

Editors Note

Right at the onset we would like to take the opportunity to thank all the numerous contributors who have been generous in providing their time, effort and the resulting articles for this second issue of "reflection". We feel very encouraged with the outpouring of your interest to participate and help in making this venture a success. Please keep on sending articles of your interest and news that you would like to share with your colleagues. We are hoping that with your support (and article contributions) we will be able to add another four pages to this quarterly magazine.

We have not been able to include all the articles that we received in this issue due to limitation of space. Please do not feel discouraged as we have kept your contributions for inclusion in the next print. We seek your support in helping to build up a reserve bank of articles so that we are never short of material for future issues.

You may have noticed that we have changed the design of the top section of the front page. We are hoping that this design gives a better impression and has multi-dimensional impact, just like United Hospital. Please feel free to give us ideas, verbally or in writing, on ways to improve your magazine and we will do our best to incorporate your suggestions.

"Control Your Blood Pressure, Cut Your Risk of Heart Attack and Stroke" was the slogan of the World Health Day 2013. This year the focus of the message was on heart disease and how to minimise the risk of stroke. World Health Organisation identified the key reasons for heart diseases and blood pressure and prepared a Do's and Don'ts chart for ease of understanding for general people.

United Hospital undertook various programmes to observe this day on 7 April, 2013. These included health awareness campaigns both in the hospital as well as at corporate client's office, advertisements

Gono Bishwabidyalay and United Hospital Sign Agreement for Education & Research



Gono Bishwabidyalay and United Hospital signed a Cooperation Agreement on 12 June 2013. The agreement was signed by Professor Dr. Mesbahuddin Ahmed, Vice Chancellor of Gono Bishwabidyalay and Mr. Faridur Rahman Khan, Managing Director of United Hospital. Senior faculty members of Gono Bishwabidyalay and senior officials of United Hospital were also present.

Under the Agreement, the Department of Medical Physics and Bio-medical Engineering of Gono Bishwabidyalay and the Radiotherapy Unit of the Oncology Department of United Hospital will work

together to enhance education, research and training in the field of Medical Physics. Under this program, initially, a maximum of 4 students at a time from Gono Bishwabidyalay will be given the opportunity to work on the practical part of their B.Sc and M.Sc programme and PhD thesis at United Hospital.

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This agreement envisages that once a student completes his/her theoretical preparation, a three month hands on observatory training program will be given at United Hospital parallel to their Thesis / Project work, under the observation and guidance of the Medical Physicists of United Hospital. In addition the two institutes will also initiate joint research projects/ thesis work in areas of mutual interest.

The first batch of students are expected to start their work in July 2013.

United Hospital Celebrates World Health Day 2013



in print media and radio endorsements, setting up of a health awareness booth at the hospital lobby for free health check up and free health counselling, discounted health check up packages, display of banners, festoons and flyers at various locations etc.

The programme at United Hospital started with the Managing Director, United Hospital, Mr Faridur Rahman Khan, inaugurating the health booth at the hospital lobby in the morning. He spoke about the importance

of regular and daily exercise, eating right kind of food, checking blood pressure regularly, the necessity of getting health check-up once or twice a year amongst other things.

The Health Check-up Booth which continued for two days, was a big success where more than 500 people came to check their blood pressure and other essential indicators. The booth was manned by doctors from Family Medicine and Cardiology departments, supported by Nutritionists and Nurses.



United Hospital Celebrates International Nurses Day 2013

Circle 2 to the hospital following which a cake weighing almost 25 kg was cut by a group of nurses of our nursing department. In the morning the nurses greeted the patients with flowers and in the evening a colorful cultural program was organized. A large number of nurses, doctors and other hospital staff participated in the morning rally as well as the evening program which included dances, songs, magic show, recitations and a fashion parade by 4-6 year olds- children of our nursing staff.

In his speech the Managing Director of United Hospital, Mr. Faridur Rahman Khan said that nurses play the most important role during a patient's stay and treatment in the hospital. He said while the patients appreciated their role, we as a society should also recognize their contribution and give them their due respect and recognition.



United Hospital celebrated International Nurses Day with the rest of the world on 12 May 2013. Florence Nightingale, the founder of modern nursing was born on this day and it is celebrated around the world annually.

