Bapuji Educational Association (R.)

JJMMC Voice

Vol-14 Issue-4 October 2018

Official Quarterly News Letter Publication of
JJM Medical College, Davangere

World Breast feeding week

Independence Day celebration

J. J. M. Medical College, Davangere.

NEWS LETTER COMMITTEE

From the desk of the Principal

Our college is Proud to host the recently conducted state conference of anaesthesiology, where in more than 700 delegates took part. This year has been a great year with respect to faculty and students achievements, which will be cherished in the memories for the years to came. Innumerable publications in the international and national journals by the faculty and postgraduates is a great achievement. In the recently held senate elections of RGUHS, Dr. Ravindra Banakar won the elections with a thumping victory and stood 1st among the contestents. I congratulate him & wish him the very best for his future endeavors at the university. I wish all the exam appearing undergraduate students the very best and to come out with flying colours.

Dr. S.B. Murugesh

Contents

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Department of Microbiology

Dr. Sridhar Rao, Assistant Professor of Microbiology, chaired a national symposium titled "Role of biomedical scientists in new India" at YWCA Auditorium, New Delhi on 20th August. It was inaugurated by the Joint Secretary, Ministry of Health & Family Welfare. Director (Health), NITI Aayog was the guest of honor. Speakers were the Director, Dr. B R. Amebdkar Institute of Biomedical Sciences, Scientist from ICMR and Professor (Rtd), AIIMS, Delhi.

Dr. Sridhar Rao was nominated by the NABL as a member of the technical committee constituted to discuss the impact of Clinical Establishment (Central Government) Amendment Rules, 2018. He participated in the first meeting of the technical committee on 23.08.2018 at NABL secretariat, Gurgaon, Haryana.

Dr Sridhar Rao updated and redesigned Website of JJM Medical College which was unveiled by Principal, Dr. S B Murugesh on 15th August 2018.

Department of Pharmacology

Dr Santosh Kumar M, Assistant Professor, was invited as guest speaker in "State Level RNTCP Conference 2018" to talk on "Implementing Pharmacovigilance in Community" held on 30th August 2018 at Gulbarga Institute of Medical Sciences, Kalaburagi.

Publication :

1. Dr. Shashikala GH, Dr. Shilpa BN, Dr. Mansi J Shah."Evaluation of anxiolytic activity of aqueous extract of Nerium oleander flowers in Albino Rats". International Journal of Basic and Clinical Pharmacology. September 2018. Volume 7/ Issue 9/ Page 1797 - 1802.

Department of Pathology

MINIMAL INVASIVE TISSUE SAMPLING WORKSHOP

A hands on workshop was held at the Department of Pathology, JJM Medical College, Davangere on "Minimal Invasive Tissue Sampling Techniques" from 14th May to 19th May, 2018.

Ms. Susan Jesri, Technologist from ISGLOBAL, Barcelona was the trainer for the workshop. The workshop was held for the post-graduates & technicians from the department of Pathology.

GUEST LECTURES/ SLIDE SEMINAR

Dr Purushottam B., Professor & Head, Department of Pathology, Kannur Medical College, Kannur delivered lecture on " Interpretation of Bone Marrow Aspiration/ Biopsy"

Dr Kishan Prasad, Professor of Pathology from K S Medical Academy. Mangaluru presented "Slide Seminar on "Bone Lesions/ Tumours"

Both presentations were interactive with Postgraduate students.

CONFERENCES/ CME/ OTHERS:

Dr Suresh Hanagavadi, Professor, Participated in EAMEA RISE Summit "Raising the bar in Hemophilia Treatment- Recent Advances" on 11, 12, May, 2018 at Cape Town, South Africa.

Dr.Vardendra Kulkarni, Associate Professor, JJMMC presented the key highlights of the research project titled " PURPOSe-Project to Understand and Research Preterm deaths in South East Asia" at the Annual Inaugural meeting of MITS Surveillance Alliance held at the University of Barcelona, Spain on June 4th 2018.

Publications:

Dr Chatura KR

1. Chatura KR. Editorial "Yet a role for Papanicolaou test in cervical lesions" JMRPS 2018:1;1
2. "Bilirubin Crystals in Neutrophils: A Rare Occurence" Original research. Ramaswamy AS, KR Chatura, Prakash Kumar. Indian Journal of Pathology: Research and Practice 2018: 7 ; 818-821
3. "Clinicopathological profile in Glycogen storage disorders with emphasis on liver". Spoorthi Mahesh, Chatura KR, Bhargavi M. Poster at Illuminati 2018, at AFMC, Pune, 10-12 August

Dr Suresh Hanagavadi

1. Ashwini V Ratnakar, Suresh Hanagavadi "Megakaryocyte changes in thrombocytopenia in bone marrow aspiration". MedPulse International Journal of Pathology. June 2018; 6(3): 74-78

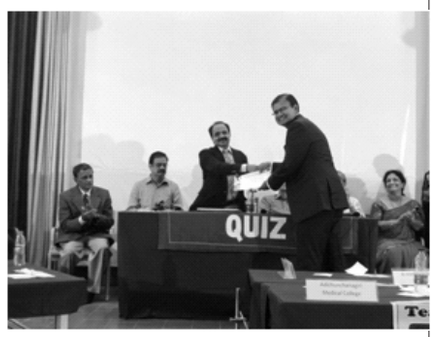
Department of Neonatology

21th NNF PG Quiz Divisional Round Report

Department of Neonatology had the privilege of conducting the21st Divisional round of South East Zone Quiz Competition. There were 08 teams for the Elimination round which was conducted on 29/8/18 between 11.00 am and 12.00 pm at Bapuji C.H.I Auditorium and 6 teams were selected for the main quiz.

The participating teams were Kasturba Medical College, Manipal, A.J Institute of Medical Sciences, Mangalore, J.J.M.Medical College, Davangere. Adichunchangiri Inst.of Med.Sciences, Bellur, KMC Mangalore,KS Hegde Medical College Mangalore The quiz was well attended by around 250 people, the audience being Undergraduates, Interns and Postgraduates and faculty. The Chief guest was Dr.S.B.Murugesh Principal. Other dignitaries present were Dr.C.R.Banapurmath , Dr.Suresh Babu, Dr.Latha, Dr.Muganagowda Senior Professor , along with Dr.G.Guruprasad, Prof. and H.O.D ,Department of Neonatology. and Dr.A.C Basavraj, Prof. and H.O.D, Department of Pediatrics. Welcome speech was given by Dr.Gayathri H.A

The quiz was conducted according to NNF pattern B, on 29/8/18, between 3.30 to 5.30 p.m at C.H.I Auditorium, the Quiz Master being Dr.Raghavendra MD Assistant professor, Scorer being Dr.Chaitali. R. Raghoji, time keeper being Dr.Shambavi and the winners were Dr.Kartheeka and Dr.Susheel from J.J.M.Medical College, Davangere. Vote Of thanks was given by Dr.Chaya. The Programme was a grand success and concluded with Hi-Tea.



Dr. G.Guruprasad Professor & HOD

1. Delivered guest lecture on 14/7/2018 on "Neonatal Brachial Plexus Palsy Management & Prognostic Factors.

Department of Anaesthesia :

ISACON KARNATAKA-2018

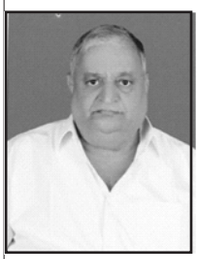
The 34th Annual State Conference of Indian Society of Anaesthesiologists, Karnataka State Chapter was organized by ISA, Davangere branch, Dept. Of Anaesthesiology & Critical Care JJMMC and SSIMS & RC, from 9th to 12th August 2018 with the blessings of Chief Patrons Dr. Shri. Shamnur Shivashankarappa and Shri.S.S.Mallikarjun. Dr.Ravi R., Dr.Arun kumar .A. were the Organizing chairmen and Dr.Prabhu B.G. was the Organizing Secretary.

