

DO'S AND DON'TS

Blood transfusion in Thalassaemia

PROF DR MANZUR MORSHED

Thalassaemia is a genetic disorder that affects haemoglobin (the oxygen-carrying protein in red blood cells) by early destruction. To keep the patient fit and maintain adequate amount of haemoglobin, regular blood transfusion is considered to be essential. In many cases, blood transfusion is started soon after birth and is continued indefinitely.

For all these, it is very important for doctors as well as patients or their guardian to know right decision making about blood transfusion. It must be remembered that it should not be taken lightly as transfusion may cause more harm than the disease itself if the judgment is inappropriate.

A common misconception is that the decision to transfuse blood depends on certain level of haemoglobin (Hb). If one

person has a haemoglobin level below 7 or 8 gms, s/he is considered to be a candidate for blood transfusion. This is not correct. The fact is that, for a thalassaemia patient, blood transfusion decision is taken after careful consideration of several factors. It includes growth velocity, appetite, spleen size and quality of life in addition to Hb level. For this reason, one may receive transfusion, while his or her Hb level is 6 gms per cent, while another patient with same Hb level may not require blood transfusion. There are several studies in neighboring countries including Sri Lanka where it has been shown that certain thalassaemia patients are able to adjust with a level of Hb that is not considered adequate for other people including thalassaemics.

Since blood transfusion is a potentially harmful therapy; every attempt should be made

to avoid transfusion whenever possible. Safety of blood is another issue that needs careful consideration. Though in blood banks, blood is tested for harmful organisms before transfusion, blood cannot be declared 100% safe as these tests are not foolproof.

Because of repeated transfusions, many thalassaemia patients develop allergy and intolerance to further blood transfusion. To avoid reactions and fever, a kind of blood filter (called leucofilter) has been recommended to be used during transfusion.

Iron accumulation in different organs of the body because of repeated blood transfusion is a well-known side effect. It causes damage to the organs and result in development of diabetes, growth failure, bone damage, liver failure and heart dysfunction and failure.

For all the reasons above,



A child is getting blood transfusion in a transfusion centre in Dhaka city. Decision for transfusion should be taken very carefully as it may pose blood recipient at risk several harmful effects.

PHOTO:TAREQ SALAHUDDIN

blood transfusion should be decided on careful considerations of many factors, not only on the Hb level alone. Before transfusion, the question that should always be answered is — do the benefits of blood transfu-

sion significantly outweigh all the potential harms?

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Community based newborn care is possible

Study says existing government community health workers can provide postnatal care upto three fourth of newborns if instructed and trained properly

STAR HEALTH REPORT

Global studies including Bangladesh provide evidence that up to two thirds of newborn deaths could be prevented if known effective health measures were provided at birth and during first week of life.

According to a Community Based Post Natal Care study in Bangladesh, the existing government community health workers are capable to provide this service and currently they can effectively pro-

vide the service to three forth of our newborns.

The study was conducted by The Obstetrical and Gynaecological Society of Bangladesh (OGSB) with the help of Ministry of Health and Family Welfare. It was monitored by Centre for Injury Prevention and Research, Bangladesh (CIPRB), evaluated by National Institute of Population Research and Training (NIPORT) and supported by Saving Newborn Lives program of Save the Children.



A community health worker is seen assessing a newborn baby at home immediately after birth. The photo was taken in a remote village of Zakiganj, Sylhet on August 19, 2010.

PHOTO:TAREQ SALAHUDDIN

Although early postnatal care is crucial to save newborn, the recent maternal mortality survey shows only 23 percent newborns receive postnatal care within 2 days of life, nearly all of them born in facilities. There is almost no community based postnatal care by community health workers. As most delivery takes place at home, providing postnatal care at community level is dire need of the time to save most of the at risk newborns.

In order to reveal the study results and provide recommendation based on the study, all the partners who accomplished the study have arranged a dissemination seminar recently at a local hotel in the city, says a press release.

Speakers of the seminar said that necessary change in the job description and training of the community health workers to provide community based postnatal care can make a big difference to save most of our newborns from early grave. They urged to implement the postnatal care immediately.

CASE STUDY

Star fruit can be deadly for kidney!

DR GULSHAN K MUKHIYA

Star fruit or Carambola, which is locally known as Kamranga is a refreshing treat and a healthy delicacy. But for some people with impaired kidney function, it can be deadly and may cause sudden kidney shutdown. It can also affect healthy people who consume a certain amount of juice, especially in raw form or an empty stomach.

Recently, a 54-year old otherwise healthy person presented to me with low urinary output suggestive of acute kidney failure. He had a history of taking 300 ml Kamranga juice in an empty stomach. Initially, he presented with sudden onset of nausea, vomiting and abdominal pain within hours and thereafter was admitted to a local hospital. Gradually the patient developed acute kidney failure and was referred to Apollo Hospitals Dhaka for better evaluation and treatment. Kidney biopsy of the patients revealed plenty of microscopic colorless oxalate crystals. The patient was treated accordingly and two sessions of hemodialysis were given. Patient's kidney function fully recovered on 20th day after the Kamranga induced Kidney Failure.

Kamranga is an oxalate-rich fruit that can accumulate in kidney and cause such incidences of low urine output and kidney failure. Studies in different scientific journals also show proof of such evidence based incidences. In a healthy person, as little as 300 ml of kamranga juice can affect kidney. Healthy people should consume



Star fruit (Kamranga) contains oxalate that may accumulate in kidney if taken excessively, especially when taken in raw format and in empty stomach. As little as 300 ml of Kamranga juice may affect even a healthy individual.

juice below this level and should not take in an empty stomach as it helps in absorption of oxalate and upsets our stomach and intestine. Most importantly, people should not take juice in raw form and must dilute the juice and preferably make it pickle juice.

People suffering from hypertension, diabetes and obesity who are at risk of kidney disease or those who have a family history of kidney disease should preferably avoid Kamranga as a precautionary measure. Anyone who experience nausea, vomiting, abdominal pain and low urine output after taking Kamranga should consult a nephrologist immediately.

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Knowing for better living

In Bangladesh ...

20% of men consume tobacco in the forms other than cigarette !

Avoid smoking

Avoid tobacco consumption

Exercise regularly

Drink plenty of water

Keep away from stressful situations

Consult your Doctor



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