Medi-Update

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HORIZON - from a healthy today to a healthier tommorrow

PARUL SEVASHRAM HOSPITAL

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PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH

To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear.

- GAUTAM BUDDHA

From The Desk of President & Medical Director

Faith is taking the first step even when you don't see the full staircase.

"Parul Sevashram Hospital is a long cherished dream of Parul Arogya Seva Mandal & with faith in our humanitarian motive; We took a giant leap in converting this long cherished dream into reality. We feel privileged to shoulder the responsibility of fulfilling this dream and strive towards successful accomplishment of establishing Parul Sevashram Hospital among the renowned Healthcare Institutions across Gujarat. In keeping with our motto "Healthcare for all," We always devote our efforts in ensuring better health of our patients through enhanced treatment & diagnosis, Care & Compassion. "All Inclusive Healthcare" is our guiding principle & our continuous efforts in extending medical care to all - irrespective of their caste, creed & religion - shall result in achieving better health for all our brothers & sisters. Parul Sevashram Hospital not only serves humankind through curative services but also promotes basic healthcare awareness among locals & residents of Vadodara city."

"Establishment of "Parul Institute of Medical Sciences & Research" is a visionary step and dream of Parul University. The Goal of establishing PIMSR is to be amongst the leading Medical Institutes of the country and contribute to the fullest towards capacity building and attaining excellence in the field of Medical Education & Services."

Dr. Devanshu J. Patel
President - Parul University

Dr. Geetika Madan Patel
Medical Director - Parul University

Health is a relationship between you and your body.
- Terri Guillemets

A quick glance at Our Journey towards an Institute of Medical Excellence.

Dear All,

As this is the first issue of our Newsletter, I would like to give you a quick overview of our journey till today.

Parul Sevashram Hospital was established in September 2012 with a small infrastructure, a couple of doctors and a small team of Paramedical staff. In the beginning for about one year, we used to serve 50 to 100 patients in a day in OPD departments and 20-30 patients in Indoor department.

Gradually, we kept on building different departments, strengthened our diagnostic services, developed critical care and emergency services, and built up surgical operation theatre rooms and a lot more.

After around two years of successfully serving the needy through our quality medical care services, in the year 2014, taking a giant step ahead in the journey, we decided to establish a Medical Institute par excellence for further benefit of society and country. The vision was to offer Medical education matching international standards to the students of our state and country and to offer quality specialty and super specialty Medical services to all sections of the society at a cost, which everyone can afford.

After about two years of meticulous planning under the guidance of our Advisor and our Mentor, Dr. C A Desai, Ex dean B J Medical College, we were able to come up with an excellent infrastructure for our Medical College, expansion of the Hospital infrastructure and addition in the medical facilities in all departments.

Today, Parul Sevashram Hospital serves around 600-650 patients daily in outdoor department and around 200-220 patients in indoor departments. The Intensive care unit offers the best critical care services to the most complicated cases and the Operation theatres receive patients of all types from all the departments where all major and supramajor surgeries are performed.

With this spirit and dedicated efforts of our team of doctors and paramedics, we envision to becoming one of the leading Medical Institutes of the country in a few years of time.

We seek your blessings and support in this journey of ours.....

Medical Director

The food you eat can be either the safest & most powerful form of medicine or slowest form of poison.
-Ann Wigmore

About us

ABOUT PARUL UNIVERSITY

Parul University, is an amalgamation of 28 Institutes managed by Parul Arogya Seva Mandal Trust, and is Recognized & Approved by Government of Gujarat under the Private University Act 2009. It is India's Premier Multi-disciplinary University with Over 150+ Programs in a Vibrant Campus spread over 150 Acres . It houses 27000+ students who are guided & taught by 2500+ Faculty Members which constitute 200+ Faculty Members from Nationally Reputed Educational Organizations such as IITs & NITs. Global Exposure is at a prime focus with 500+ Full Time Foreign Students from 30 Different Countries and International Exchange Programs under 25 Tie-ups World Wide. Modern Infrastructure & Amenities are a major highlight as Parul University offers Hostel Facilities for 7000+ Students with access to well equipped Gym, Swimming Pool, Open Air Theater & Sports Complex. At Parul University Diploma, Under Graduate and Post Graduate Programs are offered in Engineering, Design, Management, Architecture & Interior Design, Ayurveda, Physiotherapy, Homoeopathy, Pharmacy, Nursing, Applied Science, Library Sciences, Social Work and Vocational Education.

ABOUT PIMSR

With a vision to excel in Medical Education, Parul Institute of Medical Sciences & Research (PIMSR) was established with State of Art Infrastructure & experienced faculties. PIMSR came to existence with the intent to impart thorough clinical and theoretical knowledge to the students and empower them to become confident, ethical and flawless doctors keen to serve humanity.

The institute has excellent infrastructure with appropriately sized and equipped modern Lecture Theatres, Museums, Laboratories, Demonstration rooms etc. The Central Library is one of a kind and has been structured to provide the best ambience and environment for self study of the students.

PIMSR owns a Rural Health Training Centre and an Urban Health Training Centre where interns will be trained at village level and city level. Additionally a well-equipped animal house is available for basic research on animals. There is an Institutional Ethical Committee for Human Research (PU-IECHR) that meets regularly.

There are 28 academic departments headed by Professors. Technical heads supervise hospital ancillary service units.

Our Core Team

Dr. Devanshu J. Patel	Dr. Geetika Madan Patel	Dr. V. P. Hathila	Dr. Indira Parmar
President	Medical Director	Dean	Medical Superintendent

Each patient carries his own doctor inside him
- Norman Cousins, Anatomy of an Illness

ABOUT PARUL SEVASHRAM HOSPITAL

"Clinical learning is the "Heart of Medical Education"

The Parul Sevasharam hospital is a 450 bedded multispecialty hospital having Departments of General Medicine, General Surgery, Pediatrics, Orthopedics, Obstetrics & Gynecology, ENT, Respiratory medicine, Dermatology, Psychiatry, Radiology, Skin, TB &Chest Diseases, Opthalmology, Urology, Nephrology, Neurology, Oncology, Plastic surgery, Gastro-Intestinal Surgery, Dentistry, Oral & Maxillofacial Surgery and Anaesthesiology with a team of 125 dedicated Doctors.

