

Medi-Update

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PARUL SEVASHRAM HOSPITAL

PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH

WORLD CANCER DAY

World Cancer Day is an international day marked on February 4 to raise awareness of cancer and to encourage its prevention, detection, and treatment. World Cancer Day was founded by the Union for International Cancer Control (UICC) to support the goals of the World Cancer Declaration, written in 2008. The primary goal of World Cancer Day is to significantly reduce illness and death caused by cancer and is an opportunity to rally the international community to end the injustice of preventable suffering from cancer.

World Cancer Day **targets** *mis-information, raises awareness, and reduces stigma*. Multiple initiatives run on World Cancer Day to show support for those affected by cancer. One of these movements is #NoHairSelfie, a global movement to have "hairticipants" shave their heads either physically or virtually to show a symbol of courage for those undergoing cancer treatment. Images of participants are then shared over social media. Hundreds of events around the world also take place.

The Theme for World Cancer Day:

#IAmAndIWill

It is proposed, "Whoever you are, you have the power to reduce the impact of cancer for yourself, the people you love and for the world. It's time to make a personal commitment."

The theme: 2019 - 2021

2019 marks the launch of the 3-year 'I Am and I Will' campaign. 'I Am and I Will' is an empowering call-to-action urging for personal commitment and represents the power of individual action taken now to impact the future.

A 3-year campaign for impact

World Cancer Day is a campaign built to resonate, inspire change and mobilise action long after the day has passed. A multi-year campaign offers a chance to create long-lasting impact by increasing public-facing exposure and engagement, more opportunities to build global awareness and impact-driven action.

General Information:

What is cancer ?

Cancer is a disease which occurs when changes in a group of normal cells within the body lead to uncontrolled, abnormal growth forming a lump called a tumour; this is true of all cancers except leukaemia (cancer of the blood). If left untreated, tumours can grow and spread into the surrounding normal tissue, or to other parts of the body via the bloodstream and lymphatic systems, and can affect the digestive, nervous and circulatory systems or release hormones that may affect body function.

Tumours can be divided into three groups: benign, malignant or precancerous

WORLD CANCER DAY

Benign tumours are not cancerous and rarely threaten life. They tend to grow quite slowly, do not spread to other parts of the body and are usually made up of cells quite similar to normal or healthy cells. They will only cause a problem if they grow very large, becoming uncomfortable or press on other organs - for example a brain tumour inside the skull.

Malignant tumours are faster growing than benign tumours and have the ability to spread and destroy neighbouring tissue. Cells of malignant tumours can break off from the main (primary) tumour and spread to other parts of the body through a process known as metastasis. Upon invading healthy tissue at the new site they continue to divide and grow. These secondary sites are known as metastases and the condition is referred to as metastatic cancer.

Precancerous (or premalignant) describes the condition involving abnormal cells which may (or is likely to) develop into cancer.

Types of cancers

Cancer can be classified according to the type of cell they start from. There are five main types:

Carcinoma – A cancer that arises from the epithelial cells (the lining of cells that helps protect or enclose organs). Carcinomas may invade the surrounding tissues and organs and metastasise to the lymph nodes and other areas of the body. The most common forms of cancer in this group are breast, prostate, lung and colon cancer

Sarcoma – A type of malignant tumour of the bone or soft tissue (fat, muscle, blood vessels, nerves and other connective tissues that support and surround organs). The most common forms of sarcoma are leiomyosarcoma, liposarcoma and osteosarcoma

Lymphoma and Myeloma – Lymphoma and Myeloma are cancers that begin in the cells of the immune system. Lymphoma is a cancer of the lymphatic system, which runs all through the body, and can therefore occur anywhere. Myeloma (or multiple myeloma) starts in the plasma cells, a type of white blood cell that produces antibodies to help fight infection. This cancer can affect the cell's ability to produce antibodies effectively

Leukaemia – Leukaemia is a cancer of the white blood cells and bone marrow, the tissue that forms blood cells. There are several subtypes; common are lymphocytic leukaemia and chronic lymphocytic leukaemia

Brain and spinal cord cancers – these are known as central nervous system cancers. Some are benign while others can grow and spread.

WORLD CANCER DAY

Cancer Prevention and Risk Reduction:

At least one third of common cancers are preventable through a healthy diet, maintaining a healthy weight and being physically active.

Smoking

Tobacco use is the single largest preventable cause of cancer and stopping smoking is one of the best things we can do to reduce our risk of cancer. Use of tobacco has been found to cause around 15 different types of cancer including oral cancers, lung, liver, stomach, bowel and ovarian cancers, as well as some types of leukaemia (cancers of the blood).

Quitting at any age can make huge a difference, increasing your life expectancy and improving quality of life.

Alcohol

Alcohol is strongly linked with an increased risk of several cancers. By reducing and limiting how much you drink, you can reduce your risk of cancers of the mouth, pharynx, larynx, oesophagus, bowel and breast, and may also reduce the risk of liver and bowel cancers.