The Pre conference workshop comprised of 4 workshops, namely USG guided nerve blocks, Difficult airway, mechanical ventilation, Research Methodology & Publications attended by more than 200 delegates.

CME & conference included around 100 lectures from eminent faculty within the state, outside the state & country. More than 700 delegates took part in this grand academic feast.

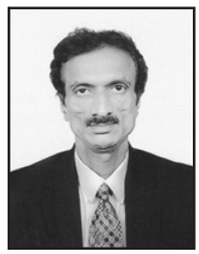
An "Alumni meet" was held in which Post graduates passed out from JJMMC took part in great numbers and relived their memories.

We thank the management, Principal, Directors, Dean and staff, teaching and non teaching and all the postgraduates for their efforts and co-operation in making this conference a huge success.



CONGRATULATIONS

Dr.Mallikarjuna D. Professor , Dept of Anaesthesiology, was awarded the " Lifetime Achievement Award" by ISA, Karnataka State branch.



CONGRATULATIONS

Dr.Ravi R. Professor & HOD, Dept of Anaesthesiology & Critical care, was elected as President, ISA, Karnataka State Branch.

Department of Ophthalmology

1. Dr Poornima Radder , Senior Resident gave a talk on "EYE DONATION AWARENESS AND CORNEAL GRAFTING" at Department of Periodontology , Bapuji Dental College on 2nd August 2018 as a part of oral hygiene day celebration and 50 donors pledged their eyes.
2. Eye donation fortnight was observed from August 25 -September 8, 2018. Several programmes were undertaken on the eve of this fortnight.
   - Dr Ravindra Banakar , Professor and HOD, gave a talk on " Common ocular diseases and eye donation awareness" at Rotary Bhavan Davangere on 29-08-2018. It was attended by all the rotary members and senior citizens.
   - A walkathon was organised on 6-09-2018 by DHO Davangere in collaboration with Department of Ophthalmology, JJMMC.
   - Dr Meghana Patil, Assistant professor, gave a talk on "Eye donation and techniques of keratoplasty on 6-09-2018 at C G Hospital, Davangere.
3. Dr Meghana Patil , Assistant professor, attended the "Sensitization programme on Artificial Intelligence" at RGUHS, Bangalore on 26-09-18.

Department of Dermatology

World Vitiligo Day celebration

World Vitiligo Day was celebrated on 25th June 2018. In this connection " Vitiligo Rath" which covered more than 200 places all over Karnataka, reached Davangere and was given a start by Dr.S.B.Murugesh, Principal. Dr. Nadiga Rajashekhar, Professor & I/c. HOD and other staff members, Postgraduates were present on the occasion. IADVL oath taking and awareness programme was led by Dr. Nadiga Rajashekhar.

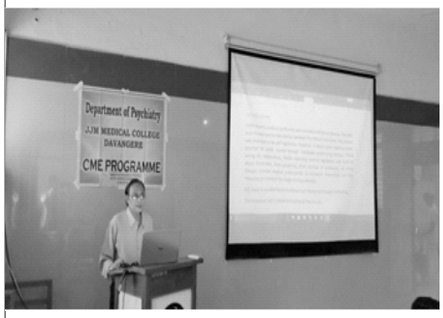
As the continuation of the programme in the out patient department an interaction with patients, family members of patients and people who had interest in knowing about Vitiligo, was done.

Dr.Ravindra.K

- Delivered IMA Annual Oration at Shivamogga on the topic- " Life threatening dermatoses in children" on 23rd September 2018 at IMA Hall, Shivamogga.
- Moderator for panel discussion on the topic " Challenges in the management of Sexually Transmitted infections", during CUTICON - 2018 Annual conference of IADVL, Karnataka state held at Mysuru from 28th to 30th September 2018.

Department of Psychiatry

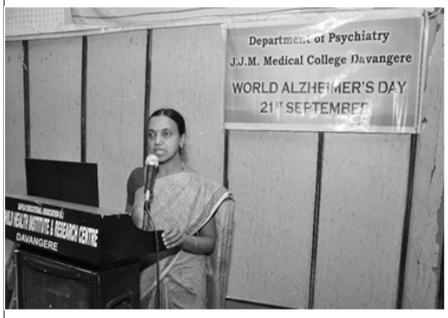
ACADEMIC PROGRAM ON LEGAL PSYCHIATRY.



Department of Psychiatry JJM Medical college conducted a program on Legal aspects of Psychiatry on 12/8/18. Dr K. Nagaraja Rao spoke on "Procedures to Establish a Psychiatric Nursing Home" which was followed by a discussion on "Mental health care act 2017". PGs from Department of Psychiatry SSIMS, Dr K.H.Gangadhar District Surveillance Officer, Dr G Siddu Reddy, Psychiatrist DMHP Davangere along with Staff members and PGs of Department of Psychiatry JJM Medical college Davangere participated in the program.

Program on the eve of world suicide prevention day.

Dr K. Nagaraja Rao, Senior Professor of Psychiatry and Dr Sudarshan C. Y, HOD of Psychiatry participated in a program at Amruthavarshini School Harihar on 11/09/18 on the eve of "World Suicide Prevention Day". Dr K.Nagaraja Rao spoke on the topic "Causes and Prevention of Suicide in Adolescents". One Hundred high school students and Dr Mahtab Saiyad, Dr Jovanjeet Singh, PGs in psychiatry took part in the discussion following the talk.



Program on the eve of world Alzheimer's day.

Department of Psychiatry conducted a program on the eve of World Alzheimer's day on 24/9/18. Dr Anupama M Professor of Psychiatry spoke on "Prevention, Early Detection and Management of Dementia". Dr K.Nagaraja Rao chaired the session. Dr S.B. Murugesh, Principal, staff members and PGs of JJM Medical college and SSIMS, Interns and Nursing students of Bapuji nursing school participated in the program.

Academic activities of Dr. Harish. k

Dr Harish Assistant Professor of Psychiatry participated in the following programs:

1. Delivered a lecture to students of Government First Grade College, Davangere on 28/8/18 on the topic "Improving concentration and preparation for exams in students". About 200 students participated in the interactive session.
2. Addressed the students of Bapuji College of Nursing on 20/07/18 on the topic "Stress and its Management". One hundred and thirty nursing students and Dr. Ajith Partha PG student in Psychiatry participated in the program.
3. Delivered a talk on topic "Depression in woman" to members of IMA Ladies wing Davangere on 15/9/18. Fifty women and Dr Vanishree PG in Psychiatry participated in the program.

Postgraduate Section:

Department of Pathology:

International CME in Pediatric pathology was held on 27 & 28 April 2018 at Bangalore Medical college and research Institute, Bangalore

Poster title	Presenter	Staff
Extra renal Wilm's tumour- rare case report **"Bagged best poster presentation award"**	Dr. Aiswarya R Krishnan	Dr. Vardendra Kulkarni Dr. Prakash Kumar Dr. Rajashekhar. K.S
Inflammatory myofibroblastic tumour- rare case report	Dr Saurav U Joshi	Dr. Seema Bijjargi Dr. H. R. Chandrashekhar Dr. Rajshekhar. K.S

Department of Anaesthesiology

ISACON KARNATAKA 2018

The following students presented free papers at ISACON KARNATAKA 2018, Davangere

Sl: No:	Presenter	Topic	Co-Author
1.	Dr. Rashmi. C	An alternative site ECG electrodes placement for monitoring	Dr. Ravishankar R.B.
2.	Dr. Rashmi. C	Comparison between intraperitoneal ropivacaine and bupivacaine in laproscopic cholecystectomy for postoperative analgesia	Dr. Shilpashri A.M.
3.	Dr. Mitta Indupriya	A prospective cohort study on anaemia & blood transfusion in critically ill patients	Dr. Ravishankar R.B.

