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Research Article

**SURVEY TO DETERMINE THE MYELODYSPLASTIC
DISEASE INVESTIGATION PROPORTION AND ITS
DETECTION INCIDENCE IN POPULATION****¹Dr Warda Rafique, ²Syed Muhammad Hannan Ali Rizvi, ³Dr Humaira Kalsoom**¹Jinnah Hospital Lahore²Shaikh Khalifa Bin Zayed Al Nahyan Medical and Dental College.³Jinnah Hospital Lahore**Article Received:** March 2020**Accepted:** April 2020**Published:** May 2020**Abstract:**

Myelodysplastic disease is not well identified by the doctors. The lack of information about this disease is confirmed by examining the two studies. In these studies, 44 patients present in interior clinics and outpatients observing interior cases were included. The identification of the Myelodysplastic syndrome (MDS) was carried out on an old patient. The age of the patient was about 70 years. He contains 9.2 g/Dl hemoglobin in blood. No recommendation was given to the patient from PCP in spite of the bad condition of the patient. He was already suffering from cardiovascular disorder and lungs dysfunction. Another observation on the same disorder was made on the male of 75 ages. He was continuously expressing the indications of the disorder from the last half a year. He has 7.3 hemoglobin amounts in blood and was suffering from exhaustion. He needs more concentration and improves for further treatment. In this report we are trying to designate the causes because of which we cannot treat the patients of MDS. These cases observed earlier were added in the study to learn the indication of the disorder. We will try to better the identification, initial recommendation and cure of the disease.

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Keywords: *Anemia; Diagnosis; Elderly patients; Myelodysplastic syndrome; Primary physician; under diagnosis*

Corresponding author:**Dr. Warda Rafique,**

Jinnah Hospital Lahore

QR code



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INTRODUCTION:

The most of the patients with MDS are asymptomatic. They cannot be identified easily. This is the exceptional disorder. Doctors have less information and identification about this disease. The information about this disease is increasing day by day. The various temperaments of the disease and its different consequences are not recognized by the physicians. Physicians also don't know the identification procedures and therapies to treat the disease. Most of the sufferers of the MDS died because of its severity. It is a kind of tumor. Patients died either due to the severities of the MDS or by the development of deficiency of blood in the body¹⁻². So, it is necessary to identify the case of MDS at initial stages and starts the suitable treatment to control the disease.

It seems complex to identify the MDS at earlier stages. The indication of the MDS like blood deficiency syndrome is also without symptoms so it is difficult to diagnose. We can identify the anemia by accident because it does not contain specific indications. The other main complexity is the age of the patients. MDS mostly affects the older patients so they don't appear the indications because of the dominance of the "disguising effect" in elderly people. In older persons blood deficiency is general specifying the older age. Anemia is because of lack of proper food. Another symptom of the MDS is the swelling. It has been suggested that from latter group of older sufferers, MDS may be more accurate identification for a greater number of people³⁻⁴. A study reported that blood deficiency is the common symptom of elder age so doctors considered it more bearable because it is the normal result of older age patients. That's why it is necessary that doctors and physicians must have the knowledge of MDS because these are the protectors of health⁵⁻⁶.

Main problems with the recent initial care doctors loom:

Myelodysplastic disease is not well identified by the doctors. The lack of information about this disease is confirmed by examining the two studies. In these studies, 44 patients present in interior clinics and outpatients observing interior cases were included. Some doctors are not too much experienced and thus cannot symbolize the PCP community in familiar, the consequences of a familiar learning carried out at the period of appearance of two case examination points to a information shortage that may prolong into medical working.

CASE 1:

The first case was of the patient of the age of 70. He was already suffering from diabetes, disease of arteries, less or more severe disorder of obstructive

pulmonary disorder (COPD), depression, benign prostatic hyperplasia (BPH) etc. The amount of hemoglobin was 9.2 in the blood. He had the 99 FI corpuscular amounts in the body. The patient was already treated for the deficiency of the blood. So, from the last decade his hemoglobin level was maintained between 10.8-11.2. Colonoscopy was performed when he was 65 years of age. Colonoscopy showed the pessimistic results. He was use to consume 2-4 canisters of wine on daily basis. But after the age of 55 he consumes only one cup of wine daily. Various chemicals like metformin, metoprolol, ibuprofen, and aspirin were used for the treatment. Swelling and macrocytic anemia were also observed with anemia by observing the patient in more detail. The amounts of vitamin B₁₂ and foliate were standardized. By analyzing the record of patient related to blood deficiency, the groups observed in the inspection contain various identifications that added earlier removed identifications and frequently cured disorders⁷.