Physical activity

Maintaining a healthy weight and making physical activity part of your everyday life can help reduce your risk of ten cancers, which include bowel, breast, uterine, ovarian, pancreatic, oesophagus, kidney, liver, advanced prostate and gallbladder cancers.

Ultraviolet radiation

No matter where you live or your skin tone, moderate your exposure to ultraviolet radiation from the sun and avoid tanning beds and solariums to help reduce your risk of skin cancer. Staying under the shade, covering up your skin and avoiding prolonged periods of exposure to the sun are some ways to help protect yourself.

Workplace hazards

Some people risk being exposed to a cancer-causing substance because of the work that they do. For example, workers in the chemical dye industry have been found to have a higher incidence than normal of bladder cancer. Asbestos is a well-known workplace cause of cancer - particularly a cancer called mesothelioma, which most commonly affects the covering of the lungs. In this case, asbestos isn't just present in workplaces but can also be found in older homes and buildings

What can we do?

- As **individuals** we can take responsibility for our health, including getting vaccinated and reminding others to get vaccinated, maintaining a healthy and active lifestyle, avoiding alcohol, tobacco and excessive/prolonged sun exposure
- **Governments and policy leaders** can implement vaccination programmes which prevent infections that cause cervical and liver cancer, regulate solariums and tanning salons, and ban the mining and

WORLD CANCER DAY

export of asbestos

- **Schools** can be champions of healthy behaviors among children, staff, parents, families and the wider community by cultivating an environment that supports good nutrition and physical activity, as well as providing information on other cancer risk factors
- **Workplaces and employers** can implement measures in the workplace that will motivate and sustain healthy habits throughout a person's everyday life and put in place policies to prevent occupational exposure to cancer-causing agents, such as asbestos and other workplace carcinogens, as well as fostering physical activity, healthy nutrition and creating smoke-free spaces.
- **Cities and communities** can take the lead in creating a quality urban environment that promotes and protects the health and wellbeing of its citizens.
- **Get vaccinated:** Chronic infections (commonly caused by viruses) are estimated to cause approximately 16% of all cancers globally. Some of the most common forms of cancers such as liver, cervical and stomach cancers are associated with infections with the hepatitis B virus (HBV), the human papillomavirus (HPV), and the bacterium *Helicobacter pylori* (H. pylori), respectively. Today, there are safe and effective vaccines against HBV and HPV, which can help to protect against the infection-related cancers of liver and cervical cancers.

How to create equity in prevention of cancer services:

- Providing greater levels of cancer prevention education to the public
- Equipping healthcare professionals with the appropriate skills and knowledge, particularly to those in low income regions and areas
- Increasing the amount of investment (both money and people) in cancer research and tracking the burden of cancer nationally to shape investments in cancer prevention, treatment and care
- Implementing country-specific cancer prevention and control plans that addresses each country's unique situation, needs and resources
- Uniting as a society and raising our voices to press governments to treat cancer as an important health issue
- Advocate for more resources in training, thereby increasing the number of healthcare workers in oncology
- Address policies on strategies for retention of skilled healthcare workers
- Healthcare workers can support the development of locally adapted, culturally sensitive materials to improve knowledge transfer
- Educators can increase the use of mobile and online technology to complement traditional methods
- Hospitals, clinics and governments can where possible build on existing materials, training networks and infrastructure
- Engage traditionally non-cancer specialists such as community health workers, clinical health assistants, nurses and physicians in cancer care tasks (e.g. effective clinical breast exams, performing diagnostic tests).

WHATS UP WITH MEDICAL FIELD

The evolution of a normal cell to a cancer cell is generally thought of as a sequential accumulation of many independent lesions to the genome. Although all-at-once massive genomic alterations might accelerate the acquisition of growth-promoting mutations, they have an obvious downside: They could also potentially generate massive deleterious effects that could overwhelm any growth-promoting mutations. Recently, whole-genome sequencing has led to the discovery of three new classes of complex catastrophic chromosomal rearrangement: chromothripsis, chromoanasythesis, and chromoplexy.

Chromothripsis is the phenomenon by which up to thousands of clustered [chromosomal rearrangements](#) occur in a single event in localised and confined genomic regions in one or a few [chromosomes](#), and is known to be involved in both cancer and congenital diseases. It occurs through one massive genomic rearrangement during a single catastrophic event in the cell's history. It is believed that for the cell to be able to withstand such a destructive event, the occurrence of such an event must be the upper limit of what a cell can tolerate and survive. The chromothripsis phenomenon opposes the conventional theory that [cancer](#) is the gradual acquisition of genomic rearrangements and somatic mutations over time.

