

Managing Director's Message



I wish to convey my best wishes for the success of Karpaga Vriksha. May it serve to faithfully document various events that are being conducted in KIMS & RC periodically and all the achievements of our students and faculty; highlight interesting clinical cases and aid knowledge dissemination, and give a chance for faculty and students to voice their thoughts and views on important topics.

Dr. Annamalai Regupathy
Managing Director

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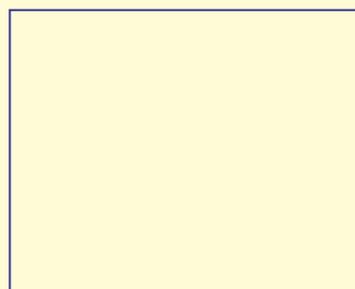
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News & Events

"Lifetime Achievement Award" to our Managing Director & "Best Institute Award"



Our beloved Managing Director, Dr. Annamalai Regupathy was conferred the "Lifetime Achievement Award" by the Doctors Institute for Competitive Exams (DICE) on 25th March, 2018 at a program conducted at Prince Hall, MCC Matriculation Higher Secondary School, Chetpet, Chennai. Our Managing Director was bestowed this award in honour of his role in continuous contribution to medical education, developing health care and being a positive role model for the students.

KIMS & RC was also awarded the "Best Institute

Award" to recognise the Institution's role in providing quality healthcare and medical education. The Principal Dr. Sufala Vishwasrao and the Medical Director Dr. S. Sathiyarayanan collected the award on behalf of the Institute.

At the same function in which various medical institutes across Tamil Nadu participated, DICE also awarded prizes to the toppers of our institute A.S. Vidya, N. Swetha and M. Balasubramanian who received first three prizes for securing highest marks in their Final MBBS, part II University exams in recognition of their hard work and sincerity.



Our MD's Birthday Celebrations

KIMS & RC



We celebrated the birthday of our beloved Managing Director, Dr. Annamalai Regupathy on 9th December 2017, in KIMS & RC. The occasion was graced by Mrs. Meenakshi Annamalai, Director of KVCET; Dr. Sufala Vishwasrao, Principal, Dr. S. Muralidharan, Medical Superintendent; Dr. S. Sathiyarayanan, Medical Director; Dr. T.L. Anbumani, Vice Principal; and the Dental College Vice Principal Dr. Mathan Mohan, Vice Principal, KIDS. All the Principals, senior teaching faculty from KIDS, KVCN, KVCET, were part of the audience during the celebrations.

On this occasion, the Medical superintendent Dr. S.

Muralidharan conveyed his greetings on behalf of all the medical fraternity. Dr. Mathan Mohan gave a brief report about how the college was started and had flourished to this present day. The HODs and faculty of the various Departments conveyed their wishes and blessings to our Managing Director on this occasion. All the nonteaching staff, Principal of Nursing College and the Nursing Superintendent also gathered for rendering their wishes. A cake cutting celebration was conducted and the First edition of our college magazine "Karpaga Vriksha" was released on this day to mark the occasion of our Managing Director's birthday and making it more memorable.



Pongal Fest 2018 CIENTRONZ Batch

Report by K. Manasa Devi, II MBBS student



“Harvest and give thanks with a grateful heart, for ripe fruits and rich crops”

Pongal is such a day of harvest, where not only the farmers but all people offer their gratitude and sincere prayers to the Sun God for the abundant reaping every year.

Pongal Fest likewise is a beautiful and colourful celebration of the flourishing harvest season, a tradition held every year in our campus. This year it was organised by the 2016 Batch of KIMS & RC - CIENTRONZ. Held on the 12th of January 2018, the Pongal Fest was indisputably the best way to start the month of new beginnings, brimming with hard work and passion to see the event through. The students were besides themselves with excitement and eager to make the best of it. But what really struck a chord was the way the faculty had done everything to make sure the Fest turned out exceedingly good.



The Fest had already sown seeds the evening before with the beginning of Rangoli competition among the 1st year MBBS students. The floor was a splash of vibrant colours and intricate patterns, bringing out the best of the talents. Mehendi competition followed the same night, among the different

batches of students. It was the brightest of nights, ringing with laughter and lit up with the light of smiles everywhere, as girls poured their best out in the form of breathtaking mehendi.



With the sun rays lighting up the dawn sky the next day, all the students were up to do their duties, burning with unbridled excitement. Decorated items were placed in positions, painted pots and flower garlands added hues to the place, the sugarcanes were lush and the students were beaming with pride as they welcomed the staff and helpers to the biggest event they had organised.



As was tradition, Pongal was made with utter reverence and austerity and served to everyone with joy and happiness. A mind blowing classical number was performed by S. Vidya, S. Anupriya and A. Keerthana of II year MBBS to welcome the chief guests. L. Janani and M. Varna's eloquent Tamil speeches had the audience's attention completely captured. The sunny morning rang with the soulful songs of S. Akash, evoking awe amidst everyone gathered.

When the sun set the sky on fire by noon, Pongal pooja was done in the presence of our very revered

Managing Director, Principal, dignitaries, teaching faculty and non-teaching faculty. The delicious and steaming ven pongal and sweet pongal were distributed to everyone present.



With that, it was finally time for the games to begin. A lemon and spoon race was organised among both the staffs and students, a game of Musical numbers was played among first year students bringing with it peals of laughter and exuberant happiness. But it's safe to say that traditional games are the best, as was proved by Uri Adithal by the staffs. The game was hands down, one of the best moments of the day. Games of tug of war were also played by students.



As the afternoon progressed, lunch break was followed by the second segment of the Fest - the cultural events and competitions. It was an absolute honour to have been amidst such raw talent and passion. The events were proof enough that medical student are brilliant in all fields of activities and that they are amazing all rounders. Students danced like it was their last day alive with such grace and fluidity, they sang so sweetly that the greatest singers would have blushed; they brought out the funny side of them through mimes and movie spoof leaving the audiences in splits of helpless laughter.

The winners of the competitions were awarded glinting trophies to take home with pride, the

dignitaries were presented with mementos and gifts wrapped not just in paper but with warmth and love.



It was the perfect ending to a perfect day, with feelings of pride and satisfaction saturating the already giddy air around the students.

The seeds of their diligence and energy had been reaped with huge success. It brought out new friendships between the seniors and juniors, bonding them in truce and memories of a lifetime were made.

This Pongal Fest undoubtedly would never have been a possibility of it hadn't been for the management and faculty who placed immense faith in the students and their abilities to make the best of the event. Without the help from the other workers, it would've been near impossible to have had such a grand Pongal Fest. It's hard to see anyone else but the management and faculty from our college take responsibilities upon themselves to help the students.

The 12th of January 2018 was the most brilliant of days to be cherished!





Prize Winners - Faculty

Lemon & Spoon	1	Dr. M. Geetha, Associate Professor of Community Medicine
	2	Dr. B. Prathap, Associate Professor of Pharmacology
Uri Adithal competiton	1	Dr. E. Seshathri, Assistant Professor of Pharmacology
	2	Dr. A. Khadeja Bi, Assistant Professor of Biochemistry
	3	Dr. D. Ganesh Kumar, II year PG student, Department of Pharmacology
	4	Dr. A.M. Vandhitha, II year PG student, Department of Microbiology
	5	Dr. C. Umeshkumar, I year PG student, Department of Microbiology
Number Game	1	Dr. B. Jaya MD, Assistant Professor, Dept of Physiology

Prize Winners - Students

Mehendhi Competition	First prize	R.M. Deekshitha
	Second prize	V. Vinitha
Rangoli competiton	First prize	S.V. Akshathya Gayathri, S.R. Kiruthika, K. Mounica & S. Susithra
	Second prize	P. Komali, P. Rosy Samyuktha, V. Jaswanthi & K. Akhila
Singing Competition	First prize	S. Srividhya
	Second prize	R. Pavithra
Group Dance competiton	First prize	J. Sanjay Vignesh, S.K. Manoranjan, D. Vinitha Krishna, Tejas.C. Krishna, S. Prathish, P. Anudeep, A. Sameer & V. Ashok
	Second prize	P. Priyatha, J. Jaswanthi, M. Vaisnavi Guptha & G. Pravalika

Republic Day Celebration KIMS & RC



KIMS & RC celebrated the 69th Republic day on 26th January 2018 in front of the hospital premises. Faculty from KIMS, undergraduate, post-graduate students, nursing staff and other hospital staff participated in the event. The program commenced with the flag hoisting by the Principal Dr. Sufala

Vishwasrao, which was followed by the national anthem.

The Deputy medical superintendent, senior faculty, Dr. Nayak, and the Nursing supervisor delivered a speech on patriotism and the contribution of freedom fighters. Students from first year and second year actively participated in the programme and also spoke on the importance of Republic. An inspirational speech was given by Principal which was a tribute to our freedom fighters. The Principal also stressed upon the importance of the medical profession in day-to-day life and the role of the doctors in nation building. At the end of the programme vote of thanks was delivered and sweets were distributed to all participants.

The CRRI Orientation Programme Medical Education Unit

The CRRI Orientation Programme - March 2018 was conducted at KIMS & RC on 26th & 27th March 2018, at Lecture hall complex. The aim of the programme was to familiarize new interns with the work places which include wards, OPD, emergency room and community and their responsibilities. The objectives of the programme were to enable the interns to develop the right attitudes and good communication skills, both verbal and written, to enable them to be aware of the psychosocial needs of the patients, to appreciate the principles in rational drug therapy, develop and refine the skills of requisitions for diagnostic tests, appropriate techniques for collection and transport of samples for laboratory test, to enable them to be aware of ethical issues involved in patient care, tackle common medico-legal issue, identify their role in a multidisciplinary team and recognize their responsibility and accountability towards patient care.

The programme was structured with interactive lectures, allotment of group tasks and discussion of ethical and medico-legal case scenarios. It was a collaborative effort of dedicated senior faculty from the institute. The following topics were discussed in the workshop by the respective faculty: Case sheet writing by Dr. V. Ramachandran, Associate Professor of Medicine; Interdepartmental references by Dr. S.N. Minnalkodi, Professor & Head OBG; Procedure notes by Dr. D. Ramola, Professor Surgery; Discharge



summary by Dr. G.S. Srinivasan, Professor & Head Ophthalmology; Guidelines for request for laboratory investigation by Dr. R. Madhumitha, Assistant Professor Pathology, Dr. Khadeja Bi Assistant Professor Biochemistry, Dr. K. Balan, Associate Professor Microbiology; How to write daily morning and evening notes by Dr. C.S. Arulparithi, Associate Professor Paediatrics; Obtaining consent from patient and its medicolegal implications by Dr. M.K. Siddharthraj, Professor & HOD ENT; Role of the CRRI in ICU by Dr. K. Appandraj, Professor of Medicine; Role of CRRI in the OT by Dr. R. Vidya, Professor of Anaesthesia; Role of the CRRI in casualty by Dr. G. Uma, Assistant Professor of Anaesthesia and Role of the CRRI in Community medicine by Dr. Archana, Associate Professor Department of Community Medicine. At the end of the programme, The Principal, Dr. Sufala Vishwasrao, addressed and appraised the interns about their responsibilities.

CME on Orthopaedic Neurology Department of Orthopaedics



The Department of Orthopaedics organised KIMSORTHO 2017: A CME on the theme of Orthopaedic neurology on 28th November 2017 with an objective to provide a comprehensive view of spinal cord and peripheral nerve injuries. The Inauguration and welcome address was followed by elaborate sessions on "Anatomy of spinal cord and spinal nerves with applied anatomy" by Dr. T. L Anbumani, "Pathophysiology of nerve compression" by Dr. Navin Rajaratnam and "Neurological examination of spinal cord injuries and localization of lesions" by Dr. K. Venkatesh. Dr. S. Aruna discussed about "Brachial plexus: Anatomy and Applied anatomy" followed by a session on "Peripheral nerve injuries of upper limb: Evaluation and Management" by Dr. R. Srikanth.

The afternoon session had lectures on "Lumbosacral plexus : Anatomy and applied anatomy" by Dr. S. Girija, "Peripheral nerve injuries of lower limb: Evaluation and management" by Dr. R. Srikanth and "Nerve repair, reconstruction and transfers" by Dr. G.S Radhakrishnan. The scientific sessions were designed in a way that diseases related to spinal cord and spinal nerves, upper and lower limb plexuses were dealt in the order of anatomy, pathophysiology, clinical presentation and management. Final MBBS students and Postgraduate students participated in the CME. The vertical integration of common orthopaedic neurological problems was appreciated by all participants. The programme was awarded 5 credit points by the TN Dr. MGR Medical University.



CME on "Surgical Trends in Head and Neck" Department of General Surgery



The Department of General Surgery organised a CME programme on "Surgical trends in Head and Neck" for final MBBS students on 19th December 2017, with a purpose of enabling them understand complex topics in a comprehensive manner and empower them with the knowledge of latest developments in the field of Surgery. The morning

session began with a keynote lecture on "Thyroid diseases" by Dr. Senthil Kumar, Endocrine surgeon who threw more light on this burning issue affecting people from all walks of life. This was followed by brief and insightful lectures on approach to "Salivary gland diseases" and "Oral cavity diseases" by Dr. G. Chandrasekar, General Surgeon and Dr. D. Jayakumar, Surgical Oncologist respectively. The forenoon session concluded with an enlightening talk on "Flap covers and Novelties in the field of Plastic Surgery" by Dr. P. Rajendran, Plastic Surgeon.

The Grand Finale of Surgery Quiz for Undergraduate students was conducted in the afternoon session followed by Prize distribution. The CME was awarded 10 CME credit points under Category 2 by the TN Dr. MGR Medical University.

CME on Adolescent health Department of Obstetrics and Gynaecology



The Department of Obstetrics and Gynaecology, KIMS & RC organised a CME on "Adolescent Health" on 29th December 2017. The programme commenced with welcome address by Prof. Dr. S. Viswanathan, Professor and Head. Dr. Sampath

Kumari, Chengalpattu Medical College delivered an introductory lecture on "Adolescent health- Need of the hour". This was followed by enlightening sessions on "Adolescent nutrition and anaemia" by Dr. C. Veni, Balaji Medical College, "Adolescent obesity and PCOS" by Dr. Vijayalakshmi Gnanasekaran, Chintamani hospital and "Adolescent heavy menstrual bleeding and teenage pregnancy" by Dr. Anjalakshi Chandrasekar, Annai Medical College. Dr. Shanthi Gunasingh, Director, Institute of Obstetrics and Gynaecology, Egmore delivered an insightful lecture on "Adolescent vaccination and contraception". Final MBBS students and Postgraduates students participated. The CME was awarded 5 CME credit points by the

CME on Essential Pain Management Department of Anaesthesiology

The Department of Anaesthesiology in collaboration with the Travelling Pain School, India conducted a CME on "Essential Pain Management" for MBBS CRRIs on 10th February 2018. Distinguished pain physicians, Dr. P. Vijayanand, Consultant, Atlas Pain care, Coimbatore and Dr. Sudheer Dara, Director of Pain services, Continental Hospitals, Hyderabad participated and delivered interactive lectures and case studies. Group discussion was held in the afternoon session.



Basic Life Support (BLS) Workshop Department of Anaesthesiology



The Department of Anaesthesiology organizes regular BLS training workshops through their Basic Life Support teaching programme. The team of BLS

Instructors comprising of Dr. Mu. Raajaram, Dr. G. Uma and Dr. Deepa Gautham have conducted the following programmes between November 2017 and March 2018.

3 workshops were held between November and December 2017 and the entire 2012 batch of MBBS CRRIs was trained. A workshop was conducted on 27th January 2018 and the Junior residents and PG students were trained. The Annual State Level Workshop on BLS for Nursing Personnel was conducted on 14th and 15th of March, 2018 at Karpaga Vinayaga College of Nursing (KVCN). In the two days workshop, 120 nurses from nursing colleges in Tamil Nadu & Puducherry region were trained.

Workshop on Microteaching for Faculty Medical Education Unit



Workshop on microteaching for faculty was conducted by Medical Education Unit (MEU) of KIMS & RC on 24th January 2018 at the MEU Hall. The objective of the workshop was to provide the faculty members with a hands-on training of the process of microteaching, framing objectives, lesson planning, interactive T-L methods and appropriate use of media. These objectives were achieved in the forenoon and afternoon sessions by our MEU faculty members.

The MEU coordinator Dr. Roseline. F William welcomed the gathering and Dr. Navin Rajaratnam, gave the participants a brief orientation to the workshop. An introduction to Microteaching was

given by Dr. Roseline. F William. Dr. Girija Sivakumar explained about framing objectives which is one of the key components of teaching skill and this was followed by a talk on Lesson plan with set induction by Dr. D. Thirunaaukarasu. Dr. Navin Rajaratnam focused on Interactive T-L methods with variety of activities. Forenoon sessions ended with a talk on Appropriate use of media by Dr. S. Vadivel. The method used in the post lunch workshop included video recording of the presentations by each participant followed by self reflection and feedback. This program was accredited by Tamil Nadu Medical Council and certificates were issued to the participants.



Workshop on Microteaching for Postgraduate Students Medical Education Unit



The post graduate students from our institution attended a mandatory Workshop on Microteaching. This workshop was conducted on 3rd February 2018 by the Medical Education Unit of KIMS & RC at the MEU Hall. Prerequisite for the workshop for the participating postgraduate students was to come prepared with a five minute presentation/lesson of their choice of subject. The forenoon sessions included Orientation to the workshop by Dr. Navin Rajaratnam, Introduction to Microteaching by Dr.

Roseline. F William, Framing Objectives workshop by Dr. Sunil Vishwasrao, Lesson Planning workshop by Dr. M. Vijayamalathi, Interactive T-L methods by Dr. B. Jaya and Appropriate use of media by Dr. R. Kavitha. In the post lunch session each postgraduate student gave five minute presentation which was video recorded and given for self reflection. This was followed by discussion in the group with positive and negative feedback. Finally, feedback of the day's events was collected from the participants. The program was well appreciated by the post graduates who showed keen interest in learning how to design their classroom sessions. This program was accredited by Tamil Nadu Medical Council and certificates were issued to the participants after successful completion of the workshop.

Comprehensive workshop on PCR Central Research Laboratory



The Central Research Laboratory (CRL) of KIMS & RC organised a Comprehensive Workshop on Polymerase Chain Reaction for Postgraduate students on 24th February 2018. PCR is an important technique used for rapid amplification of a gene. It is an essential diagnostic tool and is an investigation of choice for the early diagnosis of HIV, Pulmonary and Extra-Pulmonary tuberculosis. Our Institution is equipped with thermocycler, refrigerated centrifuge, deep freezer, gel documentation system and all accessories using which three projects have been completed successfully. The aim of the workshop was to sensitize the PG students about

this advanced technique.

Dr. E. Saravanan, Department of Pathology briefed on the Timeline of PCR with his vivid videos. Dr. A. Khadeja Bi, Department of Biochemistry explained the Principle and Instrumentation of PCR. Dr. Abirami Lakshmy, Department of Microbiology dealt in detail the applications of PCR. Thirty five participants were divided into batches and the CRL members gave a practical demonstration of the various steps of *mec A* gene identification by PCR followed by interpretation of the results. The Post Graduate students actively participated during the demonstration.



Workshop on "Zebra fish: A promising research model" Department of Pharmacology



The Department of Pharmacology conducted a workshop on "Zebra Fish - A Promising Research Model" on 3rd March 2018. The one day workshop was designed to facilitate the understanding of Zebra Fish model through interactive lectures and hands-on training session for faculty, PG students and doctoral students in Pharmacology and Biomedical research. The Expert team from 'Pentagrit Research', Chennai demonstrated and provided hands-on training in dissection of various organs from Zebra Fish and induction of various models of Zebra Fish in drug discovery. There were forty two participants from various Institutions of Tamil Nadu.

The programme was inaugurated by our respected Managing Director, Dr. Annamalai Regupathy, Dr. Sufala Vishwasrao, Principal and Dr. T.L Anbumani, Vice-Principal. The Welcome address was given by Dr. R. Kavitha, Professor and Head, Pharmacology which was followed by a special address by Dr. Sufala Vishwasrao, Principal and Mr. Benin Joseph from 'Pentagrit Research' and the vote of thanks by Dr. Sunil Vishwasrao. This educational activity has been accredited and awarded 2 credit hours of Category 2 CME credits by Tamil Nadu Medical Council and 10 credit points of Category 2 by the Tamil Nadu Dr. MGR Medical University.



National Trauma Management Course 2018

Department of Anaesthesiology



The Department of Anaesthesiology in collaboration with the Academy of Traumatology, India conducted the 62nd National Trauma Management Course for MBBS CRRIs on 17th and

18th March 2018. An eminent panel of 7 speakers from across the country, Dr. Pankaj Patel, Dr. Haren V. Joshi, Dr. Aruna C. Ramesh, Dr. Sharad Vyas, Dr. T.V Ramakrishnan, Dr. Dhiren Ganjwala, Dr. Ketan D. Patel and Dr. Rakesh Diwan, participated as resource persons. The programme consisted of lectures and case studies followed by hands-on workshops. The interactive workshops included airway skills, cricothyrotomy, insertion of Intercostal Chest Drains (ICDs) and management of head and spine trauma. With the active coordination of Department of Anatomy, headed by Dr. T.L Anbumani, Cadaveric exposure of ICD was demonstrated to participants. The programme was awarded 30 credit points by the TN Dr. MGR Medical University.