24 Hours Casualty

Well equipped 24-hrs. Emergency unit with experienced staff is available

Outpatient & Inpatient Departments

General Wards, Semi Special Rooms & Special Rooms for in-patient department & spacious out door departments with state of art facilities are available in all the clinical disciplines.

Operation Theater Complex

A modern operation theater complex comprising of 7 major operation theaters & 2 minor operation theaters is available for all operative procedures. Ultramodern set up of Laproscopy, HD Endovision system, C- Arm Image intensifiers, Arthroscopy system, Endo Urosurgery system, GI scopy system is available for all types of surgeries.

24 Hours ICU/ICCU/SICU/PICU/NICU

Fully equipped 25-bedded ICU/ICCU/SICU/PICU/NICU with Multipara Monitors, Ventilators, Defibrillators, ABG facilities , isolation facilities ,etc. are available. Round the clock trained staff is available.

Radiology Department

Well equipped Radiology Center with multislice CT scan , 600 & 300 MA Digital X-Ray Unit, USG & Doppler machine , 100 MA Portable X-Ray Machine is available.

Central Laboratory

Central Laboratory of the Hospital offers all the Clinical Pathology, Haematology, Histopathology, Cytopathology, Microbiology, Serology & Biochemistry investigations for diagnosis of various illnesses.

Automation is need of the hour and thus, we have fully automated 5 part Cell counters, Autoanalysers, Hormone analysers, Electrolyte analysers, ABG analysers, BACTEC system etc for the desired precision in diagnostics.

Let food be thy medicine and medicine be thy food.
-Hippocrates

ABOUT PARUL SEVASHRAM HOSPITAL

Blood Bank

The state of Art Blood Bank at Parul Sevashram Hospital functions 24 hours to fulfill every demand of blood and dispenses whole blood as well as all types of blood components.

Dialysis Center

Round the Clock Dialysis services are available

Physiotherapy Department

An ultramodern Physiotherapy unit with facilities of all types of active and passive exercises , TENS , ultrasound , C.P. Unit is available

Patient Activity Center

An innovative concept of Patient Activity Center has been developed at hospital where patients get together everyday in the evening , play games , watch inspirational videos , TV shows , share there experiences and lots more.

Other Services

Various other diagnostic services like TMT, PFT, NCV, EMG, EEG, ENG, Audiometry, Coloposcopy, Retinoscopy, YAG laser therapy etc are available at the Hospital.

All types of Industrial Health check up services are also available.

SUPERSPECIALTY SERVICES

Neuroscience Department

The hospital has an ultramodern , well equipped Neuroscience department with advanced diagnostic and treatment facilities.

A Special Stroke and Paralysis unit offering treatment through integrated approach of Allopathy ,Ayurveda, Physiotherapy, Acupuncture & Rehabilitation is available.

Other Super Specialty Departments

- Nephrology & Urosurgery Department
- Oncology Department
- Gastroenterology Department
- Plastic Surgery Department
- Oncogynecology & Infertility
- Orthopedics-Arthroscopy, Ilizarov

A Healthy outside starts from the inside.
-Robert Urich

ORIENTATION PROGRAMME HELD AT PARUL UNIVERSITY FOR WELCOMING ITS FIRST BATCH OF MBBS STUDENTS 2016-17

The inauguration ceremony of the MBBS students and their welcome was conducted on 20th September 2016. The ceremony was held as a celebration of the commencement of MBBS course at Parul University and also for welcoming the first batch of students at MBBS course in the University.The event was graced by the Chief Guest of the day Dr. A. C. Shah, an eminent Cardio Thoracic Surgeon of Vadodara and erstwhile Professor of Cardio Thoracic Surgery at Medical College, Baroda and SSG Hospital. The Guest of Honor of the event was Dr. C.A. Desai, the consultant for MCI at PIMSR. He was erstwhile the Professor and Head of Physiology and later Dean at BJ Medical College, Ahmedabad and also the Additional Director of Medical Education at Gandhinagar.

Establishment of Animal House

Animal House has been recently established and granted permission by CPCSEA at Parul Institute of Medical Sciences & Research. We are pleased to announce the registration of an Institutional Animal Ethics Committee at PIMSR with the CPCSEA (Registration number: 1898/PO/Re/S/16/CPCSEA) at the IAEC meeting held on 13th August 2016. The Chairman for the committee will be Dr. D. C. Sharma , Professor and Head , Dept. of Pharmacology, PIMSR. Registration with CPCSEA allows researchers at PIMSR to conduct animal experiments for preclinical research.

Take good care of your body, it's the only place you have to live.

- Jim Rohn

Establishment of Clinical Research Department

We are pleased to announce the development of a clinical research department here at PIMSR. The purpose of this department will be to initiate new clinical research and conduct all research following standard operating procedures. Interested researchers will be trained in Good Clinical Practice (GCP) guidelines beginning November 2016. This initiative will be led by Dr. Sanjay K. Date, Director, Clinical Research, and Professor of Pharmacology, PIMSR.

CMEs/ Academic Meets / Seminars

CMEs, Academic Meet & Seminars help us become better listeners, present our arguments and ideas clearly and be open to others' points of view. Seminars at PIMSR are a comfortable, open environment for practicing professional communication techniques. CMEs are organized every month & Academic meets are organized every week on Friday and are attended by all the extremes of medical field with zeal and enthusiasm.

