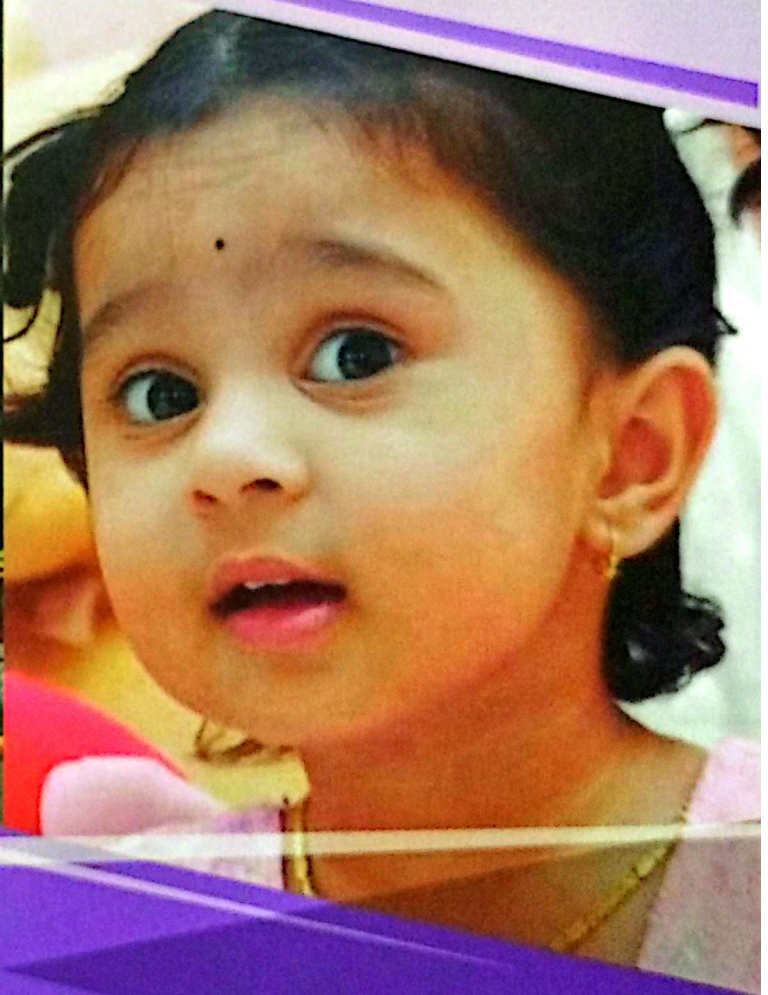
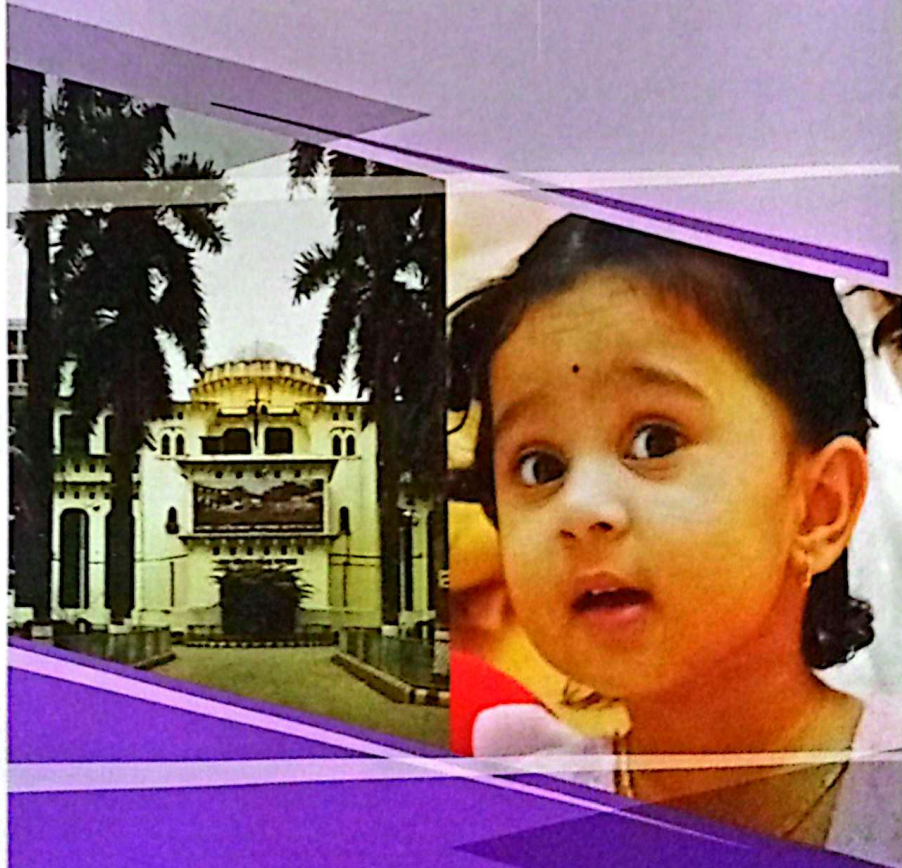


ANNUAL REPORT 2016



Department of Pediatrics
Dhaka Medical College and Hospital

ANNUAL REPORT 2016



Department of Pediatrics
Dhaka Medical College and Hospital



Dedicated to
National Professor Late M R Khan
father of Pediatrics in Bangladesh
&
Former Head, Department of Pediatrics DMCH

Life sketch of Prof. M R Khan

Date of Birth : 01 August, 1928
Place of birth : Sathkhira
Academic qualifications : MBBS (Cal), DTM&H, FRCP, FCPS, PhD
Last academic position : Professor and Head, Dept. of Paediatrics, IPGM&R, Dhaka
National Recognition : Ekushey Padak 2009
Swadhinata Padak 2016

Contributions:

Pioneer in the development of Paediatrics in Bangladesh

First introducer of vaccines (against polio, diphtheria, tetanus, pertussis) in January 1965 in Bangladesh

Founder President, Bangladesh Paediatric Association (BPA)

Founder of social, health and other organizations

Shishu Sasthya Foundation,
Bangladesh Sathkhira Shishu Hospital
Central Hospital, Dhaka
Nebedita Nursing Hospital, Dhaka
Jessore Shishu Hospital
Vocational Training Centre (VTC), Sathkhira

Led the establishment of educational institutions

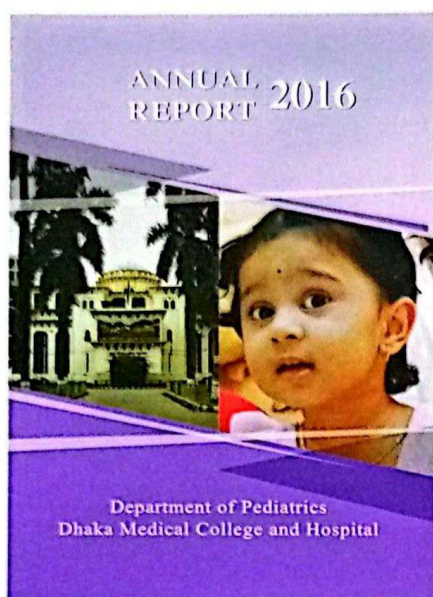
Institute of Child Health and Shishu Hospital (ICH-SH), Mirpur, Dhaka
Medical College for Women and Hospital, Uttara, Dhaka
Rasulpur Secondary High School

Excellence in undergraduate and postgraduate teaching

Generous donor to various organizations including donation of whole pension money to a trust fund for the welfare of children and mothers

Author of eight books of Paediatrics

Passed away : 05 November, 2016



EDITORIAL BOARD

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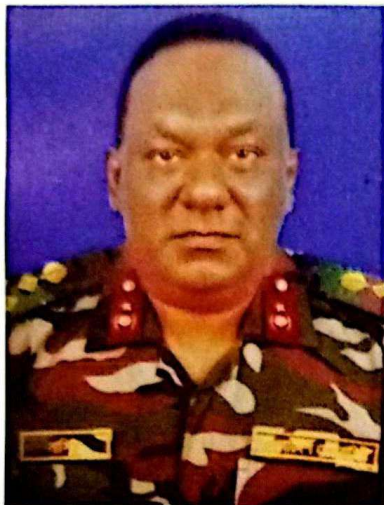
Message

It is a great pleasure to see another annual report of the Department of Paediatrics of Dhaka Medical College Hospital has come into being. This report reflects the achievements as well as the constraints of the department and act as a guideline for future activities.

I thank and wholeheartedly congratulate the faculty members of this department for such an encouraging work and wish the continuation of such a tradition.

A handwritten signature in black ink, consisting of stylized initials and a surname.

Prof. Dr. Khan Abul Kalam Azad
Principal
Dhaka Medical College



Message

I am pleased to express that Department of Paediatrics, Dhaka medical college hospital is going to publish another edition of annual report. With many resource constraints, Dhaka Medical College Hospital specially Paediatrics department is playing a great role in providing health services to sick children. This department has already achieved significant national recognition for their outstanding, selfless, dedicated and effective services including various academic achievements and research work.

This publication will inspire other department to develop and create their own departmental publication which will depict their performance in an effective manner.

I wish the department will flourish further by a group of talented physicians with their relentless efforts. May Almighty Allah bless us all to remain committed with the children and make them happier and healthier.

A handwritten signature in black ink, consisting of a stylized oval shape followed by a vertical line and a small horizontal stroke.

Brig. General A K M Nasir Uddin
Director
Dhaka Medical College Hospital



Message

Department of Paediatrics, Dhaka Medical College Hospital has been regularly publishing a year book since 1999. It is an excellent academic audit of the professional activities of this department. This publication will serve to represent the activities of this department to all future doctors.

This department is giving continuous services for sick child and as well as making contribution for preventing childhood illness.

I would like to extend my gratitude to college and hospital administration specially to our principal and director, and also learned colleagues, doctors, students and other staffs of my department for their immense support and co-operation .

Finally, I am very much grateful to my colleagues and other member of my department for their unprecedented support.

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



Message

It is really very much encouraging to come across a well documented annual report that the Department of Paediatrics of Dhaka Medical College Hospital compiles every year. This book provides a complete data of all indoor-outdoor patients, their outcomes, sub speciality services, preventive programmes etc. This department now has become a role model for it's services and activities and improving day by day.

I thank all my colleagues and other members of this department for delivering such a compiled manual.

Prof. Manisha Banerjee
Head
Department of Neonatology



Editorial

Department of Pediatrics is now become a role model for its clinical & academic activities. Publishing annual report regularly is also an example of great activity of this department. Annual report is a comprehensive compilation of all activities of the department- not only in academic arena but also the excellence in patient care. This publication will serve to represent the activities of the department to all future doctors.

Compiling all information & data for annual report is not an easy task. We must grateful to our teachers, doctors, students, nurses & staffs for their support. We also thankful to Beximco Pharmaceuticals Ltd. for their cooperation.

