



Bapuji Educational Association (Regd.)



# SSIMS TIMES

Vol: 17

Issue : 1

January - March 2022

Official Quarterly News Bulletin of SSIMS&RC



Cadaveric Oath Taking Ceremony



## CME Dermatology



## SS Care trust



## SSINS- Life skill programme





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### Disclaimer :

Views and opinions expressed in this newsletter are not directly that of the editor or the editorial board. For any clarification, author of the article is to be contacted.

### *Principal's desk*



I would like to convey my regards to each and every one who is involved in good and constructive academic, research, curricular activities which helps in taking the institution's name to a new height, highlighting the efforts put forth during this COVID-19 pandemic situation.

I would like to suggest all the heads of Dept. to encourage the faculty and students to carry out more research-oriented activities and take part in academic and extracurricular events and also get involved in the new CBME curriculum for UG teaching.

***Dr. B.S Prasad***

### *Editor's desk*



At the outset, we, the editorial team heartily congratulate all the faculties and non-teaching and supportive staffs for the appreciation and applaud received for the tremendous service towards COVID-19 management in the institution.

I thank each and every one who has given a great input of information and memories for publication. This issue is a brief insight to all the happenings of the campus and achievements of various departments.

***Dr. A. V. Angadi***

### **Department of Physiology**

Dr. Soumya. B.A Asso. Prof & Dr. Deepa H. S Asst. Prof, have been awarded the Certificates of Exemplary Dedication for teleconsultations of home isolated COVID - 19 Patients through Project step one during 2021.

First year medical students Tanvi Annamdevara and Samyuktha Santhosh participated in the Karnataka State level Inter collegiate Physiology Quiz competition on 23<sup>rd</sup> March 2022 organised by KMC, Manipal.

### **Department of Pathology**

On 5<sup>th</sup> January 2022 arranged cytology entry register Mr Arun has been arranged to start entering the cytology register with all detail Cytology request forms of 20200 shows be filed accordingly (Pap, FNAC, BODY Fluid to be filed separately according to the number Reported FNAC, PAP slides).

A demonstration of virtual 3D lectures for Pre & Para clinical staff by Great .Co, Bangalore was conducted. The Session were held on 8<sup>th</sup> January 2022 between 3:00pm to 3:45pm & 4:00pm to 4:45pm. Software Medimagic 3D was downloaded & all staff members registered for the same to view the trial version videos of concerned subject.

Online slide seminar "Thesaurus of slides-virtual seminar series-I"-Adnexal tumours of skin was conducted in Department of Pathology on 29<sup>th</sup> January 22 from 10:00 to 11:30 AM. Dr. Sonam Nandyal, Professor, Basaveshwara Medical college & Hospital, Chitradurga, was the guest speaker. Slides were presented by Post Graduates Dr. Samiksha, Dr. Nandini, Dr Aparna & Dr. Parnjal. All the faculty attended the seminar.



Dr. Shashikala. P delivered a lecture on Histopathology of skin in leprosy as guest & participant in C M E on leprosy" By Davangere dermatology Associating on 30<sup>th</sup> January 2022 held at SSIMS&RC Dr. Aparna Dr. Nandini Dr. Pranjal attended the CME

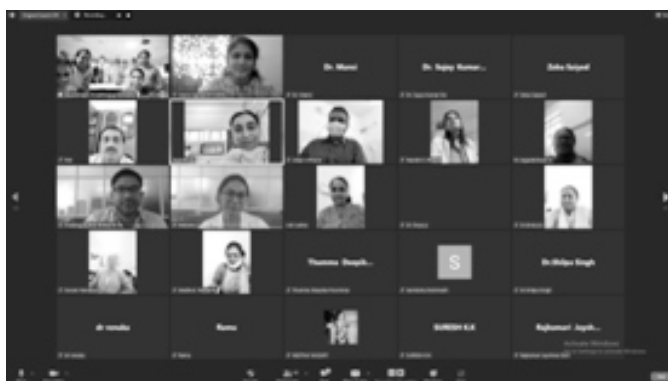




Reds in pathology - A teaching learning session was conducted virtually in Department of Pathology on 14<sup>th</sup> February 2022 at 3:00 pm. Moderated by Dr. Shashikala P, Head & Professor, Dr. Kavitha G. U, Professor of SSIMS & RC. Dr. Naryana Murthy, Professor & Head and faculty from BMCRI Chitradurga, Dr. Vardendra Kulkarni, Head & Professor & Dr. Neethu Associate professor of JJMMC Davangere, Dr. Shashikala P, Head & Professor, Dr. Sreevidyalatha GM, Assistant Professor, Dr. Disha, Assistant Professor, Dr. Ramyashree, Assistant Professor from SSIMS & RC were the speaker of the seminar. All the other faculties and post graduate attended the program.



