

# ANNUAL REPORT

2013, 2014 and 2015

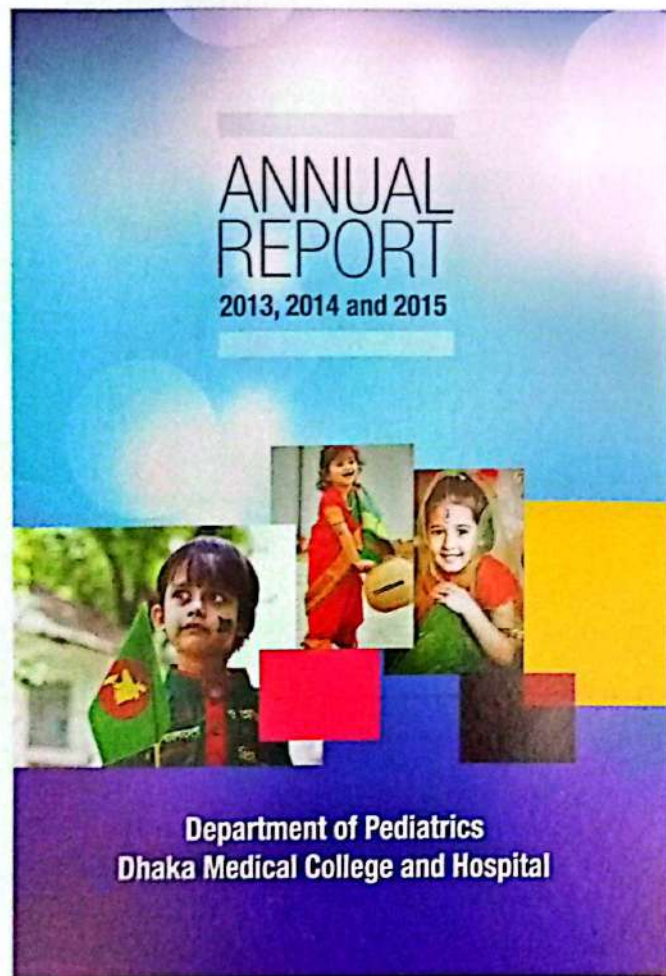


**Department of Pediatrics**  
**Dhaka Medical College and Hospital**



# Annual Report

2013, 2014 and 2015



  
Prof. Sayeeda Anwar  
MBBS, FCPS (PAED)  
Professor & Head  
Department of Paediatrics  
Dhaka Medical College Hospital

**Department of Pediatrics**  
**Dhaka Medical College and Hospital**



*Dedicated to all our patients  
specially baby Suraiya  
who survived from bullet injury  
in the womb*

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## Message

I am very glad to know that Department of Pediatrics, Dhaka Medical College is going to publish another edition of Annual Report. Department of Pediatrics is providing quality services to a large number of sick children with limited resources for over 50 years. Children are the most important part of progress and prosperity. So the appropriate health services to the children must be provided at all times. This is where Department of Pediatrics has achieved something unique and unparallel.

I wish all the success of the department along the path of future.

A stylized, handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

**Prof. (Dr.) Md. Ismail Khan**  
Principal  
Dhaka Medical College



## Message

It is really encouraging to come across a well documented annual report that the Department of Pediatrics compiles regularly. It should be an ideal example for other departments to follow such a good work.

I thank the faculty members of the department from the core of my heart and wish the continuation of such tradition.

A handwritten signature in black ink, appearing to read 'Mizanur Rahman', is written above the printed name.

**Brig. General Md. Mizanur Rahman**  
Director  
Dhaka Medical College Hospital





## Message

I feel very pleased to see yet another well compiled publication from the Department of Pediatrics, Dhaka Medical College Hospital. Since my attachment with the department as a head, I enjoyed the opportunity to come across academic activities and many programmes of the Department of Pediatrics. This was one of the best part of my life.

Department of Pediatrics, Dhaka Medical College Hospital publishes annual report regularly. It is really very encouraging and appreciable. I thank the faculty members of the department from the core of my heart and wish the continuation of such a good tradition. This annual report will surely be of helpful for those who look for relevant informations regarding this department.

May Allah bless us to be with the children and make them happier.

**Prof. M Ekhlasur Rahman**  
Professor and Former Head  
Department of Pediatrics  
Dhaka Medical College and Hospital





## Message

Over the last 20 years, the Department of Pediatrics, Dhaka Medical College & Hospital has been regularly publishing a yearbook which is an excellent academic audit of the professional activities of the department. It is a comprehensive compilation of all activities of the department- not only in academic arena but also the excellence in patient care in indoor, outdoor and emergency services, research activities & publications, human resource development and other socio-cultural activities beyond the department. The book also provides a complete data of all indoor patients, their outcomes, subspecialty services, preventive programmes e.g. EPI activities, breast feeding programme etc. This publication will serve to represent the activities of the department to all future doctors.

I am extremely delighted to see the continuity of this endeavor without any interruption. I would like to congratulate everyone who has shouldered this duty of making this yearbook published despite all hurdles.

My best wishes for everyone in the department.

**Prof. Md. Abid Hossain Mollah**  
Professor and Former Head  
Department of Pediatrics  
Dhaka Medical College and Hospital





## Message

It is undeniably a great pleasure to know that the department of Pediatrics, Dhaka Medical college hospital is going to publish annual reports for the year 2013-2015.

I was the head of this department in the year 2012. Although I retired from the department in 2015, I still have strong relationship with the teachers and doctors. The department now has become a role model for the services and activities and its improving day by day.

As I look ahead, I can visualize that the department will grow in pursuit of higher standards of teaching, research and patient's care.

My blessings and good wishes will always be with the department.

**Prof. Mohammad Lutful Ehsan Fatmi**  
Professor and Former Head  
Department of Pediatrics  
Dhaka Medical College and Hospital





## Message

Children are the future asset and hope of any nation. They are the foundation for future prosperity. There is a global consensus that improving the health of children and mother can have a significant impact on the poverty alleviation and development of a country.

Since its inception the Department of Pediatrics of Dhaka Medical College Hospital is providing quality health care services to the sick children as well as making momentous contribution to prevent various childhood illnesses.

Department of Pediatrics now becomes a role model for its academic activities, research work and most importantly the patient's care. I should thank all the faculty members, doctors and staffs for this achievement.

**Prof. Sayeeda Anwar**  
Professor and Head  
Department of Pediatrics  
Dhaka Medical College and Hospital





## Message

It is the will and blessings of Almighty who has enabled us to use our knowledge, skill and attitude to serve our children for a beautiful tomorrow.

Department of Pediatrics of Dhaka Medical College Hospital is giving continuous services for sick new born and as well as making contribution for preventing childhood illness since its beginning.

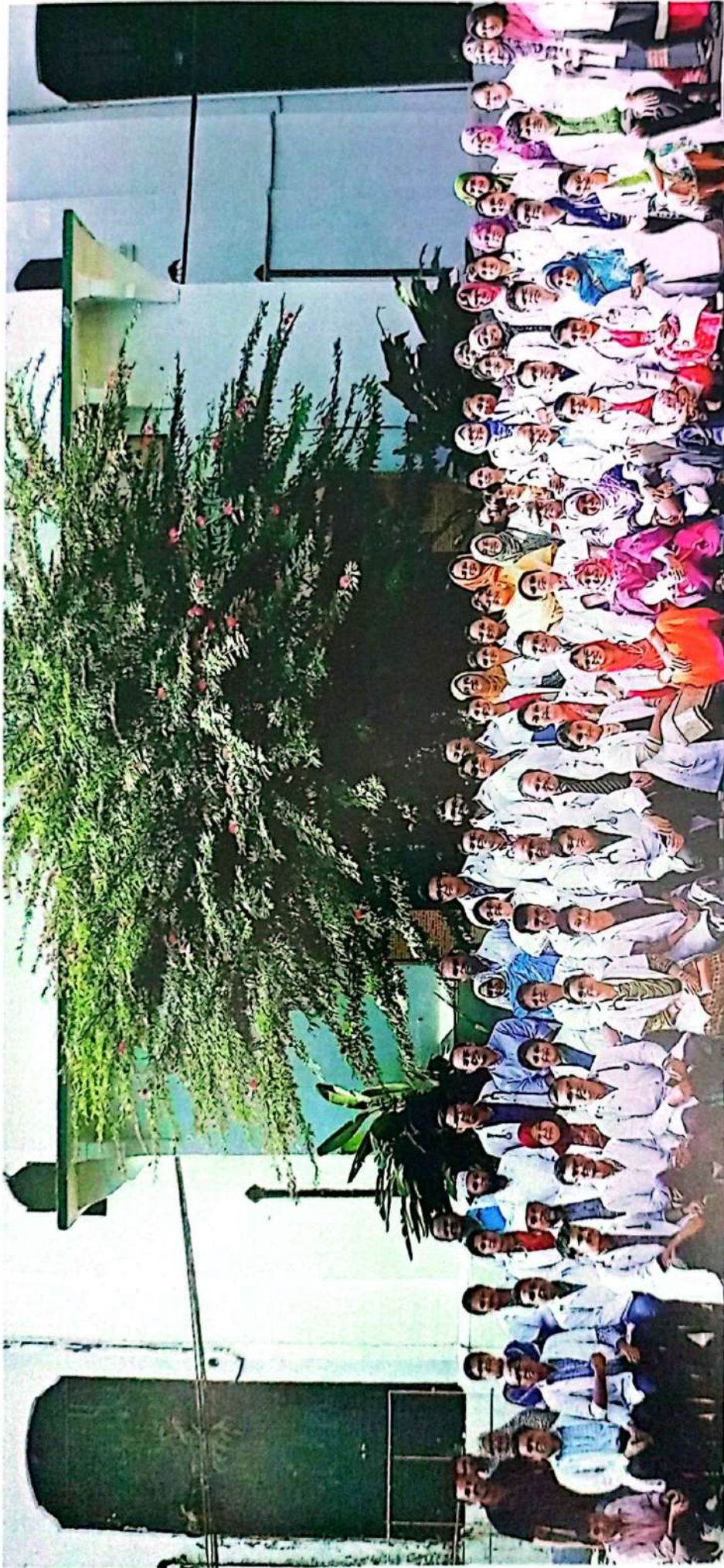
Step by step it has advanced its role in patient care, in medical education, in post graduate training and teaching and in many other human resource development activities.

