

Editors Note

With this issue of "Reflection", we have stepped into the 2nd year of our quarterly newsletter. The first issue of the newsletter had 8 pages which jumped to 12 pages for the 2nd issue. This has been possible only because all of you have been generous with your contributions.

We would like to thank all those who have given their time and effort and above all the articles that have flowed in. We would like to take up the challenge of publishing a 16 page newsletter, for which we need your support and contributions.

Please give us ideas on how to make 'reflection' more interesting. Most of the contributions we receive are from clinical areas. We would also like to have articles from non-clinical departments. Read on and **Nobo Borsh-er Shuvecha** to all.

World Cancer Day 2014



Each year on 4 February, World Cancer Day is commemorated by holding different programmes. The theme of the day this year was "Debunk the Myths". These are

• **Myth 1:** We don't need to talk about cancer.

Truth: While cancer can be a difficult topic to address, particularly in some cultures and settings, dealing with the

disease openly can improve outcomes at an individual, community and policy level.

• **Myth 2:** Cancer... There are no signs or symptoms.

Truth: For many cancers, there are warning signs and symptoms and the benefits of early detection are indisputable.

• **Myth 3:** There is nothing I can do about cancer.

Truth: There is a lot that can be done.

• **Myth 4:** I don't have the right to cancer care

Truth: All people have the right to access proven and effective cancer treatments and services on equal terms, and without suffering hardship as a consequence.

World Kidney Day 2014



The World Kidney day is celebrated on the second Thursday in March every year. Bangladesh also observed the day on Thursday 13 March 2014. Like past years, United Hospital observed the day with various programs.

The day started with a rally where Doctors of Nephrology, Nurses and staff of different departments took part. The rally started from Gulshan Circle 2 and ended at United Hospital.

The main program of the day was a "Get-Together of Kidney Transplant and Dialysis Patients", where around 50 patients who take regular dialysis and around 20 renal transplant patients of United Hospital along with their relatives came and exchanged their experiences. A 30 year old man discussed his journey about kidney transplant. A 67 year old Bangladeshi British Citizen told the reason

why she flew to Bangladesh to do the surgery. Not only patients but also Nephrologists and Urologists who were related to Kidney Transplant shared their experiences. The program ended with a Raffle draw.

On 15 March 2014 a Scientific Seminar on World Kidney Day was organized at the Seminar Hall of United Hospital. On his topic "World Kidney Day – Chronic Kidney Disease and Aging", Prof. M. Mujibul Haque Mollah described the relation of age and kidney diseases. Prof. Nurul Islam described briefly the role of Immunosuppressive agents in Kidney Transplant on his topic "Updates of Immunosuppressive agents in Renal Transplantation". Vote of Thanks was given by Md. Abdul Haque, Senior Manager Research and Development, Aristopharma Limited.

United Hospital observed the World Cancer Day 2014 with doctors, nurses and staff numbering 200 by participating in a rally from Gulshan Circle 2 to hospital premises.

A cancer awareness booth was opened by our Managing Director Mr. Faridur Rahman Khan at the hospital lobby where Free Medical Check Up, Diet Counselling and Information on Symptoms and Types of Cancer were provided.

As part of the programme, United Hospital and Daily Prothom Alo jointly organized a Round Table discussion – "Cancer Treatment in Bangladesh" on 2nd February 2014. The Honourable Mr Mohammed Nasim, MP and Minister Incharge of the Ministry of Health and Family Welfare was present as Chief Guest.

A major event of the day was "Get Together Program of Cancer Survivors" where a large number of Cancer Survivors along with their family members, Oncologists, Journalists, Corporate personalities were present.

How to Get More Iodine in your Diet



According to the World Health Organization, iodine is one of the most common nutrient deficiencies, affecting two billion people around the world. Your body needs iodine to produce thyroid hormones, which regulate the body's metabolic rate and promote growth and development throughout the body, including the brain.

In the entire lifetime you need less than a teaspoon of iodine to ensure good health, however, your body cannot store iodine so you have to eat a little bit every day. You only need 150 micrograms (mcg, µg), or 20,000th

of a teaspoon, to meet your daily requirement.

Many countries fortify salt with iodine and switching to iodized salt is one easy way to get more iodine. Fish and seafood are some of the best sources. In fact eating fish just twice a week will give you recommended amount of iodine. Baked potatoes, milk and meat are other good sources. Edible seaweed, such as wakame that is used to make sushi, contains extremely high levels, or try dried kelp granules, which are often sold as a salt substitute, as they are an especially potent source of iodine.



Acne - A Self Esteem Lowering Condition

Prof Dr Kazi A Karim

Eighty percent of the population experience varying degrees of acne at their young age. Majority do not receive medical attention. Chronic recurrence remains a challenge in managing acne sufferers.

Commonly acne is seen between the ages of 18 to 23 years, though the earliest onset could be at 8 or 9 years, especially for girls, which could be 1 or 2 years before the onset of monthly menstrual bleeding. Less commonly, it can continue up to the age 55 to 58 years. Boys suffer relatively severe forms of acne but the frequency is higher in girls. Childhood acne continues for long, which also could be the marker for adrenal or gonadomas tumors. Eighty percent of the women suffering from acne could have PCOS.

Acne, medically known as Acne Vulgaris, is a skin disease that involves the oil glands at the base of hair follicles. It commonly occurs during puberty when the sebaceous (oil) glands come to life - the glands are stimulated by male hormones produced by the adrenal

glands of both males and females.

Apart from the medical causes, no less important factor remains life style which is an immense concern for the parents of youngsters. The causes may be bad sleeping habits - engaging in late night study and internet activity, food habits, skipping breakfast, likings for fast food, avoidance of fibrous food leading to constipation and obesity.

Grooming, oily cosmetics, fairness creams and even the modern day face washes act as culprits. Contrary to popular belief, soap is not inherently harmful to the skin though overuse is discouraged. Avoiding all these causative factors, one can live well without acne.

In managing acne, patient's assessment of one's individual cause of the disease, selection of medicine regarding its efficiency and side effects with remedies must be taken into consideration. Treatment varies from topical application of antibiotic and many a kind of anti-acne medications in the form of cream, gel and

lotion. An important thing to be kept in mind as per the climate is types of acne and the skin itself. The duration of topical applications could be from months to years according to severity.

