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SSIMS TIMES

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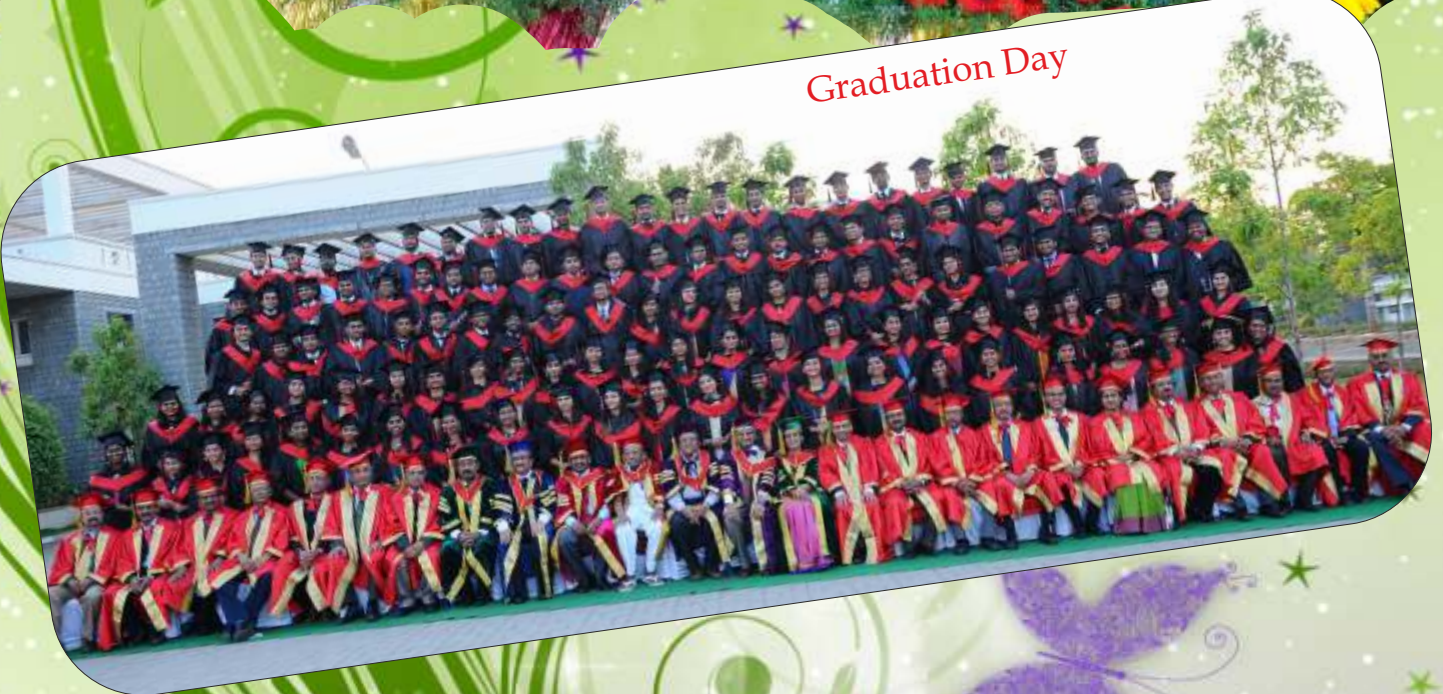
S.S. Institute of Medical Sciences & Research Centre

NH-4, Bypass Road, Davangere - 577 005

Vol:11 Issue:1 Jan - March - 2016



Graduation Day





Republic day celebration



Pathology Quiz competition



Kidney day



Poison detection centre



Guest Visit

S.S. Institute of Medical Sciences & Research Centre

NEWS BULLETIN COMMITTEE

Editorial Office : DEPARTMENT OF PHARMACOLGY

Extn. Nos. : 08192-266345,

e-mail: ssimstimes4u@gmail.com

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SSIMS&RC

NH-4, Bypass Road, Davangere - 577 005.

Phone : 08192-261805, 261806, 261807

261808, 261809 FAX : 08192-262633, 266310

E-mail : ssimsrc@rediffmail.com

Wed site : www.ssimsrc.com

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FROM THE PRINCIPAL DESK



From myself and SSIMS TIMES wish you all a very happy 'UGADI' festival, which is the beginning of our New Year.

Congratulations to SSIMS TIMES Committee for doing the good job of improving the quality of the contents issue by issue.

A piece of advice/suggestion from my side is to enhance the inclusion of more & more students & staff research activities. I would like to ask the HOD's of all the departments to co-ordinate with their staff and conduct at least one CME per year, which is as per MCI requirements. I am very happy that, a lot of good & constructive activities are going on in the campus, & would like to thank the Student Union 2015 for doing wonderful activities and congratulate the new student union 2016 formed recently & hope they do better job than previous one & wish them the very best. Remember that learn by mistakes and team work approach gives the best outcome.



Dr. B.S. Prasad
Principal

EDITORIAL.....

Dear friends and colleagues,

The 5th graduation day ceremony was organized on 12th March 2016. The graduation is not so much an ending but a new beginning. It represents all the hard work and accomplishments that students have partaken into earn their status as medical graduates. On behalf of editorial team, I would like to congratulate all the staff of SSIMS & RC for their efforts in guiding the students towards their success. I also congratulate students of batch 2010 for graduating and wish them to be successful in everything in future.



Dr. Sathisha Aithal
Editor

DEPARTMENTAL ACTIVITIES

DEPARTMENT OF ANATOMY

As per the MCI guidelines Integrated Teaching on thyroid gland for first year MBBS students conducted by department of Anatomy on 20th February 2016. Dr.Shailaja.C.Math, Professor, delivered lecture on Gross Anatomy of Thyroid gland.

