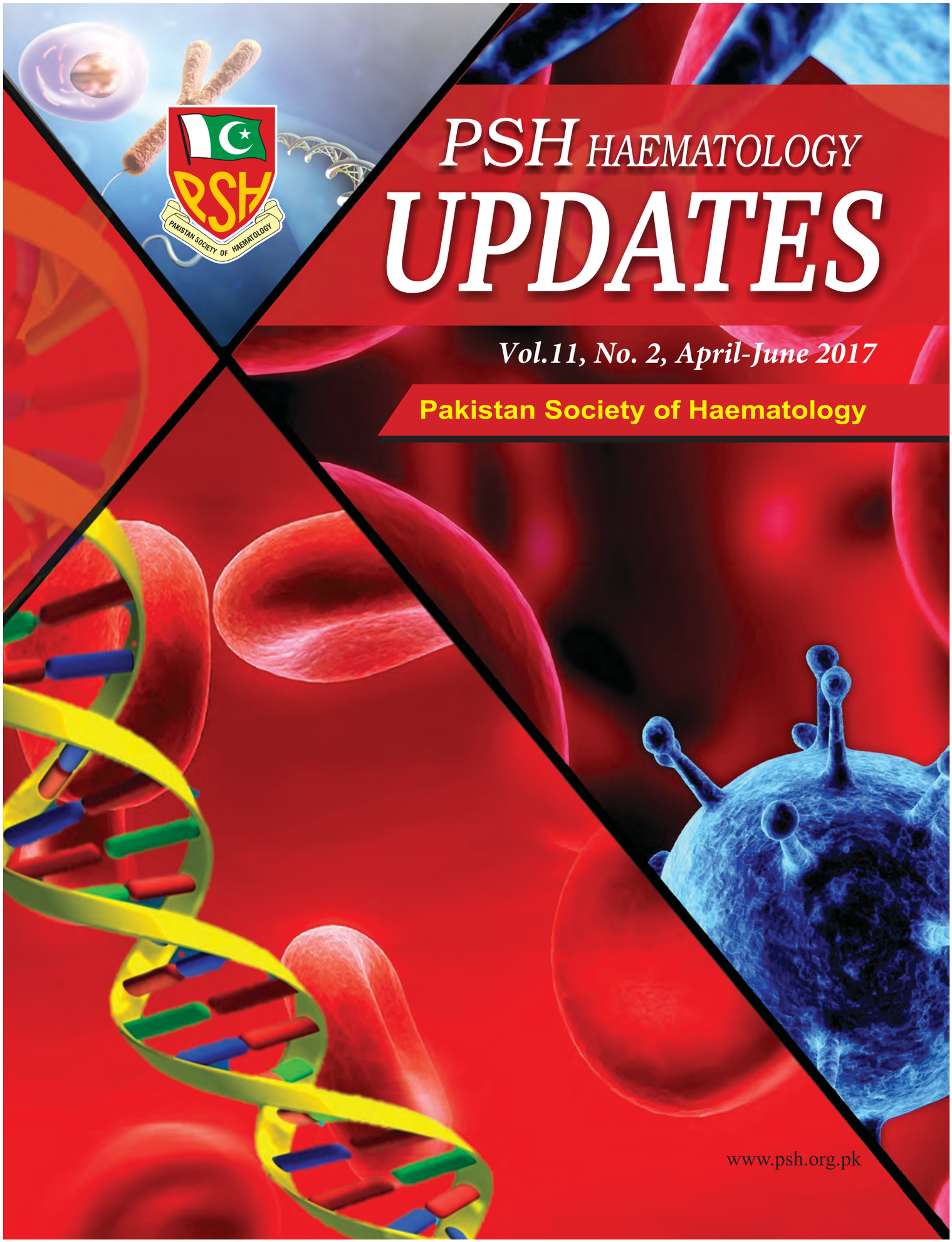

PSH HAEMATOLOGY UPDATES

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Pakistan Society of Haematology

www.psh.org.pk

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President's Column

Our Dear Colleagues
Assalam-o-Alaikum,

First of all I am very thankful all of you for very welcome response and confidence posed on me. I request to you to pray to Almighty Allah to give courage and strength for this obligation.

In our first executive committee meeting different Working Groups(WG) for different sections of Haematology, BMT and Transfusion Medicine have been formed to promote and to help to formulate guidelines and recommendations, in local perspective for trainees and working haematologists. We also have created scholarship for young hematologist in different disciplines of Haematology to promote training skills. We have started collaborations with national and international societies of blood, BMT Transfusion Medicine Haematology, Thalassemia, Cytogenetic, Lab Haematology, PaediatricHaemtaology, Molecular Haematology and Hemostasis and Thrombosis, for combined sessions, exchange program and access to journals and academic materials.

As this is the ERA of evidence based medicine and multidisciplinary team management. We need very close coordination and support of different disciplines for better care of patients.

Last but not the least, my dear friends the strength of our organization lies in the unity.Let us remain united in achieving our goals under the umbrella of "Pakistan Society of Haematology". Because society is our family so be active and responsible for better function of society.

