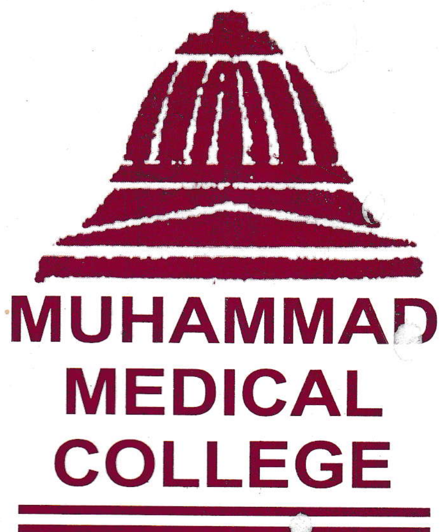
Abstract Book

Third Annual Symposium - 2005
Muhammad Medical College, Mirpurkhas.



Theme:
Health Problems Affecting Rural Pakistan

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PROGRAM OF SYMPOSIUM

Program	Venue	Timings
Registration	Enterance of 1st Floor	08:30 – 09:30
Inaugural Session	Prof Hasan Memon Auditorium	09:30 – 11:00

Recitation from Holy Quran
Theme Speech and welcome: Dr. Syed Razi Mohammad (M.F.T)
Speech by the Chief Guest
Speech by the President
Vote of Thanks by the Dr. Syed Zafar Abbas (M.S, MMCH)

Poster Viewing and Exhibition	Poster and Exhibition Hall	11:00 – 12:00
Scientific Session 1	(State of Art Lectures) Prof: Hasan Memon Auditorium	12:00 – 13:30

1. Dr. S. Ali Muhammad Memorial Lecture
2. Reconstructive ladder in Plastic Surgery
   Prof. Ghulam Ali Memon, Dean Faculty of Surgery, LUHMS
3. Acute Hepatitis C
   Prof. Allah Bachayo Memon, Dean Faculty of Medicine, LUHMS

Lunch, Prayers, Poster	Masjid, Hospitality Suite, Poster Hall	13:30 - 14:30

Scientific Session 2	Prof Hasan Memon Auditorium	14:30 - 16:30

1. State-of-Art Lecture - Cancer in Pakistan
   Col Tariq Nadeem Ansari, Consultant & Head Clinical Oncology CMH Rawalpindi
2. Effects of Letrozole after Tamoxifen
   Tariq Nadeem Ansari
3. A study of Ovarian Tumors in Paediatric Patients
   M. Ali, Jamshed Akhtar, Frahat Mirza
4. Good Clinical Practices, Special Talk
   Shehla Naseem (PAPP)
5. An audit of nephrectomies in children
   Tayyaba Batool, Jamshed Akhtar, Farhat Mirza
6. Urethral Stricture Disease - A Review Of 100 Cases
   R.Soomro
7. Initial experience of Bone lengthening in children
   Raees Taqvi, Farhat Mirza
8. Management of Fournier's gangrene - experience of two tertiary care Hospitals .
   Jawaid Rajput
9. Management of Idiopathic Rectal Prolapse In Children
   Naima Zamir, Tayyaba batool, Jamshed Akhtar, Farhat Mirza
10. A survery of 100 consecutive patients
    Shanila memon
11. Spinal Injuries, affecting rural Pakistan
    Riaz Raja
12. Cranioplasty Experience at LUHMS.
    Shaikh Masood, Aftab Qureshi.
13. Hepatitis C Virus (Hcv) At A Rural Area In Pakistan – Are We Witnessing Just The Tip Of An Iceberg. (S. Zafar Abbas, I Haq)

Awards Ceremony	Prof Hasan Memon Auditorium	16:45 - 17:30

Points will leave MMC from main gate for city at 17:45

<u>All authors are requested to stand by their posters during Poster viewing time to answer any questions</u>

Third Annual Medical Symposium – 2005
Muhammad Medical College, Mirpurkhas

"Health problems affecting rural Pakistan"

Dr. Syed Raza Muhammad
MBBS, FRCS (ED), FRCS (GI), Dip. Urology (London)

Managing Trustee, Muhammad Foundation Trust

Honourable chief guest, respectable guests of honours, honourable principal, professors, doctors, members of the media, students, ladies and gentlemen. Once again I am honoured to stand on this stage and welcome you all in this memorable professor M. Hassan Memon auditorium.

The person who did perhaps more than anyone to combine systematic review and clinical research, Tom Chalmers, once asked:

"Why do doctors kill more people than airline pilots do"?

He suggested 10 reasons. These included the fact that pilots are required to have time off to sleep, that they do everything in duplicate, and that they follow protocols. But his final reason was that if doctors died with their patients (like pilots die with passengers), they would take a great deal more care.

Hence he too accepted, that we the doctors need to work harder for our patients.

The theme of third annual symposium of Muhammad Medical College is "Health Problems affecting rural Pakistan". This theme envisages three levels of health problems of our patients. These include:

1. Health problems equally affecting all human beings.
2. Health problems affecting whole Pakistani nation and
3. Health problems predominantly affecting rural population of Pakistan.

Sir, today the Medical profession is realizing and admitting its shortcomings more than any other time is history. As a result, revolutionary changes have occurred in NHS culture (such as clinical governance and use of performance indicators) and in the medical profession (such as poor performance procedures and revalidation) that considerably affect doctors' careers and job satisfaction. As the world turns into a global village, we must learn and respond to the newer changes and challenges. However, since they do not specifically affect rural Pakistan, I will leave the discussion on this topic for a future time.

As far as the disadvantageous position that Pakistanis has on healthcare system, we can see that our health budget is less that 1% of our GDP. Our total federal spending on health is RS. 14.80 billion which amounts to just under 250 million dollars. Just think how much it compares with 1.8 trillion dollars spent by USA, which amounts to nearly 15% of their GDP.

An average Pakistani spends about 85 USD on his health per year of which government spends only a quarter or 21 USD. An average US citizen spends about 14000 USD on his health per year of which just under half or 6500 USD come from the US treasury.

Research has proved that socio-economic conditions and spending on health do influence morbidity and mortality of a population. In UK, social classes have been numbered from top 1 to bottom 5. They found that death from Ischaemic Heart Disease in a population of 100,000 in top two classes were 90 for men and 22 for women, and in lower two classes, mortality was 167 for men and 50 for women. Other statistics also showed similar pattern.

Hence it is not surprising that Pakistan faces the very high mortality rates in the world. For example:

- 26,000 young mothers die unnecessarily during childbirth each year.
- 83 out of 1000 children born die before reaching first birthday.
- 3 out of 4 people die of infective causes.

Now I come to the third part of health problems i.e. the problems, which specifically address rural Pakistan. But before that, I would like to ask two questions:

1. Are we doing the right things? (Distributing our resources right?)
2. Are we doing things right? (Managing the resources given right?)

As far as monetary distribution for healthcare facilities are concerned, health inequalities have become an area of concern for even the advanced, rich and industrial world. In England, the function of "Health Development Agency" has been defined as "to improve people's health and to reduce health inequalities in England".

Similarly in USA

- "Research suggests that, in the aggregate, rural population in the United State experience greater morbidity *(yawn, bushy, and yawn, 1999)* and higher crude rates of mortality from all causes *(miller, stocks and Clifford, 1987; schneiber and Greenberg, 1992)* than urban or sub-urban populations".

- "Although rural populations have health care needs that are equal to or greater than their urban counter parts, in general they consume fewer health care services than resources *(National Centre for Health statistic, 1989; OTA, 1999)*. Multiple factors may account for this finding (For example: fewer services available in rural areas, grater poverty, low average income, less likelihood that rural residents will have health insurance, less federal funding for health services, cultural barriers to seeking health care)".

As so often happens in poorer countries, rural population faces even more disadvantageous position in Pakistan. Although 70% or 100 million people live in rural areas, only 20% of health budget is spent on them. Rural/ peri-urban areas have only 15% of practicing doctors and 18% of hospital beds.

Private sector contributes for nearly 75% of healthcare facilities in Pakistan. Yet less than 20% of private sector spending on health is on 70% rural population.

In dollar terms, 227 USD are spent on an average Pakistani living in urban areas and only 24 USD in a person living in rural Pakistan in a year.

A World Bank report claims:

- "One third of the population can be classified as poor in 1999, and somewhere more in rural areas. The country's education and health indicators are depressed when compared to other countries of similar per capita income or rate of growth, and reveal regional, urban / rural, and gender disparities".
- "The educated and well off urban population lives not so very differently from their counterparts in other countries of similar income range, or even of their counterparts in Western countries. However the poor and rural inhabitants of Pakistan are being left behind. This is shown by many social indicators in ways that, unless sharply improved, will leave Pakistan falling further below other countries performance in the future".
- "Particular attention should be paid to Pakistan's rural sector which is home to most of the country's poor and also exposes a number of specific challenges to poverty reduction".
- "Disaggregating by region, while urban poverty fell between 1990-91 and 1998-99, rural poverty held at about 36 percent, widening the rural-urban gap. This is of particular concern because 71 per cent of Pakistanis live in rural areas".
- "Overall, health indicators for Pakistan also tend to be lower in rural areas than in urban areas".