Defying the older saying that acne is a self limiting disorder so no need for treatment, modern medical concept remains that continuous treatment is essential to cure and prevent further eruption and scarring as sometimes scarring can be permanent. Acne should never be left untreated no matter how small the problem is.

Oral antibiotics usually repeat course of treatment and many a more modalities like minor surgery, dermabrasion, intralesional injections, chemical peeling and also laser therapy are used for special conditions of the disease. On top of everything, oral synthetic vitamin-A, a very effective drug despite its limitations of use, the efficiency of which remains undisputed. Better to be prescribed by a highly experienced dermatologist.



Prof. Md. Salim Shakur Presents his Book to the Managing Director

On Tuesday 1 April 2014 Prof. Md. Salim Shakur, Consultant Pediatrics of United Hospital handed over his latest publication "Shakur's Illustrated Textbook of Pediatrics" to Mr. Faridur Rahman Khan, Managing Director, United Hospital in the presence of doctors and senior management staff.

This is a colored textbook with 1054 pages containing 1042 colored illustrations. It contains updated information on Pediatrics with emphasis on child health care and the problems faced in Bangladesh including nutrition and nutritional disorders, diarrhoea, infectious diseases, pneumonia and asthma as well as the common problems faced by newborns like neonatal sepsis, preterm low birth weight etc. The Book also contains information on community pediatrics, drug therapy, applied basic science and clinical methodology.

Pre-Conception Care for Diabetic Women

Dr Nazmul Kabir Qureshi

Conception and pregnancy are special situations for women of reproductive ages. To ensure the well being of both mother and fetus, necessary preparation should start before conception and this is especially vital for those who are affected with diabetes. Worldwide 2-5% women are affected by diabetes and among them 87.5% and 12.5% suffer from gestational and pre-gestational diabetes respectively. Impaired glycemic control and chronic complication of diabetes may complicate pregnancy and vice versa. Complications are pre-eclampsia, obstetric complications, miscarriage, still birth, congenital anomalies, macrosomia, birth injury etc.

All preparation and modification should start at least 3 months prior conception.

Pre-Conception Psychological Care: Before conception, diabetic women along

with all their family members should equally learn about how diabetes and pregnancy may affect each other.

Vitamins and Other Nutrients: To avoid fetal neural tube defect, folic acid 5 mg/day should be started at conception and continued up to 12 weeks of gestation. Anemia should be corrected

Ideal Body Weight: Those with BMI > 27 should reduce weight.

Blood Sugar Targets: Fasting and post-meal blood glucose should be below 6.5 and 8.5 mmol/L respectively with HbA1c below 6.5%.

Anti-Diabetes Medications: Only recommended insulin during pregnancy should be used. Among oral medications only metformin may be continued up to first trimester in women with PCOS.

Medicine Adjustment: Thiazide, ACE I or

ARB for hypertension is not approved for use during pregnancy. Lipid lowering agents are also not indicated.

Taking Care of Diabetic Complications: Retinopathy, nephropathy, neuropathy, IHD may worsen during pregnancy and should be treated beforehand. Alcohol and smoking are not allowed and effective foot care is essential. UTI must be treated.

High Risk Conception and Pregnancy: When S. Creatinine level is more than 2 mg/dl, CCR less than 45 ml/min, proteinuria more than 2 gm/day and untreated proliferative retinopathy, IHD, HbA1c > 8.5%, pregnancy should be deferred until corrected.

Pregnancy and diabetes are special situations. To have better outcome, diabetic women and family members should be equally concerned.

Bacteremia Caused by Brevibacterium Epidermidis in a Patient with Non ST Segment Myocardial Infarction with Acute Left Ventricular Failure

Dr Fatema Begum, Prof Dr K A R Sayeed, Dr Dilruba Ahmed - icddr,b

A 70 year old gentleman was admitted in United Hospital on 22 October 2013 from Shomorita Hospital as a case of anterior ischemia. The patient was admitted in the CCU under Dr. Fatema Begum, Consultant Cardiology with the diagnosis of Non ST Segment Myocardial Infarction with Left Ventricular Failure. On the day of admission his WBC count was 21,100 per cmm with 89% neutrophils. Troponin I was 9.3 ng/ml, Serum Creatinine was 1.93 mg%. As a part of early invasive strategy CAG+ PTCA and stenting to LCX were done and inj.Ceftriaxone was given.

The following day the patient developed anuria, respiratory acidosis and signs of septicemia. As S.Creatinine was 1.93 and e GFR 34.58, Nephrologists advised renal replacement therapy with CRRT. Next day WBC count increased to 27900/cmm with 89% neutrophils and right lower lobe pneumonia. Medicine Consultant considered septicemia as a co-existing diagno-

sis. Thus Piperacillin, Tazobactam and Levofloxacin were added.

The patient was put on mechanical ventilation on 23 October 2013 as he developed severe hypoxia and metabolic acidosis. He was also given inotrope support. In spite of all supportive treatment, the patient's condition gradually deteriorated and on 26.10.13 at 2.00 am, he had cardiac arrest in the form of asystole. In spite of inotrope support and mechanical ventilation, the patient's condition did not improve and he was declared dead at 2.32 am.

Blood culture showed growth of diphtheroid like organism which was thought to be a contaminant. Urine, sputum and tracheal aspirate tests were also done but there were no significant findings. A blood sample was also sent to icddr, b Mohakhali for further evaluation, where they used additional biochemical testing and 16S rRNA analysis and Brevibacteriu-

um epidermidis was found.

Discussion: Brevibacterium species, which resembles Corynebacteria or Diphtheroid are frequently considered contaminants, even when found in blood culture. The organism colonizes human skin and is found in dairy products. Only recently these organisms have been recognized as causes of significant diseases such as bacteremia, peritonitis, and osteomyelitis.

Few case reports of infections caused by Brevibacterium species have been reported. One was isolated from the blood of an acutely ill 18 year old female with AIDS in 2000. A case of endocarditis was reported from Washington DC in 2002. In almost all the cases, bacteremia was found in immunocompromised patients. But this particular isolate was from a patient who was not immunocompromised.

Assessor Training on Medical Laboratories

United Hospital's Dr. Md. Redwanul Huq, SHO, Hematology, Mr. Md. Al Jahidi Hasan Chowdhury, Scientific Officer, Clinical Biochemist, Mr. Mohammad Nurul Momen & Mr. Md. Abdullah Al Mamun from Laboratory Medicine Department attended Assessor Training on Medical Laboratories ISO 15189:2012 conducted by Norwegian Accreditation (NA) & Bangladesh Accreditation Board (BAB) at Hotel Ruposhi Bangla, Dhaka.



