GMC NEWS LETTER

2023

Volume 1 Issue 2

TOPICS INSIDE

GMC NEWS LETTER

Volume 1 Issue 2

Mar-April, 2023

Message from the Principal's desk

Dr. N. UMAJYOTHI M.D

It gives me immense pleasure to write a message for this year's second Newsletter of Guntur Medical College. Our main focus will continue to be publishing the high quality work done in hospital and college by our esteemed faculty. Our prestigious Institute is known for accurate diagnostic and treatment methods that are used for serving poor patients coming from far off places. This newsletter will highlight the work done in various departments. I congratulate the faculty and students of editorial board for bringing out this Newsletter

Message from the superintendent's desk

Dr. N.PRABAVATHI MD DGO

Greetings to All…

I am privileged to write this message for GMC News Letter Edition 1 Issue 2 as this edition, is a beautiful amalgamation of things happening in the hospital and all over our beloved institution.

Being the Superintendent, I keep watching a lot of great work, a huge number of achievements across all the departments of the hospital. Now, I feel so happy that our institution has got a great platform in the form of News Letter where every achievement and every rare diagnosis and treatment gets recognition and the knowledge is spread across to everyone.

I hope every reader provides the same encouragement and appraisal for this issue in the same way you showed for the previous issue.

Editorial

Dr.D.MADHAVI MD
Professor
Dept. of ANATOMY

Greeting to All…….

It gives me immense pleasure to be a part of the second issue of our newsletter which reflects the growing sense of our college as a collective forum. Our academic pursuits, personal growth, and social interactions all contribute to the kind of individuals we become and the impact we have on the people around us. With that in mind, it is important that we reflect on the values that we want to embody as a community. One value that I believe is essential is inclusivity. Inclusivity means recognizing and celebrating the diversity of our community and actively working to create an environment where everyone feels welcome and valued. In practice, this means taking concrete steps to promote inclusivity on campus. It means creating spaces and events that are welcoming to all students and faculty, regardless of their background. It means actively seeking out and listening to their voices, and using that feedback to shape our policies and practices. By exposing ourselves to diverse perspectives and experiences, we expand our own understanding and diverse perspectives. Let us create an environment that is truly welcoming to all, and that sets an example for the others to follow. Together, we can make a real difference.

MESSAGE FROM ALUMNI

Dr. Alla Gopala Krishna Gokhale

MS, M.Ch, (C.M.C., vellore), SMP (11M,q, DSC
Padmo Shri Awardee
Sr. Consultant Cardiothoracic, Transplanta
Minimal Access Surgeon
Fellowship in USA Australia
Regd.N0 1 5381

I am very happy to see the 1st issue of GMC Newsletter by the editorial board and undergraduate associate editors. Format, presentation and content have been excellent in par with the newsletter published by the best institutes in the world. Congratulations to the team for this wonderful team work put in.

For decades excellent work is being done at GGH and GMC, which only a few inside the portal of these two organizations are aware. For the first time, an effort is being made to encourage the talents of the staff and students and let the world know the good work being done there. In today's world, research and publications are an essential part of the academic training. Guntur Medical College produced some of the best clinicians all over the world and it has taken one more leap forward with this newsletter.

I wish the team all the very best to keep publishing this newsletter forever.

Dr.Alla Gopala Krishna Gokhale

April 30, 2023 [VOLUME 1 ISSUE 2]

HAPPY RETIREMENT

Dr. CHAGANTI PADMAVATHI DEVI gaaru

Dr. Chaganti Padmavathi Devi *has been a stalwart in the field of pathology and medicine all along her career. We would like to dedicate this place to list a few of her great achievements.*

Dr. Padmavathi Devi mam *did her M.B.B.S, Diploma in pathology, and M.D in Pathology from Rangaraya Medical College, Kakinada. She was trained in Cytology at Kidwai Memorial Institute of Oncology Cancer Research and Training Centre, Bangalore. All along her carer Dr. Padmavathi Devi mam has been a part of various committees and Organizing teams of various conferences across the country. She was the Organizing Secretory for CME in Bone Pathology in the year 2005. First Organizing Secretory for IAPM conference in the newly formed state of AP in the year 2016. Career of Dr.Padmavathi Devi Mam has been studded with various awards for her Excellence in academics and in administration. Madam has received the State Best Teacher Award from Former Chief Minister Nara Chandra Babu Naidu Garu in the year 2014. Madam was awarded Best administrator award from the Superintendent of Government Hospital,Guntur . Madam also received Thummala Rambrahman Award for Best Research Paper on the topic FNAC of Lung Lesions in 2009. Immunohistochemistry lab. First time established in* ***GMC*** *next to Osmania in the combined state. Centre recognised for conduct of DNB pathology. Successive batch post graduates got best papers in IAPM state conference.*

Finally we would like to say that we are very much privileged to be a part of ***GMC NEWS LETTER*** *that Dr. Padmavathi Devi mam has started with a Great vision and we promise that we take her vision forward with a great responsibility.*

FELICITATION TO OUR BELOVED PRINCIPAL




Message from Dr.C.Padmavathi Devi

Down the Memory Lane

When the principal Dr Umajyoythi asked me to share some of my thoughts I was thinking what am I going to share. Then I thought my long journey in Guntur medical college is what I am going to write.

I was born in a family of doctors in East Godavari district and my mother Late smt.Vasanta Devi was a BSC graduate in the family [Only non doctor]. She was making us sit and read in the study time and also encouraged playing lots of games. My father late Sri .Dr C s Ratna Raju and my mother taught us the values of life and core principals of life.

Along with them my guru late sri. Sivananda Murthy garu teachings helped me to be what I am today. Choosing pathology as my profession was because of My husband DR YVS Prabhakar who was the pillar to me in all aspects of life and My brother Dr. C.Joga rao .However the interest on the subject of Pathology was created by my teacher Late Sri Sankar Banerjee while we were undergraduate students.

The development as pathologist was helped by my teacher Late Dr Venkata Ratnum Mam.

Golden jubilee of GMC

I was working with our professor Late Dr Venkata Ratnam sir who was the chair man for cultural competitions.

I gained enormous knowledge and we could successfully completed Golden jubilee.
Pathology Department was given the best stall award in the medical exhibition and I can proudly say the pathology stall was completely done by me with the help of very smart and Creative students of GMC.

Diamond Jubilee
I was the chairperson for cultural and literary events and they were completed very successfully.

Platinum Jubilee
Ever since we thought of Platinum jubilee I was all ways insisting that our honorable CM Sri.YS Jagan Mohan Reddy garu must inaugurate pylon.
Thanks to Sri.Harikrishna Garu special secretary to CM and Sri.Venugopal Reddy garu -the Collector and district Magistrate of Guntur it could be made possible And Pylon was Inaugurated By our honorable Chief-Minister on 11/11/22.
We conducted sports, culturals and literary competitions and we invited old students/faculty of GMC who were experts in the field for inauguration and for prize distribution.
Platinum jubilee awards day and college day were very successfully completed.

Department of Pathology
Immunohistochemistry [IHC] was essential for the diagnosis of difficult cases in pathology and
We had to run from pillar to pole to sanction Immunohistochemistry [IHC] and it became possible with Arogyasri Funds. We could get cryostat [Frozen section] to Dept of Pathology.
The license for whole blood and components for GGH blood bank was obtained in my tenure again with lot of difficulty as we do not have a proper place which was the major hurdle.
Our department was recognized DNB examination centre for the subject of pathology.

As Principal GMC
The biggest challenge to me was 50% transfers followed by 35 % transfers. This again was done with transparency and every time we were sending the proposals to DME.

NMC
We put lot of effort during NMC inspections. But finally we got the deserved seats.

NMC cameras and Aadhar based biometry*-We were the first to install them in our college and GMC was first in the state and Seventh in the country to install them first*
In the whole run of thirty plus years in all positions either the students or Colleagues helped to bring success to whatever endeavor I took up.

I am very thankful to all my colleagues and all the students

"Endaro Mahanubhavulu Andariki Vandanamulu".

Men may Come and Men may Go but GUNTUR MEDICAL COLLEGE goes on for ever

Dr.C.Padmavathi Devi
MBBS, M.D, DCP

Dr. Perumallapalli Kamala Subhashini gaaru

MEMORANDUM:

Dear students,

*I am **Dr. Kamala Subhashini** retired as an Associate Professor of Pharmacology. I had the great pleasure of teaching you all. I always also stressed this point in my classes that Pharmacology is like 'Hutch dog'. In the days past we had an advertisement for Hutch network with the caption **"You and I ".***

A Pug dog follows a boy where ever he goes. So also, Pharmacology follows you where ever you go and follows you till the end of your career. So, look at it as it follows you. Make it a habit of reading about drugs daily. Then I am sure you all will become good doctors in whatever Specialty you are. So, keep up the standards of a noble profession.

You are all good students and I enjoyed teaching you.

I wish you all the best for a bright future. I will miss you all.

Thanking you all – your teacher

Dr.P.Kamala Subhashini

THANK YOU MADAM. GMC WILL MISS YOU

PHARMACOVIGILANCE!!!

