News Letter
July - Sept 2006
Pakistan Society of Haematology

From The Desk Of President PSH

I write this column during the holy month of Ramadan. Blessed are those who find this month and enjoy the blessings of "Fast & Prayers". How unfortunate, we have left behind the Islam given to us by our Holy Book and beloved Prophet (PBUH). We have instead institutionalized the Islam being practiced by most of the Muslims of today. We follow ideologies based on myths, hearsay and narrated stories, having no authentic references. We have become adamant, intolerable and reactionary. Through our deeds we have branded ourselves, making us unacceptable by the international community. This is having far reaching effects on our growth and development. One such affected area is higher education. The popular western countries, frustrating our young doctors, are shutting higher medical education doors. We need to rise to the occasion and look after the training of these young doctors. At the moment, there are two approaches to higher medical education: university based leading to M. Phil, M.D., Ph.D. degrees and the CPSP run programs of FCPS & DCPS.

We need to ensure high quality training through structured training programs. As trainers & supervisors we have to take extra care of our trainees.

The future of Hematology is in the hands of our young colleagues. PSH needs to recognize its role in the grooming of these doctors. It should coordinate with the CPSP and the institutions providing training.

These are critical times. We need to work together in the society and nurture our speciality for its progressive and secure future.

Prof. Khalid Zafar Hashmi, Presedent PSH

PSH Sub Committees

To enhance the team work and to organize the PSH academic activities following sub committees are proposed:-

Bone marrow Transplant sub committee of PSH

Chairperson: Dr. Masood Anwar

Members:

Dr. Tahir Shamsi, Dr. Sulman Adil
Dr. Khalilullah Hashmi, Dr. Nisar Ahmed

Functions

Will recommend

1. Guidelines for different hematological disorders in which BMT is indicated
(Guidelines for patients, family practitioners, clinicians & hematologists)
2.Guidelines for appropriate management before and after transplant
3. Recommendations of help line for patients

Hemostasis Sub committee of PSH

a. Chair person: Dr. Khalid Zafar Hashmi

b. Members:

Dr. Moeenuddin, Dr. Irfan Ahmad
Dr. Ghulam Nabi Kakipoto, Dr. Tahira Zafar
Dr. Samina Amanat Ahmed, Dr. Fazal-e-Razik

Functions

Will recommend

1. Guidelines for diagnosis OF BLEEDING DISORDERS (Guidelines for patients, family practitioners, clinicians & hematologists)
2. Guidelines for appropriate management
3. Recommendations of help line for patient diagnosis

PSH sub committee for Transfusion Medicine

Dr. Muhammad Ayub, Dr. Altaf Chaudhery
Dr. Farhat Abbas Bhatti, Dr. Nuzhat Mushahid
Dr. Luqman Butt, Dr. Yasmeen Rashid

Future Committees:

1. PSH sub committee for anemia including Thalassaemia
2. PSH sub committee for hematological malignancies

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PSH Website

We are in process of re-establishing PSH website that will be available soon. In addition to member information, it will be open for case discussions, and case reporting. It will also contain PSH guidelines for bleeding disorders/thrombophilia, bone marrow transplant, transfusion medicine, anemias and hematological malignancies, and PSH atlas of hematology images in which members will be able to add images and photographs experienced in their institutes.

Recombinant Factor VIIa as a General Haemostatic Agent to Control Massive Uncontrolled Postpartum Haemorrhage

Tahir Shamsi, Nazli Hossain
Bismillah Taqee Institute of Health Sciences
& Blood Diseases Center, Karachi.

Postpartum haemorrhage (PPH) is the major cause of maternal mortality in developing countries; approximately 1 in 1000 women die during deliveries. There are a number of case reports where empirical off label use of recombinant factor VIIa (NovoSeven, Novo Nordisk, Denmark) has been reported to be effective in the treatment of massive PPH, which did not respond to conventional methods. New line Factor VII acts via tissue factor pathway. It circulates in minute quantities and binds to tissue factor (TF) expressed on the damaged vascular bed. This TF-FVIIa complex activates FIX and FX on TF bearing cells. FXa activates FV; this FXa-FVa complex on TF bearing cells rapidly converts small amounts of prothrombin into thrombin. Thrombin then activates platelets, FVIII, FV and FXI. On the surface of activated platelets, FVIIIa and FIXa gather to activate large quantities of FX, which eventually result in large thrombin burst enabling the conversion of fibrinogen into fibrin with initial clot formation. Exogenous administration of rFVIIa accelerates the above process and helps in securing haemostasis by clot formation. In vitro studies have shown that compared with normal clot, the fibrin clots formed in the presence of high thrombin concentration generated by rFVIIa have a different architecture; is stronger and is more resistant to degradation by fibrinolytic enzymes.

Our first case series was published in November 2005 issue of JPMA (November 2005; volume 55: pages 513 - 514). As of today, we have used this haemostatic agent in a total of 15 cases of uncontrolled massive PPH who did not respond to conventional medical and / or surgical methods. We were able to secure haemostasis in all of them. This was evident with haemodynamic stability, cessation of bleeding and normalization of coagulation profile. Two women died secondary to multi-organ failure. They already were on respiratory support, had nosocomial infection and developed renal failure before rFVIIa was administered to control bleeding. When we compared these cases with another 16 cases of severity matched PPH cases who were admitted in the same setting at a large teaching hospital in Karachi, only 8 could be saved with conventional measures while others cases died.

