United Hospital

reflection

Issue-20 | Quarter-4, 2017

Quarterly Newsletter

Editor's Note

The year 2017 was full of employee activation and community engagement with the aim to improve patient benefit by increasing their health awareness to help them cope better with their disease. Our participation in philanthropic endeavors like medical camp in Louhajong upazila of Munshiganj in first part of the year, two-weeks long camp in teknaf for distressed Rohingya refugees and heart camp in Jamalpur were service flag marks of this quarter. We continued dealing with complex cases, as displayed in the articles in this issue. We believe, the multidisciplinary reflection in this edition contents, depict the varied clinical strength of our hospital. We wish Happy New Year to all our readers hoping 2018 will bring health, happiness & prosperity for all.

32nd Annual General Meeting of United Hospital

United Hospital Limited held its 32nd Annual General Meeting on 31 October at 4:00 pm in the Conference Room of the hospital. The meeting was chaired by Mr Hasan Mahmood Raja, Chairman, United Hospital Limited and attended by Mr Faridur Rahman Khan, Managing Director and other Directors of the company and shareholders of the hospital. This was preceded by hospital's board meeting, the last one of 2017.

In his welcome speech, the Chairman informed the shareholders about the various activities of the hospital as well as the performance of the United Nursing College. He thanked the doctors, nurses, care givers and various other categories of staff whose effort have resulted in the success that has been achieved in providing service to the patients contributing to the reputation of the hospital. The Chairman further emphasized on his focus to remain steadfast in providing patient-centric compassion & care by all caregivers of the hospital, as a commitment to our community in 2018 and years to come.

The shareholders, following presentation and discussion, approved the Audited Report for the financial year ending in June 2017. They expressed their satisfaction on the overall status of the hospital.

Heart Camp at Alhaj M A Rashid Maa O Shishu Eye Hospital, Jamalpur

On 25 December, at Alhaj M A Rashid Maa O Shishu Eye Hospital, popularly known as Maloncho Chokkhu Hospital, situated at the Melandaho Upazilla of Jamalpur District, United Hospital Cardiac Centre conducted a day long Heart Camp providing comprehensive cardiac evaluation & treatment guidelines to close to 100 pre-screened heart patients. Dr Kaiser Nasrullah Khan, Consultant Cardiology, led the session with a 14 member team comprising of Specialist, SHOs & Nurses along with technicians and bio-medical engineering team members. The team reached the camp site after a six hours road travel for a distance of 196 km. The pre-screened heart patients got medical consultation free of cost; pathology tests and ECG were done for a nominal payment including Echocardiography for selective cases. Echocardiography and ECG machine along with all other accessories were carried from United Hospital to Jamalpur camp under supervision of hospital bio-medical engineering department. Before the medical consultation started, a two-hour long multimedia presentation was delivered on heart health awareness in the seminar room of the complex by Consultant Dr Kaiser Nasrullah Khan. The heart camp was organized by United Trust.

United Hospital stands by Destitute Rohingya Refugees

A two-weeks long medical camp was conducted from 2 to 15 October at a designated spot at Shah Porir Dip at Teknaf, at the base of a cyclone shelter, where an eight member team from United Hospital took part comprising of Dr Mahboob Rahman Khan, Dr Mohammad Arshadullah, Dr Shahnoor Kabir and Dr Md Abubakr Siddique along with members from hospital nursing team to attend to the desperate and destitute Rohingya refugees persecuted from neighbouring country Myanmar. All pre-requisite planning and permission were obtained from local civil & defense administration at Teknaf with active cooperation from Bangladesh Army & local health authorities.

Every day the medical camp attended to more than 150 patients starting from 9 am in the morning till evening. A fully equipped ambulance with sufficient supply of medicines including antibiotics, pain relievers, anti-diarrhoeal agents, antiseptics, tetanus injections, ophthalmic solutions and surgical dressing supply were made available to treat over 2000 refugees, free of cost, along with plastic water jars to help them for carrying & preserving safe drinking water. In addition, drinking water, biscuits and vitamins were also provided to them.

Most of the refugees treated in the camp were women (60%), followed by children (30%) and men (10%). Their findings ranged from anaemia, fever, dehydration to diarrhoea and from throat infections to pneumonia. The physical wounds that many of them exhibited were appalling. Wound dressing, toileting & suturing were done for many in the camp and those who were critically ill, were referred to nearby healthcare centers for specialized treatment.

The tent cover proved to be insufficient in managing the hot and humid weather for the doctors & nurses of the medical camp. The communication difficulty because of gap in understanding language, could be overcome with the help of enthusiastic local community volunteers. However, none of these problems felt like one, while listening to the stories of violence and horror that each of them had, with many of their male relatives brutally murdered and their homes set on fire.

Serving in United Hospital relief team with medicines and other food & water supply for the worn-out & exhausted refugees, who had been walking for several days without proper meals & enough water, was a satisfying experience though the sickening plight of these homeless people will remain to be a haunting memory for a long time.

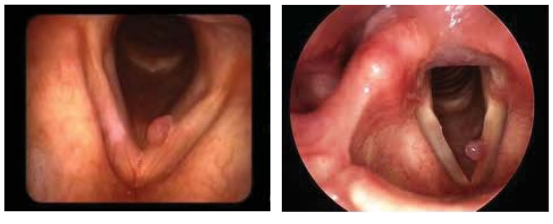
Hoarseness of Voice

Prof Dr Mesbah Uddin Ahmed, Dr Shaify Abdullah

Voice is the main way of communication between human beings. The raw glottal sound is produced by the vibration of the vocal folds of the larynx. This fundamental vibratory sound is modified and surrounded by the rest of the vocal tract to produce a recognisable voice quality.

Hoarseness is perceived as rough, harsh and a breaking quality of the voice. Hoarseness may result from any abnormality of the vocal cord structure and function or both. Congenital abnormality in the form of laryngeal web, congenital cyst, sulci or vocal cord palsy may cause hoarseness of voice. Chronic laryngitis is also one of the most common conditions causing hoarseness. This condition involves chronic inflammation of laryngeal mucosa. Acute laryngitis is another common cause of hoarseness which is self limiting and is usually associated with URTI.

