Bapuji Educational Association (R.)

JJMMC Voice

Vol-14 Issue-3 July 2018

Official Quarterly News Letter Publication of
JJM Medical College, Davangere

CME in Pediatrics

Medicine CME

Voluntary Blood donor's day

J. J. M. Medical College, Davangere.

NEWS LETTER COMMITTEE

From the desk of the Principal

The college is buzzing with academic activities, from CME's to conferences in the recent months. It was really an academic feast where in many oral and poster presentations were presented by the faculty and postgraduates. Our undergraduate students have also attended conference at AFMC, Pune and have presented oral presentations at the conference. It is highly appreciable that our faculty have published articles in various national and international journals in the past academic year, however I suggest all the faculty members to exercise caution regarding plagiarism issue and not to indulge in any such activities. I congratulate all the students who have passed with flying colours in the recently held university exams.

Dr. S.B. Murugesh

Contents

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Department of Anatomy:

Voluntary Body Donation Program:

Date:-12.06.2018

A brief talk on "awareness of voluntary body donation" was delivered by Dr. Nirmala D. Professor & HOD at a program organized by the Pharmacists association at Jagalur Govt. Hospital. Registration forms were distributed to the interested donors by Dr. A.H. Shivakumar and Dr. Kantharaj Naik S and the details were provided. The program was chaired by Sri. S.V. Ramachandra, MLA.

Date:- 23.04.2018

A lecture on "awareness of voluntary body donation among the public" was delivered by Dr. Nirmala D.,Professor & HOD, at a program conducted by Akkamahadevi Samaja at A.V.K .Hall, as part of their Silver Jubilee celebration.

The importance of body donation, its usefulness in the medical college and the formalities to register as a donor were highlighted. After the lecture, all the queries of the people were answered and forms were distributed.

Dr. G. F. Mavishetter, Sri.S. Thangaraj Thomas, Dr. Shivakumar. A. H.,

Dr. Shobha & Dr. B. Nagarathnamma, were present and were involved in distributing the voluntary body registration forms and clarifying the doubts. The response from the public was encouraging as many decided to donate and filled the forms.

Publications by Dr. Kantharaj Naik S., Assistant Professor

1. Kantharaj, Anne D'Souza, Antony Sylvan D'Souza, Prasanna LC. Buccal epithelial micronucleus assay - A predictor of DNA damage in smokers with respiratory illness and carcinoma. Biomedicine : 2017; 37(1): 079-083

2. S. Kantharaj Naik, Prasanna LC, Anne D'Souza. Effect of smoking on human buccal mucosal cells: A micronucleus assay. Advanced Science Letters; Vol. 23, 1930-1932, 2017.

3. Anne D'Souza, Kantharaj Seva Naik, Antony Sylvan D'Souza. Surgical anatomy of hypoglossal nerve as a guide for important head and neck surgeries. Journal of the Anatomical society of India Volume 66, Issue 1, June 2017, Pages 54-57.

Dr. Shaik Hussain Saheb, Assistant Professor, Department of Anatomy, received "Teaching and Research Excellence" award from IRDP group Chennai on 30/05/2018.

Department of Pharmacology

1. Dr Santosh Kumar M, Assistant Professor, was invited as guest speaker at "PHARMA UPDATE 2018" to talk on "Pharmacovigilance: An eye opener" held on 20th April 2018 at Basaveshwara medical college and hospital, Chitradurga.

2. Dr Shashikala G H, Professor and Head, gave a talk on "Good clinical practice" in a workshop "Orientation towards drugs and cosmetic rules and Guidelines on Good Clinical Practice" held on 30th June 2018 at JJM Medical College, Davangere.

Department of Community Medicine

State Level Grant Writing Workshop

State Level Grant Writing Workshop was conducted from 21st to 23rd June, 2018 at Medical Education Unit hall in JJMMC library. Teaching faculty and post graduates from different medical colleges across Karnataka had attended the workshop. Mentoring was provided by Consultants from Karnataka Health Promotion Trust[KHPT] , UNICEF [Nutrition] and Medical colleges . Participants presented research proposals on the last day of workshop. All participants received "Foldoscope "promote innovative research activity in their institution.

State Level Tuberculosis conference

A state level RNTCP conference 2018 was organized by Department of Community Medicine, JJMMC on May 19, 2018 at Mango Hotels, Davangere. The theme of the conference was Programmatic aspects under RNTCP. The total number of registered delegates were 145, from all over Karnataka comprising of 24 Undergraduates and interns , 32 Postgraduates, 57 Faculty members and 32 DTO & Others. A total of 53 scientific presentations were presented by the delegates. Distribution of prizes to Essay Competition organized with respect to World Tuberculosis Day on the Topic: Role of Stake holders in END TB by 2025 were also done at the conference. The success of the Conference was possible due to the immense support from management, Principal, Directors, Dean and District TB Officer. Dr Sanjana [1st prize] and Dr Satish Ghatge [3rd prize] from JJMMC won prize in the paper presentation at the conference in the PG category

Award paper prize distribution [PG category] at the conference ?

Department of Ophthalmology:

1. Adoption of Blind Schools: The Department of Ophthalmology has taken the initiative of adopting the Blind schools in and around Davangere. Under this novel philanthropic project, the children from the Blind schools will undergo a detailed ophthalmic evaluation and receive rehabilitative treatment for their eye diseases. In addition to this, the children would also undergo a systemic evaluation involving the specialities of Paediatrics, ENT and Dermatology. The Department of Community Medicine is also co-ordinating and actively involved with

us in this ambitious project. Through this initiative, we hope to provide all the children of the adopted Blind schools with multispecialty complete health care. The first of such screening visits was undertaken on 27-6-2018 at the blind school. Dr.Ravindra Banakar, Professor and HOD and Dr.Manjunath.B.H., Professor from department of Ophthalmology and Dr.Balu.P.S., Professor & HOD Dr.Vidya.G.S., Dr.Kusum from department of Community Medicine along with the Post graduates and house surgeons of both the departments took part in the camp and 70 (seventy) students were screened and enrolled.

2. Our faculty Dr. Ravindra Banakar and Dr. Meghana Patil attended the "Grants writing workshop" conducted by the department of community medicine from 21/6/2018 to 23/6/2018.

3. Dr. Shivayogi Kusagur, Professor was invited as a guest speaker to deliver a talk on Entropion at the Bangalore ophthalmic society annual meet held in Bangalore on 23rd and 24th June 2018.

