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Pakistan Society of Haematology

President's Column

The last three months have witnessed a surge of activity on the floors of local chapters in the major cities. It is indeed due to the efforts of the members of the society. I congratulate and thank them all. I hope that regular sessions of the local chapters will provide a forum for academic discussions; it will generate new ideas and thus bring new dimensions in the activities of the society.

Meanwhile, the new membership drive is going rather slow. Our aim is to have every hematologist in the country including the hematology residents on board. I have already sent the forms to all of you with a request to introduce new members, especially junior colleagues. If these forms have not reached you, these can be down-loaded from the **PSH** website.

The proposal of **PSH** annual book was by most of the members. So far, 25 of our colleagues have opted to write review articles for the book. I will soon circulate the list of these topics to all the members. There is still time to register your topic, and if make up your mind, you can send it through e. mail or telephone. **PSH** website has been updated, and I am grateful for the feed-back, as only with your suggestions and pointing out the deficiencies, it can be made more and more useful. I feel that the journal links are still under-utilized. There is lot of work to be done on the "Interesting Cases Forum". Kindly send cases for the benefit of our post-graduate residents. NIBD Karachi is holding its first hematology conference in collaboration with **PSH** in October 2009. The details are displayed on **PSH** website. The organizers are facilitating travel and stay for PG trainees. I wish that this conference is a success. I had already written this editorial when I received the sad news of untimely demise of our dearest colleague Brig. Khalilullah Hashmi. It is indeed a great loss to the Pakistan Society of Haematology. May Allah bestow His Rehmat and forgiveness on him, and give family courage to bear the loss.

With the deepest regards,

Professor Khalid Hassan

Brig. Khalil Ullah Obituary

Brig Khalil Ullah left us for heavenly abode in early hours on Aug 15, 2009. A life so full and energetic came to a sudden halt, no body could believe. May Allah Almighty give strength to his family to bear the loss.

Brig Khalil Ullah was born on 10 Feb 1958 graduated from Army Medical College in 1981. He passed his MCPS in clinical Pathology in 1986 and FCPS in Haematology in 1992 from College of Physicians and Surgeons Pakistan. He had vast professional experience. After his house job at CMH Peshawar he worked in a field medical unit Peshawar between 1983 and 1985 before being posted as Instructor in Pathology at Army Medical College between 1985 -1992. He was then posted to CMH Quetta for one year and was then send to Pesaro, Italy for training in stem cell transplant between 1994 -1995. After his return he served at AM College, AFIC and CMH Lahore before being posted to AFBMTC in 2001 as a member of transplant team which started stem all transplant programme in Armed Forces. In 2005 he assumed command of this prestigious centre and continued to lead the transplant team till his death.

He had a lot of contributions to the field of haematology. He remained examiner of FCPS haematology between 2000-2009, a member faculty of haematology (2002-2009), member Pakistan Association of Pathologist, member Pakistan Society of Haematology, member American Society of Hematology and member European Haematology Association. He had 32 Publications in national and international scientific journals.

His death has created a vacuum which will be difficult to fill. May Allah Almighty rest his soul in Peace (Ameen).

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Academics

Tips on Transfusion

Nadeem Ikram

Still there is a room to modify our routines in daily transfusion practice. Utilization of blood components requires an objective and judicious approach. In blood transfusion one comes across with varied presentations and problems. There is likelihood to confront with an occasional problem in blood transfusion, yet it is worth to have a proper knowledge of that occurrence. This can arm oneself with proper insight to tackle it, if it happens unexpectedly. This is an attempt to highlight judicious and cautious approach in transfusion practice.

Whole Blood Transfusion

The only true indication for whole blood transfusion is hypovolemia with hypoxemia. This situation is encountered in acute blood loss, be it a road traffic accident, ante partum haemorrhage, post partum haemorrhage or other situations associated with loss of 30 40% of blood volume. Volume overload and exposure to multiple antigens are few of the mentionable hazards of whole blood transfusion. Citrate intoxication is also likelihood when large amount of whole blood is transfused.

