

30th

ANNUAL CONVENTION & Scientific Seminar 2025



Shaheed Abu Sayed International Convention Hall
Shahbagh, Dhaka



18 May 2025



Bangladesh Gastroenterology Society

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স্মরণিকা

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি

প্রকাশকাল

মে ২০২৫

প্রকাশক

অধ্যাপক দেওয়ান সাইফুদ্দিন আহমেদ

অধ্যাপক মুশতাক আহমদ রানা

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উপদেষ্টা

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

বার্ণা

আগামী ১৮ই মে, ২০২৫ তারিখে বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির উদ্যোগে ৩০তম বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশন অনুষ্ঠিত হতে যাচ্ছে জেনে আমি আনন্দিত। বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির সকল সদস্য এবং অনুষ্ঠান উপলক্ষ্যে আগত সকল চিকিৎসকদের আমার আন্তরিক শুভেচ্ছা ও অভিনন্দন জানাচ্ছি।

বর্তমানে বাংলাদেশের মোট জনসংখ্যার প্রায় ৩০ ভাগ মানুষ বিভিন্ন ধরনের পরিপাকতন্ত্র ও লিভারের রোগে আক্রান্ত। এই বিষয়ে রোগীর অনুপাতে বিশেষজ্ঞ চিকিৎসক অপ্রতুল হলেও সরকার রোগীদের সেবা প্রদান এবং দক্ষ চিকিৎসক তৈরিতে নিরলসভাবে কাজ করে যাচ্ছে। বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়, জাতীয় গ্যাস্ট্রোলিভার ইনস্টিটিউট ও হাসপাতালসহ সকল সরকারি হাসপাতালে পরিপাকতন্ত্র, লিভার, পিট্টনালা ও অগ্ন্যাশয়ের রোগ নির্ণয় ও চিকিৎসার জন্য এন্ডোস্কোপি, কোলোনোস্কোপি, এন্টারোস্কপি ও ইআরসিপি সহ আধুনিক ইন্টারভেনশন সমূহ নিরবচ্ছিন্ন ও যুগোপযোগী করার লক্ষ্যে সরকারের প্রচেষ্টা অব্যাহত রয়েছে।

আমার বিশ্বাস, এই সম্মেলন দেশের পরিপাকতন্ত্র ও লিভার বিষয়ের বিশেষজ্ঞ চিকিৎসকগণের জ্ঞান ও দক্ষতা বৃদ্ধিতে এবং নবীন চিকিৎসকদের জন্য একটি শিক্ষণীয় মঞ্চ তৈরিতে উল্লেখযোগ্য ভূমিকা পালন করবে। এছাড়া অত্র বিষয়ে বিশেষজ্ঞ চিকিৎসকদেরকে সর্বাধুনিক প্রযুক্তির ব্যবহারে আরো দক্ষ করে তুলবে, যাতে দেশের মানুষকে যুগোপযোগী চিকিৎসা দেয়া সম্ভবপর হয়।

আমি বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির ৩০তম সম্মেলনের সফলতা কামনা করছি।

নূরজাহান বেগম



সচিব

স্বাস্থ্য সেবা বিভাগ

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

বার্ণা

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির ৩০তম জাতীয় সম্মেলন ও বৈজ্ঞানিক অধিবেশন আয়োজনকে আমার পক্ষ থেকে শুভেচ্ছা জানাই। বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির সকল সদস্য এবং সম্মেলন উপলক্ষ্যে বিদেশ থেকে আগত আন্তর্জাতিক খ্যাতি সম্পন্ন সকল চিকিৎসকদের জানাই আন্তরিক অভিনন্দন।

বাংলাদেশের মোট জনসংখ্যার প্রায় ৩০ ভাগ মানুষ বিভিন্ন ধরনের পরিপাকতন্ত্র ও লিভারের অসুখে আক্রান্ত। এই বিষয়ে রোগীর অনুপাতে বিশেষজ্ঞ চিকিৎসক অপ্রতুল হলেও সরকার রোগীদের আধুনিক সেবা প্রদান এবং দক্ষ চিকিৎসক তৈরিতে নিরলসভাবে কাজ করে যাচ্ছেন। বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয় ও ন্যাশনাল গ্যাস্ট্রোলিভার ইনস্টিটিউট ও হাসপাতালসহ সরকারি ও বেসরকারি হাসপাতালসমূহে পরিপাকতন্ত্র, লিভার, পিত্তনালী ও অগ্ন্যাশয়ের রোগ নির্ণয় ও চিকিৎসার জন্য এন্ডোস্কোপি, কোলোনোস্কোপি, এন্টারোস্কপি, ইআরসিপি ও ইইউএস সহ সকল আধুনিক ইন্টারভেনশন সমূহ নিরবিচ্ছিন্ন ও আন্তর্জাতিক মানের করার লক্ষ্যে সরকারের প্রচেষ্টা অব্যাহত রয়েছে।

আমি বিশ্বাস করি এ সম্মেলনের মাধ্যমে গ্যাস্ট্রোএন্টারোলজি ও লিভার ট্রান্সপ্লান্ট বিষয়ে নতুন জ্ঞানের সংযোজন এবং সর্বাধুনিক প্রযুক্তির ব্যবহারে আমাদের বিশেষজ্ঞ চিকিৎসকগণ আরো দক্ষ হয়ে উঠবেন।

আমি গ্যাস্ট্রোএন্টারোলজি সোসাইটির ৩০তম সম্মেলনের সার্বিক সফলতা কামনা করছি।

মো: সাইদুর রহমান



সচিব

স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

বার্ণা

আগামী ১৮ই মে, ২০২৫ বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির জাতীয় সম্মেলন ও বৈজ্ঞানিক অধিবেশন অনুষ্ঠিত হচ্ছে জেনে আমি অত্যন্ত আনন্দিত।

গ্যাস্ট্রোইনটেস্টাইনাল, হেপাটোবিলিয়ারী এবং প্যানক্রিয়াটিক রোগের বিশেষজ্ঞ সংগঠন হিসেবে বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি আধুনিক চিকিৎসা শিক্ষা ও সেবার প্রসারে গুরুত্বপূর্ণ অবদান রেখে যাচ্ছে।

আমি বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি কর্তৃক আয়োজিত সম্মেলনে আগত সকল নবীন-প্রবীণ ও দেশী-বিদেশী চিকিৎসকগণকে অভিনন্দন জানাচ্ছি।

আমি আশা করি, এই সম্মেলন আপনাদের পেশাগত উন্নয়নের পাশাপাশি দেশ ও জাতির স্বার্থে কার্যকর অবদান রাখতে সক্ষম হবে।

আমি বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির ৩০ তম বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশনের সার্বিক সফলতা কামনা করছি।

ডা: মো: সারোয়ার বারী



ভাইস-চ্যান্সেলর
বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়
শাহবাগ, ঢাকা

বার্গা

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির ৩০তম বার্ষিক কনভেনশন ও এজিএম এর প্রাক্কালে আমি আমার ও বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়ের পক্ষ থেকে আন্তরিক শুভেচ্ছা জানাচ্ছি।

বাংলাদেশের রোগীদের একটা বড় অংশ বিভিন্ন ধরনের পরিপাকতন্ত্র ও লিভারের সমস্যায় ভুগে থাকে। এদের চিকিৎসায় আমাদের দক্ষ গ্যাস্ট্রোএন্টারোলজিস্টবৃন্দ নিবেদিত প্রাণ। সেই সাথে নিত্য নতুন গবেষণার মাধ্যমে আমাদের দেশের রোগীদের জন্য আধুনিক ও যুগোপযোগী চিকিৎসা পদ্ধতি উদ্ভাবন ও আধুনিকায়নে বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি নেতৃত্বস্থানীয় ভূমিকা পালন করবে বলে আমার বিশ্বাস।

দক্ষ বিশেষজ্ঞ চিকিৎসক গড়ে তোলার প্রত্যয়ে বাংলাদেশ মেডিক্যাল বিশ্ববিদ্যালয়ের অধীনে গ্যাস্ট্রোএন্টারোলজি বিষয়ে উচ্চতর ডিগ্রী চালু আছে। রোগীদের চিকিৎসায় এই বিভাগের সুনাম সর্বজনবিদিত। আমি আশা করব নিত্যনতুন প্রযুক্তির অভিযোজনের মাধ্যমে এই বিভাগটি বিশ্বের অন্যতম মানসম্পন্ন কেন্দ্রে পরিনত হবে। এজন্য বিশ্ববিদ্যালয়ের পক্ষ থেকে সর্বাত্মক সহযোগিতা চলমান থাকবে।

এই বিশ্ববিদ্যালয়ে বেশ কয়েকটি লিভার ট্রান্সপ্লান্ট অতীতে হলেও বিভিন্ন কারনে নিয়মিত লিভার ট্রান্সপ্লান্ট চালু রাখা সম্ভব হয়নি। এবারের কনভেনশনে এই বিষয়টি আপনারা থিম হিসেবে নিয়েছেন জেনে আমি অত্যন্ত আনন্দিত। আমি আশা করবো আমাদের সম্মিলিত সহযোগিতা ও উদ্যোগে আমরা অচিরেই নিয়মিত লিভার ট্রান্সপ্লান্টে সক্ষম হবো।

২০২৪ এর রক্তস্নাত অর্জনে যে বৈষম্যহীন বাংলাদেশের স্বপ্ন আমরা দেখতে পারছি, আমার অনুরোধ সেই স্বপ্নের মশাল আমরা বয়ে নিয়ে যাবো। আমরা সৌভাগ্যবান, এই সময়ের স্বাক্ষী আমরা হতে পেরেছি। এখনই সময়, আমাদের দেশের স্বাস্থ্যখাতকে বিশ্বমান অর্জনের জন্য কাজ করার। আমি দৃঢ়ভাবে বিশ্বাস করি, এই তারুণ্য সেটি করে দেখাবে।

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি ও এই কনভেনশনে আগত সবাইকে শুভকামনা।

অধ্যাপক ডা. মো. শাহিনুল আলম



মহাপরিচালক
স্বাস্থ্য সেবা অধিদপ্তর

বার্ণা

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি (BGS) আগামী ১৮ই মে, ২০২৫ তারিখে ৩০ তম বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশন অনুষ্ঠান আয়োজন করতে যাচ্ছে জেনে আমি অত্যন্ত আনন্দিত। আমি সোসাইটির কার্যকরী পরিষদকে তাদের এই সম্মেলন সফলভাবে আয়োজন করার জন্য আন্তরিক ধন্যবাদ জ্ঞাপন করছি।

স্বাস্থ্য সেবায় আমাদের অর্জন আজ বিশ্ব স্বীকৃত। আন্তর্জাতিক মানের স্বাস্থ্যসেবা দেশের মানুষের দোরগোড়ায় পৌঁছে দিতে নিরলস সেবা দিয়ে যাচ্ছেন আমাদের চিকিৎসকরা। আমাদের গ্যাস্ট্রোএন্টারোলজিস্টরা ক্রমাগত দক্ষ, পারদর্শী ও যুগোপযোগী হয়ে উঠছেন। নিয়মিত বিরতিতে সায়েন্টিফিক কনফারেন্স আয়োজন করা তাদের সেবাস্পৃহা ও দক্ষতার পরিচায়ক। আমি বিশ্বাস করি তাদের এই প্রচেষ্টা দেশ ও জাতির ভবিষ্যত উন্নতির জন্য অমূল্য সহায়ক হবে। সায়েন্টিফিক কনফারেন্সে অংশগ্রহণের মাধ্যমে নতুন গ্যাস্ট্রোএন্টারোলজিস্টগণ উচ্চতর প্রশিক্ষণ, উন্নত প্রযুক্তির ব্যবহার, আধুনিক ও সমন্বিত যোগাযোগী জ্ঞানচর্চার প্রতি আগ্রহী হবেন এবং গ্যাস্ট্রোএন্টারোলজির আধুনিক চিকিৎসাকে অদূর ভবিষ্যতে এই বাংলাদেশে সহজলভ্য করে তুলবেন।

