



Latest news from 'stroke world'

The contribution of various risk factors to the burden of stroke throughout the world is unknown, particularly in countries of low and middle income where the largest burden of stroke occurs. But a recent study conducted at McMaster University, Hamilton, Ontario shows that a total of 10 risk factors are associated with 90 percent of the risks of stroke. Results of the study are published online in *The Lancet*. The researchers calculated the increased risk and population-attributable risks (PARs) for the association of all stroke — ischaemic stroke (due to blockage of brain blood vessel), and intracerebral haemorrhagic stroke (due to bleeding from brain vessels) with selected risk factors.

The researchers found the following 10 risk factors to be significantly associated with stroke: high blood pressure, smoking, waist-to-hip ratio, diet, physical activity, lipids, diabetes mellitus, alcohol intake, stress & depression and heart disorders.

The INTERSTROKE study is the first large standardised case-control study of risk factors for stroke in which countries of low and middle income were included, and where all cases completed a brain scan. They showed that 5 risk factors accounted for more than 80 percent of the global risk of all stroke. They are — hypertension, current smoking, abdominal obesity, diet and physical activity.

In an accompanying remark, Dr. Jack V. Tu, said, "Whilst hypertension is well established as the most important cause of stroke in high-income countries, INTERSTROKE confirms that it is also the most important risk factor for stroke in developing countries. This finding is particularly relevant because it highlights the need for health authorities in these regions to develop strategies to screen the general population for high blood pressure and, if necessary, offer affordable treatment to reduce the burden of stroke. It also provides an impetus to develop population-wide strategies to reduce the salt content in the diet of individuals in these countries."

A call to ensure the right to sanitation

UN resolution should acknowledge sanitation as human right

SHAMIM AHMED

Health is wealth! Since our childhood we have been reading and learning this wise saying from different sources. When we talk about improved health, we talk about food, nutrition, cleanliness, etc. But we hardly consider unsafe water, inadequate sanitation and insufficient hygiene as important factors contributing to poor health. Diseases like diarrhoea are caused by the ingestion of pathogens, especially from drinking of unsafe water, contaminated food or unclean hands.

Studies show that a very few number of people wash their hands properly after defecation. Many health hazards are being centered on sanitation facilities. Even safe distance from a latrine to a water point is not maintained in most of the cases in a poor country

like Bangladesh.

When the whole world is giving special emphasis on sanitation to improve health status of poor people, especially women and children, a draft resolution on the human right to water and sanitation is currently being discussed in the U.N. General Assembly in New York.

Throughout the negotiations there has been talk of removing sanitation and focusing only on water. Development activists are afraid that sanitation may not be acknowledged as a human right by the United Nations.

A systematic analysis of child mortality recently published in the medical journal *The Lancet* found that diarrhoea, caused by poor or non-existent sanitation is now the biggest killer of children under five in Africa. The numbers of peo-



ple without access to sanitation are rising.

The WHO/UNICEF Joint Monitoring Report notes

that 2.7 billion people will not have access to sanitation by 2015. It is impossible to realise the recognised right

to the adequate standard of living without access to sanitation.

"The Millennium Devel-

opment Goal 7: Environmental sustainability" will be ensured without achieving its "Target 3: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation".

Changing the above situation requires dedicated political will from country level; but this will be greatly undermined if sanitation is not included in the UN resolution.

Now this is time for all development professionals to act hand in hand so that sanitation gets its due emphasis and recognition as a human right from the United Nations to reduce morbidity and mortality of poor and vulnerable segment of the society around the globe.

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CASE REPORT

A success story of Neuro ICU at KYAMCH

DR MD WAHIDUR RAHMAN

An ordinary playful day turned into the disaster for an 8-year-old young girl Bethee when she was struck by a high speed vehicle on a highway. She was immediately brought to a nearby hospital. Doctors suspected a major head injury and due to the lack of sophisticated setup, they transferred her to Khwaja Yunus Ali Medical College and Hospital (KYAMCH) few hours later. As her father rushed to the emergency room of KYAMCH for his beloved child, he found her restless. Bethee was in excruciating pain and was frightened with the overwhelming event.

