

Abstract Book

**4th Annual Medical Symposium 2006
Muhammad Medical College, Mirpurkhas.**



Theme:
“Ethics in Medical Practice and Research”

INDEX

S. NO	TOPIC	PAGE / NO
1.	Program	01
2.	Welcome speech of the Managing Trustee (Dr. S. Razi Muhammad)	02-03
3.	Dr. S. Ali Muhammad Lecture on Theme (Dr. S. Qamar Abbas)	04-06
4.	Oral Presentations (i): - Free papers - Scientific Session I (ii): - Free papers - Scientific Session III	07-15 16-28
5.	Poster Presentations (Original Papers)	29-42
6.	Poster Presentations (Case Reports)	43-54
7.	Patients' Welfare Club and MMC Hospital (Urdu)	55-56

PRE – SYMPOSIUM WORKSHOP

1. Hematology – Professor Moinuddin and colleagues – 5th September 2006

SYMPOSIUM PROGRAM 6TH SEPTEMBER 2006

Program	Venue	Timing
Registration	Entrance of 1 st Floor	08:30–09:00
Scientific Session I (Free Papers)	Prof Hasan Memon Auditorium	09:00–10:30
Inaugural Session I (Opening of Exhibition and Poster Viewing)	Exhibition and Poster Halls	10:30-11:00
Inaugural Session II	Prof Hasan Memon Auditorium	11:00–12:30

Recitation from Holy Quran

Theme Speech and welcome by the Managing Trustee

Speech by the Chief Guest

Speech by the President

Emerging pattern of disease pattern in Mirpurkhas, Dr. S. Zafar Abbas, MS, Muhammad Medical College

Vote of Thanks by the Principal, MMC

Program	Venue	Timing
Lunch, Prayers, Poster Viewing	Masjid, Hospitality Suite, Poster Hall	12:30 – 13:30
Scientific Session II	Prof Hasan Memon Auditorium	13:30 – 14:30

Dr. S. Ali Muhammad Memorial Lecture

Ethics in Medical Research and Practice

Dr. S. Qamar Abbas, Senior Lecturer, Cambridge University, UK; Consultant Palliative Medicine, St. Clare Hospice, Harlow, UK

State-of Art Lectures:

- i) **Evidence Based Medicine**
Dr. Maqbool Jafri
- ii) **Advances in Endoscopy**
Prof. Abdul Sattar Memon, LUMHS

Program	Venue	Timing
Scientific Session III (Free Papers)	Prof Hasan Memon Auditorium	14:30 – 16:15
Break, Exhibition and Poster Viewing	Hospitality Suites, Exhibition and Poster Halls	16:15 – 16:30
Awards Ceremony	Prof Hasan Memon Auditorium	16:30 – 17:30

Points will leave MMC from main gate for city at 18:00

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

"Ethics In Medical Practice & Research"

Welcome Address

Honourable President of the Symposium, Vice Chancellor Professor Mazher Siddiqui, respected chief guest District Nazima Dr. Kaneez Sughra Junejo, honourable principal and members of the faculty, distinguished guests including representatives of media and drug companies, dear students, ladies and gentlemen. Assalam-o-alaikum.

On behalf of Muhammad Medical College and Muhammad Foundation Trust, I welcome you to the fourth Annual Symposium at MMC. Great is our joy to be able to hold such a significant medical event every year. Every year, great scientific work is produced in this symposium which contributes to the advancement of our knowledge of medicine. The faculty and the students of MMC will present the local data in the form of papers and posters that clearly show the disease pattern of the region and throw light on how this pattern is so different in underprivileged rural areas in comparison to western world, as well as urban areas of Pakistan.

The theme of a Medical Symposium is usually a philosophical one. We always ensure that our theme provides us with an opportunity to exploit our unique position.

Respected Vice Chancellor and the worthy guests, Muhammad Medical College is the first and so far the only recognized Private Medical or Dental College of Pakistan that has been established in a rural/ poor region. The rest of the 25 private colleges are concentrated in six large cities of Pakistan. The reason is simple. Private sector normally follows the financial feasibility. In rural/ poor urban settings, people have lower paying capacity and the facilities and faculty have to be brought in at higher prices. In other words, earning is less and expenses are more. Unfortunately, it is a common practice in our country that where need is greater there is dearth of financial feasibility and vice versa. In my opinion, one of the prime jobs of any government is to amend this situation.

Yet, despite the financial disadvantage we enjoy a unique position and are blessed with a great opportunity. We are surrounded by people who are exposed to the conditions developing as a result of chronic deprivation. We have an opportunity to serve the most needy and marginalized population...which is thankfully a grateful population. And this allows our students to have excellent clinical material. Hence students of MMC develop better clinical skills than students of other medical colleges.

Ladies and gentlemen, in the next few months the ninth batch of MMC will be admitted and the fourth batch will be graduating Inshallah. All through this period our faculty and students have worked very hard and as a result our graduates have outshined the graduates of other colleges in many competitive grounds. Muhammad Foundation Trust has ensured one of the best faculties and excellent developmental programmes. Hence for each student, the faculty, constructed area and hospital beds are one of the best, not only in Sindh but in the whole of Pakistan. Strict disciplinary approach and working within the constraints of law has ensured that not only all our graduates but students of each class have been registered with PMDC. Sir, I'm proud to say that very few colleges can make such claims.

We're also very proud to state that we are starting our association with the second oldest and the largest universities of Pakistan. Sir, may I take this opportunity to convey the gratitude of the entire faculty and students to you, your affiliation committee and syndicate for affiliating Muhammad Medical College, a step that will greatly enhance the value of Muhammad Medical College at national and international levels. We hope that your cooperation and guidance will continue to enlighten us.

Ladies & gentlemen, the theme for this year's symposium is "Ethics in Medical Practice & Research". Medical ethics has broadened into a subject and indeed a way of life. I have had various posters to depict the description and classification of principles of Medical Ethics by various international bodies. However since the times of ancient Greeks, four principles have been clearly outlined :

1. Beneficence:- It is obligation of healthcare providers to help people in need.
2. Non-maleficence: - It is the duty of healthcare providers to "First do no harm."
3. Autonomy: - It is the right of patients to make choices regarding their health care..
4. Justice :- It is the concept of treating everyone in a fair manner.

Unfortunately, like everywhere in our society, we do not see justice in our healthcare system. Apart from being the Managing Trustee of Muhammad Foundation Trust and Professor of surgery, one of my roles is that of an educated person belonging to Mirpurkhas. I will be failing in my duty if I do not tell you that while average spending on health in urban areas is 227 U.S. dollars per person per year. It is a paltry U.S. \$ 24 per person per year in rural/poor urban areas. Similarly only 15% of practicing 85000 doctors (out of a total of 110,000 doctors 25000 are working abroad) and 18% of 946 hospitals are for 70% of Pakistanis living in poor/rural regions whereas 85% doctors and 82A% hospitals are for 30% urban population.

I'm not against providing facilities to the urban population. My contention is that when we talk of medical ethics and accept that justice is one of its four pillars we should ensure that all regions (rural and urban) should get their due share. The graves yards of Mirpurkhas and other rural/ poor urban regions are full of people who died of such diseases of which, people in civilized world have stopped dying nearly a century ago.

I congratulate the students and faculty of MMC for their excellent work in collecting, analyzing and presenting local data in the form of posters. These are really edifying and eye opening. I must admit that I have not seen such quality of posters in any symposium in Pakistan. This work can be used to understand and tackle the health problems of this region.

Ladies and gentlemen, let me conclude by again welcoming our distinguished guests. We very much appreciate your support. We aim to stay ahead of our colleagues in learning, facilitating, treating and doing research. Thank you for coming. I hope this symposium will be a useful and practical deliberation on the issues facing us today. There is much to learn and there are many voices to be heard today. I'm sure you're all here because you love to learn. I am.

Thank you.

Dr. Syed Razi Muhammad

MBBS, FRCS (ED), FRCS (GI), Dip. Urology (London)
Managing Trustee, Muhammad Foundation Trust

Dr. Syed Ali Muhammad Memorial Lecture

Dr. S. Qamar Abbas, Lecturer Cambridge University, Associate Specialist, St. Clare Hospice, Harlow, UK

MEDICAL ETHICS

ARISTOTLE (384 BC – 322 BC)

Nothing is fixed in matters of conduct and of what is useful, any more than in matters of health. Since even the general account is like this, the account of particular cases is still less exact. The cases do not fall under any art or precept. Instead the agents themselves must all the time consider what is appropriate to the particular occasion, just as in medicine or navigation.

Niomachean Ethics

The contents of Medical Ethics have been hotly debated over centuries. Hippocrates is considered as the father of Medicine. He, while providing the world with his concepts of modern Medicine, acknowledged that the custodians of such an art and science must hold some values dear to deliver the best quality care. He, thus designed the infamous Hippocrates Oath, the oath which did enormous work to set up the tune for the coming doctors' ethics for centuries.

So why do we need ethics? People get on with their profession with no ethical framework. I invariably try to get another quote when a plumber quotes me the amount of money he is going to charge me, and if I find that the exuberant amount of money he had charged me is way above the normal, I simply get another plumber to do that job and do not worry. However in case of doctors, society demands strong limits to what a doctor can or should do.

The answer is fairly simple. We are the only profession in the world which is enshrined to value human beings. We have worked hard for centuries for society to develop the magic quality for us. TRUST! So is this trust immovable? We have certainly seen that our stars fall from their celebrity sky because they cannot keep up to the mark. Have doctors or Medical ethicists lived up to the challenge of modern age? Have they decided that WHAT IS ETHICS? And simply, who decides that what is ethics?

- Individual or societal
- Familial or cultural
- Religious or secular
- Legal or philosophical

Over centuries, we have also seen the challenges of developing modern sciences. Now the medical ethical challenges are far more complicated than the ones two hundred years ago. We, only in medical ethics, have sub-specialties for:

- Beginning-of-life issues
- Research issues
- Resources issues
- Equality issues
- End-of-life issues
- Standard of living issues

The western medicine has paved way for modern development of science. They certainly have also given us people like Gillon, Beauchamp, Childress, Singer, and more recently Kruger and Gerrard. They have

worked hard to find answers to many of the questions. But the reality is that like diseases and environment, the main ethical issues remain miles apart in west and east. For example, in west, the most commonly debated ethical issues are Euthanasia, Surrogacy and withholding and withdrawing treatment. In developing countries, our main issues remain resource allocation, truth-telling and professionals' integrity.

The framework of Ethics is derived from Moral Philosophical theories. The two most relevant are:

- Deontology – promoted by Kant stating that an act is essentially right or wrong regardless of the consequences
- Consequentialism – Meaning an act has no intrinsic value till it is measured according to its consequences. Meaning that if the result is good then the act was essentially right.

Medical Ethics has virtually evolved from Deontological values. In 1960s Beauchamp and Childress proposed the four Prima Facie Principles from it. These four principles remain the cornerstone of Medical Ethics.

* Beneficence – Do good to your patients

* Non-Maleficence - Do not harm your patients

* Autonomy – Respect your patient's views

* Justice – Treat everybody fairly

We live in the reality of the world where resources are sparse. We cannot help noticing that while caring for our patients' day in and day out. So how do we practice Beneficence or Justice when we are asking our patients to spend the amount of their whole months' salary to buy one injection of Hepatitis C treatment?

So what is our role? Should we accept the grave situation and stop talking about medical ethics? But let us remember our basic oath. What has gone wrong? Even in most developed countries, no medical body suggests that all the doctors will save all the patients all the time. Death is the only sure event of life. And guess what? Patients accept that. According to studies conducted in countries as poor as Sierra Leone, Southern India, Tanzania, Burundi and Iran, patients respond better if they are told appropriately about the life-threatening diagnosis. And what is appropriate? It is what ethics tells you.

We must always respect patients' right to know as well as right not to know. We must respect their right to participate in researches as well as not to participate. Truth-telling is complicated but the right thing to do. Studies have also shown that healthcare professionals, who refrain from telling the truth, suffer themselves badly when they get a disease, as they cannot trust the healthcare provider now.

Respecting Autonomy will also pave way for us easily to practice Non-maleficence, the most important principle. What you know cannot hurt you. It is the fear of the unknown which hurts. It will help you practice the best practice for withholding or withdrawing medically futile treatment. It will help make decisions to withhold Cardio-pulmonary resuscitation, which otherwise will cause harm to patient's bodies and families' grief process.

