Sushruta

Newsletter of Surgical Society of Bangalore

Jan 2021

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Send your News, Articles, Event details, Classifieds, etc. to "editorssb@gmail.com"

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Newsletter of Surgical Society of Bangalore

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Editorial

Dear Esteemed Member of SSB,

'SUSHRUTA' is a monthly newsletter, creating a platform where in the members and surgical postgraduates can publish original articles, case reports, surgical guidelines or any other material of surgical relevance, This will be made available online for all the members.

I request everyone to make use of this platform to disseminate, share or acquire knowledge.

Dr Kalaivani V
Editor SSB KSCASI CC

Dear All,

Kindly encourage this new monthly initiative of the SSB.

Academic Articles

Please send articles, guidelines, humour, stories, trivia, quiz questions and interesting Case report or case series with Review of literature for academic purposes.

Non-Academic

Inviting articles - That may be appropriate and interesting to the SSB members. Examples: life beyond surgery, my daily routine, how I manage stress, interesting place I traveled, books I recommend etc.

Opportunities / Classifieds

Relevant Jobs, Ad's and upcoming events can be included at a nominal fee as per the discretion of the Editorial team.

Feedback / Suggestions

Any other suggestions for improvements, feedback, letters to the editor, inputs are welcome.

Deadline :
Last day of every month.
Send your article to : editorssb@gmail.com
WhatsApp - 8197910166

Please mark all your contributions via emails, WhatsApp with the heading for Sushruta and mention your name, designation and institution.

Request all the SSB members to actively contribute, participate and wholeheartedly appreciate this new initiative "Sushruta - official newsletter of the Surgical society of Bangalore"

Regards,
The Editorial team of Sushruta

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Message from the President

Dear Esteemed Members,

Greetings from the office of Surgical Society of Bangalore.

Our e-newsletter "SUSHRUTA" has completed one year successfully. I would like to congratulate the Editorial board headed by Dr. Kalaivani for bringing out the newsletter every month. We will continue the good work and implement innovative ideas in the future.

The State Conference, KSC-ASICON 2021 will be conducted on a virtual platform from 12-14 February. I am proud that our members are participating in many invited talks and video presentations, as well as in free e-papers and e-poster sessions. As a matter of pride, we must register in good numbers and attend the meeting to appreciate the good work done by the organising committee and also encourage our colleagues and post-graduate students.

With the Government initiating the vaccination program against COVID-19, and the number of new infections reported everyday is reducing, I am hopeful that we can have physical monthly meetings and CMEs in a few months. But, stay safe and follow social distancing norms, and use appropriate PPEs in your daily routine.

We are also hopeful of conducting several camps and i promise to end the year on a brighter note.

Dr. Venkatachala K
President SSBASICC 2021

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Online Monthly Clinical Meeting

SURGICAL SOCIETY OF BENGALURU ASICC (R)

[47years] 1974 – 2021]

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DR VENKATACHALA K	DR SAMPATH KUMAR K	DR HARISHA N S	DRMANISH JOSHI	DR RAMESH B S
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Wish you a very Happy & Prosperous New Year 2021

Dear Doctor, *11th Jan 2021*

You are invited for the First Online Monthly Scientific Meeting of the Year 2021.

DATE: - WEDNESDAY 20th JANUARY 2021

HOST: - ST MARTHAS HOSPITAL

ONLINE: link will be shared shortly
Meeting ID:
Passcode:

5-00 to 5-30pm: - Postgraduate Teaching Programme -:
Paediatrics Liver Transplant - Dr Vinay, Paediatric Surgeon.

5-30 to 6-00pm: - Recent Advances in Management of Rectal Cancer Surgery/ Minimally Invasive/ No Surgery – Dr Basavaraj Mundasad, Colorectal Surgeon, Armidale Private Hospital & Public Hospital, Sydney, NSW.

Please note: - (Request PGs to be present ONLINE by 4.45 PM)

E - POSTERS: 6-00PM to 6-45PM (ST MARTHAS HOSPITAL)

1.	Pilomatrixoma – Benign Hair Follicle Tumour.`	Dr Karthik
2.	Bleeding Small bowel tumour- A Diagnostic Dilemma.	Dr Mayank
3.	Diaphragmatic Eventeration – Gastric Volvulus with Perforation.	Dr Nida
4.	Non healing Giant Gastric Ulcer- Surprise.	Dr Vijay
5.	Pyogenic Granuloma of Tongue.	Dr Sri Ram
6.	Mesh Extirpation – Post Inguinal Mesh Infection.	Dr Anand
7.	Disguising Skin Lesion over inguinal scar.	Dr Arvind

E- PAPERS: 6-45 TO 7-45PM (ST MARTHAS HOSPITAL)

1.	Black Ovary – A Twisted Tale.	Dr Sri Ram
2.	MIPH vs Open Hemorrhoidectomy in Prolapsed Hemorrhoids.	Dr Vijay
3.	Vacuum dressing in Pilonidal abscess Drainage–The Way Forward?.	Dr Ankush
4.	Interval Appendectomy in Appendicular Mass- Still a dilemma?.	Dr Sravan
5.	Enteric Duplication Cyst – The More is not Merry.	Dr Mayank
6.	Effect of Covid 19 on Surgical Residents.	Dr Prashanth

7-30PM ANNOUNCEMENTS

Note: - 1. Inform & Encourage your Postgraduates to LOGIN online PG Teaching Program by 4-45pm.

