



Bapuji Educational Association <sup>®</sup>

# SSIMS TIMES



S.S. Institute of Medical Sciences & Research Centre, NH-4, Bypass Road, DAVANGERE - 577005

Official Quarterly News Bulletin of SSIMS&RC Vol.: 9 Issue: 2 April-June 2014

Student Union 2014







**Blood Donation Camp on the occasion of Dr. Shamanur Shivashankarappaji Bitrhday**



**Visit by Srilankan Medicial Council Delegates**



**DDRC Camp**

**Blood Donation Camp at DVG**

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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.



## EDITORIAL

Dear Friends and Colleagues,

I am very happy for appointing me as Editor and also for constituting a new editorial team for the "SSIMS Times" from this edition. It is an honour and privilege to me for take part in this work. I believe that new responsibility is an opportunity and challenge. I request all the staff of SSIMS and RC for their continuous support and co-operation.

The gift of blood is gift of life. Every two seconds someone needs blood. One time blood donation can help to save lives of up to three persons. If an individual starts donating blood at the age of 18 and donates every 90 days until he/she reaches 60, he/she would have donated 30 gallons of blood, potentially helping 500 lives.

It's a great pleasure to hear that the staff and the students of our college participated in voluntary blood donation camp on the occasion of birthday of Dr. Shamanur Shivashankarappa, Hon. Secretary, BEA, Davangere and Minister of Agricultural marketing and Horticulture, Government of Karnataka.

I conclude with a message of Swami Vivekananda **"Your duty is to go on working, and then everything will follow of itself"**.



**Dr. Sathisha Aithal**  
Editor

## DEPARTMENTAL ACTIVITIES

### DEPARTMENT OF COMMUNITY MEDICINE

#### **World Health Day on 07-04-2014:**

The theme for this year is "Small bite, big threat; protect yourself from vector borne diseases". World Health day was observed by giving health education to undergraduate students on the theme. Dr. Ayesha Nawaz, Asst Professor, spoke on the theme.

#### **Continued Medical Education on 26-04-2014:**

Department of Community Medicine in collaboration with District Health & Family welfare organized one day CME on the theme of World Health day, **"Small bite, big threat; protect yourself from vector borne diseases"**.

Mr. Hemachandra, CEO, Zilla panchayat was the chief guest and Dr. Balu P.S, Professor, Dept of Community Medicine, JJMMC, was the observer from Karnataka Medical Council. Dr. P Nagaraj, Principal, presided over the inauguration programme. Dr. Vishwanath, District Health Officer and Dr. Raghavan, District Tuberculosis Officer were present on the occasion. Dr. Ratnaprabha, Asst Prof, coordinated the CME.

About 400 delegates registered for the CME. Postgraduate students, faculty from various medical colleges in Karnataka and Medical officers from different PHC of Davangere participated in the CME.

Sl. No.	Name of the Speaker	Topic
1	Dr. Pragathi V.C Associate Professor, Dept of Community Medicine, SSIMS&RC	Introduction and epidemiology of vector borne diseases.
2	Dr. Ravi Kumar.K, Ex-Senior Regional Director, MOH&FW	Clinical profile and current recommendation in the management of Dengue, Malaria & KFD.
3	Dr.Saroja Bai, District Surveillance Officer, DHFWS	Lab diagnosis of common vector borne diseases and role of IDSP.
4	Dr.Nagarajachari A, Prof & Head, Dept of Community Medicine, JJMMC	Epidemiological approach in the control of vector borne diseases.
5	Mr. Satish Malgi, Chief Entomologist, DHFWS, Davangere	Integrated vector control
6	Dr. P.B. Patil, District Malaria Officer, DHFWS	NVBDCP in 12 <sup>th</sup> plan and National Health Mission.
7	Dr. Ravi Kumar.K, Ex-Senior Regional Director, MOH&FW	Recent advances in prevention and control of vector borne diseases.

### DEPARTMENT OF MICROBIOLOGY

✚ Dr.K.G. Basavarajappa, has been elected as President, Dr. V.L.Jayasimha as Secretary & Dr. C.S.Vinod Kumar as Treasurer of Indian Association of Medical Microbiologist-Karnataka Chapter for the year 2014-15

✚ Dr. V.L.Jayasimha delivered a lecture on “Prospects for Medicine for CET aspirants”. This programme was organized by Deccan Herald group at Bapuji Auditorium on 21<sup>st</sup> May 2014.

✚ Dr. Kruthika P was awarded best paper on topic “Study on Candida species from Nosocomial Urinary tract infection and its virulence factor” in the CME conducted by Indian Association of Medical Microbiologists - Karnataka Chapter at Vijayanagara Institute of Medical Sciences Bellary on 21<sup>st</sup> June 2014.

✚ Ms Shubha V. Hegde, III Year MBBS student got ICMR-STC 2014 project for the topic “Analysis of Infections in skin graft patients in a

tertiary health care centre. This topic was guided by Dr. Vinod Kumar C.S.

✚ Rajiv Gandhi University of Health Sciences has sanctioned the grants for the research project entitled “Biologic characterization of HIV-1 exposed serodiscordant married couples in a tertiary care hospital in Bangalore”. This project is jointly submitted by Dr. Asima Banu of Bangalore Medical College and Research Institute and Dr. Vinod Kumar C.S. from S.S.Institute of Medical Sciences and Research Centre.

✚ Ms Sonika, II Year MBBS student was awarded best paper on the topic “Public transport: A large scale fomite of MRSA”, International conference held at KIMS, Bangalore on 12<sup>th</sup> & 13<sup>th</sup> April 2014. Her presentation was guided by Dr. Vinod Kumar C.S.

## DEPARTMENT OF PATHOLOGY

- ✦ A voluntary blood donation camp was organized by Biomedical Engineering Department BIET Davangere, in Association with S.S.Blood bank, Davangere in BIET campus on 12<sup>th</sup> Apr 2014. A total of 104 units were collected. Blood Bank Officer Dr. Shwetha. J.H and postgraduates Dr. Udayashankar, Dr. Chethan, Dr. Shwetha Pai were attended.
- ✦ A voluntary blood donation camp was organized on 2<sup>nd</sup> May 2014, by Sparsh, Mr. Ravi Kumar Davangere, at Veerashiva Samaja, Veeraktha Matta, Davangere in Association with SSIMS Blood bank. 18 units of blood were collected. Dr. Shashikala P. Prof & HOD inaugurated the function, blood bank officer, Dr. Kavita G.U and post graduates Dr. Udayashankar S.K, Dr. Sujoy Kumar De were attended.
- ✦ A voluntary blood donation camp was organized on 4<sup>th</sup> May 2014, by Legislator of Hirekerur, Haveri (Dist), in Hirekerur in Association with SSIMS Blood Bank. About 22 units of blood were collected. Post graduates attended: Dr. Udayashankar S.K. Dr. Sujoy Kumar De.
- ✦ Dr. Shashikala P. Prof & Head and Dr. Kavita G.U. Professor were guest speakers at World Thalassaemia day celebration at Child Health Institute on 8<sup>th</sup> May 2014 and spoke on the topic “Guidelines of Transfusion in Thalassaemia” and created awareness among parents of Thalassaemia patients.
- ✦ A voluntary blood donation camp was organized on 23<sup>rd</sup> May 2014, by Sparsh hospital at Vasavi Sanga Auditorium, Chitradurga in Association with SSIMS Blood Bank. Post graduates Dr. Udayashankar S.K. Dr. Sujoy Kumar De attended & conducted the camp.
- ✦ Dr. Shamila presented case on “40 years old lady with breast lump: FNA showed atypical cells, wide excision done” at KCIAPM Slide Seminar at Bangalore Medical College on 25<sup>th</sup> May 2014. DDS given were papillomatosis, sclerosing papilloma. Final diagnosis was atypical papilloma by the moderator.

## DEPARTMENT OF ORTHOPAEDICS

- ✦ Bone mineral density(B.M.D) free test was done on 28/04/14 at department of Orthopaedics, SSIMS &RC, Davangere
- ✦ Dr. Chetan .M.L delivered lecture ‘Educational Methodology’ on 19th & 20th May 2014, Conducted by RGUHS Bengaluru.
- ✦ Dr. Sachin S.Nimbragi attended District Disability Research Centre[ DDRC] camp on 15/05/14 at Nuggihalli, Channagiri[T] & 29/05/14 at Channagiri[T] Benkikeri.
- ✦ Dr. Ramesh Pujar attended District Disability Research Centre[ DDRC] camp on 19/05/14 at Harihara[T] Nandigavi & 31/05/14 at Jagalur[T] Sokki
- ✦ Dr. Siddesh Patil.G.S attended District Disability Research Centre[ DDRC] camp on 22/05/14 at Jagalur[T] Kaythanahalli.
- ✦ Dr. Chetan.M.L, attended District Disability Research Centre [ DDRC] camp on 27/05/14 at Haraihara[T] Devarabelakeri.
- ✦ Mr. Jagadish Reddy.K.N, Physiotherapist attended District Disability Research Centre [DDRC] camp on 15/05/14 at Channagiri[T] Nuggihalli, 19/05/14 at Harihara[T] Nandigavi, 22/05/14 at Jagalur[T] Kaythanahalli, 27/05/14 at Haraihara[T] Devarabelakeri, 29/05/14 at Channagiri[T] Benkikeri, 31/05/14 at Jagalur[T] Sokki .
- ✦ Mega Camp was conducted on 07/06/14, at Challakere ,Chitradurga. Dr. Anil.S.Nelivigi Prof

& HOD, Dr. Praveen.M.Anvekar Asso.Prof, Dr. Ramesh Pujar Asst Prof, Dr. Chetan.M.L Asst.Prof, Dr. Siddesh Patil.G.S Asst Prof & House surgeons were present.