By far the most important ethical issue remains the Professional's integrity and paternalism. Paternalism, in effect, is the opposite of Autonomy. However, in a community based model, like the one practised in Pakistan, regard to paternalism is considered a norm. Is Paternalism justifiable? One can argue that Paternalism was a model respected for centuries and therefore before rejecting it outright, one must look into the roots of its practice. Paternalism dates back to Greek monarchs, where great philosopher Plato calls it a monarch's responsibility as masses do not have access to full information. Similarly, doctors acquired this role as they sometimes found it hard to make known what was 'full' information. Remember, to practice Autonomy, access, retention and deliberation over full information is a requirement.

This has changed in many developed countries where language of science is easily transferable to masses. However, in undereducated countries, it remains a real issue. So what do doctors do? I suggest wherever, full information is hard to transfer, they must transfer adequate information, making sure that patient retains the information. Following that, they must accept responsibility of helping make the decision to help their patients. This is the only way they can maintain their integrity.

ORAL PRESENTATIONS

Scientific Session I

LIVER DISEASES: ADMISSIONS & MORTALITY IN A MEDICAL ICU IN A RURAL TERTIARY CARE CENTRE IN PAKISTAN

AUTHORS: Batool, Syeda Aasia (final year, MBBS)
Abbas, Syed Zafar (Consultant Gastroenterologist & Physician)

INSTITUTION:

Dept. of I.C.U & Gastroenterology, M.M.C.H.

ABSTRACT

BACKGROUND:

Liver disease has a variety of causes and is common in our region. The complications which develop with the disease, may require ICU admission and considerable resources, and can cause death. It is therefore important to identify the common causes and complications in our population.

AIMS & OBJECTIVES:

To find out the rate of patient admissions in medical ICU due to liver diseases, and to determine the frequency of complications and death rate in these patients.

METHODS & PATIENTS:

Retrospective analysis of the medical records of all the 174 admissions in the medical ICU of Muhammad Medical College Hospital, Mirpurkhas, between 1st Jan '06 to 31st July '06. The aetiology, development of complications and outcomes of the patients with liver diseases were studied.

RESULTS:

Out of 174 total admissions, 69 patients (39.6%) had background liver disease. 55 of them (31.6%) were admitted directly because of liver disease and its complications. 38/55 (69%) had Hepatitis C, 8/55 (14.5%) had Hepatitis B; 1/55 (1.8%) was both B & C positive, and 2/55 (3.6%) had alcohol-related disease. Among HBsAg positive patients, 2 were also infected with Delta virus, and in 6/55 (10.9%), no aetiology was found. There were a total of 67 deaths (38.5%) in the medical ICU. 23 patients (34.3%) died of their liver disease and its complications. Of all that died, Hepatitis C caused 16/23 (69.6%) deaths.

CONCLUSION:

Just under one third (31.6%) of all had liver-related admissions, making it the commonest cause of admissions in medical ICU –Hepatitis C being responsible for 69% of it. Over a third (34.3%) of all deaths in medical ICU are caused by liver diseases, of which Hepatitis C contributed 16/23 (69.6%).

A STUDY OF ISCHAEMIC HEART DISEASES AT A HOSPITAL IN & RURAL AREA OF PAKISTAN

AUTHORS: Raja, Aliya Zaman (final Year MBBS)
Abbas, Syed Zaffar (Consultant Physician)

INSTITUTION:
Department of Medicine Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

BACKGROUND:

Ischaemic heart diseases are common causes of admission at a hospital and require considerable amount of resources. There are various risk factors and the diseases can be classified in to various classes. There are many tools of diagnosis, methods of treatment and the out come can vary depending on the presentation and management strategies.

AIMS:

To find out risk factors, classification, tools of diagnosis, treatment & out come of IHD in our patients.

STUDY DESIGN & METHODS:

Retrospective analysis of 50 consecutive patients of IHD admitted in ICU and Medicine ward at our hospital.

RESULTS:

Out of 50 pts 26 were males (52%) and 24 were females (48%), mean age was 55 years (30-80 year). In 42 patients (84%) risk factor was identifiable. Top three risk factors were smoking (44%), hyper tension (42%) in diabetes (34%), 36% were not have classical ECG changes with ST segment elevation (NSTEMI). All of the patients had some of ECG changes while CKMB was done in 10% of patients and troponin T in another 10%. Mean length of stay at hospital was 7.5 days (3 to 30 days). 96 % of the patients were discharged alive & 4% did not survive. 100% of patients were given Aspirin as treatment. Other drugs used were Beta blockers (60%), ACE inhibitor (56%), nitrates (36%), clopedogril (20%) Ca channel blockers (16%) and heparin (6%).

CONCLUSION:

In our study top most risk factor was smoking. NSTEMI was most common type of IHD (36%). All patients had some ECG changes. A large number of patients were discharged alive (96%) and aspirin was used in 100% of patients.

نادار اور مستحق مریضوں کی مدد کیجئے

PWC رمضان اور زکوٰۃ فنڈ زاپیل

نیکی اور تقویٰ کے کاموں میں ایک دوسرے سے تعاون کرو۔ (القرآن الحکیم: سورۃ مائدہ)

وہ غریب و مجبور انسان جو مناسب علاج و معالجہ کے اخراجات برداشت کرنے کی سکت بھی نہیں رکھتے، پیسٹنٹ ویلفیئر کلب، محمد میڈیکل کالج اسپتال، میر پور خاص ان کی مدد کے لیے گزشتہ ایک سال سے زیادہ عرصے سے سرگرم عمل ہے۔ اس بھلائی کے کام میں PWC کا ساتھ دیجئے اور مندرجہ بالا آیت کے حکم پر عمل پیرا ہو جائیں۔ یہ کام بے حد آسان ہے۔ خود اپنی طرف سے ایسے مریضوں کی مدد کیجئے۔ یا پھر اپنے اعزاء و اقربا کی جانب ثواب ارسال کیجئے جو رضائے الہی سے وفات پا چکے ہیں۔

PWC محمد میڈیکل کالج اسپتال میں مریضوں کو تینوں وقت کا کھانا بالکل مفت مہیا کر رہا ہے۔ 100 مریضوں کو ایک وقت کا کھانا دینے کے اخراجات تقریباً 1500 روپے آتا ہے۔ کیوں نہ ایک وقت کا کھانا 100-50 مریضوں کو کھلانے کا ذمہ لے کر اپنے مرحومین کو ایصال ثواب کیا جائے؟ حسب توفیق یہ کام ہفتے میں ایک بار، مہینے میں ایک بار یا کبھی کبھار، مثلاً ان کی برسی کے موقع پر، آپ بھی کر کے ان لوگوں میں شامل ہو جائیں جو یہ کام پہلے ہی سے کر رہے ہیں۔

ہمارے پتہ

جناب سید تقی محمد

محمد میڈیکل کالج (PWC)، حیدرآباد روڈ،
نزد درجن آباد اسٹیشن، میر پور خاص، سندھ، پاکستان
پتہ: حبیب بینک: ایم اے جناح روڈ برانچ، میر پور خاص، سندھ، پاکستان
اکاؤنٹ نمبر: 18216-81
CURRENT A/C NO: PATIENTS WELFARE CLUB اکاؤنٹ کا نام:

عطی، رابطے اور مزید معلومات کے لیے آپ کے دفتر

جناب سید تقی محمد (MFT) 4093982 (0320)

ڈاکٹر شمس العارفین 3971076 (0333)

جناب علی ماہر جعفری 862395 (0233)

ڈاکٹر سید ظفر عباس 0333-2971183 / 0233-862395 / 860916

ڈاکٹر مشاق علی بادامی، تاج کینیس، نرنج چھوٹی اسپتال کراچی 0300-9272624

ڈاکٹر اقبال سومرو۔ سینٹر ٹریڈر کراچی (021) 2413831



محمد انسٹیٹیوٹ آف سائنس

اینڈ ٹیکنالوجی میرپور خاص

سندھ یونیورسٹی جامشورو سے الحاق شدہ

بورڈ آف انٹرمیڈیٹ اینڈ سیکنڈری ایجوکیشن میرپور خاص اور سندھ ٹیکنیکل بورڈ سے منظور شدہ

داخلوں کا آغاز

میٹرک کے طلبہ و طالبات کیلئے

ایف ایس سی (FSC) (پری میڈیکل و پری انجینئرنگ) کمپیوٹر کی تعلیم کے ساتھ
ڈی بی اے (DBA) ڈپلومہ ان بزنس ایڈمنسٹریشن (انٹیکامرس کے مساوی کمپیوٹر کی تعلیم کے ساتھ)

انٹر کے طلبہ و طالبات کیلئے

بی سی آئی ٹی (BCIT) پیچلز آف کمپیوٹر اینڈ انفارمیشن ٹیکنالوجی
بی بی اے (BBA) پیچلز آف بزنس ایڈمنسٹریشن (کمپیوٹر کی تعلیم کے ساتھ)
ڈی آئی ٹی (DIT) ڈپلومہ آف انفارمیشن ٹیکنالوجی

اعلیٰ تعلیمی ماحول، تجربہ کار اور قابل اساتذہ، ایئر کنڈیشنڈ سافٹ ویئر لیبارٹری
جدید آلات سے مزین، ہارڈ ویئر، کیمسٹری، فزکس، اور بائیولوجی لیبارٹریز
انگریزی زبان پر خصوصی توجہ کیریئر گائیڈنس اور صنعتی دورے

خصوصیات

ڈاکٹر سید رضی محمد مینجنگ ٹرسٹی کی جانب سے

میٹرک پاس A1-A گریڈ پوزین ہولڈرز کے طلباء کو علاج کی
50% فیصد رعایت کیلئے
مفت سہولت

مزید معلومات کیلئے رجوع کریں

Ph: 0233-862393 رتن آباد روڈ میرپور خاص MIST

INCIDENCE OF CHRONIC LIVER DISEASE IN THE PATIENTS WHO ARE HEPATITIS B AND C NEGATIVE

AUTHORS: Farhat Sultana (Final Year MBBS), Aasia Hassan (final Year MBBS) ,Dr. Muhammad Ali (Assistant Professor of Medicine), Dr. Syed Zafar Abbas (Consultant Physician)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

BACKGROUND:

Chronic Liver Disease (CLD) is very common in our region mostly secondary to viral hepatitis B and Hepatitis C. However there exists a group of patients who do not have any evidence of viral hepatitis B and C, but have CLD.

AIMS:

To determine the burden of CLD in sero negative for Hepatitis B and Hepatitis C in patients admitted at our hospital.

PATIENTS AND METHODS:

Retrospective analysis of case notes of all 176 patients admitted with CLD over 12 months period between August 2005 and August 2006 in the department of Medicine.

RESULTS:

Among all of 176 patients there were 71 female (40.3%) and 105 males (59.6%) admitted in department of Medicine with CLD. **Those who were sero negative for hepatitis B and hepatitis C were 35 in number (19.8%).** In this groups there were 18 females (51.4%) and 17 males (48.5%), their average age was 52 years (range 45 – 60 years). Among patients with viral hepatitis induced CLD (N = 141) there were 88 males (62.4%) and 53 females (37.5%), their average was 46 years (10 - 85 years). The mortality rate among viral Hepatitis induced CLD was 16/141 (11.3%) where in "B and C" negative group it was 9/35 (25.7%).

CONCLUSION:

The study shows that although most patients with CLD have either hepatitis B and Hepatitis C or both, but there is the group of patients who is negative for both there viral markers there appears to be more in female patients that have CLD not caused by viral hepatitis and this group also appears to be younger but also to have poorer prognosis. This group need to be investigated further for other well defined but uncommon causes of CLD.

CURB-65: Pneumonia Patients. Are we treating them well?

AUTHORS:

Imran Tahir (Final Year), Iqbal Muhammad Faisal (Final Year), Ahmad Adnan (Final Year) Abbas Syed Zafar (Consultant Physician).

INSTITUTION :

Depart: of Medicine, Muhammad Medical College & Hospital. Mirpurkhas

ABSTRACT

BACKGROUND:

Pneumonia is a common illness often requiring admission to the hospital. A number of scoring systems have been devised to assess its severity and to identify patients at risk. A commonly used one suggested by British Thoracic Society is called "CURB-65". Any patients that scores more than 2 on this 5 points scoring system is considered severely ill - requiring intensive monitoring and treatment.