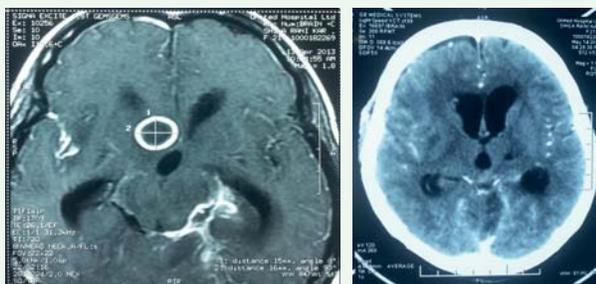
Brain Tuberculosis - With Rare Diagnostic Dilemma

Dr S S Ahmed, Dr Shuvamay Chowdhury

On 31 March 2013, a 21 year old university student was admitted in the Neuro ward of United Hospital via the Emergency Unit with the complaints of fever and headache for the last one month. She was haemodynamically stable but was found to have diplopia on the right lateral gaze. MRI of brain was done and it revealed brain lesions of various sizes with moderate peri-lesional edema in the right frontal lobe in the peri-ventricular location, left thalamic region & left temporal lobe. This was suggestive of tuberculoma with possibilities of lymphoma. During her hospital stay, CSF analysis was done several times which revealed high protein & lymphocyte count. CSF for PCR of tuberculosis done from icddr,b showed negative results. But she responded to anti-TB drugs which started on 7 April 2013.

Initially she was treated with Isoniazid, Pyrazinamide & Ethambutol including injectable Levofloxacin & streptomycin for two weeks. She was also treated with a short course of injectable Dexamethasone. After a few days of treatment her condition started improving and she was discharged. Few weeks later her condition deteriorated and she was re-admitted. Repeat MRI scan of brain demonstrated recurrence of perilesional oedema.

As the diagnosis of brain TB was not confirmed during her previous hospital stay, a decision was made to go for excision biopsy of the left frontal lesion. Frozen section biopsy and AFB staining was carried out during the surgery. Plenty of acid fast bacilli picked up by microbiologists and frozen confirmed the diagnosis of chronic inflammatory lesion likely to be tuberculosis. The lesion was taken out in total, protecting the surrounding area from dissemination.



Her post operative recovery was uneventful. Anti-tubercular treatment continued and she was discharged from hospital. Follow up continued in out-patient and she gradually returned to near-normal life.

Obesity in Obstetrics & Gynaecology

Dr Naseem Mahmud, Dr Afsari Ahmad

Obesity has consistently been demonstrated to have a detrimental effect upon the female reproductive system. For the obstetrician/gynaecologist, there are many different situations where the patient's excess body weight calls for an adaptive diagnostic and therapeutic approach. Obesity does not in itself appear to be a factor lowering fertility. However, obesity induced hormone disorders could contribute in certain cases, to biological imbalance and thus favor the development of ovulation dysfunction.

Pregnancy in obese women should be managed as a high risk pregnancy. The incidence of gestational diabetes and hypertension is increased. There is a 2 to 3 fold increase in the rate of caesarean sections with more complications. So, dietary advice should be offered on an individual basis according to pre-pregnancy BMI. Anesthesia and surgery in obese patients can be problematic and special care must be taken to prevent further morbidity. Laparoscopic surgery is possible under certain

conditions, although its role is yet to be determined. Weight gain at the time of menopause is common, and dietary advice is paramount as obesity is an independent risk factor for thrombosis, coronary heart disease and breast and endometrial cancer. Obesity is not a contraindication for HRT.

Key Message: Effective nutritional counseling should be offered at all stages of the female reproductive life. Women should eat healthy and exercise regularly.

5 Secrets to a More Comfortable Flight

There's only one way to really enjoy flying: buy your own plane. But since most of us won't be able to do that any time soon, find out how you can make your next plane ride more enjoyable with these health-boosting tips.

1. Walk Around and Stretch Between Meals

Do the following exercises at least once every hour during your next flight: Standing in the aisle, stretch your calves by taking a large step back with one leg and reaching into the floor with your back heel.

3. Avoid Sitting with Your Legs Crossed

Instead, prop up your feet on a carry-on

bag to make yourself more comfortable.

2. Pack Three Tea Bags in Your Hand Luggage



When the flight attendant comes around for drinks, ask for a cup of hot water and dunk in your tea bag. The herbal tea will soothe any travel jitters and relax you enough to get some sleep on the plane, ensuring you arrive refreshed.

4. Bring Healthy Snacks On Board

Even if you will be on a short flight, always pack a few healthy snacks in your hand luggage. Fewer and fewer airlines serve

any snacks these days and unexpected delays could send your blood sugar plummeting.



5. Keep Your Shoes On

Resist the temptation to remove your shoes during the flight. You'll end up with swollen feet due to the low air pressure in the cabin, and your shoes will be uncomfortable when you have to put them back on.

High Dose Rate Brachytherapy with Ir192 Radionuclide in the Treatment of Cervical Cancer: Preliminary Experience with PUDENDAL BLOCK - an Observational Study in United Hospital

Dr Mohammad Taimur Hossain Talukdar, Dr Samina Islam, Dr Sharmin Rahman, Dr Rashid Un Nabi, Dr Ashim Kumar Sengupta, Dr Ferdous Shahriar Sayed, Prof Dr Santanu Chaudhuri

Abstract: Spinal anesthesia is widely used for the procedure of high-dose rate brachytherapy in the treatment of cervical cancer. The procedure can also be performed under pudendal block i.e. local anesthesia which can produce similar anesthetic results, avoiding the side effects of spinal anesthesia requiring less time & resource.

Objective: To evaluate the efficacy of pudendal block in the brachytherapy of cervical cancer.

Methods: Patients with cervical cancer treated with external beam radiotherapy were selected for brachytherapy boost as per standard international protocols. Local anesthetic 10 ml of 10% lignocaine was used to block the Pudendal nerve. The United Hospital Oncology center has already performed more than 40 sessions of ICRT HDR Brachytherapy for the treatment of cervical cancer using

Pudendal Block with excellent analgesia and without any complications.