**CME ON RHEUMATOLOGY 13<sup>TH</sup> APRIL, 2014**

Organised by Dept. of Orthopaedics, Dept. of General Medicine & Dept. of Paediatrics.

**The programme was inaugurated by our beloved ;**

- Dr. Manjunath.J. Professor, Dept of Orthopaedics ,SSIMS&RC,

- Dr. Kalappanavar N.K., Professor & HOD, Dept of Paediatrics & Medical Director SSIMS&RC,
- Dr. S.Sree Pada Bhat ,Professor, Dept. of Gen Medicine, SSIMS&RC,
- Dr. Nagaraj.S., Consultant Rheumatologist, SPARSH Hospital,
- Dr. Prasanna Anaberu, Professor & K.M.C. Observer,Dept. of Orthopedics, J.J.M.M.C. Davangere,
- Dr. B.G.Dharmanand, Consultant Rheumatologist,SAKRA Hospital Bengaluru.

**DEPARTMENT OF OBSTETRICS & GYNEACOLOGY**

Dr. Prema Prabhudev, Pro. & HOD was attended OBG CME at JNMC, Balgaum as KMC observer on 26<sup>th</sup> April 2014.

Dr. Rashmi P.S. Asso. Professor has undergone training in Basic Ultrasongraphy under Dr. Chitra Ganesh, Director, Mediscan Bangalore from 20<sup>th</sup> January to 28<sup>th</sup> February 2014.

**CME ON OVULATION INDUCTION & IUI 21<sup>ST</sup> JUNE 2014:**

Organized by Davangere OBG Society, dept. of OBG, SSIMS & RC., JJMMC and KISAR in

collaboration with RGUHS, Bangalore at S.S. Auditorium SSIMS hospital block. KMC has allotted 2 credit hours for the CME.

Dr. Prema Prabhudev and Dr. T.G. Shashidhar were CME organizers.

OBG society office bearers as follows:

- Dr. Prema Prabhudev- President,
- Dr. Rashmi Shetty - Vice President,
- Dr. G.Y. Agasimani - Treasure,
- Dr. Ashwini. M.N. - Secretary and
- Dr. Vijaykumar. M.M. - Joint Secretary.

Scientific Programme as follows:

Speakers	Subject
Dr. Dharmareddy	Predictors of ovarian reserve
Dr. Nivedita Shetty	Patient selection for IUI in whom and how many
Dr. Shobana Patted	Ovulation induction for IUI
Dr. Santhosh Gupta	monitoring OI cycle in IUI
Dr. Bina Vasana	Legal aspects of Donor IUI
Dr. Ashwini. G.B	Luteal Phase support in IUI
<b>Panel discussion:</b>	
<b>Moderator –</b> Dr. Bina vasana <b>Panelists –</b> Dr. Ramesh . A.,C Dr. Ravigowda Dr. Ashwini. G.B. Dr. Savitha Mahesh	Optimising ovulation induction protocols in IUI

Dr. Sreenivas. M.S	<p>*Reproduction andrology: Linking laboratory to clinical practice. Semen analysis what has changed in 5<sup>th</sup> manual?                  *Sperm processing for IUI and video demonstration of swim up and discontinuous gradient technique / How to establish IUI – Do's and Don'ts</p>
<b>Panel discussion:</b>	
<p><b>Moderator -</b> Dr. Madhuri Patil  <b>Panelists –</b> Dr. Nivedita Shetty Dr. Mavintop Dr. Shobha Dhananjaya Dr. Anuradha Narvekar</p>	How to improve success rates with IUI

## DEPARTMENT OF EMERGENCY MEDICINE

✦ Dr. Vinaykumar, postgraduate presented a case study on 'hypertensive emergencies' at KAPICON-2014 held at KMC-Hubli, on May 16<sup>th</sup> to 18<sup>th</sup>.

✦ Dr. Mallikarjun.M.P, postgraduate presented a study report on 'Need for ventilator support in OP compound poisoning', at KAPICON-2014

✦ Dr. Karthik Reddy.C.H presented a study on Aluminium Phosphide poisoning a case series at KAPICON-2014.

✦ Dr. Narendra.S.S, Head of the Department, attended "Comprehensive emergency care and life support-JEEVAN RAKSHA" training program which was conducted by UNIVERSITY OF UTHAH, USA, hosted by RGUHS-Bangalore from 23<sup>rd</sup>-28<sup>th</sup> June.

## DEPARTMENT OF DERMATOLOGY

### Post-Graduate External Speciality postings:

Dr. Harshavardhana K.N, 2<sup>nd</sup> year PG Student attended External Speciality postings at BMCRI Bangalore from 19/3/2014 to 18/4/2014.

Dr. Sankeerth V, 2<sup>nd</sup> year PG Student attended External Speciality postings at St. John's Medical College, Bangalore from 3/5/2014 to 2/6/2014.

Dr. Krati Mehrotra, 2<sup>nd</sup> year PG Student attended External Speciality postings at BMCRI Bangalore from 3/5/2014 to 4/6/2014.

### CME IN DEPARTMENT OF DERMATOLOGY, VENEREOROLOGY

CME Programme for post graduate students and consultants was conducted by the Dept. of Dermatology on 28/4/2014, Monday at Seminar room, Department of Dermatology.

#### Topics for CME –

#### 1. Atopic Dermatitis 2. Acne

Speakers: Dr. Harika C & Dr. Madhuri N

Chairperson: Dr. Jagannath Kumar V, Prof & HOD,

Dept of Dermatology Venereology & Leprosy.



## DEPARTMENT OF PSYCHIATRY

✚ Dr Rajeev Swamy, Assistant Professor and Mrs Asha H N Psychologist attended the DDRC camp at Nuggihalli on 15<sup>th</sup> May 2014 and Kyasahalli on 22<sup>nd</sup> May 2014

✚ Dr Sushil Kumar and Mrs Asha H N Psychologist attended DDRC camp at Nandigavi

on 19<sup>th</sup> May 2014, Benkikere on 27<sup>th</sup> May 2014 & Sokke on 30<sup>th</sup> May 2014.

✚ On 24<sup>th</sup> may World Schizophrenia Day was celebrated by display of poster for awareness of Schizophrenia around psychiatry O P D

## DEPARTMENT OF PAEDIATRICS

### Dr. N.K.Kalappanavar, Medical Director, Prof & Head.

- Participated as chief guest in the annual day celebration of Bapuji Pharmacy College on 12<sup>th</sup> April 2014.
- Participated as faculty during Vijay Nagar IAP branch inauguration programme CHE and delivered a talk on “Wheezing in under 5 year” on 19-04-14.
- Participated as faculty and delivered a talk on “Pneumonia in children” at Haveri

JJMMC, Dept. of P&SM and chaired session on “Role of Nutrition & Survival rate” on 27-03-14 at JJMMC, Davangere.

- Attended 4<sup>th</sup> Dr. Nirmala Kesaree Oration Lecture & CME in Paediatrics, at JJMMC, BCHI & RC on 07-06-14, as a Faculty & Delegate. Presented guest lecture on “Approach to Bleeding Neonate”.

