



Bapuji Educational Association (Regd.)

# SSIMS TIMES



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Dasara Festival Celebration-2022



Blood Donation Camp-2022



Kalodbhava Cultural Activities -2022



Annual Sport Event-2022



**Skill Lab Workshop**



**World Diabetes Day**



**Skill Lab Workshop**



**Koti Kannada Gayana**



**NABL Inspection**





S.S. Institute of Medical Sciences & Research Centre

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#### Disclaimer :

Views and opinions expressed in this newsletter are not directly that of the editor or the editorial board. For any clarification, author of the article is to be contacted.





## Principal's desk



On behalf of SSIMS & RC, I would like to convey my heartfelt wishes to our beloved Chairman **Sri S.S. Mallikarjun**, for his continues support in allround development of our institute

Further, I would like to thank all the Heads of Department & staff of SSIMS & RC in successfully drafting & implementation of both Block-1 & 2 Elective Program for training of UGs in Pre, Para & Clinical subjects as per the CBME Curriculum.

I would like to covey my regards to each and every one who is involved in good & Constructive Academic, Research and Curricular activities which help in taking the institute's name to a great height.

***Dr. B.S Prasad***

## Editor's desk



On behalf of the editorial team, I would like to express my gratitude to our beloved chairman Sri SS Mallikarjun for his continuous encouragement to curricular & extra-curricular activities of the Institute.

I thank all the staff & students who have contributed articles to SSIMS Times. I extend my thanks to the SS Care Trust which has been regularly organising health screening of rural children and Adults in & around Davangere District.

***Dr. C.R. Mallikarjuna***

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## Departmental Activities

## Department of Physiology

1. Dr. Suneeta Kalasurmam, Dr. Jayasudha. K, Dr. Deepa. H .S & Dr. Vishlakshi Jadhav have participated in BLS Course held on 21<sup>st</sup> Nov 2022 at S.S.Institute of Medical Sciences & Research Centre, Davangere



2. ECLS Workshop at BMCH, Chitradurga on 21/10/2022



Dr. Soumya B.A, Associate Professor attended Emergency care and life support (ECLS) Workshop organised by RGUHS – Jeevaraksha Trust at BMCH, Chitradurga on 21<sup>st</sup> October 2022 as Observer

3. Dr. Soumya. B.A Associate Professor and Dr. Deepa. H. S, Assistant Professor have participated in a CME on “ Changing Trends and Current Perspective in Drug Abuse and Addiction” at JJM Medical College held on 5<sup>th</sup> November 2022 (2 credit hours)

4. Dr. Deepa. H. S, Assistant Professor Department of Physiology attended National CME (Online) on “ Reversing diabetes: A Road to Remission” organized by Department of Physiology, Himalayan Institute of Medical Sciences, Dehradun on 14<sup>th</sup> November 2022 on the occasion of world Diabetes day

## Department of Biochemistry

NABL Surveillance assessment of SSIMS Central Lab was carried out on 16<sup>th</sup> to 17<sup>th</sup> Dec'22 by NABL assessors, Dr. Vivek Hittinahalli (Lead assessor & Technical Assessor for Microbiology & Infectious disease Serology) from East Point Hospital and Medical college, Dr. B.R. Vanishree (Technical Assessor for Hematology) from Altius Hospital & Dr. Niranjana Gopal (technical assessor for Clinical Biochemistry) from Biochemistry Department of AIIMS.

On 16<sup>th</sup> December '22, NABL Assessment team was greeted by the Principal Dr. B. S. Prasad & the Core committee members of Central Lab headed by The Lab Director Dr. Mallikarjuna C R.

The assessment of Central Lab had begun by an opening meeting attended by Principal Dr.B. S. Prasad, Medical Director Dr. Arunkumar A, Vice -principal & Professor & Head Dr. Shashikala P Krishna Murthy, Prof & HODs of Biochemistry & Microbiology, Dr. Mallikarjuna CR & Dr. Jayasimha, Quality Manager Dr. Sathish Patil, Central Lab incharges Dr. Deepthi, Dr. Swetha & Dr. Ramlingareddy, Technical Manager Dr. Veena, Asso Prof of Microbiology Administrative manager Mr. Santosh, Lab Coordinator Dr. Ramprasad N & NABL Assessors.

In this meeting, Dr. Vivek H briefed on the Assessment of Clinical Lab as per ISO:15189 & appreciated the Efforts of Central Lab & the SSIMSRC's management in going for Accreditation of the Clinical Lab. The NABL Assessment team conducted the External Audit of all the sections of Central Lab including the Quality Management System from 16<sup>th</sup> to 17<sup>th</sup> Dec'22 & raised some Nonconformities which were easily addressed by all the section-incharges & closed all of them within a stipulated time frame.

On 17<sup>th</sup> Dec'22, closing meeting was attended by the Medical Director Dr. Arunkumar A & Core committee of Central Lab & addressed by the NABL Assessment team's Lead Assessor Dr. Vivek Hittinahalli who thanked the management of SSIMSRC & Core committee of Central Lab in extending cooperation in assessment of the laboratory. The Lead Assessor further suggested adding some more tests in the scope of services. The Lab Director Dr. Mallikarjuna C R thanked the





NABL assessment team members & the Core committee members of Central Lab including Quality Manager Dr. Sathish Patil who tirelessly worked towards success of the Central Lab's NABL Assessment.

### Department of Community Medicine

1. Dr. Asha. B, Associate Professor and Dr. Vidya. V. Patil, Assistant Professor attended the 2<sup>nd</sup> state level IAPSM conference on 21<sup>st</sup> and 22<sup>nd</sup> October 2022 in Mangalore. Both presented oral papers in the conference. Dr. Vidya. V. Patil chaired a session on oral presentation for post graduate students. Dr. Asha. B, secured first place in the oral presentation under RCH theme among faculty presentations.

