PREVALENCE OF HYPERTENSION AMONGST THE ADULT RURAL PEOPLE IN SELECTED VILLAGES OF GAZIPUR DISTRICT

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ABSTRACT

Introduction: Hypertension is an emerging major health problem in Bangladesh. The prevalence of hypertension is increasing significantly in both urban and rural population. The high prevalence of hypertension in most societies make it the single most important cause of worldwide morbidity and mortality. Studies conducted on prevalence of hypertension from mid 70's to late 90's showed that prevalence of hypertension is increasing significantly in both urban and rural population. Materials and Methods: A population-based study in Bangladesh showed that the prevalence of hypertension was 23.67%. One recent study on hypertension among rural population showed that overall prevalence rate of hypertension is 30.64%. We measured blood pressure, body weight and height of 550 individuals at and above the age of 20 years (age range 20-80 years) of both sexes except pregnant women. We collected information about smoking, family history of hypertension, status of physical activity, diabetes, annual income etc. Results: The overall prevalence rate of hypertension was 31.81% (male 31.37% and female 33.09%). The prevalence of hypertension (31.81%) observed in this study was higher than the previous studies. Study showed that with the increasing age the prevalence of hypertension is more. Our study showed that the hypertension prevalence was high among people with high BMI and obesity, positive family history, smoking and less physical activity. Conclusion: The prevalence of hypertension in the rural population was found to be on the increased compare to previous reports of Bangladesh and other Asian studies. Advanced age, obesity, higher incomes, family history of hypertension, smoking and reduced physical activity were proved significant risk factors for hypertension, whereas, sex, occupation, showed no association with hypertension.

ONE STAGE AND TWO STAGE SURGICAL PROCEDURES IN MANAGEMENT OF SIGMOID VOLVULOUS IN BANGLADESH

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ABSTRACT

Background: Sigmoid volvulous is a great surgical problem involving the large gut. Objective: The purpose of the present study was to compare the outcome between the one stage and two stage surgical procedures in the management of sigmoid volvulous. Method: This cross sectional study carried out at Dhaka medical college hospital from January to November 2005. All the patients presented with acute sigmoid volvulus were selected as study population. After admission, all patients were clinically evaluated by history and physical examination. Investigations especially plain X-ray abdomen was done in every case. Diagnoses were confirmed on laparotomy. Result: A total of 50 patients were included in the study. One stage operative procedure i.e. Primary resection and end to end anastomosis were performed in 27 cases (54%). Among the two stage procedure, Hartmann's procedures were performed in 14 (28%) cases. On the other hand, resection and anastomosis with defunctioning loop colostomy procedures were performed in 9 (18%) cases. Primary resection and end to end anastomosis were performed in 27 cases in which 18 (36%) recovered without any complication, 6 patients (12%) developed complications, 3 patients died. Total 14 patients were treated with Hartmann's procedure and 9 patients had resection and anastomosis with defunctioning loop colostomy. Nine patients recover without any complication in Hartmann's procedure and 6 patients in resection and anastomosis with defunctioning loop colostomy. In Hartmann's procedure, 4 (8%) patients developed complication and 1 (2%) patient died, on the other hand 2 (4%) patients developed complication and 1 patient died in resection and anastomosis with defunctioning loop colostomy. Conclusion: It is evident from the study that, one stage procedure is acceptable in relation to two stage procedure in patient with viable gut by considering better result i.e. less morbidity and mortality, but Hartmann's procedure and resection and anastomosis with defunctioning loop colostomy in gangrenous bowel is most preferable method.

