

Abstract Book

*5th Annual Medical Symposium 2007
Muhammad Medical College, Mirpurkhas.*



Theme:

"PROMOTION OF MEDICAL EDUCATION IN RURAL PAKISTAN"

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PRE- SYMPOSIUM SEMINAR
PREVENTION AND MANAGEMENT OF STROKE 11TH SEPTEMBER 2007
SYMPOSIUM PROGRAM 12TH SEPTEMBER 2007

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

Recitation from Holy Quran

Theme Speech and Welcome by the Managing Trustee

Prof: Syed Razi Muhammad (Managing Trustee MFT)

Speech by the Chief Guest

Prof: Wasim Jafri (Aga Khan University)

Speech by the President

Scientific work being presented by MMCians in the Symposium

Dr. Syed Zafar Abbas, (MS - MMCH & Chairman Scientific Committee)

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 (A)	13:30-14:30

State-of - Art Lectures:

(i) Prof: Wasim Jafri (AKU) (ii) Prof: Manzar Saleem (DUHS)

Management of Acute Abdomen

Program	Venue	Timing
Scientific Session III (Free Papers)	Auditorium A and B	14:30-16:15
Business Meeting Pakistan Society of Surgeons Opening of Mirpurkhas Chapter	Auditorium B	15:30-16:00
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

“PROMOTION OF MEDICAL EDUCATION IN RURAL PAKISTAN”

Dr. Syed Razi Muhammad

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

Honorable President, Chief Guest, Guests of honor, Principal, Medical Superintendent, Faculty members, Ladies & Gentlemen.

Medical Symposia are held nearly every month, if not every week in Pakistan . However, We observe today not an ordinary symposium, but the one that has been held on the most pertinent question affecting the lives of over 100 million Pakistan, comprising 70% of population of Pakistan and more in number than the population of most countries of the world. This is one of the largest groups in the world which is most deprived, neglected and less thought of. On behalf of trustee of Muhammad Foundation Trust as well as the Principal, Faculty members and students of Muhammad Medical College , I welcome you, thank you and congratulate you for coming, listening and thinking for the benefit of your deprived brothers, sisters and children.

The world is very different today and it will be even more different tomorrow. The pace of change is such that could not be imagined few decades ago. With this pace, the knowledge that Homo Sapiens acquired in the last 5000 years, will be doubled in the next 5 years. Stars and planets will be explored. Secrets of earth & oceans will be decoded, and claims are that computer-brain interface will develop and a single chip will enable us to know and interpret whatever information is available to mankind.

And yet sir, this change is slowest for the people who need it to be fast. Life remains a turtle's walk for people living in rural areas of Pakistan. Among the things that need to reach them real fast, are proper health facilities and well trained physicians. Something that relates to you and me.

Ladies and gentlemen, we all agree that health is a basic need. We believe it as a human, as a part of our religion and as a Pakistani with promise made in our constitution. The main flux of healthcare facilities lies on trained health professionals, i.e. Medical Education. We know and agree that Medical Education has changed a lot. The ideas such as “SPICE MODEL”, “7 JUMPS”, “ACTIVE and DEEP LEARNING”, “PROBLEM BASED LEARNING”, “COMMUNITY ORIENTED MEDICAL EDUCATION”, “LIFELONG LEARNING”, “EVIDENCE BASED MEDICINE” and “RESEARCH CULTURE” etc. are well developed and require incorporation in ALL Medical Colleges of Pakistan.

Then why do we wish to talk of Medical Education in Rural Pakistan separately?

There are 3 reasons.

First, we must decide for whom we wish to produce graduates.

Several hundreds or perhaps thousands of doctors leave Pakistan every year. Some determined to settle in west in pursuit of a better quality of life, others with a plan to return after postgraduation and specialisation. Many in the latter group decide to stay. Some of the best brains of a poor country where very small percentage of population gets higher education are passed on to countries with very high rates of higher education. But then we

also have people and some of them are sitting in this hall, who can be very warmly accepted anywhere in the world, but they prefer to stay in and serve their own people.

Now we know that the disease pattern is very different. There are diseases much more common in west than in Pakistan . For example Crohn's disease and Diverticulosis Coli have higher prevalence in west and are rare in Pakistan . Tuberculosis, Malaria and Hepatitis are much more common in our country. In fact 3 out of 4 deaths occur in Pakistan due to some infective process. If we want to train our Medical Students to be better equipped in diseases common in west, we can make those diseases our core topics, or we can put much more emphasis on diseases prevalent in Pakistan . I am sure that we need to teach and learn much more on diseases prevalent in Pakistan . And since 70% of our population lives in rural/ poor urban regions, we need to develop curriculum which take into account the problems faced by this population. I know, a lot of work will be needed, but it must be done.

Secondly, the whole world is realising that rural population is underdeveloped and needs much more attention and resources. Researchers found that Canadians living in rural and remote areas had higher death rates than their urban counterparts. Annual mortality rates were highest in the most rural areas (with no commuters) at 792 deaths per 100,000 people compared to 695 deaths per 100,000 in urban areas. Another study in Canada concluded: "The provision of an equitable and sustainable level of high-quality healthcare in rural communities has been a challenge to the Canadian healthcare system for some time. Rural communities have suffered from a shortage of primary care physicians for many years and have felt this chronic shortage longer and more severely than urban areas. It has been argued that one of the main challenges to a sustainable rural healthcare system is the ongoing maldistribution of physicians. Some rural hospitals have been at risk of closing because of a lack of physicians, while others have experienced a drastic decrease in the level of healthcare they can provide. Rural populations are not only perceived to have lower levels of health than urban populations, but actually do tend to consist of older, poorer, sicker, less educated populations".

And in UK :

In UK , social classes have been numbered from top 1 to bottom 5. In rural areas, social classes tends to be lower. They found that death from Ischaemic Heart Disease in a population of 100,000 in top two classes were 90 for men and 22 for women, and in lower two classes, mortality was 167 for men and 50 for women. Other statistics also showed similar pattern.

This rural urban disparity is worse in Pakistan . Just look at some facts:

- Although 70% or 100 million people live in rural areas, only 20% of health budget is spent on them. Rural/ peri-urban areas have only 15% of practicing doctors and 18% of hospital beds.
- Private sector contributes for nearly 75% of healthcare facilities in Pakistan . Yet less than 20% of private sector spending on health is on 70% rural population.
- In dollar terms, 227 USD are spent on an average Pakistani living in urban areas and only 24 USD in a person living in rural Pakistan in a year.
- Of nearly 40 private Medical/ Dental Colleges , only one is situated in rural/poor urban setting, without and pre existing Medical/ Dental College within 60km of its diameters.

A World Bank report claims:

- "One third of the population can be classified as poor in 1999, and somewhere more in rural areas. The country's education and health indicators are depressed when compared to other countries of similar per capita income or rate of growth, and reveal regional, urban / rural, and gender disparities".

- “The educated and well off urban population lives not so very differently from their counterparts in other countries of similar income range, or even of their counterparts in Western countries. However the poor and rural inhabitants of Pakistan are being left behind. This is shown by many social indicators in ways that, unless sharply improved, will leave Pakistan falling further below other countries performance in the future”.
- “Particular attention should be paid to Pakistan ’s rural sector which is home to most of the country’s poor and also exposes a number of specific challenges to poverty reduction”.
- “Disaggregating by region, while urban poverty fell between 1990-91 and 1998-99, rural poverty held at about 36 percent, widening the rural-urban gap. This is of particular concern because 71 per cent of Pakistanis live in rural areas”.
- “Overall, health indicators for Pakistan also tend to be lower in rural areas than in urban areas”.
- “A particularly worrying health issue, as identified by the PRHS survey, is the prevalence of chronic child malnutrition in rural areas”.
- “There are also significant regional variations in child nutritional status, with districts in rural Sindh and Balochistan faring the worst”.

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

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

Imran Ashraf Toor et al write

“Urban dwellers have disproportionately greater access to better-quality health care facilities than rural households. To the extent that urban households are typically more affluent than rural households, the urban bias in government health expenditure could translate into larger health benefits for the rich relative to the poor households”.

Thirdly the whole world is waking up to the idea of Rural Medical Education Programme.

1. University of Illinois College of Medicine at Rockford has announced its “Rural Medical Education (RMED) Program”.
2. In Kansas city & Virginia, a “National Rural Health Association” has been formed. This is **THE** voice of rural health - promoting leadership, communication, education, research, and advocacy. The NRHA is an association dedicated strictly to rural health.
3. Rural Medical Scholars Program has been established at Albama.

Hence I propose that all institutions dealing with healthcare, whether public or private, especially the medical Universities must come forward and participate in all activities related to health of these deprived and neglected 100 million rural inhabitants of Pakistan . Muhammad Medical College and Muhammad Medical College Hospital have been

established to look after such people. However, the task is too gigantic and our resources are very limited. I request you all, to help, support and guide us how to move forward.

Thank you.

Dr. Syed Razi Muhammad

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

ORAL PRESENTATIONS

Scientific Session I

INGUINAL HERNIA FIRST EVER CASE SERIES IN MIRPURKHAS

Authors

Yasir Sindhi(Surgical House Officer),
Dr: Rehmatullah Somroo(Associate Professor of Surgery)
Dr: S. Razi Muhammad (Professor of Surgery)

Institution

Department of Surgery, Muhammad Medical Collage Hospital, Mirpurkhas.

ABSTRACT

Background:

Inguinal hernia (IH) is a common surgical problem. It has two types Direct (DIH) and Indirect (IIH). Although textbooks and journals have detailed accounts of its various issues, no data exists in the rural Pakistan, particularly in Mirpurkhas region.

Objectives:

To study the various issues surrounding the inguinal hernia.

Methods and patients:

This retrospective study includes 50 consecutively admitted in surgical ward of Muhammad Medical College Hospital, Mirpurkhas with inguinal hernia.

Results:

There were 50 patients; 49(98%) were males and 1(2%) was females; 7(14%) patients were admitted with bilateral hernia, 27(54%) with right side and 16(32%) with left side hernia; 43(86%) patients were presented with reducible, 1(2%) with irreducible, 3(6%) with obstructed and 3(6%) with strangulated hernia; 27(54%) patients presented with direct inguinal hernia(DIH) and 23(46%) with indirect inguinal hernia; 30(60%) of patients were either under 20 years of age(30%) or over 60 years of age(30%); mean length of stay in the ward was 8 days(range 1-30 days); 39(78%) were managed surgically and 11(22%) were managed conservatively ; out of 50 patients only one died and most common associated pathology was BPH i.e. 6(12%) patients.

Conclusion

Our case series for inguinal hernia shows most of the patients presented at the extremes of the age. Rest of the presentations and management is also comparable with that found in literature.

اپیل

نیکی اور تقویٰ کے کاموں میں ایک دوسرے سے تعاون کرو۔ (قرآن حکیم۔ سورہ مائدہ)

ہمارے غریب علاقے میں غریب اور مجبور انسانوں کی قابل علاج امراض کے ہاتھوں موت ایک پرانی اور دکھ بھری حقیقت ہے۔ لیکن ہم سب مل کر اس کے خلاف قرآن پاک کی مندرجہ ذیل آیت پر عمل کر کے کامیابی حاصل کر سکتے ہیں۔ محمد میڈیکل کالج اسپتال کے غریب مریضوں کی بہبود کا شعبہ PWC تین سال سے زائد عرصے سے اس میدان میں سرگرم عمل ہے۔ آپ کی مدد سے گزشتہ سال بھی PWC مندرجہ ذیل کارخیر میں تقریباً چار لاکھ روپے صرف کر چکا ہے اور انشاء اللہ اس سال اس سے بڑھ کر اس کام کو کرنا چاہتا ہے:

☆ داخل مریضوں کو تینوں وقت کا کھانا فری روزانہ

☆ مستحق مریضوں کی ٹیسٹ اور علاج میں مدد

☆ مریضوں اور ان کے ساتھ آنے والوں کے لیے سہولیات کی فراہمی

100 مریضوں کو ایک وقت کا کھانا مہیا کرنے کے اخراجات تقریباً 1500 روپے ہوتے ہیں۔ کیوں نہ ایک وقت کا کھانا 50 یا 100 مریضوں کو کھلانے کے اخراجات آپ اپنی یا اپنے مرحومین میں سے کسی کی ایصالِ ثواب کے لیے ہدیہ کر دیں؟

رمضان المبارک کے موقع پر یہ غریب مریض آپ کی امداد کے منتظر ہیں۔

عطیے اور رابطے کے لیے:

PATIENTS WELFARE CLUB (PWC)

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A STUDY OF HEPATOCELLULAR CARCINOMA AT A HOSPITAL IN RURAL AREA OF PAKISTAN

Authors:

Aliya Zaman Raja (house physician)
Sayed Aasia Batool (house physician)
Muhammad Ali (Consultant Physician)
Syed Zafar Abbas (Consultant Physician)

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

Back ground

Hepatitis virus B and C infections are prevalent in our region. Hepatocellular carcinoma (HCC) is commonly caused by cirrhosis induced by these viruses. HCC is a common cause of admission in our hospital and requires considerable amount of resources. Its prognosis is poor and has serious impact on health including psychological distress

Aims:

To find out common aetiology, presentation, stage of diagnosis, tool for diagnosis, type of tumor & its outcome.

Study design and methods:

Retrospective study of the case notes of all 22 patients with HCC, admitted between 1st August 2006 to 31st July 2007 in ICU and Medicine ward at our hospital.

Results:

Out of 22 patients 59% presented with problems secondary to CLD & 41% with some other medical problem. Top 3 causative agents were Hepatitis C (32%) non hepatitis B & C (27%) and Hepatitis B (23%). Most cases were diagnosed by a combination of raised AFP levels and ultrasound scan finding consistent with HCC (73%). Other tool was C.T scan (23%). 50% patients were at stage IV at time of diagnosis, 23% at stage I and 18% at stage III. 77% cases were of primary carcinoma and 23% were secondary tumor. 36% patients were discharged alive, 27% died at hospital and 23% left hospital against medical advice.

Conclusion:

In our study most common aetiology of HCC was hepatitis C and most common presentation was complication of CLD (59%). 73% were diagnosed by a combination of elevated AFP and Ultrasound. Mostly patients presented at stage IV. Most of them were primary tumors. 36% patients were discharged alive and 27% died in the hospital. A considerable number of patients were taken away from hospital against medical advice.

RISING RATES OF CAESSARIAN SECTION AND THE ATTITUDE OF HEALTH CARE WORKERS

Authors:

Sapna Raj (Final year MBBS), Dur-e-Shahwar (Final year MBBS)
Dr. Farzana Rizwan, (Associate Professor) MMCH

Institution:

Department of Gynae/ Obs , Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

Background:

In 1985 the WHO issued a consensus statement suggesting there were no additional health benefits when the caesarian section rates (CSR) rose above 10-15%.

The overall rise in CSR from 16.7% to 25.1% in a recent study is a finding common to many developed countries.

Aims:

To assess the incidence of C- Section in patients at MMCH and to assess the attitude of health care workers and patients regarding rising CSR in rural areas.

Material and methods

Retrospective study was done to see the incidence of LSCS at MMCH.

Prospective survey was done using questionnaire to see the attitude of health care workers working at various centres and maternity home of the city of Mirpurkhas.

Result:

1st part of our study showed that a total of 1150 patients were admitted for delivery in our obstetrical department (labour room), out of them 450 (39%) underwent LSCS over a 1-year period.

3 commonest indication of LSCS were:

1. fetal distress (44%)
2. previous LSCS (37%)
3. obstructed labour (10%)

The second part of study involved the results of a survey of 52 health care workers (44 doctors , 6 lady health visitors and 2 mid wives) in various centres and maternity home of city of Mirpurkhas. Results of this survey showed the following:

- A. 46% of health care workers augmented labour without diagnosing it properly.
- B. 73% diagnosed “ fetal distress” just on basis of Fetal Heart Rate (FHR).
- C. 69% diagnose “ prolonged labour” and do C Section after 6 hour of the onset of labour.
- D. 77% of health care workers have no idea about Bishop Score.
- E. 84% of health care workers were not fully trained in vacuum and forceps delivery.
- F. 57% health care workers blamed patients and their family of putting pressure on them for having elective C-Section instead of trial of NVD.

Conclusion:

The current rate of performing LSCS in our setup is an alarming 39%. There is an acute need of educating our health care workers in managing labour.

CHRONIC RENAL FAILURE –THE FIRST RETROSPECTIVE STUDY OF A RURAL AREA OF PAKISTAN

AUTHORS:

- 1) Aliya Zaman Raja;
- 2) Syeda Aasia Batool;
- 3) Syed Zafar Abbas.

INSTITUTION:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

BACKGROUND:

Dialysis and renal transplant, as a result of Chronic Renal Failure (CRF) are constantly increasing the economic burden on the healthcare resources throughout the world. In Pakistan CRF is not uncommon. In our rural area of Mirpurkhas, this is the first study of its kind on the subject.

AIMS & OBJECTIVES:

To find out the data on the presentation, aetiology, co-morbidities, complications and outcome in patients diagnosed with CRF.

METHODS & PATIENTS:

A retrospective study was done on 50 patients consecutively admitted at MMCH.

RESULTS:

Out of 50 patients with CRF, [31/50 (62%) males; 19/50 (38%) females, mean age 54.52 years (range= 17-90 years)] the most common aetiology was diabetes mellitus (DM): 22/50 (44%), with hypertension in 12/50 (24%) and primary renal disease in 8/50 (16%). Average blood urea level was 56.5 mg/dl (range= 35-295 mg/dl), and that for serum creatinine was 7.46 mg/dl (range= 1.8-25.5 mg/dl). Most common complication on presentation was anaemia (48/50; 96%). 56% (n=28) had a co-existing illness- most common was ischaemic heart disease (6/50; 12%), with CLD and non-CLD Hepatitis C in 5/50 (10%) each. 42% of the patients (21/50) were referred for dialysis/renal transplantation. 15/50 (30%) died, 9/50 (18%) were discharged home, and 10% (5/50) left against medical advice. Average stay in hospital was 3.4 days (range= 1-13days).

CONCLUSION:

A significant number of patients are presenting with CRF. DM and hypertension are the cause for over 2/3 of this problem in this region. Although free diabetes and free hypertension clinics are established and functioning well in this centre, the above study shows the need of the times to establish well-equipped centre of critical renal care and dialysis and renal transplant facilities in this area of Pakistan.

DO OUR LIVER PATIENTS DIE MORE IF THEY GET ADMITTED OVER WEEKENDS?

Authors:

Khalid Anwar Saeed , Abdullah Laghari, Syed Zaffar Abbas

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

Background:

It has been shown that patients admitted over weekends have poorer prognosis than otherwise. Number of factors are thought to be responsible for this phenomenon, including relatively difficult access to diagnostic and therapeutic facilities, less frequent visit of consultants etc. However this has been sparsely looked into for liver disease patients

Aims:

To find out the mortality rate among patients admitted over weekend with liver disease at our centre vs those admitted over week days.

Patients and methods:

Medical records of 100 consecutive liver related admission (50 during weekend and 50 during week days admission) were retrospectively analysed.

Results:

The average age of patients with liver disease admitted was similar in both groups with similar male to female ratio. The distribution of department where these patients were admitted and the cause of liver disease was also similar in two groups. The average stay in hospital for those admitted was shorter in the group admitted over weekend than those admitted over weekdays (4.5 VS 6 days). More patients died if they were admitted over weekend than those over weekdays. (29 VS 15, P=). Average time from admission to death was shorter in group over weekend (3.4 VS 4 days).

Conclusion:

Our study confirmed that our liver disease patients are more likely to die and in shorter interval of time if they are admitted over weekend than those admitted over weekdays. The demographic and clinical features in those groups were not significantly different.



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021-4819100-9243539 Website:- mmc.edu.pk

Prospectus can also be obtained from admission office on submission of Bank Draft of Rs.750/ in favor of Muhammad Medical College, Mirpurkhas

For Details: ADMISSION OFFICE Muhammad Medical College, Hyderabad Road, Mirpurkhas

Tel: 0233-862182- Fax: 0233-862390 Mob:03003790773

DESPITE HAVING PRIMARY IMMUNIZATION PROGRAM, IS PAKISTAN FACING THE BURDEN OF VACCINE PREVENTABLE DISEASES????

Authors:

Sana Khokar,
Syed Zafar Abbas.

Institution:

Muhammad Medical College, Mirpurkhas

ABSTRACT

Background:

Despite efforts at various levels, the vaccination program in Pakistan has not produced satisfactory results. The opinion of community regarding the system and its problems are important.

Aims:

To find out

- General public's attitude to immunization.

Material and methods:

A prospective cross sectional survey of the members of general public, was done using questionnaire explained to lay people by a trained investigator (SSMK).

Result:

100 people attending different doctors / centres in the city of Mirpurkhas were surveyed. 50 were rural (6 males, 44 female) and 50 were urban (8 males and 42 females) residents. Age distribution for rural people was 18-50 and for urban was 20-45 years. 80% of the rural and 32% of the urban people were illiterate. 13 people (9 rural) did not know any thing about immunization. 25 people (24 rural) said there was no immunization program in their residential area, 7(4 rural) did not know whether it existed. All 32 that either said they did not have any immunization program or did not know about its existence, said they would like to have such program in their areas. 12 (8 rural) of the 59 (13 rural) who were aware of such program in their areas , were not satisfied with its working. 45 (33 rural) said their children were not immunized. 48 people (33 rural) reported occurrence of a target disease in their family at some stage.

Conclusion:

There is a significant number of people, particularly in rural areas, that are either not aware, or do not get immunized and /or have a target disease occurrence in their families. There is thus a significant burden of vaccine preventable diseases in our area. Urgent measures are needed to improve this miserable situation.

OUTCOME OF UPPER GI BLEED IN PATIENT WHO HAD EARLY ENDOSCOPY COMPARED WITH LATE ENDOSCOPY.