2. Dr. Asha. B, Associate professor, Dr. Vidya. V. Patil and Dr. Ranganatha. S. C, Assistant Professors attended National level conference on Nutrition at Mysore on 8<sup>th</sup> and 9<sup>th</sup> of December. All 3 staff presented research papers orally in the conference. Dr. Ranganatha. S. C, secured 1<sup>st</sup> place and best paper under the theme – Public health aspects of Nutrition towards SDGs.

3. On the eve of World AIDS Day, painting competition was organized by department of Community medicine in association with IAPSM – Karnataka branch to nursing students on 15<sup>th</sup> Dec, 2022. The event was conducted by Dr. Sheela P Haveri, Professor and Dr. Asha B, Associate Professor. The theme of the painting event was “Equalize: Putting Ourselves to the Test - Achieving Equity to End HIV.” 1<sup>st</sup> and 2<sup>nd</sup> prize were won by Vinayak and Ananya, Parvathi, respectively.



### Department of Pediatrics

**Dr. N.K. Kalappanavar**, Professor & HOD, Dept of Paediatrics

1. Participated as faculty during South Pedicon-22 and State Conference at Belgaum on 14<sup>th</sup> to 16<sup>th</sup> Oct 2022. Delivered talk on 'Bronchoscopy in Paediatrics'.

2. Participated as faculty and delivered talk on 'Upper airway obstruction' during National RESPICON held at Chennai from 16<sup>th</sup> to 19<sup>th</sup> Dec 2022.

**Dr. Prasad B.S**, Professor & Principal, Dept of Paediatrics

1. Attended Karnataka State Annual Paediatric Conference as Faculty. Topic: “Management of pain and distress in the Newborns”, held at JNMC, Belgaum from 14<sup>th</sup> to 16<sup>th</sup> October 2022.

**Dr. Latha G.S**, Professor, Dept of Paediatrics From 14<sup>th</sup> to 16<sup>th</sup> Oct 2022, 36<sup>th</sup> South Zone and IAP Karnataka State Annual Conference, IAP Medical legal Karnataka conference was organized at Belgaum, attended as a faculty for the conference.

2. From 11<sup>th</sup> to 13<sup>th</sup> Nov 2022, 3<sup>rd</sup> International Conference on Maternal Newborn and Child Health, “Transforming Research Evidence to Practice” was organized by Research center KAHER Belgaum, attended the conference as Moderator for the Nutrition- Adolescent and Child Health Session.

### Department of Surgery

1. Attended and successfully completed the surgical training course on the use of LASER for treatment in endovenous disease. “LASER IN TREATMENT OF VARICOSE VEINS- EVLT” held in Eravio Superspeciality Hospital and Research Centre, Mumbai in November 2022.

2. Attended and successfully completed the surgical training course on the use of LASER for treatment in proctology diseases like haemorrhoids, fissures, anal fistula and pilonidal sinus “LASER IN TREATMENT OF PROCTOLOGY” held in Eravio Superspeciality Hospital and Research Centre, Mumbai in November 2022





## Department of Dermatology

### Report:

#### “World AIDS Day” awareness walkathon.

On 4<sup>th</sup> of December 2022 (Sunday), Davangere Dermatologists Associations (DDA), conducted a WALKATHON to create awareness regarding HIV and AIDS. All the staff members and post graduates of the dept. of Dermatology Venereology and Leprology from SSIMS&RC and JJMMC, took active participation in the event which started at 6:30 am on Sunday morning. The walkathon began from Bapuji Hospital OPD block and covered the areas of Gundi circle, CG hospital road, Vidyarthi Bhavan, Jayadeva circle, Govt. High School field, KSRTC Bus stand, AVK college road, covering a distance of 6 kms. Short messages regarding HIV infection, prevention and treatment were displayed in banners and placards. The walkathon ended at 8:30 am.

#### Attended conferences :

1. **Dr. Naveen Kumar A C**, Assistant Professor, Dept of dermatology had participated in Badminton doubles and won first place & in Table Tennis double and won second place in the KN-IADVL Sports MEET -2022, held on 15<sup>th</sup> & 16<sup>th</sup> October -2022 at Chitradurga.

2. **Dr. Madhu M**, Senior resident, Dept of Dermatology had participated in Badminton (singles & doubles), Table Tennis (singles & doubles) and Lawn tennis (doubles) and won first place and in Chess and Won 2<sup>nd</sup> place in the KN-IADVL Sports MEET -2022, held on 15<sup>th</sup> & 16<sup>th</sup> October -2022 at Chitradurga.

3. **Dr. Manjunath Hulmani**, Professor & HOD, Dept of Dermatology, gave a talk on – “Topical Minocycline 4% gel in acne” in the conference “CUTICON-KN 2022”, held from 11<sup>th</sup> to 13<sup>th</sup> November -2022 at Belagavi.

4. **Dr. Manjunath Hulmani**, Professor & HOD, Dr. Manjunathswamy B S, Dr. Madhu M, Senior resident & PG's Dr. Lahari C S, Dr. Daisy Deuri, Dr. Varun Kohir & Dr. Shreyas Kololgi Department of Dermatology has participated as delegate in the conference “CUTICON KN 2022” held on 11<sup>th</sup>, 12<sup>th</sup> & 13<sup>th</sup> November-2022 at JNMC, Belagavi.

5. **Dr. Shreyas Kololgi**, 2<sup>nd</sup> year PG, Dept of Dermatology, has presented a speaking images – “Klippel trenauay syndrome – The pulsating calf; A rare case presentation” this topic got 1<sup>st</sup> prize in the conference “CUTICON-KN 2022”, held on 11<sup>th</sup> to 13<sup>th</sup> November at Belagavi.

6. **Dr. Daisy Deuri**, 3<sup>rd</sup> year PG, Dept of Dermatology, has presented a Free Paper – “The black hairy bag of worms feel A Rare association of plexiform neurofibroma with becker's nevus” in the conference “CUTICON-KN 2022”, held on 11<sup>th</sup> to 13<sup>th</sup> November at Belagavi.

