



VITILIGO UNIVERSALIS Treatment of white patches on skin now available

DR DELWAR HOSSAIN

Karim* and Sofia* were about to get married and their parents were eagerly waiting for their wedding ceremony. But one evening Sofia came to me with Karim and their parents with a problem. They came for a physician's opinion about Karim's disease before they get married.

Karim had turned white twelve years ago. He was otherwise a healthy man. After health education he started his treatment regimen for his disease.

With a treatment of twelve months, he developed good repigmentation over his face. Two years later he developed more pigmentation over extensor surfaces of all four limbs, upper trunk and almost normally pigmented body hairs. Three years later he developed marked pigmentation all over his body except elbows, knees, palms and soles. He needs another couple of years to complete the specially designed course of treatment. He did not develop any side effects or toxicity associated with his treatment.

In the mean time Karim married Sofia; became the father of a beautiful healthy girl and started a happy life with their

parents. We wonder how many 'Karim's' could be saved in this way. By this time, many other such patients availed the same treatment regimen. Similar pattern of response is being observed in each case.

What is vitiligo universalis?

Vitiligo universalis is the loss of pigment over the entire body surface area. There are a good number of such patients in our society.

Unfortunately there was no curative treatment for it apart from de-pigmentation of remaining normally pigmented patches. Reasonably the patients do not like such a treatment at all.

Now we are convinced that there is a cure for this type of vitiligo. We would like to invite the patients to attend the outpatient department of Dermatology and Venereology, USTC, Chittagong to give us an opportunity to help them by rendering possible cure.

* Name changed to protect identity.
The writer is an Associate Professor and Head of Department of Dermatology and Venereology of USTC, Foy's Lake, Pahartoli, Chittagong.

Liver transplant is likely to start soon at home

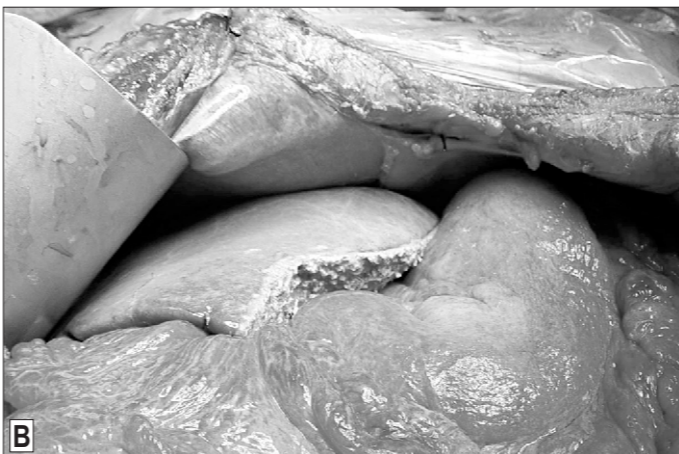
PROF MOHAMMAD ALI

Liver is the largest essential organ of our body. It is the central organ, which regulates the functions of our body. It can be affected by various diseases which can ultimately cause liver failure. Different treatment options are offered to keep these patient with end stage liver disease surviving. The replacement (transplant) of diseased liver with healthy liver is the definitive treatment at that state.

Background of liver transplant

Liver transplantation is a dynamic innovation in the modern scientific world. The first successful liver transplant was performed by Prof Thomas E Starzl in 1967 from brain dead donor in the USA. After successful introduction of this technique, there was increased demand.

Living donor Liver transplantation (Part of liver from living person) was needed to minimise the donor organ shortage. Prof Russell W Strong did the first successful left lobe transplant from adult to child in 1989 in Australia. Prof S T Fan did the first successful adult to adult right lobe transplant in 1996 in Hong Kong. As a result, both the child and adult started to receive part of liver from living donors. Living donor liver transplantation is the most popular method



(A) Healthy liver of donor.
(B) Transplanted portion of liver to the recipient

now-a-days.

