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## of Medical Research: F

## Diseases



Pancreatic Duct Stones

Chest Disease Consultations

Highlights

Life in Polio Survivors

Plasmodium Falciparum Infection

Discovering Thoughts, Inventing Future

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Diseases

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# Diseases

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# Successful Endoscopic Treatment of Accessory Pancreatic Duct Stones in an Elderly Patient with Igg-4 Related Disease: A Case Report and Literature Reviews

By Li Yan, Shiping Xu, Enqing Linghu, Meiyan Pan, Xiaolin Cao, Xin Jiang Wang, Zhiqiang Wang & Benyan Wu

*Nanlou Clinical Department of General Hospital, China*

*Abstract -* A 93 year old patient who had an acute pancreatitis caused by the obstruction of the pancreatic duct stone is described in this study. He had a history of IgG4-related disease and refused to accept steroid therapy. Abdominal CT and MRCP imagines showed that multiple calculi were located in the pancreatic and the pancreatic duct was stretched. The patient underwent Endoscopic Retrograde Cholangiopan-creatography detection after a multidisciplinary consultation. Yet, the catheter can't be inserted into the major pancreatic duct owning to the hyperemia of duodenal papilla, although endoscopic sphincterotomy was performed. Fortunately, The minor duct was cannulated with a standard sphincterotome, and a sphincterotomy was performed followed by successful extraction of the pancreatic stone(1.0×0.8cm). Since then the patient had no epigastric pain and had a good quality of life. Three years later, he came to our department again for diarrhea.

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# Successful Endoscopic Treatment of Accessory Pancreatic Duct Stones in an Elderly Patient with Igg-4 Related Disease: A Case Report and Literature Reviews

Li Yan [α], Shiping Xu [α], Enqing Linghu [σ], Meiyan Pan [ρ], Xiaolin Cao [ω], Xin Jiang Wang [¥], Zhiqiang Wang [α] & Benyan Wu [α]

*Abstract* - A 93 year old patient who had an acute pancreatitis caused by the obstruction of the pancreatic duct stone is described in this study. He had a history of IgG4-related disease and refused to accept steroid therapy. Abdominal CT and MRCP imagines showed that multiple calculi were located in the pancreatic and the pancreatic duct was stretched. The patient underwent Endoscopic Retrograde Cholangiopancreatography detection after a multidisciplinary consultation. Yet, the catheter can't be inserted into the major pancreatic duct owning to the hyperemia of duodenal papilla, although endoscopic sphincterotomy was performed. Fortunately, The minor duct was cannulated with a standard sphincterotome, and a sphincterotomy was performed followed by successful extraction of the pancreatic stone(1.0×0.8cm). Since then the patient had no epigastric pain and had a good quality of life. Three years later, he came to our department again for diarrhea. Pancreatic enzyme treatment of diarrhea associated with the chronic pancreatitis was very effective for the patients.

## I. Introduction

Pancreatic duct stone is defined as stone or calcification in pancreatic duct [1-2]. In 1667, De Graof firstly reported pancreatic stone disease. With the advancement of radiological techniques in diagnosis and in-depth study, the incidence of pancreatic duct stone appears to be rising in recent years, mainly in Europe and the United States. Currently, the definite pathogenesis of pancreatic duct stone disease remains to be unknown. Several factors contribute to the stone formation or calcification in the pancreatic duct, including chronic pancreatitis, pancreatic duct fibrosis, malnutrition, alcohol abuse, spontaneous pancreatic duct stone, hypothyroid, etc [3-7] .

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Pancreatic duct stone is difficult to diagnose in its early stage due to the absence of specific symptoms. However, with the enlargement of the stone, the patient appears abdominal pain or other discomforts. These symptoms need to be diagnosed and treated. Treatments effectively used including surgical, endoscopic techniques, laser lithotripsy, and extracorporeal shock wave lithotripsy (ESWL), balloon stenting, and medications [8]. The success of endoscopic intervention as a less invasive procedure in the treatment of pancreatic stones is partly due to the improvement of endoscopic techniques. However, pancreatic duct stones approximately 5 mm or greater are often not amenable to conventional management with sphincterotomy, stricture dilation, or stone retrieval with basket balloon catheter dilation [9].

This is one of the first reported cases of successful removal of such a big accessory pancreatic duct stone under ERCP in an elderly patient with an acute pancreatitis attack. Another interesting finding is that, the patient meets the diagnostic criteria of IgG-4 related disease, and the diffused pancreatic calculi might be associated with IgG4-related diseases involving pancreas. The patient lived a novel life since the minor invasive operation, although three years later he had diarrhea associated with the chronic pancreatitis.

Case report

*a) General information of the patient*

A 92 year old male patient was admitted to our department for continuous pain in the left upper abdomen for 27 hours on July 31th, 2009. He took yogurt and cakes for supper on July 29, 2009, and developed a sudden abdominal pain at 22:00 pm on the same day. The pain concentrated in left upper abdominal with an intermittent radiation to the left quarter rib area. His temperature began to rise as high as 38.2 centigrade at 18:50 pm on July 30, 2009. He had no symptoms of nausea, vomiting, cough, expectoration, diarrhea, or urinary frequency, urgency, and urodynia. He also had no history of influenza exposure, tuberculosis or hepatitis. He also denied a history of hypertension, coronary heart disease,



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diabetes and hyperlipidemia. He had no habits of drinking and smoking. However, he had a history of appendectomy 10 years age.

*b) Blood Examinations*

Blood samples were collected from the patients. Blood routine examination showed that: white cell count was 13.03×109/L(normal range:3.5~10×109/L), Neutrophil ratio was 0.885 (normal range: 0.500~0.700); Emergent biochemistry result showed that: C-reaction protein (CRP) was 10.72mg/dl (normal range: 0-0.8mg/dl); serum amylase was 215.5U/L (28-150 U/L), serum lipase was 1138.3U/L (13- 60 U/L). Serum concentration of IgG was 2930mg/dl (normal range: 700-1600mg/dl) and the serum concentration of subtype of IgG was listed in the table.1.