SGLT2 inhibitors: Current Prospectives and Safety monitoring

Dr K Chandrakala,

*Professor of Pharmacology and Co-ordinator of Pharmacovigilance centre, GMC/**GGH**, Guntur*

Sodium-glucose co-transporter-2 (SGLT-2) inhibitors *are a class of anti-hyperglycaemic agents acting on the SGLT-2 proteins expressed in the renal proximal convoluted tubules. It exerts its effect by preventing the reabsorption of filtered glucose from the tubular lumen.* SGLT2 inhibitors are also called Gliflozins. *To date, there are six SGLT-2 inhibitors approved*

- *Canagliflozin*
- *Dapagliflozin*
- *Empagliflozin*
- *Ertugliflozin*
- *Remogliflozin*
- *Bexagliflozin*

The indications for use vary per drug, but all the drugs are approved for use in adults with type 2 diabetes mellitus (DM) to improve blood sugar control adjunct to diet and exercise.[1]

Canagliflozin was the first SGLT-2 inhibitor to receive approval on March 29, 2013

Next drug, Dapagliflozin was approved in January 2014. It is indicated in adult patients with type 2 DM to improve the control of blood glucose in addition to diet and exercise. Other indications include minimizing the hospitalization in adult patients with underlying heart failure, decreasing the risk of Cardiovascular mortality and improves in patients with decreased ejection fraction (EF).[1] *It is also indicated to minimize the risk of the continued decline of estimated glomerular filtration rate (eGFR), ESRD, CV mortality, and hospitalization for heart failure in chronic kidney disease (CKD) patients at risk of progressive disease.*[2,3]

Empagliflozin was the third SGLT inhibitor to receive approval by the FDA in August 2014 [4.] *It directly inhibits the activity of the Na^+/H^+ exchanger 1(NHE1) in the cardiomyocytes to regulates excessive autophaphagy, reduces infarct size and myocardial fibrosis. It is indicated in adult patients with type 2 DM and significantly reduces cardiovascular morbidity and heart failure hospitalization.*

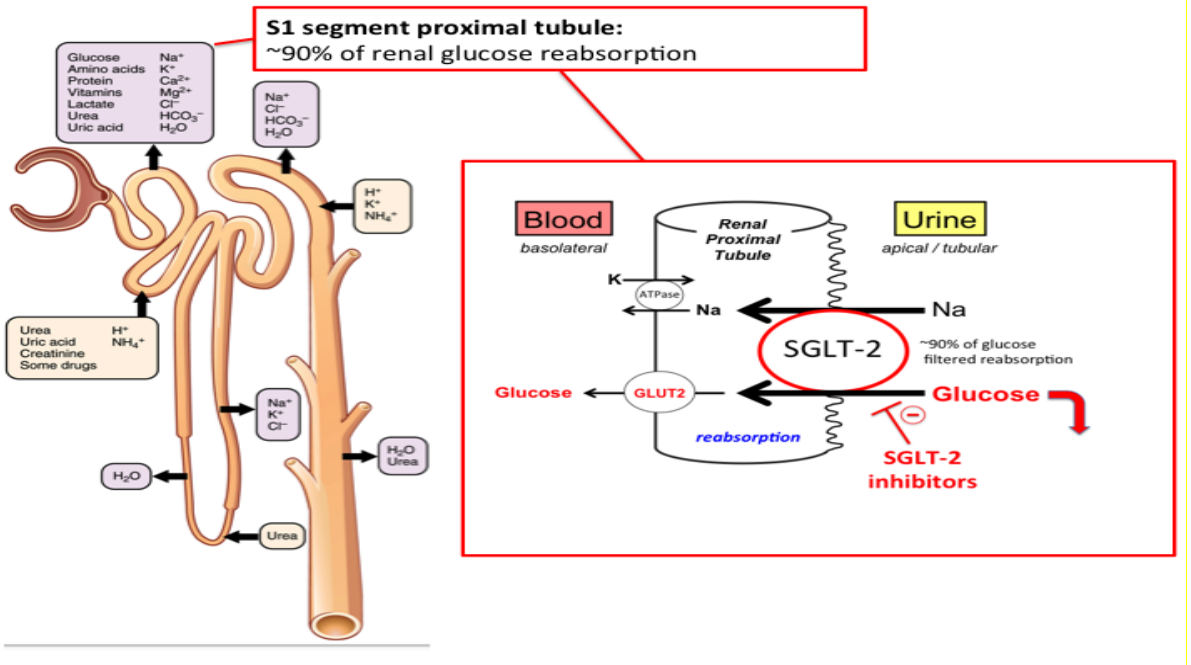
Later, another SGLT2 inhibitor, Ertugliflozin was approved for treatment of DM in Dec, 2017 and it decreases the cardiac microvascular, macrovascular and renal complications of DM and also preserves kidney function in patients with macroalbuminuria..

Recently, other SGLT2 inhibitors Remogliflozin (approved in 2019) and Bexagliflozin (approved in 2021) were approved for treatment of type2 diabetes mellitus as an add-on therapy to diet and exercise. [1,5]

Mechanism of Action:

SGLT-2 are proteins expressed in the proximal convoluted tubules of the kidneys that exert their physiologic function by reabsorbing filtered glucose from the tubular lumen. SGLT-2 inhibitors reduce the reabsorption of filtered glucose, decrease the renal threshold for glucose (RTG), and promote urinary glucose excretion. [5]

By inhibiting the SGLT-2-dependent glucose and sodium reabsorption, there is an increase in distal tubular sodium load. Not only does this inhibit the renin-angiotensin-aldosterone system, but it is also considered to regulate specific physiological functions, which include decreasing renal intraglomerular pressure, promoting tubule-glomerular feedback downregulating sympathetic activity, and reducing the heart's preload and afterload.



Efficacy:

1. *SGLT2 inhibitors effective in lowering the blood glucose levels.*
2. *By removing glucose from the body, SGLT2 inhibitors can also have benefits for weight loss.*
3. *They reduce the risk of hospitalization for heart failure in adults with both type 2 diabetes and cardiovascular disease (Dapagliflozin and Empagliflozin)*

4. *They also reduce the risk of cardiovascular death and hospitalization in adults with heart failure with reduced ejection fraction*
5. *They reduce the risk of further worsening of kidney disease and slow the progression towards end-stage kidney disease*

Contraindications:

Patients receiving treatment with dialysis are contraindicated to receive therapy with any of the four SGLT-2 inhibitors. Hypersensitivity reactions such as anaphylaxis or angioedema to any of the four agents are also an absolute contraindication.

ADR Monitoring:

- *Mild side effects include- Increased frequency of urination at night, increased thirst, UTI, genito-urinary infections, vaginal candidiasis, fatigue, flu like symptoms and swelling of feet.*
- *Volume status and renal function should be assessed at baseline prior to initiating SGLT-2 inhibitors since all four agents can cause intravascular volume contraction, potentially resulting in a symptomatic decrease in blood pressure and short-term transient alteration in serum creatinine.*
- *Patients should be thoroughly investigated for ketoacidosis as DKA may present even if the serum glucose range is below 250 mg/dL*
- *Patients should be monitored regularly as SGLT-2 inhibitors increase the risk of genital mycotic infections in males and females.*
- *Patients should also be monitored for signs and symptoms of necrotizing fasciitis of the perineum, also termed "**Fournier's Gangrene**," as such cases have been reported with the treatment of SGLT-2 inhibitors.*
- *Though they do not cause hypoglycaemia alone but taking SGLT2 inhibitors with insulin, sulphonylureas or glinides may increase the risk of hypoglycaemia.*

Conclusion: *SGLT2 inhibitors are considered to be safe and effective group of drugs for type2 diabetes with cardio-renal protection. But at the same time there should be proper patient education about adverse effects and close monitoring for the safety of the patients.*

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6. Chintan V. Dave, PharmD, PhD[1]; Sebastian Schneeweiss, MD, ScD[1]; Elisabetta Patorno, MD, DrPH[1]. Association of Sodium-Glucose Cotransporter 2 Inhibitor Treatment With Risk of Hospitalization for Fournier Gangrene Among Men: JAMA Intern Med. 2019;179(11):1587-1590. doi:10.1001/jamainternmed.2019.2813.

CASE REPORTS:

CASE REPORT: ELDERLY CAD PATIENT WITH DIAPHRAGMATIC HERNIA SUSTAINED INTRAOP CARDIAC ARREST REVIVED BY DIRECT CARDIAC MASSAGE

Dr. Y Kiran Kumar, chief surgeon & Professor

Dr.Ch.R.Chalam, Dr.L Vamsidhar, Dr.K.Nagasantosh , Dr.Anusha

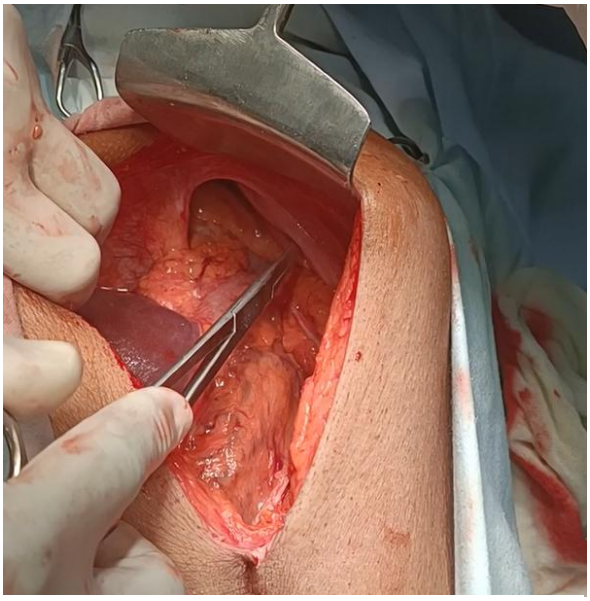
Post-graduates: Dr. S.V.Siva Kishore, Dr.Likitha

Department Of General Surgery, Unit-II

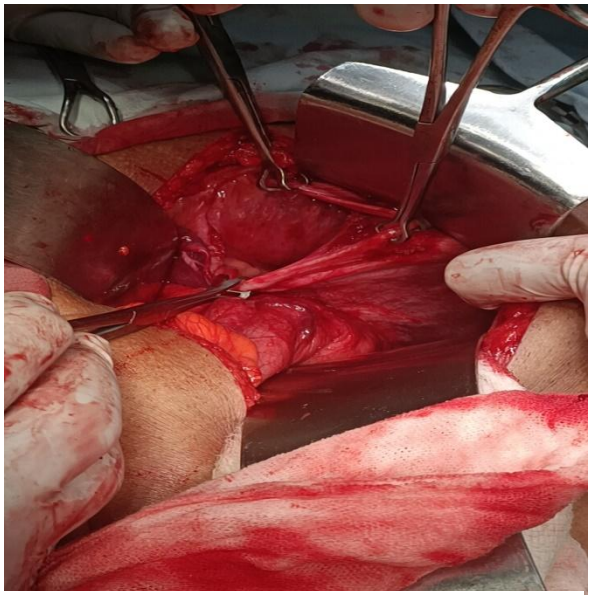
70yrs old elderly male patient presented to Emergency Op with complaints of Pain abdomen, Epigastric discomfort, multiple episodes of vomiting, Early satiety, Anorexia for last 1 month with provisional diagnosis of Gastric Outlet Obstruction patient was admitted in surgery 2nd unit. CECT abdomen shows pyloric thickening of 7mm. Patient was planned for endoscopy guided biopsy to rule out malignancy. But on Endoscopy there is altered orientation of stomach with prepyloric ulcer with no obvious thickening and endoscope couldn't be passed further as the length is not sufficient and advised Barium study. On contrast study contrast filling of small bowel loops is seen and mentioned that there are no findings suggestive of Gastric Outlet Obstruction. Despite Diagnostic Dilemma as there is no improvement in patient condition patient was planned for Exploratory Laparotomy and Procedure. Midline Laparotomy incision of 10cm given and abdomen is opened in layers Intraoperative a large rent of size 10×10cm noted in Left Hemidiaphragm with herniation of Stomach, Transverse Colon and Omentum into thorax and adhered to Heart. Adhesions are released by fine dissection and contents are pulled into abdomen. Intraoperatively patient sustained cardiac arrest, ***chief surgeon Professor Dr. Y Kiran Kumar*** *with his presence of mind performed* ***Direct cardiac massage*** *by passing Right hand through the rent in the left hemidiaphragm.Direct Cardiac Massage is considered to be simplified version of CPR, 100% effective and associated with minimal trauma to ribs and lungs. Rent in the Left hemidiaphragm is closed by continuous prolene suture and reinforced by placing 15×15cm polypropylene mesh. Postoperatively patient Tropinin levels are normal ruling out intraop MI, Patient was monitored in surgical ICU and postoperative period is uneventful.pt was discharged on pod 10 after suture removal.*