Online slide seminar "Thesaurus of slides -Virtual slide seminar series-II Bouquet of slides" was conducted by Department of Pathology on 19<sup>th</sup> February 2022 from 10:00 AM to 11:30 AM. by Dr. Veena S, Associate Professor, Shimoga Institute of Medical Science, Shimoga. Slides were presented by Post Graduates from JJMMC Davangere. Faculties & Post Graduates from SSIMS & RC Davangere, JJMMC Davangere, BCMRI Chitradurga & SIMS Shimoga attended the slide seminar.



Dr. Sunil Jagtap, Professor, Department of Pathology, Krishna Institute of Medical Sciences Karad District, Maharashtra delivered a guest lecture on Thyroid lesions in Department of Pathology on 16<sup>th</sup> March 2022 from 4:00 to 5:00 PM. For Postgraduates

Dr. Shashikala. P, Dr. Kavitha G U & Dr. Nazma K attended online National CME organized by Department of Pathology SDUMC, Kolar, on 17<sup>th</sup> March 2022.

All the faculty & Post Graduates attended the CME on recent update in "Colorectal Carcinoma" on 7<sup>th</sup> April 2022 organised by JJMMC, Davangere.

### Department of Microbiology

Dr. V.L. Jayasimha was resource person in the CME conducted by Dermatology department on 30<sup>th</sup> January-2022. He presented on Microbiological aspects of Leprosy.



Dr. V.L. Jayasimha was resource person in the National Webinar on Covid-19 mutations and its identification on 07<sup>th</sup> December 2022.

Dr. V.L. Jayasimha was resource person in the sensitization programme on National end TB Programme conducted by dept. community medicine to all the interns of the college.

Dr. Nathan Yoganathan Applied Research Award presented to Dr. Vinod Kumar C.S., during the 25<sup>th</sup> Annual Conference on Technology Advances in Sciences, Medicine and Engineering conferences (TASME - 2021 - Virtual), Toronto, Canada

Dr. Vinod Kumar C.S. secured first place in an oral presentation on the topic Jigsaw: A step towards co-operative learning among medical and nursing students during the 25<sup>th</sup> Annual Conference on Technology Advances in Sciences, Medicine and Engineering conferences (TASME - 2021 - Virtual), Toronto, Canada

Outstanding Scientist Award for the year 2021 was awarded to Dr. Vinodkumar C.S., During II international conference on bacteriophage research conducted by the Society for Bacteriophage Research and Therapy, India.

### Department of Pharmacology

Sensitization Programme on PHARMACOVIGILANCE was conducted to Pharma D students & Pharmacy teaching Staff by the Department on Tuesday 5<sup>th</sup> April 2022.

Dr. Kiran L J Prof. & HOD gave an introductory note on need & Scope of Pharmacovigilance to Pharma D Students.





Dr. Nayana M.R. Senior Resident gave a talk on Pharmacovigilance and Dr. Pradeep B E Asst. Professor gave a talk on Reporting of adverse drugs reaction



All Staff of Pharmacology Dept. have attended the Programme.

Dr. Raghu Prasada M.S. in 6<sup>th</sup> Nirma Institute of Pharmacy International Conference jointly Organized with Indian Pharmacological Society held during February 17<sup>th</sup> to 19<sup>th</sup> 2022 as presented Oral Paper on "Design Implementation and Comparative Analysis of Audio Visual Aids In Distance Learning Pharmacology In A Tertiary Care Hospital Before and After Covid 19 Outbreak".

## Department of Community Medicine

Dr. Asha B, Associate Professor delivered an online lecture on "Research Methodology: How to write the project report" in one day State level online webinar organized by IQAC initiative Research Centre on 29<sup>th</sup> Jan, 2022 for degree college students of STC college, PG and Research centre, Banhatti.

Dr. Rakesh J, Assistant Professor attended the meeting regarding PULSE Polio immunization programme preparation in Davanagere taluk on 16<sup>th</sup> Feb 2022 at Tahsildar office.

Dr. Rakesh J, Assistant Professor was invited as guest speaker in the orientation programme regarding National programme for health care of the elderly (NPHCE) to PHC medical officers of Davanagere district held on 05<sup>th</sup> & 24<sup>th</sup> March 2022 at THO office, Davanagere.



### 4. SENSITIZATION WORKSHOP ON "UPDATES IN NTEP-2022".

A Sensitization workshop on "UPDATES in NTEP-2022" was conducted by Department of Community Medicine along with the resource persons from core committee of NTEP in SSIMSRC in association with District TB office, Davanagere from 07<sup>th</sup> March to 15<sup>th</sup> March 2022. Workshop was inaugurated by Dr. B.S. Prasad, Principal; Dr. Aswinkumar, Prof & Head, Dept. of Community Medicine, Nodal officer-NTEP. Around 350 delegates, which included nursing staff, interns, PG students and Teaching faculty from various departments participated in the workshop. The Key resource persons were Dr. Aswinkumar, Dr. Anup Banur, Dr. Jayasimha V. L, Dr. Sheela PHaveri, Dr. Asha Bullapa and Dr. Rakesh J.







