United Hospital

reflection

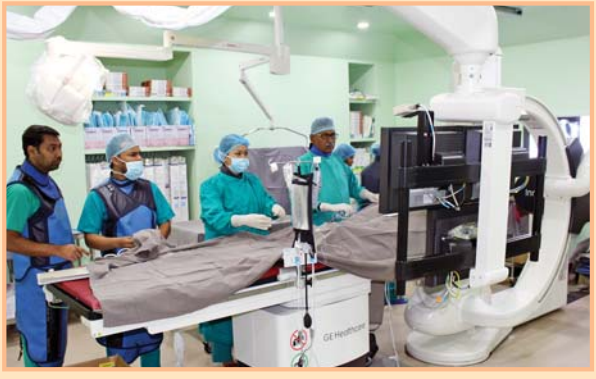
Issue-18 | Quarter-2, 2017

Quarterly Newsletter

Editor's Note

This quarter Newsletter containing varied write-up from different specialties, gives a true reflection of a multidisciplinary hospital. Outreach seminars conducted among cancer specialists of leading hospitals about updated role of PET CT in the light of United Hospital patient experience, were very much appreciated. Community engagement endeavours were continued in the form of awareness sessions at different educational institutions and corporate offices. In addition, hospital Consultants participated actively in International Workshops to enrich their knowledge with the modern clinical practices. Moreover, launch of first hybrid cardio-neuro Cath Lab of the country has not only strengthened cardiac intervention programmes of the hospital but has opened a broader horizon for neuro-intervention procedure for stroke patients as well. Fever incidence mostly from Chikungunya has become a menace in every house-hold, we implore our readers to be cautious from mosquito bite and we wish all of you Eid Mubarak.

Launch of the first Cardio-Neuro iGS 520 Cath Lab of the country, the third one in United Hospital: A Remarkable Milestone



With the inauguration of the third Cath Lab, United Hospital becomes the largest facility for Interventional Cardiology and Neurology in the country. This new ultramodern Cath Lab, has unique PCI Assist which reduces any possible blurring of image due to organ motion; it has in-built StentViz which enhances visibility of the stent structure in verifying placement and deployment of stents during coronary interventions where moving arteries could make visibility challenging; furthermore its StentVesselViz assists in cases of complex clinical situations such as bifurcations or calcified lesions for visualisation of stent into the vessel pre and post deployment.

This Cath Lab is a true hybrid one, as it provides all facilities for various Interventional Neurology procedures to strengthen Stroke management like cerebral angiogram, carotid stenting and other cerebral interventions like coiling, clipping, flow diverter, embolisation etc in haemorrhagic and ischaemic stroke patients. Patients coming within 3-4 hours of stroke, after initial rTPA (recombinant tissue plasminogen activator) therapy can have necessary primary intervention in Cath Lab to stop progression of the brain damage. Moreover patients who have had stroke weeks or months back, can also be evaluated for neuro-intervention procedures to correct their brain damage. In addition, other interventional procedures like aortic & hepatic angiogram, all peripheral angiogram and venogram and stenting can also be done here.

4th Convocation of United International University held at UIU Permanent Campus

The 4th convocation of United International University a sister concern of United Hospital was held on 15th April 2017 at UIU permanent campus (United City, Madani Avenue, Satarkul, Vatara, Dhaka). Honourable Education Minister, Government of the People's Republic of Bangladesh, Mr Nurul Islam Nahid, MP, presided over the ceremony while Prof Abdul Mannan, Chairman, University Grants Commission of Bangladesh was present as the Special Guest. Prof Dr Jamilur Reza Choudhury, Vice Chancellor, University of Asia Pacific, was present as the convocation speaker. The ceremony was also addressed by Mr Hasan Mahmood Raja, Chairman and Mr Faridur Rahman Khan Vice Chairman, Board of Trustees, United International University and Prof Dr M Rezwan Khan, Vice Chancellor, United International University.

Congratulating the graduates, the Education Minister urged upon them to work for the interest of the common people.

A total of 1610 students from different disciplines were conferred undergraduate and graduate degrees while six meritorious students received Gold Medals for their excellent results.

In addition to all deans, heads of the departments teachers and administrative staffs of UIU, journalists, educationists and Vice Chancellors of different universities also attended the convocation programme.

Successful Removal of Left Ventricular Myxoma Through Transmitral Approach

Dr Sonjoy Biswas, Dr Syed Al-Nahian, Dr Sayedur Rahman Khan, Dr Jahangir Kabir

Myxomas, the most common cardiac neoplasms, are usually detected in the left atrium. Left ventricular myxom asaccount for only a small percentage of cardiac myxomas. Surgical excision is the treatment of choice and complete removal is mandatory to prevent late recurrence. These tumours are resected through left ventriculotomy or via a transmitral or transaortic approach.

A 34 year old lady presented with exertional chest pain for 6 months and palpitation for previous 15 days. She had also a history of syncopal attack 3 months back. Echocardiogram showed a mass (20 mm x 18 mm) in the left ventricle, the stalk of which was attached to the interventricular septum. After median sternotomy, under general anaesthesia cardiopulmonary bypass was established. Following right atriotomy and incision on interatrial septum, the mass was approached transmitrally and excised along with its stalk.

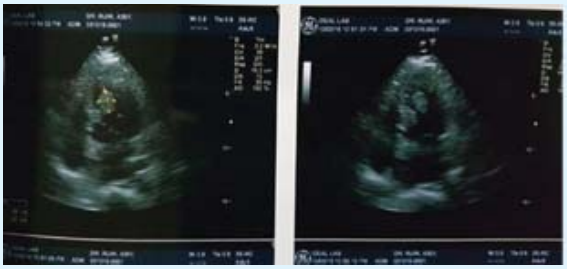
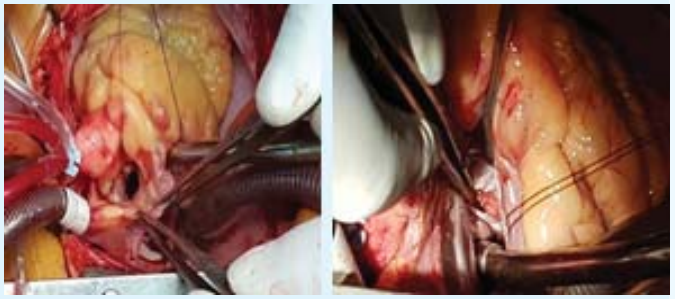


Fig: Echocardiogram showing left ventricular myxoma

Her postoperative period remained uneventful. Postoperative echocardiogram was satisfactory with presence of no residual mass in the left ventricle. Histopathological report revealed presence of myxoid stroma, stellate cells and inflammatory cells which were compatible with myxoma. She was discharged on the 7th post-operative day. There was a follow-up recommendation to do an echocardiogram quarterly for 1 year, then 6 monthly for next 3 years and then yearly

This was a very rare case of myxoma originating from left ventricle with a very short stalk which was attached to the interventricular septum. The myxoma was approached transmitrally to avoid any injury to the septum and left ventricle and was successfully removed.