Renal Quiz 2018

Department of Physiology

The Department of Physiology, KIMS & RC organised a "Renal quiz" for the I MBBS students. Out of 40 students who participated in the preliminary test in Renal Physiology, 10 students were shortlisted and trained intensely.

The Final onstage Renal Quiz for the shortlisted candidates was held on 19th February 2018. There were a total of 10 rounds, including history, anatomy, multiple-choice questions, clinical round, hidden identity, spotters, jumbled words, buzzer round and rapid fire round.

V. Suriya Prabha and Cheri Shaima Hafeez claimed the First prize. The Second prize was won by Farheen Syed Fazaludeen and R. Rajeswari and Third prize

was won by S. Aarthy and M. Mahamuutha Fahima. The winners were awarded medals, certificates and Elsevier Medical textbooks as prizes. The winners participated in the Calyx 2018 Quiz held at Saveetha Medical College.



Dermatopath meet

Department of Pathology and Department of Dermatology



The Department of Pathology in coordination with Department of Dermatology organised a

Dermatopath meet on 21st February 2018. The PG students of Pathology, Dr. Priya Rani and Dr. Ramya and PG students of Dermatology, Dr. Lyra P. Andrews and Dr. Maharooof actively participated and presented six clinically and histopathologically important cases - Lichen Niditus, Psoriasis, Diffuse Neurofibroma, Hypersensitivity Lepromatous Reaction, Morphea and Malignant Melanoma. Brief description about the clinical presentation of these cases was followed by a detailed discussion on pathophysiology, management, recent advancements in diagnosis and treatment.

Important Days Observed

SPARSH Leprosy awareness campaign



SPARSH Leprosy Awareness and Detection Campaigns were organised by Department of Community Medicine in coordination with Department of Dermatology in Urban and Rural Health Training Centres on 9th and 12th February 2018. Dr. T. Maharroof (Dermatology) and Dr. B. Kanagabala participated in Health education and screening activities at UHTC, Anna Nagar. Dr. Lyra P. Andrews and Dr. K. Gopinath participated in SPARSH activities at RHTC, Pulipakkam. Health education and screening programmes were also conducted in schools and field practice areas on 1st and 9th February 2018.

International Women's Day 2018: Cancer Cervix Awareness camp



Cancer cervix awareness and screening camp was organized by the Department of Obstetrics and Gynaecology at Natham, Chengalpet on 8th March 2018, as part of observance of International Women's day, 2018. The team was headed by the organizing secretary, Dr. C. Santhanalakshmi and included junior residents and interns. Health education was given and 250 women were screened. Pap smears were taken and symptomatic women were referred to KIMS & RC for follow-up management.

World Forestry Day 2018



World Forestry Day 2018 was observed by the Department of Community Medicine on 21st March 2018. A medicinal hub was established in the college premises. Saplings of medicinal herbs such were planted on this occasion. This was followed by Poster competition and A Photography contest for students of KIMS & RC, KIDS and KVCN on the theme for the year, "Forests and Sustainable cities".

The First prizes for Poster competition were won by Harini Kasiraman and T. Sudeeshna, II year MBBS, KIMS & RC and N. Hemasri and D. Karthikeyan, final year BDS, KIDS. Students of I year MBBS, A. Kaviyathendral and T. Karthigeyan won the Second prize and K. Shanmathi and P. Sandhiya of II year MBBS, were awarded Third prize. N. Yasvanth Kumar, final MBBS student won the award for "Best photography" and Thilak Shankar, KIDS, won the award for "Photography with most likes."

World Tuberculosis Day 2018



World Tuberculosis Day was observed by the Department of Community Medicine on 24th March 2018. Awareness rallies were organised at Anna Nagar, Pulipakkam and Padalam involving I year MBBS students. The students carried placards with salient messages on symptoms of TB, complications of TB, importance of early diagnosis and complete treatment, prevention and control of co-morbidities and myths and facts related to TB. Dr. Prasan Norman and Dr. M. Geetha, Dr. E. Karthikeyan and Dr. D.C.Vidya participated in the rallies.

Faculty & Student Accolades

Awards - Academic



J. Mayuri and S. Poornima, II MBBS students received Best Poster award for their poster, "Total Anomalous Pulmonary Venous Connection" in the CME on "Clinico-anatomic imaging of mitral valve in health and disease" organized by Tagore Medical College & Hospital, Chennai on 28th March 2018.



K. Apoorva, II MBBS student was awarded Second prize in Poster presentation for Undergraduates in Fifth International Management Development Programme (FIMDP) - 2018, organized by Department of Community Medicine, SRM Medical College Hospital and Research Centre, Kattankulathur on 16th and 17th March 2018, for her poster titled "Scaling up rural sanitation: a descriptive study to assess the sanitary conditions among people in a rural area, Tamil Nadu."



Mrs. A. Lalithamma and Dr. S. Vadivel received the Best paper award from TJPRC: International Journal of Pharmacology and Physiology on 28th November 2017, for their paper titled "Alkaline phosphate, minerals and bone mineral density in chronic kidney disease patients- A comparative study." (TJPRC: IJPP, 2017; Volume 3, Issue 1)



Dr. B. Kanagabala, I year PG student, Community Medicine, won the Second prize in Scientific poster presentation for her poster on "Quality of life of patients with Hypertension attending the Rural Health Training Centre of a Teaching Hospital, Kancheepuram district, Tamil Nadu" in VINCOM-2017, Integrated National Public Health Conference, held at Salem on 2nd and 3rd December 2017.



P. Sangeetha, Final MBBS-Part I student, won the First prize in the Pharmacology Medal Examination conducted by Department of Pharmacology on 30th December 2017. She was honoured with a Medal and Certificate in the Inauguration session of the workshop on "Zebra fish-a promising research model" on 3rd March 2018.



The Doctors Institute for Competitive Exams felicitated the toppers of Final MBBS- Part II examination, A.S Vidya, N. Swetha and M. Balasubramaniam on 25th March 2018, in recognition of their academic achievements and awarded them with Medals and Prizes.



S. Viwanath



K. Meenakshi



M. Priyanayagi

The Department of Physiology held a Medal Examination for I MBBS students in December 2017. The First place was won by S. Viswanath, the Second and Third places were won by K. Meenakshi and M. Priyanayagi respectively. The winners will receive the Late Padmanaban Madappan Nadar Endowment prize, Medals and Certificates.

Talks by Faculty as Resource Persons

Dr. E. Karthikeyan, Assistant Professor, Department of Community Medicine, participated as a Resource person and delivered a talk on "How to do a good presentation?" in the workshop on "Research Methodology and Biostatistics" for Postgraduates, organised by The Tamil Nadu Dr. MGR Medical University, Guindy from 4th to 6th December 2017.

Dr. Roseline F. William, Professor and Head, Department of Community Medicine, participated as a Resource person and delivered a talk on "Family study" in CLOUD NINE Postgraduate Learning Programme organised by IAPSM-TN Chapter held at Government Kilpauk Medical College, Chennai on March 23rd and 24th 2018.

Dr. R. Kavitha, Professor and Head, Department of Pharmacology participated as a guest speaker and delivered a lecture on "Chemotherapy of gram positive and gram negative organisms" in the conference ASPIRE 2018 conducted by Department of Pharmacology, Sri Ramachandra Medical College, Chennai on 30th January 2018

Scientific Sessions Chaired

Dr. Roseline F. William, Professor and HOD, Department of Community Medicine, chaired a scientific session on "Need for creating Healthy cities, Liveable, Sustainable, Why and how? Road

map for Urban Health," in The Fifth International Management Development Programme-FIMDP-2018 held at SRM Medical College Hospital and Research Centre, Kattankulathur on March 16th and 17th 2018.

K. Uma Maheswari, Assistant Professor, Department of Physiology, Chaired a session on E-Poster Presentation by undergraduate medical students in SYMMEDCON 2018 - 2nd International Conference on Stress, Yoga and Mind-Body Medicine, held at Sri Ramachandra Medical College and Research Institute, Chennai on 30th and 31st January 2018.

Revised Basic Course Workshop and ATCOM

Dr. R. Kavitha, Professor & HOD, Department of Pharmacology, attended the Revised Basic Course Workshop and Sensitization Programme for Attitudes and Communication (ATCOM) held at Christian Medical College, Vellore from 5th to 8th December 2017.

Dr. D. Balaji, Professor, Department of Surgery, attended the Revised Basic Course Workshop and Sensitization Programme for Attitudes and Communication (ATCOM) held at Christian Medical College, Vellore from 5th to 8th December 2017.

Clinical Cases

A Rare Diagnosis of an Adnexal Mass

Dr. S. Nesam Susanna Minnalkodi, Dr. V. Arunadevi, Dr. S. Tamilarasi

Department of Obstetrics and Gynaecology

Introduction

The ovaries and fallopian tubes are together referred to as adnexa. Both benign and malignant ovarian tumors, and enlarged tubes, such as hydrosalpinx, tubo-ovarian mass, and para-ovarian cyst, commonly present as an adnexal mass.

Case description

A 50 years old P2L2, postmenopausal for 10 years presented with pelvic pain of dull aching type for 3 months, increased in severity for the past 10 days. The patient denied h/o weight loss, fever, night sweats, fatigue, and vaginal bleeding. No mass was made out on physical examination of the abdomen. Per speculum examination revealed, healthy cervix and vagina. On bimanual pelvic examination, there was a non tender firm mass of about 6 x 5 cm in the right fornix, which did not move with the movement of the cervix. Uterus showed normal size. USG abdomen and pelvis showed a right ovarian cyst with septations measuring 5.4x5.3 cm, endometrium was thin and regular. Contrast Enhanced Computed Tomography (CECT) revealed a well defined soft tissue density lesion of 6.5x7.5x7 cm in the right ovary with multiple focal cystic areas. Minimal adjacent fat stranding seen and there was no evidence of deeper invasion of fascial plane and the Left ovary was normal. Laboratory blood investigations and preoperative CA 125 (5.72 U/mL) were within normal limits.

Since ovarian malignancy is a major concern in a complex adnexal mass in a postmenopausal patient, it was decided to proceed with laparotomy. Intra-operative findings: solid hyperemic mass of about 6 x 6 cm covered by omentum, attached to utero-vesical fold of peritoneum and extending up to dome of the bladder was found. On releasing the adhesions, uterus and ovary were found to be normal. On proceeding with the dissection, the mass was easily detached from the bladder and the bladder appeared normal.

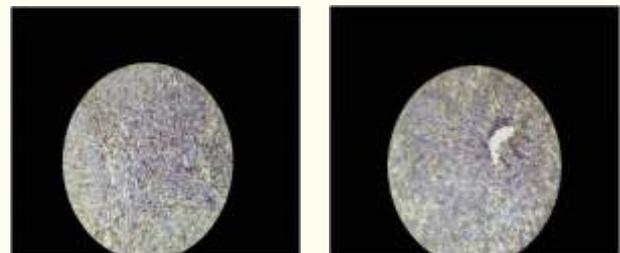
The omentum attached to the dissected mass appeared dense and hyperemic. The solid mass along with omentum was excised and sent for histopathological examination (HPE). A suspicious mesenteric node of 2 x 2 cm was found and sent for HPE. Systematic palpation of intra-abdominal organs was done and found to be normal. Clear urine was drained throughout the procedure. Post operative period was uneventful.

Histopathological examination revealed Non-Hodgkin lymphoma of B-cell type confirmed by CD20+ and CD45+. She was referred to tertiary cancer centre and started first cycle of Rituximab and Bentamustine .

Discussion

NHL encompasses a diverse group of neoplasms including B-cell and T-cell lymphomas. NHL is the seventh most common malignancy and the eighth most common cause of cancer death. Although the primary site of origin for lymphomas is the lymph nodes and other lymphoid tissue, approximately 10-35% of patients have primary extranodal lymphoma at the time of diagnosis. Of these cases, less than 1% originate in the female genital tract. Recently, cases of primary pelvic NHL have been reported in the retroperitoneum, ovary, uterine corpus, uterine cervix, vagina and vulva. Most patients lack the classical "B-cell" symptoms associated with lymphoma, such as fatigue, fever, night sweats and weight loss.

Primary NHL can mimic gynaecological malignancy, presenting as a pelvic mass in any organ of the female genital tract. The diagnosis of primary pelvic lymphoma should be in the differential diagnosis of gynaecological malignancies. Awareness of the disease and preoperative diagnosis can be beneficial, as the patient may be able to avoid unnecessary staging operations and disease cytoreduction.



Immunohistochemistry showing CD20 and CD45 positivity



Mass with adhesions between vesical peritoneum and omentum

Clinical Cases

Dexmedetomidine for Perioperative Hypertensive Crisis in Radical Neck Dissection

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Introduction

Impaired baroreflex mechanisms due to manipulation around the carotid sheath during radical neck dissection (RND) may result in hemodynamic instability manifesting as hypertensive crisis and even life-threatening bradycardia and asystole in the perioperative period.

Dexmedetomidine, an alpha 2 agonist, is used as an adjunct to general anaesthesia for smooth induction, to reduce anaesthetic requirement for maintenance and postoperative analgesics, and for smooth emergence. It is also useful in attenuating sympathetic activation by acting centrally and peripherally and hence it is effective in treating perioperative hypertensive crises. We, report a case, who had developed hypertensive crisis in the perioperative period managed with Dexmedetomidine.

Case description

A 60 year old male patient was scheduled for wide local excision of carcinoma retro molar trigone, RND & free fibular reconstruction. He was a chronic smoker with no other comorbidity and was accepted under ASA Grade 2 risk consent.

Patient's baseline parameters were normal. General anaesthesia was induced, after awake nasotracheal fiberoptic intubation, with Fentanyl 100 µg, Propofol 100 mg, Dexamethasone 8 mg and maintained with Morphine, Vecuronium, Isoflurane 1% in 66% Nitrous Oxide and 33% Oxygen with Nitroglycerine infusion for blood pressure maintenance.

ECG, SpO₂, ETCO₂, and Intra arterial blood pressure monitoring (right radial artery) were the monitors used. Intraoperative hemodynamics were stable. The patient was shifted to SICU for elective postoperative ventilation with IV Nitroglycerine infusion, IV Metoprolol and IV Morphine infusion.

In SICU, within an hour of shifting there was a progressive increase in BP up to 230/120 mmHg, with HR of 140/min, responding to NTG infusion and metoprolol. Re-exploration and hematoma release was done as there was 200 ml blood in the drain. Hemodynamics and SpO₂ were stable during

this period. The patient was shifted back to SICU for elective ventilation.

After 30 minutes, there was an increase in BP to 190/130 mm Hg, MAP 130 mm Hg with HR 110/min which failed to respond to the ongoing Nitroglycerine (NTG) infusion, Metoprolol, Morphine, Midazolam, sublingual Nifedipine and Propofol.

Considering possibly impaired baroreceptor mechanisms, Dexmedetomidine infusion was started. The patient stabilized after 30 minutes of starting Dexmedetomidine infusion, was observed overnight and was extubated uneventfully on the next day morning.

Discussion

Variations in blood pressures are guarded against by baroreflexes. Impaired baroreflex mechanisms in the perioperative period can result in hemodynamic instability. Life-threatening bradycardia and asystole may occur because of the manipulation around the carotid sheath during a radical neck dissection (RND).

Sometimes an acute form of baroreflex failure can manifest as a hypertensive crisis in these patients. The reported incidence of hypertension after RND is about 9.6 to 20.2%. It characteristically occurs after the vasodilatation caused by anaesthetic agents has subsided.

Dexmedetomidine by its alpha 2 agonist action at multiple sites not only results in decrease in heart rate and blood pressure, by central sympatholysis but also in analgesia, sedation, and anxiolysis. Dexmedetomidine has been found to be superior to Fentanyl and Lignocaine in blunting hemodynamic changes to extubation. It is also useful in treating perioperative hypertensive crisis.

Baroreflex failure, following RND, should be suspected in elderly patients with otherwise unexplained labile hypertension in the postoperative period. Dexmedetomidine with its sedative, analgesic and sympatholytic effect helped in successful outcome in our patient.

Clinical Cases

An Acute Case of Herpes Zoster Ophthalmicus with Ophthalmoplegia

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Department of Ophthalmology

Introduction

Ocular complications of Herpes Zoster Ophthalmicus (HZO) typically fall into four categories: keratitis, iritis, muscle palsies, and optic neuritis. HZO uncommonly results in ophthalmoplegia, mostly in the elderly. The pathogenesis of oculomotor nerve palsy is controversial, suggested mechanisms are direct cytopathic effect of virus, immune response of the central nervous system to the virus, occlusive vasculitis induced by the virus and another latent neuropathic virus activation within the brain.

Here, we report a case of HZO with complete oculomotor nerve ophthalmoplegia with pupil involvement as an acute manifestation of herpes zoster.

Case description

A 70 year old female presented in the Ophthalmology out patient department with right sided headache, severe ocular pain and watering right eye for 2 days. Ocular examination showed bilateral pseudophakia with vision improving to 6/9 both eyes. Anterior segment showed mild conjunctival congestion. Fundus examination was normal in both eyes. The patient was on treatment for Diabetes and Hypertension. On the first day she was provisionally diagnosed with conjunctivitis, prescribed tear substitutes and referred to Medicine department to rule out trigeminal neuralgia. CT brain (Plain and Contrast) was normal.

On the 4th day, the patient presented with maculopapular rashes and vesicles on the right forehead and right upper lid with ptosis. The diagnosis of Herpes Zoster Ophthalmicus (HZO) was confirmed. On the 8th day after onset of rash the patient had Dendritic keratitis, Iridocyclitis, along with pupillary involvement. Her visual acuity in right eye dropped to 3/60. Third cranial nerve palsy followed this on 10th day of onset of rash. Other causes of third cranial nerve palsy like intracranial aneurysmal or mass lesion was ruled out with repeated imaging of Brain and Orbit. MRI could not be done since patient had metal implant.

Final diagnosis was Herpes Zoster Ophthalmicus with keratouveitis with third cranial nerve palsy with pupillary involvement. The patient was treated with parenteral and topical Acyclovir for 10 days,

systemic as well as ocular prednisolone for 2 weeks along with oral Pregabalin and analgesics. Patient symptomatically improved and vision in right eye improved to 6/12 with residual post herpetic neuralgia, scarring, complete ptosis and ophthalmoplegia. She was discharged on the 21st day. Patient is on regular follow up and is yet to recover from Oculomotor nerve palsy.

Discussion

Extraocular muscle palsies occur in patients with Ophthalmic Zoster; are transient and self-limited. Complete or near-complete resolution of ophthalmoplegia occurred within 2 months in 50% of patients and within 1 year in 70% to 80% of patients.

Incidence of HZO is 10% of total shingles which includes 50% of ocular complications and 11-29% of ophthalmoplegia. Among 16 reported cases, ophthalmoplegia developed 2 months after the appearance of herpes zoster rash and in few others during a reactivation phase. Our patient had symptoms & signs of ophthalmoplegia 10 days after the onset of HZO, during the acute phase.



Maculo-papular lesions with complete ptosis



Residual Scarring with complete ptosis Right eye



Right eye with ophthalmoplegia

Clinical Cases

A Case of Primary Ciliary Dyskinesia with Situs Inversus - Kartagener's Syndrome

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Department of Paediatrics

Introduction

Situs Inversus Totalis is a condition characterized by abnormal positioning of the heart and other internal organs. Sometimes this condition is associated with congenital heart disease and Primary ciliary dyskinesia (PCD). Kartagener's syndrome is defined by the triad of situs inversus totalis, chronic sinusitis and bronchiectasis. Because of the rarity, we are reporting this case from the Department of Paediatrics.

Case description

A 13 year old female child presented with complaints of cough and cold for one week, intermittent fever with vomiting for 2 days. There was also a history of mucopurulent cough, non-pertussoid with no postural variation and no specific aggravating or relieving factors. Antenatal history was uneventful. No developmental delay and the child was fully immunized till date. No allergic or contact history.

On clinical examination, the child's vitals were stable. Systemic examination revealed palpation of apex beat on the right 5th intercostal space on the mid-clavicular line. Bilateral coarse crepitations were heard on inter-scapular and infra-scapular areas. The abdomen was soft, non-tender with liver dullness on the left hypochondrium.