I think I should stop here and rest will be discussed Insha Allah in next updates and once again my special thank to all member of PSH for their daunting support and contribution.

With Thanks
Prof. Dr. Nisar Ahmed,
President,
Pakistan Society of Haematology

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About PSH

Pakistan Society of Haematology was formed in 1996 with the aim of promoting advancement of haematology, BMT and transfusion medicine in the Country. Presently it has more than 350 members and we all should make efforts to enroll every haematologist in the country. We request all our members to take special interest in extending the membership to all those haematologist around you who have not yet registered with PSH. Pakistan Society of Haematology (PSH) website was launched and has been very active in recent past. We are trying to rejuvenate the website "http://www.psh.org.pk. The website would be interactive and provide on line forum for sharing views with other haematologist, and case discussion with the experts. Other features will be facility to download online membership from, updates, list and addresses of the members. Hopefully the website will be more operational within this month InshaAllah.

SCHEDULE OF PSH MONTHLY MEETING

City	Coordinator Name	Date	Time
Lahore	Dr. Muneeza Junaid	2nd Tuesday of the Month	09:00am to 10:00am
Karachi	Dr. Bushra Moiz	Last Friday of the Month	08:00am to 09:00am
Quetta	Prof. Nadeem Samad Shaikh	Last Friday of the Month	09:00am to 10:00am
Rawalpindi/ Islamabad	Brig. Ch. Altaf Hussain	Last Thursday of the month	03:00pm to 05:00pm
Peshawar	Dr. Shahtaj Khan	3rd Thursday of the month	1200pm to 01:00pm

EXECUTIVE COMMITTEE

New Executive committee was elected during 19th Annual Conference Pakistan Society of Haematology held at Lahore from 16th-18th February 2017.Following are the office bearers of executive committee.

PRESIDENT	PRESIDENT ELECT	SECRETARY/TREASURER
Prof. Dr. Nisar Ahmed	**Maj. Gen. Pervez Ahmed**	**Dr. Saima Farhan**
0300-4330196	0300-8561288	0300-2408440
dr_nisarahmed@hotmail.com	parvez101@yahoo.com	dr_saima99@yahoo.com

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MEMBERS

ARMED FORCES	ISLAMABAD	PUNJAB
Brig. Ch. Altaf Hussain Brig. Maqbool Alam Brig. Saqib Qayyum	Prof. Dr. Ayesha Junaid	Dr. Muneeza Junaid Dr. Manzoor Hussain Prof. Dr. Arif Hussain
SINDH	**BALUCHISTAN**	**KPK**
Prof. Dr. Muhammad Irfan Prof. Dr. Salman Naseem Adil Dr. Muhammad Nadeem	Prof. Dr. Chandi Kapoor	Dr. Shah Taj Khan
AZAD KASHMIR	**OFFICE ASSISTANT**	**OFFICE ASSISTANT**
Dr. Zahida Qasim (Mirpur)	Mr. Muhammad Imran 0322-5181302 itsme.immy@gmail.com	Mr. Abdul Aleem 0333-4391558 aleemtospeak@gmail.com

NATIONAL PSH COORDINATORS

RAWALPINDI/ISLAMABAD	KARACHI	QUETTA
Brig. CH. Altaf Hussain 0300-5464272 altaf444@gmail.comm	Dr. Bushra Moiz 0300-2160765 bushra.moiz@aku.edu	Prof. Dr. Nadeem Samad 0300-8380847 drnadeemsheikh@hotmail.com

PESHAWAR	LAHORE
Dr. Shahtaj Masood 0300-9249027 shahtajmasood@yahoo.com	Dr. Muneeza Junaid 0333-8029028 dr.mjunaid@gmail.com

PSH HISTORY

Gen Masood Anwar

1. Pakistan Society of Haematology (PSH) was raised as "Pakistan Society of Haematology/Transfusion Medicine (PASHT)" in 1991. A meeting was held at 5 pm Friday Nov 22, 1991. Professor Dr Mohammad Khurshid, Brig (later Lt Gen) Muhammad Saleem, Dr Khalid Zafar Hashmi, Dr Nasim Siddiqui, and Dr Abdul Hayee attended the meeting as members in presence of Prof A. V Hoffbrand. In this meeting Dr Khurshid presented a brief outlay of the necessity to create such a society. He also pointed out that Dr. Abdul Hayee, Dr. Khurshid, Dr KZ Hashmi and Brig Saleem had met at Bahalpur and agreed on the general principles

2. Though initial work was comprehensive, governing body and meetings of PASHT were not held regularly. In Sept 1994 it was proposed by Gen Muhammad Saleem to meet all PASHT members during Pakistan Association of Pathology (PAP) conference at Quetta. Dr Muhammad Khurshid in consultation with Gen Saleem, Prof Abdul Hayee, Dr Khalid Zafar Hashmi proposed a provisional constitution of PASHT for the discussion in meeting
3. Haematologists from all over the country met on Saturday 9th March 1996 at Hotel Pearl Continental Rawalpindi in order to form a society. It was unanimously agreed that official name of society will be "Pakistan Society of Haematology" with official abbreviation of "PSH". It was also decided that until elections for office bearers the society matters will be looked after by a committee as under
    a. Dr. Muhammad Khurshid
    b. Dr. Ehsan-ul-Allah
    c. Dr. Abdul Hayee
    d. Dr. Khalid Zafar Hashmi
    e. Dr. Khalid Hassan
    f. Dr. Masood Anwar will act as Co-ordinator
4. A general body meeting of PSH was held at Peshawar on 2nd and 3rd Nov 1996. Election for office bearers were carried out as follow
    a. Lt. Gen. Muhammad Saleem President
    b. Prof. Muhammad Khurshid as Vice President
    c. Dr. Khalid Hassan as Secretary/treasurer

Later in Oct 1997 appointment of vice president was renamed as president elect.

