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FIRST SUCCESSFUL LIVER TRANSPLANT IN BANGLADESH

Offering life to patients with end stage liver diseases

DR MD RAJIB HOSSAIN

The previous week was distinctly special for millions of people living with end stage liver disease (like liver cirrhosis or liver cancer) in Bangladesh. Long awaited liver transplant surgery has been successfully performed at BIRDEM Hospital, Dhaka. Professor Mohammad Ali, Head, Hepato Biliary and Pancreatic Surgery of BIRDEM Hospital lead the way to reach a historical feat.

A 42 year old Kazi Ershad Ahmed from Comilla is the only recipient who got the liver transplanted locally. Ershad was diagnosed with cir-

rhosis of liver in 2007. Cirrhosis is a condition when liver is scarred. damaged irreversibly. Transplantation of a healthy liver is the only option in this case. He consulted several specialists at home and abroad with a hope to get alternative treatment other than very costly transplant surgery in foreign countries. Doctors said that the only hope left for him was liver transplant that was not available at the time he was diagnosed. Indeed, it was too costly for him to afford it in abroad. He thought that he was ill fated and going to die very soon.

When he met Prof Ali, the doctor showed him a ray of hope. Prof Ali offered him to be the luckiest patient to undergo the first ever living donor liver transplant surgery in Bangladesh.



Kazi Ershad Ahmed, 42 from Comilla is seen lying on the bed at BIRDEM hospital after a successful living donor liver transplant — the first of its kind transplantation in Bangladesh.

The surgical set up comprised 17 doctors, skilled sisters and multidisciplinary approach like sophisticated equipment and monitoring devices. The operation was performed on June 3, 2010 that took 17 hours. Both the patient and donor are in good condition now indicating the operation was a successful one.

Liver transplantation is needed when people suffer from end stage liver diseases like cirrhosis, liver cancer, liver failure etc., most of which are resulted from Hepatitis Cand B.

For transplantation of liver,

someone with a good match is to donate part of his/her liver. There are two types of donors a) Deceased Donor Liver Transplant (DDLT), where liver is taken from a brain dead person and b) Living Donor Liver Transplant (LDLT), where a living person donates a part of

Any healthy person aged 18-65 years who is of matching blood group with the recipient can be a living liver donor. Eligibility of a person for liver donation is assessed after detailed examination and tests

his/her liver to the recipient.

by the transplant team, where donor safety is considered first.

Liver has the tremendous capacity to regenerate. One healthy living donor can live without any difficulty even if 70 percent of the liver is removed. Usually the donated part of the liver completely regenerates from the remaining liver within 6-12 weeks of donation.

Although the success rate is high with proper intervention, there is chance of rejection of transplanted liver like other transplantations. Immunosuppressive drugs need to

be started immediately after liver transplant to prevent rejection. It must be maintained for the rest of the life.

Initial cost of these drugs is high for first few months, but subsequently the cost reduces to one or two medicine at the end of the year and single medicine in 2-4 years time, which needs to be taken life long. Liver functions and drug level also needs to be evaluated repeatedly.

Considering the cost, liver transplant is one of the expensive procedures, most of our people are not able to bear. Experts informed that liver transplant will cost on an average Tk. 30 lakh in Bangladesh and it is the minimum in comparison to others. In European and other advanced countries, the cost is about Tk. 20 million (200 lakh). In India, it is about Tk. 60 lakh. If the government and philanthropic organisations come forward, the estimated cost will be much lower and within the affordable range to the most.

Liver transplantation is a sign that Bangladesh is moving along with the world with its expertise and skillful endeavour. Millions of patients in Bangladesh are pinning their hope to get liver transplant surgery at home, at regular basis, at a reasonable cost. Let us join them to make it readily available in Bangladesh.

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Women using smokeless tobacco need proper attention

DR ABU SAYEED SHIMUL

Tobacco is currently the second major cause of death in the world and causes significant adverse effects on maternal and child health. Tobacco is a preventable cause of maternal, perinatal and neonatal mortality. Recent findings of the Global Youth Tobacco Survey, shows that young girls are smoking almost as much as young boys and those girls and boys are using non-cigarette tobacco products such as spit tobacco, biddies and water pipes at similar We all have heard the warnings — cigarettes can cause

cancer and increase our risk of heart diseases. But the sad fact is that smokeless tobacco has got little attention that predominantly affects women. Tobacco use in Bangladesh 2009 shows that daily tobacco smokers are 1.3 percent women, and 20.9 percent overall. Most dangerous thing is 27.9 percent women currently use smokeless tobacco and this needs to be focused urgently.