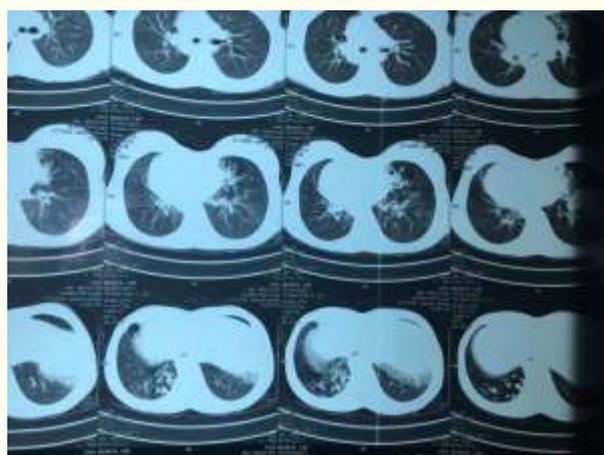
In view of above findings, the diagnosis of Dextrocardia with Situs Inversus with Pneumonia was entertained. Her CXR showed a right sided heart apex and bronchiectatic changes were seen in left lower zone. CT thorax showed Situs Inversus totalis with heart on right side and liver on the left side, irregular tubular bronchiectatic changes in B/L basal segments, consolidation with air bronchogram in left middle lobe, anterior and lateral segments of the left upper lobe.

The patient was started on IV antibiotics, nebulization with salbutamol, oral N-acetyl cysteine, and chest physiotherapy. ENT opinion was obtained in order to confirm Kartagener's syndrome. X-Ray PNS was taken which showed bilateral maxillary sinus haziness without evidence of nasal polyps. Her 2D ECHO showed dextrocardia, MVPS without MR. After meeting three criteria of Kartagener's syndrome, (chronic maxillary sinusitis, bronchiectasis and situs Inversus) diagnosis was confirmed. The patient improved with antibiotics,

mucolytics and chest physiotherapy. The patient was discharged with Acebrophylline 100 mg and N-Acetyl cysteine 600 mg. On follow-up there was marked decrease in cough and improvement in the appetite of the child.



Chest x-ray showing right sided heart apex and bronchiectatic changes in left lower zone



CT thorax showing Situs inversus and irregular tubular bronchiectatic changes in bilateral basal segments.

Discussion

Kartagener's syndrome is a rare autosomal recessive ciliopathic disorder. Estimated incidence is approximately 1 in 30,000 live births. The syndrome is characterized by mutation in the genes DNA11 and DNAH5 that encode the ciliary ultrastructures. There is deficiency of dynein arms, microtubules and radial spokes in the mutated cilia. Situs inversus totalis (mirror-image reversal of all visceral organs with no apparent physiologic consequences) is present in 40%-50% of individuals with PCD. Any child presenting with dextrocardia with recurrent respiratory infections and clubbing should be evaluated for situs inversus, ENT evaluation for polyps and sinusitis and CT chest should be done to rule out bronchiectasis together forming the triad of Kartagener's Syndrome.

Clinical Cases

A Case of Pseudocyst of Pancreas

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Department of General Surgery

Introduction

Pseudocyst of pancreas is a collection of amylase rich fluid enclosed in a wall of fibrous or granulation tissue, 4 weeks or more from the onset of acute pancreatitis. But it can also develop in chronic pancreatitis or after pancreatic trauma. We present a case of pseudocyst of pancreas involving body and tail.

Case description

A 50 year old male came with complaints of abdominal pain which was intermittent and dull aching in nature and swelling over left upper abdomen for the past 2 months. He had similar episodes of pain 6 months back. He also had complaints of vomiting, fever and loss of appetite. He had been consuming alcohol for the past 25 years.

The patient's vital parameters were stable and systemic examination revealed no abnormality. On examination of the abdomen, there was a single firm, tender, irregular shaped swelling of size 14 x 8cm palpable in the left hypochondrium and lumbar region. The upper border was not palpable and extended beneath the costal margin but the lower and medial borders were well defined. The plane of the swelling was intraabdominal and retroperitoneal.

A diagnosis of Pseudocyst of Pancreas was made based on clinical examination. USG abdomen showed a predominantly thick walled cystic lesion measuring 13.8 x 10.7 cm seen in the retroperitoneum abutting the body and tail of pancreas with multiple thick internal septations. CT abdomen revealed multiple enhancing thick walled pseudocysts in the body and tail of pancreas (largest measuring 11.8 x 9.7 x 12 cm).

Diagnostic laparoscopy was done and a pseudocyst of size 10 x 10 x 10 cm was found mostly lateral to the stomach and fixed to splenic flexure.

It was followed by open laparotomy, cyst identified cyst wall was found to be thick and cyst wall was opened. Around 700 ml of fluid sucked out from it. Roux - e - Y cystojejunostomy and jejunojejunostomy were done. Postoperative period was uneventful.

Discussion

Though cystogastrostomy is commonly done for pseudocyst of pancreas, cystojejunostomy was done for this patient because it was located in the tail and body of pancreas; it had no attachment with stomach and was present more laterally; it was bigger in size and as the recurrence rate with cystojejunostomy is much lesser when compared to cystogastrostomy.



CT image showing Pseudocyst of Pancreas



Confirmation of cyst by aspiration.



Cyst wall opened and contents being sucked out

Clinical Cases

Scedosporium prolificans - an Emerging Fungi Causing Pulmonary Infection

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Introduction

Scedosporium spp are ubiquitous filamentous fungi present in the soil and comprises two medically important species, Scedosporium apiospermum and Scedosporium prolificans. It causes broad spectrum of diseases, like soft tissue infections, bone infections, eye infections, pneumonia, meningitis and disseminated infection. In immunocompromised individuals Scedosporium Spp can cause infections ranging from invasive localized to disseminated disease. In case of immunocompetent individuals, lung infection is a rare event usually occurring on a previously damaged lung tissue.

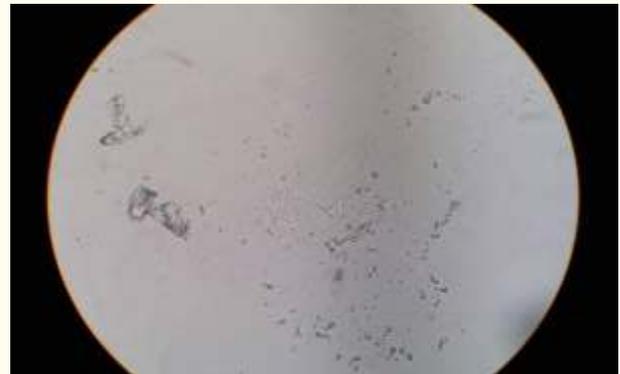
Case description

A 60 year old female, a known case of old pulmonary tuberculosis who had received complete treatment presented with complaints of fever and cough with expectoration for one month. Chest radiography showed consolidation and parenchymal opacity on the right side. Diagnostic bronchoscopy was done and broncho-alveolar lavage specimen was sent for bacterial and fungal culture. Direct microscopic examination with 10 % potassium hydroxide revealed septate hyaline hyphae with acute angle branching. Fungal culture on Sabouraud dextrose agar after 10 days of incubation showed brownish gray to black coloured growth with pale dark brown to black reverse. Microscopically Lacto phenol cotton blue mount showed septate hyaline hyphae with flask shaped conidiophore with swollen base and hyaline to pale brown and ovoid to pyriform conidia was observed. Based on the macroscopic and microscopic appearance, the fungus was identified as Scedosporium prolificans. Klebsiella pneumoniae and Enterobacter spp were isolated from sputum culture. Auramine phenol staining for detection of Mycobacterium tuberculosis was negative. No significant bacteria/fungi were detected from the patient's blood culture. The patient was treated with Itraconazole, Cefotaxime and Amikacin and was discharged after the patient general condition improved. The follow up was uneventful.

Discussion

Scedosporium Spp is an emerging opportunistic fungus with predilection for antifungal drug

resistance. Accurate identification, surgical resection and high-dose Voriconazole /Posaconazole has been associated with favourable outcome in cases without dissemination. Scedosporium infections can occur as complications in patients with chronic pulmonary disease and is associated with a high mortality rate of up to 95% in immuno-compromised patients. This case highlights the importance of fungal infection in patients with pre-existing lung conditions like tuberculosis for which a delayed diagnosis can deteriorate the prognosis.



KOH mount showing Septate hyaline hyphae



Brownish Gray growth on Sabouraud Dextrose Agar



LPCB mount showing flask shaped conidiophore with swollen bases

Clinical Cases

Cutaneous Myxoid Leiomyosarcoma - an Unusual Morphological Variant

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Introduction

Leiomyosarcoma is a malignant neoplasm arising from the smooth muscle. Cutaneous leiomyosarcoma is a rare soft tissue neoplasm accounting for about 2-3% of all superficial soft tissue sarcomas. It arises between the ages of 50 and 70 years. Myxoid leiomyosarcoma, though well described in the uterus, is uncommon at other sites. Here, we are presenting a rare case of Myxoid variant of cutaneous leiomyosarcoma.

Case description

A 65 year old female presented with history of rapidly enlarging painful swelling of the left forearm, near the wrist of one month duration. No history of fever, lymphadenopathy. On gross examination, there was a skin covered soft tissue mass measuring 9x3.5x3 cm.

FNAC was done and reported as 'Sarcomatoid lesion' with a differential diagnosis of Myxoid fibrosarcoma and Myxoid leiomyosarcoma following which a wide local excision was done. Cut section showed a multinodular gray white glistening mass measuring 5 x 3 x 2.5 cm beneath the skin. Microscopy revealed skin with an underlying circumscribed malignant neoplasm composed of intersecting fascicles and whorls of spindle shaped cells separated by abundant myxoid matrix which constituted more than 50 % of the stroma. The individual tumor cells had eosinophilic cytoplasm with longitudinal striations, highly pleomorphic hyperchromatic nuclei with increased mitotic activity and plenty of tumor giant cells with areas of hyalinization.

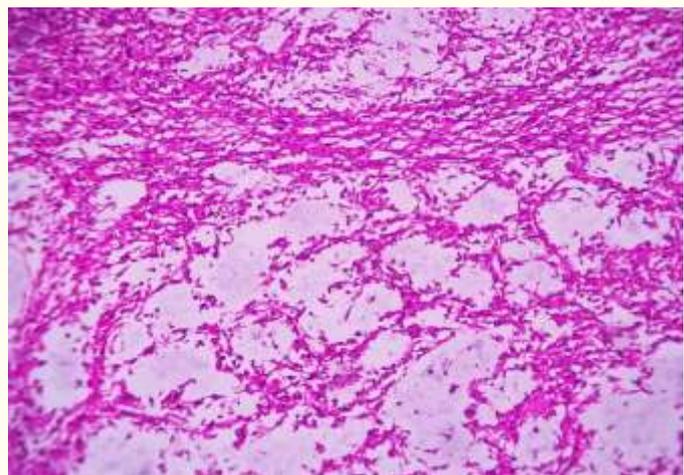
Immunohistochemical examination showed diffuse strong positivity for smooth muscle actin (SMA) and was negative for S100 and desmin. Hence, the final report was Cutaneous Myxoid Leiomyosarcoma. The patient was followed up and was found to be responding to chemotherapy.

Discussion

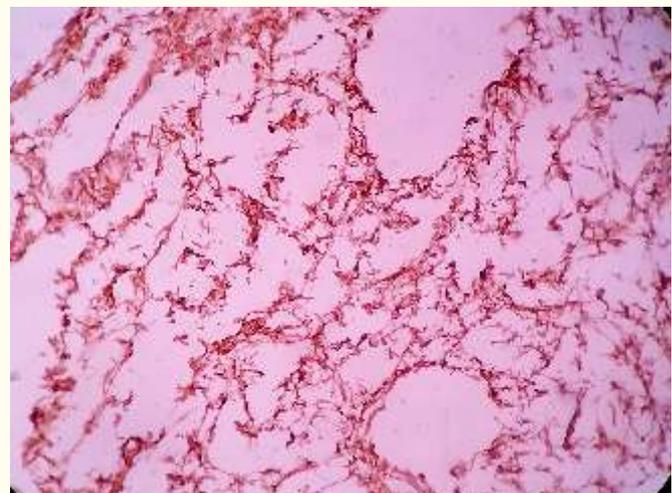
Myxoid variant of leiomyosarcoma arising in skin is a very rare entity constituting less than 1% of all soft tissue sarcomas. The differential diagnosis to be considered for this site is broad and encompasses a number of myxoid lesions. Accurate diagnosis is critical because therapies may differ widely. Hence this case is presented here for its rarity of site and morphological pattern.



grossly the tumor was well circumscribed, multinodular and glistening



low power view showing intersecting fascicles of spindle shaped cells with intervening myxoid stroma



immunohistochemistry showing diffuse positivity for SMA in the tumor cell

Clinical Cases

A Rare Case Report of Skull Base Osteomyelitis

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Introduction

Malignant otitis externa or necrotising otitis externa or skull base osteomyelitis is an invasive infection of the external auditory canal and skull base where the patient presents with excessive purulent ear discharge associated with severe ear pain with or without cranial nerve involvement. We present a case of skull based osteomyelitis.

Case Description

A 70 year old diabetic patient presented to the ENT OPD with severe left ear pain and left ear discharge for two months and headache with facial deviation for 1 week. Ear pain aggravated during the night and profuse mucopurulent ear discharge was associated with reduced hearing. On examination he had tenderness over the tragus on pulling the auricle. External auditory canal was edematous with multiple pus point abscess and granulation seen at bony cartilage junction. Deviation of angle of mouth towards the right was noted. Grade III facial nerve palsy with left soft palate paresis was noted. HRCT temporal bone showed irregular lytic destruction in the left middle ear cavity extending into condylar process of mandible, squamous part of temporal bone and left fossa of Rossemuller. Pus culture showed *Pseudomonas* sp. The patient was diagnosed with left malignant otitis externa (MOE) involving VII and the X cranial nerves. Random blood sugar was 524 mg/dl and urine was positive for ketone bodies. The patient was treated with insulin and sodium bicarbonate and IV fluids. The patient was started with IV Ciprofloxacin 200mg twice daily and Inj Metronidazole 500 mg thrice daily for seven days followed by oral administration of ciprofloxacin for three weeks. Topical Ciprofloxacin ear drops along with analgesics were given. Facial weakness improved to grade II palsy and blood sugar level were controlled.

Discussion

MOE is an aggressive infection in the external auditory canal. It is more common in males predominantly affecting old age groups. The risk factors are uncontrolled diabetes, elderly person and immunosuppressed state. Levenson's criteria for diagnosis of MOE are refractory otitis externa, severe nocturnal otalgia, purulent otorrhoea, granulation tissue in the external auditory canal, growth of *pseudomonas aeruginosa* from the canal and the presence of diabetes and or other immunocompromised state. Our patient had all the above said criteria.

The infection begins in the soft tissues of the external auditory canal and spreads to the skull base via the fissures of Santorini, stylomastoid foramen and jugular foramen via the tympanomastoid suture. Spread to the dural sinuses occurs via venous channels and facial plane. Cranial nerves can be affected by inflammation or by a neurotoxin produced by *Pseudomonas* species and the facial nerve is most commonly affected. Meningitis, brain abscess, and dural sinus thrombosis may ensue. *Pseudomonas aeruginosa* is the most commonly seen organism followed by *Staphylococcus aureus*, *S.epidermidis*, *Proteus mirabilis*, *Klebsiella oxytoca*, and various fungal species.

Imaging helps in confirming the diagnosis and extent of spread. Treatment for MOE is dependent on early diagnosis and aggressive medical therapy with pseudomonal coverage. Hyperbaric oxygen therapy is used as an adjunct to medical therapy. Surgical debridement of nonviable sequestra of bone is also done.



Skull base osteomyelitis patient with facial nerve palsy



Computed Tomography showing the skull base osteomyelitis

Short Communications

Recent Developments - Approved New Drugs in India and Drug Safety Alerts

Department of Pharmacology

Approved New Drugs in India (July - Dec 2017)

S.No.	Drug name	Formulation	Dosage	Indication
1	Mirabegron	Tablet	25 mg/50mg	Over-active bladder syndrome
2	Delamanid	Tablet	50 mg	MDR-TB
3	Efonidipine hydrochloride	Tablet	10 mg/20 mg/40 mg	Hypertension/angina/renal parenchymal hypertension
4	Brivaracetam	Tablet	50 mg/75 mg/100mg	Partial seizures
5	Treosulfan	Injection	5 gm/ vial	Prior to haematopoietic stem cell transplantation
6	Ribociclib	Tablet	200 mg	Advanced breast cancer
7	Dienogest	Tablet	2 mg	Pelvic pain in endometriosis
8	Apremilast	Tablet	10 mg/20 mg/30 mg	Severe plaque psoriasis
9	Arbekacin	Injection	200 mg/4 ml	Sepsis due to MRSA
10	Midoustarin	Capsules	25 mg	AML/advanced systemic mastocytosis
11	Tenofovir alafenamide	Capsules	25 mg	HBV Infection
12	Arteolane maleate & Piperaquine phosphate	Tablets	(37.5 mg + 187.5 mg)	Malaria
13	Macitentan	Tablets	10 mg	Pulmonary artery hypertension

Drug Safety Alerts (July- Dec 2017)

Drug name	Adverse reaction
Clindamycin	Acute generalised exanthematous pustulosis
Triamcinolone	Skin peeling
Polymixin-B	Mottled skin
Diclofenac	Mottled skin
Terbinafine	Acute generalised exanthematous pustulosis
Nitrofurantoin	Vasculitis
Acetazolamide	Drug hypersensitivity syndrome

Drug name	Adverse reaction
Linagliptin	Acute generalised exanthematous pustulosis
Diloxanide	Glossitis
Amikacin	Steven Johnson syndrome
Allopurinol	Uveitis
Quetiapine	Gynaecomastia
Ceftriaxone	Palpitations
Fluoxetine	Urinary incontinence

Cryo-Electron Microscopy for capturing life in 3D action

Dr. Khadeja Bi, Assistant Professor, Department of Biochemistry

Visualization of a cell's functioning required cumbersome dyes, stains and labels that altered their behaviour and provided only a coarse 2D picture. Between 1950-1980s imaging techniques like X-ray crystallography, Nuclear Magnetic Resonance (NMR), spectroscopy and Electron Microscopy (EM) were developed based on which many models of bio-molecules have been created. However, each of the methods suffered from fundamental limitations which left conspicuous blind spots in scientist's understanding of molecular biology. The earlier technology of electron microscopy and its variants required numerous physical and chemical sample processing steps which caused distortion of the natural configuration of the cell. Technological

advancement drew the inquisitive scientists to work on visualizing the dynamics of a living cell and to make it a reality.

The Nobel Prize in Chemistry 2017 was awarded to Jacques Dubochet, Joachim Frank and Richard Henderson, for developing Cryo-Electron Microscopy (Cryo-EM) allowing bio-molecules to be visualized in their natural configuration for the first time, allowing better understanding of the molecular structure and function. This latest revolution in biochemistry would mean that biochemical processes can be recorded as they occur in a film-like sequence and would soon replace the imaginary animated videos for the same.

Dubochet's vitrification technique allowed biological samples to be frozen while retaining their natural shape providing visualization of a frozen living cell. Frank refined "image analysis" by developing mathematical methods to connect 2D micrographs together to yield a sharp 3D picture. Henderson modified EM technique by using a weaker beam and taking pictures from many angles. He was successful in visualizing proteins in 3D down to the level of its atoms.

A few examples of the hundreds of bio-molecules that have now been imaged using Cryo-EM are Salmonella's injection needle for attacking cells, proteins conferring resistance to chemotherapy and antibiotics, molecular complexes that govern circadian rhythms, 3D images of the Zika virus at atomic resolution and the structure of the enzyme producing the amyloid of Alzheimer's disease.

Scientists are anticipating a better visualization of biological structures in the coming years and for sure biochemistry is all set for an exciting future.

Universal Health Coverage (UHC) : Everyone Everywhere

Dr. Prasan Norman, Assistant Professor, Department of Community Medicine

This year WHO has decided to make sure that everybody, irrespective of caste, creed and economic status, get access to health care. On the 70th anniversary year, WHO has initiated Universal Health Coverage, meaning everybody gets access to health services and ensure nobody ends up broke because of paying for medical bills. Health for all has been the guiding vision towards the WHO's principle, everyone's right to the highest possible level of health, and Universal health coverage is one rung up the scaling ladder.

According to WHO, there is a lack of access to essential health services in nearly half of the world. 100 million have been pushed to extreme poverty because of health expenses 1 .Over 800 million people (almost 12 per cent of the world's population) spend at least 10 per cent of their household budgets to pay for health care². No one should have to make a choice between living healthy and living with other necessities of life.

Hence we ,should make sure that we

1. Inspire-by highlighting policy-makers' power to transform the health of their nation and inviting them to drive policy change.
2. Motivate-by sharing examples of how other countries are in a better path towards UHC and encourage them to make their own path.
3. Guide-by providing tools for conversations and to teach them on how to advance to UHC domestically

If the above mentioned are successful then there will be

Equity in access to health services

Proper quality of health services to all who require

Protection against financial risk, ensuring that those who require health services are not put into financial harm

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2. <http://www.downtoearth.org.in/news/more-than-half-of-the-world-population-does-not-receive-essential-health-care-services-60107>.

Undergraduate Student Corner

The Transition

K. Manasa Devi, II MBBS

Everyone told us about Medical school. They told us about setting foot into prestigious institutions and they even spoke about coming out with flying colours, possibly topping the University and holding the most esteemed title of a Doctor before our names. But you know what they never told us about?

