

- λ Tuberculosis (TB) kills over 60,000 people every year largely owing to poverty and people's ignorance of the health hazard. One TB patient dies every 10 minutes in Bangladesh, while one in every two minutes get infected. In terms of disease burden Bangladesh is the fifth worst-affected in the world. According to recent estimates, there are 600,000 existing cases of TB, with 300,000 new cases reported every year.
- λ Roughly 88 percent of the 125 million population are at risk of malaria transmitted by mosquitoes. About 99 percent of cases come from just 13 (out of 64) districts where 25 million people are at risk, with 10 million living in areas with the highest risk. The hill tract tribes living in remote areas are the most affected. More than 150,000 cases and around 550 malaria deaths were once reported annually but reported cases have been declining since 1995. In 1998 only 60,023 laboratory-confirmed cases and 528 deaths were recorded. There was a major epidemic in 1993 but no epidemic has been reported since 1996.
- λ About 120,000 children die from pneumonia every year. Pneumonia is an infectious disease caused by Pneumo Coccus and Haemophilus Influenza bacteria.
- λ About 15,000 women die during childbirth every year.

**HIV infection can be passed from person to person in any of the following ways:**

- & Unprotected sexual intercourse (heterosexual or homosexual)
- & Oral sex with an infected person
- & A contaminated blood transfusion
- & Needle-sharing (if one intravenous drug user is infected)
- & Occupational exposure (needle stick with infected blood)
- & Artificial insemination with infected semen
- & Organ transplant taken from an HIV-infected donor

Dear readers,  
It is with great pleasure we introduce the Star Health Page. This page is basically meant to help our readers with latest advances in the medical sector and be better informed about health issues in the country and the current developments world-wide. We invite you to send in your queries to the 'Star Health' page, starhealth@thedailystar.net

-- Editor

# Star health

DHAKA SUNDAY APRIL 6, 2003

## Young cardiac surgeon breaks record



Dr Lutfur Rahman

choose this profession? **Dr Lutfur Rahman, (LR):** I chose this profession as a challenge basically to meet the demands of people and also to give quality services. So I thought since I had the opportunity I must develop low-cost cardiac surgery in the private sector. To meet the challenges I sacrificed my job from government service to join a team of experts already in place at the centre. My family was not happy as I left government job, which has security and dignity and my family initially felt insecure (financially).

As I started performing and fine-tuned my hands I started getting many lucrative offers even going abroad with higher salary. But my vision is to develop myself as one of the best surgeons in the region.

**SH:** As a young surgeon how confident are you?

**LR:** Out of a total of 1422 open-heart surgeries done at the Sikder Cardiac Centre I have done 422 without any mortality and this is a record to the best of my knowledge. From this I hope you can understand how confident I am. In fact, I am not doing this job just to earn. I love this profession cause it serves humanity and most important of all, I fell in love with this and today opening a heart and fixing it is like mending a toy.

My biggest satisfaction in doing surgeries is that so far I have no mortality (death) rate and

none in the world holds such record. I have committed myself to this profession and every patient I see is precious to me and this is my motto.

**SH:** It is noticed that those who have money prefer going to neighbouring countries for open-heart surgeries largely due to lack of confidence on surgeons as well as quality services. What is your comment on this?

**LR:** I believe to build confidence we need more time. But despite that people need to find out where is the best possible facility. If we all work with sincerity and truly believe in humanity I believe it is possible to develop this highly specialised service into a quality. In terms of quality, Sikder Cardiac Centre is no less than some of the best cardiac centres in the neighbouring countries. It has one of the best management, facility and above all, the management of this centre truly believes in public services rather than making money. Of course, to get quality one has to pay for it which is quite obvious but if you compare Sikder Cardiac Centre's services with other regional centre the quality is almost same yet the prices are almost one third. I can confidently claim those who have already experienced services at Sikder they have never thought of going abroad for cardiac care.