Post-Barium Swallow X-RAY

Intra op images



Diaphragmatic hernia with Stomach, Transverse Colon and Omentum herniating into thorax



This is the 2nd intra op pic showing defect of size 10×10cm in Left Hemidiaphragm

3rd Intra OP image showing DIRECT CARDIAC MASSAGE

4th Intra OP image showing MESH

POST OP IMAGE;

POST OP PICTURE OF PATIENT S.VENKATESWARLU

FACE OF THE INSTITUTE

GMC ON NATIONAL & LOCAL NEWS PAPERS

DECCAN Chronicle

GGH Guntur pulls miracle on a critical 70-year-old

DC CORRESPONDENT
VIJAYAWADA, FEB. 15

In a rare occurrence, professor Dr Y. Kiran Kumar of Government General Hospital (GGH) in Guntur revived the heart of a 70-year-old patient by massaging it internally. When the patient S. Venkateswarlu of Nandanavanam village in Prakasam district arrived at Guntur GGH hospital, doctors found him suffering from a rare diaphragmatic hernia. A medical team led by highly experienced Dr Kiran Kumar decided to operate on him.

The team found that half of the stomach, large intestine, omentum, heart, lungs, and diaphragm, which is in the middle of the stomach, had protruded from a hole in muscle and extended to the heart and lungs.

During the operation, the patient's heart stopped beating suddenly. Dr Kiran Kumar said as the surgery had been under progress, cardiopulmonary resuscitation (CPR) from above would be very risky. Hence, he put his hand through the hole in the diaphragm and started massaging the heart gently. Following this, the heart revived and became stable after a few moments.

Doctors then continued the operation. The stomach, large intestine and omentum were pulled out from the chest into the stomach. They then closed the hole in the diaphragm with a prolene mesh.

Dr Kiran Kumar said the patient remained on a ventilator in ICU for 48 hours after the operation. After they concluded that the heart, lungs and brain had started functioning well, they removed the ventilator and started feeding fluids from the third day. The patient started walking on the third day itself. It has now been 12 days since the stitches have been removed and doctors have decided to discharge the patient.

Guntur GGH superintendent Dr Prabhavati said it is a high point for their hospital to conduct such an operation very effectively and successfully. She congratulated Dr Kiran Kumar and his team.

సాక్షి

ఆగిన గుండెకు.. నేరుగా మసాజ్

- క్షణాల్లోనే తిరిగి కొట్టుకున్న గుండె
- గుంటూరు జీజీహెచ్‌లో వృద్ధురాలికి పునర్జన్మ
- అరుదైన డయాఫ్రామ్‌మెటిక్ హెర్నియాకు గత్తెర రోగి
- మైస్టార్ ఆరోగ్యశ్రీలో ఉచితంగా శస్త్రచికిత్స విధానం

కడుపులో చెయ్యి పెట్టి గుండెకు మసాజ్ చేసిన వైద్యుడు

జాతీయ వార్తా పత్రికలతో ఆపరేషన్ చేయించుకున్న వెంకటేశ్వర్లు

Date: 16/02/2023, Edition: Guntur(Guntur Main), Page: 3
Source : https://epaper.sakshi.com/

Case credits:
Dr. S.V.Siva Kishore
2nd yr. post-graduate Dept. Of General Surgery

CASE REPORT: Ethamoidal Sinusitis with Orbital Cellulitis

Department of E.N.T

Professor:Dr.U.Srinivasa Rao Ass.Professor:Dr.C.Anitha PG :Dr.Sravya

15 year old SK.Sameer presented with history of watering from left eye associated with swelling since 4 days, episodes of seizures observed on 06-03-23 morning

HISTORY OF PRESENT ILLNESS Patient was apparently alright 4 days back to start with he developed;

Watering from left eye associated with swelling of left upper eyelid rapidly progressed in 4days associated with redness of eye visual of visual acuity of left eye is normal

History of high grade fever since 4 days

History of seizures of 4 episodes since morning of 06-03-23.

- *Generalised tonic clonic seizures (GTCS) - each episode lasting roughly for 2 to 3 minutes, associated with frothing from mouth .No history of similar complaints in the past.*

INVESTIGATION:-

- *NCCT of brain showed diffuse cerebral edema in left periorbital region with extension into orbital apex*
- *CT scan of paranasal sinuses showed left orbit enlarged in size associated with evidence of soft tissue density collection around eyeball of size 2.5×2 cms*
- *Evidence of mucosal thickening in left ethamoidal sinus and left maxillary sinuses noted*
- *There is no evidence of bony erosion noted*
- *Right maxillary, sphenoid sinus -Normal*
- *Visualized cut sections of brain appears- Normal*
- *Left orbital cellulitis associated with ethamoidal sinusitis*

BEFORE AND AFTER THE SURGERY

OPERATIVE PROCEDURE:-

Under aseptic condition and under general anesthesia. Patient kept in supine position with 15° head elevation. Nasal cavity packed 4% lignocaine adrenaline and removal after 15 minutes. Local infiltration with 1% xylocaine + adrenaline, left maxillary sinus opened by removing the uncinate bone, and seen the oedematous mucosa in maxillary sinus. Entered into Ethamoidal sinuses by removing the Bulla Ethamoidalis removed lamina paperecea bone and exposed periosteum of orbital wall. Incised the periosteum and exposed the orbital fat and seen the medial rectus muscle and Superior Oblique muscle and Inferior Oblique muscle and separated the muscles without injury and enter into orbital cavity of no pus in the orbit. Replaced the orbital fat and orbital periosteum and hemostasis secured and packed with merocele. A small incision over the midline of the left upper eyelid and pus is coming from incision rupture the locules of the abscess and kept bethodine pack through the incision into the upper eyelid.

POST OP RECOVERY: - *GOOD.*

ACCOMPLISHMENT: *Sk. Sameer of 9th standard was admitted in a private hospital in Tenali due to seizures and was recommended to Government General Hospital, Guntur. He was initially admitted to the neurology department due to his seizures,high grade fever and with a brain infection. He was referred to ophthalmology department due to his abnormal spelling of the left eye. They then announced that the infection is transferred from the eye to the brain but not sure about the source of infection and finally referred him to ENT department.*

సాక్షి

. ''What does a doctor need more than seeing his patient's heel and going home safely''

గుంటూరు మెడికల్: మెదడుకు తీవ్రంగా ఇన్ఫెక్షన్ సోకి కంటి చూపుతో పాటు ప్రాణాలు పోయే స్థితిలో ఉన్న యువకుడికి గుంటూరు జీజీహెచ్ ఈఎన్‌టీ వైద్యులు అరుదైన శస్త్రచికిత్స చేసి ప్రాణాలు కాపాడారు. మంగళవారం ఈఎన్‌టీ వైద్య విభాగంలో జరిగిన విలేకరుల సమావేశంలో ఈఎన్‌టీ ప్రొఫెసర్ డాక్టర్ ఉప్పాల శ్రీనివాసరావు మీడియాకు వివరాలు వెల్లడించారు. తెనాలి రూరల్ మండలం పెదరావూరు గ్రామానికి చెందిన షేక్ షమీర్ తొమ్మిదో తరగతి చదువుతున్నాడు. ఈ నెల 5న షడన్‌గా ఫిట్స్ వచ్చి కన్ను తీవ్రంగా వాచిపోయి చికిత్స కోసం తెనాలిలోని ప్రైవేట్ ఆసుపత్రిలో చేరాడు. ప్రైవేట్ ఆసుపత్రి వైద్యులు తాము చికిత్స అందించలేమని, యువకుడి ప్రాణాలకు ప్రమాదం ఉందని చేతులెత్తేశారు. దీంతో యువకుడి తల్లిదండ్రులు సర్దార్, షాహినా మార్చి 6న గుంటూరు జీజీహెచ్‌కు తీసుకొచ్చారు. జీజీహెచ్ న్యూరాలజీ వైద్యులు సిటీ ఎమ్మార్ వైద్య పరీక్షలు చేసి బ్రెయిన్‌లో ఇన్ఫెక్షన్ ఉందని నిర్ధారించి చికిత్స అందించారు. అనంతరం కంటి చికిత్స నిమిత్తం కంటి వైద్య నిపుణులు, ఈఎన్‌టీ వైద్య నిపుణులకు రిఫర్ చేశారు. మార్చి 11న ఈఎన్‌టీ వైద్య నిపుణులు యువకుడి ముక్కులో ఉన్న ఇటమాయిడ్ సైనసైటీస్ వల్ల ఇన్ఫెక్షన్ వచ్చి అది కంటిలోపలకు చేరినట్లు నిర్ధారించారు. ముక్కులో నుండి కంటిలోపలికి వెళ్లే మార్గాన్ని ఓపెన్ చేసి ఈ నెల 13న ఆర్టీటల్ డికంప్రషన్ ఆపరేషన్ ద్వారా కంటిలో ఉన్న

ఆపరేషన్ అనంతరం కోలుకున్న యువకుడితో ఈఎన్‌టీ వైద్యులు

చీమును తీసివేసి యువకుడి చూపు, ప్రాణాలు పోకుండా కాపాడారు. ఆపరేషన్ ప్రక్రియలో తనతో పాటు అనిస్థెంట్ ప్రొఫెసర్లు డాక్టర్ రజనీకాంత్, డాక్టర్ అనిత పాల్గొన్నట్లు డాక్టర్ శ్రీనివాస్ తెలిపారు. సుమారు రూ.3 లక్షల ఖరీదు చేసే ఆపరేషన్‌ను డాక్టర్ వైఎస్సార్ ఆరోగ్యశ్రీ పథకం ద్వారా ఉచితంగా చేశామన్నారు. జీజీహెచ్‌లో తొలిసారిగా ఇలాంటి శస్త్రచికిత్స చేశామని వెల్లడించారు. తమ బిడ్డకు జీజీహెచ్ వైద్యులు నూతన జీవితాన్ని ప్రసాదించారని తల్లిదండ్రులు పేర్కొని, ఆసుపత్రి వైద్యులకు కృతజ్ఞతలు తెలిపారు.