List of past presidents includes

1. Prof. Dr. Abdul Hayee
2. Prof. Dr. Abdul Khaliq
3. Prof. Dr. Muhammad Khurshid
4. Prof. Dr. Khalid Zafar Hashmi
5. Maj. Gen. Masood Anwer
6. Prof. Dr. Khalid Hassan
7. Maj. Gen. Suhaib Ahmed
8. Prof. Dr. Samina Naeem
9. Gen. Muhammad Ayyub

List of past secretaries includes

1. Dr. Khalid Hassan
2. Maj. Gen. Massod Anwar
3. Prof. Fazle-e-Raziq
4. Dr. Salman Naseem Adil
5. Dr. Shaheena Kauser
6. Brig. Nadir Ali
7. Maj. Gen. Pervez Ahmed
8. Dr. Nadeem Ikram
9. Dr. Humera Rafiq
10. Brig. Tariq Mehmood Satti

5.PSH was registered with Govt of Pakistan on 8th August 1998(RS/ICT/298 dated 8 Aug 1998 as non political and non sectarian body to promote advancement of haematology including transfusion medicine through encouragement of research, teaching and technical methods. The body will also organize scientific meetings, publication of scientific material, and affiliation with other National and international organizations. Members of Governing body included

a. Lt. Gen. Muhammad Saleem as President
b. Dr. Khalid Hassan as General secretary
c. Dr. Birgees Mazhar Qazi as member

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d. Dr. Waseem Iqbal as member
e. Dr. Hassan Abbas Zaheeras member
f. Dr. Mobina Ahsan Dhodhyas member
g. Dr. Farah Yasin as member
h. Col. Masood Anwar as member

It was also decided that First National conference will be held on 4th Oct 1998. Since then Annual conference is held regularly in all capital cities of Pakistan. The society is publishing a quarterly newsletter and providing a forum to the haematologists all over the country contributing as advisors in haematology, consultants, researchers and mentorship. Currently the Governing body includes

- Prof. Dr. Nisar Ahmed as president
- Gen. Parvez Ahmed as President elect
- Dr. Saima Farhan as Secretary

PSH National Advisory and Steering Committee

- Gen. Muhammad Saleem
- Prof. Abdul Hayee
- Prof. Muhammad Khurshid
- Prof. Abdul Khaliq
- Prof. Khalid Zafar Hashmi
- Gen. Masood Anwar
- Prof. Khalid Hassan
- Prof. Yasmin Lodhi
- Prof. Fozia Butt
- Gen. Suhaib Ahmad
- Prof. Samina Naeem
- Gen. Muhammad Ayub
- Prof. Fazle Raziq
- Prof. Javed Asif
- Brig. Muhammad Amin
- Col. Farooq Khatak
- Brig. Ehsan Alvi
- Brig. Zahoor ur Rehman
- Prof. Luqman Butt
- Brig. Farhat Abbas Bhatti
- Brig. Nadir Ali
- Brig. Muhammad Ashraf
- Prof. Tahira Zafar
- Prof. Zeba Aziz
- Prof. Tahir Jameel Ghazi
- Maj. Qaiser Husnain
- Col. Ghulam Rasool
- Prof. Tahira Tasneem
- Prof. Farzana Amjad
- Prof. Nouman Malik
- Dr. Barjees Mazhar Qazi
- Prof. Saeed Ahmed Malik
- Prof. Nighat Yasmin Ashraf
- Brig. Jalil Anwar
- Prof. Waseem Iqbal
- Dr. Syed Iftikhar Abdi
- Dr. Madoodul Manan
- Prof. Muhammad Hirani
- Prof. Zahoorul Latif
- Dr. Mian Muhammad Sharif
- Prof. Mussarat Niazi
- Prof. Muhammad Saeed Talpur

PSH ACTIVITIES

1st Executive Committee Meeting



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PSH 1st Executive committee meeting was held on 24th May 2017 at The Children Hospital & ICH Lahore. It was attended by senior executive PSH members from all over Pakistan including Maj Gen Pervaiz Ahmed, Prof Nisar Ahmed , Brig Ch Altaf Hussain , Prof Shahida Mohsin, Prof Mona Aziz, Prof Ayesha Junaid , Prof. dr M Irfan , Dr Mohammad Nadeem, Dr Muneeza Junaid, Dr zahida Qasim, Dr Saima Farhan. Online discussion was carried through Skype with Prof Tahir Shamsi (Khi) & Dr Shahtaj Masood (Peshawar).