Some of the CMEs & academic meets that were conducted recently are as below

S. No.	PARTICULARS	DATE	NAME & DESIGNATION OF SPEAKER	TOPIC
1	CME	June 6	Dr. Bithika Dutta Roy, Professor & Head, Dept. of Microbiology, GMERS, Gotri	Hospital Infection Control
2	CME	June 28	Dr. Tejas Patel , Assistant Professor , Dept. of Pharmacology , GMERS , Gotri	Ethics in Medical Research
3	CME	July 19	Dr. Bhupendra Gosai , Eminent Anatomist, & Ex-Faculty, Dept. of Anatomy , Baroda Medical College	Microteaching
4	ACAD MEET	July 22	Dr. Noopur Nagar, Junior Resident , Dept. of Obstetrics and Gynaecology	Thyroid Disorder of Pregnancy
5	ACAD MEET	July 29	Dr. Asruti Kacha, Assistant Professor , Dept. of Paediatrics	Neonatal Anemia

The good physician treats the disease; the great physician treats the patient who has the disease.
-William Osler

Whats new at PIMSR?

S No	PARTICULAR S	DATE	NAME & DESIGNATION OF SPEAKER	TOPIC
6	ACAD MEET	Aug 5	Dr. Ketas Mahajan, Assistant Professor , Dept. of Orthopedics	Basics of Knee Arthroscopy
7	ACAD MEET	Aug 12	Dr. Saudhan Desai, Senior Resident, Dept. of Ophtalmology	Diabetic Retinopathy
8	ACAD MEET	Aug 26	Dr. Ankit Bharti, Assistant Professor , Dept. of Skin &VD	Actinic Keratosis and Squamous cell carcinoma in a case of Renal transplant
9	CME	Sept 7	Faculty of Departments of Pathology, Medicine & Pediatrics	Standard Blood Bank Practices & Blood Safety
10	ACAD MEET	Sept 16	Dr. Soeb Jankhwala, Assistant Professor, Dept. of Microbiology	Antimicrobial Resistance
11	ACAD MEET	Sept 23	Dr. Shivalika Gupta, Assistant Professor , Dept. of Anesthesia	Acute Respiratory Distress Syndrome
12	ACAD MEET	Sept 30	Dr. Kaushik Pandya , Professor , Dept. of Physiology	Contribution of Physiology in Healthy lifestyles through simple yogic principles and method
13	ACAD MEET	Oct 7	Dr. Priyank Mistry, Senior Resident, Dept. of ENT	Chronic Otitis Media with Facial Nerve Palsy – A Case Report
14	ACAD MEET	Oct 14	Dr. Nadeem Shaikh, Assistant Professor , Dept. of Biochemistry	Serum Magnesium & Vitamin D levels as Indicators of Asthma Severity

Nature can do more than physicians.
-Oliver Cromwell

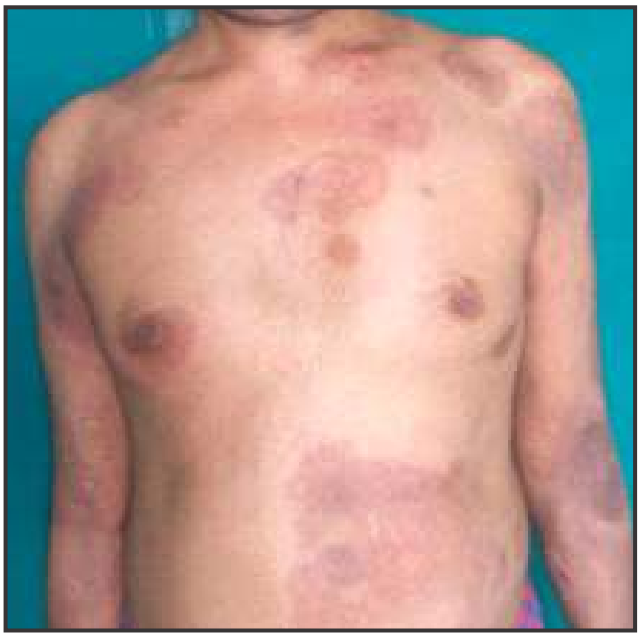
1. Rituximab – Novel Biologic for Management of Treatment Resistant Pemphigus Vulgaris

The Department of Dermatology , PSH received a case of a 35 year old male, who reported with complaints of raw erosion over whole body since few months. On detailed history & examination it was diagnosed as a case of Pemphigus Vulgaris with both oral& cutaneous flaccid blisters & erosion since 2 years. The patient was taking treatment in form of systemic steroids & cyclosporine for a year despite of which he developed fresh lesions.

The patient was started on injection Dexamethasone, systemic antibiotics and supportive treatment. The patient started showing sign of recovery in 7 days but a few new lesions were appearing, so it was decided with patient's consent to give him Rituximab.

After infection control was established at 20 days, he was given Injection Rituximab according to the lymphoma regime i.e. 375 mg/ m^2 at weekly doses in ICU facility.

Patient during treatment



Patient after treatment

No disease that can be treated by diet should be treated with any other means

- Maimonides

After 3 doses the patient recovered by 90% with only facial lesions that demonstrated a slow response to treatment. He was discharged with prescription of oral prednisolone and cyclophosphamide after 60 days with facial erosion of size 3x3 cm over both molar areas. The patient is on regular follow up and no signs of development of new lesions or any side effects.

The mainstay of treatment of Pemphigus Vulgaris is systemic corticosteroids. Immunosuppressive agents (ISAs) are used for their steroid-sparing effect and possible ability to reduce autoantibody production. Many patients do not respond to high dose long-term corticosteroids in combination with multiple ISAs. Newer methods of treatment, such as rituximab, have shown promise in such patients.

Rituximab is a chimeric monoclonal antibody that targets the CD20 molecule on B cells resulting in their lysis. In 1997, the US Food and Drug Administration approved its use in lymphoma, in 2006 for rheumatoid arthritis (RA), in 2010 for chronic lymphocytic leukemia, and in 2011 for Wegener's granulomatosis . Its use in Pemphigus Vulgaris is off label. The rationale for the use of rituximab in patients with Pemphigus Vulgaris is based on its ability to deplete CD20+ B cells that presumably produce pathogenic antibodies.

