# **ABSTRACT BOOK**

th ANNUAL MEDICAL SYMPOSIUM 2009



# THEME:

Standardizing Medical Education – Necessary and/or Desirable?

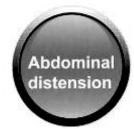


19th & 20th August 2009



# Provides sound relief from









"Mebeverine (Spasier Neo) is the recommended antispasmodic"

(Oxford Handbook of General Practice, 2nd Edition, Chapter 13, Page # 461)

Specifically removes the spasm in G.I. Tract

Normalizes the functional activity of G.I. Tract

Free from anticholinergic side effects

Dosage: One tablet t.i.d 20 minutes before meal







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# Start HEALING ESOPROTO ESOMEPRAZOLE

- Effective first-line PPI therapy.
- Excellent symptom control.
- Proven efficacy in short-term healing (4 to 8 weeks)
- Safety and tolerability similar to Omeprazole but lesser hepatic inactivation due to S-isomer.
- Provides complete relief from heartburn and other symptoms.
- Heals underlying esophagitis.
- Maintains symptomatic and endoscopic remission.
- Rational first-line therapy for patients with reflux esophagitis
- Controls acid much greater and has sustained effect compared with all other PPIs.
- Provides faster symptom resolution and sustained freedom from GERD symptoms.

BEAST COMPLIMENTS
HORIZON PHARMACEUTICAL'S

## **Annual Medical Symposium Program**

# DAY ONE: (19<sup>th</sup> August 2009)

| PROGRAM   | VENUE                                       | TIMINGS       |
|---|---|---------------|
| Registration  | Entrance of Auditorium - B<br>(First Floor) | 09:00 – 10:30 |
| Scientific Session – I  | Auditorium – B                              | 10:30 – 12:30 |
| (Free Papers)   | (First Floor)                               |               |
| Dedicated to senior medical students  |   |               |
| Scientific Session – II   | Auditorium – B                              | 12:30 – 13:30 |
| (State-of-Art Lectures)   | (First Floor)                               |               |
| <ol> <li>Mr. Shah Bux Lashari (Consultant Orthopedics Surgeon, London, UK) – Open fractures and compartment syndrome</li> <li>Dr. S Qamar Abbas (Deputy Director, St Clare Hospice, UK) - Communication Skills for Doctors</li> </ol> |   |               |
| Lunch and Prayer Break  | Canteen/Masjid                              | 13:30 - 14:30 |
| Inauguration of Poster Hall   | Poster Hall<br>(First Floor)                | 14:30 – 15:30 |
| CLOSE   |   | 15:30         |

### DAY TWO: (20th August 2009)

| PROGRAM  | VENUE   | TIMINGS       |
|--|---|---------------|
| Registration   | Entrance of First Floor   | 08:00 - 09:15 |
| Scientific Session – III<br>State-of-Art Lectures                                      | Prof. Hassan Memon Hall 09:15 – 10 (Auditorium – B)   |               |
|  | <ul><li>i. Dr. S. Qamar Abbas (UK) – Forgoti</li><li>ii. Prof. Abdul Sattar Memon (LUHN</li></ul>                             | • •           |
| Inauguration Session - II  | Prof. Hassan Memon Hall<br>(Auditorium – A)   | 10:00 – 11:30 |
|  | 1. Recitation of Holy Quran   |               |
|  | Theme speech and welcome address     Prof. S. Razi Muhammad     (Managing Trustee)  | SS .          |
|  | 3. Scientific work and research progre MMCH over last one year <i>Prof. S. Zafar Abbas</i> (MS MMCH; Chairman Scientific comm |               |
|  | 4. Speech by Chief Guest  |               |
|  | 5. Vote of Thanks<br>Prof. Ghulam Ali Memon   |               |
| Inauguration Session - II<br>(Opening of Exhibition and Poster Viewing)                | Exhibition and Poster Halls   | 11:30 – 13:30 |
| Lunch, Prayers, Poster Viewing Exhibition  | Hospitality Suites, Masjid, Poster Hall   | 13:30 – 14:30 |
| Scientific Session – IV <i>Physicians' Hour</i> (Free Papers) <b>Professorial Talk</b> | Prof. Hassan Memon Hall<br>(Auditorium – B)   | 14:30 – 15:30 |
| Prof. Noor Muhammad<br>Memon – <i>Myocardial</i><br><i>Infarction</i>                  |   | 14:30 – 14:45 |



# 7<sup>th</sup> Annual Medical Symposium 2009

| 7333                                  |                         |               |
|---------------------------------------|-------------------------|---------------|
| (Free Papers)                         |                         | 14:45 – 14:55 |
| 1. Dr. Zulfiqar Sheikh – Visit        | t of                    |               |
| Holy Places                           |                         | 14:55 – 15:05 |
| 2. Dr. Habibullah Memon –             |                         |               |
| Thrombocytopenia in Ma                | nlaria                  | 15:05 – 15:20 |
| 3. Dr. Abdul Qadir Khan –             |                         |               |
| Organophosphate Poison                | ning                    | 15:20 - 15:30 |
| 4. Dr. Hussain Bux Korejo –           |                         |               |
| Kernicterus                           |                         |               |
| Satellite Symposium                   | Auditorium – A          | 14:30 - 15:45 |
| Pakistan Society of Surgeons,         | (Ground Floor)          |               |
| Mirpurkhas Chapter                    |                         |               |
| Professorial Talk                     |                         |               |
| Prof. Ghulam Ali Memon                | -                       | 14:30 – 14:50 |
| Ameloblastoma                         |                         |               |
| (Free Papers)                         |                         | 14:50 – 15:00 |
| 1. Dr. Mahesh Kumar -                 |                         |               |
| Management of Scalp De                | efects                  | 15:00 – 15:10 |
| 2. Dr. Muhammad Shahid                |                         |               |
| Shamim - A Paradigm Sh                | ift in                  |               |
| Laparoscopic Surgery                  |                         | 15:10 – 15:20 |
| 3. Dr. Yasmeen Khooharo -             |                         |               |
| Disseminated Intravascul              | lar                     |               |
| Coagulation in Abruptio               |                         | 4-00 4-00     |
| Placentae                             |                         | 15:20 – 15:30 |
| 4. Dr. Rehmatullah Soomro             | -                       |               |
| Pre-opreative Standard                |                         | 45.00 45.40   |
| Informed Concent practi               | ce                      | 15:30 – 15:40 |
| 5. Dr. Bilal Fazal Shaikh -           | Footo                   | 15.40 15.50   |
| Reconstruction of Lip Def             | ects                    | 15:40 – 15:50 |
| 6. Dr. Mashoog Khawaja –              |                         |               |
| Pattern of gallbladder dis<br>at MMCH | seuse                   |               |
|                                       | Prof. Hassan Memon Hall | 15:45 – 16:15 |
| Awards Ceremony                       | (Auditorium – B)        | 15.45 - 10.15 |
| CLOSE                                 | (Additorium – b)        | 16:30         |
| CLUSE                                 |                         | 10:30         |

# Welcome Speech of the Prof. Dr. Syed Razi Muhammad, Managing Trustee

# Standardizing Medical Education – Necessary and/or Desirable?

One and a half month ago, on 5<sup>th</sup> of July, 2009, after finishing a tiring and strenuous meeting of Royal College of Surgeons, I was sitting in a restaurant at South Kensington, arguably the richest area of London when I read in a newspaper a report from charity "ActionAid". It said

"Unless remedial measures are taken now, 1 in 6 of world population (over 1 billion people) may starve to death from chronic malnutrition".

I looked outside the window at the posh looking men and women and thought if they would ever understand and/ or care what this report really means. Lives, priorities, problems and understanding can be so different for different set of people. Then I thought of another news appearing in an article in "New England Journal of Medicine" which said in its February 1, 2007 issue that

"Pakistan has contributed approximately 10,000 international medical graduates (IMGs) to the

United States, even though it faces a shortage of physicians. Take the case of Aga Khan University Medical College in Karachi. By 2004, it had produced 1100 graduates, 900 of whom

had gone on to graduate medical training in the United States".

I again wondered how much these migrating doctors cared about the diseases prevalent in poor third world countries and practically non-existent in advanced countries where these boys and girls settle.

Ladies and gentlemen. Talking of disease pattern, let us review 3 bitter but relevant facts that we come across everyday. First, if you look at the disease pattern prevailing in various parts of the world, you will be surprised to find the greatest killers in our country still the diseases which have become a rarity in developed world. Second, if you look at the disease pattern changing over past 100 years, you will note that the major cause of deaths in USA at the beginning of 20<sup>th</sup> century were similar to what are the major killers in Pakistan today. And the 3<sup>rd</sup> most bitter fact is that even within Pakistan, the disease pattern is very different in urban and rural region. During my 6 years practice in Karachi, I operated on only 2 cases of ileal perforation. Whereas in Mirpurkhas, intestinal tuberculosis and ileal perforation are very common. Similarly Hepatitis C appears to be far more common at Mirpurkhas. The higher prevalence of infective diseases in rural region may be at least partly due to the fact that a person living in rural region gets only 10% of health expenditure as compared to one living in urban region.

Then we find that most of our Public sector and nearly all, with the exception of Muhammad Medical College, Private Medical Colleges are situated in relatively rich regions of Pakistan.

One is forced to ask the imminent question. Who are we making our doctors for? Obviously not for our country as we are very generously exporting the best graduates to the developed countries of the world, making them richer and us poorer. We are very certainly not making doctors for the 70% rural population of Pakistan. As most of our public sector Medical Colleges and nearly all of our private sector Medical Colleges (with the exception of MMC) are situated in cities, and the distribution of patients and diseases that our Medical Students come across while training in larger cities may be different from those encountered in villages and small towns.

If we claim that we do not intend to ignore our 70% of rural population, we will have to take steps at every level. The government will need to ensure that every task force and working group should have adequate representation of qualified people from rural regions. The controlling bodies must make policies that encourage us not only to include, but give priority to diseases prevalent in our rural areas. We will have to ensure while teaching Anatomy, Physiology and Biochemistry that students learn the aspects of Basic Medical Sciences which help them to understand the diseases common in those areas for which we are training them.

Ladies and gentlemen. Right up to 18<sup>th</sup> century, it was possible for an intelligent hard working person to learn everything or nearly everything that had been discovered in science. Today the knowledge explosion has made it impossible for men and women to learn everything even about a branch of Medicine, leave alone all sciences. In fact any attempt to pour every bit of knowledge about any subject in the mind of a poor student can only be seen with contempt. Minds are not passive recipients of knowledge. No one should attempt to turn the minds into encyclopedia. They have to perform more important function of analyzing, processing, interpreting, integrating and problem solving.

Research on Medical Education has shown us that doctors who did rote learning during student life, lacked the skill of lifelong learning. It also tells us that doctors are more likely to be able to solve the type of problems (diseases) that they dealt in student life.

Now here comes the crux of the problem. We cannot and should not attempt to teach about every medical problem. The doctor will be good in dealing with the sort of problem that he is exposed to during his/her student years. Hence we should decide the disease spectrum around which most of our teaching and facilitation will revolve. Now the disease spectrum varies vastly between developed and developing countries. It is different in different parts of the world, it differs between rural and urban regions. We are faced with this challenging question, who are we making our doctors for?

What are the factors that we must keep in mind during curriculum development. Of many models, the one that I personally like, and is favoured by many medical educationalists is SPICES model.

Hence we see that Medical Colleges around the world develop curricula depending upon who are they intending to make their doctors for? University of Dundee Medical School has developed 105 vignettes which are based on clinical problems that their graduates will commonly come across.

# 7<sup>th</sup> Annual Medical Symposium 2009

Harvard Medical School has clearly set priorities and guides its teachers to base their teaching on the diseases and clinical problems common in their practice. All British Medical Schools have a mission clearly specified and their curricula reflect that mission statement.

Ladies and gentlemen. Social scientists agree that principals are immortal, but their elaboration and application change with increasing knowledge, changing societies and time. Hence for example when question is raised how Quran can be applicable today and in all times to come when human genome and society have gone through enormous changes, the reply comes that because it lays down the principles which are same today as 1.5 thousand years ago. Of course, it sometimes provides specific solutions but each society has to choose which solution is most suited to the current situation. This process is called ijtehad.

The principles of curriculum development are also universal, though various models keep appearing. So far, at least 5 models have been practiced in last 250 years. We must understand that each model has been applied in different schools according to local situation. Hence Ladies and gentlemen. I will endeavor to answer the question raised in this symposium by saying that while we follow the universal principles of curriculum development such as those applied in SPICES model, our curricula must be based on local conditions. We need to have different curricula in different colleges situated in different areas of Pakistan. Only then will we be able to make full use of our teaching material (patients) and will be able to provide best possible Medical Management to our communities

Once again, I welcome you all in our symposium. I wish and pray that we learn a lot from it and at the end, come out a more knowing doctor with better understanding.

Thank you very much.

### **Professor Syed Razi Muhammad**

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

Examiner Royal College of Surgeons(Edinburgh)

Examiner Royal College of Physicians & Surgeons(Glasgow)

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

Managing Trustee Muhammad Foundation Trust Pakistan.

Dean and Professor of Surgery Muhammad Medical College Mirpurkhas.

### **Abstracts Oral Presentations**

### Scientific Session L

Title:

### ASSESSMENT OF EXAM ANXIETY IN MEDICAL STUDENTS

### **Authors:**

- 1. Numan Majeed (3<sup>rd</sup> Year MBBS, MMC)
- 2. Aneela Umber (3<sup>rd</sup> Year MBBS, MMC)
- 3. Manzoor Hussain (3<sup>rd</sup> Year MBBS, MMC)
- 4. Ahsan Rasheed (3<sup>rd</sup> Year MBBS, MMC)
- 5. Muhammad Anas (2<sup>nd</sup> Year MBBS, KEMU, Lahore)
- 6. Dr. Naeem Majeed (Research Officer UNICEF, LWH-Lahore)

### Institutions:

- 1. Muhammad Medical College
- 2. King Edward Medical University, Lahore
- 3. Agha Khan Medical College, Karachi
- 4. Rawalpindi Medical College, Rawalpindi
- 5. Punjab Medical College, Faisalabad

### Introduction/background:

Exam anxiety is a phenomenon that involves feelings of tension or uneasiness that occur before, during, or after an exam. Exam Anxiety has been a major problem for students irrespective of their age and field of education. Exam Anxiety in medical students is a serious issue as they have to provide healthcare facilities to public in future and anything which precludes their performances may have drastic effects on patients.

### **Objectives:**

To find prevalence and risk factors which cause exam anxiety and symptoms associated with it and to determine ratio of use of antidepressant drugs and to find the difference of prevalence of exam anxiety between students of private medical college and public medical colleges.

### **Study Type:**

**Descriptive Cross sectional** 

### **Methods and Subjects:**

The questionnaire was self administered semi-structured ipsative and was pilot tested before the final administration on students. The study was carried out in two provinces (Punjab and Sindh) of Pakistan in two private and three public medical institutes including students from 2nd to final year from of the five institutes. Data analysis was done using SPSS 17.0

### **Results:**

The response rate of the survey was 78% (i.e. 313 forms were received out of 400 distributed). Majority of the students (58%) said that they feel they could do better in the exam, 48.2% said that they try to stop worrying but they cannot, 41% have tachycardia, 37% have difficulty in sleeping and 46% do not enjoy eating before the exam. However, 36% students said that they are more anxious when they are well prepared while a majority (65%) said that they are confident that they will pass, despite the anxiety. Antidepressant use was reported by a minority (17%)

### **Conclusion:**

Although most of the students have symptoms of anxiety and depression during and after the examinations, majority of them are confident of their performance.

# ALL CAUSE BURDEN OF DISEASES ADMISSION AND THEIR DEPARTMENT BREAKDOWN AT A RURAL TEACHING HOSPITAL IN PAKISTAN

### Authors:

Faizan Saeed (Final Year MBBS) Moona Fatima (Final Year MBBS) Prof. Dr. Syed Zafar Abbas (Prof. of Medicine)

### Institution:

Muhammad Medical College Hospital, Mirpurkhas

### **Abstract**

### **Background:**

Mankind suffers many diseases. Many of them require hospital admissions. Resources are limited especially in developing countries. Data regarding disease burden is extremely important in making decision regarding resource allocation. This may also influence the emphasis on medical curriculum for undergraduates.

### Aims:-

To find out the disease burden of patients admitted at a rural teaching hospital.

### Methods:-

Retrospective study of the computerized records of all admissions to our hospital during the year 2008.

### Results:-

2655 patients were admitted in different department 1269 (48%) of them males and 1386 (52%) females. Their ages varied from newborn to 105 years.

Majority of them were over 45 years (n= 1234) followed by 15-44 years (n=1144), 1-14 years (n=178) and < 1 year (n=89) There were 247 (9.3%) deaths in the hospital during study period.

### Commonest 10 diagnosis were:- Total n= 2655

| COIIIII | Commonest 10 diagnosis were. Total II = 2000 |                 |              |  |
|---------|--|-----------------|--------------|--|
| S.No.   | Diseases                                     | No. of Patients | Mortality    |  |
| 1       | CLD.   | n=384 (14.4%)   | n= 82 (33%)  |  |
| 2       | Carcinoma.                                   | n=141 (5.3 %)   | n= 15 (6.1%) |  |
| 3       | Complicated D.M                              | n= 169 (6.3%)   | n= 20 (8.1%) |  |
| 4       | Tuberculosis.                                | n= 127 (4.7%)   | n= 6 (2.4%)  |  |
| 5       | Full term Pregnancy.                         | n= 119 (4.48%)  | n= 0         |  |
| 6       | Acute Gastroenteritis                        | n= 98 (3.7%)    | n= 5 (2.1%)  |  |
| 7       | Ischemic Heart Disease                       | n= 88 (3.3%)    | n= 11 (4.4%) |  |
| 8       | COPD   | n= 85 (3.2%)    | n= 3 ( 1.3%) |  |
| 9       | Anemia.                                      | n= 84 ( 3.1%)   | n= 1 ( 0.4%) |  |
| 10      | Acute Hepatitis                              | n= 77 ( 2.9%)   | n= 0         |  |

### Commonest 5 surgical diagnosis were :- [(n= 471) (18%)]

| S.No. | Disease                | No. of Patients | Percentage |
|-------|------------------------|-----------------|------------|
| 1     | Fracture               | n= 42           | 8.9%       |
| 2     | Cholelithiasis         | N= 37           | 7.8%       |
| 3     | Intestinal obstruction | n= 32           | 6.7%       |
| 4     | Hernia                 | n= 27           | 5.7%       |
| 5     | B.P.H                  | n= 22           | 4.8%       |



### Commonest 5 Gynae / Obs diagnosis were :- [ (n= 340) (12.8%)]

| S.No. | Disease             | No. of Patients | Percentage |
|-------|---------------------|-----------------|------------|
| 1     | Full term pregnancy | n= 119          | 35%        |
| 2     | Anemia in pregnancy | n= 64           | 19%        |
| 3     | Pre term labour     | n= 38           | 11.2%      |
| 4     | U-V Prolapse        | n= 36           | 10.5%      |
| 5     | Fibroid             | n= 34           | 10%        |

### Commonest 5 Medical diagnosis were :- [ (n= 1699) ( 64%)]

| <u> </u> |                       |                 |            |
|----------|-----------------------|-----------------|------------|
| S.No.    | Disease               | No. of Patients | Percentage |
| 1        | CLD                   | n= 384          | 22.6%      |
| 2        | Diabetes Mellitus     | n= 169          | 10%        |
| 3        | Tuberculosis          | n= 127          | 7.5%       |
| 4        | Acute Gastroenteritis | n= 98           | 5.8%       |
| 5        | COPD                  | n= 85           | 5%         |

### Commonest causes of deaths were:- [ (n=247) (9.3%)]

| S.No. | Disease                  | No. of Patients | Percentage |
|-------|--------------------------|-----------------|------------|
| 1     | C.L.D                    | n= 82           | (33%)      |
| 2     | 2Respiratory Diseases)   | n= 22           | (8.9%)     |
| 3     | Diabetes Mellitus        | n= 20           | (8.7 %)    |
| 4     | Cerebrovascular Accident | n= 16           | (6.4%)     |
| 5     | Renal Diseases           | n= 15           | (6.1%)     |
| 6     | Carcinoma                | n= 15           | (6.1%)     |
| 7     | Ischemic Heart Diseases  | n= 11           | (4.4%)     |
| 8     | G.I.T Disorder           | n= 09           | (3.6%)     |
| 9     | Neurological Disorders   | n= 06           | (2.4%)     |
| 10    | Unknown Causes           | n= 28           | (11.4%)    |

### Most commonly involved diseased systems were:- [ (n= 2655)

| S.No. | Disease            | No. of Patients | Percentage |
|-------|--------------------|-----------------|------------|
| 1     | G.I.T / Hepatology | n= 663          | (25%)      |
| 2     | Chest Diseases     | n= 414          | (16%)      |
| 3     | Gynae/ Obs         | n= 340          | (13%)      |
| 4     | Surgery            | n= 471          | (12.2%)    |
| 5     | Endocrine Disease  | n= 175          | (6.5%)     |

### **Conclusion:**-

In our set up, liver diseases and GIT illnesses are by far the commonest indications for admission (25%) where is also the most common cause of death (36.6%). Health care authorities in public and private sectors need to keep these facts in consideration when allocating health budgets and specialist other facilities according to disease burden.



# DOES ADMISSIONS ON WORKING DAYS CARRY BETTER OUTCOME AS COMPARED TO WEEKEND ADMISSIONS IN PATIENTS WITH DECOMPENSATED CIRRHOSIS???

### **AUTHORS**:

Muhammad Rizwan Javed Final Year MBBS Sara Laghari Final Year MBBS

Dr. S. Zafar Abass Professor of Medicine MMCH.

### **INSTITUTE:**

Division of Gastroenterology, Department of Medicine, Muhammad medical college & hospital, Mirpurkhas.

### **ABSTRACT**

### **BACKGROUND**:

Out of hours and weekends usually see emergency only services at hospitals. This conceivably may result in some delay in acquiring special tests and treatment as compared to a normal working day. International data suggest that this situation translates into somewhat higher morbidity and mortality for patients admitted at weekends.

### AIMS:

We performed a study to look into morbidity and mortality rates among patients admitted with decompensated cirrhosis over weekends and compared their results with those admitted over week days at our centre.

### **METHODS:**

Retrospective study of last 100 consecutively admitted patients over weekends and weekdays under the division of gastroenterology at our hospital with decompensated cirrhosis.

