GMC NEWS LETTER

Volume 1 Issue 1

Jan - Feb, 2023

TOPICS INSIDE

Message from the Principal

DR C.PADMAVATHI DEVI., MD

It is my privilege to write to the First edition of News letter of Guntur Medical College, Guntur to be released on the occasion of Platinum Jubilee Celebrations of Guntur Medical College, Guntur I along with both Vice Principals, Department of Community Medicine and UG students in the news letter committee tried hard to bring a news letter.

As this is a free Online News letter anybody can access the content without any cost. Guntur Medical College & Govt. General Hospital, Guntur is doing excellent work with Lot of interesting clinical material. However, unless the knowledge is shared there will not be improvement and excellence in any filed and especially medical field. Publishing an article takes a long process but a column news letter can be done easily.

Upcoming events; like conferences, CME Programmes, Examinations other Celebrations can also be conveyed, under Graduate students can also show their interest by contributing topics of their choice.

Once again I congratulate the editor in Chief Dr.P.Radha Kumari, Associate Editor, Dr.A.Hani Rajesh, UG Editorial Board Mr.N.Sandesh and Department of Community Medicine. I wish the News letter a great success in years to come. I wish the news letter becomes a regular Journal.

Key Dates

4th Feb – World Cancer Day
6th Feb – International Day of zero tolerance for Female genital mutilation
10th Feb – National Deworming Day
14th Feb – International Epilepsy Day
28th Feb- National Science Day
28th Feb – Rare Disease Day
8th Mar – International women's day
24th Mar – World TB Day

Editorial

Dr.Radha Kumari.P.,MD
Professor
Dept of Community Medicine

Do not wait; the time will never be "just right." Start where you stand, and work with whatever tools you may have at your command, and better tools will be found as you go along." ~ Napoleon Hill

What did Neil Armstrong say when he had laid his first step on the moon?

It was echoed in the ears of millions on earth who had listened to his speech on radio or Television- "That's one small step for man, one giant leap for mankind".

There will always be this "First step" for any initiative.

This is that "First step" in bringing out the notable changes and achievements in the circumferential environment of Guntur Medical College and Hospital, "The News Letter".

It provides the important updates, happenings in the immediate surroundings of this institution and motivates the faculty and the students to aim high and achieve more.

Best performance should always be rewarded by best appreciation. This newsletter stands as a witness by making such great talents hidden inside oneself overt and in that process, it also makes the glory of the institution to shine brightly.

The excellence of the faculty and the students will be preserved in this digital format bimonthly that highlights the institutional events, activities, academic progress and achievements in addition to the personal talents.

The creative expressions of all the members are invited and encouraged for making this initiative a grand success.

I, as the Chief Editor of this Newsletter, take this opportunity to call out- "Come, let's join our hands and let the NEWS spread across!"

Thank you.

The GMC 75 years Pylon unveiled by Hon'ble Chief Minister of Andhra Pradesh, Sri Y.S.Jagan Mohan Reddy on 11th Nov 2022 commemorates the continuing legacy of Guntur Medical College and also marks the platinum jubilee year.

Message from the Vice Principals (Academic & Admin)

Greetings to all!!

As the saying goes **"Action speaks louder than words"** and **"A picture is a worth thousand words"**.

With action,pictures and words combined,our first Newsletter edition is a perfect blend to showcase our accomplishments. I congratulate the Newsletter team for letting out the 1st edition with full colours and enriched knowledge in this era of Continuing Medical Education.

I hope we enjoy this academic feast which is a first of its kind at our institution and thank for their contributions

My warm regards.

Dr.K.Chandrakala
Vice-Principal (academic)
Professor of Pharmacology,GMC

Good things remain good only because they're always scarce. I am glad to pen for this wonderful Newsletter as an appreciation of the commendable efforts put forth by the team for its grand inauguration. Under the able guidance of our beloved principal, this first newsletter will be successful beginning of the scientific journey of students and faculty of Guntur Medical College.

Wish you the best!!

-Dr. N. Umajyothi
Professor& HOD of Psychiatry
Vice-principal(admn)
Guntur Medical College

From the Associate Editors

Dr. A. Hani Rajesh.,M.D,
Assistant Prof,
Department of Community Medicine,
GMC Guntur,
Associate Editor.

Dr.K. Vishnu Nandan.,M.D,
Assistant Prof,
Department of Community Medicine,
GMC Guntur,
Associate Editor.

This news letter would be impossible without the initiation and motivation of our beloved principal ma'am Dr.C.Padmavathi Devi . I am ever grateful for her for choosing me as one of the associate editor to execute this responsible Job. We were enthralled by the response for the newsletter which reaffirms the notion of fraternity and the desire to elevate our institution to be the best. This is evident from the articles one can go through in this edition. This opportunity also showcased the creative and artistic facets of our faculty, PGs and UGs. The greatness of a community lies in its inherent attitude to feel connected and to welcome new people and instill the passion and a sense of belonging. I hope this newsletter is a small step towards this goal. As with all new beginnings, there may be some mistakes along the way which will be corrected by the positive criticism and feedback received from the readers. We hope to give our best in the coming editions and look forward for your active contribution. Thank You!

"In order to carry a positive action, we must develop here a positive vision"- Dalai Lama. Guntur Medical College, since its inception, is well known for its conducive learning environment, a team of dedicated faculty members, positive teacher-student relationship and effective self disciplined student sector. Having all the qualities on various fronts, to compete with the premier medical institutions countrywide, it was always surprising to know that GMC, Guntur did not have its own newsletter all these years. Newsletters improve the awareness and interactions among the students, faculty and staff members of an institution about the various activities and changes happening around. Keeping it in view, it is our Principal, Dr Padmavathi devi Madam, who developed a positive vision to start a newsletter for GMC,Guntur that in due course of time, materialized and turned into positive action, with the collective and concrete efforts of all the faculty members. I hope that this newsletter gets its due appreciation for all the worthy content it has inside.

Thank you!

From the UG Editorial team

As the **associate editors** from the UG Editorial board we did our best to bring out news and acheivements from every corner of the institute to make it available to the whole fraternity of the institute. This first edition of **GMC News Letter** features not just the clinical side but also the creative side of the institute.

This amalgamation of all the achievements, works, arts is what this News Letter is about. We feel proud to be a part of this excellent team under the guidance of our efficient professors. We definitely shall make sure that this shall continue and bring all the news to you and let you know what's happening all around GMC and GGH

- UG Editorial Team

A case of snake bite envenomation with acute renal failure and cardiac involvement

Department of General Medicine

Dr.K.Sudhakar.,M.D. Prof & HOD, Dept of General Medicine, Dr.Srinivasa Rao.,M.D. Professor and incharge unit 2, Dept of General Medicine, Dr. Sikindar Mohan*.,M.D, Dr.Nirmal Kumar.,M.D*, Dr. P.Tabitha.,M.D* , *Assistant Professors.

Post Graduates: Dr.Sri Harshini, Dr.Akhil, Dr.Nagamani, Dr.Madhuri, Dr.Rachana, Dr.Pujitha

Patient by name Mrs T Meena, female,46yrs presented to the casualty on 20\12\22 at 12:00pm with complaints of snakebite on lateral side of right ankle on 20\12\22 at 11:00 at laalpuram Guntur at her residence.

At the time of presentation two fang marks with pain but no swelling & bleeding at bite area. No neurological manifestations. 20min clot test was done, blood got clot. bite site was cleaned. Her vitals were stable. Admitted into medical ICU for futher followup.

Repeat clot test was done after 4hrs, where blood did not clot and so injection ASV 10 vials were given as infusion over 30mins followed by repeat infusion twice. And she developed neurological manifestations in the form of ptosis and diplopia for which atropine(0.6mg) and neostigmine(1.5mg) was given IV every 30minutes in 5 cycles. As there was no recovery patient was given calcium gluconate 10ml slow IV over 5-10mins every 6th hourly.

By the next day on 21\12\22, patient developed haematuria with PT INR >5. Her urine output was <250ml\24hrs. neurological manifestations were not progressed. Immediate Fresh Frozen Plasma transfusions are given in the ICU along with Calcium gluconate 6th hourly IV for 5 days. Right lower limb cellulitis also developed which passed the right ankle joint, for which IV antibiotics were started and local measures followed.

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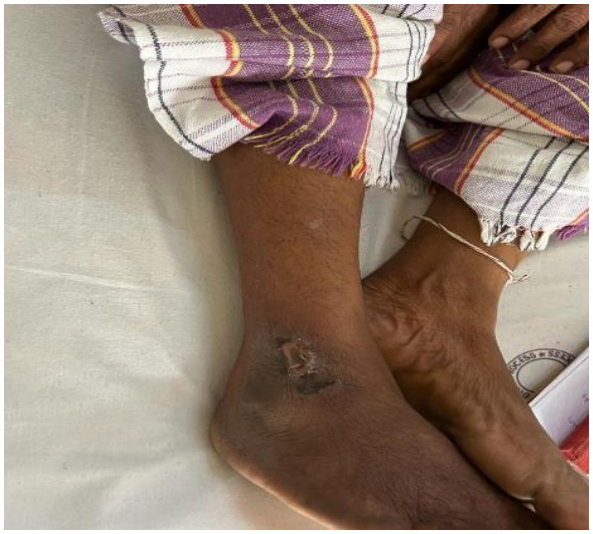

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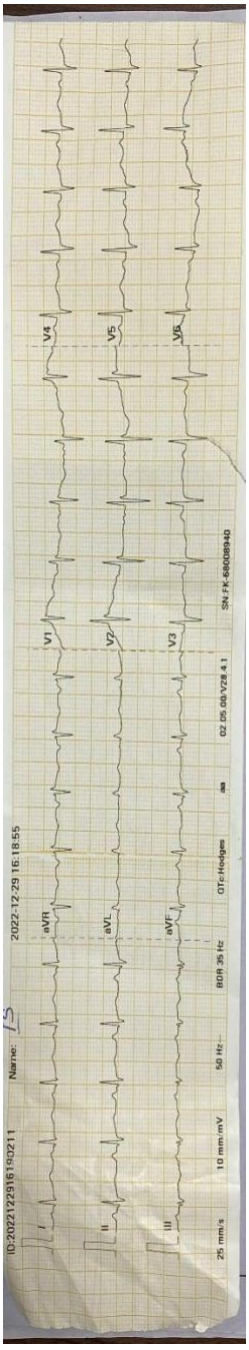
Nephrologist advised haemodialysis in view of low urine output and serum creatinine of 3.3mg\dl on 21\12\22. After one session of haemodialysis, there was no improvement in the urine output. Her serum creatinine levels gradually increased from 3.3mg to 6.9mg\dl, on 25\12\22 with output <75ml in 24hrs. patient was put on alternate day haemodialysis in view of acute tubular necrosis.

