

stages of radicular pain syndrome found efficacy of epidural steroid injection ranges between 57.3-100%.

In our study 252(84%) cases showed excellent to good results 36(12%) fair and 12 (4%) poor results. The mechanism of action of epidural injection has been debated. Kelman⁴ believed that the local anaesthetic helps by breaking pain spasm cycle. Large amount of fluid injected helps mechanically in breaking the adhesions there by relieving nerve impingement and pain relief. This study confirms the value of epidural steroid injection with normal saline and xylocaine in treatment of chronic low backache with or without radiculopathy. At least some of failures were due to potentially reversible inflammatory changes in nerve roots being allowed to progress to a stage where they are beyond the help of corticosteroid injection. The results of this study are encouraging and it can be concluded that both mechanical effect of fluid injected and pharmacological effect of steroids play a role in relieving low backache. This is an intermediate form of treatment which is effective, safe, economical and must be tried in all cases of chronic low backache.

RECOMMENDED READINGS

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7. **Swamy G et al.** Caudal Epidural Steroid injections for Lumbo-Sacral Radicular pain: does it really make A Difference? *Journal of Bone and Joint Surgery British Volume, Vol 91 (B) SUPP-III,* 482-483.
8. **Watts RW, Silagy CA.** A meta analysis on efficacy of epidural corticosteroids in the treatment of sciatica. *Anaesth Intensive care*1995; 23(5):564-569.

LITERATURE REVIEW

Post-Prandial Hypertriglyceridemia in Patients with Type 2 Diabetes Mellitus with and without Macrovascular Disease.

V Kumar, SV Madhu, G Singh, JK Gambhir; JAPI; October 2010;Vol.: 58; 603-605.

Objectives: To study the postprandial hypertriglyceridemia in patients with type 2 diabetes mellitus with and without macrovascular disease. **Methods:** Postprandial lipids were studied in 13 type 2 diabetic subjects with macrovascular disease (group I), 13 diabetic subjects without macrovascular disease (group II) and 13 age, sex and BMI matched healthy controls (group III) after an oral fat challenge which consisted of meal providing 729 kcal/m² body surface area with 65.2 g fat. **Results:** All the three groups were age, sex and BMI matched. Average duration of diabetes was not significantly different between both the diabetic groups. Waist-hip ratio (WHR) was significantly more in group I and II as compared to group III. Also group I displayed significantly higher WHR than group II. Fasting total cholesterol and LDL levels were significantly higher in group I compared to group III. Fasting HDL was significantly lower in both group I and II vs group III. Fasting TG was not significant between any of the three study groups. Significant postprandial hypertriglyceridemia was observed in group I and group II compared to group III. When area under curves (iAUC) for different lipid parameters were adjusted for their respective fasting values, it was observed that only iAUC TG and iAUC VLDL remained significantly higher in group I and group II as compared to group III. Postprandial triglyceride levels at 6 and 8 hours in group I were significantly higher as compared to group III. Postprandial HDL-C levels at 6 and 8 hours were significantly lower group I and II as compared to group III. Postprandial triglyceride parameters showed significant correlation with fasting triglyceride in group I and II and no significant correlation was found with any of the anthropometric, glycemic and insulin resistance measures. **Conclusion:** This study finds significant postprandial hypertriglyceridemia and significant delay in postprandial triglyceride clearance following a standardized fat meal challenge in patients with type 2 diabetes mellitus, particularly those with macrovascular disease. Persistent postprandial hypertriglyceridemia may result in a pro-atherogenic environment leading to atherosclerosis and macrovascular disease in type 2 diabetes subjects.

Estimated glomerular filtration rate and albuminuria are independent predictors of cardiovascular events and death in type 2 diabetes mellitus: the Fenofibrate Intervention and Event Lowering in Diabetes (FIELD) study.

Drury PL, Ting R, Zannino D, et al; *Diabetologia.* 2011 Jan;54(1):32-43. Epub 2010 Jul 30.

We investigated effects of renal function and albuminuria on cardiovascular outcomes in 9,795 low-risk patients with diabetes in the Fenofibrate Intervention and Event Lowering in Diabetes (FIELD) study. Baseline and year 2 renal status were examined in relation to clinical and biochemical characteristics. Outcomes included total cardiovascular disease (CVD), cardiac and non-cardiac death over 5 years. Lower estimated GFR (eGFR) vs eGFR $e^{-0.90} \text{ ml min}^{-1} 1.73 \text{ m}^2$ was a risk factor for total CVD events: (HR [95% CI] 1.14 [1.01-1.29] for eGFR 60-89 $\text{ ml min}^{-1} 1.73 \text{ m}^2$; 1.59 [1.28-1.98] for eGFR 30-59 $\text{ ml min}^{-1} 1.73 \text{ m}^2$; $p < 0.001$; adjusted for other characteristics). Albuminuria increased CVD risk, with microalbuminuria and macroalbuminuria increasing total CVD (HR 1.25 [1.01-1.54] and 1.19 [0.76-1.85], respectively; $p = 0.001$ for trend) when eGFR $e^{-0.90} \text{ ml min}^{-1} 1.73 \text{ m}^2$. CVD risk was further modified by renal status changes over the first 2 years. In multivariable analysis, 77% of the effect of eGFR and 81% of the effect of albumin:creatinine ratio were accounted for by other variables, principally low HDL-cholesterol and elevated blood pressure. Reduced eGFR and albuminuria are independent risk factors for cardiovascular events and mortality rates in a low-risk population of mainly European ancestry. While their independent contributions to CVD risk appear small when other risk factors are considered, they remain excellent surrogate markers in clinical practice because they capture risk related to a number of other characteristics. Therefore, both should be considered when assessing prognosis and treatment strategies in patients with diabetes, and both should be included in risk models.