### **RESULTS:**

| S. NO | Variables                             | Week days admitted patients   | Weekends admitted patients   |
|-------|---------------------------------------|---|--|
| 1     | Total patients                        | 50=28(56% males), 22(44% females)   | 50=20(40% males), 30(60% females)  |
| 2     | Average age                           | 50.5 years (range=16-70)  | 52.2 years (range=16-75)   |
| 3     | Admission days                        | Mon=10(20%), Tue=11(22%), Wed=13(26%),<br>Thu=11(22%), Fri (before 3:30 pm) =5(10%)   | Fri (after 3:30 pm) =8(16%), Sat=20(40%),<br>Sun=21(42%), Others (14 <sup>th</sup> august, 23 <sup>rd</sup><br>march etc) =1(2%)   |
| 4     | Type of Decompensation                | Ascites (A) =30(60%) Encephalopathy (E) =9(18%) Variceal Bleeding (V) =6(12%) Persistent Jaundice (J) =5(10%)   | Ascites (A) =28(56%) Encephalopathy (E) =14(28%) Variceal Bleeding (V) =4(8%) Persistent Jaundice (J) =4(8%)   |
| 5     | Average delay in seeing by specialist | 0.1 days(range=0-1)   | 1.8 days(range=0-3)  |
| 6     | Length of stay at hospital            | Average=3.7 days(range=1-13 days)   | Average=4.1 days(range=1-20 days)  |
| 7     | Outcomes                              | Discharge (D) =39(78%)<br>LAMA (L) =5(10%)<br>Death (E) =6(12%)   | Discharge (D) =22(44%)<br>LAMA (L) =13(26%)<br>Death (E) =15(30%)  |
| 8     | Deaths                                | Average age=54.9 years Sex=3 male (50%), 3 females (50%)  Decompensation type Ascites (A) =2(33.4%) Encephalopathy (E) =3(50%) Variceal Bleeding (V) =1(16.6%) Persistent Jaundice (J) =0(0%) | Average age=62.2 years Sex=6male (40%), 9 females (60%) Decompensation type Ascites(A) =4(26.7%) Encephalopathy (E) =9(60%) Variceal Bleeding (V) =2(13.3%) Persistent Jaundice (J) =0(0%) |

### **CONCLUSION**:

From our study we concluded that the patients admitted during weekends suffer greater morbidity, longer stay at hospital, delay in specialist treatment and higher mortality as compared to patients admitted during weekdays.

# A SURVEY OF STUDENTS OF MUHAMMAD MEDICAL COLLEGE, MIRPURKHAS ABOUT THEIR EXPERIENCE IN DISSECTION HALL

### **Authors:-**

Mehwish Memon (Final Year), Azra Parveen (Final Year), Saima Sultan (Final Year). Prof. Dr. Syed Razi Muhammad.

### Institute:-

Muhammad Medical College, Mirpurkhas.

### Aims:-

To find out the student's educational approach & future preference in Medical Field.

### Background:-

The whole idea behind this survey was to evaluate the future preference of Medical students and their behavior towards their studies in Medical College.

### Methods:-

A questionnaire was prepared which was distributed to students of all classes of MMC. 200 questionnaires were returned and analysed.

### Results:-

### Gender:

Out of 200 students who returned the questionnaire, 116 (58%) were females and 84 (42%) were males.

### **Origin of Students:**

Distribution of responders according to their cities of origins was as follows:

Mirpurkhas 54/200 (27.0%)

Karachi 30/200 (15.0%),

Lahore 18/200 (9.0%)

Hyderabad 10/200 (5.0%),

D.G Khan 10/200 (5.0%)

Swat 10/200 (5.0%)

Khairpur 10/200 (5.0%),

Sanghar 8/200 (4.0%)

Jacobabad 8/200 (4.0%)

Faisalabad 8/200 (4.0%)

Kashmir 8/200 (4.0%)

Bhawalpur 6/200 (3.0%)

Multan 6/200 (3.0%)

Peshawar 4/200 (2.0%)

Sadiqabad 4/200 (2.0%)

Badin 4/200 (2.0%)

Umerkot 2/200 (1.0%)

### Parents' Occupation:

Fathers of 49/200 (24.5%) of responders were Doctors, 33/200 (16.5%) were Land Lords, 37/200 (18.5%) Businessmen, 30/200 (15.0%) Bureaucrats, 7/200 (3.5%) Lawyer and Police Department, whereas fathers of 44/200 (22%) belonged to other Government services,

Mother's occupation was house wife in 180/200 (90%) responders, Teacher 10/200 (5%) and Doctors in 10/200 (5%) responders.

### Most wanted fields of students:-

Students wished to pursue following professions:

General Surgeon 51/200 (25.5%), Gynecologist 49/200 (24.5%), Pediatrics and Physician 30/200 (15%), Cardiologist 4 (2%), Orthopedic 3 (1.5%), Neurologist 3 (1.5%), Oncologist 2/200 (1%) and undecided 58/200 (29%).

### How comfortable they felt when they first went to dissection hall:-

Out of 200, 50 (25%) wrote that they felt very comfortable when they first went to dissection hall, 85 (42.5%) wrote that they felt reasonably comfortable when they first went to dissection hall, 40/200 (20%) students felt neither comfortable nor un-comfortable when they went to dissection hall, 20/200 (10%) felt un-comfortable and 5/200 (0.125%) felt very un-comfortable when they first visited the dissection hall.

### How much were they prepared by their teachers before they were taken to Dissection hall:-

40/200 (20%) claimed that they were well prepared by their teachers before taking them to dissection hall. 85/200 (42.5%) were reasonably prepared by teachers before they were asked to go to Dissection hall, 40/200 students were neither prepared nor un- prepared, 30/200 (15%) were un-prepared, 5/200 (2.5%) were totally un-prepared before they were asked to go to Dissection hall.

### Questioning by faculty members in Dissection hall:-

150/200 (75%) students felt that questioning by faculty members during dissection was helpful in their studies whereas 50/200 (25%) thought it was stress full.

### Changes in Dissection hall:-

When asked about most desirable change in Dissection Hall, vast majority 150/200 (75%) wanted airconditioning, and 50/200 (25%) wanted more guidance by faculty members in a proper ways.

When directly questioned about desirability of Dissection under supervision, it was considered very desirable by all students 200/200 (100%).

### Conclusion:-

This Survey shows that most wanted fields of Medical students is Surgery and Gynae, students feel comfortable in the studies and they are well prepared before they go to learn and the most important things to learn is facts and top responsibilities are they should be responsible, Respect to Teachers and knowledgeable.

# DOES ADMISSIONS ON WORKING DAYS CARRY BETTER OUTCOME AS COMPARED TO WEEKEND ADMISSIONS IN PATIENTS WITH UPPER GIT BLEED?

### **Authors:**

Muhammad Umar Baqa (Final Year MBBS), Zulqarnain Ashraf (Final Year MBBS), Neelam Ayoub (Final Year). Dr. S. Zafar Abbas, Professor of Medicine MMCH.

### Institution:

Division of gastroenterology, department of medicine Muhammad medical college & hospital, Mirpurkhas.

### **Abstract**

### **Background:**

Out of hours and weekends usually see emergency only services at hospitals. This conceivably may result in some delay in acquiring special tests and treatment as compared to a normal working day. International data suggest that this situation translates into somewhat higher morbidity and mortality for patients admitted at weekends.

### Aims:

We performed a study to look into morbidity and mortality rates among patients admitted with upper GIT Bleed over weekends and compared their results with those admitted over week days at our centre.

### **Methods:**

Retrospective study of last 45 consecutively admitted cases admitted. Patients over weekends and week days under the division of gastroenterology at our hospital with upper GIT Bleed.

### **Results:**

24 patients (13 males , 11 females – average age 49.5 years) were admitted over weekdays (Group-I) Over last one year period compared with 21 patients (14 males 7 females average age 46 years) over weekend days (Group-II) with acute upper G.I Bleed. Average Hb in Group-I was 8.4 g/dl and Group-II was 8.1 g/dl.

There was an average delay of 3 days in having endoscopy in Group-II vs 1 day in Group-I. In Group-I 15/24 patients had bleeding oesophageal varices at endoscopy, whereas in Group-II, this member was 10/21 .Banding was applied to bleeding varices in9/15 patients of Group-I compared with6/10 patients in group-II. Average stay in hospital for Group-I was 4.4 days whereas in Group-II was 6.4 days. 9.5% patients died in Group-II compared with 8.3% in Group-I.

### Conclusion:-

Patients with acute upper GI bleed are more likely to have a prolonged hospital stay, delay in having endosopic treatment and slightly higher mortality if they are admitted over weekend or out of hours.

### PATTERN AND CAUSES OF ACUTE ABDOMEN IN A RURAL TEACHING HOSPITAL

### **AUTHORS:**

- 1) Noorush Shamim (Final Year)
- 2) Asma Mehmooda (Final Year)
- 3) Rabia Fazal (Final Year)
- 4) Anum Hameedi (Final Year)
- 5) Naila Noor (Final Year)
- 6) Fahad Abbasi (Final Year)
- 7) Dr. S. Zafar Abbas (Professor of Medicine)
- 8) Dr. Rehmatullah Soomro (Associate Professor of Surgery)

### **INSTITUTION:**

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

### **OBJECTIVE:**

To study the pattern and causes of acute abdomen presented to surgical department of our hospital over one year duration.

### **PATIENTS AND METHODS:**

This is the retrospective study of the data obtained from the case notes of acute abdomen attending at surgical department of our centre between July 2008 and July 2009.

### **RESULTS:**

Total number of 1000 patients admitted in the surgical department of MMCH from July 2008 to July 2009.

Among them, 500 were females (50.0%) and 500 were males (50.0%).

Average age of the patients was 30.7 years. Range (8-70years).

Average stay of these patients in hospital were; 6.8 days. Range (4-16days)

Majority of patients 60% came from Mirpurkhas while rest of the 40% patients came from region other than Mirpurkhas.

The commonest presentation was;

Pain (90%), 80% presented with vomiting, 10% constipation and 10% with fever.

The top 5 provisional diagnoses made at time of admission were

- 1) Ureteric colic-n= 370
- 2) Cholecystitis mostly with cholilithiasis n= 230
- 3) Acute appendicitis n= 180
- 4) Intestinal obstruction n= 140
- 5) Generalized peritonitis (majority due to perforation) n= 80

80% of the patient was discharged home whereas 10% left against medical advice, 8% died and 2% were referred to the other centres.

Average age of the patient who died was 40 years. (Range: 8-70 years)

### **CONCLUSION:**

This study showed that the commonest condition which causes acute abdominal was ureteric colic maybe secondary to ureteric stone.

Males and females both were equally involved mainly coming from Mirpurkhas. It is also found that majority (70%) of patient were treated successfully and discharged home.

### <u>Title</u>

# TOP 10 SURGICAL DISEASES IN SURGICAL DEPARTMENT OF MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS

### **Authors:-**

Abida Akbar (Final Year)
Ubaid Ullah Farooq (Final Year)
Shazia Liaquat (Final Year)
Tabish Ali Zaidi (Final Year)
Abdul Manan (Final Year)
Dr. Rehmatullah Soomro (Department of Surgery)

### Institution:-

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas.

### **Abstract**

### Background:-

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

### Aims:-

To undertake an audit of surgical department to observed at Muhammad Medical College Hospital to determine top ten surgical problems.

### Patients & Methods:-

Retrospective analysis of admissions and outpatients at surgical department of Muhammad Medical College Hospital from 01-01-2008 to 31- 12-2008.

### Results:-

1224 patients (male = 728, female= 496) were admitted between 01-01-2008 to 31-12-2008 at surgical department. The mean age was 23 years (range 1 day to 83 years).

The top 10 surgical problems observed were.

| Diseases               | No. of<br>Patients | Percentage |
|------------------------|--------------------|------------|
| Renal stones           | 380                | 31.04%     |
| Cholelithiasis         | 225                | 18.38%     |
| ВРН                    | 218                | 17.81%     |
| VC                     | 153                | 12.5%      |
| Fistula In ANO         | 118                | 9.64%      |
| Hernia                 | 48                 | 3.92%      |
| Appendicitis           | 30                 | 2.45%      |
| Goiter                 | 30                 | 2.45%      |
| Intestinal Obstruction | 22                 | 1.79%      |
| Cleft Lip & Palate     | 10                 | 0.81%      |

The average length of hospital stay for admitted patients was 9 days.

### **Conclusion:-**

Urological problems make the bulk of the top 10 surgical problems at Muhammad Medical College Hospital.

### ATTITUDE OF MEDICAL STUDENTS TOWARDS THE IMPORTANCE OF TAKING PATIENTS' CONSENT

### Author:

Fatima Muhammad

### Institution:

Jinnah Medical and Dental College, Department of Community Medicine, Karachi.

### **ABSTRACT**

### Background:

Patients and medical students have a relationship that can be described as symbiotic. Patients need good future doctors and medical students require patients to observe and practice their examination skills on. However there is a protocol for this interaction which is internationally implemented. Often this protocol is ignored by medical students and even their instructors, thus patients' rights are put on the sidelines.

### **Aims and Objectives:**

This cross sectional study seeks to analyse attitudes of the medical students towards the importance of taking patients' consent.

### Methods:

A sample of seventy medical students in their fourth and final clinical years at J.M.D.C. were asked to fill a questionnaire asking a variety of questions designed to judge whether the students actually participated in violation of patients' rights themselves, whether they were witness to it, what is the extent of their knowledge on the subject and what is their priority- patient comfort or the quest to expand their medical knowledge.

### Results:

More medical students though that patient's right to comfort takes precedence over student's right to learn. However a large percent of students held views about patients' rights which did not conform to ethical standards.

### **Conclusion:**

Medical students should receive formal training on consent, types of consent and how to obtain it.

### PATTERN OF BLOOD TRANSFUSION AT MMCH

### **Authors:-**

Salma Farooque (Final Year) Aniqa Nazar (Final Year) Sumera Jalalani (Final Year)

Dr. Syed Razi Muhammad, (Professor of Surgery)

Dr. Syed Zafar Abbas (Professor of Medicine)

Dr. Rahmatullah Soomro (Associate Professor of Surgery)

### Institution:-

Department of Surgery, Medicine, Gynaecology and ICU at Muhammad Medical College Hospital, Mirpurkhas.

### **Abstract**

### Objective:-

To search out common indication of Blood Transfusion common blood groups and to look at the practice of Blood Transfusion at Muhammad Medical College Hospital, Mirpurkhas.

### Methods:-

Retrospective study of all blood transfusion from January 2008 to December 2008 done at Surgical, Medical, Gynecological and ICU wards at Muhammad Medical College Hospital.

### Results:-

Total Cases were 200 average age was 42 (Range 2 to 85 years) male 77, female 123, 5 commonest indication of blood transfusion were. 25 (12.5%) were diagnosed Chronic Liver Disease with Anemia caused by Gastro Intestinal Bleeding. 17 (8.5%) were unspecified anaemic cases. 15 (7.5%) were having renal stones with anemia. 12 (6%) cases were placenta, previa and abruptio. 10 (5%) were post infected wounds. Commonest blood group was O Positive (41.4%) followed by B positive (25.6%). There was a single mild early reaction but otherwise no immediate and late complication of blood transfusion. There were 15 deaths out of 200 cases during their hospital stay due to various clinical causes.

### Conclusion:-

Blood Transfusion is a common clinical procedure with associated risks. However if performed with care, it is a very safe procedure. In our region O positive is the commonest blood group.

# PREVALENCE OF FAMILY PLANNING IN MOTHERS ATTENDING MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS

### Author:

Ayesha Ismail,(4<sup>th</sup> Year), Javarria Mehmood, (4<sup>th</sup> Year),Kiran Mehmood, (4<sup>th</sup> Year), Mehwish Shafique, (4<sup>th</sup> Year), Sundas, (4<sup>th</sup> Year), Madiha Ajmal, (4<sup>th</sup> Year), Rabia Hameed, (4<sup>th</sup> Year), Najma Rafique, (4<sup>th</sup> Year), Rukhsana perveen, (4<sup>th</sup> Year), Anila Zaman, (4<sup>th</sup> Year), Maira Jabeen, (4<sup>th</sup> Year)

### Supervisor:

Dr. Noor Ali Samoo

### Facilitator:

Dr. Pir Muqades (Senior Lecture)

### Institute:

Faculty of Community Health Sciences, Muhammad Medical College, Mirpurkhas

### **Background:**

Family Planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country.

### Objective:

To evaluate, knowledge, attitude and practice of mothers of child Bearing Age Groups regarding family planning among mothers attending Gynae/ Obs , pediatrics OPD in MMC hospital MPK.

### Methodology:

A cross sectional study was carried out between 10<sup>th</sup> July 2009 to 10<sup>th</sup> August 2009. Total number of study subject was 300 women. The Information regarding participants demographics feature and their knowledge, attitude and practice towards family planning was collected. The study was conducted after the approval of department of Community Health Sciences, Muhammad Medical College.

### Result:

The mean age of our study participants was 32yrs. Most of the mothers n=180, 60% have more than 4 children. n=228, 76% of respondents have knowledge about contraception. Among them n=144, 48% are using family planning methods while remaining n=156, 52% give various reasons for not using family planning method such as health reason n=75, 25%, want more children n=36, 12%,husbands objection n=36, 12%,lack of knowledge n=72, 24% and religion n=48, 16%.

Among the population using family planning most of them n=132, 44% obtained family planning method supplies from LHWs and n=162, 53% from pharmacies/ markets.

The most frequent methods are n=84, 28% condoms, n=33, 11% oral pills, n=36, 12% injections, n=6,2% tube ligation, n=12, 4% IUD and n=30, 10% C.T. Duration of usage of contraceptives are variable n=36, 12% < 3 months , n=12, 4% for 7-12 months, n=84, 28% for 1-3 years and n=72, 24% for 5 years or more. N=204, 68% intend to use family planning method in future.

### **Conclusion:**

High proportion of women had sufficient knowledge regarding contraception, but their attitude and practice were poor. There is need of health education for the community through involvement of LHWs and media to have health awareness of family planning and have the choice and responsibility of decision to individual and couples for promotion of health, Welfare and Social Development Country.

### **OBSTRUCTED LABOUR IN EMERGENCY CAESAREAN SECTION**

### **AUTHORS:**

Imran Sikander (Final Year)
Anbreen Shahani (Final Year)
Munaza Nawaz (Final Year)
Dr. Yasmeen Khooharo (Assistant Professor)

### **INSTITUTION:**

Department of Gynecology / Obstetric, Muhammad Medical College Hospital, Mirpurkhas

### **ABSTRACT**

### **BACKGROUND:**

Although obstructed labor is very rare but still a life threatening condition even in developed countries. It is very common in developing countries and often leads to maternal morbidity of an embarrassing condition such as incontinence of urine from vesicovaginal fistula.

### AIMS:

To assess the proportion of obstructed labour in caesarean section and outcome of such patients in our setup.

### **STUDY DESIGN AND METHODS:**

This ongoing two years descriptive type of study was done at Muhammad Medical College Hospital in the Department of Obstetrics and Gynaecology Unit-I, Mirpurkhas, started 1<sup>st</sup> January 2007. Patients with previous C/S was excluded from this study

### **RESULTS**

A total of 100 patients have been studied so far, who came for emergency caesarean section referred from other hospitals or direct from home by Dais. 40 (40%) cases were found with obstructed labor. Their age range was 15-35 years. The average age was 25 years. 25 (62.5%) cases were primigravida, 6 of them had a history of only one antenatal visit. 21 (52.5%) cases came from home after failure of trial of labour by Dai, remaining 10 (25%) cases were referred from maternity homes by qualified doctors 9(22.5%) by Lady Health Workers. Cephalopelvic disproportion was found in 12(30%) of cases, while persistent occipitoposterior position was seen in 10(25%) cases, 13(32.5%) cases had deep transverse arrest especially right. 5(12.5%) cases found with high head in pelvis. All the patients were delivered by lower segment caesarean section. No instrumentation was attempted. 13 (32.5%) babies were delivered as breech due to deeply impaction of head in the pelvis, while remaining 27(67.5%) were delivered cephalic. 11 (27.5%) cases developed vesicovaginal fistula, while 5 (12.5%) cases underwent Obstetrical hysterectomies due to severe postpartum hemorrhage. 5 (12.5%) developed wound dehiscence. 2 (5%) patients died due to severe hemorrhage in spite of hysterectomies. Reaming 13(32.5%) patients were discharged healthy. 35 (87.5%) babies were delivered fresh still birth and 5(12.5%) was alive, 3 were neonatal deaths and only 2 babies were discharged healthy with their mother.

### **CONCLUSION**

Proportion of obstructed labour was found high along with its complications especially vesicovaginal fistula. We suggest the following to improve the situation: proper education to especially Dais to avoid the trial of labour at home, and to educate the women by lady health workers for optimal antenatal and intrapartal care together with early referral of high risk patients to avoid perinatal and maternal morbidity and mortality.

### FREQUENCY AND DISTRIBUTION OF CANCERS AT A RURAL TERTIARY CENTRE

### Authors:-

Aisha Idrees (Final Year) Atif Aziz (Final Year)

Prof. Dr. Syed Razi Muhammad (Department of Surgery)

### Institution:-

Department of Medical Education, Muhammad Medical College, Mirpurkhas

### **ABSTRACT**

### Background:-

Majority of cancers require urgent investigations and treatment. Despite that, most of them remain incurable. Data is sparse on this issue at our region, although a small previous study from our centre does exits.

### Aims:-

To find out the frequency and distribution of various cancers presenting at our centre, and its sufferers characteristics.

### Methods:-

Retrospective study of the note of all patients diagnosed with a malignant disease at our centre between 1<sup>st</sup> January 2008 and 15<sup>th</sup> April 2009 (15 ½ months).

