

MEDICINE ELSEWHERE

Prepared by

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Butler T, Sridhar CB, Daga MK, et al. Treatment of typhoid fever with azithromycin versus chloramphenicol in a randomized multicentre trial in India. J. Antimicrob Chemother 1999;44:243-250.

Chloramphenicol has been a drug of choice for typhoid fever for years. However, resistance to chloramphenicol and its adverse effects limit the usefulness of this traditional drug.

Azithromycin is an azalide with a nitrogen atom inserted in the macrolide aglycone ring with a very long half life and high tissue levels. It has an MIC of 4-16 mg/l against isolates of *Salmonella typhi*.

In the present study the clinical and bacteriological efficacies of azithromycin and chloramphenicol in the treatment of typhoid fever were compared in a randomized open trial in India. 77 bacteriologically evaluable patients with positive blood cultures for *Salmonella typhi* or *Salmonella paratyphi A* were included in the study. 42 patients received 500 mg azithromycin po for 7 days and 35 patients received chloramphenicol 2-3 g po for 14 days.

The investigators assessed by day 14 that all patients treated with azithromycin were cured or improved and all except 2 patients with chloramphenicol were cured or improved. Stool cultures on day 21 and 35 showed no prolonged faecal carriage of *Salmonella* spp. in either group.

The results of this study indicate that azithromycin given once daily for 7 days was an effective therapy for typhoid fever in a region endemic with chloramphenicol-resistant *S.typhi* infection and was equivalent in effectiveness to chloramphenicol given for chloramphenicol-susceptible infections.

Malorny B, Schroeter A, Helmuth R. Incidence of quinolone resistance over the period 1986 to 1998 in veterinary *Salmonella* isolates from Germany. Antimicrob Agents Chemother 1999;43:2278-2282

Salmonellae are known to cause severe disease in humans and animals and are the leading cause of food

born infections in many countries. In humans most infections caused by nontyphoidal salmonellae are self-limiting and antimicrobial treatment is not indicated. However, in life threatening infections, treatment with quinolones is recommended, especially against multi-drug resistant salmonellae.

In the present study, the prevalence of resistance to quinolones among 24591 German veterinary isolates obtained between 1986-1998 was examined by agar diffusion method. The results show that in three food-producing animal species, cattle, poultry and pigs; the incidence of quinolone-resistant strains increased substantially.

In conclusion, the results of this study implicate that the prudent use of quinolones in the veterinary field should be encouraged. Global resistance monitoring programs should be established and the consumption of quinolones should be registered. If resistance increases, the veterinary use of quinolones must be curtailed in order to lower the selective pressure.

Cross NA, Kellock DJ, Kinghorn GR, et al. Antimicrobial susceptibility testing of *Chlamydia trachomatis* using a reverse transcriptase PCR-based method. Antimicrob Agents Chemother 1999;43:2311-2313

Chlamydia trachomatis infections are responsible for a large proportion of infertility, pelvic inflammatory disease, ectopic pregnancies in women; urethritis and epididymitis in men and neonatal conjunctivitis and pneumonia in infants born to infected women. Additionally, they possibly play a role in atherosclerosis and asthma.

Antimicrobial susceptibility testing of *C. trachomatis* is problematic due to microorganism's unique life cycle. The current method by cell culture and immunofluorescence (IF) has disadvantages; and as yet there is no universally accepted technique.

The aim of this study was therefore to compare a novel RT-PCR based method with a conventional one (IF staining) in assessing the activities of eight

antimicrobial against 16 *C. trachomatis* isolates when performed triplicate. The method of RT-PCR is based on amplification of *C. trachomatis* DnaK of viable chlamydiae to be detected in cultures.

The results in this study fall within the range previously observed by IF staining and the minimal inhibitory concentrations (MIC) were considerably higher than

those obtained by IF. This increase in MIC ranged from a 1.6 fold increase (erythromycin) to a ≥ 195 fold increase (amoxicillin).

Considering the important role of *C. trachomatis* in human health; RT-PCR method may offer an alternative for antimicrobial susceptibility testing of *C. trachomatis*, but clinical assessment is needed.

