



Bapuji Educational Association (R.)



JJMMC

Vol-12

Issue-3

July 2017

Official Quarterly News Letter Publication of
JJM Medical College, Davangere.

Voice



For private circulation only

Bapuji Medicals at Bapuji Eye Hospital



J. J. M. Medical College, Davangere.

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*From the desk of
the Principal*

"Change is the rule of Universe", "Neenu Baruvaga Tandiddadaru Yenu, Hoogavaga Kaledu Kolluvadadaru Yenu"?

I took charge as Principal with the blessings of almighty and our beloved chairman Dr. Shamanur Shivashankarappaji and honorary Joint Secretary Sri S. S. Mallikarjun. Principal's post is a bed of roses with many thorns. At times it is difficult to balance between faculty and the management. However to the best of my ability during my tenure as the Principal I tried to balance and do the best for both. There were many milestones that took place during my tenure as the Principal. There were 47 MCI inspections in the last 5 years which were all fruitful. There were more than 100 ranks in UG and PG at RGUHS and our institution was one of highest rank takers in RGUHS. The historic achievement of our student Dr Deepthi Agarwal, brought laurels and glory to the history of JJMMC by securing 1st rank in RGUHS (first time in the history of JJMMC). Innumerable number of promotions, increments and appointments of the faculty were sanctioned by our chairman during my tenure.

Our college is one of the leading colleges in the state in presenting scientific papers at state level, national level and international conferences. Many state level conferences, workshops, cultural and sports events took place during my tenure. Our college is being highly appreciated by RGUHS as far as digital valuation center is concerned. I congratulate our chairman Sri Shamanur Shivashankarappaji for making our digital valuation center as the 1st center in RGUHS to be established by equipping with 50 advanced high definition computers. I also congratulate all the faculty members for valuation of highest number of valuation and impartial valuation of the scripts. I congratulate the physical education director who is instrumental in conducting university sports activities and more than 25 students of our college are university blues- representing RGUHS in various sports events. Eminent teachers of our institution who have served our institution for the past 50 years are being continued their services as one of the good teacher. I am extremely happy that my teacher, friend, Philosopher Dr Gurupadappa was honoured with D.Litt. from prestigious American University, national level honour from Research society for study of diabetes in India and Associate Physicians of India award during my tenure. Hitherto earlier JJMMC was known for UG and PG courses, but now super specialty and broad specialty departments were established with the state of art services.

I am highly delighted and honoured that our chairman and Joint secretary together have started a huge new ultramodern JJMMC campus by investing crores of rupees that is coming up fast to celebrate the golden jubilee year 2020. I am happy to announce that our institution is one among 4 in the country to be accredited by American association of medical colleges. Our institution is in tie-up with more than 10 top universities at US and many countries for research, group studyexchange and global understanding for UG, PG and also faculty members. Regeneration of academic body activity, under which 20 doctors were honoured after retirement. Social activities like Independence day, kannada sangha, students union activities, sports and cultural activities were all in orderly taking place. Lastly I would like to thank all the faculty, office and nonteaching staff who have helped me in the smooth conduct of the day to day affairs.

Dr. Manjunath Alur

Contents

- Academics and Achievements
- Traumatic subperiosteal hematoma of orbit
- A rare case of conjunctival intraepithelial neoplasia in HIV positive patient presenting as pigmentary lesion
- The Superior Mesenteric Artery Syndrome : A Diagnostic Dilemma



Academics and Achievements

DEPARTMENT OF BIOCHEMISTRY

Academics & Achievements

Staff Publication



"EPIGNOSIS-2", the Second State Level Intercollege Biochemistry Quiz Competition for 1st MBBS Students was organized by Departments of Biochemistry J.J.M. Medical College, & S.S. Institute of Medical Sciences & Research Centre, in association with Association of Medical Biochemists Karnataka Chapter (AMBKC) on 22nd April 2017 at Library auditorium.

In all 118 teams from various medical colleges of state participated in the quiz. A preliminary written test was conducted in department of Biochemistry and six teams were selected for semi-final round. The participating teams were accompanied by their respective teachers, who were present all along the programme.

The programme was presided by Dr. Manjunath M. Tembad, Professor & Head, Department of Biochemistry, JJMMC, Davangere

and inaugurated by Dr. Manjunath Alur, Principal, JJMMC, Davangere. The Chief Guest was Dr. B. S. Prasad, Principal SSIMS & RC, Davangere and Dr. Mallikarjuna C. R., Professor & Head, Department of Biochemistry, SSIMS & RC, Davangere was also present.

Semi-final round of quiz was conducted by Dr. Rajni, Associate professor of Biochemistry. Three teams were selected for final round.

Final round of quiz was conducted by Dr. Preethi B. P., Associate professor of Biochemistry. The winners of first prize and Rolling Shield of AMBKC were Vaishnavi Ballal and Mahima Advaita from KMC, Mangalore, Second prize were Sandeep. B. & Sanjay C. S. from MMC & RI, Mysore and third prize were Ryan Maclean D'souza and Keerthan. S. from MMC & RI, Mysore.

Valedictory function was held as the last event and the chief guests were Dr. S. B. Murugesh, Professor & Head, Department of Dermatology, Dr. N. K. Kalappanavar, Professor and Head, Department of Pediatrics and Medical Director of SSIMS&RC, and Dr. P. S. Mahesh, Chief Librarian, Bapuji library and information Centre. Prizes to the winners were distributed by the chief guests and AMBKC members. The quiz programme was very well appreciated by all the students, teachers and guests.

DEPARTMENT OF PHARMACOLOGY

1. Dr. Santosh Kumar M., was the speaker at CME on Pharmacovigilance held at Coorg Institute of Medical College held on 26-05-2017.

Topic : Pharmacovigilance Program of India

DEPARTMENT OF PATHOLOGY

1. Dr. K. R. Chatura :

- ▶ "Alveolar soft part sarcoma in childhood: A report of two cases and review of literature." Dr. Chatura K. R., Dr. Sravani Doradla, Dr. Shivayogi Kusagur. Journal of Advanced Clinical & Research Insights 2017: 4; 16-20.
- ▶ "Current concepts in breast pathology" review article Dr. K. R. Chatura. Journal of Advanced Clinical & Research Insights 2017: 4; 50-54.
- ▶ "Primary insular carcinoid tumor of ovary- A rare case report" Jayshree Pawar, Nischita B., Ranjana R., Chatura K. R. J. Indian Medical Association 2017;115;28-29.
- ▶ Invited faculty at 35th Annual National CME in pathology, 7-10 June at J.N.M.C., Belagavi
- ▶ **Talk :** "Fibroblastic/myofibroblastic tumors in the young"



► **Slide seminar : "Food for thought: Jaw bone lesions"**

2. Dr. Jagadeshwari K., and her team at the Bapuji Blood bank conducted the following camps.

- a) Date : 02-04-2017, organized by Adinath Jain Milan, Venue - Adinath Jain Temple, Units Drawn - 23.
- b) Date : 07-05-2017, organized by Srilakshmi Narayana Sanathana Samaja, Venue - TCL Bamboo Bazar Units Drawn - 21.
- c) Date : 14-06-2017, organized by College of Dental Sciences, Venue - Bapuji Blood Bank, Units Drawn-15.
- d) Date : 14-06-2017, organized by Johnson & Johnson, Venue Bapuji Blood Bank Units Drawn - 05.



