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MedEdu Tabuk

Weekly Newsletter

Faculty of Medicine, University of Tabuk

Medical Simulation Lab - Dr. Tanveer Raza

The Medical Simulation Lab at University of Tabuk is a state-of-the-art multidisciplinary training facility. It will provide technologically enhanced learner-centered approach to medical teaching.



Situated in the 2nd floor of the new polyclinic building it has dedicated wings for Surgery, Medicine, ObGy and Pediatrics. The patients will be the ultimate benefactors from the innovative training at the Medical Simulation Lab.

Department of Medical Education

Invitation to Attend

Dr. Marai M. Alamri, Dean of Medicine

“Introduction to State of the art Simulation Lab”



Time and Date: 1 pm - 3 pm, Wednesday 19th of December 2018

Venue: Simulation Lab (New Polyclinic Building), Second Floor, University of Tabuk [Please see attached Map]

For enquiries: Dr. Tanveer Raza
Tel: 0537251324, Ext: 4039

MedEdu Tabuk

CORRECTION IN THE TREATMENT OF PRIAPISM IN KUMAR AND CLARK'S CLINICAL MEDICINE BOOK (9TH EDITION) BY A 6TH YEAR MEDICAL STUDENT AT UNIVERSITY OF TABUK

Ahmad Abraham Alhweti

6th Year Student

Faculty of Medicine

Email: 341000323@stu.ut.edu.sa

Dear Ahmad Alhweti,

Thank you for your patience while waiting for my updates.

I have coordinated your inquiry with the acquisition editor of the book. Kindly refer to below e-mail.

Thank you

I've checked this with the authors and they agree this is an error. You can tell the customer we will correct it at the next reprint and thanks for bringing it to our attention.

Best wishes

Pauline

Should you have any questions, please do let me know.

Thank you.



In the ninth edition of the book), it is written in the treatment of Priapism alpha-adrenergic blocking drug should be used. I found it to be an error as treatment consist of alpha-adrenergic agonist agent as phenylephrine and not alpha-adrenergic blocker

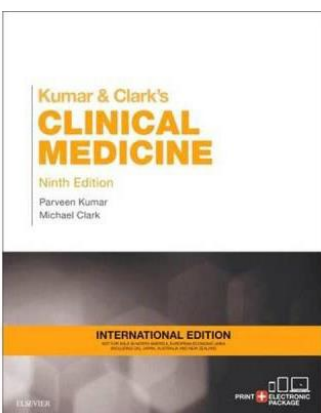
Priapism is persistent painful penile erection of more than four hours unassociated with any sexual interest or stimulation. It is a medical emergency with the risk of permanent erectile dysfunction. It is of two types, **(1) Ischemic Priapism** and **(2) Non Ischemic Priapism**. Ischemic priapism is due to persistent engorgement of corpora cavernosa because the blood is not able to leave the penis. This stasis will cause hypoxia and ischemia. Causes of Ischemic priapism include leukemia, sickle cell disease, thalassemia, multiple myeloma and others. The treatment of this type of priapism consist of aspiration of blood from corpus cavernosum and alpha-adrenergic agonist agent such as phenylephrine, which causes vasoconstriction and relieve of blood stasis. In this condition, **alpha-adrenergic blockers are**

contraindicated because they will cause vasodilation and more blood stasis thus worsening the condition.

Kumar and Clark's Clinical Medicine is a great prize winning textbook and one of the most popular clinical medicine references for students and doctors. In the ninth edition of the book, it is written in the treatment of Priapism alpha-adrenergic blocking drug should be used. I found it to be an error as treatment consist of alpha-adrenergic agonist agent as phenylephrine and not alpha-adrenergic blocker, as previously explained.

After noticing the error, I contacted the publishers about my concern. They responded quickly and thanked me for bringing it to their attention. The publishers graciously acknowledged the error and assured me that it would be corrected in the next reprint. They encouraged me to contact them if i have any question or feedback.

As a 6th year student of Faculty of Medicine, University of Tabuk I feel great pride in being able to identify the error in a world renowned book like Kumar and Clark's Clinical Medicine (9th edition). I am grateful to the publishers of the book for their quick response. As a future doctor, I find it my responsibility to take care of my patients with great diligence.



circulating red cells are their own, about 90% of strokes
such children could be prevented.

- **Cholelithiasis.** Pigment stones occur as a result of chronic haemolysis.
- **Liver.** Chronic hepatomegaly and liver dysfunction are caused by trapping of sickle cells.
- **Renal.** Chronic tubulointerstitial nephritis occurs (see pp 768–769).
- **Priapism.** An unwanted painful erection occurs from vasoconstriction and can be recurrent. This requires urgent treatment, as it may result in impotence. Treatment is by **α-adrenergic blocking drug**, analgesia and hydration.
- **Eye.** Background retinopathy, proliferative retinopathy, haemorrhages and retinal detachments all occur. Regular yearly eye checks are required.
- **Pregnancy.** Impaired placental blood flow causes spontaneous abortion, intrauterine growth retardation, pre-eclampsia and fetal death. Painful episodes, infarcts and severe anaemia occur in the mother.

