PRACTICAL EXERCISE 1

TITLE PAGE, ABSTRACT, KEYWORDS, INTRODUCTION

1. (a) Point out the faults in this manuscript title page, including the title.
   (b) Prepare the abstract and keywords.

2. Comment on the abstract and introduction.

3. Comment on the title, abstract and keywords.

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INTRODUCTION

Trichobezoar of the gastrointestinal tract is a rare disease both in humans and animals. Commonly seen in adolescent females, it can be present in males. Due to its complicated presentation and rarity, it may cause diagnostic difficulty. Trichobezoars are usually seen in the stomach and no case is reported in the small bowel in mentally normal patients. A case report of trichobezoar in the terminal ileum and caecum is presented.

A young girl of 13 years presented to us as a case of pain abdomen off and on for the last few months. Pain was colicky associated with vomiting and constipation and relieved with medicines. Clinical examination of abdomen showed a few visible loops of small bowel. No mass was palpable or tenderness and guarding elicited. X-ray (Fig I) abdomen showed distended small bowel loops. Blood picture and urine were normal. Laparotomy was performed and a mass was palpable in terminal ileum and another in caecal area. Entroctomy was done and trichobezoar (3x6 cm) (Fig II) retrieved from ileum. It was connected through a strand of fiber to the one in caecum (Fig III), which could not be negotiated through ileocaecal valve passed spontaneously per rectum after 2 days. Operative diagnosis of trichobezoar ileum and caecum was made.

DISCUSSION

Bezoars are collections or concretions of indigestible foreign material in the gastrointestinal tract. The term bezoars derives from the Arabic word Badzehr, which means antidote. Bezoars were used as antidotes and as magical medicinal agents against plague, snake-bite, sexual weakness, leprosy and epilepsy by physicians from 12th to 18th century. It can be trichobezoar or hairball, phytobezoar (food particles), trichphytobezoar (mixed), pharmacobezoar, lactobezoar, mycobezoar or pseudobezoar. Generally trichobezoars are in the stomach, but it may descend from the stomach into the intestine as far down as transverse colon termed as Rapunzel syndrome. In the instant case, one trichobezoar was in the terminal ileum and another one in the caecum which were connected through a strand.
ACHIEVEMENT OF AWARENESS IN A DIABETIC POPULATION

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Abstract
This cross-sectional survey was carried out during the period, October 2005 to December 2005, among 184 randomly chosen diabetic patients in Khulna Diabetic Centre, Khulna, Bangladesh, to evaluate the knowledge of the patients for their control of diabetes mellitus and also to explore the association(s) of their attitude and knowledge regarding diabetic awareness towards educational status and socio-demographic profile.

In this study, we found a significant difference, in diabetic awareness to keep correct blood glucose level, in different educational group. But, it did not influence the subjects of different educational group to visit the diabetic clinic. There was no significant difference in the knowledge of correct blood glucose level and in regularity of visit to the diabetic clinic, in rural and urban people. Knowledge of correct blood glucose level varied significantly among male and female patients, although, no significant variation was found among them in visiting to the diabetic clinic.

We can conclude that, diabetic education programs can improve self-regulatory behavior and in the long run, can reduce morbidity and mortality.

Introduction
Diabetes mellitus (DM) continues to be a major non-communicable disease threat to global public health. More than 170 million people worldwide have diabetes, and this figure is projected to be more than double by the year 2030, if current trends continue. It will mostly increase in South Asia. In 2007, a United Nations (UN) resolution was adopted to mark diabetes mellitus as a significant global public health issue.

In 2007, the International Diabetes Federation (IDF) estimated that 3.8 million or 4.8% of people living in Bangladesh have diabetes. By 2025, that number is expected to grow to 7.4 million or 6.1% of the population. This explosion will place Bangladesh among the top ten countries, in terms of the number of people living with diabetes, by the year 2025. At that date, 80% of all diabetes cases will be the burden in the low and middle socioeconomic countries.

