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	PROGRAM Annual Medical Symposium 2013 DAY ONE: (28th October 2012)	
PROGRAM	VENUE	TIMINGS
Registration	Entrance of Auditorium	08:00 – 08:30 am
Scientific Session – I (Free Papers) Students and Junior doctors	Main Auditorium	08:45 – 11:00 am
Scientific Session – II	Auditorium II	8:30 – 11:00 am
Fea Break	Trum II	11:00 – 11:30 am
Scientific Session-III	Main Auditorium	11:30 – 2:00 pm
nauguration of poster / Lunch/ Prayer		2:00 – 3:00 pm
Scientific Session-IV	Main Auditorium	3:00 – 5:30 pm
Scientific Session-V	Auditorium II	3:00 – 5:30 pm
CLOSE		15:30
	PROGRAM Annual Medical Symposium 2013 DAY ONE: (28th October 2013) VENUE Entrance of Auditorium Main Auditorium Main Auditorium Main Auditorium Auditorium II	

Annua DAY	PROGRAM Il Medical Symposium 2013 TWO: (29 th October 2013)	
PROGRAM	VENUE	TIMINGS
Scientific Session – VI	Entrance of Auditorium	08:00 - 09:00
Free papers	Main Auditorium	09:00 - 10:30
	I. Dr S Memon .– Fatty liver or "Steatosis"	
	II. Dr.Jewat Sunder– Hepatitis education in underprivilege children of rural (desert) community	ed .
	III. Dr. Abdul Qadir Khan	
	Hepatitis C Current Guidelines of Treatment	
	IV. Dr. Hassan Memon My child is not eating enough.	
	V. Dr. Noor Ali Samoon Empathy Rating Score of Toranto in Medical Students of Muhammad Med College MirpurKhas	dical
Inauguration Session – I	Exhibition and Poster Halls	10:30 - 11:30
(Opening of Exhibition and Poster Viewing) Inauguration Session – II	Auditorium	11:30 – 12:30
	Recitation of Holy Quran Theme speech and welcome speech and welcome Prof. S. Razi Muhammad (Managing Trustee)	address
	3. Scientific work and research MMCH over last one year Speech by Chief Guest	progress at MMC &
	4. Vote of Thanks Prof. Ghulam Ali Memon	
Scientific Session – VII	Main Auditorium	12:30 – 14:00 pm
	1. Dr. Qureshi Najma To Find Knowledge and Awareness of Hand Washing among Health Care Workers B.G.H Kingdom of Saudi Arabia 2. Dr. Uzma Bukhari Frequency and Pattern of Lymphoma in Adult Age Group	
	3. Dr. Aneel Kapoor Comparision of Vitamin B12 Level Among Vegetarian and Non Vegetarian Healthy Individuals in District Tharparkar	
Scientific Session – VIII & Society of Surgeons Mirpurkhas Chapter Annual Meeting.	Auditorium- II	12:30 – 14:00 pm
Annua DAY PROGRAM Registration Scientific Session – VI Free papers Inauguration Session – I (Opening of Exhibition and Poster Viewing) Inauguration Session – II Scientific Session – VII Scientific Session – VIII Scientific Session – VIII Available Session – VIII Scientific Session – VIII Available Session – VIII Chapter Annual Meeting.	1. Dr. Mahesh Kumar Bilateral Cleft Lip & Palate, A study of 100 cases 2. Dr. Ehsan Jahangir Khan A study of 35 cases of helical rim defects 3. Prof. Faiz Muhammad Halepoto DCR Operation in 150 cases 4. Dr. Amir Iqbal Memon A Safe and Inexpensive Technique of Retrievalof Gallbladder Specimen after Laparoscopy 5. Prof. Dr. Raisuddin	14:00 14:45
Awards Ceremony	Hal Main Auditorium	14:00 – 14:45 pm 14:00 – 15:30 pm
Class	Moin Auditorium	15.20
ose	Main Auditorium	15:30

		4	ABSTRACTS I Scientific Sess	FOR DAY-I ion-I (SS1)			
(SS1-1) Freq	uency of Sput	um Smear Posi Patients in (itive and Sputu Chest OPD of I	m Smear Nega DHQ Dera Gha	tive Cases of I zi Khan.	Pulmonary Tub	erculosis
Authors: Muk Supervisor: I	khtar Hussain, Dr. Asif Ali Sha	Mazhar Ali, M. ah, Department	Faheem Yousif of Community	, Noman Rashee Medicine, MMO	ed, 4 th Year M	BBS	
Abstract							
Background: common in po HIV/AIDS as 2010 it accont burden in the	TB is a major oor people of lo the greatest kil as 8.8 million of eastern Medite	health problem ow socioeconom ller worldwide of casaes and 1.4 n rranean region.	which is mostly ic families. The out of all disease nillion peoples of	neglected in the WHO has decla s caused by a sin lied globally. Pa	e rural areas of ared that TB is ngle infectious kistan contrib	Pakistan. It is nonly second to to agent. In the yeutes about 44% of	nore the ar of of the TB
Objectives: T tuberculosis pa	The purpose of atients in the cl	this study was to hest OPD of DH	o find out freque IQ Dera Ghazi I	ency of sputum p Khan during the	oositive and sp last two month	outum negative c ns.	ases of
Methods & N	laterials:						
• The s	study was cond i Khan.there v	ucted among the	e patients of pul	monary tubercul	losis from Che l.	est OPD of DHQ	Dera
• Alon point	g with local res	sident of Shah S	adar din and Ko	ot Chutta , a sign	ificant numbe	r of patients who	visit this
• The s	study included	TB, smear +ve a	and smear –ve p	atients from Jul	y to Septembe	r 2013	
• Frequ	uency of sputur	n smear positiv	e and smear neg	ative were diagr	nosed by acid	fast bacillai and	direct
males 18(42%	these 99 cases females) and	females). In pu , 71 (72%) were 28 (28%) cases	lmonary TB pat sputum smear j (18(64%) were	ients 99 (80%) cositive, among	cases were pre sputum positi	sented with produce (44(62%) ma	luctive
27(38%) were smear negative	Total Files	Extra pulmonary TB	Pulmonary TB	Cases With sputum	Cases Without sputum	Smear +ve	Smear
Frequency of affected patient	Total Files	Extra pulmonary TB	Pulmonary TB	Cases With sputum	Cases Without sputum	Smear +ve	Smear -ve
Frequency of affected patient Male Patient	Total Files 167 98	Extra pulmonary TB 43	Pulmonary TB 124 79	Cases With sputum	Cases Without sputum 25	Smear +ve 71 44	Smear -ve
Frequency of affected patient Male Patient Female Patient	e. Total Files 167 98 69	Extra pulmonary TB 43 18 25	Pulmonary TB 124 79 45	Cases With sputum 99 62 37	Cases Without sputum 25	Smear +ve 71 44 27	Smear -ve 28 18
Frequency of affected patient Male Patient Female Patient Conclusion: F favour of N/G sputum smear	Total Files 167 98 69 Pulmonary cases aspiration of A positive cases	Extra pulmonary TB 43 18 25 es reported are companies to the single as	Pulmonary TB 124 79 45 omparatively hi e cases are diag ared to sputum	Cases With sputum 99 62 37 gh. Most cases you nosed clinically smear negative of	Cases Without sputum 25 16 09 with productive and radiologicases.	Pulmonary Tub BBS Pakistan. It is nonly second to to a gent. In the year shout 44% of the second to	Smear -ve 28 18 10 ot in

Religion	No. of	vaccination	
	student	+ve	-ve
	200		
Muslim	171	126(74%)	45 (26%)
	(86%)		
Non	29(15%)	26 (89%)	3 (10%)
Muslim			

Residence	no. of	vaccination	
	Students 200	+ve	-ve
Rural	25(13%)	19(76%)	6 (24%)
urban	175(87%)	136(78%)	39(22%)

Background: Tuberculosis is an infectious disease caused by mycohacterium tuberculosis, which commonly effects the at the beginning of the 20th century, tuberculosis was one of the most urgent health Problems. 9% of world TLB cases were reported from 24th century and 10000 for weathersulosis patients are reported every year it is a major cause of death of females and TB is responsible for 5.1% of the total disease barden in Pakistan and 40000 for weathersulosis patients are reported every year it is a major cause of death of females and TB is responsible for 5.1% of the total disease barden in Pakistan Andrea (Pakistan Andrea) and the properties are also given such as a few parts of the total disease barden in Pakistan Andrea (Pakistan Andrea) and the properties are also given such as a few parts and the patients of school and information was collected on demographic scole economic status and on the presence of vaccination mark of (Racilli, Chalmente, Gueria) RCG

Results: Among total 200 sundents (pirls), 171 (86%) were Muslims and 29(15%) were Non-Nuslims in which 15(25%) belongs to rural areas and 175(88%) belongs to urban aseas. Among them 152(76%) were vaccinated and 44 (76%), secondary 5 (10%), and metric 2 (5%).

Results: According To Religion

Religion No. of vaccination

Religion No. of vaccination

Religion No. of vaccination

Religion No. of vaccination

Student + ve ve vector of vaccination

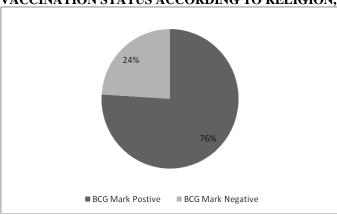
Religion No. of vaccination

171 | 126(75%) | 26 (89%) | 3 (10%)

No. of vaccination

172 | 175(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) | 176(87%) |

STATUS ACCORDIN	NG TO MOTHER'S EDUCATION
Mother education of non vaccinated girls	Total 200
Nil	38 (78%)
Primary	3(6%)
Secondary	5(10%)
Metric	2(5%)
Mother education of non vaccinated girls Nil Primary Secondary Metric VACCINATION STATUS ACCORDING TO RELIGIO 24% BEG Mark Postive BCG Mark Negative Total vaccination status of BCG vaccine Conclusion: Non Muslim is more vaccinated than Muslim going females which is high in illiterate mothers. More the girls in society so vaccination programmes and vaccination in different villages and cities regarding health education. In	
	as, Sindh iil Hussain. Anwar Ahmed. (4 th year MBBS) of Community Medicine & Health Sciences) of Community Medicine & Health Sciences) as of same sex. Homosexuality is a sexual orientation ely for people who are identified as being of the same sex as 'gay'', and females are known as 'lesbians'. elationship comes from ancient Greece, where same sex riages have occurred with relative frequency in the past earchers suggest that the Catholic Church, which has been general, approved of same –sex marriages for over 1 500 ry.
	egarding homosexuality in the male inmates of the Distt.
Objective: To assess the knowledge attitude and practice re Jail Mirpurkhas Sindh.	



Results: According to our survey among they know about homosexuality, out of the (83%) show that they also know about the that they felt uncomfortable when see hor 52(80%) agreed that it affect the society a homosexuality and 60(92%) do not. Amonand 01(2%) for money.	em 41(63%) told that they kn e diseases which spread thromosexuality.59 (90%) agree and social moral. As well as p	now about homosexuality frough homosexuality.43 (66) that there is law to restrict practices are concern only 5	spondents show that from their friends.54 6%) from them told t homosexuality and 5(8%) do practice of re 01(2%) for benefit
and 01(2%) for money.			
	g male prisoners of Distt. Jai	*	
Aware about homosexuality		(63%)	
Aware about disease spread by homosex Agree that there is law to restrict homos		(83%) (90%)	
told that they felt uncomfortable when se		(66%)	
Agreed that it affect the society and society	al moral 520	(80%)	
Do not practice of homosexuality	600	(92%)	
Practice of homosexuality	5(8	8%)	
Perform homosexuality for sexual desire	030	(4%)	
For benefit and money.	010	(2%)	
like increasing the punishment or isolating be provided to the people who are involve (SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhammatabstract:	of Neuro Phychiatric Prob licer), Jamshaid Iqbal, Kashi	lems during Pregnancy f Hussain (4 th year), Nighat	at Nazar, Final Year fessor in Medicine)
(SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of the 5 study in combination Psychosis, dep	of Neuro Phychiatric Problems, Jamshaid Iqbal, Kashimad (Prof of surgery, Dr Fa	lems during Pregnancy f Hussain (4 th year), Nighat yaz Memon.(Assistant Prof	at Nazar, Final Year fessor in Medicine)
be provided to the people who are involve (SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of	of Neuro Phychiatric Problems, Jamshaid Iqbal, Kashimad (Prof of surgery, Dr Fa	lems during Pregnancy f Hussain (4 th year), Nighat yaz Memon.(Assistant Prof	at Nazar, Final Year offessor in Medicine)
(SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of the 5 study in combination Psychosis, dep	of Neuro Phychiatric Problems: dicer), Jamshaid Iqbal, Kashi mad (Prof of surgery, Dr Faneuro psychiatric problems ression, Anxiety disorder, multiple dicted at outdoor patients in	In pregnant women in 2 diffigraine and epilepsy.	at Nazar, Final Year of Medicine) fferent centers. It is
(SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of the 5 study in combination Psychosis, deposition of the 5 study in Combination Psychosis and Duration: This study was considered to the Study Design: Retrospective study	of Neuro Phychiatric Probacer), Jamshaid Iqbal, Kashi mad (Prof of surgery, Dr Fagneuro psychiatric problems ression, Anxiety disorder, multiple Mirpurkhas and from Aprober of 124 cases of pregment all of the patients were getting the patients were getting to the patients were getting to the patients of the patients were getting to the patients were getting the patients were getting to the patients were getting to the	dems during Pregnancy I Hussain (4 th year), Nighat yaz Memon.(Assistant Prof in pregnant women in 2 diff igraine and epilepsy. the OPD of Gynae and Ob il 2013 to September 2013 int women attended OPD v given to Performa containing	at Nazar, Final Year of sessor in Medicine) fferent centers. It is the properties of the selected of the sele
(SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of the 5 study in combination Psychosis, deposited Study Design: Retrospective study Place and Duration: This study was communicated Material and Methodology: A total number having the neuro psychiatric problems are patients! having psychosis, depression, are Data Collection Method Face to Face	of Neuro Phychiatric Probacer), Jamshaid Iqbal, Kashi mad (Prof of surgery, Dr Fagneuro psychiatric problems ression, Anxiety disorder, multiple Mirpurkhas and from Aprober of 124 cases of pregment all of the patients were getting the patients were getting to the patients were getting to the patients of the patients were getting to the patients were getting the patients were getting to the patients were getting to the	dems during Pregnancy I Hussain (4 th year), Nighat yaz Memon.(Assistant Prof in pregnant women in 2 diff igraine and epilepsy. the OPD of Gynae and Ob il 2013 to September 2013 int women attended OPD v given to Performa containing	at Nazar, Final Year of sessor in Medicine) fferent centers. It is the sessor in Medicine of th
(SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of the 5 study in combination Psychosis, deposited Study Design: Retrospective study Place and Duration: This study was come Muhammad medical hospital, civil hospital Material and Methodology: A total numbaving the neuro psychiatric problems are patients I having psychosis, depression, and Data Collection Method Pace to Face to	of Neuro Phychiatric Problems (Cer), Jamshaid Iqbal, Kashi mad (Prof of surgery, Dr Faller Problems) and (Prof of surgery, Dr Faller Problems) and (Prof of surgery, Dr Faller Problems) and Mirpurkhas and from Aproportion of 124 cases of pregment all of the patients were governed all of the patients were governed all of the patients were governed ended questionnaire. Selected from civil hospital, re ranged between 18 to 35 yield depressive and 40(32.26%) epileptic patients.	dems during Pregnancy f Hussain (4 th year), Nighar yaz Memon.(Assistant Prof in pregnant women in 2 diff igraine and epilepsy. the OPD of Gynae and Ob il 2013 to September 2013 nt women attended OPD v given to Performa containing id epilepsy problem in pregnance and 56 were from Muham year with a mean of 20 To 2	at Nazar, Final Year of sessor in Medicine) fferent centers. It is the properties of the selected of the properties of the selected of the se
(SS1-4) Prevalance Authors: Syeda Ameer Zahra (House Off Supervisor: Prof .Dr Syed Razi Muhamma Abstract: Objectives: To find out the prevalence of the 5 study in combination Psychosis, deposition of the 5 study was confused in the 5 st	of Neuro Phychiatric Problems (Cer), Jamshaid Iqbal, Kashimad (Prof of surgery, Dr Faller (Problems), Market (Prof of surgery, Dr Faller (Prof), Anxiety disorder, must be did at outdoor patients in all Mirpurkhas and from Aproportion of 124 cases of pregment all of the patients were graviety disorders, migrane and the companion of the patients were graviety disorders, migrane and the companion of the patients were graviety disorders, migrane and the companion of the patients were graviety disorders, migrane and the companion of the patients were graviety disorders, migrane and the companion of the patients were graviety disorders, migrane and the companion of the patients of the patients.	dems during Pregnancy f Hussain (4 th year), Nighar yaz Memon.(Assistant Prof in pregnant women in 2 diff igraine and epilepsy. the OPD of Gynae and Ob il 2013 to September 2013 nt women attended OPD v given to Performa containing id epilepsy problem in pregnance and 56 were from Muham year with a mean of 20 To 2	at Nazar, Final Year offessor in Medicine) fferent centers. It is be Department of the were selected in guestionaire in ment women mad Medical 25 years female .

HOSPIT ALS	AGE GRO UPS	NO.OF PATIEN TS	PHY COSI S	DEPRE SSSIO N	ANXIETY DISORDE R	MIGR AINE	EPILEPS Y
CIVIL HOSPIT AL	18-25	68	7(10. 29%)	22(32.3 5%)	20(29.41%)	12(17.6 4%)	7(10.29%)

MUHAM	18-35	56	4(7.1	19(33.9	20(35.7%)	10(17.8	3(5.35%)
MAD			4%)	2%)		5%)	
MEDICA							
L							
HOSPIT							
AL							

MAD MEDICA	18-35	56 4	(7.1 19(33.9 %) 2%)	20(35.7%)	10(17.8 5%)	3(5.35%)	
HOSPIT AL							
Conclusion: I	n our stud	ly depression a	and .anxiety diso	rder is commo	n in pregnant	women	
			(SS1-5) Patier	nt's choice of a	doctor		
Authors: Syed Supervisors: 1	d Raza Mı Prof. Dr. S	uhammad, Mu Syed Razi Mu	hammad Taimur hammad	Ali, Syeda Ma	asooma zehra		
Abstract							
Objective: W	hen the pa	tients have a	choice of going to	o various docto	ors, what do tl	ney look for?	
Methodology: systematic ran Mirpurkhas. D	: Descriptedom same	tive Cross sec pling from 1s ollected, edite	ctional study wa t Year to 5 th Ye d, summarized, a	ar MBBS and	some patient	s at Muhamma	and 40 female) by d Medical Colleg xtracted
Regarding the	vo maies ar e qualifica	tion experience	es say that the fee ce and reputation				sperienced doctors
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concl	female patien ive and listens uded that most r who is a good	ts prefer profession to them at an erest of the respondent	notional level	nighly qualifi	doctors. Majori	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concluded for a doctor	female patien ive and listens uded that most r who is a goo	s to them at an er of the respond od listener and co	motional level dents prefer a l ommunicator w	nighly qualifi ith their patie	doctors. Majori	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concl	female patien ive and listens uded that most rewho is a good reference Hospital Doctor	s to them at an erest of the responded listener and color Male (out of 73% males	motional level dents prefer a l ommunicator w	nighly qualifi	doctors. Majori ed and experien nt out of	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concluded a doctor	Prefer Hospital Doctor Gender of a Doctor	ts prefer profession to them at an erest of the responded listener and compared to the state of the responded listener and compared to the state of the responded listener and compared to the state of the respondent of the state of the respondent of the state of the	motional level dents prefer a l ommunicator w 2100%)	Female (0100%) 55% female 45% say doesn't mat	doctors. Majori ed and experien nt out of gender ter	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concluded for a doctor	Prefer Hospital Doctor Gender of a Doctor Male/ Female Doctor	s to them at an erect of the responded listener and color of the r	motional level dents prefer a lents	Female (0100%) 55% female 45% say doesn't mat	doctors. Majori ed and experier nt gender ter female better, ales are	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concl	Prefer Hospital Doctor Gender of a Doctor Male/ Female Doctor Language	males f 40% say ge matter 60% say Mal better Great impact	motional level dents prefer a l mmunicator w 100%) ender doesn't de doctors are	Female (a 100%) 55% female 45% say doesn't mat 45% say doctors are 10% say m	gender ter female better, ales are	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concluded for a doctor	Prefer Hospital Doctor Male/ Female Doctor Language Fee	males Male (out of the responded listener and compared to the respondent listener and com	motional level dents prefer a l mmunicator w 100%) ender doesn't de doctors are	Female (100%) 55% female 45% say doesn't mat 45% say doctors are 10% say m better docto Great impa	gender ter female better, ales are rs ct 55% matter	ity of patients wan
53.33% males the doctor to b Conclusion: I doctor. They also pref	and 50% be descript It is concluded a doctor	Prefer Hospital Doctor Male/ Female Doctor Language Fee	males Together profession of the responded listener and compared to the respondent liste	motional level lents prefer a lents	Female (0 100%) 55% female 45% say doesn't mat 45% say doctors are 10% say m better docto Great impa female. Doesn't 50% female	gender ter female better, ales are rs ct 55% matter s female's	ity of patients wan
the doctor to b Conclusion: I doctor.	and 50% be descript It is concluded for a doctor	Prefer Hospital Doctor Male/ Female Doctor Language Fee Qualification and experience	males f 40% say gematter 60% say Malbetter Great impact Doesn't mamales Prefer Highly Postgraduate 96.6% male	motional level lents prefer a lents	Female (0 100%) 55% female 45% say doesn't mat 45% say doctors are 10% say m better docto Great impa female. Doesn't 50% female	gender ter female better, ales are rs ct 55% matter s emale's Highly	ity of patients wan

dressing	Prefer professionally	Professional
	dressed doctors.53% male	dressing 50%
		female
time he	60% males say doctors	70% females say
gives you	should give more time	that time doesn't
		matter
visual	Prefer to meet him in	Prefer to Meet him
Doctor	person 70% males	in person 50%
visit or		females
meet		
him/her in		
person		

presen Pediatr) Feeding ting with ic ward of	dress	8		professio octors.53%	onally male	Professional dressing female	50%	pattern of children Acute Diarrhea in MMCH.
Authors: Zahra, Fai	Aisha ga Zafar,	time gives	you	should gi	les say de ve more tin	octors ne	70% females that time d matter	s say oesn't	Siddiqua, Fatima-Tuz- Rabia Ishaq, Shehzeer
Supervision of the Supervision of the Saqib of the Institution College & Abstract	nal year) or: Prof. Baloch. n: Hospital,	visua Doct visit meet him/l perso	or or her in	Prefer to person 70	o meet hi 0% males	m in	Prefer to Mee in person females	50%	Hassan Ali Memon, Muhammad Medical Mirpurkhas
Background kills around Aims: To	nd: Diarrhe	eal disease children. (Globally t	here are n	ng cause of early 1.7 bits of acute di	death i llion ca	n children und ses of diarrheal by observing th	er 5 year disease e feedir	r age. Each year diarrhea s each year. ng pattern of children
Result: The children was in which Market feed In weaning In age ground age ground Age	his study wavere on brea Male:Femalo Jing: bottle g out of 40 oup 0-6 mon up 6 month	as done on ast feeding e ratio(1.1 feeding rachildren 2 ths: 2 out s-3 years:	40 patien in which :1) while ntio is(1:13 (57%) v of 12 chil 21 out of	nts having Male:Fen .9). were on w dren (16% 28 (75%)	diarrhea of nale ratio (1 eaning: b) were weather well dren we haldren were dead to the feeding the feeding of the feeding the feeding of th	Fage un33:1) anning or ere on 1	5th October 20 der 3 years. Ou and 26(65%) c a semi-solids w ate weaning. Breast	t of 40p hildren	patients 14(35%) were on bottle feeding
	Male	Female	Total	Male	Female	Tota	+ bottle feeding		
0-6 mon	4	2	6	3	3	6	2		
6-12 mon	2	3	5	7	3	10	1		
2-3 yrs	-	1	2 1 14	2	-	26	<u>1</u> Δ		
%			35%			65%	10%		
Conclusio	on: We cond 21 : 40 child s the main re	cluded tha lren were deason for a	on late we acute diar	eaning ,2 rhea.	ere on brea children we	st feedi ere on e	ng , 26 : 40 chi arly weaning. T	dren we	ere on artificial bottle e bottle feeding + late
feeding, 2 weaning is	1	nd psychol	_	uelae of s	elf-reported	d childh	ood sexual and	physica	l abuse among boys child
feeding , 2 weaning is (SS1-7) Pr labor: resu	evalence ar ults of a cros	ss sectiona							
feeding, 2 weaning is (SS1-7) Pr labor: resu	revalence ar ults of a cros	ss sections man, Shah	id Hamee	d, Syed M	A				
feeding, 2 weaning is (SS1-7) Pr labor: resu Authors: A	evalence ar ults of a cros	man, Shah			A		10		for poor child's health

Total	Not Abused	Abused	Sexual	Phy sical	Abused by Owner=10	Abused by Friends =8	Abused by Colle agues=4
37	15	22	05	17	Sexual =3	Sexual =1	Sexual =1
					Physical =7	Physical =7	Physical =3

Methodology: In June-July, 2013 a cross sectional study was carried out among the 37 children (age 6-15 years), selected by using convince sampling technique from different occupational settings of DdK. Information was collected by using convince sampling technique from different occupational settings of DdK. Information was collected by using closed ended questioninarie after informed consent, netered and analysis by using Excel.

Results: Among n=37 more than fifty percent n=22(30/Ms) children reported having experienced of aftuse (sexually n=52/Ms), physical n=17/Ms), physical n=17/Ms) and version region and n=18/Ms. Abuse by owner of working place was reported changes n=18(82%) and social phobia n=15(88%).

Conclusions: Childhood sexual and physical abuse is more prevated n=18(82%) and social phobia n=15(88%).

Conclusions: Childhood sexual and physical abuse is more prevated not of thild abuse, for treatment and rehabilitation are urgently needed with formulation and implementation of child protection law

Total Note Abused Sexual Phys Abused Abused Abused Abused hypocal sexual and physical abuse is more prevated for physical physic

QUESTIONS	Strongly	Agree	Neither	Disag	Strongly
	agree		agree	ree	disagree

Authors: syeda anum zaid. Uzma Ghaffar, Madiha Imitaz (4th year MBBS)
Supervisor: Professor Sir Asif Ali Shah

Alstract

Backgruund: contraceptive prevalence is defined as proportion of reproductive population using contraceptive methods; it is a tool for country to analyze its family planning programs. Smilly planning allows people to attain their desired number of children and determine the specing of perganoses Pasikair ands seventh in terms of population and the greatest number of this population is formed by the children.

Aims: To explore contraceptive uses, pregnancy rate, age factors, and methods of outstreeption, religious behef, and communications

Study Design: cross sectional study through questionnaire of 150 child bearing women at medi and find out the factors by determine prevalence of contraceptive uses, pregnancy rate, age factors, and methods of outstreeption, religious behef, and communications

Study Design: cross sectional study through questionnaire of 150 child bearing women

Methodology: the data of a random sample of 150 women wisting at matit usion cruncil 1 and 2 and data was collected dirough interviewer-administered questioner.