After recitation of Holy Quran meeting formally started and meeting agenda key points discussed. First of all change of logo of PSH was decided by all . It was highlighted that PSH should collaborate more with local and international societies . Starting of Pakistan journal of Haematology also come into discussion . As a first step PSH news letter had been renamed as 'PSH Haematology Updates' for some time, suggested by Gen Pervaiz Ahmed. It was unanimously decided by the committee to plan 'Asia Pacific BMT meeting ' 2019 in Islamabad Pakistan under the flagship of PSH.

Dynamic discussion started among all participants regarding the "Working Groups Of PSH". In total thirteen groups had decided and it was planned to convey about their details to all members. They would b given option about which they want to join. There will be a group leader in each group who should be expert in that relevant speciality.

Addition of new members to PSH family was stressed and everyone was encouraged about it. Prof Dr Nisar and Dr Muhammad Nadeem proposed about using financial resources of PSH to develop under resourced hematology centers.

Prof Shahida Mohsin proposed the BSc(Hons) programme in Transfusion Medicine at UHS .

PSH Monthly Meeting Lahore Chapter

The Children's Hospital and Institute of Child Health, Lahore

The monthly PSH meeting (Lahore Chapter) for the month of June, 2017 was held at the Children's Hospital and Institute of Child Health, Lahore on 13th June, 2017.

Two interesting cases were presented before the audience. The first case was of HaemolyticAnaemia secondary to a rare RBC enzyme deficiency in a 7-year old boy presented by Dr. Aatika Ahmed Malik (4th Year Resident). The second case was of a 20-days old neonate with cavernous sinus thrombosis presented by Dr. Ayesha Khanum (4th Year Resident). There was useful input regarding diagnosis and management of both these cases from senior members of the haematology community.

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PSH Monthly Meeting Peshawar Chapter

The second monthly PSH meeting was held on Thursday 15-June-2017 in conference hall at Hayatabad Medical Complex Peshawar. The PSH meeting was organized by Associate Professor Dr. Shahtaj Khan with help of Hematology faculty HMC. This monthly meeting was attended by senior members of PSH KPK and Hematology post graduate trainees of HMC. It was a healthy meeting providing a platform for brain drain among seniors and postgraduate Hematology trainees. The honorable guests included Prof. Dr. Fazl-e-Raziq from Rehman Medical Institute, Dr. Safia Jalal form Northwest General Hospital, Dr. Nazish Farooq from KMU, Dr. Neelum KTH Peshawar and Dr. Huma LRH Peshawar.

In this meeting interesting case were presented which included,

-HistoplasmosisCapsulatum

-Multiple Myeloma

-Extramedullary Cells in Bone Marrow.



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The cases were thoroughly discussed by seniors different aspects were highlighted for PG trainees especially. The trainees were guided for attempting such cases in their exams as well. The questions from all attendants were encouraged and they were answered in detail. At the end of the meeting feedback from attendants was encouraged to improve the upcoming sessions. Different topics were allotted to senior Hematologists to be discussed his next meeting. Dr. Shahtaj advised all the trainees for lifelong membership of PSH, to which all trainees have applied. The meeting was closed with group photo of all the members and attendants of PSH.

CASE REPORT

A CHILD WITH COUGH AND LYMPHOCYTOSIS

DR. RABIA AHMAD, ASSISTANT PROFESSOR, DEPARTMENT OF PATHOLOGY, ALLAMA IQBAL MEDICAL COLLEGE LAHORE

A two and a half months old baby boy presented in OPD with history of fever and cough for 1 week. The child has poor feeding due to fever. There is also history of vomiting associated with severe coughing.

On examination child was irritable, febrile, no pallor, has bouts of severe cough.

On examination ,there is cervical lymphadenopathy ,no other lymph node was enlarged. On abdominal examination ,no hepatosplenomegaly was present.

Child has received OPV, BCG and DPT vaccine as per EPI schedule. He was fed on formula milk as well as mother's milk. Child was admitted in Paediatrics ward and treated symptomatically.

Initial investigations include CBC, ESR, CRP which revealed Hb 11 g/dl, TLC $60X10^9$/L, Platelet count $250X10^9$/L,ESR and CRP raised, Lymphocyte 85%.Peripheral smear report revealed lymphocytosis with cleaved and convoluted nuclei. Immunophenotyping was advised. It was done in some out of hospital laboratory.