Discussion: Cervical cancer is highly prevalent in developing nations for women aged 20–29 years and remains the second most common cancer and leading cause of cancer deaths after breast cancer. Radiotherapy is the primary local treatment for most patients with cervical carcinoma (stages IIb–IVa). The treatment includes two main modalities of irradiation, external photon beam and brachytherapy. External irradiation is used to treat the whole pelvis and the parametria including the common iliac and para-aortic lymph nodes, whereas central disease (cervix, vagina, and medial parametria) is primarily irradiated with intra-cavitary sources; i.e. Brachytherapy which is the integral part of radiation treatment for carcinoma cervix. The dose falls off very rapidly according

to the inverse square law, and surrounding normal tissues receive substantially lower doses than the tumor.

Complications of Spinal Anesthesia:

- Epidural or intra-thecal bleed.
- Post-dural puncture headache.
- Cauda equina syndrome
- Damage to nerve or the spinal cord-transient or permanent.

Conclusion: The local anesthesia with pudendal block for patients undergoing HDR Brachy therapy is feasible and produces satisfactory continuous pain relief. It is safe even in high risk patients such as elderly, hypertensive and cardiac patients. It also reduces the side effects of spinal or general anesthesia and use of resources such as medicine costs of anesthetics & valuable time of anesthesiologists.

A Seaman and his tooth....

Dr Md Nazrul Islam, Dr Lutfun Nahar

Mr. Ahmed is a sailor. He had spent most of his life in the seven seas from ship to ship. During his voyages whenever he had toothache, he had the tooth removed in the next available port. This way over the years – he lost most of his teeth. Now in his retired life, the rest of his teeth are also gone. Mr. Ahmed is a wealthy man, but alas his wealth has no use for him as he has no tooth left to enjoy all the good food let alone his favorite dish biriyani. Naturally, with no teeth he has to adapt to softer kinds of food. All the essential fibrous food that is required at his age like meat, vegetables and fruits had to be taken out of his list as he can't chew them. Malnutrition slowly took over and he started losing weight significantly. He started to look much older than what he actually was and with all these came depression.

The family doctor one day advised him casually – “get yourself a denture (false teeth)... you should be fine.” But when

he decided to have dentures, it was discovered that his jaw bone had become very thin over the years and now even dentures don't fit properly. Whenever he tried to eat with dentures, they moved and kept coming out. Mr. Ahmed's life became miserable. In his retired life, when he is supposed to enjoy his lifelong earnings, he can't even eat properly!

In our country, there are many who are like Mr. Ahmed. Their jaw bone doesn't allow a proper denture and thus they can't wear it properly. But with the help of dental implants, now we can solve this problem easily. Dental implants supported over the denture can be used to hold the denture firmly in the mouth so they don't move and the patient can eat and chew properly. This way, patients can return to normal food habits and enjoy their life. For

those who have taken this treatment, it's a life changing experience.



Fig 2: Normal Denture

Fig 1: Implant Over Denture

In this treatment, implants are inserted into the jaw bone and the dentures sit on the implants in a special way which makes the denture very stable and comfortable. Patient can wear and remove the denture as usual.

So if you are one like Mr. Ahmed, there is nothing to worry as Implant over Denture can change your life forever.

Department of Radiology & Imaging of United Hospital

The department of Radiology and Imaging of United Hospital, Dhaka offers complete range of diagnostic and image guided therapeutic services. A skilled team of consultants & specialists using state-of-the-art equipment provide safe and efficient imaging services with a human touch that is fully coordinated with highly professional medical care.

United Hospital radiology services are open 24hrs a day 7 days a week providing emergency and routine diagnostic services round the clock. The radiologists work in coordination with doctors in other departments to promptly diagnose and treat any health condition. Radiologists perform and interpret over

60,000 tests and investigations yearly.

The department actively participates in educational and research activities.

- Conventional radiography
- Fluoroscopy and contrast studies
- Digital mammography with Stereotactic biopsies
- Ultrasonography & all sorts of Doppler studies
- USG guided FNAC / Biopsies
- Multi-detector Computed Tomography (MDCT)
- CT guided FNAC / Biopsies
- Magnetic Resonance Imaging (1.5

Tesla) & MR spectroscopy

The department is proud to have introduced the only and the first in Bangladesh - stereotactic imaging services for the diagnosis of breast disease since 2012. Numerous studies have validated the accuracy of large core needle biopsy compared to open surgical biopsy. Today, the use of vacuum-assisted core needle biopsy (CNB) is the preferred method of obtaining a tissue sample for diagnosing a breast lesion seen with imaging. The much vaunted advantage of using this service is that it is less invasive and both imaging and biopsy can be done in a single sitting, thus making it very convenient for the patients.



Epiploic Appendagitis

Dr Jan Mohammad

This case is about a 41-year-old man with left lower quadrant pain from acute epiploic appendagitis. Axial contrast-enhanced CT scan showed fat-density lesion with surrounding hyper-dense rim and inflammation abutting the distal descending colon.

Epiploic Appendagitis (EA) is an uncommon, benign, self-limiting inflammatory process of the epiploic appendices. Other older terms for the process include appendicitis epiploica and appendagitis but these terms are used less now in order to avoid confusion with acute appendicitis.

Epiploic appendices are small, fat-filled sacs or finger-like projections along the surface of the upper and lower colon and rectum. They may become acutely inflamed as a result of torsion (twisting) or venous thrombosis. The

inflammation causes pain, often described as sharp or stabbing, on the left, right or central regions of the abdomen. There is sometimes nausea and vomiting. The symptoms may mimic those of acute appendicitis, diverticulitis, or cholecystitis.

The pain is characteristically intense during / after defecation or micturition (espec. in the sigmoid type) due to the effect of traction on the pedicle of the lesion caused by straining and emptying of the bowel and bladder. Initial lab studies are usually normal. EA is usually diagnosed incidentally on CT scan which is performed to exclude more serious conditions.

Although it is self-limiting, Epiploic Appendagitis can cause severe pain and discomfort. It is best treated with an anti-inflammatory and a moderate to severe pain medication (depending on the case) as needed.

A Case of Abdominal Pain

Dr Sohely Sultana

A 52 year old woman was admitted to Cardiology Department of Bangladesh Sheikh Mujib Medical University with complaints of dysphagia for one year and exertional chest pain for two years. Her history of past illness was significant for hypertension with irregular intake of anti-hypertensives. She stated that except for the last one month, she had not experienced resting chest pain. She gave no H/O diabetes, severe chest or tearing pain in the back nor any syncope or collapse or blackout.

