

ABSTRACT BOOK

6th Annual
MEDICAL SYMPOSIUM 2008



13th AUGUST 2008

THEME:

**Health policy for
deprived regions of Pakistan-
*past, present and future***

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ANNUAL SYMPOSIUM PROGRAMME

Date: 13th August 2008

PROGRAMME	VENUE	TIMINGS
Registration	Entrance of 1 st Floor	08:30 – 09:30
Scientific Session – I (Free Papers) Followed by State-of-Art Lecture by Prof. Tariq Nadeem Ansari (Rawalpindi) Cancer, a disease not a death sign	Prof. Hasan Memon Auditorium	09:00 – 10:30
Inauguration Session – I (Opening of Exhibition and Poster Viewing)	Exhibition and Poster Halls	10:30 – 11:30
Inaugural Session –II	Prof. Hasan Memon Auditorium	11:30 – 12:30

Recitation of Holy Quran

Theme speech and Welcome address : **Prof. Syed Razi Muhammad**
(Managing Trustee)

Scientific work being presented by : **Dr. Syed Zafar Abbas**
MMCians in the Symposium (MS-MMCH & Chairman Scientific Committee)

Speech by Chief Guest : **Dr. A. Rahim Soomro**
(DCO, Mirpurkhas)

Vote for thanks : **Prof. Ghulam Ali Memon**

PROGRAMME	VENUE	TIMINGS
Scientific Session – II	Prof. Hassan Memon Auditorium (A)	12:30 – 14:00
State of Art Lectures: (i) Dr. S. Qamar Abbas (UK) – <i>Effective Communication Skills</i>		
Lunch, Prayer, Poster Viewing, Exhibition	Masjid, Hospitality Suite, Poster Hall	14:00 – 15:00
Scientific Session – III (Free Papers)	Prof. Hasan Memon Auditorium (A)	15:00 – 16:30
Satellite Symposium Pakistan Society of Surgeons, Mirpurkhas Chapter	Auditorium (B) – Ground Floor	15:00 – 16:30
State-of-Art Lecture by Dr. Tayyab Memon (UK) Cardio-pulmonary Resuscitation	Prof. Hasan Memon Auditorium	16:30 – 16:50
Awards Ceremony	Prof. Hasan Memon Auditorium	16:50 – 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.

“Health Policy and the deprived regions of Pakistan – Past, present and future”

Dr. Syed Razi Muhammad

MBBS, FRCS (ED), FRCS (GI), Dip. Urology (London)

Managing Trustee, Muhammad Foundation Trust

Honourable President of the Symposium, Pro Vice Chancellor University of Sindh, respected chief guest honourable principal and members of the faculty, distinguished guests including representatives of media and drug companies, dear students, ladies and gentlemen. Assalam-o-alaikum.

On behalf of Muhammad Medical College and Muhammad Foundation Trust, I welcome you all to the sixth Annual Symposium at MMC. As you are aware, we hold this Symposium every year starting from 4th year of establishing Muhammad Medical College. Hence now that MMC is a decade old, having produced 5 batches of doctors and now admitting 11th batch of students, I have a great news to tell you. Only 11 days ago, i.e. on 2nd August 2008, Pakistan Medical & Dental Council, after comprehensive inspection appreciated the increase in faculty, hospital beds and other teaching facilities, and officially permanently doubled the admission rights to Muhammad Medical College to 100 students. Hence Muhammad Medical College now has the same full recognition that was earlier given to only some very renowned institution like King Edward, Dow and Liaquat Medical Colleges and now that too with admission rights equal to institutions like Aga Khan, Baqai and Ziauddin Medical Universities.

Ladies and gentlemen, Muhammad Medical College is the first and so far the only Medical College of Pakistan established in a deprived rural & poor urban region. However, Mirpurkhas is a place of very friendly people. It has never seen problems on the basis of religion or language. Hence parents from all over Pakistan and abroad feel comfortable and happy to send their children to MMC for high quality Medical Education in a peaceful atmosphere, something that is sadly missing in larger cities of Pakistan.

As the symposium progresses, you will see scientific research done by scholars from all over Pakistan and abroad and a good amount of local research done by faculty and students of MMC. Hence you will be able to compare and contrast the research done locally, nationally and internationally. Those of you who have been here before, will be able to see and compare the quality of research at MMC done in the past and present. Soon, our Medical Superintendent, Consultant Gastroenterologist and Professor of Surgery, Dr. Syed Zafar Abbas will also present a brief of the papers presented in this symposium.

The theme of a Medical Symposium is usually a philosophical one. We always ensure that our theme provides us with an opportunity to exploit our unique position. This time too, with the arrival of the new democratic government which has a large number of representatives from deprived regions of Pakistan, we decided that our symposium should focus on the health policy for the deprived regions of Pakistan and compare the past and present and make suggestions for future. Obviously this is a topic that cannot and should not be devoid of bitter facts. However if we do not speak for the health problems and disparity on the distribution of the health resources, then who will? And if our present government will not solve the problems of deprived people then who will?

As the poet has said:

تم ہی نہ سن سکے اگر قصہ درد سنے گا کون
کس کی زباں کھلے گی پھر، ہم نہ اگر سنا سکے

Ladies and gentlemen, health policy is made so that the available resources should be distributed in just and transparent manner in an intelligent way so that maximum benefit could be provided to all or nearly all.

Unfortunately Pakistan has very limited resources. The health budget amounts to nearly 1% of GDP that equals 19 billion RS or \$ 267 million. It looks peanut when compared with 16% of GDP of USA amounting to \$2.1 trillion. If you include private spending and then translate spending per person, it amounts to over \$14000 per person per year by USA and about \$85 per person per year in Pakistan. However in Pakistan, government spends only \$21 and rest of \$64 come from personal spending.

Hence it is hardly surprising when we see pathetic state of health of our nation. With average life about 20 years less than developed countries, we find following figures:

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

Unfortunately, with powerful groups protecting their interests, Pakistani governments have not been able to distribute its meagre resources in a just pattern. Look at following 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. 85 per cent of all practising doctors work in the cities, which comes to a doctor-population ratio of 1:1801. The rural doctor-population ratio happens to be a pathetic 1:25829. Similarly, only 23 per cent of the hospitals in the country are located in rural areas and only 8,574 hospital beds (18 per cent of total) are available to a population of 80 million.
- 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.

As a result of this misdistribution of resources, the disease pattern and cause of death is so much different in rural and poor urban regions. It is claimed that 75% of deaths occur in Pakistan due to infectious diseases. Those who have worked in both urban and rural regions of Pakistan will testify that whereas in urban regions, infectious diseases seem to be the cause of 50% of deaths, in rural regions, this may be as high as 85%. while in urban areas drinking water is available to 80 per cent of the people, it is as low as 45 per cent in rural areas. Proper sanitation facilities are available in urban areas to 53 per cent of people, but in rural areas only 10 per cent have such facilities.

So we see that there is a great discrepancy between health condition and distribution of health resources in urban and rural population. This clearly shows that health policies of the past failed to address the health needs of the rural population of Pakistan. What should we do about it? Fortunately, there are successful precedences from other countries. For example

- Canadian government has identified 5 disadvantages of its rural population that should be taken into account while formulating health policy. People living in rural population:
 1. live in poorer socioeconomic conditions
 2. have lower educational attainment
 3. exhibit fewer healthy behaviours
 4. have a higher risk of certain chronic diseases
 5. have lower life expectancy and higher overall mortality rates

- United States of America has established Office of Rural Health Policy (ORHP) in 1987. ORHP promotes better health care service in rural America. Congress charged the Office with informing and advising the Department of Health and Human Services on matters affecting rural hospitals, and health care, co-ordinating activities within the department that relate to rural health care, and maintaining a national information clearinghouse.

Unfortunately, there has never been any serious attempt to abolish the discrepancy between health condition and distribution of health resources in urban and rural population. The last health policy issued in proper format in 2001 narrated that the overall national vision for the health sector is based on "Health-For-All" approach. 10 Specific Areas of Reforms were identified, of which, 3.1.6 stated that one of the 10 areas will be "Correcting urban bias in health sector".

However, the detailed programme lacked the measures required to correct urban bias. What is the reason? Simply this was used as a slogan to gain support. The people who made it lacked any vision and motivation to remove this bias.

More recently a task force has been formed to formulate new health policy. This force has 23 names. Not even one of them belongs to rural regions of Pakistan. I have no doubt that whatever is their level of honesty and however hard they try, they will not be able to address this urban rural bias issue in health, nor will they truly understand and solve problems faced by rural population.

I would like to make following 7 suggestion regarding the health policy to make it "rural- friendly".

1. The task force should be reformed having at least 50% of its members and its chairperson belonging to most educated people serving in and belonging to poor rural regions.
2. The main vision and first specific area of the new health policy should be to remove the urban bias from health.
3. All Key Area, Implementation Modalities, Targets and Time Frame must have separate mention of efforts made in rural and poor urban areas according to the existing conditions.
4. The main health policy should be followed to form "Provincial Health Policies". Again instead of making it a bureaucratic exercise, 50% of its members and its chairperson should belong to most educated people serving in poor rural regions.
5. The provincial health policy should be followed to form "District Health Policies". Again 50% of its members and its chairpersons should belong to most educated people serving in poor rural regions. It should also include relevant people from local university and local Medical College, be it public sector or private.
6. In Medical undergraduate curriculum, it should be made compulsory for every Medical Student to spend 3-6 months in a recognised hospital in rural area. Similarly every post graduate student doing Fellowship or Masters should spend 1 year in a rural hospital. Hospitals should be identified where this attendance can be mutually beneficial to the doctor and the community.
7. I would suggest attempts to include following in key areas.
 1. Pakistan's maternal and child health (MCH) and family planning (FP)
 2. Prevention and treatment of Infectious Diseases like
 - i. *Hepatitis C & B*
 - ii. *Tuberculosis*
 - iii. *Malaria*
 - iv. *All other diseases in EPI*
 3. Trauma
 4. Malnutrition
 5. Cardiovascular diseases (including Diabetes and Hypertension) and stroke

6. Cancer
7. Stone Disease.

Respected President, Chief Guest, Ladies and Gentlemen, I am sure if we could adopt these 7 points in formulation of our new health policy, we would be able to remove the discrepancy between health condition and distribution of health resources in urban and rural population. I hope the government will pay attention to our suggestion and this symposium will be able to contribute to the “Future Health of the Deprived People of the Nation.”

I once again thank you for sparing your precious time to attend this symposium. I am sure this exchange of information and ideas will be mutually beneficial to all of us.

Thank you very much.

Professor Syed Razi Muhammad

MBBS(DOW), FRCS(Edinburgh), FRCS(Glasgow), Diploma in Urology(London), MBA, MEd, Certificate in Medical Education (University of Dundee).

Examiner Royal College of Surgeons(Edinburgh)

Examiner Royal College of Physicians & Surgeons(Glasgow)

Member Editorial Board of Joint Committee of Royal Colleges of Surgeons of London, Edinburgh, Glasgow & Dublin.

Managing Trustee Muhammad Foundation Trust Pakistan.

Dean and Professor of Surgery Muhammad Medical College Mirpurkhas.

کی رمضان زکوٰۃ، صدقات اور عطیات

غریب مریضوں کی بہبود کے ادارے PWC

اپیل

نیکی اور تقویٰ کے کاموں میں ایک دوسرے سے تعاون کرو۔ (القرآن 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 چار سال سے زائد عرصے سے اس میدان میں سرگرم عمل ہے۔ آپ کی مدد سے گزشتہ سال بھی PWC مندرجہ ذیل کارہائے خیر میں تقریباً ساڑھے 6 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 2000 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 ایصال 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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ORAL PRESENTATIONS
Scientific Session I

ABUSES OF PROTON PUMP INHIBITORS

AUTHORS:

Beenish Irfan (Final Year)
Hira Noreen (Final Year)
Eruj Danish (Final Year)
Breeza Tahir (Final Year)
Dr.Zafar Abbas

INSTITUTION:

Department of Medicine, MMCH, Mirpurkhas.

A B S R A C T

BACKGROUND:

Proton pump inhibitors are used primarily for patients with esophagitis, although they have other established indications. However, anecdotally, many patients are using them with no definite indication either on their own or advise of quacks/ doctors.

AIMS:

The aim of our study is to find out the uses and miss uses of proton pump inhibitors.

METHODS AND PATIENTS:

A prospective study on 50 patients consecutively admitted in hospital and in OPD was carried out and result were analyzed.

RESULTS:

Out of 160 patients.

85 /160 (54%) female, 75/160 (46%) males, mean age 58.5 years (range = 20-60 years)

On indication patients used PPI 125/160 (78%)

Commnest indication for use of PPI in patients are.

Burning in Stomach (70%)

Pain in abdomen (20%)

Vomiting , diarrhea (10%)

With out indication patients with PPI 35/160 (22%)

With out indication for use of PPI are.

Weakness and restless (42%)

Weight loss (24%)

Sever headache (14%)

Sleep disorder (09%)

Sever pain in umbilical region (06%)

On personal desire (5%)

CONCLUSION:

A significant number of patients in our setting are abusing PPI with no definite indication.

Cleft Lip and Cleft Palate (Myths and Realities)

AUTHORS:

Dr. Sheerin Khan, House Officer, MMC&H Mirpurkhas
Dr. Nawaid Iqbal Khan.

INSTITUTION: Department of Ear, Nose & Throat ,Muhammad Medical College & Hospital
Mirpurkhas (MMC&H Mirpurkhas).

A B S T R A C T

OBJECTIVE: To evaluate the most common risk factor of this commonest congenital anomaly.

PATIENTS & METHOD:

Cross-sectional study done on 38 patients, presented in a free camp held by MMC&H on 18th – 21st June 2008. Convenient non-randomized sampling done & questioner designed to collect data.

RESULTS:

A total number of 38 patients out of which 25 (66%) were males and 13 (34%) were females. Most of 19 (50%) belonged to poor socio-economic group, lower-middle class were 17 (45%) and remaining 2 (5%) were of upper middle class. The majority 31 (82%) were of cleft-lip however remaining 26 (68%) of cleft-palate. Most cases 26 (68%) were unilateral, median 8 (21%), and bilateral 5 (13%). Major developed complication was psychological problems 27 (71%); secondly orthodontic problems 21 (55%); thirdly delayed language / speech problems 20 (53%); remaining having feeding difficulties 17 (45%), hypernasality 10 (26%); while hearing problems 6 (16%) & recurrent otitis media 5 (13%) respectively. Majority of mothers 30 (79%) given history of lunar eclipse while 2 (5%) given H/o solar eclipse and 6 (16%) had no knowledge regarding any event of eclipse during their antenatal period. 7 (18%) having family H/o deformity, 7 (18%) were taking drugs during their pregnancy, 3 (8%) were having H/o systemic disease to mother/in family, 4 (11%) having H/o preconceptional or antenatal folic acid supplementation.

CONCLUSION:

Half of the patients belonged to the poor-socio-economic group. Majority presented with unilateral cleft lip. The major developed complication was psychological.

Delayed Appendectomy in Adults with Acute Appendicitis Safe or Unsafe?

AUTHORS

Khan.Uzair (Final Year MBBS)
Iqbal.Danish (Final Year MBBS)
Ali.Tahir (Final Year MBBS)
Dr. Rehmatullah Soomro

INSTITUTION

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

A B S R A C T

Objective:

To examine whether delayed surgical intervention in adult patients with acute appendicitis is safe.

Background:

Prompt appendectomy has long been the standard of care for acute appendicitis because of the risk of progression to advanced pathology. This practice has been recently challenged by studies in pediatric patients, which suggested that acute appendicitis can be managed in an elective manner once antibiotic therapy is initiated. No such data are available in adult patients with acute appendicitis.

Patients and Methods:

A retrospective review of 1081 patients who underwent an appendectomy for acute appendicitis between January 2004 and January 2008 was conducted. The following parameters were monitored and correlated:

- Demographics,
- Time from onset of symptoms to arrival at the emergency room (patient interval) and from arrival to the emergency room to the operating room (hospital interval),
- Complications,
- Length of stay, and
- Length of antibiotic treatment.
- Pathologic state was graded 1 (G1) for acute appendicitis, 2 (G2) for gangrenous acute appendicitis, 3 (G3) for perforation, and 4 (G4) for a periappendicular abscess.

Results:

The risk of advanced pathology, defined as a higher pathology grade, increased with the total interval. When this interval was <12 hours, the risk of developing G1, G2, G3, and G4, was 94%, 0%, 3%, and 3%, respectively. These values changed to 60%, 7%, 27%, and 6%, respectively, when the total interval was 48 to 71 hours and to 54%, 7%, 26%, and 13% for longer than 71 hours. Increased length of hospital stay ($P < 0.001$) and antibiotic treatment ($P < 0.001$) as well as postoperative complications ($P < 0.001$) also correlated with progressive pathology.

Conclusion:

In adult patients with acute appendicitis, the risk of developing advanced pathology and postoperative complications increases with time; therefore, delayed appendectomy is unsafe.

USES AND ABUSES OF INTRAVENOUS ANTIBIOTICS WHAT ACTUALLY HAPPENS IN OUR HOSPITALS...?

AUTHORS:

Huma Shoukat (Final Year Students)
Rabia Mazhar (Final Year Students)
Sumera Hussain(Final Year Students)
Mehtab Iqbal (Final Year Students)
Dr. Syed Zafar Abbas

INSTITUTION:

Department of Medicine, Muhammad Medical Hospital Mirpurkhas

ABSTRACT

BACKGROUND / AIMS:

Intravenous antibiotics (IVA) are indicated in severe bacterial infections to get fast and effective relive in a seriously ill patient. Anecdotally this has been widely practiced all over the country, often with no justification. We looked into our practice.

PATIENTS AND METHODS:

Prospective study on 110 consecutively admitted patients in various departments of MMCH. Senior medical students looked into the medical records of these patients to get information and presented to a senior physician (Dr. SZA) to decide a justification or otherwise of the practice.

RESULTS:

Out a total of 110. (65 Female, 59% 45 Male 49.9%) with (Average Age 40 years – range 2.5 to 90). 71 patients (64.5%) were commenced on IVA. Most of them (54/71 – 63.3%) were admitted in medical departments. Majority of these patients were commenced on IVA (n=37, 52%) by a consultant. There was a clear indication for starting IVA in 44 (62%) patients. Reason was not clear in 2 (2.8%) patients. Out of remaining 25 patients (35.2%) there was no valid indication for starting IVA of which 16 were started in Medical department (16/45, 35.5%). Consultants were responsible for starting IVA in 11/25 (44%) patients.

CONCLUSION:

Practice of using IVA in our patients is widespread, and is distributed in all the departments. A significant proportion (35.2%) doesn't have a clear valid indication and the misuse of IVA does not depend on the grade or seniority of the doctors.

ACUTE HEPATITIS IN A RURAL AREA OF SINDH, PAKISTAN.

Authors:

Dr. Wasfa Aijaz, Dr. Mehwish Saleem, Dr. Abdul Qadir Khan

Institution:

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

A B S R A C T

Background And Aims:

Acute hepatitis is not an un-common problem and its prevalence in Mirpurkhas can not be ignored. It has various causes. Prompt investigations and diagnosis can improve morbidity and may also reduce mortality. The course of acute hepatitis varies from mild to fulminant hepatic failure. In last decade, the treatment of acute viral hepatitis has not progressed as rapidly as our understanding of these hepatitis viruses' epidemiology and molecular biology. The mainstay of this study is to determine the most common etiologies and outcomes seen in patients with acute hepatitis at MMCH, Mirpurkhas.

Design:

Prospective Study

Duration of Study:

05/05/2008---04/08/2008

Methods:

A prospective study was conducted on 100 patients at our medical wards and OPD. Patients were evaluated on the basis of history, clinical exam, liver function profile and serological markers for hepatitis A, B, C and E viruses. Patients were followed for progression of disease as well.

Results:

Total no. of patients was 100. Out of which (68 males, 32 females, age between 15—35 yrs). Liver function profile showed SGPT more than 1300 in 77 patients. On serological findings HEV was causative agent in 66%, HAV was positive in 14%, HBV was present in 10% and HCV was 0.0%. Delta virus was seen in 4% of HBV.

Out of these, 2 female patients were pregnant, who presented with fulminant hepatic failure and both had acquired HEV. 1 of them died and other was referred due to very high PT.

10 pts were medical students, who gave history of drinking canned water which are refilled.

Conclusion:

This study shows that 66% of cases were HEV positive. Thus HEV was most common hepatotropic virus associated with acute hepatitis.

FREQUENCY OF CHRONIC VIRAL HEPATITIS IN PATIENTS REQUIRING SURGICAL TREATMENT

AUTHORS:

Dr. Ayesha Majeed Memon
Dr. Faizan Qaisar
Dr. Syed Zafar Abbas

INSTITUTION:

Department of Surgery and Medicine Muhammad Medical College Hospital Mirpurkhas

ABSTRACT

BACKGROUND AND AIMS:

It has become a common practice to check hepatitis B & C in patients undergoing surgical procedures, even if there is no other indication to do so. This has financial and clinical implication. We attempted to see if HBV and HCV infection in this population is high enough to justify this practice.

DESIGN AND METHOD:

Retrospective study of the case notes of last 200 consecutive admissions to surgical ward of MMCH during first 6 months of 2008.

RESULT:

Out of 200 patients (132 males, 68 females) average age: 44 years, range 14 to 85 years, 22 patients (11% had chronic viral hepatitis, 7 patients (5 males, 2 females) were HBV reactive and 15 patients (10 males, 5 females) were HCV reactive. All 22 patients were referred to physicians for risk assessment / treatment before surgery 3 / 22 (13.6 %) patients had the surgical procedure delay for an average 03 days (range 01 to 06 Days) because of physician assessment. All 22 patients eventually underwent the required surgical procedure. Only 1 of these 22 patients required a period of further stay in hospitals for her liver problem in medical ward for further five days. Out of 200 patients who underwent surgical procedures during the study period 6 / 178 (3.4%) died among the non-infected group and no patient among the infected group died.

CONCLUSION:

11% of our surgical patients had a chronic viral hepatitis which resulted in delay in surgical procedure in 13.6% but no patient required cancellation of operation. There was no mortality among this group.