MEETINGS

26 - 28 January 2000, Istanbul, Turkey

**Fifth International Conference on the
Macrolides, Azalides, Streptogramins, Ketolides and Oxazolidinones**

Contact: ICMASKO V Seretariat c/o wallace Communications Inc.,
56 East Andrews Drive, Suite 14, Atlanta, GA 30305 USA
Internet: www.ICMAS-KO.org



21 February - 4 March 2000, Alberta, Canada

**First International Conference on Enterococci Pathogenesis,
Biology and Antibiotic Resistance**

Contact: ASM, Meetings Department 1325 Massachusetts Avenue NW,
Washington DC 20005 - 4171, USA
Internet: www.asmtusa.org/mtgsre/mtgs/htm



29 February - 4 March 2000, Munich, Germany

5th World Congress on Trauma, Shock, Inflammation and Sepsis

Contact: E Faist, Ludwig - Maximilians, University of Munich, Klinikum Gross hadern,
Dept of Surgery, Marchioninstrasse 15, D-81311 Munich, Germany
Internet: www.med.uni.munchen.de/gch/5th



3 - 7 May, 2000, Antalya, Turkey

Familial Mediterranean Fever: II. International Conference

Contact: Figur Tourism Ltd, Nişantaşı İhlamur Yolu, Yonca Apt. No: 40/3
80200 Topağacı, Istanbul, Turkey
Tel: 212-2325219 Fax: 212 231 12 62
e-mail: figurnorth@tradenet.com.tr



21 - 24 June 2000, Nice, France

Annual European Congress of Rheumatology

Contact: EULAR Secretariat, Witikonstrasse 15, CH-8032 Zurich, Switzerland
Tel: 411-3839690 Fax: 411-3839810
e-mail: eular@bluewin.ch
web site: www.eular.org

ANSWER TO PHOTO QUIZ (I)

BUTTERFLY GLIOMA

The examination of the pathological specimen taken from the region of the unusual mass showed a glial tumor (gliomas).

Gliomas are the most common tumors of the brain, accounting for approximately 40% of all primary brain tumors in combined series. They arise from the supporting tissue in the brain rather than from the neurons. The glial tumors can be graded into I, II and III by World Health Organization (WHO) system. The

grade I and II are considered as low grade glioma whereas grade III (glioblastoma) is regarded as a high grade glioma.

The tumor observed on the photo shows a high grade due to the extension via corpus callosum. It is referred to as "butterfly glioma". High grade glial tumors possess all the criteria related to malignancy. These are hypercellularity, pleomorphism, vascular proliferation and necrosis. Among the high grade tumors the butterfly glioma is known to be inoperable.

ANSWER TO PHOTO QUIZ (II)

ACOUSTIC NEUROMA

Axial FSE T2 weighted and contrast-enhanced SE T1 weighted MR images of the patient show a two millimeter enhancing acoustic neuroma within the left internal auditory canal.

Acoustic neuromas or schwannomas are the cause of unilateral sensorineural hearing loss and vestibular function loss in approximately 10% of patients with these symptoms. Acoustic neuromas usually arise within the lumen of the internal auditory meatus and, as they slowly enlarge, erode the bony margins of the meatus. Erosion of the meatus is visible radiographically.

Acoustic neuromas account for approximately 10% of all intracranial tumors and 90% of all cerebellopontine angle tumors. An acoustic neuroma is a benign, encapsulated, slowly growing tumor of one of the branches of the eighth cranial nerve. The lesion arises from proliferation of the neurolemmal or schwann cells. The larger tumors may undergo cystic degenerative changes within the tumor mass. Approximately two-thirds of acoustic neuromas arise from the vestibular division of the eighth nerve and one-third from the cochlear division. Most acoustic nerve tumors arise within the lumen of the internal auditory canal at the junction between the neurolemmal sheaths deriving

from peripheral ganglia and the neuroglial fibers which extend peripherally from the brainstem.

Imaging Studies

Imaging studies should be performed on all patients with unilateral sensorineural hearing or vestibular losses of unknown origin. Audiometric and vestibular tests have a high degree of sensitivity, but cannot provide a definite diagnosis of cerebellopontine tumors.

MRI is preferable for the diagnosis of acoustic schwannomas and other masses of the cerebellopontine angles. Contrast-enhanced CT imaging and CT pneumoencephalography should be performed whenever MR equipment is not available. Acoustic neuromas smaller than 0.8 cm in the cistern or limited to internal auditory canal cannot be visualised by this contrast-enhanced CT technique. Therefore pneumocisternography is indicated for ruling out small lesions. But a spinal puncture is required for performing this imaging method. MR allows the diagnosis of tumors as small as 2 mm without exposing the patient to ionizing radiation and without the necessity of a spinal puncture. The preferred method in diagnosis and evaluation of acoustic schwannoma should be MRI.