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

Prof. Sayeeda Anwar
Chairman , Editorial Board

Dr. Abu Sayeed Shimul
Executive Editor



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

Department of Pediatrics & Allied in Brief

The department of Paediatrics is providing quality services to a large number of sick children with limited resources for over 50 years. We have an academic excellence based on curriculum. This department is not only participating in academic arena but also showing excellence in patient care in indoor, outdoor and emergency services, research activities, publications and human resource development.

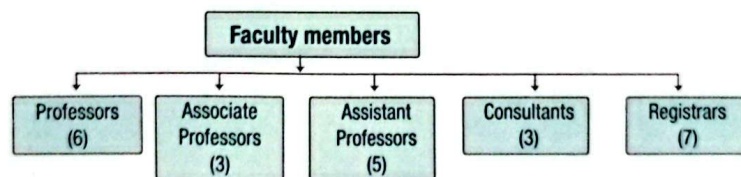
Total bed in Dhaka Medical College Hospital : 2600

Total bed in department of pediatrics & allied : 127

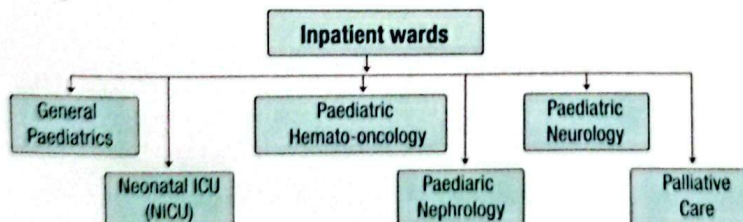
	Ward	Total bed
Pediatrics	207, 208, 210	60
Neonatology	211	35
Pediatric Hematology & oncology	210	16
Pediatric Nephrology	203, 203A	16

Department set-up:

Faculty members

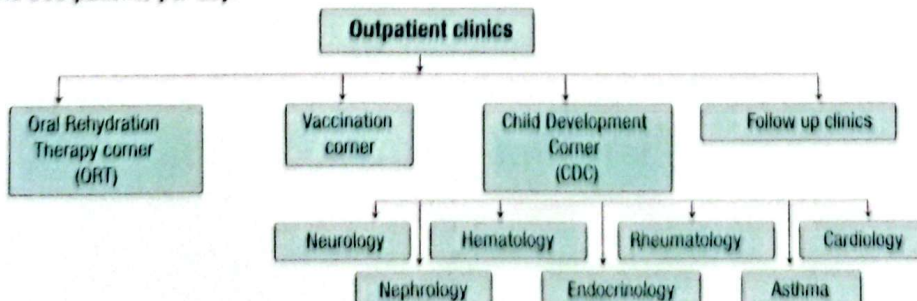


Inpatient set-up

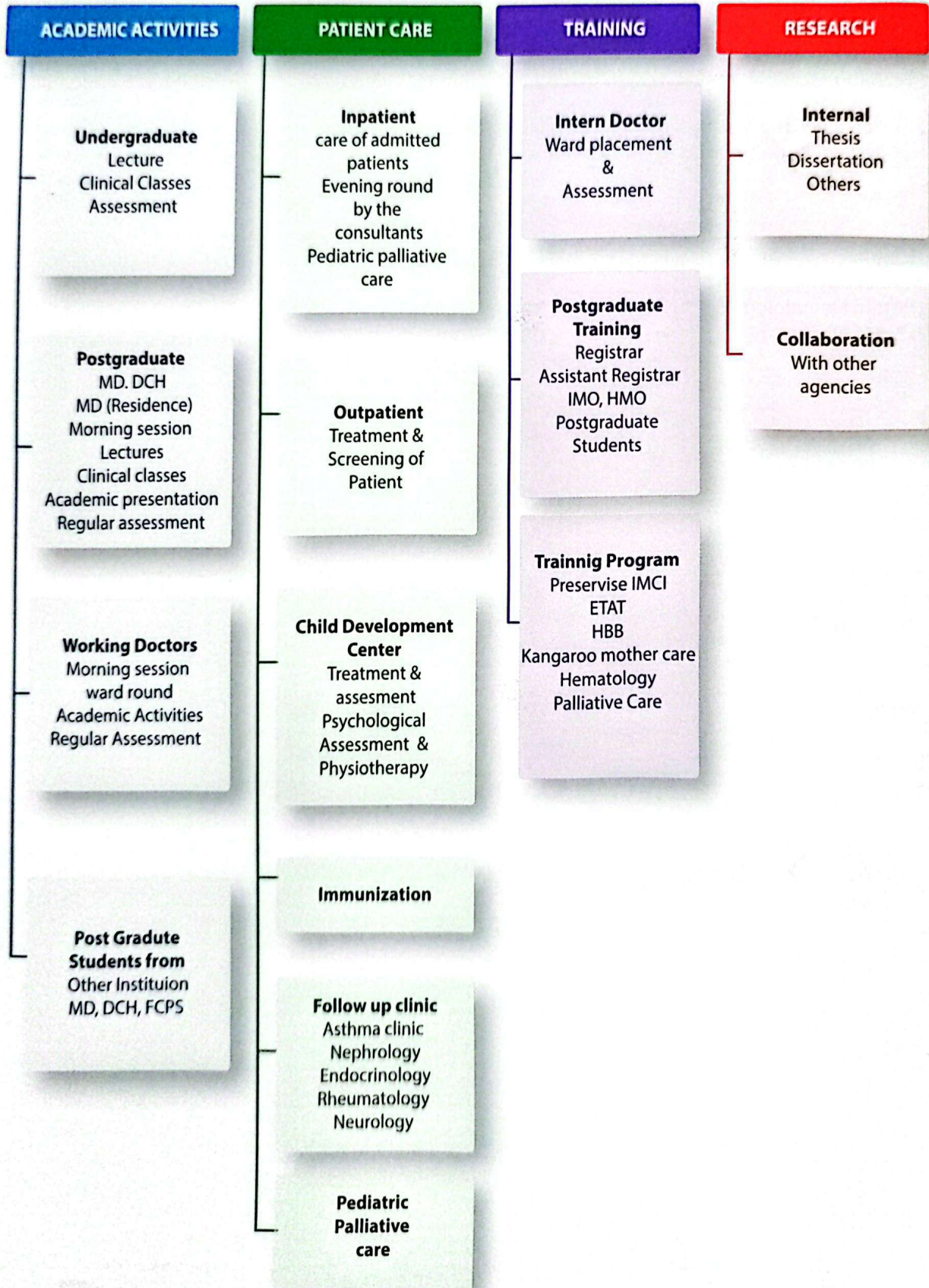


Outpatient set-up

There is one resident physician who works along with four outdoor medical officers for dealing around 350 patients per day.



Department of Pediatrics : Activities at a glance



Faculties and Doctors

Department of Pediatrics

Head of the Department	:	Prof. Sayeeda Anwar
Professor	:	Prof. Abdul Matin Prof. Iffat Ara Shamsad
Associate Professor	:	Dr. Rokeya Khanam
Assistant Professors	:	Dr. Md. Delowar Hossain Dr. Subrota Kumar Roy Dr. Md Salim Dr. Nazneen Akhter
Consultant	:	Dr. Farzana Munmun
Registrars :		Dr. Afroza Sultana Dr. Abu Sayeed Chowdhury Dr. Nazmun Nahar Shampa
Research Assistant	:	Dr. Mamunur Rashid
Assistant Registrar	:	Dr. Sirajum Monira Dr. Farzana Kabir Dr. Shumon Shahrior Morshed
Medical Officers	:	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

Faculties and Doctors

Department of Neonatology

Head of the Department	:	Prof. Manisha Banerjee
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. Rahnuma Akhter
Medical Officers	:	Dr. Joyeshree Das Dr. Md. Shaidur Rahman Shohag

Department of Pediatric Hematology and Oncology

Head	:	Prof. 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. Shahana Jesmin

Department of Pediatric Nephrology

Head	:	Prof. Dr. Laila Yeasmin
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 of Pediatrics

- Resident Physician (RP) : Dr. Rajesh Majumder
- Medical Officer : Dr. Nilufa Parvin
Dr. Anamika Saha
Dr. Khyrun Nahar
Dr. Mosammat Jannatul Nur
Dr. Priyanka Podder