THE CAUSATIVE FACTORS, MANAGEMENT & OUT COMES OF INFERTILE COUPLES PRESENTING AT GYNAE OPD FOR THE YEAR MAY 2005 - 07

Authors:

1. Minahil Haq (Final Year)
2. Marvi Laghari (Final Year)
3. Anita Rathor (Final Year)
4. Dr. Farzana Rizwan Associate Professor Gynae & Obs

Institute:

Department of Gynae/ Obs, Muhammad Medical College, Mirpurkhas

Objective & Aims:

To study the different causative factors, management & their outcomes.

A B S R A C T

Background:

9% of American in their reproductive age is diagnosed infertile. The success of the outcome (conceiving) varies according to the cause and treatment. We did a study to determine various issues surrounding infertility in our local population.

Methods:-

This is a prospective randomized study performed at Gynae OPD.

Total no of OPD in Gynae	=	5667
Infertile Cases	=	1289 (22.7%)
1. Female cause	→	446 (34.60%)
2. Male cause	→	675 (52.36%)
3. Un explaind	→	168 (13.13%)

INFERTILITY CASES : 5 more successful treatment outcomes groups were:

Causes	No. of patient	Successful rate (conceived)
1. PCO	172 (38.5%)	160 (93.02%)
2. Oligospermia	325 (48.1%)	195 (66.66%)
3. Ovarian cyst	10 (2.24%)	6 (60%)
4. PID	200 (44%)	117 (58.5%)
5. Unexplained	168 (13.03%)	117 (58.5%)

Result:-

Out of total 1289 pts		
No of Pts Conceived	=	774 (60.04%)
Successful rate in Male	=	353 (45.60%)
Successful rate in Female causes	=	304 (39.27%)
Mean age = 30.55 years		
Range of age = 27 to 48 years		

Conclusion:-

Though follow-up rate was poor, but still conception rate was quite good, still now, a lot of work has to be done in this field for the people of this rural area, who are all ready deprived of many aspect of life.

“Bitten once, shy twice”----- not true for our hepatitis C infected population and for Health care workers!

Authors:

Dr. Wasfa Aijaz
Dr. Abdul Qadir Khan
Prof. S. Zafar Abbas

Institution:

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

ABSTRACT

Background and Aims:

All guidelines suggest HBV vaccination to all HCV infected patients. We attempted to find out the ground realities in our HCV infected population and also to determine their source of viral infection, and compared the results with those of our doctors and paramedical staff.

Patients and Methods:

Prospective survey, with the help of a proforma, of HCV infected patients presenting to our Hepatology clinics, between 4th July to 5th August 2008. Same exercise was done on doctors and paramedical staff working at MMCH present at morning shift on a single day (7th August 2008).

Results:

100 consecutive patients attending Hepatology clinic were interviewed (58 Males, 42 females; average age 40 yrs, range 18 to 65 yrs). Major sources of viral infection were reused syringes (38 pts), whereas 62 did not know their source on infection. 20 had a household member infected with HCV. 20 were co-infected with HBV. 85/100 of HCV infected patients did not have any vaccination against HBV. 25/85 (29%) did not have it because of financial reasons and 45/85 (52%) did not have any awareness. In comparison, out of 30 doctors 12 and 15 did not know about their HBsAg and HCV status but no doctor was known to have either of these infections. 4 (13%) were not vaccinated against HBV. In addition, out of 29 paramedical staff, 1 was HCV positive, 11 each were unaware of their HBsAg and HCV status, and remaining were negative for these markers. 13 / 29 (44%) were not vaccinated against HBsAg

Conclusion:

38% HCV infected patients were infected by reuse of syringes. 85% were not vaccinated against HBV, out of which 52% had no awareness about it, whereas 29% could not financially afford it. A significant number of paramedical staff and some doctors were also not vaccinated.

Laparoscopic cholecystectomy can be safely performed in a resource-limited setting: 79 cases performed at three centers of Mirpurkhas since July 2005 to June 2008.

AUTHORS:

1. Dr. Marvi Laghari (final year student)
2. Dr. Minahil Haq (final year student)
3. Dr. Anita Rathore (final year student)
4. Dr. Muhammad Rahim Bhurgri. (Assistant Professor)

INSTITUTION:

Department Of Surgery, Muhammad Medical College Hospital Mirpurkhas

A B S R A C T

BACKGROUND:

Laparoscopic cholecystectomy (LC) is the treatment of choice for uncomplicated gallstone disease. Many studies have confirmed the safety and feasibility of laparoscopic cholecystectomy (LC) and have shown that it is comparable regarding complications to open cholecystectomy (OC).

OBJECTIVE:

The aim of this study was to evaluate the outcomes of LC including safety, feasibility in a resource-poor setting like Mirpurkhas, and also to compare the outcomes of LC with those of OC.

METHODS:

This was a prospective, non-randomized, comparative study on 358 patients who were admitted to three different hospitals with a diagnosis of gallstone disease and who underwent cholecystectomy from July 2005 to June 2008. During study hospital stay, duration of operation, postoperative analgesia and morbidity were evaluated.

RESULTS:

Seventy-nine patients underwent laparoscopic cholecystectomy (LC) and 279 patients underwent open cholecystectomy (OC). The two groups were similar in terms of age. Female to male ratio was 8 to 1. The mean operative duration for LC was 56.7 minutes (35-100 minutes) versus 45.5 minutes for OC, and the mean hospital stay was 2.17 and 2.8 days for LC and OC, respectively. A drain was used with similar frequency in both. LC patients needed less analgesia. The morbidity rate in LC was 5.7% versus 20.5% for OC. Wound infections were more common with OC. No mortality was reported in either group.

CONCLUSION:

An experienced surgeon can perform laparoscopic cholecystectomy safely and successfully in a resource-limited setting. As in other studies, complications were less frequent in LC.

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ORAL PRESENTATIONS

Scientific Session III A

REASONS OF INJURIES IN CHILDREN RESIDING IN KHUDA KI BASTI#3, KARACHI.

Author:

Dr. Seema N. Mumtaz

KEY WORDS:

CHILDREN 5 TO 10 YEARS, INJURIES.

INTRODUCTION:

In Pakistan injuries have been recognized as a growing public health problem, leading to an increased burden of disease in the years to come. Yet no concrete steps have been taken in the country to either document the burden of the injuries or to initiate health education campaign as a preventive measure. The children of age group 5-10 years are the most neglected and hence more exposed to injuries. KHUDA ki Basti#3 comprise of about 1500 houses with mix population of low socio-economic status.

OBJECTIVES:

To study the prevalence, type, place of occurrence, body parts involvement from injuries and also to assess the health seeking behavior of families.

METHODS:

A cross sectional survey of children 5-10 years (Preschool) residing in KKB#3.Surjani Town, Karachi. A pre-tested questionnaire was used as a toll for assessment. Total of 100 children / families were interviewed.

The data was analyzed on EPI-INFO-6

RESULTS:

Out of 100 children, 60% had injuries at home, 54% had injuries due to fall, while 22% had injuries due to fight (Physical), burn injuries were present in 8% of cases, mostly (81%) females.

CONCLUSIONS:

From public health point of view this age of children are the most neglected one. The injuries are a result of this neglected approach of parents. There is an urgent need for public health education on this subject.

CROSS SECTIONAL STUDY ANALIZING THE DRUG-PRESCRIBING BEHAVIOURS IN THE TERTIARY HOSPITAL OF PAKISTAN

PRESENTER:

Dr. Nazir Ahmed Solangi.

D.K. Rohra¹, Nirmal Das², Syed I. Azam³, Nazir A. Solangi⁴, Zahida Memon⁵, Abdul M. Shaikh⁶, Nursrat H. Khan⁷.

A B S R A C T

Department of Biological & Biomedical Sciences, Aga Khan University, Stadium Road, Karachi, Pakistan, 2Department of Pharmacology & Therapeutics, Bolan Medical College, Quetta, Pakistan, 3Department of Community Health Sciences, Aga Khan University, Stadium Road, Karachi, Pakistan, 4Department Pharmacology & Therapeutics, Nawabshah Medical College, Nawabshah, Pakistan, 5Department of Pharmacology & Therapeutics Dow University of Health Sciences, Karachi, Pakistan, 6Department of Department of Pharmacology & Therapeutics, Chandka Medical College, Larkana, Pakistan, 7Department of Obstetrics & Gynecology, Unit III, Dow College and Civil Hospital, Pakistan.

OBJECTIVES:

To evaluate the use of prescription medicines during pregnancy in Pakistan and analyze their safety profile, a cross-sectional study was conducted at five tertiary care hospital of Pakistan.

METHODS :

Copies of outpatient medicinal prescriptions give to pregnant patients attending the antenatal clinics were collected. The drugs were classified according to the categorization by FDA, as A, B, C, D, and X based in risk to fetus.

RESULTS:

All the pregnant women attending the antenatal clinics received a prescription. A total of 3769 prescriptions given to different women were collected. Majority of the women who received the prescriptions belonged to third trimester (55.4%) followed by second (33.6%) and first trimester (11.00%). Anti-anemic drugs including iron preparations and vitamin and mineral supplements approximately (80%) were on top of the list of all of drugs prescribed followed by analgesics (6.2%) and anti bacterial (2.2%). It was calculated that 38.3, 37.9, 18.1, 4.6 and 1.1 percent of the drugs prescribed to pregnant women belonged to FDA categories A, B, C, D and X respectively. Estrogens (0.7%) and Hydroxyprogesterone (1.1%) were the most commonly prescribed drugs from categories X and D, respectively.

CONCLUSION:

Pregnant women in Pakistan are exposed to drugs which may be harmful to their fetuses. The extent of prescription of harmful categories of drug (especially D and X) is somewhat in the similar range as in many of the developed countries. However, the prescribing attitude can be made more rational by substituting the category D or X drugs with suitable safer alternative drugs.

Snake Bite : Common Zoonoses - A twenty years research perspective in Tharparkar Desert of Sindh -Pakistan

AUTHOR:

1. Dr. HUSSAIN BUX KOLACHI MBBS, M.Phil . Associate Professor Community Medicine LUMHS Jamshoro and Principal Investigator PMRC Research Project LUMHS Jamshoro
2. Dr. Akbar Kazi MBBS ,DMJ, Assistant Professor Forensic Medicine LUMHS Jamshoro
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4. Dr. Ashraf Majrooh FCPS Assistant Professor AIMC Lahore
5. Prof. Shankarlal Rathi MBBS, M.Phil Professor of Pathology LUMHS Jamshoro

A B S R A C T:

Introduction:

Snakebite is common Zoonoses in Tharparkar. Globally one to five million people are bitten by snake. In Pakistan 40,000 case of snake bite occur yearly and 2660 die. Tharparkar desert are is spread over 22000 square km and its population is 1.1 million , The incidence of snake bite is high and on average 1200 cases of snake are reported in its 87 rural health facilities.

Objective:

To revise and analyze twenty years research data and to evaluate and compare efficacy of Pakistan made and Indian Made brands of ASV used in the treatment of snake bite

Material and Methods:

It is a disruptive longitudinal study approved by Pakistan Medical Research Council and data was recorded on structured questionnaire from snake bite victims who came to government of Sindh Run 87 facilities. Duration of study is 20 years from 1995 to 2005.SPSS 11 version was used for analyses.

Result:

The study registered total 12913 snake bite cases during twenty years period out these 8031 (62.2%) were male and 4882(37.8%) were female.. 13519 Anti Snake Venom (ASV)serum injection were used to treat them 63 deaths occurred showing death rate 4.8per 1000 cases which is much lower that African Countries like Zimbabwe where rate was 55deathper 1000 cases. Snake bite cases treated with Indian Brand of ASV has higher death rate 6.8 per 1000 while cases treated with Pakistani brand ASV has lower death rate 3,8 per 1000 cases (P<.02)

Conclusion:

Study found that snake bite is a common Zoonoses in Tharparkar and ASV injection are effective but Pakistan made ASV brand was superior than Indian made brand .Rural Health Facilities and doctors are doing commendable service and are capable to deal and save snake bite victims. Rural facilities must be strengthened

Key Words: Zoonoses, Snake, ASV, Tharparkar

Medicine in Ancient Indus Valley – Where the oldest and the longest medical Text was written in the World- Research based on survey of websites on Internet

Authors:

Dr. Hussain Bux Kolachi M.Phil
Associate Professor Community Medicine LUMHS

Introduction:

A research study was started by visiting and searching websites on internet for gathering historical development of medicine and health care in Indus civilization

Objective:

The main aim was to bring old and new evidence on Indus medicine in scientific and reliable way and draw main findings and recommendations on basis of internet evidence

Methods: 10 websites were searched from September to November 2007 on three sets of computers and a specially designed questionnaire was filled by noting main findings related to medicine

Results/ Observations:

The Computer and internet has brought new knowledge accessible about ancient Indus Civilization and its medical treatment and scripts, It was apparent the Indus medical system is earlier than Greek and oldest and longest medical texts were written in Indus civilization spreading from plains of Ganges to hills of Afghanistan. Taxilla was one of the earliest universities with medical learning programme with snake venom, herbs and other research laboratories and Mohan Daro, Harrapa and Mehargarh as medical centres where surgery, medicine and Yoga was practiced. Ayurvedic was medical system which means science of life, medical scripts compiled and tested systemically are known as Samhitas, Three original Samhitas Charaka Samihita, Shashruta Samihita, (translated into Arabic before 800 AD called as Kitab-Shooh-A-Hindi or Kitab Surud, Cellar translated it into Latin and Hassler into German, surgery was taught on dummies and then on dead bodies) and Ashtanga Haridays collectively known as Brihatrayi together they form the oldest and longest medical text in the world, Ayurveda is recognized by world health organization and American Society of Surgeons is named after Shashruta a great surgeon and medical teacher

of ancient Indus. Plastic dental and veterinary surgery was performed

First vestrymen of world was Shalihotra who wrote Haya Ayurveda text book of veterinary medicine and more than 120 surgical instruments were invented in ancient Indus. Saligita solution from rocks was popular remedy for many ills. Ayurvedic medicine is oldest continually practised care system on the planet, The research is based on more than 10 websites and Wikipedia Search,

Conclusion/Recommendations:

We recommend establishment of department of History Medicine in CMC for research and revival of medical heritage of Ancient Indus and hidden in the dust of Mahanjo Daro overlooking CMC campus from windows of medical history

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A HOSPITAL BASED STUDY ON CAUSES PECULIAR TO CONGESTIVE CARDIAC FAILURE (CCF)

Authors:

Hamzullah Khan ¹, Muhammad Hafizullah ², Hikmatullah Jan ³

Institution:

Department of cardiology, PGMI, Lady Reading Hospital, Peshawar

A B S R A C T:

To determine the frequency of risk factors of congestive cardiac failure in a tertiary care hospital of Peshawar.

Methods:

This prospective observational study was conducted in department of Cardiology, Postgraduate Medical Institute, Lady Reading Hospital Peshawar, from March 2005 to September 2007. Relevant information's regarding related to the risk factors of congestive cardiac failure were recorded on questionnaire prepared in accordance with the objectives of the study.

Results:

A total of 1019 patients with established diagnosis of cardiac failure (based on clinical findings and relevant investigations) were included. Out of total sampling 583(57.12%) were males and 436(42.78%) were females. The age range of the patients was from 6 years to 82 years with mean age of 48.5 years and mode of age was 45 years. The distribution of causative factors of CCF was: ischemic heart disease (IHD) 36.31%, hypertension 26.30%, dilated cardiomyopathy 10.10%, obstructive and restrictive cardiomyopathies 5.39%, valvular heart diseases (VHD) 9.32%, congenital heart disease like ventricular septal defects (VSD) 4.41%, atrial septal defects (ASD) 0.58%, atrial fibrillation (AF) 2.25%, constrictive pericarditis 1.07%, Pericardial effusion 0.68%, chronic obstructive pulmonary disease and pulmonary hypertension 1.47%, thyrotoxicosis 0.68%, complete heart block 0.29% and paget disease in 0.09% cases.

Conclusion:

Ischemic heart disease, hypertension, cardiomyopathies, valvular heart disease and congenital heart disease are major contributor to CCF in our patients.

STUDY ON CLOPIDOGREL IN INHIBITION OF PLATELET AGGREGATION IN SUSPECTED ANGINA PATIENTS, TREATED WITH A DAILY DOSE OF 75 MG OF CLOPIDOGREL FOR 7 DAYS.

Authors:

DR HAMZULLAH KHAN

DR HIKMATUULLAH JAN

Department of Cardiology, Post-Graduate Medical Institute (PGMI), Lady Reading Hospital, Peshawar, Pakistan.

Institution

Department of Cardiology, Postgraduate Medical Institute, Government Lady Reading Hospital Peshawar, Pakistan **Associate Editor** Journal Postgraduate Medical Institute, JPMI ,Government Lady Reading Hospital Peshawar, Pakistan.

ABSTRACT:

Objectives:

To assess the biological effect of clopidogrel as measured by the inhibition of platelet aggregation using aggregometer in patients taking clopidogrel for suspected angina patients, treated with a daily dose of 75 mg of clopidogrel for 7 days.

Material and Methods:

This clinical trial was conducted in the outpatients department (OPD) of Cardiology, Post-Graduate Medical Institute, Lady Reading Hospital (PGMI/LRH) Peshawar, from 15th October 2007 to 20th December 2008. We included 105 suspected angina patients and measured the inhibition of platelet aggregation (using WBA aggregometer provided by sponsored pharmaceutical company) in these patients at first visit and then these patients were given clopidogrel 75 mg (7 tablets) for one week as once daily regimen and were asked for follow up after one week. Of 133, 105 completed follow up and again 3 cc of venous blood was taken for measuring platelet aggregation. Both readings noted on a specially designed proforma prepared in accordance with the objective of the study. Patients who were on any other ante-platelet like aspirin; warfarine, heparin etc were excluded from the study.

Results:

A total of 105 patients with 28(52.83) males and 25(47.16) females were included .The age range of the patients was from 35 to 75 years with mean age of 55.79 ± 8.74 years. Mean systolic blood pressure (SBP) with SD was 136.61 ± 18.24 mmHg and mean diastolic BP with SD was 87.80 ± 11.26 mmHg. Standard error of sampling for type a drug was 0.128 and for B drug 0.120. Follow up platelet aggregation reading was 0 in 73 (69.52%), 1-3 ohms in 26 (24.76%) and in six cases (5.71%) above three i.e. 4 to 6 ohms. As a whole clopidogrel has reduced the platelets aggregation reading below 3 ohms in 99/105(94.28%) follow up cases while in sex there were some expected resistance to clopidogrel, readings above 3 ohms was recorded.

Conclusion:

Clopidogrel has a major role in the inhibition of platelet aggregation in patients with CAD. But the ability of clopidogrel and the dose required to inhibit platelet aggregation may depend upon the individuals. Resistance to clopidogrel especially in low doses is expected.

PREVALENCE OF DIABETES MELLITUS AND OBESITY AMONG PATIENTS WITH EYE DISEASES IN GADAP TOWN, KARACHI, PAKISTAN

Authors:

DR. ZULFIQAR SHAIKH

A B S R A C T

Objective:

To determine the prevalence of diabetes mellitus and obesity among patients with eye diseases; and there by disseminate information for effective control and prevention of diabetes and obesity.

Background:

The rapid rise of diabetes is one of the major health challenges.

The most important environmental risk factors for diabetes are obesity and physical inactivity.

Diabetes is the leading cause of blindness.

5.9% of the world's adult population now has diabetes.

Despite several advances in the field of diabetology, there exists a low awareness of the disease among public.

Pakistan ranks seven in number of diabetics and will be 4th on the list in 2025.

This study determines the prevalence of diabetes and obesity among patients with eye diseases.

Results:

The total number of the persons registered for the study, during a period of more than two years, is 15,059. Male to female ratio is 4,196:10,863 (28:72%), representing almost all the age groups, and are from various occupations.

6.5% of the patients are diabetics, and 1.8% from the total patients have no idea whether they are suffering from diabetes. 44.8% of males and 45.9% of females are over weight or obese.

Conclusions:

There is a high prevalence of diabetes among patients with eye diseases.

Many a patients do not have knowledge of their diabetes status. People from all walks of life are over weight and obese.

Analysis Of the Underlying Pathological Lesions In Hysterectomy Specimens

Authors

Dr. Uzma Bukhari

Institution:

Department of Pathology, Muhammad Medical College, Mirpurkhas

Objective:

To see the types and frequency of pathological lesions in hysterectomy specimens.

A B S R A C T

Material and Methods:

This was a retrospective study conducted at the Department of Pathology, Basic Medical Sciences Institute, Jinnah postgraduate medical centre Karachi. A total of 1832 hysterectomy specimens over a period of 10 years, from January 1995 to December 2004 were reviewed. H and E slides studied to determine the type and frequency of malignant and benign lesions. Special stains were performed whenever required.

Results:

Out of 1832 cases of hysterectomies 1724 (94.1%) cases were diagnosed as benign and 79 (4.3%) were malignant lesions, the remaining 29(1.6%) cases found to have no remarkable pathologic change. The benign lesions included leiomyoma 510 (27.8%), adenomyosis 375 (20.5%), leiomyoma with adenomyosis 284 (15.8%) and other benign conditions. Malignant lesions included carcinoma 64 (3.5%) and sarcoma 15 (0.81%).

Conclusion:

The commonest benign lesion was found to be leiomyoma and the commonest uterine malignancy was adenocarcinoma of endometrium.

Histopathological Audit of Goiter: A Study of 998 Thyroid Lesions

ABSTRACT

Objective:

Nodular goiter is the commonest lesion of thyroid gland. This study was carried out to see histopathological pattern of thyroid enlargement.

Methodology:

All thyroid lesions received in the Department of Pathology, Basic Medical Sciences Institute, Jinnah Postgraduate Medical Centre Karachi, over a period of five years were reviewed and relevant special stains were performed.