Investigations

- **Blood count.** The level of Hb is in the range 60–80

moglobin level, usually the haemoglobin level

fection or associated PD) deficiency.

enlargement of the spleen and hypovolaemia, death. The condition has occurred. Splenectomy has been performed.

throvirus B19, which here is a rapid fall in haemoglobin level

For submissions

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And Faculty of Pharmacy, University of Tabuk (pchettiar@ut.edu.sa)

EMPLOYEE OF THE MONTH, FACULTY OF MEDICINE



Academic Affairs Arrangement for FACULTY OF MEDICINE

Prof Magdy M. ElShamy
Faculty of Medicine



This Week:

For Female Section:

- **Basic Imaging Module:** 4th Year, Final Module Exam, on Thursday 20/12/2018.
- **Urinary System Module:** 3rd Year, Final MCQs & PBL Exams on Monday, 17/12/2018
- **Urinary System Module:** 3rd Year, OSPE on Tuesday, 18/12/2018.
- **Endocrine System Module:** 3rd Year, Starts on Wednesday, 19/12/2018.

For Male Section:

- **Basic Imaging Module:** 4th Year, Final Module Exam, on Thursday 20/12/2018.
- **Urinary System Module:** 3rd Year, Final MCQs & PBL Exams on Monday, 17/12/2018
- **Urinary System Module:** 3rd Year, OSPE on Tuesday, 18/12/2018.
- **Endocrine System Module:** 3rd Year, Starts on Wednesday, 19/12/2018.

STUDENT ACTIVITY ON WORLD AWARENESS WEEK FOR ANTIBIOTICS

Dr. Mohammed Samir

Faculty of Pharmacy

University of Tabuk



During the world awareness week for antibiotics, the Faculty of Pharmacy, Tabuk University, held an awareness campaign on Thursday 29th of November about the misuse of antibiotics in cooperation with the Faculty of Applied Medical Sciences and sponsored by Al-Dawaa company for medical services at Al-Makan mall. The aim of the participation was to advise the visitors of the mall to the danger of some misuse of antibiotics, which may cause the resistance of bacteria to these antibiotics and to avoid taking antibiotics without prescription and not participate the antibiotic with family and friends and continue to take the antibiotic until the end of the course determined by the specialist and not leave it immediately after feeling better. Also, some important facts also had been clarified, such as that some ear and throat infections do not require antibiotic and the antibiotic is used only to treat bacterial infections and therefore is not used in case of flu. A special corner has been designed to provide some quick medical consultations and services to the visitors of the mall such as measuring of blood pressure and determination of blood sugar level.

STUDENT ACTIVITY: FACULTY OF APPLIED MEDICAL SCIENCES

Dr Mohammed Jalal

Head of Public Relations and Information Unit
Faculty of Applied Medical Sciences



This figures show the proper techniques for hand washing and handrub as recommended by WHO

Community Services Unit held a workshop entitled "**Proper hygiene and hand washing**" in the faculty of Applied Medical Sciences. The activity was attended by vice-dean of the faculty, faculty members and a number of students from faculty of Applied Medical Sciences, faculty of Medicine and faculty of Pharmacy, the Student Activity. During the workshop Dr. Tarig El-Nour, presented a speech on the importance of handwashing and sterilization of health practitioners and explained how to wash hands as recommended by the World Health Organization (WHO). Dr El-Nuor also explained the consequences that may follow the health practitioner when fail to monitor the right instructions for proper sterilization and hand washing.



Image: Part of the attendants including the vice dean for academic affair of FAMS

MISUSE OF ANTIBIOTIC

On the occasion of the International Week of Antibiotics, the College of Pharmacy in cooperation with the Faculty of Applied Medical Sciences organized an awareness campaign entitled "Misuse of Antibiotics" at the Almakam Mall. This campaign included several awareness and awareness-raising stations by our students to raise awareness about the misuse of antibiotics.



PERIODONTAL (GUM) DISEASE

Dr. Mostafa Abdelrahman Sayed Ali

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Periodontal (gum) disease is an inflammation of the tissues that supports teeth. Periodontal disease is considered a “silent” disease because it is usually painless. Our mouths are full of bacteria. These bacteria, along with mucus and other particles, constantly form a sticky, colorless “plaque” on teeth. Brushing and flossing help get rid of plaque.