### Dr. B.S.Prasad – Vice Principal, Prof of Paediatrics & Director of Neonatology

- Attended Workshop/CME on ‘Role of Nutrition in Public Health conducted at

### Dr.Latha.G.S. Professor

Participated Rational Antibiotic Therapy faculty training programme held at Bangalore on 20th April 2014

## DEPARTMENT OF ANAESTHESIA

Dr. Arun Kumar Ajjappa, delivered a guest lecture on “Basic Life Support” in CME on 26/05/2014 at SSIMS&RC, Davangere

Dr. Chirag Babu P.S. delivered a lecture on “Demonstration of Cardio Pulmonary Resuscitation” in CME on 26/05/2014 at SSIMS&RC, Davangere

NCC-PvPI appreciates the following stakeholders for voluntary reporting of ADRs:

1. MSD Pharmaceuticals, Gurgaon
2. Astrazeneca, Bangalore
3. Johnson & Johnson Ltd, New Delhi
4. Torrent Pharmaceuticals Ltd, Ahmedabad
5. SS Institute of Medical Science, Davangere
6. Columbia Asia Hospital, Delhi-NCR
7. Jhalawar Medical College, Jhalawar
8. AJ Institute of Medical Science, Mangalore
9. ESIC-MC & PGIMS, Bangalore
10. GMERS Medical College, Gandhi Nagar
11. IMS Sum Hospital, Bhubneshwar
12. Krishna Institute of Medical Sciences, Karad
13. Govt. Medical College, Patiala
14. Govt. Medical College, Palakkad

**Indian Pharmacopoeia Commission**  
National Coordination Centre, Pharmacovigilance Programme of India  
Ministry of Health & Family Welfare, Govt. of India  
Sector-25, Raj Nagar, Ghaziabad-201 002  
Tel.: 0120-2783400, 2783401, 2783282, FAX: 0120-2783311

**National Co-ordination Centre, Pharmacovigilance Program of India-Indian Pharmacopoeia Commission appreciated our Institution for voluntary ADRs reporting**

## PUBLICATIONS OF SSIMS-ites

Sl. No.	Authors	Title	Volume/ Issue	Journal	Department
1	Nawaz Ayesha S Revathi S, Niranjan Paul C Mane Abhay B	Evaluation of primary immunization coverage among children and factors influencing the immunization coverage in urban area of Raichur	2014,02(02): 69-75	Unique Journal of Medical and Dental Sciences	Community Medicine
2	Dr. Srinath.S.R. Dr. Karibasappa.A.G Dr. Anil.S.Nelivigi Dr. Manjunath.J Dr.Venkataramanarao.M	High Energy Tibial Condylar Fractures Treated By Hybrid Fixator-A Clinical study	2014;2(3)	International Academic Research for Multidisciplinary	Orthopedics
3	Dr. Chetan.M.L Dr. Karibasappa.A.G Dr. Ramesh Pujar Dr. Anil.S.Nelivigi Dr. Manjunath.J	A Study on Associated Injuries with Anterior Cruciate Ligament Tear	2014;2(1):29-33	J Pub Health Med Res	Orthopedics
4	Dr. MD. Rashid Ahsan Lodhi Dr. Mallikarjun C.R	Study of Serum Zinc, Magnesium & chromium levels in type-2 diabetics	2013;2(5)	International journal of universal pharmacy & bio sciences	Biochemistry
5	Dr. Nagarajappa K Dr. Sushma B.J Dr. Shweta R. Hebbar	Study of TSH, serum creatinine & uric acid levels in patients with hypothyroidism	2014;2(2)	International Journal of Pure & Applied Bioscience	Biochemistry
6	Dr. Shweta R. Hebbar Dr. Nagarajappa K Dr. Sushma B.J Dr. Mallikarjun C.R	Study of serum calcium, magnesium & phosphorous levels in patients with thyroid disorders	2014;2(2)	An International Research Journal of Pharmacy & Plant Science	Biochemistry
7	Dr. Mohammed Omar Farooq Dr. Suneel Kumar Reddy, Dr. Raghu Prasada M S	Prescription Pattern of The Drugs Among Pregnant Inpatients In Tertiary Care Hospital	2014,8(7),971-975	Journal of Pharmacy Research	Pharmacology

## INFORMATIVE ARTICLES

### OUTBREAKS OF ACINETOBACTER SPECIES. DO WE NEED TO WORRY?

Dr. Satish S. Patil,

Associate Professor, Department of Microbiology, SSIMS&RC, Davangere.

#### Background

*Acinetobacter species* are pleomorphic aerobic gram-negative bacilli commonly isolated from the hospital environment and hospitalized patients. Commonly isolated species are *Acinetobacter baumannii* and *Acinetobacter lwoffii*. Multidrug-resistant *Acinetobacter* is not a new or emerging phenomenon. They are inherently resistant to multiple antibiotics. This organism is often

cultured from hospitalized patient's sputum or respiratory secretions, wounds, and urine. They usually cause respiratory tract infections and catheter associated urinary tract infections. Most of the infections are caused by *A. baumannii*. Most *Acinetobacter* isolates recovered from hospitalized patients, particularly those recovered from respiratory secretions and urine, represent colonization rather than infection.(1)

*All love is expansion, all selfishness is contraction. Love is therefore the only law of life. He who loves lives, he who selfish is dying*

- | Swami Vivekananda |



### Microbiological aspects

They are gram negative, nonmotile, nonfermenting coccobacilli. They are short and plump which are difficult to decolorize and hence may be identified as gram positive or gram negative cocci (hence called *Mima polymorpha*). They grow well on MacConkey agar forming pink colonies although they are non lactose fermenters. They are catalase positive and oxidase negative. A characteristic feature of *A. baumannii* which helps in differentiating it from *A. lwoffii* is its ability to ferment 10% lactose but not 1% lactose. (2)

### Pathophysiology

*Acinetobacter* species have low virulence but are capable of causing infection. *Acinetobacter* pneumonias occur in outbreaks and are usually associated with colonized respiratory-support equipment or fluids. *Acinetobacter* colonization is common in patients who are intubated and or in patients with multiple intravenous lines, surgical drains, or indwelling urinary catheters in the intensive care setting. *Acinetobacter* infections are uncommon and occur almost exclusively in hospitalized patients. Mortality and morbidity rates in patients who are very ill with multisystem disease are increased because of their underlying illness rather than the superimposed infection with *Acinetobacter*. Because colonization is the rule and infection is the exception, colonized patients have no associated physical findings.(1)

### Predisposing factors

- Prolonged hospitalization or antibiotic therapy
- Patients who are intubated and in those who have multiple intravenous lines or monitoring devices, surgical drains, or indwelling urinary catheters

### Colonizer or pathogen? (3)

- Absence of clinical, imaging, biochemical or histological signs of invasion, inflammation and tissue reaction favors colonization.
- An organism which is isolated from a lesion in a normally sterile site like the CSF, blood, pleural fluid etc., is likely to be a true invader and the causative pathogen
- Recovery of the organism from a nonsterile body site (e.g. endotracheal secretions, urine in

patients with a Foley catheter) does not indicate or imply an infectious pathogenic role.

- An organism isolated from a nonsterile specimen like sputum or a wound swab may be a colonizer. However it may be a true invader if grown in pure culture, or repeatedly, or is from a protected specimen, or has a colony count above certain specified limits.
- Clinical findings like signs of inflammation present at the site of wound infection (A healthy granulation tissue would warrant observation rather than treatment).
- Positive urine cultures in an asymptomatic patient need to be treated only in cases which require urological procedures and in pregnant women.
- In catheterized patients, urine cultures often grow organisms as the catheter is a common site for colonization. Hence, in these subsets of patients, it is necessary to differentiate colonization from infection to ascertain the need for treatment. A colony count of greater than or equal to 10<sup>2</sup> CFU/ml is defined as significant bacteriuria in a catheterized patient
- In case of community acquired pneumonia, sputum examination may provide the clue to the etiological agent if the sample is representative of the lower respiratory tract i.e has more than 25 pus cells and less than 10 epithelial cells per low power field. This assures that the organisms seen are not oral commensals. In the immunocompetent patient, organisms like *Aspergillus* and *Candida* in the sputum may represent colonizers and warrant therapy only if there is evidence of invasive disease such as imaging, histopathology or fungal antigenemia
- Correlation of gram smear from culture findings. (Presence of intracellular organisms may indicate pathogen)
- In outbreaks, *Acinetobacter* is often cultured from monitoring devices or biological fluids from multiple patients as part of an epidemiological investigation. That doesn't necessarily establish pathogenic role of these bacteria. Epidemiological typing of these isolates and outbreak isolates should be done to establish role in outbreak.

### Medication

*A baumannii* is intrinsically multidrug resistant.

Relatively few antibiotics are active against this organism. In general, first-, second-, and third-generation Cephalosporins, Macrolides, and Penicillins have little or no anti-*Acinetobacter* activity, and their use may predispose to *Acinetobacter* colonization.

Many culture isolates being colonization rather than infections, care should be exercised during treatment. While colonization should not be treated, infection must be treated. Medications to which *Acinetobacter* is usually sensitive include the following and empiric antimicrobial therapy should include one of the agents listed below.