4. Publications by faculty:

(i) Dr. Suresha A R. A Study of the clinical manifestations of closed head injuries and their correlation with Glasgow coma scale scores. Medpulse International Journal of Ophthalmology. May 2018; vol 6(2):p14-19.

(ii) Avinash Patil, Poornima R, M Narayana Swamy, Gomathy. Acoustic neuroma and hydrocephalus in pregnancy: A case report. Indian Journal of clinical practice. April 2018; vol 28(11):p 1052.

5. In-patients admission discharge counter has been started from 1st July 2018 at Bapuji Eye Hospital. Dr.Dhananjaya.P.E., Medical Director graced the occasion.

Department of Psychiatry:
Intercollegiate Postgraduate Quiz

Intercollegiate quiz for postgraduate students was organised by the Department of Psychiatry of J.J.M. Medical College and S.S.Institute of Medical Sciences, Davangere and Department of Pharmacology of J.J.M. Medical College, Davangere on 21/04/2018. The topic for the quiz was "Selective serotonin reuptake inhibitors" named as What - SRI. Dr. Harish Kulkarni, Assistant Professor, Department of Psychiatry, J.J.M. Medical College was the quizmaster.

A total of 12 postgraduates grouped into 6 teams participated in the quiz - TEAM CITRONS: Dr. Pavithra A.& Dr. Vadiraj Gorebal (PGs, S.S.I.M.S); TEAM AMINERS : Dr. AshwathiJ. (PG, S.S.I.M.S)& Dr. Abhishek Raichurkar (PG, Department of Pharmacology, J.J.M. Medical College); TEAM SERTANS : Dr. Pooja R. Raikar & Dr. Vathsalya S. Gowda (PGs, Department of Psychiatry, J.J.M. Medical College); TEAM FLUTONS : DrSomesh Anand Pattan & Dr. Vanishree B. N. (PGs, Department of Psychiatry, J.J.M. Medical College); TEAM PAROXSTARS : Dr. Jovanjeet Singh&Dr. VinyasNisarga (PGs, Department of Psychiatry, J.J.M. Medical College); TEAM ESSELORS : Dr. Latha S.&Dr. KrishnagoudaPatil (PGs, Department of Pharmacology, J.J.M. Medical College).

The quiz comprised of 6 rounds:

Round 1 : Single Zingle :Consisted of two questions with one word/ one line answer.Time limit was 30 seconds per question.

Round 2 : Brain Blizzard : Two questions with four options. Time limit was 30 seconds per question.

Round 3 : Know your SSRIs : The teams were allowed to choose an SSRI of their choice and answer questions about its pharmacokinetic profile (dose, Half-life, bioavailability, plasma protein binding.) Time limit was 1 minute per team.

Round 4 : Mazes & Images : Images related to the chemical structure of SSRIs, receptors involved and neural pathways were showed and the teams had to identify them.

Round 5 : Cases & Causes : Consisted of two questions concerning clinical case scenarios with four options. The time limit for this round was 1 minute per question.

Round 6 : Story & History : The teams had to write down the answers for six questions regarding history of SSRIs and submit them. Time limit was 6 minutes.

Following the quiz Dr. K. Nagaraja Rao, Senior Professor, Department of Psychiatry, J.J.M. Medical College gave a talk on "Overview of SSRIs".

Team PAROXSTARS - Dr. Jovanjeet Singh and Dr. Vinyas Nisarga emerged as the winning team while the Team SERTANS - Dr. Vathsalya S. Gowda and Dr. Pooja R.Raikar stood second.

Dr. K. Nagarja Rao; Dr C.Y. Sudarshan - Prof & HOD, Department of Psychiatry, J.J.M. Medical College; Dr. Shamshad Begum - Professor, Department of Clinical Psychology, J.J.M. Medical College; Dr. Anupama M Professor, Department of Psychiatry, J.J.M. Medical college; Dr. Shashikala - Prof & HOD, Department of Pharmacology, J.J.M. Medical college and Staff of Department of Pharmacology - Dr. Geetha ; Dr. Santhosh; Dr. Narendra & Dr. Sunil Reddy were present during the program.

Department of Radiology :

1. Dr. Joish Upendrakumar, Assistant Professor, Dept of Radio diagnosis, presented a paper titled 'Clinical evaluation and real-time monitoring of imaging - small things that can make a difference' at the 34th annual conference of IRIA Karnataka State Chapter, held at Davangere from 2nd to 4th March 2018.

Department of Neonatology

Basic Newborn Care & Resuscitation Programme

Workshop Report:

On 9th June between 8:30 am to 5:30 pm the workshop was held at Bapuji child health institute, where in 40 staff nurses were trained and taught in resuscitation and Basic newborn care. The course ID -4189 and course coordinator - Dr Chaitali Raghoji, lead instructor -Dr G. Guruprasad, instructors -Dr Gayathri ,Dr Chaya , Dr Aprameya ,and Dr Manjunath Swamy took part actively.

Neonatal mortality Rate (NMR) is one of the most important health indicators of any nation with the goal to reduce the NMR, the government of India has initiated National Shishu Suraksha Karyakram (NSSK) which is being implemented with the joint efforts of IAP & NNF. Under this programme, medical officers & nursing staff are trained in basic neonatal resuscitation & care of newborns in the first few days of life.

In Karnataka, similar programs are being taken up in medical colleges to train interns. Department of Neonatology in association IAP Davangere District Branch conducted 1 day workshop for 40 staff nurses on 9 June 2018 . The workshop had faculty student ratio of 1: 6.6. Faculty included Dr.G. Guruprasad, Prof.& HOD, Dept. of Neonatology as the lead instructor, Dr. Chaitali.R.R, State Academic coordinator, Dr.Manjunath Swamy (Shimoga), Dr. Aprameya (Shimoga), Dr.Gayathri (Asso.Prof,Dept of Pediatrics, J.J.M.Medical College), Dr. Chaya (Asst.Prof. Dept of Pediatrics, J.J.M.Medical College)

After the pre-course written & practical evaluation, participants underwent training on basic resuscitation of newborn at 6 workstations. Day ended with post course written test and mega code evaluation. All the participants performed extremely well and received certificates of Basic Newborn Resuscitator provider with 2 years validity during the valedictory function. We whole heartily congratulate all 40 staff nurses.




