100 Years of Military Dietetics

Derek Moore

Abstract

Modern military dietetics commenced in 1917, when American Red Cross dietitians worked with the United States forces serving in France, during World War One. Dietitians first served in the Australian Armed Forces in World War Two, when it was realised that dietetic expertise would be needed in the larger military hospitals being established around Australia, early in that conflict. The dietitians had important clinical and food service roles in these hospitals, such as Concord in Sydney and Heidelberg in Melbourne.

This poster will discuss the evolving roles and responsibilities of military dietitians, over the past century.

Biography

Derek is an Accredited Practising Dietitian with over 40 years dietetic experience in hospital, community health, private and public health settings. Public health roles have included those of consultant to the former Food & Nutrition Program at Deakin University and Executive Officer with the Victorian Division of the Australian Nutrition Foundation.

Member of the RAAF Specialist Reserve since 1982. He established dietetic services at the former No. 6 RAAF Hospital, RAAF Laverton and at the Defence Force Health Centre, Victoria Barracks, Melbourne. Consultancy roles to Air Force Health Services, RAAF and Tri-Service Catering, including the Defence Catering Working Group in Canberra.

Reserve training roles included RAAF Health Services nutrition training, plus Catering training, initially at RAAF Wagga and subsequently at the ADF School of Catering at HMAS Cerberus.

Member of the Australasian Military Medicine Association, Dietitians Association of Australia, Diabetes Australia and the Coeliac Society of Australia.

Currently in private practice at Glen Waverley and Werribee, in addition to Reserve service.

A Case of Crohns Disease Vs No Crohns Disease

Dr Mohammed Siraj A.Hameed[1]

1 Armed Forces Aeromedical Centre, Dharan, Saudi Arabia

Abstract

Introduction: we report a case of young pilot who developed features of Crohns disease

Case Report: This 31 year old copilot presented beginning January 2015 with complains of severe recurrent attacks of lower abdominal pain along with nausea and vomiting aggravated mainly by work related stress.

CT scan showed segmental colon diverticular disease associated with wall thickening, fat stranding, inflammatory fluid and peritoneal thickening suggestive of divertculosis.

Colonoscopy showed illeocecal valve inflammation. Muliple biopsies from the site were taken and their hisptopathology showed (evidence of ileitis of variable intensity with edema and congestion in areas with dense chronic cell infiltrate of lymphocytes and plasma cells.Polymorphs are mild with patchy cryptitis.No granulomas.The features are of terminal ileitus of variable intensity with polymorphs and cryptitis.No granulomas.)

Colonic mucosal biopsy showed intact flat surface epitheliuem ,normal crypt density with normal crypt morphology and mild reduction in mucin production .The lamina propia showed variable chronic inflammatory cell infiltrate of lymphocytes and plasma cells with congestion .Polymorphs are mild with patchy cryptitis.the features of skip leision type with could be consistent with Crohns disease.

In Summary active inflammation in terminal ileum-illeocecal valve consistent with Crohns diease.

His P-ANCA is also elevated.1:40(<1:10).His WBC was 10.4 Hb14.7.ASCA IgA 64 RU/ml(normal less than 20.)Stool calprotectin 177 borderline)

Based on above findings he was started by Gastroenterologist on Pentazon,Mebevirine, and simethicone.

Recently he has started complaining of pain in multiple joints

This copilot was grounded as his disease will be progressive and will require lifelong treatment. He was advised to be unfit for field duties and to remain at work near hospital locations.