The transition in between - the path that's been tread on by everyone, but barely skimmed over and left to the wind. This transition phase is paradoxically the most important and often the most difficult phase of the life of a Doctor.

We step into college as young and naive students, plucked fresh from the pampered environment of our school and it's only natural we act unsophisticated in the beginning. And we all know that in the long run, we need to shed our juvenile skin and morph into someone we'd be proud of, someone whose mere presence can rejuvenate and heal others. We'll all get there eventually, turning out to be better than the meticulously sculpted visions of ourselves, scrupulous and conscientious.

But what about the "in between"? What about the tears and regrets? We often question our credibility with every mishap, with every obstacle.

They're all valid doubts and feelings and to be honest, they make us strong and chisel us into perfection more than anything else. Every scar that we endure now will be a medallion of honour in our future. The struggle to the pinnacle of success is very hard, but the climb will be worth every sacrifice we make now.

We're in the learning curve, we make mistakes and we get hurt. We're out in the real world now, where the blows are not softened and we're all on your own, where everything has consequences. We make bad decisions, regret our actions and have breakdowns frequently like we have toast for breakfast. Our spirits fly with the smallest success and hits rock bottom with the slightest failure. We're no longer kids that we once were. We have responsibilities of our own, dreams to make true, burdens to carry and magic to spread. We need to dress our own wounds and face our battles with grace and faith. Because ultimately one day soon, we'd be waging wars against death and disease to save lives - a fight that will drain us but satisfy us more.

Every tear, every break now would adorn our crowns as sparkling jewels when we sling our treasured stethoscope around our necks almost as if we're carrying a floral wreath. Every frustrated scream and sleepless night would loom itself into the crisp white cotton fabric of our coats, exuding pride and comfort as we walk out into the world with our heads held high, shoulders squared knowing that we made it through.

And there begins our lives, as we lay out every scar in the sun and embrace the new side of us that emerged victorious from all these years of gruelling hard work. We made it through and we'll make it through anything thereafter - like a Phoenix rising empowered from its ashes.

Final Year MBBS - Daunting or Dazing - The choice is yours

A.S. Vidya, CRR I

"Working hard for something we don't care about is called STRESS; Working hard for something we love is called PASSION"
-Simon Sinek

The magnitude of difficulty of the final year is inversely proportional to your efforts taken during the previous 3 years of MBBS. That is because, final year subjects are a recipe made from the previous year subjects. This year we concentrate more on the management part, yeah - you get to feel like the real doctor. One of the best things of final year, there is zero mugging. No biochemical pathways or amino acids in your way! Few new things can be managed quite easily. Learn the concepts and build them into your long term memory.

This is the year that will be filled with the magic moments when you're studying and suddenly stuff you considered meaningless and hopeless till then, finally make sense.

An annoying yet very significant truth - Patients do not jump out from our books. So never get disheartened that you are not able to recognize a murmur. It is not rocket science, and yes, it comes out of practice. There will be brief

moments when you feel like giving up and quitting, but just remember, no one else will look better in that cool white apron with the stethoscope around the neck than you.

We are not supernatural beings. The 11th hour of every day of our study holidays haunt us that the exam's nearing by one more day. I am not a person who could manage the huge portion in just a month's time. It took the whole year for me, to strategize and understand what is really needed to be studied during the study holidays. The humongous magnitude of the scope and the Herculean task of revision was mentally traumatizing enough for me.

In my opinion, I would prefer smart work to a compelled hardwork. Be sincere during the clinical postings, you never know the importance it holds till the moment you sit in front of the examiner for the viva. Stop learning question and answers, learn concepts. If you're wishing for a superbrain without the selective dementia we face at exam hall, drop the ego and teach your friends, for teaching is twice learning.

True that during the exams, the stress hormones will rocket up (in my case, the melatonin accompanied it and I dozed off during my many naps, only to wake up with the sunkissed face), but yeah you cannot help it. The tug of war between somnambulism on the study table and insomnia unresponsive to anxit on your bed will be your inevitable issue. Sleep enough so that you don't end up dozing off in the exam hall.

See through that the stress says healthy and you stay nourished, hydrated and rejuvenated. Surround yourself with happy, warm and genuine friends. Remember that only the strongest soldiers are made to face the hardest battles. I hope you all get to feel the unparalleled bliss of officially becoming the super heroes with our own white capes and magic wands. Best of luck, folks!

Postgraduate Student Corner

Morgellons disease, a mysterious psycho-dermatological disease

Dr. C. Umeshkumar, 1 year PG student, Department of Microbiology

Morgellons disease (MD) is one of the rare psychodermatology diseases. The characteristic features are that the patients usually complaints of fibers of glass like material protruding of unbroken skin or from skin lesions. This is usually accompanied by itching, sometimes described as a sensation as of something crawling under the skin. Originally the patient's symptoms were thought as imaginary later on resemblances were observed in bovine digital dermatitis disease (BDD) caused by Treponema spp.

Though a lot of debate has been going on about Morgellons's disease, some believe it to be Lyme's disease and others associate it with form of delusion of parasitosis. Microscopic examination of the Calluses of the skin lesion from these patients demonstrated white, red and blue filaments, alone or in any color combination produced by epithelial cells from the stratum basale and from the root sheath of hair follicles indicating the filaments to be of cellular origin. Immunohistochemical staining of the filaments with Congo red resulted in apple-green birefringence suggesting an amyloid component, although this finding needs to be confirmed by more specific studies.

In a study conducted by CDC among 115 case-patients in Northern California no evidence of infectious etiology or environmental factor was found out. Scabies, drug-induced formication, perforating dermatoses, and the tropical dermatoses are considered as other differential diagnosis. In spite of many etiologies, we still do not know the exact cause of this illness and it continues to be a medical mystery.



K. Manasa Devi



A.S. Vidya



Dr. C. Umeshkumar

Appreciation of Faculty & Students

Department with Most Outpatient Strength

(More than M.S.R. prescribed by MCI)

Department	Rank
Orthopaedics	1
Dermatology, Venereology and Leprology	2
General Medicine	3

Department with Most Inpatient Strength

(More than M.S.R. prescribed by MCI)

Department	Rank
General Medicine	1
Orthopaedics	2
Obstetrics and Gynaecology	3

Most Surgeries/Procedures in last 3 months

Department	Designation	Name
Anaesthesiology	Assistant Professor	Dr. P. Manohar
ENT	Assistant Professor	Dr. M. Ajaiy
General Surgery	Professor	Dr. S. Sujith Kumar
Obstetrics and Gynaecology	Professor	Dr. Geetha Prasad
Orthopaedics	Assistant Professor	Dr. S. Rajadurai



Dr. P. Manohar



Dr. M. Ajaiy



Dr. S. Sujith Kumar



Dr. Geetha Prasad



Dr. S. Rajadurai

Most Punctual Faculty

	Faculty	Designation	Department
Pre/Paraclinical department	Dr. D. Thirunaaukarasu	Professor	Community Medicine
Clinical department	Dr. S. Arumuganathan	Assistant Professor	Psychiatry



Dr. D. Thirunaaukarasu



Dr. S. Arumuganathan

Most Punctual Postgraduate Student

	Faculty	Designation	Department
Pre/Paraclinical department	Dr. E. Akila	II Year	Pharmacology
Clinical department	Dr. Anu Jacob	II Year	ENT



Dr. E. Akila



Dr. Anu Jacob

III MBBS - Part II University Examination

Subject	General Medicine	Paediatrics	General Surgery	Obstetrics and Gynecology
No. of Distinctions	1	7	6	9

III MBBS - Part I University Examination

Subject	ENT	Ophthalmology	Community Medicine
No. of Distinctions	13	7	16

III MBBS - Part II University Examination College Toppers

Name	Rank
A.S. Vidya	1
N. Swetha	2
M. Balasubramanian	3



A.S. Vidya



N. Swetha



M. Balasubramanian

III MBBS - Part I University Examination College Toppers

Name	Rank
N. Yasvanth Kumar	1
A.N. Rajeswari	2
K. Sowmiya	3



N. Yasvanth Kumar



A.N. Rajeswari



K. Sowmiya

Best Maintained Room in Men's Hostel

Name	Year	Rank
P. Muhammed Aarif Reuban Roy	II MBBS	1
A. Prasanth M. Sanjeev G.V. Mukunnth	III MBBS - Part - I	2
V. Arvind Raj G. Kirubakaran M. Balaji	III MBBS - Part - II	3

Best Maintained Room in Women's Hostel

Name	Year	Rank
C. Greeshma Minna Pradeep	I MBBS	1
L. M. Chareeshwari B. Monisha	I MBBS	2
S. Vinita Sherly K.S. Logana S. Priyanka	III MBBS - Part - II	3

Research & Publications

Recent Scientific Paper Publications (last 3 months)

Department	Title
Physiology	Jaya B, Sornam A, Vadivel S. Effect of chronic exposure to indoor air pollutants on lung function. IOSR Journal of Dental and Medical Sciences 2018; 17(3):5-7.
Physiology	Sumitra Sudharkodhy, Karthiyanee Kutty, Patil NJ, Vinutha Shankar. Short term effect of integrated yoga on anxiety, stress and heart rate variability in first year medical student. Indian Journal of Clinical Anatomy and Physiology. 2018; 5(1):97-103.
Physiology	Sumitra Sudharkodhy, Balan K. Introduction of multiple choice questions at the end of lecture for medical undergraduate students- A pilot study. International Journal of Current Research. 2018; 10(1):63841-43.
Pharmacology	Sunil M. Vishwasrao, Kavitha R, Srinath S. Carbamazepine Induced Steven Johnson Syndrome. World Journal of Pharmacy and Pharmaceutical Sciences. 2018; 7(2):1442-46.
Pharmacology	Jacob Varghese P, Srinivasan D. In-Vitro Anthelmintic Activity of Ethanolic Extract of <i>Luffa acutangula</i> on Indian Earthworms <i>Pheretima posthuma</i> . Scholars Journal of Applied Medical Sciences. 2018;6(1D): 297-99.
Pharmacology	Prathap B, Srinivasan D. Scientific Validation of Antiurolithiatic Activity of <i>Luffa acutangula</i> Root Extract against Ethylene Glycol Induced Urolithiasis in Wistar Albino Rats. Scholars Journal of Applied Medical Sciences 2017; 5(12C):4944-47.
Microbiology	Abirami Lakshmy Jayachandran, Radhika Katragadda, Thyagarajan Ravinder, Leela KV, Shanmugam K, Amutha Chelliah. Oropharyngeal candidiasis among HIV seropositive patients in Chennai, South India: An evaluation of Polymerase chain reaction-Restriction Fragment Length polymorphism for speciation and Antifungal drug resistance. Journal of The Academy of Clinical Microbiologist. 2017; 19:86-92.
Forensic Medicine	Naresh K, Vijaya Raghavendra D. A study on poisoning cases at a tertiary care hospital. Medico legal update An International Journal. 2018; 18:69-71.
Community Medicine	Geetha M, Jegadeesh Ramasamy D. Assessment of environment friendly behaviour among medical students in Tamil Nadu -A cross-sectional study. Perspectives in Medical Research. 2017; 5(3): 10-15.
Community Medicine	Vidya DC, Swetha N, Thirunaaukarasu D, Gladius Jennifer H, Karthikeyan E. Comparison of perceived stress among medical and engineering students of Karpaga Vinayaga Educational Group, Kancheepuram district, Tamil Nadu. International Journal of Community Medicine and Public Health. 2018; 5(1): 302-7.
Community Medicine	Archana Lakshmi PA, Ashrof Raja, Meriton Stanly A, Christina Mary Paul, Gladius Jennifer H. A cross sectional study on needle stick and sharp injuries among health care providers in tertiary centres, Tamil Nadu. International Journal of Community Medicine and Public Health. 2018; 5(3): 982-86.
Community Medicine	Gladius Jennifer H, Sowmiya K, Vidya DC, Archana Lakshmi PA, Roseline Fatima William. A study on the mobile phone usage on sleep disturbance, stress and academic performance among medical students in Tamil Nadu. International Journal of Community Medicine and Public Health. 2018; 5(1): 365-68.
Obstetrics and Gynaecology	Santhanalakshmi C, Kumara Sampath, Parvathavarthini. Evaluation of tubal patency by sonosalpingography is as good as hysterosalpingography in infertile women. International Journal of Reproduction, Contraception, Obstetrics and Gynaecology. 2017; 6(11):5129-34.
Obstetrics and Gynaecology	Parvathavarthini K, Santhanalakshmi C, Geetha Prasad. Comparative study of various methods of fetal weight estimation at term pregnancy in a tertiary hospital in Kanchipuram, Tamilnadu, India. International Journal of Reproduction, Contraception, Obstetrics and Gynaecology. 2018; 7(4):1602-7.
Obstetrics and Gynaecology	Nandhini B, Dilip Kumar Maurya, Anish Keepanasseril, Kubera NS. Effect of cervical priming with misoprostol on cervical entry in women undergoing Vaginoscopic hysteroscopy for evaluation of abnormal uterine bleeding: A randomised Controlled trial. Arch Gynecol Obstet. 2018; https://doi.org/10.1007/s00404-018-4764-y .

Details of Paper Presentations

Faculty Presentations

Dr. G. Uma, Assistant Professor, Department of Anaesthesiology, presented an E-poster titled "Clinical study of epidural Nalbuphine vs Tramadol for post operative pain relief in lower limb orthopedic surgeries" in Indian Society of Anaesthesiologists National Conference (ISA-CON) at Kolkata from 26th to 29th November 2017.

Ms. H. Gladius Jennifer, Assistant Professor, Biostatistician, Department of Community Medicine, presented a paper titled "Spatial pattern of HIV status in Tamil Nadu" in GIS Workshop for Public Health Practitioners organised by ICMR-NIE, Chennai from 6th to 8th December 2017.

Ms. H. Gladius Jennifer, Assistant Professor, Biostatistician, Department of Community Medicine, presented a paper titled "Two step cluster analysis on census tract data of Kancheepuram district, Tamil Nadu: An exploratory study" at PHCON-2017, the 1st annual conference of IAPSM-Karnataka state chapter at JSS Academy of Higher Education and Research, Mysuru on 22nd and 23rd December 2017.

Mrs. K. Uma Maheswari, Assistant Professor, Department of Physiology, presented a paper titled "Estimation of iodine content of commercially available consumable salts in and around Madhuranthagam, Tamil Nadu, South India" in "SYMMEDCON 2018 - 2nd International Conference on stress, Yoga and Mind Body medicine" by Sri Ramachandra Medical College and Research Centre, Chennai on 30th and 31st January 2018.

Mrs. A. Lalithamma, Assistant Professor, Department of Physiology, presented a paper titled "Estimation of serum calcium in Subclinical Hypothyroidism" in "SYMMEDCON 2018 - 2nd International Conference on stress, Yoga and Mind Body medicine" by Sri Ramachandra Medical College and Research Centre, Chennai on 30th and 31st January 2018.

Postgraduate Student Presentations

Dr. K. Gopinath, II year PG student, Department of Community Medicine, presented a paper titled, "Assessment of Quality of life of patients with Diabetes Mellitus attending the Rural Health Training Centre of a Teaching Hospital, Kancheepuram District, Tamil Nadu" in VINCOM-2017, Integrated National Public Health Conference, held at Salem on 2nd and 3rd December 2017.

Dr. B. Kanagabala, I year PG student, Department of Community Medicine, presented a poster on "Quality of life of patients with Hypertension attending the Rural Health Training Centre of a Teaching Hospital, Kancheepuram District, Tamil Nadu" in VINCOM-2017, Integrated National Public Health Conference, held at Salem on 2nd and 3rd December 2017.

Dr. Anu Jacob, II year PG student, Department of ENT, presented a paper on "The Art of Sculpturing Nose: Spreader grafts focussed" in the field of Rhinoplasty in National conference of association of Otorhinolaryngologist at Indore on 6th January 2018.

Dr. K. Gopinath, II year PG student, Department of Community Medicine, presented a research paper titled "Impact of health education on knowledge, attitude and practices of sanitary latrine among rural population of Kanchipuram district" in FIMDP-2018 held at SRM Medical College Hospital and Research Centre, Kattankulathur on 16th and 17th March 2018.

Dr. B. Kanagabala, I year PG student, Department of Community Medicine, presented a research paper titled "Knowledge, attitude and practices on domestic usage of plastics in a rural area of Kancheepuram district, Tamil Nadu" in FIMDP-2018, SRM Medical College Hospital and Research Centre, Kattankulathur on 16th and 17th March 2018.

Undergraduate Student Presentations

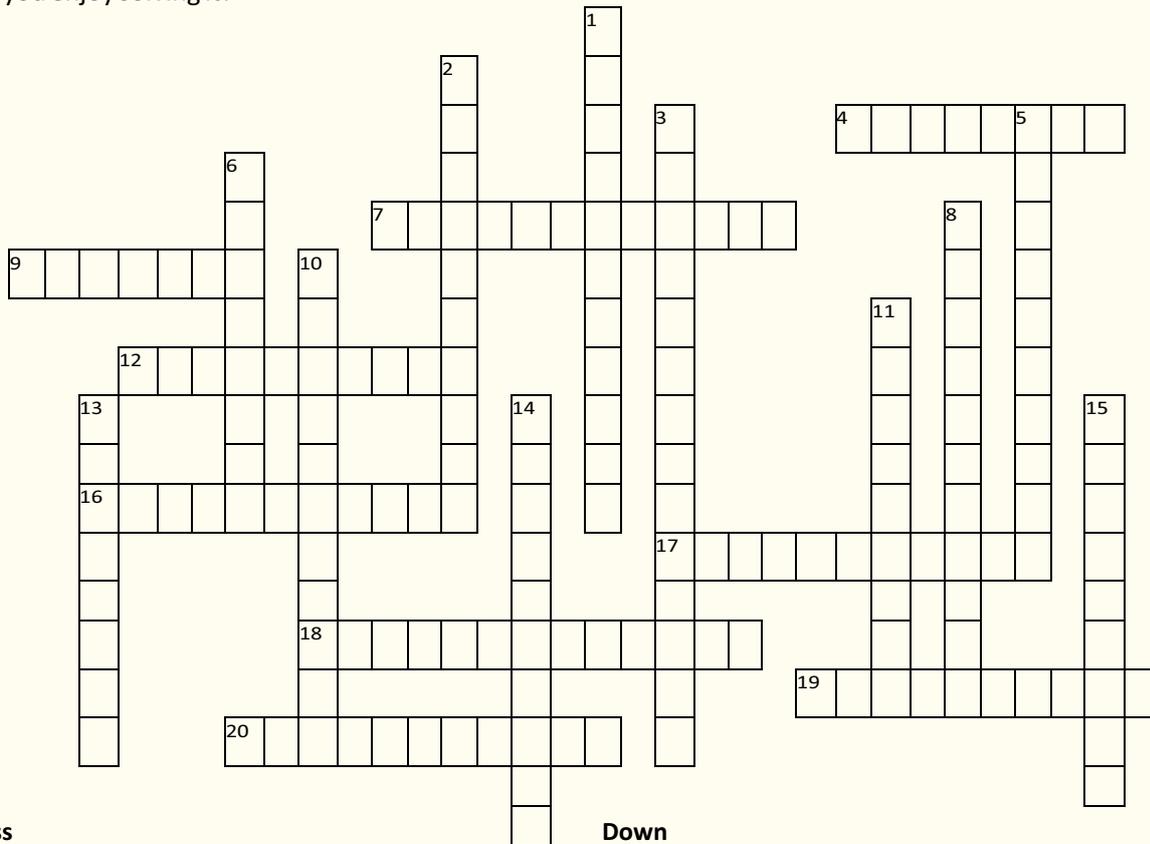
M.K. Lavanya, II year MBBS student presented a poster on "Practices on household mosquito control measures in Melamaiyur village, Kancheepuram district, Tamil Nadu" in FIMDP-2018 held at SRM Medical College Hospital and Research Centre, Kattankulathur on 16th and 17th March 2018.

K. Apoorva, II year MBBS student presented a poster on "Scaling up rural sanitation: a descriptive study to assess the sanitary conditions among people in a rural area, Tamil Nadu" in FIMDP-2018 held at SRM Medical College Hospital and Research Centre, Kattankulathur on 16th and 17th March 2018.

M. Sughan Balaji, III MBBS - Part II student presented a poster on "Occupational health assessment of teachers in select schools in Vellore district: Role of workplace environment in health" in FIMDP-2018 held at SRM Medical College Hospital and Research Centre, Kattankulathur on 16th and 17th March 2018.

Crossword # 2

The clues for this crossword pertain to Pharmacological names of drugs that are indicated for prophylaxis or treatment of different clinical conditions in medicine. For example: Clue- Drug of choice (DOC) for the prophylaxis and treatment of Heparin induced thrombocytopenia (Answer: ARGATROBAN). Try your luck at the crossword; hope you enjoy solving it!



