

8th ANNUAL MEDICAL

SYMPOSIUM

MUHAMMAD MEDICAL
COLLEGE, MIRPURKHAS
06-07 OCTOBER 2010

THEME:

MEDICAL DISASTERS FOLLOWING
NATURAL CALAMITIES IN PAKISTAN



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PROGRAM
Annual Medical Symposium 2010
Pre- Symposium Seminar
Key Medical Topics Review
Pakistan Medical Association, Mirpurkhas
5th October 2010

PROGRAM	VENUE	TIMINGS (PM)
Welcome & Recitation Dr. Shamsul Arfeen Khan	Auditorium – A (Ground Floor)	2:20 – 2:30
Hepatitis C - A Review Dr. Abdul Qadir Khan	Auditorium – A (Ground Floor)	2: 30 – 2: 50
Selecting patients for treatment in Hepatitis B Dr. S. Zafar Abbas	Auditorium – A (Ground Floor)	2:50 – 3:10
Reproductive complication of Diabetes Mellitus Dr. S. Razi Muhammad	Auditorium – A (Ground Floor)	3:10 – 3:30
Vote of Thanks Dr. Ashfaq Lodhi (G.S, PMA)	Auditorium – A (Ground Floor)	3:30

PROGRAM
Annual Medical Symposium 2010
DAY ONE: (6th October 2010)

PROGRAM	VENUE	TIMINGS
Registration	Entrance of Auditorium - A (Ground Floor)	09:00 – 10:00
Scientific Session – I (Free Papers) Students Session	Auditorium – A (Ground Floor)	08:45 – 11:00
Scientific Session – II	Auditorium – A (Ground Floor)	11:00 – 11:45
	i. Dr. Naveed Mansuri (Hamdard, Karachi)	11:00 – 11:10
	ii. Dr. SeemaMumtaz (Hamdard, Karachi)	11:10 – 11:20
	iii. Dr. Ayesha Majeed (LUMHS)	11:20 – 11:30
	iv. Dr. Maheen Ali (AbbasiShaheed)	11:30 –11:40
Scientific Session – III (Annual Scientific Meeting of Society of Surgeons, Mirpurkhas Chapter)	Auditorium – A (Ground Floor)	11:45 – 13:45

Lunch and Prayer Break	Canteen/Masjid	13:45 – 14:30
Inauguration of Posters	Posters Hall (First Floor)	14:30 – 15:30
CLOSE		15:30

PROGRAM
Annual Medical Symposium 2010
DAY TWO: (7th October 2010)

PROGRAM	VENUE	TIMINGS
Registration	Entrance of First Floor	08:00 – 09:00
Announcement of Awards for Students Oral presentations	Prof. Hassan Memon Hall (Auditorium – B)	08:45 – 09:00
Scientific Session – IV	Prof. Hassan Memon Hall (Auditorium – B)	09:00 – 10:30
	i. Dr. Shahid Hussain Memon – Recent Concepts in Heart Failure.	09:00 – 09:15
	ii. Dr. Abdul Qadir Khan	09:15 – 09:30
	iii. Dr. Jawaid Rajput- Operation Theatre – an inside story!	09:30 – 09:45
	iv. Dr. Umar Daraz (NIMRA, Jamshoro)	09:45 – 10:00
	v. Prof. FaizHalepoto	10:00 – 10:15
	vi. Prof. MumtazMemon	10:15 – 10:30
Inauguration Session – I (Opening of Exhibition and Poster Viewing)	Exhibition and Poster Halls	10:30 – 11:30
Inauguration Session – II	Prof. Hassan Memon Hall (Auditorium – A)	11:30 – 12:30
	1. Recitation of Holy Quran	
	2. Theme speech and welcome address <i>Prof. S. Razi Muhammad</i> (Managing Trustee)	
	3. Inauguration of <i>Journal of MMC</i>	
	4. Scientific work and research progress at MMC & MMCH over last one year <i>Prof. S. Zafar Abbas</i> (MS MMCH; Chairman Scientific committee)	
	5. Speech by Chief Guest	
	6. Vote of Thanks <i>Prof. Ghulam Ali Memon</i>	

Announcement of Awards for Posters	Prof. Hassan Memon Hall	12:30 – 12:45
Scientific Session – V (Invited Talks)	Prof. Hassan Memon Hall (Auditorium – B)	12:40 – 14:00
	1. Prof. Abdul Sattar Memon – Endoscopy in the new millennium	12:45 – 13:15
	2. Prof. Rafi Ghori Recent Advance in Diabetes Mellitus	13:15 – 13:45
Lunch, Prayers, Poster Viewing Exhibition	Hospitality Suites, Masjid, Poster Hal	13:45 – 14:45
Awards Ceremony	Prof. Hassan Memon Hall (Auditorium – B)	14:45 – 15:30
CLOSE		15:30

**WELCOME ADDRESS & THEME SPEECH of 8th MEDICAL SYPOSIUM
MEDICAL DISASTERS FOLLOWING NATURAL CALAMITIES IN PAKISTAN**

**By
Prof. Dr. Syed Razi Muhammad
MBBS, FRCS (ED), FRCS (GI), Dip. Urology (London)
Managing Trustee, Muhammad Foundation Trust**

the rain continued with unrelenting fury,
sparing none in proximity with earth,
submerging visible land with pools of cloud water.

**Honourable President of the Symposium, Vice Chancellor University of Sindh, honourable principal and members of the faculty, distinguished guests including members of PMA, 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 eighth 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 12 years old, having produced 7 batches of doctors and now admitting 13th batch of students, I have great news to tell you. On this occasion, the first ever Scientific Journal of Mirpurkhas division, "Journal of Muhammad Medical College" or "JMMC" is being inaugurated.

Ladies and gentlemen, Muhammad Medical College is the first Medical College of Pakistan established in a deprived rural & poor urban region. However, Mirpurkhas is a place of very friendly people. It does not see 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.

2010 is a year of devastating rain and floods. Rain first hit Balochistan in third week of July and then followed in Khyber Pakhtunkhwa (KPK), Punjab and Sindh well in August. The rainfall was so heavy that in 2 days more rain fell than is usual during entire year. There was devastating flood in local rivers and nullahs of Balochistan, rivers Swat, Panjkora and Kabul in KPK, and later in river Indus at Punjab and Sindh.

These rains and floods have resulted in nearly 2000 deaths, 3000 injuries, 2 million household damages and over 2 million Hectares of cropped area damages. 78 districts all over Pakistan have been affected and a staggering 20 million people have been affected, most of these having to leave homes with all their belongings destroyed. The exact figures as of 2nd October 2010 are ([www. Pakistanfloods.pk](http://pakistanfloods.pk))

<http://pakistanfloods.pk/>

Damages & Losses (As of Oct. 02)

Deaths	1,961
Injured	2,995
Household damaged	1,910,439
Population affected	20,184,550
Cropped areas (Hectares)	2,244,644
District Affected	78

If we consider geographical space and population affected, the magnitude of destruction was greater than twice the total sum of five greatest calamities of new millennium, i.e.

1. Pakistan Earthquake 2005
2. Cyclone Katrina 2005
3. Indian Ocean Tsunami 2004
4. Cyclone Nargis 2008 and
5. Haiti Earthquake 2010

Besides loss of valuable lives, this calamity has destroyed cultivated land, roads, bridges, rail network, houses, livestock, hospitals, dispensaries, schools, electricity instalment and headworks. Besides these a large number of breaches in the Indus River embankments (prominently including in the Left Marginal Bund of Taunsa Barrage, Rangpur Canal, Muzaffargarh Canal, Jampur Flood Bund (Punjab), breaches in Tori Flood Bund, Dadu Moro bridge, Ghouspur Bund, Beghari Sindh Feeder Bund, Old Ghora Ghat Bund, Haibat Loop Bund, MNV Drain, Khirther Canal, Moolchand Shahbundar Bund and Manchar Lake in Guddu – Kotri down stream reach (Sindh) have occurred.

Structural damages are estimated to exceed 4 billion USD, and wheat crop damages are estimated to be over 500 million USD. (*Preliminary Damage Estimates for Pakistani Flood Events, 2010. Ball State University Center for Business and Economic Research. August 2010*). Officials estimate the total economic impact to be as much as 43 billion USD (*Pakistan evacuates thousands in flooded south - Yahoo! News, News.yahoo.com, and Pakistan battles economic pain of floods. The Jakarta Globe. 2010-08-19*).

Two other major damages which have not been direct result of this calamity but have surfaced and come in limelight due to it are:

1. Poor response and lack of sensitivity by the world community towards a huge catastrophe faced by mostly poor and marginalised population of Pakistan. This has been accepted by United Nations and other international organisations. This has been attributed to lack of trust by the world which fears that money contributed would reach the pockets of corrupt bureaucrats and politicians. I believe another very significant factor is that our image has been tarnished in last two decades and has become that of a corrupt, intolerant and terrorist society. How much of this impression is fair and unfair is another matter.
2. The national response has been much less than that of 2005 Earthquake.
3. Although many people and groups have united to provide exemplary support to victims, widespread incidences of looting of evacuated homes and villages have been reported.

I believe that discussions and debates should be held and commissions made to explore the reasons behind these problems. Then the reasons should be addressed at every level with sincerity and honesty.

Now that actual flood is over, there is still water covering vast areas of domestic and cultivating land (greater than whole of England). The gigantic task of rehabilitation of 20 million people (larger than population of half of the countries of the world) is looming over us. The destruction of very meagre health infrastructure is yet another problem.

The Medical disasters we have seen in camps held by Muhammad Foundation Trust (MFT) and Muhammad Medical College (MMC) are infection related. Stagnant water and water borne diseases, along with other contagious diseases in people living close to each others in camps are posing huge problems. Ten common diseases seen by our teams in camps held by MFT & MMC included:

1. Gastroenteritis with diarrhea, vomiting and abdominal pain
2. Upper Respiratory Tract Infections
3. Eye infections especially Conjunctivitis
4. Ear infections
5. Scabies

6. Malaria
7. Measles
8. Meningitis
9. Hepatitis A
10. Hepatitis E

The five priority measures that we feel are critical to reduce the impact of communicable diseases after natural disasters include:

1. Provision of safe water, sanitation, site planning
2. Primary health-care services with early diagnosis and treatment of common conditions.
3. Referral and transport of patients with other diseases and serious illness to local marked hospital.
4. Mass vaccination against Measles.
5. Vaccination of newborn children.

Ladies and gentlemen. The magnitude of problem is huge. But we have to face it and win against the diseases attacking our brothers and sisters affected by this huge disaster. There is no other option. Make no mistake. There will be no losers and winners. Either we all win or we all loose. MFT & MMC have participated heavily in treating and providing relief to flood victims. Now we aim and wish to participate in rehabilitation process too. How can we not:

We are a human being

Nothing human can be alien to us!

Maya Angelou

At the end, I will show some slides of our efforts that we made for our brothers and sisters affected by flood.

Thank you very much.

10 good REASONS TO CHOOSE



- 1 An outstanding educational Institution of its kind in Mirpurkhas.
- 2 Recognized by BISE, Mirpurkhas, SBTE, Karachi and University of Sindh Jamshoro.
- 3 Very affordable fee with Educational stipends for deserving students.
- 4 Qualified and experienced faculty.
- 5 Air-conditioned Software Lab.
- 6 Well equipped laboratories for Biology, Chemistry and Physics.
- 7 Health Facilities for MiST students at almost zero cost from MMCH.
- 8 Learning alongside Medical students.
- 9 Preference in admission at MMC.
- 10 Transport facility available.

We offer

F.Sc. (Pre-Medical and Pre-Engineering)

BBA (Two years programme)

BCIT (Three years programme)

DBA (Equivalent to Intermediate)

a **BRIGHT**
future is
KNOCKING
at your **DOOR**



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Mirpurkhas, Sindh. Tel: 0233-862393, 0233-516049

**Abstract
Oral Presentation
Scientifics Program – I**

TITLE**All Cause Admissions In Different Departments Of Muhammad Medical College Hospital (MMCH) Mirpurkhas****Authors:-**

Yasir Arfat, (Final Year MBBS)
 Tehseen Bukhari, (Final Year MBBS)
 Sara Fayyaz, (Final Year MBBS)
 Humaira Shabbir, (Final Year MBBS)

Supervisor:-

Prof: Dr. S. Zafar Abbas, (Dept: Of Medicine)

Institution:-

Muhammad Medical College Hospital (MMCH) Mirpurkhas

Background:-

There are many diseases that human beings suffer. Most of the diseases require hospital admissions. The burden of O.P.D and Inpatients varies widely in different parts of world according to difference in environment, genetic and other factors.

In our country there are limited resources to deal with diseases. The data regarding hospital admitted patients is very important in making plans and decisions related to health economics and also helps greatly in planning disease preventions.

Aim:-

To determine the burden of diseases of patients admitted at MMCH.

Method:-

Retrospective study of computerized records of all admissions in MMCH during the year 2009. Hospital Research Ethics Committee approval was obtained (No. 021010/REC/031)

Results:-

2753 patients were admitted in different departments of MMCH.

1317 (48%) of them were males.

1436 (52%) of them were females.

Their Ages varied from new born to 102 years.

Age Group	No of Patients	Percentage
15 – 44 years	<i>n</i> = 1162	42 %
45 – 64 years	<i>n</i> = 868	32 %
> 65 years	<i>n</i> = 461	16 %
1 – 14 years	<i>n</i> = 192	7 %
< 1 year	<i>n</i> = 70	3 %

There were **234 (8.4 %)** deaths in hospital during study period.

Commonest 10 Diagnosis : Total (*n* = 2753)

S/No	Diseases	No of Patients	Mortality
01	CLD	<i>n</i> = 468 (16.9 %)	<i>n</i> = 70 (29.9 %)
02	Diabetes mellitus	<i>n</i> = 211 (7.6 %)	<i>n</i> = 12 (5.1 %)
03	G I T diseases	<i>n</i> = 134 (4.8 %)	<i>n</i> = 10 (4.2 %)
04	Tuberculosis	<i>n</i> = 127 (4.6 %)	<i>n</i> = 10 (4.2 %)
05	COPD	<i>n</i> = 74 (2.6 %)	<i>n</i> = 3 (1.2 %)
06	Acute Hepatitis	<i>n</i> = 71 (2.5 %)	<i>n</i> = 0
07	Carcinoma	<i>n</i> = 66 (2.3 %)	<i>n</i> = 19 (8.1 %)
08	Full Term Pregnancy	<i>n</i> = 57 (2.1 %)	<i>n</i> = 0
09	Anemia	<i>n</i> = 50 (1.8 %)	<i>n</i> = 2 (0.8 %)
10	Ischemic Heart Disease	<i>n</i> = 45 (1.6 %)	<i>n</i> = 5 (2.1 %)

Commonest 5 Medical Diagnosis : n = 1783 (65 %)

S/No	Diseases	No of Patients	Percentage
01	CLD	n = 414	23.2 %
02	Diabetes mellitus	n = 194	10.8 %
03	Hypertension	n = 119	6.6 %
--	Tuberculosis	n = 119	6.6 %
04	Gastroenteritis	n = 115	6.4 %
05	CVA	n = 87	4.8 %

Commonest 5 Surgical Diagnosis : n = 542 (20 %)

S/No	Diseases	No of Patients	Percentage
01	Renal Stones / Failure	n = 76	14 %
02	B.P.H	n = 42	7.7 %
03	Cholelithiasis	n = 34	6.2 %
04	Hernia	n = 28	5.1 %
05	Intestinal Obstruction	n = 27	4.9 %

Commonest 5 Gyn / Obs Diagnosis Were: n = 283 (10 %)

S/No	Diseases	No of Patients	Percentage
01	Full Term Pregnancy	n = 57	20.1 %
02	Fibroids	n = 22	7.7 %
03	Anemia In Pregnancy	n = 21	7.4 %
04	UV Prolapsed	n = 20	7 %
05	Pre Term Labour	n = 16	5.6 %

Commonest 5 Pediatrics Diagnosis: n = 145 (5 %)

S/No	Diseases	No of Patients	Percentage
01	Gastro Hepatology	n = 40	27.5 %
02	Low Birth Weight	n = 30	20.6 %
03	Respiratory Disease	n = 21	14.4 %
04	CNS Disease	n = 19	13.1 %
05	Sepsis	n = 18	12.4 %

Commonly Involved System: n = 2753

S/No	Diseases	No of Patients	Percentage
01	GIT / Hepatology	n = 689	25 %
02	Surgery	n = 542	19.7 %
03	Chest Diseases	n = 344	12.4 %
04	Gyn / Obs	n = 283	10.2 %
05	Endocrine	n = 231	8.3 %

Commonest Causes Of Death: n = 234 (8.4 %)

S/No	Diseases	No of Patients	Percentage
01	CLD	n = 70	29.9 %
02	Respiratory	n = 30	12.8 %
03	CVA	n = 24	10.2 %
04	Neurological	n = 24	10.2 %
05	Renal	n = 21	8.9 %
06	Carcinoma	n = 19	8.1 %
07	Diabetes Mellitus	n = 12	5.1 %
08	GIT	n = 10	4.2 %
09	IHD	n = 05	2.1 %
10	Miscellaneous	n = 17	7.2 %

Conclusion:-

According to study in MMCH, Liver & GIT diseases are the most common indications for hospital Admissions (22 %) & also the most common cause of death (34 %)

Health care providers should keep these facts in consideration for provision and distribution of resources to combat diseases more efficiently and effectively.

TITLE:**AN AUDIT OF NECK SWELLING IN SURGICAL DEPARTMENT OF MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS FROM 01-01-2008 TO 27-09-2010.****AUTHORS:**

Tayyaba Naureen, (Final Year MBBS)
 Mahira Jabeen , (Final Year MBBS)
 Fareeha Sana, (Final Year MBBS)
 Anila Zaman, (Final Year MBBS)
 Dr. Syed Razi Muhammad (Department of Surgery)

INSTITUTION:

Department of Surgery Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT**BACKGROUND:**

There are many causes of neck swelling. No data exist regarding their aetiology and demography in our region.

AIM:

To undertake an audit of neck swelling of patients admitted in surgical department, observed at Muhammad Medical College Hospital from 01-01-2008 to 27-09-2010.

METHOD:

Filling the form developed to retrieve information from files of patients admitted in surgery department of Muhammad Medical College Hospital 01-01-2008 to 27-09-2010. Ethical approval was taken from hospital's (MMCH) Research Ethics Committee with REC No. (02/010/REC/ 033).

RESULT:

Out of 53 patients 30 Male (56.60%) and 23 Female (43.03%) the average age was 25.24 years (5 – 45 years)

COMMONEST NECK SWELLING OBSERVED WERE

DISEASES		MALE	FEMALE
Cervical lymphadenitis	n=16 (30.2%) av. age = 6.7 years range= 5-10 years	n=9 (56.25%) av. Age=7.4 years range=5-8 years	n=7 (43.75%) av. Age=6 years range=5-10 years
Goiter	n=14 (26.41%) av. Age=26.20 years range=20-30 years	n=6 (42.85%) av. Age=24.16 years range=20-30 years	n=8 (57.14%) av. Age=28.25 years range=22-28 years
Lipoma	n=9 (16.98%) av. Age=32.54 years range=25-40 years	n=7 (77.77%) av. Age=30.57 years range=25-40 years	n=2 (22.22%) av. Age=34.5 years range=30-39 years
Sebaceous cyst	n=7(13.20%) av. Age=28 year range=22-30 years	n=6 (85.71%) av. Age=26 years range=22-30 years	n=1 (14.28%) av. Age=30 years range=30 years
Carcinoma of thyroid	n=6 (11.32%) av. Age=35.4 years range=25-45 years	n=2 (33.33%) av. Age=37 years range=30-45 years	n=4 (66.66%) av. Age=33.8 years range=25-45 years
Thyroglossal cyst	n=01 (1.9%) av. Age=10 years range=20 years	n=0 (0%) av. Age=0 years range=0 years	n=1 (100%) av. Age=20 years range=20 years

Lymphadenopathy aetiology:

TB=75% (n=12)
Malignancy=12.5% (n=2)

Goiter:

Solitary=10
Multinodular=3
Diffuse=1
Malignant=21.42% (n=3)

CONCLUSION:

There are many causes of neck swelling of which lymphadenopathy (30.2%) and goiter (26.4%) are commonest in our region. TB is by far the commonest cause of cervical lymphadenopathy in our patient (75%). All 16 patients were children under 10 years of age.

TITLE

An Audit Of Upper GI Bleed At Muhammad Medical Hospital

AUTHORS:

Abaid Ur Rehman (Final Year)
Akhter Abbas(Final Year)
Asif Mahmood(Final Year)
Prof.Dr. S. Zafar Abbas

INSTITUTION:

Section of Gastroenterology, Department of Medicine,
Muhammad Medical College MirpurKhas.

ABSTRACT

BACKGROUND:

Upper GI Bleed(UGIB) is a common GI emergency. Although commonest cause of this in western text books is bleeding peptic ulcer disease (PUD), in Pakistan bleeding oesophageal varices(BOV) are thought to be number 1 cause for unselected UGIB.It carries a mortality of up to 15%.

OBJECTIVE:

To determine the causes, presentation and mortality of UGIB.

METHODS:

Retrospective review of endoscopy records and case note of all patients admitted with UGIB between October 2009 and September2010. This study was approved by Hospital Research Ethics Committee,with REC no: 300910/REC/004.

RESULTS:

69 Patients [37 (53.62%) males] and [32 (46.38%) Females] were admitted in 1 year between October2009 and September2010 with UGIB. Their average age was 45.74years (range 15 to 70 years). The presentation was Haematemesis [n=53 (76.81%)], Melaena [n=29 (42.0%)] and both Haematemesis and Melaena [n=20 (29.0%)]. There were features of shock (Pulse >100beat/min, B.P <100mmhg Systolic) in n= 5 (26.3 %) patients on admission. The average Haemoglobin on admission was 8.3g/dl (range 4.6 to 11.9g/dl). Average no. of blood transfusion given was 2.7(range 1 to 7) unitsUpper GI Endoscopy (UGIE) was performed in all of them. Average time from admission to endoscopy was 3days (range 0 to 6 days). Findings at endoscopy were Bleeding Oesophageal Varices n= 49 (71.01%), Portal hypertensive Gastropathy n= 24(35%) >PHG with BOV n= 18 (75%) >PHG without BOV n= 6(25%), Gastric Varices n= 13 (18.8%) >GV with BOV n= 1 (8%) >GV without BOV n= 12 (92%), Gastric Ulcer n= 11 (16%)Duodenal Ulcer n= 7 (10.2%)-One of them was NSAID induced, Gastro-duodenal Erosions n= 2 (2.9%)-One of them was NSAID induced,Oesophagitis n= 2 (2.9%), Upper GI Malignancy n= 1 (1.5%)10 patients (14.5%) had a normal endoscopy.35 patients (51%) had more than one finding on OGD.

INTERVENTION:

included, Endoscopic Varical Band Ligation (EVBL) n: 44 (90%) Injection Sclerotherapy (IST) For BOV n: 2 (4%) For Gastric Varix n: 1 (8%) For DUD n: 1 (14%) Average length of hospital stay was 6 days (range 1 to 11day). No patient died during admission.

CONCLUSION:

Upper GI Bleed is a common GI Emergency. Commonest cause of UGIB in our setup is BOV (71.01%). Its common presentations include Haematemesis (76.8%), Melaena (42.0%) or both (29.0%). 94% of all patients who presented with BOV were treated endoscopically. No mortality was recorded in this study.

TITLE:

Evaluation of abdominal pain in 100 patients presented in Muhammad Medical College Hospital, Mirpurkhas since January 2010 till present

AUTHORS:

Burhan Rasheed (final year)
Faisal Shafique (final year)
Kaleem Ahmed Nazir (final year)
Prof. Dr. Syed Razi Muhammad

INSTITUTION:

Muhammad Medical College Hospital, Mirpurkhas.

INTRODUCTION:

Patients with abdominal pain may present to different departments. A correct diagnosis can be reached clinically in most cases which help to ensure prompt and appropriate management.

ABSTRACT**AIM OF STUDY:**

To figure out the incidence and characteristics of abdominal pain in patients admitted in Muhammad Medical College Hospital since January 2010 till present.

METHOD:

A retrospective study was conducted that included 100 consecutively admitted patients with abdominal pain in Muhammad Medical College Hospital from January 2010. The data was compiled after studying 100 cases. Hospital's Research Ethics Committee approved this study (021010/REC/034)

RESULTS:

Out of 100 patients, most cases were between 20-40 (46%) or 40-60 (30%) years of age with slight female predominance (56/100). Eighty nine presented with localized abdominal pain and 11 patients with generalized abdominal pain. Seven out of 89 had abdominal pain in more than one region. The most commonly involved region was epigastrium (n=41) followed by right hypochondrium (n=15) and hypogastrum (n=10). Type of pain was mentioned in 36 notes and the most common among them was dull (36%) followed by burning (28%), sharp continuous (22%) and colicky (14%). Ten percent patients presented with abdominal pain radiating to other sites. Sixty one percent patients also had associated factors like nausea, vomiting, constipation, dizziness, headache and fever. Total 25% patients mentioned an aggravating factor like food (16%) and movement (9%). Diagnosis included hepatitis-C induced complications causing abdominal pain (n=25) followed by peptic ulcer disease (n=10), cholelithiasis (n=6), dyspepsia (n=5), acute appendicitis (n=5), intestinal obstruction (n=4), gastro-enteritis (n=4), acute Pancreatitis (n=3), pelvic inflammatory disease (n=3) and 35 had miscellaneous causes. Only 1 mortality (patient with decompensated liver cirrhosis) was recorded.

* Miscellaneous : Hepatitis-B, full term pregnancy, ovarian cyst, ovarian tumor, splenic rupture, uterine fibroid, psoriasis, renal stones, BPH, peritonitis, generalized anxiety disorder, liver abscess, cholecystitis, myocardial infarction, hepatoma, diabetic keto-acidosis, UTI, constipation, macrocytic anemia, acute & chronic renal failure, ileo-cecal carcinoma.

CONCLUSION:

The pattern of abdominal pain in our study may be different from other studies as commonest cause in our study was Chronic Hepatitis-C induced complications (25%).

REGIONAL DIVISION OF CASES WITH ABDOMINAL PAIN

- Number of patients with localized abdominal pain = 89
- Number of patients with generalized abdominal pain = 11

<u>Right Hypochondrium</u> 15 Patients	<u>Epigastrium</u> 41 Patients	<u>Left Hypochondrium</u> 3 Patients
<u>Right Lumbar</u> 3 Patients	<u>Peri-umbilical</u> 3 Patients	<u>Left Lumbar</u> 3 Patients
<u>Right Iliac Fossa</u> 6 Patients	<u>Hypogastrum</u> 10 Patients	<u>Left Iliac Fossa</u> 5 Patients

- Total 7 patients out of 89 presented with abdominal pain in more than one region.
- Total number of patients with abdominal pain = 100

Title

FLOOD RELIEF ACTIVITY IN KOT ADDU DISTT.M.GARH

Arranged by:

Government of Punjab & UNICEF

Authors:

Akhter Abbas (Final year)
Abaid ur Rehman (Final year)
Asif Mehmood (Final year)
Dr. Saad (drug inspector THQ Hospital Kot Addu)
Prof. Dr. Syed Zafar Abbas (Department of Medicine)

Institution:

Tehsil Head Quarter (THQ) Hospital Kot Addu Distt. Muzaffar Garh

ABSTRACT

Background / Introduction:

During August and September 2010, Pakistan saw the worst national calamity of flood. It is anticipated that the country will continue to face medical problems caused by flood for a long time to come. The Government of Punjab and UNICEF arranged camps at different areas of southern Pakistan to fight against diseases surfaced during recent flood to decrease the mortality and morbidity of the population.

Aim:

To assess the nature and severity of diseases caused during flood times at southern city (Kot Addu) of Punjab in Pakistan.

Methods:

Retrospective study of records kept at medical camps established to fight against diseases spreading due to flood as flood relief activity of Govt. Of Punjab with UNICEF in THQ hospital Kot Addu from 7 August to 7 September 2010 Approval of hospital's Research Ethics Committee was obtained (REC No 011010/REC/016)

Main results:

Total no. of pts. Was 28642. Out of this, Adults pts was 14816 [male 8738 (58.98 %) & female 6078 (41.02 %)] cases. Male to female ratio is 1.44:1. with P.O.U 4029(27%) cases, with Skin infections 3348 (22%) cases, with Gastro 2967(20%) cases, with Trauma/Injuries 1022(7%) cases, with ARI/RTI 927(6%) cases, with Eye infection (esp. Conjunctivitis) 408(3%) cases. With Malaria 302(2%) cases, With Ear infections 81(0.8%) cases, With Snake bite 12(0.1%) cases, With Dog bite 12(0.1%) Other Diseases are 1708(12%) cases. Total Mortality in adults was 49(0.33%) [Male 31(63.29 %), female 18(36.71 %)] cases.

Out of 28642 Pts, Children pts. was 13826 [male 8581 (62.05 %) & female 5245 (37.94 %)] cases, Male to female ratio is 1.5:1. with Gastro 4905(35%) cases, with PUO 2367(17%) cases, with Skin infection 2153(16%) cases, with ARI/TRI 1939(14%) cases, with Trauma/Injuries 665(5%) cases, with Malaria 417(3%) cases, with Ear infection 237(1.7%) case, with Eye infection (esp. Conjunctivitis) 185(1%) cases, with Dog bite 19(0.2%) cases, with Snake bite 5(0.1%) cases, Other Diseases are 904(7%) cases. Total Mortality 44(0.318%) [Male 31(70.45 %) & female 13(29.55 %)] in children. Total Mortality in all children and adult patients was 93/28642[(3.5/1000) or (0.35%)]

Conclusions:

Whereas food have caused devastating problem in Pakistan, the medical disasters following flood in Pakistan have resulted in a significant rate of deaths (>3%) as well as a high morbidity. It will take a long time and massive efforts as a part of Government and other organizations to combat them. Major medical problems currently include Gastro, ARI/RTI, Skin infections, PUO, Injuries and Malaria etc.

Title**Frequency of Iron deficiency in Microcytic Anaemia****Authors:**

1. Rabia Hameed (Final year)
2. Kiran Mehmood (Final Year)
3. Syed Zafar Abbas (Prof)

Institutions:

Department of Medicine, Muhammad Medical College & Hospital Mirpurkhas.

Introduction/ Background:

There are many causes of anaemia. In our part of the world, Iron deficiency anaemia (IDA) and Beta – Thalassemia minor are two important causes of microcytic anaemia (MA). It has been anecdotally reported that most doctors prescribe Iron supplements for all MAs. However this practice may not be in best interest of patients if they do not have IDA.

Objective:

To determine the prevalence of IDA in patients with MA.

Methods and Subjects:

Retrospective review of all reports of serum ferritin tests done on samples of patients with MA, received consecutively between January 2010 & September 2010. Reference Research Ethic Committee Hospital gave approval for study No. 021010 / REC / 025.

Results:

63 patients had serum ferritin level checked as they were found to have MA. Their average age was 27 years (range 6 month - 60 year). 40 (63 %) of them were women. Out of the total, 37 [(59 %): average age 22 years], were found to have a low ferritin level confirming Iron deficiency. 24/40 [(60 %): average age 26 years] women tested were found to have IDA, whereas 13/23 [(56 %) : average age 17 years] men tested had IDA.

Conclusions:

Only 58.7% of all patients with MA turned out to have IDA. Chances of being iron deficiency were almost equal (60% VS 56%) , but at a younger age (26 vs 17 years) MA was found in males. Clinicians therefore must investigate further instead of prescribing Iron supplements to all MA patients.

Title**Increasing Incidence of Anti-HCV Seropositivity in Subjects in Karachi, Pakistan****Authors**

Khan, Imran Ahmed
Abdullah, Farhan Essa
Pasha, Hamdan Ahmed
Memon, Adeel Ali
Shah, Ujala Nadir
Ali, Komail Mujtaba
Shah, Syed Bilal Hussain

Institution (where the work has been performed)

Dow Medical College, Dow University of Health Sciences, Karachi, Pakistan
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ABSTRACT**Background / Introduction:**

Hepatitis C (HCV) has become a major health problem in developing countries. It is an enveloped single stranded genome having positive polarity being a member of flavivirus family. It usually spreads through contact with infected blood. It can also spread through sex with an infected person and from mother to baby during childbirth. Chronic carrier's state occurs more often with HCV than with Hapatitis B infection. Many infections with HCV are asymptomatic, with a mean incubation period of eight weeks and with yet no vaccine available makes it more prone for transmission. HCV infection also leads to autoimmune reaction making it one of the greatest challenges in Pakistan compounded with the Low Socio economic standing and lack of screening protocols.

Aims:

To determine the current frequency of circulating HCV antibody in subjects in Karachi, Pakistan and compare it with previous observations

Methods:

A total of 31,844 individuals of both sexes presenting at a private diagnostic lab and its branches in key areas of Karachi city were screened for Anti-HCV antibody during an 18-month period ending June 30, 2010. Positive tests were detected using EVOLIS automated 4th generation analyzer and confirmed with COBAS e411 random access solid phase chemiluminescent enzyme immunoassay

Main results:

A total of 2896 (9.1%) positive cases were detected in those assessed. The youngest positive subject was a 10-year-old female, the eldest an 82-year-old male. The majority of carriers (48.2%) were aged 30-49 years and 53.1% of those testing positive in Karachi were female

Conclusions:

Hepatitis C antibody incidence in Karachi subjects have steadily increased from 3.14% in 2002-04 to currently 9.1%, encouraging enquiry of grounds explaining the increasing spread of a significant virus.

TITLE :**INFECTION CONTROL PRACTICES AMONG GENERAL PRACTITIONERS****AUTHORS:-**

Abubakar Riaz, M. Amanullah Khan, Syed Ahmed Raza (4th year MBBS)
Dr. Asif ali

Facilitator:-

Dr. Pir Muqadas
Dr. Noor Ali Samoon
DEPARTMENT of community health science, MMC.

Introduction:-

In order to determine Infection Control Practices (ICP) in our Health Care Practitioners (HCP), this study is to assess ICP of our health workers. Control of infection in general practice as received increasing attention in recent years, particularly with emergence of HIV, hepatitis B, C, wart virus (human papilloma virus).

Objective:-

To assess the infection control practices (ICP) among general practitioners.

Study Design:-

Cross Sectional Descriptive study

Place And Duration:-

The study was conducted in Multan, Faisalabad, DG Khan and Bhawalnagar of Punjab from July to August 2010

Subject And Method:-

In this study 50 GPs were selected, 07 refused to participate in the study. On the basis of convenience sampling, a pre tested close ended questions were used and answer their practices.

Result:-

The total study subjects population was Forty Four Percent (n=33) are males and Twenty Tree Percent (n=10) are females. Mean age among them is 41 years. Forty Four Percent (n=19) are graduates and Fifty Six Percent (n=24) are postgraduates. Ninety Five Percent (n=41) used fresh disposable syringes at time of injection.

Only Twenty Three Percent (n=10) used mask when examining patient with contagious diseases. Forty Six Percent (n=20) experienced needle stick injury at least once during their practices. Only Sixty Seven Percent (n=10) respondents took antiseptic measures before use of metal tongue depressor from one patient to another. Eighty Four Percent (n=36) were complete vaccination against HBV. Only 21% (n=9) wash hands after examining the patients with contagious illness.

Conclusions:-

Practices among general practitioner are not so good. Many of GP's do not use safety measures while examining the patients of contagious diseases. There should be proper training regarding ICP among GPs such as two hand recapping of needles, use of sterilized gloves and the mask.

Title:

Mortality in Decompensated Cirrhosis(DC)-single vs multiple decompensations

Authors:

Hassan Nadeem (Final Year)
Hanifullah (Final Year)
Abuzer Ali (Final Year).
Supervioser: Dr.Syed Zafar Abbas.

Institution:

Department of Medicine,Muhammad Medical College,MirPurKhas,Sindh.

Background:

Decompensated Cirrhosis(DC) is said to set in when a cirrhotic patient develops persistent jaundice(PJ),ascites,portosystemic encephalopathy(PSE) or bleeding oesophagealvarices(BOV).Mortality of DC is very high(50% mortality in 1.8 years) however when more than onedecompensations occur in combination,mortality is said to be higher.

Aims:

We conducted a study to find out the frequency of various form of decompensations,and to see if there were differences among mortality rate in single vs multiple decompensations.

Method:

Retrospective analysis of case mortality of 220 patients admitted with DC consecutively under department of Medicine over last two years.This study was approved by hospital's Research Ethics Committee with REC approval number;280910/REC/001.

Result:

Out of 220 patient admitted with DC,there were 50.4% males and 49.5% females.

Average age of such patient was 52.3 years(Ranges from 10 to 90 years).