Author Index for Volume XII

	<u>Issue, Page</u>
Ağıldere, Muhteşem	3: 146
Aka, Nurettin	3: 130; 4: 194
Akalın, Figen	2: 98
Akalın, N. Sema	4: 197
Akdaş, Atif	4: 203
Aker, Rezzan	2: 74
Akıcı, Ahmet	2: 74
Akoğlu, Emel	2: 74
Akoğlu, Tevfik	2: 101
Aktan, Sevinç	2: 79
Alhan, Cem	3: 149
Alican, İnci	3: 162
Alper, Gülay	2: 107
Alpdoğan, Budak Tülin	4: 183
Alpdoğan, Önder	4: 183
Altınörs, Nur	3: 146
Arbak, Serap	1: 29
Arıbal, Erkin	3: 159
Aslan, Neslihan	2: 74
Ay, Binnaz	1: 7
Aygençel, S. Gülbin	2: 91
Bahar, Arif	3: 138
Baki, Abdülhalim	4: 171
Bardak, Yavuz	1: 43
Başekim, Çınar	3: 138
Başgül, Alin	2: 63
Batman, Figen	2: 91
Bayık, Mahmut	4: 183
Bek, Şirzat	1: 39
Bekiroğlu, Nural	1: 7
Berkman, Kemal	2: 74
Berkman M. Zafer	1: 39
Bilgen, Hülya	2: 67
Bruckner, Howard W	1: 20
Cabadak, Hülya	1: 25
Ceran, Nurgül	3: 142
Çakalağaoğlu, Fulya	3: 149
Çakalağaoğlu, K. Cantürk	3: 149
Çalış, Batur Aslı	2: 82
Çamlıbel, Teksen	4: 180
Çatav, Zeki	4: 191
Çavdar, Safiye	1: 33; 4: 213

	<u>Issue, Page</u>
Çelik, Münevver	3: 122
Çelikoyar, Mazhar	2: 82
Çetiner, Mustafa	4: 171
Çınar, Uğur	2: 82
Çınar, Yıldırım	2: 94
Çıray, Nadir	4: 180
Çolak, Ahmet	3: 138
Dane, Faysal	2: 109
Demiralp, Ekşioğlu Emel	2: 101
Demircan, Nusret	3: 138
Demirhan, Beyhan	3: 119
Demirogluk, Seda	3: 160
Demirtunç, Refik	2: 94
Direskeneli, Haner	2: 101, 4: 209
Durmuş, Mustafa	1: 43
Ekinci, Gazanfer	4: 214
Enginsu, Engin	4: 180
Ercan, Feriha	1: 29, 1: 33, 2: 107
Erdem, İlknur	3: 142
Erden, H Rifat	3: 130
Erdoğan, Mithat	3: 119
Erenus, Mithat	2: 63
Ergeneli, Mehmet H	3: 119
Ergin, Tolga	3: 119
Ersan, Sibel	2: 94
Ersoy, Emin	3: 134
Ertem, Deniz	3: 126
Erzen, Canan	3: 159
Esen, Tarık	4: 186
Eti, Zeynep	1: 7
Forta, Hulki	3: 122
Garland, James C	4: 209
Gezen, Ferruh	4: 175
Gögüsgeren Mehmet Akif	4: 213
Gögüş, F. Yılmaz	1: 7
Göktaş, Paşa	3: 142
Gören, Zafer	2: 74
Günel, İnce, Dilek	2: 79
Güney, İlter	1: 52
Gürbüz, Jasna	4: 213
Haklar, Goncagül	2: 70
Hergenç, Gülay	3: 152