Leucocytes Depleted Blood

By definition a unit of blood (or red blood cells) from which at least 70% of leucocytes are removed is labeled as leucocytes depleted blood. This leucodepletion can be achieved by centrifugation with subsequent removal of plasma and buffy coat, red cells washing, red cells sedimentation, filtration of blood by using specific leucocytes depleting filters and by freezing and thawing. Leucocytes depleted blood is, usually, required for the prevention of non- haemolytic febrile transfusion reaction (NHFTR) caused by antibodies to leucocytes and HLA antigens in sensitized patients receiving multiple transfusions or who are transfusion dependent. Leucocytes depleted blood is also required in the potential recipients of tissue transplants, to prevent sensitization.

Fresh Blood Transfusion

Freshness of blood is determined by its ability to deliver oxygen. Blood refrigerated for at least 5 days has the same oxygen carrying capacity as the fresh blood. So, blood refrigerated upto 5 days is considered as fresh. The concentration of 2,3 DPG falls with storage. However, once transfused, the red cells restore their concentration of 2,3-DPG, in vivo, in about 24 hours. The indications for the transfusion of fresh blood are intrauterine transfusion and exchange transfusion.

Single Unit Blood Transfusion

Single unit red cells or whole blood transfusion does not raise white cells count, platelets count, plasma proteins or serum immunoglobulins. It raises haemoglobin by about 1.0 gram/ dl. Oxygen carrying capacity of blood increases by 7%. All these benefits are marginal and insignificant therapeutically. Volume overload, exposure to antigens and transmission of diseases are potential risks. Arranging one unit of whole blood to combat a possible loss of one unit of blood intra operatively is also unnecessary as one unit loss will not lead to significant hypovolemia. Volume depletion of 10% (loss of one unit of blood) can be safely treated by infusion of crystalloid solution. Even loss of two units whole blood does not disturb homeostasis to any appreciable degree and can be managed by crystalloids with or without colloid infusion. Exceptionally, in severely anaemic child with marked hypotension and elderly patients with anaemic heart failure, single unit transfusion may be life saving. American Association of Blood Banks has commented that requests for single unit of blood be taken to indicate the need for the education of the requesting physicians.

Transfusion in Autoimmune Haemolytic Anaemia

In cases of autoimmune haemolytic anaemia blood transfusion is often necessary for patients with severe symptomatic anaemia. If the specificity of antibody is known, red cell concentrate negative for this antigen should be transfused. The presence of alloantibodies resulting from previous transfusions has to be excluded. Because of the presence of alloantibodies it is often difficult to find compatible blood. Hence, the least incompatible blood is transfused with informed consent and adequate monitoring. Some physicians request for plasmapheresis, however, the IgG antibody can be present in very high concentration in tissues, so it is not cleared by plasmapheresis

Platelets Transfusion

Under normal physiological states platelets survive in the peripheral blood for a period of eight days. Immunological derangements, platelet pooling, platelet consumption, external loss and many other factors can reduce platelets survival. In ITP, platelets usually survive in the recipient's blood for less than 12 hours. Similarly in thrombotic thrombocytopenic purpura, haemolytic uremic syndrome and disseminated intravascular coagulation platelets survival is drastically reduced. Splenic pooling, viral infections, increased platelet utilization associated with wound healing, some drugs and septicemias also shorten platelet survival to a variable extent.