The frequency of decompensations was as follow;

PJ	24.5% (n=54)
Ascites	73.1% (n=161)
PSE	30.4 % (n=67)
BOV.	16.8%(n=37)

59.09 % (n=130) of patient were admitted with a single decompensation ,where as 35% (n=77) patients had two,5.9% (n=13) patient had three features involved , no patient present with all four features.

In-hospital mortality rate were as follow;

Single decompensation	11.5%
Two decompensation features.	24.6%
Three decompensation features.	30.7%

Average length of stay in hospital before death was 3.2 days(Ranges from 1 to 22 days).

Average age of patient who died was 46.9 years(Ranges from 12 to 90 years).

Mortality rates in different decompensations was as follow;

PJ 16.6%(n=9)(in single decompensation n=1/8 (12.5%), in two n= 7/41 (17.07%) while n= 1/5 (20%) in three).

Ascites 14.2%(n=23)(in single decompensation n= 6/87 (6.89%), in two n=13/66 (19.7%) while n= 4/8 (50%) in three).

HE 35.8%(n=24)(in single decompensation n= 7/24 (29.16%), in two n= 13/35 (37.14%) while n= 4/8 (50%) in three).

BOV 24.3%(n=9)(in single decompensation n= 1/15 (6.67%), in two n= 5/15 (33.33%) while n= 3/7 (42.86%) in three).

Conclusion:

Commonest form of decompensation is ascites (73%), With increase in the number of decompensation features, mortality also rises sharply. Highest mortality was seen in HE – whether presenting as a single feature of decompensation or in association with other features.

Title**UBIQUITY OF MALARIA AMONG THE INHABITANTS OF KARACHI, PAKISTAN****Authors**

Abdullah, Farhan Essa
Tajjamul, Anam
Shakeel, Mubaira
Ali, Qurut-ul-Ain
Hanif, Aisha
Memon, Adeel Ali
Pasha, Hamdan Ahmed

Institution (where the work has been performed)

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Dr Essa's Laboratory and Diagnostic Centre, Karachi, Pakistan

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ABSTRACT

(Confine the body of the abstract to not more than 250 words)

Background / Introduction:

Malaria is the most common blood born parasite which has been declared as life threatening problem not only in Pakistan but being the most common infectious disease, a leading cause of death world-wide. Malaria is caused by four Plasmodium species spread by Female Anopheles Mosquito to humans in whom schizogony cycle takes place. With the floods of 2010 it is feared that Malaria cases may increase exponentially. It is pertinent to find out the current status and prevalence of different species to mark the basic level for future studies and changing pattern.

Aims:

To study the prevalence and incidence of Malaria among the local population of Karachi.

Methods:

A retrospective study was conducted from data of confirmed positive cases collected from a private diagnostic lab and Civil Hospital Karachi, analysed by ICT-MP and blood-slide method for the year ending May 2010.

Main results:

Out of 2121 positive samples Plasmodium Vivax (84%) was found to be the most common cause of Malaria in Karachi followed by Plasmodium falciparum (16%). No case of P. malariae or P. ovale was seen. As per gender variation analysis, male (75%) predominated over female (25%) and children (5%) confirmed cases.

Conclusions:

On Comparison of malaria from previous years it is seen that malaria cases are steadily increasing with P. vivax taking the lead. It is to be noted that due to recent floods, stagnant water will be acting as cesspools of diseases with breeding ground for the vector and obviously the most vulnerable are children and women.

Title

NUTRITIONAL STATUS AMONG GRADE-8 STUDENTS OF DIFFERENT SOCIOECONOMIC SCHOOLS IN KARACHI

Objective:

To know the existing eating practices and frequency of obesity in children of grade-8 students of 3 different socio economic schools in Karachi through a 48-hr recall food recall and to suggest a plan for improving life style.

Methods:

An analytical comparative cross sectional type of study was conducted. A cross-sectional survey among 300 children in 3 different socioeconomic schools was conducted, in which we measured height and weight and body mass index was calculated along with a 48-hr food recall.

Results:

70% children were found to be malnourished (0.3% starved, 11%underweight, 31.7%overweight, and 27% obese) and 30% were normal. Upper SES students are found to be more overweight and obese than those of lower SES as they are involved in greater number of indoor activities than students of lower SES. Parents' occupation was found to have a great influence on the BMI of these students.

Conclusions:

Our study highlights the challenge faced by Pakistani school-aged children. There has been a rapid rise in the number of overweight and obese children despite a persistently high burden of under nutrition. Focus on prevention of obesity in children must include strategies for promoting physical activity. The prevalence of overweight and obesity was higher in the HIG children as compared to the MIG and the LIG for all age groups, highlighting the possible role of change in the dietary pattern and physical activities with increase in income levels. Sedentary behaviour was significantly associated with obesity compared to non-obese subjects in both sexes, which may be due to greater economic development in metro cities.

Key Words: SES (Socio economic status), Nutritional status, Obesity, Under-nutrition

Contact: DR. Seema N. Mumtaz; Associate Prof. & HOD, Dept. of CHS; HCMD, HU; Karachi.

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Title**REPRODUCTIVE AND SEXUAL COMPLICATIONS OF DIABETES MELLITUS****Authors:**

Sabah Jacob(final year)

Fizza Komal(final year)

Asad Aslam(final year)

Supervisor:Dr.Razi Muhammad(Managing Trustee Muhammad Medical College)**Intitution:**

Muhammad Medical College/Hospital.

Introduction:

Diabetes Mellitus (DM), a state of chronic hyperglycemia, is a major cause of serious micro and macrovascular diseases, affecting, therefore, nearly every system in the body. Growing evidence indicates that oxidative stress is increased in diabetes due to overproduction of reactive oxygen species (ROS) and decreased efficiency of antioxidant defences, a process that starts very early and worsens over the course of the disease. During the development of diabetes, oxidation of lipids, proteins and DNA increase with time. Mitochondrial DNA mutations have also been reported in diabetic tissues, suggesting oxidative stress-related mitochondrial damage. Diabetes-related oxidative stress may also be the trigger for many alterations on sexual function, which can also include decreased testicular mitochondrial function. Diabetes is also the most common cause of erectile dysfunction in men. Among diabetic women neuropathy, vascular impairment and psychological complaints have been implicated in the pathogenesis of decreased libido, low arousability, decreased vaginal lubrication, orgasmic dysfunction, and dyspareunia. An association between the production of excess radical oxygen species and disturbed embryogenesis in diabetic pregnancies has also been suggested. In fact, maternal diabetes during pregnancy is associated with an increased risk of complications in the offspring, such as altered fetal growth, polyhydramnios, fetal loss and congenital malformations. Because sexuality and fertility are important aspects in the lives of individuals and couples, and considering that over 124 million individuals worldwide suffer from Diabetes, this review highlights the impact of Diabetes and associated oxidative stress on sexual function.

Objective:

A prospective study was done to see the prevalence of reproductive and sexual complications of Diabetes Mellitus.

Methods:

Cross-sectional questionnaire/survey study of 164 patients suffering from diabetes. Ethics committee approval was taken (no. 021010/REC/037)

Results:

Total number of patients was 164 out of which 76 were males and 88 were females.All Cases belonged to Type-2 Diabetes and no case of Type-1 Diabetes was found on survey.The duration of Diabetes from the first time diagnosed ranged from 5-10 years.On asking about the reproductive complications:

In Males	Out Of 76	In %
Erectile Dysfunction	56	74%
Impotence	16	21%
Loss of Libido	48	63%
Delayed Ejaculation	20	26%

In Females	Out of 88	In %
Menstrual Irregularities	36	41%
Oligomenorrhoea	30	34%
Amenorrhoea	4	5%
Menorrhagia	2	2%
Dysmenorrhoea	40	45%
Dyspareunia	20	23%
Inadequate Vaginal Lubrication	44	50%
Vaginal Infections	48	55%

Loss of Libido	60	68%
Pregnancy Related Complications	28	32%
Teratogenesis	8	9%
Premature Delivery	20	23%
Still Birth	24	27%
Abortions	48	55%

Conclusion:

This study concluded that majority of the male patients were suffering from erectile dysfunction and libido, whereas, majority of the female patients suffered from loss of libido, vaginal infections and menstrual irregularities. A high percentage of abortions was seen in the diabetic women. Diabetes Mellitus affects almost all systems of the body so there is a need to aware and well educate the diabetic patients about the reproductive and sexual complications that can be encountered in course of this disease and can worsen if Diabetes is not properly controlled.

TITLE

A STUDY OF DEPRESSION IN THE ELDERLY POPULATION OF KARACHI

Authors:

Danish Henry, Sarah Nazimuddin Qureshi, Kausar Hayat Khan, Muhammad Kaleemullah Saleem, Hussain Khan

Supervision: Dr. Syed Muhammad Mubeen, Dr. Seema Nigah-e-Mumtaz, Department of Community Health Sciences

Hamdard College of Medicine & Dentistry

Hamdard University

ABSTRACT

Depression is the most common geriatric psychiatric disorder and late-life depressive syndrome often arises in the context of medical and neurobiological disorders. However, primary-care doctors usually overlook or neglect depression and provide inappropriate treatment.

Objectives

1. To find out the presence of depression among elderly in Karachi.
2. To identify factors (if any) associated to depression among elderly in Karachi.

Methodology

It was a cross-sectional, descriptive study involving the community-dwelling elderly population (60 years and above), residing in Karachi, Pakistan. The sampling technique used was of the non-probability convenience type. Questionnaire based interviews were conducted for data collection and the GDS-15 was used as an instrument for screening depression. Descriptive analysis was performed.

Results

In the sample size of 284 respondents, 210 (73.9%) were males and 74 (26.1%) females. Mean age was found to be 68.44 years (SD \pm 7.593) with 132 (46.5%) individuals were in the 60-65 years age bracket. Depression was mainly found in people in the age bracket of 60-65 years with predominance among males. The study found that 16.5% of the elderly population was depressed and 23.6% suggestive of depression. From the depressed group, 78.7% thought that their income was not enough to satisfy their needs. Individuals residing a joint family system with depression were 61.70% while individuals in a nuclear family setup with depression were 38.29%. 44.7% of the respondents had disturbed sleep at night. Interestingly, 80.9% of the depressed population had disturbed sleep and only 23.25% of them took medications to sleep. Nearly all depressed individuals took some kind of medications, mostly for chronic diseases.

Conclusion

The present study found 16.5% of the elderly to be depressed with significant association with income, sleep, chronic diseases and family system. Health care providers should emphasize on mental health when treating elderly patients.

Title

NEED OF WHO SURGICAL SAFETY CHECKLIST IN TERTIARY CARE HOSPITALS OF KARACHI.

Author's:

Dr. Seema N. Mumtaz: HOD, Dept. of CHS; HCMD, Karachi.
Asad Ali Toor, Rasheedullah Syed, Anum Hassan, Ayesha Barkat, Hina Zahoor, Sana Mahmood, Sadaf Kahlid, Ahmed al Khardi, Adil al Harabi, Ali al Zarqavi.

ABSTRACT:

Background:

In 2008 WHO launched the Safe Surgery Saves Lives campaign, which included a "Surgical Safety Checklist". A study of the checklist in nearly 8,000 patients in NEJM showed a 0.7% reduction in rate of death and a 4% reduction in complications after the introduction of the checklist. With an estimated 800,000 surgical procedures being carried out in Pakistan, an implementation of a strategy is likely to result in a significant number of lives saved and a considerable reduction in complications and mortality.

Objectives:

To know the current practices as regards formal or informal implementation of individual elements of the WHO Surgical Safety Checklist in general surgery operation theaters in tertiary care hospitals of Karachi and to establish a prechecklist baseline as regards individual elements of surgical safety checklist so as to suggest a plan for implementation of surgical safety checklist.

Methodology:

The study design was qualitative KAP survey. The sampling method was simple stratified sampling 15 hospitals out of all tertiary care hospitals in Karachi were selected on the basis of consent and presence of surgical operation theaters. Response rate was 10/ 15. A total of 103 surgeries were observed in 10 hospitals i.e.: 10 surgeries per hospital on an average. The WHO check list was applied after some basic changes according to local needs and perspectives. The surgical teams were also observed for their coordination and working harmony. The data was analyzed on SPSS version 12 and statistical tests were applied accordingly.

Results:

103 surgeries were observed in 10 hospitals. The results of this study showed that 13.4% patient did not confirm their identity, site of surgery or procedure. There was no concept of time out in 88.5% of cases, 53.8% anesthetist did not asked for known allergy, prophylaxis antibiotic was not given in 37.5% of cases. In 21.2% of cases sponge, needle and instruments were not counted.

Conclusion:

The current practices regarding safety of surgical patients in operating theaters in the hospitals under review is far from satisfactory. Introduction of and adherence to a safety checklist like the WHO Surgical Safety Checklist would result in significant reduction in death and complication rate.

Key words: Surgical safety, quality, general surgery, and operation theaters.

Title

KNOWLEDGE AND PRACTICES OF HOSPITAL ADMINISTRATION REGARDING HOSPITAL WASTE MANAGEMENT AT TERTIARY CARE HOSPITALS OF KARACHI.

Authors: Muhammad Usman Saeed, Mahwish Khan, Sonia Asif, Kiran Siddiqui, Kainat-e- Rizwan and Babar Mushtaq.

Supervisors: Dr. Murad Qadir and Dr. Seema Mumtaz (Head, Department of Community Health Sciences), Hamdard College of Medicine and Dentistry Karachi, Pakistan.

ABSTRACT

Waste produced by hospitals can be broadly divided into two categories, Non-Infectious and Infectious. Non-infectious waste constitutes 75% - 90% of the total waste and is not hazardous for health. Infectious waste constitutes 10% - 25% of the total waste consisting of syringes, needles, chemicals, body parts and drugs etc. These wastes are potentially hazardous and their indiscriminate and unscientific management poses serious threats to human health and therefore require treatment before disposal.

OBJECTIVE: To assess the Knowledge and Practices of Hospital Administration regarding Hospital Waste Management at Tertiary Care Hospitals of Karachi.

METHOD: A cross sectional survey was conducted in 15 tertiary care hospitals of Karachi, using a pre tested questionnaire. Five Government, Eight Private and two trust Hospitals were selected by Non probability, Purposive sampling technique. Information was collected from in-charges, HWM Unit regarding knowledge and practices of hospital waste disposal.

RESULTS: Staff of only 13.3% hospitals was trained by conducting workshops and training sessions in their hospitals. Data shows that 40% hospitals don't have any Standard Ordered Procedures for hospital waste management. 60% hospitals were not following the color coding system for the separation of Risk and Non-Risk Waste. 66.7% of hospital staff was not having any knowledge about Risk and Non-Risk Waste. HWM Staff of 60% hospitals was not using any personnel protective devices. HWM staff of 93.3% hospitals was not vaccinated against the Hepatitis "B" and Tetanus.

CONCLUSION: Risk and Non-Risk waste was collected together in almost all the health care facilities. Study showed that the practices of persons involved in hospital waste management were not safe. There is a need to implement the formally recommended SOP's of HWM program. Vaccination of HWM team should be done against infectious diseases especially for Hepatitis "B" and Tetanus. Personal Protective Devices should be used by all concerns.

Category: Community Health Sciences.

Key Words: Hospital Waste Management, Hepatitis B, Tetanus, SOP's

Note: For Student's Corner.

Title

KNOWLEDGE AND PRACTICES OF HOSPITAL ADMINISTRATION REGARDING HOSPITAL WASTE MANAGEMENT AT TERTIARY CARE HOSPITALS OF KARACHI.

Authors:

Muhammad Usman Saeed,
Mahwish Khan,
Sonia Asif,
Kiran Siddiqui,
Kainat-e- Rizwan and Babar Mushtaq.

Supervisors:

Dr. Murad Qadir and Dr. Seema Mumtaz (Head, Department of Community Health Sciences), Hamdard College of Medicine and Dentistry Karachi, Pakistan.

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Category:

Community Health Sciences.

Key Words: Hospital Waste Management, Hepatitis B, Tetanus, SOP's

Note: For Student's Corner.

Abstract
Oral Presentation
Scientifics Program – II

Title**Chronic Hepatitis B at Civil Hospital Mirpurkhas, what frequency of patients need Anti viral treatment****Authors:**

Dr. Abdul Qadir Khan.MBBS,FCPS consultant physician Civil Hospital Mirpurkhas,
Dr.Farahah Qadir MBBS S: LMO PTCL Dispensary Mirpurkhas,
Dr.Shazia Shoukat.MBBS WMO (Hepatitis prevention and control program Civil Hospital Mirpurkhas)

Institution:

Medical Ward (Liver Clinic) Civil Hospital Mirpurkhas.

Background:

Hepatitis B Virus is a partial double stranded DNA Virus and is important cause of liver cirrhosis, Hepatocellular carcinoma and Death. Mode of transmission is via blood and blood products and from infected mother to child. Although effective vaccine is present but still the cases are coming with complications.

Aims and Objectives:

To see chronic Hepatitis B at Civil Hospital Mirpurkhas and to determine what frequency of HBsAg +ve patients needs Anti viral treatment.

Place and duration of study:

Medical Ward (Liver Clinic) Civil Hospital Mirpurkhas. Duration of the study was between 1st Sep 2009 to 30th Aug 2010.

Inclusion Criteria:

All the patients who were HBsAg +ve between the age of 12 to 70 years were included in the study.

Exclusion Criteria:

The children less than 12 years of age and patients who develops Hepatocellular carcinoma were excluded from the study.

Patients and Methods:

Patients were collected through Liver Clinic Medical Ward Civil Hospital Mirpurkhas. The patients who were found to be HBsAg +ve coming to the liver clinic. The list of investigations like Blood CP, LFT, HBeAg, HBeAb, HBV DNA quantitative (viral load), Ultra sound of Abdomen was advised. Records of the patients were entered to a register.

Results:

Out of 1000 HBsAg +ve Patients only 250 (25%) were coming in the criteria of anti viral treatment. Out of 250 patients 170 were males and 80 were females.

Title**FREQUENCY OF THROMBOCYTOPENIA IN MALARIAL PATIENTS****Authors:**

DR AYESHA MAJEED MEMON
DR FAIZAN QAISAR

Institution:

Department of medicine and department of pathology LUMHS jamshoro/Hyderabad

Duration of study:

Feb 2010 to august 2010

Patients and methods:

Prospective study of 100 admissions in the medical department, presenting with normochromic normocytic anemia and low platelet count

ABSTRACT

Background:

Malaria is frequently occurring disease in our set up and is usually missed or mistreat because of improper diagnosis as some times malarial parasites are missed or ignored on microscopy, or because of lack of classical symptoms e.g. fever with chills or rigors. so we paid special attention on those patients presenting with normochromic normocytic anemia with low platelet count and special instructions were given to pathology department staff to find out malarial parasite in such patients.

Result:

Out of 100 patients (56 children and 44 adults), 68 patients (36 children and 32 adults) 52.95% and 47.05% respectively presented with high grade fever, 30 patients presented with nonspecific symptoms e.g. sore throat and cough and 02 patients presented with low grade fever. malarial parasite was positive in all those patients. Trophozoites of falciparum was positive in 56% patients and 38% had gamatocytes and trophozoites of vivax.

Title

How to improve drug compliance in Hypertensive patients?

Authors

Abdul Rasheed Khan**

Institution:

Abbasi Shaheed Hospital
Karachi Medical & Dental College

ABSTRACT

Several recent long-term outcome studies have clearly demonstrated the benefit of blood pressure reduction on reducing cardiovascular disease. These studies have shown that lower blood pressures are associated with greater reductions on cardiovascular disease, particularly in diabetic patients.

Despite these findings, studies from the National Health and Nutritional Examination Survey (NHANES) and from the World Health Organization have indicated "that less than one quarter of hypertensive patients worldwide are controlled for high blood pressure at the goal of 140/90 mm Hg".

Inadequately controlled hypertension remains a risk factor for coronary artery disease. These poor blood pressure control rates may contribute to the disappointing reductions on coronary artery disease and the high incidence of congestive heart failure seen among hypertensive patients.

The increasing incidence of end-stage renal failure seen among hypertensive patients may also be related to inadequately controlled hypertension.

Obtaining optimal blood pressure control on hypertensive patients remains the most important issue in the management of hypertension. Despite the fact that there are more than one hundred drugs for the treatment of hypertension and that millions of rupees are spent on the patients.

There are multiple reasons for these poor blood pressure control rates, but one of the most important remains patient compliance. A study performed in a group of patients who received free medical care in California showed that, after 1 year on antihypertensive treatment, less than one third of the patients were still taking their antihypertensive drugs, irrespective of the class of drug with which they were treated."

In another survey of 34,643 patients with hypertension performed between October, 1992 and September, 1993 in the United Kingdom, it was reported that "change of treatment or discontinuation of treatment occurred in 40%-50% of the patients within 6 months".

Patient adherence to therapy must be improved if we are to impact blood pressure control. Patient compliance or adherence has been a major problem in the management of hypertension for as long as we have been treating this disease process.

Although the development of drugs with more favourable side-effect profiles as well as the development of once-a-day agents has resulted in some improvement in patient compliance, it still remains an important issue in the management of hypertension.

Physicians should refocus in issues that influence compliance in their management of this disease process. Many of the important issues influencing compliance can be corrected with the appropriate approach. Clearly the selection of well-tolerated drugs that can be dosed once daily is critical.

The use of low-dose combination therapy as first-line treatment for a significant percentage of hypertensive patients may represent an important change in our management and may improve compliance rates.

Achieving more rapid blood pressure control may also have some beneficial effects on patient compliance. In order to improve on the outcome in hypertensive patients, we will have to significantly improve patient, as well as physician, compliance.

*RMO Cardiology, **HOD Cardiology
Department of Cardiology

Title

STRESS IN HOUSE/MEDICAL OFFICERS OF KARACHI

Authors

Dr Seema Mumtaz
Department of Community Health Sciences.
Hamdard College of Medicine & Dentistry

ABSTRACT

BACKGROUND:-

Stress is the leading cause of disabilities, mental problems and other diseases throughout the world. Stress is mostly prevalent in MBBS students as after the continuous struggle of 24 years, they get less salary as compared to students of other profession.

OBJECTIVE: The purpose of study was to find out the contributing factors that increase the stress of house officers working in tertiary care hospitals of Karachi.

METHOD: Study design was cross sectional descriptive type. The sampling was done by non-probability purposive type. Study was conducted in different tertiary care hospitals of Karachi; the sample size consisted of 226 house officers. The data was obtained through questionnaire, and was analyzed by SPSS version 12.

RESULTS: The response rate of house officers was 76% as compared to medical officer's i.e: 14.4%. 72% were earning in between Rs.10 to 20,000/month.42% of doctors had 2 earning family members.29% of doctors were from outside Karachi.

CONCLUSION: House officers should be paid a better salary as compared to others; those who do not belong to Karachi must be facilitated for all facilities. Results showed that there is a dire need for upgrading the life styles of young doctors.

Key Words:

(1)Stress in house officers (2) Stress at work (3)Stress in house officers of Pakistan.

Title

**FACTORS ASSOCIATED WITH DRUG ADDICTION IN
DRUG ADDICTS OF PAKISTAN.**

PRESENTED:

Dr.Naveed Mansuri, Lecturer, Department of Community Health Sciences, Hamdard College of Medicine & Dentistry

Tariq Saleem Khan (group leader), Abbas Khan, Saif Ullah Khalil, Abdul Salam, Kamran Khan, Abdur Rehman, Khalid Islam, Asma Ishaq, Zobia Iqbal

ABSTRACT

Introduction:

Drug addiction is a major public health concern all over the world these days. Not only it effects the addict and his/her family but also disturb the whole society and not to forget the social evil that it brings about.

We chose to explore the following aspects:

- Identify the age group most susceptible for the initiation of drug addiction.
- Assess the factors of educational status and peer pressure effecting the drug addiction.
- Know the most commonly used and easily available abusive substance.

Method:

A multi centered(Karachi, Lahore, Peshawar) cross sectional study was performed during the months of June to August with the help of preformed and pretested questionnaire on a total of 400 known drug addicts at different rehabilitation center

Results:

The observed results of this study show that majority of drug addicts are between 20-40 years of age. Educational status of the addict is not significantly inhibitory, but mother education is some what protective. Addiction with combination of drugs is more common as compare to use of single drug.

Conclusions:

To curtail this menace, the researchers suggest that youth should be watched for behavior, source of income generation and circle of friends .Implementation of laws should be universal and with authority. It is essential to focus on family up bringing and the values given by our religion.

Key words: Drug Addiction, Factors associated , Pakistan

Abstract
Oral Presentation
Scientifics Program – III
(Society of Surgeons, Annual Meeting)



Human Albumin 20 % Biotest

The natural albumin preparation
with clear advantages



Established quality in intensive care

- Albumin is a non-specific transport protein and osmotic regulator which plays a major role in keeping intravascular volume constant and maintaining a transcapillary osmotic gradient
- Human Albumin 20 % Biotest is used to raise oncotic pressure in intensive care and can be diluted with suitable electrolyte solutions
- Human Albumin Biotest is virus-inactivated by pasteurization (heating in liquid phase)

Pure, effective and well tolerated

PRESCRIBING INFORMATION

Active ingredient: Human albumin. Human Albumin 20% Biotest low salt content: Plasma protein, human 200g (made from venous blood) of which albumin is at least 96%. **Indication:** Human Albumin 20% Biotest low salt content is indicated mainly in the field of acute medicine. The principal indication is the equilibration of the oncotic deficits with stabilization of the oncotic pressure over a long period of time. Wound healing in the postoperative phase is promoted by reduction or abolition of the wound oedema. **Contraindications:** A history of allergic reaction to albumin. All conditions in which hypervolaemia and its consequences (e.g. increased stroke volume, elevated blood pressure) or haemodilution. Pregnancy and lactation. The safety of human albumin for use in human pregnancy has not been established in controlled clinical trials. Experimental animal studies are insufficient to assess the safety with respect to reproduction, development of the embryo or fetus, the course of gestation and peri- and postnatal development. However, human albumin is a normal constituent of human blood. Therefore, human albumin products may be used, if clearly needed, during pregnancy and lactation. **Dosage:** The volume to be administered depends on the requirement and on the protein deficit. In burns, the volume to be administered is calculated according to the formula specified. The most important task of albumin is the maintenance of colloidal osmotic pressure (=COP). The measurement of the COP or its indirect estimation from the total protein content is to be used for dose finding. The limit value for COP is 20mm Hg. The question as to whether high percentage or low percentage solution must be used depends on the extent of the protein deficiency present and on the volume situation in the patient. The following formula is suitable for the calculation of the required albumin dosage in grams: (required total protein content in g/l minus actual protein content in g/l) multiplied by plasma volume (ca. 40 ml/kg bodyweight*) multiplied by 2. **Example:** To raise the albumin concentration of a 70 kg patient from 35 g/l to 50 g/l requires an albumin supplement of 84g = about 1600 ml of 5% or 400ml of 20% albumin solution. $(50-35 \times 2.8) \times 2 = 84$. Calculation of the plasma volume*: $\frac{50 \times 70}{1000} = 2.8$

Volumes over 200 ml of Human Albumin 20% Biotest require supplementary hydration measures or continuation of the therapy with albumin at 5% concentration. In children, the dosage referred to kg bodyweight should be set rather higher. It is advisable to assay and bear in mind the haematocrit, as haematocrit and plasma volume are inversely proportional for any given blood volume. The multiplication factor of 2 is necessary to take into account the extravascular deficiency. This factor may be too small in cases of severe albumin deficiency, but may be used as an initial estimate. As the formula in any case is only approximate, laboratory monitoring of the protein concentration achieved is recommended. **Mode of Administration:** Human Albumin 20% Biotest low salt content, administered via a sterile and pyrogen-free disposable infusion kit. The product should, like any infusion solution, be warmed to room or body temperature before use. The infusion rate should be adjusted according to the individual circumstances and the indication, but should be set up to 1 to 2ml/min (20% solution). Human Albumin 20% Biotest low salt content should not be mixed with other drugs, whole blood and packed red cells. Physiological saline solutions are suitable to prepare low percentage albumin solutions. **Presentation:** 50 ml, 100 ml-infusion bottle.

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Title:

A detailed review of published work from UK on colonoscopy simulator as a teaching stool.

Authors

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ABSTRACT**Background / Introduction:**

The GI-Simulator is an interactive computerized simulator, designed to provide medical experts with hands-on training for endoscopic procedures. The system uses a specially designed mannequin and a computer simulation program, utilizing a texture-mapped simulation of the endoluminal view, combined with a force-feedback mechanism to mimic the look and feel of an actual endoscopy procedure. The force feedback mechanism helps candidates to build upon and improve their learning curve, because if there is no feedback to correct the candidates, then they won't improve their endoscopy skills.

Aims:

Reiterate that there is relationship between teaching in the form of structured feedback and performance with regard to colonoscopic procedures performed on the Medical Colonoscopy Simulator.

Methods:

The researcher recruited 10 Postgraduate doctors and they were given training in a structured way by means of feedback until they were themselves satisfied (minimum 19 minutes 11 seconds, maximum 33 minutes 38 seconds, mean 27 minutes 46 seconds). Training included negotiation of alpha, reverse alpha and N loops. The choice of candidates was made at random and very much on the basis of who is prepared to volunteer time and commitment. Candidates were then asked to perform colonoscopy on the HT Immersion Medical Colonoscopy Simulator. The assessment was done on either module 3 or 4 or both at random. In total 17 episodes of training were recorded and all the 10 recruits completed.

Main results:

Within each group the mean standard deviation and range of times taken is shown. The data show that in the presence of feedback, there is significant difference in the time taken to complete an episode. Specifically, operators appear to complete the task in a shorter time post-training. Analysis shows the data to be statistically highly significant. $p < 0.004$. In every case there was an increase in the efficiency ratio following structured feedback. However the magnitude by which efficiency improved was variable.

Conclusions:

Most importantly the gain in efficiency ratio, employed as a proxy of learning, has been shown to improve significantly with feedback. Reviewing study by Dr Mahmood, it appears that over the period of time-spent in training, efficiency was seen to improve from 0.2 to 2.0 and learning improved from 0.0 to 2.0.

Title:

A HUGE ABDOMINAL? SARCOMA

Authors:

Rehmatullah Soomro (Associate Professor)

Institution:

Department of Surgery,
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

CASE REPORT

A 40 years old man from chachro (Tharparkar) presented with a very huge abdominal mass for six months. According to him it began in the right iliac fossa as a small lump for which he went to local general practitioners. They advised him for operation. Since he was a very poor man and could not afford the expenses of the operation so he ignored. The mass went on increasing rapidly and attained a very huge size causing him pain and a feeling of being very uncomfortable. But he could not arrange for the operation. He hears about arrangement of a free surgery camp at MMCh, so he came here for operation. His Ultrasound revealed a very huge solid, hypoechoic mass which was immeasurable. His CAT scan was advised by the sinologist. He could not even afford it. Arrangements were made from PWC funds (a patient welfare club for helping the poor). His laparotomy was done on 24th July 2008. A very huge mass was revealed filling almost the whole of the abdominal cavity very hardy adherent to the parietal peritoneum of the right iliac fossa. The mass was removed as a whole. Patient recovered very fine and still admitted waiting for the removal of stitches. The Histopathology report of the mass is awaited. Probably it was a ????? Mesotheliosarcoma.

Title

Abdominoscrotal Hydrocele; A Rare but important diagnosis

Authors:

Rehmatullah Soomro (Associate Professor)

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

CASE REPORT

A 16-years-old boy had a large, right-sided (and we could not reach above it) cystic inguinal mass that could be Train illuminated. However mass could not be reduced out of the scrotum. On applying manual compression the abdominal mass became prominent. It was determined from the patient that the mass, though present since he sustained the testicular trauma one and half year back, had insidiously increased in size over last four months. The preoperative impression was the mass was hydrocele however a strangulated indirect inguinal hernia and a herniated ladder were needed to be formally ruled out. An ultrasound scan was performed which confirmed the diagnosis of an Abdominoscrotal hydrocele. Exploration was done through a transverse inguinal incision. The large, cystic mass extended from the scrotum to the level of the internal ring.

On opening the "sac" at the level of the internal ring, 3000 ml of turbid fluid was collected. Only the internal spermatic vessels and vas extended cranially though the internal ring. A patent processus vaginalis was not present. The sac scrotal part abdominal part was closed at the ddp ring just like a hernia sac. The scrotal part divided, inverted and stitched. The inguinal floor was reconstructed by reapproximating the conjoint tendon with inguinal ligament. The testis, which appeared normal, was returned to its dependent portion in the scrotum.

Title:

An audit of hysterectomies for indications, histopathological diagnosis, morbidity and mortality at a tertiary care hospital Mirpurkhas

Authors:

Dr. Qmar-un-Nisa
Dr. Habibullah Memon
Dr. Hem Lata

ABSTRACT

Objective:

To audit indication, histopathological diagnosis, morbidity and mortality of hysterectomies performed at Muhammad Medical College Hospital, Mirpurkhas. Study Design:

Retrospective study

Place and Duration of Study: Department of Gynaecology and Department of Pathology, Muhammad Medical College Hospital, Mirpurkhas Sindh from January to December 2008.

Methodology:

Data of patients regarding symptoms and indications of hysterectomies performed during this year were collected from files and patient records. Histopathological reports of those patients were collected from department of Pathology.

The results were analyzed by percentages.

Results:

A total of 145 hysterectomies were performed in 2008. Mean age of patients was 45 ranging from 35 – 60 years and parity ranges from 4 – 10. Most common presenting complaints were excessive menstrual blood loss in 97 (67%) patients, followed by some thing coming our of vagina 28 (19%). Most common pre-operative diagnosis of fibroid was made in 44 (33%) followed by uterovaginal prolapse in 28 (19%) and dysfunctional uterine bleeding (DUB) in 18 (12%) of patients. Regarding histopathological diagnosis chronic cervicitis was the most commonly diagnosed pathology in 45 (31%) followed by fibroid in 25 (17%).

Conclusion:

A yearly audit should be conducted in every institute to collect data and to analyze the pattern of indication and lesions found on histopathology.

Title

ARRANGEMENTS AND USE OF BLOOD IN ELECTIVE SURGICAL PROCEDURES

Authors:

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani; Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Objective:

To evaluate Blood Ordering and Transfusion ratios for elective surgical procedures.

Study design, setting & duration:

This was a prospective study carried out at Muhammad Medical College Hospital Mirpurkhas from January 2007 to December 2007.

Patients and Methods:

A total of 1032 patients were included, both males & females. All patients who underwent elective surgical procedures in Surgical Unit, Muhammad Medical College Hospital, Mirpurkhas from January 2007 to December 2007 were included in this study. Blood units cross matched and units transfused intra-operatively and post-operatively were recorded apart from patient demography and hepatitis profile.

Results:

A total of 1032 patients underwent elective surgical procedures during the study period. Total 1500 blood units arranged, among these only 74 units of blood were transfused. This means only 4.9% of blood was utilized while 95.1% of blood was not utilized. Cross-match to transfusion ratio (C/T) = 20.27, Transfusion probability (Tp) = 7.1 and Transfusion index (Ti) = 0.07.

Conclusion:

For elective surgical procedures, there is no need for routine cross matching of blood. However, one must confirm the availability of blood for Hepatitis B and Hepatitis C reactive patients, and for cases, where the bleeding is inevitable like transvesical / transurethral removal of Prostate.

Title:

Case history of young girl a victim of dog bite.

Authors:

Khan, Imran Ahmed, DR: Mohammed ali khan

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ABSTRACT**Background / Introduction:**

A nine years old ywounds. young girl victim of dog bite presented to us late in septic condition with an infected scalp wound & multiple bilateral leg wound.we have performed multiple debritement of leg wounds & then primarily closed the wound & covered the scalp wound with graft & local flap

Aims:

The aim was to treat this mutilated wound with proper debridement & coverage

Methods:

A silpme case stydy was performed in february 2010

Main results:

Good aesthetic results were obtained.

Conclusions:

Such injuries need staged surgical sessions & revisions but despite of these revisions & sessions , these mutilations carry high morbidity.

Title:

Causes and treatment of "CARCINOMA OF LIP"

Authors:

Akhter Abbas (Final year)
Sarfray Abbas (Final year)
Sultan Khan (Final year)
Dr. G. Ali Memon (prof. of Surgery MMCH)

Institution:

Muhammad Medical College (Department of Surgery) Mirpurkhas, Sindh, Pakistan

ABSTRACT**Background / Introduction:**

Carcinoma of the lip is a common cancer of head and neck area. Accounting for 12% to 15% of all head and neck cancers, excluding non melanoma of skin cancers and approx one quarter of oral cancers. 95% occurs at lower lip and other 5% occurs at upper lip, labial folds & commissure of mouth. Mostly present in males of middle aged and elderly patients. Often found in those pts having outdoor occupation with prolonged solar radiations and other factors are tobacco smoking, poor hygiene, alcoholism & viruses. Although the lips play a role in deglutition & articulation, one must remember that the major criterion for successful lip reconstruction is oral competence.

