

yet go be applied in humans. It may have potential application as a new therapeutic agent in the treatment of human hydatid disease in near future.

An alternative to open operation is ultrasound guided puncture, aspiration, injection and reaspiration) treatment which is commonly practiced in places with limited facility.

Latest laser technique surgery, technically highly demanding remains the treatment of choice. It carries a mortality rare of 1 to 3% and a recurrence rate of more than 10% reported.

Perioperative mebendazole, praziquanfold bendazole for 28 days may prevent recurrence. Other benzimidazole such as fluoromebendazole and combendazole are undergoing clinical trails.

CONCLUSION

A huge unestimated combined livestock and human financial loss due to hydatin disease is occurring in Nepal. There is no prophylactic dog anthelmintic or sheep and goat recombinant vaccination in this country. The beaucrats and policy makers should be apprised of this important health problem in the region. Further practices for improving treatment especially surgical intervention and for epidemiological investigation are needed. With limited facility in Nepal, the high therapeutic success was obtained by early diagnosis of echinococcosis, perioperative anthelmintic medication and adoption of timely surgical intervention. One stage echinococotomy from the liver and lung was the operation of choice in concurrent hepatic and right sided pulmonary hydatidosis.

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DRUG PROFILE

Voglibose:

It is disaccharidase inhibitor that is a potent inhibitor of intestinal glucosidase that delays the digestion and absorption of maltose and sucrose.

Mechanism of Action: Voglibose is an alpha-glucosidase inhibitor, which inhibits the activity of maltase and sucrase in the brush border of the small intestine. Unlike acarbose, Voglibose appears to have minimal if any inhibitory effect on alpha-amylase. Minimal inhibitory effects facilitate mobilization of endogenous glucagons-like peptide-I, an effect which could contribute to the lowering of fasting blood glucose levels to increase insulin sensitivity in nondiabetic hyperinsulinemic subjects.

Pharmacokinetics: Voglibose is poorly absorbed after oral administration; has to be given with food. Since the amount orally absorbed is insignificant no specific changes to the pharmacokinetics occur if given before or after meals. Most of the drug is excreted unchanged in the faeces and urine.

Drug Interactions. As voglibose is only very slightly systemically absorbed, it has a low potential for interactions with other drugs.

Clinical Effects: Oral voglibose 0.6 to 1.8 mg daily has improved postprandial hyperglycemia in non-insulin-dependent diabetic patients; improvement in fasting blood glucose, reduction in glycosylated hemoglobin. Hence it is the preferred drugs for the treatment of Postprandial Hyperglycemia Incidence of hypoglycemia is effective

in decreasing the VAT (visceral adipose tissue area) (subcutaneous adipose tissue area) ratio. The reduction in the lipid profile is more prominent on triglycerides as compared to the other agents.

Indications and Usage: Voglibose is used mainly for controlling the post prandial hyperglycemia seen in patients of Type 2 Diabetes Mellitus (NIDDM). It can be used as an adjunct to diet, sulfonylureas or insulin therapy in NIDDM. The drug can be considered in Type I Diabetes to reduce the incidence of nocturnal hypoglycemia; preferred in hyperinsulinemic non diabetic patients and Glycogen Storage Disease.

Contraindications: Hypersensitivity to the active substance or to any of the excipients.

Precautions: Voglibose should be use with case in (a) GI disorders (associated with diarrhoea), (b) in patients with liver disorders in view of potential hepatotoxicity, (c) dosage adjustment is required for patients with mild and moderate renal impairment, (d) Not recommended for use in pediatric population, (e) studies have been done in patients of age 65 or higher.

Adverse Effects: Endocrine/metabolic effects, hepatic effects, gastrointestinal effects, neurologic effects. More commonly, gastrointestinal tract findings include soft stools/diarrhea, flatulence, bloating, abdominal pain or discomfort, abdominal fullness, nausea attributed to the presence of unabsorbed intestinal carbohydrates. Rise in liver enzymes; 20% suffer from hepatitis with severe cholestasis. Dizziness occurs in 10 to 20% following oral administration specially in elderly.