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Dengue

Here's all you need to know

Global incidence of dengue has drastically gone up in the last few years. According to the World Health Organization (WHO), there are about 390 million cases of dengue fever worldwide of which 96 million require medical treatment.



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India saw a doubling up of cases of dengue from 2014 to 2015 and the worst hit city was Delhi with over 1800 cases of the fever. The worst hit age group has been school and college going children. 2016 isn't expected to be any better and this has become a cause of concern for the country. An effective implementation of wearing full-sleeved clothes policy can bring down the number of cases by up to 50 per cent.

Dengue and its symptoms

Dengue is a mosquito-borne viral disease caused by one of the many closely related dengue viruses. It is an acute illness caused by one of the many types of mosquitoes in the genus *Aedes Aegypti*. Typically people infected with dengue virus are asymptomatic (80 per cent) and only 5 percent have severe illness.

Early signs of dengue may include -

- ▲ High fever
- ▲ Joint pains
- ▲ Headache
- ▲ Nausea
- ▲ Appetite loss
- ▲ Vomiting
- ▲ Dip in blood pressure
- ▲ Skin rash

Though mostly the fever doesn't last beyond a week, some cases may develop more critical and pose life threatening danger. The latter situation is characterized by a drop in the level of blood platelets, blood plasma leakage or a severely low blood pressure.

These symptoms show within the first 2 to 4 days of dengue's commencement. Post that red rashes develop on the body. The palms of the hands and soles of the feet may be swollen and bright red.

The rare case when dengue develops into a life threatening disease is referred to as Dengue Hemorrhagic Fever or Dengue Shock Syndrome. The former is characterized by Hemorrhage (severe bleeding) from all sites of body (nose/mouth, skin, GI tract etc), blood plasma leakage, and an exceptionally low platelet count. While, the latter occurs due to dangerously low blood pressure, which may lead to a circulatory collapse (shock).

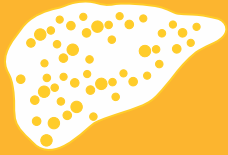
How can we prevent Dengue ?

- ▲ Reduction of number of mosquitoes by improved water storage, proper waste disposal, and checking water stagnancy.
- ▲ Mosquito repellents are also quite effective but they should be used with the following points of caution:
 - Avoid them for infants below 2 months of age.
 - For infants older than 2 months, apply repellents containing 10 percent DEET.
 - Avoid applying them on palms, near eyes or mouth; Always read the instruction on the label, particularly for babies, pregnant and breast feeding women.
- ▲ Dengue virus is mostly active in the early morning and later afternoon. Avoid wearing dark and tight clothing because mosquitoes are attracted to dark colours. Wear loose, white and long clothes, which cover the whole body. Mosquitoes find it difficult to bite through loose clothes than tight fitting clothes.

Diagnosis

Any fever during the rainy season, be it acute or otherwise, should be considered dengue. Proper tests should be run to check the infection because any delay in doing so can prove fatal.

Diagnosis of this disease isn't difficult. A blood test for the disease against the virus can tell whether the person is affected or not. But what remains a concern is that more often than not, people can brush aside the symptoms of dengue as a less dangerous viral fever. So even if you have a speck of doubt, do not delay and visit the doctor.



My “Fatty Liver”

The most frequent question asked to most liver specialists today is regarding fatty liver. The person has had an ultrasound report suggesting his ‘liver has fat’. Read below to know what it means.



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Fatty liver means there is accumulation of fat within the cells of the liver. This accumulation occurs in all organs apart from the liver and also in blood vessels, especially in the heart which results in increased risk of death from cardio-vascular events.

Can this do me any harm?

Typically only a minority (about 5%) will have major problems from liver related problems because of fatty liver. In all the patients however, it has a health implication.

Am I in the 5% who develop liver dysfunction?

In this group of patients, in addition to fat there is inflammation in the liver-white blood cells which release chemicals and result in damage which heals by scarring (fibrosis). This group can be identified by checking the liver function tests. If SGOT and SGPT are in normal range, you are less likely to be in this 5% group. Another way to assess is to get a fibroscan because though extremely rare, a small proportion of patients with normal liver disease show progressive liver dysfunction.

What happens to the 5%?

In this group, probably genetically programmed (disadvantaged), the fat accumulation is accompanied with inflammation with progression to fibrosis and eventually cirrhosis. With inflammation, the liver

enzymes are elevated above normal reference levels. Fibroscan and reversal of SGPT : SGOT ratio are early indicators of progression. With progression to cirrhosis, symptoms of end stage liver disease supervene.