Authors:

Faizan Qaisar, Allah Din, Abdul Basit, Abdul Aziz, Syed Zafar Abbas

Institution:

Department of Medicine MMCH Mirpurkhas

ABSTRACT

Background:

Upper GI bleed (UGIB) is not an uncommon problem, it has various causes, esophageal varices is the commonest cause (42%) in our setup. Urgent endoscopy with intervention can improve morbidity, and may also reduce mortality which in the developed countries is still around 10%-15%. There is no data available in our setup to determine the outcome of UGIB with and without urgent endoscopy.

Aims:

To find out the outcome of UGIB and compare the effect of urgent vs. late or. no endoscopies in these patients.

Methods:

Retrospective study of all 50 consecutively admitted UGIB patient at MMCH their case note and endoscopy record were scrutinized.

Result:

50 patients (28 males, 22 females).

Average age:45.06 range:22-85 years were admitted with history of melena or haemetemesis or both. They were divided into following groups.

Group A: Endoscopy done within 24 hours....24 patients

Out of them 14 males and 11 females having average age of 40.28

Outcome: all are discharged alive

Group B: Endoscopy done within 24-48 hours

11 patients out of them 7 are males and 4 are females having average age of 44.09

Outcome: all are discharged alive

Group C: Endoscopy not done or done after 48 hours.....15 patients out of them 7 are males and 8 are females having average age of 50.81

Outcome: 13 were discharged alive

2 patients expired out of them one could not be resuscitated and died on the day of admission before Endoscopy could be arranged. The other one was in hepatic coma and died on 3rd day of admission.

Endoscopy diagnosis:

- Bleeding esophageal varices.....21
- PUD = GU.....02
- DU.....03
- Gastritis\Duodenitis.....17
- Mellory-Weiss tears.....03
- Upper GI cancers.....01
- Esophagitis.....03

Intervention performed:

Sclerotherapy21

Biopsy.....06

None.....23

Conclusion:

70% of all patients admitted with UGIB, were subjected to Endoscopy within 48 hours. Out of the remaining 30% (15 patients), 2 died both had bleeding oesophageal varices.

HOW GOOD IS CONVENTIONAL INTERFERON-BASED TREATMENT IN ERADICATION OF HEPATITIS C VIRUS (HCV) WITH GENOTYPE 3?

AUTHORS:

Dr. Syeda Aasia Batool,

Dr. Syed Zafar Abbas.

INSTITUTION:

Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

BACKGROUND:

In our region of Mirpurkhas, the prevalence of HCV infection has previously been shown to be almost 20%. Over 20 different companies are marketing conventional Interferon (INF) in Pakistan. Data is not available for their success rates, although different claims are made. This study is the first in Mirpurkhas, done to see if this disease and its treatment behave any different here.

AIMS:

To find out the dominant genotype, and to determine the success rate of Interferon-based treatment in eradicating HCV.

METHODS:

Retrospective case series study of patients' records investigated and treated with 10 brands of INF for HCV eradication. Those treated with brands used in Prime Minister's Program for Prevention and Control of Hepatitis were excluded as they are being analysed in a separate study also being presented in this symposium.

RESULTS:

320/1858 (17%) of all tested were positive for HCV antibodies. HCV-RNA was tested by PCR for 1165 patients (673 men, 492 women), of which 784 (67%) were detected positive (487 males-62%; 297 females-38%). Genotype was checked in 168 patients (114 males, 54 females; average age 36 years). Genotype 3 was found in 118 (70%), 44 were untypeable (26%), 2 were genotype 1 (1.2%) and 1 was genotype 2. 3 had a genotype in combination with genotype 1 (n=1) and genotype 2 (n=2).

101 men and 57 women were treated with various brands of INF with the same manufacturer's brand of Ribavirin on a weight basis. The overall ETR achieved, and is available, was 30/40 (75%). 14/22 (63.6%) of genotype 3 achieved ETR. 17/27 (63%) men and 13/13 (100%) women. Average age for those who achieved good ETR was 42 years (range= 25-73 years). SVR is available for 6 patients, of which 3 were available. Favourable ETRs for 9 brands used in this study ranged from 0% (one brand) to 100% (4 brands).

CONCLUSION:

This study shows that 17% of all people tested positive, of which about 65% have evidence of active HCV infection. ETR achieved by different brands averaged 75%. This was 100% in female sex, although age did not appear to be a factor in determining a favourable ETR.

ORAL PRESENTATIONS

Scientific Session III

ANTERIOR CERVICAL APPROACH (DECOMPRESSION & INSTRUMENTATION) IN CERVICAL SPINE INJURIES. RESULTS OF 20 PATIENTS

Author:

Dr. Riaz Ahmed Raja.

Institution:

Department Of Neurosurgery, LUMHS, Jamshoro.

ABSTRACT

The majority of anterior cervical procedures are still performed to treat degenerative cervical spine diseases, however any lesion ventral to cervical spinal canal may be approached via this exposure. The majority of anterior plates have been placed to treat posttraumatic instability. In these patients, internal fixation provides not only immediate stability but also decrease number of levels requiring operative fusion, thus preserving overall cervical mobility. 25 patients of cervical spine injury were admitted in our department from June 2006 till to date and out of that,20 patients underwent anterior cervical spine decompression and instrumentation. We are presenting the overall results of these patients.

IMPROVING LEARNING IN MEDICAL STUDENTS OF PAKISTAN

Authors:

DR A QADEER QAYOOM(MBBS DCH PGDN DCPS-HPE)

Institution:

Karachi Pakistan

Abstract

“I seek a method by which teachers teach less and learners learn more.”

Johann Comenicus, writer of the first illustrated textbook (1630)

Educational system, be it medical or general must promote the holistic development of each individual and ensure that students are provided with opportunities to prepare them for both their present and future life roles.

Learning is an integral part of educational system. It is the process of acquiring knowledge or skill through study, experience or teaching. It is a process that depends on experience and leads to long-term changes in behavior potential. It is the goal of [education](#), and the product of [experience](#).

Learning-teaching process is a dynamic and multifaceted process in terms of what is learned, how it is learned and the roles of participants.

Pakistan has a multicultural society and education is still totally teacher centred even for post graduate programs. An important aspect about learning is that it is always ongoing and people learn within social and cultural contexts, independently and through interaction with others. What is learned depends on the way it is learned and with whom it is learned, hence the importance of teacher as a role model is in disputable. People belonging to different backgrounds have different learning opportunities, so it's natural for them to be anxious or nervous when faced with a learning situation.

The vital aspects of teaching include identifying the ways others learn best and extending the ways they learn, creating learning opportunities, and evaluating learning outcomes. Principles of effective learning and teaching provide the basis for ongoing improvement of learning and teaching practices.

In this scenario it seems reasonable to suggest that in Pakistan every medical educational institution should provide educational environment that is conducive to learning and arrange for counseling of the students in order to help them develop life long learning strategies. It should also help medical teachers to explore ways to make learning and teaching more effective for their students.

MORPHOLOGICAL STUDY OF THYROID EPITHELIAL TUMOURS & DIFFERENTIAL EXPRESSION OF CYTOKERATIN 19 IN NEOPLASTIC FOLLICULAR PATTERNED LESIONS OF THYROID

Authors:

Dr.Uzma Bukhari, Professor Saleem Sadique

ABSTRACT

Institution:

Basic Medical Sciences Institute, Jinnah postgraduate medical centre Karachi.

Objective:

Thyroid tumours are the second common cause of goiter. Cytokeratin 19 has been proved a helpful marker for the differential diagnosis of follicular patterned lesions of thyroid. This study was carried out to see its expression in our setup.

Material and methods:

This was a retrospective study conducted at the Department of Pathology, Basic Medical Sciences Institute, Jinnah postgraduate medical centre Karachi. All thyroid lesions from July 2000 to June 2005 were reviewed. All neoplastic lesions were studied in detail and neoplastic follicular patterned lesions were selected for CK19 immunostaining.

Results:

In a total of 998 thyroid biopsies, 255 cases were found neoplastic lesions. 102 cases were benign and 153 were malignant lesions. Thyroid tumours were found more prevalent in females. Maximum number of patients was seen in 4th decade. Among benign lesions, 35 cases were diagnosed as well differentiated tumours of uncertain malignant potential (WDT-UMP) while 67 cases were follicular adenomas. 10 cases of WDT-UMP scored 3+ positive for CK19, 15 were 2+ positive and remaining 10 cases were 1+ positive. No positivity was seen in any follicular adenoma. Papillary carcinoma was found to be the commonest malignant lesion with a total of 138 cases. There were 43 cases of follicular variants of papillary carcinoma with 4+ CK 19 positivity, 14 were 3+ positive and 3 were 2+ positive.

Conclusion:

CK19 is a good and useful diagnostic marker for differential diagnosis of follicular patterned lesions of thyroid especially for WDT-UMP.

Key words:

Follicular adenomas, WDT-UMP, Papillary carcinoma, Follicular carcinoma.

IDIOPATHIC INFANTILE ARTERIAL CALCIFICATION

Authors:

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Institution:

AL-RAHBA HOSPITAL, UAE

ABSTRACT

Introduction:

Idiopathic infantile arterial calcification is a very rare disorder of unknown etiology, characterized by extensive arterial wall calcification. We describe a premature male baby who was delivered at 32 weeks' gestation with an antenatal diagnosis of hydrops fetalis. Aortic calcification was present at birth. Subsequent investigations showed multiple vascular calcifications involving cardiac, cerebral, and renal vessels. The baby was discharged in good general condition at the age of 37 days.

Case:

A 2038gram male baby was born prematurely at 32 weeks' gestation after an uncomplicated, vaginal delivery. Fetal ultrasound showed possible absent corpus callosum, mildly dilated cerebral ventricles, polyhydramnios, subcutaneous edema, and fetal ascitis.

At delivery, the baby required tracheal intubation and positive pressure ventilation due to poor respiratory effort. Physical examination was significant for diffuse edema of the skin and subcutaneous tissue, vital signs were stable with normal perfusion, air entry was equal bilaterally, heart sounds were regular, liver was felt 3 cm below the right costal margin, and spleen was felt 4cm below the left costal margin, he also had ascitis and bilateral scrotal edema. Initial laboratory results: hemoglobin, 15.4g/dL; hematocrit, 47%; white blood cell count, $14.7 \times 10^3/\text{mm}^3$; platelet count, $70 \times 10^3/\text{mm}^3$; blood type, B+; direct antiglobulin test, negative; urea nitrogen, 9mg/dL; creatinine, 0.8mg/dL; sodium, 137mmol/L; potassium, 4.7mmol/L; calcium 10.7mg/dL; total protein, 4.5g/dL; albumin, 1.8g/dL; alanine aminotransferase (ALT), 14U/L; aspartate aminotransferase (AST), 77U/L; alkaline phosphatase, 125U/L, and TORCH screen, negative.

Chest X ray showed cardiomegaly. Abdominal X ray showed faint calcifications delineating the abdominal aorta and common iliac vessels.

Abdominal ultrasound revealed hepatosplenomegaly, ascitis, increased renal echogenicity, and diffuse arterial calcifications involving the aorta, common iliac, splenic, and left renal arteries, as well as peritoneal calcifications involving the visceral peritoneum overlying the liver and intestine. This was confirmed by an abdominal computerized tomography(CT) scan, which showed similar findings.

Brain ultrasound done on the 4th day of life showed dilated lateral ventricles, poorly developed corpus callosum, and leukomalacia.

An echocardiogram revealed a structurally normal heart, normal ventricular function, mild concentric left ventricular hypertrophy and multiple intracardiac as well as vascular calcifications.

The baby required mechanical ventilation at birth. On the third day of life he developed disseminated intravascular coagulation, direct hyperbilirubinemia, and multifocal clonic convulsions. He was successfully managed, and was extubated on the 9th day of life. Oxygen supplementation could be discontinued on the 16th day of life. A brain CT scan obtained before discharge revealed multiple areas of leukomalacia, underdeveloped corpus callosum, and multiple vascular calcifications mainly in the basal brain arteries. He was discharged in good general condition at 37 days of age

RECENT TRENDS IN MANAGEMENT OF INTRACEREBRAL HAEMORRHAGE

Author:

Prof. Aftab Ahmed Qureshi

Institution:

Department of Neurosurgery, LUMHS, Jamshoro.

ABSTRACT

Intracranial hemorrhage is one of the common components of cerebro-vascular accidents. It is more progressive and associated with poor results compared to sister cause of CVA i.e. infarction / embolism. However, with grace of Allah almighty surgical help is useful in these case. If selectively utilized gives better management in some cases which recover after surgical management. On the other hands slow better prognosis and residual disabilities. We will present such study in 84 cases and compare the results with new technique in particular type of problem.

SURGICAL INDICATIONS IN THORACIC TUBERCULOSIS

Author:

DR.ALI RAZA URAIZEE*

DR.JAWED AHMED

Institution:

DEPARTMENT OF THORACIC SURGERY

LIAQUAT NATIONAL HOSPITAL KARACHI

ABSTRACT

There is no more dangerous disease than pulmonary phthisis and no other is so common ... it destroys a very great part of human race. *Antoine Portal ,Paris 1832.*

Tuberculosis is caused by Mycobacterium tuberculosis but species of Mycobacteria other than tuberculosis can produce similar pathologic changes. The infection mainly involves the lung, but it may affect any part of the body.

Approximately 8 million new cases of tuberculosis are still reported world wide every year, and they results in 3 million deaths. The disease is very common in our part of the world affecting both the urban and rural population.

With the advent of effective antibiotics, the role of surgery in management of tuberculosis has greatly diminished and it is now reserved mainly for the complications of the disease.

In this presentation, we will discuss the various indications, presentations, diagnosis management and outcome of tuberculosis of thorax seen at Pulmonary and Thoracic Surgical services of Liaquat National Hospital Karachi.

GLOBAL PEACE THROUGH MENTAL HEALTH & EDUCATION

Author:

Capt. Dr. Syed Azhar Ali (Assistant Professor Psychiatry)

Institution:

Department Psychiatry Muhammad Medical College Hospital Mirpurkhas

ABSTRACT

The theme of symposium has a particular reference to our time with particular reference to mental health education in rural Pakistan. The father of our nation was the first person emphasizing the significance of mental health by these words “the success of our people in all of life depends upon the cultivation of sound mind, the natural concomitant to sound body”.

WHO defined health as a “state of physical yet, mental and social well being” but health particularly rural health has not been achieved.

In rural Pakistan 70% population is deprived even the physical component of health and matter is much for horrible regarding mental health, education and social well being.

Common cases of physical death, disabilities are caused by unhealthy mind due to faulty behavior, blurred perceptions and unhealthy life style.

The health, prosperity, happiness and global Peace can be achieved if Psychi-social issues like childhood disorders, adolescent crisis-personality disorders, Drug addiction, Depression, Mania, Schizophrenia, Mental Retardation, Dementia, Poor stress, coping skills intolerance, ethnic conflict, Anger , Violence, Terrorism and are altruism by WHO, among the 10 leading cause of disabilities five are related to psychiatry .

National character and economy depends on sound health and mental health is a hall mark of sound health.

Psychiatric morbidity is rapidly increasing depression will rank first by 2020 on GBD. Psychiatric morbidity leads to socio-economic deterioration causing hunger , poverty , illiteracy, violence, corruption, street crimes, injustice , national disintegration, wars, Weaponization leading to in justified and uneven utilization and distribution of global health.

But mental health care and education has been badly ignored particularly in rural Pakistan.

With the help of society our target to achieve health life style, triangularly of mind, social well being and global peace is respected by providing mental health care and education.

ATTITUDE OF MOTHERS REGARDING USE OF ORS IN DIARRHOEA. AN EXPERIENCE IN RURAL AREA OF SINDH

Authors:

Khan, Khalid Hussain, Bhurghari, G.R

ABSTRACT

Objective:

To access the knowledge and attitude of mothers regarding use of ORS find out the causes of not giving ORS ,source of information about ORS.

Study design:

It was a prospective cross sectional descriptive study conducted at Paeditatrics OPD THQ. Hospital Pithoro with collaboration of Department of Paediatrics Mohammad Medical College Mirpurkhas . 100 children of age 0-5 years with various degrees of dehydration was enrolled in study. A Questionnaire was given to mothers.

Result:

100 Children were enrolled ,out of which:

55 were under 1 year, 45 of 1-5 years of age.62 Males 38 Females.

87 children was brought to OPD by mothers only 13 by fathers.

91 attendants was uneducated and only 9 educated.

49 children has duration of illness 1-3 days .51 children has > 3 days.

35 children was admitted with loose motion and vomiting ,29 with loose motion and fever,30 had only loose motion, 6 with blood in store, Out of 100 only 43 children were given ORS and 57 were not given.

26 mothers did not given ORS due to false belief, (like previous child death, due to vomiting ,due to under age of 4 months.) 18 mothers did not use due to non availability ,9 due to taste of ORS , only 4 mothers had no knowledge about ORS.

Only 32 mothers knew the proper way to prepare the ORS, only 20 mother knew the proper way to serve ORS.

39 mothers got the information from doctors, 28 from lady health workers, and 22 through group discussion & 11 mothers got information through media.

Conclusion:

This study shows that there is still insufficient use of ORS in Rural Areas of Sindh and those who use ORS do not the proper way to prepare and serve it, because majority of mothers was uneducated and did not give ORS due to various \

false belief and non availability.

Relevant people need to work harder in Rural Areas of Sindh, to aware mothers regarding use of ORS. This task can easily be performed by lady health workers if they are fully committed and supported.

Acknowledgment:

we are thankful to Dr Zafar Abass for the intellectual support and advise.

**PATIENTS WELFARE CLUB'S APPEAL
FOR RAMAZAN DONATIONS , ZAKAT AND SADAQA**

“HELP YOU ONE ANOTHER IN AL-BIRR AND AT-TAQWA (VIRTUE ,
RIGHTEOUSNESS AND PIETY)”

(SURAH 5 AL- MAIDAH -2)

In our poor region of Mirpurkhas, dying from potentially curable diseases is an old and sad but true story of poor and helpless. However together we can achieve some success in our fight against it by following the above Quranic Command.

The poor patients' welfare department of Muhammad Medical College Hospital, PWC, is busy doing just that with your help for the last over three years. It has been working in the following respects last year, and intends to not only continue doing the same but do even more this year too, (INSHA ALLAH).

- ❖ Provision of FREE 3 meals per day to in-patients
- ❖ Helping as many poor patients as much as possible by providing subsidy to the hospital in arranging their investigations and medicines.
- ❖ Providing facilities and comfort to the patients and their attendants.

The expenses incurred in providing a single time meal to 100 patients from the hospital's canteen at no-profit, no-loss , basis is around Rs. 1500 (< £15). Why not help PWC in providing meals to 50 or 100 patients for a single or multiple times and gain “Sawab” for yourself or for your dear ones in this world and hereafter?

ON THE OCCASION OF RAMAZAN-UL MUBARAK, THESE POOR PATIENTS ARE WAITING FOR YOUR DONATIONS.

Please contact:

Engr. Syed Taqi Muhammad	0301-3851249	Mirpurkhas , Karachi
Mr. Syed Zafar Abbas	0333- 2971183	Mirpurkhas
Mr. Ali Mahir Jafari	0333-2971388	Mirpurkhas
Dr. Iqbal Soomro	021-2413831	Karachi
Dr. Syed Qamar Abbas	0779-0643462, 0795-1581486, 01279-433390	United Kingdom

**Patients Welfare Club (PWC)
Muhammad Medical College Hospital
Mirpurkhas, Sindh, Pakistan
Account No. 18216-81
Habib Bank Limited
M.A. Jinnah Road Branch
Mirpurkhas, Sindh, Pakistan**

SURGICAL RISK SCALE (SRS) AN EFFECTIVE TOOL FOR MORTALITY PREDICTION AMONG SURGICAL PATIENTS.

Author:

DR: Muhammad Rahim Bhurgri

Institution:

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ABSTRACT

To evaluate the effectiveness of surgical risk scale(SRS) as a tool to predict the mortality in surgical patients undergoing surgery.

Methods and Study Design:

This was a prospective study, between September 2004 to February 2005, carried out at surgical ward in Pakistan Institute of Medical Sciences, Islamabad.

There were 300 patients admitted under care of general surgery, who underwent operative procedure, creating an initial data set of all patients with 09 deaths. Each procedure was allocated a score on the basis of the Confidential Enquiry into Peri-operative Deaths (CEPOD), British United Provident Association (BUPA) and American Society of Anaesthesiology (ASA) grade. The Surgical Risk Scale (SRS) was derived by adding together the values of all three variables, which generated a scale ranging from 3 to 14. In hospital patients mortality (within thirty days postoperatively) was taken as the outcome measure.

Result:

There were nine deaths in series significant association between rising SRS score and mortality proved the effectiveness of SRS system as a mortality predictor in surgical patients.

Conclusion:

Risk assessment is an indispensable component of surgical practice. In this era of evidence based medicine, the importance of objectivity can't be over emphasized and in this regard SRS is the gold standard for mortality prediction in patients under going surgery. It was also easy to use, formulate and interpret as compared to other complicated scoring systems.

Key words:

Risk assessment scoring system, Surgical Risk Scale, Mortality Risks.

**TO DETERMINE THE ROLE OF FNAC WITH HISTOLOGICAL
CONFIRMATION IN THE DIAGNOSIS OF TUBERCULOUS MASTITIS,
AND TO HIGHLIGHTS ITS IMPORTANCE BY DETERMINATION OF
FREQUENCY, CLINICAL HISTORY, CLINICAL PRESENTATION AND
LABORATORY INVESTIGATIONS IN OUR SETUP.**

Authors:

Dr.Syed Qaiser Husain Naqvi, Assistant Professor,

Institute:

Pathology Department, N.M.C, Nawabshah.

Design:

A retrospective study.

Setting:

Department of pathology, Nawabshah Medical College, Nawabshah.

Duration:

January 1997 to December 2006.

Methodology:

This study was conducted on the 09 cases of mammary tuberculosis, diagnosed by FNAC. Age of patient ranged between 18 to 42 years. The data was collected from the file record of these patients and results were tabulated.