Left ventricular myxoma seen through mitral valve

Left ventricular myxoma after excision

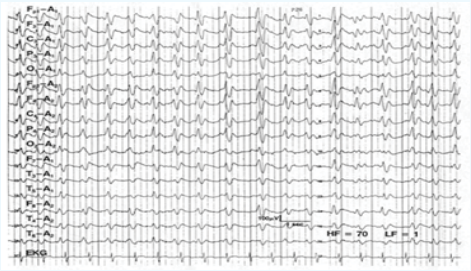
Befitting Commemoration of World Asthma Day 2017

World Asthma Day is an annual event organised by the Global Initiative for Asthma (GINA) to improve asthma awareness and care around the world. In this spirit on 2 May, students and faculties of International Turkish Hope School were addressed in the school premises about Asthma awareness by Junior Consultant of Respiratory Medicine Dept of United Hospital, Dr Rawshan Arra Khanam. On 4 May for the hospital doctor, nurse & other caregivers, a scientific seminar was held at the hospital where Respiratory Medicine Consultant Dr Khan Md Sayeduzzaman presided over. Another community engagement programme was held on 14 May at the premises of Independent University Bangladesh where a Health Booth was arranged at their academic building where asthma risks and prevention tips were assessed among visitors; vis-a-vis basic health checks and consequent counseling were done; an awareness session on Asthma was also held alongwith, for the students & faculties of the university. Health education flyers, brochures, festoons of United Hospital were also displayed there. Junior Consultant of Respiratory Medicine Dept Dr Rawshan Arra Khanam & Coordinator of Physiotherapy Dept Mr Md Rayhan Uddin Biswas of United Hospital took part in this programme.

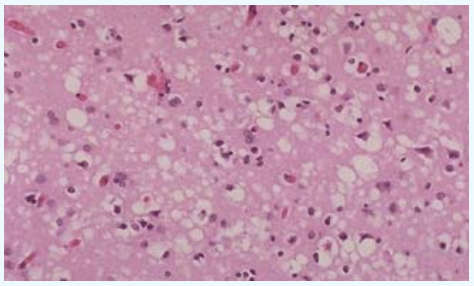
Sporadic Creutzfeldt Jakob Disease

Prof Dr Col Mohd Mozibor Rahman, Dr Sanzida Akter, Dr Noor-E-Jabeen

Creutzfeldt Jakob Disease (CJD) is an incurable, invariably fatal, rapidly progressive Neurodegenerative disease caused by an abnormal isoform of a cellular glycoprotein known as the prion protein. CJD occurs worldwide with an estimated annual incidence of about one case per million populations per year.



Electroencephalogram



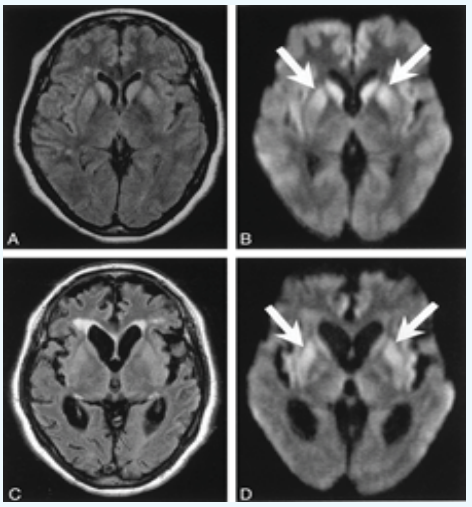
Histopathology of brain

Sporadic Creutzfeldt Jakob Disease (sCJD) is a human prion disease; infection with this disease usually leads to death within one year of onset of illness. The characteristic clinical & diagnostic features of rapidly progressive dementia, myoclonus, visual or cerebellar signs, pyramidal/ extrapyramidal signs, akinetic mutism and positive result on the presence of 14-3-3 protein in CSF assay, typical EEG features and MRI findings of brain are highly suggestive of this disease. Biopsy of brain for histopathological examination is more specific & confirmatory for diagnosis. This article reports a case of sCJD who was diagnosed by characteristic findings of MRI of brain, Electroencephalography (EEG) & cerebrospinal (CSF) assay at National University Hospital (NUH) Singapore and later admitted at United Hospital Dhaka for palliative and supportive management.

A 67 years old highly educated active lady admitted at neurology department of United Hospital with 02 months history of rapidly progressing personality change, loss of memory, impairment of judgment & intellectual functions, became anxious, depressed and aphasic with incoherent speech. She also had visual disturbances with hallucination with ataxia and incoordination of her gait. For the past one & half months she developed myoclonus which persisted during sleep, provoked by loud sound & bright light though with no history of seizure attack.

Clinically she presented with GCS more than 8, pupils bilaterally equal & reacting to light, speech aphasic with inappropriate sound and diminished cough reflex. No cranial nerve dysfunction was found with normal fundus & normal motor function with ataxic gait, though sensory function could not be assessed.

All relevant investigations like blood CBC, RBS, creatinine, lipid profile, liver, renal & thyroid function were found normal. Serum ANA, AntiDS DNA antibody, TSH, Anti TPO antibody, TSH receptor antibody, serum autoimmune encephalitis panel including PET CT



MRI of the Brain

FDG whole body scan, were within normal limit. There was presence of 14-3-3 protein in CSF analysis and also typical EEG findings with periodic generalized sharp wave complex; MRI of brain revealed symmetrical high signal intensity in DWI & T2WI in caudate & lentiform nucleus and left fronto-temporo-parietal cortex. She had been thoroughly evaluated in National University Hospital (NUH) Singapore with a concluding diagnosis of Sporadic CJD.