3. Dr. Rajashekar K. S., Prof. & Head Dept. of Pathology, JJMMC was the KMC observer for "Centurion slide seminar", organized by Dept. of Pathology, SSIMS & RC in association with Academy of Pathology on 25-26th March 2017. Dr. H. R. Chandrashekar, Dr. Rajashekar K. S., & Dr. Suresh Hanagavadi, moderated slide sessions. Dr. B. S. Prasad, Principal & Dr. Kalappanavar N. K., Medical Director, felicitated Dr. H. R. Chandrashekar & Dr. Prakash Kumar, during the CME.



4. Dr. Suresh Hanagavadi delivered a guest lecture on Hemophilia in CME for Medical Students on theme of "Hear their voices" on the occasion of World Hemophilia Day, at SSIMS & RC, Davangere on 24-04-2017.

5. Birth anniversary celebration of Karl Landsteiner : Department of Pathology, JJM Medical College & Bapuji Blood Bank, Bapuji Hospital organized "World Blood Donor's Day" on 19-06-2017 to commemorate the Birth Day Celebration of Karl Landsteiner (14, June, 1868) who is known as "Father of Modern Transfusion Medicine". The main objective was to create awareness on Voluntary Blood Donation amongst public & youth to promote safe Blood Transfusion services. The program was inaugurated by Ms. Yashodha Wantagodi, Additional Superintendent of Police. Dr. Manjunath Alur, Principal. The Chairperson tried to dispel the misconceptions associated with Blood Donation. Dr. Rajashekar. K. S, Professor & Head, Department of Pathology spoke on the historical developments in transfusion Medicine & the contributions of Karl Landsteiner. Dr. Savita Devi S. M., Blood Bank Officer, C.G. Hospital spoke on National Blood Policy & highlighted that Karnataka Government is the first in the country to implement Nucleic Acid Test (NAT) in achieving safe blood transfusion. Dr. Gurupadappa, Director, Dr. Dhananjaya. P. E., Dr. Neelambika, Superintendent, Dr. Raghavendra Swamy, RMO of District Hospital, presided over the function. The unique feature of this program was felicitation of debutant, Regular Voluntary Blood Donors & Organizers of Blood Donation Camps & interaction with patients' families of inherited Blood Disorders who are dependent on Blood transfusion for life. Dr. Jagadeshwari, Blood Bank Officer, Bapuji Hospital welcomed the gathering and Dr. Suresh Hanagavadi, Professor, proposed vote thanks.



DEPARTMENT OF PEDIATRICS

- 1) World Tuberculosis Day CME on Pediatric Pulmonary Tuberculosis. Theme for 2017: Unite to end T.B., Leave no one behind.
Postgraduate - Dr. Medathi Keerthi, 1st year Resident,



Academics and Achievements

Date : 24th March 2017 Venue : Pediatric OPD Seminar Hall

Moderator : Dr. A. C. Basavaraj - Prof & HOD of Pediatrics,

Dr. M. B. Koujalgi, Professor of Pediatrics,

Dr. Chaya. K. A. - Asst. Prof of Pediatrics.

2) C.M.E. on Pediatric Urology

Date : 26th April 2017 (Wednesday) Venue : Bapuji Child Health Institute

Department of Pediatrics, J.J.M. Medical College, in association with Department of Pediatrics, S.S.I.M.S. and R.C., Davangere, IAP Davangere District Branch conducted at Bapuji Child Health Institute & Research Centre.

The CME was well attended and the delegates comprised of teaching faculty of JJMMC, SSIMS & RC, IAP members & Postgraduate students, undergraduate students. The speakers were from Fortis Hospital, Bangalore.

1) Dr. Mohan Keshavanurthy, MS, MCh, FRCS, FICS, FASTs, Director, Urology, Uro oncology, Andrology & Transplant Surgery.

2) Dr. Shakir Tabrez, MS, MCh, FIAGES, FICS, DIP MAS, Consultant Urology, Uro oncology, Andrology & Transplant Surgery.

Chairpersons :

3) Dr. N. K. Kalappanavar, Medical Director & Prof & HOD of Pediatrics, SSIMS & RC, Davangere.

4) Dr. Latha G. S, Professor of Pediatrics, SSIMS & RC Davangere, President IAP Davangere district branch.

Individual Activities of the Department

1) Dr. Chaya. K. A, Asst. - Prof. of Pediatrics presented paper on "Foreign Body aspiration mimicking condition & Bronchoscopy in Pediatric age group : Retrospective study" at Mangalore PEDICON - 2017 on 9th March 2017.

DEPARTMENT OF PSYCHIATRY

Lecture by Dr. Sudarshan C. Y., to B.Ed. students

Dr. Sudarshan C. Y., Professor and HOD of Psychiatry delivered a talk on the topic 'Depression Let's Talk' to B.Ed. students of three colleges of Davangere on 7th of April 2017 on the eve of World Health Day. He described the differences between depression as a mood and depression as a syndrome, its etiology, clinical features and management. The program was organized by Department of Public Health Dentistry, Bapuji Dental College and Hospital, Davangere. Dr. Sadashiv Shetty, Principal, Dr. Nagesh, Professor and HOD of Public Health and Dentistry and Dr. Savithra Prakash, Professor of Public Health Dentistry were present on the occasion.

Talk by Dr. Sudarshan. C. Y, at College of Dental sciences, Davangere.

Dr. Sudarshan C. Y., Professor and HOD of Psychiatry delivered a talk on the topic 'Depression Let's Talk' to faculty and students of College of Dental sciences, Davangere on 28th of April 2017 on the eve of World Health Day. He described the differences between depression as a mood and depression as a syndrome, its etiology, clinical features and management. The program was organized by Department of Public Health Dentistry, College of Dental Sciences Davangere. Dr. Vasundara



Shivanna, Principal, Dr. Naveen Kumar, Professor and HOD of Public Health and Dentistry were present on the occasion.