I am not in the 5%, am I safe?

Unfortunately not. Fatty liver is associated with increased mortality over normal population with cardio-vascular accidents. If there is inflammation-steatohepatitis, then there is an increase of liver related chance of death over people with only fatty liver.

Ultrasound shows fatty liver and my liver enzymes are normal. What further tests should I do?

Ultrasound is fairly accurate for the diagnosis of fatty liver. Further tests for confirmation are usually not required. When required, a liver biopsy is the gold standard for the diagnosis. A few tests may help determine treatable problems that usually co-exist with fatty liver. It is wise to check for diabetes (HbA1c) and lipid profile. 70 to 80% of patients with T2DM and 50% of patients with dyslipidemia have fatty liver. It is also a good idea to check the blood pressure and treat for coexisting hypertension. Treatment of high blood sugar or high cholesterol can help in controlling accumulation of fat in the liver.

Obesity is the biggest culprit and over 80% of patients undergoing bariatric surgery have fatty liver. Reducing body weight by 3-5% results in resolution of fatty liver but a greater weight loss, 10% or more is required for resolution of inflammation. Exercise alone without dietary restriction with no loss of weight will also result in decrease in liver fat but not decrease in inflammation. Rarely accumulation of liver fat is caused by endocrine disease like hypothyroidism & hypogonadism.

I am not overweight and still the ultrasound says I have fatty liver.

10 to 20% of the Indian population will have fatty liver without being overweight or having a protruding belly (truncal obesity). 90% of these will have increased lipids in blood. At this time it is not clear if this group behaves similar to or differently from the obese patients with fatty liver. Those with altered lipids will benefit from treatment to correct the lipids.

What is the treatment for fatty liver?

Treatment of fatty liver is treatment of the associated diseases: control of diabetes & lipids or decrease in body weight. Vitamin E is of help in patients without diabetes and pioglitazone in diabetic patients. The beneficial effect was marginal about 5-10% more than the placebo group in comparative studies.

As I see it, fatty liver is a life style problem related to malnutrition and obesity. Dietary changes and addition of exercise with reduction of body weight towards ideal weight will help reverse the accumulation of fat in the liver. This is often readily achieved in motivated individuals, however the problem is in maintaining the weight over period of time.



Infertility A Common Problem

Infertility is defined as "inability to conceive after one year of unprotected intercourse". On an average one in 8 couples have trouble in getting pregnant. Around 30 million couples suffer from infertility in India.



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Infertility can occur due to problems in either male or female partner or both. Some common causes are low sperm count, low motility, poor growth of eggs, blocked tubes, polycystic ovaries or endometriosis. Due to changing lifestyles and late marriages, infertility is rapidly on the rise.

Couples planning to conceive are advised to follow healthy eating habits, regular exercise, avoid smoking & alcohol intake & remain stress free. Patients must not hesitate in visiting a doctor early as advances in medical science can fulfil the dream of parenthood of almost every couple.

Timely medical help can prevent unnecessary delay and anxiety in conceiving. Some couples may conceive with proper counselling and medicines, whereas others may need procedures like IUI where semen is injected inside the womb.

Hysteroscopy is a daycare procedure wherein a thin telescope is introduced to visualize the inside of uterus. Laparoscopy, also called keyhole surgery involves fine punctures to visualize the outer side of uterus, tubes and ovaries and treat conditions such as blocked tubes, endometriosis, ovarian cysts, fibroids etc. It is a daycare procedure, with minimal pain & scarring.

IVF or test tube baby is needed in couples with multiple failed IUIs, blocked tubes, very low sperm count and

severe endometriosis. After proper selection, female partner is given injections to stimulate her ovaries to produce more eggs until they reach full maturity. Under anaesthesia and with ultrasound guidance these eggs are taken out and fertilized with sperms in a specialized lab. Resulting embryos are then placed inside the uterus after 2- 3 days. Newer techniques as blastocyst transfer, cryopreservation etc. have improved the IVF success rates.

Women who are delaying pregnancy must understand that egg quality deteriorates drastically after 35 years of age. Donor eggs is an option for elderly women wherein healthy egg from donors are fertilized with the husband's sperm. Resulting embryo is then placed in the wife's womb who carries the pregnancy to term. Through advances in medical science, pregnancy can be achieved by almost every couple.

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