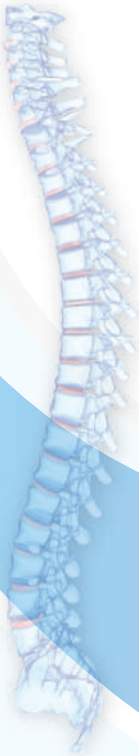


BSSCON 2020



11th INTERNATIONAL SPINE CONFERENCE & SCIENTIFIC SEMINAR



22 DECEMBER
TUESDAY
08:00AM-04:30 PM

Back On Track



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BANGLADESH SPINE SOCIETY (BSS)



11th International Spine Conference & Scientific Seminar "BSSCON 2020"



22 DECEMBER
TUESDAY
08:00AM-04:30 PM

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BSSCON
2020





PROGRAM AT A GLANCE

TUESDAY, DECEMBER 22, 2020

08.00 am - 09:00 am	Inaugural Session
09:00 am - 11:00 am	Invited Guest Lecture-1
11:00 am - 01:00 pm	Invited Guest Lecture-2
01:00 pm - 02:20 pm	Invited Guest Lecture-3
02:20 pm - 03:15 pm	Scientific Session-1
03:15 pm - 04:00 pm	Scientific Session-2
04.00 pm - 04.20 pm	Annual General Meeting (Virtual)
04.20 pm - 04.30 pm	Closing Ceremony



PROGRAM AT A GLANCE

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Inaugural Session

22 December, 2020
Dhaka, Bangladesh

Welcome address:

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Chairman, Organizing Committee

Address by Secretary General:

Prof. Dr. Md. Anowarul Islam

Secretary General
Bangladesh Spine Society

Address by Special Guests:

Prof. Dr. Md. Wahidur Rahman

Secretary General
Bangladesh Orthopaedic Society

Prof. Dr. Abu Zaffar Chowdhury Biru

Chairman, Department of Orthopaedics
Bangabandhu Sheikh Mujib Medical University (BSMMU),
Dhaka, Bangladesh.

Prof. Dr. Md. Abdul Gani Mollah

President, Bangladesh Orthopaedic Society &
Director, NITOR

Address by Chief Guest

Prof. Dr. Kanak Kanti Barua

Vice Chancellor
Bangabandhu Sheikh Mujib Medical University (BSMMU),
Dhaka, Bangladesh.

Address by President:

Prof. Dr. Kh. Abdul Awal Rizvi

President, Bangladesh Spine Society

Vote of Thanks:

Prof. Dr. Md. Golam Sarwar
Secretary, Organizing Committee





**11th INTERNATIONAL
SPINE CONFERENCE &
SCIENTIFIC SEMINAR**



Vice-Chancellor

Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka

Message from the Chief Guest

I am extremely delighted to be a part of the 11th "BSSCON - 2020" the Annual International Spine Virtual Conference and Scientific Seminar organized by Bangladesh Spine Society. The year 2020 has been heavily stressed by the overwhelming pandemic of Covid 19 worldwide. Global communication of the medical professionals enormously retarded but the spirit of brotherhood still not deemed among Spine surgeons. Spine Surgery as a super specialty had been developing with great pace during the last couple of years. Honorable Prime Minister Sheikh Hasina is committed to improvise Orthopaedic, Trauma and Spine services in our country to a global standard. I would like to praise publicly, and in a very special manner the services being given by the Spine Surgeon both senior and younger all over the country who are working for people's service and to build up institutional capacity.

My heartiest thanks to the distinguished faculties and participants from home and abroad who are virtually taking part in this glorious occasion.

I hope this on line congress will be fruitful to help in the advancement of spine surgery in this region.

I wish every success of 11th "BSSCON-2020".



Prof. Dr. Kanak Kanti Barua



**BSSCON
2020**



President
Bangladesh Spine Society (BSS)

Message

I am along with the executives and members of Bangladesh Spine Society pleased to host the 11th International Spine Virtual Conference “BSSCON 2020”. I welcome you all from home and abroad on behalf of BSS.

COVID-19 pandemic has changed the entire world in terms of health, economy and society. Social gatherings are avoided. So, like many other organizations, instead of regular arrangement, we have organized this Annual International Scientific Congress virtually. We hope this will draw more participants than before.

There is a huge demand for spine surgery in Bangladesh. But scope and facilities for Spine surgeries are still limited. So, we need to improve our facilities and train manpower to meet the challenge. In this regard I would like to call upon government, Universities and hospitals to come forward.

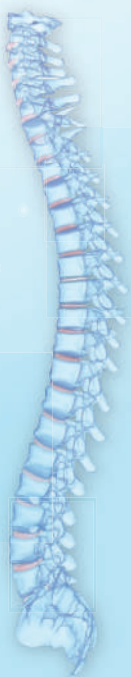
I am grateful to countries and organizations like APSS, AO Spine and SRS for their continuous support in the development of the spine surgery in Bangladesh.

Sincere thanks to faculties from home and abroad, participants, all the members of Bangladesh Spine Society and Bangladesh Orthopaedic Society for their support who worked hard to make this virtual conference successful even in this difficult situation.

Wish every success of “BSSCON 2020”.

A handwritten signature in black ink, appearing to be "Ka" followed by a long horizontal line.

Prof. Dr. Khondker Abdul Awal (Rizvi)





Director, NITOR & President
Bangladesh Orthopaedic Society.

Message from the Special Guest

It's my immense pleasure to know that Bangladesh Spine Society is going to organize 11th International Spine Virtual Conference "BSSCON 2020" and publish a souvenir as well.

Covid 19 pandemic posed great challenges for mankind worldwide. Creating an assembly of Spine Surgeons from different parts of the world therefore became difficult. As a matter of fact, virtual conferencing is the only way to communicate and exchange knowledge among each other.

Our Orthopaedic and Spine Surgeons working hard to save and rehabilitate the critically ill spinal injury patients. Demand of more research, working skill and developing institutional capacity rising gradually. The envious flourishing of Bangladesh Spine Society during the last couple of years really amazed me with their wide spread international interaction, academic and scientific activity and nationally committed services. Under the magnificent leadership and supervision of our Honorable Prime Minister Sheikh Hasina, NITOR has been extended up to thousand bedded specialized institute. With this we have stepped forward to build up different super specialties to fulfill our target of providing standard health service to our people.

I welcome all the participants and distinguished foreign faculties to this scientific summit in spite of all difficulties and wish every success of "BSSCON 2020".

Prof. Dr. Md. Abdul Gani Mollah





**11th INTERNATIONAL
SPINE CONFERENCE &
SCIENTIFIC SEMINAR**



Chairman & Head of Orthopaedics Department
Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka

Message from the Special Guest

I am very much honored & grateful to be a part of this great occasion of 11th international Spine Virtual Conference and Scientific Seminar "BSSCON 2020". Worldwide Covid 19 pandemic had made an enormous impact upon human life. Where everything became significantly sluggish, Bangladesh Spine Society made a tremendous effort to organize this conference virtually. BSS is one of the most dynamic super specialty Society working with issues of spine in home & abroad. Their level of work & Professionalism is much high and reaching to global standard gradually. I appreciate their professionalism, dynamism & dedications.

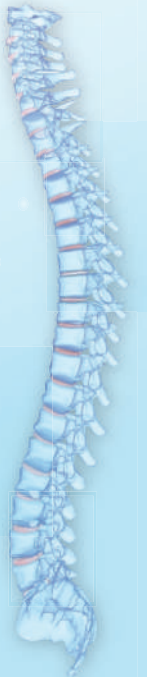
I welcome all the respected faculties and participants from home and abroad and wish a grand success of "BSSCON 2020" with a memorable ending & learning. May Allah keep us all healthy & fit

Joy Bangla.

Joy Bangabandhu

A. Z. Chowdhury

Prof. Dr. Abu Zaffar Chowdhury



**BSSCON
2020**



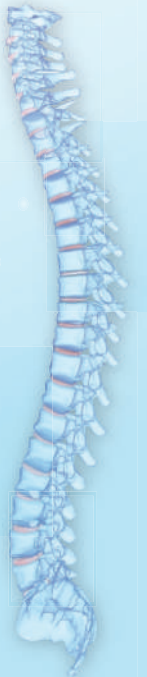
Secretary General
Bangladesh Orthopaedic Society.

Message from the Special Guest

Greetings from Bangladesh Orthopaedic Society (BOS). It's my immense pleasure and heartiest feeling to message all participants in "BSSCON 2020". In a different and difficult gesture, the conference is going to be held by virtual settings, which is very courageous and dedicated steps for BSS. I feel very much honored and grateful to be a part of it this great opportunity. BSS is one of the most dynamic super specialty society with issues of Spine in home and abroad. Their level of work and professionalism is much higher of international level. I am proud of them and BSS always works with a brotherhood relationship under the cooperative umbrella of BOS. I appreciate their professionalism, dynamism and dedication. I wish a grand success of "BSSCON 2020". May Allah keep us healthy and wishing everybody a COVID free Happy New Year.

Joy Bangla
Joy Bangabandhu.

Prof. Dr. Md. Wahidur Rahman





Chairman, Organizing Committee
BSSCON-2020

Welcome Address

Respected President Bangladesh Spine Society, Professor Kh. Abdul Awal Rizvi, Honorable Chief Guest Professor Dr. Kanak Kanti Barua, Vice Chancellor, Bangabandhu Sheikh Mujib Medical University, Special Guest Prof. Dr. Md. Abdul Gani Mollah, Director, NITOR & President BOS, Prof. Dr. Md. Wahidur Rahman Secretary General, Bangladesh Orthopaedic Society, Special Guest Prof. Dr. Abu Zaffar Chowdhury other dignitaries, members of BSS, participants from home and abroad- Assalamualaikum and very good morning.

It is my great pleasure and privilege to welcome you in the 11th International Spine Virtual Conference and Scientific Seminar. Due to COVID-19 pandemic we have organized our scientific congress virtually.

I, on behalf of the organizing committee, express my heartiest gratitude and appreciation for your kind presence and participation. This conference will enlighten and inspire us in our commitment to sharpen our knowledge and strengthen our skill while challenging conventional thinking about spine patients

Spine Surgery is a rapidly growing specialty in Orthopaedic surgery and developing newer techniques for the better outcome of the patients. We the specialist doctors of developing country cannot sit behind. Our efforts in holding this conference, scientific seminar are to enhance and enrich the skill and knowledge of our participants in managing the spine patients.

Bangladesh has numerous patients with spine problems but there are a lack of adequate facility to provide their treatment and needs further emphasis for better management.

With the participation of all eminent Spine Surgeons of home and abroad, this scientific seminar will enrich our knowledge further for better management and outcome of our patients. This is the goal to be achieved.

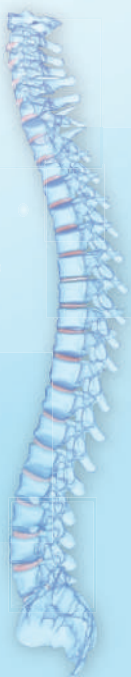
I would like to extend our gratitude and appreciation to our sponsors, who have all given us such enthusiastic support.

Finally, my gratitude and thanks goes to all who have worked hard to make the Conference a success.

Welcome to our conference

Thank you and Allah Hafez.

Dr. Fazlul Haque





Secretary General
Bangladesh Spine Society (BSS)

Address by Secretary General

It's my great pleasure & privilege to welcome you all in the occasion of 11th International Spine Virtual Conference "BSSCON 2020". I extend a warm welcome to all delegates attending our society's annual scientific conference virtually or physically.

First of all I would like to pay my homage and deep respect to the Father of the Nation Bangabandhu Sheikh Mujibur Rahman in his Hundredth Birth Anniversary that we are celebrating nationwide. Our Government has declared this 2020 as the "Mujib Borsho" and we have dedicated all our activities of BSSCON-2020 to his great memory.

I would like to take the opportunity to express my gratitude to the Hon. Chief guest Prof. Dr. Kanak Kanti Barua, eminent Neurosurgeon and honorable Vice Chancellor of Bangabandhu Sheikh Mujib Medical University for gracing the inaugural ceremony of this conference.

Arranging a conference virtually is a new experience for us. COVID-19 pandemic had agitated the whole world, but given some new ways of living and communicating with each other globally. As a part of our commitment to exchange our knowledge and extend cooperation towards our fraternity we have organized online scientific summit.

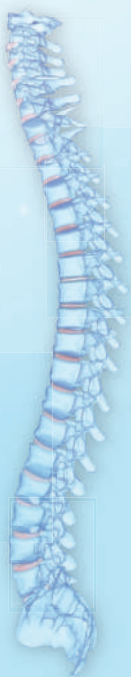
In the last few decades, Spinal Trauma and Degenerative Spinal diseases management had been revolutionized. We can understand and hence manage these ailments much better. However, many unanswered questions and controversies suggests that a lot of work still needs to be done. Lot of research is going on globally in the management of spinal disorder. Thus it needs a comprehensive consensus in the management as a team based approach.

During the pandemic period when meeting physically each other was prohibited, then we arranged many scientific webinar virtually with local & international eminent faculties. Much has been gained by the young Spine Surgeons through these educational events and we are promised to continue. We are planning to arrange regular CME in Dhaka & outside Dhaka institutions. Though there are many obstacles we determined to execute our plan and this will help a lot to extend the scientific and research activities among the spine interested surgeons working at periphery.

You will be happy to know that this year BSS was the host of a TB spine session with collaboration with Nepal Spine Society & Association of Spine Surgeon of India in ISSICON 2020 from 10th to 13th December 2020 in New Delhi. Besides that we had three faculties & three presenters who participated in ISSICON 2020 at New Delhi India.

It's our great pleasure to inform you that BSS will organize Basic Spine Course in Dhaka tentatively on May, 2021 with the help of APSS.

I would like to inform you that 74 new post creation for the spine surgeons including NITOR and all over the country had been executed by Ministry of Health and Family Welfare this year. We pay our thanks



and gratitude to BOS specially Prof. Dr. Abdul Gani Mollah, President, BOS and Prof. Dr. Md. Wahidur Rahman, Secretary General, BOS and their whole team for their tremendous efforts for the sake of our community. We are preparing some written proposals to the Health Ministry to expand the opportunities of young spine surgeons to serve all over the country with collaboration with BOS.

Developing a scientific guideline for the spine surgeons of our country who are serving during the COVID-19 pandemic situation is a time demanding issue. Our honorable President Prof. Kh. Abdul Awal Rizvi was highly intended to prepare and publish a guideline for spine surgeons working in different hospitals in this COVID-19 pandemic situation. Our efficient scientific team and the whole executive body worked hard to collect and formulate the updated information for developing this Covid 19 working guideline. An Editorial board formed by eminent Spine Surgeons of Bangladesh continuously reviewed the scientific issues to formulate an international standard guideline for the spine surgeons prioritizing the local perspective. You will be happy to know that we have published this scientific guideline in the occasion of “BSSCON 2020” and circulated it to different institutions as well as the national health administration of the country.

I believe the scientific deliberations by the seniors as well as young spine surgeons in this conference will expand our horizon and explore new innovations in spine care.

From BSS we like to encourage young Spine Surgeons to write & present scientific papers both nationally and internationally. Our doors are always open for you.

My last dream is to have an own office for BSS at NITOR, Dhaka and we are waiting for the day when our dream will come to reality for that we need cooperation from our great leader of Orthopaedic community Prof. Dr. Abdul Gani Mollah, Director, NITOR, Dhaka.

I like to convey my sincere thanks to all participants from home and abroad. I also welcome the participation of our beloved colleagues, who continually support this society and importantly our patients. I also give my thanks to all pharmaceuticals company who are helping us for arranging this conference successful one.

I wish every success of the “BSSCON 2020”.

Prof. Dr. Md. Anwarul Islam





Secretary, Organizing Committee
BSSCON 2020

Vote of Thanks

Honorable President, Chief guest, other dignitaries, members of Bangladesh Spine Society, participants from home and abroad, Assala-mu-alaikum and good morning.

I would like to take the opportunity to express depth of gratitude to the Hon. Chief guest Prof. Dr. Kanak Kanti Barua eminent Neurosurgeon and honorable Vice Chancellor of Bangabandhu Sheikh Mujib Medical University for gracing the inaugural ceremony of this conference. This year the whole world is stressed by the extensive attack of covid 19. Our physical assembly might have been hampered but we have overcome the distance virtually. This year 11th "BSSCON 2020" is a virtual conference.

It is indeed an honour to be the host of the meeting and I shall make all honest and sincere efforts to make it a success in all ways.

The local organizing committee, under the valuable guidance of our Honorable President and Secretary General and other executives has been very active and arrangements are well under way to ensure that the 11th BSSCON is a resounding success. I need to multiply the word "Thank You" thousand times to match it with your efforts.

Respected luminaries on the dais and off the dais,

Bangladesh Spine Society is committed to promote spine care up to a global standard. In this scientific summit we have employed a holistic and interactive approach in planning the scientific sessions in which we shall discuss the latest techniques and the management of different spine conditions or complications. This annual meeting will provide the perfect forum for both faculty and participants to build up future collaborations.