Dr. VENKATACHALA K
President

Dr. HARISHA N S
Hon Secretary

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Best Paper

Online Monthly Clinical Meeting - Presentations

INTERVAL APPENDECTOMY IN APPENDICULAR MASS- STILL A DILEMMA???

by

Dr. Shravan

Dr. Shravan

Abstract:

Context :

Acute appendicitis is one of the most common condition which we encounter in our emergency department, of which some patients present with appendicular mass formation . Appendicular mass formation is a end result of walled off perforation which varies from phlegmon formation to abscess formation.

These patients were managed traditionally by Ochsner Sherries regimen. But what next is a big question that many surgeons have. Interval appendectomy would be the answer by many . But this approach has been questioned by recent literatures.

Aims and Objectives :

To evaluate the need for interval appendectomy after a successful treatment of appendiceal mass.

Materials and Methods:

Retrospective study

Data has been collected from OPD cards, IP records and operative notes.

Study Population – Patients with appendicular mass who were managed conservatively and were advised interval appendectomy in St Marthas Hospital from June, 2018 to June-2020 .

36patients were diagnosed to have appendicular mass and all were managed conservatively successful and were followed up for a period of 6-8weeks. 22 patients underwent Interval appendectomy, 14 patients didn't undergo surgery.

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Results:

36 patients, Male preponderance , most of them were between age group of 40- 60years.
42% of patients in my study were symptomatic after 6-8weeks, in contradictory to randomised prospective study done by Yousuf et al.,showed Interval appendectomy performed at 6 - 12 weeks will prevent 6.7% – 10.6% of recurrent appendicitis. Complication rate in my study is 18% , compared to 3.4 – 17% in other studies. 22% of patients had normal appendix with patent lumen in my study, compared to 16% in other literature. Other patients were daignosed with lymphoid hyperplasia (50%), Chronic appendicitis and malignancy(9%).
2 patients(14%) above 40yrs of age had appendicular malignancy in my study.
Recent studies have shown that risk of appendiceal neoplasms increases to 16% in patients above 40 years of age.

Conclusion:

Interval Appendectomy can be considered in those who are symptomatic and for all the patients above 40 years of age. It gives a definitive diagnosis and also avoids Risk of missing the diagnosis of “hidden pathology” which mimics appendicular mass.
CECT abdomen and pelvis +/- colonoscopy can be considered .
Dilemma still persists in patients who were asymptomatic or who didn’t come for follow up or who didn’t undergo surgery.

Now the question finally remains:

Can Interval appendectomy be performed routinely for patients with appendicular mass?

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2 Best Paper

Online Monthly Clinical Meeting - Presentations

DISGUISING SKIN LESION OVER INGUINAL SCAR

by Dr. Arvind

Dr. Arvind

INTRODUCTION:

Hyperpigmented skin lesions arising from a scar can have a varied clinical presentation. The spectrum varying from a benign tumour to the most aggressive skin tumor. Thus having a significant impact on the mortality and morbidity. It requires a high degree of clinical suspicion and correlation. The incidence of skin malignancies are BCC (70%) > SCC (15%) > Cutaneous melanoma (10%). The incidence of malignancies in post burns scar is SCC(71%) > BCC(12%) > Cutaneous melanoma (6%). There are no literature to analyse the incidence of scar tissue malignancies in surgical scars

CLINICAL PRESENTATION:

The poster is on a 77 Y/Male, a painter by occupation . He presented with a pigmented swelling over right groin since 3 years. It was insidious in onset, gradually progressive to attain current size. Initially non pigmented, later had pigmentation since 2 years. Associated with itching and serous discharge since 1 week. No similar lesions elsewhere. He underwent right open inguinal mesh repair 8 years ago. On examination Single, irregular 6 x 2 cm hyperpigmented swelling in right groin extending laterally from the hernia repair scar with irregular surface, serous discharge present from medial part of the swelling. Skin surrounding the swelling had no nodules. Soft in consistency, non tender. No local/ generalized lymphadenopathy. Multiple hyperpigmented macules were present over the trunk. All these clinical features pointed towards melanoma and he underwent wide local excision. Surprisingly the biopsy came as a fibroepithelial polyp.

DISCUSSION :

Fibroepithelial polyp are also known acrochondron / skin tag. They are benign, pedunculated and papillomatous growth of skin mainly composed of epidermal and stromal components. Mainly seen over areas of friction : intertrigenous regions - neck, axilla and groin. The colour maybe skin colour or hyperpigmented. They do not pose a risk of malignancy. Thus diagnosis of a benign condition in our patient had a great impact on his survival chances. There are many hypothesis postulated explaining the pathogenesis of scar tissue malignancies. They are prolonged proliferation and chronic inflammation and irritation of tissues, ongoing exposure of tissue to toxins and carcinogens after the injury, poor vascularity of scar resulting in impaired immunological defences and genetic factors : Mutation in p53 and Fas genes.

CONCLUSION :

Malignant potential of scar tissue has been extensively described on a case to case but has not been well researched at the population level. Also no epidemiological studies are there to estimate the incidence of cutaneous malignancies in surgical scar tissues. Hence it's a potential area for future research.