Results:

A total of 998 lesions were reviewed. Seven hundred forty three cases were found non-neoplastic and 255 were neoplastic lesions. Multinodular goiter was found to be the commonest 91.3% non-neoplastic lesion. In neoplastic lesions, there were 102 benign lesions and 153 were malignant. All 102 benign lesions were diagnosed as follicular adenoma as per existing criteria. Out of these, 35 cases showed questionable nuclear changes, which were categorized as well-differentiated tumours of uncertain malignant potential. Papillary carcinoma was the commonest malignant lesion with a total of 138 cases.

Conclusion:

The commonest cause of goiter was multinodular goiter. Papillary carcinoma was the commonest malignant lesion.

Differential Expression of CK 19 in follicular adenoma, Well-differentiated tumour of uncertain malignant potential (WDT-UMP) and follicular variant of papillary carcinoma.

Objective:

The differential diagnosis of neoplastic follicular patterned lesions of thyroid is one of the most problematic areas in surgical pathology. Cytokeratin 19 has been proved a helpful marker for these lesions. This study was carried out to see its expression in our cases.

Material and methods:

This was a retrospective study carried out in the Department of Pathology, Basic Medical Sciences Institute, Jinnah Postgraduate Medical Centre, Karachi. The hematoxylin and eosin (H&E) stained sections were reviewed and the cases were classified according to already published criteria. On the basis of the recent recommendations by Chernobyl Pathologists Group, encapsulated follicular patterned lesions with questionable nuclear changes were categorized as well - differentiated tumours of uncertain malignant potential (WDT-UMP). Formalin fixed paraffin embedded tissues of follicular adenoma, WDT-UMP and follicular variant of papillary carcinoma were obtained for CK 19 immunostaining.

Results:

All (16) cases of follicular adenoma were negative for CK19. In a total of 35 cases of WDT- UMP, 10 cases scored 3+ positive for CK19, 15 were 2+ positive and remaining 10 cases were 1+ positive. There were 43 cases of follicular variant 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 adenoma, WDT-UMP and follicular variant of papillary carcinoma. The recommendations by Chernobyl Pathologists Group need to be adopted and the cases of WDT-UMP required strict follow-up.

FREQUENCY OF THALASSEMIA TRAIT IN PREGNANT WOMEN

Authors:

Dr Qamarunisa
Dr Habibullah
Prof: Amna memon

ABSTRACT

OBJECTIVES:

To determine the frequency of pregnant women with thalassemia trait at Department of gynae & obst of L.U.M.S.

METHODOLOGY:

200 pregnant women were screened for thalassemia trait by hemoglobin electrophoresis during one year study period at G.U.I , Liaquat university hospital hyderabad.

RESULTS:

During one-year study 17 out of 200 women were diagnosed with the help of hemoglobin electrophoresis to have thalassemia minor, these women were of age between 15-40 years. Out of these, 10 women were married with their cousins and family history was present in 4 women. Five women had one or more thalassemic children. Husbands of three women were carriers of thalassemia.

CONCLUSIONS:

The frequency of thalassemia minor in pregnant women was 8.5% in this study. In 17.6% cases husbands were also carriers. This would justify routine screening for thalassemia, to identify at-risk couples due to a risk as high as 25% for affected offspring.

OUTCOME OF STATUS EPILEPTICUS AT TERTIARY CARE HOSPITAL.

Authors:

Dr.Ghulam Shabbir, Dr.Assadullah , Dr.Nadeem Memon , Dr.Mohammad Wasay

Institution:

Neurology section, department of medicine Aga Khan University Hospital Karachi, Pakistan.

A B S R A C T

INTRODUCTION:

Status Epilepticus is a major medical and neurological emergency, the current medical management of SE has been extensively reviewed. Despite advances in treatment of this condition, SE is still associated with a significant morbidity and mortality.

OBJECTIVES:

To assess the mortality rate of SE in adults and to compare our results to relevant studies, took place, other parts of the world.

DURATION WITH DATES:

One year from Feb. 08th, 2005 to Feb. 08th, 2006.

SUBJECTS AND METHODS:

All patients 15-60 years of age with the diagnosis of SE were included from Feb. 08th, 2005 to Feb. 08th, 2006. Each patient's data has been collected on a Performa and data analysis performed through SPSS and results presented in percentages, frequencies.

RESULTS:

In this hospital-based study we enrolled 50 patients (after applying inclusion/exclusion criteria), 17(34%) expired, 33(66%) were discharged, interestingly, in this study 42% of the patients have been diagnosed as non-convulsive Status Epilepticus.

CONCLUSION: This study reports the first data on the mortality of SE in adult population, in Pakistan. The mortality rate is higher as compare to other studies, including Europe and USA. Results indicate that SE is a fatal Medical/Neurological emergency, and should be diagnosed early and managed promptly.

ACUTE HEPATITIS IN A RURAL AREA OF SINDH, PAKISTAN.

Authors:

Dr. Wasfa Aijaz, Dr. Mehwish Saleem, Dr. Abdul Qadir Khan

Institution:

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

A B S R A C T

Background And Aims:

Acute hepatitis is not an un-common problem and its prevalence in Mirpurkhas can not be ignored. It has various causes. Prompt investigations and diagnosis can improve morbidity and may also reduce mortality. The course of acute hepatitis varies from mild to fulminant hepatic failure. In last decade, the treatment of acute viral hepatitis has not progressed as rapidly as our understanding of these hepatitis viruses' epidemiology and molecular biology. The mainstay of this study is to determine the most common etiologies and outcomes seen in patients with acute hepatitis at MMCH, Mirpurkhas.

Design:

Prospective Study

Duration of Study:

05/05/2008---04/08/2008

Methods:

A prospective study was conducted on 100 patients at our medical wards and OPD. Patients were evaluated on the basis of history, clinical exam, liver function profile and serological markers for hepatitis A, B, C and E viruses. Patients were followed for progression of disease as well.

Results:

Total no. of patients was 100. Out of which (68 males, 32 females, age between 15—35 yrs). Liver function profile showed SGPT more than 1300 in 77 patients. On serological findings HEV was causative agent in 66%, HAV was positive in 14%, HBV was present in 10% and HCV was 0.0%. Delta virus was seen in 4% of HBV.

Out of these, 2 female patients were pregnant, who presented with fulminant hepatic failure and both had acquired HEV. 1 of them died and other was referred due to very high PT.

10 patients were medical students, who gave history of drinking canned water which are refilled.

Conclusion:

This study shows that 66% of cases were HEV positive. Thus HEV was most common hepatotropic virus associated with acute hepatitis.

THREE TIMES WEEKLY ANTI-TUBERCULOSIS TREATMENT OF CATEGORY I AND CATEGORY II PATIENTS OF PULMONARY TUBERCULOSIS UNDER DIRECTLY OBSERVED THERAPY (DOTS) STRATEGY IN RURAL AREAS OF SINDH, PAKISTAN

AUTHORS :

¹Dr. Ghulam Rasool Bhurgari, ²Dr. Shamm-ur-Rehman, ³Prof. Dr. Syed Razi Muhammad, ⁴Anis Rehman.

ABSTRACT

OBJECTIVE :

The purpose of this study was to evaluate three times weekly anti-tuberculosis treatment (ATT) for both category I and category II patients of pulmonary tuberculosis under directly observed therapy to cut the cost and time required for ATT.

PLACE AND TIME:

This study was conducted at TB clinic, Muhammad Medical College Hospital Mirpurkhas, Sindh, Pakistan, from July 2005 to June 2007.

PATIENTS AND METHODS:

130 patients were enrolled for study. 70 patients of category I and 60 patients of category II pulmonary TB who promised to come regularly for treatment three days a week for eight months. Patients were given anti-tuberculosis drugs three days a week under strict observed therapy strategy for eight months according to World Health Organization guide lines for treatment of tuberculosis 2003.

RESULTS:

At the end of eight months in category I, out of 70 patients, 67 patients (96%) were cured, 3 patients (4%) who were sputum smear positive at the start of ATT remained sputum positive. In category II out of 60 patients, 53 patients (88%) were cured, 7 patients (12%) remained smear positive. Over all cure rates for both categories I and II was 92%.

CONCLUSION:

Three times a week ATT is as effective as daily regimen of ATT. It must be given under strict DOTS strategy. It saves 65-7% of drug cost and time as compared to daily regimens.

Understanding Coeliac Disease in its home ground, Western Ireland

Authors:

Brian McAleer*

Abbas SZ**

Institutions:

*Department of Medicine and Gastroenterology, Erne Hospital, Enniskillen, Northern Ireland, UK

**Department of Gastroenterology, Muhammad Medical College & Hospital, Mipurkhas, Sindh, Pakistan

ABSTRACT

Background:

Highest prevalence of Coeliac disease (CD) is seen in western Ireland (1 in 300). The understanding of CD has changed considerably in the past. We carried out a study on various aspects of CD in west of Northern Ireland.

Patients and Methods:

Endoscopy (Endoscribe) and clinico-pathological records of adult patients with CD attending Erne hospital, Enniskillen were reviewed and data was obtained.

Results:

Records for all 50 registered patients (Males = 16; 32%) were available, although some data was missing for some patients. Average age at diagnosis was 41 years (range 10 to 75 years). Immunological tests were positive in all 39 of the patients on whom these were done. Only 2/46 were completely asymptomatic at diagnosis. Average duration of symptoms before diagnosis was made was 35 months (range 0 to 276). Males (12/13 patients) were more likely to present late as compared to females (32/33 patients) – 49 VS 30 months. Commonest 3 symptoms at presentation were non-specific abdominal symptoms (50%), symptoms of anaemia (38%) and diarrhoea (35%). Sixty percent were anaemic (males=50%; females=70%), and 54% (females=67%; males=25%) had iron deficiency. 26/46 had a co-morbidity. 3/46 were thought to have irritable bowel syndrome in the past. 5/46 (11%) had a first degree relative with CD.

Conclusions:

In west of Northern Ireland, over 2/3 registered CD sufferers are females, who present relatively early after onset of symptoms than males. Commonest presentation is non-specific abdominal symptoms (50%), and 60% are anaemic at presentation. 11% have a first degree relative with CD.

Frequency of HCV infection and its genotypes among patients attending a liver clinic and voluntary blood donors in a rural area of Pakistan

Authors:

Syed Zafar Abbas*, Muhammad Ali*, Amtul Husain Muhammad**, Steve Shaw***, Syed Qamar Abbas****

Institutions:

* Department of Medicine, Muhammad Medical College & Hospital, Mirpurkhas, Pakistan. ** Department of Pathology, Muhammad Medical College & Hospital, Mirpurkhas, Pakistan. *** School of Statistics and Mathematics, University of Plymouth, Plymouth, UK. **** St Clare Hospice, Hastingwood, Harlow, UK

A B S T R A C T

Background:

Hepatitis C virus (HCV) infection is a major health problem. There is huge regional variation in its prevalence and genotypic distribution. Voluntary blood donors are thought to have somewhat lesser prevalence than the rest of the community. Reliable statistics are not available for the entire country, particularly for the rural areas. It is important to know local situation and rationalise use of limited resources.

Patients and Methods:

Retrospective study of the records of patients attending the Free Liver Clinic (FLC) of Muhammad Medical College Hospital, Mirpurkhas, and those screened for HCV infection prior to voluntary blood donation.

Main results:

Patients at FLC (324 out of 1638 [20%; males 65%] were found to have higher chances of being reactive for HCV antibodies as compared to voluntary blood donors (121/804 [14%]; $p = 0.004$; OR 1.39 – 95% CI = 1.11 – 1.75). Out of a total of 1022 patients, 904 (88%) were found to be positive on HCV RNA testing. Out of a total of 166 typeable genotypes, 125 (75%; 95% CI = 68.7 – 81.9, estimated odds = 3.05) were infected with a single genotype, and only 7 patients (4%) were infected with genotype 1, either alone ($n=4$) or in combination with 3a.

Conclusions:

One out of every 5 people tested in our FLC is seropositive for HCV, and 14% of “healthy” voluntary blood donors have the same results. Genotype 1 is very rare in our region. Larger community based studies are required to get more information particularly in rural areas.

SUCCESSFUL LECTURING IN MEDICAL EDUCATION

Authors:

Dr. Muhammad Mujahid Khan, M.D. PhD

Institution:

Department of Anatomy, College of Medicine, King Saud University

A B S R A C T

Background

The lecture in its many forms is the most commonly used method for transferring knowledge information in medical education. There are, however, serious questions regarding the effectiveness of the traditional lecture approach. Lectures in medical education often have a poor reputation. Most educators in medical education learn how to teach based on their experiences as students. The lack of faculty training in presenting effective lectures may be the greatest weakness of the lecture. Lecturing must be an intellectually challenging experience by which students, through extensive interactive teaching, are able to gain thorough conceptual understanding. Efforts to improve the lecturing of medical and other healthcare professionals must focus on changing the role of student from passive observer to active participant. When properly planned for the appropriate type of material, the lecture can be a very effective method of transferring information to students. Effective lectures do not just happen, they are planned. Establish the purpose of a lecture, consider the logistics of the lecture, plan a variety of approaches such as use of questioning, media, small group activities. The primary purpose of the lecture is to transfer information from the instructor to the student. Experience of medical teachers suggest that the recommended lecture time should not exceed 45 minutes, including approximately 15 minutes devoted to audience interaction. The number of participants attending a lecture has a significant impact. Group size determines the use of questions, amount of interaction, selection and use of media like, Overhead transparencies, slides, computer-based projections, video, and audio. The effective lecture style is to break down the lecture into its component parts, are the introduction, body and summary. Presenting an effective lecture can be one of the most exciting and rewarding aspects of an educator's responsibilities. Questions can be used to introduce lectures, stimulate interaction throughout the lecture and summarize content. Involving students through questioning helps to maintain their attention. The skilled lecturer uses variety of approaches to involve students, maintain interest and avoid a repetitive lecturing style.

How good is conventional Interferon-based treatment in eradication of Hepatitis C Virus (HCV) with Genotype 3?

AUTHORS:

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

INSTITUTION:

Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas.

A B S T R A C T

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 14 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 101/144 (70%). 41/62 (66%) of genotype 3 achieved ETR. 58/85 (68%) men and 42/57 (74%) women. There was no significant difference in average ages for those who achieved good ETR and those who did not (39 years). SVR is available for 30 patients, of which 17 were good. 6 of the 14 brands had been used on more than 10 patients. The ETR achieved by these were: Brand A= 81%; Brand B= 76%; Brand D= 91%; Brand F= 71%; Brand G= 48%; Brand J= 60%.

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 70%. This was 74% in female sex, although age did not appear to be a factor in determining a favourable ETR.

ORAL PRESENTATIONS
Scientific Session III – SURGICAL B

**AN EXPERIENCE OF OESOPHAGECTOMY AT TERTIARY CARE
HOSPITAL IN PAKISTAN.**

Author:

Dr. Abdul Razaque Shaikh

Institute:

Liaquat University of Medical Health & Sciences, Jamshoro.

A B S R A C T

A study was conducted at SUII LUMHS Jamshoro from Jan 2003 TO Dec 2007. about oesophagectomy in carcinoma of oesophagus.

Aims & Objectives:

Early outcome measures postoperative complications and mortality.

Materials and methods:

All the patients of carcinoma of oesophagus in lower two thirds of oesophagus and were fit for anesthesia were operated.

Result:

Total cases were 25. Twenty cases underwent transthoracic oesophagectomy and five case transhiatal oesophagectomy. The complications noted were anastomosis leak 2 cases (8%) and stricture in one (4%) case. There was one death (4%).

Conclusion:

It was concluded that oesophagectomy is curative surgery and offers better quality of life than palliative procedures.

Neoadjuvant chemotherapy with cisplatin and –flourouricil in locally advanced unresectable head and neck cancer.

Authors:

Umar draz,

Institution:

Oncology Centre , Karachi

A B S R A C T

Introduction:

Incidence of head and neck tumors has been increasing worldwide in recent years. The majority of cancers in head and neck are Squamous cell carcinomas. The larger the primary tumor, worse the prognosis is. The most common causes of herapy failure is loco-regional recurrence or a primarily unresectable primary tumor that could not be locally controlled.

The neoadjuvant chemotherapy has proved helpful in reducing primary tumor.

Background:

Head and neck cancer is one of the commonest cancers in Pakistan Risk factors include tobacco chewing and smoking, pan, chalia, niswar eating etc. Majority of the patients presents with an unresectable advanced disease.

Aim:

To assess the impact of neoadjuvant chemotherapy i.e. cisplatin and 5– fluorouracil on locally advanced head and neck cancer.

Materials and methods:

50 patients of both sexes and histologically proven carcinoma were included n the trial including patients with enlarge neck glands and intracranial extensions.

Chemotherapy used was cisplatin 100mg/ m² I/V day 1

5-Flourouracil 1000 mg/m² I/V day 1 to day (4) 5 (continuous infusion) to be repeated every 3-4 weeks and results were observed.

HYDATID CYST: AN UNUSUAL DISEASE OF THE MEDIASTINUM.

Author:

Dr.Ali Raza Uraizee (Thoracic Surgery, Liaquat National Hospital Karachi)

Hydatid disease remains a serious health problem for our country and is still a significant clinical problem in endemic countries like Pakistan. Hydatid cysts are usually located in the liver, lung, and brain. Mediastinal hydatid disease is very rare that have been only anecdotally in the literature. In last two years, we have seen three such cases of mediastinal hydatid cyst. In the presentation, we will discuss their presentation, diagnostic investigations and Surgical management.

CARCINOMA OF LIP

Authors:

Prof. Dr. Ghulam Ali Memon

Institution:

Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

The tumour size and presence or absence of cervical metastasis are two main factors which dictate about the type of surgery and treatment to be performed in a particular case.

Carcinoma lip is a slow growing tumour and most patients (approx 70%) present with tumour size between 2-cm to 4-cm involving only 15-35% of the entire lip. In these cases, W/V shape excision of lesion with closure of wound in 3-4 layers offers best cosmetic and functional results.

Carcinoma involving more than 35% of lip, should always be dealt with excision followed by most appropriate reconstructive procedure.

Suprahyoid neck dissection and block dissection was done in 53 cases.

Advanced cases were dealt with a combination of chemotherapy and surgery followed by radiotherapy or vice versa.

146 cases of carcinoma of lip treated in surgical and plastic surgical unit at Liaquat University Hospital, Jamshoro from January 1981 to December 2006 is being presented.

Post Operative Urinary Incontinence – Transvesical VS transurethral Prostatectomy.

Authors:

Dr. Muhammad Jawed Rajput

Institute:

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

Objective:

To compare the results of transurethral resection of prostate with transvesical prostatectomy in respect to the incidence, and severity of postoperative urinary incontinence.

Place and Duration of Study

This Comparative cross sectional study was carried out in two tertiary care centres. Liaquat University of Medical and Health Sciences Jamshoro from where all cases of TURP were collected and Muhammad Medical College Mirpurkhas where all transvesical prostatectomies were performed. It was two years study from April 2004 to March 2006.

Patients and Methods

Two groups were made and 50 cases were kept in each group. Patient who underwent TURP were kept in group A and transvesical prostatectomy group was titled as B.

Patients having associated stricture urethra, urinary bladder stones or bladder diverticulum and later on proved a carcinoma of prostate were excluded from the study.

Results

From group-A (TURP Group) 07 (14%) Patients developed incontinence postoperatively and all had stress type of incontinence. While in group B Transvesical prostatectomy eleven (22%) patients developed urinary incontinence. 05/11 (45.45%) had stress incontinence and 06/11 (54.55%) developed continuous urinary leakage. Rate of recovery after conservative measures remained rapid with group A as compared to group B.

Conclusion:

Frequency and severity of postoperative urinary incontinence is more with transvesical approach. But the facility of TURP is not freely available. Therefore improvement in the technique of open prostatectomy is mandatory. For which recommendations have been given.

EXPERIENCE WITH CERVICAL SPINE FIXATION AT NAWABSHAH MEDICAL COLLEGE

Author:

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NAWABSHAH

A B S R A C T:

Introduction:

Cervical spine stability is jeopardized by trauma, tumors or tuberculosis. Stabilization of cervical spine is achieved by reduction, bone grafting and instrumentation. Purpose of study is to assess different methods of cervical fixation.

Patients and methods:

This study was conducted at Neurosurgery department NMCH Nawabshah from January 2004 to December 2007. 60 cases with cervical spine involvement were included. Initially they were put on cervical traction for reduction then they were operated according to the pathology and site of involvement.

Results:

Males were in dominance (M: F=2:1). Trauma included 44 cases (73.33%), tuberculosis 12 cases (20%) and tumors 4 cases (6.66%). Atlanto-axial subluxation cases were fixed with Ransford loop and sublaminar wires. Sub-axial spine instabilities were managed with Onion plate and screws anteriorly and Lateral mass screws and plates posteriorly.

Conclusion:

Cervical spine pathologies should be addressed according to the site of involvement. Main goal is to decompress the cord apply bone graft and fixation with suitable implant to relieve pain, improve neurological deficit and achieve stability of spine.

Management of Facial lesion with local flaps

Authors:

- 1) Mugria, Mahesh Kumar
- 2) Memon, Abdul Razak
- 3) Shaikh, Bilal Fazal

Institution:

Department of Plastic & Reconstructive Surgery, Liaquat University of Medical & Health Sciences, Jamshoro

A B S T R A C T

Background / Introduction:

Local flaps are ideal for reconstruction after excision of facial lesion for colour and texture match. Different lesions can be seen on face like infective lesions, traumatic wounds, basal cell carcinoma, and squamous cell carcinoma. Basal cell carcinoma is commonest lesion needs reconstruction of defect produced after surgical excision of lesion.

Aims:

To evaluate the functional and cosmetic outcome of local flaps for reconstruction of facial lesions.

Patients and Methods:

A retrospective study of 100 cases from 2003 to 2006 at Department of Plastic & Reconstructive Surgery, LUMHS, Jamshoro.

Main results:

Different local flaps were used in to reconstructive the facial lesions including nasolabial flap (island which includes superior and inferior based) were performed in 29 cases (29.9%), Bilobed flap in 06 cases (6%), H. Plasty in 04 cases (4%), cheek advancement flap in 11 cases (11%), Rhomboid in 12 cases (12%), forehead flap in 18 cases (18%), glabellar advancement flap in 12 cases (12%) and Abbe Estendlar flap in 8 cases (8%).