The most common aetiological factors



Pre operative endoscopic view of vocal cord polyp

are smoking, voice abuse and gastro-oesophageal reflux disease. There are some specific forms of chronic laryngitis like Rienke's oedema, laryngeal polyp, granolamatous laryngitis and vocal cord nodule. Vocal cord polyps are unilateral pedunculated lesion and nodules are small symetrical swelling in the free edge of the vocal cord. Recurrent respiratory papillomatosis affecting larynx and neurological impairment of vocal cord or larynx may result in hoarseness as well. The most important cause of hoarseness is vocal cord palsy resulting from recurrent laryngeal nerve palsy following surgical trauma, viral infection, hypothyroidism and amyloidosis.

One of the important malignant cause of hoarseness of voice is Carcinoma larynx specially with glottic, supraglottic and subglottic extension. Early detection and treatment of Ca larynx and avoidance of smoking and alcohol may prolong the life of these patients and lessen the sufferings.

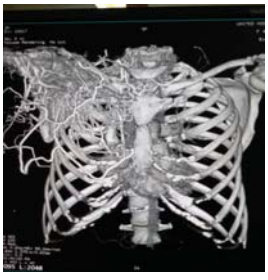
A male patient of 37 years, was admitted in the department of ENT in United Hospital with complaints of change of voice quality for several months. After evaluation he was diagnosed as a case of right vocal cord polyp and was advised for microlaryngeal surgery under G/A by CO_2 LASER. Excision of vocal cord polyp was done by CO_2 LASER and patient recovered uneventfully. Post operative follow up after four weeks revealed complete restoration of patient's voice and vocal cords were found to be functioning properly.

Upper extremity DVT - A Case Report

Dr Biplob K Halder, Prof Shahidul Islam, Dr Jan Mohammad

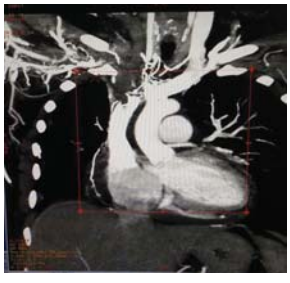
A female patient of 41 years was admitted to United Hospital cardiology department with the complaints of respiratory distress and both lower and right upper limb oedema. She was suspected as a case of primary pulmonary hypertension and was referred to Radiology & Imaging department of United Hospital for pulmonary CT angiogram.

CT angiogram findings were dilated main pulmonary artery, occluded thrombus in right pulmonary artery, partial thrombus in Superior Vena Cava (SVC), right brachiocephalic, subclavian and visible part of axillary vein. Extensive venous collaterals were seen along right anterior chest wall. There were patchy consolidations in right lung with pericardial effusion. She was suffering from diabetes mellitus, hypertension and bronchial asthma. She had history of insertion of central Venous catheter in right subclavian vein. Her doppler study of lower limbs showed diffuse oedema but no Deep Vein Thrombosis (DVT). So diagnosis was made as extensive upper extremity DVT with pulmonary embolism, which is a very rare condition.



Extensive venous collaterals

Thrombus in right pulmonary artery



Thrombus in SVC, jugular, subclavian and axillary vein

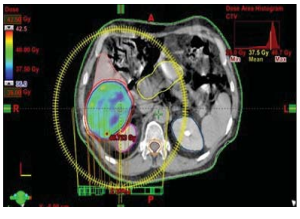
Upper extremity DVT is an increasing important clinical entity with potential considerable morbidity. Pulmonary embolism is present in up to one third of the patient with Upper Extremity Deep Vein Thrombosis UEDVT. Patient complained of persistent upper extremity pain, swelling and loss of vascular access, which can be disabling and devastating. Complications include pulmonary embolism which can lead to more serious problems such as irregular heartbeat, heart failure, difficulty in breathing and pulmonary hypertension. UEDVT develops in patient with central venous catheter, pacemakers or cancer. Catheter related thrombus is caused by several factors. The vessel wall may be damaged during catheter insertion or during infusion of medication. Also the catheter may impede blood flow through the veins and cause areas of stasis. Patient with incorrectly placed catheters are more likely to develop DVT. Therefore catheter tips should be positioned in the lower third of vessel or at the junction of SVC and right atrium.

Initial experiences of Stereotactic Body Radiotherapy treatment for Hepatocellular Carcinoma in Bangladesh

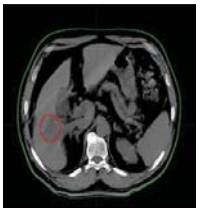
Dr Sharif Ahmed, Dr AFM Kamal Uddin, Dr Mostafa Aziz Sumon, Karthick Raj Mani, Md Anisuzzaman Bhuiyan

Stereotactic Body Radiation Therapy (SBRT) has established its role in hepatocellular carcinoma (HCC). Purpose of this study was to evaluate the efficacy and tolerability of SBRT in HCC patients in Bangladesh.

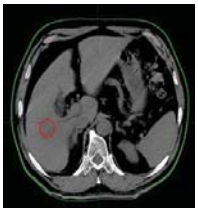
Total ten patients with HCC treated with SBRT in United Hospital from February 2014 to March 2016, were retrospectively analysed. All the patients underwent 4DCT simulation with rigid and reproducible immobilisation devices. Maximum Intensity Pixel (MIP) were used to delineate the ITV and also were cross checked with the 10 phases of 4DCT data (respiratory movement). Average Intensity Pixel (AvIP) data were used for the dose calculation purpose. SBRT was performed with 6MV Flattening Filter Free beam using volumetric modulated arc therapy (Rapid Arc) if the target was irregular and multiple static beams were used in case of regular target shape. The tumour volume (maximum dimension) varied from 116.8cc (6.1cm) to 1459.9cc (14cm) with median 623.59cc (8.9cm). Dose prescription varied from 30 to 50 gray in 5 to 6 fractions. Target localisation and patient setup were verified before and after every treatment fraction by cone beam CT. Overall survival, progression free survival and toxicities were recorded and analysed. All patients underwent pre-RT-imaging (baseline) and post-RT follow-up imaging with the interval of 3 to 6 months for first two years to monitor the disease progression and control.



RT Planning



6 Months Post RT



2 Year Post RT

The median age of the patients were 48.31 years (range 34 to 64 years) with a base line kernofsky performance status of 90%. Median follow up was done on 21.3 months, ranging from 11 to 36 months and mean progression free survival time was 15.5 months. With this small group of patients, we found 6 months survival to be 90% and 1 year survival to be 80%. Out of ten patients, 3 patients died (1 cardiac arrest after 3 years & 2 patients with disease progression), 1 patient lost the follow-up after 2 years and remaining 6 patients are still under follow-up. Toxicity profiles were significantly good, with no acute toxicity documented during the treatment with only grade 1 late GI-toxicity documented for 2 patients during follow-up.