An annual report gives us the opportunity to look back into the activities and events of the previous year and helps planning for a better and brighter next year.

I am very much grateful to my colleagues and other members of the department, without their support the delivery of this manual would never be possible.

**Prof. Manisha Banerjee**  
Head  
Department of Neonatology  
Dhaka Medical College and Hospital





The Family of Department of Pediatrics, Dhaka Medical College and Hospital





The Family of Department of Pediatrics, Dhaka Medical College and Hospital



# Faculties and Doctors of Department of Pediatrics and Allied Subjects

## Department of Pediatrics

Prof. and Head of the Department	: Prof. Sayeeda Anwar (30.06.2016 – till date) Prof. Md. Abid Hossain Mollah (02.11.2015 - 29.06.2016) Prof. M Ekhlasur Rahman (13.10.2013 - 18.10.2015) Prof. Md. L E Fatmi (30.08.2012 - 12.10.2013)
Professors	: Prof. Mainuddin Ahmed (Ret. on 28.02.2014) Prof. AKM Motiur Rahman (Ret. on 31.12.2013)
Associate Professors	: Dr. Abdul Matin : Dr. Iffat Ara Shamsad
Assistant Professors	: Dr. Rokeya Khanam Dr. Md. Delowar Hossain Dr. Subrota Kumar Roy Dr. Md Salim
Consultant	: Dr. Farzana Munmun
Registrars	: Dr. Sanjoy Kumar Das Dr. Afroza Sultana Dr. Abu Sayeed Chowdhury Dr. Nazmun Nahar Shampa Dr. Rumi Myedul Hossain Dr. Sharmistha Ghoshal
Research Assistant	: Dr. Mamunur Rashid
Assistant Registrar	: Dr. Nargis Akhter Runu Dr. Sanjida Akhter Dr. Sirajum Monira Dr. Farzana Kabir Dr. Shumon Shahrior Morshd
Medical Officers	: Dr. Mizanur Rahman Dr. Azka Sejuti Dr. Ayub Ali Dr. Faeqa Hafiz Dr. Shumona Shahfinaz Khan Dr. Ramkrishna Saha Dr. S M Tawhid Dr. Shamima Sultana Dr. Nusrat Kamal Ema Dr. Sarwar Hossain



## Department of Neonatology

Prof. and Head of the Department	: Prof. Manisha Banerjee (01.11.2015 – till date) Prof. Md. Abid Hossain Mollah (up to 30.10.2015)
Associate Professor	: Dr. Md. Tafazzal Hossain Khan
Assistant Professors	: Dr. Chandan Kumar Shaha Dr. Mohammed Zahir Uddin
Registrar	: Dr. Maliha Alam Simi
Assistant Registrars	: Dr. Md. Saiful Islam Dr. Rahnema Akhter
Medical Officers	: Dr. Joyeshree Das Dr. Md. Shaidur Rahman Shohag

## Department of Pediatric Hematology and Oncology

Head & Associate Professor	: Dr. AKM Amirul Morshed
Associate Professor	: Dr. Zohora Jameela Khan
Registrar	: Dr. Shamima Yeasmin
Assistant Registrar	: Dr. Amit Shome
Medical Officers	: Dr. Md. Anisuzzaman Dr. Syeda Sharmin Ara Dr. Sharmin Hossain Dr. Zesmin Akhter (OPD)

## Department of Pediatric Nephrology

Head	: Associate Prof. Dr. Laila Yeasmin (30.06.2016 - till date) Prof. Sayeeda Anwar (04.02.2014 - 29.06.2016) Associate Prof. Motiur Rahman (05.12.2013 - 31.12.2013) Associate Prof. Dr. Shireen Afroz (20.01.2011 - 04.12.2013)
Assistant Professor	: Dr. Md. Nasir Hossain
Registrar	: Dr. Shah Abdullah al Baki
Assistant Registrar	: Dr. Bina Rani Dey
Medical Officer	: Dr. Naima Akhter

## Outpatient Department

Resident Physician (RP)	: Dr. Rajesh Majumder / Dr. U K Nazmun
Medical Officers	: Dr. Nilufa Parvin, Dr. Mosammat Jannatul Nur Dr. Khyrun Nahar, Dr. Priyanka Podder





Former and Present Head of the Department





Teachers of Department of Pediatrics and allied



Faculties of Department of Pediatrics





Doctors and Teachers of Department of Neonatology



Doctors and Teachers of Department of Pediatric Nephrology





Doctors and Teachers of Department of Pediatric Hematology and Oncology



Registrars in a frame: Department of Pediatrics and allied





Assistant Registrars and IMO of Department of Pediatrics and allied



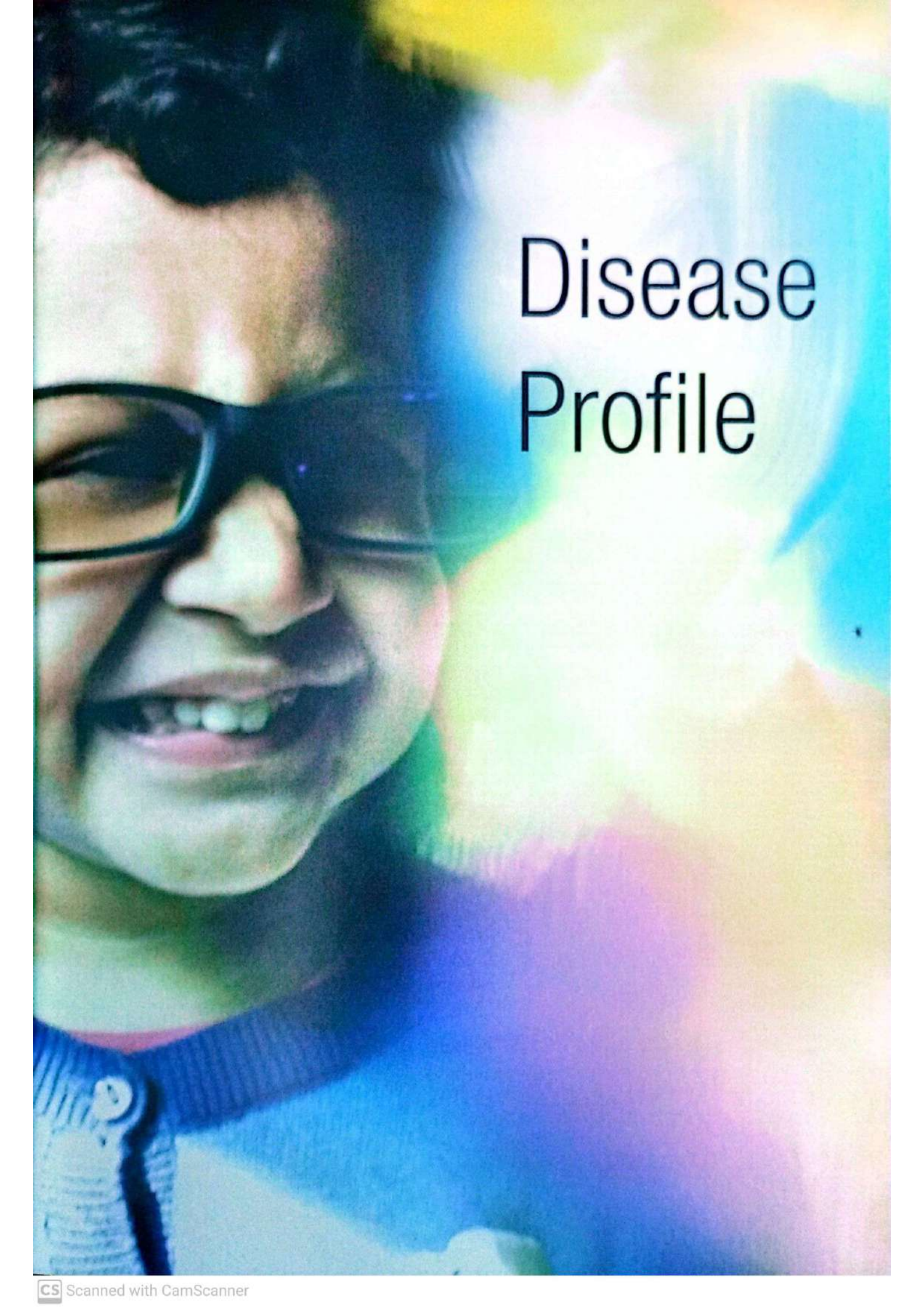
Assistant Registrars and IMO of Department of Pediatrics and allied