### Results:-

Out of a total of 3387 admissions (average age = 35.2 years) to the hospital during the study period, 151 (4.46%) were diagnosed to have a cancer with average age 50.4 years (range 18-85 years). Among cancer patients there were 87 males (57.6%) with average age 53 year and 64 female (42.4%) with average age of 46 years. The table shows details of commonest 10 malignant diseases.

| No. | Cancer         | No. of<br>Patients | Percentage | Average<br>Age | Male | Female |
|-----|----------------|--------------------|------------|----------------|------|--------|
| 1   | HCC (Hepatoma) | 51                 | 33.8 %     | 54.4 Years     | 37   | 14     |
| 2   | Ca Bronchus    | 17                 | 11.26%     | 59.9 years     | 15   | 02     |
| 3   | Ca Bladder     | 15                 | 9.93%      | 53.7 years     | 09   | 06     |
| 4   | Ca Breast      | 13                 | 8.6 %      | 46.6 years     | 00   | 13     |
| 5   | Ca ovary       | 13                 | 8.6%       | 37.15years     | 00   | 13     |
| 6   | Lymphoma       | 08                 | 5.3%       | 58.5years      | 07   | 01     |
| 7   | Colorectal Ca  | 07                 | 4.6%       | 52.4years      | 04   | 03     |
| 8   | Leukemia       | 06                 | 4%         | 48.5years      | 04   | 02     |
| 9   | Skin Cancers   | 05                 | 3.3%       | 51.7years      | 03   | 02     |
| 10  | Upper GI Ca    | 05                 | 3.3%       | 40.6years      | 02   | 03     |

### Conclusion:-

Cancer comprises 4.46% of all admission of our hospital. It is slightly more common in men with hepatocellular carcinoma being by for the commonest (33.8%) One in 4 patients had cancer diagnosed at the age of 40 years or younger.

### **Abstracts Oral Presentations**

# Scientific Session IV (Free Papers)

### Title:

### ORGANOPHOSPHATE POISONING, PATIENTS PRESENTING AT CIVIL HOSPITAL, MIRPURKHAS SINDH

### **Authors:**

Dr. Abdul Qadir Khan

### Institution:

Medical Department, Civil Hospital, Mirpurkhas

### **Objective:**

To the ethnology and outcome in patients with organophosphate poisoning.

### **Patients and Methods:**

Case notes of 100 consecutively admitted patients over a 7 months period were studied.

### **Result:**

Total number of patients was 100. 66 (66%) were females, 34 (34%) were males. Male to age of patients between 20-35 year.

75 (75%) of patients had intentionally taken organophosphate compounds as suicide attempt due to some social, marital males.

25% patients accidentally exposed to this compound while spraying on crops.

Most of female patients were married and took this compound due to dispute with their spouse.

Gastric lavage (stomach) wash was done in most of the patients.

Antidote contractions (pralidoxime) in 22 (22%) of patients. 3% patients expired.

2 patients were referred to LUMHS Hyderabad for ventilatory support.

Most of patients presented with epigastric pain, resettlement and diarrhea.

6 patients presented in the convulsive state.

Constricted pupil was observed in 20 patients.

### **Discussion:**

Organophosphate poisoning is frequently seen in this region, most of poisoning is intentional, and few cases are accidental exposure.

Mortality in my study is 3% while in other ports it's about 3 – 25% quite same.

### **Conclusion:**

Organophosphate poisoning is an important cause of morbidity and mortality. Most of cases were intentional poisoning. Mortality was 3%.

# A SURVEY TO ASSESS THE COMMON REASONS OF VISITING HOLY SHRINES BY DEVOTEES IN KARACHI, PAKISTAN

### **Authors:**

DR ZULFIQAR ALI SHAIKH

### Institution:

Department of Community Health Sciences, Muhammad Medical College, Mirpurkhas

### **ABSTRACT**

### **OBJECTIVES**

- 1) To assess the common reasons of visiting holy shrines
- 2) To determine the use / misuse of these visits

**BACKGROUND:** There are frequent visits of the devotees to the holy shrines mainly for the purpose of mental healing. The people from various beliefs and religions attribute divine powers to the graves of their saints as they do to the sacred trees, holy springs, etc.

This study surveyed the purpose of the visits of shrines, their beneficial effects, and also the sanctity violated by drug addicts and others.

### **METHODOLOGY:**

Study Design: Cross-sectional

*Place*: One most commonly visited shrine in Karachi *Duration of Study*: 01-06-2008 to 30-07-2008

Sample size: 120 visitors

Inclusion Criteria: Visitors of 20 years age or older, who consented to participate. Exclusion Criteria:

Visitors of less than 20 years age or those who did not agree to participate.

**RESULTS:** Total number of study subjects was 120, with male to female ratio of 58:42. Their age varied from 20 to 80 years. They belonged to various socio-economic and ethnic groups with varying educational level. Majority of the visitors come frequently. The purpose of visits included reward (swab), poverty, domestic problems, infertility, ill health, in addition to see lovers, to have access to commercial sex workers and narcotics. Some devotees had a mishap during the visit.

**CONCLUSIONS:** Most of the visitors come for mental relaxation and in hope of the solution of their problems, and a few use these sacred places for their wrong doings.

The sanctity of these places must be maintained, and the authority should be vigilant and keep an eye on the criminals.

# MEDICATIONS USED BY THE PATIENTS WITH CHEST PAIN BEFORE REPORTING TO THE EMERGENCY ROOM AT NATIONAL INSTITUTE OF CARDIO-VASCULAR DISEASES, (NICVD), KARACHI

### **Authors:**

DR ZULFIQAR ALI SHAIKH

### Institution:

Department of Community Health Sciences, Muhammad Medical College, Mirpurkhas

### **ABSTRACT**

### **OBJECTIVES:**

- To document and analyze the medicines taken by the patients with chest pain reporting to the cardiac emergency room
- To determine the role of patients and health care providers to deal with cardiac emergency
- To disseminate information for mass awareness

**BACKGROUND:** The medications used with cardiac emergency are crucial to decrease morbidity and mortality. This study was conducted to determine the knowledge and attitude of the patients and role of the health care providers attending them before reporting to tertiary care cardiac hospital.

### **PATIENTS AND METHODS**

**Study Design:** Cross-sectional

Place: National Institute of Cardio-Vascular Diseases (NICVD), Karachi

Duration of study: August 01 to September 30, 2007

Sample size: 663

**RESULTS:** Total number of the study subjects was 663 with male to female ratio of 64:36. They were of 28 to 90 years of age, from various occupations and socio-economic strata. The patients who came by ambulance were 100 (15%); and the medications were used by only 152 (22.9%) patients before reporting to the hospital. This was the first visit to cardiac emergency of 403 (60.8%) patients. The referred patients were 153 (23%), while 67 (10.1%) were transferred from other hospitals, and 443 (66.8%) came directly because of their symptoms. The time of arrival of 319 (48%) patients at emergency room was from 8 am to 4 pm. Among these patients, 283 (42.7%) had visited another doctor before coming to NICVD, but only 95 (33.6%) of them were advised to take medicine.

**CONCLUSIONS:** Males are at more risk of cardio-vascular diseases. The people of 30-50 years of age are also affected in a substantial number. The patients with chest pain prefer to come during morning hours; and a vast majority does not have access to ambulance. Most of the patients do not take emergency measures. In majority of cases, other health care providers do not advise to take some medicine in emergency.

Key Words: Chest pain, Emergency, Medications

# PREOPERATIVE STANDARD INFORMED CONSENT PRACTICE AT A TEACHING, PRIVATE, TERTIARY CARE HOSPITAL SITUATED IN A RURAL AREA

### Authors:-

Dr. Rehmatullah Soomro

### 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 teaching hospital.

### **Settings:**

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

### Design:

Prospective observational study.

### **Duration:**

January 2007 to December 2007

### **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 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 complications 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 teaching hospital of Pakistan and the other world is below standard to international and ethical acceptability. Yet, a large number of patients were satisfied by the information provided during the informed consent process.

### THROMBOCYTOPENIA: AN IMPORTANT HEMOTOLOGICAL FINDING IN MALARIA PATIENTS

### **AUTHORS:**

DR HABIBULLAH MEMON, DR QAMAR-UN-NISA PROF: SYED ZAFFAR ABBAS

### **Institution:**

Department of Pathology, Muhammad Medical College, Mirpurkhas

### **ABSTRACT**

### **OBJECTIVE:**

To find out frequency of thrombocytopenia in patients with malaria.

### **METHODOLOGY:**

This is a prospective study conducted at pathology laboratory of Muhammad Medical College hospital Mirpurkhas from January 2009 to July 2009. The patients were referred by physicians with clinical features of fever and chills. Diagnosis of malaria was done on the basis of clinical features and presence of malarial parasite on peripheral blood smear. After detection of malarial parasites the samples of these patients were checked for thrombocytopenia. Thrombocytopenia was defined as platelet count less than 150,000cells/cumm.

### **RESULTS:**

A total of 131 cases of malaria were diagnosed during the study period. Out of them Plasmodium vivax was the cause in 69 (52.6%), Plasmodium Falciparum in 60 (45.8%) and only 2(1.5%) had mixed infection. Fever was the clinical presentation in all patients but chills were present in 94(71.7%) patients. 76(%) were males and 55(%) were females. Mean age was 31 years (range from 6-53 years). Thrombocytopenia was the finding in 93(71%) patients with malaria. Of these 36(39%) had mild thrombocytopenia defined as platelet count 100,000-150,000 cells/cumm, 39(42%) had moderate thrombocytopenia defined as platelet count 50,000-100,000 cell/cumm and 18(19%) were having severe thrombocytopenia defined as platelet count < 50,000 cell/cumm. No patient was having bleeding from any site in the body. 20 (15%) out of 131 were also having some degree of leucopenia.

### **CONCLUSION:**

Changes in platelet count were consistent with other studies and can be considered an important and common finding in malaria patients.

# SEROPOSITIVITY OF HEPATITIS C IN PRISON INMATES OF PAKISTAN AN EXPLORATORY STUDY

### **Authors**

1. Zulfikar Ali Gorar, MBBS. MPH, Provincial Coordinator National Program for Prevention and Control of Hepatitis in Pakistan.

Ministry of Health Government of Pakistan. Directorate General of Health Services Sindh, Old Wahdat Colony Hyderabad

Pakistan. Tel. 092-022-9240265, Fax. 092-022-9240100.

EMAIL: zulfikargorar@yahoo.com

CORRESPONDING AUTHOR. Requests for reprints may be sent to him.

2. Imrana Zulfikar, MBBS. FCPS, Senior Registrar Department of Surgery, Liaquat University of Medical & Health Sciences, Jamshoro Pakistan

### **Departmental Attribution:**

This work is attributed to National Program for Prevention and Control of Hepatitis in Pakistan Source of Support: No financial support was received for this study. It was conducted utilizing the existing resources of Health Department Government of Sindh and National Program for Prevention and Control of Hepatitis.

### **ABSTRACT**

### Objective:

To assess the proportion of seropositivity of Hepatitis C amongst the prison inmates in the jails of Sindh.

### Methods:

A cross sectional HCV seroprevalence survey was done at 14 out of 19 prisons of Sindh province from November 2008 to January 2009. A team of Pathologist, phlebotomist and laboratory technician took the blood sample of the inmates inside the correctional facility; the blood was centrifuged at the spot and brought back to the pathology laboratory on same day in cold chain. Serum was analyzed on 3rd generation ELISA for HCV antibodies. Standard ethical considerations were properly followed.

### Results:

A total of 9508 prison inmates were approached. Refusal rate was 20%. 7539 prisoners were screened at 14 out of 19 jails in Sindh. 965 were HCV antibody positive making the proportion of seropositivity 12.8% (95% C.I. 8.92% - 12.92%). Higher seropositivity in the northern Sindh jails is in conformity with a "hepatitis belt" identified earlier in the literature.

### **Conclusions:**

Hepatitis C prevalence in the prison population of Sindh is higher than the national prevalence of 4.9% amongst general population. However it is lower than that reported from correctional facilities of developed countries. Hepatitis prevention and control activities in the correctional facilities of Pakistan need to be institutionalized.

### PATTERN OF GALL BLADDER DISEASE AT MMCH

**Authors:** 

DR. MASHOOQUE ALI KHOWAJA

### Institution:

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

### **ABSTRACT**

### Objective:

To find out the pattern of gall bladder disease at MMCH.

Design & Duration: A observational cross sectional study from Nov 2003- Oct 2008 MMCH.

**Setting:** Dept. of Surgery MUHAMMAD MEDICAL COLLEGE, HOSPITAL, Mirpurkhas.

**Patients:** Patient of either sex who had gall bladder disease and were operated.

Methodology: The detailed data of all the patients was collected and analyzed.

### Results:

A total of 260 patients were operated for gall bladder disease during the study period. Amongst them 215 were females and 45 males, with ages ranging from 13 to 79 years. Most (175) patients presented with pain in the right hypochondrium, where as 130 patients suffered from flatulent dyspepsia, 120 from fullness after eating, and 56 from nausea and vomiting: 30 gave history of jaundice. Majority of the patients had chronic cholecystitis, while 16 had adenocarcinoma of the gall bladder on histopathology

### **Conclusion:**

Gall bladder disease is common at MMCH and occurs at a relatively early age as compared with the western countries.

**KEY WORDS:** Gall Bladder, Cholelithiasis, Carcinoma Epidemiolgy

### **Abstracts Oral Presentations**

# Scientific Session IV Satellite Symposium (Society of Surgeons)

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### A PARADIGM SHIFT IN LAPAROSCOPIC SURGERY: CHK EXPERIENCE

**Authors:** 

Dr. Muhammad Shahid Shamim

Institution:

Department of Surgery, Civil Hospital, Karachi

### **ABSTRACT**

Civil Hospital Karachi (CHK) is one of the oldest and largest teaching hospitals of the country with more than 900 in-patient capacity and busy out-patient (both emergency an elective) services. Laparoscopic cholecystectomy remained the only minimally invasive surgical procedure being done at CHK for two decades. However, in the last three years a paradigm shift is seen in the faculty attitude towards the patient friendly and globally advancing procedures performed though laparoscopic surgery.

Presently, CHK is performing a wide range of laparoscopic surgical procedures from Inguinal and ventral hernia repairs, appendicectomy, gastrectomys and hydatid cyst surgery, to name a few.

The presentation will elaborate and discuss the factors that lead to this change, the obstacles in progress and how they were addressed. Projected plans for further development of minimal invasive surgery in future will also be presented in order to share our experience and working towards improving training and services in the field of minimal invasive surgery in the country.

TITLE:

### **MANAGEMENT OF SCALP DEFECTS**

AUTHORS
DR. MAHESH KUMAR, FCPS
ASSISTANT PROFESSOR

### **INSTITUTION:**

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 (625%). 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.

Annual Medical Symposium 2009

**RECONSTRUCTION OF LIP DEFECTS** 

**AUTHORS:** 

DR. BILAL FAZAL SHAIKH DR. MAHESH KUMAR

**INSTITUTION:** 

DEPARTMENT OF PLASTIC SURGERY, LUMHS, JAMSHORO

ABSTRACT:

BACKGROUND: Defects of the lips represent a challenge to the reconstructive surgeon. The reconstructed lip should be sensate, retain muscle function, allow sufficient mouth opening for dentures, and have an

acceptable aesthetic appearance.

AIM: To evaluate the outcome of treatment options available for reconstruction of lip following tumor

resection & trauma.

PATIENTS AND METHODS: A Prospective case series Department of Plastic & Reconstructive Surgery,

Liaquat University of Medical & Health Science, Jamshoro from January 2005 to December 2007.

25 cases of lip reconstruction operated from January 2005 to December 2007 were analyzed. The

functional aspects of the reconstruction were reviewed in terms of the size of the oral stoma and

preservation of oral competence. The esthetic outcome was assessed.

**RESULTS:** 15 cases were of upper lip while lower lip reconstruction was performed in 10 cases.

Reconstruction was done using primary closure, Abbe Flap, Abbe-standler flap, Karapandzic technique,

unilateral fan flap, unilateral & bilateral nasolabial flaps.

CONCLUSION: 1/3<sup>rd</sup> lesions of lip can be managed by primary closure through barrel shaped excision; V

shape and W shape excision. Bilateral fan flaps found to be satisfactory for vermilion reconstruction in ½

lesions of lip. Karapandzic flap showed good results in defect of ½ of lip. Complete lip defects can be

managed by bilateral nasolabial flap.

**KEY WORDS:** Lip trauma, lip reconstruction, Karapandzic flap, Abbe Flap



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### **Poster Presentations**

### **Original Papers**

### Title:

### ATTITUDE OF MEDICAL STUDENTS TOWARDS THE IMPORTANCE OF TAKING PATIENTS' CONSENT

### Author:

Fatima Muhammad

### Institution:

Jinnah Medical and Dental College, Department of Community Medicine, Karachi.

### **ABSTRACT**

### Background:

Patients and medical students have a relationship that can be described as symbiotic. Patients need good future doctors and medical students require patients to observe and practice their examination skills on. However there is a protocol for this interaction which is internationally implemented. Often this protocol is ignored by medical students and even their instructors, thus patients' rights are put on the sidelines.

### Aims and Objectives:

This cross sectional study seeks to analyse attitudes of the medical students towards the importance of taking patients' consent.

### Methods:

A sample of seventy medical students in their fourth and final clinical years at J.M.D.C. were asked to fill a questionnaire asking a variety of questions designed to judge whether the students actually participated in violation of patients' rights themselves, whether they were witness to it, what is the extent of their knowledge on the subject and what is their priority- patient comfort or the quest to expand their medical knowledge.

### **Results:**

More medical students though that patient's right to comfort takes precedence over student's right to learn. However a large percent of students held views about patients' rights which did not conform to ethical standards.

### **Conclusion:**

Medical students should receive formal training on consent, types of consent and how to obtain it.

### PATTERN OF BLOOD TRANSFUSION AT MMCH

### **Authors:-**

Salma Farooque (Final Year) Aniqa Nazar (Final Year) Sumera Jalalani (Final Year)

Dr. Syed Razi Muhammad, (Professor of Surgery)

Dr. Syed Zafar Abbas (Professor of Medicine)

Dr. Rahmatullah Soomro (Associate Professor of Surgery)

### Institution:-

Department of Surgery, Medicine, Gynaecology and ICU at Muhammad Medical College Hospital, Mirpurkhas.

### **Abstract**

### Objective:-

To search out common indication of Blood Transfusion common blood groups and to look at the practice of Blood Transfusion at Muhammad Medical College Hospital, Mirpurkhas.

### Methods:-

Retrospective study of all blood transfusion from January 2008 to December 2008 done at Surgical, Medical, Gynecological and ICU wards at Muhammad Medical College Hospital.

### Results:-

Total Cases were 200 average age was 42 (Range 2 to 85 years) male 77, female 123, 5 commonest indication of blood transfusion were. 25 (12.5%) were diagnosed Chronic Liver Disease with Anemia caused by Gastro Intestinal Bleeding. 17 (8.5%) were unspecified anaemic cases. 15 (7.5%) were having renal stones with anemia. 12 (6%) cases were placenta, previa and abruptio. 10 (5%) were post infected wounds. Commonest blood group was O Positive (41.4%) followed by B positive (25.6%). There was a single mild early reaction but otherwise no immediate and late complication of blood transfusion. There were 15 deaths out of 200 cases during their hospital stay due to various clinical causes.

### Conclusion:-

Blood Transfusion is a common clinical procedure with associated risks. However if performed with care, it is a very safe procedure. In our region O positive is the commonest blood group.

#### TITLE:

## A STUDY ON CHOLELITHIASIS AT A RURAL TEACHING HOSPITAL IN PAKISTAN:

## **AUTHORS:**

## Muhammad Latif (Final Year)

Humair Latif (Final Year) Ahsan Khalid (Final Year) Sajid Waqas (Final Year) Usman Masood (Final Year) Saud Afzal (Final Year) Javed Aslam (Final Year, KNH) Dr. Syed Zafar Abbas (Professor of Medicine)

#### **INSTITUTION:**

DEPARTMENT OF SURGERY, MUHAMMAD MEDICAL COLLEGE HOSPITAL MIRPUR KHAS.

## **ABSTRACT**

## INTRODUCTION/BACKGROUND:

Cholelithiasis is a common surgical problem, with well described presentation. Data at our region on this is however not available.

#### AIMS

To find out patients demographic details and the clinical practice at our center for this illness.

## **METHOD:**

A retrospective study of the case note of all patients admitted with cholelithiasis over a one year period of 2008.

## **RESULTS:**

Out of a total of 474 patients admitted in surgical unit-I 290 males (61%), 184 females (39%), 40 (9%) were diagnosed to have cholelithiasis. Among them there were 12 males (30%), 28 females (70%). Out of a total of 290 males, 12 patients (4.1%) and 184 females, 28 patients (15.2%) had this disease. The average age on diagnosis was 50 years (range 20 to 81 years). A total of 16 patients only underwent cholecystectomy, all of which were done as open laprotomies. All of them had an abdominal ultrasound scan, showing gallstones. There was no death in this group. 3 patients were not found to have a stone in their gallbladders at operation, all of which nevertheless were diseased. Three had multiple stones where as 10 had single gallstone. Average length of stay in hospital was 8 days (range was 1 to 20 days). There was one death among the non-operated group.

## **CONCLUSION:**

A significant number (60%) of patients with gallstone did not have cholecystectomy. There was no mortality in those who underwent cholecystectomy. 3 out of 16 were found to have acalculus cholecystitis at operation.

## **NEW EMERGING PATTERNS OF UTI IN PAKISTAN**

# **Authors:**

Muhammad, Syeda Ailia Muhammad, Syed Razi

This study was performed at Muhammad Medical College, Mirpurkhas.

## **ABSTRACT**

## **BACKGROUND:**

Urinary tract infection is a common infection which can be cause by a variety of bacteria. The distribution of bacteria can vary in various regions. Similarly the sensitivity of antibiotics to those bacteria causing UTI can also be different in different regions.

# **OBJECTIVE:**

To determine the frequency of the various organisms causing urinary tract infection, as well as finding their sensitivity to various antibiotics.

## **MATERIAL AND METHODS:**

This study was performed from  $1^{st}$  Oct 2008 to  $31^{st}$  Jan 2009. A total of 100 samples sent with provisional diagnosis of UTI were studied. There were 65 males and 35 females. The organisms were cultured in 3 specimens, whereas 47 were sterile. The sensitivity was tested for 15 commonly used drugs in these samples.

# **RESULTS:**

The commonest causative organism was E. Coli, which was present in 21 (40%) samples. This is half the number of E. Coli induced infection found in studies conducted in other parts of the world. 12 (23%) specimens grew Klebsiella and 9 (17%) grew Staphylococcus. More than 70% of samples were sensitive to Amikacin (41, 77%), Fosfomycin (39, 74%) and Imipemen (39, 74%).

# **CONCLUSION:**

The distribution of bacteria causing urinary tract infection and their sensitivity to various antibiotics are different from those reported in most standard textbooks.

