

MEDICOS NEXT...



Editorial

World Cancer Day is being celebrated on February 4, 2020. Union for International Cancer Control (UICC) has launched a global cancer control program to commemorate the day and is in the mid way of its campaign

with its powerful personal commitment to stay firm to reduce the global impact of cancer. We absolutely are with this year's theme "I Am and I Will!"

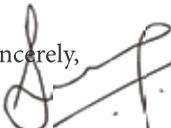
MEDICOS Next... also wants to stand by them and make the commitment to contribute for the awareness against cancer. We have been publishing one or more articles in each issue on cancer, and this issue also continues to align with cancer awareness.

The major challenge is exorbitant out-of-pocket costs, which makes this disease a very sad story for the family members of the cancer victim. Awareness and screening play a pivotal role in reduction of such sad stories. Also, late presentation of cases makes the disease difficult to intervene. Therefore, it is important to set up a national protocol for screening, diagnostics, and tailor-made treatment and prognosis to reduce the cases of cancer deaths.

We also believe in grassroots dissemination of knowledge, and at the same time, we are trying to organize small but several scientific colloquiums themed on important concerns and challenges faced by the medical sector. For this, we call upon medical specialty associations and medical professional groups to extend their hands to organize such meaningful seminars we are longing for.

We would also like to call upon the international medical community to contribute articles and information on major international seminars, trade shows, and conferences in the medical sector that will help our local experts to prepare themselves to participate in such events.

In essence, we look forward to innovate and evolve our health industry and eagerly look for your support and knowledge.

Sincerely,

 Managing Editor
 Sushil Thapa

MANAGING EDITOR
 Sushil Thapa

CONSULTING EDITOR
 Dr. Jenash Acharya, MD

EDITOR
 Amar B. Shrestha
editor.medicosex@gmail.com

ASSISTANT EDITOR
 Namoti Nembang
assteditor.medicosex@gmail.com

DESIGN & PRODUCTION
 Sanjay Amatya

BUSINESS DEVELOPMENT
 Malati Bayalkoti
business.medicosex@gmail.com

CONTRIBUTING WRITER
 Hayden A. Rue, Shreeshha Nankhwa, Bibeka Bazra



Bhatbhateni Square, 2nd floor, Bhatbhateni, Tangal,
 Kathmandu, Nepal

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 Tel: 5250017

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Contributors



Dr. Prativa Shrestha did her MBBS from Dhaka University and completed her MD (Dermatology) from Kathmandu University in 2012. She had her aesthetic training from American Academy of Aesthetic Medicine in 2013. She worked as a principal consultant dermatologist at Vayodha Hospital and Nepal Medici Hospital. She now runs her own skin and aesthetic clinic at Clinic One Jawalakhel. She was the former managing editor for Nepal Journal of Dermatology, Venereology and Leprology. She was the skin care trainer for Miss Nepal for 2018 and 2019 batch. shrestha_prativa@yahoo.com



Raj Sehgal has more than two decades of healthcare management experience and currently manages the international business of a large healthcare company of India with learnings accumulated from 20 countries. raj.health@gmail.com
Twitter : @rajsehgalsays



Dr. Rohit Saiju is a senior consultant eye and oculoplastic surgeon in Tilganga Institute of Ophthalmology, Kathmandu. He completed his MD in Ophthalmology from Tribhuvan University, Institute of Medicine, Kathmandu, in 2001. He pursued a highly prestigious postgraduate one year clinical fellowship in Orbit, Plastic, and Lacrimal Disorders (OPAL) at Royal Victorian Eye and Ear Hospital, University of Melbourne, in 2004. In 2014, in Tokyo, he was awarded the Asia-Pacific Academy of Ophthalmology-APAO Distinguished Service Award for his contributions in clinical services for the country. Currently, he is a professor of Ophthalmology at the National Academy of Medical Sciences (NAMS), and Vice President of Asia Pacific Society for Ophthalmic Plastic and Reconstructive Surgery (APSOPRS) 2018-20. rohitsaiju@hotmail.com



Dr. Madhu Ghimire is a practicing gastroenterologist/hepatobiliary physician at Norvic International Hospital with experience of more than two decades. He did his MBBS in 1971 from Delhi University, India, and completed his MRCP in 1981, and FRCP in 1998, from Royal College of Physicians, Edinburgh, UK. He has held a prominent position in SEA region of WHO and formulated a strategic plan for prevention and case management. He has worked as Consultant Physician at Peace Corps/Nepal (1993-2004), MD of HAMS Hospital (1998-2004), International Consultant, WHO (2007-2011), and Chief, DDC, Norvic International (2012-2017). drmghimire@gmail.com



