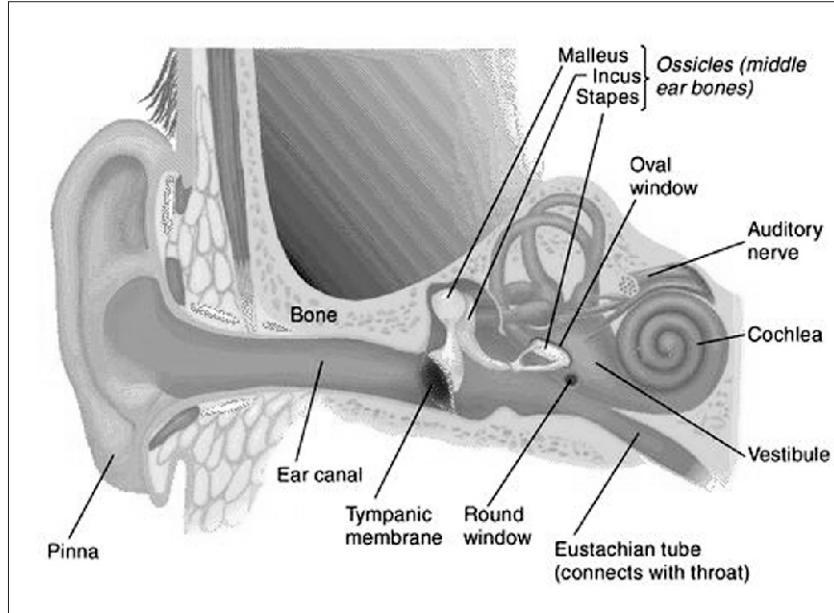


Surgery can repair permanent hearing disability



Rozina (sitting) is seen with Dr Hanif and his surgical team soon after her surgery.



NAIMUL HAQ

After more than 14 years of lacking complete sense of hearing Rozina, 18, was finally able to sense sound around her in the operation theatre about four months back.

It was a moment of excitement. Rozina was so thrilled that she grabbed the surgeon who performed the surgery and started crying and wondered what changed her life in couple of hours.

"I cannot believe I can hear everyone," said the young woman fascinated by the sound

she was able to recognize and nodded her head as she started to pick up sound of people around her.

In smiles and delight Rozina wondered how she was freed from the curse of being hard of hearing she encountered all these years. "I cannot believe I am able to catch every noise being generated around me," cried out Rozina.

When only four years old Rozina lost hearing ability due to infection in both her ears as a result of rupturing of the membrane or the tympanic membrane in the middle ear. At age 15 Rozina had to discontinue her school education because she

could not pay attention to her teachers like other students do.

"My parents tried traditional healers who suggested locally made medicines extracted from trees and rootlet guaranteeing to mend loss of hearing but nothing worked," said Rozina.

In early May Rozina consulted Dr Md Abu Hanif, a senior ear, nose and throat (ENT) specialist of Dhaka Medical College Hospital in Tangail who examined her at his private chamber and said the membrane needs to be reconstructed.

Although the cost of the small but lengthy and intricate surgery was quite expensive but Rozina's

parents thought it was wise to spend the money since their unmarried daughter was already becoming a burden for them being socially isolated.

At a private clinic in the city Rozina underwent the surgery commonly done in many private clinics and public hospitals in the city.

"It is not a very difficult task but there are risks involved in such a surgery," said Dr Hanif. Rozina had frequent discharge of pus from both the ear often giving foul smell which was quite disappointing when she noticed her friends and neighbours avoided her.

After one month of the surgery Rozina got married to a small trader in her village home in Kalihati in Tangail. Earlier her spouse refused to marry her because Rozina was deaf. She is now waiting for her second operation in the left ear.

"The advantage of the surgery is it needs no general anesthesia or in other words we did not need to put Rozina under senseless condition to perform the surgery. It takes about three hours to do the micro-surgery and within four to five hours the patient can go home," said Dr Hanif who offered to do the second surgery on Rozina free of cost as a gift for her wedding.

80 lakh men over 50 years suffer from prostate cancer

Prostate cancer is the most common cancer in men. By age 50, up to one in four men have some cancerous cells in the prostate gland. By age 80, the ratio increases to one in two. As you age, your risk of prostate cancer increases.