Aims:

The aim of present study is to evaluate the causes, treatment option and complication of carcinoma of lip.

Methods:

Retrospective study of 96 cases of carcinoma of lip treated at surgical and plastic surgical unit of Muhammad Medical College & Hospital Mirpurkhas and Liaquat University Medical Health & Sciences Jamshoro from January 1981 to December 2009. Ethical approval was taken from hospital's (MMCH) research ethics committee with REC No. 300910/REC/003.

Main results:

Total number patients 96 (Male 51 & female 45). Male to Female ratio was 1.33:1. About 65% of the patients presented between 41 to 60 years of age. Site was lower lip in 63 cases, upper lip in 15 cases & labial commissure in 13 cases. Extensive carcinoma with involvement of both lips and angle of mouth and cheek was in 05 cases. In all cases, surgery was performed. Chemotherapy was given to 20 cases while radiotherapy to 47 cases. 50 cases presented with history of tobacco use. 50% of the cases had submucous fibrosis and leukoplakia. Meanwhile, 6 patients had history of associated skin diseases (Xeroderma pigmentosa and systematic lupus erythromatus). The determinate survival rate found to be 95% at 5 years follow-up for stage I tumor. 89.7% in patients with stage II, 37% for stage III & IV tumor. The mean survival rate found to be 83.7% at 5-years follow-up.

Conclusion:

Small lesions are associated with very good chances for cure regardless of treatment modality used and early detection is essential for successful treatment of lip cancer. But In managing of cases of carcinoma of lip in our set up, emphasis should be given to curative treatment and simple reconstructive surgery to achieve near possible of normal lip tissue.

Title

FREQUENCY AND FETOMATERNAL OUTCOME OF VEGINAL BIRTH AFTER CAESAREAN SECTION

Authors

Khan, Imran Ahmed, Dr Saira Dars

Institution (where the work has been performed)

Gynea n obs dept LUH

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ABSTRACT

Background / Introduction:

This is the simple study performed in Gynaecology & obstetrics dept to see the outcome of vaginal pregnancy & fetomaternal outcome after one c.section & we got 70% results with low rate of complications.

Aims:

To determine the frequency of vaginal birth & fetomaternal outcome of trial of labour in case of previous one c.section

Methods:

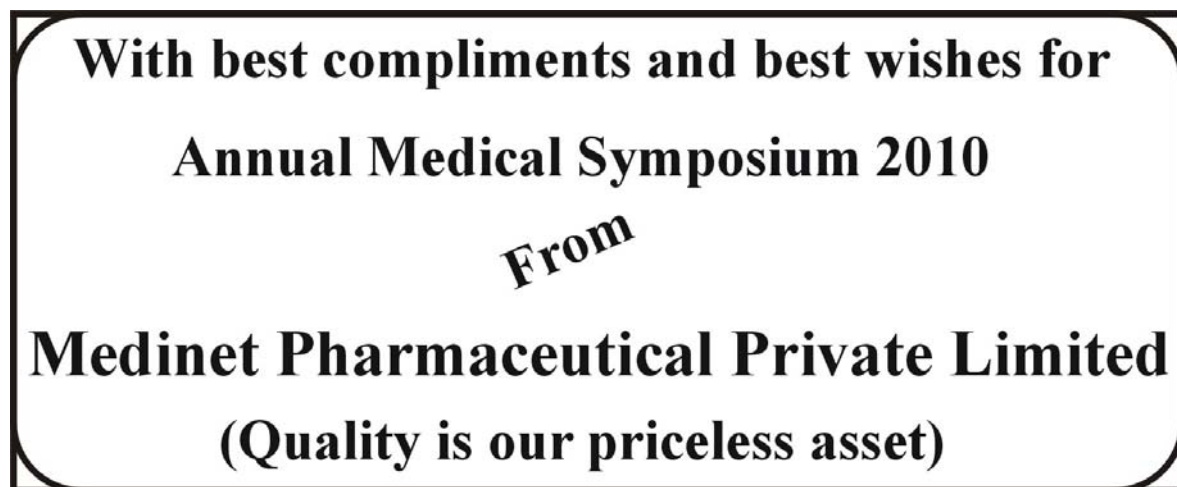
Booked and unbooked sigleton pregnancies with history of previous c.section , with no systemic disorder with bad BOH , or with with no obstertical problem , were selected for study . non probblity purposive sampling technique . after taking consent data regardng course of labour , complications and failure of trail were recorded . frequency n percentages were calculated for qualitative data and results are presentaed by frequencydistribution tables

Main results:

Most common complications observed were puerperal infection(4%),prolonged labour (4%),prolonged hospital stay(4%),and abdominal wound sepsis(4%) were observed among LSCS category.In VBAC group the complications observed were postpartum haemorrhage(2%) and perinneal tear(2%).

Conclusions:

The frequency of vaginal birth after C-section was 70% i Study,however fetomaternal outcome showed low rate of complications in both type of subjects.It s recommended that patients satisfaction should be asked after having VBAC or LSCS after a TOLAC.



Title

HISTOPATHOLOGICAL EVALUATION OF APPENDICES FOLLOWING APPENDECTOMY

Authors:

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani;
Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Objective:

To know the specificity and sensitivity of clinical and intra-operative findings in comparison with histopathology of specimens in cases diagnosed as acute appendicitis and underwent appendectomy.

Study design, setting & duration:

This was a prospective study carried out at departments of Surgery & Pathology Muhammad Medical College Hospital, Mirpurkhas from July 2007 to January 2009.

Patients and Methods:

A total of 1000 patients were included. Both males & females, this prospective study was designed and arrangements made for each appendectomy specimen to undergo histopathology during study period since it were not done routinely in our hospital. History, clinical examination findings and intra-operative findings were recorded properly in case notes. All appendectomy operations included in this study were examined and operated by one surgeon; likewise histopathology was also done by one histopathologist.

Results:

A total of 1000 specimens were received. 43% specimens came from females and 57% from males. The median age was 29 years. Histopathologically 48% specimens showed acute appendicitis, 24.9% patients having normal appendix there were 34.2% males and 65.8% females.

Conclusion:

Overall negative appendectomy (NA) rate was 24.9% and was significantly higher in female patients as compared to male patients.

Title

IS AXILLARY CLEARANCE MANDATORY IN PATIENTS OF CARCINOMA BREAST WITH NON-PALPABLE AMILLARY LYMPH NODE?

Authors:

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani; Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Object:

To assess the long-term safety of no axillary clearance in elderly patients with breast cancer and nonpalpable axillary nodes.

Background:

Lymph node evaluation in elderly patients with early breast cancer and clinically negative axillary nodes is controversial. Our randomized trial with 50-year follow-up showed no breast cancer mortality advantage for axillary clearance compared with observation in older patients with T1N0 disease.

Methods:

We further investigated axillary treatment in a retrospective analysis of 671 consecutive patients, ages C70 years, with operable breast cancer and a clinically clrea axilla, treated between 1987 and 1992; 172 received and 499 did not receive amillary dissection; 20 mg/day tamoxifen was prescribed for at least 2 years. We used multivariable analysis to take account of the lack of randomization.

Results:

After median follow-up of 15 years (interquartile range 14 – 17 years) there was no significant difference in breast cancer mortality between the axillary and no axillary Clearance groups. Crude eumulative 15-year incidence of axillary disease in the no axillary dissection group was low: 58% overall and 3.7% for Pt1 patietns.

Conclusion:

Elderly patients with early breast cancer and clinically negative nodes did not benefit in terms of breast cancer mortality from immediate axillary dissection in this nonrandomized study. Sentinel node biopsy could also be foregone due to the very low cumulative incidence of amillary disease in this age group. Axillary dissection should be restricted to the small number of patients who later develop overt axillary disease.

Title

LOWER URETERAL CALCULI; A BOTHERING PROBLEM; IS THERE ANY NON INVASIVE THERAPY TO GET RID OF THEM? ROLE OF TAMSOLUSIN

Authors:

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani; Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Background

There has been a paradigm shift in the management of ureteral calculi in the last decade with the introduction of new less invasive methods, such a ureterorenoscopy and extracorporeal shock wave lithotripsy (ESWL).

Aims:

Recent studies have reported excellent results with medical expulsive therapy (MET) for distal ureteral calculi, both in terms of stone expulsion and control of ureteral colic pain.

Settings and Design:

We conducted a comparative study in between watchful waiting and MET with tamsulosin.

Materials and Methods:

We conducted a comparative study in between watchful waiting (Group I) and MET with tamsulosin (Group II) in 60 patients, with a follow up of 28 days.

Statistical Analysis was done using SPSS Version 17.0.

Results:

Group II showed a statistically significant advantage in terms of the stone expulsion rate. The mean number of episodes of pain, mean days to stone expulsion and mean amount of analgesic dosage used were statistically significantly lower in Group II (P value is 0.007, 0.01 and 0.007, respectively) as compared to Group I.

Conclusion:

It is concluded that MET should be considered for uncomplicated distal ureteral calculi before ureteroscopy or extracorporeal lithotripsy. Tamsulosin has been found to increase and hasten stone expulsion rates, decrease acute attacks by acting as a spasmolytic, reduces mean days to stone expulsion and decreases analgesic dose usage.

Title**Management of Pituitary Adenomas Transsphenoidal Endoscopic Surgery**

Prof. Aftab Ahmed Qureshi

Institution (where the work has been performed)

Department of Neurosurgery, Liaquat University of Medical & Health Sciences, Jamshoro

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Sindh.

ABSTRACT

Pituitary adenoma surgery has been practiced in our department since 1995. Previously most of surgery was done through craniotomy (fronto-temporal). For last five years transphenoidal surgery was started and their relevant cases were done with this route. Recently with advance of equipment we have started endoscopic transphenoidal surgery and case report will be presented with draw backs and problems of this surgery.

Title

Management of Scalp Defects

Authors:

Shaikh Bilal Fazal,
Mugria, Mahesh Kumar, Memon, Abdul Razak
Department Of Plastic & Reconstructive Surgery
Lumhs Jamshoro/ Hyderabad

ABSTRACT

BACKGROUND:

Large scalp defects can be challenging to repair because of the inelasticity of the scalp. While there are several methods to close this type of wound, they result in either alopecia or unacceptable scarring.

AIM:

To assess the outcome of treatment options available for reconstruction of scalp.

PATIENTS AND METHODS:

A Prospective case series conducted at Department of Plastic & Reconstructive Surgery, Liaquat University of Medical & Health Science, Jamshoro from January 2003 to December 2007.

40 cases of scalp reconstruction operated from January 2003 to December 2007 were analyzed. The functional aspects of the reconstruction were reviewed

RESULTS:

3 cases (7.5%) of scalp defect were repaired with primary closure; rotation flap was done in 25 cases (62.5%). S.S.G was done in 9 cases (22.5%), outer table were removed in 2 (5%) cases, and periosteal flap was done in 1 case (2.5%).

CONCLUSION:

Scalp reconstruction depends on the nature and the region of the defect; a range of reconstruction techniques have been described. The quality of the residual scalp is critical for performing a local flap. Scalp reconstruction may be difficult in extensive defects and require a medical team when tumours are involved.

Title

Outcome of two stage repair of Hypospadias at Liaquat University Hospital Jamshoro / Hyderabad

Authors:

Dr. Muhammad Ali, Dr. Mahesh Kumar, Dr. Bilal Fazal Shaikh

Institution:

Department of Plastic Surgery, LUMHS, Jamshoro / Hyderabad

Objective:

To evaluate the results & outcome of two stage repair of hypospadias.

Method:

This a retrospective analysis conducted in the department of Plastic & Reconstructive Surgery, Liaquat University Hospital, Jamshoro / Hyderabad from January 2005 to December 2009. Sixty eight patients were included in this study. All patients with proximal and distal hypospadias with or without chordee, circumcised cases and those who needed revision surgery were selected for two stage repair. In stage 1 splitting of the glans and grafting of the donor area with full thickness skin graft was done. In stage 2 the tabularization of the graft and covering the repair with a waterproofing layer of fascia was done 6-8 months later.

Results:

The common age of presentation was below 4 years. Distal penile hypospadias was seen in 32 patients, 16 cases had mid penile, 14 had proximal and 06 had peno-scrotal hypospadias. Chordee was seen in 28 cases. The urethrocutaneous fistula occurred in 11 cases, meatal stenosis in 06cases. The functional and esthetic results in all the operated patients were acceptable.

Conclusion:

It was found that two stage repair of hypospadias offers unique flexibility, exceptional reliability and a sophistication of function and aesthetics is attained with two stage repair

Title

POSTERIOR FOSSA EXTRA DURAL HAEMATOMA A DIAGNOSTIC DELEMNA

AUTHORS:

Dr. Vashdev Khimani Consultant Neurosurgeon LUMHS Jamshoro

INTRODUCTION:

Traumatic haematomas of posterior cranial fossa occurs much less frequently than supratentorial haematomas. It may lead to rapid neurological deterioration and death because of brain stem compression, prompt treatment often leads to a good outcome.

MATERIAL AND METHODS:

This study was conducted in the Department of Neurosurgery, Liaquat University Hospital over periods of 18 months from July 2006 to Dec 2007. The mechanism of injuries varies from RTA, fall and assault. The clinical diagnosis of PFEDH is difficult, as presentation and signs are non-specific.

RESULT:

Total 10 cases of PFEDH were evaluated. All the patients had evidence of external injury to the occipital. One patient expired before reaching the operation theater.

CONCLUSION:

PFEDH are usually symptom free initially. After silent period clinical deterioration is quick to become fatal. CT scan should always be performed when occipital trauma is diagnosed.

KEY WORDS:

Occipital trauma, PFEDH, Occipital laceration, Occipital fracture

Title

POST-OPERATIVE COMPLICATIONS, OBSERVED IN OUR WARDS; A RECENT SIX MONTH REVIEW

Authors:

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani;
Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT

Objective:

To find our post-operative complications during hospital stay of patients in a general surgical ward at a tertiary care teaching hospital of Karachi.

Design:

Descriptive retrospective analysis.

Duration:

Six months, from January 1, 2008 to June 30, 2008.

Patients and Method:

The records of all patients who underwent surgery between January 2004 to June 2004 were reviewed regarding postoperative complications developed during hospital stay. The following data were collected: age, sex, presentation at time of surgery (emergency or elective), surgery performed, complications during postoperative period and outcome. All data was analyzed with the help of SPSS-10.

Main Outcome Measures: Surgery performed post operative complications.

Results:

A total of 501 patients were admitted during the study period. Total 411 surgeries were performed. 258 (62.8%) were elective and 153 (37.2%) were emergency procedures. Hernia repair was the most common surgery performed in 92 (22.4%) patients, followed by appendicectomy in 64 (15.6%) and cholecystectomy in 54 (13.2%) patients. Complications were documented in 122 (29.6%) patients. Most common complication observed was postoperative pyrexia in 75 (18.3%) patients, followed by postoperative nausea and vomiting (PONV) in 48 (11.6%), wound infection in 47 (11.4%), respiratory tract infection in 29 (7.0%) patients. During the study period 4 patients (0.9%) died in the postoperative period.

Conclusion:

This study revealed that the commonest postoperative complication was fever followed by PONV, wound infection and respiratory tract infection. It is important that the resident staff should be aware of these complications and how to manage them because these are better yardstick to measure the quality of care.

Title**PREOPERATIVE STANDARD INFORMED CONSENT PRACTICE AT A TEACHING, PRIVATE, TERTIARY CARE HOSPITAL SITUATED IN A RURAL AREA****Authors:**

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani; Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT**Objective:**

To evaluate the standard preoperative informed consent practice in a tertiary care private sector reaching hospital.

Settings:

General Surgical & Urological Units of Muhammad Medical College, Mirpurkhas.

Design:

Prospective observational study.

Patients and Methods:

All patients who underwent elective surgical procedures in Surgical Unit, Muhammad Medical College Hospital, Mirpurkhas from January 2007 to December 2007 were included in this study. A total of 1032 patients underwent elective surgical procedures during the study period. All of these patients who had undergone elective surgery were interviewed randomly during the study period under routine practice conditions. All the patients were asked a set of standard questions of post operatively related to the information they were provided before the procedure as a part of standard informed consent practice. Questionnaire included the patient's knowledge about pathology, operative risks, type of anesthesia given with its risks, alternate treatment option, results of no treatment, patient's satisfaction about the information given and whether consent form was signed.

Results:

A total of 200 randomly chosen patients (121 males and 79 females) were included in the study. In 16 (8%) of patients the surgeons were involved in taking consent themselves. Only 90 (45%) of patients were told about the nature and purpose of procedure and 89 (44.5%) of patients knew about the possible complication of surgery. 143 (71.5%) of patients were told about the type of anesthesia required but only 30 (15%) were informed about the risks of anesthesia. 40 (20%) of patients were allowed questions to be asked while taking consent. Interestingly, most of the patients 156 (78%) were still satisfied by the information provided to them during informed consent.

Conclusion:

This study highlights the poor quality of patient knowledge about surgical procedures and the scarce information provided. The current standard informed consent practice which is being practiced by the doctors in public / private sector reaching hospital of Pakistan and the other works below standard to

international and ethical acceptability. Yet, a large number of patients were satisfied by the information provided during the informed consent process.

Prof. Dr. Faiz Muhammad Halepota
H.O.D
Ophthalmology MMC

ABSTRACT

Some Interesting Clinical cases this includes, advanced orbital Tumor cases, sclerol necrosis following Evisceration implant and melt of eye ball coats to Prolonged unlimited use of topical steroid drop.

Title

Reconstruction of cheek defects

Authors:

Mugria, Mahesh Kumar, Shaikh, Bilal Fazal
Department of Plastic Surgery, LUMHS, Jamshoro

Background:

Skin tumor is the commonest malignancy and the frequency continues to increase. Facial reconstruction after skin cancer excision or facial trauma is a demanding job and needs systematic understanding of the anatomy and physiology of face, knowledge of local flaps and their blood supply. The objective of this study was to evaluate the outcome of surgical procedures done for cheek reconstruction.

Methods:

This study was conducted in the Department of Plastic and Reconstructive Surgery Liaquat University Hospital Jamshoro from January 2006 to December 2009. Forty patients having skin carcinoma or trauma of the cheek were included in the study.

Results:

good quality balance of cheek was attained. No patient had Flap necrosis. One patient had mild ectropion of the lower eyelid (2.5%) that did not require any repeat surgery.

Conclusions:

comparatively larger defects of the cheek can be effortlessly covered with local flaps with protection of aesthetics and without any deformation in the proportion of the face.

Title

SELF INFLICTED BURN: A HIGH TIDE

Authors:

Khan, Imran Ahmed
Dr. S.M.Tahir

Institution (where the work has been performed):

LUMHS; JAMSHORO SINDH

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ABSTRACT

(Confine the body of the abstract to not more than 250 words)

Background / Introduction:

Burns is 2nd commonest trauma after road traffic accident.
Like RTA, burns is PREVENTABLE.
Burn is the most devastating form of trauma and self inflicted burns are the severest among these.
The prevalence of self burning is varies considerably around different parts of the world. It is estimated to be as low as 1% in USA to almost 40% in other parts of the world

Self-inflicted burns has some unique features that makes it separate Entity; commonest are
In most cases lesion is extensive and full-thickness.
In most cases there is history of mental illness, alcoholism or drug abuse, interpersonal conflicts, or social injustice; which makes the prognosis worse. They seldom or never cooperate during therapy.
Family support, so important from the economical, psychological and moral viewpoint, is often lacking.

Aims:

To highlight the demographic profile, various methods of self inflicted burn, and to probe into the problem by knowing various precipitating factors that may lead to self inflicted burn in our part of the country.

Methods:

This is a study of 154 cases of self-inflicted burns treated at the Burn Emergency Unit of Liaquat University of Medical and Health Sciences Jamshoro Pakistan, during a period of 08 years. These self inflicted burns, were divided into two groups, those with suicidal intent called suicide attempter and those who mutilate themselves as self immolator. Except that these patients throughout the period of their hospital stay were under surveillance of a psychiatrist, they were managed according to the routine protocol of our unit. The patients were analyzed with respect to age, sex, method used for self inflicted burns, place of burn, psychiatric history, interpersonal problems, total body surface area (TBSA) burnt, depth of burn and outcome. The continuous variables were compared using t-test while for categorical data chi-square test was used. SPSS 15 was used as statistical software.

Main results:

The prevalence of self inflicted burns was 9.80% with a consistent rise in number of self inflicted burns from 2001 through 2008. The self immolators were significantly younger than suicide attempters. Males dominated in self immolators, while in suicide attempters female outnumbered males. The mean TBSA affected was significantly higher in suicide attempters when compared to self immolators. The mean hospital stay did not differ significantly in both groups. The mortality for self immolators was 6.38%, in contrast to suicide attempter where it was 33.65%.

Conclusions:

The radical change in the socioeconomic condition of common people, traditional joint family System, political system and justice, has reflected as increased prevalence of self infliction both as self mutilators and suicide attempters.

Title

Simple Helical Reconstruction with cervical tube Technique.

Authors:

Khan, Imran Ahmed
DR Zara Yousufzai

Institution (where the work has been performed)

Plastic Surgery dept LUH

Corresponding Author's details:

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Postal Address: Qasimabad hyd

ABSTRACT

Background / Introduction:

Helical reconstruction is challenging for plastic surgeon. The commonest cause of defect is human bite other causes are, burns and trauma. There are various techniques by which helix can be reconstructed one of the convenient method is cervical tube or post auricular tube used to repair helix in 3 stages.

Aims:

To see the results of helical reconstruction with convenient method of cervical tube.

Methods:

A total of 13 cases were selected with complete helical defects. All defects were reconstructed using the cervical tube technique.

Main results:

All patients showed positive results, but 4 (31%) patients developed complications. One patient had partial tube necrosis.

Conclusions:

It was seen that the most common cause of ear defects was human bite. 2 single method with less complication and good cosmetic results.

Title

Simple method of vaginoplasty with split skin graft

Authors:

Khan, Imran Ahmed) underline the name of the presenting author
Khashia Sayed

Institution (where the work has been performed)

Liaquat University of Medical and Health Sciences (plastic Surgery department)

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ABSTRACT

Background / Introduction:

A case series of congenital vaginal atresia in which we have performed vaginoplasty in 5 cases and achieved good results except for a few complications like infection , partial rejection of graft and stenosis of vagina

Aims:

To assess the outcome of split skin graft in vaginoplasty

Methods:

A total of 5 patients were included in this study having complete and partial vaginal atresia . Simple vaginal construction was done by split skin graft technique. All the cases were referred from the Obstetrics and Gynaecology department to the Plastic surgery department at Liaquat University of Medical And Health Sciences Jamshoro from July 2007 to July 2010.

Main results:

Out of the 5 cases , 3 cases were of complete vaginal atresia and 2 were of partial vaginal atresia .Good results were achieved in most of the cases, except for a few complication such as infection , partial rejection of graft and stenosis of vagina

Conclusions:

In our set up split skin graft is a simple procedure and a good technique because of its simplicity, but needs regular dilation postoperatively so early marriage is advised.

Title**SURGICAL OUTCOMES IN PATIENTS HAVING PROLAPSED INTERVERTIBLE DISC IN RELATION TO PRESENCE OR ABSENCE OF DEGENERATIVE SPINAL LESION****Authors:-**

Dr. Mubarak Hussain, Dr. Vash Dev, Prof. Dr. Aftab Ahmed Qureshi

Objective:-

The prime objective of this study was to evaluate the outcomes conventional open lumbar discectomy on lumbar prolapsed intervertebral disc in relation to the presence or absence of degenerative spinal lesion.

Study Design:-

Prospective Quasi experimental

Place & Duration of study:-

From March 2007 to Feb 2008, carried out at Department of Neurosurgery, Liaquat university Hospital Jamshoro.

Patients & Methods

60 Patients having prolapsed lumbar intervertebral disc who develop radiculopathy and / or any neurological deficit or patient having prolapsed intervertebral disc with degenerative spinal lesions shown by the conventional radiographs and / or MRI who did not improve with conservative management were included. The surgical procedure used for patients was a partial hemilaminectomy at the involved interspace on the appropriate side with removal of herniated disc material. Any protuberance from the facet joint causing root pressure or narrowing of the root canal was removed by medical facetectomy. Where hypertrophic Ligamentum flavum found, was removed. Large centrally placed disc removed by one or two level bilateral hemilaminectomy.

Results:-

Overall 60 Patients with mean age 35 years were included in study. Out of 35 Patients in group A 19 were males & 11 were females where as in group B there were 22 males & 8 females. Among all the patients of group A 27 (90%) patients show good to excellent relief i.e. they are either completely pain free or head minor pain. 3 (10%) show little are no improvement. Among all the patients of group B 23 (76.6%) patients show good excellent relief i.e. they are either completely pain free or head minor pain. 7 patients (23.3%) show little are no improvement. (p value 0.29)

Conclusion:

Hemilaminectomy for lateral disc herniation & bilateral Hemilaminectomy for large central disks performed. On the numerical basis patients having prolapsed intervertebral disc only showed better outcome than the patients having prolapsed intervertebral disc with degenerative spinal lesions.

Title**SUTURE VERSUS MESH REPAIR OF INCISIONAL HERNIA;
LONG-TERM FOLLOW-UP OF A RANDOMIZED CONTROLLED TRIAL****Authors:**

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani;
Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

Abstract**Objective:**

The objective of this study was to determine the best treatment of incisional hernia, taking into account recurrence, complication, discomfort, cosmetic result, and patient satisfaction.

Background:

Long-term results of incisional hernia repair are lacking. Retrospective studies and the midterm results of this study indicate that mesh repair is superior to suture repair. However, many surgeons are still performing suture repair.

Methods:

Between 1992 and 1998, a multicenter trial was performed, in which 181 eligible patients with a primary or first-time recurrent midline incisional hernia were randomly assigned to suture or mesh repair. In 2003, follow-up was updated.

Results:

Median follow-up was 75 months for suture repair and 81 months for mesh repair patients. The 10-year cumulative rate of recurrence was 63% for suture repair and 32% for mesh repair ($P < 0.001$). abdominal aneurysm ($P = 0.01$) and wound infection ($P = 0.02$) were identified as independent risk factors for recurrence. In patients with small incisional hernias, the recurrence rates were 67% after suture repair and 17% after mesh repair ($P = 0.003$). One hundred twenty-six patients completed long-term follow-up (median follow-up 98 months). In the mesh repair group, 17% suffered a complication, compared with 8% in the suture repair group ($P = 0.17$). abdominal pain was more frequent in suture repair patients ($P = 0.01$), but there was no difference in scar pain, cosmetic result, and patient satisfaction.

Conclusion:

Mesh repair results in a lower recurrence rate and less abdominal pain and does not result in more complications than suture repair. Suture repair of incisional hernia should be abandoned.

Title**TAMSULOSIN; A RECENT UROSELECTIVE ALPHA BLOCKER IS ALSO EFFECTIVE IN FEMALES WITH VOIDING DYSFUNCTION; A 12 – WEEK PROSPECTIVE STUDY****Authors:**

Rehmatullah Soomro; Jawaid Rajput; Mashuque Ali Khawaja; Zubair Yousufani; Ahmed Ali Laghari

Institution:

Department of Surgery
Muhammad Medical College Hospital, Mirpurkhas

ABSTRACT**Objective:**

To evaluate whether the Tamsulosin; A recent uroselective alpha blocker; is also effective in females who come with voiding dysfunction, but have no neurogenic voiding dysfunction or anatomical bladder outlet obstruction.

Study Design, Setting & Duration:

This was a prospective study carried out at department of Urology with the help from the department of Forensic Medicine, Muhammad medical College Hospital from 1st September 2009 to 30th November 2009.

Patients and Methods:

A total of 106 female patients were included in the study. Dr. Syeda Momina Muhammad helped us, since we all were males, in taking a proper history and examination especially a pelvic examination. Also since she is a Sonologist, she remained very greatly helpful for us from this point of view too.

Mean patient age was 52.9 years (range = 21-80 years), all 106 patients were classified as having no or mild obstruction (group A) or moderate or severe obstruction (group B), 70 patients in group A and 36 in group B. women who had voiding dysfunctions for at least 3 months were included. Inclusion criteria were

- Age \geq 18 years.
- International Prostate Symptom Score (IPSS) of \geq 15, and
- Maximum flow rate (Qmax) if \geq 12mL/sec and/or postvoid residuals (PVR) of \geq 150 mL.

Patients with neurogenic voiding dysfunction or anatomical bladder outlet obstruction were excluded.

Results:

One hundred and six patients were evaluable (70 in group A, 36 in group B). After treatments. Mean IPSS, Qmax, PVR were changed significantly. Eighty-nine patient (84%) reported that the treatment was beneficial. The proportion of patients reported that their bladder symptoms caused "moderate to many severe problems" were significantly decreased. No significant difference was observed between the groups in terms of IPSS, Qmax and PVR. Adverse effects related to medication were dizziness (n=3), de novo stress urinary incontinence (SUI) (n=3), aggravation of underlying SUI (N=1), fatigue (n=1).

Conclusion:

Tamsulosin was found to be effective in female patients with voiding dysfunction regardless of obstruction grade.

Title**URINARY PROBLEMS DURING PREGNANCY****Authors:**

Dr. Hem Lata
Dr. Qamar-un-Nisa

Objective:

During pregnancy remarkable changes occur, in structure and functions of urinary tract. These changes often predispose to the development of urinary tract disorder or may predispose to worsening of renal disease and its sequelae. This study was conducted to assess urinary problems during pregnancy.

Methodology:

This descriptive study included 520 pregnant patients, out of 2134 admitted in antenatal and labour ward of Department of obstetrics and gynecology unit III Liaquat University Hospital Hyderabad from 1st April 2006 to 31st March 2007. Women with history of diabetes, chronic renal failure or complaining of urinary symptoms before index pregnancy were excluded. All women underwent complete examination of urine. Those having one or more urinary complaints had culture and sensitivity test of urine done. Other variables of study were urinary symptomatology.

Results:

During study period, 520 patients were analyzed. Out of these, 49 (9.4%) patients were diagnosed having urinary problems. Urinary tract infections diagnosed in 34/520 (6.5%) gravidas, acute renal failure in 11 (2.1%), nephrolithiasis in 2(0.4%), acute urinary retention in 2(0.4%) of patients. Majority of patients belonged to age group 21-25 years. Majority were multi gravidas and in 3rd trimester. Data analysis of our study showed that 316(60.8%) of study population reported symptom of frequency of micturition. Stress incontinence and voiding difficulties reported by 37% & 35.2% respectively.

Conclusion:

It is concluded from study that common urinary problems in pregnancy are urinary tract infections, acute renal failure, nephrolithiasis, and acute retention of urine. Common symptoms are frequency of micturition, stress incontinence and voiding difficulties.

Key words:

pregnancy, urinary tract infection, kidney calculi, acute renal failure, urinary retention, frequency, stress incontinence.

TITLE**AN ANALYSIS OF POST PARTUM ADMISSIONS DUE TO SEVERE ACUTE MATERNAL MORBIDITY IN LIAQUAT UNIVERSITY HOSPITAL HYDERABAD.****Author: -**

DR. SEEMA BIBI, ASSISTANT PROFESSOR (tenure track system), DEPARTMENT OF Gynaecology & Obstetrics, UNIT-III, LUMHS, JAMSHORO.

OBJECTIVE: -

- 1) To find out the frequency and causes of severe post partum maternal morbidity requiring tertiary hospital care.
- 2) To identify the demographic & obstetrical risk factors and adverse fetal outcome in women suffering from obstetric morbidities.

METHODOLOGY: -

This prospective cross sectional study was carried out in the Department of Gynaecology & Obstetrics Unit III, Liaquat University Hospital Hyderabad, between April 2008 to July 2009. The subjects comprised of all those women who required admission and treatment of various obstetrical reason during their postpartum period (Delivery to 06 weeks). Women admitted for non-obstetrical reasons were excluded. Data was collected on structured proforma, which was then entered and analyzed an SPSS version 11.

RESULT: -

The frequency of seven postpartum maternal morbidity requiring tertiary hospital care was 4% (125/3292 obstetrical admissions).

Majority was young, illiterate, multiparous and half of them were referred from rural areas. Nearly two third of the study population had antenatal visits from health care providers and delivered vaginally at hospital facility by skilled birth attendants.

The commonest conditions responsible for life threatening complications were PPH (50%), pre-eclampsia and eclampsia (30%) and puerperal pyrexia 14%. Anaemia was associated problem in 100% cases, leading to blood transfusion in 48.8% patients. Perinatal death rate was 34 (27.2%) and maternal mortality was 6 (4.8%).

CONCLUSION: -

PPH, Pre-eclampsia and Sepsis were still the leading causes of maternal ill health in our population. Maternal anaemia was a significant contributor of child birth disabilities. Perinatal mortality was high.

TITLE

“EFFECT OF PREOPERATIVE VAGINAL CLEANSING WITH AN ANTISEPTIC SOLUTION TO REDUCE POST CESAREAN INFECTIOUS MORBIDITY.”

AUTHOR:

DR. SHAHNEELA MEMON, Senior Registrar, Gynae Unit-III, LUMHS, Hyderabad/Jamshoro.

BACKGROUND:

Cesarean section is one of the most frequently performed surgical procedure by the Obstetricians and postoperative infection remains a significant complication of cesarean delivery, which included maternal fever, endometritis and wound infection.

OBJECTIVE:

To determine the effectiveness of pre operative vaginal cleansing with an antiseptic solution to reduce post cesarean infectious morbidity.

STUDY DESIGN:

Case control study.

STUDY SETTING:

Gynae and Obstetrics Unit-III, Liaquat University Hospital, Hyderabad from February 2010 to July 2010.

SUBJECT AND METHODS:

The 100 women in control group received the standard abdominal preparation only, while the 100 subjects in interventional group also received preoperative vaginal cleansing with 10% pyodine along with the usual abdominal scrub. All subjects received prophylactic antibiotic cover during the surgery. Data were extracted at the time of hospital discharge and again at one month post partum and transferred to pre-designed proforma. Maternal demographics, surgical parameters and infectious outcome were recorded. Data analysis were done using SPSS 15.

RESULTS:

The comparison between two groups did not show a significant difference in patient's demographics, labor and surgical variables. Post cesarean endometritis occurred in 1% of case group and 7% of controls (P value: <0.03). There was no measurable effect seen on development of fever and wound infection. However, statistically significant reduction in overall composite morbidity i.e. P value: <0.02 and odds ratio .335 (CI = .125-.896) was seen in patients with vaginal cleansing group when compared with controls.

CONCLUSION:

Preoperative vaginal cleansing with pyodine has reduced the incidence of post operative complications. It should be used as an adjunct to prophylactic antibiotic, being an inexpensive, well tolerated and rapid intervention.

KEY WORDS:

Post operative infection, vaginal cleansing, cesarean section, endometritis.

**Abstract
Oral Presentation
Scientifics Program – IV**

Title

Assessment of Doxorubicin induced cardio toxicity by doing tc-99 muga scan for estimating left ventricular ejection fraction in breast cancer patients.

Authors

Dr. Umar Daraz, Dr. Naeem A. Laghari, Dr. Shahid Iqbal, Dr. Aisha Siddiqi,

Institution:-

Nuclear Institution of Medicine and Radiotherapy, (NIMRA), Jamshoro.

Introduction:-

Doxorubicin is a cardio toxic anthracycline derivative chemo therapeutic agent used for breast cancer as first line chemo therapy protocol. The recommended dose of doxorubicin in breast cancer is 50mg/m² and the cumulative dose of doxorubicin is 450mg/m² but cardio toxicity starts with the first dose of doxorubicin. The effect of cardio toxicity may be sub clinical initially but with continued treatment it can result in congestive cardiac failure.

The study is carried out at NIMRA, Jamshoro from 1st January, 2009 to 31st May, 2010 to assess the cardio toxicity of doxorubicin in order to prevent cardiac problems and cardio myopathies in breast cancer patients. The cardio toxicity was measured by left ventricular ejection fraction pre and post chemo therapy by tc-99 muga scan (multi gated acquisition). The muga scan was chosen because it is more sensitive than echo cardiography.

Objective:

The study was done to assess the doxorubicin induced cardio toxicity in the patients who are undergoing chemo therapy for breast cancer treatment.

Materials and methods

Total 40 number of biopsy proven female breast cancer patients were included in the study of both adjuvant and neo adjuvant settings and ECOG 1 to 2 but no patient was more than ECOG 2 was included. The age range was between 25 to 65 years. Doxorubicin was used in standard dose (50mg/m²) in combination with 5-fluorouracil and Cyclophosphamide. The tc-99 muga scan was used prior to start of chemo therapy and 3 weeks after completion of chemo therapy. The criteria for cardio toxicity was defined as decline in percentage of LVEF more than 10 units from the base line.