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Best Poster

Online Monthly Clinical Meeting - Presentations

Enteric duplication cyst -more is not merry

by

Dr. Mayank

Dr. Mayank

Context:

Enteric duplication cysts, are of either esophageal or gastroenteric origin. They are rare and uncommon congenital malformations formed during the embryonic period of the development of human digestive system and are mainly encountered during infancy or early childhood, but seldom in adults.

Aims:

The clinical presentation of Enteric Duplication Cyst is extremely variable depending upon its size, location and type. We present 8 cases of enteric duplication cysts with diverse clinico-pathological features.

Methods and Material:

This study was carried out in the Department of Paediatric Surgery, St Martha's Hospital, Bangalore, India, for a period from 2016 - 2019. We did a retrospective analysis of 8 patients diagnosed with Enteric Duplication Cyst based on radiological features, operative findings and histopathology report.

Results:

8 children between the ages of 3 months to 8 years. 4 cases were detected antenatally, and 2 presented as an emergency. 3 case had a gastric duplication cyst , 3 cases had small bowel enteric cysts and 1 had an Esophageal Duplication cyst. With 2 of the cases having multiple small bowel enteric cysts. All 8 patients were managed by surgical excision. The postoperative and follow up period in all the cases was uneventful.

Conclusions:

Important to consider enteric duplication cyst as differential in Pediatric age group with features of bowel obstruction . Surgical management is the mainstay of treatment even for asymptomatic cases as they may present as a complication. Antenatal diagnosis can help plan early management and avoid complications. Should evaluate abdomen and thorax both for a duplication cyst as chances of multiple cysts are present.

Key-words:Cyst, Enteric Duplication, Excision.

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Best Poster

Online Monthly Clinical Meeting - Presentations

COVID 19 ABSTRACT

by

Dr. Prashanth

Dr. Prashanth

Introduction:

Corona virus disease 19 (COVID 19) is considered as the greatest challenge faced by humankind since the Second World War in 1939. COVID 19 was declared as a pandemic by WHO on 11th March 2020. Because of COVID 19 surgical residents have been uniquely impacted.

Aim and objectives:

To assess the effect of COVID 19 pandemic on surgical residents regarding their clinical schedules, operative load and educational curriculum.

Results:

Out of 127 participants, most of them are males and are final year residents. 90% of them worked in COVID wards. 94% felt that, their curriculum was effected by COVID 19. More than 60% of the residents missed their duties for more than or equal to 5 days. Operative load has been decreased drastically. Difficulty in operating with PPE seems to be the most common problem faced by residents. Transmitting COVID to family and friends seems to be the most common fear.

Discussion:

46% said that their curriculum had changed to online which was found to be 81% in other studies. 74% felt there are more conferences, symposiums and online classes when compared to previously. Missed days for work and residents not allowed to operation theaters has been co- related with other studies.

Conclusion: COVID 19 has effected the training of surgical residents in clinical aspects, operative volume and educational curriculum. Most of the residents felt that they could not utilize these online classes to the full extent.

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Feedback on Sushruta Dec 2020 edition

Dr Shivram HV: Hearty congratulations to the Sushruta team. Annual report & news letter both have come out very well. Happy to know more about veteran Air Marshal NB Amaresh

Dr M Ramesh : Congratulations Kalaivani and team
Looking forward to the new team to exceed our expectations!

Dr Ashok Kumar K V : It's heartening to know dat you & Dr. Ravishankar were not only Prof. Amaresh's students but also " GOLD MEDALISTS", Wah what a Great Teacher he must have been. Look at A.M . Amaresh himself, Student of Prof. Authikesavalu ", (Examiner). What a Coincidence of Greats : proud of you people. [x][x][x][x][x][x]

Dr Ravishankar : Air Marshall N.B. Amaresh was the HOD of Surgery at Command Hospital and my MS examiner. He was very fair,knowledgeable and incisive examiner who was instrumental in me being awarded the Gold medal. I am forever grateful to him for his bipartisan fairminded examiners role.In our subsequent interactions he is always supportive encouraging and guiding senior collegue and a role modrl for all of us. Long live his trait.

Dr Murali : Air Marshall NB Amaresh, was my teacher in MS during my PG in Command Hospital. Also he was my guide for the Dissertation...He was one of the BEST TEACHERS I have ever come across. I was very close to him and also his family. He held my hand during surgeries and taught from scratch..Under his able guidance I was fortunate to secure the Gold Medal for Bangalore University. At that time we were attending exam in BMC and Prof. C Vittal was my examiner.
I am grateful to all my teachers for what I am today.

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Interview with Surgeon – Dr. Joseph A Antony

Courtesy : Dr Antony Roberts

Dr. Joseph A Antony

Past Designation

- Undergraduate studies - STANLEY MEDICAL COLLEGE
- General Surgery and Urology 1959-1965 Millard Fillmore Hospital, University of New
- York in Buffalo
- AMERICAN BOARD [eligible] in GeNeral Surgery and Urology 1965
- ROYAL COLLEGE OF SURGEONS OF CANADA Certified specialist 1965
- FIRST UROLOGIST IN KARNATAKA STATE, HAVING HAD FORMAL RESIDENCY TRAINING IN UROLOGY AT N.Y.UNIVERSITY IN BUFFALO, U.S.A.