Report on CME Programme held on 27th April, 2017 at J.J.M. Medical College, Davangere

As part of World Health Day activities, a CME Programme was organised at J.J.M Medical College, Davangere on 27th April 2017 to spread awareness among the medical professionals about depression. It was co-ordinated by Department of Psychiatry. The subject of CME was the theme for this year's World Health Day- 'Depression Let's talk'.

In the inaugural function, after invocation by Dr. Divyashree, Dr. Harish Kulkarni, Assistant Professor of Psychiatry welcomed the gathering. Introductory remarks were given by Dr. Sudarshan. C.Y., Professor and HOD of Psychiatry. He spoke about WHO, its activities, themes for world health Day in the preceding years and about the relevance of this year's theme. After the inauguration, chief guests Dr. Neelambike. H. D, District Surgeon, Davangere and Dr. H.



Gurupadappa, Director PG studies, J.J.M. Medical College spoke about the importance of recognising and managing depression in day to day practice. Dr. Manjunath Alur, Principal, J.J.M. Medical College who presided over the programme spoke on the need for awareness about depression in medical professionals and outlined the goals of CME. Vote of thanks was delivered by Dr. Ravi Gowda, Professor and HOD of Obstetrics and Gynecology. The guidance and encouragement accorded by Dr. Shamanur Shivashankarappa, M.L.A, Honorary Secretary B.E.A, Chairman, J.J.M. Medical College and Sri S. S. Mallikarjun, Hon'ble Minister for APMC and Horticulture, Government of Karnataka, Joint Secretary B.E.A. who couldn't attend to the programme, were acknowledged on the occasion.

In the CME Dr. K. Nagaraja Rao, Professor of Psychiatry, gave an overview of depression in adults which was followed by a talk on Depression in children and adolescents by Dr. Mruthyunjaya, Professor of Pediatrics. Dr. Shobha Dhananjaya, Professor of OBG, spoke on Depression in Pregnancy and Postpartum period. This was followed by a talk on Endocrinology and Depression by Dr. Varun Chandra Alur, Assistant Professor & HOD of Endocrinology. At the end of the programme, an interactive session was held where questions on depression were discussed by the speakers. The programme was attended by all the teaching staff, postgraduates and interns of the college.

Dr. Shamshad Begum, Professor of Clinical Psychology, Dr. Hemavathi, Senior resident along with post graduates and interns of Department of Psychiatry were actively involved in conducting the programme.

Quiz Program for Undergraduate Medical students

On the eve of World Health day which is celebrated every year on 7th of April, a Psychiatry quiz was conducted at J.J.M. Medical College, Davangere, jointly by Department of Psychiatry and Department of Community Medicine for undergraduate medical students under the aegis of Indian Academy of Preventive and Social Medicine. The subject of quiz



wasthe theme of this year's World Health Day 'Depression - Let's talk'.

Before the quiz, a preliminary written test was conducted to select the participants in which 80 students participated (third and final year MBBS). Four teams, each consisting of three members were constituted.

Dr. Harish Kulkarni, Assistant Professor, Department of Psychiatry was the quiz master along with Dr. Shubha. D. B, Assistant Professor Community medicine.



Academics and Achievements

There were 6 rounds and scores were announced after every round. After every round, audience round was conducted and each correct answer was given a token of appreciation. The score keepers were Dr. Vinyas Nisarga and Dr. Babu Dilip, postgraduates of department of Psychiatry and Community medicine.

The winners were Mr. Nikhil Belagavi, Ms. Divya Thomas and Mr. Ananda N. S., and Ms. Juveria P., Ms. Nitika Singh and Ms. Noor Shazia Begum were runners up. Prizes and certificates of participation were distributed to winners and participants by Dr. K. Nagaraja Rao, Professor, Department of Psychiatry and Dr. T. P. Manjunath, Professor, Department of Community Medicine.

At the end of the quiz Dr. K. Nagaraja Rao, Professor, Department of Psychiatry gave a talk on depression and clarified the doubts asked by the audience. Undergraduate students, post graduate students, staff of Psychiatry and Community medicine attended the quiz programme.

Dr. Sudarshan. C.Y, Professor and HOD of Psychiatry co-ordinated the program along with active participation of post graduates and interns.

Research Article Published

Rao. K. N, George. J, Sudarshan. C. Y, Begum. S. Treatment compliance and non-compliance in Psychosis. Indian Journal of Psychiatry; 59(1) : 69-76.

DEPARTMENT OF ANAESTHESIA

- 1) Dr. Shilpashri. A. M. Associate Professor, Radio Programme 16th Oct. 2016
About Anesthesia on World Anesthesia Day at Chitradurga.
- 2) Dr. Shilpashri. A. M. Associate Professor, BLS Instructor 19th Dec. 2016, spoke on
Fighting Heart Disease and Stroke at SSIMS & RC, Davangere.
- 3) Dr. Shilpashri. A. M. Associate Professor, ACLS Instructor 21st Dec. 2016
Fighting Heart Disease and Stroke at SSIMS & RC, Davangere.
- 4) Dr. Shilpashri. A. M. Moderator PGs : Dr. Narasimha Gnani Dr. Riyaz Ahmed PG Excel 2017 on 11th & 12th Feb. 2017
Case
Discussion on Diabetic foot in PG Excel - 2017 at Al-Ameen Medical College, Vijayapur.

DEPARTMENT OF NEONATOLOGY

Dr. G. Guruprasad, Professor & HOD

1. Attended First National Neorespicon workshop & Conference held at Bangalore on 27-5-2017 with live demo conducted at Mother Hood hospital, was one of the faculty in panel discussion, Case scenarios of respiratory distress, equipment & medications, Bangalore on 27-5-2017 and also delivered a talk on 28-5-2017 topic - hypoxic respiratory failure management Use of ino/sildenafil Why sometimes it fails?

Dr. Chaitali. R. Raghoji, Senior Resident

1. Appointed as state academic co-ordinator for Advance NRP, Karnataka for the IAP-NNF-NRP-FGM project.
2. Attended advance NRP as faculty held at A. J. Medical College Mangalore on 7-3-2017
3. Attended BNRP as faculty conducted at Mother Hood hospital as part of pre-conference work shop in Bangalore on 26-5-2017

Newborn Quality Improvement Project

Supportive Supervision of SNCUs in Karnataka for NNF Accreditation

Government of India has operationalized facility based newborn care to reduce newborn deaths. Under national rural health mission (NRHM) SNCU'S have been started at all district level hospitals ensuring quality newborn care is one of the prime objectives of NHM & UNICEF has supported the same through NBQI (New born quality improvement) project. Medical Colleges have been selected for handling & mentoring SNCU by NBQI project team. **We are glad to inform Department of Neonatology along with Dept. of Community Medicine, J.J.M. Medical College, Davangere, have been appointed for**

supportive supervision & mentoring of SNCU in Ballari, Karnataka for NNF level IIA accreditation. Team of Neonatologist & community medicine doctors will be visiting the SNCU from April 2017 to December 2017 to improve the quality of services being provided by them & making them eligible to get NNF accreditation, final assessment of the SNCU shall be done in December by NNF central executive committee of accreditation.