7. **Dr. Varun Kohir**, 3<sup>rd</sup> year PG, Dept of Dermatology, has presented a free Paper “Purpura gangrenosa - a case series of 10 cases “ in the conference “CUTICON - KN 2022”, held on 11<sup>th</sup> to 13<sup>th</sup> November at Belagavi.

8. **Dr. Lahari C S**, 3<sup>rd</sup> year PG, Dept of Dermatology, has presented a free papers – “Dermoscopy of TSDF & Mulha Haberman Disease Archipelago” in the conference “CUTICON-KN 2021”, “CUTICON-KN 2022”, held on 11<sup>th</sup> to 13<sup>th</sup> November Belagavi.

#### Training Programme

**Dr. Munaza Kulsum**, Assistant Professor & Dr. Sheela A G, Senior Resident, in department of Dermatology, attended training in New Delhi for fillers, botox and advanced hair restoration procedures. Observership program for one-month period, from 1<sup>st</sup> to 30<sup>th</sup> November -2022.





## Department of Radiology

**1. Dr. Parthasarathy.K.R.** HOD and Professor, Department of Radiology SSIMS&RC, Davangere and Junior Residents and Dr. Nehal M. Nadagouda, Dr. Vaishnavi, Dr. Kirti Patill, Dr. Sreenivas Yella, Dr. Chirag A Thakker, Dr. Nandini, Dr. Sirisha, & Dr. Ajay Kumar has participated as delegate during 37<sup>th</sup> Annual State Conference of IRIA organised by Karnataka State Chapter of IRIA at Ramaiah Medical College & Hospital, Bangalore, held on 9<sup>th</sup> – 11<sup>th</sup> December 2022.

**2. Dr.Akhil.M.Kulkarni**, Professor, Department of Radiology SSIMS&RC, Davangere participated in the workshop & Conference as delegate in CUSP 2022, XVII International Conference on Clinical Ultra Sonography in Practice held on September 30, October 1 & 2, 2022, organized by MEDISCAN.

**3. Dr.Akhil.M.Kulkarni.** Professor Department of Radiology SSIMSRC, Davangere has participated as Delegate during 37<sup>th</sup> Annual State Conference of IRIA organised by Karnataka State Chapter of IRIA at Ramaiah Medical College & Hospital, Bangalore, held on 9<sup>th</sup> – 11<sup>th</sup> December 2022.

**4. Dr. Akhil.M.Kulkarni** Professor, Department of Radiology SSIMS & RC, Davangere, **Dr. Anantha Raju** Professor, Department of Surgery SSIMS&RC, **Dr. Suman** Professor, Department of Medicine SSIMS & RC & **Dr. Nehal M. Nadagouda** Junior Resident Department of Radiology SSIMS&RC participated in IMA cricket Tournament held at Shivamoga on 23<sup>rd</sup> -24<sup>th</sup> December 2022, and were among top 8 position out of 32 participated teams and also qualified for Kempegowda cricket tournament.



**5. Dr. Chandan Giriappa.** Professor Department of Radiology SSIMS&RC, Davangere has participated as faculty in KUACON 22, 27<sup>th</sup> Annual conference of Karnataka Urology Association held in Davangere between 4<sup>th</sup> to 6<sup>th</sup> November 2022. Urology state Conference Topic: Role of penile Doppler in Erectile dysfunction.



**6. Dr.Chandan Giriappa.** Professor Department of Radiology SSIMSRC, Davangere has participated as Faculty during 37<sup>th</sup> Annual State Conference of IRIA organised by Karnataka State Chapter of IRIA at Ramaiah Medical college & Hospital, Bangalore, held on 9<sup>th</sup> – 11<sup>th</sup> December 2022. Topic: NMOSD and MOGAAD





### SS Institute of Nursing Sciences

**1. World AIDS Day** programme was organized at multipurpose hall, SSINS by 4<sup>th</sup> year B.Sc Nursing students under the guidance and support of Department of O.B.G. Nursing and Department of Community Health Nursing.

Few students from II & IV B.Sc Nursing shared their speech on how this programme celebration took its origin, what is the need and importance to celebrate “World AIDS Day”. And also mentioned the theme of 2022–“Equalize and Rock the Ribbon”. They explained the difference between disease and syndrome and how it implies to AIDS as it focus on group of diseases.

**Mr. Veerasha.V.B.** Principal, explained the universal precautions and other measures to protect the health team workers and also explained the role of nurse in counselling such clients.

**Mr. Darshan Bevoor. B.** Lecturer explained in detail regarding the statistics of HIV and AIDS in the past 3 decades and what its impact on life style. He spoke about antiretroviral therapy (ART) and various organizations which helps to give funds on such activities.



**7. Dr. Akhil.M.Kulkarni** has delivered talk on SKELETAL DYSPLASIA at national IRIA conference; it was much appreciated by all, Proud moment that he is a ICRI recognised national speaker.

**8. Dr. Akhil.M.Kulkarni** Professor, Department of Radiology SSIMS&RC, Davangere has delivered talk on skeletal dysplasia at Indian society for paediatric and adolescent endocrinology academic event.

### Department of Psychiatry

Our Post graduate Dr Kaushal G attended ADDICON -2022, which was held on 2<sup>nd</sup> to 4<sup>th</sup> Dec, 2022 at NIMHANS Bangalore with the theme “Contemporary approaches in addiction medicine - Neuroscience to Clinical practice”.

### Department of Pulmonary Medicine

**Dr.Anup Banur**, associate professor attend a CME on “Mechanical Ventilation in Critical care' held in JJM Medical College on 8/10/2022 and chaired a session on “How to Ventilate a patient with ARDS”.

**World COPD-Day** was observed on 26/11/2022 and Patient Awareness Activities were conducted in OPD and Respiratory Medicine Wards.