Although diabetes mellitus is an incurable disease, it can be managed properly, if the subjects are trained. Proper self-management requires patients to be aware of the nature and consequences of the disease course, its risk factors, dimensions of treatment and its complications.

Subjects and Methods
This cross-sectional survey was conducted from October 2005 to December 2005, among randomly chosen diabetic patients, in Khulna Diabetic Centre, Khulna, Bangladesh. A total 184 diabetic patients were surveyed. Those of greater than 16 years old and who could understand the instructions of the survey were included. All the subjects had answered voluntarily and confidently against the administered pre-tested questionnaires. The questions were aimed to assess the awareness of diabetes mellitus in relation to its control, management, treatment and complications. After collection of data, they were checked and verified and data analysis was performed by using Statistical Package for Social Science (SPSS, version 10). All the surveys were administered in the presence of at least two of the authors.

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Study on serum Lipoprotein (a) level in preeclamptic Bangladeshi women

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Abstract
It is a case control study which was design to know the association of serum Lipoprotein (a) level in preeclamptic (PE) in women. This study was carried out in department of Obstetrics and Gynecology, Sir Salimullah Medical College Hospital, Mitford, Dhaka. Total number of subjects was 100. Out of which 50 were cases and 50 were controls. Cases were physically and clinically proved PE patients. Controls were age, parity and gestational age matched. Three ml of blood were collected from each subjects, serum fasting LP(a) level were measured. The mean age of study group was 24.49 ± 6.48 years. Serum Lipoprotein(a) level was 51.51 ± 29.38 mg/dl Vs 17.40 ± 7.89 mg/dl in cases and controls respectively. This difference was statistically significant (p<0.001). Mean serum Lipoprotein(a) level was found to be raised in severe preeclampsia (74.87 mg/dl) and lowest in control subject. Severe preeclampsia was found to be associated with higher level of lipoprotein (a) than both control (p<0.01) and mild preeclamptic (p<0.01) subjects. Mild preeclampsia was also found to have higher average serum Lipoprotein (a) than the normal (P<0.01) subjects.

Key Words
Lipoprotein(a), Preeclampsia, Bangladeshi women.

Introduction
Preeclampsia (PE) is a hypertensive disorder of pregnancy characterized by generalized inflammatory state and endothelial dysfunction resulting in disseminated microangiopathic disease with vasospasm and hypercoagulation.1 It is a serious complication of the second half of pregnancy. This disease is a leading cause of foetal growth retardation, infant morbidity, mortality, and maternal death.2 The world wide incidence of preeclampsia is still high in spite of the significant improvement of the mother and child care over the last decades. All over the world PE is the 3rd leading cause for maternal mortality and the 7th leading cause for the perinatal mortality.2 In Bangladesh the incidence of PE is very high. It is about 10% to 15% of all deliveries.3 In this country, only 2.3% women end their pregnancies under medical supervision,4 and the rest of them have no access to obstetric care. As a result most PE cases remain unrecognized until severe complications, such as eclampsia. Eclampsia accounts for about 16% of maternal mortality in our country and PE is the leading cause of premature termination, intrapartum growth retardation, perinatal mortality and morbidity. Eclampsia is a preventable disease if PE is detected early and treated an early stage.