Dr. Guruprasad attended steering committee meeting with regards to PURPOSE project meeting in Washington DC, USA

Dr. Chaitali R. Raghoji : Senior Resident
Attended BNRP programme as a faculty at Chitradurga Govt. hospital on 15th June 2018



Postgraduate section :

Department of Pharmacology

Postgraduate Publication :

Dr. Shilpa B.N., Dr. Shushma H.K., Dr. Latha S., Dr. Shashikala G.H. “Prescription pattern of anti-epileptic medications in a tertiary care centre”. Indian Journal of Pharmacy and Pharmacology, January - March, 2018:5(1):7-10

Department of Psychiatry :

PGs from the department, Dr. Karan Dhawan and Dr. Keerthi H participated in the 'Sahyadri Silver Jubilee KANCIPS Post Graduate Quiz - 2018' after qualifying through initial written round organised at Jawaharlal Nehru Medical College, KLE Academy of Higher Education and Research, Belagavi by Dept of Psychiatry.

Dr. Keerthi also presented a poster on the topic, 'Transformation of normal person to an artist in bipolar affective disorder - Case Report’

Department of Radiology :

Oral paper Presentation at 34th Annual Conference of IRIA Karnataka State Chapter, held at Davangere from 2nd to 4th March 2018

1. DR DHEERAJ SHYAM VN, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'RECENT TREND IN THE DISTRIBUTION OF SPECTRUM OF INTERSTITIAL LUNG DISEASE WITH CLINICAL RADIOLOGICAL CO-RELATION'.
2. DR CHETHAN KUMAR M, Post Graduate, Dept of Radio diagnosis, presents a paper titled 'MRI EVALUATIONOF CARINOMA CERVIX IN COMPARISON WITH TRANSVAGINAL ULTRASONOGRAPHY'.
3. DR SUMIYA NOOR UL AIEN, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'ROLE OF MDCT IN EVALUATION OF NECK MASSES' .
4. DR AISHWARYA SRIDHAR, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'DIAGNOSTIC DILEMMA OF PUERPERAL SEIZURES'.
5. DR SUBAIR NM, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'ROLE OF MDCT IN EVALUATION OF PANCREATIC DISEASES'.
6. DR NIVEDITHA K, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'MDCT EVALUATION OF ABDOMEN- A CROSS SECTIONAL STUDY OF BLUNT TRAUMA CASES'.
7. DR ANITHA S PRABHU, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'DOPPLER INDICES OF SUPERIOR THYROID ARTERY IN CLINICALLY EUTHYROID INDIVIDUAL- NEED FOR ESTABLISHING NORMAL REFERENCE VALUES IN INDIAN POPULATION'.
8. DR SACHIN L, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'COMPARISON BETWEEN USG AND MDCT IN EVALUATION OF OVARIAN MASSES WITH HPE.
9. DR SIDDARTH MC, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'ROLE OF MULTIPLANAR RECONSTRUCTION IMAGINGAND THREE-DIMENSIONAL COMPUTED TOMOGRAPHYIMAGING IN DIAGNOSING CRANIAL AND FACIAL FRACTURES'.
10. DR JAGADEESH K, Post Graduate, Dept of Radio diagnosis, presented a paper titled 'EVALUATION OF ADRENAL MASSES'.

Poster Presentations at 34th Annual Conference of IRIA Karnataka State Chapter, held at Davangere from 2nd to 4th March 2018

1. DR CHETHANA S KALBURGI , Post Graduate, Dept of Radio diagnosis, presented a poster titled 'RARE CASE REPORT:ZELLWEGER SYNDROME'.
2. DR.SIDDHARTH M.C, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'RARE CASE REPORT: TUBEROUS SCLEROSIS'.
3. DR BALAJI BALIRAM KALE , Post Graduate, Dept of Radio diagnosis, presented a poster titled 'RARE CASE REPORT: A RARE CASE OF RUDIMENTARY HORN PREGNANCY'.
4. DR. VENKATA SAIKARTHEEK.A, Post Graduate, Dept of Radio diagnosis, presented a poster titled "PERSISTENT OCCIPITAL SINUS THROMBOSIS - ARARE CASE REPORT INA4 DAYS OLD BABY AND FINDINGS ON MRI'.
5. DR SHASHANK BH, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'ANEURYSMAL BONE CYST OF RIB'.
6. DR. MEENUZACHERIAH, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'ROLE OF MRI INEVALUATION OF CERVICAL CANCER'.
7. DR VIKAS M, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'A CASE REPORT OF MEDIASTINAL EXTENSION OF PSEUDOCYST OF PANCREAS'.
8. DR B.GURUMURTHY, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'A RARE CASE REPORT OFPYLORIC ATRESIA EPIDERMOLYSIS BULLOSA APLASIA CUTIS SYNDROME'.
9. DR ANIL M R, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'PICTORIAL REVIEW OF MULTIDETECTOR COMPUTED TOMOGRAPHY (MDCT) FEATURES OF VASCULAREMERGENCIES OF ABDOMEN'.

10. DR SHAFIUZZAMA M, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'CASE OF MEDIASTINAL EWING'S SARCOMA/PRIMITIVE NEUROECTODERMAL TUMOR PRESENTINGAS PLEURAL EFFUSION'.
11. DR SHETTY CHETANVITHAL, Post Graduate, Dept of Radio diagnosis, presented a poster titled ‘'IMAGING FINDINGS INSMA SYNDROME WITH NUTCRACKER SYNDROME'.
12. DR FAHID RAHMAN.C.H, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'PRIMARY ILEAL NON HODGKINS.
13. DR. RAJKEERTHI N, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'A RARE CASE REPORT OFLUNG AGENESIS WITHDEXTROPOSED CARDIA'.
14. DR.K.NIVEDITHA, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'SCIMITAR SYNDROME AND ITS MIMICS'.
15. DR VIDYA SREE, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'MRI EVALUATION OFMENINGITIS -COMPARING THE ROLEOF POST CONTRAST FAT SATURATED T1 AND POST CONTRAST FLAIR SEQUENCES'.
16. DR. ANAND KUMAR, Post Graduate, Dept of Radio diagnosis, presented a poster titled "COMPARISION OFDOPPLER ULTRASOUND AND TRANSIENTELASTOGRAPHY(FIBROSCAN) IN THEDIAGNOSIS OFSIGNIFICANT HEPATICFIBROSIS IN PATIENTSWITH CHRONIC LIVER DISEASE".
17. DR.DHEERAJSHYAM.V.N, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'RECENT TREND IN THE DISTRIBUTION OFSPECTRUM OFINTERSTITIAL LUNGDISEASES WITHCLINICAL ANDRADIOLOGICAL-CORELATION-APROSPECTIVE STUDY'.
18. DR JAGADEESH K, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'ASKIN'S TUMOR DUALCASE STUDY'.
19. DR JAISON THOMAS, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'A CASE REPORT OFEDWARD'S SYNDROME WITH OMPHALOCELE '.
20. DR PUNYA J, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'NEUROFIBROMATOSIS TYPE II'.
21. DR ADNAN EIRAJKHAN, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'VEIN OF GALEN MALFORMATION'.
22. DR.GURRALAABILASH REDDY, Post Graduate, Dept of Radio diagnosis, presented a poster titled 'USG ABDOMEN INRUPTURED HYDATIDCYST'.