এবারের কনফারেন্স আয়োজিত হতে যাচ্ছে "শহীদ আবু সাঈদ ইন্টারন্যাশনাল কনভেনশন সেন্টার" শাহবাগ, ঢাকাতে। যাদের রক্তের বিনিময়ে বাংলাদেশে ফ্যাসিস্ট সরকার নিপতিত হয়েছে, তাঁদের প্রতি শ্রদ্ধাজ্ঞাপন করে এই স্থান নির্বাচন এই কনফারেন্সকে একটি নতুন মাত্রা যোগ করবে বলে আমার বিশ্বাস।

আমি বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি কর্তৃক আয়োজিত "Annual Convention & Scientific Seminar, 2025" এর সার্বিক সাফল্য কামনা করছি।

অধ্যাপক ডা: মো: আবু জাফর



মহাপরিচালক
স্বাস্থ্য শিক্ষা অধিদপ্তর

বার্ণা

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি (BGS) আয়োজিত আগামী ১৮ই মে, ২০২৫ তারিখের অনুষ্ঠিতব্য ৩০ তম বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশন অনুষ্ঠান উপলক্ষ্যে সবাইকে জানাই আন্তরিক অভিনন্দন।

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজিস্টদের মূল সংগঠন হিসেবে BGS দীর্ঘদিন যাবত অনন্য দায়িত্ব পালন করে আসছে। দেশের সকল গ্যাস্ট্রোএন্টারোলজিস্ট এই ঐতিহ্যবাহী সংগঠনের প্লাটফর্মে ঐক্যবদ্ধভাবে সমবেত হয়েছেন। বৈষম্যবিরোধী আন্দোলনের সাফল্যের পরে প্রথমবারের মতো এ আয়োজন একটি বৈষম্যমুক্ত সার্বজনীন উন্নত বাংলাদেশ গড়ার পথে গ্যাস্ট্রোএন্টারোলজিস্টদের একনিষ্ঠ প্রয়াসকেই প্রতিফলিত করবে। আমি তাদের এই উদ্যোগকে আন্তরিকভাবে স্বাগত জানাই।

গ্যাস্ট্রোএন্টারোলজি চিকিৎসা বিজ্ঞানের এক কঠিন ও সংবেদনশীল শাখা। নতুন নতুন প্রযুক্তি উদ্ভাবন ও তার যথোপযুক্ত ব্যবহারের মাধ্যমে গ্যাস্ট্রোএন্টারোলজিস্টগণ মানুষের রোগ যন্ত্রণা লাঘবের সংগ্রামের শীর্ষ ভাগে রয়েছেন। বাংলাদেশের গ্যাস্ট্রোএন্টারোলজিস্টগণ তাদের উপর অর্পিত সে দায়িত্ব পালনে সদা সচেতন আছেন এবং ভবিষ্যতেও থাকবেন এই প্রত্যাশা করি।

আমি এই অনুষ্ঠানের সার্বিক সাফল্য কামনা করছি।

M2✓

অধ্যাপক ডা: নাজমুল হোসেন



সভাপতি
বাংলাদেশ ডায়াবেটিক সমিতি

বার্ষিক

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটির ৩০ তম বার্ষিক কনভেনশন ও এজিএম উপলক্ষ্যে আমি সবাইকে আন্তরিক শুভেচ্ছা জানাচ্ছি।

গ্যাস্ট্রোএন্টারোলজি বিষয়টিকে বাংলাদেশে একটি বিশেষায়িত বিষয় হিসেবে গড়ে তুলতে যে যাত্রা আমরা শুরু করেছিলাম আজ এতোদিনে সেটি এক নতুন দিগন্তে এসে দাঁড়িয়েছে। বাংলাদেশের রোগীদের সেবায় দক্ষ গ্যাস্ট্রোএন্টারোলজিস্ট গড়ে তোলার পাশাপাশি তৈরী হয়েছে জাতীয় গ্যাস্ট্রোলিভার ইনস্টিটিউট। বাংলাদেশের প্রথমদিককার একজন গ্যাস্ট্রোএন্টারোলজিস্ট হিসেবে এটি আমার জন্য অত্যন্ত আনন্দের, গর্বের। আপনাদের কাছে আমার অনুরোধ থাকবে বৈষম্যহীন বাংলাদেশে সবার জন্য মানসম্পন্ন সেবা পৌঁছে দেবার বিষয়টি যেনো প্রাধান্য পায়। বাংলাদেশের রোগীদের একটি বড় অংশ পরিপাকতন্ত্র ও লিভারের সমস্যায় আক্রান্ত। বাংলাদেশের প্রতিটি জেলায় যেনো মানসম্পন্ন গ্যাস্ট্রোএন্টারোলজি সেবা ছড়িয়ে দেওয়া যায় সে লক্ষ্যে দক্ষ গ্যাস্ট্রোএন্টারোলজিস্ট তৈরীর পাশাপাশি আমাদের দেশের উপযোগী নিজস্ব আধুনিক ও যুগোপযোগী চিকিৎসা পদ্ধতি উদ্ভাবন ও গবেষণায় বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি গুরুত্বপূর্ণ ভূমিকা পালন করবে বলে আমার দৃঢ় বিশ্বাস।

এবারের কনভেনশনের মূল প্রতিপাদ্য বিষয় হলো লিভার ট্রান্সপ্লান্ট। বাংলাদেশের প্রেক্ষিতে নিজেদের একটি লিভার ট্রান্সপ্লান্ট প্রোগ্রাম চালু করা অত্যন্ত প্রয়োজনীয় নিকট অতীতে বাংলাদেশে বেশ কয়েকটি লিভার ট্রান্সপ্লান্ট হলেও নিয়মিতভাবে লিভার ট্রান্সপ্লান্ট চালু রাখা সম্ভব হয়নি। সরকারের দিক থেকে সর্বোচ্চ সদিচ্ছার পাশাপাশি আমাদের সকলের সম্মিলিত সহযোগিতায় অতিক্রান্ত নিয়মিত লিভার ট্রান্সপ্লান্ট চালু হবে বলে আমি আশা করি।

যে আলোর মশাল জ্বলে আমরা কয়েকজন যাত্রা শুরু করেছিলাম সেই মশালের শিখা আপনাদের হাতে হাতে ছড়িয়ে পড়ুক দেশের সীমানা ছাড়িয়ে আন্তর্জাতিক পরিমন্ডলেও। আমি দৃঢ়ভাবে বিশ্বাস করি, আমাদের তরুন গ্যাস্ট্রোএন্টারোলজিস্টদের চোখে যে আলোর দিগ্গতি আমি দেখেছি, সেটি আমাদের সঠিক পথেই নিয়ে যাবে।

সবাইকে শুভকামনা।

জাতীয় অধ্যাপক ডাঃ একে আজাদ খান



Vice President
Bangladesh Gastroenterology Society (BGS)

Welcome Speech

Assalamu Alaikum / Good evening

Honorable Chief Guest - National Prof. Dr. A.K. Azad Khan, honorary president of BGS; Special Guests, Prof. Dr. Md. Kamrul Islam – Founder, CKD & Urology hospital, Dhaka, Dr. Md. Sarwar Bari – Secretary, Medical education and Family Welfare division, Ministry of Health & Family Welfare, Prof. Dr. Md. Shahinul Alam – Vice Chancellor, Bangladesh Medical University. Respected Senior Colleagues, Junior Gastroenterologists, Esteemed Delegates, Ladies and Gentlemen, **

It is both an honor and a profound privilege for me to stand before you today as the newly elected Vice President of the **Bangladesh Gastroenterology Society** on this momentous occasion— our **30th Annual Convention and Scientific Conference**.

First and foremost, I extend my deepest gratitude to the members of BGS for entrusting me with this responsibility. I am humbled by your confidence and pledge to serve our society with dedication, integrity, and a commitment to advancing the field of gastroenterology in Bangladesh.

Today, as we gather to celebrate **three decades of excellence**, we reflect on the remarkable journey of BGS—a journey marked by innovation, education, and unwavering dedication to patient care.

Today marks not just a conference, but a **triple celebration** – as we gather to:

1. **Inaugurate the first-ever Gastroenterology Journal of Bangladesh** – a milestone in our academic journey
2. **Introduce Liver Transplantation Program in Bangladesh** – opening new horizons in Bangladesh
3. **Launch the official website of BGS** – connecting our community digitally

To our **chief guest**, Special guests, renowned faculty, international speakers, and delegates— your presence inspires us. Your expertise and shared vision are the driving force behind this conference's success.

I commend the **organizing committee, outgoing leadership especially our President, General Secretary, sponsors, and volunteers** for their tireless efforts in making this event a reality. Your hard work ensures that this platform remains a beacon of learning and collaboration.

To our **young doctors, researchers, and trainees**: You are the future of this field. Engage passionately, ask questions, and seize every opportunity this conference offers. Together, we will shape the next era of gastroenterology.

As we embark on this new chapter, I reaffirm my commitment to:

1. Strengthening **education and training** programs.
2. Promoting **research and innovation**.
3. Advocating for **patient-centered care** and accessibility.
4. Fostering **national and international collaborations**.

Let us use these days to exchange ideas, challenge norms, and build partnerships that transcend borders. The best of gastroenterology lies ahead, and I am confident that with unity and purpose, we will achieve even greater heights.

Thank you for your trust, your presence, and your dedication to this noble profession. Let's make this convention unforgettable!

Warm regards,

Prof. Dr. A.S.M.A Raihan



সভাপতি

বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি

মহাপতির ভাষণ

প্রথমেই আমি ১৯৭১ সালের মহান স্বাধীনতা যুদ্ধের শহীদের প্রতি শ্রদ্ধাজ্ঞাপন করছি। একইসাথে আমি জুলাই ২০২৪ এর যুগান্তকারী বৈষম্যবিরোধী আন্দোলনে শহীদ এবং আহত ছাত্র-জনতার প্রতি গভীর শ্রদ্ধা জ্ঞাপন করছি এবং তাদের শোকসন্তপ্ত পরিবারের প্রতি আন্তরিক সমবেদনা প্রকাশ করছি।

গত ২৮ শে ডিসেম্বর ২০২৪ তারিখে বাংলাদেশ গ্যাস্ট্রোএন্টারোলজি সোসাইটি (BGS) প্রথমবারের মতো সরাসরি ভোটে নির্বাচনের মাধ্যমে একটি নতুন কমিটি গঠন করে। বর্তমান কমিটির অন্যতম লক্ষ্য ও উদ্দেশ্য হচ্ছে নবীন গ্যাস্ট্রোএন্টারোলজিস্টদের যুগোপযোগী উচ্চতর প্রশিক্ষণের মাধ্যমে তাদের পেশাগত যোগ্যতা ও দক্ষতা বৃদ্ধিতে কাজ করা।

পূর্বে BGS প্রতিবছর একটি করে বার্ষিক সম্মেলনের আয়োজন করত। বর্তমান কমিটি বছরে দুইটি সম্মেলন- একটি জাতীয় ও একটি আন্তর্জাতিক বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশন আয়োজন করার সিদ্ধান্ত গ্রহণ করেছে। অত্যন্ত অল্প সময়ের মধ্যে ৩০তম জাতীয় বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশন অনুষ্ঠানটি সফলভাবে আয়োজন করার জন্য আমি কমিটির সকল সদস্যকে আন্তরিক ধন্যবাদ জ্ঞাপন করছি।