In conclusion, SBRT with very high precision treatment modality can be safely delivered here in Bangladesh with very good therapeutic outcome and lesser toxicities in hepatocellular carcinoma patients.

Slipped Capital Femoral Epiphysis

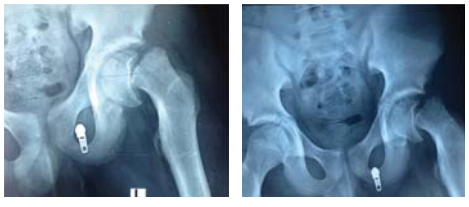
Dr Aminul Hassan, Dr Masum Billah

Slipped capital femoral epiphysis (SCFE) or slipped upper femoral epiphysis, (SUFE) is a medical term referring to a fracture through the growth plate (physis), which results in slippage of the overlying end of the femur (epiphysis). Normally, the head of the femur, called the capital, should sit squarely on the femoral neck, abnormal movement along the growth plate results in the slip. The femoral epiphysis remains in the acetabulum (hip socket), while the metaphysis (end of the femur) moves in an anterior direction with external rotation.

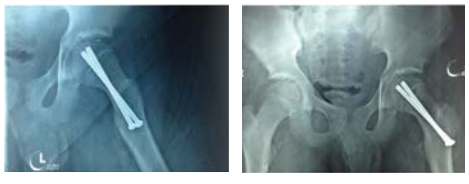
SCFE is the most common hip disorder in adolescence. SCFEs usually cause groin pain on the affected side, but sometimes cause knee or thigh pain because the pain may get referred along the distribution of the obturator nerve. One in five cases involves both hips, resulting in pain on both sides of the body. SCFEs often occur in obese adolescent males, especially in young black males, although it also affects females. Symptoms include gradual, progressive onset of thigh or knee pain with a painful limp. Hip motion will be limited, particularly internal rotation. Running and other strenuous activity on legs will also cause the hips to abnormally move due to the condition and can potentially worsen the pain. Stretching is very limited.

Signs of a SCFE include a waddling gait and decreased range of motion. Often the range of motion in the hip is restricted in internal rotation, abduction, and flexion. A person with a SCFE may prefer to hold their hip in flexion and external rotation.

Failure to treat a SCFE may lead to death of bone tissue in the femoral head (avascular necrosis), degenerative hip disease (hip osteoarthritis), gait abnormalities and chronic pain. SCFE is associated with a greater risk of arthritis of the hip joint later in life. 17-47 percent of acute cases of SCFE lead to the death of bone tissue (osteonecrosis).



Pre Operative X-ray



Post Operative X-ray

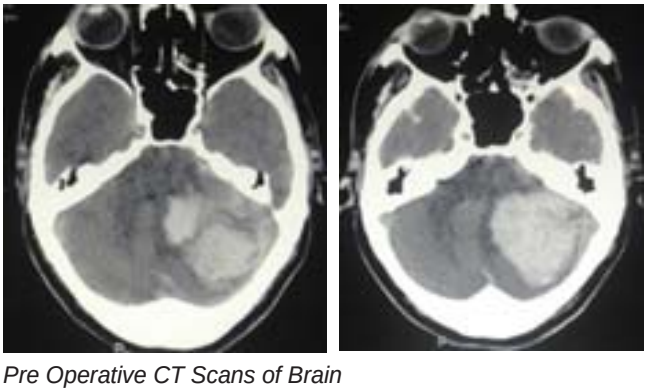
An over weight male patient aged 13 years 9 months, was admitted in United Hospital through OPD with history of sports injury, followed by pain on the left groin and unable to stand and move the left lower limb. On X-ray pelvis, both hip joints revealed slipped capital upper femoral epiphysis of left femur. Patient did not have any other medical co-morbidity.

On examination patient showed pain and restricted movement of left hip joint. Left lower limb was flexed and externally rotated; left ADP pulse palpable; peripheral neurovascular status was intact. After proper counseling with patient and patient's attendant, fluoroscopy assisted close reduction and fixation was done on patient by 2 cannulated 95 MM LAG screw under general anaesthesia. His post-operative period was uneventful. During his post operative hospital stay he took physiotherapy under direct supervision of Orthopaedic Surgeon and physiotherapist to improve the power of muscles and range of motion of all joints of left lower limb. He was on non weight bearing movement for six weeks. He was on regular follow up periodically. He continued the muscle building exercise and active joint movement exercise at home regularly. Now he can stand without any support and can walk independently, he is enjoying his daily life and performing his daily functional activities as before with confidence.

Posterior Fossa Haemorrhage: Timely Intervention for Satisfactory Outcome

Prof Brig Gen (Rtd) Dr H M Shafiqul Alam, Dr Md Nurul Akhter, Dr Sourav Chowdhury

A hypertensive, nondiabetic gentleman of 68 years was admitted under the department of neurosurgery with the history of restlessness and vomiting for several times followed by loss of consciousness, five hours prior to admission. He was at first taken to a nearby hospital and CT scan of brain was done which revealed a large left sided cerebellar haemorrhage. His family members were counseled for surgical management, but they decided to look for further options and better management and they brought him to United Hospital. He was a known hypertensive for many years but used to take medication irregularly. He was brought here intubated, GCS was 3T/15, his blood pressure was 200/110 mm of Hg, pupils 2mm and sluggishly reacting to light, reflexes were absent, planters response was equivocal on both sides. After receiving him, he was admitted at General ICU, prepared for surgery at the shortest possible of time and he underwent posterior fossa craniotomy and removal of cerebellar haematoma. He was kept at the ICU for the day of surgery. Weaning of the sedatives and cardiovascular support drugs were started the next morning. He started to show response, so artificial ventilation was gradually weaned. He was eventually extubated and brought to the ward on 2nd postoperative day, with a GCS score of 10/15. He is currently recovering at a satisfactory pace, without any major support. Timely neurosurgical intervention was singularly important in this case for saving the patient's life and providing the chance of a satisfactory outcome to the patient.