There is no cure of CJD. No drug yet is available to stop the progression of disease. Though some medications are in clinical trial; but none has so far proved to be effective to control the progression of the disease and cure the patient suffering from CJD. In United Hospital we provided the patient symptomatic treatment to alleviate the symptoms and supportive treatment to make the patient as comfortable as possible.

Knowledge Sharing Seminars on Role of PET CT in Colorectal Cancer

Role of PET CT in Colorectal cancer was elaborated by Dr Molla Abdul Wahab, Consultant Nuclear Medicine of United Hospital in two recent seminars which took place in National Institute of Cancer Research & Hospital (NICRH) and Bangabandhu Sheikh Mujib Medical University (BSMMU) on 25 April & 29 April respectively. Dr Molla Abdul Wahab presented data from PET CT findings and outcomes of Colorectal cancer patients assessed in PET CT facility of United Hospital. Director of NICRH, Prof Dr Moarraf Hossen and other senior cancer specialists of NICRH appreciated the insight received from this presentation. In BSMMU, Chairman of Oncology Department Prof Dr Sarwar Alam chaired the session with wide participation of oncologists and physicists of the university.

Unilateral Pulmonary Agenesis

Dr Romina Sharmin, Prof Dr Shahidul Islam, Dr Jan Mohammad, Dr Qamrul Hasan, Dr Sohel A, Dr Umme Iffat S, Dr Yesmina Rahman

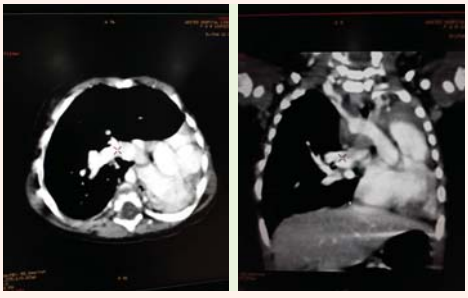
A 6 months old female baby with her parents came to Radiology & Imaging department of United Hospital for CT Scan of chest referred from Dhaka Shishu Hospital. Her birth history revealed that she was born prematurely at 32 weeks of pregnancy with 1.75 kg body weight through vaginal delivery which was precipitated by premature ruptured membrane & early labour pain. After delivery her crying was delayed (10-15 minutes) & feeble. The baby was initially managed in a district hospital. The baby used to suffer from cough with audible breathing noise during breast feeding. Her feeding was also poor. The baby was of 3 kg weight at 2 month and of 4 kg weight at 5 months of age but developmental milestones like neck holding and sitting were delayed.

At the end of 5 months the baby developed cough, respiratory distress and pneumonia. In the process of treatment at Dhaka Shishu Hospital was diagnosed as left sided collapse and consolidation of lungs in chest X-ray with large VSD (ventricular septal defect) and large ASD (atrial septal defect) with severe pulmonary arterial hypertension in Echo.

CT Scan of Chest done in United Hospital Radiology & Imaging Department showed:

1. Left lung parenchyma was absent with compensatory hyperinflation of right lung herniated towards left.
2. Rudimentary left principle bronchus; right principal bronchus was normal.
3. Main pulmonary artery was dilated (17.2 mm) and left pulmonary artery was absent with normal right pulmonary artery.
4. Left pulmonary vein was absent.
5. Multiple vascular anomalies were seen as right sided aortic arch, common origin of right & left common carotid artery, anomalous origin of right & left subclavian artery from aortic arch and descending thoracic aorta respectively, abnormal vascular communication between left subclavian artery & left atrium.

Finally it was diagnosed as a case of unilateral type-II pulmonary agenesis with multiple intra-cardiac shunt and



CT scan of chest: agenesis of left lung

vascular anomalies. After another week at the age 6 months the baby expired.

Pulmonary agenesis is a rare congenital malformation with a frequency of 1/10,000 to 1/15,000 autopsies. Unilateral pulmonary agenesis is compatible with life; though risk of fatality increases with association of other anomalies cardiac, gastrointestinal and skeletal origin. It is very much needed to be diagnosed early with immediate multidisciplinary intervention to enhance the viability of the child. Diagnosis can be made in early antenatal life with obstetrical USG of the mother; fetal MRI can assist in confirmation of the diagnosis.

Universal Neonatal Hearing Screening

Dr Nargis Ara Begum, Dr Runa Laila

Universal neonatal hearing screening (UNHS) is a process for early detection of permanent congenital hearing loss. Permanent hearing loss is one of the most common congenital disorders, with an estimated incidence of 1 to 3/1000 live births. The aim of UNHS is to reduce late detection of hearing loss as delay can impair the adaptability of baby's brain to learn language and skill (spoken, cued, signed) as the child grows.

Congenital cause of hearing loss in newborns are Conductive (Congenital Structural Anomalies of external and internal ear), Sensorineural (Infectious -STORCH, Idiopathic, Genetic, Syndromic-Turner Syndrome) and Central (Hyperbilirubinemia, IVH, Hypoxia). Risk factors for neonatal sensorineural hearing loss are prolonged NICU stay, assisted ventilation, Ototoxic Drugs, Hyperbilirubinemia requiring exchange transfusion. Interventions for permanent congenital hearing loss ranges from devices that amplify sound (e.g. hearing aids) to devices that replace the function of a damaged inner ear (Cochlear implants) to communication modalities including spoken language, signed language and cued speech.

Newborn hearing screening programme exists in many countries including The United States, The United Kingdom and New Zealand. Most UNHS programmes aim for screening by 1 month of age, confirmation of diagnosis by 3 month with intervention by 6 months. Without UNHS, infant with hearing loss are typically identified with an established language delay, the average age at diagnosis being approximately 12-24 months.

