

MEDICINE ELSEWHERE

Prepared by
Prof. Oğuz Polat
 Associate Professor Akif İnanıcı

*Department of Forensic Medicine, School of
 Medicine, Marmara University, Istanbul, Turkey.*

Klintschar M, Graboschnigg P, Beham A. Death from electrocution during autoerotic practice. Case report and review of the literature. Am J Forensic Med Pathol 1998;19:190-193

This article is describing a fatal case of electrocution occurring during autoerotic practice. A plausible reconstruction of the accident involves attachment of one electrode to the anus and accidental touching of the other electrode with hand and chest when attempting to the penis. Death was caused by myocardial fibrillation. Both cable and pornographic literature were obviously hidden by the parents of the deceased to conceal the actual cause of death. The accident is compared to cases found in the literature.

In the case, a 27-year-old man was found in his bedroom the door of which was locked from the inside. He was naked and lying face down on a blanket on the floor. The parents informed the police surgeon that the decedent had suffered from an infection of the upper respiratory tract the week before his death. Because no other explanation for the death seemed convincing. The police surgeon ordered a postmortem examination for suspected death from influenza, which took place the following morning.

In the external examination, the body was nude except for a tennis sock placed over the penis. Postmortem lividity was observed on front of the body with pale areas on the chest corresponding to both hands which were folded across the chest. A Y-shaped area of brownish black, parchment-like skin surrounded by a 3-mm-wide pale white zone and a well-marked zone of hyperemia was found 2 cm caudal and medial of the left mamilla. Similar lesions were found on the palmar side of the index finger and on the palmar side of the middle finger. At the perineal region, a burnt, tampon-shaped object was found.

In the internal examination, several intramural hemorrhages measuring up to 5 mm were found in the frontal part of the myocardium. The left lung weighed 950 g and the right weighed 1000 g. Intense congestion and marked edema were found. The brain was slightly edematous. Several sections of the left ventricle showed areas of regular myocardium

whereas one section showed both regular myocardium and areas of varying cell size, loss of transverse striation and cytoplasmic granular changes.

A plausible reconstruction of the accident involves attachment of one electrode to the anus and accidental touching of the other electrode with hand and chest when attempting to attach it to the penis. Death was caused by myocardial fibrillation. In further police investigation, both cable and pornographic literature were obviously hidden by the parents of the deceased to conceal the actual cause of death.

In this study, the accident is compared to cases found in the literature.

Fereira J, Ortega A, Avila A, Espina A, Leendertz R, Barriou S. Oral autopsy of unidentified burned human remains (a new procedure) Am J Forensic Med Pathol 1997;18:306-311

Forensic dentistry plays an important role in medicolegal investigation and identification procedures of mass disaster and homicide victims. The forensic dentist participates in the determination of age, sex, and race of corpses or skeletal remains; manufacture of models for rugoscopy, examination of bite marks; and assessment of facial trauma, especially in cases of child abuse. The forensic dentist is also responsible for making radiological examinations and postmortem dental records. In the last four decades, dental evidence has been recognized as the most reliable method for identification with results as exact as those obtained by means of fingerprints. Also, because of their high resistance to fire and postmortem changes.

The usual procedures for the identification of an unknown cadaver, including the oral autopsy, are based on the comparison of antemortem and postmortem data.

The oral examination may be difficult because of postmortem changes, especially those of carbonized corpses. When the oral autopsy is carried out, adequate opening of the oral cavity must be achieved for proper visualization of the posterior teeth and registration of the dental impression. If conventional methods of oral autopsy are applied to burned corpses, loss of the facial configuration always occurs. The conservation of the facial characteristics is especially important, because legal, social and sentimental motivations demand early identification. In this article, a new procedure of oral autopsy is presented.