Dr. Vidya V Patil, Assistant Professor, delivered a guest lecture on "Preventing and fighting against diseases for good health for the first year B E Students held at Bapuji Institute of Engineering and Technology, Davangere on 26<sup>th</sup> March 2022.



### Department of Paediatrics

Dr. N.K. Kalappanavar, Professor & HOD, Dept of Paediatrics

1. Participated as faculty in "Kar- Pedicrition" 20<sup>th</sup> & 21<sup>st</sup> November, at SIMS Shivamogga, Delivered talk on "Difficult Airway"
2. Participated as faculty during U P State ATM Module, 27<sup>th</sup> February 2022 Delivered talk on Spirometry, Virtual meeting.
3. Participated as faculty during Mangalore Pedicon 22, & Karnataka State Criticon 22, Delivered talk on "Pearls in Bronchoscopy" 12<sup>th</sup> & 13<sup>th</sup> March 2022, at A.J. Institute of Medical Sciences, Mangalore.

Dr. Latha G.S, Professor, Dept of Paediatrics, participated in health Checkup Conducted by Dr. Nirmala Kesaree and Leela Kesaree trust at "Rashmi School" on February 13<sup>th</sup> 2022 for all the children from 1<sup>st</sup> Standard to 10<sup>th</sup> Standard were Screened, nearly 180 Children were beneficiaries of this camp.



"Girls Child' Awareness programme was Conducted at St. Paul's Convent School Davangere, for the 8<sup>th</sup> & 9<sup>th</sup> Standard girls Students in association with District IAP Branch on 19<sup>th</sup> February 2022.



TOT was organised by Directorate of Health & family welfare on hybrid mode training on Covid-19 infected children in the Community from 23<sup>rd</sup> to 24<sup>th</sup> at Bangalore.



### Department of Orthopaedics

Dr. Rohith C.S. Dr. Vishal Kalburgi, Dr. Vinod kumar. Third year post graduates attended Managlore orthopaedic course held from 18<sup>th</sup> to 21<sup>st</sup> Feb 2022 and presented cases on of lower limb hip, Chronic ACL tear, Genu Recurvatum, Malunited supracondylar humerus fracture respectively.







The Orthopaedic Mega Camp was conducted on 31<sup>st</sup> March 2022 at S.S. Specialty Clinic Modi Compound Davanagere. It was Inaugurated by Dr. B.S. Prasad Principal & Dr. Arun Kumar Ajjappa Medical Director, by Dr. Ravikumar SSIMS-SPARSH Dr. Manjunath J, Dr. Venkataramana Rao M., Dr. A.G. Karibasappa, Dr. Praveen M Anvekar Dr. Sachin N.S., Dr. Kiran G.U., Dr. Shashidhara H, Dr. Shivakumar K, Dr. Amith S.K. Dr. Druva V, PG's & Interns. In that camp 442 patients got screened for Orthopaedic Problems.

### Department of Anaesthesiology, Critical care & Pain management

Dr. Arunkumar Ajjappa, Prof & HOD. and Dr. Srinivasa Reddy T.S, Dr. Phaniprakash Final year PG students attended online PG excel 2022 on 12<sup>th</sup> & 13<sup>th</sup> February 2022 at Sri Devarajurs medical college kolar Dr. Srinivasareddy T.S. & Dr. Phaniprakash presented a case on Hyperthyroidism patient for thyroid surgery moderated by Dr. Arunkumar Ajjappa.

Dr. Shrabanthi Jana & Dr. Srinivasa Reddy T.S. Final year Pg students attended webinar conducted by NITTE KSHEMA Mangalore and presented a case on Mitral stenosis on 17<sup>th</sup> March 2022.

Dr. Shrabanti Jana, Dr. Srinivasreddy T.S., Dr. Phaniprakash, Dr. Akshatha Shetty & Dr. Paul. Post graduates attended the one day CME & WORKSHOP on "Anaesthesia machine & work station" at Rajarajeswarimedical college, Bangalore on 20<sup>th</sup> March 2022.

### Department of Dermatology

#### Report : "World AIDS Day" awareness walkathon.

On 5<sup>th</sup> of December 2021 (Sunday), Davanagere Dermatologists Associations (DDA), conducted a WALKATHON to create awareness regarding HIV and AIDS. All the staff members and post graduates of the dept. of Dermatology Venerology and Leprology from SSIMS & RC and JJMMC, took active participation in the event which started at 7:00AM on sunday morning. The walkathon began from Bapuji Hospital OPD block and covered the areas of Gundi circle, CG hospital road, Vidyarthi Bhavan, Jayadeva circle, Govt. High School field, KSRTC Bus stand, AVK college road, covering a distance of 6kms. Short messages regarding HIV infection, prevention and treatment were displayed in banners and placards. Pamphlets were distributed to the local people around. The walkathon ended at 8:30am.