Place and Duration: At matil talks hospital family planning center and union council 1.62 at matil 4 October to 20 October

Results: among the total sample of 150 that were studied showed that out of 150 113 389; are a wore of continuous conti

			nor				
TT 1/1 0	0.100	- 100	disagree	20/20	2/20		
Healthcare facilities available in rural	0/30 0%	6/30 20%	2/30 6%	20/30 66%	2/30 6%		
area are satisfactory							
Salary given in rural healthcare service is	0/30 0%	6/30 20%	1/30 3%	20/30 66%	3/30 10%		
Favirment available	0/20	19/20	0/20	11/20	1/20		
in rural area is reliable and up-to-	0%	46%	0%	36%	3%		
Paramedical staff available in rural	0/30 0%	16/30 53%	0/30 0%	13/30 43%	1/30 3%		
Its difficult to deal with patients of rural	0/30 0%	6/30 20%	0/30 0%	24/30 80%	0/30 0%		
Hospital environment in rural area is	0/30 0%	12/30 40%	1/30 3%	17/30 56%	1/30 3%		
satisfactory	= .	د د	0.55	د د	0.125		
Hospital management of rural area is cooperative	4/30 13%	12/30 40%	0/30 0%	14/30 46%	0/30		
Medicines prescribed	1/30	17/30	3/30	9/30	0/30		
by doctors are easily available in rural area	3%	56%	10%	30%	0%		
Clinical trainings undergoing in rural area is satisfactory	4/30 13%	16/30 53%	0/30 0%	9/30 30%	1/30 3%		
Paramedical training undergoing in rural area is satisfactory	0/30 0%	19/30 63%	0/30 0%	10/30 33%	1/30 3%		
Its easy to have CME in rural are	0/30 0%	16/30 53%	4/30 13%	8/30 26%	2/30 6%		
Healthcare facilities available in rural area are satisfactory Salary given in rural healthcare service is satisfactory Equipment available in rural area is reliable and up-to-date Paramedical staff available in rural area is well trained Its difficult to deal with patients of rural area Hospital environment in rural area is satisfactory Hospital management of rural area is cooperative Medicines prescribed by doctors are easily available in rural area Clinical trainings undergoing in rural area is satisfactory Paramedical training undergoing in rural area is satisfactory Its easy to have CME in rural are (SS1-11) M Authors: Fariha Arshad, F Supervisor: Prof. Dr. Abd Abstract: Background: The incident describe the morphologica management of breast cand Methods: A retrospective biopsy specimens of breast gender, age, histological na Results: Total 146 patients 11-85 years in which 88 ca 44.5 were taken. 58 cases of the same of the	Fareeha Maul Rahim of breast I patterns of	ical patter anzoor, Jais Siyal lesions is in of breast les	ns of brea sha Shujaat ncreasing i sions which	st lesions: ,Nudrat Fa n young fen n would ma	MMC experi rooq.(Final ye nales in Pakis ke a differenc	ence of 146 cases ar MBBS) tan*. This study is carrie in early detection and	ed out to
Methods: A retrospective biopsy specimens of breast gender,age, histological na	study was which ca ture and g	conducted me in above rading of tu	in departme duration imor.	ent of patho were includ	ology of MMo ed in study da	C from Jan 2011 to sep ta was collected regard	2013. Al ing
Results : Total 146 patients 11-85 years in which 88 ca 44.5 were taken. 58 cases of were taken.	s biopsies ases of ben of maligna	comprising ign with ag nt with age	141 femal ge ranging to ranging fr	e and 5 mal from 11-60 om 25-85 y	e patients wer years with aver	e studied with age rang erage age of 25.4 and mage age of 47.5 and me	ing from ledian dian 29.5
In benign cases fibroadeno	ma was co % fibrocy	ommonest 6 stic disease	51.5%(n=5) (n=4), 4.59	4)followed % gynecom	by TB granulo astia in maleso	oma 8%(n=7), chronic (n=4), 3.4% duct papillo	oma

BMI		
Normal	BMI 18.5	30(22%)
Malnourished	BMI <18.5	75(56%)
Overweight	BMI>18.5	10(7%)
Obese	BMI>24.5	20(15%)
Total		135

Province	Rural Malnourished child	Urban Malnourished child
Punjab	97%	3%
Sindh	48.8%	51.2%
Fatta	2.7%	97.3%
AJK	12.88%	87.12%
KPK	16.9%	83.1%

The Challenge: Blood is a precious gift from a donor; such a gift should be utilized scientifically, afficiently and according to international standards ize, blood should be separated into components like Plack red cells. FTP paracines. Since transferion medicine is not transfer in our medical colleges nor we have absolute guidelines of Blood transferior in the patients. Since transferior nearchines and blood transmissible diseases.

Strategies to improve the usage of blood in our hospitals

Transfesion Committee: Each hospital should have a transferior or medical colleges nor we have absolute guidelines of Blood practices and also monitor the implementation of flexes guidelines for the correct usage of blood practices on international standards. This committee shall show advises to use a hernatives to International or international standards. This committee shall show advises to use a hernatives to International to one of the standard or international standards. This committee shall show advises to use a hernative so International to one of the patient of unlique donor exposure and many complications related to blood transfusion is only included the done to builtyle donor exposure and many complications related to blood transfusion is only indicated (less than 1½ of the transfusion to increase Platelets production and anti fibrinolytic drugs should be tried.

Correct Selection/Transfusion in decision to multiple donor exposure and "red cells" to improve hypoxemial or in exchange blood transfusi

	environmentalemente de la company de la comp
תחחחת	Conclusion: Blood is red & red is danger so do everything to reduce the exposure of the patient to single or multiple donor's therapy reducing the risk of transmissible diseases. This will lower the burden on the blood bank.
חחחחחחח	
	Conclusion: Blood is red & red is danger so do everything to reduce the exposure of the patient to single or multiple donor's therapy reducing the risk of transmissible diseases. This will lower the burden on the blood bank.
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			ABSTRACTS I Scientific Sessi	FOR DAY-I on-II (SSII)			
(SSII-1) Fred	quency of Sput	um Smear Pos Patients in (itive and Sputu Chest OPD of I	ım Smear Nega DHQ Dera Ghaz	tive Cases of zi Khan.	Pulmonary Tul	berculosis
Authors: Mu Supervisor: I	khtar Hussain, Dr. Asif Ali Sha	Mazhar Ali, M. ah, Department	Faheem Yousif of Community	F, Noman Rashee Medicine, MMC	ed, 4 th Year M	BBS	
Abstract							
Background: common in po HIV/AIDS as 2010 it accomb ourden in the	TB is a major por people of lo the greatest kil ts 8.8 million c eastern Mediter	health problem w socioeconom ler worldwide c asaes and 1.4 r rranean region.	which is mostly tic families. The out of all disease million peoples of	we neglected in the WHO has declars caused by a sindied globally. Pa	e rural areas of ared that TB is ngle infectious kistan contrib	f Pakistan. It is not only second to sagent. In the yeutes about 44%	nore the ear of of the TB
Objectives: T	The purpose of to attents in the cl	this study was to nest OPD of DF	o find out freque IQ Dera Ghazi l	ency of sputum p Khan during the	oositive and sp last two mont	outum negative c hs.	ases of
Methods & N	Materials:						
• The Ghaz	study was cond zi Khan.there v	ucted among th vere total 167 pa	e patients of pul atients taken in	monary tubercul research hospital	losis from Che l.	est OPD of DHQ	Dera
• Alon	g with local rest t also included.	sident of Shah S	Sadar din and Ko	ot Chutta , a sign	ificant numbe	r of patients who	o visit this
• The	study included	TB, smear +ve	and smear –ve p	oatients from Jul	y to Septembe	er 2013	
• Freq	uency of sputur	n smear positiv	e and smear neg	ative were diagr	nosed by acid	fast bacillai and	direct
Results: Amo pulmonary TI males 18(42% cough. Out of	ong total 167 pa 3,(males 79(64 5) and 25(58%) 5 these 99 cases.	atients 98(59%) %) and 45(36%) females). In pu	were males and) females). 43 (lmonary TB pates sputum smear	69(41%) female 26%) cases were ients 99 (80%) c	es.124 (74%) pe diagnosed as cases were pre	patients were dia extra pulmonary sented with produce ve (44(62%) ma	gnosed as y TB,(luctive ales and
Results: Amorpulmonary TF males 18(42% cough. Out of 27(38%) were smear negative.	ong total 167 pa 3,(males 79(64 5) and 25(58%) 5 these 99 cases, 6 females) and 7 total Files	ttients 98(59%) %) and 45(36%) females). In pu ,71 (72%) were 28 (28%) cases Extra pulmonary TB	were males and) females). 43 (lmonary TB pat e sputum smear (18(64%) wer Pulmonary TB	69(41%) female 26%) cases were ients 99 (80%) of positive, among e males and 10(3) Cases With sputum	es.124 (74%) pe diagnosed as cases were pre sputum positi 36%) were fen Cases Without sputum	patients were dia extra pulmonary sented with produce (44(62%) manales) found to	agnosed as y TB,(luctive alles and be sputum Smear -ve
Results: Amorpulmonary TEmales 18(42% cough. Out of 27(38%) were smear negative. Frequency of affected patient	ong total 167 pa 3,(males 79(64 5) and 25(58%) 5 these 99 cases, 6 females) and 7 total Files	ettients 98(59%) %) and 45(36%) females). In pu ,71 (72%) were 28 (28%) cases Extra pulmonary TB	were males and) females). 43 (lmonary TB pate sputum smear (18(64%) were Pulmonary TB	69(41%) female 26%) cases were ients 99 (80%) copositive, among e males and 10(3) Cases With sputum	es.124 (74%) pe diagnosed as cases were pre sputum positi 36%) were fen Cases Without sputum	patients were dia extra pulmonary sented with produce (44(62%) manales) found to be Smear +ve	gnosed as y TB,(luctive alles and be sputum Smear -ve
Results: Amorpulmonary TEmales 18(42% cough. Out of 27(38%) were smear negative. Frequency of affected patient Male Patient	ong total 167 pa 3, (males 79(64 5) and 25(58%) 5 these 99 cases, 6 females) and re. Total Files 167	extremes 98(59%) %) and 45(36%) females). In pu ,71 (72%) were 28 (28%) cases Extra pulmonary TB 43	were males and) females). 43 (Imonary TB pate sputum smear (18(64%) were Pulmonary TB 124	69(41%) female 26%) cases were ients 99 (80%) copositive, among e males and 10(3) Cases With sputum	es.124 (74%) pe diagnosed as cases were pre sputum positi 36%) were fen Cases Without sputum 25	spatients were dial extra pulmonary sented with produce (44(62%) manales) found to 1 Smear +ve 71 44	ignosed as y TB,(luctive ales and be sputum Smear -ve 28
Frequency of affected patient Male Patient Female Patient	ong total 167 pa 3,(males 79(64 5) and 25(58%) 6 these 99 cases, 9 females) and 9 re. Total Files 167 98 69	extients 98(59%) %) and 45(36% females). In pu ,71 (72%) were 28 (28%) cases Extra pulmonary TB 43 18 25	were males and) females). 43 (Imonary TB pate sputum smear (18(64%) were Pulmonary TB 124 79 45	69(41%) female 26%) cases were ients 99 (80%) copositive, among e males and 10(3) Cases With sputum 99 62 37	es.124 (74%) pe diagnosed as cases were pre sputum positi 36%) were fen Cases Without sputum 25 16 09	Pulmonary Tul BBS If Pakistan. It is in a conly second to a sagent. In the yeures about 44% of the second to a sagent. In the yeures about 44% of the second to a sagent abo	sgnosed as y TB,(luctive alles and be sputum Smear -ve 28

Diagnosis	n=168	%age
Renal stone	25 (M=16,F=09)	15%
Cholelithiasis	22 (M=04,F=18)	13%
BPH	19 (M=19,F=0)	11%
Hernia	14 (M=10,F=04)	8%
Appendicitis	9 (M=06,F=03)	5%
Fractures	9 (M=07,F=02)	5%
Haemorrhoids	8 (M=06,F=02)	5%
Others	62 (M=39,F=23)	38%

#	Features	Smokers	Non smokers
1.	Gestational age	Less than 36 weeks	36 ± 1 weeks
		(average 31 weeks)	(average 36 weeks)
2.	Anemic	More anemic	Anemic
		4-6 g/dl	7-10 g/dl
		(Average 5 g/dl)	(Average 8.5 g/dl)
3.	Chronic cough	Yes 08 (100%)	No,167(100%)
4.	Chest problem	Yes,08(100%)	No,167(100%)
5.	Newborns Weight	Average less than 2.5 kg	Average normal (3 kg)

Background: Tobacco is the single largest cause of disability and death in modern cra. There is strong evidence indicating the relationship between tobacco and cancers, cardio vascular or lung diseases. Smoking during pregnancy has being associated to many complications.

Objective: To find out the prevalence of smoking among pregnant women at Civil Hospital, Mirpurkhas, from september 2013 to octube 2013.

Methodology: A cross-sectional survey was conducted and collect data by questionnaire through interviewing pregnant women, age from 20-35 years.

Results: Our sample size is 175, out of which 167(95%) were non-wnokers and 08(5%) were wnokers. Among smoker they said that they smoke 5-6 signateurs / do, They start smoking at the age ranges from 16-18 years. Among smoker they said that they smoke 5-6 signateurs / do, They start smoking at the age ranges from 16-18 years. Avenue of 17 years. They all are poor and from rural areas.

| Products | Destational age | Less that 30 weeks | 36.2 is w

PHYSICAL VIOLENECE	NUMBER	%AGE	EFFECTS
SLAPS	56	56	Bruises, depression
KICKS	39	39	Bruises, antenatal injury, miscarriage
PUNCHES	23	23	Bruise, antenatal injuries,

STICKS	16	16	Bruises,antenatal injury
SHOES	40	40	Depression, anxiety
STONES	7	7	Bruises, severe injuries

MENTAL VIOLENCE	NUMBER	%AGE	EFFECTS
VERBAL	68	68	Anxiety,depression
EMOTIONAL	57	57	anxiety,depression,inf eriorty complex

STICKS 16 16 16 Bruises, ancentral in jury
SHOES 40 40 40 Depression anxiety
STONES 7 7 Parises, severe in juries

MENTAL VIOLENCE BRUINDERS 50 AGE Parises, severe in juries

MENTAL VIOLENCE WAS Parises, severe in juries

Conclusion: This study revealed that sicleare during pregnancy is becoming a more common problem among Pakismin women of reproductive age, sugarsing a more for universal severening during aniennial care, and for support and referral Lurther research is needed to determine factors that places pregnant women at greatest risk, and to assess the impact of violence on pregnancy concluses

(SSI1-6/A Study of Ischemic Brard Diseases at MMCH, Mirpurkhas
Authors: Rahman Ullah Baloch, Faisal All Baloch, M. Akhar Baloch, Ashiq Hussain Baloch, Azlar Karim Baloch, Hanal Year MBBS.

Supervisor: Dr. Muhammand Sagib Baloch
Institution: Wahammand Sagib Baloch
Institution: Wahammand Medical College Hospiral, Mirpur Khas, Pakistan

Abstract

Background: Ischemic Heart Diseases (HID) are leading cause of admissions at hospitals and accounts for millions of deaths workflowide. There are various recognized risk factors, well defined took of diagnosis and methods of treatment. The outcome can vary depending on the presentation and management strategies.

Objectives: To find out the risk factors, types, treatment and outcome of HID in our hospital.

Methods and Patients: Retrospective analysis of 35 patients of HID admitted in ICU and Medical ward of MMCH during the list of months.

Results: Out of 35 patients, 21 were males and 14 were females with a mean age of 52 years (range=28-76). In 29 patients (28%), a risk factor was identifiable. The 7 risk factors were analysis (56%), hypertrashed (29%) and diaberes (34%), 43% or fearer was identifiable. The 7 risk factors were analysis (56%), hypertrashed (29%) and diaberes (34%), 43% or fearer was identifiable. The 7 risk factors were analysis (56%), hypertrashed (29%), and highest (24%), days for fearer was identifiable. The 7 risk factors were analysis (56%), hypertras

Sex Distrib) aged between	en 20 and 50 y	years.	ximum 71 year	s completed	
Sex Wise Distribut ion	Diag nosed as migr aine	Diagnose d to have Psychiatr ic illness	Patients of migraine with Anxiety alone	Patients of Patients of Migraine with Depressio n alone	Migraine(102) Patients of Migraine with both Anxiety & Depression	Patients of Migraine without Anxiety or Depressio	
Molo	27	22	10	06	7	1.4	
Female	37 65	23 35	10	06 12	8	30	
Total patients	102	58	25	18	15	44	
Supervisor: Institution: Abstract Background efforts have has costed the televisions a sector. Objective:	Department of the best of the	e fever has hide by the gove sector huge cards. There is the knowledgetional study c	t Lahore, the arnment to edapital to invest a need to ass	ucate people hat on awareness ess how people d practices regardministering	lous city of Pak now they can sa s campaigns when are responding garding dengue	we themselv hich are laur ng to the awa fever among d questionna	pidemic twice. Huge es from dengue fever and i nched through newspapers, weness efforts by the health g the citizens of Lahore. were taken by randomly
sampling the	e house n	umbers. total 100 peopre males and	ole interviewe 62% were fen	d, range of ag	e was 18-80 ye	ars [mean=3	4; median=32; mode=25] ove matric, 7% were
Results: The out of which educated bel		Results			_	%	age
Results: The out of which educated belonger		Results Have hear	d the name of	f "Dengue Fe	ver"	%	00
Results: The out of which educated belonger		Results Have heard Think that untreated	d the name of dengue fever	f "Dengue Fe r can kill the	ver" patient if rema	% 1 nins 1	00 00
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Results: The out of which educated belonger		Results Have heard Think that untreated Aware of the	d the name of dengue fever he preventive he clinical ma	f "Dengue Fe r can kill the e measures ag anifestations	ver" patient if remagainst dengue of dengue feve	% 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00 00 36 34
Results: The out of which educated belonger		Results Have heard Think that untreated Aware of the Will rush the	d the name of dengue fever he preventive he clinical ma o hospital im	f "Dengue Fer can kill the emeasures aganifestations amediately if	ver" patient if remagainst dengue of dengue feve symptoms devo	% 1 nins 1 Ser 8 elop 6	00 00 36 34 58
Results: The out of which educated belonger		Results Have heard Think that untreated Aware of the Will rush the People not Friends an	d the name of dengue fever the preventive he clinical many o hospital imwearing app	f "Dengue Fe r can kill the e measures ag anifestations mediately if	ver" patient if remagainst dengue of dengue feve symptoms devo	% 1 nins 1 Ser Selop 6	00 00 36 34
Results: The out of which educated belonged		Results Have heard Think that untreated Aware of the Will rush the People not Friends an the past	d the name of dengue fever he preventive he clinical ma o hospital im wearing app d family have	f "Dengue Fe r can kill the e measures ag anifestations umediately if s ropriate cloth e suffered fro	ver" patient if rema gainst dengue of dengue feve symptoms deve nes um dengue feve	% anins 1 cr 8 elop 6 er in 4	00 00 86 84 58 52 47
Results: Thout of which educated bel		Results Have heard Think that untreated Aware of the Will rush the People not Friends an the past People not	d the name of dengue fever the preventive he clinical material im wearing apped family have using mosque using mosque	f "Dengue Fer can kill the emeasures aganifestations amediately if surpriste clothe suffered from ito sprays at	ver" patient if rema gainst dengue of dengue feve symptoms deve nes om dengue feve	% 1	00 00 86 84 58 52
Results: Thout of which educated bel		Results Have heard Think that untreated Aware of the Will rush the People not Friends and the past People not People not	d the name of dengue fever the preventive he clinical may o hospital imwearing apped family have using mosque using mosque using mosque the dename of the clinical may be a second to the clin	f "Dengue Fe r can kill the e measures ag anifestations umediately if s ropriate cloth e suffered fro	ver" patient if remagainst dengue of dengue feve symptoms devenes om dengue feve home me	% 1 nins 1 8 er 8 elop 6 er in 2	00 00 36 34 58 52 47
out of which		Results Have heard Think that untreated Aware of the second secon	d the name of dengue fever the preventive he clinical mass o hospital imwearing apped family have using mosque using mosque dengue fever	f "Dengue Fer can kill the emeasures aganifestations amediately if ropriate clothe suffered from ito sprays at ito nets at ho	ver" patient if rema gainst dengue of dengue feve symptoms deve nes om dengue feve home me missible	% 1 nins 1 8 er 8 elop 6 er in	00 00 36 34 58 52 47 86 32

Results	%age
Have heard the name of "Dengue Fever"	100
Think that dengue fever can kill the patient if remains	100
untreated	
Aware of the preventive measures against dengue	86
Aware of the clinical manifestations of dengue fever	84
Will rush to hospital immediately if symptoms develop	68
People not wearing appropriate clothes	52
Friends and family have suffered from dengue fever in	47
the past	
People not using mosquito sprays at home	36
People not using mosquito nets at home	32
Think that dengue fever is not transmissible	17
People took part in community efforts	11

(SSI1-9) Knowledge attitude and practice regarding Hepatitis-B Virus among the barbers practicing in Mirpurklus

Authors: Rans lamsbaid, Marbar Ull Hapts, Mohtmond Ahra, Adnan Ahmed, 4th Year MBRS. Superview: Prof. Dr. Syed Razi Muhammad, Dr. Syed Asif Ali.

Abstract

Background: Globally Hepatitis B Virus infacts 2 hillion people among them 350 million suffered from chronic, lifelong infection, In chronic HB carriers 15-40% of wave susceptible to develop liver cirrhosis and hepatocellular carxinoma. IIBV transmitted through infection and control of HBV. Knowledge, antitude and practice (KAP) of Barbers would play a vita factors for the spread of HBV. Knowledge, antitude and practice (KAP) of Barbers would play a vita factor in the carriers in the process of the stress would play a vita factor in the carriers in the process of the barbers was obtained with a practice. (ATP) of Barbers would play a vita factor in the carriers in

	YES	NO
Ever heard about viral hepatitis B	70(93%)	5(7%)
Knew modes of transmission 1-unscreened blood transfusion	33(44%)	42(56%)
2- reused of syringe	34(45%)	41(54%)
3- reused of blades	20(26.6)	55(73.4%)
4-shaking hands with patient	11(14%)	64(86%)
5-use of patient towel	38(50.6%)	37(49.3)

	YES	NO
Concerned about status of reused blades	19(25.3%)	56(74.6)
Concerned about using antiseptics	42(56%)	33(44%)

	YES	NO
Wash instrument with warm water	55(73%)	20(27%)
Wash instrument with Dettol	68(90%)	7(10%)
Usage of Potash Alum	68(90%)	7(10%)

	YES	NO
Infected from Hepatitis B	6(8%)	69(92%)

Vaccinated	0	75(100%)
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	0) 7	75(100%)	
Conclusion: There is a need to cawareness programs and conduct didnt concerened about the healt the barbers after giving them safe	levelop more a ting workshop h of client.The ety training as	awareness by os and motiva ere is an imm is done in oth	the health au ting them to p ediate need fo her developed	thorities among the barbers through practice that awareness. 3 out of 5 barber or the health authorities to issue licenses to a countries.
(SS11-10) E	Somb Blast Su	ırvivors- Do	they need ps	ychological attention?
Authors: M. Fahad Asif, M. Asa	ad Ali, Mohsir	n Zohaib, M.	Kamran Ejaz	Asad Mehmood, Final Year MBBS.
Supervisor: Prof. Dr. Syed Razi Institution: Department of Com	Muhammad munity Health	n Sciences, M	MC	
Abstract				
Background: Pakistan is facing but the price is paid by innocent died in bomb blasts is 49,921 from is way higher. Peshawar has been	the problem of public. As door 2003 to 2003 the major vic	of terrorism in cumented by 13 in Pakistar ctim of these b	which there South Asian and number bomb blasts.	is a collision between state and terrorists Ferrorism Portal, number of people which of survivors which witnessed these deaths
thepatients and their attendants of interviewed on the basis of convergence by Governor of Nebra Results: Out of a sample of 50,	riptive study conf Peshawar whenient samplingska". 41 (82%) were	onducted by a hich have surng. Screening e males and 9	vived a bomb was done on /50 (18%) we	seir-interviewed questionnaires to blasts. A total number of 50 people were the basis of "Questionnaires for PTSD re females. Range of the age of all the
survivors was found to be 17-60 and all of them had children to ta 20/41 males and 1/9 females were	years (mean= ake care. re injured in th	33; median=3	34; mode=34 om which 10	years of age). 39/50 (78%) were married males and 1 female were disabled.
Results	Male (41)	Female	Total (50)	
		()		
Suffering from PTSD Re-experience repeated, distressing memories and/or	16 (39%) 39 (95%)	5 (56%) 9 (100%)	21 (42%) 48 (96%)	
Suffering from PTSD Re-experience repeated, distressing memories and/or dreams Lost interest in significant activities of life	16 (39%) 39 (95%) 32 (78%)	5 (56%) 9 (100%) 9 (100%)	21 (42%) 48 (96%) 41 (82%)	
Suffering from PTSD Re-experience repeated, distressing memories and/or dreams Lost interest in significant activities of life Have problem while concentrating	16 (39%) 39 (95%) 32 (78%) 35 (85%)	5 (56%) 9 (100%) 9 (100%) 8 (89%)	21 (42%) 48 (96%) 41 (82%) 43 (86%)	
Suffering from PTSD Re-experience repeated, distressing memories and/or dreams Lost interest in significant activities of life Have problem while concentrating Changed sleeping and eating habits	16 (39%) 39 (95%) 32 (78%) 35 (85%) 30 (73%)	5 (56%) 9 (100%) 9 (100%) 8 (89%) 8 (89%)	21 (42%) 48 (96%) 41 (82%) 43 (86%) 38 (76%)	
Suffering from PTSD Re-experience repeated, distressing memories and/or dreams Lost interest in significant activities of life Have problem while concentrating Changed sleeping and eating habits Feel depressed	16 (39%) 39 (95%) 32 (78%) 35 (85%) 30 (73%) 34 (83%)	5 (56%) 9 (100%) 9 (100%) 8 (89%) 8 (89%) 8 (89%)	21 (42%) 48 (96%) 41 (82%) 43 (86%) 38 (76%) 42 (84%)	
Suffering from PTSD Re-experience repeated, distressing memories and/or dreams Lost interest in significant activities of life Have problem while concentrating Changed sleeping and eating habits Feel depressed Feel disinterested in life Continued drugs despite affecting their selves and loved ones	16 (39%) 39 (95%) 32 (78%) 35 (85%) 30 (73%) 34 (83%) 24 (59%) 39 (95%)	5 (56%) 9 (100%) 9 (100%) 8 (89%) 8 (89%) 8 (89%) 6 (67%) 9 (100%)	21 (42%) 48 (96%) 41 (82%) 43 (86%) 38 (76%) 42 (84%) 30 (60%) 48 (96%)	
Vaccinated Conclusion: There is a need to cawareness programs and conduct didnt concerened about the healt the barbers after giving them safe (SS11-10) E Authors: M. Fahad Asif, M. Asisupervisor: Prof. Dr. Syed Razis Institution: Department of Combabstract Background: Pakistan is facing but the price is paid by innocent died in bomb blasts is 49,921 from is way higher. Peshawar has been cobjective: To screen the survivor Method: A cross-sectional descripterviewed on the basis of convected interviewed on the basis of convected in the patients and their attendants of interviewed on the basis of convected in the patients and their attendants of interviewed on the basis of convected in the patients and their attendants of interviewed on the basis of convected in the patients and their attendants of interviewed on the basis of convected in the patients and 1/9 females were survivors was found to be 17-60 and all of them had children to ta 20/41 males and 1/9 females were results Suffering from PTSD Re-experience repeated, distressing memories and/or dreams Lost interest in significant activities of life Have problem while concentrating Changed sleeping and eating habits Feel depressed Feel disinterested in life Continued drugs despite affecting their selves and loved ones Conclusions: A major proportion affected than males in all the aspewere affected by PTSD. Recommendations: There have significant effort by the governing sychologically by the bomb blattem fruitful citizens. (SS11-1)	16 (39%) 39 (95%) 32 (78%) 35 (85%) 30 (73%) 34 (83%) 24 (59%) 39 (95%) on of survivors sects. More that the ent to rehabilists. Government	5 (56%) 9 (100%) 9 (100%) 8 (89%) 8 (89%) 6 (67%) 9 (100%) are suffering an half of the comanage the sitate the peopent should take	21 (42%) 48 (96%) 41 (82%) 43 (86%) 38 (76%) 42 (84%) 30 (60%) 48 (96%) from Post-Tremales were people who ale which are also the steps to brite the step the	thorities among the barbers through bractice that awareness. 3 out of 5 barber or the health authorities to issue licenses to countries. ychological attention? Asad Mehmood, Final Year MBBS. is a collision between state and terrorists ferrorism Portal, number of people which of survivors which witnessed these deaths. Fraumatic Stress Disorder (PTSD). self-interviewed questionnaires to blasts. A total number of 50 people were the basis of "Questionnaires for PTSD are females. Range of the age of all the years of age). 39/50 (78%) were married males and 1 female were disabled. Traumatic Stress Disorder. Females are mor affected whereas only 1/3rd of the males are disabled. Traumatic Stress Disorder (PTSD) and make the survivors out of the PTSD

