



# JMA News

THE OFFICIAL NEWSLETTER OF THE JAFFNA MEDICAL ASSOCIATION

## From the Editor

The linkage between the research and the implementation of evidence based findings into policies and practices is called as knowledge translation.

In 2000, world leaders met together and adopted the United Nations Millennium Declaration and the millennium development goals (MDGs), setting the year 2015 as the year for reaching the targets. Three of the eight MDGs are explicitly related to the health.

Sri Lanka is currently progressing well to achieve the goals. There has been a significant decline in the incidence of tuberculosis. However, Sri Lanka may fail to achieve the target of halving the incidence and death rate due to tuberculosis, unless it launches knowledge translation into practices and policy making.

This issue highlights the situation of tuberculosis in Jaffna district. The World Health Assembly in May 2005 called for more research in developing countries to strengthen health systems and to help achieve the MDGs by 2015.

Knowledge translation is one of the key aspects to handle certain challenges in disease control. It is high time for us to develop collaborations to do research and implementation of the evidence based findings in to practice and policy making.

I hope the JMA initiatives will guide us to get into new era of knowledge translation.

**Dr. R. Surenthirakumar**  
Editor, JMA.

## President's Message

*Dear Friends and Colleagues,*

In the good old days, the Jaffna Teaching Hospital functioned with many specialties including subspecialties like neuro-surgery and cardiothoracic surgery and provided a quality care for the sick. Later with the brain drain due to the undesirable environment that existed in this region, even the devoted medical professionals who remained to serve have faced many challenges in providing quality health care to the public in a less conducive working environment.

We are really indebted to the people of Japan for the donation of modern Central Functions Building Complex to the Teaching Hospital, Jaffna towards improving the working environment for a quality patient care.

Improvements in the hospital work environment holds significant promise for quality patient care, safety and retention of medical professionals. Furthermore the improvement in the design and technology alone cannot compensate for lack of effective leadership or lack of teamwork among all categories of staff in a hospital.

We are sure that the Government and the Ministry of Health will continue to help in improving more infra structure facilities & human resources of this hospital with effective leadership and multi disciplinary teamwork so that to provide a quality health care to the general public.

Thank You  
**Dr. N. Jeyakumar**  
President, JMA.

## Opening Ceremony of Central Functions Building Complex at Teaching Hospital, Jaffna.



*His Excellency the President Mahinda Rajapaksa officially declared open the central functions building complex of the Jaffna Teaching Hospital on 13<sup>th</sup> of February 2013. This complex was built with the financial assistance of Japan International Cooperation Agency (JICA).*

## Highlights of Opening Ceremony of Central Functions Building Complex at Teaching Hospital, Jaffna.



**C**entral Functions Building Complex, a new wing of the Jaffna Teaching Hospital was constructed at a cost of 2298 million Yen (Rs. 2900 million) and funded by Japan International Cooperation Agency (JICA). This building complex has many modern facilities to meet the requirements of the patients. The facilities include Intensive Care Units (ICU), Operation Theater Complex, Central Facilities for Diagnostic Imaging, Central Laboratory Complex, Central Supply and Sterilization Department (CSSD). The facilities will help improve the healthcare of the People of Norther Sri Lanka.

With this new state of the art amenities and services available at the Jaffna Teaching Hospital, it is high time to appoint subspecialty surgeons like Neuro Surgeon and Cardio Thoracic Surgeon and other specialists to greatly facilitate the medical needs of people in the Northern Region of Sri Lanka.

# CELEBRATION OF “WORLD TB DAY” 24<sup>TH</sup> OF MARCH 2013 IN JAFFNA DISTRICT

The World TB Day will be commemorated on 24<sup>th</sup> of March 2013 under the theme “Stop TB in my Life Time” This year’s main activity will be targeted on health care providers in both government and private sectors as their role in early identification and prompt management of TB patients is very much important in achieving the intended goal of eliminating TB and preventing emergence of drug resistance.

This year, make your voice heard about what you expect in your lifetime:

- ’ = Zero deaths from TB
- ’ = Universal access to TB care
- ’ = A quick, cheap, low-tech test
- ’ = Faster treatment
- ’ = An effective vaccine
- ’ = A world free of TB

Tell the world what you will do it to happen.