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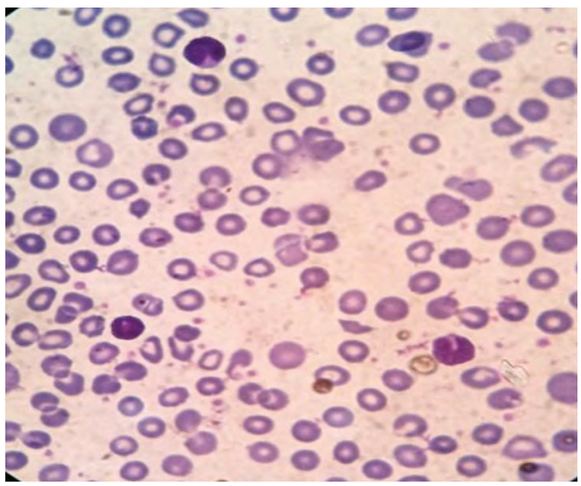
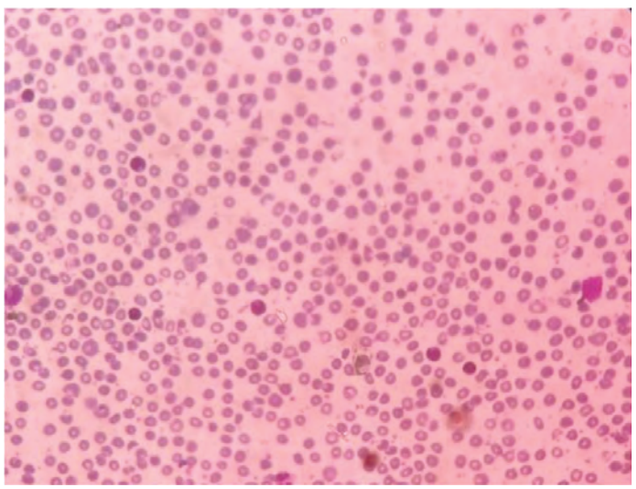
CASE REPORT

A CHILD WITH COUGH AND LYMPHOCYTOSIS

We repeat CBC with peripheral smear which revealed Hb 11g/dl,TLC dropped to 43X10^{9}/L,Platelet count 200X10^{9}/L. Peripheral smear revealed lymphocytosis with cleaved nuclei characteristic of Pertussis or whooping cough. PCR was advised but could not be done.Child was started azithromycin which is the drug of choice. He showed rapid recovery and discharged.





DISCUSSION:

Pertussis is caused by the bacterium Bordetella pertussis.It is an air borne infectiousdisease which spreads easily through the coughs and sneezes of an infected person.People are infectious from the start of symptoms until about three weeks .Those treated with antibiotics like azithromycin become non infectious after five days.

A complete blood count is usually performed.Lymphocytosis is a diagnostic clue for pertussis,although not specific for diagnosis. has varied presentation,and a high index of suspicion must be maintained. Culture of nasopharyngeal secretions is the gold standard for diagnosis;however,polymerase chain reaction is a rapid and sensitive test.

Studies of pertussis in children show absolute lymphocytosis in >50% of the infected persons,and characteristic small,mature lymphocytes with hyperchromatic ,cleaved nuclei may account for approximately 56%(12%-56%,mean,31%) of total lymphocytes.This case emphasizes the importance of peripheral blood smear evaluation as an important diagnostic tool until other results become available.

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Vaccination is now recommended by CDC with acellular pertussis vaccine plus diphtheria and tetanus toxoids (DTaP) at the ages of 2, 4, 6, and 15-18 months and then at age 4-6 years. A booster with Tdap (DTaP is not recommended for children aged 7 years or older) is recommended instead of 1 diphtheria-tetanus toxoid (Td) booster from age 19 years and up. Ideally, Tdap is recommended before pregnancy, but it may be given during pregnancy after 20 weeks' gestation. Additionally, the CDC recommends that all adults receive 1 dose of Tdap in order to decrease pertussis transmission in children.

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4. Type strain of Bordetella pertussis at BacDive—the Bacterial Diversity Metadatabase

HISTOPLASMOSIS: A CASE REPORT

Shahtaj Khan, Saiqa Zahoor, Saliha Akbar, Shujaat Gul, Humaira Taj Hayatabad Medical Complex, Peshawar

Abstract:

Histoplasmosis (also known as "Cave disease, Darling's disease, Ohio valley disease, reticuloendotheliosis,) is a disease caused by the fungus Histoplasma _GoBack_GoBackcapsulatum. Histoplasma capsulatum is found in soil, often associated with decaying bat guano or bird droppings. Disruption of soil from excavation or construction can release infectious elements that are inhaled and settle into the lung. Symptoms of this infection vary greatly, but the disease affects primarily the lungs. Occasionally, other organs are affected; this is called disseminated histoplasmosis, and it can be fatal if left untreated. Histoplasmosis is common among immunocompromised patients. In immunocompetent individuals, past infection results in partial protection against ill effects if reinfected. Here we present this case of histoplasmosis to provide insight of the disease to the physician as clinical manifestation of the disease is similar to those in community acquired pneumonia, tuberculosis, sarcoidosis and malignancy.

Keywords: Histoplasmosis , histoplasma capsulatum

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CASE REPORT

Patient name ABC 40 years old male resident of district Buner, Swat has been referred to haematology deptt of Hayatabad Medical Complex Peshawar on 20th May 2017. He had low grade fever and cough for the last two months. There was no history of transfusion. On examination he was pale with hepatosplenomegaly with no lymphadenopathy. The patient was given broad spectrum antibiotics and antimalarials.