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In Idiopathic thrombocytopenic purpura (ITP) platelets are hypergranular and functionally more effective, hence patients with platelets count as low as 30,000/ul tend not to bleed seriously. As there are antibodies against platelets, so transfused platelets are likely to meet the same fate, i.e., they will be destroyed. Not only that the platelet transfusion will not produce any rise in platelet count, it may actually aggravate the situation by providing more antigenic meal. At times in ITP platelet transfusions have a role. For emergency splenectomy in a case of ITP, platelets may be transfused to severely thrombocytopenic patients at the time of splenectomy to ensure hemostasis at the very outset. To tide over a haemorrhagic crisis, when bleeding takes place in critical areas like brain, eyes, etc it is recommended to transfuse large number of platelets, in conjunction with immunosuppressive therapy. It can mop up most of the free antibody

There is no fixed platelet count at which platelets are to be transfused. One has not to treat the platelet numbers; rather the issue is to combat the symptoms. Platelet counts as low as 100,000/ul is equally efficacious. Below this level there is a linear relationship between haemorrhagic tendencies and platelet count. If there is associated platelet dysfunction (aspirin or NSAID ingestion, chronic renal failure, platelet function defects), then bleeding may become manifest at higher platelet counts.

The main indications for platelet concentrates administration are thrombocytopenic and thromobocytopathic bleeding. Long term platelet concentrates administration warns against emergence of "platelet refractiness". Prophylactic trigger for platelet administration is a count less than 50,000/ul in operative cases, less than 20,000/ul in patients who are under active chemotherapeutic regimens and less than 5,000/ul in all situations. In manually prepared platelet concentrates, from multiple donors; the incidence of the formation of anti-platelet antibodies is far higher, as compared to single unit platelet concentrates, prepared from one donor. One unit of platelet concentrate harvested by aphaeresis is, for the purpose of calculating dose, equivalent to five units of platelet concentrates obtained manually One unit of manually prepared platelet concentrate contains $50X10^9$/l platelets and is likely to increase platelets count by $10X10^9$/l. One unit of platelet concentrate prepared by cell separator contains 200-600 $X10^9$/l and is likely to increase the platelet count by $50X10^9$/l

Emergency release of blood

If immediate transfusion is required then uncrossmatched O +ve (for male) and O -ve (for female) will be released. If there is time to determine ABO and Rh type, then uncrossomatched group specific blood will be released. Rapid spin cross match to determine ABO compatibility between donor (cells) and recipient (plasma) can be performed in accordance with the time given.

Transfusion in Neonatal Alloimmunethrrombocytpenia

Neonatal alloimmune thrombocytopenia (NAIT) is a serious disorder resulting from platelets antigen incompatibility between the mother and fetus. It is the most important cause of thrombocytopenia in otherwise healthy infant. Pathogenesis of NAIT is similar to erythroblastosis fetalis, except that 50% cases occur during first pregnancy.

Plasma depleted and irradiated maternal platelets are recommended. Ideal is to give HPA 1a/5b negative platelets.

Inadequate transfusion response in chronic renal failure

In chronic renal failure, at times, the rise in haemoglobin is not as what is expected. In patients with renal failure the resulting increase in blood volume is far more excessive as compared to normal subjects. Because of it the expected increase in haemoglobin concentration following transfusion is not observed creating a false impression that the transfused cells have been eliminated.

Transfusion Related Acute Lung Injury (TRALI)

About two to six hours after transfusion if there is development of rigors, non-productive cough, breathlessness, fever, bilateral pulmonary infiltrates without cardiac enlargement (on X- ray chest), hypoxemia and oxygen saturation of less than 90%, then the findings are most likely consistent with Transfusion Related Acute Lung Injury (TRALI). It is a severe transfusion reaction. It has been associated with leucocyte antibodies in donor plasma, which activate leucocytes leading to pulmonary endothelial cell injury. Blood donors most likely implicated in TRALI are multiparous women in whom maternal alloantibody formation occurred after exposure of alloantigens on the fetal cells entering maternal circulation during pregnancy.