Conclusions:

There are various flaps available for the reconstruction of facial full thickness defect following ablation of tumour or trauma. Rhomboid & Bilobed flaps proved to be useful in terms of aesthetic outcome in small lesions, where as nasolabial flap, cheek advancement flap are valuable for larger defects.

Subtotal reconstruction of Nose

Authors:

- 1) Shaikh, Bilal Fazal
- 2) Memon, Abdul Razak
- 3) Mugria, Mahesh Kumar

Institution:

Department of Plastic & Reconstructive Surgery, Liaquat University of Medical & Health Sciences, Jamshoro

A B S T R A C T

Background / Introduction:

Reconstruction of nose is challenging for Plastic Surgeons. Nose is divided into 3 parts, upper 1/3rd, middle 1/3rd and lower 1/3rd. Reconstruction of all parts of nose is called as total reconstruction while reconstruction of lower 1/3rd is called sub-total reconstruction.

Aims:

To evaluate the functional and cosmetic outcome of various flaps for reconstruction of nasal defects.

Patients and Methods:

A retrospective study of 60 cases from 2004 to 2007 at Department of Plastic & Reconstructive Surgery, LUMHS, Jamshoro. Follow up included evaluation of flap survival, presence of any infection, aesthetic balance and donor side morbidity.

Main results:

AETIOLOGY: BCC 47 (78.33%), Traumatic 7 (11.66%) and Infection 6 (10%).

PROCEDURES:

Coverage: Forehead flap 31 cases (51.66%), Nasolabial flap 16 cases (26.66%), local nasal flaps 7 (11.66%), cheek advancement flap 2 (3.33%), composite graft 2 (3.33%), Full thickness skin graft 2 (3.33%).

Lining: lining was provided in 38 cases out of 60 cases (63.33%).

Folding of flap in 18 cases (47.36%), labial mucosa in 3 cases (7.89%), nasolabial in 11 cases (28.94%), Split thickness skin graft in 6 cases (15.78%)

Support: Support was provided in only 8 cases (13.33%) where conchal cartilage was utilized.

Conclusions:

Forehead flap is ideal procedure for coverage; nasolabial is suitable for lining of nasal vestibule while conchal cartilage is ideal cartilage for grafting.

Stones in tummy?? A very surprising way of a case of fibroids

Author:

Dr. Farzana Rizwan

Institution:

Department of Gynaecology/Obs, Muhammad Medical College Mirpurkhas.

Case Report:

Mrs. A. Patients admitted in ward of and on bleeding p/v for 2 years on examination and different investigation she was diagnosed to have a mass in abdomen with multiple small mass on left lateral sides of abdomen filling the whole abdomen.

Treatment:

Laparotomy was done: 23 cm size sub serosal fibroids with 15 to 10 more small daughter stone was found. Uterine tube and both ovary were normal.

The total weight mass were about 20kg TAH + BSO + removal of all fibroids following by the uneventful recovery

Tuberculosis of Transverse Testicular Ectopic testis; associated With Persistent Mullerian Duct Syndrome

Authors:

Dr. Nandlal Kella

Mohd; Ali Qureshi (PG student)

Institution:

Dept of Pediatric Surgery, LUMHS Jamshoro

Participating

A B S R A C T

Persistent mullerian duct syndrome is a rare form of male pseudohermaphroditism. Transverse testicular ectopia is a rare entity where both testes are lying on same side. Association of both these pathology is extremely rare. Tuberculosis of genitalia in both sexes is uncommon before puberty. Testicular tuberculosis in ten months old male is reported here in transverse testicular ectopic testis in association with Persistent mullerian duct syndrome. Our case report is unique; with intense literature search we could not find this type of association. In my best knowledge this might be the first case report in world literature.

STURGE – WEBER SYNDROME

AUTHORS:

Dr, Anita Rathore (Final Year Student)
Prof. Ghulam Ali Memon

INSTITUTION

Department of Plastic surgery, Muhammad Medical College & hospital, Mirpurkhas

INTRODUCTION:

Sturge-Weber syndrome is a rare congenital anomaly and hence its awareness to the plastic surgeons, neuro-surgeons and the eye surgeons is important .

Case Report

Six cases of Sturge-Weber syndrome are presented (3 females and 3 males). All the cases were above the age of 30 yrs. Four cases had the presentation of oro-facial port-wine stain , angiomas with cutaneous and mucosal lesions localized in the first and second branches of distribution of the Trigeminal nerve (in all cases) in association with right upper and lower lip and cheek tissue hypertrophy in three cases that i-e 2 females and 1 male. All the above three cases had drooping of lower lip and cheek hypertrophy debulked and corrected , so that they could have a competent oral sphincter and their look to be improved to near normal . Debulking was done in all cases with good results.

1 female had only facial port-wine stain with cutaneous nodular lesion on the face . A excision of 95% lesion was done followed by reconstruction by cheek advancement and rotation flap.

1 male pt presented with secondary glaucoma ending in blindness of one eye .

1 male pt presented with forehead angiomas and seizures referred by neuro-surgeon treated conservatively.

Role of serum lactic acid in predicting mortality in burns.

Authors:

Dr. S.M. Jahir

Institution:

Department of Plastic Surgeon, Unit, LUMHS, Jamshoro

A B S R A C T

INTRODUCTION:

Mortality prediction in individual patients by any scoring system has limitation and in general no better than good clinical judgment. Yet different burn centers use different statistically derived formula for prediction of mortality from major burn injury. We use abbreviated burn severity risk index of Tobiasen at our unit. On the other hand it can be assumed that biochemical analysis can have much better practical implication when compared to the statistically derived injury severity score as it eliminates human element.

OBJECTIVE:

To find out whether serum lactic acid (LA) measurement is superior to the physiological score for prediction of the mortality in major burn.

PATIENTS & METHOD:

During period of Study adult patients presenting with burn injury from different etiology with Body Surface Area (BSA) of 20 % or greater were enrolled after obtaining written consent.

The outcome measures included acute phase death (≤ 3 days), death within 1st week, 2nd week and 4th week of admission.

The required demographic data for ABSRI obtained at the time of admission and recorded on Performa. The sample for lactic acid measurement was taken at the time of admission and 2nd sample after 08 hours.

Result:

During period of study, 80 patients were admitted for acute burn injury resulting from various causes of whom 29 patients expired within 30 days of their admission. Male patients were 47 and female were 33 with a ratio of 1.43:1. Their age ranges from 18 to 72 year with a mean of 31 years. The commonest cause of acute burn injury in this series was Flame related (72.5%) and scalding (22.5%) was the next most frequent. Chemical and Electric burn were responsible for 5% of all cases. The Body surface area affected ranges from 21% to 93% with mean of 42%. In 30 cases BSA area affected was more than 40%. The overall mortality was 36.25%. The death within first 7 days of admission accounted for 62% of all deaths.

CONCLUSION:

The analysis of data showed that both ABSRI and serum lactic acid yields almost identical prediction for 30th day mortality form major burn injury. For acute phase death and death within the 1st week of admission the serum lactic acid found more sensitive as compared to ABSRI. We therefore suggest that serum lactic acid should be incorporated in ABSRI as it will improve the specificity of the ABSRI.

UROGENITAL ANOMALIES ASSOCIATED WITH ANORECTAL MALFORMATION IN CHILDREN.

Author:-

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Mohd; Ali Qureshi (PG student)

Institution:

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A B S R A C T

Back ground

Urogenital anomalies are common associated anomalies in anorectal malformations and are major contributory factor for high morbidity and mortality in anorectal malformation. The objective of this study was to review the incidence of urogenital anomalies associated with anorectal malformation in our set-up

Methods:

A retrospective study was conducted in the department of pediatric surgery, Liaquat University of Medical and Health sciences Jamshoro Pakistan stretching for two years from January 2004 to December 2005. All 160 patients with anorectal malformation were included in the study.

Results:

Out of 160 patients, 92 were males and 68 females. Urogenital anomalies were detected in 30 (18.75%) patients. Patients with high anorectal malformation were 116 (72.5%) and with low ARM 44 (27.5%). Over all urogenital anomalies in high ARM was (86.6%).and in low ARM (13.3 Urinary anomalies were high in both sexes in high ARM.

Conclusion:

Patients with urogenital anomalies require careful assessment and timely intervention for better outcome. There is an intense need to search out the factors responsible for high association of urogenital anomalies in anorectal malformation.

COMPUTER VISION SYNDROME

Authors:

Dr Rajesh Rathi

Institution:

Eye Department, Muhammad Medical College Hospital, Mirpurkhas.

Authors

The American Optometric Association defines CVS as that “complex of eye vision problems related to near work which are experienced during or related to computer use.” This condition most commonly occurs when the viewing demand of the task exceeds the visual abilities of the video display terminal (VDT) user.

The symptoms are Eyestrain, Headaches, Blurred vision, Dry and irritated eyes, Neck ache and backache, Sensitivity to light, Double vision, Overall body fatigue, Slowness in changing the focus of your eyes, red eyes, Contact lens discomfort, Changes in color perception, Glare sensitivity, Excessive tearing.

The treatment is Use your knowledge of ergonomics, take breaks when you feel strained, use your laptop when possible because the monitor emits less radiation, adjust the brightness of your screen, wear protective eye glasses, position the monitor 20 to 26 inches away from the eyes, blink frequently to moisturize your eyes, make sure there is sufficient light to read hard copy without straining, Adjust the height of your desk or chair so the middle of the computer screen is about 20 degrees below eye level, Use a stand for hard copy so that source documents and the computer screen are at roughly equal distance from the eyes.

COMPARISON OF ORAL VERSUS VAGINAL MISOPROSTOL FOR RIPENING OF CERVIX IN SECOND TRIMESTER MISCARRIAGES.

AUTHORS:

Dr. Abdul Hafeez Halepoto

Dr. Hemlata

Dr. Sheerin Khan

A B S T R A C T

INTRODUCTION:

Termination of Pregnancy for medical and obstetrical reason is commonly performed procedure. It is necessary that procedure should be pain free, cost effective and less traumatic to the patient. The use of PGE1 Misoprostol is well established in ripening of cervix, for induction of labour, termination of pregnancy and control of post partum hemorrhage. The drug is extremely cost effective and also suits the environmental conditions of tropical countries. It is easily absorbed through all mucous membranes, can be given vaginal, buccal and rectal route.

AIMS:

Compare the clinical efficacy and side effects of oral miso prostol with vaginal for termination of second trimester of pregnancy.

DESIGN AND METHODS:

Interventional quasi experimental hospital based study conducted in Gynae ward Muhammad Medical College Hospital Mirpurkhas from 1st June 2007 to 31st May 2008. 60 patients fulfilling inclusion criteria were included in this study for termination of pregnancy between 12 to 26 weeks. Patients were divided into groups. Group A, tablet misoprostol taken by vaginal route and group B, tablet was taken by oral route. A dose of 100 to 200micro grams was used with maximum of 1200micro grams in either group of patients.

The subjects of either group were similar with respect to mean age, height, weight, parity, gestational age and pre induction bishop score.

RESULTS:

The success rate in group A vaginal route was 94.4% as compare to group B oral route 86.8% surgical evacuation needed 36.7% women of oral misoprostol, 16.7% women of vaginal misoprostol. Mean dose required for completed miscarriage in the vaginal misoprostol. Group was 557.3 ± 213 micro grams and 726.7 ± 192 .micro grams in oral misoprostol group. Average time (hours) taken for induction to miscarriage in vaginal group was comparatively less than oral group 35.4 ± 16.3 Vs 37.6 ± 16.2 . Nausea and vomiting were the most frequent side effects that were significantly high in oral misoprostol than vaginal misoprostol group (53.3% Vs 10%). Failed induction was seen in 3.3% vaginal misoprostol and 4 cases of oral misoprostol.

CONCLUSION

The present study shows misoprostol table effective for mid trimester miscarriages, both orally and vaginally. The later route is preferable because it requires lesser doses and produces a shorter induction – miscarriage interval. However safety data are needed to the route of choice and well designed studies are necessary.

Laparoscopic cholecystectomy can be safely performed in a resource-limited setting: 79 cases performed at three centers of Mirpurkhas since July 2005 to June 2008.

AUTHORS:

5. Dr. Marvi Laghari (final year student)
6. Dr. Minahil Haq (final year student)
7. Dr. Anita Rathore (final year student)
8. Dr. Muhammad Rahim Bhurgri. (Assistant Professor)

INSTITUTION: Department Of Surgery, Muhammad Medical College Hospital Mirpurkhas

A B S R A C T

BACKGROUND:

Laparoscopic cholecystectomy (LC) is the treatment of choice for uncomplicated gallstone disease. Many studies have confirmed the safety and feasibility of laparoscopic cholecystectomy (LC) and have shown that it is comparable regarding complications to open cholecystectomy (OC).

OBJECTIVE:

The aim of this study was to evaluate the outcomes of LC including safety, feasibility in a resource-poor setting like Mirpurkhas, and also to compare the outcomes of LC with those of OC.

METHODS:

This was a prospective, non-randomized, comparative study on 358 patients who were admitted to three different hospitals with a diagnosis of gallstone disease and who underwent cholecystectomy from July 2005 to June 2008. During study hospital stay, duration of operation, postoperative analgesia and morbidity were evaluated.

RESULTS:

Seventy-nine patients underwent laparoscopic cholecystectomy (LC) and 279 patients underwent open cholecystectomy (OC). The two groups were similar in terms of age. Female to male ratio was 8 to 1. The mean operative duration for LC was 56.7 minutes (35-100 minutes) versus 45.5 minutes for OC, and the mean hospital stay was 2.17 and 2.8 days for LC and OC, respectively. A drain was used with similar frequency in both. LC patients needed less analgesia. The morbidity rate in LC was 5.7% versus 20.5% for OC. Wound infections were more common with OC. No mortality was reported in either group.

CONCLUSION:

An experienced surgeon can perform laparoscopic cholecystectomy safely and successfully in a resource-limited setting. As in other studies, complications were less frequent in LC.

Use of single layer extramucosal interrupted suture in intestinal anastomosis three years experience.

Objective:

To see the out come of single layer extramucosal interrupted suture gut anastomosis.

A B S R A C T

Setting and Methods:

This study was carried out in the department of Surgery Unit-I Muhammad Medical College Mirpurkhas, from August 2004 to July 2007.

A total of 72 patients were included in this study in which gut anastomosis was performed with single layer extramucosal interrupted suture. Patients of all age and sex group were included in whom end-to-end anastomosis was required in small and large intestine. Poly glactin (Victyl 2/0 and 3/0) maternal was chosen on round body needle.

Result:

Ileal perforation was found in 37/72 (51.38%), end to end ansstomosis were made either as primary procedure or at the time of ileostomy closure. 09/72 (12.50%) were operated (right hemicolectomy) for mass in right iliac fossa.

Intussusceptions was the cause in 11/72 (15.27%) cases. Mass at recot-sigmoid junction was found in 02/72 (09.72%) strangulated inguinal hernia in 07/72 (09.72%) patients. Jejunal diverticulosis in 01/72 (01.38%), caecal volvulous in 02/72 (02.77%) and sigmoid volvulous in 02/72 (02.77%) case. Anastomosis leakage occurred in only 02/72 cases. Mortality remained 1/72 (01.38%).

Conclusion:

Single layer extramucosal, interrupted suture gut anastomosis is safe method of hand sewing technique. It is suitable for all anastomosis in the gastro intestinal tract.

Patients presenting with GIT symptoms and their management in Surgical ward of Muhammad Medical College Mirpurkhas

Authors:

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A B S R A C T

Background

An audit was done of patients admitted at Surgical ward of MMCH with GIT symptoms between 1st June 2007 to 30th may2008 their diagnosis and management are summarized and presented here. This study is the first one of its kind done in Mirpurkhas.

Aims:

To find out the common GIT symptoms, their causes and success of their treatment adopted in patients admitted at MMCH Mirpurkhas.

Methods:

Retrospective study of all 106 cases admitted in surgical ward at MMCH. In 81 patients a relatively common cause was found. Rest of 25 patients had less common cases.

Patients with Common Cause

Total common 81 cases

Male 46

Female 35

Age range 2 months to 70 year

5 common cases found in 81 patients

Intestinal obstruction, (24 Patients male 16 female 08)

Cholelithiasis (22 patient, male 5, female 17)

Appendicitis (21 patients, male 13, female 08)

Hernia (10 patients, male 08, female 02)

Haemorrhoids (5 patients, male 5, female 0)

Rare cases

Rectal polyp, BPH, Pott's disease, Tuboovarian mass, Renal stone

RESULT:

Following GI symptoms were commonly found in admitted patients.

Pain 96.2%, vomiting 51.8%, Constipation 28.3% Bleeding 6.5%

CONCLUSION:

Among patients admitted in surgical ward of MMC with GI Symptom 81 (76.4%) had 5 common disease causing for symptom were more commonly found pain 96.2% of patients.

Sutureless Non-phaco Cataract Surgery: A Solution to Reduce Worldwide Cataract Blindness?

Authors

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A B S T R A C T:

During the early 1980s, when a self-sealing tunnel incision was introduced in the USA, Surgeons developed instruments and techniques to cut the nucleus into parts, for easy removal through a smaller self-sealing sclero-corneal tunnel.

These techniques are now partly revitalised in developing countries.

There are different names given to the technique e.g., 'Small Incision Cataract Surgery (SICS)', 'Manual SICS', 'Manual Phaco', 'Sutureless ECCE/PC IOL'.

Sutureless surgical techniques are described by John Sandford-Smith on pages 51–53. Another approach is to remove the whole nucleus using hydroexpression with the help of an anterior chamber (AC) maintainer,^{4,5} or a Simcoe cannula,⁶ or with a combination of irrigation/extraction using an irrigating vectis⁷ described in detail by John Sandford-Smith.

A different technique, the 'fishhook' extraction, was developed in Lahan, Nepal in 1997.⁸ After performing a linear capsulotomy or a continuous curvilinear capsulorhexis, the nucleus is extracted from the capsular bag through the tunnel with a small hook made of a 30G 1/2 inch needle (Figure [1](#)). This minimises the risk of nucleus-endothelial touch. More than 160,000 sutureless cataract surgeries have been performed in Lahan by this technique and many more in other eye centres around the world.

This technique has the advantage of better wound stability, less induced astigmatism, early rehabilitation, no suture related problems, less post operative visits, low cost surgery.

POSTER PRESENTATIONS
(ORIGINAL PAPER)

**A STUDY OF LIFE THREATENING CONDITION TUBAL ECTOPIC
PREGNANCY STILL LEADING CAUSE TO MATERNAL MORBIDITY
AND MORTALITY IN MIRPURKHAS**

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Background

An ectopic pregnancy is a complication of pregnancy in which the fertilized ovum is implanted in any issue other than the uterus (so called tubal pregnancy) but implantation can also occur in the cervix, ovaries & abdomen.

Aims of the Study

To find out the data on presentation, actiology (risk factors) complications, stay in hospital and outcome in patients, diagnosed with tubal ectopic pregnancy.

Methods & Patients:

A retrospective study 100 patients consecutively admitted at Mirpurkhas hospital was carried out and result were analyzed.

Results

Over the last 2 years period, 100 patients were admitted to our hospital Gynae & Obstetric department with ectopic pregnancy. Their average age 15 to 45 years, parity 4 - 6, maximum gestational age of fetus was 4 to 6 weeks 90 % had abdominal pain, 85% patients bleed pervaginally. 75% amenorrhea, 25% no amenorrhea, 10% hypovolaemic shock and 5% patients are un conscious. Hb means 4 – 7 mg/dl, suddan fall down 10 % patient, 20% used IUCD contraception. All the patients were resuscitated followed by immediate laprotomy. 75% patient had right side ruptured ectopic pregnancy, 75% patient had one ovary affected. 0 to 8 unites of fresh blood was transfused. Maternal mortality rate was 5%.

Conclusions

Tubal ectopic pregnancy is life threatening condition but is potentially treatable so public awareness for the sings & symptoms of tubal ectopic pregnancy, early referral to tertiary health center and immediate management of the patients with blood bank facilities and operations theaters is needed to save the life of mother.

ATTITUDE OF FEMALES ABOUT CONTRACEPTIVE METHODS IN INTERIOR SINDH & PUNJAB

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ABSTRACT

Background:

1. World wide more than 620 million married women of reproductive age,57% of all such women, using contraceptive methods in 2000
2. 68% of women using contraceptive methods in developed world.
3. 55%of women using contraceptive methods in developing world.
4. Contraceptive prevalence has reached 18% in Pakistan.

Aim / Objectives:

- To assess the attitude of females about contraceptive methods.
- To assess the most commonly used contraceptive methods.
- To assess the complications during the use of contraceptive methods.

Methodology:

We conducted hospital and house to house based cross-sectional survey, to assess the attitude of 200 females, using standardized questionnaires regarding the use of contraception. This survey was done in 6 Cities – 3 in Sindh 3 in Punjab.

Results:

- Total no; of study subjects → 200
- Prevalence of contraceptive use → 65 (32.5%)
- Who wish to use contraceptive methods → 10 (5%)
- Use of contraceptive methods are more in Punjab as compared to Sindh. (40%in Punjab VS 28% in Sindh).

Conclusion:

- Their is a very low prevalence of contraceptive use in interior Sindh & Punjab
- This result is b/c nonavailability of contraceptive, fear of side effects, refused from husband or laws.

EFFECT OF MISOPROSTOLE IN RIPENING OF CERVIX UPTO 26 WEEK OF PREGNANCY

AUTHORS:

- | | |
|------------------------|----------------------|
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A B S R A C T:

BACKGROUND:

In the beginning early 1990 researchers revisited the possibility of using Misoprostole alone as a method of termination of pregnancy. Misoprostole is widely prescribed for the prevention & treatment of Gastric Ulcer & is currently available widely. Misoprostole is in-expensive, stable at ambient temperature, easy to administer, doesn't require refrigeration even in Hot climate. It also makes the cervix soft for patient coming from the very low socioeconomics this drug seems to be very attractive for cervical ripening in different indications.

