

Melasma: When skin pigmentation attacks your beauty

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You may be tired of hiding your dark spot under heavy duty foundation and concealer. 90% of people with this skin condition are women, 10% are men.

Why do this melasma develop?

There can be different reasons for discolored skin patches. This skin pigmentation issue happens when there is overproduction of melanin.

Ultraviolet rays from sunlight, cooking ray, gadget are responsible for dark spots. Antimalarials, antipsychotics, birth control pills, hormone therapy, anticonvulsants, bleomycin and cytotoxic agents, non-steroidal anti-inflammatory drugs (NSAIDs) and heavy metals (e.g. Silver, Gold and Mercury) are know triggers for dark patches. Pregnancy induced hyperpigmentation is called mask of pregnancy.

What can you do to get rid of them?

Your body needs to be treated as a whole. I prefer holistic treatment protocol. A perfect meal plan, good skin care regimen, aesthetic treatment can give you some benefits. Some quick fixes like so called harsh whitening cream and bleaching agents can actually



make it worse.

Skin product: Please do a patch test before using any product. Check ingredients and pH level. It has to be Parabens and chemical free, dermatologically tested.

Moisturiser: Please stick to a moisturiser that offers multiple benefits. Gentle to your skin, nourishing, hydrating and moisturising effect can give you a glowing skin.

Sunscreen: I am a firm believer that a broad spectrum sunscreen is the first step. Everyday is a sunscreen day, every season is a sunscreen season. I recommend SPF 50, PA+++, antioxidant sunscreen. This sunscreen will give you maximum protection from harmful UV and infra Rays. Combat your dark spot with oral sunscreen - lutein, astaxanthin, lycopene,

beta carotene containing fruits, vegetables and supplements have oral photo protection properties. Pomegranate, eggs, sunflower seeds are a great collection of L cystine which can help you repair your skin tissue, retain the skin moisture and act as a skin brightening superstar. Watermelon, pineapple, papaya, green tea tomato are high in antioxidants. They all are free radical fighter, and work as an oral supplements too.

Skin lightening: Consult your skin expert before picking a skin lightener product. Super ingredients for skin lightening Alph Arbutin, Lactic acid, Licorice Extract, Vitamin C, Malic Acid, Gigawhite, Mulberry extract.

They have pigmentation lightening properties that helps in fading pigmentation and come in creams, lotions, serum, emulsion or gels.

Skin lightening peel: If topical medicine does not work, other treatments may succeed in reducing or eliminating unwanted dark spots. We Dermatologists recommend different type of peel.

Like malic acid from apple, lactic acid peel from milk, probiotic peel from yoghurt, mandelic acid peel from bitteralmod and many more.

Advanced laser: You will achieve a lighter complexion with a healthy glow with the help of photo-facial and Q switch laser.

PRP: For progressive skin rejuvenation, that will empower skin cell membranes.



Evercare Hospital Chattogram launches Centre for Diabetic care & Endocrine diseases

Evercare Hospital Chattogram recently launched a new Centre of Excellence for Diabetic Care & Endocrine Diseases to provide improved specialised care for diabetes and endocrine-related diseases, says a press release. The centre comprises six separate clinics: Diabetes Wellness, Obesity, Lipid, Pregnancy Diabetes & Hormone, Thyroid, and Growth & Puberty.

At the centre, patients can primarily avail services for treating diabetes and diabetes-related complications and endocrine-associated diseases, such as goitre. Services for hormonal complications relating to pregnancy and consultations and treatments for diabetic women wishing to conceive are also available at the centre. Furthermore, services will be provided for obesity, weight gain, premature/late puberty, and puberty-related height issues.

The Centre of Excellence for Diabetic Care & Endocrine Diseases operations will be led by Dr Mohammad Mahmudul Kabir, who also serves as the Associate Consultant in the Diabetology & Endocrinology department at the hospital.

Why don't people with COVID-19 symptoms get tested?

Researchers of Boston Children's Hospital and colleagues from King's College London identified mild symptoms, lack of awareness about local test centres, and certain demographic factors as barriers to COVID-19 testing.