Date: 22/03/2023, Edition: Guntur(Guntur East), Page: 9
Source : https://epaper.sakshi.com/

It was then identified as the infection from the ethamoidal sinus (ethmoidal sinusitis) is being transferred to the eye and then to the brain. Fortunately, the infection is drained out by orbital decompression and the infection is treated. It is for the first time in ***Government General Hospital*** *operating on such a case with great accomplishment.*

BRONCHO PNEUMONIA with MYELOID - LEUKEMOID REACTION- CASE REPORT

Department of Paediatrics Dr.SUNITHA Associate professor

A 1year old male child born out of Non consanguineous marriage brought by mother (informant) with complaint of cough since 4 days fever since 4 days ,increased work of breathing since 2 days

HISTORY OF PRESENT ILLNESS

child is apparently normal and brought with complaint of cough since 4days insidious in onset, progressive with diurnal variation+ ,no aggravating or relieving factors, followed by Fever since 4days high grade, intermittent not associated with rigors ,h/o increased work of breathing insidious in onset with duration of 2days aggravating at night ,No h/o stridor/malena/loose stools/rashes over body/pain abdomen/refusal of feeds

HISTORY OF PAST ILLNESS:

NO h/o similar complaints in past

NO h/o previous hospital admissions

No h/o CHD/Seizures

ANTENATAL HISTORY

Booked case ,2doses of Tetanus vaccine taken ,IFA supplementation taken ,H/o Anaemia + and blood transfusion done ,No h/o fever with rash, No h/o GDM/PIH/Hypothyroidism No h/o APH/PROM

BIRTH HISTORY
Term/3.5kg/S/MCH/LSCS/CIAB

No h/o NICU Admissions
DEVELOPMENTAL HISTORY

Walks with support, babbles 2to3 words

Mature pincer grasps attained, plays simple ball game

IMMUNISATION HISTORY

Immunised up to date as per UIP Schedule

FAMILY HISTORY

Non consanguineous marriage, no h/o similar complaints in family, 1 elder sibling of age 4years, maternal age at conception 22years

SOCIOECONOMIC STATUS

Pucca house,1 living room, 4person living adequate ventilation, water supply-bore

GENERAL PHYSICAL EXAMINATION:

Child is conscious, GCS 15/15, BMI-14.2(underweight) vitals- @admission spo2-92% with HFNC

10 it O2, FIO2 -80%
11 PR-142,RR-42/min,Temp-febrile

Kept on HFNC for 4days; spo2 -95% on hfnc and then kept on o2 for 5days

Weaned off from o2 now maintaing on room air with spo2-99%; RR-36/min;PR-

122/min; Temp-febrile

ANTHROPOMETRY

weight-7kg; EXPECTED 10 Kg deficit of 3 Kg grade I PEM Wt. for age ;height-75cm; Expected 75Cm ,HC-48cm Normal for that age ,mid arm circumference-Rt-11.5cm;Lt-11cm .mid-thigh circumference-Rt-18.5cm;Lt-19cm ,mid forearm circumference-Rt-11cm;Lt-11cm ,mid leg circumference-Rt-12cm;Lt-12.5cm

No pallor, icterus, cyanosis, clubbing, lymphadenopathy ,No skeletal deformitiesNo pigmentation of skins No pigmentation of skin/nails No neurocutaneous markers

SYSTEMIC EXAMINATION:

INSPECTION-no flaring of ala nasi ,no enlarged lymph nodes ,shape and movement of chest symmetrical ,trachea in mid position ,@admission subcoastal retractions + Now-absent ,no chest wall deformities ,no drooping of shoulder no winging of scapula

PALPATION-position of trachea centre chest expansion equal

Per abdomen: Liver is palpable + 3cm below Rt sub coastal margin, non tender, surface is smooth, rounded margins, moving with respiration. , no abdominal tenderness and no ascitis

PERCUSSION-dull note+ on chest, liver span-6.5cm

AUSCULTAION

CVS-S1, S2 heard; no murmur

Respiratory system- Rt. Lt

SUPRA CLAVICULAR. Crepets +. +

INFRA CLAVICULAR. + +

MAMMARY. + +

INFRA MAMMARY. + +

AXILLARY. + +

INFRA AXILLARY. + +

SUPRA SCAPULAR + +

INTER SCAPULAR. - • INFRA SCAPULAR - -

@admission bilateral crepts+; now lungs are clear. Blood C/S Sent on 24.02.23 report awaited .Some of the RBC are showing hypochromia; There are no nucleated RBC's.Few target cells are seen.

WBC: Total count increased with mild nuetrophilia.shift to left and presence of toxic granules. Few hyper segmented polymorphs seen. Band cell count-5% platelets-Adequate in number with normal morphology

Impression: *Features are those of Neutrophilic leucocytosis.*

note-in view of hyper segmented polymorphs and macrocytes,consider Vitamin B12 deficiency

Xray at admission

DIAGNOSIS: BRONCHO PNEUMONIA with MYELOID - LEUKEMOID REACTION

Correction of an obvious Facial Asymmetry-CASE REPORT

Dr.Sumita Shankar, Professor and Head, Department of Plastic and Reconstructive surgery

A 16 year old female presented to the department of Plastic Surgery at GGH Guntur, for correction of an obvious facial asymmetry. This started when she was a toddler and gradually progressed. Due to this she has discontinued her education and stopped socializing.

On examination it was found that her right hemiface was atrophied and a paramedian fibrous ,hyper pigmented, pan sclerotic plaque was noted extending from frontoparietal scalp to chin involving nose,lips and tongue.

CT scan was done which showed paramedian depression at the frontal region and mandible. After informed consent from the patient and parents, autologous fat transfer (AFT) was planned.Fat was harvested from the medial aspect of thighs and grafted. Total amount of 110 cc of fat grafted. (Fig1: before and after surgery images)

(Fig1: left -before, right- after surgery)

Post-operative period was uneventful. On follow up she noted that the color and texture of skin on the affected side of the face started to improve.

En coup de saber (ECDS) a rare chronic autoimmune disease which is a socially stigmatizing condition because of its extremely conspicuous appearance leading to aesthetic and psychological problems justifying aesthetic correction. The diagnosis is often delayed till the atrophic stage where the steroids have no role.

AFT (Autologous Fat Transfer) is a simple technique with almost no sequelae at donor site and a rapid recovery. AFT not only acts as a biological filler ,it also has regenerative virtues .To date no curative treatment has been found yet for ECDS. AFT is a promising, cost effective, reliable therapeutic approach for morphological improvement in stable forms of ECDS.

The department of Plastic and Reconstructive surgery at GMC, Guntur is one of the active departments in combined telugu states where an entire spectrum of plastic surgery procedures ranging from Trauma (maxillofacial,limbs,etc) Burns and its sequelae, onco reconstructions , congenital deformities, nerve repairs and aesthetic procedures are done regularly. The department is now under the dynamic leadership of ***Dr.Sumita Shankar****, Professor and Head, who is trained in various national and international prestigious institutes .There are three assistant professors* ***Dr.S.Ganga Bhavani , Dr.S.Najma , Dr.M.Chandralekha and one post Mch senior resident Dr Nishanth Sadhanala****. Three post graduate seats were sanctioned from 2022-2023 and we are glad to have three aspiring surgeons who joined as post graduate students.*

CASE REPORT:

ABNORMAL ORIGIN OF LEFT VERTEBRAL ARTERY FROM THE ARCH OF AORTA IN A FEMALE CADAVER

Department of Anatomy

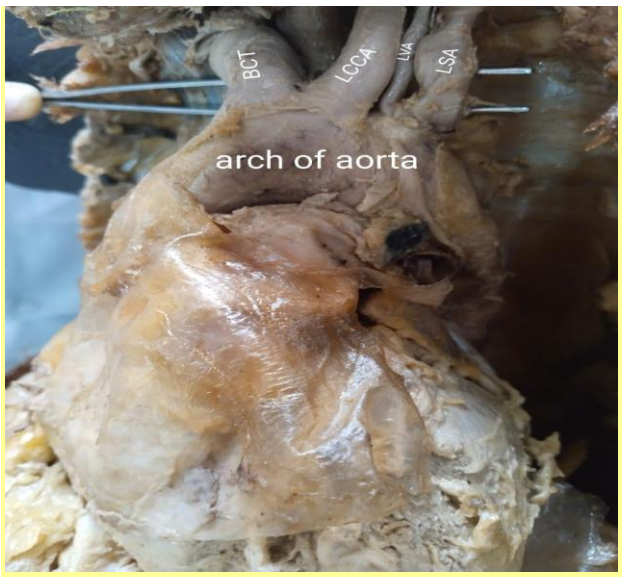
Dr. Lakshmi Durga Jakka, Assistant Professor, Dr.R.Chitra., MD., Prof & HOD

INTRODUCTION*: Vertebral artery is the first and largest branch which arises from the upper and posterior surface of first part of subclavian artery medial to the scalenus anterior muscle on each side in the posterior triangle of the neck. Vertebral artery takes a vertical posterior course then enters foremen transversarium of 6thcervical vertebra (1st part) and ascends in all the foramina of cervical vertebrae above C6 (2nd part). It courses in the suboccipital triangle from the transverse foramen of atlas (3rd part) and then enters through the foramen magnum to course over the ventral surface of the medulla oblongata (4th part) and join at the lower border of pons to form the basilar artery.*

CASE REPORT*: In a female adult cadaver in the routine educational dissection of undergraduate medical students, (2022-23 batch) the variation of origin of left vertebral artery from the superior surface of arch of aorta in between left subclavian and left common carotid artery is observed.*

DISCUSSION*: Incidence of left vertebral artery from arch of aorta ranges from 1%-5.8% according to Tardieu et al. Lin et al in 2018 stated that the incidence of origin of left vertebral artery from the aortic arch is 3.8%. Woraputtaporn et al conducted a study in 2019 and stated this incidence is 5.3%. This abnormality has implications in thoracic surgery and interventional procedures*

CONCLUSION*: Atherosclerotic lesions are frequent at the prevertebral segment of the vertebral artery, particularly at its origin and are responsible for posterior circulation ischemic strokes. A thorough knowledge of variations in the origin and course of left vertebral artery is essential for vascular and thoracic surgeons for conduction of diagnostic or interventional angiography*



BCT-Brachiocephalic trunk, LCC A-Left common carotid artery, LVA-Left vertebral artery, LSCA-Left subclavian artery

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April 30, 2023 [VOLUME 1 ISSUE 2]

ARTICLE.....