AIMS:

We undertook this study to determine the frequency of severely ill patients with Pneumonia and various issues surrounding them.

PATIENTS AND METHODS:

Retrospective analysis of the medical notes of 43 consecutive patients admitted with pneumonia this year.

RESULTS:

Out of 43, (34 males (79%), average age = 31 year - range 2 ½ to 90 year), 11(25%) patients scored more than 2 on CURB-65 (7 males, average age = 59 years range - 20 years to 72 years). Out of the 11 severely ill 7 (64%) were treated in ICU, and 4 (36%) were treated in general medical ward. Among others that were not severely ill, 4 (12%) were treated in ICU and 28 (88%) in general medical ward. 23/43 (53%) were smokers out of which 10/11 were severely ill (91%) and 13/32 (41%) were others. All of the severely ill were given oxygen inhalation and intravenous antibiotics, 6/11 (55%) of them were given intravenous fluid and 3/11 (27%) were also given steroids For less severely ill, these figures were: given oxygen - 21/32 (66%), antibiotic- 29/32 (91%), Intravenous fluid- 2/32 (6%), and intravenous steroid 3/32 (9%). The average stay needed in hospital was 5 days (range 1-18days) which was average 6 days (range 4-18 days) for severely ill and average 4 days (range 1-16 days) for others. No patients in either group died.

CONCLUSION:

Overwhelming majority of our pneumonia patients that require admission are males (79%). A quarter of all are severely ill of which 91% were smokers requiring more prolonged stay of average 6 days (as compared to average of 4 days for others) in hospital. Vast majority of them were given adequate treatment. No patients died with pneumonia this year in our hospital.

CEREBROVASCULAR ACCIDENTS – WHAT DO WE KNOW ABOUT OUR PATIENTS?

AUTHORS: Mahwish Bhatti (Final Year MBBS), Dr. Fayyaz Memon (consultant Physician), Dr. S. Zafar Abbas (Consultant Physician)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College, Mirpurkhas.

ABSTRACT

BACKGROUND:

Cerebrovascular Accidents (CVA) is a devastating illness. It has many known risk factors and can present in a number of different ways. However little is known about our local population in terms of risk factors, presentation and the type of CVA.

AIMS:

To determine the nature of CVA, mode of presentation, the risk factors and mortality of patients presenting at our hospital.

METHODS:

Retrospective analysis of case notes of the last 50 patients successively admitted in the department of Medicine from August 2005-2006.

RESULT:

The average age at presentation was 59.9 years (range = 2 - 85) with 28 males (56%) and 22 females (44%). The commonest 3 presenting complains were unilateral weakness (n = 17: 34%), loss of consciousness (n = 25; 50%) and fever (n=8; 16%). Hypertension was the most frequent risk factor (n = 29; 58%), whereas 16 patients (32%) admitted to be smokers. CT scan confirmed hemorrhage as the cause of CVA in 32 patients (64%) whereas ischaemia was responsible for it in the remaining 18 patients. 33 patients (66%) were discharged home alive. Whereas the disease killed 17 (34%) of admitted patients.

DISCUSSION:

- ❖ CVA seem to affect late middle age group with different between the two genders.
- ❖ In our patient population, hypertension proved to be the commonest refractory which may explain the unusual finding of hemorrhage as the mode of CVA.
- ❖ However this is an unusual finding and further, large studies are needed to confirm this and look into its causes in are patient population.

CONCLUSIONS:

CVA is more prevalent in older age group , especially in hypertensives and smokers. Surprisingly this small cross sectional study showed haemorrhage to be the predominant cause of CVA in our patients. **“Lager studies are needed to confirm this and also to look into its causes”**

Is Smoking Really a Problem in Our Medical Patients Population?

AUTHORS:

Dr. Khan Parveen (House Officer MMC), Dr. Khan Amna (House Officer MMC), Dr. Abbas Nadia (House Officer MMC), Dr. Mehwish Zeb (House Officer MMC), Dr. Abbas Zafar (Consultant Physician MMC)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College

ABSTRACT

Smoking is pandemic world wide. However its frequency is reported to be dropping in the developed countries but not so in developing ones. It is responsible for a long list of medical illnesses-many of which are life threatening. The data of smokers in Pakistan population is scarcely available and no data exists for smokers in our region. The adverse health effects from cigarette smoking account for 440000 deaths or nearly 1 in every 5 person in USA.

AIMS:

To find out the frequency and mortality of smoking related problems in the region of Mirpurkhas.

PATIENTS & METHODS:

Cross-sectional Retrospective study of the case notes of all 400 successive medical admissions to find 100 smokers patients. Patients with chornic liver disease (CLD) were excluded to avoid the bias as we have a major liver centre, and a large patients population suffering from CLD.

RESULTS:

Out of 400 case notes, no record of smoking habits was documented in 94 (23.5%). Of the remaining 306 patients, there were 180 males (59%) & 126 females (41%). Among 306 patients, there were 100 smokers (33%) & 206 (67%) non smokers. Among 100 smokers, there were 81 males & 19 females - average age 51 year (rang = 13 – 76 years). Among 206 non smokers, there were 99 males (48%) and 107 females (52%)- average age 40 years (range 10 – 100 years). Among 100 smokers 51 were admitted with a smoking related disease. There were 6 deaths in non smokers group (3%) and 9 deaths among smokers of which 5 died of smoking related diseases (9.8%). Among smoking related diseases 3 commonest were ischemic heart disease (IHD) - 23 patients (45%), CVA - 9 patients (17%) and chronic obstructive pulmonary disease - 8 patients (15%).

CONCLUSION:

Smoking is rampant in our patients, specially males and is responsible for a third of all medical admission excluding CLD. A higher proportion of patients die in smokers group, mainly with smoking related diseases. Our doctors failed to document the important information of smoking habits in nearly ¼ cases which needs considerable attention.

An audit of Hepatitis B tests at Muhammad Medical College Hospital, Mirpurkhas

AUTHORS:

Sadia Saleem (Final Year), Ambreen Khatti (Final Year), Abbas Syed Zafar (Consultant gastroenterologist).

INSTITUTION:

Depart: of Pathology and Gastroenterology, M.M.C.H Mirpurkhas.

ABSTRACT

BACKGROUND:

Hepatitis B virus infection (HBV) is a common illness in our society. A significant proportion of this infection is acquired perinatally. Extended Programme of Immunization (EPI) has included vaccination for HBV in its schedule in the recent past. For chronic HBV infection, further testing is important, but is expensive and complicated. Our poor population can rarely afford it and most doctors are not trained to manage it. At our liver centre that has been set up recently, we have been encouraging our patients to undergo its further investigations and treatment if appropriate. We did this study to determine the initial results of our efforts.

AIMS:

To find out the initial results of HBV testing over the last 6 months in our laboratory.

PATIENTS AND METHODS:

Retrospective analysis of HBV testing done in our laboratory over the last 6 months

RESULT

468 / 2400 (19.5%) of all the HBs antigens tested positive. Among those that tested positive, data for further investigations was collected for 86 patients, of which 67 (77.9%) were males and 19 (22.1%) females with average age 45.4 years (range 10 to 65). Among them 26 (30.20%) had Alanine Aminotransferase (ALT) levels checked with average of 109 IU/ L (range 25 to 293). 29 (33.7%) had HBe antigen tested of which 6 (20.6 %) were positive 34 (39.5 %) had HBe antibodies checked of which 30 (88.20 %) tested Positive. Only 13 (3.4%) had HBv - DNA (Qualitative PCR) tested of which 6 (46.1 %) tested positive.

CONCLUSIONS:

Only a small proportion of our patients can afford to undergo further testing of HBV infection despite massive subsidies provided by our hospital. Over one fifth of all patients tested clinically need treatment, and therefore a significantly large numbers of our patients which is at high risk of developing cirrhosis, remains unrecognised.

ORAL PRESENTATIONS

Scientific Session III

Pulmonary Aspergilloma, LNH, Karachi Experience

AUTHORS:

Dr. Ali Raza, Dr. Jawed Ahmed Memon, Department of Cardiothoracic Surgery, L.N.H, Karachi

Although most human mycosis develops in immunocompromised patients as an opportunistic infection, its frequency will be influenced by historical changes in diseases and by progress in medical technology. Surgical candidates for mycotic lung disease are usually patients who do not improve with medical treatment. The usefulness of surgery for pulmonary fungal infection has gradually been recognized.

METHODS:

Between January 2005 and June 2006, 28 patients underwent pulmonary resection for complex aspergilloma at our institution. They all initially presented to our pulmonology services. There were 19 males and 9 females. Their age ranged between 25 to 55 years. Different surgical options were adopted considering the site and size of their pulmonary involvement. Their presentation, diagnostic modalities and management will be discussed.

KEY WORD:

Pulmonary Aspergilloma, Aspergillosis

COMPARISON OF ORAL CONTRACEPTIVES, ANTI – ANDROGEN AND INSULIN SENSITIZERS ON LH AND FSH LEVEL IN THE TREATMENT OF HIRSUTE PATIENTS.

AUTHORS:

Shama Masroor, Prof. Dr. Khan Kalim-ur-Rehman

INSTITUTION:

Department of Physiology, University of Karachi Muhammad Medical College, MPS,

ABSTRACT

To compare objectively the efficacies of Oral Contraceptive; (ethinyl estradiol with norgestimate 50ug / day), Anti – Androgen; (Flutamide 500mg / day) and insulin sensitizing Agent; (Metformin 500mg / twice a day) in the treatment of hirsutism, three groups of twenty hirsute women were studied (age 35±2.7 years; 55.3±1.8 kg of weight) with clinical and laboratory features for 12 months. Oral contraceptives are a therapeutic modality that may address these problems. Increased Gn RH pulse frequency is at least a contributor to be the secretion of excess LH and insufficient FSH that are proximate cause of chronic anovulation in Hirsutism. In the present study Oral contraceptives significantly decreased plasma LH levels ($P<0.01$) and significantly increased plasma FSH levels ($P<0.005$). The potential mechanism of action by which Oral contraceptive produces their significant effect on LH and FSH include gonadotropin suppression, reduction of androgen and inhibition of androgen receptor binding. In the present study Oral contraceptives appears to be one of the best strategies to slow Gn RH pulse generator, which is likely to promote ovulation. Anti-Androgens have reported no marked significant decrease in LH while significant increase in plasma FSH is observed ($P<0.005$) which exhibits that androgen blockers are also helpful to restore ovulation. Whether this effect is mediated peripherally or centrally remain to be clarified. The aim of the study regarding insulin sensitizing Agent was to determine whether reduction of insulin levels would attenuate LH and improve FSH. In present data insulin sensitizing Agent reduced plasma LH level ($P<0.0005$) and no significant alteration in FSH level is observed. Present study concluded that amelioration of hyperinsulinemia has no significant effect on Gn RH pulse generations as well as on ovarian cytochrome P450c17 alpha enzyme activity. In last by the comparison the treatment of Hirsutism with Oral significant improvement of hormonal derangements regarding ovulation and is associated with fewer adverse events.

**TRANSURETHRAL RESECTION OF PROSTATE VERSES TRANSVESICLE
PROSTATECTOMY: POST OPERATIVE URINARY INCONTINENCE**

AUTHOR:

Dr. Rajput Muhammad Jawaid, Associate Professor of Surgery
Muhammad Medical College

DESIGN:

PLACE AND DURATION:

Department of surgery Muhammad Medical College Hospital, Mirpurkhas and department of urology Liaquat University of Medical & health Science Jamshoro from April 2004 TO March 2006 (two years study)

SUBJECT AND METHOD:

One hundred case of enlarged prostate were included in this study. Two groups were made with 50 case in each. Patients under went – TURP were titled as group A and those in whom transvesicle prostatectomy was performed were kept in group B.

They were compared in terms of post operative urinary incontinence, its frequency, severity, and duration.

RESULT:

Age ranged between 48 to 90 year in group (mean 62.2 years) and 50 to 113 year in group B (mean 73.6 years). Maximum hospital stay in group A ranged from 2 to 8 days (mean 3.7) and in group B from 8 to 14 days (mean 9.2).

CONCLUSIONS:

Frequency and severity of post operative urinary incontinence is more with transvesical approach than TURP. Its incidence increase with difficult enucleation. Few measure are recommended to decrease this.

KEY WORD:

Transvesicle prostatectomy _____ TURP _____ urinary incontinence.