Dear foreign faculties, as the Organizing Secretary, let me assure you that every effort will be made to make your participation a memorable one.

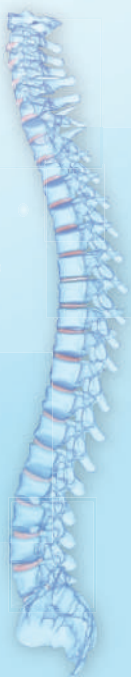
I extend my appreciation and acknowledgements to the Pharmaceutical Companies and allied organizations for their substantial support.

Last of all dear participants, the most meticulously organized program will be nothing without your active participation and support. It is our humble and sincere request to you all to come forward with your contributions by way of your presence and cooperation.

The organizing committee has left no stone unturned to ensure that the conference turns out to be an occasion from which all of you carry back with a long lasting memories of not just scientific excellence but also warm hospitality.

Thanking you. Yours Sincerely

Prof. Dr. Md. Golam Sarwar



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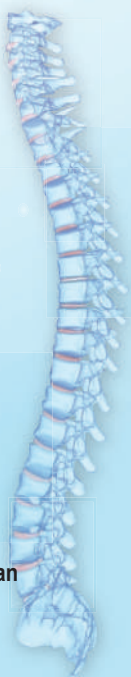
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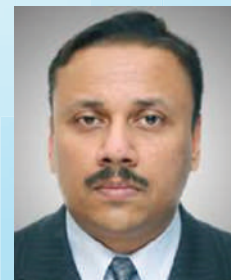
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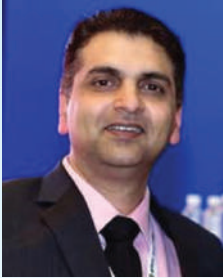
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Abstracts

PREFACE

We welcome you all at the 11th International Spine (Virtual) Conference & Scientific Seminar “BSSCON 2020”. On this occasion, we would like to express deep gratitude to the members of Bangladesh Spine Society & all participants from home & abroad.

The ongoing COVID -19 global pandemic is unprecedented in modern history. Now, we are collectively in a situation which we never experienced. Organizing a conference always gives us the opportunity to learn and share our experiences and knowledge. Unfortunately, though the pandemic has restricted us to meet physically, we will be connected through virtual platform. We believe this will strengthen our bond. Definitely this a new dimension and of course a great experience for us that will lead us to organize such educational activities in near future.

In this Conference, 16 eminent faculties from abroad and 6 renowned faculties from home along with a group of dedicated, dynamic and young surgeons from different corners of the country will enlighten the program. The whole scientific program will be divided into five sessions. We hope this will definitely make the scientific program more glamorous and palatable as well. This conference will offer great opportunities to share knowledge and skills of recent advancement in Spine Surgery among the participants from home and abroad. We can assure you that you will be benefited a lot.

The scientific session includes important key papers on traumatic, degenerative, inflammatory, infective disorders of spine as well as spinal tumors. We will be able to learn basic science, new technical devices and treatment techniques and rehabilitation of the spinal patients.

We hope this abstract book will not only be a memento at this conference but also will act as a useful future guidance of current knowledge of spine surgeries and techniques.

We are grateful to you, colleagues from home and abroad for preparing and presenting papers in this conference that will enrich our knowledge and will contribute to Spine Surgery a lot.

Last of all, we apologize for any inadvertent mistakes and unintentional omissions and error.

Prof. Dr. Md. Kamrul Ahsan
Chairman, Scientific Committee
BSSCON 2020

Dr. Sharif Ahmed Jonayed
Secretary, Scientific Committee
BSSCON 2020

INVITED GUEST LECTURE-1

Date : 22 December, Tuesday, 2020

Time: 09:00 am - 11:00 am

Chairpersons : Prof. Dr. Kh. Abdul Awal Rizvi
Dr. Fazlul Haque

Moderator : Dr. Md. Rezaul Karim

Time	Sl. No	Topic	Speaker & Country
09:00-09:10am	1	Short Term Experience with Full Endoscopic Spine Surgery, Results of First One Hundred Cases	Dr. Mohammad Arif Khan Pakistan
09:10-09:25am	2	Cervical Spondylotic Myelopathy (CSM): Management Protocol, Surgical Approaches, Expectation and Complications	Dr. Kuniyoshi Abumi Japan
09:25-09:40am	3	Thoracolumbar Fracture Management: Current Update, Rationale and Controversy	Dr. K. V. Menon India
09:40-09:55am	4	Motor recovery by Epidural Stimulation after Spinal Cord Injury: Early Results of a Pilot Clinical Study	Dr. H.S Chhabra India
09:55-10:10am	5	Osteoporotic Spine Fracture: Current update of Management, Fixation Techniques-Tips and Pearls	Dr. Vikas Tandon India
10:10-10:25am	6	Spinal Tumors: Principles of Management, Outcome, Expectations and Complications	Dr. Abhay Nene India
10:25-10:40am	7	Analysis of "Failed Back Surgery" over 25 Years of Practice: An Introspective Surgical Audit	Dr. Ram Chadda India
10:40-11:00am		Discussion	

1
Abstract

SHORT TERM EXPERIENCE WITH FULL ENDOSCOPIC SPINE SURGERY, RESULTS OF FIRST ONE HUNDRED CASES

Dr. Mohammad Arif Khan

*Head, Dept. of Orthopedics and Spine Surgery, KGMC/ Hayat Abad Medical Complex,
Peshawar, Pakistan*

2

Abstract

CERVICAL SPONDYLOTIC MYELOPATHY (CSM): MANAGEMENT PROTOCOL, SURGICAL APPROACHES, EXPECTATION AND COMPLICATIONS

Dr. Kuniyoshi Abumi

*Director-in-Chief, Sapporo Orthopaedic Hospital-Center for Spinal Disorders,
Sapporo, Japan*

3

Abstract

THORACOLUMBAR FRACTURE MANAGEMENT: CURRENT UPDATE, RATIONALE AND CONTROVERSY

Dr. K. V. Menon

*Professor, Dept of Orthopaedics, Bharati Vidyapeeth Medical College Hospital,
Pune, India*

4

Abstract

MOTOR RECOVERY BY EPIDURAL STIMULATION AFTER SPINAL CORD INJURY: EARLY RESULTS OF A PILOT CLINICAL STUDY

Dr. H.S Chhabra

*Chief of Spine Services & Medical Director, Indian Spinal Injuries Centre,
New Delhi - 110070, India.*

5

Abstract

OSTEOPOROTIC SPINE FRACTURE: CURRENT UPDATE OF MANAGEMENT, FIXATION TECHNIQUES-TIPS AND PEARLS

Dr. Vikas Tandon

Senior Consultant, Indian Spinal Injuries Centre, New Delhi - 110070, India.

The talk will be based on case based knowledge sharing and will be discussing the various situations and problems with osteoporotic spine fixation and how to achieve the best possible fixation. The talk will be showing different strategies in terms of advancements in implants and technique for spine fixation in osteoporosis. I will also be discussing a new modified technique which has been recently published for the fixation in these soft spines.

6

Abstract

SPINAL TUMORS: PRINCIPLES OF MANAGEMENT, OUTCOME, EXPECTATIONS AND COMPLICATIONS

Dr. Abhay Nene

Spine Surgeon, Lilavati, Breach Candy, Hinduja Surgical, Wockhardt, Apollo, Wadia Children's Hospital, Bombay, India

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Abstract

ANALYSIS OF "FAILED BACK SURGERY" OVER 25 YEARS OF PRACTICE: AN INTROSPECTIVE SURGICAL AUDIT

Dr. Ram Chadda

Consultant Spine Surgeon, Lilaboti, Jaslock & Global Hospital, Mumbai, India.

Introduction: "Failed Back Surgery Syndrome" (FBSS) is the primordial deterrent to a spine surgeon in the process of achieving his or her Holy Grail. The analysis of surgical results, in the form of an audit spanning over two decades gives a peek into the lessons learnt from mistakes made. It is an evolution of "Wisdom" from "Knowledge". It is a natural progression of "growing" through rather than "going" through a career in spine surgery.

Despite the paradigm shift from conventional to contemporary, from maximally invasive to minimally invasive, the "Safest Spine Surgery" is still to be executed with caution.

Material and Methods: We analyzed the clinical and functional outcomes of patients treated by us for "Failed Back Surgery Syndrome" over 25 years between 1991 to 2016. A total of 228 patients were analyzed as a part of this study.

The patients were divided into 3 categories. We included patients where the index surgery was performed by us as well as patients where the index surgery was performed elsewhere.

The minimum follow-up was 18 months and the maximum follow up was 24 years.

Category 1: Implant related FBSS: 90 patients

Category 2: Surgery related FBSS: 72 patients

Category 3: Non-Specific FBSS: 66 patients

The Surgical Audit included all surgeries done by the team including two Orthopaedic Spine Surgeons, often a Neuro-Spine Surgeon and fellows in training. The surgeries were performed in both private and public hospitals with different operating room environments and facilities.

The total surgeries were in excess of 5000 cases over 25 years with a large majority of patients getting adequate resolution of their pre-operative symptoms and signs. However, there were a few who continued to be unhappy despite surgical intervention.

A review of 228 patients which was complete and had clarity at the end-point are presented in this study.

Discussion: As mentioned in the methods, 228 patients were enrolled for this FBSS study. These were patients who had residual or recurrent symptoms after an index spine surgery done with our team or elsewhere. These are patients who were symptomatic and uncomfortable despite non-surgical options after the index surgery and were symptomatic enough to consent for / ask for a revision surgery.

The lessons learnt from these patients are shared in this study.

These 228 patients were divided into 3 categories:

Category 1: Implant related FBSS: 90 patients

This category of patients were the ones who had malpositioned implants – screws/cages/spacers detected sooner or later after index surgery resulting in residual/recurrent/fresh neurological symptoms.

Category 2: Surgery related FBSS: 72 patients

This category of patients were the ones who had an adverse event during/ after surgery including incidental durotomy, inadvertent pars excision, post-operative surgical site infection, discitis, adjacent segment disease, delayed or non-union of the interbody/ posterolateral fusion resulting in recurrent / residual/ fresh neurological symptoms or axial pain of instability.

Category 3: Non-Specific FBSS: 66 patients

This category of patients were the ones who had significant perineural scarring/ laminectomy membrane/ arachnoiditis/ sympathetic ganglionic symptoms with a non-dermatomal presentation at times resulting in vague symptomatology with no significant mechanical correctable cause on imaging most often.

Revision surgical measures included

- correction of hardware with or without additional decompression/ fusion measures in Category 1 to
- additional soft tissue surgery like debridement decompression with or without instrumented fusion in Category 2 while
- patients were treated at pain clinics with physiatry but often needed additional limited decompressions with or without instrumentations with guarded results in Category 3.

The ALOS (average length of stay) for Category 1 was 4 days, followed by 5.5 days for Category 2 and 6 days for Category 3 patients.

The need for intensive care monitoring depended on the co-morbidities rather than the revision surgery itself.

The use of tissue sealants was higher than for index cases (54 out of 228 patients) due to significant scarring and adhesions which needed release for completion of the decompression resulting in dural rents meriting repair/reconstruction.

The unplanned return to the operating room was in a few cases (12 out of 228 patients) for residual hematoma evacuation and superficial wound dehiscence needing a debridement with resuturing.

Result: We used the Oswestry Disability Index to evaluate the functional outcomes of patients. As per Clinical Evaluation Questionnaires to evaluate the outcomes:

- 94% of patients in Category 1 had excellent clinical outcomes & 92 % had excellent functional outcomes.
- 78% of patients in Category 2 had excellent clinical outcomes but only 68 % had excellent functional outcomes.
- 63% of patients in Category 3 had excellent clinical outcomes but only 56% had excellent functional outcomes.

The results surely justify the need for revision surgeries with proper risk stratification and have confirmed good results improving the health-related quality of life (HRQOL) issues to a major extent in FBSS patients following the first revision. The results of this study do not predict the need for future revisions, nor necessarily point to obvious causes for persistent unhappiness in a certain group of patients.

Conclusion: We concluded that Implant related FBSS has the best outcome following treatment whereas Non-Specific FBSS had the worst clinical and functional outcomes.

A risk-benefit ratio evaluation of the revision surgery should be discussed with the patient and the family before embarking on this complex procedure, which is a much longer process rather than the index surgery which may have been an event. Counselling with clear intent to treat and avoidance of unrealistic positive outcomes should be the way to go for these difficult FBSS patients.

Good results come from Experience, but Experience comes from bad results !!!

A Spine Surgeon should always practice: TRUTH, TRANSPARENCY & TRUST IN TREATMENT !

INVITED GUEST LECTURE-2

Date : 22 December, Tuesday, 2020

Time: 11:00 am - 01:00 pm

Chairpersons : Prof. Dr. Syed Shahidul Islam
Prof. Dr. Md. Shah Alam

Moderator : Dr. Md. Yousuf Ali

Time	Sl. No	Topic	Speaker & Country
11:00-11:10am	1	Cauda Equina Syndrome (CES): Evaluation, Treatment Protocol, Outcome and Expectation	Dr. Abrar Ahmed India
11:10-11:25am	2	Decision Making in Multilevel Lumbar Canal Stenosis: Principles of Management, Selection of Fusion Level & Controversy	Dr Saumyajit Basu India
11:25-11:40am	3	Degenerative Spondylolisthesis: When to Fuse and When Not To?	Dr. Arvind G. Kulkarni India
11:40-11:55am	4	Lumbar Degenerative Scoliosis: Decision Making Algorithm in Clinical Practice	Dr. Ranjith Unni Krishnan India
11:55-12:10pm	5	Treatment and Prognosis of Post Tuberculosis Kyphotic Deformity	Dr. Gururaj M Sangondimath India
12:10-12:20pm	6	Artificial Intelligence, Spine Surgery & Robotics	Dr. Muhammad Tariq Sohail Pakistan
12:20-12:40pm	7	Risk Stratification in Spine Surgery and Avoiding Complications	Dr. S. Rajasekaran India
12:40-01:00pm		Discussion	

Abstract

1 CAUDA EQUINA SYNDROME (CES): EVALUATION, TREATMENT PROTOCOL, OUTCOME AND EXPECTATION

Dr Abrar Ahmed

*Spine Surgeon at Apollo Gleneagles Hospital,
Kolkata, West Bengal, India.*

Abstract

2 DECISION MAKING IN MULTILEVEL LUMBAR CANAL STENOSIS: PRINCIPLES OF MANAGEMENT, SELECTION OF FUSION LEVEL

Dr Saumyajit Basu

Head, Department of Spine Surgery, Kothari Medical Centre, Kolkata, India.

Abstract

3 DEGENERATIVE SPONDYLOLISTHESIS: WHEN TO FUSE AND WHEN NOT TO?

Dr Arvind G Kulkarni

*Consultant Spine Surgeon, Mumbai Spine Scoliosis & Disc Replacement Centre,
Bombay Hospital, India.*

Abstract

4 LUMBAR DEGENERATIVE SCOLIOSIS: DECISION MAKING ALGORITHM IN CLINICAL PRACTICE

Dr. Ranjith Unnikrishnan

*Consultant Orthopaedic Surgeon, Kerala Institute of Medical Sciences,
Trivandrum, Kerala*

Background: Lumbar degenerative disorder form a large gamut of the patients catered to in the clinic by the Spine Specialist. Of them a larger majority of them present with back pain, back pain and leg pain with or without neurologic symptoms and often the problems are compounded by the presence of a spinal deformity. The appropriate management of this subset of patients are often a challenge to the orthopaedic surgeon, given the fact that many of them have multiple medical co morbidities and often underlying osteoporosis. The challenges faced by the clinician starts right at identification and defining the pain generator, which often are many as most of them multilevel degenerative discopathy complicated by neurologic symptoms, until designing an appropriate treatment plan the surgical treatment of

these too are fraught with complications. This presentation will encompass on office clinical evaluation of these patients, identification of the pain generators, defining the natural history of them and evaluation with the appropriate imaging modality. This will also dwell upon the interventional pain procedures, their indication, limitations and define the surgical indications in these subset of patients. When surgery is indicated, this presentation will discuss the appropriate surgical technique, pre, peri and post-operative challenges and solutions which the average orthopaedic surgeon can provide, with the facilities available to him/her in a developing nation.

Key words: Degenerative Spine disorder, Lumbar degenerative disc disorder, management, surgery, open, minimally invasive, lumbar degenerative scoliosis management.

5

Abstract

TREATMENT AND PROGNOSIS OF POST TUBERCULOSIS KYPHOTIC DEFORMITY

Dr Gururaj Sangondimath

Senior Consultant , Indian Spinal Injuries Centre, New Delhi - 110070, India.

