

Bangladesh Medical Association of  
North America – Carolina Chapter

22nd Annual Convention  
2026

New Year  
New Hope



Saturday, April 18, 2026  
Embassy Suites,  
Fayetteville

# Publication Committee

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*Mr. Mamun Ahmed*

## Message from the Convener:

It is an honor to welcome you to the 2026 Annual Convention of BMANACC in Fayetteville.

I along with our co-convener Dr Abu Salahuddin and Dr Sabina Hannan invite you to enjoy, participate and relish the experience.

We are celebrating amazing 26 years of friendship, collaboration, camaraderie and professional growth!

We are so proud of our organization and our esteemed members!

As your convener for the third time and as an ex-president, I have had the honor of working with a wonderful group of people over the years. I am grateful for that.

Planning and executing a convention is a lot of work, needing the whole team working together with constant interaction, and communication especially after hours. We are all volunteers and dedicate our time for the love and support for our organization.

I salute the Fayetteville convention team for extraordinary dedication and commitment and their hard work! The Co-convener Dr Abu Salahuddin and Dr Sabina Hannan has helped and guided me every step of the way.

The Fund-raising committee has been a lifesaver, under leadership of Dr Hannan and Dr Abu Salahuddin.

I thank the professional organizations and the pharmaceuticals for their support with advertisements and educational booth.

I applaud our member sponsorship program which is getting more important in these days of higher costs of everything we do.

Dr Salma Syed and her team has done an excellent job of compiling a list of speakers and half of them are our second-generation physicians!

That has been one of our important goals of the organization over the years to increase the involvement of the second-generation physicians of Bangladeshi origin! We are excited about that.





## Message from the Convener ...*cont'd*

Dr Shyamal Palit and his team has worked very hard to plan the excellent cultural program. We are eager to see the family and children participation which is our beautiful tradition.

Food committee has done a lot of hard work to get the menu to satisfy various needs of our members. I applaud Dr Farida Yasmin, Dr Sabina Hannan and Dr MA Hannan, Dr Abu Salahuddin, Dr Tanvir for their excellent leadership and efforts.

Mr. Mamun Ahmed has taken the courageous job of handling the website and the souvenir despite being a relatively newcomer. We really appreciate his dedication and commitment!

As always we are grateful for the support of our founder president Dr Abu Imam, he is always available for any help at any time.

BMANACC executive committee has been available to us for any help, and we appreciate that.

Thanks to all the spouses of the team for your support during this time and especially my husband Mir Hakim for supporting me and encouraging me to go on.

I thank the Embassy Suites Team for working with us to make the event possible. I wish all of you the best!

Please enjoy and participate! Interact with each other, make new friends, sing with the group, dance as if no one is watching!!

Thanks, stay healthy and safe!

Sincerely  
Maleka Ahmed, MD  
Convener, 2026 BMANACC annual convention

## Message from the President:



It is my utmost privilege and honor to serve as a president of BMANA CC for the last two years, 2024 to 2026. Last year we completed our 25 years of this organization. I am very proud of this organization and feel pride to be president of this organization.

We are celebrating the 22nd annual convention this year. Our convention committee and members always make this Convention an extraordinary one. This year is also going to be an extraordinary convention with the leadership of Dr. Maleka Ahmed and co conveners Dr. Abu Salahuddin and also Dr. Sabina Hannan. They have contributed so much time and effort to organizing this wonderful convention with many other members- thank you so much. We all appreciate their efforts.

This organization is for scientific, educational, charitable, and also cultural activities of our country of origin Bangladesh. Our scientific session always enriched our members by the experience of our physician academics, practicing physicians and by the honorable guest speakers. We regularly contribute charitable donations at home in the US and abroad over the years. We have found many culturally gifted talents in this organization. This is a small organization in numbers of members, but we do a lot of things- what a big organization cannot do.

I also want to welcome the new physicians who are joining for the first time to this Convention. I'm sure you'll enjoy your time in this convention.

I like to thank all the executive members who helped me to run this organization for the last two years. Without their support, it was not possible to run this organization for the last two years. I also want to thank each of the members of BMANA CC who have been contributing their personal time and many other ways for this organization.

Finally, our sincerest gratitude to the sponsor of this year's Convention. Without your support, we could never have put this program together and we are thankful for your help. I hope you will continue to support us in the future.

Long live BMANA CC.

Sincerely,  
Humayun Kadir, MD  
President, BMANA CC

## Message from the Secretary:

Dear Members,

It is both a privilege and an honor to welcome you all to the BMANA-CC 22nd annual convention. Our gathering today is not merely a professional meeting; it is a celebration of service, unity, heritage, and shared vision.

First and foremost, I extend my heartfelt gratitude to the Organizing Committee for their tireless efforts in making this convention possible. Your dedication truly reflects the spirit of our association—commitment, collaboration, and excellence.



As physicians of Bangladeshi origin practicing in the United States, we carry a unique dual responsibility. We are proud contributors to America's healthcare system, while remaining deeply committed to our roots and our responsibilities toward Bangladesh.

Our mission is twofold. First, we must continue to promote excellence in medical practice. Second, we must strengthen our professional network and support one another. Our commitment extends both here in the United States and back home, where our service and engagement remain equally meaningful.

I sincerely thank every member for actively participating in this convention. Your presence and involvement are what make BMNACC a vibrant and impactful organization. Let us also take this opportunity to celebrate our culture, language, history, and traditions through today's cultural program, presented by our talented members and guest performers. My heartfelt thanks go to all the pharmaceutical companies for their generous support of this event.

In closing, our success is measured by the lives we touch, the values we uphold, and the legacy we leave behind. May this convention inspire us, deepen our friendships, and renew our shared commitment to service.

Thank you all once again.

Warm regards,

Kishore Roy Chowdhury, MD  
General Secretary, BMANA CC



# BMANA-CC 2026 Annual Convention

## Scientific Session Agenda

Embassy Suites, 4760 Lake Valley Drive, Fayetteville, NC 28303  
 Saturday, April 18, 2026 from 8.30 A.M. to 12.00 P.M.

Time	Topics	Speaker
8.00 – 8.30	Breakfast - Please feel free to grab your breakfast Welcome and Opening Remarks	<b>Salma Syed, DO, FAAP</b> Professor of Pediatrics, Director, Pediatric/Adolescent HIV Clinic Brody School of Medicine, ECU
8.30 – 9.00	Lung Cancer Screening	<b>Sayed Hossain, MD, FACP, FCCP</b> Medical Director, Respiratory and Sleep services Wilson Medical Center, Duke Life Point Hospital
9.00 – 9.30	Update on Diabetes Mellitus	<b>Sarah Jahangir, MD</b> Internal Medicine Resident ECU Health/Brody School of Medicine
9.30 – 10.00	Obesity and Cardiovascular Sciences	<b>Sung-Eun Yoo, MD, FACE, ECNU, AACE-CEC</b> Endocrinologist and President Cary Endocrine & Diabetes Center
10.00 – 10.30	Break and Exhibit booths	
10.30 – 11.00	Shield- The FDA Approved Blood Test for Colorectal Cancer Screening	<b>Monnieque Singleton, MD</b> Family Medicine physician in Orangeburg, South Carolina
11.00– 11.30	Internal Medicine Clinical Cases Discussion	<b>Shimika Rasha, MD</b> Internal Medicine Hospitalist ECU Health Medical Center
11.30 – 12.00	Updates in Treatment of Restless Legs Syndrome	<b>Shehab Imam, DO</b> Sleep Medicine Fellow Wake Forest University SOM