Authors: Syeda Bari Supervisor: Prof. Dr Institution: Departm	tha Zeh : Syed nent of	ra, Sehrish Razi Muha Community	Nawaz (4 mmad, D y Health S	4 th Year MBB or. Jamshed Ba Sciences, MM	SS) ashir, MMC. IC	
Abstract						
Background: Road etween 15 and 44 yensafe driving behavend 50 million sustai	traffic a ears acc iors by n non-f	accidents a count for 59 drivers.Ab	re ranked 9% of glo out 1.24 i	9 th among the bal road traffi million people	e top causes of deaths. Mose die each yea	of deaths worldwide. Young adults aged st of the accidents take place due to r on the world's roads and between 20
Objective: To assess	the saf	ety of the o	driving be	chaviors amon	ng the drivers	of Mirpurkhas.
Method: A cross-sec lriver's sample of 82	ctional s	study condu	acted by a	administering	self-interviev	wed questionnaires randomly to the
ges was 18-78 years nost of them having 8/82 drivers have ac ppear in a driving te	s, mean childre equired est ever.	=36 years, n and havir their driver On averagin the past	median=3 ng a drivi r's license ge, a drive in which	35 years and ring experience after appearier drives 15 hothey incurred	mode=22 year e of 6 months ing in a drivin ours/week. injuries and o	of deaths worldwide. Young adults aged st of the accidents take place due to r on the world's roads and between 20 of Mirpurkhas. The ved questionnaires randomly to the less and 14 were females. Range of their is of age.62/82 drivers were married, to 40 years. The particular of them, only 8 have shifted to safe the particular of them, only 8 have shifted to safe the particular of them is of them in the particular of them in the particular of them is of the particular of them in the particular of the particular
Question	Ne ver	Hardly ever	sional ly	Frequentl y	Always	
Do you use seatbelts?	28 (34 %)	4 (5%)	30 (37%)	14 (17%)	6 (7%)	
Do you over- speed on streets?	58 (70 %)	12 (15%)	10 (12%)	0	2 (2%)	
Do you over- speed on highways?	30 (37 %)	14 (17%)	6 (7%)	12 (15%)	20 (24%)	
Do you use indicators while changing lane?	10 (12 %)	0	4 (5%)	16 (20%)	52 (63%)	
Do you show aggression while driving?	30 (37 %)	18 (22%)	10 (12%)	6 (7%)	18 (22%)	
Do you obey traffic signals?	16 (20 %)	0	0	18 (22%)	48 (59%)	
Do you use drugs before or during driving?	66 (80 %)	6 (7%)	2 (2%)	2 (2%)	6 (7%)	
Do you use mobile during driving?	30 (37 %)	8 (10%)	24 (29%)	6 (7%)	14 (17%)	
Do you maintain your car's health?	16 (20 %)	0	16 (20%)	14 (17%)	36 (44%)	
Do you overtake from the wrong side?	28 (34 %)	22 (27%)	16 (20%)	10 (12%)	6 (7%)	
Do you avoid driving while dizzy?	24 (29 %)	12 (15%)	20 (24%)	8 (10%)	18 (22%)	
Do you go near the car ahead?	40 (49 %)	22 (27%)	4 (5%)	6 (7%)	10 (12%)	

drink during driving?	36 (44 %)		22 8 (10%)	4 (5%)	
Do you take yo eyes off the roa	our 44	16	16 0%) 2 (2%)	4 (5%)	
Do you give wa to pedestrians?	ay 10	7 1 70%	2 %) 20 (24%) 48 (59%)	
appear in driving never slow down Recommendation	g test .10% of a for pedestria on: Regulator after proper tr	the total drivens to pass. Ty authorities aining. There	ers are those who	o never give indi	ers are untrained which did not ever icators while changing direction and every driver on the road has acquired a on roads. Traffic police should be
Supervisor: Production: Department Abstract	artment of Su	rgery, MMCF	[.		Muhammad Medical College Hospita
from the period of	of January 20	13 to October	2013	-	ed in Surgical department of MMCH
from January 201	13 to October	2013. 140 pa	tients were eval	uated and then	data was finalized. ee with (REC No. 011010/REC/013).
Exclusion criter Already diagnose Associated gynec Age < 14 years. Trauma cases exc	ed patients. cological pro	blems.			
Results: Out of 1	140 (80%). The tract infection adder cases we	he most comm n cases were ere 6 (4.28%)	non causes of ha 40 (28.5%), ben The most comm	ematuria in our lign prostatic hyp	oup between 40-60 years with male hospital were renal stones cases were perplasia cases were 34 (24.2%) and symptoms were burning micturation 70 years.
dominancy 112/1 (42.8%), urinary carcinoma of bla followed by dysu	Commonly de	one in these ca	ases are urine D	R 100%, ultraso	und 75%, x-ray KUB 35%, IVP 20% o
dominancy 112/1 (42.8%), urinary carcinoma of bla followed by dysu Investigations: (Commonly de	Paint			und 75%, x-ray KUB 35%, IVP 20% o
dominancy 112/1 (42.8%), urinary carcinoma of bla followed by dysu Investigations: (Cystoscopy 25% Causes of Haematuria Renal Stones	No. of Patients 60/140 (42.8%)	Paint 56/60 (93	Ful Pain 3.3%) 4/60 (6	less .6%)	und 75%, x-ray KUB 35%, IVP 20% o
dominancy 112/1 (42.8%), urinary carcinoma of bla followed by dysu Investigations: (Cystoscopy 25% Causes of Haematuria Renal Stones UTI	No. of Patients 60/140 (42.8%) 40/140 (28.5%)	Painf 56/60 (93 36/40 (90	Ful Pain 3.3%) 4/60 (6	less .6%)	und 75%, x-ray KUB 35%, IVP 20% o
dominancy 112/1 (42.8%), urinary carcinoma of bla followed by dysu Investigations: 0 Cystoscopy 25% Causes of Haematuria Renal Stones UTI BPH	No. of Patients 60/140 (42.8%) 40/140 (28.5%) 34/140 (24.2%)	Painf 56/60 (93 36/40 (90 4/34 (11.	Ful Pain 3.3%) 4/60 (6 9%) 4/40 (1 7%) 30/34 (88.2%)	less .6%) 0%)	und 75%, x-ray KUB 35%, IVP 20% o
dominancy 112/1 (42.8%), urinary carcinoma of bla followed by dysu Investigations: (Cystoscopy 25% Causes of Haematuria Renal Stones UTI	No. of Patients 60/140 (42.8%) 40/140 (28.5%) 34/140	Painf 56/60 (93 36/40 (90	Ful Pain 3.3%) 4/60 (6) 9%) 4/40 (1) 7%) 30/34 (88.2%)	less .6%) 0%)	und 75%, x-ray KUB 35%, IVP 20% o

Causes of	No. of	Painful	Painless
Haematuria	Patients		
Renal Stones	60/140	56/60 (93.3%)	4/60 (6.6%)
	(42.8%)		
UTI	40/140	36/40 (90%)	4/40 (10%)
	(28.5%)		
BPH	34/140	4/34 (11.7%)	30/34
	(24.2%)		(88.2%)
Ca of	6/140	2/6 (33.3%)	4/6 (66.6%)
Bladder	(4.28%)		

(SSI1-13) Hematological Complications of Malaria in Preparat Women in Tertiary Care Hospital (MMCH Subprivious)

(Signature)

Authors: Syeda Ameer Zahra (House Officer), Jambaid dapul, Ashraf Hussain, (4th Year)

Supervisors: Der Forsyed Eart Mahammad (Surgery)

Dr. Mir Muhammad Schto (Forensic Medicine)

Abstract

Objectives: To find out the honarological complication of malaria in pregnant women in tertiary care hospital (Mahammad Medical Codlege Sindh).

Study design: descriptive & observational study.

Place & duration-libro saidy was conducted on Patients attending OfD of MUHAMMAD MEDICAL Hospital from App 2012 to FEB 2013.

Material & Methods: A retail 201 cases of patients diagnosed with malaria attended OPD of MUHAMMAD MEDICAL Hospital from App 2012 to FEB 2013.

Material & Methods: A retail 201 cases of patients diagnosed with malaria attended OPD of MUHAMMAD MEDICAL. The diagnosis was made on the basis of laboratory finding for malaria. The hematological complications found included attending Louveytosis & thromboxytopenia.

Results: Out of 120, 67 patients were anemic We divided pregnant women into 5 groups. From 16-20 year 40 patients was found to have malaria and and 22 were anemic and 34 patients were from 21-25 year and half of them was userian Age group from 26-10-39 year. 20 patients have traditional with the patients was found to have malaria and and 22 were anemic and 34 patients were from 21-25 year and half of them was userian Age group from 26-10-39 year. 20 patients from the patients was found to have malaria and and 22 were anemic and 34 year group from 36-30 year and a second properties was found to have malaria and an advantage of the patients was found to have an advantage of the patients of the patients was found to have a malaria and the patients of the patients was found to have a malaria and the patients of the patients was found to have a malaria and patients of the patients was found to have a complex of the patients of the patients was found to the patients of the patients of t

AGE GROUP	NO.OF PATIENTS	ANEMIC	LEUCOC YTOSIS	THROMBO CYTOPENIA
16-20	40	22(55%)	25(62.5%)	19(47.5%)
21-25	34	17(50%)	23(67.64%)	17(50%)
26-30	20	11(55%)	18(81.8%)	15(75%)
31-35	15	7(46.66%)	15(100%)	11(73.33%)
36-40	11	10(90%)	11(100%)	10(90%)

Countries	No.of cases	Deaths	Alive	Males	Females		
France	2	1	1	2	0		
Italy	1	0	1	1	0		
Jordan	2	2	0	2	0		
Qatar	5	2	3	2	3		
S.Arabia	108	47	61	-	-		
Tunesia	3	1	2	2	1		
UK	3	2	1	-	-		
In C. Archio	IIV and	LIAE mala	a had ama	otom motic o	a aammamad s	o formalise but avect figures are unlinear	. atill
ransmission. Recommend It would be p	Age of clations: orudent to biding clo	cases b/w 2	e risk of i	94 years. 7	70% cases ar	males.	n to person
2- Avo	oiding un	der cooked	meat, ra	w fruit, veg	getables and	ınsafe water	
						cases reported in following countries: o females but exact figures are unknown deaths). All cases associated with personales. unsafe water	

ABSTRACTS Scientific So (SS-	FOR DAY-I ession-III 3)	
(SSIII-1) Causes and Solution to Int	ellectual Rrain Drain in Pa	kistan
(BBH-1) Causes and Boldion to Inc	chectual Diam Diam in La	MStar
Authors: Arsalan Ghaffar, Sajid Mehmood, Asad Farooq, F Supervision: Prof Dr.Syed Razi Muhammad Department of Institution: Muhammad Medical College, Mirpurkhas.	Hassan Asghar Muhammad Q f Surgery	Qasim, Final Year
Abstract		
Background: Brai Drain is the cynosure of all the eyes dupakistan.the Aim of this paper is to Highlight causes and solwas collected from MMC students	te to High outflow of qualification to intellectual Brain Dr	es and skilled workers from ain in pakistan .primary dat
Objective: To find the causes and solution to intellectual br Methodology: It is a cross-sectional descriptive study con	ain drain in Pakistan nducted through self-intervi	ewed questionnaires among
MMC student.		
Result: Total number of subject n=100.Including 50 Males	& 50 Females	NT.
Reason Job dissatisfaction	90%	10%
Poor economic	88%	12%
Lack of proper planning by government	82%	18%
Less opportunity for further studies	84%	16%
Lack of developmental & research sources	0.404	60/
Political instability & threats to life	79%	21%
Tollited instability & directs to the	1770	2170
Family consideration & living standard	65%	35%
Merit negligence	68%	32%
Current situations of country as terrorism	92%	8%
Lack of job opportunity	95%	5%
Conclusion: An Alarming percentage people of Pakistan is significant proportion wished to stay in the host country eith urgently to address the factors contributing to the migration inequalities in global world.	er temporarily or indefinitely	veloped countries. A y. Unless steps are taken ll continue to fuel huge
(SSIII-2) Wish List Among The MMC Students To Ha Provided the Fa	ve The Cosmetic Surgery Is acilities	f They Would Have been
Authors: Reema Khilji, Tuaha Taseer (Final Year MBB Supervisor: Professor Doctor Syed Razi Muhammad (Depa	SS) artment of Surgery)	
Abstract		
Background: A medical speciality concerned with correcting have been performed in Roman Times. Cosmetic Surgery has been defined as Surgery and related notes than for health reasons.	on and restoration of form ar	nd funtion. It was first to to imporve appearance

	n people unde acreasing as ye		procedures in	order to acheivev bettter looks rather than
Aims And Objectives: To	find out about	t the students de	sire to get plas	stic surgery carried out in them.
Methodology: It is a cross-(50 male and 50 female) by				100 students of Muhammad Medical colle
Results: In our study,100 M 37 Female were aware of common 35 students think that it is an and 42 % male want to get hair removal, 10% female attransplant, 10% female and 10% male wanted to get about 10% female wanted 10% female want	osmetic surge llowed in Isla cosmetic surg and 8% male v 4 %male war	ry while 8 Male um while 65 thin gery done on the wanted to get lip nted eye surgery	and 13 Femal k that it is not m, in which 38 osuction, 34% , 6% female an	ears were surveyed. Out of these 42 Male as the were unaware of cosmetic surgery. About allowed. In our college about 10 % femal 8% female and 20 % male wanted to get law and and 6% female wanted to get hair and 2 % male wants lip surgery, 2% female male wants to do nose surgery.
STUDENTS	Male	FEMALE	Total %]
Awareness of cosmetic surgery	n=42 84%	n= 37 74%	79%	
Lack of awareness of cosmetic surgery	n=8 16%	n=13 26%	21%	
Cosmetic surgery Allowed in Islam	n=23 34%	n=12 46%	35%	-
Or not Allowed	n=27	n=38	65%	-
Conclusion: Many of the Mand built up confidence in timpression. Modernisation improvement.	hem. It is ofte	en seen that the p	person who car	ery. They think it brings changes in their li an project the best self image makes the be ble realize the necessity for the self
Conclusion: Many of the Mand built up confidence in timpression. Modernisation improvement. We compared our result with common cosmetic surgery to in MMC, Students mostly was According to Global Survivel below in the graph. It includes the frefrences: www.cosmetic.	AMC students hem. It is ofter and changing the previous resthat people provants to have ey Isaps: Mordes surgical and the students to have the surgical and the students to have the surgical and	s wants to have con seen that the plifestyles have no sult portfolio of efer is Lipoplast hair transplant(rest common Cound non-surgical	survey 2011 y and breast a nales) and las ntries in which	an project the best self image makes the beble realize the necessity for the self and 2012,hence we concluded that most augmentation mostly in U.S & BRAZIL we serhair removal(females) to be done. h cosmetic surgery have been done are given botox inj. & hyaluronic acid inj.
Conclusion: Many of the Mand built up confidence in timpression. Modernisation improvement. We compared our result with common cosmetic surgery to in MMC, Students mostly was According to Global Survibelow in the graph. It includes the common cosmetic surgery to the common cosmetic surgery to in MMC, Students mostly was according to Global Survibelow in the graph. It includes the common cosmetic survival	AMC students hem. It is ofter and changing the previous rethat people prevants to have ey Isaps: Mordes surgical aretic surgery starts.	s wants to have con seen that the parties have in the sult portfolio of efer is Lipoplast hair transplant (rest common Cound non-surgical atics, www.med	survey 2011 y and breast a nales) and las ntries in which procedures e.g ical news toda	an project the best self image makes the beble realize the necessity for the self and 2012,hence we concluded that most augmentation mostly in U.S & BRAZIL we serhair removal(females) to be done. h cosmetic surgery have been done are given botox inj. & hyaluronic acid inj.
Conclusion: Many of the Mand built up confidence in to impression. Modernisation improvement. We compared our result with common cosmetic surgery to in MMC, Students mostly was According to Global Survibelow in the graph. It includes the common cosmetic surgery to the common cosmetic surgery to in MMC, Students mostly was according to Global Survibelow in the graph. It includes (SSSIII-3) Assessment (SSSIII-3) Assessment Author: Sohaib Azhar, Zan Supervisor: Asst. Prof. Syd	MMC students hem. It is ofte and changing th previous rethat people prevants to have ey Isaps: Modes surgical aretic surgery start of Refusal of rque Bajwa, R	s wants to have con seen that the particles have a sult portfolio of efer is Lipoplast hair transplant(rest common Cound non-surgical atics, www.med Polio Vaccine	survey 2011 y and breast a nales) and las ntries in which procedures e.g ical news toda Among the P	and 2012,hence we concluded that most augmentation mostly in U.S & BRAZIL we serhair removal(females) to be done. h cosmetic surgery have been done are given better in the series of th
Conclusion: Many of the Mand built up confidence in timpression. Modernisation improvement. We compared our result with common cosmetic surgery to the MMC, Students mostly we According to Global Survestellow in the graph. It includes the common cosmetic surgery to the MMC, Students mostly we According to Global Survestellow in the graph. It includes the common cosmetic surgery to the MMC, Students mostly we According to Global Survestellow (SSSIII-3) Assessment Author: Sohaib Azhar, Zar Supervisor: Asst. Prof. Sydabstract	MMC students hem. It is ofte and changing th previous rethat people prevants to have ey Isaps: Modes surgical aretic surgery start of Refusal of rque Bajwa, R	s wants to have con seen that the particles have a sult portfolio of efer is Lipoplast hair transplant(rest common Cound non-surgical atics, www.med Polio Vaccine	survey 2011 y and breast a nales) and las ntries in which procedures e.g ical news toda Among the P	and 2012,hence we concluded that most augmentation mostly in U.S & BRAZIL we serhair removal(females) to be done. h cosmetic surgery have been done are given better in the series of th
Conclusion: Many of the Mand built up confidence in timpression. Modernisation improvement. We compared our result with common cosmetic surgery to the MMC, Students mostly we have a surgery to the surgery of the surgery to the surgery of the sur	AMC students hem. It is ofte and changing th previous rethat people prevants to have ey Isaps: Modes surgical artic surgery strof Refusal of rque Bajwa, Red Asif Ali Shapet 20th century, lio was brougstan, Afghanis rus concentrat	s wants to have on seen seen that the particles have in seen that the particles have in sult portfolio of sefer is Lipoplast hair transplant(rest common Cound non-surgical actics, www.med Folio Vaccine stay Naeem, Stay Nae	survey 2011 y and breast a nales) and las ntries in which procedures e.g ical news toda Among the P Syed Azharali t of Communi es paralysis to and practicall . Pakistan had covinces and a	and 2012,hence we concluded that most augmentation mostly in U.S & BRAZIL we serhair removal(females) to be done. h cosmetic surgery have been done are given better in the series of th
and built up confidence in to impression. Modernisation improvement. We compared our result will common cosmetic surgery to in MMC, Students mostly we according to Global Survibelow in the graph. It includes (SSSIII-3) Assessment Author: Sohaib Azhar, Zar Supervisor: Asst. Prof. Sye Abstract Introduction: In the early distributed introduction of vaccines poover the world except Pakis polio with endemic poliovin One of the major reasons for	AMC students hem. It is often and changing the previous resthat people provents to have ey Isaps: Mordes surgical aretic surgery stated of Refusal of rque Bajwa, Red Asif Ali Shaps: 20th century, lio was broughtan, Afghanismus concentrator polio cases	s wants to have on seen that the plifestyles have in seen that the plifestyles have in sult portfolio of efer is Lipoplast hair transplant(rest common Cound non-surgical actics, www.med Polio Vaccine tizwan Naeem, Shah (Departmen polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan, and Nigeria acted in two key prin Pakistan is polio virus cause that under control stan acted that the control stan acted	survey 2011 y and breast a nales) and las ntries in which procedures e.g ical news toda Among the P Syed Azharali t of Communi es paralysis to and practicall a. Pakistan had rovinces and a blio refusal	and 2012,hence we concluded that most augmentation mostly in U.S & BRAZIL we serhair removal(females) to be done. h cosmetic surgery have been done are given g botox inj. & hyaluronic acid inj. ay, www.science 20.com) People of Mirpurkhas in September 2013. Shah, 4th Year MBBS. ity Medicine)

Result: Among illiterate and 219 (32/57) were mathat disease. 999 measles, DPT, h	the total 5% (21/57) the childre 6 parents epatitis. 7	67 polio vad were hafiz n. All paren vaccinate t 3% parents	ccine refu Quran ar nts are far heir child s recomm	sal havin nd remain milial wit ren again end docto	g kids range ning 63 % (2 h disease po est BCG and or for the tre	from 1 to 5 year. 16% (9/57) parents are 7/57) are middle and intermediate pass. 56% lio but no one knows how to protect child from 40% parents vaccinate their children against atment Majority of the parents think that
 Some religi 86% Some think More femal Polio vaccin Vaccine is r 	that it is at the burden are cause in the ca	an anti-gove as compare an fertility to ve (expire	em that vernment per d to male child (1' d) (14/57	accine is propagand (polio d 7/57) 30%	haram becan da (32/57)56 estroy 'Y' o	use vaccine is derived from animal (49/57) % chromosome) (28/57) 48%
Conclusion: The religious factor to is the propagand it is derived from	ere is a str hat motiv la of weste n human s	rong misco ates the pa ern countric source beca	nception rents to re es. And p use polio	of the parefuse vaccarents als	rents regardicination becaso think that nonly live in	ng vaccine of disease polio. There is a strong ause they think that it will cause infertility and it vaccine derived from animal source but actually a human.
Recommendation mass media and society, especial	on: The fi through h ly through	ndings ind ealth organ health ed	icate that nization a ucation ca	appropriand implement	ate commun mented amo , in order to	ication strategies should be designed through ngst the most vulnerable section of have a constructive outcome in the near future.
Abstract Background: Febetween 15 and unsafe driving band 50 million s Objective: To a Method: A cross driver's sample Results: There wages was 18-78 most of them ha 18/82 drivers ha	Road traffi 44 years a ehaviors b ustain nor ssess the s s-sectiona of 82. were total years, mea	c accidents account for by drivers. A a-fatal injur safety of th al study cor 82 drivers an=36 year aren and ha ed their drivers	s are rank 59% of g About 1.2 ries e driving inducted b interview s, median ving a dri	ed 9th am global roa 4 million behavior y administred out of a=35 year ving expense after a	ong the top d traffic dea people die of s among the stering self-in which 68 was and modes erience of 6 appearing in	from 1 to 5 year. 16% (9/57) parents are 7/57) are middle and intermediate pass. 56% lio but no one knows how to protect child from 40% parents vaccinate their children against atment Majority of the parents think that use vaccine is derived from animal (49/57) 16% chromosome (28/57) 48% chromosom
appear in a drivi 26/82 drivers ha driving habits.	ng test ev d acciden	er. On aver	rage, a dri	ver drive th they in	s 15 hours/v	veek. es and out of them, only 8 have shifted to safe
Question	Never	ever	sional ly	uentl y	Always	
seatbelts?	(34%)	4 (5%)	(37%)	(17%)	6 (7%)	
Do you over- speed on streets?	58 (70%)	12 (15%)	10 (12%)	0	2 (2%)	
Do you over-	30	14 (17%)	6 (7%)	12 (15%)	20 (24%)	

Do you use indicators while changing	10 (12%)	0	4 (5%)	16 (20%)	52 (63%)	
lane? Do you show aggression while driving?	30 (37%)	18 (22%)	10 (12%)	6 (7%)	18 (22%)	
Do you obey traffic signals?	16 (20%)	0	0	18 (22%)	48 (59%)	
Do you use drugs before or during driving?	66 (80%)	6 (7%)	2 (2%)	2 (2%)	6 (7%)	
Do you use mobile during driving?	30 (37%)	8 (10%)	24 (29%)	6 (7%)	14 (17%)	
Do you maintain your car's health?	16 (20%)	0	16 (20%)	14 (17%)	36 (44%)	
Do you overtake from the wrong side?	28 (34%)	22 (27%)	16 (20%)	10 (12%)	6 (7%)	
Do you avoid driving while dizzy?	24 (29%)	12 (15%)	20 (24%)	8 (10%)	18 (22%)	
Do you go near the car ahead?	40 (49%)	22 (27%)	4 (5%)	6 (7%)	10 (12%)	
Do you eat or drink during driving?	36 (44%)	12 (15%)	22 (27%)	8 (10%)	4 (5%)	
Do you take your eyes off the road?	44 (54%)	16 (20%)	16 (20%)	2 (2%)	4 (5%)	
Do you give way to pedestrians?	10 (12%)	2 (2%)	2 (2%)	20 (24%)	48 (59%)	
Conclusions: The appear in driving never slow down Recommendation driver's license a motivated to full the control of the cont	ne major c g test .10% for pede: on: Regulafter prope	ause of unso of the total strians to platory author training.	safe drivi al drivers ass. orities sho There sh	ng practic are those ould come ould be a	e who never e up and mal wareness ca	ostly drivers are untrained which did not ever give indicators while changing direction and ke sure every driver on the road has acquired a mpaigns on roads. Traffic police should be h cervical Lymphadenopathy presenting in , Multan , Shahid Ahmed (Final Year MBBS) Mirpurkhas) of Hodgkin's lymphoma in cervical lymph node ants
(SSIII-5) Fr	equency	of Hodgki	n's lymp Halee	homa in ema Med	patient with lical Centre	h cervical Lymphadenopathy presenting in , Multan
Authors: Sabiha Supervisor: Dr.	Rasul, Ui Jamshed	ne-Hunain Bashir (, Kehkasl Surgery I	nan Rafi, Departme	HiraKhaliq, nt MMCH,	Shahid Ahmed (Final Year MBBS) Mirpurkhas)
Abstract	otornoire o	ha fraces	ou on d = -	ttorn of	aragantati a	of Hodglin's lymphone in consist lawer to the
enlargement at H	etermine i Ialeema N	ne requen Iedical Cer	cy and pa itre to see	its path	ological vari	of modgkin s lymphoma in cervical lymph node ants
Study Design:	Case ser	ries				

Study Setting: Surgical departments at Halacoma Medical Centre

Study Duration: Five years from Jan 2007 to Dec 2012

Sampling: non – probable parpositve

Study Variables:Study variables used were age, sex, symptoms clinical findings, stage & histopathology.

Results: A total of 500 patients with enlarged cervical lymph nodes were studied.

amongst then 40 (80%) patients were diagnosed with Hodglein's lymphorna (21 males & 8 females) (mean age was 23 years) (range 9 – 44 years). Out of there 40 patients, in 8 (20%) patients in were diagnosed with Hodglein's lymphorna chimically from tobercoloss on chimical examination commons symptoms (100%) while lever, night sweats and weight into were present in 45% patients.

Conclusion: Although therefore servical lymph nodesenlargement is very common, but Hodgkin's lymphorna base definite possibility of occurrence (8% in our study). Therefore, all patients with enlarged cervical lymph and should not be reasted with and — induced inside shore present of the patients.

(SSIII-6) A 5 Years Audit of Polio in Pakistan

Authors: UnserZaib, Mussawirkkinozoe, Slathid Alamed, Kehkeshan Rafi, HiraKhaliq (Final Year MBBS)

Supervisor: Prof. Dr. Syed Razi Mubammad

Abstract

Introduction:

Poliomycellins or infamile paralysis, is an acuse, viral, infectious disease of the children's under 5 years age, 1 in every 200 infection leads to irreversible paralysis, Arning finne paralyzed, 5% in 10% de when their beating muscies become immobilized. Intuity and the intensities to invoke the erro on system intuities paralysis and selection of the paralysis in an acuse, viral, infectious disease of the children's under 5 years age, 1 in every 200 infection leads to irreversible paralysis, frame paralyzed, 5% in 10% de when their beating muscies become immobilized. In mulphyse in the intensities to invoke the erro on system intuities paralysis and every, fatigues, because immobilized. In mulphyse in the intensities to invoke the erro on system intuities yangurous are lever, fatigues, because imm

Province	2009	2010	2011	2012	2013
Baluchistan	26	42	73	4	0
GilgitBaltistan	1	1	1	1	0
KPK/FATA	38	65	82	47	34
Punjab	6	7	9	2	2
Sind	18	29	33	4	3
Total	89	144	198	58	39

Conclusion:

Number of cases of polio is more in KPK/FATA due to
Local Militant force fully stopping polio teams from working.
False propaganda against vaccination.
Language and the propaganda against vaccination.

(SSIII-7) Impacts of mobile phones on medical students.

Author: Hatris Shouib All, Amini Riuz, Zahid Rasool, 4º Year
Supervisor:
Dr. Ajid Hussain, Assistant Professor Shalkh Zayed Medical College, Rabim Yar Khan.