"A particularly worrying health issue, as identified by the PRHS survey, is the prevalence of chronic child malnutrition in rural areas".

- "There are also significant regional variations in child nutritional status, with districts in rural Sindh and Balochistan faring the worst".

And State bank says in its report of 2003 as reported by daily Dawn

- "Not only the spending on health sector is low but also its allocations within the sector is directed to the areas that do not benefit the poor".
- "Clearly high priority was given to hospitals, medical colleges and curative services in the urban areas, while primary health care and rural health services have been ignored which has led to a high rural-urban disparity. This disparity has resulted in rapidly increasing poverty level in rural areas during the last decade".

Imran Ashraf Toor et al write
"Urban dwellers have disproportionately greater access to better-quality health care facilities than rural households. To the extent that urban households are typically more affluent than rural households, the urban bias in government health expénditure could translate into larger health benefits for the rich relative to the poor households"
Now the second question, Are we doing things right? (Managing the resources given right?) This is what this symposium is about and the original papers presented and posters prepared will address. I will proclaim that the disease pattern in this region is significantly different from urban regions which though only encompass 30% population, are the place where nearly all Medical Colleges and research based organisations are situated. Large cities are the places with five, six and seven star hotels where all the symposia and conferences are held. Hence it will be wrong to infer that they will not influence the minds of policy makers. However, as the disease pattern of rural regions, say Mirpurkhas division is different, more and more research should be carried out here. If hepatitis C is 2-3 times more common here, is there a ground for screening? Should the government establish a special fund for young people with Hepatitis B and C treatment? What about establishing an Institute of Liver Diseases with collaboration between Government and Muhammad Medical College? What more can we do to reduce the very high mortality from variceal haemorrhage?
Sir, Sindh Government has already taken the bold step to present the First ever provincial Health Policy. Now it should go even forward and involve Muhammad Medical College, Local Government, other groups and agencies and develop a Health Policy for Mirpurkhas Division so that we can develop strategies and partnerships and envisage plans for better healthcare service for the 5 million deprived people of the region.
Ladies and gentlemen, this is a time to choose and I urge you to listen to your conscience. Let us join hands in establishing control of our healthcare system. Let us join hands in healing the ailing people and ailing community. And let us join hands in introducing a bold new system, which does not show bias against the people of poor and deprived regions such as Mirpurkhas.

I would like to close my speech by thanking all of you and expressing my sincere wishes for the success of the symposium and for all the participants to discover new opportunities in this still growing area of research on the healthcare problems of rural Pakistan.

ORAL PRESENTATIONS

CANCER IN PAKISTAN

Col Tariq N. Ansari, Consultant & Head Clinical Oncology
CMH Ra' alpindi

Pakistan is an agro-based developing country. Until recent past 2% of the GNP was designated for health. Health insurance system neither exists nor is feasible in the country because of the level of education in this country. Like many other developing countries due to known reasons cancer is becoming a major health issue in this country as well. There is no population-based tumor registry in various part of the country . Local cancer registry has been established in Lahore to determine of cancer in the Punjab province of Pakistan.
Department of Oncology, Combined Military Hospital Rawalpindi near the capital Islamabad is one of the three state of the art departments in the country. It not only look after the military personnel and their dependants including parents and families but also civilian population around this area. In addition it also looks after patients from the northern part of the ...untry.
We have compiled our 10 year data retrospectively and would like to share it at the August's form. Among the females breast cancer is the commonest cancer while head and neck cancers are the commonest among the males. Poor socio-economic statue and illiteracy are very much prevalent. And a majority of patients either present in the locally advance or metastatic stage of their illness. This is the major cause of poor long-term outcomes and survival figures. Additionally hepatitis B and C virus infection is prevalent in more than 30% of the cancer patients, which results in compromised cancer management. In the future, we should lay more and more emphasis on cancer prevention at the primary care level.

Col Tariq Nadeem Ansari
DMRT (Pb), M Sc (UK), Ph D (UK)
Consultant & Head of Oncology
Combined military Hospital Rawalpindi.

Effects of Letrozole after Tamoxifen failure in Locally advanced or Metastatic Breast Cancer in Post menopausal patients

Tariq Ansari, Iftikhar Hussain , Ahsan Mahmood,
Aun Muhammad, Badshah Khan

ABSTRACT

PURPOSE:

To evaluate the clinical benefit and tolerability of letrozole, an oral aromatase inhibitor, after tamoxifen failure in locally advanced or metastatic breast cancer in post menopausal patients.

PATIENTS AND METHODS:

One hundred and seventeen patients with tamoxifen failure were given letrozole 2.5 mg once daily through oral route. All the accrued patients were either estrogen/ progesterone receptor positive or unknown with KPS of more than 50%. Patients who had prior hormone therapy other than tamoxifen, or more than one chemotherapy for recurrent or advanced disease were not enrolled in the study. Time to progression (TTP) was the primary objective, whereas objective response (CR+PR), duration and rate of clinical benefit (CR+PR+NC>6months), tolerability and effects on quality of life were the secondary end points.

RESULTS:

The clinical benefit was 47.0% with an objective response of 28.2%. the objective response and median time to progression in soft tissue disease was better than in the visceral and bone disease. The median time to progression for positive ER/ PR patients was 9.5 months which is slightly higher than in patients having unknown ER/ PR status. The treatment with letrozole was well tolerated with side effects observed in only 14 patients.

CONCLUSION:

Letrozole is an effective hormone therapy after tamoxifen failure since it has significant clinical benefit and objective response. It can be safely used as second line hormone therapy in postmenopausal patients with locally advanced or metastatic breast cancer.

GOOD CLINICAL PRACTICES

AUTHOR:
Dr. Shehla Naseem

INSTITUTION:
Pakistan Association of Pharmaceutical P[illegible]icians

ABSTRACT

Good Clinical Practices is an international ethical & scientific standard for designing, conducting, recording and reporting clinical trials. It provides assurance that the data and reported results are credible and accurate, and the rights, integrity, and confidentiality of trial subjects are protected.

GCP Compliance gives public assurance and protection of rights, safety and well being of trial subjects, consistence with Declaration of Helsinki, and credibility of clinical trial data Pre-requisites for a clinical trial include:

§ Justification for the trial
§ Adherence to ethical priniciples
§ Supporting data for the investigational product
§ Investigator and site(s) of investigation
§ Regulatory requirements
Protection of trial subjects

A study of Ovarian Tumors in Paediatric Patients

AUTHORS:
M. Ali, Jamshed Akhtar, Frahat Mirza

INSTITUTION:
Department of Paediatric Surgery, National Institute of Child Health, Karachi

ABSTRACT

OBJECTIVE:
To review case record of patients with ovarian tumors.

DESIGN:
Descriptive study

Duration & Place of study: From September 2002 to August 2004 at National institute of Child Health, Karachi.

PATIENTS & METHODS:

Case record of all patients who presented with ovarian lesions were reviewed to find out their clinical presentation. Investigations and management. Pathology reports were also looked into so as to document nature of the lesion.

RESULTS:

In two years period 17 patients of various age groups were managed. Majority of the patients presented with abdominal mass. Ultrasound done in all cases and it failed to differentiate between various pathologies in many cases. All lesions except for one were explored. In one case with antenatal diagnosis patient was followed expectantly and cyst resolved. In one case with diagnosis of torsion of ovarian cyst laparoscopic aspiration and de twisting of ovary done. Eleven patients had either benign tumors or cysts while malignant tumor were found in 6 patients. All underwent resection of tumor and were followed up with oncologist. Malignant tumors were dysgerminoma, malignant teratoma and yolk sac tumor. More than 50% of malignancies found in patients above 8 years of age.

CONCLUSION

Ovarian tumors were most common tumor of female genital tract in paediatric age group and majority of them are benign cysts or tumor. High index of suspicion is required to arrive at diagnosis pre operatively. Laproscopy is an important modality for management of various ovarian lesions.

An audit of nephrectomies in children

AUTHORS:

Tayyaba Batool, Jamshed Akhtar, Farhat Mirza

INSTITUTION:

Paediatric Surgical unit B,National Institute of Child Health, Karachi

ABSTRACT

OBJECTIVE

To review the records of patients undergoing nephrectomies to find out various causes that lead to removal of kidneys.

DESIGN Descriptive

METHODS:

All patients undergoing nephrectomies in year 2004 in the surgical unit B of NICH were included in the study.

RESULTS:

A total of 15 patients underwent nephrectomy in one year. The age ranged from one year to 13 year. Most common indication was nephroblastoma followed by congenital lesions (hypoplastic kidney, PUJO) and infections including tuberculosis and stone disease. One patient with Wilms' tumor died during operation.