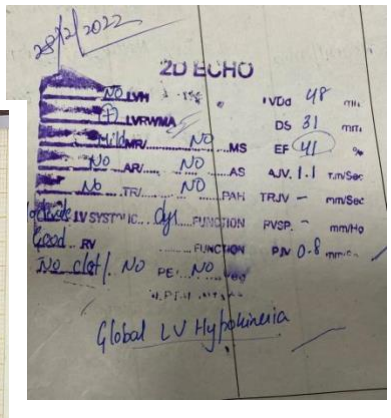
Patient complained of orthopnoea on 27\12\22 for which chest x-ray, ECG and 2D Echocardiogram was taken . Xray chest showed mild cardiomegaly. And ECG showed Low voltage complexes. 2d echo showed Global LV hypokinesia with moderate LV dysfunction of EF 41% with LVRWMA. No past history of CAD. Cardiologist advised Tab. Carvedilol 3.125mg, inj Frusemide 20mg per day. By this time her urine output was increased from 350ml to 750ml in 24hrs but her serum creatinine was 7.2mg\dl.

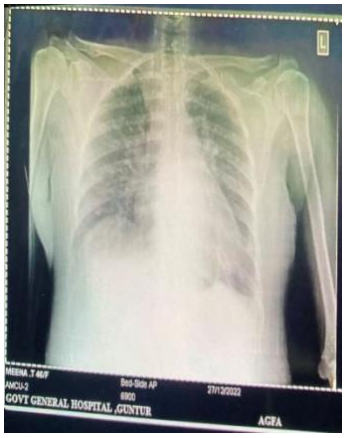
Patient was on maintenance haemodialysis. Two RBC concentrates was given during hospital stay. Serum creatinine was 3mg\dl as of 05\01\23. Orthopnoea reduced and patient is able to do her daily activities and her neurological deficits improved. Urine output is around 1.7litres per day. Her vitals are stable now i.e.on 6.1.2023.

Discussion:

Vipers are vasculotoxic. Because of viper bite patient developed not only cellulitis at the bite site but also other manifestations. In this 20 minute clot test was abnormal denoting consumption coagulopathy. In 20% of viper bites develop acute kidney injury. Snake venom components affects the heart with various complications. Hypotension, hypertension, myocardial infarction, low cardiac output and Atrial fibrillation are uncommonly come across in these people. In this patient Anterior wall regional motion abnormality with decreased ejection fraction noted, indicating myocardial involvement.







A Rare case report on Hyper Sexuality in Tuberous Sclerosis

Department of Psychiatry

Dr Sandra BR[1] , Dr.Saikiran Pasupula [2] ,Dr K Srilakshmi [3] Dr.Kiran Vaddadi [4], Dr.N Uma Jyothi [5].

1.Postgraduate , 2&3.Assistant Professor 4.Associate Professor, 5.Professor & HOD, Department of Psychiatry , Guntur medical college, Guntur

INTRODUCTION

Tuberous Sclerosis is a rare genetic disorder resulting from mutations in the TSC1 and TSC2 genes. It manifests as dermatological, nephrological, neurological, and psychiatric symptoms, including behavioural issues. This case report describes an uncommon instance of hyper sexuality in a case of Tuberous Sclerosis, with a seizure free period of 1-year and no recent occurrences of seizures.

AIMS & OBJECTIVES

To show an uncommon incidence of hyper sexuality in a case of Tuberous Sclerosis.

MATERIALS & METHODS

A 7-year-old boy, moderately built, with TS dermatological manifestations, born of a consanguineous marriage, who presented to the neurology OPD with his mother with complaints of recurrent seizures, abusive behaviour, hyper sexuality , pornography, and misbehaving with females (rubbing genitals on females and groping).His EEG was normal and CT scan showed features consistent with TS. He was referred to psychiatry OPD, due to his hyper sexuality, despite being free of seizures for the past 1 year and was started on Sertraline, in conjunction with supportive psychotherapy in the form of psycho education and behavioural interventions-behavioural activation techniques, lifestyle changes, and behavioural patterns such as limiting cell phone use, strategies to improve parent-child interactions, and behaviour monitoring using an activity schedule. His improvements were assessed post treatment activity schedule. His improvements were assessed post treatment.

RESULTS

Although behavioural problems are common in children with Tuberous Sclerosis, hyper sexuality is uncommon. There has been multiple studies emphasising on the neurological and dermatological manifestations of Tuberous Sclerosis. In this case study, the index patient was treated in the neurology department for the past year and referred to psychiatry in view of behavioural issues, especially hyper sexuality, with absence of seizure activity in the past 1-year. He was treated for the same and has shown significant improvement for the same.

CONCLUSION

Tuberous sclerosis is a genetic disorder with multisystemic presentations. They exhibit a variety of behavioural problems. This study shows hyper sexuality in a case of Tuberous sclerosis.

REFERENCES

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2. Kopp CM, Muzykewicz DA, Staley BA, Thiele EA, Pulsifer MB. Behavior problems in children with tuberous sclerosis complex and parental stress. Epilepsy & Behavior. 2008 Oct 1;13(3):505-10.

Rare Case Report – Tubo Ovarian serous carcinoma of anterior abdominal wall

Dr. G.Padmasree.,MS, Prof & HOD, Dept, of General Surgery

INTRODUCTION

Tubal serous carcinomas are very rare tumors with an incidence rate of 5 per million women population. Tubal carcinomas are uncommon with an incidence of 0.3 percent and metastasis is commonly seen in Ovaries,Uterus and GIT. Serous carcinoma is the most common type of ovarian cancer, accounting for approximately 75% of epithelial ovarian cancers. Because it is the most common type of ovarian cancer. High-grade serous ovarian carcinoma (hgsoc) — which are a subtype of epithelial ovarian cancers, along with low-grade serous ovarian cancer, fallopian tube cancer, and primary peritoneal cancer — actually originate in the epithelium of the fallopian tubes.

NO CASE HAS BEEN REPORTED IN LITERATURE WITH ANTERIOR ABDOMINAL WALL PRIMARY TUBO OVARIAN SEROUS carcinoma till NOW.

HISTORY

A 65 yrs female presented with a lump in rt lower abdomen since 4 months which is associated with dull aching pain. Known diabetic and hypertensive since 10 yrs on regular medication.underwent total abdominal hysterectomy 3yrs back.

On Examination No Local Rise Of Temperature Or Tenderness Present.A Horizontally Oval Swelling Of Size 6 X 4 Cms Noted In Anterior Abdominal Wall Over Rt Iliac Fossa Region, Firm In Consistency And Freely Mobile.Skin Over The Swelling Is Pinchable ,On Carnets Test Swelling Become More Prominent And Mobility Is Restricted.

USG ABDOMEN reveals a well definied hypo dense lesions of size 4 x 6 cms noted in intra muscular plane of anterior abdominal wall over RIF region . post hysterectomy status .Tubes and ovaries not visualised.

Ct abdomen shows a well defined hypo dense lesion of size 30 x 45 mm noted in intra muscular plane with 50 Hu in anterioir abdominal wall

OPERATIVE PROCEDURE

Lanz incision of 6 cms was given over the swelling .A single 6x 4 cm oval shaped swelling noted with adherence to surrounding muscle fibers. No peritoneal infiltration noted.

WIDE LOCAL EXCISION of swelling along with infiltrating muscle fibers done.post operative period was uneventful .suture removal done and patient is doing well Post op usg abdomen and ct abdomen shows normal study.HPE report of the swelling came as TUBO OVARIAN SEROUS CARCINOMA of anterior abdominal wall.

Biopsy Findings – Tubo Ovarian Malignancy

Department of Pathology – Dr. Aparna Chinnam.,MD, Professor & HOD

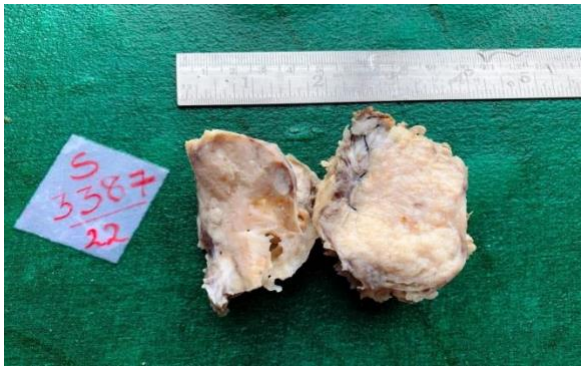
A 65 year old female presented with pain and ill defined swelling in the right side of abdomen above the inguinal region, following trauma with table at home. Patient visited a nearby local hospital.

Clinical diagnosis was subcutaneous hematoma and incision & drainage followed by conservative management was done.

Gross findings

Received a single grey brown globular mass measuring 6x4.5x4cm. External surface- smooth with attached fibrofatty tissue.

Cut section showed a well circumscribed lesion with solid grey white appearance and firm in consistency. Foci of papillary excrescences were seen.