# **KEYWORDS:**

Infection, urinary tract, sensitivity

# TITLE:-

# ALVARADO SCORING SYSTEM AND ITS APPLICATIONS IN PATIENTS WITH APPENDICITIS

# **AUTHORS**:

Sawina (Final Year)
Shaista (Final Year)
Maria (Final Year)
Dr. Mashooq (Department of Surgery)

## **INSTITUTION**:

Department of surgery, Muhammad Medical College Hospital, Mirpurkhas

## **BACKGROUND**:

Acute appendicitis is an acute condition and so is often difficult to diagnose by gold standard histopathology prior to surgery.

This scoring system describe in 1988 is based on presence and absence of certain simple variables.

# **AIM AND OBJECTIVE:**

Aim of the study was to assess the activity of Alvarado scoring system in reaching an accurate diagnosis of acute appendicitis in a fastest way without subjecting patients to unnecessary surgery and investigations in our setting.

## **METHODS**:

A retrospective review of case notes of patients with acute appendicitis between January 08 to June 09.

# **RESULTS:**

Out of 36 patients 31 were male and 5 were female. On Alvarado scoring system 5(13.8%) scored 5-6.22(61.1%) patients scored 7.9(25%) patients scored 8-10. Average length of staying in hospital was 5.7 days range 1-12 days. Those who scored 7 were 3.6 days where as with scored 5-6 stay was 0.3 day. Average delay in operation was within one day (0.7 day)-range 0-2 days.

Out of 36 patients only one patients who was 65 years old and scored 8, had a delay in operation of 2 days as he was not fit for Surgery having Acute Gastro Enteritis and unfortunately died after 7 days.

# **CONCLUSION:-**

Our study confirms that on Alvarado scoring system of Acute Appendicitis if patient's score 5-6 they can be managed conservatively whereas score 7 or more than 7 require Appendicectomy.

## **ASSESSMENT OF EXAM ANXIETY IN MEDICAL STUDENTS**

## **Authors:**

- 7. Numan Majeed (3<sup>rd</sup> Year MBBS, MMC)
- 8. Aneela Umber (3<sup>rd</sup> Year MBBS, MMC)
- 9. Manzoor Hussain (3<sup>rd</sup> Year MBBS, MMC)
- 10. Ahsan Rasheed (3<sup>rd</sup> Year MBBS, MMC)
- 11. Muhammad Anas (2<sup>nd</sup> Year MBBS, KEMU, Lahore)
- 12. Dr. Naeem Majeed (Research Officer UNICEF, LWH-Lahore)

## Institutions:

- 1. Muhammad Medical College
- 2. King Edward Medical University, Lahore
- 3. Agha Khan Medical College, Karachi
- 4. Rawalpindi Medical College, Rawalpindi
- 5. Punjab Medical College, Faisalabad

# Introduction/background:

Exam anxiety is a phenomenon that involves feelings of tension or uneasiness that occur before, during, or after an exam. Exam Anxiety has been a major problem for students irrespective of their age and field of education. Exam Anxiety in medical students is a serious issue as they have to provide healthcare facilities to public in future and anything which precludes their performances may have drastic effects on patients.

## **Objectives:**

To find prevalence and risk factors which cause exam anxiety and symptoms associated with it and to determine ratio of use of antidepressant drugs and to find the difference of prevalence of exam anxiety between students of private medical college and public medical colleges.

## Study Type:

**Descriptive Cross sectional** 

## **Methods and Subjects:**

The questionnaire was self administered semi-structured ipsative and was pilot tested before the final administration on students. The study was carried out in two provinces (Punjab and Sindh) of Pakistan in two private and three public medical institutes including students from 2nd to final year from of the five institutes. Data analysis was done using SPSS 17.0

## **Results:**

The response rate of the survey was 78% (i.e. 313 forms were received out of 400 distributed). Majority of the students (58%) said that they feel they could do better in the exam, 48.2% said that they try to stop worrying but they cannot, 41% have tachycardia, 37% have difficulty in sleeping and 46% do not enjoy eating before the exam. However, 36% students said that they are more anxious when they are well prepared while a majority (65%) said that they are confident that they will pass, despite the anxiety. Antidepressant use was reported by a minority (17%)

#### **Conclusion:**

Although most of the students have symptoms of anxiety and depression during and after the examinations, majority of them are confident of their performance.

# ALL CAUSE BURDEN OF DISEASES ADMISSION AND THEIR DEPARTMENT BREAKDOWN AT A RURAL TEACHING HOSPITAL IN PAKISTAN

# **Authors:**

Faizan Saeed (Final Year MBBS) Moona Fatima (Final Year MBBS) Prof. Dr. Syed Zafar Abbas (Prof. of Medicine)

#### Institution:

Muhammad Medical College Hospital, Mirpurkhas

## **Abstract**

## Background:

Mankind suffers many diseases. Many of them require hospital admissions. Resources are limited especially in developing countries. Data regarding disease burden is extremely important in making decision regarding resource allocation. This may also influence the emphasis on medical curriculum for undergraduates.

## Aims:-

To find out the disease burden of patients admitted at a rural teaching hospital.

## Methods:-

Retrospective study of the computerized records of all admissions to our hospital during the year 2008.

## Results:-

2655 patients were admitted in different department 1269 (48%) of them males and 1386 (52%) females. Their ages varied from newborn to 105 years.

Majority of them were over 45 years (n= 1234) followed by 15-44 years (n=1144), 1-14 years (n=178) and < 1 year (n=89) There were 247 (9.3%) deaths in the hospital during study period.

## Commonest 10 diagnosis were:- Total n= 2655

| S.No. | Diseases               | No. of Patients | Mortality    |
|-------|------------------------|-----------------|--------------|
| 1     | CLD.                   | n=384 (14.4%)   | n= 82 (33%)  |
| 2     | Carcinoma.             | n=141 (5.3 %)   | n= 15 (6.1%) |
| 3     | Complicated D.M        | n= 169 (6.3%)   | n= 20 (8.1%) |
| 4     | Tuberculosis.          | n= 127 (4.7%)   | n= 6 (2.4%)  |
| 5     | Full term Pregnancy.   | n= 119 (4.48%)  | n= 0         |
| 6     | Acute Gastroenteritis  | n= 98 (3.7%)    | n= 5 (2.1%)  |
| 7     | Ischemic Heart Disease | n= 88 (3.3%)    | n= 11 (4.4%) |
| 8     | COPD                   | n= 85 (3.2%)    | n= 3 ( 1.3%) |
| 9     | Anemia.                | n= 84 ( 3.1%)   | n= 1 ( 0.4%) |
| 10    | Acute Hepatitis        | n= 77 ( 2.9%)   | n= 0         |

# Commonest 5 surgical diagnosis were :- [(n= 471) (18%)]

| S.No. | Disease                | No. of Patients | Percentage |  |
|-------|------------------------|-----------------|------------|--|
| 1     | Fracture               | n= 42           | 8.9%       |  |
| 2     | Cholelithiasis         | N= 37           | 7.8%       |  |
| 3     | Intestinal obstruction | n= 32           | 6.7%       |  |
| 4     | Hernia                 | n= 27           | 5.7%       |  |
| 5     | B.P.H                  | n= 22           | 4.8%       |  |

# Commonest 5 Gynae / Obs diagnosis were :- [ (n= 340) (12.8%)]

| S.No. | Disease             | No. of Patients | Percentage |
|-------|---------------------|-----------------|------------|
| 1     | Full term pregnancy | n= 119          | 35%        |
| 2     | Anemia in pregnancy | n= 64           | 19%        |
| 3     | Pre term labour     | n= 38           | 11.2%      |
| 4     | U-V Prolapse        | n= 36           | 10.5%      |
| 5     | Fibroid             | n= 34           | 10%        |

# Commonest 5 Medical diagnosis were :- [ (n= 1699) ( 64%)]

| S.No. | Disease               | No. of Patients | Percentage |
|-------|-----------------------|-----------------|------------|
| 1     | CLD                   | n= 384          | 22.6%      |
| 2     | Diabetes Mellitus     | n= 169          | 10%        |
| 3     | Tuberculosis          | n= 127          | 7.5%       |
| 4     | Acute Gastroenteritis | n= 98           | 5.8%       |
| 5     | COPD                  | n= 85           | 5%         |

# Commonest causes of deaths were:- [ (n=247) (9.3%)]

| S.No. | Disease                  | No. of Patients | Percentage |
|-------|--------------------------|-----------------|------------|
| 1     | C.L.D                    | n= 82           | (33%)      |
| 2     | 2Respiratory Diseases)   | n= 22           | (8.9%)     |
| 3     | Diabetes Mellitus        | n= 20           | (8.7 %)    |
| 4     | Cerebrovascular Accident | n= 16           | (6.4%)     |
| 5     | Renal Diseases           | n= 15           | (6.1%)     |
| 6     | Carcinoma                | n= 15           | (6.1%)     |
| 7     | Ischemic Heart Diseases  | n= 11           | (4.4%)     |
| 8     | G.I.T Disorder           | n= 09           | (3.6%)     |
| 9     | Neurological Disorders   | n= 06           | (2.4%)     |
| 10    | Unknown Causes           | n= 28           | (11.4%)    |

# Most commonly involved diseased systems were:- [ (n= 2655)

| initial terminal in the control of t |                    |                 |            |  |
|--|--------------------|-----------------|------------|--|
| S.No.  | Disease            | No. of Patients | Percentage |  |
| 1  | G.I.T / Hepatology | n= 663          | (25%)      |  |
| 2  | Chest Diseases     | n= 414          | (16%)      |  |
| 3  | Gynae/ Obs         | n= 340          | (13%)      |  |
| 4  | Surgery            | n= 471          | (12.2%)    |  |
| 5  | Endocrine Disease  | n= 175          | (6.5%)     |  |

# **Conclusion:-**

In our set up, liver diseases and GIT illnesses are by far the commonest indications for admission (25%) where is also the most common cause of death (36.6%). Health care authorities in public and private sectors need to keep these facts in consideration when allocating health budgets and specialist other facilities according to disease burden.

#### TITLE:

## BURDEN OF DISEASES IN A RURAL TERTIARY CENTRE IN SINDH, PAKISTAN.

#### **AUTHORS:**

Dr. S.WAQAR ALI KAZMI (4<sup>Th</sup> Year M.B.B.S) Dr. ABDUL WAHID (4<sup>Th</sup> Year M.B.B.S

#### SUPERVISOR:

Dr.M.ASIF SHH (Asst. Prof. Deptt. Of C.H.S)

## **FACILITATOR:**

DR. AFTAB MEMON (Deptt. Of C.H.S)

#### **INSTITUTION:**

Department of Community Health Science, Muhammad Medical College, Mirpur Khas, Sindh, Pakistan.

#### **ABSTRACT**

#### **BACKGROUND:**

It is a primary importance to know disease pattern and frequency in a health care system for effective planning in limited resources. Health care delivery system is inadequate in rural area with variation in disease distribution.

## OBJ/AIM:

To know the disease patterns of patents attending Rural Tertiary Care Institution.

## **METHODOLOGY:**

Analysis of Month May 2009 record from different wards of rural health centre. Total cases <u>274</u> were assessed to know the pattern of diseases.

## **RESULTS**:

The results showed that the total percentage of Gastroenteritis cases in our study were 14% out of which 5% were male and 9% female. Most of the cases were present in the age group of above 40. The total percentage of Diabetic cases in our study were 9% out of which 5% were male and 4% female. Most of the cases were present in the age group of above 40. The total percentage of Hepatitis C cases in our study were 8% out of which 3% were male and 5% female. Most of the cases were present in the age group of above 40. The total percentage of Chronic Liver Disease cases in our study were 8% out of which 3% were male and 5% female. Most of the cases were present in the age group of above 40. The total percentage of Gall stones cases in our study were 4% out of which 1% were male and 3% female. Most of the cases were present in the age group of above 40. The total percentage of Hypertension cases in our study were 4% out of which 1% were male and 3% female and 3% female. Most of the cases were present in the age group of above 40. The total percentage of Ischemic Heart Diseases cases in our study were 4% out of which 2% were male and 2% female. Most of the cases were present in the age group of above 40 While the other diseases (e.g. Anemia, Psychosis, Juandice, Migraine, Dacrocytosis, Meningitis etc) were 31% in which 14% were male and 17% were female.

# ATTITUDES OF MEDICAL STUDENTS & TEACHERS TOWARDS COMPLIMENTARY AND ALTERNATIVE MEDICINE IN MMC MIRPURKHAS

## **Authors:**

Kifyatullah ( final year) Kiran ghauri ( final year) Misbah jamil ( final year) Hina babar ( final year) Jazib nisar ( final year) Prof. S. Zafar Abbas (Medicine)

#### **INSTITUTION:-**

Department of Medicine MMCH

## **Background:**

Complimentary and Alternative Medicine is a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine. Complementary medicine is used together with conventional medicine.. Alternative medicine is used in place of conventional medicine.

#### Aim:

To assess the attitudes toward complementary and alternative medicine (CAM) among students of MMC Mirpurkhas Sindh and their views on its place in the medical college curriculum and medical practice.

## Method:

A cross sectional study was conducted by using responses to a questionnaire ( 300 distributed, 228 received back i.e 76%,

Out of 288, 194 were students and 34 were teachers) and rated their attitudes toward Complimentary and Alternative Medicine modalities in terms of personal use, inclusion in the curriculum, and use/utility in clinical practice.

## **Results:**

# Alternative medicine as compared to Allopathic

|                      | •                | •                 |
|----------------------|------------------|-------------------|
| Options              | Student response | Teachers response |
| Significantly better | 37(19.07%)       | 2(6.97%)          |
| Somewhat better      | 81(41.75%)       | 6(16.27%)         |
| complementary        | 24(5.37%)        | 10(30.02%)        |
| Inferior             | 44(22.68%)       | 06(16.27%)        |
| Useless              | 08(4.1%)         | 10(30.02%)        |

# Alternative Medicine For Some Specific Diseases Is Better Than Allopathic

| Options                    | Student response | Teachers response |
|----------------------------|------------------|-------------------|
| Strongly agree             | 37(19.07%)       | 0                 |
| Agree                      | 77(39.69%)       | 9(27.90%)         |
| Neither agree nor disagree | 48(24.74%)       | 9(27.90%)         |
| Disagree                   | 43(22.16%)       | 09(27.90%)        |
| Strongly disagree          | 08(4.12%)        | 07(25.5%)         |

# Alternative Medicine Should Be A Part Of MBBS curriculum / Hospital speciality

| Options                    | Student response | Teachers response |
|----------------------------|------------------|-------------------|
| Strongly agree             | 25(12.88%)       | 3(11.62%))        |
| Agree                      | 53(27.31%)       | 15(48.83%)        |
| Neither agree nor disagree | 51(26.28%)       | 2(9.30%)          |
| Disagree                   | 63(32.47%)       | 10(30.23%)        |
| Strongly disagree          | 15(7.73%)        | 04(20.93%)        |

# Which Discipline Alternative Medicine Is Useful

| Options           | Student response | Teachers response |
|-------------------|------------------|-------------------|
| Herbel            | 60(30%)          | 04(%)             |
| Hakimi            | 10(5%)           | 05(23.25%)        |
| Chinese tradition | 0(0%)            | 0                 |
| Homeopathy        | 70(36%)          | 05(14.70%)        |
| Acupuncture       | 3(1.5%)          | 02(5.88%)         |
| Home remedies     | 10(5%)           | 05(14.70%)        |
| Spiritual         | 30(15.46%)       | 03(8.82%)         |
| Osteopathe        | 10(5%)           | 10(29.41%)        |
| Quacks            | 2(1.03)          | 0                 |

# Do You Or Your Close Relatives Ever Visit Alternative Medicine Expert

| Options    | Student response | Teachers response |
|------------|------------------|-------------------|
| Never      | 96 (49.88%)      | 9 (11.62%)        |
| Some times | 58 (29.89%)      | 22 (48.83%)       |
| Many times | 30 (15.46 %)     | 3 (30.23%)        |
| Always     | 10 (5.15%)       | 0                 |

# **Conclusion:**

Most of the students said that Alternative medicine is significantly better than allopathic while the Teachers said that Alternative medicine can be complimentary as compared to conventional medicine. Teachers are agree to made alternative medicine as a part of MBBS curriculum or hospital speciality and the most famous alternative medicines are herbal, homeopathy and home remedies and osteopathe.

# Title:

# DOES ADMISSIONS ON WORKING DAYS CARRY BETTER OUTCOME AS COMPARED TO WEEKEND ADMISSIONS IN PATIENTS WITH DECOMPENSATED CIRRHOSIS???

## **AUTHORS**:

Muhammad Rizwan Javed Final Year MBBS
Sara Laghari Final Year MBBS

Dr. S. Zafar Abass Professor of Medicine MMCH.

# **INSTITUTE:**

Division of Gastroenterology, Department of Medicine, Muhammad medical college & hospital, Mirpurkhas.

# **ABSTRACT**

# **BACKGROUND**:

Out of hours and weekends usually see emergency only services at hospitals. This conceivably may result in some delay in acquiring special tests and treatment as compared to a normal working day. International data suggest that this situation translates into somewhat higher morbidity and mortality for patients admitted at weekends.

# AIMS:

We performed a study to look into morbidity and mortality rates among patients admitted with decompensated cirrhosis over weekends and compared their results with those admitted over week days at our centre.

# **METHODS**:

Retrospective study of last 100 consecutively admitted patients over weekends and weekdays under the division of gastroenterology at our hospital with decompensated cirrhosis.

# **RESULTS**:

| S. | Variables                  | Week days admitted patients       | Weekends admitted patients  |
|----|----------------------------|-----------------------------------|---|
| NO |                            | , .                               | ·   |
| 1  | Total patients             | 50=28(56% males), 22(44%          | 50=20(40% males), 30(60%  |
| _  |                            | females)                          | females)  |
| 2  | Average age                | 50.5 years (range=16-70)          | 52.2 years (range=16-75)  |
|    | Admission days             | Mon=10(20%), Tue=11(22%),         | Fri (after 3:30 pm) =8(16%),  |
| 3  |                            | Wed=13(26%), Thu=11(22%), Fri     | Sat=20(40%), Sun=21(42%),   |
| 3  |                            | (before 3:30 pm) =5(10%)          | Others (14 <sup>th</sup> august, 23 <sup>rd</sup> march etc) =1(2%) |
|    | Type of Decompensation     | Ascites (A) =30(60%)              | Ascites (A) =28(56%)  |
|    |                            | Encephalopathy (E) =9(18%)        | Encephalopathy (E) =14(28%)   |
| 4  |                            | Variceal Bleeding (V) =6(12%)     | Variceal Bleeding (V) =4(8%)  |
|    |                            | Persistent Jaundice (J) =5(10%)   | Persistent Jaundice (J) =4(8%)                                      |
| 5  | Average delay in seeing    | 0.1 days(range=0-1)               | 1.8 days(range=0-3)   |
| 5  | by specialist              |                                   |   |
| 6  | Length of stay at hospital | Average=3.7 days(range=1-13       | Average=4.1 days(range=1-20   |
| 6  |                            | days)                             | days)   |
|    | Outcomes                   | Discharge (D) =39(78%)            | Discharge (D) =22(44%)  |
| 7  |                            | LAMA (L) =5(10%)                  | LAMA (L) =13(26%)   |
|    |                            | Death (E) =6(12%)                 | Death (E) =15(30%)  |
|    | Deaths                     | Average age=54.9 years            | Average age=62.2 years  |
|    |                            | Sex=3 male (50%), 3 females (50%) | Sex=6male (40%), 9 females  |
|    |                            | Decompensation type               | (60%)   |
|    |                            | Ascites (A) =2(33.4%)             | Decompensation type   |
| 8  |                            | Encephalopathy (E) =3(50%)        | Ascites(A) =4(26.7%)  |
|    |                            | Variceal Bleeding (V) =1(16.6%)   | Encephalopathy (E) =9(60%)  |
|    |                            | Persistent Jaundice (J) =0(0%)    | Variceal Bleeding (V)   |
|    |                            |                                   | =2(13.3%)   |
|    |                            |                                   | Persistent Jaundice (J) =0(0%)                                      |

# **CONCLUSION**:

From our study we concluded that the patients admitted during weekends suffer greater morbidity, longer stay at hospital, delay in specialist treatment and higher mortality as compared to patients admitted during weekdays.

# **DOCTORS STILL THE MOST TRUSTED PROFESSIONALS**

# **Authors:**

Khizer Ahmad Moon (Final year student)
Tahir Hussain Kanhar (Final year student)
M. Saqib Baloch (Final year student)
Nadeem Abbas (Final year student)
(Supervision by) Dr. Syed Zafar Abbas

# Institution:

Muhammad Medical College & Hospital, Mirpurkhas

#### **Abstract**

# **Background:**

There is perceived general attitude of lack of trust in our society even they historically most trusted professions are perhaps facing a distrust by the general population as per recurrently published data and surveys from the west, including royal college of physicians of London's recruited famous firm MORI's report, physicians are still the most trusted professionals. The situation in our population is not known.

# Aim:

To determine the most trusted professions in our society.

## Methods:

110 people from different walks of life, in different location of mirpurkhas were randomly selected and interviewed. No more than 10 % people from a specific profession were interviewed.

# **Results:**

5 most commonly trusted professions were

Doctors (40.9%), Teachers (16.3%), No One (15.4%), Businessmen (11%), and Bankers (5.4%). Those professions who were trusted by less than 1% of people, included Lawyers, Army and Bureaucrats.