Plaque that is not removed causes gums to be pulled away from teeth, forming pockets. Plaque can also harden into calculus (tartar) that brushing doesn’t clean.

In Saudi Arabia, and according to one of the largest epidemiological trials in the Middle East, a multicentre clinical trial to evaluate periodontal disease among the Saudi population demonstrated that 45% of the population between the ages of 18 and 59 suffer from gingival bleeding (3)



Periodontal disease is classified into 2 major stages according to the severity of the disease: GINGIVITIS and PERIODONTITIS

Gingivitis

Gingivitis is the milder form that only affects the gums. Bacteria cause inflammation of the gums that can become red, swollen and bleed easily. At this stage, the disease is still reversible if caught early on and properly treated with daily brushing and flossing.

Periodontitis

If left untreated, gingivitis can turn into periodontitis, where the gums and bone that support the teeth can become seriously damaged. Gums pull away from the teeth and form spaces (called “pockets”) that become infected. Bacterial toxins and the body’s natural response to infection start to break down the bone and connective tissue that hold teeth in place.

Risk Factors

- **Smoking** is one of the most significant risk factors associated with the development of gum disease
- **Hormonal changes in females** can make gums more sensitive and make it easier for gingivitis to develop.
- **Certain diseases**, such as diabetes, rheumatoid arthritis and Crohn's disease.
- **Other illnesses and their treatments**, such as AIDS and its treatments can negatively affect the health of gums, as can treatments for cancer.
- **Medications.** Hundreds of prescription and over the counter medications can reduce the flow of saliva, which has a protective effect on the mouth.
- **Inadequate nutrition**, including vitamin C deficiency.
- **Genetic susceptibility.**

How do I know if I have gum disease?

Symptoms of gum disease include: persistent bad breath, red or swollen gums, tender or bleeding gums, painful chewing, loose or sensitive teeth, and receding gums.

How is gum disease treated?

The main goal of treatment is to control the infection. Types of treatment will vary, depending on the extent of the gum disease. The best chance for successful treatment is by adopting a daily routine of good oral care (brushing and flossing) and stopping tobacco use.

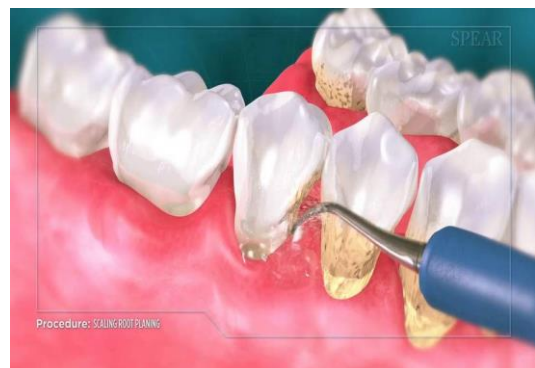
Nonsurgical treatments

Deep Cleaning (Scaling and Root Planing)

The dentist removes the plaque through a deep-cleaning method called scaling and root planning. (SRP).

Scaling means scraping off the tartar from above and below the gum line.

Root planing smooths rough spots on the tooth root where the germs gather, discouraging further buildup of tartar and bacteria, and removes bacterial byproducts that contribute to inflammation and delay healing or reattachment of the gum to the tooth surfaces. In some cases laser may be used to remove plaque and tartar.



Medications

Medications may be used with SRP, but they cannot always take the place of surgery. Topical or oral antibiotics can help control bacterial infection. However, oral antibiotics may be necessary to completely eliminate infection-causing bacteria.

Medications	What is it?	Why is it used?
Antimicrobial mouth rinse	Containing an antimicrobial called chlorhexidine	To control bacteria when treating gingivitis and after gum surgery
Antiseptic chip	A tiny piece of gelatin filled chlorhexidine	To control bacteria and reduce the size of periodontal pockets after SRP.
Antibiotic gel	A gel that contains the antibiotic doxycycline	
Antibiotic microspheres	Tiny, round particles that contain the antibiotic minocycline	
Enzyme suppressant	A low dose of the medication doxycycline	To hold back the body's enzyme response in combination with SRP.
Oral antibiotics	Antibiotic tablets or capsules: amoxicillin or metronidazole	For the short term treatment of an acute or locally persistent periodontal infection

The Pharmacy, A Vital Link for improving Oral and Dental Health

Pharmacists are in a crucial position to increase awareness regarding the benefits of good oral health as well as being a source of information for patients on the selection and proper use.

Because many medications can cause adverse dental effects, such as xerostomia, tooth discoloration, abnormal bleeding, or inflammation of the gum tissue, pharmacists also can use patient counseling sessions as an opportunity to remind patients about the importance of adhering to good daily oral hygiene practices.

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