



Bapuji Educational Association (R)

# **JJMMC** *Insperia*

Official Quarterly Newsletter of J J M Medical College, Davangere  
Issue-2/July-2022 Vol-20



Chairman, Bapuji Hospital,  
Davangere.

**Mega Blood Donation Drive Targeting  
5555 Donors on the Occasion of the  
55<sup>th</sup> Birthday of Shri. SS Mallikarjun**



*Shri. S. S. Mallikarjun*

*A Dreamer, An Achiever, A Leader and An Youth Icon.*

*It is an Honor for us to be a part of your Esteemed Institute JJMMC and Bapuji Hospital.*

*We thank you for having the confidence in us and we all will always try to improve our efficiency .*

*We appreciate your effort to support not just patients, but their families. Caregiving and social work is a calling you do this because you care and you want to help others. It's a part who you are and you do it without thinking.*

*Sir we are grateful to have you as our leader who thinks so much into future and always wants to be ahead of time.*

*We all whole heartedly wish you a very Happy Birthday your transformative vision and inspirational leadership has elevated all of us to newer heights of glory.*



**J. J. M. Medical College, Davangere.**

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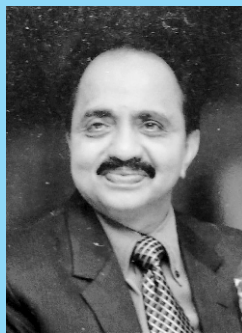
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### *From the desk of the Principal*

**“To improve is to change, to be perfect is to change often”  
said Winston Churchill**

Change is said to sign of progress and is of paramount importance. Without creativity, there would be no progress and we would be forever repeating the same patterns. To break out of this mould, the transformation of our quarterly official newsletter was essential.

With the change of guard of editorial board and the executive committee, we now present "JJMMC Voice" as **“JJMMC INSPIRIA”**. **JJMMC INSPIRIA** has interesting sections ACADEMIA, MEDI - INSTA, MENTAL FLOSS, WALL of FAME, RESEARCH CLIPPINGS & JJM'S GOT TALENT. The major thrust is on the inclusion of undergraduate and postgraduate students along with the college faculty to encourage scientific writing.

In this regard, I request all our faculty and students to make full use of this opportunity. To make it more accessible to students, we will henceforth be sharing the 'e copy' which can be circulated in department and student groups.

I must congratulate the new team of **‘JJMMC INSPIRIA’** for bringing out the official quarterly newsletter in a new avatar with good compilation of scientific writing and interesting sections.

On the occasion of 55<sup>th</sup> Birthday of our beloved Sri S.S. Mallikarjun, Chairman, Bapuji Hospital & Joint Secretary BEA, a Mega blood donation drive targeting 5555 donors was organised. We extend our warm wishes and wish a healthy & wonderful year ahead.

**Principal, JJMMC**



The Chairman / The Principal  
**J. J. M. Medical College**  
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**Disclaimer :** Views and opinions expressed in the newsletter are not directly that of the editor or the editorial board. For any clarification, author of the article is to be contacted.





### A rare case of medial canthal Basal Cell Carcinoma and its management

Dr. Shivayogi R. Kusagur, Professor and Oculoplasty Consultant

Dr. Poolan Vinod Nayak, Post Graduate, Dept of Ophthalmology

#### Introduction

Basal cell carcinoma (BCC) is the most common cancer in the world. Eighty percent of BCCs occur in the head and neck region, of which 20% occur on the eyelids. BCC constitutes 90% of malignant eyelid tumors, with a slight male preponderance.<sup>(1)</sup> The most common risk factors for BCC are fair skin, inability to tan and chronic exposure to sunlight.<sup>(2)</sup> BCCs are more commonly found on the lower eyelids followed by the medial canthus, upperlid and lateral canthus.<sup>(3)</sup>

BCC is usually not fatal, but if it is not diagnosed for a long time, the function and the appearance of the eyelid will be destroyed.<sup>(4-5)</sup> Therefore, early diagnosis and surgery promise better treatment outcomes including functionality and esthetic outcomes. The gold standard for treatment of BCC is surgical excision with 3-4 mm safety margin combined with primary repair.<sup>(6)</sup> However excision with 4mm margin may result in removal of significant amount of normal tissue which will require sophisticated reconstructive surgery. Therefore to achieve the best functional and cosmetic result, it is important to minimize the normal tissue loss.

Here we report a case of medial canthal BCC where total surgical excision was combined with primary reconstruction with glabellar rotational flap.

#### Case Report

A 66 years old male patient reported in Ophthalmology OPD with a lesion over medial canthal area of left eye for the last 2 years.

It first started as small swelling at medial canthal area 2 years back which gradually enlarged in size and noted discolouration over the lesion. It was a painless lesion with no profuse discharge. It developed spontaneously with no history of trauma. He gives the history of similar lesion in the left eye lowerlid which developed at the age of around 25 years which gradually progressed and was excised with clavicular graft 5 years back.

On examination there was a single lesion of 2×2 cms over left eye medial canthal area with rolled out edges and hyperpigmented without discharge or bleeding. The uncorrected visual acuity of left eye was 6/9 with senile immature cataract. Pupil was round, regular and reactive to light with no RAPD. There was no ocular motility restriction.



**Pre operative picture**

#### CT orbit

Focal abnormal soft tissue at medial canthus of left medial canthus of orbit.

#### Histopathology

Sections from the tissue showed infiltrating nests, cords, island of basaloid cells with hyperchromatic nucleus and minimal cytoplasm suggesting Basal cell carcinoma.

#### Treatment

Wide excision with full thickness skin grafting performed. Graft was harvested from glabellar rotational flap.





### Wide excision of mass with Glabellar Rotational Flap

Patient was followed on post op day 1, 7<sup>th</sup> and 20<sup>th</sup> post op day. Post op followup on 7<sup>th</sup> showed healthy wound margins. Sutures were removed on 20<sup>th</sup> post op day.



**Post Operative  
Day - 7**



**Post Operative Day -20  
(After Suture Removal)**

### Discussion

Basal cell carcinoma is the most common cutaneous tumor in humans, accounting for 80% of all nonmelanoma skin cancers, and is the most frequent cancer of the eyelid. (7-8) It arises from the neoplastic proliferation of basal cells in the epidermis of the skin, which can then invade the dermal layer and surrounding tissue. Since ultraviolet (UV) exposure is a known primary risk factor, these tumors characteristically develop on areas of the body which are exposed to the sun, with 80% developing on the head and neck, including the eyelids. The lower eyelid and medial canthus are the most frequent sites of origin as seen in this case lesion appeared in medial canthal area.