United Hospital hosts yearly celebrations on this day. This year the theme of the day was "Closing the Gap: Millennium Development Goals 8, 7, 6, 5, 4, 3, 2, 1". The day started with a rally in the morning from Gulshan DIT



Aarushi's Stormy Journey in United Hospital

Dr Shams Uz Zaman Rana, Dr Rahana Akter, Dr Nargis Ara Begum, Dr Shahnaz Parvin, Dr Mizanur Rahman, Dr Abdur Rahman, Dr Khorshed Alam, Dr Debarati Chanda, Dr Sharmin Safiullah, Dr Aminul Islam

Baby Aarushi was born by C-section at 32 weeks of gestation with a birth weight of 1750 grams. Delivery history was eventful for perinatal depression secondary to maternal abruptio placentae. She was initially resuscitated in delivery suit by bag and mask ventilation and transferred to NICU for increasing respiratory distress. Her initial CXR and ABG were suggestive of Respiratory Distress Syndrome (atelectasis of neonatal Lung). Aarushi was ventilated mechanically and received surfactant (surface tension lowering agent) within 30 minutes of her life. Her lung expansion was satisfactory.

She had hemodynamically significant PDA, confirmed by echocardiography as large PDA (4 mm) on day 3. Indomethacin was contraindicated for feed intoler-

ance, thrombocytopenia and renal impairment. Surgical ligation of PDA was done on 41st day of her life.

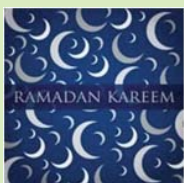
Aarushi developed necrotizing enterocolitis (NEC) which was managed conservatively. She recovered from culture proven serratia sepsis & fungal sepsis by appropriate antimicrobials. Coagulopathy, anemia & thrombocytopenia was managed by FFP, Blood & Platelet concentrate. She had fluctuating hypotension and required ionotropes (dopamin & dobutamin) for 2 weeks. She had several episodes of convulsions which was controlled by anticonvulsant therapy.

Aarushi's prolonged hospital stay was due to ventilator dependency. She needed ventilation for upto 45 days. Extubation trial failed on several occasions due to

ventilator associated pneumonia (Acinetobacter sp) & chronic lung changes. VAP was treated & chronic lung was managed by gentle ventilation, diuretics & steroid therapy. Finally we were happy to see her breathing in fresh air after 60 days of birth.

During the 68 days stay in our NICU, Aarushi encountered many obstacles and her parents faced the probability of losing their baby, several times. Finally with the effort of doctors and nurses Aarushi overcame all hurdles and went home with smiling parents making a success story for United Hospital, NICU.

At present, she is 2 ½ years old. Her growth percentiles are in lower normal range but developmental milestones are appropriate for her age.



Ramadan and Diabetes

Dr Nazmul Islam

We all know fasting for a month is one of the pillars of Islam compulsory for all able-bodied men and women. Generally speaking fasting is safe for most people with diabetes. However patients with following conditions should not fast:

- i) Brittle Type1 or uncontrolled diabetes
- ii) Poor compliance with medication and diet
- iii) Pregnancy
- iv) Diabetics who are also suffering from other illness or infection
- v) Those diabetics who also have memory problem

For the rest of us it should not cause any major problem. If in doubt, it is wise to visit your doctor at least couple of weeks before the start of Ramadan so that any metabolic defect may be corrected. It may also be worthwhile to visit the dietician who can give appropriate advice about diet. Usually heavy meals containing healthy fats and proteins can be taken during suhur and readily absorbed carbohydrates can be taken during iftar. It is unwise to fill your stomach at the time of Iftar to compensate for the days fasting.

It is important to check glucose regularly and specially whenever there is a suspi-

cion of hypoglycemia. If your blood glucose falls below 3.9mmol/L it may not be wise to continue fasting. Similarly if your blood glucose goes high e.g. more than 18mmol/L, it may become necessary to see your health care provider.

Physical activities are okay during Iftar specially when undertaken during non fasting period. Even though it is traditional to take dates and honey during ramadan, diabetics should avoid these since they can cause a sudden rise in blood glucose level.

Finally we wish everybody happy Ramadan and do stay healthy!

Sudden Severe Agonizing Headache - could it be fatal?