AIM:

To see the efficacy & safety of intra vaginal use of Misoprostole for ripening of cervix upto 26 week of pregnancy, when we need cervical Dilatation.

TYPE OF STUDY:

It is a prospective observational study.

PATIENT & METHOD:

- 50 pregnant ladies who had
 - Missed Abortion.
 - Intra Uterine Death
 - Congenital abnormal foetus

Who need cervical ripening was included in this study. The pre set proforma has filled in respect of.

- Total amount of tablet used
- Total duration of action
- Need of evacuation
- Any side effect

RESULT

Out of 50 Patients

- 35 Patient of missed abortion 09 to 12 week had enactive.
- 10 patient had abnormal fetus of about 20 to 24 week and aborted after mesoprostol.
- 5 patient had missed abortion of 7 week and had complete abortion.
- 2 % Patient used other Method for cervical ripening in addition to Misoprostole

CONCLUSION

Misoprostole given by vaginal route showed high efficacy in cervical ripening before evacuation & termination of Pregnancy.

COMPARISON OF ORAL VERSUS VAGINAL MISOPROSTOL FOR RIPENING OF CERVIX IN SECOND TRIMESTER MISCARRIAGES.

AUTHORS:

Dr. Abdul Hafeez Halepoto
Dr. Hemlata
Dr. Sheerin Khan

A B S T R A C T

INTRODUCTION:

Termination of Pregnancy for medical and obstetrical reason is commonly performed procedure. It is necessary that procedure should be pain free, cost effective and less traumatic to the patient. The use of PGE1 Misoprostol is well established in ripening of cervix, for induction of labour, termination of pregnancy and control of post partum hemorrhage. The drug is extremely cost effective and also suits the environmental conditions of tropical countries. It is easily absorbed through all mucous membranes, can be given vaginal, buccal and rectal route.

AIMS:

Compare the clinical efficacy and side effects of oral miso prostol with vaginal for termination of second trimester of pregnancy.

DESIGN AND METHODS:

Interventional quasi experimental hospital based study conducted in Gynae ward Muhammad Medical College Hospital Mirpurkhas from 1st June 2007 to 31st May 2008. 60 patients fulfilling inclusion criteria were included in this study for termination of pregnancy between 12 to 26 weeks. Patients were divided into groups. Group A, tablet misoprostol taken by vaginal route and group B, tablet was taken by oral route. A dose of 100 to 200micro grams was used with maximum of 1200micro grams in either group of patients.

The subjects of either group were similar with respect to mean age, height, weight, parity, gestational age and pre induction bishop score.

RESULTS:

The success rate in group A vaginal route was 94.4% as compare to group B oral route 86.8% surgical evacuation needed 36.7% women of oral misoprostol, 16.7% women of vaginal misoprostol. Mean dose required for completed miscarriage in the vaginal misoprostol. Group was 557.3 ± 213 micro grams and 726.7 ± 192 .micro grams in oral misoprostol group. Average time (hours) taken for induction to miscarriage in vaginal group was comparatively less than oral group 35.4 ± 16.3 Vs 37.6 ± 16.2 . Nausea and vomiting were the most frequent side effects that were significantly high in oral misoprostol than vaginal misoprostol group (53.3% Vs 10%). Failed induction was seen in 3.3% vaginal misoprostol and 4 cases of oral misoprostol.

CONCLUSION

The present study shows misoprostol table effective for mid trimester miscarriages, both orally and vaginally. The later route is preferable because it requires lesser doses and produces a shorter induction – miscarriage interval. However safety data are needed to the route of choice and well designed studies are necessary.

THE CAUSATIVE FACTORS, MANAGEMENT & OUT COMES OF INFERTILE COUPLES PRESENTING AT GYNAE OPD FOR THE YEAR MAY 2005 - 07

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Objective & Aims:

To study the different causative factors, management & their outcomes.

A B S R A C T

Background:

9% of American in their reproductive age is diagnosed infertile. The success of the outcome (conceiving) varies according to the cause and treatment. We did a study to determine various issues surrounding infertility in our local population.

Methods:-

This is a prospective randomized study performed at Gynae OPD.

- Total no of OPD in Gynae = 5667
- Infertile Cases = 1289 (22.7%)
 - 4. Female cause → 446 (34.60%)
 - 5. Male cause → 675 (52.36%)
 - 6. Un explained → 168 (13.13%)

INFERTILITY CASES : 5 more successful treatment outcomes groups were:

Causes	No. of patient	Successful rate (conceived)
1. PCO	172 (38.5%)	160 (93.02%)
2. Oligospermia	325 (48.1%)	195 (66.66%)
3. Ovarian cyst	10 (2.24%)	6 (60%)
4. PID	200 (44%)	117 (58.5%)
5. Unexplained	168 (13.03%)	117 (58.5%)

Result:-

- Out of total 1289 pts
- No of Pts Conceived → 774 (60.04%)
- Successful rate in Male = 353 (45.60%)
- Successful rate in Female causes = 304 (39.27%)
- Mean age = 30.55 years
- Range of age = 27 to 48 years

Conclusion:-

Though follow-up rate was poor, but still conception rate was quite good, still now, a lot of work has to be done in this field for the people of this rural area, who are all ready deprived of many aspect of life.

MATERNAL AND FETAL OUTCOMES AS PREGNANCY PROGRESS BEYOND 40 WEEKS OF GESTATION:

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A B S T R A C T

BACKGROUND:

Pregnancies crossing 40 weeks is a problem that may lead to various risks to mothers and infants born including maternal and fetal morbidity and mortality.

AIMS / OBJECTIVE:

To determine the maternal and fetal outcomes as pregnancy progress beyond 40 weeks of gestational age.

METHODS AND MATERIAL:

A retrospective study was carried out of all (750) pregnant women who delivered beyond 40 weeks of gestation from 1st June 2007 to 31st May 2008 at MMCH,MPK.

INCLUSION CRITERIA:

Pregnant ladies with documentary evidence of gestational age > 40 weeks.

EXCLUSION CRITERIA:

Women with any medical or obstetrical complication which can adversely affect maternal or fetal outcome.

RESULTS:

Among 750 women,prevalence of pregnancies delivered beyond 40 weeks is 4%.
Among these 4% deliveries , prevalence of fetal distress is 53%,intrauterine deaths 6.6%,shoulder dystocia is 3.3%,still births is 6.6%,low APGAR scores (less than 7) , abnormal CTG 100%,Intensive care required to infant is 80%.
Prevalence of C/S 93.3%,normal vaginal delivery is 6.6%,anxiety is 83.3%,induction of labour 3.3%(failed),post partum hemorrhage 16.6%,cephalopelvic disproportion is 36.6%.

CONCLUSION:

In our analysis,as pregnancy progresses beyond 40 weeks of gestation,risks to both mother and infant increases when compared with pregnancies delivered before 40 weeks of gestation.

PATTERN OF GYNECOLOGICAL DISORDERS IN FEMALE COMING TO GYNAE OPD FOR THE YEAR JAN 2007 TO DEC 2007

Authors

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A B S R A C T

Background:

Muhammad Medical college hospital which is catering the service of very poor socio economic set up fro the district of Mirpurkhas, Tharparkar, Tando Allahyar , Sanghar etc .people of these areas coming with different gynecological complains which may be different from others areas like Northern areas of Pakistan. So people of these areas are deprived of water and female of these areas are farmers. So we had in mind to see the different complain of female coming to gynecological OPD.

Aims / Objectives:

This study was undertaken to look at the pattern of gynecological disease in this district and to compare it with other data from Pakistan and neighboring country which will help us to understand the position of different diseases between different ethnic group.

Methodology:

It was retrospective and comparative study in which we have taken out different complaints of the patient for which they come to gynae OPD and what final diagnosis was made and than it was compared with different data.

Results:

We have observed that Pelvic inflammatory disease 46% ,Bleeding disorder 16.5%,Uterovaginal prolapse16%,Different malignancy 10.2%,Menstrual problem 6.7%,Infertility 2.2%,Urinary incontinency 1.1% and Others 1.2%.

When comparison with other study was done we observe that prevalence of PID and UV prolapse were in our female population as compared to Agha Khan hospital and Northern Areas of Pakistan etc.

Conclusion:

It has been concluded by above study that every area has got different prevalence of diseases

Patient with chronic viral hepatitis, who be cam pregnant, what happens next?

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A B S R A C T

Background:

HBV and HCV are more prevalent in the pregnant woman of rural areas. Effective vaccination its available for HBV, but is not curable for vast majority.

About 90% of infected mothers transmit infection to their babies which can be prevented by vaccination at birth.

Hep-C has no vaccines, but it is treatable though the treatment is expensive and prolonged. It is transmitted to about 5% of births by infected mothers.

Aims and Objectives:

To observe the outcomes of pregnant woman with chronic viral Hep – B and C in terms of morbidity and mortality.

Patients and Methods:

in this survey we included 60 patients in which we studied the maternal & foetal mortality & morbidity. Study is done from 1st September 2007 to 30th July 2008.

Results:

total no of patients observed were 750, out of which 60 (8%) had chronic Hepatitis B & C. hepatitis B 24 (40%), hepatitis C 28(46.6%) both hepatitis B & C 8(13.3%). In hepatitis C maternal morbidity was 11(39.2%), mortality 3(10.7%). Foetal morbidity was 14 (50%) , mortality 4(14.3%). In hepatitis B maternal morbidity 12(50%), mortality 2(8.3%). Foetal morbidity 8(33.3%), mortality 4(16.6%). Both B & C caused maternal morbidity 4(50%), mortality 1(12.5%). Foetal morbidity 3(37.5%), mortality 3(37.5%).

Conclusion:

The mortality & morbidity is very high in the rural areas but it can be prevented.

PREVALENCE OF PSYCHOSIS AND DEPRESSION DURING PREGNANCY AND PUERPERIUM:

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ABSTRACT

BACKGROUND:

.Pregnancy , childbirth and stresses of life as a new parent may contribute a substantial risk that destabilizes mental conditions of women.

AIMS/OBJECTIVE:

The aims of this study is to examine the prevalence of psychiatric symptoms or the effect of pregnancy on women,s mental health.

METHODS & PATIENTS :

A prospective study was done on 53 women(pregnant or in puerperium)by interview and filling up the questionares.

RESULTS :

Out of 53 women,11 were in 1st trimester,09 were in 2nd ,14 were in 3rd trimester and 19 were in puerperium,20 women were primigravida and 33 were multigravida.

In primigravida and in 1st trimester,prevalence of mild to moderate depression is 87%,mixed feeling about bein pregnant is 57.30%,irresitable rage is 52.85%,sucidial ideation due to fear is 09.65% and hallucinations is 13.58%.

In 2nd & 3rd trimester,neurovegetative symptoms are increased physiologically.

In 3rd trimester,prevalence of anxiety and fears regarding delivery is 59%,obsessional thoughts about safety of baby is 48% and increased emotional liability is 73%.

In puerperium,prevalence of PINKS(elevation of mood,excitement,overactivity,sleep activity) is 44%.Prevalence of BLUES(fatigue,short temperdness,depression and tearfulness)is 56%.prevalence of poor relationship with husband is 36%.

CONCLUSION:

States of emotional distress and depression are relatively common in primigravidas,unwanted pregnancies and who have poor relationship with partner.

Emotional stability and sense of well being usually improve as pregnanacy progress.

Non-Invasive Tests to diagnose cirrhosis by comparing Serum Ascitic Albumin Gradient (SAAG) ratio and portal hypertension. How good are they.....?

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A B S T R A C T

BACKGROUND / AIMS:

To compare the effectiveness of prothrombin time with ultrasound finding of portal hypertension in Patient with chronic liver disease and ascites.

METHODS:

Retrospective analysis of medical records of 30 consecutive patients admitted to medical department with chronic liver disease and ascites.

RESULTS:

30 patients (male 18/30 (60%) (female 12/30 (40%) average age 45 years - Range 14 to 17.

No. of patients 10/30 (33.3%) had HCV +ve (n = 30, 33.3%)

No. of patients 3/30 (10%) had HBV +ve (n= 3,10%)

Status of patients unknown 17/30, (56.6%), In 23/30 (76.6%) patients portal vein was dilated on ultrasound scan by an experienced radiologist. In 20/30 (66.6%) of patients prothrombin time was raised over 3 seconds above control.

All 30 patients had ascites 18/30 (60%) of patients had SAAG (Serum Ascitic Albumin Gradient) ratio of more than 1.5. In 11/13 (36.6%) patients had TLC count raised above 250 in ascetic fluid.

CONCLUSION:

Among patients with decompensated cirrhosis, majority had dilated portal vein, significantly raised prothrombin time and raised SAAG ratio. Over 1/3 (36.6%) had neutrophilic spontaneous bacterial peritonitis.

PATIENTS PRESENTING WITH ASCITES IN RURAL AREA OF PAKISTAN

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A B S R A C T

Ascites has many causes. In our setup, chronic liver disease (CLD) was the most common cause in a previous study. Done at our center in 2005 year.

Aims:

We under took this study to confirm /refute the result of that study in current situation and find out the characteristics of its most common causes.

Patient and Method:

Retrospective analysis of the case notes of 85 consecutive patient admitted under the department of Medicine with ascites at MMCH.

Result:

85 patients needed admission for management of ascites over 8 months.

- ✚ 56 were males 29 were females.Average age was 50 years (range 15 to 80).
- ✚ The commonest cause of ascites was CLD- 75 patients.
- ✚ Among all the patients who had ascites caused by CLD 47 patients were diagnosed to have HCV infection and 28 patients were diagnosed to have HBV infection. 45 patients were males and 30 were females their average age was 50 years (22-75). Remaining 10 patients had a difference causes of ascites.

Conclusion:

75 (88%) patients that present with ascites in our hospital had CLD as the cause HCV has the leading cause for it. A large number of patients could not financially afford the treatment of choice for this condition. There seems to be a significant improvement in mortality in such patient at our centre.

“Bitten once, shy twice”----- not true for our hepatitis C infected population or for Health care workers!

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A B S T R A C T

Background and Aims:

All guidelines suggest HBV vaccination to all HCV infected patients. We attempted to find out the ground realities in our HCV infected population and also to determine their source of viral infection, and compared the results with those of our doctors and paramedical staff.

Patients and Methods:

Prospective survey, with the help of a proforma, of HCV infected patients presenting to our Hepatology clinics, between 4th July to 5th August 2008. Same exercise was done on doctors and paramedical staff working at MMCH present at morning shift on a single day (7th August 2008).

Results:

100 consecutive patients attending Hepatology clinic were interviewed (58 Males, 42 females; average age 40 yrs, range 18 to 65 yrs). Major sources of viral infection were reused syringes (38 pts), whereas 62 did not know their source on infection. 20 had a household member infected with HCV. 20 were co-infected with HBV. 85/100 of HCV infected patients did not have any vaccination against HBV. 25/85 (29%) did not have it because of financial reasons and 45/85 (52%) did not have any awareness. In comparison, out of 30 doctors 12 and 15 did not know about their HBsAg and HCV status but no doctor was known to have either of these infections. 4 (13%) were not vaccinated against HBV. In addition, out of 29 paramedical staff, 1 was HCV positive, 11 each were unaware of their HBsAg and HCV status, and remaining were negative for these markers. 13 / 29 (44%) were not vaccinated against HBsAg

Conclusion:

38% HCV infected patients were infected by reuse of syringes. 85% were not vaccinated against HBV, out of which 52% had no awareness about it, whereas 29% could not financially afford it. A significant number of paramedical staff and some doctors were also not vaccinated.

Causes and Mortality in Patient of Acute Gastroenteritis in Rural Areas of Sindh

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A B S T R A C T

Background and Aims

Gastroenteritis is prevalent in our region, particularly during raining season. It can be life threatening if not recognised and managed early. We studied our practice in this regard.

Patients and Methods:

Prospective study of all 25 consecutively admitted patients at MMCH.

Results

Out of 25, there were 10 males and 15 females with average age 30 years. (range 20 – 40 years). 15 patients were dehydrated clinically on admission. The source of gastroenteritis was contaminated water in 20 patients. Stool test revealed *E. histolytica* in 10 patients, *Giardiasis* in 5 and *A. lumbricoids* in 2 patients. All patients recovered with a course of antibiotics.

Conclusion:

Gastroenteritis is commonly caused by contaminated water in our region with *E. histolytica* as the commonest culprit. No mortality was found in our small study.

DYSPHAGIA ! IS IT “FUNCTIONAL” OR SINISTER?

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A B S R A C T

BACKGROUND/AIMS:

Anecdotally a significant proportion of patients that present to our medical department have non-pathological (“Functional”) problems. Traditionally dysphagia considered a symptom that potentially indicates a serious pathology. We attempted to find out the proportion of patients presenting dysphagia that proved to have a significant pathology.

PATIENTS AND METHOD:

Retrospective study of endoscopy records of 56 consecutive pts; presenting with dysphagia to our institute.

RESULTS:

Out of 56 (17 [30.3%] males, 39 [69.6%] females; average age 46.9 years, range [24-70 years]).The average duration of symptom was 3 months-range 1-6 months. 41 (73.2%) proved to have an identifiable pathological cause of dysphagia (13/17 males [76.4%]; 28/39 females [71.7%]).Out of total of 56 patients, 24 (42.8%-6/17 males, 18/39 females) had oesophageal carcinoma.

CONCLUSION:

Dysphagia is a very significant symptom which reflects a significant pathology in 73.2% of our patients which mean cancer for 42.8%. All patients with dysphagia should therefore have endoscopy urgently.

Understanding Coeliac Disease in its home ground, Western Ireland

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A B S T R A C T

Background:

Highest prevalence of Coeliac disease (CD) is seen in western Ireland (1 in 300). The understanding of CD has changed considerably in the past. We carried out a study on various aspects of CD in west of Northern Ireland.

Patients and Methods:

Endoscopy (Endoscribe) and clinico-pathological records of adult patients with CD attending Erne hospital, Enniskillen were reviewed and data was obtained.

Results:

Records for all 50 registered patients (Males = 16; 32%) were available, although some data was missing for some patients. Average age at diagnosis was 41 years (range 10 to 75 years). Immunological tests were positive in all 39 of the patients on whom these were done. Only 2/46 were completely asymptomatic at diagnosis. Average duration of symptoms before diagnosis was made was 35 months (range 0 to 276). Males (12/13 patients) were more likely to present late as compared to females (32/33 patients) – 49 VS 30 months. Commonest 3 symptoms at presentation were non-specific abdominal symptoms (50%), symptoms of anaemia (38%) and diarrhoea (35%). Sixty percent were anaemic (males=50%; females=70%), and 54% (females=67%; males=25%) had iron deficiency. 26/46 had a co-morbidity. 3/46 were thought to have irritable bowel syndrome in the past. 5/46 (11%) had a first degree relative with CD.

Conclusions:

In west of Northern Ireland, over 2/3 registered CD sufferers are females, who present relatively early after onset of symptoms than males. Commonest presentation is non-specific abdominal symptoms (50%), and 60% are anaemic at presentation. 11% have a first degree relative with CD.

Frequency of HCV infection and its genotypes among patients attending a liver clinic and voluntary blood donors in a rural area of Pakistan

Authors:

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Institutions:

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A B S T R A C T

Background:

Hepatitis C virus (HCV) infection is a major health problem. There is huge regional variation in its prevalence and genotypic distribution. Voluntary blood donors are thought to have somewhat lesser prevalence than the rest of the community. Reliable statistics are not available for the entire country, particularly for the rural areas. It is important to know local situation and rationalise use of limited resources.

Patients and Methods:

Retrospective study of the records of patients attending the Free Liver Clinic (FLC) of Muhammad Medical College Hospital, Mirpurkhas, and those screened for HCV infection prior to voluntary blood donation.

Main results:

Patients at FLC (324 out of 1638 [20%; males 65%] were found to have higher chances of being reactive for HCV antibodies as compared to voluntary blood donors (121/804 [14%]; $p = 0.004$; OR 1.39 – 95% CI = 1.11 – 1.75). Out of a total of 1022 patients, 904 (88%) were found to be positive on HCV RNA testing. Out of a total of 166 typeable genotypes, 125 (75%; 95% CI = 68.7 – 81.9, estimated odds = 3.05) were infected with a single genotype, and only 7 patients (4%) were infected with genotype 1, either alone ($n=4$) or in combination with 3a.

Conclusions:

One out of every 5 people tested in our FLC is seropositive for HCV, and 14% of “healthy” voluntary blood donors have the same results. Genotype 1 is very rare in our region. Larger community based studies are required to get more information particularly in rural areas.

How good is conventional Interferon-based treatment in eradication of Hepatitis C Virus (HCV) with Genotype 3?

AUTHORS:

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Dr. Syed Zafar Abbas.

INSTITUTION:

Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas.

A B S T R A C T

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 14 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 101/144 (70%). 41/62 (66%) of genotype 3 achieved ETR. 58/85 (68%) men and 42/57 (74%) women. There was no significant difference in average ages for those who achieved good ETR and those who did not (39 years). SVR is available for 30 patients, of which 17 were good. 6 of the 14 brands had been used on more than 10 patients. The ETR achieved by these were: Brand A= 81%; Brand B= 76%; Brand D= 91%; Brand F= 71%; Brand G= 48%; Brand J= 60%.

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 70%. This was 74% in female sex, although age did not appear to be a factor in determining a favourable ETR.

HEPATITIS B IMMUNIZATION STATUS IN MEDICAL STUDENTS

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INSTITUTION:

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A B S R A C T

BACKGROUND AND AIMS:

Hepatitis B virus (HBV) is a preventive infection and effective vaccine is available. Ignorance is said to be the main obstacle in getting people vaccinated against this potentially terrible disease medical students are supposed to have good level of awareness in society, therefore can be presumed to have higher rate of HBV vaccination than general population.

We did this study to determine the actual situation among MMC students where students from all over Pakistan our enrolled.

METHOD:

410 medical students of all classes of MMC were interviewed.

RESULT:

Out of 410 students interviewed these were 227(55%) male and 183(43%) female students. A total of 165(40.2%) were vaccinated. More female students were vaccinated then males. (47.5% vs 38.3%).