The first evidence of chromothripsis came from whole-genome sequencing of CLL patients. In this series, it was found that chromosomal rearrangements generally clustered within one entire chromosome and more frequently in smaller regions, such as an entire chromosomal arm or even in segments just a few tens of megabases or kilobases in length. In these regions of chromothripsis, chromosomal rearrangements were both inverted and noninverted in orientation. Strikingly, there was an equal representation of the four major possible patterns of intrachromosomal rearrangements, that is, deletions, head-to-head and tail-to-tail inversions, and tandem duplications.

Chromothripsis has been found in a range (3–25%) of other cancer types, such as neuroblastoma; medulloblastoma; bone cancers; MM; and lung, renal, and thyroid cancers.

Strong selection during embryonic development ensures that only mild genomic alterations can be tolerated through development. It was therefore very surprising when recent studies reported massive constitutional chromosomal rearrangements similar to those of chromothripsis in cancer in some patients with congenital developmental disorders. In comparison with chromothripsis in cancer, these instances of apparent germline chromothripsis showed minimal DNA loss, presumably reflecting the selection against haploinsufficiency or complete loss of gene function due to monoallelic gene expression. Array-based copy number analysis, such as array comparative genome hybridization (aCGH) or SNP arrays, cannot, as expected, detect these copy-neutral chromosomal alterations, necessitating whole-genome sequencing.

These unexpected discoveries were the fruits of new technical advances, particularly next-generation sequencing and the accompanying novel bioinformatics tools. The recent studies illustrate the fact that these events are more common than could have been expected, and further sequencing efforts will clarify their true frequency. However, as discussed above, the phenomena identified to date could be the extreme examples of even more frequent but less dramatic events. Thus, understanding the underlying mechanism is not only interesting in its own right but may impact our understanding of how common these events really are.

INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

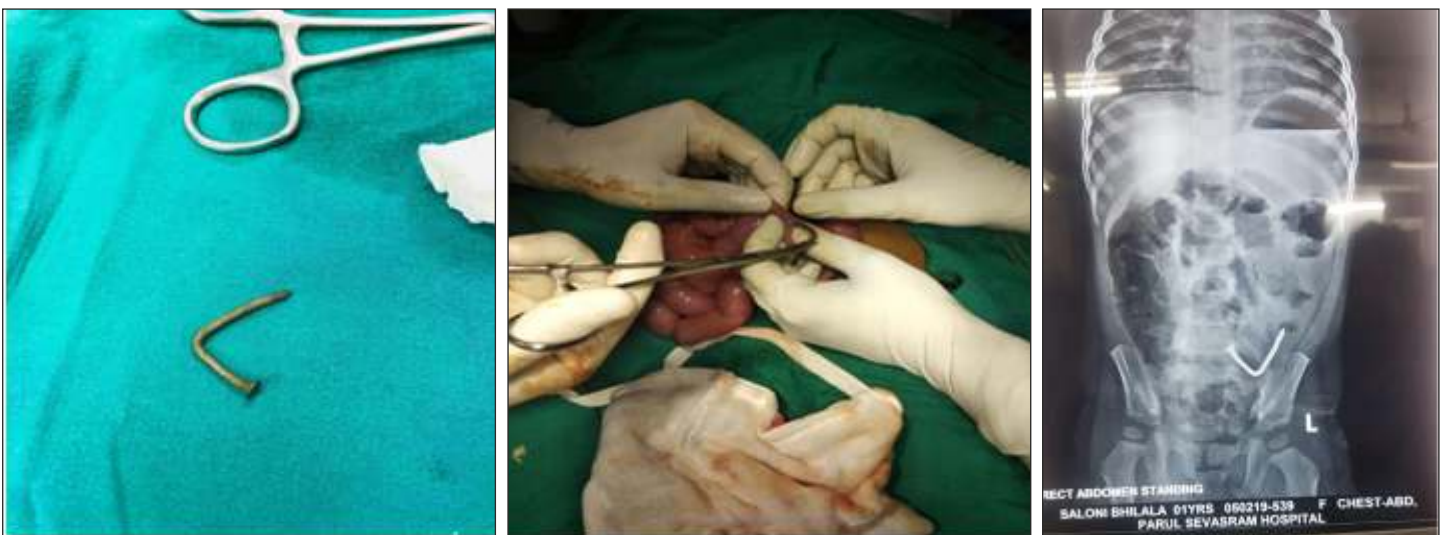
Case-1

FOREIGN BODY INGESTION

Foreign body (FB) ingestion in children is common and most children are observed to be between 6 months and 3 years of age. Although most FBs in the gastrointestinal tract pass spontaneously without complications, endoscopic or surgical removal may be required in a few children. Thus, FB ingestion presents a significant clinical difficulty in pediatric gastroenterological practice.