Abstract

Background According to the Oxford Advanced Learner's Dictionary (2004), mobile phone is a telephone that does not have write and vortex by radio that can be carried with to use everywhere. The caze of mobile phone astrated after 1396's but mobile phone against after 1396's but mobile phone agai

Conclusion: It is concluded that the Mobile phone, no doubt, is a useful thing. One can share useful informations with classmate, seachers and scholars but at the same, it may also be a harmful tool, la addition off its adverse effects on education, health and social behavior of users, the radiations from mobiles are harmful to the brain. All the users of mobile phones, especially students and young children, are advised to make minimum needful use of mobile phone. Recommendation: The students must be sensible and careful to get maximum advantages from this technology which was a dream 25 years ago, but a reality now. If the students tust it wisely and properly then they can improve their education and construct a better future. We recommend the following: • Jammer should be installed in the college premises and mobile phones should be allowed in fixed hours. • No one is allowed to use mobile phone in class room. • Falucation lessons should be delivered to the medical students on the bad effects of mobile uses. • Hand-outs may be circulated among medical students on adverse effects of mobile uses. • Electronic medic and play an important role in highlighting the hazardo of excessive use of mobile phones. (SSIII-S) Frequency of Malarial Infection, Detection by Rapid Diagnostic Tests in Residents of Rural Mirpurkhas. Authour. Seyda Ameer Zahra, House officer Sadia, Final Year, Rana Jamshaid Iqbal 4th Year. Supervisers: Saitho Mm, Dr. Noor Ali Samoon Abstract The World Health Organization estimates that in 2010 malaria caused 219 million clinical episodes, and 660,000 deaths. Malaria Rapid Diagnostic Tests (RDTs) assist in the diagnosts of malaria by detecting evidence of malaria parasites in human blood. • Tri-line design. Two test lines indicate PF, Pv. results respectively. • Only use 1 drop of blood. Small lancet, droppers are provided. • Read result at 10-15 minutes Objective: To Study the frequency of malarial infections in human residents of district. Mirpurkhas Methods: The cross-sectiona									
which was	s a dream	25 years	ago, but a	reality no	ow. If the s		it wisely and	nntages from this technology properly then they can improve	
•	Jamm	ner should					_	should be allowed in fixed	
•	hours No or		ed to use 1	nobile pl	hone in cla	ss room.			
•	Educa	ation lesso	ons should	be delive	ered to the	medical stu		ad effects of mobile uses.	
•		•			_			ts of mobile uses. s of excessive use of mobile	
/GGH	phone	es.							
(8811	1-8) Freq	quency of	Malarial .	Infectior	ı, Detectio Mirpu		1 Diagnostic 1	Tests in Residents of Rural	
			ra, House o . Noor Ali			Year, Rana	Jamshaid Iqb	oal 4 th Year.	
Abstract									
The Worl	d Health	Organiza	tion estima	ates that	in 2010 n	nalaria caus	ed 219 million	n clinical episodes, and 660,000	
deaths.	andomic	to Dolziet	on and 640	6 and 36	% of malar	in cases are	attributed to	•	
P. vivax a	nd P. Fa	lciparun	respectiv	ely.					
Malaria R in human		gnostic To	ests (RDTs) assist i	n the diagr	osis of mal	aria by detecti	ing evidence of malaria parasites	
		design. Tv	wo test line	s indicat	e Pf, Pv. re	esults respec	tively.		
•			f blood. Si 15 minutes		et, dropper	s are provid	led.		
Objective	· To Stud	dy the free	mency of n	nala ri al i	nfections i	n human re:	sidents of distr	rict Mirpurkhas	
-								65640	
								of 5640 suspected malaria a case detection methods at	
Rural HC			n support	of DHQ	Govt: Mirp	ourkhas and	NGOs cooper	ration. SPSS 17 version was	
		•							
								(%) were found to be positive for modium vivax infection and 450	
(20.3%) h	ad P. falo	ciparum. t	hough, sea	sonal var	riation was	not seemed	:	2. d. a	
						1(22%) in fe years and 1		vise, the prevalence of the disease	
Total Nur				2 0	-		•		
Malar	ial	P.vive	P.falci	Ma	les	Fema	es		
yES YES	NO	x 1694(79.6%	parum 450(20. 3%)	YES	NO	YES	NO		
2144(3	3496()		1690(454(21	454(21	1690(
8.01%)	61.98			78%)	%)	%)	78.8		
		I	1	I	1				
					•			1 1 1 1 1 1 1 1 1 1	
								, which is one of the hottest areas Diagnostic Test of Malaria case	

Reasons for not donating	Male	Female
Afraid of needle or sight of blood	6	3
Donation is harmful to health	3	0
Never had opportunity to donate	6	30
I am not fit to donate	3	12

Would like to donate in future	Male	Female
No	0	3
Only if family/friends require	15	21
As a voluntary donor	3	21

detection method. The high frequency ead to serious complications, including	y rate of ng cereb	P. viva	ax shows aria.	a significant health hazard but P. falciparum also ma
Keywords: Malaria, Infection, RDT,	Mirpurk	thas		
(SSIII-9) B o	elieves a	nd atti	tude of p	eople about blood donation
Authors: M. Ali Arshad ,Zeeshan A	li, Umai	r Shuja	a, Junaid	Ramzan, Jibran Khalil (Final Year)
Abstract				
Objective: To assess knowledge, attitudes of the Design: Descriptive cross sectional step Place: Muhammad Medical College I Sample size: general population 100	tude and tudy. Hospital participa	praction Mirpurants.51	ces regard rkhas. female.48	ing blood donation among general population.
Introduction: A close ended question voluntary blood donation. Maximum	nnaire w number	as design	gned acco icipants w	ording to the basic level of awareness regarding vas in the age group ranging from 20 to 40 years.
blood, while 51.52%(51) think hypert blood.30.31%(30) think obese person remales can donate blood while 63.65 donation is forbidden in Islam. Attitude of non donors	have m	oatient a	and 81.82° od to dona males can	%(81) think diabetic patient can't donate ate 69.7%(69) don't agree with this.36.37%(36) think i't donate blood. According to 12.13% (12) blood
Reasons for not donating	Ma	ıle	Female	
Afraid of needle or sight of blood		6	3	
Donation is harmful to health		3	0	
Never had opportunity to donate		6	30	
I am not fit to donate		3	12	
Would like to donate in future	Male	Fen	nale	
No	0	3	3	
Only if family/friends require	15	2	1	
As a voluntary donor	3	2	1	
Attitude of donors			T	
Frequency of donation		Male	Female	<u>e</u>
Repeat		18	3	
Site of donation				
Private blood bank		30	6	_
Good Good		15	3	-
C . C .		15	3	_
Satisfactory	tion	· · · · · · · · · · · · · · · · · · ·		
Information provided before dona		12	3	_
Information provided before dona No		12	3	_
Information provided before dona No Only verbal		0	U	-
Information provided before dona No Only verbal Verbal and printed Disliked which aspect				
Information provided before dona No Only verbal Verbal and printed Disliked which aspect None		15	6	
No Only verbal Verbal and printed Disliked which aspect None Attitude of staff		15 15	6 0	
Authors: M. Ali Arshad ,Zeeshan A. Abstract Objective: To assess knowledge, attinuesing. Descriptive cross sectional steplace: Muhammad Medical College I Sample size: general population 100 (Introduction: A close ended question voluntary blood donation. Maximum (Results: 36.37% (36) (30M, 6F) out of donors. 42.43% (42) think their health after donating blood. 48.49% (48) think loses person remales can donate blood while 63.65 (donation is forbidden in Islam. Attitude of non donors Reasons for not donating Afraid of needle or sight of blood Donation is harmful to health Never had opportunity to donate I am not fit to donate Would like to donate in future No Only if family/friends require As a voluntary donor Attitude of donors Frequency of donation Once Repeat Site of donation Private blood bank Opinion about blood bank service Good Satisfactory Information provided before donat No Only verbal Verbal and printed Disliked which aspect None Attitude of staff Medical examination done before donation Ununununununununununununununununununu		15 15	6 0	

Refreshment provided after blood		
donation	21	3
Would like to donate willingly again	24	6

Refreshment provided after blood domation

Refreshment provided after blood and 21 3 Swort Management of the state of the

RESULTS	Positive	Negative
	HBsAg	HBsAg
Positive history of HBV	16(100%)	6(4.83%)
in husband		
Blood transfusion	14(87.5%)	52(41.93%)
Dental Procedures	10(62.5%)	5(4.03%)
Vaccination	0(0%)	76(61.29%)

and hemog (hemoglobi	gy:380 pregna stemic random dobin level w n 9.0-10.9g/dL	nt women that sampling. Par ere obtained .), moderate (h	attended ANC clinic of I ity, gestational age, metho and analyzed. WHO cri emoglobin 7.0-8.9g/dL) a	DHQ hospital duried of last delivery, lateria for anemia and severe anemia	ng June-July 2013 we nealth problem during in pregnancy were (hemoglobin <7.0 g/d	ere selected g pregnancy used, mild IL).
Xesuits: A 29.4% (n=5 women 67.' pregnant w feeling tired	mong 380 pres 53) was found : 7% (n=122) rep omen attended d/ weakness 90	in 20-24 years ported with mi ANC in the p % (n=162)sho	anemia was positive 47% and over half 57.7% (n= ld, 19.4% (n=35) moderateriod between 14-27 weertness of breath	(n=180) in pregi =104) belongs to rule and 12.7% (n=23) eks of gestation. The	nant women, nignest ural area. Among n=1 B) severe anemia. 74.7 ne most common sym	prevalence 180 anemic 7% (n=284) nptoms was
69% (n=12	5)rapid heartbe No of pregnant w0men	No of Anemic women	Mild anemic women:Hb(9.0- 10.9g/dL)	Moderate anemic women: Hb(7.0-	Severe anemic women:Hb(<7. 0g/dL)	
15-19	55	7	1	2	4	
20-24	60	53	39	9	5	
25-29	105	43	33	6	4	
30-34	58	29	18	7	4	
35-39	48	15	10	3	3	
45-49	21	9	7	1	1	
Conclusion Sensitization ore and pos	The prevale on of women, h t conception ca	ence of anemi ausband and the are andiron and	a was high 47% among eir family member regard I folic acid supplementation	the pregnant wo ding proper nutrition on is recommended	omen of Faisalabad a on before and during a d to reduce this proble	and Okara pregnancy em.
Conclusion Sensitization pre and pos Word Cou Key words	n: The prevale on of women, h t conception ca nt: 249 : Anemia, Preg (SSIII-12)	ence of aneminusband and that and iron and gnancy, Faisala Prevalence O Iqbal, Rana	a was high 47% among eir family member regard folic acid supplementation abad and Okara f Thalassemia Among Tabetessam Ali, Hassan Irsh	the pregnant wo ding proper nutrition on is recommended. The Children Of Chil	omen of Faisalabad a on before and during d to reduce this proble	and Okara pregnancy em.
Conclusion Sensitization pre and pos Word Cou Key words Authors: 1 Supervisor	a: The prevale on of women, h it conception ca nt: 249 : Anemia, Preg (SSIII-12) I	ence of aneminusband and the andiron and gnancy, Faisala Prevalence O Iqbal, Rana led Razi Muhar	a was high 47% among eir family member regard folic acid supplementation abad and Okara f Thalassemia Among Talbtessam Ali, Hassan Irshnmad, Prof.Dr Syed Asif	the pregnant wording proper nutrition on is recommended. The Children Of Chad, Syed Umair To Prof. Dr Ab Rajan	omen of Faisalabad a on before and during a d to reduce this proble Cousin Marriages	and Okara pregnancy em.
Conclusion Sensitization pre and pos Word Cou Key words Authors: I Supervisor Abstract Backgroun between Co The aim of mportance	a: The prevale on of women, he of conception can nt: 249 : Anemia, Preg (SSIII-12) I Rana Jamshaid es: Prof. Dr Sye ad: Thalassemia our study is assort of screening to	ence of aneminusband and the andiron and gnancy, Faisala Prevalence O Iqbal, Rana I and Razi Muhar a is a widely per and Thalasse sessing that wheet in Thalasse	a was high 47% among eir family member regard folic acid supplementation abad and Okara f Thalassemia Among Tabtessam Ali, Hassan Irshnmad, Prof.Dr Syed Asif revalent Genetic Disorder mia because of accumulation there cousin marriage is a mia prevalent families.	the pregnant wooding proper nutrition on is recommended. The Children Of Chil	comen of Faisalabad a con before and during a d to reduce this proble cousin Marriages The is a positive associate that assemia and the aware constant as a const	and Okara pregnancy em. tion families. eness about
Conclusion Sensitization pre and poss Word Cou Key words Authors: I Supervisor Abstract Backgroun between Co The aim of importance Aims & Ol marriages. (b) To comp (c) To make (d) To set no	a: The prevaled on of women, he conception cannet: 249: Anemia, Pregarent: 249: Anemia, Pregarent: Anemia, P	ence of aneminusband and the description and gnancy, Faisala Prevalence Or Iqbal, Rana Ida Razi Muhar a is a widely per and Thalasse seessing that wheat in Thalasse determine the neidence in the of the importamendations.	a was high 47% among eir family member regard folic acid supplementation abad and Okara f Thalassemia Among Tabtessam Ali, Hassan Irshnmad, Prof.Dr Syed Asif revalent Genetic Disorder mia because of accumulatinether cousin marriage is mia prevalent families. incidence of Thalassemia e children of non-cousins. Ince of screening tests.	the pregnant wording proper nutrition is recommended. The Children Of Chad, Syed Umair The Pakistan. Therefore the Children of Carriers in The Trisk factor for that and in the children continue.	comen of Faisalabad a con before and during a d to reduce this proble cousin Marriages The is a positive associate that assemia prevalent assemia and the aware enceived as a result of	and Okara pregnancy em.
Conclusion Sensitization pre and poss Word Cou Key words Authors: I Supervisor Abstract Backgroun between Co The aim of importance Aims & Ol marriages. (b) To comp (c) To make (d) To set no Material & taking verb the cross see from Augus	c: The prevaled on of women, he tonception cannet: 249 c: Anemia, Pregare (SSIII-12) c: Anemia,	Prevalence O Iqbal, Rana I a is a widely p s and Thalasse sessing that wl est in Thalasse determine the ncidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations. In the incidence in th of the importa mendations.	attended ANC clinic of Inity, gestational age, methor and analyzed. WHO criemoglobin 7.0-8.9g/dL) at anemia was positive 47% and over half 57.7% (nedd, 19.4% (n=35) moderateriod between 14-27 week retness of breath 3). Mild anemic women: Hb(9.0-10.9g/dL) 1	the pregnant wooding proper nutrition is recommended to the Children Of Chad, Syed Umair To Pakistan. There in Pakistan. There in Pakistan. There is a in the children control of the Children control	comen of Faisalabad a con before and during a d to reduce this proble d to reduce this assemia and the aware d to reduce a result of the some of interviewed are ganga-ram Hospital are Ganga-ram Hospital	and Okara pregnancy em. tion families. eness about cousin d after domly It is al Lahore

Were Thanassen	ia carrier.	3-6 mg/0	n. 90.0% pa	arents or r	narassenna	patients w	rere unaware about the fact that the
RESULT			Degree Of	Relationsl	nip	Total	
		Firs t	Secon d	Third	no relatio n		
Gender Of Thalassem	Femal e	32	2	1	8	43	
ic Patient	Male	54	6	0	14	74	
Total		86	8	1	22	117	
Awareness	Т	requency	, P	ercent	1		
No		1	13	96.6]		
YES		1	4	3-4]		
Conclusion: The	e prevalen	re of Thal	1/ assemia an	100] en of cousi	n marriage	es was more than the non
Abstract: The second Amrentitled Islamic redonation and the While spille to it. Blood transform It is forbidded is permissib one.	man works rulings on e principles ed blood is fusion betwen to sell be ole to pay o	hop on bl blood tran of Islam considere veen a ma blood. Hov n the part	ood donor instruction where the dimpure, of and his was wever, if a possession of the payer.	motivation ich presen lonated blovife will no person when, but the	and blood of ted several bood is not spot invalidated is fit to do payee comm	collection. important of oilled and to their marronate blood nits an offe	Dr. M. Sartaway presented a paper conclusions concerning blood the status of impurity does not apply riage. Tefuses to do so without payment, it ence by mixing a bad deed with good asting person does not invalidate the ence by mixing a bad deed with good asting person does not invalidate the ence by mixing a bad deed with good asting person does not invalidate the ence the life of another. Moreover, he according to Islam it is mandatory to serve life, and the underlying Islamination is in agreement with the mic world, the Arabic text is welfare. These have giving rise to a scholars, since they did not exist at enavior, it is imperative to arrive at Fertilization (test-tube babies), er issues, in the light of the
latter's fast. Dr. Sartaway argargues that if giv do so. This follorules "Harm mus principle of Islar	gues logica ving blood ows the bas st be eliminated social	lly for the to patient ic Islamic nated" and justice.	e need for b is necessar principle v d "necessity	lood from y for survi which mak overrule	a human be val or for re es it impera constraints"	ing to save lief, then, tive to pres	e the life of another. Moreover, he according to Islam it is mandatory to serve life, and the underlying Islamination is in agreement with the
Since Dr. Sartaw reproduced in fu	vay's text l ıll.	nas such s	ignificance	for blood	transfusion	in the Islar	mic world, the Arabic text is
Islamic Rulings o Remarkable adva number of new i their time. Howe rulings with rega	an Blood Tr rances have assues whice ever, since ard to incip rhood, ster	ensfusion been ach th had nev Islamic lation ient medition,	ieved in mo ver been tac tw is meant cal issues s blood trans	edicine, in kled or jud to regulat uch as: org fusion, etc	pursuance of lged by earling acceptable gan transpla	of human v y Muslim human be nt in vitro.	welfare. These have giving rise to a scholars, since they did not exist at chavior, it is imperative to arrive at Fertilization (test-tube babies),
surrogate mother		nnted to d	lerive clear	Islamic ru	lings on the	se and oth	er issues in the light of the

Α	Awareness	Frequency	Percent
	No	113	96.6
	YES	4	3-4
	TOTAL	117	100

latan enjoins preserving human life and protecting it against all potential harm, affection and hardship, and it insists on ensuring peace and security for human beings. This article is an attempt to identify the Islamic view of one of these incipient medical issues, namely, blood transfusion.

In most cases, blood transtusion is considered necessary and indispensable, since, from the medical point of view, it may be impossible for a particular patient to survive without it.

It is well known that blood cannot be produced artificially, as it consists of living cells which scientific research remains unable to synthesize. Not can any use be made of animals is blood in this respect, because of its natural difference from human blood. Therefore, only the blood of a human being, can be used to save the life of another.

Islamic law urges every Masilim to be in constant support of his brother, and even makes such support a legal requirement in many cases. According to a Haifith (saying) by the Prophet Muhammand, (peace he upon him) "He who relieves a believer of one from of discress in this life shall be relieved by Good of a greater discress on the Day of Resurrection", and "God will help any servort of Fig. as long as he continues to help his brother."

The Prophet (peace he upon him) enjoined Muslims not to admont on the plant brother.

The Prophet (peace he upon him) enjoined Muslims not not admont on the relieve law of the discress of the can prevent it.

Endeavoring to save the lives of Muslims, by protecting them from fitted dingers, and keeping them away from what is harmful, is one of the greatest obligations to he Altrights, God says. "Whoso quickened a human being, it shall be as if he had quickened all munkfard." Quicking a human being is sachieved by saving hister life from destruction, a case which is typically applicable to hot our transhing to the patient tranships and the principles which musles it imperative to preserve human hit? "In white particular tranships and patient tranships and advantage t

In certain cases blood donaton becomes an individual duty. This applies, for example, in a situation where there is a patient whose blood group is matched by that of one single person within casy reach. Blood donation becomes this person's individual dipligation. The first is conflict in the shall be considered as having cummitted as in.

A great number of Mustlims scholars have ruled flood donation permissible. No reliable opinion has been pronounced to the contrary.

Nevertheless, it should be mentioned here that putting this Islamic view into practice is subject to certain medical conditions known to professional people, such as; (a) donation must not be harmful to the donor, as in the case when the donor is young or amenic, or when the amount of blood dates from him is likely to cause him adverse effects; (i) in o blond should be given to a patient unless it is sure to benefit him. This can be guaranteed by carrying our the tests necessary to prove that the blood given as free of any pathological factors.

Legal consequences of blood donation

Questions that must be asked are:

1. Is the blood drawn out of the body by a syringe impure? If so, is it permissible to use it for medical purposes? There is consensus among scholars that blood becomes impure once it is out of the body. This is in accordance with the Quamic verse listing atems prohibited to Muslims: "... Or blood poured forth" meaning; spilled blood. Blood drawn on the ya syringe, however; in or spilled and crossequently the stanus of impurity does and apply to it. Texts quoted from the Habith enjouing the puritying of clothes and the body of blood drops or stams, consider such the old as "poured forth" or spilled. But, even if blood draw by a syringe is considered impure, Muslim scholars tolerate medication with impurities in cases of need.

2. Does blood transfusion entail prohibition of marriage between donors and recipients?

Some of the Hadith make it clear that certain marriages are invalidated as a result of a child having been breastfeld by a woman other than his mother. This triling has been explained, in detail, in books of Figh (Islamic Jurisprudence). The reason for auch prohibition is the rich the transfer developing show the which helps bore are all the properties of the state of the thing helps bores and which helps bore are all the properties of the blood, refuses to donate his blood unkness beds in framenally compensated, it is permissible in this case to pay for the blood. Giving such a poyment does not constitute an offence on the part of the payer, while the payer commits an offence and put hismost in the position of one who mived a good deed with a lad one.

Scien

				•	
	1 ST YEAR	2 ND YEAR	3 RD YEAR	4 TH YEAR	FINAL YEAR
MALES	22(9.16%)	23(9.6%)	23(9.6%)	26(10.8%)	20(8.3%)
FEMALES	32(13.3%)	19(7.9%)	15(6.25%)	39(16.25%)	21(8.75%)
TOTAL	54(22.5%)	42(17.5%)	38(15.8%)	65(27.08%)	41(17.08%)

	PIZZA	BURGER	FRIES	BEVERAGE
MALES	70(29.16%)	54(22.5%)	26(10.83%)	113(47.08%)
FEMALES	74(30.83%)	54(22.5%)	28(11.66%)	118(49.16%)
TOTAL	144(60%)	108(45%)	54(22.5%)	231(96.25%)

Methodology: A cross-sectional study was conducted among 260 Medical students of Muhammad Medical College Mirpurkhas strough a pre-tosted questiounnire.

Results: Among 260 students 240 (92%) were user of junk food out of which 118(49),6%) used regularly and 12(50) 33%) used occasionally. There was marked female preponderance 125 (52.5%) and Males 114 (47.5%). Highest users of junk food were cauges from 19-33 years of age group.

Class wise Distribution Among Users

Class wise Distribution Among Users

MALLES 22(0) 16%) 22(0) 6%) 22(0) 6%) 26(10.3%) 20(8.3%) 10(10.74). MIRCH 187 (10.6%) 15(6.25%) 36(16.25%) 24(10.3%) 20(8.3%) 10(7.74). MIRCH 187 (10.6%) 15(6.25%) 36(16.25%) 24(10.76%) 10(10.74). MIRCH 187 (10.6%) 15(6.25%) 24(10.8%) 13(47.08%) 10(10.74). MIRCH 187 (10.6%) 15(6.25%) 24(10.8%) 13(47.08%) 10(10.74). MIRCH 187 (10.6%) 15(6.25%) 24(10.8%) 13(47.08%) 10(10.74). MIRCH 187 (10.6%) 10(10.8%) 10(

#	Management	Yes	%	No	%
1.	Segregation	5	50	5	50
2.	Colour coding	5	50	5	50
3.	Vehicle for transportation	4	40	6	60
4.	Proper storage facilities	3	30	7	70
5.	Training session	4	40	6	60
6.	Maintenance of register	0	00	10	100

Methods	Incinerator	Municipal Landfill	Burning	Burial
	5 (50%)	2(20%)	2(20%)	1(10%)

Types of T.B	Patients
Pulmonary T.B	146(73%)
Extra Pulmonary T.B	54(26.6%)

5	cinerator	Municipal Landfill	Burning	Burial		
3	(50%)	2(20%)	2(20%)	1(10%)		
Conclusion: The hospital wastes is	ere should is needed.	be proper training and	l manageme	nt of hospital s	taff regarding awarenes	s and practices of
(SSIV-3) T	reatment (Outcome of Tubercu	losis Patient Hospital, S	ts Registered : Sindh	at TB Centre in a Priv	ate Teaching
Author: Sundas Supervisor: Sy	s Faryab, N ved MA, Ra	Iaha Khan, 4 th Year N athor G.	MBBS.			
Introduction: I tuberculosis the Implementation the treatment or outcome of tube	ncrease incerapy (AT of directly atcome in derculosis paterns.	idence of multidrug r T) are major publi observed treatment-sl lifferent health setting tients.	resistance tul c health properties (gs. A study	perculosis (MI roblem in de TB centre) stra was conducted	OR-TB) and lack of conveloping countries inductegy has been widely related to the bull with objective to find	npliance with ant cluding Pakistan sported to improve out the treatmen
Method: A desc Sindh from Janu to assess treatm completed, defa	criptive stud lary 2010- I nent outcon ult, treatme	dy was conducted in Theoremser, 2012. All the in accordance of the failure, death or other thanks.	TB centre of registered pa World Heal ner. Data we	private teachin tients were fol th Organization re analyzed us	ng hospital, District Mir lowed up during their c on (WHO) guideline a ing Excel.	purkhas, province ourse of treatment s: cure, treatment
mean age was 3:	5 years (ran	nge: 12-80); n=108 (53	3%) were ma	ale. Persons ag	ed 30-34 years were hig	ghly affected n=39
(19%). Of all part (57%), defaulted transfer in (n=1) females n=20 (9)	tients, treatr d in (n=52: 1:0.5 %) des 0.8 %)	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	s (cure and treatment con =8 (4%) and transferred to experience default n	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted transfer in (n=1) females n=20 (9	tients, treatrd in (n=52: 1:0.5 %) dea (.8 %)	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	s (cure and treatment consess (4%) and transferred to experience default n	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted transfer in (n=1) females n=20 (9)	tients, treatrd in (n=52: 1:0.5 %) dea (1.8 %) Type B	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	es (cure and treatment con le 8 (4%) and transferred to experience default no le Patients 146(73%) 54(26.6%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all par (57%), defaulted transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon	tients, treatrd in (n=52: 1:0.5 %) des (2.8 %) Type (B. B. mary T.B.	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	es (cure and treatment con in=8 (4%) and transferred to experience default number in Patients 146(73%) 54(26.6%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
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(19%). Of all part (57%), defaulted, transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment con Defaulters > 2 Relapsers	tients, treatrd in (n=52: 1:0.5 %) des (1:0.5 %) Type (1:0.5 %) Type (1:0.5 %) Type (1:0.5 %) Treatme (1:0.5 %)	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 117(57%) 52(25.6%) 6(2%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment con Defaulters >2 Relapsers Failure	tients, treatrd in (n=52: 1:0.5 %) des (1:0.5 %) des (1:0.5 %) des (1:0.5 %) Type (1:0.5 %) Type (1:0.5 %) Type (1:0.5 %) des (ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 117(57%) 52(25.6%) 6(2%) 8(4%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted, transfer in (n=) females n=20 (9) Pulmonary T. Extra Pulmon Treatment con Defaulters >2 Relapsers Failure Transfer out	tients, treatrd in (n=52: 1:0.5 %) dea (1:0.5 %) dea (1:0.5 %) dea (1:0.5 %) Type (1:0.5 %) Treatment (months)	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted, transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment condition Defaulters > 2 Relapsers Failure Transfer out Transfer in	tients, treatrictients, treatr	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 1(0.5%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment con Defaulters >2 Relapsers Failure Transfer out Transfer in Death	tients, treatrd in (n=52: 1:0.5 %) des (1:0.5 %) des (1:0.5 %) des (1:0.5 %) Type (1:0.5 %) Type (1:0.5 %) Type (1:0.5 %) des (ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 146(73%) 54(26.6%) Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 116(7.8%) 1(0.5%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted, transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment condition Defaulters > 2 Relapsers Failure Transfer out Transfer in Death	tients, treatrictients, treatr	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B ent outcome resistance	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 1(0.5%) Patients 110.5%) Patients	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted, transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment conditions befaulters > 2 Relapsers Failure Transfer out Transfer in Death STM resistance	Type B ary T.B Treatme months Drug	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B ent outcome resistance	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 1(0.5%) Patients 11(0.5%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted, transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment condition Defaulters > 2 Relapsers Failure Transfer out Transfer in Death STM resistant MDR	Type Bary T.B Treatme mpleted months Drug	ment outcome was cla 25.6 %), relapse n=5 ath (n=1:0.5%) patien es of T.B ent outcome resistance	ssified as Tre (2%), treatn ts. Males we	eatment succes nent failed in n ere more likely	Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 1(0.5%) Patients 11(0.5%) Patients 1(0.5%)	mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than
(19%). Of all part (57%), defaulted transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment condition Defaulters > 2 Relapsers Failure Transfer out Transfer in Death STM resistance MDR Conclusion: Trushich may be contained home visit be contained by the cont	Type B B B Treatme mpleted months Drug ce	resistance resistance ccess rate among tubenhance supervision, orker.	erculosis pa	tients was fair	Patients 146(73%) 54(26.6%) Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 1(0.5%) Patients 1(0.5%) 1(0.5%) ly satisfactorily with hities and implementation	igh defaulter rate,
(19%). Of all part (57%), defaulted (57%), defaulted (transfer in (n=1) females n=20 (9) Pulmonary T. Extra Pulmon Treatment condition Defaulters > 2 Relapsers Failure Transfer out Transfer in Death STM resistance MDR Conclusion: Trunch may be condition of the condition of	Type B Treatme months Drug ce eatment such precised by the audit on least to the	resistance resistance ccess rate among tubenhance supervision, orker.	erculosis pa improved co	tients was fair unseling activitopathologica	Patients 146(73%) 54(26.6%) Patients 117(57%) 52(25.6%) 6(2%) 8(4%) 1(0.5%) Patients 1(0.5%) Patients 1(0.5%)	ate Teaching Inpliance with anticular Pakistan. Inported to improve out the treatment ourse of treatment ourse of treatment tuberculosis. The gally affected n=39 mpleted) in n=117 d out n=16 (7.8%) =32 (15.7 %) than an mortility at an m

Drug resistance	Patients
STM resistance	1(0.5%)
MDR	1(0.5%)

Supervisor: Prof. Qanas in Nices
Institute: Mishanomad Medical College, Mirpurkhas
Deligible Mishanomad Medical College, Mirpurkhas
Methodology: Data of patients regarding symptoms were collected from files and patients records
Institution: All Mishanomad Medical College Hospital, Mirpurkhas Against Managamad Medical College Hospital, Mirpurkhas Pakistan

Abstract

Background: It used to be that she only acceded to be fair from a good family, charming and pliable. Now it seems the perfect brible for the darfing soon mass also be a doctor. Now a day, there are several articles being published in the new to be scratched out systematically (JDAWN NEWS 26-47-2013)

Objective: To a sesse the rord and reasons for the perference of doctors as brides in Pakistani society.

