BMANA-CC 2017 CONVENTION (XV)

A Publication for Members and Friends of the Carolina Chapter of BMANA

CONFEDERATION AND BENEVOLENCE—CONNECT—VISUALIZE—CONCEPTUALIZE —REALIZE

Scientific Session

Health Care Providers' Corner

Cultural Spotlight

Promoting Health, Education, Culture, Fraternity, and Charitable Work Within Bangladeshi Medical Professionals and the Global Community

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BANGLADESH MEDICAL ASSOCIATION OF NORTH AMERICA

CAROLINA CHAPTER (BMANA-CC)

BMANA-CC SUPPORTS

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- COLLABORATION AMONG HEALTH CARE PROVIDERS AND STAKEHOLDERS.
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- TACKLING HEALTH DISPARITIES.

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Dear BMANA-CC participants,

I am honored to join you and to be part of this annual gathering of professionals. Your presence here today is evidence of your dedication to constant improvement and learning.

On behalf of WakeMed and the communities we serve, I want to thank you for your commitment to the practice of medicine and to your patients and their families. I look forward to any opportunity we may have to work together to support our shared missions of improving health and well-being of those in our communities,

Regards,

Donald R. Gintzig
President & CEO
WakeMed Health & Hospitals
Raleigh, NC

Bangladesh Medical Association of North America-Carolina Chapter (BMANA-CC)

Title:	**2017 BMANA-CC 15TH ANNUAL CONVENTION--AGENDA AT A GLANCE**
Location:	**Embassy Suites By Hilton, 201 N Harrison Oaks Blvd, Cary NC 27513**
Date:	**APRIL 14 THROUGH APRIL 16**

FRIDAY-APRIL 14, 2017

Start	End	Time HRs	Program Description	Room Location or Contact
6:00:00 PM	9:30:00 PM	3:30	FAMILY NIGHT	Blowing Rock/Chimney Rock
9:30:00 PM	**10:00:00 PM**	0:30	**Break**	Blowing Rock/Chimney Rock
10:00:00 PM	11:00:00 PM	1:00	FAMILY NIGHT CONTINUES	Blowing Rock/Chimney Rock
Total Friday Hours		**5:00**		

SATURDAY-APRIL 15, 2017

Start	End	Duration-hrs	Program Description	Room Location or Contact
8:00:00 AM	12:45:00 PM	4:45	Scientific Session and Exhibits****	Smith
12:45:00 PM	**2:00:00 PM**	1:15	**Lunch**	Blowing Rock/Chimney Rock
2:00:00 PM	4:00:00 PM	2:00	Business Meeting	Smith
4:00:00 PM	**5:30:00 PM**	1:30	**BREAK AND SOCIAL (PINK & WHITE MAKEOVER)**	Individual Guest Rooms
5:30:00 PM	**8:00:00 PM**	2:30	**Dinner**	Blowing Rock/Chimney Rock
8:00:00 PM	**8:30:00 PM**	0:30	**Prayer Break**	Smith
8:30:00 PM	9:30:00 PM	1:00	Cultural Program by Guest Artist	Blowing Rock/Chimney Rock
9:30:00 PM	**10:00:00 PM**	0:30	**Break/Shingara**	Blowing Rock/Chimney Rock
10:00:00 PM	12:00:00 AM	2:30	Cultural Program by Guest Artist	Blowing Rock/Chimney Rock
Total Saturday Hours		**16:30**		

SUNDAY-APRIL 16, 2017

Start	End	Time	Program Description	Room Location or Contact
11:00:00 AM	1:00:00 PM	2:00	Member's day Planning Meeting.	Smith
Total Sunday Hours		**2:00**		

****AGENDA FOR SCIENTIFIC SESSION (SATURDAY-APRIL 15, 2017)

7:30:00 AM	**8:00:00 AM**	0:30	**Breakfast**
8:00:00 AM	8:15:00 AM	0:15	Opening and Welcome Remarks.
8:15:00 AM	8:35:00 AM	0:20	Case report by Maheer Masood, Medical Student, UNC Chapel Hill.
8:35:00 AM	9:15:00 AM	0:40	Sleep disorders for all Specialties.Dr Rahul Kakkar, MD,FCCP.FAASM, Prana Health PLLC
9:15:00 AM	9:45:00 AM	0:30	Cardiology Update: Dr. Sameh K. Mobarek, M.D., F.A.C.C
9:45:00 AM	**10:00:00 AM**	0:15	**Break**
10:00:00 AM	10:30:00 AM	0:30	Zika Virus. Dr. Salma Syed.DO
10:30:00 AM	11:00:00 AM	0:30	Hi Doc, Can I take this? Dr. MA Hannan MD, PhD, FACP
11:00:00 AM	11:30:00 AM	0:30	Pulmonary Hypertension. Dr. Sayeed Hossain , MD
11:30:00 AM	**11:45:00 AM**	0:15	**Break**
11:45:00 AM	12:15:00 PM	0:30	Celiac disease. Dr. Tanbeena Imam , MD
12:15:00 PM	12:45:00 PM	0:30	Diabetes and Cardiovascular disease.Making the connection Dr.Mary Catherine Lawrence, MD
Total Scientific Session Hours		**4:45**	

Dr. Sufia Siddique is a family physician in North Carolina Mount Olive, offering primary care for the whole family & treating a broad range of conditions.

Dr. Siddique graduated from the Dhaka Medical College, Dhaka University, Bangladesh in 1989. She has completed her residency from East Carolina University and Pitt County Memorial Hospital. She works in Mount Olive, NC and specializes in Family Medicine.

Credentials

MBBS- Dhaka Medical College, Bangladesh

DO- National institute of ophthalmology, Bangladesh

FCPS- Ophthalmology- Bangladesh College of physicians and surgeons

MD- Currently working as full time family medicine practitioner at Mt Olive Family Medicine, NC

CCD- International Society of clinical densitometrists

Message from the desk of the 2017 Convention Convener and President

I feel privileged to have the responsibility of leading this very dear organization of ours for past two years.

BMANA-CC was established in the year 2000 by a few of the dreamers and due to their capacity to foresee, we now have this esteemed organization. Over the years the members number have increased and their enthusiasm brought us this far. Special acknowledgement to all the family members for keeping this so vibrant. Because of you all we are proud to be here and celebrate this day of 2017 convention-Thank you.

As a president for last couple years I had the opportunity to work closely with my executive committee members and their support and guidance helped us finish our tenure with pride.

The task as a convener was big but because of all of you holding my hand it was not difficult. Each member of the convention committee has

done their assigned job with full commitment and I thank you for that. Special thanks to the co-convener Dr Abul Imam for his continuous support and help, the webmaster Dr Najmul Chowdhury for the enormous job he has done so diligently and guided me through. Our education secretary Dr Maleka Ahmed has been an asset to us and my spouse and BMANA-CC cultural secretary Dr Humayun Kadir - thanks to him for all his efforts in making this a fun event. Fund raising is very important and every member had pitched in and tried whole heartedly and we sincerely appreciate that.

The sponsors of the convention have always been our backbone and we are grateful for your help. Not only you have helped us fund the event, the lectures by the guest speakers have enriched our knowledge and a big thanks to you for that.

This is a voluntary organization and it is the responsibility of each of us to nurture it so we may pass on a healthy organization to our descendants. So please contribute anyway you can with your valuable time, work, financial support to keep it alive.

Long live BMAMA-CC.

We are always stronger together.

Sincerely

Sufia Siddique MD

Habib Masood, MD, FACP graduated from Dhaka Medical College in 1982. He worked as primary care Physician in Iran from 1984 to 1991. The he moved to USA and did post graduate Residency Training in Internal Medicine from 1994 to 1997 at ST. Johns Episcopal Hospital and SUNY Brooklyn in New York City.
Dr.Masood then worked as an Internist in Florida, Mississippi, and Various places in North Carolina. Currently DR.Masood is working as a hospitalist at Wake Med Cary Hospital in Cary, North Carolina

MESSAGE FROM GENERAL SECRETARY OF BMANACC

I am excited to welcome the BMANACC family to our 15th annual convention which is being held in beautiful city Cary, NC. This is the time to greet each other, exchange and innovate ideas, refresh knowledge through scientific session as well as cultivate our rich culture.