- Meropenem
- Colistin
- Polymyxin B
- Amikacin
- Rifampin
- Minocycline
- Tigecycline

And soon after the antibiotic sensitivity results are available, the antibiotic should be changed to the antibiotic to which the isolate is sensitive and has narrowest spectrum. (1)

#### **Further Inpatient Care**

Initiate supportive care, depending on the organ system involved. Colonized or infected lines, drains, shunts, or other devices should be removed or replaced as required. A consultation with an infectious disease specialist is advised to differentiate colonization from infection and for antibiotic recommendations if infection is present. Precautions should be taken to prevent colonized

patients from colonizing other patients, particularly in the ICU.(1)

#### **Prevention**

Although *Acinetobacter* colonization rarely results in infection, colonization does precede infection. Colonization in one patient may result in infection in another patient. For these reasons, every attempt should be made to isolate patients who are colonized with *Acinetobacter* in order to prevent other patients from becoming colonized.(1)

#### **Prognosis**

The prognosis of *Acinetobacter* infection depends on the underlying health of the host and the extent of organ involvement; it is the same as for other aerobic gram-negative bacillary infections.(1)

#### **References:**

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## PHARMACOVIGILANCE CELL

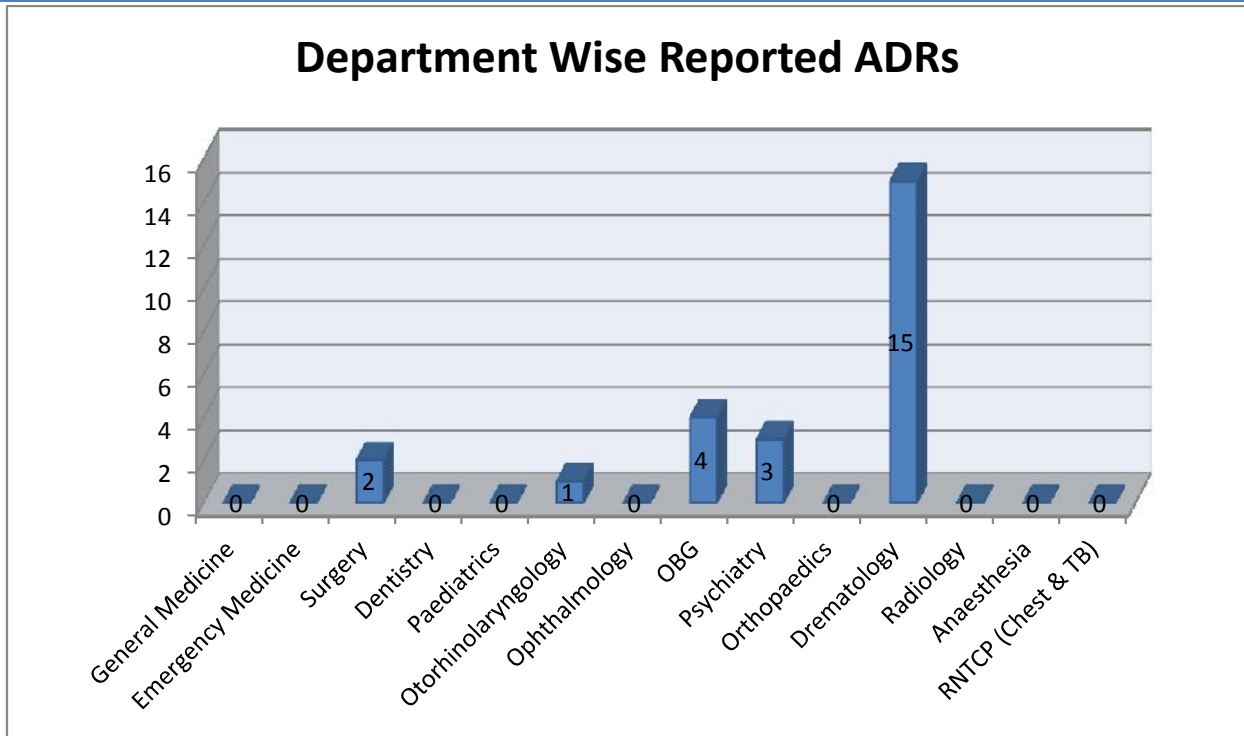
### Pharmacovigilance Quarterly Report

#### Summary of reported ADRs and reported drugs from the month of February 2014 to April 2014

This analysis is based on the reported ADRs from the month of February 2014 to April 2014.

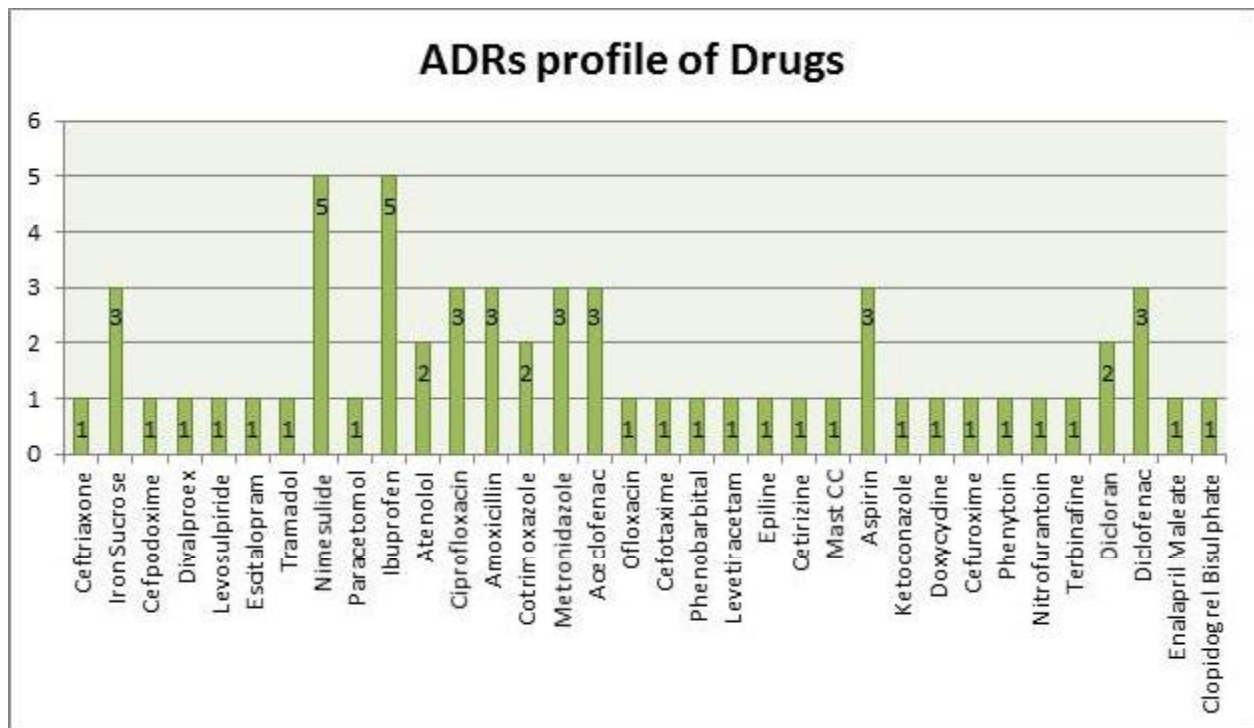
Total 25 patient's reports were collected and analysed from different departments of the Institution (Figure 1).





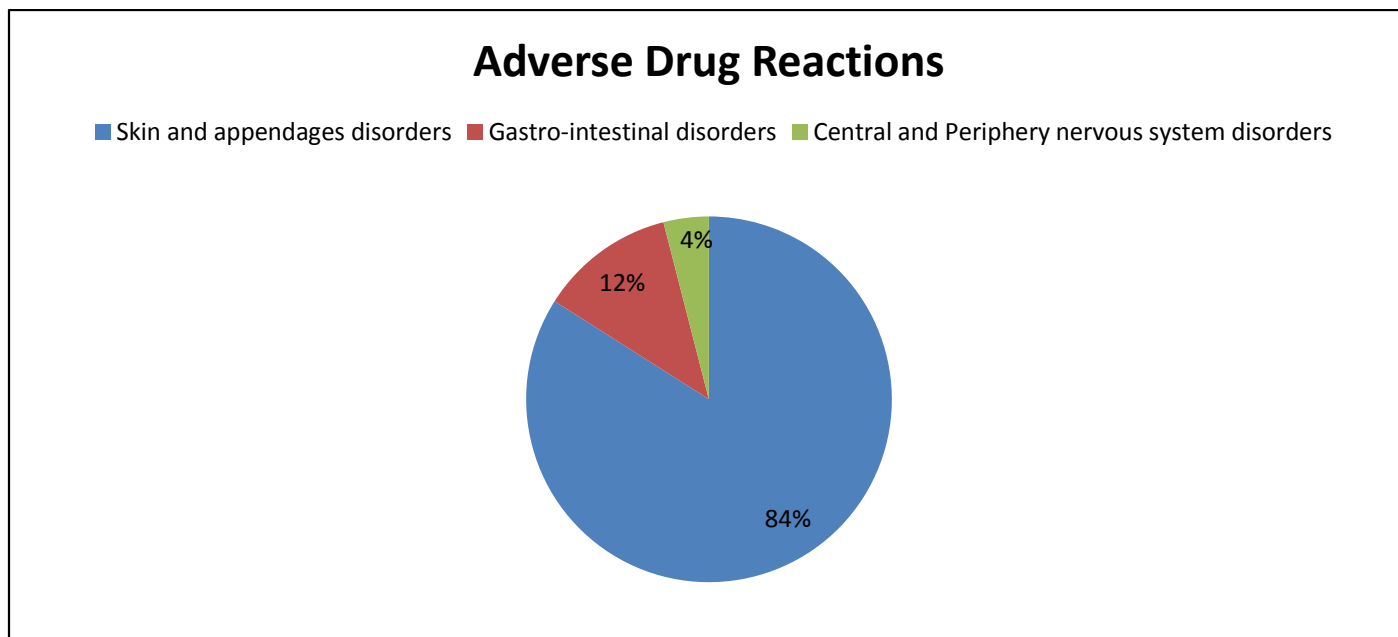
**Figure 1: Department wise reported ADRs**

The ADRs were categorized according to WHO’s System Organ Class Classification. Ceftriaxone and Diclofenac were found to be the most common drugs causing Adverse Drug Reactions followed by Azithromycin, Cefoperazone, Cefixime and Doxycycline. The profiles of drugs are given in the Figure 2.



