

# Fast heart beat: a functional disease of heart

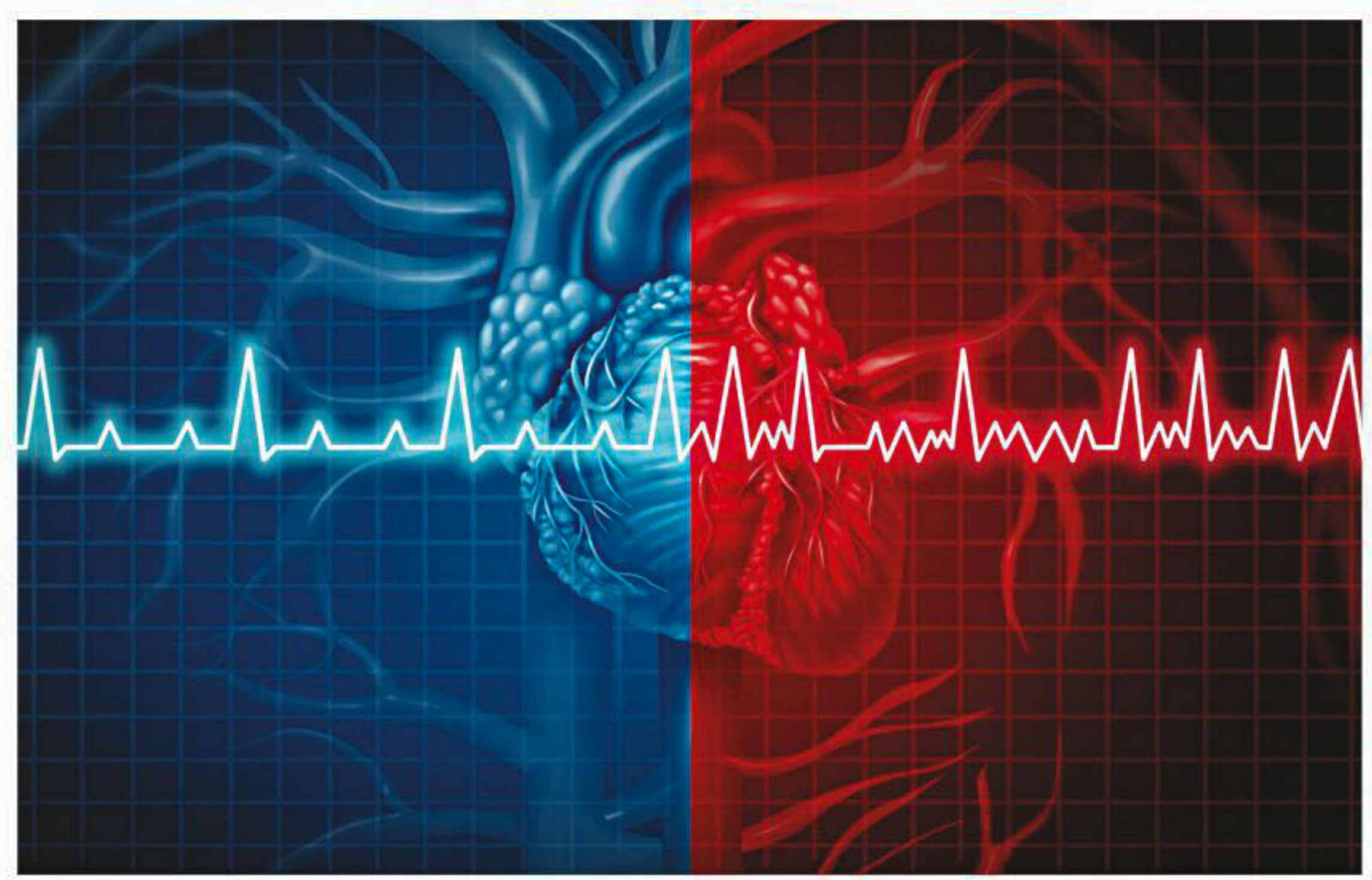
DR TAHERA NAZRIN

A 6 months old baby girl suddenly became very restless and fussy. Her mother noticed that she had profuse sweating for last few hours. She was not consoled by any means. The mother tried to feed her and play with her, but she was not able to make the child comfortable. Suddenly mother felt the baby's chest and her heart is beating very fast and gradually the baby became lethargic. The mother rushed with her baby to a nearby hospital.