I assured her anxious father and took her for a CT scan of brain. I became worried for little Bethee as I looked thorough the CT Scan films that revealed a depressed fracture on her Skull bone and there was accumulation of blood under scalp (called epidural hematoma). I consulted our neurosurgeon immediately. As she was fully conscious, immediate surgery was not necessary. So she was admitted in the Neuro ICU for close observation. Her parents were explained the possible course of prognosis and the risks involved.

The following day, her level of consciousness decreased. On examination, her vital signs and blood parameter revealed alarming deterioration. Bethee was supported with the ventilator. Her condition was deteriorating further and she suddenly developed cardiac arrest. At a point, she got fully unconscious. At this critical stage, five hours after resuscitation, she showed the signs of life. She was gradually improving, her blood pressure became stable. Gradually, she became capable of communicating with us. The sense of relief in the face of her parents was worth to watch.

Bethee's survival through this ordeal reflects the timely, systematic and confident approach of the Neuro ICU team consisting of Neurosurgery consultants, nursing staff and physiotherapist. Neuro ICU at the Department of Neurosurgery of KYAMCH is far from the capital. In case of emergency, a minute matters a lot. A sophisticated critical care support like this hospital is crucial for such vulnerable patients to save life and cost by preventing disability at remote places of the country.

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Bithy wins the battle seven days after successful resuscitation at Khwaja Yunus Ali Medical College and Hospital (KYAMCH) in Sirajgonj district of Bangladesh.

Torn knee ligament: The most common football injury

DR MALI

The football season is on. World cup fever has affected almost every people in Bangladesh. Many guys are now crazy watching football and playing in the field at the same time. During playing football, an injury commonly occurs called Anterior Cruciate Ligament (ACL) injury. Maybe this is not exactly how your football fantasy ends, but for many football players, it is!

With the season in full

swing, it is usual to hear about a major injury like torn ACL. Knowing about the injury, will definitely help you to take the proper action.

If you look at the current list of injured football players, you will find that a significant number of injured are suffering from ACL injury. ACL injury is in fact the most excruciating among all football injuries.

ACL is a ligament of the knee which helps stabilising the body and helps you

changing direction quickly. When torn, usually after a bad twist, the injured person usually hears a popping sound followed by experiencing extreme pain and swelling.

Anyone moving in a side motion (tennis players, skiers, football players, anyone who walks, etc.) is at risk for an injured ACL, but football players have the highest risk.

There can be a partial or complete tear to the ligament. Whatever the cause, ACL injuries usually mean players are out for the season to receive treatment. For unprofessional players, ACL injury restricts movement for long period.

Treatment usually depends on the type of injury, but almost all patients will have to go through some type of rehabilitation or even surgery. Some experts suggest that two-thirds of the patients with an ACL injury will not require reconstruction and can usually become fully functional with aggressive rehabilitation. The rehab involves range of motion exercises, gentle knee extensions, as well as stretching.

Reconstructive surgery is an arthroscopic surgery, which involves using a camera that allows the doctor to

repair or reconstruct tissues around joints. Once the doctor makes an incision in your knee and removes a portion of your knee cap, he then inserts Titanium screws to replace the torn ACL. It is imperative to get the motion in your knee back as quickly as possible (after resting for a few days) to prevent a permanent loss of motion ("contracture"). This is achieved with various exercises. It is great if you have access to a gym or physical therapy. If not, then do home bound exercises as prescribed by your doctor.

Even if you plan to have the ACL reconstructed, most orthopaedic surgeons will not reconstruct your knee until you have regained your motion. The reason is simple — if you start off with a stiff knee before surgery, you will end up with a stiff knee after surgery.

Tearing the ACL is definitely the most devastating injury in the sport of football. Some of the most gifted athletes have had their careers put in jeopardy because of this injury. So it is better to strengthen our knees with warm up and exercise before going to the ground.

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Combating the emerging threat of drug resistant tuberculosis (TB)

PROF DR IQBAL HASAN MAHAMOOD

Drug-resistant tuberculosis is posing a great challenge to the control of tuberculosis in Bangladesh. Improper use of the drugs creates step-by-step drug resistant bacteria. It is caused by mutations within natural populations of bacteria. This occurs by the improper use of medications for the treatment of tuberculosis.