*c) Image study of pancreas*

When the patient came to our department, abdominal CT showed swelling pancreas with the extended pancreatic duct, and calcification image could be observed in duodenal papilla (Fig1a). After the calculi (dimension:1.0×0.8cm) in the accessory pancreatic duct was removed by sphincterotomy under ERCP, abdominal CT showed there no longer calculi in the duodenal papilla (Fig.1b). Three years later, abdominal CT, MRI, MRCP showed that pancreas atrophy with mild extended pancreatic duct.

Ultrasound images of glands and superficial lymph Nodes



*Fig.1a*

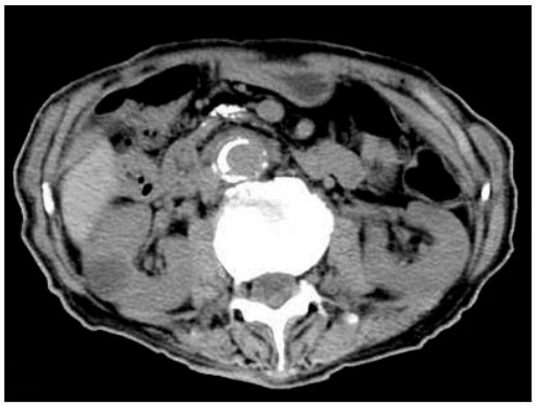


*Fig.1b*

Ultrasound images showed that thyroid gland, parotid gland, and submandibular gland were enlargement as listed in Fig.2a-2c

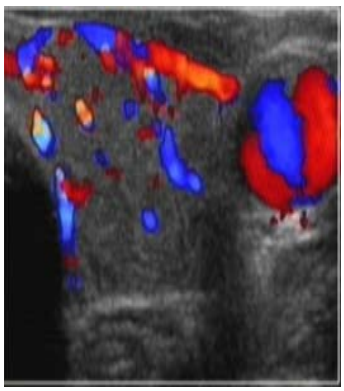


*Fig.2a*

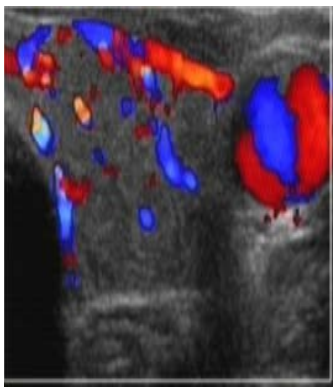


*Fig.2b*

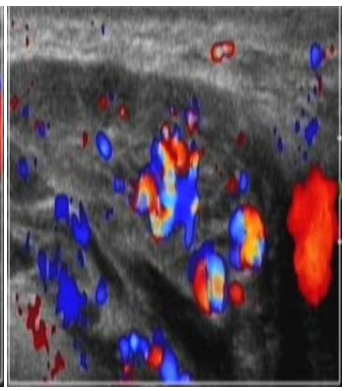


*Fig.2c*

## II. Treatments

*a) Conservative Therapy*

The clinical symptoms, lab examinations, and images suggested a definite acute pancreatitis. The treatment including fasting and decompression, inhibition of pancreatic secretion, drugs of trypsin inhibitors, nutrition support and antibiotics were administered to him. But the treatments above can't alleviate the symptoms completely.

*b) Multidisciplinary Consultation*

An expert group including hepatic and pancreatic surgery, endoscopic physician, digestive physician, cardiology physician, respiratory physician, and anesthesiology doctors evaluated the current status



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of the patient. All the experts agreed that the diagnosis of this patient was definite, and the symptoms of the acute pancreatitis might not be ameliorated if the obstruction of the pancreatic duct was still on. ERCP should be done immediately.

*c) Endoscopic Technique*

Since the conservative therapy can't relieve the symptom of abdominal pain, he underwent ERCP after a multidisciplinary consultation. Yet, the catheter can't be inserted into the major pancreatic duct due to the hyperemia of duodenal papilla, although endoscopic sphincterotomy was used. Fortunately, we observed that minor papilla of the duodenal was even more hyperemia which suggested that the presence of the stones. Then the minor duct was cannulated with a standard sphincterotome, and a sphincterotomy was performed which resulted in successful extraction of the pancreatic stone(1.0×0.8cm). (Figure.3)

*d) Complication and Outcome*

There were no complications during the operation, and his abdominal pain was relieved after the procedure. The patient was followed for 38 months with no evident discomforts.

## III. Discussion

To our knowledge, this is the first paper to report the successful removal of a big stone of 1.0×0.8cm in the accessory pancreatic duct removed by sphincterotomy under ERCP in such an elderly patient. Furthermore, no abdominal pain or any symptom of acute pancreatitis has been caused again during the follow up for more than 3 years. Another interesting finding is the patient had an IgG-4 related disease involved in multiple glands, including the pancreas.

The IgG4-related disease represents a systemic disease characterized by extensive IgG4-positive plasma cells and T-lymphocyte infiltration of various organs. Clinical manifestations are apparent in organs such as the pancreas, bile duct, gall bladder, salivary glands, retroperitoneum, kidney, lung, and prostate gland, where tissuefibrosis with obliterative phlebitis is pathologically induced. In some cases, only one or two organs are clinically involved, whereas others show effects on three or four organs [10-13]. This patient had a high level of serum IgG4, and characteristic diffuse swelling in multiple organs and superficial lymph nodes, suggested that he suffered from IgG4-related diseases. From the CT or MRI scanning for the pancreas, we can see the atrophy of the pancreas, extension of the pancreas duct, along with multiple calcifications in the pancreas. So we suspected that the chronic pancreatitis is associated with IgG4-related disease. Later, he had the symptom of the diarrhea, and the effectiveness of the pancreatic enzyme treatment of diarrhea confirmed our assumption.

Based on the chronic pancreatitis, he was hospitalized with acute pancreatitis. According to the result from lab examination and imagining scanning, we suspected that symptom of the acute pancreatitis might be caused by the obstruction of pancreatic duct due to the stone. Considering the factors of his advanced age and other potential risks, ERCP detection was undergone and fortunately, a stone located in the accessory pancreatic duct was found and removed successfully. Since then, the patient continues to live a normal life after the operation.

In conclusion, this paper is first case where a big stone located in the accessory pancreatic duct was removed successfully using sphincterotomy under ERCP in an elderly patient with no complications. Long time of clinical remission indicated that minor invasive operation of sphincterotomy under ERCP was suitable for the elderly patient with pancreatic duct stone.