Pre Operative CT Scans of Brain

Krukenberg Tumour of Breast Origin - A Rare Case Report

Dr Polly Ahmed, Dr Nusrat Zaman, Dr Sofia Salam

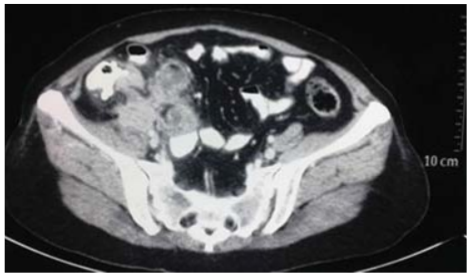
Krukenberg tumour is a rare metastatic disease of the ovary characterised by the presence of mucin secreting signet ring cell. It accounts for 1-2% of ovarian tumour and is some times confused with primary ovarian tumour. GI tract is the primary site in majority of cases though breast origin is not common. It is considered a metastatic disease with very poor prognosis. Till date it's optimal treatment has not been established and it is still uncertain whether surgical resection of ovarian metastases and or the primary growth helps.

Here we report a rare presentation of breast cancer with ovarian metastases with particular importance to its management decision.

A 46 year old lady was referred to gynaecology department with a large pelvic mass and nonspecific gastro-intestinal symptoms with H/O chemotherapy. This lady had a lump in her right breast 1 year back which was diagnosed as a benign breast lesion by FNAC. After 3 months she started having abdominal discomfort. Ultrasound of whole abdomen showed bilateral adnexal masses. She presented with bilateral moderate to severe pleural effusion, moderate ascites, CA blood level 125-350 U/ml and CEA level 15 ng/ml. CT scan whole abdomen revealed benign cyst of right ovary with high density and fluid filled lesion at left adnexal region, irregular thickening of mesentery and peritoneum with non-uniform distribution of ascites

USG of both breast was done which showed lump in breast. Core biopsy was done from right breast lump and HPE (histopathologic examination) showed infiltrating lobular carcinoma, in colonoscopy moderately differentiated, colonic vascular telangiectasia was seen with no malignant cell in peritoneal fluid analysis.

Decision for chemotherapy was taken in a medical board. She received 1st cycle of chemotherapy with TAC (Adriamycin, Paclitaxel and Endoxan) regimen. Later she went abroad for further evaluation and management. After about a month her blood CA-125 was 436.5 U/ml, PET-CT whole body revealed moderately hyper metabolic bilateral adnexal masses with nodular omental thickening, she presented with mildly hyper metabolic bilateral pleural effusion and ascites with no focal lesion in right breast, left breast

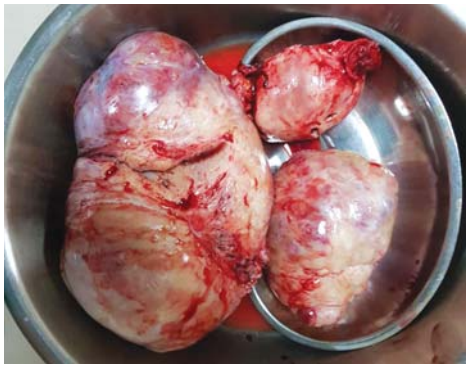


CT Scan of Pelvis

also appeared normal, imaging features were suggestive of bilateral ovarian malignancy with omental metastases. Mammogram showed speculated small mass in right upper outer quadrant and another in the retro areolar region; possibly malignant [BIRDAS-4]. No growth or ulcer was found in Gastroscopy.

Ultrasound guided tru-cut core biopsy of right breast mass and the left ovary were done on following days. HPE of right breast mass reported invasive mammary carcinoma, IHC-ER/PR positive, her 2 neu negative. HPE left ovarian adnexal mass revealed metastatic poorly differentiated carcinoma with signet ring cell. Immunohistochemistry markers were positive for CK20, CEA, CK19 and CDX2 and negative for CK7, GATA-3, ER and PR. Pleural fluid cytology showed typical cells suspicious of malignancy, Colonoscopy ruled out colonic primary site.

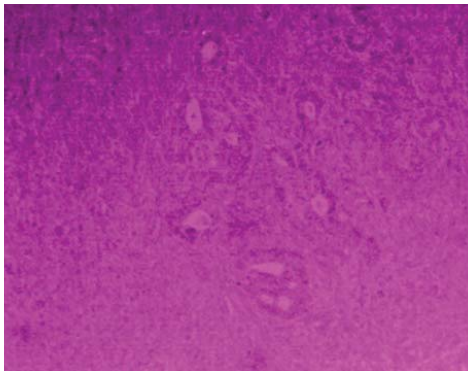
Based on PET CT and pathological findings, her next chemotherapy was designed. She received 2nd cycle with Paclitaxel and Carboplatin instead of previously given TAC. Planning was done for 4 cycles of chemotherapy, she took her 3rd cycle chemotherapy with same regimen but inspite of 3 cycles of chemotherapy patient condition did not improve.



Gross Morphology of Tumour

She got admitted in hospital with respiratory distress, severe abdominal pain and GI symptom. She was referred to gynae department for further management and thorough evaluation was done. USG whole abdomen revealed bilateral abdomino–pelvic mass (left 17x14 cm, right 9.3x8.5cm) with intense internal vascularity, bilateral pleural effusion and ascitis. Her blood CA level was 125 -700U/ml. Supportive measures were taken, 1L pleural fluid was drained out to relieve her respiratory distress. Due to poor regression of growth and poor responsiveness to chemotherapy she was planned for cytoreductive surgery.

Pre-operative work out were done. Staging laparotomy followed by total abdominal hysterectomy with bilateral salpingo-oophorectomy was done. Prophylactic DJ stent was given prior to operation. After opening of abdomen, haemorrhagic ascites fluid was found and sent for cytology. There were two large



Histopathology of Tumour

solid ovarian tumours, left one extended up to stomach bed and right one up to mid abdomen. Uterus was about 14 weeks size with signs of metastasis. Bladder was thickened, fixed and adherent with uterus. All intestine, omentum and appendix were involved with secondaries. Careful dissection was done. HPE revealed metastatic adenocarcinoma of uterus, fallopian tube and peritoneal tissue. Ovarian tumour showed specified signet ring indicating Krukenberg tumour.

Patient received 2 units PRBC and was reviewed by oncologist with advice. She was stable on discharge. She was advised for next follow-up on 14th post-operative day for removal of stiches.

There is no specific guideline for treating Krukenberg tumour, but current literatures favour operative removal of Krukenberg tumour along with primary tumour if there is no other dissemination.