Multi-drug treatment was developed to address this problem. The process for the selection and promotion of drug-resistant bacteria has traditionally been a very long process, taking place over decades before it emerges as a major problem among new cases of tuberculosis. The emergence of the TB-HIV epidemic has recently increased the rate by which this occurs.

The problem of drug resistance is first seen among patients who have been previously treated for tuberculosis, particularly those who have had multiple episodes of previous treatments. Among the previously treated cases, those who fail their treatment to complete are the most likely to have

drug-resistant bacteria and multi-drug resistance occurs on the major drugs, especially Isoniazid.

Patients with multi-drug resistant TB spreads the same multi-drug resistant TB to a brand new human host. Treatment of these cases poses a real challenge. The treatment is long, toxic and expensive. The costs to patient are frequently so great that the patient, the patient's family and community are increasingly impoverished by the disease and its treatment at hospitals. Diagnosis also poses a challenge for these cases.

Controlling the spread of this dangerous resistant bacterium needs to have a high priority, particularly in health care institutions or other residential care facilities where these patients may spend long periods of time. This requires a high level of awareness of the problem, triage of all those suspected of having tuberculosis for rapid diagnosis and improvement of ventilation where such patients gather.

The Global Tuberculosis Report (2009) estimated MDR-TB rates 3.5 percent and 20 percent among new

and previously treated TB cases respectively. Although the rates of MDR-TB in Bangladesh did not appear to be high, but the absolute number may be significant in increasing TB burden.

The extent of anti-TB drug resistance in Bangladesh is not clearly revealed. No national survey has ever been conducted, but the World Health Organisation (WHO) are giving special emphasis to uncover the real picture by nationwide survey.

Resistance to commonly prescribed TB drugs is most often caused by incorrect TB treatment. Factors such as interrupted drug supply, inappropriate prescription or poor compliance permit multiplication of drug-resistant strains of TB. This is especially challenging because the current strategy for tuberculosis control depends on rapidly reducing the risk of infection through finding and treating the infectious cases.

We need to combat the challenge with proper policy and appropriate action.

The writer is Pulmonologist working at National Institute Chest Diseases and Hospital, Dhaka.

Concern over Lantus cancer risk

Sanofi-Aventis SA fell the most in a month in Paris trading on renewed concern that the Lantus diabetes treatment, the French drugmaker's top-selling product, may be linked to an increased risk of cancer.

A study of 1,500 patients published recently in the journal *Diabetes Care* tied insulin glargine, as Lantus also is known, to a higher cancer risk, according to a note from Hobart Capital Markets, a London brokerage. The study is "unclear" and "lacks precision," Jean-Pierre Lehner, Sanofi's chief medical officer, said in a telephone interview. The study can be "methodologically challenged," the company said.

Sanofi shares slumped a year ago after Ralph DeFronzo, a researcher at the University of Texas Health Science Center, said on a conference call that studies would show Lantus was tied to cancer. As it turned out, the research published in the journal *Diabetologia* delivered mixed results, and the U.S. Food and Drug Administration said it didn't show a link.

"There's no difference in what this study is showing and what was published last year," Nick Turner, an analyst at Mirabaud Securities in London, said in a telephone interview. "Clearly the risk is relatively light. If anything, this study shows that the risk could be mitigated with dosage, which is a positive."

Source: <http://www.businessweek.com/news/2010-06-18/sanofi-shares-fall-on-concern-over-lantus-cancer-risk-update3.html>



DID YOU KNOW?

Breastfeeding acts as a natural contraceptive

STAR HEALTH DESK

Following delivery, breastfeeding is an effective method of contraception. In fact, it is the ancient and widely used method of contraception for 4 to 24 months after delivery. The act of nursing a baby through breastfeeding generates hormones in the mother that suppresses ovulation. This is the body's natural mechanism of birth spacing. It can be used as long as a woman nurses her baby frequently and has no periods.

World Population Day 2010 will be observed tomorrow with the theme "Everyone Counts". Bangladesh is one of the most densely populated regions in the world and population is increasing day by day. For long period, the population growth rate is remaining almost stagnant in Bangladesh. We need to increase the awareness, extend the coverage of contraceptives including breastfeeding for successful population control.