# BMANA-CC 22nd Annual Convention

## Programs At a Glance

Embassy Suites, 4760 Lake Valley Drive, Fayetteville, NC 28303

SATURDAY - APRIL 18, 2026				
Start	End	Duration-Hrs	Program Description	Room Location
8:00 AM	12:00 PM	4 Hours	Breakfast and Scientific Session--Refer to Detailed Scientific Session Agenda	Sicily Room
9:00 AM	11:30 AM	2.5 Hours	Concurrent session- breakfast and roundtable discussion for the spouses not participating in the scientific sessions	Holland Room
12:30 PM	1:30 PM	1.5 Hours	Conference Luncheon	Holland Room
2:00 PM	3:15 PM	1.25 Hours	Business Meeting	Sicily Room
3:15 PM	5:15 PM	2 Hours	Break and preparation for evening programs	Holland Room
5:30 PM	7:00 PM	1.5 Hours	Conference Dinner, Speeches, Recognition awards, photography competition awards and declaration of the new executive team by election commission	Spring Hill Suites Ballroom
7:00 PM	7:45 PM	45 Minutes	Cultural program kids' section	Spring Hill Suites Ballroom
7:45 PM	8:15 PM	30 Minutes	Maghrib Prayers, and stage setup	Dogwood Room, Embassy Suites
8:15 PM	9:30 PM	1.25 Hours	Cultural program by BMANACC artists. Theme "Baul"	Spring Hill Suites Ballroom
9:30 PM	12:00 am	2.5 Hours	Cultural program by Guest artist Sheikh Nilima Shoshi	Spring Hill Suites Ballroom
SUNDAY-APRIL 19, 2026				
11:00 AM	2:00 PM	3 Hours	Brunch	Mr. K Authentic Chinese Restaurant. 5048 Yadkin Rd #201, Fayetteville, NC 28303

# BMANA-CC Executive Committee

<b>President:</b>	Humayun Kadir, MD
<b>Past President:</b>	Najmul Chowdhury, MBBS, MPH
<b>Vice President:</b>	Sayeed Hossain, MD
<b>General Secretary:</b>	Kishore R. Chowdhury, MD
<b>Treasurer:</b>	Abu A. Zahidur Rahman, MD
<b>Cultural Secretary:</b>	Shyamal Palit, MD
<b>Educational Secretary:</b>	Prof. Salma Sayeed, DO
<b>Members:</b>	Zakiya Karim, MD
	Moushumi Shumi Ahmed, MD
	Nusrat Mujib, MD
<b>Bylaw Committee:</b>	M A Hannan, MD
	Abu Salahuddin, MD, FACP
	Mohammad Hossain, MD, FACP



## BMANA-CC Members List

No	PHYSICIANS NAME	SPECIALITY	No	PHYSICIANS NAME	SPECIALITY
1	A.B.M.Enayet Ullah, MD	Internal Medicine	29	Moushumi Shumi Ahmed, MD	Internal Medicine
2	Abu Ahmed Zahidur Rahman, MD	Internal Medicine	30	Nafisa Saleem, MD	Internal Medicine
3	Abu Salahuddin, MD	Internal Medicine	31	Najmul Chowdhury, MBBS, MPH	Public Health Epidemiology
4	Abu Sharifuzzaman, MD	Internal Medicine	32	Nur Jahan Begum, MBBS	Non-Practitioner
5	Abul K. Azad, MD	Internal Medicine	33	Nusrat Ara, MBBS	Non-Practitioner
6	Abul F. Imam, MD	Internal Medicine	34	Nusrat Mujib, MD	Internal Medicine
7	Anisur Rahman, MD	Internal Medicine	35	Paritosh Chowdhury, MD	Psychiatry
8	Ashraful Hannan, MD	Internal Medicine	36	Razia Hafiz, MD	Family Practice & Geriatrics
9	Asif Wahid, MD	Cardiology	37	Riaz Chowdhury, MD	Gastroenterology
10	Dabiruddin Humayun, MD	Internal Medicine & Pediatrics	38	S. M. Jafrul Islam, MD	Anesthesiology
11	Farida Yasmin, MBBS	Non-Practitioner	39	Sabina Hannan, MBBS	Non-Practitioner
12	Fatima Hossain, MD	Internal Medicine	40	Sagir Ahmed, MD	Cardiology
13	Habib A Masood, MD	Internal Medicine	41	Salma Syed, DO	Pediatrics
14	Humayun Kadir, MD	Family Medicine & Geriatrics	42	Sayed Hossain, MD	Pulmonology
15	Iqbal Bhuiyan, MBBS	Nurse Practitioner	43	Shah Alam, MD	Nephrology
16	Khwaja Hussain, MD	Family Practice	44	Shahnaz Ilias, MBBS	Non-Practitioner
17	Kishore R. Chowdhury, MD	Internal Medicine	45	Shahnaz Sharmin, MD	Internal Medicine
18	Ishtiaque Mohiuddin, MD	Cardiology	46	Shamsul A. Khan, MD	Pediatrics
19	Mahfuzul Haque, MD	Gastroenterology	47	Shireen Islam, MBBS	Non-Practitioner
20	Maleka Z Ahmed, MD	Hematology/ Oncology	48	Shyamal Palit, MD	Nephrology
21	Mamun Shahrier, MD	Gastroenterology	49	Sufia Siddique, MD	Family Medicine
22	Md. Abu Zahed Karim, MD	Internal Medicine	50	Tanvir Islam Majumder, MBBS	Non-Practitioner
23	Mizanur Rahman, MD	Psychiatry	51	Tahsin A. Zaman, MD	Residency, Psychiatry, ECU
24	Mohammad A. Kalam Khan, MD	Internal Medicine	52	Tapan K. Gayen, MD	Internal Medicine
25	Mohammad D Hossain, MD	Internal Medicine & Pediatrics	53	Tarek Aziz, MD	Psychiatry
26	Mohammad Raihan Azad, MD	Endocrinology	54	Tasneem Ishrat Islam, MBBS	Non-Practitioner
27	Mohammed A. Khasru, MD	Neurology	55	Tasrif Ahmed, MD	Internal Medicine
28	Mohammed M. Islam, MD	Nephrology	56	Zakiya Karim, MD	Pediatrics

# 22nd BMANA-CC Convention Dinner Program

- Welcome
- National Anthem
- Convener's address
- President 's address

## RECONGNITION OF GRADUATES

Congratulations to you all !

### Master's Program:

- Sabah Kadir, daughter of Drs. Humayun Kadir and Sufia Siddique is completing Masters in Digital Media Marketing from the University of NC, Chapel Hill in summer 2026.
- Rehnuma Ahmed, daughter of Dr's. Sagir Ahmed and Nusrat Ara started her MPH course at University of NC - Chapel Hill in fall 2025.

### PhD Program:

- Talita Ahmed, daughter of Dr's Sagir Ahmed and Nusrat Ara is finishing her PhD course in Clinical Psychology from Montclair University, New Jersey and going for 1-year clinical rotation in Montefiore Medical Center, NY in fall 2026.

### Fellowship program:

- Dr. Shehab Foiz Imam, son of Dr. Abul Imam and Mrs. Shireen Imam is completing his fellowship in Sleep Medicine at Wake Forest University at Winston-Salem, NC in June 2026.

### Starting New Job:

- Dr. Fariyah Ahmed, daughter of Dr's Sagir Ahmed and Nusrat Ara joined in a Dental practice in Manhattan, New York City in summer of 2025.
- Dr. Zihan Masood, son of Dr. Habib Masood and Mrs. Dilara Masood joined New York Brain spine & Joint, as a neurosurgeon in September 2025 after finishing fellowship on Laparoscopic Spinal surgery in 2025 from University of Pennsylvania. Earlier he completed Neurosurgery Residency in 2024 from the University of Kansas Medical Center, Kansas City.