CONCLUSION:

Despite belonging to a high risk exposure group and to a highly aware section of society, only 40.2% of medical students in MMC or vaccinated against HBV. Female students have slightly higher rate of vaccination.

Relation of BMI to out come in patient with known or suspected Ischemic Heart Disease (IHD) in Muhammad Medical College and Hospital.

Authors:

Abdul Latif Mari (Student of final year MBBS), Sameer Raza Tunio (Student of final year MBBS), Khalid Hussain Randhawa (Student of final year MBBS), Dr. Santosh Kumar (Medicine).

Institution:

Muhammad Medical College and Hospital, Mirprukas.

A B S R A C T

Background:

There are several risks factors for IHD, obesity being one of them.

Aims and Objectives:

To see the prevalence of BMI with IHD or associated risk factors so that to prevent for further complications.

Methods:

Cross Sectional study.

Results:

Out of 46 patients of average age 43 years age-range (25-65). 24 pts (52%) had raised BMI (12 male , 12 female) in all 24 pts one or more risk factors like HT, DM, Obesity, Smoking, Alcohol were present. 23/24 (98%) of pts developed CVD and 1/24 (2%) of pts had no disease. 22/46 (48%) of pts had normal BMI. All 22 pts (15 male, 7 female) (Average age 43yrs) had risk factors and all of them developed CVD.

Conclusion:

Both groups of pts – those with raised BNI and those with normal BMI developed CVD, if other conventional risk factors were present.

A SURVEY OF ISCHAEMIC HEART DISEASE ADMISSION AT MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS

AUTHORS:

Fozia Erum Mangrio
Asia Bhatti
Sumeer Raza
Dr. Santosh Kumar

INSTITUTION:

Department of Medicine Muhammad Medical College Hospital, Mirpurkhas

A B S R A C T

BACKGROUND:

Ischaemic heart disease or myocardial ischaemia, is a disease characterized by imbalance between supply of oxygen and the myocardial demand. Usually due to coronary artery disease. Its risk increases with age, smoking, hyper cholesterolaemia, diabetes, hypertension and those who have close relatives with ischaemic heart disease

OBJECTIVE:

In ischaemic heart disease at Muhammad Medical College Hospital, their mortality, discharge ratio and associating risk factors and to prevention from further complications.

METHODS AND PATIENTS:

This retrospective study includes 50 consecutively admitted patients in medicine ward of Muhammad Medical Hospital, Mirpurkhas with ischaemic heart disease.

RESULT:

Out of 50 patients, male 25, female 25, the range of age 20 – 85 years. 28 patients (56%) having a ischaemic heart disease with risk factors such as:- Diabetes 12, Hypertension 13, smoking 3. There was no death in this group 22 patients had a complication from ischaemic heart disease. Out of 22 patients, 5 died and 17 were discharged with diagnosis like myocardial infarction 7, congestive heart failure 5 and left ventricular failure 5.

CONCLUSION:

All patients with uncomplicated heart disease had one or more risk factor, but no mortality. In contrast, patients with a complication associated with ischaemic heart disease had 22.7% mortality.

AN AUDIT OF ECHOCARDIOGRAM AND ITS COMPARISON WITH ECG FINDINGS

AUTHORS: -

Anita Rathore, (final year student)
Marvi Laghari, (final year student)
Minahil Haq, (final year student)
Maumar Qadafi (final year student)
Dr. Zubair Ali Memon. (Cardiologist)

INSTITUTE:

Department of Medicine Muhammad Medical College & Hospital (Mirpurkhas)

BACKGROUND & AIMS:

Echocardiogram is a useful tool in cardiology practice. In our regions, Data is not available at its use.

MATERIALS & METHODS:

A retrospective audit was perform on last 45 successive echocardiogram reports done at MMCH Mirpurkhas.

RESULTS:

Out of 45, 28 (62.22%) were males & remaining 17(37.77%) were females with average age of 53.1 (22 to 100).

Commonest three indication were :

Shortness of Breath	20/ 45	44.44%
Abnormal ECG/CXR	10/45	22.22%
Hypertension	8/45	17.77%

Commonest 3 echocardiogram diagnosis were:

1. Left Ventricular dysfunction (n=12 = 26.66%)
2. Valvular Heart disease (n=11 = 24.44%)
3. Normal Findings (n=11 = 24.44%)

Only 1/11 (9.09%)pts with normal ECG prove to have an abnormal Echocardiogram (i-e Mid diastolic dysfunction). All remaining pts had an ECG abnormalities with some Echocardiogram abnormalities as well.

CONCLUSION:

Echocardiogram is a useful tool to find significant cardiological abnormalities in our patients which is non-invasive and helps identifying patients who require further invasive investigation/ treatment. A abnormal ECG appears to reliably predict a normal echo outcome in majority of patients.

AN AUDIT OF STROKE PATIENTS AT MUHAMMAD MEDICAL COLLEGE FROM AUGUST 2007 TO 2008.

Authors:

Azra Parveen (4th Year)
Mehwish Memon (4th Year)
Dr. Fayyaz Memon (Medicine)

Institution:

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A B S R A C T

Background:

Cerebrovascular accidents is a devastating illness, it has many known risk factors & can present in a number of different ways. However little is known about our local population in terms of risk factors, presentation & the type of CVA.

Aims:

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

Methods:

Etrospective analysis of case notes of the last 50 patients successively admitted in the department of Medicine from August 2007 to 2008.

Result:

The average age at presentation was 59.5 years with males (60%) & 20 females (40%) the commonest 3 presenting complains were unilateral weakness (n = 16, 32%), loss of consciousness (n= 25, 50%) and fever (n= 8 16%). Hypertension was the most frequent risk factors (n=28 56%) where as 18 patients (36%) admitted to smokers.

C.T scan confirms hemorrhages as the cases of CVA in 19 patients (38%) where as ischemia was responsible for it in the remaining 31 patients (62%) 45 patients (90%) were discharge home alive where as the disease killed 5 (10%) of admitted patients.

Conclusions:

CVA is more prevalent in older age group, especially in hypertensive and smokers, this small cross sectional study showed ischemia to be predominant cause of CVA in our patients.

HOW PREVALENT IS DEPRESSION AMONG OUR MIGRAINAUS PATIENTS?

AUTHORS:

- Bashir Ahmed Lashari (Student Final Year)
- Sadaf Shafi (student Final year M.M.B.S)
- Dr.Fayyaz Memon (Associate Professor)

INSTITUTION:

Muhammad Medical Collage Mirpurkhas

A B S R A C T:

OBJECTIVE:

To see the Prevalence of Depression in Migraine Patients Registered in Neuro O.P.D Of M.M.C.H

METHOD & PAIENT:

It is a retrospective Study to see the prevalence of depression in 300 consecutive migraine patients. We have filled the proformas which mention the criteria of Depression, the Neuro O.P.D during year 2007-2008.

RESULT:

Out of the 100 patient 55 were females & 45 were males. Age ranged from 16-50 year. Out of these patient 70 patients had Migraine along with Depressive symptoms. out of these 70 patient 40 were females & 30 were males. The percentage of Female patients who had Migraine along with Depression was 57% & percentage of males patients was 42%.

CONCLUSION:

Depression is a significantly as comorbidity with Migraine in females than males.

Compliance of Anti Epileptic Drug “in Epileptic Patients”

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A B S R A C T

Objective:

To see the compliance of Anti Epileptic drugs in Epileptic Patient.

Methods:

A retrospective study was done on 100 patients consecutively at Neurology patients were interviewed and filled the proformas.

Result:

We found that 100 epileptic patients

Out of 100 patients

Children n=30

Male n=25

Female n=45

Patient do not take Anti Epileptic Drugs

Children n=18

Male n=15

Female n=25

Most of the patients miss the AED sporadically or frequently

Children n=10 Frequently,8 Sporadically

Male n=06 Frequently,9 Sporadically

Female n=15 Frequently,10 Sporadically

Conclusion:

Most of the Epileptic Patients show poor compliance to AED- either regularly or occasionally.

“PREVALENCE OF SCHIZOPHRENIA IN RURAL AREAS OF SINDH.”

AUTHORS:

Somal, Sabah Jacob, Rabia Hasnaian, Fiza Komal, Dr.Ghulam Rasool, Dr.Abdul Hameed Memon

INSTITUTE:

SirCowsjee Jehangir Institute of Psychiatry,Hyderabad.

A B S R A C T:

BACKGROUND:

To evaluate the occurrence of Schizophrenia in rural areas of Sindh.

METHOD:

The patients of schizophrenia were determined from record of outdoor patients of Sir Cowsjee Jehangir Institute of Psychiatry,Hyderabad, for the purpose of pointing out the frequency of this mental disease in our society especially, from rural areas.

RESULT:

Monthly Health Management Information Report- Outpatient Department; Sir Cowsjee Jehangir Institute of Psychiatry,Hyderabad.

Month	Cases	%
July 2007	2284	17.29%
August 2007	2345	17.75%
September 2007	2324	17.60%
October 2007	2067	15.65%
November 2007	2376	17.99%
December 2007	1808	13.69%
TOTAL	13204	

CONCLUSION:

The variables related, to this psychiatric disease were recorded in order to convey this message to the public of Sindh that this is not an evil spell, demonic possession or black magic but Schizophrenia is a mental disease which should be treated by an experienced psychiatrist.

Use of tranquilizers among medical students of Muhammad Medical College.

Authors:

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Rabia Mazhar (Final Year)
Sumaira Hussain (Final Year)
Maira Ambreen (Fourth Year)
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Institution: Department of Community Health Sciences, MMC, Mirpurkhas.

A B S T R A C T

Background: Anecdotally, tranquilizers are frequently used by medical students to relieve their stress

Aims / Objective: To know the frequency of the use of tranquilizers in medical students and also to assess the awareness, attitude and effects of tranquilizers on education and quality of life of medical students in Muhammad Medical College Mirpurkhas.

Methods: Interviews done on a randomized sampling of 200 attending students from all medical classes of Muhammad Medical College.(a private medical college in rural settings with take from all over Pakistan) with the help of preformed questionnaire Any students having diagnosed as true psychiatric illness and using prescribed medications by psychiatrist were excluded.

Results: 30/200 (15%) were using tranquilizers. The commonest reason for the use of tranquilizers was anxiety 13 (6.5%), followed by depression 5 (2.5%) and 12 students (6%) were using the tranquilizers for various other reasons. 16 student (8%) used on the advice of doctors, 12 students (6%) were self medicating and 2 students (1%) were using by the advice of seniors. 15 (50%) found these drugs effective for their needs and remainders were undecided. 20 students (10%) were using these drugs for over 1 year and remaining 10 students (5%) were using these drugs for less than 1 year. 22 students (11%) were using these drugs once a week and remaining 8 (4%) were using more frequently. 18 students (9%) tried to quit these drugs at some time or the other and the remaining 12 (6%) did not try to quit. 22 students (10%) were of the view that tranquilizers had adverse effects on their education, routine working and quality of life.

Conclusion:

15% of medical students of Muhammad Medical College Mirpurkhas are using tranquilizers for different reasons, other than psychiatric illness, but half of them found them useful for their needs

PREVALENCE OF VARIOUS DISEASES IN THE CATCHMENTS AREA OF MUHAMMAD MEDICAL COLLEGE HOSPITAL MIRPURKHAS

Authors:

Faizan Saeed (4th Year)

Moona Fatima (4th Year)

Tabish Ali (4th Year)

Dr. Zulfiqar Sheikh (Department of CHS MMC MPK)

Dr Waseem Raja (Department of Medicine MMCH MPK)

Institution:

Department of CHS MMC MPK

Department of Medicine of MMCH

A B S T R A C T

Aim:

Search for the most prevalent diseases in the catchments area of Muhammad Medical College Hospital there by sensitize the concerned for some remedial actions

Background:

- Although disease burden for MMCH has previously been investigated and reported, no such work has been done on medical department alone
- Purpose of this study was to collect the data of health related problem / diseases in medical department to ascertain disease pattern in Mirpurkhas and surrounding areas.

Material and methods:

- Retrospective study of 168 patients admitted at MMCH medical unit-1 & unit-II during three months; may to July 2008.

Sample size

168:

Results:

Among all of 168 patients there were 70 males and 98 females admitted

Total no of cases in last three months at MMCH are 169, of which 52% are chronic non communicable diseases and 48% are communicable diseases

And of chronic non communicable diseases.

D.M included 14 cases (16%), Cancer 13 cases (15%), IHD 8 cases (9%), Neurological disorders 7 cases (8%), Renal disease 7 cases (8%), CVA 6 cases (7%), Accident/injury 5 cases (6%), Gall stone 3 cases (3.5%), Dysphagia 3 cases (3.5%), Reflux oesophagitis 2 cases (2.5%), Intestinal perforation 1 cases (1.5%).

And of communicable diseases CLD included 44 cases (55%) Gastroenteritis 12 cases (15%), Tuberculosis 9 cases (11%), Pneumonia 5 cases (6%), Malaria 4 cases (5%), Meningitis 4 cases (5%), Diarrhea 2 cases (2.5%)

Conclusion: This study reveal that among communicable diseases CLD and among non communicable disease Diabetes Mellitus is the most Prevalent disease in this area and health authorities should work to prevent diagnose and treat them.

USES AND ABUSES OF INTRAVENOUS ANTIBIOTICS WHAT ACTUALLY HAPPENS IN OUR HOSPITALS...?

AUTHORS:

Huma Shoukat (Final Year Students)
Rabia Mazhar (Final Year Students)
Sumera Hussain(Final Year Students)
Mehtab Iqbal (Final Year Students)
Dr. Syed Zafar Abbas

INSTITUTION:

Department of Medicine, Muhammad Medical Hospital Mirpurkhas

ABSTRACT

BACKGROUND / AIMS:

Intravenous antibiotics (IVA) are indicated in severe bacterial infections to get fast and effective relive in a seriously ill patient. Anecdotaly this has been widely practiced all over the country, often with no justification. We looked into our practice.

PATIENTS AND METHODS:

Prospective study on 110 consecutively admitted patients in various departments of MMCH. Senior medical students looked into the medical records of these patients to get information and presented to a senior physician (Dr. SZA) to decide a justification or otherwise of the practice.

RESULTS:

Out a total of 110. (65 Female, 59% 45 Male 49.9%) with (Average Age 40 years – range 2.5 to 90). 71 patients (64.5%) were commenced on IVA. Most of them (54/71 – 63.3%) were admitted in medical departments. Majority of these patients were commenced on IVA (n=37, 52%) by a consultant. There was a clear indication for starting IVA in 44 (62%) patients. Reason was not clear in 2 (2.8%) patients. Out of remaining 25 patients (35.2%) there was no valid indication for starting IVA of which 16 were started in Medical department (16/45, 35.5%). Consultants were responsible for starting IVA in 11/25 (44%) patients.

CONCLUSION:

Practice of using IVA in our patients is widespread, and is distributed in all the departments. A significant proportion (35.2%) doesn't have a clear valid indication and the misuse of IVA does not depend on the grade or seniority of the doctors.

ABUSES OF PROTON PUMP INHIBITORS

AUTHORS:

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Eruj Danish (Final Year)
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A B S R A C T

BACKGROUND:

Proton pump inhibitors are used primarily for patients with esophagitis, although they have other established indications. However, anecdotally, many patients are using them with no definite indication either on their own or advise of quacks/ doctors.

AIMS:

The aim of our study is to find out the uses and miss uses of proton pump inhibitors.

METHODS AND PATIENTS:

A prospective study on 50 patients consecutively admitted in hospital and in OPD was carried out and result were analyzed.

RESULTS:

Out of 160 patients.

85 /160 (54%) female, 75/160 (46%) males, mean age 58.5 years (range = 20-60 years)

On indication patients used PPI 125/160 (78%)

Commnest indication for use of PPI in patients are.

Burning in Stomach (70%)

Pain in abdomen (20%)

Vomiting , diarrhea (10%)

With out indication patients with PPI 35/160 (22%)

With out indication for use of PPI are.

Weakness and restless (42%)

Weight loss (24%)

Sever headache (14%)

Sleep disorder (09%)

Sever pain in umbilical region (06%)

On personal desire (5%)

CONCLUSION:

A significant number of patients in our setting are abusing PPI with no definite indication.

THREE TIMES WEEKLY ANTI-TUBERCULOSIS TREATMENT OF CATEGORY I AND CATEGORY II PATIENTS OF PULMONARY TUBERCULOSIS UNDER DIRECTLY OBSERVED THERAPY (DOTS) STRATEGY IN RURAL AREAS OF SINDH, PAKISTAN

AUTHORS :

¹Dr. Ghulam Rasool Bhurgari, ²Dr. Shamm-ur-Rehman, ³Prof. Dr. Syed Razi Muhammad, ⁴Anis Rehman.

A B S T R A C T

OBJECTIVE :

The purpose of this study was to evaluate three times weekly anti-tuberculosis treatment (ATT) for both category I and category II patients of pulmonary tuberculosis under directly observed therapy to cut the cost and time required for ATT.

PLACE AND TIME:

This study was conducted at TB clinic, Muhammad Medical College Hospital Mirpurkhas, Sindh, Pakistan, from July 2005 to June 2007.

PATIENTS AND METHODS:

130 patients were enrolled for study. 70 patients of category I and 60 patients of category II pulmonary TB who promised to come regularly for treatment three days a week for eight months. Patients were given anti-tuberculosis drugs three days a week under strict observed therapy strategy for eight months according to World Health Organization guide lines for treatment of tuberculosis 2003.

RESULTS:

At the end of eight months in category I, out of 70 patients, 67 patients (96%) were cured, 3 patients (4%) who were sputum smear positive at the start of ATT remained sputum positive. In category II out of 60 patients, 53 patients (88%) were cured, 7 patients (12%) remained smear positive. Over all cure rates for both categories I and II was 92%.

CONCLUSION:

Three times a week ATT is as effective as daily regimen of ATT. It must be given under strict DOTS strategy. It saves 65-7% of drug cost and time as compared to daily regimens.

TO ASSESS THE SLEEP PATTERN IN ADULT WITH MIGRANE

Objective:

To find out the sleep pattern of migraine patients

Authors:

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Amatullah (4th Year)

Sumaira Nasreen (4th Year)

Asma But. (4th Year)

Dr. Fayyaz Memon

Dr. Syed Shajee Hussain

Institution: Department of Medicine,
Department of Community Health Science, Muhammad Medical College,
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A B S T R A C T

Background:

Disturbed sleep pattern in migraine patient is a common problem. Migraine is most common in female. In Pakistan both male and female with migraine suffering from disturbed sleep pattern. They show different sleep patterns like.

1. Insufficient total sleep
2. Difficulty in falling asleep
3. Day time sleepiness
4. Night waking

Methods:

We did a cross sectional study on 200 MMC students. We give them a questionnaire which contain the diagnostic criteria for migraine. 35 student full the criteria. Sleep patterns and use of tranquilizer was ascertained from migraine sufferers.

Result :

Total male and female with migraine 35 (17.5%)

Female 21 (60%)

Male 14 (40%)

Total migraine patient with disturbed sleep pattern 14 (40%)

Female 09 (25.7%)

Male 05 (14.3%)

Normal 21 (60%)

Use tranquilizer = Total 7(50%)

Use regularly = 03 (42.8%)

Occasionally = 04 (57.2%)

Conclusion:

17.5 % students fulfil diagnostic criteria for migraine 40% patient of migraine suffer from Disturbed sleep pattern. Which is more common in female (25.7%) than male (14.3%). 50% of those with migraine and disturbed sleep use tranquilizer. 42.8% regularly and 57.2% occasionally.

GENERAL PHYSICIANS, CULPRIT OR NOT???

AUTHORS:

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Ayesha Idrees (4th Year)
Sara Laghari (4th Year)
Rizwan Javed (4th Year)
Abdul Manan (4th Year)
Dr. Zulfiqar (Dept. of Community health sciences)
Dr. Waseem (Dept. of Medicine)
Dr. Santosh (Dept. of Medicine)

INSTITUTION:

Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT

AIMS & OBJECTIVES:

To assess the role of General Practitioners (GPs) in the spread of Communicable diseases.

BACKGROUND:

Communicable diseases are common and may be fatal because of lack of knowledge & ignorance of doctors. GPs are potentially the source of spread of many communicable diseases. Pakistan has still a very high prevalence of communicable diseases & this study assesses the role of doctors in the spread of communicable diseases.

METHODS:

Study design: Cross-sectional study by use of a per forma
Place of study: Mirpurkhas
Sample size: 100 GPs
Duration of study: April-May 08

RESULTS:

Among 100 GPs

- 1% had no knowledge about communicable diseases.
- 15% of them disagreed that they play a role in spread of such diseases.
- 77% GPs do not wash their hands before & after contact with patients.
- 11% of GPs do not sterilize their clinical instruments.
- 74% of the GPs do not properly dispose off needles.
- 6% of them are not vaccinated against Tuberculosis, 93% for Hepatitis-A, 27% for Hepatitis-B & 99% for Influenza.
- 89% do not use face masks while examining the patients.

CONCLUSION:

Majority of the GPs are not following preventive measures while coming in contact with patients, hence may be responsible for the spread of communicable diseases.

ASSESSMENT OF NUTRITIONAL STATUS AND ERRORS OF REFRACTION (MYOPIA & HYPERMETROPIA) IN SCHOOL STUDENTS (AGE LIMIT 5 TO 17 YEARS)

AUTHORS:

- 1) Jatt, Muhammad Latif (4th year)
- 2) Khan, Watan Yaar (2nd year)
- 3) Yousufzai, Kifayatullah (4th year)
- 4) Dr. Memon, Faiz Muhammad
- 5) Dr. Shaikh, Zulfiqar (Assistant Prof.)

INSTITUTION:

Department of Community Health Sciences MMC, Department of Ophthalmology MMCH

A B S R A C T

BACKGROUND AND AIMS:-

Childhood visual impairment due to refractive errors is a significant problem in school children and has considerable impact on public health. Malnutrition in school aged children continues to be one of the major public health problems. We did a study to assess the magnitude of the problems among school children.