#### Attended Conference & CME's

Dr. Manjunath Hulmani, Professor & HOD was a panelist for the panel discussion on "Facial Dermatoses" held during MID DERMACON, Held on 28<sup>th</sup> to 30<sup>th</sup> Oct - 2021 at Mangalore.

- Dr. Manjunath Hulmani, Professor & HOD & PGs, Dr. Mohan Kumar, Dr. Kiran M.S, Dr. Madhu M, Dept of Dermatology have participated as Delegate in the conference "MID DERMACON-2021", Held on 28<sup>th</sup> to 30<sup>th</sup> Oct -2021 at Mangalore.



- Dr. Manjunath Hulmani, Professor & HOD & PGs, Dr. Lahari C.S., Dr. Varun Kohir, Dr. Daisy Deuri, Dept of Dermatology have participated as Delegate in the conference "CUTICON-KN 2021", Held on 17<sup>th</sup> to 19<sup>th</sup> Dec -2021 at Bangalore.
- Dr. Manjunath Hulmani, Professor & HOD, Dept of Dermatology, gave a talk on - "Management of recalcitrant genital warts" in the conference "CUTICON-KN 2021", Held on 17<sup>th</sup> to 19<sup>th</sup> Dec -2021 at Bangalore.
- Dr. Varun Kohir, 2<sup>nd</sup> year PG, Dept of Dermatology, has presented an Award Paper - "Think before you ink: Tattoo Granuloma case series" in the conference "CUTICON-KN 2021", Held on 17<sup>th</sup> to 19<sup>th</sup> Dec -2021 at Bangalore.
- Dr. Daisy Deuri, 2<sup>nd</sup> year PG, Dept of Dermatology, has presented a Free Paper - "Variants of Granuloma Annulare : A case series of ten cases" in the conference "CUTICON-KN 2021", Held on 17<sup>th</sup> to 19<sup>th</sup> Dec -2021 at Bangalore.
- Dr. Lahari C S, 2<sup>nd</sup> year PG, Dept of Dermatology, has presented a Speaking image - "Nevus of Jadassohn - A Scare of Puberty" in the conference "CUTICON-KN 2021", Held on 17<sup>th</sup> to 19<sup>th</sup> Dec -2021 at Bangalore.
- Dr. Manjunath Hulmani, Professor & HOD was resource person for "DERMAAVANCE-2022", held on 5<sup>th</sup> & 6<sup>th</sup> March 2022 at KIMS Hubballi. Final year postgraduate students attended this programme.

### Department of Radiodiagnosis

National Conference March 2022 :

Dr. Parthasarathy K.R. Professor & HOD, was the Chair Person at National Conference held at Bangalore.

Dr. Akhil M. Kulkarni Professor Department of Radiology SSIMSR C Davangere, delivered Guest Lecture at National Conference march 2022



Dr. Chandan G. delivered Guest Lecture at National Conference march 2022 "ANAMALIES OF INFERIOR VENACAVA" Annual National IRIA Conference held at Bangalore March 2022



### S S Institute of Nursing Sciences

On 5<sup>th</sup> January "LIFE SKILLS" and "SOFT SKILLS" classes got inaugurated at SSIMS & RC. The first topic we launched with was "Know Thy Self To Know Others"-it is related to Human Relationship. All the nurses (300+) of SSIMS & RC are being allocated with batches of 30 participants each. The programme got inaugurated by principal Dr. B.S Prasad. Chief guest Dr. Arunkumar A, spoke about the importance of human relations for nurses, stress in the profession and the ways to overcome. Mrs Lathik D. shetty, pilot trainer of this programme was present. Nursing superintendent Mrs Kavitha, staff nurses and other nurses were present as participants. This continuous Nursing Training is an innovative programme for our nurses. We are getting good feedback and responses from participants.





## S S Care Trust Activities

### SS CARE TRUST

#### “INTERNATIONAL WOMENS DAY OBSERVATION”

The International Women's Day was observed from 8<sup>th</sup> to 11<sup>th</sup> March 2022 at Arasapura under SS care trust. Dr. Prabha Mallikarjun, Dr. Aswin Kumar, Professor and Head, Department of Community Medicine, Dr. Shanthala, Professor and Head, Department of Ophthalmology, Dr. Sheela P Haveri, Professor, Department of Community Medicine and Dr. Ranganatha S.C, Assistant Professor, Dept. of Community Medicine were present for the inaugural function. The events were organized by Department of Community Medicine and the following activities were carried out.