Teachers of Department of Pediatrics and allied



Doctors and Teachers of Department of Pediatrics



Doctors and Teachers of Department of Pediatric Nephrology



Doctors and Teachers of Department of Neonatology



Doctors and Teachers of Department of Pediatric Hematology and Oncology



Registrars in a frame; Department of Pediatrics and allied subjects

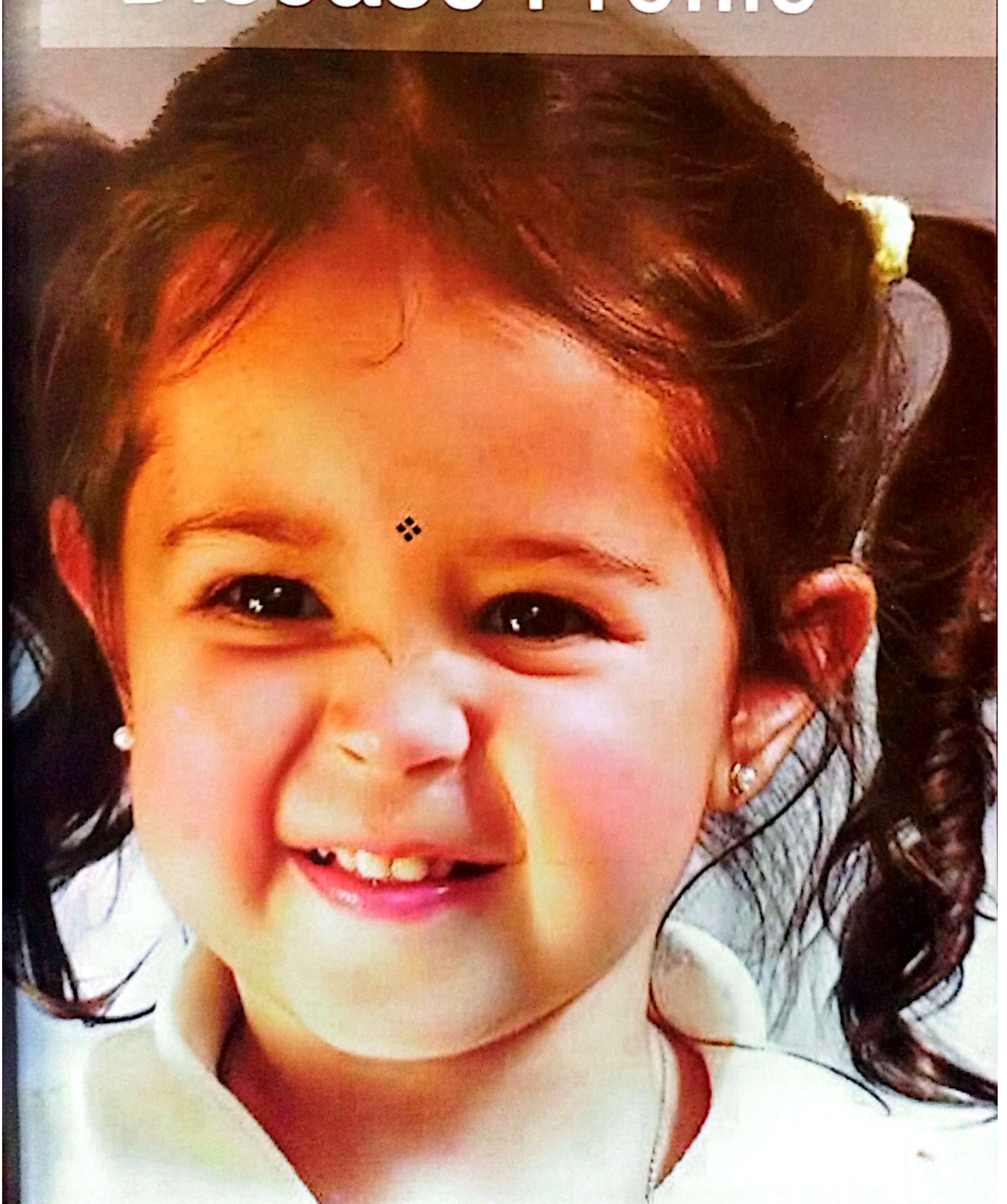


A/R and IMO of Department of Pediatrics and allied subjects



Resident Physician & Doctors of Outpatient Department

Disease Profile

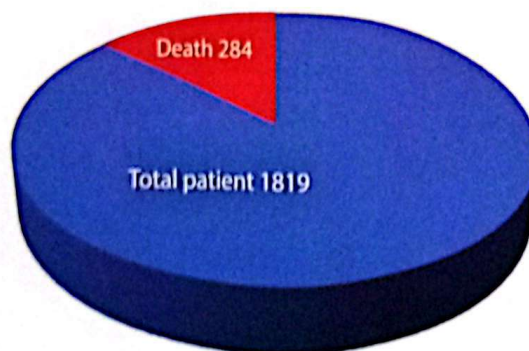


Patient Profile 2016

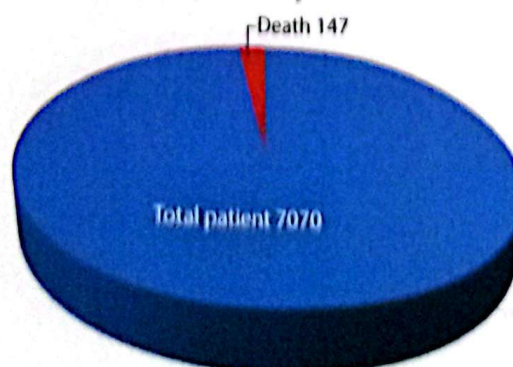
0 to 28 days

Age group	Total patient admitted	Total Death	Percentage of Death
0-28 days	1819	284	15.6%
29 days – 12 years	7070	147	2.07%

0-28 days

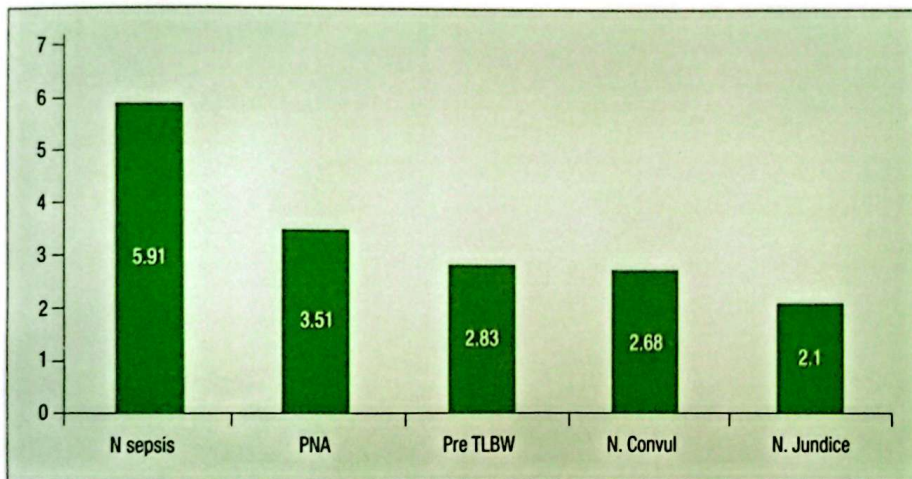


29 days – 12 years



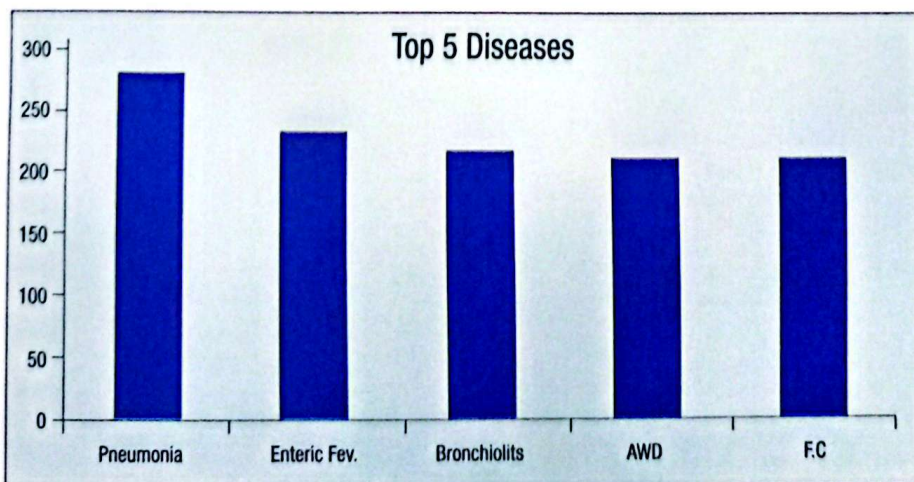
Top five diseases (0 to 28 days)

Neonatal sepsis	591
Perinatal asphaxia	351
Preterm LBW	283
Neonatal convulsion	268
Neonatal jaundice	210



Top five diseases (29 days to 12 years)

Pneumonia	281
Enteric fever	234
Bronchiolitis	220
AWD	215
Febrile convulsion	213



Disease Profile : Department of Pediatrics

Respiratory Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
01	Pneumonia	281	11
02	Bronchiolitis	220	01
03	Acute exacerbation of bronchial asthma	53	0
04	Pleural effusion	21	03
05	Acute laryngotracheobronchitis	9	0
06	Pneumothorax	04	0
07	Bronchiectasis	02	0
08	Lung abscess	4	0
09	Others	11	0

Cardiovascular Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
01	Congenital Heart disease	52	03
02	Heart failure	26	0
03	Pneumonia with HF	14	02
04	Anaemia with HF	03	01
05	Down syndrome with pneumonia with HF	23	02
06	Rheumatic fever with carditis	2	0
07	Cardiogenic shock	3	0
08	Viral myocarditis	4	0

Renal Diseases			
Sl. No	Name of Disease	Total Admission	Number of Death
01	AGN	54	01
02	NS	127	1
03	AKI	26	3
04	CKD	09	2
05	Renal mass	6	0
06	Pyelonephritis	9	0
07	Cystitis	21	0
08	Obstructive uropathy	26	0
09	HUS	31	01

Infectious Diseases			
Sl. No	Name of Disease	Total Admission	Number of Death
1	Enteric fever	234	0
2	Septicemia	112	2
3	Tuberculosis		
	Pulmonary	34	0
	Extra pulmonary	51	0
4	Kala – azar	21	0
5	Septic arthritis	12	0
6	Malaria	0	0
7	DHF/Dengue fever	06	0
8	Meningococcal septicemia	09	01
9	Food poisoning	61	0
10	PUO	32	0

Gastrointestinal & Hepatobiliary Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
1	AWD with severe dehydration	215	0
2	Acute viral hepatitis	78	0
3	Abdominal TB	19	01
4	Haematemesis & malaena	17	06
5	Hepatic encephalopathy	11	04
6	Fulminant hepatic failure	18	07
7	Wilson disease	10	0
8	Dysentery	12	0
9	CLD	25	03
10	Helminthiasis	10	0
11	Portal HTN	20	06
12	Space occupying lesion in liver	03	0
13	Biliary atresia	11	0
14	Hepatorenal syndrome	1	0
15	Acute abdomen	51	0
16	Liver abscess	06	0
17	Persistent diarrhea	14	0
18	Acute pancreatitis	07	0
19	Glycogen storage disease	04	0
20	Gastroenteritis	83	0
21	GERD	04	0
22	Others	22	01

Haemato-Oncological Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
1	Leukaemia	314	24
2	Lymphoma	34	07
3	Neuroblastoma	23	0
4	Hodgkin's disease	09	0
5	Meduloblastoma	0	0
6	Retinoblastoma	0	0
7	Hemophilia	79	02
8	Immune thrombocytopenic purpura	67	03
9	Hepatoblastoma	05	0
10	Von Willebrand disease	13	0
11	Glanzmann thrombosthenia	3	0
12	Thalassaemia	153	07
13	Aplastic anaemia	43	06
14	Germ cell tumor	09	0
15	Hemolytic anaemia	07	0
16	Fanconi anaemia	03	0
17	Red cell aplasia	07	0
18	Henoch schonlein purpura	31	0
19	Iron deficiency anemia	14	0
20	Others	11	0

Neurological Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
1	Febrile convulsion	213	0
2	Meningitis	192	08
3	Meningoencephalitis	73	05
4	Encephalitis	61	05
5	Epilepsy & other seizure disorder	93	0
6	CP with seizure disorder	154	01
7	Guillain Barre syndrome	31	0
8	Status epilepticus	17	0
9	Intracranial space occupying lesion	09	0
10	Transverse myelitis	23	0
11	Subacute sclerosing panencephalitis	07	0
12	Acute disseminated encephalomyelitis	02	0
13	Conversion disorder	33	0
14	Developmental delay	9	0
15	Acute stroke syndrome	19	0
16	TBM	19	01
17	Neurodegenerative & neurometabolic	04	0
18	Degenerative brain disease	0	0
19	Brain abscess	04	01
20	Cerebellar ataxia	00	0
21	Hydrocephalous	09	0
22	Spinal muscular atrophy	05	0
23	Spinal cord tumor		
24	Hemiparesis	13	0
25	Myasthenia Gravis	08	0
26	DPT encephalopathy	03	0
27	DMD	19	0

Endocrine & Metabolic Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
1	Hypothyroidism	06	0
2	Hypoglycemia	03	0
3	Addison's disease	01	0
4	DM	01	0