Thus Rituximab is an excellent therapeutic option for resistant & relapsing cases, which fail to respond to conventional treatment options, though cost is a major factor, which influences its use in Dermatology.

**Attending Clinicians were Dr. Ankit Bharti, Dept. of Skin & VD and Dr. Pankil Patel, Senior Resident, Dept. of Skin & VD , PSH*

Liberty is to the collective body, what health is to every individual body. Without health no pleasure can be tasted by man; without liberty, no happiness can be enjoyed by society

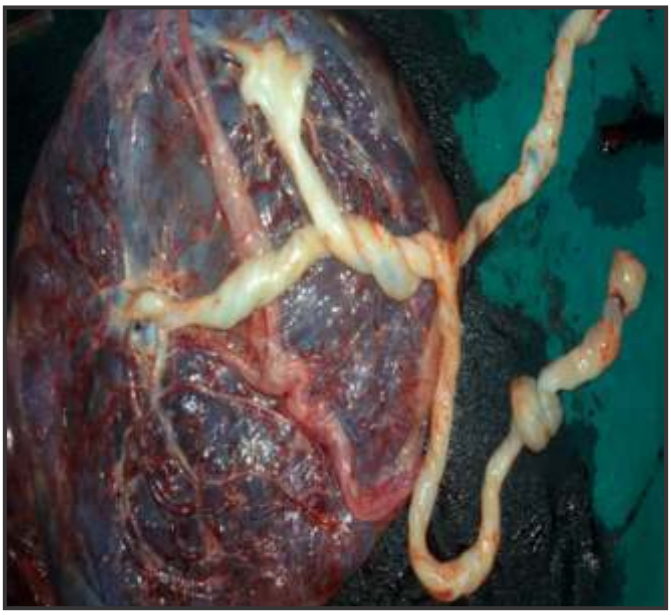
– Henry St. John

2. A Rare Presentation of Monochorionic Twin Pregnancy

Multiple pregnancy currently account for 3% of live births. Multiple pregnancy is associated with higher risks for mother and babies. Maternal mortalities associated with multiple pregnancies is 2.5 times that for singleton birth. A monochorionic twin pregnancy is one in which both fetuses are dependent on a single shared placenta. Multiple pregnancy is associated with increase in maternal complications such as increased pregnancy symptoms, anemia, PIH, miscarriages, PPH etc. It also leads to a higher incidence of fetal complications like IUGR, preterm birth, mal-presentations, congenital malformations, sudden demise of one or both fetuses, twin-twin transfusion syndrome due to vascular placental anastomoses etc. Such complications are seen in monochorionic twins more compared to dichorionic twins.

A G3P2L2, with previous two normal deliveries and live issues presented in OPD with 2 months amenorrhea and was received by Dept. of Obstetrics & Gynecology. Routine investigations were carried out for the case. On USG she was diagnosed as monochorionic diamniotic (i.e. single placenta with two amniotic sac) twin pregnancy. She was advised regular antenatal visits. At 16 weeks after getting anomaly scan she was admitted and a prophylactic cervical encirclage was done.

She was then called for regular and frequent visits. Her last scan showed 1st fetus in vertex presentation and the second in breech presentation. At 34 weeks betamethasone coverage was given for fetal lung maturity. At 36 weeks plus 3 days she presented in labor room with labor pains. Cervical stitch was removed and labor was allowed to progress. Twin babies were delivered vaginally with first in vertex 1.8 kg and second "breech" 2.0 kg. Both the babies had spontaneous cry after birth. There was an evidence of minor atonic PPH in mother, which was managed conservatively, and patient was stable.



The most astonishing feature was the presence of "true knot" in the cord of first baby diagnosed after delivery but there was no distress to the baby. The incidence of true knot is 1.25%. Fetuses with true umbilical knots are at a four-fold increased risk of stillbirths.

**The attending clinicians were Dr. S. L. Pagi, Prof. & Head & Dr. Noopur Nagar , Junior Resident , Dept. of Obstetrics and Gynecology , PSH*

More people live off cancer than die from it
- Dr. Deepak Chopra

3. Temporomandibular Joint Ankylosis : A Challenging aspect of Maxillofacial Surgery

Ankylosis of the temporomandibular joint (TMJ) involves fusion of the mandibular condyle to the base of the skull. When it occurs in a child, it can have devastating effects on the future growth and development of the jaws and teeth causing facial deformity. Trauma and infection are the leading causes of ankylosis. However, in a young patient, a joint injury may not be noticed immediately. The first sign of a significant problem may be increasing limitation of jaw opening, usually noticed by the dentist. Early diagnosis and treatment are crucial if the worst sequelae of this condition are to be avoided.

We present a case report of TMJ ankylosis diagnosed and successfully treated in the early teen years

Case Report An 18-year-old girl was referred to the oral and maxillofacial surgery for investigation and treatment of left TMJ ankylosis. As a result of the ankylosis, the left mandible had become hypoplastic. There was past history of trauma to the facial skeleton before 3 years. The initial clinical examination revealed an obviously hypoplastic mandible. There was Nil mouth opening and no palpable movement over the left & right TMJ. Radiographic images confirmed bony ankylosis of the left TMJ with bilateral elongation of the coronoid processes.

The following 4-stage treatment plan was developed:

1. Surgery - interpositional arthroplasty through a Alkayat-Bramley approach
2. Coronoidectomy (ipsilateral and contralateral)
3. Temporalis myofascial flap for interposition on left side
4. Post operative guiding elastic to guide the occlusion

All the branches of facial nerve were safely reflected inside the skin muscle flap and post operative all function of facial nerve were preserved.

Discussion: In children, TMJ ankylosis can result in mandibular retrognathism with attendant aesthetic and functional deficits. Therefore, treatment should be initiated as soon as the condition is recognized, with the main objective of re-establishing joint function and harmonious jaw function. Various autogenous grafts, including muscle and fascia flaps, the metatarsus, clavicle, and iliac crest `as well as various alloplastic materials, have been used to reconstruct the TMJ. However, the Temporalis myofascial flap seems to be reasonable with the Alkayat-Bramley approach as harvest and placement becomes easy and only one single incision is adequate for both.