United Hospital Renal Care Centre

Compassion Makes the Difference

The department of Nephrology at United Hospital is a multi-disciplinary physician practice, providing a continuum of care for patients with Stage 1 to Stage 5 Chronic Kidney Disease (CKD). Nephrology Consultants work closely with nephrology doctors, nurses, dieticians, pharmacists, therapists and coordinators in providing care for both in-patients and out-patients. Nephrology, although a subspecialty of internal medicine, touches upon almost all disciplines of both medical and surgical faculties. The department provides tertiary consultative services for Primary Care Providers and other specialties, and generally provide primary care for CKD 5 patients under care.

The department evaluates and manages patients with hypertension, diabetic kidney disease, glomerulonephritis, acute kidney injury and other kidney diseases. It further provides a full range of options for patients with Stage 5 CKD who are suitable for kidney replacement therapy. Maintenance Haemodialysis (HD) as well as Peritoneal Dialysis (PD) is offered for renal compromised patients. United Hospital has long been proud to provide the best haemodialysis service in the country with protocol set at an international level but customized according to the needs of target population. It has a large and spacious dialysis unit with around 40 stations performing 3 sessions of dialysis every day. Around 200 patients are on haemodialysis schedule who come to the hospital 3 times a week to get the therapy. The repute of this service is arguably at the top rank in Bangladesh with genuine reason of course! The general staff, doctors and nurses who provide the service know what they are doing. The machines are maintained rigorously, water quality is ensured by hospital's own RO based water treatment facility and the system is externally validated regularly by BUET and BSTI. Moreover the patients see their nephrologist on OPD basis at least every 6 weeks for routine follow-up so that their physical function and blood reports are checked. The Haemodialysis unit is running to the maximum of its capacity in 3 shifts hence the expansion of the service is in active considerations now.

Kidney patients with certain life-threatening conditions (e.g. severe sepsis, cardiogenic shock) admitted in ICU or CCU are very different from routine dialysis patients. They need dialysis in a fine-tuned way so that all aspects of prevailing disease condition are taken into consideration. The special modalities of dialysis considered for these are called sustained low efficiency dialysis (SLED) and continuous renal replacement therapy (CRRT). Many hospitals in Dhaka including some tertiary level ones do not have facilities to provide these life-saving services. These are techniques that have evolved over last decade where clearance of waste product is done in a more physiological way so that dialysis does not destabilize the haemodynamic status of an already unstable patient. United Hospital has these modalities of renal replacement therapy in conjunction with ICU/HDU round the clock 24/7.

Renal care services are provided here day & night in a way that the patient is seen by specialists with post graduate qualification (FCPS/MRCP/MD) even during odd hours, late in the night, early dawn & holidays.

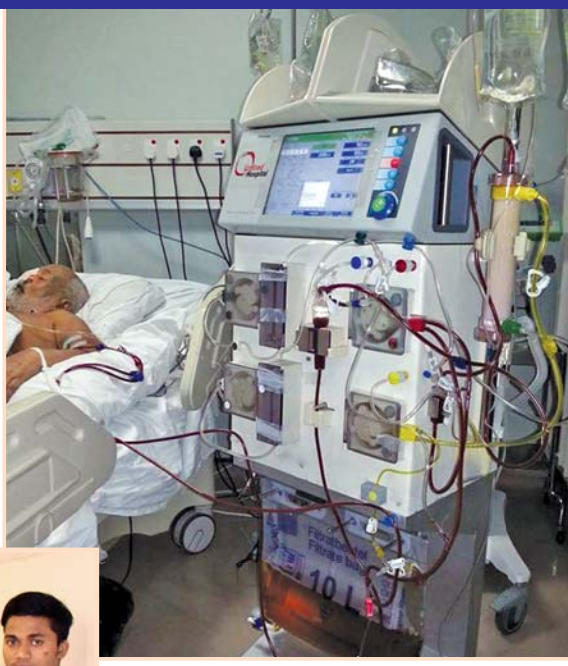
Patients are also evaluated for living donor kidney transplantation, followed by long-term management of their pre and post-transplant course. Both the donor and the recipient need extensive and protocol driven work-up in a step by step fashion. United Hospital laboratory medicine and radiology department is tuned to the need of this special population who would donate and receive kidneys. United Hospital has successfully done 36 kidney transplants so far ensuring all legal provisions of the land are met in this process.

Glomerular disorders constitute a major part of renal medicine which overlaps significantly with diseases from other disciplines of internal medicine. Many of the riddles of these conditions need histo-pathological proof to pin down the diagnosis, to assess prognosis and to design treatment according to scientific evidence. United Hospital has well organised provisions of renal biopsy performed by expert operators as day case procedure. Patients thereafter see the Consultants with their biopsy report to get appropriate treatment.

Nephrology service requires lot of expertise in vascular access creation, sonology services and other imaging modalities. There is 24 hour service for temporary non-tunnelled dialysis access creation for urgent dialysis in addition to routine procedures for access creation for dialysis e.g. arterio-venous fistula, subcutaneous tunnelled catheter, PD catheter insertion etc. The performance is audited and is at par with renowned hospitals home and abroad.

The department conducts clinical and academic training in general nephrology as part of internal medicine training for senior house officers. A duration of 6 months training is accredited with BCPS; further Continuous Medical Education (CME) as a part of clinical practitioner's daily routine is organized both for large audience and small groups. Research works also are carried out in the epidemiology of CKD and kidney failure in Bangladesh; since a large dialysis population come to United Hospital dialysis centre up to 3 times a week, providing a rich resource for study on dialysis patients' quality of life. At present a research is being conducted on different parameters of vascular access in United Hospital dialysis population. Hands-on teaching is provided in collaboration with dialysis service provider companies, for nurses and technicians, to improve their understanding.

United Hospital Renal Care Centre fully understands that patients with kidney disorders often have difficult times managing their health. Carefully listening to their problems, all the management options are explored that would be best for these patients.