DIFFERENCES IN DIET AND FOOD HABITS BETWEEN PATIENTS WITH GALLSTONES AND CONTROLS

AUTHOR:

Channa, Naseem Aslam , Khand, Fattehuddin, Leghari, Muhammad Hussain Memon Allah Nawaz.

Institute of Biochemistry, University of Sindh, Jamshoro.

Department of Biochemistry, Isra University, Hyderabad

Department of Surgery, Isra University, Hyderabad

ABSTRACT

BACKGROUND:

Cholesterol gallstone disease is a common condition in Pakistani population. The etiology is multifactorial with interaction of genetic and environmental factors. Obesity aging, multiple pregnancies and diabetes are consistently associated to a higher risk. A number of dietary factors have been involved in the pathogenesis of cholelithiasis.

AIMS:

To see role of diet as a potential risk factor for gallstone formation, including tea intake, consumption of areca nuts (Paan and Supari), consumption of different wild, green chilies, tomatoes and green leafy vegetables.

PATIENTS AND METHODS:

160 gallstone patients admitted in different hospital of Hyderabad and adjoining areas were interviewed with standard questionnaire developed for that purpose. 112 age and sex matched control patients were asked the same questions.

RESULTS:

Consumers of more than one cup tea per day were at higher risk 4.45 (95% CI, 0.54-12.45, $p=0.004$) to develop gallstones. A significant inverse ($p=0.037$) association of Paan with cholelithiasis was seen in the present study. The incidence of gallstones was found to be twice more in Rapessed oil consumers 2.56 (95% CI; 1.43-4.59, $p=0.001$) compared to cottonseed and other oil consumers. Highest risk for gallstones was seen in patients consuming raw green chilies 14.5 (95.%CI, 1.8-114.6, $P=0.0001$). Fried food 1.29 (95% I, 0.52-3.16, $p=0.46$); tomatoes raw 5.7(95% CI,1.2-25.7, $p=0.002$), fried 1.47 (95% I, 0.5-4.3, $p=0.387$) in curry 1.9 (95% CI,0.9-4.1, $P=0.03$), in all forms 3.23 (95% CI, 1.29-8.0, $P=0.001$) were also found to be associated with gallstone disease. The relative risk for gallstones in green vegetable (Saag/ Paalak) intakers increased with an increase in the frequency of vegetable servings per week (i.e. 1 time / week RR = 1.7 (95% CI, 0.89 - - 5.8, $p=0.03$). The effects of other dietary factors were less conclusive; additional studies are therefore necessary to clarify their relevance in the pathogenesis of gallstone diseases.

CONCLUSION:

In conclusion consumption of tea, rapeseed oil, green chilies, tomatoes fried food, and green vegetables are associated with the prevalence of gallstone diseases.

Abstract
Topic of Presentation

**HYPERCHOLESTEROLEMIA AS A RISK FACTOR IN DIABETIC RETINOPATHY IN
TYPE-2 DIABETIC**

INTRODUCTION:-

Diabetic retinopathy, the leading cause of blindness in the developed countries, is still a disease with a pathogenesis that has not been completely understood.

After the 20 years duration of diabetes, over 60 % of patient with type 2 diabetes will have some degree of retinopathy.

PURPOSE OF STUDY.

To evaluate the hypercholesterolemia as a risk factor in diabetic retinopathy in type 2 diabetes.

MATERIAL AND METHODS.

This is a retrospective study done in diabetic clinic attached with Medical unit –III (ward: 7), JPMC, Karachi. This study is done on 100 patients between the ages of 40-70 years, who attend the diabetic clinic between December 2002 to April 2003.

All these patients were divided into two groups. Group A Containing patients with diabetic retinopathy and Group B containing patients without diabetic retinopathy, following the fundoscopic examination and the finding were confirmed an ophthalmologist .

The fasting lipid profile was done in each patient then patient were also advised for the following investigation:

- Fasting Blood Sugar
- Random Blood Sugar
- HBA1c
- Lipid profile.

ANALYSIS

On the basis of already filled in proformas , a database will be developed on SPSS ver 10.0 for windows. the comparison of two groups i.e. case – control will be done by student , t- test and chi- square test of proportion .The correlation of hypercholesterolemia to DR will also be evaluated by relative risk and linear regression and correlation analyzed.

CONCLUSION

In our study it is proved that hypercholesterolemia is a risk factor for diabetic retinopathy but it is not the only factor responsible for the progression or causation of diabetic retinopathy. But duration of diabetes, serum triglycerides have got a significant link with diabetic retinopathy. We therefore recommend that further studies should be done to assess the effect of lipid lowering agents in delaying the progression or diabetic retinopathy.

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.

Recommendations:

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

TO OBSERVE THE PREVALENCE OF UNTOWARD EFFECTS OF ANTI-TUBERCULOSIS THERAPY IN SPUTUM POSITIVE PATIENTS

AUTHORS :

Dr. Ghulam Rasool, Dr. Kausar Aamir, Dr. Syed Razi Muhammad

INSTITUTION:

Chest Ward of Jinnah Postgraduate Medical Centre Karachi

ABSTRACT

Objective to evaluate the extent of side effects of anti tuberculosis therapy (ATT) on different body systems in various age groups. in both genders.

MATERIALS AND METHODS

The patients were selected as diagnosed cases of pulmonary tuberculosis from medical chest OPD and chest ward of Jinnah Postgraduate Medical Centre, Karachi. Out of these 97 patients were associated through out the study period. Out of the remaining three have not come for follow up.

RESULTS

The adverse effects of anti-tuberculosis drugs i.e. isoniazid (INH), Pyrazinamide, Rifampin, Ethambutol & streptomycin were observed during this study.

Isoniazid 300mg/day was started in 97 tuberculosis patients. The major side effects were recorded after two weeks of medication, which included Hepatitis 10 and peripheral neuropathy 11 were recorded in this study.

Pyrazinamide (1 – 2g/day) the major side effect of this drug were produced after 3 – 4 weeks of medication. The hepatitis 3, peripheral neuropathy 7, joint pain 8, and skin rashes were documented in this study.

Ethambutol was administered at dose of 15 – 30mg/kg/day. The side effects of this drug were manifested after 2 – 3 weeks of treatment. The peripheral neuropathy 7 and optic neuritis 7, were recorded as main side effects.

Rifampin (450mg/day) after 2 – 3 weeks of starting with combined therapy, the major side effects were manifested. When this drug was hold the hepatitis 2 and skin rashes 3, were improved and 3 reactions of thermocytopenia were documented in this study.

Streptomycin (1g/day) it was started with other drugs. After 3 – 7 weeks of medication, 3 patients complaint of oliguria and 2 patients presented during follow up with hearing difficult. These reactions proved clinically and laboratory investigations.

CONCLUSION

The baseline investigation liver function test, blood complete picture, blood urea nitrogen and creatinine along with clinical examination exclude hepatitis, joint pain and optic neuritis should be done before start of anti tuberculosis therapy. Patients on anti tuberculosis drugs should be monitored closely for any untoward effects of drugs, so that they should be guided about adverse effects of anti tuberculosis drugs. If signs and symptoms of drug induced reactions appeared, patients should report immediately to the nearby hospital and the causative drugs should be stopped for reduction of side effects after necessary laboratory investigation.

**CAN WE ACCURATELY PREDICT THE SEVERITY OF CHRONIC HEPATITIS C
GENOTYPE 3 DISEASE IN PAKISTANI PATIENTS BY USING EASILY PERFORMED
LABORATORY TESTS**

AUTHORS : A H Muhammad, S R Muhammad

ABSTRACT

OBJECTIVE:

To assess the reliability of 5 easily performed laboratory tests in predicting severity of chronic hepatitis C genotype 3 diseases in Pakistani patients.

DESIGN:

A cross sectional prospective study in which blood was taken for 5 laboratory tests from two groups of 50 patients with hepatitis C genotype 3 disease.

SETTING:

Patients attending the liver clinic at Muhammad Medical College Mirpurkhas.

SUBJECTS:

100 patients with proven chronic hepatitis C genotype 3 disease were divided equally into Group A, who had clinical or ultrasound evidence of cirrhosis and group B, who did not. Both groups were age and sex matched.

MAIN OUTCOME MEASURES:

Measurements of platelets, INR, Albumin, AST:ALT ratio and APRI in blood samples of two groups, to see if they are significantly worse in group A (Cirrhotic patients).

RESULTS:

All five parameters were found significantly worse in group A (clinically and ultrasonically cirrhotic patients) than group B (clinically and ultrasonically non cirrhotic patients).

CONCLUSIONS:

Simple, easily available laboratory tests can be used to assess the stage of chronic hepatitis C genotype 3 disease in Pakistani patients.

IMPORTANT REACTIONS OF INTERMEDIARY METABOLISM

AUTHORS: Shaista Ambreen , Sawina , Maria (First Prof. MBBS Part II)
Dr. Shams-ul-Arfeen Khan (Assistant Professor Biochemistry).

INSTITUTION:

Department of Biochemistry, Muhammad Medical College Mirpurkhas.

ABSTRACT

In turn, different pathways intersect, following an integrated and purposeful network of chemical reaction collectively called "Metabolism".

Most metabolic pathways can be classified as either Catabolic (degenerative) or Anabolic (Synthetic). Catabolic reactions breakdown complex molecules such as Proteins, Polysaccharides and Lipids to a few simple molecules, for example CO_2 , NH_3 (Ammonia) & water. Anabolic Pathways form complex and products from simple precursors. Catabolic reactions serve to capture chemical energy (in the form of ATP) from the degradation of energy rich fuel molecules, while Anabolic reactions combine small molecules, such as amino acids, to form complex molecules such as Proteins.

So, in order to reveal a vision of the "big picture" a metabolic map containing the important central pathways of energy metabolism is shown below. The map is useful in tracing connections between pathways, visualizing to purposeful movement of metabolic intermediates, and picturing the effect on the "traffic pattern" of intermediates if a roadway is blocked, say by a drug or an inherited deficiency of an enzyme.

LAROSCOPIC CHOLECYSTECTOMY IN CIRRHOTIC PATIENTS

AUTHORS:

Dr. A. Razaque sheikh, Prof. Of surgery

INSTITUTION:

Liaquat university of medical health and sciences Jamshoro

ABSTRACT

A retrospectiv study was conducted at SU IV . Liaquat university of medical health and sciences jamshoro from JAN 2003 to DEC 2005 of all the cases of cirrhotic patients undergoing laproscopic cholecystectomy(LC). The aim of study was to assess the safety of LC in cirrhotic patients .Out of 250 patients undergoing LC 20 (12.5%) were cirrhotic.Out of 20 cases childs group A were 12(60%) and group B were 8(40%)..Out of 20 cases 2(10%) were converted to open cholecystectomy. Operating time was 70-40 min There was increased blood requirement in cirrhotic patients compared to non cirrhotics.

It was concluded that laproscopic cholecystectomy is a safe procedure in cirrhotic patient with advantages over open cholecystectomy of lower morbidity rate ,reduced hospital stay and lower risk of infection.

IS SMOKING REALLY A PROBLEM IN OUR MEDICAL PATIENTS POPULATION?

AUTHORS:

Dr. Khan Parveen (House Officer MMC), Dr. Khan Amna (House Officer MMC), Dr. Abbas Nadia (House Officer MMC), Dr. Mehwish Zeb (House Officer MMC), Dr. Abbas Zafar (Consultant Physician MMC)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College

ABSTRACT

Smoking is pandemic world wide. However its frequency is reported to be dropping in the developed countries but not so in developing ones. It is responsible for a long list of medical illnesses-many of which are life threatening. The data of smokers in Pakistan population is scarcely available and no data exists for smokers in our region. The adverse health effects from cigarette smoking account for 440000 deaths or nearly 1 in every 5 person in USA.

AIMS:

To find out the frequency and mortality of smoking related problems in the region of Mirpurkhas.

PATIENTS & METHODS:

Cross-sectional Retrospective study of the case notes of all 400 successive medical admissions to find 100 smokers patients.

Patients with chornic liver disease (CLD) were excluded to avoid the bias as we have a major liver centre, and a large patients population suffering from CLD.