4.	Dr.Shwetha. R. D	A retrospective study on the clinical profile and outcome of patients on mechanical ventilation with intermediate syndrome(ims) following organophosphorus poisoning.	Dr. D. B Prakash
5.	Dr.Sunitha M.	Use of niv(bipap) versus facemask in COPD patients admitted to emergency ward with type 1 respiratory failure - a prospective randomised controlled study	Dr. D. B Prakash
6.	Dr.Gangadhar Meti	"Ramosetron vs palonosetron in preventing postoperative nausea and vomiting in laparoscopic surgeries-a clinical comparison."	Dr.Anitha Hanji
7.	Dr. Jennie Saritha David	A comparative study of intravenous paracetamol vs intramuscular diclofenac f or postoperative pain relief in tonsillectomy patients.	Dr.Priyadarshini M. Bentur
8.	Dr.Abhilash. C	Ultrasound guided tap block vs conventional systemic analgesia in paediatric patientsundergoing lower abdominal surgeries- a clinical comparative study	Dr Uma B. R.
9.	Dr.Surabhi Talwar	A retrospective study of snake bite patients admitted in icu in past 1 year	Dr Ravishankar R. B.
10.	Dr.Stuti Lohia	A comparative study of the efficacy of i.v. clonidine vs i.v. dexmedetomidine in attenuating the pressor response during laryngoscopy and endotracheal intubation.	Dr.Prabhu B.G.

The following post graduates presented E- posters at the ISACON KARNATAKA 2018, Davangere

Sl: No:	Presenter	Topic	Co-Author
1.	Dr.Rashmi. C	Laryngocele exicision: anesthetic considerations	Dr.Ravishankar R. B.
2.	Dr.KajaBanu Hugar	Intubation granuloma-anaesthetic management of airway	Dr.Prabhu B. G. Dr.Priyadarshini M. B.
3.	Dr.Surabhi Talwar	Anaesthetic management of a rare case of suicidal cut throat injury	Dr.Prabhu B.G.
4.	Dr. Jennie Saritha David	Twin pregnancy with preeclampsia and bipolar isorder with recent onset catatonia - anaesthetic challenges.	Dr. Pooja M. N.
5.	Dr.Srishti Sinha	Anaesthetic management of a patient with severe thoraco lumbar kyphoscoliosis posted for open reduction internal fixation with lcp plating left femur	Dr. Pooja M.N.
6.	Dr.Kshama Balakrishna	Management of a case of hypofibrinogenemia in critical care unit -a case report	Dr. Uma B.R.
7.	Dr. Lekshmi Raj. J	Posterior reversible encephalopathy syndrome in an antepartum eclampsia patient and its management in ICU	Dr. Uma B.R.
8.	Dr. Shweta Mittal	Anaesthetic and ICU management of a case of hellp syndrome	Dr.Ravishankar. R.B.
9.	Dr.Stuti Lohia	Anaesthetic management of large multinodular goitre posted for total thyroidectomy - a difficult airway.	Dr. Prabhu B. G.
10.	Dr.Seema Chikkanagoudar	A rare case of nitrobenzene poisoning : a case report	Dr. Abdul Shabeer
11.	Dr.Shruthika Talikoti	Combined spinal and caudal anesthesia for prolonged pediatric surgeries	Dr.Ravishankar R. B.

Department of Psychiatry

Presentations at KANCIPS- state conference of Psychiatry held at Dharwad from 31/08/18-02/09/18.

Presenter	Presentation	Topic/ Title	Guide
Dr. Somesh Anand Pattan	Free poster Presentation	Empathy and Self-esteem in Nursing students	Dr.Sudarshan C.Y., Dr.Shamshad Begum.
Dr.Vathsalya. S. Gowda	Free oral paper Presentation	Changes in QTc on ECG in patients receiving Psychotropic medications.	Dr.Sudarshan C.Y., Dr.Shamshad Begum.
Dr. Pooja. R. Raikar	Free oral paper Presentation	De-ritis ratio in Alcoholic liver disease and Non-Alcoholic liver disease.	Dr.Sudarshan C.Y., Dr.Shamshad Begum.
Dr. Vanishree.B.N	Free oral paper Presentation	Psychological well-being and Job Satisfaction in School teachers.	Dr.Sudarshan C.Y., Dr.Shamshad Begum.

Awards at KANCIPS- 2018 at Dharwad.

1st Rank in MD Psychiatry in RGUHS Exams June 2018:

Dr Karan Dhavan PG resident in Psychiatry secured the first rank in Post Graduate University exams of RGUHS held in June 2018 scoring 68.71%.He was awarded the Best outgoing PG student in MD psychiatry -Shri Kateel Appu Pai -Manasa Award and cash prize during KANCIPS-18 at Dharwad.

Dr. Vanishree.B. N, won the Best free oral paper presentation, Cash Prize for the topic Psychological well-being and Job Satisfaction in School teachers during KANCIPS-18 at Dharwad.

Department of Dermatology

Presentations by postgraduates during CUTICON 2018- at Mysuru from 28th to 30th Sep 2018
paper presentations

SL.NO.	TOPIC	POST GRADUATES	GUIDE
1.	Even in darkness there is light, an etiological and clinico epidemiological survey On peri orbital melanosis	Dr Rabia Ashraf	Dr. Mangala H C
2.	Rare manifestations of lichen	Dr.Chaitanya.N.T.	Dr. Sowmya Manangi
3.	Immunotherapy with intralesional vit D3 in treatment of cutaneous warts	Dr.Sindhu Priya.P	Dr.S.B..Murugesh
4.	Therapeutic vanish in Pyogenic granuloma	Dr.Deepthi Ravishankar	Dr.Mamatha.S.Kusagur

E-Posters

SL.NO.	TOPIC	POST GRADUATES	GUIDE
1.	A case series of Exogenous Ochronosis	Dr.Anusha.A.	Dr. Nadiga Rajashekhar
2.	Dowling Degos disease- a rare disease with rarest manifestation	Dr.Charulatha.K.S.	Dr. Sowmya Manangi
3.	Elastosis perforans serpenginosa- a case report	Dr Rabia Ashraf	Dr.Mamatha.S.Kusagur

Undergraduate Activities: Congratulations

Miss. MadhuKumari Jha and Mr. Kantam. D. Chakraborty, 9th Semester 2014 batch students' for securing 2nd place in the IADVL Undergraduate State Level Quiz held at Mysuru during CUTICON 2018 at Mysuru. Earlier in the Zonal Quiz held at KIMS, Hubli they had secured first place.

Congratulations

Miss. Divyashree, 3rd year MBBS student won 2nd prize at RGUHS State level chess championship held at Basaveshwara Medical College, Chitradurga in February 2018.