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*Table 1 :* Serum concentration of subtype of IgG4

| Subtype of IgG | Concentration (mg/dl) | Normal Range (mg/dl) |
|---|---|---|
| IgG1 | 1300 | 490~1140 |
| IgG2 | 882 | 150~640 |
| IgG3 | 126 | 11~85 |
| IgG4 | 2300 | 3.0~200 |



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# Evaluation of Chest Disease Consultations

By Gulfidan Cakmak & Zuhal Aydan Saglam
*Haseki Training and Training Hospital, Turkey*

*Abstract -* Consultation means refering a case to the related specialist in order to have his/her opinion and manage the treatment of the patient accordingly (1,2). Pulmonary consultations are requested commonly from nearly every inpatient clinic. Cases are generally consulted following the determination of a clinical or radiological pathology at pulmonary system in order to have the patients assessed by the pulmonologist's point of view regarding diagnosis, treatment or at the preoperative state. This study retrospectively evaluates the records of the consultations asked from Clinics of Chest Disease.

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# Evaluation of Chest Disease Consultations

Gulfidan Cakmak[α] & Zuhal Aydan Saglam[σ]

*Abstract -* Consultation means refering a case to the related specialist in order to have his/her opinion and manage the treatment of the patient accordingly (1,2). Pulmonary consultations are requested commonly from nearly every inpatient clinic. Cases are generally consulted following the determination of a clinical or radiological pathology at pulmonary system in order to have the patients assessed by the pulmonologist's point of view regarding diagnosis, treatment or at the preoperative state. This study retrospectively evaluates the records of the consultations asked from Clinics of Chest Disease.

## I. Summary

Our aim was to evaluate the results of Chest Disease Clinic consultations. Pulmonary consultations in Haseki Training and Research Hospital between years 2008 and 2012 were retrospectively evaluated.The clinic from which the consultation was demanded, the reason for consultation, anamnesis of the patient, findings for physical biochemical and radiological examination and comorbid diseases as well as a preceding pulmonary disease were recorded.

The consultations were mostly required by Clinic of Internal Medicine (27.6%) for patients with radiological and clinical abnormalities in order to have suggestions for diagnosis and treatment (64.6%). The most frequent symptom was dyspnea (41%). 21.6% of the patients had a preceding pulmonary disease which was COPD most commonly. 35.5% of the patients had a comorbid disease and most frequently it was hypertension. We noted that internists requested pulmonary consultations mainly for confirmation of diagnosis and treatment, while the surgents requested it for preoperative evaluation and predicting/avoiding postoperative complications by planning the appropriate management.

## II. Materials and Methods

The records of five thousand three hundred and sixty patients consulted by Chest Disease Clinic were retrospectively analysed. The rationales for consultations were classified as requisition for 1) preoperative assesments 2) suggestions for diagnosis and treatment. The basic sociodemographic data of the patients (age, gender), comorbid diseases, history of smoking, detailed anamnesis of pulmonary symptoms, physical findings recorded at admission, chest x-ray, total blood count, erythrocyte sedimentation rate, additional biochemical analysis, and if ordered, pulmonary function testing(PFT), arterial blood gas analysis (ABG) and computed tomography findings were recorded denoting normal or abnormal. Sputum analysis, findings of advanced radiological investigations and invasive interventions such as thoracentesis or bronchoscopy were recorded together with the diagnosis. The consultation findings were categorized and recorded as 1) suggestions for diagnosis and treatment 2) permission for operation 2a) reconsultate following the suggested treatment 2b) get prepared for intensive care unit for patient who doesn't improve and whose operation is urgent and and necessary 3) follow ups needed. The data were analyzed using SPSS software, version 17.

## III. Findings

All of the patients who had been consulted by Chest Disease Clinic during four years were included in the study. The total number was 5360 (Female:2208/41.2%; Male:3152/58.8%). The mean age was 61.28±14.89 years (Min:14; max:98). Half of the patients were smoking. 1912 (35.6%) patients were consulted for preoperative evaluation, 3448 (64.6%) for diagnosis and treatment. (Table 1).

3664 of consulted patients (68.4%) didn't have a preceding pulmonary disease while 1696 (31.6%) had a pulmonary disease before which were commonly COPD and pulmonary infections (9.1% and 6.9% respectively). Internal Medicine and Surgery were the departments which required consultations most (27.6% and 21.6% resp.). (Table 2).

904 of patients (16.9%) did not have any of the pulmonary system findings as cough, sputum, dyspnea, chest pain or hemoptysis while 4456 (83.1%) had at least one (Table 3). Pulmonary function testing (PFT)was ordered for 1376 (25.7%) of patients with any of these symptoms and 1216 had undergone blood gas analysis (BGA) (22.7%). 3456 of patients (64.5%) did not haveany associating comorbid disease while 1904 had at least one (35.5%). The most frequent comorbid disease was hypertension (8.7%).

112 (2.1%) of patients couldn't have chest x-ray examination for several reasons. 1296 of the rest (24.2%) had normal, while 3952 (73.7%) had abnormal chest x-ray findings. Hereupon, 1984 patients (37%) undergone computered chest x-ray examination and

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1704 (31.8%) had abnormal findings (Table 4). Upon evaluation 1304 patients (24.4%) were permitted for operation, 2360 patients (44%) were offered further examination or medical treatment.