Gastrointestinal and Liver Disease এর ক্ষেত্রে আমাদের যেসকল সীমাবদ্ধতা আছে যার কারণে রোগীরা বিদেশ যেতে বাধ্য হয় সেগুলিকে লক্ষ্য করে আমরা সেইসব চিকিৎসা পদ্ধতি চালু করার জন্য উদ্যোগ গ্রহণের পরিকল্পনা করেছি, এই ব্যাপারে সরকারি এবং বেসরকারি পর্যায়ে সহযোগিতা একান্ত প্রয়োজন। আমরা Gastroenterology তে অনেকদূর এগিয়েছি, যেসব ক্ষেত্রে আমাদের অসম্পূর্ণতা আছে তার মধ্যে লিভার ট্রান্সপ্লান্টেশন, interventional radiology in GI tract এবং কিছু কিছু ক্ষেত্রে endosonographic procedures উল্লেখযোগ্য। আমরা যদি সরকারি এবং বেসরকারি সহযোগিতা পাই, জাতি কে আশ্বাস দিতে পারি আগামী ৬ থেকে ১২ মাসের মধ্যে এই সার্ভিস গুলি বাংলাদেশে চালু করতে পারবো ইনশাআল্লাহ। আমরা নির্দিধায় বলতে পারবো বাংলাদেশের কোনো রোগী চিকিৎসা ক্ষেত্রে অপ্রতুলতার জন্য বিদেশ যেতে হবে না। আমাদেরকে এই ব্যাপারে সরকারি বেসরকারি সহযোগিতায় প্ল্যাটফর্ম তৈরী করে দিতে হবে এবং প্রশিক্ষণের জন্য আমরা এখানেই বাংলাদেশের মাটিতেই ব্যবস্থা গ্রহণ করতে পারবো, এই আশ্বাস দিতে চাই। জাতি হিসেবে আমাদের সক্ষমতা অবশ্যই আমাদেরকে প্রমাণ করতে হবে এবং এ ব্যাপারে আমাদের লক্ষ্য ঠিক রেখে এগিয়ে যেতে হবে।

আমি আপনাদের অত্যন্ত আনন্দের সাথে জানাচ্ছি যে, BGS প্রথমবারের মত আন্তর্জাতিক মানের Journal-Bangladesh Journal of Gastrointestinal & Liver Disease প্রকাশনার উদ্যোগ গ্রহণ করেছে এবং এর প্রথম সংখ্যা ইতিমধ্যেই প্রকাশিত হয়েছে। আমি Journal Committee এর সাথে সংশ্লিষ্ট সবাইকে আন্তরিক শুভেচ্ছা জানাই।

আমি এই সম্মেলনে আগত সকল বিদেশী অতিথিকে অভিনন্দন জানাই। পরিশেষে আমাদের এই আয়োজনে কোন ভুল ত্রুটি হয়ে থাকলে ক্ষমা সুন্দর দৃষ্টিতে দেখবেন। আমি ৩০ তম জাতীয় বার্ষিক সম্মেলন ও বৈজ্ঞানিক অধিবেশনের সর্বোত্তম সাফল্য কামনা করছি।

অধ্যাপক ডাঃ এ. কিউ, এম. মোহসেন



Secretary General
Bangladesh Gastroenterology Society

Address by Secretary General

It is both an honor and a profound privilege to stand before you today as we inaugurate the 30th Annual Convention and Scientific Conference of the Bangladesh Gastroenterology Society. This moment is not just a milestone in our professional journey but also a reflection of our collective commitment to advancing gastroenterology and hepatology in our beloved nation.

After the fall of the fascist regime, as our country reclaimed its independence for the second time, we envisioned a new era of progress—one where medical excellence and self-sufficiency in healthcare would become our legacy.

The theme of this year's conference –“Establishment of Liver Transplantation in Bangladesh”—is not merely a topic of discussion but a solemn pledge to our nation. It is our unwavering commitment to ensure that liver transplantation, a life-saving intervention, becomes a reality for our people. No longer should our citizens be forced to seek treatment abroad at exorbitant costs, leaving behind their families in despair. Instead, we aspire to build a healthcare system where every individual, regardless of economic status, can access world-class gastroenterological and hepatological care right here on our own soil.

Our mission is clear:

- To establish a self-sufficient healthcare system where advanced treatments are accessible to all, including the underprivileged.
- To minimize health tourism by enhancing our own capabilities, ensuring that patients no longer need to travel abroad for critical procedures.
- To foster a generation of highly skilled gastroenterologists who are not only competent but also confident in facing global challenges, standing shoulder-to-shoulder with experts from developed nations.

In the near future, I envision a Bangladesh Gastroenterology Society where every member is empowered with knowledge, skill and innovation—a society where we are not just followers but leaders in medical advancements.

This conference is a platform for learning, collaboration, and inspiration. Let us engage in meaningful discussions, share groundbreaking research, and forge partnerships that will drive us toward our goals. Together, we can transform the landscape of gastroenterology in Bangladesh and leave an indelible mark on the health and well-being of our nation.

I extend my deepest gratitude to each one of you—organizers, speakers, delegates, and supporters—for making this conference a reality. Your presence here today signifies your commitment to this noble cause.

Let us move forward with determination, unity, and hope. The journey ahead is challenging, but with our collective effort, success is inevitable.

Thank you all for being here. Let us make this convention a resounding success.

Prof. Dr. Dewan Saifuddin Ahmed

30th Annual Convention and Scientific Seminar

Date : 18th May, 2025

Venue : Shaheed Abu Sayed International Convention Centre
Shahbagh, Dhaka.

Programme Schedule

08.30 AM - 11.00 AM	Breakfast Symposium with Liver Transplant Session
11.00 AM - 01.00 PM	Inaugural Session
11.00 AM - 11.35 AM	• Inauguration of Journal Bangladesh Journal of Gastrointestinal & Liver Disease
11.35 AM - 11.50 AM	• Inauguration of Website https://bgs-bd.com/
11.50 AM - 01.00 PM	• Inaugural Session of Conference
01.00 PM - 02.00 PM	Prayer & Lunch
02.00 PM - 03.00 PM	Pancreatic Diseases
03.00 PM - 05.00 PM	Evening Tea Symposium with Free Paper Session
05.00 PM - 05.30 PM	Raffle Draw
05.30 PM - 08.00 PM	AGM
08.00 PM	Banquet & Cultural Programme
09.00 PM	Raffle Draw

Breakfast Symposium with Liver Transplantation Session

Time : 8.30 AM - 11.00 AM

Rapporteur

Dr. Atia Saeed

Associate Professor, Anwer Khan Modern Medical College Hospital

Dr. Manzurul Chowdhury

Associate Professor & Head, Dept. of Gastroenterology, Rajshahi Medical College, Rajshahi

Chairpersons

Prof. Dr. Mohammad Ali

Professor, Department of Hepato-Biliary-Pancreatic Surgery & Liver Transplant
BIRDEM General Hospital, Shahbagh, Dhaka

Prof. Dr. Md. Kamrul Islam

Founder, CKD & Urology Hospital, Dhaka

Prof. Dr. Md. Saif Uddoula

Professor & Director, National Gastroliver Institute & Hospital

Time	Topic	Speaker
08.30 - 08.50 AM	Pre transplant assessment Donor & recipient of LT	Dr. Syeda Nur-E-Jannat Assistant Professor (Gastroenterology), NGLIH
08.50 - 09.10 AM	How to setup a Liver Transplant program	Dr. Mirza Shamsul Arefin Assistant Professor Dept. of General & Laparoscopic Surgery BIHS General Hospital, Mirpur Dhaka
09.10 - 09.30 AM	Post-transplant assessment/ post operative care & challenges	Dr. Golam Mahmud Rayhan Junior Consultant (Surgery), FCPS (Surgery), MS (Hepatobiliary Surgery), A member of liver transplant team of BMU and BIRDEM
09.30 - 09.50 AM	Role of interventional Radiology in LT	Prof. Dr. Syed Zoherul Alam (Zahir) Senior Consultant, Interventional Radiology Evercare Hospitals Dhaka.
09.50 - 10.10 AM	Infection Control	Dr. Nikhat Ara Sr. Consultant, Microbiology & Infection Control, Evercare Hospitals Dhaka
10.10 - 10.30 AM	Liver Transplant in Bangladesh: The way forward	Dr. Ramdip Ray Head, Liver Transplant Sr. Consultant, Gastrointestinal Surgery Apollo Multispecialty Hospital, Kolkata, India.
10.30 - 10.40 AM	The journey of renal transplantation in Bangladesh	Prof. Dr. Md. Kamrul Islam Founder, CKD & Urology Hospital, Dhaka
10.40 AM	Speech by Chairperson	Prof Mohammad Ali Department of HBP Surgery & Liver Transplant, BIRDEM General Hospital
10.50 AM	Speech by President	Prof. Dr. A.Q.M. Mohsen President, Bangladesh Gastroenterology Society.

Inaugural Session

Time : 11.00 AM – 01.00 PM

Rapporteur

Dr. Shahin-UI-Islam

Associate Professor, Gastroenterology, Faridpur Medical College

Dr. Rehena Akhter

Khulna Medical College Hospital

Chairpersons

National Prof. Dr. A.K. Azad Khan

Honorary President, Bangladesh Gastroenterology Society

Prof. Dr. A.Q.M. Mohsen

President, Bangladesh Gastroenterology Society

Prof. Dr. Md. Shahinul Alam

Vice Chancellor, Bangladesh Medical University.

Dr. Md. Sarwar Bari

Secretary, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare

Prof. Dr. Md. Kamrul Islam

Founder, CKD & Urology Hospital, Dhaka

Prof. Dr. Dewan Saifuddin Ahmed

Secretary General, Bangladesh Gastroenterology Society

11.00 AM : Recitation from the Scripture

Holy Quran : **Dr. Mustafizur Rahman**, Junior Consultant, NGLIH

Holy Gita : **Dr. Antora Rahut**, Shaheed Suhrawardy Medical College Hospital

11.05 AM - 11.35 AM : An Inauguration of Journal
Bangladesh Journal of Gastrointestinal & Liver Disease

- Launch of the first issue by : **National Prof. Dr. A. K. Azad Khan**
Honorary President, Bangladesh Gastroenterology Society.
- Speech by Editor in Chief : **Prof. Dr. Dewan Saifuddin Ahmed**
Secretary General, Bangladesh Gastroenterology Society.
- Speech by Executive Editor : **Prof. Dr. Mushtaque Ahmad Rana**
Professor, Bangladesh Medical Hospital.

11.35 AM - 11.50 AM : An inauguration of website:
(<https://bgs-bd.com/>)

- Launch of the website by : **National Prof. Dr. A. K. Azad Khan**
Honorary President, Bangladesh Gastroenterology Society.
- Speech by Editor in Chief : **Prof. Dr. Dewan Saifuddin Ahmed**
Secretary General, Bangladesh Gastroenterology Society.
- Speech by Executive Editor : **Dr. Enamul Karim**
Associate Professor, NGLIH.
Dr. Mohammad Naymul Hasan
Assistant Professor, NGLIH.

Inaugural Session of Conference

Time : 11.50 AM - 01.00 PM

Rapporteur

Dr. Mostofa Showkat Imran

Associate Professor & Head, Dept. of Gastroenterology, IBN SINA Medical College & Hospital, Dhaka.

Dr. Shireen Ahmed

Assistant Professor, Dept of GHPD, BIRDEM General Hospital.

Chairpersons

Same as above in Inaugural Session of Journal

Time		
11.50 AM	Welcome Address	Prof. Dr. A. S. M. A. Raihan Vice-President, Bangladesh Gastroenterology Society
12.00 PM	Address by Special Guests	Prof. Dr. Md. Kamrul Islam Founder, CKD & Urology Hospital, Dhaka
12.15 PM		Dr. Md. Sarwar Bari Secretary, Medical Education and Family Welfare Division Ministry of Health and Family Welfare
12.25 PM		Prof. Dr. Md. Shahinul Alam Vice Chancellor, BMU
12.35 PM	Address by Chief Guest	National Prof. Dr. A.K. Azad Khan Honorary President, Bangladesh Gastroenterology Society
12.50 PM	Address by President	Prof. Dr. A.Q.M. Mohsen President, Bangladesh Gastroenterology Society
01.00 PM	Vote of Thanks	Prof. Dr. Dewan Saifuddin Ahmed Secretary General, Bangladesh Gastroenterology Society

1.00 PM - 2.00 PM
PRAYER & LUNCH

Pancreatic Diseases

Time : 2.00 PM - 3.00 PM

Rapporteur

Dr. Mohammad Majharul Haque

Associate Professor, Gastroenterology, Barishal Medical College

Dr. Md. Shahidur Rahman

Associate Professor, Gastroenterology, Manikganj Medical College

Chairpersons

Major General Dr. Md Rabiul Hossain

Former Professor, Dept. of Gastroenterology, Armed Force Medical College, Dhaka

Prof. Md. Anisur Rahman

Former Professor & Head, Department of GHPD, BIRDEM General Hospital

Prof. Dr. Faruque Ahmed

Former Professor & Director, NGLIH

Time	Topic	Speaker
2.00 – 2.20 PM	Acute Pancreatitis	Dr. Mohammad Shoaib Chowdhury Associate Professor, Dept. of Gastroenterology, Bangladesh Medical University.
2.20 - 2.40 PM	Chronic Pancreatitis	Dr. Mohammad Iqbal Hossain Consultant, Dept. of Medical Gastroenterology, National Gastroenterology Institute & Hospital
2.40 - 3.00 PM	Endoscopic Interventions in Pancreatitis	Prof. Dr. Md. Sumsul Arfin Vice-President, Bangladesh Gastroenterology Society

Evening Tea Symposium with Free Paper Session

Time : 3.00 PM - 5.00 PM

Rapporteur

Dr. Royes Uddin

Associate Professor Gastroenterology, NGLIH

Dr. Md. Khalequzzaman Sarker

Associate Professor, Dept. of Gastroenterology, Rajshahi Medical College, Rajshahi.