RESULTS:

Out of 400 case notes, no record of smoking habits was documented in 94 (23.5%). Of the remaining 306 patients, there were 180 males (59%) & 126 females (41%). Among 306 patients, there were 100 smokers (33%) & 206 (67%) non smokers. Among 100 smokers, there were 81 males & 19 females - average age 51 year (rang = 13 – 76 years). Among 206 non smokers, there were 99 males (48%) and 107 females (52%)- average age 40 years (range 10 – 100 years). Among 100 smokers 51 were admitted with a smoking related disease. There were 6 deaths in non smokers group (3%) and 9 deaths among smokers of which 5 died of smoking related diseases (9.8%). Among smoking related diseases 3 commonest were ischemic heart disease (IHD) - 23 patients (45%), CVA - 9 patients (17%) and chronic obstructive pulmonary disease - 8 patients (15%).

CONCLUSION:

Smoking is rampant in our patients, specially males and is responsible for a third of all medical admission excluding CLD. A higher proportion of patients die in smokers group, mainly with smoking related diseases. Our doctors failed to document the important information of smoking habits in nearly ¼ cases which needs considerable attention.

ABDOMINAL SACROHYSTEROPEX/ SACROCOLPOPEXY WITH PROLENCE MESH FOR TREATMENT OF UTEROVAGINAL PROLAPSE

AUTHOR:

Dr. Rizwan Farzana (Assistant Professor)

INSTITUTE:

Department of Gynae, Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

OBJECTIVES:

To study the on going results of abdominal sacrohysteropex/ sacrocolpopexy with prolence mesh for treatment of uterovaginal prolapse peremenopausal/ post menopausal women.

DESIGN:

A Prospective observational study

PARTICIPANT:

Fifteen patient were operated in our Gynae department.

Surgical Method: Sacrohysteropex/ Sacrocolpopexyy with prolene mesh attached either to uterine isthmas/ vault and was attached to the longitudinal ligament of the 1st / 2nd sacral vertebrin a tension free fasion.

RESULT:

The mean age of the women 50 years 11 patients were multiparous. 10 patients were having 3rd digree u/v prolapse. Mesh were extended to correct a cystocele in 7 patients. There were no intraoperative and post operative complication. The mean follow up time was fifteen month at follow up two women had 1st degree uterine prolapse 8 patient had constipation.

CONCLUSION:

It is concluded that sacrhsteropexy/ sacroclpopexy with prolene meshis a safe, effective and durable surgical procedure for the management of u/v prolapse in young women and those who desire to retain their uterus.

CHILD SEXUAL ABUSE

Author:

DR. ZULFIQAR SHAIKH

Child Sexual Abuse (CSA) is “an activity in which an adult or older child uses a younger child in a sexual way.”

TYPES:

1) When a stranger or someone the child knows abuses the child.

2)“Incest”: when a relative by blood or by law, abuses the child.

CSA may be in the form of Touching, Fondling, Kissing, Looking at child’s private parts, Showing the child pornographic material, Making the child touch or look at the abuser’s private parts, Child pornography & prostitution, Oral Sex, Rape/Sodomy, Verbal Sexual Abuse.

Socially accepted customs are being used to shelter CSA in various countries.

Most of it goes undocumented, the perpetrators remain at large and all of us are silent bystanders.

CSA is a problem of all the socio- economic classes.

No place is safe. CSA was done at hotels, mosques, churches, workshops, jungles, streets and fields.

Power is the primary cause rather than the sexual desire.

The factors involved are: Lack of appropriate laws, the social setup, taboos surrounding the issue, sexual frustration.

Five Basic Assumptions that play a major role in making children easy prey for sexual abuse are: Denial, Information Blackout, Lack of Communication, Disrespect of Boundaries, and Lost Confidence.

PREVENTION

- Most Important -- Acceptance of the crime that it can happen to our children
- Need for education, to change behavior of people
- Sensitize parents and teachers

Role of the community, religious leaders and schoolteachers

POSTER PRESENTATIONS (ORIGINAL PAPER)

CAUSES OF ACUTE ABDOMEN IN PEDIATRIC POPULATION (<15) ATTENDING MMCH

AUTHORS:

Yasir Sindhi(final year), Shaheryar(final year),Salman Mangrio(final year),
Dr. Rehmatullah soomro, Prof: Dr. Syed Razi Muhammad

INSTITUTION:

Department of Surgery,Muhammad Medical collage, Mirpurkhas

ABSTRACT

OBJECTIVE:

To find out the most common cause of acute abdomen in patient below the age of 15 years who attended MMCH between 2004-2006

BACKGROUND:

Medical Literature shows that acute appendicitis is the most frequent(>50%) pathology causing acute abdomen in children as evidence by studies carried out as yet. This retrospective study was carried out to see the frequency of causes of acute abdomen in children.

PATIENTS AND METHODS:

This is a retrospectives study carried out by available record between 2004-2006

RESULT:

Out of 60 patients 38 were males(63.3%) and 22 were females(36.7%). Range of patient's age was from 5 months to 15 years, and the average age was 10 years. 2 patients expired(3.3%), 42 were operated(70%) while 18 were managed conservatively. Following were the causes of acute abdomen.

- 38 (63.3%) acute appendicitis
- 09 (15%) volvulus
- 05 (8.3%) intestinal perforation
- 04 (6.6%) intussusception
- 02 (3.3%) obstructed inguinal hernia
- 01 (1.6%) uretic calculus
- 01 (1.6%) gastroenteritis(? Mesenteric lymph adenitis)

CONCLUSION:

It was concluded that the most frequent cause of acute abdomen in pediatrics population was acute appendicitis, as already shown by other studies.

A SURVEY ON THE VIEWS OF DOCTORS AND MEDICAL STUDENTS ON THE HEALTHCARE PROBLEMS OF PAKISTAN

AUTHORS:

Batool, Syeda Aasia (final year MBBS), Raja, Aliya Zaman (final year MBBS), Abbas, Syed Qamar (Assistant Specialist in Medicine)

INSTITUTIONS:

1. & 2. Muhammad Medical College & Hospital, Mirpurkhas.
3. St. Clare Hospice, Essex, UK.

ABSTRACT

BACKGROUND:

Despite the efforts at various levels, the healthcare provisions in Pakistan have not produced satisfactory results. As doctors and medical students are directly involved in this system, their opinions regarding the system, its problems and solutions for the problems are important.

AIMS & OBJECTIVES:

To find the opinions of doctors and medical students about the problems of the healthcare system of Pakistan and their solutions, in a rural area teaching hospital in Pakistan.

METHODS:

A questionnaire was developed as per aims and objectives, and was distributed among 100 doctors and medical students of Muhammad Medical College & Hospital.

RESULTS:

Response rate of return of questionnaire was 37%. Out of 37, 23 (62.2%) were students and 14 (37.8%) were doctors. Among doctors, 6/14 (42.8%) were from medicine department. 13/23 students were from final year (56.5%). The top problems mentioned were: Administrative flaws (62%), lack of awareness among people (40.5%) and impacts of general social shortcomings (e.g.: corruption) (32.4%). The solutions on top were: Education of the masses (54%), provision and utilization of resources (51.4%) and hygiene improvement (32.4%).

CONCLUSION:

37% response was received. According to those that responded, most (62%) said that administrative flaws are the most important problems in the system. It follows to the most frequently made suggestion for solution (54%) as Education of the Masses.

INTESTINAL OBSTRUCTION: CAUSES and OUTCOMES at a RURAL CENTRE in PAKISTAN

AUTHORS:

Batool, Syeda Aasia (final year, MBBS), Muhammad, Syed Razi (Professor of Surgery)

INSTITUTION:

Depart: of Surgery, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

BACKGROUND:

Intestinal Obstruction is one of the major causes for acute abdomen in a surgical ward. The causes for this obstruction are many with varying frequencies. The management can be conservative, surgical or both, which when not provided in time, significantly increases the risk of morbidity and mortality. However, no data exists about this in a rural area of Pakistan.

AIMS & OBJECTIVES:

To determine the causes and outcomes of intestinal obstruction in the surgical ward patients of a rural area tertiary centre in Pakistan.

METHODS & PATIENTS:

Retrospective study of the data collected from the records of 89 patients admitted in the surgical ward of the hospital between Jan '05 and July '06, diagnosed with intestinal obstruction.

RESULTS:

Out of 89 (52.8% males, 47.2% females; mean age 37.7 years –range= 20 days-85 years), 52 (58.4%) patients were conservatively treated, while 37/89 (41.6%) needed surgical intervention. In 38/89 (42.7%), a definite cause was identified, among which top 3 were: Adhesions, Bands and Strictures (28.7%), Hernias (18.9%) and Intussusceptions (10.5%). 8/89 (9%) patients died, of which 1/8 had been conservatively treated. Mean time delay between onset of symptoms and operation was 10.3 days (Range= 0-33 days). This mean delay was 17.3 days (Range= 1-33 days) among the patients that died and 8.7 days (0-22) among survivors.

CONCLUSION:

Adhesions, Bands and Strictures are the most common cause of intestinal obstruction (28.7%) in our study. Although most patients were successfully treated by conservative measures only (51/89= 57.3%), a prolonged time delay (17.3 days) in seeking appropriate medical help appeared to be associated with higher mortality.

AN AUDIT OF 100 CONSECUTIVE CT SCAN OF HEAD AT MIRPURKHAS

AUTHORS:

Abdul Rehman (Final Year MBBS), Taimoor Khan (Final Year MBBS), Ameen (Consultant Radiologist), S. Zafar Abbas (Consultant Physician)

INSTITUTIONS:

Muhammad Medical College Hospital, Ameen Diagnostic Centre, Mirpurkhas

ABSTRACT

BACKGROUND:

There are various indications to perform CT head in a patient. In Mirpurkhas, recently a CT Scan has been installed which has enabled us to perform an audit of its findings.

AIMS:

To find out the common findings on head CT Scan in our population.

METHODS:

Retrospective analysis of 100 consecutive CT heads.

RESULTS:

Out of 100 patients, there were 53 males and 47 females and average of 40 years (range 2 ½ months to 100 years) (48), ischaemic changes (25) [with infarction (22) or without it (3)] and intracranial hemorrhage (a)

CONCLUSIONS:

Our study confirms that common CT findings in literature also hold true for our population.

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

AUTHORS:

Yawar Durrani, Syed Zafar Abbas, Syed Razi Mohammad.

INSTITUTION:

Muhammad Medical College Hospital

ABSTRACT

BACKGROUND:

The Intensive Care Unit (ICU) at our centre has recently been modernized & upgraded. It is the only such centre to serve around 5 million rural population in the southern division of Mirpurkhas, Pakistan.

AIMS:

To see the pattern of disease presentation & mortality at a tertiary referral center's ICU in a rural area of Pakistan.

PATIENT & METHOD:

Case record of all 568 patients (315 males; 253 females) that were admitted to ICU of Mohammad Medical College Hospital between 01.01.2005 to 31.12.2005 were reviewed.

RESULT:

Average age of the patients was 44 years (range 3 days – 105 years). Most of the cases were referred by the department of medicine (391/568 patients – 69%) followed by surgical department (130/568 patients – 23%). The average length of stay in the ICU was 6 days. The commonest three reason for admission in medical ICU were complications of decompensated cirrhosis secondary to viral hepatitis (89/568 – 16% patients), Ischemic heart disease (47/568 – 8% patients), Cardiovascular accident (22/568 – 4%). 156/568 patients (27%) on improvement were shifted back to their respective departments for continuation of care before discharge to home. 194/568 patients (34%) were well enough to be discharged directly to their homes from ICU. 119/568 (21%) patients died in ICU. The commonest cause of death was liver failure caused by viral hepatitis induced chronic liver disease (35/119 – 29%) followed by Ischemic heart disease (10/119 – 8 %). 116/568 – 20% admitted patients in ICU were found to be infected with Hepatitis C (94 patients) or Hepatitis B (22 patients).

ENDOSCOPIC DETECTION of UPPER GI CANCERS at an ENDOSCOPY CENTRE in the RURAL AREA of PAKISTAN

AUTHORS:

Batool, Syeda Aasia (Final year MBBS), Rajput, Arooj Naz (Final year MBBS), Abbas, Syed Zafar (Consultant Gastroenterologist and Endoscopist)

INSTITUTION:

Depart: of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

BACKGROUND:

Studies have been done in various parts of the world including Pakistan, showing incidence and prevalence of upper GI cancers. However, there are significant variations between various parts of the world in the incidence, prevalence and types of upper GI cancers. Even in Pakistan, different centres have reported different data. This is the first study on this topic ever done in Mirpurkhas –a rural area of Pakistan –in the first ever endoscopic centre of this area.