*Table 1 :* The frequency of gender, smoking history and reasons for consultation

| | | *N* | *%* |
|---|---|---|---|
| Gender | Female | 2208 | 41.2 |
| | Male | 3152 | 58.8 |
| Smoking | Yes | 2680 | 50.0 |
| | No | 2680 | 50.0 |
| Consultation rationale | Preop evaluation | 1912 | 35.6 |
| | Diagnosis and treatment | 3448 | 64.4 |
| Total | | 5360 | 100 |

*Table 2 :* The distribution and frequency of departments requiring consultation

| *Departments* | *N* | *%* |
|---|---|---|
| Internal Medicine | 1480 | 27.6 |
| Surgery | 1160 | 21.6 |
| Otorhinolaryngeology | 216 | 4.0 |
| Urology | 544 | 10.1 |
| Microbiology and Infectious Diseases | 152 | 2.8 |
| Neurology | 288 | 5.4 |
| Gynecology and Obstetrics | 120 | 2.2 |
| Dermatology | 176 | 3.3 |
| Ophtalmology | 88 | 1.6 |
| Neurochirurgy | 136 | 2.5 |
| Anesthesiology and Intensive Care | 104 | 1.9 |
| Emergency | 360 | 6.7 |
| Ortopedia and Traumatology | 536 | 10.0 |
| Total | 5360 | 100.0 |

*Table 3 :* The complaints of the patients

| *Complaints* | *N* | *%* |
|---|---|---|
| None | 904 | 16.9 |
| Cough | 1000 | 18.7 |
| Dyspnea | 2200 | 41.0 |
| Hemoptysis | 32 | 0.6 |
| Chest pain | 64 | 1.2 |
| Cough and chest pain | 824 | 15.4 |
| Other complaints | 336 | 6.2 |
| Total | 5360 | 100.0 |

*Table 4 :* The examinations ordered and the results

| | | N | % |
|---|---|---|---|
| Chest x-ray | None | 112 | 2.1 |
| | Normal | 1296 | 24.2 |
| | Abnormal | 3952 | 73.7 |
| Thorax CT | None | 3376 | 63.0 |
| | Normal | 280 | 5.2 |
| | Abnormal | 1704 | 31.8 |
| PFT | None | 3984 | 74.3 |
| | Done | 1376 | 25.7 |
| BGA | None | 4144 | 77.3 |
| | Done | 1216 | 22.7 |

## IV. Discussion

Nowadays, consultations are more oftenly required because of extreme specialisation in very branch as well as increase in production of medical knowledge, widespread utilisation of interventions requiring special education and technique and increase in juristic and public pressure on doctors(1,2). Therefore it is necessary for the doctors to work together in order to acquire a holistic point of view(1,2,3). In our hospital pulmonary consultations are required mostly for a preoperative evaluation or any pulmonary pathology. For most of our patients (64.4%) consultations were required for suggestions of diagnosis and treatment modality. This result is similar to Öztürk and colleagues' study. The most common symptom was dyspnea and cough (41% and 18.7% resp.) This result is also similar to the results of Zamani, Annakkaya, Ozturk, Gulec et al(4,5,1,6,7)

Pulmonary consultations are required by almost every clinic which were mostly from Departments of Internal Medicine and Surgery(27.6% and 21.6% resp.).Arslan, Annakkaya, Ozturk, Ucar et al. reported in their studies that the most common request was from departments involving surgery(7,5,1,8). Consultation requests from Internal Medicine were mainly for diagnosis and treatment while surgical departments wanted additional preoperative evaluation. This outcome is also parallel to the results of the study of Arslan et al(7).

Preoperative evaluation is critically important in order to foresee possible postoperative complications and avoid them. 35.6% of our patients were consulted for preoperative evaluation. The percentages were 31 and 61 at Karnak's and Annakkkaya's studies respectively (9,5). Post operative pulmonary complications are strongly associated with patient's preoperative condition and intraoperative plus postoperative factors Important preoperative factors



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may be listed as age, smoking, general health condition (ASA>class 2), obesity, nutritional status, associating pulmonary infection and COPD(10). Half of our patients were smokers yet most of them did not have established pulmonary disease.

Advanced age, especially over 70 is an important risk factor increasing mortality and morbidity. (4,7,11). Our patients' age ranged between minimum 14 and maximum 98 years. (61.28±14.89). Associating COPD is also an important risk factor for development of postoperative pulmonary complications (1). Furthermore pharmaceuticals used at the management of COPD are reported to be causative risk factors for arrythmias and increasing cardiac complications (9).

The most common ordered tests were PFT and ABG (25.7% and 22.7% resp.). Pulmonary Function Testing (PFT) is a cheap, simple and widely used method for evaluating the pulmonary symptoms and findings, diagnosing obstructive or restrictive pulmonary diseases, identifying the severity of pulmonary impairment and managing which should be certainly performed in patients who will be undergoing pulmonary resection (8). PFT has a critical importance especially at identifying the main pathology in acute and undetermined dyspnea and at managing the treatment (7,8). The frequency of ordering PFT and ABG was 13% and 49% in our study which was 66% and 29% respectively in the study by Arslan et al(7).

The most common pulmonary complications were pneumonia, respiratory insufficiency, bronchospasm, atelectasis, prolonged air leakage, bronchopleural fistula, empyema and exacerbation of pre-existing COPD (9,10,11). We determined 110 cases showing at least one of these postoperative complications above. The most common complications were fever and dyspnea. Mortality wasn't observed according to these complications.

24.4% of consulted patients were permitted to have operation, 44% were offered further examination and/or medical treatment. Ucar et al reported that they offered medical treatment to 37% of the patients they had consulted and for 29% they did not have an objection for operation(8). Arslan et al reported these numbers respectively 34% and 30%(7).

We concluded that pulmonary consultations are mainly requested by departments of internal medicine for diagnosis and management of dyspnea. Departments of surgery needed consultation additively for preoperative evaluation. We think that pulmonary consultation for preoperative evaluation is crucial in diagnosing and managing the diseases.

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# Functional Decline and Quality of Life in Polio Survivor

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*Abstract -* This article explores the protective effects that finding a purpose in life has on the level of physical and mental impairment and overall quality of life. Result were gathered from a sample of 200 people. Although the combined social and physical experience of living with the disabling effects of polio has been associated with accelerated aging due to an increased allosteric load finding a purpose in life may diminish these effects. The finding of this study indicates that purpose in life is associated with less perceived decline in health. Moreover purpose in life is predictive of better quality of life despite levels of physical and mental impairment.

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# Functional Decline and Quality of Life in Polio Survivors

A. Anashia [α], Amir Razi [σ], M. Danish Javed [α], Ali Usman [α], Umair Ali [α], M. Imran [α] & Fahd Javed [α]

*Abstract* - This article explores the protective effects that finding a purpose in life has on the level of physical and mental impairment and overall quality of life. Result were gathered from a sample of 200 people. Although the combined social and physical experience of living with the disabling effects of polio has been associated with accelerated aging due to an increased allosteric load finding a purpose in life may diminish these effects. The finding of this study indicates that purpose in life is associated with less perceived decline in health. Moreover purpose in life is predictive of better quality of life despite levels of physical and mental impairment.