Date	Departments	Activities	Total beneficiaries	Total referred
08.3.2022	OBG	1. ANC 2. Health checkup for women	44	11
09.3.2022	1. General Medicine 2. Ophthalmology	1. Screening for Diabetes and Hypertension 2. Screening for Diabetic retinopathy and Glaucoma	40 64	00 39
10.3.2022	1. Dermatology 2. Ophthalmology	1. Screening for Skin Problems 2. Screening for Glaucoma	15 28	00 05
11.3.2022	1. OBG 2. Dental 3. Pediatrics	1. Health education on Prevention and screening for cervical cancer and breast cancer 2. Role play- Gender discrimination and women's empowerment 3. Health education and Role play on oral hygiene	44	11



#### SCREENING OF ANAEMIA AND MALNUTRITION IN CHILDREN

All children aged between 3-6 years were screened for Anemia and Malnutrition at Anganwadicenters. Height, weight and haemoglobin of children belonging to selected anganwadis were checked and recorded every Thursday. Health check up was done by consultants of Paediatrics department. Height and weight was marked in the growth chart. Those children having anaemia were given iron syrup under supervision of Community medicine faculty in the anganwadi itself. Children with anaemia/malnutrition were given poushtik powder. Follow up was done by faculty of department of Community Medicine about consumption of iron syrup and Poushtik powder. The information was entered in the treatment card.



### ANAEMIA AND MALNUTRITION STATISTICS

Name of Anganwadi	Children Examined	Anaemia			Malnutrition		
		Mild	Moderate	Severe	Mild	Moderate	Severe
Arasapura	34	08	19	02	01	06	00
Badianaya kanatanda	27	05	05	00	00	10	00
Chikkaobajjihal	25	17	01	04	00	11	00
Chikkabudihal	40	07	13	00	05	22	03
Doddaobajjihal A	23	08	03	00	03	05	00
Doddaobajjihal B	22	06	01	00	02	10	00
Hosakadlebalu A	10	03	03	00	01	02	00
Hosakadlebalu B	24	07	06	00	00	04	00
Hale Kadalebalu	42	16	05	00	00	09	08
Total	247	77	56	06	12	79	11

### LEPROSY CME -2022

Leprosy cme was organized by Davangere Dermatologists Association in association with SSIMS & RC & JJMMC Davangere, on 30/1/2022, Sunday at SSIMS & RC, Davangere.

All the staff members / Teaching faculty/ PG's from SSIMS&RC & JJMMC & DDA Members attended the CME and about 93 delegates registered. One hour credit point was given & registration was free.

The CME was inaugurated by chief guest, Dr. Murugesh S.B., Principal JJMMC, Dr. Muralidhar P.D., District leprosy officer, Davangere, Dr. K. Hanumanthayya, Prof & head, SDUMC, Kolar, Dr. Ravindra K & Head, Dept of Dermatology, Dr. V.L. Jayasimha Prof & head, Dept of Microbiology, SSIMS & RC, Dr. Jagannath Kumar V, Professor & Dr. Manjunath Hulmani Prof & head, Dept of Dermatology, SSIMS & RC, by lightening the lamp.

### Topics for CME were

1. Epidemiology of Leprosy, by Dr. Muralidhar P.D., D.L.O, Davangere.
2. Microbiology of M. Leprae, by Dr. V.L. Jayasimha, Dept of Microbiology, SSIMS&RC, Davangere.
3. History & Clinical aspects of Leprosy & Updates & Management of leprosy, by Dr. K. Hanumanthayya, SDUMC, Kolar.
4. Histopathology of Leprosy, by Dr. Shashikala. P, Prof & Head. Dept of Pathology, SSIMS&RC, Davangere

All the delegates were actively involved in the discussion & enjoyed the feast of knowledge, good breakfast, high tea & lunch.





### Research Articles

#### WORK PLACE VIOLENCE AGAINST DOCTORS: A RISING BANE

Dr. Siddesh R.C., Associate Professor, Dr. Vijaykumar B. Jatti, Professor & Head, Dept of Forensic Medicine, SSIMS & RC

'No physician, however conscientious or careful, can tell what day or hour he may not be the object of some undeserved attack, malicious accusation, blackmail or suit for damages'...

The above paragraph was from a reputed Journal of USA, written about 136 years ago must be an eye-opener. In the recent past, reports of violence against doctors, leading to grievous hurt or murder, are making headlines across the nation. The problem is becoming worse day by day in both public & private sectors, even with appropriate security protocols.

Work place violence's against doctors are rising both in government & private hospitals across the country with some ending in fatal outcomes creating fearful working environment among medical community, violence by patient & patient's relatives, bystanders, local goons, political leaders and even by police have been reported. Electronic and print media also do not have real understanding of the challenges faced by the doctors.

Not too long ago, there was a time when doctors were bestowed upon a divine status. But... time has changed. Since few years, the incidents of violence against doctors are rising exponentially. According to a recent study by the Indian Medical Association, more than 75% of doctors have experienced and witnessed violence at their work place. The highest number of violent incidents (close to 50%) occurs in the Casualty (ED), ICU and almost 70% are caused by relatives of patients.

Why is this happening?

Doctors are an integral pillar of society, and often work under stressful & difficult conditions. The problem is multi-factorial in origin. Trust in the doctor-patient relationship has taken a beating over the last few decades. Major reason being the patient attendants having unrealistic or too high expectations for patient recovery. The other reasons are, there are no stringent laws existing for the protection and safety of the doctor/ medical fraternity on duty, no distinct penalty for hitting an on-duty physician in a white coat and lack of appropriate security protocols in both public & private sector hospitals. The public is cognizant of this phenomenon and feels no apprehension in manhandling a doctor. The sad thing is, since such acts of violence against doctors go unpunished regularly, it encourages/emboldens the mob and encourages the occurrence of the next incident without fear.