It is important to organize and conduct appropriate programmes and those should be integrated with routine and long term health education and training programmes. These programmes should be implemented in accordance to the theme of the year 2013, at the levels of important aspects that should be considered during programme planning and execution.

1. These activities should be carried out to improve the quality of TB control activities.

For this, special attention should be paid on the following aspects.

- ’ = To increase referrals of patients with TB symptoms to appropriate health institutions
- ’ = To properly carry out sputum examination on TB suspects who attend hospitals and to increase the case detection,
- ’ = To minimize treatment defaulters,
- ’ = To identify risk conditions for the spread of TB early,
- ’ = To prevent stigma associated with tuberculosis,
- ’ = To improve health seeking behavior of the community,

’ = To improve private/public partnership in TB control.

2. More attention should be paid for the following risk groups:

- ’ = People living in urban slums
- ’ = People living in resettlement areas/ temporary shelters
- ’ = Emigrants from India / other high prevalent countries
- ’ = Prisoners
- ’ = Patients with diabetes mellitus
- ’ = People with immune deficiency
  - People with malignancies
  - Drug and alcohol addicts
  - People undergone organ transplants

3. Attention of the policy makers and political, religious and community leaders should be focused towards control of tuberculosis.

4. It is important to obtain the active contribution of staff of all hospitals and institutions.

5. Participation of community based organizations that are actively functioning in this area and general practitioners too should be ensured in planned activities.

In Jaffna District bidirectional community screening for Diabetics mellitus and Tuberculosis is focused in this year.

This programme was initiated at Eluvaitheevu in Kayts MOH area with the help of Manipay Lions Club on 14/02/2012. Second camp was conducted in Analaitheevu on 19/02/2013. and 120 Persons were screened.

Bidirectional screening for Diabetics mellitus and Tuberculosis is continued in every MOH area in Jaffna District in collaboration with NCD

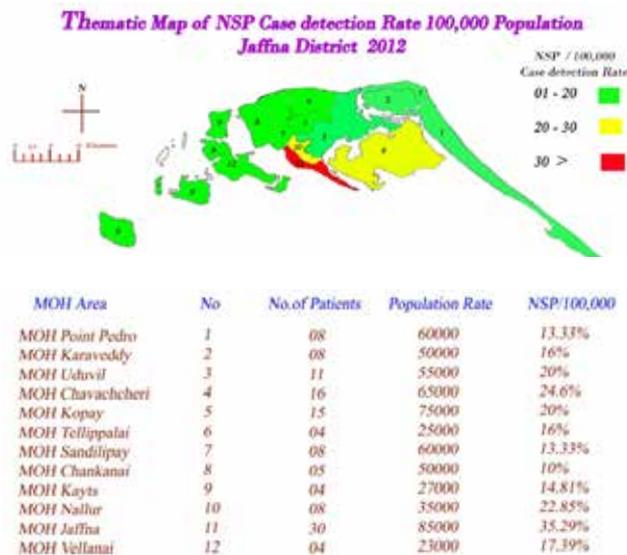
World TB Day is commemorated on 24<sup>th</sup> of March each year, to honour the great discovery of the causative agent of TB, mycobacterium tuberculosis by the German Scientist Robert Kock on this date in 1882.

Programme. It has been planned to conduct at least one such programme per month in Jaffna district. The activities are being documented in “TB Campaign Jaffna” Face book.

Diabetes triples the risk of developing tuberculosis (TB). Consequently, rates of TB is higher among people with diabetes than among general population. Diabetes is a common comorbidity among people with TB. Diabetes can worsen the clinical course of TB, and TB can worsen glycaemic control in people with diabetes. Individuals with both conditions thus require careful clinical management. Strategies are needed to ensure that optimal care is provided to patients with both diseases: TB must be diagnosed early in people with diabetes, and diabetes must be diagnosed early in people with TB.

Changes in lifestyle and diet have contributed to an increased prevalence of diabetes in many low and middle income countries where the burden of TB is high. The growing burden of diabetes is contributing to sustained high levels of TB in the community, and the proportion of TB cases attributable to diabetes globally is likely to increase over the time. This double burden of disease is a serious and growing challenge for health systems.