Issue, Page

Hiçdönmez, Tufan	2: 67
Işık, Uğur	2: 67
İskender, Ece	2: 74
İnanıcı, Akif	1: 51
İplikçioğlu, A. Celal	1: 39
Kalaycı, Cem	2: 86
Kan, Beki	1: 25, 46
Kapıcıoğlu, Sait	4: 171
Karaalp, Atila	2: 74
Karabulut, A. Kağan	1: 11
Karabulut, Oya	1: 33
Karacan, Meriç	4: 180
Karagöz, Erkan	2: 79
Karagül, Emin	3: 142
Karakullukçu, Fatma	3: 122
Kaya, Cevdet	4: 203
Kılıçaslan, Işın	4: 186
Koç, Mehmet	2: 74
Kolankaya, Aytuğ	4: 180
Köksal, İ. Türker	4: 186
Kurtel, Hızır	3: 162
Kuşçu, Esra	3: 119
Kuşçu, Kemal	4: 194
Kutlay, Murat	3: 138
Küçükkkaya Belgin	2: 70
Küllü, Sevgi	1: 50, 2:86, 3:149, 4:183
Moldibi, Oğuz	4: 191
Mutlu, Aytül	3: 122
Mülazımoğlu, Lütfiye	4: 215
Oğuz, Mehmet	3: 134
Oktay, Şule	2: 74
Onat, Filiz	2: 74
Onuk, Erhan	3: 134
Orhan, İrfan	4: 186
Önal, Ayşe	3: 130
Örs, Rahmi	2: 67
Öz, Eser	3: 134
Özcan, Deniz	1: 39
Özçelik, H. Süha	2: 82
Özek, Eren	2: 67
Özek, M. Memet	2: 67
Özer, Nesrin	1: 52
Özertürk, Yusuf	1: 43
Öztunç, Funda	2: 98

Issue, Page

Pehlivanoğlu, Ender	3: 126
Polat, Oğuz	1: 51
Pratten, Margaret K.	1: 11
Ratip, Siret	4: 183
Sarıkamış, Birgül	4: 180
Sarıtaş, Mustafa	3: 142
Seven, Hüseyin	2: 82
Soylu, A. Rıza	2: 91
Söylemezoğlu, Figen	2: 86
Şan, Tangül	1: 33, 2: 107
Şanlı, Metin	3: 146
Şanlı, Serap	2: 107
Şenvar, Aras	2: 82
Taneri, Ferit	3: 134
Tanrıdağ, Tülin,	2: 79
Taşkın, Ülkü	3: 130
Tekin, Ercüment	3: 134
Tekin, İshak	3: 134
Tezcan, Hakan	1: 7
Tezcaner, Tevfik	4: 191
Tiryaki, Dilek	2: 108
Toprak, Ahmet	4: 183
Tözün, Nurdan	2: 86
Tuğlular, Serhan	2: 74
Tunç, Murat	4: 186
Turan, Serap	2: 98
Turhal, N. Serdar	1: 20
Türk, Ali	3: 159
Türkeri, Levent	4: 203
Uluğ, Ulun	2: 63
Ulusoy, Barlas Nefise	2: 86
Usta, Mustafa	4: 186
Ülger, Harun	1: 11
Vural, Çetin	2: 82
Vural, Tuzcular Zeynep	4: 194
Yalçın, A. Süha	2: 70
Yalın, Aymelek	1: 29
Yaycı Abdurrahman	1: 7
Yazıcıoğlu, Eşref	3: 130, 4: 194
Yeğen, Berrak Ç.	3: 161
Yorgancıoğlu, Cem	4: 191
Zeyneloğlu, Hulusi B	3: 119
Ziyal, İbrahim M	4: 175
Zorlutuna, Yaman I	4: 191

Contents of Volume XII

From the Editor Nurdan Tözün	5
Original Articles	
Can alfentanil or diltiazem prevent myocardial ischemia due to tracheal intubation? Binnaz Ay / Zeynep Eti / Abdurrahman Yayı / Hakan Tezcan Nural Bekirođlu / F. Yılmaz Göđüş	7
Visualisation of the uptake of prolactin (PRL) in rat embryonic tissues A. Kađan Karabulut / Harun Ülger / Margaret K. Pratten	11
New neoadjuvant treatment strategies for gastric and gastroesophageal junction cancers N. Serdar Turhal / Howard W. Bruckner	20
Muscarinic receptor - mediated phosphoinositide hydrolysis in rat brain Hülya Cabadak / Beki Kan	25
Preservation of liver with Euro-Collins solution: evaluation of ultrastructural alterations Aymelek Yalın / Serap Arbak / Feriha Ercan	29
Effects of defibrotide on stress - induced bladder morphology Feriha Ercan / Tangül San / Safiye Çavdar / Oya Karabulut	33
Case Reports	
Intramedullary epidermoid tumors: A report of two cases M. Zafer Berkman / A. Celal İplikçiođlu / Şirzat Bek / Deniz Özcan	39
Recurrent canalicular granuloma associated with silicone stent and its management Mustafa Durmuş / Yavuz Bardak / Yusuf Özertürk	43
Review Articles	
G proteins in health and disease Beki Kan	46
Photo Quiz	50
Medicine Elsewhere	51
Meetings	53
Announcement	54
	221