This oral autopsy procedure includes: a- Adequately identified photographs of the remains. b- Superior incision: from tragus to tragus of the ear. Inferior incision: from the mental eminence of the jaw from the mental eminence of the jaw, at the base of the alveolar process continuing sideways to the body of the inferior maxillary bone, parallel to its inferior edge, crossing the ramus and arriving at its back edge. Lateral incisions. joining the superior incision at the tragus of the ear with the inferior incision following the back edge of the ramus of the jaw. c- Careful removal of lip and cheek tissues. d- Sectioning of the internal pterygoid muscles, condyle of the lower jaw and capsular ligament of the temporomandibular joint. e- Opening of the oral cavity by traction of the inferior maxillary bone, obtaining the photographic records of the case. f- Removal of prostheses, removable appliances and any foreign objects. g- Charting of the mouth. h- Description of anomalies of shape, position and size of the teeth. i- Charting type of the occlusion. j- If necessary, take in situ occlusal radiographs. k- Closing of the oral cavity by the displacement of the inferior maxillary bone. l- Reposition of the soft tissues. m- Description of removable appliances and materials. n- The information obtained can be completed by and compared to data offered by family, dentist of the victims and by contributing private and public institutions.

This proposed procedure of oral autopsy makes the oral examination of burned corpses more conservative, because of the application of a new access route to the oral cavity. It also maintains the facial configuration in spite of the presence of rigid and fragile tissues.

Prepared by
Professor Nesrin ÖZER

*Department of Biochemistry, School of Medicine,
Marmara University, Istanbul, Turkey.*

Akishata M, Ouchi Y, Miyochi H, et al. Estrogen inhibits cuff-induced intimal thickening of rat femoral artery: effects on migration and proliferation of vascular smooth muscle cells. *Atherosclerosis* 1997;130:1-10.

This study by Akishata et al. was performed to elucidate the mechanism underlying the anti-atherogenic action of estrogen. They investigated the effect of estrogen on intimal thickening of rat femoral artery induced by cuff placement and further examined the effect of estrogen on migration and proliferation of vascular smooth muscle cells (VSMCs) in culture.

Intimal thickening was significantly greater in males than in control females. Intimal thickening in females was increased to the level in males by ovariectomy. Estrogen replacement to ovariectomized rats reversed this effect. Proliferating cell nuclear antigen immunohistochemistry showed that in vivo proliferation of VSMCs contributed to the difference in intimal thickening. 17 β -Estradiol (E2, 1-100 nmol/L) inhibited migration of cultured rat VSMCs in a concentration dependent manner. E2 (0.01-100 nmol/L) also inhibited (3 H) thymidine incorporation in rat VSMCs in a concentration dependent manner. Indomethacin, N^G-monomethyl-L-arginine and methylene blue did not influence the inhibitory action of E2 on (3 H) thymidine incorporation, suggesting that prostanoids and nitric oxide are not involved in the action of E2. The authors reached the conclusion that the inhibition of migration and proliferation of VSMCs contributes to the inhibitory effect of estrogen on intimal thickening.

Prepared by
Assistant Professor A. İlter Güney
*Department of Medical Biology,
School of Medicine,
Marmara University, Istanbul, Turkey.*

Girardi SK, Mielnik A, Schlegel PN. Submicroscopic deletions in the Y chromosome of infertile men. *Hum Reprod* 1997;12:1635-1641

Recent investigations have suggested a high prevalence of Y chromosome submicroscopic deletions in men with severely impaired spermatogenesis. In this study, the frequency of Y chromosome deletions in 160 infertile men was evaluated using a series of 36 sequence-tagged-sites. Genomic DNA was extracted from whole blood and the presence of deletions was evaluated relative to patients sperm concentration, testis volume and hormonal parameters. Men with sperm concentration $<5 \times 10^6$ /ml had a 7% prevalence of submicroscopic Y chromosome deletions. Other clinical parameters did not identify men with Y chromosome deletions prior to polymerase chain reaction (PCR)-based testing for the presence of sequence-tagged-sites. Although two distinct regions of Y chromosome deletions were detected in AZFb and AZFc, no deletions were detected in AZFa. Men with severe male infertility are at high risk for Y chromosome deletions. These findings support the recommendation of Y chromosome deletion analysis for all men with severe oligospermia or non-obstructive azoospermia prior to treatment with assisted reproduction.