Currently, hearing screening in newborns are performed with either OAE (OtoAcoustic Emission) or AABR (Automated Auditory Brainstem Response). These physiological, non invasive, automated screening test can be performed at the bed side in pre-term and term infants. A two step screening

procedure has been implemented in UNHS programmes as a cost- effective and accurate approach. This includes the faster and less expensive OAE as the first test in newborns followed by AABR in newborns who do not pass the OAE.

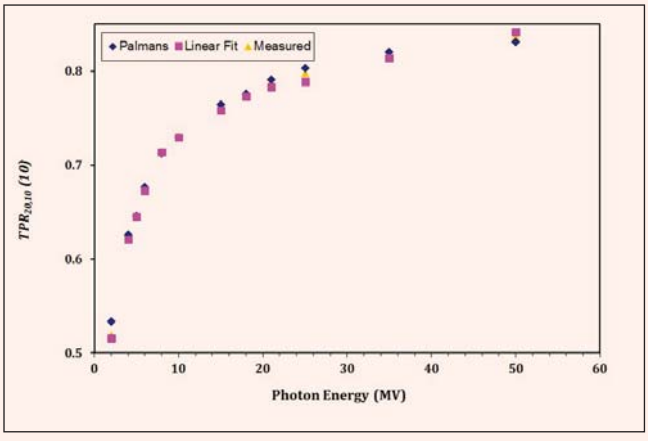
Neonatology Department of United Hospital started UNHS programme since June 2014 for healthy newborns, high risk (Preterm, LBW) babies and all sick new borns (Meningitis, Septicaemia) treated in NICU who get this before their discharge.

Beam Quality Determination of High Energy Photons Using Linear-fit Method

Karthick Raj Mani, Md Faruk Hossain, Md Anisuzzaman Bhuiyan, Ramma Lingaiah, Kh Anamul Haque

The aim of this study was to determine the beam quality of high energy photons under non-standard reference conditions using a proposed Linear-fit model with British Journal of Radiology (BJR) supplements 25 data and compared with Palmans method.

With increase in stereotactic and intensity modulated radiotherapy in the recent years, small field dosimetry has become a passionate research topic. Tissue Phantom Ratio ($TPR_{20,10}$) for the field size of 10 x 10 cm^2 became the beam quality index for the most of the code of practice, with Percentage depth dose (%dd(10)X) being the beam quality index for the TG-51 code of practice. Beam quality determination for high energy photon beams for non-reference conditions were extensively studied by Sauer et.al and Palmans. Palmans proposed equation for the beam quality determination for non-reference condition has been accepted and recommended for the upcoming small field code of practice to be jointly published by International Atomic Energy Commission (IAEA) and American Association of Physicists in Medicine (AAPM). In this research work, we would like to propose a simple linear fit method to determine the beam quality index under non-reference conditions using BJR supplement data. Normally the $TPR_{20,10}$ versus square filed sizes from 4 x 4 cm^2 to 12 x 12 cm^2 is a linear straight line. Using the BJR data we plotted a straight line graph for the square field sizes of 4 x 4 cm^2 to 6 x 6cm^2 along the x-axis and the $TPR_{20,10}$ for the particular field size along the y-axis. An equation of y = mx + c was derived from the plotted line, where y is the $TPR_{20,10,}$ x is the field size, m represents the gradient and the c represents the 'y' intercept. By substituting x=10, in the equation we determined the beam quality of $TPR_{20,10}$ (10). The proposed Linear-fit calculated $TPR_{20,10}$ (10) were compared and analyzed with Palmans method for the photon beam energy from 4MV to 25MV. Proposed linear fit model has been experimented for the beam energy 2MV to 50MV and compared with the BJR data. We have also compared and analysed the Palmans and proposed Linear-fit model in the clinical beams including Flatenning Filter Free (FFF) beams.



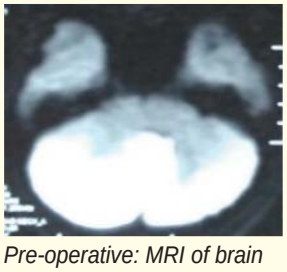
The proposed Linear-fit model was comparable to Palmans method which was able to reproduce the beam quality within 0.5% within the photon energy range 4MV to 25MV. The proposed model also tested with the BJR data for photon beam energy range between 2MV to 50MV and the beam quality can be reproducible with 0.8%. The clinical beam for various beam energy (6MV, 10MV, 15MV, 6FFF & 10FFF) were also compared with Palmans and proposed Linear-fit model and had a comparable results.

In conclusion the proposed Linear-fit shows comparable results with Palmans method for the beam quality determination under the non-reference condition using BJR data and small group of clinical beams. However larger group of clinical beam data would be needed to analyse by the proposed linear fit method to obtain confidence in determining the beam quality in the small field dosimetry under non-standard conditions. The proposed Linear-fit model is simpler and easy to implement.

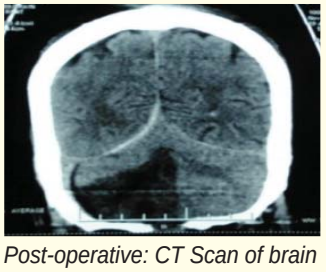
Neurosurgical Intervention in Ischaemic Stroke: A Case Report

Dr S S Ahmed, Dr Chaity Nath, Dr Al Imran

A normotensive and non-diabetic 60 year old gentleman was admitted in United Hospital ICU through Accident & Emergency department with history of vertigo and vomiting followed by loss of consciousness for 4 days prior admission. There was no history of convulsion. After admission, his pulse rate was 71 beat/min, blood pressure was 150/90 mm of Hg, temp above 98ºF, SpO_2 97% in room air with no abnormality detected in heart/lung. On neurological examination, GCS was 6T/15 (E3M3VT), Pupil was 2.5 mm equal & reacting to light with no neck rigidity. All jerks were brisk & planter responses were extensor, bilaterally. However, patient was being treated conservatively, his GCS was deteriorating and a repeat CT scan and MRI of brain showed extensive acute infarction involving both cerebellums, basal ganglia, brainstem with midline shifting with obstructive hydrocephalus. He was transferred from neuromedicine to neurosurgery department; he underwent urgent posterior fossa suboccipital craniotomy and duroplasty. Post-operatively his clinical condition gradually improved and he was transferred to ward after 10 days of ICU stay. He required insertion of PEG tube for feeding and was discharged after which he was treated in a local hospital. At 2 months of follow up, at United Hospital, his CNS function was found to be significantly improved and he was taking food normally. Later PEG tube was removed and on further follow up after one month, he was found walking without support and he was able to communicate normally.