Interstitial Lung Disease – Chronic Progressive Scarring of Lungs

Dr Khan Md Sayeduzzaman

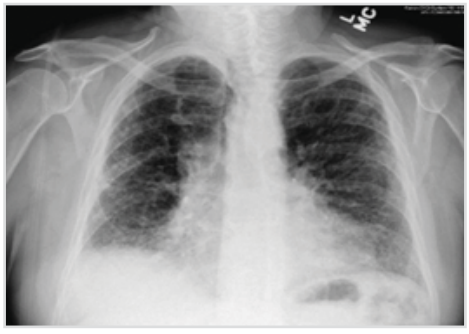
A 75 years old male presented in United Hospital emergency department with the complaints of breathlessness and cough for one year and fever for 15 days. His breathlessness gradually deteriorated over previous one year which used to increase with physical exertion; for the previous month he faced breathing distress during daily living activities and even during self-care. Cough was non-productive and progressively distressing. He was a smoker for last 40years, diabetic & hypertensive controlled with drugs, had no history of intake of methotrexate or amiodarone though had strong family history of Interstitial Lung Disease (ILD) with his father & elder brother dying from it. On examination, he showed no clubbing of nails and chest revealed end-respiratory crackles; other systemic examination revealed normal findings. Complete blood count, urine routine microscopic examination, blood sugar, serum creatinine, sputum for acid fast bacilli, Mantoux test and ECG revealed normal findings. Chest X-ray revealed diffuse reticulo-nodular opacity involving all the zones of lung fields; HRCT chest revealed fibrosis with linear & nodular opacities and architectural disruption of all zones of both lungs. Spirometry revealed restrictive lung disease. He had no features of any connective tissue diseases. Lung biopsy was not done. Patient was diagnosed as a case of ILD.

Interstitial lung disease (ILD) leads to thickening of the supporting tissue around the air sacs, usually involving all of the lungs diffusely rather than affecting only one area. On chest imaging, these are seen as thick lace (sponge), sometimes symmetric, and in other types, scattered and irregular. Two most common symptoms of ILD are shortness of breath and a dry non-productive cough, which tend to occur gradually and progress. If ILD persists for a long time then it may cause signs and symptoms related to lowered blood oxygen levels, such as clubbing of the fingertips and enlargement of the heart. Fever, fatigue, and weight loss are non-specific, but can suggest an infectious process.

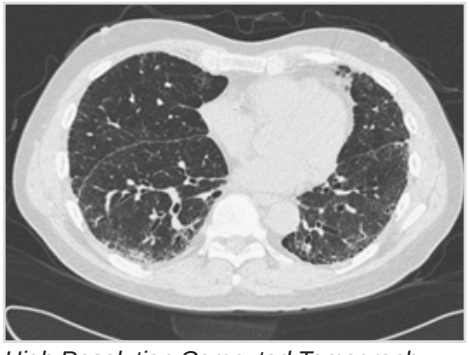
The exact cause of ILD is not always known (idiopathic); some known causes include environmental toxins like asbestos or silica dust, radiation to chest, certain drugs like methotrexate or other chemotherapy medications & heart medication amiodarone, chronic autoimmune diseases like rheumatoid arthritis, scleroderma and lupus, Mycoplasma pneumonia, viruses and fungi infections causing interstitial inflammation, diseases like cancer, congestive heart failure, renal failure etc. Genetic changes can also increase a person's risk of developing pulmonary fibrosis.

It is often difficult to diagnose ILD from symptoms alone, since many lung diseases present with shortness of breath and cough. The diagnostic work-up with typical symptoms and signs of ILD, should prompt a thorough medical history including history of exposures to environmental toxins as occupational or travel hazard, physical examination and also blood tests to examine electrolyte levels and blood cell counts along with X-ray chest and high resolution CT chest. History might guide to other tests e.g. X-rays of affected joints in a patient with arthritic complaints consistent with Rheumatoid Arthritis. Echocardiogram can evaluate cardiac function as well as lung pressures; spirometry helps measure different lung volumes and also can measure gas exchange.

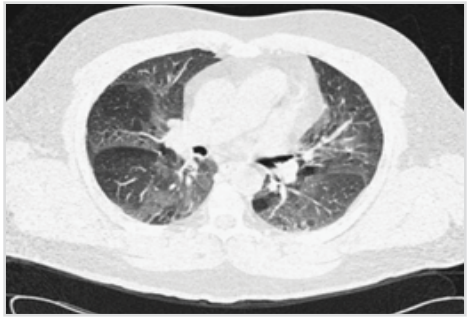
In ILD, management of underlying disease is essential. If the disease involves hypersensitivity, avoidance of the offending substance and cessation of smoking would be required. Antibiotics may be given for bacterial infection; corticosteroids are sometimes used to control the interstitial inflammation. Depending on the severity of symptoms, respiratory support with oxygen supplement and even ventilator may be required.



Plain chest X-ray image showing ILD



High Resolution Computed Tomography (HRCT) chest showing ILD



High Resolution Computed Tomography (HRCT) chest showing Ground Glass Opacity infiltrates of ILD

Some forms of ILD resolve completely, while others lead to long-term and irreversible scarring and lung damage with accompanying respiratory failure. ILD may be prevented if its individual cause can be prevented e.g. avoidance of known environmental toxins can help prevent lung damage from these exposures.

Telemedicine Service for Chittagong Dwellers

United Hospital has started telemedicine service for the residents of Chittagong from December. This telemedicine service will be directed from Chittagong Information Centre of United Hospital. Patients can communicate with United Hospital doctor of chosen specialty through video conference by taking prior appointment. Patient's previous documents of investigations and reports will be shared with the hospital doctor through e-mail from Chittagong Centre prior to tele-consultation. Continuity of care for these patients will be carried forward, when the doctors go for their weekly visit to the Chittagong centre next or when the patient visits the Dhaka hospital for a follow-up.

Corporate Agreement Signing and Facility Tour

United Hospital Limited signed Corporate Medical Services Agreement with the following companies in this quarter:

- Confidence Group
- Voluntary Service Overseas (VSO)
- Shamolima Limited

The officials from following companies / organisations visited United Hospital in this quarter.

- European Union Delegation to Bangladesh on 29 October
- U.S. Embassy, Dhaka on 26 November
- British High Commission, Dhaka on 5 December
- Emergency Assistance Japan on 5 December
- International SOS 14 December

Facebook Live Session

United Hospital jointly organised two Facebook Live Sessions with Telenor Health for Tonic subscribers where Dr Rezaul Haque, Consultant Orthopaedics and Dr Hasina Afroz, Consultant Obstetrics & Gynaecology participated on 19 October & 30 October respectively.

Outbound CSR Programmes

On Stroke Management, Neurosurgery Specialist Dr Md Nurul Akhter & SHO Dr Sourav Chowdhury conducted two awareness sessions at International Beverage Private Limited factory & corporate office on 22 & 25 October respectively. Prevention & Management of Cardiac Problems was discussed by Junior Consultant Cardiology, Dr Reazur Rahman at Grameen Phone corporate office on 31 October and on 16 November, Specialist Internal Medicine Dr Nusrat Jahan spoke on Diabetes Awareness & Management at Banglalink.