Transfusion Associated Graft Versus Host Disease

Transfusion associated graft versus host disease (TA- GVHD) is associated with an extremely high mortality rate. Immunodeficient and immunocompromised patients are at risk. In a typical case of TA- GVHD the patient presents, usually after eight to ten days, after the blood transfusion with fever, maculopapular rash and pancytopenia. In severe cases the rash may progress to generalized erythroderma and desquamation. It results from the engrafment of immunocompetent donor T-lymphocytes into recipient whom immune system is unable to reject. Donor T lymphocytes are stimulated by the recipient tissues, and undergo clonal proliferation and differentiation. Different HLA antigens are presented to donor T cells by host macrophages, with subsequent donor T cell activation Activated donor T cells release cytokines, which induce further T cell expansion and activate effecter cell population including

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cytotoxic T lymphocytes. The recipient's B cells, T cells, epithelial cells and bone marrow stem cells are the main target. The pancytopenia reflects stem cell injury. Majority of the patients die within a few days to weeks due to marrow failure. The treatment of TA-GVHD is ineffective. The preventive approach is focused on means to reduce or inactivate donor T lymphocytes. This objective can be achieved by using leucocytes filters and blood irradiation (by using X- ray or Caesium source)

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News of the Local Chapters

PSH Rawalpindi Islamabad Local Chapter Meetings held at Armed Forces Institute of Pathology

PSH Rawalpindi Islamabad local chapter May, June and July meetings were held regularly at Armed Forces Institute of Pathology. Haematologists and post graduate trainees from Armed Forces Institute of Pathology, Army Medical College, Armed Forces Institute of Transfusion , Pakistan Institute of Medical Sciences, Rawalpindi Medical College, Foundation Medical College, Islamic International Medical College, Pakistan Atomic Energy Commission Hospital, Foundation Medical College and Shifa International Hospital attended the meeting. Problematic cases were discussed. Multimedia projections of bone marrow smears lead to interactive discussion. In one of the meetings Maj Gen Suhaib Ahmed presented a case of Sickle Cell Haemoglobin D disease. Patient presented with severe anaemia . His electrophoresis revealed a band in HbS/D region. His Sickle Cell Test was positive. One of his parents had Hb- D band (with sickle cell test negative), while other parent revealed Hb-S band with positive sickle cell test. House was updated about literature search of this case, where sickle cell HbD disease is considered as a severe variant of sickle cell disease. Discussion about post graduate training in haematology generated discussion of greater interest.

Maj Gen (R) Masood Anwar, Maj Gen Suhaib Ahmad, Brig Ayub, Dr Tahira Zafar, Dr Lubna and Dr Samina Amanat shared their views.

Local Chapter Meeting at Karachi

The first local chapter was held at Karachi on 16th May 2009. The meeting was held at the Creek Club. A large number of hematologists from public and private sector attended. Prof Khalid Zafar Hashmi, Dr Tahr shamsi and Col Nadir Ali were amongst the main organizers. Prof Khalid Hassan, President PSH, Maj General Suhaib Ahmed, President Elect PSH, Brig Khalilullah Col Tariq Satti and Col Kamran fro AFBMTC Rawalpindi, and Dr Nisar Ahmed fro The Children Lahore were present as guests from other local chapters.
Col Nadir Ali was designated as the coordinator of the local chapter. Prof Khalid Zafar Hashmi stressed on the importance of activating the local chapter. He also proposed that PSH should play a role in facilitating academic activities, especially by provision of various logistics to the postgraduate residents in various ways, including provision of loans without interest (Qarz-e-Hasana). The idea was supported by all the members. Prof Khalid Hassan apprised the members of the activities of PSH. He stressed for the need of activating Local chapters in all the major cities and to integrate their activities. He also requested the members to play an active role in enhancing the membership of PSH, especially by making a maximum number of junior members. Gen Suhaib Ahmed discussed the idea of persuading the CPSP regarding introduction of FCPS in Hematopathology and Clinical Pathology separately. The meeting was followed by dinner.