**Dr. Jisna Jith**, Final Year post graduate attended” PULMOCON 2022(23<sup>rd</sup> annual National Conference of APCCM)” held at Kannur, Kerala on 14-16<sup>th</sup> october2022 and Presented a paper on pleural microbubbles in empyema and its prognostic implication in the management – A retrospective case series.





## PUBLICATIONS

| Sl No | Authors   | Department         | Title of the article  | Name of the Journal  |
|-------|---|--------------------|---|--|
| 1.    | Manjunath. V, Vadnal Revanappa. S, Bullappa A, Vedalaveni Lakshminarayana. J. (2022). | Community Medicine | Prevalence of multi drug resistant non-fermenters in a tertiary care centre.  | Asian Journal of Medical Sciences, 13(10), 176–182.  |
| 2.    | Asha. B, Sindhu. P, Bhavya. S. O, Anupama. K.(2022).                                  | Community Medicine | Knowledge about the contents of mother and child protection card among pregnant women and lactating women of a rural field practice area. | Medica Innovatica, 11(2), 19–23.   |
| 3.    | Dr.Shantala Arunkumar, Dr Brahmaramba, Dr Deeksha C.S.                                | Ophthalmology      | Cerulean Cataract in a Female Home Maker  | IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 22, Issue 1 Ser.10 (January. 2023), PP 14-15 www.iosrjournals.org |
| 4.    | Dr. Renuka Barkil Chaitra K, Dr. Vishal2  | Ophthalmology      | To Study Prevalence and Genetic Pattern of Inheritance of Colour Vision Deficiency in School Going Children                               | International Journal of Science and Research (IJSR) ISSN: 2319-7064 SJIF (2022): 7.942 Volume 12 Issue 1 January 2023   |
| 5.    | Madhu M, Manjunath Hulmani, Naveen Kumar A C, Jagannath Kumar V,A                     | Dermatology        | Clinical Study of Efficacy of Autologous Platelet-Rich Fibrin (PRF) in Chronic Non-Healing Ulcers   | Indian J Dermatol 2022;XX:XX-XX. Received: March, 2022. Accepted: October, 2022.   |
| 6.    | Shreyas Prakash Kololgi, Manjunath Hulmani, Lahari CS,                                | Dermatology        | Klippel Trenaunay Syndrome-The Pulsating Calf; A Rare Case Presentation,  | Indian Journal of Dermatology, Received: November, 2022 Accepted: January, 2023  |

## Congratulations



### Dr. N. K. Kalappanavar

Prof. & HOD, Dept. of Paediatrics, SSIMS & RC, for getting elected as President/  
Chairperson of Indian Academic of Paediatric National Respiratory Chapter 2024.





## Research Articles / Case Presentations

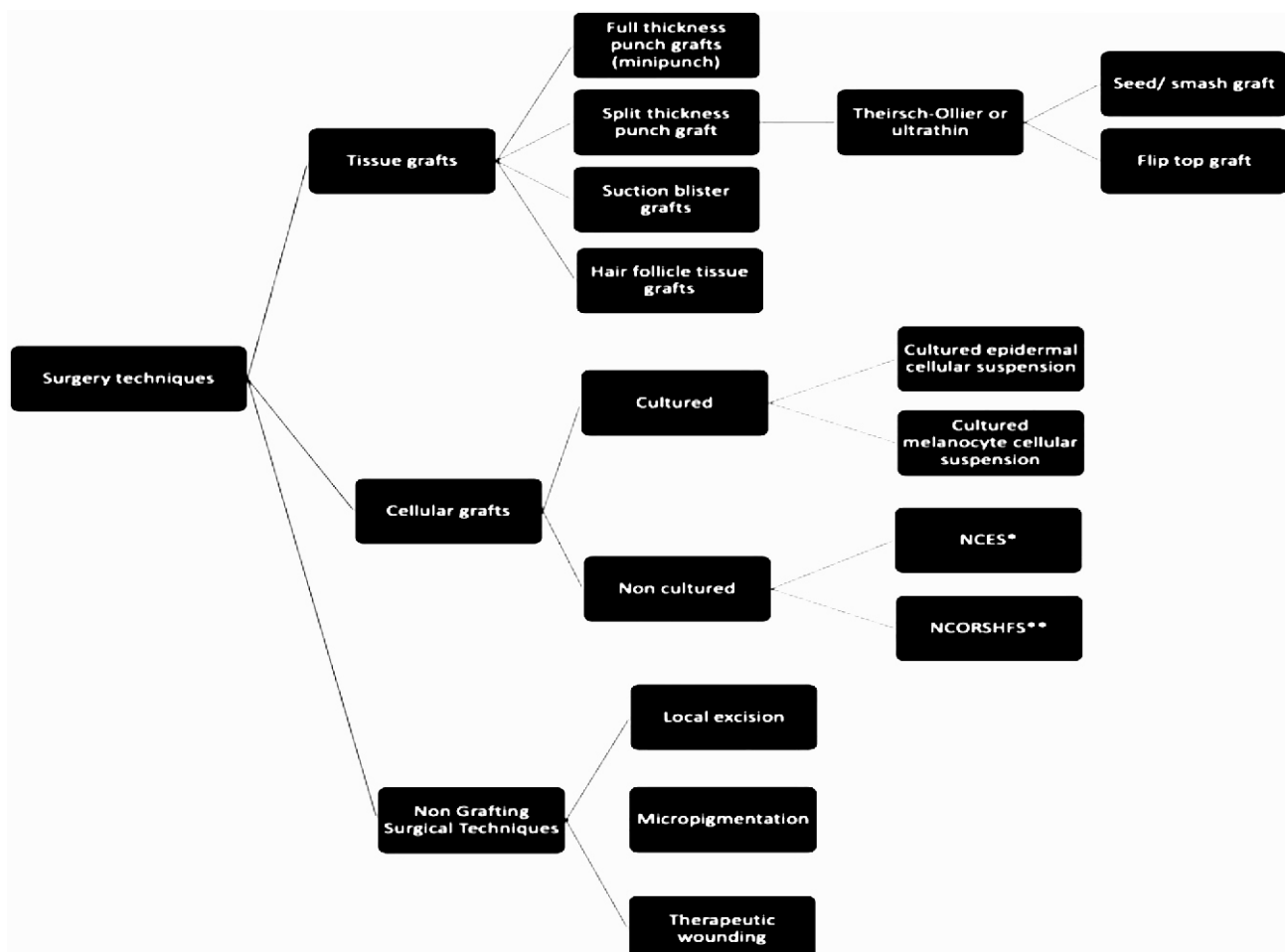
Department of Dermatology: **VITILIGO SURGERIES**