A variety of techniques for the treatment of TMJ ankylosis have been described, including intraoral coronoidectomy, ramus osteotomy, high condylectomy, forceful opening of the jaw under general anesthesia, lysis of adhesions of the pterygoid space during exploration for a foreign body, autogenous grafts and free vascularized whole joint transplants. In addition, several prosthetic

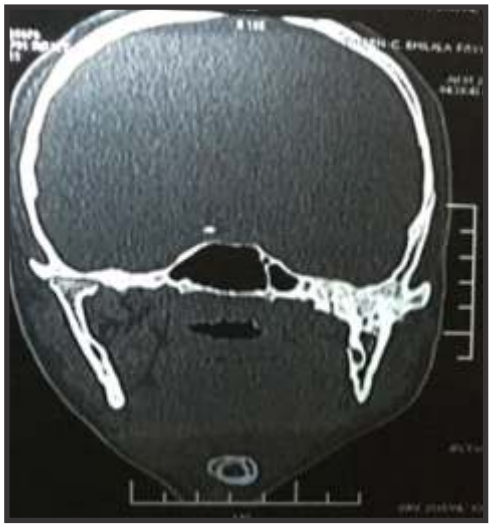
Poisons and medicine are oftentimes the same substance given with different intents

- Peter Mere Latham

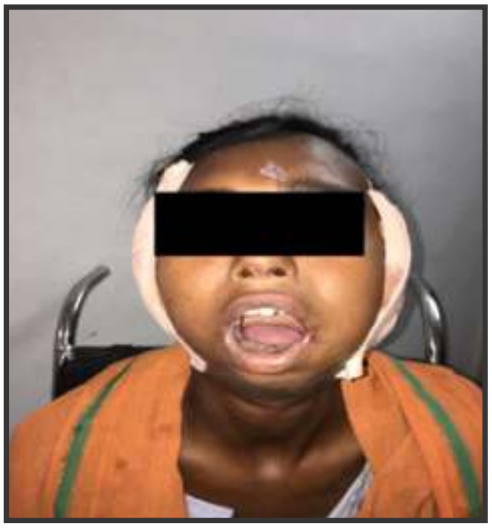
options for TMJ reconstruction exist, including Silastic sheeting material (Vitek Inc., Houston, Texas), the TMJ condylar prosthesis, custom glenoid fossa implants, articular eminence implants and mandibular reconstruction plates with condylar heads.

The whole treatment plan is based on what the patient's expectation is. In this case patient asked for mouth opening only as he was not concerned with other aspects of the treatment. The net result has been a high degree of patient satisfaction.

Attending clinician was Dr. Megha Vyas, Asst. Professor, Dept. of Dentistry, PSH



Radio graph showing temporo-mandibular ankylosis



Post-operative mouth opening following interposition of temporalis myofascial flap

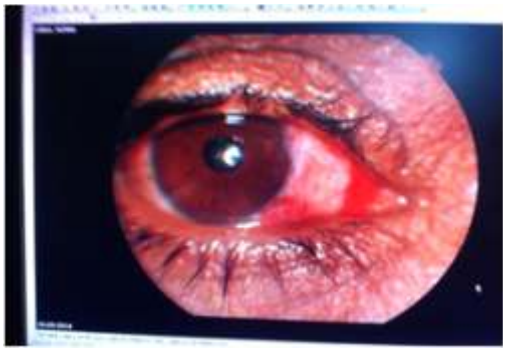
Pre-operative facial profile before surgical exposure of ankylosed temporomandibular ankylosis

Always laugh when you can. It is cheap medicine
- Lord Byron

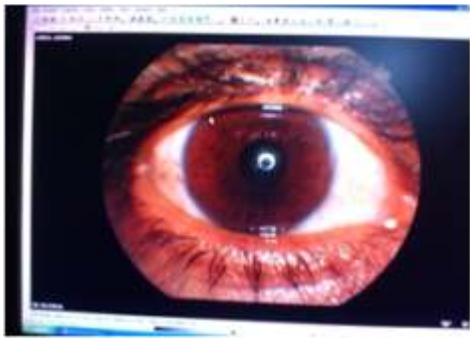
4. Treatment of Grade 2 Pterygium with Innovative No Suture No Glue Technique

Pterygium is a fibrovascular sheet of sub-conjunctival tissue overriding the cornea. Usually it is more commonly seen in males ,especially in hot and humid climatic regions.

The exact cause has not been known though a localized limbal stem cell deficiency has been known to induce the growth of pterygium.



Case of Grade 2 Pterygium before Treatment



After surgery with No Suture – No Glue Technique

A patient was diagnosed as a case of grade 2 pterygium in right eye at the Ophthalmology OPD of Parul Sevashram Hospital . He was operated with "No Suture No Glue" technique for pterygium and discharged on the very next day. On discharge he had mild sub graft hemorrhage while the graft was totally adherent to the sclera bed. On first week follow-up the hemorrhage had completely resolved and on 15th post op day the graft was completely accepted with hardly any evidence of surgery being done. Hence the cosmetic outcome of this technique is also appreciable.

Earlier the surgical technique used for pterygium removal was "Bare Sclera Technique. It had higher recurrence rates and more chances of scleral thinning,and hence was abandoned. Currently the bare sclera is now covered with conjunctival autograft taken from same eye superior forniceal conjunctiva. The autograft can be secured with help of 10-0 vicryl sutures but has more complaint of foreign body sensation. To overcome the disadvantages of sutures, fibrin glue use has become rampant to secure the graft in place. Yet with the use of glue there are chances of transmission of parvovirus B19 and prion diseases and there is a tendency of certain patients to be allergic to the components of glue.

The Ophthalmology Department here at Parul Sevashram Hospital now uses the innovative technique of pterygium surgery with autograft i.e No Suture No Glue Technique. Here the graft is placed on the bleeding sclera bed allowing the blood to clot and serum factors to favor the adhesion of the conjuctival autograft to the sclera bed.