CASE REPORTS

CASE REPORT - 1

Anesthetic considerations in a child with unrepaired D-transposition of great arteries undergoing noncardiac surgery

Dr. Prabhu.B.G[1], Dr. Priyadarshini.M.B[2], Dr.Ravi.R[3], Dr.Mohil Dumaswala[4], Dr.Mohan Marulaiah[5]

1-Professor, 2-Associate Professor, 3-Professor & HOD, 4-Post Graduate

Department of Anesthesiology, 5- Professor, Department of Paediatric Surgery JJM Medical College

Introduction

Transposition of great arteries (TGA) is the most common cause of cyanotic congenital heart disease (CHD) at birth, with an incidence of 1 in 2300-1 in 5100 live births. The major anatomic classifications of transposition of the great arteries depend on the relationship of the great arteries to each other and/or the infundibular morphology. In approximately 60% of the patients, the aorta is anterior and to the right of the pulmonary artery (dextro-transposition of the great arteries [d-TGA]). However in a subset of patients, the aorta may be anterior and to the left of the pulmonary artery (levo-transposition of the great arteries [l-TGA]). There is

ventriculoarterial discordance leading to parallel circulation and postnatal survival depends on intercirculatory mixing of oxygenated and deoxygenated blood at various levels through atrial septal defect (ASD), ventricular septal defect (VSD) or patent ductus arteriosus. Major complications in such patients are hemodynamic instability, cyanotic spells, coagulation defects, electrolyte & acid base imbalance, seizure and sudden cardiac arrest which owe to the high mortality rate.

Case Details

A 3 days old baby with Transposition of great vessels presented to us with swelling over umbilical region s/o exomphalos major/omphalocele. Baby was posted for elective laprotomy & exomphalos repair.

Intaroperative Management

Elective repair for umbilical hernia was planned under general anesthesia. Extra drugs like Phenylephrine Isoprenaline and Noradrenaline were kept reserved in emergency tray. Mechanical Ventilator was reserved in neonatal intensive care unit.

Pre Induction Vitals- HR-150bpm Spo2-72% on room air Temp- 35.6 C. after preoxygenationsaturation increased to 90%. Injection Isolyte-P with added prophylactic antibiotic was started through 24G i.v cannula after meticulously flushing to remove air bubbles. Patient premedicated with InjGlycopyrolate 0.05mg i.v Inj Fentanyl 2.5mcg i.v.

Patient induced with Inj Ketamine 3mg i.v, relaxed with Inj. Scoline 5mg i.v. Patient was intubated with 3.0 uncuffed endotracheal tube without much hemodynamic variation or hypoxia.Patient was maintained on Injection Atracurium 1mg + 0.2 mg, 100% oxygen with Intermittent Positive Pressure Ventilation with respiratory rate maintained at around 34-36/min. Care was taken not to induce PEEP. End Tidal CO2 throughout the surgery was maintained at around 15-20 mmhg. Hemodynamic parameters & saturation remained stable during entire course of surgery which lasted for 1 hour. Neuromuscular Blockade was reversed using Injection Neostigmine 0.2mg and Injection Glycopyrolate 0.05mg i.v. Baby was extubated 20 minutes after neuromuscular blockade was reversed after ensuring complete return of adequate muscle power. After ensuring hemodynamic stability and maintenance of saturation above 85% baby was shifted to neonatal intensive care unit. Baby monitored in neonatal intensive care unit. Shifting Vitals - HR-130bpm Spo2-85% on room air Temp-36.2 Baby active and struggling with adequate muscle power.

Discussion

First of the major anomalies present in this patient was TGA, major findings associated with this defect include an aorta emanating from the right ventricle and a pulmonary artery arising from the left ventricle. This condition is incompatible with survival unless there are additional lesions, which allow adequate mixing of oxygenated and deoxygenated blood. In our patient, TGA was associated with Inlet VSD and Ostium primum ASD, which facilitated this mixing. A review of several case reports of patients with unrepaired CHD undergoing anesthesia for noncardiac surgery highlighted similar anesthetic goals: Maintenance of intravascular volume, avoidance of precursors to acidosis such as hypoxia, desaturation, hypothermia, hypercarbia, and hypotension, and minimization of intracardiac shunting. Thorough preoperative evaluation includes birth history, history of cyanotic spells, medical, and surgical treatment received and cardiovascular and respiratory system examination. Complete blood count is done preoperatively to know the extent of secondary erythrocytosis and coagulation profile is done to rule out coagulation abnormalities that may be associated with cyanotic CHD. Preoperative SpO2, chest radiography, electrocardiography, and echocardiography are a must before anesthesia.

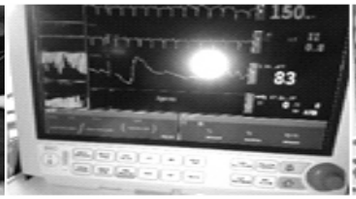
Maintaining adequate hydration are important to prevent hyperviscosity. Large bore i.v. cannula should be secured, and all lines flushed to avoid air bubbles as these patients are at high-risk of paradoxical embolism due to the presence of bidirectional shunts. Appropriate endocarditis prophylaxis should be administered 30 min prior to skin incision. SpO2 is influenced by the ratio of pulmonary vascular resistance (PVR) to systemic vascular resistance (SVR). When PVR decreases, increased pulmonary blood flow results in higher arterial SpO2. Whereas when PVR increases CHF improves at the cost of increasing cyanosis. Thus, challenge for anesthesiologist is to modulate PVR and SVR by pharmacological and ventilatory means in order to achieve a balance between CHF and hypoxia. The pulmonary hypertensive crisis was prevented by hyperventilation with 1.0 fractional inspired oxygen concentration, avoidance of sympathetic nervous system stimulation with adequate analgesia and anesthetic depth, maintenance of normothermia and minimization of intrathoracic pressure by avoiding PEEP. Glycopyrrolate was given in premedication to prevent bradycardia. Fentanyl was chosen as it causes least hemodynamic variation and blunts pulmonary vasculature reactivity. IV induction was