6

Abstract

ARTIFICIAL INTELLIGENCE, SPINE SURGERY & ROBOTICS

Dr. Muhammad Tariq Sohail

*Orthopedics & Spine Surgeon, Doctors Hospital & Medical Centre,
Lahore-Pakistan*

7

Abstract

RISK STRATIFICATION IN SPINE SURGERY AND AVOIDING COMPLICATIONS

Dr. S. Rajasekaran

*Chairman and Head, Department of Orthopaedics & Spine Surgery.
Ganga Hospital, Coimbatore, India.*

INVITED GUEST LECTURE-3

Date : 22 December, Tuesday, 2020

Time: 01:00 pm - 02:20 pm

Chairpersons : Prof. Dr. Monaim Hossen
Prof. Dr. Md. Jahangir Alam

Moderator : Dr. Md. Shahidul Islam Akon

Time	Sl. No	Topic	Speaker & Country
01:00-01:10pm	1	Surgical Treatment of Scheuerman Kyphosis	Dr. Ujjwal K Debnath India
01:10-01:20pm	2	What is Our Rationality of Instrumentation & Fusion in Lumbar Degenerative Disease ?	Dr. Kh. Abdul Awal Rizvi Bangladesh
01:20-01:30pm	3	"What May Cause Back Pain and How to Manage These?"	Dr. Fazlul Haque Bangladesh
01:30-01:40pm	4	Surgery in Atlanto-axial Instability: Our Experience	Dr. Shah Alam Bangladesh
01:40-01:50pm	5	Management of TB Spine-Bangladesh Perspective: Where We Stand?	Dr. Syed Shahidul Islam Bangladesh
01:50-02:00pm	6	Post-operative Discitis: What We Must Know	Dr. Md. Kamrul Ahsan Bangladesh
02:00-02:10pm	7	Axial Translation Technique with Pedicle Screw and Rod is Better than any Other Techniques for Correction of Adolescent Idiopathic Kyphoscoliosis.	Dr. Md. Anowarul Islam Bangladesh
02:10-02:20pm		Discussion	

SURGICAL TREATMENT OF SCHEUERMANN KYPHOSIS

Dr. Ujjwal K Debnath

MS(Orth), FRCSGlasg, FRCS (Tr & Orth), DM (Orth)

Objective : Scheuermann kyphosis (SK) is an idiopathic kyphosis characterized by anterior wedging of $\geq 5^\circ$ at 3 contiguous vertebrae managed with either nonoperative or operative treatment. Nonoperative treatment typically employs bracing, while operative treatment is performed with either a combined anterior-posterior fusion or posterior-only approach. Current evidence for these approaches has largely been derived from retrospective case series or focused reviews. Consequently, no consensus exists regarding optimal management strategies for patients afflicted with this condition. This long term study evaluates the long-term clinical and radiological outcome of patients with SK who either underwent combined anterior-posterior surgery or posterior instrumented fusion alone.

Methods: 51 patients (30 M: 21F) who underwent surgery for SK at a single centre were reviewed. 19 had posterior instrumentation alone (PSF) (Group 1) and 32 underwent combined anterior release, fusion with posterior instrumentation (AF/PSF) (Group 2). The clinical data included age at surgery, gender, flexibility of spine, instrumented spinal levels, use of cages & morcellised rib grafts (in cases where anterior release was done), posterior osteotomies and instrumentation, complications and indications for revision surgery. Preoperative flexibility was determined by hyperextension radiographs. The radiological indices were evaluated in the pre-operative, 2year post-operative and final follow-up [Thoracic Kyphosis(TK), Lumbar Lordosis(LL), Voustinas Index(VI), Sacral Inclination(SI) and Sagittal Vertical Axis(SVA)]. The loss of correction and incidence of JK (Junctional Kyphosis) and its relation to fusion levels were assessed. Complications and difference in outcome between the two groups were analyzed.

Results: The mean age at surgery for 51 patients was 20.6 years who were followed up for a minimum of 10years (mean: 14 years; range: 10-16 years). The mean age was 18.5 ± 2.2 years and 21.9 ± 4.8 years in groups 1 and 2 respectively. The mean pre – and 2 years post-operative ODI was 32.6 ± 12.8 and 8.4 ± 5.4 respectively in group1 ($p < 0.0001$) and 30.7 ± 11.7 and 6.4 ± 5.7 respectively in group 2 ($p < 0.0001$). The final SRS-22 scores in group 1 and 2 were 4.1 ± 0.4 and 4.0 ± 0.35 respectively ($p = 0.88$). The preoperative flexibility index was 49.2 ± 4.2 and 43 ± 5.6 in groups 1 & 2 respectively ($p < 0.0001$). The mean TK were $81.4^\circ \pm 3.8^\circ$ & $86.1^\circ \pm 6.0^\circ$ for groups 1 & 2 respectively which corrected to $45.1^\circ \pm 2.6^\circ$ & $47.3^\circ \pm 4.8^\circ$ respectively at final follow-up ($p < 0.0001$). The mean pre-operative LL angle was $60.0^\circ \pm 5.0^\circ$ and $62.4^\circ \pm 7.6^\circ$ in groups 1 & 2 respectively, which at final follow-up was $45.1^\circ \pm 4.4^\circ$ and $48.1^\circ \pm 4.8^\circ$ respectively ($p < 0.0001$). The mean pre-operative and final follow-up Voustinas Index (VI) in group 1 was 22.9 ± 2.9 and 11.2 ± 1.2 respectively and in group 2 was 25.9 ± 3.5 and 14.0 ± 2.3 respectively. The mean pre-operative and final follow-up SI angle was $43.6^\circ \pm 3.3^\circ$ and $31.2^\circ \pm 2.5^\circ$ in group 1 respectively and $44.3^\circ \pm 3.5^\circ$ and $32.1^\circ \pm 3.5^\circ$ in group 2 respectively ($p < 0.0001$). The pre-operative and final follow-up SVA in group 1 was -3.3 ± 1.0 cms & -1.3 ± 0.5 cms respectively and in group 2 was -4.0 ± 1.3 cms and -1.9 ± 1.1 cms respectively ($p < 0.0001$).

Though the magnitude of curve correction between the groups 1 & 2 was significant 36° vs 39° ($p = 0.05$), there was no significant difference in percentage correction between the two groups (44% vs 45%). The degree of correction and other radiographic measures had no impact on clinical outcome measures on univariate analysis. The flexibility index had good correlation with the final TK correction in the whole group ($R^2 = 0.30$). Proximal JK was seen in seven (7) when the upper instrumented vertebra (UIV) was not T_2 and Distal JK in five (5) patients when first lordotic disc segment was not included in the construct.

Conclusion: The clinical outcome for combined procedure is excellent conferring reproducible results. The indications for combined AF/PSF procedure depend on preoperative curve size, flexibility and target kyphosis correction. Correction should be within the physiological range of upper limit of thoracic kyphosis ($40^\circ - 50^\circ$) to prevent sagittal decompensation. Cages did not confer any additional advantage over rib grafts in anterior fusion technique.

2

Abstract

**WHAT IS OUR RATIONALITY OF INSTRUMENTATION & FUSION
IN LUMBAR DEGENERATIVE DISEASE ?**

Dr. Kh. Abdul Awal Rizvi

Ex. Professor & Director, NITOR, Dhaka, Bangladesh.

3

Abstract

"WHAT MAY CAUSE BACK PAIN AND HOW TO MANAGE THESE?"

Dr. Fazlul Haque

Senior Consultant, Square Hospital, Dhaka, Bangladesh.

4

Abstract

SURGERY IN ATLANTO-AXIAL INSTABILITY: OUR EXPERIENCE

Dr. Md. Shah Alam

Prof. & Head, Dept. of Orthopaedics, DMCH, Dhaka, Bangladesh.

5

Abstract

**MANAGEMENT OF TB SPINE-BANGLADESH PERSPECTIVE:
WHERE WE STAND?**

Dr. Syed Shahidul Islam

Senior Consultant, Ever Care Hospital, Dhaka, Bangladesh.

6

Abstract

POST-OPERATIVE DISCITIS. WHAT WE MUST KNOW

Dr. Md. Kamrul Ahsan

Professor of Spine Surgery, BSMMU, Dhaka, Bangladesh

Post-operative discitis is a well-recognized, devastating consequence of spinal surgery and is associated with significant morbidity and mortality. Delayed diagnosis, inadequate treatment, and patients' comorbidities compound the therapeutic challenges of eradicating infection and implant preservation. Treatment option of post-operative discitis (POD) is either conservative or operative, but till date there is no established validated treatment protocols of post-operative discitis. Though the mainstay for discitis treatment is a combination of bed rest and prolonged administration of antibiotics but the dosage, route and duration of antibiotic administration advocated by various investigators are still imprecise; surgical intervention is occasionally necessary in patients when conservative treatment failed. Based on the differences in the available literatures, we retrospectively assessed the treatment outcome of 75 POD in our tertiary-level hospital to assess, when conservative treatment failed and what type of surgery was required and also to provide an outline about the appropriate treatment option for POD

7

Abstract

AXIAL TRANSLATION TECHNIQUE WITH PEDICLE SCREW AND ROD IS BETTER THAN ANY OTHER TECHNIQUES FOR CORRECTION OF ADOLESCENT IDIOPATHIC KYPHOSCOLIOSIS

Dr. Md. Anowarul Islam

Professor and Head of Spine Unit, BSMMU, Dhaka, Bangladesh.

Introduction: Scoliosis is a tri-planar deformity including lateral deviation in the coronal plane, kyphosis or lordosis in the sagittal plane with rotation in the transverse plane. Scoliosis in the adolescent period where cause is unknown is termed as adolescent idiopathic kyphoscoliosis. Axial translational technique using pedicular fixation in managing adolescent idiopathic scoliosis is the best method of correcting scoliotic curves.

Objective: To see the degree of triplanar correction of kyphoscoliosis by axial translation technique.

Methods: 30 patients of idiopathic kyphoscoliosis were treated by Axial Translation Technique with Pedicle Screw and Rod in Bangabandhu Sheikh Mujib Medical University and other private hospitals in Dhaka city from January 2008 to December 2019. The curve correction with more screw on the concave side was assessed, patient satisfaction and correction of Cobb angle were measured. Post operative radiological and functional outcome were assessed.

Results: All the 30 patients were available for follow-up for minimum 18 months. Most of the cases were female, 20 (66.6%) and 10 (33.3%) male patients. The mean age was 14.24 (age range: 10 – 24 years). The data were collected from the preoperative, immediate postoperative and the last follow-up x-rays. The measurement shows mean preoperative Cobb's angle of 21.55±6.64, 53±5.89, 33.05±7.68 of proximal, main and lower thoracic region respectively. There was significant improvement in Cobb angle i.e., 32.31% in proximal thoracic, 62.06% in main thoracic and 50.65% in thoracolumbar region which showed correction was more on main thoracic curve and then in thoracolumbar/lumbar curves. Paired t-test showed significant result ($p < 0.001$) where correction was maintained until the last follow-up.

Conclusion: These results were statistically significant and so it may be concluded that the axial translation technique with more screw in the concave side is ideal technique with good postoperative outcome both clinically and radiologically.

Keywords: Adolescent idiopathic scoliosis, Axial translation technique, Top opening pedicle screw

SCIENTIFIC SESSION-1

Date : 22 December, Tuesday, 2020

Time: 02:20 pm - 03:15 pm

Chairpersons : Prof. Dr. Md. Kamrul Ahsan
Prof. Dr. Md. Wahidur Rahman

Moderator : Dr. Sharif Ahmed Jonayed

Time	Sl. No	Topic	Speaker & Country
02:20-02:27pm	1	A Pragmatic Single Centre Retrospective Comparative Review of Outcome and Complication Profile between PEEK Cages and Zero- P Cage Screw Constructs	Dr. Faizul Hassan UK
02:27-02:34pm	2	Lumbar Canal Stenosis-Principles of Management	Dr Gururaj Sangondimath India
02:34-02:40pm	3	Foramen Magnum Tumors – How I Do It?	Dr. SIM Khairun Nabi Khan Bangladesh
02:40-02:46pm	4	L4-5 Segmental Instability- Management Strategy, Our Thinking	Dr. Md. Rezaul Karim Bangladesh
02:46-02:52pm	5	Outcome of Percutaneous Vertebroplasty for Painful Spinal Malignancy at Dorsolumbar Spine	Dr. Md. Yousuf Ali Bangladesh
02:52-02:58pm	6	Spinal Cord Tumor: An Overview	Dr. Md. Shahidul Islam Akon Bangladesh
02:58-03:04pm	7	Results of Delayed Surgery for Unstable Thoraco Lumbar Burst Fractures with Short Segment Posterior Fixation Including Fractured Vertebra	Dr. Provash Chandra Saha Bangladesh
03:04-03:15pm		Discussion	

A PRAGMATIC SINGLE CENTRE RETROSPECTIVE COMPARATIVE REVIEW OF OUTCOME AND COMPLICATION PROFILE BETWEEN PEEK CAGES AND ZERO- P CAGE SCREW CONSTRUCTS.

Dr. Faizul Hassan

Consultant Neuro Surgeon, Royal Orthopedic Hospital, Birmingham, UK

Background: ACDF is a common surgery recommended for symptomatic cervical degenerative disc disease after failed conservative care. There is no consensus on the choice of implants, and it varies between surgeons. This study aims to analyse the early complications following Anterior Decompression and Fusion (ACDF) performed using a standalone cage versus a pricier Zero-P (Cage Screw – (CS)) construct for patients with cervical degenerative disc disease.

Methods: A total of 162 patients underwent an ACDF in between August 2016 to July 2018. There were 83 patients (111 levels) with standalone cage (SA) and 79 patients (111 levels) with cagescrew (CS) fixation. There was no difference between the groups in terms of age, gender, and levels of surgery. The follow-up ranged from 2 months to 24 months. Complications, both clinical and radiological were assessed between the groups

Results: Both the SA and Zero P (CS) groups were subdivided into single and multilevel surgery. Complications encountered in the SA group were temporary swallowing problems 10, hoarseness of voice 3, cage migration 1, delayed union 1, Horner's syndrome 1. In the CS group swallowing problems 4, hoarseness of voice 4, CSF leak 1, recurrent symptoms 1. The observed difference in the incidence of complications between the groups did not reach statistical significance. Univariate analysis between the groups did not show any difference in the improvement of cervical sagittal balance, fusion rate, subsidence, and complications encountered. Multivariate logistic regression analysis for complications showed no difference between the groups when assessed for smoking gender, age, Charlson comorbidity index, levels of surgery, fusion status, Odom score, or the type of implant.

Conclusion: In this short-term study the standalone cages showed no difference in their complication profile in comparison to a cage-screw construct for both single and multilevel ACDF. Standalone cages might be a more economical option without increased complication risks. Nevertheless, we propose a longer-term follow up with a prospective randomized trial for further evaluation of this finding.

LUMBAR CANAL STENOSIS-PRINCIPLES OF MANAGEMENT

Dr Gururaj Sangondimath

Senior Consultant, Indian Spinal Injuries Centre

New Delhi - 110070, India.

3

Abstract

FORAMEN MAGNUM TUMORS – HOW I DO IT?

SIM Khairun Nabi Khan

Department of Neurosurgery, BSM Medical University

Introduction: The Foramen magnum lesions comprises varieties of extradural and intradural pathologies. Sign and symptoms are mainly due brain stem and upper cervical cord compression. But, the initial symptoms are usually non-specific and misleading. The intradural foramen magnum tumors are rare in general practice. Among the intradural tumors, meningiomas are most common and often placed anterior or antero-lateral to the spinal cord or brain stem. Safe removal of these tumors poses formidable challenge to the surgeon and may end in catastrophe unless proper microsurgical techniques and approach is used. In the following paper I will discuss the surgical techniques for safe removal of foramen magnum tumors.

Results: 21 cases of foramen magnum intra-dural lesions were managed in last 18 years. Among them, 10 were meningiomas, 3 neurilemmomas, 2 lipomas, 3 haemangioblastomas, 1 neurenteric cyst, 1 chordoma and 1 case of TB. Neurological improvement occurred in all cases and there was no major complication or death.

Conclusions: Foramen magnum tumors are rare and very difficult surgical cases specially when placed anteriorly to the cord or brainstem. Moreover, the encasement of the vertebral artery, spinal cord and presence of the lower cranial nerves makes it very challenging for the surgeon.

4

Abstract

L4-5 SEGMENTAL INSTABILITY- MANAGEMENT STRATEGY, OUR THINKING

Dr. Md. Rezaul Karim, Dr. Md. Mujibar Rahman, Dr. Provash Chandra Saha,
Dr. Mushfique, Dr. Nur Alam, Dr. Polash , Dr. Mamun, Dr. Sarwar

National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR), Dhaka, Bangladesh

Spinal Instability or Lumbar Instability is a condition that occurs when the inter-vertebral discs in the spine begin to degenerate. The bulge of the disc decreases and begins to lose height. This causes the vertebrae to displace from their anatomical position and override the disc. It eventually produces friction between the vertebrae, causing pain and several other symptoms. Segmental instability at the L4-L5 level is a very common condition in lumbar pathology. One of the most Common causes of instability. Other common causes are advanced disc degeneration, spondylolysis, and post-laminectomy syndrome External trauma or fracture of the spine, metastatic tumour of the spine, congenital defect in spine, poor lifting technique. In many cases, L4-L5 is the only affected level, while adjacent segments show no critical illness. In some patients, an incipient deformity may be recognized together with the segmental instability, but the deformity is not severe or symptomatic.