Chairpersons

Prof. Dr. Mian Mashhud Ahmad

Former Professor & Head, Dept. of Gastroenterology, Dhaka Medical College & Hospital

Prof. Dr. Md. Habibur Rahman

Former Professor & Head, Dept. of Gastroenterology, Sir Salimullah Medical College & Mitford Hospital

Prof. Dr. Ershad Uddin Ahmed

Professor & Head, Dept. of Gastroenterology, Chittagong Medical College, Chattogram

Prof. Dr. Mohammad Jakir Hossain

Professor & Head, Dept. of Gastroenterology, Sir Salimullah Medical College Mitford Hospital.

Prof. Dr. Sayeda Rahim

Former Professor, Dept. of Gastroenterology, NGLIH

Time	Topic	Speaker
3.00-3.15 PM	Ileal Aspirates: A Novel Sample for Diagnosis of Intestinal Tuberculosis	Dr. Md. Shakhawat Hossain Assistant Professor, Department of Gastroenterology, Rangpur Medical College, Rangpur, Bangladesh
3.15-3.30 PM	Diagnostic Role of CA19-9, CA19-9/CRP Ratio and CA19-9/ Total Bilirubin Ratio in Differentiating Benign and Malignant Obstructive Jaundice	Dr. Md. Anisur Rahman Department of Gastroenterology, National Gastroliver Institute and Hospital, Dhaka
3.30-3.45 PM	Association of Anxiety and Depression with Disease Activity in Inflammatory Bowel Disease Patient.	Dr. Sultana Meftahul Jannat 250 Bedded General Hospital Jhenaidah
3.45-4.00 PM	Correlation between Fibroscan and Laboratory Tests for Assessing Liver Fibrosis in Non-alcoholic Fatty Liver Disease Patients	Dr. Md Yasir Arafat National Gastroliver Institute and Hospital, Dhaka, Bangladesh
4.00-4.15 PM	Prevalence of Peptic Ulcer Disease among the Decompensated Cirrhotic Patients Attending for Endoscopic Screening in a Tertiary Care Hospital: A Retrospective Cohort Study	Dr. Imteaz Mahbub National Gastroliver Institute & Hospital, Dhaka
4.15-4.30 PM	GI Presentation of Non GI Disease 1. A child presented with increased bowel frequency 2. Diagnosed with primary adrenal insufficiency? search adreno-leukodystrophy - two brothers presented with similar phenotype.	Dr. Syeda Nur-E-Jannat Assistant Professor, Department of Gastroenterology, National Gastroliver Institute and Hospital, Dhaka, Bangladesh
4.30-5.00 PM	Questions & Answers session Conclusion remark by chairperson	

5.00 – 5.30 PM
RAFFLE DRAW

Prof. Dr. Bimal Chandra Shil

Former Professor & Head, Dept. of Gastroenterology, Sir Salimullah Medical College & Mitford Hospital

Prof. Dr. Ali Monsur Mohammad Shariful Islam

Professor & Head, Dept. of Gastroenterology, Dhaka Medical College & Hospital.

Dr. Mohammad Aminur Rahman

Associate Professor, Manikganj Medical College

Dr. Sultana Meftahul Jannat

250 bedded General Hospital, Jhenaidah

5.30 PM - 8.00 PM
A G M

Rapporteur

Prof. Dr. Dewan Saifuddin Ahmed

Secretary General, Bangladesh Gastroenterology Society.

8.00 PM
BANQUET & CULTURAL PROGRAMME

Rapporteur

Dr. Md. Royes Uddin

Associate Professor, Gastroenterology, NGLIH

Dr. Enamul Karim

Associate Professor, NGLIH

RAFFLE DRAW

Prof. Dr. Md. Masudur Rahman Khan

Professor, Dept. of Gastroenterology, Bangladesh Medical University.

Dr. Mohammad Asadur Rahman

Associate Professor, Dept. of Gastroenterology, BMU.

Dr. Abu Bakar Siddique

Assistant Professor, Dept. of Gastroenterology, Mugda Medical College.

Dr. Mohammad Naymul Hasan

Assistant Professor, NGLIH.

Dr. Suman Dey

Junior Consultant, Upazilla Health Complex, Homna, Cumilla.



Biography of the Delegates of the Inaugural Session





DR. MD. SARWAR BARI

Secretary

Medical Education and Family Welfare Division

Dr. Md. Sarwar Bari was born in Brahmanbaria Sadar Upazila. He has Passed Secondary from Ideal High School, Dhaka and Higher Secondary from Government BM College, Barisal. He later obtained an MBBS degree from Sir Salimullah Medical College and later a Masters in Public Health from the University of New South Wales, Australia. He studied Global Health at Emory University, USA as a Hubert Humphrey Fellow under a Fulbright Scholarship. During his long career, he performed his government duties with honesty, devotion and efficiency.

Dr. Md Sarwar Bari is a member of 15th batch of Bangladesh Civil Service (Administration) Cadre. He started his journey in administrative service by joining as Assistant Commissioner in 1995. He served in various districts as Assistant Commissioner and Upazila Nirbahi Officer at the field level. Besides, he served as Senior Assistant Secretary in Health Services Division and Local Government Division and Ministry of Public Administration, Deputy Secretary in Health Services Division and Director of Directorate of Printing and Publication, Joint Secretary in Medical Education and Family Welfare Division and Director General (Additional Secretary) of Local Government Division. He previously served as the Executive Chairman (Secretary) of Bangladesh Economic Zone Authority (BEZA).

In order to improve his professional skills, he attended training in various institutions including Bangladesh Public Administration Training Center, Bangladesh Civil Service Administration Academy, National Local Government Institute, Bangladesh Military Academy, Institute of Public Finance. He has traveled to Canada, Thailand, Sweden, USA, Sri Lanka, South Korea, Japan, China, India, Vietnam, Malaysia, Australia and Netherlands for various professional activities and participation in seminars and workshops.

Dr. Md. Sarwar Bari joined as Secretary of Medical Education and Family Welfare Division on 17 September 2024.



PROFESSOR DR. MD. SHAHINUL ALAM

Vice-Chancellor

Bangladesh Medical University (BMU)
Dhaka, Bangladesh

Professor Dr. Md. Shahinul Alam is a distinguished Bangladeshi hepatologist currently serving as the Acting Vice-Chancellor of Bangladesh Medical University (BMU).

Dr. Alam earned his MBBS from Chittagong Medical College. He holds an FCPS in Medicine and a Doctorate of Medicine (MD) in Hepatology.

Beginning his medical career in 1995, he served in various capacities, including Assistant Surgeon at Hatia Upazila Health Complex, Junior Consultant of Medicine at Patuakhali General Hospital, and Registrar of Medicine at Sher-e-Bangla Medical College Hospital. Since 2003, he has been a faculty member at BSMMU.

Dr. Alam has authored over 160 publications, including 92 full articles in national and international journals. He has presented research papers at 15 international conferences across countries such as the UK, Singapore, India, Australia, China, Japan, South Korea, Malaysia, Indonesia, the Philippines, Turkey, and Hong Kong.

Dr. Alam is a pioneer in the study of MAFLD in Bangladesh. He co-authored the 2020 “Clinical Practice Guidelines for the Diagnosis and Management of Metabolic Associated Fatty Liver Disease” for the Asia-Pacific region. He has collaborated with scientists from 29 countries, including Australia, Japan, China, Singapore, South Korea, Pakistan, India, and Bangladesh.

Dr. Alam is a member of this U.S.-based organization comprising leading hepatology scientists worldwide. He received several international awards, including: Asian Pacific Association for the Study of the Liver (APASL): 2004, American Association for the Study of the Liver (AASLD): 2008, USA-Japan Joint Medical Science Award (USJMSCP-NIH-APASL): 2009, Travel Bursary Awards: in Indonesia (2005), China (2010), and Turkey (2015).

Dr. Alam acting as Course Coordinator and Member Secretary of the Curriculum Committee for the MD Hepatology course & significantly contributed to developing the “Residency-Based” curriculum initiated in 2011 at BMU. He serves as the Member Secretary of the Institutional Quality Assurance Committee (IQAC) of the Department of Hepatology at BSMMU, focusing on evaluating and upgrading academic programs.



PROF. AK AZAD KHAN

Chairman

Board of Trustees, Bangladesh University of Health Sciences
and
Governing Body, Ibrahim Medical College.

Prof A K Azad Khan graduated from Dhaka Medical College in 1965. He obtained fellowship from College of Physicians & Surgeons, Pakistan in 1970 & D. Phil from University of Oxford in 1977. During his D. Phil research, he invented of 5 ASA-based drugs which is still the main long term treatment for Inflammatory Bowel Disease (IBD). He was awarded Honoris Causa from the University of Basel, Switzerland in 1999, honorary FRCP from Royal College of Physician in 2001, fellow of the Bangladesh Academy of Sciences in 2001 and honorary Fellow of the University College London in 2012.

Prof. Khan also played a key role in planning and development of various Projects and Affiliates of the Diabetic Association of Bangladesh (BADAS) in general and BIRDEM in particular, including the creation of BIRDEM-2, National HealthCare Network (NHN), Ibrahim Cardiac Center and Research Institute (ICHRI), BIHS General Hospital, Ibrahim Medical College, BIRDEM Nursing College and Bangladesh University of Health Sciences (BUHS). He was elected Secretary General of the Diabetic Association of Bangladesh in the year 1998 and was elected the President of the Association in 2007(Continuing). He is now Chairman, Board of Trustees, Bangladesh University of Health Sciences, Chairman, Governing Body, Ibrahim Medical College.

In addition he was the Founder General Secretary, later the President, and is now the Honorary President for Life of the Bangladesh Endocrine Society. He was also founder President of the Bangladesh Gastroenterology Society and now serves as its Honorary President (for Life). Additionally, he is a member of the Board of Trustees of Hamdard University, Bangladesh.

He has won a number of awards for the contribution in medical and social sciences, including the "Moulana Akram Khan Gold Medal", "Sher-e-Bangla Award", "NIPA Foundation Award", "Honoree Bangladesh Medical Association of North America", "Nawab Sir Solimullah Gold Medal", "Health Award", "Dr Ibrahim Gold Medal", "Khan Bahadur Ahsanullah Gold Medal", "Awarded, Dharitri Bangladesh "1st Global Award" of International Diabetes Federation," and "Gyanalok Puraskar 2017", "Rotary SEED Award".

He received "The Independence Day Award 2018" from the Govt of Bangladesh for Social services. This is the highest National Award. He was made a National Professor by the Govt of Bangladesh in May 2021.

Prof. AK Azad Khan has published more than two hundred and forty seven scientific publications in reputed peer review journals. He has also contributed chapters in eight books on medical sciences. He has presented scientific papers in numerous international and national meetings and delivered special lectures and orations in many scientific meetings.