PREVALENCE AND RISK FACTORS OF PERIPHERAL NEUROPATHY AMONG DIABETIC PATIENTS AT DHAKA, BANGLADESH

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ABSTRACT

Objectives: To determine the prevalence and observe the risk factors of peripheral neuropathy among type 2 diabetes mellitus (T2DM) patients; Materials & Methods: The respondents in this descriptive cross-sectional study were 200 random T2DM patients with duration of diabetes >2 years: 122 males (61%), 78 females (39%), age range: 30-60 years and mean age: 45 years. The peripheral neuropathy was assessed by using standardized questionnaire, clinical examination and medical record. The information about the socio-economic factors, clinical presentations, risk factors, psychological factors, etc were recorded in the "questionnaire". The information obtained from the respondents were analyzed by SPSS Version 16 programme in computer; **Results:** The study revealed that 45.5% (91/200) of T2DM patients (25.5%, 51/200: males; 20.0 \%, 40/200: females) had peripheral neuropathy. Among the symptoms of peripheral neuropathy, significant proportions of T2DM patients had impaired sensation, numbness and weakness, burning sensation, pain, gait difficulty and swelling in the feet (p<0.05). The significant psychological factors present were depression (p=0.000) and anxiety (p=0.009), although stress was not significant (p=0.124); Conclusions: The overall prevalence of 45.5% (455/1000) peripheral neuropathy in T2DM patients was observed. The prevalence was increased with age and well known risk factors, particularly family history of T2DM, dietary habits and physical activity. Proper diagnosis and appropriate treatment should be carried out in time to reduce disability among T2DM patients.

AN OVERVIEW OF ENDOMETRIOSIS

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ABSTRACT

Endometriosis is a chronic and recurrent disease characterized by the presence and proliferation of fuctional endometrial glands and stroma outside the uterine cavity. The impact of endometriosis includes impaired fertility potential as well as symptoms of dysmenorrhea, dyspareunia, and chronic pelvic pain. Laparoscopy and biopsy of the endometriotic lesion is considered as gold standard to diagnose endometriosis. Trans-Vaginal Sonography (TVS) has a role in its diagnosis of ovarian endometrioma. Biomarkers including serum CA-125 had been clearly shown not to be of clinical use. Management of endometriosis focuses on pain relief and includes medical and surgical treatment. Medical treatment mainly aims suppression of ovarian steroids. Combined Oral Contraceptive (COCs), Progestins, Depot medroxy progestogen acetate (DMPA), Androgenic agent (Danazole), Gonadotrophic Releasing Hormone (GnRH) analogues, and more recently, Depot Medroxy progesterone acetate in subcutaneous form, Aromatase inhibitors, antiprogestogen (Mefipristone) and Levonorgestral medicated intrauterine device are found as effective medical treatment. Radical surgery is the definitive curative treatment where fertility is not concerned. Recently herbal and complement therapy has been added with medical and surgical treatment of endometriosis.

IMMUNOPATHOGENESIS OF PSORIASIS VULGARIS: AN UPDATE

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ABSTRACT

Psoriasis is a chronic relapsing and remitting papulosquamous skin disease that may appear at any age and affect any part of the skin. At present, research into psoriasis is dominated by the hypothesis that it is an immunological disorder characterized by abnormal keratinocyte proliferation mediated through lymphocytes. Recently, much attention has been directed towards the influence of cytokines in psoriasis, as they play an important role in inflammatory diseases, although the precise mechanism of their involvement in psoriasis remains unclear. However, a better understanding of the immunology of psoriasis and subsequently, the development of novel immune-targeted therapeutics have been made possible through clinical and translational research in human subjects. IL-23/T17 is now recognized as the major axis of the psoriatic immune pathway, and antagonists to IL-23 or IL-17 result in the ability to control most of the signs and symptoms of clinical disease in approximately 80% of patients with psoriasis. Some phase 2 and 3 studies with a range of IL-23 and IL-17 antagonists are just being completed. Further studies must determine whether stable clinical benefits can be obtained by long term administration of antagonists. Also, the safety of long-term cytokine antagonism must be confirmed. In addition, many basic questions about psoriasis remain to be answered. More work is needed to better understand the tolerance mechanisms in psoriasis skin lesions. These hurdles can be overcome through clinical and translational research leading to the ultimate cure of psoriasis.

SYSTEMIC ADVERSE EFFECT FOLLOWING IRREGULAR SELF-MEDICATION OF ORAL STEROID FOR THE TREATMENT OF JIA – A CASE REPORT

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ABSTRACT

Glucocorticoid (GC) therapy is by far the most common cause of Cushing's syndrome in children. The clinical presentation in the pediatric population is similar to that in adults, and includes truncal obesity, skin changes and hypertension. In children, however, growth deceleration is also observed. We reported one case of Cushing syndrome in a boy who had juvenile idiopathic arthritis and took steroid irregularly as self-medication to relieve pain. He had trunkal obesity, skin changes and osteonecrosis of femoral head and adrenal suppression. He received treatment for osteonecrosis and adrenal suppression. Children who develop features of Cushing's syndrome as a result of glucocorticoid (GC) therapy are at higher risk of experiencing AS. Therefore, HPA-axis function should be evaluated prior to discontinuing steroid therapy in children with Cushingoid features.