Bangladesh Perspective of liver diseases

Various liver diseases are common in Bangladesh. About 10-12 percent of our population has hepatitis B and 2-3 percent has hepatitis C. Apart from these two major causes, there are other causes of liver disease like alcoholic liver disease leading to cirrhosis of liver (alcohol abuse), haemochromatosis (liver disease due to altered iron metabolism), biliary atresia (narrowing of biliary system and jaundice in children). Acute infection of liver due to hepatitis E, hepatitis B and hepatitis A virus also cause sudden liver failure leading to fatality of many young patients. A large number of people die of either chronic or acute liver related ailments each year.

Successful liver

transplants of Bangladeshi patients in abroad

Many attempts were made in the past for performing liver transplants of Bangladeshi patients in abroad. Unfortunately all were unsuccessful. Recently three end stage liver disease patients were evaluated by us for liver transplants in overseas centers. Recipient and donor selection, counselling and evaluation were done in Bangladesh.

Two transplants were done in Singapore and one in India. A team of nine members of transplant unit of Diabetic Association of Bangladesh (DAB) including liver transplant surgeon, hepatologist, anesthesiologist, ICU personnel and nurses attended the transplant of one of Bangladeshi patients in India.

We are very happy to announce that all three liver transplants were successful.

Liver transplant in overseas centers

Nationals of the respective countries get top priority in the field of liver transplant. Quite often the majority of our population cannot afford the huge expense of the transplantation in abroad. Long stay in foreign country with family members, follow up and management of complications (if any) also requires a vast expenditure of our valuable foreign currency.

Cost of liver transplant

Liver transplantation is a complex surgical procedure. It involves the uses of many expensive equipment and instruments, two equipped

operation theaters. Modern facilities of specialised liver surgery, anaesthesia, warming, rapid transfusion, coagulation control and monitoring facilities are also needed. Two experienced team of surgeons, anesthesiologists, nurses must have to work continuously for long time. It also needs multi-disciplinary support of hepatologist, interventionists, critical care medicine specialists, immunologists, pathologist, laboratory medicine, transfusion medicine and other supporting facilities. Due to all these multi-disciplinary involvement, liver transplantation is considered as one of the expensive procedure throughout the world.

Infrastructure for liver transplant at BIRDEM

BIRDEM (Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders) Hospital has got supportive infrastructure and trained manpower in the field of liver surgery and liver transplantation.

Diabetic Association of Bangladesh (DAB) has made a Transplantation division ("Transplant Unit of DAB") for the development of organ transplantations. Equipment have already been purchased. An intensive care unit dedicated to transplantations (Transplant ICU) have been prepared with all modern facilities.

We are working hard for long time to start the liver transplantations in Bangladesh.

We have already performed pig-to-pig liver transplant (animal model) for technical expertise at a local hospital and research institute. We have trained manpower in this field.

We have great anticipation to start the programme shortly in BIRDEM. We do believe that our people suffering from the end stage liver diseases will soon get the liver transplantation done at home. We need co-operation and support from every corner for this noble cause.

Professor Mohammad Ali is the Head of department of Hepato-Biliary-Pancreatic Surgery at BIRDEM, Dhaka. Email: hbbirdem@yahoo.com

Potato lovers may have higher diabetes risk

Holding that side of fries might help thwart type 2 diabetes, new research suggests.

In a long-term study of nearly 85,000 women, researchers at Harvard University found that those with the highest potato intake had a modestly elevated risk of developing type 2 diabetes.

The link was strongest among obese women, who are already at increased risk of the disease, suggesting that heavy potato consumption may pose a particular problem for them, the researchers point out.

Though potatoes have healthful attributes, they also have a high glycemic index (GI) -- meaning they cause a rapid, strong rise in blood sugar. Over time, these surges may damage the pancreatic cells that produce the hormone insulin, which is needed to metabolise blood sugar.

Overweight or sedentary adults may be particularly vulnerable to the effects of high-GI foods because they often have underlying insulin resistance -- a precursor to diabetes in which body cells lose their sensitivity to insulin.