PROFESSOR DR. A.Q.M. MOHSEN

Director

Gastroliver Center of United Hospital Limited

Professor Dr. A.Q.M. Mohsen is the first interventional gastroenterologist in Bangladesh with decades of experience in diagnosing and treating digestive, liver, and pancreatic diseases. He completed MBBS from Chittagong medical college in 1975 & FCPS (Medicine) in 1981.

He was appointed as Assistant Professor at IPGMR in 1982. Dr. Mohsen has also served as a Research Fellow & Resident in Gastroenterology at the University of Oxford's Radcliffe Infirmary (1983–1986). He served as consultant Gastroenterology at Riyadh Central Hospital, Saudi Arab in 1986-89. He worked as Senior Consultant & Professor of Gastroenterology at BIRDEM General Hospital & Ibrahim Medical College in 1990- 98. He also worked as Chairman & Head at Gastro Liver Hospital and Research Institute Ltd in 1998-2018 & Head of Gastroliver Unit at IMPULSE hospital from 2018 to 2022. He joined as Director of Gastroliver Center of United Hospital Limited in 2022 & working there till date.

He is now president of Bangladesh Gastroenterology Society. He attended various seminars, congress and workshops home and abroad & has many publications in various national & international journals.



PROFESSOR A. S. M. A. RAIHAN

Professor of Gastroenterology

Vice President

Bangladesh Gastroenterology Society (BGS)

Professor A. S. M. A. Raihan was born in Manikganj in 1954. He graduated from Mymensingh Medical College in 1979. He obtained MD degree in Gastroenterology from the Dhaka University in 1991 and honorary FRCP from Edinburg, UK in 2007. He became Assistant Professor of Gastroenterology in the Institute of Postgraduate Medicine and Research, Dhaka in 1993 and subsequently in Medical University, Dhaka. He worked as Associate Professor of Gastrointestinal, Liver and Pancreatic disease in Bangladesh Medical University for 5 years and became Professor and Chairman of the department of Gastroenterology in 2006.

Professor Raihan got training in Early Gastric Cancer detection and related digestive tumours in Toranomon Hospital, Japan in 1992, and Therapeutic Endoscopy and ERCP in Showa University Fujigaoka Hospital, Japan in 1993. He was awarded WHO Fellowship in Gastroenterology for training in Singapore General Hospital in 1999.

He gathered experiences from various seminars, congress and workshops home and abroad. He attended more than thirty international congresses and presented eight of his research works in international congress.



PROFESSOR DR. DEWAN SAIFUDDIN AHMED

Professor & Chairman

Department of Gastroenterology
Bangladesh Medical University (BMU), Dhaka.

Professor Dr. Dewan Saifuddin Ahmed completed his graduation from Dhaka Medical College. He obtained FCPS (Medicine) from Bangladesh College of Physicians Bangladesh College of physician and surgeons (BCPS) & MD (Gastroenterology) from Bangladesh Medical University (BMU), Dhaka.

He worked under the Ministry of Health and Family Welfare, Government of People's Republic of Bangladesh from 1985-2006. Then he joined Bangladesh Medical University (BMU) in 2006 & working there till date. Currently he is Professor & Chairman, Department of Gastroenterology of the same institute & Secretary General of Bangladesh Gastroenterology Society.

Professor Dr. Dewan Saifuddin Ahmed had 55 publications in various national & international journals.



Biography of the Speakers





DR. SYEDA NUR-E- JANNAT

MBBS, FCPS (Medicine), MD (Gastroenterology)

Assistant Professor (Gastroenterology)

National Gastroliver Institute & Hospital

Dhaka, Bangladesh

Dr. Syeda Nur-E- Jannat

MBBS from Dhaka Medical College -2003

FCPS (Internal Medicine) -2010

MD (Gastroenterology)-2015

Started Government service in the year of 2006

Became consultant of internal medicine at 2010 worked at different Govt. hospitals like Dhaka Medical College (DMC), Government Employee Hospital as consultant of medicine.

Became specialist in Gastroenterology at 2015 and started working at Dhaka Medical College (DMC) and since 2024 working as Assistant Professor of Gastroenterology at NGIH.

Working as evening consultant at Gastro liver centre of United Hospital since 2022

Several publications in national and international reputed journal

Special interest in interventional gastroenterology, critical care gastroenterology & transplant hepatology.

Professional affiliation - Elected executive member of Bangladesh Gastroenterology Society
Life Member of Bangladesh Society of Medicine.



DR. MIRZA SHAMSUL AREFIN

Assistant Professor

Dept. of General & Laparoscopic Surgery
BIHS General Hospital, Dhaka

Dr. Mirza Shamsul Arefin

FCPS (Surgery) in January 2021 from BCPS.

- Working as Assistant Professor since March 2021

- **Trainings and courses:**

Fellowship trainee in Dept. of Hepato-Biliary-Pancreatic Surgery & Liver Transplant, BIRDEM General Hospital, Dhaka since 2023 to present.

- Several publications in national and international journals as well as oral presentations in national and international workshops and seminars

- **Professional affiliations:**

- Life Member, Bangladesh College of Physicians and Surgeons.
- Life Member, Society of Surgeons Bangladesh (SOSB).
- Life Member, Society of Endo-Laparoscopic Surgeons Bangladesh (SELSB).
- Life Member, Society of Hepato-Biliary-Pancreatic & Liver Transplant Surgeons of Bangladesh
- Member of International Society of Hepato-Pancreato & Biliary Association

- **Special interest:** Hepato-Pancreato-Biliary Surgery and Liver Transplant, especially minimal invasive Hepat- Biliary-Pancreatic Surgical procedures and Liver transplant.



DR. GOLAM MAHMUD RAYHAN

MS-Hepatobiliary Surgery in 2025 from BSMMU.

FCPS-Surgery in 2020 from BCPS

MRCS-UK in 2022 from RCS England

Junior Consultant (Surgery)

Dr. Golam Mahmud Rayhan

- In 2013, started career as Surgery trainee in DMCH. After joining BCS in 2014 worked as Assistant Registrar of surgery in Sher-E-Bangla Medical College Hospital, Barisal & Government Employees Hospital, Dhaka. Promoted to Junior Consultant (Surgery) in 2020 and currently working as same designation under DGHS. He was the Team Member of 2 liver transplants: BIRDEM (2020) & BSMMU (2023)
- Several publications in national and international journals as well as oral presentations in national and international workshops and seminars
- **Awards:** Gold Medal in FCPS exam for securing highest mark in 2020 session.

Professional affiliations:

- Life Member - Society of Surgeons of Bangladesh (SOSB) & Society of Endo-Laparoscopic Surgeons of Bangladesh (SELSB)
- Member of Society of Hepatobiliary & Pancreatic Surgeons of Bangladesh (S-HBPSB)
- Member of International Hepato-Pancreato-Biliary Association (IHPBA), A-PHBBA & E-AHPBA
- Member – IT Committee, International Affairs Committee, BCPS
- Instructor – ICT training program, BCPS

Special interest:

Minimal invasive hepatobiliary Surgery, Liver Transplant.



PROF (BRIG GEN) SYED ZOHERUL ALAM (ZAHIR)

Senior Consultant

Interventional Radiology
Evercare Hospital, Dhaka

Prof (Brig Gen) Syed Zoherul Alam (Zahir), presently working in Evercare Hospital, Dhaka, as Senior Consultant, Interventional Radiology for three years.

He was in Bangladesh Army and served as HOD & Advisor Specialist of Interventional & Diagnostic Radiology department of CMH Dhaka. He had introduced and organized a therapeutic and palliative Interventional Radiology (IR) center in Bangladesh Army.

Currently he is the President of Bangladesh Society of Vascular and Interventional Radiology (BSVIR), relentlessly he has been trying to develop Interventional Radiology (IR) in Bangladesh. Always inspiring and creating scope to prepare youngsters into the IR fields including nurses and technologists as a team.

He has keen interest in all endovascular procedures. Published articles in different journals and delivered presentations / talks at home and abroad.

Prof. Zahir is an executive committee (EC) member of prestigious Asia Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR).

**DR. NIKHAT ARA****Senior Consultant**

Microbiology & Infection Control
Evercare Hospital, Dhaka

Dr. Nikhat Ara

- MD in Medical Microbiology in 2005 from BSMMU.
- A brief tenure as Assistant Professor at BIRDEM.
- In 2005, started career at the then Apollo Hospital Dhaka, currently known as Evercare Hospital Dhaka, in the field of Diagnostic Microbiology which soon evolved to Clinical Microbiology and Infection Control. Presently working in the same organization as Senior Consultant-Microbiology & Infection Control.
- Trainings and courses: IDSA/SHEA Infection Control Fellows Course, USA (Online, 2012); 6th APSIC Training Course in Infection Control, Singapore (2012), Four weeks training in Clinical Infectious Disease under Professor Yoshihito Niki, Showa University, Tokyo, Japan (2015), Two weeks observer ship in Clinical Microbiology at Kasturba Medical College, Manipal, India (2020)
- Several publications in national and international journals as well as oral presentations in national and international workshops and seminars

Professional affiliations:

- Life member-Bangladesh Society of Medical Microbiologists, Bangladesh Biosafety and Biosecurity Society, Hospital Infection Society of India
- Member-Bangladesh Society of Pathologists,

Special interest:

- Clinical Microbiology, Antimicrobial Stewardship, CSSD, Occupational health



DR RAMDIP RAY

Head, Liver Transplantation

Senior Consultant, Gastro Intestinal & Robotic Surgery

MBBS (Medical College, Kolkata), MS (IPGMER & SSKM Hospital, Kolkata)

MRCS (Royal College of Surgeons of England)

Fellowship in Liver Transplant & HPB Surgery

Dr. Ramdip Ray is among the pioneers of liver transplantation in the eastern part of India. With an overall surgical experience of 24 years and 1500 liver transplants, he spearheads the only full fledged in-house comprehensive living donor and deceased donor liver transplant program in this part of the country.

Since 2020, Dr Ramdip Ray, Dr Supriyo Ghatak & Dr Sumit Gulati have been performing liver transplants as well as advanced Gastro Intestinal & Hepato Pancreato Biliary (GI & HPB) operations at Apollo Multispecialty Hospital, Kolkata. Dr Ray has performed liver transplants on patients from over 18 different countries, and even on patients as young as 5 months of age.

In their department, cutting edge technology is combined with surgical and clinical excellence provided by skilled professionals, but with an unwavering focus on doctor-patient communication being at the centre of all clinical activities.

Dr Ray has numerous publications in scientific journals and presents.

His work has been awarded at national & international conferences. Providing personalised care to all patients and ensuring good outcomes are the focus and goal of all members of this unique team.

International Work Experience

Training in Upper GI & Laparoscopic Surgery at Wrexham Maelor Hospital, Wales, UK

Performed liver transplants on patients from over 18 different countries

Honours

Vice President, Liver Transplant Society of India (LTSI)

Executive committee member, ASI (Association of Surgeons of India) - West Bengal chapter

Executive committee member - IHPBA (International Hepatopancreatobiliary Association) - India

Areas of Expertise

- Liver Transplantation - adult & pediatric
- Surgery for cancers of Liver, Gallbladder, Bile ducts, Pancreas & Gastro intestinal tract
- Robotic & Laparoscopic surgery
- Surgery for bile duct injuries
- Liver, Biliary & Pancreatic resections
- Radical surgery for cancers invading major arteries / veins

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PROF. DR. KAMRUL ISLAM

Professor

Urology and Kidney transplant surgeon

Professor Dr . Kamrul Islam completed his secondary education from Chandraprabha Vidyapeeth, Pabna in 1980 and was ranked 15th in the merit list. He then passed higher secondary from Dhaka College in 1982. He passed MBBS from Dhaka Medical College in 1990 and received a gold medal. He passed FCPS (Surgery) from the Bangladesh College of Physicians and Surgeons in 1995 & MS in Urology from former BSMMU in 2000. Later he obtained FRCS from the Royal College of Surgeons of Edinburgh, UK in 2003. He served as an assistant professor at the National Institute of Kidney Diseases & Urology Hospital. Dr . Islam founded the Center for Kidney Diseases & Urology (CKDU) Hospital in Shyamoli, Dhaka, with the mission to provide affordable kidney care. He performed over 1,000 kidney transplants with a success rate of 95–96% & has continued transplant surgeries even during the COVID-19 pandemic, conducting over 250 procedures in that period. So far, the 1,815th kidney transplant of CKDU has been successfully completed with minimal costs. Professor Islam has awarded “the Independence Award (Swadhinata Padak)” in 2022 for his contribution to the field of medicine. He also awarded Gold Medal (2010) by the Urology Society for his exceptional work in kidney transplantation. He is currently working as Professor, and Kidney transplant specialist and surgeon. Prof. Dr. Md. Kamrul Islam's dedication to advancing kidney transplantation practices and his active involvement in international research initiatives underscore his commitment to improving nephrological health both in Bangladesh and globally.