Forty percent of patients with BCC have an increased risk of developing second skin cancers, in five years. However in this case second skin cancer appeared around 39 years after appearance of first lesion. Histopathological examination and subtyping of all BCC tumors is recommended. Its often confused with the histological picture given by a benign tumour trichoblastoma which was also similar in this case.

Treatment needs to be individualized to the patient situation, tumor characteristics and histological subtype. The first line treatment is usually surgical excision, showing the lowest failure rates. (9) However, radiation therapy is a very effective treatment strategy, particularly for patients with primary lesions requiring difficult or extensive surgery. The use of external beam radiation therapy for eyelid malignancies results in local control in 93.3-96.5% of cases. Despite these promising results, a longterm follow-up is needed due to the risk of recurrence.

### References

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2. Vitaliano PP, Urbach F. The relative importance of risk factors in nonmelanoma. *Arch dermatol* 1980; 116:454-6
3. Anderson RL. Comment on Glatt HJ, Olsen JJ, Putterman AM. Conventional frozen sections in periocular basal-cell carcinoma: a review of 236 cases. *Ophthalmic Surg* 1992; 23:6-9.
4. Pfeiffer MJ, Pfeiffer N, Valor C. Estudio descriptivo sobre el carcinoma basocelular en el párpado [Descriptive study on basal cell eyelid carcinoma] *Arch Soc Esp Oftalmol*. 2015;90(9):426-431. Spanish [with English abstract]



### **Papillary Carcinoma in Thyroglossal Duct Cyst: Case report**

Dr. J.T. Basavaraj (Professor, Department of General Surgery, JJMMC)

Dr. Anil L. Naik (Assistant Professor, Department of General Surgery, JJMMC)

Dr. Anantha Chaitanya J. (Post Graduate, Department of General Surgery, JJMMC)

#### **Abstract :**

A remnant of thyroglossal duct, usually a cyst, is the most common congenital abnormality of the thyroid gland development. Malignant neoplasm in thyroglossal duct cyst (TGDC) is a very rare tumor(<1% of all thyroid malignancies).

We present a case of 34 year old female patient with papillary carcinoma of TGDC who was managed with Sistrunk procedure.

#### **Introduction :**

Thyroid gland develops in between the first and second pharyngeal pouches, primarily appearing as invagination in the floor of the pharynx and then migrating caudally to trachea. During embryonic development, it remains attached to tongue by thyroglossal duct, which usually undergoes atrophy after birth. If it fails to involute, it can persist as cyst, duct or ectopic tissue.

Clinically most TGDC are benign and present as slow growing, asymptomatic neck masses. Age of presentation varies from childhood to elderly with an average of 39 years. More common in females. Most common malignancy in TGDC is papillary (80 to 95%) followed by mixed papillary-follicular (8%) and SCC (6%).

Earlier management included sistrunk procedure along with total thyroidectomy, I131 ablation and thyroid suppression therapy. Currently, only sistrunk procedure is done; and routine thyroidectomy with lifelong thyroid hormone supplementation is not recommended.

Prognosis of papillary carcinoma arising in TGDC is very good. Overall survival rate is 95.5% at 10 years.

#### **Case Report :**

A 34 year old female patient presented to the hospital with complaints of swelling in front of neck since 2 months. Swelling had an insidious onset, was gradually progressive to the final size of about 4x2cm. Patient had not been previously exposed to radiation/other known carcinogens. Family history of thyroid or any neoplastic disease was negative. All other investigations were normal.

Physical examination revealed a soft, non-tender, well demarcated midline 4x5cm neck swelling with smooth surface. Swelling was situated between hyoid bone and thyroid cartilage with unchanged skin over it. Swelling moved with deglutition and with protrusion of tongue. Thyroid gland was apparently normal in size and consistency and no associated swellings noted in the neck.

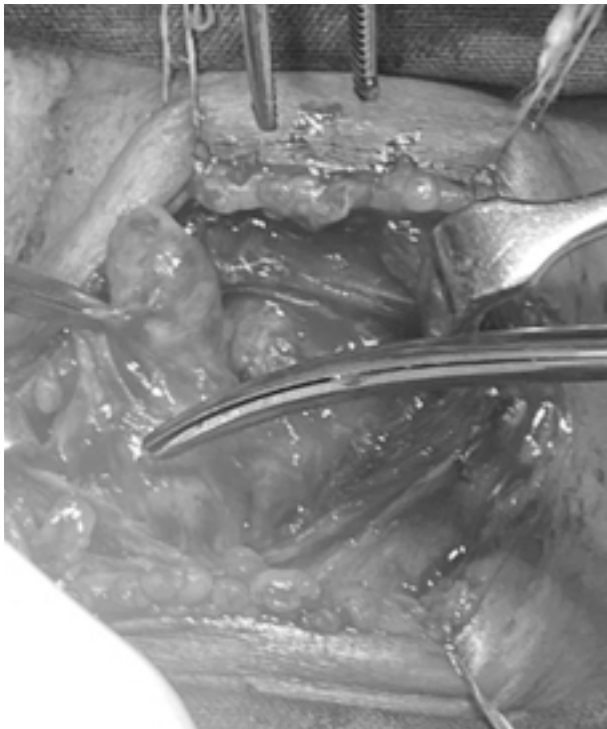
Indirect laryngoscopy revealed larynx to be of normal mobility with no vocal cord palsy. Ultrasonography of the neck revealed Calcified thyroglossal cyst.

Patient was treated surgically with Sistrunk procedure, and cyst excised along with hyoid bone up to base of tongue. There were no complications in the postop period.