On admission, the patient looked ill and anxious. On examination, her pulse was 92/min with radio - radial delay and decreased volume in left brachial axillary arteries. Her blood pressure

The Radiology Department also uses 500 slice CT scan which reduces the radiation risk to patients by upto 40%. This latest technology reduces distortions and gives clear and high quality image to help get accuracy. Apart from its extensive applications in Cardiology this CT is also used to do cerebral, abdominal & peripheral angiography, cerebral perfusion studies, high definition images of brain, thoracic and abdominal organs, HRCT of lungs & temporal bone, virtual endoscopy, 3 dimensional studies of bones, joints and spines amongst other uses.

The High Definition 1.5 Tesla MRI enables acquisition of high resolution images of the body at a faster rate, paving the way for widespread but targeted clinical application. The

system provides good imaging speed (half the time of standard MRI) with excellent resolution and better tissue identification.

Why choose us?

- *Individualized care and specialty expertise:* We provide individualized care for each patient to obtain the highest quality images and ensure the most accurate diagnoses.
- *Innovative technology:* We have the most sophisticated imaging equipment available and are constantly developing and investing in breakthrough technology. All of our equipments are specially designed or adapted, meaning it is used in a way that maximizes your comfort and safety.

- *Safety:* Some types of imaging studies require the use of radiation. By tailoring our equipment and protocols, we keep radiation exposure as low as reasonably achievable while producing high quality images. In some cases, we can avoid radiation altogether by using ultrasound or Magnetic Resonance Imaging (MRI).
- *Environment:* Our imaginative decor, knowledgeable staff and dedicated specialists help make your experience as enjoyable as possible.
- *Sedation and Anaesthesia:* When required, sedation or anesthesia is administered and monitored by a dedicated and specialized team who put patient safety and comfort first.



Abdominal Aortic Aneurysm (AAA)

in the 140/80 mm Hg in the right arm and 120/75 mm Hg in the left arm. She had normal jugular venous pressure (JVP). On auscultation her heart sounds S1+S2 were normal with no murmur. Suprasternal pulsations were present. The chest had vesicular breath sound with no added sound.

Blood investigations were unremarkable. ECG – normal, Echo Cardiography - aortic arch was dilated. X-ray chest PA view showed aneurysmal dilatation of the arch and descending aorta. USG of chest showed large mediastinal mass more remarkable in the left side which could not be separated from the aortic arch.

Contrast enhanced CT scan revealed

massive (10.0x 8.6x 7.5 cm) partially thrombosed aneurysmal dilatation of the aortic arch with sharp kinking (bend) at the distal end of the aneurysm and the beginning of the descending aorta. Fig-1:



CT angiogram revealed a large aneurysmal dilatation of aortic arch measuring 10.0 x 8.6 x 7.5 cm extending up to the beginning of the thoracic aorta with a large intramural thrombus. Wall calcifications were also noted in the dilated part. The patient was then

referred to the Cardiac Surgery Department for immediate management. But the patient refused to have surgery. Two months later the patient again presented with severe agonizing chest pain and was admitted in DMCH. The patient's condition deteriorated from then on and she did not survive.

Most people with AAA live healthy symptom free lives. The decision to undergo surgery involves weighing the risk of aneurysm rupture versus the risks of surgical procedure. While some general guidelines are suggested based upon the aneurysm size and its rate of enlargement, each treatment decision should be made as per individual case. Patients should discuss the individual risk of surgery with an experienced health care provider for a suitable remedy.

What to Eat When You Have the Flu

Try: Chicken Soup



Grandma's favorite remedy contains cysteine, a compound that helps thin mucus and relieves congestion.

A serving may also reduce inflammation in the lungs.

Try: Yogurt

Cool, creamy yogurt and other dairy products are rich in zinc, which supports the immune system.



Try: Citrus and Berries



Vitamin C won't prevent colds, but studies show that eating foods rich in it may get you back to normal more quickly.

It also has a slight antihistaminic effect, which may reduce nasal symptoms.

Try: Spices

Garlic, turmeric, hot peppers and other strong flavorings can help break up nasal and sinus congestion.



Try: Red Meat and Oysters



Choose these for your protein; they're good sources of zinc.

Try: Sweet potato

Beta-carotene improves your body's defenses. It's instrumental in the growth and development of immune system cells and helps neutralize harmful toxins. Sweet potatoes and other orange foods like carrots, squash, pumpkin, egg yolks and cantaloupe are top sources.



Orthotic Management of Cerebral Palsy: Physiotherapy as a Fundamental Part of Rehabilitation

Bijoy Das

Cerebral Palsy (CP) is the most common cause of neuromuscular physical disability in children. CP can be described as a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances which occurred in the developing fetal or infant brain.

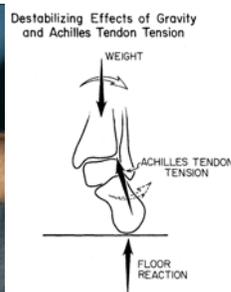
We should remember that Orthotic treatment should never be an isolated intervention technique. It is combined with physical therapy and surgery as appropriate.

The aims of lower-limb Orthotic Management of CP were identified by a consensus conference convened by the International Society of Prosthetics and Orthotic (ISPO) as:

1. Prevent the development and progression of deformities from flexible to structural (especially during periods of rapid physical growth). Figure 2 is an example of flexible early deformity in CP.
2. Provide support so the child can be more functional.
3. Provide external support following

surgery to prevent either over-correction or recurrence of the deformity during the healing process.

Physical Therapy forces to stretch the heel cord should not be applied to the forefoot alone. That does stretch the plantar flexors but also will exaggerate the collapse of the subtalar joint. A skilled therapist will grasp the calcaneus to control the subtalar joint to make sure it doesn't collapse into valgus as the ankle is passively dorsiflexed (*see figure 1*).



The Goals of Physiotherapy are to:

- Foster independence by improving functional mobility.
- Strengthen and encourage the growth of muscles.

- Improve the ability to move all parts of the body.
- Prevent joints from becoming tight or permanently bent (contracted).