# Annual Accomplishments Dr. Abu Sharifuzzaman

## Monetary Donations:

- We have donated \$2,77,050 from our organization since its inception in 2001.
- A total of \$47,000 was donated during the 2024-2026 period.
- \$18,000 to MedGlobal, to support humanitarian activities in GAZA in 2024.
- \$9,000 to Bdesh Foundation for Bangladesh flood affected victims in 2024.
- \$3,000 to BMANA for Bangladesh flood affected victims in 2024.
- \$10,000 to North Carolina Medical society Foundation for flood affected victims of Hurricane Helene in western North Carolina in 2024.
- \$7,000 to Center for Humanity, a NC based NGO working at Gaibhanda, Bangladesh, delivering health care services to disadvantaged people in 2025.

## Voluntary donations by our members:

- \$10,000 raised by Dr. Maleka Ahmed and Dr. Shyamal Palit, two of our valued member for donation to Sylhet Kidney Foundation in 2026.

## Voluntary Activities:

- Dr. Zahed Karim and Dr. Zakiya Karim, two of our members are offering voluntary opportunities for middle and high school students of our community at their ALLMED clinics in Raleigh and Cary.
- ALLMEDS Clinics are also offering training for foreign medical graduates including Bangladeshi doctors. Also offers rotation for medical students and Nurse Practitioners.



## Annual Accomplishments (contd.)

### Academic Activities:

- We conduct educational event in scientific session during our annual convention. Last one was held on April 26 in 2025 in Raleigh.
- Dr. Riaz Chowdhury, one of our past-president & past BMANA President has been contributing to train physicians in Bangladesh in advanced GI procedures.
- Our distinguished members have given lectures at the annual BMANA-CC conventions.

### Cultural and Diversity:

- Very high-quality cultural events are presented by our members every year to enrich the culture and customs of society. (2025 Convention Theme Performance: "Rabindra-Nazrul" by BMANA-CC performers)
- Our members are staging Drama time to time, written and directed by Dr. M.A. Hannan, one of our member and past president.
- The latest Drama " Tawbay Mechaey Keno Eyi Ghor Badha " performed by our members in 2024 convention.
- We arranged Members Day Gathering at Blowing Rock, NC from September 12 to 14 in 2025 where we had fun-filled activities.

## Stories That Preserve Our Humanity: How the History of Bangladesh Made Me a War Zone Doctor:

Nahreen Ahmed, MD

Dr. Nahreen Ahmed is niece of Dr. Maleka Ahmed. More details about her at the end of the article.



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The drones were so loud I could barely hear my own thoughts. I could feel the buzzing in my chest, yet scarier still were the thunderous blasts of missile strikes less than 200 meters away. The walls shook with every boom. Plaster from the ceiling crumbled around us as we pushed our mattresses up against the windows, but not before sneaking a peek outside.

Israeli tanks surrounded the building. We walked down to the emergency room, and several flights of stairs later, were met with black smoke filling the first floor of Nasser Hospital. There were people everywhere. Some patients, others just seeking safety—they presumed the hospital grounds would be spared.

Amidst the chaos, I felt an overwhelming feeling of connection to a person I had never met. It was my grandfather, [Dr. Shamsuddin Ahmed](#), a surgeon killed by the Pakistani Army during the Bangladesh Liberation War of 1971, for continuing to treat patients at a hospital complex of [Sylhet Medical College](#). His story taught me that healthcare workers and hospitals in wartime are never safe, and yet somehow, I found myself on the verge of repeating our family's history.

My Dadabhai, Dr. Shamsuddin Ahmed, was a very loved and respected clinician and leader in his profession. He strongly believed in equitable access to healthcare, and one way he advanced this belief was through Eye Camps, where he organized free cataract surgeries that restored vision to countless people who would have otherwise gone untreated. Providing dignified medical care with empathy and respect was central to who he was as a person. He carried a profound awareness of the responsibilities that healthcare workers bear, especially during times of political instability.

During the [1969 mass uprising](#) against the rule of Field Marshal [Ayub Khan](#), following the killing of Professor [Dr. Shamsuzzoha](#) at the University of Rajshahi for defending his students, my Dadabhai spoke out to advocate for the protection of students, faculty, and healthcare workers.

Students and activists chanting 'We don't accept martial law' and demanding democracy during the 1969 protests that eventually led to the fall of the autocratic regime of President Ayub Khan. Dhaka, East Pakistan.



## Stories That Preserve Our Humanity ...cont'd



The professor's death became a turning point in the anti-Ayub movement, galvanizing protests across East Pakistan, hastening the regime's fall, and foreshadowing the revolution that would engulf the nation just two years later. In choosing to raise his voice at that moment as a physician, not a politician, my dadabhai made clear that his duty extended beyond the clinic walls. These values were not abstract ideals to him; they were principles he practiced daily, and they would ultimately guide his actions when his life was most at risk.



## Stories That Preserve Our Humanity ...cont'd

On April 8, 1971, Dr. Shamsuddin Ahmed stopped at his uncle's home, as was his usual practice.

"Why are you going to the hospital during this tumultuous time?" his uncle pleaded.

"You should go to the village where your family is — and be safe."

"No, my responsibility is here. The Pakistani army cannot kill me. I am a doctor working in a hospital."

While so many healthcare workers rightfully fled, he and several others remained behind to continue to treat their patients, whom they felt they could not abandon — for if they did, who would look after them? The following day, on the 9<sup>th</sup> of April, the Pakistani army arrived.

They breached international humanitarian law and mass executed the remaining healthcare workers, including my grandfather.

And as I stood in the black smoke engulfing Nasser Hospital, about to come under siege, I finally understood why he decided to remain at his post despite knowing the Pakistani Army was on its way, despite knowing he may leave his entire family behind:

### **Our humanity should not be diminished by fear.**

It was a realization that did not simply come from my time in Gaza, but was inherited—passed down through stories shaped by war, silence, and survival, beginning in earnest with my grandfather during the bloodied birth of Bangladesh

Growing up, I remember hearing only a finite number of stories about my grandparents during the liberation war. Stories of the efforts they took to protect their children. Stories of how they forged a life in a newly independent Bangladesh. But there are just as many, if not more, untold stories.

Stories hidden beneath unhealed trauma. Stories that explain some of the eccentricities defining the immigrant experience. Stories that create unintentional barriers between parents and children in the diaspora. In the midst of the genocide in Gaza, I began to understand why so many of those stories remain untold.

I once asked a nurse in Gaza, "How are you all coping with what you've seen?" The response was simple from his end.

*"If we dwell too much on what we have seen, it will destroy us. We must keep moving. We must keep working".*



# Stories That Preserve Our Humanity ...cont'd





## Stories That Preserve Our Humanity ...cont'd

My father fought in the Bangladesh Liberation War and a majority of untold stories are from his own experiences. One of the few stories I was told was that of my grandfather asking him, before he enlisted, if it was a cause worth risking his life for. That moment unintentionally recreated the first time I left for Gaza in January 2024. When I returned, he asked me what it was like. I told him what I witnessed, and for the first time in my adult life, felt we connected over a shared experience. In that moment of connection, I realized that the component of my humanity centered on standing firmly behind a cause was a direct result of the stories I heard in my childhood, however few they were.

Returning to Gaza in March 2024, the vast destruction across the Strip was gutting to witness. Colleagues spoke of family members lost or separated since I last saw them, and of neighbors' children they had taken in as their own. The depth of community-building was humbling.

My mind returned to the story of my mother and her siblings during the Liberation War of 1971, in which they too endured a period of separation. My mother shared the story of her father, who made the choice to leave West Pakistan in 1970, as tensions were rising in East Pakistan. He provided housing, counsel and even financial support for so many during that time. He raised 7 daughters and 2 sons, never allowing his daughters to feel different from his sons, a quality that shines brightly from my mother.