Thematic map of case detection Rate in 2012 New Smear Positive (NSP) TB cases as follows:



Tuberculosis incidence in Jaffna District since 2005 (Table : 01)

Year	Pulmonary Tuberculosis		EPTB	Total
	Positive	Negative		
2005	171	83	107	361
2006	102	103	75	280
2007	133	271	77	481
2008	120	195	65	380
2009	97	178	73	348
2010	118	201	101	420
2011	115	134	105	354
2012	121	80	118	319
Total	977	1245	721	2943

Incidence of Extra pulmonary Tuberculosis in Jaffna District 2012 (Table : 02)

According to the EPTB Sides	Total
TB Lymphadenitis	32
TB Pleural effusion	19
Tuberculosis of nervous system	19
Peritonitis	11
Tuberculosis of genitourinary System	9
TB in Bones And Joints	6
TB Uveitis	5
TB Spine	7
Psoas abscess	3
Renal TB	1
TB Large intestine	3
TB Skin	1
TB Millary	1
TB Emphema	1
G.Total	118

World TB day infotainment is planned to conduct at Kokuvil Hindu College on 24/03/2013 with culture events, related TB - in Tamil. There will be Awareness Dance, TB Awareness Audio CD release, Tuberculosis Book release and Musical concert. Information on TB awareness is available in Tamil language at : <http://www.Tuberculosis.jaffna>

**Dr.C.S.Jamunanantha**  
D.T.C.O  
Chest Clinic – Jaffna.

**Answers for Image Challenge (January Issue)**

1. Lisch nodule
2. Kaposi's sarcoma
3. Choroidal melanoma
4. Left 12<sup>th</sup> nerve palsy.
5. Cyclophosphamide & Busulfan.
6. Oesophageal candidiasis
7. Right 6<sup>th</sup> nerve palsy
8. Plummer - Vinson syndrome (PVS) or Paterson - Brown - Kelly syndrome

## Developing Family Medicine Services: The Role of Institute of Family Medicine Jaffna (IFM)

In 2004, MIOTs members at the AGM, decided to form focus groups for each specialty to streamline the services for the people in Sri Lanka. Focus group for Family Medicine has developed primary care centers in Jaffna and Chavakachchery with the vision to develop Family Medicine services in the Northern part of Sri Lanka with the involvement of Faculty of Medicine University of Jaffna.

Institute of Family Medicine (IFM) was formed in 2005 and registered as a social service organization with the District Secretariat Jaffna. Again in 2007, another Family Medicine centre was opened at Co-operative Hospital Moolai which is supported by the MIOT.

IFM is also supported the visit of Dr. Ann O'Brien from Community Based Medical Education Unit, Queen Mary University London. Following to her visit, she highlighted the formal linkage between the Barts and the London School of Medicine and Dentistry and Department of Community and Family Medicine Faculty of Medicine, University of Jaffna (<http://www.gptutorbartsandthelondon.org/newsletter.html>)

IFM would like to develop a standard primary care services in Sri Lanka with the support of MIOT UK, Faculty of Medicine University of Jaffna, Ministry of Health and Jaffna Medical Association (JMA). Family Medicine centers in Jaffna and Moolai will be developed like a model family medicine centers and electronic patient information system will also be developed. IFM will also develop local Family Physicians' forum with the support of JMA and College of General Practitioners of Sri Lanka to provide continuous medical education for primary care physicians. IFM will also encourage medical students and young doctors to carry out primary care research and to present the findings in local and International forums.

IFM is expecting co-operation and generous support from various stakeholders in Sri Lanka and abroad to make this endeavor a success. Those who are interested and having innovative ideas could join with us. IFM is very happy to work together.

No : 125, Main Street, Jaffna, Sri Lanka,  
Tel: +94212228100, E-mail: [iofm@gmail.com](mailto:iofm@gmail.com)



**Ceylon College of Physicians**  
**Joint Clinical Meeting with the Jaffna Medical Association**  
Date: 5<sup>th</sup> - 6<sup>th</sup> of April 2013      Venue: Public Library Auditorium



**Highlights of Programme:**

**Day - 1: Friday, 5<sup>th</sup> of April 2013**

09.00 - 10.40	Symposium on Infectious Diseases
10.40- 11.00	Tea break
11.00 - 11.50	Symposium on Geriatrics
11.50 - 13.00	Multidisciplinary Approach to Multiple Myeloma
13.00 - 13.45	Lunch
13.45 - 14.15	Update on Diabetes Mellitus
14.15 - 14.45	Update on Ischaemic Heart Disease
14.45 - 15.15	Update on Metabolic Syndrome
15.15- 15.30	Tea break
15.30-16.00	Update on Stroke
16:00-16:30	Update on Bronchial Asthma
7pm	Dinner @ Tilco City Hotel