So it would make sense for these individuals to lay off the french fries, Thomas L. Halton, the lead author of the new study pointed out.

He and his colleagues found that women with the highest potato intake were 14 percent more likely than those with the lowest intake to develop diabetes over 20 years. And women who ate the most french fries, specifically, had a 21 percent greater risk of diabetes than those who ate the fewest.

Overall diet and other lifestyle habits did not explain the link, and potatoes seemed to be more problematic when a woman ate them instead of whole grains.

Whole grains -- as well as many high-fiber vegetables, fruits and legumes -- have a lower GI than potatoes and white-flour products. So eating those foods in place of potatoes, Halton's team concludes, could potentially cut diabetes risk.

Source: American Journal of Clinical Nutrition

10 Key messages on childhood cataract



1. Cataract can occur in babies and children - it is not limited only to the elderly.
2. A child may be born with cataracts (congenital cataract) or s/he may develop cataracts during the first few years of life (developmental cataract).
3. Cataracts can run in families, and more than one child in the same family can be affected.
4. Any parent or carer who notices a white spot in their child's eye(s), or who thinks the child cannot see properly, should be taken seriously.
5. All children with blindness and/or cataract should be referred to an eye doctor for detailed eye examination, diagnosis and treatment as soon as they are detected.

6. Congenital blindness is treatable when it is due to cataract.
7. Surgery is the only treatment for cataract in children.
8. Treatment of cataract in children is a matter of urgency as early surgery increases the likelihood of better vision. The cataract does not need to mature. If treatment is delayed, there is a risk of amblyopia (partial blindness) and irreversible visual impairment or blindness.
9. After cataract surgery, children may need to wear spectacles. This also applies to babies.
10. Long term follow-up is essential.

Source: Community Eye Health Journal, UK

UPCOMING EVENT 27th International Epilepsy Congress

The 27th International Epilepsy Congress will be held between July 8-12, 2007 at Suntec Singapore International Convention and Exhibition Centre, says a press release.

This biennial congress is one of the largest medical conventions in the world dedicated to epilepsy.

The event will be hosted by the Singapore Epilepsy Society (SES) and the Singapore Epilepsy Foundation (SEF), and organised by the International League Against Epilepsy (ILAE) and the International Bureau of Epilepsy (IBE) with official links to the World Health Organisation.


During this five day congress, more than 4000 delegates from over 100 countries are expected to attend. The aim of this congress is to facilitate further exchange of knowledge and sharing of experiences amongst clinicians, researchers and allied health professionals from different continents.

The scientific and educational programme will cover cutting edge topics and provide clinical updates essential for the continuing professional development of clinicians specialising in epilepsy.

The Scientific Advisory Committees of the 27th International Epilepsy Congress invites participants to contribute to the programme by submitting abstracts for oral or poster presentation online. The abstract submission deadline has provisionally been set for November 27th 2006.

Up to date information on 27th International Epilepsy Congress may be found at <http://www.epilepsysingapore2007.org>

Your Doctor



Dr Ahmedul Kabir
MBBS, FCPS
Registrar, Medicine
Sir Salimullah Medical
College & Mitford Hospital,
Dhaka

Dear Sir, I am 21 years old and have been suffering from bad headache for about four to five years. Sometimes the ache is so severe that the ears even get red and I feel something stone-like things in my head. Then I can't talk to anyone as it increases. If I talk, laugh, shout aloud then the ache rises. Sometimes it reaches to an intolerable extent. I have also found it when I see any sexual scene and when I become angry and too much excited of anything. I always feel this hell ache to some extent and it makes me feel damn in the aforesaid circumstances. I had been taking Milipramin, Tenkar, Pizofen. Though these work at times, but not in the above mentioned situations. Now I have stopped taking these drugs. Could you please tell me how to get rid of it so that I can lead a normal life like other students and pay concentration to my studies.