A general physician saw the baby and diagnosed that the baby's heart beat is around 300 beats per minute. But it was not possible to treat her in that hospital as there was no paediatric cardiologist. They immediately referred the baby to a hospital where paediatric cardiologist and intensive care support was available.

As soon as the baby reached the hospital she was managed by a paediatric cardiologist and her heart beat came down to normal. She became calm and quiet. The mother was relieved.

The baby had history of fever 10 days ago which was treated by Paracetamol and some antibiotic. She was completely well after



that. Then why suddenly her heart was beating so fast? If there is any disturbance in the origin of the signal of heart beat or abnormalities of conducting pathway, or any abnormal tissue inside the heart generating extra signal may cause increased heart beat which is called supraventricular tachycardia (SVT). This abnormal

function could be detected even in mother's womb while the baby was not even delivered, if the heart would have started to beat faster. Foetal tachycardia (fast heart beat) can be detected by foetal ultrasound and can be treated. As soon as supraventricular tachycardia is detected, it should be treated immediately, otherwise the heart may fail.

SVT is more common in infants than older children. Most frequent age of presentation is the first 4 months of life. Second peak is at 8-10 years in adolescence. SVT in children more than 5 years are associated with high probability of recurrence. Half of the patients do not have any heart diseases

associated with SVT. These are called idiopathic type. Other types may be associated with structural heart diseases. SVT may occur after cardiac surgeries.

Many infants tolerate SVT well. If it is sustained for 6-12 hours, signs of heart failure develop in infants (irritability, tachypnoea or abnormally rapid breathing, poor feeding and pallor). If heart failure develops, the infant's condition deteriorates rapidly.

In older children SVT arises suddenly, lasts a short time and then disappears just as quickly. They may have chest pain, palpitation, shortness of breath, light headedness and fatigue.

Doctors use some simple manoeuvre for older children or ice-water bag on the face for few seconds for infants and teach the parents to immediately manage SVT. But for frequent recurrence in older children, they may need radio frequency catheter ablation (RFA). But ablation is not recommended in children aged one to two years. So, timely diagnosis and management of SVT can save the children's life and abolish the anxiety of the parents.

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## TREND



### Cancer now leading cause of death

Cardiovascular Disease (CVD) remains the leading cause of mortality among middle aged adults globally, accounting for 40% of all deaths, but this is no longer the case in high-income countries (HIC), where cancer is now responsible for twice as many deaths as CVD, according to a new report from the PURE study published in The Lancet.

It was estimated that 55 million deaths occurred in the world in 2017, of which approximately 17.7 million were due to cardiovascular disease (CVD).

The PURE study is the only large prospective international cohort study that involves substantial data from a large number of middle-income countries (MIC) and low-income countries (LIC), as well as HIC, and employs standardised and concurrent methods of sampling, measurement and follow-up.

"The world is witnessing a new epidemiologic transition among the different categories of non-communicable diseases (NCD), with CVD no longer the leading cause of death in HIC," said Dr Gilles Dagenais, Emeritus Professor at Laval University, Quebec, Canada.

## HEALTH bulletin



### Stronger focus on nutrition could save 3.7 million lives by 2025

Health services must integrate a stronger focus on ensuring optimum nutrition at each stage of a person's life, according to a new report released by the World Health Organisation (WHO). It is estimated that the right investment in nutrition could save 3.7 million lives by 2025.

Essential health packages in all settings need to contain robust nutrition components but countries will need to decide which interventions best support their national health policies, strategies and plans.

Key interventions include: providing iron and folic acid supplements as part of antenatal care; delaying umbilical cord clamping to ensure babies receive important nutrients they need after birth; promoting, protecting and supporting breastfeeding; providing advice on diet such as limiting the intake of free sugars in adults and children and limiting salt intake to reduce the risk of heart disease and stroke.

Investment in nutrition actions will help countries get closer to their goal of achieving universal health coverage and the Sustainable Development Goals. It can also help the economy, with every US\$1 spent by donors on basic nutrition programmes returning US\$ 16 to the local economy.

## Parents' guide to newborn skin care

DR TAUHIDA RAHMAN EREEN

Babies are born with very gentle and fragile skin. New parents are often concerned about their baby's skin, which is not surprising. A baby's skin is very sensitive and s/he may probably develop rashes and allergies if proper skin care is not practiced. Baby's skin is 10 times thinner than that of adult skin, it needs special care and pamper throughout the first year of life.