MATERIALS AND METHODS: -

This study was conducted among the school children aged 5 to 17 years in District Swat from 20th June to 15th July 2008. Children were haphazardly selected in equal numbers from each class... Nursery to class 10th. Five schools were visited by 4th year medical students of M.M.C. who were trained to do the required tests for the study by the senior authors. A verbal consent was obtained from the principals of the schools. Myopia and Hypermetropia in 586 children were examined by Snellen's and near vision charts respectively. For nutritional status weight and height of 607 children were measured and BMI were calculated.

RESULTS:

NUTRITIONAL STATUS:

Total Children Examined	=	607		
Under Weight	=	444	=	73%
Normal	=	152	=	25%
Over Weight	=	011	=	02%

ERRORS OF REFRACTION:

Total Children Examined	=	586		
Myopic	=	103	=	17.5%
Hypermetropic	=	014	=	02.5%
Normal	=	469	=	80%

CONCLUSION:

Nutritional Status of majority (73%) of the children was so poor which requires more attention as school age is growing age. 1/5 students were also found to have an error of refraction i.e. Myopia or Hypermetropia.

WATER DRINKING HABITS & WATER -BORNE DISEASES IN HOSTELS.

AUTHORS:-

Kiran Ghauri (4rth year)

Missbah Jameel (4rth year)

Aniqa Nazar (4rth year)

Hina Babar (4th year)

Jazib Ansari (4th year)

Dr. Aasia Batool

Dr. Zulfiqar Shaikh (Assistant Professor Deptt: of Community Health Sciences)

INSTITUTION: Department of Community Health Sciences, MMC Mirpurkhas

A B S R A C T

BACKGROUND & AIMS: - We searched to find out the water drinking habits & water borne diseases in hostels, as the water borne diseases claim upto 3 million lives a year in the world. (WHO Research Report)

METHOD:-

A questionnaire were prepared of 6 questions & it was distributed in three hostels among 300 hostellers.

RESULT:-

All 300 questionnaire were received back. Hostel survey show that not only unprocessed water but also processed water causing prevalence of water borne diseases.

Process of drinking water in home = 57%

Process of drinking water in hostels =64%

Diseases in home = 21%

Diseases in hostels = 47%

CONCLUSION:-

Hostel survey show that not only unprocessed water but also processed water causing prevalence of water-borne diseases. There may be several factors involved. One of the important factor is the improper processing of water.

A SURVEY TO ASSESS THE COMMON REASONS OF VISITING HOLY SHRINES

Authors:

Sawina (4th Year)
Shaista (4th year)
Maria (4th year)
Dr. Zulfikar Shaikh

Institution:

Department of Community Health Science Muhammad Medical College Mirpurkhas

A B S R A C T

Background:

Most shrines in Muslim countries represent the sufi traditions in Islam where followers go in large numbers. This is a widespread, common practice in Pakistan also.

Aims:

To determine the common reasons of the people who visit shrines.

Method:

Cross sectional study on 100 randomly selected visitors to 2 of the commonly visited shrines in Karachi.

Result:

Out of 100 people there were 40 males and 60 females.

Reasons in males:

Unemployment 30 (75%).
Poverty 10 (25%).

Reason in female

Infertility 25 (41.6%)
Poverty 15 (25%)
Not satisfied from medical treatment 10 (16.6%).
Mental relaxation (stress, Wedding purpose) 05 (8.3%),
Jinn 05(8.3%)

Conclusion:

From our study we concluded that in male the common reason is unemployment and in female the reason is infertility.

FREQUENCY OF CHRONIC VIRAL HEPATITIS IN PATIENTS REQUIRING SURGICAL TREATMENT:

AUTHORS:

Dr. Ayesha Majeed Memon
Dr. Faizan Qaisar
Dr. Syed Zafar Abbas

INSTITUTION:

Department of Surgery and Medicine Muhammad Medical College Hospital Mirpurkhas

A B S R A C T

BACKGROUND AND AIMS:

It has become a common practice to check hepatitis B & C in patients undergoing surgical procedures, even if there is no other indication to do so. This has financial and clinical implication. We attempted to see if HBV and HCV infection in this population is high enough to justify this practice.

DESIGN AND METHOD:

Retrospective study of the case notes of last 200 consecutive admissions to surgical ward of MMCH during first 6 months of 2008.

RESULT:

Out of 200 patients (132 males, 68 females) average age: 44 years, range 14 to 85 years, 22 patients (11% had chronic viral hepatitis, 7 patients (5 males, 2 females) were HBV reactive and 15 patients (10 males, 5 females) were HCV reactive. All 22 patients were referred to physicians for risk assessment / treatment before surgery 3 /22 (13.6 %) patients had the surgical procedure delay for an average 03 days (range 01 to 06 Days) because of physician assessment. All 22 patients eventually underwent the required surgical procedure. Only 1 of these 22 patients required a period of further stay in hospitals for her liver problem in medical ward for further five days. Out of 200 patients who underwent surgical procedures during the study period 6 /178 (3.4%) died among the non-infected group and no patient among the infected group died.

CONCLUSION:

11% of our surgical patients had a chronic viral hepatitis which resulted in delay in surgical procedure in 13.6% but no patient required cancellation of operation. There was no mortality among this group.

An Audit of 350 CT Scan Of Head and Brain at Rural Of Sindh (Mirprukhas).

AUTHORS:

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Ali.Tahir (Final Year MBBS)
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INSTITUTION:

Department of Neurology, Muhammad Medical College Hospital,
Ameen Diagnostic Center Mirpurkhas.

BACKGROUND:

Although a small audit has previously been done on CT scan in this region, the number of scans has since increased a lot and so there is a need to reassess this avenue.

AIM:

To find out the common findings on CT Head and Brain Scan in a rural area Sindh (MPS).

METHODS:

Retrospective analysis of 350 consecutive CT Head and Brain from August 2007 to July 2008.

RESULTS:

Out of 350 patients, there was 208 male and 142 females, the average of 34 years (range 2 ½ months to 90 years),

- Ischemic changes with infarct 147 (43%)
- Intra cranial hemorrhages 17 (6.0%)
- Mass and Hematomas 36 (11%)
- Edema 8 (2.2%)
- Normal 136 (39%).

CONCLUSION:

In our region the commonest findings on CT Head and Brain Scan is Ischemic changes with Infarction (43%), and normal CT Scan (39%) Comes a close second.

Cleft Lip and Cleft Palate (Myths and Realities)

AUTHORS:

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Dr. Nawaid Iqbal Khan.

INSTITUTION:

Department of Ear, Nose & Throat ,Muhammad Medical College & Hospital Mirpurkhas

A B S T R A C T

OBJECTIVE:

To evaluate the most common risk factor of this commonest congenital anomaly.

PATIENTS & METHOD:

Cross-sectional study done on 38 patients, presented in a free camp held by MMC&H on 18th – 21st June 2008. Convenient non-randomized sampling done & questioner designed to collect data.

RESULTS:

A total number of 38 patients out of which 25 (66%) were males and 13 (34%) were females. Most of 19 (50%) belonged to poor socio-economic group, lower-middle class were 17 (45%) and remaining, 2 (5%) were of upper middle class. The majority 31 (82%) were of cleft-lip however remaining 26,(68%) of cleft-palate. Most cases 26 (68%) were unilateral, median 8 (21%), and bilateral 5 (13%). Major developed complication was psychological problems 27 (71%); secondly orthodontic problems. 1 (55%); thirdly delayed language / speech problems 20 (53%); remaining having feeding difficulties 17 (45%), hypernasality 10 (26%); while hearing problems 6 (16%) & recurrent otitis media 5 (13%) respectively. Majority of mothers 30 (79%) given history of lunar eclipse while 2 (5%) given H/o solar eclipse and 6 (16%) had no knowledge regarding any event of eclipse during their antenatal period. 7 (18%)having family H/o deformity, 7 (18%)were taking drugs during their pregnancy,3 (8%) were having H/o systemic disease to mother/in family, 4 (11%) having H/o preconceptional or antenatal folic acid supplementation.

CONCLUSION:

Half of the patients belonged to the poor-socio-economic group. Majority presented with unilateral cleft lip. The major developed complication was psychological.

AN AUDIT OF ABDOMINAL ULTRASOUND SCAN IN SURGICAL PATIENTS

AUTHORS:

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Dr. Syed Zaffar Abbas

INSTITUTION:

Department of Surgery & Radiology, Muhammad Medical College & Hospital, Mirpurkhas

A B S R A C T

AIMS

To determine disease burden presented at ultrasound scan (USS) department through the Surgical Department

PATIENTS & METHODS

Retrospective review of USS record of last 100 consecutive patients referred for USS by surgeon for various medications at Muhammad Medical College & Hospital Mirpurkhas

RESULTS

Out of 100 there were 61 Males & 39 females. Average age 37 Years (range 30 to 50) patients were referred from OPD and remaining were admitted patients. The commonest 4 USS diagnosis were

1. Renal Calculi (29%)
2. Cholelithiasis (18%)
3. BPH (9%)
4. Renal cyst (7%)

15 patients has a normal ultrasound report

CONCLUSIONS

Renal stone is the commonest finding in ultrasound of our surgical patients where as a normal scan is found in a significant proportion of patients.

Delayed Appendectomy in Adults with Acute Appendicitis Safe or Unsafe?

AUTHORS

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Ali.Tahir (Final Year MBBS)
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INSTITUTION

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ABSTRACT

Objective:

To examine whether delayed surgical intervention in adult patients with acute appendicitis is safe.

Background:

Prompt appendectomy has long been the standard of care for acute appendicitis because of the risk of progression to advanced pathology. This practice has been recently challenged by studies in pediatric patients, which suggested that acute appendicitis can be managed in an elective manner once antibiotic therapy is initiated. No such data are available in adult patients with acute appendicitis.

Patients and Methods:

A retrospective review of 1081 patients who underwent an appendectomy for acute appendicitis between January 2004 and January 2008 was conducted. The following parameters were monitored and correlated:

- Demographics,
- Time from onset of symptoms to arrival at the emergency room (patient interval) and from arrival to the emergency room to the operating room (hospital interval),
- Complications,
- Length of stay, and
- Length of antibiotic treatment.
- Pathologic state was graded 1 (G1) for acute appendicitis, 2 (G2) for gangrenous acute appendicitis, 3 (G3) for perforation, and 4 (G4) for a periappendicular abscess.

Results:

The risk of advanced pathology, defined as a higher pathology grade, increased with the total interval. When this interval was <12 hours, the risk of developing G1, G2, G3, and G4, was 94%, 0%, 3%, and 3%, respectively. These values changed to 60%, 7%, 27%, and 6%, respectively, when the total interval was 48 to 71 hours and to 54%, 7%, 26%, and 13% for longer than 71 hours. Increased length of hospital stay ($P < 0.001$) and antibiotic treatment ($P < 0.001$) as well as postoperative complications ($P < 0.001$) also correlated with progressive pathology.

Conclusion:

In adult patients with acute appendicitis, the risk of developing advanced pathology and postoperative complications increases with time; therefore, delayed appendectomy is unsafe.

CLEFT LIP & CLEFT PALATE

AUTHORS:

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Department of Surgery, Division of Plastic Surgery, Muhammad Medical College, Mirpurkhas

A B S T R A C T

BACKGROUND:

Oral-facial cleft are birth defects in which the tissues of the mouth or lip don't form properly during fetal development. Cleft occur in 1 in 700 to 1,000 birth, making it the one of the common major birth defects. Oral clefting occurs when the tissues of the lip and/or palate of a fetus don't grow together early in pregnancy. Children with cleft often don't have enough tissue in their mouths, and the tissue they do have isn't fused together properly to form the roof of their mouths.

AIMS

To find out frequency and sex distribution of cleft lip and cleft palate in our population.

METHODS:

Prospective study on 80 patients admitted in Memon Hospital in 3 days camp for cleft lip and cleft palate in our study.

RESULT

Total No. of Patients = 80

Cleft Lip = 50 (62%)

Incomplete cleft lip = 35 (70%) Male = 23 (66%) Fe-male = 12 (34%)

Incomplete lip = 15 Male = 3 (60%) Fe-male = 6 (40%)

Cleft palate = 30 (38%)

Incomplete cleft palate = 18 (60%) Male = 7 (39%) Fe-male = 11 (61%)

Complete Cleft Palate = 12 (40%) Male = 4 (33%) Fe-male = 8 (67%)

CONCLUSION

In our study we find out mean average of cleft lip patients (62%) and cleft palate patients (38%).

Laparoscopic cholecystectomy can be safely performed in a resource-limited setting: 79 cases performed at three centers of Mirpurkhas since July 2005 to June 2008.

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Dr. Anita Rathore (final year student)
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INSTITUTION: Department Of Surgery, Muhammad Medical College Hospital Mirpurkhas

A B S T R A C T

BACKGROUND: Laparoscopic cholecystectomy (LC) is the treatment of choice for uncomplicated gallstone disease. Many studies have confirmed the safety and feasibility of laparoscopic cholecystectomy (LC) and have shown that it is comparable regarding complications to open cholecystectomy (OC).

OBJECTIVE: The aim of this study was to evaluate the outcomes of LC including safety, feasibility in a resource-poor setting like Mirpurkhas, and also to compare the outcomes of LC with those of OC.

METHODS: This was a prospective, non-randomized, comparative study on 358 patients who were admitted to three different hospitals with a diagnosis of gallstone disease and who underwent cholecystectomy from July 2005 to June 2008. During study hospital stay, duration of operation, postoperative analgesia and morbidity were evaluated.

RESULTS: Seventy-nine patients underwent laparoscopic cholecystectomy (LC) and 279 patients underwent open cholecystectomy(OC). The two groups were similar in terms of age. Female to male ratio was 8 to 1. The mean operative duration for LC was 56.7 minutes (35-100 minutes) versus 45.5 minutes for OC, and the mean hospital stay was 2.17 and 2.8 days for LC and OC, respectively. A drain was used with similar frequency in both. LC patients needed less analgesia. The morbidity rate in LC was 5.7% versus 20.5% for OC. Wound infections were more common with OC. No mortality was reported in either group.

CONCLUSION: An experienced surgeon can perform laparoscopic cholecystectomy safely and successfully in a resource-limited setting. As in other studies, complications were less frequent in LC.

Allergic Rhinitis – A common allergic condition presenting in ENT department.

Authors:

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A B S T R A C T

Background:

Allergic Rhinitis, known as “hay fever” is a common condition caused by pollens of specific seasonal plants, air borne chemicals & dust particles in people who are allergic to these substances.

Aims and Study:

To study the various aspects of allergic rhinitis in our setup.

Methods and design:

It is a cross-sectional study, done on a total of 50 patients; proformas were designed to collect the data.

Result:

Out of 50, there were 26 females and 24 males with average age 23 years. Commonest presenting symptoms were sneezing (84%), rhinorrhoea (44%) and itching (44%). Family history was found 42%. 72% were treated medically and 4% surgically. 62% found treatment helpful and 28% developed a complication.

Conclusion:

The most common symptoms, we found by our study was sneezing, most were having family history of allergic rhinitis that is mostly relieved by medical treatment and not developed complications.

KNOWLEDGE, ATTITUDE & PRACTICE OF MOTHERS REGARDING THE USE OF ORS IN CHILDREN WITH DIARRHEA

AUTHORS

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INSTITUTION:

Department of Community Medicine Muhammad Medical College

A B S R A C T

BACKGROUND:

ORS is a simple, cheap and effective treatment for dehydration, caused by diarrhea and vomiting. ORS consists of solutions of salts and sugars which are administered orally.

AIMS:

To study the Knowledge, Attitude & Practice of Mothers regarding the use of O.R.S in Children suffering from diarrhea

MATERIAL & METHOD

Cross-sectional study on 214 mothers through interview at OPD of Paediatrics MMCH & Civil Hospital Mps from May 2008 to June 2008.

RESULT:

Out of 214 study subjects, 181 (84.5%) had heard about ORS and remaining 33 (15.5%) had never heard about it. Out of 181, 170 (93.9%) showed positive attitude and 156 (91.7%) had used it. 93 (59.6) knew proper method of preparation of ORS sachet pack. Only 48 (30.7%) mothers told about exact quantity of ORS to be used.

CONCLUSION

Though majority of mothers are using ORS but method of preparation is not correct. They have no Idea of Home preparation.

Incidence and outcome of preterm babies in the peripheries of Mirpurkhas

Patients presenting with GIT symptoms and their management in Surgical ward of Muhammad Medical College Mirpurkhas

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Saira Bano (Final year}
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A B S R A C T

Background

An audit was done of patients admitted at Surgical ward of MMCH with GIT symptoms between 1st June 2007 to 30th may2008 their diagnosis and management are summarized and presented here. This study is the first one of its kind done in Mirpurkhas.

Aims:

To find out the common GIT symptoms, their causes and success of their treatment adopted in patients admitted at MMCH Mirpurkhas.

Methods:

Retrospective study of all 106 cases admitted in surgical ward at MMCH.
In 81 patients a relatively common cause was found. Rest of 25 patients had less common causes.

Patients with Common Cause

Total common 81 cases
Male 46
Female 35
Age range 2 months to 70 year
5 common causes found in 81 patients
Intestinal obstruction, (24 Patients male 16 female 08)
Cholelithiasis (22 patient, male 5, female 17)
Appendicitis (21 patients, male 13, female 08)
Hernia (10 patients, male 08, female 02)
Haemorrhoids (5 patients, male 5, female 0)
Rare causes
Rectal polyp, BPH, Pott's disease, Tuboovarian mass, Renal stone

RESULT:

Following GI symptoms were commonly found in admitted patients.
Pain 97.5%, vomiting 51.8%, Constipation 28.3% Bleeding 6.5%

CONCLUSION:

Among patients admitted in surgical ward of MMC with GI Symptom 81 (76.4%) had 5 common disease causing for symptom were more commonly found pain 97.5% of patients.

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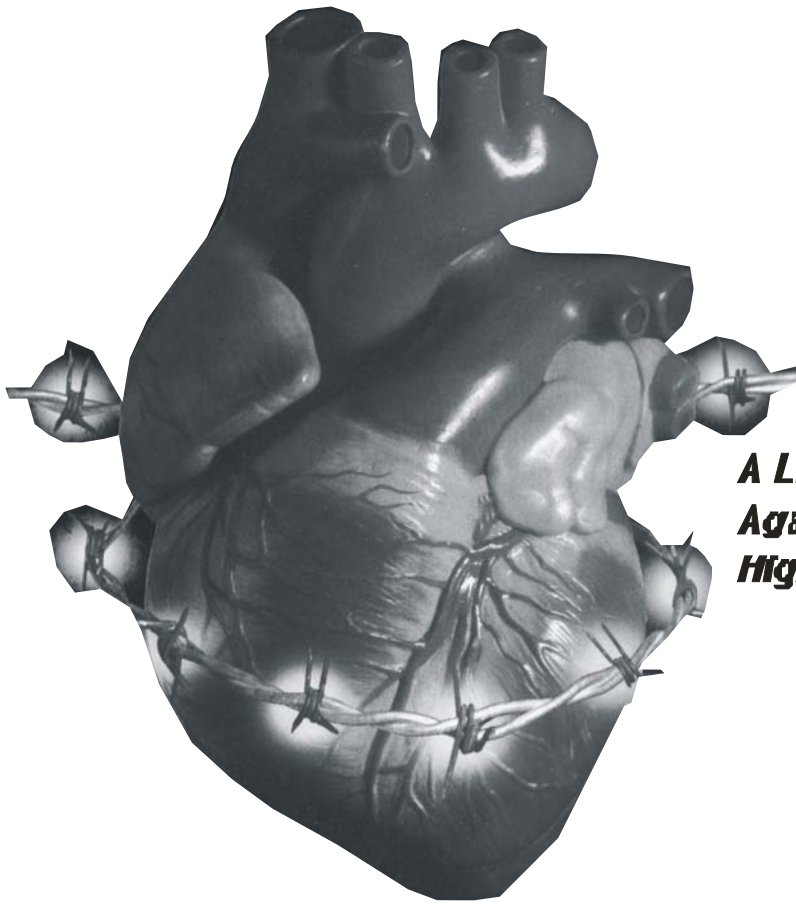


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POSTER PRESENTATIONS (CASE REPORT)

ALIVE RUPTURED TUBAL PREGNANCY

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ABSTRACT

INTRODUCTION:

Upto 1 of every 50 to 60 pregnancies is estimated to be ectopic.
1 out of 2000 ectopic pregnancies ended in the death of mother.
Tubal rupture occurs in approximately 20% of cases. Contrary to popular belief, death from rupture is rare where medical attention is available.
The chances of ectopic pregnancy increases with the maternal age, number of sexual partners, use of intrauterine device, pelvic inflammatory disease and pelvic surgery.

CASE REPORT:

35 year old patient presented to MMCH through emergency department with the complain of foul smelling vaginal discharge for 1 year, Gestational amenorrhoea for 3 months and right pelvic pain for 6 days. On examination . pregnancy was suspected .A positive pregnancy test , ultrasound examination shows empty uterine cavity with thickened endometrium and a gestational sac on the side of body of uterus and beta hCG level was low. In this patient emergency laprotomy was done with outcome of alive fetus. Mother was safe and fetus was expired within few minutes of surgery.

PRIMARY OVARIAN ENDOMETRIAL CARCINOMA WITH ENDOMETRIAL SECONDARY -----A CASE REPORT.

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Dr. S. Zafar Abbas

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Department of OBGYN Dr. Ziauddin Hospital Karachi.

ABSTRACT

Introduction:

Endometroid Carcinoma is a relatively uncommon disease affecting women of different age group. It is potentially cure able and often presents with infected ascities. It can metastasize to other organ including remaining parts of female genital tract

We report a case of 34 year old lady who presented with abdominal pain and CT scan showed bilateral ovarian masses with ascites. She underwent a total abdominal hysterectomy and made a good clinician recovery, and is still under review with gynecologist and clinical oncologist.

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HYPOTHYROIDISM CAUSE INFERTILITY

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Wajiha Anwar (Final Year)
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A B S T R A C T

BACKGROUND

It may be primary from disease of thyroid gland or secondary to hypothalamic-pituitary disease.

TYPES OF HYPOTHYROIDISM.