CONCLUSION:
All patients with Wilms' tumor presented around one year of age which was quite unusual. Tuberculosis still is a lesion that leads to removal of an important organ. Diagnosis of PUJO should not be delayed to such an age where kidneys could not be salvaged.

Urethral Stricture Disease: A Review of 100 Cases

AUTHORS:
Dr. Rehmatullah Soomro, Professor Adeeb-ul-Hasan Rizvi

INSTITUTION:
S.I.U.T, D.U.H.S., Civil Hospital, Karachi

ABSTRACT

OBJECTIVES:
To find out the etiological factors and to evaluate the results of various treatment options available for urethral strictures in our population in terms of symptomatic improvement, pre & post uroflowmetry & urethrogram, quality of life, satisfaction to treatment, sexual potency and fertility

METHODS AND RESULTS:
A Prospective study on 100 cases of Urethral Strictures seen at the Sindh Institute of Urology and Transplantation, Karachi revealed majority (41%) of them to be in 3rd to 5th decade of life. They belonged mostly (78%) to the urban areas and the commonest site was bulbar part (43%) followed by membranous urethra in 36% cases. Sixty-two patients presented with retention of urine, 28 with stream problems and 02 with recurrent UTI. Road traffic accidents (55%) and trauma due to catheterization (30%) were the most common causes of stricture development. Fifty-nine cases were treated with urethral dilatation, 20 by optical urethrotomy and 21 by urethroplasty.
We recommend optical urethrotomy for simple and short strictures, urethroplsty for complex strictures and dilatation for superficial, post – TURP and sphincteric strictures or elderly, unfit patients.

Initial experience of Bone lengthening in children.

AUTHORS:
Raees Taqvi, Farhat Mirza

INSTITUTION:
Paediatric Surgical Unit B, National Institute of Child Health, Karachi

ABSTRACT

OBJECTIVE:

To document results of bone lengthening in children.

METHODS:

Record of patients who underwent bone lengthening over a three year period (2002 – 2004) was reviewed. Limb length achieved was measured in cm and cases were grouped according to site into tibial, femoral, ulnar and mandible groups. Complications were analyzed according to Paley's classification.

RESULTS:

There was 1 patient with radial ray defect, 2 cases of tibial ray defect, one case of congenital short mandible, and two cases of congenital short femur. Acquired condition included one case of chronic osteomyelitis. In most of the cases bone length discrepancy was reduced to within 2 cm of contralateral limb. The time duration for which external fixator remained in situ ranged from 180 -370 days. The tibial group achieved an average length of 2.8 cm (range 2.4 – 3.2 cm). In femur group a mean length of 4 cm (range 3.2 – 4.8 cm) was achieved. While in ulnar group a length of 1.8 cm was gained.

CONCLUSION:

In lower limb lesions bone length achieved was on average more than upper limb group. It resulted in cosmetic as well as functional satisfaction and decreased morbidity associated with the pathologies.

MANAGEMENT OF FOURNIER'S GANGRENE: EXPERIENCE OF TWO TERTIARY CARE HOSPITALS

AUTHOR:

Dr. Jawaid Rajput

INSTITUTIONS:

Liaquat University Hospital, Jamshoro and Muhammad Medical College Hospital Mirpurkhas.

ABSTRACT

Health negligence is common in our society. Minor injuries and infections of genitalias can lead to life threatening disorders. The aim of this study is to draw attention towards early diagnosis and appropriate management of Fournier's Gangrene.

DESIGNS:

Prospective study.

CONCLUSION:

All patients with Wilms' tumor presented around one year of age which was quite unusual. Tuberculosis still is a lesion that leads to removal of an important organ. Diagnosis of PUJO should not be delayed to such an age where kidneys could not be salvaged.

Urethral Stricture Disease: A Review of 100 Cases

AUTHORS:

Dr. Rehmatullah Soomro, Professor Adeeb-ul-Hasan Rizvi

INSTITUTION:

S.I.U.T, D.U.H.S., Civil Hospital, Karachi

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To find out the etiological factors and to evaluate the results of various treatment options available for urethral strictures in our population in terms of symptomatic improvement, pre & post uroflowmetry & urethrogram, quality of life, satisfaction to treatment, sexual potency and fertility

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We recommend optical urethrotomy for simple and short strictures, urethroplsty for complex strictures and dilatation for superficial, post – TURP and sphincteric strictures or elderly, unfit patients.

Initial experience of Bone lengthening in children.

AUTHORS:

Raees Taqvi, Farhat Mirza

INSTITUTION:

Paediatric Surgical Unit B, National Institute of Child Health, Karachi

PLACE AND DURATION OF STUDY:
This study was conducted in the surgical unit one of Liaquat University Hospital from June, 2000 to May, 2001 and Muhammad Medical College Mirpurkhas from April 2002 to March 2003.

METHODS:
Total 18 patients were admitted and treated for Fournier's gangrene. Surgical procedure adopted were early wide debridment and later reconstruction.

RESULTS:
Male remained dominant victim of the disease (88.8%). Average age remained 43 years (25- 60 year). Urinary tract infection was he commonest etiological factor 44.4%.
Wide surgical debridment was the first weapon used for the management. 33% cases required one stage closure of wound after healthy granulation. More advanced procedures were adopted in others. Mortality remained 5.27%.

CONCLUSION:
Fournier's gangrene is a notorious disorder, requires early diagnosis and aggressive treatment.
Minor infection should be given due attention. Negligence may leads to this life threatening condition.

Management of Idiopathic Rectal Prolapse In Children

AUTHORS:
Naima Zamir, Tayyaba batool, Jamshed Akhtar, Farhat Mirza

INSTITUTION:
Paediatric Surgical unit B, National Institute of Child Health, Karachi

ABSTRACT

OBJECTIVE:
To find out how many patients of idiopathic rectal prolapse improve spontaneously over the period of observation (phase I), and to document outcome of patients with rectal prolapse who received injection sclerotherapy (phase II).

STUDY DESIGN:
Descriptive and Interventional.

PLACE & DURATION OF STUDY:
National Institute of Child Health, Karachi from April 2001 to March 2002.

PATIENTS & METHODS:
The study was conducted in two phases.In phase I of study, newly diagnosed patients of idiopathic rectal prolapse were followed without any treatment, till the

spontaneous resolution of rectal prolapse. The time period at which 50% patients improved clinically was called, time for spontaneous resolution 50% (TSR 50%). In phase II, injection sclerotherapy (IST) was given to those patients where prolapse was of more than three months duration. This was a separate cohort of patients.

RESULTS:
Hundred patients were inducted into the study. They all had idiopathic rectal prolapse and their ages ranged from 6 months to 12 years with mean age of 5.30 +/- 2.30 years
In phase I study out of total 50 patients, 40 could be followed with non interventional strategy. In more than 50% of patients prolapse disappeared within 3 months. This was called TSR 50%. In phase II study, out of 50 patients who received IST 29 improved within 2 weeks of single injection while 12 more improved with second injection within two months. Overall rate of resolution of prolapse at two months (41/50) was highly significant in comparison with proportion of improvement in phase I patients with p value of 0.001. Four patients received third injection. At the end of three months prolapse disappeared in all patients of this phase (p value <0.0001). No complication related to injection occurred.

CONCLUSION:
Both non operative and injection sclerotherapy are effective in managing idiopathic rectal prolapse in paediatric population, but in terms of early recovery injection sclerotherapy is recommended as it is associated with less morbidity and is cost effective.

A SURVEY OF 100 CONSECUTIVE PATIENTS AT OBSTETRCIS OUTPATIENT DEPARTMENT (OPD) AT MUHAMMAD MEDICAL COLLEGE / HOSPITAL MIRPURKHAS

AUTHORS:
Dr. Shahneela Memon, Dr. Mohani Gautam, Dr. Saeeda Bano, Dr. Sameena Furqan.

INSTITUTION:
Muhammad Medical College / Hospital (MMCH), Mirpurkhas

ABSTRACT

INTRODUCTION AND AIMS
Every year in Pakistan an estimated 30,000 maternal deaths occur, which translates to one woman dying every twenty minutes. The maternal health status at Rural areas is poor with high ratio of maternal morbidity and mortality. However no data exists in our region.

To find out the frequency of the problem and its cause, we did a study of 100 expecting mothers from their first antenatal visit uptill delivery at MMCH Mirpurkhas.

DESIGN AND METHODS:
Prospective analysis of 100 consecutive patients attending obstetric OPD at MMCH Mirpurkhas.

RESULTS:
Average age of patients was 27 years (Range 18-40 years). 26 of them were primigravidas and 76 were multiparous women. All were walk-in type attendees. 14 of them visited in first trimester, 24 in second and 62 had their visits in third trimester. All these patients had infrequent and irregular antenatal checks with quacks. The table shows the frequency of four commonest significant clinical problems:

Pregnancy associated symptoms	25
Anaemia in pregnancy	20
PIH/Pre-eclampsia	06
UTI in pregnancy	04

44 of them had regular antenatal visits while 56 lost follow-up. Out of 44, 24 delivered vaginally while 20 had undergone Caeserean section. 1patient died due to eclampsia, 2 had Post-partum haemorrhage, while 41 were discharged to home alive and well, with no significant morbidity. 5 babies had congenital abnormalities and one had stillbirth due to aftercoming head obstruction.