Dr. Suryakant Hayatnagarkar, MD (Pathology), worked as a lecturer for five years in medical colleges in Aurangabad and Ambajogai, India. He has been in practice as Consultant Pathologist in Jalna since 1985. His professional interests include running a semen bank chain since 1993, with 8 centers across India, and manufacture and distribution of semen processing media and sperm function kits since 1994. He is currently interested in popularizing and media production for PRP and melanocyte transfer techniques, as well as amniotic membrane processing for eye surgery. shayatnagarkar@hotmail.com



Dr Niranjan Palikhe is a general and laparoscopic surgeon who has been practicing since 2009. At Star Hospital he delivers highest quality care in a compassionate environment to all his patients. A strong believer in the power of positive thinking in the work place, he regularly develops and conducts internal wellness campaigns to assist healthcare providers with effective skills and techniques. He believes in teamwork and is always readily available for anything that involves an equally enthusiastic team of professionals for progressive work output. Dr. Palikhe is an important part of the Star Trauma Team that provides rapid response during trauma cases, thus saving more lives – effectively, efficiently, and on time. niranjanpalikhe@gmail.com



Dr. Chandra Mani Poudel, MBBS (Nepalgunj Medical College KU), MD Internal Medicine (IOM, TU), DM Cardiology (IOM TU), Fellowship in Interventional Cardiology (Kerala, India), is Associate Professor and Interventional Cardiologist in the Department of Cardiology, Maharajgunj Medical Campus, Institute of Medicine, Tribhuvan University, Kathmandu. He is also a part time consultant cardiologist at Om Hospital and Research Centre, Chabahil, Kathmandu, and Joint Treasurer, Cardiac Society of Nepal, as well as Fellow Asia Pacific Society of Cardiology. chandra_poudel@yahoo.com

CORRIGENDUM

In the list of people who were present in the CME event at Paropakar Maternity Hospital (page 72, January issue), the name of Bishnu Sattal should read Vishnu Shaktawat.

Similarly, on page 54, January issue, a wrong photo of 'cholesterol in human heart' was published in an article titled 'Stroke intervention and other minimally invasive image guided treatment'. We sincerely apologize for both errors.



THYROID EYE DISEASE AND ITS PSYCHOSOCIAL IMPACTS

Words by Dr. Rohit Saiju

About a quarter of people with Graves' disease develop thyroid eye disease (TED). TED can happen at any time. It can develop before, during, or after the over-active thyroid disorder is diagnosed, though the two usually come on roughly at the same time. In most cases, the eye disease is mild, but it can be a distressing and disfiguring complication that can be difficult to treat.

Thyroid eye disease is a chronic autoimmune disorder usually associated with Graves' disease, although it may also be rarely present in patients with autoimmune hypothyroidism, and in patients who are euthyroid. Patients with TED often suffer with physical discomfort due to pain, grittiness, excessive watering, and photophobia. Periorbital swelling, eyelid retraction, conjunctival redness, proptosis, and squint can cause distressing facial disfigurement. Furthermore, diplopia caused by the involvement of extraocular muscles, and rarely, loss of sight due to corneal scarring or optic nerve compression, may lead to disabling visual impairment.

The physical discomfort, facial disfigurement, and impaired visual function associated with TED could have a major impact on patients' employment, hobbies, and psychosocial function. Patients with TED are at increased risk of psychological disturbances, such as anxiety and depression, resulting in impaired quality of life. Altered appearance caused by TED seems to be most significant in decreasing quality of life by negatively influencing facial expression, communication, self-perception,



and social interactions. However, deficits in visual functioning and the subsequent limitations in daily activities can also contribute.

These days, many women in Nepal are suffering from thyroid disorder. And, the tragic part is that they are not well informed about the reason of such rampant rise of thyroid problem in recent days. Many medical experts propose that the thyroid hormone tends to be enormously reactive, especially in case of rising levels of other hormones, excluding thyroid stimulating hormones. Why are women nowadays prone to thyroid abnormalities? Among various reasons, one relevant answer can be the 'birth control pill'. Studies show that mini-pills, or presence of estrogen level in contraceptive pills, cause an upsurge in thyroid and sex hormone binding globulin, besides producing high doses of artificial estrogen and progesterone, and

leading to a decline in production of natural hormones ⁽¹⁾.