Primary hypothyroidism, Secondary Hypothyroidism

ETIOLOGY:

Primary Causes

Congenital, Iodine Deficiency , Autoimmune Disorder , Infective,Post Surgery Tumor

SECONDARY:

Hypopituitarism, Isolated TSH deficiency

CLINICAL FEATURES

Tiredness, Weight gain, Somnolence, Cold Intolerance, Hoarseness, Muscle stiffness
Deafness, Depression, Dry flaky skin, Bradycardia, Menorrhagia, Hyperprolactemia
Infertility, Constipation

CASE REPORT

30 years old Shabana married for 5 years nulliparous present with the complain of irregular of Menstrual cycle since last 14years she had complain of sever headache since last 2 years. She had also history of wt gain and constipation and milky discharge from breast.

GENERAL EXAMINATION

She looks obese with depressed mood.

ON BREAST EXAMINATION.

Frank milky discharge from nipple.

INVESTIGATION

On investigation her prolactine nd TSH level are raised.

RESULT

She was treated and get good result.

RARE CAUSE OF AMENORRHOEA (IMPERFORATED HYMEN)

AUTHORS:

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Beenish Irfan (Final Year)
Eruj Danish (Final Year)
Nimra Ameen (Final Year)
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A B S R A C T

INTRODUCTION:

Imperforated hymen is the rare and distal form of vaginal outflow obstruction. Imperforate hymen is the rare cause of vaginal outflow obstruction occurring in 0.1% of infant girls. The cause may be related to failure of apoptosis due to a genetically transmitted signal , or it may be related to an inappropriate hormonal milieu.

CASE REPORT:

A 25 year old female unmarried presented to MMCH with the complain of primary amenorrhoea , retention of urine , and burning micturation with lower abdominal pain for 5 days. On examination, supra pubic scar b/c of previous laprotomy which was done in 2005. Uterus was palpable about 14 weeks size abdominally. On vaginal examination, hymen was found to be imperforated. Ultrasound shows hematocolps and haematometra. Cruite incision has given over the hymen to drain hematocolps

She was discharged and on follow up. She is living happy life with her parents , doing her job regularly and satisfied with her life.

Stones in tummy?? A very surprising way of a case of fibroids

Author: Dr. Farzana Rizwan

Institution:

Department of Gynaecology/Obs, Muhammad Medical College Mirpurkhas.

Case Report:

Mrs. A. Patients admitted in ward of and on bleeding p/v for 2 years on examination and different investigation she was diagnosed to have a mass in abdomen with multiple small mass on left lateral sides of abdomen filling the whole abdomen.

Treatment:

Laprotomy was done: 23 cm size sub serosal fibroids with 15 to 10 more small daughter stone was found. Uterine tube and both ovary were normal.

The total weight mass were about 20kg TAH + BSO + removal of all fibroids following by the uneventful recovery

A HUGE INTRA ABDOMINAL MALIGNANT FIBROUS HISTIOCYTOMA; A VERY UNUSUAL PRESENTATION

AUTHORS

- Nisa Javed (Final Year MBBS).
- Dr. Rehmatullah Soomro

INSTITUTION

Department of Surgery Muhammad Medical College Hospital, Mirpurkhas

INTRODUCTION

A malignant fibrous histiocytoma (MFH) is a type of Fibro sarcoma called a soft tissue sarcoma. There are many different types of soft tissue sarcoma. MFH is the commonest type. MFH usually starts in people between 50 to 70 years age as a quickly growing, painless swelling in the soft tissues. As for most other soft tissue sarcomas, surgery is the usual treatment although some other treatment modalities are also used.

CASE REPORT

A 40 years old male presented with an enlarging mass in the abdomen which began in the right iliac fossa six months back. Causing abdominal pain, the selected pre and post contrast CT images demonstrate a circumscribed mass, with no evidence of any involvement of any of the abdominal viscera. A malignant sarcoma was suspected. An exploratory laprotomy was done 24th July 2008. although it was VERY larger, it did not involve any other organs the whole mass removed as a whole. It weighed about 14 Kg. Pathologic evaluation revealed a malignant fibrous histiocytoma.

CASE PRESENTATION OF “XERODERMA PIGMENTOSA” An important Genetic Cause of malignancies of skin

Authors:

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Institution:

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

A B S R A C T:

Introduction:

“ Xeroderma Pigmentosa” occurs due to a deficiency of the enzyme thiamine dimerase. Thiamine absorbs ultraviolet light and form dimmers. These dimmers can not be broken down due to the enzyme deficiency. The resultant build-up of thiamine dimerase induces defects in the structure of DNA. The in turn initiates Carcinogenesis.

Case Report:

A 33 years old male, mild man presented at MMCH with complain of multiple black spots on face for past 8 years. Swelling on middle third of left lateral side of nose for 2 months with pain and itching. His father, mother, one elder brother and sister had the same problem of pigmentation. Diagnosis of Xeroderma Pigmentosa was made and the lesion was surgically excised.

The specimen was sent for histology and the resultant defect was grafted by means of full thickness graft from the lax skin of neck and doner area was directly closed. The graft had taken up very well. Patient regularly followed up and wound healed well.

On Histopathological report it was proven to be and invasive well differentiated Squamous cell carcinoma

LIPOBLASTOMA OF THE FACE, MIMICKING HEMANGIOAM OF THE INFANCY

AUTHORS

Huma Shoukat (Final Year MBBS)

Dr. Noman Shoukat, Liaquat National Hospital, Karachi

Dr. Mabroor Bhatti, Consultant Plastic Surgeon, Liaquat National Hospital, Karachi

Dr. Rehmatullah Soomro, Associate Professor, Department of Surgery, MMCH.

INSTITUTION

LIAQUAT NATIONAL HOSPITAL, KARACHI

A B S T R A C T

INTRODUCTION

Lipoblastomas are rare benign tumors of infants and children. They are encapsulated neoplasms of embryonal fat that are composed of both mature and immature fat cells. More than 90% of the reported patients are younger than 3 years of age. They are more common in males than in females, with a ratio of 3:1.

First described by Jaffe, a lipoblastoma is a developmental anomaly characterized by continued proliferation of lipoblasts in the postnatal period. While adipose-derived tumors account for only 6% of soft tissue tumors in children, lipoblastomas account for 30% of them. There is no preference for any racial group, nor is there any specific pattern of inheritance.

Lipoblastomas occur as 2 clinicopathologic types. The more common type is the well-circumscribed type that is located in the superficial soft tissues. The second type is of the diffuse infiltrative variety, which is deep and poorly circumscribed, with a tendency to grow in tissue spaces and musculature. The latter is uncommon and tends to recur after surgical resection. This variety of lipoblastoma has been termed lipoblastomatosis. Lipoblastomas typically arise from the limbs or trunk. The head and neck, retroperitoneum, inguinal canal, peritoneal cavity, mediastinum, and lung are the other reported sites of lipoblastomas. Associations with this tumor have been reported in the past, such as hemangiomas and juvenile aponeurotic fibromas.

CASE REPORT

We present the case of a 6-year-old boy presented with a 3 month history of a recurrent swelling on the right half of the face. He had operation of a similar swelling (No record available since the patient came from Afghanistan and operated at Quetta). Then after sometime (No record available) a similar swelling appeared and increased in size gradually during the previous 3 months. There was no history of fever, weight loss, face pain, or restriction of movement of the jaw. On examination, a large, bosselated mass lesion was seen arising from the right half of the face. The lesion was mobile and separate from the bone. The mass extended anteriorly up to the angles of mouth. There was no associated cervical lymphadenopathy. He was operated at Liaquat National Hospital, Karachi on 29th May 2008 by Dr. Mabroor Bhatti. Histopathological report revealed Lipoblastomatosis of the face.

Primary Tuberculosis Of Tongue And Unusual

Author:

Huma Shoukat (Final Year MBBS Student)
Prof. Ghulam Ali Memon

Institution

Department of Surgery = Muhammad Medical College, Mirpurkhas & Liaquat University Hospital
Jamshoro

A B S R A C T

Introduction:

Tuberculosis (TB) is a chronic infectious granulomatous disease mostly caused by Mycobacterium tuberculosis and less commonly by Mycobacterium bovis or other A typical mycobacteria. Extrapulmonary involvement in TB is rare and reported in 10 – 15% of all cases. Involvement of the oral cavity is seen in about 0.2 – 1.5% cases and is generally secondary to pulmonary TB; primary involvement is exceedingly rare. The Literature Reports Only 6 Cases of primary tuberculosis of the tongue in last 30 years,

Case Report

An old lady of 55 years of age was admitted in a Surgical Unit of Liaquat Medical College Hospital, Jamshoro. She had history of a non-healing ulcer in the dorsum of tongue for the last one year. Three months back, she developed bilateral sub-mandibular lymphadenopathy. Initial biopsy and histopathological examination revealed non-specific inflammation. After Surgery Frozen section from the tongue revealed suspicious malignant cells and proved Primary Tuberculosis. Hence, the Surgery was planned and a complete excision of tongue ulcer with the margin of 0.25 cm around the lesion was done with bilateral suprahyoid block dissection. Biopsy report proved the disease as primary tuberculosis of the tongue. Glands were also showing chronic granulomatous lesion. Chest x-ray of the patient was normal. She was kept on anti-tubercular therapy for 9 months and an uneventful recovery was seen during follow-up visits.

STURGE – WEBER SYNDROME

AUTHORS:

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INSTITUTION

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INTRODUCTION:

Sturge-Weber syndrome is a rare congenital anomaly and hence its awareness to the plastic surgeons, neurosurgeons and the eye surgeons is important .

Case Series

Six cases of Sturge-Weber syndrome are presented (3 females and 3 males).All the cases were above the age of 30 yrs.

Four cases had the presentation of orofacial port-wine stain , angiomas with cutaneous and mucosal lesions localized in the first and second branches of distribution of the Trigeminal nerve (in all cases) in association with right upper and lower lip and cheek tissue hypertrophy in three cases that i-e 2 females and 1 male. All the above three cases had drooping of lower lip and cheek hypertrophy debulked and corrected , so that they could have a competent oral sphincter and they look to be improved to near normal . Debulking was done in all cases with good results. 1 female had only facial port-wine stain with cutaneous nodular lesion on the face . A excision of 95% lesion was done followed by reconstruction by cheek advancement and rotation flap.

1 male pt presented with secondary glaucoma ending in blindness of one eye .

1 male pt presented with forehead angiomas and seizures referred by neurosurgeon treated conservatively.

Case Report

(Unilateral Abdominoscrotal Hydrocele mimicking a strangulated hernia)

Authors:

Humera Javed (Final Year MBBS), Dr. Rehmatullah Soomro

Institution:

Muhammad Medical College Hospital Mirpurkhas

A B S R A C T

Background

Although Abdominoscrotal hydroceles have even recently been described as rare, our institutional experience with one case during the past 8 years would lead us to believe that the condition is more common than previously reported. All previously reported cases describe the abdominal portion of the hydrocele as extending through the internal ring and being located either in a retroperitoneal or properitoneal position. We herein report the first case of an Abdominoscrotal hydrocele extending into the abdomen just right to the urinary bladder compressing the right ureter causing the hydronephrosis and mimicked a strangulated hernia.

A B S R A C T s

We describe a 16-years-old boy with an Abdominoscrotal Hydrocele that extended into the abdomen just right to the urinary bladder compressing the right ureter causing the hydronephrosis and mimicked a strangulated hernia. Preoperative ultrasonography of the scrotum and lower abdomen is recommended in boys with suspected large hydroceles.

LUNG ABSCESS

Author:

Kelash kumar (Final Year)

Khalid Bashir Jogi (Final Year)

Dr. Waseem Akhter (Assistant Professor)

INSTITUTE:

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

INTRODUCTION:

Lung abscess is a cavitating area of localized suppurative infection within lung caused by inadequately treated pneumonia, bronchial obstruction, pulmonary infarction, septic emboli, subphrenic or hepatic abscess, aspiration (alcoholism)

Case Report:

48-year-old woman was admitted to our hospital with fever and cough for about 2 months. Laboratory data showed marked inflammatory changes, chest x ray showed cavitating area seen and right sided hydrothorax and chest computed tomography (CT) scans revealed right-sided hydrothorax, atelectasis of the right middle lobe, and a cystic mass in the right middle lobe. We diagnosed the patients as having lung abscess and empyema. After one week given intravenous antibiotic chemotherapy, symptoms x ray and laboratory data showed improvement,

A TYPICAL PRESENTATION OF INTESTINAL TUBERCULOSIS (Case Report)

Authors:

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Institution

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Introduction:

Intestinal T.B is of two types 1. Primary. 2. Secondary, Mostly it is a reactivation of Mycobacterium Tuberculosis, which is of secondary type Bovine T.B is caused by unpasteurized milk affect the intestine primarily.

Case Report:

35 Year old female, presented to MMCH with 7 years history of pain right iliac fossa, vomiting, loose motion, and low grade fever.

For these complaints she got treatment from various doctors, but could not get relived. About 4 months back, she consulted MMCH, where she was evaluated, CT scan showed right colonic stricture. Her colonoscopy done which revealed malignant looking polypoid lesion at ileocaecal valve. Biopsy taken which revealed chronic granulomatous inflammation consistent with tuberculosis. Causing intestinal Obstruction. ATT started and on 27-05-2008 she was operated. A right limited hemicolectomy with end to end anastomosis done specimen sent for histopathology. Biopsy report revealed ileocaecal tuberculosis.

Wilson's Disease

AUTHORS:

Minahil Haq (4th Year MBBS)
Dr. Muhammad Ali (Consultant Physician)

INSTITUTION:

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas

A B S R A C T

INTRODUCTION:

Wilson disease is an inherited copper metabolism dysfunction disease, characterized by cirrhosis & CNS findings. Although it is extremely rare in clinical practice, Wilson disease important because it is fatal if not recognized & treated.

BACKGROUND:

Wilson disease or hepatolenticular degeneration is a neurodegenerative disease of copper metabolism. In 1912 Wilson, first described it is an autosomal recessive disorder due to mutation of MURRI gene. Its incidence is 1 in 35,000 – 100,000 lives births.

CASE:

On 30th July 2007 at department of Medicine, we find out a case of Wilson disease in 19 years old young man on bases of investigation & clinical findings.

EMERY DREIFUSS MUSCULAR DYSTROPHY (A RARE CONGENITAL MUSCULAR DYSTROPHY)

Authors:

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Introduction:

Emery Dreifuss muscular dystrophy also known as scapuloperoneal or scapulohumeral muscular dystrophy is a rare x- linked recessive dystrophy.

EDMD is characterized by clinical triad of:

- ✚ Joint contractures that begins in early childhood
- ✚ Slowly progressive muscular weakness and wasting
- ✚ Cardiac involvement that may manifest as palpitation, syncope, poor exercise tolerance and congestive cardiac failure. (late presentation)

Clinical presentation ranges from early onset with severe presentation in childhood to late onset with slow progression in adulthood. Diagnosis based on clinical triad, serum CK concentration, EMG, Muscle histopathology and gene detection which is confirmatory. Management is supportive for contractures and weakness of muscle, specific treatment for cardiac features including anti arrhythmic drugs, cardiac pacemakers and even heart transplantation.

Case Report:

8 year old child weighing 18 kg presented with inability to walk for last 03 months which was developing progressively. On examination , he had weakness of upper and lower limbs but more marked on lower limbs, he had contractures and increased ankle jerk and there was visible scoliosis, planters were normal and cranial nerves and sensory system was intact. Serum CK level turned out of be 5846 I.U/L. EMG was abnormal and showing the diagnosis of Emery Dreifuss muscular dystrophy. Patient is on supportive management and under regular follow up.

Hereditary Spherocytosis

AUTHORS:

Dr. Mehvish Saleem
Dr. Saima Mari
Dr. Abdul Qadir Khan
Dr. Waseem Raja

INSTITUTION

Department of Medicine, Muhammad Medical College & Hospital, Mirpurkhas

A B S R A C T

INTRODUCTION:

Hereditary Spherocytosis is an autosomal dominant disease. It is an inherited defect in red cell membrane that makes them spherical and make them vulnerable to splenic sequestration and destruction. It is characterized as anemia, jaundice, splenomegaly, leg ulcers and pigmented gall stone. Usually diagnosed in childhood milder cases are often incidentally discovered in adult life.

Case Report

A 17 year old girl resident of Mirpurkhas presented to us with exertional dyspnea, weakness and easy fatigability. In past history she had multiple blood transfusions since age of 2 years. Her grand father and twin sister also had some blood disorder. On examination she was anaemic, had splenomegaly, and a systolic murmur in aortic area.

INVESTIGATION:

Hemoglobin was 4.2G%, MCV is 80FL, blood film showed polychromasia and spherocytes. Her bilirubin (total) was 7.0mg/dl, bilirubin (direct) 1.2mg/dl, SGPT 28 U/L. She was diagnosed to have hereditary spherocytosis.

STATE OF THE ART

Cancer, a disease not a death sign

Col Tariq Nadeem Ansari
Professor of Oncology
National Cancer Institute Rawalpindi

Cancer in Pakistan is major healthy problem. Various factors are causing cancer burden on increase. A growing and aging population and tobacco use and westernization diet. Like all unhappy things, one does not bother about cancer and some one hear about a cancer patient, we shrug it off as we assume that it will never touch us and its something that happens to only other people.

World over 30 million people are affected by cancer. About 9 million people are newly diagnosed. The dilemma is that 50% of these belong to the developing world where only 5 % of the total world resources are available. The 5-year survival rate for all cancers combined is about 60%. Worldwide lung and breast cancers are leading causes of cancer related morbidity among men and women respectively.

Its useful to know some facts about cancer. The person, who has never hear about oncology or cancer, think it to is a new disease and other who happens to have been in touch by some mean feel that cancer is on increase.

It is believed that man has been fighting cancer since it was first identified in Hippocrates time, 400 BC it was not until 20th century that few cancer patients had hope of cure.

Due to ignorance, fear or shame many people do not seek medical advice but now with more awareness about cancer on the part of public, now cancer more appropriately treated with better results.

Pakistan is an agro-based developing country. Until recent past 2% of the GNP was designated for health. Health insurance system neither exist nor feasible in the country because of the level of education in this country. Like many other developing countries due to know reasons cancer is becoming a major healthy issue in this country as well. There is no population-based tumor registry in Pakistan, except in Karachi. Pakistan Medical Research Council has established tumor registry in various part of the country. Local cancer registry has been established in Lahore to determine the pattern of cancer in the Punjab province of Pakistan.

Cancer is a group of diseases characterized by uncontrolled growth and spread of normal cells in the body. Cancer remains the second leading cause of death world over. Primarily cancer has two etiologies. External factors like chemicals, radiation exposure or viruses and endogenous ones like hormones, immune conditions or inherited genetic mutations could cause it. The risk of cancer increases with increasing age, with tobacco abuse or with a positive family history of cancer.

Most cancer are either preventable or be detected earlier at a stage when a combined modality treatment could lead to a life long cure. Today specialties involved in cancer management include surgery, clinical oncology (Radition oncology). Medical oncology and clinical

Hematology Early detection greatly enhances the effectiveness of cancer control and mainly surrounds around healthy education and cancer screening programmes.

The aim of cancer control is a reduction in both the incidence of the disease and associated morbidity and mortality. Its achievement requires not only sound knowledge of the disease process but also an understanding of the social and economic factors which govern now that knowledge can be put to effective use. The following are the four principal approaches to control:

Prevention means or eliminating exposure to carcinogenic agents, and includes reducing individual susceptibility to the effect of such agents. It is this approach that offers the greatest chance of successful long-term cancer control.

Increasing awareness of the sign and symptoms of cancer contributes to early detection of the disease. Where tests for cancer of specific sites are available, screening of apparently healthy individuals can disclose cancer in precursor or early stages, when treatment will be most effective.

Cancer treatment is becoming increasingly effective, with the result that survival times in certain types of cancer now exceed 5 years for more than half the patients in developed countries. However, 5-year survival rate is around 20% in many developing countries, partly because of the unavailability of treatment but also because of delays in seeking medical attention.

Palliative care is critical for most of the five million cancer patients in the world who die annually. Awareness among the masses is the cornerstone in cancer prevention. Newer anti cancer drugs and latest equipment available can help fight cancer effectively. The notion “cancer~ death” no longer is accepted and cancer treatment has become extremely safe.

PWC کی اب 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 کیا گیا ہے۔
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، وائر کولر کی تنصیب، ICU کے ایئر کنڈیشنرز، مریضوں کے لواحقین کے لیے بیچر، ٹی وی، اسپتال کو چند آلات کی فراہمی وغیرہ کی گئی ہیں۔

غریب مریضوں کی امداد میں آپ کس طرح PWC کا ہاتھ بٹا 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 ڈیڑھ ہزار روپے (اوسط درجے کا کھانا) سے ڈھائی ہزار روپے (ایچھے معیار کا کھانا) خرچ آ سکتا ہے۔

☆ ذاتی طور پر اپنے کسی قریبی عزیز کی یاد میں صدقہ جاریہ کے طور پر آپ اسپتال میں ایک بیچ، میحاری گدے، میڈیکل کے چھوٹے بڑے آلات سے لے کر اسپتال میں مستطلاً 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

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

**Charity work of Muhammad Medical College
Hospital Financial Year 01-07-2007 to 30-06-2008**

S · N O		AMOUNT	NO. OF PATIENTS
1	<u>PATIENT WELFARE CLUB</u> (free meals, medicines, investigation)	480,545	7958
2	<u>OPD</u> Normal Fee Rs.10/- per Patients Waived	101,850	10185
3	<u>INVESTIGATIONS</u> (includes concessions and waived charges on already subsidized tests in our laboratory)	1981,890	17161
4	<u>HOSPITAL CHARGES</u> (Normal fee Rs.25/ per day bed fees, and other charges at subsidized rates given free)	72,725	360
5	Medicines routinely given free of charge at OPD	481,332	Unspecified OPD patients
	TOTAL	3,118,342	35,664 (+ unspecified 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.
3. Expenses incurred and patients dealt during our totally free medical camps held at least twice a year are not included in the above chart.