She recalls being unafraid when the Pakistani army raided their house in Dhaka — all of their things turned inside out and she remembers showing no external fear. Her father had to make a difficult decision: keep the entire family together in Dhaka or leave by boat and risk separation. With 7 daughters, he worried about moving so many women when stories of assault were rampant at the time. He uttered a line that I have heard so many times in Gaza.

*"If anything should happen, let it happen here in my home. If we are to die, so be it".*  
On my third trip to Gaza in October of 2024, I experienced the generosity of spirit and hospitality core to the Palestinian people. It is something I witness in our own culture as Bangladeshis and is an ingrained part of who I am.

Every person I have ever met in Gaza has invited me back to their home, offering food and tea— limited commodities in a time of ongoing famine. It was an invitation extended to all my international colleagues, whether they are Muslim, Christian, Hindu or Jewish.

Pictured with Dr. Hussam Abu Safiya, Medical Director of Kamal Adwan Hospital in northern Gaza, where we opened a nutrition center for children facing severe



## Stories That Preserve Our Humanity ...*cont'd*

malnutrition. He was detained by Israeli forces in December 2023 and remains in custody without formal charges or trial.

I reflected on this with a family friend who is Bangladeshi and Hindu. She shared with me the journey her aunts and uncles took across Bangladesh to safety in India, as the Pakistani army targeted the Hindu population of Bangladesh. She spoke of Muslim strangers who hid her relatives, risking their own lives, and of families listening anxiously to the radio for the names of loved ones who survived the trek.

I had read about these histories while educating myself on the bloody birth of Bangladesh, but the personal storytelling brought it to life in a heartbreaking way. These overwhelming examples of kindness and compassion are a huge part of what has shaped me, moving me to open my home and my heart to anyone in need.

As I navigate my career, I often find myself in vulnerable situations, whether it is conducting end-of-life conversations in an American ICU or witnessing the depth of human cruelty and forced resilience in crisis and conflict zones.

Throughout it all, retaining my humanity has been a core part of survival in the tumultuous world we live in, and its components come from decades of storytelling across the Bangladeshi community.

Storytelling is an act of courage. It is an intentional form of resistance against the erasure and silence that injustices thrive in, fighting to preserve hope and sustain collective memory. In Bangladeshi households, these stories are often passed in fragments; in war zones, they are often buried entirely. In both cases, what is lost is not just memory, but moral responsibility. Given the injustices we are witnessing in our own backyard and abroad, we must now, more than ever, continue to document our stories. It is the conduit by which we connect as humans, realize our shared traumas, and confront the ways we are all more similar than different.

We cannot escape our history, but we can use storytelling to explore how it has shaped us, how it will guide our futures, and how it can bring our world just a tiny bit closer to peace.

### Author's Note

I finished writing this piece while sitting with my parents in Sylhet and Dhaka, surrounded by our family's history. It is a privilege I do not take for granted, as I have seen my Palestinian colleagues suffer through separation from family and the inability to leave or re-enter Gaza due to Israel's restrictions by way of occupation.

As I discussed this essay with my parents, more of their untold stories continued to surface—far more than I can recount in these pages. Among them, my mother shared a memory of seeing the exchange of gunfire from the third floor of her family home



## Stories That Preserve Our Humanity ...cont'd

in Dhaka, and how a grenade struck her medical school while she was inside, leaving a colleague with a spinal injury that left her paralyzed for life.

The culmination of these stories, layered atop the history of Bangladesh and my own experiences, make it clear that acts of courage and resilience echo not only across generations, but every war zone and conflict I have encountered. Through it all, one thing remains clear: healthcare workers and hospitals continue being targeted, despite this constituting a war crime.

My hope with this essay is to break that silence and encourage others to do the same. Our shared storytelling of these repeated events is a crucial part of the resistance, and the awareness needed to ensure accountability.

At the gravesite of my grandfather, in Sylhet, Bangladesh, where he was found killed by the Pakistani Army after the 1971 Liberation War. The memorial honors the intellectuals and healthcare workers systematically rounded up and executed by Pakistani forces in an effort to cripple the newly independent Bangladesh, remembered each year on Intellectual Martyrs Day.

About the Author:

Dr. Nahreen Ahmed, MD, MPH is a second-generation Bangladeshi American and practicing pulmonary/critical care physician. She is Assistant Professor of Clinical Medicine at the University of Pennsylvania and has previously served as Medical Director of the NGO MedGlobal, where she led emergency medical response efforts and training in conflict and disaster settings. Dr. Ahmed has worked extensively in war zones and humanitarian crises, including Gaza, Yemen, Syria, Sudan, Ukraine, Sierra Leone, and Rohingya refugee camps.

Her experiences have been covered by *Democracy Now*, *NPR*, *Al Jazeera News*, *60 minutes* on *CBS Network*, and various other media outlets. Deeply informed by her Bangladeshi heritage and family history, her advocacy and work in the field seeks to preserve humanity in the midst of conflict—providing medical care, bearing witness, and carrying forward the stories of those too often silenced.

# The Hidden Costs of Data Centers: A Growing Public Health Risk

Rashad Rahman

Rashad Rahman is a recent graduate from Duke University who studied biology. He is the son of Dr. Mizanur Rahman, MD.



[Data centers](#) store the digital information behind websites, apps, and AI services. Data centers are being built larger, more rapidly, and with less consideration for the people who live around them.

A shocking example of this is Elon Musk's xAI Colossus data center in Memphis, TN. After construction, residents began reporting [respiratory issues](#) and the smell of gas, widely reported to be linked to the many, unpermitted gas-powered turbines that the data center had been running. Spikes in toxic substances like nitrogen dioxide (NO<sub>2</sub>) gas and [fine particulate matter \(PM<sub>2.5</sub>\)](#) were detected. Despite community outrage and legal action, the gas turbines are [still](#) churning in Memphis, still polluting their community without consequence.

The massive energy demand of data centers can force energy companies to upgrade their infrastructure, and these expenses are often indirectly paid for by residents through [utility bill increases](#). This means higher energy bills for ourselves and less money in our wallets at the end of every month in an already tight economy. Data centers have also been connected to [water shortages](#), [noise pollution](#), and [nitrate contamination](#) in drinking water.

**The Hidden Costs of Data Centers: Our Air and Health**

Data centers drawing on gas turbines for power release toxic pollutants that can irreparably harm our health.

**Nitrogen dioxide** → Asthma, cardiopulmonary disease, and premature death

**Carbon monoxide** → Cardiovascular disease and birth defects

**PM<sub>2.5</sub>** → Heart attacks, strokes, and premature death

Visit [bit.ly/faydata](https://bit.ly/faydata) to learn more

Nathan Howard/Getty Images; Oilfield Witness/Gas Outlook. Composite image for illustrative purposes.



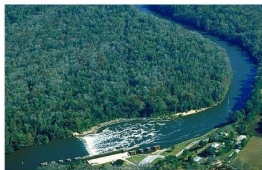
## The Hidden Costs of Data Centers: ...cont'd

Many data centers, like Musk's in Memphis, are powered with massive gas turbines that can release toxic pollutants like [nitrogen dioxide](#), which is linked to asthma, cardiopulmonary disease, and premature death; [carbon monoxide](#), which is associated with cardiovascular disease and birth defects; [fine particulate matter \(PM<sub>2.5</sub>\)](#), which is connected to heart attacks, strokes, and premature death; and more. Even short-term exposure to these pollutants can [trigger](#) asthma attacks, emergency-room visits, and cardiovascular events, especially among children, older adults, and people with pre-existing heart or lung disease.

### The Hidden Costs of Data Centers: Our Water and Health

A data center can consume enormous amounts of water every day. Not only can this strain our water supply but also increase our exposure to PFAS, like [GenX](#), and other toxins.