On 10 December, Dr Mohammad Shafiqul Islam, Senior Medical Officer & Coordinator Emergency Department conducted a training on Automated External Defibrillator (AED) for the employees of Haripur Power Limited at their Haripur plant at Narayanganj.

Chowdhury Tasneem Hasin, In-Charge Dietetics and Nutrition and Dr Nishat Tasnim Shuvo, delivered presentations on Healthy Living in the Health and Nutrition week of Canadian International School on 25 October.

Patient Forum on Osteoporosis: A Community Engagement Initiative

On the theme of Love your Bone, World Osteoporosis Day was commemorated, by a Patient Forum organised on 19 October to add value to the treatment & management of Osteoporosis with patients who are suffering from osteoporosis and also with those who are at risk. In this hour-long session, educational awareness discussion took place about Osteoporosis. Consultants from Orthopaedics, Obstetrics & Gynaecology and Nuclear Medicine departments spoke on the session. Patients were also counseled about bone health concerning diet & nutrition and physiotherapy. Present patients received management advice from Orthopaedic doctors based on the bone health assessment questionnaire survey done to assess their current score.

Scientific Seminars

In October two seminars were held on 19th and 26th on the topics of Osteoporosis and Stroke respectively. In November total of five seminars took place of which four were in-house on topics of breast cancer, pulmonary fibrosis, diabetes management and critical care medicine on 2nd, 16th, 23rd and 30th respectively. With Sylhet Medical College Principal chairing the session, a scientific seminar was held in Sylhet on 24 November, where Dr Syed Sayed Ahmed, Consultant Neurosurgery and Dr Ashim K Gupta, Consultant Oncology, delivered their presentations. The lone in-house seminar on December took place on 14th on prematurity.

Awards & Prizes

Mr Karthick Raj Mani, Consultant Medical Physicist of Department of Radiation Oncology presented a research work titled Dosimetric Comparison of Deep Inspiration Breath Hold and Free Breathing Technique in Stereotactic Body Radiotherapy for Localized Lung Tumor using Flattening Filter Free Beam and was awarded the Dr Sarath Abeykoon Memorial Prize for Best Oral Presentation at SAARC Federation of Oncologist International Cancer Congress held on 9 & 10 December at Colombo, Srilanka.

Dr Polly Ahmed, Obstetrics & Gynaecology Specialist was awarded Young Gynaecologist Award 2017 by the Obs & Gynae Society of Bangladesh (OGSB); her clinical paper submission on thrombophilia in association with pregnancy loss & its treatment outcome, was selected as the best paper in the session.

Outbound Knowledge Sharing Seminars

Dr. Mollah Abdul Wahab, Consultant Nuclear Medicine attended the 12th Asia Oceania Congress on Nuclear Medicine and Biology amongst 3500 participants people from around the world, from 5-7 October at Yokohama, Japan.

Prof Dr Touhida Ahsan, Consultant Obstetrics & Gynaecology attended the 12th International Congress of Association of Minimal Access of Surgeons of India (AMASI) in Kochi, India from 26-29 October where she was also awarded a fellowship certificate from AMASI.

Dr. Ashim Kumar Sengupta, Medical Oncology Consultant and Dr. Sharif Ahmed, Oncology Specialist attended the European Society of Medical Oncology (ESMO) Asia Conference in Singapore from 17-19 November, amongst 5,000 Oncologists from all over the world. Dr Sharif Ahmed was further awarded in the preconference workshop on multidisciplinary management of Non-Small Cell Lung Cancer.

Prof Dr M A Awal, Consultant Urology, attended the 3rd Biennial Conference of the South Asian Society for Sexual Medicine (SASSM) in Colombo, Sri Lanka from 19-21 November; the congress theme was New Frontiers in Sexual Medicine: Mind, Body & Science.

Dr Mahboob Khan, Consultant, Family Medicine attended The South Asian Regional Conference for Family Physicians from 24-28 November, amongst 250 participants around the world, held at Katmandu, Nepal hosted by General Practitioners Association of Nepal (GPAN)

From 4-8 December, Consultant Endocrinology Dr Nazmul Islam attended International Diabetes Federation congress at Abu Dhabi, UAE, amongst around fifteen thousand experts in the field of diabetes from all over the world.

Consultant Nephrology Prof Mujibul Haque Mollah attended the 48th Annual Congress of the Indian Society of Nephrology (ISNCON 2017) from 14-17 December at New Delhi, India where he exchanged his knowledge among faculties with expertise in the field of medical care.

Consultant Paediatrics Professor Dr Salim Shakur and Dr Md Moshiur Rahman and Consultant Neonatology Dr Nargis Ara Begum along with Specialist Dr Sharmin Afroze attended the 20th National Conference of Bangladesh Pediatric Association (BPA) in Cox's Bazar from 17-18 November and presented three papers; experience of managing preterm babies in United Hospital since its inception was shared with the audience.

Dr Kaisar Nasrullah Khan, Consultant, Cardiology attended the Transcatheter Cardiovascular Therapeutics Meeting of Cardiovascular Research Foundation from 29 October to 2 November in Denver, Colorado, USA as a presenter from Bangladesh. He further attended the Bangla Cardio 2017 conference from 6-7 December organised by Bangladesh Cardiac Society at Pan Pacific Sonargaon Hotel, Dhaka and delivered a presentation on CTO Intervention amongst more than 1000 Cardiologists from different countries of the world.

Dr A H M Rezaul Haque, Consultant Orthopaedics attended the 9th Academic Congress of Asian Shoulder and Elbow Association (ACASEA 2017) from 10-12 November at The Oberoi, Mumbai, India, amongst 417 delegates from 21 countries

On 24 & 25 November, Consultant Cardiology Dr Fatema Begum attended the 13th Asian Interventional Cardiovascular Therapeutics (AICT) in Melbourne Australia, amongst a total of 1000 participants from different parts of the world.

Rally to Mark Recognition of Bangabandhu's 7th March Speech

Students and faculty members of United College of Nursing attended a joyous rally in Dhaka was held on 25 November to celebrate UNESCO's recognition of Bangabandhu Sheikh Mujibur Rahman's historic 7th March speech as a world documentary heritage.