Results

There was significant decline in percentage LVEF from the base line to the end of 6th Cycle

Conclusion:

It was concluded from the study that doxorubicin is a cardio drug and causes significant lowering in percentage LVEF from the base line so it should be used with caution in all the patients where indicated and special care to be taken in cardiac, diabetic and old aged patients.

Title

FACTORS ASSOCIATED WITH DRUG ADDICTION IN DRUG ADDICTS OF PAKISTAN.

PRESENTED BY:

Dr.Naveed Mansuri, Lecturer; Department of Community Health Sciences. Hamdard College of Medicine & Dentistry, Tariq Saleem Khan (group leader), Abbas Khan, Saif Ullah Khalil, Abdul Salam, Kamran Khan, Abdur Rehman, Khalid Islam, Asma Ishaq, Zobia Iqbal

ABSTRACT**Introduction:**

Drug addiction is a major public health concern all over the world these days. Not only it effects the addict and his/her family but also disturb the whole society and not to forget the social evil that it brings about.

We chose to explore the following aspects:

- Identify the age group most susceptible for the initiation of drug addiction.
- Assess the factors of educational status and peer pressure effecting the drug addiction.
- Know the most commonly used and easily available abusive substance.

Method:

A multi centered(Karachi, Lahore, Peshawar) cross sectional study was performed during the months of June to August with the help of preformed and pretested questionnaire on a total of 400 known drug addicts at different rehabilitation center

Results:

The observed results of this study show that majority of drug addicts are between 20-40 years of age. Educational status of the addict is not significantly inhibitory, but mother education is some what protective. Addiction with combination of drugs is more common as compare to use of single drug.

Conclusions:

To curtail this menace, the researchers suggest that youth should be watched for behavior, source of income generation and circle of friends .Implementation of laws should be universal and with authority. It is essential to focus on family up bringing and the values given by our religion.

Key words: Drug Addiction, Factors associated , Pakistan

Title**Prevalence of Enteric Fever and the Current Antibiotic susceptibility of Salmonella isolates in Karachi****Authors**

Abdullah, Farhan Essa^{1,2}, Haider, Faryal¹, Fatima, Kanwal¹, Irfan, Saboohi¹, Iqbal, Mir Saud¹

¹Department of Pathology, Dow Medical College, DUHS, Karachi, Pakistan

²Dr Essa's Laboratory, Karachi, Pakistan

ABSTRACT**Background:**

Typhoid, a global disease affecting more than 21 million people annually has become endemic in developing countries. The problem, increasing in intensity and extent in Karachi, Pakistan due to drinking water contamination, circulation of MDR strains with altered drug sensitivity and manifestation of Quinolone resistance, encourages our data for clinical use.

Aims:

The aim of our study is to explore the current level of resistance to first line agents, Cephalosporins and to Quinolones amongst S.typhi, Paratyphi A and B, and to incorporate the results of regular C/S data in hospital antibiotic policy

Patients and Methods: This retrospective study was done on blood culture samples collected at different branches of a diagnostic lab in Karachi City during 12-months ending January 2010. Isolates were identified by routine biochemical tests, Salmonella species confirmed with specific antisera, and antibiotic sensitivity determined by the standard Kirby-Bauer Disc Diffusion method using 12 relevant antibiotics.

Results:

Specimens yielded 261 organisms; of these, 130 were Enteric fever isolates Salmonella typhi (60.77%), S. paratyphi-A (32.31%), and S. paratyphi-B (6.92%) which were approximately sensitive (97%) to the Quinolones (Enoxacin: 98.3%, Ciprofloxacin: 97.5%, Ofloxacin: 95.2%), Cephalosporins: 96.7% (Cefixime: 94.4%, Cefotaxime: 98.3%, Ceftriaxone: 97.5%) and Fosfomycin: 93.7%. Resistance to Amoxicillin was 90% and 36.7% to Cotrimoxazole. About 65.5% of the isolates were MDR strains (resistant to Chloramphenicol, Ampicillin/Amoxicillin and Cotrimoxazole), with S. typhi accounting for 71.5%, S. paratyphi-A: 54.7% and S. paratyphi-B: 70.3%.

Conclusions:

In Enteric fever cases where S. typhi, S. paratyphi-A or S. paratyphi-B infection is presumed, Ciprofloxacin would be a suitable empirical choice for treatment in adults, and Cefixime for children. Regular C/S analysis should be encouraged and results incorporated in hospital antibiotic policy.

Title

Severity of Menopausal Symptoms and the Quality of life at different status of Menopause: a community based survey from rural Sindh.

Authors

Nusrat Nisar, * *Nisar Ahmed Sohoo

Institute

Department of Obstetrics & Gynecology, Liaquat University of Medical and Health Sciences Jamshoro.
District Coordinator National Programm for Family planning and Primary health care Matiary Sindh Pakistan.

Introduction:

Menopause is the time in women's life when her ovaries stops producing Estrogen and Progesterone, the deficiency of these hormones elicit various somatic, psychological, vasomotor and sexual symptoms that affect the overall quality of life of women. Assessment of quality of life during menopause deserves special attention as with increase in the life expectancy women lives about one third of their lives with hormone deficient state. Studies on menopause and quality of life of menopausal women are scarce and none is conducted before among rural women of Sindh Province Pakistan.

ABSTRACT**Objective:**

To investigate the severity of menopausal symptoms associated with menopausal status and to determine the quality of life of menopausal women from rural Sindh.

Material and Methods:

This cross-sectional survey was conducted in 19 Union Councils of Matiary district, Hyderabad Division from November 2007 to October 2008. Among 6, 29382 population dwelling in 1509 villages and 56,053 households of these Union Councils, 3062 women were selected by multistage random sampling method within the age range of 40-70 years. Along with collection of socio-demographic data the Menopause rating Scale (MRS) and WHO Quality of life Brief (WHO QOL Brief) Questionnaire translated in Sindhi Language were filled for each individual subject. Data was entered and analyzed by SPSS V 15.

Results:

The mean age at Menopause was 49.38±14.29 years; the mean scores of menopause rating Scale were high in all domains, the significant difference was found in the mean somatic scores of women in Premenopause, perimenopause and post menopause status ($P<0.001$). The psychological symptoms were more severe for women in perimenopause and post menopause status while the scores for urogenital symptoms were found to be higher in perimenopause women ($P<0.001$). The mean scores for the physical, psychological, social and environmental domains of WHO QOL questionnaire were found significantly impaired for all women at different status of menopause.

Conclusion:

To best of our knowledge this is the first attempt to provide data on menopause and quality of life of women from rural Sindh. The mean scores of all the domains of Menopause rating scale were significantly high in Peri and postmenopausal women from rural Sindh. The severity of menopausal symptoms decreases the quality of life in every day life of these rural women.

Key Words:

Menopause, Severity of symptoms, MRS, Quality of life, WHOQOL

Abstract
Poster Presentations
(Original Papers)

Title

A Study on Attitude and Practices Regarding Mobile Utilization Among the Students at Muhammad Medical College in District Mirpurkhas.

Authors: - Amna Riaz, Mahrukh Abbas, Madiha Shah, Nida Babar (4th Year)

Supervisor: - Dr Muhammad Asif Ali Shah

ABSTRACT

OBJECTIVE:

To assess the attitude and practices regarding Mobile Utilization among the students of Muhammad Medical College at District Mirpurkhas.

STUDY DESIGN:

Cross sectional descriptive study.

PLACE AND DUTATION OF STUDY:

Muhammad Medical College from June, 2010 to July 2010.

SUBJECT AND METHODS:

A total of 120 medical students of Muhammad Medical College was included by systemic random sampling in this study. They were asked to fulfill a pretested closed ended questionnaire.

RESULTS:

A total 120 (male 59% n=71 & female 41% n=49) students of different year participated in this study. Their ages were b/w from 22 to 25 year (Median 24). All students have cell phone 100% (n=120). Near One third 65% (n= 78) students told that they used cell phone during class attending, (n=87) 72% students told that Mobil Ring during class time disturb their learning process. 50% (n=60) respondents mentioned that they used mobile for help in education. On asking regarding and bad affect after cell utilization 51% (n= 62) said 51% (n=32) feel anxiety. 28% (n=34) students mentioned that they used different types of Night packages for talking with opposite sex friend. Majority of respondent 76% (n=92) have opinion that youth is being spoiled by misuse of cell phone. 26% (n=32) students mentioned that they watched porn images or videos on their Mobile.

CONCLUSION:

Student's attitude was good but their practices were not healthy. Student's mobile phone use disrupts learning in class, resulting in negative educational outcomes.

KEYWORDS:

Mobile phones; Medical Students; Adverse effect of Cell phone

Title:

A study on socio-economic of poor Anti Natal Care (ANC), coverage among the patients attending Gynae / Obs out Patients at Mirpurkhas.

Authors:

Sidra Noreen, Sadia Ismail, Humaira Aslam, Sumaiya Gill, Nadia Ambreen, Nosheen Bano, Iffat Safdar, Hina Arif (4th Year MBBS MMC)

Supervisors: Dr. Asif

ABSTRACT

Objective:

The study was to identify the reasons of poor ANC among patients at Gynecology ward of MMCH and civil hospital Mirpurkhas

Study design:

Cross section and descriptive

Place and duration:

MMCH & civil hospital Mirpurkhas from June-July 2010

Methodology:

In this study 91 women were selected through system of random sampling. In this 15 women refused to participate. A pre-tested close ended questionnaire was designed to access the reason for pre ANC. Ethics committee of Hospital gave approved for this study (No...)

Result:

A total of 76 respondents were included in the study having age range 17-40 years (mean age 27 years). Most of them (67.1%) n=51 belonged to rural areas. Only (56%) n=43 were receiving ANC in present pregnancy. ANC received from govt. hospitals were (38%) n=29. ANC provided by doctors were 51% n=39. 38% n=29 were receiving ANC in 1st trimester, (26%) n=20 in 2nd and 25% n=19 in 3rd. 9% n=7 never had ANC. 40% n=31 had their last deliveries at govt. hospitals. 73% n=56 were not receiving family planning but 52% n= 40 had intentions to use FP practice. 70% n=53 were pregnant at the time of interview. 87% n=66 received poor ANC as judged by the fact that they missed at least one ANC visit. Reasons for not receiving ANC properly were financial problems and lack of personal interest (30%) n=23, lack of awareness 31% n=24, problem of husband/mother-in-law 13%, n=10, lack of health care facilities 13% n=10.

Conclusion/Remarks:

There is very high rate of poor ANC due to lack awareness so there should be arrangements of public awareness regarding ANC, dais / LHV's should also be given proper training for ANC.

Keywords: Anti-natal care, pregnant mothers, gynecology.

TITLE**All Cause Admissions In Different Departments Of Muhammad Medical College Hospital (MMCH) Mirpurkhas****Authors:-**

Yasir Arfat, (Final Year MBBS)
 Tehseen Bukhari, (Final Year MBBS)
 Sara Fayyaz, (Final Year MBBS)
 Humaira Shabbir, (Final Year MBBS)

Supervisor:-

Prof: Dr. S. Zafar Abbas, (Dept: Of Medicine)

Institution:-

Muhammad Medical College Hospital (MMCH) Mirpurkhas

ABSTRACT**Background:-**

There are many diseases that human beings suffer. Most of the diseases require hospital admissions. The burden of O.P.D and Inpatients varies widely in different parts of world according to difference in environment, genetic and other factors.

In our country there are limited resources to deal with diseases. The data regarding hospital admitted patients is very important in making plans and decisions related to health economics and also helps greatly in planning disease preventions.

Aim:-

To determine the burden of diseases of patients admitted at **MMCH**.

Method:-

Retrospective study of computerized records of all admissions in **MMCH** during the year **2009**. Hospital Research Ethics Committee approval was obtained
(No. 021010/REC/031)

Results:-

2753 patients were admitted in different departments of **MMCH**.

1317 (48%) of them were males.

1436 (52%) of them were females.

Their Ages varied from new born to **102** years.

Age Group	No of Patients	Percentage
15 – 44 years	<i>n</i> = 1162	42 %
45 – 64 years	<i>n</i> = 868	32 %
> 65 years	<i>n</i> = 461	16 %
1 – 14 years	<i>n</i> = 192	7 %
< 1 year	<i>n</i> = 70	3 %

There were **234 (8.4 %)** deaths in hospital during study period.

Commonest 10 Diagnosis : Total (*n* = 2753)

S/No	Diseases	No of Patients	Mortality
01	CLD	<i>n</i> = 468 (16.9 %)	<i>n</i> = 70 (29.9 %)
02	Diabetes mellitus	<i>n</i> = 211 (7.6 %)	<i>n</i> = 12 (5.1 %)
03	G I T diseases	<i>n</i> = 134 (4.8 %)	<i>n</i> = 10 (4.2 %)
04	Tuberculosis	<i>n</i> = 127 (4.6 %)	<i>n</i> = 10 (4.2 %)
05	COPD	<i>n</i> = 74 (2.6 %)	<i>n</i> = 3 (1.2 %)
06	Acute Hepatitis	<i>n</i> = 71 (2.5 %)	<i>n</i> = 0
07	Carcinoma	<i>n</i> = 66 (2.3 %)	<i>n</i> = 19 (8.1 %)
08	Full Term Pregnancy	<i>n</i> = 57 (2.1 %)	<i>n</i> = 0
09	Anemia	<i>n</i> = 50 (1.8 %)	<i>n</i> = 2 (0.8 %)
10	Ischemic Heart Disease	<i>n</i> = 45 (1.6 %)	<i>n</i> = 5 (2.1 %)

Commonest 5 Medical Diagnosis : n = 1783 (65 %)

S/No	Diseases	No of Patients	Percentage
01	CLD	n = 414	23.2 %
02	Diabetes mellitus	n = 194	10.8 %
03	Hypertension	n = 119	6.6 %
--	Tuberculosis	n = 119	6.6 %
04	Gastroenteritis	n = 115	6.4 %
05	CVA	n = 87	4.8 %

Commonest 5 Surgical Diagnosis : n = 542 (20 %)

S/No	Diseases	No of Patients	Percentage
01	Renal Stones / Failure	n = 76	14 %
02	B.P.H	n = 42	7.7 %
03	Cholelithiasis	n = 34	6.2 %
04	Hernia	n = 28	5.1 %
05	Intestinal Obstruction	n = 27	4.9 %

Commonest 5 Gyn / Obs Diagnosis Were: n = 283 (10 %)

S/No	Diseases	No of Patients	Percentage
01	Full Term Pregnancy	n = 57	20.1 %
02	Fibroids	n = 22	7.7 %
03	Anemia In Pregnancy	n = 21	7.4 %
04	UV Prolapsed	n = 20	7 %
05	Pre Term Labour	n = 16	5.6 %

Commonest 5 Pediatrics Diagnosis: n = 145 (5 %)

S/No	Diseases	No of Patients	Percentage
01	Gastro Hepatology	n = 40	27.5 %
02	Low Birth Weight	n = 30	20.6 %
03	Respiratory Disease	n = 21	14.4 %
04	CNS Disease	n = 19	13.1 %
05	Sepsis	n = 18	12.4 %

Commonly Involved System: n = 2753

S/No	Diseases	No of Patients	Percentage
01	GIT / Hepatology	n = 689	25 %
02	Surgery	n = 542	19.7 %
03	Chest Diseases	n = 344	12.4 %
04	Gyn / Obs	n = 283	10.2 %
05	Endocrine	n = 231	8.3 %

Commonest Causes Of Death: n = 234 (8.4 %)

S/No	Diseases	No of Patients	Percentage
01	CLD	n = 70	29.9 %
02	Respiratory	n = 30	12.8 %
03	CVA	n = 24	10.2 %
04	Neurological	n = 24	10.2 %
05	Renal	n = 21	8.9 %
06	Carcinoma	n = 19	8.1 %
07	Diabetes Mellitus	n = 12	5.1 %
08	GIT	n = 10	4.2 %
09	IHD	n = 05	2.1 %
10	Miscellaneous	n = 17	7.2 %

Conclusion:-

According to study in MMCH, Liver & GIT diseases are the most common indications for hospital Admissions (22 %) & also the most common cause of death (34 %)

Health care providers should keep these facts in consideration for provision and distribution of resources to combat diseases more efficiently and effectively

TITLE**AN AUDIT OF NECK SWELLING IN SURGICAL DEPARTMENT OF MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS FROM 01-01-2008 TO 27-09-2010.****AUTHORS:**

Tayyaba Naureen, (Final Year MBBS)
 Mahira Jabeen , (Final Year MBBS)
 Fareeha Sana, (Final Year MBBS)
 Anila Zaman, (Final Year MBBS)
 Dr. Syed Razi Muhammad (Department of Surgery)

INSTITUTION:

Department of Surgery Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT**BACKGROUND:**

There are many causes of neck swelling. No data exist regarding their aetiology and demography in our region.

AIM:

To undertake an audit of neck swelling of patients admitted in surgical department, observed at Muhammad Medical College Hospital from 01-01-2008 to 27-09-2010.

METHOD:

Filling the form developed to retrieve information from files of patients admitted in surgery department of Muhammad Medical College Hospital 01-01-2008 to 27-09-2010. Ethical approval was taken from hospital's (MMCH) Research Ethics Committee with REC No. (02/010/REC/ 033).

RESULT:

Out of 53 patients 30 Male (56.60%) and 23 Female (43.03%) the average age was 25.24 years (5 – 45 years)

COMMONEST NECK SWELLING OBSERVED WERE

DISEASES		MALE	FEMALE
Cervical lymphadenitis	n=16 (30.2%) av. age = 6.7 years range= 5-10 years	n=9 (56.25%) av. Age=7.4 years range=5-8 years	n=7 (43.75%) av. Age=6 years range=5-10 years
Goiter	n=14 (26.41%) av. Age=26.20 years range=20-30 years	n=6 (42.85%) av. Age=24.16 years range=20-30 years	n=8 (57.14%) av. Age=28.25 years range=22-28 years
Lipoma	n=9 (16.98%) av. Age=32.54 years range=25-40 years	n=7 (77.77%) av. Age=30.57 years range=25-40 years	n=2 (22.22%) av. Age=34.5 years range=30-39 years
Sebaceous cyst	n=7(13.20%) av. Age=28 year range=22-30 years	n=6 (85.71%) av. Age=26 years range=22-30 years	n=1 (14.28%) av. Age=30 years range=30 years
Carcinoma of thyroid	n=6 (11.32%) av. Age=35.4 years range=25-45 years	n=2 (33.33%) av. Age=37 years range=30-45 years	n=4 (66.66%) av. Age=33.8 years range=25-45 years
Thyroglossal cyst	n=01 (1.9%) av. Age=10 years range=20 years	n=0 (0%) av. Age=0 years range=0 years	n=1 (100%) av. Age=20 years range=20 years

Lymphadenopathy aetiology:

TB=75% (n=12)
Malignancy=12.5% (n=2)

Goiter:

Solitary=10
Multinodular=3
Diffuse=1
Malignant=21.42% (n=3)

CONCLUSION:

There are many causes of neck swelling of which lymphadenopathy (30.2%) and goiter (26.4%) are commonest in our region. TB is by far the commonest cause of cervical lymphadenopathy in our patient (75%). All 16 patients were children under 10 years of age.

Title

An Audit of Ultrasound findings of diseases at a Tertiary Rural Health centre Mirpurkhas (Sindh)

Authors:

Syed Waqar Ali Kazmi (Final year) Abdul Wahid (Final year) Ossamah Durrani (Final year), Mian Tahir Shah, Dr. Aqeel Chohan (Consultant Radiologist)

Institution:

Department of Radiology Muhammad Medical College Mirpurkhas Sindh

ABSTRACT

Background / Introduction:

Ultrasound scan (USS) of abdomen and pelvis is an important and useful investigation tool. It often gives a definite diagnosis.

Aim:

To find out the most common Ultrasound findings/diseases.

Methods:

Retrospective analysis of 250 consecutive ultrasounds done at Muhammad Medical College Hospital from July 2010 to August 2010. Ethical approval was taken from hospital's (MMCH) research ethics committee with REC No. 011010/REC/018.

Main Results:

Out of 250 patients 109 (43.6%) were males and 141(56.4%) were females.
Out of 250 patients 98 (39.2%) were normal.

8 most common findings were:

Serial No.	Findings/Diseases	Numbers of patients n=	Percentage %
1	Chronic liver disease	36	14.4%
2	FTP/OBS	32	12.8%
3	Urinary tract infection	26	10.4%
4	Urinary calculi	18	7.2%
5	Gynaecological Complications Abortions PID Fibroids Ovarian cysts	=6 =4 =4 =2 (Total n=16)	6.4%

6	Gall Bladder diseases Gallstones Cholecystitis	10 2	Total (n=12)	4.8%
7	BPH	6		2.4%
8	Others Liver abscess Pleural Effusion undescendent testis	2 2 2	Total (n=6)	2.4%

Conclusion: This result shows that, the most common ultrasound findings in our region is Cirrhosis of liver(14.4%) followed by FTP/OBS cases (12.8%)and UTIs(10.4%),urinary calculi (7.2%) and gynaecological diseases (6.4%).

TITLE:

An Audit Of Upper GI Bleed At Muhammad Medical Hospital

AUTHORS:

Abaid Ur Rehman (Final Year), Akhter Abbas(Final Year), Asif Mahmood(Final Year), Prof.Dr. S. Zafar Abbas

INSTITUTION:

Section of Gastroenterology, Department of Medicine, Muhammad Medical College MirpurKhas.

ABSTRACT

BACKGROUND:

Upper GI Bleed(UGIB) is a common GI emergency. Although commonest cause of this in western text books is bleeding peptic ulcer disease (PUD), in Pakistan bleeding oesophageal varices(BOV) are thought to be number 1 cause for unselected UGIB.It carries a mortality of up to 15%.

OBJECTIVE:

To determine the causes, presentation and mortality of UGIB.

METHODS:

Retrospective review of endoscopy records and case note of all patients admitted with UGIB between October 2009 and September2010. This study was approved by Hospital Research Ethics Committee,with REC no: 300910/REC/004.

RESULTS:

69 Patients [37 (53.62%) males] and [32 (46.38%) Females] were admitted in 1 year between October2009 and September2010 with UGIB. Their average age was 5.74years (range 15 to 70 years). The presentation was Haematemesis [n=53 (76.81%)], Melaena [n=29 (42.0%)] and both Haematemesis and Melaena [n=20 (29.0%)]. There were features of shock (Pulse >100beat/min, B.P <100mmhg Systolic) in n= 5 (26.3 %) patients on admission. The average Haemoglobin on admission was 8.3g/dl (range 4.6 to 11.9g/dl). Average no. of blood transfusion given was 2.7(range 1 to 7) units.Upper GI Endoscopy (UGIE) was performed in all of them. Average time from admission to endoscopy was 3days (range 0 to 6 days).Findings at endoscopy were Bleeding Oesophageal Varices n= 49 (71.01%), Portal hypertensive Gastropathy n= 24(35%) >PHG with BOV n= 18 (75%) >PHG without BOV n= 6(25%), Gastric Varices n= 13 (18.8%) >GV with BOV n= 1 (8%) >GV without BOV n= 12 (92%), Gastric Ulcer n= 11 (16%)Duodenal Ulcer n= 7 (10.2%) -One of them was NSAID induced, Gastro-duodenal Erosions n= 2 (2.9%) -One of them was NSAID induced,Oesophagitis n= 2 (2.9%), Upper GI Malignancy n= 1 (1.5%)
10 patients (14.5%) had a normal endoscopy. 35 patients (51%) had more than one finding on OGD.

INTERVENTION

Included, Endoscopic Varical Band Ligation (EVBL) n: 44 (90%) Injection Sclerotherapy (IST) For BOV n: 2 (4%) For Gastric Varix n: 1 (8%) For DUD n: 1 (14%) Average length of hospital stay was 6 days (range 1 to 11day). No patient died during admission.

CONCLUSION:

Upper GI Bleed is a common GI Emergency. Commonest cause of UGIB in our setup is BOV (71.01%). Its common presentations include Haematemesis (76.8%), Melaena (42.0%) or both (29.0%). 94% of all patients who presented with BOV were treated endoscopically. No mortality was recorded in this study.

Title

A Cross Sectional Survey regarding Knowledge Attitude and Practices of Medical Students Regarding Aids at Muhammad Medical College

AUTHORS: Muzaffar Shoaib , Rashid Shamsi, Shafqat Abbas . Khali 1 Babbar.

SUPERVISOR: Dr Asif Ali Shah

ABSTRACT

OBJECTIVE:

To assess knowledge, attitude and practices regarding AIDS amongs medical students at Muhammad Medical College.

METHODOLOGY:

A cross sectional descriptive study was conducted from June to August 2010 MMC. A total of 175 students were selected through systemic random sampling technique in this 05 students refused to participated. The variable assessed were knowledge of AIDS, causative agent, mode of transmission, methods of prevention and attitude & practice towards disease by using a pre-tested, pre-coded closed questionnaire

RESULTS:- The total population were 170, age range between 18-25 yrs(median 21 yrs), among them n= 83 males(49%) and n=87 females(51%). n 95 % students have heard word AIDS. On asking information regarding etiological agent 96% mentioned virus, 1 % parasite, 1% both parasite and virus. 97.6% respondents said that AIDS transmitted from one person to others. 45% n=78 individuals mentioned that it is preventable disease among them the methods of prevention enlisted were; 17% n 29 advocated practice of safe sex. and 12% n=21 recommended use of new disposable syringe, 10% n=17 advocated use of new blade and 8% n 14 described screening of blood before transfusion as methods of prevention from AIDS..35% respondent reported that there availability of treatment for HIV, 71% (n=21) respondents had ever used new syringe at the time of injection and 68% (n=16) asked for new blade at the barber shop

CONCLUSION:

Level of awareness regarding mode of transmission and preventive method about AIDS was not satisfactory among medical students . but their practices of using new syringes and new blade made the risk of virus transmission was good .

Key Words: - AIDS , KAP Study, Medical Students

Title

Assessment of Anxiety among the Medical Student

Authors:

M.Shahzad Mehmood, Jam Kashif Imran, Majid Jahangir. (4th year MBBS)

Supervisor:

Dr. Noor Ali Samoon, Department of C.M
Capt. Dr. Azhar Ali, Department of Psychiatry

Facilitator:-

Dr. Aftab Ahmed Memon, Department of Community Health Science & Psychiatry MMC

Introduction/ Background:

Anxiety is a phenomenon that involves feeling of tension or uneasiness. Anxiety has been a major problem for Medical Students irrespective of their age and field of education. Anxiety in Medical Students is a serious issue as they have to provide healthcare facilities to public in future and anything which precludes their performance may have drastic effects on patients.

Objectives:

To find prevalence and risk factors regarding anxiety and symptoms associated with it, to determine ratio of use of antidepressant drugs in the medical student.

Methods and Subjects:-

A cross section study of sample size 120 in one month duration i.e June 2010. The Questionnaire was self administered, Semi Structured and was a lot tested before the final administration on Medical Students. The study was carried out in MMC, including the students from 1st to Final Year.

Results:

The response rate of survey was 100%. (119 forms were received out of 119 distributed) (52 % were male and 48% were female), Occupation of parents of these students mostly Businessmen 48% and 37% are landlord. Majority of Student (94%) were aware about the term anxiety, In it 35% students said that anxiety is a phenomenon that involves feeling of tension, 25% said, unpleasant 68% said that feel anxiety while studying as a medical student. (30% stress to pass semester), 40%, feel tension, 98% said, they don't get any treatment & 70% of said anxiety is relieved by offering prayer.

Conclusion:

Most of the Medical students have symptoms of anxiety, tension or stress due to long study hours and lengthy courses and to pass the semester/annual exam.

TITLE:

ASSESSMENT OF POST-TRAUMATIC STRESS AMONG THE PEOPLES OF FLOOD VICTIMS IN LAYYAH AT TWO CAMPS

AUTHORS:

Ahsan Rasheed, Manzoor Hussain, Khawar Abbas, Shamsuldin, Sadam Hussain, Farzana Batool, Sumbal Javeria, Sajida Zafar, Urooj Habib (4th Year).

SUPERVISOR:

Dr.Noor Ali Samoon , Department Of C.M, Dr.Cap Azhar Ali Department Of Psychiatry

BACKGROUND:

Post Traumatic Stress in disaster victim is a major problem for them irrespective of their age and field of occupation and it is a serious issue among population of flood victim. If it is not treated may have drastic effect on their health

OBJECTIVE:

To assess risk factors of PTS that are associated with Disaster (flood victim). To compare PTS b/w male and female flood victims.

METHODOLOGY:

Cross sectional descriptive study carried out among the flood victims of dist. Layyah* from 05-08-2010 to 15-09-2010. Sample size of 162 people, age b/w 15 to 55 year old cases were included and having the history of trauma / flood affecties of stress. They were asked about any new symptoms related to PTS after flood or aggravation of any existing but minor similar problem.

Hospital research ethics committee gave a approval to conduct this study (REC no. 021010/REC/029.)

RESULTS:

Various variables assessed among the people are showed as sleep disorder(female 68.6%, male 66.6%),nightmares(females 60.60%.male 40.6%) , difficulty in feeling well (female 54.54%,male52%), panic attack (female 54.54%,male 63%), difficulty in communication (female 54.8%, male 46%),sadness about future(female 45.45%,male62.5%). lack of concentration (female 43.93% male43%),Lack of interest in life(female45.45%, male60%),difficulty in work(female33%,male41%),smoking(female19.6%,male64%), taking sleeping pills(female8.33%,male04%),excessive tea intake(female 33%,male 41%)

CONCLUSION:

Flood victims are physically, mentally and socio-economically disturbed due to flash flood. There is need of policymakers to have preplanning & disaster preparedness to deal with such situation in proper way to minimize physical, socioeconomic loss of the community.

Title

Causes and treatment of "CARCINOMA OF LIP"

Authors:

Akhter Abbas (final year), Sarfraz Abbas (final year), Sultan Khan (final year),
Dr. G. Ali Memon (prof. of Surgery MMCH)

Institution:

Muhammad Medical College (Department of Surgery) Mirpurkhas, Sindh, Pakistan

ABSTRACT

Background / Introduction:

Carcinoma of the lip is a common cancer of head and neck area. Accounting for 12% to 15% of all head and neck cancers, excluding non melanoma of skin cancers and approx one quarter of oral cancers.95% occurs at lower lip and other 5% occurs at upper lip, labial folds & commissure of mouth. Mostly present in males of middle aged and elderly patients. Often found in those pts having outdoor occupation with prolonged solar radiations and other factors are tobacco smoking, poor hygiene, alcoholism & viruses. Although the lips play a role in deglutition & articulation, one must remember that the major criterion for successful lip reconstruction is oral competence.

Aims:

The aim of present study is to evaluate the causes, treatment option and complication of carcinoma of lip.

Methods:

Retrospective study of 96 cases of carcinoma of lip treated at surgical and plastic surgical unit of Muhammad Medical College & Hospital Mirpurkhas and Liaquat University Medical Health & Sciences Jamshoro from January 1981 to December 2009. Ethical approval was taken from hospital's (MMCH) research ethics committee with REC No. 300910/REC/003.

Main results:

Total number patients 96 (Male 51 & female 45).Male to Female ratio was1.33:1. About 65% of the patients presented between 41 to 60 years of age. Site was lower lip in 63 cases, upper lip in 15 cases & labial commissure in 13 cases. Extensive carcinoma with involvement of both lips and angle of mouth and cheek was in 05 cases. In all cases, surgery was performed. Chemotherapy was given to 20 cases while radiotherapy to 47 cases. 50 cases presented with history of tobacco use. 50% of the cases had submucous fibrosis and leukoplakia. Meanwhile, 6 patients had history of associated skin diseases (Xeroderma pigmentosa and systematic lupus erythromatus). The determinate survival rate found to be 95% at 5 years follow-up for stage I tumor. 89.7% in patients with stage II, 37% for stage III & IV tumor. The mean survival rate found to be 83.7% at 5-years follow-up.

Conclusion:

Small lesions are associated with very good chances for cure regardless of treatment modality used and early detection is essential for successful treatment of lip cancer. But In managing of cases of carcinoma of lip in our set up, emphasis should be given to curative treatment and simple reconstructive surgery to achieve near possible of normal lip tissue.

TITLE

CEREBROVASCULAR ACCIDENTS WHAT DO WE KNOW ABOUT OUR PATIENTS?

AUTHORS:

Syed Waqar Ali Kazmi (Final year MBBS)
Abdul Wahid (Final year MBBS)
Adil Shakoor (Final year MBBS)
Tehseen Ahmed (Final Year MBBS)
Dr. Fayyaz Memon (Neuro Consultant)

INSTITUTION:

Department of Medicine Muhammad Medical College, Mirpurkhas.

BACKGROUND:

Cerebrovascular Accidents (CVA) is devastating illness. It has many known risk factors and can present in number of different ways. However little is known about our local population in terms of risk factors and presentation. However, in a separate study also being presented in the symposium we have shown that 94% of all CVAs were caused by nonhaemorrhagic infarcts.

AIMS:

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

METHODS:

Retrospective analysis of case notes of last 45 patients successively admitted in Department of Medicine from January 2009 to August 2009. Research Ethics Committee of the hospital gave approval to conduct this study. (REC No.02/010/REC/030)

RESULTS:

The average age at presentation was 59 years (range 10-100) with 23 males (51%) and 22 females (49%). The mortality rate was 33.4% (n=15) where as 30 (66.6%) Patients were discharged

The common 3 Risk factors were, (24 patients had > 1 risk factors)

Serial no.	No. of Patients (n=)	Percentage (%)
Hypertension (HTN)	23 (males=16, females=7)	51%
Smoking	19 (males=16 and females=3)	42%
Diabetes Mellitus (DM)	9 (males=8, females=1)	20%

- Out of 45 patients, 3 (6.6%) had no risk factor
- 21 patients (46.6%) had a single risk factor, of which 11 (24.4%) had only Hypertension (HTN), 6 (13.3%) had only smoking as a risk factor while 4 (8.8%) had only diabetes mellitus (DM) as a risk factor.
- 12 (26.6%) had both HTN and smoking, while 4 (8.8%) had HTN and DM both, where as only 3 (6.6%) had DM and smoking as a risk factor. In total 19 patients (42.2%) had 2 risk factors.
- 5 (11%) patients had all three risk factors (i.e. HTN, DM, and Smoking)

The common 4 presenting complains were,

Serial no.	Number of patients. (n=)	Percentage (%)
Unilateral Weakness	36	80%
Unconsciousness	16	35%
Vomiting	8	17%
Fever	7	15%

CONCLUSION:

CVA is the more prevalent in older age group, especially in hypertensive and smokers. This cross sectional study showed that most common presenting clinical feature was unilateral weakness followed by Unconsciousness. It was seen that the mortality rate was very high in these patients.

Title:

Common causes of acute abdomen in the patients attending surgical department of MMCH, Mirpurkhas.

Authors:

Hassan Nadeem
Hanifullah
Abuzar Ali

Supervisor:

Dr. Zubair Yousufani

Institution:

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

Background:

Acute abdomen indicate a disorder of acute onset in which symptoms are predominantly abdominal and for which in some cases urgent surgery may be indicated .*It is characterized by severe abdominal pain lasting for more than six hours.*

Aim:

We conductive a study to find out the frequency of various causes which leads acute abdomen.

Method:

Retrospective analysis of causes of acute abdomen of 100 patients consecutively admitted with acute abdomen under department of surgery. This study was approved by hospital's Research Ethics Committee with REC approval number 011010/ REC/022

Inclusion Criteria:

All the patients presented with severe abdominal pain.

Exclusion Criteria:

All the patients presented with trauma.

Results:

Out of 100 patients admitted with acute abdomen there were 68 % males and 32% females.

Average age of such patients was 48.6 years(Ranges from 5to 70 years).

Frequency of various causes was as follow.

Acute Appendicitis 37%(n=37)(the most common age group was 15-30 years)

Gut perforation 28%(n=28)(22% ileal perforation,4%duodenal and 2% large bowel)

Intestinal obstruction22%((n=22)(10% inguinal hernia, 6% ileal stricture, 3%tumors, 2% intussusception, 1% malratation).

Cholecystitis 7%(n=7)

Renal/ureteric colic 4%(n=4)
Acute pancreatitis 2%(n=2)

Conclusion:

The most common cause of acute abdomen is acute appendicitis followed by intestinal perforation therefore these conditions should be distinguished and excluded from other less common causes of acute abdomen.