Existing laws for Protection of doctors against violence :

1. The Epidemic Diseases (amendment) Act, 2020
2. Karnataka Epidemic Diseases Act, 2020
3. The Prevention of Violence Against Doctors, Medical professionals and Medical Institutions Bill, 2018.



According to these laws :

- Any damage or act of violence against Medicare professionals is an act punishable by law. Medicare professionals include (Doctors, nurses, paramedics, medical students and hospital attendants/staff)
- Any damage to the property or the Institution of Medicare service is prohibited.
- Destruction of hospital beds, burning of ambulances, smashing medical stores is punishable by law.
- Damage to any medical devices and equipment's is a punishable offence and the offenders are liable to pay twice the amount of the damaged equipment's cost.
- Imprisonment to lawbreakers for a minimum period of 5 years and fine amount of INR 50,000 extended up to 2 lakh Rupees.
- Offenders of medical professionals, hospitals, medical college hospitals can be cognizable or non-cognizable crime depending upon the offences committed.

What can be done by doctors & hospitals?

It is necessary and important for doctors to have a safe work environment. Doctors should work with the government in creating an effective strategy to prevent violence against doctors. Security personnel should be posted at the entrance of every hospital and should not let anyone through without proper verification. Weapons should be confiscated before allowing passage to anyone. All attendants must register at the front desk and be given a visitor's card to be carried during patient hospital stay. Not more than two attendants should be allowed with the patient.

More stringent laws should be implemented by law enforcing authorities against offenders, by making such offenses as Cognizable, non-bailable one and with rigorous imprisonment. To ensure doctor safety, every hospital should create an emergency protocol and an evacuation plan in case of a major act of violence. These laws should be displayed on the hospital premises especially on the ED & ICU entrances. The medical establishments must display attention notice boards about penalties & punishments for law breakers in regional language in hospital premises at predominant areas.

What the patient family and society at large should do?

There is immense responsibility of patients, their relatives and society at large in preventing this violence. In a civilized society, disputes between patients and hospitals or doctors are not to be sorted through violence, but there are avenues of dispute redressal which should be used.

Modern medicine is neither cheap nor 100 percent effective in curing the disease in all cases. They should not be under expectation that treatment outcome will be 100% in every cases especially in patients with serious ailments. Some patients will make it, some patients will not. This must be clearly explained to them in their level of understanding.

There should be an understanding that violence in a hospital or clinic is a criminal offense. Hardly, political leaders are seen to condemn such violence today, and surprisingly sometimes they try to justify the situation.

Responsibility of the media :

It is the responsibility of both print and electronic media not to sensationalize the news against medical community. Medicine is not a black & white subject and so also its management. Diagnosis of a patient is essentially a hypothetico-deductive process and with the new investigations and knowledge, the diagnosis of some of the cases continues to be refined. However, whatever the diagnosis be, the management of patient and treatment continues.

To conclude, violent incidents are usually triggered by sudden deaths. ED and ICUs are the most violent venues. The recent incidents of violence have led doctors to practice a kind of 'Defensive Medicine', doctor's focus on avoiding an "incident" even if it is at the cost of victimizing innocent. The Central, State governments and law enforcing authorities should properly implement stringent laws at ground level to safeguard the medical community & health infrastructure. Assault on medical personnel should be made a cognizable, non-bailable offense with tougher penalty. The media being the window of society, demonizing doctors should be avoided. All the stakeholders must work upon it to create a healthy working environment for doctors at their work places to render quality service to the needy population.

OUR 'WHITE COAT' MEANS 'LIFE LONG LEARNING, TEACHING, & OF SERVICE TO THE HUMANITY'.

Thank You.





## Case Report

### A Case Report On Difficult Intubation & Un-Anticipated Problem With The Stylet

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Introduction :

Managing a difficult airway has always been a major concern to an anesthesiologist. Airway-related complications are one of the commonest causes for anaesthesia-related morbidities and mortalities. Poor airway management has been recognized as serious patient safety concern for almost three decades, highlighting the need for careful airway assessment before the induction of anesthesia. With improvements in patient monitoring, airway devices and clinical protocols with proper training, have reduced the risk associated with a difficult airway. These changes have not reduced the incidence of unexpected difficult airway in clinical practice.[1]

In this case report we report a rare incident which highlights a difficulty faced during intubation which was anticipated difficult airway and was intubated using stylet had a problem with removal of stylet due to anterior larynx leading to a more acute angulation of the stylet.

The use of tracheal tube introducer (known as the bougie), a simple, inexpensive device first described by Macintosh in 1949 to facilitate orotracheal intubation, may improve first-attempt success. However, the bougie has been reserved primarily for patients with poor laryngeal views or as a rescue device when initial intubation attempts fail.