Overwhelming support, enthusiasm and participation of members and their family make our annual convention so lively and successful.

This year we reached out to young doctors, Medical Students and allied professionals to participate in our organization to keep this organization strong, vibrant in the future. I am urging all of you to get involved in the organization actively and encourage the younger professionals to join with this prosperous organization. Sustained growth of membership is essential for our future prosperity and viability.

My sincere and special thanks to convention committees as well fundraising committee for offering their precious time in speeding up the process big league/bigly and in the process arranging extensive programs for annual convention including scientific session, cultural programs.

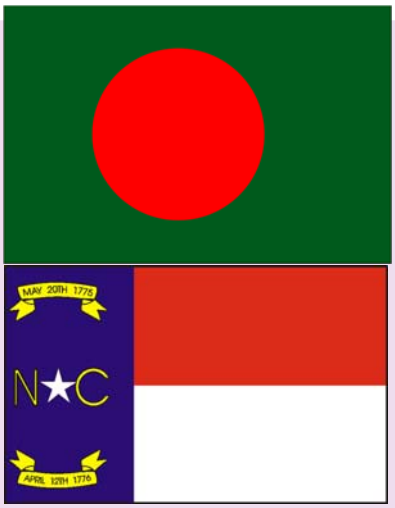
I again welcome all of you to our 15th annual convention at Embassy Suites in Cary, NC and enjoy another eventful and fun filled programs.

Achievements of BMNACC since its inception is commendable and looking forward to do more philanthropic activities in the future which will serve as a model for current and future generation.

Habib Masood, MD, FACP

General Secretary, BMANACC

Accomplishments of 2015-2017



Donations

- Nepal earthquake $6000
- Bangladesh flood $5000
- USA Louisiana flood $4000

Academic

- Conducted the annual educational event.
- Dr Riaz Chowdhury, one of our past presidents has been contributing to train physicians in Bangladesh in advanced GI procedures.

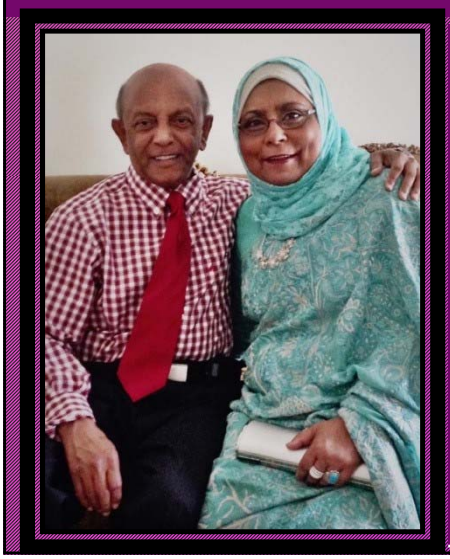
Cultural

- Showcasing of very high quality cultural events presented by our members every year.
- Multiple full length drama written by our past president Dr. Ashraful Hannan and plays performed by our members has received rave reviews both at home stage and abroad by online viewers.
- His team was invited by the local Bangladesh community and they staged the drama to celebrate the victory day of our homeland Bangladesh.

RECOGNIZING THE PAST PRESIDENTS OF BMANA-CC (2000-2015)

ABUL FOIZ M. HOSSAIN IMAM, MD, FACP

President from 2001-2003



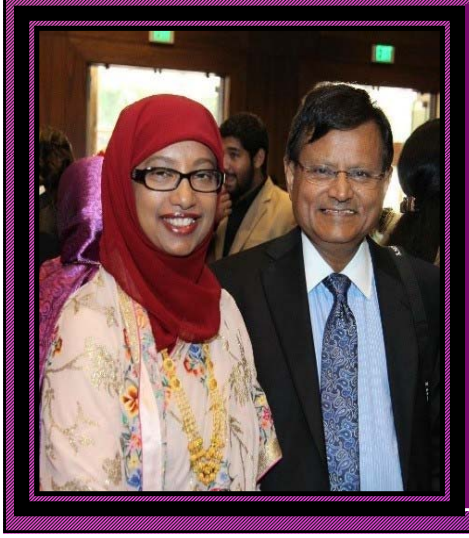
Dr. Abul F.M.H. Imam graduated from Dhaka Medical College in 1977. He is board certified in Internal Medicine and Pediatrics. He has successfully served in various important positions in different practices and Institutions in USA and abroad. He distinguished himself as an excellent physician and received honors and awards including certificate of recognition from American Diabetic Association, American Heart Association and American Stroke Association. He is a long term dedicated member of Bangladesh Medical Association of North America.

Dr. Imam served as an executive member of the central BMANA with major contribution in its growth and agenda. His contribution as a valued member of BMANA By law committee, nomination committee, and election commissioner are exemplary. He is also the founding president and Co-founder of BMANA North Carolina Chapter. Under his leadership and support the North Carolina chapter became the most productive chapter of the BMANA. The inspired members of North Carolina chapter are not only hosting very successful annual conventions for many years, but also organizing many ongoing humanitarians activities in North Carolina and in Bangladesh. He is the sole pioneer of inviting and hosting the central BMANA in NC. His integrity, ethics, unconditional support and strong commitment are considered the guiding lights of the organization.

He currently resides in Raleigh, NC with his beloved wife Mrs. Shirin Imam. Dr. Imam owes a lot to his wife as he always says that his wife's contribution and sacrifices has been immense as he stole enormous time from his family to build this organization. His wife has been very supportive during management and crisis period of the organization. His wife has been actively involved in constant campaign to build up BMANA-CC family cohesion and fraternity across all members.

ABU SALAHUDDIN, MD, FACP

President from 2003-2005



Dr. Salahuudin is a graduate of Dhaka Medical College. He has been an active member of BMANA CC since its inception in 2000. He was the first General Secretary of the Organization. From 2002 to 2004 he was the President. During his tenure our Organization grew in numbers.

Dr Salahuddin pioneered two projects in Bangladesh. The first was donation of Text Books for the Library of Dhaka Medical College. The second project was donation of Computers , Printers and Software to the Pediatric Surgery unit of Chittagong Medical College Hospital.

Dr. Salahuddin was also instrumental in providing help to the local charities. The first donation made from BMANACC was to CARE CLINIC at Fayetteville, NC, which provides medical care to poor Residents of Cumberland County, NC. For the last several years Dr Salahuddin has been responsible as a member of By Laws Committee of BMANACC. So far he has conducted several Elections of executive committee of the Organization.

Dr. Salahuddin is married to Dr Farida Yasmin, a graduate of Chittagong Medical College. They have two boys, and one of them is a physician. Dr Salahuddin runs an Internal Medicine Practice in Fayetteville, North Carolina. He enjoys music, visual arts, travel and spending quality time with family and close friends.

RECOGNIZING THE PAST PRESIDENTS OF BMANA-CC (2000-2015)

MOHAMMAD D. HOSSIAN, MD, FACP

President from 2005-2007

Dr. Hossain has been practicing medicine for over 30 years. He was a graduate of Dhaka Medical College in Bangladesh in 1982. He completed his residency in Internal Medicine and Pediatrics at St. Joseph Mercy Hospital in Pontiac, Michigan. He has extensive experience in both inpatient and outpatient care in internal medicine and pediatrics. He has also worked in the emergency room. He currently has hospital affiliations with Rex Healthcare, Duke Raleigh Hospital, Wake Med Raleigh & Cary Hospitals. He also serves as community based faculty mentor for medical students from UNC-Chapel Hill and ECU. He lives in Raleigh, North Carolina with his wife and has 2 children.

He is Board Certified in Internal Medicine and Board Eligible in Pediatrics. He is a member of The American College of Physicians, North Carolina Medical Society, and Wake County Medical Society.
During his two year tenure he conducted a Health Fair, served as convener and chief organizer of the only community health fair organized by BMANA-CC so far. There were over 30 physicians that attended the fair. We had 50 volunteers (of all ages) from BMANACC, TBSNC, and other community members. The Fair had more than 200 public participants from all ethnic background that attended this event. All tests performed at the fair together were worth more than $50,000. Chief guest was: North Carolina Senator, Janet Cowell.