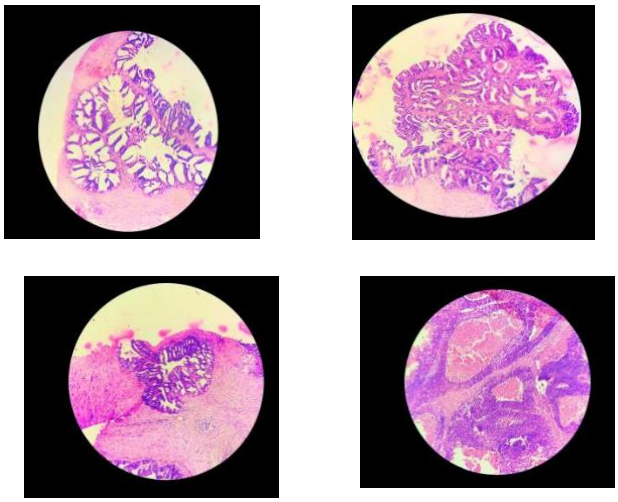
Microscopy

Multiple cystic spaces lined by columnar epithelium thrown into papillae with stratification of nuclei, nuclear pleomorphism, vesicular nuclei, coarse chromatin and prominent nucleoli.

Mitotic figures – 2to3per10HPF.

Sheets of clear cells are seen.

Adjacent stroma shows islands of tumor cells arranged in solid sheets with comedonecrosis. Focal areas show lymphoid aggregates. There is evidence of tumor infiltration into adjacent muscle bundles



Differential diagnosis:

1. Tubo ovarian malignancy.
2. Metastasis from breast carcinoma.
3. Clear cell renal cell carcinoma.

IHC panel

A panel of IHC markers were done – ER, PR, Her2neu, Ki67, p53.

Diagnosis: TUBO OVARIAN SEROUS CARCINOMA of anterior abdominal wall.

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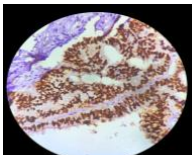

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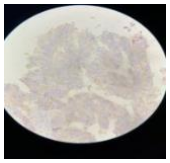

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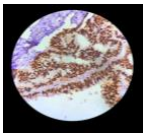

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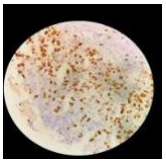


February 1, 2023 [VOLUME 1 ISSUE 1]

Massive Ameloblastoma: A case report of difficult intubation

Department of Anaesthesia

Dr. Shaik fouzia sultana – Final year PG, Dr. N. Syama kumar – Associate professor

A 65 year old male daily wage laborer residing in macherla, Guntur Came with a Presenting complaint of swelling of the right lower jaw since 1 year.

History of present illness:

The present complaint started as a small swelling over the jaw which gradually increased over the past 1 year and attained the current status. The swelling is associated with recent sinus formation and purulent discharge. H/o difficulty in chewing and eating.

Past History:

Patient had a similar complaint of swelling of left jaw diagnosed as Ameloblastoma for which he went left hemi mandibulectomy 4 years ago done under general anaesthesia and was uneventful.

Personal History:

- On semisolid and Liquid diet due to difficulty in chewing.
- Pt is known smoker since 30 years stopped 4 years back.
- He used to smoke about 10-15 cigarettes/day
- Pt is known alcoholic.
- Habituated to tobacco chewing stopped 4 years back.

General examination:

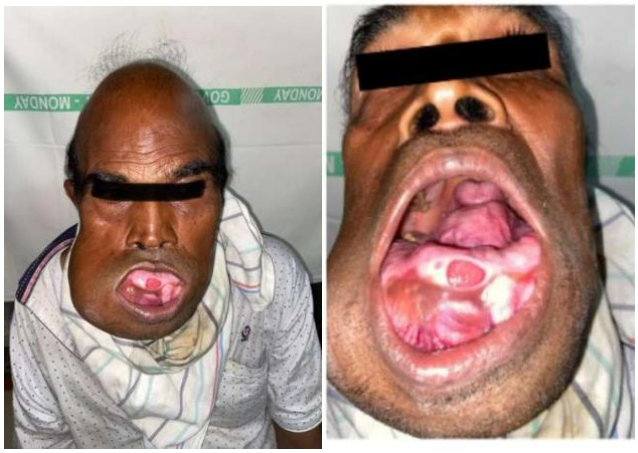
- Moderately built and moderately nourished.
- Oriented to time, place and person.
- Height- 167 cm; Weight- 68 kg.
- No pallor, icterus, cyanosis, clubbing, generalized lymphedopathy, pedal edema.
- Afebrile.

Airway examination:

- Interincisor gap -3 cms.
- No buck teeth.
- Mouth opening – admitting 2 fingers.
- Jaw protrusion – not possible.
- Upper lip bite test –not possible.
- Tongue protrusion and side to side movement – restricted.

Airway examination:

- Mallampati grading – grade 4.
- Submandibular space – Occupied by mass and sinus present with purulent discharge.
- Temporomandibular joint – Left side-absent; Right side - not insinuating 1 finger
- Neck flexion and extension - restricted. All teeth present in upper jaw, no loose teeth.
- Only last molar present in right lower jaw.



Basic Investigations:

HB – 9 gm/dl TLC – 9,600/cumm DLC– p(61)l(35)e(4)
ESR – 20mm /1st hr RBS- 97mg/dl
B.Urea – 24mg/dl Sr Creatinine – 1.2mg/dl
Sr electrolytes : Na – 139meq/l, K- 3.9meq/l
Sr protein : 6.7gm/dl ; Alb – 4.4 gm/dl
BT - 2 min 15 sec; CT - 4 min 30 sec
Viral markers – NegativeCXR – NAD ECG – NAD

Preop-advise:

Explained the problem of difficult airway and the choices for securing the airway, and obtained high risk informed consent for awake nasal fiberoptic intubation and surgery and for Tracheostomy if needed. Nil per oral for 8 hrs.

Contd..

Management of anaesthesia:

Patient was shifted to OT and standard monitors were connected; SPO2, NIBP, ECG. The equipment for emergency tracheostomy and difficult airway cart were kept ready before hand. ENT surgeons were informed and were available for Emergency tracheostomy if needed. 2 large IV 18g cannulas secured over both forearms.

Pre-medication: IV Glycopyrrolate 10 mcg/kg, IV Ondansetron 0.1mg/kg and IV Midazolam 0.03mg/kg given. 0 min before procedure 0.1% xylometazoline cotton applicators were placed in the nasal cavity. 15 min before procedure 4% lignocaine nebulization given. Topical anaesthesia of oropharyngeal structures obtained with 10% lignocaine spray. Bilateral superior laryngeal nerve block was given with 2.5ml 2% lignocaine on each side. Trans-laryngeal block was given with 3ml of 4%lignocaine.

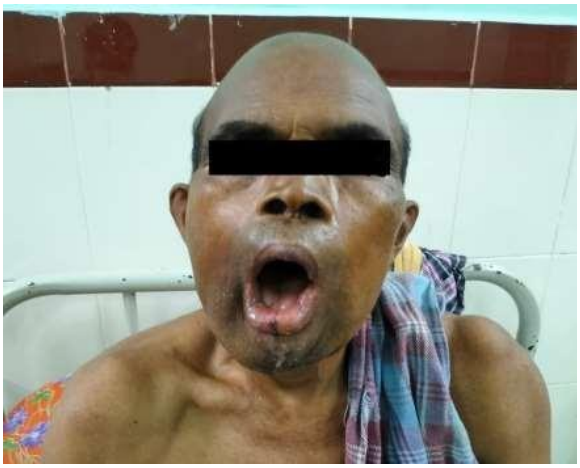
IV Fentanyl 1mcg/kg was given. Supplemental oxygenation @4l/min via nasal prongs was given before procedure and through oxygen port of the bronchoscope throughout the procedure. The bronchoscope was loaded with lubricated 7 mm cuffed Reinforced endotracheal tube and was introduced into the left nostril. Vocal cords were identified, bronchoscope was passed through the glottis and 2 ml of 2% lignocaine was given via SAYGO technique. After visualization of carina, ETT was passed and intubation was successfully achieved. ETT secured with adhesive tapes after confirmation of its position by ETCO2 and auscultation. Throughout the intubation procedure vital signs and oxygen saturation remained normal under spontaneous breathing.

Induction:

After placement of ETT, Induction dose of propofol was given and patient was paralysed with Inj Vecuronium 6 mg and ventilated with O2 and N2O and 0.5% Sevoflurane. Incremental doses of of Vecuronium given as per requirements. Inj. Paracetmol 15mg/kg and fentanyl topups of 25mcg were given as needed for analgesia. Intra-op period was uneventful. After the surgery was completed, recovery done with neostigmine 2.5mg + glycopyrrolate 0.4mg IV. All the equipment for reintubation and tracheostomy were kept ready. After adequate recovery patient extubated and shifted to recovery room for monitoring.

Post op period:

Pt conscious and oriented, Vitals stable. CVS, RS – NAD. No post-operative nausea and vomiting. Spo2 98-100%. Pt had an uneventful recovery and was discharged.



[Ameloblastoma is a benign, locally invasive tumor arising from the odontogenic epithelium. An extensive lesion might occupy the floor of the mouth, prevent displacement of the tongue, limiting the space for inserting a laryngoscope blade and resulting in difficult intubation even with fiberoptic bronchoscopy.

We planned awake fiberoptic intubation because fiberoptic intubation is still considered the gold standard for management of difficult intubation.

A case report of thoracic segmental spinal anaesthesia for open cholecystectomy in a patient with pulmonary disease.

Department of Anaesthesia

Dr. Durga Aparna-Final year Postgraduate, Dr. Chandrasekhar- Assistant Professor, Dr. B.V. Mahesh Babu - Professor & H.O.D-Dept of Anaethesia.

A 55year old male patient who is a resident of namburu, working in a clerical post came with chief complaints of pain abdomen for 1 month

History of present illness- Pain in the right upper quadrant of the abdomen, radiating to right shoulder tip, burning type of pain, aggravating on taking spicy foods, relieved with medication.No history of fever,jaundice,vomitings

Medical history: Patient is a known diabetic since one year on oral hypoglycemic agents. History of pneumonia- 3years back

Surgical history: patient underwent a left open nephrectomy 9 years back due to recurrent pyelonephritis.