**Day - 2 : Saturday, 6<sup>th</sup> of April 2013**

09.00-9.30	Update on Osteoporosis
09.30-10.00	Update on Management of Snake Bite
10.00-10.30	Diagnostic workup of Chronic Kidney Disease
10.30-10.50	Tea break
10.50- 11.20	Revisiting Acute Poisoning
11.20-11.50	Achieving remission in Rheumatoid Arthritis
11.50-12.20	Update on Hypothyroidism
12.20-12.30	Concluding Remarks

**Symposium on Non-Communicable Diseases and Rehabilitation**

**Workshop for Nurses**

Date : Friday, 5 April 2013  
Venue : Auditorium, Nurses Training School, Jaffna  
Time : 9.30 am to 4.15 pm

# MCQ in Obstetrics & Gynaecology

## 1. Regarding Cyclic AMP

- a) Activate protein kinase C
- b) Activate STAT 3
- c) Degraded by phosphodiesterase
- d) Produced from ATP
- e) Produced in response to glucagon

## 2. Regarding appendix

- a) Is located in the retrocecal recess
- b) The longitudinal coat of the appendix is derived from the three bands of tenae coli
- c) Is supplied by branches of inferior mesenteric artery
- d) Is typically less than 10cm in adult
- e) Surface marked at McBurney's point that lies 2/3 laterally from a line from umbilicus to the anterior superior iliac spine

## 3. Concerning obturator internus muscle

- a) Forms the roof of the ischio-rectal fossa
- b) Has a fascia on its pelvic surface which gives origin to the levator ani
- c) Is innervated by femoral nerve
- d) Is inserted on to the greater trochanter of the femur
- e) Leaves the pelvis through the obturator foramen

## 4. Granulosa cell tumour

- a) Occur in all age groups
- b) Are commonly bilateral
- c) Are malignant in 30% of the cases
- d) Are associated with Call-Exner bodies
- e) Are associated with endometrial carcinoma

## 5. Regarding letrozole

- a) Is used to treat breast cancer in postmenopausal women
- b) It is a steroidal aromatase inhibitor
- c) Alopecia is a side effect
- d) Associated with hot flushes
- e) Causes diarrhoea

## 6. Development of female urinary system

- a) The ureteric bud divides repeatedly to form successive generations of collecting tubules which in turn form the major calyces, minor calyces and finally the collecting tubules of the kidney
- b) The kidney attain their adult position during the twentieth week of fetal life
- c) Urine formation begins at about the third month of fetal life, and continues in unceasing volume to term
- d) The mature fetus may void 450 ml of urine daily into the amniotic cavity
- e) The urinary bladder is derived in part from the urogenital sinus, and in part from the ends of the mesonephric duct

## 7. The following are examples of autosomal recessive disorders:

- a) Sickle cell anaemia.
- b) Thalassaemia major.
- c) 21-Hydroxylase deficiency.
- d) Galactosaemia.
- e) Glycogen storage diseases.

## 8. In the normal human heart:

- a) Physical exercise increases ventricular end-diastolic volume.
- b) Stimulation of the sympathetic nerve supply to the heart affects ventricular enddiastolic volume.
- c) Myocardial contractility is reduced in acidosis.
- d) During normal pregnancy there is an increase in the arteriovenous oxygen gradient.
- e) Myocardial contractility is reduced in treatment with ritodrine.

## 9. In statistics:

- a) The mode of a distribution is the least frequently occurring value.
- b) Wilcoxon's rank sum test is a non-parametric test.
- c) In any set of observations half of the observations are greater than the median.
- d) The chi-square test compares the observed and expected frequencies of an event.
- e) Infant mortality rate is the number of infants dying during the first year per 10 000 live births

## 10. After the menopause:

- a) Oestrogen therapy increases the rapid eye movement (REM) sleep time.
- b) Trabecular bone resorption and formation occurs four to eight times as fast as cortical bone.
- c) Cortical bone is responsible for 80 per cent of total bone.
- d) Five percent of total bone mass loss will occur per year after the menopause.
- e) The critical blood level of oestradiol that is necessary to maintain bone is 40–50 pg/mL (150–180 pmol/L).