During his time the BMANACC donated $1000.00 to BIRDM and $1000.00 to Sylhet Medical College in Bangladesh for educational supplies; made other donations to Mariam Clinic, a free clinic in Raleigh and Care Clinic in Fayetteville, NC. During the annual convention he served as convener of the 5th Annual Convention of BMANA-CC at RTP Hilton on 4/15/2006. The total organizational income increased significantly manifold from prior years. Constitutional Amendments were done and two positions of Vice president and Education Secretary were added during his tenure. He brought the members together and increased participation; made organization known to the community and brought the chapter to its peak momentum; made BMANA-CC one of the strongest chapters of BMANA in the country. He also served as general secretary, convener of two more conventions, and currently serving as member of the bylaws committee.

ABUL KALAM AZAD, MD, FACP

President from 2007-2009

Dr. Abul Azad, MD is an internist in Fayetteville, North Carolina. He is affiliated with Fayetteville Veterans Affairs Medical Center. He is one of the past President of Bangladesh Medical Association of North America - Carolina Chapter (BMANA-CC). He is a graduate from Dhaka Medical College (Batch K-33), Bangladesh. Following his immigration to the US, he completed his Residency training in Internal Medicine during the year 1999-2002, from Wilkes-Barre Veteran Administration and Medical Center (VAMC), Pennsylvania. He joined as a full time staff Physician in Fayetteville VAMC, North Carolina, in 2002. He served as chief of the Emergency Department of this hospital for a period of more than six years, from 2003 to 2009. Currently he is a full time Primary care Staff Physician in this hospital.

He served as a Treasurer of BMANA-CC followed by becoming President of this organization during the year 2007-2009.He graduatet from Dhaka Medical College in Bangladesh in 1982. He served as president of BMANA-CC during the year in 2007 to 2009. During his time, the BMANA-CC accomplished the following philanthropic activities:

1. Raised over $17,500 through personal donation and fund-raising activities for the SIDR cyclone victims of Bangladesh in 2008. Donated a total of over $21,000 to the SIDR victims.
2. Donated $2,500 to Mariam clinic, Raleigh, during our annual convention in 2008 and $2500 to free health care clinic in Fayetteville, during the annual convention in 2009.
3. In November 2008, donated $1000.00 for Chittagong medical college and $500.00 to purchase Gastrostomy tube and GI training expenses in Dhaka medical college.
4. Donated over $5,000 towards the flood victims in Bangladesh during summer of 2007.

RECOGNIZING THE PAST PRESIDENTS OF BMANA-CC (2000-2015)

MOHAMMAD ASHRAFUL HANNAN, MD, PhD, FACP

President from 2009-2011

Dr. Mohammed Hannan is a Board Certified Internist working at a Group Practice in Fayetteville, North Carolina and is affiliated with Cape Fear Valley Medical Center. He received his medical degree from Dhaka Medical College and has been in practice for more than 20 years. He is one of 113 doctors at Cape Fear Valley Medical Center who specialize in Internal Medicine. He is also an Assistant Professor at the Department of Medicine, UNC Chapel Hill.

He has been the President of BMANA-CC from 2009 to 2011.

During his two year tenure he helped

- **Organize Annual Conventions and Members Days on 2010 and 2011**
- **Conduct Scientific sessions to improve Member's knowledge in 2010 and 2011**
- **Pioneer Physician's free service to CARE CLINIC of Fayetteville to help Uninsured patients.**
- **Donate $5000/- to central BMANA to build Cyclone Shelter in Coastal Bangladesh.**
- **Donate $2500/-to American Red Cross for Earthquake Victims in Haiti.**
- **Donate $2500/-to CARE Clinic in Fayetteville**
- **Donate to Rupa Patel for her Philanthropic work for Women's of Bangladesh.**
- **Organize Cultural activities to create bondage between past and present.**
- **He continues to write and perform plays and brings innovation to the organization.**

RIAZ CHOWDHURY, MD, PhD, FACP

President from 2011-2013

Dr. Riaz Chowdhury is board certified in gastroenterology and internal medicine, joining WakeMed Physician Practices - Gastroenterology after working with Piedmont Gastroenterology Specialists in Winston-Salem since 2004. He serves as Administrative Director of the Gastroenterology practices for WakeMed Health & Hospitals. His special interests include pancreaticobiliary disease such as common bile duct stones, pancreatic cancer and chronic pancreatitis. His expertise includes Endoscopic Retrograde Cholangiopancreatography (ERCP), spyglass cholangioscopy and endoscopic ultrasonography with fine needle aspiration and celiac plexus block, among others. He earned his medical degree at Dhaka University in Bangladesh, and his doctorate in gastroenterology from Okayama University Medical School in Okayama, Japan. He completed residency training in internal medicine at the University of Maryland at Harbor Hospital Center in Baltimore, and a fellowship in gastroenterology and therapeutic endoscopy at the University of Florida in Gainesville, FL. Dr. Chowdhury is a member of the American Society for Gastroenterological Endoscopy, American Gastroenterological Association, American College of Gastroenterology, American Pancreatic Association and North Carolina Society of Gastroenterology. He has served on several boards and committees at D.L. Davis Forsyth Regional Cancer Center. He is widely published and has had 16 original articles published in various national and international journals. He has been awarded the Fellowship of American Gastroenterology Association (AGA).

During his tenure as the president of BMANA-CC from 2011-2013, he tried to upheld the prestige of the organization and provided leadership by holding the annual convention, education sessions, successful member's day. His goal was to maintain the brotherhood among our members.

He has been also engaged in promoting education in his home country Bangladesh. He has lectured in CME activities, tried to create awareness about the screening of colon cancer in Bangladesh. First Gastrostomy tube was performed in Bangladesh in 2004 at United Hospital under his initiative. Also he was personally engaged in introducing the hands on training on Endoscopic Ultrasound to the Gastroenterologist at DMCH, Suhrawardi Hospital on multiple occasions. Endoscopic Ultrasound has been running very well in Bangladesh at present time. He lives with his beloved wife, Zebeen Chowdhury and two children. They have made USA their home away from home, but they both believe that they owe to their home country and tries to extend the knowledge by actively participating in philanthropic activities both at home and abroad.

RECOGNIZING THE PAST PRESIDENTS OF BMANA-CC (2000-2015)

TAHMIDA JAHANGIR, MD

President from 2013-2015

Dr. Tahmida Jahangir graduated from the Dhaka Medical College, Dhaka University, Bangladesh in 1982. She currently works in Fayetteville, NC and specializes in Pediatrics and Adolescent Medicine. Dr. Jahangir is affiliated with Cape Fear Valley (CFV) Medical Center and has been serving as the Departmental Chair of CFV for the last three years.

During her tenure from 2013 to 2015 as President she had accomplished numerous milestones for the BMANA-CC. It's so plentiful that she proudly shrugged off by saying 'Picture speaks volumes!' One of the key milestones that was accomplished during her tenure was the hosting of the central BMANA convention in North Carolina.

Among her many skills, she is a motivational and vibrant speaker. She is the wife of a Fayetteville businessman tycoon who spends a lot of time for the organization by undertaking philanthropic societal work. They both have a beautiful daughter and a Physician-Engineer son.

2015-2017 EXECUTIVE MEMBERS

Position	Name	Resident
President	Dr. Sufia Siddique	Cary, NC
Past President	Dr. Tahmida Jahangir	Fayetteville, NC
Vice President	Dr. Abu Sharifuzzaman	Raleigh, NC
General Secretary	Dr. Habib Masood	Cary, NC
Treasurer	Dr. A.B.M. Enayetullah	Cary, NC
Cultural Secretary	Dr. Humayun Kadir	Cary, NC
Educational Secretary	Dr. Maleka Ahmed	Fayetteville, NC
Member 1	Dr. Sayed Hossain	Wilson, NC
Member 2	Dr. Kishore Chowdhury	Fayetteville, NC
Member 3	Dr. Shabbir Chowdhury	Fayetteville, NC
By Laws Committee Member 1	Dr. M. A. Hannan	Fayetteville, NC
By Laws Committee Member 2	Dr. Abu Salahuddin	Fayetteville, NC
By Laws Committee Member 3	Dr. Delbahar Hossain	Raleigh, NC

Physician Burnout!