Drug history: Oral hypoglycemic agents- Tab.Metformin 500mg, Tab.Glimiperide 2mg, Tab.Voglibose-0.2mg .

Personal history: The patient is addicted to smoking and alcohol- since 10 years.

General examination -moderately built and moderately nourished.No,Pallor/Icterus/Cyanosis/Clubbing/Lymphadenopathy/pedal edema

Vital signs:

PR- 84bpm,regular in rhythm, normal volume

BP- 130/80 mmhg on Right arm

CVS- S1 & S2 heard, no murmurs

RS-Bilateral air entry present, diffuse bilateral rhonchi present in all areas on auscultation.

Preoperative management:

Inhalational therapy with duolin and budecort nebulizatons TID for10 days. Intravenous antibiotic prophylaxis with Inj Amoxycillin and potassium clavulunate 1.2gm iv bd for 7 days. Intravenous steroid – Inj. Hydrocortisone 100mg iv BD for 5 days . Incentive spirometry. Advised to stop OHA on the day of surgery.

Taken informed & written consent – explaining the benefits, risks of Thoracic spinal anaesthesia and alternative procedures.

Anaesthetic management:

In the operating room , after establishing non-invasive monitoring(NIBP,ECG &Pulse oximetry),secured 18G IV access and 500ml of normal saline was started. Baseline values of HR,BP,SPO2 were recorded. SA was performed with patient in the right lateral position with all aseptic precautions. After infiltrating the skin with 2ml of 1% lidocaine in T6-T7 interspace a 23G quincke needle was introduced into subarachnoid space using paramedian approach. After confirming free flow of CSF,1.5ml of 0.5% hyperbaric bupivacaine mixed with 0.5ml (25mcg) of fentanyl was injected intrathecally. Then patient is kept in supine position. Sensory block of T3 was obtained and motor block with modified bromage scale-3 was obtained. Open cholecystectomy was performed by right oblique incision. Intraoperatively, patient was monitored throughout procedure-hemodynamic parameters were recorded at 5 min intervals. Oxygen was administered at a flow rate of 5l/min throughout procedure. Hypotension defined as MAP decreasing by 20% below the pre-anaesthetic value occurred 15mins after the block which was treated with Inj.phenylephrine 50mcg iv bolus. Patient was encouraged to report events such as discomfort, abdominal pain, nausea ,vomiting during the procedure. Procedure was completed within 45 minutes. Immediate post-operative period patient was monitored. Motor block regressed to bromage- 0 within 30mins of completion of procedure. Sensory level regressed to T6 level in 120mins.

Contd..

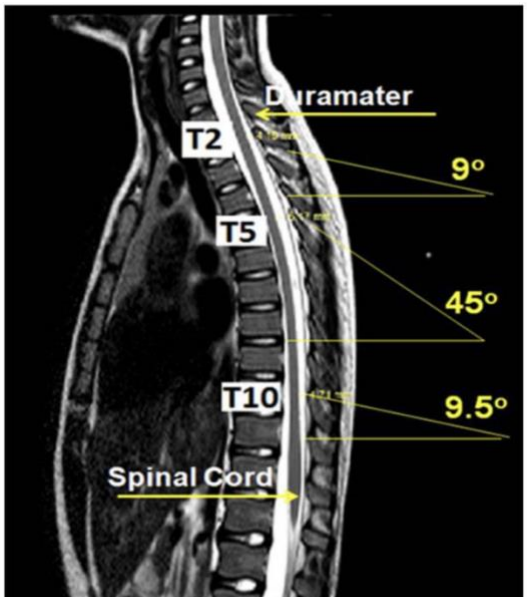
3 Major pitfalls of Thoracic Segmental spinal anaesthesia:

Accidental or Iatrogenic injury to the spinal cord.

Cephalad spread of LA leading to high or complete block.

Hemodynamic instability or respiratory compromise due to block of cardio accelerator fibers and intercostal nerves respectively.

Anesthesiologist's major concern for the administration of spinal anesthesia at the thoracic level-ACCIDENTAL NEEDLE PUNCTURE TO SPINAL CORD TRANSIENT / DEFINITIVE NEUROLOGICAL SEQUELAE.



INDICATIONS:

Patient factors

Patients with impaired pulmonary functions

Patients at higher risk of GA-related complications - geriatric patients with reduced physiological reserve and patients with multiple comorbidities.

Surgical factors

Usually done for shorter procedures

Abdominal cancer surgery, breast surgery, laparoscopic or open cholecystectomy .

APPROACH

Midline vs paramedian approach

In thoracic segments(T4-T9) – the spinous processes are sharply angled and pointed caudally overlapping other spinous processes. In TSA midline approach is technically more challenging. The Paramedian approach is favorable for TSA. The needle should be advanced with an acute angle of 45° to the midline

TECHNIQUE

Single shot SA technique- very slow and cautious advancement of spinal needle should be done, usually performed for short duration procedures. Combined spinal epidural (CSE)- with CSE needle set epidural space is first identified with loss of resistance to air technique and then spinal needle is advanced through epidural needle. This will limit the length of the needle that can project beyond the epidural tip minimizing the risk of spinal cord injury.This technique can be used as a backup for long-duration procedures and for postoperative analgesia. Continuous segmental spinal anaesthesia.

Benefits of TSA over GA

Avoidance of airway instrumentation and its potential complications

Fewer respiratory and cardiac complications

Suppression of neuro-endocrine stress response to surgery

Better perioperative pain control

Less PONV & early recovery of GI function

Early ambulation & discharge

Lesser incidence of DVT

Lower surgical site infection rates

Original Research Paper

The study of anatomy of accessory pancreatic duct and its variations.

Department of Anatomy

Dr. K Malathi.,MD, Assistant Professor, Dr.R.Chitra.,MD., Prof & HOD

Background:

The duct system of pancreas consists of two large ducts – Main pancreatic duct and Accessory pancreatic duct. Both these ducts drain the entire exocrine part of pancreas. Main pancreatic duct is always present while accessory pancreatic duct may be absent in 30% cases. Presence of accessory pancreatic duct (probably patent) might protect the pancreas from the harmful consequences of obstruction of main pancreatic duct.

Material & methods:

The present study is done in 50 adult formalin fixed pancreatic specimens removed during posterior abdominal wall dissection.

Results:

The study showed 70% prevalence of accessory pancreatic duct. The accessory pancreatic duct coursed mainly through three major types- long type (20%), short type (45.72%) and ansa type (17.14%). Ducts which do not fall into the above said three patterns were included in a fourth group (17.14%). The mean length and standard deviation of the accessory pancreatic duct is 4.07 ± 1.07 cm and the mean width and standard deviation of the duct is 1.6 ± 0.6 mm. The openings of accessory pancreatic duct into major and minor duodenal papillae are 31.4% and 68.6% respectively.

Conclusion:

The accessory pancreatic duct was observed only in one third specimens. Short type is the most common type of accessory pancreatic duct. The length of the duct varies from 3 to 5 cm and the width from 1 to 2.2mm.The accessory pancreatic duct mainly opens into minor duodenal papillae. A communication between accessory and main pancreatic duct is observed in 34.3%.

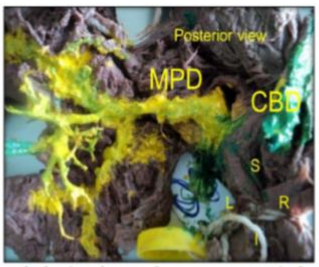


Figure 1: Photograph showing absence of accessory pancreatic duct (with extensive branching of main pancreatic duct in head)

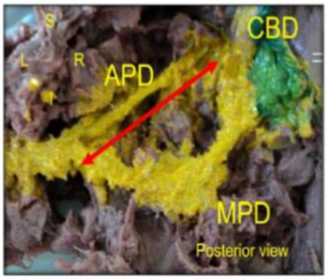


Figure 2: Photograph showing long type of accessory pancreatic duct

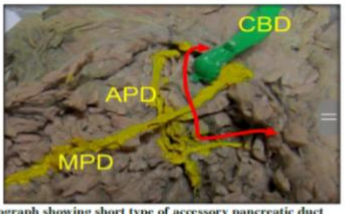


Figure 3: Photograph showing short type of accessory pancreatic duct

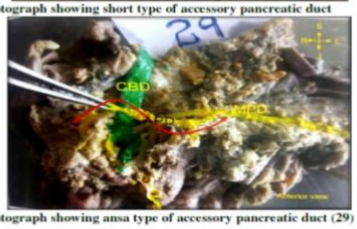


Figure 4: Photograph showing ansa type of accessory pancreatic duct (29)

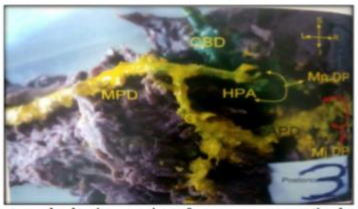
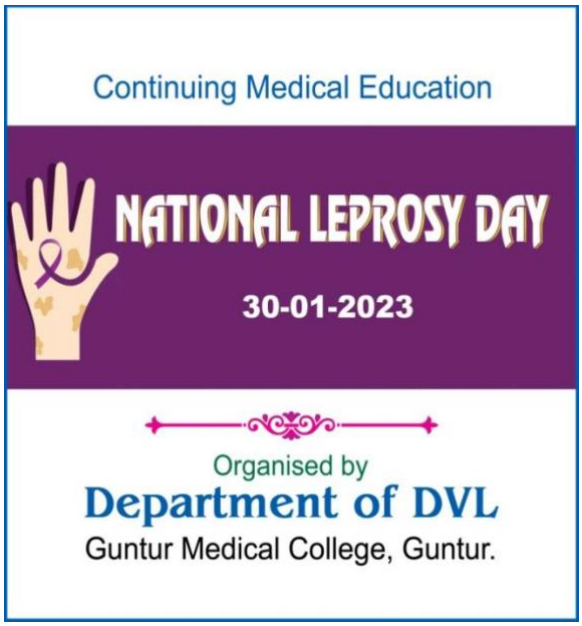


Figure 5: Photograph showing opening of accessory pancreatic duct into major duodenal papilla (3)



Renowned for its achievements and contributions to the field of medicine, Department of DVL added a feather to its achievements by recently celebrating National Leprosy Day on 30-01-2023. The department has organized “Continuing Medical Education Programme” in both offline and online mode with the theme “ACT NOW, END LEPROSY”. This event, conducted at GMCANA had the presence of Dr. C. Padmavathi Devi Principal of Guntur Medical College, Dr. G.Prabhavathi, Superintendent of GGH Guntur. The key highlights of the event were Reactional States and Rare Variants In Hansens Disease By Dr. T.S.Mohana Rao, Professor and HOD, Department of DVL, GMC and High Resolution Ultrasound and NCS Studies in Hansens Disease by Dr.G.Sai Teja, Senior Resident, Department of DVL, GMC.