Poisoning and Accidents

Sl. No	Name of Disease	Total Admission	Number of Death
1	Kerosene poisoning	173	0
2	OPC & other insecticide	125	08
3	Drowning	45	4
4	Glass cleaner poisoning	07	0
5	Snake bite	64	05
6	Tarpin oil poisoning	19	0
7	Benzodiazepine & other drugs	21	0
8	Corrosive poisoning	31	0
9	Mosquito coil poisoning	08	0
10	Electric shock	2	0
11	Paracetamol poisoning	19	0
12	Fall from height	00	0
13	Napthalene poisoning	07	0
14	Other poisoning	153	02

Miscellaneous Diseases

Sl. No	Name of Disease	Total Admission	Number of Death
1	Stevens Johnson syndrome	11	0
2	Drug reaction	38	0
3	JIA	30	0
4	SLE	6	0
5	Rickets	5	0
6	Downs syndrome	15	02
7	Hypovolemic shock	12	01
8	Turner syndrome	3	0
9	Cushing syndrome	2	0
10	Obesity	03	0
11	Septic arthritis	09	0
12	Ectodermal dysplasia	02	0
13	SAM	91	13
14	Manchausen syndrome	1	0
15	Rosai-Dorfmann syndrome	1	0
16	Herpetic Gingivostomatitis	1	0

Department of Pediatric Hematology & Oncology In patient

Diseases Name	Number of Patients	Number of death	Alive	Abandoned	Treatment complete
ALL	337	61	139	119	21
AML	75	47	01	51	01
CML	09	03	05	03	00
NHL	69	39	02	53	06
Hodgkin disease	41	11	17	13	16
Wilms' Tumor	56	16	17	23	11
Neuroblastoma	37	16	06	19	05
Rhabdomyosarcoma	22	11	02	12	4
Germ cell tumor	34	02	16	08	14
CNS tumor	15	12	00	05	00
Others	42	18	15	21	11
Total	737	236	220	327	92

Day Care

Total Patient = 211

Department of Neonatology

Inpatient Disease Profile

Sl. No	Name of Disease	Total Admission	Number of Death
01	Perinatal Asphaxia	351	72
02	Preterm Low birth weight	283	79
03	Intrauterine growth retardation	142	14
04	Neonatal sepsis	591	71
	Pneumonia	156	0
	Meningitis	115	0
	Necrotizing enterocolitis	88	0
	Unclassified	232	0
05	Neonatal convulsion	268	02
06	Neonatal jaundice	210	05
	ABO incompatibility	51	0
	Rh incompatibility	32	0
	Prematurity	178	0
	Sepsis	136	0
07	Respiratory distress syndrome	88	25
08	Transient tachypnea of newborn	45	02
09	Congenital anomalies	35	02
	Multiple	09	0
	Congenital Heart disease	07	0
	Club foot	06	0
	Cleft lip & palate	06	0
	Hydrocephalous	03	0
	Meningocele	02	0
	Omphalocele	01	0
	Developmental dysplasia of hip	01	0
10	Birth injuries	24	0
	Subarachnoid hemorrhage	12	0
	Limb fracture	05	0
	Others	07	0
11	Meconium aspiration syndrome	43	12
12	Syndromic baby	12	0
	Down's syndrome	11	0
	Colloidion baby	01	0
13	Hemorrhagic disease of newborn	02	0
	Total	1819	284 (15.6%)

Department of Neonatology

Outpatient Disease Profile

Sl. No	Name of Disease	2016
01	PNA	603
02	PT, LBW	835
03	Intrauterine growth retardation	251
04	Neonatal convulsion	379
05	Neonatal sepsis	584
06	Neonatal jaundice	405
07	Respiratory distress syndrome	132
08	Transient tachypnoea of newborn	62
09	Congenital malformations	86
10	Meconium aspiration syndrome	55
11	Birth injuries	43
Total		3435

Department of Pediatric Nephrology

Sl. No	Name of Disease	Total Admission	No of Death	% of Death
1	Nephrotic Syndrome	271	2	0.73%
2	Acute Glomerulonephritis	44	0	0%
3	Acute Kidney Injury	35	12	34%
4	CKD	42	4	9.5%
5	Ig A Nephropathy	1	0	0%
6	Lupus Nephritis	6	0	0%
7	UTI	5	0	0%
8	Obstructive Uropathy	8	0	0%
9	Others	4	0	0%
Total		416	18	4.3%

Outpatients Department

Department of Pediatrics

Month	Newly Enrolled Patients	Patients For Follow UP	Total Patients
January	5896	460	6356
February	6464	784	7248
March	7328	1795	9123
April	5591	915	6506
May	5541	666	6207
June	5285	550	5835
July	3768	461	4229
August	5909	825	6734
September	5129	454	5583
October	6936	645	7581
November	5218	601	5819
December	5309	1304	6613
Total	68374	9460	77834

ORT Corner

Month	No Dehydration	Some Dehydration	Severe Dehydration	Total Patients
January	59	0	0	59
February	91	01	0	92
March	162	04	0	166
April	94	04	0	98
May	109	01	0	110
June	194	07	0	201
July	155	02	0	157
August	185	02	0	187
September	122	0	0	122
October	214	13	02	229
November	329	08	0	337
December	222	02	0	229

EPI Center

Month	TT (Pregnant women)	TT (15-49 yrs)	BCG	Penta	OPV	Measles	PCV	IPV	MR
January	26	107	48	169	163	43	174	46	22
February	35	88	47	141	169	67	149	74	44
March	46	105	54	164	170	42	211	23	59
April	25	112	41	157	116	42	162	00	42
May	33	106	53	148	149	52	153	00	61
June	54	56	42	113	113	18	118	05	34
July	97	124	54	166	165	34	138	106	61
August	56	138	52	139	68	37	151	71	60
September	45	84	56	133	132	36	127	48	49
October	59	123	72	181	187	61	181	48	62
November	43	135	71	190	195	52	178	61	40
December	74	102	59	185	185	63	216	55	56
Total	601	1280	649	1886	1812	547	1958	537	590

Child Development Center (CDC)

Sl. No	Diagnosis	2016
01	Developmental delay	173
02	CP	140
03	Epilepsy	145
04	Post maningitic sequelea	9
05	Post encephalitis sequelea	6
06	Speech delay	190
07	ASD	45
08	Torticollis	0
09	Downs syndrome	30
10	Learning difficulties	90
11	Stroke	4
12	Mental retardation	110
13	ADHD	22
14	Isolated speech delay	25
15	Behavioral disorder	18
16	DMD	0
17	Fragile X-syndrome	1
18	GBS	0
19	Neuro metabolic disorder	2
20	Well baby clinic	78
21	Somatoform disorder	6
22	Others	20
Total		1114

Child Neurology Clinic

Sl. No	Diagnosis	No. of Patients
01	Epilepsy	149
02	cerebral palsy	27
03	Developmental delay	11
04	Headache	82
05	Post encephalitis sequele	05
06	Mental retardation	15
07	Speech delay	10
08	Myopathy	12
09	ADHD	10
10	Behavioral disorder	12
11	Stoke	10
12	Febrile seizure	20
13	Tuberous sclerosis	06
14	Tics	05
15	HCR	06
16	Downs syndrome	15
17	GBS	03
18	Post meningitis sequele	07
19	ASD	04
20	SSPE	03
21	ADEM	02
22	TBM	03
23	Neuro metabolic disorder	03
24	Ataxia	04
25	cognitive delay	10
26	Transverse Myelitis	02
27	Wilson disease	10
28	ICSOL	02
29	Learning difficulties	03
30	MPS	03
31	Neurodegenerative disease	02
Total		446

Pediatrics Nephrology Follow Up Clinic

Sl. No	Disease Profile	New	Old (Follow Up)	Total
01	Nephrotic syndrome (Initial attack)	15	30	45
02	IFRNS	12	22	34
03	FRNS	07	09	16
04	SDND	04	06	10
05	APSGN	10	14	24
06	AKI	03	04	07
07	CKD	02	05	07
08	HUS	02	01	03
09	UTI	12	10	22
10	Obstructive uropathy	03	04	07
11	Lupus nephritis	02	04	06
Total		72	109	181

Clinical and Academic Activities



Clinical and Academic Activities

Department of Pediatrics in Dhaka Medical College and Hospital has attained excellence in patient care (outpatient and inpatient), academic activities (undergraduate and postgraduate medical education), research and different training programs. Department of Pediatrics and allied sub-specialties provide dedicated services to the sick newborns and children round the clock in the form of routine and emergency patient care.

Morning Session

Each day begins with a morning session involving all teachers, students and all doctors. Previous day's activities like admission, death or any important occurrence are discussed in this every morning session. The schedule of morning session is as follows:

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 (Alternate week)
Saturday	Seminar / Journal Club (Alternate week)
Sunday	Central clinical meeting - where all doctors & students participates and it take place in Lecture Gallery - I. Dhaka Medical College

Presentation during the year 2016

Events	2016
Seminar	30
Clinical Meeting	26
Article Presentation from Journals	52
Death Review	21

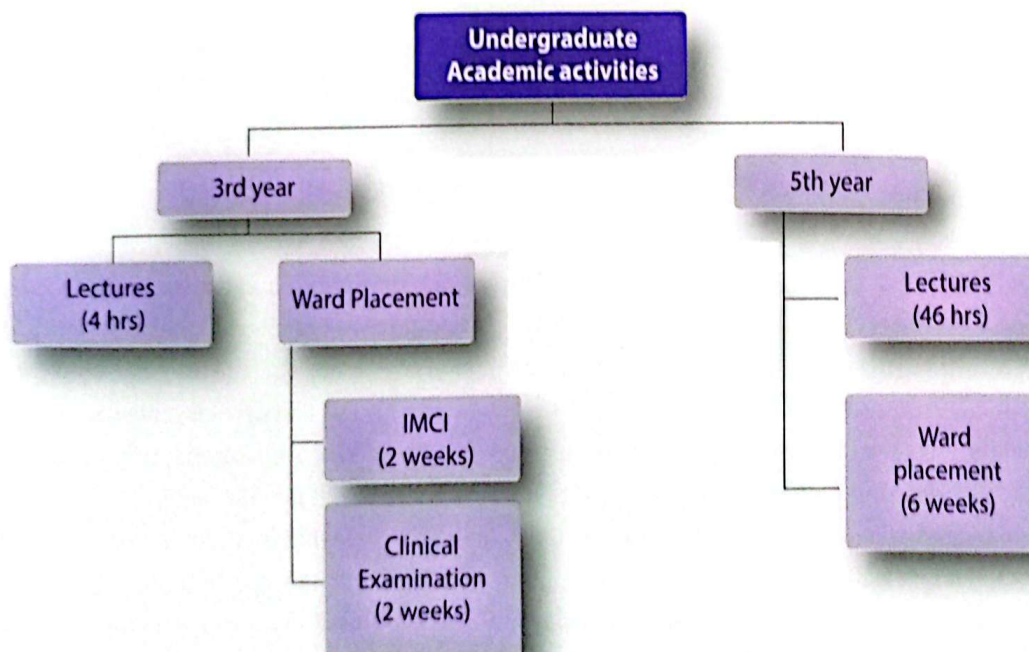


Seminar on Morning Session

Undergraduate Medical Education

Undergraduate teaching: Third year medical students are placed in this department for 4 weeks. They learn Integrated Management of Childhood Illnesses (IMCI) and infectious diseases in their first clinical exposure to pediatric patients. Their theoretical knowledge is enriched by lecture classes. Their end of placement evaluation is done by an OSPE examination. Fifth year undergraduate students are placed in the department for 6 weeks. They learn the core contents of pediatrics through their placement in the outpatient, inpatient, Center for Child Development (CDC), ORT corner and EPI center apart from theoretical lecture classes. They are also assessed by an OSPE at the end of placement. Undergraduate students are placed for a week in their Block posting prior to their Final professional MBBS examination.