LOW CARBOHYDRATE HIGH FAT DIET [LCHF] AND INTERMITTENT FASTING : AN OBSERVATION

- BY

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& FORMER REGISTRAR, DR.YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA

"Those who don't know history are destined to repeat it "- Edmund burke [1729-1797]

British Statesman and Philosopher

Given the obvious metabolic diversity among humans, we need to accept dietary diversity as an important variable on achieving optimum health across the whole population.

The science is increasingly defining the variability in our individual responses to diet and exercise, nutrition policy makers persists in preaching a one-size-fits-all message. For example the new dietary guidelines for Americans released January 31, 2011 recommends everyone consume at least 45% of their calories from carbohydrates. This stands in stark contrast to the fact that their unitary edict matches the 'metabolic fingerprint' [I.e., carbohydrates tolerance] of less than half of the population.

The concept of carbohydrate intolerance is increasingly understood to be manifestation of insulin resistance, and is associated with high blood triglycerides, high blood pressure , and its most severe form, type – 2 diabetes. These sub-groups in the population show dramatic clinical improvement when dietary carbohydrates are reduced and thus deserve to be offered a separate path from the "high carbohydrates, low fat " mantra promoted by national policymakers .

Starting three decades ago with Professor Gerald Reaven's courageous stand against the use of high carbohydrates diets in people with what we now call metabolic syndrome, we have become increasingly aware that some of us are "carbohydrate intolerant" .

HISTORICAL PERSPECTIVE OF CARBOHYDRATE AND KETOGENIC DIET

Current evidence suggests that our human ancestors evolved in Africa and then spread across the globe in successive waves of migration. Our ancestors had little exposure to high proportion of dietary carbohydrate until 1-2 thousand years ago; and for many aboriginal cultures, their choice of a low carbohydrate lifestyle persisted to within the last few hundred years. After globalization, an uncontrolled experiment was made in which carbohydrates were landed and fats demonized. Access to agricultural carbohydrates is increased. Across the globe, tragically, indigenous people with historically low carbohydrates intakes now have extremely high prevalence rates of obesity and type-2 diabetes [e.g., the Gulf States in the middle east, pacific islands, first nations in Canada and Australia Aboriginals]. India is not away from the situation . In our country, millions of people suffering from end organ damage [Macro and micro vascular complications] of type-2 diabetes.

The important milestones in the invention of low carbohydrate and ketogenic diet are: 1. Bantings pamphlet in 1863 in Britain. 2. Wilder and Peterman's anti-seizure diet at the Mayo clinic in 1920. 3. DR. Robert Atkin's weight loss revolution in 1972.

In 1920, carbohydrate restriction was employed in mainstream medical practice in the management of diabetes and in the treatment of seizures. In both of these clinical situations, as there

was no other effective treatment, these dietary interventions were sustained by individual patients for years. With the advent of insulin for diabetes and anti-seizure drugs like diphenylhydantoin [phenytoin] , these dietary interventions began to fall out of favors. However, now that the practical limitations and side effects of modern drug therapy are becoming recognized, the wheel may be again turning.

Is carbohydrate belongs to essential nutrient class?

A root concept of dietary need is "essentiality". Nutrition science defined nine amino acids [Leucine, Isoleucine, Valine, Threonine, Tryptophan, Phenylalanine, Tyrosine, Histidine and may be Cysteine] as essential. Similarly, two essential fatty acid families [Omega 6and 3] . They must be supplied by the diet because they cannot be produced by the body in adequate amounts to meet metabolic need for protein synthesis. There is no text book entity or clinical condition characteristic of dietary carbohydrate deficiency. Maintaining a normal blood glucose level is essential for human wellbeing. Two processes called "gluconeogenesis" and "adaptation" which allow us to maintain normal blood glucose levels without dietary carbohydrates.

What does "low carbohydrate high fat diet" mean?

Dietary carbohydrate 20-25 grams per day (10-20% of total calories) is often necessary in this dieting. A few months later following substantial weight loss, some individuals might be able to increase daily carbohydrate intake above 50 grams per day whereas others might need to remain below the 50 gram level. The amount of carbohydrate that you decide to eat might depend considerably on your individual metabolic condition and the level of benefit you wish to derive. Recommended daily protein intake between 1.5 to 2.5 grams per day per kg body weight. Excess protein intake (>2.5 grams /kg/day) not useful to the body. Fat to provide 65-70% of kcals in the total required calories.

Insulin resistance , metabolic syndrome and carbohydrate intolerance

Dietary carbohydrate is a direct source of blood glucose. Therefore restriction in dietary carbohydrate intuitively leads to fewer fluctuations in blood glucose. Ingesting carbohydrate, especially rapidly digesting forms stimulates rapid increase in insulin from the pancreas. Continuous stimulation of insulin , as with most hormones in a host of tissues (i.e. adipose tissue, liver, cardiac, smooth and skeletal muscle). This insulin stimulated insulin resistance is reversible by decreasing tissue exposure to insulin. Insulin resistance itself leads to compensatory hyperinsulinemia, initiating a positive feedback loop (a vicious cycle). At some point individual signs and symptoms of metabolic syndrome will emerge especially under constant stress to increase insulin (i.e. carbohydrate intake).

In medicine intolerance is characterized by extreme sensitivity or allergy to the drug, food, and other substances. Common food intolerances include abnormal responses to lactose and gluten ingestion that in both cases promptly improve when offending substances are restricted in the diet. In a person intolerant to carbohydrate, there is exaggerated glucose and insulin resistance to given amount of carbohydrate ingested.

A more insidious manifestation of insulin resistance, because of impaired glucose uptake into muscle is a propensity to divert ingested carbohydrate to the liver where it is converted into fat. Metabolism of carbohydrate through de novo lipogenesis leads to increased plasma triglycerides and dyslipidaemia. This is partially driven by down regulation of insulin response and decreased glucose uptake in extra hepatic tissues. Carbohydrate ingestion and acute hyperglycaemia activate a most of inflammatory and free radical generating pathways.

How is insulin resistance measured?

One of the first methods of calculating insulin resistance published in 1985 was called homeostatic model assessment (HOMA-IR). It is calculated as the product of fasting blood glucose and fast blood insulin divided by 22.5. Higher value (>2) indicate insulin resistance and lower values (<2) indicate insulin sensitivity.

Ketone confusion:

Very low carbohydrate diets do increase production of ketones as a result of accelerated rates of fat breakdown and delivery of fatty acids to the liver. When carbohydrate is restricted to less than 50 grams per day, fat breakdown is increased markedly, and blood ketones levels increase moderately.

This state of "nutritional ketosis" results in ketone levels way below these characteristic of uncontrollable type 1 diabetes. This is greater than 10 fold difference between nutritional ketosis and diabetic keto acidosis is like the difference between a gentle rain and a torrential downpour. After a week or two of this moderate increase in ketone production, many of the cells in your body switch from using glucose to ketones for this primary fuel. This process of keto adaption is a powerful metabolic state characterized by steady release of energy from body fat and sustained fuel supply to the body cells.

Saturated Fat Demon:

We know that some forms of blood cholesterol are either not harmful or even protective like (HDL cholesterol) and a well formulated low carbohydrate diet containing a fair amount of saturated fat has been shown repeatedly to raise blood levels of this good cholesterol. Three studies published around 2011 revealed that there was no connection between saturated fat intake and either the frequency of heart attack or death.

Indications of LCHF dieting

Overweight/obesity, Insulin resistance/metabolic syndrome, type-2 diabetes, hypertension , polycystic ovary syndrome, gastroesophageal reflux disease ,sleep apnoea, medication resistant seizures.

All the above conditions are associated with insulin resistance except sleep apnoea and seizures.

Intermittent fasting:

To achieve maximum health benefits, intermittent fasting to be added to LCHF diet plan. One of the most popular styles of fasting is 16/8 intermittant fasting. Eating window is 8 hours. It is an easy, convenient, and sustainable method. When there is poor response to this method, it is better to follow 20/4. Here we need to limit eating window only for 4 hours in a day. No food is allowed during fasting periods, but we can drink water, coffee, tea and other non-caloric beverages.

REFERENCE:

"The art and science of low carbohydrate living"
by
Jeff S.Volek, PhD, RD
Stephen D.Phinney, MD, PhD

CREDITS;
SRIPADMINI (2019) &SRI SAHITI (2020)

Campus events

PLATINUM JUBILEE

YAHOOO!!!!.....

ITS 75, the brain child of Mrs.ACHANTHA RUKMINAMMA GAARU has been producing potential and renowed doctors all over the world. We celebrated it through series of events, College Day, Award Ceremony, ethnic day etc. .Awards day ceremony was celebrated on 06-03, Chief guest was Dr.Alla Gopala Krishna Ghokhale sir and guest of honour was our beloved superiendent Dr.N.Prabavathi mam.Newsletter was inaugurated on this day

"MAHOTSAV"

Mohatsav was celebrated as college day on 07th chief guest was Dr.KORUKONDA BABJI gaaru & guest of honour Dr.A.V.GURUVA REDDY gaaru. GMC theme song was also released ,

AWARDS CERMONY

INAUGURATION

E-copy of Newsletter was inaugurated by Dr.Alla Gopal Krishna Ghokhale sir on 6th march on the occasion of awards ceremony. With the vision of showcasing our campus achievements. We thank Dr.Padmavathi Devi mam for her consistent support in bringing out the first edition. E-copy is available in our college website. http://gunturmedicalcollege.edu.in/news-events/gmc-news-letter-volume-1-issue-1-jan-feb-2023

Ethnic day



Students are the face of the institute!!!!

All the batches of MBBS PGs & Faculty gathered at GMCANA to celebrate the ethnic day on the fine evening of 06-march.It was mesmerising for students as they dressed in traditional attire.

IAPSM – World Health Day Quiz 2023
Department of Community Medicine
Guntur Medical College, Guntur

World Health Day (April 7) 2023 – World Health Organization turned 75 – with Theme "Health For All"

Since the year 2016, Indian Association of Preventive and Social Medicine has started nationwide IAPSM – WHD – quiz competition for undergraduate medical students to sensitize them on the specific health topic identified for World Health Day and also on other major public health issues. IAPSM – WHD quiz 2023 was conducted at Guntur Medical College, Guntur, Andhra Pradesh by the Department of community medicine under the aegis of Indian Association of Preventive and Social Medicine with support of IAPSM – Andhra Pradesh state chapter.