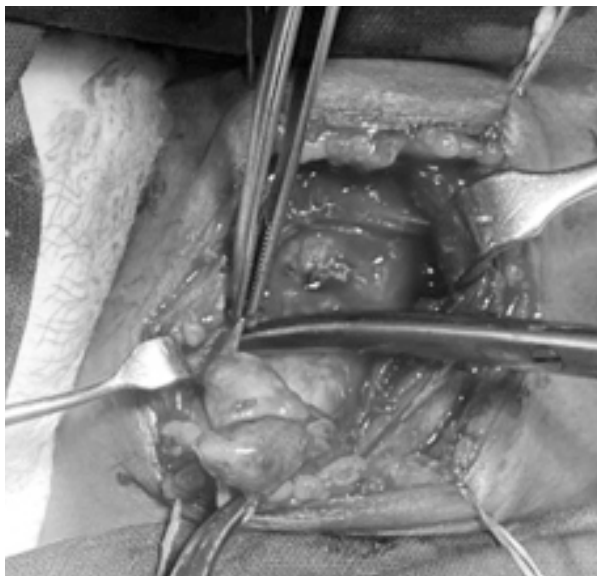


**Intraoperative view of the thyroglossal duct cyst.**





Thyroglossal duct cyst dissected off from the base of tongue.



Thyroglossal duct cyst dissected off from the base of tongue.

Histopathological examination revealed psammoma bodies with focal infiltration of fibrous wall with tumor cells. Histopathological diagnosis was papillary carcinoma in thyroglossal duct cyst.

Patient was counselled regarding the importance and need for follow up visits. At 1 and 6 months after the surgery, patient is asymptomatic, and has no recurrence.

### Discussion :

Thyroglossal cyst is a swelling occurring in the neck in any part along the line of thyroglossal tract. It is due to the failure of thyroglossal duct/tract to obliterate completely. Persistent duct at certain part forms cystic swelling containing mucus fluid. It is usually congenital, wherein there is degeneration of part of tract causing cystic swelling. Normal thyroid may be present in normal location or be absent in the normal location and exist only in the wall of thyroglossal cyst.

It is a tubulodermoid type of cyst lined by ciliated columnar epithelium. Presents as a painless midline neck swelling which moves with deglutition and protrusion of tongue. Thyroglossal cyst can get infected and form an abscess.

Malignancy can develop in TGDC (papillary carcinoma-1%). In such cases, cyst will be harder, fixed with palpable neck nodes. Incidence is more in females in 4th decade of life.

Younger patients with normal thyroid and small size of TGDC can be managed with sistrunk procedure alone. Total thyroidectomy is indicated when the rest of the thyroid gland is nodular or when the size >1cm or age of patient is >45 years. Patients undergoing only sistrunk procedure must be counselled about possibility of local or systemic recurrence and the need for regular follow up.

### Conclusion :

The incidence of malignancy in a thyroglossal duct cyst is very rare, requires only sistrunk procedure as the prognosis of papillary carcinoma arising in TGDC is very good in younger patients with normal thyroid gland.



### Thyroid's Grave, GRAVE's in a case of Goldenhar syndrome - a rare presentation

Dr. Neha Shanbhag Kossambe, postgraduate

Dr. S. Mruthyunjaya, Professor

Dr. Jayashri M.N., Senior Resident

Department of paediatrics JJMMC, BCHI.

#### Clinical description -

An 11 year old developmentally normal female adolescent presented to our OPD with swelling in front of neck for the past 6 months which was gradually progressive in size associated with loss of weight, increased appetite, increased frequency of defecation and palpitations. On further child gave h/o increased tremulousness, disturbed sleep with easy awakening, increased anxiety and decreased scholastic performance.

At the time of admission, child was afebrile, had tachycardia-resting Pulse rate of 120bpm and sleeping pulse rate of 108bpm, with regular rhythm, normal volume and other vital signs within normal limits. Anthropometry indicated as Wt of the child 19Kg (< 3rd centile); Ht of the child 142Cms (50th centile), and BMI of 9.92kg/m<sup>2</sup> (< 3rd centile).

On further clinical examination Child had asymmetrical face (mandibular hypoplasia present) with bilateral conjunctival dermoids on temporal region, bilateral preauricular skin tag, and non discharging pretragal sinus tract on left side.

On thyroid examination, which was of size 10 x 5 cms firm in consistency, rounded borders and on auscultation - bruit was heard over the thyroid swelling. Child had staring look of both eyes (stellwag sign), with lid lag on looking down (Von Graefe sign), absence of wrinkling on looking up (Joffrey's sign), failure of convergence of eyeballs (Mobius sign), upper sclera was visible, no chemosis with no visual disturbances and fine tremors were present in both hands, which were suggestive of **thyrotoxicosis**.

So clinical diagnosis of goitre with features of hyperthyroidism in a syndromic child with differential diagnosis of first branchial arch syndrome/ Goldenhar syndrome/ hemifacial microsomia/ was considered.

Preliminary investigations revealed, Normal CBC, Thyroid function tests showed very high **free T3 and Free T4 (fT3 >30pg/ml, fT4 >6.11ng/dL)** and **very low TSH of <0.01microIU/ml**. USG of swelling reported as thyroiditis with grade 4 vascularity.

ECG recorded as sinus tachycardia. **Technetium 99 scan showed increased uptake function by enlarged thyroid with no definite hot or cold areas- hyperthyroid status (Grave's pattern)** which confirmed diagnosis of **Grave's disease**.

As for the syndromic features of the child, X-ray skull confirmed left sided mandibular hypoplasia and X-ray spine showed lumbarisation of 1st sacral vertebra. Our child had preauricular skin tags, pretragal blind ended sinus, epibulbar dermoids and vertebral anomaly- all features fit into **Goldenhar syndrome**.

#### Discussion :

**Grave's disease (fig1)** is the most common cause of pediatric hyperthyroidism<sup>[1]</sup>. It is an autoimmune disorder resulting in production of Thyrotropin (TSH) receptor stimulating antibodies causing increased thyroid hormonogenesis. Enlargement of the thymus, splenomegaly, lymphadenopathy, peripheral lymphocytosis with lymphocytic and plasma cells infiltration of thyroid and retroorbital tissues are well established findings in Grave's disease. The ophthalmopathy in Grave's disease mediated by the antibodies shared by both thyroid and retroorbital tissue. Our patient was positive for signs of Grave's ophthalmopathy.