Dr Farha Anjum, Dr Md. Muzahidul Islam, Dr Masum Hayder, Dr Syed Sayed Ahmed

On 12 May 2013 the monthly CME was presented by the Department of Neurosurgery. The interesting topic was in the form of a question "Sudden Severe Agonizing Headache - could it be fatal?".

If an otherwise healthy patient complains of sudden onset of severe headache, it should be taken seriously and should be evaluated at the earliest by relevant specialist because this presentation immediately raises suspicion of a dangerous and potentially fatal condition of subarachnoid hemorrhage due to rupture of aneurysm which demands rapid, timely and appropriate action.

The CME started with the presentation of four cases which were treated at United Hospital in last six months where variable presentation and outcome of the same disease process, depending on early diagnosis and intervention were shown.

This was followed by a brief discussion on aneurysmal subarachnoid hemorrhage, during which an edited video clip of clipping of an aneurysm performed recently by our team was shown.

Headache is the most common presenting symptom in almost all cases. The headache is described as sudden onset and severely agonizing in nature, sometimes classically described by the patient as "the worst headache of my life". The patient may present with a

history of sudden severe agonizing headache which might have completely disappeared at the time of examination. On the other hand the patient may come in a deep unconscious state. Others may present symptoms in between these two extremes along with vomiting, photophobia, ocular pain, diplopia, rise of temperature, neck stiffness or focal neurological deficits. For these patients after reassuring, controlling headache and blood pressure, immediate CT scan of the brain is to be done which might show evidence of subarachnoid hemorrhage. Immediate CT angiogram of the cerebral vessels will confirm presence of any aneurysm. If CT scan is negative and clinical suspicion is strong then a CSF analysis must be performed to find evidence of subarachnoid hemorrhage.

If an aneurysm is found then the next step will be to secure the aneurysm as early as possible, to prevent rebleed which in most cases proves to be fatal. Aneurysms can be secured in two ways. One is to dissect out the aneurysm after craniotomy and put an aneurysm clip directly in the neck, thus excluding it from the rest of the circulation. The other way is sealing the lumen of the aneurysm by coil or liquid embolic media, which is essentially an endovascular procedure. Based on the findings and assessment of certain criteria the treating neurosurgeon

decides when to coil and when to clip.

So the key message was, considering any sudden onset of severe headache in an otherwise healthy person to be an aneurysmal subarachnoid hemorrhage, until otherwise proved by the relevant specialists. Timely intervention, proper care and proper understanding of the disease process will definitely change the outcome of this potentially fatal disease process.

Gargle: with lemonade

A new study finds that sweet liquids boost resolve. The upside (for dieters): you don't have to swallow them. A University of Georgia study has found that rinsing the mouth with sugar-sweetened lemonade helped students perform better on tests of will power.



"Researchers used to think the sugar had to enter the body to give you the energy for self control," said psychology professor Leonard Martin, Co-author of the study. But just holding the sugar in the mouth apparently signals the brain to pay attention.

Acute Management of Trauma in Emergency Room

Dr Mohammad Shafiqul Islam, Dr Abdullah Al Farook

For enriching advanced knowledge on Trauma cases United Hospital Emergency Department organized a "Trauma Workshop" (Acute management of Trauma in Emergency Room) on 8 May 2013 conducted by the Department of Orthopedics. The workshop was conducted by Dr Aminul Hassan, Dr Bishnu Pada Das and Dr Masum Billah. The workshop was highly appreciated by all the participants including both

EMOs and SHOs of Surgery Department.

This has not only made the doctors more confident in managing trauma patients but also has helped to improve the knowledge through didactic learning and hands-on experience on various orthopedic procedures, such as splinting of various types of fractures, back slabs or even long arm plaster cast etc.

As a consequence of this workshop a "Trauma Trolley" is now available in emergency room with all the necessary orthopedics equipments ready for use.

United Hospital's Accident & Emergency Department is considered to be one of the best in Bangladesh and will continue to improve in terms of providing the best care for our valuable patients.