A one year old child residing at Madhya pradesh came to Parul Sevashram Hospital with complain of vomiting and abdominal pain since last 5 days. Patient had history of foreign body ingestion and patient had taken primary treatment at ratlam private hospital and patient was referred to Parul sevashram hospital for further management. On detailed clinical examination, abdomen was soft and tenderness was present all over abdomen. X-ray abdomen was done and it was suggestive of free gas under right dome of diaphragm. X ray abdomen also revealed presence of nail in small intestine. Patient underwent laprotomy and enterotomy was performed and nail was extracted & suturing was done in two layers.

Treating consultants: Dr. K. D. Chavda, Dr. Hitesh Tadvi, Department of Surgery



INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case-2

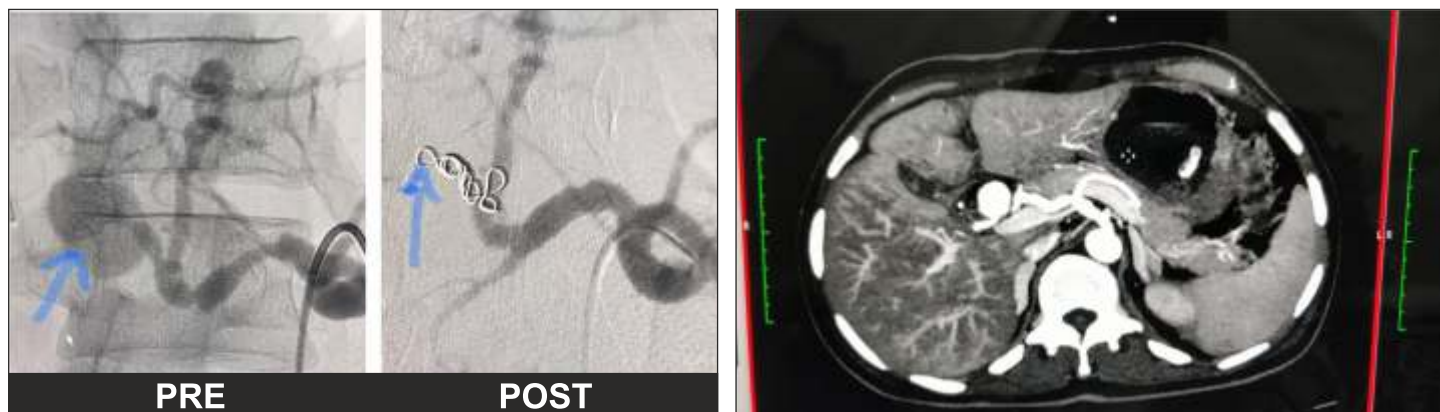
CYSTIC ARTERY ANEURYSM

Aneurysm of the cystic artery is not common, and it is a rare cause of hemobilia. Most of reported cases are pseudo aneurysms resulting from either an inflammatory process in the abdomen or abdominal trauma.

A case of 52 years old male patient presented with complaint of lower GI bleeding (melena), Gabhraman, breathlessness and Abdominal pain. Patient had p/h/o cholecystectomy. On admission, patient's haemoglobin was 10gm/dl. Patient was advised for upper and lower GI endoscopy but there wasn't any remarkable findings. Patient's Hb was 4 gm/dl on 3rd day of admission so Patient was advised for CT angiogram. CT scan findings revealed that on arterial phase there is 23x22 mm size enhancing lesion with peri lesional, non enhancing area noted in relation to cystic artery and hepatic artery s/o cystic artery aneurysm. Cystic artery angioembolisation with coiling was done with blood transfusion and patient was stabilised and recovered fully.

Treating consultants: Dr. Hiten patel (Vascular Surgeon), Dr. Hitesh Tadvi Department of Surgery

Diagnosis by : Dr. Anil Rathva, Department of Radiology



INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case-3

OMPHALOCELE

Omphalocele, also called exomphalos, is a rare abdominal wall defect in which the intestines, liver and occasionally other organs remain outside of the abdomen in a sac because of failure of the normal return of intestines and other contents back to the abdominal cavity during around the ninth week of intrauterine development. Omphalocele occurs in 1 in 4,000 births and is associated with a high rate of mortality (25%) and severe malformations, such as cardiac anomalies (50%), neural tube defect (40%), exstrophy of the bladder. Approximately 15% of live-born infants with omphalocele have chromosomal abnormalities. About 30% of infants with an omphalocele have other congenital abnormalities.

Present case was delivered on 01/09/2018, she was 1st of twin, with maturity age of 34 weeks and birth weight of 1.6 kg. Child was born with omphalocele, congenital defect in anterior abdominal wall and respiratory distress. So she was admitted in NICU for stabilization and screened for any other congenital anomalies as well. After ruling out other anomalies, she was gradually started oral feeding and treated with intravenous antibiotics for sepsis. She was discharged after 27 days stay in NICU along with her twin sister. Regular follow up was ensured in pediatrics opd. After getting 3 kg weight at age of 5 months, she was successfully operated for omphalocele at Parul Sevashram Hospital.