Advantages of No Suture No Glue technique are that it is easy to master, time saving and very cost effective. The patients have earlier recovery with no complaint of foreign body sensation. Care must be taken to avoid unnecessary vigorous rubbing of eyes for few days to avoid graft dehiscence or loss.

Attending Clinicians were Dr. Aparna Kekan, Assistant Professor & Dr. Saudhan Desai, Senior Resident, Dept. of Ophthalmology, PSH

The best doctor gives the least medicine
-Benjamin Franklin

5. A Case Of Suspected Evans Syndrome

An 18 year old African origin male presented to the Medicine OPD with complaints of fever with chills since 2 weeks as well a fatigue and breathlessness with exertion. On examination his vital parameters were normal but he had mild pallor. There were no signs of organomegaly. Hemoglobin was found to be 9.8 g/dl on first measurement with platelet count of 2.46lacs/mm^3. After a few days the Hemoglobin dropped to 5.3 g/dl and platelet to 44000/mm^3. Peripheral smear revealed microspherocytes , fragmented RBCs and occasional bite cells present. Liver function tests showed mild indirect hyperbilirubinemia. Stool occult blood was positive. Tests for dengue, malaria were negative . Direct and indirect Coombs test as well as anti nuclear antibody were negative. Bone marrow biopsy showed variable cellular marrow with erythroid hyperplasia. In view of rapid decline in Hemoglobin and platelets he was given 1 unit pcv and was put on immunosuppressive treatment . He responded dramatically to the treatment with increases in platelet and Hemoglobin count and fever subsided . Given a combination of picture of idiopathic thrombocytopenia and hemolytic picture on peripheral smear this could be considered a case of "suspected" Evan's syndrome but no autoimmune marker was positive for confirmation of diagnosis. So he could probably be a case of ITP with blood loss anemia.

Evan's syndrome is defined by the combination of autoimmune hemolytic anemia (AIHA) and immune thrombocytopenia (ITP), in the absence of known underlying etiology. Evan's syndrome is a rare diagnosis although the exact frequency is unknown. Although Evan's syndrome appears to be a disorder of immune regulation, the exact pathophysiology is unknown. There is evidence to support abnormalities in both cellular and humoral immunity. Patients may present with AIHA or ITP either separately or concomitantly. Clinical presentation includes the usual features of hemolytic anemia: pallor, lethargy, jaundice, heart failure in severe cases; and thrombocytopenia: petechiae, bruising, mucocutaneous bleeding. Examination may reveal lymphadenopathy, hepatomegaly and/or splenomegaly. A full blood count will confirm the presence of cytopenias and a blood film should be examined for features of AIHA (polychromasia, spherocytes) and to exclude other underlying diagnoses (malignancies, micro angiopathic hemolytic anemia, congenital hemolytic and thrombocytopenic conditions). Features of hemolysis should be sought including a raised reticulocyte count, unconjugated hyperbilirubinaemia and decreased haptoglobins. The direct anti-globulin test (DAT) is almost invariably positive , even in the absence of hemolytic anemia, and may be positive for IgG and/or complement (C3). Assays for antiplatelet and antigranulocyte antibodies haves shown varied results. Evan's syndrome is a diagnosis of exclusion and by definition other confounding disorders should not be present. Therefore, before accepting a diagnosis of Evan's syndrome other causes of acquired immune cytopenia should be excluded, in particular SLE, IgA deficiency, CVID, acquired immunodeficiency syndrome and ALPS, as all require different management. .The management of Evan's syndrome remains a challenge. The syndrome is characterized by periods of remission and exacerbation and response to treatment varies even within the same individual. The most commonly used first-line therapy is corticosteroids and/or intravenous immunoglobulin (IVIG). In the acute setting, blood and/or platelet transfusions may also be required to alleviate symptoms.

Attending clinicians were Dr. B. D. Parmar, Professor & Head & Dr. Rajesh Roy, Assistant Professor, Dept. of Medicine, PSH

The art of medicine consists in amusing the patient while nature cures the disease.
-Voltaire

1. New Dengue Vaccine

There have been several outbreaks of Dengue recently. In its severe form Dengue Hemorrhagic Fever is known to be highly fatal. The current management of dengue relies on supportive treatment. There is an urgent need for new strategies for dengue control. One dengue vaccine developed by Sanofi Pasteur has been registered in several countries (CYD-TDV, or Dengvaxia). CYD-TDV is a prophylactic, tetravalent, live attenuated viral vaccine. The vaccination schedule consists of 3 injections of 0.5 mL administered at 6-month intervals. The indication from the first license is for the prevention of dengue illness caused by dengue virus serotypes 1, 2, 3, and 4 in individuals 9–45 years, living in dengue endemic areas.

Is it efficacious? Dr. Ng Su-Peing, global medical director of Sanofi Pasteur claims that vaccine is 65.6 percent effective against dengue. Pooled data of clinical trials over 35,000 patients suggests 59.2% vaccine efficacy.

Is it safe ? The vaccine may actually increase the incidence of dengue infections requiring hospitalization rather than preventing the disease. This may be due to a phenomenon called antibody-dependent enhancement (ADE).The manufacturers deny the existence of ADE when vaccine is given to patients above 9 years of age .

WHO position: Countries should consider introduction of the dengue vaccine CYD-TDV only in geographic settings (national or subnational) where epidemiological data indicate a high burden of disease.

India's position: Earlier this year the Indian health ministry rejected the introduction of the Sanofi dengue vaccine to India as the company wanted fast track introduction and sought a waiver of the Phase III clinical trial in India. The The Ministry of Health and Family Welfare stated "the evidence was not sufficient to waive conducting a clinical trial in India."

2. Recent advances under RNTCP (Revised Technical and Operational guidelines 2016)

RNTCP adopted thrice weekly regimen for treatment of drug sensitive TB till now. The Programme is now introducing daily regimen for treatment of drug sensitive TB among PLHIV and Pediatric TB in the entire country and for all TB patients in a phased manner initially in 104 districts of the country. Rest of the country will follow the intermittent regimen as per existing guidelines until the daily regimen is scaled up to the entire country.