# **Conclusions:**

Although trusted by only 41%, doctors are still by for the most trusted professionals in our society.

| Professions | No: Of<br>Voters | Average<br>Age Of<br>Voters | No: of<br>Males<br>Voters | No: Of<br>Female<br>Voters | Percentage Of<br>Votes |
|-------------|------------------|-----------------------------|---------------------------|----------------------------|------------------------|
| DOCTORS     | 45/110           | 35-50                       | 41                        | 4                          | 40.9%                  |
| TEACHERS    | 18/110           | 35-45                       | 18                        | 0                          | 16.3%                  |
| NO ONE      | 17/110           | 30-40                       | 17                        | 0                          | 15.4%                  |
| BUSINESS    | 12/110           | 25-40                       | 11                        | 1                          | 11%                    |
| BANKING     | 6/110            | 40-50                       | 6                         | 0                          | 5.4%                   |
| POLITICS    | 3/110            | 55-65                       | 3                         | 0                          | 2.2%                   |
| ENIGINEER   | 2/110            | 17-25                       | 2                         | 0                          | 1.8%                   |
| LAND LORD   | 2/110            | 30-45                       | 2                         | 0                          | 1.8%                   |
| MEDIA       | 2/110            | 35-45                       | 2                         | 0                          | 1.8%                   |
| BUREUCRATES | 1/110            | 17                          | 1                         | 0                          | 0.9%                   |
| LAWYERS     | 1/110            | 60                          | 1                         | 0                          | 0.9%                   |
| ARMY        | 1/110            | 20                          | 1                         | 0                          | 0.9%                   |

# PREVALENCE OF FAMILY PLANNING IN MOTHERS ATTENDING MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS

## Author:

Ayesha Ismail,(4<sup>th</sup> Year), Javarria Mehmood, (4<sup>th</sup> Year),Kiran Mehmood, (4<sup>th</sup> Year), Mehwish Shafique, (4<sup>th</sup> Year), Sundas, (4<sup>th</sup> Year), Madiha Ajmal, (4<sup>th</sup> Year), Rabia Hameed, (4<sup>th</sup> Year), Najma Rafique, (4<sup>th</sup> Year), Rukhsana perveen, (4<sup>th</sup> Year), Anila Zaman, (4<sup>th</sup> Year), Maira Jabeen, (4<sup>th</sup> Year)

#### Supervisor:

Dr. Noor Ali Samoo

## Facilitator:

Dr. Pir Muqades (Senior Lecture)

#### Institute:

Faculty of Community Health Sciences, Muhammad Medical College, Mirpurkhas

## **Background:**

Family Planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country.

# Objective:

To evaluate, knowledge, attitude and practice of mothers of child Bearing Age Groups regarding family planning among mothers attending Gynae/ Obs , pediatrics OPD in MMC hospital MPK.

## Methodology:

A cross sectional study was carried out between 10<sup>th</sup> July 2009 to 10<sup>th</sup> August 2009. Total number of study subject was 300 women. The Information regarding participants demographics feature and their knowledge, attitude and practice towards family planning was collected. The study was conducted after the approval of department of Community Health Sciences, Muhammad Medical College.

## Result:

The mean age of our study participants was 32yrs. Most of the mothers n=180, 60% have more than 4 children. n = 228, 76% of respondents have knowledge about contraception. Among them n=144, 48 % are using family planning methods while remaining n=156, 52% give various reasons for not using family planning method such as health reason n= 75, 25%, want more children n= 36, 12%,husbands objection n= 36, 12%,lack of knowledge n= 72, 24% and religion n= 48, 16%.

Among the population using family planning most of them n=132, 44% obtained family planning method supplies from LHWs and n=162, 53% from pharmacies/ markets.

The most frequent methods are n=84, 28% condoms, n=33, 11% oral pills, n=36, 12% injections, n=6,2% tube ligation, n=12, 4% IUD and n=30, 10% C.T. Duration of usage of contraceptives are variable n=36, 12% < 3 months , n=12, 4% for 7-12 months, n=84, 28% for 1-3 years and n=72, 24% for 5 years or more. N=204, 68% intend to use family planning method in future.

### **Conclusion:**

High proportion of women had sufficient knowledge regarding contraception, but their attitude and practice were poor. There is need of health education for the community through involvement of LHWs and media to have health awareness of family planning and have the choice and responsibility of decision to individual and couples for promotion of health, Welfare and Social Development Country.

# FREQUENCY AND DISTRIBUTION OF CANCERS AT A RURAL TERTIARY CENTRE

# **Authors:-**

Aisha Idrees (Final Year) Atif Aziz (Final Year)

Prof. Dr. Syed Razi Muhammad (Department of Surgery)

# Institution:-

Department of Medical Education, Muhammad Medical College, Mirpurkhas

## **Abstract**

# Background:-

Majority of cancers require urgent investigations and treatment. Despite that, most of them remain incurable. Data is sparse on this issue at our region, although a small previous study from our centre does exits.

# Aims:-

To find out the frequency and distribution of various cancers presenting at our centre, and its sufferers characteristics.

## Methods:-

Retrospective study of the note of all patients diagnosed with a malignant disease at our centre between 1<sup>st</sup> January 2008 and 15<sup>th</sup> April 2009 (15 ½ months).

# Results:-

Out of a total of 3387 admissions (average age = 35.2 years) to the hospital during the study period, 151 (4.46%) were diagnosed to have a cancer with average age 50.4 years (range 18-85 years). Among cancer patients there were 87 males (57.6%) with average age 53 year and 64 female (42.4%) with average age of 46 years. The table shows details of commonest 10 malignant diseases.

| No. | Cancer         | No. of<br>Patients | Percentage | Average<br>Age | Male | Female |
|-----|----------------|--------------------|------------|----------------|------|--------|
| 1   | HCC (Hepatoma) | 51                 | 33.8 %     | 54.4 Years     | 37   | 14     |
| 2   | Ca Bronchus    | 17                 | 11.26%     | 59.9 years     | 15   | 02     |
| 3   | Ca Bladder     | 15                 | 9.93%      | 53.7 years     | 09   | 06     |
| 4   | Ca Breast      | 13                 | 8.6 %      | 46.6 years     | 00   | 13     |
| 5   | Ca ovary       | 13                 | 8.6%       | 37.15years     | 00   | 13     |
| 6   | Lymphoma       | 08                 | 5.3%       | 58.5years      | 07   | 01     |
| 7   | Colorectal Ca  | 07                 | 4.6%       | 52.4years      | 04   | 03     |
| 8   | Leukemia       | 06                 | 4%         | 48.5years      | 04   | 02     |
| 9   | Skin Cancers   | 05                 | 3.3%       | 51.7years      | 03   | 02     |
| 10  | Upper GI Ca    | 05                 | 3.3%       | 40.6years      | 02   | 03     |

# Conclusion:-

Cancer comprises 4.46% of all admission of our hospital. It is slightly more common in men with hepatocellular carcinoma being by for the commonest (33.8%) One in 4 patients had cancer diagnosed at the age of 40 years or younger.

#### TITLE

# FREQUENCY OF RENAL STONE DISEASE PRESENTING AT UROLOGY DEPARTMENT IN A RURAL TERTIARY HOSPITAL

# **AUTHORS**

Fawad Shamsheer Mughal (Final Year)
Adina Yasmeen (Final Year)
Saima Sultan (Final Year)
Shazia Sukhera (Final Year)
Mehmood Khan (Final Year)
Dr. Javed Rajput (Department of Surgery)

# **INSTITUTION**

Department of Urological Surgery, Muhammad Medical College Hospital Mirpurkhas.

# **BACKGROUND**

Renal stone disease is one of the common urological problem. Data in our region does not exist in this regard.

## **AIMS**

To determine the frequency or burden of disease of renal stones.

# **METHOD**

A retrospective review of case note of all urological admissions in 2008.

# **RESULTS**

200 patients were admitted in our department with renal stones (108 Males,92 Females) with the average of 24 yrs (Range 06-80 yrs)

165 out of 200 (82.5%) had unilateral stones where as 35 out of 200(17.5%) had bilateral stones.

# **CONCLUSIONS**

Unilateral renal stone disease is a common urological problem in our region

# A SURVEY OF STUDENTS OF MUHAMMAD MEDICAL COLLEGE, MIRPURKHAS ABOUT THEIR EXPERIENCE IN DISSECTION HALL

# **Authors:-**

Mehwish Memon (Final Year), Azra Parveen (Final Year), Saima Sultan (Final Year). Prof. Dr. Syed Razi Muhammad.

# Institute:-

Muhammad Medical College, Mirpurkhas.

## Aims:-

To find out the student's educational approach & future preference in Medical Field.

## Background:-

The whole idea behind this survey was to evaluate the future preference of Medical students and their behavior towards their studies in Medical College.

# Methods:-

A questionnaire was prepared which was distributed to students of all classes of MMC. 200 questionairres were returned and analysed.

# Results:-

### Gender:

Out of 200 students who returned the questionnaire, 116 (58%) were females and 84 (42%) were males.

## **Origin of Students:**

Distribution of responders according to their cities of origins was as follows:

Mirpurkhas 54/200 (27.0%)

Karachi 30/200 (15.0%),

Lahore 18/200 (9.0%)

Hyderabad 10/200 (5.0%),

D.G Khan 10/200 (5.0%)

Swat 10/200 (5.0%)

Khairpur 10/200 (5.0%),

Sanghar 8/200 (4.0%)

Jacobabad 8/200 (4.0%)

Faisalabad 8/200 (4.0%)

Kashmir 8/200 (4.0%)

Bhawalpur 6/200 (3.0%)

Multan 6/200 (3.0%)

Peshawar 4/200 (2.0%)

Sadiqabad 4/200 (2.0%)

Badin 4/200 (2.0%)

Umerkot 2/200 (1.0%)

# Parents' Occupation:

Fathers of 49/200 (24.5%) of responders were Doctors, 33/200 (16.5%) were Land Lords, 37/200 (18.5%) Businessmen, 30/200 (15.0%) Bureaucrats, 7/200 (3.5%) Lawyer and Police Department, whereas fathers of 44/200 (22%) belonged to other Government services,

Mother's occupation was house wife in 180/200 (90%) responders, Teacher 10/200 (5%) and Doctors in 10/200 (5%) responders.

#### Most wanted fields of students:-

Students wished to pursue following professions:

General Surgeon 51/200 (25.5%), Gynecologist 49/200 (24.5%), Pediatrics and Physician 30/200 (15%), Cardiologist 4 (2%), Orthopedic 3 (1.5%), Neurologist 3 (1.5%), Oncologist 2/200 (1%) and undecided 58/200 (29%).

## How comfortable they felt when they first went to dissection hall:-

Out of 200, 50 (25%) wrote that they felt very comfortable when they first went to dissection hall, 85 (42.5%) wrote that they felt reasonably comfortable when they first went to dissection hall, 40/200 (20%) students felt neither comfortable nor un-comfortable when they went to dissection hall, 20/200 (10%) felt un-comfortable and 5/200 (0.125%) felt very un-comfortable when they first visited the dissection hall.

## How much were they prepared by their teachers before they were taken to Dissection hall:-

40/200 (20%) claimed that they were well prepared by their teachers before taking them to dissection hall. 85/200 (42.5%) were reasonably prepared by teachers before they were asked to go to Dissection hall, 40/200 students were neither prepared nor un- prepared, 30/200 (15%) were un-prepared, 5/200 (2.5%) were totally un-prepared before they were asked to go to Dissection hall.

# Questioning by faculty members in Dissection hall:-

150/200 (75%) students felt that questioning by faculty members during dissection was helpful in their studies whereas 50/200 (25%) thought it was stress full.

## Changes in Dissection hall:-

When asked about most desirable change in Dissection Hall, vast majority 150/200 (75%) wanted airconditioning, and 50/200 (25%) wanted more guidance by faculty members in a proper ways.

When directly questioned about desirability of Dissection under supervision, it was considered very desirable by all students 200/200 (100%).

# Conclusion:-

This Survey shows that most wanted fields of Medical students is Surgery and Gynae, students feel comfortable in the studies and they are well prepared be fore they go to learn and the most important things to learn is facts and top responsibilities are they should be responsible, Respect to Teachers and knowledgeable.

#### <u>Title:</u>

# DOES ADMISSIONS ON WORKING DAYS CARRY BETTER OUTCOME AS COMPARED TO WEEKEND ADMISSIONS IN PATIENTS WITH UPPER GIT BLEED?

# **Authors:**

Muhammad Umar Baqa (Final Year MBBS), Zulqarnain Ashraf (Final Year MBBS), Neelam Ayoub (Final Year). Dr. S. Zafar Abbas , Professor of Medicine MMCH.

#### Institution:

Division of gastroenterology, department of medicine Muhammad medical college & hospital, Mirpurkhas.

## **Abstract**

# **Background:**

Out of hours and weekends usually see emergency only services at hospitals. This conceivably may result in some delay in acquiring special tests and treatment as compared to a normal working day. International data suggest that this situation translates into somewhat higher morbidity and mortality for patients admitted at weekends.

# Aims:

We performed a study to look into morbidity and mortality rates among patients admitted with upper GIT Bleed over weekends and compared their results with those admitted over week days at our centre.

# **Methods:**

Retrospective study of last 45 consecutively admitted cases admitted. Patients over weekends and week days under the division of gastroenterology at our hospital with upper GIT Bleed.

## **Results:**

24 patients (13 males, 11 females – average age 49.5 years) were admitted over weekdays (Group-I) Over last one year period compared with 21 patients (14 males 7 females average age 46 years) over weekend days (Group-II) with acute upper G.I Bleed. Average Hb in Group-I was 8.4 g/dl and Group-II was 8.1 g/dl.

There was an average delay of 3 days in having endoscopy in Group-II vs 1 day in Group-I. In Group-I 15/24 patients had bleeding oesophageal varices at endoscopy, whereas in Group-II, this member was 10/21 .Banding was applied to bleeding varices in9/15 patients of Group-I compared with6/10 patients in group-II. Average stay in hospital for Group-I was 4.4 days whereas in Group-II was 6.4 days. 9.5% patients died in Group-II compared with 8.3% in Group-I.

## Conclusion:-

Patients with acute upper GI bleed are more likely to have a prolonged hospital stay, delay in having endosopic treatment and slightly higher mortality if they are admitted over weekend or out of hours.

## TITLE:

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

## **AUTHORS:**

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

## **INSTITUTION:**

Department of Gastroenterology, Muhammad Medical College Hospital, Mirpurkhas.

## **ABSTRACT**

## **BACKGROUND:**

In our region of Mirpurkhas, the prevalence of HCV infection has previously been shown to be almost 20%, with over 90% genotype 3. Over 30 different companies are marketing conventional Interferon (INF) in Pakistan. Data is not available for their success rates, although different claims are made. This study is the first in Miurpurkhas, done to see if this disease and its treatment behave any different here.

# AIMS:

To determine the success rate of conventional Interferon-based treatment in eradicating HCV with predominant genotype 3.

# **METHODS:**

Prospective study of patients, investigated and treated with 16 brands of INF with the same manufacturer's ribavarin on a weight-basis for HCV eradication. The patients were recruited once the decision of treating them with INF-based therapy was made by their clinicians and started on it, whether they had genotype checked prior to treatment or not before doing so.

# **RESULTS:**

A total of 241 patients (137 [56.8%] males; average age 39.6 years [range 20 – 73]) were enrolled in the study and were followed up in the liver clinic. Out of them, 128 (53.1%) had their genotype checked, of which 28 were untypeable. Genotype 3 was found in 91/100 typeable genotypes (3a=64, 3b=13,3a/3b=4, 3a/2a=2, 3a/1b=a, 3 with no-subtype=7). 4 were genotype 1, and 5 were genotype 2. Among them, 7 patients had a mixed genotype (all had genotype 3 in combination with its own subtype, or with another genotype), and 93 had a single genotype.

The overall ETR achieved was 181/241 (75.1%). 66/91 (72.5%) of genotype 3 achieved ETR. Among those who achieved ETR, there were 97/137 (70.8%) men and 81/104 women (77.8%). There was no significant difference in average ages for those who achieved good ETR and those who did not (39.8 and 39 years respectively). 13/241 (5.3%) patients suffered significant side effect of anaemia during treatment, requiring dose reduction and holding of ribavarin for upto 2 months. Only 1/13 such patient failed to achieve ETR. 7/241 patients had clinical and ultrasound evidence of compensated cirrhosis prior to starting treatment – 3 of them achieved ETR. SVR is available for 54 patients, of which 35 (64.8%) were good. 6 of the 16 brands had been used on more than 10 patients. The ETR achieved by these were: Brand A= 80%; Brand B= 80.6%; Brand D= 84.2%; Brand F= 76.9%; Brand G= 61.2%; Brand J= 61.5%.

# **CONCLUSION:**

This study shows that ETR achieved by different brands of conventional INF-based treatment for HCV averaged 75%. This was 77% in female sex, although age did not appear to be a factor in determining a favourable ETR. Over 5% patients suffered a significant side effect of anaemia on treatment, requiring dose adjustment of ribavarin, but this did not have an adverse effect on ETR.

#### KAP STUDY OF MOTHERS REGARDING BREAST FEEDING

# **Authors:**

Hassan Nadeem, (4<sup>th</sup> year MBBS), Abuzerali (4<sup>th</sup> year MBBS), Hanifullah 4<sup>th</sup> year MBBS), M. Aamir (4<sup>th</sup> year MBBS), Adil Shakoor (4<sup>th</sup> year MBBS), Hafiz Jalil (4<sup>th</sup> year MBBS), Faisal Shafiq (4<sup>th</sup> year MBBS)

## **Supervisor:**

Dr. Asif Shah

#### **Facilitator:**

Dr. Aftab Memon Dr. Pir Muqadas Sarhandi

#### Institution:

Department of Community Health Science, Muhammad Medical College, Mirpurkhas

#### Aims & objective

To evaluate knowledge, attitude practice of mother regarding Breast Feeding among the mother attending Gynae/ Obs and pediatrics OPD in MMCH, district Mirpurkhas.

# Method:

A cross sectional study was carried out from 4<sup>th</sup> august 2009 to 12<sup>th</sup> August 13, 2009. A total of 30 mothers were selected and interviewed. Information regarding participant's demographic features, infant feeding, immunization of their children knowledge and attitude towards Breast Feeding was collected.

## **Result:**

Most of the mothers in the study were multi gravida (25) and 70% of the children are immunized according to E.P.I. program and 2/3 (20) of mothers belong to urban area. 93% of mothers had been Breast Feeding their children while 96% of mothers started Breast Feeding immediately after birth. Out of 30 mother 86% gave colostrums to their child. In addition 20% of mother have misconception that fortified milk is better than Breast Feeding.

According to our study 46% mothers thought that spoon feeding is better than Breast Feeding. Majority of mother (about 96%) said Breast Feeding is better for infant health and same proportion of mothers thought that Breast Feeding increases mother-child bonding. 86% of mother said that Breast Feeding protect baby from G.I.T. infection while 90% said that feeding in unhygienic bottle causes diarrhea contrary to this 73% said Breast Feeding decreases diarrhea. 40% of mothers think Breast Feeding is good for mothers health while 36% mothers have misconception that Breast Feeding causes disfigurement.

Out of 30 samples 40% think Breast Feeding is a good contraceptive method and 13% think Breast Feeding have a negative role on their marital relationship 86% of multigravid mothers Breast Feeding their last baby and 86% give colostrums. 76% mothers had the opinion that infant formula prevents overweight.

# **Conclusion:**

This study showed that high proportion of mothers Breast Feeding their child and they knew the importance of Breast Feeding. Most of the mothers have a good knowledge regarding Breast Feeding. They had good attitude and practice.

# KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) REGARDING DIARRHOEA AMONG MOTHERS ATTENDING GYNAE & OBS. OPD IN MMC HOSPITAL

## **AUTHORS:**

- 1. Sabah Jacob
- 2. Soomal
- 3. Kainat Nazir
- 4. Mubashara Naseem
- 5. Sara Fayyaz
- Rabia Hasnain
- 7. Sadia Jabeen
- 8. Sadaf Sattar
- Akhtar Abbas

# **SUPERVISOR:**

Dr.Asif Ali Shah

## **INSTITUTION:**

Department of Community Health Sciences, Muhammad Medical College, Mirpurkhas

# **BACKGROUND:**

Diarrhoea is most prevalent disease in Pakistan due to contaminated water, food and unhygienic environment. The most common cause of diarrhoea in Pakistan is Rotta virus. Every year 250,000 children die due to this disease, we can reduce half of this high mortality rate by giving medical education to the mothers.

### **OBJECTIVE:**

The objective of study was to assess knowledge, attitude and practice regarding diarrhoea among mothers attending Gynae .OBS,OPD in MMC Hospital.

# **METHOD:**

A cross-sectional study was carried out between 25th July to 10th August 2009 during which a total of 30 women were randomly selected and interviewed. Information regarding participants as demographics and knowledge, attitude and practice towards diarrhoea was collected.

#### **RESULT:**

In our study the majority were Multi gravida and belonged to the age group between 25-35 years. Half of the population had primary education and belonged to Urban area.73% of mothers mentioned that they have completed vaccination of EPI to their children. 23% women knew the correct definition of diarrhea. On asking question regarding the etiology of diarrhoea they gave various reasons; dirty food was the cause mentioned by 37%, dirty water 30% and dirty environment 27%. By means of KAP study we have came to know that 87% mothers continue breastfeeding during diarrhoea. Most of the mothers prefer liquid supplements during diarrhoea, however the most common supplement used is Khichdi, which is 63%. Suprisingly, all the mothers in our study had heard about ORS out of which 70% knew how to prepare it and only 29% had the awareness that in which disease ORS is used. According to 53% of women, they already had ORS packets available at their homes, at that time. In our study the source of information for the mothers was most commonly through 43% doctors and then 30% lady health workers.

# **CONCLUSION:**

It was concluded that knowledge, attitude and practice of mothers regarding diarrhea is not satisfactory. Therefore, there is a strong necessity of conduction of various awareness programs in different villages and small cities, regarding the knowledge, prevention and management of diarrhoea in order to have a healthy and efficient population.

## PATIENTS CHOICE OF HOSPITAL

# **AUTHORS**

M. Saqib Baloch (Final Year)
Tahir Hussain Kanhar (Final Year)
Khyzer Ahmed Moon (Final Year)
Abdul Haq Aga (Final Year)
Sajid Ahmed Junejo (Final Year)
Dr. Syed Razi Muhammad (Professor of Surgery)

## **OBJECTIVE**

The objective of this exercise was to study patient's choice of Hospital in Mirpurkhas District, comprising of Government and Non-Government Hospitals.

# **METHOD**

The study subjects comprised of 200 patients. They were categorized on the age groups of 35-44 years old patient, 45-54 years old patients and 55-64 years old patients i.e. younger age group, middle age group and old age group patients respectively.

#### **RESULTS**

Out of total 200(100%) patients, there were 60(30%) patients of age group 35-44 years, out of which 15(25%) patients preferred the Government Hospital and 45(75%) patients preferred the Non-Government Hospitals. 73(36.5%) patients were of age group 45-54 years, out of which 38(52%) patients preferred the Government Hospital and 35(47.9%) patients preferred the Non-Government hospitals. 67(33.5%) patients were of age group 55-onwards, out of which 47(70.1%) patients preferred the Government hospitals and 20(29.8%) patients preferred the Non-Government Hospitals. A significant number of patients i.e. 47 (23.5%) preferred government for their financial reasons. Interestingly only 20% preferred a hospital because of better availability of facilities or specialties.

