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CERVICAL CANCER: A GLOBAL THREAT

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Abstract

Cervical cancer is the fourth most common cancer in women worldwide and the second most common female cancer in women aged 15-44 years old worldwide. The key risk factors for cervical cancer are prolonged HPV infections and HIV/AIDS, sexual activity before age of 20 years old, multiple sexual partners, tobacco smoking, oral contraceptive pill use for more than 5 years, history of cervical cancer in the family, high parity (more than 3 children born), and immune-depression due to malnutrition or other systemic diseases . A clear causal relationship has been established between human papilloma virus (HPV) infection and the development of **cervical cancer**. According to the data from UNAIDS, 79.9% of HIV is reported in Subsaharan Africa, followed by Asia and Pacific (10.4%). The incidence of cervical cancer, as reported by GLOBOCAN, was higher in Asia and Pacific (53.1%) and the sub-Saharan Africa (18.4%)

Keywords: Cervical cancer, women, second most common.

LYMPHEDEMA IN BREAST CANCER SURVIVORS: INCIDENCE AND MANAGEMENT

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Abstract

Background: Lymphedema is a chronic and progressive condition that impacts many breast cancer patients who may have had their axillary nodes (Axilla or armpit) removed as a part of breast cancer treatment. Infections and lymphangiosarcoma were prevalent in breast cancer survivors undergone surgery.OBJECTIVE: To review recent literatures on the occurrence of lymphedema following breast cancer and its management.METHODOLOGY: Pubmed, newspapers were searched for recent articles. The literature search focused on systematic reviews based on lymphedema in breast cancer survivors.RESULT: Systematic studies report the incidence of breast cancer related lymphedema (BCRL) to a range of 0-3% after lumpectomy and 65-70% after modified radical mastectomy. Surgeons treating breast cancer find it safer to remove a number of lymph nodes from the arm pit (ALND) to check for spraed of disease but the resulting lymphatic system prevent the lymph flow and causes accumulation,leading to lymphedema. A new technique - Sentinel node biopsy,in which the affected nodes are identified and removed. Eventhough the prevalence have decreased , the chance cannot be subsided for lymphedema. Lowe incidence of lymphedema were found in patients who exercised regularly, who received education regarding lymphedema prior to surgery , and who performed preventive self-care activities. Treatment plan includes exercises, massaging ,compression, complex decongestive therapy (CDT) to increase flow of lymph-fluid.CONCLUSION: The review highlights the incidence of lymphedema in breast cancer survivors and importance of patient education , complex decongestive therapy and other self care activities in subsiding lymphedema.

Keywords: Lymphedema , breast cancer, sentinel node biopsy , CDT .

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COMPARISON OF EFFICACY OF TACROLIMUS V/S CYCLOSPORINE IN ORGANTANSPLANT PATIENTS

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Abstract

Introduction: Immunosuppresants Has A Key Role In Prevention Of Organ TansplantRejection.Calcineurin Inhibitors Such As Tacrolimus(Fk506) And Cyclosporine Play A Vital Role In Prevention Of Allograft RejectiontheseImmunosuppresants Inhibit T Cell Activation By Binding To Intracellular Immunophilins

Objective: Comparison Of Eeficacy Of Tacrolimus V/S Cyclosporine In Organ Tansplant Patients.

Method: Calcineurin Inhibitors Are The Mainstay Of Immunosuppression In Renal Transplantation. Macrolide Molecule Inhibits Expression Of Il-2 By T Lymphocytesfda Approved Tacrolimus Effective Alternative To Cyclosporine.They Are The Cornerstone Immunosuppressant In Renal Transplantation.Tacrolimus Decrease Acute Rejection ,And Has Long Term Outcome. Cyclosporine Decrease Glomerular Filtration Rate,Renal Blood Flow,Increase Renal Vascular Resistance.Tacrolimus Has 6 Year Graft Survival ,Longer Graft Half Life,Better Renal Function,Decrease Blood Pressure ,Cholesterol.Mechanisms And Toxicities Are Similar Of Both. Tacrolimus Is 50 Fold More Potent Than Cyclosporine ,Has Proven To Be An Effective Rescue Agent In Recurrent Acute Allograft Rejection.Once Daily Tacrolimus Has Benefits In Clinical Transplantation Improving Medication Compliance,DecreasePkVariability,Reduce Risk Of Rejection.

Conclusion: Tacrolimus Can Prevent Acute Rejection.Late Acute Rejections In Tacrolimus Is Less Frequent,Lower Histological Grade Than In Cyclosporine Me Group.Tacrolimus Is Highly Efficacious In Immunosuppression In Organ Transplantation.Tacrolimus Is More Effective In Achieving Complete Remission As Compared To Cyclosporine With Less Side Effects.Tcrolimus Has Lesser Side Effects Compared To Cyclosporine.Tacrolimus 30-100 Times More Potent Than Cyclosporine.Tacrolimus Cause Lowering Of Ldl Cholesterol , Apolipoprotein B, Triglycerides.

Keywords: Immunosuppresants, Organ Transplantation, Allograft Rejection.