Recombinant factor VIIa is licensed for use in the treatment of haemorrhagic episodes in haemophilic patients with inhibitors to factor VIII and IX, congenital factor VII deficiency, acquired haemophiliac and Glanzmann's thrombasthenia. It has also been used as an off label drug to enhance haemostasis in non haemophilic patients viz. in patients with intracereberal haemorrhage, trauma patients, retro-pubic prostatectomy, post partum haemorrhage and liver transplant surgeries. In this case series, we present three cases of severe life threatening bleeding following caesarean section which were successfully controlled using factor VIIa.

Normal blood loss at delivery is around 500 ml from the genital tract, after delivery of baby. It is regarded as massive when the loss is more than 1000 ml. Laboratory parameters include drop in haemoglobin concentration of 4.0 gm/dl and transfusion of more than four units of blood. Massive PPH may be due to vaginal, cervical, uterine lacerations and tears, uterine atony, amniotic fluid embolism or entry of placental thromboplastin like material in the maternal blood stream. A woman with haemoglobin level more than 11 gm/dl can cope up with the haemorrhage, along with supportive measures. The situation worsens, when the woman is anaemic and malnourished.

Available data suggests that rFVIIa, acts rapidly, and hence serves as an effective agent in severe life threatening haemorrhage. Haemodynamic stabilization was achieved, after rFVIIa injection. The recommended dose in bleeding disorder is between 90 ug/kg to 120 ug/kg. The drug can be given in intravenous bolus or in infusion form as well. Lower doses are required when given in infusion form. Ideally, appropriate trials should be conducted to define its place in massive post partum haemorrhage. But, it should be borne in mind that such trials will not be easy to perform due to difficulty to randomize such particular cases, and highly positive results in already published cases and case series.

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9th Annual PSH Conference Lahore

9th Annual PSH conference will be held at Shaikh Zayed postgraduate Medical Institute Lahore in 1st week of March 2007 (tentative dates 8-10 March). The organizers will announce final date. The PSH annual conference provides a unique learning opportunity for trainees of all disciplines of Medicine & haematology, practicing physicians, and haematologists. The conference will include lectures, updates, presentations, novel therapies, recent advances, and workshops in malignant and non-malignant haematology conducted by renowned haematologists of the country. It will be an appropriate and prestigious forum to present research papers by haematology trainees, and consultants of various research / teaching institutes of Pakistan. In addition to the outstanding scientific program, a state of the art exposition featuring exhibits from pharmaceutical companies, medical suppliers, clinical diagnostic & research based companies, and publishers will be open to attendees. Visitors will be able to enjoy the culture and sights of Lahore and the surrounding area. Steeped in history, Lahore offers visitors a distinctive cultural experience as well as the natural beauty of Punjab

Educational program in Haematology

11th (Sat) – 12th (Sun) Nov 2006 Venue: SIUT Auditorium. SIUT Karachi Pakistan.
Pakistan Society of Haematology in collaboration with the haematology department of SIUT is organizing a two-day education program at the SIUT, Karachi. The program will be open to registered participants only.
Registration fee: Rs. 500, Trainees: Rs. 300
Contact person: Dr. K. Z. Hashmi – phone: 9215752, 0300-8279608, Dr. Nadir Ali – phone:03212625479, 021 4956190

PSH Elections

PSH elections for office bearers will be held along with 9th annual PSH conference to be held in 1st week of March 2007 at Lahore. All founder members, and members of at least three years of standing who have cleared their dues in time before the date of election will be eligible for election to all offices.

Election Committee PSH

Chairperson: Prof Mohammad Khursheed
Member: Dr. Farhat Abbas Bhatti

PSH annual dues

All PSH members are requested to clear annual dues before 31st Dec 2006 to become eligible for vote. Invoices has already been despatched in Jan 2006. Those who has not yet received invoice are requested contact to Dr Nadir Ali, secretary PSH.

About PSH

Pakistan Society of Haematology (PSH) is a non-political, non – sectarian Govt registered organization consisting of hematologists of Pakistan. PSH promotes the advancement of haematology including transfusion medicine, through encouragement of research, improvement of teaching & technical methods, organization of scientific meetings, publication of scientific material, and is affiliated with other National & International organizations. PSH also provides forum for the persons practicing haematology and transfusion medicine to discuss problems and to formulate agreed viewpoints at National and International forum. Membership (1). Members: MBBS or equivalent plus post graduate qualification in haematology/transfusion medicine and show evidence of active work in haematology during the last three years including the period spent in training for post graduate examination in haematology/transfusion medicine. (2). Associate members: Those who possess the prescribed for a member but not completed three years of active work in haematology (3). Junior members: Registered students of postgraduate training in haematology/transfusion medicine for at least one year. (4). Corporate members: Those with MBBS qualification and have keen interest in haematology, and become members on payment of Rs 500 per annum. They will not be eligible for vote or contest of any office. For Further info please e-mail to: nmjrm@hotmail.com

Correspondence

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Eid Mubarak To All The Members