TITLE:

COMMON FINDINGS OF 360 BRAIN CT SCAN AT A RURAL DIAGNOSTIC CENTRE OF SINDH (MIRPURKHAS)

AUTHORS:

Abdul Wahid (Final Year MBBS)
S.Waqar Ali Kazmi (Final Year MBBS)
Rashid Ali (Final Year MBBS)
Sadaf Sattar (Final Year MBBS)
Dr. Fayaz memon (Consultant Neurologist)

INSTITUTION:

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

BACKGROUND:

CT scan of brain is an important and useful investigation tool. It usually gives a definitive diagnosis.

AIM:

To find out the common findings of CT scan of brain in rural area of Sindh (Mirpurkhas).

METHOD:

Retrospective analysis of 360 consecutive CT scan of Brain from 5 Jan 2010 to 27 march 2010. Ethical approval was taken from hospital's (MMCH) research ethics committee with REC No. 011010/REC/019.

RESULT:

Out 360 Pts. 168(46.6%) were male and 192(53.3%) were female.
The average age was 37.4 years, Ranging from 3 months to 90 years.
Out of 360 Pts. 147(40.8%) were normal.

The following table shows top 5 findings:

Ischemic changes with infarct	Intra cranial hemorrhages	Mass/SOL	Edema	Age related brain atrophy
n=153 42.5%	n= 9 2.5%	n=33 9.1%	n= 36 10%	n=54 15%

CONCLUSION:

Ischemic changes and infarct is the most common CT scan of brain finding in our region followed closely by normal findings.

TITLE

END TREATMENT RESPONSE IN CHRONIC HEPATITIS C PATIENTS TREATED WITH 6 MONTHS OF CONVENTIONAL INTERFERON THERAPY.

Authors:

Dr. Abdul Qadir Khan.MBBS,FCPS consultant physician Civil Hospital Mirpurkhas,
Dr.Farahana Qadir MBBS S: LMO PTCL Dispensary Mirpurkhas,
Dr.Shazia Shoukat.MBBS WMO (Hepatitis prevention and control program Civil Hospital Mirpurkhas)

Institution:

Medical Ward (Liver Clinic) Civil Hospital Mirpurkhas.

ABSTRACT

Background:

Hepatitis C Virus is a RNA virus belonging to Flavivirus family. At least 6 genotypes and many subtypes have been identified. It is an important cause of morbidity and mortality. Mode of transmission is via blood and blood products.

Aims and Objectives:

To determine end treatment response in Chronic Hepatitis C patients treated with 6 months of conventional Interferon and Ribavirin treatment.

Place and duration of study:

Medical Ward (Liver Clinic) Civil Hospital Mirpurkhas. Duration of the study was between 1st Dec 2009 to 30th May 2010.

Inclusion Criteria:

Patients between age of 12 to 75 years who were HCV RNA +ve with no contraindications were included in the study.

Exclusion Criteria:

Patients less than 12 years and more than 75 years, Decompensated liver cirrhosis, pregnancy, lactating women, profound Cytopenias, Autoimmune Hepatitis and patients with severe psychiatric illness were excluded from the study.

Patients and Methods:

Patients were collected through Liver Clinic Medical Ward Civil Hospital Mirpurkhas. The initial lab investigation was anti HCV antibodies, then list of investigation were advised. Data was entered in to a register.

Results:

Total numbers of the patients were 400. Out of these 250 were males and 150 were females. Ages of patients were between 20 to 60 years. End treatment response (6 months of completion of treatment) was seen in 70% of the cases.

TITLE:

EVALUATION OF ABDOMINAL PAIN IN 100 PATIENTS PRESENTED IN MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS SINCE JANUARY 2010 TILL PRESENT.

AUTHORS:

Burhan Rasheed (final year)
Faisal Shafique (final year)
Kaleem Ahmed Nazir (final year)
Prof. Dr. Syed Razi Muhammad

INSTITUTION:

Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT**INTRODUCTION:**

Patients with abdominal pain may present to different departments. A correct diagnosis can be reached clinically in most cases which help to ensure prompt and appropriate management.

AIM OF STUDY:

To figure out the incidence and characteristics of abdominal pain in patients admitted in Muhammad Medical College Hospital since January 2010 till present.

METHOD:

A retrospective study was conducted that included 100 consecutively admitted patients with abdominal pain in Muhammad Medical College Hospital from January 2010. The data was compiled after studying 100 cases. Hospital's Research Ethics Committee approved this study (021010/REC/034)

RESULTS:

Out of 100 patients, most cases were between 20-40 (46%) or 40-60 (30%) years of age with slight female predominance (56/100). Eighty nine presented with localized abdominal pain and 11 patients with generalized abdominal pain. Seven out of 89 had abdominal pain in more than one region. The most commonly involved region was epigastrium (n=41) followed by right hypochondrium (n=15) and hypogastrium (n=10). Type of pain was mentioned in 36 notes and the most common among them was dull (36%) followed by burning (28%), sharp continuous (22%) and colicky (14%). Ten percent patients presented with abdominal pain radiating to other sites. Sixty one percent patients also had associated factors like nausea, vomiting, constipation, dizziness, headache and fever. Total 25% patients mentioned an aggravating factor like food (16%) and movement (9%). Diagnosis included hepatitis-C induced complications causing abdominal pain (n=25) followed by peptic ulcer disease (n=10), cholelithiasis (n=6), dyspepsia (n=5), acute appendicitis (n=5), intestinal obstruction (n=4), gastro-enteritis (n=4), acute Pancreatitis (n=3), pelvic inflammatory disease (n=3) and 35 had miscellaneous causes. Only 1 mortality (patient with decompensated liver cirrhosis) was recorded.

* Miscellaneous : Hepatitis-B, full term pregnancy, ovarian cyst, ovarian tumor, splenic rupture, uterine fibroid, psoriasis, renal stones, BPH, peritonitis, generalized anxiety disorder, liver abscess, cholecystitis, myocardial infarction, hepatoma, diabetic keto-acidosis, UTI, constipation, macrocytic anemia, acute & chronic renal failure, ileo-cecal carcinoma.

CONCLUSION:

The pattern of abdominal pain in our study may be different from other studies as commonest cause in our study was Chronic Hepatitis-C induced complications (25%).

REGIONAL DIVISION OF CASES WITH ABDOMINAL PAIN

<u>Right Hypochondrium</u> 15 Patients	<u>Epigastrium</u> 41 Patients	<u>Left Hypochondrium</u> 3 Patients
<u>Right Lumbar</u> 3 Patients	<u>Peri-umbilical</u> 3 Patients	<u>Left Lumbar</u> 3 Patients
<u>Right Iliac Fossa</u> 6 Patients	<u>Hypogastrum</u> 10 Patients	<u>Left Iliac Fossa</u> 5 Patients

- Number of patients with localized abdominal pain = 89
 - Number of patients with generalized abdominal pain = 11
 - Total 7 patients out of 89 presented with abdominal pain in more than one region.
 - Total number of patients with abdominal pain = 100
-

TITLE

EVALUATION OF CAUSES OF HAEMATURIA IN 100 PATIENTS PRESENTED IN MMCH FROM JANUARY 2009 TO OCTOBER 2009.

AUTHORS:-

Ayesha Ismail
Muhammad Aamir
Waris Ali
Jamal Nasir
Abdul Wajid

SUPERVISOR: Prof. Dr. Syed Razi Muhammad

INSTITUTION:-

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas.

ABSTRACT**AIM OF STUDY:-**

To find out the causes of haematuria in patients presented in Muhammad Medical College Hospital from the period of January 2009 to October 2009

METHOD:-

A retrospective study including randomly selected patients admitted in Surgical department of MMCH from January 2009 to October 2009. When 100 patients were evaluated, the data was finalized. Ethical approval was taken from hospital (MMCH) research ethics committee with (REC No. 011010/REC/009).

EXCLUSION CRITERIA:-

Already diagnosed patients.
Associated gynecological problems.
Age < 14 years.
Trauma cases excluded.

RESULTS:-

Out of 100 patients of haematuria, we found most common age group between 40-60 years with male dominance 80/100 (80%). The most common causes of haematuria in our hospital were renal stones cases were 42 (42%), urinary tract infection cases are 28 (28%), benign prostatic hyperplasia cases are 20 (20%) and carcinoma of bladder cases are 10 (10%). The most common associated symptoms are burning micturition 70% followed by dysuria 20% and urinary retention 10%.

INVESTIGATIONS:-

Commonly done in these cases are urine DR 100%, ultrasound 75%, x-ray KUB 35%, IVP 20% & Cystoscopy 25%

CONCLUSIONS:-

Early referral of the cases of haematuria to the available facility should be taken under consideration.

TITLE**FLOOD RELIEF ACTIVITY IN KOT ADDU DISTT.M.GARH****Arranged by:**

Government of Punjab & UNICEF

Authors:

Akhter Abbas (Final year)
Abaid ur Rehman (Final year)
Asif Mehmood (Final year)
Dr. Saad (drug inspector THQ Hospital Kot Addu)
Prof. Dr. Syed Zafar Abbas (Department of Medicine)

Institution:

Tehsil Head Quarter (THQ) Hospital Kot Addu Distt. Muzaffar Garh

ABSTRACT**Background / Introduction:**

During August and September 2010, Pakistan saw the worst national calamity of flood. It is anticipated that the country will continue to face medical problems caused by flood for a long time to come. The Government of Punjab and UNICEF arranged camps at different areas of southern Pakistan to fight against diseases surfaced during recent flood to decrease the mortality and morbidity of the population.

Aim:

To assess the nature and severity of diseases caused during flood times at southern city (Kot Addu) of Punjab in Pakistan.

Methods:

Retrospective study of records kept at medical camps established to fight against diseases spreading due to flood as flood relief activity of Govt. Of Punjab with UNICEF in THQ hospital Kot Addu from 7 August to 7 September 2010 Approval of hospital's Research Ethics Committee was obtained (REC No 011010/REC/016)

Main results:

Total no. of pts. Was 28642. Out of this, Adults pts was 14816 [male 8738 (58.98 %) & female 6078 (41.02 %)] cases. Male to female ratio is 1.44:1. with P.O.U 4029(27%) cases, with Skin infections 3348 (22%) cases, with Gastro 2967(20%) cases, with Trauma/Injuries 1022(7%) cases, with ARI/RTI 927(6%) cases, with Eye infection (esp. Conjunctivitis) 408(3%) cases. With Malaria 302(2%) cases, With Ear infections 81(0.8%) cases, With Snake bite 12(0.1%) cases, With Dog bite 12(0.1%) Other Diseases are 1708(12%) cases. Total Mortality in adults was 49(0.33%) [Male 31(63.29 %), female 18(36.71 %)] cases.

Out of 28642 Pts, Children pts. was 13826 [male 8581 (62.05 %) & female 5245 (37.94 %)] cases, Male to female ratio is 1.5:1. with Gastro 4905(35%) cases, with PUO 2367(17%) cases, with Skin infection 2153(16%) cases, with ARI/TRI 1939(14%) cases, with Trauma/Injuries 665(5%) cases, with Malaria 417(3%) cases, with Ear infection 237(1.7%) case, with Eye infection (esp. Conjunctivitis) 185(1%) cases, with Dog bite 19(0.2%) cases, with Snake bite 5(0.1%) cases, Other Diseases are 904(7%) cases. Total Mortality 44(0.318%) [Male 31(70.45 %) & female 13(29.55 %)] in children. Total Mortality in all children and adult patients was 93/28642[(3.5/1000) or (0.35%)]

Conclusions:

Whereas food have caused devastating problem in Pakistan, the medical disasters following flood in Pakistan have resulted in a significant rate of deaths (>3%) as well as a high morbidity. It will take a long time and massive efforts as a part of Government and other organizations to combat them. Major medical problems currently include Gastro, ARI/RTI, Skin infections, PUO, Injuries and Malaria etc.

TITLE:

FREQUENCY OF CIGARETTE SMOKING IN MEDICAL STUDENTS

AUTHORS:

Ali Zohaib Kaka (Final Year MBBS)
Adeel Ahmed Samoo (Final Year MBBS)
Sheeraz Ali Khaskheli (Final Year MBBS)

SUPERVISOR:

Dr. Syed Zafar Abbas, Dr. Haji Khan, Dr. Noor Ali Samoo

INSTITUTION:

Department of Medicine & Community Health Sciences

ABSTRACT

BACKGROUND:

Smoking is a pandemic world wide, However its frequency is repeated to be increasing in the developed countries & developing countries as well. It is responsible for a long list of medical life threatening diseases / problems.

The data of smokers in Pakistan population is scarcely available and mostly 6 to 11 years school going children are smokers. Cigarette smoking is a key risk factor for many disease.

Squamous cell carcinoma, Leuko adenomas, Oral Sub-Mucosal fibrosis, Fibrous Hyperplasia, Hypertension, Ischemic heart diseases, cardiovascular diseases, carcinoma of lung and bladder & COPD.

OBJECTIVE:

To assess frequency of cigratte smoking in medical students.

METHOD:

It is the cross-sectional study over 100 students in both gender (male + female) from every year of MBBS at MMC have been studied. A proforma designed for that purpose & was pretested.

RESULT:

Study showed out of 100 medical students 88 male i.e. 88% and female students are 12 i.e. 12% with mean age of 20 years. There are 36 males smokers i.e. 40% and female smokers 02 i.e. 16.6%. There average cost for daily smoking is about Rs.40/= for 8 cigarette per day.

CONCLUSION:

Smoking is more common in our male medical students but is not common in female students we have tried to find out the exact causes of cigarette smoking most of them students refuse to answer but few told us just for entertainment.

Message:-

Smoking is injurious to health, therefore, say no for smoking.

Title

FREQUENCY OF IRON DEFICIENCY IN MICROCYTIC ANAEMIA

Authors:

- 1.Rabia Hameed (Final year)
- 2.Kiran Mehmood (Final Year)
- 3.Syed Zafar Abbas (Prof)

Institutions:

Department of Medicine, Muhammad Medical College & Hospital Mirpurkhas.

Introduction/ Background:

There are many causes of anaemia. In our part of the world, Iron deficiency anaemia (IDA) and Beta – Thalassemia minor are two important causes of microcytic anaemia (MA). It has been anecdotally reported that most doctors prescribe Iron supplements for all MAs. However this practice may not be in best interest of patients if they do not have IDA.

Objective:

To determine the prevalence of IDA in patients with MA.

Methods and Subjects:

Retrospective review of all reports of serum ferritin tests done on samples of patients with MA, received consecutively between January 2010 & September 2010. Reference Research Ethic Committee Hospital gave approval for study No. 021010 / REC / 025.

Results:

63 patients had serum ferritin level checked as they were found to have MA. Their average age was 27 years (range 6 month - 60 year). 40 (63 %) of them were women. Out of the total, 37 [(59 %): average age 22 years], were found to have a low ferritin level confirming Iron deficiency. 24/40 [(60 %): average age 26 years] women tested were found to have IDA, whereas 13/23 [(56 %) : average age 17 years] men tested had IDA.

Conclusions:

Only 58.7% of all patients with MA turned out to have IDA. Chances of being iron deficiency were almost equal (60% VS 56%) , but at a younger age (26 vs 17 years) MA was found in males. Clinicians therefore must investigate further instead of prescribing Iron supplements to all MA patients.

Title

Hepatitis B e Antigen positive disease? A Vanishing Entity

AUTHORS:

1. Khadija Sundas (Final Year)
2. Mehwish Shafique (Final Year)
3. Najma Rafique (Final Year)
4. Syed Zafar Abbas (Professor)

INSTITUTIONS:

Section of Gastroenterology / Hepatology, Department of Medicine, Muhammad Medical College & Hospital Mirpurkhas, Sindh, Pakistan

INTRODUCTION/ BACKGROUND:

Chronic Hepatitis B (CHB) is a preventable but not curable illness. Currently available therapies can however improve mortality by achieving some biochemical goals. One of the important goal is sero conversion of e Antigen (Ag) to antibodies.

However e Ag negative disease has more difficult biochemical markers to asses the illness . It is thought that e Ag positive disease has been declining over past many years. In 2005-2006, our laboratory results showed e Ag prevalence of 21%. (Abstract book 2006, Sadia Saleem et al). The prevalence of HBeAg -ve form of the disease has been increasing over the last decade as the result of HBV infected population aging and represents the majority of cases in many areas including Europe.

OBJECTIVES:

To determine the current situation related to hepatitis B e Ag prevalence in our adult population.

METHODS:

Review of laboratory records of all Hepatitis B profile performed over last 2 years in those known to have Hepatitis B e Ag positively. Research Ethic Committee of hospital gave approval for this study (REC No. 011010/REC/014.

RESULTS:

HBs Antigen positive patients had their e Ag status tested. Out of a total of 70 men tested. (22.83%) were found to have e Ag positive and out of 50 women tested (12%) had the same result. Out of total 120 cases HBeAg +ve patients were 18% and HBeAg -ve patients were 81.66%.

CONCLUSIONS:

HBeAg +ve disease is much less frequent than eAg -ve disease in our population, and its prevalence has further fallen to some extent over last 5 years. It carries financial and health implications on our already over-stretched resources.

Title

Hospital Admissions caused by Malaria.

Authors:

Waris Ali
Muhammad Amir
Rashid Ali
Dr. Syed Zaffar Abbas

Institute:

Department of Medicine, Muhammad Medical College, Mirpurkhas.

Abstract:

Introduction:

Malaria is a common illness caused by biting of infected female Anaphles mosquito transmitting plasmodium into the blood stream of patients. It is a common diseases and a major killer in parts of the world including Pakistan. Majority of cases donor require hospital admission. However, very sick patientsespecially those with complications are admitted.

Aims:

To determine the morbidity and mortality associated with Malaria in patient admitted in medical ward of our hospital.

Method:

Retrospective analysis of case note of all 36 patients admitted over last 2 years. Approval was obtained from hospitals.Research Ethics Committee: (021010/REC/032)

Results:

24/36 (66.6%) patients were male and 12/36 (33.3%) females. Average age was 10-40 years (range 5 to 65). The presenting complains were

Fever :	36	100%	
Seizures :	10	27.7%	
Weakness:	07	19.4%	
Nausea / Vomiting:	11	30.5%	
Body ache:	04	11.11%	
Abdominal pain:	08	22.2%	

Among 36 patients, 34 (94.4%) were infected with plasmodium falciparum. Whereas 2 (5.5%) with vivax. No death occurred in the study period.

Conclusion:

Malaria is a serious illness and potentially is life threatening however with appropriate care and treatment its prognosis even in very ill patient is excellent.

TITLE**INFECTION CONTROL PRACTICES AMONG GENERAL PRACTITIONERS****AUTHORS:-**

Abubakar Riaz, M. Amanullah Khan, Syed Ahmed Raza (4th year MBBS)
Dr. Asif ali

Facilitator:-

Dr. Pir Muqadas
Dr. Noor Ali Samoon
DEPARTMENT of community health science, MMC.

Introduction:-

In order to determine Infection Control Practices (ICP) in our Health Care Practitioners (HCP), this study is to assess ICP of our health workers. Control of infection in general practice has received increasing attention in recent years, particularly with emergence of HIV, hepatitis B, C, wart virus (human papilloma virus).

ABSTRACT**OBJECTIVE:-**

To assess the infection control practices (ICP) among general practitioners.

STUDY DESIGN:-

Cross Sectional Descriptive study

PLACE AND DURATION:-

The study was conducted in Multan, Faisalabad, DG Khan and Bhawalnagar of Punjab from July to August 2010

SUBJECT AND METHOD:-

In this study 50 GPs were selected, 07 refused to participate in the study. On the basis of convenience sampling, a pre-tested close-ended questionnaire was used and answered their practices.

Result:-

The total study subjects population was Forty Four Percent (n=33) are males and Twenty Three Percent (n=10) are females. Mean age among them is 41 years. Forty Four Percent (n=19) are graduates and Fifty Six Percent (n=24) are postgraduates. Ninety Five Percent (n=41) used fresh disposable syringes at time of injection.

Only Twenty Three Percent (n=10) used mask when examining patient with contagious diseases. Forty Six Percent (n=20) experienced needle stick injury at least once during their practices. Only Sixty Seven Percent (n=10) respondents took antiseptic measures before use of metal tongue depressor from one patient to another. Eighty Four Percent (n=36) were complete vaccination against HBV. Only 21% (n=9) wash hands after examining the patients with contagious illness.

Conclusions:-

Practices among general practitioners are not so good. Many of GPs do not use safety measures while examining the patients of contagious diseases. There should be proper training regarding ICP among GPs such as two hand recapping of needles, use of sterilized gloves and the mask.

Title:

Is “Sheesha” smoking prevalent among the students of MMC?

Authors:

Muhammad Fahad Asif (2nd Year).
Muhammad Shahab Hanif (2nd Year).
Muhammad Kamran Ijaz (2nd Year)

Institution:

Student's Affairs Department, Muhammad Medical College, Mirpurkhas.

ABSTRACT

History:

Sheesha, being invented in the Indian Sub-continent, revolved around the world and is back again now in Pakistan. Valuable youth of Pakistan is falling prey to Sheesha consumption which is mostly thought a sweet hookah or a harmless smoke by them. Youth of country has touched the extreme levels of unawareness regarding the smoke which is 100 times more harmful as compared to a cigarette. If the awareness will not be amplified, the day may not be so far when Sheesha will be as common as a cigarette.

Aims:

To find out the prevalence of “Sheesha” smoking among Muhammad Medical College students and to assess the awareness of its health hazards among them.

Methods:

This is a cross-sectional descriptive study. A simple survey was conducted among 250 students (50% males and 50% females) of MMC. Convenience sampling technique was used. Ethical approval was taken from MMCH Research Ethic Committee. REC No. 041010/REC/039

Results:

Out of 250 students 125 were males, 125 were females. 58 males (47%) and 45 female (36%) students admitted to be “Sheesha” smokers. 13 (11 %) male and 15 (12%) female students said that they tried it only once for experience whereas 45 (36%) male and 30 (24%) female students were regular Sheesha smokers. 46 (37%) male and 70 (56%) female students who smoked Sheesha said that it does not have any potentially significant adverse effects on health.

Title

Knowledge Attitude and Practice Regarding Diseases Included In EPI among Mothers Attending Gynae/Obs/Peds OPD In Muhammad Medical College

AUTHORS:-

Sonia Zafar, Komal Narejo_Shazia Perveen_Sumera Bibi, Poonam, Sanam, Khadija, Anila.

SUPERVISOR:-

DR MUHAMMAD ASIF ALI SHAH

OBJECTIVE:-

To assess the knowledge attitude practice regarding diseases included in EPI program among patients attending Gyne/Obs/Peds OPD

STUDY DESIGN:-

Cross sectional descriptive study

PLACE AND DURATION:-

At MMCH from JULY-SEPTEMBER 2010

SUBJECT AND METHOD:-

The 65 subjects were selected in Gynae / Obs / Peads OPD at MMCH through systemic random sampling among them 05 refused to participate in the study. Apretested close ended questionnaire was used to assess the knowledge attitude and practice about EPI diseases

RESULTS:

A total of 60 respondents included in this study having age range (19-52) years (Average 35 years). Most of them 61%(n=37) belonged to urban areas. 34% (n=25) mentioned that their last kids were delivered at home. 100%(n=60) subjects had heard word "vaccination". Among them 90% (n=54) participants agreed that vaccination provide protection against diseases and is done before disease occurs. Only 15% (n=7) mentioned the all disease names correctly, which are included in EPI program. No one could tell the complete schedule of vaccination. 16% (n=10) respondents believed that vaccination cause adverse health problems. Most of subjects 83.33% (n=53) had all their kids vaccinated and remaining 11.66% (n=7) had not vaccinated their kids. When inquired reason of not having vaccination, 6.66% (n=4) told about lack of education and 1.66%(n=1) avoided vaccination due to fear of adverse effects one respondent (1.6%) said her kid underwent serious side effects so she did not wish her other kids to have vaccination. Kids suffered from polio among them 3.33% (n=2) have completed vaccination and 5%(n=3) not completed vaccination. The source of information regarding vaccination for 31.6%(n=19) was media, for 28.33%(n=17) was family members, for 6.6%(n=4) was school, for 11.6%(n=7) was neighbors, for 20%(n=12) was doctors and hospitals.

CONCLUSION:-

The knowledge regarding diseases of EPI was poor among the mothers but their attitude and practices was sufficient. The main source of information was media; the awareness may be increased by incorporating health messages regarding EPI in the media

KEY WORDS:- EPI, KAP Study, Source of Information

Title**Knowledge, attitudes and practices of health care workers regarding needle stick injuries among the health care workers of District Hospital Mirpurkhas****AUTHORS:**

Tahir Ahmed, Aneeqa Ishtiaq, Sidra Khan, Darakhshan Rehman, Afroz Gul, Asma Hidayatullah, Saba IlyasAbdul Ghaffar, Muhammad Umar, Adnan Khalil.

SUPERVISOR: - Dr M Asif Ali Shah

BACK GROUND:-

Health care workers (HCWs) have occupational exposure to blood and other potential infectious materials are at increased risk for acquiring blood-borne infections such as hepatitis B virus (HBV), hepatitis C virus (HCV) and acquired immunodeficiency syndrome (AIDS)

OBJECTIVE:

To assess the knowledge, attitude and practices of HCWs regarding needle stick injuries at the among the health care workers of District Hospital Mirpurkhas.

METHODS:

A cross-sectional study was conducted on Health care workers. Toatl 25 population was selected by random sampling. A structured pre-tested questionnaire was administered during June-July 2010.

RESULTS:

Of 25 participants, 3 were doctors, 4 were nurses 6 were dispenser and 12 Lab technician. 72% respondents done vaccination against HBV. 75% respondents have knowledge regarding the risk of NSI.

About 68% reported having a needle stick injury in the past during recapping of needle 72%. The immediate response was washing with anti septic 32%.The most common reason identified was rush 48% and lack of assistance 20%. Only 40% were in the habit of using gloves for phlebotomy procedures. 92% mentioned that NSI was self inflicted. The most common preventive method mentioned by Training of HCW 28%, avoiding recapping of needle 28%, avoiding banding of needle by hand 24%,

CONCLUSION:

Despite knowing the risks of NSI rate of needlestick injuries is high in in the daily health care providing activities of a hospital. Mandatory reporting after NSI and proper follow up is necessary. Health manger supposed to be conducted training for HCW for prevention of NSI

KEYWORDS:- Blood borne viruses · Health care workers · Needle stick injury ·

Title

Late Complications Of Burns

Authors:-

Javaria Mahmood, (Final Year MBBS)
Rabia Hameed , (Final Year MBBS)
Madeeha Ajmal, (Final Year MBBS)
Kiran Mahmood, (Final Year MBBS)
Supervisor Prof. Ghulam Ali Memon

Institution:-

Department of Surgery

ABSTRACT

Background:-

Burn can cause potentially life threatening immediate & early complications. It can also results delayed disfiguring problems. Some of them can be avoided if presented on time & followed up properly. Some can be treated even if presented late.

Aims:-

To find out the late complications of burns & the reasons for late presentations.

Methods:-

Retrospective analysis of case records of patients presenting with late complications of burn approval from hospital, Research Ethics Committee was obtained to do this study. **(No. 021010/REC/026)**

Results:-

This Study was carried out on 20 patients, in which 07 (35 %) were males & 13 (65 %) were females, among them Pediatric patients are 09 (45 %), Adults patients are 05 (25 %) & Old patients are 03 (15 %).

The commonest modes of burn were, thermal 15(75%) [(wet 1(20%) , dry 14(70%)], chemical 03 (15 %), Electric burn 02(10%).

The most common complications observed were contractures 13(65%), hypertrophic scar 4(20%), squamous cell carcinoma 2 (10%), keloid 1(5%).The duration of development of complications observed in burnt patients

6 weeks - 6 months = 5 (25%),6months-1year=7 (35%),beyond 1 year=8(40%).The lesions varied in anatomical locations and involved lower extremities 8 (40%),face 6 (30%),upper extremities 4 (20%), neck and chest, 2 (10%).

Conclusion:-

Reasons for late presentation of these complications included financial constrains, lack of awareness, lack of facilities available locally, and resistance from unwillingness of family head.

Title:

Mortality in Decompensated Cirrhosis(DC)-single vs multiple decompensations.

Authors:

Hassan Nadeem (Final Year), Hanifullah(Final Year), Abuzer Ali(Final Year).

Supervioser: Dr.Syed Zafar Abbas.

Institution:

Department of Medicine,Muhammad Medical College,MirPurKhas,Sindh.

Background:

Decompensated Cirrhosis(DC) is said to set in when a cirrhotic patient develops persistent jaundice(PJ),ascites,portosystemic encephalopathy(PSE) or bleeding oesophagealvarices(BOV).Mortality of DC is very high(50% mortality in 1.8 years) however when more than onedecompensations occur in combination,mortality is said to be higher.

Aims:

We conducted a study to find out the frequency of various form of decompensations,and to see if there were differences among mortality rate in single vs multiple decompensations.

Method:

Retrospective analysis of case mortality of 220 patients admitted with DC consecutively under department of Medicine over last two years.This study was approved by hospital's Research Ethics Committee with REC approval number;280910/REC/001.

Result:

Out of 220 patient admitted with DC,there were 50.4% males and 49.5% females.

Average age of such patient was 52.3 years(Ranges from 10 to 90 years).

The frequency of decompensations was as follow;

PJ 24.5% (n=54)

Ascites 73.1% (n=161)

PSE 30.4 % (n=67)

BOV. 16.8%(n=37)

59.09 % (n=130) of patient were admitted with a single decompensation ,where as 35% (n=77) patients had two,5.9% (n=13) patient had three features involved , no patient present with all four features.

In-hospital mortality rate were as follow;

Single decompensation 11.5%

Two decompensation features. 24.6%

Three decompensation features. 30.7%

Average length of stay in hospital before death was 3.2 days(Ranges from 1 to 22 days).

Average age of patient who died was 46.9 years(Ranges from 12 to 90 years).

Mortality rates in different decompensations was as follow;

PJ 16.6%(n=9)(in single decompensation n=1/8 (12.5%), in two n= 7/41 (17.07%) while n= 1/5 (20%) in three).

Ascites 14.2%(n=23)(in single decompensation n= 6/87 (6.89%), in two n=13/66 (19.7%) while n= 4/8 (50%) in three).

HE 35.8%(n=24)(in single decompensation n= 7/24 (29.16%), in two n= 13/35 (37.14%) while n= 4/8 (50%) in three).

BOV 24.3%(n=9)(in single decompensation n= 1/15 (6.67%), in two n= 5/15 (33.33%) while n= 3/7 (42.86%) in three).

Conclusion:

Commonest form of decompensation is ascites (73%), With increase in the number of decompensation features, mortality also rises sharply. Highest mortality was seen in HE – whether presenting as a single feature of decompensation or in association with other features.

TITLE

Presenting faces of coeliac disease in a rural community of Pakistan.

Authors:

Madeeha ajmal(final year)

Javarria mehmoood(final year)

Supervisor:Dr.Syed Zafar abbas

Institution:

Section of gastroenterology,Department of medicine MMCH

Background:

Coeliac disease(CD) is now thought to be a common problem affecting upto 1% of a western population.However upto about a decade ago it was thought to be a much rarer condition even in the west.In Pakistan not much work has been done on coeliac disease and is still thought to be a rare condition.

Objective:

To find out the common presenting features of coeliac disease in a rural community of pakistan.

Method:

Retrospective analysis of OPD records of patients presenting to gastroenterology OPD of Muhammad Medical College Hospital Mirpurkhas in 2010.

Results:

7 patients 2 (28%) male / 5 (72%) female presented and later found to have CD. 2 (28%) of them had serological marker checked for CD followed by distal deudenal biopsies in all 7 patients or endoscopy.

The presenting features included:

Anemia 6 / 7 (86%)

Iron deficiency (low ferritin) 3 / 3 (100%)

Weight loss 3 / 7 (43%)

Diarrhoea 3 / 7 (43%)

Abdominal discomfort Pain 2 / 7 (28%)

Recurrent apthous ulcers 1 / 7 (14%)

Growth Retardation 1 / 7 (14%)

No patient had a family history of CD. Among 1 patient had chronic Hepatitis B.

Conclusions:

Rather like west our small collection of patients also confirm that the commonest presenting features in CD is anemia "Classical triad" is found in less than 50% of our patients. Clinicians should investigate patients for CD even if they have little are subtle symptoms, specially true for anemia.

TITLE:

PREVALENCE OF CORONARY ARTERY DISEASES IN GERIATRIC IN PAKISTAN

Authors

Dr. Naeem Majeed

Numan Majeed (4th Year MBBS, MMC)

Adnan Akram Bhatti (Final Year MBBS Islamic International Medical College)

Manzoor Husain (4th Year MBBS, MMC)

Ahsan Rasheed (4th Year MBBS, MMC)

Aneela Amber (4th Year MBBS, MMC)

Introduction

It is believed that majority of patients with coronary arterial disease do not have any of the commonly attributed risk factors like smoking, inactive life styles, high blood pressure, and high cholesterol.

Objective

To study the association of commonly attributed risk factors for coronary arterial diseases in geriatric Pakistani population.

Methodology:

The study was cross-sectional in nature; a survey was conducted amongst the elderly population across different urban and rural areas (69 cities/towns/villages) of Pakistan. Convenience sampling technique was

used. Data analysis was done with SPSS. Ethical approval was taken from our hospitals research ethics committee. REC no. 021010/REC/035

Results

A sample size of 1200 people were taken, response rate was 83%. Among these 4% of the elderly who had CAD were smokers, 9% were exposed to passive smoking. Percentage of respondents with low or inactive physical activity status was higher (15%) in those not suffering from CAD (39%). Fruit and vegetable use was more common in non diseased compared to diseased ($p=0.81$). The percentage of population having diabetes mellitus ($p=0.82$), high cholesterol ($p=0.89$) or high blood pressure ($p=0.84$) was not significantly different in the two groups.

Conclusions

Although it is commonly believed that CAD is associated with different risk factors but no strong association was observed. This indicates the need for probing further into this area and finding other factors that influence the development of CAD.

Title

PROBLEMS FACED BY THE GERIATRIC PATIENTS IN MIRPURKHAS IN GETTING MEDICAL CARE

Authors

Naeem Majced (4th Year MBBS, MMC)
Numan Majced (4th Year MBBS, MMC)
Manzoor Husain (4th Year MBBS, MMC)
Ahsan Rasheed (4th Year MBBS, MMC)
Aneela Amber (4th Year MBBS, MMC)

Introduction/background:

Geriatric health is one of the important issues in medicine. In Pakistan there is no proper geriatric care and they have to face many difficulties in seeking medical treatment.

Objective:

to study the health conditions and problems faced by the geriatric patients

Methods:

The study was cross-sectional in nature, a short survey of patients visiting the Muhammad Medical College Hospital and civil hospital Mirpurkhas at the outdoor clinics was conducted. Convenience sampling technique was used. Data analysis was done with SPSS. Ethical approval was taken from our hospitals research ethics committee. ERC No 021010/036

Results:

The study covered 150 respondents over the age of 60. Majority of the subjects were retired (75%) married (85%) men (74%). Ages ranged from 61 to 85 years. More than half of the patients were visiting their family doctors regularly every six to eight weeks. A large number of the elderly subjects (58%) were using two or more medicines everyday. The problems faced by the elderly respondents included long waiting times at the hospitals, difficulty in access to medicines and long distances to reach tertiary care hospitals like Muhammad Medical College. Most of the respondents (95%) said that they feel better after getting spiritual or traditional treatment. However, majority (55%) said that taking allopathic medicines along the traditional ones is more helpful.

Conclusion:

It is important that specialized geriatric care centers should be created and the general practitioners serving at community level should be trained in care of the elderly patients.

Title

Qualitative Study to access the myth related to diarrhea among the mother of Rural are of Sindh and Punjab.

Authors:-

Arsalan Ali
Romana Mehwish
Khawar Zaman
Rozina Khatoon
Bushra Sobia
Naveed Iqbal

Supervisor:

Prof. Dr. Zulfiqar Shaikh
Dr. Asif Shah

Objective:-

To access myth related to diarrhea among the mothers of rural areas of Sindh and Punjab

Study Design:-

Cross sectional descriptive qualitative.

Place & Duration:-

Rural areas of Punjab (4 GD near Renala Khurd, Mian Shammir, Chak No. 11 Tukrawonhi, near Khanewal.) and Sindh (Sarhindabad, Tando Adam Road, Rana Jahangir Goth, Chor Road, Umerkot) from July – August – 2010.

Subject and Method:-

A total 82 mothers were approach for conducted Qualitative interview in different Rural area of Sindh and Punjab of them 10 did not give consent to participate in this study. We select mother by systemic random sampling. A pretest open ended question were used to access the myth related to diarrhea.

Result:-

The study explore on myth related to diarrhea. First of all we asked the question. How diarrhea occur own opinion we found out very interesting answer.