Across

4. A new Prostaglandin analogue used in post-Myocardial Infarction (8)
7. DOC for cheese reaction (12)
9. An inhalational insulin drug (7)
12. An immuno-modulator, used in helminthiasis (10)
16. Serotonin antagonist used in Chemotherapy Induced nausea vomiting (11)
17. Long acting dopamine agonist used for suppression of lactation (11)
18. An anti-epileptic used in Bipolar disorders as off label drug (13)
19. A recombinant Granulocyte Monocyte-Colony Stimulating Factor used for persistent neutropenia in AIDS (10)
20. A Bisphosphonate used for steroid-induced osteoporosis (11)

Down

1. An adjunct in Type I and Type II DM in whom post-prandial hyperglycemia is difficult to control (11)
2. Recombinant form of interleukin used for chemotherapy induced thrombocytopenia (10)
3. A tetracycline group of antibiotic used for SIADH (14)
5. DOC for diarrhoea in carcinoid syndrome (10)
6. DOC for hypertensive patient with benign prostatic hypertrophy (8)
8. A neuraminidase inhibitor used for treatment of swine flu (11)
10. Short acting anaesthetic agent whose action is terminated by redistribution (11)
11. A drug with anti-hypertensive property used for male type baldness (9)
13. An IV anaesthetic agent with anti-emetic and anti-convulsant property used in day-care anaesthesia (8)
14. Newer anti-epileptic used in migraine prophylaxis (10)
15. An antidepressant used for smoking cessation (9)

Contributed by

A.S. Vidya, CRRI & Dr. Sunil Vishwasrao, Assistant Professor of Pharmacology

Answers for Crossword # 1

Answers for ACROSS:

3-Apple Green; 5-Apple Jelly; 6-Ovary;
9-Rhinosporidiosis; 11-Papilloedema; 14-Anchovy Sauce;
17-Intussusception; 18-Nutmeg, 19-Cola;
20-Salt and Pepper; 22-Cafe Au Lait; 23-Hydatiform Mole.

Answers for DOWN:

1-Blueberry Muffin; 2- Pizza Pie; 3-Apple Core;
4-Pityriasis Versicolor; 7-Rhinophyma; 8-Umbilicus;
10-Syphilis; 12-Strawberry; 13-Tea Pot;
15-Splashed Tomato; 16-Mutton Fat; 21-Watermelon

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News & Events

PG Orientation Program KIMS & RC



The orientation programme for the new batch of Postgraduate students was conducted at KIMS & RC on 4th June 2018 at the CME Hall. The aim of this programme was to familiarize the newly joined PG students to all the Faculty and Departmental Heads and to brief them about the Karpaga Vinayaga family. Dr. Annamalai Regupathy, Managing Director, KIMS; Dr. Sufala Vishwasrao, Principal KIMS; Dr. M. Kannaki, Medical Superintendent, KIMS; Dr. S. Sathiyarayanan, Medical Director,

KIMS and Dr. Sithy Athiya Munavarah, PG Director, KIMS graced the occasion.

The sixth batch of PG students in Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology; the third batch of PG students in Dermatology, Community Medicine and ENT and the second batch of PG students in General Medicine, Obstetrics and Gynaecology, Orthopaedics, Ophthalmology and Psychiatry were present for the event.

The programme was initiated by lighting of the Kuthuvilakku, and was followed by the welcome address by our Principal Dr. Sufala Vishwasrao. All the PG students were requested to introduce themselves to the faculty and their peers. The Heads of Department briefed them about the code of conduct, general discipline and working pattern in KIMS & RC. The programme concluded with a vote of thanks by Dr. M. Vijayamalathi, Assistant Professor, Department of Physiology.

Revised Basic Course Workshop in Medical Education Technologies Medical Education Unit

The Revised Basic Course Workshop in Medical Education Technologies was organized by the Medical Education Unit (MEU) of KIMS & RC, under the MCI Nodal Centre for Faculty Development, Christian Medical College, Vellore, for the faculty at KIMS & RC from 17th to 19th April 2018. The MEU members of KIMS & RC participated as resource persons and 25 participants from the preclinical, paraclinical and clinical departments attended the workshop. Dr. Roseline Fatima William, the coordinator, oriented the participants to the workshop and this was followed by a pre-test evaluation and a session on group dynamics.

The first day's sessions included Principles of Adult Learning; Goals and Competencies of the Indian Medical Graduate; Learning Domains and Developing Objectives from Competencies. The day concluded with a session on Writing Objectives. The second day started with a session on Choosing a Teaching-Learning Method for Objectives and Competencies, followed by Interactive and Innovative Teaching methods for large and small groups with Appropriate Use of Media. There was an activity-based session on Writing a Lesson Plan followed by session on Methods of Internal Assessment and Formative Assessment. On the

third day there was a discussion on ATCOM Module by Dr. R.H. Prince Christopher, the Observer from MCI Nodal Centre, CMC Vellore. A workshop on Choosing the right Assessment Method was followed by sessions on Effective Clinical and Practical Skill Teaching and Assessment. There were discussions on Improvement of Self-Directed Learning through Technology, importance of Feedback and Educational Networking for Growth.

The sessions were interactive with active participation from the delegates. The workshop was appreciated by the faculty and Dr. R.H. Prince Christopher, the observer from MCI Nodal Centre. The program concluded with a post-test evaluation which was followed by a valedictory function. This educational activity was awarded 6 credit hours of Category 2 CME credits by the Tamil Nadu Medical Council.



AFFINITY 2018 ZEPHYRUS Batch

Report by S. Prabhalya, III MBBS-Part I student

"Logic will lead you from point A to point B. Only imagination will take you everywhere" said Albert Einstein. We the students of Karpaga Vinaya Institute of Medical Sciences & Research Centre would like to call "Affinity", the ultimate stage to portray the fine imagination and creativity of medical students all over the state. This year Affinity 2K18 was organised by the batch of 2015 of KIMS & RC - Zephyrus batch.

The preparation for the huge event started well in advance. The actual event that took place on May 3rd, 4th and 5th May 2018 was the upshot of the tremendous amount of hard work put in by the students and the faculty who were in charge of the event from much prior to the start of the event. The show was off to a magnificent start on May 3rd 2018. More than 1100 plus students and 37 colleges registered for Affinity 2K18.



The three day event started with Tamil elocution on the first day. It was then followed by solo singing which was a treat to the ears. The short film session that followed provided a platform for the creative and innovative side of the studious medical students.

The first day consisted of the inauguration of the cultural and sport events. I would say that the sports inauguration was the center of attraction of the entire three days. The main reason for this was the chief guest in attendance - Mr. Thangavel Mariyappan, who has risen to stardom following his victory in the men's high jump event in the 2016 Paralympics games. The legend himself was given a warm and awe inspiring welcome with the traditional dance of Kerala Chennai Melam. The bike



stunt show which was then staged to entertain the guests ensured a grand start to the event and was a big hit among the students. A flash mob was also performed by the host students. Cricket, football, volleyball, basketball, futsal and table tennis were some of the sport events. Track and field events were also held. The organization of the sporting events by itself was pulled off brilliantly and flawlessly by the students as they toiled hours under the sun and through the night. Along with the referees and judges, they could not have done it better.

A variety of power packed and eye-catching performances were staged by all the visiting colleges like the battle of bands, group dance, synchronise and much more. And each athlete brought in their best action to the ground to make their college proud. All together it was a rather colourful and competitive event. But what turned the ordinary to the extravagant was the eminent judges who were pioneers in their fields and the most sought after of the lot of media professionals. They were greeted with much enthusiasm and reverence for which they responded with the same zest and performed for the audience after giving out



unbiased results. We also had a huge range of off-stage events like pot painting, grooming, mini militia and soap carving. On the third day we had the most awaited events like movie dubs, movie spoof and dance. A new addition to the list of events this year was the on-stage quiz hosted by Dr. Sumanth C Raman.

Of all the committees of students that were in action to bring this event to life, the accommodation and registration committees definitely deserve a special mention. They worked round the clock regardless of the weather and time, putting their sleep and food on a pause for three full days.



For all the effort put in from the students' side, equal or only more effort was put in by our management and faculty in charge. We were privileged to host a long list of prestigious guests as the judges for each event. Our main chief guest was Director Venkat Prabhu who became one with the students and graced the event with dignity and composure. He was received with much adoration by all the students who seemed hooked to his every word and they screamed themselves hoarse cheering.

With the intention of encouraging the students to give their best and infuse a sportive, competitive spirit, prize money was awarded to the winners and runner ups. We gave a maximum of twenty five thousand rupees to the winners and fifteen thousand rupees to the runner up. A total amount of 4.5 lakhs was awarded to the students.

'Affinity', the annual cultural event of our college has formed an unbreakable bond and sense of togetherness within the minds of the students. I stand as a proud student to call Affinity 2K18 a grand success; we definitely owe this success to our ever endeavouring the management, the faculty in-charge, the organizing batch, the core committee and last but in no way the least, our fellow seniors and juniors. The management and faculty were the backbone of the event as they trusted us to carry forth our responsibilities efficiently, with grace; they stood by us through all our ups and downs. The thank you would be incomplete without acknowledging the role played by our seniors and our juniors - our seniors helpfully passed on their valuable advice to us and our juniors worked relentlessly alongside us to make Affinity a major hit.

At the end of Affinity 2K18, on May 6th 2018, after sending back all the guests safely, we settled in quietly, with satisfaction in our hearts, content that we have successfully once again delivered a fun-filled entertainer. After gaining all kinds of experience through this journey with our fellow students, our hearts long for the next time we would hear those two magical words again : 'LET'S AFFINITY!'

Affinity 2K18 - Winners

Category	Winner
Overall Champions	Kanyakumari Medical College
Sports Champions	Kilpauk Medical College
Cultural Champions	Tirunelveli Medical College
Quiz Champions	Indira Gandhi Medical College

AFFINITY 2018



CME on World Health Day 2018 Department of Community Medicine



Department of Community Medicine introduced the World Health Day theme 2018, "Universal Health Coverage: Everyone, Everywhere" and delivered an insightful lecture on WHO Advocacy activities. The next session consisted of the grand final of the "World Health Day 2018 Quiz" for the shortlisted candidates. The occasion concluded with the prize distribution for the winners of the World Health Day Quiz 2018 and the World Forestry Day Photography contest and Poster competition held in March 2018.

A CME Programme was organized by the Department of Community Medicine, KIMS & RC to commemorate the occasion of "World Health Day 2018" on 7th April 2018. Dr. P.A. Archanalakshmi, Associate Professor, Department of Community Medicine, welcomed the gathering and this was followed by a brief introductory lecture on "Evolution of World Health Day and the themes of previous years" by Dr. D. Thirunaaukarasu, Professor, Department of Community Medicine. Dr. Roseline Fatima William, Professor and Head,



CME on "Renal Update in Children" Department of Paediatrics



delivered a comprehensive talk on "Reflux nephropathy" with effective use of a case-oriented, problem-solving approach.

Dr. V. Sripathi, Consultant Urologist, Apollo Children Hospital, delivered an enlightening lecture on "Robotic surgery in children" with interesting videos demonstrating the potential and practical role of Robotics in Paediatric surgery. This was followed by a detailed talk on "PUJ obstruction" and its management by Dr. S. Govindharaaju, Consultant Urologist, KIMS & RC. The CME session concluded with an elaborate talk by Dr. A. Ramanath, Professor & HOD, Department of Paediatrics on the common causes and clinical approach to "Hematuria in children".

The Department of Paediatrics, KIMS & RC organized a CME programme on "Renal update in children" on 26th April 2018 with the purpose of imparting essential knowledge with regard to recent updates in common renal problems and their management in children.

Undergraduate medical students and faculty from various departments participated. Dr. R. Padmanabhan, Professor of Nephrology, SRM Medical College Hospital and Research Centre

The CME programme was accredited with 5 credit points by the Tamil Nadu Dr. MGR. Medical University and was awarded 1 credit hour by the Tamil Nadu Medical Council.

CME on "Common Mental Disorders-Identification & Management"

Department of Psychiatry



The Department of Psychiatry, KIMS & RC organized a CME programme on "Common Mental Disorders - Identification & Management" on 10th May 2018, with the purpose of creating awareness among undergraduate and postgraduate medical students and nursing students, about early identification and referral for management of common mental disorders. The morning session began with a keynote lecture on "Anxiety disorders", by Dr. Vani Shree who shed light on the common mental disorders. This was followed by a comprehensive

lecture on "Depression" by Dr. M. Malaiappan, who highlighted the importance of early identification and management of depression, which could be life-saving. Then Dr. Sabitha enlightened the audience on "Stress Related Disorders"- its impact on day-to-day life and ways to handle them. The morning session concluded with Dr. Siva Ilango giving a lecture on the often neglected, but significant problem of "Medically Unexplained Physical Symptoms (MUPS)". The talk stressed upon the importance of early recognition and referral of patients with vague symptoms not explained by any medical condition. The CME was awarded 10 credit points by the Tamil Nadu Dr. MGR Medical University and 2 CME credit hours by the Tamil Nadu Medical Council.

The Undergraduate Psychiatry Quiz was conducted in the afternoon session followed by the Prize distribution. Franila F. Joseph and T. Dharani won the first place; J. Vaishnavi and J.B. Vincil Jito won the second place.

Workshop on "ECG - Basics and Beyond"

Department of General Medicine



The Department of General Medicine, KIMS & RC, organized a workshop on "ECG- Basics and Beyond" on 28th June 2018. The one day workshop, designed to facilitate the understanding of basics of ECG through interactive lectures was conducted by Dr. M. Chenniyappan, Consultant Cardiologist, Ramakrishna Nursing Home, Trichy. The welcome address was given by Dr. R.N. Manikandan, HOD, Department of General Medicine, which was followed by a special address by Dr. Sufala Sunil Vishwasrao, Principal and Dr. T.L. Anbumani, Vice Principal. The programme had various sessions on

Electrophysiology of heart, Leads of ECG, Interpretation of basic ECG, Conduction Defects and ECG Interpretation of Coronary Artery Disease. Each topic was followed by an interactive quiz session with active participation by the audience using voting pads. Faculty from various departments, PG students and CRRIs participated in this event. The vote of thanks was delivered by Dr. S. Appandraj, Professor, Department of General Medicine. This educational activity was accredited with 2 credit hours by the Tamil Nadu Medical Council and 10 credit points by the Tamil Nadu Dr. M.G.R. Medical University.



CME on "Update on Common Skin Diseases" Department of Dermatology



The Department of Dermatology, KIMS & RC organized a CME programme on "Update on common skin diseases" on 29th June 2018 with the purpose of providing comprehensive and simplified approach to diagnosis and management of common skin diseases.

The programme was attended by final year MBBS students and faculty from various departments. The CME session began with an enlightening lecture on "Superficial fungal infections" by Dr. R. Madhu, Senior Assistant Professor, Department of Dermatology, Madras Medical College. This was followed by a detailed lecture on "Recent updates in Psoriasis" by Dr. R. Jayaraman, Professor and Head, Department of Dermatology, Sree Balaji Medical

College and Hospital. The CME session concluded with an exhaustive lecture on "Clinical approach to sexually transmitted diseases" by Dr. Usman, Professor and Head, Department of Dermatology, Tagore Medical College and Hospital. The programme was accredited by the Tamil Nadu Dr. M.G.R. Medical University with 5 credit points.

A quiz programme for UG students was hosted in the afternoon session. The first place was claimed by G.V. Mukunth and P. Ganesh Kannan; second place was won by N. Yasvanth Kumar and K. Sowmiya, and the third place was won by Franila F. Joseph and T. Dharani. The winners were awarded certificates and cash prizes.



DERMATOPATH Meet

Department of Pathology & Department of Dermatology

The Departments of Pathology and Dermatology, KIMS & RC organized a DERMATOPATH meet on 26th April 2018. Dr. Priya Rani and Dr. Ramya Krishnan, PG students of Pathology and Dr. Lyra P. Andrews and Dr. Maharroof, PG students of Dermatology participated and presented the following cases: Borderline Tuberculoid Leprosy, Pretibial Myxoedema, Herpes simplex Infection, Cutaneous Small Vessel Vasculitis, Lichen Striatus and Discoid Lupus Erythematosus.

The clinical aspects were presented by the Dermatology PG students and the pathological aspects were presented by the Pathology PG students. The educational meet provided an

opportunity for the PG students and faculty from both departments to discuss in detail their perspective of the cases under study and decide further management and follow up.



Surgery Expo 2018

Department of General Surgery



The Department of General Surgery, KIMS & RC organized an academic exhibition on 8th May 2018. The event was coordinated by Dr. Sujith Kumar, Professor of Surgery. A total of 30 teams comprising of 3 students in each team participated in the event. Each team presented a project on a given theme in the form of working modules and displayed their banners. This programme was inaugurated by our honourable Managing Director Dr. Annamalai Regupathy, in the presence of Dr. M. Ramula, Professor & Head, Department of General Surgery. This programme was attended by faculty from various Departments and there was enthusiastic

participation from the students. Good feedback was received from all participants. The projects were judged by Dr. D. Thirunaaukarasu, Professor, Department of Community Medicine and Dr. Duraipandian, Associate Professor, Department of Anatomy. The event concluded with the announcement of the winners. The first place was claimed by the team of the following students: N. Yasvanth Kumar, K. Arunkumar and S.A. Sree Visakh. The second place was won by K.S. Logana, C.G. Malini Devi and G. Mahishavarsini. The third place was won by B. Deepalakshmi, S. Priyanka and K. Yohashree.



PHARMQUIZ 2018

Department of Pharmacology



The Department of Pharmacology, KIMS & RC conducted "PHARMQUIZ 2018" for II MBBS students on 9th May 2018 in the Lecture Hall complex of KIMS & RC. The teams for the final on-stage quiz were selected after they qualified in the preliminary test on 21st April 2018. The final on-stage quiz comprised of seven rounds, which included the history, mechanism of action, uses, adverse effects and drug interactions from the various chapters of Pharmacology. All the students participated with great enthusiasm. The programme had kindled the knowledge of students and created interest in the subject of Pharmacology. The competition was chaired by Dr. Roseline F

William, Professor & HOD, Department of Community Medicine. Faculty from various departments attended the event and encouraged the participants.

The winners were awarded with Certificates and Trophies by Dr. R. Annamalai Regupathy, Managing Director, KIMS. The first prize was won by the team comprising R. Surya, S. Tamilmani, K.G. Satish Kumar and M. Dhanush Kumar. The second prize was won by the team comprising K. Tamilselvi, N. Kiruthika, S. Kaviarasi and E. Inbaselvi. The third prize was won by the team comprising K. Apoorva, M. Lavanya, R. Supraja and K. Suvetha.



Symposium on "Tuberculosis: Diagnosis and TB Notification"

Department of Microbiology



The Department of Microbiology, KIMS & RC organized a Symposium on "Tuberculosis: Diagnosis and TB Notification" on 15th May 2018. The programme was organised to provide a comprehensive and complete view of Tuberculosis for undergraduate and postgraduate medical students and to sensitize them to the importance of TB notification. Following the inauguration, the scientific session began with an in-depth talk on

"Tuberculosis: Overview" by Dr. A. Chitrakumar, Professor & HOD, Department of Pulmonary Medicine. This was followed by an elaborate lecture on "Pathogenesis of Tuberculosis" by Dr. S. Manjani, Assistant Professor, Department of Pathology. Dr. Joseph Pushpa Innocent, Professor, Department of Microbiology delivered an exhaustive lecture on "Laboratory Diagnosis of Tuberculosis" followed by a brief, insightful talk on "Prevention and Control of Tuberculosis" by Dr. M. Geetha, Associate Professor, Department of Community Medicine. The Deputy Director of Medical Services, Tuberculosis In-charge and the Chief Guest of the day, Dr. Senthil Kumar, delivered the keynote lecture on "TB Notification and its uses", sensitising the participants on the process of TB notification, Nikshay portal and the benefits of notification of TB patients. The programme concluded with an interactive discussion with the resource faculty.

Physiology Quiz

Department of Physiology

Elsevier publishers conducted a National Level Quiz Competition (Olympiad 2018-19) in Physiology. As a part of the selection process a preliminary MCQ quiz was conducted in the Department of Physiology, KIMS & RC on 13th June 2018. Thirty-five students from I MBBS participated in the competition. The first prize was awarded to J. Ram Prasath. The second prize was won by R.S. Madhumitha and the third place went to T. Karthigeyan. The winners and few others received certificates and books. The winners will be representing the college at the zonal level.



ADR Reporting Training

Department of Pharmacology

The Department of Pharmacology, KIMS & RC conducted training sessions on Adverse Drug Reaction (ADR) reporting from 13th June 2018 to 3rd July 2018 for 92 staff nurses & CRRIs of KIMS & RC. The objective of the training was to impart the basic knowledge and importance of ADR reporting to enhance patient care and safety. The training session included briefing of the importance of pharmacovigilance, ADR reporting and the maintenance of ADR record. The staff nurses were given hands on training in filling the ADR forms after

giving them different case scenarios. The sessions were held in the Department of Pharmacology and conducted by Dr. R. Kavitha, Professor & HOD, Department of Pharmacology, Dr. E. Seshathri, Assistant Professor, Department of Pharmacology, and Dr. Sunil M. Vishwasrao, Assistant Professor, Department of Pharmacology. At the end of the session, the staff nurses were able to identify the important elements to be filled in the ADR form independently.