Case Report :

We report a case of 61-year-old male patient who came to Otorhinolaryngology OPD with complaints of difficulty in breathing and snoring over a period of 6 months. On evaluation patient was found to Bilateral ethmoidal polyps and was posted for Functional Endoscopic Sinus Surgery(FESS). Medical history includes hypertension on treatment, vitals were stable, other routine investigation were found to be normal. On airway examination Mallampati score was grade IV (difficult airway).

On the previous day of surgery anxiolysis was done with T. Alprozolam 0.5mg and acid prophylaxis with T. Pantaprazole 40mg was taken care.

On the day of surgery patient was shifted to operation theatre and standard monitors were attached. Patient was pre-oxygenated with 100% oxygen for 3 minutes, analgesia was titrated with Inj. Fentanyl and induced with InjPropofol 2mg/kg and paralyzed with vecuronium 0.1mg/kg. After 3 minutes laryngoscopy was done and Cormack-Lehane grade III noticed. Intubation was attempted with aid of stylet and was successful in intubation but post intubation, we were unable to remove the stylet and to overcome this situation endotracheal tube with stylet in-situ was removed. Later intubation was attempted with the help of C-MAC video laryngoscope, vocal cords were visualized partially and patient was intubated with aid of gum elastic bougie.

Patient was stable throughout the procedure, steroids were administered to prevent airway oedema and at the end of procedure patient was awake checked with cuff-leak test for airway oedema and found to be negative, later patient was extubated.

Discussion :

A difficult airway is a clinical situation in which a conventionally trained anesthesiologist experiences difficulty with mask ventilation, tracheal intubation or both. Difficult Tracheal Intubation accounts for 17% of respiratory-related injuries and results in significant morbidity and mortality. Common causes for anticipated difficult airway may include syndromes such as Pierre-Robin, Treacher Collins, Downs, Klippel-Feil, tumors, trauma, and burns, while unanticipated difficult airway may include infections, abscess, Ludwig's angina, rheumatoid arthritis, obesity, and acromegaly.[1] Many devices and techniques are now available to circumvent the challenges encountered with difficult airway using conventional laryngoscopy.

Endotracheal tube guides, different types of laryngoscopy blades, supraglottic airway devices, rigid video laryngoscopes and indirect fiberoptic laryngoscopes are few options over an exhausting list.



Most common complications reported with intubating stylets include mild mucosal bleeding and sore throat which usually occurs when the tip of the stylet protrudes from the patient end of the endotracheal tube. In a very rare event breaking or shearing of tip of the stylet.

In this case even experienced anesthesiologist faced this rare situation of difficulty in removing the stylet after successful intubation, the probable cause being insufficient lubrication or more acute angulation of the stylet due to high up larynx.

So, in order to prevent this, we advocate application of adequate lubricant jelly over the stylet or using stylet with non-sticking coating, avoiding acute angles (normal 70-80°) while bending the stylet, removing the connector from the endotracheal tube before inserting the stylet, makes it easier to withdraw the stylet after endotracheal intubation.

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### TELOGEN EFFLUVIUM

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#### Introduction

Telogen effluvium is a type of diffuse non-scarring alopecia, the onset being acute in most of the cases. The condition is usually self-limiting and spontaneous recovery occurs within 6 months.

#### Classification

It can be classified into two types, acute and chronic. The chronic form lasts more than 6 months.

#### Etiology and Pathogenesis

To ascertain the precise etiology of TE, meticulous history taking and relevant laboratory investigations are required to rule out endocrine, nutritional and autoimmune disorders.

Hair cycle consists of three sequential phases. In most people, 5-15% of hairs are in the telogen phase which are being shed daily (around 100-150 hairs). TE occurs when physiological stress, endocrinal changes, pregnancy, etc. lead to sudden entry of huge number of hair follicles into telogen. Hair shedding takes place when the emerging anagen hair emerges and pushes the telogen hair out of the hair follicle.

Iron deficiency anemia leads to TE because iron is an important cofactor for replication of DNA. Deficiency of iron decreases the proliferation of matricular cells, leading to TE. Also, deficiency of Vitamin B12 and biotin can lead to TE.





Besides, hypothyroidism causes diminution of cell division in hair follicles causing diffuse hair loss.

Causes of telogen effluvium.