DEPARTMENT OF RADIO DIAGNOSIS

1. Dr. Joish Upendra Kumar, Asst. Professor Radio-Diagnosis gave a guest lecture on 'Imaging evaluation of a profound deaf Child' As Part of 'Cochlear Implant Awareness. Programme' held on 19th April 2017 at S.S.I.M.S. & R.C.
2. Dr. Ramesh Goud, Post graduate resident Radio-diagnosis, secured first place in Radiology quiz conducted during Head and Neck imaging CME held at SDM Medical College, Dharwad on 16th Apr 2017.
3. Dr. Joish Upendra Kumar, Asst. Professor Radio-Diagnosis gave a faculty lecture on 'Role of Chest CT in Paediatric Respiratory Illness' in the annual state conference KAR RESPICON 2017, conducted by IAP State and Davangere chapter on 25th Jun 2017 at SSIMS & RC

DEPARTMENT OF NEONATOLOGY AND DEPARTMENT OF PEDIATRICS

Conducted Basic NRP Programme on 3rd March 2017 for Staff Nurses of Bapuji CHI & RC The workshop was attended by forty staff members, The workshop had faculty student ratio of 1: 8. Faculty included Dr. G. Guruprasad, Prof. & HOD, Dept. of Neonatology as the lead instructor, Dr. Gayathri. H. A, Course Co-Ordinator (Asso. Prof of Paediatrics from J.J.M. Medical College Davangere) Dr. Raghavendra. M. D. (Asst. Prof. of Pediatrics, J.J.M.M.C., Davangere), Dr. Suresh Gundapalli (Consultant Paediatrics C. G. Hospital, Davangere) Dr. Ashwini R. C. (Asst. Prof. of Neonatology, J.J.M. Medical College) and Dr. Chaitali. R. Raghoji (Senior Resident, J.J.M. Medical College).



DEPARTMENT OF OPHTHALMOLOGY

1. Dr. Ravindra Banakar, Professor and HOD has been nominated as Member Faculty of Medicine for a period of three years by the Vice Chancellor of RGUHS.
2. A guest lecture was organized by the department in association with Davangere Ophthalmic Association on 11th March, 2017. The guest speakers, Dr. Satyamurthy (Consultant, MMJEL, Dharwad) and Dr. H. M. Ravindranath (Drishti Eye Hospital, Davangere) spoke on 'Dual Pump Mechanism in Phacoemulsification'. The programme was well attended by the faculty members, postgraduates of the department and practicing ophthalmologists.
3. Our department has started speciality clinics from 1st May 2017 involving the specialities of Cornea, Glaucoma, Orbit-Oculoplasty, Pediatric Ophthalmology and Vitreoretina. These clinics run twice a week on Mondays and Thursdays between 2.00pm-5.00pm.
4. Our department has joined hands with the Department of Pediatrics and Child Health Institute in ROP screening and treatment. Preterm and low birth weight infants are screened every Tuesday. Infants requiring retinal laser photocoagulation and further evaluation are taken up in Bapuji Eye Hospital by our vitreo-retinal consultant.
5. Bapuji Medicals at Bapuji eye Hospital was inaugurated by our Principal Dr. Manjunath Alur on 07-06-17. The ceremony was also attended by Dr. K. P. Basavaraj, Dr. Prasanna Anaberu, all the faculty and Post-Graduates of our Department.



Academics and Achievements

6. Academic activities of the faculty.

Papers published in indexed journals :

- ▶ A comparative study of astigmatism in conventional ECCE and Manual Small Incision Cataract Surgery: a prospective study Dr. Shivaji Padamukhi, Dr. Shivayogi Kusagur, Dr. Vasanth Kumar S. H. International Journal of Advanced Research- Article accepted for publication in the next issue.
- ▶ Lens-induced glaucoma in the rural population: Is cataract surgery in one eye a boon or bane? Dr. Anitha. S. Maiya, Dr. Ravindra Banakar, Dr. Manjunath. B. H, Dr. Meghana Patil. Indian Journal Clinical and Experimental Ophthalmology. 2017; Vol 3(1) : 24-27

7. Keratoplasty - A Ray of Hope for Corneal Blindness

Blindness continues to be one of the major public health problems in developing countries. Cataract and corneal diseases are major causes of blindness in India. According to the National Programme for Control of Blindness (NPCB) there are currently 120,000 corneal blind persons in our country. Corneal conditions requiring Penetrating Keratoplasty are leucomatous corneal opacity, pseudophakic bullous keratopathy, non healing corneal ulcers, keratoconus etc. Penetrating Keratoplasty is a full-thickness transplant procedure, in which a trephine of an appropriate diameter is used to make a full-thickness resection of the patient's cornea, followed by placement of a full-thickness donor corneal graft.

Ophthalmology department has been doing excellent work in the field of Cornea and Eye bank. Our department has full-fledged functional eye bank with registers, pledge cards, eye donation certificates, 24 x 7 toll free number and fully equipped operating theater. We have received active eye donation calls and in the 3 months we have performed 7 keratoplasty with very good post-operative outcome.

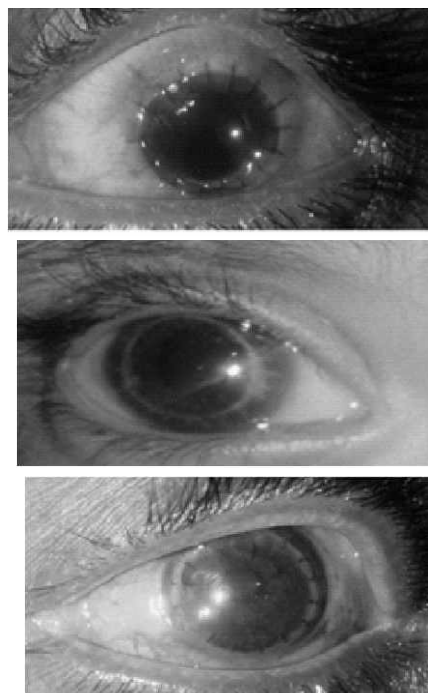
The list of cases operated with the details are as mentioned below:-

Sl. No.	Ocular Condition	Age	Surgery
1	Congenital corneal opacity	1 year	Optical keratoplasty
2	Fungal keratitis with hypopyon	52 years	Therapeutic keratoplasty
3	Leucomatous corneal opacity	65 years	Optical keratoplasty + cataract extraction + IOL implantation
4	Adherent leucoma	68 years	Optical keratoplasty + cataract extraction + IOL implantation
5	Pre Phthisical eye with Adherent leucoma	34 years	Optical keratoplasty + cataract extraction + IOL implantation
6	Adherent leucoma	68 years	Optical keratoplasty
7	Pseudophakic bullous keratopathy	64 years	Optical keratoplasty

Pre-Operative



Post-Operative



STUDENTS' ASSOCIATION INAUGURATION 2017-18

Students' association 2017-18 was formed under the guidance of Principal Dr. Manjunath Alur, all the HOD'S and professors of J.J.M. Medical College.