Treating consultant : Dr. Siddharth Nayak (Paediatric Surgeon)



What's new at PIMSR

Empanelment for CCCH course

Parul Institute of Medical Sciences and Research is now an empanelled institute as a "Programme study centre" for the course titled "Certificate Course in Community Health" developed by the Department of Health and Family Welfare under Government of Gujarat. This course is developed for the capacity building of BAMS, BSc and Nursing Graduates for acquiring public health skills and competencies to work as Mid level health providers at the newly phased out Health and Wellness Centres by Government of India. The course will be for the period of 6 months under the nodal State Institute of Health and Family Welfare at Vadodara.

Permission of 4th batch

Parul Institute of Medical Sciences and Research has received the 3rd renewal permission for admission of 4th batch of MBBS without any compliance. The permission of admission is for a batch of 150 students for the academic year 2019-20.

New Academic initiatives like Skill modules, Medical update club for students

Skill module

Parul Institute of Medical Sciences and Research has planned to start Skill modules for MBBS students. Under these modules, students will have hands on experience in basic emergency care, intensive care management and injection techniques. Total number of 3 modules will be covered within 15-18 hours.

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Medi -update club

Medical update has been started for MBBS batch 2016 on every Thursday at college building of Parul Institute of Medical Science and Research where faculty from different departments will present topic of recent advances in their respective field.

What's new at PSH

1. PSH gets Empanelment as base Hospital under "National Programme for Control of Blindness" for free treatment of Cataract & Other Eye Diseases with the empanelment under NPCB, Ophthalmology Department at PSH will be able to provide free operative services to Cataract Patients.



2. Technology updatation:

Thunderbeat in OT complex



World's first "Fully Integrated Bipolar & Ultrasonic Technology" advanced energy device to ensure a Reliable vessel sealing & precise tissue management during the surgeries.

Vitek 2 Automated instrument for Identification & Antibiotic Sensitivity testing



The best automated solution for Microbial Identification & Antibiotic Susceptibility testing.

3. PSH has extended their health services to needy people by starting OPD at Chhota-udaipur.



4. Cosmetology Clinic has been commenced in department of Dermatology



5. Retinal laser facility has been started in Ophthalmology department

EVENTS AT PIMSR

1. “PARIKSHA PE CHARCHA” with The prime minister Shri Narendra Modi

Students of PIMSR participated and attended Pariksha pe charcha with Prime Minister Shri Narendra Modi and learned about preparation of various exams and how to deal with the stress of the exam. They also got motivated from listening to Prime Minister's own experiences of life.



2. Felicitation programme of 3rd year MBBS students



As second year MBBS Students step ahead into the final year of MBBS Programme, an Orientation Session and felicitation of achievers of Second MBBS was held at PIMSR to motivate the students.

3. ACME on Urological Malignancies was organized by Dept. of Pathology on 5th April

A CME on Urological Malignancies was organized by Dept. of Pathology on 5th April 2019. Many relevant topics like IHC in prostate lesions, Advances in treatment of Prostatic Cancer, Bladder Tumours etc were discussed during the event.



4. A Total Laproscopic Hysterectomy Workshop and Hands- on training for Gynecologists was arranged at PSH on 31st March, 2019



FACULTY ACHIEVEMENTS

1 **Dr. Jaba Rajguru**, Asso. Prof. Dept of Anatomy, presented a paper on “**The multiple heads of biceps brachi**” in 8th International conference of society of clinical anatomist at Ramachandra institute of medical sciences and research, Chennai.



2 **Dr. Shashwat Nagar**, Associate Professor, Department of Community Medicine and Dr. Nikhil Patel, Assistant Professor, Department of Community Medicine participated as state assessors for "National Effective Vaccine Management (EVM)" for Government of Gujarat and Supported by UNICEF, Gujarat in January 2019. EVM is the most elaborative and comprehensive assessment of cold chain points across Gujarat technically supervised by NCCVMRC (National Cold Chain and Vaccine Management Resource Centre) under the National Institute of Health and Family Welfare (NIHFW), Govt of India. The Inputs of the assessment have been shared with both the Government of Gujarat and Government of India targeted towards the improvement of the Cold chain and logistics system across Gujarat.



3. **Dr. Uma S. Nayak** attended the Neonatal conference organised by the ShriRajchandra mission Hospital, Stanford University



and Government of Gujarat twice at Dharampur. She was invited as a GMC Observer in February 2019.



4. **Dr. Noopur Nagar**, Assistant Professor, Department of Obstetrics and Gynecology participated as a resource person for a guest lecture in the Baroda Obstetric and Gynaecological Society CME on "Nutrition in pregnancy and Malformation" on 17th February 2019. Her topic for the expert presentation was "Role of nutritional supplements in cramps during pregnancy"

Ratlam lady suffering from VVF gets new lease of life

TIMES NEWS NETWORK

Vadodara: Normalcy has returned in the life of a 52-year-old Ratlam-based woman who was suffering from vesico-vaginal fistula (VVF), a condition whereby urine continuously leaks from the urinary bladder directly into vagina.