preferred as inhalational induction may be prolonged in the presence of right to left shunting and it can also decrease SVR. Ketamine was used for i.vinduction as it increases SVR and avoids Hypotension. Nitrous oxide was not used as it is shown to increase PVR and can also lead to expansion of air bubbles, which may be inadvertently infused or entrained via the surgical site. The intraoperative decrease in SVR due to anesthetic agents can be minimized with titration of dose to the effect of anesthetic agents, maintenance of intravascular volume, and use of direct acting alpha agonists like phenylephrine.

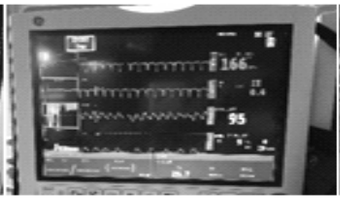
Conclusion

Thus, the present case shows that with thorough understanding of pathophysiology and meticulous planning to prevent possible complications, patients with complex CHD may be successfully anesthetized for noncardiac surgery without any untoward events in the peri-operative period.

Preoperative



Pre Induction Vitals



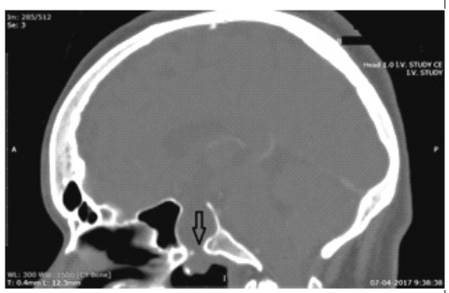
Intra Operative Vitals

Post Operative(extubated)

CASE REPORT - 2

RARITIES OF PITUITARY!- CASE OF PERSISTENT CRANIOPHARYNGEAL CANAL

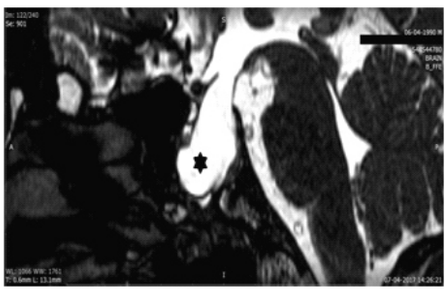
DR VIVEK S, ASSIST PROF, DR AISHWARYA SRIDHAR, POST GRADUATE, Dept. of Radiology

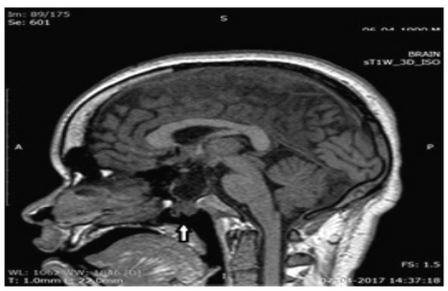


A 28yr old male patient presented with chronic headache and irritability and was referred to the Dept. of Radio diagnosis for imaging evaluation where CT and MRI brain were performed.

CT findings showed a widened sella with a midline skull base defect associated with a soft tissue density lesion in the roof of the nasopharynx.

MRI showed dilatation and herniation of the infundibular recess of third ventricle into the sella with skull base defect located between presphenoid and basisphenoid measuring 8mm in anteroposterior direction. The normal posterior pituitary bright spot is not visualised and pituitary gland is also not well made out. However since the patient has no complaints of hypopituitarism, it should be suspected that the pituitary gland could be within the nasopharyngeal mass in an ectopic location.





Confirmation of the same can be done through tissue biopsy of the nasopharyngeal soft tissue and if indeed the pituitary lies within that soft tissue the patient can further develop features of hypopituitarism. Thereby tissue biopsy is contraindicated in this case.

CASE REPORT - 3

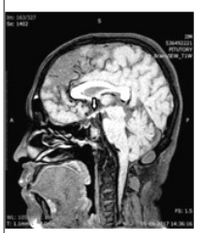
CASE OF PITUITARY STALK INTERRUPTION SYNDROME (PSIS)

DR HARIKIRAN R REDDY, ASSIST PROF, DR B GURUMURTHY, POST GRADUATE, Dept. of Radiology

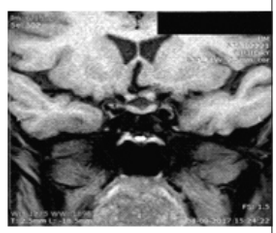
A 39 year old male patient presented with short stature and underdeveloped secondary sexual characters. His lab investigations revealed panhypopituitarism features.

Sagittal and coronal plain T1W and T2W and dynamic post-contrast T1W MRI images through the sella were obtained using a 1.5-T MRI.

MRI pituitary showed ectopic posterior pituitary in the median eminence, pituitary stalk was not visualized and small anterior pituitary size which is consistent with diagnosis of Pituitary stalk transection syndrome



Sagittal T1-weighted image shows ectopic posterior pituitary (white arrow) with non-visualization of stalk.



Coronal T1-weighted image shows non-visualization of pituitary stalk.

Pituitary stalk interruption syndrome (PSIS) is a rare entity with an estimated incidence rate of 0.5/1,000,000 births. PSIS are characterized by the presence of a thin or absent pituitary stalk, associated hypoplastic or aplastic anterior pituitary and ectopic posterior pituitary (EPP) on magnetic resonance imaging (MRI). The endocrine outcome seems to be a progressive onset of hormone deficiencies leading to panhypopituitarism, but posterior pituitary function is usually maintained.

CASE REPORT - 4

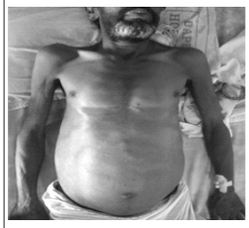
GIANT HYDRONEPHROSIS-LAPARASCOPIC NEPHRECTOMY: A CASE REPORT

INTRODUCTION:

Giant hydronephrosis is defined as a kidney containing more than 1000 ml fluid in the collecting system the most common cause of giant hydronephrosis is ureteropelvic junction obstruction, which is the etiology in about 80% of cases. Radiologically these kidneys meet or cross the midline, occupy a hemi-abdomen or extend more than 5 vertebral lengths. Since this is a slowly progressive disease a huge abdominal mass or distended abdomen may be the only sign. Most of these kidneys are non-functioning and nephrectomy is the treatment of choice, except in the cases of solitary kidney or contralateral kidney is diseased.