MEETINGS

17 - 19 March 1999, San Diego / California, USA

FOCUS ON FUNGAL INFECTIONS

Contact: Keegan Young

Imedex USA Inc., 70 Technology Drive Alpharetta, Georgia 30005 - 3969 USA
Phone: 770 751 7332 Fax: 770 751 7334

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21 - 24 March 1999, Berlin, Germany

9th EUROPEAN CONGRESS OF CLINICAL MICROBIOLOGY and

INFECTIOUS DISEASES

Contact: 9th ECCMID'99 Ms Irmtraud Haller, Pneumologie I
Lungenklinik Heckeshorn Zum Heckeshorn 33 D - 14109 Berlin
Phone: + 49 + 30 - 8002 - 2222 Fax: + 49 + 30 - 8002 - 2623

* * *

8 - 10 April 1999 Kuşadası, Turkey

4th TURKISH AIDS CONGRESS

Contact: İzmir AIDS Savaşım Derneği

EUTF Mikrobiyoloji ve Klinik Mikrobiyoloji A.B. Bornova İzmir, Turkey.
Tel.: 0 (232) 388 66 23

* * *

9 - 14 May 1999, Sydney, Australia

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3 - 5 June 1999, İzmir, Turkey

11th VIDEO - UROLOGY WORLD CONGRESS

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* * *

6 - 11 June 1999, Glasgow, Scotland

XIV EULAR CONGRESS

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Contact: EULAR 99 Secreteriat 41 Eagle Street London WC1R 4AR United Kingdom

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29 August - 1 September 1999, Linköping, Sweden

AMEE

Association for Medical Education in Europe

A Critical Appraisal of Medical Education

Contact: AMEE Office, Mrs Pat Lilley,
AMEE Administrator, Centre for Medical Education, University of Dundee,
Tay Park House 484 Peth Road, Dundee DD2 1LR, UK
Phone: + 44 (0) 1382 631967 Fax: + 44 (0) 1382 645 748
E-mail: p.m.Lilley@dundee.ac.uk

ANSWER TO PHOTO QUIZ

Alveolar microlithiasis

Bilateral diffuse miliary roentgenographic shadowing is due to diffuse alveolar calcospherites. This rare disease occurs in sporadic and familial forms. Many patients are asymptomatic when the disease is discovered. Diagnosis can be established by radiological appearance in familial cases, cytological examination of bronchoalveolar lavage fluid or open lung biopsy. Alveolar calcospherites as shown in figure 2 are diagnostic in both cytologic and histologic examination. No specific treatment is recommended. After many years restrictive lung disease and cor pulmonale develop.

ANNOUNCEMENT

Marmara Medical Journal is happy to announce the winner of the 1997 "Young Scientist" award:

T. Umuroğlu

Department of Anesthesiology and Reanimation, School of Medicine, Marmara University, Istanbul for the excellent work on
"A comparison of propofol, alfentanil and midazolam for sedation during spinal anesthesia."

AND

the winner of and 1998 "Young Scientist" award:

D. Türkdogan - Sözüer

Institute of Neurological Sciences, Marmara University, Istanbul for the excellent work on
"A study on the Turkish mother's perception of a child with Down syndrome and her social adjustment."

A COMPARISON OF PROPOFOL, ALFENTANIL AND MIDAZOLAM FOR SEDATION DURING SPINAL ANESTHESIA

T. Umuroğlu / Z. Eti / F. Y. Gögüş. Marmara Med. J. 1997;4:198-202.

ABSTRACT

Objective: We aimed to compare the efficacy and side effects of propofol, midazolam and alfentanil used for sedation during spinal anesthesia.