CONCLUSION:
Only the relatively high risk group of patients appear to attend antenatal clinics, of which 45% required LSCS for various clinical reasons. The maternal mortality in this relatively high risk group was even lower (1 in 44) than the national figures (1 in 38), highlighting the importance of delivering health education to our population.

EXPOSURE TO HEPATITIS C VIRUS (HCV) AT A RURAL AREA IN PAKISTAN – ARE WE WITNESSING JUST THE TIP OF AN ICEBERG?

AUTHORS:
Abbas SZ, Haq I

INSTITUTION:
Muhammad Medical College Hospital, Mirpurkhas, Pakistan

ABSTRACT

BACKGROUND AND AIMS:

The incidence of Hepatitis C is said to be 2% in the west, and anecdotally ranges from about 4% in some big cities to nearly 15% in some smaller towns of Pakistan. We looked prospectively at the HCV antibodies testing at Muhammad Medical College Mirpurkhas, which is situated in a rural area in the southern part of Pakistan, to determine the proportion of positive tests, the risk factors for contracting HCV in our population and its relationship with abnormal LFTs.

METHODS:

636 patients had their HCV antibodies tested in our laboratory over a 12 months period. They were interviewed to determine the reason they were tested and we also attempted to find out their source of infection. We left the decision of testing their LFTs at their clinician's discretion, but tried to correlate abnormal LFTs results with anti-HCV antibodies positivity.

RESULTS:

209 / 636 (33%) patients tested were found positive for HCV (577 males, 59 females). Most of them (n=124 - 59%) had the test done for screening as they were voluntary blood donors. In 41% (n=86) LFTs were tested prior to HCV testing of which 64 were found abnormal (74%). The average ALT value was 72 IU (Range = 16- 240 IU). In 88% (n=184) a source of infection was identifiable and the commonest of them was re-use of syringes by quack doctors (n = 127 / 184 – 69%). 100% (n=209) were documented to be referred to a hepatologist following reports of positive anti-HCV antibodies.

CONCLUSION:

Although this small study was conducted in a selected population, it suggests that the real incidence of HCV infection in our population may be much higher than what it is widely believed to be. Main risk factor appears to be reused of disposible syringes. ALT values correlate with positive HCV results in 74% of cases.

POSTER PRESENTATIONS (ORIGINAL PAPERS)

AN ANALYSIS OF 20 CONSECUTIVE CASES OF MALARIA PRESENTING AT A TERTIARY CENTRE IN RURAL PAKISTAN

AUTHORS:
Anwar Raza Laghari (Final Year, MBBS, Muhammad Medical College), Dr. Syed Zafar Abbas

INSTITUTION:
Department of Medicine and Intensive care unit, Muhammad Medical College, Mirpurkhas.

ABSTRACT

BACKGROUND:
Malaria is common in Pakistan. It causes significant morbidity and also some mortality. Most cases are diagnosed and treated as outpatients, often empirically.

AIMS:
We attempted to find out the characteristics of patient's presenting with this disease at our centre situated in rural Sindh.

PATIENTS AND METHODS:
Retrospective review of last 20 cases admitted consecutively at Muhammad Medical College Hospital with Malaria.

RESULTS:
20 Patients (10 males , 10 female) were admitted. 50% of all the patients were admitted in the month of June and July. Their mean age was 25 years (range 10 to 55). The commonest presentation were fever, headach and vomiting.
Malarial parasite was checked on blood film and found positive in all these patients. 7 (35%) were found to have plasmodium falciparum and 3 (15%) had plasmodium vivax. Rest of the 10 patients case sheets did not specify the type of plasmodium species. Commonest drug used was chloroquine via oral route. Average length of stay was 4 days (range 1 to 15 days). 7 (35%) patient had cerebral malaria. No patient died.

CONCLUSION:

Malaria is a common disease, but rarely requires hospital admission. Prompt treatment results in excellent prognosis. We did not find any chloroquine resistance in the small number of patients that we studied.

Patient presenting with Ascites at a Tertiary Centre in Rural Pakistan

AUTHOR:

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INSTITUTION:

Gastroenterology Department of Muhammad Medical Collage & Hospital.

ABSTRACT

Ascites has many causes, common being chronic liver disease, infection e.g T.B, renal failure, carcinoma of liver etc. In our set up, anecdotally, chronic liver disease (CLD) is by far the most common cause.

AIMS:

We under took this study to determine the common causes of ascites in our patient population and also tried to find out the characteristics of its most common cause.

PATIENTS AND METHODS:

Retrospective analysis of the case notes of 50 consecutive patients admitted under the department of Medicine with ascites at Muhammad Medical Collage & Hospital.

RESULTS:

50 patients needed admission for management of ascites over 6 months. 28 patients (56%) were males, 22 patients (44%) were females. Their average age was 45 years (range 15 to 76 years). The commonest cause of ascites was CLD 39 patients (78%).Among all the patients who had ascites caused by CLD 12 patients (30%) were diagnosed to have Hepatitis B virus (HBV) infection and 27 patients (70%) were diagnosed to have Hepatitis C virus (HCV) infection. 20 patients (51%) were males and 19 patients (49%) were females. Their average age was 50 years (range 35 to 70 years). 6 patients (15%) of them had low blood pressure of systolic less than 100mm Hg. 7 patients (17%) had low serum sodium (< 135 mEq/l). 7 patients (17%) had renal impairment. 19 patients (49%) had spontaneous bacterial peritonitis (SBP) as evidenced by WBC count over 250/mm^3 in ascitic fluid. 4 (10%) were treated with large volume paracentesis (LVP) under Human Albumin Solution (H A S) cover. 6 (15%) of those that did not get LVP had hypotension. All others could not afford HAS (n = 29; 74 %)

Whereas 20 (51%) were treated with spironolactone alone, 16 (41 %) had Spironolactone with another diuretic where as 3 (7 %) had a loop diuretic with no Spironolactone. Average length of stay in hospital was 7 days (range 1 to11 days) 7 (17%) patients died.

CONCLUSION:
78% of all patients that presented with ascites in our hospital had CLD as the cause. HCV was the leading cause for it. 2/3 of our patients were unable afford standard treatment because of poverty.

DISEASE BURDEN IN SURGICAL DEPARTMENT OF A RURAL TERTIARY CENTRE IN PAKISTAN

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ABSTRACT

BACKGROUND:
Health care resources should be distributed according to the local needs. Disease frequency differs considerably in different regions. It is of prime importance to know disease pattern and frequency in a health care system where resources are limited.

AIMS:
We therefore undertook an audit of our surgical department to determine this.

PATIENT & METHDS:
Retrospective analysis of all admissions at Surgical Department of Muhammad Medical College Hospital over 1 year period.

RESULTS:
1227 patients (739 males & 488 females) were admitted between 1-1-2004 to 31-12-2004 at our surgical department. Their mean age was 18 years (range = 01day to 100 years). The commonest five diagnoses were.

1. Vesical Stones (n = 188) (15%)
2. Kidney Stones (n = 175) (14%)
3. Gall & CBD Stones (n = 140) (11%)
4. Benign Prostatic Hyperplasia (n = 130) (11%)
5. Inguinal Hernias (n = 93) (8%)

The average length of hospital stay was 9 days (5-20). Eleven hundreds and fifty-eight (94%) of all admissions required a surgical intervention. Overall mortality was 47 (4%). Of those who died all had surgical intervention (100%). Additionally 162 patients were treated as day care surgery patients.

CONCLUSION:
Urological problems make the bulk of our surgical department patients. Accordingly the resources should be adjusted.

DISEASE PATTERN IN PAEDIATRICS AT A TERTIARY RURAL CENTRE IN PAKISTAN

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ABSTRACT

AIMS:
To find out which types of diseases are common needing admissions in paediatric ward at Muhammad Medical College Hospital (MMC&H), Mirpurkhas.

DESIGN AND METHOD:
Retrospective analysis of last 100 consecutive patients admitted in paediatric ward at MMC&H.

RESULT:
Average age of patients was 4 and a half years (range 1 day to 12 years) 44 were females and 56 were males. 15 were Non Muslims & 87 were Muslims.Average length of stay in hospital was 4 days (range 1 day to 30 days) 3 patients died in the hospital , where as 97 patients were discharged to home alive and well. The table showds the frequency of three commonest clinical problems in paediatric ward.

Gastroentritis	14 pts
Birth asphyxia	8 pts
Pneumonia	8 pts

CONCLUSIONS:
Patients related to different age and religious groups were admitted in hospital , most of them was discharged to home with a high cure rate. Very seriously ill patients are seeking help at our hospital for management & treatment which is not provided in other local hospitals.