Local Chapter Meeting, Held At Pathology Department Khyber Medical College Peshawar

On 20th May, 2009, at 1200 noon, a meeting of Pakistan Society of Hematology (PSH) and Pakistan Association of Pathologists (PAP) was held in the Final Year lecture hall of Khyber Medical College (KMC) Peshawar. Initially it was decided to be a local chapter meeting of PSH but later on the horizon was broadened and it was decided to be a combined meeting of PSH & PAP.
The meeting started with recitation from Holy Quran. Prof Dr Dr Akhtar Zarin Khattak introduced and explained the purpose of the meeting. Everybody was asked to contribute especially the junior members were encouraged to participate and bring interesting cases. Although this time only cases related to hematology were discussed, but it was agreed that in next meetings all disciplines of Pathology will be welcomed.

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A total of 20 haematologists/ pathologists / trainees attended the meeting. First a trainee from Hayatabad Medical Complex (HMC), Dr Neelam presented various cases of leukoerythrobalstosis, followed by Dr Yasir from HMC, who presented Visceral Leishmaniasis cases. Dr Zard Ali Khan from HMC presented various interesting cases related to Haemoglobinpathies. All the cases were discussed in depth, with active participation by juniors. During the case presentation light refreshments were served to all

In the concluding remarks, Prof Dr Akhtar Zarin Khattak stressed, the need for participation by all. All the participants were reminded of the significance of the membership of PSH. They were told that membership forms can be downloaded from PSH web site and are also available with the Regional coordinator Prof Dr Akhtar Zarin Khattak at Peshawar Medical College as well as Dr Mussarat Niazi at KMC Peshawar.

In the last, it was decided unanimously that first Thursday of the Month at 1200 noon, PSH & PAP combined meeting will be held. Initially it would be at Pathology Department of Khyber Medical College Peshawar, but once a routine is set, then we may rotate the venue as decided by the participants.

Local Chapter Meeting, Held At Pathology Department KMC Peshawar

On 4th June, 2009, at 1000 hours, a combined meeting of Pakistan Society of Hematology (PSH) and Pakistan Association of Pathologists (PAP) was held in the Final Year lecture hall of Khyber Medical College (KMC) Peshawar as decided in the last meeting.

A total of 15 haematologists/ pathologists / trainees attended the meeting. The meeting started with recitation from Holy Quran. Prof Dr Dr Akhtar Zarin Khattak introduced and welcomed the participants and explained the purpose of the meeting. Everybody was asked to participate and grace the occasion. This time also only cases related to hematology were discussed as nobody else brought any case.

First Prof Dr Akhtar Zarin Khattak presented a long case of Acute Leukemia with unusual presentation of DVT. It was an interactive session in which all the trainees took active part. Coagulation/ antithrombotic drugs and acute myeloid leukemia was discussed. This was followed by a short teat break in which tea & samosas/ Pakoras was served.

The second presentation was by Dr Zard Ali Khan, trainee FCPS II, HMC. The topic was CD markers in ALL. The last case presentation was by Dr shahid Ali Khan, trainee FCPS II, regarding Rh incompatability. All the cases were discussed in depth, with active participation by all. The interesting thing of the meeting was active participation by Dr Imran Uddin Khattak, who himself is amongst the affectees and is serving in one of the IDP camps. He took keen interest and promised to participate in the monthly PSH meeting even if he returns to Swat.

In the concluding remarks, Prof Dr Akhtar Zarin Khattak again stressed the need for participation by all. In the last it was decided that the next meeting would be on Thursday, 2nd July, 2009.at the same time same venue.

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Workshop on Transfusion Medicine held at Armed Forces Institute of Transfusion

The Armed Forces Institute of Transfusion Rawalpindi conducted a workshop on transfusion medicine on 27th and 28th April 2009. The objective was to impart training to the participants on quality control techniques to ensure the maximum safety of blood products. Lt Gen Muhammad Rehan Burney HI (M) Director General Medical services (IS) Surgeon General Pakistan Army inaugurated the workshop and addressed the participants of the session.

Brig Muhammad Ayyub, Commandant AFIT delivered the welcome address which was followed by a lecture on future prospects of stem cell. The lecture highlighted evolving role of the field of transfusion medicine through increased automation, greater application of blood components in clinical practice and the vast emerging potential of stem cell therapy. The lecture introduced newer concepts in transfusion medicine.