**Goldenhar syndrome (GS) (fig2)** is included in broader diagnostic category of Oculo-Auriculo-Vertebral Syndrome by Gorlin<sup>[2]</sup> with unknown etiology. Estimated occurrence in first degree relatives is approximately 2%, although minor features of this disorder may be noted in relatives<sup>[2]</sup>. In our case father and paternal great grandmother had preauricular skin tags but no other features of GS. Mekenzie described the pathogenesis of first branchial arch syndrome as insufficient oxygen supply by stapedia artery during embryonic development of first branchial arch<sup>[3]</sup>.

In GS ocular anomalies especially bilateral dermoids occurs in 60% of cases, vertebral anomalies are present in 40% of cases, and other ear anomalies are noted in 40% of cases<sup>[4]</sup>. In GS, auricular or preauricular appendages are the most important constant features, which are usually bilateral and multiple as seen in our case. Epibulbar dermoids (most common), microphthalmia, microcornea, coloboma of eyelids, iris atrophy and polar cataract are the other ophthalmic manifestation of GS which have been reported so far<sup>[5,6]</sup>.

Oral manifestations include high arch palate, micrognathia, which were present in our case. Other features like cleft lip, cleft palate, diminished or absent parotid secretion, ankyloglossia, upper alveolar notching have also been reported<sup>[7,8]</sup> but these features were absent in our case.

According to a study done by Schroeder et al, 64% of branchial arch anomalies presented with lateral neck mass (branchial cyst/ cystic mass with sinus/fistula)<sup>[9]</sup>. But interestingly and uniquely in our case, we had anterior neck mass due to thyroid gland enlargement, secondary to Grave's disease.

As this child had features of hyperthyroidism with thyrotoxicosis due to Grave's disease, she was started on antithyroid drugs (carbimazole) and beta blockers (propranolol), child has symptomatically improved and being followed up.

Treatment options for Goldenhar per se includes cosmetic correction i. e. excision of preauricular skin tags, excision of sinus tract, jaw reconstruction and excision of epibulbar dermoids. Counselling the child and family regarding the syndrome and giving psychological support for social attributes were done.



**1. Grave's ophthalmopathy with Goiter**



**2. Goldenhar Syndrome**

## References

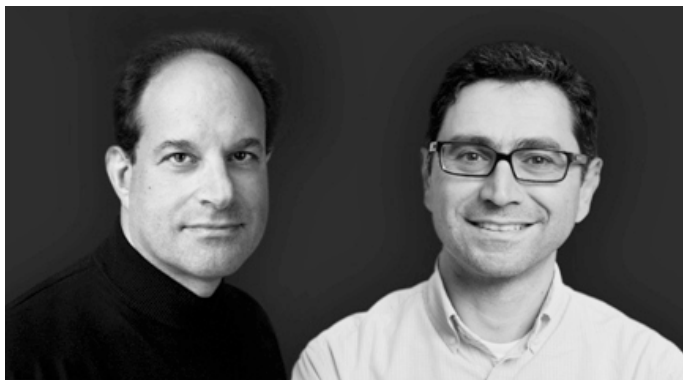
1. Kliegman, Robert. Nelson Textbook of Pediatrics. Edition 21. Philadelphia, PA: Elsevier, 2020.
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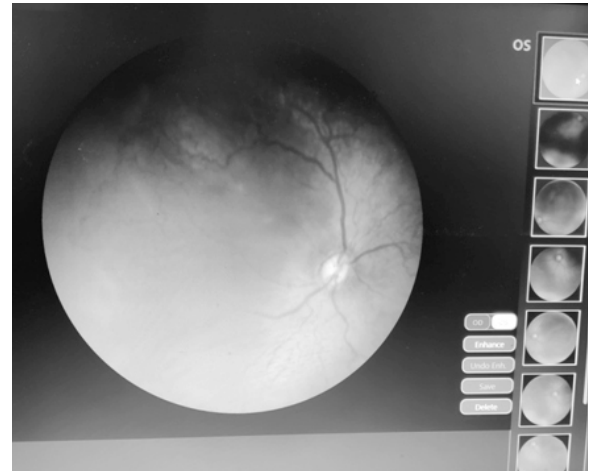
## Discoveries of receptors for temperature and touch

The 2021 Nobel Prize in Physiology or Medicine is awarded to David Julius and Ardem Patapoutian for their discoveries of thermal and mechanical transducers. The question of how we sense the physical world through somatic sensation has fascinated humankind for millennia. During the first half of the 20th century, it became clear that temperature and pressure activate different types of nerves in the skin. However, the identity of the molecular transducers responsible for detecting and converting heat, cold and touch into nerve impulses in the sensory nervous system remained a mystery until the discoveries awarded with this year's Nobel Prize.

### David Julius and Ardem Patapoutian



## Retcam image showing Stage III Retinopathy of prematurity with Plus disease.

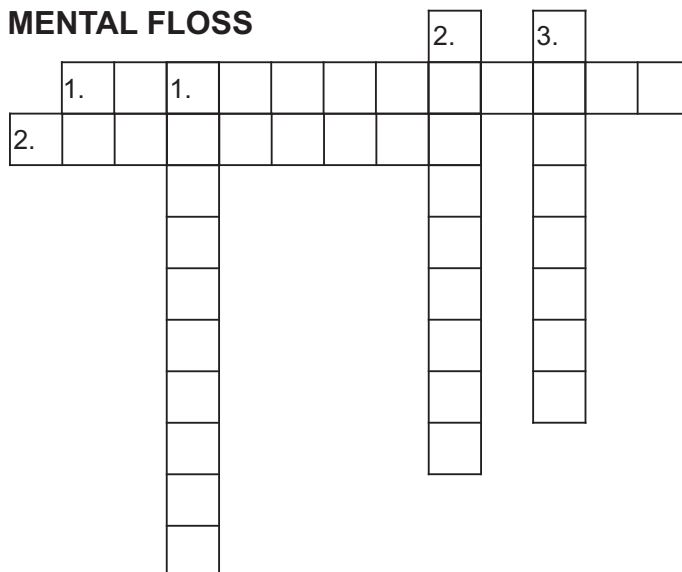


Retinopathy of prematurity (ROP) is an eye disease that can happen in babies who are premature (born early) - or who weigh less than 3 pounds at birth. There are 5 different stages of ROP. Doctors use these stages to keep track of how serious ROP is. The stages range from stage 1 (mild) to stage 5 (severe)

**Stage 3** - Some babies who develop stage 3 get better with no treatment and go on to have healthy vision. But others need treatment to stop abnormal blood vessels from damaging the retina and causing retinal detachment (an eye problem that can cause vision loss).

