

**A Quarterly News Journal of**

**FAMILY PHYSICIANS' ASSOCIATION**

**CALCUTTA**  
**(A Unit of FFPAI)**

# **FPA NEWS**

**JOURNAL OF FAMILY PHYSICIANS'**

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**New Office**  
**105 A, Block - B, Ground Floor**  
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View of C.M.E.



'President is felicitated'

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## Editorial

I must thank my executive members for reposing faith in me as editor after successive years.

This time I will tell you something about Doctor - Patients relationship:

- Guarantee care and not cure
- Listen patiently
- Be sympathetic
- Be frank
- Inform the patient well in advance about your absence.
- While communicating with the patient or the patient's relatives, exchange patient related information, involve relatives of the patient in the treatment, and keep relatives of the patient properly informed.
- Speak local language, if possible
- **Accept mistakes honestly, offer sincere apologies.**
- Always give respect even to a patient who may have initiated legal proceedings against you, and maintain decorum while dealing with such patients too.
- Don't assure patients of specific results or complete cure.
- Don't enter into arguments with patients.
- Don't give assurance to a patient that he/she would receive treatment exclusively from a particular doctor, if it is not possible to fulfill it.
- Don't speak about differences of opinion among doctors in the presence of patients unnecessarily.
- Don't confront irritated patients or relatives. Wait for an appropriate opportunity to clear misunderstanding or any grievance .
- Good communication and good rapport will give you good feedback.

Thanking You

**Md. S. Huda**

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## **From the Desk of**

*Dr. R. K. Jalan*

President

F.P.A. Calcutta

*Dear friends,*

*This is my first opportunity to be in contact with you via our FPA News. First of all, I would like to thank my executive board members for trusting me and giving me the responsibility to uplift the image of FPA, which I promise to keep according to their expectations. I also appeal to all of you to cooperate in achieving this difficult task. Our first aim will be to get 500 members this year, and also to have office space. Another important task is to get our CME's hours recognized by West Bengal Medical Council. Here I would like to inform that our branches in Maharashtra and Gujarat have already received recognition by their respective state medical councils. In order to complete this goal, we need to maintain an excellent attendance record. Only then can we place before our state council the number of delegates attending the CME's. Thus, my request to you all is to come in large numbers to the CME's to show our strength.*

*Thanks,*

*Long Live FPA*

## **Secretary's report :**

**Dr. G.C. Gulgulia**

Secretary ,  
F.P.A. Calcutta.

On occasion of 17th ANNUAL CONFERENCE OF FAMILY PHYSICIANS ASSOCIATION ,CALCUTTA, The election process completed for the year 2013-2015 under the able supervision of DR P R Kamdar, our election office. Charge to the new executive body handed over on 7th April 13 in the 1st Executive Board Meeting ,Dr RK Jalan as PRESIDENT FPA CAL, Dr G C Gulgulia as Hony.Gen.Sec. , Dr Rajendra Golcha as Hony.Tresurer, DR RB Lhila, DR KK Arora and DR Dharmendra Gupta as Vice Presidents and DR BidyutDatta Ray as Jt.SEC. for the year 2013-15.

Friends we have lost one of our founder member dr. AK sen on 29th April 2013, At AMRI salt lake hospitals. He was suffering from fever for 5-6 days and died of septic shock

On 7th APRIL 13, 1ST CME of this session at HHI Kolkata, subjects and speakers 1. Dr Krishnendu Mukherjee spoke on RECENT ADVANCES IN Vascular surgery, Dr Arindam Sarangi spoke on HYPONATREMIA A NOVEL DRUG, DR SUSMIT BHATTACHARYA SPOKE ON RECENT ADVANCES IN cardiac Surgery. -sponsored by AMRI Hospitals, Kolkata. On 5th May 13 ,2nd CME At HHI Kolkata, subjects and speakers-1. Dr Aftab Khan spoke on