Promotional and Awareness Activities

- On Thursday 9 May 2013 United Hospital arranged a Scientific Seminar on "Renal Denervation (RDN)". Dr Kaiser Nasrullah Khan, Consultant, Cardiology Department made a presentation on "Resistant Hypertension: Challenge of 21 Century"; Mr Shirish Phatak of Medtronic India, explained about Renal Denervation Therapy, a recently developed procedure that helps in controlling specific cases of high blood pressure.
- Every year, World Health Day is celebrated on 7 April to mark the anniversary of the founding of World Health Organization (WHO). As part of promotional activity a Health Awareness Program on "Hypertension and Its Management" was organized at the office of BanglaLink where almost 40 staff attended.
- United Hospital organized a Scientific Seminar on "Recent Advances in Cervical Cancer Management" at Chittagong Medical College & Hospital, on Thursday 13 June 2013, where Dr Rashid Un Nabi, Consultant, Radiation Oncology Department, United Hospital was the speaker. Prof Dr Shahanara Chowdhury, Head of the Department of Obstetrics & Gynaecology and Dr Sajjad Mohammad Yousuf, Asst. Professor of Radiotherapy and other doctors of Chittagong Medical College & Hospital were present in the seminar.



- Dr Naseem Mahmud and Dr Nargis Ara Begum, Consultants of O&G and Neonatology Departments, respectively, attended a health awareness session on 'Women's Sickness' at the Convention Centre of Istanbul Restaurant, Gulshan on Saturday 11 May 2013. Lawyers, businesswomen, lecturers and expatriates from the diplomatic zone and surrounding areas attended.
- Prof Dr Md. Mahbubur Rahman, Consultant, Neuro Medicine provided consultation to patients at the Chittagong Information Centre on 18 May 2013. He also hosted a luncheon meeting with prominent Neurologists & Neuro Surgeons of Chittagong.
- On 20 June 2013 United Hospital arranged a Scientific Seminar on "Cervical Cancer - Updates". Dr Naseem Mahmud, Consultant, O&G and Dr Md. Rashid Un Nabi, Consultant, Radiation Oncology, and Dr Md. Mahbubur Rahman of GlaxoSmithkline Bangladesh were the speakers at the Seminar. The topic of Dr Naseem Mahmud's presentation was 'HPV- Cervical Cancer Prevention and Cervarix', Dr Md. Rashid Un Nabi gave an update on the role of radiation therapy in treatment of cervical cancer. Dr Md. Mahbubur Rahman informed about the current cervical cancer preventive vaccine and its advantages.



Varicella Pneumonia

Dr Fazlul Haque, Dr Syeda Fahmida Hossain, Dr Sayeed Sajjad Hossain, Dr Iqbal Hossain, Dr Nazmul Islam, Dr P R Saha, Dr Afsana Begum

A 57 year old gentleman was admitted at United Hospital on 12 February 2012 with the complaints of high grade intermittent fever with vesicular skin lesion for 10 days and cough, dyspnoea mostly orthopnoea for 4 days. He was a known case of DM, HTN, and lumbar spondylosis. Examination revealed: pulse- 110/bpm, B.P- 130/80mm Hg, temp- 100° F, R/R-36/min SpO2-86% with room air. Skin- generalized vesicular rashes of eruptive to healing phases consistent with rash of varicella. Auscultation of lung

revealed bilateral coarse crepitations extending from mid to lower part of chest. His biochemical profile revealed hyponatraemia (117 mmol/L) and AKI (1.77 mg/dl) and raised CRP (72). Chest X ray showed bilateral non-homogenous opacity (Figure 2). With these clinical, biochemical and radiological scenario he was diagnosed as a case of varicella pneumonitis. The patient was treated with injectable acyclovir (Acyclovir, 10 mg/kg IV q 8 hours 10 days), steroid and other supportive measures.

Varicella pneumonia usually presents 1-6 days after the onset of the rash and is associated with tachypnea, chest tightness, cough, dyspnea, fever, pleuritic pain, hemoptysis. Chest symptoms may start before the appearance of the skin rash. CXR shows nodular or interstitial pneumonitis. Recommended treatment is Acyclovir, 10 mg/kg IV q 8 hours 10 x 14 days for immuno-competent and 21 days for immuno-suppressed patients. Corticosteroid use shortens hospital stay.

Seminar in Sylhet MAG Osmani Medical College on Recent Advances in Oncology & Nephrology



A Scientific Seminar was organised by United Hospital on Recent Advances in Oncology & Nephrology on 27 June, 2013 at Sylhet MAG Osmani Medical College.