## I. Introduction

Aging with the effects of a permanent disability has been a challenge for many polio survivors. Approximately 640000 people in the United States have some degree of impairment related to polio (March of Dimes, 2001). Many have worked hard to participate fully in society, which has affected their health (Harrison and Stuifbergen, 2005). Researchers report that secondary conditions and comorbidities are well above the national rate in people living with the effect of polio (Campbell, sheets, and strong, 1990); Harrison and Stuifbergen 2001). The cumulative stress from pushing their bodies as the ache with the disability has been reported as consistent with explanations provided by the combined disablement process and allosteric load models (Harrisons and Stuifbergen 2001). The effects of long term stress however may be reduced by having a positive psychological outlook ( Frankal , 1984; Ryll and Singer, 1998; Taylor, 1983). The article explores the protective effects of finding a purpose in life for aging polio survivors finding a purpose in life is associated with physical limitations, symptoms of depression, and quality of life thus a greater purpose in life is associated with less physical decline this study aims to find that purpose in life will predict better quality of life beyond the effects of physical impairment and depression.

## II. Pakistan

Polio eradication is a priority program for the country national emergency has been declined by the government of the Pakistan to interrupt polio transmission and achieve the goal of eradication.

A critical view of the augmented NEAP 2012 was initiated in the last quarter of 2012.The prime minister monitoring and coordination cell in collaboration with WHO and UNICEF held a special consulting meeting in November 2012 to appraise the impact of augmented NEP 2012 implementation is special focus on polio reservoirs and outbreak areas. The government of Pakistan provisional government partners international experts on polio independent academic as well as political and religious advocate participated in the consultation key strategies and actions for improving implementation of the NEAP were identified and utilized to develop reservoirs specific work plans part 2013 as of 18dec. Pakistan has reported 56 cases of polio in 2012 compared to 190 during the same period in 2011.All but there wide polio cases were due to wild polio virus type-1 through Karachi and Quetta has not reported any wild polio case this year. There has been 40%decrease in the number of the polio cases reported from FATA compared to the same time period to last period. Khyber agency has reported 11 polio cases there has been an upsurge in the number of polio cases in the Khyber paktukhan since July 2012 the province has reported 25polio cases in 2012.

The major risk for contained transmission in EATA and Khyber paktukhan is primarily because of the insecurity resulting in the compromise excess children gaps in adultery implementing the transits and migrant strategies persistent pockets of refusals and not cracking and reaching the mist children after every SIA. The program expanded environmental severance to 11cites and towns in 2012. This is helping in better understanding the virus transmissions and patterns and tailoring appropriate strategies to interrupt it there hasn't persistent isolation of WPV 1 from the designated environmental sites.

### Objectives

1. To vaccinate all children 5year of age with potent oral polio vaccine.
2. To make polio free Pakistan.
3. To develop /Argument immunity in the children against polio virus.
4. To prevent polio disease and subsequent morbidity /mortality in the children.

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5. To listen the economic /social burden in the community country

## III. Literature Review

a) Jublet & cashman, 1987 difficulty dressing a new need for personal assistance and a change of cessation in occupation.
b) Friedman & Botth-keley 1987 different physiological responses to stressors may have multiply influences on the body and different subsequent form of secondary conditions. People who loose essence of purpose in life are more likely to rate their health worse. Poorer self rated heath is associated with higher mortality finding a purpose in life had a protective physiological mechanism possibly through 1 or 4 pathways to health-sympathies adrenomedullay, pituitary adrenocortical peptide communication or the immune system or maybe due to interaction all for.
c) Ryff 1989 despite these considerations purpose in life maybe a significant predictor of health and quality of life.
d) Macdonald, Gift &Bell Soccer 1993 a new need for ambulatory and ventilator aids. McEwen & Stellar 1993 these pathways are consistent ant with the neuron humoral suppressor mechanism that may increase allosteric load.
e) Mossey 1995 finding a purpose in life is important to health as people age when an elderly person lose the ability to feel useful they may lose satisfaction with life
f) Weibe & Smith1997 the direction of association between psychological response and health is response and health is difficult to determine.
g) Halstead 1998 polio survivors have aged with continual stressors related to disablity as polio survivors have aged many have reported age related muscular weakness and pain and fatigue infect 28 % -40% of polio survivors have been diagnosed with post polio syndrome
h) Sarvimaki & Stenvock-hult 2000 the ability to find a purpose with occurs throughout life for different life events may provide physical and psychological benefits for example in a study of elderly people meaning in life was defined as a sense of purpose intelligibility and manageability that was associated with continued family contact higher self-esteem and better reported health

## IV. Methodology

We make the questionnaire and collect the primery data. We fill out the questionnaire from 200 people. We target the students, businessman and employees. We make 9 questions related to our objectives and try to get the relevent data from the respondents.

## V. Demographic Data

A background information sheet was used to collect data on a variety of demographic and disease and characteristics. This information was used to describe the socio demographic characteristics of the sample. Age, educational status, marital status, and employment status

## VI. Functional Decline

Functional decline was measured with one item during the past 5 years, how much decrease have you experienced in your ability to carry on your normal activities of daily living--- compared with your physical best?

## VII. Physical Limitation

The Incapacity status scale was used to provide information specific to functional limitation and severity of major symptoms present in participants who had polio it is a 0 to 45 or more for this study, items were reduced to after 15 after being reviewed by two expert consultants. All items except one were judged to be valid for the functional limitations experienced by polio survivors and it has been successfully in a pilot of people who had polio functional limitation is defined as the process of not being able to perform common tasks.

*Table 1 :* Demographic profile of respondent

| Variables | | Frequency | Percentage % |
|---|---|---|---|
| **Gender** | Male<br>Female | 140<br>60 | 70 %<br>30 % |
| **Age** | 18-25<br>26-35<br>36-45<br>45 or more | 120<br>75<br>03<br>02 | 60 %<br>37.5 %<br>1.5 %<br>0.5 % |
| **Occupation** | Student<br>Business man<br>Employees<br>Other | 130<br>30<br>30<br>10 | 65 %<br>15 %<br>15 %<br>5 % |



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We take data from 200 respondents in which 70%respondents were male and 30 % respondents were female. In addition to this 60% of respondents are between the age of 18-25, 37.5% answerer were between the age of 26-35 years, 1.5% respondents between the age of 36-45 and 0.5% respondents were above the age of 45 years. Furthermore 65% of respondents were accounted for students, 15% respondents were business, 15% were employees and 5% belong to other occupations.