"Managing a post CABG patient from a physician's perspective. 2. Dr Abrar Ahmed spoke on Recent Advances in Spine Surgery; it was followed by Floor discussion. On 16th June 3rd CME AT HHI KOLKATA, SPONSERED by CMRI Kolkata, Learned Speakers DR Anupam Golash , renowned Plastic surgeon Of Kolkata, spoke vividly On reconstructive and plastic Surgery, Dr Somnath Mukerjee Gastroentero Surgeon from CMRI spoke very nicely on his subject, DR M K Choudhury interventional cardiologist spoke on Pacing and heart disease and Dr C S Dhar Orthopaedic Surgeon ,spoke on osteoarthritis and its Management very nicely. We are planning to have our AGM on 28th July 2013 at HHI Kolkata. You

please note it.4th CME of this year on 11th August 13 along with G P Forum. WE have fixed 5th January 2014 FOR THE 18th ANNUAL CONFERENCE OF FAMILY PHYSICIANAS OF KOLKATA, I request you all to participate actively to make it a grand success. I request all members to bring a sponsor positively then only we can make it success, Iam sure which my dear members will definitely do. We are looking actively FOR getting a OFFICE SPACE, hope it will be done as early as possible.

**Thank you,  
Long live FPA**



# BOOP

## Etiology

- Bronchiolitis obliterans organizing pneumonia (BOOP): Inflammation and fibrosis obstruct bronchioles and alveolar air space with lungs of granulation tissue (organizing pneumonia) usually idiopathic.
- Secondary BOOP may be caused by infection, transplants, ARDS, toxic inhalation, collagen vascular disease, or aspiration.
- Bronchiolitis obliterans (BO) : Bronchiolar inflammations and obstruction, without extension of lesions into the alveoli; usually occurs in organ transplants and collagen vascular disease.
- Epidemiology
- Idiopathic BOOP : 7 cases per 100000 hospital admissions
- Occurs in 5th and 6th decades
- Males = females
- No relation to tobacco use.

## Differential Dx

- ARDS
- COPD
- TB
- Drug reaction
- Infections
- Chronic eosinophilic pneumonia
- Interstitial Lung disease
- Other idiopathic pneumonias(IPF,AIP)
- Pulmonary alveolar proteinosis
- Pulmonary infection
- Lung neoplasma

### **Signs./Symptoms**

- Flu-like prodrome
- Insidious onset of non-productive cough
- Dyspnea
- Fever
- Malaise
- Weight loss
- Fatigue
- Inspiratory crackles
- Wheezing is rare

### **Diagnosis**

- BOOP is pathologic diagnosis
- CXR: Bilateral patchy alveolar infiltrates
- CT>: Patchy consolidation and ground glass infiltrates bronchial wall thickening and dilation.
- PFTs: Restrictive, decreased diffusing capacity hypoxia
- LUNG biopsy: Recommended for definitive diagnosis shows granulation tissue within small airways and inflammation of alveoli differentiates BOOP from other interstitial lung disease;\.
- ABG : Hypoxemia
- Elevated ESR
- Important distinctions
- 10 versus 20 BOOP
- BOOP versus BO ( mixed restrictive/obstructive
- Picture, immune mediated seen in transplant patients

### **Treatments**

- BOOP responds well to oral systemic steroids full recovery is achieved in 2/3 of patients
- Antibiotics have no role in treatment
- Cyclophosphamide is rarely needed but may be used if steroids fail or for recurrent relapses.

### **Prognosis/Clinical Course**

- May eventually develop progressive massive fibrosis- large, confluent densities and significant pulmonary impairment
- Asbestos: Pleural plaque seen with exposure a fraction of patients develop clinical disease ( asbestosis a diffuse interstitial fibrosis) most require 10 years of exposure to develop clinical impairment strong association with lung cancer and cancerous mesotheliomas death from respiratory failure or lung cancer
- Silicosis Associated with TB superinfection
- Coal Collections of coal dust ( macules) from in upper lobes 10% result in pneumonitis or a chronic interstitial pneumonia with sarcoid like granulomas throughout the body.