- | | |
|-----------------------------|--|
| PRESIDENT | - Dr. Manjunath Alur. |
| GENERAL ACTIVITIES CHAIRMAN | - Dr. K. P. Basavaraju,
Prof. & HOD, Dept. of ENT |
| GENERAL SECRETARY | - Mr. Dhanush Shetty |
| JOINT SECRETARY | - Ms. Sneha Shivanna |

The Students' Association was inaugurated on May 6th 2017 at Bapuji auditorium which was presided by our beloved Principal, HOD's, Professors, Teaching and non-teaching staffs of J.J.M. Medical College were present on the occasion.

Chief guest of the day was Dr. Bheemashankar S. Guled, IPS, Superintendent of Police, Davangere, who spoke on the importance of this union at college level and how students will learn to coordinate and work together in a harmonious way. He also spoke about our institution, about his college life during MBBS, as a student how to build up our knowledge, how to serve the people, how to protect our society from addiction of drugs, De-addiction.

Dr. Manjunath Alur, Dr. K. P. Basavaraju, Dr. R. Ravi, Mr. Dhanush Shetty, Ms. Sneha Shivanna were the dignitaries on the stage. Our Principal, General activities chairman, and chairman of Cultural activities spoke a few words about the college and gave some good advice to students.

And finally the program ended up with a gala cultural events which was performed by our students and appreciated by the guests.





Traumatic subperiosteal hematoma of orbit

A case report

ABSTRACT

Trauma is one of the numerous causes of orbital hemorrhage. Hemorrhage may be localized and of little consequence, diffuse or subperiosteal and compromise optic nerve function. Accumulation of blood within the confined orbital space may also form a hematoma. Orbital hematomas can be classified as intraorbital or subperiosteal. Intraorbital hematomas are more common and include the characteristic findings of lid ecchymosis, lid edema, axial globe displacement, diffuse subconjunctival hemorrhage, restricted ocular motility, and varying degrees of visual dysfunction. Subperiosteal hematomas are less common and the characteristic findings include proptosis, downward globe displacement, lid ecchymosis, motility impairment, and varying degrees of visual dysfunction.[1]

We report an interesting case of subperiosteal hematoma of orbit with history of Orbital trauma, proptosis, conjunctival congestion, chemosis and diminished visual acuity.

Key Words : orbital trauma, proptosis, subperiosteal hematoma

INTRODUCTION

Subperiosteal hematomas most often occur acutely after orbital trauma but may also present days later. They more commonly involve the roof and are secondary to rupture of the subperiosteal blood vessels or extrusion of a subgaleal hematoma with subsequent accumulation of blood between the underlying bone and periosteum. Nontraumatic subperiosteal orbital hemorrhages (i.e., spontaneous, after straining, vomiting, childbirth, scuba diving, etc.) may also occur, although uncommon. Similar to the traumatic ones they more commonly occur superiorly.[1]

The patient usually presents with a history of trauma. There is rapid and progressive proptosis, pain, periorbital edema, ecchymoses, and limitation of ocular motility. There can be subconjunctival and eyelid hemorrhage. The mass effect on the optic nerve may cause pressure on the optic nerve, particularly in subperiosteal or apical collection of blood. The patient may have relative afferent pupillary defect and diminished vision.[2]

We report an interesting case of traumatic subperiosteal hematoma of Orbit (left) with complete management.

CASE REPORT

A 11 year old male patient presented to our department with history of accidental trauma to left eye after collision with another person's head. Patient developed non axial proptosis of left eyeball downwards and outwards, lid edema and ecchymosis over lids, conjunctival congestion, chemosis, exposure keratitis. [Fig. 1]

Horizontal dystopia -5mm, vertical dystopia -15mm, limitation of ocular motility in left eye, Visual Acuity(VA) 20/60 not improving, with normal fundus picture. Computerized tomography (CT) scan of Head and brain-plain showed subperiosteal hematoma of left eye measuring 2.8x3.1x1.4cm with proptosis

[Fig.2]. Right eye examination was normal with VA 20/20 with normal fundus picture.

Patient was treated with intravenous antibiotics and corticosteroids, analgesics, antibiotic eye drops, lubricating eye gel, Lid taping.

Left eye subperiosteal hematoma treated with needle aspiration done under general anaesthesia.

Under all universal aseptic precautions highest point of swelling noted and marked [Fig. 3], needle aspiration done using 18 gauge needle with 10cc syringe and frank blood of 7ml aspirated [Fig. 4].

DISCUSSION

Orbital hemorrhage may produce sudden proptosis.[3] A CT scan or magnetic resonance imaging (MRI) scan can demonstrate an orbital hematoma. A CT scan will also demonstrate any associated orbital fracture. A diffuse or well-defined soft tissue shadow may be present in the orbit. The hematoma may be intra-conal, extra-conal, or combined. A subperiosteal hematoma is seen as a well-demarcated lesion adjacent to the bony orbital wall, and delimited by the extent of the bony sutures. The globe may appear proptosed on the scan. In severe proptosis, the globe may appear tented. The intensity of the haematoma on an MRI scan depends on the age of the hemorrhage.[2]

Early management includes repair of lacerations if any, and cold compresses. A lateral canthotomy may help relieve some pressure. An orbital haematoma causing significant mass effect and compromising the visual function should be drained surgically. Intravenous steroids can reduce the edema. [2]