Surgical management of L4-L5 instability consists of segmental fusion, which can be achieved through different techniques and approaches depending on the surgeon's preferences and the patient's condition.. A classification strategy is also presented to help clinicians determine appropriate treatment options for L4-L5 instability. In my series all patients were surgically managed by posterior approach. Overall, 92.86% of the patients were satisfied after surgery. Radiography study showed the rate of bony

fusion being 82.14%. Fibrous union was noted in two patients. One patient experienced tear of the dura without clinical sequel. One patient had mis displacement of screws in disc space. Overall, the complications were negligible and none of the patients sustained a motor deficit and permanent complication. In conclusion given the need for fusion in L4-L5 instability, the choice of the most appropriate approach depends on several factors. Anterior approaches may be considered in cases involving previous posterior surgery, to avoid issues with scar tissue and potential dural tears, to prevent soft tissue injury, and to promote faster recovery. The choice of posterior instrumentation allows for direct decompression and is of course necessary when there is no “safe corridor” (vessels, nerves) for anterior or lateral approaches.

5

Abstract

OUTCOME OF PERCUTANEOUS VERTEBROPLASTY FOR PAINFUL SPINAL MALIGNANCY AT DORSOLUMBAR SPINE

Dr. Md. Yousuf Ali

Associate Professor, Spine Surgery, Dept. of Orthopaedics. BSMMU, Dhaka, Bangladesh

Background: Malignant bone tumors in the spine are painful and debilitating but are challenging to treat. Percutaneous approaches for performing vertebral body augmentation for treating malignant spinal lesions have been developed as good alternatives to open surgery and for pain control, increase mobility; correction of vertebral height, decrease narcotics needs and prevent further vertebral collapse. These types of procedures have evolved rapidly during the last 10 years, and the current state of the art has been found to fit neatly into the conventional oncologic treatment algorithm.

Materials and method: This study was done in different private clinics in Dhaka, from Jan 2010 to June 2019. Total number of patients was 25. Among them, 8 were multiple myeloma, 4 were non-Hodgkin lymphoma and 13 were secondary metastasis. Among them, 16 were females and 9 were males, age ranges from 47 to 85 years, mean age 63 years. Follow-ups were 6.5 years to 3 months. Clinical outcome was assessed by VAS and ODI regarding pain and disability. Gradual ambulation is allowed the next day and patients were discharged after 1 day hospital stay. Patient was assessed clinically and radiologically after 1, 3 & 6 months interval.

Results: All the patients got substantial relief of acute low back pain, back related disability immediately and improvement of ADL in 3rd day after the procedure. Mean pretreatment and 24-hour post treatment visual analog scale pain scores were 9.7 and 1.6, respectively. Administration of analgesics was suspended in 17 (69%) patients whereas in 8 (31%) patients needed mild analgesics. At 3 month, the patients reported a mean visual analog scale pain score of 1.8. There is one incidence of cement leakage to epidural vein and perforation one pedicle per operatively. Our data suggest, in selected patients, percutaneous vertebroplasty may be performed with a high technical success rate combined with a low complication rate, providing immediate pain relief lasting at least 3 months and a reduction in the use of analgesic drugs.

Conclusion: In this study vertebroplasty, minimally invasive percutaneous method has been proven to be the most effective modality in the treatment for the spinal malignancy and is becoming a standard of care for palliative pain control.

6

Abstract

SPINAL CORD TUMOR: AN OVERVIEW

Dr. Md. Shahidul Islam Akon

Assistant Professor, Department of Orthopaedic Surgery, Dhaka Medical College Hospital

Spine tumors comprise a small percentage of reasons for back pain and other symptoms originating in the spine. The majority of the tumors involving the spinal column are metastases which are mostly seen in older patients. Spinal tumors are rare and compromise approximately 5–10% of all tumors of the central nervous system in children and young adults. It's much more common to develop a brain tumor than a tumor on the spinal cord.

Spinal cord tumors arise in the spinal cord itself or adjacent to the spinal cord and can occur in the cervical, thoracic or lumbar regions. Those that occur within the spinal cord are termed intradural intramedullary spinal cord tumors and include several subtypes: astrocytomas, ependymomas, hemangioblastomas etc. Those that occur alongside the spinal cord are called intradural extramedullary spinal cord tumors and include meningiomas, schwannomas, neurofibromas.

Some spinal cord tumors can be successfully treated. The earlier the diagnosis, and start treatment, the better outcome is likely to be. Advancements in diagnostics, surgical techniques equipment, and oncological treatment improved the outcome of these challenging tumors, in particular, with intramedullary involvement. The development of modern neuroimaging procedures for surgical planning, as well as innovative technologies for intraoperative visualization and tumor resection, represent substantial developments which have contributed to the safety and efficacy of spinal cord surgery. But spinal cord tumors often cause permanent damage to the nerves and result in disability.

7

Abstract

RESULTS OF DELAYED SURGERY FOR UNSTABLE THORACO LUMBAR BURST FRACTURES WITH SHORT SEGMENT POSTERIOR FIXATION INCLUDING FRACTURED VERTEBRA

Dr. Provash Chandra Saha, Dr. Md. Shah Alam, Dr. Syed Shahidul Islam,
Dr. Md. Rezaul Karim

Introduction: There is little consensus regarding the optimal timing of traumatic spine fracture fixation. Neurological outcome after thoraco lumbar spine fracture is a subject of debate. The optimum efficacy is observed when performed within 12 hours of the injury. There is little number of studies showing outcome of delayed fixation. A randomized controlled trial to evaluate early versus late stabilization is difficult to perform especially in the setting of National Institute of Traumatology and Orthopaedic Rehabilitation, NITOR, Dhaka as early fixation is difficult to schedule. Short segment fixation of the fracture level has replaced the traditional long segment instrumentation. It decreases the number of motion segments sacrificed in the fusion process.

Materials & Methods: Study Periods was December 2016 to June 2019. Study place was NITOR. Study design Prospective observational study. Among 25 patients, 17 are male and female 8. Inclusions criteria were Magerl Type A, Local kyphosis of more than 15°, ASIA Grade B, C and D neurology, fracture level limited to D10–L2, duration of injury - 3 weeks or less. Exclusion criteria were, Magerl Type B, C fractures, ASIA A neurology, duration of injury less than 3 days and more than 3

weeks. Patients were evaluated according to their age, gender, mode of injury, fracture level, fracture type according to the Magerl classification, duration between injury and surgery , neurologic status according to the ASIA grading system, Beck index, ODI Index, Denis work scale, and follow-up.

Results: Among all patients 22 patients showed neurological improvements except 3 cases. Pain was improved according to VAS scale in most of the patients. All patients showed radiological sign of bony fusion in all cases at follow up till date. All patients gained improved scoring of ODI index except 2 cases with ASIA C neurology. All patients gained improved Dennis working scale except 3 cases of ASIA C neurology.

Conclusion: Results of delayed fixation (within 3 weeks) of thoraco lumbar Burst fracture including fractured vertebra shows satisfactory outcome regarding kyphosis correction, neurological improvement and functional recovery.

SCIENTIFIC SESSION-2

Date : 22 December, Tuesday, 2020

Time: 03:15 pm - 04:00 pm

Chairpersons : Prof. Dr. Qazi Shahidul Alam
Prof. Dr. Md. Anowarul Islam

Moderator : Dr. Provash Chandra Saha

Time	Sl. No	Topic	Speaker & Country
03:15-03:21pm	1	Functional Outcomes of Transforminal Lumbar Inter Body Fusion (TLIF) In the Treatment of Adult Degenerative Spondylolisthesis	Dr. Md. Zahidur Rahman Bangladesh
03:21-03:27pm	2	Diagnosis of lumbar instability	Dr. Abu Bakar Siddique Bangladesh
03:27-03:33pm	3	Functional Outcome after Endoscopic Lumbar Discectomy by Destandau's Technique; A Prospective Study of 40 Cases	Dr. Mohammad Akshad Al Masur Anon Bangladesh
03:33-03:39pm	4	Spinal Giant Cell Tumor (SGCT) with Paraparesis - A Case Report with an Overview of Current Treatment Modality	Dr. Sharif Ahmed Jonayed Bangladesh
03:39-03:45pm	5	Outcome of Percutaneous Vertebroplasty following Acute Vertebral Compression Fractures	Dr. O Z M Dastagir Bangladesh
03:45-03:51pm	6	High grade Spondylolisthesis: Does reduction more superior than in situ fusion?	Dr. Md. Sarwar Jahan Bangladesh
03:51-04:00pm		Discussion	

FUNCTIONAL OUTCOMES OF TRANSFORMINAL LUMBER INTER BODY FUSION (TLIF) IN THE TREATMENT OF ADULT DEGENERATIVE SPONDYLOLISTHESIS

Dr. Md. Zahidur Rahman

Associate professor of Spine Surgery, DMCH, Dhaka

Degenerative Spondylolisthesis is a common pathological condition often causes lumbar canal stenosis. Sometimes present with low back pain and or with radiculopathy. Strong consensus regarding conservative and surgical treatment is lacking. Surgery is indicated mainly for perceived functional impairment. Improvement of neurological symptoms is one of the main treatment objectives.

TLIF has been considered as the best method for surgical treatment of Adult Spondylolisthesis. Excellent results have been reported with inter body fusion using cage and bone grafts along with posterior instrumentation.

Twenty seven patients with lumbar degenerative Spondylolisthesis were operated having moderate to severe low back pain and or with sciatica. Patients with neurological claudication were also included.

TLIF seems to be a better bone fusion technique in the management of lumbar Spondylolisthesis.

2

DIAGNOSIS OF LUMBAR INSTABILITY

Dr. Abu Bakar Siddique

Associate Prof, Dept of Orthopaedic Surgery, Ad-din Medical College Hospital, Dhaka, Bangladesh

Lumbar instability is an important cause of mechanical LBP & can be associated with substantial disability. The condition is poorly recognized and diagnosed, hence the diagnosis is often presumptive & treatment options are empirical.

Spinal instability means dispositioning and dis alignment of the vertebrae in both static and dynamic phases of spine leading to loss of its structural integrity and inter relationship.

The intervertebral cartilaginous joints, the facet joints, the ant or posterior spinal ligaments are the major structures provides the major stabilizing factors.

Panjabi et al 1992, states that spine consisting three stabilizing systems maintaining three functioning zones. Three stabilization system are the passive sub system, the active sub system and neural sub system and three zones are neutral zone, physiological zone and pathological zone.

Instability not simply the hypermobility of spine rather when there is significant decrease in the capacity of the stabilizing system of the spine to maintain the intervertebral neutral zones within the physiological limits leading instability with neurological dysfunction, spinal deformity, and incapacitating pain.

Micro instability is an exception, no proven radiological signs are evident in micro instability, whereas macro instabilities are well evident in true dynamic view radiograph and by real time MRI.

Radiological sign of instability consisting of vertebral body angle in anteroposterior motion more than 11degree, vertebral body translation more than 2.5mm, loss of parallelism, loss of superior facet contact more than 50%, interspinous widening, spinous rotation, open posterior joint in bending view is the common. Other findings include facet oedema, facet hypertrophy, facet arthropathy. To address spinal instability, it is very vital to explore the exact aetiopathology of instability.

3

Abstract

FUNCTIONAL OUTCOME AFTER ENDOSCOPIC LUMBAR DISCECTOMY BY DESTANDAU'S TECHNIQUE; A PROSPECTIVE STUDY OF 40 CASES

Dr. Mohammad Akshad Al Masur Anon

Posterior endoscopic discectomy is an established method for treatment of lumbar disc herniation. Many studies have not been reported in literature for lumbar discectomy by Destandau Endospine System. We report a series of 40 patients operated for lumbar discectomy by Destandau Endospine system. Endoscopic discectomy is carried out by conventional micro disc surgery instruments by minimal invasive route. The results were evaluated by Macnab's criteria. Based on modified Macnab's criteria, 60% patients had excellent to good, 40% had fair, and 0% had poor results. Endoscopic discectomy provides a safe and minimal access corridor for lumbar discectomy. The technique also allows early postoperative mobilization and faster return to work.

Keywords: Endoscope, endoscopic discectomy, endospine, facetectomy, laminotomy, radiculopathy

4

Abstract

SPINAL GIANT CELL TUMOR (SGCT) WITH PARAPARESIS -A CASE REPORT WITH AN OVERVIEW OF CURRENT TREATMENT MODALITY

Dr. Sharif Ahmed Jonayed¹, Dr. Abdullah Al Mamun¹, Dr. Mahmudul Hasan Polash¹, Prof. Dr. Md Shah Alam²

¹National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR), Dhaka,

²Dhaka Medical College Hospital, Dhaka, Bangladesh.

Background : The anatomical characteristics of spinal GCT have historically been regarded as an extremely unpredictable bone tumor and still present challenges to surgeons. Controversy remains regarding the proper treatment of patients with SGCT. Although advancements in surgical techniques and adjuvant therapies have provided new options for treatment, evidence-based algorithms are lacking. Complete surgical resections of SCGT resulted in the lowest recurrence rates. However, morbidity of en bloc resections is high. Several recent advancements in adjuvant therapy may hold promise for decreasing SGCT recurrence, specifically stereotactic radiotherapy, selective arterial embolization, and medical therapy using denosumab and interferon.

Purpose : Herein, we are presenting a case of GCT in the L1 vertebra with extensive paravertebral soft tissue involvement. Our focus is to emphasize the importance of considering GCT as a diagnosis and guiding the proper peri and post-operative management on surgical treatment.

Case history : A 21-year-old previously healthy woman presented with a 4-month history of continuous progressive back pain and weakness of lower limb. She denied history of injury and any underlying diseases. Physical examination showed that she was systematically well in appearance. She was found to have motor weakness (MRC 3/5 -right, 1/5 -left) in the lower limb and was bed retained with intact bowel and bladder function. Plain radiograph showed pathological fracture of L1. CT and MRI of the spine revealed significant bone destruction and pathological fracture of L1, secondary spinal canal stenosis, and extensive paravertebral soft tissue mass around L1. Routine laboratory studies were almost within normal range. Considering the large volume of the mass and soft tissue invasion, wide local excision including vertebral component resection (VCR) through posterior approach and chemical cauterization was designed. Posterior spinal canal decompression, internal fixation and reconstruction with cylindrical cage was performed. Peri and postoperative recovery were uneventful. She was allowed to ambulate with orthosis post operatively. The postoperative pathology confirmed a GCT. She has then received the treatment with subcutaneous injections of 120 mg denosumab with loading doses on days 8 and 15 of cycle 1 and will continue for a total of 12 months. Daily supplements of vitamin D and a calcium supplement are prescribed orally to avoid hypocalcemia. No major complications were associated with surgical treatment and denosumab administration. She is on our regular follow-up for evaluation of her symptoms, physical examination and radiological imaging assessments.

Conclusions : Complete surgical resection of SGCT should be the goal when possible, particularly if neurologic impairment is present. Combination of surgical treatment and denosumab treatment can be a definite therapy of choice in treating large GCTs at challenging anatomical locations, such as the spinal regions. These tumors should be approached as a case-by-case problem, as each presents unique challenges. Collaboration of spine surgeons, radiation oncologists, and medical oncologists is the best practice for treating these difficult tumors. Our case highlights the significance of early diagnosis and proper treatment of GCT of the spine with soft tissue invasion has not been previously well reported.

Keywords: Spinal giant cell tumor, Treatment modality, Denosumab, Outcome

5
Abstract

OUTCOME OF PERCUTANEOUS VERTEBROPLASTY FOLLOWING ACUTE VERTEBRAL COMPRESSION FRACTURES

Dr. OZM Dastagir

Junior Consultant, National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR), Dhaka,

Background: Osteoporotic vertebral compression fractures are a common cause of both acute and chronic back pain in older populations, although only about a third of radiographic osteoporotic vertebral compression deformities present with acute pain. Both symptomatic and asymptomatic osteoporotic vertebral fractures can lead to substantial spinal deformity, functional limitation, pulmonary compromise and lowered quality of life. Percutaneous vertebroplasty may be indicated when a patient with a painful osteoporotic vertebral compression fracture remains intolerably symptomatic in spite of comprehensive, nonoperative management. Relief of pain and quality of life following percutaneous vertebroplasty, however, remain incompletely defined. We investigated these outcomes with use of a visual analog scale and a validated, osteoporosis-specific health-related quality-of-life instrument.

Methods: We performed a prospective study of consecutive patients who underwent percutaneous vertebroplasty. At the time of enrollment, all patients completed the Osteoporosis Quality of Life Questionnaire. At two weeks, two months, and six months postoperatively, all patients completed a validated extraction of the Osteoporosis Quality of Life Questionnaire. To assess pain, a visual analog scale (ranging from 1 to 10) was completed preoperatively, one day postoperatively, and at each evaluation thereafter.