Methods: It is a cross-sectional descriptive study conducted through self-interviewed questionnaires among the parents, husbands and bachelors of Pakistani society including all the professions.

Results: Total number of subjects are 100 of which 22 are Parents 16(73%) prefer Doctor as daughter in-law in which 16(72.7%) perferred hecume of pool descriptive study conducted through self-interviewed questionnaires among the parents, husbands and bachelors of

То	tal number of	subjects n=100	
Parents n=22		Husbands of lady doctor	s n=28
Prefer Doctor as	16(73%)	Preferred for good	16(57%)
daughter-in-aw		understanding	
Preferred because of	16(73%)	As earning partner	8(28%)
good earning			

	grand 12(54.5%) B	etter status	8(289	5)			
children	2							
Thought doctor	120	9.40/)						
bride	r as 42(84%)						
Personal desire marry a doctor	e to 24(4	48%)						
Family pressur them	e on 20(4	40%)						
Recommendation (1988)	on: Further stu	dies should	be carried out to ass	sess the imp	oact of re	stricting do	octor brides	from their
Abstract Background: The are found in every 77% population of all and unbreakable additionable and the alth and social mealth and social mealth and social consequents. The social consequents of the s	The internet is try field of life I on of develope I by social interiction giving rill effects of Interior Mirpur khas in onnaire to obtainces was collected. (%) among 200 using for com 69.5%) student	he largest see be it knowle bed countries ractions interise of health bernet among and study was no July-Septe in demographeted. Data was students we students we munication, as while 46(2)	et of computer netwodge, communication and in Pakistan only met has made peoply and social problem medical students. It is conducted among ember 2013. A face thic and information as entered and analy ere using internet days of the computer of the comput	orks that us n, entertain y 10% popule closer ans. So this standomly so face interargarding yzed by MS were using reported fo	e the interest and lation und closer undy was elected a view was frequence excel	ernet protocolors and internet meanwhile conducted 200 students carried or y of internet students at using for a rtainment.	col. As its a bally it is be ally it is be a linternet had with to assets of Mohar at by using et uses, head academic per Health problems.	pplications eing used the largest s become an ess the mad structured lth and urposes and olems were social
Abstract Background: Tare found in every 77% population of all and unbreakable additional mealth and social mealth and social consequences of the social co	The internet is try field of life I on of develope I by social interiction giving rill effects of Interiction giving rill effects of Interiction giving rill effects of Interiction and I on I	the largest see be it knowle bed countries ractions interest actions interest among and study was an July-Septe in demographeted. Data was students we amunication, is while 46(2) Female users 100	et of computer networdige, communication and in Pakistan only and social problem medical students. Is conducted among ember 2013. A face thic and information as entered and analy ere using internet days to students were Total users 200(100%)	orks that us n, entertain y 10% popule closer an s. So this st randomly s to face inter a regarding yzed by MS aily.73(36.5 were using reported fo	e the internent and closer udy was elected a view was frequency excel	ernet protocol news. Global news. Global news. Global news. Global news conducted 200 students carried on y of internets using for a reainment.	col. As its a bally it is be ally it is be ally it is be a to associate of Mohar at by using the academic possible deading to be allowed to be a leading to	pplications eing used the largest s become an ess the mad structured Ith and urposes and olems were social
Abstract Background: The are found in every 77% population of all and ambreakable additionable and social of the area of the	The internet is try field of life I on of develope I by social interiction giving rill effects of Interior Mirpur khas in onnaire to obtainces was collected. (1%) among 200 using for com (69.5%) student Male users 100	he largest see be it knowle and countries ractions interest among and study was an July-Septe and demographeted. Data was students we amunication, as while 46(2) Female users 100 34(17%)	et of computer netwodge, communication and in Pakistan only rnet has made peoply and social problem medical students. It is conducted among ember 2013. A face thic and information as entered and analyzere using internet days students were Total users 200(100%)	orks that us n, entertain y 10% popule closer an s. So this st randomly s o face inter regarding yzed by MS aily.73(36.5 were using reported fo	e the interest and lation und closer udy was elected a view was frequence excel	ernet protocol news. Glosed internet meanwhile conducted 200 students carried on y of internet using for a rtainment.	col. As its a bally it is be ally it is be a linternet had with to assets of Mohar at by using the academic per Health problematics.	pplications eing used the largest s become ar ess the mad structured lth and urposes and olems were social
Background: Tare found in every 77% population of all and unbreakable additional mealth and social mealth and social mealth and social consequer meant of the following social consequer meant of the followin	The internet is try field of life to on of developed by social interiction giving rid effects of Interiction giving rid effects of Interior Mirpur khas in onnaire to obtainces was collected. (%) among 200 using for com 69.5%) student Male users 100 68(34%) 17(8.5%)	he largest see be it knowle be decountries ractions interest among that study was a students we studen	et of computer networdige, communication and in Pakistan only rinet has made people and social problem medical students. Is conducted among ember 2013. A face thic and information as entered and analy ere using internet days students were Total users 200(100%) 102(51%) 30(15%)	orks that us n, entertain y 10% popule closer an s. So this st randomly s to face inter a regarding yzed by MS aily.73(36.5 were using reported fo	e the internent and lation und closer udy was elected a view was frequence excel	ernet protool news. Glosed internet meanwhile conducted 200 students carried on y of internet using for artainment.	col. As its a bally it is be. Internet is internet ha with to assets of Moharat by using et uses, hear academic p Health problems.	pplications eing used the largest s become ar ess the mad structured lth and urposes and olems were social
Abstract Background: Tare found in every 77% population of all and unbreakable additional mealth and social mealth and social consequence of the so	The internet is try field of life I on of develope I by social interiction giving rill effects of Interiction giving rill effects of Interior Mirpur khas in onnaire to obtainces was collected. (%) among 200 using for com (69.5%) student Male users 100 (68(34%)) 17(8.5%)	he largest see be it knowle be decountries ractions interest among and study was an July-Septe in demographeted. Data was students we imunication, as while 46(2) Female users 100 34(17%) 13(6.5%) 18(9%)	et of computer networdige, communication and in Pakistan only met has made people and social problem medical students. Is conducted among ember 2013. A face to thic and information has entered and analy ere using internet days students were Total users 200(100%) 102(51%) 102(51%) 30(15%)	orks that us n, entertain y 10% popule closer and s. So this storandomly so face interest regarding yzed by MS aily.73(36.5 were using reported for	e the interest and lation und closer udy was elected a view was frequence excel	ernet protool news. Glosed internet meanwhile conducted 200 students carried or y of internet stusing for a rtainment.	col. As its a bally it is be ally it is be a linternet had with to assets of Mohar at by using et uses, head academic per Health probe leading to	pplications eing used the largest s become ar ess the mad structured Ith and urposes and olems were social
Background: Tare found in every 77% population of all and unbreakable additional mealth and social mealth and social mealth and social mealth and social consequer meant of the following meant of the followi	The internet is try field of life I on of develope I by social interiction giving ril effects of Interiction giving ril effects of Interior Mirpur khas in onnaire to obtainces was collected (%) among 200 using for com 69.5%) student Male users 100 68(34%) 17(8.5%) 12(6%)	he largest see be it knowle be decountries ractions interest among and study was a students we student	rents and bachelors a family status and better family life. be carried out to assert of computer networds and in Pakistan only rnet has made people and social problem medical students. Seconducted among ember 2013. A face to thic and information as entered and analy the re using internet days as entered and analy street days	orks that us n, entertain y 10% popule closer an s. So this standomly so face interest regarding yzed by MS aily.73(36.5 were using reported fo	e the interest and lation used closer udy was elected street excel (%) were for enter immore	ernet protocol news. Glosed internet meanwhile conducted 200 students carried or y of internet using for a rtainment.	col. As its a bally it is be. Internet is internet ha with to assets of Mohar at by using et uses, hear academic p Health problemating to	pplications eing used the largest s become ar ess the mad structured lth and urposes and olems were social

Frequency of	Male users	Female	Total users
internet users	100	users	200(100%)
		100	
Daily users	68(34%)	34(17%)	102(51%)
More than	17(8.5%)	13(6.5%)	30(15%)
once a week			
Once a week	12(6%)	18(9%)	30(15%)
Once a	11(6%)	10(5%)	21(11%)
month			
Less than	8(4%)	9(4.5%)	17(8.5%)
once a month			

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Use for	Male	Female	Total users
academic	users	users	73(36.5%)
purpose	43(21.5%)	30(15%)	
Use for	21(10.5%)	34(17%)	55(27.5%)
entertainment			
Use for	32(16%)	35(17.5%)	67(33.5%)
communication			
*Health	76(38%)	63(31.5%)	139(69.5%)
problems			
*Social	16(8%)	30(15%)	46(23%)
problems			

Use for academic	Male users	Femuser	nale	Tota 73(3	al usei 36.5%	rs)			
Use for	43(21.5%) 21(10.5%)	30(1	15%) 17%)	55(2	27.5%)			
Use for communication	32(16%)	35(1	17.5%)	67(3	33.5%)			
*Health problems	76(38%)	63(3	31.5%)	139	(69.59	%)			
*Social problems	16(8%)	30(1	15%)	46(2	23%)				
Authors: Arsalan Aupervisor: Dr. Fa	Muhar Ali, Saima F ayaz Ahmed	nmad M Chadim, Memor	Medica , n (Ass	al Colleg	e Hos	pital, Ra	atanab	ad /Mirpu	rkhas.
Abstract	•								
Objective: To de Females.	termine the	prevalei	nce of	various r	isk fac	ctors for s	stroke a	and its Sub	-types among males &
Design: Cross sect	ional / obser	vationa	ıl study	/ .					
Place and Duratio College Hospital, F	on Of Study Ratnabad Mi	: The st	tudy w as. Fro	as condu m 1 st July	cted at 2012	t the med to 30 th Ju	lical D une 20	epartment 13.	of Muhammad Medical
Material and Met features of stroke c excluded. The prev	hods: 100 P onfirmed by valence of va	atients CT sca	of CV an brai	A have be n. Brain it fors for st	een se magir roke a	lected the ng showir and its typ	en a Pe ng abno pes am	rforma has ormalities c ong males	been fulfilled. patients with other then stroke have been and Females were evaluated.
Results: Out of tot Their mean age at p were the most impo (62.5%) were foun- and 11(11%) femal 09(09%).	al 100 patien presentation ortant risk fa d to be more les suffering	nts, 78(° was 56 actors are comme	78%) j 5.89 wi mong i on amo erebra	oresented th SD=8. males, whong fema I infarction	with in the second with its se	infraction ars. Hype e presents orty-two ebral hem	n stroke rtensions of dia (42%) norrhag	e and 22 (2 in 35(59.39 abetes mell and 11(11 te respectiv	dent .Limited number of there should be limitation to ctivities. d In Neurology Ward Of Irkhas. b-types among males & of Muhammad Medical s been fulfilled. patients with other then stroke have been and Females were evaluated. (2%) with Hemorrhagic Stroke (3) and smoking 18(94.7%) itus 16 (55.2%) and IHD 10 (3) males, While 36(36.3%) vely. In-Hospital mortality was supported by the strong of the stron
PRESENTIN	G COMPL	AINTS	OF S	TROKE	(MA	LE & FI	EMAL	<u>E)</u>	
PRESENTING COMPLAINTS	Mal F	emal e	Tot al	%	M	Femal e	Tot	%	
	44	39	83	83.0					
Weakness of left side	09	08	17	17.0					
Weakness of left side Weakness of right side				2.0	51	1.	97	07 N	
Weakness of left side Weakness of right side Vomiting	02	01	03	3.0	31	46	7/	76.0	

Fits	00	04	04	4.0	53	43	96	96.0
Loss of speech/	08	03	11	11.0	45	44	89	89.0
Aphasia								
Coma	10	08	18	18.0	43	39	82	82.0