Pre-operative: MRI of brain



Post-operative: CT Scan of brain

In patients with ischaemic stroke, having acute infarction involving critical brain area, fatality can be avoided if diagnosed earlier with prompt surgical intervention thereafter.

Department of General Anaesthesiology, Providing Safe and High Quality Care

Anaesthesia enables any clinical procedure or surgries to be painless. William T G Morton made history by being the first in the world to publicly and successfully demonstrate the use of Anaesthesia on 16 October 1846.

The Department of Anaesthesiology of United Hospital was established in 2006. It provides anaesthesia maintaining quality and safety for all patients. The department as part of professional development holds CME (continued medical education) programme every alternate Saturday, which is attended by all doctors and nurses of the department.

United Hospital has 12 Operation Theatres which have highly sophisticated and state-of-the-art equipments. Three of the Operation Theatres are exclusively used by Cardiac Surgery department and the rest are used for other departments including General & Laparoscopic Surgery, Neurosurgery, Obstetrical & Gynaecological Surgery, Urology, ENT & Head-Neck Surgery, Orthopaedic Surgery, Plastic Surgery, Thoracic Surgery etc. Cardiac Anaesthesia, one of the major sub-specialty, is running separately since inception of hospital (2006).

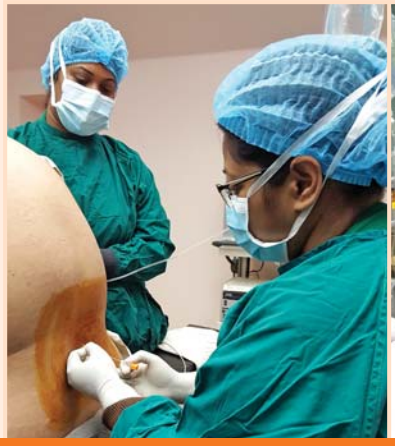
The Central Sterilisation Department ensures that all OTs, critical care and other areas of the hospital receive sterile instruments.

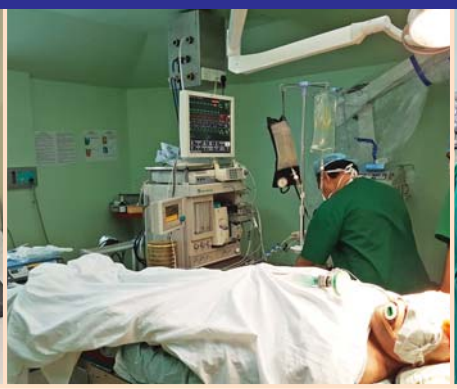
The General Anaesthesia department presently has three consultants, eight specialist anaesthesiologists, sixteen technicians/ technologists & twenty seven nurses.

The department follows international standard guidelines. The operation theatres are equipped with all the modern, latest, specialised instruments and equipments required for all types of specialised surgery. It provides perioperative anaesthesia care and all other support for any surgery. The highly skilled, experienced consultants and their team members are capable of managing high risk patients with multiple comorbidities requiring specialised care such as providing arterial line, central venous line, difficult intubation and extensive monitoring. They follow the most updated and universally accepted techniques of Anaesthesia using sophisticated, advanced monitoring system and equipment. In view of the above, United Hospital can provide assurance to its patients that anaesthesia is no longer something to be scared of or feared. Patients are safe in the hands of the skilled team of the Anaesthesia Department of United Hospital.

The department follows the 'Anaesthesia Safety Guideline' Protocol as per international standard. The specialists remain with the patient until s/he has fully recovered. This team work relentlessly and are committed to provide prompt, efficient 24 hours service. They also provide regular anaesthesia support & service to other departments including Radiology, Gastroenterology & Emergency departments and also support critical care or other departments on demand/request.

Receiving patients in the OT from cabin/ward/OPD is a very sensitive job, which requires proper identification and




documentation to avoid unpleasant consequences. Well trained, skilled and dedicated OT nurses are responsible for receiving patients and transferring them to the specific OT room. They also work as scrub nurse and circulating nurse; they maintain sterilization, monitor patients in recovery area during immediate postoperative period and follow any other instructions from concerned doctor. They further carry out other administrative jobs needed in the department.

They check and advice required investigations. They also enquire about patient's general health history including, for example, patient's dental condition like loose teeth, any drug allergy etc., outcome.

The ultimate aim is to ensure an optimal state of patient required for surgery and the surgeon.

Responsibility of the anaesthesiologists starts from pre-anaesthesia consultation at OPD/Ward/Cabin after admission - where we particularly look for and advice optimisation of any comorbidity related to cardio-respiratory, hepato-renal, metabolic and neurological system.

which if the anaesthesiologist is not aware/ informed of, can lead to fatal consequences. They brief the patient and/or attendant regarding anaesthesia techniques, probable difficulty/ complications if any and their consequences. Then an 'Informed Consent' is taken from the patient attendant.


Proper pre-operative preparation by optimising co-morbidity, completing required investigations, maintaining NPO and other recommendations as advised by the anaesthesiologist are the key factors for safe anaesthesia and successful surgical

Anaesthesiologists of the department are responsible for preparing the patient for surgery. This is a very crucial work which involves monitoring vital parameters, control and maintenance of vital organ functions during operation and in immediate post-operative period. An anaesthesiologist is known as the perioperative physician of the patient and they strictly follow, honor and oblige that.

The success of any surgery is based on team work between members of surgery and anaesthesiology team. In United Hospital, the challenges of perioperative services are accepted and met with skill, dedication, education, practice and resources of Anaesthesiology Department to meet their high level of commitment to deliver anaesthesia as safer than ever.