**Dr. Manjunath Hulmani, Professor & HOD, Dr.Shreyas Kololgi, 2<sup>nd</sup> year ,PG,**

Vitiligo is an acquired condition that presents as sharply demarcated white macule. It affects 1%-2% people of all races regardless of sex and age. It is of great cosmetic concern, particularly in darker skinned individuals, as in Indians, where it creates psychological problems due to the stigma attached to it.

Various surgical procedures have been designed with the following aims:

- 1) Introduction of artificial pigments into the lesions for permanent camouflage, e.g. tattooing.
- 2) Removal of the de-pigmented areas forever, e.g. excision with primary closure, and covering with thin Thiersch graft.
- 3) Repopulation of the depleted melanocytes by various grafts, e.g. ultra-thin grafts, suction blister and miniature punch grafts, non-cultured epidermal cell suspension or transplantation, and epidermal and melanocyte cultures.
- 4) Therapeutically wounding the lesion to stimulate the melanocytes from the periphery and the black hair follicles to proliferate, migrate and re-pigment the lesion, e.g. therapeutic dermabrasion, laser ablation, cryosurgery (liquid nitrogen spraying), needling, and local application of phenol or trichloroacetic acid.





The following methods have been found to be useful at certain locations:

For vitiligo areas with at least 25%-50% of black hair, any of the therapeutic wounding methods (phenolization is the simplest and cost effective) will accelerate the process of repigmentation.

For the tips of the fingers and toes, and palms and soles, miniature punch grafting is the best method.

For the angles of the mouth and genitalia, tattooing is the best choice because the chance of graft rejection at these sites is high. The suction blister technique works very well over the lips and eyelids, especially after the introduction of surgical glue and the multiple syringe technique.

Large patches can be covered either with thin split thickness skin grafts, ultra-thin skin grafts, non-cultured epidermal cell suspension or cellular cultures. The pattern of the lesion also dictates the method to be used. Small gaps or partially healed lesions can be needled, Phenolized or tattooed.

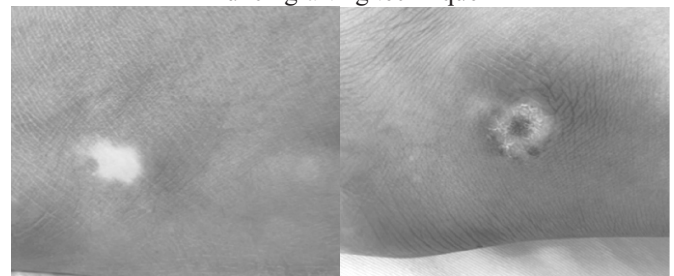
The result of all surgical methods should be uniform pigmentation throughout the lesion with the surface texture and colour matching that of the surrounding skin as much as possible to be cosmetically acceptable to the patient. The different methods have their own advantages and disadvantages. One must select the method with which one is most conversant and comfortable. The technique should be individualized and tailored with respect to each patient. Some patients may require a combination of two techniques.

Younger (20-30 years) and darker complexioned patients have better results. Comparatively, acral areas, malleoli, knees, and elbows are less responsive to surgery. Smaller patches respond better. Addition of PUVA/PUVASOL therapy enhances repigmentation and increases the success rate (90%-95%).

In India, miniature punch grafting and suction blister technique will remain the mainstay of vitiligo surgical treatment by virtue of their simplicity, cost effectiveness and efficacy. In future, the method that gives a wider coverage with a smaller amount of donor tissue will succeed if it is economical and easily available.



Punch grafting technique



Before

After

(MICRONEEDLING WITH 5-FLURO URACIL)

### Department of Anaesthesia:

#### SOLE CAUDAL ANESTHESIA FOR BILATERAL INGUINAL SURGERY IN LOW BIRTH WEIGHT (LBW) NEONATE- A CASE REPORT

Dr. Dheeraj R Patel, Dr Hema k, Dr Lingesh,  
Department of Anaesthesia, SSIMS & RC

**Introduction:** Caudal epidural block is frequently used for abdominal surgery in neonates and is the most commonly used regional anaesthetic technique in neonates and infants. It is a simple, safe procedure with high success rate. Caudal anaesthesia is particularly effective at reducing the concentration of volatile anaesthetics needed, as well as relaxants and opioids.

We report a case of caudal anaesthesia for B/L congenital inguinal hernia for B/L herniotomy and B/L CTEV in low birth weight neonate.



**Case presentation:**

A 21day old LBW neonate was posted for B/L herniotomy for congenital inguinal hernia, detailed PAC was done with birth weight of 2.1 kg and present weight of 2.6 kg.

Standard monitoring consisting of ECG, NIBP, SPO2 and capnography was monitored. Patient was premedicated with Inj Atropine 0.2 mg, sedated with Inj Fentanyl 5mcg and Inj Midazolam 0.2mg and maintained on nitrous oxide+ oxygen+ sevoflurane and bag and mask ventilation with Jackson Rees circuit and was on spontaneous ventilation.