Prostate cancer is also a leading cause of cancer deaths in men. Yet unlike other cancers, you're more likely to die with prostate cancer than you are of it. It is a tragedy for many men that they even do not know that they have been suffering from prostate cancer and ultimately die due to this reason. According to Dr Salam it is estimated that about 8 to 9 per cent of men above 50 years may suffer from prostate cancer although there is no specific population based study on the incidence of prostate cancer in Bangladesh.

The prostate gland surrounds the bottom portion ("neck") of a man's bladder and is located behind the pubic bone and in front of the rectum. The prostate's primary function is to produce most of the fluids in semen, including the fluid that nourishes and transports sperm. Tiny ducts within the prostate convey this fluid to the urethra, the channel that drains fluid from the bladder. This fluid is then released through the penis during ejaculation.

The good news is that if prostate cancer is detected early when it's still confined to the prostate gland you have a better chance of successful treatment with minimal or short-term side effects. Successful treatment of cancer that has spread beyond the prostate gland is more difficult. But treatments exist that can help control the cancer.

Signs and symptoms

The problem with detecting prostate cancer is that it often does not produce any symptoms in its early stages. That is why many cases of prostate cancer are not diagnosed until they have spread beyond the prostate.

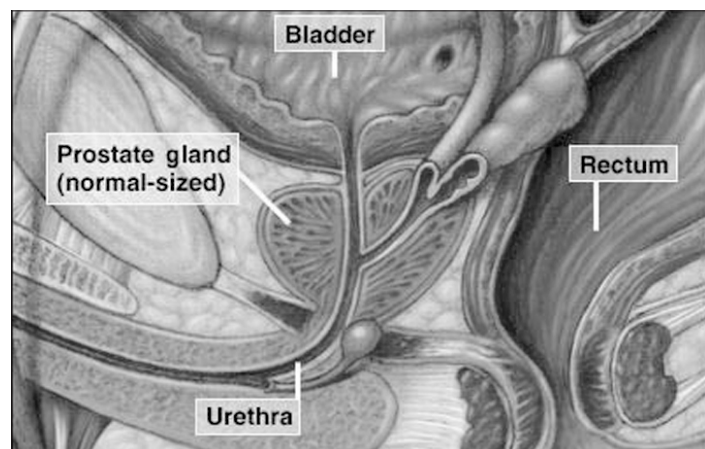
When symptoms do occur, they may include the following:

- λ Dull pain in your lower pelvic area
- λ Urgency of urination
- λ Difficulty starting urination
- λ Pain during urination

- λ Weak urine flow and dribbling
- λ Intermittent urine flow
- λ A sensation that your bladder isn't empty
- λ Frequent urination at night
- λ Blood in your urine
- λ Painful ejaculation
- λ General pain in your lower back, hips or upper thighs
- λ Loss of appetite and weight
- λ Persistent bone pain

Causes

Prostate cancer usually grows slowly and remains confined to the prostate gland, where it does not cause serious harm. But not all cancers act the same. Some forms of prostate cancer are aggressive and can spread quickly to other parts of the



body.

What causes prostate cancer and why some types behave differently are unknown. Research suggests that a combination of factors may play a role, including family history, ethnicity, hormones, diet and the environment.

Risk factors

Knowing the risk factors for prostate cancer can help you determine if and when you want to begin prostate cancer screening. The main risk factors include:

Age - As you get older, your risk of prostate cancer increases.

Family history - If a close family member e.g. your father or brother has prostate cancer, your risk of the disease is greater than that of an average male.

Diet - A high-fat diet may increase the risk of prostate

cancer. Researchers theorize that fat increases production of the hormone testosterone, which in turn speeds development of prostate cancer cells.

When to seek medical advice

If you have difficulties with urination, see your doctor. Also see your doctor if you experience erectile dysfunction (impotency) that lasts longer than 2 months or is a recurring problem. These conditions do not always point to prostate-cancer, but both can be signs of prostate-related problems.