Melaka Ahmed, MD, Assistant Professor,
Division of Hematology and Medical Oncology
Duke Cancer Network. Duke University Medical Center.

We have recently observed March 30th as National Doctor's Day! This day we celebrated all the Doctors, for their commitment to patients and healthcare. This date was picked in commemoration of the first use of Anesthesia during Surgery in 1842. That was a huge advancement of patient care! This day also should be a cause for reflection. So, how are we doing?

There is growing awareness about impact of stress in the life of Doctors in training and those of us, who are already working. Burnout is defined as a syndrome characterized by a loss of enthusiasm for work, (emotional exhaustion), feeling of cynicism (depersonalization) and low sense of personal accomplishment. In any given moment, approximately one third of physician may report burnout. They are 15 times more likely to burn out than other profession. They have 10-20% higher divorce rate than general population and 300-400 physician suicide death every year.

In my opinion the following may be some of the reasons behind this.

- Nature of our job.
- Dealing with high stress and death consistently for long time may take its toll in any human being.
- We, the physicians are not only supposed to try to cure but also try to heal the families when cure is not possible.
- Seeing the others going through difficult journey with their loved one over time, eventually means much more than giving out the scripts or writing a care plan. It is about being there through thick and thin.
- We must face frequent difficult clinical situations and may or may not be able to change the course of events as we want to even after trying hard. Lack of control over schedules and time.
- We are always facing too short a time allotted to see patients or overbooking /double booking in office.
- We do have to handle the phone calls! There is always a patient in need at the end of a phone call every office or hospital interaction. So, setting time limit is beyond difficult.
- However, our education and training goals, expects us to control any difficult situation!
- Makeup of our mind. On the top of this, we ourselves do not feel well, when things are out of our hand for long time. Guilt/ frustration creep in.

Physician Burnout!

Melaka Ahmed, MD, Assistant Professor,
Division of Hematology and Medical Oncology
Duke Cancer Network. Duke University Medical Center.

This results in lack of sleep, lack of physical rest and lack of ability to keep family commitments, difficulty in relationships, feeling bitterness and eventual feeling of resignation and lack of caring.
Red Signals! Always stay on the lookout for these signs especially if they happen persistently.
1. Anxiety and being overwhelmed.
2. Hopelessness, constant worry.
3. Being upset.
4. Feeling of resignation.
5. Poor sleep
6. Angst. (Definition of Angst is described as a transcendent emotion in that it combines the unbearable anguish of life with the hopes of overcoming this seemingly impossible situation. Without the important element of hope, the emotion is anxiety.)
Notice the feeling and notice the cost of your feelings in your life……. Are they affecting your Reputation, Connections, Physical health, mental health, spiritual health, Vitality?
One important tip is to become a watcher of your own use of language. Recognize the signals!
Are you often using these lines?

What if..,
Whatever…,
I hate this place..!

If one finds oneself in this situation of breakdown which may lead to burnout…
Remind yourself that power is in the reaction to the event!! Try to get to the bottom of the picture. Analyze the Facts…..Story/Headline…..Perception. Build the sense of purpose and ownership.
THINK, who am I, why I do what I do, Find the Sense of Being, and Associate with Doing, Who am I Being now?
Analyze current thinking and eventually learn to let go of the moment. We do not need to be right always. We can spend long time justifying our story, rationalizing and building evidence of the story line.
2. Remember the most important rule of engagement and collaborations is good Communication! Proper communication should be
a) Direct/clear,
b) Timely,
c) Respectful interaction.
3. Get the clear picture. What does all this really mean? Issue may not be the issue. What about discipline of our own life? One can get upset because of missed, unmet expectations, undelivered communications and thwarted intentions. Learn to listen to people. Representation of fact might need some tact, use this line if you can, “I don’t want to be difficult but I want to say this”.
4. Question to self, “What am I forgetting at the moment of breakdown?
5. Call for your affirmation…..remind yourself who you are … Why You Do What You Do?
Take a new set of action in line of new thinking. “We can’t solve problem using the same kind of thinking we used when we created them”, Albert Einstein.
6. Authentic acknowledgement and appreciation of others without expectations.

Physician Burnout!

Melaka Ahmed, MD, Assistant Professor,
Division of Hematology and Medical Oncology
Duke Cancer Network. Duke University Medical Center.

Examples of issues for breakdown are..

1. Too many patients in schedule.
2. Data / not available.
3. Person not available.
4. Things are not done as asked.
5. Children's life issues.
6. Parent's health issues.
7. Vacation time not asked on time.
8. Own health issues.
9. Being asked to do too many things and or too short a dead line.

How to Prevent Breakdown.

- Care of Self.. . Make a list of things you are accountable for at workplace and at home. Find time to do what you like to do. However do not lose accountability.
- Delegate… Learn to say no but give directions and/or solutions. Ask yourself "is this task critical for me to do for the overall mission of my work?"
- Stop inventing your own deadlines. Look at the calendar; push out one or two tasks. But let people know especially who are affected by this.
- Foster self directed behavior rather than dependent behavior. Allow people to learn to make decisions, it may surprise us how others who work for us /with us can learn to share responsibilities.
- Keep Flex time in schedule.
- Allow yourself some time and space. Let people know, you will get back to them later with an answer.

Summary

Resiliency is the ability to adapt to stress and adversity. This is our defense against Burnout. It needs mindful self awareness and self regulation, educated decision making. It does need a gradual change. Remember….Problem happens!

- Stop. Ask what I am forgetting….Look at the issue….. Validate and Affirm…. Make Choices.
- Find time to exercise. Find a way to eat right.
- Maximize sleep. Practice to Say No, with a solution. Delegate, delegate.
- Adjust timeline. Find propose and meaning in life.
- Attach meaning to an event. Use affirmations. Recognize the red flags. Remember you have the power to take control and for action.
- Always remind yourself, "Why I do, what I do"!

Cholesterol efflux capacity in humans with psoriasis is inversely related to non-calcified burden of coronary atherosclerosis.

Eur Heart J. 2015 Oct 14;36(39):2662-5. doi: 10.1093/eurheartj/ehv339. Epub 2015 Jul 18.

Salahuddin T[1], Natarajan B[1], Playford MP[1], Joshi AA[1], Teague H[1], Masmoudi Y[1], Selwaness M[2], Chen MY[1], Bluemke DA[2], Mehta NN[3].

Abstract

AIMS:

Cholesterol efflux capacity (CEC) was recently shown to predict future cardiovascular (CV) events. Psoriasis both increases CV risk and impairs CEC. However, whether having poor CEC is associated with coronary plaque burden is currently unknown. We aimed to assess the cross-sectional relationship between coronary plaque burden assessed by quantitative coronary computed tomography angiography (CCTA) with CEC in a well-phenotyped psoriasis cohort.

METHODS AND RESULTS:

Total burden and non-calcified burden (NCB) plaque indices were assessed in 101 consecutive psoriasis patients using quantitative software. Cholesterol efflux capacity was quantified using a cell-based ex vivo assay measuring the ability of apoB-depleted plasma to mobilize cholesterol from lipid-loaded macrophages. Cholesterol efflux capacity was inversely correlated with NCB (unadjusted β-coefficient -0.33; $P < 0.001$), and this relationship persisted after adjustment for CV risk factors (β -0.24; $P < 0.001$), HDL-C levels (β -0.22; $P < 0.001$), and apoA1 levels (β -0.19; $P < 0.001$). Finally, we observed a significant gender interaction ($P < 0.001$) whereby women with low CEC had higher NCB compared to men with low CEC.

CONCLUSIONS:

We show that CEC is inversely associated with prevalent coronary plaque burden measured by quantitative CCTA. Low CEC may therefore be an important biomarker for subclinical coronary atherosclerosis in psoriasis.

CLINICALTRIALSGOV: NCT01778569.