Prof Osul Ahmed Chowdhury, Dean, School of Medical Sciences, SUST & Principal, Sylhet MAG Osmani Medical College attended as Chairman while Brig Gen (Dr) Mohammad Mizanur Rahman, Director, Sylhet MAG Osmani Medical College Hospital & Superintendent, Sylhet Shaheed Shamsuddin Ahmed Hospital was the Chief Guest of the Seminar. Dr Md. Ehteshamul Huq Choudhury, Vice President, BMA Central EC was also present as Guest of Honor and Dr Rukon Uddin Ahmed, President,

BMA Sylhet, Dr Murshed Ahmed Chowdhury, General Secretary, BMA, Sylhet were present as Special Guests. A panel of experts comprising Dr M. Kamal Uddin, Associate Professor and Head Radiotherapy, Dr. M H Khan, Director Center for Nuclear Medicine and

Ultrasound, Sylhet and Dr Alamgir Ahmed Chowdhury Assistant Professor, Department of Nephrology were present. Dr Dabir Uddin Ahmed, Director Clinical Operations welcomed the guests.

Prof Dr Santanu Chaudhuri, Consultant and Director Oncology Centre and Prof. Nurul Islam, Consultant, Nephrology, Dr M A Wahab, Consultant, Nuclear Medicine of United Hospital were the key presenters at the Seminar. The team exchanged views about recent developments and the services that United Hospital is providing. The seminar was attended by about 400 doctors. The presentation was followed by a lively question and answer session.

Corporate Agreements Signed with

- Dhaka Regency Hotel & Resort on 6 May 2013.
- Edison Group on 22 May 2013.
- Embassy of Nepal on 26 May 2013.
- Embassy of the DPR Korea on 11 June 2013.
- Embassy of Federal Republic of Germany on 19 June 2013.
- FCI (BD) Limited & Talisman Limited on 22 June 2013.
- NBD Capital Limited on 26 June 2013.
- NTPC Limited, India on 30 June 2013.

Training & Workshop

- Mr. Humaiun Kabir, In-Charge Medical Records and Mr. Md. Habibullah, IT Officer from United Hospital attended two days training for strengthening information system & collection of information from NGOs and private hospitals held on 29 and 30 April 2013 organized by DGHS, Mohakhali, Dhaka.
- Mr. Shahriar Ahmed, In-Charge Finance and Accounts attended two days training program from 31 May to 1 June 2013 on "Company Formation, Regulatory Compliance and Company Meeting".

Clinical Placement of GCCN Student Nurses

Third year student nurses of Grameen Caledonian College of Nursing completed their clinical practice session and performed basic nursing work for Adult Nursing Practice from 15 April to 22 May 2013 in United Hospital. A total of 40 student nurses in two batches were placed in different units of United Hospital to observe the standard of care for adult nursing practice. The young students were given orientation on their arrival. They shadowed the on duty nurses of United Hospital and also worked independently. All the student nurses were very keen to work with the patients and also took a sincere interest in their nursing care.



Physical Medicine a Cost Effective Treatment

Dr Mohd. Mozammel Haque

Physical medicine and rehabilitation (PM&R), physiatry/or rehabilitation medicine, is a branch of medicine that aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. A physician having completed training in this field is referred to as a Physiatrist or Rehabilitation Medicine Specialist. Physiatrists specialize in restoring optimal function to people with injuries to the muscles, bones, tissues, and nervous system (such as stroke patients).

The physiatrist is a nerve, muscle, bone

and brain expert who diagnoses and treats injuries or illnesses that affect how you move. The Physiatrist has the holistic approach to the patient as the whole person and not just one symptom or condition.

The job of a rehabilitation physician is to treat any disability resulting from disease or injury, from sore shoulders, ankle sprains, to knee and other fractures, to spinal cord injuries. The focus is on the development of a comprehensive program for putting the pieces of a person's life back together after injury or

disease and reduction of morbidity without surgery. Rehabilitation physicians design a treatment plan that can be carried out by the patients themselves or with the help of other physicians and health professionals, such as neurologists, orthopedic surgeons, and physical therapists.

A physiatrist makes a team work with physiotherapists for the care of such patients and contribute to early recovery and saves 30% recovery period with early return to work. In other word this team work reduces morbidity, cost of treatment and improves social security.