#### 1 Massive Water Consumption



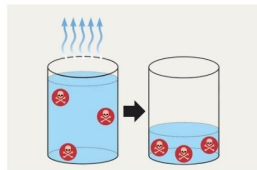
Millions of gallons of water can be drained daily from the Cape Fear River by a single data center.

#### 2 Water Evaporation During Cooling



As it is heated, some of the water evaporates into the air to cool the data center.

#### 3 Concentration of PFAS



PFAS and other toxins do not evaporate. In the remaining water, they become concentrated.

#### 4 Risks to Our Water and Health



Concentrated waste water released by the data center can enter our drinking water, depending on treatment.

Speak up against predatory data center developments in Fayetteville, NC!

Visit [bit.ly/faydata](https://bit.ly/faydata) or scan this QR code:



The enormous water consumption of data centers, likely millions of gallons [every day](#), is also very troubling. Not only can this strain water supply, but also PFAS, like [GenX](#) and [TFA](#), can become concentrated during data center cooling processes. This water can contaminate a community's drinking water, increasing their exposure to carcinogens and other toxins. Massive water removal during periods of [low flow](#) can also contribute to PFAS concentration—much like how a few drops of dye are more visible in a bowl of water than in an Olympic pool. This has already been demonstrated in [Oregon](#), where the excessive water consumption of a large data center exacerbated nitrate contamination in their drinking water and was associated with cancer diagnoses and miscarriages. As regulators are [dismantling](#) rules related to PFAS, communities must be especially vigilant about these health risks.



## The Hidden Costs of Data Centers: ...cont'd

Here in Fayetteville, two data centers are being proposed—one by [Terra Nexus Ventures](#) and the other by [Energy Storage Solutions](#). Both would be located next to neighborhoods and churches, and both would draw on gas turbines for power and likely consume [millions of gallons](#) of water daily. Neither data center would create many jobs: Terra Nexus Ventures projects a maximum of [15 permanent jobs](#), while Energy Storage Solutions estimates only [69](#)—many being for security or janitorial roles—in other communities.

Here in Fayetteville, where many of us still live with the consequences of [GenX contamination](#), we have witnessed the impacts of corporate greed and indifference, leaving us to deal with the damage with our health and finances. We cannot afford a repeat. We must oppose these predatory data centers and urge our local lawmakers to reject these proposals for our health, finances, and peace.

**If you agree, please consider signing this [petition](#) ([bit.ly/faydata](http://bit.ly/faydata)).** You can also send a short [letter](#) to city council ([bit.ly/fayvoice](http://bit.ly/fayvoice)).

Far away, figures like Sam Altman and Elon Musk rationalize these data centers as a [necessary step](#) towards an AI-powered utopia. And, AI is certainly here to stay—used by everyone from my mother to my boss in his eighties to myself. But, we still have the right and the responsibility to decide how it develops in our communities and who bears the costs.

## All Shook Up: Talking Tremors

### Dr. Liana Jamil

Dr. Liana is doing residency in the Department of Neurology, Saint Louis University School of Medicine. She is also the daughter-in-law of Dr. Mizanur Rahman.



Note: references were removed from this article for publishing in the magazine. The author has the list of references.

Tremor is defined as an involuntary, rhythmic, oscillatory movement of a body part and represents one of the most common movement disorders encountered in clinical practice. The 2018 International Parkinson and Movement Disorder Society consensus statement established a two-axis classification system: Axis 1 defines clinical characteristics (historical features, tremor characteristics, associated signs, and laboratory findings), while Axis 2 classifies etiology (acquired, genetic, or idiopathic). Tremors are broadly categorized as either rest tremors, which occur when a body part is relaxed and completely supported against gravity, or action tremors, which occur during voluntary movement. Action tremors are further subdivided into postural tremors (present while maintaining a position against gravity), kinetic tremors (occurring during voluntary movement), and intention tremors (which worsen as the limb approaches a target and typically indicate cerebellar dysfunction). Careful classification guides diagnosis and management.

A detailed history is essential and should include age at onset, family history, temporal evolution, medication exposures, substance use, and provoking and alleviating factors. The neurologic examination should determine whether tremor is present at rest or with action, assess frequency (low 4 Hz, medium 4–8 Hz, or high >8 Hz) and amplitude, evaluate distribution (hands, head, voice, legs), and identify associated neurologic findings such as rigidity, bradykinesia, dystonia, or ataxia. Simple bedside maneuvers, including arms held outstretched, spiral drawing, finger-to-nose testing, and handwriting samples, often provide valuable diagnostic clues.

Essential tremor (ET) is the most common chronic tremor disorder, affecting 0.4% to 6% of the population, and is defined as an isolated action tremor present in bilateral upper extremities for at least three years. Tremor may also involve the head or voice. Many patients report improvement with alcohol. A family history is common, as ET is transmitted in an autosomal dominant fashion in approximately half of cases.



## All Shook Up: ...cont'd

First-line pharmacological treatment includes propranolol and primidone, while second line agents include gabapentin, topiramate, and clonazepam. For severe or refractory cases, interventional approaches include deep brain stimulation of the ventral intermediate nucleus of the thalamus or MRI-guided focused ultrasound thalamotomy.

Parkinsonian tremor is classically a resting tremor that is typically unilateral and asymmetric, accompanied by bradykinesia and rigidity. More than 70% of patients with Parkinson disease present with tremor as an initial feature. These patients may have a re-emergent tremor, which is a tremor that occurs after maintaining posture for a brief latency. This can appear similar to ET however the presence of associated parkinsonian features helps differentiate it from essential tremor.

Handwriting samples are particularly useful: parkinsonian handwriting is small (micrographic) but atremulous, whereas writing in essential tremor is tremulous but normal-sized. Management focuses on optimizing dopaminergic therapy, such as carbidopa/levodopa, with advanced therapies considered in selected patients.

Enhanced physiologic tremor is present to some degree in all individuals but becomes clinically noticeable under conditions such as anxiety, caffeine use, hyperthyroidism, hypoglycemia, or medication effects. It is typically high-frequency (8–12 Hz), bilateral, symmetric, and lacks an intention component. Addressing the underlying trigger is the primary management strategy, with low-dose beta blockers used when symptoms are bothersome.

Drug-induced tremor should be considered whenever there is a temporal relationship between medication initiation or dose change and tremor onset. Key features include dose-dependent effects and absence of tremor progression at stable dosing. Common offending agents include lithium (affecting approximately 30% of treated patients), valproate (up to 80% develop tremor), selective serotonin reuptake inhibitors, amiodarone, and immunosuppressants. Management involves dose reduction or discontinuation of the offending agent when possible.



## All Shook Up: ...cont'd

Cerebellar tremor is characterized by intention worsening and is frequently associated with ataxia and dysarthria. Structural causes such as stroke, demyelinating disease, or tumor must be considered.

Dystonic tremor presents as irregular, position-specific tremor often associated with abnormal posturing. Two distinct subtypes exist: dystonic tremor (tremor occurring in the same body part affected by dystonia) and tremor associated with dystonia (tremor in a different body part). Typical signs of dystonia include sensory trick (involuntary movement mitigated by touch), overflow dystonia, and mirror dystonia.

Functional (psychogenic) tremor should be suspected when tremor is distractible, variable in frequency, abrupt in onset, or exhibits extinction with distraction.

Orthostatic tremor is characterized by high-frequency leg tremor upon standing and may produce a distinctive sensation or sound on auscultation.

Red flags in tremor evaluation include early onset with hepatic signs suggestive of Wilson disease (requiring serum ceruloplasmin testing in patients under age 40), features of Holmes tremor (combined low-frequency rest, posture, and intention tremor) following brainstem injury, tremor at rest associated with bradykinesia and postural

instability suggesting parkinsonism, or tremor associated with progressive neurologic decline. Referral to neurology is appropriate when tremor is atypical, progressive, disabling, accompanied by additional neurologic findings, or when diagnostic uncertainty exists.