AIM:

The aim of the study was to find out the data of upper GI cancers which is so far unknown in Mirpurkhas.

PATIENTS AND METHODS:

Retrospective analysis of the endoscopy records of who underwent upper GI endoscopy in the last 12 months in MMCH. Patients with hepato-biliary cancers diagnosed with means other than upper GI endoscopy were excluded.

RESULTS:

311 patients underwent upper GI endoscopy during this period; 129 (51.8%) males and 120 (48.2%) females, average age was 45.6 years with the range of 15-92 years. 22 were found to have upper GI cancers (7.7%). 8 were males (36%) and 14 were females (64%). Average age was 44.4 years, range: 26-80. Of them 14 (63.6) were oesophageal and 8 (36.4%) were gastric cancers. Among oesophageal cancers, 4 (28.6%) were mid/proximal oesophageal cancers and 10 (71.4%) were distal in site.

CONCLUSION:

As compared to the Western world, a significantly high proportion (7.7%) of all endoscopies in our centre found upper GI cancers in a significantly younger population and with a reverse male: female ratio.

EXPERIENCE OF RUNNING FREE DIABETES CLINIC AT MUHAMMAD MEDICAL COLLEGE HOSPITAL , MIRPURKHAS.

Authors:

Irshad Ahmed , Shamsul Arfeen Khan, Dr. Syed Zafar Abbas

Institution:

Department of Medicine, Muhammad Medical College & Hospital Mirpurkhas

ABSTRACT

Background:

- Complication 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). A free diabetes clinic (FDC) has been providing services at MMCH last nearly 2 years. 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.

Methods and Design:

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

Results: I

430 of Patients (280 Males, 150 females) were registered. Their mean age was 41 years (range 11 to 75). 405 (94%) had type II DM. Their mean body mass index (BMI) was 24 (range 15 to 43). Average blood pressure was 140/100 (Max 210 /110 mm Hg). 175 (40%) of 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 65 to 675). Blood cholesterol of 25 patients (5%) was checked with average result of 134 mg/ dl (range 100 to 230) 55 (12%) of patients had serum creatinine checked, of which 37 (67%) had some degree of impairment. 13 / 37 / (35 %) of all Glycated Hemoglobin (Hb A1C) were within normal limits of ≤ 6 , 14/37 (37%) were moderately raised (up to 7%), 10/37 (27%) was severely impaired (above 7%). Of those with type II DM 85/ 405 (20%) were on Biguanide (Metformin) alone, 90 (22 %) on a glycosylurea alone, 200/430 (49.%) patients were on a combination of Biguanide and glycosylurea - 30 patients (7%) were on 3 or more anti diabetic medications at the time of registration 174 / 430 (40%) patients had fundoscopy at FDC by an experienced and qualified ophthalmologist, of which 45(25%) had some grade of diabetic retinopathy.

Conclusion

Despite massive subsidies, only a small fraction of patients get investigations done for nephropathy, dislipaemia and retinopathy. 40% had hypertension and 67% of those checked had nephropathy. Of those that were checked (with a bias of those who agreed / wished to get examination), 25% had some degree of retinopathy.

HEPATITIS C INFECTED PATIENTS AT MIRPURKHAS. ARE THEY REALLY DIFFERENT FROM THE REST OF THE COUNTRY?????

AUTHORS:

Khan Hina Abdul Qayoom (Final Year), Abbas Syed Zafar (Consultant Gastroenterologist)

INSTITUTION:

Department of Gastroenterology and Department of Pathology, Muhammad Medical College Hospital , Mirpurkhas.

ABSTRACT

BACKGROUND:

Although Hepatitis C Virus (HCV) infection prevalence varies widely in our country, on an average 6% people are estimator to be infected [Pakistan Society of Gastroenterology]. The natural history of HCV suggests chronicity in about 80 %. HCV antibodies can still be detected in blood 5-10 years and beyond after its eradication - suggesting ~ 20% false positive rate. A qualitative PCR should therefore be used to confirm the diagnosis and it is also important to determine genotype before initiation of therapy. We have been prospectively collecting our PCR and genotype tests data to compare it with that of the rest of Pakistan.

AIMS:

To determine the frequency of positive HCV - PCR in patients who test positive for HCV antibodies in our population and to find out the genotype distribution.

RESULT:

229/1227 (18.7%) patients tested positive for HCV antibodies. 574 of them (358 males, 216 females; mean age was 39.5 years) had their HCV-RNA checked by qualitative PCR, of which 530 (92.3 %) were detected. A further 178 (33.5%) of those that had HCV -RNA detected were tested for genotyping. Among 163 typeables 84 (51.5%) had genotype 3a, 44 (26.9%) 3b, 1 (0.6%) 3c i.e., 79.1% genotype 3, 6 (4.8%) 2 and 2 (1.2%) genotype 1. 26 (15.9%) had mixed genotypes, while 15 were untypeables (8.4%)

CONCLUSION:

Compared to the average population of Pakistan , our patients have over 92% chances of infection getting chronic, and have over 79% rate of acquiring infection by genotype 3. This corresponds well with the national data.

IMMUNIZATION – TO KNOW THE AWARENESS AND STATE OF MEDICAL STUDENTS

AUTHORS:

Sana (student fourth year), Sheerin (student fourth year), Prof.Dr.Razi Muhammad (Consultant Surgeon).

INSTITUTION:

Muhammad Medical College, Mirpurkhas (MMC).

INTRODUCTIN:

Immunization is the protection of susceptible individual from communicable disease by administration of vaccine.

AIMS:

To assess the awareness and state of immunization of medical students of each class of MMC.

METHODS AND DESIGN:

A cross-sectional prospective study in which aquestionaire filled by (20) students of either sex from each class.

RESULT:

96 Students (48 in each gender group) had immunization ,22 had vccinatuon for all diseases including Hepatitis B vaccination that they had in their adulthood. In childhood, 35 students were completely vaccinated for all diseases.

CONCLUSION:

Their appears to be good awareness among all students of both genders of all stages. However a significant number of medical students have not been completely immunized. Most would like to participate in any immunizatin compaign.

AN AUDIT OF ANEMIA IN ADULT POPULATION

AUTHORS:

Laghari Yasir (Final Year), Niaz Salman (Final Year), Sharyar (Final Year), Abbas Syed Zafar (Consultant Physician).

INSTITUTION:

Depart:of Pathology and Depart: of Medicine, Muhammad Medical College Hospital,

ABSTRACT

BACKGROUND:

Anemia is responsible for large number of presentation at any hospital. It is believed that poor nutrition is the root-cause of a significant proportion of them .. although, thellasemia is also not un-common in this past off the world. Unfortunately, vast majority of our patients are not able to get further investigations done due to their heavy expenses. However, with haematology indices, one can narrow down the possible diagnosis we performed a study to look into microcytic Vs macrocytic anemia in our population.

AIMS:

To determine the frequency of various anemia types according to the RBC morphology.

METHODS:

Respective analysis of the last 100 consecutive haematology records. All blood test were done on a computerized and automatic haematology analyzer (Seiko Scientific)

RESULTS:

100 anemia results were found in.. last consecutive tests (..%) of them .. (%) were males and ..(%) females with average age .. years (range .. to ..). Average haemoglobin was ...g/dl less than the lower limit of normal range.. (range .. to ..). Out of 100 anaemics, .. (%) were microcytic, .. (%) macrocytic and .. (%) normocytic.

CONCLUSION:

A significant proportion of all those tested were anaemic – the majority of them being microcytic (%). Heavy subsidy (Preferable free of cost) is urgently needed to enable health care professionals to investigate patients and treat them accordingly.

DISEASE BURDEN IN SURGICAL DEPARTMENT OF A RURAL TERRITORY CENTER OF PAKISTAN

Authors:

Uzair Khan (3rd year MBBS), Dr Mehwish Zeb (House officer)
Dr R Soomro

Institution:

Depart: of surgery Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Background:

Health care resources should be distributed according to the local needs. Disease frequency differs considerably in different region. 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 and Methods:

Retrospective analysis of all admission at surgical department of Muhammad Medical College Hospital over 11 months of period.

Results:

1181 patients(680 males&501 female) were admitted between 1-10-2005 to 31-7-2006 at our surgical department. there mean age was 20 years (range=01day to 100 years). The five commonest diagnoses were.

- | | |
|-------------------------------|---------------|
| 1 urinary tract stones | (n=179) (15%) |
| 2 Cholelithiasis | (n=147) (12%) |
| 3 Benign Prostate Hyperplasia | (n=133) (11%) |
| 4 Acute Abdomen | (n=125) (10%) |
| 5 inguinal Hernia | (n=97) (8%) |

The average length of hospital stay was 15 days (5-40)1. 1112 (94%) of all admissions required a surgical intervention. Overall mortality was 93(7.8%).

Conclusion:

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

FREQUENCY OF DYSLIPIDEMIA, HYPERTENSION AND HEPATITIS C VIRUS ANTIGEN IN 100 TYPE 2 DIABETIC PATIENT REGISTERED AT M.M.C & HOSPITAL.

AUTHOR:

Mehwish Shabbir (final year MBBS), Naila Munawar (final year MBBS), DR. Fayyaz Memon, DR. Syed Zaffar Abbas

INSTITUTE:

MUHAMMAD MEDICAL COLLEGE AND HOSPITAL.

ABSTRACT

BACKGROUND:

Diabetes mellitus is a chronic metabolic disorder. With increased duration of diabetes mellitus, incidence of the macro vascular and microvascular complication like dyslipidemia, ischaemic heart disease and hypertension also increased.

AIMS:

To see the prevalence of dyslipidaemia and hypertension and hepatitis C virus in 100 patient of type 2 diabetes mellitus registered in diabetic clinic of Muhammad Medical College and Hospital.

METHODS AND MATERIAL:

Retrospective and cross sectional study on randomly selected 100 patients both males and females type 2 diabetes from diabetic clinic of Muhammad Medical College and Hospital. Only those patients were studied in which all the required data were available.

RESULTS:

Among all 100 diabetic type 2 patients, there were (56 males, and 44 females), with average age of 50 years (range =30-70), there were (69 hypertension 35male, 34female), 28 patient dyslipidemia, (12male, 16female), 2 hepatitis C virus positive both are male.

CONCLUSION:

We were found in this study that frequency of dyslipidemia, hypertension is higher in female population compare to male population, Two male patient are hepatitis C virus Positive.

IS SMOKING AND OBESITY REALLY EPIDEMIC IN OUR YOUNG AND "HEALTHY" POPULATION? A STUDY OF 200 MEDICAL STUDENTS

AUTHORS:

Sheikh Sadia Hameed (4th Year MBBS), Fatima Hina (4th Year MBBS), Dr. Abbas Syed Zaffar (Consultant Physician)

INSTITUTION:

Depart: of Community Health Sciences & Depart: of Medicine, M.M.C.H Mirpurkhas

ABSTRACT

BACKGROUND

Obesity is the most common metabolic/nutritional disease in the U.S, and is becoming common in Pakistan. Both smoking and obesity are believed to be root-cause of several serious medical illnesses in our era. Both these risk factors are thought to be prevalent in well-off societies. We did our study of our private medical college students who come from all over the country, to see how big is this problem in our society.

AIMS

To determine the proportion of young "healthy" students that are obese and smokers.

METHODS

Students were randomly selected from various classes of Muhammad Medical College. They were investigated by a team of two investigators (SSH and FH) and their BMIs were calculated by them. Any students with a chronic or concurrent acute illness or any medicines were excluded.

RESULTS:

Out of a total of 200 students (110 males, 90 females; average age 20 years, range 18 to 28). 30 (15%) were smokers- All of them were males. 3% (n = 6 males 4 females 2) were obese with BMI of > 30. 7% (n = 14 males 7 females 7) were overweight, with BMI \geq 26. Whereas 6 (3% 3 males 3 females) had a BMI of \leq 16 and remaining 90% (100 males and 80 females) had normal BMI.

CONCLUSION

Although not quite as bad as in the developed countries, obesity is not uncommon in our well-off Pakistani society. However a considerable number was also underweight.