Vaccine for Cervical Cancer

(Human Papillomavirus Bivalent type 16 and 18 Vaccine, Recombinant)

Dr Raina Rahman, Dr Naseem Mahmud

Human papilloma virus vaccine is a recombinant vaccine against certain types of cancer-causing human papillomavirus (HPV). Designed to prevent infection from HPV types 16 and 18, that cause about 70% of cervical cancer cases & pre-cancerous changes. It is a preventative HPV vaccine, not therapeutic and indicated for the prevention of the following diseases caused by oncogenic HPV types 16 and 18 cervical cancer, cervical intraepithelial neoplasia (CIN) grade 2 or worse and adenocarcinoma in situ, and CIN grade 1. The vaccine is approved for use in females 10 through

25 years of age. It is important for girls to get HPV vaccine before their first sexual contact- because they won't have been exposed to human papilloma virus. Once a girl or woman has been infected with the virus, the vaccine may not work as well or may not work at all. Immunization consists of 3 doses by intra-muscular injection according to the following schedule: 0, 1, and 6 months. The vaccine may not fully protect everyone who gets the vaccine. Protection from HPV vaccine is expected to be long-lasting. But vaccination is not a substitute for cervical cancer screening. Women should still get regular

Pap tests. HPV vaccine is not recommended for pregnant women. It is pregnancy category B. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine. At the moment it is not known exactly how long the protective effect of the vaccine will last for. Long term follow-up studies into this are ongoing. Clinical trials have so far shown protection in women aged 15 to 25 years lasting for upto 6.4 years after the first dose. At the moment it is not known if booster doses will be needed.

Visits to United Hospital



- A delegation from Singapore Tourism Board comprising Mr Soo Siew Keong, Director-Enrichment, Ms Ang Yiling, Asst. Manager, Enrichment Healthcare, Ms Clara Yap, Area Director, South Asia, Ms Niyati Gupta, Assistant Manager-South Asia came to United Hospital on 18 April 2013 to see our facilities.
- A delegation from United Nations World Food Program (UNWFP) came to share views on long term partnership between UNWFP & United Hospital on Wednesday 3 April, 2013
- Dr. Brian McDonald Mehling from International Trade & Business Development Group (ITBD Group) Canada led a delegation for initial discussion to set up a stem cell treatment facility in United Hospital, on Sunday 7 April, 2013.



- Prof Hiroyuki Sakurai, Head of Plastic Surgery of Tokyo Women's Medical University and Dr Saiki Kunio from Japan Embassy in Bangladesh came to visit United Hospital on 26 May 2013. Dr Abu Sayeed M M Rahman, took them around the hospital to show our facilities. Our two Japanese speaking doctors, Dr Naseem Mahmud, Consultant, O&G and Dr Md. Mehedi Masud, Clinical Assistant, Nuclear Medicine also accompanied them. The visitors expressed interest for corporate health services for Japanese citizen working in Bangladesh.

A Case of Multiple Drug Abuser with Severe Metabolic Acidosis

Dr Tamanna Yasmin, Dr Mir Atiqur Rahaman (Sajal), Dr Md. Maniruzzaman

A 36 year old normotensive, nondiabetic multiple drug abuser was brought to the A&E on 13 January 2012. He had H/O reluctance to feed for last few days, altered level of consciousness and restlessness for 6 hours. On admission he was semiconscious, having respiratory distress and severely dehydrated. His Pulse was 44 b/min, BP : 70/40 mm of Hg and CVP was 2. He was resuscitated with IV fluid therapy. Soon after admission the patient went into cardiac arrest. CPR was started immediately, he was intubated, put on ventilator and all three ionotropes i.e. Adrenaline, Noradrenaline and Dopamine were started. ABG showed severe metabolic acidosis (PH: 6.9 and HCO₃: 3) and

CRRT was initiated. Lab investigations revealed TC-17, Urea-102 mg/dl, Creatine-2.45, Na-98 mmol/L, K-6.4 mmol/L, Bilirubin-3.7 mg/dl, SGPT-1474 U/L, PT-47, INR-3.5, S.Lactate-19, EF-55%.

