

Editor's Choice

It is not very easy to treat perennial allergic rhinitis. D'Costa *et al*, from JJ Group of Hospitals, Mumbai, on page 422, describe their findings on 'Quantitative cytology of nasal secretion and scrapings in children with perennial allergic rhinitis – A comparison of non-infected and infective conditions'. It is possible that adding antibiotics in an infected group might bring out a better response of this difficult treatable condition.

There are not many articles mentioning the perinatal outcome of second twin in an obstetric ward. Chaudhari, on page 437, from KJ Somaiya Medical College, Mumbai, discusses 'Perinatal outcome of second twin'.

India is a country which has a bad reputation for maternal mortality. Chaudhari, from KJ Somaiya Medical College, Mumbai, on page 440, discusses the 'Need of Medical Intensive care in Obstetric cases' while Wani *et al*, from TN Medical College, Mumbai, on page 427, discuss all the measures, which should be taken to prevent maternal mortality in our country.

Global warming is not only a political issue but medical fraternity should also be involved in awareness of this condition. Velankar and Joshi, from Dr DY Patil Medical College, Navi Mumbai, on page 445, discuss the burning issue of Global warming.

Rai *et al*, on page 452, in their article 'An approach to a case of headache' from MGM Medical College, Navi Mumbai, once more draw the attention of GPs to the importance of history taking in a patient of headache. They have shown that they are trying to diagnose patients of headache clinically by history taking only.

Acute non puerperal uterine inversion is extremely rare and Ching Ling Yi and Deshmukh, on page 490, from Topiwala National Medical College and BYL Nair Ch. Hospital, Mumbai discuss an interesting case report on 'Acute non puerperal uterine inversion'.

Papillary Carcinoma of thyroid is supposed to be quite benign. Of all the metastasis, brain metastasis is very rare. Deshpande *et al*, from Grant Medical College, Mumbai, on page 496, present a report of two cases of 'Metastasis of papillary carcinoma thyroid to central nervous system'.

Carcinoma of the gall bladder is not very common. Roplekar *et al*, from J.J. Group of Hospitals, Mumbai, on, page 508, report a case of 'Neuroendocrine carcinoma with Adenocarcinoma of gall bladder'

Perforation of common Bile duct is more or less always secondary to some pathology. Telang *et al*, from LTMG Hospital, Mumbai on page 514, present a case of 'spontaneous perforation of common bile duct in an adult', who was otherwise, normal 30 year old female patient.

Microscopic Polyangiitis is not a common condition. It can cause infarct in any organ of the body. Liver is a very unusual site. Shah and Patil, from TN Medical College, Mumbai, on page 518, present a case of 'Microscopic polyangiitis with Hepatic Infarct'.

Severe Takayasu's arteritis is not a common condition and then to carry out normal Caesarean delivery in such a case is not an easy task. Chhabra and Coelho, on page 526, from Lilavati Hospital, Mumbai, describe 'an unusual case of pregnancy with severe Takayasu's arteritis.

It is very easy to miss clinically a case of scleroderma and that too to see this condition in a case of Amyloidosis is extremely difficult, Shah *et al*, from TN Medical College, Mumbai, on page 530, report a case of 'scleroderma - an unusual presenting feature of primary systemic Amyloidosis'.

Colocolic intussusception can occur due to a number of aetiologies. Shaikh *et al*, on page 536, from Grant Medical College, Mumbai present their case report on 'Colocolic intussusception in an adult due to pedunculated lipoma'.

Finally, Tuberculous quadriplegia which needs surgery is already a difficult condition to manage. Vaginal delivery is not contraindicated in such patients in pregnancy complicated by this neurological condition. Sonwalkar *et al*, from BYL Nair Hospital, Mumbai, on page 543, present their experience of tuberculous paraplegia and quadriplegia in pregnancy, treated by surgery.

PNEUMONIA AND RESPIRATORY FAILURE FROM SWINE-ORIGIN INFLUENZA A (H1N1) IN MEXICO

In late March 2009, an outbreak of a respiratory illness later proved to be caused by novel swine-origin influenza A (H1N1) virus (S-OIV) was identified in Mexico.

We used retrospective medical chart reviews to collect data on the hospitalized patients S-OIV infection was confirmed in specimens with the use of a real-time reverse-transcriptase-polymerase-chain-reaction assay.

Twelve patients required mechanical ventilation, and seven died. Within 7 days after contact with the initial case patients, a mild or moderate influenza-like illness developed in 22 health care workers; they were treated with oseltamivir, and none were hospitalized.

S-OIV infection can cause severe illness, the acute respiratory distress syndrome, and death in previously healthy persons who are young to middle-aged. None of the secondary infections among health care workers were severe.

N Engl J Med, 2009; 361 : 680.