Resident Physician & Doctors of Outpatient Department





# Disease Profile



## Patient Profile

### 0 to 28 days

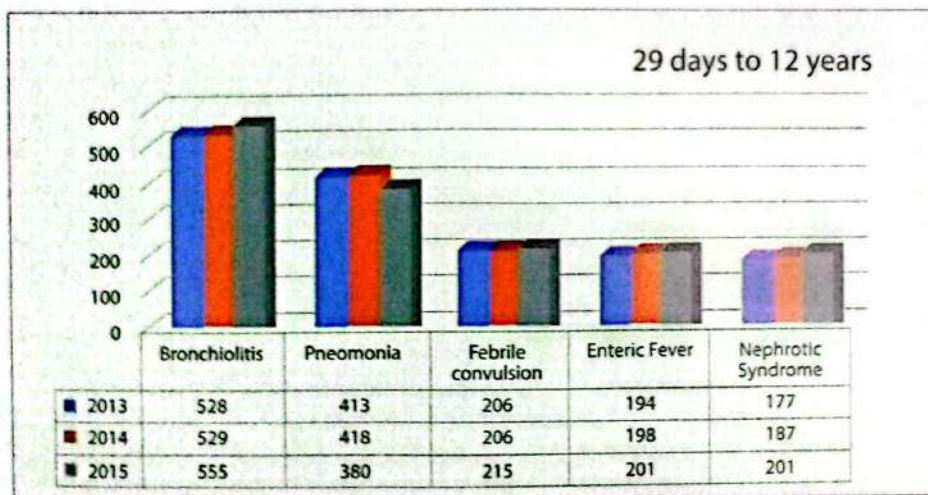
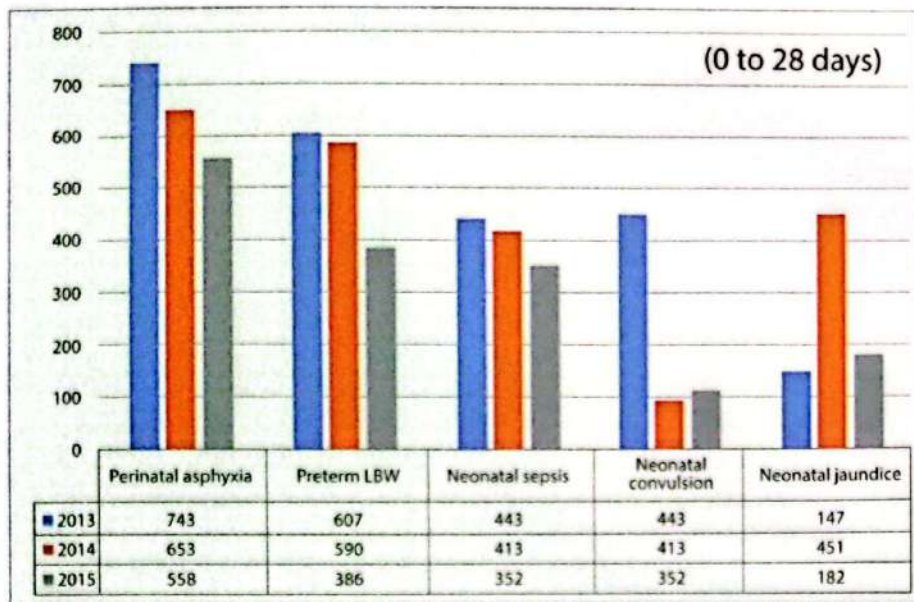
Year	Total patient	Death	Percentage of death
2013	2163	223	10.3 %
2014	2896	315	10.8 %
2015	2065	304	14.7 %

### 29 days to 12 years

Year	Total patient	Death	Percentage of death
2013	4706	181	3.84 %
2014	4845	167	3.44 %
2015	5320	138	2.59 %



## Top Five Diseases





## In Patient Disease Profile Department of Pediatrics

### Respiratory Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Pneumonia	413	418	380	20	19	15
02	Bronchiolitis	528	529	555	03	03	03
03	Acute exacerbation of bronchial asthma	52	55	71			
04	Pleural effusion	18	19	24			
05	Acute laryngotracheobronchitis	13	14	19			
06	Pneumothorax	08	09	13	01	01	01
07	Bronchiectasis	07	08	07			
08	Lung abscess	07	08	17			
09	Anthrax	01	00	00			

### Cardiovascular Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Congenital Heart disease VSD, ASD, PDA, TOF, TGA	92	82	92	7	5	2
02	Heart failure (HF)	58	62	69	6	5	4
03	Pneumonia with HF	36	38	48	7	6	7
04	Anaemia with HF	03	05	07			
05	Down syndrome with pneumonia with HF	12	14	21			
06	Rheumatic fever with carditis	6	5	7			
07	Cardiogenic shock	31	33	36			
08	Viral myocarditis	4	5	11			
09	Infective endocarditis	05	06	02			



## Renal Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	AGN	38	39	48			
02	NS	177	187	201			
03	AKI	22	23	29	05	04	04
04	CKD	12	13	19			
05	Renal failure	09	11	17	01	01	01
06	Renal mass	08	07	09			
07	Pyelonephritis	38	40	51			
08	Cystitis	22	24	24			

## Gastrointestinal & Hepatobiliary Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	AWD with severe dehydration	108	112	109			
02	Acute viral hepatitis	68	70	67			
03	Abdominal TB	58	62	72			
04	Haematemesis & malaena	36	38	41	07	05	05
05	Hepatic encephalopathy	13	15	28	4	4	06
06	Fulminant hepatic failure	26	28	37	4	4	5
07	Wilsone disease	18	18	28			
08	Dysentery	26	28	39			
09	CLD	18	22	28	4	2	1
10	Helminthiasis	37	38	31			
11	Portal HTN	29	31	31	4	4	4
12	Space occupying lesion in liver	04	04	04			
13	Biliary atresia	12	11	14	1	1	
14	Hepatorenal syndrome	05	04	05	2	2	2
15	Acute abdomen	25	28	33			
16	Liver abscess	14	12	16			
17	Persistent diarrhoea	14	16	21			
18	Acute pancreatitis	01	02	02			
19	Glycogen storage disease	00	00	00			



## Infectious Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Enteric Fever	194	198	201			
02	Septicemia	94	99	102	14	13	12
03	Tuberculosis						
	Pulmonary	24	22	28			
	Extra pulmonary	58	60	70			
04	Kala – azar	09	10	12			
05	Septic arthritis	15	17	19			
06	Malaria	3	2	4			
07	DHF/Dengue fever	08	07	06			
08	Meningococcal septicemia	12	14	19	01	01	03
09	Food poisoning	17	19	21			
10	Pyrexia of unknown origin	25	27	29			
11	Cutaneous anthrax	01	00	00			

## Hemato-Oncological Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Leukaemia	121	121	124	08	08	08
02	Lymphoma	45	45	48	05	05	05
03	Neuroblastoma	07	07	13			
04	Hodgkin's disease	26	26	31			
05	Medulloblastoma	00	00	00			
06	Retinoblastoma	00	00	00			
07	Hemophilia	58	58	63	05	05	05
08	Immune thrombocytopenic purpura	28	28	36			
09	Hepatoblastoma	03	03	03			
10	Von Willebrand disease	11	11	18			
11	Glanzmann thrombosthenia	00	00	00			
12	Thalassaemia	158	158	187	04	04	02
13	Aplastic anaemia	41	41	45	08	08	07
14	Germ cell tumor	06	06	05			
15	Hemolytic anaemia	12	12	16			
16	Fanconi anaemia	04	04	06			
17	Red cell aplasia	01	01	01			
18	Henoch schonlein purpura	42	42	47			
19	Bicytopenia	04	04	04			