# Herpes Zoster

## Etiology

- Zoster ( shingles) is due to reactivation of latent varicella zoster virus from dorsal root sensory neurons occurs when patients is immunocompromised ( e.g. from cancer, trauma, stress, fatigue, or steroid use)
- Opportunistic infection in HIV patients
- Epidemiology
- Increased incidence with age
- Increased incidence in HIV and underlying malignancy

## Differential Dx

- Differential diagnosis depends on area affected
- Angina
- GERD
- Herpes simples
- Insect bites
- Viral exanthema

## Signs/Symtoms

- Affects trunk, face and neck along dermatomes
- Unilateral dermatomal distribution
- Rash appears as erythema, then becomes vasicular blisters
- Pain may precede lesions( may be confused with angina, GERD, or ulcer)
- Lymphadenopathy

## Diagnosis

- Tranck smear direct fluorescent antibody, culture of vesicle fluid, biopsy rarely needed
- Herpes zoster ophthalmicus involving the ophthalmic branch of the fifth cranial nerve ( in or near the eye, or on the side or tip of the nose) may result in invasive eye disease

## **Treatment**

- Zoster
- Antivirals, Acyclovir, valcyclovir, famciclovir
- Antihistamines
- Analgesics (narcotics)
- Steroids (especially in elderly) may prevent post herpetic neuralgia
- Soothing creams and soaks
- Herpes zoster ophthalmicus requires immediate referral to an ophthalmologist for treatment.

## **Prognosis / Clinical Course**

- Pain may precede rash lasts 2-6 weeks (often increasing duration with age) rarely contagious complications include ophthalmic zoster disseminated disease, post herpetic neuralgia
- Post herpetic neuralgia: Debilitating pain may persist for months to years after resolution of rash

# Hypertension

## Etiology

- Blood pressure  $> 140/90$  on two separate occasions
- May be due to decreased Luminal size ( atherosclerotic ) and / or increased arterial muscle tone
- $BP = \text{cardiac output} \times \text{total peripheral resistance}$
- Co is determined by blood volume, heart rate and inotropy
- TPR is determined by the degree of smooth muscle vasoconstriction ( vaso constrictors include angiotensin II, thromboxane A2 catecholamines, va sodilators include prostaglandins and nitric oxide)

## Epidemiology

- Males  $>$  females
- Blacks  $>$  white
- Age  $>$  50 diabetes mellitus, obesity and positive family history predispose to development of HTN

## Differentials Dx

- Essentials/diopathic HTN
- Secondary hypertension
- Renal : Renal artery stenosis, intrinsic renal disease
- Endocrine Primary aldosteronism, Cushing's syndrome, pheochromocytoma hyperthyroidism
- Drugs OCP, NSAIDs phenylephrine
- Coarctation of aorta
- Pregnancy induced HTN
- Anxiety
- White coat HTN
- Measurement error

## Signs/Symptoms

- Asymptomatic early
- Headache

- Nausea/vomiting
- Blurred vision
- Retinal fundoscopic findings Copper wiring AV nicking, flame haemorrhages
- Fourth heart sound
- Signs of secondary hypertension may be present
- Signs of acute organ injury secondary to hypertensive emergency
- Encephalopathy
- Cardiac decompensation
- Kidney dysfunction
- Retinal haemorrhages, exudates, papilledema

### **Diagnosis**

- Basic studies CBC, chemistries urinalysis
- BUN/ creatinine, EKG lipid panel uric acid
- Consider a secondary cause of hypertension if
- Age of onset <20 or >50
- BP >180/100
- Hypertension refractory to several medications
- Presence of end organ damage
- Signs/ symptoms of secondary hypertension ( e.g. renal bruit, signs of hyperthyroidism)
- Hypertensive emergency Severe HTN with evidence of acute organ injury treat as medical emergency hospitalize (to ICU) and immediately reduce BP with nitroprusside or nitroglycerine
- Hypertensive urgency : Severe HTN without evidence of acute organ injury hospitalization decrease BP 24 hours.