Preliminary round (Elimination round)

The response from the students was very positive. 23 teams (3 students in each team) i.e., 69 students from various semesters participated in the preliminary round conducted on 3rd April 2023 at 10 AM.

The four teams (2K19 batch) selected for the final quiz were

Team A (7th semester)	**Team B** (7th semester)	**Team C** (7th semester)	**Team D** (7th semester)
T. Chaitanya Karthik	*B. Shravani*	*K. Lakshmi Ganesh*	*J. Lakshmi Prasanna*
S. Supritha	*T. Vishnu Priya*	*A. Gopinath*	*Ch. Prasanna Kumari*
G. Hasmitha	*K. Vara Lakshmi*	*P. Venkata Sai Jeevan*	*U. Navya*

Final round

After official inauguration by our HOD, Dr. A. Sita Rama, the final quiz was conducted on 10th April 2023 at 10 AM in SPM lecture gallery, Guntur Medical College. The uniqueness of this quiz competition is that it was organized throughout the country in every participating medical college on the same day with uniformity. Around 370 medical colleges across the country participated in the final quiz. The quiz was concluded with vote of thanks by the nodal officer to the supporting members for their inputs and high tea to the gathering.

Winners of the quiz

Team A (2K19 batch) *T. Chaitanya Karthik (7th semester), S. Supritha (7th semester) G. Hasmitha (7th semester)*

Our team

Professor & Head: Dr. A. Sita Rama
Nodal officer: Dr. Naga Tulasi. P
Dr. R. Purnamma, Dr. KVS Prasad, Dr. Tej Kumar, Dr. Anil Kumar, Dr. Nageswara Rao
Dr. Vishnu Nandan, Dr. Rajesh, Dr. Arun Kumar, Dr. Muhseenah, Dr. Ravindra, Dr. Aruna
Post-graduates
Dr. Surekha, Dr. Haritha, Dr. Tejaswi, Dr. Bhavadharini
Dr. Sai Srinivas, Dr. Sushma, Dr. Ranjith Priya, Dr. Subbaiah, Dr. Sankeerti

Special thanks to

Our principal Dr. N. Uma Jyothi and our vice-principal Dr.K. Chandrakala for their guidance and encouragement

POSTER.....

Dr.SRINIVAS KETHAVATH
2nd PG,, DEPT. OF ORTHOPEADICS

GIANT CELL TUMOUR OF DISTAL RADIUS
- a case report

DR.KETHAVATH SRINIVAS
DEPARTMENT OF ORTHOPAEDICS
GUNTUR MEDICAL COLLEGE

INTRODUCTION

Giant cell tumour is a type of primary bone tumour is relatively common and usually involves the metaphysioepiphyseal region of long bones. Gct commonly involves distal femur , proximal tibia . Gct distal radius also common and difficult to treat because of high rate of local recurrence after curettage compared to enbloc excision.

CASE PRESENTATION

A 45-year-old woman presented with a chief complaint of pain , swelling in Left wrist since 3 months . The **pain** was insidious in onset, gradually progressing, dull aching type, with no radiation, no diurnal or seasonal variations, getting aggravated while doing work, and getting relieved by rest and medication . No history of constitutional symptoms. **Swelling** is insidious in onset , gradually progressive attained current size.

GENERAL EXAMINATION: Moderately built and nourished personality with no pallor, no icterus, cyanosis and regional lymphadenopathy. Vitals were normal.

SYSTEMIC EXAMINATION : No abnormality detected.

LOCAL EXAMINATION OF LEFT WRIST: On inspection, there was diffuse **swelling** of the left wrist and left distal third forearm. The skin over swelling is normal. No ulcers / sinuses / pulsation / engorged veins. On palpation, there was a local rise of temperature with **tenderness** over wrist .
Laboratory data were within normal limits.

RADIOGRAPH

MRI IMPRESSION: large expansile lesion noted in distal end of radius bone with cortical breaks – located in subarticular region with marrow expansion . The lesion has sharp demarcating borders – possible **GIANT CELL TUMOUR**

DIFFERENTIAL DIAGNOSIS

- Enchondroma
- Low grade chondrosarcoma
- Osteomyelitis of distal femur
- Chondroblastoma
- Chondromyxoid fibroma

SURGERY

(excision biopsy distal radius left with fibular autograft with arthrodesis left wrist)

HISTOPATHOLOGY REPORT

GROSS : grey-white grey-brown soft, firm to bony hard tumour attached to the epiphyseal end of bone measuring 3.5x3x1 cm
MICROSCOPY : highly cellular smear show plenty of osteoclast type of giant cells and mononuclear cells sharing spindle cells with bland regular ovoid nuclei and amphophilic cytoplasm and adhering to the periphery of spindle cell cluster against a red cell background. Proximal cut margins are free from tumour.
Features are suggestive of **GIANT CELL TUMOUR (OSTEOCLASTOMA)**

DISCUSSION

Management of distal radius gct which report 10% of gct involving bone is particularly challenging due to invariably extensive destruction of bone and an aggressive clinical behavior . Enbloc excision is reliable procedure interms of lower recurrence rates but creates a bony defect ,
Ipsilateral fibular autograft reconstruction of large defect created after resection of distal radius offer many advantages over the procedure. It has low donor site morbidity, if any with predictable and satisfactory functional results and relatively free of major complications although minor complications occur frequently .

CONCLUSION

To conclude , we have believe that although results of non vascularized fibular autograft reconstruction of distal radius show substantial loss of function as compared to normal wrist , it still gives subjective results acceptable to most patients and comparable to all other available methods of such reconstruction.

REFERENCES

1. Campbell's Operative Orthopaedics 13th edition. Tumours. Benign bone tumours and nonneoplastic conditions simulating bone tumours, Vol 1.

2. Chadha m , arora ss , singh ap , gulati d Autogenous non vascularised fibula for treatment of giant cell tumour of distal radius

- Thanks to my family, teachers and friends . @ Dr Srinivas kethavath

April 30, 2023 [VOLUME 1 ISSUE 2]

Academia

Department of PSYCHIATRY

Greetings,

We, the Department of Psychiatry have participated in the

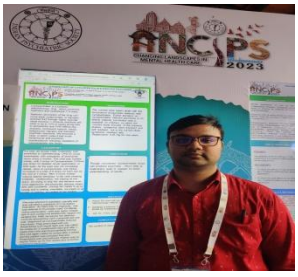
- *ANCIPS National Conference of Psychiatry at Bhubaneswar Feb – 2023*
- *Conducted various awareness programmes in coordination with the department of welfare of differently abled ,Guntur – Nasha Mukt Bharat Abhiyaan, National Action Plan For Drug Demand Reduction Of Msje , GOI in March – 2023.*
- *Conducted awareness programme in Department along with DLSA Hon. Judge K. Rathna Kumar on occasion of World Health Day in April – 2023.*

ANNUAL CONFERENCE OF INDIAN PSYCHIATRIC SOCIETY Feb -2023, Bhubaneswar

- *Dr.P. Sai Kiran , Assistant Professor as a speaker in the symposium on "Treatment of Sexual Dysfunction" at ANCIPS*

Poster Presentation by Post-Graduates of the Department at ANCIPS

A rare case of tricotilomania with conduct disorder by Dr. Akhilendra



A rare case of cyclopentolate induced psychosis by Dr. Balu Sukumar Naik

A rare case of hypersexuality in tuberous sclerosis by Dr. Sandra

Contd..

Training of trainers – counsellors of DDAC & NGOs at Seminar hall, Department of Psychiatry by Dr. Farhat, Senior Resident.

One day orientation programme for district officers – DMHO, DCHS, PD, DRDA, MEPMA, WDCW, Youth Welfare at Spandana Meeting Hall, Collectorate , Guntur by Dr.P. Sai Kiran, Assistant Professor.

Awareness programme at collectorate, Palnadu Dist. by Dr. Sai Kiran, Assistant Professor and at SSN Nursing College , Narasaraopeta by Dr. Sri Lakshmi, Assistant Professor.

Local News paper clippings of awareness programmes

మాదక ద్రవ్యాల నిర్మూలనకు కృషి

నగరంపాలెం, న్యూస్‌టుడే: నషా ముక్త్ భారత్ అభియాన్‌లో భాగంగా మాదక ద్రవ్యాల నిర్మూలనపై విస్తృత అవగాహన కార్యక్రమాలు చేపట్టాలని జిల్లా కలెక్టర్ ఎం. వేణుగోపాల్‌రెడ్డి అధికారులకు సూచించారు. కలెక్టరేట్‌లోని ఎస్.ఆర్.శంకరన్ సమావేశ మందిరంలో మాదక ద్రవ్యాల నిర్మూలనపై జిల్లా విభిన్న ప్రతిభావంతులు, హిజ్రాలు, వయోవృద్ధుల సంక్షేమ శాఖ ఆధ్వర్యంలో అధికారులకు సోమవారం అవగాహన కార్యక్రమం నిర్వహించారు. కలెక్టర్ మాట్లాడుతూ నషా ముక్త్ భారత్ కమిటీలో వైద్య ఆరోగ్యం, మహిళా శిశు సంక్షేమం, స్పెషల్ ఎన్‌ఫోర్స్‌మెంట్, జిల్లా న్యాయ సేవాధికార సంస్థ, యువజన సంక్షేమం, డ్వామా, మెప్మా, విద్యా శాఖ అధికారులు సభ్యులుగా ఉంటారని తెలిపారు. గ్రామ, వార్డు సచివాలయాల ద్వారా గ్రామ స్థాయిలో అవగాహన కార్యక్రమాలు చేపట్టి విస్తృత ప్రచారం చేపట్టాలన్నారు. మాదక ద్రవ్యాల వినియోగం విషయంలో పిల్లల పట్ల తల్లిదండ్రులు జాగ్రత వహించాలన్నారు. డాక్టర్ సాయి కిరణ్ పవర్ పాయింట్ ప్రజంటేషన్ ద్వారా మాదక ద్రవ్యాల వినియోగం వల్ల కలిగే నష్టాలను, నివారణ చర్యలను వివరించారు. కార్యక్రమంలో సంయుక్త కలెక్టర్ జి.రాజకుమారి, జిల్లా రెవెన్యూ అధికారి కె.చంద్రశేఖరరావు, ప్రత్యేక ఉపకలెక్టర్ ఎం.వెంకట శివరామిరెడ్డి, జడ్పీ సీఈవో మోహన్‌రావు, డీఆర్‌డీఏ పీడీ హరిహరనాథ్, వివిధ శాఖల అధికారులు పాల్గొన్నారు.