Foot Orthoses attached to a shoe such as shown in figure 3. A medial "T" strap is unlikely to effectively prevent the subtalar joint from collapsing into valgus. Almost all current lower limb orthoses utilize the polypropylene shell design. These orthoses must fit the hind foot and mid-foot very supportively. In a



well designed AFO, an instep strap is installed as necessary to hold the child's heel down and back in the orthosis.

For knee and hip joints there

are different mechanical analyses in orthoses management and physiotherapy point of view, especially for CP patients which are not elaborated here.

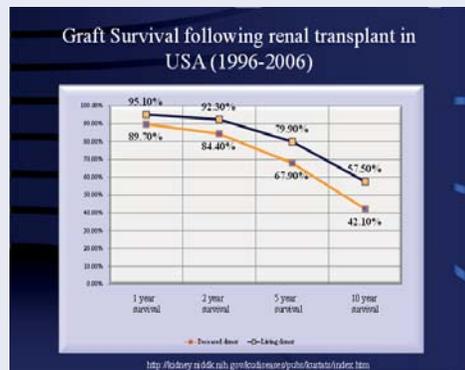
Communications Workshop for Healthcare Professionals

On Sunday 22 December 2013, a training program on "Communications Workshop for Healthcare Professionals" was arranged by Asia Debate Academy Program at United Hospital with Dr. Maja Nenadovic as the resource person. The workshop was attended by In-Charges, Nursing Area In-Charges & Unit Supervisors and other staff members from Administration, HR, IT, Customer Relations, Patient Satisfaction, Pharmacy, Purchase, Finance & Accounts, Marketing, Medical Records and Physiotherapy. The workshop was very interesting and helpful.

Improving Patients and Graft Survival following Kidney Transplantation Remains a Challenge for the Nephrologists

Prof. Nurul Islam

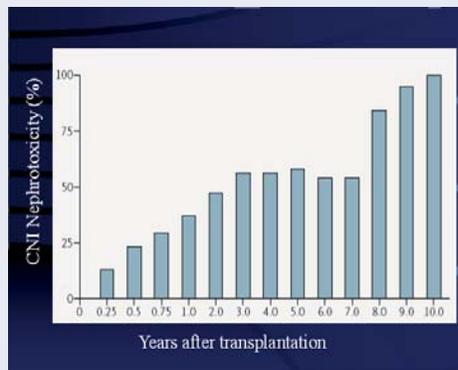
Renal transplantation is the definitive treatment for patients with end stage renal disease. Over the last 2 decades incidence of acute rejection and short term graft survival has improved significantly with improved surgical techniques and the use of new immunosuppressive agents including induction therapy. However, clear evidence of long term graft and patients survival has not been consistent. As per Scientific Registry of Transplant Recipients (SRTR) 2008 the graft survival following living donor renal transplantation in USA is over 95% at 1 year which becomes 80% at 5 years and only 58% at 10 years. The outcome of deceased donor transplantation is more disappointing where 1 year graft survival is close to 90%, 5 years survival 68% that drops down to only 42% at 10 years. Graph-1:



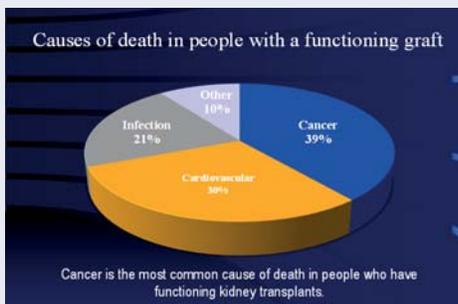
From 1960s until 1980s using Azathioprine and Prednisolone was the key immunosuppressive regime. Introduction of Cyclosporine, a calcineurine inhibitor in 1980s brought a revolution in the era of renal transplantation. Further advancement occurred in 1995 with the introduction of Mycophenolate Mofetil (MMF), an anti-proliferative agent targeting B and T cells. Introduction of Tacrolimus, another calcineurine inhibitor in 1996 is now more widely used in place of Cyclosporine. Use of induction therapy since late 1990s is one step forward in renal transplantation. It reduces the risk of acute rejection in almost all patients by 30-50% in the first year of post-transplantation. Graph-2:



Major causes of graft loss are CNI nephrotoxicity, chronic allograft dysfunction (CAD) and non-compliance to drug therapy. For the last 35 years CNI has been used as an important immunosuppressive agent for kidney transplantation. It protects the graft from rejection for initial few years but the same drug causes graft dysfunction and ultimate graft loss in the long run because of its nephrotoxicity. Graph-3:



There are three major causes of death in people with functioning graft of which malignancy is on the top comprising about 40% of death in transplant recipients. The next common cause is cardiovascular complications including cerebro-vascular accident and Myocardial Infarction (30%), the third common cause being infection. Graph-4:



Introduction of novel biologic agents in late 90s and early 2000s are associated with improved long term graft as well as patient survival. mTOR inhibitor is one of such agents which has unique properties to improve long term graft survival by avoiding CNI nephrotoxicity and improved patient survival by reducing cardio-vascular complications and tumor risk reduction.

mTOR inhibitors (Sirolimus/ Everolimus) prevents activation, growth and proliferation affecting especially T lymphocytes, Endothelial cells, Dendritic cells, Fibroblasts and Tumor cells. Unfortunately mTOR inhibitors are not well tolerated by most of the patients due to its side effects like mucositis, mouth ulcerations, thrombocytopenia etc. Moreover it is contraindicated in patients with significant proteinuria, severe hyperlipidaemia and impaired renal function (eGFR <40 ml/min) which limit its use.

Belatacept, a recombinant fusion protein is being used as a maintenance immunosuppression in some countries with improved graft survival. It is expensive and administered as intravenous infusion at periodic intervals, so adherence to the compliance is poor.

Leflunomide is an anti-proliferative agent and it acts by inhibiting pyrimidine synthesis which has immunomodulatory and anti-inflammatory effect. It is currently being used as maintenance immunosuppression in renal transplant recipients instead of MMF. Also, it has anti-viral effects especially against CMV and BK virus which commonly cause chronic allograft dysfunction (CAD). Sometimes it helps in stabilization of renal function in patients with CAD.

In conclusion selection of immunosuppressive regime for the transplant recipient remains a challenge for the nephrologists that should be tailored individually depending upon the patient's immunological risk, availability of drugs and cost consideration.