## Neurological Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Febrile convulsion	206	208	215			
02	Meningitis	158	160	168	02	03	04
03	Meningoencephalitis	84	86	92	08	06	08
04	Encephalitis	63	64	68	06	05	04
05	Epilepsy & other seizure disorder	102	104	114			
06	CP with seizure disorder	68	70	81	4	4	5
07	Guillain Barre syndrome	24	26	31	01	01	01
08	Status epilepticus	26	28	33			
09	Intracranial space occupying lesion	16	14	15			
10	Transverse myelitis	12	17	21			
11	Subacute sclerosing panencephalitis	08	09	07	2	2	2
12	Acute disseminated encephalomyelitis	09	09	05			
13	Conversion disorder	18	18	23			
14	Developmental delay	19	19	27			
15	Acute stroke syndrome	12	12	13			
16	TBM	18	20	27	3	3	3
17	Neurodegenerative & neurometabolic	04	03	06			
18	Degenerative brain disease	09	08	07			
19	Brain abscess	07	09	11	1	1	
20	Cerebellar ataxia	06	07	04			
21	Hydrocephalous	09	10	15			
22	Spinal muscular atrophy	07	06	06			
23	Spinal cord tumor	02	01	02			
24	Hemiparesis	07	09	11			
25	Myasthenia Gravis	05	05	07			
26	DPT encephalopathy						
27	Mitochondrial cytopathy	01	01	01			
28	Microcephaly	22	22	27			

## Endocrine Diseases

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Hypothyroidism	21	21	31			
02	Hypoglycemia	12	12	18			
03	Addison's disease	01	01	01			
04	DM	03	03	04			



## Poisoning & Accidents

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Kerosene poisoning	159	163	169			
02	OPC & other insecticide	92	97	98	01	00	01
03	Drowning	22	26	31	04	04	04
04	Glass cleaner poisoning	18	14	21			
05	Snake bite	19	21	22			
06	Tarpin oil poisoning	29	27	25			
07	Benzodiazepine & other drugs	11	15	17			
08	Corrosive poisoning	08	07	09			
09	Mosquito coil poisoning	09	12	14			
10	Electric shock	03	05	01			
11	Paracetamol poisoning	08	08	13			
12	Fall from height	01	00	01			
13	Other poisoning	26	31	33	01	02	01

## Miscellaneous

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Stevens Johnson syndrome	18	19	22	04	07	01
02	Drug reaction	11	14	19			
03	JIA	19	21	25			
04	SLE	11	14	18	02	01	00
05	Rickets	14	14	22			
06	Downs syndrome	23	24	29	02	03	02
07	Hypovolemic shock	11	14	19			
08	Turner syndrome	03	02	03			
09	Cushing syndrome	12	14	14			
10	Obesity	06	07	05			
11	Septic arthritis	28	26	22			
12	Autism spectrum disorder	09	11	15			
13	Hurler syndrome	17	19	21	08	05	00
14	Ectodermal dysplasia	04	05	07	02	02	01



## Department of Neonatology

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Perinatal Asphaxia	749	653	558	66	92	91
02	Preterm Low birth weight	607	590	386	58	84	88
03	Intrauterine growth retardation	164	137	112		36	06
04	Neonatal sepsis	443	413	352	48	65	56
	Pneumonia	66	79	92			
	Meningitis	25	34	96			
	Necrotizing enterocolitis	31	41	44			
	Septicemia	321	259	120			
05	Neonatal convulsion	453	95	115	32		05
06	Neonatal jaundice	147	451	182		03	07
	ABO incompatibility	18	54	35			
	Rh incompatibility	13	38	21			
	Prematurity	64	264	94			
	Jaundice due to sepsis	52	105	22			
07	Respiratory distress syndrome	102	261	151	11	13	38
08	Transient tachypnea of newborn	56	112	55			
09	Congenital anomalies	45	52	45	02	03	03
	Multiple	15	21	03			
	Congenital heart disease	09	13	09			
	Club foot	07	03	08			
	Cleft lip & palate	06	09	14			
	Hydrocephalus	04	03	04			
	Meningocele	02	02	03			
	Omphalocele	02	01	02			
	Developmental dysplasia of hip	01		02			
10	Birth injuries	24	69	21			02
	Subarachnoid hemorrhage	15	25	12			
	Limb fracture	03	08	05			
	Others	05	36	04			
11	Meconium aspiration syndrome	43	35	74	04	04	08
12	Syndromic baby	12	20	14	02		
	Down's syndrome	10	19	13			
	Collodion baby	02	01	01			
13	Hemorrhagic disease of newborn	02	08	06			
<b>Total</b>		<b>2163</b>	<b>2896</b>	<b>2065</b>	<b>223</b>	<b>315</b>	<b>304</b>



## Department of Pediatric Hematology and Oncology

Sl. No	Name of Disease	2013	2014	2015
01	Acute lymphoblastic leukemia	63	88	92
02	Acute myeloid leukemia	20	18	22
03	APML	04	04	04
04	Non-Hodgkin lymphoma	12	18	22
05	Hodgkin lymphoma	06	07	13
06	Wilms' tumor	06	09	12
07	Germ cell tumor	03	07	03
08	Neuroblastoma	05	12	07
09	Rhabdomyosarcoma	02	05	10
10	Osteosarcoma	01	04	02
11	Ewing sarcoma	00	02	01
12	Adenocarcinoma	01	01	01
13	Aplastic anemia	03	03	03
14	Retinoblastoma	03	02	03
15	CNS tumor/cancer	02	03	03
16	Histiocytosis	02	02	01
17	Hepatoblastoma	02	02	02
	Death	20(15%)	24(13%)	31(15%)
<b>Total</b>		<b>135</b>	<b>187</b>	<b>204</b>

### Procedure record

Sl. No	Event	2013	2014	2015
01	PBF with report	2166	2884	3188
02	Bone marrow aspiration & report	376	449	512
03	Lumber puncture & IT	2154	2387	2549
04	Mobile Blood Transfusion	224	289	311
<b>Total</b>		<b>4920</b>	<b>6009</b>	<b>6560</b>



## Department of Pediatric Nephrology

Sl. No	Name of Disease	Total Admission			Number of Death		
		2013	2014	2015	2013	2014	2015
01	Nephrotic syndrome	154	207	218	1	5	5
02	Acute glomerulonephritis	8	40	38	0	1	1
03	Acute kidney injury	25	41	36	9	12	9
04	CKD	34	37	29	7	8	3
05	Lupus nephritis	8	1	4	1	0	0
06	UTI	4	16	2	0	0	0
07	Obstructive uropathy	4	9	10	0	0	0
08	Others	3	7	3	0	0	0
<b>Total</b>		<b>244</b>	<b>358</b>	<b>340</b>	<b>18</b>	<b>26</b>	<b>18</b>



## Outpatient Department Department of Pediatrics

### Patient Profile : 2013 to 2015

Month	Newly Enrolled Patient	Patients For Follow Up	Total Patient
January	6915	655	7570
February	6687	970	7657
March	8151	1237	9358
April	6769	1038	7807
May	6804	1335	7869
June	7432	1035	8467
July	7074	1140	8214
August	6078	1455	7553
September	6445	1197	7642
October	6156	1072	7228
November	6703	1165	7869
December	6562	1128	7690
<b>Total</b>			<b>94908</b>

## ORT Corner

### Patient Profile : 2013 to 2015

Month	No Dehydration	Some Dehydration	Severe Dehydration	Total
January	90	1	-	91
February	139	2	2	143
March	367	2	1	370
April	385	4	-	389
May	249	1	1	251
June	175	1	-	176
July	339	2	2	343
August	316	3	-	319
September	375	1	1	376
October	403	3	-	406
November	196	2	1	199
December	200	2	-	202
<b>Total</b>	<b>3235</b>	<b>24</b>	<b>8</b>	<b>3263</b>