DISEASE PRESENTATION AND MORTALITY IN AN INTENSIVE CARE UNIT AT A RURAL AREA IN PAKISTAN

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ABSTRACT

BACK GROUND:
The Intensive Care Unit (ICU) at our center has recently been modernized and upgraded. It is the only such center to cater for the needs of around 5 million rural population in the southern Mirpurkhas division of Pakistan. The prevalence of serious illnesses requiring ICU admission in this population is as yet unknown.

AIMS:
To see the pattern of disease presentation and mortality at a tertiary referral centers' ICU in a rural area of Pakistan.

PATIENT & METHOD
Case records of all 401 patients (227 males; 174 females) that were admitted to the 13-bedded ICU of Muhammad Medical College Hospital between 01.01.2005 and 31.08.2005 were reviewed.

RESULT:
Average age of the patients was 43 years (range 3 days – 105 years). Most of the cases were referred by the department of medicine (270 patients – 67%) followed by surgical department (92 patients – 23%). The average length of stay in the ICU was 6 days. The commonest 3 reasons for admission in medical ICU were complications of decompensated cirrhosis secondary to viral hepatitis (30/270 – 11% patients), Ischaemic heart disease (19/270-7% patients), chronic renal failure and old age related problems (11/270-4% each) 120/401 patients (30%) on improvement were shifted back to their respective departments for continuation of care before discharge to home. 144 patients (36%) were well enough to be discharged to their homes directly from ICU. 72/401 patients (18%) died in ICU. The commonest cause of death was liver failure caused by viral hepatitis induced chronic liver disease (15/72-21%) followed by ischaemic heart disease (14/72-6%). 65/270-24% admitted patients in medical ICU were found to be infected with hepatitis C (49 patients) or hepatitis B (16 patients).

CONCLUSION:

Decompensated cirrhosis is the commonest reason of admission and that of mortality in our ICU setting on the background of a very high prevalence of chronic liver disease secondary to viral hepatitis.

Experience of running free diabetes clinic at Muhammad Medical College Hospital , Mirpurkhas.

AUTHOR:

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INSTITUTION:

Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

BACK GROUND:

Complications of diabetes mellitus (DM) are many. One of the recognized risk factors for developing them is non-compliance with treatment (due to various socioeconomic reasons in our set-up). For the first time in the poor Division of Mirpurkhas, a free diabetes clinic (FDC) has been providing services at MMCH for the last few months. However , no data exists regarding the various issues surrounding DM in this population .

AIMS:

To determine various demographic, clinical and biochemical issues of diabetic patients of Mirpurkhas.

METHOD & DESIGN:

Retrospective analysis of the data of diabetic patients at the time of their registration in our FDC.

RESULT:

By the end of August 2005, 300 of Patients (168 Males , 132 females) were registered. Their mean age was 41 years (range 11 to 75). 291(97%) had type II DM. Their mean body mars index (BMI) was 24 (range 15 to 35). On registration average blood pressure was 140/100 (Max 210 /110 mm Hg) 100 patients were hypertensive (as defined for DM with BP of > 130/90 mmHg) . Average random blood sugar levels on registration was 180 mg / dl. (range 70 to 575). Blood cholesterol of 5 patients was checked with average result of 134 mg/ dl (range 100 to 189). 8 (2.6%) of patients had serum creatinine checked, of which 2 (25%) had some degree of impairment. 0/ 8 (0%) patients had serum creatinine of above twice the normal limit . 4 / 8 (50 %) of all Glycated Hemoglobin (Hb A1C) were within normal limits of =/< 6, 3 (37.5%) were moderately raised (up to 7g/dl.), while 1 (12.5 %) was severely impaired (above 7g/dl). Of those with type II DM,

60/ 291 (20.6%) were on Biguanide (Metformin) alone, 75 (25.7 %) on a glycosylurea alone, 5 (1.7%) on Acarbose alone and 4 (1.3%) on a glitazone alone. 144 (49.4%) patients were on a combination of Biguanide and glycosylurea. 3 patients (1%) were on 3 or more anti diabetic medications at the time of registration. 95 / 300 (31.6%) patients had fundoscopy at FDC by an experienced and qualified ophthalmologist, of which 5 (5.2%) had some grade of diabetic retinopathy.

CONSULATION:
Our patients usually present with poor diabetes control and at significant risk for developing complications. FDC hopes to help improve this situation.

FACTORS PRECIPITATING HEPATIC ENCEPHALOPATHY ON THE BACKGROUND OF CHRONIC LIVER DISEASE AND THEIR IMPACT ON MORTALITY

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ABSTRACT

BACKGROUND:
Although sometimes reasons for patients with chronic liver disease (CLD) going into hepatic encephalopathy (HE) are not established, there is a number of recognized risk factors that may be responsible for that.

AIMS:
To determine the common risk factors precipitating HE in patients with background CLD and to determine their impact on mortality in our setting.

PATIENTS AND METHODS:
Retrospective analysis of the case notes of last 50 patients successively admitted under the department of Medicine / Gastroenterology who had CLD and who went in HE.

RESULTS:
Of all the 584 patients (301 males, 283 females) successively admitted in the department of medicine, 95 (16%) (50 males, 45 females) had CLD. Mean age was 47 years (range 75 to 18). The CLD was caused by Hepatitis C Virus (n = 64; 67%) hepatitis B Virus (n=18 ; 19%) or other cause (n = 11; 12%). In addition,

two patients had infections both with HCV & HBV(n = 2; 4%). Out of all 95 patients with CLD, 50 (53% - 21 men; 29 women) were either admitted with a grade of HE (n = 39 ; 78%) or slipped into it during the course of their admission (n = 11; 22%). Their mean age was 47 years (range72 to 18). The overall mortality of all patients with HE was 44% (n= 22).
The upper GI bleed and constipation were the commonest risk factors for HE. (28% and 24% respectively) whereas hepatorenal syndrome caused highest mortality (100%) and Electrolyte imbalance and Drugs (Sedatives, NSAIDS) had least mortality (4%).

Risk Factors	No. of Patients (%)	Mortality(no., %)
Not known	7/ 50 (14%)	2 (9%)
Upper GI bleed	14/ 50 (28%)	7 (32%)
Infection	3/ 50 (6%)	2 (9%)
Dehydration	4/ 50 (8%)	2 (9%)
Electrolyte imbalance	2/ 50 (4%)	1 (4%)
Constipation	12/ 50 (24%)	3 (13%)
Drugs (sedatives, opiates, NSA,DS)Tranquilizers)	4/50 (8%)	1 (4%)
Renal failure (including Hepato renal syndrome	4/50 (8%)	4 (100%)
Total	**50 (100%)**	**22 (44%)**

CONCLUUSION:
In our setup, CLD comprised 16% of all medical admissions of which over half of the patients develop Hepatic encephalopathy. The overall mortality of Hepatic encephalopathy was 44% and was highest among patients with hepatorenal syndorome (100%), least in Electrolyte imbalance and Drugs (sedatives, NSAIDS) (4%).

GENDER ASSIGNMENT IN PATIENTS WITH AMBIGUOUS GENITALIA:
IS IT SO STRAIGHT FORWARD!

AUTHORS:
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ABSTRACT

It is usually said that gender assignment in patients born with ambiguous genitalia is a social emergency. This has lead to many protocols including various investigations in an effort to assign gender to the newborn. Most of the times it is the treating physician who tend to influence the family as to the type of gender being assigned on the other hand family is also under pressure to disclose to society the sex of the baby. In this struggle the decision taken at birth may not be true reflective of wishes of the family and of course the one who is born is totally unaware of decisions being taken for him. There is another group of babies in whom gender is already assigned at birth and they are brought at different age groups with varied presentations. At this time how physician should counsel the family, is another painstaking issue.

This poster is an effort to clear some issues related to patients with Intersex anomalies so as to clarify many myths related to the subject and outline realities related to the issue so as to avoid sensationalism produced by following news headlines appearing in print and electronic media.

Frequency of Hepatitis B and Hepatitis C in Mirpurkhas 2000 to 2005

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INSTITUTION:
Muhammad Medical College, Mirpurkhas

BACKGROUND:
The prevalence of Hepatitis C (HCV) is estimated to be is 3% world vide Hepatitis B also constitutes significant health problem. In third world countries including Pakistan, HCV much higher . in Pakistan it is said to be 6-10% Within Pakistan it is thought to be more prevalent in rural areas (see our poster on Hepatitis C at MMCH authors I. Haq, Syed Zafar Abbas). Mirpurkhas region comprises of a diverse population with a wide range of social – economic status. The prevalence of Hepatitis C and Hepatitis B at different population pockets of Mirpurkhas region are unknown.

AIMS:
We attempted to find out the proportion of Hepatitis B & Hepatitis C infection among patients presenting to various laboratories at Mirpurkhas.

METHODS:

Retrospective collection of data on Hepatitis C & Hepatitis B in 8 laboratories of Mirpurkhas.