**Figure 2: ADRs profile of reported drug**

Out of 38 drugs, most commonly observed Adverse Drug Reactions were related to skin and appendages disorders accounting for 84%, followed by gastro-intestinal disorders (12%) and central and periphery nervous system disorder (4%) shown in Figure 3 and Table 1.



**Figure 3: Categorized ADRs according to WHO’s System Organ Class Classification**

<b>Skin &amp; appendages disorders</b>	Diclofenac	Artesunate	Cefpodoxmine Proxetil
	Cremaffin	Phenytoin	Cefazolin
	Azithromycin	Neosporin	Ranitidine
	Cefotaxime	Iron Sucrose	Carbamazepine
	Metronidazole	Cefixime	Doxycycline
	Gentamycine	Paracetamol	Piperacillin
	Fentanyl Citrate	Ceftriaxone	Amikacin
	Cefoperazone+Salbactam	Cefuroxime Axetil	
<b>Gastro-intestinal system disorders</b>	Asenapine	Amitriptyline	
<b>Central &amp; Periphery nervous system disorders</b>	Risperidone		

**Table 1:** List of Adverse Drug Reactions categorized according to WHO’s System Organ Class Classification

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## CASE REPORTS

### 1. A CASE OF FOREIGN BODY GETTING LODGED IN TRACHEA DURING REMOVAL

Dr Arun kumar Ajjappa, Prof & Head, Dr Mamatha H K, Assistant Prof, Dr Giriraj Patil, Post graduate,  
Dept of Anaesthesia , SSIMS&RC, Davangere.

#### ABSTRACT

Foreign body aspiration in the adult airway is very rare. A neglected foreign body can occur when the patient is mentally challenged or is in an unconscious condition such as following trauma. The diagnosis can be difficult and may be missed even by experienced doctors because the initial choking episode is not witnessed. It is important for clinicians to maintain a high index of suspicion for the diagnosis of foreign body aspiration. Removing the aspirated foreign body under appropriate anaesthetic technique needs skilful expertise. Retrieval procedure is risky and sudden decompensation of the patient can occur especially when the foreign body gets lodged in the trachea during removal. In our case while attempting to remove the foreign body, it got lodged in trachea, making ventilation impossible. We report a case of successful anaesthetic management of a foreign body in the airway, intraoperatively causing life-threatening hypoxemia.

Keywords: Arecanut, bronchoscopy, foreign body aspiration

#### INTRODUCTION

Foreign body aspiration is a condition seen commonly in children. Foreign body aspiration in adults is common in the setting of advanced age, underlying neurological disorder, poor dentition, alcohol consumption and sedative use. It can present in a variety of ways, ranging from no or trivial symptoms to irreversible damage to the lung which may be life threatening. Aspiration of organic material such as nuts, seeds, vegetables and bones have been described in adults. A retained foreign body can result in inflammatory response and granulation tissue formation around the object. Extraction of this sort of object is complicated by the

smooth, hard, curved surface which prevents grasping of the object, especially in the confined space of the bronchus. We report a case of a foreign body aspiration which remained in the right bronchus for 15 days, successfully removed by rigid bronchoscopy.

#### CASE PRESENTATION

A 29-year-old woman presented with a fifteen day history of distressing dry cough along with a three day history of fever and right chest pain. Patient also gave history of sudden onset cough and choking on chewing betel quid 15 days back. On physical examination, she was febrile and appeared toxic. Chest examination revealed right basal dullness to percussion with reduced breath sounds on auscultation. A chest radiograph (fig.1) showed a right middle and lower lobe collapse. A virtual bronchoscopic CT thorax done, showed a foreign body in the right bronchus intermedius with surrounding oedema.

Patient was posted for rigid bronchoscopy for foreign body removal on the same day. In the operation theatre patient premedicated with injection glycopyrrolate 0.02mg/kg and fentanyl 2 microgram/kg. Preoxygenated with 100% oxygen and induced with IV propofol 2mg/kg, paralysed with IV succinylcholine 2mg/kg and anaesthesia maintained with 100% oxygen, isoflurane and intermittent apnoeic ventilation through side port of ventilating rigid bronchoscope. Due to friability of oedematous foreign body many attempts were made to remove it. As the surgeon needed longer time to remove the foreign body patient was further paralysed with injection vecuronium. While attempting to remove the foreign body, it got lodged in trachea, making ventilation impossible. Patient desaturated SpO<sub>2</sub> <50% with onset of hypoxia and

bradycardia interrupting further removal of foreign body. Surgeon was requested to push the foreign body back into the diseased bronchi. We took over the airway and positive pressure ventilation initiated. Initially there was resistance to ventilation, later the ventilation was smooth and oxygen saturation returned to baseline.

Bronchoscope reinserted and repeat foreign body removal attempted. The big chunk of foreign body (fig.2) was successfully taken out. Bronchoscope was brought out after confirming that there were no remnants of foreign body in the airway. Further patient was intubated and ventilated electively. Injection hydrocortisone 1mg/kg and salbutamol nebulisation given. Patient was reversed with spontaneous ventilation efforts. Patient extubated after confirming adequate breathing efforts and adequate conscious level.

### DISCUSSION

Although foreign bodies which are present in the tracheobronchial tree are rare in adults, clinicians must be aware of their likelihood. In our case diagnosis was missed previously, and was treated with antibiotics based on clinical and radiological suspicion. Our case highlights the potential diagnostic challenge posed by this condition, and illustrates the importance of obtaining a good history and maintaining a high index of clinical suspicion to arrive at the correct diagnosis. Coughing, wheezing, dyspnea and noisy breathing are the common presentations. Failure of early interventions can also lead to complications such as hypoxia, stenosis, and infection.

Tracheobronchial obstruction by a foreign body was first described as a cause of wheezing by Struthers in 1852. In adults, the most commonly aspirated material are food particles. Significant neurological impairment, alcohol and drug intoxication and poor

dentition are identified risk factors for such events in adults. However, as seen in this case, foreign body aspiration can occur, even in the absence of identifiable risk factors.

Foreign bodies that are able to pass through the vocal cords often lodge at the carina and right main stem bronchus. Knowing the location, type, degree of airway obstruction is very important because it will influence the approach for removal and for anaesthetic technique. A long-standing foreign body can move into bronchus by migration and endobronchial erosion from the lung parenchyma. In current practice, flexible bronchoscopy becomes the first choice for initial evaluation of bronchial foreign body and this allows successful removal in majority of cases. However, rigid bronchoscopy is still considered a reasonable option for removal of bronchial foreign body, especially in children.

During bronchoscopy under general anaesthesia with apnoeic ventilation the foreign body was removed in piece meal because organic foreign bodies absorb water and increase in size and tend to be slippery, thus making their retrieval difficult. Attempt was made to remove a big part of foreign body, which lodged in the trachea. The diseased lung was already compromised due to inflammatory reaction of bronchial mucosa to foreign body. Due to obstruction of the trachea ventilation became impossible.

### CONCLUSION

A retained foreign body can result in inflammatory response and granulation tissue formation around the object which make the foreign body removal difficult and needs anaesthetist and surgeon vigilance during its removal. As in our case foreign body got lodged in trachea producing obstruction of both lung and making the clinical situation worse



Fig.1. Chest X-ray showing right middle and lower lobe collapse



Fig.3: Photograph shows the big chunk betel nut foreign body

## 2. GIANT CONGENITAL MELANOCYTIC NEVI - A REPORT OF TWO CASES

Dr. Jagannath Kumar V, Prof & Head, Dr. Harshavardhana K.N, 2nd year Postgraduate student

### INTRODUCTION:

Congenital Melanocytic Nevi (CMN) are found in about 1% of new born infants. Giant CMN are rare, with an incidence of 0.005% (1 in 20000). For practical purposes, CMN are classified based on their sizes as Small- <1.5cm, Medium sized- 1.5 to 19.5cm & Large (Giant)- >20cm (in adults; 9cm on head & neck & 6cm on the trunk in children). All CMN have got malignant potential, but its incidence varies with the size, No. & position/distribution of nevi.