His peripheral blood findings showed RBC count of 3.21×10^6 / μl, Hb of 7.5 g/dl and TLC of 6.12 $\times 10^3/\mu$l with DLC of neutrophils 73%, lymphocytes 29%, monocytes 2%, eosinophils 4%, myelocytes 2%. Platelets count was 100 $\times 10^3/\mu$l. Peripheral smear examination revealed microcytic hypochromic blood picture. His other lab investigations were unremarkable with anti HCV antibodies positivity.

His bone marrow examination revealed hyper cellular marrow with normal erythropoiesis and mylopoiesis and increased megakaryocyte. Intracellular and extracellular microorganisms were seen. The organisms showed positivity with iron stain. Trerphine biopsy showed cellular marrow with intact trillineage haematopoiesis. There was diffused infiltrate of marrow by intracellular and extracellular microorganisms.

Peripheral blood, bone marrow aspiration and trephine biopsy findings were suggestive of Histoplasma capsulatum.

DISCUSSION:

Histoplasmosis was originally discovered in Panama by Samuel Darling in 1905 [1]. It is now known to be endemic in North and South America with low prevalence in South East Asia and Africa [2]. Histoplasmosis is most common endemic mycosis and major cause of morbidity in immunocompromised patients who live in endemic areas [3].

H. capsulatum grows in soil and material contaminated with bird or bat droppings (guano). The fungus has been found in poultry house litter, caves, areas harbouring bats, and in bird roosts. The fungus is thermally dimorphic: in the environment it grows as a brownish mycelium, and at body temperature (37 °C in humans) it morphs into a yeast. Histoplasmosis is not contagious, but is contracted by inhalation of the spores from disturbed soil or guano. The inoculum is represented principally by microconidia. These are in haled and reach the alveoli. In

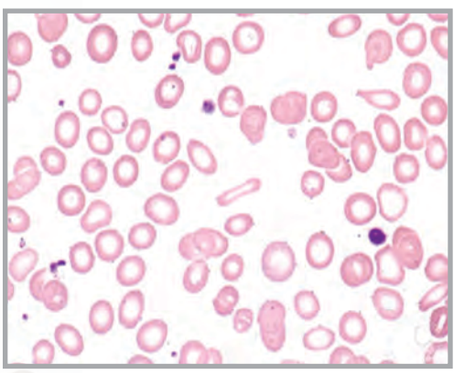

IMAGE 1: PERIPHERAL SMEAR

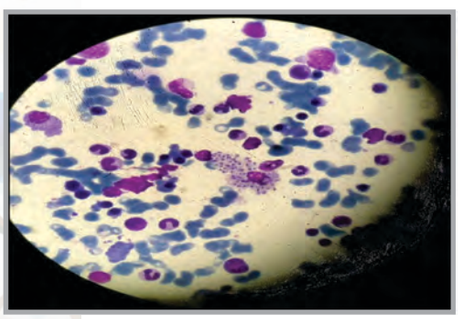

IMAGE 2: BONE MARROW ASPIRATE

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the alveoli, macrophages ingest these microconidia. They survive inside the phagosome. As the fungus is thermally dimorphic, these microconidia are transformed into yeast. They grow and multiply inside the phagosome. The macrophages travel in lymphatic circulation and spread the disease to different organs [4].

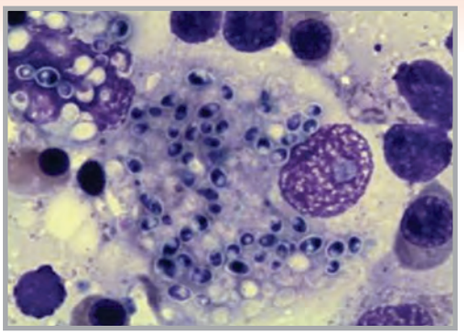

IMAGE 3: BONE MARROW ASPIRATE

The signs and symptoms of infection occurs 3 -17 days after the exposure. Most effected individuals have clinically silent manifestations and show no apparent ill effects [5]. Acute phase of histoplasmosis is characterised by nonspecific respiratory symptoms often cough and flu like. Chronic histoplasmosis cases resembles tuberculosis [6] [7]. Disseminated histoplasmosis effects multiple organs and is fatal unless treated [8]. While histoplasmosis is the most common cause if mediastinitis but this remains a rear disease. Severe infections can cause hepatosplenomegaly, lymphadenopathy and adrenal enlargement [4]. Lesions have a tendency to calcify as it heals.

A battery of investigations is required for the diagnosis. In this regard, antigen for H. capsulatum detection is most rapid and sensitive assay in histoplasmosis [9]. The H. capsulatum antigen is found in bronchioalveolarleavage fluid in pulmonary histoplasmosis and CSF in meningitis cause by histoplasmosis. PCR is also a rapid and specific tool but is not routinely used [10]. Serological tests includes antibodies to H. capsulatum measured by immunodiffusion or complement fixation. However the definite diagnosis is achieved by direct microscopic examination of body specimens like peripheral blood, bone marrow and bronchial aspirate after staining with Gimsa or periodic acid of Shiff (PAS) [11]. H.capsulatum appears as tiny round or oval bodies 1-4 μm in diameter