Work Experience:

- UROLOGIST & SURGEON St. Philomena‘s hospital, Bangalore since Feb. 1966
- MEDICAL OFFICER Post graduate institute, Bowring hospital 1966-68
- ASST. PROFESSOR St. John‘s medical college at St. Martha‘s 1968-82
- PROFESSOR & HEAD OF UROLOGY
- St.John‘s medical college, Bangalore 1982-87
- PROFESSOR- M.N.A.M.S. H.A.L. Hospital
- SENIOR CONSULTANT HAL Hospital 1982-90
- SENIOR CONSULTANT ISRO since 1990
- MEDICAL DIRECTOR ST. Philomena‘s Hospital, Bangalore Feb, 2000-sept, 2004
-
- POSITIONS in SCIENTIFIC ORGANISATIONS
- FOUNDER MEMBER Bangalore surgical society
- Bangalore Urological society
- Karnataka Urological society
- Bangalore city chapter ASI
- PRESIDENT Bangalore surgical society 1985
- Bangalore Urological society 1996
- MEMBER ASI
- USI
- EXAMINER MBBS Bangalore University 1979-82
- MS Calicut university 1979
- Ph D Trivandrum university 1980

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Early Life:

Born in Burma, early schooling in Trichy, medical school in chennai at Stanley Medical College and then moved to the USA / Canada for residency and fellowship and finally returned to India for his professional life

Born to a family of doctors, going back to his father's grandmother, Mrs Ambayammal a renowned Siddha Vaidhyar and a long lineage of doctors. Dr Joseph Antonys father was in the Burma Medical Service, and now his children and grandchildren are following in the footsteps.

Role of Professional societies:

One of the pioneers of the Surgical Society of Bangalore along with his friends Dr Jayaram, Dr H S Bhat, Dr Laji Joseph and Dr Annamalai. The 5 of them would meet in each others houses along with the X-rays and summaries and discuss the difficult cases they had encountered. Once more interns and registrars started coming, the meetings were shifted to the IMA hall.

Organised the first Trans Urethral Resection workshop in the country and made a point of attending international conferences and surgical workshops. In his words, He would witness the new procedure, document it for himself and repeat it back home. More important to spend the few weeks post workshop, attending the rounds and discussions in the hospitals where he visited for the workshop. Published results frequently only highlight the positives from a procedure and a vast knowledge of positive and negative results can be gleaned by spending time with faculty in the institutes visited.

To this end, he would make it a point to spend 6 weeks a year on a holiday cum workshop cum academic exercise.

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How do you handle stress in professional life ?

I would answer this by saying ' I enjoyed my work as a surgeon so much it wasn't stress in the real sense'. He would operate nonstop for 8 hours without feeling the need for a break or a meal while assistants would take breaks. He says this is because of the concentration in his work and recognises that others would legitamately take breaks as it would be boring. if one is immersed in ones surgical challenge, that alleviates stress. When one enjoys what one is doing, there is no stress.

How did you handle the difficult cases ?

The problem case would be constantly play in his mind, sometimes throughout the night, and sometimes a answer would present it self in the middle of the night, would quickly note it down as these answers are ephemeral and can be forgotten.

What were the keys to success as a surgeon

Learning to deal with people, helping colleagues when they are in difficulty, Surround oneself with a good team. with regard to professional jealousy, always confront and fight it out with colleagues at the meeting and conference but remain friends outside the workplace. This was the key for the early surgeons as they had only each other to turn to in difficult cases. Rivalries to be thrashed out in the meeting, friendships nurtured outside the workplace. This way , the competition was healthy and no public mudslinging.

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What were your favourite surgeries

Had a wide exposure ranging from Neonatal surgery, thoracic, general surgery and Urology. Further specialised in Urology and was among the first 5 trained Urologists in the country.

what were your hobbies ?

Would occasionally escape to the Bowring Institute & Bangalore Club to play Tennis nut most days would not have time. Once he reached home , some time with the children and a drink sometimes.

What advice for younger surgeons

Stay healthy, be energetic, steadfast in attitude, help out colleagues regardless of how you feel, have no concept of 'duty hours' / ' my shift is over" and stay dedicated and Publish ! Encourage your juniors.
Many can do surgeries, not all can be a surgeon ! Master your technique, don't be in a hurry and learn concentration.

A few comments from others who have worked with / studied with him

Dr Nandakumar Jairam - Dr Joseph Antony inspired self confidence in me, why cant you do what I would do ! I will NOT scrub in to help - deal with it. This was one way he made me such a confident surgeon myself.

Dr Kenneth D'Cruz - He taught me to keep absolute focus on the immediate problem, not getting distracted. I have learnt the art of absolute concentration from him.

Dr Joseph Antony: Was the very first surgeon I worked under on completion of my MS. Stern and Strict control yet Soft and Sure hands. Pushed me down the path of surgical academics, and told me that is the first, but main step to being a successful all round surgeon. I owe a lot to this champion gentleman.
CS Rajan

Dr Ajit Bhide - Truly a legend of our times. Apart from dextrous surgical fingers and a copious fund of knowledge, Dr Joe Tony was famous for his acerbic sense of humour, brooking no nonsense and cutting down pretentious claims. He is also a role model leader and never held back from praising the skills of peers.

Interview inspiration - courtesy - Dr C S Rajan

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AMIT JAIN'S PROJECT FOR DIABETIC FOOT- A NOVEL PHILANTROPIC APPROACH OF NATIONAL CONSIDERATION

Dr Gopal S, Associate Professor, Department of Surgery, Dr Chandramma Dayananda Sagar Institute of Medical Education & Research, Bengaluru.