Important Days Observed

World Hepatitis Day 2018 Department of Microbiology



An integrated teaching programme for post graduate students was organized by the Department of Microbiology, KIMS & RC in view of "World Hepatitis day" on 17th May 2018. The programme was attended by Postgraduate students from all disciplines and faculty from various departments. The theme for World Hepatitis Day 2018 is "Find the Missing Millions".

The session began with a lecture on "Introduction to Viral hepatitis and epidemiology" by Dr. B. Kanagabala, II year PG student, Department of Community Medicine. This was followed by a lecture on "Pathogenesis of Viral Hepatitis" by Dr. Ramya Krishnan, II year PG student, Department of Pathology. The clinical features and complications were discussed by Dr. Shaikh Asif Mohd Yusuf, II year PG student, Department of General Medicine. "Laboratory Diagnosis and Newer Hepatitis Drugs and Vaccines" were elaborately discussed by Dr. Ganesan, II year PG student, Department of Microbiology and Dr. E. Akila, III year PG student Department of Pharmacology respectively.



The session concluded with vote of thanks by Dr. Joseph Puspha Innocent, Professor, Department of Microbiology. This session provided an opportunity for PG students to correlate the various topics regarding viral hepatitis.

International Yoga Day 2018 Medical Education Unit



International Yoga Day 2018, was observed at KIMS and RC on 21st June 2018, coordinated by Dr. Girija Sivakumar, Professor of Anatomy. The function commenced with the welcome address by the Coordinator of the Medical Education Unit and Professor & HOD, Department of Community Medicine, Dr. Roseline Fatima William.

The Chief Guest, Yoga Master, Mahayogam E. Bhaskar, delivered the keynote address stressing the importance of integrating Yoga in our daily life and its long term benefits. This was followed by a lecture on 'Stress and Yoga' by Dr. Sumitra Sudharkodhy, Assistant Professor, Department of Physiology.



The Chief Guest, Mahayogam E. Bhaskar gave a training session on Asanas to an active audience, comprising faculty and students of Medical and Dental colleges of Karpaga Vinayaga Educational Group.

The Yoga day celebration concluded with vote of thanks by Dr. M. Vijayamalathi, Assistant Professor, Department of Physiology.

Faculty & Student Accolades

Awards - Academic



M.A. Ashwini, II MBBS student won the "Best Poster Award" at the CME programme on Emergence and Insights of Infectious diseases MICROHORIZON-2018 organized by the Department of Microbiology, Melmaruvathur Adhiparasakthi Institute of Medical Sciences & Research for her poster titled "Screening for *Group B Streptococci* in antenatal women: Isolation and its antibiogram" at Melmaruvathur Adhiparasakthi Institute of Medical Sciences & Research, Melmaruvathur on 14th April 2018.

II MBBS students, K. Tamilselvi, S. Kaviarasi and N. Kiruthika won the Second place and the Third place was shared by two teams with three members each from III MBBS-Part I - C. Selvakumar, F. Mohammed Fasiuddin Mohajir and G. Arunkumar; and S. Vikneshvaran, M.R. Karthic Sharan and R. Selvakumar. The prize winners of the quiz were awarded Certificates of Merit.



The students selected for ICMR's STS 2018 are S. Vidya, II MBBS (Guide: Dr. Navin Rajaratnam, Professor, Department of Physiology); M. Sughan Balaji, M, Final MBBS-Part II (Guide: Dr. M. Geetha, Associate Professor, Department of Community Medicine).



K.S. Aravind, M. Sughan Balaji and Z. Mohamed Easha, III MBBS-Part II students, won the First place in World Health Day 2018 Quiz organized by the Department of Community Medicine, KIMS & RC on 7th April 2018.



The Physiology Medal Exam was conducted for the 2016-17 MBBS batch students in the Department of Physiology on 2nd December 2017. S. Viswanath won the first place and was awarded the Late Padmanaban Madappan Nadar Endowment Prize from the Indian film maker Mr. Venkat Prabhu.



Clinical Cases

Functional Evaluation of Arthroscopic Anatomical ACL Reconstruction - A prospective study

Dr. S. Rajadurai, Dr. Selvaraj, Dr. Nagappan, Dr. Sankarlal, Dr. Chandrasekar

Department of Orthopaedics

Introduction

Anterior cruciate ligament (ACL) injury is one of the commonest ligament injuries of knee accounting for 200,000 tears in a year. It often leads to anterior knee instability and in these cases surgical treatment is necessary to restore normal knee stability and to protect knee from further injury. There is debate on graft choice for ACL reconstruction and trans-tibial or trans-portal method of femoral tunnel creation and whether to use single or double bundle ACL reconstruction to get optimal functional results. We present a prospective study of 10 cases of ACL injury operated with arthroscopic anatomical ACL reconstruction using quadrupled hamstring tendon graft through trans-portal technique to evaluate functional outcome in our institute.

Materials and methods

ACL injury patients <50 year old with or without meniscal injury were included in the study and those with degenerative knee changes were excluded from the study.

Surgical technique

Semitendinosus and gracilis tendons were harvested and prepared into a four stranded graft. Diagnostic arthroscopy of knee joint was performed. Meniscus tear if present was managed according to the pathology. A Femoral tunnel was made just posterior to lateral inter-condylar ridge of lateral femoral condyle. The Tibial tunnel was made at the center of tibial ACL remnants in line with posterior border of anterior horn of lateral meniscus. The graft was passed into tibial and femoral tunnels and fixed with endobutton at femoral tunnel and interference screw at the tibial tunnel.

Results

All the patients in our study were males with ages ranging from 21 to 38 years and the mean age of patients was 30 years. The mode of injury was fall from two wheelers in 6 cases and sports injury in 4 cases. Duration of knee instability symptoms varied from one month to one year after injury. ACL injury was present in right knee in 7 cases and left knee in 3 cases. Associated meniscus injury was present in 8 patients of which lateral meniscus was involved in 2 cases and medial meniscus was involved in 6 cases. Partial meniscectomy was done in 5 cases and medial meniscal repair was done in one case. By 6 months after index surgery all patients had full range of knee movements and returned to their jobs. The mean Lysholm score and Tegner score was 80.

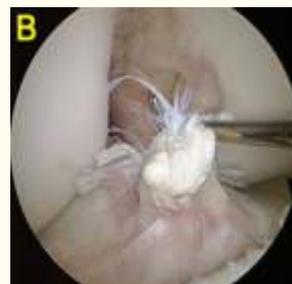
Discussion

There are lot of studies favouring patellar tendon grafts and hamstring grafts. In a meta-analysis by Freedman and colleagues, patellar tendon graft has advantages of increased stability to knee in terms of more stability and less chance of graft failure but at the cost of increased complications like anterior knee pain and knee stiffness. Overall both the grafts provide excellent return of function with high rate of success.

Trans-tibial technique of femoral tunnel creation is out of favour today as it creates a non-anatomical vertical graft instead of more horizontal native ACL so that rotational instability persists although antero-posterior stability is good. Study conducted by Ganesh and associates concluded that non anatomical ACL fixation is the most common technical error resulting in recurrent instability of knee.

Sastre et al. studied 40 patients and showed no difference between single and double bundle group. Chen and associates conducted meta-analysis study of randomized control studies of five years which showed good outcome with anatomical single bundle ACL reconstruction. Overall single bundle anatomical ACL reconstruction produces better clinical results to that of double bundle technique and it is less technically demanding procedure.

To conclude, single bundle ACL reconstruction with hamstring tendon graft fixed at anatomical ACL footprints provides consistent good functional results.



Arthroscopic view of torn ACL



Postoperative X-ray of ACL reconstruction



Arthroscopic view of reconstructed ACL

Clinical Cases

Difficult Sub-arachnoid Block in an Extremely Obese Patient

Dr. P. Manohar, Dr. R. Vidya
Department of Anaesthesiology

Introduction

Obesity in India is becoming major health issue as almost 5% of population is affected with morbid obesity. With easy accessibility of fast, processed, unhealthy food and rising income of middle class group has contributed to increasing cases of obesity. As per the National Institute of health (Table:1), obesity is defined as a BMI more than 30 kg/m². A BMI of more than 40kg/m² is considered as extreme obesity. Anaesthesia and surgery among these patients always increase risk of intra and postoperative complications. These patients are prone to have more complications like diabetes, hypertension, IHD, CCF, obstructive sleep apnoea, pulmonary hypertension, DVT, fatty liver and arthritis. Some of them may have limited mobility and remain asymptomatic in spite of cardiovascular compromise. Due to a large head, short neck these patients will be a tough challenge for an anaesthetist while inducing GA. In regional blocks, there will be difficulty in palpating bony landmarks. We present a case of extreme obesity with a broader view of practical consideration and organizational approach for anaesthetizing such patients for surgery.

Case Description:

A 39 year old male weighing 187 kg, with a BMI of 68.7 was posted for wound debridement under spinal anaesthesia under ASA grade III. The patient was planned for spinal anaesthesia. Two regular operating tables were combined to accommodate the patient. Though we planned to give regional anaesthesia, we got all difficult airway gadgets (stylet, bougie, mackoy laryngoscope blade and fiberoptic scope) ready.

The patient was transferred to the 'table' in sitting position. IV access was established and SPO₂, NIBP, ECG were attached to the monitor. Under all aseptic precautions, 23G Quincke needle was inserted in L3-L4 intervertebral space. Inter spinous space was identifiable only after retracting the hip fat by 2 technicians. Cerebrospinal fluid was obtained after insertion of needle up to its hub and spinal anaesthesia was given. As the patient was unable to lie down, he was given back support with 3 pillows and the surgery was performed in propped up position. Perioperatively the patient was hemodynamically stable. Postoperative period was uneventful.

Discussion

Peri-operative management of an obese patient requires a systemic and organizational approach for induction of safe anaesthesia. Even though various international guidelines are there for rational and safe anaesthetic practices among obese patients, individual patient require a specific plan. Drug history for obesity treatment must be obtained as these drugs may increase peri-operative cardiorespiratory risk. Pre-operatively patient must be evaluated for Obstructive Sleep Apnoea (OSA) or cardiac complications as patient may be asymptomatic due to limited mobility. Many of them may not be able to lie down completely as well as may not be able to sleep in flat position due to severe obesity. This could be very important for positioning of patient during anaesthesia as well as after surgery. In these patients, GA is extremely challenging due to reduction in lung volumes and choice of anaesthesia would be decided on the table.

Good regional anaesthesia can be individual choice in extremely obese patient as it reduces intra-operative opioid and inhalational requirements. Regional anaesthesia is technically more difficult in obese compared to non-obese patients due to non-visibility of clear landmarks and skin folds. Preparation of OT is most important in these patients and organizational approach is required to avoid complications. All the staff assisting such high risk cases must be trained and well experienced. Special type of bed may be required which can bear heavy weight of the patient. In our case, two OT tables were joined together to accommodate the patient. Since this patient was having difficulty on lying down, pillows were kept under head and upper back (semi Fowlers position). Patient came out, of anaesthesia without any complication. To provide safe and rational anaesthesia in extremely obese patients requires experienced staff and complete teamwork.

Table 1: Classification of obesity as per NIH

Classification	BMI kg/m ²	Obesity Class
Underweight	<18.5	
Normal	18.5 to 29.5	
Overweight	25 to 29.9	
Obesity	30 to 34.9	Class I
	35 to 39.9	Class II
Extreme Obesity	>40	Class III

Clinical Cases

A Rare Case of Multiple Intracranial Lipomas

Dr. Kumar Sampath, Dr. M.D. Ameen
Department of Radiology

Introduction

Intracranial (IC) lipomas are adipose tissue tumors; a congenital malfunction of CNS seen usually as an accidental findings on autopsy or CT Scan. It may be present anywhere in CNS but preferred location is midline space. Due to the absence of classical symptoms clinical diagnosis of IC lipomas is difficult. In a symptomatic patient, its size and position causes potential effects on CNS and harmful behavioral changes. Because of the rarity we are reporting this case from the Department of Radiology.

Case description

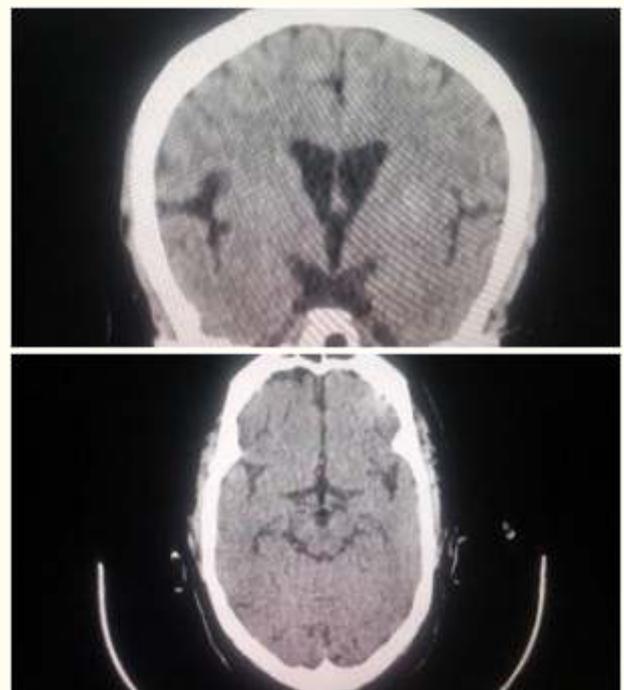
A 65 year old female came with complaints of severe headache with no significant co-morbid condition. No H/O seizures, brain tumor or trauma. The patient's baseline investigations were within normal limits. There was no significant family history. Patient was advised CT Brain which revealed multiple well defined hypodense lesions of varying sizes involving anterior and posterior interhemisphere fissures, around the mid brain peduncle in the extra-axial space, largest measuring 5.8 x 6mm (HU - 49 to - 37) in the anterior interhemispheric fissure. One of the lesions show thin wall calcification. Mild prominence of both lateral ventricles were noted.

MRI was done with and without fat saturation after neurological consultation. MRI-Brain showed multiple intra-cranial lipomas with the help of fat saturation and chemical shift artifact. T1- high signal intensity, T2; high signal intensity, T1 C+ (Gd): no enhancement. Fat saturated sequences: low signal

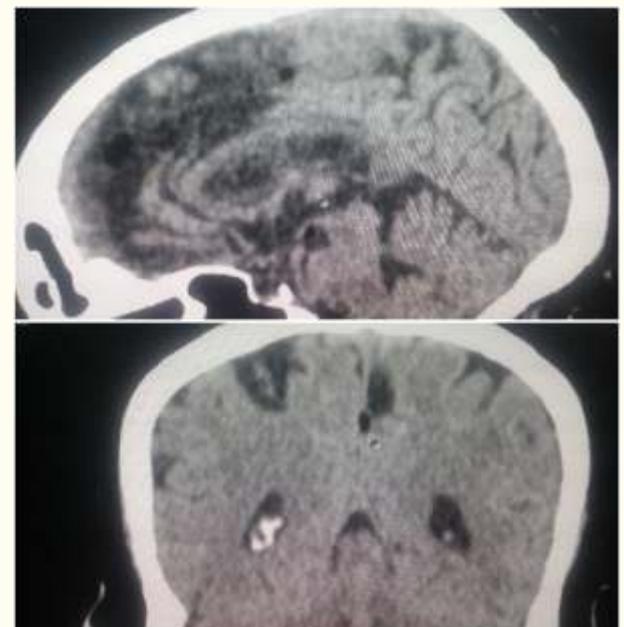
Discussion

IC lipomas are very rare congenital tumors mostly asymptomatic and detected as an autopsy finding after death or on CT scan. First case of IC lipomas was described by Rokitansky in 1856 at autopsy. Incidence of IC lipomas varies from 0.1 to 0.5 % among all brain tumors. IC lipomas are not tumors as such but rather a result of abnormal differentiation of embryologic meninx primitive. They are frequently associated with abnormal development of adjacent structures. IC lipomas are widely distributed in the intracranial compartment including Pericallosal lipoma (45%), quadrigeminal cisterns lipoma (25%), suprasellar cistern lipoma (15%), Cerebello pontine angle lipoma (10%) and

Sylvian fissure. IC lipomas should be differentiated from Intracranial dermoid, Intracranial teratoma, epidermoid cyst, chronic haematoma. On MRI, if no fat saturated sequences are available then other possibilities to be considered would be Thrombosed Berry aneurysm and White Epidermoid (which also have high T1 signal). Any patient with unusual or long standing headache may be evaluated for intracranial lipomas.



CT: Coronal Section and Axial Section showing Interhemispheric lipoma



CT Saggital and Coronal Section Showing IC lipomas

Clinical Cases

Single Incision Laparoscopic Appendicectomy - SILS

Dr. S. Sujith Kumar, Dr. Kishore Kumar, J. Divya
Department of General Surgery

Introduction

Appendicitis is one of the most common surgical diseases. Surgical treatment for appendicitis is appendicectomy that means removal of appendix. Traditionally, the appendix is removed through the incision in right lower abdominal wall that is called as open appendicectomy. With newer techniques, laparoscopic appendicectomy is done where three small incisions are created and the appendix is removed through the ports. Nowadays with the recent advances, single incision laparoscopic appendicectomy theory is put forth and is evolving widely.

Case Description

A 45 year old female, presented to the Surgery OPD with complaints of abdominal pain for 3 days. History of nausea was present but there was no H/O vomiting and fever. Menstrual history was not significant. On examination of abdomen, tenderness was present over the right iliac fossa with no guarding and rigidity. USG-abdomen showed features of acute appendicitis. All other routine investigations were found to be normal. Usually SILS can be done using readily available SILS PORT. In our patient, Single incision laparoscopic appendicectomy (SILS) was done using glove port.

A glove port was made using the materials like glove, outer rigid ring, inner flexible ring and rubber bands. Three holes were made in the three fingers of the glove through which one 10 mm trocar and two 5 mm trocars were introduced and fixed with rubber bands. Then flexible ring was placed over the glove and the glove was folded so that the ring will present inside the glove. The glove port was introduced in to the trans-umbilical incision and then outer rigid ring was placed over the glove port.

DISCUSSION

SILS is the newly evolving technique. Advantages of SILS includes single incision, lower risk of infection, lesser port site hernia, easier retrieval of specimen, shorter hospital stay and less pain. The readily available SILS port is costly (around Rs.20,000) but the glove port which was designed using a surgical glove, outer rigid ring and inner flexible ring is very economical (around Rs.100). The only disadvantage of SILS is surgeon discomfort while performing surgery because of the swording of instruments.

The aim of presenting this case report is, SILS procedure is a costlier surgery but using a glove port we can make it as a cost effective procedure .



Materials required for glove port



Inner ring placed between glove



Glove port in position



Single Incision Laparoscopic Appendicectomy

Clinical Cases

Primary Mucinous Eccrine Carcinoma - A Rare Malignant Cutaneous Adnexal Neoplasm

Dr. Sithy Athiya Munavarah, Dr. Anand Ashok Bhoslae, Dr. E. Saravanan, Dr. S. Manjani, Dr. R. Madhumittha, Dr. Arun Harke
Department of Pathology

Introduction

Primary mucinous eccrine carcinoma is a rare malignant neoplasm of the skin adnexa usually occurring in the head and neck region. We report a case of primary mucinous eccrine carcinoma occurring in the chest wall in an elderly female.

Case description

A 60 year old female presented with a swelling in the left upper chest wall of 6 months duration associated with pain. On local examination, a shiny ulcerated erythematous nodule in the upper left chest wall measuring 4x3 cm which was not freely mobile and firm in consistency was made out. FNAC of the swelling showed clusters, acinar, cords and singly scattered plasmacytoid cells against a mucinous background. Based on these features two differential diagnoses were given namely, malignant skin adnexal tumour and metastatic carcinomatous deposits. A wide local excision was done and specimen was submitted for histopathological examination. Gross examination of the specimen showed a skin covered nodular mass measuring 7.5x5x3 cm. Cut section showed firm gray white glistening appearance. Microscopic examination revealed skin with focal ulceration and a subepithelial malignant neoplasm arranged in solid nests, cords and tubular pattern separated by fibrous septae in a mucinous background. The individual tumour cells are round to polyhedral in shape with scant to moderate eosinophilic to clear vacuolated cytoplasm, pleomorphic nuclei, with some of them exhibiting signet ring morphology. Histological features were consistent with Primary mucinous eccrine carcinoma.

Discussion

Mucinous eccrine carcinoma is an uncommon malignant skin adnexal tumour. The most common site is the peri-orbital area and it originates from eccrine sweat glands. It occurs in a wide age group ranging from 34-84 years with the mean age of 62 years. Clinically it presents as an asymptomatic nodule ranging from 5-120 cm in size.