Results:

All were married women belongs to poor socio economical class, bearing averagely 05 children. 01 patient was pregnant and 03 were lactating mothers. Associated pulmonary tuberculosis was presented in 03 cases. Previous history of tuberculosis was present in 01 case and history of tuberculosis in the family was seen in 05 cases. Mass with or without ulceration/ abscess/ discharging sinus was the clinical presentation of all the cases. Axillary lymphadenopathy was seen in 05 cases. Fever and pain with history of weight loss was seen in all cases. All of the 09 patients were found anemic with high erythrocytes sedimentation rate. The total leukocytes count was ranged between 4200 c mm to 7200 c mm. The mantoux test was positive in all cases. The glutaraldehyde test was positive, only performed in 03 cases. The acid fast bacilli in the breast tissue was seen in only 01 case, and diagnosis was made on cytological grounds by the presence of chronic granulomatous inflammation having caseating epithelioid granulomas and langhan's type of giant cells. The cytological diagnosis was confirmed with the histological findings of excisional biopsy specimen in all cases Conclusion: Present study highlights the importance of tuberculous mastitis. The data from the current study reveals that FNAC is an initial important diagnostic tool in patients having tuberculous mastitis, specially in those rural areas where the surgical facilities are not available. It is a safe, rapid, simple, cost effective and accurate method. The accuracy of FNAC in this study was 100% and the frequency of tuberculosis was 2.3%.

Key Words:

Tuberculosis Breast Lump FNAC Rare Occurrence

**ANALYSIS OF 1014 EXTERNAL DACRYOCYSTORHINOSTOMIES
OPERATIONS (DCR).
RETROSPECTIVE STUDY OF 26 YEARS (1981-2007)**

Authors

Dr. Faiz Muhammad Halepota*

Dr. Raj Kumar Advani M.D**

Institution:

Department of Ophthalmology, Muhammad Medical College Hospital, Mirpurkhas,
LUMHS, Hyderabad.

Chandka Medical College, Larkana

ABSTRACT

One thousand fourteen DCR Operations on one thousands patients performed, over a period of 26 years. 14 were bilateral. 35 patients were excluded because of incomplete data and lost to follow up. Female patients were 768 and Male 246. Male: Female ration 3.12:1.0. Right side 471 and left side 543. Age range 4-65 years. All operations were done under local anaesthesia with sedation, except children 79 and nervous adults 11.

Sumple DCR 688 cases

DCR with intubation 326 cases

Simple DCR was further divided on basis of technique.

1. Classical DCR 588 Cases
2. Ant flaps sutured and post excised 118 cases
3. Ant sac flap sutured to periostium at anterior of osium 12 cases

Posterior flaps were excised in case of constant oozing of blood from nasal mucosa, making posterior flaps suturing difficult. Anterior sac flap was sutured to periostium in cases of fragile mucosa and large nasal mucosal tears, making direct suturing of sac and nasal flaps impossible.

DCR with intubation involed 326 cases, in 100 it was done as prophylaxis to prevent failure and in rest 226 case, intubation was done for definitive indication such as children under 12 years, young adults up to 25 years, failed DCR, ICP block, excessive I/O bleeding, fragile nasal mucosa, individual canalicular block specially lowe and intra sac membranes etc.

Main causes of failed DCR in light of intraoperative analysis were, Osium Block, Sump Syndrome Osium plus ICP Block, small and improperly placed osium, non existent DCR and DCT etc.

Major intraoperative and post operative complications of simple DCR and complications of silicone tube per sac are mentioned.

Out of 1014 DCRS performed 42, failed success percentage stands at 95.6 percent. In our opinion most difficult operations are of traumatic origin, failed DCR and continous oozing of blood from nasal mucosa during surgery.

TUMORS AND CONDITIONS MIMICKING TUMORS OF LID AND ADNEXA. RETROSPECTIVE STUDY OF 20 YEARS

Authors:

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Dr. Sher Muhammad Sheikh

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Department of Ophthalmology, Muhammad Medical College Hospital, Mirpurkhas,
LUMHS, Hyderabad.
Chandka Medical College, Larkana

ABSTRACT

A total of 86 tumors and tumors like conditions were encountered by authors over the period of 20 years (1986-2006).

Squamous cell carcinoma were 40 cases, majority arising from limbus (21) and eyelid (17) gradation of tumors on histological basis in poor, moderate and well differentiated category was more or less equal.

Basal cell carcinoma (17) cases, lower lid (11) involvement was more than upper lid (03) sebaceous cell Ca (05) and basosquamous cell Ca (04) and one case of each adenocarcinoma, poro carcinoma and sarcoma were recorded.

Pigment tumors totaled out of which three were malignant, one premalignant and one benign respectively. Tumors like conditions such as Tuberculosis granuloma involved 04 cases and 02 were inclusion cysts.

Neurofibromatosis lesions 04 involved three upper lid and one lower lid. This hamartomatous lesion extended to implicate orbit in one upper and one lower lid case also. Only two benign tumors were recorded. The presentation is supported by clinical photographs of lesions mentioned.

RECONSTRUCTION OF BREAST IMMEDIATE VERSUS DELAYED AND RECENT ADVANCE IN RECONSTRUCTION OF BREAST

Author:

Prof. Ghulam Ali Memon

Institution:

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Post mastectomy problems

- Depression and Mood Disturbances
- Negative Body Image
- Loss of femininity
- Fear of Recurrence
- Loss of Sexual Interest
- Self consciousness in clothing

Who is a candidate for reconstruction?

- Younger patients
- Early stage of disease
- Motivated
- Educated
- No other illnesses
- Reliable for follow up

When to reconstruct?

- Immediate
- Single procedure
- No sense of loss of breast
- Positive attitude
- Healing quick
- Long operating time
- PT. More critical of result
- Masking of recurrence?

Delayed

- PT. Less critical of result
- Adjuvant therapy completed

Recent advance

- Expander implants
- Anatomically shaped implants
- Skin sparing mastectomy
- Free flaps
- Better techniques for nipple/ areola reconstruction

TO COMPARE THE EFFICACY OF LOSARTAN AND ATENOLOL ALONE AND IN COMBINATION TO CONTROL HYPERTENSION

Authors:

Dr. Ghulam Rasool.
Dr. Mumtaz Sheikh.
Dr. Syed Razi Muhammad.
Dr. Zulfikar Sheikh.

Institution:

Department of Cardiology, Muhammad Medical College Mirpurkhas.

ABSTRACT

Objective: To compare the efficacy of Losartan (Angiotensin Receptor blocker) and Atenolol (Beta 1 selective antagonist) in hypertensive patients.

METHODS

The 45 previously untreated hypertensive patients were registered in free hypertensive clinic of MMCH. Patients were divided in three groups.

Group A: 15 patients were given Atenolol alone at a dose of a 50mg/day.

Group B: 15 patients were given Losartan alone at dose of 50mg/day.

.Group C: 15 patients were given both Atenolol and Losartan.

Out of these 42 patients were followed up for 6 months at above doses throughout the study period. Remaining three were lost in the follow up.

The average Blood Pressure was at presentation 170/110mmHg, Range 160-200/--90-120mmHg three groups were matched for age and sex.

RESULTS

Patients showed better control on combination therapy as compared with monotherapy. .Losartan proved superior in controlling hypertension than Atenolol. Atenolol was less effective than above two mode of treatment in controlling hypertension.

CONCLUSION:

In our six months study combination therapy showed better control of hypertension. However, statistical analysis revealed that these differences were not signified.

COAGULASE NEGATIVE STAPHYLOCOCCUS (CoNS) ISOLATED FROM INFECTED WOUND, HANDS OF ATTENDENTS AND SKIN SURROUNDING THE WOUND AND THEIR SENSITIVITY PATTERN

Authors:

Jawed Ahmed Badvi, Saleem Ahmed Kharal, M. farooq Baig,
Saleem Qadeer, Fakhruddin, Sambreen Raffique, Suresh Kumar, Shafqat Qamar

Institutions:

Department of Microbiology, Basic Medical Sciences Institute, JPMC, Karachi, Civil Hospital, Hyderabad.

ABSTRACT

In this study total 250 specimens were collected from surgical wards from June 2006 to January 2007. All the specimens were processed according to the standard method. The outcome measures included intravital isolates identified with, antibiotic sensitivity pattern. The aim of study was to investigate the spectrum of coagulase negative *staphylococcus* (CoNS) in surgical wards of JPMC (Tertiary care hospital) Karachi, Pakistan from infected wound, skin around the wound, from hands of attendant who were attending the patients and its sensitivity pattern of antimicrobial drugs in vitro.

Of the 250 samples, 68 (27.2%) gram positive cocci were isolated, 74 (29.6%) gram negative rods were isolated, 108 (43.2%) shows no growth. Out of 68 gram positive cocci 46 (67.6%) were identified as CoNS. Of the 46 CoNS, 20 (43.4%) were *S.epidermidis*, 4 (8.6%) were *S.sacroliticus*, 9 (19.5%) were *S.auricularis*, 7 (15.3%) were *S.hominis*, 4 (8.4%) were *S.hiycus*, 2 (4.2%) *S.saprophyticus* were recovered. 43.5% CoNS isolates were sensitive to penicillin. 56.6% on sulphamethazole-trimethoprim, 63% to Vancomycin, 43% to Tobramycin, 36.9% to Gentamicin, 34.8% to Erythromycin and were sensitive 10.9% to Augmentin,

Different types of CoNS species were isolated, which may emerge as pathogenic although all the isolated organisms are human inhabitant excluding, *S.hiycus* 4 (8.4%) which is animal inhabitant, 75% were isolated from wound and 25% from skin were recovered. None of CoNS was 100% sensitive to any antibiotic, though 17 (36.9%) CoNS shows resistance to the vancomycin.

Knowledge of the most frequent causative organisms in various categories will help direct appropriate initial therapy, hence combination therapy is recommended as the initial empiric treatment.

Key words:

Coagulase negative staphylococci (CoNS), *S.epidermidis*, *S.hiycus*, *S.hominis*, *S.saprophyticus*, *S.auricularis*, *S.sacropyticus*, Vancomycin.

VANCOMYCIN RESISTANT STAPHYLOCOCCUS SAPROPHYTICUS

Authors:

Jawed Ahmed Badvi, Saleem Ahmed Kharal, M.Farooq Baig, Fakhruddin, Suresh Kumar,

Institutions:

Department of Microbiology, Basic Medical Science Institute, JPMC, Karachi
Department of Pathology, Muhammad Medical College, Mirpurkhas, Sindh

ABSTRACT

Coagulase negative Staphylococcus (CoNS) often found as contaminant in clinical specimen like, swab from the skin, nose throat, wounds, burns and bed sore. Generally there presence is not clinically significant, but they some time act as opportunist pathogens and cause infection in the urinary tract and in debilitated or immunodeficient subjects.

In this study 300 specimens were collected from surgical wards from June 2006 to Feb 2007, All the specimens were processed according to the standard method. The outcome measures included intravital isolates identification and their, antibiotic sensitivity pattern.

Of the 300 samples from 4 sample sites i.e. from wound, skin around the wound from hands who were attending the patients and from Lenin, 84 (28%) gram positive cocci were isolated, 108 (36%) gram negative rods were isolated, 108 (36%) were not growth. Out of 84 gram positive cocci, *S. aureus* were 22 (26.2%), *S. auricularis* were 9 (10.7%), *S. epidermidis* 29 (34.5%), *S. hiycus* 4 (4.8%), *S. homminis* 7 (8.3%), *S. sacrolyticus* 11 (13.1%), *S. saprophyticus* 2 (2.4%). 68 CoNS isolates were sensitive to penicillin 35 (56.5%), 32 (51.6%) to sulphamethaxazole trimethoprim, 42 (67.7%) to vancomycin, 39 (62.9%) to tobramycin, 34 (54.8%) to gentamycin, 32 (51.6%) to erythromycin and 19 (30.6%) to augmentin, while resistant to penicillin 27 (43.5%), 30 (48.5%) on sulphamethaxazole trimethoprim 20 (32.3%) vancomycin 23 (37.1%) on tobramycin 28 (45.2%) on gentamycin, 30 (48.4%) on erythromycin and 43 (69.4%) on augmentin. While none of *S. saprophyticus* isolates were sensitive to antibiotics applied during the study in vitro and all were found resistant to all the antibiotics. Isolated CoNS may emerge as pathogens, the alarming situation is that all the *S. saprophyticus* isolates emerged multidrug resistant. The isolates were not only resistant to methicillin but were resistant to vancomycin. Knowledge of the most frequent positive organism in various categories will help direct appropriate initial therapy, this makes no way to adopt the combination therapy as the empiric treatment.

Key words: *Staphylococcus saprophyticus*, CoNS, antibiotics,.

IS ASCENDING URETHROGRAM MANDATORY FOR ALL URETHRAL STRICTURES?

Authors:

Syed Mamun Mahmud* ,Salman El Khalid
The Kidney Center Postgraduate Training Institute
197/9 Rafiqi Shaheed Road ,

ABSTRACT

Objective:

To determine the role of ascending urethrogram in decision making for patients with suspected urethral strictures

Methods:

Medical Records were reviewed of patients who had ascending urethrogram from January 2001 to December 2002 in the Kidney Centre Postgraduate Training Institute. SPSS 10.0 formatted Questionnaire was filled by single respondent. Questionnaire recorded age, Qmax in UFM, history of previous procedure on urethra (Open and endoscopic), history of catheterization or RTA involving urinary tract. Statistical Analysis was done by Chi-Square Test.

Results:

92 ascending urethrogram were done in the study period .Mean age of patients was 42.8 ± 13.2 years . Mean Qmax on UFM was 11.4 ± 6.5 ml/sec. UFM was available for 60 patients only .There were only 62 cases who underwent both Urethrogram and Cystourethroscopy \pm OIU .

Conclusion:

It was found that Ascending Urethrogram does not completely rule out urethral stricture(Negative Predictive Value 76%) .

It was also further noted that one may not find urethral stricture even though suggested in Ascending Urethrogram(Positive Predictive Value 89%) .

In the face of 91% sensitivity and low specificity 72% of Urethrogram to diagnose urethral strictures, in select cases one may embark on to Cystourethroscopy proceed OIU directly without prior urethrogram to save cost , possible risk of infection, radiation and contrast related allergy reaction. However a larger scale study may help identifying group of patients who can be benefited with this hypothesis maximally.

FREQUENCY, MICROBIAL SPECTRUM, CLINICAL AND BIOCHEMICAL FEATURES OF SPONTANEOUS BACTERIAL PERITONITIS AND ITS VARIANTS

Authors:

Muhammad Ramzan Rajput, Bader Faiyaz Zuberi, Wazir Muhammad Shaikh, Ghulam Akbar Solangi, Sher Muhammad Shaikh and Ghulam Muhammad Sahaikh.

Institutions:

Chandka Medical College, Larkana
Civil Hospital, Mirpurkhas

ABSTRACT

Cirrhotic patients with ascites presenting at Chandka Medical College Hospital, Larkana, from May 1997 to June 1998 were included in the study to see the frequency, bacterial spectrum, clinical and biochemical features of spontaneous bacterial peritonitis (SBP). Ninety cases (63 males and 27 females) of liver cirrhosis with ascites were selected for analysis. SBP was found in 29 (32.2%) of cases. The breakup of SBP into its subtypes was, classic SBP found in 10 (34.5%) of cases, the bacterascites (BA) was found in 1 (3.4%) and that of culture of ascetic fluid was; E.coli was found in 7 (63.64%) cases, pneumococcus in 2 (18.18%) cases, Kalesiella in 1 (9.09%) and staphylococcus in 1 (9.09%). Mortality rate in patients with SBP was 31.03%.

Key Words:

Peritonitis Liver Cirrhosis Microbiology

FREQUENCY OF HYPERCHOLESTEROLAEMIA IN HYPERTENTION

Author:

Dr. Mumtaz Shaikh

Institution:

Department of Medicine, Muhammad Medical College, Mirpurkhas

ABSTRACT

Background:

Hypertention and Hypercholesterolaemia are Important Modifiable Risk Factors for Coronary Artery Disease. Lipoprotein Disorders Can Lead to Number of Sequelae Including Coronary Artery Disease.

Place Of Study:

IUH, January to June 2003.

Objective:

To Asses Hypercholesterolaemia as A Risk Factor for Coronary Artery Disease in Hypertensive Patients.

Material and Methods:

One hundred Hypertensive patients, between 18 Yrs to 70 Years were screened for Hyperlipidimia, Ischemic Heart Disease and Diabetes Mellitus.

Results:

Out of one hundred hypertensive patients screened, forty six percent were found to have high cholesterol level.

Conclusion:

In hypertensive patients other risk factors for coronary artery disease should be looked for, and treated.

Key words:

hypertention, hypercholesterolaemia

FIRE IN THE BELLY

Author:

Professor Nazir Ahmed Solangi

Institution:

Department of Pharmacology
NMC, Nawabshah

ABSTRACT

Acidity and Heart Burn: Acidity is thought to affect 70% of population and new research now shows it to be precursor of not just stomach and duodenal ulcer but also cancer of the stomach and the esophagus.

The function of gastrointestinal tract is the digestion and assimilation of nutrients.

Malnutrition is a major clinical result of digestive diseases.

The common G.I.T. problems in our country are Acidity, indigestion, Nausea, vomiting as well as constipation, diarrhea.

A group of volunteers was randomly surveyed. The proforma was handed over; which was in the form of questionnaire. They were told the salient features of the form & asked to fill in the proforma. The purpose was to find out various reasons of G.I.T. problems. They were asked to fill in these proformas on the spot.

The result of this study indicate that persons who take more than 4 cups of tea per day & having more spicy foods, are more likely to suffer from acidity, indigestion and loss of appetite. Those persons who take less water & fruits are also more prone to acidity.

TO SEE THE ACCURACY AND ROLE OF FINE NEEDLE ASPIRATION CYTOLOGY IN PERIPHERAL LYMPHADENOPATHY IN OUR SETUP

Institution:

Pathology Department N.M.C, Nawabshah.

Author:

Dr. Anwar Ali Akhund (Professor & Head)

ABSTRACT

Objective :

Design : Descriptive study Place : Department of pathology Peoples Medical College Nawabshah Duration of Study: January 2002 to December 2005 Subjects & Methods: A total number of 572 patients were included in the study having age from 14 to 72 years with history of peripheral lymphadenopathy. Fine needle aspiration cytology was performed with 22 gauge needle attached with 10 ml syringe and without using any local anesthetic. Confirmation of the diagnosis by subsequent surgical biopsy or by a clinical follow up period for at least six months was mandatory. Results : 653 aspirates were obtained from 572 patients. The cytological diagnosis were; 255 (39.1%) reactive, 174 (26.6%) tuberculous lymphadenitis, 84 (12.9%) suppurative inflammation, 57 (8.7%) non Hodgkin's lymphoma, 39 (6.0%) metastases, 12 (1.8%) Hodgkin's lymphoma, , 09 (1.4%) cytological diagnosis uncertain, 23 (3.5%) material inadequate. 28 cytological diagnosis were false negative and 03 were false positive. The overall accuracy was 95.3% Conclusion: fine needle aspiration cytology is an initial important diagnostic tool in patients having peripheral lymphadenopathy, especially in those rural areas where the surgical facilities are not available. It is a safe, rapid simple and accurate with low morbidity and only the doubtful cases may go for surgical biopsy

Key Words:

FNAC. Peripheral lymphadenopathy. Diagnosis.

ALZHEIMER'S DISEASE (A D)

Authors:

SANA ABASS DASHTI, NASEEM ASLAM CHANNA

Institution:

INSTITUTE OF BIOCHEMISTRY
UNIVERSITY OF SINDH JAMSHORO

ABSTRACT

Alzheimer's disease is simply known as neurodegenerative disease. It is the most common form of Dementia. AD is not present at birth but usually develops during old age. It is marked by a decline in mental function, such as memory reasoning and the ability to plan. Two types of AD-early on set effects people in their 40-50 ages. Late on set AD is common form of disease. this disease develop in people of the older than 60.the cause of AD is yet unknown but the autopsies shows that brain cells responsible for learning, reasoning and memory have been damaged. The brain tissues show neurofibrillary tangles and plaques. Brain works by sending signals chemical messenger neurotransmitters that allow brain cells to communicate with each other. The destruction of nerve cells leads to a decrease in neurotransmitter .Diagnosis of AD is difficult; its symptoms are similar to those of other disease and those of normal aging process. I.e loss of memory and depression is symptoms. The autopsy with reveal tangles and plaque that characterized AD. Some neurotransmitters such as tacrine, donapxil, galatanin.It is given to patient for AD. Advance aging, reducing of testosterone level. Lead injury, high BP is the risk factor of AD.

FREQUENCY OF DYSLIPIDEMIA IN TYPE II DIABETES MELLITUS

Author:

Dr. Santosh Kumar (Consultant Physician) Assistant Professor of Medicine in MMCH.

ABSTRACT

Institution:

JPMC, Karachi and Muhammad Medical College Hospital, Mirpurkhas

Introduction:

Diabetes mellitus is a syndrome characterized by chronic hyperglycemia and relative insulin deficiency or resistance, or both. It is often associated with dislipidemia. However frequency of this association in our region as not well studied.

Aims:

To find the frequency of dyslipidemia in type 2 diabetes mellitus.

Methods:

This is a descriptive study conducted in 200 patients of type-II Diabetes mellitus in Jinnah post graduate medical hospital Karachi. Data was collected by filling prepared proforma, and investigation of fasting and random blood sugar level and lipid profile were done.

Results:

Among the NIDDM patients age and sex distribution were female: (n= 114) age range from 30-70 years with median age 45 years and mean SD 48.0 ± 19.14 , while male patient (n= 86) had age range from 19-75 years, median age 52 years with mean SD 51.52 ± 11.97 . Result shows that isolated increase to cholesterol (n= 67) in 33% with average range 27.2 – 40.2% (95% confidence interval). Triglyceride increased (n=116) in 58% with average range 51.0-64.7 with 95% confidence interval and decrease HDL (n=36) in 18% with average range 13.1-23.7, while increased LDL (n=42) with average 15.7-27% with 95% confidence interval.