Academic activities for undergraduate students



Assessment

At the end of the ward placement formative assessment is taken in which, students are assessed by written, MCQ and OSPE.



Video presentation in 3rd year IMCI class



Ward Ending Celebration

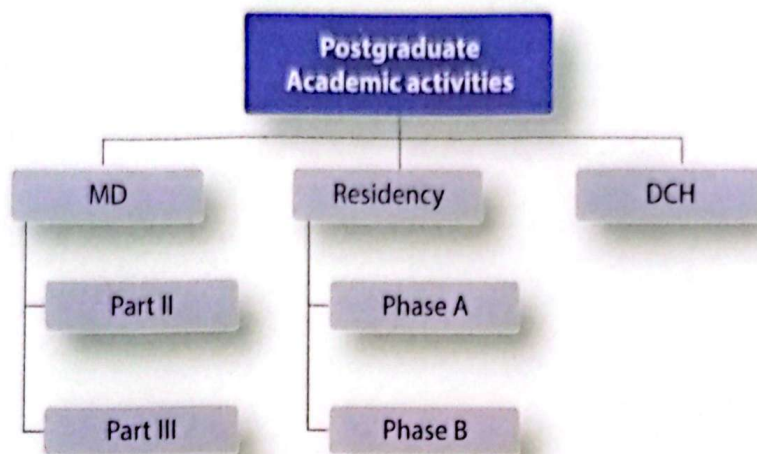
Formative assessment		
Placement	Allotted marks	Total Marks
3rd year - ward ending OSCE	1	5
5th year item examination	0.5	
5th year - ward ending OSCE	1	
Block posting	0.5	
Written assessment	1	

Postgraduate teaching:

Department of Pediatrics is successfully conducting different postgraduate courses namely DCH, MD (Pediatrics) and Residency program in MD (Pediatrics). The department also conducts FCPS, FCPS Preliminary and MCPS examination in collaboration with the Bangladesh College of Physicians and Surgeons (BCPS). Postgraduate student learns through lecture and tutorial classes, clinical placement in different pediatric units and sub-specialties, and a scheduled placement in other postgraduate institutions. Postgraduate students from other institutes are also placed here to enrich their knowledge through vast abundance of clinical subjects available in DMCH. DCH and MD (Pediatrics) students are assessed through a complete set up of written, clinical, OSPE and oral examinations twice in a year. Residents of MD (Pediatrics) Phase A and Phase B are assessed at the end of each block placement in different Pediatric units and sub-specialties through written, OSPE and clinical examinations.



Teachers are in newly decorated classroom



Result in different examination (immediate past session)

Residency Phase A Final	Number of examinee	Passed	Percentage
January 2017	3	1	33 %
July 2017	4	3	75 %
MD final	Number of examinee	Passed	Percentage
January 2016	4	2	50 %
July 2016	3	1	33 %
DCH	Number of examinee	Passed	Percentage
July 2016	4	1	25 %
January 2017	3	3	100 %

Intern doctors' training:

After successful completion of their Final Professional MBBS examination, intern doctors are placed in the department for a period of 4 weeks with a schedule of 14 days placement in General Pediatrics, 7 days in Neonatology and remaining 7 days in Pediatric Nephrology and Pediatric Hemato-Oncology wards. An assessment examination is held in the form of written and oral examinations at the end of their placement.



Written assessment of trainee doctors

Postgraduate training:

Honorary medical officers (HMOs), Indoor medical officers (IMOs), Assistant Registrars (ARs), Registrars and Research assistants studying in different postgraduate courses in pediatrics get their structured training in this department. HMOs are placed in Pediatric units and sub-specialties for a duration of 6 months or more. They are assessed for their effective learning after placement in each Pediatric unit and sub-specialties. IMOs and ARs are placed in different Pediatric units and sub-specialties for a duration of 3 months in each unit throughout their required training period. Along with other postgraduate students, they are assessed through a complete schedule of written, clinical, OSPE and oral examinations twice in a year. Registrars and Research assistants works for undergraduate and postgraduate students' placement, helps in conducting examinations thereof and conducts undergraduate clinical classes in the evening.



Clinical Assessment of Postgraduate Student



Clinical assessment of a trainee

Scientific Papers: Published

Name of article	Author	Name of Journal	Volume/page/year	Co-author
MOYAMOYA disease- 2 case reports	Dr. Md. Salim	Bangladesh Medical Journal	45 (2) May. 2016	Dr. Md. Nasir Hossain Dr.Subrota
Serum zinc concentration in children with acute lymphoblastic leukemia (Original article)	Prof. AKM Amirul Morshed Khasru	Comilla BMA Medical Journal	Volume-34 Number-1 Page-17-19 Jan 2016	Prof. Shahnoor Islam Prof. Matin
Clinical profile of Haemophilia among hospitalized children in a tertiary care hospital in Bangladesh	Prof. .AKM Amirul Morshed Khasru	Comilla BMA Medical Journal	Volume-35 Number-2 Page-16-20 July 2016	Dr. Nasir Hossain Dr. Subrota & others
Nutritional assessment and serum zinc level in children with acute lymphoblastic leukemia	Dr. Md. Salim	Bangladesh Journal of child health	Volume-40 Number-1 Page-12-15 April 2016	Prof. .AKM Amirul Morshed Khasru
Left ventricular function in children with Thalassemia major -Presentation	Prof. AKM Amirul Morshed Khasru	Paediatric cardiology international conference	14 March, 2016, Milon Hall, BSMMU	
Serum copper level in Acute lymphoblastic leukemia before and after induction-presentation	Prof. AKM Amirul Morshed Khasru	19th Biennial & 4th International conference of Bangladesh paediatric association	21-23 october,2016, Milon hall, BSMMU	

Dissertations & thesis

Topic	Name of the student	Guide	Co-guide
Risk factors of UTI in children with nephrotic syndrome	Dr. Khaleda Begum	Prof. Sayeeda Anwar	
Relationship between serum immunoglobulinE level a& clinical findings of initial & relapse cases of idiopathic nephrotic syndrome in children	Dr. Ayub Ali	Prof. Sayeeda Anwar	
Comparative efficacy of nebulized 3% hypertonic saline with adrenaline versus 0.9% saline with adrenaline in children with acute bronchiolitis	Dr. Taslima Sultana	Prof. Sayeeda Anwar	Dr. Tafazzal Hossain Khan
Comparative study of lipid profile abnormalities in initial attack & relapse cases of childhood nephrotic syndrome	Dr. Shamima Farzana	Prof. Sayeeda Anwar	Dr. Tafazzal Hossain Khan
Role of Hydroxyurea in reducing transfusion requirement in patient with Thalassemia Major	Dr. Asma Khatun Chowdhury	Prof. Sayeeda Anwar	Prof. AKM Amirul Morshed
Coagulation profile in children with idiopathic nephrotic syndrome admitted in a tertiary care hospital	Dr. Naima Sultana	Prof. Sayeeda Anwar	Prof. AKM Amirul Morshed
Comparative study of Deferiprone versus Deferiprone with Deferasirox in iron chelation therapy of thalassemic children	Dr. Sayeda Jarka Jahir	Prof. Sayeeda Anwar	Dr. Tafazzal Hossain Khan
Efficacy of nebulized Magnesium Sulphate in the treatment of acute bronchial asthma compared to nebulized salbutamol	Dr. Zannat-UI-Sarmin	Prof. Sayeeda Anwar	
D-dimer as a marker of diagnosis of neonatal sepsis in term newborn	Dr. Anindita Bose	Prof. Manisha Banerjee	
Serom Amylase & glucose level in acute lymphoblastic leukemia during induction of remission	Dr. Abu Asma	Prof. A.K.M. Amirul Morshed	

Dissertations & thesis

Topic	Name of the student	Guide	Co-guide
Platelet indices as marker for remission in acute lymphoblastic leukemia during induction of remission	Dr. Masuda Khan	Prof. A.K.M. Amirul Morshed	
Serum Copper level in children with acute lymphoblastic leukemia before & after induction	Dr. Mahfuzur Rahman	Prof. A.K.M. Amirul Morshed	
Hepatoprotective efficacy of Ursodeoxycholic Acid in childhood acute lymphoblastic leukemia in a tertiary care hospital	Dr. Sharmin Hossain	Prof. A.K.M. Amirul Morshed	
Nutritional assessment & serum Zinc concentration in children with acute lymphoblastic leukemia	Dr. Suma Ikram	Prof. A.K.M. Amirul Morshed	
Serum Lead level in children with acute lymphoblastic leukemia	Dr. Tasnim Ahmed	Prof. A.K.M. Amirul Morshed	
Pattern of childhood malignancy & treatment refusal in a tertiary care hospital	Dr. Masuma Akhter	Prof. A.K.M. Amirul Morshed	
Effect of chemotherapy on liver function test during induction of remission in children with acute lymphoblastic leukemia	Dr. Miftahul Jannat	Prof. A.K.M. Amirul Morshed	
Changes of RBCs morphology in acute lymphoblastic leukemia during induction of remission	Dr. Nargis Akhtar Runu	Prof. A.K.M. Amirul Morshed	
Role of Ursocol in liver function in acute lymphoblastic leukemia during induction in standard protocol	Dr. Sharmin Hossain	Prof. A.K.M. Amirul Morshed	
Infection associated with febrile seizure	Dr. Maymuna Ismail	Prof. Ifat Ara Shamsad	

Dissertations & thesis

Topic	Name of the student	Guide	Co-guide
Impact of antenatal care on perinatal asphyxia	Dr. Anita Sarker	Prof. Iffat Ara Shamsad	
Prevalence of obesity & hypertension among high school children in Dhaka city	Dr. Nasren Akter	Prof. Iffat Ara Shamsad	
Clinical monitoring, complications & outcome of neonates under mechanical ventilation	Dr. Faeqa Hafiz	Dr. Tafazzal Hossain Khan	
Prevalence & problem associated with ROP in a tertiary care hospital	Dr. Ami	Dr. Tafazzal Hossain Khan	
Clinical profile & immediate outcome of neonates in bacteriologically confirmed sepsis	Dr. Manisha Barman	Dr. Tafazzal Hossain Khan	
Comparative efficacy of Phenytoin versus Lidocaine in the management of intractable seizure in neonates	Dr. Shah Abdullah Baque	Prof. Md. Abid Hossain Mollah	Dr. Tafazzal Hossain Khan
Comparative efficacy of Phenobarbitone versus Levityracetum in intractable seizure in neonate	Dr. Mahfuz	Prof. Md. Abid Hossain Mollah	Dr. Tafazzal Hossain Khan
Knowledge, attitude & practice of female nurses of DMCH on complementary feeding in their under 2 children	Dr. Maliha Alam Simi	Prof. Md. Abid Hossain Mollah	
Comparative efficacy of 7% hypertonic saline versus 0.9% normal saline plus salbutamol in children with acute bronchiolitis	Dr. Md. Saiful Islam	Prof. Md. Abid Hossain Mollah	
Efficacy of F-75 & F-100 recipes in the treatment of severe acute malnutrition: A randomized controlled trial	Dr. Muhammed Anisur Rashid	Prof. Md. Abid Hossain Mollah	