HISTORY:

A 52 year old male patient with complaint of abdominal distension past 6 months insidious in onset, gradually progressed, associated with dull aching pain with no h/o vomiting , urinary complaints. H/o decreased food intake for past 15 days. Patient was evaluated and diagnosed as large left hydronephritic kidney and percutaneous nephrostomy(PCN) done, around 8000 ml of urine drained and planned for laparascopic nephrectomy.

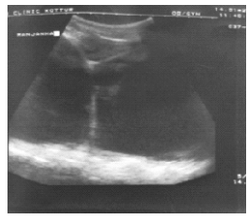


INVESTIGATIONS

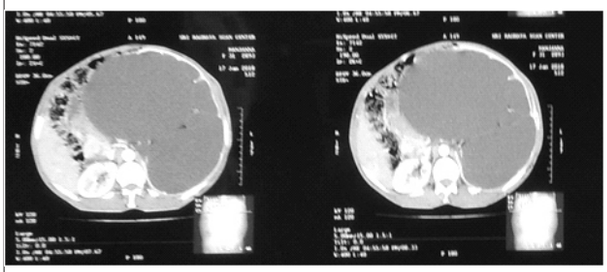
All routine investigations are within normal limits.

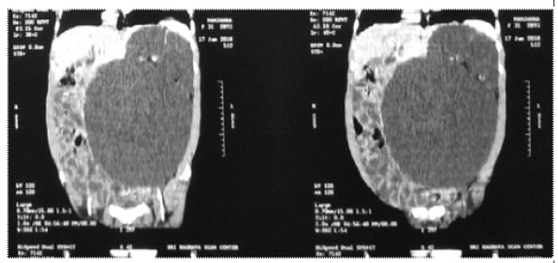
Specific investigations:

Ultrasound showing left kidney hydronephrosis.



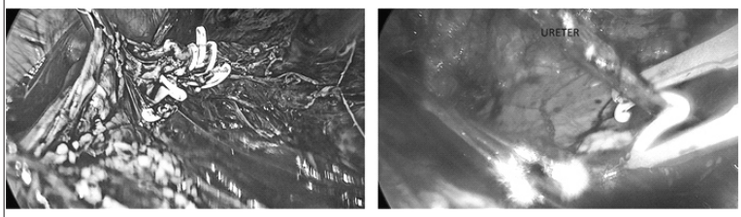
CT Abdomen- plain





Grossly hydronephrotic left kidney with thinned out cortex possibly due to +pelvi-uretero obstruction. Stomach and small bowel loops are displaced to right by hydronephrotic left kidney.

Intraoperative picture:

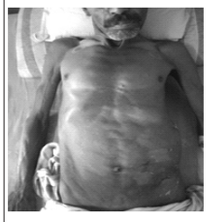


Intra op picture showing ligation of renal vessels and ureter by applying clips.

Post operative specimen (left kidney) showing size, ureter, renal vessels,

Postoperative period:

Patient vitals are stable, with no complaint of abdominal distension. Patient started orally after 24 hrs. Catheter removed on postoperative day 2. Drain removed on postoperative day 3. Patient discharged on postoperative day 4 with no complications.



This is the first laparoscopic nephrectomy done in Bapuji hospital.

SUMMARY:

Laparascopic nephrectomy is the ideal procedure for patients with hugely dilated non-functioning kidneys irrespective of age and type of renal anomaly. Laparascopic nephrectomy have the advantage over open nephrectomy in view of intra operative and post operative complications and reduced hospital stay and early return to work.

Operated team:

Dr Naveen H N , Department of Urology

Dr Anup kumar M.C , Department of General surgery

Dr Janarthanan R, PG in General surgery

Dr Ravi R, Department of Anaesthesia and OT staffs, Bapuji hospital.

CASE REPORT - 5

Surgical management of pancreatic diseases and their outcome

Dr Dinesh Reddy, Resident in General surgery, Dr Jagadeesha B V C, Prof. of Gen surgery and Unit head CG "S" unit, Dr Mahesh K, Prof. of gen surgery

Introduction:

Pancreatic diseases consists of wide spectrum of benign and malignant conditions which have high morbidity and mortality, presenting as a mild symptoms to severe life threatening complications. As it being a retroperitoneal location and complex anatomy makes the surgical procedure more difficult.

Various pancreatic diseases include acute and chronic pancreatitis and their complications, pancreatic cystic neoplasms, exocrine and endocrine pancreatic neoplasms etc.

Pancreatic cysts are diagnosed with increasing frequency because of the widespread use of cross-sectional imaging. Pancreatic cysts may be detected in over 2 percent of patients who undergo abdominal imaging with multidetector-row computed tomography or magnetic resonance imaging for unrelated reasons, and this frequency increases with age

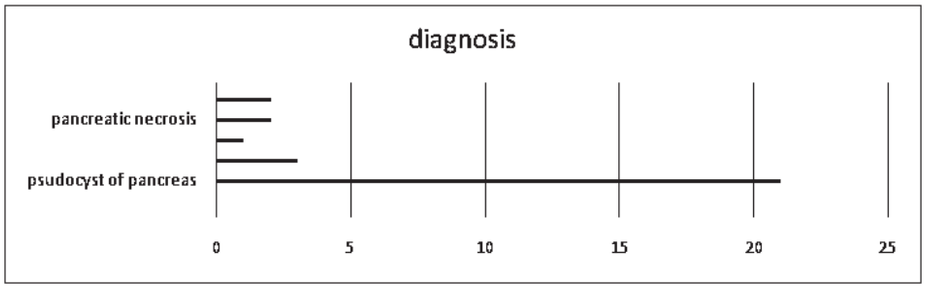
Pancreatic pseudocyst and walled-off pancreatic necrosis are most often the result of acute pancreatitis. They may also develop in patients with chronic pancreatitis and in patients who have suffered blunt or penetrating trauma.

Materials and methods:

This study is conducted in CG S UNIT Department of General Surgery at Chigateri General Hospital attached to J.J.M Medical College, Davangere.