Fits		(00	04	04		4.0	53	43	96	96.0			
Loss	f speech	/ (08	03	11	1	1.0	45	44	89	89.0			
Apnas Coma	S1a	1	10	08	18	1	8.0	43	39	82	82.0			
DI	SK EAC'	TODS (ор сті	OK	TE (N	TATE	· & FE	TN/I A T	IE)		_			
RISK	SK FAC	LOKS	M.	ALE	LE (IV	IALE	A K FE	LIVIA	FEN	IALE				
FAC	ΓORS	Co	% withi	1 %	wit	% of	Cou	n	% withi	%wit	% of			
		unt	n gende	r	isk	tot al		į	n gende	risk	totai			
Histor Hyper	y of tensio	35	66.0	5	9.3	35. 0	24		51.1	40.7	24.0			
Histor Diabte	ry of	13	24.5	4	4.8	13. 0	16		34.0	55.2	16.0			
Histor Hyper	ry of cholest	09	17.0	4	7.4	9.0	10		21.3	52.6	10.0			
Histor	y of	18	34.0	9	4.7	18.	01	\top	2.1	5.3	1.0	=		
Smok Histor Seden	ing ry of tary	08	15.1	4	7.1	8.0	09		19.1	52.9	9.0			
life sty Histoi I.H.D	yle y of	06	11.03	3	7.5	6.0	10		21.3	62.5	10.0			
Histor previous stroke	y of ous	06	11.03	5	0.0	6.0	06		12.8	50.0	6.0			
C	T SCAN	N FIND	INGS .	& G	CS !	SCOI	RE OF	STI	ROKE	PATIEN	JTS	_		
~~~	~ -			C.7	Γ ,		J1	~11						
GCS	Gend er	Ce Infa	rebral arction		Cei Haem	rebra orrh	l age		Tot	al 				
2 =	3.5.	Count	t % c	of .l	Count	to	of tal	Co	ount	%				
<b>3-</b> 7	Femal	3	33.	3	02	22	2.2	(	)5	55.6				
8 –	e Male	5	55.	6	01	11	.01	ſ	)6	66.7				
11	Femal	1	11.	1	02	22	2.2	0	)3	33.3				
12 –	Male	35	42.	7	08	9	.8	4	13	52.4				
19	Femal e	32	39.	O	07	8	.5	3	39	47.6				
Tota l		78	78.	U	22	22	2.0							
Conclu	sion: fre	quency tension	of vario	ous ri	isk fac g were	tors v majo	vas hig or risk : cant ge	gh in t factor	this stuers for m	dy which ales, whi	is similar ile diabetes een the tw	to that obsess mellitus as o stroke typ	erved in a and IHD v pes.	levelope were mo

			C	.T			
GCS	Gend		ebral		ebral	Tot	al
	er	Infar	ction	Haemo	rrhage		
		Count	% of	Count	% of	Count	%
			total		total		
3 -7	Male	2	22.2	02	22.2	04	44.4
	Femal	3	33.3	02	22.2	05	55.6
	e						
8 –	Male	5	55.6	01	11.01	06	66.7
11	Femal	1	11.1	02	22.2	03	33.3
	e						
12 –	Male	35	42.7	08	9.8	43	52.4
15	Femal	32	39.0	07	8.5	39	47.6
	e						
Tota		78	78.0	22	22.0		
l							

(SSIV-8) Aud Authors: Zahid Wa Supervisors: Dr Institution: De Abstract Background: Paedi accordingly. It is the Aims: To find out w Medical College Ho	aseem Bhutta, Saleh M. r. Masood Memon ( r Dheeraj Kumar ept. Of Paediatrics Muh eatric Medicine is an everefore important to kee	f Paediatric Patient Mirpurkha  Wattoo, M. Azhar K Dept. Of Paediatrics (Dept. Of Paediatrics ammad Medical Collections)	ts at Muhammad Medical College & Hospital as  Chan, Arsalan Khan M. Jameel, (Final year MBBS). a MMCH) b MMCH) lege & Hospital Mirpurkhas.
Authors: Zahid Wa Supervisors: Dr Dr Institution: De Abstract Background: Paedi accordingly. It is the Aims: To find out w Medical College Ho	aseem Bhutta, Saleh M. r. Masood Memon ( r Dheeraj Kumar ept. Of Paediatrics Muh attric Medicine is an everefore important to kee	Wattoo, M. Azhar K Dept. Of Paediatrics (Dept. Of Paediatrics ammad Medical Coll er changing field. Re	Chan, Arsalan Khan M. Jameel, (Final year MBBS). S MMCH) S MMCH) lege & Hospital Mirpurkhas.
Abstract  Background: Paedi accordingly. It is the  Aims: To find out w  Medical College Ho	atric Medicine is an everefore important to kee	er changing field. Re	
Background: Paedi accordingly. It is the Aims: To find out w Medical College Ho	iatric Medicine is an ever erefore important to kee	er changing field. Re	
Aims: To find out w Medical College Ho		p the needs of every	equirements keep changing in terms of resources department up to date.
	which types of diseases a espital Mirpurkhas(MM	are common requirin CH).	g admissions in Paediatrics ward at Muhammad
April 2013-Sep 201 Results: Out of total ge group was under	13). 1 110 patietns 65 were refronce month(n=33; 30%)	male & 45 were fema	ale of varying ages upto 12 years. Commonest
Commonest Disease	gnosis were:	Of Patients	Parcentage of Potients
Acute Gastroenteri	itis 25	Orranents	22.72%
ARI	18		16.36%
Pre-term delivery	17		15.45%
Sepsis	14		12.72%
Birth Asphyxia	8		7.27%
There were 4 deaths	$\frac{28}{\text{s}(3\%)}$ during the admis	sion (2 pre-term, 1 B	irth Asphyxia, 1 Sepsis)
Conclusion: Acute governments  Very seriously ill pation ome local hospitals	gastroenteritis is the contients are seeking help s.	mmonest cause of ad at our hospital for ma	lmissions in this financially deprived community. anagement and treatment which is not provided at
(	(SSIV-9) Risk factors of	of obesity / overweig	ght among the students of MMC
Authors: Maimoons Supervisor: Asst. P	a Bilal,Tahreen Mujtab Prof. Dr.Syed Asif Ali S	a (4 th Year) hah	
Abstract			
Background: Obesic excessive fat accum- overweight/obesity. diseases which explo	ity is considered as a glulation in the body that Overweight and obesity oit high cost of medical	obal epidemicOver may affect health. D y are now considered care.	rweight and obesity are defined as abnormal or Developing countries are faced with prevalence of d as very important risk factors for many chronic
Objective: To identify risk factor To suggest necessar	ors leading to obesity ry recommendations		
Authors: Maimoons Supervisor: Asst. P Abstract Background: Obesi excessive fat accumpoverweight/obesity. liseases which explo Dbjective: To identify risk factor of suggest necessary	SSIV-9) Risk factors of a Bilal, Tahreen Mujtab Prof. Dr. Syed Asif Ali Sity is considered as a glulation in the body that Overweight and obesity oit high cost of medical cors leading to obesity by recommendations	of obesity / overweig a (4 th Year) hah obal epidemicOver may affect health. D y are now considered care.	ts at Muhammad Medical College & Hospits  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Khan M. Jameel, (Final year Medical Mirpurkhas).  Chan, Arsalan Mirpurkhas.  Chan, Arsala

Methodology: A cro	ss-sectional study	was conducted ame	ong the medical st	udents of MMC be	etween September
software.	Data confected by	using a pre-tested q	juestionnaire Statis	anaiysis used	was SPSS version
Results: 50 students	who looked over	erweight /obese wer	e selected and give	ven questionnaire	form. All 50 student
Among them n= 9(1	estionnaire. Amo 18%) are obese ai	ng them 80% are e	ither obese or ove verweight among	rweight and 20%	are normal weighted
was over eating (1	n=31,77%), fast	food (n=33,82%)	intake of food	3-4 times/day (1	n=29,72%),soft drinl
(n=28,70%),meat use	er (n=29,72%),ea	t restaurant food (n	=30,75%),use of s	nacks (n=30,75%)	,irregular meal habit
(n=38,95%),less exer	cise (n=25,63%)				
Risk factors associa	ted with overwe	ight and obesity an	nong students of N	имс	
Tubii iuctors ussociu		ight and obesity an	iong statemes of i		
Risk factors	Male, n	=17(34%)	Female, 1	n=23(46%)	Total
	Obese,	Overweight,	Obese,	Overweight,	Obese/overweight
Over esting	n=4(24%)	n=13(/6%)	n=5(22%)	n=18(78%)	M/F,n=40
Fast food	3(18%)	12(71%)	4(17%)	14(01%)	33(82%)
Intake of food	3(18%)	13(76%)	3(13%)	10(44%)	29(72%)
per day (3-4	` '	` ′		` '	, ,
times)	4/0.40/ \	11/650()	2/120/2	10/440/	20/702/
Use of soft drinks (2-3	4(24%)	11(65%)	3(13%)	10(44%)	28(70%)
times/day)					
Use of meat (3-4	3(18%)	10(59%)	5(22%)	11(48%)	29(72%)
times/week)					
Hoteling (5-7	3(18%)	9(53%)	3(13%)	13(57%)	30(75%)
Umes/monun)	4(24%)	10(59%)	5(22%)	11(48%)	30(75%)
(4-5 times/day)	4(2470)	10(37/0)	3(2270)	11(4070)	30(7370)
Irregular meal	4(24%)	11(65%)	5(22%)	18(78%)	38(95%)
habits	2/100/	0(470()	2(120()	11/400/)	25(620)
Less exercise	3(18%)	8(4/%)	3(13%)	11(48%)	25(63%)
Conclusion: There is	s strong association	on between strong de	eterminants of obe	sity and overweigh	nt.This study shows
that high prevalence	of obesity/ overw	eight among studen	ts of MMC has dir	ect relationship wi	th decreased physical
activity and other fac	tors like lack of d	liet control by stude	nts.		
Decommendations	All stook holders	ia nagra naranta r	madia raligious na	raonala ata ahauld	have to play their
respective role over t	his emerging hea	th related issue.	nedia ,rengious pe	isoliais etc silouiu	nave to play then
Keywords:Risk facto	ors, Students, Ove	erweight, Obesity, P	hysical activity		
(CCTT 40) T					
(SSIV-10) Knov	wledge attitude a	nd practice regard Mirourk	ling homosexualit	y in the male inm	ates of distt. Jail
Authors: Shahbaz K	haliq. Ahsan Reh	man. Hafiz Muzamı	mil Hussain. Anwa	ar Ahmed. (4 th yea	r MBBS)
Supervisors: Dr.	Asif Ali Shah	(Department	of Community Me	edicine & Health S	sciences)
Dr.	. A.B. Rajar	(Department	of Community Me	edicine & Health S	sciences)
Abstract Rackground: The m	vorld homosovus	lity literally magne	as of same sev	Homosevuelity is	s a sexual orientation
characterized by sexu	ial attraction or re	omantic love exclusi	vely for people wh	o are identified as	being of the same sex
People who are home	osexual, particula	rly males are known	as 'gay'', and fen	nales are known as	s 'lesbians'.
	document conce	erning homosexual	relationship come	s from ancient Gr	eece, where same sex
The aerialist western	societal norm. E	ven homosexual ma	arriages have occur	rred with relative	trequency in the past
The aerialist western relationship was the		un communities. Re	searcners suggest 1	nat the Catholic C	nurch, which has been
The aerialist western relationship was the both within Christian	and non- Christi	an communities. Re-			
Methodology: A cro 2013- October 2013. Software.  Results: 50 students responded to the que Among them n= 9(1 was over eating (n=28,70%), meat use (n=38,95%), less exer  Risk factors associa  Risk factors  Over eating Fast food Intake of food per day (3-4 times) Use of soft drinks (2-3 times/day) Use of meat (3-4 times/week) Hoteling (5-7 times/month) Use of snacks (4-5 times/day) Irregular meal habits Less exercise  Conclusion: There is that high prevalence of activity and other factors activity and other factors respective role over the commendations: respective role over the commendations of the commendation of the	and non- Christi	an communices. Re			

extremely vaciforms in its opposition to homosexuality in general, approved of same—sex marriages for over 1 500 years, only cassing to perform them in the nineteenth century.

According to Paksista law, same ses seated acts are illegal.

Objective: To assess the knowledge attitude and practice regarding homosexuality in the male immates of the Dist. Jail Mirpurkhas Sindh.

Methodology: It is cross sectional survey in which 65 samples are collected, by interviewing

Results: According to our survey among prisoners of Dist. Jail Mirpurkhas 65 (out of 100) respondents show that they know about homosexuality, out of them 4fc65% slodd that they know about homosexuality from their friends. 54 (65%) show that they also know about the diseases which spread through homosexuality from their friends. 54 (65%) show that they also know about the diseases which spread through homosexuality from their friends. 54 (65%) show that they also know about the diseases which spread through homosexuality from their friends. 54 (65%) show that they fall uncomfortable when see homosexuality and 50(92%) for benefit and they fall uncomfortable when see homosexuality and 50(95%).

Agreed that it affect the society and social moral \$2(80%)

Do not practice of homosexuality \$6(80%)

Do not practice of homosexuality \$6(80%)

Do not practice of homosexuality \$6(80%)

Conclusionse: There is a need to have check on the prisoners and stop these activities and taking appropriate steps like increasing the punishment or isolating the person who is creating problems. Facilitation and conselling should be provided to the people who are involved in homosexuality to get money and benefit.

(SSV-11) Pre-Hepital are from intervals among the victime of road Traffa accidents.

Authors: Multammad Unar Noor, Zesshan Hassain, Mehsin Magoord, Muhammad Irrian (4¹⁰⁴ year MBRS) Supervisor: Ass

of cases was reported to	cycle users. There very specific to the cycle users. There very specific to the cycle was over specific to the cycle was ove	was a marked male p ge group. Frequent :	reponderance 4 injury was fract	7(78%) and hig	hest number 25(41.6%) d lower limb 24(35%)
transferred to hospitals The transferred time wa	by ambulance, 34( as less than 30 min	(56.6%) by local translutes among 27(73%)	nsport and 6(10) in inter-urban	%) by relatives victims and mor	from place of accident re than one hour amon
14(61%) in rural roads.	Total number	er of RTA victims	Most frequer	nt Causes of RT	Γ <b>A</b>
	Urban 37(61%)	Rural 23(39%)	Over speed 32(53%)	Uses of mo 14(23%)	obile
	Most freque	 nt type of Injury	Victim trans	ported by	
	Fracture of	24(40%)	Ambulance	Local	By relative
	Upper & Lower		19(31.6%)	transport 34(56.6%)	07(11.6%)
	iiiios	Tra	nsport time to	hoenital	
	Inter-urban R	oads	Rural R	Roads	
	Less than 30	min 27(73%)	> 1 hr 1	4(61%)	
(SSIV-12) Pa Authors: Madiha Khar Supervisor: Syed MA	revalence of Hepata n, Noor-ul-Ain, 4 th	titis <b>D</b> among <b>HB</b> sA Year MBBS	Ag positive pati	ents in District	Mirpurkhas
(SSIV-12) Pa Authors: Madiha Khar Supervisor: Syed MA, Abstract	n, Noor-ul-Ain, 4 th Aqeela Memon.	titis <b>D among HB</b> sA Year MBBS	Ag positive pati	ents in District	t Mirpurkhas
(SSIV-12) Properties of Authors: Madiha Khar Supervisor: Syed MA, Abstract  Background: Globally are victim of this type of acute and chronic livinfection of hepatitis D have shifted from south	n, Noor-ul-Ain, 4 th Aqeela Memon.  hepatitis D virus is of hepatitis. Co infever diseases like cirrus with hepatitis B to hern Mediterranean	Year MBBS  Spublic health problection of HBV-HDV rhosis of liver, hepat be in the range of 30 region to less develo	em It has been e is more severe o carcinoma In 0% to 58.6% oped countries i	estimated that 5° form of hepatiti Pakistan studies The areas of hi ncluding Pakist	% (15 million) people s provoke a spectrum s have shown the co- gh edemicity for HDV an.
Authors: Madiha Khar Supervisor: Syed MA, Abstract Background: Globally are victim of this type of acute and chronic livinfection of hepatitis D have shifted from south Objective: The object positive patients visitin	n, Noor-ul-Ain, 4 th Aqeela Memon.  The hepatitis D virus is of hepatitis. Co infever diseases like cirruith hepatitis B to hern Mediterranean ive of this study we g to district Hospita	Year MBBS  Spublic health problection of HBV-HDV rhosis of liver, hepat be in the range of 30 region to less developed to the part of the	em It has been ed is more severe to carcinoma In 20% to 58.6% oped countries in orevalence of h	estimated that 5° form of hepatiti Pakistan studies The areas of hincluding Pakist epatitis D co-in	% (15 million) people s provoke a spectrum s have shown the co- gh edemicity for HDV an.
Authors: Madiha Khar Supervisor: Syed MA, Abstract Background: Globally are victim of this type of acute and chronic livinfection of hepatitis D have shifted from south Objective: The object positive patients visitin Methodology: This wa Mirpurkhas province S March 2006 and Octob treatment status, response	n, Noor-ul-Ain, 4 th Aqeela Memon.  The hepatitis D virus is of hepatitis. Co inferent diseases like cirr with hepatitis B to hern Mediterranean live of this study was to district Hospitals as a retrospective resindh. We reviewed er 2013. Information ase to therapy and desired.	Year MBBS  Spublic health problection of HBV-HDV chosis of liver, hepat be in the range of 30 region to less develors to find out the pal Mirpurkhas.  Cord review conduct 19847 records of pat on was collected regal efaulter status on pr	em It has been of is more severe of carcinoma In 10% to 58.6% oped countries in prevalence of hered in District Heients with heparding co-infect e-designed structure.	estimated that 50 form of hepatiti Pakistan studies. The areas of hincluding Pakist epatitis D co-indeadquarters Hotitis B and D protion of Hepatitis ctured proforma	hest number 25(41.6% d lower limb 24(35%)? TA victims 19(31.6% from place of accident than one hour among that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the duse of mobile during we should be conducted that the dust of the duse of mobile during we should be conducted that the dust of the dust

YEAR	HBs Ag+VE cases	HDV +VE	%
2006	1076	14	1.3
2007	1245	13	1
2008	1079	11	1
2009	1364	17	1.2
2010	1240	12	1
2011	1339	24	1.79
2012	1430	41	2.86
2013	1074	28	2.6
	9847	160	1.6
SS-V-1)Au	tthors: Arsa	alan Khan yed Razi l	, Hafiz <i>i</i>
bstract bjective: 'bistitution: nuary 201 [ethodologingical wa ROUP A ROUP B ROUP C	To compare This study 3 to Septem  The total red for treatm	the resultives carriber 2013 I number nent .All preated Mareated Mareated S	Muhamits and coed out in of patients dedically ledically urgically
bstract bjective: ' istitution: unuary 201 lethodolog urgical wa ROUP A ROUP B ROUP C esults: Ou age group Out of 90, ish .	HBs Ag+VE cases  1076  1245  1079  1364  1240  1339  1430  1074  9847  This study over time. It ampaigns received to compare the companient of the companien	the resultives carriber 2013 I number nent .All Jureated Mureated Scients, 142 I nents, 142 I ne	Muhami ts and coed out in of patients dedically ledically urgically (78.8%) f 180 pat

reatures	Cruataal	N/L ~ J ! -	al Trantmart	7
	Treatment	0.5% GTN	0.5% Nifedipine	-
Healing	90/90	29/45	35/45 (77.7%)	_
Recurrence	0/90 (0%)	16/45	10/45 (22.2%)	_
Headache	9/90 (10%)	34/45	9/45 (20%)	_
Flatus	18/90	0/45 (0%)	0/45 (0%)	_
Fecal incontinence	4/90	0/45 (0%)	0/45 (0%)	_
<b>Authors:</b> Faisa <b>Supervisor:</b> Dr	l Naeem Cheen Syed Asif Sh	na, Waleed Yo ah , Asst.Prof	usaf , M.Farhan Sar Dr M.Shareef	war, Mubashir Riaz (4 th year)
Introduction: Sappropriate food are part of the deschool system (	Schools are in g d intake. Dietar levelopment of (BSS) and Gove	ood position to y services are healthy eating ernment girls s	o endorse healthy for one of the required of habits of school chill chool canteen (GGS	ods related behaviors in students and help ensur- care services in any school canteen. These service ldren. Assessment of food quality in Beacon hor
study was aime	d to access the d	mality of food	eatisfaction of stud	conteens was the main concern of the study.
objective: The students and the	d to assess the ce study was conce e satisfaction of	quality of food, lucted to see fo students.	satisfaction of stud- ood quality in BSS a	ents and the improvement strategies and GGS canteens, the services provided to the
objective: The students and the Methodology: formulated cover.	d to assess the ce study was conce satisfaction of  For the purpose ering all the requirements.	quality of food, ducted to see for students.  e of data collect uired variables	satisfaction of stude ood quality in BSS a ection, two questions	ents and the improvement strategies and GGS canteens, the services provided to the naires, one open ended and one close ended, were
Objective: The students and the Methodology: formulated cover Results: It is a pof food quality food handling a vaccination and	d to assess the cestudy was concested as satisfaction of For the purposeering all the requested cross sectional in BSS and GG and delivery lack ascreening. A p	ducted to see for students.  e of data collection o	satisfaction of stude bood quality in BSS a ection, two questions s. tudy. There is no sep All the personnel in I training. There is no on of dietary services	ents and the improvement strategies and GGS canteens, the services provided to the naires, one open ended and one close ended, wer parate organizational structure for the improvem nvolved in different stages of food preparation, no periodic examination of cook's and no means s and food quality is not done.
Objective: The students and the Methodology: formulated cover Results: It is a possible food quality food handling a vaccination and Conclusions: States a room	d to assess the cestudy was concested as satisfaction of For the purposering all the requested as sectional in BSS and GG and delivery lack ascreening. A public process of the purpose of	ducted to see for students.  e of data collectured variables comperative seed any special proper evaluation to organization covernent.	satisfaction of stude bod quality in BSS a ction, two questions ctudy. There is no sep All the personnel in I training. There is no on of dietary services	ents and the improvement strategies and GGS canteens, the services provided to the naires, one open ended and one close ended, wer parate organizational structure for the improvem nvolved in different stages of food preparation, no periodic examination of cook's and no means s and food quality is not done.  dietary services in BSS and GGS Bahawalpur
Objective: The students and the students and the students and the Methodology: formulated cover Results: It is a period of the students and the students are students. It is a period to the students are students are students. Students are students are students are students.	d to assess the cestudy was concested as study was concested as study was concested as study was concested as study was concested as sectional in BSS and GG and delivery lack as sectional in Screening. A publication of separation of the section o	ducted to see for students.  e of data collectuired variables comperative s S Bahawalpurked any special roper evaluation to the organization rovement.	satisfaction of stude bood quality in BSS a ection, two questions it. tudy. There is no sep All the personnel in training. There is no on of dietary services al structure exist for its reasons among	ents and the improvement strategies and GGS canteens, the services provided to the naires, one open ended and one close ended, wer parate organizational structure for the improvem nvolved in different stages of food preparation, no periodic examination of cook's and no means s and food quality is not done.  It dietary services in BSS and GGS Bahawalpur medical students of MMC
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Objective: The students and the students and the students and the Methodology: formulated cover Results: It is a perfood food quality food handling a vaccination and Conclusions: State is a room Authors: Farazz Supervisions: Expervisions: E	d to assess the cestudy was concested as study was concested as study was concested as study was concested as sectional in BSS and GG and delivery lack ascreening. A public process of the concess of th	ducted to see for students.  e of data collectured variables comperative seed any special roper evaluation to over ment.  3) Dieting and mmad Adil, Mor. Asif Ali Share	satisfaction of stude ood quality in BSS and ection, two questions is.  tudy. There is no septent and the personnel in training. There is no not dietary services all structure exist for its reasons among udassarShabbir, Ahrah, Dr.M.Sharif (Co.	nts, but for the patients who didn't not consent of ent.  Canteens Public vs Private Schools  war, Mubashir Riaz (4th year)  ods related behaviors in students and help ensure care services in any school canteen. These service dren. Assessment of food quality in Beacon hot so canteens was the main concern of the study. The ents and the improvement strategies and GGS canteens, the services provided to the naires, one open ended and one close ended, were parate organizational structure for the improvement of prodic examination of cook's and no means and food quality is not done.  To dietary services in BSS and GGS Bahawalpur and the improvement of the study. The medical students of MMC med Ali Sheikh, 4th year MBBS and munity Medicine & Health Sciences)  coming a global public health problem day by diseases, but it is also associated with feeling of the munitum munitum manuful

self-esteem, aegative body image. Body negative image may initiate young adults in strict dieting and unhealthy eating behaviors to lose weight. Thus dieting is becarning a common phenomenon among university students to achieve their desirable body.

Objective:To show the reasons of increasing dieting trends among medical students of MMC

Methodology:It is cross sectional survey, prefested questionnaire, among medical students of Mohammad medical college, Miparchias

Results:Sample size was 350 all of them were aware of dieting, among these 175 were made and 175 female. Out of them 148 have never practice dieting and only 72 lawe practiced diet, among them 30 were made and 42 female. The result is based on those who practice diet, these are 72 in number.

Reason for dieting

For alimnes. Dues to people Improve low self-esteem Prevention of non-Imput on communicable study disease.

Gender Energy % of Energetic Students of MMC Available of the Sample Students of the Sample St

-		,140050,007121(	49.5%) were maies a	(,	
Parameters	Males	Females			
No. of patients	320(64%)	180(36%)			
Mean Age	42 yrs	39 yrs			
BMI	28-31.5kg/m ²	2 29-32kg/m ²	2		
Poorly controlled FBS >110mg/dl RBS >180mg/dl HbA1C=7-9.5%	254(69.4%)	112(30.6%)			
Controlled blood glucose FBS <110mg/dl RBS <180mg/dl Hb A1C=4-6%	66(49.3%)	68(50.7%)			
(SS-V-5)Kno Authors:Zohaibha Supervisor: Prof I Abstract	owledge and attitude attitude and attitude attitude attitude and attitude	about tetanus annar, ZohaibHassa ad , Department	nd its post exposur an, Aqsakiran (Fina of surgery	e prophylaxis amon	ng MMCIAN
(SS-V-5)Kno Authors: Zohaibha Supervisor: Prof l Abstract Background: Teta of muscle of jaw a severe disease prin Aims: To evaluate and post exposure	assanBaloch, Uroojasgl DrSyed Razi Muhamm nus is a illness characte nd neck, gernalized mu narily of older adults, v students knowledge rep	about tetanus and anar, ZohaibHassa ad , Department erized by an acut ascle spasm with who are un vacci garding fatality a	an, Aqsakiran (Fina of surgery  te onset of hyperton tout other apparent in nated.	re prophylaxis amoral Year)  ic, painful muscular medical causes. Curretanus and attitude to	ng MMCIAN  contraction usually ently tetanus is a wards vaccination
(SS-V-5)Knote Authors: Zohaibha Supervisor: Prof l Abstract Background: Teta of muscle of jaw a severe disease print Aims: To evaluate and post exposure Method: A cross s students of MMC i	owledge and attitude assanBaloch, Uroojasgl DrSyed Razi Muhamm nus is a illness character and neck, gernalized munarily of older adults, vestudents knowledge reprophylaxis.	about tetanus and anar, ZohaibHassa ad, Department erized by an acut ascle spasm with who are un vaccing garding fatality and the with help of pand 50 were fend	an, Aqsakiran (Fina of surgery  te onset of hyperton tout other apparent in nated.  and prevention of telegrationer of the performed questioner nate.	re prophylaxis amoral Year)  ic, painful muscular medical causes. Currutanus and attitude to ramong randomly se	contraction usually ently tetanus is a wards vaccination
(SS-V-5)Knows Authors: Zohaibha Supervisor: Prof I Abstract  Background: Teta of muscle of jaw a severe disease print Aims: To evaluate and post exposure  Method: A cross students of MMC in the second in the indicate of the second in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose). 57% (37 boys behind the un vaccion availability of vaccination in the idose).	assanBaloch, Uroojasgl DrSyed Razi Muhamm nus is a illness character and neck, gernalized munarily of older adults, v students knowledge re- prophylaxis. sectional study was don in which 50 were male to our survey 89% (45 now about tetanus ,65% ave received ATS and revs&36 girls)think that to r childhood(DPT).39% s&20girls) have seen the ination are Unawarene cine16 % (3boys&16girls)	about tetanus and anar, ZohaibHassa ad , Department derized by an acut ascle spasm with who are un vaccing garding fatality and 50 were fend boys & 44 girls and 50 were fend boys & 27 genaining 14%(9) etanus is a fatal of (19boys&20girl) ne case of tetanus ass 60 % (33boys rls).	an, Aqsakiran (Fina of surgery  te onset of hyperton tout other apparent in nated.  and prevention of te performed questione nale.  ) students have known girls) are those who of boys & 5 girls) doe disease and only 61% s) are those who have is in their life. According & 27 girl), Illiteracy	re prophylaxis amoral Year)  ic, painful muscular medical causes. Curretanus and attitude to ramong randomly sewledge about tetanus suffered from injury sn't received ATS at %(31boys&30girls) re received the boosterding to MMCIAN to 24 %(14boys&10girls) and the control of the	contraction usually rently tetanus is a wards vaccination elected 100 s and 11% (5 boys but only 51%(29 fter the nave received er(2nd he main reasons irls) ,No
(SS-V-5)Knows Authors: Zohaibha Supervisor: Prof I Abstract  Background: Teta of muscle of jaw a severe disease prima Aims: To evaluate and post exposure  Method: A cross of students of MMC in the second in the index of the second individual ratio of the second ind	assanBaloch, Uroojasgl DrSyed Razi Muhamm nus is a illness character and neck, gernalized munarily of older adults, vertically of older adults, vertically students knowledge reprophylaxis.  Sectional study was done in which 50 were male to our survey 89% (45 now about tetanus, 65% over received ATS and research and	about tetanus and anar, ZohaibHassa ad , Department derized by an acut ascle spasm with who are un vaccing garding fatality and the with help of properties and 50 were fense for tetanus is a fatal of (19boys&20girl ne case of tetanus as 60 % (33boys rls).	an, Aqsakiran (Fina of surgery  te onset of hyperton tout other apparent in nated.  and prevention of te performed questione nale.  ) students have known girls) are those who have some those who have t	re prophylaxis amoral Year)  ic, painful muscular medical causes. Curretanus and attitude to ramong randomly sewledge about tetanus suffered from injury sn't received ATS at %(31boys&30girls) re received the boosterding to MMCIAN the 24 %(14boys&10girls) and the control of th	contraction usually rently tetanus is a wards vaccination elected 100 s and 11% (5 boys but only 51%(29 fter the nave received er(2nd he main reasons irls) ,No
(SS-V-5)Knows Authors: Zohaibha Supervisor: Prof I Abstract  Background: Teta of muscle of jaw a severe disease print Aims: To evaluate and post exposure  Method: A cross of students of MMC in the second in the s	assanBaloch, Uroojasgl DrSyed Razi Muhamm  nus is a illness characte nd neck, gernalized mu narily of older adults, v students knowledge re prophylaxis.  sectional study was don in which 50 were male to our survey 89% (45 iow about tetanus ,65% ive received ATS and re rs&36 girls)think that to r childhood(DPT).39% s&20girls) have seen the ination are Unawarene cine16 %( 3boys&16girls)  f all five classes of MI  1st year	about tetanus and ar, ZohaibHassa ad , Department derized by an acut ascle spasm with who are un vaccing garding fatality and the with help of p and 50 were fend boys & 44 girls of (39 boys & 27 genaining 14%(9 etanus is a fatal of (19boys&20girl ne case of tetanus ass 60 % (33boys rls).  MC  2nd year	an, Aqsakiran (Fina of surgery  te onset of hyperton tout other apparent in nated.  and prevention of te performed questione nale.  ) students have known girls) are those who have so boys & 5 girls) doed disease and only 61 s) are those who have in their life. Accordingly, Illiteracy  3rd year	re prophylaxis amoral Year)  ic, painful muscular medical causes. Curretanus and attitude to ramong randomly sewledge about tetanus suffered from injury sn't received ATS at (31boys&30girls) for received the boosterding to MMCIAN the 24 % (14boys&10girls) at (14boys&10girls) for received the boosterding to MMCIAN the control of the co	contraction usually rently tetanus is a swards vaccination elected 100 s and 11% (5 boys but only 51%(29 fter the nave received er(2nd he main reasons irls) ,No
(SS-V-5)Known Authors: Zohaibha Supervisor: Prof I Abstract  Background: Teta of muscle of jaw a severe disease print Aims: To evaluate and post exposure  Method: A cross of students of MMC of the second of the s	marily of older adults, valued students knowledge and attitude assanBaloch, Uroojasgh DrSyed Razi Muhamm  mus is a illness character and neck, gernalized muharily of older adults, valued students knowledge reprophylaxis.  sectional study was done in which 50 were male to our survey 89% (45 now about tetanus, 65% ave received ATS and reseased and the section of the	about tetanus and ar, ZohaibHassa ad , Department derized by an acut ascle spasm with who are un vaccing garding fatality and the with help of p and 50 were fend boys & 44 girls of (39 boys & 27 genaining 14%(9 etanus is a fatal of (19boys&20girl are case of tetanus ass 60 % (33boys of 18).  MC  2nd year (20 students)	an, Aqsakiran (Fina of surgery  te onset of hyperton tout other apparent in nated.  and prevention of te performed questione nale.  ) students have known girls) are those who boys & 5 girls) doed disease and only 61% s) are those who have in their life. Accord & 27 girl), Illiteracy  3rd year (20 students)  90%	re prophylaxis amoral Year)  ic, painful muscular medical causes. Curretanus and attitude to ramong randomly sewledge about tetanus suffered from injury sn't received ATS at (31boys&30girls) for received the boostering to MMCIAN the 24 % (14boys&10girls) for the control of th	contraction usually rently tetanus is a swards vaccination elected 100 s and 11% (5 boys but only 51%(29 fter the nave received er(2nd he main reasons irls) ,No  Final year (20 students) 95%

Questions	1 st year	2 nd year	3 rd year	4 th year	Final year
	(20 students)	(20 students)	(20 students)	(20 students)	(20 students)
Knowledge	90%	90%	90%	85%	95%
about tetanus	10boys&8girls	9boys&9girls	9boys&9girls	8 boys & 9 girls	10boys & 9girls

Tetanus is Fatal disease	80% 8boys&8girls	75% 8boys&7girls	75% 8boys&7girls	80% 9 boys&7 girls	65% 7 boys & 6 girls
Tetanus vaccination in childhood	65% 7 boys & 6 girls	45% 3boys&6girls	65% 7 boys & 6 girls	65% 7 boys & 6 girls	60% 8 boys & 4 girls
Have received booster	45% 5boys&4girls	25% 1 boys & 4 girls	40% 4 boys & 4 girls	45% 5boys&4girls	40% 5 boys & 3 girls
Authors: Wassam	<b>Knowledge, Attitud</b> Aurangzeb, Rana M Dr. Syed Razi Muh	Tubeen, Sohail Iqbal	, Shahkar Mustafa,	Syed Ejaz Shah, 4 th	