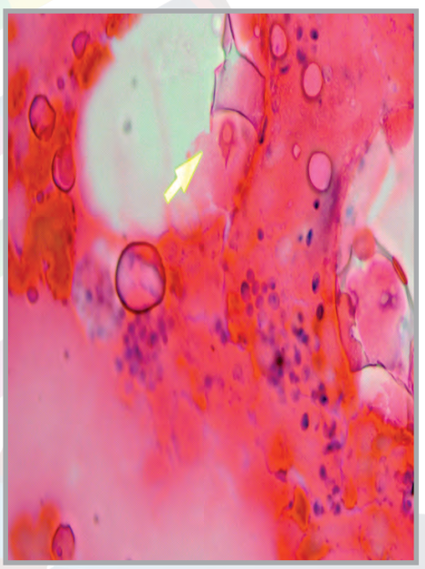

IMAGE 4: IRON STAIN
(PERL'S STAIN)

with a clear hallow surrounding central or acentric stained chromatin. The organism is found bothintracellularly and extracellularly [9]. Culture is the gold standard for H.capsulatum diagnosis. Blood cultures using lysis centrifugation techniques or instrumental blood culture technique such as BACTEC or Becton Dickinson are more effective as compared to standard culture (sabouraud or agar medium) [9] [11]. Both techniques require 4 – 6 weeks to grow the fungal colony, initially are smooth and as ages become cottony and brown. Microscopically they have septated hyphae.

Lipid formulations of Amphotericin B 3-5mg/kg/d, given for one to two weeks, followed by itraconazole 200 mg three times daily for three days then twice daily for 3 months induces a rapid response and should be used in patients sufficiently ill to require hospitalization. Methylprednisolone (0.5-1.0 mg/kg/d intravenously) is also recommended for those with hypoxemia or respiratory distress. Itraconazole 200 mg twice daily for 2 weeks followed by once or

twice daily for 3 months is recommended in patients with milder illnesses, and has proven to be effective in controlled trials in patients with disseminated and chronic pulmonary infection [12] [13].

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Choosing Wisely Campaign for Hematologists

Dr. Muhammad Zubair, Dr. Sadia Sultan, Dr. Syed Muhammad Irfan
Department of Hematology, Liaquat National Hospital, Karachi, Pakistan

Choosing Wisely is an international medical campaign initiated in USA by American Board of Internal Medicine (ABIM) in collaboration with leading American professional societies. The aim was to identify tests / treatments / procedures, based on evidence & cost effectiveness, that could best be avoided in the era of genomic medicine. ABIM contacted American society of Hematology for Blood related issues.

Many other countries including Canada, Australia and many European countries are following the campaign in different specialties. Growing body of literature suggests that many tests, treatments and procedures could best be avoided as they are no more beneficial or cost effective or may in fact be harmful to the patient. In a way this would foster medical professionalism and quality improvement.

Clinical practices in resource constraint countries are highly un-standardized and add to complexities and cost to patients. So choosing wisely complain becomes much more relevant to such countries. Choosing wisely recommendations by American Society of Hematology (ASH), Canadian hematology society (CHS) and Hematology society of Australia and Newzeland

(HSANZ) are given here with an idea that we also make a review of our practices in the larger interest of our patients and community and avoid whatever we could:

By ASH:

- Don't transfuse more than the minimum number of red blood cell units necessary to relieve symptoms of anemia or return a patient to a safe hemoglobin range (7-8 g/dL, stable, non-cardiac)
- Don't test for thrombophilia in adult patients with venous thrombo-embolism (VTE) occurring in the setting of major transient risk factors (surgery, trauma, prolonged immobility).
- Don't use inferior vena cava (IVC) filters routinely in patients with acute VTE.
- Don't administer plasma or PCC for non-emergent reversal of vitamin K antagonists (outside setting of major bleed, anticipated emergent surgery, intracranial bleed).
- Limit surveillance CT scans in asymptomatic patients following curative-intent treatment for aggressive lymphoma.
- Don't treat with an anticoagulant for more than three months in a patient with a first VTE occurring in the setting of a major transient risk factor.
- Don't routinely transfuse patients with SCD for chronic anemia or uncomplicated pain crisis without an appropriate clinical indication.
- Don't perform baseline or routine surveillance CT scans in patients with asymptomatic, early-stage chronic CLL.
- Don't test or treat for suspected HIT in patients with low pre-test probability.
- Don't treat patients with ITP in absence of bleeding or very low count.

By CSH:

- Of the 5 recommendations one is as in ASH; other four are as under.
- Don't give IVIG as first line treatment for patients with asymptomatic immune thrombocytopenia (ITP).
- During interruption of warfarin anticoagulation for procedures, don't 'bridge' with full-dose low molecular weight heparin (LMWH) or unfractionated heparin (UFH) unless the risk of thrombosis is high.
- Don't order thrombophilia testing in women with 1st early pregnancy loss.
- Don't request a fine-needle aspirate (FNA) for the evaluation of suspected lympho-proliferative disorder.

By HSANZ:

Of the 5 recommendations three are as in ASH; other two are as under.

