الاضطرابات النفسية فى المرضى المترددين على مركز علاج السموم

يهدف هذا البحث إلى دراسة الاضطرابات النفسية فى المرضى المترددين على وحدة الرعاية المركزة بقسم السموم بجامعة عين شمس وذلك فى الفترة ما بين أول يونيو وآخر سبتمبر لسنة ١٩٩١ عن طريق استخدام استبيان الصحة العام ومقياس بيك الاكتئاب فيمن ظهرت لديهم أية أعراض أو تاريخ لإضطراب نفسى.

وكان مجموع ما تم درلسته من المرضى ١٣٢ مريضاً كانت نسبه الاضطراب النفسى فيهم ٥٠,٣٨ (٦٦مريضاً) منهم ٢٤ مريضاً (١٨,٣٠٪) ممن يعانون سوء استخدام أكثر من عقار على قائمتها الكحوليات، بينما ظهر فى ثلث المرضى (٣٢٪) محاولات انتحارية جادة وحوالى ٣٨٪ كان تشخيصهم من الناحية النفسية "اضطراب تكيفى مصحوب بمزاج اكتئابى " فى حين كانت نسبة من يعانون من اضطراب وجدانى اكتئابى ٠,٥٪ من مجموع المرضى. وكانت أكثر العقارات المستخدمة فى الانتحار هى عقار ال "ديجوكسين" والعقارات النفسية.

ومن ناحيه أخرى لم يظهر لدى ٦٥ مريضا (٤٩,٦٪) أية أعراض نفسية.

وتظهر هذه الدراسة بصفة عامة شيوع الاضطراب النفسى فى المرضى المترددين على مراكز السموم مما يحتم وجود فرصه للاستشارات النفسية فى مثل هذه المراكز.

The sacral latency test in the normal potent Egyptian male

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Abstract

Twenty healthy, potent Egyptian males were tested to calculate the sacral latency. The mean latency was 31.5 m sec, mean + 3sd was 36.8 m sec. Such value is much shorter than recorded in the literature on non-Egyptian males. A possible explanation for this difference is suggested.

Intodoction Disturbances in penile innervation may be caused by both the autonomic (sympathetic parasympathetic) and the somatic (pudendal) nerve fibers. The autonomic nerve fibers are thought to play an important part in the induction and inhibition of an erection, while the pudendal nerve apparently plays an important part in the maintenance of an erection (*Lavoisier et al 1986*).

No objective test is available to measure lesions of the penile autonomic innervation. In contrast, several methods may be used to measure the somatic innervation i.e. pudendal nerve fibers. (*Porst et al 1988*).

The Sacral Latency Test, or Sacral Evoked Potentials or Bulbocavernosus Evoked-response test are all merely electrophysiological representations of the bulbocavemosus reflex (*Krane and Siroky, 1980*).

It is performed by stimulating the penile skin and measuring the time (latency) required to produce the first response obtained in the bulbocavernosus muscle. Thus it attempts to determine the integrity of (a) the peripheral dorsal nerve afferent (pudendal afferent) from the penis to the sacral cord (b) the sacral cord $S_{2, 3, 4}$ (c) the pudendal (perineal) nerve efferent pathway from the sacral cord to the bulbocavernosous muscle.

Aim The aim of this work was to establish the normal values for the sacral latency test in the Egyptian males not complaining of erectile dysfunction and compare these values with previously published data from normal non-Egyptian males.

Material 20 male volunteers, medically and neurologically free, not complaining from any erectile dysfunction. Their age range was from 24 years to 61 years, with a mean age of 38.55 years (Table 1)

Methods The Sacral Latency Test was administered on all volunteers in the following technique.

1 Ring electrical electrode stimulators were applied on the penile shaft.
2 A concentric needle electrode was inserted in each bulbocavernosous muscle, midway between the base of the scrotum and the anus. 1cm. lateral to the midline.
3 The stimulator was gradually increased in intensity till the first contraction of the bulbocavernosus muscle was obtained.
4 The latency was calculated from the stimulus artifact to the beginning of the first deflection of the response.
5 The average latency of eight consecutive responses was considered to be the sacral latency for each individual being tested.

The stimulus used was a square wave, pulse duration was 0.2 m sec at a frecuency of 1HZ.

Results The results are seen in Table(1) which shows that the minimum latency recorded was 27.4 msec and the maximum was 34.7 msec with a mean latency of 31.5 msec for both right and left recordings.

No.	Sacral Latency test (msec)		
	Yrs.	Rt	Lt
1	24	31.0	31.1
2	26	30.7	30.8
3	27	30.9	30.9
4	29	31.2	31.2
5	30	33.3	33.5
6	32	29.5	29.5
7	33	32.4	32.4
8	36	30.3	30.5
9	36	31.6	31.7
10	37	27.4	27.6
11	37	30.6	30.4
12	39	29.0	29.2
13	39	31.9	31.7
14	40	31.7	31.9
15	41	33.7	33.7
16	42	32.8	31.5
17	49	33.6	33.5
18	55	30.9	30.9
19	58	34.7	34.5
20	61	33.2	33.2

Mean age = 38.55 years
Mean SLT (Rt) = 31.5 msec
Mean SLT (Lt) = 31.5 msec
SD = 1.77
Mean + 3SD = 36.8 msec

N.B. Values above 36.8 msec are considered abnormal.

Discussion The results show that the mean sacral latency test in the male Egyptians is much less than that recorded for non-Egyptians. In this study the mean was 315 msec the mean +3 SD = 36.8 msec.

Krane and Siroky (1980) reported values above 42 msec to be considered abnormal while Kaneko and Bradly (1987) recorded a mean latency of 38 msec. Haldman et al (1982) recorded a mean latency of 35.9 msec while Lin and Bradley (1985) reported a mean latency of 38 msec.

The study by Porst et al (1988) showed that the mean +3 SD was up to 42 msec also Lavoisier et al (1989) showed normal values up to 42 msec. The reason for such a difference in the SLT is not clear. However, similar variations between Egyptian controls and non-Egyptian controls have been noticed in other forms of evoked potentials (*O. Madkour 1993, Zakaria et al. 1989*).

A possible explanation for this difference could be due to chronic consumption of alcohol among Western males which is known to prolong latencies recorded in various conduction studies.

The effect of cortical facilitations of the spinal reflex needs also to be studied. These cortical facilitations could possibly be related to difference in sexual experience and perception.

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الإنعكاس العجزى فى الرجل المصرى الطبيعى جنسياً

تم اختيار عشرين رجلا مصريا أصحاء جنسيا لتحديد زمن الانعكاس العجزى حيث أتضح أن متوسط زمن الانعكاس حوالى ٣١,٥ ملى ثانية، وهذا الرقم أقصر بكثير من الدراسات التى أجريت على غير المصريين. وتم اقتراح سبب لهذا الفارق الزمنى.