From the Editor Nurdan Tözün	61
Original Articles	
The impact of vitamin D3 metabolite to hormone replacement therapy on bone density in early postmenopausal women Mithat Erenus / Ulun Uluğ / Alin Başgöl	63
Evaluation of neonates with open myelomeningocele Hülya Bilgen / Eren Özek / Rahmi Örs / Uğur Işık / Tufan Hiçdönmez / M. Memet Özek	67
NMDA receptor activity and its modulation by sulfhydryl compounds: chemiluminescence measurements in rat brain cortical synaptosomes Belgin Küçükkaya / Goncagül Haklar / A. Süha Yalçın	70
Comparative bioavailability of two different tablets of famotidine in twenty four healthy volunteers Ece İskender / Serhan Tuğlular / M. Zafer Gören / Rezzan Aker / Ahmet Akıcı / Atila Karaalp Neslihan Aslan / Mehmet Koç / Filiz Onat / Emel Akoğlu / Kemal Berkman / Şule Oktay	74
Electrophysiological investigation of hemifacial spasm: F-waves and abnormal muscle responses Tülin Tanrıdağ / Dilek İnce Günel / Erkan Karagöz / Sevinç Aktan	79
Our experience with pectoralis major myocutaneous flap and its complications in head and neck reconstruction Uğur Çınar / Aslı Batur Çalış / Hüseyin Seven / Çetin Vural / Hakkı Süha Özçelik Mazhar Çelikoyar / Aras Şenvar	82
Case Reports	
Juvenile polyposis coli with atypical features Sevgi Küllü / Cem Kalaycı / Figen Söylemezoğlu / Nurdan Tözün / Nefise B. Ulusoy	86
A familial Coeliac disease from Turkey S. Gülbin Aygencel / A. Rıza Soylu / Figen Batman	91
Cardiac amyloidosis as a complication of multiple myeloma Sibel Ersan / Refik Demirtunç / Yıldırım Çınar	94
Echocardiographic diagnosis of aortopulmonary window in a 4-day-old baby Figen Akalın / Funda Öztunç / Serap Turan	98
Review Articles	
Etiopathogenesis of Behçet's syndrome: recent developments and current controversies Haner Direskeneli / Emel Ekşioğlu-Demiralp / Tevfik Akoğlu	101
Photo Quiz	107
Medicine Elsewhere	108
Meetings	110

From the Editor Nurdan Tözün	117
Original Articles	
Vulvar intraepithelial neoplasia coexisting with nonneoplastic epithelial disorders of the vulva Mehmet H. Ergeneli / Tolga Ergin / Esra Kuşçu / Hulusi B. Zeyneloğlu Beyhan Demirhan / Mithat Erdoğan	119
Visual evoked potentials in hemodialysis patients Aytül Mutlu / Münevver Çelik / Fatma Karakullukçu / Hulki Forta	122
Complications of intravenous deep sedation in pediatric endoscopy Deniz Ertem / Ender Pehlivanoglu	126
The correlation between uterine artery Doppler ultrasonography results and endometrial thickness versus histopathological results in women with perimenopausal bleeding H. Rifat Erden / Nurettin Aka / Ülkü Taşkın / Eşref Yazıcıoğlu / Ayşe Önal	130
The effects of glutamine-enriched feeding on ileal anastomose healing in rats Ferit Taneri / Ercüment Tekin / Emin Ersoy / Eser Öz / İshak Tekin Mehmet Oğuz / Erhan Onuk	134
Case Reports	
Cloverleaf skull deformity Ahmet Çolak / Murat Kutlay / Çınar Başekim / Nusret Demircan / Arif Bahar	138
The use of albendazole in a case of hydatid cyst with multiple organ involvement İlknur Erdem / Nurgül Ceran / Paşa Göktaş / Emin Karagül / Mustafa Sarıtaş	142
Supratentorial hemangioblastoma in a child Metin Şanlı / Nur Altınörs / Muhteşem Ağıldere	146
Blood cyst of the pulmonary valve: A case report Fulya Çakalağaoğlu / K. Cantürk Çakalağaoğlu / Cem Alhan / Sevgi Küllü	149
Review Articles	
Obesity, leptin, and coronary heart disease Gülay Hergenç	152
Photo Quiz	159
Medicine Elsewhere	160
Meetings	164