**PATTERN OF CASES OF MEASLES PRESENTING IN PAEDS OPD OF MUHAMMAD
MEDICAL COLLEGE & HOSPITAL, MIRPURKHAS**

AUTHORS:

Dure-e- Shahwar Syeda (4th Year MBBS), Raj Sapna (4th Year MBBS), DR. Kumar Neem (Pediatrician)
MBBS, MCPS, FCPS

INSTITUTION:

Muhammad Medical College & Hospital Mirpurkhas, Department of Paediatrics

ABSTRACT

BACKGROUND:

Measles is a viral infection which commonly occurs in children. If appropriate treatment is given, complications can be avoided. Complications of measles include pneumonia, otitis media, encephalitis etc.

AIMS AND OBJECTIVES:

To find out the pattern of cases of measles in patients seen at our hospital.

PATIENTS & METHODS

10 patients who were diagnosed with measles were seen in the Paediatrics OPD, for any complications, in the last 3 months, and were followed up . Their records were reviewed.

RESULT:

10 patients presented with high grade fever, rashes and cough due to measles at the Paediatrics OPD of Muhammad Medical College in three Months. The average duration between onset of symptoms and presentation at OPD was 3 days. In 5 patients the course of the disease was uneventful and no complication developed. In the remaining 5 the complication occurred as follows: Pneumonia 4/10 (40%) Encephalitis 1/10 (10%)

CONCLUSION:

In our study , the most common complication of measles was found to be pneumonia.

POSTER PRESENTATIONS (CASE REPORTS)

MYASTHENIA GRAVIS –A DEBILITATING ILLNESS WITH SATISFACTORY OUTCOME

AUTHOR:

M.Faisal Iqbal (Final Year), Aasir Hayat (Final Year), Tahir Imran (Final Year), Dr Santosh Kumar (Consultant Physician & Cardiologist)
Dr Fayaz Memon (Consultant Neurologist)

INSTITUTION:

Depart: Of Neurology, Muhammad Medical College, Hospital, Mps.

ABSTRACT

Myasthenia Gravis is an interesting problem often found incidentally. It involves all ages commonly affecting young women with HLADR3. Exacerbation may also occur before menstrual period or during after pregnancy. Symptoms are due to variable degree of block of neuromuscular transmission caused by autoantibodies binding to acetylcholine receptor. Features that helped us in establishing diagnosis of myasthenia gravis in this patient were;

1. Fluctuating weakness of commonly used voluntary muscles producing symptoms such as diplopia, Ptosis & dysphagia.
 2. Activity increasing weakness of affected muscles.
 3. Acetylcholine receptor antibodies is positive (1.64nmol/l)
 4. Short acting anticholinestrase transiently improve the weakness.
-

A CASE REPORT OF PERIPARTUM CARDIOMYOPATH

AUTHORS:

Aasia Hassan (MBBS – Final Year), Farhat Sultana, (MBBS – Final Year), D. Fayyaz Memon (Consultant Physician & Neurologist) Dr. Santosh Kumar (Consultant Physician & Cardiologist)

INSTITUTION:

Depart: f Medicine, Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Peripartum Cardiomyopathy is a rare disorder in which a weakened heart is diagnosed within the last month of pregnancy, or within the 5th month of delivery.

Peripartum Cardiomyopathy is a form of dilated cardiomyopathy in which heart muscles become weakened and can not pump blood efficiently. The decreased heart function effects the lungs, liver and other body systems.

Peripartum Cardiomyopathy complicates 1 in every 1,300 to 4,000 deliveries.

We report a case of Peripartum Cardiomyopathy in a 27 year old female patient, who made a remarkable and complete recovery after treatment in our medical ward.

WAGR SYNDROME

AUTHORS: Khuhro Roshan (Final Year MBBS), Shaikh Rehana (Final Year MBBS), Dr. Kumar Nim (Senior Registrar)

INSTITUTION:

Depart: of Paediatrics, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

The wagr syndrome is a multiple congenital anomaly. Mental retardation syndrome caused by the interstitial deletion of distal portion of chromosome II P 13. Patients present with growth restriction, mental retardation, aniridia, Photophobia, Cataract and neurological defects such as incoordination, Hypotonia, Kyphosis and scoliosis. Individual with Wagr Syndrome have a risk for developing Wilm's tumor and late onset renal failure. It is a rare syndrome. There are only few hundred cases reported in medical literature.

We present a case of this uncommon illness and will discuss its various aspects in our poster.

A CASE REPORT OF HODGKIN'S LYMPHOMA

AUTHORS: Sana (Fourth Year), Khan Sheerin (Fourth Year), Khan Dr. Abdul Qadir (Senior Registrar)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

INTRODUCTION:

Lymphoma are the malignant neoplasms of cells native to lymphoid tissue (Lymphocytes, Histocytes and their precursors and derivatives). Lymphoma is divided clinically and histologically into Hodgkins and Non-Hodgkins.

CASE STUDY:

An 18 years old female presented to medical department of MMCH with complain of a high-grade fever, multiple swellings on neck and weigh loss for the last several months and hepatosplenomagly on abdominal examination. Our clinical diagnosis was lymphoma and lymph node biopsy proved Hodgkin's lymphoma. We will present her case in our poster and discuss its various aspects.

TUBERCULOSIS OF THORACIC SPINE (CASE PRESENTATION)

AUTHORS: Dur - e- Shahwar , Syeda (4th Year MBBS),Raj Sapna (4th Year MBBS),Dr Memon Fayaz (Consultant Neurologist)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

INTRODUCTION:

Tuberculosis of thoracic / lumbar spine, also known as Pott's disease is caused by mycobacterium tuberculosis. In the developing countries, it usually occurs in the children to young persons while in developed countries it occurs to any age group mainly in immunosuppressed patients usually due to concomitant AIDS.

CASE REPORT:

A 45- year old housewife presented with history of pain in inter-scapular region for 1 ½ years, fever & lower limb weakness for one year. The pain was continuous and sharp. Fever was high grade, occurring in the evening for 3-4 hours. Her lower limb weakness made her bed-bounded. There was appetite and weight loss, as well as urinary retention. There was no past history of T.B. On examination her lower limb power was low and tone and reflexes were increased. She had tenderness on T1 and T2 levels. Rest of physical examination was normal. Her ESR and TLC were high: MRI showed destruction of T2, 3,4.

She was diagnosed as patients of tuberculosis of thoracic spine.

MEIG'S SYNDROME: A GYNECOLOGICAL PRESENTATION OF ASCITES AND PLEURAL EFFUSION

AUTHOR:

Dr. Mehwish Zeb (House Officer), Dr. Samina Furqan (Registrar), Dr. Mohine Gotam (S. Registrar)

INSTITUTION:

Depart: of Gynaecology, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

INTRODUCTION:

Usually in the field of medicine it has should be emphasized time & again that patient should be examined thoroughly as there may be some important finding that could be helpful in diagnosis. We report a case which is a very good example of a patient with mass in abdomen & findings in chest that led us towards final diagnosis.

CASE REPORT:

A 30 yours old young lady, married, farmer, having 3 children & regular menstrual cycles, came to us with mass in abdomen which enlarged gradually with no other associated complaints except for cramping pain. On abdominal examination there was a mass in abdomen with ascites. On chest examination there were absent breath sounds on left & lower zones of chest & there was stony dull not on percussion. In chest X-ray there was pleural effusion on left side. So, we made diagnosis of Meig's Syndrome, which comprises of ovarian fibroma, ascites 7 pleural effusion.

**CASE PRESENTATION OF RHEUMATOID ARTHRITIS AN IMPORTANT CAUSE OF
POTENTIALLY PREVENTABLE DISABILITY.**

AUTHORS:

Dr. Khan Parveen Khaliq (House Officer MMC),
Dr. Kumar Suntosh (Assistant Professor Medicine, MMC)

INSTITUTION:

Depart: of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

Rheumatoid arthritis is a chronic symmetrical arthritis of unexplained cause:

The typical clinical phenotype of RA is symmetrical, deforming small & large joint poly arthritis often associated with systemic disturbance & extra articular disease features. RA occurs throughout the world in all ethnic groups at female to male ratio of 3:1 & the prevalence increases with age. We report a case of RA female of 52 years old with severe disability due to Rheumatoid arthritis

RUBINSTEIN TAYBI SYNDROME

AUTHORS:

Raja, Aliya Zaman (Final Year MBBS), Kumar, Nim (Senior Registrar)

INSTITUTION:

Depart: of Paediatrics Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

INTRODUCTION:

Rubinstein Taybi syndrome is a rare condition characterized by short stature, moderate to severe mental retardation, distinctive facial features, broad thumbs & 1st toes. Peoples with this condition have an increased risk of developing tumors.

BACKGROUND:

In 1963 Rubinstein & Taybi first described Rubinstein Taybi Syndrome. It is due to Mutations in CREBBP gene this protein plays an important role in regulating cell growth located on 16P 13.3. Its prevalence is 1 case per 30,000. survival rate is good cause of mortality is respiratory tract infection and congenital heart disease.

CASE:

On 20th May 2006, at department of Paediatrics. We find out Rubenstein Taybi Syndrome in a 2 year child on the bases of clinical findings. Further details will be given on poster.

OSTEOPETROSIS

AUTHORS: M. Zubair Munir Khan (Final Year MBBS), Zafar Arain (Final Year MBBS), Dr. Nim Kumar. (Senior Registrar)

INSTITUTION:

Depart: of Paediatrics, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

Osteopetrosis is a hereditary disease in which there is an over-growth and sclerosis of bone with marked thickening of cortex and narrowing or even filling of the Medullary cavity. There are two main forms of osteopetrosis. Autosomal recessive & autosomal dominant form. The recessive & dominant forms of osteopetrosis have been genetically mapped to chromosome 1P21 The Autosomal recessive is the severe form & presents early in the life with macrocephaly, heptosplenomegaly, deafness, blindness & severe anemia, while the autosomal dominant form of osteopetrosis presents in young children & adult with mild anemia, fractures, dental problems & cranial nerve palsies.

We report a case of this uncommon disease & discuss its various aspects in our poster.

BARTER SYNDROME

AUTHORS

Ambreen Khatti (Final Year MBBS), Arooj Naz (Final Year),Sadia Saleem (Final Year), Dr. Nim Kumar (MBBS, MCPS, FCPS)

INSTITUTION:

Depart: of Paediatrics, Muhammad Medical College Hospital Mirpurkhas

ABSTRACT

INTRODUCTION:

Barter syndrome, is a form of renal K⁺ Wasting characterized by hypokalemia, normal blood pressure, vascular insensitivity to pressor agents and elevated plasma concentration of Renin and aldosterone.

BACKGROUND:

In 1962, Frederic barter first observed the bartter syndrome. In 1980s , it was found to be not one disease but several different abnormalities occruing in 4 transporters in 2 parts of the kidney 4 areas of renal tubular defects have been described:

1. Bartter Syndrome I —————> Na –K-2Cl Transporter
2. Bartter Syndrome II —————> the apical Potassium channel
3. Bartter Syndrome III —————> due to mutations in the Cl⁻ –K⁺ chloride channel
4. Bartter Syndrome IV —————> due to protein to Cl⁻ chloride channels.
5. Bartter Syndrome V —————> similar but milder physiologic abnormalities, is known as gitelman syndrome

We presented a case report of 6 years old male child who presented with history of failure to thrive followed by fever and fits, and was found to have this syndrome.

OVARIAN CARCINOMA WITH PULMONAY MATASTASIS

AUTHORS: Mehwish Shabbir (Final Year), Dr. Fayyaz (Consultant Physician), Dr. Santosh (Consultant Physician).

INSTITUTION:

Department of Medicine, Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

Malignant ovarian tumor is common in old age female.

Malignant tumor are the leading cause of death in reproductive tract cancer.

It peaks in 50-70 year of age. First relatives have 40% life time risk with women BRCA I gene have 45% chance.

Prevalence of approximately 75% of women with ovarian carcinoma. 5 year survival is approximately 17% with distant metastasis.