The COVID-19 public health response includes testing, even as countries unveil vaccination



campaigns. In the UK, people with a fever, a new, persistent cough, or a change in their sense of smell or taste can get a free PCR COVID-19 test. However, over a quarter of those with these symptoms go untested in the UK.

The study analysed data from 4.3 million people who self-report COVID-19 symptoms and test results via a smartphone app. Nearly 5,000 people who had COVID-19 symptoms but no test was surveyed in late 2020.

The authors concluded more efforts and better messaging are required to educate people on testing recommendations.



HEALTH BULLETIN

Sodium, potassium, and cardiovascular disease

Several studies suggest that we should promote low-sodium, high-potassium diets — especially in patients with hypertension. Sodium restriction and generous potassium intake are associated with lower blood pressure (BP), but the ultimate effect on cardiovascular (CV)-related morbidity is unclear.

In 2021, several studies addressed this issue and refocused attention on these dietary interventions. In a trial from China, 21,000 people with histories of stroke or inadequately controlled hypertension were randomised to replace regular salt with a salt substitute (75% sodium chloride, 25% potassium chloride) or to continue using regular salt; to further enhance sodium restriction, intervention participants were instructed to use the salt substitute more sparingly than they had used regular salt.

At 5 years, rates of stroke, major adverse CV events, and mortality were each significantly lower in the salt-substitute group — by roughly 2 or 3 events per 100 participants. According to 24-hour urine electrolyte measurements, the intervention lowered sodium intake by only about 10% but increased potassium intake by about 50%.

Source: *The New England Journal of Medicine*



An estimated 1.2 million people died in 2019 from antibiotic-resistant bacterial infections

more deaths than HIV/AIDS or malaria

Antibiotic-resistant bacterial infections caused over 1.2 million lives in 2019, according to the most thorough global assessment of antimicrobial resistance (AMR).

AMR currently causes more deaths than HIV/AIDS or malaria, according to a Lancet study of 204 nations and territories, higher than HIV/AIDS or malaria. In addition, it indicates that previously treatable illnesses such as lower respiratory and bloodstream infections now cause hundreds of thousands of fatalities due to antibiotic-resistant bacteria.

The report identifies immediate policymaker steps that will assist save lives and protecting health systems. These include better monitoring and management of infections and more money for developing new antibiotics and treatments.

The new Global Research on Antimicrobial Resistance (GRAM) report estimates deaths linked to 23 pathogens and 88 pathogen-drug combinations in 204 countries and territories in 2019. In 2019, AMR was expected to be directly responsible for 1.27 million deaths and 4.95 million fatalities globally.

Also, HIV/AIDS caused 860,000 deaths, while malaria caused 640,000 in 2019. Lower respiratory infections (such as pneumonia) had the highest influence on AMR disease burden, causing over 400,000 deaths and affecting over 1.5 million.

Drug resistance in bloodstream infections caused 370,000 deaths and was linked to approximately 1.5 million deaths. Drug resistance in



intra-abdominal infections (such as appendicitis) caused 210,000 fatalities directly and 800,000 indirectly. While AMR affects people of all ages, small children are particularly vulnerable, with AMR accounting for almost one in every five deaths in this age group.

Deaths caused directly by AMR were estimated to be highest in Sub-Saharan Africa and South Asia, at 24 deaths per 100,000 population and 22 deaths per 100,000 population, respectively.

AMR was associated with 99 deaths per 100,000 in Sub-Saharan Africa and 77 deaths per 100,000 in South Asia. In high-income countries, AMR led directly to 13 deaths per 100,000 and was associated with 56 deaths per 100,000.

Across all pathogens, fluoroquinolone and beta-lactam antibiotic resistance accounted for more than 70% of AMR-related mortality. *S. pneumonia* (16%) and *K. pneumonia* (20%) were the most common pathogens responsible for AMR-related mortality in Sub-Saharan Africa, while *S. aureus* (26%) and *E. coli* (50%) were responsible for AMR-related deaths in high-income nations (23%).

Because resistance varies greatly by country and location, enhancing global data collection is critical to better tracking levels of resistance and empowering clinicians and policymakers to address the most important concerns posed by antimicrobial resistance.

Source: *The Lancet*



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