Case Reports:
CASE REPORT - 1

Biliary stricture : A milestone in management of surgical disaster

Author : Dr. PRAKASH M.G. , Surgical Gastroenterologist , JJMMC

Co-Author : Dr. Ashwin Raja A. , Post-graduate in General Surgery , JJMMC

ABSTRACT

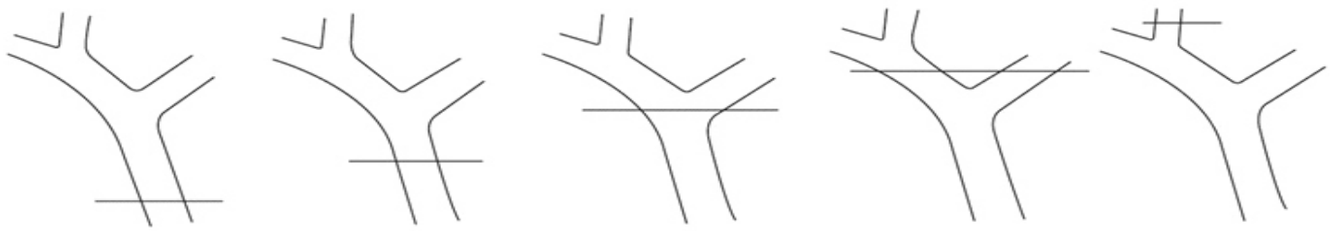
Bile Duct Injury (BDI) is regarded to be a severe and potentially life-threatening complication of biliary surgery. The reported incidence of major BDI is about 0.5%and is still on the rise with the advent of laparoscopic techniques, seriously affecting the patient's quality of life. Iatrogenic Bile duct injury rate is 0.1% to 0.2% (Open cholecystectomy) vs 0.4% to 0.6% (Laparoscopic Cholecystectomy) .There are controversies over optimal strategy for surgical management of BDI, especially for complicated biliary strictures after BDI. HepaticoJejunostomy with Roux-en-Y reconstruction is believed to be the choice of treatment in such cases. We report our surgical experience in a case of 56 year old female patient who presented with obstructive jaundice due to a Type III Biliary stricture following open cholecystectomy . We successfully performed a Roux -en- Y HepaticoJejunostomy following which patient improved significantly , which proves that RYHJ is the ideal strategy of management in such a complicated case of biliary stricture.

INTRODUCTION

Biliary stricture is one of the devastating complication following both open & laparoscopic cholecystectomy leading to life threatening cholangitis or impairment in liver function leading to cirrhosis in long term. Early recognition and an adequate multidisciplinary approach are the cornerstones for the optimal final outcome. The purpose of operation is to relieve stenosis and adequate internal drainage. Therefore, preoperative evaluation of the biliary tree and comprehensive intra-operative exploration are important prerequisites for a successful operation. It is essential to choose an appropriate surgical modality based on meticulous assessment of the biliary stricture by an experienced biliary surgeon. Corlette-Bismuth classification remains to be the preoperative evaluative recommendation for BDI, and also for strictures after BDI.

Table 1 Corlette-Bismuth classification

Type 1 Low common hepatic duct (CHD) stricture, with a length of the CHD stump of >2 cm
Type 2 Middle stricture: length of CHD <2 cm
Type 3 Hilar stricture, no remaining CHD, but the confluence is preserved
Type 4 Hilar stricture, with involvement of confluence and loss of communication between right and left hepatic duct
Type 5 Combined common hepatic and aberrant right hepatic duct (RHD) injury, separating from the distal common bile duct (CBD)



Operation is the only decisive treatment for biliary strictures after BDI at present, although endoscopic and interventional therapies are also a good treatment for some patients with strictures simply on the common bile duct or common hepatic duct. A number of reconstructions are used in surgical treatment of IatrogenicBDI(IBDI) strictures. The following operations have been reported for surgical treatment of IBDI: Roux-en-Y HJ, end-to-end ductal biliary anastomosis (EE) , Lahey HJ, jejunal interposition hepaticoduodenostomy, Blumgart (Hepp) anastomosis, Heinecke-Mikulicz biliary plastic reconstruction and Smith mucosal graft .There are a few conditions for proper healing of each biliary anastomosis. The anastomosed edges should be healthy, without inflammation, ischemia or fibrosis. The anastomosis should be tension-free and properly vascularized. It should be performed in a single layer with absorbable sutures in interrupted or continuous manner. Currently, Roux-en-Y HJ is the most frequently performed surgical reconstruction of biliary stricture. In this surgical technique, proximal common hepatic duct is identified (sometimes may require lowering of the hilar plate/wedge resection of liver)and Roux-en-Yanastomosis is done.

CASE REPORT

56 year old female patient presented to us with clinical features of obstructive jaundice which wasprogressively deepening ,associated with intense pruritus , intermittent fever with chills and rigors and passing clay coloured stools. Patient had undergone Open Cholecystectomy 1 month back at a local hospital .Post operatively patient developed Jaundice for which she was referred to us. On Evaluation,Liver function tests showed Total Bilirubin to be 22.0 mg/dl , Direct Bilirubin to be 20.0 mg/dl and Indirect Bilirubin to be 1.9 mg/dl . Her coagulation profile was also deranged . MRCP (Magnetic Resonance Cholangio Pancreatography) was done which diagnosed it to be a Type III biliary stricture with narrowed Common Hepatic duct and Common bile duct [Fig 2]. Decision was taken to subject the patient for surgery. Patient was prepared for surgery with adequate Fresh frozen plasma transfusions .Intra operatively , a lot of adhesions were found between the liver, omentum, & small bowel. To our surprise ,we found a remnant of Gallbladder which was dissected from the liver & complete cholecystectomy was done. With meticulous dissection ,ductal confluence was made out with stricture below the confluence (Type III), Common Hepatic artery was identified and preserved . Cystic plate was lowered and 2 cm ductotomy was made and Roux-en-Y HepaticoJejunostomy was performed using interrupted vicryl 5-0 sutures [Fig 4]. A sub-hepatic drain was placed and secured. Patient drastically improved in the post operative period with symptomatic improvement in pruritus&fever . In 2 weeks post operatively , biochemical parameters became near to normal with Total Bilirubin coming down to 6.6 mg/dl (a 15.4 mg/dl reduction in bilirubin levels !)[Fig 5]Repeat Ultrasound of abdomen showed Intact Anastomotic site with minimal IHBRD. Patient was discharged on Post operative day 14 .

CONCLUSION

Bile duct injury remains a major concern on the part of both the patient and the surgeon. Although Cholecystectomy is one of the most common procedures done worldwide , a proper anatomical knowledge is necessary to prevent this disastrous complication . Strictures, as a serious and complex complication after BDI, require standard and individualized treatment at specialized institutions. Reconstruction and Roux-en-Y hepaticojejunostomy are the choice of treatment for most patients. It is reported that 20-30% patients may experience re-strictures in long term follow-ups after decisive operation even by experienced biliary specialists. Serious re-stricture-related complications like cholangitis and biliary cirrhosis may occur in some patients, and therefore long-term follow-up programs should be scheduled. Studies also showed that about two-thirds of the patients develop re-strictures 2-3 years after surgery, and therefore a 5-year follow-up plan is recommended.This is our second case of Biliary stricture managed successfully for the first time in our esteemed institution.

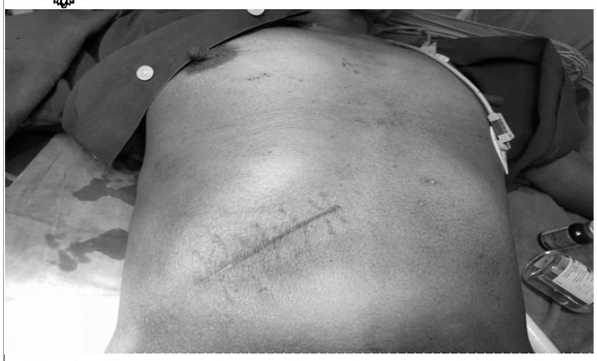


Fig 1 : Pre-operative patient photograph showing previous Open cholecystectomy scar.