Ultimately, tremor diagnosis relies heavily on pattern recognition informed by careful history and focused neurologic examination. A systematic approach distinguishing isolated tremor syndromes from combined tremor syndromes guides appropriate diagnostic testing and avoids unnecessary investigations. Treatment decisions should balance symptom severity, functional impact, and patient preference, with referral considered when diagnostic uncertainty or significant disability exists.

# Longitudinal Pancreatico-gastrostomy – A quest for Better Salvage for Chronic Pancreatitis in Bangladesh: An Outcome Analysis of Our Early Cases

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**Background:** Chronic pancreatitis being one of the most distressing medical condition, is often complicated by common bile duct obstruction, fibrosis and acute inflammation of the pancreas. Pain, weight loss and diabetes are common in these patients. Surgery is the ultimate option after medical treatment fails to solve the distress. Longitudinal Pancreatico-jejunostomy is widely practiced all over the world as the option of choice. Pancreatico-gastrostomy is also being practiced by a few surgeons in a few centers. Here we practice Longitudinal Pancreatico- gastrostomy (LPG) for chronic pancreatitis patients in our setup. This study was aimed to analyze the outcomes and privileges of LPG.

**Method:** This prospective study was monitored and guided by the Department of Hepato- biliary and Pancreatic Surgery, Shaheed Suhrawardy Medical College Hospital, Dhaka over a period of 18 months. A total of 36 patients with chronic pancreatitis were allocated for Longitudinal Pancreatico-gastrostomy (LPG) surgery. Study tools included pain gradation, body weight, investigation profiles- serum lipase, blood sugar, USG of abdomen, CT Scan and MRCP. Duration of surgery, blood loss, hospital stay, assessment of post-operative pain relief and surgical complications were the parameters of the study. For pain relief assessment patients were divided into three categories, complete (no complaint pain), satisfactory (mild tolerable pain



## Longitudinal Pancreatico-gastrostomy –...cont'd

with normal daily activities) and unsatisfactory (moderate to severe pain requiring medication and hampered daily activities).

**Results:** 36 patients in the group underwent LPG. Mean age in group was  $22.94 \pm 3.76$  years. Majority of the patients had unknown etiology. The mean duration of illness in group was  $4.27 \pm 0.96$  years. LPG was easier to perform, took less time, less blood loss and hospital stay was short with less post-operative complications. Pain relief was satisfactory with most patients showing complete pain relief. Diabetes patients got much better glycemic control after surgery. Weight gaining was also significant.

**Conclusion:** LPG is an easier and safer surgery which achieves good pain relief, glycemic control and nutritional improvements. Large volume studies should be done to establish its dominance against other surgical procedures.

**Key Words:** Pancreatitis, MPD, Longitudinal Pancreatico-gastrostomy, LPG

### **Introduction:**

Varied goal and outcomes have been observed in surgical intervention for treating acute pancreatitis.<sup>1</sup> On that point, treating pancreatitis with surgery is challenging but immensely essential. One of the most sophisticated organs of the whole abdomen, the pancreas was one of the last explored organs in the human body. Although surgical procedures have become safer and more efficient than ever, the overall post-operative morbidity after pancreatic surgery remains high and management of postoperative complications stagnates. Nowadays our surgeons focuses on the prevention of complications, optimizing the patient's general condition preoperatively and finding the appropriate timing for surgical treatment and this how we need to find out a better method of surgery that comprises of a drainage with stomach namely longitudinal Pancreatico-gastrostomy. Throughout the centuries, the surgical approach went from radical resections to minimal resections or only drainage of the gland in comparison to an adequate resection combined with drainage procedures. Today, the well-known and standardized procedures are considered as safe due to the high experience of operating surgeons, the centering of pancreatic surgery in specialized centers, and optimized post operative protocols.

We have come to understand the prime cause behind the severe pain in **Chronic Pancreatitis** and that is nothing but multiple areas of blockage of the pancreatic duct and obstruction to the flow of pancreatic secretions. Opening and decompressing the pancreatic duct through a large opening and directing the flow of pancreatic juice into the alimentary tract (we engaged the stomach) relieves the obstruction and leads to



## Longitudinal Pancreatico-gastrostomy –...cont'd

fruitful amount of pain relief. Traditional form of decompression is construction of a longitudinal pancreatico-jejunal anastomosis<sup>2</sup> or shortly called LPJ. Another alternative method we tried is a Longitudinal Pancreatico-gastrostomy or LPG.

LPG is definitely a less known procedure to combat the drainage. Anastomosis was made with the posterior wall of the stomach to establish continuous drainage of pancreatic juice to the alimentary system. Most of the patient got the desired benefit. This study was done to evaluate and analyze the effectiveness of the LPG procedures in relation to pain relief, hospital stay and complications.

### **Method:**

A prospective study was carried out at Shaheed Suhrawardy Medical College Hospital, Dhaka, Bangladesh over a period of one and a half years starting from January 2018 to July 2019. A total of 36 patients were randomly allocated for LPG operation. Study tools included pain gradation, Serum lipase, blood sugar, USG of whole abdomen, Contrast CT Scan of Abdomen, MRCP. Parameters of this study were duration of surgery and hospital stay, assessment of post operative pain relief and complications. Patients above 12 years of age with diagnosis of chronic pancreatitis, with or without duct calculi with MPD diameter  $\geq 7$  mm and in whom pain could not be controlled by medical means were included in the study. The exclusion criteria were MPD diameter  $< 7$  mm and pancreatic malignancy. For pain relief assessment patients were divided into three categories: complete (no pain), satisfactory (mild tolerable pain with normal daily activities) and unsatisfactory (moderate to severe pain requiring medication and hampered daily activities).

Same operative procedure (LPG) was followed for all. Pancreas was approached through the gastrocolic ligament after an upper midline incision over the anterior abdominal wall. MPD identified by finger palpation, syringing and USG guided. MPD opened by diathermy incision. Intra-ductal calculi were removed (if there) as far as possible from the entire length of the duct. Duct clearance achieved by palpation, saline irrigation and USG. Posterior surface of stomach was opened by diathermy incision adequate to the MPD opening. Single layer interrupted sutures by 2-0 vicryl were made to anastomosis. Single silicon drain tube placed in lesser sac. Nasogastric suction maintained 2 days, patients allowed oral diet from 3<sup>rd</sup> postoperative days. Patients discharged on 5<sup>th</sup> POD. Parameters of this study were duration of surgery and hospital stay, assessment of post-operative pain relief, glycemic control, weight gain and surgical complications. Octreotide or any other anti-secretory agent was never used post operatively. Follow up was done monthly for the first 3 months, then three monthlies afterwards.



## Longitudinal Pancreatico-gastrostomy –...cont'd

### Results:

36 patients in the study underwent LPG. There were 20 female patients and 16 male patients. Mean age in group was  $22.94 \pm 3.76$  years. The commonest age range was between 15 to 35 years. Majority of the patients had unknown etiology with gall stone as second etiology (Table I).