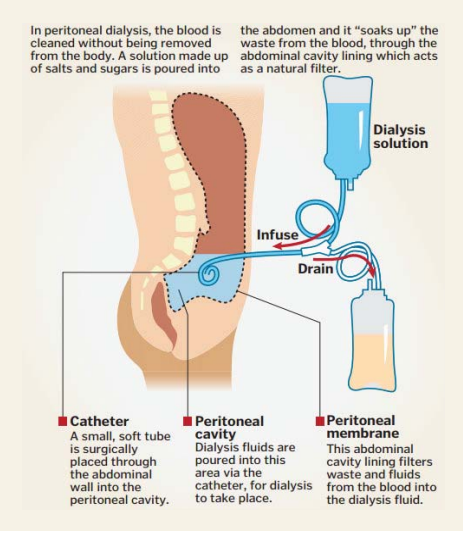
The 'PD (Peritoneal Dialysis) first' policy

Dr Tanveer Bin Latif

Chronic Kidney Disease (CKD) has appeared as an epidemic all over the world as there is increasing incidence of mainly diabetes and other contributory diseases like hypertension and glomerular disorder. Once CKD advances significantly the natural functions of waste product clearance of the patient has to be done by machines such as a dialysis machine; the method widely known as Haemodialysis (HD). For patients who should be on dialysis, the option of Peritoneal Dialysis (PD) is less often heard. This technique started back in the 60s but there were lacking of appropriate and safe techniques and, most importantly, the robust and unbiased scientific evidence that unequivocally prove that it is at least as effective, if not superior to, HD.

The method of PD is very simple; a minimally invasive surgery needs to be done on the abdomen to introduce a plastic catheter (Tenckhoff catheter) inside the abdomen which is double cuffed and subcutaneously tunneled to get fixed underneath the skin to be used for long time. This surgical incision wound will take around only 2 weeks to heal. The patient will be trained by a dialysis team about how to exchange PD fluid 4 times a day. This PD fluid will stay for approximately 5 hours inside the peritoneal cavity and by diffusive mechanism waste products will come into the fluid across peritoneal membrane only to be expelled subsequently as new fresh PD fluid will again flow in. For PD patient does not have the binding to go to a health care facility 2-3 times a week (as in HD). For HD, one has to have an arterio-venous fistula (AVF) or arterio-venous graft (AVG) for vascular access; these often malfunction leading to inadequate dialysis which is one of the most important reasons of hospital admission for HD patients. PD being a needleless 'home therapy' obviates the need of a vascular access and needling as it is done via peritoneal dialysis catheter.

Patient on PD can further enjoy a little more liberty to take potassium containing fruits (e.g. orange, banana, pomegranate, grape) as PD clears potassium better being a continuous waste-clearance process. Ofcourse, in any emergency HD can still be employed as rescue. With further advancement, fluid exchanges that are usually done by patients manually can be done with the help of a 'cycler machine' at night time when patient sleeps. This can give freedom to the patient to get involved in usual daily activities during day time.



All over the world many nephrologists will agree that there should be a 'PD first policy' when a patient starts dialysis. But there is generally an inertia among physicians as they are more used to putting patients on HD as the logistics of HD are already easily available in many healthcare facilities and most importantly, there is a perceived superiority of HD over PD. In Bangladesh with increasing awareness and for obvious scientific reasons, patients coming into dialysis programme should be counseled and both PD and HD should be offered to choose from.

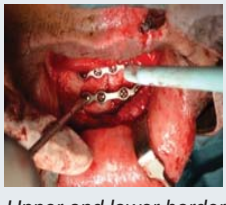
Fracture Mandible Repair: A Challenging Oral & Maxillofacial Surgery

Dr Nazrul Islam

A patient of 35 years came to United Hospital with history of Road Traffic Accident and with complaints of inability to close his mouth. Clinical evaluation suggested a possible fracture in the lower jaw; CT scan confirmed initial clinical diagnosis revealing a mandibular midline fracture.

Midline fracture

Bone plating done



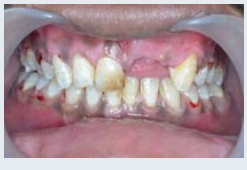
Upper and lower border fixed with two plates

Treatment plan was done for open reduction of the mandibular fracture followed by bone plating and intra arch immobilisation. Under GA, fracture site was exposed and reduction was done manually. Fixation was done with two site plating, one at the upper dento alveolar bone and other at the lower border of the mandible. Titanium bone plate and screws were used for fixation.

Upper and lower arch bar were used for intra arch immobilisation and occlusion was corrected with wire traction. Follow up traction was applied with elastic traction for 4 weeks. Three month post-operative follow up showed normal occlusion and bite with normal jaw relation.

Three month follow up

Arch bar removed & final outcome



Normal occlusion

This was a case of mandible midline fracture with deranged occlusion. In such case, bilateral muscle pull in the masticatory area makes the situation unfavorable for fracture reduction as the muscle action tends to open the fracture line in the middle. That's why two level immobilisation with bone plating is necessary in such cases to prevent fracture reduction failure. Further manual maneuvering of the fracture parts to correct the bite, though difficult, was done by wire pulling with arch bar.

Sickle-cell Crisis- A Case Report

Prof Md Salim Shakur, Dr Runa Laila

A 8 years & 11 months old girl from Uganda was admitted in United Hospital with the complaints of fever which was high grade and continuous in nature with abdominal and chest pain for 7 days. She was a known case of Sickle Cell Anaemia. On admission she was toxic, icteric, dyspneic and febrile; her pulse was 96/minute, respiratory rate was 36/minute, SPO_2 was 88% in room air, temperature was 102 ºF, on auscultation 1st & 2nd heart sounds were audible and no abnormality was detected in lungs: abdomen was tender with mild hepato-splenomegaly. On investigation, neutophilic leucocytosis, high CRP, raised LFT including high serum bilirubin was found; USG showing gall bladder sludge. The patient was promptly treated with IV infusion, O_2 inhalation, optimum IV antibiotic, Tab Ursodeoxycolic acid, Tab Folic acid & Hydroxyurea. Pain was internally managed with Paracetamol and later by Diclofenac suppository. The patient was gradually improved by intensive effort & discharged after 1 week of treatment with advice for prevention of dehydration, vaccination with polyvalent pneumococcal polysaccharide vaccine, Tab. Folic acid & Hydroxyurea.