Published books by the doctors of the department

Step on to Pediatrics

Prof. Dr. Md Abid Hossain Mollah
Prof. Dr. NazmunNahar

সোনামনির সুস্বাস্থ্যে মা
কিছু প্রশ্ন কিছু উত্তর

Prof. Dr. Abid Hossain Mollah
Dr. Anima Ferdous

আপনার কেমোথেরাপি ও
পুষ্টি নির্দেশিকা

Dr. Zohora Jameela Khan
Dr. Zafor Md Masud

শিশুর সুস্থতায় কী করবেন
কী করবেন না

Dr. Abu Sayeed Chowdhury (Shimul)

সোনামনির অসুখে যা জানা জরুরি

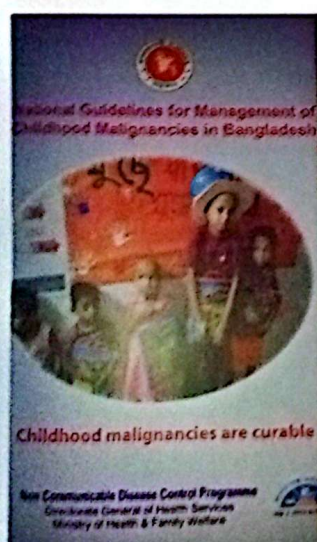
Dr. Abu Sayeed Chowdhury (Shimul)

বাচ্চা খেতে না চাইলে কী করবেন

Dr. Abu Sayeed Chowdhury (Shimul)

National Guidelines for Management
of Childhood Malignancies in
Bangladesh

Dr. Zohora Jameela Khan (National Editor)



National Guidelines for
Management of Childhood
Malignancies



Publication ceremony of
Dr. Abu Sayeed Shimul's Book

Training Program of Department of Pediatrics

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

Training program:

- 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

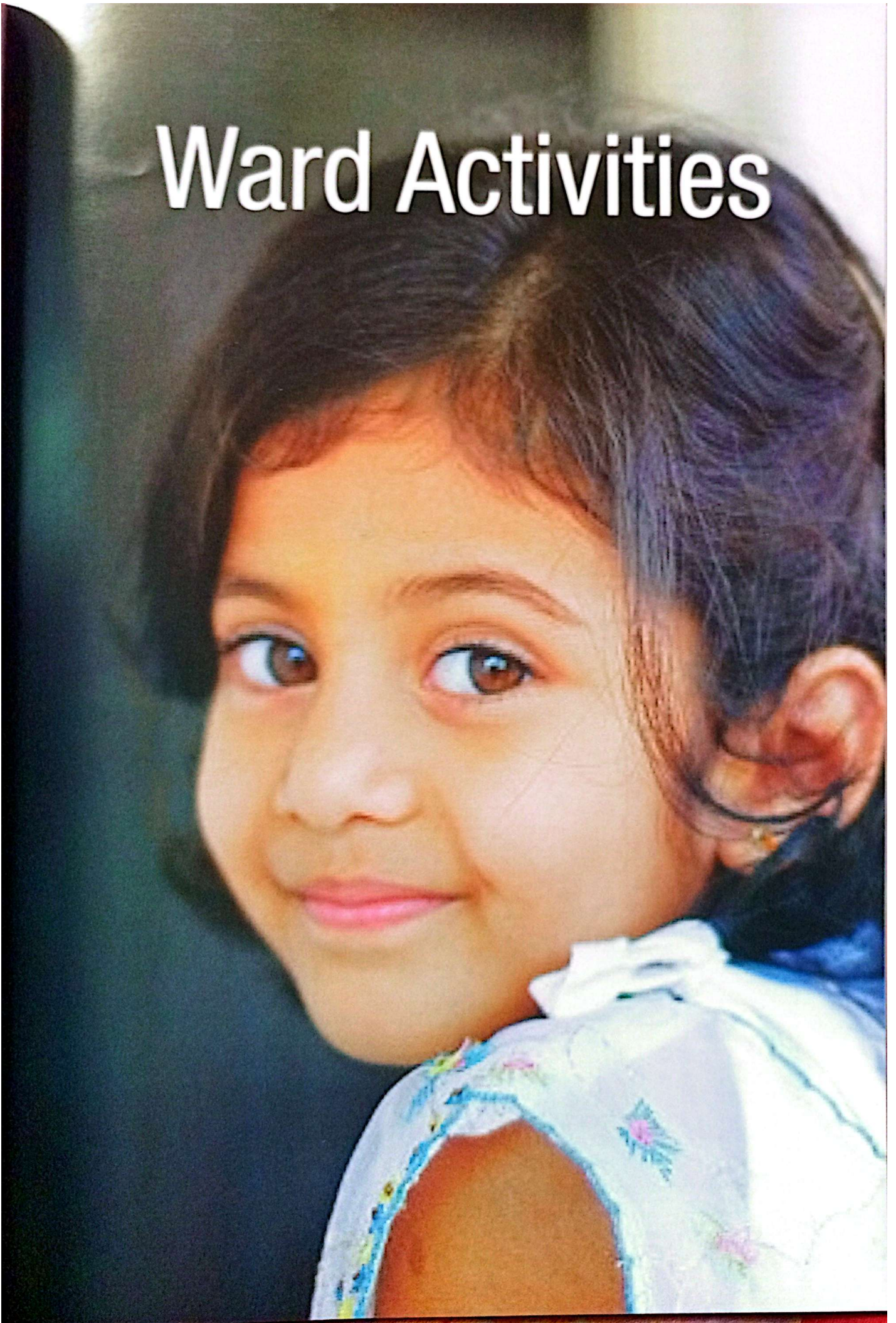


Certificate giving ceremony of preservice IMCI TOT training



Photo session after completion of preservice IMCI TOT training

Ward Activities



Department of Pediatrics



Pediatric Ward



Special care baby unit

Department of Pediatrics



Unit 1



Unit 2

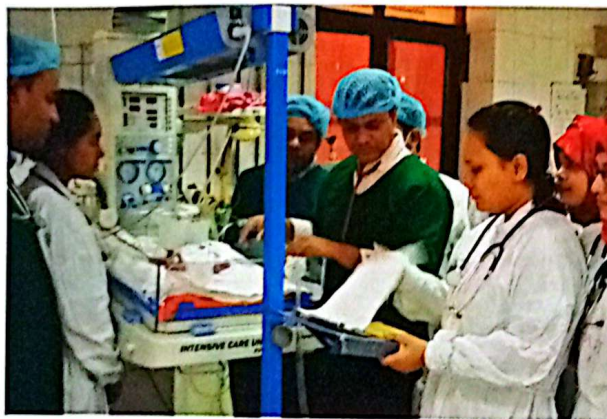


Unit 3

Department of Neonatology



Round in the SCBU



Newborn care

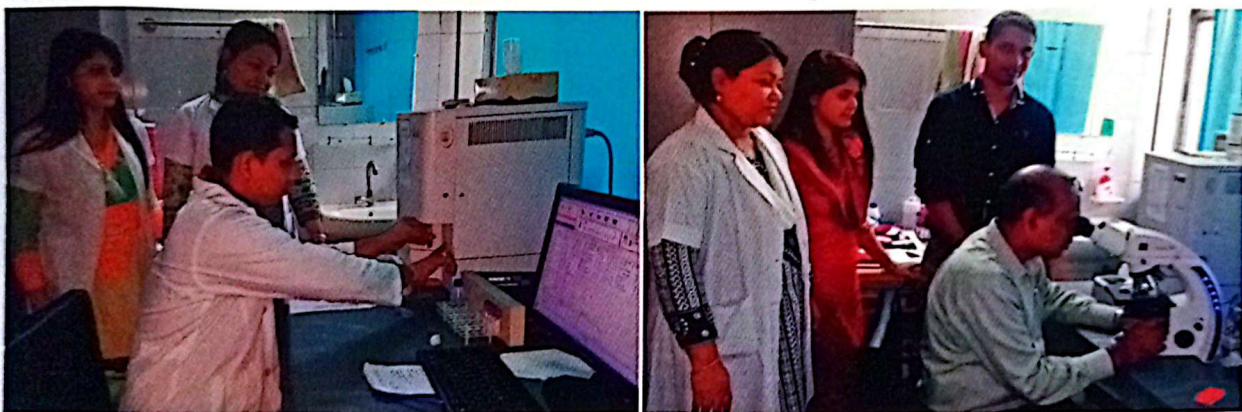


Outpatient services

Department of Pediatric HaematologyOncology



Ward Round



Pediatric Haematology and Oncology Lab



Doctors and Nurses of Pediatric Hematology and Oncology department

Department of Pediatric Nephrology

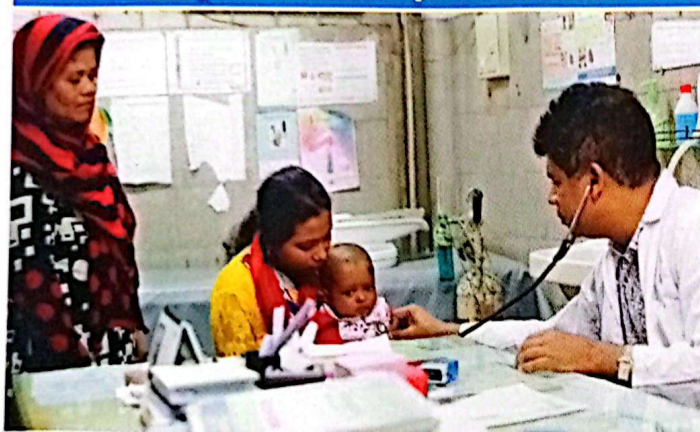


Ward Round



Dialysis of a 2 months old patient

Outpatient Department



ASHIC Play Center



Outdoor Special Clinic

- Neurology
- Nephrology
- Hematology and Oncology
- Endocrinology
- Rheumatology
- Asthma Clinic
- Cardiology