# **CONCLUSION**

Majority of young patients (< 45 years old) preferred private hospitals whereas majority of older age group patients preferred government hospital for the management of their health problems in our survey.

| Age Group                   | Preference For Government Preference For Non- |                       |
|-----------------------------|---|-----------------------|
|                             | Hospital                                      | Government Hospital   |
| Total No: of Patients = 200 | No: Of Patients = 100                         | No: Of Patients = 100 |
| 35-44 yrs old patients = 60 | No: of patients = 15                          | No: of patients = 45  |
| 45-54 yrs old patients = 73 | No: of patients = 38                          | No: of patients = 35  |
| 55-64 yrs old patients = 67 | No: of patients = 47                          | No: of patients = 20  |

## PATTERN AND CAUSES OF ACUTE ABDOMEN IN A RURAL TEACHING HOSPITAL

# **AUTHORS:**

- 9) Noorush Shamim (Final Year)
- 10) Asma Mehmooda (Final Year)
- 11) Rabia Fazal (Final Year)
- 12) Anum Hameedi (Final Year)
- 13) Naila Noor (Final Year)
- 14) Fahad Abbasi (Final Year)
- 15) Dr. S. Zafar Abbas (Professor of Medicine)
- 16) Dr. Rehmatullah Soomro (Associate Professor of Surgery)

#### **INSTITUTION:**

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas

## **OBJECTIVE:**

To study the pattern and causes of acute abdomen presented to surgical department of our hospital over one year duration.

## **PATIENTS AND METHODS:**

This is the retrospective study of the data obtained from the case notes of acute abdomen attending at surgical department of our centre between July 2008 and July 2009.

## **RESULTS:**

Total number of 1000 patients admitted in the surgical department of MMCH from July 2008 to July 2009.

Among them, 500 were females (50.0%) and 500 were males (50.0%).

Average age of the patients was 30.7 years. Range (8-70years).

Average stay of these patients in hospital were; 6.8 days. Range (4-16days)

Majority of patients 60% came from Mirpurkhas while rest of the 40% patients came from region other than Mirpurkhas.

The commonest presentation was;

Pain (90%), 80% presented with vomiting, 10% constipation and 10% with fever.

The top 5 provisional diagnoses made at time of admission were

- 6) Ureteric colic-n= 370
- 7) Cholecystitis mostly with cholilithiasis n= 230
- 8) Acute appendicitis n= 180
- 9) Intestinal obstruction n= 140
- 10) Generalized peritonitis (majority due to perforation) n= 80

80% of the patient was discharged home whereas 10% left against medical advice, 8% died and 2% were referred to the other centres.

Average age of the patient who died was 40 years. (Range: 8-70 years)

# **CONCLUSION:**

This study showed that the commonest condition which causes acute abdominal was ureteric colic maybe secondary to ureteric stone.

Males and females both were equally involved mainly coming from Mirpurkhas. It is also found that majority (70%) of patient were treated successfully and discharged home.

#### <u>Title:</u>

# PATTERN OF PEADIATRIC DISORDERS IN CHILDREN COMING TO PEADS OPD AT MMCH

# Authors:-

Sumaira Nasreen (Final Year), Amatullah (Final Year), Waqas Imtiaz (Final Year), Asma Butt (Final Year), Arshia Akbar (Final Year), Dr. Farzana Shaikh (Assistant Professor)

# Institute:-

Department of Peadiatrics, Muhammad Medical College & Hospital, Mirpurkhas

# Background:-

Depending upon various reasons, spectrum of diseases seen at Paeds OPD varies in different regions. The situation is our region is unknown.

# Aims & Objective:-

This study was undertaken to look at the pattern of Peadiatric diseases in this district:

# Methodology:-

It was retrospective study from taken out on 1905 pts who attended Peads OPD of MMCH 2 March 09 to 3 August 2009.

# Results:-

Out of 1905 Patients, 448 (23.5 %) were aged≤ 1 year 754 (39.5%) between 1 and 4 years, and 737 (38.6%) were 4-15 years. 1643/1905 (86.2%) attended OPD for an infective illness among non- infective illnesses anemia featured in 86 (4.5%) Protein Calorie Malnutrition 137 (7.1% and nephrotic syndrome in 29 (1.5%) patients. Gastroenteritis was the reason for consultation in 517 (27.1%) patients.

# **Conclusion:-**

Infection, especially gastroenteritis is the major cause of consultation in Peads OPD in our setup, although there is a brood spectrum of other illnesses among which nutritional deficiencies were found in 11.7%.

## **OVER PRESCRIBED PROTON PUMP INHIBITORS STUDY**

#### Authors:

Muhammad Rizwan Javed Final Year MBBS

Prof. Dr. S. Zafar Abbas\* Professor of Medicine MMCH
Dr. Rehmatullah Soomro\*\* Associate Professor Surgery MMCH

#### Institution:

Department of Medicine, Muhammad Medical College, Mirpurkhas\* Department of Surgery, Muhammad Medical College, Mirpurkhas\*\*

# **Objectives:**

There are specific indications for the use of Proton pump inhibitors (PPIs), however this expansive drug has been reported to be over prescribed globally. We performed a study to find out the uses & misuses of PPIs in our rural and financially poor population.

#### Patients & Methods:

Prospective study of patients successively admitted in medical & surgical wards of MMCH.

## **Results:**

200 successively admitted patients were interviewed, 116(58%) were males and their mean age was 39.8 (range=19-72), 84(42%) were females and their average age was 39.1 years (range=19-70), 196(97%) out of 200 patients were taking PPIs while the remaining 6(3%) were not taking, Among 196, 73(37.3%) were using PPIs for an established clinical indication and among these 73 patients 63(86.3%) were prescribed by consultants/physicians and remaining 10(13.7%) were self prescribed or by quakes. Among 196, 123(62.7%) were using PPIs without any definite indication and among them 43(34.9%) were prescribed by consultants/physicians and the remaining 80(65.1%) were self prescribed or by quakes.

## **Conclusion:**

A significant number of patients 123(62.7%) were using PPIs without any definite indication and were prescribed either by an unqualified practitioner or brought over-the-counter.



## TITLE:-

# PREVALENCE OF OBESITY IN STUDENTS AT MUHAMMAD INSTITUTE SCIENCE TECHNOLOGY, MIRPURKHAS

# **AUTHORS:-**

Ali Zuhaib Kaka, Bansi Dhar, Aslam Chutto, Farhan Khan, Sheeraz Ali, Adeel Samoo.

## **SUPERVISIOR:-**

Dr. Zulifqar Ali Shaikh, Dr. Noor Ali Samoo,

#### **FACILITATOR:-**

Dr. Aftab Ahmed Memon

#### **ABSTRACT**

# **BACK GROUND:-**

The obesity is a growing pandemic. Many causes are blamed for this. Many serious illnesses are caused by obesity. The obesity may be calculated by weight to height ratio known as body mass index BMI.

BMI below 19 is under weight and in b/w 20-25 is normal above 25 borderline and BMI greater then so is obese. In the world total of 176 Million diabetes cases 80% result from obesity 40% of uterine cancer 25% of Kidney cancer and 10% of breast and colon cancer are obesity related 21% of heart diseases are weight related. According to the "thrifty gene" theory of weight gain the body which learn to cope with minimal calories and nutrition in lean times can quickly become obese when expose to unlimited food.

## **OBJECTIVE:-**

The objective of this study to evaluate the prevalence of obesity among the students at Muhammad Institute Science & Technology Mirpurkhas.

## **METHOD:-**

A cross sectional study was carried out from 25-07-2009 to 10-08-2009 on 40 students.

The Height in cm, Weight in kg, BP were measured and BMI was calculated.

# **RESULT:-**

The study showed student average age no 40 ( 21.3% Years ) were male student 31 ( 77.5% ), Female student 9 ( 22.5% ), while married person 13 ( 32.5% ), unmarried person 27 ( 67.5% ), with population Person 49 ( 1.2% ), average weight of students 40 ( 45.17 Kg ), average height of students 40 ( 5.36cm ), average systolic B.P of students 40 ( 103.25 mmHg ), diastolic B.P of students 40 ( 67.62 mmHg ), average monthly income of students 40 ( 12750 ), under weight were 17 ( 42.5% ), normal 20 ( 50% ) , over weight 2 ( 5% ), obese 0 ( 0% ), gross obese 2 ( 2.5% ).

# **CONCLUSION:-**

The obesity is not so prevalent among students of MIST, rather 42% were under weight.

Further studies are required to search for the issue of obesity in our country.

## <u>Title</u>

# TOP 10 SURGICAL DISEASES IN SURGICAL DEPARTMENT OF MUHAMMAD MEDICAL COLLEGE HOSPITAL, MIRPURKHAS

# **Authors:-**

Abida Akbar (Final Year)
Ubaid Ullah Farooq (Final Year)
Shazia Liaquat (Final Year)
Tabish Ali Zaidi (Final Year)
Abdul Manan (Final Year)
Dr. Rehmatullah Soomro (Department of Surgery)

# Institution:-

Department of Surgery, Muhammad Medical College Hospital, Mirpurkhas.

# **Abstract**

# Background:-

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

## Aims:-

To undertake an audit of surgical department to observed at Muhammad Medical College Hospital to determine top ten surgical problems.

## Patients & Methods:-

Retrospective analysis of admissions and outpatients at surgical department of Muhammad Medical College Hospital from 01-01-2008 to 31- 12-2008.

### Results:-

1224 patients (male = 728, female= 496) were admitted between 01-01-2008 to 31-12-2008 at surgical department. The mean age was 23 years (range 1 day to 83 years).

The top 10 surgical problems observed were.

| Diseases               | No. of<br>Patients | Percentage |
|------------------------|--------------------|------------|
| Renal stones           | 380                | 31.04%     |
| Cholelithiasis         | 225                | 18.38%     |
| ВРН                    | 218                | 17.81%     |
| VC                     | 153                | 12.5%      |
| Fistula In ANO         | 118                | 9.64%      |
| Hernia                 | 48                 | 3.92%      |
| Appendicitis           | 30                 | 2.45%      |
| Goiter                 | 30                 | 2.45%      |
| Intestinal Obstruction | 22                 | 1.79%      |
| Cleft Lip & Palate     | 10                 | 0.81%      |

The average length of hospital stay for admitted patients was 9 days.

# **Conclusion:-**

Urological problems make the bulk of the top 10 surgical problems at Muhammad Medical College Hospital.

## TITLE:

# PREVALANCE OF HAND WASHING IN MOTHERS AT MUHAMMAD MEDICAL COLLEGE HOSPITAL MIRPURKHAS

#### **ABSTRACT**

## **AUTHORS:**

Dr.S.Tehseen (4th year MBBS)
Dr.Yasir (4th year MBBS)
Dr.S.Waqar Ali (4th year MBBS)
Dr.A.Wahid (4th year MBBS)
Dr.Waris (4th year MBBS)

## **SUPERVISOR:**

Dr.M.Asif Shah (Asst. Prof. Deptt. Of C.H.S)

# **FACILITATORS:**

Dr. Aftab Memon (Deptt. of C.H.S)

Dr. Pir Muqadas Jan Sarhandi (Deptt. of C.H.S)

## **INSTITUTION:**

Department of Cummunity Health Sciences, Muhammad Medical College, Mirpur Khas, Sindh, Pakistan

## **BACKGROUND:**

It is considered that Hand Washing after using toilet & before and after meals has become a common practice. Thus we conducted a study to find the prevalence of hand washing in mothers at Muhammad Medical college hospital inGynae, Paeds, Obs wards & OPD.

## **OBJ/AIM:**

The objective of this study was to evaluate knowledge, attitude and practice of mothers regarding handwashing attending gynae, obs and paeds OPD at MMCH, District MPK.

# **METHOD:**

Cross sectional study carried out from 1st August to 15th August 2009

A total of 25 women were randomly selected and interviewed of the age b/w 18-50 years.

Information regarding participent's demographic knowledge, attitude and practice towards handwashing was collected.

## **RESULTS:**

In our study 52 % of the mothers belong to age group between 30-50 years. Most of the population belong to urban area and illiterate. 52% of respondants had more than five childern. Majority (75 %) of population mentioned that they did handwashing after defecation. Out of them 60% used to wash hand before and after meal and 40% of the population wash hands with soap while only 48% of the mothers know the importance of handwashing.

## **CONCLUSION:**

This study show that majority of population have the habit of washing their hands but unfortunately most of them do not know the importance of handwashing because of illiteracy due to very low socio-economic conditions.

## **OBSTRUCTED LABOUR IN EMERGENCY CAESAREAN SECTION**

# **AUTHORS:**

Imran Sikander (Final Year)
Anbreen Shahani (Final Year)
Munaza Nawaz (Final Year)
Bushra Irshad (Final Year)
Zainab Rasheed (Final Year)
Dr. Yasmeen Khooharo (Assistant Professor)

## **INSTITUTION:**

Department of Gynecology / Obstetric, Muhammad Medical College Hospital, Mirpurkhas

#### **ABSTRACT**

# **BACKGROUND:**

Although obstructed labor is very rare but still a life threatening condition even in developed countries. It is very common in developing countries and often leads to maternal morbidity of an embarrassing condition such as incontinence of urine from vesicovaginal fistula.

## AIMS:

To assess the proportion of obstructed labour in caesarean section and outcome of such patients in our setup.

## **STUDY DESIGN AND METHODS:**

This ongoing two years descriptive type of study was done at Muhammad Medical College Hospital in the Department of Obstetrics and Gynaecology Unit-I, Mirpurkhas, started 1<sup>st</sup> January 2007. Patients with previous C/S was excluded from this study

## **RESULTS**

A total of 100 patients have been studied so far, who came for emergency caesarean section referred from other hospitals or direct from home by Dais. 40 (40%) cases were found with obstructed labor. Their age range was 15-35 years. The average age was 25 years. 25 (62.5%) cases were primigravida, 6 of them had a history of only one antenatal visit. 21 (52.5%) cases came from home after failure of trial of labour by Dai, remaining 10 (25%) cases were referred from maternity homes by qualified doctors 9(22.5%) by Lady Health Workers. Cephalopelvic disproportion was found in 12(30%) of cases, while persistent occipitoposterior position was seen in 10(25%) cases, 13(32.5%) cases had deep transverse arrest especially right. 5(12.5%) cases found with high head in pelvis. All the patients were delivered by lower segment caesarean section. No instrumentation was attempted. 13 (32.5%) babies were delivered as breech due to deeply impaction of head in the pelvis, while remaining 27(67.5%) were delivered cephalic. 11 (27.5%) cases developed vesicovaginal fistula, while 5 (12.5%) cases underwent Obstetrical hysterectomies due to severe postpartum hemorrhage. 5 (12.5%) developed wound dehiscence. 2 (5%) patients died due to severe hemorrhage in spite of hysterectomies. Reaming 13(32.5%) patients were discharged healthy. 35 (87.5%) babies were delivered fresh still birth and 5(12.5%) was alive, 3 were neonatal deaths and only 2 babies were discharged healthy with their mother.

# **CONCLUSION**

Proportion of obstructed labour was found high along with its complications especially vesicovaginal fistula. We suggest the following to improve the situation: proper education to especially Dais to avoid the trial of labour at home, and to educate the women by lady health workers for optimal antenatal and intrapartal care together with early referral of high risk patients to avoid perinatal and maternal morbidity and mortality.

# ASSESSMENT OF OBESITY, ITS CAUSES AND ASSOCIATED RISK FACTORSAMONG MALE MUSLIM RELIGIOUS CLERICS AND TEACHERS (AOCAF Study)

# **Authors:**

Javed, M. Usman Osama Mushtaq Dr. S. M. Mubin

## Institution:

Hamdard College of Medicine & Dentistry, Hamdard University, Karachi

## Abstract

## **Background/Introduction:**

Obesity is declared as an epidemic by WHO. To assess the magnitude in local scenario we planned to target the specfic population who shares a major portion in our society as there are aproximately 4500 Maddaris in Pakistan consequently a large no of people associated with a life style which threatens them with obesity like outcome.

#### Aims:

The objectives of the study are to assess the presence of obesity, its causes, associated risk factors among Male Muslim religious clerics and teachers.

#### **Results:**

A cross sectional study was conducted from July to November 2008. The sample was collected from Faisalabad and its surrounding areas. Using probable random sampling method 200 individuals were selected. Out of them, 22 did not meet the criteria or refused to participate, hence 178 were assessed. A self-questionnaire was administrated and investigations were performed. All ethical issues were taken in to consideration.

### Conclusion:

Our study not only confirms the presence of obesity but also highlight its magnitude in our sample population. A strong association between obesity and its risk factors were found posing a threat for outcomes like Diabetes, Heart attack, Stroke & Hypertension.



# PREVALENCE OF OBESITY IN STUDENTS AT MMC, MIRPURKHAS

# **AUTHORS:-**

Asad Aslam, M. Tahir Shah Fizza Komal, Sobia (4th Year)

**SUPERVISOR:** Dr. Noor Ali Samoon

FACILITATOR: Dr. Aftab Ahmed Memon

**INSTITUTE:** Faculty of Community Health Science, Muhammad Medical College, Mirpurkhas, Sindh,

Pakistan.

## **BACKGROUND:-**

What is Obesity?

Obesity specially refers to an excess amount of fat and is arbitrarily considered to be present when the fat content of the body is,

- > 25% of body mass in males.
- > 30% of body mass in females.
- The obesity may be calculated by weight to height ratio, know as body mass index (BMI)
- Body mass index = Weight (kg)

Height X height (meters)

- BMI below 19 is under weight,
- ➤ In between 20 25 is normal
- > Between 25 and 30 is overweight.
- > 30 is obese.
- Worldwide total of 176 million diabetes cases, in which 80% result from obesity.
- 40% of uterine cancers, 25% of kidney cancers are obesity related.
- 21% of heart disease are obese / weight related.

# **AIM & OBJECTS:-**

The objective of this study was evaluate the prevalence of obesity amongs the students of 4th Year of Muhammad Medical College, Mirpurkhas

## **METHOD:-**

- A cross sectional study.
- Carried out between 25th July to 10th August 2009.
- A total of 100 students (52 males, 48 females) were studied.
- Collected information regarding demographics and got interviews and measured height and weight and checked B.P of students.

# RESULT:-

- In our study the mean age was 25.
- Sample size consisted of 52% males, and 48% females
- Most of population were un married that were 92% and 8% were married
- Average family members size were 7.36
- Average weight was 71.8 kg
- Height was 164.22cm.
- Average systolic B.P was 122.8mm of Hg & diastolic B.P was 81.6mm of Hg.
- Mean expenses / pocket money of students 8440/= while BMI showed that...
- 32% were under category of normal BMI
- 40% were overweight.
- > 28% were obese.

# **CONCLUSION:-**

Although not quite as bad as in the developed countries, obesity is not uncommon in our era of Pakistani society. However a considerable number was overweight and obese. There is need to address the issue, to reduce obesity and disseminate the education, for intake of balanced to diet and according to height and weight. But avoiding the obesity and under nutrition.

## STUDY OF UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES IN A RURAL TEACHING HOSPITAL

#### **Authors:**

# Faisal Iqbal (Final Year)

Bushra Yasmeen (Final Year)
Maira Ambreen (Final Year)
Prof. Dr. Syed Zafar Abbas (Department of Medicine)

## **INSTITUTION:**

Department of gastroenterology, Muhammad Medical College Hospital, Mirpurkhas

## **ABSTRACT**

# **Background:**

Upper GI endoscopy (UGIE) is a commen procedure in a gastroentrological practice.we has established endosopic unit at our centre. There is a continued need of assessing and analyzing its practice everywhere.

#### AIMS OF STUDY:

To find out the common indications, findings and therapeutic procedures performed at our centre.

#### **METHODS:**

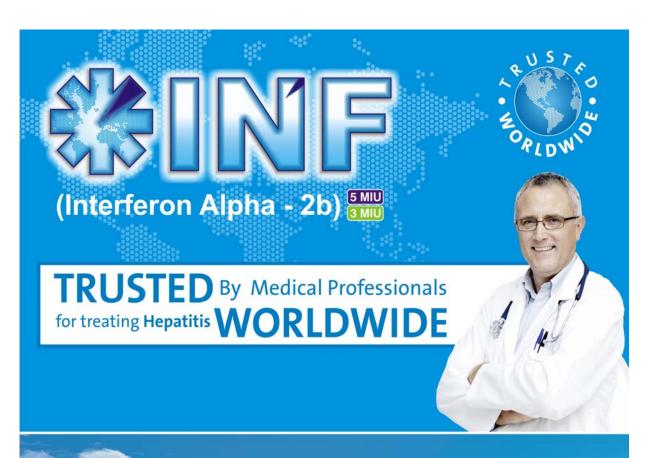
Retrospective study of endoscopic records of our patients.

#### **RESULTS:**

A total of 572 patients were studied out of which Male=267(46.6%), Female=305(53.3%) underwent this procedure as in patients. 24 patients (4.1%) had this procedure performed under pharyngeal anesthesia (LIGNOCAINE) only. Remaining patients had variable dose of MIDAZOLAM injection whose dose average 3.8mg. The common indications were: upper GI bleeding(n=182;31.8%), abdominal pain(n=102;17.8%), surveillance varices(n=10;1.7%) vomiting(n=38;6.6%),others dysphagia(n=108;18.8%), of dyspepsia(n=29;5%),heartburn(n=10;1.7%). Common findings were endoscopy(n=201;34.8%), oesophageal varices[(n=155;27%) bleeding(n=45;7%), non bleeding(n=110;19%)], carcinoma of strictures(n=34;5.9%), oesophageal oesophagus(n=37;6.4%), benign gastritis(27,4.7%), oesophagitis(n=19;3.3%), hiatus hernia and portal hypertensive gastropathy(n=18each;3.1%), deudenal and gastric ulcers(n=17each;2.9%), mellory weiss tear(n=16;2.7%), duodenitis(n=12;2%),carcinoma of stomach(n=7;1.2%), candidias oesophagitis(n=5;08%) and Barrett's oesophagus(n=2;0.3%). Therapeutic procedures performed were 152(26.5%) and included: injection sclerotherapy of bleeding oesophageal varices(n=97), band ligation of oesophageal varices(n=34) dilatation oeosophageal stricture(n=15), injection of bleeding peptic ulcers(n=5) and injection of bleeding gastric varices(n=1)

# **CONCLUSION:**

A large proportions of our endoscopy work involve therapeutic procedures (26.5%) for a variety of indications and findings, especially upper GI bleeding which is quite common indication for this procedure in our setup(n=31.8%).