**#Laser treatment#Injections#antiVEGF drugs**

## MENTAL FLOSS



### ACROSS

1. High Blood Pressure

2. Without Fever

### DOWN

1. RBC

2. Looking at a blood vessel with dye

3. Too much sugar in blood



### DEPARTMENT OF ANATOMY

#### Orientation Programme & White Coat Ceremony

Orientation Programme & White Coat Ceremony for 1st MBBS 2021-22 Batch was conducted on 23.04.2022 from 9 am to 5 pm, at Auditorium, Anatomy block. The Programme was graced by Dr. M. G. Rajashekarappa, Director, General Administration, Dr. Manjunath Alur, Dean, Research & Development, Dr. S. B. Murugesh, Principal, Dr. Vardendra Kulkarni, MEU Co-ordinator & HOD of Pathology, Dr. Nirmala D., HOD of Anatomy, Dr. Smilee Johny S., HOD of Physiology, Dr. Manjunath M Tembad, HOD of Biochemistry, Sri. S. Thangaraj Thomas, Emeritus Asst. Prof. of Anatomy, faculty of Pre-clinical & other Departments, & Family members of new entrants. The importance of White coat was explained to the students & the coats were handed over to them by the dignitaries.

Wearing their coats, Students took CHARAKA SHAPATH, as per the recommendation by NMC, in presence of their Family members, Dignitaries & the Faculty. The Distinction holders of 2019-20 & 2020-21 batch of 1st MBBS were honoured on this occasion. In the afternoon session students' visit to the college campus was arranged, led by Teaching Faculties. The students exhibited their talents after the campus rounds. Wearing their coats, Students took CHARAKA SHAPATH, as per the recommendation by NMC, in presence of their Family members, Dignitaries & the Faculty. The Distinction holders of 2019-20 & 2020-21 batch of 1st MBBS were honoured on this occasion. In the afternoon session students' visit to the college campus was arranged, led by Teaching Faculties. The students exhibited their talents after the campus rounds.



**Inauguration of White Coat Ceremony**



**Release of "ARIVU"**



**Charaka Shapath by Students**



**Felicitations to previous year toppers**



### Cadaveric Oath

A Cadaveric Oath session was organized in the dissection hall for the students of 1st MBBS 2021-22 batch on 27.04.2022 at 11.AM. Students were administered the cadaveric oath after a brief account of cadavers & Voluntary Body Donation to the Medical college was given.



### DEPARTMENT OF PHYSIOLOGY

#### Publications

- Smilee Johncy S, Amogh Ananda Rao. Tennis Courts in the Human Body: A Review of the Misleading Metaphor in Medical Literature. Cureus2022; 14(1):e21474.Doi 10.7759.
- Sunitha M, Komal Manakar. Effect of age, gender, and body mass index on peak expiratory flow rate and other pulmonary function tests in healthy individuals in the age group 18-60 years. National Journal of Physiology, Pharmacy and Pharmacology 2022;12(4):1-15.
- Sunitha M, Smilee Johncy S. Aging effect on cardiac sympathovagal activity in healthy males over seven decades using short-term heart rate variability analysis National Journal of Physiology, Pharmacy and Pharmacology 2022; 12(02):247-251.
- Ashwini S, Smilee Johncy S, LohitashwaSB, Venkatesh BP, Mallesh P. Echocardiographic study of left ventricular mass in normotensive young obese. Indian Journal of Health Sciences and Biomedical Research KLEU2022;15(2):164-167
- Renu Lohitashwa, BA Soumya, Vidya M Nadiger. Obesity and heart rate variability: A cross-sectional study in obese young adults. Indian J Health Sci Biomed Res 2022; 15:34-7.
- Dhanyakumar G, Maheswari Patil. Whole Exome Sequencing Data Analysis for Detection of Breast Cancer Gene Variants and Pathway Study. International Journal of Current Research and Review 2022; 14(6): 17-26.



## Yoga Training Programme

As per new competency based medical education introduced by National Medical Commission of India from the session 2021-22, Yoga training was provided to the undergraduate 1<sup>st</sup> year MBBS students organized by Department of Physiology under the banner of Medical Education Unit. Students attended one-hour yoga training every day for a period of 10 days at the Examination Hall, beginning from June 12<sup>th</sup> and was culminated on the international yoga day, June 21.

Teachers from Sri Patanjali Yoga Shikshana Samiti (SPYSS) volunteered to teach yoga to 1<sup>st</sup> year MBBS students. The ten day Yoga Programme was commemorated on the International Day of Yoga. The programme was graced by the Incharge Principal, Dr. Mugunagowda, Professor & Head, Dept of Paediatrics, the Medical Superintendent, Dr. Kumar, Dr. Varadendra Kulkarni, Prof & Head, Dept of Pathology, Dr. Nirmala, Prof & Head, Dept of Anatomy, Dr. Manjunath Tembad, Prof & Head, Dept of Biochemistry and Dr. Smilee Johncy S, Prof & Head, Dept of Physiology.

Students also expressed their views on the training programme and it ended with felicitation to all the yoga teachers.



## Achievements

- Dr. S. Smilee Johncy, Professor and HOD has guided ICMR STS for Miss. Feba Mary, 1 year MBBS student for the project "Comparison of cognitive function tests in practitioners and non-practitioners of Yoga" and the report has been approved successfully.
- Dr. Renu Lohitashwa, Associate Professor was invited as resource Person for "Synopsis Writing" for newly admitted Post Graduate students at Kodagu Institute of Medical Sciences, Madikeri, Coorg on 3<sup>rd</sup> and 4<sup>th</sup> June 2022.