Response I:- (offered by 14 Subjects)

If the child is feeding and mirror reflect in him by any source then he can suffer from diarrhea.

Response II:- (offered by 15 Subjects)

If any bagger saw the child while he is feeding then he comes in the eyes.

Response III:- (offered by 12 Subjects)

If mother takes any warm or cold diet and feed child then child can suffer from diarrhea.

Response IV:- (offered by 16 Subjects)

If any throat disturbance (ghandi par jana) can also lead to diarrhea

Response V:- (offered by 15 Subjects)

Eruption of teeth.

Then we asked the 2nd Question what they do when diarrhea occurs. We found out very strange treatment. According to them

Response I:- (offered by 14 Subjects)

Undress the child and mark cross signs on his fore head face and belly with piece of coal.

Response II:- (offered by 15 Subjects) Treated by back thread and taveez by any peer.

Response III:- (offered by 12 Subjects) Also treated with grounded soaf and ajvain.

Response IV:- (offered by 16 Subjects)

Child wrapped in his mothers dupata and then gave 7 rounds in air by the two women (Soan Kerte hien).

Response V:- (offered by 15 Subjects)

Thorn taken from kiker tree is burned and bunisthrn applied on farehead and both side of belly.

Conclusion:

In rural areas of Pakistan there are some people who yet believe on myth related to diarrhea in 21st century.

Keywords:-

Myth, diarrhea, women.

Title**Screening Results of “Healthy” Voluntary Blood Donors.****Authors:**

Syed Waqar Ali Kazmi (final year)
 Asif Mahmood (final year)
 Abdul Wahid (final year)
 Tahir Tayyab
 Dr.Syed Zafar Abbas

Institution:

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

ABSTRACT**Introduction/Background:**

Registration of blood banks is a moral and legal requirement. All blood banks are legally obliged to carry out screening of blood borne diseases in potential donors before their blood donation can be accepted to avoid obvious and serious transmission of these diseases.

OBJECTIVES:

To determine the prevalence of blood borne diseases in apparently healthy population of our region, and to find out frequency of various blood groups.

Methods:

Records of last consecutive 1000 (one thousand) potential blood donors sample screening were reviewed. Research Ethics Committee approval was obtained (No 011010/ REC/ 017).

Results:

961 (96.1%) males and 39 (3.9%) females were screened average age was 29.5 years (Range 18 to 45).

Following table shows the results.

No. Diseases screened (total n=1000) M=961(96.1%) F=39(3.9%)	Test Reactive/positive [n=41 (41.1%)]	Male (n=40) 4.2%	Female (n=1) 2.6%
1.Hepatitis C	23 (56%)	22 (55%)	1 (100%)
2.Hepatitis B	18 (44%)	18 (45%)	0
3.Malaria(MP)	0	0	0
4.HIV	0	0	0
5.VDRL	0	0	0

Major Blood groups of the donors are as follows,

S.no.	Blood groups	Total. (n=) and (per%)	Male (n=961)(96.1%)	Female (n=39) (3.9%)
1.	A +ve	171 (17.1%)	162 16.9%	9 23%
2.	A -ve	13 (01.3%)	12 1.3%	1 2.6%
3.	B +ve	302 (30.2%)	285 29.6%	17 43.6%
4.	B -ve	12 (01.2%)	12 1.3%	0 0%
5.	AB +ve	12 (01.2%)	10 1%	2 5.1%
6.	AB -ve	1 (00.1%)	1 0.1%	0 0%
7.	O +ve	451 (45.1%)	444 46.2%	7 18%
8.	O -ve	38 (03.8%)	35 3.6%	3 7.7%

Conclusions:

These results showed that vast majority of the blood donors were male (96.1%), 44% of all who screened +ve were HBsAg Reactive and 56% of them had HCV antibodies Reactive. Major Blood group of the potential blood donors was O+ve(45.1%) followed by B+ve (30.2%)and A+ve (17.1%) while O-ve was (3.8%).

TITLE:

STATE OF POST TRAUMATIC STRESS DISORDER AT TRAUAMA CENTER

AUTHOR:

AHSAN RASHID, MANZOOR HUSSAIN, SADAM HUSSAIN, KHAWAR ABBAS, SHAMSULDIN, FARZANA BATOOL, UROOJ HABIB, SUMBLA JAVERIA, SAJIDA ZAFAR(4th Year).

SUPERVISOR:

DR. NOOR ALI SAMOON, DEPT: OF C.M, DR. CAP AZHAR ALI, DEPT: OF PSYCHIATRY

BACKGROUND:

PTSD is major problem for traumatic patient irrespective of their age and field of occupation. It is a serious issue if it is not treated may have dangerous effect on the health of the patients and may have drastic effect on physical and mental performance of community.

OBJECTIVE:

To know the risk factors of PTSD.

To compare PTSD in male and female aspect.

METHODOLOGY:

Cross sectional descriptive study carried out among the patients of govt: trauma center at Faisalabad, Lahore, Multan, Sialkot from 27-07-2010 to 25-09-2010. Sample size of 80 people, age b/w 15 to 55 year old cases were included.

Hospital research ethics committee gave approval for this study (REC no. 021010/REC/028)

RESULT:

Patient suffered from vehicle trauma 45%, bomb blast 10%, fire arm injuries 25%, burns 15%, and surgical injuries were 5%. Various variables are assessed among the people of trauma are showed as sleep disorder (female 76%, male 59.25%), nightmares (females 46.15%. male 33.0%) , difficulty in feeling well (female 69.23, male 20.3%), panic attack (female 53.84%, male 50%), sadness about future (female 84%, male 53.7%.), Lack of interest In life (female 50%, male 46%), difficulty in communication (female 38.46%, male 37%), smoking (female 15.38%, male 72.22%), taking sleeping pills (female 73.0%, male 11.11%), want to make suicidal attempt (female 42.30%, male 20.30%), satisfaction from the family response (female 38.4%, male 74.00%) survival guilty (female 19.23%, male 18.51%), satisfaction from medical therapy (female 35%, male 42%). Most prominent reasons of stress were found as disability , prolong bed rest, severity of trauma, loss of organ, slow prognosis, complications of burn

CONCLUSION:

There is increased morbidity after accidents /blasts specially fire arm injuries. Health policy manager should give attention to trauma centers, to have proper rehabilitation units, recreational units and vocational centers for such cases to help them for early recovery from stress.

TITLE

WHY YOUNG DOCTORS DO NOT PREFER WORKING IN RURAL HEALTH FACILITIES

Authors:

Aneela Amber, Hammad Riaz, Numan Majeed, Zeeshan Ahmed, Sahar Khalid, Ayesha Mukhtiar, Rabia Akram (4th Year MBBS, MMC)
Facilitator: Dr Aftab Ahmed Memon
Supervisor: Dr Noor Ali Sammon

Introduction/background:

Despite the fact that there are more health concerns in rural areas, doctors do not prefer working there; this attitude has been shown to be alarmingly increasing and is a major concern for the health authorities globally.

Objectives:

To find the reasons why doctors avoid practicing in rural health care facilities.

Methodology:

The study was descriptive and cross-sectional in nature, the questionnaire was self administered semi-structured ipsative and was pilot tested on a sample of 10 doctors from different urban health facilities before the final administration on doctors working in urban areas. The study was carried out in 15 different cities of two provinces (Punjab and Sindh) of Pakistan. The sample size taken was 500 doctors, response rate was 80%. Data analysis was done using Microsoft Excel 2007. Ethical approval was taken from our hospitals research ethics committee. ERC No. ERC No. 011010/REC/023.

Results:

The survey covered 400 doctors working in urban medical facilities, none of which agreed on going to work in rural areas if their concerns are not resolved. 61% of the doctors had previous experience of working in rural areas; only 11% said that they were satisfied to work in rural areas. 21% had worked in BHU's 18% in THQ, 15% in RHC, 3% in dispensaries while 5% in private work places. The major problems reported to be faced by the doctors were lack of basic necessities of life (76%), poor infrastructure of workplace (69%), no opportunity to upgrade knowledge or to seek higher studies (67%), no source of entertainment (65%), potential threats in medico legal cases (60%), disagreement of spouse (62%) and remote location of workplace (63%).

Conclusion/Remarks:

Provision of basic necessities of life should be ensured, proper security measures should be provided. Special incentives for promotion and higher studies. Libraries and internet facility should be available so that they may equip themselves with modern medical knowledge.

**Abstract
Poster Presentations
(Case Reports)**

Title:-

A case report of Basal Cell Carcinoma

Author:-

Mubashra Naseem
Sadia Jabeen
Kainat Nazir
Prof. Dr. Ghulam Ali Memon

Institution:-

Muhammad Medical College, Department of Surgery

Introduction:-

Basal Cell Carcinoma is a type of skin cancer. It is a malignant epithelial cell tumor that begins as a papule (a small, circumscribed solid elevation of the skin) and enlarges peripherally, developing into a crater that erodes, crusts and bleeds. Metastasis is rare but local invasion destroys underlying and adjacent tissue. Most predisposing factor is ultraviolet rays. In 90 percent of all cases, the lesion is seen between the hair line and the upper lip.

ABSTRACT

Case report:-

A 55 years old man presented with ulcerative lesion on the inner canthus of eyes and root of the nose for last 2 years, which had been slowly and gradually increasing in size. The size of lesion is 2 – 3 cm. There was a history of recurrent bleeding, itching and scab formation over the lesion.

Investigation:-

After the clinical diagnosis of basal cell carcinoma, it was confirmed by incisional biopsy.

Treatment:-

A plan was made for surgery. Operation done under anesthesia. Lesion excised with 0.5 cm clear margins and with same depth. Reconstruction is made by midline forehead flap.

Result:-

Results are shown after 2 months and after 1 year of surgery. No recurrence was noted. Aesthetic result was excellent and patient never came back.

TITLE:**A HUGE OVARIAN CYST.****AUTHORS:**

Sadaf Sattar (final year)

Mian Tahir Shah (final year)

Rabia Jabeen (final Year)

Aneela Inam (final year)

Dr. Qamar-un-Nisa

BACKGROUND:

Benign ovarian cysts are common, frequently asymptomatic and often resolves spontaneously. They are the 4th commonest gynaecological cause of hospital admission. By the age of 65 years, 4% of all women will have been admitted to hospital for this reason. Ninety percent of all ovarian tumors are benign, although this varies with age. Ovarian tumors may be physiological or pathological, and may arise from any tissue in the ovary. Most benign ovarian tumors are cystic. The finding of solid elements makes malignancy more likely. However, fibromas, thecomas, dermoids and Brenner tumors usually have solid elements.

CASE REPORT:

A 80 years old female , p4+3 all VDS, postmenopausal for 30 years came through causality and presented with mass in abdomen for 3 years and mild pain in abdomen for 1 week. Initially noticed a small swelling in left side of lower abdomen, gradually increase in size, involve whole abdomen, associated with vomiting 2-3 times/ week. She is anemic and she is a smoker. She was investigated for ovarian cyst and the investigations done included complete blood picture, urea, creatinine & electrolytes, blood glucose, LFT's, Hep-B & Hep-C, Chest x-ray, IVP, ECG, ultra sound and ca-125. Her leprotomy was done on 25th-september-2008. Total abdominal hysterectomy, bilateral salpingo-oophrectomy and ovarian cystectomy was done. Post-operative period remained un-eventful. The final histo-pathological diagnosis was benign serous ovarian cyst.

Title:

Adenocarcinoma of Ileum; A Case Report

Authors:

Sabah Jacob.(Final year)
Fiza Komal.(Final year)
Dr.Mashooq(Assistant Prof.Department of Surgery)

Institution

Muhammad Medical College, Mirpurkhas

ABSTRACT

Background:

Primary Adeno carcinoma of small intestine is a rare entity affecting less than 10% of population.It is often associated with long standing untreated Celiac disease. Adenocarcinoma arises in the glandular tissue.We present the case of a 30 years old male patient who was suspected to have tuberculosis of ileum and underwent elective laprotomy. A mass was found. Resection of the diseased portion of ileum and double barrel ileostomy made. Histopathologically he was found to have an adenocarcinoma.

Case Presentation:

A 30 year old male Muslim patient presented to the emergency department of Muhammad Medical College Hospital with the complains of recurrent abdominal pain for 5-6 months, weight loss for 3-4 months, loss of appetite for 3-4 months. On admission he complained of nausea, vomiting, abdominal distention and absolute constipation for 3 days.

This patient was a diagnosed case of pulmonary tuberculosis two years back and had completed his antituberculosis therapy. Therefore he was suspected to have intestinal tuberculosis. On general physical examination he was conscious, well oriented, uncomfortable, and irritable with low body weight, pale, dehydrated and thirsty. On abdominal examination there was distention (central and upper abdomen), decreased movement with respiration, abdomen was tense and tender, bowel sounds were absent, digital rectal examination showed empty rectum.

The general signs showed that the patient was anemic, dehydrated, pitting edema (bilateral pedal) and no lymphadenopathy was present.

On viewing the X-ray abdomen in erect posture, it showed dilated small intestine and multiple air and fluid levels. On ultrasound of abdomen distended small intestine, sluggish/absent (in some parts) peristaltic movements and no free fluid was seen. Operative findings were distended small bowel, 500 ml serosanguaneous fluid within peritoneal cavity, completely occluding mass at terminal ileum 3 feet away from the ileocecal region. Surgical resection of diseased portion of ileum by double barrel ileostomy was done and the specimen was sent for histopathology which revealed that the patient had **Adenocarcinoma** of ileum.

He did well post operatively, though required parenteral nutritional support. After a recovery period of 3 months, an upper GI endoscopy with distal duodenal biopsies was done, which excluded the possibility of unrecognized Celiac disease.

He underwent cancer chemotherapy under care of oncologist. After a period of 4 months, he underwent reversal of ileostomy. He has remained well since then for last 6 months.

Title

Paget's disease of nipple (A rare diagnosis).

Authors:

Hassan Nadeem.

Hanifullah.

Abuzer Ali.

Supervisor:

Prof. Dr.Ghulam Ali Memon.

Institution:

Department of Surgery, Muhammad Medical College, Mirpurkhas, Sindh.

Background:

The condition is named after Sir James Paget, an English surgeon who first described it in 1875. Most patients diagnosed with Paget's disease of the nipple are over age 50, but rare cases have been diagnosed in patients in their 20s. The average age at diagnosis is 62 for women and 69 for men. The disease is rare among both women and men. Paget's disease of the nipple accounts for between 1–4% of all cases of female breast carcinoma and presents as a chronic eczematous change of the nipple often with an underlying palpable lump, nearly 100% of mammary Paget disease cases are associated with an underlying carcinoma, either in situ (intraductal, 10%) or infiltrating cancer (90%). In 40–45% of cases the underlying pathology is DCIS.

CASE REPORT:

A 55 years old female present with 1 year history of eczema like symptoms, itching and bleeding off and on from the nipple. On examination there is no underlying breast lump no any palpable axillary lymph nodes and there is loss of nipple areola complex.

Incisional biopsy was done and findings were consistent with the Paget's disease.

Simple mastectomy was done with axillary sampling. Breast biopsy confirm Paget's disease with axillary clearance, reactive hyperplasia and no malignant cells seen.

Patient did not return back for follow up.

Title:

CYSTOSARCOMA PHYLLODES

Authors:-

Mehwish Shafique
Khadija Sundas
Najma Rafiq
Ayesha Ismail
Rukhsana Parveen

Supervisor:-

Professor Dr. Ghulam Ali Memon, Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

Background:-

Cystosarcoma is rare breast neoplasm that was first described by MULLER who called the tumor cystosarcoma because of its fleshy gross appearance and cystic tendency. Cystosarcoma is Greek word "sarcoma" mean fleshy tumor' and "Phyllo" means 'leaf', it accounts for only 1% of all breast cancers. Metastatic potential is low and 90% cases are benign just 10% cases are malignant. Due to limited cases the mortality and morbidity ratio is not well defined. It metastasize through blood and most common site of metastasis is lungs.

Approval from hospital, Research Ethics Committee was obtained to do this study. (No. 011010/REC/013)

Case Report:-

This is a case report of 45 years old female having breast lump at age of 35 years. She presented a firm, mobile, well – circumscribed non – tender breast mass on left breast and it has almost occupied the whole breast with no nodal involvement. Due to its large size the skin got ulcerated at some spots.

Investigations:

Mammographic findings showed appearance of round densities with smooth borders.

FNAG:

Results comparitable with Cystosarcoma Phyllodes

Treatment:

Simple Mastectomy.
Biopsy result confirmed cystosarcoma phyllodes.

Title:

Tuberculosis of Breast.

Authors:

Somal Qureshi(Final year)

Rabia Hasnain(Final year)

Dr.Mashooq Khawaja(Assistant Professor Sugery Department)

Institution:

Muhammad Medical College/Hospital, Mirpurkhas.

ABSTRACT

Background:

The incidence of tuberculosis is sharply rising in developing and developed countries and rare extrapulmonary manifestations of the past can pose challenges in clinical practice. This may be due in part to the increasing number of geriatric patients, especially those with immunosuppression, as well as due to the development of drug resistant strains of Mycobacterium tuberculosis.

The aim of this report is to detail our experience of the difficulties in diagnosing breast tuberculosis, especially in the absence of other specific clinical signs, and to emphasize the impact of anti-tuberculosis chemotherapy and the minor role of surgery.

Case Presentation:

A 35 years old married Muslim female presented in OPD of Muhammad Medical College/Hospital with the complain of painless lump in the left breast for 1 year. On local examination there was 5 x 5 cm lump involving upper outer quadrant of left breast, changes in skin, teathering present, no discharge from nipple, the lump was non tender, normal in temperature and had irregular margin. Other breast, both axilla and supra clavicular fossa were normal. All vital signs, as well as blood and urine analysis and chest X-ray, were normal.

Mammography was performed and indicated the presence of a solid mass 5 x 6 cm with ill-defined margins involving upper and outer quadrant of left breast. On the basis of clinical and radiological examination a preliminary diagnosis of stage-2 breast carcinoma was made. Biopsy specimen was obtained through FNAC which revealed presence of granulomatous inflammation and suggested tuberculosis of breast. The patient was kept on anti-tuberculosis therapy and showed a good response to the treatment.

**7TH ANNUAL MEDICAL SYMPOSIUM HELD AT MUHAMMAD MEDICAL
COLLEGE, MIRPURKHAS.**

7th Annual Medical Symposium was held at Muhammad Medical College, Mirpurkhas on 19th -20 August 2009. A large number of delegates attended the Symposium both from within Mirpurkhas region and from other cities. Many scientific papers were presented by the research scholars and a number of State-of-Art Lectures were delivered by experts in various medical fields. The theme of the Symposium was “Standardizing Medical Education- necessary and/or desirable?”

On the first day of Symposium, the proceedings began with recitation from Holy Quran. This was done by Associate Professor in Biochemistry of the college, Dr. Shamsul Arfeen Khan. Chairman Organizing Committee Professor Syed Zafar Abbas then briefly went into the history of medical symposia held on a regular basis yearly at Muhammad Medical College, Mirpurkhas. He talked about various ups and downs and also on the quality and quantity of papers presented at the previous symposia which were later appreciated at various national and international fora. Associate Professor of Surgery at Muhammad Medical College, Mirpurkhas Dr. Rehmatullah Soomro then took the charge as stage secretary and welcomed Dr. Shah Bux Laghari- Consultant Orthopedic Surgeon from East London, UK as the chief Guest of the Students Session. He then invited student of third year, Mr. Numan Majeed to present his groups work which was titled “Assessment of Exam Anxiety in Medical Students”. This survey was done at many private and public medical colleges in Sindh and Punjab including Muhammad Medical College and suggested that at least 50% of all students felt pressurized and thought that they could do better in exams but get anxious and /

or depressed. There was a significant variation in responses among different medical colleges, and students agreed that stress management courses/ classes may help them perform better in exams. Miss Azra Parveen of final year Muhammad Medical College, then presented her paper on work done with her colleagues on “Survey of Muhammad Medical College students about their experiences in dissection hall”. This group also looked at the choices of students for future career and found that most students would prefer career in Surgery or Gynae and Obs. Most students (80%) said they felt reasonably prepared by their teachers when they first went in dissection hall. Miss. Rabia Hameed and her group of fourth year presented their work on “ Knowledge, attitude and practice of women regarding family planning at Mirpurkhas”. She said that 71% woman had adequate knowledge but only 48% were practicing a form of family planning. 68% women of those who did not practice it, expressed their wishes to practice family planning. Various social and perceived religious reasons were put forward as causes of non-practice. Miss Ambreen Shahni presented her group’s work on “Obstructed Labour in emergency caesarean sections”. They found a significantly high mortality and morbidity as a result of this avoidable situation. Miss. Anum Hameedi presented her group’s work on “Causes of acute abdomen presenting at Muhammad Medical College Hospital”. Urological causes appeared to be the commonest among this group (37%). Mr. Abdul Mannan of final year talked on behalf of his colleagues on the findings of their work on “Top 10 surgical presentations at the department of surgery”. They found that urological diseases constitute 61% of all surgical admissions at Muhammad Medical College Hospital. Miss. Salma Farooque of final year presented her groups work on “Practice of blood transfusion at Muhammad Medical College Hospital” and found that blood loss or anaemia associated with complicated cirrhosis was the commonest indication for this procedure. Their group found that if strict care is taken in transfusing blood, complications were very rare. Commonest blood group found was O positive (41.4%) in this region. Miss. Aisha Idrees of final year presented her groups work on “Frequency and distribution of cancers at a rural tertiary centre”. Unlike described in most textbooks and traditional medical

teaching, they found that primary liver cancer was by far the commonest primary cancer presenting to this hospital (33.8%). Alarminglly 1/4th of all patients who were diagnosed with a malignant disease, were aged 50 or under. Mr. Muhammad Rizwan Javed of final year presented his group's work on "Decompensated Cirrhosis – do weekend admissions fare worse than weekday admissions?". They said that, although patients were older and more ill at presentation if presented on weekend, there was a trend of higher mortality in this group. Mr. Muhammad Umar Baqa and his group of final year did a similar study on " Acute upper GI bleed – do weekend admissions do better than weekdays admissions? Again although their study was small, and weekend admitted patients were older and had higher co morbidity rates, they showed a trend of higher mortality. Miss. Fatima Muhammad of fourth year, from Jinnah Medical and Dental College, Karachi, presented her survey of the "Practice of respecting patients rights by medical students and senior doctors". She found that a significant minority of students felt that learning practical clinical skills was more important than respecting patients rights to refuse such requests. A minority of students felt brave enough to challenge their senior teachers if they saw them violating patients rights. She felt that more emphasis on ethics and consent taking should be given in medical education at undergraduate and post-graduate levels. Mr. Faizan Saeed of final year, Muhammad Medical College, presented his group's extensive work of "All cause admissions at a teaching hospital, and their departmental breakdown". They studied 2655 patients records, and found that cirrhosis with its complications not only constituted highest number of admissions to the hospital (22%), but they were also the group of patients with highest mortality (33%).

The chief guest of the session, Dr. Shah Bux Laghari then praised the quality of papers and acknowledged the hard work put in by students to come up with the data so badly needed by health authorities. He then gave a State-of-Art Lecture on " Open fracture and Compartment Syndrome". He threw light on various aspects of this problem, especially its early diagnosis and management. At the

end of his talk, he was presented with symposium shield and *Ajrek* by Prof. Ghulam Ali Memon. This was followed by another State-of-Art Lecture by Dr. S. Qamar Abbas, Deputy Director St. Clare Hospice, UK and Lecturer in Cambridge University. He talked upon “Communication Skills”. He emphasized upon the importance of communicating politely with patients and treating team well. He threw light on some of the modern concepts in this regard.

After lunch and prayers break, Dr. Shah Bux Laghari opened the Poster Hall. 41 scientific posters were on display and were presented by various students and doctors on their work done mostly at Muhammad Medical College Hospital, Mirpurkhas.

The guests did a detailed round of all the posters and engaged presenters in discussion on various aspects, showing keen interest in them.

On second day of symposium, the program started with State-of-Art lecture by Dr. S. Qamar Abbas of UK on “Forgotten rights of the patients”. He emphasized on the fact that patients are the centre place of any health care setup and their rights must be respected as they may not be able to exercise them because they may be vulnerable at the time they seek medial help. He gave quotations from Hippocrates oath and Ibne Sena’s work on them. He urged doctors to treat their patients the way they wish themselves to be treated. The second State-of-Art lecture was delivered by Prof. Abdul Sattar Memon, Dean Faculty of Surgery at LUHMS on “Ruptured Amoebic Liver Abscess - 22 years experience”. He gave an excellent update and overview on the topic and presented his study done on 36 patients over 22 years. His results indicated that patients treated with laprotomy in such situation fare a lot worse than those treated conservatively with intravenous antibiotics and needle aspiration under ultrasound guidance. Both the worthy presenters were presented with symposium shields and traditional *Ajraks*. Prof. S. Zafar Abbas Chairman Scientific Committee of the symposium then presented brief summary of work produced by Muhammad Medical College students and doctors in symposium 2009. He gave a brief history, first of Muhammad Foundation Trust of over 11 year period, and then of symposia held regularly for last 7 years on yearly intervals. The audience, which was packed with doctors and notables of Mirpurkhas, Lahore, Rawalpindi, Nawabshah, Karachi, Hyderabad and other cities, then heard a brief summary of 41 papers that were being presented by students and doctors of Muhammad Medical College Hospital in this symposium. Prof. Dr. Syed Razi Muhammad Managing Trustee of the Trust then gave his theme speech on the symposium. He quoted from various studies done at Muhammad Medical College, compared them with national and international data, and concluded that the medical curriculum for under and post graduate doctors in different countries can not be the same as more emphasis has to be put on more prevalent diseases locally. Prof. Ghulam Ali Memon then continued and gave his invited talk on *Ameloblastoma*. His presentation was full of examples and illustrations which made the topic look

easy to the audience. He was presented with symposium shield. He then went on and as one of the hosts, gave vote of thanks to all participants of the symposium and also thanked the workers and students of the college who worked hard day and night and made the symposium a great success.

Prof. Syed Razi Muhammad took all senior guest professors to first open the exhibition hall by Professor Tayyab of Lahore, and then poster hall by Professor Ataullah Mazhar of Rawalpindi accompanied by Prof. Muntaz Memon of LUHMS. The symposium was attended by a large number of Pharmaceutical companies, who put on several hospitality suites and stalls. They informed the doctors of their products. The guests then had a break for prayers and lunch. After this the delegates divided themselves to attend either the “Physicians Hour” or ‘Society of Surgeons - Mirpurkhas Chapter’s Annual Meeting”. A large numbers of delegates came to attend this meeting from Mirpurkhas, Hyderabad Chapter and from Karachi Chapter. “Physician’s Hour” was started off with an invited lecture by Prof. Noor Muhammad Memon on Myocardial Infarction. He described various aspects of the diagnosis of the problem, especially with the help of ECG, and also the current management. Dr. Zulfiqar Shaikh of Community Health Sciences presented the data of his recently concluded study on problems other than the clinical ones faced by patients in having appropriate treatment of myocardial infarction. He showed that only 10% of all patients were able to travel to hospital in severe chest pain via an ambulance, even which in most cases was not so well equipped. Very few were given aspirin or any other treatment by attending physicians before they were transferred to a hospital. Dr. Abdul Qadir Khan presented his study of 100 consecutively admitted patients with Organophosphate poisoning. Majority of his study patients had a suicidal intention – mostly females. There was 3% mortality.

The last session of the symposium saw the prize and awards ceremony. In Oral Presentation Miss Fatima Muhammad of JM&DC, Karachi was given first prize. Mr. Faizan Saeed of final year Muhammad Medical College was judged second

and Miss Aiysha Idress of final year Muhammad Medical College third. Among Poster Presentations, original work, Mr. Muhammad Rizwan Javed *et al* of final year Muhammad Medical College got the first, Mr. Hassan Nadeem *et al* of final year second and Miss. Kiran Ghauri *et al* of fourth year Muhammad Medical College received third prize. Among Poster Presentation, Case Reports, Mr. Muhammad Umar Baqa *et al* of final year, Muhammad Medical College was awarded first, Miss. Moona Fatima *et al* of final year second and Miss Ayesha Idrees *et al* of final year Muhammad Medical College was given third prize. All remaining presenters were given presentation shields. Prof. Syed Razi Muhammad then delivered his closing remarks. He appreciated the hard work and efforts of all students and their senior supervisors for coming up with great work for the symposium. He also acknowledged the college staff of all level for their hard work and thanked all participants from near and far away cities, pharmaceutical companies and everyone involved for their contribution. The symposium ended at 5pm on time, thus keeping the time-keeping reputation of academic programmes at Muhammad Medical College, Mirpurkhas.

Third Mirpurkhas National Seminar on Gastroenterology & Hepatology , and Dr. S Ali Muhammad Memorial Special Lecture held.

16th June 2010 (Wednesday)

Third Mirpurkhas National Seminar in Gastroenterology & Hepatology was observed at Muhammad Medical College (MMC) Mirpurkhas. It was very well attended by medical students and doctors from MMC and from within Mirpurkhas. A larger number of doctors from some other medical colleges in Sindh and other cities also attended this full day CME. As always, the registration of this seminar was completely free.

The programme started off with recitation of verses from Holy Quran. Vice Principal MMC, Dr. Shamsul Arfeen Khan had this honour. Prof. Dr. S. Zafar Abbas then introduced the Speakers to the audience and gave an outline of the day's programme. Prof. Aqeel Rajput, Head department of Medicine, MMC, welcomed the guests and expressed his hopes that the seminar would achieve all its objectives. Dr. Zulfiqar Husain of LUMHS presented a talk on "Gastro-Oesophageal Reflux Disease". He described the clinical features of the disease, the diagnostic measures and various treatment options, including endoscopic treatment. Prof. Abdul Qayyum of Peoples Medical College , Nawabshah, talked on " Helicobacter Pylori and its associated diseases". He described in detail the history of discovery of this bacterium. He then discussed its diagnostic means and eradication treatment options Prof. Sadik Memon of ISRA Medical University, Hyderabad discussed "Coeliac Disease" He emphasized upon the need of raising awareness of this disease among all, especially doctors. He discussed the diagnostic and therapeutic options and explained the results of some research work done by himself on this subject. Prof. Noor Muhammad Memon of MMC spoke on "Infections in GIT". He threw light on the importance of this problem, especially in this region. He said this was a common problem here, and tried to remove some common confusions in this regard. Prof. Syed Zafar Abbas of MMC talked about "Acute Upper GI Bleed". Comparing the results of some research work done at MMC with those of western countries, he explained that the commonest cause of this problem here was bleeding oesophageal varices in contrast to bleeding peptic ulcer in the west. In particular he discussed

the diagnostic and therapeutic value of upper GI endoscopy, and use of some pharmacological options in this regard.

Prof. Ghulam Ali Memon of MMC represented Prof. Syed Razi Muhammad and presented seminar shields and *Ajraks*, as well as some publications of MMC to the speakers. In the tea break that followed, the participants were served the famous mangoes of Mirpurkhas!

After tea break. Prof. Husnain Ali Shah, Chair Department of Gastroenterology of The Aga Khan University gave a presentation of Hepatitis C. He stressed upon the importance of phrase “prevention is better than cure” and discussed some modes of infection of Hepatitis C virus. He discussed various diagnostic tests and therapeutic options for naïve patients and non-responders. Prof. Wasim Jafri of The Aga Khan University discussed the basic facts and figures of hepatitis B and its diagnostic tests. He discussed the appropriateness and otherwise of the treatment for this infection. He said that vaccination to prevent this infection are widely available and everyone must get them. However, he explained that the curative treatment was not possible at present for a vast majority of patients. However, it was possible to suppress the viral replication in the majority.

“Dr. Syed Ali Muhammad Memorial Lecture” is now a regular feature at MMC. At least once a year a prominent figure is invited to deliver this lecture on a topic of interest. This year, immediately following the above seminar, Prof. Wasim Jafri delivered a talk on “Educating for Performance Improvement – CME Planning and Outcome Measurement” Emphasizing on the importance of CME, he stressed upon the need of planning such programmes properly so that the objective of imparting quality education and achieving its aims are obtained. He discussed various tools to achieve these aims. At the end of his talk, he distributed a survey / questionnaire among participants regarding this topic.

Prof. Ghulam Ali Memon then distributed the honorary Shield, *Ajraks* and a pack of MMC publications among all the speakers. He thanked the audience for attending the seminar, and praised Getz Pharma for its role and its help in organizing such educational programmes. Lunch was served at the end of the programme to all participants.