Ventilator weaning was started the next day and after 2 days the patient was extubated. His urine output had become normal and after 36 hours of planned time, CRRT was stopped. His blood pressure became normal and inotropic support was tapered off. NG tube feeding was started. After that he became restless and withdrawal syndrome being suspected, he was put on Anti- psychotic drugs. Then he

developed noncardiogenic pulmonary oedema and was reintubated. Tracheal aspirate C/S showed growth of pseudomonas and I/V antibiotics were given. He developed ARDS which responded well to methylprednisolone and he was extubated successfully on 12 February 2012. His withdrawal was managed with tapered dose of I/V diazepam.

The rest of his ICU stay was uneventful. His nutrition was maintained, physiotherapy, mobilization and counseling was given. The patient was discharged on 20 February 2012 with stable haemodynamic condition with advice to contact a Drug Rehabilitation center.

Nutritional Aspects and Health Benefit of Ramadan

Ms Chowdhury Tasneem Hasin

People have fasted as a spiritual practice since ancient times. Research shows that short fasts, lasting anywhere from 20 to 36 hours can in fact reduce some risks for heart disease and diabetes and maybe even cancer.

The physiological effect of fasting includes lowering of blood sugar, lowering of cholesterol and lowering of the systolic blood pressure. In fact, Ramadan fasting would be an ideal recommendation for treatment of mild to moderate, stable, non-insulin diabetes, obesity and essential hypertension. Detoxification also occurs because any toxins stored in the body's fats are dissolved and removed from the body after a few days of fasting.

A balanced food and fluid intake is important between fasts, i.e. a diet with the right proportion of carbohydrates, fat and protein.

Suhoor, the pre-dawn meal, should be a wholesome, moderate meal that is filling and provides enough energy for many



hours. Ideally the food we take should be light and include slow digesting food.

At the time of Iftar, it's important to have some fluids with vitamins, such as fruit juice or fruit. It's customary for Muslims to break the fast (Iftar) with dates and water. Dates contain a unique blend of glucose and fructose for short and long term energy and have a very high potassium content.

A brief guideline on food intake is given below:

Food to be avoided

- Fried and fatty foods like pakoras, samosas, parathas, oily curries and greasy pastries etc
- Foods containing too much sugar.
- Too much tea at suhur makes you pass more urine taking with it fluids and minerals.

Food to be taken

- Complex carbohydrates at suhur so that the food lasts longer making us less hungry.
- Bananas are a good source of potassium, magnesium and carbohydrates

- Whole grains, such as chickpeas, samosas (baked instead of fried). Chapattis made without oil, baked or grilled meat and chicken.
- Milk-based sweets and puddings.

Cooking methods to be avoided

- Deep frying.
- Curries with excessive oil.

Healthy cooking methods

- Shallow frying (usually there is little difference in taste).
- Grilling or baking is healthier and helps retain the taste and original flavor of the food.

TEA BREAK

A small study found that drinking three cups a day without milk or sugar reduced the risk of heart disease. Triglycerides—a type of blood fat that can clog the arteries - fell by 39% in men and 29% in women.



A Case Presenting with Atypical Rash

Dr Fazlul Haque, Dr Nazmul Kabir Qureshi, Dr Zeenat Sultana, Dr P R Saha, Dr Iqbal Hossain, Dr Nazmul Islam, Dr Afsana Begum

A 17 year old male was admitted to the Medicine Department of United Hospital on 19 April 2013 with the complaints of high grade intermittent fever, joint pain, multiple rashes of variable colour and size over both lower limbs for a duration of 8 days. Prior to this illness, he had sustained injury to his right ankle for which he took NSAIDs and Cephadrine but after 2 days he developed his current illness along with loose motion. He was treated with Roxithromycin and Pivampicillin and his symptoms subsided.

On admission he was conscious and oriented, pulse-110, BP-130/80 mmHg, Temp-102 F. There were multiple, tender,

rounded papulo-vesicular hemorrhagic rashes of variable sizes with erythematous bases; some had blackish necrotic bases distributed in both upper and lower limbs. His right ankle was swollen, warm, tender and the overlying skin was erythematous. Rest of the physical examination were normal. Lab. Reports revealed: TC WBC-12.4 X 10³ / uL, ESR-62mm, CRP-80 mg/L, ANA, C-ANCA & P-ANCA- negative. IgE 1643 IU/L. Based on this information the patient was diagnosed as a case of Erythema Multiforme-- an acute, self limited and sometimes recurring skin condition that is considered to be a type IV hypersensitivity reaction associated with

certain infections (Streptococci, Staphylococci, Mycoplasma, Viruses), Medications - Penicillin, Cephalosporins, Allopurinol, Aspirin and others plus other various conditions e.g. Collagen disease, Vasculitides, Leukemia, Lymphomas etc. Skin biopsy is often needed in difficult cases. Complications are Cellulitis, Sepsis, Septic Shock, Pneumonitis, Myocarditis, Hepatitis, Nephritis etc.