RESULT: **2000 TO 2005**

Labs :	HCV Total Screening	HCV Positive	HCV %	HBV Total Screening	HBV Positive	HBV %
MMCH	639	209	33%			
Civil Hospital MPS	4000	405	10.1 %	12332	797	6.0%
Khan Lab	1177	107	9.0%	1270	77	6.0%
A1 Lab.	1150	137	11.9 %	950	165	17.3 %
Habib Pathology Lab.	9265	381	4.1%	9265	238	2.5%
Al-Shafa Lab	4660	188	4.0%	2015	200	9.9%
Maria Medical Center	662	97	14.6 %	742	90	12.1 %
Marvi Lab	3211	312	9.7%	2922	391	9.9%
Over all Hepatitis	29496	1958	6.6%	24764	2522	10.1 %

CONCLUSION:

The frequency of hepatitis B and C varies widely in different laboratories of Mirpurkhas, probably depending upon the availability of expert clinicians.

BACTERIAL INFECTION IS ASSOCIATED WITH SIGNIFICANT MOTILITY AND MORBIDITY

AUTHOR:

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Syeda Zubaida Zaidi (MBBS Final Year MMC)
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INSTITUTION:

Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

BACKGROUND
A change is being observed in the distribution of causative agent of some infectious diseases. The recent microbiology has shifted from gram negative bacilli to gram positive cocci for bacteremia. It is very important to know the regional impact in guiding emperical antibiotic therapy

AIMS:
To define the relative frequency of organisms causing infections in a population with very low prevalence of H.I.V (Human Immunodeficient Virus) infection.

PATIENTS & METHODS:
Retrospective analysis of all cultures from 07 April 2005 to 31 Aug 2005.

RESULTS:
From 07-April-2005 to 31-Aug-2005, 37 cultures were received of which most specimen were those of pus (No.=15). Out of them 24 (65 %) were positive

Multiple Growth = 3
Single Growth = 21
Commonest bacterial growth were:

1. Klebsiella spp: 16.2%
2. E.Coli = 10.8%
3. Proteus spp: = 10.8%
4. Staphylococcus aureus: = 10.8%

In hospital mortality: community acquired infection = 8.1 %
Nosocomial infection = 0 %

CONCLUSION:
In our setup most bacterial infections were caused by:

- Klebsiella spp:
- E.Coli
- Proteus spp:
- Staphylococcus aureus:

Effective emperical anti bodies against these organisms should therefore be considered as first line treatment in our hospital

NORMOTENSIVE RANGE OF YOUNG HEALTHY PAKISTANI ADULT,

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INSTITUTION:
Muhammad Medical College & Hospital Mirpurkhas

ABSTRACT

BACKGROUND:
According to our Physiology and Medical text books (Written by Westen Authors) , the acceptable range of blood pressure (BP) in a normotensive healthy young adult is 100 to 130 mm Hg systolic and 70 to 90 mm Hg diastolic. However, anecdotally, in Pakistani population it may be some what lower.

AIMS:
To determine the normotensive range for a healthy young adult student of Muhammad Medical College, Mirpurkhas.

METHODS AND DESIGN:
50 medical students of good socioeconomic background volunteered to have their BP checked prospectively by a single investigator (AS) with a standard mercury sphingomanometer (make and made). She was given necessary training for the technique and certified by an experienced physician (Dr. Syed Zafar Abbas) to be competent in measuring BP prior to commencing the study. Any student with a known medical problem was excluded from study. Every student had BP taken 3 times 5 minutes apart, in sitting relaxed position and average of the three readings was calculated.

RESULTS:
Average age of the students was 20 years (range= 18 to 22 years). The BP readings were as follows:
Average systolic BP 113 mmHg (range 106 to121mmHg). Average diastolic BP 77mmHg (range 70 to90mmHg)

CONCLUSION:
All our healthy young students have BP that falls within one standard deviation of systolic BP range of 100 – 130 mmHg and same for diastolic BP range of 70 – 90 mmHg as suggested by standard Physiology Text Book.

Diabetics Requiring Admission At A Rural Centre Of Pakistan

AUTHORS:
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INSTITUTION:
Muhammad Medical College Hospital, Mirpurkhas
Department of Medicine

ABSTRACT

BACKGROUND:
The burden of various problems caused by diabetes mellitus on different health authorities may vary. Accordingly the resources distribution would also need to be adjusted. No data exists on the issue of diabetic patients requiring admission in our patient population.

AIMS:
To find out the reasons of admission of diabetic patient to our hospital and their outcome.

PATIENTS & METHODS:
Retrospective analysis of case notes of all patient requiring management of diabetes and its complications at Muhammad Medical College Hospital over last one year (1st Sept. 2004 to 31st Aug. 2005)

RESULTS:
During this period (1st Sept. 2004 to 31st Aug. 2005) 4911 patients were admitted in the department of medicine. Out of them 100 patients (2%) were admitted because of diabetic mellitus and its complications. Out of them 43 were males and 57 were females. Their mean age was 43 years (age range 11 – 75 years).
The commonest three reasons for admission for our patients were:

1. Hypertension
2. Abscess
3. Nephropathy

Average length of stay was 10 days (1 – 20 days).
15 patients died in hospital due of diabetic complications.

CONCLUSION:
2% of all medical admissions were caused by diabetes and its complications at our centre. Hypertension, abscess management and nephropathy constitute the commonest indications of admission, and result in significant mortality.

SPREAD OF BLOOD BORNE INFECTIONS BY UNSCREENED BLOOD TRANSFUSION IN RURAL PAKISTAN

AUTHOR:
Dr. Jewat

INSTITUTION:
Fatimid Blood Foundation, Karachi

ABSTRACT

BACKGROUND:
Blood donation is said to be "gift of life". However not all blood banks routinely screen blood for transfusion, which is against the law of the land.

Such blood potentially spreads lethal infections. Under blood transfusion laws, no blood can be transfused unless it is screened for Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), Human immunodeficiency Virus (HIV), Syphillis (VDRL) and malarial Parasite (MP).

AIMS:
To find out the likelihood of transmitting above infectious by unscreened blood transfusion in rural Sindh.

METHODS:
By running donation comps, we prospectively collected 488 samples of blood donors and screened them.

RESULTS:
Out of 488 samples, 20% were HCV infected and 12% HBs Antigen positive. One patient was infected with HIV.

CONCLUSION:
Unless screened judiciously for all above tests, as per law, patients are at significant risk of getting lethal infections by blood transfusion in our region.

THE AUDIT OF UPPER GI ENDOSCOPY AT THE FIRST EVER ENDOSCOPY CENTRE IN A RURAL AREA OF PAKISTAN

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ABSTRACT

BACKGROUND AND AIMS:
A purpose-built endoscopy unit has recently started its full function at our center for the first time in a rural setting in Pakistan. We undertook a prospective audit of all the Upper GI Endoscopies (UGIE) in first 6 months.

METHODS:
222 patients (154 males; 68 females) underwent UGIE between 01.07.2004 and 31.12.2004 at our centre. After taking an informed consent, s single operator (SZA) performed all the procedures. They were kept in the department for 1-4 hours following the UGIE to watch for any immediate complications. All the day-case patients were recalled after a period of 2 weeks.

RESULTS:
The average age of the patients was 45 years (range= 18 – 92). The commonest indication for UGIE was upper abdominal pain (n = 93). Only 12 patients out of 222 chose to have the procedure under pharyngeal anaesthesia and remaining under I/V Midazolam sedation. The average dose of midazolam used was 2.5 mgs (range = 1 – 5). All the patients had oxygen saturation monitored during OGD. All the patients, who were sedated, were given inhaled oxygen routinely. The commonest 3 findings were antral erythema (n = 53), normal test (n = 42), and bleeding oesophageal varices (n = 30). 28 were injected STD and 2 had banding treatment for bleeding oesophageal varices as an emergency with success in obtaining hemostasis. No patient developed any significant immediate or delayed complication from UGIE.

CONCLUSIONS:
UGIE is a safe procedure when performed under appropriate conditions in our setting.

THE VARIOUS FACES OF TUBERCULOSIS

AUTHOR:
Dr. Shamim-ur- Rehman

INSTITUTION:
Muhammad Medical College and Hospital , Mirpurkhas

ABSTRACT

BACKGROUND:
Tuberculosis (TB) is a common but serious infectious disease that can be life threatening. Multi - Drug – Resistant – TB (MDR- TB) has become a serious problem in this era- often caused by problems with compliance. At Muhammad Medical College & Hospital we have introduced regular weekly TB clinic since October 2004 where we have been distributing anti – TB treatment (ATT) free of cost to improve compliance.

AIMS:
We attempted to find out the patterns of T.B presentations in our population.