DR. MOHAMMAD SHOAIB CHOWDHURY

Associate Professor

Department of Gastroenterology
Bangladesh Medical University
Shahbag, Dhaka, Bangladesh

Dr. Mohammad Shoaib Chowdhury

MD in Gastroenterology in 2011 from Bangladesh Medical University (BMU), Dhaka.

Started Career as Medical Officer in the Department of Gastroenterology BMU on 2003.

Worked as Assistant Professor of Gastroenterology, BMU from 2016.

Working as Associate Professor of Gastroenterology, BMU from 2020.

Training : Clinical fellowship - Hepatology and Liver Transplant at The Liver unit of Queen Elizabeth Hospital, Birmingham, England, UK.

Multiple publications in national and international journals as well as oral presentation in various workshops and seminars.

Member, Bangladesh Gastroenterology Society.

Special interest : IBD, Transplant Hepatology.



DR. MOHAMMAD IQBAL HOSSAIN

Consultant

National Gastroliver Institute and Hospital
Dhaka, Bangladesh

Dr. Mohammad Iqbal Hossain

Professional Degree:

- MCPS in Medicine in July 2012
- FCPS in Medicine in July 2013
- MD Gastroenterology in January 2022

Brief Carrier:

After completing MCPS and FCPS in medicine promoted as Consultant in 2013 and worked in Laxmipur sadar hospital. In 2022 he completed Doctor of medicine in Gastroenterology. Since then working as Consultant in National Gastroliver Institute and Hospital.

Training:

He completed basic endoscopic training organized combinedly by Bangladesh gastroenterology society and British society of gastroenterology. Completed 1 month of advanced endoscopic training in Asian Institution of Gastroenterology, Hyderabad, India. He has special interest on diagnostic and therapeutic Endoscopic Ultrasound.

Publication and research:

Accomplished and collaborated a wide range of research pertaining to medicine and published a good number of scientific papers in national and international peer-reviewed medical journals.

Publications : 8

National -04 : Original article - 2 and Case report - 2

International - 04 : Original article - 4

Special interest:

- Highly enthusiastic to train and teach the junior trainee and to do research work



PROF. DR. MD. SUMSUL ARFIN

MBBS, FCPS (Medicine)

Gastrointestinal, Liver & Pancreatic Diseases Specialist

Consultant, Gastroenterology

Bangladesh Specialized Hospital

Dhaka, Bangladesh

- Graduated from Chittagong Medical College in 1979 and completed FCPS (Medicine) in 1991 (January)
- Started journey as a physician through in- service training in Chittagong Medical College Hospital. Joined in Army Medical Core. Worked as a medical officer under Govt. of Islamic Republic of Iran from 1983 to 1987. After coming home, joined as resident in Medicine – Holy Family Red Crescent Hospital from 1987 to 1988 and as house physician (Honorary) in nephrology IPGMR hospital from 1987 to 1989. Worked in BIRDEM general Hospital from 1991 to 2007 as medical officer, registrar, junior consultant, Assistant professor and Associate professor in GHPD unit. During the tenure in BIRDEM general Hospital, worked as faculty in Ibrahim Medical college
- After long journey in BIRDEM general hospital, joined as Associate Prof. of Gastroenterology in Bangladesh Medical College and as Prof. of Gastroenterology- Uttara Adhunik Medical College upto 2009. Joined as Consultant Gastroenterologist, Square Hospitals Ltd. from 2009 to 2018. Now working as Consultant Gastroenterologist, Bangladesh Specialized Hospital Ltd. from 2018 to till date.
- Teaching undergraduate and post graduate students, organizing workshops, clinical meetings, conferences, as a faculty of BIRDEM academy and Ibrahim Memorial Medical College, Attended many national and international conferences at home and abroad on Gastroenterology and Therapeutic endoscopy.
- Love to reading books and Journals, listening music and being in touch with current affairs.
- More than 60 publications in national and international journals as well as oral presentations in national and international workshops, seminars and symposiums.

Pre Liver Transplant Assessment – Donor & Recipient of Liver Transplant

Syeda Nur-E-Jannat

Assistant Professor (Gastroenterology), National Gastroliver Institute & Hospital

Liver transplantation (LT) is the only curative management in end stage liver disease. Most common indications are decompensated cirrhosis of liver with major complications, HCC and acute liver failure. The decision to list a patient for transplantation is a risk-benefit analysis in which the inherent risks of surgery, recurrent disease, and long-term immunosuppression must be weighed against the potential benefits of transplantation. The goal of the pretransplantation evaluation is to assess the patient's ability to tolerate the stress of surgery, immunosuppression, and the demands of post-transplantation care.

Patients should be selected if expected survival in the absence of LT is less than one year or if the patient had an unacceptable quality of life because of liver disease. Due to scarcity of liver donors worldwide, MELD score is widely used for predicting short term mortality of cirrhosis of liver and to prepare a 'priority list' in waiting list candidates for optimal timing of LT to reduce mortality and improve success rate.

Each patient undergoes metabolic screening, an extensive cardiopulmonary evaluation, screening for occult infection or cancer, and psychosocial evaluation. Specific testing varies depending on the patient's age, medical history, and transplantation center practice.

Living donor LT is an equally efficacious therapeutic option compared to deceased donor LT. Donor safety is the central issue during evaluation. The standard donor should be ABO compatible with the recipient, acceptable age range is 18-55 years, BMI 18-28 kg/m², BMI > 30 kg/m² or with associated two metabolic syndrome requires liver biopsy to exclude steatohepatitis. Candidates with well-controlled diabetes mellitus, hypo/ hyperthyroidism, hypertension and asthma can be considered for liver donation. History of Coronary artery disease or cerebrovascular accidents are contraindications for liver donation. During donor evaluation adequate hepatic parenchymal volume, vascular inflow, venous outflow and biliary drainage are evaluated for the proposed partial allograft and donor remnant (minimum 30%). Partial hepatectomy is a safe procedure and adequate counseling is ensured to overcome any possible psychological consequences.

With proper pretransplant assessment optimal patient selection and optimal timing for LT is assessed and also identify issues that may impair a successful outcome after transplantation.

Establishing a Living Donor Liver Transplantation (LDLT) Program: Strategic Framework and Operational Insights

Dr. Mirza Shamsul Arefin

Assistant Professor, Dept. of General & Laparoscopic Surgery

BIHS General Hospital, Mirpur Dhaka

Background: Liver transplantation is a definitive treatment for end-stage liver disease and selected hepatic malignancies. With a growing discrepancy between the number of patients requiring transplantation and the availability of deceased donor organs, especially in low- and middle-income countries, Living Donor Liver Transplantation (LDLT) has emerged as a viable and often essential alternative. However, the complexity of LDLT demands comprehensive planning, multidisciplinary collaboration, and resource-intensive infrastructure.

Objective: To present a structured and practical roadmap for initiating a successful LDLT program, with specific considerations for resource-constrained settings such as Bangladesh, where the need for liver transplants is high but programmatic establishment remains limited.

Methods and Approach: Drawing from clinical experience and global standards, the presentation delineates key requirements across four domains: (1) Personnel – assembling a trained core team of surgeons, anesthesiologists, hepatologists, and intensivists; (2) Infrastructure – equipping operating theaters and transplant ICUs with modular layouts, HEPA filtration, advanced monitoring tools, and critical care resources; (3) Process – establishing SOPs, donor and recipient selection protocols, and perioperative management guidelines; and (4) Support – ensuring access to interventional radiology, blood bank services, laboratory monitoring (e.g., tacrolimus levels), and a strong transplant coordination framework.

Key Considerations: Initial cases should involve low-risk recipients and donors with favorable anatomy to reduce technical complexity. Institutional commitment, long-term team training (including exposure at high-volume centers), and cost-management strategies—such as public-private partnerships—are critical for sustainability. Special emphasis is placed on the role of leadership, intraoperative vigilance, and multidisciplinary synergy to ensure quality and patient safety.

Conclusion: Starting an LDLT program involves more than surgical readiness—it requires a systems-level strategy encompassing personnel development, infrastructure planning, and procedural rigor. With appropriate training, planning, and institutional support, high-quality LDLT programs can be established even in resource-limited environments, ultimately improving survival and quality of life for patients with end-stage liver disease.

Post Transplant Assessment, Post Operative Care & Challenges

Golam Mahmud Rayhan

Junior Consultant (Surgery), FCPS (Surgery), MS (Hepatobiliary Surgery), A Member of Liver Transplant Team of BMU and BIRDEM.

Liver transplantation is a life-saving procedure that requires meticulous post-operative management to ensure long-term graft function and patient survival. Post-transplant care begins immediately after surgery and continues throughout the recipient's life.

Immediate Postoperative Period

The immediate post-transplant period extends from the patient's discharge from the operating room to the first three months post-surgery. During first few days, patients are monitored in specialized units equipped for liver transplant recovery. Key components of early care include:

- **Ventilation and Weaning:** In most LT units- patient is shifted to ICU on mechanical ventilator. But extubation is possible in OT, if all the parameters are favorable. Early extubation associated with reduced complications.
- **Hemodynamic and Invasive Monitoring:** Tools such as central venous lines and pulmonary artery catheters are utilized to closely monitor cardiovascular status.
- **Electrolyte and Fluid Balance:** Careful correction of disturbances like hyperkalemia, hyponatremia, and hypocalcemia is essential.
- **Graft Surveillance:** Doppler studies, liver function tests, and drain monitoring help assess graft viability and early complication detection.

Pharmacologic Management

Immunosuppression

Immunosuppressive therapy is central to preventing rejection. The regimen typically includes:

- **Calcineurin Inhibitors (CNI):** Tacrolimus or cyclosporine
- **Adjunct Agents:** Mycophenolate mofetil, mTOR inhibitors, and corticosteroids
- **Triple Therapy:** May be used initially, combining CNI, anti-metabolite, and steroids

Side effects, including nephrotoxicity, metabolic disturbances, and cytopenias, necessitate regular monitoring and dose adjustments.

Infection Prophylaxis

Liver transplant recipients are highly susceptible to infections. Prophylactic antibiotics, antifungals, and antiviral agents are administered, with regimens adjusted based on culture reports and risk profiles. Vaccination and latent infection screening are vital pre and post-transplant strategies.

Monitoring and Complications

Rejection

Three types of rejection may occur:

- **Antibody-Mediated Rejection (AMR)**
- **T-cell Mediated Acute Rejection**
- **Chronic Ductopenic Rejection**

Management involves immunosuppressive escalation, including corticosteroids, plasmapheresis, and biologic therapies.

Graft Dysfunction

Early dysfunction can arise from ischemia-reperfusion injury or technical complications. Late dysfunction often involves chronic rejection, recurrent disease, or metabolic complications.

Nutritional and Supportive Care

Nutritional support begins with early nasogastric feeding, transitioning to a high-calorie, high-protein diet to support healing and liver regeneration. Pain management, drain care, and thromboembolism prophylaxis are integral aspects of early recovery. N-acetyl cysteine (NAC) infusion is also used to reduce reperfusion injury and improve liver enzyme profiles.

Long-Term Care

Metabolic and Cardiovascular Health

Long-term care focuses heavily on managing metabolic syndrome, including:

- Diabetes Mellitus
- Hypertension
- Dyslipidemia
- Obesity

Lifestyle modifications and medical therapies are tailored to mitigate cardiovascular risks, which are leading causes of late mortality.