The duration of illness lasted from 3 years to more than 6 years. The mean duration of illness was  $4.27 \pm 0.96$  years. It was seen that LPG was easier to perform, took less time than other conventional anastomosis methods and the duration of hospital stay was less (Table II). 26 (72.22%) patients were discharged on 5<sup>th</sup> post-operative day, and maximum hospital stay was 10 day with superficial wound infection. Lowest operative time was 42 minutes, and maximum operative time was 96 minutes. One patient suffered bleeding from anastomotic site in the second post-operative day. This was managed by medical management in 2 days. No intervention required. 3 (8.33%) patients suffered superficial wound infection, managed by antibiotics and regular dressing. Pain relief was much better with more patients showing complete or satisfactory results (Table IV). 28 patients had no pain complaints in 6 months after surgery. 8 patients suffered short duration of moderate pain (less than preoperative period) in 6 months follow up. 22 (61.11%) patients had diabetes, 10 were on insulin and 12 patients were on oral hypoglycemic drug. On third month follow up, 6 patients were on insulin and 13 patients on oral hypoglycemic and 3 patients were well without any support. 32 patients (88.88%) improved their body weight by 3-8 kg in 3 months follow up. There was no mortality in our series.

### Discussion:

Any surgery for chronic pancreatitis should be aimed at relieving pain and preserve exocrine and endocrine functions.<sup>3,4,5</sup> Our experience reveals along with other surgeons worldwide that that LPG is better as a drainage procedure.<sup>2,3,6</sup> LPG also has several advantages over the conventionally practiced LPJ. The stomach lies in close proximity to the pancreas, is thick walled and more vascular and hence ensures better anastomosis<sup>3</sup>. In LPG the presence of a long jejunal blind tube is eliminated<sup>2</sup>. Other methods involve the fashioning of two anastomoses hence takes more time, has a higher probability of leakage and results in longer duration of hospital stay postoperatively. If stone remains in the main pancreatic duct after operation, it gets dissolved with the direct contact of gastric juice and orally administered citrate solution.<sup>3</sup> In LPG, bleeding if present can be controlled endoscopically.<sup>2</sup> From the physiological point of view, the lack of enterokinase in the gastric mucosa prevent protease activation.<sup>2,7</sup> Protease activation leads to acute pancreatitis and later duct stenosis. The alkalization in turn avoids marginal ulceration that is undoubtedly an extra mechanical benefit.



## Longitudinal Pancreatico-gastrostomy –...cont'd

In our study majority of the patients had unknown etiology, with gall stone as second etiology, in sharp contrast to other studies<sup>4,8</sup> which showed that chronic alcohol consumption as the main cause. One of the reasons for this difference of etiology may be due to the fact that there were more female patients than male patients in our study in comparison to other studies where majority of the patients were male.

As with other studies<sup>8</sup>, pain was the most common presentation in our series. In this study we found that LPG was easier to perform, took less time and the duration of hospital stay was less. Post-operative complications were less in the LPG group. Pain relief was much better with more patients showing complete or satisfactory results. There was no mortality in our series.

To conclude the discussion, we may say in brief that chronic pancreatitis is a painful distressing pathology which seeks better remedy options. And without any exaggeration it can be stated that LPG offers the best possible outcomes post operatively for these patients with intractable pain sufferings.

### **No conflict of interest**

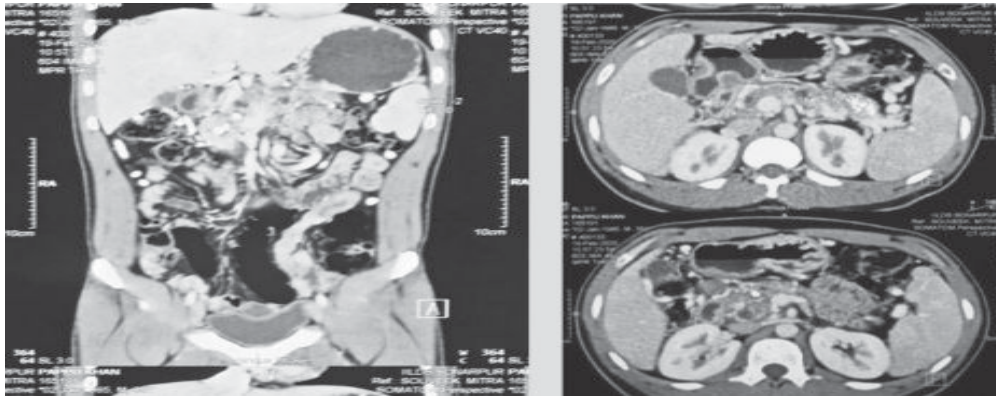
The author has declared no competing interest.

### **References**

1. Ranson J H. The role of surgery in the management of acute pancreatitis. *Ann Surg.* 1990 Apr; 211(4): 382–393[1].
2. Patel S, Swaminathan R. A comparative study between longitudinal pancreaticojejunostomy versus lateral pancreaticogastrostomy : A drainage procedure. *MedPulse – International Medical journal* 2015; 2(10): 646-648
3. Halder SK, Bhattacharjee PK, Bhar P, Das C, Pandey P, Rakshit KP, Pachaury A. a Comparitive study between Longitudinal Pancreaticojejunostomy v/s Lateral Pancreaticogastrostomy as a drainage procedure for pain relief I chronic pancreatitis done in a tertiary referral centre of eastern India. *Indian j Surg* 2015; 77(2) : 120-124
4. Cooperman AM. Surgery and chronic pancreatitis. *Surg Clin North Am* 2001; 81: 431-55
5. Sakorafas GH, Farnell MB, Nagorney DM, Sarr MG. Surgical management of chronic pancreatitis at the Mayo Clinic. *Surg Clin North Am* 2001; 81 : 457-465
6. Pain JA, Knight MJ. Pancreaticogastrostomy : the preferred operation for pain relief in chronic pancreatitis. *Br J Surg* 1988; 75 : 220-222



## Longitudinal Pancreatico-gastrostomy –...cont'd



**Figure:** CT Scan images of Chronic calculus pancreatitis of patient who underwent LPG

**Table I**

<i>Comprising the etiology the pancreatitis who underwent LPG</i>			
Aetiology	Number of Patient	Total number of Patient	Percentage
Idiopathic	21	36(n=36)	58.33 %
Gall stone	08		22.22 %
Alcohol consumption history	02		5.55 %
Tropical pancreatitis	05		13.88 %

**Table II**

*Comprising the gross outcomes after LPG*

Total Patient (n = 36)	
Duration of Surgery	50.44 ± 3.79 minutes
Average hospital stay	5.94 ± 1.11 Days
Surgical Complications	04 (11.11 %)



## Longitudinal Pancreatico-gastrostomy –...cont'd

**Table III**

*Comprising the chronicles of Complication after LPG*

Name of Complication	Total Patient (n = 36)
Anastomotic site bleeding	01 (2.78%)
Superficial wound infection	03 (8.33%)
Prolonged ileus	0
Anastomotic Leakage	0
Abdominal distension	0
Intestinal fistula	0

**Table IV**

*Comprising the gradation of pain relief after LPG*

Pain relief gradation	Total Patient (n = 36)
Complete	28 (77.77%)
Satisfactory	8 (22.22%)
Unsatisfactory	0

Note: This article was first published in the journal of Shahid Suhrawardi Medical College, (ShSMC 2023).

## Rain: the birth of life –A Poem

Nabiha Rahman

Nabiha Zaina Rahman is an undergraduate student at UNC Chapel Hill majoring in Health Policy Management. She is the daughter of Dr. Abu Ahmed Zahidur Rahman and Dr. Nusrat Anny Mujib. Besides her academic pursuits, she enjoys poetry, playing chess, hiking, swimming, martial arts, and engaging in community service.



A death by rain is  
A life worth living  
Rippling rose tones  
She sings a musical melody  
Feet one in front of the  
other, the water a shield to  
those who pry  
Moon and sun both hide  
Behind the sorrow of the clouds  
You are safe here child

Snot running down my face  
wiped by my mother, her  
anger, bolts down the  
thoosh of the wind  
*Stay inside, safety inside*  
Mother yells at me for interfering with  
the wailing of the sky

I wipe our tears as they keep falling  
From the two crystals gleaming at  
the apex of the painting of me  
To the thousands of diamonds glistening around me our  
sharp droplets slide down my cold face  
Our sorrow intertwined

She understands all  
She hears the thoughts that circle my head  
*I can't, I can't, I can't*  
*You can, you can, you can,*  
She responds in the wake of the thunder behind her  
*Run*  
This is what it feels like to live



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As we move forward with our strategy to become the largest and most trusted medical care provider in North Bengal, and potentially in all of Bangladesh, I hope that your organization will continue to be part of our noble journey.

