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few microfilarae with granular debris. Routine blood examination revealed a total count of 6000mm$^3$. Her differential count was Neutrophils 53% lymphocytes 37% and eosinophils 10% and Haemoglobin was 10.5 gm%. No microfilarae was detected in the peripheral smear.

METHOD:
Fine Needle Aspiration was performed from the lump in the right breast. Aspirate was scanty and smears were made for cytological examination. The smears while still wet were fixed in fixative (95% alcohol was used). They were allowed to remain in the fixative overnight and the next morning, the smears were stained. The smears were stained by papanicoulou stain and subsequently were examined under light microscopy. The smears revealed plenty of microfilarae arranged in coils and clumps. Also lymphocytes, plasma cells, eosinophils and granular debris were observed. On subsequent visits of the patient (for report collection) a repeat FNAC was performed which on cytological examination revealed a

DISCUSSION:
Filariasis is a major health problem in Nepal. Despite this, it is unusual to find microfilarae in fine needle aspiration cytology (FNAC) smears and body fluids. However, six cases of microfilaria diagnosed by FNAC have been reported in India, of the 6 cases reported one was from FNAC breast from a cystic swelling in a female of 21 years$^1$. It is estimated that about 140 million people all over the world have filariasis. In Nepal, no nationwide study has been done, however, one brief epidemiological survey in central Nepal in 1973 has revealed prevalence of lymphatic filariasis and has detected culex quenque fasciatus as a vector in the area surveyed$^1$. In 1997, another study in Northeast corner of Kathmandu valley, was found to be endemic for lymphatic filariasis and culex quiquefasciatus as imported vector$^2$.

CONCLUSION
Lymphatic filariasis is endemic in Nepal. Repeated infections lead to chronocity with possible long term morbidity. Hence nationwide survey should be carried out and mass treatment should be carried out in endemic areas. Also careful screeining of FNAC smears might be helpful in detecting microfilarae evening asymptomatic patients.

REFERENCES