The patient (girl baby sitting on the bed; left side of picture) is seen with her family in the hospital cabin; the picture is taken with the consent of the patient's parents

Sickle Cell Disease (SCD) is a group of blood disorders typically inherited from parents. The most common type is known as Sickle Cell Anaemia (SCA). It results in an abnormality in the oxygen-carrying protein haemoglobin (haemoglobin S) found in red blood cells. This leads to a rigid, sickle-like shape under certain circumstances. Problems in sickle cell disease typically begin around 5 to 6 months of age. Most of the patient suffers from fever, severe pain in chest, abdomen & extremity, neurological complication like acute ischaemic stroke, silent stroke, priapism, avascular necrosis of femoral head, renal disease, pneumonia, pulmonary hypertension, cognitive & psychological complication.

The majority of painful episodes are managed at home with comfort measures such as heating blanket, relaxation technique, massage & oral NSAID. Some patients require hospitalisation for IV Morphine. Long term pain may develop as people get older. Diagnosis is confirmed by complete blood count (CBC), peripheral blood film (PBF), Hb electrophoresis, High performance liquid chromatography (HPLC) and DNA analysis. Some countries like United States do newborn screening programme for all babies at birth. Diagnosis is also possible during pregnancy.

The treatment of patient with sickle-cell disease include infection prevention by vaccination and prophylactic Penicillin, high fluid intake, folic acid supplementation and pain medication by NSAID & Morphine. Other measures include blood transfusion and Hydroxyurea. Sickle cell anaemia can only be cured by bone marrow transplantation.

Sickle cell disease is potentially a catastrophic condition very uncommon in our country and the doctors seldom come across with such condition. This child presented with abdominal and chest pain from which many children with sickle cell disease succumb. However the patient recovered to our treatment, survived and went home happily.

Celebrating Mother's Day with Lady Doctors of the Hospital

Mother's day is celebrated worldwide on second Sunday of the month of May to show honour and respect to mothers all over the world. Lady doctors of United Hospital gathered together on 14 May 2017 to celebrate the day in honour of motherhood and mother's dedication towards her family and the community. Dr Naseem Mahmood, Consultant ObGyn Department chaired the programme and cake-cutting was done amidst festivity & cheers, followed by lunch. Among others, Consultant Neonatology Dr Nargis Ara, Consultant Cardiology Dr Fatema Begum, Consultant Internal Medicine Dr Afsana Begum, Consultant ObGyn Dr Hasina Afroz and Consultant ObGyn Dr Selina Akhter were present in the programme. The programme was sponsored by Healthcare Pharmaceuticals Ltd.

Corporate Agreement Signing and Facility Tour

United Hospital Limited signed Corporate Medical Services Agreement with the following companies in this quarter:

- Union Group
- LankaBangla Finance Limited
- Telenor Health
- Banglalink Digital Communications Limited (for Priyojon Customers)

The officials from following companies / organisations visited United Hospital in this quarter.

- British High Commission, Dhaka
- Bestseller, Denmark
- The World Bank Health Service, Washington D.C., USA

Health Awareness Talk as CSR Activity

As a part of CSR activities, United Hospital Limited organised following Health Awareness Sessions in different Corporate Companies.



- Depression – let's talk, was the theme of this year's World Health Day. To uphold the spirit, awareness sessions on Depression was arranged at the corporate office of Unilever (BD) Limited on 09 April, Citibank N.A. Bangladesh & Union Group both on 13 April; all the sessions was conducted by Ms Anika Humaira, Psychosocial Counselor.
- For the privilege customers of Mutual Trust Bank Limited (MTB) at MTB Tower, an awareness session was organised on Kidney Diseases & it's management on 29 April, which was conducted by Dr Tanveer Bin Latif, Consultant, Nephrology Department.
- Awareness sessions on Eating Healthily during the month of Ramadan were conducted at the Corporate Office of Nestle (BD) Limited, Asian Paints (Bangladesh) Limited and Baridhara Society on 17, 24 & 20 May 2017 respectively; all sessions were conducted by Ms Chowdhury Tasneem Hasin, In Charge, Dietetics & Nutrition Department.

In-house Seminars

Date	Programme Title	Speakers	Discussants
27 April 2017	Influenza and Its Prevention with Vaccine	Dr Nusrat Jahan Specialist, Internal Medicine	Dr Iqbal Hossain Consultant, Internal Medicine Dr Jahangir Talukder Consultant, Internal Medicine Dr Nargis Ara Begum Consultant, Neonatology Dr Md. Moshiur Rahman Consultant, Paediatrics Dr Khan Md. Sayeduzzaman Consultant, Respiratory Medicine & Chest Disease
4 May 2017	Asthma: Overview & Update	Dr Khan Md Sayeduzzaman Consultant, Respiratory Medicine & Chest Disease Dr Rawshan Arra Khanam Junior Consultant, Respiratory Medicine	Prof Md Salim Shakur PhD Consultant, Paediatrics Dr Pradip R Saha Consultant, Internal Medicine Dr Khan Md Sayeduzzaman Consultant, Respiratory Medicine & Chest Disease Prof Dr A K M Mustafa Hussain Consultant, Respiratory Medicine & Chest Disease Dr Adnan Yusuf Chowdhury Consultant, Respiratory Medicine & Chest Disease
25 May 2017	Stroke & Neurointervention	Dr S M Hasan Shahriar Consultant, Neurology Dr Md Shahidullah Sabuj Consultant, Interventional Neurology Col Prof Dr Mohd Mozibor Rahman (Retd) Consultant, Neurology	Open Forum

Participation in International Conference

Prof M H Mollah, Chief Consultant of Nephrology Department attended the World Congress Nephrology held in Mexico City from 21 to 25 April 2017. The meeting was organised by International Society of Nephrology and the main discussion was on the recent development of management of Chronic Kidney Disease, Diabetes and Hypertension as well as Dialysis.

Dr A H M Rezaul Haque, Consultant of Orthopaedics department participated as a delegate in 7th PUNE KNEE COURSE' 2017 from 21 to 22 April 2017, held at JW Marriott Hotel, Pune, India. Dr Masum Billah, Specialist of the same department also accompanied him.