Various reasons of the MDS found after observations include blood deficiency, lack of iron, malnutrition, lack of vitamin B₁₂ in body, disorders related to goiter, swelling, and consumption of wine, injuries, tumor and age. In the dominant 10 reasons MDS was not added. The curing methods offered by physicians gave an extra internal into the advance utilized for attending to blood deficiency in older persons, which was obviously not enough. After observing the fact that anemia has not obvious indications, it was suggested an experiment which was conducted in which foliate and vitamin B₁₂ was given to the patient in place of hemoglobin exchange⁸. Sustenance associated blood deficiency was not added in the study. No instant suggestion was given to the patient.

By examining the recent study, a question arises, either the physicians use different treatment strategies for young patients for instance what are the treatment methodologies for patients of 40-50 years of age. Is the treatment for young patients are more aggressive than older patients? The patients were identified with cardiovascular and lungs disorder. Yet the doctor suggested that they were ready to "tolerate" the identification of blood deficiency to stand devoid of any interference. The patients of MDS having cardiovascular disorders have less chances of recovery. In addition, blood deficiency had a dominant effect on the life of older patients of MDS and their life and death. By neglecting the age of the patient, we should consider the blood deficiency in every phase of the life of patient. The patient under investigation is of 70 years old which the central age for MDS. A Physician is more similarly to start suggestion to gastroenterologist to neglect the secretion of blood

from intestine than to suppose the reason of blood deficiency secondary to destruction of liquid present in bone remaining to fundamental MDS. In medical practice this situation could also be gamed out. Physicians contain less attentiveness about the identification of the MDS because MDS is less common disorder.

Commonly, beneath the caution of “do no damage” an older sufferer with many existences may be considered to be “commonly constant” and never be suggested in an appropriate manner for biopsy of fillet essence. Another major gap between doctors and sufferers is “identifying refine exhaustion” when the age of the sufferer is higher and has underwent large time of transmission and identification agitate. Any common disinclination to follow an identification is by all resources anticipated through higher genuineness and sympathy. The reason behind this is the cascading effect appeared in older patients. Another reason of lack of proper identification of MDS is partial improve because of exhaustion. Sufferers also show pessimistic behavior towards more identification. This is due to the less information of the disadvantages linked with the identification of MDS and reduction of potentials of cure⁹.

CASE 2:

In second case a person of 75 years old was added in the study. He was showing the indications of regular cold, exhaustion, headache and enhanced parlor. When his earlier record was examined, he was previously found to suffering from pain in bones, depression and BPH etc. His level of hemoglobin in blood was 7.2. He contains 23000 white blood cells in the body¹⁰⁻¹¹. He has 115, 000 platelets in the body. In the last 4 weeks he showed the symptoms of epitasis. 3 years earlier the man had no indications of melena or hematochezia. He was treating at that time with terazosine, ibuprofen and aspirin. The most general indications predicted by doctors are MDS, HIV, secretion of blood from intestine, lack of better nutrition and multi factorial issues¹².

It has been noticed that the risks of existence are less in case 2 as compared to case1. This influences the earlier 5 varying identifications. In case 2 the patients obtain the suggestion and bone marrow therapy at time. By observing the case 2 we are able to easily detect where the shortage exists in the information and how it can be filled.

Suggested important variations to the initial care physician's attainability.

There is one question exist in the mind of the readers “what is the best time to consult with a physician about the patient of MDS. We can consult with the physician before the recent

performance. To obtain such end, there should be much consciousness in the physicians about the management of MDS. A common analysis organized suggests that the shortage of information is the biggest hurdle in early identification and early suggestion of the MDS patients towards specialist¹³. By more examining and sympathetic the disorder, we may develop a self-assurance to identify the MDS and suggest it initially for further analysis. The physicians should aware of the varying nature and appearance of the MDS as shown in case 2. Physicians should completely checkup the patients with blood deficiency and less hemoglobin level in blood¹⁴. Physicians should know the complexities of the disease which they could face in the absence of its identification or cure. For older cases many useful and acceptable treatment methods are now available for MDS completing the range of chances¹⁵.

To initiate the suitable treatment and for the corroboration of the disorder it is necessary to find out the suggestion at the initial stages of the MDS. At last, physicians must take an intention outlook of every sufferer and neglect chauvinisms on the basis of age, existence and any other issue that may donate to a disinclination to fulfill a wide-ranging agitate. For identifying any cytopenia in sufferer purpose is the main thing. In this gaze at it is useful to use the discontinue values for suggestions offered by Forman and Shammed in this complement.

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