52nd Annual Conference of Orthopedic Surgeons Society of Andhra Pradesh

24th - 26th February 2023 | GMCANA Auditorium, Guntur, India

Theme : Ignite your Imagination, Evolve with Nature

On Feb. 24th Annual conference of OSSAP was inaugurated by our beloved principal Madam Dr .Ch PADMAVATHI DEVI garu along with our beloved superindent Dr.Prabhavathi garu held at GMCANA which was organized by Dept. Of Orthopedics, Guntur Medical College in association with Guntur Orthopedics Association (GOA) along with OSSAP. On 23rd CME programme was conducted followed by main conference on 24th & 25th which included paper presentation Robotic Replacement Workshop & Gold medal for PG thesis. Joint replacement, Trauma, orthoscopy Regeneration medicine Infection Congenital Anamolies were discussed. Hand surgeries Orientation was given by Dr. S. Rajasabapathy a Renowed plastic surgeon from Ganga Hospital Coimbatore.

A poem on Arthroscopy by Chat GPT… ☺

Department of Orthopaedics - Dr. SSV RAMANA, Professor

In the depths of the joint,
Beyond the naked eye,
A world of secrets hides,
Where pain and damage lie.

With tiny tools and cameras,
And a surgeon's steady hand,
We venture into the darkness,
To heal and understand.

Arthroscopy, the procedure,
Allows us to see within,
To diagnose and treat afflictions,
And help the body win.

Gone are the days of open wounds,
Of lengthy recoveries and scars,
Now we can intervene with precision,
And restore mobility and health to our stars.

Through the tiny portals we peer,
Into the spaces we cannot see,
With expertise and innovation,
We help the body to be free.

Poetry on Microbes

Department of Microbiology - Dr. M.Krishna Jyothi, 3rd Year PG.

Macro world has to love micro world

Always present in nature
And till in the future

Present in nails and nares
And no one cares

It makes Cheese
As well as disease

It's a simple creature
We make it bad in nature

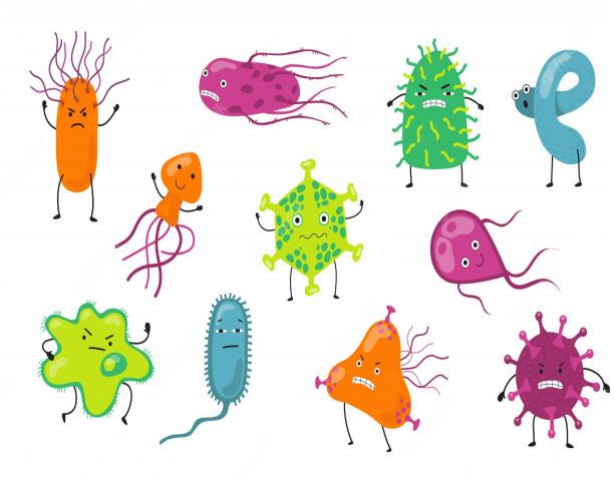
This small creature can fight
And make us weak overnight

My pen shakes when it's resistant
My mind awakes when its persistent

It's the most deadly superbug
Can't die with common drug

It teaches us steps of hand wash
So that there is no demos squash

It's a miniature
But savior to human creature



February 1, 2023 [VOLUME 1 ISSUE 1]

Telugu Short Story

Dr. K.Vishnu Nandan.,M.D.Assistant Prof, Dept of Community Medicine

నిజమా? భ్రాంతా?

సోమవారం- మధ్యాహ్నం రెండు గంటలు. ఓపీ చూసి, లంచ్ అయ్యాక కాస్త విశ్రాంతిగా టేబుల్ మీద తలానించి కునుకు తీద్దామని ప్రయత్నిస్తున్న సమయం.

"సార్ సార్! ఉన్నారా సార్" రొప్పుతూ క్యాబిన్ డోర్ తెరుస్తూ కీచు గొంతుతో అరిచాడు డేవిడ్. ముత్యాలపాడు కమ్యూనిటీ హెల్త్ సెంటర్లో నేను సివిల్ అసిస్టంట్ సర్జన్, డేవిడ్ మా కాంపౌండర్.

"చెప్పు డేవిడ్, ఉదయం నుంచీ కనబడలేదేం? ఏంటి కబుర్లు?" అనడిగాను తల పైకెత్తి రివాల్వింగ్ చైర్లో వెనక్కి జారగిలబడుతూ. నాకిది మామూలే. ఏ చిన్న విషయమైనా కంగారు పడుతూ, కంగారు పెడుతూ ఆదుర్దాగా వివరించే డేవిడ్ వ్యవహార శైలికి అప్పటికే ఆరు నెలలుగా అలవాటు పడ్డాను మరి. "మధ్యయ్య చనిపోయినాడంట సార్, నంద్యాల నుంచి రాజు ఫోన్ చేసినాడిప్పుడే" చేతిలో మొబైల్ ఫోన్ కదలాడిస్తూ డేవిడ్ చెప్తున్న మాటలకు స్ప్రింగులా నిటారుగా నిలబడిపోవడం నా వంతైంది.

"అవునా? యెప్పుడు?యెలా?"- నమ్మలేకపోతున్నానన్నేను.

మధ్యయ్య మా ఫార్మసిస్ట్ రాజుకు తండ్రి. హాస్పిటల్ కాంపౌండ్లోనే ఉంటుంది వాళ్ల కుటుంబం. ఆయన వయసు అరవై అరవై అయిదు మధ్య ఉండొచ్చు. బాగా కలివిడిగా వుండే మనిషి. ఉదయం నుంచి సాయంత్రం డ్యూటీ అయిపోయి వెళ్లే లోగా యేదో ఒక సమయం లో పలకరించి వెళ్లే వాడు. "ఏమైందసలు? నంద్యాల యెందుకెళ్లారు? ఇక్కడ లేరా వాళ్లు?" అయోమయంగా అడిగాను. ఉదయం రాగానే ఫార్మసిస్ట్ లీవ్ లెటరనగానే చదవకుండానే ప్రక్కన పెట్టేశాను రిజిస్టర్లో లీవ్ మార్క్ చేస్తూ.

"అయితే మీకేం తెల్యేదా సార్ యీ విషయం? నిన్నటి నుంచి వూరంతా యిదే రంది కదా సార్" ఆశ్చర్యంగా మొహం పెట్టాడు డేవిడ్.

"తెలీదని చెప్తన్నా కదా! అసలేం జరిగిందో చెప్పు ముందు" యీసారి కొంచెం కటువుగానే విసుక్కున్నాను, వివరాలేం తెలీక.

"యేం ల్యా సార్, నిన్న ఆదివారం కదాని నీసు కొనడానికని అల్లదిగో వూరి సివర సికెన్ షాపుకు పొయ్నాడంట, వస్తూ వస్తూ తిరుపాలు ఆటోలో ముందు సీట్లో కూకున్నాడంట, కుడి సేత్తో పైని రాడ్ పట్టుకున్నాడంట, యెడం సేయి సికెన్ సంచీతో సహా బయటకు చాపి వస్తన్నాడంట.యేమైందో యేమో తెల్యేదు గానీ సార్ దార్లో జొన్న సేలున్నాయి గదా అక్కడ వేప సెట్టు కింద మూడు గోరీలున్నాయి సూడండి అక్కడకు రాంగానే కూసున్నోడు యేదో లాగేసినట్టు ధబేల్ మని రోడ్డు మీద ఎల్లెలికల పడ్నాడంట. సికెన్ మొత్తం రోడ్డు మీద పడింది కానీ నాకేం కాలేల్లే అంటూ మళ్లీ ఆటో యెక్కి ఇంటికేమో వచ్చినాడు కానీ రాంగానే వాంతులు చేసుకుంటూ కళ్లు తిరిగి పణ్నాడంట సార్, నిన్న మధ్యాన్నమే రాజు నంద్యాల పెద్దాస్పత్రికి తీస్కపోయినాడు, యిదిగో యిప్పుడు యీ యిసయం ..." జరిగిన విషయానికి తనదైన శైలిలో నాటకీయత రంగరిస్తూ చెప్పుకుపోతున్నాడు డేవిడ్.

కొనసాగింపుగా, " ఆ గోరీలు మా సెద్దవి సార్, యిట్టాంటి ఆక్సిడెంట్లు యెన్నెన్ని జరిగిందాయో ఆడ, మీరొచ్చి ఆర్నెల్లే గదా అయ్యింది తెల్సుండకపోవచ్చు గానీ శానా కతలుండాయి సార్ ఆ సేల కడ గోరీల గురించి, ముఖ్యంగా సికెన్ మటన్ సేతుల్లో వుంటే అంతే ఇంక మటాష్" అంటున్న డేవిడ్ అమాయకత్వానికి అంత విషాదంలో కూడా జాలేసింది.

"అయితే యిప్పుడేమంటావు డేవిడ్? అక్కడ దయ్యాలున్నాయా? అవీ చికెన్ మటన్ అంటే పడి చచ్చే దయ్యాలా? చాల్లే వూర్కో నువ్వూ నీ పిచ్చి మాటలూ" అంటూండగానే నా మాటలకడ్డు పడ్డాడు డేవిడ్.