Traumatic subperiosteal hematoma of orbit

A case report



Our patient we treated with intravenous antibiotics and steroids, analgesics, antibiotic eye drops, lubricating eye gel, Lid taping and needle aspiration of left eye subperiosteal hematoma done under general anaesthesia. Proptosis disappeared on the operating table [Fig.5], congestion, chemosis absent on next day [Fig. 6], with unrestricted ocular movements [Fig. 7]. Exposure keratitis reduced with VA 20/20 parts in the left eye. He was observed for 48 hours to rule out the chances of recurrences. Patient was advised oral antibiotics, antibiotic eye drops, lubricating eye gel and discharged with a advice to follow up after 1 week. After 1 week, patient presented with complete normal ocular findings. [Fig.8] In sudden and extreme orbital hemorrhage threatening vision, lateral canthotomy and cantholysis of the superior or inferior crura should be performed. If this is not effective, the hematoma should be drained either through lid crease incision if placed superiorly or through lower lid blepharoplasty incision if inferiorly placed. In either condition, the orbital septum must be opened to allow the egress of the blood from the socket. The stab incisions and canthal tissue could be repaired when swelling decreases.[4]

Both orbital exploration with drainage of the hematomas and needle aspiration have been described. Advantages of orbital exploration and drainage include the ability to remove coagulated blood, cauterize any active bleeding, place a drain at the wound site, and repair associated fractures. Needle aspiration is technically easier to perform and does not require operating room time. However, its limitations include rebleeding and the inability to remove clotted blood.[1]

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LEGENDS

Figure 1: Ocular examination of left eye showing non axial proptosis of left eyeball downwards and outwards, lid edema and ecchymosis over lids, conjunctival congestion, chemosis, exposure keratitis.

Figure 2: C T scan of Head and brain - plain showing subperiosteal hematoma of left orbit measuring 2.8 x 3.1 x 1.4cm with proptosis.

Figure 3: Highest point of swelling noted and marked, aspiration done using 18 gauge needle with 10 cc syringe.

Figure 4: 7ml of frank blood aspirated with 10 cc syringe.

Figure 5: Decrease in proptosis noted while aspiration on operating table.

Figure 6: Post procedure day 1 showing absence of proptosis, congestion, chemosis.

Figure 7: Post procedure day 1 showing unrestricted ocular movements.

Figure 8: After 1 week showing complete normal ocular findings.



Figure 1



Figure 2



Figure 3



Figure 4



Traumatic subperiosteal hematoma of orbit A case report



Figure 5



Figure 6



Figure 7



Figure 8

■ Dr. Ravindra B.
Professor and Head of the Department
Department of Ophthalmology,

Dr. Shivayogi R. Kusagur, Professor,
M.S, Fellowship InOculoplasty,
(Aravind Eye Hospitals, Madurai)
Department of Ophthalmology,

Dr. Vasantha Kumar S. H.
Dr. Aknoor Sree Ram Charan

A rare case of conjunctival intraepithelial neoplasia in HIV positive patient presenting as pigmentary lesion - A Case Report

ABSTRACT

Conjunctival intraepithelial neoplasia presenting as pigmentary lesion is a rare condition. HIV positive patients are at increased risk of developing ocular malignancies.

METHODS AND RESULTS

A 38 year old male presented with redness, pain and foreign body sensation in left eye since 1 year on and off associated with watering, insidious in onset and gradually progressive in nature. Patient was a known case of retroviral disease and on antiretroviral therapy since 10 years. On detailed examination vision was 6/6 both eyes. Anterior segment of right eye was normal. Left eye showed 3mm x 2mm sized brownish black coloured growth on temporal side of conjunctiva involving limbus. Fundus examination was normal in both eyes. Laboratory investigations were within normal limits (CBC, Renal function tests, ECG). Left eye conjunctival mass excision with limbal conjunctival autograft transplantation was done under peribulbaranaesthesia.

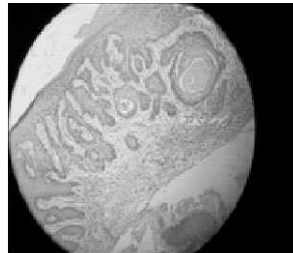
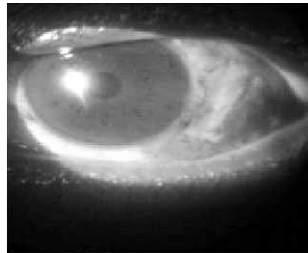
Histopathology report showed conjunctival intraepithelial neoplasia. Patient is currently on treatment with Mitomycin-C eye drops.

CONCLUSION

Conjunctival intraepithelial neoplasia in HIV positive patients on antiretroviral therapy presenting as pigmentary lesion is a rare condition. Early diagnosis and treatment can prevent morbidity.



Pre-Operative



Post-Operative Histopathology

■ Author - Dr. Suryaprakash A.V., Professor & Head-D Unit
Department of Ophthalmology,
Co-author - Dr. Vasanth Kumar, Dr. Akhilesh Yadav

The Superior Mesenteric Artery Syndrome : A Diagnostic Dilemma - A Case Report



ABSTRACT

Superior Mesenteric Artery (SMA) Syndrome is a rare form of upper intestinal obstruction in which the 3rd or the transverse part of duodenum is compressed by the overlying superior mesenteric artery. The clinical presentation is similar to that of intestinal obstruction. An Erect X-ray of the abdomen with over-distended stomach should be suspicious of SMA syndrome. CECT scan of the abdomen confirms the diagnosis of SMA syndrome wherein surgery is the mainstay of treatment. Here we report a case of SMA syndrome with varied presentation at a later age group, review its anatomic features, clinical presentation and therapeutic management.

INTRODUCTION

SMA syndrome was first described by Professor Von Rokitansky in 1842. It is also known by names such as Aorto-Mesenteric Duodenal Compression, Wilkie's syndrome, Cast syndrome and Chronic Duodenal Ileus¹.

Pathologically there is a decrease in the angle between SMA and Aorta from the Normal 45°, down to 15°. This exerts a clam-like or striding action on 3rd part of duodenum leading to obstruction.

Incidence of SMA syndrome is 0.013-0.3% in the general population², most frequently occurring in young patients³.

CASE REPORT

A 62 Year female patient presented with complaints of upper abdominal distension and repeated episodes of bilious vomiting along with undigested food particles since one day. The patient denies history of having abdominal pain or any recent history of weight loss.

Patient was thin built, poorly nourished and was conscious and oriented. Dehydration was present owing to repeated episodes of vomiting. Blood pressure was 108/60 mmHg and pulse rate was 102 beats per minute.

Abdominal Examination showed strikingly peculiar clinical features with gross distension of the upper abdomen. No visible gastric or intestinal peristalsis was identified. There was no tenderness. Succession Splash was present. No evidence of any palpable masses was found. Bowel sounds were absent. Per-rectal examination findings included impacted stools and per-vaginal examination was found to be normal.

Ryle's tube was inserted immediately which drained around 500 ml of bilious aspirate mixed with food particles. Intravenous fluids and antibiotics were started as primary management.