Now we are presenting a case of 60% years old female come with the complain of abdominal distension and shortness of breath. Patient was admitted and evaluated the physical finding and lab investing proved case of ovarian carcinoma with pulmonary metastasis

INFECTIVE ENDOCARDITIS

AUTHORS:

Karim Hina (final year MBBS), Faiz Shandana (final year MBBS), Dr Qadir Abdul (FCPS), Dr. Kumar Santosh (FCPS, MCPS, DPC)

INSTITUTION:

Department of Medicine ICU ward, Muhammad Medical College Hospital Mirpurkhas

ABSTRACT

Infective endocarditis is a serious condition, and has several risk factors including Rheumatic heart disease, Congenital heart disease, Prosthetic heart valve disease, periodontal infection (*Streptococcus viridans*) and in I/v drug abuser (*Streptococcus aureus*). Blood culture and Echo Cardiography are the key investigations for diagnosis. Common Complications due to infective endocarditis are valvular damage leading to stenosis and / or regurgitation, systemic embolism, (stroke, hematuria, intestinal infarction and myocardial infarction). The treatment can be both medical/ surgical, depending on the severity of the disease. We are presenting the case of infective endocarditis with various aspects of this common disease.

PATIENTS WELFARE CLUB (PWC) OF MFT

PATIENTS WELFARE CLUB کے قیام کے اغراض، مقاصد اور اہداف کو واضح کرنے کے لیے مندرجہ ذیل حقائق سے آگہی ضروری ہے۔

☆ محمد فاؤنڈیشن ٹرسٹ ایک پرائیویٹ ادارہ ہے۔ جس کے بانیوں نے غریب لوگوں کو بالخصوص صحت اور تعلیم کی اعلیٰ سہولیات ان کے ہی علاقوں میں مہیا کرنے کا قابلِ تحسین فیصلہ کیا۔ ☆ MFT کے زیرِ اہتمام اس وقت کئی بڑے اور چھوٹے پروجیکٹس چل رہے ہیں، جن میں سے خاص طور پر قابلِ ذکر پروجیکٹس میں میڈیکل کالج، MIST (محمد انسٹی ٹیوٹ آف سائنس اینڈ ٹیکنالوجی)، انٹر میڈیٹ کالج (MIPT) (محمد انسٹی ٹیوٹ آف پیرامیڈیکل سائنسز) اور محمد میڈیکل کالج اسپتال میں شامل ہیں۔ اگرچہ سارے پروجیکٹس No Profit No Loss کی بنیاد پر ہیں، لیکن محمد میڈیکل کالج اسپتال بالخصوص ایک چیریٹی ادارہ ہے۔ ☆ میر پور خاص ڈویژن، جس میں MFT کے پروجیکٹس کام کر رہے ہیں، پاکستان کے غریب ترین علاقوں میں سے ایک ہے، جہاں کی 50% سے زائد آبادی غربت کی لیکر (Line of Proverty) سے بھی نیچے زندگی بسر کرنے پر مجبور ہے۔ اس علاقے اور آس پاس کی آبادی 50 لاکھ (نصف کروڑ) کے لگ بھگ ہے۔

MMCH کی قابلِ ذکر کارکردگی

☆ شعبے: طب سے متعلق تمام اہم شعبے موجود ہیں۔ چند اور کی جانب پیشرفت جاری ہے۔ ☆ ماہرین: طب سے متعلق تمام اہم شعبوں کے پروفیسرز سمیت دیگر سینئر ڈاکٹرز کے علاوہ زیر تربیت جونیئر ڈاکٹرز اور دیگر اسٹاف کی خدمات میسر ہیں۔ ☆ لیبارٹری: سارے اہم ٹیسٹ اب ہماری لیبارٹری میں علاقے اور باہر کی لیبارٹری کے مقابلے میں بہت کم قیمت، مگر معیاری ہوتے ہیں۔ میر پور خاص ڈویژن میں پہلی بار اب بائیوپسی یا (Histo Pathology) بھی ہماری لیبارٹری میں اب قابلِ ماہرین مہیا کر رہے ہیں۔ چند اور (Sophisticated) مشینوں کے لیے فنڈز کی فراہمی سمیت دیر پیشرفت جاری ہے۔ ☆ ایکس رے و الٹراساؤنڈ: یہ معیاری ٹیسٹ غریب مریضوں کی پہنچ میں دستیاب ہیں۔ ☆ شعبہ انتہائی نگہداشت: 13 بستروں پر مشتمل یہ شعبہ اب برطانیہ سے حالیہ درآمد شدہ جدید اور بیش قیمت ساز و سامان سے لیس ہو کر جدید ہو گیا ہے۔ ☆ امراض نسواں و شعبہ اطفال، زچہ و بچہ: اس شعبوں میں بھی حال ہی میں چند اہم پیشرفت ہوئی ہیں اور اب یہ بہتر شکل و صورت اور ساز و سامان کے ساتھ بشمول فری زچگی، مریضوں کی مزید خدمت انجام دے رہا ہے۔ ☆ شعبہ امراض ہاضمہ (Gastroenterology): ایک مکمل طور پر نیا وارڈ اور اینڈواسکوپائی یونٹ مکمل طور پر نئے اور برطانیہ سے درآمد شدہ جدید ترین آلات اور دیگر ساز و سامان کے ساتھ برطانیہ ہی سے اعلیٰ ترین سطح پر تربیت یافتہ ماہر کی نگرانی میں اپریل 2004ء میں پوری طرح فنکشنل ہو چکا ہے۔ یہ یونٹ سندھ کے جدید ترین اینڈواسکوپائی سینٹرز میں سے ایک ہے اور یہاں سے کئی ریسرچ پیپرز قومی اور بین الاقوامی میڈیکل کانفرنسوں میں پیش ہو چکے ہیں۔ ☆ بیرونی مریضوں کا شعبہ (OPD): ہفتے میں چھ دن سینئر ڈاکٹر مکمل طور پر کام کر رہے ہیں۔ اس کے علاوہ چھٹی والے دنوں میں بھی (بشمول اتوار) ڈیوٹی ڈاکٹرز اتفاقاً طور پر آنے والے مریضوں کو دیکھتے ہیں۔ مریضوں سے 10 روپے مشورے کی فیس علامتی طور پر وصول کی جاتی ہے جس سے میر پور خاص ریجن اور باہر سے مقابلتاً بے حد سستا اور معیاری علاج مہیا ہو رہا ہے۔ کئی غریب مریض جو اس کی بھی استطاعت نہیں رکھتے، ان کو یہ علامتی مشورہ فیس بھی معاف کر دی جاتی ہے۔ ☆ داخلے کے لیے مریض (In Patients): ان مریضوں سے علامتی طور پر 25 روپے روزانہ فیس وصول کی جاتی ہے (جو کئی مریضوں کو معاف کر دی جاتی ہے) روزانہ سینئر ڈاکٹر ہر مریض کا معائنہ کرتے ہیں، بشمول چھٹی کے دن، جس کی کوئی فیس وصول نہیں کی جاتی۔ اس کے علاوہ جونیئر ڈاکٹر بھی اپنی اپنی شفٹوں میں روزانہ ہر مریض کا معائنہ کرتے ہیں۔ ☆ فری میڈیکل کیمپس: سال میں کئی بار ہزار ہا مریضوں کا فری کیمپ لگا کر مکمل طور پر مفت علاج کیا جاتا ہے جن سے فیس وصول نہیں کی جاتی۔ لاکھوں روپے کی دوا میں، ٹیسٹ، آپریشن اور دیگر

اخراجات مکمل طور پر اسپتال برداشت کرتا ہے۔ ☆ فری TB کلینکس: ان میں مریضوں کو دوائیں بھی مفت فراہم کی جاتی ہیں۔ ☆ فری شوگر کلینک: اس میں بھی مریضوں کو دوائیں مفت فراہم کی جاتی ہیں۔ ☆ جگر کا کلینک: کالے یرقان سے بری طرح متاثر اس علاقے میں اس کلینک کی ابتدائی سے اس میں بے تحاشہ لوگ رجوع کر رہے ہیں۔ ELISA اور لاہور کی CAMB لیبارٹری کے ذریعے PCR سمیت تمام ٹیسٹ ناقابل یقین حد تک کم قیمت کیے جاتے ہیں۔ ☆ اساتذہ اور بزرگ شہریوں کے لیے OPD اور جنرل وارڈ بستر فری ہونے کے علاوہ ہر قسم کے ٹیسٹ اور علاج انتہائی کم قیمت کیے جاتے ہیں۔

PWC کے اغراض، مقاصد اور اہداف

مندرجہ ذیل حقائق کی روشنی میں یہ بات واضح ہو کر سامنے آ جاتی ہے کہ علاقے اور دور دراز کے غریب مریضوں کی مزید فلاح و بہبود کے لیے آپ اور ہم کو آگے بڑھ کر MFT کے ساتھ دست تعاون دراز کرنا پڑے گا۔ اسی مقصد کی تکمیل کے لیے PWC کا قیام عمل میں لایا گیا ہے۔ اس کے فوری اہداف درج ذیل ہیں:

☆ اسپتال میں داخل مستحق مریضوں کو مفت کھانا مستقل بنیادوں پر فراہم کرنا۔ ☆ اسپتال میں داخل مستحق مریضوں کو مفت دواؤں کی فراہمی۔ ☆ اسپتال میں آنے والے بیرونی مریضوں کے لیے ایسے اسپیشلسٹ کلینکس کا انتظام جن میں دوائیں بھی مستحق مریضوں کو مفت فراہم کی جاسکیں، مثلاً ڈیپٹیس (شوگر) کلینک۔ ☆ اسپتال آنے والے مریض اور ان کے لواحقین کے لیے مختلف دیگر سہولیات کی فراہمی۔ ☆ بلڈ بینک کا قیام۔

PWC کی اب تک کی کامیابیاں:

☆ PWC کے قیام کے پہلے ہی دن سے اسپتال میں داخل مستحق مریضوں تینوں وقت کا کھانا بالکل مفت فراہم کرنے کا آغاز یکم اپریل 2004ء سے الحمد للہ کر دیا گیا ہے۔ ☆ اسپتال میں داخل اور بیرونی شعبے میں بھی کچھ مریضوں کو Investigations اور دواؤں میں مدد فراہم کی جا رہی ہے۔ ☆ مریضوں اور ان کے لواحقین کی سہولت کے لیے پانی کے ایک بڑے ٹینک کی تعمیر، ICU کے ایئر کنڈیشنرز، مریضوں کے لواحقین کے لیے بیچر، ٹی وی اور دیگر کئی سہولیات فراہم کی گئی ہیں۔

غریب مریضوں کی امداد میں آپ کی طرح PWC کا ہاتھ بنا سکتے ہیں؟

PWC کے اہداف میں سے کسی بھی ہدف کی تکمیل کے لیے ہم آپ کے تعاون کے شکر گزار ہوں گے۔ آپ بالخصوص مندرجہ ذیل میں سے کوئی بھی طریقہ اپنا سکتے ہیں: ☆ اسپتال میں داخل مریضوں کے لیے کھانے کی فراہمی: 100 مریضوں کے لیے ایک وقت کا کھانا فراہم کرنے کے لیے ایک ہزار روپیہ (اوسط درجے کا کھانا) سے دو ہزار روپیہ (اچھے معیار کا کھانا) خرچ آ سکتا ہے۔ ☆ ذاتی طور پر یا اپنے کسی قریبی عزیز کی یاد میں صدقہ جاریہ کے طور پر آپ اسپتال میں ایک بیچ، معیاری گدے، میڈیکل کے چھوٹے بڑے آلات سے لے کر اسپتال میں مستقل جاری تعمیراتی کاموں (مثلاً ایک وارڈ یا ایک کمرے کی تعمیر وغیرہ) کے اخراجات کی رقم فراہم کر کے اس چیز پر اپنا پانچواں عزیز کا نام کندہ کروا سکتے ہیں۔ ☆ ایک یا زیادہ مستحق مریضوں کے علاج معالجے اور Investigations پر اٹھنے والے اخراجات کا ذمہ لے سکتے ہیں۔ ☆ شعبہ بیرونی مریض (OPD) میں استعمال ہونے والی دواؤں میں سے ایک یا ایک سے زائد دواؤں کی ایک ماہ تک، یا مستقل بنیادوں پر فراہمی کا ذمہ لے سکتے ہیں۔ ☆ کسی غیر معین کام کے لیے عطیہ دے سکتے ہیں۔ ☆ کوئی اور ایسا طریقہ جو آپ کو پسند ہو اور جس کے ذریعے آپ مستحق مریضوں کی امداد کر سکتے ہیں۔

عطیے، رانچے اور مزید معلومات کے لیے آپ کے منتظر

☆ جناب سید تقی محمد (MFT) 4093982 (0320) ☆ ڈاکٹر شمس العارین (MMC) 861036 (0233)

☆ ڈاکٹر سید ظفر عباس (MMC) 862395 (0233)