To help me the management of this hospital has hired many well-known cardiac surgeons from Australia, Singapore, India, USA and UK who has transferred technology and I got unprecedented support from all of them.

In fact, today I have a team of nurses, technicians, anesthesiologists and bio-medical engineers all of who are equally dedicated to this profession. We have committed to developing quality services and hopefully in near future we will build full confidence on those who are thinking of doing surgery at home.

**SH:** How can a person know of his heart ailments in advance?

**LR:** I think regular light exercise can tell

about one's heart condition. Regular exercise but not necessarily vigorous, will automatically burn off the extra calories and the chances of heart attack is lessened this way.

If you walk regularly for a fixed period of time I believe it would greatly reduce your risk of heart attack. Because during walk one will easily feel chest pain if any which may act as an early warning for an attack. So, walking regularly acts as a diagnostic test without help of a

Today opening a heart and fixing it is like mending a toy.

doctor. The person himself or herself would know of his tolerance how much he can continue the exercise and if there is difficulties, one has to consider consulting a cardiologist for help. In fact, walking is one sort of exercise tolerance test we call, ETT. An ETT usually cost approximately Tk 2000 but walking costs nothing. So walking is sort of a self diagnosis for heart ailment. You don't have to go see a doctor in the first place. But one has to remember walking alone will not help, there are other factors like rich diet in cholesterol and smoking habit are some of the major causes of heart disease.

**SH:** Most of the patients, as we have noticed, come to a hospital in the last stage. What is your observation on this?

**LR:** Most people in Bangladesh do not go for preventive measures so it is very common that

NAIMUL HAQ

Dr Lutfur Rahman, chief cardiac surgeon of ZH Sikder Medical College and Hospital and a graduate from Dhaka Medical College Hospital speaks to Star Health. Dr Rahman who has started his career in 1991 is the country's youngest cardiac surgeon to head a full fledged cardiac centre at the age of only 39. Rahman, from Majpara village in Pabna, has so far performed 422 open-heart surgeries, 90 per cent of which are coronary bypass. He has been working at the private medical centre since 2000. Prior to his decision to switch over to private sector he worked as an assistant professor at the country's only full-fledged cardiac centre in National Institute of Cardio-vascular Diseases (NICVD) as a cardio-vascular surgeon.

**Question (Star Health, SH):** Why did you

## Did you know that you could be carrier of a deadly disease like Thalassaemia?

Star Health Desk

### Thalassaemia in Bangladesh

In Bangladesh 7% or 9 million of the total population are thalassaemia carriers. About 6,000 children in Bangladesh are born with thalassaemia each year and 70,000 children in the world. In our country more than 90% of the thalassaemia patients cannot afford regular treatment and suffers from the misery.

Unfortunately there is no government facilities for treatment of the hereditary disease. Only a handful of private initiatives are offering limited patient management of the disease, which is far too small, compared to the actual burden of the disease.

treated it results in death around 10 years of age. As the thalassaemia patients become anaemic they need blood transfusion every 15 days to 1 month depending upon severity. Blood is not the only treatment. Regular blood transfusion causes iron deposition in the body which causes toxicity. The iron stored in heart, liver, pancreas cause much damage of the organs which in turn cause cardiac failure, diabetes etc. Patient must get treatment for iron overload which is very costly.

### How the disease comes to the child?

Thalassaemia is not a contagious disease; rather it is a genetic disorder. The disease comes to the child inheritably from the parents bearing the thalassaemia gene. When husband and wife both possess the thalassaemia gene i.e. they both are the carrier of thalassaemia their each children is in 25% of risk to be a thalassaemic. If there is a thalassaemia patient in a family then the other relatives of that family is in risk to be the carrier of thalassaemia.

### How can you know whether you are a carrier of this deadly disease or not?

Thalassaemia patients and carriers can be determined by blood test called "Haemoglobin electrophoresis". What we

need most to prevent this deadly disease is your awareness and that of the population. So genetic counseling is a must.