Results: Eighteen consecutive patients (14 women and 4 men) underwent percutaneous vertebroplasty procedures for the treatment of vertebral compression fractures. The mean age of the patients was 64.7 years. The mean fracture age was 6.4 months. The mean pain rating decreased from 7.7 preoperatively to 2.8 one day after the vertebroplasty ($p < 0.001$), and it remained substantially improved at two weeks, two months, and six months postoperatively ($p < 0.001$). All five domains of the Osteoporosis Quality of Life Questionnaire were improved at two weeks postoperatively and remained improved at each evaluation point through six months ($p \leq 0.007$). Univariate analysis demonstrated no correlation between postoperative pain relief or any postoperative Osteoporosis Quality of Life Questionnaire domain score and gender, smoking history, previous or current steroid use. No deaths or serious adverse events appeared to be related to vertebroplasty.

Conclusions: Rapid and substantial relief of pain and improvement in the quality of life are observed following percutaneous vertebroplasty, and these improvements are maintained for at least six months. Percutaneous vertebroplasty can be performed safely in frail, elderly patients, with no apparent increase in the incidence of fractures postoperatively.

6

Abstract

HIGH GRADE SPONDYLOLISTHESIS: DOES REDUCTION MORE SUPERIOR THAN IN SITU FUSION?

¹Dr Sarwar Jahan, ²Prof. Dr. Md Shah Alam, ¹Dr Sharif Ahmed Jonayed, ¹Dr Abul Kalam Azad, ¹Dr Abdullah Al Mamun, ¹Dr O Z M Dastagir

¹National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR), ²Dhaka Medical College Hospital, Dhaka, Bangladesh.

There is no uniform agreement about the optimal treatment of high grade spondylolisthesis. Surgery with reduction or in situ fusion is still controversy. The purpose of our study is to assess whether the evaluation of the spino-pelvic balance can be effective in the surgical decision making of the high-grade spondylolisthesis. A prospective study was designed over 58 patients with lumbar spondylolisthesis with severe neurological symptoms. Study time was January 2010-September 2020 in NITOR, DMCH & BSOH, Dhaka. Patients were selected for surgery depending on significant lower back pain with or without neurological deficit & no sufficient clinical improvement despite conservative care at least for 3 months. Evaluation was done comparing their pre & post-operative states including clinical evaluation, X-ray showing gradual fusion, CT scan & MRI. Our choice of surgery was PLIF. 38 patients were treated with “in situ” fusion, and 20 with reduction and fusion. A clinical and radiological assessment of the deformity correction was carried out with a minimum follow-up of 2 years. The differences between the pre- and postoperative measures were statistically analyzed using a two-tailed, paired t test. The patients treated with “in situ” fusion showed no statistically significant change at the last follow up relative to pelvic tilt (PT), sacral slope (SS), and grade, while the patients treated with reduction showed significant changes. PT significantly decreased following surgery, while SS significantly increased, this is the indicator of balanced pelvis. The analysis of the spino-pelvic sagittal balance is the specific determinant by which decision making can be done. In case of the balanced deformities no need of reduction, but in unbalanced deformities correction is needed.

ANNUAL GENERAL MEETING (Virtual)

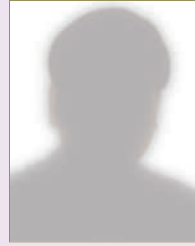
Time : 04.00 pm - 04.20 pm

CLOSING CEREMONY

Time : 04.20 pm - 04.30 pm

LM - 01**Dr. Md. Idris Ali**

MS (1995, NITOR), MCPS (1991)
 Ex. Assoc. Prof. Ortho Surgery
 BSMMU, Dhaka.
 DOB: 30/06/1957
 Mobile: 01819-250626
 E-mail: bssmaiali@yahoo.com

LM - 05**Dr. Md. Anwarul Haque**

Prof. Northan International Medical
 College
 House: 11/3, Road: 1, Kallanpur,
 Mirpur, Dhaka-1207
 Mobile:- +8801811-619314
 +8801711-619314
 Email: anwarul_dr@yahoo.com

LM - 02**Dr. Md. Kamrul Ahsan**

Assoc. Prof. of Spine Surgery,
 Dept. of Orthopaedic Surgery, BSMMU
 10 Digonta, 3, 3A Paribag,
 Shahbag Dhaka-1000
 Year of passing: MBBS-1988
 Postgraduation :D.Ortho-1997,
 MS Ortho 2001
 DOB: 01/07/1964
 Mobile: 01711-809908
 E-mail: kahsansps@yahoo.com

LM - 06**Dr. Mohammed Salim**

Dr. Ortho (2006, CMCH)
 Jr. Consultant of Ortho Surgery
 CRP-Mirpur-14, Dhaka
 Knight Sarah, Unit-1, Flat- 6/D, 10,
 Mehedibag, Chittagong-4000
 DOB: 15/06/1975
 Mobile:- 01819-386133
 E-mail: salim468@gmail.com

LM - 03**Dr. Mohammed Abdul Awal**

21/12 Tajmahal Road. Black C,
 Mohammedpur, Dhaka-1207
 Mobile:- +8801814-64627

LM - 07**Dr. A.T.M. Rezaul Karim**

D. Ortho. (2006, CMC)
 Asst. Prof. of Ortho Surgery
 National Hospital Pvt. Ltd
 Mehedibag, Chittagong.
 DOB: 10/03/1967
 Mobile No- 01819-380941
 E-mail: dratmrk@yahoo.com

LM - 04**Dr. Md. Yousuf Ali**

MS (2006, NITOR)
 Asst. Prof. Spine Surgery
 Dep. of Orthopaedics BSMMU,
 Dhaka
 DOB: 01/01/1971
 Mobile No- 01816-337238
 E-mail: bssyousuf@yahoo.com

LM - 08**Dr. Kh. Abdul Awal Rizvi**

MS (1988, NITOR)
 Ex-Director & Prof. of Ortho Surgery
 House No-99, Road No-02,
 Shyamoly, Dhaka-1207
 DOB: 01/01/1955
 Mobile:- 01711-565020
 E-mail:- kawal@dhaka.net

LM - 09**Prof. Dr. Abul Khair Mohammad Eshaque**

Flat No. C2. 63/B, Siddesori,
Rancos Garden Place, Dhaka.
Mobile:- 01711548900

LM - 13**Dr. Md. Lutfor Rahman Khan**

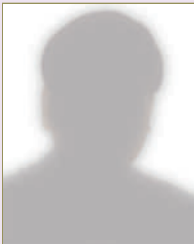
MS (1993, NITOR)
Prof of Ortho Surgery
Department of Orthopaedics Surgery,
Sylhet MAG Osmani Medical College, Sylhet.
House- 666A, Road-4, Mohammadi
Housing Limited
Mohammadpur. Dhaka-1207.
DOB: 31/12/1960
Mobile:- 01711-386924
E-mail: reachingtanu@gmail.com

LM - 10**Dr. Krishna Priya Das**

MS (2008 BSMMU)
Assoc. Prof. of Ortho Surgery
Room No- 7/2, Block- D,
Orthopaedic Surgery Department,
BSMMU, Dhaka.
DOB: 31/12/1974
Mob: 01816-356806
E-mail: k.das73@yahoo.com

LM - 14**Late Dr. Sk. Abbas Uddin Ahmed**

MS (1997, NITOR)
Assoc Prof, of Ortho Surgery
Begom Khalada Zia Medical College
Sher-e-Bangla Nagor, Dhaka
Mobile: 01819-214537
E-mail:
sk_abbasuddin2004@yahoo.com

LM - 11**Dr. (Lt. Col.) Mohd. Reza-UI-Karim**

Head of the Department
CMH, Dhaka
2/A, Upyon, Azizpoui, Dhaka,
Cantonment.
Mobile:- 01715097787

LM - 15**Dr. Sk. Nurul Alam**

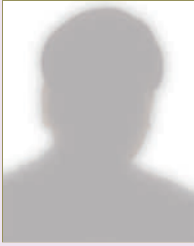
D. Ortho (1980 NITOR), MS (1986,
NITOR) Director & Prof. of Ortho.
Surgery
House-22, Road-10, Block- Kha
PC Culture Housing Society, Sheker
Tak Adabor, Dhaka.
DOB: 15/06/1952
Mobile:- 01711-544924
E-mail: alam_ortho@yahoo.com

LM - 12**Prof. Dr. Md. Ishaq Bhuiyan**

Prof. Enam medical college savar dhaka
4Contact addresses; 66/B indira road
west rajabazar dhaka
5Year of MBBS; 1978
6Achieved postgraduate
Degree&instiute; MS 2001 RIHD
Subject of interest; Spine surgery
DOB: 25/01/1954
E-mail; drishaqbhuiyan@gmail.com
Mobile 01711902867

LM - 16**Dr. S.I.M Khairun Nabi Khan**

Navana Southernwood, Apt-C4,
House-6, Rd-14(new),
Dhanmondi R/A, Dhaka-1209.
MBBS- 1990,
MS(Neurosurgery)-2003,
DOB: 08/07/1965
Mobile:- 01819200159, 01713423629
E-mail-simkhan65@yahoo.com

LM - 17**Dr. Mainul Haque Sarker**

House No. 36/1, Flat # 3/A Room. 4,
Dhanmondi R/A, Dhaka 1205
Mobile:- 01713005678

LM - 21**Brig. Gen. Prof. Dr. Md. Nuruzzaman**

Brigadier General & Adviser Specialist (retd)
House# 408/10, Road# 7, DOHS,
Baridhara, Dhaka Contonment, Dahka.
Year of Graduation :MBBS,1976,
Chittagong Medical College
Year of Post-graduation :
MS,1987,Poona University-India.
MCPS-1983,FICS,1995,FACS,1997
DOB: 22/02/1953
Mobile:+8801711530393,01713273028
e mial : zaman_neurosurg1990@hotmail.com

LM - 18**Dr. Serajuddin Ahammed**

MS (1988, NITOR)
Prof. & Chairman Ortho Surgery,
BSMMU 56, Probal Housing
Ring Road, Muhammadpur
DOB: 28/08/1955
Mobile: 01711-425427

LM - 22**Dr. Kazi Mohammed Hedayet Ullah**

D. Ortho (2008, BSMMU)
Jr. Consultant of Ortho Surgery (C.C)
Upazilla Health Complex
Madan, Netrokona
DOB: 20/07/1973
Mobile: 01711-157816
E-mail: kazihedayet@gmail.com

LM - 19**Dr. Md. Ibrahim Miah**

D. Ortho. (2004, BSMMU) Consultant
of Ortho Surgery BSMMU, Shahbag,
Dhaka
F-23/8, Jannat Bag, Jannat Bag
Road, Mohammadpur, Dhaka-1207
DOB: 01/04/1970
Mobile:- 01732-398577
E-mail: Ibrahim.bsmmu.jamal@com

LM - 23**Dr. Md Alauddin**

Address: 146/E North Shamoly.
Kazi office area. Dhaka- 1207.
Posting place : Junior Consultant (ortho)
Bangladesh Secretariat Clinic. Dhaka.
Year of MBBS : 1999' January (DMC)
Year of postgraduate : MS (ortho) july
2007 (Bsmmu)
DOB: 25/02/1974
Mobile : 8801712143291.
Email : alauddin_k49@yahoo.com

LM - 20**Dr. Anwarul Islam Chowdhury**

MS (1989, NITOR)
Prof. Of Ortho. Surgery, BSMMU,
(Old P.G. Hospital) Shahbag, Dhaka.
DOB: 01/01/1951
Mobile: 01711-698705
E-mail: univorth@citechon.net

LM - 24**Dr. Md. Shah Alam**

MS (1994, NITOR), FCPS (1998),
FRCS (2005), FRCS (Edin) 2017
Prof. of Spine & Ortho Surgery Road
No-05, House-24
Flat no- E2, Dhanmondi, Dhaka-1205.
DOB: 31/12/1961
Mobile: 01711-527026
E-mail: dr.s.alam@hotmail.com

LM - 25

Dr. Md. Abdus Samad



Prof. of Ortho Surgery
Samorita Hospital, West Panthpath,
Dhaka.
D. Ortho (1984), MS (1993 NITOR)
DOB: 01/01/1954
Mobile:- 01711-545268

LM - 29

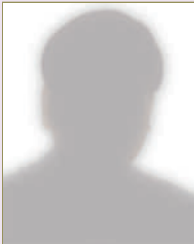
Dr. Kazi Shamim Uzzaman



MS (2005, NITOR)
Assoc. Prof. Ortho Surgery
Shaheed Suhrawardi Medical College
& Hospital. Sher-e-Bangla Nagor,
Dhaka-1207
DOB: 03/03/1966
Mobile: 01711-148563
E-mail: kszaman66@gmail.com

LM - 26

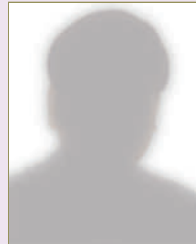
Dr. Md. Zahidur Rahman



1398/18, Reaz Bag, Khillgaon Taltola
Dhaka 1219
Mobile:- 01819290150
01799783763

LM - 30

Dr. Md. Zia Uddin



2/7, Humayun ,Road
Mohammadpur, Dhaka
Mobile:- 01819322766

LM - 27

Dr. A.K.M. Zahiruddin



Associate Prof. of Ortho Surgery
NITOR, Sher-e-Bangla Nagar,
Dhaka-1207. Flat No- B1, 2/7
Block – A, Lalmatia, Dhaka.
Mobile:- 01552-305262
MBBS : 1987
MS Ortho: 2006, NITOR
DOB: 01/07/1962
Email: drzahir78@gmail.com

LM - 31

Dr. Sk. Ashraf Ullah



Orthopaedic Surgeon Ibn-Sina
Hospital Road-15/A, House- 68
Dhanmondi, Dhaka
D. Ortho. (2006, SSMCH)
DOB: 23/01/1969
Mobile: 01819-288158

LM - 28

Dr. Moinuddin Ahmed Choudhury



MS (2002, NITOR)
Prof of Orthopaedic Surgery SSMC &
Mitford Hospital, Dhaka
DOB: 06/10/1963
Mobile:- 01713-020012
E-mail: moinuachy@yahoo.com

LM - 32

Dr. Molla Ershadul Haque



Proessor, NITOR
House #23,Road#11,Sector#4,
Uttara, Dhaka.
Or
House#45, Road#2/A, Flate#2/A,
Dhanmondi, Dhaka
Mobile:- 01819-254359
Email: ershadul1962@gmail.com

LM - 33

Dr. M. Amjad Hossain



(1987, NITOR)
 Prof. of Ortho. Surgery
 Lab-Aid Specialized Hospital Road
 no- 16, Hose no- 05
 Sheltech Cloud, Gulshan- 1, Dhaka.
 Mobile:- 01711-530611
 DOB: 05/07/1959
 E-mail: hossain_amjad@hotmail.com,
 dramjadhossain@gmail.com

LM - 37

Dr. Mohammad Khurshed Alam



MS (2006, NITOR)
 Asstt. Prof. of Ortho Surgery (DMC)
 Flat-6C, NIRJHOR,
 319, Elephant Road, Dhaka-1205
 DOB: 31/12/1967
 Mobile: 01711-682688
 E-mail: khurshed42dmc@gmail.com

LM - 34

Dr. Md. Fazlul Hoque



MS, ORTHO (1993, NITOR), D. Ortho
 (1990, NITOR)
 Sr. Consultant, Ortho Surgery Square
 Hospital, Panthopath, Dhaka.
 DOB: 01/04/1953
 Mobile: 01711-532470
 E-mail: fazlul@squarehospital.com

LM - 38

Dr. Abu Bakar Siddique



MS (2006, NITOR)
 B/5, Krishibid Palace, House-13,
 Road- 06. 10/A-Mirpur, Dhaka-1216.
 Year of M.B.B.S.- 1990
 DOB: 12/09/1964
 Mobile: 01711-323897
 E-mail:- drabsortho@gmail.com

LM - 35

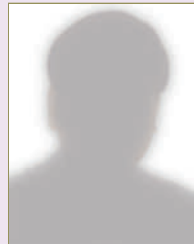
Dr. Md. Javed Rasheed



MS (2006, DU)
 Assoc. Consultant, Orthopaedics
 Square Hospitals Ltd.
 House-49, Road-4, Sect-3,
 Uttara Model Town.
 Dhaka-1230
 DOB: 19/12/1964
 Mobile: 01819-470955
 E-mail: dr_javedrasheed@yahoo.com

LM - 39

Dr. Md. Shamsuzzaman Mondle



Registrar, Dept. of Neurosurgery,
 Rajshahi Medical College Hospital,
 Rajshahi
 Mobile:- 01819680124

LM - 36

Dr. Md. Mofakhkharul Bari



M.D (1982 KIEV), MS (1984 KIVE),
 Ph.D (1995 Taskhent) Fellow
 Reconstructive Surgery Chennai
 Post -Doctoral Fellowship on Ilizarov
 Technique (RISC, RTO), Kurgan,
 Russia, 1995, 2003 & 2006
 Honored Prof. Of Ortho Surgery
 Ilizarov Center, Kurgan, Russia
 DOB: 31/07/1954, Mobile:- 01819-211595
 E-mail: shayan_bari@hotmail.com,
 bari.ilizarov31@gmail.com