It was a day, when as a routine, I was having a cup of coffee with doctor colleagues, and discussion started among us. The hot debate was on commercialisation in medicine and loss of commitment in the newer generation towards the social cause. There was a heated discussion wherein all were of opinion that no one is interested in social cause and all want to just do higher degrees like DM and MCH and plan how to earn more. Although deep in my heart I knew that it is true and norm of today's era where everyone (almost more than 80%) is in a rat race of getting super speciality education even if the training would be substandard throughout the course of their career (Truly nothing super in it and ironically, most after MCH will re-jump in doing hernia, piles, fistula surgeries etc), still I stood by my professional grounds and argued that surgeons are working for social causes. When I was asked, tell one if you can, I was in silence for a minute thinking that if I tell about some good known missionary medical college then obviously they would counter answer telling that it's the institution and their dedicated people serving who are doing including sister nuns and rest are following the norms and orders from the authorities. I knew that there were many surgeons, serving in rural areas and doing yeoman service in their region but i needed a stronger ground for argument.

With almost about to lose the conversation, a name struck in mind like a passage of shooting star wherein a huge smile and a sense of pride was obvious on my face. With a spark in my eyes, I took a big sip of the coffee and boldly said " I know a surgeon who runs a novel project of national and international importance". An enthusiasm was created and one person asked who and which project. I uttered with atmost confidence "Amit Jain's Project for diabetic foot".

By now most of the surgeons in Bangalore and many parts of the Karnataka would have been familiar with Dr Amit Jain's and his dedicated focus work on diabetic foot. Many are also aware of his novel project aimed at reducing complications and preventing amputation through dedicated teaching on diabetic foot and bringing awareness. There are few other projects in diabetic foot worldwide like the Brazilian save the diabetic toot project, the Guyana project, the Step by step project, etc. Most of these are either sponsored with huge funds or are supported by respective government.

Amit Jain's project is a unique, non sponsored independent project which is a one-man vision and mission to improve the diabetic foot care across India and also around the world through the Amit Jain's principle and practice for diabetic foot, the modern diabetic foot surgery system from India.

Through this project, Allopathy doctors, nurses and doctors from alternative medicine like Ayurveda from Indian subcontinent who are first contact to patients, were trained in diabetic foot with sole aim that as primary care healthcare professional, early recognition, understanding the disease and

instituting right treatment at right time could prevent amputation in diabetic foot and all the other misery that can follow after amputation. The project highlights the fact that it's just not the patient's limb and life that is affected but entire family will be in jeopardy if the affected member is a sole bread earner. A long term vision of this project is that by training thousands of such healthcare professional, most of them would go to their respective places in different parts of the country and they would start taking better care of diabetic foot and teach their next generation and like this the diabetic foot care would improve.

When I try to recollect my last 20 years of memory in the surgical field, I rarely can name any surgeon who would think of training nurses (Figure 1) and doctors of alternative medicine (Figure 2) selflessly without expecting any monetary gains but only sole aim, "Diabetic foot amputation should be drastically brought done in India, a vision of his project, by 2025. Infact, Dr Amit Jain had self funded this project in the early years.

All I could say is that "A surgeon is super not by the degree obtained, but by the work done towards the society" and today we need many such surgeons work on social cause to render the society free from diseases to in future"

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Diabetic foot training program conducted for nurses at Ramaiah college

Diabetic foot workshop for BAMS doctors at Sri Sri college of Ayurvedic science

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2] Jain AKC. (2017). Amit Jain's project for diabetic foot care – the largest independent diabetic foot project in India. DFJME 3(3): 71-75.

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A metallic ring penile foreign body causing penile strangulation: a rare case report

Abstract:

Stragulation of penis is a rare clinical entity, which reuires urgent urological management to
prevent its devasting outcomes.The treatment of penile strangulation is immediate decompression of the constricted penis to facilities free blood flow.Many different techniue.
Each case needs individualized handling in removing the foreign bodies, The procedure should be done with as little discomfort to the patient as possible and under anesthesia. Here we present to you a case report on a rare case of a metallic ring penile foreign body causing penile strangulation.

Keywords:

Penile foreign body, Metallic ring, Strangulation of penis

Congratulations Dr Suraj Muralidhar [x][x][x]
for publishing an interesting case report [x]

A Randomized Trial Comparing Antibiotics with Appendectomy for Appendicitis

CODA Collaborative et al. N Engl J Med. 2020.

Abstract:

Background:
Antibiotic therapy has been proposed as an alternative to surgery for the treatment of appendicitis.

Methods:

We conducted a pragmatic, nonblinded, noninferiority, randomized trial comparing antibiotic therapy (10-day course) with appendectomy in patients with appendicitis at 25 U.S. centers. The primary outcome was 30-day health status, as assessed with the European Quality of Life-5 Dimensions (EQ-5D) questionnaire (scores range from 0 to 1, with higher scores indicating better health status; noninferiority margin, 0.05 points). Secondary outcomes included appendectomy in the antibiotics group and complications through 90 days; analyses were prespecified in subgroups defined according to the presence or absence of an appendicolith.