**CASE 1:** A 8 months old female child came with H/O hyperpigmented black coloured patch with hair growing over it, extending from lower 1/4th of arm to the wrist of left upper limb measuring around 25cm & it is present since birth with its size increasing proportionate to the growth of that part. On examination, the patch has a verrucous surface with increased skin markings. There are multiple (around 20) similar hyperpigmented patches of varying sizes noted over the scalp, posterior aspect of lower trunk, gluteal region, thighs & legs.



**CASE 2:** A 15years old female patient came with H/O hyperpigmented patch with hair growing over it on right half of face since birth. On examination, there is a solitary well defined black coloured patch which has a verrucous velvety surface with trimmed hairs, extending from right zygomatic region to right side of chin involving the cheek, nasolabial fold, upper & lower lips. It measures about 12.5cm in its longest dimensions. There are no satellite lesions or abnormalities in the patient.

### CONCLUSION:

Giant CMNs associated with satellite lesions, posterior axial distribution & those distributed over head & neck, are having more chances for Neurocutaneous Melanocytosis (NMC) & Primary melanomas. So all cases of giant CMNs should be thoroughly investigated & monitored periodically. These cases have been reported for their rarity in occurrence



## STUDENT UNION 2014

### INAUGURATION

Student union inauguration was held on 24/04/2014 evening with Dr. S Parashivamurthy as our chief guest. The chief guest's talk mainly focussed on medical education system in India. He emphasised that doctor's apart from medical education, requires the knowledge in various other fields so as to improvise the system in India. He regretted about the malnutrition status in the country and advised all the doctors to work further for the betterment of the malnourished.

Student union president and our Principal, Dr P Nagaraj, student union 2014 chairman, Dr Narendra S S, vice principals Dr Arunkumar A, Dr B S Prasad, Dr A M Shivkumar were present at the event.

### OCTAFEUD

Organised by the Student Union 2014 in the month of April, Octafeud was an amazing experience. It was a joint venture of literary, sports, information & technical committees.

Day 1 was prelims where in a written test, few fun tasks and sports event were conducted. Teams also had to click funny photographs of the opponents which added to the fun. Three finalist teams were filtered and one lucky team made its entry through wild card after video making round.

Day 2 saw all the teams in full-fledged furry battle in fun sports.

The event culminated with fun quiz, the grand finale. It was truly the battle of winds. After thorough assessment and culmination of scores of all 3 days, 2 best teams were chosen who were rewarded with exciting prizes. This added to everybody's delight.

With all this, the whole event concluded with a movie show and hostel visits the next day with exciting prizes for the best rooms too.

On the whole, Octafeud was a remarkable memory for all the participants, organisers and viewers.

Cheers to Student Union 2014!!

### BLOOD DONATION CAMP

On account of the birthday of our beloved DR. Shamanur Shivshankrappaji, Honourable Minister of Agricultural Marketing and Horticulture, Government of Karnataka and Honorary Secretary, BEA, Davangere: A blood donation camp was conducted in our S S hospital on 16/06/2014. Many

students, teaching and non-teaching staff volunteered to make the event a successful one. DR. Shamanur Shivashankrappaji, Ex minister B C Patil, Principal Dr. P Nagaraj, Vice Principal Dr. Shashikala Krishnamurthy, Student Union Chairman Dr. Narendra S.S were present in the event.

## ಕನ್ನಡ ವಿಭಾಗ

### ನೂತನ ಕನ್ನಡ ಬಳಗ ಉದ್ಘಾಟನೆ ಮತ್ತು ಬಸವ ಜಯಂತಿ ಆಚರಣೆ

ನೂತನ ಕನ್ನಡ ಬಳಗ ಉದ್ಘಾಟನೆ ಮತ್ತು ಬಸವ ಜಯಂತಿ ಆಚರಣೆ ಕಾರ್ಯಕ್ರಮವನ್ನು ದಿ: 14-06-14 ರಂದು ಕನ್ನಡ ಬಳಗದ ವತಿಯಿಂದ ಮಹಾವಿದ್ಯಾಲಯದ ಸಭಾಂಗಣದಲ್ಲಿ ಆಯೋಜಿಸಲಾಗಿತ್ತು. ಮುಖ್ಯ ಅತಿಥಿಗಳಾಗಿ ಆಗಮಿಸಿದಂತಹ ಭಾ.ಮಾ.ಬಸವರಾಜ ಮತ್ತು ಡಾ. ಆನಂದ ಋಗ್ವೇದಿಯವರು ದೀಪ ಬೆಳಗಿಸುವುದರ ಮೂಲಕ ಮತ್ತು ಬಸವಣ್ಣನವರ ಭಾವಚಿತ್ರಕ್ಕೆ ಪುಷ್ಪನಮನ ಸಲ್ಲಿಸುವುದರ ಮೂಲಕ ಕಾರ್ಯಕ್ರಮವನ್ನು ಉದ್ಘಾಟಿಸಿದರು. ಶ್ರೀಗೌರಿ ಮತ್ತು ತಂಡದವರು ಪ್ರಾರ್ಥನಾ ಗೀತೆ ಹಾಡುವುದರೊಂದಿಗೆ ಕಾರ್ಯಕ್ರಮ ಆರಂಭಗೊಂಡಿತು. ಪ್ರಹ್ಲಾದ್ ಭಟ್ ಮತ್ತು ತಂಡದವರು ನಾಡಗೀತೆಯೊಂದಿಗೆ ಕನ್ನಡ ಮಾತೆಗೆ ನಮನ ಸಲ್ಲಿಸಿದರು.

ಕನ್ನಡ ಬಳಗದ ವಿದ್ಯಾರ್ಥಿ ಕಾರ್ಯದರ್ಶಿಗಳಾದ ವಿಶ್ವನಾಥ್ ಪಾಟೀಲ್ ಮತ್ತು ದೀಪಾ ಎಸ್ ಅತಿಥಿಗಳಿಗೆ, ಗುರುಹಿರಿಯರಿಗೆ, ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಸ್ವಾಗತ ಕೋರಿದರು. ವಿದ್ಯಾರ್ಥಿಗಳಾದ ಸಂತೋಷ್ ಕೆ ಬಿ ಮತ್ತು ಪ್ರತಿಭಾ ಸಭಿಕರಿಗೆ ಅತಿಥಿಗಳ ಪರಿಚಯ ಮಾಡಿಕೊಟ್ಟರು.

ಮುಖ್ಯ ಅತಿಥಿಗಳ ಭಾಷಣ ಮಾಡಿದ ಭಾ.ಮಾ.ಬಸವರಾಜ ಅವರು ಕನ್ನಡ ಭಾಷೆಯ ಶ್ರೇಷ್ಠತೆ, ಅನನ್ಯತೆ ಕುರಿತು ತಿಳಿಸಿದರು ಮತ್ತು ಜಯಂತಿಗಳ ಆಚರಣೆ ಅರ್ಥ ಕಳೆದುಕೊಳ್ಳಬಾರದು ಎಂದು ಕಳಕಳಿ ವ್ಯಕ್ತಪಡಿಸಿದರು. ಇನ್ನೊಬ್ಬ ಅತಿಥಿಗಳಾದ ಡಾ. ಆನಂದ ಋಗ್ವೇದಿ

ಅವರು ಮಾತನಾಡಿ ಆಧುನಿಕ ತಂತ್ರಜ್ಞಾನಗಳಲ್ಲಿ ಕನ್ನಡ ಅಳವಡಿಕೆಯ ಅಗತ್ಯತೆ ಕುರಿತು ತಿಳಿಸಿದರು ಮತ್ತು ಕನ್ನಡ ಶಾಲೆಗಳ ಗುಣಮಟ್ಟ ಸುಧಾರಿಸಬೇಕೆಂದು ಆಗ್ರಹಿಸಿದರು.