Compiled by

**Dr.S.Sheyamalan**

MBBS(Jaffna), MD(Colombo),MRCOG(UK),DFSRH(UK)

Consultant Obstetrician & Gynaecologist

Base Hospital Point-Pedro

## Answers for MCQ in Cardiology (January Issue)

- |          |           |
|----------|-----------|
| 1. TTTTF | 6. FTFTT  |
| 2. FTTFT | 7. TFTFF  |
| 3. TFTTT | 8. TTTFT  |
| 4. TTTTT | 9. TFTTT  |
| 5. TTTFT | 10. FTTTT |

## LATE. DR.SATHASIVAM PASUPATHY RAJAH



He was the first president of Medical Institute of Tamils (MIOT). He graduated as a doctor in 1954 and worked in several parts of Sri Lanka. After his 15 years of services in Sri Lanka, he moved to the UK. He worked as General Practitioner in the UK mainly in Kent. His clinical interests were occupational health and psychiatry.

His inner drive for service propelled him apart from medicine into many spheres of activity. With the extra-ordinary skill of drawing like minded people together to work towards these goals, he played a leading role in the groups that established the first Hindu temple, the first Tamil school for the propagation of language and arts.

When MIOT was formed in 1989, Dr. Pasupathy Rajah was a founder member and was invited as first president of MIOT. He contributed a lot to develop the organization. Sadly, he is no more with us. The foundations he laid will not be in vain. Dr. Pasupathy Rajah memorial oration is organized by the MIOT with the support of his family.

## Highlights of the Opening of Eye Clinic at Base Hospital, Tellippalai.



*Eye Clinic was opened at Base Hospital, Tellippalai on 3<sup>rd</sup> of February 2013 at Base Hospital, Tellippalai with the assistance of Lions Ladies Committee, District 306 B1.*

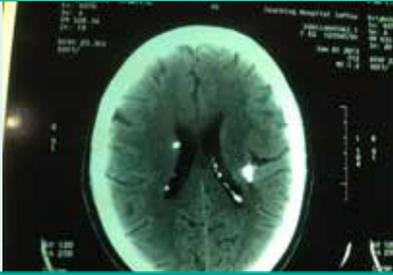
# Image Challenge



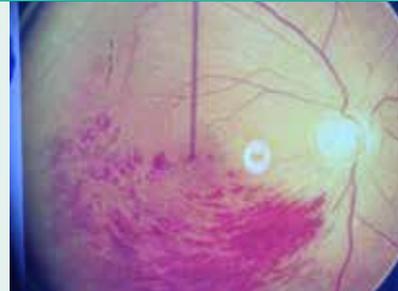
1. 55 years old patient with joint pain. What is the diagnosis?



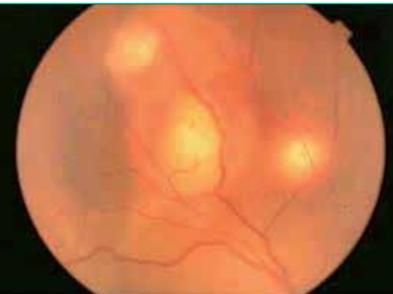
2. Patient with lepromatous leprosy. X-ray of the ankle shown. What is the diagnosis?



3. Patient with epilepsy. CT scan of brain (non - contrast) shown. What is the diagnosis?



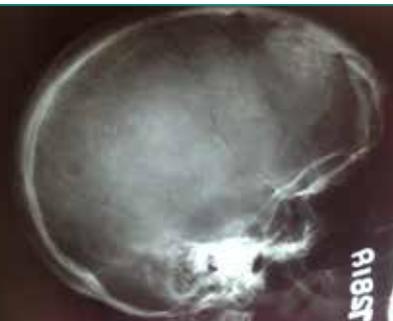
4. What is the lesion shown in the retinal photograph?



5. This retinal image from a young patient with fever. What is the diagnosis?



6. A 20 year old patient with difficulty in speaking and tremors. What is the lesion in the eye?



7. A 60 years old lady has been investigated for headache. What is the diagnosis?



8. Identify the snake.

Compiled by: **Dr. S. Gheteeswaran**, Consultant Physician, Teaching Hospital, Jaffna.

Sponsored by:  **MIOT (NTR UK)**