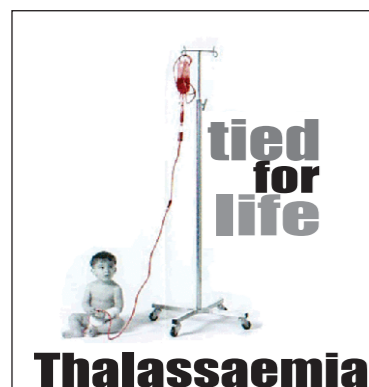
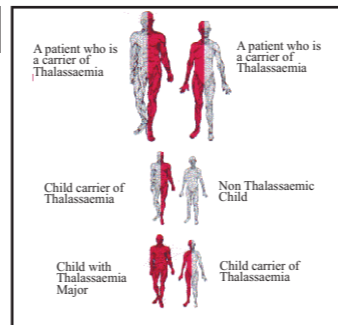
### Facilities available in our country?

Some organisations are working with Thalassaemia patients. 'Bangladesh Thalassaemia Samity', 'Dhaka Shishu Hospital Thalassaemia centre', 'Bangladesh Red Crescent Society Blood Center' is working mainly for the management of Thalassaemia patients. Khandker Jakaria Khaled, Director of Blood Programme, Bangladesh Red Crescent Society (BRCS) was contacted for expert opinion on the standpoint of thalassaemia in Bangladesh. He said, "Thalassaemia is a major problem in Bangladesh and its treatment is only available at private sector which is also very limited. BRCS offers management of thalassaemia for 12 children at their Mohammadpur blood centre everyday. It costs around Tk 1200 to 1500 for a child to get the transfusion at the centre but there are other costs involved also." Simultaneously these organisations should emphasis on genetic counseling which is the only effective method to prevent this deadly disease. Bangladesh Thalassaemia Foundation has a lot of contributions. The organisation has been working since August last making an advocacy programme.

### How can we prevent the disease?

If both father and mother is thalassaemia carrier or one is carrier and the other is patient - it is likely that they can give birth a thalassaemic child. If a patient/carrier marries a normal person the child will be safe; at best it may be a carrier. We can easily prevent thalassaemia by our consciousness. So we must take the following steps -

- (i) Know whether you are a thalassaemia carrier or not.
- (ii) If you are a thalassaemia carrier/patient, be sure that your partner is not a thalassaemia carrier/patient before your marriage.
- (iii) If husband and wife both is thalassaemia carrier then they should take some precautions. A thalassaemia carrier pregnant woman can be sure whether her child will be normal or thalassaemic by special test (pre-natal diagnosis). If this test determines that the coming baby will be a thalassaemic then they can take the chance of therapeutic abortion of the fetus considering of the wretched fate of the baby.
- (iv) We should remember if thalassaemia carriers/patients get married with other thalassaemia carrier then their child is in risk to be a thalassaemic. So they should get married with normal people. This is the only precondition to prevent thalassaemia.



### Thalassaemia

#### What is Thalassaemia?

Thalassaemia is an inherited disease of the blood. It reduces the amount of hemoglobin body can make. Patients possess abnormal hemoglobin which breaks down very quickly. So it causes anemia. It is a severe disease which often results in death during childhood unless properly treated.

#### Symptoms and fate of Thalassaemia

The onset of thalassaemia is insidious, the initial manifestation being pallor, which is usually obvious within the first year of life and in severe cases within a few weeks of birth. Subsequent prognosis depends on whether the child is entered into a program of regular blood transfusion. If the disorder takes its natural course without active therapeutic intervention, growth and development in early childhood are retarded. The child fails to thrive, loss of appetite, diarrhea, loss of body fat, and recurrent fever occurs. Enlargement of spleen is obvious by the age of three years, and the large spleen cause abdominal swelling and discomfort. Changes in the skeletal system are constant. If the disease remains untreated or not properly



