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CEHVICO NACIONAL DE SATfDE

NOMS

SSEVIQO DE CAT-.DIOLOGIA DO
HOSPITAL CENTRAL DO MAPUTO

MID

MUHIMBILI MEDICAL CENTRE

(incorporating the Faculty of Medicine, University of Dar es Salaam)

Cables: "MUHIMBILI"
"UNIVMED"

Postal Address:

FACULTY Box 65,001

Telephones: 26211 MUHIMBILI
27081 FACULTY

MUHIMBILI Box 65,000
DAR ES SALAAM

In reply please quote

Ref No.

2nd March, 1985

MEDICAL REPORT.

HoE. President Oliver Tambo, 67 years was in rest and treatment in Sanatorium from 20/11 - 19/12/1984#

DIAGNOSIS: Severe bronchial asthma - not in attack. Pulmonary emphysema,

diffuse pneumoconiosis; Pleurisy. Ischaemic heart disease: cardiomyopathy - arrhythmia, atherosclerosis of coronary arteries. Hypothyroidism compensated pulmonary-cardiac failure 2nd stage. Atherosclerosis of cerebral arteries. Dyscirculatory encephalopathy 2nd stage in the history - dynamic dysfunction of cerebral circulation of thromboembolic type). Neurosensory deafness, especially in the left ear. Parodontitis (in remission). Mycosis of feet. Early cataract of both eyes.

HISTORY AND EXAMINATION: On admission the patient gave no complaints. But

careful interrogation it was learnt that breathlessness often disturbs him, at times accompanied by cough with some sputum. Often complains of headache, dizziness, failing memory, feeling of load on the occiput. The patient often feels palpitations, general weakness and pedal oedema.

General condition on admission was satisfactory. Skin elastic and clean. Pink mucous membranes. No external changes in the joints of upper and

lower limbs. Motion full in volume and nontender. Except for small deformation of small joints of the toes. On the anterior aspect of the chest in the 2nd intercostal space - a star 2x2cm. Palpation of paravertebral points and all parts of the spine nontender. Moderate oedema of ankles and feet. Breasts slightly swollen but soft.

In the posterior aspect of the chest on both sides - diffuse dry creps. On percussion of the lungs - increased resonance. Sounds of the heart with decreased intensity, systolic murmurs on the apex, Vth point, aorta, slightly accentuated 2nd aortic sound, Borders of the heart enlarged to the left. Pulsation of the ankle arteries is weak. BP = 145/80mmHg Pulse 70 bpm --arrhythmia, no pulse deficit.

Tongue is clean, not dry. Oesophagus free. On palpation abdomen soft, nontender. Regular bowel motions. Liver and spleen not palpable.

In 1979 the patient was operated due to nodular goitre. After which hypothyroidism. At home the patient regularly took 1 tablet of thyroxine daily in the morning.

In the Sanatorium the patient was seen by endocrinologist and recommended to decrease the dose of thyroxine to 1/2 tablet daily.

The patient was seen by neurology professor. It seems the patient has suffered two thromboembolic episodes of cerebral vessels. At present no neurologic changes found. No complaints. To continue with stugeron for six months.

The patient was consulted by the professor in pulmonary diseases. The

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2nd March, 1985
MEDICAL REPORT CCITT.

patient was seen because of bronchial asthma. In the HUH - pleurisy. At present localised pleurisy. In treatment only to add Ziditen.

Taken Tomogram of the lungs which showed some fluid between the segments of the Rt lung. Subpleural at the level of the 6 and 8 segment was found a hard lesion in the tissue. Surrounding tissue normal, some enlargement of bronchiopulmonary glands at the bifurcation of the lungs.

SUMMARY; Pleuritis limited within the segments, taking in mind the relative stability of X-rays most likely to be a Benign tumour.

- Patient was seen by the Dentist because of parodontitis and was advised

to perform some individual exercises.

- Patient was seen by E.N.T. because of neurosensory deafness of left ear. Recommended in future about two times in a year to be reviewed by the E.F.T. doctor, to use compramin.

- Patient has consultation with dermatologist, found to have mycosis of the feet.