Treatment of Erythema Multiforme include Steroids, IV Immunoglobulins, Supportive measures, and often antibiotics. Our patient made a full recovery within a week.

Change your Eating Habits

Some people have found eating brown rice or sipping barley broth to be beneficial. Papaya and pineapple, which contain digestive enzymes, are also said to help. Chew your food thoroughly and try to eat smaller servings. If you still find that you're swallowing a lot of air often, talk to your doctor. In some cases, abnormal air swallowing (aerophagia) can be related to stress or anxiety and managing it can help resolve the problem.



Heartiest Congratulations and Felicitations

New Baby

- IT Department's Mr. Habib Ullah and his wife were blessed with a bouncing baby girl on 30 May 2013. Baby Rezwana Habib is doing well.
- In-Charge Customer Relations, Mr. Syed Moniruzzaman and his wife were blessed with a baby girl 2nd time around on 7 June 2013. Baby Syeda Samara Zaman is doing well.



Marriage

- Customer Relations Officer Mr. Kanchan Dey got married to Ms. Shakhi Dey on 29 April 2013.
- Accounts Section's Junior Business Office Executive Mr. Md. Nasir Uddin got married to Ms. Shahnaz Parvin on 23 May 2013.
- Customer Relation Officer Mr. Mohammad Momenozzaman got married to Ms. Nurjahan Munni on 9 June 2013.



Prof Dr Santanu Chaudhuri received Atish Dipankar Gold Medal 2012 for his contribution in the treatment of cancer on



9 June 2013 from Mr. Shahjahan Khan, Minister of Ministry of Shipping & Inland Water Transport at Shawkat Osman Auditorium of Public Library, Shabagh, Dhaka.



Dr Md Rashid Un Nabi, Consultant, Department of Oncology recently had his name enlisted in WHO'S WHO in Photography by "Photographic Society of America Journal" in 2013 issue. Dr Nabi is the first Bangladeshi who achieved this honour.

Beside this achievement, his solo photo exhibition was also held from 17 April to 8 May 2013 in Oradea, Romania. A total of 101 photos were exhibited under glass frame. A poster was also published on the theme of the exhibition which was "PEOPLE IN OUR PLANET"



Patient Satisfaction Award

A Total of 55 staff from different departments of the hospital received special Token of Appreciation on 9 May 2013 from the Management through the evaluation of "Patient Satisfaction and Relations Unit" based on their performance for the period of January to March 2013.

Condolences and Prayers

- United Hospital Shareholder Mrs. Shamim Alam lost her younger son Mr. Tarek Alam on 18 April 2013.
- Customer Relations Supervisor Ms. Jesmin Akhter lost her father Mr. Abdul Hakim on 23 May 2013.
- General Store's Mr. Harif Miah lost his wife Mrs. Momtaj Begum on 29 May 2013.
- Medical Oncology Consultant Dr. Ferdous Shahriar Sayed lost his mother Mrs. Mamtaz Sayed Choudhury on 13 June 2013.

Workshop on Maternal Nutrition

Ms. Chowdhury Tasneem Hasin, In-Charge Dietetics and Nutrition attended a workshop on "Maternal Nutrition" conducted by Nestle Bangladesh at Hotel Ocean Paradise in Cox's Bazar on 13 April 2013. Over 50 gynecologists from around the country participated in this workshop .



Employee of the Month



In this Quarter the "Employee of the Month" was awarded to Ms. Mina Parvin of GICU for the month April, Ms. Polly Rani Das of Post Cath for May and Ms. Rama Mondal of General OT for the month of June.

We pray for a Blessed Ramadan for our readers and wish them a Happy

Eid Mubarak

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Printed By

- Creation

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- Rubina Akhter