The patient who had to continuously wear diapers and suffered from lifelong morbidity has been saved through laparoscopic surgery.

According to doctors at Parul Sevashram Hospital (PSH), a major reason for this disorder is due to any form of trauma during surgeries, causing rent or tear as an artificial tract through which urine flows continuously gets created.

The woman had undergone

VVF is a condition whereby urine continuously leaks from the urinary bladder directly into the vagina

open surgery was comparatively easy but it would have resulted in a second transverse scar and with two scars the patient had the risk of suffering a life-long morbidity," said Dr Komal Patel, the senior gynaecologist at PSH.

"We decided to do primary laparoscopic VVF repair and if need arise go for open surgery," said Patel, whose team involved a urologist and laparoscopic surgeon.

"With good team effort, we successfully complete the procedure," she said.

According to PSH officials, such laparoscopic surgeries have been performed at two or three private hospitals in the city where the operation may cost around Rs two lakh. At PSH, however, the surgery cost the patient only Rs 10,000.

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ન્યુનતમ એક્સેસ સર્જરી (લેપ્રોસ્કોપીક સર્જરી) જટીલ સર્જિકલ રોગોથી પિડાતા દર્દીઓ માટે વરદાનરૂપ



લેપ્રોસ્કોપીક સર્જરીમાં છેલ્લા કેટલાક વર્ષોથી નવી નવી શોધ થાય છે. એડવાન્સ લેપ્રોસ્કોપીક સર્જરીથી સાદા અથવા કેન્સર જેવા રોગોની પણ સર્જરી શક્ય બની છે. આનાથી એપેન્ડીક્સ, પિત્તાશયની કોથળી અને પિત્તનળીના રોગો, લીવર અને સ્વાદુપર્ણાંડના રોગો, પાચનતંત્રને લગતા રોગો, દરેક પ્રકારની સાર્વજનિક, કિડની, એટ્રીનલ ગ્લેન્ડ, ફ્ક્સ પ્લાયકેશન, યુરોલોજી સર્જરી, બરોળનું વગેરેના ઓપરેશન કરી શકાય છે. એડવાન્સ લેપ્રોસ્કોપીક સર્જરીએ ઘણી જટીલ સર્જિકલ બિમારીઓની સારવારમાં ક્રાંતી લાવેલ છે.

ન્યુનતમ એક્સેસ સર્જરી (લેપ્રોસ્કોપીક સર્જરી)ના ફાયદા.

- દર્દીના શરીર પર અડધા થી એક સેન્ટીમીટરનો જ ચીરો મુકવામાં આવે છે. જેથી સ્ક્રી ખુબ જ નાનો હોય છે.
- દર્દીને ચીરાની જગ્યાએ દુઃખાવો નહીંવત થાય છે.
- દર્દીનો યા જલ્દીથી રૂઝવણ શરૂ થાય છે અને તેમા થયેલા યાગવાની શક્યતા નહીંવત હોય છે.
- દર્દી યોગ્ય જ સમયમાં જ હુરીફરી શકે છે.
- હોસ્પિટલમાંથી દર્દીને ૨૪ થી ૪૮ કલાકમાં રજા મળે છે.
- દર્દી ૪ થી ૭ દીવસમાં પોતાનું રોજીંદું કામકાજ કરી શકે છે.

પાણલ સેવાશ્રમ હોસ્પિટલના લેપ્રોસ્કોપી સર્જરી વિભાગના નિષ્ણાંત દ્વારા જટીલમાં જટીલ સર્જિકલ રોગોનું નિદાન અને સચોટ સારવાર

લેપ્રોસ્કોપીક ફંડોપ્લાયકેશન (Laparoscopic Fundoplication)

પાણલ સેવાશ્રમ હોસ્પિટલમાં ૫૯ વર્ષના પુરૂષ દર્દીને પેટના ઉપરના ભાગમાં દુઃખાવો, જમવાનું ગળે થી નીચે ઉતારવાની તકલીફ અને વારંવાર ઉબકા આવવાની બે વર્ષથી તકલીફ સાથે દાખલ થયેલ હતા. આ દર્દીની એન્ડોસ્કોપી કરતા જણાવ્યું કે તેમનો ઉરોદરપટલ ઢીલો થઈ જતા જઠરનો ભાગ પેટમાંથી છાતીના ભાગમાં સરકી જતો હતો. તેને મેડિકલની ભાષામાં હાલેટસ હરનીયા કહેવાય છે. ડૉ. નિતીન પટેલ, જી.આઈ. અને એડવાન્સ લેપ્રોસ્કોપીક સર્જન દ્વારા આ દર્દીની લેપ્રોસ્કોપીક સર્જરી કરી જઠરને ઉરોદરપટલ (Diaphragm) ની નીચે લાવી તેને સ્થિર કરી તેને સામાન્ય સ્થિતિમાં લાવવામાં આવ્યો. આમ દર્દીની બધી તકલીફ દૂર થઈ ગઈ અને તેને બીજા દીવસે રજા આપવામાં આવી.