Author information

Salahuddin T, Natarajan B, Playford MP, Joshi AA, Teague H, Masmoudi Y, Selwaness M, Chen MY, Bluemke DA, Mehta NN. Cholesterol efflux capacity in humans with psoriasis is inversely related to non-calcified burden of coronary atherosclerosis. Eur Heart J. 2015 Oct 14;36(39):2662-5. doi: 10.1093/eurheartj/ehv339.

Sponsor:
National Heart, Lung, and Blood Institute (NHLBI)
Information provided by (Responsible Party):
National Institutes of Health Clinical Center (CC) (National Heart, Lung, and Blood Institute (NHLBI))

Background:

Cardiometabolic diseases are medical disorders that can occur together and affect the heart. They increase the risk of developing heart disease and diabetes. One disorder, psoriasis, is an inflammation that mostly affects the skin but can affect the entire body. Another disorder, atherosclerosis, is a process in which cholesterol is gradually deposited on the wall of arteries. This causes arteries to harden and become less flexible. Many cells that cause psoriasis also cause atherosclerosis. Researchers want to look at the relationship between cardiometabolic diseases and psoriasis.

Objectives:

- To study the relationship between psoriasis and cardiometabolic diseases.

Eligibility:

- Individuals at least 18 years of age who have psoriasis.

Design:

- Participants will be screened with a physical exam and medical history.
- Participants will have up to seven outpatient visits over the 4 years. The first visit will be a screening visit. Visits 2 will be12 months after visit 1. Visits 3, 4, and 5, will be scheduled yearly for the next 3 years. If participants have a psoriasis flare with more severe symptoms, they may have an extra visit. Those who leave the study early will have a final visit with the full series of tests.
- At visits 1, 2,and 5, and any flare visits, participants will have a physical exam and medical history. They will provide blood and urine samples, as well as optional tissue biopsies. They will also have heart function tests. Imaging studies, as well as optional photographs of affected areas, will be performed. These tests will also be performed at the final visit.
- At visits 3 and 4, participants will have a physical exam and medical history. They will also provide blood and urine samples, and have heart function tests.

Tribute to
Dr. Mohammed Fazle Rabbee

Mohammed Fazle Rabbee was born on 21 September 1932, in Pabna District, Bengal Presidency, British India. Mohammed Fazle Rabbee was an exceptional student. In 1948, he passed matriculation from Pabna Zila School and I.Sc from Dhaka College in 1950. Afterwards, Rabbee went to Dhaka Medical College and finished his MBBS in 1955. He received a gold medal for achieving highest marks on the examination in all of Pakistan. At Dhaka Medical College and Hospital, he became an assistant surgeon on 15 December 1956.

Rabbee became Registrar of Medicine in 1959 at Dhaka Medical College. In March 1960, he travelled to England to earn higher education, where he earned an MRCP in cardiology and another one in internal medicine. Rabbee received these two post-graduate degrees in record time by 1962. In lieu of obtaining his MRCP from London, he worked at the Hammersmith Hospital. Upon graduation, he worked at Middlesex Hospital with Sir Francis Avery Jones, an eminent British gastroenterologist.[1] After Rabbee finished his studies, he returned to East Pakistan on 1 January 1963, where he became an associate professor of medicine at the Dhaka Medical College. He was soon promoted as Professor of Medicine and Cardiology in 1968 and was the youngest MRCP staff member to achieve this promotion in Dhaka Medical College at the age of 36.

Rabbee was a man of science with a progressive philosophy. The Language Movement in 1952 opened his eyes to the tyranny and repression of the Pakistani government against its Bengali speaking citizens. The Pakistani government used to suppress and deprive east Pakistan and used to neglect their enriched language, culture, and secular philosophy. The Bengali were used to be deprived in every sectors regarding promotions,ranks and benefits.Rabbee was against this wrongdoings and the violence and repression of ordinary people by Pakistan government. In fact, he believed in equality which affirms the dignity and worth of all people. The martyred intellectuals[2] believed in the struggle for freedom of Bengalis, but their path forward was a non-violent one. Their conviction in truth and justice was more powerful than the massive military force of the Pakistani government, which was ultimately defeated.

Professor Rabbee was an exceptional clinician, as well as a medical researcher. Throughout the subcontinent, people sought him out to diagnose difficult cases that could not be diagnosed or treated by local physicians. Rabbee combined a holistic approach towards health with cutting-edge science. For his poor patients, this popular doctor, gave free medical treatment, medicine, transportation and hospitalisation costs. He was extremely well liked by child and elderly patients, because he took the time to interact with them and to understand the root causes of their clinical symptoms.

Rabbee also did research on medicine, and has had his research-based articles published in the *British Medical Journal* and *The Lancet*. His publications include "A Case of Congenital Hyperbilirubinaemia (Dubin-Johnson Syndrome) in Pakistan" and "Spirometry in Tropical Pulmonary Eosinophilia".speech.

Mohammed Fazle Rabbee

In 1970 when the repression of East Pakistanis reached a peak, Professor Rabbee received the Pakistan best professor award which he refused to accept. On 27 March 1971 he became very disturbed when he visited Dhaka medical college (his workplace) with his wife and saw the extent of the massacre committed by Pakistani army on innocent civilians and the faculty of Dhaka university. Both he and his wife became completely engaged in the liberation war. They helped and protected countless freedom fighters and their families from death and disaster. They provided medical care, surgery, money, shelter and transportation cost to refugee camps to families of those who were killed, as well as for survivors of torture and rape. They stood firm in Dhaka during the war (March 1971 – December 1971) and surrounded their friends of all religions who were artists, scientists, professors, bankers, and students. They believed in a progressive and secular society. Towards the end of the war, Rabbee's dream was to build a country where the constitution would reflect the core values of all religions: equality (gender, religion, class), tolerance, secularism, human dignity and honour.

On 15 December 1971, Mohammed Fazle Rabbee was brutally killed when the Bangladesh Liberation War was ending. The Pakistan occupation army and those that conspired with them took Rabbee from his home. He was taken to Mohammedpur Physical Training Institute and then to Rayer Bazar along with other intellectuals where they were martyred.

Late Jahan Ara Rabbee (Professor Rabbee's wife) talked about his death:

On 15 December the curfew was relaxed for two hours. Despite his wife's objection he had gone to see a non-Bengali patient in the old part of Dhaka. He had bought plenty of vegetables on his way back. Though his wife requested him repeatedly to move out from the house at 75, Shiddeshwari, he did not agree. On that fateful day he took some rest after lunch. In the afternoon, members of Pakistan army, Al Badar and Rajakars circled his house. They came in a microbus and a jeep. About six soldiers took him towards the jeep. As his wife came out running they pointed a gun at her and stopped her from advancing any further. Rabbee walked towards the jeep with his head held high. It was known that on 15 December midnight Rabbee along with some other intellectuals were taken in a truck from the Lalmatia Physical Training Institute to the Rayerbazar brickfield and murdered in a brutal manner. His dead body was identified on 18 December.

The president of Pabna Drama Circle and a leading cultural activist, Gopal Sanyal, said, "When the occupation forces realized that Bangladesh was about to become independent, they killed off the intellectuals who were the greatest minds of the country. These great human beings never got to see the sun rise over the independent Bangladesh."

Compiled by Najmul Chowdhury from various resources.

Abul Fayez Mohammad Abdul Alim Chowdhury

Abul Fayez Mohammad Abdul Alim Chowdhury, (**AFM Alim Chowdhury** (1928–1971) was an eminent eye specialist in Bangladesh. He was abducted by the Al-Badr militia as part of a plan to kill the renowned intellectuals of the country and was found dead on December 18, 1971 at Rayer Bazaar in Dhaka.

Early life and career

Alim Chowdhury was born in the village Khoyerpur in Kishoreganj in 1928. He passed metric examination from Kishoreganj High School in 1945. Then he went to Calcutta Islamia College, where he passed the Intermediate examination in 1947. He studied in Dhaka Medical College and received an MBBS degree from there in 1955. In 1961, he received a D.O. degree from London.