In Bangladesh commonly used smokeless tobaccos are: shada, jorda and gul. These are taken usually with betel quid, areca nut and lime. The use of smokeless tobacco mixed with areca nut is very popular in Bangladesh. Smoke free tobacco (ST) users are exposed to higher level of nicotine than smokers. The systemic absorption of nicotine per dose is greater with use of chewing tobacco (average 4.5 mg from average dose of 7.9g chewed over 30 minutes) or snuff (average 3.6mg from an average 2.5g moist snuff kept in mouth for 30 minutes, compared with that from smoking cigarettes (average 1mg per cigarette).

Nicotine increases maternal blood pressure and heart rate. Fetal heart rate is also increased. There is concomitant reduction in the blood flow of uterine artery and umbilical artery. Nicotine also impairs placental transfer of amino acids. It has also been suggested that nicotine affects fetal brain development which may cause fetal hypoxia and growth retardation.

One case control study carried out in Sylhet Medical College in 2007 by Prof Ekhlasur Rahman shows that use of smokeless tobacco during antenatal period about five times a day carries a risk of having Inrauterine Growth Retardation infants 6.4 times than that of non-tobacco

Another study by Ness RB showed highly significant association of spontaneous abortion with smoking. Krishna K showed that tobacco chewing mothers had a greatly increased stillbirth rate, a major reduction in birth weight which was due in large part to early delivery. Krishonomurthy S showed that maternal smokeless tobacco ingestion causes delivery of low birth weight baby three times more than non ingested mothers.

In Sweden, a study showed that snuff use is associated with increased risk of preterm delivery. Beside this smoking is associated with higher rates of, ectopic pregnancy, placenta previa, abruptio placenta, premature rupture of the membranes, preterm birth, intrauterine growth restriction and sudden infant death syndrome (SIDS).

Smokeless tobacco also causes infertility, menstrual problem, osteoporosis, hormonal problem, early menopause, etc. Maternal smoking habit can hamper her child's physical and mental growth. These child are very much prone to asthma, bronchiolitis, allergic problem, lack of school performance, etc.

So women should avoid smokeless tobacco to become a healthy mother.

The writer is an Assistant Registrar in the Department of Paediatrics at Dhaka Medical College Hospital (DMCH).

Directly Observed HIV Treatment improves survival

When applied to HIV care, the community-based model of directly observed therapy (DOT) has no effect on virologic outcomes, but significantly improves patient survival. This is according to researchers at the Johns Hopkins Bloomberg School of Public effect on virologic outcomes, but was Health, in collaboration with colleagues at University of Cape Town, South Africa, who conducted the first randomised controlled trial of patientnominated treatment-supporters providing partial DOT in resourcelimited settings. The researchers found that mortality rates were lower among DOT patients than among selfmonitored antiretroviral therapy (ART). The results are featured in the June 1, 2010, issue of AIDS.

Directly observed therapy (DOT) is a treatment strategy commonly used in tuberculosis control programmes, in which a health care worker ensures that medication is taken by patients at health care facilities. Previous observa-

tional studies suggested the effectiveness of community health supporters (friends or family members) performing DOT antiretroviral therapy as a strategy to improve adherence, but data from randomised trials were previously lacking.

"Community DOT-ART showed no associated with greater CD4 cell count increases at 6-month follow up," said Jean B. Nachega, MD, PhD, MPH, lead author of the study, associate scientist in the Bloomberg School's Department of International Health. Nachega is also, professor of medicine and director of the Center for Infectious disease at Stellenbosch University, Cape Town, South Africa.)

For the study, researchers analysed data from 274 adult patients initiating antiretroviral therapy (ART) at a public HIV clinic in Cape Town, South Africa. Patients were randomised to treatment-supporter DOT-ART or self administered ART. In the DOT group, patients selected someone from their own personal network such as a family member or friend to observe at least one medication dose every day and provide support. DOT-ART patients and supporters received baseline and follow-up training and monitoring.

"The `social capital' provided by a trusted patient-nominated treatment supporter (e.g. material and emotional support, health care utilisation, etc.), may have contributed to save lives, regardless of the DOT component of our intervention" said Nachega. "Moving forward, there is a critical need to identify and assess additional community-based interventions to improve outcomes of HIV patients worldwide. We recommend these communitybased DOT-ART interventions be large enough to detect meaningful clinical and public health differences that improve patients' conditions and save lives. In addition, they should target patients with documented poor adherence and collect both qualitative and quantitative outcomes."

How drug rehab can help you

DR SATPARKASH

Attending a drug rehab will help you recover from drug or alcohol addiction in many different ways. A drug rehab is a facility that is specially designed just for this purpose, to provide a safe and drug free environment where a former drug or alcohol abuser can be educated about addiction and how to get clean and stay clean.