METHODS:
Review of the records of all patients attending our TB clinic

RESULTS:

Between October 2004 and February 2005, 55 patients (54% males , 46 females) attended TB clinic. 64% of them were under the age of 30 years. 14 of them (25%) were smokers. 61% of them were farmers. TB affected lung parenchyma in 80% cases. 20% were smear positive and 23% had previous ATT course. 62% were classed as category I whereas 38% belonged to category II. 22% patients had a history of contact with a patient of T.B. So far, we have 27 (49%) patients that are still on treatment, 17 patients that have been cured and 11 patients (20%) that have been lost to follow-up. 2 patients developed hepatocellular Jaundice and 3 patients developed arthralgia. All were able to continue the ATT with some adjustments.

CONCLUSIONS:

In our patient population, although this is a small study, 64% patients were under the age of 30 years. Our efforts have resulted in good improvement, but still a significant number of patients are defaulting further raising concerns about emergence of MDR – TB.

UPPER GASTROINTESTINAL BLEEDING - WHERE DOES THE BLOOD COME FROM?

AUTHORS:

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INSTITUTION:

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ABSTRACT

BACKGROUND:

Upper Gastrointestinal bleeding (UGIB) is not uncommon, and has many causes.Western data suggest majority of cases are secondary to peptic ulcer disease (PUD) whereas bleeding oesophageal varices (BOV) comprises upto 20% of all cases. Data for our country, specially for our region is rather scanty, but is needed for resource management.

AIMS:

To establish various causes of UGIB in patients presenting at our center.

METHODS:

Review of the endoscopy records of all patients that presented to our hospital for the management of UGIB over last 12 months.

RESULT:

46 patients were endoscoped for UGIB. (36 males , 10 females). Average age was 40 years (range = 33 to 92 years) . 41 of them were performed within 24 hours of their admission, whereas all of them were performed within 48 hours. 28 (62%) had oesophageal varices as the cause of UGIB, 7 had Mellory Weiss tear, 5 had gastric ulcer, 3 had haemorrhagic gastritis and 3 endoscopies proved normal.

CONCLUSION:
BOV comprised 62% of all acute upper Gastrointestinal bleeding that presented to our hospital.

POSTER PRESENTATIONS
(CASE REPORTS)

CHICKENPOX – A POTENTIALLY LIFE THREATENING INFECTIOUS DISEASE

AUTHORS:
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ABSTRACT

Chickenpox is an acute viral infectious disease caused by herpes zoster virus. It is characterized by sudden onset with slight fever, mild constitutional symptoms with maculopapular eruption (on one day fever) lasting for a few hours and become vesicular (3 or 4 days), pustular on 5 or 8 days and leaves granular scale on 10 days without any scar formation after scabbing. It usually makes a good recovery .
However it can claim lives. Mortality is usually caused by its complication.
We report a case of chickenpox in a 32 years male patient who developed chickenpox pneumonia, but after initial scare, made a remarkable and complete recovery.

Duchenne's Muscular Dystrophy

AUTHORS:
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ABSTRACT

Duchenne's Muscular Dystrophy (DMD) is a very rare disorder affecting 1:3,500 males. It is X – linked recessive disorder and therefore only affects male children in the family. Patients usually die of heart diseases in their 2nd & 3rd decade of life.

We present two cases of DMD in the same family & will discuss their various aspects.

POLYCYSTIC OVARIAN SYNDROME (PCOS)

TITLE:
Polycystic Ovarian Syndrome an Uncommon Clinical Problem

AUTHORS:
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Reeta Kumari (Final Year MBBS, MMC)
Dr. Farzana Rizwan

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ABSTRACT:

The Polycystic Ovarain Syndrome (PCOS) is a non- neoplastic condition in which patient have adequate levels of oestrogen but are acyclic. It is an uncommon clinical problem, although ultrasound imaging may show such changes much more frequently.The clinical presentation is characterized by chronic anovulation associated with hyperandrogenism in the absence of any specific underlying diseases of the adrenal or pituitary gland. Patients usually present with Oligoamenorrhea, 80% Recurrent miscarriage 50% to 60%, Obesity 40%, Sub-Fertility and Hyperandrogenism which may lead to hirsutism acne and male pattern bladness. We present a case of this un-common illness and will discuss its various aspects in our poster at the symposium 2005.

Rare and Bizarre cases: strange but true

AUTHORS:
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ABSTRACT

Medicine is full of interesting stories and incidences. A large number of various rare and strange cases have been reported in medical literature. A careful clinician needs to keep eyes open to pick up such cases. We report two such cases here that are extremely rare but of obvious significance to the relevant patients.

CASE 1:

A 70 year old man presented with fracture neck of femur following a fall. However, on examination he was found to have 2 fully mature breast tissues on his right thigh.

CASE 2:

A 14 year old girl presented with sub-acute intestinal obstruction. She had been in pain and other symptoms for over 1 week. On examination she also had peritonism and a laprotomy was performed. On operation she was found to have trichobezoar.

Details of these case and their significance will be discussed, and review of literature will be presented for these rare cases.

ULCERATIVE COLITIS – AN IMPORTANT CAUSE OF BLEEDING PER RECTUM

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ABSTRACT:

There are various cause of bleeding per rectum, commonest being hemorrhoid in adults. Ulcerative colitis is a relatively uncommon condition in non western countries. Average age groups at presentation is 3rd – 4th decade of life. Severe acute colitis has a rate of upto 20% total colectomies in best centres of the world. We present a case report that gave us many useful lessons and will discuss various aspects of this uncommon but potentially life – threatening disease in our poster.

Antenatal diagnosis of congenital anomalies

AUTHORS:
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ABSTRACT

Paediatric surgeons and Obstetrician share a common thinking when they talk of fetal health and its outcome in terms of healthy newborn. In this era of modernization and availability of diagnostic modalities many fetal anomalies can be diagnosed early in utero and careful monitoring will ensure good outcome in terms of survival and quality of life. But unfortunately this goal seems too far to be achieved. This presentation highlights management of an index case of pyloric atresia, diagnosed on antenatal ultrasound, where because of timely communication a precious baby was salvaged. Future areas of mutual interests of Obstetricians and paediatric surgeon is highlighted in this paper.

PAPERS PRESENTED BY MMCians AT EUROPEN FEDRATION OF INTERNAL MEDICINE CONGRESS-2005, PARIS-31ST AUGUST TO 2ND SEPTEMBER 2005

CHRONIC VIRAL HEPATITIS RELATED MEDICAL ADMISSIONS AT A RURAL CENTRE IN PAKISTAN

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ABSTRACT

INTRODUCTION & AIMS:
Hepatitis C & B are relatively common in our rural region situated in Southern part of Pakistan. They are known to have various life – threatening complications requiring use of a significant part of our resources. We undertook this study to determine the size of this problem.

METHODS:
We looked retrospectively into the last 150 consecutive medical ward admissions and found out the chronic viral hepatitis related problems.

RESULT:
Out of last 150 admissions to our medical department 35 (23%) were found to have Hepatitis B or C (4 HBV, 31 HCV), requiring admission due to complications of Chronic Liver disease of which Ascites was the commonest (n = 16/35; 46%). Other were as shown in table. Average length of stay in hospital was 5 days (range 1 to 22 days). All cause mortality for all patients with Chronic Hepatitis was 6/35 (17%). 29 patients were discharged home alive & reasonably well.

TABLE:

REASON OF ADMISSION	NO. OF PATIENTS
1. Tense Ascites	16
2. Cirrhosis	10
3. Encephalopathy	05
4. Bleeding Varices	03
5. Hepato Renal Syndrome	01

CONCLUSION:
Nearly ¼ of all admissions to our medical ward are due to a complicated chronic viral hepatitis, The mortality of such admitted patients was 17%.

DISEASE PRESENTATION AND MORTALITY IN AN INTENSIVE CARE UNIT AT A *RURAL* AREA IN PAKISTAN

AUTHORS:
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ABATRCT

BACKGROUND:
The Intensive Care Unit (ICU) at our center has recently been modernized and upgraded. It is the only such center to cater for the needs of around 5 million rural population in the southern Mirpurkhas division of Pakistan. The prevalence of serious illnesses requiring ICU admission in this population is as yet unknown.

AIMS:
To see the pattern of disease presentation and mortality at a tertiary referral centers' ICU in a rural area of Pakistan.

PATIENTS AND METHODS:
Case records of all 160 patients (98 males; 62 females) that were admitted to the 13-bedded ICU of Muhammad Medical College Hospital between 01.01.2005 and 31.03.2005 were reviewed.

RESULTS:
Average age of the patients was 44 years (range 3 days – 92 years). Most of the cases were referred by the department of medicine (100 patients – 62.5%) followed by surgical department (53 patients – 33%). The average length of stay in the ICU was 7.5 days. The commonest 3 reasons for admission in medical ICU were complications of decompensated cirrhosis secondary to viral hepatitis (17/100 patients), airflow limitation (12/100 patients) and Ischaemic heart disease (7/100 patients). 67/160 patients (42%) on improvement were shifted back to their respective departments for continuation of care before discharge to home. 52 patients (32.5%) were well enough to be discharged to their homes directly from ICU. 23/160 patients (14%) died in ICU. The commonest cause of death

was liver failure caused by viral hepatitis induced chronic liver disease (7/23 – 30%) followed by renal failure (4/23 – 17%). 28/100 admitted patients in medical ICU were found to be infected with hepatitis C (21 patients) or hepatitis B (7 patients).