Patient was put in left lateral position and parts painted and draped. The landmark technique used and 23 1-inch gauge hypodermic needle was used and “pop” was felt through the sacrococcygeal ligament. Caudal space was identified by negative aspiration of CSF and blood, 1.5 ml of 2% lignocaine with adrenaline (1 in 2 lakh dilution) and 1.5 ml of 0.5% bupivacaine was injected. There was ease of local anaesthetic injection and absence of subcutaneous swelling upon delivery.

Oxygen was maintained with face mask 5 L of O<sub>2</sub>/min, post caudal injection surgery procedure was commenced with decreased motor tone in lower limbs and sensory (no change in heart rate or blood pressure). Patient was on spontaneous breathing ventilation throughout the procedure. The duration of surgery was 1hr 15mins and fentanyl 5mcg+ midazolam 0.2mg was repeated after 45 mins of starting of procedure. Surgery was uneventful and patient shifted to postop ward, vitals monitored shifted after 30mins.

**Discussion:** Caudal blocks are safe procedures, and are effective in reducing the concentration of volatile anaesthetics and general anaesthesia. Caudal anaesthesia was administered to eliminate apnea and minimize potential postoperative complications after general anaesthesia in low birth weight and preterm neonates. The use of 2% lignocaine with adrenaline with 0.5% bupivacaine has faster onset of action and prolongs duration of block.

**Conclusion:** Sole Caudal anaesthesia is effective and safe and ideal for inguinal surgeries in preterm and low birth weight neonates to avoid general anaesthesia complications.

**Department of Urology:****1. Intrauterine device in Bladder : A Case Report  
Dr Naveen H N, Dr Aditya Padhy, Dr Puneeth**

**Introduction :** Incidence of migration of IUCD is about 0.5-1/1000. Early diagnosis of this rare entity is tricky because of its imprecise symptoms and very low index of suspicion. Patients with lost intrauterine contraceptive device (IUCD) may present with lost strings, pregnancy or may remain asymptomatic for years . Perforation of the uterus by an IUD with migration into the bladder is unusual and there is no consensus in its management.

**Case:** A 30year female presented at urology OPD, SSIMS RC with complaining of burning micturition since 6 months. There was no history of fever or hematuria or pain abdomen or vomiting. No history of LUTS. P3L3, underwent tubectomy 5 years back. History of IUCD insertion done 5 years back. She is not a known case of T2DM, HTN, IHD. She had taken multiple treatments for the urinary tract infection at various hospitals. Per speculum examination detected hypertrophied cervix, erosion present in both lips, CuT thread not visualized. Pervaginal examination revealed anterior vaginal wall rugged. Cervix firm.

TVS shown bulky uterus with normal endometrial cavity, Cut not seen in uterine cavity. Right ovary bulky, left ovary normal. USG abdomen & pelvis shown Cut in bladder wall. Patient was taken for Cystoscopy. Intra OP findings were normal ureteric orifice and bladder mucosa. There was no breach in bladder mucosa, no fistula noted. Copper T was found inside the bladder with few encrustations. CuT was removed with the help of forceps.



## Discussion:

Any foreign body like copper T, vaginal diaphragm, surgical clips used in hernia repair & prosthetic slings placed in the proximity of the urinary bladder can migrate into bladder. The exact incidence is not clear due to the asymptomatic nature of perforation. Some time IUD may be misplaced instead of migration & malposition may be due to distorted uterine cavity, adenomyosis, obesity or inexperienced clinician. Ultrasound guidance may reduce the risk of malposition. The exact mechanism that causes uterine perforation and migration of the IUD is not clear. Spontaneous migration of IUD can result due to physiological mechanisms like spontaneous uterine contractions, bowel peristalsis and bladder contractions. IUD when perforates uterus, it can migrate or become lost in the abdominal cavity and can migrate into the bladder, intestine or bowel. Breast feeding women are at higher risk for uterine perforation due to soft consistency of uterus. Women who have had abortion, caesarean-section or other surgeries of the cervix have an increased risk for uterine perforation. Lower urinary tract symptoms as urinary frequency, tenesmus, suprapubic pain, dysuria, hematuria are common with copper-T migration in urinary bladder. Intravesical migration of IUD is often associated with calculus formation, so it can be diagnosed with plain x-ray easily. The presence of calculus in the plain X-ray of urinary system with the absence of IUD strings in pelvic examination increases the suspicion of IUD migration into the bladder. Ultrasound of pelvis is a commonly used diagnostic tool in suspected ectopic IUD but partial perforation may not be detected with US. The extent of myometrial and bladder wall perforation can be accurately diagnosed with trans vaginal US. Non contrast CT mandatory in diagnosis of associated complications.

Treatment of misplaced IUCD is surgical, either laparoscopy or laparotomy. IUD migrated to places like omentum can be removed with laparoscopy which helps in localization and recovery of misplaced IUCDs. Cystoscopy is both diagnostic

as well therapeutic as IUD can be removed endoscopically. Even if the IUD migration is asymptomatic, it should be removed for the prevention of complications like cystitis, intravesical stone formation, pelvic abscess and adhesions. A regular follow up of IUCD for visible thread would help in earlier detection of misplaced IUCD. Proper training of paramedical staff also mandatory in developing countries in order to provide safe & better family planning services.

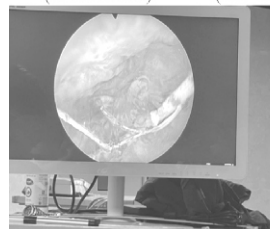
## CONCLUSION

Every case of a missing IUD must be investigated carefully for uterine perforation. If a woman develops unexplained, persistent urinary tract symptoms then it can be a case of displaced IUD in urinary bladder. Any displaced IUD should be removed due to possibility of complications in future.

