceptive method. Blood pressure (BP) and BMI were recorded at the time of removal, while BP and BMI at insertion were gathered from the case file.

Result: 50 patients were recruited in this study. The mean duration of use was 33.8 months (± 10.4) and 78% had completed 3 years. The prevalence of menstrual disturbance whilst on subdermal etonogestrel implant was 78%. The mean differences of SBP, DBP and BMI at removal and prior to usage were statistically significant. There was no association between BMI and menstrual pattern whilst on implant. Practicing religious obligations and sexual activity were affected in 14.0% and 18.0% respectively. Overall satisfaction of subdermal implant was 92%.

Conclusion: Despite the high prevalence of menstrual disturbance, subdermal etonogestrel is well accepted. Changes in the mean of SBP, DBP and BMI were not clinically significant, but a significant proportion of the studied women had a significant increase in SBP, DBP and BMI. The performing of religious duty and sexual activity seem to be unaffected.

LETHAL FETAL ANOMALIES: ARE WE ON THE RIGHT DIRECTION?

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Objectives: To review the gestational age at diagnosis, method of diagnosis, pregnancy outcome and maternal complications of prenatally diagnosed lethal foetal anomalies.

Methodology: A one year retrospective review of 25 women who had aborted or delivered fetuses with lethal anomalies in a tertiary hospital in 2011 based on patient medical records.

Results: There were a total of 10,088 deliveries in the year 2011 in our tertiary centre, in which 25 (0.24%) women were found to have conceived fetuses with lethal anomalies. All of them were diagnosed by prenatal ultrasound and only 7 (28.0%) had both prenatal ultrasound and genetic study. The women's mean age was 29.9 years old (range 22-43 years). The mean gestational age at diagnosis of lethal foetal anomalies was 25.5 weeks (SD=12.5) and mean gestational age at termination of pregnancy (TOP) or delivery was 28.5 weeks (SD=12.5). Seven (28%) women had early counseling and TOP at the gestation of < 22 weeks. Beyond 22 weeks gestation, eight (32%) women had termination of pregnancy (TOP) and ten (40%) women had spontaneous delivery. Twenty (80%) women delivered or aborted vaginally, three (12%) women with assisted breech delivery and two (8%) women with abdominal delivery. The abdominal deliveries were performed due to transverse foetal lie in labour and a failed induction, leading to emergency hysterotomy complicated by hysterectomy due to intraoperative finding of ruptured uterus. Overall, the associated post-partum adverse events included post-partum haemorrhage (12%), retained placenta (12%), blood transfusion (8%), uterine rupture (4%) and endometritis (4%). Mean duration of hospital stay was 6.6 days (SD 3.7 days).

Conclusion: Late diagnosis of lethal foetal anomalies leads to various maternal morbidities, in this case series, which could have been prevented if they were diagnosed and terminated at early trimester. A new direction is needed in our local practice.

Case Study

IS IT TUBERCULOSIS OR IS IT NOT?

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Pulmonary tuberculosis is a major public health concern especially in primary care. Most of the time, the diagnosis and treatment are clear-cut based on the clinical, radiological and laboratory findings. However, the management of tuberculosis in a patient can pose a challenge to the treating physician when non tuberculous mycobacterium is cultured. This case highlights the clinical significance and treatment dilemma of non-tuberculous mycobacterium infection in a pulmonary tuberculosis patient from the primary care perspectives.

Case Study

CASE SERIES AND REVIEW OF FACTORS AFFECTING LIMB SALVAGE: KUANTAN EXPERIENCE

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Introduction: Arterial injuries to extremities account for 50% of all trauma. Extremity injuries can be quite challenging to the surgeon due to limited time for intervention and various factors affecting the outcome. Management of traumatic limb ischemia has tremendously evolved and it has shown dramatic improvement with limb salvage rates upwards of 83.8%.

Methodology: The medical records of all the cases with extremity trauma from March 2013 to March 2014 who needed intervention were reviewed retrospectively and potential data was extracted, summarized in tables and analysed.

Results: We received 8 male vascular trauma cases and 1 female trauma case with a mean age of 29.8yrs. Motor vehicle accident was the commonest cause for the injuries sustained in our region. The average total ischemic time was about 9.7hrs while the amputation rate was 30%.