نقصان برداشت کرنا پڑتا ہے جو Muhammad Foundation Trust اپنے دوسرے ذرائع سے پورا کرتا ہے۔ ان تمام باتوں کو پیش نظر رکھا جائے تو یہ بات بالکل واضح ہو جاتی ہے کہ مستقبل قریب اور بعید میں جو اقدامات مریضوں کی بہبود کے لیے کئے جانے چاہیں ان کے اخراجات برداشت کرنے کے لیے Muhammad Medical College Hospital کو صاحبان دل و خیر کی مدد کی اشد ضرورت ہے۔ اب تک تو Muhammad Foundation Trust نے تمام ضروری اخراجات اپنے وسائل سے ہی برداشت کئے ہیں اور استثنائیات کے علاوہ کسی سے مدد طلب نہیں کی ہے۔ لیکن اب وقت آ گیا ہے کہ میر پور خاص ڈویژن کے انتہائی غریب زدہ علاقے میں معیاری خدمت مہیا کرتے رہنے میں آپ حضرات Muhammad Foundation Trust کے ساتھ دست تعاون دراز کریں۔

ڈاکٹر سید ظفر عباس

میڈیکل سپرنٹنڈنٹ، محمد میڈیکل کالج ہسپتال، میر پور خاص

اگست 2010

MBBS, MRCP (UK), FRCP (London), CCST(Medicine)

CCST(GASTRO), FEBG(Eur.), FACP (USA) , AGAF (USA)

Member: AGA (USA), BSG (UK)

PSG&GIE(Pak), PSH (Pak), PSSLD (Pak)

بھی زیادہ آبادی غربت کی لکیر سے بھی نیچے زندگی بسر کرنے پر مجبور ہے۔ اس آبادی میں بھی وہ افراد جو بڑھاپے کے باعث اب آمدنی کے رہے سبے وسائل سے بھی محروم ہو چکے ہیں، انہیں اس مہنگائی کے زمانے میں علاج کے اخراجات پورے کرنا بے حد مشکل ہوتا ہے۔ MFT نے اس بات کا ادراک کرتے ہوئے 60 سال سے زیادہ عمر کے تمام شہریوں کے لیے معائنہ اور بستر کی فیس بالکل مفت کر دی ہے۔ اس کے علاوہ بھی علاج معالجے میں انہیں بے حد سستی مگر معیاری سہولیات مہیا کی جا رہی ہیں۔

☆ فری میڈیکل کیمپ: وقتاً فوقتاً MMCH میں فری میڈیکل کیمپ لگتے رہتے ہیں جن میں برائے نام لی جانے والی فیس بھی بالکل معاف کر دی جاتی ہیں اور آپریشن سمیت تمام علاج معالجہ بالکل مفت کیا جاتا ہے۔ اس ضمن میں جو کثیر اخراجات ہوتے ہیں وہ MFT اپنے وسائل سے مہیا کرتی ہے۔

☆ جنرل اور اسٹریٹنڈیشنرز: جھلتی ہوئی گرمی میں اگر ہوا دینے والے نپکھے بھی بند ہو جائے تو مریضوں کا حال بیان سے باہر ہوتا ہے۔ بد قسمتی سے ہمارے اس غریب علاقے میں بجلی کی روانی اکثر فیمل ہوتی رہتی ہے۔ پچھلے جنرل بمشکل ہمارے آپریشن تھیٹر اور ICU کا بوجھ برداشت کر پاتے تھے۔ Muhammad Foundation Trust کی خواہش اور کوشش سے الحمد للہ مریضوں کے لیے جان بچانے کے لیے ضروری مشینوں کے علاوہ بھی گرمی کی شدت کم کرنے کے لیے ان ضروری اشیاء کا بندوبست پر مستقل بنیادوں پر کر دیا گیا ہے۔ اب ہمارے ICU، لیبارٹری اور آپریشن تھیٹر مکمل طور پر اسٹریٹنڈیشن ہیں۔ 100kv کا نیا جنرل پوروی طرح کام کر رہا ہے جس سے مندرجہ بالا تکالیف دور ہو چکی ہیں۔ اس کے علاوہ CCU اور HDU بھی مکمل طور پر اسٹریٹنڈیشن ہیں۔

☆ پوسٹ گریجویٹ تعلیم و تربیت (FCPS) کا آغاز: حال ہی میں کالج آف فزیشنز اینڈ سرجنز پاکستان نے MMC اور MMCH کا تفصیلی دورہ کر کے ادارے کو FCPS Training کے لیے مکمل طور پر منظور کر لیا ہے۔ اس طرح پاکستان کے ان چند اداروں میں جہاں یہ سہولت موجود ہے، اب MMC&H بھی شامل ہے۔

تماز کوششوں اور خلوص نیت کے ساتھ کئے جانے والے مندرجہ بالا اقدامات پر زور کثیر صرف ہوتا ہے۔ جیسا کہ آپ نے پڑھا، غریب مریضوں کو معیاری علاج ان کے گھروں کے قریب پہنچانے میں جو اخراجات آتے ہیں، فیسوں کی مد میں ان سے ان اخراجات کا محض ایک چھوٹا سا ناقابل ذکر حصہ وصول کیا جاتا ہے۔ اس کے علاوہ سینئر ڈاکٹرز اور دیگر اسٹاف کی تنخواہیں Muhammad Foundation Trust کے بجٹ کا ایک قابل قدر حصہ ہوتی ہیں جن کا ایک معمولی سا حصہ بھی اسپتال کی آمدنی سے پورا نہیں کیا جاسکتا۔ اس کے علاوہ اگر تعمیراتی کاموں پر پراٹھنے والے کثیر اخراجات کو نظر انداز بھی کر دیا جائے تو بھی Muhammad Medical College Hospital کو ماہانہ لاکھوں روپے کا

Muhammad Medical College Hospital کی انتظامیہ ایک فری کلینک کے ذریعے مستحق مریضوں کو یہ سروس ہفتے میں 2 دن فراہم کر رہی ہے جس میں نہ صرف دوائیں بالکل مفت فراہم کی جا رہی ہیں بلکہ تمام ضروری ٹیسٹ بھی ناقابل یقین حد تک سستے کئے جا رہے ہیں۔ جیسا کہ معلوم ہے، غربت میں پڑے ہوئے مریض جنہیں اس مرض سے متعلق زیادہ معلومات بھی نہیں ہیں، دواؤں پر خرچ آنے والے پیسوں کو کسی اور ضرورت میں اکثر استعمال کر بیٹھتے ہیں۔ اور نتیجتاً ان کی تکالیف میں اضافہ ہی ہوتا جاتا ہے۔ محترمتوں اور PWC کے تعاون سے انتظامیہ ان مریضوں کی تکالیف بڑی حد تک ختم کر چکی ہے۔

☆ **ہیپا ٹائٹس (کالا پیلیا) کلینک:** ہمارے شعبہ ریسرچ اینڈ وڈیلو پمنٹ (R&D) کے زیر اہتمام ہونے والی ایک ریسرچ (جسے فرانس میں ہونے والی European Federation of Internal Medicine کی کانفرنس میں پیش کرنے کا اعزاز بھی مل چکا ہے۔) کے مطابق MMCH آنے والے میرپور خاص کے عوام میں سے تقریباً ایک تہائی (1/3) اس مرض سے متاثر ہے۔ اس ریسرچ کے ہوشربا نتائج ہی کے باعث ہمارے اسپتال میں اس مرض سے متاثر مریض بہت بڑی تعداد میں رجوع کر رہے ہیں۔ جن میں صوبہ کے کراچی اور حیدرآباد سمیت دور دراز کے علاقوں سے آنے والے مریض بھی شامل ہیں۔ اس مرض کے ٹیسٹ اور علاج بے حد مہنگے ہیں۔ ہمارے اسپتال نے Centre for Applied Molecular Biology کے تعاون سے بے حد کم خرچ ٹیسٹ کرانے کا اہتمام کیا ہے۔ اس ضمن میں MMCH ایک خصوصی ہفتہ وار کلینک منعقد کرتا ہے جس میں ان مریضوں کو مزید سہولتیں مہیا کی جاتی ہیں۔ انشاء اللہ۔

☆ **فری ٹرانسپورٹ:** اس وقت Muhammad Foundation Trust اپنے تمام کارکنان کے لیے میرپور خاص شہر سے کیمپس تک اور واپس شہر تک تمام شفٹوں کے لیے ٹرانسپورٹ کے اخراجات کا کم از کم آدھا حصہ ادا کرتا ہے۔ اور بہت سے کارکنان کو یہ سروس مکمل طور پر فری مہیا کرتا ہے۔ اس کے علاوہ Muhammad Medical College Hospital تک آنے اور جانے کے لیے میرپور خاص شہر سے سوزو کی کا انتظام ہے جو فی سواری 5 روپے لیتی ہے۔ یہ سوزو کی مریضوں کے لیے ریلوے اسٹیشن سے محمد میڈیکل کالج ہسپتال تک ہر گھنٹے میں ایک بار صبح سے رات تک چلتی ہے۔ Muhammad Foundation Trust کی کوشش ہے کہ یہ انتظام مزید بہتر ہو جائے اور مریضوں اور ان کے لواحقین کو اس ضمن میں ہونے والی تکالیف دور ہو جائیں۔

☆ **بزرگ شہریوں کے لیے خدمات:** میرپور خاص ایک پسماندہ اور غریب علاقہ ہے جہاں 50 فیصد سے

☆ سلطان کھاوڑ صاحب: سابق مشیر سندھ

محمد میڈیکل کالج میرپور خاص حقیقتاً سندھ کے غریب عوام کے لیے بہت اچھا ادارہ ہے۔ اور انشاء اللہ آئندہ بھی مجھے یقین ہے کہ عوام کو فوائد دیتا رہے گا۔

﴿چند مزید پروجیکٹس﴾

اتنے بڑے سائز کے اسپتال کی ضرورت ایک ختم نہ ہونے والی داستان ہے۔ موجودہ بے شمار سہولیات کی مستقل بنیادوں پر فراہمی کے ساتھ ساتھ محمد فائونڈیشن ٹرسٹ اپنے مریضوں کو مزید آسانیاں اور جدید سہولیات فراہم کرنے کے لیے کوشاں ہے۔ اس کے ساتھ ہی ساتھ موجودہ سہولیات کی دیکھ بھال اور بہتری کے لیے بھی کئی اقدامات کئے جا رہے ہیں

☆ پرائیویٹ بستروں میں اضافہ: خصوصاً میرپور خاص شہر کے شہریوں کی بڑھتی ہوئی ڈیمانڈ پورا کرنے میں موجود محدود تعداد کے ensuite پرائیویٹ کمرے انتہائی ناکافی ثابت ہو رہے ہیں۔ انتظامیہ نے اسی لیے چند مزید کمروں کی تعمیر کی ہے۔ لیکن ضرورت اس سے کہیں زیادہ ہونے کے باعث 25 مزید کمرے تعمیر کرانے کا کام حال ہی میں مکمل ہو چکا ہے۔ اس کے علاوہ ان میں سے کچھ کمروں کو انٹرنیشنل بھی کیا جا چکا ہے۔

☆ O.P.D: مریضوں کی بڑھتی ہوئی تعداد اور ڈیمانڈ پورا کرنے کے لیے جہاں محمد میڈیکل کالج ہسپتال مزید ڈاکٹرز کو روزگار فراہم کر رہا ہے، وہیں OPD میں مزید کمروں کی تعمیر بھی کی گئی ہے۔

☆ فری ٹی بی کلینک: ٹی بی ہمارے علاقے میں بہت عام ہے۔ ہمارے اسپتال کے میڈیکل وارڈ میں ایک اسٹڈی کے مطابق داخل ہونے والے مریضوں کا ایک تہائی حصہ انہی مریضوں پر مشتمل ہوتا ہے۔ اس مرض کا علاج مہنگا اور طویل ہونے کے باعث کئی مریض علاج درمیان ہی میں چھوڑ دیتے ہیں۔ اس کی وجہ سے جراثیم طاقتور ہو کر علاج کی دواؤں سے ختم نہیں ہو پاتے ہیں۔ MFT نے اسی لیے ایسے تمام داخل اور OPD مریضوں کو یہ دوائیں بالکل مفت فراہم کرنا ایک عرصے سے شروع کیا ہوا ہے۔ یہی دوائیں کورس مکمل ہونے تک مسلسل فراہم کی جاتی ہیں۔

☆ فری شوگر کلینک: ذیابیطس ایک ایسی بیماری ہے جو اندر ہی اندر تیزی سے مریضوں کو کھاتی چلی جاتی ہے۔ اس کے مریضوں کو مستقل بنیادوں پر ماہرین سے معائنہ کروانا بے حد ضروری ہے تاکہ کسی آنے والے خطرے کو روکنے کے اقدامات بروقت کئے جاسکیں۔ پاکستان میں اس مرض سے متاثر لوگوں کی تعداد میں تیزی سے اضافہ ہوتا جا رہا ہے۔

☆ پروفیسر جان محمد میمن: سابق وائس چانسلر لیاقت یونیورسٹی آف ہیلتھ سائنسز

اس غریب اور پسماندہ علاقے میں اتنے اعلیٰ معیار کے ادارے قائم کرنا ٹرسٹ کی صلاحیتوں اور خلوص کا منہ بولتا ثبوت ہے۔ لیاقت یونیورسٹی آپ سے مکمل تعاون کا یقین دلاتی ہے۔ پسماندہ ہونے کے باوجود اس علاقے میں باصلاحیت لوگوں کی ایک بڑی تعداد موجود ہے جنہیں ہم اور آپ مل کر مواقع فراہم کر سکتے ہیں تاکہ علاقہ اور ملک ان سے بھرپور استفادہ حاصل کر سکیں۔

☆ پروفیسر ایف۔ یو۔ بقائی چانسلر بقائی یونیورسٹی

یہ (محمد میڈیکل کالج) محض ایک میڈیکل کالج نہیں ہے بلکہ صحت کی فراہمی اور فروغ کا ایک جامع منصوبہ ہے۔ میری نظریں وہ دن دیکھ رہی ہیں جب میر پور خاص ڈویژن کی تمام آبادی سو فیصد صحت کی سہولیات سے فیضیاب ہوگی اور بچے بچے کو اپنا ڈاکٹر میسر ہوگا۔

☆ نعمت اللہ خان۔ سابق ناظم اعلیٰ کراچی

سید رضی محمد اور ان کے والد محترم جنہوں نے اس عظیم ادارے کی بنیاد ڈالی ہے ایک صدقہء جاریہ ہے جس سے اس علاقے کے محرومین استفادہ کرتے رہیں گے۔ عمارت بھی خوبصورت ہے۔ جگہ بھی بہت ہے۔ تعلیم کا اسٹینڈرڈ بھی میرے گمان کے مطابق اچھا ہوگا۔ اللہ تعالیٰ اس ادارے کو ایک یونیورسٹی میں منتقل کر دے۔ میرا بھرپور تعاون اس ادارے کو انشاء اللہ حاصل رہے گا۔ اللہ تعالیٰ انکو اس کا اجر عظیم عطا فرمائے آمین۔

☆ سردار منظور احمد پنہور: سابق صوبائی وزیر مذہبی امور، زکوٰۃ، عشر، اوقاف، اقلیتی امور اور نوجوانان:

(محمد میڈیکل کالج اسپتال) ڈاکٹر سید علی محمد مرحوم کی انتہائی نیک کاوش ہے اور ان کے بیٹے پروفیسر رضی محمد، تقی محمد اور ڈاکٹر سید ظفر عباس ان کے خوابوں کو پورا کر رہے ہیں۔ میں نے کالج اسپتال اور MIST کی عمارت کو بہت صاف ستھرا پایا۔ میں ان کے روشن مستقبل کے لیے دعا گو ہوں۔

☆ فرید احمد، پونجول، شبیر احمد قاسمی۔ سابق MPA / سابق صوبائی وزیر

آج مورخہ 10 محرم الحرام کو محمد میڈیکل کالج کا دورہ کیا۔ تمام ڈاکٹرز اور اسٹاف کو مصروف عمل پایا۔ ان کی کارکردگی پر تمام اسٹاف کو زبردست خراج تحسین پیش کرتے ہیں۔

☆ سابق صدر پرویز مشرف:

محمد میڈیکل کالج کا افتتاح کرنا میرے لیے خوشی اور عزت کی بات ہے۔ میرا پورا خاص ڈویژن جیسے پسماندہ علاقے میں تعلیم اور صحت کے فروغ کے ضمن میں کی جانے والی کوششوں پر میں ڈاکٹر علی محمد اور ڈاکٹر رضی محمد کی حب الوطنی اور ہمتوں کو سلام پیش کرتا ہوں۔ اللہ تعالیٰ ان کی کوششوں کو کامیابی کی سند عطا فرمائے۔ آمین

☆ ڈیوڈ پیری۔ سابق برطانیہ ڈپٹی ہائی کمشنر:

ایک شاندار ادارہ ہے جو ان لوگوں کی صلاحیتوں اور کوششوں کی گواہی دے رہا ہے جنہوں نے خود کو اس بہترین پروجیکٹ کے لیے وقف کر دیا ہے۔ ان کی کوششوں کا نتیجہ اتنے مختصر وقت میں دیکھ کر انسان عیش عیش کراٹھتا ہے۔ مجھے یقین ہے آئندہ آنے والا وقت ہمیں اور بھی بہت کچھ اچھے نتائج کی صورت میں دکھائے گا۔ میری مبارکباد اور نیک تمنائیں مستقبل کے لیے ہیں۔ یہ (پروجیکٹ) ان لوگوں کو جو پاکستان میں یا غیر ممالک میں بستے ہیں۔ حوصلہ پہنچاتا ہے۔ شکریہ۔

☆ پیر شفقت حسین شاہ۔ سابق ناظم میر پور خاص

بہترین انتظامات اور منظم کیمپ محمد میڈیکل کالج ہسپتال کی انتظامیہ کر رہی ہے۔ اور اچھی خدمات کسی بھی ایمر جنسی کے لیے مہیا کی جا رہی ہیں۔

☆ علامہ طالب جوہری

میں نے اس ادارہ کا ذکر خیر بہت سنا تھا، لیکن جو کچھ سنا تھا اس سے کہیں زیادہ بہتر پایا۔ ڈاکٹر رضی محمد صاحب اپنے برادران کی ہمکاری کے ساتھ اپنے والد مرحوم ڈاکٹر علی محمد صاحب کی یادگار کے طور پر جو کچھ بھی کر رہے ہیں وہ برادر مرحوم کی باقیات الصالحات اور محترم وراثت ہے۔ اس ادارہ میں علم و بدن کی جو خدمات انجام دی جا رہی ہیں وہ اپنی مثال آپ ہیں۔ دور دراز کے علاقوں میں ایسے منصوبے مشعل راہ ہیں اور آئندہ کی نسلوں کے لیے سنگ راہ بھی۔

☆ سید مظفر حسین شاہ۔ سابق اسپیکر سندھ اسمبلی

میں محمد فاؤنڈیشن ٹرسٹ کو خراج تحسین پیش کرتا ہوں جس نے اس پسماندہ علاقے میں محمد میڈیکل کالج اور اسپتال قائم کر کے محیر حضرات کے لیے ایک مثال قائم کر دی۔ میں اپنی طرف سے ٹرسٹ کو تمام تر تعاون کا یقین دلاتا ہوں۔

☆ ڈایالائسز: یہ شعبہ بھی ایک عرصے سے مسلسل مصروف عمل ہے۔

☆ اسپتال میں داخل مریض (Inpatients): اسپتال میں 500 سے زائد بستر ہیں جہاں غریب مریضوں سے محض 25 روپے روزانہ بستر فیس لی جاتی ہے۔ شعبہ میڈیسن، سرجری، گائنی، اطفال، ہڈی و جوڑ، یورولوجی، گیسٹر و اینٹیرولوجی، آئی سی یو، سی سی یو، ناک کان گلا، دماغی امراض، کھال کے امراض، دانتوں کے امراض، جگر کے امراض، دل کے امراض اور آنکھوں کے مریض استفادہ حاصل کرتے ہیں۔ روزانہ سینئر ڈاکٹرز (کنسلٹنٹس) مریضوں کا معائنہ کرتے ہیں جو بالکل مفت ہے اور جس کی الگ سے کوئی فیس نہیں لی جاتی ہے۔ اس کے علاوہ جوئیئر ڈاکٹرز بھی اپنی اپنی شفٹوں میں روزانہ مریضوں کا معائنہ کرتے ہیں تاکہ ان کے علاج کے سلسلے میں تمام مرحلوں پر عملدرآمد کو یقینی بنایا جاسکے۔ PWC کے ذریعے چند مختیر لوگوں کے تعاون سے تمام مستحق مریضوں کو تینوں وقت کا کھانا بالکل مفت فراہم کیا جاتا ہے۔ محدود تعداد میں پرائیویٹ کمرے بھی دستیاب ہیں جو ensuite ہیں۔ ان میں بھی ماہرین کے راونڈز کی کوئی الگ فیس وصول نہیں کی جاتی۔

☆ شعبہ امراض ہاضمہ: ایک مکمل طور پر نیا وارڈ اور اینڈو اسکوپائیونٹ مئی 2004 سے پوری طرح کام شروع کر رہا ہے۔ اس وارڈ کے فرنیچر اور آلات تقریباً مکمل طور پر FMFT کے تعاون سے برطانیہ سے حال ہی میں درآمد کئے گئے ہیں۔ جس تعداد اور اقسام کے آلات اس وارڈ میں دستیاب ہیں، اس کی مثال پاکستان کے صرف چند ہی دیگر اسپتال پیش کر سکتے ہیں۔ برطانیہ ہی سے اعلیٰ ترین سطح پر تربیت یافتہ ماہر ڈاکٹرز اس کے انچارج ہیں۔ یہاں بھی مختلف معائنوں کی فیس بہت کم رکھی گئی ہے۔ Hepatitis B&C اور جگر سے متعلق دیگر امراض کی تشخیص اور علاج میں بھی یہ شعبہ مستعدی کے ساتھ سرگرم عمل ہے۔ نظام ہاضمہ کے اوپری حصے اور بڑی آنت کے معائنے اور علاج کے مکمل انتظامات کے ساتھ کراچی سے باہر سندھ میں ہر ایک منفرد ادارہ ہے۔

﴿ مہمانوں کی تاثراتی کتاب سے چند اقتباسات ﴾

سابقہ صدر پرویز مشرف، ڈیوڈ پیری، روٹری، علامہ طالب جوہری، نعمت اللہ خان، و دیگر

جمعہ پوری طرح فعال ہے۔ سنجہ، اتوار یا کسی اور چھٹی والے دن بھی اس شعبے سے استفادہ حاصل کرنے کے لیے آنے والے مریضوں کو ڈاکٹر اپنے اپنے شعبے میں دیکھتے ہیں اور کسی کو مایوس واپس نہیں بھیجا جاتا۔ مصروف اور سینئر ڈاکٹرز کی مشورہ فیس بھی محض 10 روپے ہے۔ صرف ایک ہی بار 10 روپے میں OPD کی ایک پرچی بنوا کر مریض جتنے بھی شعبوں کے ماہرین کی ضرورت ہو، دکھا کر مشورہ لے سکتا ہے۔ چند مخیر حضرات کی مدد اور تعاون سے ہر جمعرات کو تپ دق (TB) کی دوائیں مستحق افراد کو بالکل مفت فراہم کی جاتی ہیں۔ اس کے علاوہ بھی کسی اور دن آنے والے مریضوں کو یہ سہولت فراہم کی جاتی ہے۔ اسپتال کی جانب سے محدود پیمانے پر زیادہ استعمال میں آنے والی تقریباً 50 اقسام کی دیگر ادویات بھی مستحق مریضوں کو بالکل مفت روزانہ فراہم کی جاتی ہیں۔ حال ہی میں Patients Welfare Club (PWC) کے تعاون سے ذیابیطیس (شوگر) کے مریضوں کے لیے بھی ہفتہ میں ایک دن کلینک شروع کی گئی ہے جس میں مریضوں کے لیے دوائیں مفت فراہم کی جا رہی ہیں اور ٹیسٹ انتہائی کم قیمت کئے جا رہے ہیں۔

☆ اسپیشلسٹ کلینک:

- ☆ ہفتے میں 2 دن شوگر کلینک منعقد کیا جاتا ہے جہاں دوائیں مفت فراہم کی جاتی ہیں۔
- ☆ ہفتے میں ایک بلڈ پریشر کلینک منعقد ہوتا ہے جہاں دوائیں مفت فراہم کی جاتی ہیں۔
- ☆ ہفتے میں 5 دن امراض قلب کی کلینک منعقد ہوتی ہے
- ☆ ہفتے میں ایک دن جگر کی کلینک منعقد ہوتی ہے۔
- ☆ ہفتے میں ایک دن امراض نظام ہاضمہ کلینک ہوتی ہے۔
- ☆ ہفتے میں ایک دن TB کلینک ہوتی ہے جس میں دوائیں مفت دی جاتی ہے۔
- ☆ ہفتے میں 5 دن پیشاب کی بیماریوں کی کلینک منعقد ہوتی ہے۔
- ان تمام کلینکس میں ہر طرح کے ٹیسٹ بے حد کم قیمت کئے جاتے ہیں۔

☆ شعبہ جراحی (سرجری): اس شعبے میں تین سینئر ترین پروفیسرز کی زیر نگرانی ایک بڑی ٹیم 24 گھنٹے مصروف عمل ہے۔ تمام چھوٹے بڑے آپریشن روٹین اور ایمرجنسی بنیادوں پر کئے جاتے ہیں۔ پلاسٹک سرجری، لپرو واسکوپیک سرجری، نیوروسرجری اور یورو لاجی کے شعبوں میں مختلف طرح کے آپریشن کئے جاتے ہیں۔

اور یونٹ بھی باقاعدگی سے کام کر رہا ہے

☆ شعبہ امراض قلب/CCU: کو ایفانڈ کارڈیولوجسٹ میر پور خاص ڈویژن میں صرف MMCH ہی میں میسر ہے۔ ان کی زیر نگرانی اس شعبے میں 4 بستروں پر مشتمل CCU جدید مانیٹرز کے ساتھ مصروف عمل ہے۔ اس کے علاوہ 8 مزید بستروں پر مشتمل کارڈیک وارڈ CCU سے ملحق ہے۔

☆ امراض نسواں وزچہ: اس شعبے میں برطانیہ سے تربیت اور سند یافتہ ایک پروفیسر سمیت FCPS اور MCPS کی سند کی حامل لیڈی ڈاکٹر سمیت دیگر کئی ڈاکٹر مصروف کار ہیں۔ حال ہی میں لیبر وارڈ نئے سرے سے اور نئے آلات سے آراستہ و مزین ہو کر خواتین کی دیکھ بھال میں مصروف ہے۔ نارل لیبر کی فیس محض 100 روپے اور بڑے آپریشن کی فیس محض 2500 روپے رکھی گئی ہے۔ تاکہ غریب عوام کی دیکھ بھال نہ صرف ماہر ترین ڈاکٹر کریں، بلکہ علاج ان کی دسترس ہی میں رہے۔ لیبر وارڈ میں CTG سمیت دیگر جدید آلات سے دیکھ بھال میں مدد لی جاتی ہے۔ اس شعبے کی انچارج پروفیسر ایک طویل عرصے تک لیاقت یونیورسٹی میں اس شعبے کی ڈین انچارج رہی ہیں۔

☆ شعبہ اطفال: نئے Incubators سے مزین اس شعبے میں نوزائیدہ بچوں سمیت تمام بچوں کے علاج میں سینٹر اور جونیئر ڈاکٹر مصروف عمل ہیں۔ حال ہی میں بچوں کے لیے مختلف کھلونوں سے مزین ایک کھیلنے کے کمرے کا بھی افتتاح کیا گیا ہے۔

☆ شعبہ امراض چشم: مختلف اقسام کے اسکین اور دیگر مشینوں اور کمپیوٹر کی مدد سے آنکھوں کا معائنہ اور علاج کرنے میں سینئر ڈاکٹروں کی ٹیم میں پروفیسر صاحب کی مدد کے لیے ایک سابق ڈائریکٹر جنرل ہیلتھ (سندھ) اور اسٹنٹ پروفیسر بھی شامل ہیں۔

☆ شعبہ بیرونی امراض (OPD): اپنے شعبے کے تمام ماہر سینئر ڈاکٹر اور پروفیسرز کی زیر نگرانی یہ شعبہ پیرتا

محفوظ انتقال خون کے تمام اصولوں پر انتہائی سختی سے عمل درآمد کیا جاتا ہے اور اس ضمن میں تمام ضروری ٹیسٹ نہایت سستے کئے جاتے ہیں۔ Elisa سے ہونے والے بیشتر ٹیسٹ بھی بے حد کم قیمت کئے جاتے ہیں۔

☆ محمد بلڈ بینک: لیبارٹری سے متصل ایک علیحدہ ڈیپارٹمنٹ جو سندھ بلڈ ٹرانسفیوژن اتھارٹی سے تفصیلی انسپیکشن کے بعد مکمل طور پر منظور شدہ ادارہ ہے۔ یہاں تمام حفاظتی اقدامات کے بعد مریضوں کو خون فراہم کیا جاتا ہے۔ ایک پیتھالوجسٹ کی زیر نگرانی یہ ادارہ 24 گھنٹے سروس مہیا کرتا ہے۔

☆ ای، سی، جی، ایکسرے، الٹراساؤنڈ: یہ کم قیمت اور معیاری خدمات بھی محمد میڈیکل کالج اسپتال کے کیمپس ہی میں موجود ہیں۔ حال ہی میں ایک جدید اور بڑا ایکسرے پلانٹ لگ چکا ہے جس سے اس شعبے کے معیار میں بھی نمایاں upgrading اور بہتری آئی ہے۔ MMCH کا ایکسرے یونٹ پاکستان نیوکلیئر ریگولیٹری اتھارٹی (PNRA) سے باقاعدہ رجسٹرڈ یونٹ ہے۔ الٹراساؤنڈ کی مشین بھی جدید اور معیاری ہونے کے ساتھ ساتھ ایک کوالیفائڈ ریڈیالوجسٹ کی خدمات سے استفادہ کرتی ہے۔ تمام ایکسریز پورٹنگ کے ساتھ انتہائی کم قیمت فراہم کئے جاتے ہیں۔

☆ شعبہ انتہائی نگہداشت (ICU): حال ہی میں اس اہم شعبہ میں اضافہ کیا گیا ہے اور اب اس وارڈ میں گنجائش بڑھا دی گئی ہے۔ جدید hydraulic بستروں سے مزین یہ وارڈ اب برطانیہ سے FMFT کے تعاون سے درآمد شدہ جدید monitors سے لیس ہو کر مریضوں کی بہتر خدمات انجام دے رہا ہے۔ اس شعبے کو مزید بہتر بنانے کے لیے تیز پیشرفت جاری ہے اور حال ہی میں چند ventilators یہاں کے لیے حاصل کئے جا چکے ہیں جو زندگی بچانے کی کوششوں میں نہایت کارآمد ثابت ہوئے ہیں اور جو میر پور خاص میں کسی اور اسپتال میں میسر نہیں ہیں۔ سینے کے امراض کے ماہر ایک تجربہ کار ڈاکٹر دیگر پروفیسرز کی زیر نگرانی ان کے مریضوں کی دیکھ بھال کے انچارج ہیں۔

ICU: HIGH Dependency Units کے ساتھ ملحق 5 بستروں پر مشتمل یہ وارڈ بھی مستقل بنیادوں پر معیاری سروس مہیا کر رہا ہے۔ اس کے علاوہ ڈیپارٹمنٹ آف میڈیسن سے ملحق 8 بستروں پر مشتمل ایسا ہی ایک

ان کی زیر نگرانی جونیئر ڈاکٹرز کی ایک مکمل ٹیم دن رات 24 گھنٹے مریضوں کی خدمت کے لیے موجود ہوتی ہے۔ کئی جونیئر ڈاکٹرز پوسٹ گریجویٹیشن کے مختلف مراحل میں ہیں جنہیں محمد میڈیکل کالج ہسپتال کی مکمل حمایت اور تعاون حاصل ہے۔ میر پور خاص سے تعلق رکھنے والے چند ڈاکٹرز محمد میڈیکل کالج ہسپتال کے تعاون سے پوسٹ گریجویٹیشن مکمل بھی کر چکے ہیں۔ اپنی اعلیٰ ساکھ کی بدولت ہسپتال سے مختلف سینئر اسپیشلسٹ رجوع کرتے رہتے ہیں جن کی خدمات سے ہسپتال اور مریض استفادہ کرتے رہتے ہیں۔

☆ **پیرامیڈیکل اور دیگر اسٹاف:** میر پور خاص ڈویژن میں پرائیویٹ شعبے میں محمد فاؤنڈیشن ٹرسٹ کے زیر انتظام اس قدر تعداد میں اسٹاف کو روزگار فراہم کرنے کا کوئی ثانی نہیں ہے۔ ان ہی افراد کے ذریعے محمد میڈیکل کالج ہسپتال اس قابل ہے کہ مریضوں کو اس قدر بھرپور اور اعلیٰ معیار کی سروسز فراہم کر سکے۔ نرسوں، پیرامیڈیکل اسٹاف، تعمیراتی کارکن، ایڈمنسٹریٹرز اور دیگر اسٹاف کی انتہائی اعلیٰ معیار کی پیشہ ورانہ خدمات ہی کی بدولت محمد میڈیکل کالج ہسپتال کے ڈاکٹرز اپنے مریضوں کو کوٹلی خدمات فراہم کرتے ہیں۔

☆ **لیبارٹری:** وسیع رینج (range) میں اور تقریباً سارے اہم ٹیسٹ محمد میڈیکل کالج ہسپتال کی لیبارٹری میں علاقے اور علاقے سے باہر کی لیبارٹریوں کے مقابلے میں بہت کم قیمت مگر معیاری ہوتے ہیں۔ خون، پیشاب، Stools اور دیگر ٹیسٹ قابل ٹیکنیشنز ماہر اور تجربہ کار ڈاکٹرز کی نگرانی میں کرتے ہیں۔ پاکستان بھر میں اس تجربہ اور قابلیت کے پروفیسرز کی مثال ملنا مشکل ہے جو محمد میڈیکل کالج ہسپتال میں پیتھالوجی کی خدمات انجام دے رہے ہیں۔ میر پور خاص ڈویژن میں پہلی بار بائیوپسی (histopathology) بھی Muhammad Medical College Hospital کیلیبارٹری میں کی جا رہی ہے۔ Friends of Muhammad Foundation Trust UK (FMFT) کے تعاون سے جدید Microlab مشین حاصل کی گئی ہے جس میں Biochemistry کے بے شمار ٹیسٹ کیے جاتے ہیں۔ Selectra نامی جدید تر مشین اس کے علاوہ haematology analyzer بھی لیبارٹری کے معیار میں اضافہ کر چکا ہے۔ مختلف نمونوں کے culture sensitivity بھی کی جاتی ہیں۔ چند اور sophisticated مشینوں کے حصول کی طرف پیشرفت جاری ہے تاکہ خدمات کو خوب سے خوب تر بنایا جاسکے۔ سینٹر فار ایپلائڈ مائیکرو بائیولوجی (CAMB)، پاکستان کی لاہور میں موجود شاندار لیبارٹری کے تعاون سے پپائٹائس بی اور سی (کالا پیلیا) سمیت دیگر کئی مشکل اور مہنگے ٹیسٹ انتہائی کم قیمت مریضوں کو مہیا کئے جا رہے ہیں۔

سامنے آگنی جوان کی 6 ستمبر 2002ء میں وفات کے بعد بھی میر پور خاص ڈویژن اور درحقیقت پاکستان بھر کے عوام کو سستی اور معیاری سہولیتیں فراہم کر رہی ہے۔ ان MFT کے بانیوں کی نیک نیتی ہی کا صلہ ہے کہ پاکستان بھر میں پرائیویٹ سیکٹر میں Muhammad Medical College واحد ادارہ ہے جو دیہی یا پسماندہ علاقے میں قائم ہے اور جسے پاکستان میڈیکل اینڈ ڈینٹل کونسل (PMDC) سے باقاعدہ منظور شدہ ہونے کا بھی اعزاز حاصل ہے۔ ایم ایم سی کے پہلے سات پیجر نے ایم بی بی ایس کا امتحان پاس کر لیا ہے۔ ان ڈاکٹرز کو پی ایم ڈی سی نے بھی رجسٹر کر لیا ہے۔ اور ان میں سے بیشتر ہاؤس جاہز مکمل کر کے خدمات انجام دے رہے ہیں۔ کئی طلبہ و طالبات پاکستان اور بیرون ملک پوسٹ گریجویٹ تعلیم حاصل کر رہے ہیں۔

☆ MMCH کا قیام: 1999 میں عمل میں آیا۔ ابتدا میں چند کمروں سے شروع کئے جانے والا یہ اسپتال بے حد تیز رفتاری سے پھیل کر وسیع و عریض عمارت میں تبدیل ہو چکا ہے اور صوبہ سندھ میں کراچی سے باہر سب سے بڑا پرائیویٹ / چیریٹی اسپتال ہونے کا اعزاز رکھتا ہے۔

☆ عمارت: کئی ایکٹر پر پھیلی ہوئی وسیع و عریض عمارت فن تعمیر کا ایسا شاہکار ہے جس میں برطانیہ کے معروف اسپتالوں کے طرز تعمیر سے بنیادی نکات اخذ کئے گئے۔ اس وقت 5 سو سے زائد بستروں پر مشتمل یہ عمارت مریضوں کی خدمت انجام دے رہی ہے۔ اس کے علاوہ بھی مزید تعمیرات کا کام زور و شور سے جاری ہے۔ اپنی موجودہ سہولیات میں بھی MMCH عمارت، بستروں کی تعداد، ڈاکٹر و دیگر اسٹاف کی تعداد سمیت ہر لحاظ سے اس وقت میر پور خاص ڈویژن کا سب سے بڑا اسپتال ہے۔ اور سندھ میں کراچی سے باہر سب سے بڑا پرائیویٹ / چیریٹی اسپتال ہے۔

☆ ریسپشن اور معلومات: اسپتال کی وسیع و عریض عمارت میں مریضوں کی معلومات کے لیے کئی مقامات پر نشانات موجود ہیں۔ اس کے علاوہ ایک علیحدہ عمارت اس شعبے کے لیے خصوصاً تعمیر کی گئی ہے، جہاں مریضوں اور ان کے لواحقین کی رہنمائی کے لیے اسٹاف موجود رہتا ہے۔

☆ ڈاکٹر زاویر دیگر میڈیکل اسٹاف: ملک بھر سے اعلیٰ تعلیم یافتہ اور تجربہ کار سنیریئر ڈاکٹرز کی زیر نگرانی مریضوں کا علاج ہوتا ہے۔ ہمارے سنیریئر ڈاکٹر ملکی اور غیر ملکی سند یافتہ ہیں جن کی مثال سندھ میں کراچی سے باہر کم ہی موجود ہے۔

﴿محمد میڈیکل کالج اسپتال -- ایک تعارف﴾

حیدرآباد روڈ پر میر پور خاص شہر کے مرکز سے محض 6 کلومیٹر کے فاصلے پر نظر آنے والی عظیم الشان عمارتوں میں واقع محمد فاؤنڈیشن ٹرسٹ (MFT) کے زیر اہتمام پروڈیجینس میں سے ایک محمد میڈیکل کالج اسپتال MMCH ہے۔ یوں تو MFT کے تمام ادارے ”نفع نہ نقصان“ کی بنیاد پر ہیں، لیکن MMCH بالخصوص ایک ایسا ادارہ ہے جو چیریٹی کے اعلیٰ و ارفع اصولوں کی بنیاد پر میر پور خاص ڈویژن کے نصف کروڑ کے لگ بھگ غریب عوام کو بلند معیار کی سہولیات طب کے شعبے میں فراہم کر رہا ہے۔ وہ طبی سہولیات جو اس پسماندہ علاقے کے لئے محض خواب و خیال تھیں، MMCH نے اپنے قیام کے پہلے ہی دن سے ان کی فراہمی کا بیڑہ اٹھایا۔ وہ شہر جہاں پوسٹ گریجویٹ ڈگری رکھنے والا ایک بھی ڈاکٹر موجود نہیں تھا، اب وہاں ایک ایسا ادارہ قائم ہو چکا ہے جہاں صرف میڈیسن کے شعبے میں 11 پوسٹ گریجویٹ ڈگری رکھنے والے تجربہ کار اور قابل ڈاکٹرز کی ٹیم اس وقت شہریوں کی خدمت کے لئے مستقل موجود ہے۔ ان کے علاوہ سرجری، گائنی، آئی، ای این ٹی، پیڈس (بچوں کے امراض)، دماغی امراض، ہڈیوں، معدہ، آنت و جگر، امراض قلب، نیوروسرجری، پلاسٹک سرجری، شوگر اور پیشاب کی بیماریوں کے ماہرین موجود ہیں۔ مزید قابل ذکر بات یہ ہے کہ ان تمام جدید سہولیات اور سینئر ڈاکٹرز کی خدمات ایسے معاوضے پر فراہم کی جا رہی ہیں جن کی تفصیل کا علم ہونے پر ملکی و غیر ملکی مہمان و رطہء حیرت میں پڑ جاتے ہیں۔