Lt Gen Muhammad Rehan Burney HI(M) Director general Medical services (IS) Surgeon general Pakistan Army presented shields to honour the individuals and organizations who are the backbone of our blood system, and who provide a lifeline each year to hundreds of thousands of patients who need blood and blood products. Without their commitment and support, there simply would be no blood system. Appreciating and acknowledging the altruistic act of blood donation is important because. "We need more people to lead by example and become regular blood donors like the ones honoured today. During the scientific sessions the participants of the workshop learned about the intricacies of the blood transfusion in an interactive environment.

World Haemophelia Day Celebrations

On World Haeophilia Day 17th April 2009

Haemophilia patients, from the Rawalpindi/ Islamabad and other cities joined to celebrate the day. In the morning Mr. Saif ul Islam President HPWS and Dr. Nadeem Ikram Secretary HPWS attended an awareness program on Pakistan Television about World Haemophilia Day. The haemophilics and their family members were escorted to Rawal Lake. At rawal lake Haemophilia society staff decorated a nice place for sitting between the trees. A Haemophilic child inaugurated the session with Tilawat in his beautiful voice and

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another child came for Naat. Mr. Mushtaq Ahmed vice president of Haemophilia society highlighted the importance of the day and roll of World Federation of Haemophilia in formation of Haemophilia treatment centres. He also highlighted the importance of collaboration between HPWS and WFH. Mr. Saif Ul Islam, Dr. Nadeem Ikram, Mr. Anjum Malik, Mr. Aslam Khan Niazi and Patients shared their comments about Haemophilia and everyday problems of life. Participants form different sectors of social community joind the Haemophilia day celeberations side by side with Haemophilia patients.Druing second session haemophilic children participated in a drawing and singing competitions. Haemophilic children draw many different sketches related to their daily life and made their event joyful and colourful. All the participants enjoyed the comedy played by haemophilic patients and Mr. Saif ul Islam.

National Institute of Blood Diseases

Hematology Conference 2009

National Institute of Blood Disease & Bone Marrow Transplantation (NIBD) in collaboration with Pakistan Society of Haematology is organising "Haematology Conference 2009" on 15-18 October in Karachi. Dr Tahir Sahmsi is the chief organizer of the conference. The scientific programme will include workshops on Haemostasis, Hb disorders, immuno-haematology and haematopathology; Plenary Sessions on Thalassaemia and haemostasis; symposia on paediatric haematology, haematological issues in women, apharesis, stem cells, lymphoma, leukaemia, platelet disorders, lab haematology and quality control. There will be free communication sessions in which best selected abstracts will be presented. Poster session will be the highlight. Abstracts are invited from researchers, lab scientists and clinicians. For info and registration, please contact Dr Muhammad Nadeem, Conference Secretary
(tel: +9221-111-120- 140 e-mail: events@nibd. edu.pk; www.nibd.edu.pk; www.psh.org.pk
Venue: **NIBD**
Registration fee: for conference only: Consultant Rs 1000/= PGs Rs 500/=
For workshop only: Rs 2000/=
Out station PGs will get assistance for accomodation in Karachi

The 12th Annual PSH Conference 2010 will be held at Haematology & Transfusion Medicine Division The Children's Hospital & The Institute of Child Health, Lahore on February 12-14, 2010. An overview of the programme is given in a tabulated form. The Lahore local chapter of PSH is hosting the conference. Dr Nisar Ahmed, Consultant Hematologist will be the chief organizer.