Chowdhury worked at St James's Hospital as a registrar from 1961 to 1963. He returned to Bangladesh in 1963 and joined Kumudini Hospital in Mirzapur as a chief ophthalmologist. In 1967, He became an associate professor at post graduate medicine and research institute in Dhaka and joined Dhaka Medical College as an associate Professor in 1968. Chowdhury was active in leftist politics from his student life. He was an active participant in the 1952 Bengali language movement. In 1971, he was working as an associate professor at the Department of Ophthalmology in Sir Salimullah Medical College. He played an active role in forming the East Pakistan Medical Association (current Bangladesh Medical Association), and was elected the general secretary of the association.

Creative activities

Alim Chowdhury had a preference for photography and creative writing. He edited two monthly magazines named (Bengali: খাপছাড়া) and (Bengali: যাত্রকি) in his student life. He worked as a sub editor for two newspapers named (Bengali: দনৈকি ইত্তহোদ) and (Bengali: দনৈকি মল্লিাত).

Personal life

He left behind his wife and two daughters. His wife, Shyamoli Nasrin Chowdhury is a national award winning educationist and former principal of Udayan School. Both of his daughters are physicians, one an eye specialist.

Abduction and death

As part of a planned assault on Bengali intellectuals, Chowdhury was abducted by Jamaat's militia wing Al-Badr militants on December 15, 1971. His dead body was found along with the bodies of many other intellectuals at Rayerbazar mass grave, Dhaka. Moulana Abdul Mannan, one of the key collaborators of the Pakistan army during the Liberation war of Bangladesh, was directly involved in the abduction and killing of Chowdhury. Chowdhury had been living in Purana Paltan in 1971. In the mid of July, Moulana Mannan, an organizer of Al-Badr, came to Chowdhury for a shelter as he was shelterless and destitute at that time. Former speaker A.T.M.A. Matin was neighbor of Chowdnury. It was Matin whose request made him to rent his ground floor to Mannan. On December 15, some members of Al-Badr came to his house and took him away. Chowdhury never returned. Moulana Mannan absconded on December 16. On December 18, Chowdhury was found dead along with other intellectuals at Rayer Bazar mass grave. Later, he was buried in Azimpur graveyard. Information Source: AFM Alim Chowdhury Wikipedia

Compiled by Najmul Chowdhury from various resources.

What's Trending in Medical Science

Sleeping Longer May Be a Sign of Increased Dementia Risk

MINNEAPOLIS, Minn -- February 22, 2017 -- Sleeping more than 9 hours a day may be an early sign of degeneration of the brain and may signify an increased risk of dementia in older people, according to a study published in the February 22, 2017, online issue of Neurology. "We found that when older people transitioned from regularly sleeping less than 9 hours to sleeping more than 9 hours, they had an increased risk of developing dementia 10 years later," said Sudha Seshadri, MD, Boston University School of Medicine, Boston, Massachusetts. "We also showed that those who had regularly slept more than 9 hours in the past and simply maintained that level of sleep did not have an increased risk."

For the study, researchers evaluated data on 2,457 people living in Framingham, Massachusetts, spanning 2 generations, who were regularly examined and surveyed about their health as part of a large, community-based study. The average age of participants was 72 years. Over 10 years, 234 people (10%) developed some form of dementia, and 181 of those (8% overall) were specifically diagnosed with Alzheimer's disease. A total of 96 people (4%) reported sleeping more than 9 hours a night at the beginning of the study and 75 people (3%) reported changing from sleeping 9 hours or less to more than 9 hours.

Overall, those who slept more than 9 hours were twice as likely to develop dementia than those who slept 9 hours or less. Of the 96 people who reported sleeping more than 9 hours, 19 developed dementia (~20%) compared with 215 of the 2,361 people who slept 9 hours or less (~9%).
Those who transitioned from sleeping less than 9 hours to 9 hours or more had a nearly 2.5 times greater risk of developing dementia, with 16 of the 75 people developing dementia. They were also 2 times more likely to develop Alzheimer's disease, with 11 out of the 75 people developing Alzheimer's disease.

People who had already been sleeping for more than 9 hours a day for 13 years prior had no increased risk of dementia. Those who slept more than 9 hours as opposed to 6 to 9 hours also were less successful in processing thoughts and accomplishing tasks and had lower brain volume.
"The difference in scores on tests of processing thoughts was the equivalent of about 12 years of aging, and the difference in brain volume was the equivalent of about 5 years of aging," said Dr. Seshadri. "These estimates are based on small numbers and are not precise, but they give you some context for the size of the difference between those who slept longer and those who did not."
Those who slept longer were also more likely to have no high school diploma and mild cognitive impairment. People with no high school diploma who slept more than 9 hours were 6 times more likely to develop dementia.

"Together, these results suggest that if someone is sleeping longer, it may be an early marker of neurodegeneration," said Dr. Seshadri. "Unfortunately, it is likely that any efforts to reduce their amount of sleep would not lower their risk of dementia."
There were limitations of the study, including participants self-reported sleep data. In addition, researchers only looked at overall sleep totals and did not divide those totals into overnight sleep and naps. Further study is needed to better examine the biology behind longer sleep duration.

SOURCE: American Academy of Neurology

Depression Puts Patients With Psoriasis at Significantly Greater Risk of Psoriatic Arthritis

PHILADELPHIA -- February 22, 2017 -- Patients with psoriasis who developed depression were at a 37% greater risk of subsequently developing psoriatic arthritis, compared with patients with psoriasis who did not develop depression, according to a study published in the Journal of Investigative Dermatology.

“For many years, the rheumatology and dermatology communities have been trying to understand which patients with psoriasis go on to develop psoriatic arthritis and how we might detect it earlier in the disease course,” explained Cheryl Barnabe, MD, McCaig Institute for Bone and Joint Health, University of Calgary, Calgary, Alberta.
Depression is common among patients with psoriasis. Based on recent laboratory work demonstrating that major depressive disorder is associated with increased systemic inflammation, the researchers hypothesised that patients with psoriasis who develop depression are at increased risk of subsequently developing psoriatic arthritis.

Using the Health Improvement Network (THIN) -- a primary care medical records database in the United Kingdom -- the researchers identified over 70,000 patients with a new diagnosis of psoriasis. Through follow-up records, they identified individuals who subsequently developed depression and those who developed psoriatic arthritis. Patients were followed for up to 25 years or until they developed psoriatic arthritis. Statistical analysis showed that patients with psoriasis who developed major depressive disorder were at 37% greater risk of subsequently developing psoriatic arthritis compared with patients who did not develop depression, even after accounting for numerous other factors such as age and use of alcohol.

The study highlights the need for physicians to manage patients with psoriasis to identify and address depression. This could include rapid, effective treatment of psoriasis and psychosocial management of the cosmetic burden of psoriasis. The study also draws into question the biological mechanisms by which depression increases the risk for developing psoriatic arthritis. These mechanisms may include altered systemic inflammation as a consequence of depression, or even the role of lifestyle behaviours such as physical activity or nutrition, which are typically worsened by depression, and which may place an individual at risk for psoriatic arthritis.

“There is a tendency to think of depression as a purely ‘psychological’ or ‘emotional’ issue, but it also has physical effects and changes in inflammatory and immune markers have been reported in depressed people,” commented Scott Patten, MD, Cumming School of Medicine, University of Calgary. “Depression may be a risk factor for a variety of chronic conditions and this research is an example of how big data approaches can identify these associations.”

“This study raises important questions on the role of systemic inflammation, which is also elevated in depression, in driving a disease phenotype, which needs to be confirmed in clinical cohorts,” said Dr. Barnabe.
SOURCE: Elsevier Health Sciences

Higher Incidence of TTP in African Americans and Females: An Analysis of Demographics, Cost and Length of Stay in Teaching and Nonteaching Hospitals for Thrombotic Thrombocytopenic Purpura Between 1999 and 2013

William Lee, MD[1], Stuthi Perimbeti, MD[2*], Mariola Vazquez Martinez, MD[2*], Nausheen Hakim, DO[2*], Daniel Kyung, MD[2*], Rhia Dasgupta, BS[2*], Luiz Marconcini, MD[1], Parshva Patel, MD[2*], Kristine Ward, MD[1], Michael Styler, MD[1] and Maneesh Jain, MD[1]
[1]Hematology/Oncology, Drexel University College of Medicine, Philadelphia, PA; [2]Drexel University College of Medicine, Philadelphia, PA

Background: Limited studies compare the differences in care for Thrombotic Thrombocytopenic Purpura (TTP) patients in teaching versus nonteaching hospitals. TTP is a rare, life-threatening disease marked by widespread aggregation of platelets throughout the body, resulting in multi-organ sequelae including neurological dysfunction and renal insufficiency: a timely diagnosis is imperative for successful treatment. Academic centers generally have more individuals involved in each patient's care. This was considered in the evaluation of demographics, cost, length of stay, and disposition at discharge in the different settings.

