Bangladesh

- Association between Duration of Visual Symptoms and Early Postoperative Visual Outcome Following Pituitary Macroadenoma Surgery
- Rare presentation of a spinal schwannoma with fluid-fluid level: A case report on radiological features, histopathological correlation, and surgical management
- Comparing Folic Acid Interventions and Arsenic Reduction Strategies for Neural Tube Defect Prevention in Bangladesh: A Systematic Review and Decision Analysis
- Discrepancy between MRI and intraoperative findings in a rare intramedullary epidermoid cyst: A case report and literature review
- From rupture to recovery: A case report on a multidisciplinary approach to arteriovenous malformation (AVM)-associated intracerebral hemorrhage
- Conjoined nerve root, epidural varicose vein, and extruded lumbar disc: Triad of refractory sciatica
- Letter: Surgical Adverse Events for Primary Tumors of the Spine and Their Impact on Outcomes
- Global, Regional, and National Burden of Nontraumatic Subarachnoid Hemorrhage: The Global Burden of Disease Study 2021

Dhaka

Bangladesh is a developing country with a vast population and a developing Healthcare system.

Bangladesh reported the highest number of annual deaths (n = 281) related to dengue virus infection in 2022 since the virus reappeared in the country in 2000. Earlier studies showed that >92% of the annual cases occurred between the months of August and September. The 2022 outbreak is characterized by late onset of dengue cases with unusually higher deaths in colder months, that is, October-December. Here we present possible hypotheses and explanations for this late resurgence of dengue cases. First, in 2022, the rainfall started late in the season. Compared to the monthly average rainfall for September and October between 2003 and 2021, there was 137 mm of additional monthly rainfall recorded in September and October 2022. Furthermore, the year 2022 was relatively warmer with a 0.71° C increased temperature than the mean annual temperature of the past 20 yr. Second, a new dengue virus serotype, DENV-4, had recently reintroduced/reappeared in 2022 and become the dominant serotype in the country for a large naïve population. Third, the post-pandemic return of normalcy after 2 yr of nonpharmaceutical social measures facilitates extra mosquito breeding habitats, especially in construction sites. Community engagement and regular monitoring and destruction of Aedes mosquitoes' habitats should be prioritized to control dengue virus outbreaks in Bangladesh ¹.

Representative government and non-government rehabilitative care settings a total of sixteen survey replies (n=16) were obtained. During the year 2019, a total of 1035 people with SCI were seen. The majority of patients with SCI were hospitalized by a non-government facility (38.65%), whereas the two main public general hospitals consulted roughly 30.0% of people with SCI. The rehabilitation team leader in the majority of the facilities (93.75%) was a physiatrist, but just a few had a full complement of rehabilitation professionals and only 12.5% of settings provide community care. Indoor

rehabilitation facilities, equipment and a competent rehabilitation staff are not available at many of the tertiary care facilities including National Trauma Institute (NITOR), where most of the SCI report first after the trauma. A consistent and nationwide data source is unavailable and the majority of the available SCI research publications are hospital-based demographic studies in Bangladesh. SCI was commonly due to work-related trauma in young male manual laborers due to fall from height or road traffic accidents. The country faces multiple challenges in rehabilitation of people with SCI regarding triage, a referral system development, infrastructure and shortage of expert human resources in addition, currently there is no three-tier rehabilitation care continuum available. Keeping pace with the transition to a developed country by 2041, the Bangladesh health sector also has to be oriented to face the focused challenge of caring for people with SCI. As recommended by WHO Rehabilitation 2030 initiatives, establishment of an SCI dedicated national institute and escalation of number of related specialists such as trauma and orthopedic surgery, spinal neurosurgery and physical rehabilitation medicine, skilled professionals such as rehabilitation nurses, therapists, case managers and social workers to work in a team required for specialized care of SCI ²

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