## EPI Center

### Patient Profile : 2013 to 2015

Month	TT(Pregnant Women)	TT(15-49 yrs)	BCG	Penta	OPV	Measles	Vit A
January	85	132	72	177	222	49	49
February	71	68	44	135	160	35	35
March	65	131	65	157	195	46	46
April	86	91	56	131	178	48	48
May	120	53	52	120	159	49	49
June	92	66	44	130	168	58	58
July	90	67	62	114	173	50	50
August	88	32	57	132	161	49	49
September	94	70	80	156	219	43	53
October	92	129	106	176	258	54	54
November	76	125	117	214	256	54	55
December	80	79	78	210	247	55	48
<b>Total</b>	<b>1095</b>	<b>1053</b>	<b>833</b>	<b>1986</b>	<b>2410</b>	<b>598</b>	<b>593</b>

## Department of Neonatology

Sl. No	Name of Disease	Number of Patient		
		2013	2014	2015
01	Perinatal asphyxia	823	792	745
02	Preterm low birth weight	697	1029	910
03	Intrauterine growth retardation	276	295	155
04	Neonatal convulsion	460	175	316
05	Neonatal sepsis	457	566	532
06	Neonatal jaundice	193	530	447
07	Respiratory distress syndrome	128	278	215
08	Transient tachypnoea of newborn	72	128	147
09	Congenital malformations	65	106	82
10	Meconium aspiration syndrome	44	44	118
11	Birth injuries	39	92	78
<b>Total</b>		<b>4536</b>	<b>4035</b>	<b>3745</b>



## Follow up Clinic

### Schedule of Follow up Clinic

Neurology	:	Sunday and Wednesday
Nephrology	:	Saturday and Tuesday
Hematology	:	Thursday
Endocrinology	:	Sunday
Rheumatology	:	Monday
Asthma Clinic	:	Tuesday
Cardiology	:	Thursday

### Pediatrics Nephrology Follow Up Clinic - 2013 to 2015

Sl. No	Disease Profile	New	Old (Follow Up)	Total
01	Nephrotic syndrome (Initial attack)	45	85	130
02	IFRNS	36	67	103
03	FRNS	17	26	43
04	SDND	11	18	29
05	APSGN	27	40	67
06	AKI	07	09	16
07	CKD	04	14	18
08	HUS	03	02	05
09	UTI	35	29	64
10	Obstructive uropathy	07	11	18
11	Multicystic dysplastic kidney	03	03	06
12	Lupus nephritis	06	11	17
<b>Total</b>		<b>201</b>	<b>315</b>	<b>516</b>



## Child Neurology Clinic- 2013 to 2015

SL. No.	Disease	No. of Patient
01	Epilepsy	400
02	Cerebral palsy	120
03	Developmental delay	60
04	Headache	40
05	Post encephalitic sequele	35
06	Mental retardation	25
07	Speech delay	30
08	Myopathy	20
09	ADHD	30
10	Behavioral disorder	20
11	Stroke	15
12	Febrile seizure	15
13	Tuberous sclerosis	20
14	Tics	15
15	HCR	20
16	Down syndrome	25
17	Mitochondrial disorder	10
18	Head injury	10
19	GBS	15
20	Post meningitis sequele	15
21	ASD	10
22	SSPE	08
23	ADEM	07
24	TBM	10
25	Leukodystrophy	08
26	Neurometabolic disorder	05
27	Ataxia	10
28	Cognitive delay	07
29	Transverse myelitis	05
30	DBD	05
31	Wilson disease	10
32	ICSOL	05
33	Hydrocephalus	07
34	Learning difficulty	05
35	MPS	05
36	OMS	03
37	Neurodegenerative disease	04
38	Postural hypotension	02
39	Optic atrophy	01
40	DMD	05
41	Urea cycle disorder	02
<b>Total</b>		<b>1014</b>



## Child Development Center (CDC)

Sl. No	Diagnosis	2013	2014	2015
01	Developmental delay	255	165	179
02	CP	104	84	172
03	Epilepsy	109	156	184
04	Post meningitic sequelae	12	5	15
05	Post encephalitis sequelae	13	6	9
06	Speech delay	113	53	181
07	ASD	27	13	58
08	Torticollis	2	-	3
09	Downs syndrome	11	14	38
10	Learning difficulties	45	37	150
11	Stroke	5	2	7
12	Mental retardation	118	113	217
13	ADHD	22	13	23
14	Isolated speech delay	20	6	12
15	Behavioral disorder	31	16	21
16	DMD	1	-	2
17	Fragile X-syndrome	2	-	3
18	GBS	1	-	6
19	Neuro metabolic disorder	2	-	2
20	Well baby clinic	103	72	87
21	Others	5	2	14
22	Somatoform disorder	5	7	12
<b>Total</b>		<b>1051</b>	<b>764</b>	<b>1397</b>



# Clinical and Academic Activities





## Clinical and Academic Activities

Patient care, clinical and academic activities go on side by side in Department of Pediatrics. On admission day, corresponding unit is responsible for all newly admitted patient's care as well as previous patients.

### Morning Session

The day begins with morning session involving all teachers, students and doctors. The morning session days are divided as –

Monday	Pediatric Unit 1 and Neonatology
Tuesday	Pediatric Unit 2 and Nephrology
Wednesday	Pediatric Unit 3 and Hematology and oncology
Thursday	Clinical Meeting / Death Review*
Saturday	Seminar / Journal Club*
Sunday	Central clinical meeting - where all doctors & students participate. It takes place in Lecture Gallery - I, Dhaka Medical College

\*On alternate week

On every morning session previous days activities like admission, death or any important occurrence are discussed.

Presentation during the year 2013 to 2015			
Events	2013	2014	2015
Seminar	24	25	29
Clinical Meeting	18	22	25
Article Presentation from Journals	38	41	46
Death Review	19	21	27



Morning session in progress



Undergraduate clinical class



## Academic Activities in Progress



Clinical Assessment of Postgraduate Students



Clinical assesment of a trainee



Witten assesment of trainee doctors



## Scientific Papers

Publications	Author	Journal	Year
Fujimoto-kikuchi disease-a case report and review	Prof. (Dr.) Md. Abid Hossain Mollah Dr. Sanzida Sharmin	Bangladesh Journal of Child health PAVM-Accepted for publication in Mymensingh Medical Journal	2015
A child with growth failure and central cyanosis: A case discussion of Pulmonary arterio-venous malformation	Prof. (Dr.) Md Abid Hossain Mollah	Journal of Paediatric Surgeons of Bangladesh, 2015 in. Vol. 6 (2): 54-63	2015
Spinal Primitive Neuroectodermal Tumor in Children-a rare case report and literature review.	Dr. A. K. M. Amirul Morshed Khasru	Journal of Paediatric Surgeons of Bangladesh, 2015 in. Vol. 6 (2) : 64-67	2015
Effectiveness of Dexamethasone compared with prednisolone in induction therapy of childhood acute lymphoblastic leukemia	Dr. A. K. M. Amirul Morshed Khasru	Journal of Paediatric Surgeons of Bangladesh, 2015 in. Vol. 6 (1) : 3-9	2015
Knowledge, attitude and practice(KAP) among mothers towards infant feeding	Dr. Md Salim Dr. Iffat Ara Shamsad	Sir Salimullah Medical College Journal	2015
Epidemiology of childhood and adolescent cancer in Bangladesh, 2001-2014	Dr. Zohora Jameela Khan	BMC Cancer(2016)16:104 DOI 10.1186/s12885-016-216-0	2015
Bilateral chylothorax due to disseminated tuberculosis and acute lymphoblastic leukaemia in a young boy- a case report and literature review	Prof. Dr. Sayeeda Anwar	Bangladesh Journal of Child health	2014
Clinical profile of kerosine poisoning in a tertiary level hospital in Bangladesh	Prof. Dr. Sayeeda Anwar Dr. A. K. M. Amirul Morshed Khasru	Bangladesh Journal of Child health	2014
Pheochromocytoma- A rare cause of childhood hypertensive encephalopathy	Dr. Shahnoor Islam Dr. A. K. M. Amirul Morshed Khasru	Bangladesh journal of child health	2014
Serum calcium level in newborn with perinatal asphyxia	Dr. Subrota Kumar Roy Dr. A. K. M. Amirul Morshed Khasru Dr. Tafazzal Hossain Khan	Comilla BMA Medical Journal	2013
A case report of nasopharyngeal carcinoma in children presented with right neck mass	Dr. A. K. M. Amirul Morshed Khasru	Journal of Pediatric Surgeons of Bangladesh	2013
Zinc status in patients with Haemoglobin-E-beta-thalassaemia	Dr. A. K. M. Amirul Morshed Khasru	Journal of Dhaka Medical College	2013
Inappropriate circumcision referrals by general practitioners	Dr. A. K. M. Amirul Morshed Khasru	Journal of Pediatric Surgeons of Bangladesh	2013
Maternal smokeless tobacco use and adverse pregnancy outcome	Dr. Md. Tafazzal Hossain Khan	Mymensingh Medical Journal	2013