సదస్సులో పాల్గొన్న కలెక్టర్ వేణుగోపాల్‌రెడ్డి, సంయుక్త కలెక్టర్ రాజకుమారి, డాక్టర్ ప్రభావతి, డాక్టర్ సాయికిరణ్ తదితరులు

సాక్షి

వ్యసనాలతో జీవితాలు నాశనం చేసుకోవద్దు

గుంటూరు మెడికల్: తాగుడు, మత్తు పదార్థాల వ్యసనంతో యువత జీవితాల్ని నాశనం చేసుకోవద్దని గుంటూరు జీజీహెచ్ సూపరింటెండెంట్ డాక్టర్ ప్రభావతి సూచించారు.

సమావేశంలో మాట్లాడుతున్న జీజీహెచ్ సూపరింటెండెంట్ డాక్టర్ ప్రభావతి

Date: 26/03/2023, Edition: Guntur(Guntur East), Page: 11
Source : https://epaper.sakshi.com/

Academia

Department of Physiology

Dr. SRI HARITHA GUNJI
1ST yr. post graduate

Oral presentation given on INFLUENCE OF PALM WIDTH , HAND LENGTH ON THE MAXIMAL HAND GRIP STRENGTH IN YOUNG ADULTS at IJCSP 2023Bduring 13th 14th &15th of February organised by Department of Physiology and CRL KS HEGDE MEDICAL ACADEMY &University of MIYAZAKI JAPAN.

Published a paper as 1st author with a study titled on INFLUENCE OF PALM WIDTH, HAND LENGTH ON THE MAXIMAL HAND GRIP STRENGTH IN YOUNG ADULTS in an international journal.

विज्ञान एवं प्रौद्योगिकी विभाग DEPARTMENT OF SCIENCE & TECHNOLOGY

日本学術振興会 Japan Society for the Promotion of Science

NITTE (Deemed to be University)

宮崎大学 UNIVERSITY OF MIYAZAKI

IJCSP 2023

Indo-Japan International Conference on
Future Health Strategy By Trans disciplinary Approach & National Level Pre-Conference Workshop

participation certificate

This is to certify that Prof./Dr./Mr./Ms. SRIHARITHA GUNJI .....has Participated and presented **oral / poster** at the **IJCSP 2023** during **13th, 14th & 15th February 2023** organized by **Dept. of Physiology and CRL, KS Hegde Medical Academy, Nitte (Deemed to be University) & University of Miyazaki, JAPAN.**

Prof (Dr.) P S Prakash	Dr. Harish Kumar Madhyastha	Dr. Damodara Gowda K M	Dr. Suchetha Kumari N
Organizing Chairman IJCSP-2023	University of Miyazaki Japan	Organizing Secretary IJCSP-2023	Organizing Secretary IJCSP-2023

Dr. Sowjanya Yerram *Assistant Professor, Department of Biochemistry, Guntur Medical College, Guntur* *published a paper as 1st author in Embase indexed journal : Journal of Cardiovascular Disease Research ISSN : 0975-3583, 0976-2833 VOL 14, ISSUE 04, 2023 Titled " ROLE OF SIX SIGMA IN ASSESSING ANALYTICAL QUALITY IN CHEMICAL PATHOLOGY LABORATARY.*

Abstract:

Introduction: *The analytical errors may be random or systematic which is devoted by basically inaccuracy and imprecision. These parameters are represented by coefficient of variation (CV) and Bias. The exact number of errors done by the laboratory in the analytical phase cannot be assessed by running internal and external QCs, but can be quantified by sigma metrics. Sigma measures low far a given process deviates from perfection. Six sigma is one of the popular quality management system tools employed for process improvement which combines bias, precision and total allowable error sigma value 3 indicates good performance.*

Objectives: *The aim of the study is to evaluate the analytical performance using six sigma metrics in Clinical Biochemistry laboratory.*

Materials and Methods: *Data required for the study were extracted between July 2018 and June 2019 from Clinical Biochemistry NABL Accredited laboratory of NRI Medical College & General Hospital. The data obtained for the study are IQC - coefficient of variation percent (CV%) and EQAS - Bias% for Glucose, urea, creatinine, total bilirubin, serum glutamic oxaloacetic transaminase/aspartate aminotransferase (AST), serum glutamic pyruvic transaminase/alanine aminotransferase (ALT), alkaline phosphatase (ALP), total protein, albumin, direct bilirubin, total cholesterol, triglycerides, High Density Lipoprotein (HDL) and uric acid. This study was done to assess the performance of these 14 biochemical parameters run on SIEMENS DADE DIMENSION RxL fully automated analyser on a Sigma Scale by calculating the sigma metrics for each parameter.*

Results: *The sigma metrics calculated from TEa (CLIA), average CV %(Level 1 and 2) and Bias%. For parameters ALP, ALT, AST, HDL-C, total proteins, triglycerides, total bilirubin, creatinine and uric acid, the six metrics were higher than 6. Four analytes showed sigma values in the range of 3-6 for Albumin, glucose, Cholesterol and Direct bilirubin. Blood urea showed a poor performance of less than 3 sigma for both levels of IQC.*

View Point

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

wOw iTs aGaIn tHe sAme!!

I googled why women's day celebrated,it said,

Every year, International Women's Day is celebrated on March 8 to spread the message of gender equality and work together in making a better society.

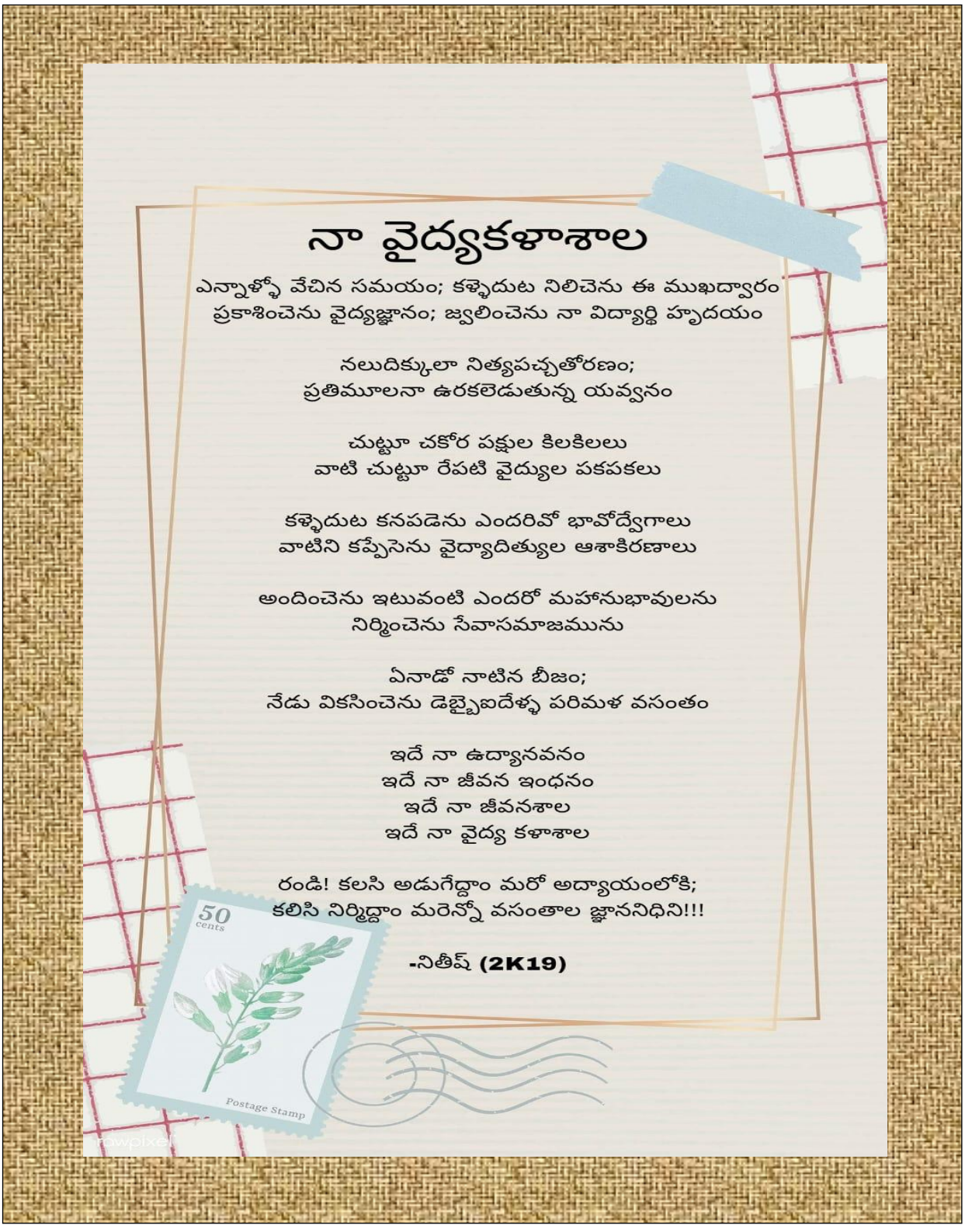
But looking at my neighbour who's thrown an event in celebration of the same, I've come to realise that this equality we're thriving for comes under an umbrella of rules and regulations. She wanted to celebrate women's day but neither was her maid treated as her equal nor were there any attendees outside of her caste and religion. Anyone who's not a home owner or is a single mom hasn't been invited.

That made me wonder the irony of how a day meant to celebrate equality is in itself propagating such inequalities. Looking at all this, it can be safely said that a better, transparent and unprejudiced society is still centuries away.

BASED ON TRUE INCIDENTS.