### **Treatment**

- Lifestyle modification: weight loss diet, exercise, low salt diet
- Diuretics: Especially effective in blacks, CHF, elderly contraindicated in osteoporosis gout
- Beta blockers cardiac output rennin, vasodilation : use in CAD patients, CHF contraindicated in asthma COPD, diabetes ( masks hypoglycemia)
- ACE inhibitors CHF post MI diabetes, chronic renal insufficiency,

contraindicated in pregnancy

- Angiotensin II receptor antagonists in patients who suffer side effects of ACE inhibitors
- Calcium channel blockers smooth muscle contraction resulting in vasodilation use in angina SVT contraindicated in 2nd or 3rd degree heart block
- Alpha 1 blocker Patients with BPH
- Direct vasodilators ( hydralazine, nitroprusside)

### **Prognosis/Clinical Course**

- Untreated shortened lifespan of 10-20 years
- Complications of untreated HTN
- CV Atherosclerosis LV hypertrophy and ensuing ischemic injury LV diastolic dysfunction, CHF aortic aneurysm aortic dissection
- Cerebrovascular CVA/TIA
- Renal Nephrosclerosis renal insufficiency.



## Birds Eye View

1. At the end of my life, I turned back and looked at my foot prints Through out my life, there were two pairs.one of mine and other of God. But, in my tough time, there were only one pair of foot prints,

I asked God, “ Why you left me in my tough times?”

God said “You are on my lap and foot prints you have seen are of mine”

2. The most beautiful things in the world cannot be seen, nor touched .. but are felt in the heart.

### 3. Interesting Facts:

- A cat has 32 muscles in each ear
- A snail can sleep for three years
- An Ostrich's eye is bigger than its brain
- Babies are born with out knee cap(patela)

### 4. God Philosophy

The worst in life is “attachment” it hurts when you lose it. The best thing in life is “loneliness”, because it teaches you every thing and when you lose it you get every thing.

5. Egg broken from out side force, then a life ends.If an egg breaks from within then a life begins.

Great thing always began from within.

6. It is better to lose ego for the one who loves you, than to lose the one for ego.

7. A relationship does not shine by just shaking hands in good time, but it blossoms by holding the hand firmly in critical times.

### 8. How to be happy

1. Free your heart from hate
2. Free your mind from worry
3. Live simple
4. Give more
5. Expect less

9. Advertisement is legalised lying. But it is difficult to distinguish between apparently harmless exaggeration and harmful misinformation..

10. The internet is the first thing that humanity has built, that humanity does not understand, the largest experient in anarchy we have ever had.

Eric Schmidt ( Goole Chief)

## Laugh a while

1. As a nursing student, I was required to take a course on medications and dosages. After one test was marked, I was appalled to find that I missed every equation because I had used the wrong formula. Hoping to have my marks raised, I explained to the instructor that at least I was consistent with all my answers.

"Yes" she said soberly, "and all your patients would have been consistently dead".

2. Pretty nurse; "Each time I take this patient's pulse, it gets faster. Should I give him a sedative?"

Doctor: No, a blindfold.

3. During the insurance examination, the physician was enquiring into a patient's family history. "and did your father die a natural death, Mrs. Brown?" - he asked.

"Oh, no" -replied Mrs. Brown "he had a doctor to do the job".

4. We continually hear the terrible crime rate in India. For example, when I arrived in New Delhi, a few months back, a man came up to me and asked, "do you wish buy a watch?"

"How much?", I asked.

"Shh!" said the man. "The guy next to you is still wearing it."

5. Man to girlfriend, "Are you free tonight?"

Girl: "When have I ever charged you?"

