Hi everybody,

Just wanted to send you an update on my rotation in Bangladesh this month. I’m working at a hospital in Dhaka (the International Center for Diarrheal Disease Research, Bangladesh, a.k.a. the ICDDR,B).

The ICDDR,B is a wealthy and well-established NGO that has been in Bangladesh for over 50 years.

It’s been a good experience. My day starts with a rickshaw ride to the hospital. I attend a clinical conference from 8:30 to 9:00 a.m., where cases and journal articles are presented and discussed. The conference is dedicated to radiology monthly.
I work closely with Dr Fariha Bushra Matin, a locally trained radiologist on staff here. We often exchange perspectives instilled by our respective institutions.

Dr Fariha helps a clinical fellow with radiographs from the HIV ward

At 9:00 a.m., I round with the ICU team, and then the HIV ward team at 10:30 a.m. I discuss their imaging studies and options for further radiological work-up. Radiology services at the hospital mainly include x-ray and ultrasound. However, CT, MRI, and even PET imaging are available in Dhaka, and patients are often transferred with copies of these studies.

We usually round through 10:00 am “tea time” at the canteen, where they serve heavily sweetened tea with condensed milk and fresh ginger, plus a fried Bangladeshi snack.

HIV ward rounds are the most fascinating part of my day, as patients are complex and present diagnostic dilemmas. Rounds are led by Daniel Leung, an MGH ID attending.
Here is an x-ray of a tachypnic patient with a CD4 count of <20, and disseminated histoplasmosis found on skin biopsy. He unfortunately progressed to ARDS and passed away.

Here is another typical case from the HIV ward: a 25 year-old with CD4 count of 18, with what turned out to be disseminated TB.
And yet another case from the HIV ward, this one with a neck abscess:

We dedicate 10 minutes after rounds to radiology teaching.

After that, I head to lunch at the canteen, which serves rice, lentils, a hard-boiled egg in chile sauce, a spicy vegetable, and either fish or goat curry. It’s a little repetitive, but it costs 60 cents and hasn’t made me ill.
The afternoon is filled with diagnostic ultrasound studies and ultrasound guided procedures. A typical procedure is aspiration of an enlarged lymph node to differentiate between TB and lymphoma.

Here I am scanning a patient from the Nutritional Rehabilitation Unit. I thought the patient was about one year old, but it turns out she was 3.

Working here is a good opportunity to refine ultrasound skills. They have a nice Siemens Acuson X500, and inpatient studies tend to be abnormal. It gets busy, but you can take your time and experiment with obtaining portal venous Dopplers etc. Because cross-sectional imaging is not readily available, they often push me to detect findings that might be left for CT or MRI at BWH, and characterize them as much as possible.

Also, cranial ultrasounds are often requested—something we don’t get to do much at BWH or Children’s.
I take a rickshaw home and pick up a meal at one of several nearby Dhaka restaurants. South Asian, Thai, Iranian are particularly good here. Spices are fresh and fragrant. If you need to get into a cultural fetal position, there are several KFCs and even an A&W for us Midwesterners. I try to avoid “Pyongyang,” a restaurant, karaoke bar, and alleged foreign currency laundering operation of the North Korean government located up the road.

On the weekends, I round with the team on one of the two mornings if there are new admissions, leaving plenty of time to work, sight-see, and hang out with people from the ICDDR,B. In addition to clinical staff, they employ dozens of epidemiologists.
I hope this gives you a sense of what it is like to rotate here. Let me know if you have questions about my experience, and I would be glad to share.

Hope all’s well,

Pete

Dhaka traffic

Commuting across Banani Lake, Dhaka
View from my apartment rooftop

Street Cricket in Puran ("old") Dhaka
Buriganga River, Dhaka

Matlab, Southeast Bangladesh