Methods: Adult admissions with a primary diagnosis of TTP for a 15-year period between 1999 and 2013 were extracted from the National Inpatient Sample database using the ICD-9 code 446.2 during a 15 year period between 1999 and 2013 (N=6,292, for a weighted N=30,011). The sample was weighted to approximate the full inpatient population of the U.S. over the time period. Teaching and nonteaching hospitals were compared within the parameters of gender, race, total cost, insurance, length of stay, mortality, and disposition. Chi square analysis was performed to examine differences in the categorical variables. Total cost was adjusted for inflation using data from the U.S. Bureau of Labor Statistics.

Results: The total number of admission for TTP was weighted N=28,058, divided between 20,426 for teaching and 8,082 for nonteaching hospitals. 67.6% of TTP admissions were female in both categories but a greater percentage of African Americans with TTP were admitted to teaching (N=6,842; 33.50%) than nonteaching hospitals (N=1,962; 24.28%) ($p < 0.0001$). More Caucasians with TTP were admitted to non-teaching (N=2,707; 33.50%) than teaching hospitals (N=6,834; 32.46%) ($p <0.0001$).
The overall length of stay for TTP hospitalizations was 12.30 days +/- 0.16, with teaching hospitals being found to have a shorter length of stay at 11.26 +/- 0.28 days compared to non-teaching hospitals with 13.15 +/- 0.20 days ($p < 0.0001$). There was a slightly higher mortality rate in nonteaching hospitals: 8.92% in teaching hospitals versus 9.32% in nonteaching hospitals ($p <0.6232$). Overall hospital mortality decreased from 12.1% in 1999 to 6.0% in 2013. At discharge, more patients from nonteaching hospitals were transferred to short term facilities than those from teaching: 1,877 (23.23%) non-teaching patients versus 2,038 (9.98%) teaching patients ($p = 0.0001$).

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The overall cost of a TTP hospitalization was $106,184.94 +/- $1,762.57. Nonteaching hospitals had more costly hospitalizations at $113,437.87 +/- $2247.78 than teaching hospitals, which cost $99,481.35 +/- $3093.53 ($p < 0.0001$). Medicare paid 26.23% of TTP hospitalizations in nonteaching hospitals and 22.91% in teaching hospitals ($p < 0.0006$). Medicaid paid for 18.12% of TTP hospitalizations in teaching hospitals and 12.89% in nonteaching hospitals ($p < 0.0006$).

An increase in the cost for admissions for TTP was noted from 1999 to 2013. While the total charge of TTP admission was $58,437 in 1999, it was found to be $153,643 in 2013, or $109,878 when adjusted for inflation. This amounted to an adjusted 88% increase despite an essentially unchanged average length of stay, 12.5 days in 1999 and 12.6 days in 2013.

Conclusion: In comparing TTP hospitalizations, teaching hospitals had a shorter length of stay, lesser cost of stay, and sent fewer patients to short term facilities upon discharge. However, these factors did not play a statistically significant role in decreasing mortality. Additionally, a trend of increasing total charges was noted from 1999 to 2013 despite an unchanged length of hospitalization and a decrease in mortality. Advanced age is associated with worse outcome in TTP and this is reflected by the higher mortality and higher percentage of Medicare payment in nonteaching hospitals. Medicaid was responsible for a higher percentage of payment in teaching hospitals and correlated with an improved mortality. Both African Americans and females were found to have more admissions regardless of hospital type, with African Americans being admitted more often to teaching than nonteaching hospitals. Further studies are necessary to determine the etiology of this significant rise in the cost of TTP treatment and to investigate the disproportionately higher incidence of TTP in African Americans and females.

Back Pain: A Crystal Clear Cause

Nausheen Hakim, D.O, Shraddha Patel, M.D., Steven Russell, M.D.

Introduction:

Back pain is a frequent complaint with a variety of causes: trauma, congenital, osteoarthritis, or infectious(1). In this circumstance, a peculiar case was the culprit. We present a case of CPPD induced back pain in the lumbar spine.

Case:

A 72 year old woman with a history of non-Hodgkins lymphoma, treated 15 years prior, presented with worsening, constant, throbbing left hip and lower back pain associated with numbness and tingling for three months, with acute worsening for the past three days. Physical exam showed left hip tenderness with decreased sensation and range of motion of the left leg.

MRI of the lumbar spine showed a nonenhancing epidural lesion between L3-L5 and compression of the cauda equina with a differential diagnosis of extruding disc vs lymphomatous infiltration given her history of lymphoma. The patient was treated with decadron and neurosurgical decompensation with L3-L4 laminectomy with resolution of symptoms. Pathology revealed polarizable crystalline material suggestive of pseudogout.

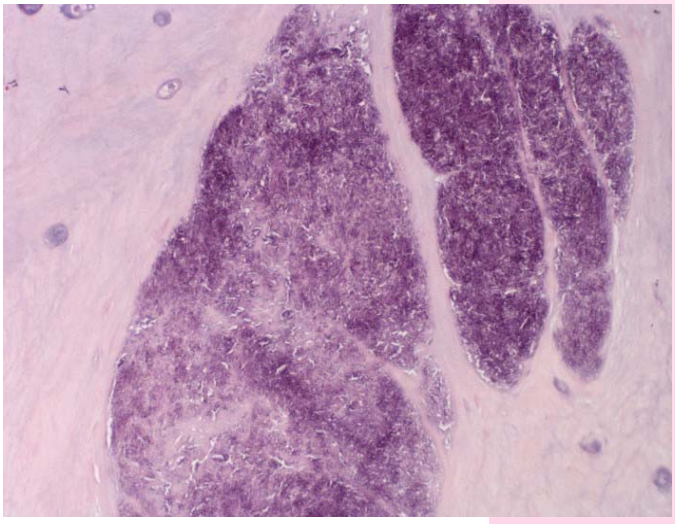

Figure 1: Portion of intervertebral disc with basophilic crystalline deposition (H&E stain, original magnification x10).

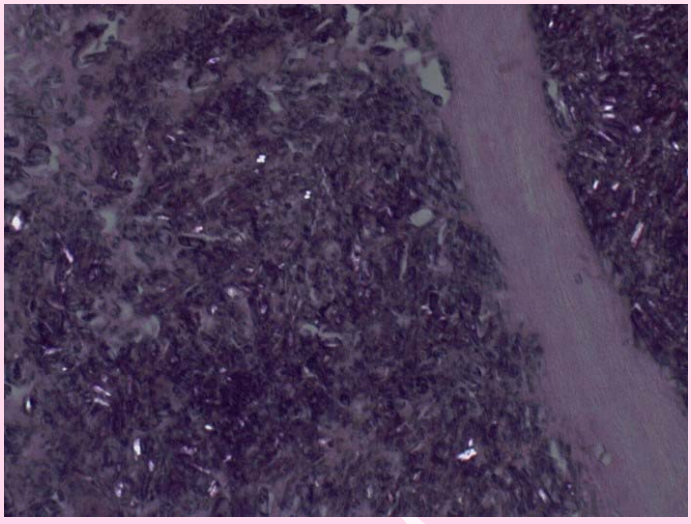

Figure 2: Small polarizable rectangular or rhomboid crystals within the intervertebral disc (H&E stain, polarized, original magnification x40).

Back Pain: A Crystal Clear Cause

Nausheen Hakim, D.O, Shraddha Patel, M.D., Steven Russell, M.D.

Discussion:

Pseudogout in the lumbar spine is rare (2,3). Commonly affected areas are the knee, wrist, elbow, and ankle. If spinal deposition of crystals occurs, it more likely affects cervical vertebrae rather than lumbar (4). Deposition in this patient occurred in the spine causing possible disc herniation which could be explained by the immediate relief after receiving decadron even prior to the surgical intervention.