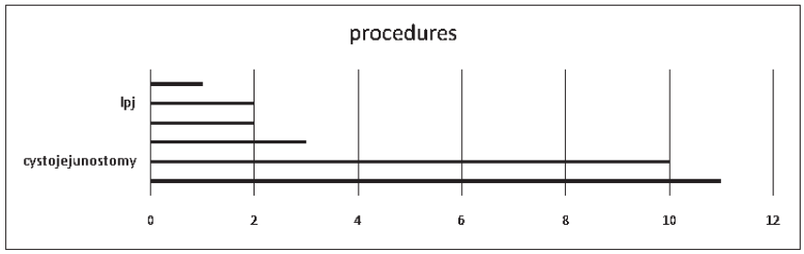
Study was done on 29 patients with pancreatic diseases over a period of 8 years 2010 to 2018

Results & Discussion



Graph 1 : diagnosis

Out of total 29 cases 21 cases are psudocyst of pancreas, 3 cases are periampullary carcinomas, two cases are pancreatic necrosis , two cases are chronic pancreatitis and one case is pancreatico blastoma



Graph 2 : number of procedures

For pseudocyst of pancreas 11 patients have undergone cystogastrostomy and 10 patients have undergone cystojejunostomy.

Both Pancreatic necrosis patients have undergone open pancreatic necrosectomy.

Both chronic pancreatitis patients have undergone lateral pancreaticojejunostomy.

Three patients of periampullary carcinoma have undergone whipples procedure.

Pancreaticoblastoma patient has undergone distal pancreatectomy

All the patients are been followed up for period of 6 months to 2 years and there are no major complications noted.

cystogastrostomy cystojejunostomy

Longitudinal pancreaticojejunostomy

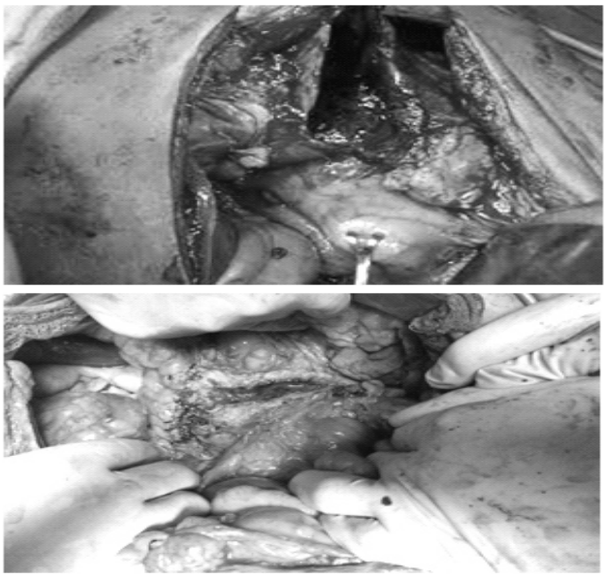


Fig 1

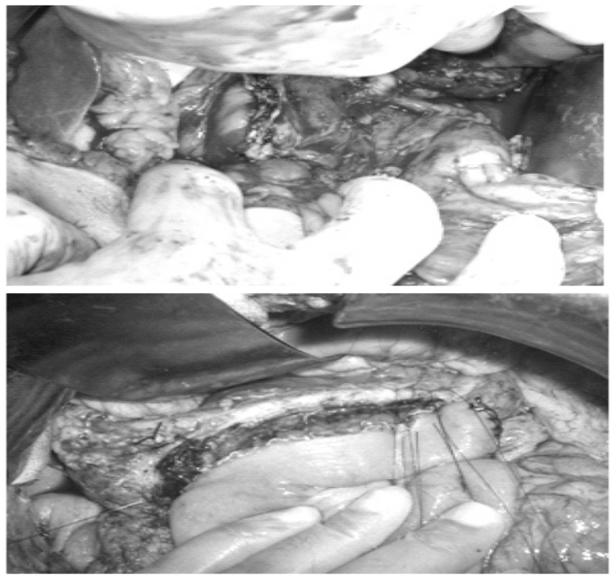
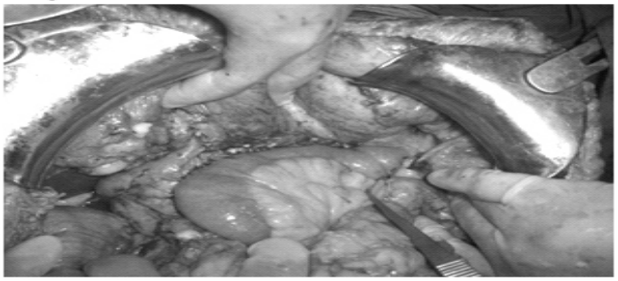


Fig 2



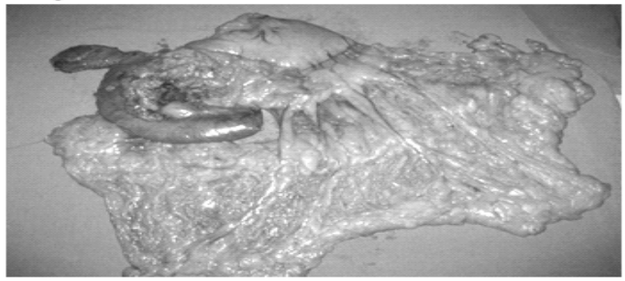


Fig 3 resected specimen of ca pancreas

Conclusion:

Pancreatic diseases consists of wide spectrum of benign and malignant conditions which have high morbidity and mortality, presenting as a mild symptoms to severe life threatening complications. Every case should be evaluated properly and treated.

CASE REPORT - 6

Undetected Foreign Body Nasopharynx – Case Report

Dr Kavitha Y[1], Dr Chaitanya V[1], Dr K P Basavaraju[2]

[1]Assistant Professor, [2]Professor & Head of Department,

Department of Otorhinolaryngology, J.J.M.Medical College

Introduction :

Foreign bodies in the upper aerodigestive tract is a well known entity in the day to day ENT practice and continue to be a diagnostic and therapeutic challenge for the treating surgeon. These cases usually present with symptoms of choking spells following ingestion or aspiration of foreign bodies followed by difficulty in swallowing or breathing difficulty if they get lodged in the narrow regions of the aerodigestive tract.