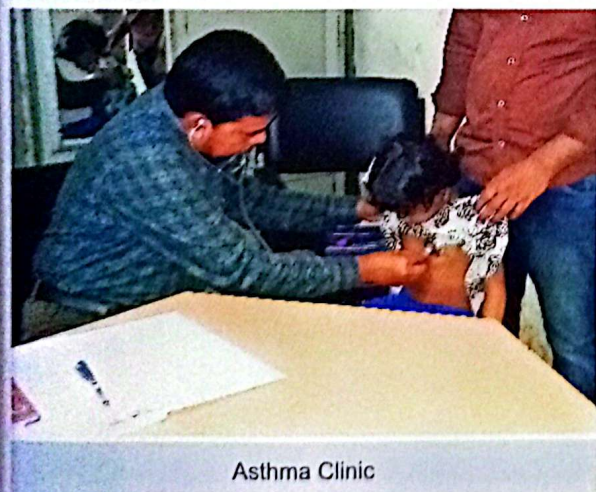
Sunday and Wednesday
Saturday and Tuesday
Thursday
Sunday
Monday
Tuesday
Thursday



Rheumatology follow up clinic



Neurology follow up clinic



Asthma Clinic



Endocrinology follow up clinic

Pictorial



Memorable snapshot



Prof Nazmun Nahar with our teachers in a frame

Different Programme



BMA secretary general Dr. Ehteshamul huq chowdhury in a programme



Seminar on childhood emergency



Seminar on pediatric palliative care

Observance of Different Occasions



Principal and Ex director deliberate their speech on breast feeding week

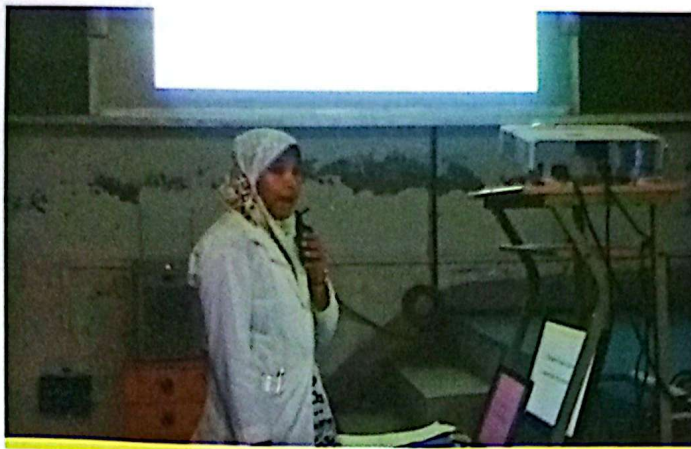


Prof Sayeeda Anwar in breast feeding week



Observance of hospice day

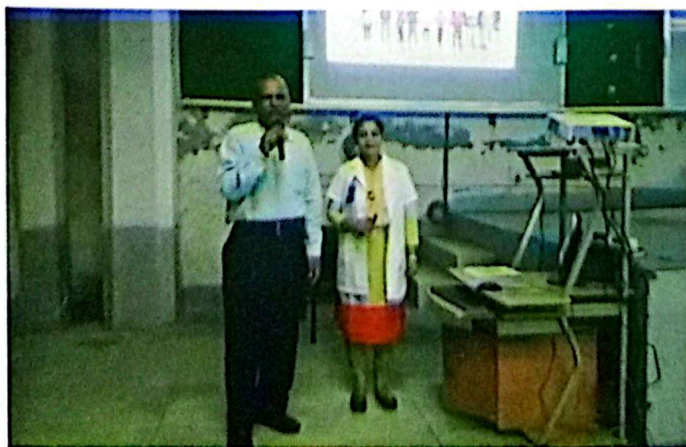
Central seminar



Case Presentation by Dr. Sirajum Monira



Prof. Sayeeda Anwar expresses her views on central Seminar



Prof. AKM Amirul Morshed Khasru answering questions on central seminar

Different program for childhood cancer awarness



Seminar



Rally



Art competition

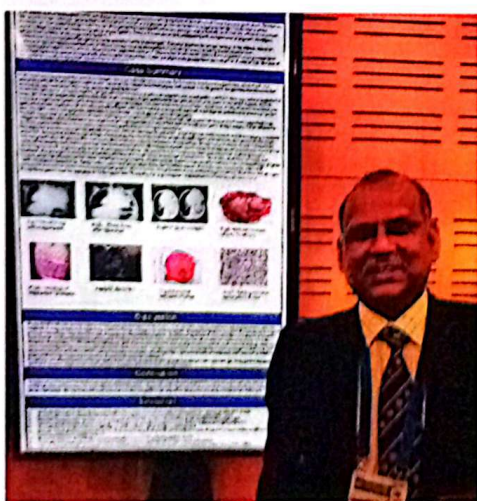


Puppet show

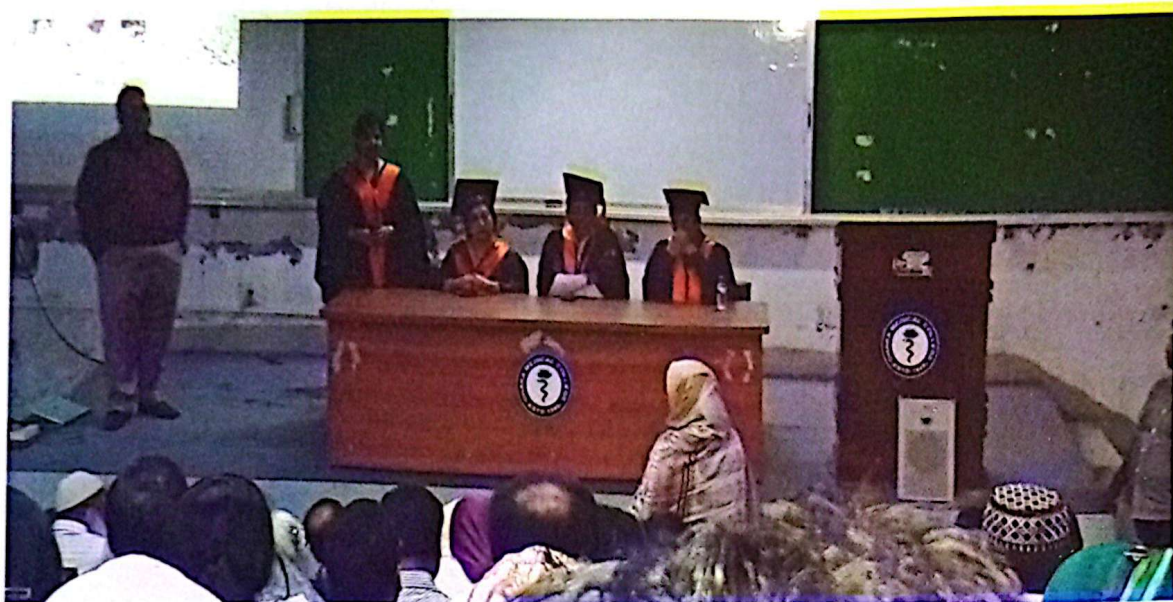


Director of Shishu Academy with other guests in ICCD

Active Participation of different seminars & scientific session outside the department



CPD & CME

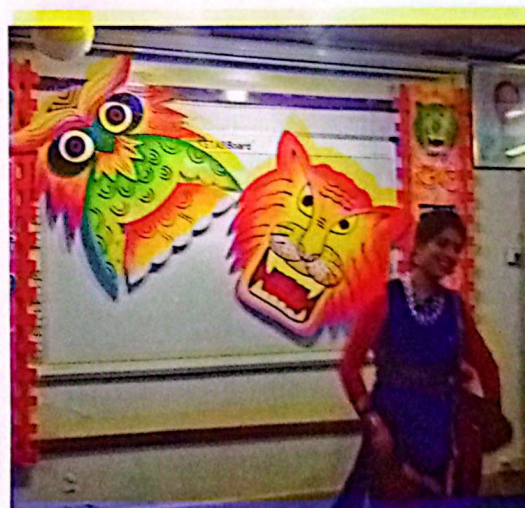


CPD of BCPS : Presented by the department of pediatrics



CME on Kidney disease and obesity in children

Celebrating Chaitra Sangkranti and Pohela Boishakh



Social Responsibilities



Blanket distribution among patients



Toy distribution among cancer patients

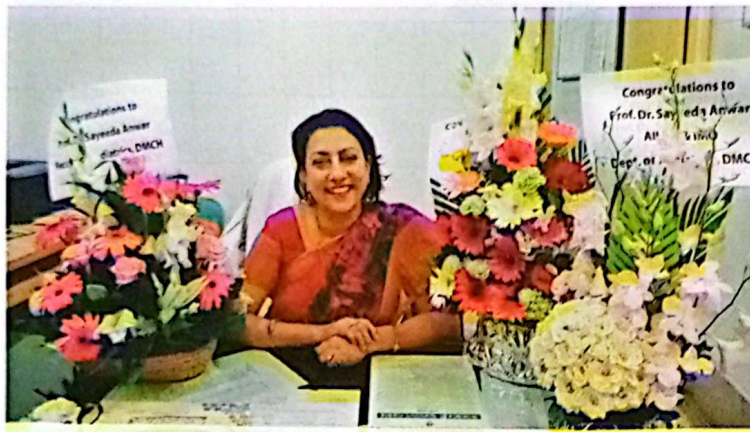


Health camp

Pitha Utshab of DMC



Congratulation and Warm Reception to Our New Head of the Department Prof. Sayeeda Anwar





Important Cases presented in Central Seminar

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

A 16 Months Old Child with Frequent Vomiting



Master Tahsin, 16 months old child, only issue of non consanguinous parents hailing from Chuadanga Sadar was admitted in the Department of Pediatrics, DMCH on 19th January with the complaints of frequent vomiting for 10 days, gradual lethargy for 7 days and urine suppression for 12 hours. Vomiting was not associated with fever, abdominal pain or distension, jaundice, convulsion or unconsciousness.

There was no history of such vomiting before. On query mother told that she noticed abnormal genitalia of her baby soon after birth and consulted to a doctor. She was assured that the baby is a boy. There was no family history of such illness.

On examination, the baby was lethargic and severely dehydrated. He had rapid thready pulse, prolonged capillary refilling time and non recordable blood pressure. Clitoris was enlarged, phallus like and 2.5cm. Labia majora were dark, fleshy and rugose. Labia minora were absent. Urethral opening was 1.5 cm below the clitoris. Separate vaginal opening present below the urethra. Anus was in normal position and patent. There was no palpable gonads. Other systemic examination revealed no abnormality.

Investigations: S. Karyotype: 46 XX **USG of Whole Abdomen:** Adrenal glands are prominent, Uterus and ovaries are well visualized, Testis could not be outlined in the inguinal region or its probable ectopic position, Cystoscopy and Vaginoscopic Evaluation under General Anesthesia Clitoris, : Enlarged, phallus like Openings: Separate urethral and vaginal opening Vagina: Small caliber, Cervix Seen, Urethra and bladder was visualized. **S. Electrolyte :** Na :116 mmol/l, K : 6.8 mmol/l, Cl : 87 mmol/l, TCO₂ : 25 mmol/l. **S. Creatinine :** 0.6 mg/dl, **CBS NAD, RBS :** 2.4 mmol/l, Rapid ACTH Stimulation Test/ Synachthen Test Complete Cortisol Insufficiency. **17-OH –Progesterone:** increase, DHEA- S : decrease

Final Diagnosis : Congenital Adrenal Hyperplasia due to 21 Hydroxylase Deficiency

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 were 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 absent and bed side urine albumin showed proteinuria (+++). There was no organomegaly.