"అట్టా అనాకండి సార్ నిజం, ఆ గోరీల కాడ గాలి వుందని అందరూ అంటూంటారు సార్" అంటూండగా "అవున్లే గాలి అక్కడా ఇక్కా అన్ని చోట్లా వుంది, నువ్వూ నేనూ పీల్చుకునేది ఆ గాలే" అంటూ డేవిడ్ ని బయటకు పంపేసి రాజుకు ఫోన్ చేశాను తర్వాతి సంగతులు మాట్లాడడానికి.

**** **** *****

ఓ పది పదిహేను రోజులు గడిచాయి. ఆదివారం డ్యూటీ. రాత్రంతా హాస్పిటల్లోనే. డిన్నర్ కోసం వూరి చివర మస్తానయ్య హోటల్ కు వెళ్లి హాస్పిటల్ కి తిరిగొస్తున్నాను బైక్ మీద. రాత్రి యేడున్నర యెనిమిదవుతోంటుంది. డిసెంబర్ నెల మధ్య రోజులు. అసలే పల్లె, పైగా డిసెంబర్ మధ్య రోజులు, బాగా చలిగా వుండడంతో నిర్మానుష్యంగా వుంది దారంతా. మా హాస్పిటల్ కి మిగిలిన వూరికి మధ్య ఒక నాలుగు కిలోమీటర్ల మేర పొలాల గుండా దారి. బైక్ వేగానికి ముఖానికి చల్లని గాలి తాకుతూ వుండగా, స్పీడ్ గా వెళ్తున్నాను. సడెన్ గా ఒక్క కుదుపుతో బైక్ ఆగిపోయింది. కిక్ కొడుతూ బైక్ థ్రాటిల్ ఫుల్ గా రైజ్ చేస్తున్నాను కానీ బండి మొరాయిస్తోంది, పెట్రోల్ అయితే ముందు రోజే ట్యాంక్ ఫుల్ చేశాను కాబట్టి అదైతే సమస్య కాదు, ఎందుకాగిపోయిందో మాత్రం తెలీదం లేదు. ఎవరి సహాయమైనా తీసుకుందామన్నా నర మానవుడు లేడు చుట్టుపక్కల.

బండి దిగి, సెంట్రల్ స్టాండ్ వేసి రెండు మూడు సార్లు కిక్ కొడుతూ స్టార్ట్ చేద్దామని చూస్తున్నాను కానీ ఫలితం లేదన్సలు. కన్ను పొడుచుకున్నా కానరాని చిక్కటి చీకటి, యథాలాపంగా యెడమ వైపు తిరిగి చూసి అదిరిపడ్డాను, గాలికి వూగుతున్న చేల మధ్యలో వేప చెట్టు, దాని కిందే మూడు సమాధులు వరుసగా. ఇక్కడ బైక్ ఆగిపోవడం యాదృచ్ఛికమేనా? బైక్ స్టార్ట్ చేయడానికి నా తంటాలేవో నేను పడుతూంటే, మనసు యేదేదో ఆలోచిస్తోంది. ఈసారి బలాన్నంతా కూడదీసుకుని క్లచ్ గట్టిగా పట్టుకుని రైజ్ చేస్తూ కిక్ కొట్టగానే స్టార్ట్ అయింది. బతుకు జీవుడా అంటూ సీట్ మీద ఎగిరి కూర్చుని మెల్లిగా క్లచ్ వదులుతూ బండి ముందుకు నడపాలని ప్రయత్నిస్తున్నాను కానీ, వెనుక సీట్ మీద వంద కిలోల బరువు వున్నట్లు బండి బరువెక్కుతోంది, ఇంచ్ కూడా ముందుకు కదలడం లేదు. మెడదు మొత్తం మొద్దు బారినట్లనిపిస్తోంటే, అంత చలి లోనూ నాలుక తదారిపోతోంది. వెనక్కి తిరిగి చూడాలా వద్దా, చూస్తే యేం కనిపిస్తుందో యేమో, గుండె వేగంగా కొట్టుకుంటుంటే పెదవుల మీద చిన్నప్పుడెప్పుడో నేర్చుకున్న "శ్రీ ఆంజనేయం, ప్రసన్నాంజనేయం" అస్పష్టంగా పలుకుతోంది. ఎంత సమయం గడిచిందో అలా తెలీదు, పక్క నుంచి సైడివ్వమంటూ హారన్ కొట్టుకుంటూ, డిప్పర్ లైట్ వేసుకుంటూ ఒక ట్రక్కు వెళ్లడం, నేను బాహ్య ప్రపంచంలోకి రావడం ఒకే సారి జరిగాయి.

ఎప్పుడనగా బండి ముందుకు కదిలించానో, ఎలా నాలుగు కిలోమీటర్ల దూరం హాస్పిటల్ దాకా ప్రయాణించానో, ఎప్పుడొచ్చి హాస్పిటల్లో పడ్డానో నాకే తెలీదు, యిప్పటికీ.

ఇంతకీ ఆ నాటి సంఘటన మొత్తం నిజమా? భ్రాంతా?

యేమో, తెలీదు. పదిహేనేళ్ల తర్వాత కూడా.

కానీ మళ్లీ ఆ వూర్లో పని చేసినన్ని రోజులూ ఆ సమాధుల వద్దకు కాదు కదా, మళ్లీ ఆ దారింట కూడా యెన్నడూ వెళ్లలేదు, వెళ్లాలనుకోనూ లేదు.

Academia
Department of Physiology

Dr. POLISETTY V S K N DURGA HARITHA
1ST yr post graduate
Oral presentation given on "HAND GRIP STRENGTH IN YOUNG ADULTS: INFLUENCE OF ARM CIRCUMFERENCE, BMI, DOMINANT HAND AND GENDER" at APB-iCON 2022 conference conducted at Mahatma Gandhi Medical College & Research Institute, Pondicherry. Presented a poster on "ASSOCIATION BETWEEN MENSTRUAL PATTERN AND BMI IN YOUNG ADULTS WITH LOW SOCIO-ECONOMIC STATUS FROM RURAL AREA" in the same conference.

Published a paper as 1st author with a study titled HAND GRIP STRENGTH IN YOUNG ADULTS: INFLUENCE OF ARM CIRCUMFERENCE, BMI, DOMINANT HAND AND GENDER" in an international journal.

Dr. PILLI PRISCILLA MIRIAM
3rd yr post graduate
Oral presentation given on "ASSESSING THE ANXIETY LEVELS AMONG MBBS STUDENTS OF GUNTUR MEDICAL COLLEGE DURING COVID-19 LOCKDOWN" at the PREPARE 2021BySRM INSTITUTE OF SCIENCE & TECHNOLOGY,CHENNAI.

Presented posters on "ASSESSING THE PRESENCE OF IGg ANTIBODIES IN POST COVID-19 SUBJECTS" at the 7th ASSOPICON 2021 conference conducted at BHAIKAKA UNIVERSITY,KARAMSAD. "TWO-POINT DISCRIMINATION ON PALMAR SURFACE OF HANDS IN MBBS STUDENTS: INFLUENCE OF BMI, GENDER AND AVERAGE VALUES" at the APB-iCON 2022 conference conducted at Mahatma Gandhi Medical College & Research Institute, Pondicherry.

Published a paper as 1st author with a study titled "ASSESSING THE ANXIETY LEVELS AMONG MBBS STUDENTS DUTING COVID-19 LOCKDOWN" in a national journal on August 2022. As a corresponding author with a study titled "TWO-POINT DISCRIMINATION ON THE PALMAR SURFACE OF HANDS IN MBBS STUDENTS: INFLUENCE OF BMI, GENDER AND AVERAGE VALUES" in an international journal on September 2022 and also as a corresponding author with a study titled "HAND GRIP STRENGTH IN YOUNG ADULTS: INFLUENCE OF ARM CIRCUMFERENCE, BMI, GENDER AND HANDEDNESS".

Academia

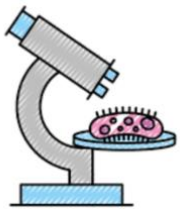
Department of Forensic Medicine

Faculty, Post Graduate students from the Dept of forensic medicine attended the 1st State Level Conference Cum CME **" Forensis Causa 7.0."** held on 28.1.2023 to 29.1.2023 in the Department of Forensic Medicine, Govt.Medical College, Tiruvannamalai, Tamilnadu

Left to right: Dr. N. Dinesh Varma, 1st Year Post Graduate Student, Dept. of Forensic Medicine, Guntur Medical College, Guntur. Dr.B.Nagendra Prasad, Prof & HOD, Guntur Medical College, Guntur, Dr. Rajesh, Prof & HOD, Govt. Medical College, Kanyakumari, Tamilnadu, Dr.R. Balamanigandhan, Postgraduate Student, Dept. of Forensic Medicine, Guntur Medical College, Guntur.