If you are a man older than 50, you may want to see your doctor to discuss beginning prostate cancer screening. It is recommended having an annual blood test to check for prostate-specific

prostate cancer typically is not painful, once it has spread to nearby bones, it may produce pain, which can be intense. Treatment can range from the use of over-the-counter pain relievers to prescription narcotics. Radiation is also commonly used to treat painful lesions. Often radiation and prescription pain relievers are combined.

Urinary incontinence - Both prostate cancer and its treatment can cause incontinence. Some men experience incontinence after prostate cancer treatments such as radiation or surgery to remove the prostate. Treatment recommendations depend on the type of incontinence you have, how severe it is and the chances that it will naturally improve given time. Treatments include behavior modifications (such as going to the bathroom at set times rather than according to urges), exercises to strengthen pelvic muscles, medications and catheters. If leakage problems have continued for at least a year without improvement, your doctor may suggest a surgical procedure. These procedures may include the implantation of an artificial sphincter, which can be placed around the urethra or base of the bladder to control the flow of urine, or the injection of bulking agents into the lining of the urethra at the base of the bladder to reduce leakage.

Erectile dysfunction (impotency) - Like incontinence, erectile dysfunction can be a result of prostate cancer or its treatment, including surgery and radiation. Medication and vacuum devices that assist in achieving erection are available to treat erectile dysfunction.

Depression. Many men may develop feelings of depression after a diagnosis of prostate cancer or after trying to cope with the side effects of treatment. These feelings may last for only a short time, they may come and go, or they may linger for weeks or months. Depression that lingers and interferes with your ability to manage your life should be treated. Treatment may involve counseling or antidepressant medication or a combination of the two.

Prevention Although there is not any formula that can guarantee you

will not get prostate cancer, you can take measures to reduce your risk or possibly slow the disease's progression. The three most important steps you can take to maintain prostate health and health in general is to eat well, keep physically active and see your doctor regularly.

High-fat diets have been linked to prostate-cancer. Therefore, limiting your intake of high-fat foods and emphasizing fruits, vegetables and whole fibers may help you reduce your risk. Foods rich in lycopene, an antioxidant, also may help lower your prostate cancer risk. These foods include raw or cooked tomatoes, tomato products, grapefruit and watermelon. Garlic and cruciferous vegetables such as arugula, bok choy, broccoli, brussels sprouts, cabbage and cauliflower also appear to help fight cancer.

Soy products contain isoflavones that seem to keep testosterone in check. Because prostate cancer feeds off testosterone, isoflavones may reduce the risk and progression of the disease.

Vitamin E has shown promise in reducing the risk of prostate cancer among smokers. More research is needed, however, to fully determine the extent of these benefits of vitamin E.

It is well known that regular exercise can help prevent a heart attack and conditions such as high blood pressure and high cholesterol. When it comes to cancer, the data are not as clear-cut, but studies do indicate that regular exercise may reduce your cancer risk, including prostate cancer.

Exercise has been shown to strengthen your immune system, improve circulation and speed digestion, all of which may play a role in cancer prevention. Exercise also helps to prevent obesity, another potential risk factor for some cancers.

Regular exercise may also reduce your risk of benign prostatic hyperplasia (BPH) or minimize your symptoms. Men who are physically active usually have less severe symptoms than men who get little exercise.

Source: <http://www.mayoclinic.com>

Did you know?

In a study carried out in rural Bangladesh, the prevalence of syphilis was about 1 per cent in women with symptoms related to the genital tract. In contrast, a study among Dhaka slum dwellers revealed that more than 11 per cent of men and per cent of women had syphilis. Another recently published study estimated the prevalence of syphilis among female clients attending a basic healthcare clinic to be about 3 per cent. Most women with syphilis neglect to seek medical care, probably because the primary lesion are often painless and not seen, since they are located inside the vagina or cervix. The secondary stage of syphilis is characterized by nonspecific signs and symptoms. Only serological tests for screening can assure detection of syphilis in women. Screening and treating pregnant women for syphilis was shown to be inexpensive and cost-effective.