ವಿದ್ಯಾರ್ಥಿ ಪ್ರತಿನಿಧಿಯಾಗಿ ಮಾತನಾಡಿದ ಅನಿಲ್ ಚಟ್ಟಿ ಅವರು ಶರಣರ ತತ್ವಗಳ ಪ್ರಸ್ತುತತೆ ಮತ್ತು ವಚನ ಸಾಹಿತ್ಯದ ಶ್ರೇಷ್ಠತೆ ಕುರಿತು ಸಭಿಕರಿಗೆ ಮನವರಿಕೆ ಮಾಡಿಕೊಟ್ಟರು. ಪ್ರಾಸ್ತಾವಿಕ ನುಡಿಗಳನ್ನಾಡಿದ ಡಾ. ಭೀಮಯ್ಯ ಅವರು ಕನ್ನಡ ಬಳಗದ ವತಿಯಿಂದ ಒಳ್ಳೆಯ ಕಾರ್ಯಕ್ರಮಗಳು ಮೂಡಿಬರಲಿ ಎಂದು ಆಶಿಸಿದರು. ವಂದನಾರ್ಪಣೆ ನಡೆಸಿಕೊಟ್ಟ ಡಾ. ಚೇತನ್ ಅವರು ಕಾರ್ಯಕ್ರಮದ ಯಶಸ್ಸಿಗೆ ಕಾರಣರಾದ ಎಲ್ಲರಿಗೂ ಧನ್ಯವಾದಗಳನ್ನು ಹೇಳಿದರು. ಸುಶಾನ್ ಮತ್ತು ತಂಡದವರು ಸಂಗೀತ ಕಾರ್ಯಕ್ರಮ ನಡೆಸಿಕೊಟ್ಟರು. ನಂತರ ನಡೆದ ನಾಲ್ಕು ತಂಡಗಳನ್ನೊಳಗೊಂಡ ಕನ್ನಡ ಚಿತ್ರಗೀತೆಗಳ ಅಂತ್ಯಾಕ್ಷರಿ ಸ್ಪರ್ಧೆ ಪ್ರೇಕ್ಷಕರನ್ನು ರಂಜಿಸಿತು. ನಂತರ ಜರುಗಿದ ಉಡುಪು ಪ್ರದರ್ಶನ ಸ್ಪರ್ಧೆ ಪ್ರೇಕ್ಷಕರ ಕಣ್ಮನ ಸೆಳೆಯುವಲ್ಲಿ ಯಶಸ್ವಿಯಾಯಿತು. ಇದೇ ಸಂದರ್ಭದಲ್ಲಿ ವಿವಿಧ ಸ್ಪರ್ಧೆಗಳ ವಿಜೇತರಿಗೆ ಬಹುಮಾನ ವಿತರಿಸಲಾಯಿತು. ಕಾರ್ಯಕ್ರಮದ ಕೊನೆಯಲ್ಲಿ ಮಾತನಾಡಿದ ಡಾ. ಎ.ಎಂ. ಶಿವಕುಮಾರ್ ಅವರು ಕಾರ್ಯಕ್ರಮದ ಅಭೂತಪೂರ್ವ ಯಶಸ್ಸಿಗೆ ಹರ್ಷ ವ್ಯಕ್ತಪಡಿಸಿದರು. ನವ್ಯ .ಸಿ ಮತ್ತು ನಂದೀಶ್ ಕಾರ್ಯಕ್ರಮ ನಿರೂಪಿಸಿದರು.

### ಕವನಗಳು

#### ಮುತ್ತಿನ ಮಳೆಹನಿ

ಹನಿಯೊಂದು ಸೋಕಿತು ಭೂಮಿಗೆ  
ಮುತ್ತಿನ ಮಳೆ ಹನಿಯೊಂದು ಸೋಕಿತು ಭೂಮಿಗೆ  
ಸಂತಸದ ಹರುಷ ಹೊಮ್ಮಿತು ರೈತನಿಗೆ  
ಸಂತಸದ ಹರುಷ ಉಕ್ಕಿ ಉಕ್ಕಿ ಹರಿಯಿತು ರೈತನಿಗೆ  
ಕೆರೆ ನದಿ ಹಳ್ಳಗಳು ತುಂಬಿದವು ಮೆಲ್ಲ ಮೆಲ್ಲಗೆ  
ಬಾ ಬಾರೋ!!! ಮಳೆರಾಯ

ನೀ ನೀಡು ಭೂಮಿಗೆ ತಂಪನು  
ಹೊದಿಸು ಹಸಿರು ಹಾಸಿಗೆಯನ್ನು  
ನೀಡೆಮಗೆ ಸುಖ ಸಮೃದ್ಧಿಯನು  
ಹನಿಯೊಂದು ಸೋಕಿತು ಭೂಮಿಗೆ  
ಮುಗಿಲಲ್ಲಿರುವ ಮೋಡವೆ ತೋರಿಸು ಕರುಣೆಯನ್ನು

ಮುಗಿಲಲ್ಲಿರುವ ಮೋಡವೆ ತೋರಿಸು ಕರುಣೆಯನ್ನು  
ಸುರಿಸು ಮುತ್ತಿನ ಮಳೆ ಹನಿಯೊಂದನು  
ನೀ ಮುತ್ತಿನ ಮಳೆ ಹನಿಯೊಂದನು  
ಇದರಿಂದ ರೈತ ಬೆಳೆಯಲಿ ಹೊನ್ನಿನ ಬೆಳೆಯೊಂದನ್ನು

ನೀ ಗದರಿ ನಿಂತಾಗ ಸಿಡಿಸು ಸಿಡಿಲೊಂದನು  
ಕೋಲ್ಮಿಂಚೊಂದನು  
ಆದರೆ ನೀ ಸುರಿಸು ಮುತ್ತಿನ ಮಳೆ ಹನಿಯೊಂದನು  
ತೋರಿಸು ಕರುಣೆಯನ್ನು ಎಮಗಿಂದನ್ನು ....

ರಚನೆ : ಡಾ. ದೀಪಾ ಪಾಟೀಲ್

ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ವಿದ್ಯಾರ್ಥಿನಿ, ಔಷಧಶಾಸ್ತ್ರ ವಿಭಾಗ

**ಡಾ|| ಎಸ್. ಶಿವಶಂಕರಪ್ಪನವರ ಜನ್ಮದಿನದಂದು, ಅವರ  
ಕುರಿತಾಗಿ ರಚಿಸಿದ ಕವಿತೆ - ಜನನಾಯಕ**

ನಾಯಕರು ಜನನಾಯಕರು,  
ನಮ್ಮ ಶಿವಶಂಕರರು,  
ಕನ್ನಡನಾಡಿನ ಹೆಮ್ಮೆಯ ಕುವರರು,  
ದಾವಣಗೆರೆಯ ಪುಟ್ಟಹಳ್ಳಿಯಲ್ಲಿ ಜನಿಸಿ,  
ಜನರ ವಿಶ್ವಾಸ ಗಳಿಸಿ,  
ಕಲ್ಲು ಮುಳ್ಳಿನ ಹಾದಿಯ ಮೆಟ್ಟಿ ನಿಂತವರು  
ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಪ್ರತಿನಿಧಿಸಿ ಜಯಿಸಿದವರು,  
ಹಗಲಿರುಳು ಜನರ ಸೇವೆಗೆ ಸಿದ್ಧರಾಗಿಹರು,  
ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಯ ತೆರೆದಿಹರು,  
ನಾಡ ಸೌಖ್ಯಕ್ಕೆ ತಮ್ಮ ಜೀವನವ ಅರ್ಪಿಸುತ್ತಿಹರಿವರು,  
ನಮ್ಮ ಕಾಲೇಜಿನ ಸಾರದಿಯಿವರು,  
ಧನ್ಯವಾದವ ತಿಳಿಸುವ ನಾವು  
ನಮ್ಮ ಪ್ರೀತಿಯ ಸಾರದಿಗೆ  
ನಮ್ಮ ನಾಯಕರು ಜನಸೇವಕರು  
ಹರುಷದಿ ನಾವು ಹಾರೈಸುವೆವು  
ನಮ್ಮ ನೆಚ್ಚಿನ ಪ್ರೀತಿಯ ಶಂಕರರಿಗೆ  
ನೂರಾರು ಕಾಲ ಜನರಲಿ ಬೆರೆತು  
ಇರಲಿ ಸಂತಸದ ಜೀವನವೆಂದು  
ವಿಶ್ವದೆಲ್ಲೆಡೆ ಹರಡಲಿ ನಿಮ್ಮ ಖ್ಯಾತಿ  
ನೆಮ್ಮದಿಯಿಂದ ಬಳಗದೊಂದಿಗೆ ಬೆಳಗಲಿ  
ಆ ನಿಮ್ಮ ಜೀವಜ್ಯೋತಿ.

ರಚನೆ : ಬಿ.ಸಿ. ವಿದ್ಯಾ  
ಎರಡನೇ ವರ್ಷದ ವೈದ್ಯ ವಿಧ್ಯಾರ್ಥಿನಿ.

**ಈ ನಮ್ಮ ವಿದ್ಯಾಮಂದಿರ**

ಅರೆ ಮಲೆನಾಡಿನ ಮೇರಿನ ಮೇಲೆ  
ಹಚ್ಚ ಹಸಿರಿನ ವನಸಿರಿ ನಡುವೆ  
ಜ್ಞಾನಗಂಧವು ತೀಡಿ ಬರುತ್ತಿದೆ  
ಸಹಸ್ರ ಪುಷ್ಪದ ಬನದಲಿ.

ಶಿಕ್ಷಣ ತವರೂರಿದು, ಸರಸ್ವತಿಯ ನೆಲೆವೀಡು  
ಜ್ಞಾನಶಂಕರರ ತವರೂರಿದು  
ರವಿಯ ಕಡೆಗೆ ತಲೆ ಎತ್ತಿರುವುದು  
ಶಿಕ್ಷಣವೇ ಶಕ್ತಿ ಎನುತಿರುವುದು.