- 1) Acute - Fever, infections, major surgeries, trauma and accidents
- 2) Chronic - Lymphoproliferative malignancy, end stage renal disease, liver disease, systemic lupus erythematosus and progressive systemic sclerosis
- 3) Hormonal - Pregnancy, child birth, hypothyroidism and withdrawal of estrogens
- 4) Nutritional - Crash dieting, anorexia nervosa, kwashiorkor, marasmus and iron deficiency
- 5) Heavy metals ingestion or poisoning - Arsenic, selenium and thallium
- 6) Drug induced - Beta blockers, retinoids, warfarin, propylthiouracil and vaccination
- 7) Miscellaneous - Contact dermatitis and psychological stress

Clinical Features

- 1) Patients present with diffuse hair loss, 1-3 months after the inciting event.
- 2) Adequate history has to be elicited to determine the triggering factor.
- 3) Sometimes, the presentation is bitemporal recession of hair lines.
- 4) Scarring and any features of inflammation (pain, burning, redness, etc.) are classically absent.
- 5) Acute TE persists for less than 6 months; however, chronic TE continues for more than 6 months.
- 6) Chronic TE is more commonly seen in middle aged to elderly women.
- 7) Acute TE may progress to continue as chronic TE.

Important Findings

- 1) Increased number of short new hairs may be seen growing from the scalp, on close examination.
- 2) Hair pull test : More than 10% of hairs are easily pulled out. (Normal: 2-3 hairs only).
- 3) Trichogram : More than 25-30% of telogen hair.
- 4) Light microscopy: Club hairs.
- 5) Dermoscopy : TE is characterized by reduced density hair, empty follicles, affecting the entire scalp.

Differential Diagnoses

- 1) Androgenetic alopecia
- 2) Trichotillomania (TTM)
- 3) Diffuse alopecia areata
- 4) Psychogenic pseudo-effluvium. Investigations
  - 1) Complete blood count: To rule out anemia
  - 2) Serum iron, iron saturation, serum ferritin: Iron deficiency anemia
  - 3) Thyroid stimulating hormone: Hypothyroidism
  - 4) Serum zinc level: For nutritional deficiency disorders
  - 5) Antinuclear antibody titer: Autoimmune diseases.
  - 6) Renal and hepatic profile: Systemic conditions.
  - 7) Venereal disease research laboratory test: To exclude syphilis
  - 8) Scalp biopsy followed by histopathology (horizontal section): Number and density of hair follicles is normal but more than 25% of the follicles are in telogen phase.

Treatment

1. Counseling and reassurance: Since TE is a self-limiting condition, patient should be properly counseled about the natural history of the disease process. It is better to explain to the patient that the triggering factor has actually caused the hair loss and it shall resolve soon.

2. Reversible causes like poor diet, iron deficiency, hypothyroidism, iatrogenic, etc. should be managed accordingly.

3. Inhibition of catagen and induction of anagen: Drugs which induce catagen like beta blockers, retinoids, warfarin, etc. must be avoided and disorders which induce catagen like endocrinopathies (hypothyroidism and hyperandrogenism) must be treated accordingly.

4. Diet : Adequate iron supplementation for 3-6 months should be done to replenish the iron stores.

Extra supplements like biotin, folic acid, vitamin B12, calcium tablets can also be included.

5. Topical minoxidil: This can be used to prolong the anagen phase of the hair, thereby decreasing the hair loss, but patients must be counselled regarding the initial increase in the hair loss following initiation of therapy.

6. Hair serum- to prevent further damage and hairfall.

7. Plasma rich platelet (PRP) treatment - for resistant chronic telogen effluvium as adjuvant therapy.



## PUBLICATIONS

Sl. No.	Authors & Department	Title	Citation / journal
1.	Soumya. B.A, RenuLohitashwa, Vidya. M.N	Obesity & heart rate variability: a cross sectional study in obese young adults	Indian J Health Sci Bio Med Res 2022; 15:34 - 7
2.	Vinod Kumar, C. S., B. S. Prasad, Satish S. Patil, V. L. Jayasimha, J. K. VeniEmilda, V. R. Shwetha, K. G. Raghu Kumar, M. Veena and Kalappanavar, N. K.	Assessing Quality Indicators for the COVID-19 RTPCR in A Molecular Laboratory.	Int. J. Curr. Microbiol. App. Sci. 10(09): 121-127.
3.	VinodKumar C.S. Prasad B.S. Kalappanavar N.K. Jayasimha V.L.	Occurrence of Dengue Virus Infection with Multiple Serotypes at Central Karnataka, India.	Journal of Laboratory Physicians 2021;21:1-6 DOI <a href="https://doi.org/10.1055/s-0041-1739536">https://doi.org/10.1055/s-0041-1739536</a>
4.	Bhavya S O, Asha B, Shabnam S, N K Kalappanavar, Vishwanath H S.	Clinicohematological profile of megaloblasticanemia in children.	Indian Journal of Applied Research. Volume-12, Issue-02, Feb-2022.
5.	B Asha, Vidya Patil, S C Ranganatha, A S Manu.	Awareness About Food Labelling Among The School Teachers of Davangere City.	Indian Journal of Applied Research. Volume-12, Issue-02, Feb-2022.
6.	Gogtay M, Singh Y, B Asha, Scott J.	Retrospective analysis of aspirin's role in the severity of COVID-19 pneumonia	World J Crit Care Med 2022; 11(2): 92-101 World J Crit Care Med 2022 March 9; 11(2): 70-114.





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