Renal Health

Chronic kidney disease is common due to prolonged CNIs, requiring routine renal function assessment and potential immunosuppression adjustment.

Cancer Surveillance

Liver transplant recipients are at increased risk for de novo malignancies due to chronic immunosuppression. Regular cancer screenings, including for skin, colorectal, and lymphoproliferative disorders, are recommended.

Recurrence of Primary Disease

Diseases like hepatitis B, hepatitis C, autoimmune hepatitis, and primary sclerosing cholangitis can recur and require disease-specific management protocols.

Psychosocial and Reproductive Health

Post-transplant patients may face psychological challenges, including anxiety, depression, or substance abuse relapse. A multidisciplinary approach with psychiatric support is essential. Additionally, women of childbearing age should receive counseling on contraception and pregnancy planning.

Conclusion

Post-transplant care is a multifaceted continuum that extends far beyond the surgical procedure. It requires a collaborative, multidisciplinary approach to monitor organ function, prevent and treat complications, and support overall patient well-being. Early intervention in modifiable risk factors, vigilant monitoring, and individualized therapy remain the cornerstones of successful long-term outcomes in liver transplant recipients.

Role of Interventional Radiology (IR) in Liver Transplant

Syed Zoherul Alam (Zahir)

Senior Consultant, Interventional Radiology, Evercare Hospitals Dhaka.

Interventional radiology (IR) plays a vital role in liver transplantation by offering minimally invasive diagnostic and therapeutic tools that help improve patient outcomes and reduce the need for more invasive surgical interventions.

Interventional radiologists work closely with other members of the transplant team (surgeons, hepatologists, etc) to provide comprehensive and effective care for liver transplants patients.

Infection Prevention and Control in Liver Transplantation

Nikhat Ara

Senior consultant Microbiology & Infection Control Evercare hospital Dhaka, Bangladesh

Patients undergoing liver transplantation face a heightened risk of infectious complications throughout their treatment. Hospitals considering liver transplant programs should therefore have a robust infection prevention and control program. Key elements for a successful program include: a) a defined reporting structure with an IPC committee, dedicated personnel, and allocated budget and resources; b) evidence-based practices; and c) regular surveillance with feedback. To maintain the program long-term, a comprehensive education and training program is essential. The World Health Organization offers excellent resources for both program implementation and training.

It is preferable to cohort transplant patients in a separate unit. Maintaining the air and water quality within this unit would help prevent fungal and waterborne bacterial infections. Pre-transplant infection prevention and control (IPC) begins with proper screening for acute and chronic infections in both donor and recipient; the results will guide preventative strategies such as isolation, vaccination, prophylaxis, and preemptive therapy. During transplantation, strict barrier precautions and the central sterile supply department also play vital roles. Patient and family counseling regarding lifestyle adjustments is essential to minimize the risk of post-transplant environmental exposure.

Liver Transplantation in India and the Way Forward for Bangladesh

Ramdip Ray

Head, LiverTransplant, Sr. Consultant, Gastrointestinal Surgery, Apollo Multispecialty Hospital, Kolkata, India.

Introduction: My journey in this field began in Calcutta, a city in the eastern part of India, a region that, like many others, witnessed the gradual evolution of liver transplant programs. Today, I will share insights into the development of liver transplantation in India, the lessons learned, and the potential path forward for nations like Bangladesh as they embark on this critical medical journey.

The Evolution of Liver Transplantation in India: Liver transplantation in the Indian subcontinent truly began in the Delhi and later expanded to the southern part of the country. The eastern and western regions, including my hometown of Calcutta, were slower to adopt this. As a surgeon with a focus on gastrointestinal, liver, pancreatic, and bile duct surgeries, I was naturally drawn to liver transplantation—a procedure widely regarded as the most complex operation performed on the human body. Living donor liver transplantation (LDLT), in particular, stands out as an even more intricate endeavor.

Driven by the desire to master this challenging field, I pursued specialized training in Delhi and returned to establish the first full-fledged, independent liver transplant program in eastern India. Today, India has emerged as a global hub for liver transplantation, performing among the largest number of such procedures worldwide. However, this success has not been without its share of mistakes—lessons that newer programs, like those in Bangladesh, can learn from.

Learning from Global Experiences: The Western world, despite its advanced medical infrastructure, has faced challenges in fully integrating living donor programs. As a result, many patients continue to suffer due to the shortage of organs. In contrast, India has achieved remarkable success in living donor transplants, which constitute nearly 80% of all liver transplants performed in the country. While this showcases surgical excellence, it also highlights an imbalance—the ideal scenario would involve a more equitable distribution between living donor transplants (30-40%) and deceased donor or cadaver transplants (50-60%).

Recent initiatives in regions like the Middle East, particularly in Abu Dhabi, demonstrate the potential of deceased donor programs. These programs have achieved significant success, proving that with the right infrastructure and policies, cadaver transplants can thrive.

The Way Forward for Bangladesh: For Bangladesh, the journey into liver transplantation must be strategic and multifaceted. Here are the key steps to ensure success:

1. **Collaboration Between Government and Private Sectors:** Liver transplant programs should be established both in government-run university teaching hospitals, army hospitals, and private corporate hospitals. This dual approach will ensure accessibility and scalability.
2. **Balancing Living and Deceased Donor Transplants:** Bangladesh must prioritize both living donor and deceased donor programs from the outset. While biases against deceased donor transplants exist globally, these can be overcome through education, awareness, and robust legal frameworks.
3. **Learning from Global Mistakes:** By studying the experiences of India, the West, and the Middle East, Bangladesh can avoid common pitfalls and adopt best practices. This includes creating a transparent organ allocation system, investing in training for medical professionals, and fostering public trust in transplantation.

Conclusion: In closing, the field of liver transplantation is a testament to human ingenuity and collaboration. For Bangladesh, the time to act is now. By leveraging the lessons of others, fostering partnerships across sectors, and embracing both living and deceased donor models, Bangladesh can quickly make its mark on the liver transplant map. This will be a boon to thousands of patients suffering from the scourge of end stage liver disease.

Understanding Acute Pancreatitis: Etiology, Mechanisms, and Management

Mohammad Shoaib Chowdhury

Associate Professor of Gastroenterology, BMU, Shahbagh

Acute pancreatitis is a sudden inflammation of the pancreas, often caused by gallstones, alcohol use, or hyperlipidemia. The pathophysiology involves the premature activation of pancreatic enzymes, leading to autodigestion of pancreatic tissue, inflammation, and systemic complications like SIRS and organ failure.

Common causes include gallstones (40-70%), alcohol (20-30%), and hyperlipidemia, with other factors like trauma, infections, and medications also contributing.

Diagnosis involves elevated amylase and lipase levels, imaging (CT scan, ultrasound), and tests for underlying conditions (e.g., triglycerides, liver function tests).

Management is primarily supportive, with IV fluids, pain control, and early enteral feeding. Treatment of underlying causes (e.g., cholecystectomy for gallstones) and addressing complications like infection or organ failure may require specific interventions. Severe cases may require surgical or endoscopic procedures. Prognosis varies, with mild cases recovering fully, while severe cases can lead to significant morbidity.

Chronic Pancreatitis – An Overview

Md. Iqbal hossain

Consultant, National Gastroliver Institute & Hospital, Dhaka

Chronic pancreatitis (CP) is a permanent and irreversible condition characterized by chronic inflammation, fibrosis, and destruction of exocrine (acinar cells) and endocrine (islets of Langerhans) tissues.

This overview highlights the epidemiology, clinical presentation, diagnostic approaches, and therapeutic options for CP, emphasizing a multidisciplinary approach to patient care.

Its prevalence in Western industrialized countries is estimated at 10–15 per 100,000 population, with an annual incidence of 3.5–4 per 100,000.

Clinical features include abdominal pain, malabsorption, and diabetes mellitus.

Diagnosis involves functional tests (direct hormone stimulation and indirect tests) and structural assessments.

Management focuses on addressing pain, exocrine pancreatic insufficiency (EPI), and endocrine insufficiency. Treatment strategies include analgesics, reduced fat intake, lipase and vitamin supplementation, and medium-chain triglycerides. Surgical intervention is indicated for complications such as biliary or pancreatic strictures, duodenal stenosis, fistulas, hemorrhage, intractable pain, pseudocysts, suspected neoplasms, or vascular issues.

The Role of Endoscopic Therapy in the Management of Pancreatic Diseases: Indications and Outcomes

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Endoscopic therapy has become a well-established, minimally invasive treatment option for selected patients with pancreatic diseases, including acute and chronic pancreatitis and their complications.

A range of classical and modified endoscopic techniques are employed as part of a comprehensive therapeutic approach in this field. These endoscopic methods are particularly indicated in cases of acute biliary pancreatitis and localized complications of acute pancreatitis (AP). Additionally, pancreatic endotherapy has demonstrated efficacy in certain patients with idiopathic AP.

As an integral component of multidisciplinary management, endoscopic interventions offer a less invasive alternative with favorable outcomes in appropriate setting.

Ongoing advancements in endoscopic techniques continue to expand its role in pancreatic disease management.

Diagnosed with Primary Adrenal Insufficiency? Search Adrenoleukodystrophy- two Brothers Presented with Similar Phenotype

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X-linked adrenoleukodystrophy (X-ALD) is a genetic disease with a variety of phenotypic expression. This is the first case report of X-AMN/ALD in two brothers in Bangladesh confirmed by raised VLCFA. Our index patient of 19 years presented on 2014 with adrenal insufficiency, after one year developed progressive spastic paraparesis along with cognitive declination and behavioral abnormality. His only brother was clinically asymptomatic at presentation with Addison's disease and extensor plantar reflexes. After three years of follow up, index patient became bed bound with slurred speech, urinary urge incontinence and his brother developed spastic paraparesis with cognitive impairment. None had gonadal impairment. Follow up MRI after three years revealed lesion in brainstem in both along with atrophy of thoracic segment of spinal cord in index patient and cerebellum, internal capsule involvement in his brother. Both were of pure AMN variety but due to presence of cognitive impairment and behavioral abnormality they can be categorized as cerebral variety of AMN. On 2023, our index patient is still surviving with major functional disability and his brother died on 2019, 5 years of initial diagnosis.

Ileal Aspirates: A Novel Sample for Diagnosis of Intestinal Tuberculosis

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Background: Over recent few years, the incidence of tuberculosis and intestinal TB (ITB) has markedly raised due to population migration, MDR-TB, HIV infection, use of immunosuppressive agents and biologics. Over and under diagnosis are also common, especially in developing countries like Bangladesh. As the terminal ileum is the most common site of ITB, Ileal fluid can be aspirated by colonoscopy with better diagnostic yielding. This study was aimed to evaluate the efficacy of ileal aspirates as a novel sample in diagnosis of Intestinal Tuberculosis at a tertiary care hospital in Bangladesh.

Materials & Methods: This was a cross sectional analytical study performed over 01 year period. We have studied 200 suspected ITB patients with 04 different investigation tools; Ileal aspirates for Gene Xpert, Stool Gene Xpert, Endoscopic or surgical Biopsy for histopathology and Endoscopic or surgical Biopsy for GeneXpert. At first we have collected biopsy from terminal ileum. Then we have collected 10 ml of ileal aspirates by direct aspiration through jejunal feeding tube from terminal ileum during colonoscopy and sent it for GeneXpert. We also completed other tests as per rules. ITB diagnosed patients were followed up for clinical improvement and treatment response for next two months. The sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) and diagnostic accuracy of each test were calculated.

Results: Finally 96 of them were diagnosed as confirmed ITB and 104 were other diagnosis. Ileal aspirates showed 80.21%, 77.88%, 77.00%, 81.00% and 79.00% sensitivity, specificity, PPV, NPV and diagnostic accuracy respectively, which was quite better than other modalities.

Stool GeneXpert showed 69.79%, 73.08%, 70.53%, 72.38% and 71.50% sensitivity, specificity, PPV, NPV and diagnostic accuracy respectively.

Colonoscopic/Surgical biopsy - HPR showed 42.71%, 69.23%, 56.16%, 56.69% and 56.50% sensitivity, specificity, PPV, NPV and diagnostic accuracy respectively.