ಸುಂದರ ಮೆರುಗು ಭವ್ಯ ಪರಂಪರೆ  
ನಿರಂತರ ಸ್ನೇಹ ಪ್ರೀತಿ ವಾತ್ಸಲ್ಯ -  
ಬಾಂಧವ್ಯಕ್ಕೆ ಮಿನುಗುತ್ತಿರುವ  
ಸೌಂದರ್ಯ ಪ್ರೀತಿಯು ತೆನೆಯೊಡೆಯುತ್ತಿದೆ.

ವಿವಿಧ ಪಂಥ ಮತಗಳ ಜನರಲ್ಲಿ  
ಹರಿದಿದೆ ಏಕತೆ ಭ್ರಾತೃತ್ವದ ಝರಿಯು  
ಅಜ್ಞಾನ ತೊರೆದು ಸುಜ್ಞಾನ ನೆಟ್ಟು ಬೆಳೆಯುತ್ತಿದೆ  
ಈ ವಿದ್ಯಾಮಂದಿರವು ನಮ್ಮ ಮಂದಿರವು.

ಬೆಳಕಿನ ಭೃಂಗವು ನುಡಿಸುವ ಮೃದಂಗ  
ನೆಲ ಜಲದ ಕಂಪು ತಂಪು  
ಹೊರುವ ಹುಮ್ಮಸ್ಸು ಹೊಮ್ಮಲಿ  
ಚೈತನ್ಯದ ಚಿಲುಮೆ ಚಿಮ್ಮಲಿ...

ಪ್ರೀತಿ ಪ್ರೇಮದ ಹೂಗಳು (ವಿದ್ಯಾರ್ಥಿಗಳು)  
ಕಲೆಯ ರಸಗಂಗೆಯಲಿ ಮಿಂದು ಸೌಂದರ್ಯದಲಿ  
ವಜ್ರವಾಗಿ ಹೊಳೆಯುತ್ತಿವೆ  
ಸುಗಂಧ ಸವಿಯುವ ಸಮಯದಲಿ...

ವಿದ್ಯಾಪ್ರೇಮಿಗಳು ಭಕ್ತಿಯನ್ನು ತೋರುವರು  
ವಿದ್ಯಾದಾನಿಗಳು ತತ್ವವನ್ನು ಹೇಳುವರು  
ಸಾಧನೆಗೆ ಕುಣಿಯುತ್ತಿರುವುದು ನೋಡು...  
ಈ ನಮ್ಮ ವೈದ್ಯಕೀಯ ವಿದ್ಯಾಮಂದಿರವು.

ರಚನೆ : ರೇಣುಕಾ ಪ್ರಸಾದ್. ಕ. ಮ.  
ಹಿರಿಯ ತಂತ್ರಜ್ಞರು  
ಔಷಧಶಾಸ್ತ್ರ ವಿಭಾಗ (ಪ್ರಾಣಿ ಸಂಗ್ರಹಾಲಯ)

**ಹನಿಗವನ**

ಸ್ವಚ್ಛ ಮುಂಜಾನೆ  
ಬಂಗಾರ ಹೊದ್ದ ಬೆಳ್ಳಿ ಮೋಡ  
ಚಂದ ಚಿತ್ತಾರ ಬರೆದಿದ್ದವು ಬಾನಲ್ಲಿ  
ನೆನಪಾಗಬೇಕೆ ನನ್ನ ಮನದ ಬಾನಂಗಳದಿ  
ಕೋಟಿ ಚಿತ್ತಾರ ಬರೆದ ಕಲಾವಿದ....

ರಚನೆ : ಡಾ. ಶ್ವೇತಾ ಇ. ಎಸ್.  
ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ವಿದ್ಯಾರ್ಥಿನಿ  
ಔಷಧಶಾಸ್ತ್ರ ವಿಭಾಗ



## ಕತ್ತಲು-ಬೆಳಕು

ಮನದಿ ಏನೋ ತಳಮಳ  
ಮುಸ್ಸಂಜೆಯಲಿ ದಿಗಂತದಿ ನಾ ನೆಟ್ಟಿರಲು ನೋಟ...  
ಕಂಡೆ ನಾ ಕತ್ತಲು ಬೆಳಕಿನ ಬಲು ಅಪರೂಪದ ಒಡನಾಟ..

ಕಪ್ಪಿಟ್ಟು ಕಾರ್ಮೋಡ ಒಡನಾಡಿಯಾಗಿ ಮುಸ್ಸಂಜೆಯ ತಿಳಿಬೆಳಕು..

ನೀನಿದ್ದೆಡೆ ನಾನಿರೆ ಎಂಬಂತಿದ್ದ ಕಗ್ಗತ್ತಲು  
ಆದರಿಲ್ಲಿ!! ನಾ ಸುಂದರ ನೀನಿದ್ದರೆ ಎನುವಂತಿದೆ  
ಕತ್ತಲ ನಡುವೆ ಹೊಂಬೆಳಕ ಪ್ರತಿಫಲನ.

ಇದೆಂಥಾ ವಿಪರ್ಯಾಸ!!

ವೈಮನಸ್ಯಗಳ ನಡುವೆ ಸಾಮರಸ್ಯ ಎಂದರೆ ಇದೇನಾ!!  
ಕಲ್ಪನಾ ಲೋಕದಿ ವಿಹರಿಸಿದ ನಾ ತಿಳಿಯದಾದೆ ಕೊನೆಗೂ  
ಇದು ಸರಸವೇ?.. ವಿರಸವೇ?...

ಮನದ ದುಗುಡ ದುಮ್ಮಾನ ಬಲ್ಲವರಾರು.....

ಡಾ. ಶ್ವೇತಾ ಇ. ಎಸ್.

ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ವಿದ್ಯಾರ್ಥಿನಿ

ಔಷಧಶಾಸ್ತ್ರ ವಿಭಾಗ

## DRAWING

*In the Journey of life, whomever we come across, whatever  
the thoughts, ultimately it must lead towards truth*



By,

**Pradeep AN**, Asst. Professor, Dept. of Pharmacology

*Caution is the eldest child of wisdom*

- | Victor Hugo |

### Hearty Congratulations for the Promoted staff

<u>Sl. No.</u>	<u>NAME</u>	<u>DESIGNATION</u>	<u>DEPARTMENT</u>	<u>DATE</u>
01	Dr. Latha G S	Associate Professor to Professor	Pediatrics	01-02-2014
02	Dr. Karibasappa A G	Associate Professor to Professor	Orthopedics	01-04-2014
03	Dr. Zameer ulla	Associate Professor to Professor	General Surgery	03-03-2014
04	Dr. Mohammed Haseen Basha	Assistant Prof. to Associate Prof.	Pediatrics	07-12-2013
05	Dr. Sathish S. Patil	Assistant Prof. to Associate Prof.	Microbiology	01-01-2014
06	Dr. Dheeraj R. Patil	Assistant Prof. to Associate Prof.	Anesthesia	21-01-2014
07	Dr. Jyoti Karegoudar	Associate Professor to Professor	General Surgery	01-06-2014
08	Dr. Chethan M L	Assistant Prof. to Associate Prof.	Orthopedics	14-06-2014

### Hearty welcome to newly Joined staff

<u>Sl. No.</u>	<u>NAME</u>	<u>DESIGNATION</u>	<u>DEPARTMENT</u>	<u>DATE</u>
01	Dr. Rajani S	Associate Professor	Biochemistry	01-05-2014
02	Dr. Sachin	Assistant Professor	General Medicine	23-06-2014
03	Dr. Nagaraj Mallashetty	Assistant Professor	Anatomy	13-05-2014
04	Dr. Kiran Kumar C K	Senior Resident	General Surgery	11-06-2014
05	Dr. Veeresh Itagi Kotrappa	Assistant Professor	Anatomy	26-05-2014
06	Dr. Priyadarshini S. Raykar	Senior Resident	Pulmonary Medicine	22-05-2014
07	Dr. Lingaswamy S M	Professor	Radiation Oncology	16-06-2014

### Thank you and best wishes to relieved employees.

<u>Sl. No.</u>	<u>NAME</u>	<u>DESIGNATION</u>	<u>DEPARTMENT</u>	<u>DATE</u>
01	Dr. Chandrashekar Karpoor	Professor	Physiology	03-05-2014
02	Dr. Ravikiran K R	Assistant Professor	Physiology	03-05-2014
03	Dr. Swapnali	Associate Professor	Biochemistry	06-05-2014
04	Dr. Shobha	Assistant Professor	Anatomy	06-05-2014
05	Dr. Rajkumar K R	Associate Professor	Anatomy	12-05-2014
06	Dr. Srinivas R	Professor	Radiotherapy	09-06-2014





**Obstetrics & Gynecology CME**



**Orthopaedic CME**



**Community Medicine CME**



**Dermatology CME**

**Octafued 2014**



**Blood Donation Camp at Hirekerur and Kottur**





*Nurses Day*



*Nurses Workshop*



*Kannada Balaga*



*Student Union Inauguration-2014*