

SUMMARY

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With the aim of improvement of methods for early diagnosis of scleroma and standardisation of treatment, 70 cases of scleroma of varying age groups and both sexes, 30 cases of atrophic rhinitis were also included since the clinical picture simulates the early stage of rhinoscleroma very closely, and a control group of 50 normal persons, all these 3 groups were studied, the results could be summarized as following:

A) Statistical results

- 1- Scleroma is not uncommon in Egypt, the incidence of the disease is higher than what previously reported .
- 2- The disease has been found to occur in particularly clean and well to do patients, as poor hygienic habits.
- 3- The ages of the patients varied from 11 years old to 60 years old.
- 4- The highest incidence laying in the age between 21 to 30 years old 26 cases percentage 37 % , from 31 to 40 years old there were 18 cases percentage 25,7 % and from 11 to 20 years old there were 15 cases percentage 21,5 % , i.e the disease attacked the patients in their early life between the age of 11 to 40 years old.
- 5- A higher percentage of females were affected 60 % of cases (28 case) compared with 40 % males (28 case).
- 6- The highest incidence in both Sexes was at the age from 21 - 30 years old, 33 % of female cases (14 cases) , 43 % of male cases (12 case) were affected in that age group.

- 7- Familial insiedance was observed in four cases (6 % of the cases) reported from 2 families. A brother and sister and mother and her daughters.

B) Clinical results

- 1- Differant stages of the disease were seen merging each other and overlaped in the whole upper respiratory tract.
- 2- The nose was the mainly affected organ with scleroma as it was affedted in 88,5 % of cases (62 cases),it was the only affected site in 36 cases, i.e 51 % of total cases.
- 3- Larynx was affected in 38,5 % of cases (27 cases) it was solely affected in 7 cases (10 % of all cases) .
- 4- Affection of pharynx was seen in 16 cases 23 % of cases.
In 10 cases of them 14 % of all cases all the pharynx was affected. 6 cases (9 % of all cases) the lesion in the pharynx was localised in the nasopharyngeal part, but almost always with nasal lesion. Affection of the pharynx alone were not observed neither nasopharyngeal part nor both aro. hypopharyngeal parts of pharynx.
- 5- Anterior spread to the skin and upper lip were not observed in the cases included in this work.
- 6- Nasolacrymal duct was invalned in one case of the series (1,4%) other rare abnormal sites were not observed in this study.
- 7- Treatment with chloramphenicol 250 mg Capsules 6 hourly dose showed improvement after 6 - 9 weeks.

- 8- Treatment by Garamycine 40 mg Ampule one daily showed improvement in 2 - 4 weeks
- 9- Colomycine 80 mg vial when used in treatment showed improvement after 2 - 6 weeks.
- 10- Use of vibramycine 100 mg one Capsule daily cases improved within from 6 to 8 weeks.
- 11- Refadine when used in treatment of scleroma one Capsule daily of 300 mg showed the most rapid improvement within three weeks.
- 12- Radiation when tried as single line of treatment cases improved clinically after 3 weeks but complement fixation tests for the cases were still of high titres.

C) Pathological results

- 1- Pathological picture of scleroma was diagnostic Mikulicz cells, Russel bodies , were seen in sections . Klebsiella rhinoscleromatis could be seen in some cases in sections stained with Gram's stain, in some others we failed to identify the organisms. Mikulicz cells were predominant in sections prepared from the cases before treatment.
- 2- Sections examined after treatment showed various degrees of change in pathological picture with treatment mainly this changes were diminution of Mikulicz cell's number and extension of fibrosis. Cure was not achieved pathologically even in cases which were completely healed clinically

D) Bacteriological results

Results of cultivation

- 1-Nasal swabbing was found to be very satisfactory for isolation of the organism, 32 cases were positive the remaining case were swabbed directly after taking biopsy 10 cases of them were positive, the cases which were still negative were tried by cultivating the fragmented tissue biopsy from affected tissues only 14 cases were positive out of 28 cases.
- 2-Blood agar and chocolate agar media proved to be better media for cultivation of *Klebsiella rhinoscleromatis* than MacConkey's agar. Out of 70 cases examined bacteriologically, 56 cultures of *klebsiella rhinoscleromatis* were isolated on either Blood and chocolate agar whereas 10 cultures only were obtained on MacConkey's agar.
- 3-The colonial morphology showed that *klebsiella* colonies were greyish white in colour, about 8 mm in diameter. Hanging drop preparations proved that the organism were non motile.
- 4-Films prepared from these suspicious colonies showed gram negative short bacilli, with rounded ends, surrounded by a capsule.
- 5-Biochemical identification of the isolates showed that they were:

Lactose - ve , Glucose - ve, sucrose + v with acid only ,
mannite + ve, Inositol + ve with acid only, starch - ve,
sorbital + ve with acid only, adonitol + ve with acid only,
dulcitol - ve, glycerol - ve, Indole - ve, M.R. + ve and
V.P. - ve.

- Results of Antibioqram

6- In vitro antibiotic sensitivity tests for pure cultures of positive isolates were carried out on sensitivity test medium by disc method the results could be summerised as following:

- A) Rifampicin by use of disc of 30 mcg gave zon of inhiption varied from 12 to 18 mm in 45 cases i.e 90 % of cases examined, showed variable degrees of sensitivity mostly after 24 hours.
- B) Gentamycin when tested the used discs were contaning 10 mcg showed zones of inhiption from 8 - 12 mm in 35 cases (70 % of examined cases) most of them during first 24 hours.
- C) Colomycine discs were 10 mcg consantration gave 30 cases (60 %) positive for the drug and inhbation zones varied from 8 - 11 mm in first 24 hours.
- D) Doxycycline (vibramycine) 40 % of cases were sensitive to this drug in variable degrees zones of inhiption around 30 mcg disc was varying from 5 to 8 mm in first 24 hours mainly .
- E) Chloramphenicol was the drug which showed the least degree of affection on the organism 30 % only of tested cases showed zones of inhiption varied from 2 - 8 mm. around discs of 60mcg in the first 36 hours or more.

7- Results of skin test:

Intradermal skin test was not proved to be of value in the diagnosis of the disease by useing 2 types of antigens,

the whole killed organism or broth culture filtrate containing the soluble specific substance. The same reactions were seen in scleroma cases, atrophic rhinitis cases and even in control group.

- Results of seriological investigations:

To study the result of seriological investigations agglutination experiments both somatic and capsular and complement fixation tests were done, standard strains of *Klebsiella rhinoscleromatis* on B.G.L. agar, obtained from. Ain shams University department of Bacteriology, faculty of medicine, was used.

8- As regard agglutination experiments, It was not possible with available equipments to demonstrate the capsular antibodies by means of capsular agglutination, Somatic agglutination was carried out by using two types of non capsulated variants, spontaneous and induced, spontaneous variation by prolonged subcultures on agar was not successful, Variation was induced by growing the organisms on 1 : 800 phenol agar. Somatic agglutination experiments were positive in 98 % of clinically diagnosed scleroma cases in a titre of 1280 - 5120 or higher. In the control group the titres were lower ranging from 0 - 160. mostly between 10 and 40, atrophic rhinitis cases titres ranged between 160 - 320 and some cases reached the level of scleroma, biopsy and complement fixation proved these cases not to be scleroma.

9-The complement fixation test proved to be more specific.

It was positive in 98 % of cases to degree of 4 + in normal cases (control group) and atrophic cases 4 + were not obtained at all. The titres of sera varied between 40 and 320 mostly 160.

There was no relationship between antibody titres and stage or duration of the disease or age of the patient.