In Nepal, thyroid disorders are among the common endocrine disorders, and may approximate diabetes in prevalence. District hospitals are on the frontline to manage chronic disorders, including thyroid. One of the studies carried out in a district hospital of Nepal shows that the prevalence of thyroid disorder in a district hospital of Nepal was 171 (17.11%) at 95% confidence interval, range occurring from 14 to 20 percent. Among them, 130 (76%) had hypothyroidism, and 41 (24%) had hyperthyroidism. Prevalence of thyroid disorder among females was 147 (14.7%), and among males, 24 (2.4%) ⁽²⁾.

Recent years have witnessed several important initiatives to improve quality of care for patients with TED. To address deficiencies in the quality and parity of care given to patients with TED, the European



Group of Grave's Orbitopathy (EUGOGO) has developed evidence-based consensus statement for best practice in the assessment and treatment of TED. The consensus recognizes the value of psychological care, identifies that even mild TED can have a profoundly negative effect on psychosocial functioning, and acknowledges the need for careful assessment of patients' quality of life (QOL) in order to determine suitable treatment. It also highlights the importance of rehabilitative surgery in eyelids and orbit in patients with inactive TED, and recommends that very long duration of TED is not a contra-indication for rehabilitative surgery. It is found that over one-third of patients with TED remained unhappy with the appearance of their eyes 10 years after treatment, and rehabilitative surgery could be critical in restoring self-esteem and psychosocial functioning in such patients. TED has a negative and lasting impact on QOL and psychosocial function of affected patients⁽³⁾.

TED affects hundreds of thousands of people in the world. In most cases the eye disease is mild. These are the most common symptoms that require the patient see a doctor.

- Change in the appearance of the eyes (staring or bulging eyes)
- A feeling of grittiness in the eyes or excessive dryness in the eyes
- Watery eyes
- Intolerance of bright lights
- Swelling or feeling of fullness in upper or lower eyelids
- New bags under the eyes
- Redness of the lids and eyes
- Blurred or double vision
- Pain in or behind the eye, especially when looking up, down, or sideways
- Difficulty moving the eyes

TED can affect quality of life. It is well recognized that TED can affect psychological and social well-being. If the patient has fluctuating thyroid levels, he or she may feel anxious,

The physical discomfort, facial disfigurement, and impaired visual function associated with TED could have a major impact on patients' employment, hobbies, and psychosocial function.

and/or irritable, and suffer from mood swings until the hormone levels are stabilized. Patient may also feel anger, loss of self-esteem or confidence, or socially isolated, because of the change in the appearance of the eyes. Relationships may be affected—both social and at work. This is hardly surprising, as the face and eyes are the most significant point of contact between individuals. TED can change the facial appearance and alter its expression, which may affect the way people react to them, which understandably can be difficult to cope with. Treatment, which may include surgery, can often improve this, and counseling or contact with others who have TED to improve self-esteem.

Early diagnosis of TED is essential for treatment to be effective, and people with TED need to be looked after by a team of ophthalmologist–oculoplastic surgeon specialized in eyelid and orbital diseases and endocrinologist.

Treatments available for people with TED

In mild cases, if the eyes feel gritty, water a lot, and feel uncomfortable in bright lights, artificial tear drops will help the eyes feel more comfortable and help to protect the surface of the eyes. These can be used in the form of drops and gels, and ointments, which last for the longest time.

Although the symptoms may worsen for the first 6 to 18 months or so, after that, the eyes should become stable, or improve. It can take up to two years before the inflammation has gone. Significant inflammation may need treatment

with steroids, which can be given orally or intravenously. Steroids can reduce double vision by helping inflamed eye muscles to move more freely. They can also reduce redness and swelling of the eyes and eyelids. In severe cases, steroids can help restore eyesight. Steroid treatments are sometimes combined with other treatments, such as immunosuppressive agents, and/or radiotherapy, for more effective control of the condition and to avoid relapse. Steroids, however, are not very effective in reducing protrusion of the eyes.

Unfortunately, some people with TED are left with permanent double vision or a change in the appearance of their eyes. Rehabilitative surgery may help once the inflammation has settled, including:

- 'Decompression' surgery to create more space behind the eyes when there is pressure on the nerve, or if there is a lot of protrusion of the eyeballs, to allow the eyes to close better and to protect the eyes.
- Eye muscle surgery to treat double vision, if this cannot be controlled with prisms.
- Eyelid surgery to protect the eyes and improve the facial appearance.

Cigarette smoking is known to have a major influence on Graves' disease and on TED. A heavy smoker has the chances of developing TED increased eight times compared to non-smokers. The risk seems to decline very rapidly after quitting. Patients with TED who continue to smoke respond less well to treatments, but this disadvantage seems to disappear soon after giving up smoking.

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