TYPE OF TB CASE	TREATMENT REGIMEN IN INTENSIVE PHASE	TREATMENT REGIMEN IN CONTINUATION PHASE
New	(2) HRZE	(4) HRE
Previously treated	(2) HRZES+ (1) HRZE	(5) HRE

**Prefix to the drugs stands for the number of months*

For further information on latest treatment guidelines please refer: http://tbcindia.nic.in

Surgeons can cut out everything except cause
- Herbert M. Shelton

3. FDA Approves First 'Artificial Pancreas' for Type 1 Diabetes

The US Food and Drug Administration (FDA) has approved Medtronic's MiniMed 670G hybrid closed-loop insulin delivery system, the first-ever device that automatically monitors blood glucose and administers appropriate basal insulin doses, for patients aged 14 years and older with type 1 diabetes. Because the device responds to both low and high blood glucose levels -it is being called the first-ever "artificial pancreas." However, since patients still need to enter information about anticipated meals and request the device to deliver bolus insulin doses, it is called a "hybrid" rather than a fully closed-loop system. The system comprises a subcutaneously worn continuous glucose monitor that measures glucose levels every 5 minutes and an insulin pump that displays glucose readings and delivers insulin based on those values. Prior to meals, patients approximate the carbohydrate count of their food and enter that information in so that the system can calculate the needed bolus dose. The FDA noted that risks associated with use of the system may include hypoglycemia and hyperglycemia, as well as skin irritation or redness around the device's infusion patch. In addition, this version of this device is unsafe for use in children 6 years of age or younger and in patients who require less than eight units of insulin per day.

4. Yoshinori Ohsumi wins Nobel Prize in Medicine for work on Autophagy

Japanese cell biologist is named 2016 laureate for his discoveries on how the body's cells break down and recycle their own components. Yoshinori Ohsumi, 71, will receive the award for uncovering

"mechanisms for autophagy". Autophagy is the body's internal recycling programme - scrap cell components are captured and the useful parts are stripped out to generate energy or build new cells. The process is crucial for preventing cancerous growths, warding off infection and, by maintaining a healthy metabolism, it helps protect against conditions like Diabetes and Parkinson's. Intense research is underway to develop drugs that can target autophagy to treat various diseases.

There is no illness that is not exacerbated by stress
-Allan Lokos, Patience: The Art of Peaceful Living

Events & Achievements

Parul University and Parul Sevashram hospital bags the award for Best Celebration of World Breastfeeding Week 2016 from (BPNI) Breastfeeding Promotion Network of India . Parul University carried out the celebration starting from 1st to 7th August 2016 towards support and promotion of breastfeeding at the institute. The activities carried out were divided in two parts:

1. Activities carried out at the hospital for promotion of breastfeeding through informative booklets in local languages, preparation of nutritionally rich food & poster and card making competition by students
2. Activities carried out in the peripheral areas and nearby villages with lectures and role plays at Anganwadi centres

Photographs of the activities carried out

Display of recipes of nutritionally rich food items for Pregnant women visiting Parul Sevashram Hospital

Counseling of Pregnant Women on full Antenatal Care and nutrition during pregnancy

Role plays carried out by students of Parul University in the nearby villages on awareness of exclusive breastfeeding & its promotion

Give me health and a day, and I will make the pomp of emperors ridiculous

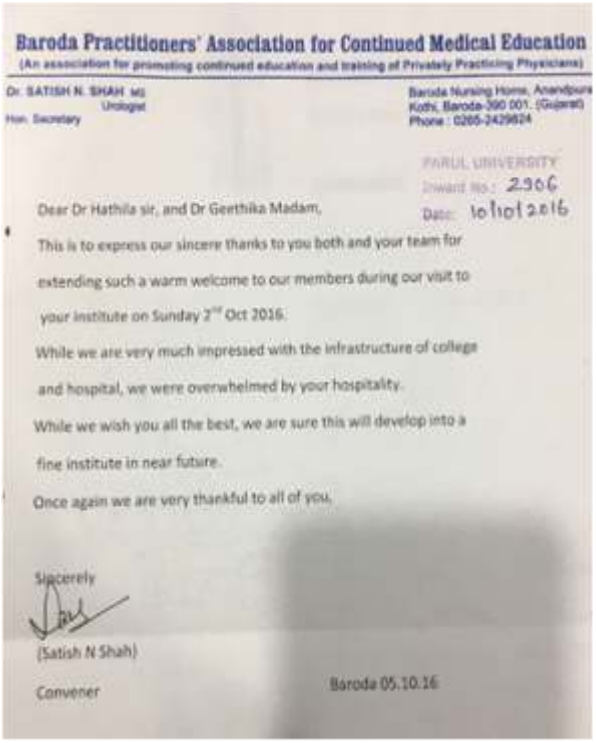
- Ralph Waldo Emerson, Nature

Commencement Of OPDs In Madhya Paradesh

Parul Sevashram Hospital has started free Medical OPDs in Alirajpur & Kukshi Districts of Madhya Pradesh on Sundays. A team of Doctors & staff visits the above districts on Sundays for free medical Consultations. Thousands of patients are taking benefit of these free services.

VISIT BY SENIOR DOCTORS OF BARODA

A visit was conducted by senior and eminent doctors of Vadodara to Parul University and Parul Sevashram Hospital. It was an indeed enriching experience



Baroda Practitioners' Association for Continued Medical Education

(An association for promoting continued education and training of Privately Practicing Physicians)

Dr. SATISH N. SHAH MS
Urologist
Hon. Secretary

Baroda Nursing Home, Anandpura Kothi, Baroda-390 001. (Gujarat)
Phone : 0265-2429824

PARUL UNIVERSITY
Inward No.: 2306
Date: 10/10/2016

Dear Dr Hathila sir, and Dr Geethika Madam,

This is to express our sincere thanks to you both and your team for extending such a warm welcome to our members during our visit to your institute on Sunday 2nd Oct 2016.