time to time affect	uenza like illnesses ing all parts of worl ple to these type of	d. It can be sporadi	c, pandemic and ep	idemic. Therefore it	
	ess the impact of intermed Medical Colle		es on health, acader	nic work, performa	nce among medical
Methodology:It is	cross-sectional stud	ly, pre-tested questi	onnaire was conduc	eted at MMC.	
participants 73(489 were female. Amo	50 medical students %) were infected fro ng influenza infecte up. It is epidemic at	m influenza like illn d students only 17	lesses, out of which were vaccinated. H	52/73(71%) were mighest infected stud	tale and 21/73(28%) ents range from 20-
	ommon and associat sses, vaccination co				ed efforts to preven
(SS-V-7)A Stu	dy to determine the		ding ATLS among MC	the students of 4 th	& Final year in
Supervisor: Prof.	Akram, M.Mohsin Dr. Syed Razi Muha mmadMedical Colle	ammad		Khan (Final Year)	
Abstract		S, I	,		
the first caregivers	uma is one of the lea to attend to trauma ast have knowledge i	patients.and underg			
Objectives: To det	termine the knowled	lge regarding ATLS	among the students	s of 4 th & Final year	in mmc
	nods: This is a descr We prepared and sharding of students. The	ed out questionnair	es to the respondent	s, and later analyze	d the information

None	No knowledge of any of the stages of ATLS and components of primary survey

Level of knowledge						
Class	Excellent		Satisfactory	Poor	None	Total
Final Year	8	79	19	41	0	79
4 TH Year	0	62	5	13	44	62
Total	8 (6%)	141	24 (17%)	54 (38%)	44 (31%)	141

Table 1: Criteria for rating level of knowledge of ATLS

None No knowledge of any of the stages of ATLS and components of primary survey

Four Knowledge of the main stages of ATLS to a magnificant knowledge of components of primary survey

Satisfactory Knowledge of all stages of ATLS to a magnificant knowledge of components of primary survey

High Knowledge of all stages of ATLS and almost all the components of primary survey

Excellent Knowledge of all the stages of ATLS and almost all the components of primary survey

Results: 141 out 150 respondents (94%) filled and returned their questionnaires 86 (61%) were males & 55 (59%) femules 79 (59%) were front final year & 0.2 (44%) from 4° year, When we reviewed the answers and rated the knowledge on basis of Table 11.19 final year students and 54 year students showed excellent knowledge on basis of Table 11.19 final year students and 54 year students showed excellent behaved to the students of the students of the students of the students showed excellent showledge. All the students of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students showed excellent learned of the students of the students of the students showed excellent learned the students showed excellent learned the students of the students showed excellent learned the students showed excellent learned the students showed excellent learned the students of the students s

Oligomenorrhea	Menstrual irregularity	Consult gynaecologist	Take Self Treatment
14 (18%)	8(10%)	6(8%)	5(6%)

14 (190/)	Menstrual irregularity	Consult gynaecologist	Take Self Treatment	
Hb	Regular	Irragular	Dysmanarrhaa	A ge group
(Average)	menstruation 70 (90%)	menstruation 8 (10%)	53 (68%)	18-25
11%	respondants	respondants		Mean: 20 Mode: 22
Objective:To deter Institute:Muhamm Study Design:Retro Place and duration Methodology:Retro were checked for an Result:Total no of and 23(60%) Femal Surgical jaundice.	mine the association and Medical College ospective study.  n:Study was conductors conspectively All cases by dilation in hepators cases of cholelithias les with mean age of All 4 cases were unconspectively.	n of cholelithiasis was, Mirpurkhas.  Sted at surgery departs of patients of patients of billary tract.  Sis is 33 in Sep 2013 f 51.6 years. From the gone for ERCP to	rith choledocholelith rtment from Sep: 20 diagnosed as cholelit 3. Among there 10(3 there 4(12.12 years) perfore cholecystector	Age group  18-25 Mean: 20 Mode: 22  hiasis (Surgical Jaundice)  Khan, Final Year. iasis (Surgical jaundice)  12 to Sep: 2013. hiasis were seen all ultrasound reports 30%) males with mean age 50 years, cases of cholelithiasis associated with my. ch is quite significant.  mias(Hyperlipidemias)  f. Jameel(Final year MBBS)  ession of coronary & cerebrovascular ns for dislipidemias. Simple life style, mg islipidemias/hyperlipidemias. purpose of study and taking consent. idemia & types of cholesterol in 81(79%). Only 76(33.2%) were able breectly ansewred by 50(21.8%) and
Conclusion:In our	study 12% case of s	surgical Jaundice wi	th cholelithiasis whi	ch is quite significant.
(SS-V	(-10)Awareness of	Medical Students 1	Regarding Dislipide	emias(Hyperlipidemias)
Authors:Saleh Mul Supervisor: D D Abstract	hammad, M. Azhar Dr. Muhammad Ali Dr. Atif Ali (Do	Khan, Zahid Wasee (Dept. Of Me ept. Of Medicine M	em, Arsalan Khan, M dicine MMCH) MCH)	I. Jameel(Final year MBBS)
Background:Chole	esterol metabolism lack of exercise and lore can overcome the	nas an important con I sedentary life style his problem.	nsequences on progre e are the major reason	ession of coronary & cerebrovascular ns for dislipidemias. Simple life style,
eat less and walk m	s the basic knowled	lge of medical stude escriptive study.	ents of MMC regarding e students regarding	ng islipidemias/hyperlipidemias.  purpose of study and taking consent.
eat less and walk m  Objective:To asses  Study Design:It is  Methodology:The  Each student had to	study was conducte answer a set of ten	questions.		

26(11-4%) students. Conferences/symposia (S8.5%), media (20.5%) and internet(9.6%) were the major source of knowledge among medical students regarding distipidemias.

Conclusion: Awareness of medical students regarding distipidemias/hypertipidemias) was good and beyond our expectations. Though clinical knowledge regarding normal & abnormal values was lacking.

(SS-V-11)Audit of ICU at Muhammad Medical CollegeHospital

Authors:Raja Shoaib Ahmad, Isara Khan (Tinal year)

Supervisor: Dr. Syed Razi Muhammad (Professor of Sargery)

Abstract

Background: The ICU at our centre has recently been modernized & upgraded. It is the only such centre to serve around. 5 million population in the vouthern MIRPIIR HAS. Division.

Aims: To see the pattern of disease presentation & mortality at ICU of Muhammad Medical College Hospital.

Patient and Methods: Case record of 590 patients (372 males – 63%), (218 kmales – 37%) that were admitted to ICU of Muhammad Medical College Hospitalbreween September 2012 to September 2013 were reviewed.

(23 patients – 72%) followed by SIRRICAL Department (16% patient – 20%). The acronge length of ways in the ICU was days. The commonser reason for the admissions in ICU work (10 within hands) upper (31 blooding and legatic encephalogathy, COPD, CVA, CRE, CPTS, SOB, Burns, SDM & Isohemic heart disease. Mortality occur in 195 (33%) patients) & the leading cause of death was CLD (38%), COPD (28%), CVA (15%), CRP (12%) & PTB (5.7%).

Conclusion: Decompensated cirrhosis is the commonest reason of admission & that of mortality in our ICU.

(SS-V-12)Surgical Andit

Authors. Nighat/Nezar, HumaShabbir, Franciscopic dates were referred to a systemic critical analysis of medical care including procedures used for diagnosis, reastment, use of resources, resulting outcome and quality of life for patients.

Alm: To review various diseases and treatment at Surgical Department MMCH from 1st Oct 2012 to 31st Sep 2013.

Method: Retrospective study of the registered records of patients at Surgical Department MMCH f

${\tt PARTHIER MANUAL MA$	1
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			Polylithotomy +Cholecystectomy+	
3	Renal Stones	40-60 year	Nephrolithotomy +Pyelolithotomy	12.9%
4	Inguinal Hernia	30-70 year	Hernioraphy	12.9%
5	Vesical calculi	40-70 year	Cystolithotomy+ Cystolithopexy	10.5%
6	Ureteric Stones	22-50 year	Optic uretic+UreterolithotomyLlithotomy	6.2%
7	Appendix	20-35 year	Appendectomy	3.8%
8	FIA	22-60 year	Fistulectomy	3.3%
9	S.cyst S.cyst	10-65 year	Excretion+Cystremove+Cyst Biopsy	2.8%
10	Intestinal Obstruction	30-50 year	Laprotomy	2.4%
Supervisor: Institution:	Dr. Atiq-ur-Rahman, Dr. At Department of Medicine. M	if Ali uhammad Medi	cal College & Hospital, Mirpurkhas.	
Authors:Sye	ed Nasir Shah, Syed Abdul I	Razzaq, Muham	mad Tahir, ShafiurRahman, Final Year N	MBBS
Institution:	Department of Medicine, M	uhammad Medio	cal College & Hospital, Mirpurkhas.	
Abstract				
Background physicians. N	1:Disease affecting bones ar No data exists in our region	e various and pr regarding the sp	resent to orthopedics surgeons as well as ectrum of such diseases.	Rheumatologists
Background physicians. Mobject: To fi	1:Disease affecting bones are No data exists in our region and out the spectrum and determined the spectrum and de	e various and pr regarding the sp mographic detai	resent to orthopedics surgeons as well as ectrum of such diseases.  Is of bony diseases presenting to our hosp	Rheumatologists
Background physicians. N Object: To fi Methods an a bony disea	<b>1:</b> Disease affecting bones are No data exists in our region and out the spectrum and details. A retrospective se.	e various and pr regarding the sp mographic detai study of the cas	resent to orthopedics surgeons as well as Fetrum of such diseases.  Is of bony diseases presenting to our hospe series of all 58 patients that were admit	Rheumatologists pital. tted to MMCH with
Background physicians. N Object: To fi Methods an a bony disea Results: 58 p Top most ca • Fractures 2 • Rheumatoi • PID & OA	d:Disease affecting bones are No data exists in our region and out the spectrum and dead Material: A retrospective se.  Deatients (31 females, 27 maleuses comprises of fractures, 3 (39%) d Arthritis 11 (18%) - 8 (13%)	e various and pregarding the sp mographic detainstudy of the cases) were admitted Rheumatoid Ar	resent to orthopedics surgeons as well as ectrum of such diseases.  Is of bony diseases presenting to our hospe series of all 58 patients that were admitted over the study period with bone disease thritis, OA, PID are about 42 (72%) includes	Rheumatologists  pital.  tted to MMCH with  es.  udes:
Background physicians. Nobject: To find the Methods and a bony diseatory of the Methods and th	d:Disease affecting bones are No data exists in our region in dout the spectrum and detected described described described described as a data of the spectrum and described des	e various and pregarding the specific details study of the cases) were admitted. Rheumatoid Area the commones wever require acceptance of the commones were require acceptance and the commones of the commones are the common are the commones are the common are the commones are th	resent to orthopedics surgeons as well as rectrum of such diseases.  Is of bony diseases presenting to our hospe series of all 58 patients that were admited over the study period with bone disease thritis, OA, PID are about 42 (72%) included the cause of diseases of the bones requiring dmission due to advanced or complicated	Rheumatologists  pital.  tted to MMCH with  es. udes:  hospital admission I diseases of bones.
Background physicians. N Object: To fi Methods an a bony disea Results: 58 p Top most ca • Fractures 2 • Rheumatoi • PID & OA- Conclusion: A consideral	d:Disease affecting bones are No data exists in our region and out the spectrum and dead Material: A retrospective se.  Description of fractures, 3 (39%) d Arthritis 11 (18%) - 8 (13%)  Fractures are unsurprisingly pole proportion of patients how	e various and pregarding the specific details study of the cases) were admitted. Rheumatoid Aron the commones wever require as S-V-14) Patient	resent to orthopedics surgeons as well as rectrum of such diseases.  Is of bony diseases presenting to our hosp are series of all 58 patients that were admitted over the study period with bone disease thritis, OA, PID are about 42 (72%) included the cause of diseases of the bones requiring dimission due to advanced or complicated at Choice of Physician	Rheumatologists  pital.  tted to MMCH with  es.  udes:  hospital admission d diseases of bones.
Background physicians. N  Object:To fit  Methods an a bony disea  Results:58 p  Top most ca • Fractures 2 • Rheumatoi • PID & OA  Conclusion: A consideral  Authors: Ar  Supervision Institution:	d:Disease affecting bones are No data exists in our region is and out the spectrum and detected described described and the spectrum and described described and spectrum and described described and spectrum and described described and spectrum and described and spectrum and described described and described and described described and described and described described and descri	e various and pregarding the specific details study of the cases) were admitted. The commones were require as the commones of	resent to orthopedics surgeons as well as rectrum of such diseases.  Is of bony diseases presenting to our hospe series of all 58 patients that were admitted over the study period with bone disease thritis, OA, PID are about 42 (72%) included to cause of diseases of the bones requiring dmission due to advanced or complicated that Choice of Physician  HassanAsghar, Muhammad Qasim, Findepartment of Surgery	Rheumatologists  pital.  tted to MMCH with  es. udes:  hospital admission d diseases of bones.  nal Year.
Background physicians. N Object: To fi Methods an a bony disea Results: 58 p Top most ca • Fractures 2 • Rheumatoi • PID & OA Conclusion: A consideral Authors: Ar Supervision Institution: Abstract	d:Disease affecting bones are No data exists in our region and dut the spectrum and dead Material: A retrospective section of the section of	e various and pregarding the special mographic detains study of the cases) were admitted Rheumatoid Area were require as severe require	resent to orthopedics surgeons as well as rectrum of such diseases.  Is of bony diseases presenting to our hospe series of all 58 patients that were admitted over the study period with bone disease thritis, OA, PID are about 42 (72%) included the cause of diseases of the bones requiring dmission due to advanced or complicated that Choice of Physician  HassanAsghar, Muhammad Qasim, Findepartment of Surgery	Rheumatologists  pital.  tted to MMCH with  es.  udes:  hospital admission d diseases of bones.  al Year.
Background physicians. N Object: To fit Methods an a bony disea Results: 58 p Top most ca • Fractures 2 • Rheumatoi • PID & OA Conclusion: A consideral Authors: Ar Supervision Institution: Abstract	de Material: A retrospective se.  And the spectrum and derive se.	e various and pregarding the specific details study of the cases) were admitted. Rheumatoid Area were require as the commones of the commones	Polylithotomy +Cholecystectomy+ Nephrolithotomy +Pyelolithotomy Hernioraphy Cystolithotomy+ Cystolithotomy+ Cystolithotomy+ Cystolithotomy- Appendectomy Fistulectomy Excretion+Cystremove+Cyst Biopsy Laprotomy  MMCH ,BPH,Gall Stones & Renal Stones a  rum of Bone Disease mad Tahir, ShafiurRahman, Final Year M cal College & Hospital, Mirpurkhas.  resent to orthopedics surgeons as well asfectrum of such diseases.  Is of bony diseases presenting to our hosp e series of all 58 patients that were admit ad over the study period with bone disease thritis, OA, PID are about 42 (72%) included to advanced or complicated at Choice of Physician HassanAsghar, Muhammad Qasim, Finepartment of Surgery  LUNDANDANDANDANDANDANDANDANDANDANDANDANDAN	Rheumatologists  pital.  tted to MMCH with  es.  udes:  hospital admission  d diseases of bones.

<b>Background:</b> In Pakistan, studies have already shown that people when they need health services. Yet the main factors which build the people when the country had put	le are more inclined towards us I up public's mind to use certain	ing private physician n health care system
are to be scratched out.		
Aim: To find out the factors behind the patient's choice of Physi	cian.	
<b>Methodology:</b> It is a cross-sectional study self-administered que	estionnaires in which 64 males	and 36 females were
picked up randomly in MMC.		
<b>Results:</b> Total number of subject n=100.Including 64 males & 36	6 females.	
Reason	Yes	No
Nearest to your location	88	12
He/She is known practitioner	70	30
Recommended by some friend	61	39
Recommended by family	46	54
Inspired by degree qualification of practitioner	93	7
You compare several practitioner that seen best	40	60
You like his or her behavior	68	32
You like building of hospital	56	44
You get appointment easily	76	24
1 ou get appointment easily	30	04
According to gender	60	40
DAY-2		
(SS-6)		
(SS-V1-1)Fatty liver or	"Steatosis"	
Authors: Dr. Prof. Sadik Memon, FCPS (Medicine), FCPS (Gas Head of Asian Institute of Medical Sciences, Hyderabad.	stroenterology),	
Fatty liver		
	nflammation of liver. It is also	called as "Steatosis".
It is the buildup of fat within the liver. This sometimes triggers in		
It is the buildup of fat within the liver. This sometimes triggers if There are two types of Steatosis:  Metabolic staatosis		
It is the buildup of fat within the liver. This sometimes triggers if There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis		
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3.		
It is the buildup of fat within the liver. This sometimes triggers if There are two types of Steatosis:  1. Metabolic steatosis  2. HCV induced steatosis  The risk of steatosis is higher in patients with genotype 3.  About 40% of patients with HCV have steatosis.		
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis  2. HCV induced steatosis  The risk of steatosis is higher in patients with genotype 3.  About 40% of patients with HCV have steatosis.  Diet, exercise and healthy weight are important strategies to help	reduce and eliminate Steatosis	or fatty liver.
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged	reduce and eliminate Steatosis children of rural (desert) com	or fatty liver.
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged Author: Dr: Jewat Sunder**, Dr: Satti jewat*  Institution: Sindh United (n) Developmental Educational Possibility.	o reduce and eliminate Steatosis children of rural (desert) com	or fatty liver.
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged Author: Dr: Jewat Sunder**, Dr: Satti jewat* Institution: Sindh United (n) Developmental Educational Rural Back ground: Hepatitis is globally challenging issue regarding	o reduce and eliminate Steatosis children of rural (desert) com Society Awareness education preven	or fatty liver.  munity.
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged Author: Dr: Jewat Sunder**, Dr: Satti jewat* Institution: Sindh United (n) Developmental Educational Rural Back ground: Hepatitis is globally challenging issue regarding. Pakistan hepatitis is also alarming situation included the rural (de	creduce and eliminate Steatosis children of rural (desert) come Society , Awareness, education, preventesert) areas.	or fatty liver.  munity.  tion, and control, Ir
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged Author: Dr: Jewat Sunder**, Dr: Satti jewat* Institution: Sindh United (n) Developmental Educational Rural Back ground: Hepatitis is globally challenging issue regarding. Pakistan hepatitis is also alarming situation included the rural (de Aim & Object: Our aim to educate especially rural (desert)	o reduce and eliminate Steatosis children of rural (desert) come Society , Awareness, education, preventesert) areas. school children about hepatitis	or fatty liver.  munity.  tion, and control, Ir
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged Author: Dr: Jewat Sunder**, Dr: Satti jewat* Institution: Sindh United (n) Developmental Educational Rural Back ground: Hepatitis is globally challenging issue regarding. Pakistan hepatitis is also alarming situation included the rural (de Aim & Object: Our aim to educate especially rural (desert) preventive measures at school level and also community	children of rural (desert) comes Society , Awareness, education, preventesert) areas. school children about hepatitis level. Object is screening of	or fatty liver.  munity.  tion, and control, Ir s/causing factors and HCV, HBsAg and
It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis 2. HCV induced steatosis The risk of steatosis is higher in patients with genotype 3. About 40% of patients with HCV have steatosis. Diet, exercise and healthy weight are important strategies to help  (SS-V1-2)Hepatitis education in underprivileged Author: Dr: Jewat Sunder**, Dr: Satti jewat* Institution: Sindh United (n) Developmental Educational Rural Back ground: Hepatitis is globally challenging issue regarding. Pakistan hepatitis is also alarming situation included the rural (de Aim & Object: Our aim to educate especially rural (desert) preventive measures at school level and also community HIV+SYPHILIS, Vaccination of Hepatitis B, and treatment of h	children of rural (desert) comes Society , Awareness, education, preventesert) areas. school children about hepatitis level. Object is screening of depatitis –B and hepatitis –C Free	or fatty liver.  munity.  tion, and control, Ir s/causing factors and HCV, HBsAg and ee of cost.
Background: In Pakistan, studies have already shown that peoply when they need health services. Yet the main factors which build are to be scratched out.  Aim: To find out the factors behind the patient's choice of Physi Methodology: It is a cross-sectional study self-administered quepicked up randomly in MMC.  Results:Total number of subject n=100.Including 64 males & 30 males.  Reason  Nearest to your location  He/She is known practitioner  Recommended by some friend  Recommended by family  Inspired by degree qualification of practitioner  You compare several practitioner that seen best  You like his or her behavior  You like his or her behavior  You like building of hospital  You find environment friendly  You get appointment easily  According to gender  According to gender  According to disease  Conclusion: This study shows the top factors which contribute is degree qualification of practitioner .The second thing which provide the provided of Asian Institute of Medical Sciences, Hyderabad.  Patty liver or  Authors: Dr. Prof. Sadik Memon, FCPS (Medicine), FCPS (Gas Head of Asian Institute of Medical Sciences, Hyderabad.  Fatty liver  It is the buildup of fat within the liver. This sometimes triggers in There are two types of Steatosis:  1. Metabolic steatosis  2. HCV induced steatosis  The risk of steatosis is higher in patients with genotype 3.  About 40% of patients with HCV have steatosis.  Diet, exercise and healthy weight are important strategies to help (SS-V1-2)Hepatitis education in underprivileged  Author: Dr. Jewat Sunder**, Dr. Satti jewat*  Institution: Sindh United (n) Developmental Educational Rural Back ground: Hepatitis is globally challenging issue regarding Pakistan hepatitis is also alarming situate specially rural (desert) preventive measures at school level and also community HIV+SYPHILIS, Vaccination of Hepatitis B, and treatment of h	o reduce and eliminate Steatosis children of rural (desert) comes Society  , Awareness, education, prevent esert) areas.  school children about hepatitis level. Object is screening of the patitis –B and hepatitis –C Free	or fatty liver.  munity.  tion, and control, Ir s/causing factors and HCV, HBsAg and ee of cost.

Duration (Place): January 2013 to August 2013

Methodology: Descriptive Study on SPSN on version 11.

Results: Education (Awareness) given to school children especially Underprivileged rural (desert), schools. Class six by questionniar results were out of 400 hundred school children as: The test, Post-test:

1. What is Hepatitis? For test (45.9%) Post test (22.4%)

2. What are the causes of Hepatitis? Post est (32.4%) Post test (97.2%)

3. Which Ilepatitis is common in Puksikan? Pre test (35.1%) Post test (97.2%)

5. How can we prevent from Hepatitis? Post test (97.5%)

6. Pre test (22.1%) Post test (45.9%)

7. In Hepatitis treatable? Pre test (65.1%) Post test (97.7%)

6. Pre test (22.1%) Post test (46.9%)

8. How can we prevent our commyr from Hepatitis? Post test (35.1%). Post test (31.35%).

Conclusion: Rural (desert) areas needs more attention regarding health education we can play a key role for any community for (Awareness) and decrease the burden of discours in the rural (desert) community. Key words: Hepatitis (Education), Underprivileged, Rural (Desert) community. Key words: Hepatitis (Education), Underprivileged, Rural (Desert) community.

(SS-V1-3) Hepatitis (Education), Underprivileged, Rural (Desert) community.

Authors: Dr. Abbid Qadir Khan, MBBS, FCPS (Medicine), MSc Gastroenterology, Department of Medicine, MMCH.

Abstract

Introduction

Hepatitis C virus infection is the principal cause of deaths from liver disease and indication for liver transplantation. An estimated 172-20 million people are infected worldwide.

People newly infected with HCV are usually asymptomatic so Acute Hepatitis C virus infection on the test of the high this total plantage and the acute and the season of the principal cause of deaths from liver disease and indication for liver transplantation. An estimated 172-20 million people are infected worldwide.

People newly infected with HCV are usually asymptomatic so Acute Hepatitis C virus infection of the principal cause of deaths from liver disease and indication for liv

Our	study	contained
Our	Study	Contained

Doctors :-	50	14.7 %
Nurses :-	140	41.16%
Sanitary Workers:-	50	14.7 %
Other Technical Staff:-	100	30.0 %
Total :-	340	100 %

Methodes. Empathy scale of Jufferon was instrument of 366 Medical cludents at Muhammad Medical Collage by points cable a higher number of on the scale indicates more agreements. strongly never 1:2:3-4:5:6-7 strongly dispress of the model of the scanning compathy in respondent.

Results-Our study respondent reported for 366 participant, depict that out of 366, 193 (27%) respondent when the empathy is an important therapeutic factor in medical treatment, 64(4.48%) students are strongly agree that the empathy is an important therapeutic factor in medical reatment, 64(4.8%) students are strongly agree that their patient feel better when they understand their feelings, 153(41.8%) participant are strongly agree to understand of their families feeling hey do not influence medical no stages perturents, about 174(1.18%) students are strongly agree that their to students and 14 (13.6%) respondent are strongly agree that their to superstanding of emotional status of their prelational of 14 (13.6%) respondent are strongly agree that their type to understand patients shows when providing care to them.

Conclusions: J S Score corrected that the direction of sociale was appropriate and indicating statistically significant and showing higher level of empathy among students followed by disagree on negative acts of empathy rating scale.

(SSVII-1) To Find Knowledge and Awareness of Hand Washing among Health Care Workers B.G.H.

Kingdom of Saudi Arabia.

Author: Qureshi Najma Dr. MBRS Dr.P

(Abstract Object: To find out hand washing application at Badaya General Hospital Al Quseem. Kingdom of Saudi Arabia introduction: Proper hand washing is the more important sources to reduced cross infection / noncomial infection in any healt care study in its reponsibility of hospital administration to provide hand washing facilities in all working areas of hospital. (Water, Liquid soap, Tissue & alcohol scarch)

Methodology: 340 health care workers participate in this data. 5 Questions paper was filled by all the participant. Quarts of the p

Recommendation :- Muhammad Medical College Hospital administration need for urgent implementation of infection country polices and procedures in hospital.

(SSVII-2) Frequency and Pattern of Lymphoma in Adult Age Group

Authors: Name : Dr. Uzma Bukhari. Associate Professor Pathology, Muhammad Medical College Mirporkhas.

Co-authors : Dr. Saba Jamal, Dr. Javed I Kazi, Consultant Histopathologists, Dr. Zauddin University Hospital. Karachi

Introduction: Lymphoma represents one of the major health problems all over the world. Pakistam is a part of the lymphoma belt, the geographical boundaries of which extend from south-western Asia to Middle Isias and Northern Africa.

Objective: To determine the frequency and pattern of lymphoma in adults in a tertiary care hospital.

Study Design: Descriptive Cross Sectional.

Flace & Period of Study: Histopathology Department, Dr. Ziauddin Hospital. 09 years, from 2003 to 2011

Material & Method: 298 cases of lymphoma were retrieved from surgical pathology records. After routine H & F. stam examination, a panel of immunohistochemical status was applied on formalia fixed paraffilir embedded insser. The time believe of the property of lymphoma, discriptation and immunophomotypic Fortures.

Results: Out of 298 cases of lymphoma, discriptation and immunophomotypic Fortures.

Results: Out of 298 cases of supphoma, Paly cases were Non Hodgkin's Lymphoma and 104 cases were Hodgkin's Symphoma. In Non Hodgkin's I symphoma, 105 cases were Classical Hodgkin's Lymphoma and ceases was reported as Noulaul Explanetory. In Palymphora Problemant Hodgkin's Lymphoma was the commonest (102 cases) followed by other types of I symphoma in Hodgkin's I symphoma, 105 cases were Classical Hodgkin's Lymphoma and ceases was reported as Noulaul Explanetory. In Minister Palymphoma, 105 cases were Classical Hodgkin's Lymphoma and ceases was reported as Noulaul Explanetory. In Minister Palymphoma, 105 cases were Classical Hodgkin's Lymphoma and the cases was provided as Noulaul Explanetory. In Minister Palym

Results: Mean acrom visumin B12 level and mean hemoglobin were significantly lower (pc0001) while mean oxpuscular volume (MCV) was significantly higher (pc0001) in vegetarian as compared to non vegetarian. In vegetarian group 51(518) subjects had vitamin B12 level less than cut off value (200 pgraft). In this group, 38 cut of 74 (51.5%) and 13 out 07 (56/59%) were males and females respectively and no significant difference in mean value was observed in both genders. In our vegetarian group 21(21%) subjects had vitamin B12 deficiency. In this group, 90 out of 72 (12.5%) and 12 out 07 (34/5%) were males and females respectively and no significant difference in mean value was observed in both genders.

Conclusion: Vegetarians are more prone to develop vitamin B12 deficiency so they must take vitamin B12 supplement and/or b12 feetified products to avoid its deficiency consequences.

Key Words: Vitamin B12. Vegitarian, Non Vegitarian, filh, MCV.

SVIII Society of Surgeons

SVIII Society of Surgeons

(SSVIII-1) Bilateral Circl Lip & Public, 2 study of 100 cases

Dr. Aldresh Kamar, Bead of department & Chaintam Plastic surgery department, LUMIS.

Introduction:

Bilateral circl Lip & public is a common congenital anomaly. After 500 normal deliveries, one baby is born with cleft lip & palate is a common congenital anomaly. After 500 normal deliveries, one baby is born with cleft lip & palate is a common congenital anomaly. After 500 normal deliveries, one baby is born with cleft lip & palate is a common congenital anomaly. After 500 normal deliveries, one baby is born with cleft lip & palate is a common congenital anomaly. After 500 normal deliveries, one baby is born with cleft lip & palate is a study of 100 cases of bilaterial cleft lip & palate seen at Liaquat University of Medical & Health Sciences James of the study of the

(ISSVIII-4) A SAFE AND INEXPENSIVE TECHNIQUE OF BETRIEVAL OF GALLBI. ADDRE SPECIMEN ATTERLA PLANCASCOPY

Anni Job Alemon, Wash Mahamman Mahir
Department of Surgery

Liquast University of Medical & Health Sciences, Jamshoro, Sindh, Pakistan

ABSTRACT:

Background:

Laparoacopic cholecyslectomy is associated with greater chances of intra abdominal stone spillage and implantation and per site contamination whose gallbladder specimen is retrieved without endobage, Economical starile surgical gloss contamination whose applications or commencial endobage to entire the gallbladder specimen and also intra abdominal spilled stones safely without complications.

Objective:

Evaluate the safety and cost effectiveness of sterile surgical glove endobag technique for retrieval of gallbladder specimen atter laparoscopic cholecystectomy.

Study Design:

Observational study:

Place & Duration:

Department of Surgery Linquatt University Hospital Jamshoro from July 2009 – June 2012.

Material & Methods:

Four hundred patients with the diagnosis of symptomatic uncomplicated cholelithiasis, who underwent laparoscopic cholesystectomy with four post technique, were included in the study, in all these patients sterile surgical hand glove in an applicated gallstone. These and distended gallbladders with packed sones weredecompressed prior to roterieval without enlargement of the facial opening. The whole procedure was done under direct vision. Patients less than 15 years age, known eirhoris and carreinoma gallbladder were excluded from his study. The whole process is observed for its safety and cost effectiveness.

Resulte:

Gall bladder specimen in all four hundred cases, (276 (69%) femade and 124 (31%) were made? retrieved through the folums ambilical port in surgical glove endobage itechnique is simple, safe and economical with fewer complications.

Keywords: Laparoscopic cholecystectomy, endobag, gall bladder specimen retrieval.

Miscellantes abstract and case report

Cas Report

Cas Stomach

Authors: M. Fahad Asif, Muhammad Asad A

Supervisor: Asst. Prof. Institution: Department of Introduction: Adenocard to but its incidence steads whereas 8-10% have inhe BRCA2.  Abstract: A 48 year old from 6 months and melent The patient was alright 1 After 6 months he had epof melena from previous of melena fr	Or. Abdul Qadir Khan, (Department of Moof Medicine, Muhammad Medical Colle	Medicine MMCH)