Although each drug treatment programme may be different in their techniques and methods, they all have the same motivating factor driving them, recovery from drug or alcohol addiction. Some drug rehabs are all inclusive. This means that they not only offer help in learning how to stop using drugs, they also help people though the detoxification process. Some addicts may not need this step in their recovery



depending on the type of drugs they have been using, such as cocaine or marijuana. However, for those using heroin or other drugs which cause physical dependence in need of a professional detox, having the availability of a detox can be extremely valuable during ones treatment process.

Facts show that the success of one's recovery is determined not only by the type of drug treatment programme they attend, but also the amount of effort they put into applying what they learn in treatment when they leave and make the necessary changes in their life to remain sober and be successful, happy, responsible and productive in life.

Physical addiction is only one component of drug addiction; many addicts become so obsessed with achieving the next high that they need to relearn appropriate behaviours for everyday life outside the context of drug use.

A residential drug treatment programme can go a long way to help a person to realise that they are not alone in their struggle to overcome addiction, and to address the underlying psychological issues that may have contributed to their addiction.

Additionally, facts on how drug rehab can help you show that structured activities will provide the support and routine that have proven crucial to newly sober people.

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DR RUBAIUL MURSHED

Even chicken pox is less contagious than bad habits!

One old Spanish proverb said that habits are at first cobwebs, then cables. In fact, most of life is habitual. It is estimated that out of every 11,000 signals we receive from our senses, our brain only knowingly processes 40!

According to a study published in the Archives of Internal Medicine, four common bad habits combined — smoking, drinking, inactivity and poor diet can age you by 12 years. The findings are from a study that tracked nearly 5,000 British adults for 20 years and they highlight yet another reason to adopt a healthier lifestyle. Researchers said that — the risky behaviour also mean — getting less than two hours of physical activity per week and eating fruits and vegetables fewer than three times daily.

Habits, good or bad, make you who you are. The key is controlling them. Good habits are so much easier to give up than bad ones. But if you try to change your habits, then even a small effort can create big changes. And one fine bright morning, you will find that bad habits are becoming easier to abandon today than tomorrow.

Otherwise, this is true that habit, if not resisted, soon becomes necessity. Once Confucius said "Men's natures are alike; it is their habits that separate them."

Moms' full-time work tied to childhood obesity

The growing number of full-time working moms in the past few decades could be one of the factors contributing to the concurrent rise in childhood obesity, new research hints.

In a study of more than 8,500 UK adults followed since their birth in 1958, researchers found that the study participants' young children were 50 percent more likely to be overweight or obese than they themselves had been back in the 1960s.

When the researchers looked at factors that could be associated with the trend, they found that mothers' full-time employment, which was more common in the younger generation, appeared to be one.

The findings, published in the American Journal of Epidemiology, do not prove that moms' full-time work, per se, contributes to the risk of childhood obesity.

One possibility, according to the researchers, is that children of full-time working moms have fewer family meals or less-healthy diets in general.

So the trend in mothers' employment over the past few decades may be one of the variables contributing to a general erosion in children's diets; the explosion in sugary junk foods on the market, food advertising aimed at kids, and the increasing availability of high-fat, high-sugar fare in schools are among the other factors that have been blamed.

When parents were obese, the odds of the child being overweight were three to six times greater than when parents were normal-weight.

Based on the data, the researchers estimate that in 1991, less than 8 percent of cases of childhood overweight or obesity could be attributable to mothers' employment. In general, experts believe that a complex mix of societal

factors - from shifts in eating habits, to greater reliance on cars and increasing hours logged in front of the TV or computer - has been behind the rise in childhood weight problems in recent decades.

Source: American Journal of Epidemiolog



Eating eggs doesn't seem to up diabetes risk!

An egg a day for breakfast probably won't increase your likelihood of developing type 2 diabetes, according to a new

While eggs are a key source of dietary cholesterol, they also contain a number of other potentially beneficial nutrients, Dr. Luc Djousse of Brigham and Women's Hospital and Harvard Medical School in Boston and colleagues point out in the American Journal of Clinical Nutrition.

Djousse and his colleagues found no relationship between any amount of egg consumption and increased risk of type 2 diabetes. They also found no link between dietary cholesterol overall and diabetes risk. While men in the top category of egg consumption, meaning they ate eggs almost daily, were at increased type 2 diabetes risk, this increase was not statistically significant, meaning it could have been due

Other studies that have linked eggs to diabetes have found an association with very high consumption, the researchers note, generally for eating seven or more eggs a week. On average, participants in this study ate less than one egg a week, the researchers add, so there may not have been enough people with very high egg intakes to establish whether this was harmful.

Nevertheless, they conclude, the current investigation does not back any significant relationship between egg consumption and type 2 diabetes.

Source: American Journal of Clinical Nutrition