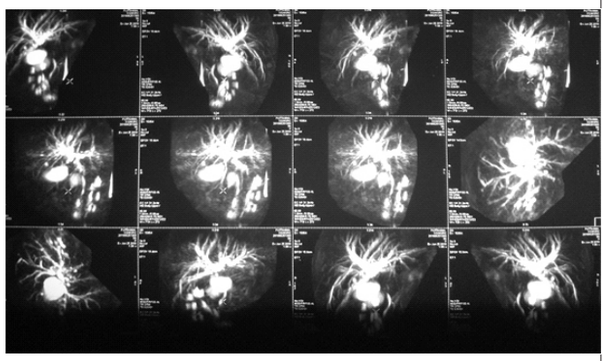


Fig 2 :Pre-operative MRCP showing Type III Biliary stricture below the confluence

Fig 3 :Intra operative Golden yellow bile aspiration from the common Hepatic duct

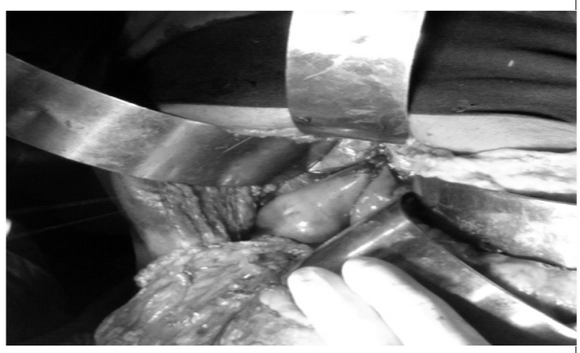
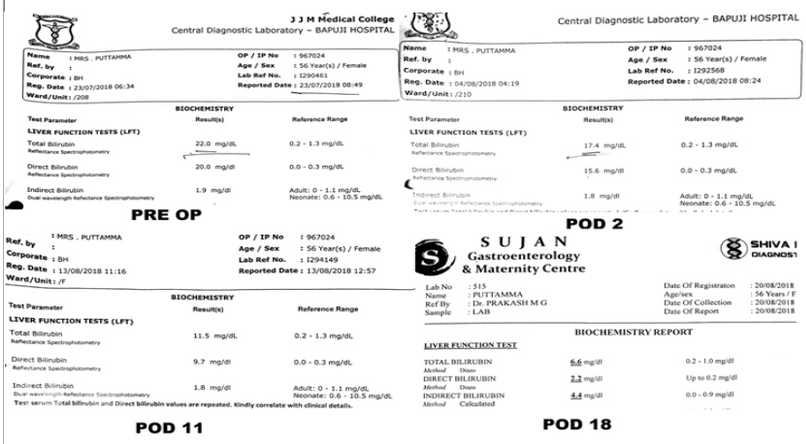


Fig 4 : Completed Roux-en-Y Hepatico-Jejunostomy



J J M Medical College
Central Diagnostic Laboratory – BAPUJI HOSPITAL

Name : MRS . PUTTAMMA
Ref. by :
Corporate : BH
Reg. Date : 23/07/2018 06:34
Ward/Unit : /208
OP / IP No : 967024
Age / Sex : 56 Year(s) / Female
Lab Ref No. : I290461
Reported Date : 23/07/2018 08:49

BIOCHEMISTRY

Test Parameter	Result(s)	Reference Range
LIVER FUNCTION TESTS (LFT)		
Total Bilirubin (Reflectance Spectrophotometry)	22.0 mg/dL	0.2 - 1.3 mg/dL
Direct Bilirubin (Reflectance Spectrophotometry)	20.0 mg/dl	0.0 - 0.3 mg/dL
Indirect Bilirubin (Dual wavelength Reflectance Spectrophotometry)	1.9 mg/dl	Adult: 0 - 1.1 mg/dL Neonate: 0.6 - 10.5 mg/dL

PRE OP

Name : MRS . PUTTAMMA
Ref. by :
Corporate : BH
Reg. Date : 13/08/2018 11:16
Ward/Unit : /F
OP / IP No : 967024
Age / Sex : 56 Year(s) / Female
Lab Ref No. : I294149
Reported Date : 13/08/2018 12:57

BIOCHEMISTRY

Test Parameter	Result(s)	Reference Range
LIVER FUNCTION TESTS (LFT)		
Total Bilirubin (Reflectance Spectrophotometry)	11.5 mg/dL	0.2 - 1.3 mg/dL
Direct Bilirubin (Reflectance Spectrophotometry)	9.7 mg/dl	0.0 - 0.3 mg/dL
Indirect Bilirubin (Dual wavelength Reflectance Spectrophotometry)	1.8 mg/dl	Adult: 0 - 1.1 mg/dL Neonate: 0.6 - 10.5 mg/dL

Test serum Total bilirubin and Direct bilirubin values are repeated. Kindly correlate with clinical details.

POD 11

Central Diagnostic Laboratory – BAPUJI HOSPITAL

Name : MRS . PUTTAMMA
Ref. by :
Corporate : BH
Reg. Date : 04/08/2018 04:19
Ward/Unit : /210
OP / IP No : 967024
Age / Sex : 56 Year(s) / Female
Lab Ref No. : I292568
Reported Date : 04/08/2018 08:24

BIOCHEMISTRY

Test Parameter	Result(s)	Reference Range
LIVER FUNCTION TESTS (LFT)		
Total Bilirubin (Reflectance Spectrophotometry)	17.4 mg/dL	0.2 - 1.3 mg/dL
Direct Bilirubin (Reflectance Spectrophotometry)	15.6 mg/dl	0.0 - 0.3 mg/dL
Indirect Bilirubin (Dual wavelength Reflectance Spectrophotometry)	1.8 mg/dl	Adult: 0 - 1.1 mg/dL Neonate: 0.6 - 10.5 mg/dL

POD 2

SUJAN
Gastroenterology & Maternity Centre

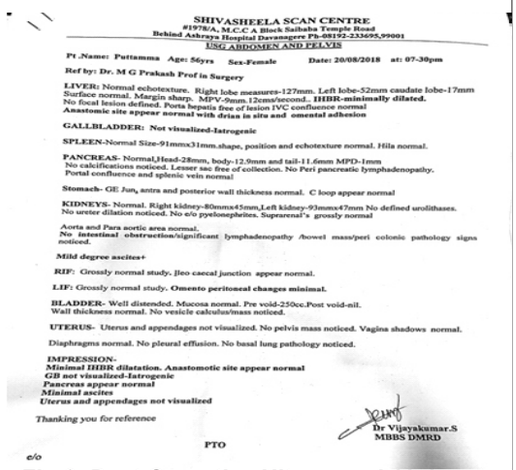
Lab No : 515
Name : PUTTAMMA
Ref By : Dr. PRAKASH M G
Sample : LAB
Date Of Registraton : 20/08/2018
Age/sex : 56 Years / F
Date Of Collection : 20/08/2018
Date Of Report : 20/08/2018

BIOCHEMISTRY REPORT

LIVER FUNCTION TEST		
TOTAL BILIRUBIN (Method: Diazo)	6.6 mg/dl	0.2 - 1.0 mg/dl
DIRECT BILIRUBIN (Method: Diazo)	2.2 mg/dl	Up to 0.2 mg/dl
INDIRECT BILIRUBIN (Method: Calculated)	4.4 mg/dl	0.0 - 0.9 mg/dl

POD 18

Fig 5 : Liver Function tests



SHIVASHEELA SCAN CENTRE
#1978/A, M.C.C A Block Saibaba Temple Road
Behind Ashraya Hospital Davanagere Ph-08192-233695,99001

USG ABDOMEN AND PELVIS

Pt .Name: Puttamma Age: 56yrs Sex-Female Date: 20/08/2018 at: 07-30pm

Ref by: Dr. M G Prakash Prof in Surgery

LIVER: Normal echotexture. Right lobe measures-127mm. Left lobe-52mm caudate lobe-17mm Surface normal. Margin sharp. MPV-9mm.12cmsSecond.. IHBR-minimally dilated. No focal lesion defined. Porta hepatis free of lesion IVC confluence normal Anastomic site appear normal with drian in situ and omental adhesion

GALLBLADDER: Not visualized-Iatrogenic

SPLEEN-Normal Size-91mmx31mm.shape, position and echotexture normal. Hila normal.