## DEPARTMENT OF PAEDIATRICS

### Neonatology - Arambh Workshop

AARAMBH initiative of Central National Neonatology Forum which aims to implement skill training of all medical college interns on Basic Newborn Resuscitation. In this regard, conducted a faculty ToT for Paediatrics department faculty from 5 medical colleges of Davangere zone (JJMMC, Davangere / SSIMS, Davangere / Basaveshwara Medical College, Chitradurga / Shimoga Institute of Medical Sciences, Shimoga / Subbaiah Medical college, Shimoga) on 22<sup>nd</sup> June, 2022



### Achievements

**Dr. Ashwini R.C, Associate Professor,  
Division of Neonatology, Department of Paediatrics**

- Co -Authored chapter on “**Antepartum Haemorrhage**” in the textbook “**NNF Clinical Protocols in Perinatology**” (Jaypee Publishers)
- Published case series “**Transient Neonatal Hyperinsulinism :Timely diagnosis and Treatment**” in Postgraduate Journal of Paediatrics and Adolescent Medicine; Vol 1, Issue 1 pg 59-61
- As organizing Secretary organized the “**Paediatric Endocrinology CME**” on **28<sup>th</sup> March, 22** in department of Paediatrics
- Participated as faculty in **Advance NRP** for Paediatric and obstetric postgraduates in the department on 30<sup>th</sup> April, 2022.
- Appointed as **Divisional Co Ordinator (Davangere Zone)** of AARAMBH initiative of Central National Neonatology Forum

## DEPARTMENT OF DERMATOLOGY & VENEREOLOGY DISEASES

### Achievements

Oral paper presentation - “**Back to ROOTS - IV**” conference held at Bangalore on 7<sup>th</sup> & 8<sup>th</sup> May 2022.

Sl. No.	Presenting Author	Co- Author(s)	Title
1.	Dr. Preetham. H.S. Paper	Dr. Sugareddy Professor & HOD	Rapid response to Combination therapy of 308nm Excimer Laser with topical tacrolimus in the treatment of Vitiligo
2.	Dr. Priyanka. B.S. (Award Paper)	Dr. Sugareddy Professor & HOD	A comparative study of Fractional Co2 Laser Resurfacing versus combination of Fractional Co2 with Autologous platelet Rich plasma in the treatment of atrophic Acne scars





Poster presentation at "Back to ROOTS-IV" conference held at Bangalore, on 7th & 8th May 2022.

Sl. No.	Presenting Author	Co- Author(s)	Title
1.	Dr. Vaishnavi	Dr. S. B. Murugesh Prof. & Principal	The effect of Platelet rich Plasma on hair regrowth : A clinical study
		Dr. Nadiga Rajashekhar Professor	Effectiveness of Q Switched Nd : YAG Laser for Tattoo removal
		Dr. Madhuri. B. Asst. Professor	Carbon peel laser technique to improve skin quality : back to science
2.	Dr. Veena V.T.	Dr. S.B.Murugesh Prof. & Principal	100% Trichloroacetic Acid needling in Palmar Verruca
3.	Dr. Bhavishya. K. Shetty	Dr. Madhuri.B. Asst. Professor	Fractional Co2 Laser for Alopecia Areata
4.	Dr. Chaitra Shankar	Dr. S.B.Murugesh Prof. & Principal	Excimer Laser (308nm) Therapy in Alopecia Areata
5.	Dr. Chethan Kumar	Dr. Sugareddy Professor & HOD	Autologous platelet rich fibrin matrix(Prem) therapy in Non Healing Trophic ulcers in Hansen's disease

## International Vitiligo Day

On the occasion of 'WORLD VITILIGO DAY' - Learning to live with vitiligo (June 25<sup>th</sup>), a programme was organized at Department seminar hall, Bapuji OPD Block by Department of Dermatology, Venereology & Leprology, JJMMC, on June 25<sup>th</sup> 2022

- To bring about awareness of Vitiligo to the general public.
- To reduce stigma attached to about Vitiligo.
- An educational Skit was performed by Dermatology Post graduates & Dermatology faculty to convey that Vitiligo is not contagious.

**CME on "PSYCHOSEXUAL MEDICINE"** was held on 10th April 2022 at Library Auditorium, JJMMC, Davangere.

Various eminent speakers spoke about topics related to Psychosexual disorders, counseling & management.



**Distinction with Highest marks in Dermatology in history of RGUHS**





## DEPARTMENT OF OPHTHALMOLOGY

The following research activities have been approved by RGUHS and are being undertaken in the department.

Sl. No.	Title	Principal Investigator	Co Investigator
1.	Validation and feasibility of using smart phone based retinal photography for diabetic retinopathy screening at community level.	Dr. Ravindra Banakar	Dr. Suresh AR
2.	To evaluate the efficacy and tolerability of flax seed nutritional supplementation in comparisom with omega 3 capsules in dry eye disease.	Dr. Meghana Patil	Dr. Ravindra Banakar

## DEPARTMENT OF PATHOLOGY

### Papers Presented - Department of Pathology

Sl. No.	Presenting Author	Co- Author	Title	CME
1.	Dr. Aditi Bhattacharya	Dr. Chatura KR [Professor] Dr. Omkaruvvala [Clinical Instructor-St. Georges University School of Medicine Grenada]	Prognostic Index and p16 staining in penile carcinomas : an untrodden chronicle	CME in Genitourinary oncopathology Sri Shankara Cancer Hospital and Research Centre, Bangalore Second [2nd ]Prize
2.	Dr. Bhavya H.S.	Dr. S B Patil [Professor]	Cytomorphological study of lymphocytic thyroiditis and it's correlation with thyroid hormonal status	National Conference On Gastrointestinal and Hematopathology BMCRI
3.	Dr. Rajkumari Jayshree Devi	Dr. Soumya B.M. [Assisstant Professor] Dr. Vardendra Kulkarni [Professor and HOD of Department of Pathology]	Spectrum of lesions in Nephrectomy specimens-A clinico-pathological study	CME in Genitourinary oncopathology Sri Shankara Cancer Hospital and Research Centre, Bangalore
4.	Dr. Sri Devi R.	Dr. Chatura KR [Professor] Dr. Vardendra Kulkarni [Professor and HOD of Department of Pathology]	Value of MAGEE decision algorithm using pathological data in breast carcinoma cases to forgo molecular testing from a tertiarcentre	Annual conference of TNPC, IAPM TAPCON 2022