Methods: Thirty patients aged 20-70 years, scheduled for inguinal hernia repair, appendectomy or transurethral resection were randomly assigned to three groups (n=10). The patients were given 1.25 mg/kg propofol i.v. in group I, 1.8 mg/kg alfentanil i.v. in group II and 0.1 mg/kg midazolam i.v. in group III prior performing spinal anesthesia. For maintenance of sedation propofol infusion of 3 mg/kg/h in group I, alfentanil infusion of 40 mg/kg/h in group II and midazolam infusion of 0.1 mg/kg/h in group III were started. The infusion rates were adjusted to maintain an appropriate sedation level. In all patients mean arterial pressure (MAP), heart rate (HR), oxygen saturation (SpO₂),

end tidal carbon dioxide (ETCO₂) and respiratory rate (RR) were recorded.

Results: In propofol group; while MAP and HR decreased significantly after bolus dose, the sedation level 2 was achieved within 5 minutes (p<0.05). In alfentanil group; while HR, MAP and RR decreased and ETCO₂ increased significantly (p<0.05), the desired sedation level was not achieved. In midazolam group; the sedation level 2 was achieved at 15th minute and MAP, SpO₂, HR and RR decreased significantly (p<0.05).

Conclusion: We conclude that propofol is the most appropriate agent for sedation during spinal anesthesia.

Key Words: Anesthetics, intravenous; propofol, Hypnotics, benzodiazepines; midazolam, Analgesics; alfentanil, Anesthetic techniques; sedation, spinal

A STUDY ON THE TURKISH MOTHER'S PERCEPTION OF A CHILD WITH DOWN SYNDROME AND HER SOCIAL ADJUSTMENT

D. Türkdogan - Sözüer / F. Aydınoglu / D. Daryal / A. Turna / M.M. Özek. Marmara Med. J. 1998;3:156-160.

ABSTRACT

Objective: This investigation is designed to examine the needs and concerns of the mothers, and the variables that influence their acceptance of their Down Syndrome (DS) children, perception, attitudes and social adjustment.

Methods: Thirty-two mothers (aged 23-50 years) who graduated from primary school (16 cases), high school (11 cases) or university (5 cases) were included. The questionnaire survey that contained three parts of 72 questions was given to the mothers.

Results: The initial feelings when the mothers first learned of their children's condition were regret for the child and/or themselves (78%), disbelief and shock (59%), disappointment (44%), guilt (19%) and/or anger (16%). These feelings were not related to the mothers' educational level (p>0.05). Twenty-six (81%) of the mothers with different educational levels succeeded in accepting their child and his/her disability after they attributed the responsibility of misfortunes

to 'God's will/fate' or genetic causes. The number of spouses who easily accepted their children's condition was higher than that of those who experienced difficulties in accepting (p<0.04).

Eighty-five percent of the mothers believe that Turkish people generally understand their feelings and their child's condition (p<0.001). The primary concern of the mothers about their children is fear of the future. The majority of the mothers expect the support of the state for their disabled children's needs such as education and employment.

Conclusion: This study showed similarities in the experiences of the mothers with different educational levels in many aspects such as their emotion, reactions and expectations. The first step for planning of any support is the acceptance of the child with DS at all levels; parents, professionals, government and society.

Key Words: Down syndrome, Quality of life.





Dr. Erkin ARIBAL



ACADEMIC HOSPITAL

Altunizade Nuhkuyusu Cad. No: 88 Üsküdar Tel.: (0.216) 341 28 41



MARMARA ÜNİVERSİTESİ TIP FAKÜLTESİ VAKFI

Academic Hospital

Altunizade Nuhkuyusu Cad. No: 88 Üsküdar
Tel.: (0.216) 492 47 50 Fax: (0.216) 492 47 62

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