LM - 40

Dr. Md. Abdul Gani Mollah



D. Ortho. (1999, NITOR), Ph.D.
 (2005, USA)
 Prof. of Ortho Surgery
 NITOR Sher-e-Bangla Nagar
 Dhaka
 DOB: 20/05/1958
 Mobile:- 01711-660673
 E-mail:- gani2002bd@yahoo.com

LM - 41

Dr. G. M. Shahidul Islam



Jr. Consultant
Sadar Hospital, Rajbari
DOB: 31/12/1972
Mobile:- 01716-808185

LM - 45

Dr. Muhammad Baqi Billah



MS (2008, BSMMU)
Jr. Consultant of Ortho Surgery
Uqazila Health Complex Jaganath
Par, Sunamganj
DOB: 16/11/1973
Mobile- 01711-312200
E-mail: drbaqibillah@gmail.com

LM - 42

Dr. Md. Zahidul Islam



MS (2006, NITOR)
Associate Prof. of Ortho Surgery
Rangpur Medical College Hospital,
Rangpur.
DOB: 02/10/1969
Mobile:- 01711-054389

LM - 46

Dr. Md. Anowarul Islam



MS (2008)
Professor of Spine Surgery
Flat no-B2, Deer Park ANZ,
Doctors Goly, 170, Boromogbazar,
Dhaka-1217.
DOB: 16/09/1968
Mobile No- 01789-479121
E-mail: maislam.spine@gmail.com

LM - 43

Dr. Md. Abul Kashem



D Ortho. (1982) FAMS (1983)
Sr. Consultant Of Ortho. Surgery,
(Rtd.) Kashem Center, 13/1 Paribag,
Sonargaon Road, Dhaka-1000.
DOB: 01/06/1953
Mobile:- 01911-399705,
01715-867680, 8616141
E-mail: drmakashem@hotmail.com

LM - 47

Dr. Md. Shahidul Islam Akon



Assistant Professor (Spine Surgery)
Department of Orthopaedic Surgery
Dhaka Medical College Hospital.
Flat No. A/2, House No. 3/1, Block -
E, Lalmatia, Dhaka.
DOB- 11/11/1972
MBBS- 1997, MS Ortho- 2009
DOB: 11/11/1972
Mobile- 01711149179
email- shahid.akon@yahoo.com

LM - 44

Dr. Abu Zaffar Chowdhury (Biru)



MS (2006, NITOR)
Prof. & Chairman of Orthopaedic
Surgery, BSMMU
3/7, Block-D, Lalmatia,
Camelia Classic A/5, Dhaka
DOB: 05/06/1969
Mobile: 01911-344510
01713-201752
E-mail: dr.biru@yahoo.com

LM - 48

Dr. Syed Shahidul Islam (Shahid)



Diploma (1996, NITOR),
MS (2001, NITOR)
Prof. of Ortho Surgery, NITOR
Flat:-5/C, Sheltech Samad Azad
83, Lake Circus, Kalabagan,
Dhaka-1205
DOB: 02/09/1960
Mobile: 01712-255933
E-mail: dssislam@yahoo.com

LM - 49

Dr. Md. Mohibur Rahman



Ph. D (1997)
234/2, North Shajahanpur,
Dhaka-1217
DOB: 03/01/1964
Mobile No- 01718-266680
E-mail: mohibur9350466@yahoo.com

LM - 53

Dr. A.T.M. Abdur Razzak



D. Ortho (2008)
Consultant of Ortho Surgery
108/16, Dogar Mora, CRP Road,
Savar, Dhaka.
DOB: 01/08/1971
Mobile: 01787-706006
E-mail: arazzak33@yahoo.com

LM - 50

Dr. Md. Mizanur Rahman



MBBS: Jan 1996
MS (Ortho) July 2006
Address: 59/01, North Circular Road,
Dhanmondi, Dhaka 1205.
DOB: 01/01/1969
Mobile:- 01711311321
E-mail: drmizan2121@gmail.com

LM - 54

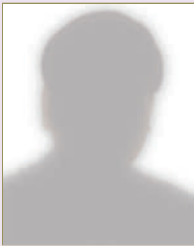
Dr. Md. Alamgir Hossain (Jony)



MS (2010, BSMMU)
Jr. Consultant
C-9, Sky View Park City, 165,
Shantinagar, Dhaka.
DOB: 08/12/1974
Mobile No- 01711-139871
E-mail: mdjony0761@gmail.com

LM - 51

Dr. Md. Ramzanul Karim Khan



159/16/2 West Shewrapara, Mirpur,
Dhaka-1216.
Mobile:- 01728112121

LM - 55

Dr. Md. Taimur Rahman



No- 75, North Dhanmondi
Kalabagan, Dhaka.
Year of Post graduation: MS, 2010,
BSMMU
DOB: 20/01/1975
Mobile No- 01711-040809
E-mail: rahman_taimur@yahoo.com

LM - 52

Dr. Md. Jamal Uddin



(2009, BSMMU)
Asst. Professor
Coxsbazar Medical College,
Coxsbazar
DOB: 19/11/1971
Mobile: 01819-119898
E-mail: drjamalortho@gmail.com

LM - 56

Dr. S.M. Amir Hossain



MS (1998, NITOR)
Assoc. Prof. Ortho. Surgery, NITOR
1/4/A, Asad Avenue (Fernsdale
Assef) Mohammad, Dhaka.
DOB: 26/12/1961
Mobile:- 01711-542064
E-mail: amirhossain9@live.com

LM - 57

Prof. Dr. Md. Abdur Rob



MS Ortho. 2008 (NITOR)
Flat No-4/C, Road No.01,
House No. 14, pallabi, Mirpur,
Dhaka.
DOB: 28/06/1962
Mobile:- 01911512969, 01819220396

LM - 61

Dr. Mohammad Mahfuzur Rahman



D. Ortho. (2008, NITOR) MS Ortho,
Resident, NITOR
5/Q, Aziz Co-operative Housing
Complex Shahbag, Dhaka
Mobile No- 01711-161699
DOB: 12/11/1976
E-mail: anapaneyo@hotmail.com,
anapaneyo@gmail.com

LM - 58

Dr. Md. Wahidur Rahman



MS Ortho. (2006, NITOR)
Assoc. Prof. Of Ortho Surgery
NITOR, Dhaka-1207.
DOB: 12/05/1965
Mobile No- 01712-069654
E-mail: arittra23@yahoo.com

LM - 62

Prof. Md. Jahangir Alam



MS (2007, NITOR)
Associate Prof. Of Ortho Surgery
NITOR, Dhaka.
DOB: 10/02/1970
Mobile: 01711-802369
E-mail: drjahangiralam@yahoo.com

LM - 59

Dr. Md. Rezaul Karim



MS (2008)
Asst. Prof. of Ortho Surgery
NITOR, Sher-e-Bangla Nagar,
Dhaka-1207.
Mobile No-01715-550340
DOB: 03/06/1969
E-mail: drreza2010@yahoo.com,
drrezakarim97@gmail.com

LM - 63

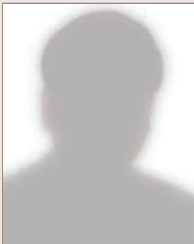
Dr. Uttam Kumar Ray



Sr. Consultant (Ortho),
Sadar Hospital, Kurigram.
Mobile:- 01716-184775

LM - 60

Dr. Sayeed Hossain (Sabuj)



Medical Officer, NITOR,
Dhaka
Mobile:- 01711664362

LM - 64

Dr. Md. Monjurul Hoque Akanda Chowdhury



Assoc Prof. of Ortho. Surgery
NITOR, Dhaka-1207
Mobile:- 01711529731
Email: mha.chowdhury56@gmail.com

LM - 65

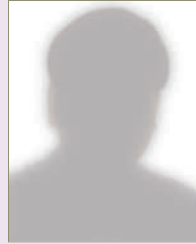
Dr. Md. Golam Sarwar



Associate Professor
Department of Orthopaedic Surgery
Dhaka Medical College, Dhaka
Graduation: MBBS (1990)
Postgraduation: MS (2003, NITOR)
DOB: 02/10/1966
Mobile: 01713-145559
E-mail: sarwar.ortho2006@gmail.com

LM - 69

Dr. Ashraful Islam



LM - 66

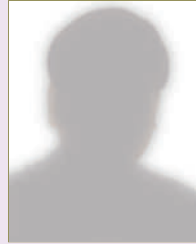
Dr. Md. Shahidul Islam Khan



MS (2011, DMC)
Flat-K16/2, Maya Villa, China Building
Lane, Azimpur, Dhaka.
DOB: 21/01/1981
Mobile No- 01818-724610
E-mail: sikhan55@yahoo.com

LM - 70

Dr. Shekh Forhad



Impariyal 302, Flat No: B-3,
Big Magbagar, Dhaka 1217
Mobile: 01915326560

LM - 67

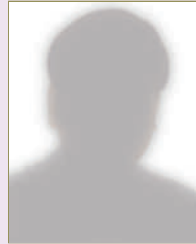
Dr. Paritosh Ch. Debnath



MS (1998, NITOR)
Ex- Assoc. Prof. of Ortho Surgery
Shaheed Suhrawardi Hospital
Sher-e-Bangla Nagor, Dhaka.
DOB: 26/12/1955
Mobile: 01711-151111
E-mail: paritosh52@gmail.com

LM - 71

Dr. Ahsan Majid



Flat No: A/4, House 51/D,
Road No: 13/3, Sector -3,
Uttara, Dhaka
Mobile:- 01819-272823

LM - 68

Dr. Md. Khairuzzaman



Jr. Consultant
I/9, Kazi Nazrul Islam Road.
Block-E, Mohammadpur, Dhaka-1207
Year of M.B.B.S.- 1992
Year of Post graduation: MS
(BSMMU), 2009
DOB: 01/06/1966
Mob:01711-409243
E-mail: mkzaman_ortho@yahoo.com

LM - 72

Dr. Mushfiqur Rahman Choudhury



D. Ortho. (2007, BSMMU)
Consultant of Ortho Surgery 20/6
(4th Floor), Tajmohal Road,
Block – C, Mohammadpur,
Dhaka-1207.
DOB: 10/11/1968
Mobile: 01611343968, 01911-343968
E-mail: mushfiq960@gmail.com

LM - 73

Dr. Mohammad Moshir Rahman



MS (2011, NITOR)
27/1/JA, North Pirerbagh,
Mirpur, Dhaka-1207.
Date of Birth-01-09-1971
Mobile No- 01197227833
01788-889067
E-mail:drmdliton@gmail.com

LM - 77

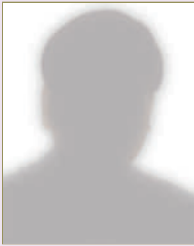
Dr. Najmus Sakeb



Year of MBBS: 2004
Year of Post Graduation: MS
(ORTHO) January-2012
Consultant of Orthopaedic Surgery
House No- 2, Road No- 1, Block No- C
Banosree, East Rampura, Khilgaon,
Dhaka-1219
DOB: 23/10/1981
Mobile No- 01818-500977
E-mail:sakibortho999@yahoo.com

LM - 74

Dr. A Z M Selimullah



Associate Professor
Orthopaedics Surgery, BSMMU
Mobile:- 01711427103

LM - 78

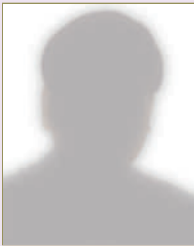
Dr. Sharif Ahmed Jonayed



Assistant Professor, NITOR
MS (2011, NITOR)
FCPS (Orth.-2012)
House No- 23, Road No- 6,
Dhanmondi, Dhaka-1209.
DOB: 04/05/1980
Mobile No-01711-445840
E-mail: dr.jonayed@gmail.com

LM - 75

Dr. Abu Md. Mofakhkharul Islam



Assistant Professor
Orthopaedics Surgery, BSMMU
Mobile:- 01711631598

LM - 79

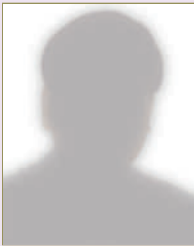
Dr. Muhammad Sieful Islam (Sief)



Asst. Prof., Ortho Surgery (HFRCMCH)
Block-G, Road-3, House-10
Section-1, Mirpur. Dhaka-1216 Date
of Birth- 15/08/1976
Year of M.B.B.S.- 2000 SSMC
Year of Post graduation:
D. Ortho - 2008, M.S Ortho 2018 (NITOR)
DOB: 15/08/1976Mob: 01711-150130
E-mail: siefdr74@yahoo.com

LM - 76

Dr. Kh. Nurul Arefin



Associate Prof. Of Ortho. Surgery
BSMMU, Dhaka.
Mobile No- 01715-135207

LM - 80

Dr. Md. Anisur Rahman Labu



Asst. Prof. Of Ortho Surgery, House
no. 14 (3rd Floor),
Road- 6, Scetor -3 Uttara Dhaka
Mobile:-01711-981717
E-mail:- dranisurrahman17@g-
mail.com

LM - 81

Dr. Provash Chandra Saha



MS Ortho 2013
49/A, Savar Southpara, Savar, Dhaka.
DOB: 02/11/1971
Mobile:- 0171-8112539
E-mail: provashsaha71@gmail.com

LM - 85

Dr. Apel Chandra Saha



2/9 Block-A, Flat-3C, Genetic Prangon, Lalmatia, Dhaka – 1207.
Year of M.B.B.S.- 1997
Year of Post graduation: D. Ortho, 2003,
MS (NITOR), 2009
DOB: 15/04/1972
Mob: 01741-103257
E-mail: dr.apel@yahoo.com

LM - 82

Dr. Md. Habibul Hasan



Consultant, Orthopaedic Surgery
Rajshahi Medical College
Mobile: 01717-544883

LM - 86

Dr. Md. Asraf UI Matin (Sagor)



177/2, Ahmed Nagar Paikpara, Mirpur-1, Dhaka.
Year of M.B.B.S.- 2003
Year of Post graduation: D. Ortho, 2008 SSMC
DOB: 15/02/1977
Mobile No- 01711-987212
E-mail: ashrafsagor@yahoo.com

LM - 83

Dr. Purnendu Biswas



MBBS 1996, MS (2009, DMC)
Assoc. Prof. of Ortho Surgery NITOR, Dhaka
House No. 55/1/2, Road no. 02, Shyamoly, Dhaka-1207
DOB: 05/08/1970
Cell: 01711-060466
E-Mail: purnendubsws@gmail.com

LM - 87

Dr. Muhammad Sayeed Mahmud



MS (2011, DMC)
56 Probal Housing (1st Floor), Ring Road, PS-Adabor, PO- Mohammadpur, Dhaka-1207
Year of M.B.B.S.- 2003
DOB: 22/05/2003
Mobile No- 01711-901293
E-mail: tamal.m33@gmail.com

LM - 84

Dr. Md. Monowar Tarik



D. Ortho. (2005 RMC)
Jr. Consultant of Ortho Surgery
Upzila Health Complex, Tanore, Rajshahi. House no- 31, Shopura, Miapara,
P/O- shopura, P/S- Boalia, Rajshahi
Date of Birth- 08-09-1974
Mobile:- 01711-972280
E-mail: dr.tariksabu@gmail.com

LM - 88

Dr. Mohammad Abdul Hannan



Address :House 2/4;
Road No 1;Shamoly, Mohammadpur, Dhaka.1207.
MBBS: 2004, January
MS: 2014, July
Mobile:- 01915-494404
Email: hannandmc@gmail.com

LM - 89**Dr. Hasan Khalid Md. Munir Sheltech Kheya,**

Sheltech Kheya, Flat No- 9/Y, 205,
New Elepant Road, Dhaka
Year of Post graduation: D. Ortho,
2010 SSMCH
DOB: 01/01/1977
Mobile No- 01711-114535
E-mail: dr.hasan.khalid.123@g-
mail.com

LM - 93**Dr. Mohammad Saiful Islam**

MS (2011 NITOR)
Asst. Prof. Ortho. Surgery
93, R.K. Mission Road, Mymenshigh.
DOB: 31/12/1973
Mobile No- 01712-190330
E-mail:saifulbd1973@gmail.com

LM - 90**Dr. Mohammad Kamruzzaman**

Junior Consultant, MMCH
DOB:1stJanuary,1978
MBBS year:2002
Postgraduation year:2012
Mobile No:+8801711144876
email: manik76dr@gmail.com

LM - 94**Col. Dr. Md. Salim-Ur-Rahman**

MS(Ortho) 2002 at NITOR
DOB: 01.01.1968
Address: 1/A Ashalata officers
quarter, Dhaka Cantonment, CMH,
Dhaka.
Mobile: 01711-137773
Email: salim768@gmail.com

LM - 91**Col. Md. Abdul Awal Bhuiyan**

MS (1998, NITOR)
Room-217, Hitech Multi Care hospital
Ltd. 164, East Kafrul, Dhaka
Cantonment
DOB: 02/01/1955
Mobile:- 01711-422899
E-mail: awal376@yahoo.com