Results:

In total, 1552 adults (414 with an appendicolith) underwent randomization; 776 were assigned to receive antibiotics (47% of whom were not hospitalized for the index treatment) and 776 to undergo appendectomy (96% of whom underwent a laparoscopic procedure). Antibiotics were noninferior to appendectomy on the basis of 30-day EQ-5D scores (mean

In the antibiotics group, 29% had undergone appendectomy by 90 days, including 41% of those with an appendicolith and 25% of those without an appendicolith. Complications were more common in the antibiotics group than in the appendectomy group (8.1 vs. 3.5 per 100 participants; rate ratio, 2.28; 95% CI, 1.30 to 3.98); the higher rate in the antibiotics group could be attributed to those with an appendicolith (20.2 vs. 3.6 per 100 participants; rate ratio, 5.69; 95% CI, 2.11 to 15.38) and not to those without an appendicolith (3.7 vs. 3.5 per 100 participants; rate ratio, 1.05; 95% CI, 0.45 to 2.43). The rate of serious adverse events was 4.0 per 100 participants in the antibiotics group and 3.0 per 100 participants in the appendectomy group (rate ratio, 1.29; 95% CI, 0.67 to 2.50).

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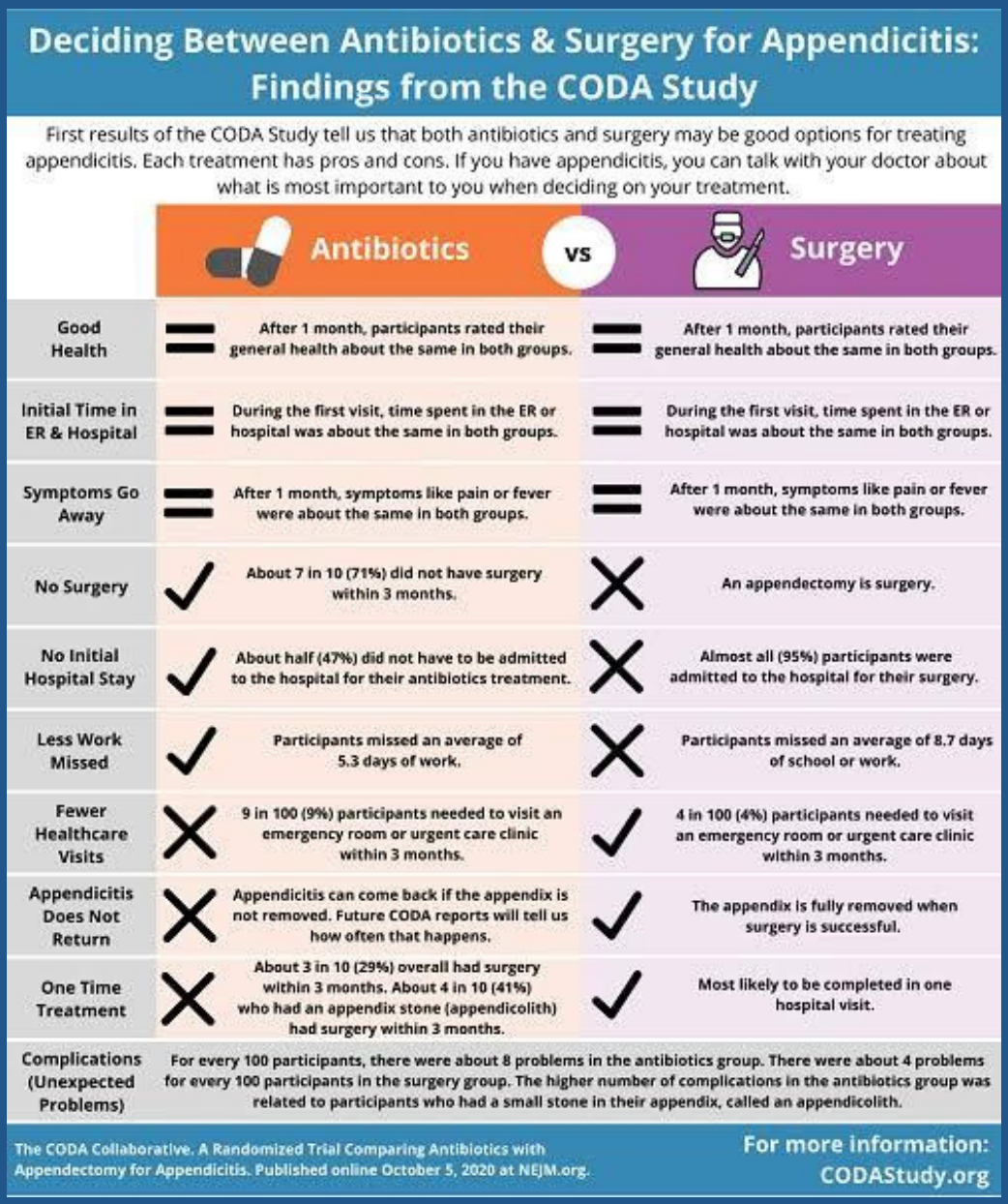
Conclusions:

For the treatment of appendicitis, antibiotics were noninferior to appendectomy on the basis of results of a standard health-status measure. In the antibiotics group, nearly 3 in 10 participants had undergone appendectomy by 90 days. Participants with an appendicolith were at a higher risk for appendectomy and for complications than those without an appendicolith. (Funded by the Patient-Centered Outcomes Research Institute; CODA ClinicalTrials.gov number, NCT02800785.).