Source: Health and Science Bulletin, June 2003, published by ICDDR,B

Ocular complications in diabetes

DR ISHRAAT FERDOUS

Diabetes Mellitus is a clinical condition characterised by hyperglycemia due to absolute or relative deficiency of insulin. The chronic disorders affect carbohydrate, fat and protein metabolism. In diabetes fasting plasma glucose is 7.8 mmol/L (140 mg/dl) or more and oral glucose tolerance is 11.1 mmol/L (200 mg/dl). Diet, exercise, drugs and above

been observed that if a person is diagnosed as a diabetic patient at age 30, there is 10 per cent chance he will have some degree of diabetic retinopathy by the age 37, 50 per cent chance by the age 45 and 90 per cent chance by the age 55. However, it should be appreciated that diabetic retinopathy does not always impose a visual handicap, depending on whether the macula is involved or not. Macula is an area about 1-2 mm in diameter on the inner surface of the retina at

from leakage of plasma from abnormal retinal capillaries, overlie areas of neuronal degeneration.

Other ocular hazards caused by diabetes

Diabetes also causes cataract in young diabetics of a severe type. The first change is the appearance of a large number of fluid vacuoles underneath the arteries and the posterior capsule of lens of eye. The snout-flake like opacities appears in entire lens and it becomes completely opaque



all awareness can control diabetes. Complications arise due to untreated and uncontrolled diabetes. There is extreme variability among patients at the time of onset. In most patients regardless of the type of diabetes, when the disease persists for 10 to 15 years, morphologic changes are likely to be found in basement membrane of small vessels, arteries, kidneys, retina, nerves and other tissues and clinical evidence of dysfunction of these organs is present. One of the most threatening aspects of diabetes mellitus is the development of visual impairment consequent to retinopathy, cataract formation or glaucoma.

Diabetic retinopathy

Diabetic retinopathy is one of the causes of blindness. In the development of diabetic retinopathy, the duration of disease appears to be a very important determinant. It has

the posterior pole of the eyeball. Capillary micro aneurysm (excessive localized enlargement of an artery) are also a dramatic feature of diabetic retinopathy and after its presenting clinical sign. When those vessels rupture, they produce circular 'dot' or 'blot' hemorrhage in the deeper layers of retina. Branches of retinal vein may be blocked due to coagulation of blood which also can produce massive retinal and vitreous bleeding or hemorrhage. As a result of vitreous hemorrhage, retinal proliferation and vitreous neovascularisation may develop. Nerve vessels are fragile and leaky and are liable to rupture causing hemorrhage. At latest stage retinal detachment can occur due to contraction of adhesions between the vitreous and the retina which results blindness. Yellow, waxy exudates in the retina usually described as hard exudates, which result

very soon. Diabetic decreases sensibility of cornea and causes weakness of ocular muscles. It increases chance of glaucoma (increases intra-ocular pressure). Ischaemic optic neuropathy is another complication of uncontrolled diabetes. Frequent change of refractive power is another complication.

Prevention

Control of diabetes can save one from all these health hazards. Control should be maximized and patients should be urged to stop smoking. Rapid lowering of the blood sugar may result in abrupt worsening of the retinopathy in some cases with the appearance of soft exudates and an increased number of retinal hemorrhages. So a diabetic patient should take the treatment prescribed by physician. Your awareness will keep you healthy and happy.

BSMMU urologist's book used as text-book in the west



Dr M A Salam

Associate Professor M A Salam of Banghabandhu Sheikh Mujib Medical University (BSMMU) launched 'Principles and Practices of Urology' in 2002, which is now widely recognised and used as a medical text book for medical students in North America, Africa, Asia and Europe.

The 1016-page book already peer-reviewed and also published in two volumes from Brown Walker, Florida, USA is being marketed for under-graduate final year medical students and it is also a good reference hand book for post-graduate students.

Dr Salam, born in Pabna in 1951 and a graduate from Rajshahi Medical College in 1974 obtained the Fellowship Bangladesh College of Physicians and Surgeons in 1981.

Dr Salam, a leading researcher in this field now serving at BSMMU, also obtained his post-fellowship urological training from the Institute of Urology, London, UK and Memorial Sloan-Katering Hospital, New York, USA. He is also one of the founder members of the Bangladesh Association of Urological Surgeons. He also holds membership of all distinguished Urological Forum of the world like American Urological Association.