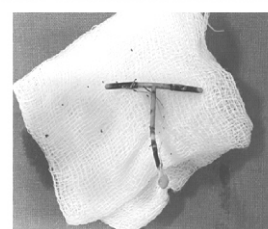


(USG KUB)

(CT KUB SHOWING Cu T INSIDE BLADDER)



(CYSTOSCOPY:  
Cu T inside bladder)



(Cu T taken out from bladder)

Special thanks to Dept of Anesthesia:

Dr Arun Ajappa (HOD), Dr Shivakumar (Prof.) & Post graduates & OT staffs.

## 2. A NEWER TECHNIQUE OF PCNL- Supine PCNL.

Dr Naveen H N, Dr Roshnidevi Patil, Dr Arpit Pindaria, Dr Aditya Padhy, Dr G Puneeth  
Introduction:-

Percutaneous nephrolithotomy (PCNL) was first described by Fernstrom and Johansson in 1976 in prone position. Since then this position is used as gold standard for treatment. Before it was thought that supine PCNL will increase the chances of



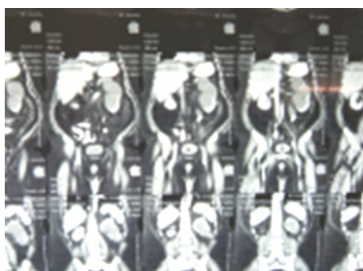
inadvertent colon injury. In 1987, Valdivis Uria postulated that PCNL could be done in supine decubitus position, using per-operative CT scan, for patient evaluation demonstrated similar outcomes and complication for PCNL performed in supine position with potential advantage in ergonomics and the administration of anesthesia specially in a obese patient. Supine PCNL is a tempting substitute for prone PCNL, with the potential advantages of less patient handling, a quicker operation, better drainage through the amplatz sheath, and the ability to perform simultaneous PCNL and ureteroscopic procedures.

### CASE REPORT:-

A 59yr old male patient presented to urology OPD in SSIMS and RC, with complains of pain abdomen since 2months, no h/o fever, nausea, vomiting, burning micturition and hematuria. He was a known case of hypertension on medication. Patient weighed 110 kgs.

Past history- he had history of right shoulder fracture 1 month back, for which internal fixation and cast was put.

CECT KUB plain showed-There is a large mid ureteric calculus measuring 3cm\*1.7cm, with gross hydroureteronephrosis, with contrast enhancement. However, no distinct excretion of the contrast noted in the Images reviewed.



CT KUB showing-left hydrouretrnephrosis with a 3cm\*1.7cm calculi in the mid ureter

**MANAGEMENT:-** Patient underwent cystoscopy and b/l ureteric orifice were identified and left ureteric orifice was cannulated with ureteric catheter and guide wire passed, and the stone was pushed into the kidney, as the patient was obese and had right shoulder fracture which was operated and had a cast on, it was difficult to change the position of the

patient into prone position from lithotomy, hence we decided to go ahead with supine PCNL. The boundaries were marked that is 12th rib, iliac crest and posterior axillary line, than the pelvic calyceal system was punctured using PCN needle, and was confirmed by pushing saline from the ureteric catheter below. The tract was dilated serially and amplatz sheath was put. Using Nephro scope, the stone was identified and fragmented using lithotripter, and the stone was cleared. 6fr DJ stent was placed in situ. Patient remained stable throughout and the procedure was uneventful. Patient was discharged on POD 2 of the surgery.

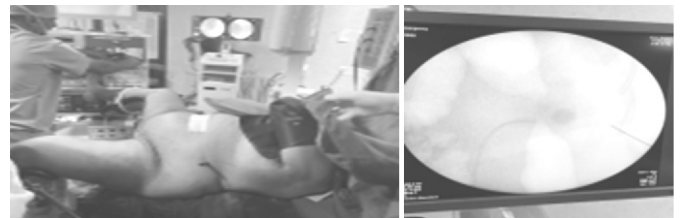


Fig 1-patient is put in lithotomy position, hence ureteroscopy and PCNL could be done at the same time.

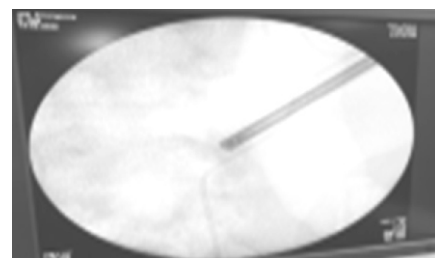


Fig 2-calculi with ureteric catheter and puncture needle



Fig 3- stone clearance

### Discussion:-

PCNL is widely accepted as the treatment of choice for large renal stones, including staghorn stones. It is less invasive, effective, safer and has lower complication rates than open renal surgery. PCNL is usually done with patient in prone position, which carries several disadvantages to the patient, anesthesiologist and urologist.





Challenges faced during this surgery was- As the patient was obese and had, right shoulder fracture operated 1 month back, hence the patient could not be turned into prone position. Hence, this new technique of supine PCNL, saved the day.

#### **The supine position offers several advantages :-**

General anaesthesia is less hazardous, no repositioning of the patient is needed, it is more comfortable for the surgeon, who can work while seated. The X-ray exposure to the surgeon's hands are no longer in the fluoroscopic field and stone fragments are cleared easily. They also allow a quick access to the airway in cases of emergencies. However, they vary in the ease of puncture, tract dilatation, ability to make multiple tracts and the ability to combine simultaneous ureteroscopy. In a meta-analysis of the supine vs prone PCNL, the incidence of colonic injury in prone was 0.2-0.5%, in supine it was approximately 0.5%. Therefore, supine PCNL does not increase the chances of colonic injury.

#### **Limitations of PCNL in supine position:-**

It decrease the filling of collecting system, making it constantly collapsed, and thus, nephroscopy tend to be more difficult. However, maintaining low pressures within the renal cavities might be important to decrease fluid absorption. Upper-pole calyceal puncture is impossible, because upper pole is more medial and posterior, and is concealed deeply in rib cage. Also renal puncture in the supine position requires that the needle pass lies horizontally, which in a upper calyceal puncture strike into the calyceal neck, and no the invincibility. There was anteromedial renal displacement during the tract dilatation, rendering the procedure more difficult, and this was managed by supporting the kidney while creating the tract.