LM - 95**Dr. Md. Mushfiqur Rahman**

D. Ortho (2006, SSMC), MS 2015 (DMC)
Road-20, House-277, Muzgunni R/A,
Khalishpur, Khulna OSD DGH
Attachment, NITOR
DOB: 21/04/1972
Mobile: 01711-393190
E-mail: mushfiqurrahmanortho@gmail.com

LM - 92**Dr. Monaim Hossen**

MS (2003, NITOR)
Assoc. Prof. Ortho Surgery
NITOR, Dhaka
DOB: 01/07/1960
Mobile:- 01711-132027
E-mail: dr.monaim@yahoo.com

LM - 96**Dr. Abul Kalam Azad**

F.C.P.S (ortho) 2016
DOB: 18.01.1978
Address: 20, B-2, Gardenia, Eskaton
Garden, Dhaka.
Mobile: 01711-479735
Email: ripon_dr@yahoo.com

LM - 97

Dr. Md. Ashker Ibne Shams



Diploma 2014
 DOB: 25.11.1984
 Address: 1-D/8-9, Mirpur-1,
 Dhaka-1216
 Mobile: 01717-039243
 Email: polashboby55@gmail.com

LM - 101

Dr. Md. Abubaker Siddique



MS-Orhto 2014
 House: 29, Road: 12, Pisci Culture
 Housing Society, Shekhertek,
 Mohammadpur, Dhaka
 Mobile: 01711-061012
 Email: dipuabsiddiqm@gmail.com

LM - 98

Dr. Moyeen Ahmed Ferdous



MBBS, 2000, D-ortho 2016
 DOB: 13.09.1976
 Address: Flat: A/4, 148/B Khilgaon
 Chowdhury Para, Dahka-1219
 Mobile: 01817-506868
 Email: moyeenbsmmu@gmail.com

LM - 102

Dr. Md Asaduzzaman



MBBS, D-ortho-2015
 Flat No-A1, House-28, Road-10,
 Sector-04, Uttara, Dhaka.
 Mobile: 01717-646725
 Email: rajib_rmc@yahoo.com

LM - 99

Dr. Md. Muzibur Rahman



D-Orhto 2000, MS-ortho 2008
 DOB: 31.12.1961
 Address: House: 110, Road: 12,
 Block: E, Banani, Dhaka-1213
 Mobile: 01711-849697
 Email: muzib20@yahoo.com

LM - 103

Dr. MD. Emdadul Haque



MS-ortho 2012
 101, Shabujbag, Bashaboo, Dhaka
 Mobile: 01711-705296
 Email: dr.ehaqueemdad@gmail.com

LM - 100

Dr. Minto Chandra Paul



MBBS-2015, D-ortho-2015
 Room No-325, NITOR
 Mobile: 01712-293008
 Email: mcpaulfmc@gmail.com

LM - 104

Dr. Md. Ismail Hossain



MBBS May 2003, MS-ortho 2016
 Vill + Po: Nayagola, PS+Dist:
 Chapainawabgong
 Mobile: 01712-583843
 Email: ismail38.rmc@gmail.com

LM - 105

Dr. Molla Muhammad Abdullah Al Mamun



MS. Ortho 2010
 DOB: 01 September 1973
 House: 19, Road: 15, Sector: 4,
 Uttara, Dhaka-1230
 Mobile: 01979-272872,
 01819-272872
 Email: mmaamamun@yahoo.com

LM - 109

Dr. Md. Abdur Rahman



MBBS 2006, MS-ortho 2016
 Ward-26, Chittagang Medical College
 Mobile: 01912-079328
 Email: iaitusumon41@gmail.com

LM - 106

Dr. Md. Abdur Rahman



D-ortho 2013
 DOB: 20.05.1980
 Vill: Kutubpur, Post: Pirpur Kullak,
 Thana: Damurhuda,
 Dist: Chuadanga
 Mobile: 01712-592119
 Email: dmarahman80@gmail.com

LM - 110

Dr. Mirza Osman Beg



DOB. 04-10-1980
 Bedkutir, Megna P-26, Beg Kutir,
 Dariapara, Sylhet Sadar, Sylhet
 Mobile: 01915-482156
 Email: mirzacomc@gmail.com

LM - 107

Dr. Mohammad Rafiqul Islam Khan



MS-ortho 2013
 Date of Birth: 07.07.1980
 285 Damia Road, Dhaka.
 Mobile: 01711-133074
 Email: shimulk55@gmail.com

LM - 111

Dr. Md. Waheeduzzaman



MBBS 1975, FLPS 1984
 DOB: 02.11.1952
 Eastn Rahkmn Tmur, Flat no. 2/401,
 98, Bara Mogbazar, Dhaka 1217
 Mobile: 01711-568087

LM - 108

Dr. Dilip Kumar Mollick



D-ortho 2014
 1791 A, Hagbagh, Gagpur, Sador.
 Mobile: 01711-052399

LM - 112

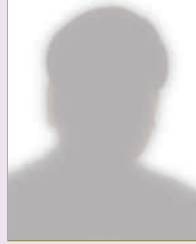
Dr. Ananta kumar Bhakta



MBBS (2004) MS (2015)
 House: 5, Road: 20/D, Sector 4,
 Uttara, Dhaka-1230
 Phone: 01830-995336
 DOB: 05/03/1979
 Email: anantabhakta79@gmail.com

LM - 113**Dr. Mohammad Atiqur Rahman**

MBBS 2007, D-ortho 2015
 Address: 108/1-A, Pathowary Goli,
 East basabo, Dhaka-1214
 Mobile: 01748-911965
 DOB: 30/01/1983
 Email: atiq_dr@yahoo.com

LM - 117**Dr. Sala-Uddin Mohammad Monzer**

D-ortho 2016
 226 Middle Bashabo, P.S.
 Sabujbagh, P.O. Bashabo,
 Dhaka-1214
 DOB: 21/01/1981
 Mobile: 01914-255422
 Email: smmonzer@gmail.com

LM - 114**Dr. Sohelur Rahman**

MS-ortho 2015
 Classified Specialest in Orthopaedic
 Major Sohelur Rahman CMH, Dhaka
 DOB: 28/09/1977
 Mobile: 01712-155837
 Email: drsohelms@gmail.com

LM - 118**Dr. Shamol Chandra Barman**

MS-ortho 2016
 Mohona, Block-B, Karer para
 pathantula, Sylhet.
 DOB: 01/09/1975
 Mobile: 01712-544919
 Email: shamolchandrabarman@gmail.com

LM - 115**Dr. Md. Humayun Kabir**

D-ortho 2016
 Road no: 03, House: 68, Weast
 Shewsapara, Mirpur, Dhaka-1216
 DOB: 05/12/1984
 Mobile: 01717-454527
 Email: dr.humayan129@gmail.com

LM - 119**Dr. Md. Mobaraque Hossain**

D-ortho, 2016,
 MO, Blue-1 Unit, NITOR
 Vill-Brojobala Puran Para, Post office-
 Talgachi, Thana-Shah Jadpur, Dist-
 Sirajganj
 Mobil: 01716-452831
 Email: mobarok36@gmail.com

LM - 116**Dr. Md. A. Z. M Rezaul Karim**

MBBS 2003, D-ortho 2014
 Rajbari Clinic, Sajjan Kanda
 (Boropul), Rajbari.
 Mobile: 01711-710553

LM - 120**Dr. Mahmudul Rahman Imrul**

D-ortho 2011 MS ortho.
 5/E, Tomakhan Heritage 376/1,
 Gulbag, Malibag, Dhaka
 DOB: 25/11/1981
 Mobile: 01714-038168
 Email: dr.mr.imrul@gmail.com

LM - 121

Dr. Suaon Kumar Sen



MS-ortho 2015
Classified Specialist in Orthopaedic
Major Suman Kumar Sen, CMH,
Dhaka
DOB: 01/08/1981
Mobile: 01712-156745
Email: sksenm36@yahoo.com

LM - 125

Dr. Md. Qumruzzaman Parvez



MBBS 2003, MS-ortho 2015
C/O- Md. Azhar Ali Shodor Hospital
Road, Purbo Tengree, Ishurdi
DOB: 07/01/1981
Mobile: 01711-150012
Email: parvezqz@gmail.com

LM - 122

Major (Dr) Mohammad Russel



MBBS 2005, MS-ortho 2016
Barek Happy Living, Lalt C#1
312/B/2-5, 26 Notunbagh, Khilgaon,
Dhaka-1219
DOB: 21/07/1980
Mobile: 01817-605120
Email: drmohammadrussel@gmail.com

LM - 126

Dr. Kazi Mohammad Hannanur Rahman



MS 2017
499, East Kazipara, Kafrul,
Dhaka-1216
DOB: 01/02/1980
Mobile: 01720-213544
Email: docjewel@gmail.com

LM - 123

Dr. Mohammad Anisur Rahman



D-ortho 2016
305, Shuvapur, Chandpur, Comilla
Sador, Comilla.
Mobile: 01712-121812
Email: anisurrahmansufee@gmail.com

LM - 127

Dr. Md. Mahbubur Rahman Khan



MS (Ortho Surgery) 2015
33-34, New Urcuit House, 4th Floor,
Easkaton Garden Road, Dhaka.
DOB: 10/02/1978
Mobile: 01553-445959
Email: mahbubdr37@yahoo.com

LM - 124

Dr. Khandoker Abdur Rahim



D-ortho 2013
2/A, Road-13, Sekerpek P.C.
Pulpure, Housing, Adabor, Dhaka.
DOB: 14/01/1974
Mobile: 01711-387603
Email: dr.khandokerrahim@yahoo.com

LM - 128

Dr. Muhammad Monjur UI Alam



Address: Kollyanpur, Dhaka
DOB: 20-06-1984
Phone: +8801919868831
E-mail: mohammadmonjurulalam
1984@gmail.com

LM - 129**Dr. Md. Masud Rana**

Address: Adalotpara, Tangail Sadar,
Tangail
DOB: 10-05-1987
Phone: +88017540006
E-mail: nehal.masud31@gmail.com

LM - 133**Dr. Mohammad Rubaith Tashfin**

Address: 4,5,5/6, Kathal Bagan,
Dhaka-1205
DOB: 17-05-1983
Phone: +8801730-797606
E-mail: tashaffec@gmail.com

LM - 130**Dr. Sagar Kumar Sarker**

Address: Flat-f-D, 395/3, Hatirpool,
Dhaka
DOB: 02-11-1981
Phone: +8801711734413
E-mail:
Shagorsarkerss28@gmail.com

LM - 134**Dr. Sm. Yousuf Amin**

Address: Vill+PO: Deopura, PS:
Gomostapur
Dist: Chapai Nawabgonj
DOB: 21.06.1988
Phone: +8801719363429
Email: yousufamin21@gmail.com

LM - 131**Mohammad Amirul Islam**

RS- Casualty(Incharge), Sher E
Bangla Medical College Hospital,
Barishal
DOB: 13-01-1975
Phone: +8801712146870
E-mail: amir1012108@gmail.com

LM - 135**Dr. Faisal Amin Ahmed**

Address: Flat-1301/2, Eastern
Flower
46, Siddeshwari Road, Ramna,
Dhaka
DOB: 28-12-1984
Phone: +8801616409141
E-mail: dr.faisalamin@gmail.com

LM - 132**Dr. K M Rafiqul Islam**

Address: Flat no. D 1, House no.
35/7C
Shantinagar Peer Shaheber Goli,
Dhaka-1217, Bangladesh
DOB: 05-04-1979
Phone: +8801819446128
E-mail: shetu_dr@yahoo.com

LM - 136**Dr. Lata Majumder**

Address: House no. 24, Block C,
Pollabi R/A
West Pathantula, Sylhet
DOB: 11-06-1985
Phone: +8801722640684
E-mail:
majumderdrortho18@gmail.com

LM - 137

Dr. Nazmee Kabir



Address: Apt. A2, H# 435, R# 6,
Block D
Bashundhara R/A, Dhaka
DOB: 18-10-1988
Phone: +8801711975315
E-mail: nazmeekabir@gmail.com

LM - 141

Dr. Md. Nurun Nabi



Address: Olive Tara, 63/1-6, North
Komolapur, Kobi Jashim Uddin
Road, Dhaka-1217
DOB: 13-11-1990
Phone: +8801789783012
Email- jewelnurunabi@gmail.com

LM - 138

Dr. S K Golam Mahmub



Address: Mohona Tulip, Flat no.
A-4,
58/C West Raza Bazar,
Dhaka-1215
DOB: 25-12-1977
Phone: +8801715093179
Email: dmhb21@gmail.com

LM - 142

Dr. Md. Mohoshin Sarker



Address: House- 1286, East
Monipur, Mirpur, Dhaka
DOB: 15-12-1982
Phone: +8801711939508
E-mail: drmoho006@gmail.com

LM - 139

Dr. Md. Azizur Rahman



Address: 1250 Sq. Feet(College),
Staff Quarter, Faridpur Medical
College Hospital, Faridpur
DOB: 10-07-1988
Phone: +8801723070920
Email: dr.azizfmc15@gmail.com

LM - 143

Dr. Md. Saklayen Hossain



Address: Flat-3A, H# 260, Road# 01
Baitul Aman Housing, Adabor,
Dhaka
DOB: 02-03-1978
Phone: +8801556319579
Email:
saklayenhossain@gmail.com

LM - 140

Dr. Md. Wbayedur Rahman



Address: H# 39, R# 07, Sec-11,
Uttara, Dhaka
DOB: 30-12-1988
Phone: +8801717383752
Email: drwbayed@gmail.com

LM - 144

Dr. Nabil Zunayed Sidney



Address: Flat-A3, House-40,
Road-10,
Sector-10, Uttara, Dhaka
DOB: 10-03-1990
Phone: +8801674429904
E-mail: sidsalley@gmail.com

LM - 145

Dr. S K Murad Ahamed



Address: Flat A-4, 77/1 North,
Dhanmondi, Kolabagan, Dhaka
DOB: 14-11-1984
Phone: +8801717454232
E-mail: drskmurad@yahoo.com

LM - 149

Dr. Dibakar Sarkar



NITOR, Dhaka
DOB: 01-01-1982
Phone: +8801705682391
E-mail: dibakarrmc@gmail.com

LM - 146

Dr. Kazi Shahadat Hossain



Address: 171 Kazi Villa, 2nd
Muradpur,
Cumilla-3500
DOB: 01-02-1988
Phone: +8801710392711
E-mail:
babushahadat1988@gmail.com

LM - 150

Dr. Muhammad Rafiqul Islam



Address: 55, Laboratory Road, 6/B
Henas Apartment, New Elephant
Road, Dhaka
DOB: 01-01-1977
Phone: +8801711466692
E-mail: mrislam1977@gmail.com

LM - 147

Dr. Aminul Hoque Pathan



Address: 659/A Baro Mogbazar,
Dhaka
DOB: 03-09-1968
Phone: +8801819274117

LM - 151

Dr. Z Wadud



Address: Eastern Millennium,
Flat-104
15/1, Topkhana Road, Shegun
Shegun Bagicha, Dhaka
DOB: 30-12-1985
Phone: +8801816481363
E-mail: drzwadud@gmail.com

LM - 148

Dr. Asgar Hossain Shohag



Address: House-812, Road-21,
Block G
Bashundhara R/A, Dhaka
DOB: 21-02-1983
Phone: +8801716066763
E-mail: shohagasgar98@gmail.com

LM - 152

Dr. Md. Samiul Islam



Address: Flat# A4, 41, Dilu Road,
New
Eskaton, Moghbazar, Dhaka
DOB: 24-09-1977
Phone: +8801711368644
E-mail: docmsi@gmail.com

LM - 153

Dr. Md. Masraful Islam Shaikat



Address: Nur Bhaban, House no. 33
Hazera Khatun School Road, West
Kawnia, Ward no.01, Barishal 8200
DOB: 01-02-1989
Phone: +8801779942531
E-mail:
masrafulshaikatsb37@gmail.com

LM - 155

Dr. Abdullah Al Mamun Chowdhury



Address: Room-225, 1st Floor,
NITOR
DOB: 01-01-1981
Phone: +8801714575282
E-mail: mamuncomc@gmail.com

LM - 154

Dr. K M Shorfuddin



Address: 9, Shantibag(2nd floor),
Shahjahanpur, Dhaka-1217
DOB: 10-10-1986
Phone: +8801711780808
E-mail: dr. shorfuddin@gmail.com

LM - 156

Dr. Md. Sarwar Jahan



Address: Room-225, 1st Floor,
NITOR
DOB: 16-12-1982
Phone:
+8801714461074
E-mail: drsarwark58@gmail.com

11th International Spine Conference & Scientific Seminar BSSCON 2020

PARTICIPANTS

- | | | | |
|----|---|----|---------------------------------------|
| 1 | Dr. Kh. Abdul Awal Rizvi | 34 | Dr.Md. Anwarul Haque |
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| 22 | Dr. M Ishaque Bhuiyan | 55 | Dr. Md. Javed Rasheed |
| 23 | Dr. SIM Khairun Nabi Khan | 56 | Dr. Md. Mofakhkharul Bari |
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| 31 | Dr. Md. Shahidul Islam Khan | 64 | Dr. Muhammad Baqi Billah |
| 32 | Dr. Abu Zaffar Chowdhury Biru | 65 | Dr. Md. Mohibur Rahman |
| 33 | Dr. Mohammed Abdul Awal | 66 | Dr. Md. Mizanur Rahman |