﴿محمد فاؤنڈیشن ٹرسٹ (MFT)﴾

ڈاکٹر سید علی محمد 1964ء میں شہر میر پور خاص میں ریلوے اسپتال کے انچارج بن کر آئے۔ ان کو یہ شہر ایسا بھایا کہ انہوں نے اس کو ہمیشہ ہمیشہ کے لیے اپنا مسکن بنا لیا۔ جب ان کی اولاد کچھ بڑی ہوئی تو اچھی تعلیم کی خاطر انہوں نے اپنے بڑے دو بیٹوں کو حیدرآباد بھیجا۔ اس کے بعد اعلیٰ تعلیم کے لیے کراچی اور پھر انگلینڈ اور امریکہ اپنی اولاد کو بھیجتے رہے۔ لیکن یہ فکر اور افسوس انہیں ہمیشہ رہا کہ میر پور خاص جیسے 5 لاکھ کے قریب آبادی والے شہر میں کوئی پروفیشنل کالج یا یونیورسٹی نہیں۔ اپنی ہی طرح انہیں دوسرے والدین کا غم تھا جنہیں اپنی قابل اولاد کو اعلیٰ تعلیم کے مواقع میر پور خاص ہی میں میسر نہ ہونے کے باعث دور بھیجنا پڑتا تھا، یا یہ بچے اعلیٰ تعلیم سے محروم رہتے تھے۔ اسی طرح کسی بڑے اور اچھے اسپتال کی کمی بھی انہیں بہت محسوس ہوتی تھی جس کے باعث اسپیشلسٹ علاج کے لیے مریضوں کو کراچی یا حیدرآباد جانا پڑتا تھا۔ جب ان کے بڑے بیٹے ڈاکٹر سید رضی محمد FRCS اور Urology کی ڈگریاں برطانیہ سے لے کر واپس آئے تو انہوں نے بھی اس سے متعلق غور و فکر کی اور چند ہی سال کے بعد خاندان کی جمع پونجی صرف کر کے محمد فاؤنڈیشن ٹرسٹ (MFT) قائم کیا، اور محمد میڈیکل کالج کا آغاز کر دیا۔ اس کے فوراً بعد اسپتال اور پھر محمد انسٹیٹیوٹ آف سائنس اینڈ ٹیکنالوجی (MIST) کا بھی آغاز کر دیا گیا۔ اس طرح اعلیٰ تعلیم و تربیت اور صحت سے متعلق ڈاکٹر سید علی محمد کے خوابوں کی تعبیر

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 یکم اپریل 2004ء سے ہی الحمد للہ کر دیا گیا تھا۔
- ☆ اسپتال میں داخل اور بیرونی شعبے میں بھی مستحق مریضوں کو investigations اور دواؤں میں مدد فراہم کی جارہی ہے۔
- ☆ مریضوں اور ان کے لواحقین کی سہولت کے لیے پانی کے ایک بڑے ٹینک کی تعمیر، وائز کولر کی تنصیب، ICU کے ایئر کنڈیشنرز مریضوں کے لواحقین کے لیے پیچھے ٹی وی، اسپتال کو چند آلات کی فراہمی وغیرہ کی گئی ہیں۔
- ☆ فری میڈیکل کیسپس میں اسپتال کی دواؤں کی فراہمی کے ذریعے مدد کی جاتی ہے۔ بالخصوص 2007 میں اور اب 2010 میں آنے والے سیلاب کے متاثرین کی میڈیکل امداد PWC اسپتال کی کوششوں میں بھرپور مدد فراہم کر رہی ہے۔

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 دو وقت کا کھانا فراہم کرنے کے لیے ایک ہزار روپے (اوسط درجے کا کھانا) سے تین ہزار روپے (ایتھے میعار کا کھانا) خرچ آ سکتا ہے۔
- ☆ ذاتی طور پر یا اپنے کسی قریبی عزیز کی یاد میں صدقہ جاریہ کے طور پر آپ اسپتال میں ایک شیٹ 'میعاری گدنے میڈیکل کے چھوٹے بڑے آلات سے لے کر اسپتال میں مستطاً 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 ڈھانڈھنے کی درخواست کے لیے نکتہ 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۔ (تقریباً 500 روپے سے 50000 فی ماہ فی دوا)
- ☆ ہسپتال میں مختلف آلات (شمول جان بچانے والے) اور کئی دیگر مصنوعات کے ضمن میں عطیہ دے سکتے ہیں۔
- ☆ کبلی کی روانی منقطع ہونے پر مختلف مشینوں اور بیکھوں وغیرہ کو چلاتے رہنے کے لیے ہتھیر زکوچا لے پر روزانہ تقریباً 13000 روپے تک کا خرچ آ رہا ہے۔ آپ اس مد میں تعاون کر سکتے ہیں۔
- ☆ مزید شعبوں کو ایئر کنڈیشنڈ بنانے کے لیے Split A.C خریدنے میں تعاون کر 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۔
- ☆ فری میڈیکل کیسپس، خصوصاً سیلاب زدگان کی مدد کے لیے کئے جانے والے ایسے کیسپس میں کسی بھی مد میں، لیکن خصوصاً دوائیں خریدنے کے لیے عطیہ دے سکتے ہیں۔

عطیے، رابطے اور مزید معلومات کے لیے آپ کے منتظر

- ☆ جناب سید تقی محمد (MFT) 0301-3851249 ☆ ڈاکٹر مشتاق علی بادامی - تاج کمپلکس، زینب بیٹوانی اسپتال کراچی 0300-9272624
- ☆ ڈاکٹر سید ظفر عباس (0333) 2971183 ☆ ڈاکٹر اقبال سومرو - مدینہ ٹریڈرز کراچی 2413831 (0213)
- ☆ ڈاکٹر شمس العارفین (MMC) 2971076 (0333)
- ☆ جناب علی ماہر جعفری (MMCH) 2971388 (0333)

اکاؤنٹ: Current A/C No. 0076-01821681-03

حبیب بینک: ایم اے جناح روڈ رانچ، میر پور خاص، سندھ، پاکستان

اکاؤنٹ کا نام: Patiwnts Welfare Club-MFT

ڈاکٹر زبھی اپنی شفتوں میں روز آتہ ہر مریض کا معائنہ کرتے ہیں۔ ☆ فری میڈیکل کیمپس: سال میں کئی بار ہزار ہا مریضوں کا فری کیمپ لگا کر مکمل طور پر مفت علاج کیا جاتا ہے۔ جن سے فیس وصول نہیں کی جاتی۔ لاکھوں روپے کی دوائیں، ٹیسٹ، آپریشن اور دیگر اخراجات مکمل طور پر اسپتال برداشت کرتا ہے۔ ☆ فری TB کلینکس: ان میں مریضوں کو دوائیں بھی مفت فراہم کی جاتی ہیں۔ ☆ فری شوگر کلینک: اس مرض کے ماہر ڈاکٹر ہر ہفتے مریضوں کا علاج کرتے ہیں۔ مریضوں کو دوائیں بالکل مفت فراہم کی جاتی ہیں۔ شوگر کا ٹیسٹ صرف 10 روپے میں کیا جاتا ہے۔ ☆ جگر کلینک: ہماری ایک ریسرچ کے مطابق میر پور خاص اور اس کے آس پاس کے علاقے میں ہر پانچ میں سے ایک شخص کالابیلیا (Hepatitis C) کا شکار ہے۔ ELISA اور لامورٹی کے ذریعے PCR سمیت تمام ٹیسٹ ناقابل یقین حد تک کم قیمت کئے جاتے ہیں۔ جگر کے امراض کے ماہر بین الاقوامی سطح کے تربیت یافتہ ڈاکٹر صرف 10 روپے OPD فیس میں ہفتہ وار کلینک کر رہے ہیں ☆ فری بلڈ پریشر کلینک: اس ہفتہ وار کلینک میں بلڈ پریشر کے مریضوں کا معائنہ اور فری دوائیں فراہم کی جاتی ہیں۔ بلڈ پریشر سے متعلقہ بیماریوں کے مختلف ٹیسٹ بے حد کم قیمت کیے جاتے ہیں۔ ☆ کارڈیو کلینک: نیورولوجی کلینک، سائیکاٹری کلینک، پورولوجی کلینک، گیسٹروکلینک، پلاسٹک سرجری کلینک یہ تمام اسپیشلسٹ اور دیگر کلینک بھی باقاعدگی سے کئے جاتے ہیں۔ ☆ فری OPD اور بستر: اساتذہ اور ان کے اہل خانہ، چاہے وہ کسی بھی علاقے سے تعلق رکھتے ہوں، اور 60 سال سے زیادہ عمر کے بزرگ شہریوں کے لیے OPD اور جنرل وارڈ کی بستر فیس بالکل نہیں لی جاتی ☆ ریسرچ اینڈ ڈیولپمنٹ: اسپتال کے ڈاکٹر مسلسل تحقیق کے میدان میں بھی مصروف ہیں اور ٹرسٹ کی مدد سے کئی تحقیقی مقالے مقامی، ملکی اور غیر ملکی میڈیکل کانفرنسوں میں پیش کر کے خراج تحسین حاصل کر چکے ہیں۔ کئی معیاری ملکی اور غیر ملکی جرائد میں کچھ مقالے چھپ بھی چکے ہیں۔ ان سرگرمیوں سے خصوصاً اس علاقے میں زیادہ پائی جانے والی بیماریوں کے متعلق زیادہ سے زیادہ معلومات فراہم کی جاتی ہیں۔ ٹرسٹ کی مدد سے ہی علاقے کے دیگر ڈاکٹروں کو میڈیکل سے متعلق معاملات اور ریسرچ سے باخبر رکھنے کے لیے باقاعدگی سے سیمینار، سیمپوزیم اور بیننگز کا اہتمام کیا جاتا ہے، جن میں تمام ڈاکٹر زکا داخلہ بالکل فری ہے۔

ان تمام خلوص نیت اور جذبہ خدمت کے تحت کئے جانے والے اقدامات کے لازمی نتیجے میں ہماری محدود آمدنی رکھنے والے اسپتال کو 40 لاکھ روپے سے زائد سالانہ خالص نقصان برداشت کرنا پڑتا ہے جو محمد فاؤنڈیشن ٹرسٹ اپنے دوسرے پروجیکٹس سے ہونے والی آمدنی سے بمشکل تمام پورا کرتا ہے۔ اس میں اگر فری میڈیکل کیمپس کے بے تحاشہ اخراجات، سینئر ڈاکٹرز کی تنخواہیں، ہر شخص کو نظر آنے والے تعمیراتی کام، وقتاً فوقتاً خریدے جانے والی نئی مشینیں، خراب ہو جانے والی مشینوں کو ٹھیک کرانے اور دوسرے چھوٹے بڑے اخراجات بھی شامل کر لیے جائیں تو اسپتال کو ہونے والے جاری نقصانات کا تخمینہ بھی لگانا ایک مشکل ترین کام ہو جائے گا۔ ان تمام باتوں کو مدنظر رکھا جائے تو یہ بات واضح ہو جاتی ہے کہ تمام تر خلوص، نیک خواہشات اور انتھک کوششیں کرنے مگر محدود ذرائع اور وسائل رکھنے والے محمد فاؤنڈیشن ٹرسٹ سے غریب مریضوں کو مزید ریلیف فراہم کرنے کا مطالبہ کرنا ٹرسٹیوں کے انتہائی قابل قدر جذبہ خدمت کا مذاق اڑانے اور ان کا دل دکھانے کے سوا اور کچھ نہیں ہو سکتا۔

PWC کے اغراض، مقاصد اور اہداف

مندرجہ ذیل حقائق کی روشنی میں یہ بات واضح ہو کر سامنے آ جاتی ہے کہ علاقے اور دور دراز کے غریب مریضوں کی مزید فلاح و بہبود کے لیے آپ اور ہم کو آگے بڑھ کر MFT کے ساتھ دست تعاون دراز کرنا پڑے گا۔ اسی مقصد کی تکمیل کے لیے PWC کا قیام 2004 میں عمل میں لایا گیا ہے۔ اس کے فوری اہداف درج ذیل ہیں:

- ☆ اسپتال میں داخل مستحق مریضوں کو مفت کھانا مستقل بنیادوں پر فراہم کرنا۔
- ☆ اسپتال میں داخل مستحق مریضوں کو مفت دواؤں کی فراہمی۔
- ☆ اسپتال میں آنے والے بیرونی مریضوں کے لیے ایسے مزید اسپیشلسٹ کلینکس کا انتظام جن میں دوائیں بھی مستحق مریضوں کو مفت فراہم کی جائیں مثلاً گیسٹرو، یورولوجی، ہنزولوجی۔
- ☆ اسپتال آنے والے مریض اور ان کے لواحقین کے لیے مختلف دیگر سہولیات کی فراہمی۔

PATIENTS WELFARE CLUB (PWC)

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

☆ محرفاؤنڈیشن ٹرسٹ ایک پرائیوٹ ادارہ ہے۔ جس کے بانیوں نے غریب لوگوں کو بالخصوص صحت اور تعلیم کی اعلیٰ سہولیات ان کے ہی علاقوں میں مہیا کرنے کا قابل تحسین فیصلہ کیا۔ ☆ MFT کے زیر اہتمام اس وقت کئی بڑے اور چھوٹے پروجیکٹس چل رہے ہیں جن میں سے خاص طور پر قابل ذکر پروجیکٹس میں میڈیکل کالج، MIST (محمد انسٹی ٹیوٹ آف سائنس اینڈ ٹیکنالوجی)، انٹرنیڈیٹ کالج محمد اسٹیوٹ آف پیرامیڈیکل ٹریننگ (MIPT) اور محمد میڈیکل کالج اسپتال شامل ہیں۔ ☆ اگرچہ سارے پروجیکٹس no profit no loss کی بنیاد پر ہیں، لیکن محمد میڈیکل کالج اسپتال بالخصوص ایک چیریٹی ادارہ ہے۔ ☆ میر پور خاص ڈویژن، جس میں MFT کے پروجیکٹس کام کر رہے ہیں پاکستان کے غریب ترین علاقوں میں سے ایک ہے۔ جہاں کی 50% سے زائد آبادی غربت کی لکیر (line of poverty) سے بھی نیچے زندگی بسر کرنے پر مجبور ہے۔ اس علاقے اور آس پاس کی آبادی 50 لاکھ (نصف کروڑ) کے لگ بھگ ہے۔

MMCH کی قابل ذکر کارکردگی

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

☆ شعبے: طب سے متعلق تمام اہم شعبے موجود ہیں۔ ☆ ماہرین: طب سے متعلق تمام اہم شعبوں کے پروفیسرز سمیت دیگر سینئر ڈاکٹرز کے علاوہ زیر تربیت جونیئر ڈاکٹرز اور دیگر اسٹاف کی خدمات میسر ہیں ☆ ٹریننگ: MBBS کے علاوہ ہاؤس جاب بھی یہاں کرائی جاتی ہے۔ اس کے علاوہ پوسٹ گریجویٹس کے لیے FCPS کی ٹریننگ بھی بہت جلد شروع ہو جائے گی انشاء اللہ۔ CPSP سے اس کی منظوری حاصل کی جا چکی ہے۔ ☆ لیبارٹری: سارے اہم ٹیسٹ ہماری لیبارٹری میں علاقے اور باہر کی لیبارٹری کے مقابلے میں بہت کم قیمت مگر معیاری ہوتے ہیں۔ میر پور خاص ڈویژن میں بائیو پسی یا (histo pathology) بھی صرف ہماری لیبارٹری میں قابل ماہرین مہیا کر رہے ہیں۔ ☆ ایکس رے و الٹراساؤنڈ: یہ معیاری ٹیسٹ غریب مریضوں کی پہنچ میں دستیاب ہیں۔ ☆ شعبہ انتہائی نگہداشت: 13 بستروں پر مشتمل اس علاقے کا یہ واحد شعبہ برطانیہ سے حالیہ درآمد شدہ جدید اور پیش قیمت ساز و سامان سے لیس ہو کر جدید تر ہو چکا ہے۔ ☆ امراض نسوان و شعبہ اطفال، زچہ و بچہ: اس شعبوں میں بھی حال ہی میں چند اہم پیشرفت ہوئی ہیں اور اب یہ بہتر شکل و صورت اور ساز و سامان کے ساتھ مریضوں کی مزید خدمت انجام دے رہا ہے۔ ☆ شعبہ امراض ہاضمہ (Gastroenterology): ایک مکمل طور پر نیا وارڈ اور اینڈواسکوپ پی یونٹ مکمل طور پر نئے اور برطانیہ سے درآمد شدہ جدید ترین آلات اور دیگر ساز و سامان کے ساتھ برطانیہ ہی سے اعلیٰ ترین سطح پر تربیت یافتہ ماہر کی نگرانی میں اپریل 2004ء سے پوری طرح خدمات انجام دے رہا ہے۔ اس وقت یہ شعبہ مختلف اقسام کی endoscopy کی خدمات بے حد کم قیمت انجام دے رہا ہے جو صوبہ سندھ میں کراچی سے باہر کم ہی میسر ہیں۔

☆ بیرونی مریضوں کا شعبہ (OPD): ہفتے میں چھ دن سینئر ڈاکٹر مکمل طور پر کام کر رہے ہیں۔ اس کے علاوہ چھٹی والے دنوں میں بھی (بشمول اتوار) ڈیوٹی ڈاکٹرز اتفاقاً طور پر آنے والے مریضوں کو دیکھتے ہیں۔ مریضوں سے 10 روپے مشورے کی فیس علامتی طور پر وصول کی جاتی ہے جس سے میر پور خاص ریجن اور باہر سے مقابلتا بے حد سستا اور معیاری علاج مہیا ہو رہا ہے۔ کئی غریب مریض جو اس کی بھی استطاعت نہیں رکھتے، ان کو یہ علامتی مشورہ فیس بھی معاف کر دی جاتی ہے۔ ☆ داخلے کے لیے مریض (in patients): ان مریضوں سے علامتی طور پر 25 روپے روزانہ فیس وصول کی جاتی ہے (جو کئی مریضوں کو معاف کر دی جاتی ہے) روز آئینہ سینئر ڈاکٹر ہر مریض کا معائنہ کرتے ہیں، بشمول چھٹی کے دن، جس کی کوئی فیس وصول نہیں کی جاتی۔ اس کے علاوہ جونیئر

Free Medical Camp at Moro – Brief Report

Camp incharge: Professor Dr. Syed Razi Muhammad
Held: 24th August 2010
At: Moro City, from 10:00AM to Iftar

- Mobile medical teams to Dadu – Moro Bridge
- Staff from Muhammad Medical College doctors total = 19
- Paramedical staff from MMCH = 17
- Volunteers from Rotary Club, Dr. Syed Ali Muhammad Town, Mirpurkhas (Non-doctors) = 10
- Others supporters from Mirpurkhas and Moro citizens group = several.
- Patient seen = over 3,500
- Medicine distributed worth approximately – 3,92,972 PKR
- Cash/other small items distributed – unspecified (individually and collectively).
- Miscellaneous expenses (transport, stationary etc.) approximately 27,000 PKR



Medical Camp at Jamshoro and Kotri

Muhammad Medical College and Hospital organized another short duration (from 3:00 pm to 8:00 pm) free medical camp for flood victims of Jamshoro District on Thursday September 2, 2010. For that purpose we selected 3 flood non government camps. One along the road going from Jamshoro town to Khuda ki Basti and two camps of Kotri - one at a workshop just at the entry of Kotri and other one was in Site area of Kotri.

Along the road in Jamshoro the peoples are still residing helplessly under the scorching heat of sun underneath the open sky without shelter and tents. No one before us had approached them. Most of them were local residents of kacha along the right bank of river Indus which was apparently and allegedly intentionally drowned by local powerful personalities by making breaches in Right Bank of River Indus.

We examined the needy and suffering patients. Most of them were suffering from Malaria; Gastro enteritis specially watery diarrhoea and amebiasis; Respiratory Tract infections; Eye and Ear problems and a lot of cases of Skin diseases; mental disturbances and malnutrition. Almost every body was suffering from these problems. Most of them were also suffering from tuberculosis and bronchial asthma. They need water and diet. In Both camps of Kotri almost all peoples were residents of Qamber, Shehjad kot district; They came all the way from their homeland to Kotri for the sake of shelter. Most of their land was drowned under the cruel water. In one camp just at the entry of Kotri there was no shelter and peoples were residing in front of workshop; again nobody approached them before us. They were rather suffering from homelessness, insomnia and other mental problems along with Malaria; Gastro enteritis specially watery diarrhoea and amebiasis; Respiratory Tract infections and a lot of cases of Skin diseases and malnutrition.

The 3rd camp was comparatively well organized camp and it was managed by Pakistan Human Rights Support organization and it was supervised by Senior vice Chairman PHRSO Mr. Muhammad Juman Otho. All these victims were again from Shehjad kot. They were receiving the meal as well as fresh drinking water but still they were suffering from diarrhoea, amebiasis skin and respiratory problems. Most of them were malnourished children and old age persons suffering from chronic disease.

We were there for more than 5 hours in all camps and in such a short time we not only examined around 700 patients but also provided them treatment in forms of drugs and ORS.

These camps were made possible with the help of Rotary Club, Dr. S. Ali Muhammad Town, Mirpurkhas, along with some friends from Mirpurkhas and from Kotri. Incharge of this camp was Mr. Taqi Muhammad - a prominent rotarian and Secretary Board of Trustees, Muhammad Foundation Trust, Mirpurkhas.

Our team included; Rtn. Dr. Habib-ur-Rehman Chohan President Dr. Ali Muhammad Town; Rtn. PAG Engr. S. Taqi Muhammad; Rtn. Sheikh Ashiq Ali; Dr. Shokat Ali Awan; Rtn. Irshad Ahmed and paramedical staff including Mr. Badar; Mr. Hakim; Mr. Bhimo Mal; Mr. Khamiso and a security guard. In Jamshoro and Kotri we were helped by Mr. Khalid President Press Club Kotri and Mr. Muhammad Juman Otho Senior vice chairman PHRSO.

Medical Relief Camp and Distributed Eid Gifts to Flood Victims at Bukhari Town

Muhammad Medical College & Hospital held another Medical Relief Camp and distributed Eid Gift packs to Flood Victims. This time we did this to those who have taken refuge at Mirpurkhas and its outskirts.

Although, thankfully, Mirpurkhas itself is unaffected by the floods, a number of families from flood affected areas have taken refuge here. We decided to reach them just before Eid. A mobile Medical Relief Camp was therefore organised on 10th September 2010. The area we concentrated for this camp was called Bukhari Town, located near Ring Road, behind Utility Stores, where a number of families from different parts of Sindh has been residing in very poor state since the flood affected their areas.

The team comprised of doctors, paramedics and volunteers from Rotary Club, Dr. S. Ali Muhammad Town.

Along with our usual activities of helping the people requiring medical help, we on this occasion also helped them with bags full of items like flour, rice, other dry food and some cash.



Message from Dr. Syed Razi Muhammad



I wish to thank Almighty and all the fellow workers who have been working tirelessly for a common goal. If anything has restored my faith on our nation and has built hope for the future of my students and children, it is your work in the last few days. I am also very proud of my friends and class fellows who are working in and outside the country with missionary zeal. Yet some do not let any chance to make a witty remark go wasted. Some of these remarks are very provocative but I have to let go because of lack of time.

*"Usi ke dil mein tarazu hay meri taigh-e-junoon
Usi ke ser pe mera saye-e-amaan bhi hay."*

However, let us make no mistake. A much daunting task is lying ahead. Please note that I wish to appoint some contact people so that things do not have to wait for me. Moreover, those who wish to come forward, especially present and past students of MMC can contact them directly.

After this week, there will be much demanding week and we will go with full force and hold camps Insha Allah at Thatta, Sajawal and Durro. I am still on the planning side regarding these camps and will disclose details once they have matured.

I urge all those who wish to come forward to contact above people. However, please note that apart from our students, Dowites and people whom we know fairly well, we cannot take total strangers with us. Please do not be upset at this. Lot of people are doing good work and can accommodate workers. I have responsibility of my students and cannot take any risk. Many thanks for those who wish to contribute on monetary basis. Today the children of my wife's school surprised me with what they have been collecting through their pocket money. A veiled lady came in with RS. 10,000. Allah will never let this spirit go wasted. Those who cannot reach Mirpurkhas or Early Learning Centre Karachi are requested to deposit money in following account:

Account Name: Patients' welfare club (PWC) MMCH
Account number: 0076-01821681-03
Bank Address: Habib Bank Limited M.A. Jinnah Road Branch
Bank Code: 0076
Swift Code: HABBPikka (for those depositing outside Pakistan).

Please do not forget to tell us if it is Zakaat money as many proud sufferers do not wish to accept Zakaat and we have to respect their right to make a choice. That reminds me to request coworkers that like previous occasions, please make sure to take verbal permission before any photograph. Consent is very important. Do not take it for granted. If you see any glimpse of hesitation, DONOT take photographs.

Lastly please remember not to feel magnanimous if Allah has given you this opportunity to work for others. We are not doing Ehsan on anyone. It is Allah's Ehsan on us that He has chosen us to be his servant. We should be humble, soft and kind to those affected.

Even if someone is rude or is trying to get a little extra, be patient. We cannot imagine what turmoil they are facing. May Allah help us all and end our people and our country's plight soon.

PATIENTS WELFARE CLUB'S **APPEAL**

FOR RAMAZAN DONATIONS, ZAKAT AND SADAQA

“HELP YOU ONE ANOTHER IN AL-BIRR AND AT-TAQWA (VIRTUE, RIGHTEOUSNESS AND PIETY)” (*SURAH 5 AL- MAIDAH -2*)

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

The poor patients' welfare department of Muhammad Medical College Hospital, PWC, is busy doing just that with your help for the last over four years. It has been spending an increasing sum of money all the time and in the following respects.

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

The expenses incurred in providing a single time meal to 100 patients from the hospital's canteen at no-profit, no-loss , basis is around Rs. 2500 (~ £20). Why not help PWC in providing meals to 50 or 100 patients for a single or multiple times and gain "Sawab" for yourself or for your dear ones in this world and hereafter?

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

With your help, PWC spent nearly Rs. 600,000/- last year on above. This year we wish to expand and extend this work for poor patients.

So kindly donate generously

Please contact:

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

PWC

Patient Welfare Club

Muhammad Medical College Hospital
Mirpurkhas, Sindh, Pakistan
Account No. 0076-01821681-03
Habib Bank Limited
M.A. Jinnah Road Branch

Charity work of Muhammad Medical College
Hospital Financial Year 01-07-2009 to 30-06-2010

S. No	EXPENSES HEADS	AMOUNT	NO. OF PATIENTS
1	<u>PATIENT WELFARE CLUB</u> (free meals, medicines, investigation)	599,612	29,910
2	<u>OPD</u> Normal Fee Rs.10/- per Patients Waived	112,180	11,218
3	<u>INVESTIGATIONS</u> (includes concessions and waived charges on already subsidized tests in our laboratory)	963,980	12,564
4	<u>HOSPITAL CHARGES</u> (Normal fee Rs.25/ per day bed fees, and other charges at subsidized rates given free)	309,550	2,215
5	Medicines routinely given free of charge at OPD	194,030	5,398
6	FREE MEDICAL CAMPS (held 6 times at different locations; includes medicines, lab and other tests etc)	2,088,376	13,172
	TOTAL	4,267,728	74,477

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.

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 پانچ 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 2500 روپے ہوتے ہیں۔ کیوں نہ ایک وقت کا کھانا 50 یا 100 مریضوں کو کھلانے کے اخراجات آپ اپنی یا اپنے مرحومین میں سے کسی کی ایصالِ ثواب کے لیے ہدیہ کر دیں؟
- رمضان المبارک کے موقع پر یہ غریب مریض آپ کی امداد کے منتظر ہیں۔

عطیے اور رابطے کے لیے:

PATIENTS WELFARE CLUB (PWC)

محمد میڈیکل کالج اسپتال، میر پور خاص

اکاؤنٹ نمبر 03-01821681-0076، حبیب بینک

ایم۔ اے جناح روڈ، میر پور خاص

جناب سید تقی محمد 0320-4093982

ڈاکٹر سید ظفر عباس 0333-2971183

ڈاکٹر شمس العارفین خان: 03333971076

جناب علی ماہر جعفری 0333-2971388

ڈاکٹر اقبال سومرو کراچی 021-2413831

MUHAMMAD MEDICAL COLLEGE, MIRPURKHAS- BEGINING OF AN END TO DARK AGES (A BRIEF HISTORY)

Muhammad Medical College (MMC) has the unique status of being the only private medical college in Pakistan which is situated in a rural area where there was no public sector medical college when it was established. Merely this fact is enough to show the sincerity and devotion of its founders, and that of its workers at all levels. Establishing a financially, technically and skillfully highly demanding modern institution in an poverty stricken area by the private sector is by no means a minor undertaking. It is therefore quite appropriate to go through a brief history of this institution.

The real credit of establishing MMC goes to one of the great medical educationists, philanthropists and social workers in Pakistan, Professor Dr. Syed Razi Muhammad. After spending a decade in various prestigious institutions of England, Prof. Razi Muhammad, having acquired all the necessary clinical and educational skills, became one of the rare such people of today's Pakistan who decided to leave all the professional and social perks of the developed western country and returned to homeland in 1995. He was only too aware of the dream of his father Dr. Syed Ali Muhammad to establish modern institutions and impart higher education in the town he chose to spend his life at - i.e. Mirpurkhas. Dr. Ali Muhammad, having graduated from Liaqut Medical College (now University) in 1959, joined Pakistan Railways and eventually settled in the rural town of Mirpurkhas situated in the southern province of Sindh. He faced the sad reality of life, sending all his 5 sons (among them, 3 are medical doctors) to acquire higher education in the big city (Karachi) and abroad. He was thus only too familiar with the pain of splitting the family for the sake of education, and wanted to gift the citizens of Mirpurkhas and surrounding areas by establishing modern educational institutions. He therefore inspired Prof. Razi Muhammad to work in this direction on his return from the UK, after which he had joined another great institution, Baqai Medical University, Karachi, and gained the valuable local experience and support of its founder Prof. Baqai and VC General (R) Azhar. Prof. Razi Muhammad and Dr. Ali Muhammad laid the foundation of a trust by the name of ***Muhammad Foundation Trust (MFT)*** in 1998, with Dr. Ali Muhammad as its Founding Chairman. Not unexpectedly both of them were discouraged by almost everyone as they believed that establishing such educational institution in poverty stricken, backward rural area was deemed to encounter failure. There was no infrastructure or skilled manpower at any level, nor did anybody at Mirpurkhas and its surrounding

areas have any experience of establishing or working at a medical college. This is despite the fact that Mirpurkhas and its suburbs has an estimated population of half a million, and the (then called) Division of Mirpurkhas had a population of 5 millions! This can also be realised by the fact that although the Pakistan Medical Association (PMA) of Mirpurkhas has the unique status of being the oldest PMA in Pakistan, yet there was not a single properly qualified specialist doctor in the area. However, these great characters were not to be discouraged or disappointed and they established MMC immediately after founding MFT in 1998. Professor Muhammad Hasan Memon, who was one of the most famous and popular Pathologist in the country, and had served as Chair of Department as well as Principal of many public sector medical colleges, was appointed as the first Principal of MMC. Many other young and experienced doctors joined in. ***Muhammad Medical College Hospital (MMCH)*** was also established in 1999 and is now the largest private sector hospital in Sindh outside Karachi. The spirit of the founding trust was that of the service to the poor. It was therefore decided that the hospital will run on charity basis. To date, as a result, MMCH is run on the principles of charity. Just to cite some examples, the fee to consult any consultant in this hospital is Rs.10/-. Bed charges for a general ward of any specialty is Rs. 25/-. And if this is not enough, ***no*** hospital charges are claimed from a senior citizen (age 65 or over) or from workers of any educational institution or their families. All 3 meals are provided to general ward patients completely free of charge. In addition, the above and any other hospital charges are further reduced or completely waived at the request of any poor patient. On top of this, yearly around 5 million PKR are spent on poor patients by MFT. Free medical camps are held both on site and at other places in the area on a frequent basis. Besides, it provides man-power and other support to a number of private and government organizations in doing free medical camps, especially in Mirpurkhas region on a regular basis.

In the moments of regional or national crisis also, MFT and its employees have always served the nation beyond the call of duty. In the earth-quack of 2005, MFT sent a respectable amount of financial aid to the victims through well-known and reputable NGOs. In the floods that affected Mirpurkhas Division in 2007, again MMCH started establishing Medical Relief Camps well before any other NGO or government did any practical support to the victims. Later, it also supported the local government in running further medical camps in the affected areas. In the current crisis of floods that has affected almost all of Pakistan in 2010, MFT started off by sending support to affected areas in Northern and Central Pakistan. When floods started hitting areas in Sindh, MMC and MMCH started doing full-

fledged free Medical Relief activities. To date it has already done a number of such camps, and has many others planned in the near future.

Academically, students and ex-students and doctors of MMC have also done well on national and international level. A number of original papers are regularly published in national and international journals. Presentations are made at all levels. Many students and doctors are peer-reviewer of reputed journals. Regular yearly medical symposia have been conducted since year 2002 i.e. even before the first batch had passed out. Regular seminars of national reputation in various fields are known to occur in this institution to benefit students and doctors of MMCH and also others in the city.

Ex-students of MMC have been working at various medical institution in and outside in Pakistan. Many have passed post-graduate exams of Pakistan, USA, UK, Australia etc. Dr. Aasia Batool Imam daughter of Dr. Ali Muhammad studied here at MMC, got first position in final year exams, and is among those rare doctors who have passed FCPS-I, MRCOG-I and PLAB within a year of completing her house job.

Besides academic activities, MMC&H have also done a lot of work in other fields. Since its inception, MMC holds yearly *Mushaira*, *Youm-e-Husain (AS)*, *Milad*, students week etc. Invited lectures are held regularly covering both medical education and other areas. Various professional societies visit and hold programs at MMC on regular basis. Many social and charity organizations and NGOs of the area work in association with MMC.

A lot has happened in the field of medical facilities also. MMCH has all the major specialties under one roof – looked after by experts and professionals. Many State-of Art facilities are in place. It has created history in the region by establishing many facilities for the very first time. This includes Vascular Surgery, Plastic Surgery, Neurosurgery, Gastroenterology, Hepatology including all types of Endoscopies, Cardiology, Neurology, Pulmonology, Infertility Clinics, Urology, Dialysis, CCU and ICU facilities - the list goes on and on.

MFT also established some other institution such as ***Muhammad Institute of Science & Technology (MIST)*** in 2000. Students and workers of MMC&H are encouraged and are supported to learn Business Administration and Computer Science in the institute, as are general public. Regular short courses and workshops are held to help MMC&H workers there, including SSPS computing.

In 2005, MFT also established ***Muhammad Institute of Para Medical Training (MIPT)***. It offers and provides certificate courses in various technologies, and is affiliated with Sindh Medical Board.

In 2010, a full team of College of Physicians and Surgeon, Pakistan, (CPSP) inspected MMC and MMCH to determine whether it was suitable for training postgraduate students for Fellowship of College of Physician & Surgeons (FCPS). The team unanimously recommended MMC and MMCH for the same. As a result, CPSP awarded full accreditation to MMC and MMCH for the training of FCPS in Medicine, Surgery and Obstetrics & Gynaecology. It is anticipated that the trainee intake will start very soon towards the end of 2010.

It has been a long way that MFT and its related institutions have covered since 1998, especially in the field of medical education and healthcare facilities, in relatively a very short time. It is the largest employer of the region in private sector. The dreams of its founding chairman, Dr. S. Ali Muhammad, who died on 6th September 2002, have been turning into realities ever since its inception. MMC is a fully recognized medical college by Pakistan Medical & Dental Council (PMDC) for the admission of 100 students yearly. Its first Principal Prof. Hasan Memon saw his efforts bringing the fruits before he died in December 2005. Now under the dynamic leadership of Professor Dr. Syed Razi Muhammad and its current Chairperson Mrs. Razi Ali Muhammad, it is still moving fast to make further progress in all relevant fields. It is therefore not surprising to see that students from all over the country come in large numbers to appear in the entry test for admission to MMC. MFT pledges to continue its efforts successfully with the help of Almighty Allah. Only with such efforts can this rural poor region progress, and along with it take Pakistan further in providing standard and quality medical education. The moto of MFT remains "Build better Pakistan".

Professor Dr. Syed Zafar Abbas
September 2010