Conclusion:

A significant proportion of our type II D.M patients have uncontrolled blood sugar levels and a high rate of dyslipidaemia.

IS THERE A ROLE OF HEALTH EDUCATION IN PREVENTION OF NUTRITION DEFICIENCY IN PREGNANT WOMEN?

Author:

Dr. SEEMA MUMTAZ
Ms. NASREEN ARSHAD

Nutrition depends upon provision of correct amount of nutrients. The factors responsible for malnutrition are:-non-availability of food, diet in-adequate in quantity or quality of nutrient value, in-adequate knowledge about balance bring many positive changes for the betterment of society/community. diet, changing demands during growth, pregnancy, lactation, infection etc.

AIMS & OBJECTIVES:

The over all aim was to prevent the nutritional deficiency diseases in pregnant women of Khuda ki basti # 3-Karachi.

The objectives were to:

- provide health education to pregnant women of KKB # 3 so as to prevent nutritional deficiency diseases
- assess the factors responsible for nutrition def. diseases
- suggest health awareness campaign for girl child & young girls in schools & colleges

METHODOLOGY:

Type of study: KAP study

Target population: pregnant ladies of khuda ki bastii # 3

Sample size: 134 pregnant women

Time period: Jan. 2002 to Dec. 2002

Sampling procedure: Convenient sampling: clinic base study in the community of Khuda Ki Basti # 3.

Toll of survey: 48 hr food recalls estimating the eating

1. Focus group discussion
2. Food demonstration.
3. Health education.
4. Case study discussion.

RESULTS:

100% of women were of the opinion that women should eat more during pregnancy.35.8% of women thought that women should work normally during pregnancy. Food demonstration was found to be very famous and popular mode for health & nutritional education.

CONCLUSION:

Health education Is a slow process of change in behaviors. When applied effectively it can give a sustainable effect for future change.

POSTER PRESENTATIONS (ORIGINAL PAPER)

A STUDY OF ACUTE RENAL FAILURE IN RURAL AREA OF PAKISTAN.

Author:

Aasia Bhatti (4th year MBBS)
Fozia Mangrio (4th year MBBS)
Aliya Zaman Raja (House Physician)
Syed Zafar Abbas (Consultant Physician)

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

Background:

Acute renal failure (ARF) is defined as an abrupt or rapid decline in renal filtration function, condition usually marked by a raise in serum creatinine concentration or azotemia. Acute renal failure is an acute emergency and it can easily lead to death if treatment is delayed.

Aims:

To find out the data on the presentation, aetiology, complications, stay in hospital and outcome in patient diagnosed with ARF.

Methods & Patients:

A retrospective study on 50 patients consecutively admitted at MMCH was carried out and results were analyzed.

Results:

Out of 50 Patients (females = 27 (54%) , males =23 (46%), mean age 49 yrs (16-80yrs), commonest aetiology was Acute Tubular Necrosis (ATN) with 54% (27/50). Others were hypovolaemia (18/50,36%) and glomerulonephritis (5/50,10%). Mean blood urea level was (79mg/dl,range 20 to 363mg/dl) and serum creatinine was 6.6 (range 1.9 to 16.6mg/dl). Pulmonary odema as complication was found in 18/50 (36%) and hyperkalemia in 14/50 (28%). Mean duration of hospital stay was 46 days (range 1-20 days), 14/50 each patients died. Those referred to other medical centers for renal replacement therapy (RRT) and those discharged for home were 14 each. 8/50 (16%) left hospital against medical advise.

Conclusions:

In our study, there was a significant number of patients (56%) that either died (as they could not afford to go to bigger cities for RRT), or were sent in a critically ill condition to another centre. With facilities available locally, many of these lives and morbidities could have been saved.

CHRONIC RENAL FAILURE –THE FIRST RETROSPECTIVE STUDY OF A RURAL AREA OF PAKISTAN

AUTHORS:

- 4) Aliya Zaman Raja;
- 5) Syeda Aasia Batool;
- 6) Syed Zafar Abbas.

INSTITUTION:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

BACKGROUND:

Dialysis and renal transplant, as a result of Chronic Renal Failure (CRF) are constantly increasing the economic burden on the healthcare resources throughout the world. In Pakistan CRF is not uncommon. In our rural area of Mirpurkhas, this is the first study of its kind on the subject.

AIMS & OBJECTIVES:

To find out the data on the presentation, aetiology, co-morbidities, complications and outcome in patients diagnosed with CRF.

METHODS & PATIENTS:

A retrospective study was done on 50 patients consecutively admitted at MMCH.

RESULTS:

Out of 50 patients with CRF, [31/50 (62%) males; 19/50 (38%) females, mean age 54.52 years (range= 17-90 years)] the most common aetiology was diabetes mellitus (DM): 22/50 (44%), with hypertension in 12/50 (24%) and primary renal disease in 8/50 (16%). Average blood urea level was 56.5 mg/dl (range= 35-295 mg/dl), and that for serum creatinine was 7.46 mg/dl (range= 1.8-25.5 mg/dl). Most common complication on presentation was anaemia (48/50; 96%). 56% (n=28) had a co-existing illness- most common was ischaemic heart disease (6/50; 12%), with CLD and non-CLD Hepatitis C in 5/50 (10%) each. 42% of the patients (21/50) were referred for dialysis/renal transplantation. 15/50 (30%) died, 9/50 (18%) were discharged home, and 10% (5/50) left against medical advice. Average stay in hospital was 3.4 days (range= 1-13days).

CONCLUSION:

A significant number of patients are presenting with CRF. DM and hypertension are the cause for over 2/3 of this problem in this region. Although free diabetes and free hypertension clinics are established and functioning well in this centre, the above study shows the need of the times to establish well-equipped centre of critical renal care and dialysis and renal transplant facilities in this area of Pakistan.

HOW GOOD IS CONVENTIONAL INTERFERON-BASED TREATMENT IN ERADICATION OF HEPATITIS C VIRUS (HCV) WITH GENOTYPE 3?

AUTHORS:

Dr. Syeda Aasia Batool,
Dr. Syed Zafar Abbas.

INSTITUTION:

Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

BACKGROUND:

In our region of Mirpurkhas, the prevalence of HCV infection has previously been shown to be almost 20%. Over 20 different companies are marketing conventional Interferon (INF) in Pakistan. Data is not available for their success rates, although different claims are made. This study is the first in Mirpurkhas, done to see if this disease and its treatment behave any different here.

AIMS:

To find out the dominant genotype, and to determine the success rate of Interferon-based treatment in eradicating HCV.

METHODS:

Retrospective case series study of patients' records investigated and treated with 10 brands of INF for HCV eradication. Those treated with brands used in Prime Minister's Program for Prevention and Control of Hepatitis were excluded as they are being analysed in a separate study also being presented in this symposium.

RESULTS:

320/1858 (17%) of all tested were positive for HCV antibodies. HCV-RNA was tested by PCR for 1165 patients (673 men, 492 women), of which 784 (67%) were detected positive (487 males-62%; 297 females-38%). Genotype was checked in 168 patients (114 males, 54 females; average age 36 years). Genotype 3 was found in 118 (70%), 44 were untypeable (26%), 2 were genotype 1 (1.2%) and 1 was genotype 2. 3 had a genotype in combination with genotype 1 (n=1) and genotype 2 (n=2).

101 men and 57 women were treated with various brands of INF with the same manufacturer's brand of Ribavirin on a weight basis. The overall ETR achieved, and is available, was 30/40 (75%). 14/22 (63.6%) of genotype 3 achieved ETR. 17/27 (63%) men and 13/13 (100%) women. Average age for those who achieved good ETR was 42 years (range= 25-73 years). SVR is available for 6 patients, of which 3 were available. Favourable ETRs for 9 brands used in this study ranged from 0% (one brand) to 100% (4 brands).

CONCLUSION:

This study shows that 17% of all people tested positive, of which about 65% have evidence of active HCV infection. ETR achieved by different brands averaged 75%. This was 100% in female sex, although age did not appear to be a factor in determining a favourable ETR.

HYPERTENSION – MIRPURKHAS PERSPECTIVE

Authors:

Irshad Ahmed, Syed Zafar Abbas

Institution:

Department of Medicine, MMCH

ABSTRACT

Background

Untreated hypertension leads to several potentially lethal discuses. However, unless measured, it may go unnoticed. Many patients donot take its medications on regular basis because of poverty. A free Hypertension clinic (FSC) has recently started working at MMCH.

Aims:

To find out various clinical data of patients registered with FHC so far.

Methods:

Retrospective analysis of patients records at the time of first visit to FHC.

Results:

33 patients have been registered (15 males, 18 females) with mean age of 48 years (range 24 to 70), mean blood pressure (BP) was systolic 153 and diastolic 107mmHg.

Their mean BMI was 27.4 mean urea 34mg/dl mean creatinine 0.75, mean cholesterol 200mg/dl.

7 patients (21%) were taking one tablet alone (all atenolol) on their first visit.

15 patients (45%) were on a combination of two tablets (ate nolol and losartan) 4 (12%) were on a combination of frusemide, and another diuretic and other 4 on captopril and lisinopril with atenolol. 3 patients (9%) were taking aspirin with atenolol.

Conclusion:

Although all of the patients who presented to FHC were already diagnosed and were supposed to be taking some tablets the treatment was mostly inadequate to satisfactorily control their BP:

USE OF CONTRACEPTIVE MEASURES AND AWARENESS ABOUT THE FAMILY PLANNING IN FEMALE POPULATION OF MIRPURKHAS IN ORDER TO IMPROVE REPRODUCTIVE HEALTH CARE

Authors:

Humaira Javaid .(4th Year)
Babar Aurangzab wattoo. (4th year)
Rabia Mazhar. (4th year)
Sumaira Hussain .(4th year)
Dr.Farzana Rizwan. (Associate Professor)*
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Institution:

Department of gynecology and obstetrics*
Department of Community and health sciences**
Muhammad Medical College and Hospital Mirpurkhas

ABSTRACT

Background:

Contraception is said to improve reproductive health.However,data does not exist on its practice in Mirpurkhas.

Aims / Objective:

In women of Mirpur Khas,

- To asses the awareness on the use of contraceptives.
- To asses the attitude of female toward family planning and problem facing in use of contraceptive measures.

Inclusion Criteria:

Women reproductive age attending O.P.D. and WARDS of obstetrics and gynecological department of Muhammad Medical College Hospital, and Civil Hospital Mirpur Khas.

Methodology:

We have done public survey with the help of a Questionnaire, comprising 217 females.

Results:

Out of 217 women,70 (32.25%)said that they practice contraceptions.The commonest method used was injectables (n=20). Out of the remaining 147 women who have never practiced contraceptive methods, 30 (13.83%) said that they would like to use them. 33/147 said that they have never use contraceptive method as they have not yet completed their families.

Conclusion:

We found that in Mirpurkhas small percentage of women are using contraception than rest of the country. A significant proportion (13.83%) of them however would use contraception later in their lives.

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

AUTHORS:

Sheerin Ahmed Khan (Student final year MBBS), Huma Memon (Student final year MBBS)
Dr. R. Soomro (Assistant professor, surgery department Mohammad Medical College
'MMC & H' Mirpurkhas).

INSTITUTION:

MMC&H Mirpurkhas.

ABSTRACT

BACKGROUND:

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

AIMS:

We therefore undertook an audit of our surgical department to determine this compare this with results of last year survey.

PATIENTS AND METHOD:

A retrospective analysis of all admissions at surgical department of MMC&H over 1 year.

RESULTS:

There were 1679 patients (703 females and 976 males) admitted between 01-08-2006 to 31-07-2007 at our surgical department whereas last year between 01-08-2005 to 31-07-2006 total number of patients admitted was 1181 (501 females and 680 males). The largest age group was between 21 to 40 years (43.4%) The five commonest diagnosis were:

1. BPH	16% (n = 275)
2. Urolithiasis	14% (n = 236)
3. Cholelithiasis	14% (n = 220)
4. Appendicitis	9% (n = 153)
5. Vesicular calculi	6% (n = 106)

The average length of hospital stay was 5 to 20 days. Out of all admissions 1239 (89%) patients undergo surgical intervention. Over all mortality was 54 (4.3%) of those who died all had undergone surgical intervention as less than last year that was 93 (7.8%). During last year the top two diseases were urolithiasis and cholelithiasis while in this year BPH and urolithiasis.

CONCLUSION:

In this year more patients were admitted but the overall mortality was less than last year. Two commonest diagnosis were BPH and urolithiasis while last year urolithiasis and cholelithiasis were the commonest. Urological problems made the bulk of our surgical department patients. Accordingly the resources should be adjusted.

KNOWLEDGE AND ATTITUDE OF GENERAL PUBLIC REGARDING COMMON COMMUNICABLE DISEASES

AUTHOR:

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INSTITUTION:

MMC&H Mirpurkhas.

ABSTRACT

BACKGROUND:

There are many infectious diseases which authorities like W.H.O want to eradicate that are some times endemic and some time as epidemics are major causes of morbidity and mortality.

AIMS:

To assess the knowledge and attitude of community regarding the mode of transmission of various infectious diseases and how to prevent them.

METHOD & DESIGN:

It is cross-sectional survey which was done on randomly selected 100 people from various locations / settings in district Mirpurkhas.

RESULTS:

A total 100 respondents, 82 from outside and 18 from MMC&H Mirpurkhas were interviewed for their knowledge about the mode of transmission (MOT) and attitude for prevention of common communicable diseases. 41% were having significant knowledge about mode of transmission and 59% lacked it. Malaria was only disease for which majority (90%) had right concepts regarding its MOT and 78% for its prevention. Out of 41% people who replied correctly regarding MOT of dengue 58%, GE 50%, TB 45%, HBV 24%, HCV 25%, Typhoid 20% and HAV 18%. However, 35.6% knew correct ways for their prevention; 37% said they applied the all of preventive measures to prevent their own-selves; 45% applied some of them and 18% used no preventive measure. There were 45% graduates or higher, while 27% matriculate however, 15% illiterate. Their average age was 34.32 years. Out of all 42 were males and 58 were females.

CONCLUSION:

Majority lack correct knowledge regarding MOT of common communicable diseases (59%) and knowledge regarding their prevention (64.4%). Only a third of all respondents (37%) apply preventive measures for them. Most people (90%) had good knowledge about MOT of Malaria and least number of people (18%) knew about MOT of HAV.

DEXAMETHASONE OFFERS EFFECTIVE PAIN RELIEF TO PATIENTS WITH INTRACTABLE PAIN ASSOCIATED WITH HEPATOCELLULAR CARCINOMA

Authors:

Abbas Syed Qamar¹, Khan Parveen², Abbas Syed Zafar²

Institution:

1) St. Clare Hospice, Harlow, UK, 2) Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas, Pakistan

ABSTRACT

Background:

Hepatocellular Carcinoma (HCC) is relatively common in our region because of high prevalence of chronic liver disease secondary to hepatitis viral infection B and C. This requires significant amount of palliative care input, often requiring pain relief. Steroids are often used. However there is no data on the effectiveness of such treatment on patients symptoms in our setup.

Aims:

To determine the effects of steroids on relief of pain in patients with HCC that require medical admissions.

Patients and Methods:

Prospective un-blinded interventional study of 20 consecutively admitted patients with HCC in our liver ward over a 4 months period.

Results:

Out of 20, there were 16 males and 4 females with an average age of 58.5 years (range=45 to 70). All had Ultrasound scan findings suggestive of HCC with raised levels of Alfa fetoprotein in all but 2 patients. 2 patients had a positive serology for hepatitis B s Antigen, 2 had a history of heavy alcohol intake, 3 had no known risk factor for liver disease and the remaining 13 patients had serology positive for hepatitis virus C. On presentation, 18 patients (90%) complained of abdominal pain / discomfort. 3 patients (15%) also had ascites accompanying abdominal pain / discomfort, and were excluded from this study. Other treatments than palliation were not considered for these patients as practical options. 13 / 15 started Dexamethasone orally at 2 mgs tds as they had no relief on full pain management at their consultant physicians' discretion. Pain symptoms were reassessed after 1 week. 11/13 had some response, 8/13 had complete relief, 3/13 had a partial relief, and 2/13 had no relief at all.

Conclusion:

Dexamethasone offers an effective palliation for pain relief to patients presenting with abdominal pain with HCC.

PREVALENCE OF CIGARETTE SMOKING IN MEDICAL STUDENTS AT MMC

AUTHORS:

MARVI LAGHARI (4th year MBBS)
QAZAFI MARRI(4th year MBBS)
ADNAN ALI (4th Year MBBS)
DR. FAYAZ MEMON (Assistant Professor Medicine)

INSTITUTION:

DEPTT: OF MEDICINE AND COMMUNITY MED, MUHAMMAD MEDICAL COLLEGE.

ABSTRACT

BACKGROUND:

Smoking is worldwide problem. 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 mostly 6-11yrs school going children are smokers. The adverse health effects from cigarette smoking account for 440000 deaths or nearly 1 in every 5 person in USA.

Cigarette smoking is a key risk factor for major diseases e.g: leukoedema, oral submucosal fibrosis, fibrous hyperplasia, HTN, IHD, CVD,Ca of lung and bladder. Currently it is commonly seen in the adult population studying in medical.

AIM:

To see the prevalence of cigarette smoking in MMC students.

METHOD:

It is the cross sectional retrospective study over 200 students both gender (male + female) from every year of MBBS at MMC have been studied. A proforma was designed for that purpose.

RESULTS:

Out of 200 medical students 118 are male accounts for 62% with median age 21 yrs.

Female students are 81 accounts for 89% with median age 21 yrs.

There are 118 male students out of which we found 62 smokers (52%).

There are 81 female students out of which we found 9 smokers (11%)

CONCLUSION:

Smoking is rampant in our male medical students but is not common in female medical students.

We have tried to find out the exact cause of cigarette smoking but most of the students refuse to answer but few told us just for entertainment.

EMOTIONAL TRAUMA CAUSED BY (OVER) EXPOSURE TO CURRENT AFFAIRS.

AUTHORS:

F Zain, S Lajpat, I Danish

INSTITUTE:

Muhammad Medical College Mirpurkhas

ABSTRACT

BACKGROUND:

It has anecdotally been reported that there is a decrease in the level of tolerance and emotional discharge in the community especially in the emotionally vulnerable group e.g. children, sensitive persons and women. Recently, the media in Pakistan is showing scenes of violence which may be viewed by people of all age and different sensitivity. These scenes may adversely affect the psyche (emotional and mental health status).

OBJECTIVES:

To find out, the opinion of people about showing the scenes of violence in media indiscriminately.

METHODOLOGY:

Prospective survey of 100 people from different walks of life through a questionnaire.

RESULTS:

90 men and 10 women were interviewed. Their average age was 35 years (range 16-72). 50 each were residents of Mirpurkhas and Hyderabad 6 were completely illiterate, where as 40 were University Graduate or higher.

6 people said that they have no interested in current affairs at all. Remaining 94 who followed news, said the current affairs have a definite negative effect on people psychology, most common being fright / fear. 85.1% thought that media must be made to follow the code of conduct strictly and it would help nation's psychology, if the electronic media is limited in its transmission of violent news / analysis/ features to times after which young children are usually in bed. 12.89% agreed to code of conduct and timings but believe that it will not improve people psychology. 1.11% was completely satisfied with the current situation.

CONCLUSION:

Over exposure of major scenes of violence and politico-socio-religious events have a direct impact on people emotions and mental health status. People interviewed in our study believe that, in addition to spreading awareness and maintaining the latest information education to the community, print and electronic media must observe the feelings and emotional level of their viewers, readers and listeners.

EVEN IN 21ST CENTURY OBSTRUCTED LABOUR STILL REMAINS LIFE THREATENING CONDITION

AUTHORS:

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INSTITUTION:

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ABSTRACT

BACKGROUND:

Although thought to be unacceptable in developed country. Obstructed labour is a common cause of maternal and perinatal morbidity and mortality in developing countries. However it has never be studied In our region.

AIMS:

To describe the frequency, causes, complications, treatment and outcome of mother and fetus with obstructed labour.

STUDY DESIGN AND METHODS:

A retrospective review of patient's records.

RESULTS:

Over the last one year period, 11 patients were admitted to our hospital obstructed labour. Their age range 20 to 40 years. The average age was 28 years. 6(54.4%) were primigravida, 4 of them attended antenatal clinics, 4 of them were dealt by dais when they went in labour. Artificial rupture of membranes was done in 7 of them. Causes of the obstructed labour included cephalopelvic disproportion 4 cases, persistent occipitoposterior position 3 cases, breech presentation 2 cases, brow presentation 1 case. The lower segment caesarian section was done in 4 cases, whereas 7 had classical incision given. No instrumentation was attempted. 4 mothers were discharge healthy, 5 had some complications, and 2 died. There were 5 Intraurine deaths.

CONCLUSION:

The incidence and complication of obstructed labour are remarkably high. To improve the situation better access to optimal antenatal and intrapartal care together with early referral of high risk patients must be facilitated.

OUTCOME OF UPPER GI BLEED IN PATIENT WHO HAD EARLY ENDOSCOPY COMPARED WITH LATE ENDOSCOPY

Authors:

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Institution:

Department of Medicine MMCH Mirpurkhas

ABSTRACT

Background:

Upper GI bleed (UGIB) is not an uncommon problem ,comprising just under 1/5 of all endoscopies indication in our center. It has various causes resulting in different rate of mortality. Bleeding esophageal varices is the commonest cause (62%) of upper GI bleed in our setup. Urgent endoscopy with intervention can improve morbidity, and may also reduce mortality which in the developed countries is still around 10%-15% .There is no data available in our setup to determine the outcome of UGIB with and without urgent endoscopy.