View Point

Dr. D.Preethi, 1st year PG, Department of Microbiology



We have grown from chewing bubble gums and Cadbury gems to handling a lab room full of germs

We have grown amidst varied cultures
And here we are growing different bacterial cultures

We want to experience the world and explore the jungles
And in the end we still have to go back to seeing KoH fungals

From crawling up stools to now mounting smears of stools,

We have grown up from collecting CD mounts to CD4 counts

Somewhere along the way, we came from seeing the Monalisa to now seeing the tests of ELISA

From being a CR to looking out in a PCR

From an intern kid to looking out for variants of COVID

From pasting papers with glue to seeing ig antibodies of dengue

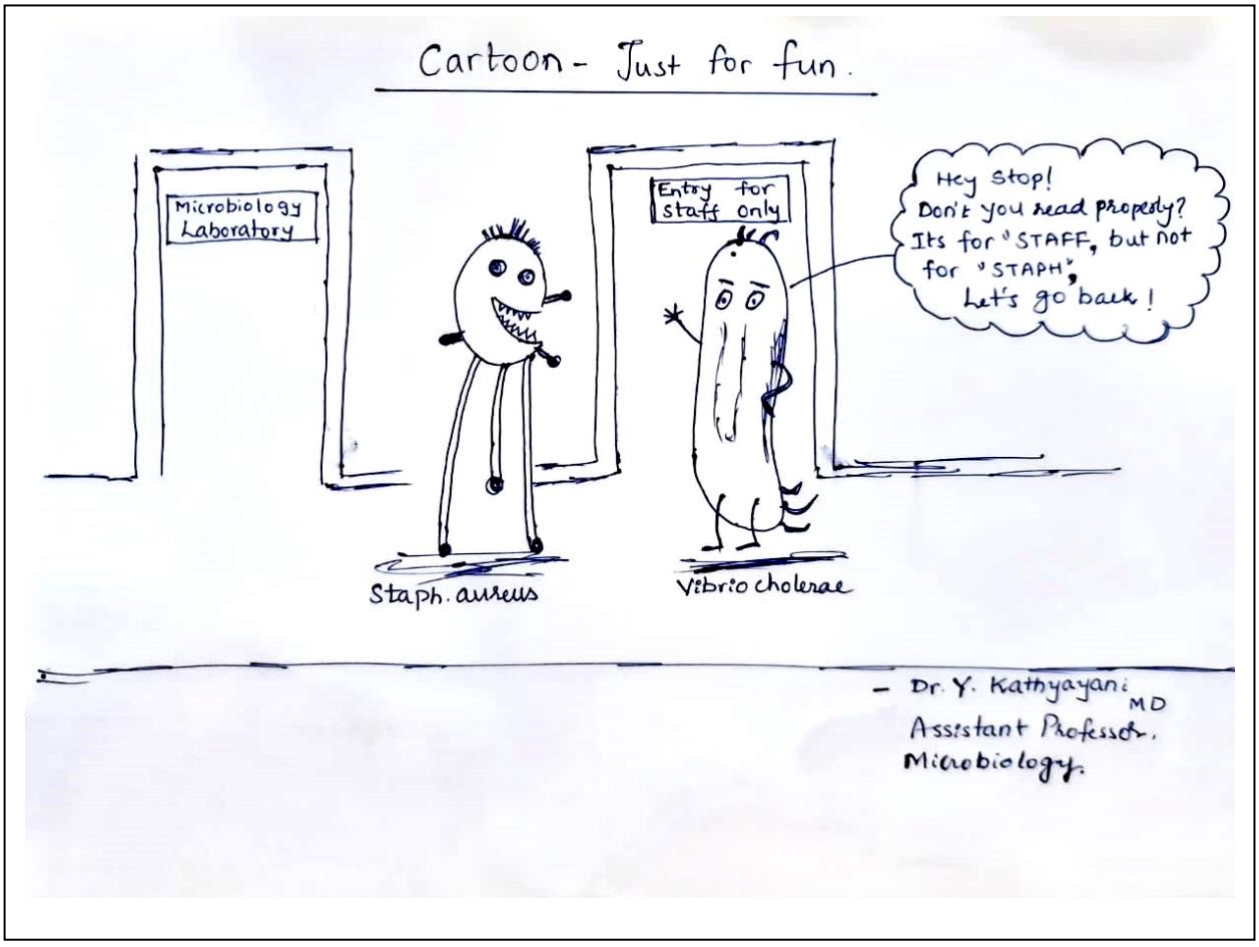
From hiding away from 100s of honey bees to seeing 100s of fields of AFBs

From having a desire to roam in a car of BMW, to lecturing topic of BMW (BioMedical Waste)

Wherever we have come from, we are now here and
We are the ones in the backstage, we are the ones constantly exposed to life-threatening organisms,
We are MICROBIOLOGISTS

Illustration

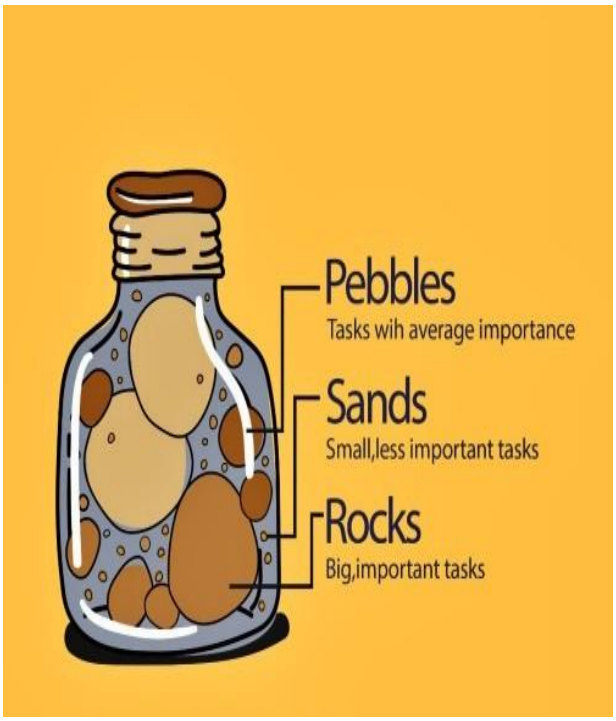
Dr. Kathyayani.Y.,.M.D. Assistant Prof, Department of Microbiology



Open Page

The Jar of Life

Dr. A. Hani Rajesh.,M.D, Assistant Prof, Department of Community Medicine



Recent research revealed that if we prioritise our well being by means of self care, we tend to become more creative, innovative and productive. Work and rest have been compared to the yin and yang of well being which are complementary and also opposing forces. The analogy of a jar full of pebbles, sand and rock gives an important insight into this neglected practice in everyday life by many.

Big Rocks symbolize the most important things in one's life such as Health, Family and a partner. The **Pebbles** are the metaphors for job, house and hobbies and the **Sand** represents small and less important tasks such as daily chores, material possessions, social media, TV, browsing etc.,

Visualize filling the jar by adding the sand first and then pebbles which leaves no room for the rocks. Most of us know the three essentials of optimum living "eating right, exercising and getting enough rest and sleep." However many of us approach life like a time equation neglecting the rocks. Even if everything else such as pebbles and sand are lost the rocks give a meaningful life. Investing in the most important things can accommodate more of the wants (pebbles) and other possessions (sand) which boosts overall well being and also our performance.

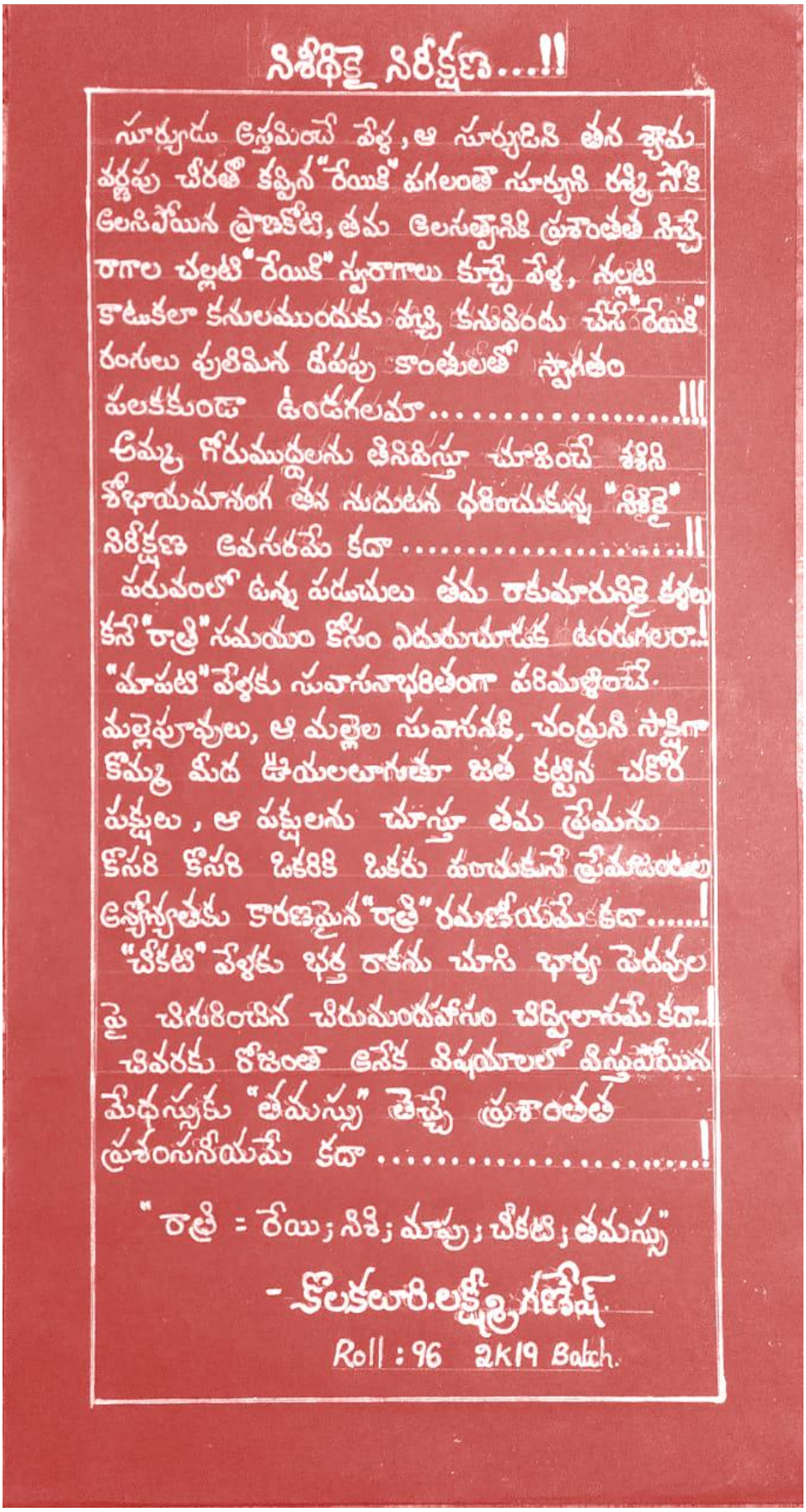
STUDENTS CORNER

చరిత్ర లేని మాకు చరిత్రను తిరగ రాసే
జ్ఞానాన్నిచ్చారు
లెక్క లేని మా అల్లరికి లెక్కల పాఠాలు
నేర్పారు నిత్య ప్రయోగాల ఈ
జీవితానికి ప్రయోగ శాస్త్రాన్ని నేర్పారు
భాషా పరిజ్ఞానంతో భాషలు వేరైనా
భావమొక్కటే అని చాటి చెప్పారు.