On microscopy, differentiation from metastatic mucinous carcinoma is often difficult and a thorough search for an associated in-situ component is required in case of primary

malignancy. Also complete clinical and radiological evaluation is mandatory to rule out any breast, GIT and prostate malignancies. The tumour carries a relatively better prognosis after wide local surgical excision although it has a high local recurrence rate. Lymph node and distant metastases are relatively rare.

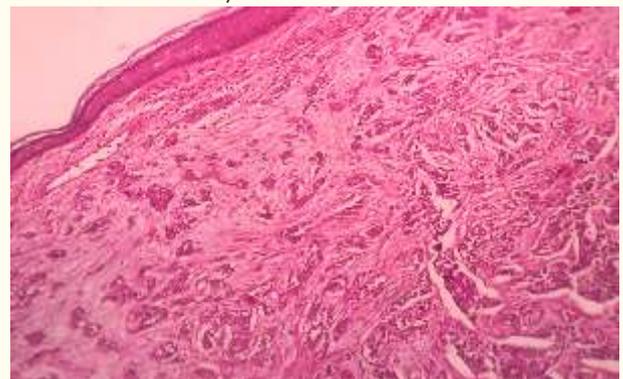
To conclude, primary mucinous eccrine carcinomas of skin are challenging both clinically and pathologically, thereby warranting careful and complete evaluation of this rare malignancy which can be managed with minimal surgical intervention.



A skin covered nodular mass measuring 7.5x5.3cm



Cut surface of the nodular mass is gray white in color and firm in consistency



Microscopy shows round to polygonal tumor cells arranged in solid nest, cords and tubular pattern

Clinical Cases

Panuveitis in Discoid Lupus Erythematoses - A diagnostic dilemma

Dr. G.S. Srinivasan, Dr. R. Deborah Rinita
Department of Ophthalmology

Introduction

Association of Uveitis, inflammation of the uveal tract with Systemic Lupus Erythematoses (SLE) is well known, however uveitis in a Discoid Lupus Erythematoses (DLE) patient is a rare occurrence. Ocular manifestations of DLE are eyelid lesions, Proptosis, Blepharitis, Lash loss, Entropion, Ectropion, Pigmentary changes, scarring conjunctivitis. Ocular involvement is very uncommon. An interesting variant of Panuveitis in a DLE patient was seen in our OPD.

Case Description

45 year old male presented with blurring of vision (Right Eye), associated with pain, redness, watering and history of hyperpigmented patches over forehead, scalp, and bridge of nose for the past 3 months. No significant past history was noted. His visual acuity was 6/9 and 6/6 in right and left eye respectively.

On slit lamp examination, keratic precipitates were seen with anterior chamber flare and cells, suggestive of Iridocyclitis. Fundus examination revealed Vitritis, hyperemia of disc with hypopigmented lesions in the posterior pole, were suggestive of Retinochoroiditis. After the final diagnosis of Panuveitis, the patient was started on topical steroids and Fundus Fluorescence in Angiography (FFA) was planned.

Dermatology opinion was obtained for the hyperpigmented lesions and biopsy of skin lesion was reported as DLE. FFA showed early hypofluorescence, late hyperfluorescent patches and late staining of disc s/o Retinochoroiditis. Blood investigations were normal. Patient symptomatically improved with topical steroid treatment.

Discussion

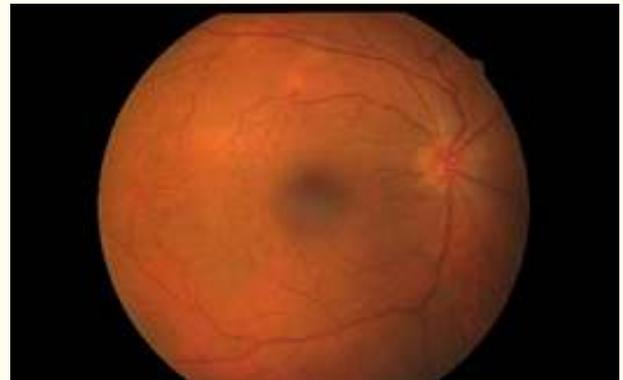
Panuveitis is an inflammation of all layers of the uveal tract, iris, ciliary body, choroid, involving vitreous and retina. DLE is a benign autoimmune disease of skin with face, trunk and extremities frequently affected and systemic involvement is rare. Ocular involvement in DLE is very uncommon.

To evaluate the cause of panuveitis and to identify systemic associations, a stepwise approach with specific investigations is required. Ideal management of such cases would be appropriate

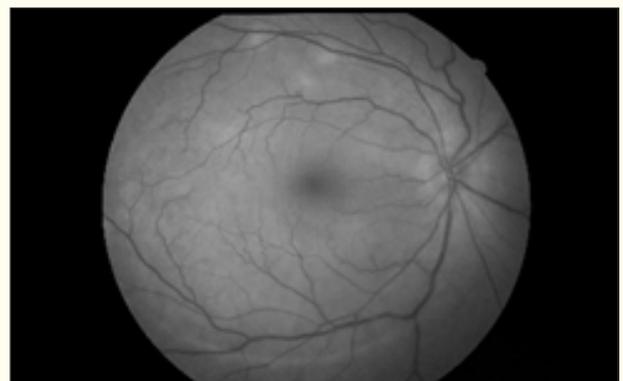
treatment with serial monitoring of patient.



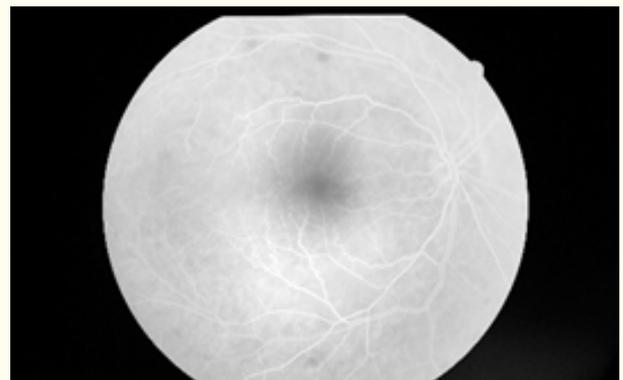
Hyperpigmented patches



Fundus showing hypopigmented lesions



FFA Showing early hypofluorescent lesions



FFA Showing late hyperfluorescent lesions

Clinical Cases

A Rare Case of Recurrent Rhinosporidiosis

Dr. B. Sundararajan, Dr. M.K. Siddhartharaj
Department of Otorhinolaryngology

Introduction

Rhinosporidiosis is a chronic granulomatous disease of upper respiratory tract caused by *Rhinosporidium seeberi*, mainly affecting the mucous membrane of nasopharynx, oropharynx, larynx, sclera and conjunctiva. Rarely it affects other areas like skin, rectum and external genitalia.

It was first described by Guillermo Seebri in 1900. Rhinosporidiosis is endemic in India, Sri Lanka and Brazil while sporadic cases are seen in the United States. Australia is the only continent where the disease has not been reported so far. The hyperendemic areas are Thirumangalam, Rajapalayam, Ramnad and Shivagangai. Initially it was thought to be a fungus but now it is considered to be aquatic protist, an parasite of fish and is classified under Mesomycetozoa.

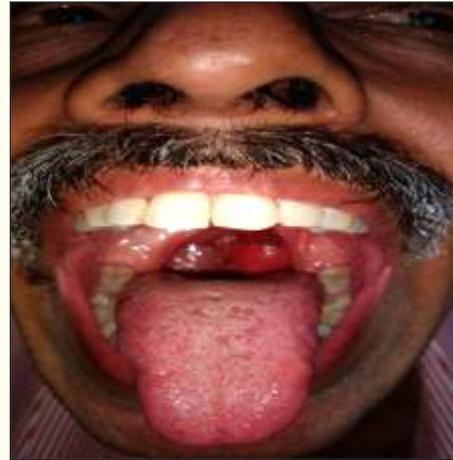
Case Description

A 60 year old male presented with complaints of nasal obstruction, nasal discharge associated with sneezing and foreign body sensation. The patient was diagnosed to have nasal Rhinosporidiosis and excision was done twice five years back. On examination, a pink to deep red strawberry like mass which bled on touch, arising from the inferior turbinate on either nasal cavity was visualised. After reserving two units of blood and embolization before surgery, endoscopic excision biopsy was done. The HPE report was s/o Rhinosporidiosis. Post-operative period was uneventful. Patient was initiated on Dapsone medication after surgery.

Discussion

Rhinosporidiosis is a granulomatous disease with involvement of nose and nasopharynx as a common site and almost having 70% of occurrence of presented cases. The disease is more prevalent in Asian continent but cases have been reported in South America, Africa and United States also. The disease is more seen in males than females between the age group of 20-40 years. It is also seen in rural population who work or bath in stagnant water. The patient presents with pedunculated mass in the nasal cavity and diagnosis is usually confirmed on Biopsy. Antibiotic therapy is not clinically effective in Rhinosporidiosis, the only treatment is surgical excision of the mass. Recurrence rate is very high (10%) when there is an accidental inoculation of the

spores or if a remnant is left behind intra operatively. So a radical clearance coupled with thorough wash without inoculating any spores on a different site is the choice of the treatment to prevent recurrence.



A pinkish mass hanging from the nasal cavity into the oropharynx through the nasopharynx



CT PNS showing the mass involving both the nasal cavity associated with maxillary sinusitis



Post-operative specimen of the mass

Short Communications

Microbicides: Pandora's box

Dr. K. Balan, Associate Professor
Department of Microbiology

Microbicides appear to serve as a convenient option for women to protect themselves from sexually transmitted infection and HIV/AIDS. Microbicides are compounds that can be applied inside the vagina or rectum and can be formulated as gels, creams, films or suppositories. Microbicides prevent HIV and other pathogens from reaching target cells by creating a physical barrier, maintaining an acidic vaginal pH which enhances the natural defense mechanism. They may act by killing or disabling pathogens by disruption of the protective outer coat and prevent virus replication after it enters the cell. Like drugs and medical devices microbicides must go through several stages of testing for its safety and efficacy. At present there are more than 50 microbicide candidates in the stages of preclinical testing and more than 40 microbicides products in various stages of clinical development.

Status of microbicides currently under development

Class	Compound	Status
Membrane Disruptive Agents Surfactants	Sodium Lauryl Sulphate Sodium Dodecyl Sulphate	Phase I/II Preclinical development
Entry inhibitors Polyanions	Carageenan Poly (Styrene 4 Sulfonate) Carraguard Carbopol (Buffergel) Dextrin 2 Sulphate (Emmelle) Naphthalene Sulfonate Polymers (PRO2000/5) Acetyl Phthaloyl Cellulose Dextran Sulphate Polystyrene Sulphonate	Phase III Phase III Phase III Phase III Phase III Phase III Preclinical development
Dendrimers	Vivagel (SPL 7013)	Phase I
CCR5 blockers	L 860.167 RANTES analogs	Preclinical development Preclinical development
Gp 120 inhibitors	BMS 599793 Cyanovirin	Preclinical development Preclinical development
Reverse transcriptase inhibitors- Nonnucleoside reverse transcriptase inhibitors	MIV 150 TMC 120 UC 781 S-DABO	Phase I Phase I Phase I Preclinical development
Reverse transcriptase inhibitors- Nucleotide reverse transcriptase inhibitors	PMPA (Tenofovir)	Phase I/II

Snapshot on Nipah Virus Outbreak - A Public health Emergency

Dr. D.C. Vidya, Assistant Professor, Department of Community Medicine

History

Nipah virus (NiV) infection, the newly emerging zoonotic disease of animals and humans was named after its origin from Sungai Nipah, a village in Malaysian Peninsula where it was isolated from pig farmers, who became ill with encephalitis, in the year 1999. Though the disease among pigs was mild, nearly 300 human cases with over 100 deaths were reported. Millions of pigs were euthanized to contain the outbreak, causing tremendous trade loss. After this outbreak, no further cases were reported till now in that region.

In 2001, a NiV outbreak occurred among humans in Bangladesh. Same year, another outbreak was identified in Siliguri, India with reports of nosocomial transmission. Since then, outbreaks occur almost annually in Bangladesh and have been reported several times in India.

Recently, on 19th May 2018, the first NiV outbreak in South India was reported from Kozhikode district of Kerala, India. As of 1st June 2018, there were 18 confirmed cases and 17 deaths. Kozhikode and Mallapuram districts of Kerala were most affected.

A multi-disciplinary Central Team led by Director, National Centre for Disease Control (NCDC) was immediately deployed to Kerala. Laboratory investigations among four suspected patients was conducted by the National Institute of Virology in Pune. Three of the four reported deaths were confirmed positive for NiV by Real-time Polymerase Chain Reaction (RT-PCR) and IgM ELISA for NiV. The NCDC is monitoring the situation through Integrated Disease Control Surveillance Programme (IDSP) network. Health and Family Welfare Department has issued guidelines on NiV disease, Advisory for General Public, Advisory for Health Care Personnel, Guidelines for sample collection for NiV, Hospital infection control guidelines and Laboratory Biosafety guidelines to contain the outbreak. World Health Organization (WHO) has been providing technical support to the Government of India when needed.

Case definitions

The following are the case definitions recommended by WHO.

Suspected Nipah Case

● Person from an area/ locality affected by a NiV disease outbreak who has:

- Acute fever with new onset of altered mental status or seizure and/or
- Acute fever with severe headache and/or
- Acute fever with cough or shortness of breath.

Probable Nipah Case

● Suspected case-patient/s who resided in the same village where, suspected/confirmed case of Nipah virus was living during the outbreak period and who died before complete diagnostic specimens could be collected.

OR

● Suspected case-patients who came in direct contact with confirmed case-patients in a hospital setting during the outbreak period and who died before complete diagnostic specimens could be collected.

Confirmed Nipah Case

● Suspected case who has laboratory confirmation of Nipah virus infection either by:

- NiV RNA identified by PCR from respiratory secretions, urine, or cerebrospinal fluid.
- Isolation of Nipah virus from respiratory secretions, urine or cerebrospinal fluid.

Epidemiological Determinants

Agent: NiV belongs to family Paramyxoviridae, genus Henipavirus

Natural Reservoir: Fruit bats of Pteropodidae Family, Pteropus genus. Presumably, pig may become infected after consumption of partially bat eaten fruits.

Seasonality: Months of winter to spring (December-May).

Incubation period: varies from 4-21 days.

Mode of Transmission: Direct contact with infected bats, infected pigs, or from other NiV infected people.

Clinical Features

In humans, it causes a range of clinical presentations from asymptomatic infection (subclinical) to acute respiratory infection and fatal encephalitis. It may present with Fever, Altered mental status, severe weakness, Headache, Respiratory distress, Cough, Vomiting, Muscle pain, Convulsion and Diarrhoea. The case fatality rate is estimated at 40% to 75%. However, this rate can vary by outbreak.

Diagnosis

Laboratory confirmation of a suspect/probable case can be made during the acute and convalescent phases of the disease using Reverse transcriptase polymerase chain reaction (RT-PCR) from throat swabs, cerebrospinal fluid, urine and blood samples.

Prevention and control

No specific treatment or vaccine is available. Intensive supportive care with treatment of symptoms is the main approach in managing people with infection. Though Ribavirin, an antiviral drug may have a role in reducing mortality among patients with encephalitis, it is not recommended as prophylaxis.

The infection can be prevented by avoiding exposure to bats and sick pigs. Drinking of raw palm sap (palm toddy) contaminated by bat excreta, eating of fruits partially consumed by bats and using water from wells infested by bats should be avoided. Standard infection control practices should be enforced in health care facilities. Awareness regarding the disease along with surveillance would help in preventing further outbreaks.

References:

1. Nipah Virus. Available from URL: <https://www.cdc.gov/vhf/nipah/index.html>. Accessed on 25th June 2018.
2. Surveillance and outbreak alert-Nipah Virus. Available from URL: http://www.searo.who.int/entity/emerging_diseases/links/nipah_virus/en/. Accessed on 25th June 2018.
3. Nipah Virus disease Guidelines. Available from URL: <https://mohfw.gov.in/diseasealerts/nipah-virus-disease-guidelines>. Accessed on 25th June 2018

Gaming Disorder

Dr. S. Arumuganathan, Assistant Professor, Department of Psychiatry

The World Health Organization is adding "Gaming disorder" to its globally recognized compendium of medical conditions and diagnoses. Gaming disorder is listed under "disorders due to addictive behaviors" in the final draft of the 11th revision of the International Classification of Diseases (ICD-11).

(ICD-11 will be presented at the World Health Assembly in May 2019 for adoption by Member States, and will come into effect on 1st January 2022)

ICD 11 defines Gaming disorder as a pattern of gaming behavior ("digital-gaming" or "video-gaming") characterized by 1) Impaired control over gaming, 2) Increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and 3) Continuation or escalation of gaming despite the occurrence of negative consequences.

For Gaming disorder to be diagnosed, the behaviour pattern must be of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning and would normally have been evident for at least 12 months.

American Psychiatric Association had also listed Internet Gaming Disorder in Section III of DSM-5 with hopes to

encourage research to determine whether the condition should be added to the manual as a disorder.

References

1. World Health Organisation. Gaming disorder <http://www.who.int/features/qa/gaming-disorder/en/>
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders - Text Revision (5th Edition). American Psychiatric Association, DC, USA (2013).

IgG4-related disease: A recent and evolving entity

Dr. S. Karthik, Assistant Professor, Department of Pathology

IgG4-related disease is a recently described entity with varied clinical presentations and multi-organ involvement. The exact epidemiology of this evolving entity has not yet been fully established. It is a chronic inflammatory condition and closely resembles a malignant condition clinically due to its tumefactive properties. It's a remitting-relapsing disease causing variable tissue destruction in multiple organs. Chronic inflammation and fibrosis can lead to organ dysfunction in advanced stages.

The common organs involved are pancreas, lymph node, salivary glands, lungs, lacrimal glands etc. Patients present with non-specific complaints such as weight loss or organ specific complaints related to tissue damage. The disease evolves over years adding new organs one at a time leading to multi-organ disease. The classic finding is the presence of tumefactive (tumor like mass) lesion in at least one of the organs. It should be included in the differential diagnosis while evaluating any mass forming lesion as there are no salient unique clinical features.

Several diseases that have been known for many years have now been re-classified to be part of IgG4-related disease. This includes Reidel's thyroiditis, Mikulicz disease, Kuttner tumor, Ormond's disease etc.,

The pathophysiology of IgG4-related disease is related to complex immunological mechanisms involving TH₂ CD4 T cells, B-Lymphocytes and plasmablasts resulting in excess IgG4 production.

The real diagnostic challenge is to differentiate it from neoplastic condition. The various diagnostic modalities include serum IgG4 level estimation, FDG-PET scan and histopathology after complete clinical evaluation. Histopathology remains the gold standard for diagnosis which shows three characteristic features: 1)Dense lymphoplasmacytic infiltrate rich in IgG4 positive plasma cells; 2) Storiform fibrosis; 3) Obliterative phlebitis

The treatment options for the patients depend on the clinical severity and it includes follow up, glucocorticoids, immunosuppressive drugs, surgery and radiotherapy. Early diagnosis and medical treatment will contribute to significant reduction in morbidity. Increasing awareness regarding this entity will avoid unnecessary radical surgeries.

References:

1. Wolfson AR and Hamilos DL. Recent advances in understanding and managing IgG4-related disease. F1000 Research 2017,6:185.
2. Inoue D et al. IgG4-related disease: dataset of 235 consecutive patients. Medicine(Baltimore).2015;94(15):e680.



Dr. K. Balan



Dr. D.C. Vidya



Dr. S. Arumuganathan



Dr. S. Karthik

Undergraduate Student Corner

Quizzing - an enlightening experience

P. Swetha, II MBBS

Excitement, nail biting tension and heated discussions. The entire hall had hundreds of students racking their brains to get the right answers. It was the qualifying round of The Physiology Quiz at Madurai Medical College in 2017. That half hour was going to reflect all the hardships we had been through for three months.

As a first year student, I had been looking out for something interesting to do other than the usual academics. Then came the opportunity to participate in the inter-college quiz.

Preparing for a quiz was a totally different process. It was not about pouring over textbooks for hours together in the library. It required a lot of practice to not only learn concepts and memorize facts but to be accurate and fast enough to answer. We needed a really strong hold in basics and had to learn how to apply it in questions. We developed different ways to study and learned to manage time efficiently. It was a gruelling three months of hours spent with books, notes, videos and pictures. As days progressed, we realized there was something more important than building your knowledge as an individual-teamwork. Both the advantage and the disadvantage of the quizzing world is teams. You don't take part in it alone, it is all about how well you perform as a team. All of them may perform extremely well as individuals, but a good rapport among the team members plays a crucial role in their performance. We started spending more time in groups, teaching and questioning each other. This had a great impact on our performance. But, there were a lot of ups and downs during the whole prep time, when we felt sapped out of all energy and nearly quit. But the motivation we received from all sides kept us going. The satisfaction you get when you bounce back right on track is unbeatable.