STUDENTS CORNER

काव्य प्रबन्धः



నా వైద్యకళాశాల

ఎన్నాళ్ళో వేచిన సమయం; కళ్ళెదుట నిలిచెను ఈ ముఖద్వారం
ప్రకాశించెను వైద్యజ్ఞానం; జ్వలించెను నా విద్యార్థి హృదయం

నలుదిక్కులా నిత్యపచ్చతోరణం;
ప్రతిమూలనా ఉరకలెడుతున్న యవ్వనం

చుట్టూ చకోర పక్షుల కిలకిలలు
వాటి చుట్టూ రేపటి వైద్యుల పకపకలు

కళ్ళెదుట కనపడెను ఎందరివో భావోద్వేగాలు
వాటిని కప్పేసెను వైద్యాదిత్యుల ఆశాకిరణాలు

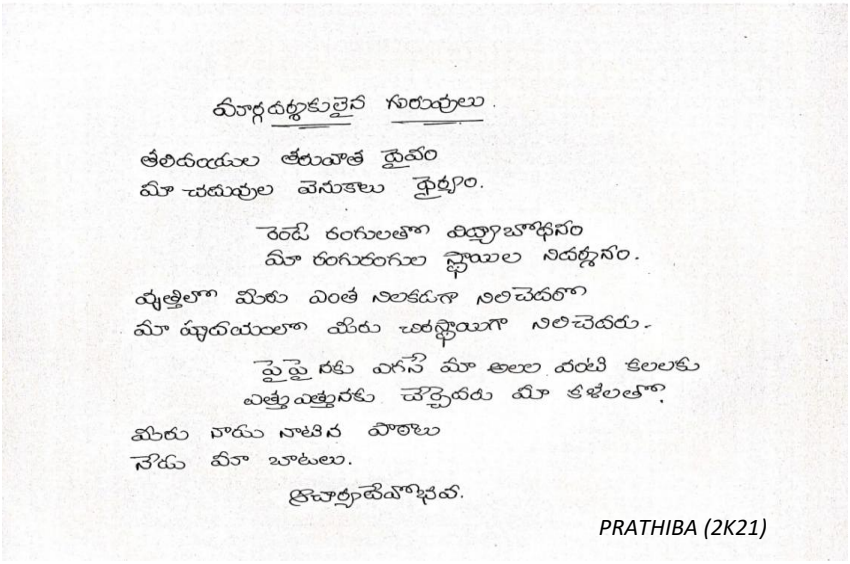
అందించెను ఇటువంటి ఎందరో మహానుభావులను
నిర్మించెను సేవాసమాజమును

ఏనాడో నాటిన బీజం;
నేడు వికసించెను డెబ్భైఐదేళ్ళ పరిమళ వసంతం

ఇదే నా ఉద్యానవనం
ఇదే నా జీవన ఇంధనం
ఇదే నా జీవనశాల
ఇదే నా వైద్య కళాశాల

రండి! కలసి అడుగేద్దాం మరో అధ్యాయంలోకి;
కలిసి నిర్మిద్దాం మరెన్నో వసంతాల జ్ఞాననిధిని!!!

-నితీష్ (2K19)



మొగ్గదశ్శకుపైనే గురుతులు.

తలిదండ్రుల తలుపాత ప్రేమం
మీ చదువుల వెనుకాలు ప్రేర్పుం.

రెండే రంగులతో విద్యాబోధనం
మీ రంగురంగుల స్నేహాల నిదర్శనం.

వృత్తిలో మీరు ఎంత నిలకడగా నిలిచేదరో
మీ హృదయంలో మీరు చిరస్థాయిగా నిలిచెదరు.

పైపైకి నకు ఎగసే మీ ఆలు వరటి కలలకు
ఎత్తు ఎత్తునకు చెర్చెదరు మీ కళలతో.

మీరు నారు నాటిన పాఠాలు
నేడు మీ బాటలు.

ప్రాచార్యులెమోక్షవ.

PRATHIBA (2K21)

NOSTALGIA

When the size of the things we use are short,

Things happen the way we plot

The smell of the rain

Got happy to my brain

Now the sound of thunder

Left me without any tender

From laughter of innocence

And greving of silence

To talking out of conscience

And walking out of ignorance

Those are days when my parents arelad of my grades

Now all they do is degrade

But everything we find in ourselves now is an error

Whereas their sadness made me run a mile

hose are the days we felt happy for the image of ours in the mirror

But everything we find in ourselves now is an error

From playing like there is no tomorrow

To praying for the day to play with an arrow

From making frnds without holding grudges

To breaking frnds for their ego in edges

The then me eating candies without the fear of nothing

The now me pretending to starve for the fear of everything....

B.Deepika Indumathi 3rd yr mbbs

Life's music

From the first cry to the last breath, music is always an integral part of one's life. Everything in our body works according to the principles of music.

Nucleus is the music master of a cell and base pairing sequence inside the DNA is the musical notes. All kind of cell organelles in the cell work like different musical instruments and play there music on the basis of this notes to create and play the lovely music of life inside a cell.

All types of cells have their unique mini music studio/band/orchestra, making their own music differently; and then with beautiful melody, harmony and rhythm; they collaborate with other cells. On a higher level of their organization, i.e. tissues, organs and organ systems, they work in symphony with different kind of tissues, organs and organ systems to always keep us in non-equilibrium steady state i.e. "living state".

Our heart is the prime music studio in our body. All through our life, it produces the life's music "lub dub" to keep us alive. Let's always rejoice and celebrate life's music.

-VENKAT SAI

2K20

ARTSY CRAFTSY

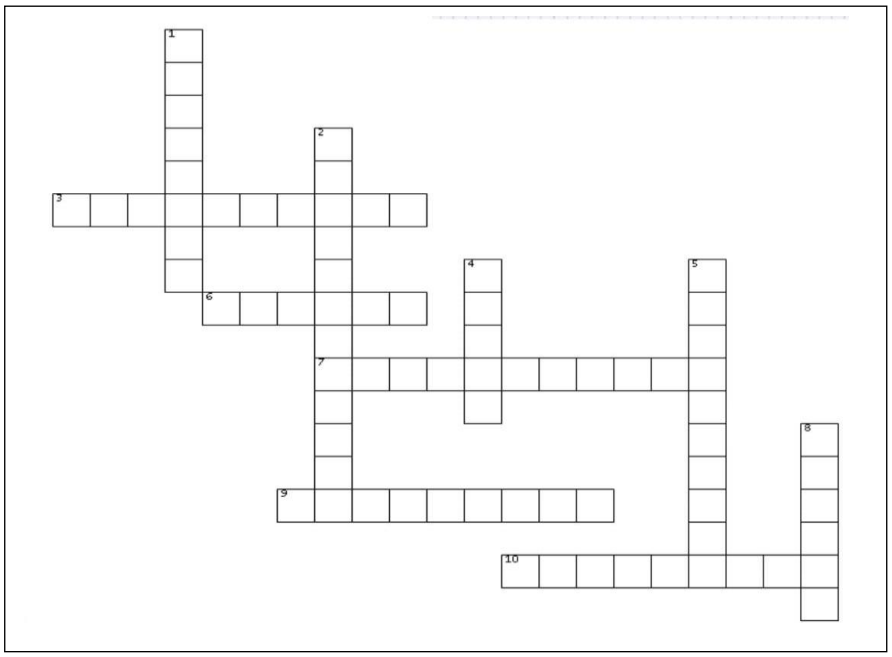
Yuvatharun -2021

ANKAM REDDY SRAVAN 2K21

GREY MATTER!!!!!!!.....

CROSS WORDS

-DEEPIKA G SHARRMA
-S.SREE SWATHI 2K20



HELLO MEDICOS!!!

TWIST YOUR GREY MATTER

FIRST COME FIRST! Winners Will Be Announced In the Next Issue

WRITES US

- *gmc_newsletter - @INSTAGRAM*
- *@gmcnewsletter01@gmail.com*

DOWN

1. Syndrome associated with problems of olfaction and puberty in females-

2. Cause of chest infection in a child with cystic fibrosis

4. Bone disorder associated with leonine facies

5. Muscle with 14 fleshy slips

8. Cofactor for enzyme that converts tyrosine into Dihydroxy phenylalanine

CROSS

3.New drug approved for overactive bladder

6. nerve which is blocked during episiotomy passes through this canal

7. Breast Pathology which presents as Perialveolar mass with green brown nipple discharge

9.Drug of choice for hepatic encephalopathy

10. Anaesthetic that is contraindicated in epilepsy as it can raise intracranial tension and produce tonic clonic seizures

FOR ANSWERS REFER NEXT EDITION ISSUE 3

SPORTS CORNER

Our college represented 25th inter-medics of YSRUHS held at Narayana Dental College Nellore .We secured Gold in chess, Bronze in Ball Badminton, Bronze in Volleyball

CREDITS:

Gorantla. Bharath Kumar (2020)

CHAMPION!!!!!

RAMAVATH.SURESH NAIK

Ramavath Suresh Naik (2018 batch) S/o Ramavath Vasram Naik & Ramavath Saroja Bai

Dr.Y.S.R.U.H.S 22 ND INTERCOLLEGIATE ATHLETIC TOURNAMENT Held at Andhra medical college, Visakhapatnam on 28-03-2023 to 29-03-2023

Prizes *1.100mts GOLD MEDAL 2.200mts GOLD MEDAL 3.JavilinThrow GOLDMEDAL4.Long jump SILVER MEDAL*

Awarded Dr.YSRUHS Intercollegiate MEN'S INDIVIDUAL CHAMPIONSHIP

100 METERS WINNER

200 METERS WINNER

LONG JUMP RUNNER

JAVELIN THROW WINNER

CREDITS:

Guntanala. Bharath Kumar (2020)

FAREWELL TO SENIORS

2K17

"HAPPY JOURNEY. YOU ARE NOW ON A SHIP THAT SAILS YOU IN A NEW VOYUGE OF OPPURTUNITIES AND CARRER ESTABLISHMENTS. GOOD LUCK ON YOUR NEW JOURNEY. MAY SUCCESS ALWAYS BE WITH YOU"

From, ragging to learning

From seniors to best friends

You all have played great role in our lives

Thank you for being always our back bone

-JUNIORS

BEHIND THE PAGES.....

From left to right. U.V.NitishReddy, Deepika indumathi, Sri Sai Sahithi, N.Sandesh, Gorantla. Bharath Kumar, Guntanala. Bharath kumar.

New team, added talent, additional creativity, great team work…this has been the story after the first issue of GMC NEWS LETTER Volume 1 Issue 1. We feel so happy to expand the wings of the editorial team by adding a few members with a Great zeal to take this News Letter to greater heights. Firstly we thank all the readers for making the 1st ever issue of our NEWS LETTER a great success. Without all your appreciation we would have not been able to bring this 2nd issue. Many new sections have been added without any compromise to bring forward to you every news in and around Guntur Medical College. We expect that this 2nd issue also reaches to its maximum extent and becomes a part of Guntur Medical College forever and ever.

- *UG EDITORIAL TEAM,*
  GMC NEWS LETTER.

Instructions:

Articles included in the newsletter:

- *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.*