Visits to United Hospital



- A delegation from “Unilever (BD) Limited” led by Mr. Dean Patterson, Global Medical & Occupation Health Chief of Unilever along with Dr. Jahangir Khaled, Corporate Medical Advisor of Unilever (BD) Limited visited United Hospital to see the various facilities on Sunday 16 February 2014.

Medical Campaigns

Dr. A. M. Shafique, Associate Consultant – Cardiology Department went to Chittagong to see patients on Wednesday 22 January 2014. He also went to Sylhet to see patients on Wednesday 5 March 2014.

Prof. M. Mujibul Haque Mollah, Consultant - Nephrology Department went to Sylhet to see patients & attend a dinner meeting with the local prominent Nephrologists, Urologists & Medicine specialists to share problems faced by patients and to update knowledge about Nephrology on Thursday 23 January 2014.

Dr. Paul T. Henry, Consultant – Neuro Surgery Department of United Hospital went to Chittagong twice to see patients on Thursday 20 February, 2014 and on Friday 28 March 2014.

Khulna University Students Visit United Hospital Pharmacy

On 20 February 2014, 3rd year students (32) & Teachers (2) of B.Sc Pharmacy, Khulna University visited United Hospital. Mr. Anisur Rahman, In-Charge, Pharmacy welcomed them. During the one day tour the students visited the Inpatient and Outpatient Pharmacy, Pharmacy main store & Chemo drugs ad-mixture units. The visit enabled the students to match academic learning with professional practice.

- Mr. Tawfiq Hassan, Chief Executive Officer of Innovative Health Networks (iHealthNet) with his team visited United Hospital to demonstrate their clinical products on Tuesday 11 February 2014 and on Saturday 22 March 2014.
- Mr. Alvin, Vice President of Parkway Hospitals Singapore visited United Hospital on Sunday 15 February 2014.

Corporate Signing

Agreement was signed between Association of Travel Agents of Bangladesh (ATAB) & United Hospital Limited on Tuesday 11 February 2014. Mr. S.N. Manzur Murshed (Mahbub), President, ATAB and Dr. Dabir Uddin Ahmed, Director, Clinical Operations of United Hospital were the signatories.

Protective Islami Life Insurance Limited & United Hospital Limited signed an agreement on Thursday 13 March 2014. Mr. Al-Haj Jahangir Alam, Managing Director (CC) signed the agreement on behalf of the organisation.

The staff of Embassy of the State of Qatar Dhaka will now be able to avail medical services from United Hospital following signing of an agreement by H.E. Abdulla Aziz M. Al-Mana, Honourable Ambassador.

Mr. Md. Abdul Kader, Head of Public Relations Division, Union Bank Limited signed an agreement with United Hospital, under which the staff of Union Bank will be able to avail services from United Hospital.

Waste Management Training

On 4 and 5 March, 2014 Prism Bangladesh conducted a training for medical waste generators to ensure a safe environment & prevention of infections. Nurses, medical technologists and housekeeping staff attended the training.



- A delegation from “ORBIS International” led by Ms. Kimberly Lipman-White, Administration & Operations Coordinator of ORBIS International visited United Hospital on Saturday 22 March 2014.

Information Session & Scientific Seminar

- An information session on **Commencement of Full Fledged Service in ENT and Head Neck Surgery Department** was arranged on Thursday 27 February 2014. Where Prof. Md. Zillur Rahman, Director & Consultant, ENT & Head Neck Surgery Department made a presentation.
- A Scientific Seminar on **“Insulin Degludec: A New Generation of Ultra Long Acting Basal Insulin in the Management of DM”** was arranged on Thursday 20 February 2014 with Dr. Nazmul Islam, Consultant – Diabetes & Endocrinology as the speaker.
- Prof. Dr. Santanu Chaudhuri, Consultant - Clinical Oncology & Director, Oncology Centre, Dr. Ferdous Shahriar Sayed, Consultant-Medical Oncology & Dr. Anisa Khanam, Associate Consultant-Lab Medicine Department of United Hospital and Dr. Tan Yah Yuen, Senior Consultant - Breast Surgery. Spoke at a Seminar titled **“Multidisciplinary Management of Breast Cancer”** on Sunday 2 March 2014 at the Seminar Hall of United Hospital.

CSSD Training

On 25 & 26 February 2014, “ASP Johnson & Johnson Medical” conducted a training session for all CSSD staff on sterilization procedures of medical instruments, including instructions for smooth operation of the plasma sterilizing machine.

Workshop on Presentation Skill



Two workshops were recently held to apprise our staff at different levels on how to make presentations. The resource person for the workshop was Dr Khandker Shamsul Arefin who is the Franchise Manager of Oncology, Novartis (Bangladesh) Limited. The first workshop was held on Thursday 23 January 2014 for doctors. A total of 45 doctors including Specialists and SHOs from different departments of United Hospital attended. The second workshop was held on Thursday 13 February 2014 which was attended by In-Charges of different departments, Area In-Charges and Unit Supervisors of Nursing department, staff from Administration, Customer Relations, Patient Satisfaction, Pharmacy, Purchase, IT, HR, Finance & Accounts, Marketing, Medical Records departments as well as Clinical Coordinators .

All the participants learned the techniques

of making presentations and the following points came out in particular

1. To speak clearly so it is easy to understand
2. To be concise-brief /short, to-the-point
3. Stick to the subject matter-do not deviate from the core topic
4. Make eye-contact with the audience while speaking
5. Body language should be professional, no flinging or swinging hands
6. Not to stand stiff in one place - to walk a little, up and down the dais
7. When showing slides or a documentary, make sure the right ones are being shown
8. The attitude and approach of the presenter should NOT be casual or homely
9. To find ways to keep the audience interested

A documentary of a presentation on what not to do when giving a presentation was shown. From the documentary we learnt how body language really matters, the unprofessional postures & gestures to avoid, how sloppy it looks when a presentation is done with a casual, homely approach. The workshop was very absorbing and useful.

Presentations by Bijoy Das



Mr. Bijoy Das, Clinical Physiotherapist of United Hospital participated in the 2nd Global Conference on Community Health held at Senate Bhaban, Dhaka University from 19 to 21 March 2014, organized by Eminance BD with contribution of UNFPA, WaterAid, UNICEF, UNO, USAID and other leading NGOs of Bangladesh. He presented his research abstract titled "Proportion of Neck Pain among Office Workers and Risk Factors behind it: A Cross Sectional Study".