11-02-2010 Thursday	Executive Body Registration		Pre Conference Workshops		Inauguration Razi Lecture Dinner	
12-02-2010 Friday	9am-11am Transfusion Medicine Symposium	11am-11.30am Tea Break	11.30am-1.00pm Free Papers	1.00pm-2.00pm Prayer + Lunch	2.00pm-4.00pm Bone Marrow Transplant Symposium	Banquet
13-02-2010 Saturday	9am-11am Lymphoma Leukaemai Symposium	9am-11am Tea Break	11.30am-1.00pm Free Papers for Residents	1.00pm-2.00pm Prayer + Lunch	General Body Meeting Concluding Ceremony	
14-02-2010 Sunday	Sight Seeing Farm House Lunch					
15-02-2010 Monday	Post Conference Workshop					

5th National Physiotherapy Workshop at PIMS, Islamabad
The 5th National Physiotherapy Workshop on Haemophilia was organized on 16th May 2009 at the MCH Auditorium, Pakistan Institute of Medical Sciences (PIMS) by the Haemophilia Centre and Department of Physiotherapy, Children Hospital PIMS in collaboration with Pakistan Society of Haematology, Haemophilia patients welfare society and World Federation of Haemophilia Twinning Programme. The aim of the workshop was to create awareness about Haemophilia among physiotherapists from different hospitals. Dr. Altaf Hussain, Executive Director(ED) PIMS was the Chief guest and Dr. Farkhanda Nazli, Consultant Rehab Medicine, was the Guest of Honor. Prof. Anwar ul Haq, head of Pathology Dept also participated in the inaugural session. Participants were mainly physiotherapists from different departments & some haemophilia patients with chronic arthropathies.

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Dr. Tahira Zafar talked about Haemophilia and joints. She stressed on the need of preventiond by early recognition of bleeds, early and adequate treatment with factor concentrates and doing exercises once the bleeding has stopped. Dr. Farkhanda Nazli discussed the role of physiotherapy in Haemophilia & stressed the need for trained physiotherapist in this field to help improve joints of haemophilia patients in the country. The Chief Guest, in his address appreciated the efforts of Haemophilia centre and Physiotherapy Department in raising awareness and providing education to physiotherapists so that they are able to provide good service to the patients in their hospitals.

World Thalasaemia Day

8th May 2009

PIMS in collaboration with Pakistan Society of Haematology (PSH) and Jamila Sultana Thalassaemia Welfare Trust celebrated world thalassemia day On 8th May, 2009. Mr. Chaudhry Muhammad Afzal Sandhu, Minister of State of Health, was the Chief Guest and Mr Zammurad Khan MD bait ul mal was the guest of honor. Participants included Dr. Altaf Hussain, Executive Director PIMS, Prof Khalid Hasan, President Pakistan Society of haematology,specialists at PIMS, doctors, patients, their parents and personnel from general public.

The program was formally started with the recitation of the Holy Quran followed by a welcome address by Dr. Tahira Zafar, Consultant Haematologist. She welcomed all the honorable guests and gave details of working of the Thalassaemia Centre at PIMS. Thalassemic children actively participated in the proceedings of the seminar.

Dr. Lubna Naseem, in charge Blood Bank PIMS, talked about the importance of blood transfusion in Thalassaemia. Mr. Usman Asad, Incharge JSTWT, in his address talked about the community support for the patients of Thalassaemia. Dr. Tahira Zafar stressed on the importace of prevention of Thalassaemia. The Executive Director PIMS, Dr. Altaf Hussain, in his address reiterated the services provided to patients by PIMS. Mr Zammurad Khan,MD Bait ul Mal assured a full support to thalasemia care in the country. The Chief Guest, Mr. Chaudhry Muhammad Afzal Sandhu, Minister of State of Health, in his address appreciated the efforts of the Thalassaemia Centre and ensured his full cooperation and support to the patients of Thalassaemia. Dr. Tahir Chaudhry, Consultant Paediatrician JSTWT, concluded the program by thanking all the guests and patients for attending the program and making it successful.

Your views and news

Dear Colleagues : Your contributions to PSH newsletter are backbone to its success. Please send short communications, case reports, scientific activities and developments in your departments and issues of common interest. Photographs of scientific events/meetings are also welcome. Members are requested to visit PSH website and post in their contributions.

Update Address

Please update your addresses in case there is any change in it. All members are requested to email us their mobile/phone contact and email address.

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