Patient had elevated total leukocyte count of 27360 cells / cu.mm with neutrophils 93% & ESR was also elevated to 27 mm/ at the end of first hour indicating an acute stress. Renal parameters were also elevated with oliguria. An erect X ray of the abdomen was done and it showed grossly distended stomach shadow and proximal duodenum with 1 significant air-fluid level and absence of air in remainder of the intestines.

With the suspicion of upper intestinal obstruction, CECT of abdomen was done, which showed a massively dilated Stomach and 1st & 2nd part of duodenum (Fig.1) secondary to the compression of 3rd part of duodenum between SMA and aorta with aorto-mesenteric angle 17° and aorto-mesenteric distance 3 mm suggesting SMA syndrome (Fig.2).

Exploratory laparotomy was done. Stomach and proximal duodenum were found to be grossly dilated (Fig.3). Decompression of the stomach was done. The distal portion of the 3rd part of Duodenum was found to be compressed between the abdominal aorta and the overlying SMA (Fig.4). Bowel loops distal to the compression were found to be collapsed and had absent peristalsis. Kocherization of duodenum was performed. Lateral duodeno-jejunostomy was planned to by-pass the obstruction.

Jejunal loop around 18-20 cms from the duodeno-jejunal flexure was selected for the anastomosis. Hand sewn 2 layered Duodeno-jejunostomy was performed and the anastomotic site was ensured to be intact and non-leaky (Fig.5). After ensuring complete haemostasis, a drain was secured at the site of anastomosis. Abdomen was closed in layers. Patient tolerated the procedure well and was shifted to post-operative ward. Post-operative recovery was uneventful and the patient was allowed to take orally on the 3rd post-operative day and tolerated well.

DISCUSSION

SMA syndrome is a rare cause of upper intestinal obstruction. The characteristic feature is extrinsic compression of the 3rd portion of the duodenum between SMA & the posterior structures. Reported for the first time in 1842 by Von Rokitanski, the

The Superior Mesenteric Artery Syndrome : A Diagnostic Dilemma - A Case Report

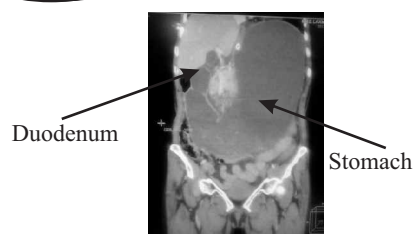


Fig.1

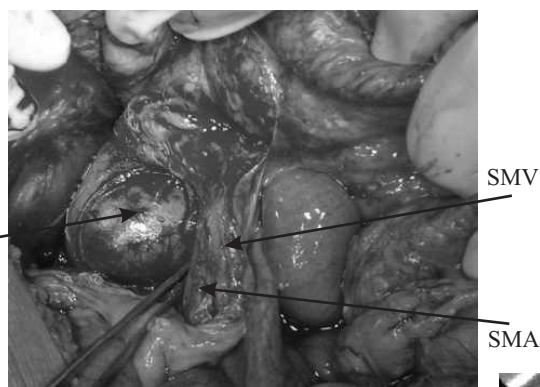


Fig.4

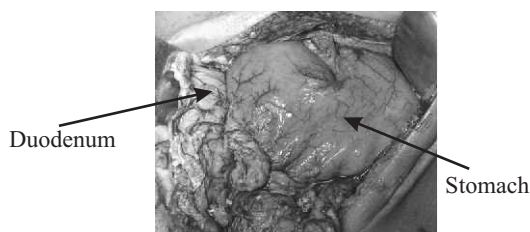


Fig.3

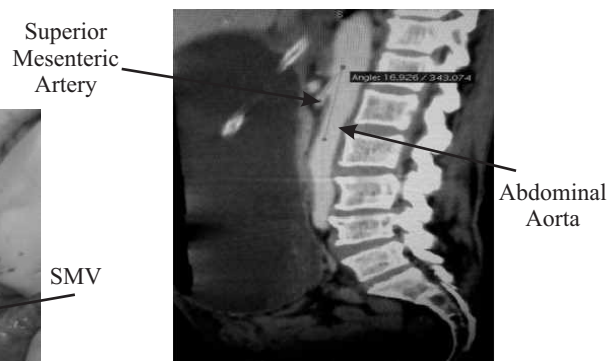


Fig.2

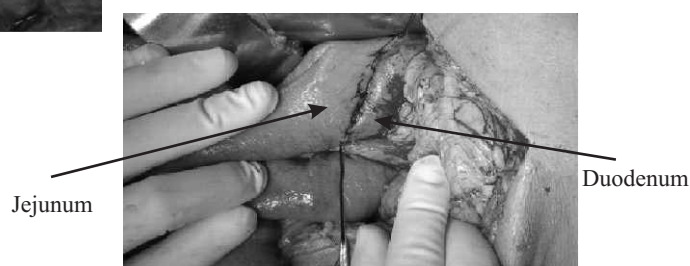


Fig.5

pathogenic mechanism, as described by Wilkie in 1927, involves a narrow aorto-mesenteric angle of 15.2° (range 1° - 40°) and a narrow aorto-mesenteric distance of 2 to 8 mm³. It is favoured by particular anatomic conditions such as a short or hypertrophic ligament of Treitz, a low origin of the SMA, intestinal malrotation, or lumbar hyperlordosis¹. Under nutrition or rapid weight loss leads to a constant finding: reduced thickness of the adipose tissue in the aorto-mesenteric space¹. Causes are eating disorders (anorexia nervosa, malabsorption), conditions leading to cachexia, situations of hyper-catabolism (multiple trauma, burn victims), and surgical causes such as bariatric surgery or correction of spinal malformation¹. The anatomic condition leads to a vicious cycle of nausea and vomiting preventing adequate food intake which in turn favours weight loss and aggravation of the syndrome.

About 400 cases have been described in the literature with a slight female preponderance⁵. The apparent rarity of SMA syndrome may reflect its true rare nature or, alternatively, unawareness of its existence. Published articles are mainly case reports and, rarely, small case series³. This limits our understanding of the disease. Keeping a high index of suspicion, followed by the utilization of appropriate radiology may bring more cases to light³.

Females and young adults (18-35 years) are more likely to be affected by the condition¹. But in our case the patient is an elderly female.

These patients usually present with symptoms of chronic vomiting with weight loss associated with recurrent episodes of abdominal pain⁴. But our patient presented with an acute episode of severe vomiting & weight loss.