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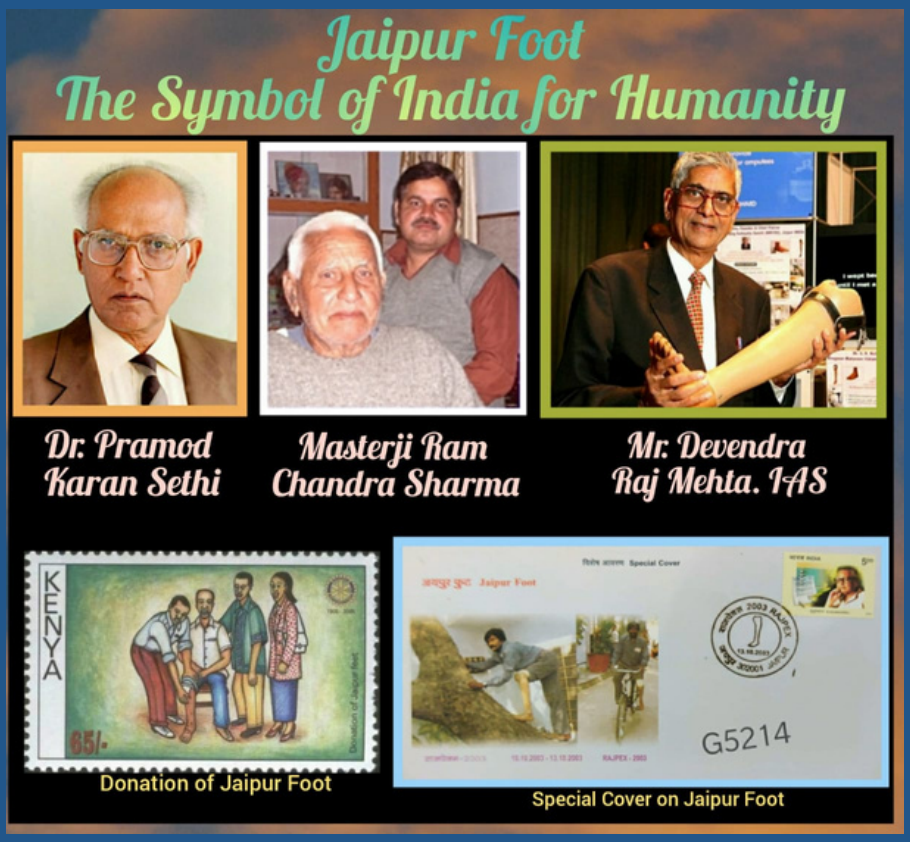
HISTORY TODAY IN MEDICINE

Courtesy :Dr Challani



The story of a silent revolution in Jaipur

JANUARY 6[x]
[x][x] Dr. Pramod Karan Sethi[x][x]
Nov 28 1927 - Jan 6, 2008

- Indian Surgeon
- Innovator of Jaipur foot

His Contributions...

[x]Sethi was born in Varanasi. His father was a Professor of Physics at Banaras Hindu University. He was the great inspiration of Sethi.
[x]He studied MBBS from Sarojini Naidu Medical College, Agra, and got his graduation with honours in surgery subject in 1949.
[x]He then completed his MS General surgery from the same institution in 1952. He further completed his Fellowship of the Royal College of Surgeons of Edinburgh in 1954.

[x]After returning to India, Dr. Sethi got appointed as a Lecturer in surgery at Sawai Man Singh (SMS) Medical College, Jaipur. There he established the exclusive Department for Orthopaedics & Rehabilitation Unit and served there for next 28 years until his retirement in 1982

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[x]In fact, Dr. Sethi was very keen in treating the rehabilitating amputees and dedicated most of his time. One day a local craftsman Pandit Ram Chandra Sharma, (popularly called as "Masterji") approached Dr. Sethi with an idea of creating a new prosthesis.
[x]They both joined together and designed a new prosthesis meant for the people with below-knee amputation.
[x]By using vulcanised rubber hinged to a wood limb, they developed a below-knee prosthetics, which has virtually the same range of functions as the biological human leg.
[x]The below-knee prosthesis was designed in such a way that just looked like a natural leg with an advantage of light-weight of 1.5 kg, waterproof, worn with or without shoes, ease to walk on uneven terrains, able to squat and sit cross legged and also to ride bicycle

[x]After their immense work, they refused to patent their invention and gave the name Jaipur Foot in 1968.
[x]Further, Dr. Sethi had collaborated with the Indian Institute of Technology, Mumbai and the National Chemical Laboratory, Pune and developed a lightweight, low-cost calipers of polyurethane for polio affected people.
[x]Dr. Sethi was honoured for his tremendous work with various awards like Dr. BC Roy Award in 1979, Padmashri award in 1981, Magsaysay Award in 1981, Guinness Award for Scientific Achievement in 1982 and so on.
[x]During the time of the invention of Jaipur foot, a young talented IAS officer Devendra Raj Mehta met with a car accident in Rajasthan and badly injured with 40 fractures.
[x]He was bedridden for 5 months and often visited SMS Hospital, Jaipur for physio. There he observed many poor and disabled people were waiting for the prosthesis.
[x]Then in the year 1975, Devendra Raj Mehta founded a charitable organization Bhagwan Mahavir Viklang Sahyata Samiti, (BMVSS) to provide artificial leg for the poor.
[x]He then joined with his brothers and started a mass manufacturing and distribution of the Jaipur Foot under BMVSS.