Primary care physicians and otolaryngologists should have a high index of suspicion for foreign body aspiration or ingestion. Because a foreign body can mimic other conditions, particularly without a witnessed event, there can be a delay in management. Aim of this case report is to highlight the delayed presentation of a witnessed event of foreign body ingestion, which could not be detected at the time of ingestion and was retrieved after six years.

Case Report

A 7 years old girl was brought to ENT OPD by her father with history of intermittent foul smelling nasal discharge from left nostril during winter months for last six years. Nasal discharge was blood stained on few occasions. On further questioning, there was history of ingestion of a tablet (Tab Combiflam) with the wrapper around it when the child was 9 months old. Immediately mother of the patient tried removing it by inverting the child upside down and patting child's back but in vain. Child was later evaluated, subjected to fluoroscopy and flexible G.I endoscopy but no foreign body could be found and hence child was discharged. Patient's attenders claim that child was comfortable except occasional foul smelling nasal discharge from left nasal cavity which was neglected by child's attenders.

On examination: Examination of external nose, anterior rhinoscopy was normal. Diagnostic nasal endoscopy was done. Endoscopy revealed dark brown coloured discharge surrounding a foreign body, filling the nasopharynx (Figure 1). Foreign body was hard on probing and was impacted in nasopharynx situated between the posterior end of nasal septum and posterior pharyngeal wall, hence decision of removal under general anaesthesia was taken. Under the guidance of rigid 4mm, 0o nasal endoscope, discharge filling the nasopharynx was suctioned out. Soft palate was gently retracted using Foley's catheter. A curved forceps was introduced per-orally and foreign body in the nasopharynx was retrieved (Figure 2). Saline wash given to remove secretions, debris from nasopharynx. Post-operative period was uneventful and was sent on discharge on the same day.

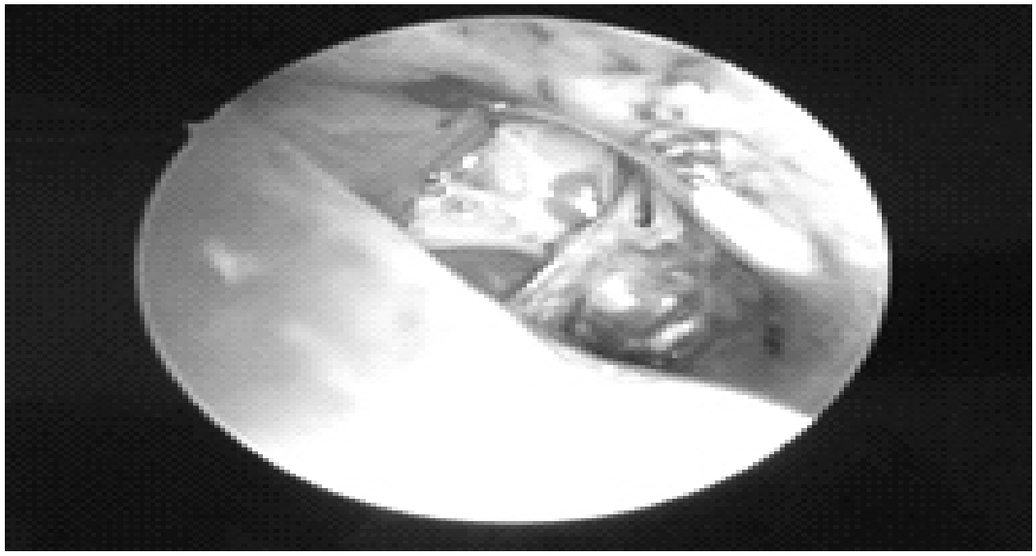


Figure.1 : Nasal endoscopic image showing foreign body (tablet with wrapper) in the nasopharynx with surrounding purulent discharge

Discussion

The incidence of airway and esophageal foreign bodies has not changed significantly over the years. Highest incidence occurs between 1 and 3 years of age; 25% of patients are younger than 1 year. It may be related to immature dentition, poorly coordinated swallowing mechanism and children are prone to introduce various objects into their mouth. In our case, inspite of subjecting the patient to necessary diagnostic investigations immediately following foreign body consumption, foreign body could not be detected at the first sitting. Reason for the same could be due to not inspecting the airway completely leaving the nasopharynx unexamined. Hence it is recommended that along with detailed history taking and diagnostic workup like imaging, it is also mandatory to subject the patient to complete endoscopic examination of aerodigestive tract not forgetting to look into nasal cavity and nasopharynx.

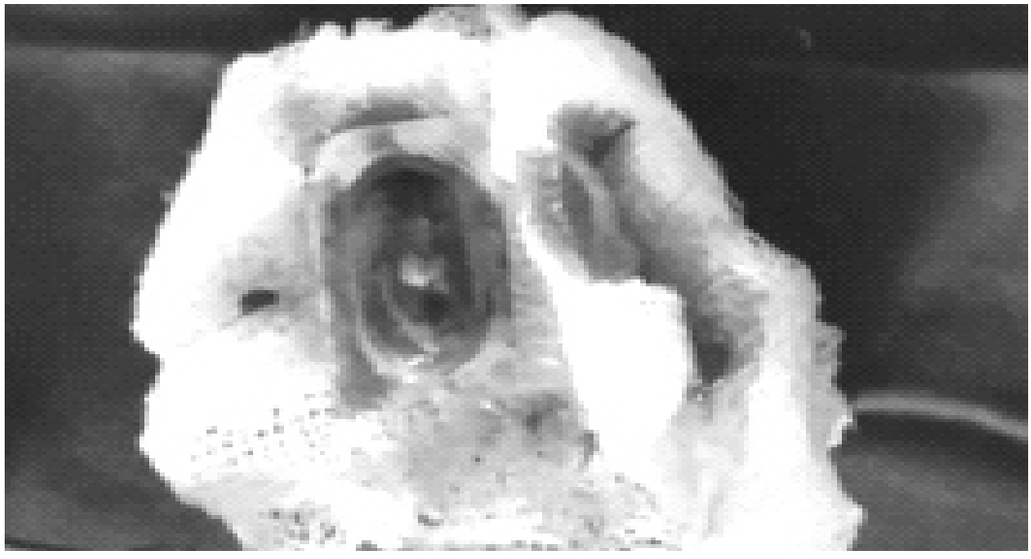


Figure.2 : Foreign body(tablet with wrapper) removed from the nasopharynx

Women's Day Celebration

Intercollegiate postgraduate quiz

State Level Tuberculosis conference

ATTENTION PLEASE

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

JDA Activities