લેપ્રોસ્કોપીક નેફ્રેક્ટોમી (Laparoscopic Nephrectomy)

પાણલ સેવાશ્રમ હોસ્પિટલમાં ૫૯ વર્ષના એક પુરૂષ દર્દી દાખલ થયા જેમને ડાયાબિટીસ, હાઇપર ટેન્શન અને કાર્ડિયોવાસ્ક્યુની બિમારી પિડાતા તેમજ તેમના પેટના ડાબી બાજુ ગાંઠ જણાઈ. તેનું સીટી સ્કેન કરતા માલુમ પડ્યું કે ડાબી કિડનીમાં ગાંઠ છે. આ દર્દીની ડાબી કિડનીની લેપ્રોસ્કોપી દ્વારા ડોક્ટર અમિત દોશી, યુરોલોજીસ્ટ દ્વારા કાઢવામાં આવી. આ ઓપરેશન ત્રણ કલાક ચાલુ અને તેમા બહુજ થોડો બ્લાડ લોસ થયો. આ ગાંઠની સાઈઝ ૭.૨ X ૬.૨ X ૬.૨ સેન્ટીમીટર અને તેની સાથે રીનલ વેઈન પણ જોડેઈલ હતી. આ સર્જરી આઠ દર્દી પહેલા દીવસથી મોકેથી લેવા લાગી અને ચોથા દિવસે તેને રજા આપવામાં આવી.

આમ પાણલ સેવાશ્રમ હોસ્પિટલમાં નિષ્ણાંત લેપ્રોસ્કોપીક સર્જન દ્વારા બધા જ પ્રકારની લેપ્રોસ્કોપીક સર્જરી કરવામાં આવે છે. અત્યાધુનિક ઓપરેશન થીયેટર તેમજ ઓપરેટીવ સાધનોની મદદ આવી સર્જરીઓમાં ખુબજ સરસ પરીણામ મળે છે.

પાણલ સેવાશ્રમ હોસ્પિટલ એટલે ન્યુરોલોજીકલ બિમારીઓના નિરાકરણ માટેનું ઉત્તમ સ્થળ



આ સ્થળે સર્જરી કરવાની સાથે જ આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે. આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે. આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે.



આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે. આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે. આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે.



આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે. આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે. આ સ્થળે ન્યુરોલોજીકલ રોગોનું નિદાન અને સચોટ સારવાર મળે છે.

UPCOMING EVENTS AT PIMSR

- 1 A CME on "coronary arteries- Anatomy and their clinical application" by dept of anatomy on 26/4/19 (Guest speaker-Dr.Nirav Bhalani)
- 2 A CME on "Primer designing seq. & it's application in heath care" by dept of Biochemistry in April'2019

STUDENTS CORNER

1. O Little Bird

O Little Bird	Some cruel human beings	Don't flee
Of Make Believe Lands	Might've made you suffer	Please stay
With Imaginary fears	But we're not all the same	Play around me
And evolutionary fangs.	I beg to differ.	Your way.
Don't be frightened	I represent affection	O Little Bird
Of the human race	And a million others	To be careful is okay
Don't be afraid	We possess animal love	To be frightened, isn't!
Of every similar face	And love for other creatures.	Some humans might've hurt
Don't fly away,	We like to come close	you,
With each advancing man	Admire your feathery feels	But all of us, never, didn't!
Don't flutter afar	We love your voices	-Master Muntazir M.
Stay until you can.	And your photos in our reels.	2nd Year, PIMSR

2. तूही तेरा राम और तूही तेरा रावण भी

तूही तेरा राम और तूही तेरा रावणभी
तूही तेरी बर्बादी और तूही आबादी भी
अपनाले नम्रता को और त्यागदे अहंकार को
तूही तेरा राम और तूही तेरा रावण भी !

-Purvajit Gohil (2nd Year, PIMSR)

लाख अच्छाई थी रावण में और एक बुराई थी राम मेंभी
मर्यादा थी ताकत जिनकी वो ही बनी कमजोरी भी
छोड दे साथ कैकई का और जानले तू विभीषण
तूही तेरा राम और तूही तेरा रावण भी !!

3) Confluence 2019

Confluence, the 2nd annual festival for students of Parul Institute of Medical Sciences and research, is going to be conducted on 12, 13 and 14th April, 2019. This event will have various Cultural and sports activities.