*Table 2 :* Is polio still a disease seen in the Pakistan?

| Variables | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Is polio still a disease seen in the Pakistan?** | Yes<br>No<br>Do not know | 90<br>50<br>60 | 45 %<br>25 %<br>30 % |

Our first question is shows above in response to this 45% respondents said yes in response to this question. In addition 25% respondents said no and 30% respondent said they don't have any information about it.

*Table 3 :* Do you agree with statement that "vaccination is necessary for every child whom age is less than five years"

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you agree with statement that "vaccination is necessary for every child whom age is less than five years".** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>Don't know. | 90<br>55<br>30<br>10<br>15 | 45 %<br>27.5 %<br>15 %<br>5 %<br>7.5 % |

In response to this question 45% respondents strongly agree with this, 27.5% respondents were agree with it, 15% respondents were disagree with this, 5% respondents were strongly disagree with it and 7.5% said they don't know about it.

*Table 4 :* Do you think that polio vaccination is not healthy for your children…….?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you think that polio vaccination is not healthy for your children…….?** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>Don't know. | 85<br>82<br>18<br>05<br>10 | 42.5 %<br>41 %<br>9 %<br>2.5 %<br>5 % |

In response to this question 42.5% respondents strongly agree with this, 41% respondents were agree with it, 9% respondents were disagree with this, 2.5% respondents were strongly disagree with it and 5% said they don't know about it.

*Table 5 :* Do you think that people need more information regarding polio vaccination?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you think that people need more information regarding polio vaccination?** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>Don't know. | 38<br>97<br>23<br>26<br>16 | 19 %<br>48.5 %<br>11.5 %<br>13 %<br>8 % |



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In response to this question 19% respondents strongly agree with this, 48.5% respondents were agree with it, 11.5% respondents were disagree with this, 13% respondents were strongly disagree with it and 8% said they don't know about it.

*Table 6 :* Do you think that media is playing positive role in polio awareness?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you think that media is playing positive role in polio awareness?** | Strongly Agree | 95 | 47.5 % |
| | Agree | 35 | 17.5 % |
| | disagree | 36 | 18 % |
| | Strongly disagree | 19 | 9.5 % |
| | Don't know. | 15 | 7.5 % |

In response to this question 47.5% respondents strongly agree with this, 17.5% respondents were agree with it, 18% respondents were disagree with this, 9.5% respondents were strongly disagree with it and 7.5% said they don't know about it.

*Table 7 :* Do you want to make a polio free Pakistan?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you want to make a polio free Pakistan?** | Strongly Agree | 82 | 41 % |
| | Agree | 75 | 37.5 % |
| | disagree | 15 | 7.5 % |
| | Strongly disagree | 16 | 8 % |
| | Don't know. | 12 | 6 % |

In response to this question 41% respondents strongly agree with this, 37.5% respondents were agree with it, 7.5% respondents were disagree with this, 8% respondents were strongly disagree with it and 6% said they don't know about it.

*Table 8 :* Do you believe that is there any risks associated with the Polio Vaccine?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you believe that is there any risks associated with the Polio Vaccine?** | Yes | 21 | 10.5 % |
| | No | 119 | 59.5 % |
| | Do not know | 60 | 30 % |

Our question is shows above in response to this 10.5% respondents said yes in response to this question. In addition 59.5% respondents said no and 30% respondent said they don't have any information about it.

*Table 9 :* Do you have any family member effected with polio virus?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you have any family member effected with polio virus?** | Yes | 15 | 7.5 % |
| | No | 110 | 55 % |
| | Do not know | 75 | 37.5 % |

Our question is shows above in response to this 7.5% respondents said yes in response to this question. In addition 55% respondents said no and 37.5% respondent said they don't have any information about it.



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*Table 10 :* Do you agree with this statement?
"Organizing, counseling and emotional support for people with polio affected is crucial"?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you agree with this statement? "Organizing, counseling and emotional support for people with polio affected is crucial"?** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>don't know | 35<br>70<br>55<br>30<br>10 | 17.5 %<br>35 %<br>27.5 %<br>15 %<br>5 % |

In response to this question 17.5% respondents strongly agree with this, 35% respondents were agree with it, 27.5% respondents were disagree with this, 15% respondents were strongly disagree with it and 5% said they don't know about it.

## VIII. Conclusion

The observations from the study were consistent across all the stakeholders interviewed, all regions (rural, urban, tribal) and, all medical colleges supervised by the various Clinical Epidemiology Units. Characteristically utilizers also confirmed the opinion voiced by the providers. This strongly suggested that the qualitative techniques employed for this project evaluation were quite appropriate and the data thus collected were valid. These include setting a national agenda for polio eradication, creating demand for OPV, increasing booth attendance during National Immunization Days, pushing for universal coverage through mobilization of local partnerships and networks, and overcoming pockets of resistance to vaccination among caregivers in unreached and underserved areas. This review documents the value and crucial contribution of carefully planned and closely monitored communication in building widespread support and understanding, as well as accessing unreached populations and overcoming resistance. There is no vaccine against resistance or refusals that are rooted in social-cultural, religious and political contexts.

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1. General,

2. Ethical Guidelines,

3. Submission of Manuscripts,

4. Manuscript's Category,

5. Structure and Format of Manuscript,

6. After Acceptance.

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**27. Refresh your mind after intervals:** Try to give rest to your mind by listening to soft music or by sleeping in intervals. This will also improve your memory.

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## Informal Guidelines of Research Paper Writing

**Key points to remember:**

- Submit all work in its final form.
- Write your paper in the form, which is presented in the guidelines using the template.
- Please note the criterion for grading the final paper by peer-reviewers.

**Final Points:**

A purpose of organizing a research paper is to let people to interpret your effort selectively. The journal requires the following sections, submitted in the order listed, each section to start on a new page.

