

at Behçet's disease Clinic at Medical City Teaching Hospital, Baghdad, Iraq. All Behçet's disease patients fulfilled the International Study Group Criteria (ISGC) for the diagnosis of Behçet's disease.³ Their informed consent was obtained. The ethical committee approved the study.

Thirty-seven healthy individuals, 19 males and 18 females, with ages ranging from 25-38 years, participated in the study. None of the participants had a history of serious illness and the findings of the physical examinations were normal. Written informed consent was obtained from all patients. Two ml of blood were withdrawn and put in a tube containing 0.3 ml of acid citrate dextrose from each subject or Behçet's disease patient. The methemoglobin reduction test was used to screen for G6PD deficiency.⁴ Screening for G6PD deficiency in both Behçet's disease patients and normal control subjects using methemoglobin reduction test did not detect any case of G6PD deficiency. Therefore, we can conclude that there is no association between Behçet's disease and the genetic abnormality, which leads to G6PD deficiency. It may be argued that the sample of Behçet's disease patients is small. But we have to take into consideration that this number represents an adequate number for this uncommon disorder. In addition, the same number of patients was used to determine the 2 other genetically controlled traits, which are the frequency of HLA B51 and acetylation. Results of that parallel study showed that the frequency of patients with positive HLA B51 was 68.2%. Another genetically controlled trait studied in the same population was acetylation. It is well established that acetylation demonstrates genetic polymorphism; slow acetylators being homozygous for an autosomal recessive gene.² Results of the previous study showed that all Behçet's disease patients were slow acetylators.² In addition there was an association between the frequency of slow acetylators, positive HLA B51, and severity of Behçet's disease.² Therefore, the fact that this study failed to show an association between Behçet's disease and G6PD deficiency is significant. The frequency of G6PD deficiency in a large sample reported in a recent study using the methemoglobin reduction test was 6.3%.¹ The present report does not rule out that the frequency of G6PD deficiency in Behçet's disease is similar to that reported in the general population.

Dapsone is a drug well known to cause hemolysis in G6PD deficient patients. Dapsone has been used successfully in our department for the last 20 years in treatment of Behçet's disease with no incidence of major reported hemolysis.⁵ This observation has been subsequently confirmed in a double blind

controlled study.⁵ The fact that Behçet's disease has no association with G6PD deficiency, it helps to explain why dapsone has been used safely.

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Abruptio placentae following snake bite in a Sudanese woman

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The fact that venomous snake bites during pregnancy result in a high fetal wastage and may cause maternal mortality makes this an important, albeit uncommonly encountered, entity in obstetrics.^{1,2} Thus, it is essential that all emergency physicians become familiar with the recognition and treatment of venomous snake bites.

A 29-year-old Sudanese woman, gravida 4 para 3, full term with normal spontaneous vaginal deliveries at home were presented to the New Halfa Teaching Hospital, Sudan with snake bite in her right leg for 8 hours. She was in her 32 weeks gestation. The patient's pulse rate was 90 beats/minute, the blood pressure was 110/70 mm Hg and her temperature was 37.2°C. No complaint of abdominal pain; vaginal bleeding or hematuria and urine examination was free of microscopic hematuria. The patient's renal function's tests were within normal values. Ultrasound confirmed the gestational age and the fetal activity. The patient

was admitted to the hospital where she received polyvalent antivenom serum by intravenous infusion and whole blood clotting time (5 minutes and 20 seconds) was carried out initially and repeated daily until she was discharged from the hospital. Sixteen hours later, she developed severe abdominal pain and profuse vaginal bleeding and her cervix was found opened 4 cm and the membranes were bulging. The diagnosis of abruptio placentae was suspected and confirmed by ultrasound and the cessation of fetal heart pulsation was confirmed. The patient was managed accordingly (morphine, fresh blood, artificial rupture of the membranes and oxytocin infusion). Six hours later she delivered vaginally, there was no postpartum bleeding and her clotting time was 5 minutes and 35 seconds and renal functions tests were within normal values. The patient was kept in the hospital for 5 days and discharged on folic acid tablets, 0.5 mg daily for 6 months.

Abruptio placentae with an evidence of fibrin deposition and microthrombus formation in the spongy layer which lead to placental cleavage and separation following snake bite was reported before.³ The venom of the snake contains a procoagulant that defibrinates the blood and leads to bleeding throughout the body and this might cause the placental separation.^{1,3} There are several mechanisms, which lead to fetal wastage following snake bite during pregnancy; they include direct effect of the venom on the fetus, fetal hypoxia due to maternal hypotension, venom induced uterine contraction, pyrexia and cytokine released following tissue damage.¹

The patient received polyvalent antivenom serum by intravenous infusion, which is the mainstay of treatment for poisonous bites to neutralize the effects of the venom. Techniques such as the use of tourniquets, incision and suction should no longer be practiced.⁴ The use of antivenom serum during pregnancy should balance its risk benefit and it may be life saving. However, anaphylaxis that may follow its administration as well as its treatment with adrenaline may jeopardize the placental circulation.^{1,5}

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Prevalence of smoking and frequency of visits to primary health care clinics

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The prevalence of cigarette smoking is declining in some of the western countries. In the United States, it decreased from 42.4% in 1965 to 25% in 1993 and 23.3% in year 2000¹ due to awareness of the harm caused by cigarette smoking. In Saudi Arabia, different studies have shown a prevalence varying between 20-47%. Smoking has become a major health problem in Saudi Arabia,^{2,6} contributing to national morbidity and mortality. In contrast to the situation in the western countries, the trend is towards an increase in prevalence of this habit over the past decade. The aim of the present study is to assess the prevalence of smoking among the adult male soldiers residing in King Khalid Military City (KKMC) situated near Hafr Al-Batin, Saudi Arabia.

Nine primary care clinics are attached to the Northern Area Armed Forces Hospital at KKMC. The present study included subjects from 4 of these clinics catering to the military personnel. A total of 25,000 soldiers who have their medical files in these clinics constituted our target population. Even if the patient is seen in other clinics or at the emergency room, the follow-up sheet is transferred to his permanent file at his clinic. Hence, the file of each subject reflects the total number of visits paid by him to the primary care clinics. A random sample of 1411 was drawn using computerized randomization. The number of cases chosen was according to the statistical table for sampling numbers with 5% level of significance. Medical record (MR) numbers were obtained for all the subjects included in the sample. Telephone numbers of these subjects were retrieved from the medical records. Subsequently, the subjects were contacted over the phone and their answers were filled into a pre-structured