While we are very much impressed with the infrastructure of college and hospital, we were overwhelmed by your hospitality.

While we wish you all the best, we are sure this will develop into a fine institute in near future.

Once again we are very thankful to all of you.

Sincerely

(Satish N Shah)
Convener

Baroda 05.10.16

Be not sick too late, nor well too soon
-Benjamin Franklin

Faculty Achievements

1. Faculties of Parul Institute of Medical Science and Research attended Attitude and Communication (ATCOM) module and Revised Basic Course Workshop held during 7-10 September 2016 by MCI Nodal Centre,NHL Municipal Medical College,Ahmedabad

2. A Guest lecture was delivered by our faculty Dr. Shashwat Nagar, on "Recent advances under Universal Immunization Programme of India" at a state level CME held at Sumandeep Vidyapeeth on 11th of September 2016. The Guest lecture was based on an essay competition, where the faculties across Gujarat were encouraged to write articles on recent advances and topics related to millennium discoveries on infectious diseases. On the basis of the Essays, winners were selected by the Scientific committee who were then invited to present guest lectures at the CME. The lecture focused mainly on the recent vaccines launched by the Govt of India and the programmatic changes and advances under the UIP programme which have been made to cover maximum children for immunization across all the states of India.

3. Our faculty Dr. Jaimin Pandya, Assistant Professor , Dept. of Anesthesia was invited to deliver a guest lecture for a session on USG Brachial Plexus Block in Indian Society of Anaesthesiology Conference held on 23rd-25th of September 2016 at Bhavnagar .

Medi - Quiz

(Answers to be Published in the next Newsletter)

1) Psammoma bodies are seen in all except?

A. Follicular carcinoma thyroid
B. Papillary carcinoma thyroid
C. Cystadenocarcinoma
D. Meningioma

2) Which of the following is true about methicillin resistant staph aureus:

A. Due to production of Penicillinase
B. Due to alteration in penicillin binding proteins
C. Plasmid mediated
D. Treated with amoxicillin & clavulinic acid

3) Sparrow marks are seen in?

A. Gunshot injuries
B. Stab injury of face
C. Vitriolage
D. Windshield glass injury

4) Carrier state is not important in transmission of:

A. Measles
B. Typhoid
C. Polio
D. Diphtheria

5) Intraoperative myocardial infarction is best diagnosed by:

A. ECG
B. Invasive arterial pressure
C. Central venous pressure
D. Trans Esophageal echocardiography

6) Multiple sebaceous cysts seen in:

A. Gardner's syndrome
B. Turcot syndrome
C. Muir Torre syndrome
D. Cowden syndrome

7) Fallopian tube dysmotility is seen in?

A. Churg strauss syndrome
B. Kartagener's syndrome
C. Noonan syndrome
D. Turner syndrome

He is the best physician who is the most ingenious inspirer of hope
- Samuel Taylor Coleridge

Media Flash


પારુલ ઈન્ટિ.માં સ્ટુડન્ટ્સે બનાવ્યું હેલ્થી ફૂડ


પારુલ સેવાશ્રમ હોસ્પીટલ દ્વારા
વર્તમાન યુગમાં "હવે જંકફુડ બનશે હેલ્થ ફુડ" નું માહિતી સભર પ્રદર્શન


પારુલ હોસ્પિટલ ખાતે યોજાયું વેસ્ક્યુલર ડાયેટ એજ્યુકેશન


ડાયાબિટીસની જાગૃતિ માટે સ્ટુડન્ટ્સે 3000 લોકોનું સ્ક્રિનિંગ કર્યું


ભારતમાં ડાયાબિટીસથી ૬ કરોડ વ્યક્તિઓ પીડાય છે


ગ્રામીણ મહિલાઓને પગભર બનાવવા કાર્યક્રમ યોજાયો
પારુલ યુનિ.ની સોશિયલ વર્ક ફેકલ્ટી દ્વારા ગ્રામીણ મહિલાઓને રોજગારી મળી શકે તેવા ગૃહ ઉદ્યોગ, વેપારની સમજણ અપાઈ


પારુલ ઈન્ટિ.માં સ્ટુડન્ટ્સે બનાવ્યું હેલ્થી ફૂડ


પારુલ સેવાશ્રમ હોસ્પીટલ દ્વારા
વર્તમાન યુગમાં "હવે જંકફુડ બનશે હેલ્થ ફુડ" નું માહિતી સભર પ્રદર્શન


પારુલ હોસ્પિટલ ખાતે યોજાયું વેસ્ક્યુલર ડાયેટ એજ્યુકેશન


સોશિયલ વર્ક ફેકલ્ટી દ્વારા ઈશ્વરપુરા ખાતે રોજગારલક્ષી કાર્યક્રમ યોજાયો


પારુલ યુનિવર્સિટી દ્વારા વિમેન્સનું સન્માન


યુવાધન-ટારુના વ્યસનથી યુવાનોમા સ્ટ્રોકનુ ખતરો


પારુલના ઓર્થોપેડિક સર્જનનો સારવારનો નવો અભિગમ
મલ્ટિપલ ફેક્ચરથી પીડાતા બે દર્દીઓને દર્દરહિત સારવાર
ઇલિઝારોવ પદ્ધતિમાં ઓપન સર્જરી ભાગ્યે જ કરવી પડે છે


સતત ટેન્શનથી યુવાનોમાં સ્ટ્રોકનું પ્રમાણ વધી ગયુ


સ્તન કેન્સરનું પ્રમાણ વધ્યું

One of the first duties of the physician is to educate the masses not to take medicine

-William Osler

This newsletter comes to you with the efforts of our literature club

Dr. Chetan Kumar
Dr. Nadeem Shaikh
Dr. Soeb Jankhwala
Dr. Shashwat Nagar
Dr. Nisarg Savjiani
Dr. Nehal Shah

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