Colonoscopic /surgical biopsy GeneXpert showed 76.04%, 70.19%, 70.19%, 76.04% and 73.50% sensitivity, specificity, PPV, NPV and diagnostic accuracy respectively.

Conclusion: Diagnosis of ITB is challenging, especially where ITB and Crohn's disease both are common in community and can present in same patient simultaneously. Ileal Aspirates can help better to detect bacteriological presence in intestine and thus we can confidently diagnose ITB with better differentiation from Crohn's disease. This sample can be taken easily while on colonoscopy along with biopsy materials.

Diagnostic Role of CA 19-9, CA 19-9/CRP Ratio and CA 19-9/Total Bilirubin Ratio in Differentiating Benign and Malignant Obstructive Jaundice

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Background: Serum carbohydrate antigen (CA19-9) is a tumour marker which is significantly elevated in biliary and pancreatic malignancy. It is also increased in some benign conditions associated with jaundice. So many strategies have been recommended to improve the power of CA 19-9 to differentiate benign and malignant obstructive jaundice. This study was carried out to explore the diagnostic role of CA19-9, CA19-9/CRP ratio and CA19-9/total bilirubin ratio in differentiating benign and malignant obstructive jaundice.

Materials & Methods: The present cross sectional analytical study was conducted at Department of Gastrointestinal, Hepatobiliary and Pancreatic Disorders (GHPD), BIRDEM General Hospital, Bangladesh. It included 60 patients with obstructive jaundice diagnosed by clinical, laboratory and radiological investigations. They were divided into two groups; benign (n=29) and malignant (n=31). The nature of obstructive jaundice was obtained by ultrasonography, CT scan, MRCP, ERCP, tumour marker and histopathology. All patients were tested for CA19-9, CRP and serum bilirubin. Data were analysed using SPSS version-25.0 software.

Results: The mean $\pm$ SD age (years) of the benign group was 56.90 $\pm$ 15.80 and malignant group was 56.97 $\pm$ 12.60. The ROC analysis for CA19-9 yielded sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and accuracy of CA19-9 at cut-off value 70 U/ml were 71%, 49%, 60%, 61% and 61% respectively and area under the curve (AUC) was 0.625. The CA19-9/CRP ratio showed sensitivity, specificity, PPV, NPV and accuracy at cut-off value 5.2 were 80%, 97%, 96%, 82% and 88% respectively and AUC was 0.910. The CA19-9/total bilirubin ratio showed sensitivity, specificity, PPV, NPV and accuracy of at cut-off value 17 were 58%, 51%, 56%, 53% and 55% respectively and AUC was 0.509.

Conclusion: CA 19-9/CRP ratio had high diagnostic value in differentiating benign and malignant obstructive jaundice than CA19-9 alone and CA19-9/total bilirubin ratio.

Association of Anxiety and Depression with Disease Activity in IBD Patient

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Background: Inflammatory bowel disease (IBD) including Crohn's disease (CD) and ulcerative colitis (UC) is a chronic and disabling disease with unknown aetiology. There is evidence that anxiety and depression are more common in the patient with IBD and the symptoms of these conditions are more severe during periods of active disease. This study was done to observe the relationship among anxiety, depression and disease activity in IBD patient.

Materials and Methods: This cross sectional analytical study was carried out in the department of Gastroenterology, Bangabandhu Sheikh Mujib Medical University, Dhaka from January 2019 to March 2020 on 140 patients of IBD, diagnosed previously based on endoscopy, histopathology and/or imaging, aged between 18 and 80 years, admitted under the department and those who came in IBD clinic. Patients with IBD who had coexistent comorbidity affecting the mental status and known psychiatric disorder were excluded. Disease activity was evaluated using the Heryard Bradshaw Index for CD and Ulcerative Colitis Activity Index for UC. DASS 21 Bangla version was used for evaluation of depression and anxiety. Data analysis was performed by using Statistical Package for the Social Sciences version 23 (SPSS 23). Chi-square test was used to compare categorical variables between group A (IBD with anxiety and/or depression) and group B (IBD without anxiety and/or depression) at 5% level of significant. P value <0.05 is taken as significant.

Results: 140 participants were included: 30% female; 46.4% Crohn's Disease (CD); 53.6% ulcerative colitis (UC); It was observed that age range of IBD patients was 18-80 years. CD subjects were significantly younger than UC at the time of study (mean $\pm$ SD) 33.18 ± 9.38 years versus 38.21 ± 11.67 (p = 0.006). Measurement of association of anxiety and depression with disease activity in IBD is significantly associated with anxiety (p <0.001) and depression (<0.001). Low income, long disease duration and active disease are significantly associated with depression (OR-3.539, 2.985, 5.307 respectively with 95% CI). Low income, disease activities are associated with anxiety (OR- 4.810, 4.387 with 95% CI).

Conclusion: This study shows a close relationship between disease activity and anxiety and depression in IBD patient. Psychological evaluation is necessary for the management of IBD patient. Besides this, anxiety and depression should be considered one of the critical goals in the treatment planning whenever an IBD patient shows an exacerbation of disease.

Keywords : Inflammatory bowel disease, Associated factors, Anxiety, depression, Disease activity.

Correlation between Fibroscan and Laboratory Tests for Assessing Liver Fibrosis in Non-alcoholic Fatty Liver Disease Patients

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Background: Non-alcoholic fatty liver disease (NAFLD) is the most common liver disease worldwide which may cause liver fibrosis and cirrhosis. Fibroscan has high sensitivity (92%) and specificity (84%) to detect liver fibrosis. However, considering the cost and availability of Fibroscan is a challenge in a resource-constrained setting, laboratory tests like the Fibrosis-4 index (FIB-4), aspartate to platelet ratio (APRI), and aspartate transaminase to alanine transaminase ratio (AST/ALT) can be an alternative to liver Fibroscan in these circumstances. Considering this, we aim to compare these laboratory tests with Fibroscan for fibrosis staging in non-alcoholic fatty liver disease (NAFLD) patients.

Materials & Methods: This prospective cross-sectional study was conducted from December 2023 to October 2024 at the National Gastroliver Institute and Hospital, Dhaka, Bangladesh. Two groups were made based on Fibroscan results of non-significant fibrosis (F0-F1, kPa $\leq$ 7.5) and significant fibrosis (F2-F4, kPa $>$ 7.5). The optimal cut-off of all three tests was also determined using the ROC curves.

Results: A total of 203 NAFLD patients were analyzed for this study, 132(65%) were males and the mean age was 46.6 ± 13.5 years. The mean BMI was 27.8 kg/m^2 . Of those, 54.2% had dyslipidemia, 45.8% diabetes, and 31.3% hypertension. Non-significant fibrosis (kPa $\leq$ 7.5) was found in 139(68.5%) patients and significant fibrosis (kPa $>$ 7.5) in 64(31.5%) patients.

A significant positive correlation was found between FibroScan score and FIB-4 ($r=0.357$, $p<0.0001$), APRI ($r=0.457$, $p<0.0001$); however, the correlation was weak for AST/ALT ratio ($r=0.141$, $p=0.05$). AUROC curves for FIB-4, APRI, and AST/ALT for significant fibrosis (kPa $>$ 7.5) were 0.747 ($p<0.0001$), 0.751 ($p<0.0001$), and 0.602 ($p=0.02$), respectively. Sensitivity and specificity of APRI at the 0.43 cut-off for the differentiation of significant fibrosis were 73.4% and 71.9%; FIB-4 at the 1.3 cut-off 71.9% and 70.5%; and AST/ALT at the 1.19 cut-off 50% and 64% respectively.

Conclusion: This study showed that FIB-4 and APRI have a positive correlation with fibrosis staging in NAFLD patients. FIB-4 and APRI have higher accuracy compared to AST/ALT. So, in the resource-constrained settings where FibroScan is unavailable, APRI and FIB-4 can be valuable tools for identifying patients at higher risk of significant fibrosis.

Prevalence of Peptic Ulcer Disease among the Decompensated Cirrhotic Patients Attending for Endoscopic Screening in a Tertiary Care Hospital: A Retrospective Cohort Study

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Background: Non-variceal bleeding from Peptic ulcer disease accounts for significant mortality in decompensated liver cirrhosis patients. This study aimed to determine the prevalence of Peptic ulcer disease among patients while screening endoscopy for possible variceal ligation.

Materials and Methods: This retrospective cohort study was done at the National Gastroliver Institute & Hospital based on the available data records of 268 adult decompensated cirrhotic patients from January 2023 to December 2023. These patients attended for endoscopic screening for possible variceal ligation. During endoscopy, gastric ulcers, erosions, duodenal ulcers, and erosions were considered peptic ulcer diseases. Esophageal varices were classified as small, medium, and large, and gastric varices were classified according to the Sarin Classification. Quantitative variables were compared using the Student's t-test. The Chi-square test analyzed categorical data. All the statistical analyses were done using SPSS 26.0 (SPSS, Chicago, IL, USA). A P-value <0.05 was considered statistically significant.

Results: Among the 268 patients, 197 were males, while 71 were females. The mean age of the patient was 48.19±SD13.08. The etiologies were found to be HBV 112 (41.8%), HCV 24 (9%), NASH 68 (25.37%), and others like Wilson's disease, hemochromatosis, secondary biliary cirrhosis, or unknown 64 (23.9%). The types of varices encountered were large-sized varices 180 (67.16%), medium-sized varices 76 (28.36%), and small-sized varices 16 (5.97%). GOV-1 was the most common type of gastric varix, 17(6.34%). Among the 268 cirrhotic patients, 39 patients (14.55%) had peptic ulcer disease. Differences between age, sex, etiology, and types of gastric varices were not statistically significant. However, the difference between patients having peptic ulcer disease and not having peptic ulcer disease with small, medium, and large size varices was found statistically significant (P <0.001).

Conclusion: Prevalence of peptic ulcer disease among the cirrhotic patients undergoing screening endoscopy for possible variceal ligation was found to be 14.55%. Future prospective studies are needed to detect the actual prevalence of peptic ulcer disease among those patients.

“GI presentation of Non GI Disease”

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A Child Presented With Increased Bowel Frequency

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Background: primary spinal cord tumors are very rare (incidence 0.26/100,000 person/years) in children and adolescents (0-19 years), commonly presents with low back pain, pain radiating to thigh/knee, lower extremity numbness/weakness, urinary dysfunction and abnormal gait. Here we presented a case of spinal cord tumor in sacral region presented with neurogenic bowel which is very rare in paediatric age group.

Materials & Methods: A 5-years-old girl from Dhaka presented with increased bowel frequency, 8-12 times/day, semi-solid for 2 years without any systemic or neurological complaints. On query, her parents disclosed history of urinary retention 2 years back which improved with intermittent self-catheterization over 3 months with subsequent normal bladder habit for 2 years. General examination, vital parameters were normal. Anal area appeared normal with reduced anal tone. Neurological examination including motor, sensory examination of both lower limbs and other systems revealed normal.

Results: CBC, RBS, TSH, creatinine, electrolytes, CXR, USG of whole abdomen, stool R/E, culture, colonoscopy were normal. MRI of lumbosacral spine (sagittal proton cast T1W1) (Figure1a) revealed a heterogeneous, iso-intermediate intense (in comparison to normal spinal cord) lobulated mass at S2-S5, with mild inhomogeneous enhancement on post contrast T1W1 (Figure1b). It extended delineated as mild heterogeneous, hyperintense lobulated lesion in sagittal T2W1 (Figure1c) suggesting intracanalicular myxopapillary ependymoma. The adjacent vertebral disk heights were normal without any sign of tethered cord or disc herniation. After laminectomy an extradural tumour (S1-S4) was removed near totally (Figure1de), histopathology revealed cellular ependymoma (WHO grade II). Leukocyte common antigen, CD20, CD3 was negative. It was followed by palliative Radiotherapy (Total T.D 4400cGy, 22Fr, 31days).

Conclusion: Patient regained her normal bowel habit within 6 months of surgery. After 8 years she was completely symptoms free without any tumor recurrence which supports long term survival and complete functional recovery of spinal cord ependymoma with specific therapy.

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