## Scientific Papers

Publications	Author	Journal	Year
Clinical Profile of Haemophilia among hospitalized Children in Dhaka Medical College	Dr. Md Salim	Journal of Childhealth	Accepted
Cancer Care Scenario in Bangladesh 2013	Dr. Zohora Jameela Khan	South Asian Journal of Cancer. Vol:2.Issue 2.April-June 2013,page 102-104	2013
Profile of acute bronchiolitis in hospitalized children in a tertiary care hospital	Dr. Md Salim		Ongoing research at DMCH



CME on Diabetes in Children and Adolescent , Prof Sayeeda Anwar was a Speaker



## Presentation of Scientific Papers

National level	International level	Presented by
<b>Topic:</b> Community acquired pneumonia and it's update and management Venue:BSMMU, Year:April 2014  <b>Topic:</b> Non resolving pneumonia in children-A challenge needs special attention Venue : Pulmocon Conference,KIB, Year: Novemeber, 2015  <b>Topic:</b> Update of Management of NEC Venue:KIB, Year:November,2015	<b>Topic:</b> Neonatal asphyxia A common public health risk and adopted solution in Bangladesh Venue : Johns Hopkins University USA Year : September 29, 2014	Prof. (Dr.) Md. Abid Hossain Mollah
<b>Topic:</b> Serum lead in patients with Acute Lymphoblastic leukemia Cancer Congress 2015 (Poster) Venue : Golf Club Auditorium, Dhaka, Date : 16-11-2015  <b>Topic :</b> Serum Copper level in Patients with Acute lymphoblastic leukemia Cancer Congress 2015 (Oral) Venue : Golf Club Auditorium, Dhaka, Date : 17-11-2015  <b>Topic</b> Serum Copper level in patients with Thalassemia major Haematology Conference 2015 (Oral) Venue : Milon Hall, BSMMU, Dhaka, Date : 01-12-2015	<b>Topic :</b> Serum lead in patients with Acute Lymphoblastic leukemia Name of scientific conf. SIOP 2015 (Poster) Venue : Cape Town, South Africa Date10-Oct-2015	Dr. A. K. M. Amirul Morshed Khasru



Presentation of Prof. Abid Hossain Mollah in  
John Hopkins University, USA



Presentation of Dr. Iffat Ara Shamsad in  
1st National Conference of PESB

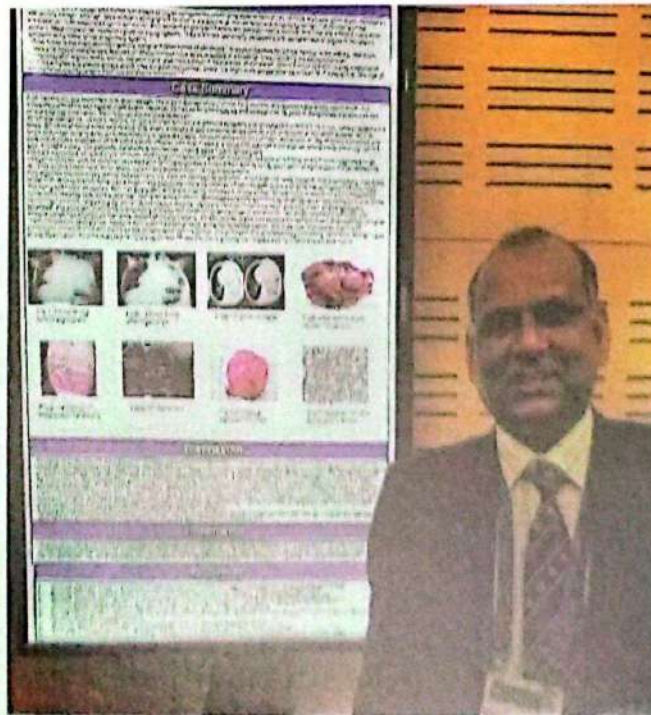


## Presentation of Scientific Papers

National level	International level	Presented by
<b>Topic :</b> Pattern of Malignancy and treatment refusal in oncology centre of a tertiary care hospital, APSB conference 2015 (Oral) Venue : Milon Hall, BSMMU, Dhaka, Date : 19-12-2015	<b>Topic :</b> Extra renal wilmstumor with Mediastinal cystic teratoma -a rare case report Name of scientific conf. SIOP 2015 (Poster) Venue : Cape Town, South Africa Date : 10-Oct-2015	Dr. A. K. M. Amirul Morshed Khasru
<b>Topic:</b> Childhood obesity- an update 1st National Conference of PESB Venue- Milon Hall, BSMMU, Date- 23.04.2015		Dr. Iffat Ara Shamsad
<b>Topic:</b> Pain management in Children with cancer : Observation in a Pediatric Palliative Car Unit, Dhaka, Bangladesh Venue : Bangladesh Cancer Congress Year : Nov, 2015	<b>Topic:</b> Pediatric Haematology and Oncology in Bangladesh,an overview Venue : St. Jude Children's Research Hospital, Memphis.TN,US, Year : August 2014 <b>Topic:</b> Pediatric Palliative Care in Bangladesh : an overview Venue : ICPCN Conference Tata Memorial Hospital, Mumbai, India Date : February 2014	Dr. Zohora Jameela Khan



Poster Presentation of Dr. Zohora Jameela Khan

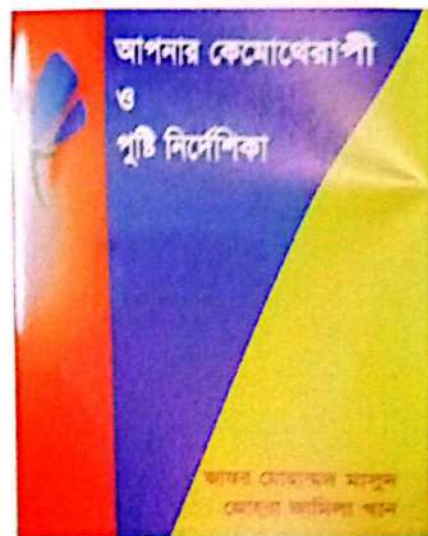
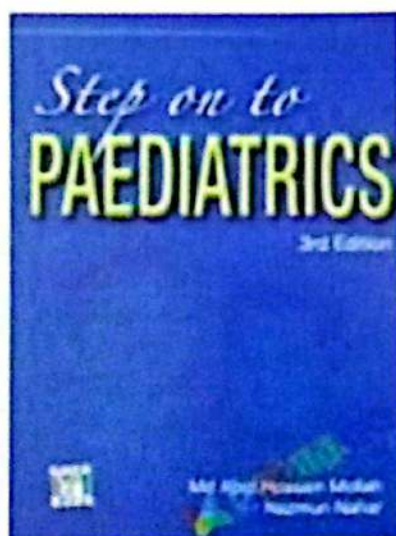
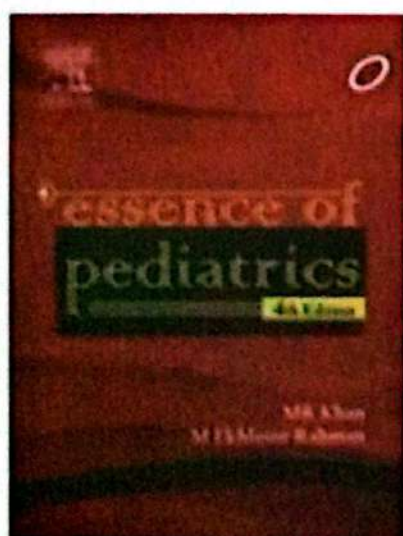


Poster Presentation of Dr. A K M Amirul Morshed Khasru in Cape town, South Africa on SIOP, 2015



## Published Books by the Doctors of the Department

Essence of Pediatrics	Prof. M R Khan Prof. M Ekhlashur Rahman	Fourth edition
Step on to Pediatrics	Prof. Dr. Md. Abid Hossain Mollah Prof. Dr. Nazmun Nahar	Third edition(revised): Jan, 2016
সোনামনির সুস্বাস্থ্যে মা কিছু প্রশ্ন কিছু উত্তর	Prof. Dr. Md. Abid Hossain Mollah Dr. Anima Ferdous	2015 (2nd edn)
আপনার কেমোথেরাপি ও পুষ্টি নির্দেশিকা	Dr. Zohora Jameela Khan Dr. Zafor MdMasud	2015 (revised edn)
শিশুর সুস্থতায় কী করবেন কী করবেন না	Dr. Abu Sayeed Chowdhury (Shimul)	ঐতিহ্য প্রকাশন (2013)
সোনামনির অসুখে যা জানা জরুরি	Dr. Abu Sayeed Chowdhury (Shimul)	অনুসা প্রকাশন (2014)