MYTH AND FACTS REGARDING CANCER

Myth : **Cancer is contagious.**

FACT : Cancer is not contagious. However, some cancers are caused by viruses and bacteria that can be spread from person to person. Certain types of the human papillomavirus (HPV) have been known to cause cervical, anal, and some kinds of head and neck cancers. Hepatitis B and hepatitis C are viruses that increase the risk of developing liver cancer. Bacteria like *H. pylori* can cause stomach cancer. It is important to remember that while the viruses and bacteria that cause some cancers can be spread from person to person, the cancers they cause cannot be spread from person to person.

Myth : **If someone in my family has cancer, am I likely to get cancer, too?**

FACT : Not necessarily. Cancer is caused by harmful changes (mutation) in genes. Only about 5 to 10 % of cancers are caused by harmful mutations that are inherited from a person's parents. In families with an inherited cancer causing mutation, multiple family members will often develop. These cancers are called "familial" or "hereditary" cancer. That remaining 90 to 95% of cancers are caused by mutations that happen during a person's lifetime as a natural result of aging and exposure to environment factors, such as tobacco smoke and radiation. These cancers are called as "non-hereditary" or "Spontaneous" cancers.

Myth : **Cancer thrives on sugar**

FACT : There is no conclusive evidence that proves eating sugar will make cancer grow and spread more quickly. All cells in the body, both healthy cells and cancer cells, depend on sugar to grow and function. However, eating sugar won't speed up the growth of cancer, just as cutting out sugar completely won't slow down its growth. This doesn't mean you should eat a high-sugar diet, though. Consuming too many calories from sugar has been linked to weight gain, obesity, and diabetes, which increase the risk of developing cancer and other health problems.

Myth : **Cancer treatment is usually worse than the disease.**

FACT : Although cancer treatments, such as chemotherapy and radiation therapy, can cause unpleasant and sometimes serious side effects, recent advances have resulted in many drugs and radiation treatments that are much better tolerated than in the past. As a result, symptoms like severe nausea and vomiting, hair loss, and tissue damage are much less common. However, managing side effects, also called palliative care, remains an important part of cancer care. Palliative care can help a person feel more comfortable at any stage of illness. In fact, people who receive both treatment for the cancer and treatment to ease side effects at the same time often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Myth : **It is easier to remain unaware you have cancer.**

FACT : You should not ignore the symptoms or signs of cancer, such as a breast lump or an abnormal-looking mole. Although the thought of having cancer is frightening, talking with your doctor and getting a diagnosis will give you the power to make informed choices and seek the best possible care. Because treatment is usually more effective during the early stages of cancer, an early diagnosis often improves a person's chances of survival.

Myth : **My attitude will have an effect on my cancer.**

FACT : There is no scientific evidence that a positive attitude will prevent cancer, help people with cancer live longer, or keep cancer from coming back. However, things that promote positive thinking such as relaxation techniques, support groups, and a strong network of family and friends may improve a person's quality of life and outlook. It is important to remember that placing such an importance on attitude may lead to unnecessary guilt and disappointment if, for reasons beyond your control, your health does not improve.

Myth : **Drug companies, the government, and the medical establishment are hiding a cure for cancer.**

FACT : No one is withholding a cure for cancer. The fact is, there will not be a single cure for cancer. Hundreds of types of cancer exist, and they respond differently to various types of treatment. There is still much to learn, which is why clinical trials continue to be essential for making progress in preventing, diagnosing, and treating cancer.

Myth : **If I'm not offered all of the tests, procedures, and treatments available, I am not getting the best cancer care.**

FACT : Not every test, treatment, or procedure is right for every person. You and your doctor should discuss which ones will increase your chance of recovery and help you maintain the best quality of life. You should also discuss which ones could increase your risk of side effects and lead to unnecessary costs. If you decide after this discussion that you need more information before making treatment decisions, it may be helpful to seek a second opinion.

MEDI – QUIZ

1. **Across glob which is the most common type of cancer that kills men**

- a. Oral cancer
- b. Penile cancer
- c. Lung cancer
- d. Prostate cancer

2. **Across glob which is the most common type of cancer that kills women**

- a. Stomach cancer
- b. Breast cancer
- c. Skin cancer
- d. Ovarian cancer

3. **Which is the most common cancer in all humans**

- a. Brain cancer
- b. Leukemia
- c. Lung cancer
- d. Skin cancer

4. **Which virus causes cancer resulting from chronic infection**

- a. Herpes Simplex virus
- b. Hepatitis E virus
- c. Human Papilloma virus
- d. Influenza virus

5. **What kind of foods are linked with Colon cancer**

- a. Processed meat
- b. Microwavable food
- c. Food with salt substitutes
- d. Shellfish

Answers to MCQs in previous newsletter

1. (A)

2. (D)

3. (B)

4. (B)

5. (B)

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

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