SMA syndrome is usually under-diagnosed⁴. High index of suspicion is needed when a plain erect X-ray abdomen shows grossly dilated stomach with duodenal dilatation. In plain X-ray abdomen, significant gastric distension can be seen with an air-fluid level and absence of air in the remainder of gut. An upper transit study is not appropriate in this emergency situation. Multi-detector CT scan with contrast injection is the investigation of choice which is safe, rapid, non-invasive tool and can clearly demonstrate the extrinsic compression of the 3rd portion of duodenum between the SMA and aorta and the narrowed aorto-mesenteric angle⁵, confirming the high mechanical obstruction. The aorto-mesenteric angle can be measured on multi-planar and vascular reconstructions. Endoscopic ultrasound can demonstrate the pulsating nature of the compression and provide an objective measurement of the aorto-mesenteric distance without irradiation.

MEDICAL CARE

Reversing or removing the precipitating factor is successful in acute SMA syndrome. Conservative initial treatment is

The Superior Mesenteric Artery Syndrome : A Diagnostic Dilemma - A Case Report



recommended in all patients with SMA syndrome; this includes adequate nutrition, nasogastric decompression, and proper positioning of the patient after eating (i.e., left lateral decubitus, prone, knee-to-chest position, or Goldthwaite manoeuvre). Enteral feeding using a double lumen naso-jejunal tube passed distal to the obstruction under fluoroscopic assistance is an effective adjunct in treatment of patients with rapid severe weight loss and also eliminates the need for IV fluids and the risks associated with total parenteral nutrition.

SURGICAL CARE

Surgical intervention is indicated when conservative measures are ineffective³, particularly in patients with a long history of progressive weight loss, pronounced duodenal dilatation with stasis, and complicating peptic ulcer disease. A trial of conservative treatment should be instituted for at least 4-6 weeks prior to surgical intervention.

Options for surgery include a duodeno-jejunostomy or gastro-jejunostomy to bypass the obstruction or a duodenal de-rotation procedure (Strong procedure) to alter the aorto-mesenteric angle and to place the 3rd and 4th portions of the duodenum to the right of the SMA. This procedure had a failure rate of 25%⁴. Gastro-jejunostomy, a previously reported surgical treatment, has been abandoned because of increased postoperative complications like blind loop syndrome and recurrence of symptoms due to non-decompression of the duodenum.

Another surgical approach to treating SMA syndrome is a duodeno-jejunostomy, in which the compressed portion of the duodenum is released and an anastomosis is created between the duodenum and Jejunum anterior to the superior mesenteric Artery. This is the classic approach to treat SMA syndrome.

Successful Laparoscopic duodeno-jejunalbypass consists of a loop of jejunum anastomosed to the dilated duodenal segment, which is seen below the transverse mesocolon. Laparoscopic duodeno-jejunostomy is safe and effective and should be considered the optimal treatment for patients presenting with duodenal obstruction from SMA syndrome⁵. Shorter hospital stay, low morbidity, and that the high success of laparoscopic enteric bypass make this approach favorable to traditional open techniques⁵.

Increased awareness is needed to reduce irrelevant tests and unnecessary treatments. A delay in this diagnosis can potentially lead to many complications, such as electrolyte imbalance, catabolic wasting, peritonitis and gastric perforation⁴. Surgical correction like Duodeno-jejunostomy done by open or laparoscopic methods is a safe procedure which reduces the mortality.

CONCLUSION

SMA syndrome is an unusual cause of potentially life-threatening high mechanical intestinal obstruction in adults. A patient with upper abdominal distension presenting with severe vomiting should be thoroughly investigated including CT scan. First line treatment is always conservative but surgery may be necessary in emergency situations. Duodeno-jejunostomy done by open or laparoscopic approach is the operation of choice to relieve the obstruction, with a success rate up to 90%⁴

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■ **Dr. SOMASHEKHAR S. N.**, M.S, F.A.I.S.,
Professor, Department of General Surgery
Dr. ASHWIN RAJA A.,
Post-Graduate in General Surgery



Academics and Achievements

POST-GRADUATE SECTION DEPARTMENT OF PHARMACOLOGY

Article in Press [Schedule for August 2017] Asian Journal of Pharmaceutical and Clinical Research

"Evaluation of antidepressant activity of Tapentadol in swiss albino mice" Authors: Dr. Pradeep. B. E., Dr. Narendranath. S., Dr. Shruthi K. S., Dr. Shashikala. G. H, Dr. Krishnagouda Patil, Dr. Latha S.

DEPARTMENT OF PATHOLOGY

Postgraduate presentations at 35th Annual National CME in pathology, 8th June 2017, JNMC, Belagavi.

Title - Pediatric breast masses in surgical pathology practice, Author - Dr. DeeparaniThangujam, Other authors - Dr. K. R. Chatura

Title - Kimura's disease - A report of two cases, Author - Dr. Hema. A.V, Other authors - Dr. K. K. Suresh, Dr. K. R. Chatura.

Dr. Gautham, Post-Graduate, bagged Best Slide Presenter award at KCIAPM slide seminar held at Columbia Asia Hospital, Bengaluru on 17-06-2017.



UNDER - GRADUATE SECTION

Mr. Abhishek. G. U, Final year MBBS student has presented paper (oral) on "Eye donation : Awareness willingness, hindrance and promoting factors among medical students and patient's under the guidance of Dr. Shivayogi. R. Kusagur, Professor of Ophthalmology at the recently held international undergraduate conference - MEDICON - 2017 organized by J. N. Medical College, Wordha, Maharashtra, dated 29th June to 1st July 2017.

Miss. Aditi Agarwal, Third year MBBS student has presented paper (oral) on "To study the prevalence and risk factor of computer vision syndrome among medical and engineering student's" under the guidance of Dr. Meghana Patil, Assistant Professor of Ophthalmology at the recently held international undergraduate conference - MEDICON - 2017 organized by J. N. Medical College, Wardha, Maharashtra, dated 29th June to 1st July 2017.

KUDOS



Dr. P. S. Mahesh, Chief Librarian has been re-elected unanimously as PRESIDENT, Karnataka Health Sciences Library Association (R) (KHSLA) for the fourth consecutive term for a period of three years (2017-20) at the Annual General Body Meeting held on 17th February, 2017 at the Annual Conference of KHSLA held at Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar.

ATTENTION PLEASE

The submission for the next issue (October 2017) of the News letter should be done before 10th August 2017. All the Photos should be in JPEG format. Please send the copy of the material in the form of soft copy as well as hard copy through the department co-ordinator within the stipulated time and cooperate.



The Chairman / The Principal,
J. J. M. Medical College
Davangere - 577 004.

Ph : +91-8192-231388, 253850-59 Ex. 101 / 104
Fax : +1-8192-231388, 253859 www.jjmmc.org

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Voluntary Blood Donors Day



International Drug Abuse Day