- Do not treat patients with immune thrombocytopenic purpura (ITP) in the absence of bleeding or a platelet count <30,000/L without risk factors for bleeding.
- Do not conduct thrombophilia testing in adult patients under the age of 50 years unless the first episode of venous thromboembolism (VTE) occurs in the absence of a major transient risk factors or occurs in the absence of oestrogen-provocation, or occurs at an unusual site.

References:

www.hematology.org
canadianhematologysociety.org/
https://www.hsanz.org.

PRESIDENT ACTIVITIES

WORLD HAEMOPHILIA DAY

The Children's Hospital and Institute of Child Health, Lahore

"World Haemophilia Day" was celebrated on 23rd May, 2017 at the Department of Paediatric Haematology, Bone Marrow Transplant and Transfusion Medicine Division, The children's Hospital and Institute of Child Health, Lahore. The theme of this year Haemophilia Day was "HEAR THEIR VOICES".

Proceedings began with recitation from the Holy Quran by Dr. Munir Ahmed. The audience and participants were then given a welcome address by Prof. Dr. Nisar Ahmed Head of Paediatric Haematology, Bone Marrow Transplant and Transfusion Medicine Division, The children's Hospital and Institute of Child Health, Lahore. Assistant Professor Dr. SaimaFarhan then delivered a lecture on "Approach to diagnosis of Bleeding Disorder".

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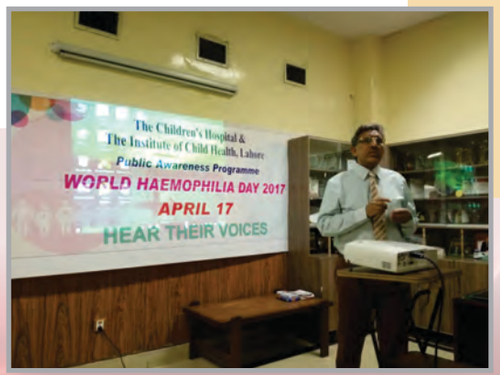
An interactive lecture with resident doctors was given by Dr. Nazish Saqlain Assistant Professor Pathology. She discussed Clinical Scenarios related to Bleeding Disease Patients. A lecture on Diagnosis and Management of Haemophilia was given by Dr. Anum Wasim Assistant Professor Pathology, pinpointing the important aspects of this most common bleeding disorder. The audience which included a large number of Children with bleeding disease were then treated to an amusing magical show which they thoroughly enjoyed. The program concluded with gift distribution for patient and refreshment for all participants.



UPCOMING EVENTS

NATIONAL:-

11th FCPS Haematology Intensive Course.
Armed Forces Institute of Pathology, Rawalpindi.
Dated: 27th – 30th July, 2017.
For Contact: Brig. Ch. Altaf Hussain, Cell: 0300-5464272,
Email: altaf444@gmail.com

1st PSH National Symposium,
Serena Hotel Quetta 12th August, 2017
For Contact: Prof. Dr. Nadeem Samad Shaikh, Cell: 0300-8380847,
Email: drnadeemsheikh@hotmail.com

20th PSH Annual Meeting
Pearl Continental Hotel, Rawalpindi
March 1-4, 2018
For Contract: Gen. Tariq Mehmood Satti
Commandant AFBMTC/ NIBMT, Rawalpindi
Cell No: +92-336-4243525
Email: tariqmahmood_satti@yahoo.com

INTERNATIONAL

ESC Congress 2017
26-30 August 2016 – Barcelona, Spain
www.escardio.org/ESC2017

10th Asia Pacific Heart Rhythm Society (APHRS) Scientific Session
14-17 September 2017 – Yokohama, Japan
www.congre.co.jp/aphrs2017

HAA 2017
29 October – 1 November 2017 – Sydney, Australia
www.haa2017.com

ISTH Workshop on Thrombosis and Hemostasis
4-7 November 2017 – Bangkok, Thailand
https://www.isth.org/page/workshop17

59th American Society of Haematology (ASH) Annual Meeting and Exposition
9-12 December 2017 – Atlanta, USA
www.hematology.org/Annual-Meeting

World Congress of Phlebology
4-8 February 2018 – Melbourne, Australia
www.uip2018.com

PSH Your VIEWS & NEWS

The Pakistan Society of Haematology updates is published on a quarterly basis and is a quick guide to all the happenings in the haematology community. To improve the updates, your comments and suggestions are welcome. We further encourage you to send us write ups and photographs of any PSH events in your city/province and they would be featured in our upcoming updates.
For contact, please refer to our corresponding address. We hope to hear from you on a regular basis.

This updates was designed and edited by :
Dr. Tooba Fateen

CORRESPONDENCE

Dr. Saima Farhan, Secretary PSH

Room-205, Paediatric Haematology, Bone Marrow Transplant &
Transfusion Medicine Division, Diagnostic Block,
The Children's Hospital and the Institute of Child Health, Ferozpure Road Lahore.
Cell No: +92-300-2408440, Office Ph: +92-42-99231364, Fax: +92-42-9230358,
Email: psh.org.pk@gmail.com, Web: www.psh.org.pk

mediaplus06@gmail.com 0300-4296110