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|-----|---|-----|--------------------------------------|
| 67 | Dr. Md. Ramzanul Karim Khan | 104 | Dr. O. Z. M. Dastagir |
| 68 | Dr. Md. Jamal Uddin | 105 | Dr. A. B. M. Morshed Goni |
| 69 | Dr. A.T.M. Abdur Razzak | 106 | Dr. Mohammad Aminul Islam |
| 70 | Dr. Md. Alamgir Hossain (Jony) | 107 | Dr. Md. Sazzad Hossain (Shawon) |
| 71 | Dr. Md. Taimur Rahman | 108 | Dr. Md. Nur Alam |
| 72 | Dr. S.M. Amir Hossain | 109 | Dr. S. M. A. Rahim |
| 73 | Dr. Sayeed Hossain (Sabuj) | 110 | Dr. Minto Chandra Paul |
| 74 | Dr. Mohammad Mahfuzur Rahman | 111 | Dr. Md. Abubaker Siddique |
| 75 | Dr. Uttam Kumar Ray | 112 | Dr. Md Asaduzzaman |
| 76 | Dr. Paritosh Ch. Debnath | 113 | Dr. MD. Emdadul Haque |
| 77 | Dr. Ashraful Islam | 114 | Dr. Md. Ismail Hossain |
| 78 | Dr. Shekh Forhad | 115 | Dr. Molla Muhammad Abdullah Al Mamun |
| 79 | Dr. Ahsan Majid | 116 | Dr. Md. Abdur Rahman |
| 80 | Dr. Mushfiqur Rahman Choudhury | 117 | Dr. Mohammad Rafiqul Islam Khan |
| 81 | Dr. Mohammad Moshiur Rahman | 118 | Dr. Dilip Kumar Mollick |
| 82 | Dr. AZM Selimullah | 119 | Dr. Md. Abdur Rahman |
| 83 | Dr. Abu Md. Mofakhkharul Islam | 120 | Dr. Mirza Osman Beg |
| 84 | Dr. Kh. Nurul Arefin | 121 | Dr. Md. Waheeduzzaman |
| 85 | Dr. Najmus Sakeb | 122 | Dr. Ananta kumar Bhakta |
| 86 | Dr. Md. Habibur Hasan | 123 | Dr. Mohammad Atiqur Rahman |
| 87 | Dr. Md. Monowar Tarik | 124 | Dr. Sohelur Rahman |
| 88 | Dr. Apel Chandra Saha | 125 | Dr. Md. Humayun Kabir |
| 89 | Dr. Md. Asraf Ul Matin (Sagor) | 126 | Dr. Md. A. Z. M Rezaul Karim |
| 90 | Dr. Muhammad Sayeed Mahmud | 127 | Dr. Sala-Uddin Mohammad Monzer |
| 91 | Dr. Mohammad Abdul Hannan | 128 | Dr. Shamol Chandra Barman |
| 92 | Dr. Hasan Khalid Md. Munir | 129 | Dr. Md. Mobaraque Hossain |
| 93 | Dr. Mohammad kamruzzaman | 130 | Dr. Mahmudul Rahman Imrul |
| 94 | Dr. Md. Nasir Uddin | 131 | Dr. Suman Kumar Sen |
| 95 | Dr. Abul Hasnat Muhammad Tanvir Hasan Siddiquee | 132 | Major (Dr) Mohammad Russel |
| 96 | Dr. Md. Saiful Islam | 133 | Dr. Mohammad Anisur Rahman |
| 97 | Dr. Mamunur Rashid Chowdhury | 134 | Dr. Mohammad Ali faisal |
| 98 | Col. Md. Salim-Ur-Rahman | 135 | Dr. Khandoker Abdur Rahim |
| 99 | Dr. Md. Mushfiqur Rahman | 136 | Dr. Md. Qumruzzaman Parvez |
| 100 | Dr. Abul Kalam Azad | 137 | Dr. R. A. M. Kausarul Islam |
| 101 | Dr. Md. Ashker Ibne Shams | 138 | Dr. Mohammad Badsha Miah |
| 102 | Dr. Moyeen Ahmed Ferdous | 139 | Dr. Khan Asaduzzaman |
| 103 | Dr. Md. Muzibur Rahman | 140 | Dr. Kazi Mohammad Hannanur Rahman |



- | | | | |
|-----|-----------------------------------|-----|----------------------------------|
| 141 | Dr. Mohammad Mahbubur Rahman Khan | 178 | Dr. Md. Mahmudul Hasan |
| 142 | Dr. ATM Zulfiquir Rahman | 179 | Dr. Suvradev Saha |
| 143 | Dr. Md. Asaduzzaman Azad | 180 | Dr. Md Muzibur Rahman |
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| 145 | Dr. Rezaul Karim | 182 | DR. Md. Arifur Rahman Talukdar |
| 146 | Dr Minhazur Rahman Tareq | 183 | Major (Dr) Abu Rifat Md Mofazzal |
| 147 | Dr. Masum Billah | 184 | DR. Khandaker Hafijur Rahman |
| 148 | Dr. Md. Javed Rasheed | 185 | Dr. Md. Arifuzzaman |
| 149 | Dr. Mamun Rashid Bhuiya | 186 | Dr. Md. Sariful Hasan Robin |
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| 155 | Dr Ramkishor Goit | 192 | Dr. Abdul Maleque |
| 156 | Dr. Monir Hossain | 193 | Dr. Jibananda Halder |
| 157 | Dr. Monirul Islam | 194 | Dr.Habibur Rahman Khan |
| 158 | Dr. Shawkat Hossain Swapan | 195 | Dr. Tanvir Siddikee |
| 159 | Dr. Wase Uddin Ahmed | 196 | Dr. Md. Zahidul Hoque |
| 160 | Dr. Palash kumar Aich | 197 | Dr. Md. Abdul Hadi Ibna Goni |
| 161 | Dr. Mohsina Irin | 198 | Dr. Md. Mohoshin Sarker |
| 162 | Dr. Kazi Shahadat Hossain | 199 | Dr. Sk Golam Mahbub |
| 163 | Dr. Md Atiqur Rahman | 200 | Dr. Lata Majumder |
| 164 | Dr. Md. Azizur Rahman | 201 | Dr. Nazmee Kabir |
| 165 | Dr. Md. Sheikh Sadi | 202 | Dr. Faisal Amin Ahmed |
| 166 | Dr. Tasiqul Islam | 203 | Dr. Mohammad Rajib Mahmud |
| 167 | Dr. Md. Moniruzzaman | 204 | Dr. Ashik Salauddin |
| 168 | Dr. Abu Raihan | 205 | Dr. Mohammad Shamsul Alam |
| 169 | Dr. Wayez Mahbub | 206 | Dr. Md Syedur Rahaman |
| 170 | Dr. Sanuar Hossain | 207 | Dr Jhuton Chandra Banik |
| 171 | Dr. Om Prakash Pandit | 208 | Dr. Sk Golam Mahbub |
| 172 | Dr. Md. Zahir-ul Islam | 209 | Dr. Bipul Das |
| 173 | Dr. saruar Hossin | 210 | Dr. Sheikh Kawsar |
| 174 | Dr. Nurun Nabi Jewel | 211 | Dr. Nirmal kanti Biswas |
| 175 | Dr. Shankar Roy | 212 | Dr. Md. Mizanur Rahman |
| 176 | Dr. M Zawad | 213 | Dr Md Masum Billaha |
| 177 | Dr. Wbaidur Rahman | 214 | Dr. Md. Javed Rasheed |



- 215 Dr. Md. Raihanul Hoque
216 Dr. Md. Hamidul Haque Rashed
217 Dr Md Mynul Hasan Chishty
218 Dr. Muhammad Manjur Murshid Bhuiya
219 Dr. Tapos Biswas
220 Dr. SK HIMU
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222 Dr. Mohammed Sobhan
223 Dr. Mohsina Irin
224 Dr. Shoeb Murad
225 Dr.Md.Mahmudul Hassan Mamun
226 Dr. Tawfiq Alam
227 Dr. Shamima Nasrin Shuma
228 Dr. Mohammad Ruhul Amin Molla
229 Dr. Abdul Gaffar
230 Dr Mriganko Bhattacharjee
231 Dr. M. Muniruzzaman
232 Dr. Khan Ashabul Haque
233 Dr. Md. Abdul Munnaf
234 Dr.Md Taimur Rahman
235 Dr. Md Saidul Islam
236 Dr. Sarwar Rahman
237 Dr. MD. Munzur Rahman
238 Dr. Gazi Munir Ahsan ul
239 Dr. Mohammed Abdul Awwal
240 Dr. Mohammad Saiful Islam
241 Dr. Abdus Samad
242 Dr Abdul Awal
243 Dr. Md. Lutful Minhaz Rashid
244 Dr. Masud bin Muquith
245 Dr. Shahadat Hossain
246 Dr. Mohammad Asaduzzaman
247 Dr Ahmod jubayer Faruque
248 Dr.Abdur Rahim Chowdhury
249 Dr Sumaiya Aktar Nizami
250 Dr. Md Mokhlesur Rahman
251 Dr. Md. Sarwar Jahan
252 Dr. Abdullah Al Mamun Choudhury
253 Dr Fazlay Akbar Khan Rabbi
254 Dr. Md. Golam Forhad
255 Dr. Abdul Hannan
256 MD Habibul Hasan
257 Dr. Md. Sohel Rana
258 Dr. Tariqul matin
259 Dr. Md. Mosiur Rahman Manik
260 Dr. Mohammad Aminul Islam
261 Dr. Md. Matiur Rahman
262 Dr. Shahadat Hossain
263 Dr. A.K.M.Mustafizur Rahman Minto
264 Dr. A.M. Mohiuddin
265 Dr. Md Mahin
266 Dr. Alamgir Samdany
267 Dr. Iftekhar Alam
268 Dr. Md Abdus Sattar Chowdury
269 DR. SK HIMU
270 Dr. Mohammad Arif Hossain
271 Dr. Sachindra Raj Joshi
272 Dr Md. Abdul Awal
273 Dr. Ripan Gosh
274 Dr. Moshiur Rahman
275 Dr. Ananta Kumar Bhakta
276 Dr. Pankoj Kanti Mondol
277 Dr. Rezaul Karim
278 Dr. Maniruzzaman Khan
279 Dr. Md. Mamunur Rashid
280 Dr. Mohammad Abdullah Al Muti
281 Prof Dr Md Abdur Rashid Chockder



Glimpse of Activities of Bangladesh Spine Society



AGM 2018 Prayer for early recovery from illness of our President Prof. Dr. Kh. Abdul Awal Rizvi.



AGM 2018 Ending photo session of All executives of BSS



BSSCON Happy moment with honorable Director, NITOR Prof. Dr. Abdul Gani Mollah



BSSCON 2018 Intimate interaction of senior executives of BSS with Chief guest Prof. Dr. Kanak Kanti Barua, VC, BSMMU



Receiving memento by Secretary General Prof. Dr. Md. Shah Alam from session chairperson Dr. Fazlul Hoque



BSSCON 2018 Audience in scientific session at Pan Pacific Sonargaon



Glimpse of Activities of Bangladesh Spine Society



Crest giving to our Chief Guest National Professor Brig. Gen. (Retd.) Dr. Abdul Malik by President, BSS



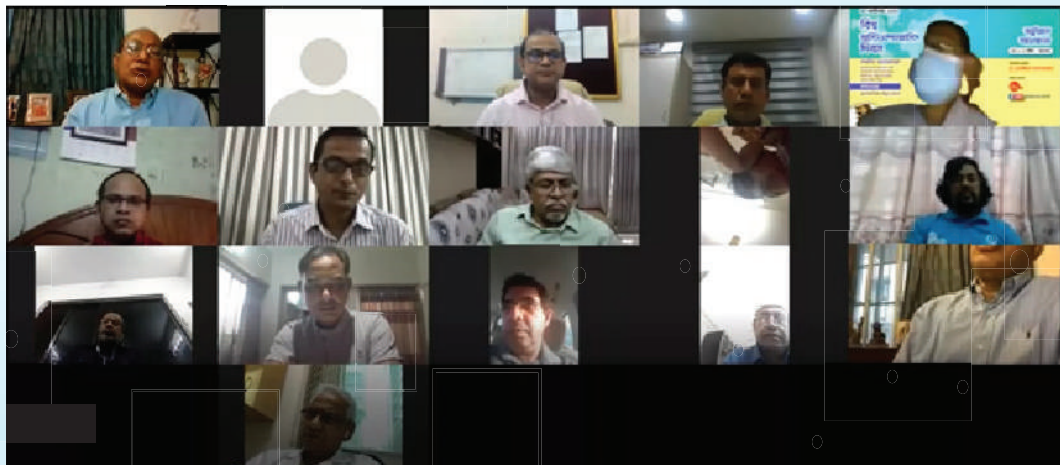
Invited Faculties with Participants at BSSCON 2019 in Inaugural Ceremony



Panel of experts form home and abroad in a scientific session at BSSCON 2019



Happy meet of "past and present"



Zoom Online executive comiittee meeting 2020
a new dimension of communication during COVID-19 pandemic



Scientific Activities of BSS during COVID-19 pandemic

International Webinar on Spine Surgery

20 JULY 2020 Time: **08:00 pm**

Chairperson
Prof. Dr. Kh. Abdul Awal Rizvi
President, Bangladesh Spine Society

Moderator
Prof. Dr. Md. Anwarul Islam
Professor of Spine Surgery
Bangabandhu Sheikh Mujib Medical University
Secretary General, Bangladesh Spine Society

Panelists

Prof. Dr. Muhammad Tariq Sohail
Prof. Dr. Sayed Shahidul Islam
Prof. Dr. Md. Jahangir Alam

Speakers

Prof. Dr. Rami Choudhury
Prof. Dr. Md. Shah Alam

Webinar ID: 821 7441 6727 | Password: Esotid

Organized by: Bangladesh Spine Society

October 16, 2020

WORLD SPINE DAY

BACK 2020 ON TRACK 0 WORLD SPINE DAY

এবারের প্রতিপাদ্য বিষয়:

Chief Guest:
Prof. Dr. Karim Karim Barua
Vice-Chancellor
Bangabandhu Sheikh Mujib Medical University

Special Guest:
Prof. Dr. Shamsuddin Ahmed
Honorary Professor
Green Life Medical College & Hospital

Special Guest:
Prof. Dr. Md. Abdul Gani Moish
Director, NITOP & President
Bangladesh Orthopaedic Society

Prof. Dr. Khondker Abdul Azeem (Pivvi)
President
Bangladesh Spine Society

Prof. Dr. Md. Anwarul Islam
Secretary General
Bangladesh Spine Society

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BANGLADESH SPINE SOCIETY

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Bangladesh Spine Society
Case based discussion on Spine Surgery

Back pain with Radiculopathy

07 October 2020 **12:00 PM**

Chairperson
Prof. Dr. Kh. Abdul Awal Rizvi
President, Bangladesh Spine Society

Moderator
Prof. Dr. Md. Anwarul Islam
Secretary General, Bangladesh Spine Society

Speaker
Dr. Sharif Ahmed Zunayed
Asst. Prof. of Spine & Orthopaedic Surgery, NITOP

Panelist

- Dr. Fazlul Hoque
- Prof. Dr. Syed Shahidul Islam
- Prof. Dr. Md. Shah Alam
- Prof. Dr. Md. Kamrul Ahsan
- Prof. Col. Abdul Awal Bhuiyan
- Prof. Dr. Manjural Hoque Akanda Chowdhury
- Assoc. Prof. Dr. Rezaul Karim
- Assoc. Prof. Dr. Md. Yusuf Ali

Meeting ID: 960 9173 7644 | Password: Solivo

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Bangladesh Spine Society
Webinar on case based discussion of Spine Surgery

Back pain with Radiculopathy

13 October 2020 **2:30 PM**

Chairperson
Prof. Dr. Kh. Abdul Awal Rizvi
President, Bangladesh Spine Society

Moderator
Prof. Dr. Syed Shahidul Islam
Titl. Prof. of Spine Surgery, NITOP

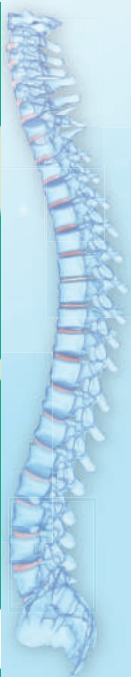
Speaker
Dr. Pravash Chandra
Asst. Prof. of Spine & Orthopaedic Surgery, NITOP

Panelist

- Prof. Dr. Md. Shah Alam
- Prof. Dr. Abu Zaffar Chowdhury Barua
- Prof. Dr. Md. Kamrul Ahsan
- Prof. Dr. Md. Anwarul Islam
- Prof. Dr. Monaim Hossen
- Prof. Dr. Md. Jahangir Alam
- Assoc. Prof. Dr. Md. Wahidur Rahman
- Asst. Prof. Dr. Shahidul Islam Akon

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