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# **Poster Presentations**

**Case Reports** 

Title:

# A CASE REPORT OF BASAL CELL CARCINOMA

# **Authors:-**

Moona Fatima (Final Year MBBS)
Faizan Saeed (Final Year MBBS)
Prof. Dr. Ghulam Ali Memon (Department of Surgery)

# <u>Abstract</u>

# Introduction:-

Basal cell carcinoma is a slow growing, locally invasive malignant tumor of pleuripotential epithelial cells arising from basal epidermis and hair follicle. It occurs in middle aged or elderly. Most predisposing factor is ultraviolet rays. It is found on the face above a line from lobe of the ear to the corner of mouth.

# Case Report:-

A 70 years old man presented with ulcerative lesion on left side of check for last 5 years, which had been slowly and gradually increasing in size.

There was a history of recurrent bleeding, itching and scab formation over the lesion.

Treatment is done with a lesion was excited under local anaesthesia with 0.5 cm clear margins and defect was closed primarily.

## TITLE:-

# A CASE REPORT OF COELIAC DISEASE

# **AUTHORS:-**

Muhammad Umer Baqa (Final year MBBS), Neelam Ayoub (Final year MBBS) Dr. Waseem Raja (Department of Medicine)

# **INSTITUITION:-**

Department of Medicine, Muhammad Medical College Hospital, Mirpurkhas

## **ABSTRACT**

# **INTRODUCTION:-**

Celiac disease is a gluten sensitive disease common in Europe 1 case out of 200 cases. It occurs through out the world but rare in Pakistan. Exact data is not available. It can affect any age group of six months to 24 months in childhood but increasingly more patients are being diagnosed in adult life. This disease affects most commonly females and 10-15% first degree relative are affected.

# **CASE REPORT:-**

A 15 years old female developed episodic diarrhea along with diffuse abdominal pain for last 3 years but which had been relieved by taking medication. She gave a history of many hospital admissions and consultations. For 1 week prior to admission, she suffered 10-15 motion per day along with diffused colicky pain. There was no history of fever, vomiting and loss of appetite. There was a history of weight loss despite having good appetite. She was investigated and was found to have celiac disease. She was advice to take gluten free diet to which she responded well.

# A CASE REPORT OF PSORIATIC ARTHRITIS

# **Authors:-**

Atif Aziz(Final Year)
Aisha Idress (Final Year)
Aasia Parveen (Final Year)
Dr. Waseem Raja (Department of Medicine)

## **ABSTRACT**

# Introduction:-

Psoriatic arthritis is a rare sero negative arthritis found in pattern with psoriasis. Arthritis develops in about 7% of patients with psoriasis.

# Case Report:-

A 38 year old male with recent History of hepatitis C infection successfully treated with interferon, presented with asymmetric joint pain for 5 years. The pain involved left elbow and distal interphalengeal joint of the right hand the joint pain in the right hand was associated with deformity, there were no signs of inflammation, and morning stiffness was absent also. The movements of the effected joints were decreased.

The extra articular features of the disease that lead to diagnosis were silvery scaling lesions on the scalp and chest.

He was treated with sulphasalazine and other medication to which he responded well.

# **ACITES IN A YOUNG MALE???**

# **Authors:-**

Aisha Idress (Final Year)
Atif Aziz (Final Year)
Dr. Wasim Raja (Department of Medicine)

# **ABSTRACT**

# Introduction:-

Adenocarcinoma of stomach is one of the commonest malignant tumors of G.I.T that occurs mostly at age above 50.

This carcinoma spreads by:-

- 1. Extension through the stomach wall in to the peritoneal cavity causing acites.
- 2. Lymphatic spread through lymph node around the stomach and left supra clavicular lymph node.
- 3. Via portal vein to liver & hence to blood stream.

# Case Report:-

A 24 year old male presented with a history of gradually increasing abdominal distension for 6 months for which he was admitted at Muhammad Medical College Hospital.

During stay in the ward he developed hemetemesis for which he was referred for upper G.I endoscope which revealed fungating mass in stomach. Biopsy report showed adenocarcinoma stomach.

#### **CYSTOCELE IN A MULTIPAROUS WOMAN**

#### **Authors:**

Asma Mehmooda, Naila Noor, Noorush Shamim, Rabia Fazal, Anum Hameedi, Dr. Yasmeen Khooharo

#### **Institution:**

Department of Gynaecology, Muhammad Medical College Hospital, Mirpurkhas

#### **ABSTRACT**

#### **Introduction:**

The Bulging or descent of the bladder into the upper anterior vaginal wall is called a cystocele. A cystocele may be

- 1. Grade I (Mild)
- 2. Grade II (Moderate)
- 3. Grade III (Severe)

The etiology of the cystocele are as follows

- 1. Congenital weakness
- 2. Acquired defects
- 3. Menopausal atrophy
- 4. Activating fectors

#### **Case Report:**

A 52 year old lady, married for 23 years, para 9+1 was admitted to Muhammad medical college hospital (MMCH) on May 20th, 2009 with the complains of :

- 1. Something coming out of her vagina for the last 6 years.
- 2. Feeling of incomplete emptying of bladder and leakage of urine for the last 2 years.
- 3. Lower abdominal pain for 1 year.

She had a previous history of constipation that is relieved now with medications for past couple of months. The patient is para 9 and had one of abortion not followed by D & C.

She had tubal ligation 9 years back

On examination she was found to have a cystocele, which was managed with a vaginal hysterectomy with anterior repair.

#### CASE REPORT OF HEREDITARY SPINOCEREBELLAR DEGENERATION

#### **Authors:-**

Muhammad Naeem Aslam (Final Year)
Waheed Majeed (Final Year)
Muhammad Salman (Final Year)
Khizer Hayat (Final Year)
Dr. Ali Hassan (Shifa International Hospital)
Dr. Fayyaz Memon (MMCH)

#### Institute:-

Shifa International Hospital Islamabad, DHQ Bhimber Azad Kashmir.

#### <u>Abstract</u>

#### Introduction:-

Spinocerebellar degeneration is a disease causing the degenerations of the nervous system mainly occurring in the cerebellar system, and can be roughly divided into non-hereditary and hereditary forms. The disease causes the systematic degeneration of the spinal cord, the cerebellum and its output and/or input pathway, and the cerebral basal ganglia with the subsequent attenuation of their neural functions. It is an intractable disease mainly characterized by the cerebellar ataxia, such as ataxic gait and tremor of the extremities, leading to manifestations of speech disturbance, dysphagia, abnormal ventilation and involuntary movements such as dystonia, thereby substantially interfering with activities of daily life. The cause of the disease remains unknown.

#### Case Report:-

3 patients of same family presented in two different centres 1<sup>st</sup> two case were reported in DHQ Bhimber Azad Kashmir and 3rd in Shifa International Hospital, Islamabad.

The presenting complain of patients were disturbance in walking difficulty in swallowing and talking and decreased memory. Patients 1 and 2 were first cousin (1 male and 1 female) which were involved in heavy physical activities. The 3<sup>rd</sup> patients were nephew of first male patient. Clinical finding were ataxic gait, nystagmas, broad base and scanning speech. The onset of symptoms was early in 3<sup>rd</sup> patients than 1<sup>st</sup> and 2nd. The 1<sup>st</sup> two patients were not investigated properly due to lack of facilities. In 3<sup>rd</sup> patients MRI with contrast was done. The finding of that were consistent with cortical and cerebeller atrophy, sublacunar cortical infarcts particularly in bilateral posterior frontal region.

As there is no cure for hereditary spinocerebeller degeneration so symptomatic treatment was given to improve symptoms and different exercises were advised.

#### INTRADUCTAL PAPILLOMA OF BREAST, A RARE BUT ALARMING ENTITY!!!

#### **Authors:**

Sara Laghari Final Year MBBS
Rabail Iqbal Final Year MBBS
Maryam Mahwish Final Year MBBS
M. Rizwan Javed Final Year MBBS

Prof. Ghulam Ali Memon Professor of Surgery MMC&H

#### Institute:

Division of Plastic and Reconstructive Surgery, Department of Surgery, Muhammad Medical College & Hospital, Mirpurkhas.

#### **ABSTRACT**

#### Introduction:

An Intraductal Papilloma is a small tumor that can form in the milk ducts of the breast. Intraductal Papilloma occurs most often in women ages 35 – 55, the causes and risk factors are unknown. This is an entirely benign breast disease and does not normally increase cancer risks but in some women, multiple papillomas occurring at once may signal a slightly increased risk of developing breast cancer, particularly if there is a family history of breast cancer. An Intraductal Papilloma is not thought to be a pre-malignant lesion and is considered by some to be an aberration rather than a true disease process, multiple Intraductal Papillomas occurs in approximately 10% of cases of Intraductal Papillomas remaining are solitary.

#### Case:

A young female age 30 years presented with swelling of nipple and bloody discharge from nipple of 3 months duration, on clinical examination it looks like a raspberry tumor involving the nipple, excision of tumor with normal core of tissue was done and the biopsy report proved Intraductal Papilloma.

#### **PENILE CARCINOMA**

(A rare presentation)

#### **AUTHORS:**

Abdul Mannan (Final Year)
Ubaid Ullah Farooq (Final Year)
Abida Akbar (Final Year)
Tabish Ali (Final Year)
Faizan Shah (Final Year)
Zulqurnain Ashraf (Final Year)

Prof. Dr. Ghulam Ali Memon (Prof. of Surgery Muhammad Medical college)

#### **INSTITUTION:**

Department of Surgery Muhammad Medical College Mirpurkhas.

#### **ABSTRACT**

#### **INTRODUCTION:**

Penile cancer is a malignant growth found on the skin or into the tissues of penis. Squamous cell carcinoma usually originates in the glans penis or fore skin is by far the most common type. The exact cause of penile carcinoma is not known. It is very rare in Pakistan however the exact data is not present. In the Europe and North America its occurrence rate is about 1 per 100,000 men while in the world it varies from 0.9 to 10.5 per 100,000 men. It accounts for 0.2 % for cancers and 0.1 % of deaths from penile cancers amongst males.

#### **CASE REPORT:**

A 30 years old male presented at MMCH with complains of pruritis and itching at glans penis since childhood, swelling at glans penis for 4 to 5 months and pain at glans penis for 3 months. During this period there was discharge of fluid with little or no blood and also there was formation of scab over glans penis after every 6 to 7 days. There is no inguinal lymphadenopathy. He had similar type of warty lesion 10 years back which was excised by local doctor and it has recurred. The initial biopsy was taken and it was proven to be the penile carcinoma the lesion was excised and partial penectomy was done.

#### **RECENT ADVANCES IN SURGERY**

#### **TOPIC: BARIATRIC SURGERY**

#### **Authors:-**

Azra Parveen, Final Year, Mehwish Memon, Final Year, Saqib Baloch, Final Year, Prof. Ghulam Ali Memon.

#### Institute:-

Department of Surgery, Muhammad Medical College, Mirpurkhas

#### Absolute indications:-

Persons with a body mass index above 40.

#### **Relative Indication:-**

Who suffer from type 2 diabetes, Severe sleep apnea or obesity related heart disease.

Person with obesity related physical problems that interfere with employment, walking or family functions.

#### **Contraindications:-**

Includes; Illness that greatly reduce life expectancy and are unlikely to be improved with weight reduction, including advanced cancer and end stage renal, hepatic and cardiopulmonary disease.

Patients who are unable to understand the nature of bariatric surgery or the behavioral changes required after ward, including untreated schizophrenia, active substance abuse and noncompliance with previous medical car, are also considered contraindications to bariatric surgery.

#### Others:-

Inflammatory bowel disease, Intestinal Motility disorder.

#### **Different procedures:-**

Classify into 2 categories.

- 1. Restrictive
- 2. Malabsorbtive

#### **Restrictive Procedure:-**

- Adjustable Gastric Banding
- Vertical Banded Gastroplasty.

#### Mal-absorptive Procedure:-

- Roux-en y Gastric by Pass.
- Biliopancreatic Diversion.
- Deudenal Switch.

#### Others Procedure:-

• Laproscopic Sleeve Gastrectomy

#### **Latest Procedures:-**

- Roux-en Y Gastric by Pass.
- Vertical Banded Gastroplasty.
- Biliopancreatric Diversion
- Deudenal Switch.

#### **Risk & Complications:-**

#### **General Complications:-**

Gall stones 12% during very low caloric dieting 38% after successful gastric by pass surgery. Inflammatory Hepatitis.

#### **Specific Complications:-**

Vomiting
Anaemia
Osteoprosis
Metabolic bone diseases.
Abdominal Hernia
Dumping Syndrome

#### **Intraoperative Complication:-**

Bleeding

#### **Early Postoperative Complications:-**

- Pulmonary Embolism 1-2%
- GIT Leaks. 1-2%
- Left Shoulder Pain
- Anxeity
- Persistant Tachycardia
- Tachypnea
- Wound Infection 1-3%
- Wound dehiscence
- GIT Bleeding
- Small bowel obstruction 1-2%

#### **Late Complications:-**

- Incisional Hernia 10-20%
- Gall Bladder Disease 3-30%
- Gastro Gastric Fistulae

# STRANGULATED INGUINAL HERNIA WITH GANGRENE OF SKIN AND SUBCUTANEOUS TISSUE OF RIGHT LOWER ABDOMEN

#### **Authors:**

Muhammad Ashfaq Sammar (Final Year)

Majid Mehmood (Final Year) Prof. Dr. Ghulam Ali Memon

#### Institution:

Department of Surgery, Muhammad Medical College & Hospital, Mirpurkhas

#### Introduction:

Strangulated inguinal hernia usually leads to gangrene of gut but in this case strangulated inguinal hernia lead to the gangrene of gut and also involved the skin and subcutaneous tissue over the right inguinal region and right iliac fossa.

#### Abstract:

A 40 years old man underwent operation for Strangulated right inguinal hernia with necrosis and gangrene of skin and subcutaneous tissue over the inguinal and right iliac fossa which was excised and grafted with skin taken for both thighs. The wound infection was treated. He also had archidectomy performed. Histology showed atrophic testes with nonspecific inflammation. Culture developed E-coli. The patient was discharged well after a period of hospital stay.

TITLE:-

#### **SWINE FLU (A LETHAL DISASTER)**

#### **AUTHORS:-**

Muhammad Aamir (4<sup>th</sup> year) Burhan Rasheed (4<sup>th</sup> year)

#### **INSTITUTION:-**

DEPARTMENT OF COMMUNITY HEALTH SCIENCES, MUHAMMAD MEDICAL COLLEGE, MIRPURKHAS.

#### **AIMS AND OBJECTIVES:-**

The objective of this study is to evaluate knowledge, attitude & practice regarding swine flu.

#### **ABSTRACT**

Swine flu is a pandemic disorder that is prevailing furiously all over the world. It has been hitting the world so dangerously that the HAJJAJ above the age of 55 years and below 40 years from all over the world may not be allowed to perform the HAJJ this year because of its threat. 8 cases have been reported in Saudi Arabia and more in the rest of world. The 1<sup>st</sup> case of swine flu in Pakistan was indicated on 10<sup>th</sup> of August, 2009. It is caused by H1N1 type of Influenza virus and no proper vaccine is available for it as yet.

### Report on 6th Annual Medical Symposium 2008



Muhammad Medical College held its 6th Annual Medical Symposium on 13th August 2008. The theme of this symposium was "Health policies for deprived regions of Pakistan – past, present and future". District Coordinator Officer (DCO), Dr. Abdul Raheem Soomro was the Chief Guest.

The Chief Guest opened the proceedings officially by cutting the ribbon in the Exhibition Hall, which was decorated beautifully by various pharmaceutical companies and other organizations related to medical profession. They had various informative activities especially designed for young doctors. Dr. A. Raheem Soomro visited all these stalls and the proceeded to the Posters Hall. He viewed every single poster with interest and praised the quality and quantity of research work performed by senior medical students and junior doctors under guidance of senior consultants and professors of Muhammad Medical college and Hospital. He discussed then in some detailed with the authors, and instructed the accompanying Executive District Officer Health, Dr. Khadim Hussain Lakhir, to arrange meetings with some of them and make plans to use this valuable information for the betterment of the people of the region.

The official inauguration of symposium was held in Prof. Hssan Memon auditorium of which Dr. Jawaid Rajput was the stage secretary. Dr. Shams-ul-Arfeen recited verses from the Holy Quran. Prof. S. Razi Muhammad, the Managing Trustee of Muhammad Foundation Trust, in his welcome address concentrated on the theme of the symposium. He said that, all of the past policies have failed desperately in making a good impact on improving the dire situation regarding health of the deprived regions of Pakistan nor, he said, they reduced the urban - rural disparity in health sector. He said that, in Pakistan, health expenditure per capita is \$ 85 per year of which \$ 64 come from patients' pocket whereas, in USA a staggering \$14000 are spent on health of a citizen per year. Elaborating on rural – urban disparity, he mentioned that \$ 22 per year are spent on health of Pakistan living in relatively better off urban region and only \$ 24 per year on a Pakistani living on rural region. He explained that for 70% rural Pakistan's, only 20% of health budget, 15% doctors and 18% hospital beds are available. There does not seem to be a central policy for rural health. Recently formed Task Force for health issues does not have any rural representation. He suggested at least 50% of the task force be comprised of qualified experts belonging to rural region. He also suggested a health policy at district level to concentrate on specific needs of the concerned district. He emphasized on seven key areas that must be addressed should the health conditions of rural Pakistan are to improve. He said that those without any working experience in rural areas cannot make effective health policies for deprived regions despite most sincere and honest attempts. Chairman of Scientific Committee of Symposium, Prof. Dr. S. Zafar Abbas then presented a summary of 47 research papers and 16 rare case reports that were being presented at the symposium by students and doctors of Muhammad Medical College and Hospital in the oral as well as poster form. He also mentioned over half a dozen full papers published in international journals on research done at Muhammad Medical Collage and Hospital within

last year. The chief Guest in his speech, agreed with Prof. S. Razi Muhammad in the need of establishing health policy on district level and invited Dr. Razi Muhammad and his colleagues to work with district administration in this regard. He appreciated the relevance and importance of research work done at Muhammad Medical College and Hospital and thanked the college for that. He praised Prof. Razi for getting so many renowned senior professors together in the region. He said that, there were weaknesses and flaws within the government system and many opportunists were taking advantage of that. As a result, there was no significant output despite spending a huge sum of resources in district. He hoped that with the help of teachers of Muhammad Medical College and Hospital, his administration will be able to change that in the near future. Later Prof. Razi presented the traditional "Ajrak" to the honourable chief guest and also the symposium shield. In addition, same was presented to Prof. Mumtaz Memon of LUMHS by Prof. Ghulam Ali Memon of MMC and to Dr. Abdul Majeed Memon by Prof Noor Muhammad Memon of MMC and to Dr. Khadim Hussain Lakhir EDO – Health, by Prof. Amna Memon of MMC. Prof. Ghulam Ali Memon presented the vote of thanks. This was followed by a cake cutting ceremony to celebrate the 61st Independence Day of Pakistan.

Dr. S. Qamar Abbas, Deputy Director St. Clare Hospital, UK and Senior Lecturer, Cambridge University, delivered a state-of-art lecture on "Effective Communication Skills". He discussed the importance of having a training to develop such skill, and the ways to improve them. He emphasized upon its importance and told audience that it was the best way to establish confidence in patients and their relatives, which in turn were of paramount importance to treat them. With historical references, he explained that this art was taught even in Hippocrates times and described the role of Ave Sena in developing its further. Dr. Qamar Abbas enlighted the audience on its newer concepts in western world and how could it be translated to local needs in Pakistan. Later the audience took part in a lively discussion on the topic. Prof. Noor Muhammad Memon decorated Dr. Qamar Abbas with "Ajrak" and Symposium shield.

Earlier on, a scientific session on free papers by students and junior doctors was held, presided over by Dr. Qamar Abbas. Dr. Rehmatullah Soomro was the stage secretary. Dr. Sheerin Khan presented her research on attitude of mothers on Clef Lip and Clef Palate, and found that most of them were not given Folic acid in pregnancy, but blamed the Solar or Lunar eclipse for this problem. Final year student, Huma Shoukat presented her findings on the inappropriate uses of intravenous antibiotics, and told audience that not only it is not rare, but doctors of all grades and specialties were prescribing them without evidence of appropriate indications. Dr. Ayesha Majeed presented her paper on frequency of Hepatitis B and C virus infection in patients undergoing surgical proceedings and found that although this is found in over 11% of our patients, but almost all of them underwent surgery with no adverse effects. Dr. Wasfa Aijaz talked about her findings on Hepatitis B vaccinations status in patients suffering from HCV, paramedical staff and hospital doctors, and found 85%, 44% and 13% of them respectively were not vaccinated. Final year student Minahil Haq attempted to find causes of infertility in this region and found it curable for a majority. Marvi Laghari, student of final year, compared the morbidity and mortality of Laproscopic vs Open cholecystectomy and found that the trend of key-hole surgery was on the rise, especially among female patients.

In the scientific session for senior doctors, Dr. Mujahid Khan from King Khalid University, Saudi Arabia, presented a talk on "Effective Medical Lecturing". Dr. Hussain Kolachi of LUMHS presented his 20 year long study on "Snake bite in Thar". Prof. Noor Muhammad Memon of Muhammad Medical College and Hospital spoke on issues surrounding Ramadhan and Diabetes Mellitus. Dr. Abdul Qadir Khan of MMC presented his paper on aetiology of Acute Hepatitis in the region. Dr. Zulfiqar Shaikh of MMC presented results of his study on DM in Gadap Town. Dr. G.R Bhurgri described the experience of running free T.B clinic at MMC. Following this session, Dr. Tayyab Memon, a consultant Anesthetist from United Kingdom, delivered a state-of-art lecture on CPR.

# 7<sup>th</sup> Annual Medical Symposium 2009

In the last session of symposium, awards were announced for best presentation. According to judges' verdict, the best research poster was presented by Miss Minahil Haq of final year, second prize went to Mr. Faizan of 4th year and third prize was given to Mr. Atif Aziz of 4th year. Best Poster for case report was awarded to Dr. Mehwish Saleem, 2nd Prize was given to Miss Sana Asghar and Third to Miss Huma Shoukat of final year.

