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## AMOEBIC SPLENIC ABSCESS

The Editor,

Dewan *et al*<sup>1</sup> have rightly emphasized the need to have a high index of clinical suspicion in diagnosing splenic abscess. Apart from the underlying conditions mentioned by the authors, amoebic splenic abscess has also been recognised as a rare clinical entity.<sup>2,3,4</sup> It usually occurs as an isolated condition<sup>3,4</sup> but may rarely co-exist with an amoebic liver abscess.<sup>2</sup> Medical therapy with antiamoebic drugs was curative in this case as the splenic abscess was small, but splenectomy may be necessary in larger lesions which cause moderate splenomegaly with mechanical disadvantage and the risk of rupture.<sup>3,4</sup>

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## A PRECIPITATING FACTOR IN TROPICAL DIABETIC FOOT ULCER IN INDIA

The Editor,

The exact incidence of diabetic foot ulcer in Indian diabetics is not known; however insensitive diabetic neuropathic foot is far more prevalent than diabetic peripheral-vascular disease and ischaemic foot.

The precipitating factors for a diabetic foot ulcer contrast sharply with those in the West. Sunbath, improperly fitting shoes, and injury sustained while sitting beside a room heater are important in the West, whereas lack of hygiene, barefoot walking and ignorance about foot care are the most important precipitating causes in our country.

Cooles and Paul<sup>1</sup> reported from the West Indies 4 cases of rat bite on diabetic feet. *Rat Bite* as a precipitating factor in diabetic foot ulcer has not been emphasized from India.

We report a 50 year old woman, non insulin dependent diabetic for 15 years, on irregular treatment. She

had undergone a below-knee amputation of the left leg and was admitted with us five months later with severe peripheral neuropathy of the right foot and an infected ulcer on the right big toe following rat bite. The right dorsalis pedis was well palpable and the ankle-brachial ratio on Doppler was 1.3, indicating severe neuropathic foot. The wound healed with conservative management of wound cleaning, antibiotics and rest. She was discharged after 10 days on oral hypoglycaemic drugs and foot care advice including covering the feet during sleep.

Rat bites leading to ulcers in leprotic insensitive feet has been well documented in India and rural Africa.<sup>2</sup> We wish to highlight the existence of this problem in diabetics in our country with a high population of rats and poor housing. Since rat bites occur mainly during sleep.

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## PREGNANCY IN FIBROCALCULOUS PANCREATIC DIABETES

The Editor,

Fibrocalculous pancreatic diabetes (FCPD) is a form of diabetes secondary to chronic, calcific, non-alcoholic pancreatitis and is classified under the broad category of malnutrition related diabetes mellitus (MRDM).<sup>1</sup> FCPD is characterized by severe insulin requiring diabetes and the highest known prevalence is in southern India.<sup>2</sup> Patients with FCPD are severely malnourished, stunted in growth and often have endocrine disturbances such as sterility, delayed menarche and irregular periods. Limited data are available on whether women with FCPD could have successful pregnancies. We report here on obstetric histories in a series of FCPD women seen at the Diabetes Research Centre, Madras.

Fifty two women were diagnosed as FCPD<sup>3</sup> during a six year period (1983-1988). All had evidence of pancreatic calculi on plain abdominal X-ray and features of chronic pancreatitis (dilated pancreatic ducts with intraductal stones and evidence of fibrosis of the pancreas) on ultrasonography. Eight women who were unmarried and nine who were above the reproductive age group when diabetes was diagnosed, were excluded. A detailed questionnaire was used in the remaining 35 women with FCPD to record the details of pregnancies, stillbirths, abortions, birth weight of babies and the pre-

ence of congenital anomalies.

The mean age at diagnosis of diabetes of the cohort was  $26 \pm 6$  years, the mean fasting plasma glucose was  $180 \pm 34$  mg/dl and the mean HbA1c level was  $11.9\%$ . All 35 women had received insulin during pregnancy and 30 of them required insulin on a continuous basis.

Three women had never conceived. The details of pregnancies in the other 32 women are given in the table. Seven patients gave history of stillbirths and six patients had delivered big babies ( $>4$  kg). One patient delivered a baby with congenital malformations.

Table: Details of Pregnancies in FCPD Patients

No of children			No of Abortions	
2	3	4 or >	1-3	> 3
14	8	3	8	2
No. of women				

The study shows that the majority of FCPD women, despite the twin problems of insulin requiring diabetes and chronic pancreatitis, were able to get healthy children. The abortion and stillbirth rates in FCPD women, while significant, were not different from those seen in our IDDM patients (unpublished observations).

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#### PREVALENCE OF HIV-1 ANTIBODIES IN PATIENTS ATTENDING TUBERCULOSIS CLINICS IN PUNE

The Editor,

An association between acquired immunodeficiency syndrome (AIDS) and tuberculosis (TB) has been widely recognized in the United States. In 1986, the incidence of TB in the USA went up for the first time since 1953, coinciding with concomitant rise in the number of AIDS cases.<sup>1</sup> The frequency of TB in AIDS patients has been shown to differ in various geographic locations and ethnic groups. In a study in India, 10 percent of AIDS cases were shown to suffer from TB. It was diagnosed before AIDS in over 70% of cases.<sup>2</sup> The highest recorded prevalence of TB among AIDS patients (60%) was found in Haitian immigrants

to the United States.<sup>2</sup> TB among AIDS patients probably results from reactivation of a latent infection acquired earlier, rather than progression of a recently acquired infection.

In the developing world, where TB claims millions of lives each year, factors like preferential use of parenteral therapy, particularly in areas of high HIV seropositivity like Africa, and the use of improperly sterilized needles and syringes make the TB patients vulnerable for contracting HIV infection. In India, the prevalence of TB is high and the seropositivity to HIV is on a steady increase since 1985.<sup>3</sup>

In 1988, we tested 250 sera samples from patients attending TB clinics at three large hospitals in Pune, Maharashtra, for anti-HIV-1 antibodies by enzyme immuno assay (EIA; *Wellcozyme*). Of the 250 sera, one was positive by EIA and another was borderline positive. Both had the P55 band in the Western blot test. In June 1990, of another 222 sera samples tested, 6 were positive by EIA and 5 were borderline positive. By the western blot test, one was clear positive, containing all the bands, 4 were negative and the remaining indeterminate. It was not possible to collect further blood samples from these indeterminate cases. However, our experience shows that often the indeterminates become positive with multiple bands after a few months.

Thus, the results indicate an increase in the anti-HIV-1 antibody prevalence among TB patients from 1988 to 1990. Considering the endemicity and extent of the problem in India, it is possible that cases of AIDS may present with tuberculosis and TB patients may be at a higher risk of contracting AIDS.

This re-emphasizes the CDC recommendation that TB patients be tested for anti-HIV antibodies and that anti-HIV reactive persons preferably be screened for TB.

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#### ACUTE PERICARDITIS IN ALUMINIUM PHOSPHIDE POISONING

The Editor,

This is in reference to the interesting case report by Wander et al<sup>1</sup> on the above subject.