PANCREAS- Normal,Head-28mm, body-12.9mm and tail-11.6mm MPD-1mm No calcifications noticed. Lesser sac free of collection. No Peri pancreatic lymphadenopathy. Portal confluence and splenic vein normal

Stomach- GE Jun, antra and posterior wall thickness normal. C loop appear normal

KIDNEYS- Normal. Right kidney-80mmx45mm,Left kidney-93mmx47mm No defined urolithases. No ureter dilation noticed. No e/o pyelonephrites. Suprarenal's grossly normal

Aorta and Para aortic area normal. No intestinal obstruction/significant lymphadenopathy /bowel mass/peri colonic pathology signs noticed.

Mild degree ascites+

RIF: Grossly normal study. Jileo caecal junction appear normal.

LIF: Grossly normal study. Omento peritoneal changes minimal.

BLADDER- Well distended. Mucosa normal. Pre void-250cc.Post void-nil. Wall thickness normal. No vesicle calculus/mass noticed.

UTERUS- Uterus and appendages not visualized. No pelvis mass noticed. Vagina shadows normal.

Diaphragms normal. No pleural effusion. No basal lung pathology noticed.

IMPRESSION-
Minimal IHBR dilatation. Anastomotic site appear normal
GB not visualized-Iatrogenic
Pancreas appear normal
Minimal ascites
Uterus and appendages not visualized

Thanking you for reference

Dr Vijayakumar.S
MBBS DMRD

PTO

e/o

Fig 6 :Post Operative Ultrasound Abdomen showing intact anastomotic site

CASE REPORT - 2

A rare case report of large perinephric hematoma in a patient of B/l polycystic kidney disease due to trivial trauma

Dr. Rudraiah HGM.[1], Dr. Siddharth Vijay Kalke[2]*

[1] Professor and Unit Head Department of General Surgery JJMMC

[2] Post Graduate Student Department of General Surgery JJMMC

INTRODUCTION

Renal injury following trauma is a common occurrence (up to 5% of all trauma cases) and usually results from a blunt insult, which is about 9 times more common than penetrating trauma of the kidneys [1,2]. Kidneys are retroperitoneal organs that are generally well protected by fat in the anterior abdominal wall, abdominal viscera, as well as the spine and muscles posteriorly [3]. Blunt renal injuries therefore most commonly present with a history of major trauma followed by flank/abdominal pain and haematuria. A direct correlation between the mechanism and grading of renal injury usually exists [4]. The objective of this case study is to report a case of Autosomal Dominant Polycystic Kidney Disease incidentally found in the investigation of suspected renal injury secondary to blunt abdominal trauma. Although there are many articles published regarding the protocol of management of blunt renal trauma, the management of trauma to an abnormal kidney is still a controversial topic. This case study serves as a learning opportunity and future reference in the cases and management of blunt trauma to kidneys with pre-existing lesions and also to raise the index of suspicion for renal abnormalities in future cases of mild blunt abdominal trauma that present with significant injury to the kidney.

CASE -

A 40-year-old patient came to the surgical opd with vague flank pain. Patient gave history of trivial trauma by a steel jar falling on his flank 8 days back. On examination patient had a lump of size 14*6cm in the left flank tender to palpate. Ultrasound reported a large perinephric hematoma of >800cc in the left perinephric space with B/L polycystic kidney. A plain CT abdomen pelvis was done to further confirm the diagnosis which confirmed bilateral polycystic kidney disease with left perinephric hematoma. On admission patient had Hb-3.0g/dl and deranged renal function test with urea- 115mg/dl and creatinine- 4.2mg/dl.

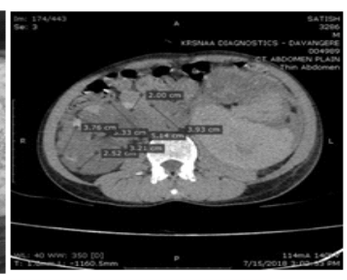
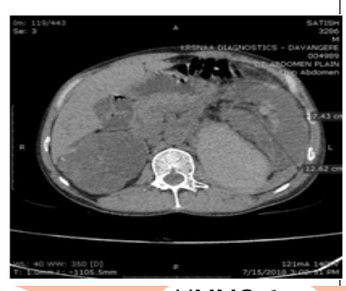
DISCUSSION-

Patient had severe anemia with deranged renal function test. Patient was aggressively managed with blood transfusions, plasma transfusion to improve his coagulation profile and also hemodialysis was done to improve the renal function. Post transfusions and dialysis patient was taken for exploratory laparotomy with Hb-11.0g/dl. In lateral position with kidney bridge a flank incision was placed and more than 1000 cc of hematoma was drained. No active source of bleeding was noted and the cavity was closed by placing a drain inside. Postoperatively patient improved symptomatically with no bleeding episodes. Drain was removed on post operative day 6. Over a period of 2 weeks patients renal functions came back to normal without dialysis.

CONCLUSION

Consensus currently exists in the guidelines and protocol in the management of blunt renal trauma , however, there is limited evidence and no protocol for the management of trauma to preexisting renal lesions such as the case described above. Increased risk of renal injuries to pre-existing lesions therefore requires special consideration in the diagnosis, approach and management of blunt trauma. In our case, the diagnosis of ADPKD was incidentally made following rupture of a cyst due to blunt renal trauma and the patient was not aware of any family history of renal disease. The diagnosis of ADPKD, however, is usually made on routine screening of patients with a positive family history of the disease. The common presenting symptoms and sign of ADPKD include flank pain, hypertension, proteinuria, haematuria as well as renal failure.[5] Patients with abnormal kidneys require counselling regarding increased risk of injury following blunt abdominal trauma. The decision to transfuse a patient following renal trauma to pre-existing renal lesion possibly requiring a renal transplant, should be done with consideration of the increased risk of antigen sensitization. Patients that present with signs and symptoms out of proportion with the mechanism of trauma should raise the suspicion of undiagnosed pre-existing renal lesions.



CASE REPORT - 3

A rare case report of lupus associated pancreatitis with Evan's syndrome complicated by huge pseudocyst of pancreas.

Dr.Rudraiah HGM.[1], Dr.Siddharth Vijay Kalke.[2]

[1] Professor and Unit Head Department Of General Surgery JJM Medical College Davangere.

[2] Post Graduate Student Department Of General Surgery JJM Medical College Davangere.

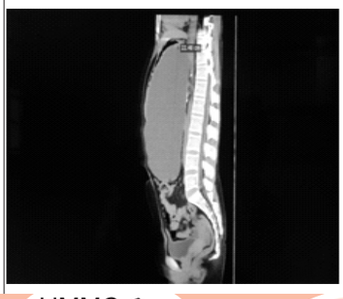
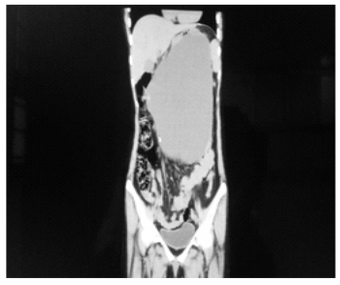
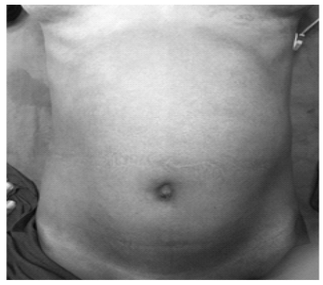
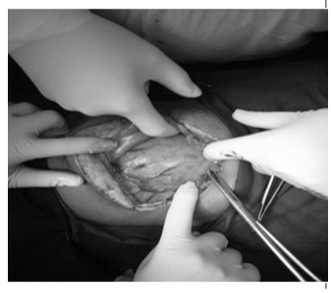
INTRODUCTION - Systemic lupus erythematosus (SLE) is a multi-system, autoimmune disorder characterized by a broad range of manifestations. The initial manifestations of SLE, however, can involve many organ systems either singly or in combination, which frequently makes diagnosis difficult. Acute pancreatitis is a well known but rare manifestation of SLE which could lead to the development of pancreatic pseudocysts [1] . Surprisingly, the development of pancreatitis is not usually related to a generalized flare of SLE [2] . While a school of thought suspects it is due to medications administered in the treatment of SLE, particularly corticosteroids[3] and azathriopine[4,5] . Another associates it with the widespread vasculitis and thrombosis which is known to occur in the disease. Recent case series reviews have suggested acute pancreatitis as being a manifestation of SLE and not corticosteroids[6,7] and some studies have actually stressed the importance of steroid therapy in managing SLE associated pancreatitis[6] .