[x]Furthermore, the Mehta brothers popularized the Jaipur foot by conducting camps across the nation and distributed artificial limbs freely to more than 1.9 millions of needy amputees worldwide.
[x]Soon the International Red Cross Committee recognized the Jaipur foot and used extensively in post Afghanistan war and in other countries to help amputees.
[x]In 1980, the famous dancer cum actress Sudha Chandran had lost her right leg in a car accident. But she continued dancing by fitting the Jaipur foot.
[x]Moreover, the model of Jaipur limb has displayed in the Imperial War Museum, London.
[x]Further, BMVSS togethered with Stanford University, US for the development of a new Knee Joint prosthesis called the Jaipur Knee.
[x]Today, Jaipur foot is the most widely used prosthetic in the world, which became the symbol of India for Humanity

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The Distinguished Persons, who Helped Differently Abled People to Walk with Pride

Dr. Pramod Karan Sethi[x][x]

"Master ji" Ram Chandra Sharma, [x][x]

Mr. Devendra Raj Mehta. IAS[x][x]

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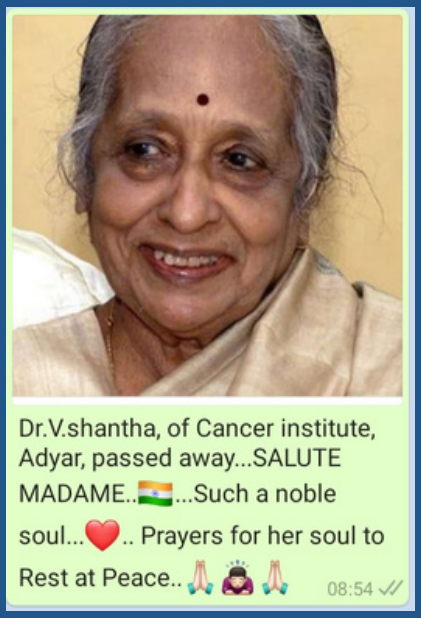
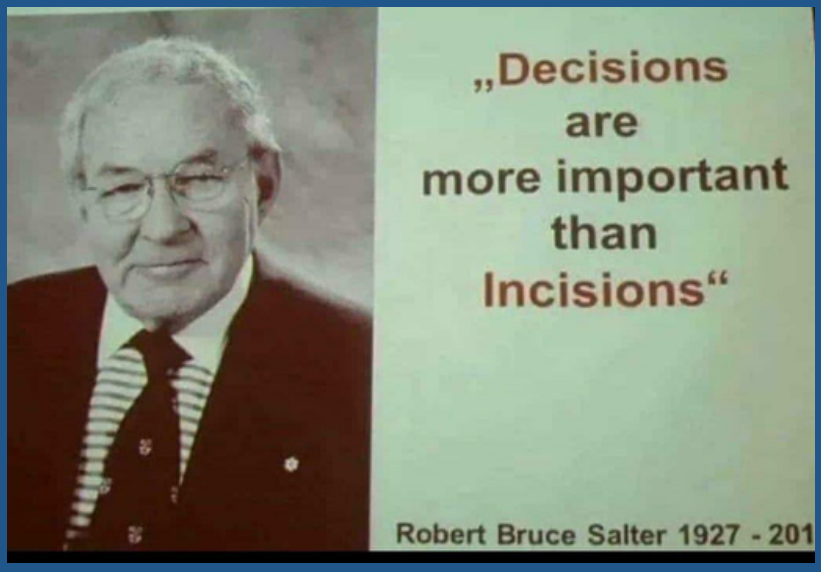
⚜Dr.M.Gowri Sankar.MD

Coimbatore.

Obituary

Dr. V Shantha





Trivia :

courtesy - Dr Venkatachala

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SSB News

Many congratulations to [x] Dr Challani..
Truly well deserved[x][x][x][x][x][x][x][x]sir

Dear friends,
Thank you for your wishes. I consider this a great opportunity to deliver Keynote address along with Dr Mohan, Director of Mohan Diabetes Clinic. [x][x][x]

Congratulations Dr Murali[x][x][x]

But I want to share a much happier news with all of you.
I have won the Discovery award of Global Surgical Challenge. This is a competition called Sovlathon organised by Massachusetts Institute of Technology USA, popularly called "MIT Solve". This event is sponsored be Intuitive Surgicals. It is about creating modules to teach surgical skills on an open platform to be used to train in poor countries. I came out with a proposal of creating a training module to train surgeons to perform Laparoscopic Cholecystectomy on an open source using LMIS, Virtual Reality, Augmented Reality, Haptics interface and Artificial Intelligence. They have selected 10 projects out of more than 80 applications globally and I am fortunate that my project has been selected

Dear Ramesh,
You continue to astound me with your achievements at regular intervals. My association with you runs into decades, but our relationship with your parents and my parents runs into more than 70 to 80 years, when your father were medical students, happy to nurture and treasure such relations. Congrats once again Dhanpal.

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Congratulations Dr Somashekar for first official robotic stapler firing in India [x]

Small step for Dr Somashekar ; Giant leap for robotic surgery in India.
Congrats of highest order to all involved..!!!
Csr

Momentoes to - Dr Subramani, Dr C S Rajan and Dr Ajit Huilgol

Sushruta

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