# Ward Activities





## Department of Pediatrics



Ward Round of Unit 1



Ward Round of Unit 2



Ward Round of Unit 3



## Department of Neonatology



Round in Neonatal ICU



Care of a Newborn



Outpatient service



## Department of Pediatric Hematology and Oncology



Ward Round



Bone marrow aspiration



Pediatric Hematology and Oncology Lab



## Department of Pediatric Nephrology



Ward Round



Dialysis of a 2 months old patient



Out patient service of pediatric nephrology



## On going training : In progress

Department of Pediatrics involved in many training programmes of Government of Bangladesh with guidance of DGHS, not only for doctors but also nurses and other staffs from different part of the country. These includes :

- Pre Service IMCI
- ETAT (Emergency Triage Assessment and Treatment )
- HBB (Helping Babies Breathe)
- KMC (Kangaroo Mother Care )
- Umbilical cord care
- Palliative care
- Management of Malnutrition



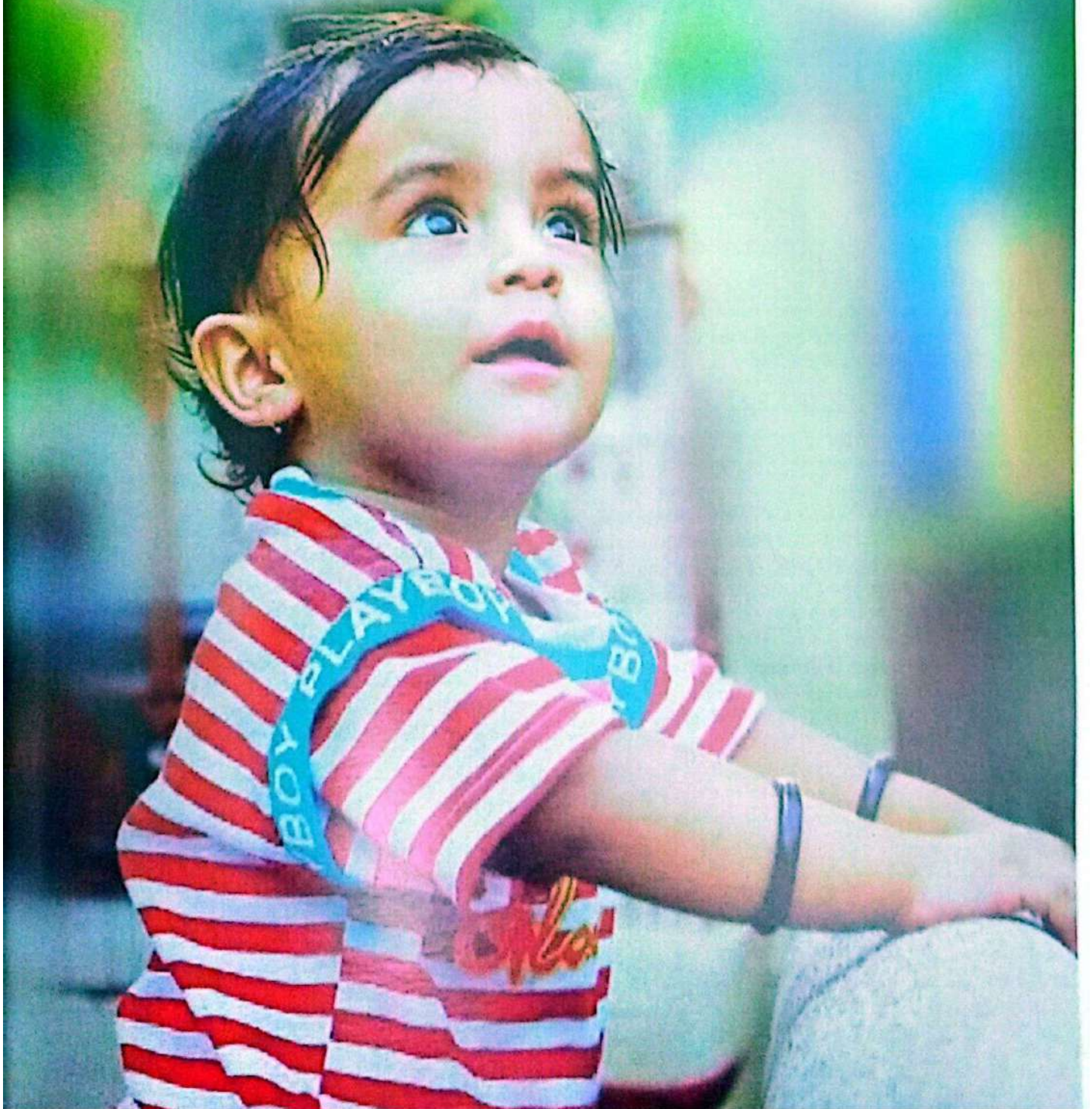
Certificate giving ceremony in preservice IMCI training



Training on Palliative care



# Important Cases Presented in Central Seminar





## A 16-month-old boy with abdominal mass

Master Riyad, a 16 months old immunized boy, 2nd issue of non-consanguineous parents, presented with right sided abdominal mass for last 10 days. Mother incidentally noticed the mass while bathing the child. The mass was painless and gradually increasing in size. Mother did not give any history of fever, abdominal pain, weight loss, skin rashes or bleeding from any site. Both his urination and bowel habits were normal. There was no history of diarrhea, vomiting, excessive sweating, convulsion or unconsciousness.



On examination, the child was playful, mildly pale, and normotensive. Bony tenderness and lymphadenopathy were absent. BCG scar mark was present with normal skin survey. Anthropometric measurements were within normal range for his age.

Systemic examination revealed both kidneys were bimanually palpable as well as ballotable, occupying the lumbar and hypochondriac regions on both side, non-tender, surface smooth, firm in consistency, margins were round. Urinary bladder not palpable, no other organomegaly, ascites and renal bruit absent.

**Investigations:** CBC with PBF: microcytic hypochromic anemia, urine R/M/E and C/S normal, USG of whole abdomen: right and left renal mass causing moderate obstructive features, CT scan of abdomen with contrast: bilateral Wilm's tumour, ECG, CXR, blood urea, s. creatinine, s. electrolytes, s. bilirubin, SGPT, s. ferritin are normal. S. LDH 681 U/L, urinary VMA 2.1 mg/24 hour, alpha fetoprotein 6.61 ng/ml, coagulation profile was normal.

**Diagnosis: Bilateral Wilm's Tumor**

• \*All pictures are published with the prior permission from the parents



## A child with neck swelling and generalized oedema

Mahin, a 2 ½ year old male child, immunized, 3rd issue of non-consanguineous parents, hailing from Sherpur, presented with- Multiple swelling over both side of the neck for 7 months, Low grade irregular fever for 7 months and Recurrent generalized swelling and scanty micturition for 5 months.

According to the mother, the swelling over the neck was gradually increasing in size and fever was associated with night sweating. After 2 months of this illness, the child developed swelling of whole body starting from face, along with scanty micturition. Urine was straw in colour, neither associated with increased frequency nor burning sensation. Mother consulted local doctors and treated irregularly with oral steroid, diuretic and homeopath. He had history of contact with TB patient, but no history of cough, pressure symptoms, jaundice, pruritus, skin rash, photophobia, joint or bone pain or any bleeding manifestation.



On examination, patient was febrile, normotensive, moderately pale, anasarca present with generalized lymphadenopathy involving both cervical (largest one 3.5x2.5 cm) and inguinal region (largest one 2.5x2 cm), which were discrete, rubbery, non-tender, not fixed with overlying skin or underlying structures. There was no discharging sinus. Bony tenderness was absent and bed side urine albumin showed proteinuria (+++). There was no organomegaly.

**Investigations:** CBC with PBF showed normocytic hypochromic anemia, urine R/M/E showed albumin +++, RBC-nil, pus cell 4-6/HPF, urine C/S showed no growth, serum total protein and albumin decreased, serum cholesterol raised, spot urinary protein creatinine ratio 5, blood urea, serum creatinine, serum C3, C4, SGPT, PT, INR, serum ferritin, Calcium and Copper are normal. MT, HBsAg, anti-HCV, ANA, anti dsDNA were negative. Serum LDH 1215 U/L, TNF alpha 40.2 pg/ml. USG of whole abdomen: hepatosplenomegaly, bilateral enlarged kidneys, intra-abdominal lymphadenopathy, significant subcutaneous tissue oedema, and moderate ascites. Lymph node biopsy showed Hodgkin's disease (mixed cellularity).

