



**Now Thalassaemia
Can be Cured in
NASHIK**

**Institute of Haematology, Oncology
& Bone Marrow Transplantation**

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Newsletter June 2014

Dear Friends,

Thank you all for supporting our "Cancer Survivor day programme" and Junagade health foundation's third anniversary function on 4th June which was held at Kalidas Kalamandir, Nashik. With your continued support we will grow in strength. I would also welcome feedbacks about improving our foundation's functioning and also solicit your help in making it even stronger.

Case 1:

8 year old female was seen by a family physician 2 months before she was referred to me. At that time she had fever for 5 days, bodyache and general malaise. Routine treatment for fever was administered and then was referred to a paediatrician for continued fever. She had no palpable hepatosplenomegaly. CBC showed Hb: 6.7, wbc: 2400 and platelet count was 1,08,000. She was admitted and given 5 days of IV antibiotics. Working diagnosis was *viral fever with low counts*.

She then went to another paediatrician and was again given 4 days of IV antibiotics. She was poor, money was exhausted so she went to a general practitioner where she was admitted for 8 days. Finally when her pancytopenia worsened with continued weight loss she was referred to me for further "expert opinion"

On presentation to lotus hospital, her CBC was: Hb: 6.9, wbc: 1700 and platelets were 29,000. She had no palpable hepatosplenomegaly. Bone marrow revealed acute leukemia! Now she was physically and financially exhausted!! Her father said we will get some money and come back! We have promised her some help from our Junagade health foundation trust and siddhivinayak mandir trust, who sponsor our patients with cancer with a donation of 25,000.

WHAT WENT WRONG?

1. At the initial presentation the patients Hb was low. In viral fever generally Hb is never low. Whenever Hb is low we have to think of alternative diagnosis and we should get an early bone marrow examination done. In viral fever like Dengue only wbc and platelet count is reduced.
2. "Blind" antibiotics without documenting bacterial infection is wrong practice. CRP is a good test to confirm bacterial infection which is not always done.
3. When pancytopenia worsens or does not improve 7 days after fever, we all should think of different diagnosis.
4. Leukemia cases also present with low blood counts!! Atleast 30-35% of cases can present with low WBC counts.



5. Leukemia patient does not always present with lymphadenopathy or hepatosplenomegaly.
6. Late diagnosis is always difficult to manage and then we have to face the wrath of relatives!
7. When dengue test is done Dengue IgG positivity does NOT mean the patient is Dengue POSITIVE!
Dengue IgM or NS1 should be positive for Dengue positive status.

Treatment for our patient:

The treatment will last for 6 months initially and then maintenance therapy for 2 years after that. The total cost expected is 1.25 lakhs for the entire treatment. There is 70% chance that she will be cured of her leukemia if she takes regular treatment. Many patients of leukemia donot take complete treatment (like it use to be with TB in past!!) and then the disease relapse.

Thank you for the positive feedback about our last newsletter regarding a case of transfusion associated Graft vs Host Disease. I hope it will help in eliminating this dreaded disease.

“Laboratory on Wheels”

We have also launched “Laboratory on Wheels” a unique concept wherin at health camps in rural and poor semi-urban areas we will be able to do basic blood tests like CBC, urine, blood sugar and biochemistry tests as lower costs at the site and immediately issue reports so that our camp will be more effective. Our ambulance cum van is custom made for this purpose. We will also give basic medications free of cost to our patients and this will help eliminate anaemia in our society which is seen in almost 70% of rural women and girls (WHO figures)

How can you help this project?

1. You can help with your time and expertise and come with us as an examining doctor in our camp.
2. If you have basic medicines or if you can get it from pharmaceutical Company we can give it to our patients.
3. If you know any social organisations and institutions they can make use of our “*mobile laboratory*”
4. If you want to conduct camp at your hospital or clinic we can provide the van and carry out test at reduced cost.
5. This is well equipped cardiac ambulance. To avail services of this ambulance please feel free to contact Dr. Sanjay Walunj 94230 14570 & Mr. Nandu Bairagi - 98500 97982 or directly Lotus Hospital - 0253-257 2002, 257 4967.



Charity Wing of Lotus
Junagade Health Foundation

Works for poor patients of cancer & blood diseases.
Donations are accepted under clause 80G



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