He also attended a workshop which was organized jointly by HANDICAP International and Bangladesh Physiotherapy Association (BPA) on 2 and 3 February 2014. The workshop was on "Orthotic Management of Cerebral Palsy". In the workshop Mr. Bijoy shared the present practice and services of Physiotherapy Department of United Hospital which was appreciated.

Training on Critical Patient Management

"Critical Patient Management" training was arranged for the doctors in 2013 by the Training Department facilitated by experienced clinicians. Its objective was to develop skills to manage Critical Patients as well as situations to tackle the emergencies appropriately at the right time to save life.

A total of 61 doctors, mainly Senior House Officers attended the course in 7 batches and of them 45 doctors received certificate for successful completion of the training. Young doctors have shown keen interest and acknowledged that they benefited from the training. The aim of the training is to bring efficiency in the departments for providing quality patient service.



New Consultants

Dr. Paul T. Henry, an experienced Neuro Surgeon joined United Hospital in February 2014. He has exhaustive exposure to planning, operating and managing a multitude of traumatic, cold brain and spine cases. He completed his MBBS from Christian Medical College, Vellore in 1987 and M.Ch (Neuro Surgery) from the same College in 1998. He has worked in hospitals like Apollo Hospital (Chennai), National Hospital (Kerala), King Fahad Medical City (Riyadh), Square Hospital (Dhaka) and KPM Hospital (Kerala).



Professor Md. Zillur Rahman is one of the leading ENT and Head Neck surgeons of Bangladesh. He is one of the pioneer surgeons of ENT Laser Surgery and Endoscopic Thyroid and Neck Surgery of Bangladesh. Professor Zillur did his MBBS from Dhaka Medical College in 1983 and FCPS in 1991. He also finished his MS in 1998 from PG Hospital (now BSMMU). He attended several training programs in India, China, Pakistan, Singapore Thailand, Belgium, Korea and Australia.

Congratulations & Best Wishes to the following Staff and their Spouses



New Baby

- Humayun Kabir Maruf In-Charge of Ancillary Services, HR Dept, had a baby girl Mashayara Rawnak Tanjiba on 25 June 2013.
- Staff Nurse Laila Arjuman of 4th Floor Cardiac Surgery Ward had a baby boy Ahil on 29 August 2013.
- Duty Manager M. M. Safayet Ullah (Miraz) had a baby boy Mohammad Shoab Abrar on 26 December 2013.
- Customer Relations Officer Abdul Malak had a baby boy Jaber Fahrir Bin Malak on 6 March 2014.
- Marketing Officer Md. Kayumuzzaman had a baby girl Naifah Nur Zaman on 9 March 2014

We Congratulate the Newly Weds on the Auspicious Occasion of their Marriage



- Technologist Pradip Kumar Basak of Radiology Dept's CT Scan Section got married to Durga Basak on 13 December 2013.
- HR Officer Abdullah-Al-Momen Mollah got married to Khadiza Akter Laboni on 20 December 2013.
- Customer Relations Officer Sharmin Islam got married to Mohammad Al Amin on 27 December 2013.
- Senior House Officer Dr. Nabid Zaer of Gastroenterology Dept got married to Samina Alam on 2 January 2014.
- Customer Relations Officer Sohag Sorkar got married to Popy Khatun on 14 January 2014.
- Staff Nurse Sheiuli Mollah of Vaccination Dept. got married to Jewel Gabriel Rozaryo on 14 February 2014.
- Staff Nurse Sharmin Naher of 4th FI Wing B Cardiac Surgery Ward got married to Mahbul Hasan on 14 February 2014.
- Staff Nurse Sharmin of 4th FI Wing B Cardiac Surgery Ward got married to Md. Shafiqul Islam on 25 February 2014.
- Customer Relations Officer Sujit Chakraborty got married to Mitu Chakraborty on 7 March 2014.
- Customer Relations Officer Mohammad Nuruzzaman (Maruf) got married to Nurjahan Khatun (Poly) on 21 March 2014.

Certificate of Appreciation to Presenters of Hospital Monthly CMEs

During the year 2013 a total of 14 departments made presentations as part of Hospital wide CME programme. This was in addition to the Departmental CMEs that are held regularly. These presentations were made



by SHOs and Specialists, in some cases assisted by Consultants. The presentation was followed by active discussions. Certificates were handed over to the presenters of Hospital Monthly CME July to December 2013 to Doctors from various departments: Cardiac Surgery, Radiology, Nuclear Medicine, Laboratory Medicine, Orthopedics, Oncology & Nephrology departments.

Death of a Colleague

Dr. Asma Ul Sultana, Senior House Officer, Internal Medicine Dept passed away on 08 February 2014 at the age of 30. Saddened and grieved, we offer our deepest sympathy & condolence for the family and loved ones for their terrible loss. May her soul rest in eternal peace.

Condolence & Prayers

- Customer Relations Officer Asma Fatema lost her brother Mr. Habibur Rasul Ansary Chanchal on 14 December 2013 and her father-in-law Mr. Alhaj Anwarullah Talukder on 04 March 2014.
- Staff Nurse Runa Begum of Oncology Day Care Chemo Ward (Ground Floor) lost her father Mr. Md. Isad Ali on 27 December 2013.
- Medical Laboratory Phlebotomist Md. Anwar Hossain lost his wife Mrs. Swapna Khatun on 25 January 2014.
- Marketing Dept's Assistant In-Charge Syed Ashraf-ul-Masum lost his father Mr. Syed Amir Ali on 28 January 2014.
- Laboratory Attendant Mr. Md. Abdul Bari lost his mother Mrs. Firoza Begum on 11 February 2014.
- House Keeping Attendant Feroz Islam lost his mother Mrs. Fozila Begum on 22 February 2014.
- Customer Relations Supervisor Mohammad Ashiqur Rahman lost his mother Mrs. Khateza Begum on 03 March 2014.
- Pediatric Surgeon Dr. Kaniz Hasina Sheuli lost her father Mr. Md. Ershad Hossain on 08 March 2014. He is also the father-in-law of Pediatric Surgeon Dr. Abdul Hanif Tablu.



Editorial Board

- Dr Mahboob Rahman Khan
- Hanufa Ahmed

Newsletter Coordinators

- Syed Ashraf-ul-Masum
- Dr Rishad Choudhury Robin

Design

- Jamayet Hossain Russell
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