Aims:

To find out the outcome of UGIB and compare the effect of urgent vs. late vs. no endoscopies in these patients.

Methods:

Retrospective study of all 50 consecutively admitted UGIB patient at MMCH their case note and endoscopy record were scrutinized.

Result:

50 patients (28 males, 22 females).

Average age:45.06 ranage:22-85 years were admitted with history of melena or haemetemesis or both. They were divided into following groups.

Group A: Endoscopy done within 24 hours.....24 patients

Out of them 14 males and 11 females having average age of 40.28

Outcome: all are discharged alive

Group B:Endoscopy done within 24-48 hours

11 patients out of them 7 are males and 4 are females having average age of 44.09

Outcome: all are discharged alive

Group C: Endoscopy not done or done after 48 hours.....15 patiens out of them 7 are males and 8 are females having average age of 50.81

Outcome: 13 are discharged alive

2 patients were expired.

Endoscopy diagnosis:

- Bleeding esopahageal varices.....21
- PUD = GU.....02
- DU.....03
- Gastritis\Duodenitis.....17
- Mellory-Weiss tears.....03
- Upper GI cancers.....01
- Esophagitis.....03

Intervention performed:

Sclerotherapy21

Biopsy.....06

None.....23

Conclusion:

70% of all patients admitted with UGIB, were subjected to Endoscopy within 48 hours. Out of the remaining 30% (15 patients), 2 died both had bleeding oesophageal varices.

GLOBAL WARMING COULD SIGNIFICANTLY IMPACT WORLD ECONOMY

AUTHORS:

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ABSTRACT

The global climate is changing and faster than ever before. World health organization estimated that more than 150,000 People, in developing countries are already dying each year from the effect of climate changes.

Global average an temperature near the last earth surface rise $0.74 \pm 0.18^{\circ}\text{C}$ ($1.33 \pm 0.32^{\circ}\text{F}$) during the last 100 years & global surface temperature are likely to increased by 1.1 to 6.4°C (2.0 to 11.5°F) between 1990 & 2100.

The level of CO₂ in the atmosphere which act has radiation blanked causing average global temperature to rise & changing the world climate.

USA which on its own produce 25% of world Co₂ (20 tons in each year)

Death of children aged 0-4 years strongly affected by climate, as consequence of climate changes many of these major child diseases will become more wide speared.

A large number of people are reported killed by in land or costal floods, which is also thought to be rising with global warming.

Without green house effect average temperature of earth would be 100°F with green house effect it is balmy 50°F.

CONCLUSION:

It is great problem for world to control the global warming especially heavy industrial countries without any proper system, unfortunately in join efforts & with proper solution we can overcome this problem.

ACKNOWLEDGMENTS:

The authors are thankful to Dr. Afzal Mehmood in helping them prepare this paper.

PRESENTATION OF HEPATOCELLULAR CARCINOMA AT A RURAL TERTIARY REFERRAL CENTRE IN PAKISTAN

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ABSTRACT

Background:

Hepatocellular Carcinoma (HCC) is relatively common in our region because of high prevalence of chronic liver disease secondary to hepatitis viral infection B and C. This requires significant amount of palliative care input. However there is no data on presentation of such patients seeking medical attention.

Aims:

To determine the common clinical problems faced by patients with HCC that requires medical admissions.

Patients and Methods:

Prospective study of 20 consecutively admitted patients with HCC in our liver ward over a 4 months period.

Results:

Out of 20, there were 16 males and 4 females with an average age of 58.5 years (range=45 to 70). All had Ultrasound scan findings suggestive of HCC with raised levels of Alfa fetoprotein in all but 2 patients. 2 patients had a positive serology for hepatitis B s Antigen, 2 had a history of heavy alcohol intake, 3 had no known risk factor for liver disease and the remaining 13 patients had serology positive for hepatitis virus C. On presentation, 18 patients (90%) complained of abdominal pain / discomfort, 12 (60%) weakness, 7 (35%) body ache / pain, 6 (30%) had low grade fever, 2 each (10%) had leg pain and upper GI bleed and 1 patient (5%) complained of severe weight loss. 3 patients (15%) also had ascites accompanied by abdominal pain / discomfort.

Conclusion:

Abdominal pain / discomfort are the commonest reasons for admission in our patient population suffering from HCC. Asthenia / weakness (60%) and body ache / pain (35%) are the second and third commonest presenting features.

HAS AN AVERAGE (HEALTHY) ADULT PAKISTANI NORMAL ESR

AUTHORS: -

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INTRODUCTION: -

According to standard books and laboratories (Text Book of Clinical Pathology By Miller & Willer) Normal range of ESR is In Males 10 mm/ hr Westergreen's Method Ranging ---0-15 mm / hr W; and in Female 12 mm/hr Westergreen's Method Ranging ---0-20 mm / hr W

AIMS:

We performed study to check the normal range of ESR for a HEALTHY young adult person at our institution.

METHODS: -

ESR of Fifty persons of MMC checked prospectively at the Lab of MMCH-Out of which 25 were Teachers and 25 Students all of them belonged to good socio-economic background. Anyone who considered her himself HEALTHY was included. No confirmation was done to assess their declaration.

RESULTS:

30 Males

20 Females

Age	Female n=20	Male n=30	Total n=50
Range	21-45	21-45	21-45
Mean	33	33	33

ESR: -

Range	07-63 mm/hr W	04-36	04-36
Mean	35 mm/ hr W	20	33.5

CONCLUSION:

Among the Students & Teachers of MMC many HEALTHY persons have ESR higher than quoted as normal in standard text books.

HOW GOOD IS CONVENTIONAL INTERFERON-BASED TREATMENT IN ERADICATION OF HEPATITIS C VIRUS (HCV) WITH GENOTYPE 3?

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INSTITUTION:

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ABSTRACT

BACKGROUND:

In our region of Mirpurkhas, the prevalence of HCV infection has previously been shown to be almost 20%. Over 20 different companies are marketing conventional Interferon (INF) in Pakistan. Data is not available for their success rates, although different claims are made. This study is the first in Mirpurkhas, done to see if this disease and its treatment behave any different here.

AIMS:

To find out the dominant genotype, and to determine the success rate of Interferon-based treatment in eradicating HCV.

METHODS:

Retrospective case series study of patients' records investigated and treated with 10 brands of INF for HCV eradication. Those treated with brands used in Prime Minister's Program for Prevention and Control of Hepatitis were excluded as they are being analysed in a separate study also being presented in this symposium.

RESULTS:

320/1858 (17%) of all tested were positive for HCV antibodies. HCV-RNA was tested by PCR for 1165 patients (673 men, 492 women), of which 784 (67%) were detected positive (487 males-62%; 297 females-38%). Genotype was checked in 168 patients (114 males, 54 females; average age 36 years). Genotype 3 was found in 118 (70%), 44 were untypeable (26%), 2 were genotype 1 (1.2%) and 1 was genotype 2. 3 had a genotype in combination with genotype 1 (n=1) and genotype 2 (n=2).

101 men and 57 women were treated with various brands of INF with the same manufacturer's brand of Ribavirin on a weight basis. The overall ETR achieved, and is available, was 30/40 (75%). 14/22 (63.6%) of genotype 3 achieved ETR. 17/27 (63%) men and 13/13 (100%) women. Average age for those who achieved good ETR was 42 years (range= 25-73 years). SVR is available for 6 patients, of which 3 were available. Favourable ETRs for 9 brands used in this study ranged from 0% (one brand) to 100% (4 brands).

CONCLUSION:

This study shows that 17% of all people tested positive, of which about 65% have evidence of active HCV infection. ETR achieved by different brands averaged 75%. This was 100% in female sex, although age did not appear to be a factor in determining a favourable ETR.

INGUINAL HERNIA FIRST EVER CASE SERIES IN MIRPURKHAS

Authors

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ABSTRACT

Background:

Inguinal hernia (IH) is a common surgical problem. It has two types Direct (DIH) and Indirect (IIH). Although textbooks and journals have detailed accounts of its various issues, no data exists in the rural Pakistan, particularly in Mirpurkhas region.

Objectives:

To study the various issues surrounding the inguinal hernia.

Methods and patients:

This retrospective study includes 50 consecutively admitted in surgical ward of Muhammad Medical College Hospital, Mirpurkhas with inguinal hernia.

Results:

There were 50 patients; 49(98%) were males and 1(2%) was females; 7(14%) patients were admitted with bilateral hernia, 27(54%) with right side and 16(32%) with left side hernia; 43(86%) patients were presented with reducible, 1(2%) with irreducible, 3(6%) with obstructed and 3(6%) with strangulated hernia; 27(54%) patients presented with direct inguinal hernia(DIH) and 23(46%) with indirect inguinal hernia; 30(60%) of patients were either under 20 years of age(30%) or over 60 years of age(30%); mean length of stay in the ward was 8 days(range 1-30 days); 39(78%) were managed surgically and 11(22%) were managed conservatively ; out of 50 patients only one died and most common associated pathology was BPH i.e. 6(12%) patients.

Conclusion

Our case series for inguinal hernia shows most of the patients presented at the extremes of the age. Rest of the presentations and management is also comparable with that found in literature.

DO OUR LIVER PATIENTS DIE MORE IF THEY GET ADMITTED OVER WEEKENDS?

Authors:

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ABSTRACT

Background:

It has been shown that patients admitted over weekends have poorer prognosis than otherwise. Number of factors are thought to be responsible for this phenomenon, including relatively difficult access to diagnostic and therapeutic facilities, less frequent visit of consultants etc. However this has been sparsely looked into for liver disease patients

Aims:

To find out the mortality rate among patients admitted over weekend with liver disease at our centre vs those admitted over week days.

Patients and methods:

Medical records of 100 consecutive liver related admission (50 during weekend and 50 during week days admission) were retrospectively analysed.

Results:

The average age of patients with liver disease admitted was similar in both groups with similar male to female ratio. The distribution of department where these patients were admitted and the cause of liver disease was also similar in two groups. The average stay in hospital for those admitted was shorter in the group admitted over weekend than those admitted over weekdays (4-5 & VS 6 days). More patients died of they were admitted over weekend than those over weekdays. (29 VS 15, P=). Average time from admission to death was shorter in group over weekend (3.4 VS 4 days).

Conclusion:

Our study confirmed that our liver disease patients are more likely to die and in shorter interval of time of they are admitted over weekend than those admitted over weekdays. The demographic and clinical features in those groups were not significantly different.

CEREBRO VASCULAR ACCIDENTS: WHAT DO WE KNOW ABOUT OUR PATIENT?

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ABSTRACT

Background:

Cerebrovascular Accidents (CA) is a devastating illness. It has many known risk factors and can present in a number of a 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 100 patients successively admitted in our department of Medicine from August 2005 to 2007.

Result

The average age at presentation was with males 51 (52%), females 47 (48%) the common 4 presenting complains were unilateral weakness (n=47;47%), loss of consciousness (n=42;42%) fever (n=7;7%), headache, (n=6;6%). Hypertension was the most frequent risk factor (n= 50;50%), followed by smokers (n=26;26%) and diabetes mellitus (17 (17%).CT scan confirmed hemorrhage in=55;55%) ischemia (n=45;45%)

Discussion

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

Conclusions

CVA is more prevalent in older age group especially in hypertension followed by smokers and diabetis.

Our study showed haemorrhage as the commonest made of CVA. Larger.

AN ALARMINGLY INCREASING BUT LARGELY NEGLECTED PROBLEM – ORAL SUBMUCOUS FIBROSIS

AUTHOR:

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INSTITUTION:

Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

BACKGROUND:

This is the first study in the rural area of district Mirpurkhas showing the incidence of oral fibrosis and related problems of oral cavity by habit of different chewing stuffs. It is a commonly occurring an alarmingly increasing condition in our country on which still no any detailed study has done as yet. Some work is done in Agha Khan Hospital, Karachi and JPMC, Karachi but, was not as such detailed work. In UK and USA Oral Fibrosis is found only in people who are in-migrated from Indian sub continent. Oral Fibrosis is also common in Philippines.

AIMS:

To find out the incidence of Oral Fibrosis, its related problems and to determine its risk factors.

METHODS & PATIENTS:

We have done retrospective study on 200 patients presenting to a single ENT specialist Dr. Navaid Iqbal Khan in our centre MMCH, Mirpurkhas, having problems in oral cavity.

RESULTS:

Out of 200 patients (pts) we have found 50 pts (25%) of oral fibrosis within 6 months. Out of 50 we found 4 (2%) cases of Sq: cell CA. Two (1%) cases were leukoplakia however, 45 (90%) pts has recurrence problem. 40 (80%) pts had problem due to "Gutka and Mainpuri". 8 (16%) pts ad problem due to "Chhalia", 2 (4%) pts had problem "Naas / Naswar", 44 (90%) pts had symptoms of burning in mouth, pain throat and difficulty in swallowing. 15 (30%) pts had a positive family history of similar problems. 20 (40%) pts had a degree of anemia, 30 (60%) pts had a clinical nutritional deficiency. Common age group among children was 8 – 12 years of age and most were males. "Chhalia" was the most common pre-disposing risk factor. Common age group in adults (males) was 20 – 27 years of age. "Gutka" and "Mainpuri" was the most common risk factor. However, in females most commonly involved age group was 15 – 24 years of age. "Chhalia" was the most common risk factor. Male – female ration was 3:1.

CONCLUSION:

Our study has clearly shown that Oral Fibrosis is very common (1 in every 4 pts) and significant problem in our pts, presenting to ENT department. There is an acute need to address to this largely neglected problem caused by chewing the different chewing stuffs like "Paan", "Chhalia", "Gutka", "Mainpura" and "Naswar" etc.

THE USE OF ORS (NIMKOL) IN MANAGEMENT OF CHILDHOOD DIARRHOEA BY MOTHERS IN THE SUBURBS OF MIRPURKHAS

Authors:

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Institution:

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ABSTRACT

Diarrhoea continues to rank as one of the leading causes of child mortality throughout the world. The World Health Organization has recommended the use of oral rehydration solution (ORS) for the treatment of dehydration associated with diarrhoea. This paper reports the results of a citywide survey conducted in District Mirpurkhas, Sindh to obtain information regarding the practices of mothers concerning child health care and factors that influence these practices.

Aims:

The purpose of the survey was to collect baseline data on a variety of issues, in order to develop effective health education programs and evaluate ongoing ones. Within the context of adoption practices of the population with respect to use of ORS (oral rehydration therapy) treatment are described and assessed.

Methods & Design

It is a cross sectional study in which we randomly selected 100 people from various localities / settings in District Mirpurkhas and interviewed them.

Result:

A total of 100 respondents (85 from outside the hospital and 15 from the MMCH, Mirpurkhas) were interviewed for their knowledge about the use of ORS in childhood diarrhoea. Most of the respondents were mothers with low literacy rate (76%). The prevalence of current diarrhoea among children was (24%) on the day of interview whereas 76 % of the children had history of having suffered from an episode of diarrhoea in past. About 77 % respondents claimed that they had an experience of using ORS. Most of them had used ORS (Nimkol) for childhood diarrhoea and dehydration. Only 23 % mothers of children were using wrong remedies. The use of ORS (Nimkol) was more common among the families with lower income. Regarding the preparation of ORS (Nimkol) solution, 40% respondents had fairly accurate knowledge. However 60% had no idea about the correct preparation of solution for ORS.

Conclusion:

Our study has clearly shown that most of mothers (77) are using the correct remedy as ORS but majority of them (60%) do not know the correct method to prepare the solution and for how much time it should be given to their children to avoid / treat dehydration.

**PRIME MINISTER'S (NATIONAL) PROGRAM FOR THE PREVENTION
AND CONTROL OF HEPATITIS (PMPPCH) –THE MIRPURKHAS
PERSPECTIVE**

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ABSTRACT

INTRODUCTION:

Hepatitis C Virus (HCV) infection is rampant in Mirpurkhas (MPS). However, its treatment is out of the affording range for a vast majority of our poor population. To overcome this problem, MMCH is providing clinical co-ordination voluntarily to Prime Minister's Program (PMP).

OBJECTIVES:

To determine data so far of PMP at MPS.

METHODS:

Having all basic tests done, patients are referred to the clinical co-coordinator at MMCH for clinical assessment. Those found appropriate, the treatment was arranged for 6 months period universally as per PMP's protocol. PCR was repeated to check "end of treatment response" (ETR). Analysis was done on the data available until the end of July 2007.

RESULTS:

4042 patients had their HCV antibodies tested of which 1697 patients (693 men, 616 women) were found reactive. 610 had HCV-RNA detected by PCR. 275/610 (148 men, 127 women) were commenced on viral eradication treatment. Pre-treatment mean Haemoglobin was 12.8 g/dl, mean Alanine transaminase (ALT) was 85 U/L (range= 13-708 U/L), mean serum Albumin 4.2 mg/dl (range= 2.4 to 5.9 mg/dl), and mean INR 1.15 (range= 0.7-2.5). Ultrasound scan showed normal findings in 60%, non-cirrhotic changes in 29% and non-decompensated cirrhotic changes in 11%.

ETR is so far available for 70/101 patients that have completed the treatment, of which 64 (91%) had a good favourable response as shown by non-detectable HCV RNA.

CONCLUSION:

Despite the late onset and slow progress, the PMP is working well at Mirpurkhas. It has shown a remarkably high ETR (91%), despite having 11% cirrhotic patients on treatment.

DESPITE HAVING PRIMARY IMMUNIZATION PROGRAM IS PAKISTAN FACING THE BURDEN OF VACCINE PREVENTABLE DISEASES????

Authors:

Sana Khokar, Syed Zafar Abbas.

Institution:

Muhammad Medical College, Mirpurkhas

ABSTRACT

Background:

Despite efforts at various levels, the vaccination program in Pakistan has not produced satisfactory results. The opinion of community regarding the system and its problems are important.

Aims:

To find out

- General public's attitude to immunization.

Material and methods:

A prospective cross sectional survey of the members of general public, was done using questionnaire explained to lay people by a trained investigator (SSMK).

Result

100 people attending different doctors / centres in the city of Mirpurkhas were surveyed. 50 were rural (6 males, 44 female) and 50 were urban (8 males and 42 females) residents. Age distribution for rural people was 18-50 and for urban was 20-45 years. 80% of the rural and 32% of the urban people were illiterate. 13 people (9 rural) did not know any thing about immunization. 25 people (24 rural) said there was no immunization program in their residential area, 7(4 rural) did not know whether it existed. All 32 that either said they did not have any immunization program or did not know about its existence, said they would like to have such program in their areas. 12 (8 rural) of the 59 (13 rural) who were aware of such program in their areas , were not satisfied with its working. 45 (33 rural) said their children were not immunized. 48 people (33 rural) reported occurrence of a target disease in their family at some stage.

Conclusion:

There is a significant number of people, particularly in rural areas, that are either not aware, or do not get immunized and /or have a target disease occurrence in their families. There is thus a significant burden of vaccine preventable diseases in our area. Urgent measures are needed to improve this miserable situation.

“KELOID SCAR THAT DON'T KNOW WHEN TO STOP”

AUTHORS:

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INSTITUTION:

Liaquat University Medical and Sciences, Muhammad Medical College

ABSTRACT

Background:

Keloid scar is a tough heaped-up scar that rises quite abruptly above the rest of the skin it is irregularly shaped and tends to enlarged progressively. Keloid do not subside over time.

AIMS:

To determine the efficacy of combined treatment of locally injecting Triamcinolone and surgery in young females with ear Keloid after piercing.

MATERIAL AND METHOD:

A prospective study was done over 10 females with Keloid scar. Preoperative two injections of Triamcinolone with 3 to 4 weeks interval to stop the growth and/or regression of Keloid in the ear. If it has stopped growing and regression has occurred, checked by measurement. Then excision of Keloid and reconstruction of ear is done and at the same time Triamcinolone injection is given in the incised margins. Follow-up is done for 12 months with 3-4 weeks interval. In first three weeks Triamcinolone is injecting at operating site. Repeated once more after 4 weeks. Total injections are five two preoperatively, one operatively, two postoperatively.

RESULTS

10 females were treated, age distribution was 15-20, size of scar is varying, all have history of ear piercing, 6 Keloids involved both ears and 4 unilateral ears. Follow-up with up to 12months showed no recurrence of Keloid.

CONCLUSION:

There is significant high rate of recurrence of Keloids up to 50% when using single treatment. One year response rate increasing to 100%, if combined surgery and Triamcinolone is used for the treatment and prevention of recurrence of Keloid specially in the region of ear, this statement may not be true for Keloid's involving the upper chest, back and arms.

INCIDENCE OF DIABETES MELLITUS IN PATIENTS WITH CHRONIC LIVER DISEASE IN PATIENTS OF MIRPURKHAS

Authors:

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Sana Khokhar (Final Year MBBS)
Sapna Raj (Final Year MBBS)
Dr. Muhammad Ali (Assistant Professor)
Dr. S. Zafar Abbas

Institution

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ABSTRACT

Background:

Diabetes Mellitus (DM) has in the recent past been shown to be associated into Chronic Liver Disease (CLD). We studied this association in our patients.

Patients & Methods:

One year data from 1st August 2006 to 31st July 2007 of all those patients with advanced CLD who were admitted in medical ward in 1year period, was analyzed.

Results:

225 patients (147 males, 78 females) were admitted over the study period with a complication of CLD. 158 (70%) of them were found to have a viral hepatitis as a cause (Hepatitis C (HCV) 137, Hepatitis B (HBV) 17 and both viruses 4). One patients had an autoimmune aetiology and another had alcohol liver disease. Aetiology was not known in 65 patients. 17 (7.5%) of these patients had developed hepatocellular carcinoma of which 10 had HCV. DM was found in 52 (23%) of these patients, of which HCV was associated in 33 and HBV in 2 patients.

Conclusion:

This study conform strong association of DM with CLD in our patients, particularly that caused by HCV.