Cricket Tournament 2017

United Hospital-Alpha, the signature cricket team from United Hospital, became Runners-up in the final of inter-company Cricket Tournament 2017 arranged by United Group, held on 16 December; receiving trophy from the Group Chairman Mr Hasan Mahmood Raja of United Group.

Staff Participation in Seminar, Training & Workshop

Dr Masud Raihan, Clinical Coordinator attended a five days training, amongst a total of 320 people from home and abroad, on Disaster Response Exercise and Exchange (DREE-2017) program, aranged by Armed Forces Division (AFD) of Bangladesh and United States Army Pacific Command (USARPAC) from 8 to12 October.

Mr Humaiun Kabir, In-Charge, Medical Records and Mr Habibullah, Executive, IT attended a seminar on eHealth Data Standardization and interoperability focusing on the architectural design of electronic health record and data analysing and data warehousing on 12 December organised by MIS-DGHS, Mohakhali, Dhaka.

Mr Kh Anamul Haque, Medical Physicist of United Hospital Radiation Oncology Department attended a 5 days training program from 17-22 December as a part of National Training Program organised by Oncology Club, Bangladesh, with the support of Bangladesh Atomic Energy Commission (BAEC) and International Atomic Energy Agency (IAEA).

Visit, Placement & Training of Outside Institutions

A group of doctors and nurses of Kumudini Hospital were given on-job training as they were assigned in United Hospital Dialysis unit from 13-20 December, for them to get familiar with the dialysis procedure to be able to provide adequate service to the renal failure patients requiring haemodialysis.

Five post graduate students from Bangabandhu Sheikh Mujib Medical University (BSMMU) doing their MD courses had intensive training on specialized newborn services provided by NICU of United Hospital from 14-16 October under guidance of Dr Nargis Ara Begum, Consultant Neonatology. A 25 members team of Dhaka University teachers and students from the Department of Biomedical Physics & Technology visited United Hospital Oncology facility on 25 November.

Sharing Expertise with Grameen Caledonian College of Nursing

From nursing department, Ms Nomita Gonsalves and Ms Jannatul Ferdous attended a workshop on Introduction to Nursing Research & Analysis of Research Experience about Nursing in Bangladesh, on 20 & 21 November at Grameen Caledonian College of Nursing conducted by Prof Barbara Ann Parfitt & Dr Suranu Marcos. Further from HR Ms Hanufa Ahmed & Ms Tahera Sultana from Human Recources Department and from Nursing Department Ms Rina Gomes & Ms Mari Lipi Mollah attended the Nursing Job Offer Session at Grameen Caledonian College of Nursing where they exchanged relevant information within approximate 70 students.

United Hospital Quarterly Newsletter
reflection
Issue-20 | Quarter-4, 2017

New Consultants

Prof. (Dr.) Mohammad Omar Faruq
FCPS, MD, American Board Certified in
Internal Medicine & Emergency Medicine
General Intensive Care Unit (G-ICU)

Colonel Dr. Shameem Waheed
MBBS, FCPS (Surgery), FCPS (Urology)
Department of Urology

Model Pharmacy Inaugurated

A Model Pharmacy was inaugurated under the pilot project of Government of Bangladesh at hospital lobby on 21 October. Major General Md Mustafizur Rahman, Director General, Directorate General of Drug Administration, Ministry of Health inaugurated the model pharmacy as chief guest. Mr Najmul Hasan, CEO and other senior hospital managment officials were present on the occasion.

Annual Badminton Tournament 2017

Annual Badminton Tournament 2017 was inaugurated by CEO Mr Najmul Hasan on 28 December amidst fun fare and festivities looking forward to have tight competition between hospital employees; the winners' information will be shared in the next issue of Newsletter.

Congratulations to the Newly Weds on their Marriage

- Staff Nurse Most Zinnatunnessa of GICU got married to M A Alam Hossain on 28 September
- Staff Nurse Shiuli Rani of Dialysis Unit got married to Shuvo Chandra Das on 2 October
- Staff Nurse Liza Akter of CICU got married to Md Iqbal Hossain on 13 October
- Customer Relation Officer Md Shahadut Hossain got married to Marzia Khatun on 27 October
- Customer Relation Officer Sharif Mahmud Sujon got married to Sumi Akter on 27 October
- Staff Nurse Amena Akter of GICU got married to Ashraful Islam on 25 November
- Staff Nurse Morium Akter of Dialysis Unit got married to Md Saiful Islam Shohag on 13 December

Congratulations & Best Wishes to the following Staff and their Spouses

- Staff Nurse Rita Roy was blessed with a daughter Rodela Dey Tushti on 24 September
- Staff Nurse Shormin Fariha was blessed with a son Md Mehemidya on 9 October
- Staff Nurse Rojline Gomes was blessed with a son Shrizon Assension on 12 October
- Staff Nurse Mowsumi Akter was blessed with a daughter Jayra Fairuz Labiba on 12 October
- Staff Nurse Nazma Khatun blessed with a daughter Rezwana Karim on 16 October
- Medical Records In-Charge Humaiun Kabir was blessed with a daughter Mariam Kabir on 1 November
- Purchase & Procurement Executive Mohammad Motiur Rahman (Rumey) was blessed with a son Sabeet Rahman Abrar on 1 November
- Staff Nurse Taslima Khatun was blessed with a daughter Mubashora Jannat on 3 November
- Junior Nurse Monika Kisku was blessed with a daughter Jui on 12 November
- Customer Relation Officer Sabrina Sultana was blessed with a daughter Faizah Tahreem on 16 November
- Junior Nurse Dipali Gomes was blessed with a son Shrijon Rozario on 24 November
- Patient Care Attendant Sadiqur Rahman was blessed with a son Mohammad Tahmeed on 11 December
- Staff Nurse Humaira Pervin of CICU was blessed with a son Alamin on 18 December

Condolence & Prayers

- Customer Relation Officer Md Kamrujjaman lost his father Mr Mollah Abdul Awal on 3 December
- Junior OPD Nurse Sumi Mankin lost her mother Mrs Dipali Mankin on 19 December

Chief Adviser
• Najmul Hasan

Editor-In-Chief
• Dr Shagufa Anwar

Editorial Board
• Dr Mahboob Rahman Khan
• Hanufa Ahmed

Communication Support
• Syed Ashraf-ul-Masum
• Luna Nasreen Tarafdar

Graphic Design
• Jamayet Hossain Russell

Printed By
• Creation