

ORIGINAL ARTICLES

Effect of gonadotropin-releasing hormone analogue on final adult height among Jordanian children with precocious puberty

Swaiss et al conclude that gonadotropin-releasing hormone analogue (GnRHa) is effective in increasing final adult height (FAH) in Jordanian children with central precocious puberty (CPP), particularly those with advanced bone age. In GnRHa treated females, the FAH was 158.5±6.6 cm compared to 151.2±8.4 cm in the untreated females ($p=0.004$). Height gain was 2.9±8.5 cm in the treated females compared to -3.8±7.7 cm in the untreated group ($p=0.022$). In GnRHa treated females, FAH was found to be closer to TH ($p=0.01$) and MPH ($p=0.01$) in comparison to untreated females.

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Efficacy of emergency laparoscopic appendectomy in treating complicated appendicitis for elderly patients

Variable	LA (n=56)	OA (n=59)	P-value
Incision infections	5 (8.9)	17 (28.8)	0.007
Intra-abd Abscess	7 (12.5)	14 (23.7)	0.119
Prolonged Ileus	3 (5.4)	12 (20.3)	0.017
Jaundice	4 (7.3)	5 (8.5)	0.790
Postoperative chest infection	4 (7.3)	14 (23.7)	0.016
Mortality	0	0	-

data are n (%)

Postoperative complications

Wu et al discuss the therapeutic effects of emergency laparoscopic appendectomy (LA) in treating complicated appendicitis (CA) for elderly patients (defined as age >65 years). The operative time in the LA group was longer than the OA group (LA: 70.5±16.0 min versus [vs.] OA: 59.3±12.0 min, $p<0.001$). The LA group had lower chances of incision infections (LA: 8.9% vs OA: 28.8 %, $p=0.007$) and shorter hospital stay (LA: 6.1± 2.5 days vs. OA: 9.6±3.5 days, $p<0.001$). They conclude that Emergency LA in treating elderly patients with CA has the advantages of less trauma, definite curative effect, low complication rates, and fast recovery when compared with OA.

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Prevalence of premenstrual syndrome and its relationship to depressive symptoms in first-year university students

PMSS subscales	Depression risk		p-value#
	Yes	No	
Depressive affect	23.89 ± 6.09	18.62 ± 6.84	0.001
Anxiety	17.52 ± 6.41	13.18 ± 5.89	0.001
Fatigue	20.84 ± 5.08	17.61 ± 6.74	0.001
Irritability	17.32 ± 5.28	13.91 ± 4.44	0.001
Depressive thoughts	20.08 ± 6.59	14.58 ± 6.32	0.001
Pain	9.81 ± 4.56	7.91 ± 3.46	0.001
Appetite changes	10.22 ± 3.20	9.65 ± 3.54	0.075
Sleep changes	8.51 ± 3.27	6.87 ± 3.40	0.001
Abdominal bloating	9.80 ± 3.46	8.91 ± 3.80	0.010
Total PMSS	137.99 ± 29.68	111.23 ± 34.32	0.001

Values are MeanSD, #Independent samples t test, PMSS - premenstrual syndrome scale

Relationship between depression risk and premenstrual syndrome (PMS) symptoms among 618 females

Acikgoz et al conclude that premenstrual syndrome was found in more than half of the students who participated in the study. Premenstrual syndrome was higher in students who had a chronic disease and/or an unhealthy lifestyle. There was a statistically significant relationship between PMS and risk of depression. Students who have PMS symptoms should be evaluated for the risk of depression. This cross-sectional study was conducted on a population of 618 university students from March to June 2016

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CASE REPORT

Splenic lymphangioma in an adult



A CT scan of abdomen shows multiple hypodense lesions in the spleen

Al-Shaikh et al present a 34-year-old woman, with diabetes mellitus, hypertension, hypothyroidism, arthritis, chronic renal impairment, and Hepatitis C, presented with a history of intermittent abdominal pain for one month. Her pain was intermittent, sharp, and sudden in onset, and started in the left upper quadrant and radiated to the back. The pain affected her daily activities. There was no clinical or radiological evidence of diffuse lymphangiomatosis syndrome. This case indicates that splenic lymphangiomas should be considered in the differential diagnosis of splenic cystic masses, even in adults, and should be managed with splenectomy once diagnosed to prevent complications.

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