**Diagnosis: Secondary Nephrotic syndrome due to Hodgkin's Lymphoma.**

• \*All pictures are published with the prior permission from the parents



## A febrile child with red tongue

Master Rayat Kabir, a 4 year 8 month old boy, immunized admitted with the complaints of High grade continued fever for 5 days, non-itchy rashes on abdomen including groins and buttocks for 5 days, painful nodular swelling in the left side of the neck for 5 days, passage of loose stool, occasionally mixed with blood for 5 days. There was no history of burning sensation during micturition, joint pain, chest pain, sore throat, abdominal pain, bleeding manifestation or convulsion.

On examination, patient was ill-looking, irritable, mildly pale, febrile, normotensive, having red cracked lips with strawberry tongue and bilateral conjunctival redness without any discharge. He had edema over feet and hands. There was an enlarged lymph node in the left posterior triangle of neck, measuring 2x2cm, tender, mobile, discrete and firm, overlying skin was normal. There was polymorphous maculo-papular erythematous, non-pruritic rash over abdomen including groin, back and buttocks. Bed side urine albumin was Nil.



**Investigations:** CBC showed neutrophilic leukocytosis, PBF showed normocytic normochromic anaemia with neutrophilia, s. electrolytes, widal test were normal, blood C/S showed no growth, anti-dengue antibody negative, s. bilirubin, SGPT, ASO titre, s. creatinine, urine R/M/E, CXR, ECG, echocardiography were normal, throat swab for C/S showed no growth.

**Diagnosis: Kawasaki Disease**

• \*All pictures are published with the prior permission from the parents



## Newborn with vomiting and abdominal distension

B/O Mrs. Anjuman Ara, 32 weeker, a female baby, weighing 1450 gram, 2nd issue of a non-consanguineous parents, was admitted in NICU, at 7 days of age, with the complaints of recurrent vomiting for 5 days, gradual abdominal distension for 3 days, reluctant to feed for 3 days.

Mother Anjuman Ara, 30 years old lady, 2nd gravida, was on regular antenatal check-up and had uneventful pregnancy till 32 weeks. Then she had leaking membrane for about 48 hours and delivered a female baby by normal vaginal delivery at a health complex, liquor was foul smelling. The baby cried immediately after birth. Feeding was started with both breast milk as well as formula milk. Baby passed meconium and urine on day 1. Since 3 days of age, baby developed vomiting which was non bilious, non-projectile, and unmixed with blood. 2 days later, she developed abdominal distension which was gradually increasing, along with reluctance to feed. Bowel movement was normal upto 4 days, then became infrequent. Mother gave no history of fever, respiratory distress, convulsion or P/R bleeding. There was no history of umbilical catheterization.

On examination, baby was lethargic, mildly anemic, icteric, all primitive reflexes were poor. RR 56/min, HR 148/min, hypothermic, CRT < 3 sec, SpO<sub>2</sub> and CBG were normal. There was no intercostal and subcostal recession. Air entry was good in both lungs. Abdomen was distended, overlying skin was normal in colour, umbilicus healthy, abdominal girth 26cm, there was no organomegaly, bowel sound was present. There was no congenital anomaly. Gestational age : 32 weeks according to NEW BALLARD SCORE.

**Investigations:** CBC with PBF showed normocytic normochromic anaemia with thrombocytopenia, CRP 38 mg/dl, Blood for C/S showed no growth, occult blood test was positive, serum electrolytes, serum calcium was normal. ABG showed pH 7.2, bicarbonate 18, PCO<sub>2</sub> 38, serum lactate 0.6 mmol. /L, blood ammonia 33 mmol. /L, urine for ketone bodies nil, serum bilirubin total : 12 mg/dl, direct 2.4 mg/dl, indirect 9.6 mg/dl. X-ray of chest and abdomen.



**Diagnosis : Preterm, very low birth weight with Necrotizing enterocolitis with Neonatal jaundice**



# Different Activities







Principal and Director are delivering their speech on Breast feeding week



Our respected teachers and Doctors in a Seminar



Prof. Sayeeda Anwar is expressing her views in central seminar





National Prof. M R Khan attended in a program of breast feeding week



Prof. Ekhlashur Rahman is delivering speech in a programme



Faculties and doctors in newly decorated classroom





Seminar on iron deficiency anemia



Seminar on anemia in children



Seminar on AFP surveillance





Prof. Sayeeda Anwar along with Prof. Azizul Kahhar and Prof. Abid Hossain Mollah in Ashic Play Center



Blanket distribution among patients



Toy distribution among cancer patients





Rally on World cancer day 2015



Human chain against terrorism



Human chain by the doctors of Department of Pediatrics





Present and past Head of the Department in a frame



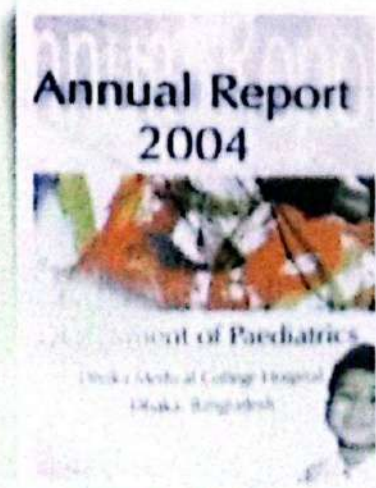
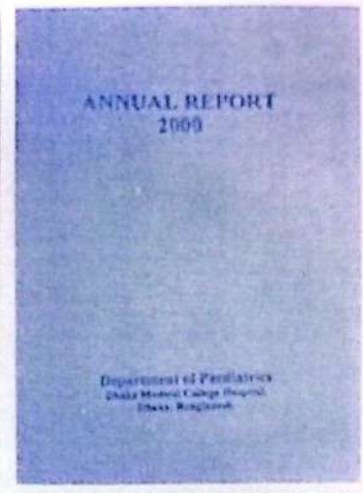
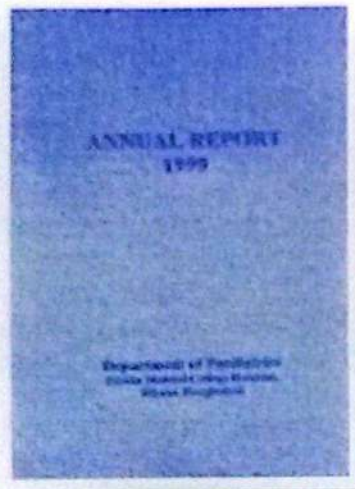
Celebrating pohela boishakh 1423



Photo session after pohela boishakh celebration

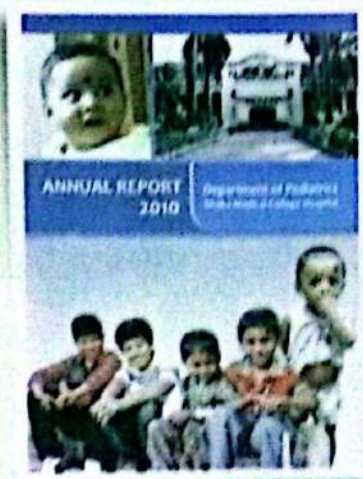
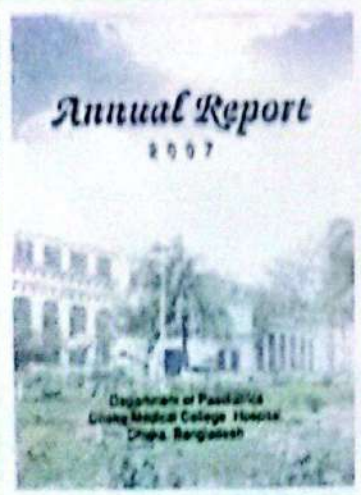
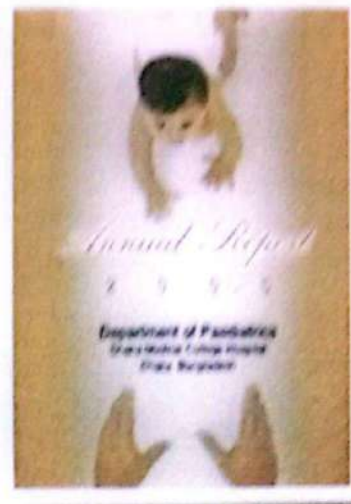
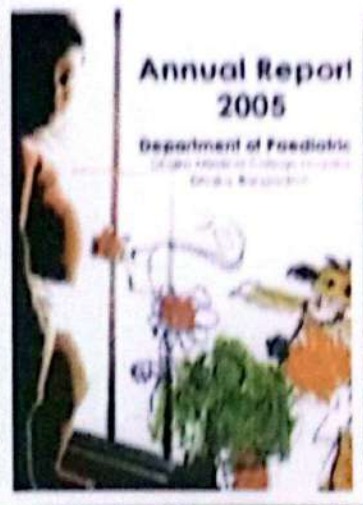


## Previous Annual Reports





## Previous Annual Reports







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