POST OPERATIVE COMPLICATIONS OF GUT SURGERY—A STUDY OF 59 PATIENTS

AUTHERS:

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Sapna Raj (final year MBBS)
Dur-e-shahwar (final year MBBS)
Dr Javaid Rajput

INSTITUTION:

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BACKGROUND:

There is a significant number of patients that are operated on in our centre for a gut problem. However, anecdotally, such patients are often in a nutritionally poor status at presentation to our centre, and also present late. Many of them are of old age group.

AIMS:

A retrospective study was done to observe the late/ types of complications in the patients underwent Gut surgery.

MATERIAL AND METHODS:

This study was carried out in department of surgery MMCH from August 2006 to July 2007 for 1 year. Data of patient who underwent gut surgery was collected.

RESULTS:

59 number of patients were operated for gut pathology. Out of them age distribution were 2 days to 70 years, sex group 48 male, 11 females. Indications of underwent gut surgery were intestinal obstruction 25, ileal perforation 13, ileocecal mass 1, growth in sigmoid colon 2, strangulated hernia 3, mass in stomach 1, vulvulus 2, foreign body in stomach 1, pyloric stenosis 1, previous exterosation 10. Procedures were done includes primary closure 28, secondary closure 10, ileostomy performed 21. The complications that were seen postoperatively included:
Anastomotic leakage 3, Wound infection 5, chest infection 11, Burst abdomen 1.

CONCLUSION

There is a significant morbidity and mortality in our patients that undergo gut surgery due to various reasons.

“SPECTRUM OF BONE DISEASE”

Authors:

Sana Khokhar (Final Year MBBS)
Huma Memon (Final Year MBBS)
Dr. S. Zafar Abbas

Institution:

Department of Medicine, Muhammad Medical College & Hospital, Mirpurkhas.

ABSTRACT

Background:

Disease affecting bones are various and present to orthopedics surgeons as well as rheumatologists physicians. No data exists in our region regarding the spectrum of such diseases.

Aims:

To find out the spectrum and demographic details of bony diseases presenting to our hospital.

Methods and Material:

A retrospective study of the case series of all 58 patients that were admitted to MMCH with a bony disease.

Results:

58 patients (31 females, 27 males) were admitted over the study period with bone diseases. Top most causes comprises of fractures, Rheumatoid Arthritis, OA, PID are about 42 (72%) includes:

- Fractures 23 (39%)
- Rheumatoid Arthritis 11 (18%)
- PID & OA- 8 (13%)

Conclusion:

Fracture are unsurprisingly the commonest cause of diseases of the bones requiring hospital admission. A considerable proportion of patients however require admission due to advanced or complicated “medical” diseases, not requiring any surgical intervention.

Good Health

SANTÉ
Omeprazole
20mg
14 DR Capsules

Macter

AN ALARMINGLY INCREASING BUT LARGELY NEGLECTED PROBLEM – ORAL FIBROSIS

AUTHOR:

Sheerin Ahmed Khan (Student Final Year MBBS)
Dr. Navaid Iqbal Khan (Senior Registrar ENT Department, MMCH)

INSTITUTION:

Muhammad Medical College Hospital, Mirpurkhas

BACKGROUND:

Oral Fibrosis and its related problems are commonly occurring and alarmingly increasing condition in our country. However its incidence in the rural areas, including Mirpurkhas is not known.

AIMS:

To find out the incidence of Oral Fibrosis, its related problems and to determine its risk factors.

METHODS & PATIENTS:

We have done retrospective study on 200 patients presenting to a single ENT specialist (N.I.K) in our centre MMCH, Mirpurkhas, having problems in oral cavity.

RESULTS:

Out of 200 patients (pts) we have found 50 pts (25%) of oral fibrosis within 6 months. Out of 50 we found 4 (2%) cases of Sq: cell CA. Two (1%) cases were leukoplakia however, 45 (90%) pts has recurrence problem. 40 (80%) pts had problem due to “Gutka and Mainpuri”. 8 (16%) pts ad problem due to “Chhalia”, 2 (4%) pts had problem “Naas / Naswar”, 44 (90%) pts had symptoms of burning in mouth, pain throat and difficulty in swallowing. 25 (50%) patients had a problem of lock jaw as mild to moderate. 15 (30%) pts had a positive family history of similar problems. 20 (40%) pts had a degree of anemia, 30 (60%) pts had a clinical nutritional deficiency. Common age group among children was 8 – 12 years of age and most were males. “Chhalia” was the most common pre-disposing risk factor. Common age group in adults (males) was 20 – 27 years of age. “Gutka” and “Mainpuri” was the most common risk factor. However, in females most commonly involved age group was 15 – 24 years of age. “Chhalia” was the most common risk factor. Male – female ratio was 3:1. Common areas involved as:1.Mucosa inside the cheeks in 40 (80%) patients. Tongue in 5 (10%) patients. Gums in 3 (6%) patients. Other areas of oral cavity in 2 (4%) patients.

CONCLUSION:

Our study has clearly shown that Oral Fibrosis is very common (1 in every 4 pts) and significant problem in our pts, presenting to ENT department. There is an acute need to address to this largely neglected problem. According to our study the main predisposing factors were Gutka, Man-puri and Chalia. Males are more commonly involved as compare to females.

**USE OF CONTRACEPTIVE MEASURES AND AWARENESS ABOUT
THE FAMILY PLANNING IN FEMALE POPULATION OF
MIRPURKHAS IN ORDER TO IMPROVE REPRODUCTIVE HEALTH
CARE**

Authors:

Dr. Farzana Rizwan (Associate Prof. Dept. Of Gynecology and obstetrics MMCH.
Dr. Shajee Hussain (Asst.Prof. Dept. Of Community Medicine MMC)
Babar Aurangzab Wattoo (4th Year)
Rabia Mazhar (4th Year)
Humaira Javaid (4th Year)
Sumera Hussain (4th Year)

Institution:

Muhammad Medical College & Hospital. Mirpurkhas.

Aims / Objective:

In women of Mirpur Khas,

- To assess the awareness of use of contraceptives.
- To assess the attitude of female toward family planning and problem facing in use of contraceptive measures,
- To see the effects of contraception on health.

Inclusion Criteria:

Women reproductive age attending O.P.D. and WARDS of obstetrics and gynecological department of Muhammad Medical College Hospital, and Civil Hospital Mirpur Khas.

Methodology:

We have done public survey with the help of Questionnaire, comprising over 200 females in which we have studied about their attitude and awareness toward family planning.

Results:

Total No. of patients	217	
Who have practiced contraceptive methods	70	32.25%
Who haven't used contraceptive methods	147	
Who haven't used contraceptive methods but wish to use	30	13.83%
Who haven't used contraceptive methods and never wish to use	117	53.92%

Conclusion:

We found that in Mirpurkhas small percentage of women are using contraception than rest of the country.

POSTER PRESENTATIONS (CASE REPORTS)

ATYPICAL PRESENTATION OF INTESTINAL TUBERCULOSES

Authors:

Syeda Amtul Sughara
Mahwish
Dr. Abdul Qadir Khan (Assistant Professor)

Institute:

Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Introduction:

Intestinal T.B is of 2 types.

1. Secondary
2. Primary

Mostly it is a re-activation of Mycobacterium Tuberculosis, which is of secondary type. Bovine T.B is caused by unpasteurized milk, affect the intestine primarily.

Sites:

Most common sites of intestinal T.B are

1. Terminal ileum
2. Cecum

Pathology

Intestinal T.B classified into.

1. Ulcerative (60%)
2. Hypertrophic (10%)

Clinical Feature

- Fever
- Weight loss
- Anorexia
- Diarrhea
- Abdominal Pain

Case report:

27 years old male , resident of Khan Shah Mirpurkhas. He came to MMCH with the complain of weight loss, fever, Jaundice, and abdominal distention. When he was investigated for jaundice he was diagnosed as a case of Hepatitis B and C, and ascitic fluid was tapped for the suspicious of cirrhosis. Ascitic Fluid DR was exudates in nature with the increase number of lymphocytes and Protein. He was therefore diagnosed and treated as abdominal tuberculosis to which he has responded very well.

GASTRIC NON-HODGKIN'S LYMPHOMA PRESENTING WITH SUB ACUTE ABDOMEN

Authors

Bhurgri M.R, Sindhi Y, Laghri A.A, Laghari A.S, Soomro R.U, Rajput J.A.

Institution

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Introduction

GI lymphomas are the most common site of extra nodal presentation. We are reporting one case that was presented in our institution with unusual presentation and was diagnosed gastric non-Hodgkin's lymphoma by biopsy report taken during the exploratory laprotomy.

Case report

A 60 years old male presented to Muhammad Medical Collage Hospital with complaints of central abdominal pain for two months, abdominal mass for two months and constipation for two months. examination There was no lymphadenopathy. Abdominal examination revealed no visceromegaly but there was a mass on the right side of the umbilicus. Laboratory investigations were unremarkable Ultrasound examination revealed a complex mass of 6.7×2.8cm size; consist of thick edematous wall and narrow bowel loops at the site of transverse colon. Chest and abdominal x-rays were normal. Barium enema didn't show any finding. Patient was poor therefore we didn't perform further sophisticated investigation. We did an exploratory laporotmy. Patient did well after surgical procedure. Histopathology revealed non-Hodgkin's lymphoma.

**RED-DEGENERATION OF FIBROID IN A PREGNANT WOMAN
REQUIRING HYSTRECTOMY “AN UNCOMMON AND INTERESTING
CLINICAL PROBLEM”**

AUTHORS:

Sheerin Ahmed Khan (student of final year MBBS)

Dr.Farzana Rizwan (Associate Professor gynae & obs Mohammad Medical College
“MMC&H” Mirpurkhas)

INSTITUTION:

Department of gynae and obs MMC&H Mirpurkhas.

ABSTRACT

Fibroids are the compact masses of smooth muscle, 80% are found in reproductive age group and only 4% are found in pregnant woman. One of its complication is red degeneration during pregnancy which may precipitate uterine contractions, causing miscarriage or pre-term labour and required immediate treatment with hospitalization. As fibroid grows patient usually presents with acute pain, tenderness over fibroid and frequent vomiting.

We are presenting this case because of its unique presentation at different gestational age in contrast to the available literature which shows that majority of red degeneration occurs between 20 to 22 weeks while our case presented at 32 weeks of gestation and required hysterectomy which is again an uncommon management in this problem.

MLLER FISHER SYNDROME- A RARE NEUROLOGICAL PROBLEM

Authors:-

Kelash Kumar.(4th year MBBS).
Minahil Haq.(4th year MBBS).
Anita Rathore.(4th year MBBS).
Dr Fayaz Ahmed Memon (Consultant neurology)

Institution:-

Department of neurology Muhammad Medical college hospital Mirpurkhas.

ABSTRACT

Introduction:

Miller Fisher syndrome is a variant of GBS. It composed of ophthalmoplegia areflexia & ataxia. A purely ophthalmoplegia form also exists, it may couple with cervico brachial pharyngeal pattern.

Variation of GBS include

Regional include:

Fisher syndrome, Cervico pharyngeal brachial pattern Oculopharyngeal weakness, Predominant paresthesia, Bilateral facial & abducent nerves distal Paralysis+paralysis, Ophthalmoplegia

Functional Include:

Generalized Ataxia, Pure sensory, Pure motor, Parasympathonomia, Axonal.

Case Report:-

A 40 years old male present with weakness and pain of lower limb for 2 weeks and dysphagia dysarthria upper eyelid weakness and double vision for 5 days O/E, he had Areflexia, Motor weakness, Plantar Decreased, Gag reflex +ve bilateral facial palsy.

CFS was obtained which showed protein content of 435 mg. nerve conduction study showed demyelinary pattern a diagnosis of miller fisher syndrome was made. Patient recovered well and was discharged home.

HYPERTHROPHIC CARDIOMYOPATHY

Authors

Zakauallah (Final Year)
Noman Ali (Final Year)
Dr. Santosh Kumar

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Introduction:

Hypertrophic cardiomyopathy is characterized by maladaptive left ventricular hypertrophy prevalence 1-2 per 1000. It is an autosomal dominant inherited cardiac condition.

Case report

A 40 year old male patient presented with the complain of syncope attack and chest pain with shortness of breath after day work on exertion. His, Pulse rate 70 b/min, BP 130/70mm Hg, and, ECG Showed left axis deviation and LVH, also ST depression V1 V6 Echocardiogram showed severely asymmetrical hypertrophied small sized left ventricular with normal function systolic anterior motion of mitral valve was present with normal mitral and aortic valves. He is doing well on pharmacological treatment which will be discussed further in our poster.

CORPUS CALLOSUM, AGENESIS

Authors:

Sana Khokar (Final Year, MBBS)
Sapna Raj (Final Year, MBBS)
Dur-e-Shahwar (Final Year, MBBS)
Dr. Iqbal Pathan (Professor of Peads)

Institution:

Department of Paediatrics, Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

Introduction

Agenesis of the corpus callosum (ACC) is an anomaly that may occur in isolation or in association with other CNS or systemic malformations. The white matter fibers forming the corpus callosum predominantly connect symmetrical regions in the frontal, parietal, temporal, and occipital lobes. Experimental observations indicate that the corpus callosum allows the sharing of learning and the memory between the two cerebral hemispheres. In the US, the reported frequency of this condition is 0.7-5.3%, Internationally, the frequency is not known but could be similar to that in the US, Pakistani, Not known. The clinical manifestations can be described under 2 headings:

- Nonsyndromic
- Syndromic
 - A. Nonsyndromic forms are the most common. An unknown, though probably small, proportion of patients are completely asymptomatic, or more commonly, their condition is incidentally discovered during neuroimaging. Patients may present with mental retardation or development, seizures and cerebral palsy. Macrocephaly may be seen due to hydrocephalus sometimes associated with interhemispheric cysts.
 - B. A number of syndromes may be associated with ACC. Some of the more common ones include Dandy-Walker syndrome, Aicardi syndrome, fetal alcohol syndrome, and several of the trisomies.

Case report:

We present a case report of a 3 ½ year old female child who presented with the history of

- Delayed milestones
- Seizures
- Disturbed sleep patterns

Diagnosis was achieved with the help of clinical details and MRI.

Further details will be given on poster.

TRACHEOMALACIA WITH CONGENITAL HEART DISEASE

Author:

Sana Khokhar (Final Year MBBS)
Dur-e-Shahwar (Final Year MBBS)
Sapna Raj (Final Year MBBS)
Dr. Iqbal Pathan (Professor Paeds)

Institution:

Department of Paediatrics, Muhammad Medical College & Hospital, Mirpurkhas

ABSTRACT

Introduction:

Malacia refers to “softness” and, in medical terminology, generally refers to cartilage or bone. Tracheomalacia (TM) refers to a weakness of the trachea, frequently due to reduction and / or atrophy of the longitudinal elastic fibers of the pars membranacea, or impaired cartilage integrity, such that the airway is softer and more susceptible to collapse. The incidence of the congenital form of TM in children is to be 1 per 1,445 infants. The mortality rate from severe TM is as high as 80%. Clinical manifestations of this disease include:

- Appear during the first weeks to months of life.
- Expiratory stridor and cough.
- Noisy, medium-pitched to high-pitched breathing.
- Recurrent respiratory distress, wheezing, cyanosis, spontaneous hyperextension of the neck, and breath-holding spells.
- The “bagpipe sign,” an expiratory sibilant note that persists after the end of visible expiration.
- Sternal, substernal, and intercostals retractions.
- Feeding difficulties.

Case report:

We present a case report of 10 days old infant who presented with:

- Expiratory stridor
- Cough
- High pitched breathing
- Wheezing
- Cyanosis
- Breathing holding spells
- Sternal, substerna and interostal retractions

Diagnoses was achieved by Bronchoscope and Echocardiogram.

PERIPARTUM CARDIOMYOPATHY WITH RIGHT SIDED CEREBRAL INFARCTION

AUTHORS:

Dr.Zafar Javaid, DR. Santosh Kumar (physician and cardiologist, FCPS).

INSTITUTION:

Department of Medicine, MUHAMMAD MEDICAL COLLEGE HOSPITAL
MIRPURKHAS.

ABSTRACT

INTRODUCTION:

Peripartum cardiomyopathy is a form of dilated cardiomyopathy with left ventricular systolic dysfunction that results in signs and symptoms of heart failure. The incidence of the disease in the united states is not known and has been reported to range between 1 per 4000 and 1 per 15000 deliveries. The incidence is higher in certain parts of Africa.Peripartum cardiomyopathy can occur at any age but is more common in women older than 30 years, and is related to first and second pregnancies in almost 60 percent of cases. There is a strong relation between the development of peripartum cardiomyopathy, gestational hypertension, twin pregnancy, and the use of tocolytic therapy. Common symptoms and signs are shortness of breath, fatigue, chest pain, palpitations, weight gain, peripheral edema, or pulmonary embolization and arrhythmias. Physical examination often reveals an enlarged heart S3 and murmurs of mitral and tricuspid regurgitation. The ECG may show tachycardia, ST-T waves changes and a arrhythmias. Chest radiography usually shows cardiomegaly. Doppler echocardiography shows enlargement of all four cardiac chambers and marked reduction in left ventricular functions.

Case report:

We present a case report of a patients aged 26 years who presented with weakness of left sided of body and shortness of breath for 1 week and Episodes of sweating for 1 month. She was to have known hypertension for 5years. 1 week ago she was operated for cessarean section and followed by diltation and curratage. O/E: B.P: 130 / 100 mm/hg, pulse: 96 b/m, temp: 99F°, increased sweating, tremors. Palpable liver 2 fb, spleen 1fb. CVS: gallop rhythm, tachycardia. CNS: power 0/5, tone: left sided increases, reflexes: increased left side, Bab Babinkin's sign: left sided up going. Remained normotensive and a fibrile although had spells of excessive sweating. She did not respond to the treatment and died 6 days after admission.

**PAPERS PRESENTED BY MMCians AT 6TH CONGRESS OF
EUROPEAN FEDRATION OF INTERNAL MEDICINE 2007,
LISBON, PURTUGAL**

**HEPATITIS C INFECTION AT PRESENTATION: HOW ADVANCED IS
THE DISEASE?**

AUTHORS:

1. Khan, Hina Abdul Qayyoom
2. Batool, Syeda Aasia
3. Abbas, Syed Zafar

INSTITUTION:

Muhammad Medical College Hospital, Mirpurkhas, Pakistan

ABSTRACT

BACKGROUND: Local natural history data of Hepatitis C Virus (HCV) infection with an overwhelming genotype 3 is lacking and is presumed to be similar to that described in other populations. Eradication rate is poor for patients with advanced liver diseases. In the absence of significant Ultrasound scan abnormalities, a number of biochemical measures have been suggested to indicate the stage of disease non-invasively. Data is lacking in respect of the stage of disease at the time of presentation in our population. **AIMS & OBJECTIVES:** To determine how advanced is the liver disease biochemically in our patients population at their first presentation that did not have any signs of decompensation. **PATIENTS & METHODS:** Retrospective analysis of the laboratory records of all 229/1227 (18.7%) consecutive new patients that tested HCV antibodies positive, presenting over 6 months at our liver centre. The presence of 2 or more of the following features was considered suggestive of advanced disease: platelet count $<150000/\text{mm}^3$, serum bilirubin of $\geq 2 \text{ mg/dl}$, $\text{AST} > \text{ALT}$, serum albumin $< 3.7 \text{ mg/l}$ and INR of > 1.3 . Patients with ascites, history of an upper GI bleed or encephalopathy were excluded. **RESULTS:** Further testing following HCV antibodies was available in 148 patients (61.5% males, 38.5% female; mean age 36.3 years, range = 12 to 65 years). 19/148 (12.8%) patients had advanced CLD as evidenced by ≥ 2 of the described biochemical criteria of which 36.8% were males and 63.2% were females with mean age 38 years (range = 22 to 50 years). **CONCLUSION:** The underlying liver disease is fairly advanced in 12.8% of all patients that present at our liver centre. Female patients with liver disease appear to be at a higher risk of presenting late. This data needs validation by further studies involving liver biopsies. Mass campaigns and screening of population is suggested to detect this killer disease at early stages to facilitate satisfactory outcome of eradication treatment.

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

AUTHORS:

Batool, Syeda Aasia
Rajput, Arooj Naz
Abbas, Syed Zafar

INSTITUTION:

Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas, Pakistan.

ABSTRACT

BACKGROUND:

There are significant variations between various parts of the world in the incidence, prevalence and types of upper GI cancers. In Pakistan also, different centers 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 endoscopy 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 our region.

PATIENTS AND METHODS:

Retrospective analysis of the records of upper GI endoscopy performed consecutively over 12 months in our center. 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.

A STUDY OF ISCHAEMIC HEART DISEASE AT A CENTRE IN RURAL PAKISTAN

Authors:

Aliya Zaman Raja, Syed Zafar Abbas

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas, Pakistan

ABSTRACT

Background:

Ischaemic Heart Diseases (IHD) are common causes of admissions at a hospital and require considerable resources. There are various recognised risk factors, well defined tools of diagnosis and methods of treatment. The outcome can vary depending on the presentation and management strategies. However no data exist on IHD in the rural Pakistan.

Objectives:

To find out the risk factors, classification, treatment and outcome of IHD in our hospital situated in a rural area of Pakistan.

Methods and Patients:

Retrospective analysis of 50 consecutive patients of IHD admitted in ICU and Medical ward at our centre.

Results:

Out of 50 patients, 26 were males and 24 females with a mean age of 55 years (range=30-80). In 42 patients (84%), a risk factor was identifiable. Top 3 risk factors were smoking (44%), hypertension (42%) and diabetes (34%). Non-ST segment elevated MI (NSTEMI) represented 36% of the diagnoses. Mean length of stay in the hospital was 7.5 days (range=3-30) with in-hospital mortality of 4%. All patients received aspirin on admission. Other drugs commonly used included beta-blockers (60%), ACE inhibitors (56%), nitrates (36%), clopedogril (20%), calcium channel blockers (16%) and heparin (6%). Although thrombolysis was indicated in 14% patients diagnosed with ST segment elevated myocardial infarction (STEMI), only one of them could afford to receive it.

