

## CHYLOUS ASCITES IN CARCINOMA OF BREAST

We read with interest the case report of chylothorax and chylous ascites by Rao *et al* (*JAPI Jan.93*). We also would like to share our experience of chylous ascites, but in carcinoma of breast.

Mrs. R. a 36 years old premenopausal female was diagnosed as a case of carcinoma of right breast in February, 1990. She underwent simple mastectomy with axillary clearance for T 2 lesion, 6 out of 8 lymphnodes contained metastatic deposits. Her metastatic workup included x-ray chest, CT scan liver and bone scan, all of which were normal. She received 6 cycles of combination chemotherapy of cyclophosphamide 600mg/m<sup>2</sup> on day 1, epirubicin 50mg/m<sup>2</sup> on day 1 and 5 FU 600mg/m<sup>2</sup> on days 1 and 8 every 3 weeks. After 4th cycle of the chemotherapy she received radiotherapy to chest flap and drainage area. She remained well for 5 months and then she developed opposite side (left) supraclavicular lymphadenopathy and chylous ascites. At this time her x-ray chest was normal. CT scan and ultrasound abdomen showed no liver metastases or paraaortic lymphadenopathy, lymphangiography was not done. Ascites fluid was tapped and it had protein content of 6.4gm%, cholesterol 152mg% and triglycerides 713mg%. This fluid did not grow organism, Ziehl Nelson staining was negative, cell C of suspicious morphology were seen. FNA of cervical lymphnode was positive for malignancy. She was lost to follow up but died within 10 weeks. Ascites is seen as a presentation of metastatic breast carcinoma in 20% of patients<sup>1</sup> however chylous ascites is rare. In one of the series<sup>2</sup> three fourth patients of chylous ascites were female. Chylous ascites is produced possibly by malignancy obstructing the intestinal lymphatics.<sup>3</sup> This patient had short survival after diagnosis. It has been reported<sup>1</sup> that patient with chylous ascites survive shorter duration if they have hepatic metastases than without it.

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## INTERNATIONAL STUDY OF ASTHMA AND ALLERGIES IN CHILDHOOD (ISAAC)

Centres at which asthma and allergies in childhood are treated are being invited to take part in an international study aimed at comparing within and between countries the prevalence and severity of asthma in children; at obtaining baseline measures for the assessment of future trends in the prevalence and severity of these diseases; and at providing a framework for further aetiological research into genetic, lifestyle, environmental and medical care factors affecting these diseases. All centres will have to use a simple core-questionnaire, however, they may use optional supple-

mentary research instruments and study questions of their own interest. Participating centres will have to raise their own funding.

The present steering committee of ISAAC includes:

Innes Asher, School of Medicine, University of Auckland, Private Bag, Auckland, New Zealand; Ulrich Keil, Ruhr-University Bochum, Overbergstrasse 17, D-4630 Bochum 1, Germany; Ross Anderson, St. George's Hospital Medical School, London SW17 ORE, U.K.; Fernando Martinez, Health Sciences Centre, University of Arizona Tucson, Arizona 85724, U.S.A; and Julian Crane, Wellington School of Medicine, Wellington, New Zealand.

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## ADVERSE DRUG REACTION MONITORING IN INDIA

A beautiful description of Indian picture of adverse drug reaction monitoring has been given by Dr. Kshirsagar *et al.*<sup>1</sup> But while discussing the study centres, out study was not mentioned which was done under the auspices of ICMR and the results are being published as series of articles.<sup>2</sup> In addition, I have been reporting from time to time various drug reactions.<sup>3-10</sup> There have been problems in ADRs as well especially in case of certain new reactions which have not yet been reported. I suggest a single journal should be entrusted with publishing only the ADRs from all over the country which may serve the purpose of giving the information in general and necessary data in particular to all the clinicians, pharmacologists and physicians engaged in experimental medicine and therapeutics to study and analyse.

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