CASE DESCRIPTION - A 20-year-old female patient known case of systemic lupus erythematosus with Evan's syndrome had multiple episodes of acute pancreatitis in 2 years and presented to us with a mass per abdomen.On examination patient had a vertically oval intra-abdominal mass in the left hypochondrium,umbilical region extending into the left lumbar and epigastric region. Patient also had history of multiple seizure episodes in the last one year on treatment with tablet levetriracetam. History of macular rash on sun exposure. Patient presented with scarring alopecia over scalp, hyperpigmented skin lesions all over the body. Oral ulcers present over the right side of buccal mucosa. On further evaluation patient had megaloblastic anemia, with direct and indirect coombs test positive, ANA profile positive, ANTI ds DNA titres positive. Patient was on 5mg wysolone since 2 years. Patient also had lupus nephritis. Serum amylase was 186 U/L and Lipase 52 U/L. CECT abdomen pelvis revealed large hypodense cystic lesion in pre pancreatic region extending into stomach bed measuring approximately 16.8cm*12.4cm with wall thickness 7mm. Posteriorly compressing entire pancreas with chronic calcific pancreatitis.

DISCUSSION - After appropriate pre operative evaluation and treatment patient was planned for Cystogastrostomy. Left kocher (Chevron rooftop modification) incision was placed and cystogastrostomy was done. Patient improved symptomatically and was allowed orally on post operative day 3. On postoperative day 3 patient developed purple glove syndrome of left hand with wrist drop and complete sensory loss due to phenytoin infusion which resulted in compartment syndrome, patient also had cephalic and basilic vein thrombosis.

Patient underwent multiple fasciotomies with heparin and dextran infusion. Patient developed bone marrow failure with bleeding manifestations due to ongoing heparin infusion. Aggressive resuscitation was done with blood and fresh frozen plasma transfusion and injection dexamethasone. Patient improved symptomatically with full recovery of the hand function with no residual deformities or gangrenous changes. No abdominal complications were encountered.

CONCLUSION - Here is a rare case report of a young female patient with systemic lupus erythematosus with Evan's syndrome with megaloblastic anemia, with seizure disorder with history of multiple attacks of acute pancreatitis presented with huge pancreatic pseudocyst. This rare case was a great medical and surgical challenge. After working up the case and proper preoperative management patient underwent cystogastrostomy. Postoperatively we faced an inadvertent complication of purple glove syndrome with superficial thrombosis of left upper limb which resulted in compartment syndrome,wrist drop and sensory loss. Patient also had bleeding manifestation postoperatively due to IV heparin with bone marrow failure. Aggressive management of this complication was done with full recovery of the left hand and un-eventful abdominal surgery. This case report serves as a future reference and learning opportunity.

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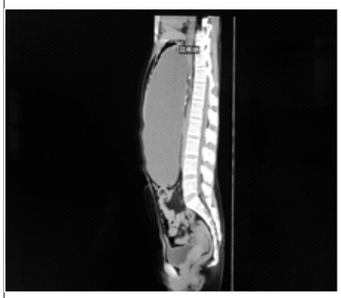
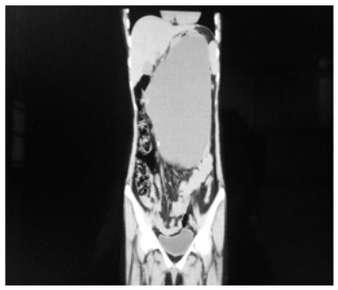
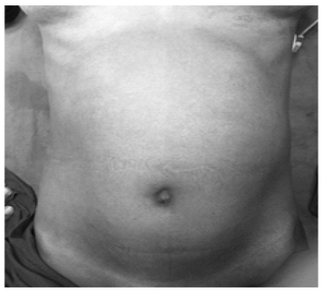
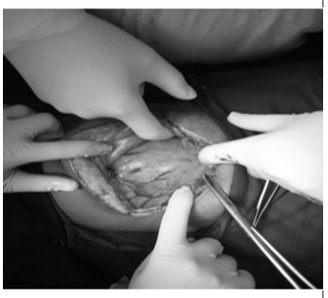





CASE REPORT - 4

ACCEPTED FOR PUBLICATION IN JOURNAL OF CLINICAL ADVANCES AND RESEARCH INSIGHTS

A rare case report of sclerosing mesenteritis presenting as a huge abdominal mass.

Dr.Rudraiah HGM1, Dr.Siddharth Vijay Kalke2 Dr. Aniruddha Desai3

1Professor and Unit Head Department Of General Surgery JJM Medical College Davangere.

2and3Post Graduate Student Department Of General Surgery JJM Medical College Davangere.

CASE REPORT- A 70-year-old female patient presented to our opd with vague abdominal discomfort. On examination patient had a huge abdominal mass measuring 18*10 cm in the left hypochondrium extending slightly in the left lumbar region. Mass was hard in consistency freely mobile intra-abdominal. Patient had no complaints of bleeding per rectum, constipation or obstipation or any features of sub acute obstruction. Routine blood picture was non specific and patient had no anemia or occult blood in stool routine. Patient was a known case of hypertension since 20 years with nicotine smoking and alcohol intake as addictions.

CECT ABDOMEN PELVIS- Revealed short segment asymmetrical bowel wall thickening of distal part of transverse colon with luminal narrowing. Diffuse mesenteric stranding and thickening was seen in left pericolonic space with edema of left anterior abdominal wall.

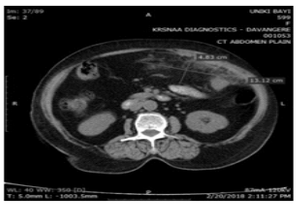


Figure- 1- CECT showing mass dimensions.

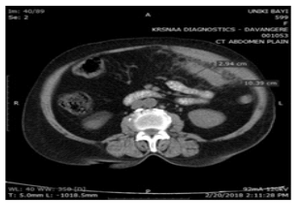


Figure- 2- Transverse colon involvement

USG GUIDED FNAC- revealed desmoid tumor as the diagnosis.

COLONOSCOPY- revealed normal colonic mucosal study with no luminal narrowing of transverse colon or mass lesion.

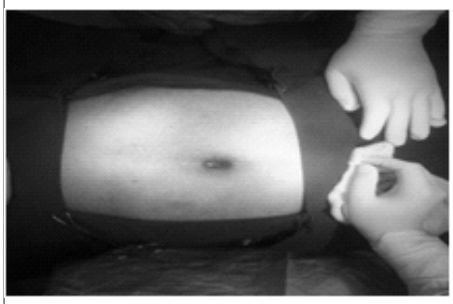


Figure-3-Mass in the left hypochondrium.