A thalassaemia patient at Dhaka Shishu Hospital

## New medical technology

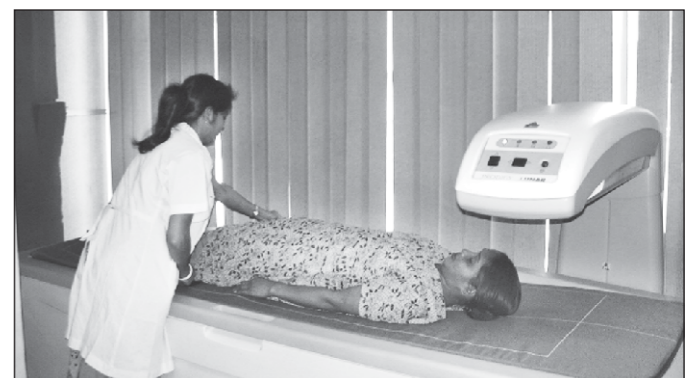
## Dexa Bone Densitometer

### What is Osteoporosis?

Like other organs in the body, bones are constantly changing. Throughout out childhood and as young adults, bones grow in strength and in size. Around the age of 30, bones reach their peak strength and then naturally become weaker with age. Osteoporosis is a condition where bones become weak to the point of breaking. This weakening may be due to aging or caused by other factors that combine with age. Symptoms of osteoporosis do not occur until a lot of bone strength is lost. The most visible symptom may include loss of height along with curvature of the upper back. Osteoporosis also can result in crippling and painful fracture, occurring most often in the hip, back, or wrist.

### Who is at risk?

Age is an important risk factor. Everyone, both men and women, loses bone strength as they grow



Dexa Bone Densitometer

older. Women have a higher risk for osteoporosis than men do as women often have smaller, thinner frames. Women also are affected by the change-of-life, known as menopause. After menopause, women produce less of a hormone called estrogen. Estrogen helps protect women against bone loss. Where is bone density test available? The bone densitometer is like a large examination table. Your age, height and weight will be entered into the computer before the machine scans for erosion anywhere inside your bone. This information is used to compare results to a normal reference group. This machine Dexamone is only available at Lab Aid diagnostic centre at Dhanmadi. Each test cost between Tk 1000 and 1500 and so far over 2000 patients have benefited from such examination.

## ask the doctor

### Newborn care

Dr Shaikh Zulfikar Ahmed, well-known neonatologist or an expert on newborn care gives some valuable tips on newborn care.

#### You and Your baby

**Question: How soon after birth one should breast-feed a baby?**

**Answer:** To be successful in initiating breast feeding, the baby should be given to the mother to hold as soon he or she is born and should be put to breast within an hour of birth.

**Question: How much and how often to breast-feed a baby?**

**Answer:** The short answer is: enough to keep the baby contented and thriving.

A normal baby may demand feed one every hour to five hours. Most babies, within a few weeks of birth, can settle to approximately 3

to 4 hourly feeds and soon learn to sleep through the night without waking up for a feed.

**Question: What are the useful measures to prevent infection in newborn babies?**

**Answer:** Effective hand washing by his/her attendants and the restriction of their numbers to a bare minimum are the most useful measures.

**Question: Is it true that newborn babies lose weight?**

**Answer:** Yes, they do. Under normal feeding conditions, a normal newborn tends to lose weight over 5 to 7 days of after birth. But total loss is not more than 10 per cent of the birth weight. Birth weight is gained at 10 to 14 days of age and then there is regular gain of 20 to 40 grams per day over 4 to 6 months.

**Question: What is Mashi Pishi**



Dr Shaikh Zulfikar Ahmed

#### rash in newborn?

**Answer:** In medical term we call it Erythema toxicum or Erythema Neonata to rum.

Up to 50 per cent of babies develop this rash at 24 to 48 hours of age. These blotchy red rashes vary in number from 2 or 3 up to as many as 100. They appear on the face, chest, back and extremities. All the lesions fade and disappear within 5 to 7 days. No treatment is necessary for this condition. Please do not blame Mashi-Pishi (Aunts) for this condition.