Sl. No.	Presenting Author	Co- Author	Title	CME
5.	Dr. Shilpa Singh	Dr. Ashwini H.N. [Professor]	Study of Hematological parameters in patients with coronavirus disease 2019 in Bapuji Hospital [JJMMC]	40 <sup>th</sup> Annual National CME KLE Academy of Higher Education and Research [JNMC, Belagavi]
6.	Dr. Monish Ram S.D.	Dr. Rajashekhar K S [Professor]	Stud of blood group discrepancies and incompatible cross match cases at a regional blood centre	National Conference On Gastrointestinal and Hematopathology BMCRI
7.	Dr. Manasi	Dr. Soumya B.M. [Assistant Professor]	Xanthogranulomatous Inflammatory lesions- A 10 year institutional experience	National Conference On Gastrointestinal and Hematopathology BMCRI
8.	Dr. Priyanka Indoria		Need of preoperative hemostatic screening tests in surgery: Experience from tertiary care hospital	National Conference On Gastrointestinal and Hematopathology BMCRI
9.	Dr. Goverdhan Patho	Dr Ashwini H.N. [Professor]	Histomorphological spectrum of bone lesion at tertiary care hospital- 2 years study	National Conference On Gastrointestinal and Hematopathology BMCRI
10.	Dr. Lalita Sharma	Dr. S B Patil [Professor] Dr Ashwini H.N. [Professor]	Cytomorphological profile of thyroid lesions and it's correlation with clinical and ultrasonography findings in a tertiary care centre	40 <sup>th</sup> Annual National CME KLE Academy of Higher Education and Research [JNMC, Belagavi]
11.	Dr. Saiyed Zebasultana	Dr. Neethu G.V. [Associate Professor]	Study of serum ferritin level and thyroid profile in thalassemia patients with multiple transfusions	National Conference On Gastrointestinal and Hematopathology BMCRI
12.	Dr. Arijita Banik	Dr. Vardendra Kulkarni [Professor and HOD of Department of Pathology]	Comparative evaluation of histopathological findings in Prurigo nodularis vs Lichen simplex chronicus- an institutional experience	National Conference On Gastrointestinal and Hematopathology BMCRI

## Pathology Faculty Paper Presentation

Sl. No.	Presenting Author	Title	CME
1.	Dr. Neethu G.V. [Associate Professor]	Evaluate and compare the utility of Bone marrow aspirate, imprints and biopsy sections in hematological disorders	National Conference On Gastrointestinal and Hematopathology BMCRI



## National Pathology Day Events

Hearty Congratulations to Dr. Divya PJ for Third prize in pathology quiz organized by KCIAPM on National Pathology Day



## Rangoli Competition

National Pathology Day 2022 was celebrated on 13<sup>th</sup> April in Department of Pathology, JJMMC in commemorating the birth anniversary of a legend, Dr. V.R. Khanolkar referred to as the "Father of Pathology and Medical Research in India."

On this occasion, Rangoli competition was conducted for undergraduate students and post-graduates from Pathology, with the theme- Pathkaarigari.



**Following students bagged prizes for the same event:**

1. Ritwik, Sridevi RC, UG [3<sup>rd</sup> year] 1<sup>st</sup> Prize
2. Sruthi, Chaitra, Varsha, UG [3<sup>rd</sup> year] 2<sup>nd</sup> Prize
3. Soumya, Apurva, Anusha, PG, 1<sup>st</sup> Prize

## CME :

A one-day CME with two (2) KMC credit hours was conducted on 7<sup>th</sup> April 2022 titled "Recent Updates on Colorectal Carcinoma" by Department of Pathology.

The CME included deliberations by renowned guest speakers in the field with interactive participation from delegates. The CME was conducted in hybrid mode with offline sessions that were shared live through online platform for virtual audience. The inaugural ceremony was presided by Dr. S. B. Murugesh, Principal, JJMMC with office bearers of organizing committee Dr. Vardendra Kulkarni (Organizing Chairman) and Dr. Seema Bijjaragi (Organizing Secretary).



## KCIAPM Slide Seminar June- 2022

Dr. Arijita Banik- 1<sup>st</sup> Prize

Case- Bone tissue sample from "breach" in left lateral femoral condyle following arthroscopy in 52 years male.

Diagnosis: Xanthogranulomatous Osteomyelitis



**ಸಮಯ :**

ಕಾರಣ ತಿಳಿಯದೆ ಕಂಗಳಿವು ತೊಯ್ಯಿವೇ,  
ಮನದ ಶಬ್ದಗಳು ಮೌನವ ತಾಳಿದೆ,  
ಕನಸಿನ ಮೂಟೆಯ ಹೊತ್ತು ಗುರಿ ಉರಿಯಡೆಗೆ ಸಾಗುತ್ತಿದ್ದೆ. ನಾ,  
ನನ್ನ ಗುರಿಯ ಹಾದಿಯ ಹುಲ್ಲು ಹಾಸಿಗೆಯಾಗಿ ನಿಂತಿದ್ದೆ. ನೀ,  
ನೀ ಕಂಡ ಕಷ್ಟಗಳು ನನಗೆ ತಾಗದಿರಲೆಂದು ತಡೆಗೋಡೆಯಾಗಿ ನಿಂತು  
ಹೆಮ್ಮೆಯಿಂದ ನಡೆದಿದ್ದೆ ನೀ,

**ವೈದ್ಯರು :**

ನಿನ್ನ ಕನಸಿನ ಮೂಟೆಯ ಹೊತ್ತು ಸಮಯದೊಂದಿಗೆ ಓಡುತ್ತಾ  
ವೈದ್ಯನಾಗುವ ಬರದಲ್ಲಿ ಮರೆತಿದ್ದೆ ನಿನ್ನ ನಾ,  
ಆದರೆ ಆ ವೈದ್ಯ ಸೇವೆಯೇ ಸಮಯಕ್ಕೆ ಸಿಗದೆ ನನ್ನ ತೊರೆದು ಹೋದೆ ನೀ,  
ಇಂದು ನಿನ್ನ ನೆನದರು ನೀನಿಲ್ಲ ನನ್ನ ಜೊತೆಯಲ್ಲಿ, ಇರುವ ಮನದ ನೆನಪಲ್ಲಿ,  
ಅರಿತ ಹೃದಯವದು ಭಾರವಾಗಿದೆ ಮನವಿದು ಮರಗುತಿದೆ  
ಭಾವನೆಗಳು ನೀರಾಗಿದೆ ಕಣ್ಣಂಜಲಿ, ಪದಗಳಾಗಿವೆ ಲೇಖನಿಯಲ್ಲಿ,  
ಎಲ್ಲವನ್ನು ತಿಳಿದ ಸಮಯವದು ಸಾಗಿದೆ ಸದ್ದಿಲ್ಲದೆ ತಾನಾಗಿಯೇ ಕಾಯದೆ  
ಕಾಲನ ಆಟವಿದು ಸಮಯದ ಪಾಠವಿದು.