Prof Dr Charles Brown was the scientific chairman and Dr Shachin Tapasvi was the organising chairman. Orthopaedic surgeons from different of the course countries attended in this course and presented their papers, posters and live surgery video demonstration regarding Knee injury management.

Dr Nazmul Islam, Consultant of Diabetes & Endocrinology attended The American Association of Clinical Endocrinologists (AACE)" 26th Annual Scientific and Clinical Congress from 3 to 7 May 2017 in USA (Austin, Texas) to update medical knowledge in the field of Diabeties and Endocrinology. Around 3,500 specialists in the field from all over the world attended the conference. Each year, AACE convenes to showcase state-of-the-art educational opportunities also highlight the latest technological & medical advances in endocrinology and practical workshops for attendees to take home to their practices.

Dr Tanveer Bin Latif, Consultant of Nephrology Department participated in the 54th ERA-EDTA (European Renal Association and European Dialysis and Transplant Association) Congress from 3 to 6 June in Madrid, Spain. Themes discussed in the congress were fluid & electrolyte balance, hereditary & glomerular disorder, general clinical nephrology, chronic kidney disease, haemodialysis, home therapies & peritoneal dialysis, transplantation & immunology, hypertension & diabetes, acute kidney injury and intensive care nephrology. Leading clinical nephrologists and research scientists from Europe and other parts of the world attended this congress at Feria del Madrid.

Dr Fatema Begum, Consultant of Cardiology Department attended EuroPCR 2017 held from 16 to 19 May 2017 at Paris, France. EuroPCR is the official annual meeting of the European Association of Percutaneous Cardiovascular Interventions (EAPCI) which brings together over 12,000 participants every year, EuroPCR is the global forum for sharing within and between all interventional cardiology communities.

Training

A workshop on Safe Practice, Save Lives, Save Cost was organised on 18 April 2017 by Infection Control and Prevention Programme in Bangladesh (ICPPB). 250 participants from different background of Infection control, CSSD and Biomedical Engineering attended the workshop. Main presenter was Consultant of Microbiology, Pathology & Laboratory Medicine of Square Hospital Limited & President ICPPB, Prof Zahidul Hasan. From United Hospital in addition to Infection Control Nurse, Nursing Unit Supervisors of CSSD, operation theatres and critical care units attended the workshop.

Hands-on training workshop on Head-Neck & Lung Cancer contouring was organised by Oncology Club of Bangladesh with support from Bangladesh Atomic Energy Agency (IAEA) as a part of National Training Programme for Radiation Oncology supported by IAEA under TC Project. It was held at Institute of Nuclear Medicine and Allied Sciences (INMAS), Dhaka Medical College Campus from 7 to 11 May. The training programme was conducted by Prof J P Agarwal, Head of Department of Radiation Oncology of Tata Memorial Hospital of Mumbai, India. Mr Karthick Raj Mani, Consultant Medical Physicist of Radiation Oncology Department delivered a lecture as a local faculty on role of medical physics in treatment planning of head-neck & lung cancer. Dr Sharif Ahmed, Specialist of Radiation Oncology Department also attended the workshop along with more than 25 Radiation Oncologists from various cancer centres of the country.

New VAT Law (VAT online) 2017 training was arranged by ICMAB Executive Development Programme from 9 to 12 April 2017. From the Accounts Department of United Hospital, Manager Ms Nazneen Akhter, Senior Executive Mr Md Arif-Al-Mahmud Bhuiyan and Executive Mr Abdul Aziz attended the training.

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International Nurses Day 2017


Since International Nurses Day 12 May was a holiday (Friday), this year the day was celebrated on 11 May with a morning rally with participation of United Hospital nurses along with students of United College of Nursing. This was followed by a cake cutting ceremony. Flowers & get well cards were distributed to the admitted patients afterwards. A day long Special Health Check Up booth was set up in the lobby which was officially opened by Mr Najmul Hasan, CEO of United Hospital along with high officials of Nursing and others department where complimentary medical check up, doctor's consultation & diet counseling services were provided for visitors.

Congratulations to the Newly Weds on their Marriage

- Staff Nurse Rita Roy of 3rd floor got married to Sohel Kumar Dey on 16 January 2017.
- Senior Staff Nurse Jackline Rozario got married to PABX Operator John Topon Goyal on 24 February 2017.

Congratulations & Best Wishes to the following Staff and their Spouses

- Senior Staff Nurse Smriti Asakra of Neonatal ICU had twins on 2 April 2017: baby girl Sreya Asakra and baby boy Srestho Asakra.
- Customer Relation Officer Bazlar Rashid had a baby girl Tanaaz Jannat on 20 April 2017.
- Staff Nurse Momota Ekka of 3rd floor had a baby boy Shammoly Adhikary on 8 May 2017.

Condolence & Prayers

- Neonatology Consultant Dr Nargis Ara Begum lost her father Mr Mohammad Bashirullah on 6 April 2017.
- Paediatric Specialist Dr Khorshed Alam passed away on 25 April 2017.
- Thoracic Surgeon Prof Dr Md Shamsul Alam lost his daughter Engr Silma Subah (Nipun) on 16 May 2017.
- Laboratory Executive Officer Mr Imran Khan lost his father Mr Md Farhad Hossain Khan on 10 June 2017.
- Customer Relation Officer Kamrun Nahar lost her father Mr Md Ajgar Ali on 16 June 2017

United Hospital Stall Draws Crowd in Grameenphone Health Week 2017

United Hospital participated in the Health Week 2017 at Grameenphone corporate office on 8 May 2017 Monday where the employees of Grameenphone Corporate office participated. Dr Syeda Fahmida Hossain, Junior Consultant, Internal Medicine, Dr Rawshan Arra Khanam, Junior Consultant, Respiratory Medicine, Ms Chowdhury Tasneem Hasin, In-Charge, Dietetics & Nutrition, Nursing Staff, Phlebotomists & Officers from Marketing Department of United Hospital joined in the day long programme. Various flyers, brochures, health/wellness educational materials and other informative papers of United Hospital were displayed. Special Spot Health Check Up Package for the Grameenphone employees was also offered for that day. Complimentary consultation and diet counseling were provided to the employees of Grameenphone Limited who visited the stall.

Eid Mubarak