**New born skin peeling**  
Do not worry if your newborn has skin peeling. Newborns start losing their outer layer of skin within few days after birth.

Your little bundle's skin is highly absorbent - so less is more. Fragrance, dye, irritant soap, detergent, phthalates, parabens may irritate newborns delicate skin that may result in eczematous and dry skin. Keeping your baby moisturised should be top on your list. Wash baby clothes, bedding and blankets separately from the family's laundry. More severe skin peeling should be treated with prescription medicine.

**Scalp and nail care**  
Cradle cap is a very common issue for a nursing. Before bathing the baby, rub a small amount baby oil or olive oil in a circular motion. Use tearless mild shampoo. Be gentle on your cutie's scalp, comb your baby's hair with a soft-bristle brush as baby's scalp is ultra sensitive. This skin condition goes away on its own. If it persists or spreads consult a dermatologist.



Trim your baby's finger nails twice a week and toe nails once a week. Fingernails grow faster than toe nails. Just after bath nails are pretty softer, easy and manageable to cut. Keep in mind that they love to scratch themselves with their finger nails. For the first few months mittens will be your savior.  
**Newborn diaper rash**  
Baby's skin is ultra-thin and fold areas are usually warm and moist - that is why it promotes diaper rash very often.

Please pay attention to these delicate areas. Keep it dry and clean; do not rub it with harsh cloth or towel. Alcohol-free, fragrance-free

baby wipes will be gentle for your little kid. If parents notice red, patchy inflamed skin on baby's nether region during diaper changes or bath time, do not neglect - it might be diaper rash. Keep an eye on baby skin care products and cloths. Breathable cloths are always preferable. Dermatologists suggest Zinc Oxide based cream, which is soothing for baby's sensitive skin.  
Hope this helps to make you understand that your baby's sweet, sensitive skin needs nothing but the best care.

The writer is a Cosmetologist and Dermatologist.



### Policy dialogue on multisectoral second National Plan of Action for nutrition

A roundtable discussion was held in the capital recently where the focus was to capture the readiness of the enabling environment for programme roll-out and to identify the challenges and opportunities across sectors for inter-sectoral collaboration and programme convergence for the implementation of the second Bangladesh National Plan of Action for Nutrition (NPAN2), says a press release.

In recent years, Bangladesh recorded a 51% to 43% decrease in stunting prevalence in between 2004 to 2007, with the trend being maintained post-2007 with an annual rate of reduction of 1% per year. As a member of the Scaling Up Nutrition (SUN) Movement, Bangladesh recently launched its NPAN2 (2016-2025), which outlines the implementation framework for its 2015 National Nutrition Policy.

NPAN2 involves 22 ministries and is costed over 10 years at US\$ 1.6 billion. It aims to improve the nutritional status of mothers and children in the 1,000-days period, as well as that of adolescents, the elderly, disabled, pre-school, and primary school children. To do this, the plan aims to scale up nutrition-specific and nutrition-sensitive interventions and improve the coverage of programmes to ensure that the most vulnerable are targeted. NPAN2 emphasises the importance of social behaviour change communication.



**First Aid:** is the first and immediate assistance given to any person suffering from either a minor or serious illness or injury. It includes initial intervention in a serious condition prior to professional medical help being available. There are many situations which may require first aid and many countries have legislation, regulation or guidance which specifies a minimum level of first aid provision in certain circumstances.

**AIM : The three Ps**  
■ Preserve life ■ Prevent further harm ■ Promote recovery

# World First Aid

## 14<sup>th</sup> September '19

### Major types of First Aid required usually:

- 01. Basic First Aid for Cardiac Arrest**  
Cardiopulmonary resuscitation (CPR) is the most important medical procedure of all. If a person is in cardiac arrest (the heart is no longer pumping blood) and CPR should be performed.
- 02. Basic First Aid for Bleeding**  
Cover the wound with a gauze or a cloth and apply direct pressure to stop the blood flow. The cloth will help clots form to stop the flow.
- 03. Basic First Aid for Burns**  
The first step to treating a burn is to stop the burning process. Chemicals need to be cleaned off. Electricity needs to be turned off. Heat needs to be cooled down with running water.
- 04. Basic First Aid for Blisters**  
If the blister is large or painful-follow steps to drain and dress a blister. Then apply antibiotic ointment and cover it to protect it from further rubbing and pressure.
- 05. Basic First Aid for Fractures**  
All extremity injuries need to be treated as broken bones (fractures) until an X-ray can be obtained.