This clinical condition was first discovered over 100 years ago, but still it pathology remains obscure. The pathogenesis of preeclampsia continues to be a challenge. Several lines of evidence suggests that preeclampsia is a multi etiologic syndrome with heterogeneous biologic pathways.4 Among them genetic predisposition immunologic, circulatory, uterine vascular changes and endothelial dysfunction are important. The most accepted theory about etiology of PE is endothelial dysfunction.5 The causes of endothelial injury are multifactorial.6 In preeclampsia, characteristics pathological lesion in the uteroplacental bed is a necrotizing arteriopathy consisting of fibrinoid necrosis, accumulation of foam cells or lipid laden macrophages in the decidua, fibroblast proliferation and a perivascular infiltrate “acute atherosis” causing reduced placental perfusion. The similarity between lesions of preeclampsia and atherosclerosis has led to speculations of common pathophysiological pathway. Until now the most accepted etiopathogenesis of pre-eclampsia is endothelial injury and most recently by several authors Lipoprotein(a) has been linked to vascular endothelial cell injury in PE and its consequences7. Lipoprotein (a) [Lp(a)], a circulating lipoprotein particle is formed by attachment of carrier protein, apolipoprotein (a) apo(a), to a low density lipoprotein (LDL) like particle. The
Preeclampsia was estimated to be increased sevenfold. Many studies have demonstrated that the elevated Lp(a) levels are associated with atherogenesis and myocardial infarction. Both in vitro and vivo data indicate that Lp(a) is involved in the thrombotic and atherosclerotic processes that lead to reduced blood flow. This action might be associated with the action of Lp(a) on fibrinolysis, the accumulation of Lp(a) within the lesions and the function of endothelial cells. Lp(a), circulating lipoprotein, is accepted as an independent risk factor for premature coronary heart disease and atherosclerotic lesions has supplemented early in this Lp(a). There is increased risk of coronary heart disease if Lp(a) concentration is above 30 mg/dl. Normal gestation is associated with a progressive rise in Lp(a) and this association might contribute to pre-eclampsia in some individuals. Lp(a) were elevated in the women at risk in developing IUGR very early preterm delivery (<30 weeks of gestation) and foetal or neonatal loss. In recent review, there is an additive risk for atherosclerotic disease in women with past history of preeclampsia was estimated to be increased sevenfold.

Husby et al. reported two sisters with very high levels of Lp(a), both with a history of severe preeclampsia.

Materials and Methods

This case control study was carried out in the Department of Obstetrics and Gynecology of Sir Salimullah Medical College Hospital, Mitford, clinically diagnosed as preeclampsia and controls were age, parity and gestational age matched. They were uncomplicated by pregnancy-induced hypertension and proteinuria. Care was taken to select, equal number of subjects in each group having similar age, and comparable gestational age and to represent the same social stratum.

The mean age of study group was 24.49 ± 6.48; maximum difference level of preeclampsia (F 3.236 P <.01). With the higher level of preeclampsia mean Lipoprotein(a) level tends to be higher. Mean serum Lipoprotein(a) level was found to be highest in severe preeclampsia group (74.87 mg/dl) and lowest in control subjects. This difference was statistically significant (p<.001). With the higher level of preeclampsia mean Lipoprotein(a) level tends to be higher. Mean serum Lipoprotein(a) level was found to be highest in severe preeclampsia group (74.87 mg/dl) and lowest in control subjects. One way ANOVA reveals highly significant statistic difference of serum Lipoprotein (a) level between the difference level of preeclampsia (F 3.236 P <.01).

Table I Baseline characteristics of study patients

<table>
<thead>
<tr>
<th>Group</th>
<th>Study group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primipara</td>
<td>31 (62%)</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>Multipara</td>
<td>19 (38%)</td>
<td>32 (64%)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>25.54 ± 8.8</td>
<td>23.44 ± 4.17</td>
</tr>
</tbody>
</table>

All the data are expressed as mean ± SD and percents.

Table I shows the distribution of the respondents by age and obstetric history. Among the preeclamptic women majority of the subject and among control subjects were primipara. Odds Ratio demonstrated around three times more risk of developing pre-eclampsia among the primipara women then their multi gravid counterpart part.

Table II: Comparison of 24 hour total urinary protein between mild preeclampsia and severe preeclampsia

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mild PE (Mean ± SD)</th>
<th>Severe PE (Mean ± SD)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Protein gm/24hr</td>
<td>2.06 ± 5.36</td>
<td>4.39 ± 1.55</td>
<td>p = 0.046</td>
</tr>
</tbody>
</table>

p value < 0.05 is significant