Figure-4- Mass involving the muscle

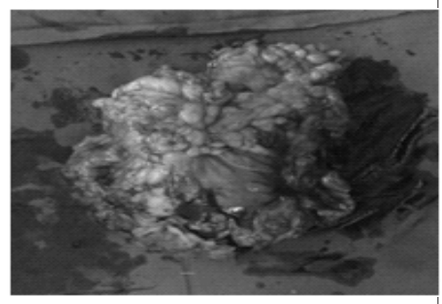


Figure-5- Mass involving the transverse colon.

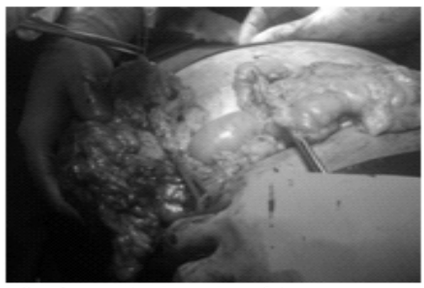


Figure-6- Resected ends of transverse colon.

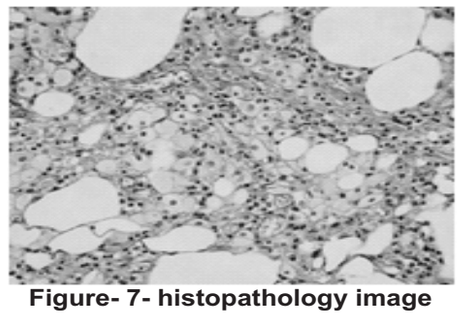


Figure- 7- histopathology image

TREATMENT- Patient underwent exploratory laparotomy with a transverse incision in the left hypochondrium. Intraoperatively a mass of size 14*8cm was noted involving the serosa of transverse colon and the overlying muscles. Resection of the mass along with the involved colon was done and an end to end anastamosis was done. Muscle defect was approximated primarily without tension. Post operatively patient improved symptomatically without any leaks. Patient was started on low dose prednisolone on discharge to avoid recurrence and was followed up at 1,2 and 6 months with no signs of local recurrence.

DISCUSSION- No generalized consensus has been reached so far regarding the management of sclerosing mesenteritis. Therefore, due to the possibility of misdiagnosis preoperatively and intraoperatively, it is sometimes required to remove the mass surgically in order to avoid repetitive operations [10] In this case CT reported as a neoplastic mass and Fnac was suggestive of desmoids tumor so surgical excision was planned. The sclerosis had involved the muscle and transverse colon serosa so resection and end to end anastamosis was planned instead of immunosuppressive therapy for which the patient was non compliant. Young patients with no obvious mass or risk for malignancy can be started of cyclophosphamide,azathioprine tamoxifen and prednisolone.[11]

CONCLUSION- Our case illustrates that the diagnosis of sclerosing mesenteritis can be difficult preoperatively. Tissue diagnosis is absolutely essential to avoid misdiagnosing a malignancy as sclerosing mesenteritis on radiological appearance. The overall prognosis of sclerosing mesenteritis is usually very good with a benign and self limiting course in most of the cases [1-3]. The pain disappears in 75% patients and mass regresses in 66%, usually within 2 years [12]. Even until now, just about 300 cases have been reported in the world literatures [13].

CASE REPORT - 5

ACCEPTED FOR PUBLICATION IN JOURNAL OF CLINICAL ADVANCES AND RESEARCH INSIGHTS

Laparoscopic nephroureterectomy for lower ureteric tumor

INTRODUCTION

Urothelial tumors of the renal pelvis and ureters (upper urinary tract) are relatively rare. Tumors of the renal pelvis account for approximately 10% of all renal tumors and only 5% of all urothelial tumors of the urinary tract. Ureteral tumors occur about one half as often as tumors located in the renal pelvis. Transitional cell carcinoma (TCC) accounts for more than 95% of urothelial tumors of the upper urinary tract and about 4% of which affect the ureters.

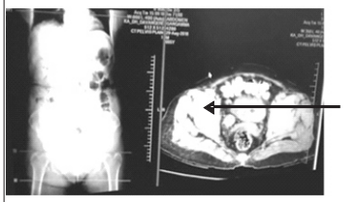
HISTORY

A 65year old female came to us with complaints of Haematuria of 1 month duration, painless, total haematuria, associated with tiredness, lethargy, loss of appetite. No h/o pain abdomen, frequency. No history of recent trauma or any medication intake. She was evaluated and found to have a growth in Right distal ureter extending into the right vesico-ureteric junction. TURBT (Transurethral resection of bladder tumor) was done on 1/9/18 at bapuji hospital and a histological diagnosis was made as High grade urothelial carcinoma and patient was admitted on 24/09/18 and planned for Laparoscopic Right Nephroureterectomy.

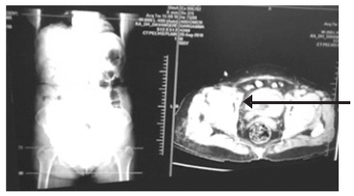
NVESTIGATIONS

All the routine investigations were done.
CT abdomen and pelvis showed a lesion in the right distal ureter extending into the right Vesicoureteric junction and Right non functioning kidney.

TURBT done on 01/19/18 and Histopathology showed High grade urothelial carcinoma.

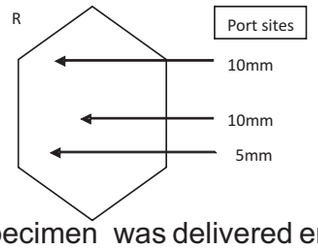


CT scan - tumor involving right distal ureter

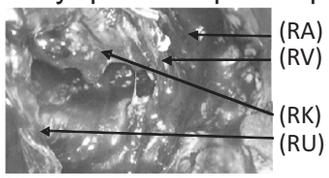


Involvement of right Vesicoureteric junction

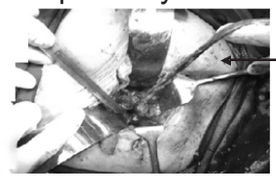
INTRA OP
Under GA+ Epidural anesthesia, Laparoscopic transperitoneal approach was used.



Dissection of the right kidney and ureter done till vuj through laproscopically. Specimen was delivered en bloc along with the right bladder cuff (right vuj) through a right lower abdomen incision. (extended mcburny)
2 drains were placed in right kidney space and pelvic space respectively.



Clipping of renal vessels (RA-renal artery: vein: RK-right kidney: RU; right ureter)



Tumor involving distal ureter

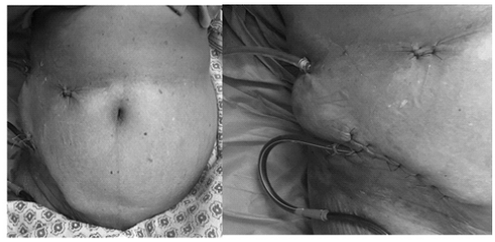
RV-renal

POST OP PERIOD

Patient shifted to ICU for observation after the surgery, was allowed orally on POD1, Drains were removed on POD4, was discharged on POD 6 with no complications, with urinary catheter in situ and adviced to follow up after a week for further management.

Kidney

Resected specimen



Post op picture showing port sites and drains

SUMMARY

Lower ureteric transitional cell carcinoma with non functional kidney has got dire implications Laparoscopic nephroureterectomy is feasible in such patients with minimal morbidity.

Operated team:

Dr Naveen H N Department of urology

Dr Anup M C Department of General surgery

Dr Imamhusen PG in general surgery

Special thanks to Dr Ravi and anesthesia staff , OT staff , Bapuji Hospital.

Orientation Day for the batch 2018

Shri Ganapati Stapane at Bapuji OPD Block

ATTENTION PLEASE

The submission for the next issue (January 2018) of the News letter should be done before 10th November 2018. 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.

Anaesthesia Conference