The introduction will be compiled from reference matter and will reflect the design processes or outline of basis that direct you to make study. As you will carry out the process of study, the method and process section will be constructed as like that. The result segment will show related statistics in nearly sequential order and will direct the reviewers next to the similar intellectual paths throughout the data that you took to carry out your study. The discussion section will provide understanding of the data and projections as to the implication of the results. The use of good quality references all through the paper will give the effort trustworthiness by representing an alertness of prior workings.


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Writing a research paper is not an easy job no matter how trouble-free the actual research or concept. Practice, excellent preparation, and controlled record keeping are the only means to make straightforward the progression.

**General style:**

Specific editorial column necessities for compliance of a manuscript will always take over from directions in these general guidelines.

To make a paper clear

· Adhere to recommended page limits

Mistakes to evade

- Insertion a title at the foot of a page with the subsequent text on the next page
- Separating a table/chart or figure - impound each figure/table to a single page
- Submitting a manuscript with pages out of sequence

In every sections of your document

· Use standard writing style including articles ("a", "the," etc.)

· Keep on paying attention on the research topic of the paper

· Use paragraphs to split each significant point (excluding for the abstract)

· Align the primary line of each section

· Present your points in sound order

· Use present tense to report well accepted

· Use past tense to describe specific results

· Shun familiar wording, don't address the reviewer directly, and don't use slang, slang language, or superlatives

· Shun use of extra pictures - include only those figures essential to presenting results

**Title Page:**

Choose a revealing title. It should be short. It should not have non-standard acronyms or abbreviations. It should not exceed two printed lines. It should include the name(s) and address (es) of all authors.



**Abstract:**

The summary should be two hundred words or less. It should briefly and clearly explain the key findings reported in the manuscript--must have precise statistics. It should not have abnormal acronyms or abbreviations. It should be logical in itself. Shun citing references at this point.

An abstract is a brief distinct paragraph summary of finished work or work in development. In a minute or less a reviewer can be taught the foundation behind the study, common approach to the problem, relevant results, and significant conclusions or new questions.

Write your summary when your paper is completed because how can you write the summary of anything which is not yet written? Wealth of terminology is very essential in abstract. Yet, use comprehensive sentences and do not let go readability for briefness. You can maintain it succinct by phrasing sentences so that they provide more than lone rationale. The author can at this moment go straight to shortening the outcome. Sum up the study, with the subsequent elements in any summary. Try to maintain the initial two items to no more than one ruling each.

- Reason of the study - theory, overall issue, purpose
- Fundamental goal
- To the point depiction of the research
- Consequences, including definite statistics - if the consequences are quantitative in nature, account quantitative data; results of any numerical analysis should be reported
- Significant conclusions or questions that track from the research(es)

Approach:

- Single section, and succinct
- As a outline of job done, it is always written in past tense
- A conceptual should situate on its own, and not submit to any other part of the paper such as a form or table
- Center on shortening results - bound background information to a verdict or two, if completely necessary
- What you account in an conceptual must be regular with what you reported in the manuscript
- Exact spelling, clearness of sentences and phrases, and appropriate reporting of quantities (proper units, important statistics) are just as significant in an abstract as they are anywhere else

**Introduction:**

The **Introduction** should "introduce" the manuscript. The reviewer should be presented with sufficient background information to be capable to comprehend and calculate the purpose of your study without having to submit to other works. The basis for the study should be offered. Give most important references but shun difficult to make a comprehensive appraisal of the topic. In the introduction, describe the problem visibly. If the problem is not acknowledged in a logical, reasonable way, the reviewer will have no attention in your result. Speak in common terms about techniques used to explain the problem, if needed, but do not present any particulars about the protocols here. Following approach can create a valuable beginning:

- Explain the value (significance) of the study
- Shield the model - why did you employ this particular system or method? What is its compensation? You strength remark on its appropriateness from a abstract point of vision as well as point out sensible reasons for using it.
- Present a justification. Status your particular theory (es) or aim(s), and describe the logic that led you to choose them.
- Very for a short time explain the tentative propose and how it skilled the declared objectives.

Approach:

- Use past tense except for when referring to recognized facts. After all, the manuscript will be submitted after the entire job is done.
- Sort out your thoughts; manufacture one key point with every section. If you make the four points listed above, you will need a least of four paragraphs.


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- Present surroundings information only as desirable in order hold up a situation. The reviewer does not desire to read the whole thing you know about a topic.
- Shape the theory/purpose specifically - do not take a broad view.
- As always, give awareness to spelling, simplicity and correctness of sentences and phrases.

**Procedures (Methods and Materials):**

This part is supposed to be the easiest to carve if you have good skills. A sound written Procedures segment allows a capable scientist to replacement your results. Present precise information about your supplies. The suppliers and clarity of reagents can be helpful bits of information. Present methods in sequential order but linked methodologies can be grouped as a segment. Be concise when relating the protocols. Attempt for the least amount of information that would permit another capable scientist to spare your outcome but be cautious that vital information is integrated. The use of subheadings is suggested and ought to be synchronized with the results section. When a technique is used that has been well described in another object, mention the specific item describing a way but draw the basic principle while stating the situation. The purpose is to text all particular resources and broad procedures, so that another person may use some or all of the methods in one more study or referee the scientific value of your work. It is not to be a step by step report of the whole thing you did, nor is a methods section a set of orders.

Materials:

- Explain materials individually only if the study is so complex that it saves liberty this way.
- Embrace particular materials, and any tools or provisions that are not frequently found in laboratories.
- Do not take in frequently found.
- If use of a definite type of tools.
- Materials may be reported in a part section or else they may be recognized along with your measures.

Methods:

- Report the method (not particulars of each process that engaged the same methodology)
- Describe the method entirely
- To be succinct, present methods under headings dedicated to specific dealings or groups of measures
- Simplify - details how procedures were completed not how they were exclusively performed on a particular day.
- If well known procedures were used, account the procedure by name, possibly with reference, and that's all.

Approach:

- It is embarrassed or not possible to use vigorous voice when documenting methods with no using first person, which would focus the reviewer's interest on the researcher rather than the job. As a result when script up the methods most authors use third person passive voice.
- Use standard style in this and in every other part of the paper - avoid familiar lists, and use full sentences.

What to keep away from

- Resources and methods are not a set of information.
- Skip all descriptive information and surroundings - save it for the argument.
- Leave out information that is immaterial to a third party.