CONCLUSION:
Decompensated cirrhosis is the commonest reason of admission and that of mortality in our ICU setting on the background of a very high prevalence of chronic liver disease secondary to viral hepatitis.

EXPOSURE TO HEPATITIS C VIRUS (HCV) AT A RURAL AREA IN PAKISTAN – ARE WE WITNESSING JUST THE TIP OF AN ICEBERG?

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ABSTRACT

BACKGROUND AND AIMS:
The incidence of Hepatitis C is said to be 2% in the west, and anecdotally ranges from about 4% in some big cities to nearly 15% in some smaller towns of Pakistan. We looked prospectively at the HCV antibodies testing at Muhammad Medical College Mirpurkhas, which is situated in a rural area in the southern part of Pakistan, to determine the proportion of positive tests, the risk factors for contracting HCV in our population and its relationship with abnormal LFTs.

METHODS:
636 patients had their HCV antibodies tested in our laboratory over A 12 months period. They were interviewed to determine the reason they were tested and we also attempted to find out their source of infection. We left the decision of testing their LFTs at their clinician's discretion, but tried to correlate abnormal LFTs results with anti-HCV antibodies positivity.

RESULTS:
209 / 636 (33%) patients tested were found positive for HCV (577 males, 59 females). Most of them (n=124 - 59%) had the test done for screening as they were voluntary blood donors. In 41% (n=86) LFTs were tested prior to HCV testing of which 64 were found abnormal (74%). The average ALT value was 72 IU (Range = 16- 240 IU). In 88% (n=183) a source of infection was identifiable and the commonest of them was re-use of syringes by quack doctors (69%). 100%

(n=209) were documented to be referred to a hepatologist following reports of positive anti-HCV antibodies.

CONCLUSION:
Although this small study was conducted in a selected population, it suggests that the real incidence of HCV infection in our population may be much higher than what it is widely believed to be. Main risk factor appears to be treatment by quack doctors. ALT values correlate with positive HCV results in 74% of cases.

IS AN AVERAGE HEALTHY ADULT POPULATION OF PAKISTAN REALLY 'ANAEMIC'?

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ABSTRACT

BACK GROUND & AIM:
The normal range for haemoglobin for adults as per textbooks of medical physiology is 14 – 16 g/dl for males and 12 to 14 for females. However anecdotally in Pakistan it is said to be somewhat lower. We performed a study to check this.

METHODS:
50 students of Muhammad Medical College (MMC), Mirpurkhas who belonged to a wide range of areas from all over Pakistan, had their haemoglobin checked at the laboratory of Muhammad Medical College & Hospital.

RESULTS:
All the students (20 Males, 30 Female were of good socio economic background. Their mean ages and hemoglobin values are as in the table:

	No. of Student	Average age years (Range)	Average Hb g/dl (Range)
Males	20	22, (18-24)	13.7, (10 – 15)
Females	30	22, (18 – 24)	10, (9 – 12)
Total	50	22, (18 – 24)	11.57, (9 – 15)

CONCLUSIONS:

Among the students of Muhammad Medical College, the average haemoglobin appears to be slightly lower than what is suggested in the textbooks and quoted by most of the laboratories in Pakistan.

PREVALENCE OF VIRAL HEPATITIS AMONG CIRRHOTIC PATIENTS AT A TERTIARY CENTRE IN A RURAL SETTING IN PAKISTAN

AUTHORS:.,

Khan A. Q., Abbas S. Z

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ABSTRACT

AIMS / BACKGROUND:

The prevalence of Viral Hepatitis in Pakistan is significantly higher than that in the west. However its prevalence among the Cirrhotic patients has not been studied in a rural setting. We performed this study to determine this.

METHODS:

100 consecutive patients diagnosed with Cirrhosis and admitted to medical wards in our hospital, situated in a rural area of Pakistan, were studied. Their case notes were reviewed and they were interviewed by a single investigator (A. Q. K.).

RESULTS:

60 out of 100 patients were males. Their average age was 47 years (range 15-60). Hepatitis C virus antibodies were found in 54, Hepatitis B s Antigen in 30 and both in 4 patients. Older age (40-60 years – $p=0.002$) and lower socioeconomic group ($p=0.0001$) were significant risk factors for contracting Cirrhosis of Viral aetiology. 87 had identifiable source of infection – reuse of disposable syringes being the commonest (70%). ALT levels were raised in 85 and prothrombin time was raised in 60 patients.

CONCLUSIONS:

Viral Hepatitis is an overwhelming cause of Cirrhosis in this rural area of southern Pakistan – Hepatitis C virus being more common than Hepatitis B.

SOCIO-DEMOGRAPHIC BACKGROUNDS AND ASPIRATIONS OF STUDENTS AT A MEDICAL COLLEGE SITUATED IN A RURAL AREA OF PAKISTAN

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ABSTRACT

BACKGROUND:
World Health Organization recognizes that there is an acute shortage of medical professionals. Concerns have been raised about the real aspirations of the youth behind acquiring medical field.

IMS & OBJECTIVES:
To find out about the socio-geographic variations and aspirations of students of a medical college in a rural area of Pakistan.

METHODS:
All 34 students of 1st and 2nd year MBBS at Muhammad Medical College (MMC) were asked to complete a questionnaire.

RESULTS AND ANALYSIS:
34 students (21 females; 13 males) returned the questionnaire. Their mean age was 20 years (range: 18-24). 30/34 students belonged to rural districts of Pakistan. 19/34 stated that it was their parents' direct encouragement for them to train as doctors. 8/34 stated that it was because their regions needed doctors and 6/34 stated that they had a personal liking of this profession. 28/34 wanted to specialise after undergraduate training of which 19/28 chose their fields out of their own personal liking. Gynaecology was the most preferred field (10/28).

CONCLUSION:
Our survey shows that not only the students but their families also wish to contribute to eradicate doctors' shortage in Pakistan.

SPECTRUM OF MALIGNANT DISEASES AFFECTING A RURAL POPULATION IN PAKISTAN

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ABSTRACT

INTRODUCTION AND AIMS:
Statistics are available in developed countries regarding the frequency of various malignant diseases in both sexes. Some statistics are also available in Pakistan on this topic. However, no study has been done in the rural region of Mirpurkhas – situated in southern province of Sindh – to ascertain the frequency of various malignancies in this populations. We undertook an audit to determine this.

DESIGN AND METHODS:
Retrospective analysis of the files of all recently admitted patients at Muhammad Medical College Hospital (MMCH), Mirpurkhas, to identify the last 50 cases of malignancies.

RESULTS:
Fifty of the last 1200 patients (4%) admitted to MMCH were diagnosed to have a malignancy. The commonest primary malignant lesion was that of the urinary bladder (n = 10; 20%) followed by carcinoma of breast (n = 8; 16%) and lymphoma (n = 5; 10%).

CONCLUSION:
The frequency of common malignancies seen at the rural region of Mirpurkhas, Pakistan is of significantly different spectrum than usually reported in the national and international literature.

The audit of upper GI endoscopy at the first ever endoscopy centre in a rural area of Pakistan

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ABSTRACT

BACKGROUND AND AIMS:

A purpose-built endoscopy unit has recently started its full function at our center for the first time in a rural setting in Pakistan. We undertook a prospective audit of all the Upper GI Endoscopies (UGIE) in first 6 months.

METHODS:

222 patients (154 males; 68 females) underwent UGIE between 01.07.2004 and 31.12.2004 at our centre. After taking an informed consent, s single operator (SZA) performed all the procedures. They were kept in the department for 1-4 hours following the UGIE to watch for any immediate complications. All the day-case patients were recalled after a period of 2 weeks.

RESULTS:

The average age of the patients was 45 years (range= 18 – 92). The commonest indication for UGIE was upper abdominal pain (n = 93). Only 12 patients out of 222 chose to have the procedure under pharyngeal anaesthesia and remaining under I/V Midazolam sedation. The average dose of midazolam used was 2.5 mgs (range = 1 – 5). All the patients had oxygen saturation monitored during OGD. All the patients, who were sedated, were given inhaled oxygen routinely. The commonest 3 findings were antral erythema (n = 53), normal test (n = 42), and bleeding oesophageal varices (n = 30). 28 were injected STD and 2 had banding treatment for bleeding oesophageal varices as an emergency with success in obtaining hemostasis. No patient developed any significant immediate or delayed complication from UGIE.

CONCLUSIONS:

UGIE is a safe procedure when performed under appropriate conditions in our setting.

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Reference:
* Jay M Lieberman et al. A prospective, randomized, double-blind study comparing Ciprofloxacin vs control for pediatric patients with complicated urinary tract infections or pyelonephritis. 99th Annual Meeting of the American Urological Association. May 2004

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