PLATE XXX

A REPORT ON TWO FURTHER CASES OF ENCYSTED GUINEA WORM ABSCESS
(PAGE 163)

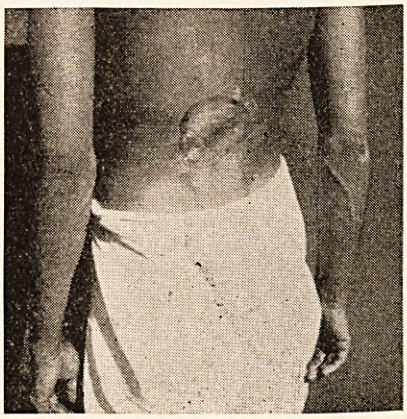

Fig. 1.—Encysted Guinea Worm abscess—back. Case report 1.

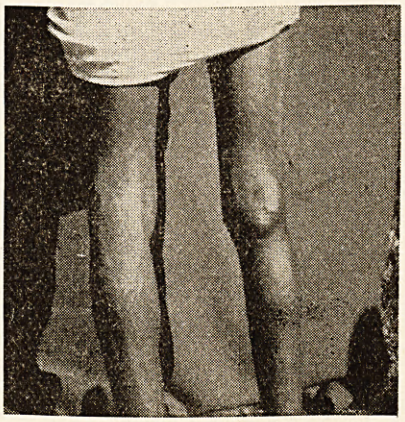

Fig. 2.—Encysted Guinea Worm abscess—popliteal region. Case report 2.

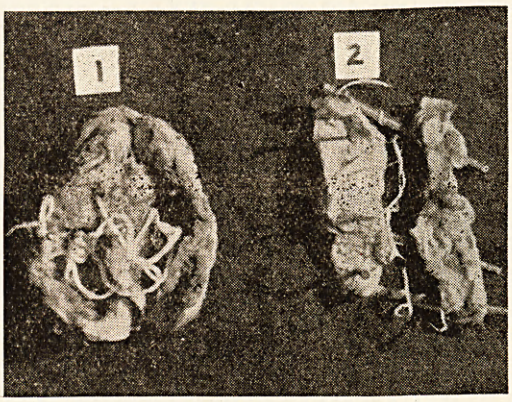

Fig. 3.—Encysted Guinea Worm cysts of cases 1 and 2 with dead worms *in situ*.

Batabyal, Pathologist, Central Laboratory, Doom Dooma and Associated Tea Companies for his help with laboratory findings.

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STRONG, R. P. (1945) (Edited by) .. *Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases.* H. K. Lewis & Co., Ltd., London.

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A REPORT ON TWO FURTHER CASES OF ENCYSTED GUINEA WORM ABSCESS

By A. RAMDAS, M.S.

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In continuation of the cases reported by me in the Indian Medical Gazette, 1953, Page 391, I am reporting 2 more cases of this definite clinical condition with illustrative photographs:

1. M.P., sex. male, Shed Khalasi, and of extruding guinea-worm in some other area of the body. A swelling partially cystic and solid, 3½ inches in diameter, in the region of upper lumbar spine (Fig. 1, Plate XXX). Encysted abscess and entire dead worm dissected out (specimen No. 1 in photograph). Wound closed, but drained for 2 days as there was oozing. Healed by first intention.

2. N.P. Age 20 years, sex. male, Gangman. History of residence in infested area and of having extruded guinea worm in another part of the body. Partially cystic and solid swelling in the right popliteal fossa, about 4 inches in diameter. (Fig. 2, Plate XXX). Encysted abscess was dissected out in 2 portions, scraping the densely adherent base which was left in situ. The worm was removed entire. (Fig. 3, Plate XXX). Wound partially closed and the middle portion allowed to heal by granulation.

IDIOPATHIC VOLVULUS AND INTUSSUSCEPTION OF THE TERMINAL ILEUM IN THE ADULT

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THE common causes of Intestinal Obstruction are numerous and well-known. The rare cases of this condition are even more numerous; indeed, if one were to judge by the frequency with which they form the subject matter of case reports the possibilities would seem to be almost endless. The reporting of such cases is, however, justified by the fact that any surgeon operating on the abdomen may be called upon to deal with the most bizarre condition underlying intestinal obstruction and at such a time the experience of others under similar circumstances may be invaluable.

The hospital in which the writer works has 60 beds and deals with "cold" *surgical cases coming from all over the province of Orissa and all kinds of cases in the Phulbani District. It is one of the few hospitals in the whole province where major surgery is being done.

As seen in this hospital, the most common causes of intestinal obstruction in this area would seem to be simple bands and adhesions due usually to pelvic gonorrhœa† in the female. The latter conditions affect the small intestine and all causes of large intestinal obstruction are very uncommon.

The two cases described below were encountered within the space of two months. the obstruction being sub-acute in type in both cases and due to volvulus in the first case and intussusception in the second, affecting the terminal ileum.

Case 1

A female Oriya, Pano, of about 30 years of age, admitted on 2nd October, 1953, complaining of absolute constipation for ten days, generalised abdominal pain but no vomiting. The general condition was quite good, tempera-

*Not urgent.

†The supposed prevalence of gonorrhœa in the females in this part of the country needs further proof based on statistics.—EDITOR, *I.M.G.*