**Dr. Pramod Padasalimani**  
**Pediatrics PG**  
**JJMMC, Davangere.**

**Short Essay****Damocles's Sword.**

It was Sunday. Arun Desai, a final year medico, had again denied to tour with his friends. Oh, Dr. Harrison smiled wistfully at Arun from heaven. Thanks to P. Versicolor, Spaghetti and Meatballs were now ruined for him. With a paediatrician-father, the swish of stethoscopes imperceptibly blended with the 'Surf-Excel' fragrance of ivory-white aprons, everyday. Baba Ramdev howled "Allopathy is a stupid science" on NDTV, while his father got ready for work with a frown.

The house-help, Shivamma, had somehow learnt from his mother that the Chota-doctor was to be paid ? 3000 per-month, from the Himachal Pradesh Government for COVID service. Sivamma beamed with pride that she earned as much as a Doctor. While she cleaned the nooks and corners extra clean that day, Arun started ironing his father's apron. Deeply irked that would be paid less than minimum wage, he absent mindedly burnt a scorch mark on the apron. But, that morning, his scorched apron wasn't Dr. Desai's worries. His six-year-old dengue patient Bhuvan's health was worsening.

Later, Arun performed his Teleconsultation duties with élan vital. It marked the first day of introducing himself as a Doctor to the world, his first COVID patient. "Ha! Two firsts in a single day!", he chuckled. The benchmarks his tribe had to meet were of the highest order. Not for them the cruelty of the Political Class, exploitation of the Higher-caste, greed of the Merchant, coarseness of the Plebeian. Revered for intellect, yet easily condemned for the slightest follies. The protocol expected medicos to call patients only on first day of testing positive; every other day was an automated call. But, kindness and humanness burned brighter in the depths of Arun's soul. He called them for 14 days consecutively and wouldn't end the call until his patient felt better. After having scaled a plethora of human notions from "You doctors are leeches" to "How can I afford a pulse-oximeter when I don't have food?", he opens his journal...

**ENTRY-1 :** Fed my soul, today. To more days of waging wars against death, dabbling man's genome, resetting telomere's end.

It was 3pm, Arun's father had neither returned calls nor come home. Arun decides to go the Clinic himself. On the way, he notices a man lying prone on the ground. His forehead was dark and swollen. His hands twisted. His nose bled with strands of hair pulled off from his head. Arun's blood ran cold when he noticed the scorch marks on a **dirty-white cloth lying on the ground**.

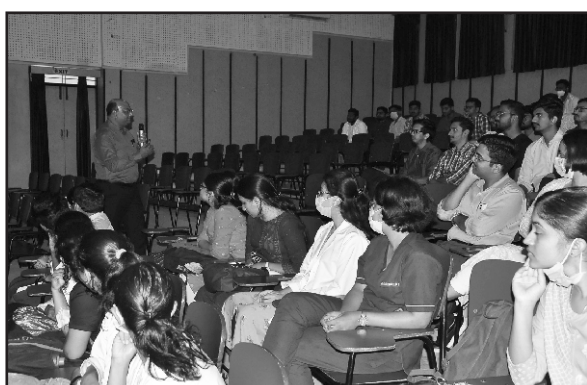
His father's apron was ablaze with a deep red.

**ENTRY 2 :**

Father was assaulted by relatives of Bhuvan who succumbed to dengue. Lo and behold, 9 doctors for every 10,000 Indian patients! How much should the ratio lessen for the leaders to spend more than 1.17% of GDP on Health. Would Hippocrates have written a different oath, had he known about the violence on India's doctors?

The stethoscope should be my tool, not **Damocles's sword**.

Dr. Kshitija  
JJMMC Batch 2017



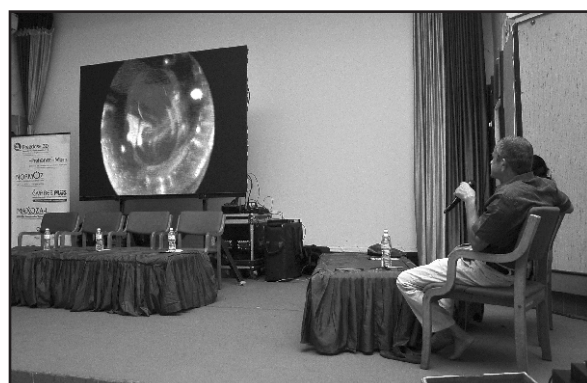
Orientation Programme for Interns - Diagnostic services, Communication Skills & Ethical Issue organised by Medical Education Unit



Guest Lecture organised by Department of Pathology



CME - Approach to Hematological Emergencies organised by Department of Emergency Medicine



Workshop organised by Department of Obstetrics & Gynaecology



## Camp Organised at S S General Hospital from S S Care Trust



## Dr. Nirmala Kesaree Oration and Annual National CME Organised by Department of Paediatrics







## Statelevel RGUHS Basketball tournament organised by JJMMC, Davangere



### ATTENTION PLEASE

The submission for the next issue September 2022 of the News letter should be done before 10<sup>th</sup> October 2022. All the photos should be in JPEG format. Please send the copy of the material to e-mail [jjmmcinsperia@gmail.com](mailto:jjmmcinsperia@gmail.com) in the form of soft copy as well as hard copy through the department co-ordinator within the stipulated time and co-operate.







RGUHS Single zone Basketball (W) winners at Bagalkot



RGUHS Inter zone Basketball (M) Runners at Bagalkote



RGUHS Staff tennis single winner -  
Dr. Powdhan (orthopedics)



RGUHS SL Shuttle Badminton prize winners -  
Dr. Rajani, Dr. Neetu & Dr. Madhavi at Mangalore



RGUHS Belgaum zone Football (M) Runners at Gadag.



RGUHS Inter zone Shuttle Badminton Runners at Vijayapura



Inaguration of College Fest - ASTERIA 2022



## Celebration of 92nd Birthday of our Beloved Chairman, Shri. Dr. Shamanuru Shivashankarappa at JJMMC