రేపటి పౌరులైన నేటి మా బాలలకు
పౌరశాస్త్రాన్ని నేర్పారు
సూక్ష్మమైన ఈ జీవితంలో అతి
సూక్ష్మమైన ప్రాణుల జ్ఞానాన్ని కూడా
అందించారు
కలలు కనే మా వయసుకు ఎన్నో
లలితకళలను నేర్పారు
పుస్తకాలకే పరిమితం చేయకుండా ఎన్నో
ఆటలు పాటలతో ఆహ్లాదాన్నిచ్చారు.

ఇన్ని నేర్పిన మీకు తిరిగి ఎమివ్వగలం?
మరింత ఎత్తుకు ఎదిగి మీరు
అందించిన జ్ఞానాన్ని నలుగురికీ
పంచడం తప్ప!

~నితీష్



నిశీథికై నిరీక్షణ...!!

సూర్యుడు అస్తమించే వేళ, ఆ సూర్యుడిని తన శ్యామ వర్ణపు చీరతో కప్పిన "రేయికి" పగలంతా సూర్యుని రశ్మి సోకి అలసిపోయిన ప్రాణికోటి, తమ అలసట్నానికి ప్రశాంతత నిచ్చే రాగాల చల్లటి "రేయికి" స్వరాగాలు కూర్చే వేళ, నల్లటి కాటుకలా కనులముందుకు వచ్చి కనువిందు చేసే "రేయికి" రంగులు పులిమిన దీపపు కాంతులతో స్వాగతం పలకకుండా ఉండగలమా.....!!!

అమ్మ గోరుముద్దలను తినిపిస్తూ చూపించే శశిని శోభాయమానంగా తన నుదుటన ధరించుకున్న "నిశికై" నిరీక్షణ అవసరమే కదా.....!!!

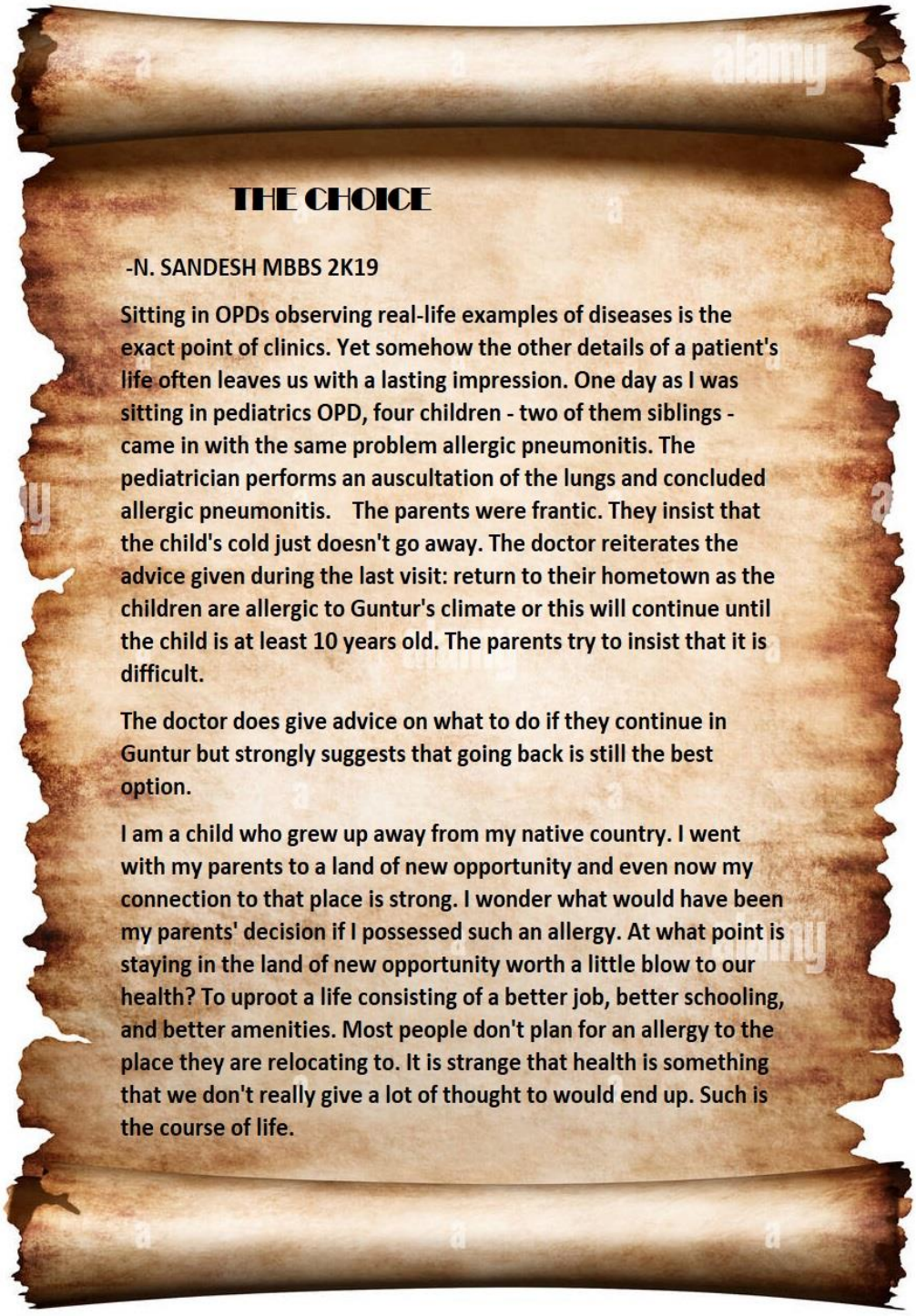
పరువంలో ఉన్న పడుచులు తమ రాకుమారునికై తళుకు కనే "రాత్రి" సమయం కోసం ఎదురుచూడక తురుగలరా..! "మాపటి" వేళకు సువాసనాభరితంగా పరిమళించే మల్లెపూవులు, ఆ మల్లెల సువాసనకి, చంద్రుని సాక్షిగా కొమ్మ మీద ఊయలటాగుతూ జత కట్టిన చకోర పక్షులు, ఆ పక్షులను చూస్తూ తమ ప్రేమను కొనసాగించి ఒకరికి ఒకరు తోడుకునే ప్రేమజంటలు ఉన్నోన్నతకు కారణమైన "రాత్రి" రమణీయమే కదా.....!

"చీకటి" వేళకు భర్త రాకను చూసి భార్య పెదవుల పై చిగురించిన చిరుమందహాసం చిద్విలాసమే కదా..! చివరకు రోజంతా అనేక విషయాలలో మిళితమైన మేధస్సుకు "తమస్సు" తెచ్చే ప్రశాంతత ప్రశంసనీయమే కదా.....!

"రాత్రి = రేయి; నిశి; మాపు; చీకటి; తమస్సు"

- కొలకలూరి.లక్ష్మీ గణేష్
Roll : 96 2K19 Batch.

STUDENT REFLECTION



THE CHOICE

-N. SANDESH MBBS 2K19

Sitting in OPDs observing real-life examples of diseases is the exact point of clinics. Yet somehow the other details of a patient's life often leaves us with a lasting impression. One day as I was sitting in pediatrics OPD, four children - two of them siblings - came in with the same problem allergic pneumonitis. The pediatrician performs an auscultation of the lungs and concluded allergic pneumonitis. The parents were frantic. They insist that the child's cold just doesn't go away. The doctor reiterates the advice given during the last visit: return to their hometown as the children are allergic to Guntur's climate or this will continue until the child is at least 10 years old. The parents try to insist that it is difficult.

The doctor does give advice on what to do if they continue in Guntur but strongly suggests that going back is still the best option.

I am a child who grew up away from my native country. I went with my parents to a land of new opportunity and even now my connection to that place is strong. I wonder what would have been my parents' decision if I possessed such an allergy. At what point is staying in the land of new opportunity worth a little blow to our health? To uproot a life consisting of a better job, better schooling, and better amenities. Most people don't plan for an allergy to the place they are relocating to. It is strange that health is something that we don't really give a lot of thought to would end up. Such is the course of life.

February 1, 2023 [VOLUME 1 ISSUE 1]

ARTSY CRAFTSY

Akash 2020 Batch

A.Neha 2019 batch

Instructions:

Articles included in the news letter:

- Case scenarios and reports about rare diseases and procedures performed.
- Academic achievements of departments such as CMEs, awards received, any initiatives undertaken, any days celebrated with public health importance etc,.
- Personal contributions in the form of poems, original write-ups, art work, and anything relevant.

E-mail address to send: gmcnewsletter01@gmail.com

- Send your articles, photographs, art, jokes, write ups, queries or suggestions to this mail address by the end of every month which will get published in the next issue to be released after two months.

Note:

- The articles submitted will be scrutinized by the advisory and editorial board and the decision of the Editor will be final while publishing.
- Due to space constraint abridged and modified versions of the articles, case scenarios and case reports strictly restricted to not more than 2 pages is requested.
- It is also requested to send the articles in word format and not to send as PPT or PDF.
- It was noticed that academic papers published in different journals are being sent as a whole document which may lead to removal of certain important points necessary for the readers. Keeping in view of this it is requested to send them as a synopsis with the most important findings.
- Articles received and not published in the current edition will be included in the next edition.