Investigations: CBC with PBF showed normocytic hypochromic anaemia, 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.

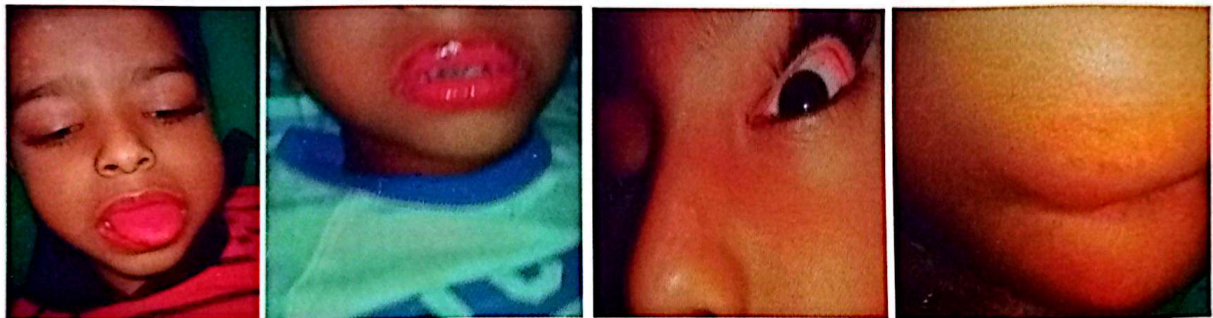
- *All pictures are published with the prior permission from the parents

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 2x2 cm, 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 are 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 are normal, throat swab for C/S showed no growth.



Diagnosis: Kawasaki Disease

- *All pictures are published with the prior permission from the parents

A Short Child with Muscular Swelling



Mitu 7yr old girl 1st issue of non-consanguineous parents, immunized as per EPI schedule hailing from Bhola was admitted into DMCH with the complaints of not growing well since early infancy. She developed gradual painless swelling of muscles of both legs, arms, shoulders and abdominal distension for last 2 yrs. She had no history of fever, convulsion, respiratory distress, jaundice or family H/O of such of type illness. Her bowel and bladder habit was normal. Her birth history were uneventful. On examination, she was apathetic, dull, having depressed and broad nose, protruded tongue. Skin was dry and rough. She was mildly pale. Vital parameters were within normal limit. She was severely stunted. She had distended abdomen with protruded umbilicus but no organomegaly or ascites. Muscles of both shoulders, biceps, triceps and calf were hypertrophied. Tone, power and jerks were diminished.

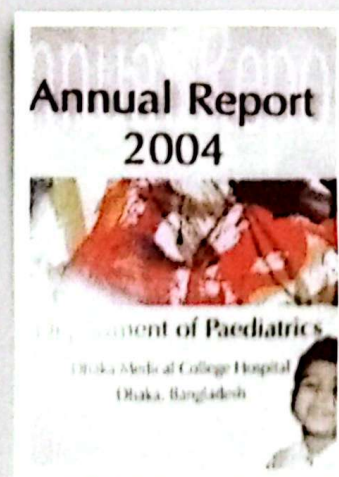
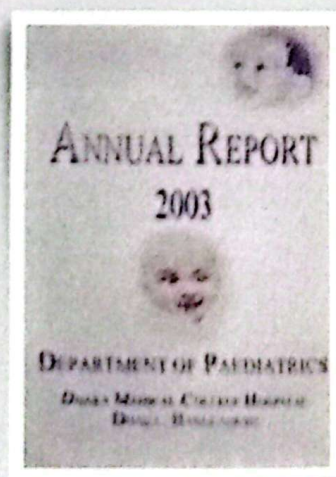
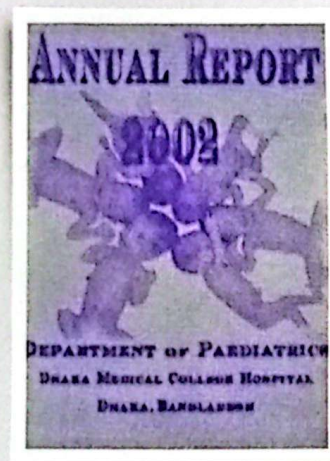
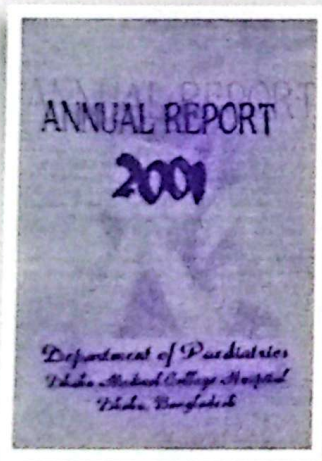
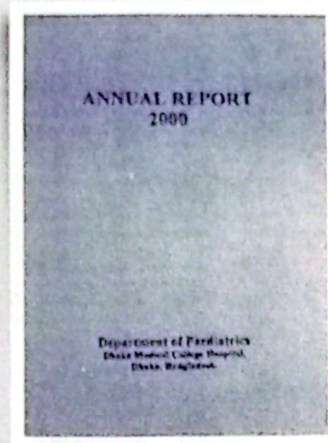
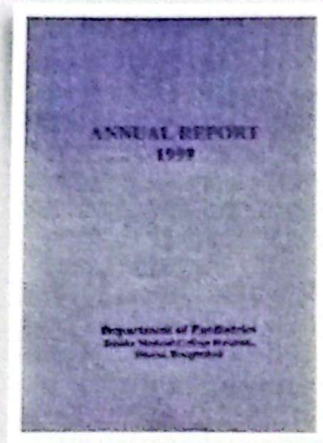
Gait was waddling. Gower's sign and winging of the scapula were absent.

Investigations : CPK 421 U/L , FT4 2.42p mol/L , TSH : 98 Miu /L , Alkaline phosphatase : 152 IU / L , S Calcium : 9.31mg/dl , Inorganic Phosphate : 5.34 mg/dl , Growth hormone : 0.85 mg /ml X-ray wrist : delayed bone age (< 6 months), **X-Ray pelvis including both hip joints:** Proximal femoral epiphyses are not yet appeared. Distal femoral and proximal tibial epiphyses are similarly irregular and small in size. Thinning of cortex , ECG Normal, Echocardiography Normal cardiac anatomy. **Ultrasonography** of thyroid gland : Thyroid gland could not be located in the thyroid bed

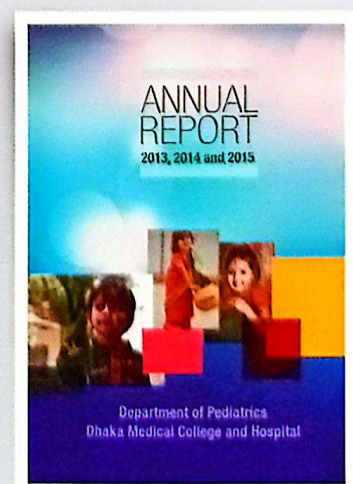
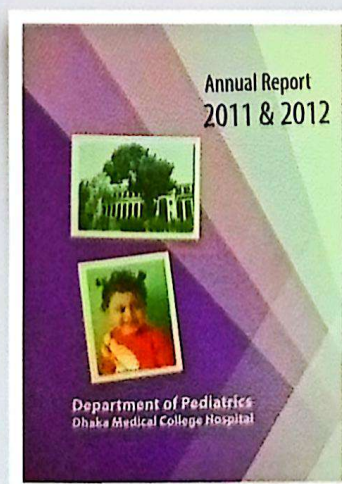
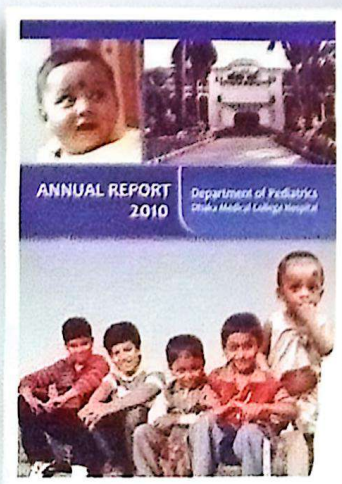
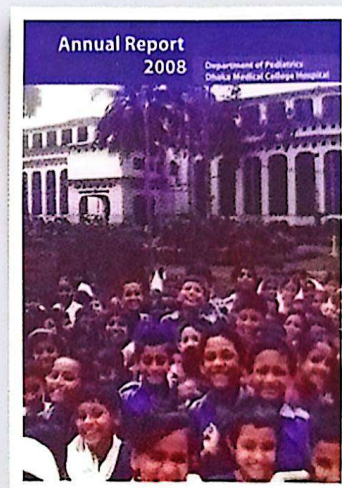
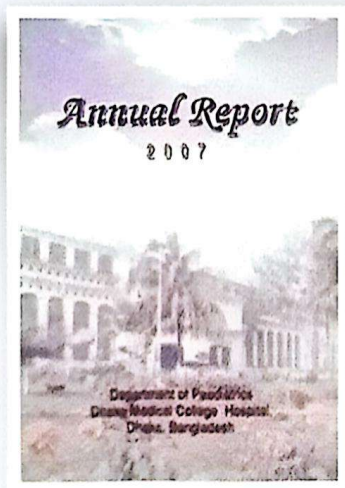
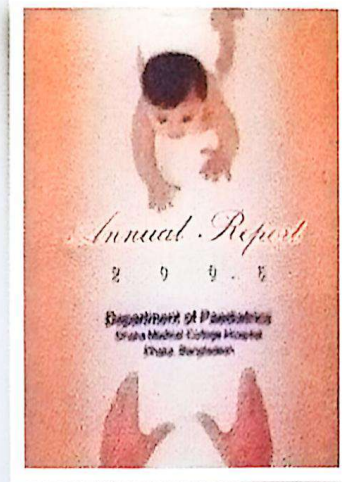
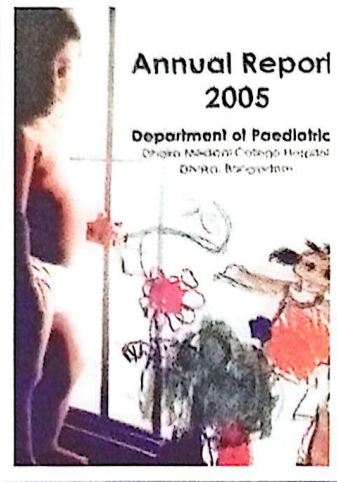
Thyroid Scan : Non visualization of thyroid gland without any evidence of ectopic thyroid Agnesis of Thyroid Gland EMG- Myopathy.

Diagnosis: Kocher- Debre- Semelaigne Syndrome

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