It is unclear why she developed CPPD disease in the spine with no predisposing factors. Despite the prevalence of back pain (1), the differential remains wide and CPPD should be considered.

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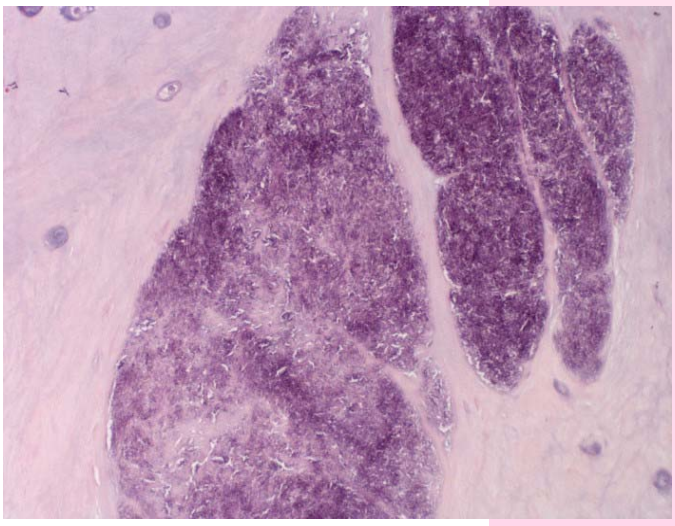

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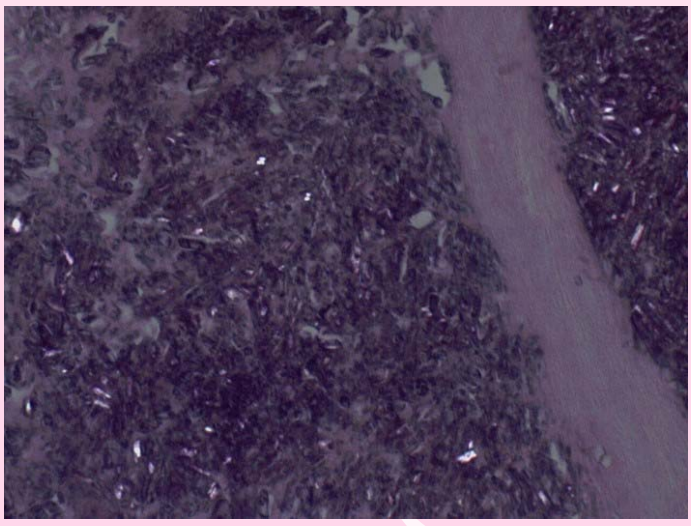

Figure 2: Small polarizable rectangular or rhomboid crystals within the intervertebral disc (H&E stain, polarized, original magnification x40).

SLEEP DISORDERS FOR ALL SPECIALTIES

EXCERPT OF DR. RAUL KAKKAR'S TALK

Most healthcare providers and patients think of sleep disorders as limited to diagnosis and treatment of sleep apnea with CPAP. Most people associate sleep apnea with obesity and excessive daytime sleepiness. Some may also think of insomnia as a unique and stand alone illness.

Sleep is an unopened window to a patient's health. Sleep disorders are widely prevalent and have protean manifestations. Obstructive sleep apnea is common in non-obese patients and remains under diagnosed. Insomnia is a symptom, which can be a presenting complaint of sleep apnea (both obstructive and central), restless legs, circadian rhythm disorders, and side effect of commonly, used medications. Almost all specialties see patients with sleep disorders and proper identification can improve their patients' outcome. Proper identification and treatment of sleep disorders can decrease the cost of care and has been studied in many different countries.

While only about 5% of children have chronic illnesses in a general pediatric clinic population, the prevalence of sleep complaints and sleep disorders is as high as 30%. Children with sleep disorders present with symptoms similar to Attention Deficit Hyperactivity Disorder, Opposition Defiance Disorder, anxiety, depression and are misdiagnosed as being lazy, having neurological disorders or psychiatric and behavioral disorders. Such children may be forced to quit the school and enrolled in home school program. However, with proper treatment they can return to school and be integrated with the mainstream.

Growing evidence shows obstetric outcomes are affected by sleep apnea affecting both the mother and the child. Treatment of sleep disorders is likely to have a positive effect on these outcomes. Anesthesiologists are taking sleep to a new frontier. Not only obstructive sleep apnea, but narcolepsy, insomnias and restless legs syndrome are matters of intense study by anesthesiologists for a variety of outcomes in the perioperative period.

Sleep studies present a unique glimpse into a patient's physiology recording eight hours of continuous data of multiple physiological variables. The data obtained from sleep studies has been used to predict the emergence of neuropsychiatric disorders like Parkinson's disease and depression. The new direction of predictive data is towards calculating the risk of developing congestive heart failure, stroke, and hypertension, among other disorders.

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Ahmed	Sagir	Cary	Cardiology
Ahmed	Taslim	Knightdale	Public Health- Health Adminstration
Akter	Nasrin	Greensboro	Non-Practitioner
Alam	Shah	Shelby	Nephrology
Al-Harun	Shaikh Bahauddin	Greensboro	Health Administration
Ara	Nusrat	Cary	Non-Practitioner
Azad	Abul	Fayetteville	Internal Medicine
Begum	Nurjahan	Morrisville	Internal Medicine
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Hannan	Mohammad Ashraful	Fayetteville	Internal Medicine
Hannan	Sabina	Fayetteville	Non-Practitioner
Haque	Ashrafuddin	Durham	Non-Practitioner
Haque	Mahfuzul	Durham	Gastroenterology
Hossain	Fatima	Apex	Internal Medicine
Hossain	Mir Mohammad Mosharaf	Fayetteville	Internal Medicine
Hossain	Mohammad	Raleigh	Internal Medicine & Pediatrics
Hossain	Sazzad	Winston Salem	Internal Medicine
Humayun	Dabiruddin	Raleigh	Internal Medicine & Pediatrics
Hussain	Khwaja	Goldsboro	Family Practice
Ilias	Shahnaz	Greensboro	Non-Practitioner
Imam	Abul	Raleigh	Internal Medicine & Pediatrics
Islam	Azizul	Henderson	Public health
Islam	S. M. Jafrul	Fayetteville	Anesthesiology
Islam	Shireen	Raleigh	Non-Practitioner
Islam	Tasneem	Apex	Nurse Practitioner
Jahangir	Tahmida	Fayetteville	Pediatrics
Kadir	Humayun M.	Cary	Family Practice and Geriatrics
Karim	Abu Zahed	Fayetteville	Internal Medicine
Karim	Zakiya	Fayetteville	Pediatrics
Khan	Shamsul A.	Rockingham	Pediatrics
Khan	Mohammed Abul Kalam	Raleigh	Internal Medicine
Khan	Nilufar	Durham	Internal Medicine
Khasru	Muhammed	Fayetteville	Neurology
Malek	Abdul	Apex	Non-Practitioner
Masood	Habib	Cary	Internal Medicine
Moihiuddin	Ishtiaque H.	Cary	Cardiology
Mujib	Nusrat	Fayetteville	MD Residency Applicant
Naseri	Mohammad Sabur	Fayetteville	Pediatrics
Palit	Shyamal	Fayetteville	Nephrology
Rahman	Abu Ahmed Zahidur	Fayetteville	Internal Medicine
Rahman	Mizanur	Fayetteville	Psychiatry
Rahman	Mohammed Waliur	Fayetteville	Internal Medicine & Geriatrics
Rahman	Shafiqur	Fayetteville	Internal Medicine
Salahuddin	Abu Nasser	Fayetteville	Internal Medicine
Shahrier	Mamun	Raleigh	Gastroenterology
Sharifuzzaman	Abu	Raleigh	Internal Medicine
Siddique	Sufia	Cary	Family Practice
Wahid	Asif T.	Thomasville	Cardiology
Yasmin	Farida	Fayetteville	Non-Practitioner

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1. International Diabetes Federation. *IDF Diabetes Atlas.* 7th edn. Brussels, Belgium: International Diabetes Federation. 2015.

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