Institution: Department Introduction: Adenocarc 40 but its incidence stead whereas 8-10% have inheas RCA2	of Medicine, Muhammad Medical Colle	reareme, white in
Introduction: Adenocare 40 but its incidence stead whereas 8-10% have inheas RCA2		ge Hospital, Mirpurkhas.
whereas 8-10% have inhe	inoma of stomach is the second most con	mmon carcinoma worldwide rare before the age of
RCA2	erited familial component and develop in	families with the germline mutations in p53 and
JRC/12.		
Abstract: A 48 year old from 6 months and melen	male fruit vendor presented with the corna from previous 6 months.	mplain of constipation from 1 year, epigastric pain
The patient was alright 1	year back, then developed disturbed boy	wel habits and started suffering from constipation.
of melena from previous	6 months which is associated with weigh	nt loss.
His sleep, appetite and bo	owel habits are disturbed due to this prob	olem.
There is no significant pa and has 3 kids which are	st surgical or medical history as well as a normal. He is a smoker from previous 20	family history of such symptoms. He is married 0 years.
On examination, there was enlarged by 3cm.	as a palpable mass at the left upper abdor	men which was hard in consistency. His liver was
Investigations	Findings	Normal value
Blood CP	↓ Hemoglobin 7.8G%	12-16G%
	↑ WBCs 22,000/mm ³	4,000-11,000/mm ³
Canalagy	T Platelets 500,000/uL	130,000-400,000/uL
Serology	Hepatitis C Virus Antibody <b>Negative</b>	
Electrolytes	↑ Urea34 mg/dl	7-20 mg/dl
U/S Abdomen	Liver shows mild enlargement in size w advised for a CT Scan of the abdomen.	ith homogenous parenchyma and the radiologist
CT Scan Abdomen	Generalized, concentric, diffused, polyp	poidal soft tissue thickening involving the
	stomach. Most likely lymphoma with it	nvolvement of the stomach, pancreas, liver,
<b>Endoscopy stomach</b>	Irregular, friable growth at fundus and bhistopathological examination.	body of stomach, biopsies were taken and sent for
Biopsy	Poorly differentiated infiltrating adenoc	carcinoma.
	Poorly Differentiated Infiltrating Ade	nocarcinoma Of Stomach
	FINAL DIAGNO	OSIS
The patient was referred t	to KIRAN hospital for further treatment	and till date did not come up for the follow up.
Case Report	INH Induced Psyc	chosis
Authors: Muhammad Fo	had Asif (Final Vear MRRS) Suedo Bo	ariha Zehra, Sehrich Nawaz (Ath Voor MRRS)
Supervisor: Prof. Muhar	nmad Ali, (Department of Medicine)	ama Zoma, Somisii Nawaz, (+ 1 tai MDDS)
Institution: Department	of Medicine, Muhammad Medical Colle	ge Hospital, Mirpurkhas.
Introduction• INH is inc	luded as a part of the DOTS regimen use	ed for the treatment of tuberculosis. It is a produce
which is activated by bac	terial catalase-peroxidase enzyme in My	cobacterium Tuberculosis.
NH can very rarely cause	e psychiatric disorders include psychosis	s, obsessive compulsive neurosis and mania. The
nechanism of this rare sidesturbance of normal try	de-ettect is thought to be INH's ability to	o cause a deticiency of pyridoxine leading to
and the control of the that the	рториш исшолзи.	•••••

It also inhib resulting in	its the activity of neurological illn	f brain which leads to decrease in $\gamma$ -aminess.	no butyric acid and synaptic transmitters
Abstract: A grade fever he was a kn special regidischarged However, h sided pleura and treated 4.4 mg/dl. I On the 7 th durine and w On 15 th day very confus Induced Psy Respiridone But the con	of the psychiatics. There was against the second as disoriented. He of his admission ed. The psychiatics and the psychiatics are the psychiatics and the psychiatics and the psychiatics are the psychiatics and the psychiatics are the psychiatics and the psychiatics are the psychiatics a	le presented in MMCH OPD with comp was admitted, diagnosed with pulmonar anced Chronic Liver Disease secondary erculosis drugs which included Isoniazi on the 10 th day after exhibiting some clight to MMCH in unconscious state with enstipation. He was already receiving A tic Encephalopathy (PSE) as his Total Ed blood to treat his anemia because Hb wadmission in MMCH Medicine Ward, He was given clean enema to relieve his ear, MMCH Psychiatrist was called upon lists empirically diagnosed that the patients as no family history of mental illnesses.	no butyric acid and synaptic transmitters  plains of hemoptysis, productive cough and low ry tuberculosis and the treatment was started. As to Hepatitis C, he was cautiously started with a d, Streptomycin and Ethambutol. He was linical improvement.  1 history of hemoptysis, chest pain, fever, left TT for past 17 days and now he was diagnosed filirubin was 6.5 mg/dl and Direct Bilirubin was was 7.2 G%.  1 he was aphasic, off food, off legs, incontinent of constipation as part of his treatment to PSE. because the patient was behaving odd and was mt was most likely to be suffering from INH For psychosis, he was being treated with day, he developed Right Sided Hemiplagia and howed crepitations and ultimately he died.  Penomegally  1 Year), Zainab Fatima (4th Year) dicine, MMCH) Hospital, Mirpurkhas.  1 Hospital, Mirpurkhas.  1 Hospital, Mirpurkhas.  1 Hospital, Mirpurkhas.  2 How normal value which includes RBCs, WBCs te leukemia, myeloma, lymphoma, carcinoma, even which may be due to leukemia, lymphomas, nucleosis, etc.  3 If weight loss, fever, weakness, pallor and fever, weakness associated with pain in both legs did not take any supplements or illicit drugs. For any supplements or illicit dr
was shifted	to ICU. On 21st of	day, he had high grade fever, his chest s	howed crepitations and ultimately he died.
Case Repor	:t	Pancytopenia with Hepatospl	enomegally
Authors: M Supervisor Institution:	I. Fahad Asif, M.: Asst. Prof. Dr. Department of I	. Kamran Ejaz, M. Shahab Hanif (Fina Abdul Qadir Khan, (Department of Med Medicine, Muhammad Medical College	al Year), Zainab Fatima (4 th Year) dicine, MMCH) Hospital, Mirpurkhas.
Introduction Pancytopen and platelet megaloblassi Hepatospleri aplastic ane	n: ia can be defined s. Causes of panc ic anemia, SLE, nomegally is defi mia, myeloprolif	l as decreased number of all the cells be cytopenia are aplastic anemia, viral, acu etc. ned as the enlargement of liver and sple cerative disorders, SLE, infective monor	low normal value which includes RBCs, WBCs te leukemia, myeloma, lymphoma, carcinoma, een which may be due to leukemia, lymphomas, nucleosis, etc.
Abstract: A 25 years repeated blo The patient that increas The patient On examina enlarged 3c	old male was hos ood transfusions to was alright 8 mo es on walking an has no significantion, he appeared m and 10cm belo	spitalized due to presenting complains of from 8 months. onths back, then developed weight loss, d also disturbs his sleep. It past medical and surgical history. He d pale. Cardiorespiratory examination wow costal margin respectively were note	f weight loss, fever, weakness, pallor and fever, weakness associated with pain in both legs did not take any supplements or illicit drugs. vas unremarkable. Liver and spleen were d with no palpable lymph nodes.
Date	Investigation	Findings	Normal Range
2-9-13	Blood CP	↓Hb [5.9g/dl] ↓ Hematocrit [18.0%] ↓ Platelets [60 x 10 ⁹ /l]	12-18 g/dl 40-54% 150-450 x 10 ⁹ /l
16-9-13	Blood CP	↓Hb [5.4g/dl] ↓ PCV [17%] ↓ WBCs [1,300/mm³] ↓ RBCs [4.38m/mm³] ↓ Platelets [21,000/ul]	12-18 g/dl 40-54% 4,000-11,000/mm ³ 4.5-5.5m/mm ³ 150,000-400,000/ul
	I DT-	No significant finding (GCDT) 201	[I/I . Dilimphin_0 5 ~/41]

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17-9-13	Blood CP	Reticulocytes [1.5%]	
19-9-13	Hepatitis	Hepatitis B Non-reactive	
	Blood CP	☐ Hb [6 1G%]	12-18 ø/dl
	Blood Of	$\downarrow$ RBCs [2.15 x 10 ¹² /l]	4.5-5.5m/mm ³
		↓ Hematocrit [18.5%]	40-54%
		$\downarrow$ Platelets [55 x 10 ⁹ /l]	150-450 x 10 ² /l
20-9-13	Bone Marrow	Peripheral blood film shows normochro	omic normocytic red blood cells with
		Bone marrow aspirate shows blast cells	s consisting of 95% of total nucleated non-
		erythroid cell population. These blasts	cells are small to medium in size with high
		nucleus to cytoplasm ratio. Cytoplasm	was scanty and agranular. Nuclei of blast
		is suppressed.	conspicuous nuclei. Ivormai nematopoiesis
		Bone trephine touch prep: showing blas	st cells. Occasionally megakaryocytes are
		Seen.	(R (CD79a) positiva DAND (CD20)
		negative, PANT (CD3 & CD5) positive	e in reactive T-cell. CD10 positive, TDT
		positive and MPO negative.	
		Final Diagnosis: Acute Lymphoblasti	c Leukemia
Authors: M	r <b>t</b> Iuhammad Fahad <i>i</i>	<b>Eosinophilic Panniculitis &amp; Eosinophi</b> l Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
Authors: M	r <b>t</b> Iuhammad Fahad <i>i</i>	<b>Eosinophilic Panniculitis &amp; Eosinophi</b> l Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
Authors: M	rt Iuhammad Fahad 2	<b>Eosinophilic Panniculitis &amp; Eosinophi</b> l Asif, Chaudhary Waleed, M. Yasir, Mohsi	12-18 g/dl 4.5-5.5m/mm³ 40-54% 150-450 x 10°/l  omic normocytic red blood cells with s consisting of 95% of total nucleated non- cells are small to medium in size with high was scanty and agranular. Nuclei of blast conspicuous nuclei. Normal hematopoiesis st cells. Occasionally megakaryocytes are (B (CD79a) positive, PANB (CD20) e in reactive T-cell. CD10 positive, TDT c Leukemia  lic Vasculitis n Zohaib, (Final Year)
Authors: M	r <b>t</b> Iuhammad Fahad <i>i</i>	<b>Eosinophilic Panniculitis &amp; Eosinophi</b> l Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
Authors: M	r <b>t</b> Iuhammad Fahad <i>i</i>	Eosinophilic Panniculitis & Eosinophil Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
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Authors: M	rt Iuhammad Fahad 2	Eosinophilic Panniculitis & Eosinophil Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
Authors: M	rt Iuhammad Fahad A	Eosinophilic Panniculitis & Eosinophil Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
Authors: M	rt Iuhammad Fahad A	Eosinophilic Panniculitis & Eosinophil Asif, Chaudhary Waleed, M. Yasir, Mohsi	lic Vasculitis n Zohaib, (Final Year)
Authors: M	rt Iuhammad Fahad A	Eosinophilic Panniculitis & Eosinophil Asif, Chaudhary Waleed, M. Yasir, Mohsi	n Zohaib, (Final Year)

Supervisor: Ava. Prof. Dr. Alchi Qudir Khan, (Department of Medicine, MMCH)
Institution: Department of Medicine, Mulammad Medical Coblege Respotal, Mispathas.
Institutions Dissipatible, pranticalities is an unasual type of page influe sharecerized by a prominent infiltration of subcutaneous fail with essimplike without and exact chopathogenesis.
Essinghilic vasculists is sessel inflammation due to infection with the infiltration of essinghilic statistics is sessel inflammation due to infection with the infiltration of essinghilic sale predominantly econognibilic infiltrate.
Histologically, there is fibroid necrois of vessels in demis with vessels destruction and a dense perivoscular, predominantly econognibilic infiltrate.
Abstract: A 5 year old female patient came with the history of papules all over the body for last 5 years. These papules infiltally involved some part of the hody shes gradually increased to involve the whole body, forearm, legs, chest associated with marked iching and weight loss.

She has a family history of allergic asthma.

Patient abo cumplains of fever, right fee swelling with pain, the pain in leg increases by walking.
Ultracound of leg shows right leg Deep Vein Thrombosis (DVT) and for that warfarin was given and advised to montro Prodrombin Time of the patient.

Skin biopsy was done which revealed the diagnosis of "Losinophilic Panniculitis and Losinophilic Vasculitis"

Case Report

Tuberculoma

Authors: Mohammad Fahad-Asif. (Final Verr MIBB), Syeal Berlin Zehra Schrish Newaz (4º Year MIBBS)
Supervior Dr. Wascern Raja. (Qepartment of Medicine, MMCH)

Institution: Department of Medicine, MMCH.

Introduction:

Intracranial tuberculomas are space occupying masses of granulomatous tissae that result from hematogenous spread from a distant focus of tuberculous infection. Histologically, the mature tuberculomas are composed of a necrotic cases centersurrounded by a capsule that contains fiterbulases, epithelioid cells, Langhane gant cells and lymphocytes.

On 11 600 20, 20, 35 year old mar

Psycho social rehabilitation by rural (descrt) Rotarians, Among the Disable & Polio Victims

Authors: Dr. Santi Jewat**, Dr. JewatSunder**, Aziz Memon*, Dr. Robert Scott
Institution: RC-8-HIPRO SUNDERS, NATIONAI, POLIO PLUS, ROTARY INTERNATIONAI.

Aim & Object: Our sim to aware the communities about importance of polio two drop and engage the community disabled parsons especially, palio victims for rehabilitation, and object only one polio free Pakistan, polio free globs.

Mcthodology: Descriptive Study on spas 11 version.

Results:

Male: 115/16/6/%) Jermales: 35(23.3%) Total: 150 cases
Age: 1-5-110/58), 5-15-9 (7.3%) 5-30-26(22%)
30-convaria 69/6/%)
Fernulaes: 35(23.3%)
Age: 1-2-21.7%), 5-15-43, 4%) 5-30-1119/6%)

Male: 1-2-21.7%), 5-15-43, 4% 5-30-119/6/%)

Male: 2-21.7% (1.5%), 5-15-40, 40-10/6/%) bon log affected
Male: 20/6/%) one log affected (2.64.6%) bon log affected
3(23.9) wo hand affected 21.3%) one hand affected
3(23.9) wo hand affected 21.3%) of the hand affected
2 (1.3%) (to hand) silected 21.1%) deal; 4(2.6%) bindners
Fernales: 13(6.8%) one log affected (2.1%) deal; 4(2.6%) bindners
Fernales: 13(6.8%) one log affected (3.1%) one hand affected
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3 (1.3%) (to hand) silected 21.3%) of a few for hand affected
3 (1.3%) (to hand) silected 21.3%) of a few for hand affected
3 (1.3%) (t

No of diarrheal patient.	Male 55	Female 55	Total 110(100%)	
SIGN AND SYMPTOMS: 1.Abdominal pain+cramps+loose motion	30(54.5%)	39(70.9%)	69(62.7%)	
2.Nausea/vomitting	23(41.8%)	14(25.4%)	37(34%)	
3.Fever	2(3.6%)	2(3.6%)	4(3.6%)	
Causes of stress among Medical  Authors: Kalsoom Akbar, Sadia Rauf, Sidr  Supervisor: Prof. Dr. Syed Razi Muhamm	a Kiran, Sunda			-
Abstract				
internal factors. External factors include situation facing in hostel. Internal factors <b>Aim and Objective</b> : To determine causes	influence the	ability to handl	le stress.	
<b>Methodology</b> : A cross sectional study wa males and 50 were females.	s conducted o	n 100 students	of MMC among	them 50 were
Results: We have done our research wor cause of stress in students is home sickneresults (disturbed study and sleep habbits problems (too much expenditures) 96%, for problems (unsufficient facilities) 60%, die stress (weather) 60%.  In 82% of students there is no premorbid	ess(missing far s) 60%, commu amily problem t related probl	nily too much) inication proble s(financial prol ems(unhygenic	56%, then the backers (hesitation) blems) 36%, hose mess) 80% & pl	ad 54%, money tel related
<b>Conclusions:</b> The result of the study reve hostel facilities, there should be check on to upgrade their morals.			•	
The standards are also to be regulated an college/universities.  Knowledge, Attitude and Practice Regard	•	nxiolytics amon	_	uhammad Medical
Authors: Sana Mujahid, Shazia Zafar, Mu		amshaid IqbaL Ali Shah, Dr. Aq		

		TED FROM KIETY		REASONS							
CLASSES	M ALES	FEMALE S	STUDY	PERSONAL PROBLEMS	MENTAL DISTURB ANCES	OTHERS					
1 ST YEAR	7.67%	4.65%	5.20%	3.01%	1.64%	2.46%					
2 ND YEAR	9.86%	6.3%	6.84%	2.46%	4.10%	2.73%					
3 RD YEAR	12.38%	9.31%	4.10%	6.02%	78.39%	4.10%					
4 TH YEAR	16.16%	8.49%	8.76%	3.83%	5.75%	6.30%					
5 TH YEAR	15.3%	9.86%	12.87%	4.93%	4.38%	3.01%					
TOTAL	61.36%	38.63%	37.80%	20.27%	23.28%	18.64%					

Abstract  Background: Anxiety is defined as feeling of worry, nervousness, uneasiness, loss of interest in studies and games among people. It is estimated that, by the year 2020, unsticty and depression will be the second most cause of disability workfowled. In Patistan, social adversity experienced by large proportion of population has resulted in a higher level of depression. According to WHO's 2005 estimates, neuropsychiatric disorders account for 12 million deaths every early 40,000 deaths were attributed to mental disorders and 13,2000 to use of drups.  Methodology: To access knowledge, attitude and practice regarding usage of anxiolytics among students of month and practice of anxiolytics.  Methodology: To access knowledge, attitude and practice regarding usage of anxiolytics among students of any of the property									
Methodology Muhammad M consent a ques and practice o	: To acces  Medical Coll stionnaire w f anxiolytic	s knowledg ege. A cross vas distribute s.	e, attitude a sectional stu ed among me	and practice redy was conducted dical students	egarding ted from to collect	usage July 2 t infor	e of anxioly 2013 to Octob mation regar	tics among students per 2013. After informating knowledge, attitudent	
Results: 61.3 (224(61.36%)) study problem disturbance. 1 drugs by them children for us	6% Boys ar are more properties. 138(37.8 29(47.95%) asselves and sing these defents: 400 m Anxiety:	nd 38.63% g revelant. Ma %) suffered ) said that th only 10.40% rugs.	irls clamed to ajority of me anxiety from eir anxiety w used after of	o suffer anxiet dical students 1 to 3 years. D as relieved by consulting with	y. Most 138(37.8 ue to this anxiolyt the doc	affecte 8%) w s disor tic thes ttor. 37	ed age group ere affected der, 295(80.8 se drugs of th 7.91% parent	was 21-23 years. Mal from anxiety due to the 85%) students have slea tese (89.59%) used the s were aware about the	
Used Anxioly	AFFEC	TED FROM		7					
CLASSES	M ALES	M ALES FEMALE S		PERSONAL PROBLEMS	MEN DIST	TAL URB	OTHERS		
1 ST YEAR	7.67%	4.65%	5.20%	3.01%	1.64%	<u> </u>	2.46%	_	
2 ND YEAR	9.86%	6.3%	6.84%	2.46%	4.10%	ó	2.73%		
3 RD YEAR	12.38%	9.31%	4.10%	6.02%	78.39	78.39% 4.10%		_	
5TH VEAR	15.16%	0.86%	8.76%	3.83%	5.75% 4.38%	<u>,</u>	6.30%	_	
TOTAL	61.36%	38.63%	37.80%	20.27%	23.28	23.28% 18.64%			
<b>~</b>			-						
Clinical featu	ires regard	ing anxiety	among medi	ical students:	IIWOG				
Classes			,	Cimicai Feat	ures				
Classes	Sleep di	sturbance	Tachycar	dia Diaph	oresis	Pa	lpatation	Trembling	
1st year	15.89%		9.04%	7.39%	7.39%		3.97% 8.76%	8.76%	
2 nd year	13.4%		6.57%	5.20%		9.86	i%	15.06%	
3 rd year	18.63%		11.78%	9.86%		11.2	1.23%	12.60%	
4 th year	20.27%		15.61%	18.08%		17.2	6%	7.67%	
5" year	12.60%		18.08%	19.45%		15.3	4%	13.15%	
conclusion: suffered more	anxiety as	revealed tha compared to	females .Rat	of usage of an	ixiolytic anxiolyti	arugs ic s wa	increased d	ay by day. Male stude ong fourth and final ye	

	ervisor: Dr. A.B Rajar, Dr. Asif Ali Shah, Dr. Sharif(Community Medicine & Hea	alth Scien	ces)	
Supervisor: Dr. A.B Rajar, Dr. Asif Ali Shah, Dr. Sharif(Community Medicine & Health Sciences)  Abstract  Background: Social anxiety disorder (Social phobia) is an irrational fear of being observed and judged by other people in various social stituations.  Objective: To find our the prevalence of social phobia among the medical students of MMC.  Methodology: A cross section study was conducted by a pretested questionnaire, presented among the medical students of Mahammad Medical College, Mirpurbas.  Results: Sample size was 173 in which 70 were male and 103 were female.  Features  1. They are self-conscious before superiors' (teachers, employers, authorities) 59 81 140 (84%) (79%) (81%) 140 (84%) (79%) (81%) 140 (84%) (79%) (81%) 140 (84%) (79%) (81%) 140 (84%) (79%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (80%) (8				
Bac peop	<b>kground:</b> Social anxiety disorder (Social phobia) is an irrational fear of being obsele in various social settings. It is often a chronic, disabling condition that is characteristic.			other voidance
Obi	ective: To find out the prevalence of social phobia among the medical students of I	MMC.		
Met	hodology: A cross section study was conducted by a pretested questionnaire, prese		ong the med	lical
Res	ults: Sample size was 173 in which 70 were male and 103 were female.			
#		Males	Females	Total
1.	They are self-conscious before 'superiors' (teachers, employers, authorities)			140
2.		56	80	136
3.				(80%)
				(76%)
4.	They have a sense of isolation, either when alone or among people.			(74%)
5.		50	64	114 (66%)
Con	clusions: It is concluded from our study that most male and female students are se			of
Con supe	clusions: It is concluded from our study that most male and female students are seriors and they lack confidence, due to which they miss opportunities to show their  Causes of stress among Medical students living hostels of Muhamma hors: Kalsoom Akbar, Sadia Rauf, Sidra Kiran, Sundas Arooj &Zeenat Khato	knowledg	ge. al College	of •
Con supe	clusions: It is concluded from our study that most male and female students are se priors and they lack confidence, due to which they miss opportunities to show their  Causes of stress among Medical students living hostels of Muhamma hors: Kalsoom Akbar, Sadia Rauf, Sidra Kiran, Sundas Arooj & Zeenat Khato ervisor: Prof. Dr. Syed Razi Muhammad	knowledg	ge. al College	of .
Con supe	clusions: It is concluded from our study that most male and female students are seriors and they lack confidence, due to which they miss opportunities to show their  Causes of stress among Medical students living hostels of Muhamma hors: Kalsoom Akbar, Sadia Rauf, Sidra Kiran, Sundas Arooj &Zeenat Khato ervisor: Prof. Dr. Syed Razi Muhammad  tract  oduction: Stress is a common problem of students living in hostels related rnal factors. External factors include study problems, relationships, home properties.	knowledge of Medical on (Final to both problems	ge.  al College  year)  external a	of nd
Aut Sup Abs Intr	clusions: It is concluded from our study that most male and female students are seriors and they lack confidence, due to which they miss opportunities to show their  Causes of stress among Medical students living hostels of Muhamma  hors: Kalsoom Akbar, Sadia Rauf, Sidra Kiran, Sundas Arooj &Zeenat Khato ervisor: Prof. Dr. Syed Razi Muhammad  tract  oduction: Stress is a common problem of students living in hostels related rnal factors. External factors include study problems, relationships, home pation facing in hostel. Internal factors influence the ability to handle stress	knowledge of Medical on (Final to both problems	ge.  al College  year)  external a  and all th	of nd ie MC.
Aut Sup Abs Intrinte situ Aim	clusions: It is concluded from our study that most male and female students are seriors and they lack confidence, due to which they miss opportunities to show their  Causes of stress among Medical students living hostels of Muhamma hors: Kalsoom Akbar, Sadia Rauf, Sidra Kiran, Sundas Arooj &Zeenat Khato ervisor: Prof. Dr. Syed Razi Muhammad  tract  oduction: Stress is a common problem of students living in hostels related rnal factors. External factors include study problems, relationships, home pation facing in hostel. Internal factors influence the ability to handle stress and Objective: To determine causes of stress among medical students living thodology: A cross sectional study was conducted on 100 students of MMC	to both problems	external a and all th	of nd ie MC. were

MALE ( no & % )	Female ( No & % )	Total
558 (44.56 %)	692 (55.36 %)	1250

Department			
	MALE (NO & %	FEMALE (NO &	TOTAL PATIENT (NO &
	)	<b>%</b> )	<b>%</b> )
OPD	342 (43.67 %)	441 (56.33 %)	783 (62.64 %)
MEDICAL WARD	84 (48.55 %)	89 (51.45 %)	173 (13.84 %)
SURGICAL WARD	53 (55.98 %)	42 (44.02 %)	95 (7.6%)
GYNAE & OBS	00 (00%)	52 (100 %)	52 (4.16%)
PAEDS	09 (52.94 %)	08 (47.06 %)	17 (1.36%)
ICU & CCU	49 (58.33 %)	35 (41.67 %)	84 (6.72 %)
OTHERS	21 (45.65 %)	25 (54.35 %)	46 (3.68 %)

problems(unsufficient fa stress(weather) 60%.	cilities)	60%, diet rela	ted p	roblems(unhygen	ic n	ness) 80% & physiological	
In 82% of students there	is no p	remorbid cond	dition	and no family his	tor	y of stress.	
Conclusions: The result of hostel facilities, there sho to upgrade their morals. The standards are also to college/universities.  An Audit Of Illication.	of the sould be	tudy reveals the check on messeulated and su	nere i s to p pervi	s an immediate no rovide good quali sed by some gove	eed ty c	### Total  ### Total  ### 250  ### Total  ###	of ere
Authors: Prof: Dr. Syed Ra Dr. Muhammad Aqil Khan Institution: Sonology Depa	nzi Muh Chohan artment	ammad, Asst P (SR. Radiology of Muhammad	rof: D /) Medic	r. Raffat Shaheen (	HO tal.	D Radiology )	
MALE ( no & %	)	Fe	male	( No & % )		Total	
558 (44.56 %)		692 (55.3	36 % )	)	1	250	
SOURCE OF REFERRE Department	L MAI	Æ (NO & %	FI	EMALE ( NO &	7	FOTAL PATIENT (NO &	
OPD	342 (	(43.67 %) 441		(56.33 %)		783 (62.64 %)	
MEDICAL WARD	84 (	48.55 % )	89	(51.45 %)	17	(3 (13.84 %)	
SURGICAL WARD	53 (	55.98 % )	42	(44.02 %)	95	95 (7.6%)	
PAFDS	00 (	52 94 % )	08	(100 %) (47.06 %) (41.67 %)		52 (4.16 %) 17 (1.36 %) 84 (6.72 %)	
ICU & CCU	49 (	58.33 % )	35				
OTHERS	21 (	45.65 % )	25	(54.35 %)		(3.68 %)	
COMMONEST 10 DIAG	NOSES	IN PATIENT	HAV	ING ULTRASOU	ND		
DISEASE  CENITO LIDINA DV TD	CT	10TAL	)	MALE		FEMALE	
DISEASE	KC I	Average Age: 45yrs Range: 10 – 7	75	Average Age: 45y Range: 10 – 75	rs/	Average Age: 45yrs Range: 10 – 75	
LIVER PARENCHYMAI DISEASE		231 (18.489) Average Age: 40yrs Range: 10 – 7	%) ⁻ 75	157 (67.96 % ) Average Age: 40y Range: 10 – 75	rs/	74 ( 32.04 % ) Average Age: 40yrs Range: 10 – 75	
HEPATOSPLEENOMEO	ALLY	91 (7.28 % Average Age: 35yrs Range: 10 – 7	75	45 (49.45 %) Average Age: 45y Range: 10 – 75	rs/	46 (50.55 %) Average Age: 45yrs Range: 10 – 75	
ULTRASOUND F.W.B		153 (12.24 9 Average Age: 30yrs Range: 20 – 4	% ) 40			153 (100 %) Average Age: 30yrs Range: 20 – 40	
CHOLELITHIASIS & CHOLECYSTITIS		83 (6.64 % Average Age: 45vrs	6)	31 (37.34 %) Average Age: 45y Range: 20 – 60		52 (62.65 %) Average Age: 45yrs Range: 20 – 60	

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	Danca 20 (0			٦
ASCITES	Range: 20 – 60	11 (54.66%)	34 (45 34 %)	_
ASCITES	Average Age:	Average Age: 45vrs	34 (43.34 %) Average Age: 45vrs	
	45yrs	Range: 40 – 75	Range: 40 – 75	
DI ELIDAT EEELIGION	Range: 40 – 75	27 ( (5, 0, 5, 0)	14 (24149)	4
PLEURAL EFFUSION	41 (3.28 %)	27 (65.85 %)	14 (34.14%)	
	40yrs	Range: 20 – 60	Range: 20 – 60	
DELVIC INELAMATOD	Range: 20 – 60		47 (100 %)	4
DISFASE (PID)	4/ (3./0%) Average Age:		4/ (100%) Average Age: 33vrs	
DISEASE (1.1.D)	33vrs		Range: 25 – 50	
	Range: 25 – 50			
UTERINE FIBROID / RP	PC'S 29 (2.32 %)		29 (100 %)	1
BLOOD CLOT / MASS	Average Age:		Average Age: 35yrs	
	35yrs Range: 30 – 50		Kange: 30 – 50	
OVARION MASSES / C	YST 21 (1.68%)		21 (100%)	1
	Average Age:		Average Age: 40yrs	
	40yrs Ranga · 20 50		Kange: 30 – 50	
Authors: Muhammad Faha Supervisor: Prof. Dr. Syed Institution: Muhammad M Abstract Background: There have b	Paramedics and Patients I R ad Asif, (Final Year), Syeda I Razi Muhammad Iedical College, Mirpurkha been certain beliefsregardin cted to critically analyze the	Regarding Health Care aural Area  BarihaZehra, Sehrish Na  S.  g healthcare facilities and estituation.	Services and Clinical Training waz (4 th Year MBBS)  I clinical teachings in rural area	ng in
Authors: Muhammad Faha Supervisor: Prof. Dr. Syed Institution: Muhammad M Abstract Background: There have b research needs to be conduct Objective: To assess the pet training in rural area. Method: It's a cross section doctors, 30 paramedics and training. The subjects were	Paramedics and Patients I R ad Asif, (Final Year), Syeda I Razi Muhammad Iedical College, Mirpurkha Deen certain beliefsregardin Cted to critically analyze the Derception of doctors, param The properties of the parameter of the	Regarding Health Care a ural Area  BarihaZehra, Sehrish Na  BarihaZehra, Sehra, Sehra, Sehra, Sehra, Sehra, Sehra, Sehra,	Services and Clinical Training waz (4th Year MBBS)  I clinical teachings in rural area ing health care services and clin connaires were self-administere area health services and clinica in health care services and clinica	a. So, a nical d to 30 al ical
Authors: Muhammad Faha Supervisor: Prof. Dr. Syed Institution: Muhammad M Abstract  Background: There have be research needs to be conducted on the conducted of the conducted o	Paramedics and Patients In R ad Asif, (Final Year), Syeda I Razi Muhammad Iedical College, Mirpurkhas been certain beliefsregardineted to critically analyze the erception of doctors, param anal study descriptive study I 30 patients asked about the asked about the reasons for earch, it is evident that doctor they are working hard and a nich are mostly poor.	Regarding Health Care a ural Area  BarihaZehra, Sehrish Na  BarihaZehra	Services and Clinical Training waz (4th Year MBBS)  I clinical teachings in rural area ing health care services and clin connaires were self-administere area health services and clinica in health care services and clinica in health care services and clin are facing problems in providing g relatively convenient health of	a. So, nical d to 3 al nical ng care to
Authors: Muhammad Faha Supervisor: Prof. Dr. Syed Institution: Muhammad M Abstract Background: There have be research needs to be conduct Objective: To assess the per training in rural area. Method: It's a cross section doctors, 30 paramedics and training. The subjects were trainings in rural area Conclusion: From our rese health care. But in the end to the patients of rural area wh Results:	Paramedics and Patients In R ad Asif, (Final Year), Syeda I Razi Muhammad Iedical College, Mirpurkhas been certain beliefsregardine cted to critically analyze the erception of doctors, paramenal study descriptive study I 30 patients asked about the asked about the reasons for earch, it is evident that doctothey are working hard and anich are mostly poor.	Regarding Health Care a ural Area  BarihaZehra, Sehrish Na  BarihaZehra	Services and Clinical Training waz (4th Year MBBS)  I clinical teachings in rural area ing health care services and clin connaires were self-administere area health services and clinica in health care services and clinica in health care services and clin are facing problems in providing grelatively convenient health of	a. So, a nical ed to 30 al nical ng care to
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Authors: Muhammad Faha Supervisor: Prof. Dr. Syed Institution: Muhammad M Abstract Background: There have be research needs to be conduct Objective: To assess the pettraining in rural area. Method: It's a cross section doctors, 30 paramedics and training. The subjects were trainings in rural area Conclusion: From our rese health care. But in the end to the patients of rural area where the pati	Paramedics and Patients In R ad Asif, (Final Year), Syedal Razi Muhammad Iedical College, Mirpurkhasi Peen certain beliefsregarding cted to critically analyze the erception of doctors, paramenal study descriptive study I 30 patients asked about the reasons for earch, it is evident that doctors are working hard and anich are mostly poor.  Answer Strongly Agree Neit agree agree agroup 10/30 6/30 2/3 0% 20% 69	Regarding Health Care a ural Area  BarihaZehra, Sehrish Na  BarihaZehra	34 (45.34 %) Average Age: 45yrs Range: 40 – 75  14 (34.14 %) Average Age: 40yrs Range: 20 – 60  47 (100 %) Average Age: 33yrs Range: 25 – 50  29 (100 %) Average Age: 35yrs Range: 30 – 50  21 (100 %) Average Age: 40yrs Range: 30 – 50  Services and Clinical Training waz (4th Year MBBS)  d clinical teachings in rural area and health care services and clinical meanth care services	a. So, a nical ed to 30 al nical ng care to

QUESTIONS	Strongly agree	Agree	Neither agree nor disagree	Disag ree	Strongly disagree
Healthcare facilities	0/30	6/30	2/30	20/30	2/30
available in rural	0%	20%	6%	66%	6%
area are satisfactory					

Salary given in rural healthcare service is	0/30 0%	6/30 20%	1/30 3%	20/30 66%	3/30 10%	
Equipment available	0/30	18/30	0/30	11/30	1/30	
in rural area is reliable and up-to-	0%	46%	0%	36%	3%	
Daramodical staff	0/30	16/30	0/30	13/30	1/20	
available in rural area is well trained	0%	53%	0%	43%	3%	
Its difficult to deal	0/30	6/30	0/30	24/30	0/30	
with patients of rural	0%	20%	0%	80%	0%	
Hospital environment	0/30	12/30	1/30	17/30	1/30	
in rural area is satisfactory	0%	40%	3%	56%	3%	
Hospital	4/30	12/30	0/30	14/30	0/30	
management of rural area is cooperative	13%	40%	0%	46%	0%	
Medicines prescribed	1/30	17/30	3/30	9/30	0/30	
by doctors are easily available in rural	3%	56%	10%	30%	0%	
Clinical trainings	4/30	16/30	0/30	9/30	1/30	
undergoing in rural area is satisfactory	13%	53%	0%	30%	3%	
Paramedical training undergoing in rural	0/30 0%	19/30 63%	0/30 0%	10/30 33%	1/30 3%	
Its easy to have CME	0/30	16/30	4/30	8/30	2/30	
in rural are	0%	53%	13%	26%	6%	
Paggang of Day	non Dofon	nal Dunina	Plead Do	nation Dra	oogg A Sin	ala Cantra Evnariana
Authors: Sana Khokher, Maz Institution: National Institution Abstract	Muhammae stitute of	d Nadeem, Blood Dis	Munira Bo	orhany, Tah Bone Marr	r Shamsi, In ow Transpl	gle Centre Experience mran Naseer, Samson Boota, Arshi lant Karachi, Pakistan s and risks to the recipient. Dono ohysical examination and serologic m the donation process. and blood collection process. at the department of blood bank s were included. 5(85%) were males and 139(15 % came for voluntary donation while
<b>Introduction:</b> Transfusion screening encompasses the testing of the donor blood.	n is an irro e medical l Any one o	eversible eversible eversible even istory requestions of the area reares.	vent that carriements for may preclu	arries poter for the dono de a potenti	atial benefits or, the mini p al donor fro	and risks to the recipient. Dono ohysical examination and serologic m the donation process.
<b>Objectives:</b> To study the v	arious cau	ises of dono	or deferral	during done	or selection a	and blood collection process.
Materials and Methods: donor area, NIBD, Karachi	A retrosp from Jan	ective, cros 2012 to De	ss-sectional ecember 20	l study was 112. All the	carried out blood donor	at the department of blood banks were included.
<b>Results:</b> A total 924 (12.4 were females. The age rangothers were exchange donor	%) donors ged from i	were defer 17 - 55 year	erred out of rs. Among	7428. Amost them, on	ong them 785 y 57(6.1%)	5(85%) were males and 139(15 % came for voluntary donation while