6. The income tax authorities have now produced a new very simple tax form with only two sections.

A. How much do you earn?

B. Send it to our office.

7. A young cheerful man walked into the doctor's clinic, "I must thank you, I am really benefited from your treatment"

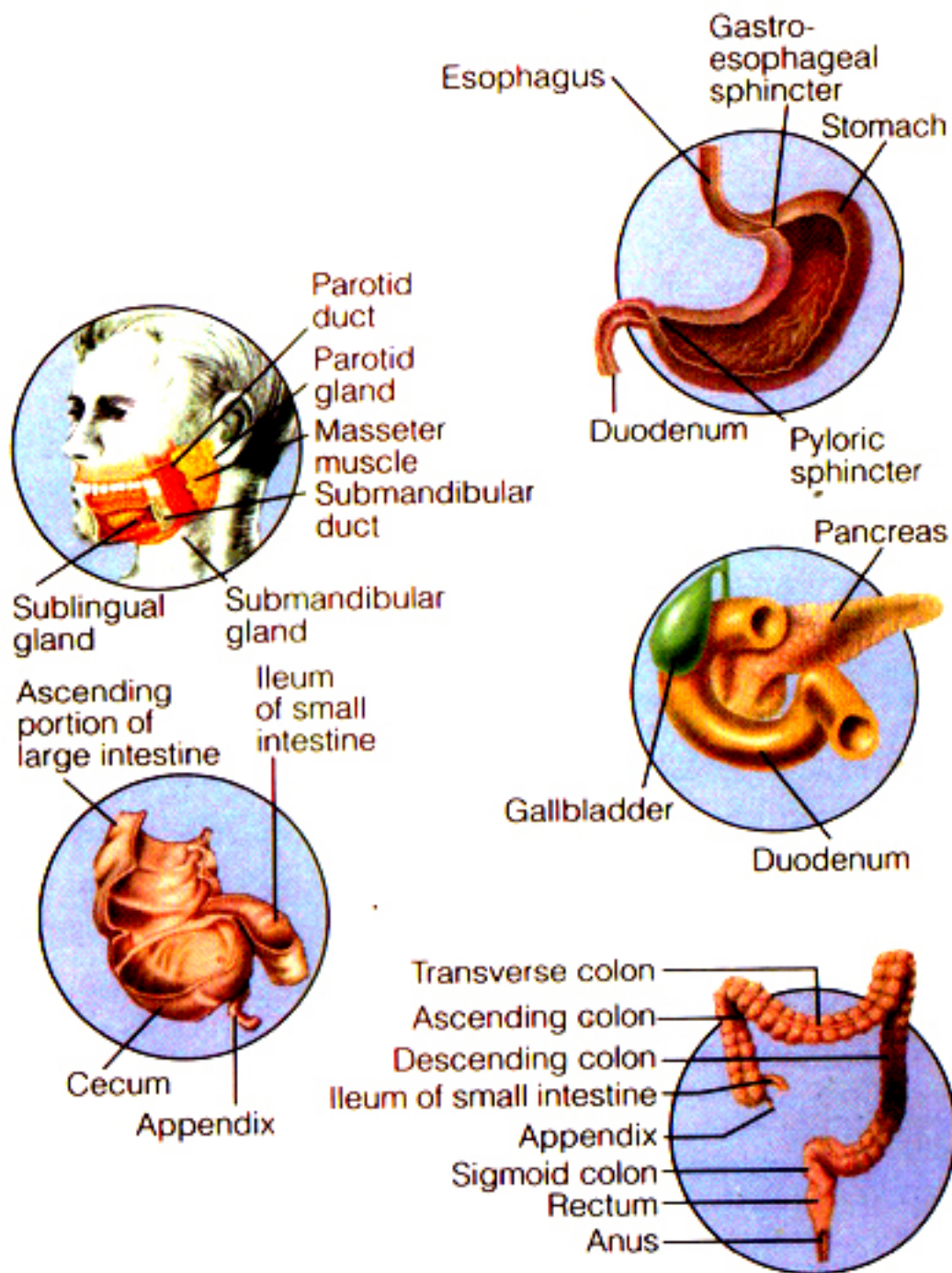
Puzzled doctor, "Are you one of my patients?"

"No" said the young man, My uncle was and I have just heard his will read".

8. A Polish woman expecting her sixth child was horrified when she read a news item saying that every sixth child born in the world is Chinese.

# View of C.M.E.





Anatomy of the Gastrointestinal System