Conclusion:

In our study, commonest risk factor for IHD was smoking. NSTEMI was the commonest type of IHD (36%). In-hospital mortality was 4%. Only a small fraction of our patients could financially afford to have thrombolytic therapy because of poverty when it was indicated.

IS SMOKING REALLY A PROBLEM IN OUR MEDICAL PATIENTS POPULATION?

Authors:

Parveen Khan, Amna Khan, Nadia Abbas, Mehwish Zeb, Syed Zafar Abbas

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas, Pakistan

ABSTRACT

Background:

Smoking is pandemic worldwide. Its frequency is reported to be dropping in developed world, but not in developing countries. It causes a long list of medical illnesses with high morbidity and mortality. The data of smokers in Pakistan is scarcely available and no data in this regard exist at all in our region.

Objectives:

To find out the frequency and mortality of smoking related problems requiring medical admission in the region of Mirpurkhas, Pakistan.

Patients and Methods:

Cross-sectional retrospective study of the case notes of all 400 successive medical admissions to find out 100 smoker patients. Patients with chronic liver disease (CLD) were excluded to avoid bias as we have a major liver centre and a large admitted patient 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%) and 126 females (41%). Among them, there were 100 smokers (33%) and 206 non-smokers (67%). Among 100 smokers, there were 81 males and 19 females with average age of 51 years (range=13-76). Among 206 non-smokers, there were 99 males (48%) and 107 females (52%) with average age 40 years (range=10-100). 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 admissions for smoking related diseases, 3 commonest were ischaemic heart disease (n=23; 45%), Cerebrovascular accident (n=9; 17%) and chronic obstructive pulmonary disease (n=8; 15%).

Conclusion:

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

EXPERIENCE OF RUNNING A FREE DIABETES CLINIC IN A RURAL COMMUNITY IN PAKISTAN

Authors:

Syeda Aasia Batool, Irshad Ahmed, Shamsul Arfeen Khan, Syed Zafar Abbas

Institution:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas, Pakistan

ABSTRACT

Background:

Complications of Diabetes Mellitus (DM) are many. One of the recognised risk factors for developing them is non-compliance with treatment, which is due to various socio-economic reasons in our set-up. A free diabetes clinic (FDC) has been providing services in our centre for over 2 years. However no data exists regarding various issues surrounding DM and its care in this poverty-ridden population.

Objectives:

To determine various demographic, clinical and biochemical issues in diabetic patients of our population.

Methods and Design:

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

Results:

Over 2 years, 430 patients (280 males, 150 females) were registered. Their mean age was 41 years (range=11-75). Of them 405 (94%) had type II DM. Their mean body mass index (BMI) was 24 (range 15 – 43). Average blood pressure was 140 / 100 mmHg (Maximum 210 / 110). Of them 175 (40%) were hypertensive (defined as > 130/90 mmHg for DM). Average random blood glucose on registration was 180 mg/dl (range = 65 – 675). Fifty five (12%) patients had serum creatinine checked, of which 37 (67%) had some degree of impairment. Glycated Haemoglobin was within normal limits for 35% patients. Of those with type II DM, 85/405 (20%) were on Biguanide (Metformin) alone, 90 (22%) on a glycosylurea alone, 200/405 (49%) were on a combination of Biguanide and glycosylurea and 30 patients (7%) were on 3 tablets at the time of registration. At FDC, 174 / 430 patients (40%) had fundoscopy by an experienced qualified ophthalmologist, of which 45 (25%) had some grade of diabetic retinopathy.

Conclusion:

Despite massive subsidies, only a fraction of patients get appropriate investigations done for DM. Of all diabetic patients, 40% had hypertension. Of those that were checked for (with a bias of those that agreed / wished to get examination), 25% had some degree of retinopathy and 67% had nephropathy. There is a serious issue of mass education and funding to provide adequate services to diabetic patients in our community and thereby attempt to prevent the associated complications of diabetes.

MANAGEMENT OF FIRE CRACKER INJURIES

AUTHORS:

Faisal Irshad (Final Year)
Rajesh Rathi (Assistant Professor)

INSTITUTION:

Department of Ophthalmology, Muhammad Medical College, Mirpurkhas

ABSTRACT

BACKGROUND:

Fire crackers are devices of ancient Chinese origin containing combustible chemicals that cause explosive of spectacular effects.

AIMS:

To evaluate magnitude of ocular injuries caused by fire crackers.

METHOD:

Retrospective analysis of 20 patients who sustained fire injuries.

RESULTS:

Young age (6-15) years was the commonest age group involved 87% of all were males 45% presented between 80-24 hours of injury 55% were able to have 6/6 – 6/12 post operative visual status, where as 60% had 6/12 or better final visual outcome.

CONCLUSION:

Fire crackers injuries are common in children and young adults, vast majority being males. It can have great physical, physiological and social impact.

Charity work of Muhammad Medical College Hospital
Financial year 2006-2007
(01-07-2006 to 30-08-2007)

	Amount	No . Of Patients
Patient welfare club (free meals, medicines, investigations)	387,597	4,058
OPD Normal fee of Rs. 10 per patients Waived	60,190	6,019
Investigations (includes concessions and waived charges on already subsidized tests in our laboratory)	721,375	3,742
Hospital Charges (Normal fee of Rs. 25/ per day bed fees, and other charges at subsidized rates given free)	135,548	441
Medicines routinely given free of charge from OPD	1,587,801	Unspecified
Total	2,892,511	14,260 (+ OPD Patients)

Notes:

1. Above chart does not take into account already heavily subsidized rates, and counts the concessions over and above them.
2. Muhammad Medical College Hospital provides inexpensive but quality health services. OPD charges are only Rs.10/- (waived in various situations), bed fees only Rs.25/- per day (includes 3 meals per day, ward rounds of senior and junior doctors—also waived in various situations). Laboratory and operations charges are also significantly lower than typical charges by private hospitals/ centres in the city of Mirpurkhas.

Expenses incurred and patients dealt during our totally free medical camps held at least twice a year are not included in the above chart.

PATIENTS WELFARE CLUB (PWC) OF MFT

P PATIENTS WELFARE CLUB کے قیام کے اغراض، مقاصد اور اہداف اور آپ سے اس ضمن میں تعاون کی اپیل کی ضرورت کو واضح کرنے کے لیے مندرجہ ذیل حقائق سے آگہی ضروری ہے۔

☆ محمد فاؤنڈیشن ٹرسٹ ایک پرائیوٹ ادارہ ہے۔ جس کے بانیوں نے غریب لوگوں کو بالخصوص صحت اور تعلیم کی اعلیٰ سہولیات ان کے ہی علاقوں میں مہیا کرنے کا قابل تہمتین فیصلہ کیا۔ ☆ MFT کے زیر اہتمام اس وقت کئی بڑے اور چھوٹے پروجیکٹس چل رہے ہیں جن میں سے خاص طور پر قابل ذکر پروجیکٹس میں میڈیکل کالج، MIST (محمد انسٹی ٹیوٹ آف سائنس اینڈ ٹیکنالوجی)، انٹرنیٹ میڈیکل کالج، محمد اسٹیوٹ آف ہیئر ایڈیٹنگ (MIPT) اور محمد میڈیکل کالج ہسپتال شامل ہیں۔ ☆ اگرچہ سارے پروجیکٹس no profit no loss کی بنیاد پر ہیں، لیکن محمد میڈیکل کالج ہسپتال 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 لکیر (line of poverty) سے بھی نیچے زندگی بسر کرنے پر مجبور ہے۔ اس علاقے اور اس پاس کی آبادی 50 لاکھ (نصف کروڑ) کے لگ بھگ ہے۔

MMCH کی قابل ذکر کارکردگی

میر پور خاص کا وہ علاقہ جہاں، استثنیات کے علاوہ، کوئی پوسٹ گریجویٹ ڈگری اڈاپلومہ رکھنے والا ڈاکٹر نہیں ملتا تھا، محمد میڈیکل کالج اور ہسپتال کے قیام سے اسی علاقے میں 50 سے زیادہ ایسے ڈاکٹر دکھی انسانیت کی خدمت میں مصروف کار ہیں۔ اس ادارے کے زیر اہتمام قابل ذکر شعبے مندرجہ ذیل ہیں۔

☆ 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 بائیوپسی یا (histo pathology) بھی ہماری لیبارٹری میں اب قابل ماہرین مہیا کر رہے ہیں۔ چند اور (sophisticated) مشینوں کے لیے فنڈز کی فراہمی سمیت دیگر پیشرفت جاری ہے۔ ☆ ایکس رے والٹر اسائونڈ: یہ معیاری ٹیسٹ غریب مریضوں کی پہنچ میں دستیاب ہیں۔ ☆ شعبہ انتہائی نگہداشت: 13 بستروں پر مشتمل اس علاقے کا یہ واحد شعبہ اب برطانیہ سے حالیہ درآمد شدہ جدید اور پیش قیمت سازوسامان سے لیس ہو کر دن بدن جدید تر ہوتا جا رہا ہے۔ ☆ امراض نسوان 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 سازوسامان کے ساتھ مریضوں کی مزید خدمت انجام دے رہا ہے۔ ☆ شعبہ امراض باضمہ (Gastroenterology) ایک مکمل طور پر نیا وارڈ اور اینڈواسکوپی یونٹ مکمل طور پر نئے اور برطانیہ سے درآمد شدہ جدید ترین آلات اور دیگر سازوسامان کے ساتھ برطانیہ ہی سے اعلیٰ ترین سطح پر تربیت یافتہ ماہر کی نگرانی میں اپریل 2004ء میں پوری طرح فنکشنل ہو چکا ہے۔ اس وقت یہ شعبہ مختلف اقسام کی endoscopy کی خدمات بے حد کم قیمت انجام دے رہا ہے جو صوبہ سندھ میں کراچی سے باہر کم ہی میسر ہیں۔ ☆ حیرت انگیز 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 لئے 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 زہر مریض کا معائنہ کرتے ہیں، بشمول چھٹی کے دن؛ جس کی کوئی فیس وصول نہیں کی جاتی۔ اس کے علاوہ جو نیر ڈاکٹر بھی اپنی اپنی شفتوں 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 دوائیں، 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 مرض کے ماہر ڈاکٹر ہر ہفتے مریضوں کا علاج کرتے ہیں۔ مریضوں کو دوائیں بالکل مفت فراہم کی جاتی ہیں۔ شوگر کا ٹیسٹ صرف 10 روپے میں کیا جاتا ہے۔ ☆ جگر کا کلینک: ہماری ایک ریسرچ کے مطابق میر پور خاص اور اس کے آس پاس کے علاقے میں ہر پانچ میں سے ایک شخص کالا بلیبا (Hepatitis C) کا شکار ہے۔ ELISA اور لیبورٹری کے ذریعے PCR سمیت ناقابل یقین حد تک کم قیمت کئے جاتے ہیں۔ جگر کے امراض کے ماہر بین الاقوامی سطح کے تربیت یافتہ ڈاکٹر صر 10 روپے OPD فیس میں ہر ہفتہ وار کلینک کر رہے ہیں۔ ☆ فری بلڈ پریشر کلینک: اس ہفتہ وار کلینک میں بلڈ پریشر کے مریضوں کا معائنہ اور فری دوائیں فراہم کی جاتی ہیں۔ بلڈ پریشر سے متعلقہ بیماریوں کے مختلف ٹیسٹ بے حد کم قیمت کیے جاتے ہیں۔ ☆ فری OPD اور بستر: اساتذہ اور ان کے اہل خانہ، چاہے وہ کسی بھی علاقے سے تعلق رکھتے ہوں، اور 60 سال سے زیادہ عمر کے بزرگ شہریوں کے لیے OPD اور جنرل وارڈ کی بستر فیس بالکل نہیں لی جاتی۔ ☆ ریسرچ اینڈ ڈیولپمنٹ: اسپتال کے ڈاکٹر مسلسل تحقیق کے میدان میں بھی مصروف ہیں اور ٹرسٹ کی مدد سے کئی تحقیقی مقالے مقامی، ملکی اور غیر ملکی میڈیکل کانفرنسوں میں پیش کر کے خراج تحسین حاصل کر چکے ہیں۔ کئی معیاری ملکی اور غیر ملکی جرناموں میں کچھ مقالے چھپ بھی چکے ہیں۔ ان سرگرمیوں سے خصوصاً اس علاقے میں زیادہ بائی جانے والی بیماریوں کے متعلق زیادہ سے زیادہ معلومات فراہم کی جاتی ہیں۔ ٹرسٹ کی مدد سے ہی علاقے کے دیگر ڈاکٹروں کو میڈیکل سے متعلق معاملات اور ریسرچ سے باخبر رکھنے کے لیے باقاعدگی سے سیمینار، سیمپوزیم اور مینٹلز کا اہتمام کیا جاتا ہے، جن میں تمام ڈاکٹرز کا داخلہ بالکل فری ہے۔

ان تمام خلوص نیت اور جذبہ خدمت کے تحت کئے جانے والے اقدامات کے لازمی نتیجے میں ہماری محدود آمدنی رکھنے والے اسپتال کو تقریباً 36 لاکھ روپے سالانہ خالص نقصان برداشت کرنا پڑتا ہے، جو محمد فاؤنڈیشن ٹرسٹ اپنے دوسرے پروجیکٹس سے ہونے والی آمدنی سے بمشکل تمام پورا کرتا ہے۔ اس میں اگر فری میڈیکل کیمپس کے بے تحاشہ اخراجات، سینئر ڈاکٹرز کی تنخواہیں، ہر شخص کو نظر آنے والے تعمیراتی کام، وقتاً فوقتاً خریدے جانے والی نئی مشینیں، خراب ہو جانے والی مشینوں کو ٹھیک کرانے اور دوسرے چھوٹے بڑے اخراجات بھی شامل کر لیے جائیں تو اسپتال کو ہونے والے جاری نقصانات کا تخمینہ بھی لگانا ایک مشکل ترین کام ہو جائے گا۔ ان تمام باتوں کو مدنظر رکھا جائے تو یہ بات واضح ہو جاتی ہے کہ تمام تر خلوص، نیک خواہشات اور انتھک کوششیں کرنے مگر محدود ذرائع اور وسائل رکھنے والے محمد فاؤنڈیشن ٹرسٹ سے غریب مریضوں کو مزید ریلیف فراہم کرنے کی توقع کرنا ٹرسٹیوں کے انتہائی قابل قدر جذبہ خدمت کا مذاق اڑانے اور ان کا دل دکھانے کے سوا اور کچھ نہیں ہو سکتا۔

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 مزید اسپیشلسٹ کلینکس کا انتظام جن میں دوائیں بھی مستحق مریضوں کو مفت فراہم کی جاسکیں، مثلاً گیسٹرو،

یورولوجی، نیفرولوجی۔

☆ اسپتال آنے والے مریض اور ان کے لواحقین کے لیے مختلف دیگر سہولیات کی فراہمی۔

PWC کی اس تک کی کامیابیاں:

☆ PWC کے قیام کے پہلے ہی دن سے اسپتال میں داخل مستحق مریضوں کو 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، وائز کلوز کی تنصیب، ICU کے اینڈ کنڈر شہر مریضوں کے لواحقین کے لیے پیچھے بنی وی، اسپتال کو چند آلات کی فراہمی وغیرہ کی گئی ہیں۔

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

PWC کے اہداف میں سے کسی بھی ہدف کی تکمیل کے لیے ہم آپ کے تعاون کے شکرگزار 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 روپے (اوسط درجے کا کھانا) سے دو ہزار روپے (اچھے معیار کا کھانا) خرچ آ سکتا ہے۔

☆ ذاتی طور پر اپنے کسی قریبی عزیز کی یا دینی صدقہ جاریہ کے طور پر آپ اسپتال میں ایک شیخہ تعمیراتی گلدے میڈیکل کے چھوٹے بڑے آلات سے لے کر اسپتال میں مستحقہ جاری تعمیراتی کاموں (مثلاً ایک وارڈ یا ایک کمرے کی تعمیر وغیرہ) کے اخراجات کی رقم فراہم کر کے اس چیز پر اپنا یا اپنے 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، رابطے اور مزید معلومات کے لیے آپ کے منتظر

☆ جناب سید تقی محمد (MFT) 4093982 (0320)

☆ ڈاکٹر سید ظفر عباس 2971183 (0333)

☆ ڈاکٹر شمس العارفین (MMC) 2971183 (0333)

☆ جناب علی ماہر جعفری (MMCH) 2971388 (0333)

☆ ڈاکٹر مشتاق علی بادامی - تاج کھلیکس، زینب بیوانی اسپتال کراچی 0300-9272624

☆ ڈاکٹر اقبال سومرو - مدینہ ٹریڈرز کراچی 2413831 (021)

محمد میڈیکل کالج کے چوتھے سالانہ سپوزیم رپورٹ

6 ستمبر بروز بدھ محمد میڈیکل کالج میرپور خاص میں چوتھے سالانہ میڈیکل سپوزیم کا انعقاد ہوا۔

سپوزیم کا بنیادی خیال "طبی پرکیش اور تحقیق میں اخلاقیات" تھا۔ محمد میڈیکل کالج ملک کے ان چند میڈیکل کالجوں میں سے ایک ہے جو باقاعدگی سے ہر سال میڈیکل سپوزیم منعقد کرتے ہیں۔ جسے ملکی سطح پر میڈیکل پرفیشنلس میں مقبولیت حاصل ہے اور جس میں ملک کے مختلف شہروں اور اداروں سے لوگ شرکت کے لئے آتے ہیں۔

سپوزیم کا پہلا سیشن طلباء و طالبات کے تحقیقی مقالوں پر مبنی تھا۔ محمد میڈیکل کالج کے طلباء و طالبات نے بڑھ چڑھ کر اس سیشن میں حصہ لیا جس میں خاص کر سال آخر کی طالبات شامل تھیں۔ اس سیشن میں کل سات مقالوں پر پیش کئے گئے جن میں تیاری میں طلباء و طالبات نے خصوصاً پرو فیسر ڈاکٹر سید رضی محمد اور ڈاکٹر سید ظفر عباس کی زیر نگرانی رات دن کام کیا تھا۔ سب سے پہلے مس عالیہ زمان نے میرپور خاص کے اور آس پاس کے علاقے میں پائی جانے والی دل کی بیماریوں پر اپنا مقالہ پیش کیا۔ انہوں نے بتایا کہ سگریٹ، بلڈ پریشر اور زیادہ طبی مسائل اس علاقے میں دل کی بیماریاں پھیلنے کے بڑے اسباب میں سے ہیں۔ مس آسیہ بٹول نے اپنی تحقیق میں بتایا کہ محمد میڈیکل کالج اسپتال ICU میں ہر تیسرا مریض جگر کی بیماری میں مبتلا ہونے کے باعث داخل ہوتا ہے جن میں ہر تین میں سے دو کو چھانسی (11 سالہ) سے رونما ہونے والی پیپٹید گیال ہوتی ہیں۔ ICU میں ہر تیسرے شخص کی موت کا باعث بھی یہی بیماری ہے۔ مس حنا عبدالقیوم خان نے کہا کہ گردے اور مثانے میں پتھری اس علاقے عام ہیں جن میں زیادہ تر مریضوں کو پیپٹید گیال کی شکایت بھی ہوتی ہے اور گردے فیل ہونے کا خطرہ بھی رہتا ہے۔ مس فرحت سلطانہ اور ان کی ساتھیوں کی تحقیق نے انکشاف کیا کہ جگر کی بیماریوں میں وائرس سی اور بی کے بغیر بھی پانچ میں سے ایک مریض مبتلا ہے جن میں زیادہ تعداد خواتین کی ہے۔ انہوں نے بتایا کہ غربت کے باعث ان میں سے زیادہ تر مریض مزید ٹیسٹ اور علاج کرانے سے قاصر ہیں جس کی وجہ سے ان میں ہر چار میں سے ایک مریض موت کا شکار ہو رہا ہے۔ مس فیصلہ اقبال اور ان کے ساتھیوں کے مطابق پیپٹید گیال ہونے والی بیماریوں میں زیادہ تر مریض سگریٹ پینے کے باعث مرض کا اچھا مقابلہ نہیں کر پاتے۔ انہوں نے بتایا کہ وقت پر تشخیص ہونے اور صحیح علاج شروع ہونے سے یہ مریض صحتیاب ہو جاتے ہیں۔ مس مہوش بھٹی کی تحقیق کے مطابق فالج سے متاثر مریضوں میں زیادہ تر تعداد ہائی بلڈ پریشر اور سگریٹ پینے کے باعث اس مرض کا شکار ہوتے ہیں اور عام سوچ کے برعکس ہمارے علاقے میں فالج کی وجہ دماغ میں خون کی رگ پھٹ جانا ہے۔ ڈاکٹر نادیہ عباس اور ان کے ہاؤس ڈاکٹر ساتھیوں کی تحقیق تھی کہ ہمارے ہاں ہر چوتھے مریض کو سگریٹ پینے کے باعث بیمار پڑنے سے اسپتال میں داخل ہونا پڑتا ہے اور ان میں سے فوت ہو جانے والوں کی تعداد سگریٹ نہ پینے والوں سے کہیں زیادہ ہے۔ انہوں نے ڈاکٹروں پر زور دیا کہ وہ مریض سے سگریٹ پینے کی عادت کے بارے میں ضرور تفصیل معلوم کریں اور انہیں اس عادت سے چھٹکارہ حاصل کرنے کی تلقین کریں۔

