Responses to queries from readers

Headache

1. I had a patient who complained of unilateral headache on talking on the mobile phone. It showed an ipsilateral pattern and occurred within 5 minutes of talking. She was treated with T. Sibelium (Flunarizine) for 6 months following which she was asymptomatic for 6 months. I would like to know if this is a variant of migraine, and is it a common phenomenon?

Dr. Swetha Raman Chakravarthy, Mumbai, Maharashtra.

RESPONSE FROM CMC FACULTY

Answer: Headaches associated with mobile phone usage: There is literature based on questionnaires which shows that headache associated with mobile phone usage may be quite common (63% in heavy users in a Polish study, versus 19% in Korean University students). There is obvious subjectivity in self reporting of the headache, but it could be seen as another potential trigger for migraine susceptible individuals. The International Headache Society guidelines do not as yet mention mobile phone use amongst triggers.

http://ihs-classification.org/en/02_klassifikation/02_teil1/01.08.00_migraine.html

What should we advise patients? We ask patients to maintain headache diaries. This helps them to identify triggers for their migraine episodes. The patient is advised to try and avoid these triggers. This can help in reducing long term prophylactic medications. With respect to mobile phones, I would try to check whether the problem is more with regular mobile phone usage while listening at the ear, or with reading the small print from the display for messages and other media, or is there an underlying concern about increased diseases including cancers with exposure to microwave radiation. In this particular patient, headache was reported on the side of the usage of mobile phone for talking. Some patients are quite happy to use earphones.

References:

By Dr. Vivek Mathew, Professor, Department of Neurosciences, Christian Medical College, Vellore.

Diabetes

2. Have GLIPTINS become the first choice antidiabetic now? What are the indications for use of Gliptins in management of diabetes, are there any advantages over other OHAs?

Dr. V.L. Ganapathy, Bangalore, Karnataka.

RESPONSE FROM CMC FACULTY

Answer: Gliptins have not yet become the first drug of choice in the management of patients with type 2 diabetes mellitus. In current practice gliptins are placed as a second drug of choice after metformin, by most standard international guidelines including the one from American Diabetes Association (2016) and are non-inferior in efficacy to other oral antidiabetic agents like metformin, pioglitazone, sulfonylureas and alpha-glucoside inhibitors. They can be used either alone or in combination with other oral antidiabetic agents. The current data suggests lower incidence of hypoglycemia and a weight neutral effect of gliptins compared to other oral glucose lowering agents, which make them more preferable in most patients with type 2 diabetes. Saxagliptin and Linagliptin are safe to be used in moderate...
renal failure and linagliptin does not require dose reduction in patients with chronic liver disease. Gastrointestinal side effects though are reported commonly with these drugs are often not severe. Post marketing studies have shown only a few isolated cases of pancreatitis and have not suggested any direct cause and effect relationship with these drugs. However, with the current evidence we can just conjecture that these drugs need to withstand the test of time and cost is still a major limiting factor in countries like India.

References:

By Dr. Nitin Kapoor, Asst. Professor, Dept. of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore.

**Cardiology**

3. These are the details of a child with a cardiac anomaly. The third trimester antenatal ultrasound and Fetal MRI suggested hypoplastic right lung, dextrocardia with coarctation of aorta and pericardial effusion. Echocardiogram on the 3rd day of birth showed the following – Situs solitus, dextrocardia, absent right pulmonary artery, small PDA, L-R shunt with normal ventricular function. 3 months of age – Thoracic MR Angiography showed complete aplasia of the right lung resulting in dextroversion of the heart. There was no identifiable right Pulmonary artery. CT angio showed no well formed hilar RPA. The child is under regular follow up. She is healthy and growing well.

The Doctors in a referral hospital say this is one-in-a-million case. How rare is this condition in your experience in CMC? What is the probable prognosis in the future? Will she develop pulmonary hypertension and other complications?

Dr. Lamina Singh, Cachar, Assam.

**RESPONSE FROM CMC FACULTY**

Answer: In our institution (CMC Vellore), we have seen 3 children with absent Right Pulmonary artery (RPA) in the last three years. It is a very rare condition. All three children presented with pulmonary arterial hypertension (PAH). CT angio in this case showed no well formed hilar RPA. Hence this child will have to be started on diuretics and sildenafil.

Isolated absent RPA is very rare. It usually presents with congestive cardiac failure (CCF) and PAH during infancy. On CT angio, if hilar RPA is well formed, surgery can be done. If hilar RPA is small, they are regularly followed up on medical management, diuretics and sildenafil. Absent RPA with significant PAH carries poor prognosis.

By Dr. Devi A., Dept. of Pediatric Cardiology, Christian Medical College, Vellore.

**Dermatology**

Even though there is extensive Tinea cruris infection, the penile skin is spared by the dermatophyte usually (even in diabetes). What is the reason for this?

Dr. V.L. Ganapathy, Bangalore, Karnataka.

Answer: Penile dermatophytosis though rare has been reported in literature.1,2 The reason put forward for the rarity is the decreased eccrine glands on the penis leading to a reduced skin hydration which is one of the predisposing factors for the acquisition of dermatophyte infection. However this has not been proved yet.

References: