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FINANCIAL COMPARISON OF STOKE TEAM PATIENTS VS CONTROL GROUP

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The individualized itemized bills of 32 Stroke Team patients and 33 Control group patients were reviewed. Three of the Stroke Team patients' bills were excluded. One due to a billing error and the other two patients had not been final billed. Two of the Control group patients were excluded from financial data due to an unusually high number of respiratory treatments and charges. Therefore, the resource utilization of the two groups was compared by percentages of the total charges. The charges were placed into 11 categories: Room Charges, Meds, (Pharmacy), Lab, Supplies, ER, X-Ray, Therapy, Cardiology Tests, Respiratory Services, Professional Fees, and Other.

Findings suggest that the Stroke Team charges exceeded the Control group in Room charges, X-ray, and Therapy charges. The Room charges of the Stroke Team patients could be related to the increased length of stay. The most significant differences in X-ray charges were noted with associated meds (contrast dyes). The expected increase in the Therapy charges of Stroke Team patients was also reflected. Therapy charges were only seen in the Physical Therapy and Speech Therapy in the Control group.

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ADJUVANT THERAPY WITH UBIDECARENONE OR L-CARNITINE IN ESSENTIAL HYPERTENSION

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Three clinical trials were performed. 1) A cross-over placebo controlled randomized study was performed in 18 patients with essential hypertension. Ubidecarenone, 50 mg orally, twice a day, was given for 10 weeks. With ubidecarenone therapy systolic blood pressure decreased from initial value of 166.6±2.6 to 156±2.2 mmHg ($P<0.001$) and diastolic pressure from 102.9±1.2 to 95.2±1 mmHg ($P<0.001$). 2) L-carnitine was given orally, 1 gm twice a day, in 2 homogenous groups of 16 subjects with essential hypertension and diabetes mellitus type II. In the group of patients treated with L-carnitine cardiac arrhythmias, chiefly extrasystoles, some disorders of A-V conduction and some electrocardiographic signs of ischaemia diminished and asthenia improved. 3) A group of drug-free subjects with essential hypertension were treated with L-carnitine, given orally, 1 gm twice a day, for 3 months and evaluated with radionuclide angiocardiography. Preliminary results show improvement of both systolic and diastolic functions of left ventricle ($P<0.005$ for ejection fraction, $P<0.02$ for peak ejection rate and $P<0.05$ for peak filling rate). In conclusion the physiologic substances used seem useful in the therapy of essential hypertension.

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ZINC DEFICIENCY IN IPSID
(A preliminary Report)

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Immunoproliferative small intestinal disease (IPSID) is a rare and an interesting syndrome; have a characteristic genetic and geographic distribution. The presenting features of the disease are attributed mainly to the presence of the diffuse and intense lymphoplasmocytic infiltration of the proximal small intestinal mucosa. The infiltrating cells are variably responsible for syntheses of aberrant alpha heavy-chain immunoglobulin and forming matrix for the evaluation of primary enteromesenteric lymphoma.

Certain clinical features are common to patients with IPSID and those with zinc deficiency, including diarrehea, anorexia, growth retardation, muscular atrophy, and a tendency to infection.

Zinc status was not previously reported in IPSID. Three patients with IPSID were investigated for their zinc status. It was determined that all had zinc deficiency. The cause of zinc deficiency seems to be either due to urinary loss or defective intestinal zinc absorption. This problem needs further investigation.

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MENINGOCOCCAL MENINGITIS IN ADULT PATIENTS. ANALYSIS OF FACTORS INFLUENCING PROGNOSIS

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We have studied 119 adult patients with meningococcal meningitis (MM) in order to determine which factors are of prognostic value.

There were 43 (36.1%) men and 76 (63.9%) women with a mean age of 34.2 ± 19.1 years. The overall mortality of the present series was 4.2% (five patients). A stepwise regression analysis of the outcome versus age, sex, predisposing diseases, out-of-hospital antibiotic therapy, mental status on admission, interval between the beginning of the illness and treatment, focal neurologic signs on admission, CSF and peripheral blood parameters, and presence of neurologic and extraneurologic complications was performed. Factors found to be associated with a higher mortality were in decreasing order of importance: septic shock ($F = 47.8$, $p < .001$), acute respiratory failure ($F = 37.5$, $p < .001$), hypothermia ($F = 34.8$, $p < .001$), focal neurologic signs on admission ($F = 29.8$, $p < .001$), rhabdomyolisis ($F = 26.0$, $p < .001$), and consumption coagulopathy ($F = 23.7$, $p < .001$).

Our study shows that MM in adult patients has a mortality of 4.2% and suggests that factors associated with a poor outcome are the development of any of the above mentioned complications.