From the Editor Nurdan Tözün	169
 Original Articles	
Measurement of unconjugated hyperbilirubinemia in Gilbert's syndrome during compulsory fasting Sait Kapıcıoğlu / Mustafa Çetiner / Abdulhalim Baki	171
The surgical anatomy of transoral approach İbrahim M. Ziyal / Ferruh Gezen	175
Is the outcome of ICSI cycles affected by embryo transfer technique? Teksen Çamlıbel / Aytuğ Kolankaya / Birgül Sarıkamış / Meriç Karacan Engin Enginsu / Nadir Çıray	180
Richter's syndrome in patients with chronic lymphocytic leukemia Ahmet Toprak / Siret Ratip / Tülin Budak Alpdoğan Önder Alpdoğan / Sevgi Küllü / Mahmut Bayık	183
Comparison of prostate specific antigen density in patients who had undergone radical retropubic prostatectomy with PSA levels between 4.0 to 10.0 ng./ml. and histopathological examination İ. Türker Köksal / Murat Tunç / İrfan Orhan / Mustafa Usta / Işın Kılıçaslan / Tarık Esen	186
 Case Reports	
Coronary - pulmonary artery fistula and obstructive coronary artery disease in two brothers Cem Yorgancıoğlu / Zeki Çatav / Tefik Tezcaner / Oğuz Moldibi / Yaman I. Zorlutuna	191
Impetigo herpetiformis in a 36 week pregnant woman Nurettin Aka / Zeynep Tuzcular Vural / Kemal Kuşçu / Eşref Yazıcıoğlu	194
 Review Articles	
Osteoporosis N. Sema Akalın	197
Methylation of the 5' CpG islands and bladder cancer pathogenesis Cevdet Kaya / Levent Türkeri / Atif Akdaş	203
Advice to beginning speakers James C. Garland	209
Photo Quiz	213
Medicine Elsewhere	215
Meetings	217
Author Index to Volume XII	219
Contents of Volume XII	221



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Contents

From the Editor	
<i>Nurdan Tözün</i>	169
Measurement of unconjugated hyperbilirubinemia in Gilbert's syndrome during compulsory fasting	
<i>Sait Kapıcıoğlu / Mustafa Çetiner / Abdulhalim Baki</i>	171
The surgical anatomy of transoral approach	
<i>İbrahim M. Ziyal / Ferruh Gezen</i>	175
Is the outcome of ICSI cycles affected by embryo transfer technique?	
<i>Teksen Çamlıbel / Aytuğ Kolankaya / Birgül Sarıkamış / Meriç Karacan Engin Enginsu / Nadir Çıray</i>	180
Richter's syndrome in patients with chronic lymphocytic leukemia	
<i>Ahmet Toprak / Siret Ratıp / Tülin Budak Alpdoğan Önder Alpdoğan / Sevgi Küllü / Mahmut Bayık</i>	183
Comparison of prostate specific antigen density in patients who had undergone radical retropubic prostatectomy with PSA levels between 4.0 to 10.0 ng./ml. and histopathological examination	
<i>İ. Türker Köksal / Murat Tunç / İrfan Orhan / Mustafa Usta / Işın Kılıçaslan / Tarık Esen</i>	186
Coronary - pulmonary artery fistula and obstructive coronary artery disease in two brothers	
<i>Cem Yorgancıoğlu / Zeki Çatav / Tefik Tezcaner / Oğuz Moldibi / Yaman I. Zorlutuna</i>	191
Impetigo herpeticiformis in a 36 week pregnant woman	
<i>Nurettin Aka / Zeynep Tuzcular Vural / Kemal Kuşçu / Eşref Yazıcıoğlu</i>	194
Osteoporosis	
<i>N. Sema Akalın</i>	197
Methylation of the 5' CpG islands and bladder cancer pathogenesis	
<i>Cevdet Kaya / Levent Türkeri / Atıf Akdaş</i>	203
Advice to beginning speakers	
<i>James C. Garland</i>	209
Photo Quiz	213
Medicine Elsewhere	215
Meetings	217
Author Index to Volume XII	219
Contents of Volume XII	221