Best Oral presentation for junior doctors / senior medical students went to Dr. Ayesha Majeed, second to Dr. Wasfa Aijaz and Third to Dr. Sheerin Khan. Aong seniors, best oral presentation was judged to be those of Dr. Zulfiqar Shaikh and Prof. Faiz Muhammad Halepota, Second Drs. Abdul Qadir Khan and Nand Lal Kella, and Third Drs. Hussain Kolachi and Mahesh Kumar.

Prof. S. Razi Muhammad in his concluding remarks thanked all guests, student, faculty, administration and scientific committee, particularly its chairman Prof. Dr. S. Zafar Abbas for their roles in making this symposium successful and for keeping the tradition of holding symposia at MMC regularly an at high standards.

Finally, Professor Dr. S. Zafar Abbas, Chairman Scientific Committee thanked the audience and congratulated the audience on Independence Day. He told the audience that the abstracts and photographs of this symposium are available on website of Muhammad Medical College at www.mmc.edu.pk. With this, the sixth Annual Medical Symposium come to an end.

#### MIRPURKHAS SEMINAR IN DIGESTIVE AND LIVER DISEASES



Under the department of Medicine, Muhammad Medical College & Hospital, Mirpurkhas, Gastroenterology Section, a full day Seminar was arranged on 14<sup>th</sup> May 2009. This was the second seminars arranged to celebrate the services of the founding chairman of Muhammad Foundation Trust, Dr. S. Ali Muhammad (Marhoom). It was titled "Second Mirpurkhas Seminar on Gastroenterology & Hepatology". Speakers from Karachi, Hyderabad and Mirpurkhas spoke in the seminar. A large number of final year students, General Practitioners from Mirpurkhas and its surroundings, and hospital doctors attended the seminar.

The program started almost at the exact time with recitation from Holy Quran by Associate Professor in Biochemistry, **Dr. Shams-ul-Arfeen Khan**. **Prof. Syed Zafar Abbas** served as stage secretary.

Head of department of Medicine, **Prof. Aqeel-ur-Rehman Rajput** gave the welcome speech. In his speech full of nice verses and quotations, he welcomed the attendees, especially those who came from other cities. Explaining the aims and objectives of the seminar, he emphasized upon the importance of such programs to continuously train and educate the students and doctors.

**Dr. Zulfiqar** from Liaqut University of Health and Management Sciences (LUMHS) spoke on "Gastro-esophageal Reflux Disease". He explained the role of excessive eating, obesity, smoking and alcohol on this disease which not only affects the food pipe, but can also affect also other organs such as those of respiration. Dr. Zulfiqar discussed in detail the diagnostic methods, especially endoscopy for the disease, as well as the various ways of its treatment. He discussed in particular the role of Pharmaceutical agents, endoscopic treatment and surgical treatment.

Also from LUMHS, **Dr. Samiullah Shaikh** talked on "Peptic Ulcer Disease and H.Pylori". He described the interesting historical aspects of this disease and the role of the bacterium *H. Pylori* discovered by Professor Warren and Professor B. Marshall of Australia, which earned them Noble Prize in 2007. He said that half of the world population is infected with this germ, and of them around 15% develop this disease. He spoke in detail on the complications and management of Peptic ulcer disease.

Isra University Hyderabad's **Dr. Sadik Memon** presented a lecture on "Irritable Bowel Syndrome". He explained the clinical features and treatment of this illness. He illustrated this disease with the help of different real life cases. He said that this disease affects different people differently in different parts of the world. He also emphasized upon the importance of detailed counseling and sympathetic attitude by doctors. He also said that the patients should stick to a single qualified doctor instead of roaming around and seek advice from many so that the doctors get to know their patients and the effect of this condition on them adequately.

Muhammad Medical College's **Prof. Syed Zafar Abbas** discussed "Inflammatory Bowel Disease" especially "Ulcerative Colitis". He said that this disease is rarer in our setup than the western world and the doctors who have adequate training in treating this illness are not very many. He discussed in detail the causes, symptoms signs, diagnostic tests treatment and complications of this group of diseases. He said that unlike

in the past, effective treatment is available for vast majority of such patients these days. Discussing the complications, he described the role of surgical treatment for those who fail to get relief from conservative treatment. He also told audience of new research in treatment of this condition.

When the seminar started in its second session after tea break **Dr. Zaigham Abbas** of SIUT and The Aga Khan University Hospital talked about "Hepatitis B". Making the presentation of this complicated topic look easy to the audience, he threw light on the causes of this infection in detail. He presented many examples where many physicians misunderstand the data and thus many make mistakes in its management. Referring the American, European and Asia Pacific guidelines, he discussed various laboratory tests and their interpretations. He stressed upon the importance of managing such complicated problems by specialists only.

The Aga Khan University's Chairman Department of Medicine, **Prof. Saeed Hamid** spoke about "<u>Hepatitis C – Past, Present and Future</u>". He discussed in detail the historical aspects of this infection. He told the audience that unfortunately 10 to 12 million or 6% of all Pakistan population has the infection. He expressed regrets that even today, many quacks and even some qualified doctors are reusing disposable syringes and are thus spreading this infection. He pointed out that some blood banks are not doing all necessary screening tests and are also contributing in spreading it. He discussed the treatment of this disease in detail and said that majority can nowadays be treated successfully. He also told the audience of some research going on, and future prospects of them.

**Professor Ghulam Ali Memon** of Muhammad Medical College thanked all the speakers. He praised Getz Pharmaceuticals for sponsoring the seminar and encouraged others to support the academic programs in a similar manner. He thanked all participants especially those who had traveled from far away areas to attend this seminar and had braved the extremely hot weather for the sake of education. He also praised the organizers who ran the program smoothly and maintained their reputation of starting and finishing on time, which is unfortunately not very common these days.

At the end speakers were presented seminar shields and *Ajraks*, and participants were given seminar certificates. Lunch was served at the end of the program.

# CHARITY WORK OF MUHAMMAD MEDICAL COLLEGE HOSPITAL FINANCIAL YEAR 01-07-2008 TO 30-06-2009

| S. No |   | AMOUNT<br>(PK R) | NO. OF<br>PATIENTS          |
|-------|---|------------------|-----------------------------|
| 1     | PATIENT WELFARE CLUB (free meals, medicines, investigation)   | 639,636          | 29,177                      |
| 2     | OPD  Normal Fee Rs.10/- per Patients Waived   | 124,250          | 12,425                      |
| 3     | INVESTIGATIONS (includes concessions and waived charges on already subsidized tests in our laboratory)  | 2,111,295        | 19,235                      |
| 4     | HOSPITAL CHARGES (Normal fee Rs.25/ per day bed fees, and other charges at subsidized rates given free) | 285,529          | 1,594                       |
| 5     | Medicines routinely given free of charge at OPD   | 487,526          | Unspecified<br>OPD Patients |
| TOTAL |   | 3,648,236        | 62,431                      |

#### 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 sitvations), bed fees only Rs.25/- per day (includes 3 meals per day, ward rounds of senior and junior doctors—also waived in various sitvations). Laboratory and operations charges are also significantly lower than typical charges by private hospitals/ centres in the city of Mirpurkhas.
- 3. Expenses incurred and patients dealt during our totally free medical camps held at least twice a year are not included in the above chart.

# 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. 2000 (~ £15). Why not help PWC in providing meals to 50 or 100 patients for a single or multiple times and gain "Sawab" for yourself or for your dear ones in this world and hereafter?

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

With your help, PWC spent nearly Rs. 650,000/- 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,<br>01279-433390 | United Kingdom       |  |



Muhammad Medical College Hospital Mirpurkhas, Sindh, Pakistan Account No. 18216-81 Habib Bank Limited M.A. Jinnah Road Branch Mirpurkhas, Sindh, Pakistan



# غریب مریضوں کی بہبود کے ادارے PWC کی دمضان زکوا ق ،صد قات اور عطیات اور عطیات کی درمضان زکوا ق ،صد قات اور عطیات

# نیکی اور تقوی کے کاموں میں ایک دوسرے سے تعاون کرو۔ (الر آن آگام سورہ مائدہ)

ہمارے غریب علاقے میں غریب اور مجبور انسانوں کی قابلِ علاج امراض کے ہاتھوں موت ایک پرانی اور دکھ بھری حقیقت ہے۔ لیکن ہم سبال کراس کے خلاف قرآن پاک کی مندرجہ ذیل آیت پڑمل کر کے کامیا بی حاصل کر سکتے ہیں۔ محمد میڈیکل کالج اسپتال کے غریب مریضوں کی بہود کا شعبہ PWC چارسال سےزائد عرصے سے اس میدان میں سرگرم عمل ہے۔ آپ کی مدد سے گزشتہ سال بھی PWC مندرجہ ذیل کار ہائے خیر میں تقریباً ساڑھے 6لاکھ روپے صرف کر چکا ہے اور انشاء اللہ اس سال اس سے بڑھ کراس کا م کوکرنا چا ہتا ہے:

- - 🖈 مستحق مریضوں کی ٹیسٹ اورعلاج میں مدد
  - اوران کے ساتھ آنے والوں کے لیے ہولیات کی فراہمی

100 مریضوں کوایک وقت کا کھانا مہیا کرنے کے اخراجات تقریباً 2000روپے ہوتے ہیں۔ کیوں نہ ایک وقت کا کھانا 50 یا 100 مریضوں کو کھلانے کے اخراجات آپ اپنی یا اپنے مرحومین میں سے کسی کی ایصال ثواب کے لیے ہدیہ کر دیں؟

رمضان المبارك كے موقع پر بیغریب مریض آپ كی امداد کے منتظر ہیں۔

عطیے اور رابطے کے لیے:

PATIENTS WELFARE CLUB (PWC)

محممیڈیکل کالج اسپتال،میر پورخاص اکاؤنٹ نمبر 81-18216،حبیب بینک ایم۔اے جناح روڈ ،میر پورخاص جناب سيرتقى محمد 4093982-0320 ۋاكىڙسىدىظفر عباس 2971183-0333 ۋاكىژىنىش العارفىين خان:03333971076 جناب على ماہرجعفرى 2971388-0333 ۋاكىژاقبال سومرو كراچى 2413831 🖈 اسپتال آنے والے مریض اوران کے لواختین کے لیے مختلف دیگر سہولیات کی فراہمی ۔

# PWC كى ابتك كى كاميابيان:

- کھ PWC کے قیام کے پہلے ہی دن سے اسپتال میں داخل مستحق مریضوں کو متنوں وقت کا کھانا بالکل مفت فراہم کرنے کا آغاز کیم اپریل <u>2004</u>ء سے ہی الحمد اللہ کر دیا گیا تھا، جواب تک نہایت کامیا بی سے جاری ہے۔
  - اسپتال میں داخل اور بیرونی شعبے میں بھی کچھ مریضوں کو linvestigations اور دواؤں میں مد وفراہم کی جارہی ہے۔
- 🛣 مریضوں اوران کے لواحقین کی سہولت کے لیے پانی کے ایک بڑے ٹینک کی تعمیر، واٹر کولرز کی تنصیب، ICU کے ائیر کنڈیشنر ز،مریضوں کے لواحقین کے لیے پینچر، ٹی وی،اسپتال کو چندآلات کی فراہمی وغیرہ کی گئی ہیں۔

# غريب مريضون كي امداد مين آپ كس طرح PWC كاماته بناسكته بين؟

PWC كابداف ميں سے كى بھى بدف كى بحيل كے ليے ہم آپ كے تعاون ك شكر گزار ہوں گے ۔ آپ بالخصوص مندرجہ ذیل میں سے كوئى بھى طريقة ا پناسكتے ہيں:

- کھ اسپتال میں داخل مریضوں کے لیے کھانے کی فراہمی:100 مریضوں کے لیے ایک وقت کا کھانا فراہم کرنے کے لیے ڈیٹرھ ہزارروپ (اوسط درجے کا کھانا ) ) سے ڈھائی ہزارروپے (اچھے میعار کا کھانا ) خرچ آسکتا ہے۔
- کھ ذاتی طور پریاا پنے کسی قریبی عزیز کی یاد میں صدقہ جاریہ کے طور پرآپ اسپتال میں ایک بیٹی میعاری گدے میڈیکل کے چھوٹے بڑے آلات سے لے کر اسپتال میں متنقلاً جاری تغییراتی کاموں (مثلاً ایک وارڈیا ایک کمرے کی تغییروغیرہ) کے اخراجات کی رقم فراہم کر کے اس چیز پراپنایا اپنے عزیز کانام کندہ کرواسکتے ہیں۔
  - کھ ایک بازیادہ متحق مریضوں کے علاج معالج اور Investigationsپراٹھنے والے اخراجات کاذمہ لے سکتے ہیں۔
- کھ شعبہ ہیرونی مریض (OPD) میں استعال ہونے والی دواؤں میں سے ایک یا ایک سے زائد دواؤں کی ایک ماہ تک یا مستقل بنیا دوں پر فراہمی کا ذمہ لے سکتے ہیں۔ ہیں۔
  - کسی غیر معین کام کے لیے عطیہ دے سکتے ہیں۔
  - کم کوئی اوراپیاطریقه جوآپ کوپیند ہواور جس کے ذریعے آپ متحق مریضوں کی امداد کرسکتے ہیں۔

## عطیے'را بطےاور مزیر معلومات کے لیے آپ کے منتظر

- (0320) 4093982(MFT) جناب سيرتقي محمد ( 4093982 ( ( KFT )
- 🖈 ۋاكىرسىدىظفرعباس 2971183 (0333)
- (0333) 2971183 (MMC) دُاكْرُمُّس العارفين 🖈
- 🖈 جناب على ما برجعفرى (MMCH) 2971388 (0333 )
- 🖈 ۋاكٹرمشاق على بادا مى ـ تاج كمپلكس ، زينب پنجوانی اسپتال كراچى 9272624-0300
  - 🖈 ڈاکٹرا قبال سومرو۔ مدینہ ٹریڈرز' کراچی 2413831 (021)



ان تمام خلوص نیت اور جذبہ خدمت کے تحت کئے جانے والے افد امات کے لازی نتیج میں ہماری محدود آمدنی رکھنے والے اسپتال کو 36 لاکھرو پے سالا نہ سے زیادہ خالص نقصان برداشت کرنا پڑتا ہے' جومحمد فا وَنڈیشن ٹرسٹ اپنے دوسر سے پر وجیکٹس سے ہونے والی آمدنی سے ہشکل تمام پورا کرتا ہے۔ اس میں اگر فری میڈیکل کیمیس کے بے تحاشہ اخراجات 'سینئر ڈاکٹرز کی تخواہیں' ہر محض کونظر آنے والے تغییراتی کام' وقباً فو قبا خرید سے جانے والی خالیہ مشکل ترین کام ہوجائے والی مشینوں کو ٹھیک کرانے اور دوسر سے چھوٹے بڑے اخراجات بھی شامل کرلیے جائیس تو اسپتال کو ہونے والے جاری نقصانات کا تخمینہ بھی لگانا ایک مشکل ترین کام ہوجائے گا۔ ان تمام ہا توں کو متدنظر رکھنے والے تاہد والی میں میں سے خریب رکھنا جات ہوجاتی ہے کہ تمام ترخلوص ' بیک خواہشات اور انتقل کوششیں کرنے مگر محدود ذرائع اور وسائل رکھنے والے مجدفاؤیڈیشن ٹرسٹ سے خریب مریفتوں کو مزیدریلیف فراہم کرنے کی تو قع کرنا ٹرسٹیوں کے انتہائی قابل قدر جذبہ عندمت کا نداتی اڑائے اور ان کا دل وُ کھانے کے سوااور کچھنیں ہوسکتا۔

# PWC كے اغراض مقاصد اور اہداف

مندرجہ ذیل حقائق کی روشنی میں یہ بات واضح ہوکرسا منے آجاتی ہے کہ علاقے اور دور دراز کے خریب مریضوں کی مزید فلاح و بہود کے لیے آپ اور ہم کوآگے بڑھ کر MFT کے ساتھ دستِ تعاون دراز کرنا پڑے گا۔اس مقصد کی تکمیل کے لیے PWC کا قیام عمل میں لایا گیا ہے۔اس کے فوری اہداف درج ذیل ہیں:

- 🖈 اسپتال میں داخل مستحق مریضوں کومفت کھانامستقل بنیا دوں پر فراہم کرنا۔
  - 🖈 اسپتال میں داخلمستحق مریضوں کومفت دواؤں کی فراہمی۔
- کینک انتظام جن میں آنے والے بیرونی مریضوں کے لیے ایسے مزید اسپیشلسٹ کلینک کا انتظام جن میں دوائیں بھی مستحق مریضوں کو مفت فرا ہم کی جاسکیں مثلاً گیسٹر و، پورولو جی ہنیز ولو جی۔

## PATIENTS WELFARE CLUB (PWC) OF MFT

PATIENTS WELFARE CLUB کے قیام کے اغراض مقاصداوراہداف اور آپ سے اس ضمن میں تعاون کی اپیل کی ضرورت کوواضح کرنے کے لیے مندرجہ ذیل حقائق ہے آگہی ضروری ہے۔

کہ محمد فاؤنڈیشنٹرسٹ ایک پرائیوٹ ادارہ ہے۔جس کے بانیوں نے غریب اوگوں کو بالخصوص صحت اور تعلیم کی اعلیٰ سہولیات ان کے بی علاقوں میں مہیا کرنے کا قابل مسلم میں مہیا کرنے کا قابل سے مناس طور پر قابل ذکر پر دہیکٹس میں میڈیکل کالج، مسلم نیصلہ کیا۔ ہم MFT کے زیرا ہمتام اس وقت کئی بڑے اور چھوٹے پر وہیکٹس چل رہے ہیں 'جن میں سے خاص طور پر قابل ذکر پر دہیکٹس میں میڈیکل کالج، اسپتال شامل ہیں۔ مسلم اینڈ میکنالوجی )' انٹر میڈیٹ کالج محمد اسلامی کے محمد اسلامی کے محمد اسلامی کے اسپتال شامل ہیں۔ میر پور خاص ڈویڈن میں میں میں سے ایک جو جہاں کی سے ایک جے جہاں کی سے ایک ہے۔ میر پور خاص دور آس کی کیر وارا میں میں سے ایک ہے۔ جہاں کی سے ایک ہے۔ میر کورہے ہیں' پاکستان کے غریب ترین علاقوں میں سے ایک ہے۔ جہاں کی سے داکہ آبادی غربت کی کئیر Poverty سے بھی نیچے ذندگی سرکرنے پر مجبور ہے۔ اس علاقے اور آس بیاس کی آبادی 500 لاکھ (نصف کروڈ) کے لگ بھگ ہے۔

## MMCH کی قابل ذکر کار کردگی

میر پورخاص کاوہ علاقہ جہاں، استشنیات کے علاوہ ، کوئی پوسٹ گریجویٹ ڈگری اڈپلومہ رکھنے والا ڈاکٹرنہیں ماتا 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 قابلِ ذکر شعبے مندرجہ ذیل ہیں۔

کہ شیعی: طب سے تعاق تمام اہم شیع موجود ہیں۔ چنداور کی جانب بیٹر فت جاری ہے۔ ہملا ماہر کی: طب سے تعاق تمام اہم شیعوں کے پر فیسر زسمیت دیگر مین کرا اگر ز کے علاوہ زیر تربیت جونیئر ڈاکٹر ز اور دیگر اسٹان کی خدمات میسر ہیں۔ ہملا لیبارٹری نیس کہا باراب ایج ہی یا (histo pathology) بھی ہماری لیبارٹری میں المبرین مہیا کرر ہے ہیں۔ چنداور (sophisticated) مشیوں کے لیے فنٹر ز کی فراہی سیت دیگر پیٹر فت جاری ہے۔ ہملا المبرین مہیا کرر ہے ہیں۔ چنداور (sophisticated) مشیوں کے لیے فنٹر ز کی فراہی سیت دیگر پیٹر فت جاری ہے۔ ہملا المبرین مہیا کرر ہے ہیں۔ چنداور (sophisticated) مشیوں کے لیے فنٹر ز کی فراہی سیت دیگر پیٹر فت جاری ہے۔ ہملا المبرین مہیا کرر ہے ہیں۔ چنداور (sophisticated) مشیوں کے لیے فنٹر ز کی فراہی سیت دیگر پیٹر فت جاری ہے۔ ہملا اساؤی ٹین ہیں در آمد شدہ جدیداور بیش قیس مراخل اسٹ نے کا بیداور بیٹ تیس ہو کردن بدن جدید ہوتا جارہ ہے۔ ہملا امراخل نسوں کو شیعیہ المبرین میں بھی در آمد شدہ جدیداور بیش قیت سازو سامان سے بہر شکل وصورت اور سازو سامان کے ساتھ مریفوں کی مزید خدمت انجام دے رہا ہے۔ ہملا شعبہ المبراخل میں پیٹر اہم پیٹر فت ہوئی ہیں اور اب بیا ہوڑ کی گران میں اپر بل کوری خرید نے اور برطانی ہے۔ ہملا میں میں پیٹر اہم کی مزید میں انجام کی سیتر ہیں آلات اور دیگر سازوں کو لیے ہوئی ویو بسندھ میں کرا ہی ہے باہم ہی میسر ہیں۔ ہملا ہور پر اور کی مراف کی ہیں اور باہر ہوئی ڈاکٹر زا تفاق ہور پر آئے والے مریفوں کود کھتے ہیں میں دین اور باہر ہے مقابقاً بے صدستا اور معیاری عال میں میں اور باہر سے مقابقاً بے صدستا اور معیاری عال میں میں اور باہر سے مقابقاً بے صدستا اور معیاری عال میں میں اسٹوں کو بی خور سے میر پور خاص رکہ بی ورضاص رکی جاتی ہور ہے۔ ہملا والے کے لیے مریفن میں بھی ماسراخل کے بیم میں میں میں مورہ فیس بھی مورہ فیس بھی مورہ فیس بھی مورہ فیس بھی مورہ کے بہر واضاف کے لیے مریفن میں بیا ہورہ ہے۔ میں بیم میں ہورہ ہے۔ میں بیم میں میں میں میں میں میں ہیں ہیں ہی میں ہورہ ہے۔ میں میں میں میں میں میں میں میں ہورہ ہے۔ میں ہورہ ہورہ کے اسٹوں کو بی میں کہ میں ہورہ کے اسٹوں کو بیارہ کیا کہ میں میں کورٹ کے اسٹوں کورٹ کیا کہ میں ہورہ کورٹ کیا کہ میں کورٹ کیا کہ میں کورٹ کورٹ کیا کورٹ کورٹ کیا کہ میں کورٹ کیا کورٹ کورٹ کیا کہ میں کورٹ کیا کو