- Consultation of the eye specialist found to have astigmatism of left eye. Cataract of both eyes. He used vitaregrol on both eyes, 2 drops b/d

During treatment, patient developed conjunctivitis of (R) eye was given 10/c Albucide within 4 days of treatment, patient was cured

On admission Blood analysis was:

Hgb 133g/l. Erythrocytes 4.11, ESR 17 mm/hr. Prot. 72\$, WBC 6.5

Esinoph. 105 lymph. 2g%, Monocytes 3.5; Glucose 4.45 mmol/L

Cholestrin 5046; Alpha-lipoprotein cholestrin 1.35; Fibrinogen 3.45g/L
Ammonia 8.49 mmol/l; K+ 4.7; ITa+ - 147 ijpmmol/l;

ACT 1,83 mol/hour/L, ALT - 2032mol/hour/L

Total protein 73g/L; Albumin 53g, Globulin - alpha 1 4.4 alpha 2-6

Beta - 12, gamma 23.8 Total IDG

Tri-iodotropin (T3) - 104Ng\$. Thyroxin 10.5mcg\$.Thyrotropin 2.8tacg/ml.
Antitella to thyroglobulin not found.

Immunoglobulin - M2.9 (High immonoglobulin A),
later Urea decreased 7.15

ESR increased to 29mm/hr

WBC 6.1

Esin. 2

lymph 24.5

Manocyt. 3

On admission ECG: Atrial flutter.

- ECG of the heart shows that walls of the aorta slightly thickened, aorta not dilated aortic and mitral valves are intact, size of left atrium of the upper margin is normal, chamber of (l) ventricular is not dilated, myocardial contractility is normally maintained.

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DAP ES SALAAM

Ref No

- 3 -

2nd March, 1985

MEDICAL REPORT CONT.

- Analysis of stool and urine without pathology

- Culture of stool identified 95% of E. coli and haemolytic E. coli 5

On investigation of nail covering from 1st toe (l) foot identified mycelium of fungus.

- Sputum culture identified bacteria

- Klebsiella and Green streptococci which were sensitive to streptomycin, tetracycline, clindamycin, seporin and kanamycin,

- All the treatment carried out in the hospital were fine to the patient.

- Daily walk in the park of Sanatorium is about 2 times a day.

Collar massage, spinal muscles, thoracic muscle and hands, legs every day.

- Food No. 10 (according to Russian indications). All treatment were given without complications.

- He used individual inhalator - becotid (1-2 inhalation in a day), thyroxin 0.5 tab. o.d in the morning, cerebromycin 2mls/hr in a day,

patient was given injection of Geptamila 5mls i/m there was a thickening of gluteal muscles due to the injection. So it has to be stopped.

Patient was given stugeron tablets, 1 tab of 25mg tds., then was given daitek 1 caps - 50mg alternative days. When given dactek in a biA£ dose there was oedema, therefore they changed daitek to alternative days.

For 10 days the patient took losalvan 1 tab of 3Qmg tds, - passit 1 table spoon at night, Zaditen tab - x 2 daily a.m and p.m x 10 days.

When the patient had pharyngitis was given pharugocept. Butaioguro 2 drops tid in bibth eyes.

In a period of acute conjunctivitis patient took Albucide. Due to swelling of Guiteal muscle he v/as given ultrasound with compression of emulsion (basalmic).

On 14/12/1984 patient was seen by a surgeon, he found a swelling caa the Gluteal are about 2x3cm with minimum pains, without flactuation surrounding area without reaction. He was recammed to continue with ultrasound and compression with emulsion, T C was noimal, there v/as n o shivering.

On discharge the infiltrate was less and was recommended to us compre - ssion with emulsion daily, also to â– use stugeron for 6 months, continue with Zaditena for 6 months, Geptamila, daiteka 1 caps., alternative days, becortid, thyroxin % tab daily with control of endocrinologist.

It is also necessary for further evaluation with Cardiologist, pulmonologist, endocrinologist, neuropathologist and surgeons.

Treating doctor: Signed

Head of Department

Assist, of Chief doctor of treating doctor: Signed,

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