**Results:**

The principle of a results segment is to present and demonstrate your conclusion. Create this part a entirely objective details of the outcome, and save all understanding for the discussion.

The page length of this segment is set by the sum and types of data to be reported. Carry on to be to the point, by means of statistics and tables, if suitable, to present consequences most efficiently.You must obviously differentiate material that would usually be incorporated in a study editorial from any unprocessed data or additional appendix matter that would not be available. In fact, such matter should not be submitted at all except requested by the instructor.



Content

- Sum up your conclusion in text and demonstrate them, if suitable, with figures and tables.
- In manuscript, explain each of your consequences, point the reader to remarks that are most appropriate.
- Present a background, such as by describing the question that was addressed by creation an exacting study.
- Explain results of control experiments and comprise remarks that are not accessible in a prescribed figure or table, if appropriate.
- Examine your data, then prepare the analyzed (transformed) data in the form of a figure (graph), table, or in manuscript form.

What to stay away from

- Do not discuss or infer your outcome, report surroundings information, or try to explain anything.
- Not at all, take in raw data or intermediate calculations in a research manuscript.
- Do not present the similar data more than once.
- Manuscript should complement any figures or tables, not duplicate the identical information.
- Never confuse figures with tables - there is a difference.

Approach

- As forever, use past tense when you submit to your results, and put the whole thing in a reasonable order.
- Put figures and tables, appropriately numbered, in order at the end of the report
- If you desire, you may place your figures and tables properly within the text of your results part.

Figures and tables

- If you put figures and tables at the end of the details, make certain that they are visibly distinguished from any attach appendix materials, such as raw facts
- Despite of position, each figure must be numbered one after the other and complete with subtitle
- In spite of position, each table must be titled, numbered one after the other and complete with heading
- All figure and table must be adequately complete that it could situate on its own, divide from text

**Discussion:**

The Discussion is expected the trickiest segment to write and describe. A lot of papers submitted for journal are discarded based on problems with the Discussion. There is no head of state for how long a argument should be. Position your understanding of the outcome visibly to lead the reviewer through your conclusions, and then finish the paper with a summing up of the implication of the study. The purpose here is to offer an understanding of your results and hold up for all of your conclusions, using facts from your research and generally accepted information, if suitable. The implication of result should be visibly described. Infer your data in the conversation in suitable depth. This means that when you clarify an observable fact you must explain mechanisms that may account for the observation. If your results vary from your prospect, make clear why that may have happened. If your results agree, then explain the theory that the proof supported. It is never suitable to just state that the data approved with prospect, and let it drop at that.

- Make a decision if each premise is supported, discarded, or if you cannot make a conclusion with assurance. Do not just dismiss a study or part of a study as "uncertain."
- Research papers are not acknowledged if the work is imperfect. Draw what conclusions you can based upon the results that you have, and take care of the study as a finished work
- You may propose future guidelines, such as how the experiment might be personalized to accomplish a new idea.
- Give details all of your remarks as much as possible, focus on mechanisms.
- Make a decision if the tentative design sufficiently addressed the theory, and whether or not it was correctly restricted.
- Try to present substitute explanations if sensible alternatives be present.
- One research will not counter an overall question, so maintain the large picture in mind, where do you go next? The best studies unlock new avenues of study. What questions remain?
- Recommendations for detailed papers will offer supplementary suggestions.

Approach:

- When you refer to information, differentiate data generated by your own studies from available information
- Submit to work done by specific persons (including you) in past tense.
- Submit to generally acknowledged facts and main beliefs in present tense.


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## Administration Rules Listed Before Submitting Your Research Paper to Global Journals Inc. (US)

Please carefully note down following rules and regulation before submitting your Research Paper to Global Journals Inc. (US):

**Segment Draft and Final Research Paper:** You have to strictly follow the template of research paper. If it is not done your paper may get rejected.

- The **major constraint** is that you must independently make all content, tables, graphs, and facts that are offered in the paper. You must write each part of the paper wholly on your own. The Peer-reviewers need to identify your own perceptive of the concepts in your own terms. NEVER extract straight from any foundation, and never rephrase someone else's analysis.

- Do not give permission to anyone else to "PROOFREAD" your manuscript.

- Methods to avoid Plagiarism is applied by us on every paper, if found guilty, you will be blacklisted by all of our collaborated research groups, your institution will be informed for this and strict legal actions will be taken immediately.)
- To guard yourself and others from possible illegal use please do not permit anyone right to use to your paper and files.

## Criterion for Grading a Research Paper (Compilation)
## by Global Journals Inc. (US)

**Please note that following table is only a Grading of "Paper Compilation" and not on "Performed/Stated Research" whose grading solely depends on Individual Assigned Peer Reviewer and Editorial Board Member. These can be available only on request and after decision of Paper. This report will be the property of Global Journals Inc. (US).**

| Topics | Grades | | |
|---|---|---|---|
| | **A-B** | **C-D** | **E-F** |
| ***Abstract*** | Clear and concise with appropriate content, Correct format. 200 words or below | Unclear summary and no specific data, Incorrect form<br><br>Above 200 words | No specific data with ambiguous information<br><br>Above 250 words |
| ***Introduction*** | Containing all background details with clear goal and appropriate details, flow specification, no grammar and spelling mistake, well organized sentence and paragraph, reference cited | Unclear and confusing data, appropriate format, grammar and spelling errors with unorganized matter | Out of place depth and content, hazy format |
| ***Methods and Procedures*** | Clear and to the point with well arranged paragraph, precision and accuracy of facts and figures, well organized subheads | Difficult to comprehend with embarrassed text, too much explanation but completed | Incorrect and unorganized structure with hazy meaning |
| ***Result*** | Well organized, Clear and specific, Correct units with precision, correct data, well structuring of paragraph, no grammar and spelling mistake | Complete and embarrassed text, difficult to comprehend | Irregular format with wrong facts and figures |
| ***Discussion*** | Well organized, meaningful specification, sound conclusion, logical and concise explanation, highly structured paragraph reference cited | Wordy, unclear conclusion, spurious | Conclusion is not cited, unorganized, difficult to comprehend |
| ***References*** | Complete and correct format, well organized | Beside the point, Incomplete | Wrong format and structuring |





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