In conclusion, supine PCNL is technically feasible, has several potential advantages, especially in patient with high risk when under anesthesia, and can be used to treat all stone sizes. There is no apparent added risk in using this technique, and the stone clearance and complication rates are within the accepted values cited previously for the standard prone PCNL.

### **SS CARE TRUST ACTIVITIES**

1. An anaemia and malnutrition screening camp was conducted in an anganwadi centre in Jarikatte, Davanagere on 19<sup>th</sup> October 2022. Camp was organized by SSIMS & RC, Davanagere under the aegis of SS CARE TRUST ®. 62 children were screened for anaemia and malnutrition and 9 blood samples were collected for Complete blood hemogram and were further referred for treatment at SSIMS&RC, Davanagere.

Dr. Karthik, Post graduate, Dept. of Pediatrics attended the camp. Camp was supervised by Dr Aswinkumar, Professor and Head with Dr. Rakesh. J, Assistant Professor and assisted by Mr. Ashok Kumar M S, MSW, Dept. of Community Medicine.



2. A general health check-up and blood donation camp was conducted in Government high school, Shiramagondanahalli, Davanagere on 11<sup>th</sup> November 2022. Camp was organized by SSIMS & RC, Davanagere under the aegis of SS CARE TRUST ®. Total blood donations were 33. A total of 265 were screened for Diabetes mellitus, Hypertension, Cardiac diseases and Cataract and 46 were referred to SSIMS&RC, Davanagere for further treatment.

Dr. Shantala Arunkumar, Prof and Head, Dept. of Ophthalmology, Dr. Gayathri L Patil, Professor, Dept. of OBG, Dr. Kamalesh. T. N, Associate Professor, Dept. of Medicine, Dr. Bhramaramba. B, Assistant Professor, Dept. of Ophthalmology, Dr. Chetan. K, Assistant Professor, Dept. of Pathology, Dr. Sahana. R, Senior Resident, Dept. of Pediatrics and Dr. Madhu M, Senior Resident, Dept. of Dermatology attended the camp. Camp was supervised by Dr Sindhu P, Assistant Professor with Dr. Manu. A.S, Asst Professor and assisted by Mr. Nagaraj TG, MSW, Dept. of Community Medicine.







3. First Aid and Basic Life Support Program was conducted by SSIMS & RC, Davanagere under the aegis of SS CARE TRUST® on the respective dates mentioned in the below table.

Dr. Sagar S M, Professor, Dr. Chirag Babu, Professor, Dr. Isiri, Post Graduate Student, Dr. Nayana, Post Graduate Student, Dr. Shreya, Post Graduate Student, Department of Anesthesiology, Dr. Ganesh, Associate Professor, Dr. Dileep, Assistant Professor, Dr. Rajath Naik, Post Graduate Student, Dr. John, Post Graduate Student, Dr. Deepti, Post Graduate Student, Department of Emergency Medicine trained the below beneficiaries.

Dr. Aswinkumar, Professor and Head, Dr Sindhu. P, Assistant Professor, Department of Community Medicine supervised the training sessions.

| Sl No. | Date       | Place               | Beneficiaries | Number |
|--------|------------|---------------------|---------------|--------|
| 1      | 28/10/2022 | Skill lab, SSIMS    | Asha Workers  | 16     |
| 2      | 14/11/2022 | SS General Hospital | Asha Workers  | 19     |
| 3      | 1/12/2022  | SS General Hospital | Asha Workers  | 27     |
| 4      | 15/12/2022 | SS General Hospital | Asha Workers  | 29     |
| 5      | 29/12/2022 | SS General Hospital | Asha Workers  | 20     |

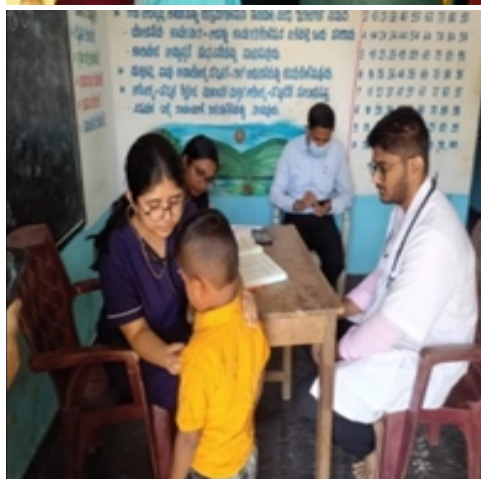




### SS Care Trust Ongoing Activities

Screening of anaemia and malnutrition is being done at anganwadis of Arasapura PHC (Phase 2). A total of 177 children were screened. Out of 177, 21 (11%) were anaemic and 105(59%) were malnourished. Iron syrup was given to anemic children.

Screening of diabetes mellitus and hypertension is being done at villages of Arasapura PHC for people aged > 30 years. out of 917 Individuals screened, 19(2%) and 73(8%) were newly diagnosed diabetes mellitus and hypertension respectively.





## Photo Gallery



**Voluntary Blood  
Donation Day**



**RNTCP Meeting**



**Fire Safety Drill**



**World AIDS Day**



**Mental Health Day**



**Drawing Competition on World AIDS Day**



### ATTENTION PLEASE

Kindly send the Articles, Departmental activities, Publications & Achievements during January to March 2023 ( both hard & soft copy) for publication of Vol 18, Issue 4, of SSIMS Times bulletin on or before 22 April 2023. Soft copy is to be mailed to [ssimstimes4u@gmail.com](mailto:ssimstimes4u@gmail.com). Hard copy to be sent to Department of Biochemistry. Please send photos in JPEG

**Editor**





## KALODBHAVA

### Cultural Activities



## Sports Activities