Md Moinuddin
Chittagong
himu_moin@yahoo.com

Answer:
From your description, it is most likely to be 'migraine'. You did not mention the frequency of your episodes of headache. Anyway, there are two options for remedy. The first and foremost duty is to avoid the precipitating factors associated with headache that you have observed. Try to avoid them. If the headache is not so frequent and does not hamper your daily life, you need not take any drug.

But if only avoidance is not enough to ease your pain, you can start medicine. There are some good medicine to treat migraine. You can take them as prophylaxis basis and don't lose your patience as it takes time. The first two drugs you mentioned is not for migraine. You can consult a physician if you would like to start drugs as there are some factors to disclose to the doctor. For example, if you have asthma, the drugs can counteract. So it is not possible to describe here.

But don't lose your heart. There are definitely some medications available.

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Hi, I am at present working in UN at abroad. Day by day I am getting fat. My height is 5'8" and weight is 170 lbs. I am looking bulky. I want to reduce myself at least 15 lbs. My day to day job is official. No exhaustion in working. So how can I reduce myself and look better?

I want your guideline on my daily meal and diet programme to reduce at least 15 lbs.

Thanks.

Mamun Khan
khan_1456@hotmail.com

Answer:
As you lead a sedentary lifestyle, you need to start aerobic exercise. You need not go to gym and perform heavy exercise. Then you should modify your lifestyle and food habit. You have to avoid rich food life fat, red meat, and fast food etc. Rather you have to take green leafy vegetables, more fibres and low calorie diet instead. You have to follow a strict dietary plan. There is a good suggestion that you can replace your lunch by salad.

Some drug like sibutramine can decrease your appetite and drugs like orlistat can expel the fat from your body. But you need to consult a doctor prior to start them as you may need some investigations.

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Doctor, I am 31 years old woman. I am healthy and slim, but short. It was my dream from childhood to be tall. Now-a-days, there are many advertisements in TV that claim to increase height. Do you think that they really work? Is it not dangerous to my body? Please give me little idea about this thing.

Thank you.

Susmita
Dhanmondi.
elmira250@yahoo.com

Answer:
In fact, there is no scientifically proven data and evidence regarding these devices. As you are 31 years old, there is very least chances of increasing your height.

Don't try any oral drug whose effect is unknown. The use of hormone at your age is not recommended, even may be harmful to your body.

Did you know?

Breastfeeding benefits moms' joints

Nursing your baby now could be beneficial to your joints later. Researchers from Brigham and Women's Hospital in Boston found that breastfeeding decreases women's risk for rheumatic arthritis -- and that the longer moms nursed, the smaller their risks. Women who breastfed more than 24 months were 50 per cent less likely to suffer from the painful joint disease.



Source: Arthritis and Rheumatism

Heavy exercise may worsen arthritis damage



For people with extensive damage in large joints from rheumatoid arthritis, high-intensity, weight-bearing exercise apparently accelerates the progression of joint damage, Dutch investigators reported. However, intensive exercise appears to be safe for arthritis patients with little or no joint damage.

Previous studies have shown that exercise programmes to improve muscle strength and aerobic capacity are beneficial for people with rheumatoid arthritis.

Dr Marten Munneke, from Leiden University Medical Center, and his colleagues investigated outcomes after two years for 277 participants in the Rheumatoid Arthritis Patients in Training (RAPIT) study -- 140 assigned to usual care, and 137 to the exercise programme.

The amount of joint damage at the start of the study

was a significant factor in effects of exercise, the investigators found. For the 218 patients with a low initial joint-damage score, the exercise program had no effect on joint damage. For the 59 others with higher initial scores, there was a faster rate of damage in the exercise group. Shoulder and ankle joints were particularly affected.

"Rheumatologists and physiotherapists should advise patients with rheumatoid arthritis to be cautious with excessive loading of extensively damaged joints," Munneke's group advises. They recommend that individualised exercise programme should be designed for people with already extensively damaged large joints.

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Source: Arthritis Care and Research