سپوزیم کے دوسرے حصے میں سپوزیم کا باقاعدہ افتتاح ہوا۔ مہمان خصوصی سندھ یونیورسٹی کے وائس چانسلر پرو فیسر مظہر الحق صدیقی نے سب سے پہلے سپوزیم میں شریک ہواؤں کی کہنیوں کے زائشی اسٹار پر مشتمل ہال کا افتتاح کیا۔ اس موقع پر انہوں نے سپوزیم کی کامیابی اور کالج کے مزید پروان چڑھنے کی دعا مانگی۔ وائس چانسلر نے فردا فردا ہر سال کا معائنہ کیا اور دو ہاؤں کے بارے میں گہری دلچسپی ظاہر کی۔ سپوزیم میں تقریباً 25 کہنیوں نے ملک کے مختلف حصوں سے آکر اپنی سینئر پیپٹ کے ساتھ مختلف اسٹار اور مہمان نوازی کے کمرے لگائے جن میں انہوں نے سپوزیم کے شرکاء کو مختلف اقسام کے خورد و نوش کی اشیاء فراہم کرنے کے ساتھ ساتھ انہیں اپنی مختلف دو ہاؤں کے بارے میں تفصیل بتائی۔ دو ہاؤں کی کہنیوں کے علاوہ سپوزیم میں محمد انسٹیٹیوٹ آف سائنس اینڈ ٹیکنالوجی (MIST)، محمد میڈیکل کالج اسپتال، پاکستان میڈیکل ایسوسی ایشن میرپور خاص اور روٹری کلب ڈاکٹر سید علی محمد خان نے بھی معلوماتی اسٹار لگائے۔ شرکاء نے خصوصاً محمد میڈیکل کالج اسپتال کے اسٹار پر گہری دلچسپی لی اور حالیہ بارشوں کے نتیجے میں ہونے والی

تباہیوں کے بعد اسپتال کے حاشیہ میڈیکل فری کمپس کے مسلسل 7 دن انعقاد پر اسپتال کو خراج تحسین پیش کیا۔ پیشرفت و بلیغیر کلب (PWC) کی کارکردگی پر بھی بدینہ تحسین پیش کیا گیا۔ وائس چانسلر نے اس کے بعد طلباء و طالبات کے پیش کردہ تحقیقی مقالات پر مبنی پوسٹرز کی نمائش کا افتتاح کیا۔ طلباء و طالبات نے انتہائی خوبصورتی کے ساتھ اپنے پوسٹرز لگائے تھے جنہیں وائس چانسلر نے فردا فردا دیکھا اور ان میں گہری دلچسپی کے ساتھ مصنفوں سے مختلف سوالات بھی پوچھے۔ طلباء و طالبات نے انتہائی مہارت کے ساتھ اپنے سینئر ڈاکٹرز کے ہمراہ وائس چانسلر اور بعد ازاں سینئر پروفیسرز پر مشتمل ججز کے پینل کے سوالات کے تسلی بخش جوابات دے کر مہمانوں کو اپنے اعلیٰ معیار سے متاثر کیا۔

بعد ازاں افتتاحی تقریب سے خطبہ استقبالیہ دیتے ہوئے محمد فاؤنڈیشن ٹرسٹ کے مینیجنگ ڈائریکٹر پروفیسر ڈاکٹر سید رضی محمد نے وائس چانسلر سمیت تمام مہمانوں کو خوش آمدید کیا۔ ان میں میر پور خاص کے تعلقہ ناظم جناب غلام دستگیر کما می، نائب ناظم شعیب احمد، پی۔ ایم۔ اے۔ میر پور خاص کے صدر جناب ڈاکٹر عبدالجبار میمن، ملک کے دیگر شہروں سے آئے ہوئے سینئر ڈاکٹرز اور پروفیسرز، پوسٹ گریجویٹ میڈیکل انٹینیویٹ (PGMI) اور کے پروفیسر اللہ دتہ، لیاقت نیشنل اسپتال کے کارڈیالوجسٹ ریسیک سرجن ڈاکٹر علی رضا، آغا خان اسپتال کے پروفیسر ڈاکٹر مقبول حفصی، جرنل آف پاکستان میڈیکل سائنسز کے مدیر اعلیٰ شوکت علی جاوید، لیاقت یونیورسٹی آف میڈیکل ہیلتھ سائنسز کے پروفیسر سرجن رزاق شیخ، ہینپلز میڈیکل کالج نواب شاہ کے پروفیسر سرجن نور محمد خاٹھیلی، میر پور خاص کے مختلف کالجز کے پرنسپلز اور پروفیسرز، اعلیٰ حکام اور دیگر محضرین شامل تھے۔ ڈاکٹر سید رضی محمد نے کہا کہ محمد میڈیکل کالج کو یہ اعزاز حاصل ہے کہ وہ اس قسم کے مختلف سپوزیم اور اجلاس منعقد کر رہا ہے تاکہ مقامی ڈاکٹرز کو ملٹی اور بین الاقوامی سطح کے ماہرین کو اپنے شہر میں ہی بیٹھے ہوئے سُن کر اپنا معیار بلند کرنے کا موقع ملتا رہے۔ انہوں نے کہا کہ محمد میڈیکل کالج پاکستان کے پرائیویٹ میڈیکل کالجوں میں سے وہ واحد ادارہ ہے جو ایک دیسی غریب علاقے میں قائم ہے۔ انہوں نے سپوزیم کے مرکزی خیال "میڈیکل پریکٹس اور تحقیق میں اخلاقیات" پر اظہار خیال کرتے ہوئے کہا کہ حکومت سمیت ہم سب کا یہ فرض ہے کہ غریب اور دیسی علاقوں میں بھی علم کی روشنی اور صحت کی سہولیات تکمانہ طور پر اعلیٰ معیار کے ساتھ فراہم کریں اور وسائل کی صحیح تقسیم کو یقینی بنائیں۔ انہوں نے بتایا کہ ہماری کوششوں کو قبول اور تسلیم کرتے ہوئے مقامی لوگوں کی بھرپور مدد کے باعث ہی محمد میڈیکل کالج دن دینی رات چوگنی ترقی کرتی ہوئے اعلیٰ اور ارفع مقاصد کو پورا کرنے میں کامیاب ہو رہا ہے۔ انہوں نے کالج کی تاریخ پر روشنی ڈالتے ہوئے بتایا کہ کالج میں نوین سچ کے داخلے جلد شروع ہونے والے ہیں جب کہ چوتھا سچ جلد ہی فارغ التحصیل ہونے والا ہے۔ انہوں نے کہا کہ کالج پاکستان کے بہترین کالجوں میں سے ہے جس میں عمدہ فیکلٹی سمیت دیگر سہولیات طلباء و طالبات کو حاصل ہے اور یہ پاکستان میڈیکل اینڈ ڈینٹل کونسل سے تسلیم شدہ ہے۔ انہوں نے اس بات پر فخر اور شکر یہ کا اظہار کیا کہ محمد میڈیکل کالج کا الحاق پاکستان کی دوسری سب سے قدیم اور بڑی سندھ یونیورسٹی کے ساتھ ہو گیا ہے۔ انہوں نے کہا ہے کہ محمد میڈیکل اخلاقیات کا چوتھا اصول "انصاف" ہے اور یہ انصاف پاکستان خصوصاً سندھ کے لوگوں کو صحت و تعلیم کے میدان میں پہنچا دینا حق دار کو اس کا حق دینا ہے۔

محمد میڈیکل کالج اسپتال کے میڈیکل پرفیورمنٹ ڈاکٹر سید ظفر عباس نے اپنے خطاب کا عنوان "میر پور خاص میں بیماریوں کی ابھرتی ہوئی تصویر" قرار دیا۔ انہوں نے کہا کہ کسی بھی مسئلہ کے حل کی ضمن میں سب سے پہلا بڑا قدم اس مسئلہ کی جزئیات اور تفصیلات معلوم کرنا ہوتا ہے۔ انہوں نے اپنی تقریر کو سپوزیم کے بنیادی خیال سے جوڑتے ہوئے کہا کہ محمد میڈیکل اخلاقیات میں یہ بات لازمی ہے کہ ہم اپنے محدود وسائل کا استعمال پیچیدہ ترین مگر کیا بیماریوں پر بے دریغ کرنے کے بجائے اپنے علاقوں سے پھیلی ہوئی عام مگر جان لیوا بیماریوں کے سد بات اور علاج پر کریں۔ انہوں نے اب تک محمد میڈیکل کالج میں ہونے والی تحقیقات، خصوصاً اس سپوزیم میں پیش کردہ مقالوں کے خلاصے کے ذریعے بتایا کہ ہمارے یہاں مندرجہ ذیل 5 بیماریاں عام ہیں (1) جگر کی بیماریاں، خصوصاً کالابیلیا (2) ٹی بی (3) ذیابیطیس (4) ہائی بلڈ پریشر اور (5) پتے کی پتھری۔ انہوں نے ہر بیماری کی تفصیل بتاتے ہوئے کہا کہ میر پور خاص میں کالابیلیا ہر پانچویں آدمی کو شکار کر رہا ہے اور ہمارے وارڈز اس کی پیچیدگیوں کے نتیجے میں ہونے والے مسائل سے دوچار مریضوں سے بھر پڑے ہیں۔ اس کے نتیجے میں پیٹ میں پانی بھرنا، خون کی الٹیاں، دماغ پر اثر اور دیگر مسائل سے ہمارا جگر کے امراض کا شعبہ اور

بیزڈا اسکوپل یونٹ مسلسل مصروف کار ہے۔ انہوں نے بتایا کہ آٹھ ماہ پہلے جگر کا شعبہ محمد میڈیکل کالج اسپتال میں قائم ہوا تھا، اس میں انتہائی کم قیمت ٹیسٹ اور علاج کے باوجود اس شعبے میں بہت کچھ کرنے کی ضرورت ہے۔ ٹی۔ بی کے بارے میں انہوں نے میر پور خاص میں ہونے والی تحقیقات کے نتائج بیان کرتے ہوئے بتایا کہ زیادہ تر مریض 30 سال یا اس سے کم عمر متاثر ہو رہے ہیں۔ جس کا اثر پورے خاندان پر نفسیاتی اور معاشی طور پر پڑتا ہے۔ انہوں نے بتایا کہ مختلف وجوہات کے باعث دواؤں کے خلاف قوت مدافعت رکھنے والے جراثیم سے متاثر ہونے والے مریضوں کی تعداد میں مسلسل اضافہ ہو رہا ہے۔ انہوں نے اس سلسلے میں محمد میڈیکل کالج اسپتال میں قائم فری ٹی۔ بی کلینک کی کارکردگی پر بھی روشنی ڈالی۔ ذیابیطیس کے بارے میں انہوں نے کہا کہ ملک میں 10 فیصد افراد اس بیماری کا شکار ہیں اور ہمارے یہاں 94 فیصد مریض ٹائپ 2 کے مرض میں مبتلا ہیں۔ انہوں نے بتایا کہ اس مرض کے فوری اثرات اکثر ظاہر نہیں ہوتے جس کے باعث ہمارے علاقے کے بہت سے مریض اس کے علاج پر خرچ کرنے کے بجائے پیسہ دیگر معاشرتی ضرورت میں خرچ کر دیتے ہیں۔ اس کے نتیجے میں 40 فیصد مریض گردے کے امراض میں مبتلا ہو رہے ہیں۔ اس سلسلے میں محمد میڈیکل کالج اسپتال کا فری شوگر کلینک مسلسل مصروف عمل ہے۔ ہائی بلڈ پریشر کے بارے میں انہوں نے اپنی تحقیق کی روشنی میں بتایا کہ اس مرض میں ذیابیطیس کے 40 فیصد مریض مبتلا ہیں اور اس کے نتیجے میں نہ صرف ہارٹ ایک کے مرض میں اضافہ ہو رہا ہے بلکہ فالج کے کئی نئے کیسز بھی سامنے آتے رہتے ہیں۔ ڈاکٹر ظفر عباس نے محمد میڈیکل کالج اسپتال کی خدمات کا ذکر کرتے ہوئے بتایا کہ یہاں مریضوں سے محض 10 روپے OPD اور 25 روپے ہنزل وارڈ بستریس لی جاتی ہے جس میں تین وقت کا کھانا بھی مہیا کیا جاتا ہے۔ انہوں نے بتایا کہ بزرگ شہریوں اور تعلیمی اداروں سے وابستہ کسی بھی کارکن / استاد سمیت کئی دیگر افراد اور ان کے اہل خانہ کو یہ علامتی فیس بھی معاف کر دی جاتی ہے سپوزیم کے مہمان خصوصی وائس چانسلر سندھ یونیورسٹی پروفیسر مظہر الحق صدیقی نے ڈاکٹر سید رضی محمد کالج کی فیکلٹی اور طلباء و طالبات کو اعلیٰ ترین معیار کے سپوزیم کے انعقاد پر زبردست خراج تحسین پیش کیا۔ انہوں نے کالج کی سندھ یونیورسٹی کے ساتھ الحاق پر بھی مبارکباد پیش کی۔ انہوں نے ڈاکٹر سید رضی محمد کو میر پور خاص کے دینی اور پسمنادہ علاقے میں بی۔ ایم۔ ڈی۔ سی کی شرائط کو پورا کرتے ہوئے ملکی معیار کا میڈیکل کالج کھولنے پر انہیں حقیقتاً محبت و وطن قرار دیا انہوں نے کہا کہ ایسے علاقوں میں اس طرح کے ادارے قائم کرنے میں وسائل کی کمی اور اخراجات کی زیادتی اکثر آڑے آتی ہے، لیکن یہ محمد میڈیکل کالج قائم کرنے والوں کی نیک نیتی کا ثبوت ہے کہ انہوں نے ان باتوں کو خاطر میں نہ لاتے ہوئے میر پور خاص جیسے علاقے کا انتخاب کیا۔ انہوں نے کہا کہ سندھ میں ٹیڈس کی کمی نہیں۔ خود انہوں نے بھارت سمیت کئی ممالک میں سندھ سے تعلق رکھنے والی کئی شخصیات کو ملک کا نام روشن کرتے دیکھا ہے۔ انہوں نے اس یقین کا اظہار کیا کہ اس ادارے کے فارغ التحصیل ڈاکٹرز بھی اسی معیار کو صرف قائم رکھیں گے، بلکہ اس میں اضافہ بھی کریں گے۔ انہوں نے خاص طور پر کالج کا طالبات کا ذکر کرتے ہوئے ان کے تحقیقی پوسٹرز کے معیار کی بے حد تعریف کی۔ انہوں نے یقین دلایا کہ کسی مسئلے، خاص طور پر معیار تعلیم کو مزید فروغ دینے میں کالج کو ہمیشہ سندھ یونیورسٹی کی بھر پور مدد حاصل رہے گی۔ انہوں نے سپوزیم کے مرکزی خیال کو آگے بڑھاتے ہوئے ڈاکٹروں کی پیشہ وارانہ اخلاقیات کی اہمیت پر بہت زور دیا اسے دینی علاقوں کے کم پڑھے لکھے معاشرے میں خصوصی اہمیت کا حامل قرار دیا۔ انہوں نے اس قسم کے معیاری تعلیمی سپوزیم کی سندھ میں کراچی سے باہر انعقاد کی کمی پر اظہار آسوس کیا اور کالج کی انتظامیہ پر زور دیا کہ آئندہ بھی اس کا باقاعدہ انعقاد جاری رکھیں۔

آخر میں ڈاکٹر ظفر عباس نے سپوزیم کے صدر اور محمد میڈیکل کالج کے پرنسپل پروفیسر اقبال احمد خان کی جانب سے مہمانوں کا شکریہ ادا کیا۔

سپوزیم کے تیسرے حصے میں مدعو کیئے جانے والے ماہرین کی تقریریں تھی۔ لیاقت یونیورسٹی آف میڈیکل سائنسز کے پروفیسر سرجن رزاق شیخ نے جگر کے سروس میں مبتلا مریضوں کی ہول سرجری کے ذریعے پتے کی پتھری نکالنے سے متعلق اپنے تجربات سے حاضرین کو آگاہ کیا۔ انہوں نے بتایا کہ عام طور پر کیجے جانے والے آپریشن کے مقابلے میں یہ طریقہ علاج بہت محفوظ ہے اور اس کے بہت اطمینان بخش نتائج ملتے ہیں بشرطیکہ مریض کا انتخاب بہت سوچ سمجھ کر کیا گیا ہو اور فیصلہ ضروری طور پر انہیں خطرے میں ڈالنے سے اجتناب کیا جائے۔ برطانیہ سے آئے ہوئے کیمبرج یونیورسٹی کے سینئر لیچرار

ورکنسنٹ ڈاکٹر سید قمر عباس نے ڈاکٹر سید علی محمد یادگاری لیکچر پیش کیا جو سپوزیم کے بنیادی خیال پر مبنی تھا۔ انہوں نے بتایا کہ طب میں اخلاقیات کا تصور صدیوں پرانا ہے اور ستراتھ نے بھی اس پر اظہار خیال کیا۔ Hippocrates Oath آج تک ڈاکٹر فارغ التحصیل ہونے پر پڑھتے ہیں۔ یہ موضوع موجودہ جدید میڈیکل سائنسز نے پھر نئے سرے سے اٹھایا ہے اور اس کی بڑی بڑی مثالوں میں مغرب میں ہونے والی بحثیں شامل ہیں مثلاً زندگی کے آغاز کے مسائل، تحقیق، وسائل، مساوات، زندگی کے خاتمے سے متعلق مسائل بشمول Euthanasia یا ”زخم دلا نہ قتل“ اور زندگی کے معیار۔ انہوں نے مختلف فلسفیوں اور ڈاکٹروں کے اقوال کے حوالے دیکر کہا کہ میڈیکل اخلاقیات کے چار بنیادی ستون یہ ہیں۔

(1) مرلیضوں کے ساتھ حسن سلوک (2) مرلیضوں کو نقصان یا تکلیف نہ دینا (3) مرلیضوں کے عقائد اور خیالات کا بھرپور خیال رکھنا، اور (4) ہر ایک کو انصاف سے برتنا۔ آغا خان اسپتال کے ڈاکٹر متبول جعفری نے ”شوگر پمپنی طب“ یا Evidence based Medicine پر اپنا مقالہ پیش کیا۔ انہوں نے کہا کہ 1990 کی دہائی میں شروع ہونے والے اس فلسفے نے جدید طبی سائنس پر انتہائی گہرے اثرات مرتب کر دیئے ہیں۔ انہوں نے کہا کہ اب کسی تحقیقی ثبوت کے بغیر ہونے والی طبی پریکٹس کو کوئی طالب علم بھی چیلنج کر سکتا ہے اور ایسی پریکٹس کو کوئی اخلاقی بنیاد میں نہیں ہو سکتی۔ انہوں نے مزید کہا کہ کسی بیماری کے اثرات مختلف حالات اور معاشرے میں رہنے والے مرلیضوں پر مختلف ہو سکتے ہیں، لہذا ہر علاقے اور معاشرے میں وہاں کے حالات کے مطابق اپنی تحقیق ہونی چاہیے تاکہ مرلیضوں کا صحیح طور پر علاج ہو سکے جو محض بڑے نام والے ڈاکٹروں کی پریکٹس کو نقل کرنے سے حاصل نہیں ہو سکتا۔ اس ضمن میں انہوں نے محمد میڈیکل کالج اسپتال میں ہونے والی اور اس سپوزیم میں پیش کی جانے والی تحقیقات کے مقالوں کا حوالہ دیا اور اسے سراہتے ہوئے ڈاکٹر سید رضی محمد اور ڈاکٹر سید ظفر عباس پر خاص طور پر سے زور دیا کہ وہ ان تحقیقات کو میڈیکل کے بڑے جرنلز میں چھپنے کے لیے بھیجیں۔ انہوں نے محمد اسپتال کی تحقیقی مقالوں کی ملکی اور بین الاقوامی سطح پر پزیرائی کو خراج تحسین پیش کرتے ہوئے اسے ملکی سطح کے اعلیٰ ترین معیاری اداروں میں سے ایک قرار دیا۔

سپوزیم کے چوتھے سیشن میں جو کھانے اور نماز کے وقفے کے بعد شروع ہوا، ملک کے مختلف حصوں سے آنے والے ڈاکٹروں نے اپنے تحقیقی مقالے پیش کئے جو مختلف قسم کی بیماریوں سے متعلق تھے۔ ان میں لیاقت نیشنل اسپتال کے سرجن علی رضا، محمد میڈیکل کالج اور جناح پوسٹ گریجویٹ انسٹیٹیوٹ سے ڈاکٹر فیاض میمن، جناح پوسٹ گریجویٹ انسٹیٹیوٹ سے ڈاکٹر غلام رسول، محمد میڈیکل کالج اور IPGMI سے ڈاکٹر امت حسین، محمد میڈیکل کالج اسپتال سے ڈاکٹر نادیہ عباس، ڈاکٹر پروین خان، ڈاکٹر آمنہ خان، ڈاکٹر مہوش زیب، IPGMI سے ڈاکٹر اللہ دتہ، سول اسپتال میرپور خاص کے ڈاکٹر فرزانہ رضوان اور محمد میڈیکل کالج سے ڈاکٹر ذوالفقار شخ شامل تھے۔

سپوزیم کے پانچویں اور آخری سیشن میں تقسیم انعامات ہوئی۔ تحقیقی مقالوں میں ڈاکٹر ز میں سے بہترین مقالے کا انعام لیاقت نیشنل اسپتال کراچی ڈاکٹر علی رضا نے حاصل کیا جو میڈیکل ٹرینی ڈاکٹر سید رضی محمد نے پیش کیا۔ طلباء و طالبات میں بہترین تحقیقی مقالے کا انعام محمد میڈیکل کالج کی سال آخری طالبہ مس آسیہ بتول نے ٹرینی ڈاکٹر امت حسین محمد سے حاصل کیا۔ اسی طالبہ نے بہترین پوسٹر کا انعام جیتا جو ٹرینی انجینئر سید تقی محمد نے پیش کیا۔ بہترین کیس رپورٹ کا انعام سال آخر کی طالبہ مس عالیہ زمان نے حاصل کیا جو پروفیسر اقبال اختر نے پیش کیا۔ ان انعامات کی شیلڈز کے لیے دواؤں کی کمپنیوں نے بھی محمد میڈیکل کالج کے سپوزیم کی انتظامیہ سے تعاون کیا تھا۔