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Shah Huda, PhD  
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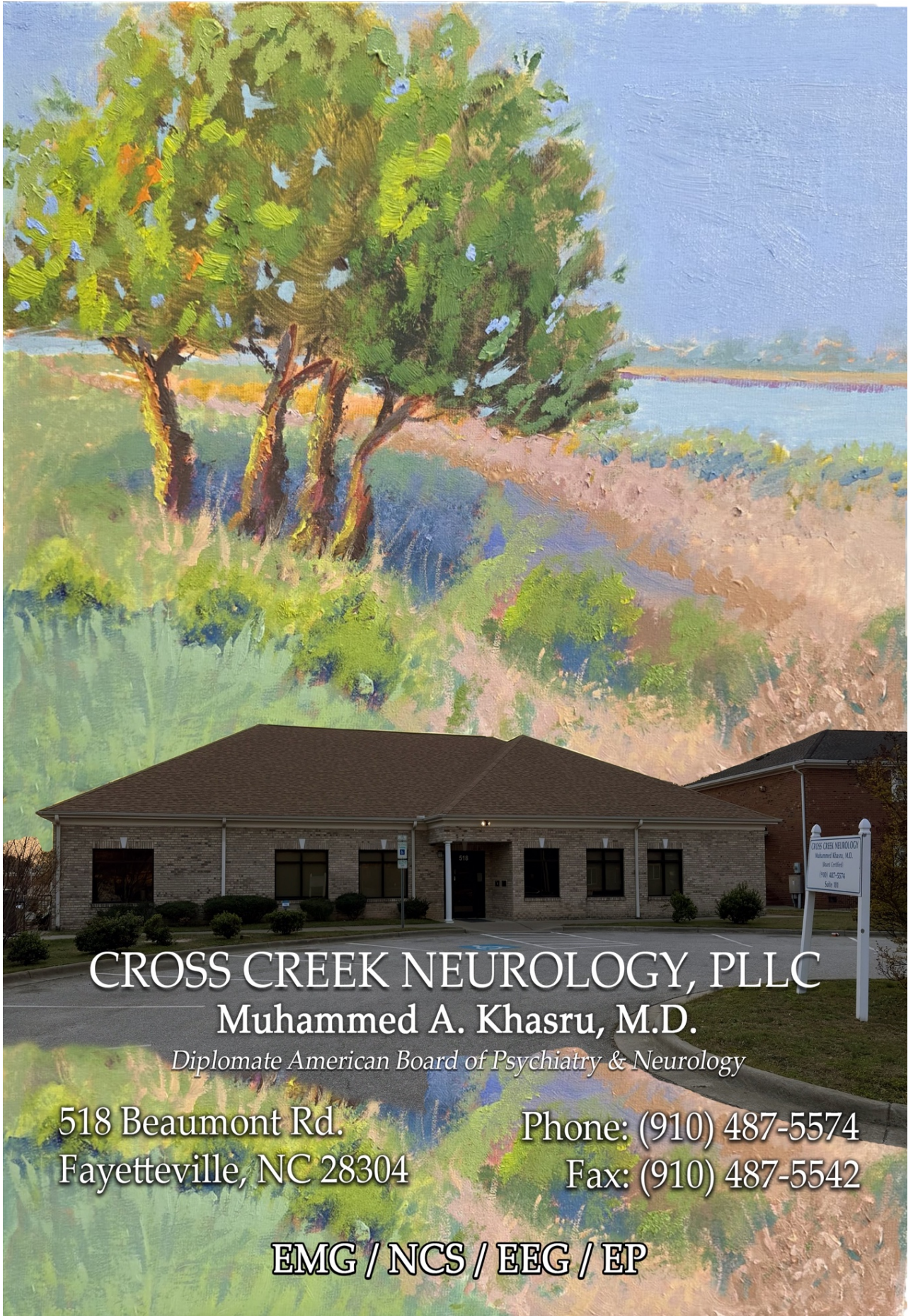
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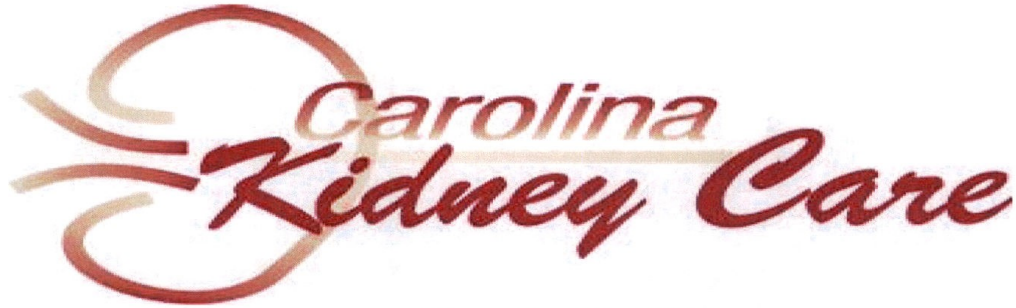


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<b>Phone:</b> (910) 484-8114	<b>Hours of Operation:</b> Monday – Thursday:
<b>Main Fax:</b> (910) 223-0511	8:45 a.m. – 12:00 p.m.
<b>Patient Referral Fax:</b> (910) 233-1039	& 1:00 p.m. - 5:00 p.m.
	Friday: 8:45 a.m. - 1:00 p.m.

### **Lumberton Office**

Carolina Kidney Care, P.A  
810 Wesley Pines Road  
Lumberton, North Carolina 28358

<b>Phone:</b> (910) 618 – 1055	<b>Hours of Operation:</b> Monday – Thursday:
<b>Fax:</b> (910) 608-0322	8:45 a.m. - 12:00 p.m.
	& 1:00 p.m. - 5:00 p.m.
	Friday: 8:45 a.m. - 1:00 p.m.

### **Diplomates of the American Board of Internal Medicine and Nephrology**

Mark A. Kasari, M.D.		
Ezra Lee McConnell III, M.D.	Yuan Lu, M.D.	Moses Y. Aboagye-Kumi, M.D.
Richmond Nuamah, MD.	Maureen Achuko, M.D.	Kothai Divya Pragatheeshwar, M.D
Emily X. Sun, M.D.	Shyamal Palit, M.D.	Ananda Gurram, M.D.

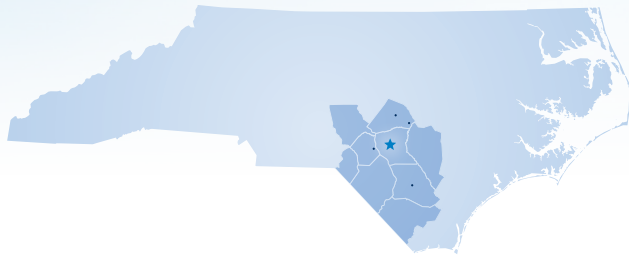
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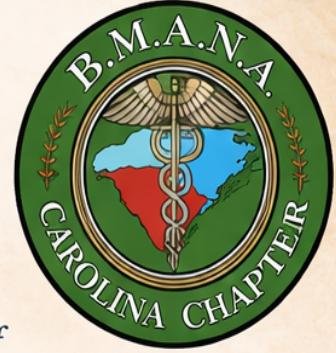
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Fayetteville, North Carolina



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