Soon, time flew and the Quiz Day arrived. We stepped into the hall and were surrounded by hundreds of first years huddled together in serious conversation. That was when we felt the actual pressure of competition. The 45 minutes of the preliminary round of the quiz was really exciting, challenging and extremely stressful. Soon, the results were announced. We made it to the top ten but missed the finals by one point. We did perform fairly well but more than the result, it was the whole process that completely changed our view of medicine. It was an unforgettable journey for all of us. We earned wide exposure and had our interests kindled to explore various aspects of medicine, academically. We also gained immense confidence and strength to overcome challenges in our future endeavours. Quizzing is a really interesting and fun way to learn and the excitement lingers on pushing you to participate whenever you get an opportunity.

The Affinity Encounter

Vincel Jito, III MBBS-Part I

"Wake up, Jito!! Wake up!!" cried my startled roommate as if she had a nightmare. A slightly disoriented me woke up hesitantly to decode her expression only to find that it was the heavy downpour that made her react that way. Well, don't jump into a conclusion that she suffers from astraphobia. Had it been any other day I would have enjoyed the raindrops pounding on the rooftops and the breeze that tenderly kisses our cheeks. But today is not a day for that.

I checked for my clock. It showed 3.10 am as far as I can remember. That's when my brain started its lamentations, "Oh!! I want my 8 hours of sleep. I am not going to sacrifice it for anything or anybody in the whole world. Go back to sleep, Jito. If you don't, don't expect me to help you when you need me the most."

A sudden surge of fear, palpitations, sweating and action paralysis left me staring at the pop music band of the sky with its own poppers to an extent that I no more cared for my brain. George Orwell in his book 1984 says: "In moments of crises one is never fighting against an external enemy, but against one's world."

By now, you would probably be wondering why in the whole world I am overreacting to a downpour.

Well, how else would you expect me to react when you have the whole responsibility of organizing a great cultural event, AFFINITY 2K18 with participants from nearly 40 different Indian medical colleges for this 3 day event. Bad

weather like this is definitely going to affect all our outdoor events. It could have been better if the clouds, winds and the rain simply obeyed our commands but unfortunately they don't. With our spirits high, the whole batch worked day and night and made all the arrangements for the events in spite of all the hardships. Acquiring Vampire eyes at the end of the event was a witness to that.

One thing was clear that day - You can either keep complaining about bad weather or you can splash around in a puddle, it depends!

Postgraduate Student Corner

The horror of the infamous Tuskegee Syphilis Experiment

Dr. Lyra Priyadarshini Andrews, II year PG student, Department of Dermatology

The year was 1932. The first fliers appeared around Macon County, Alabama, promising "coloured people" special treatment for "bad blood". "Free Blood Tests; Free Treatment, By County Health Department & Government Doctors", the black and white signs said. What the signs never said was that they would become a part of the "TUSKEGEE STUDY OF UNTREATED SYPHILIS IN THE NEGRO MALE", a secret experiment by US Public Health Service (PHS) to study the progression of the deadly venereal disease - without treatment.

The PHS collaborated with Tuskegee University and enrolled 600 African-American Sharecroppers, of whom 399 had Syphilis and 201 did not. The men were promised free medical care, free meals and free burial insurance (\$50) during the course of study. Initially planned for 6 months, the study lasted even after funding stopped, for 40 long years. The research subjects were never informed about the disease they had. They were kept under the impression of being treated for "bad blood", which included a variety of diseases. They could never give consent, because they were never fully informed of what was happening.

In the year 1945, Penicillin became accepted as treatment for Syphilis, but was never offered to them. Finally the horror ended as the study was halted after a whistle blower, Peter Buxtun leaked information to press regarding the study in 1972. At the end of the study, only 74 were alive, 28 died of Syphilis, 100 died of related complications, 40 of their wives had been infected and 19 of their children were born with congenital syphilis. It was one of the longest unethical studies which cast light on the high racial discrimination which we had back then, though, it also played a major role in understanding the course and complications of the disease.

The US Government established the Tuskegee Health Benefit Program (THBP) in 1974 to provide lifetime health and medical benefits to survivors, their wives, widows and children. The Tuskegee trials led to the establishment of the National Commission for the protection of Human subjects of Biomedical and Behavioural Research in U.S. release of the famous Belmont Report which emphasises ethical principles and guidelines for human research and also promoted the establishment of Institutional Review Boards.

References:

- 1) Jones JH. Bad Blood : Tuskegee Syphilis Experiment, 2nd edn. New York : Free Press, 1993.
- 2) Centres for Disease Control and Prevention (CDC). The Tuskegee timeline. Available at <https://www.cdc.gov/tuskegee/timeline.htm>. Accessed on July 8, 2018.



P. Swetha



Vincel Jito



Dr. Lyra Andrews

Appreciation of Faculty & Students

Department with Most Outpatient Strength

(More than M.S.R. prescribed by MCI)

Department	Rank
Orthopaedics	1
Pulmonary Medicine	2
Dermatology, Venereology and Leprology	3

Department with Most Inpatient Strength

(More than M.S.R. prescribed by MCI)

Department	Rank
General Medicine	1
Pulmonary Medicine	2
Orthopaedics	3

Most Surgeries/Procedures in last 3 months

Department	Designation	Name
Anaesthesiology	Associate Professor Assistant Professor	Dr. P. Manohar Dr. A. Sowmiya
ENT	Assistant Professor	Dr. K. Sheetal
General Surgery	Professor	Dr. S. Sujith Kumar
Obstetrics & Gynaecology	Professor & Head	Dr. S.N.S. Minnalkodi
Orthopaedics	Assistant Professor	Dr. K. Arvind Kumar
Ophthalmology	Assistant Professor	Dr. G. Susaritha



Dr. P. Manohar



Dr. A. Sowmiya



Dr. K. Sheetal



Dr. S. Sujith Kumar



Dr. S.N.S. Minnalkodi



Dr. K. Arvind Kumar



Dr. G. Susaritha

Most Punctual Faculty

	Faculty	Designation	Department
Pre/Paraclinical department	Dr. S. Karthik	Assistant Professor	Pathology
Clinical department	Dr. M. Baskar	Professor	General Surgery
	Dr. S. Arumuganathan	Assistant Professor	Psychiatry



Dr. S. Karthik



Dr. M. Baskar



Dr. S. Arumuganathan

Most Punctual Postgraduate Student

	Faculty	Designation	Department
Pre/Paraclinical department	Dr. Priya Rani	III Year	Pathology
Clinical department	Dr. Lyra Priyadarshini Andrews	III Year	Dermatology



Dr. Priya Rani



Dr. Lyra Priyadarshini Andrews

II MBBS - University Examination Results

Subject	Pathology	Pharmacology	Microbiology	Forensic Medicine
No. of Distinctions	33	52	23	4

College Toppers: II MBBS - University Examination

Name	Rank
Franila F. Joseph	1
G. Nalliyal	2
P. Ganesh Kannan	3



Franila F. Joseph



G. Nalliyal



P. Ganesh Kannan

Best Maintained Room in Men's Hostel

Name	Year	Rank
P. Muhammed Aarif Reuban Roy	II MBBS	1
N.K. Navaneethan P. Karthick Raja	III MBBS-part II	2
V. Arvind Raj G. Kirubakaran M. Balaji	III MBBS-part II	3

Best Maintained Room in Women's Hostel

Name	Year	Rank
R. Sathya S.P. Rathna Koushika M. Meenakshi	III MBBS - part I	1
R. Thamaya V.P. Isai Mozhi S. Lakshmi	III MBBS - part II	2
M. S. Subalakshmi N. Reeba Rachel L. Janani	II MBBS	3

Research & Publications

Recent Scientific Paper Publications (last 3 months)

Department	Title
Biochemistry	Khadeja Bi A, Suganya S, Jnankumar Chaudhuri. Electrolyte abnormalities in chronic heart failure patients on treatment with two different drug regimens. Medpulse International Journal of Biochemistry 2018; 5(3) 116-19.
Biochemistry	Saravanan Radhakrishanan, Preethi Loganathan, Sampath Kumar Gasper, Suganthi Muralidharan, Selvakumar Kandaswamy. Implementation and Indigenous Validation of Clinical Biochemistry Integrity Testing in Retained Samples. European Journal of Biomedical and Pharmaceutical Sciences 2018; 5(3) 554-59.
Biochemistry	Saravanan Radhakrishanan. Potential Antidiabetic Effect of <i>Mimosa pudica</i> Leaves Extract in a Type 2 Diabetic Rat Model. International Journal of Biology research; 2018; 2(4)55-62.
Microbiology	Balan K, Abirami lakshmy, Ashwini MA., Vijayalakshmi, Sheila Doris Devamani. Screening for Group B <i>Streptococci</i> in antenatal women: Isolation and antibiogram. Indian Journal of Microbiology 2018; 6[2]:151-53.
Community Medicine	Archana Lakshmi PA, Gladius Jennifer H, Meriton Stanly A, Christina Mary Paul. A study on personal protective equipment use among health care providers, Tamil Nadu. International Journal of Community Medicine and Public Health 2018; 5(5): 1771-74
Community Medicine	Gladius Jennifer H, Archana Lakshmi PA. Community based descriptive study on assessment of nutritional status among preschool children of Pullipakkam village, Tamil Nadu. International Journal of Community Medicine and Public Health. 2018; 5(5): 1945-50
Orthopaedics	Regupathy Annamalai, Amar Nagesh Kumar. Study of Biochemical Profile and 25 - hydroxy Vitamin D association with disease in rheumatoid arthritis patients. Journal of Orthopaedics and Allied Sciences 2018; 6(1):17-21
Paediatrics	Arulparithi CS, Devi PT, Ravikumar K, Sivagamasundari V. Clinical profile and disability of children presenting with chronic daily headache in a tertiary care hospital. Int J Contemp Pediatr. 2018; 5: 843-6.

Selected Student ICMR STS 2018 Projects

Student	Guide	Project Title
S. Vidya II MBBS	Dr. Navin Rajaratnam Professor, Department of Physiology	Self-efficacy and cognitive coping strategies of medical students - Comparison in different years of study.
Sughan Balaji. M III MBBS-part I	Dr. Geetha. M Associate Professor, Department of Community Medicine	Profile of lifestyle disease risk factors among adolescent school students in an industrial area of Vellore district, Tamil Nadu

Details of Paper Presentations

PG Presentations

Dr. S. Tamilarasi, I year PG student, Department of Obstetrics and Gynaecology, presented a poster titled "A rare clinical presentation of an adnexal mass" in REFRESH 2018 held at Sri Ramachandra Medical College and Research Institute, on 4th to 6th May 2018.

Dr. S. Shwetha, I year PG student, Department of Obstetrics and Gynaecology, presented a poster titled "Malignant mixed Mullerian tumour - A rare case report and review of treatment options" in REFRESH 2018 held at Sri Ramachandra Medical College and Research Institute, on 4th to 6th May 2018.

UG Presentations

M.A. Ashwini, III MBBS-Part I student, presented a e-poster on "Screening for Group B *Streptococci* in antenatal women: Isolation and its antibiogram" at the CME programme on Emergence and Insights of Infectious Diseases, MICROHORIZON-2018 held at MAPIMS, on 14th April 2018.

S. Niranjana, II MBBS student, presented a Paper titled "Metallo-beta lactamase detection in *Pseudomonas aeruginosa* and *Acinetobacter* species from Intensive care unit - Time to think" at the CME programme Emergence and Insights of Infectious Diseases, MICROHORIZON-2018 held at MAPIMS, on 14th April 2018.

J. Balaji, III MBBS-Part I Student presented a poster on "Oncomycosis caused by *Aspergillus terreus*" presented at CONNAISSANCE - International Undergraduate Medical Students Conference at JIPMER, Puducherry on 20th to 22nd 2018, April 2018.

P.R. DilipKumar, III MBBS-Part I student presented a poster on "Urinary Tract Infection caused by *Shewanella algae* an Emerging pathogen" at CONNAISSANCE International Undergraduate Medical Students Conference at JIPMER, Puducherry, on 20th to 22nd 2018, April 2018.

Talks by Faculty as Resource Persons

Dr. Roseline Fatima William, Professor and Head, Community Medicine, participated as a Resource faculty in the "Workshop on Pedagogy" for Postgraduate students of Community Medicine, organized by the Department of Community Medicine, Sri Ramachandra Medical College and Research Institute under the aegis of Indian Association of Preventive and Social Medicine-Tamil Nadu Chapter (IAPSM-TN) on 30th June 2018.

Scientific Sessions Chaired

Dr. Girija Sivakumar, Professor, Department of Anatomy, chaired a scientific session in the "International Conference on Exploring Anatomy and Genetics by Modern Research Trends and Education" held at Aarupadai Veedu Medical College & Hospital, Pondicherry on 9th and 10th April 2018.

Dr. Girija Sivakumar, Professor, Department of Anatomy, was a guest speaker in the "Seminar-cum-Workshop on e-learning programme" held at Chettinad Health City, Kelambakkam on 6th and 7th April 2018.

Special Appreciation

Dr. P.A. Archanalakshmi, Associate Professor, Community Medicine was awarded "Certificate of Appreciation" by Indian Association of Preventive and Social Medicine-Tamil Nadu (IAPSM-TN) on June 21st 2018, for her active involvement as a Nodal person for organization of various activities at KIMS & RC, as a part of nationwide "IAPSM - World Health Day celebrations-2018: Universal Health Coverage- Everyone, Everywhere".

Special Training

Dr. Kishore Kumar, Assistant Professor, Department of General Surgery attended laparoscopic training programmes at VG Hospital, Coimbatore and Theni Medical College, Theni.

List of New Faculty - (Jan-June 2018)

Professors

Dr. M. Kannaki Medical Superintendent & Professor, Department of Paediatrics	Dr. A. Chitra Kumar Professor & HOD, Department of Pulmonary Medicine	Dr. S. Ganeswaran Professor, Department of Ophthalmology
Dr. Sithy Athiya Munavarah Director of PG Studies, Professor & HOD, Department of Pathology	Dr. V. Sathyamoorthy Professor & HOD, Department of Forensic Medicine	Dr. R. Madanagopal Professor, Department of ENT & Head & Neck Surgery
Dr. M. Ramula Professor & HOD, Department of Surgery	Dr. R. Subramaniya Bharathiyar Professor, Department of Anesthesiology	Dr. D. Jayakumar Professor, Department of Oncology
Dr. R. Selvaraj Professor & HOD, Department of Orthopaedics	Dr. G. Srinivasan Professor, Department of Dermatology	We welcome you all to the Karpaga Vinayaga family and wish you success in all your endeavours
Dr. M.D. Ameen Professor & HOD, Department of Radiology	Dr. Anand Ashok Bhoslae Professor, Department of Pathology	

Associate Professors & Assistant Professors

Dr. N. Manohar Associate Professor, Department of Cardiology	Dr. Sundara Raja Perumal Associate Professor, Department of Radiology	Dr. R. Sidhu Ganesh Assistant Professor, Department of Radiology
Dr. T. Siva Ilango Associate Professor, Department of Psychiatry	Dr. M. Sowjan Assistant Professor, Department of Paediatrics	Dr. D. Vijaya Ragavendra Assistant Professor, Department of Forensic Medicine
Dr. Shaik Farid Bin Addul Jabbar Associate Professor, Department of Radiology	Dr. R. Vivek Assistant Professor, Department of Radiology	We welcome you all to the Karpaga Vinayaga family and wish you success in all your endeavours

Tutor & Senior Residents

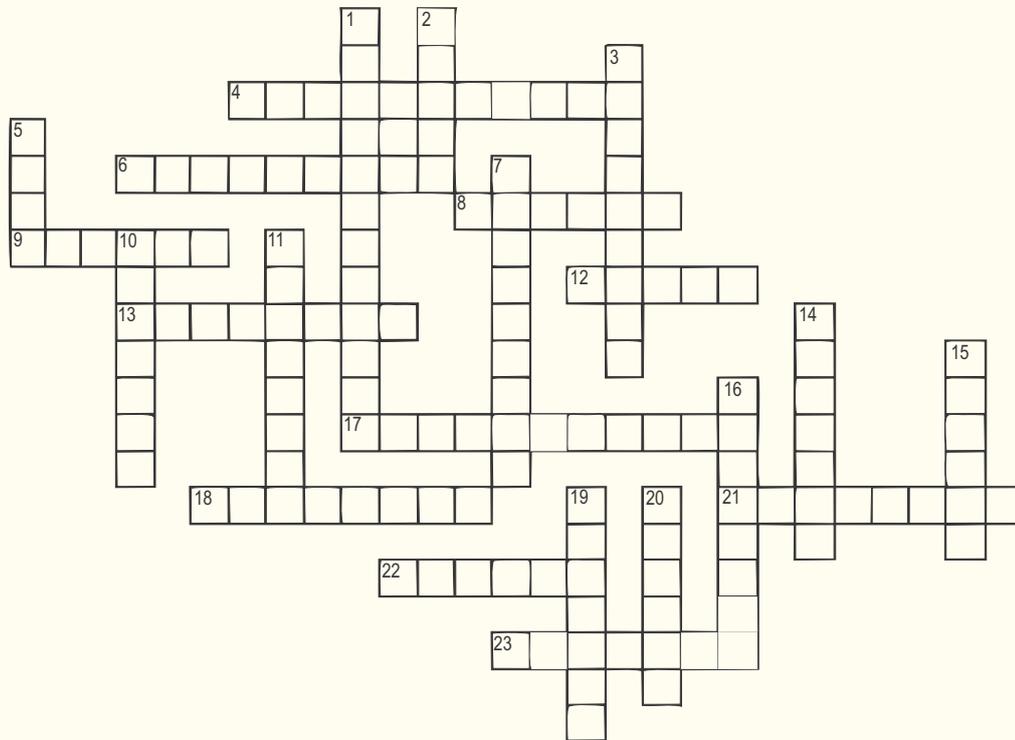
S.Suganya Tutor, Department of Biochemistry	Dr. Raqib Abbar. N Senior Resident, Department of Medicine	Dr. S. Usaid Senior Resident, Department of Psychiatry
Dr. Ramachandra Reddy Senior Resident, Department of Medicine	Dr. Vakka Siva Ranjithkumar Senior Resident, Department of Surgery	Dr. Siva Ashish Senior Resident, Department of Pulmonary Medicine
Dr. Sudarsana Reddy Senior Resident, Department of Medicine	Dr. R. Ramprasath Senior Resident, Department of Surgery	We welcome you all to the Karpaga Vinayaga family and wish you success in all your endeavours

Crossword # 3

Contributed by

Franila F. Joseph, III MBBS-Part I & Dr. R. Madhumittha, Assistant Professor of Pathology

The clues for this crossword pertain to Eponymous Clinical Signs that are present in different clinical conditions in medicine. For example: Clue- ____ Sign. Occlusion of the Brachial artery in latent Tetany causes carpal spasm (Answer: TROUSSEAU). Try your luck at the crossword; hope you enjoy solving it!



Across

4. ____ sign- Bulging of epigastrium in severe pericardial effusion
6. ____ sign- Wide space between the great toe and adjoining toe in Down's syndrome
8. ____ sign- Difficulty to extend leg with flexed knee in cases of meningitis
9. ____ sign- Unilateral painless periorbital swelling in Chagas disease
12. ____ sign- 'pins and needles' along the distribution of a nerve upon percussion
13. ____ sign- Pink blush behind tympanic membrane in atherosclerosis
17. ____ sign- Hyperextensibility of hand in Colles fracture
18. ____ sign- Exfoliation of the outermost layer of skin on slight pressure seen in pemphigus
21. ____ sign- Hard and enlarged Virchow's node
22. ____ sign- 'pistol shot' sounds heard in auscultation over femoral arteries in aortic regurgitation

Down

1. ____ sign- Posterior cervical lymphnode enlargement in trypanosomiasis
2. ____ sign- Referred pain in the epigastrium upon McBurney's point in appendicitis
3. ____ sign- Reddish appearance at the orifice of Stenson's duct in case of mumps
5. ____ sign- Acute pain in the tip of left shoulder in splenic rupture
7. ____ sign- Bilateral arm elevation causing facial plethora in thoracic inlet narrowing
10. ____ sign- Punctate bleeding spots on scraping of psoriatic scales
11. ____ sign- Bluish discoloration of the vaginal and cervical mucosa in pregnancy
14. ____ sign- Systolic murmur heard over brachial artery in aortic aneurysm
15. ____ sign- Sternal tenderness in acute myeloblastic leukemia
16. ____ sign- Loss of knee jerk in tabes dorsalis
19. ____ sign- Conjugate ocular deviation in acute cortical hemiparetic stroke

Answers for Crossword # 2

Answers for ACROSS:

4-Iloprost; 7-Phentolamine; 9-Afrezza; 12- Levamisole ;
16-Ondansetron; 17-Cabergoline; 18- Oxcarbazepine;
19-Filgrastim; 20-Alendronate.

Answers for DOWN:

1-Pramlintide; 2-Oprelvekin; 3-Demeclocycline;
5-Octreotide; 6-Prazosin; 8- Oseltamivir
10-Thiopentone; 11- Minoxidil; 13- Propofol;
14-Topiramate; 15-Bupropion.