• Miss Jasna karim, student of 2014-15 batch successfully completed study for short term studentship programme of ICMR on the topic

“Study of vascular foramina of Humerus in central Karnataka Population” under the guidance of Dr. Santosh Bhosale, Assistant Professor.

• Miss Meghana K.S, student of 2014-15 batch successfully completed study for short term studentship programme of ICMR on the topic “Maternal anthropometry as predictor of Newborn health” under the guidance of Dr. Nagaraj Mallashetty, Assistant Professor.

• Role Model: Mr. A Rudrappa retired headmaster and former president of Davangere district assistant

teachers association has registered for body donation to body donation wing of S S Institute of Medical Sciences and Research Centre, Davangere.

DEPARTMENT OF ANAESTHESIA

- Dr. Shivakumar K.P., Associate Professor has delivered a Guest Lecture on “Anaesthetic considerations in Paediatric Bronchoscopy” in the CME and also participated on Live surgical workshop on Bronchoscopy, organized by department of OTO- RHINO LARYNGOLOGY, Father Muller College Mangalore on 17th January 2016

Dr. Shivakumar K.P. Associate Professor has participated as a panelist and moderated a session on Anaesthesiology for trachea Broncheonchial Foreign body in “CME 2016- Tracheobronchial Foreign body” at S. Nijalingappa Medical college Bagalkot on 20th February 2016.

DEPARTMENT OF FORENSIC MEDICINE AND TOXOLOGY

- Department of Forensic Medicine and Toxicology has opened Poison Detection Centre at its premises and started functioning already. It aims for the analysis of the samples from poisoning or suspected poisoning cases to detect various toxic compounds and to give key treatment guidelines at nominal prices. With this regard, we had a meeting with the principal, all the HOD's and Emergency Medicine / Casualty medical staffs on 09th March 2016 to discuss and to set the policies of work pattern.

DEPARTMENT OF GENERAL SURGERY

- A clinical radiology meet was conducted on 11th January 2016 to discuss interesting case of small bowel obstruction.

- Dr Sachin, presented a paper on “Video Assisted Thoracoscopic Surgery (VATS) Decortication In Children: Our Institutional Experience” on 13th February 2016, under the guidance of Dr Manjunath L Associate Professor, department of Pediatric Surgery, Dr

Veerendraswamy S M, Professor and Head, Dr M Basavarajappa, Professor, Dr Dinesh L Jadhav, Associate Professor, in KSC ASICON 2016 at Shivamoga

- Dr Ganesh L K presented a paper on “Our Experience in Blunt Trauma Abdomen in a Tertiary Care Hospital” on 14th February 2016 under the guidance of Dr Veerendraswamy S M, professor and head in KSC ASICON 2016 at Shivamoga

- Prof. Dr Veerendraswamy S M, professor and head dept. of general surgery gave a lecture talk in academic body meeting on title “Leading A Curriculum A Peak Performing Team In A Medical College” on 17th March 2016

DEPARTMENT OF OPHTHALMOLOGY

- Dr. Renuka Barki & postgraduates participated in school screening programme to detect refractive error, squint, and cataract at Bapuji School, Davangere

- Diabetic Retinopathy camp conducted by - Dr. Shantala Arunkumar & postgraduates in the month January 2016.

- Dr. Gayathri Mahadevan, Dr. Srushti D.S. and Dr. Bhamaramba Banagar, presented papers on “Bilateral Proptosis in subgaleal haematoma”, “Kissing naevus of eyelids” and “Smart phone Meibonography” respectively at All India Ophthalmologic Conference held at Kolkata on February 2016

- ROP Screening done weekly in NICU by KIDROP team and Lasers given by Dr. Prakash V Suranagi

- DBCS eye camps were conducted at Kakkaragolla, Mayakonda, Bada, Blisanuru, Hadadi and Kammathalli and total of 165 surgeries were done.

KIDROP programme at SSIMS&RC, DAVANGERE

Dr. Prakash V. Suranagi Professor & HOD Ophthalmology, SSIMS&RC (having done ROP fellowship from L.V. Prasad eye Institute Hyderabad in 2010) served as central zone technical co-ordinator. Laser treatment was given to the babies who required to be treated.

Dr. B.S. Prasad Principal, SSIMS&RC & Professor, department of Paediatrics has co-ordinated & encouraged the parents to get their babies screened

for the same.

Under KIDROP Programme totally 1,350 babies screened from October 2012 up till date. Out of the screened babies, 1180 babies were from SSIMS & RC NICU. Total 55 babies who required laser treatment were given laser treatment at SSIMS & RC NICU. Out of the 55 babies treated 36 babies were from SSIMS & RC NICU. 300 babies were called for follow up screening. Mr. Someshwar, ROP Technician has screened the babies with RET CAM. Mr. Madhav Padaki helped us as programme manager. Although we are screening & treating ROP babies since - 2010, we collaborated with KIDROP project in Oct-2012. All Postgraduate students of dept of Ophthalmology have helped in conducting the ROP Screening & assisted during laser treatment.

We have participated in several National, State level Conferences & published in Index Journals

1. a Clinical study of babies with aggressive posterior retinopathy of prematurity.
2. Structural and functional outcomes in babies with retinopathy of prematurity at 6 months follow up.
3. Retrospective analysis of risk factors of retinopathy of prematurity.

DEPARTMENT OF PAEDIATRICS

Dr.N.K.Kalappanavar,

Medical Director, Prof & Head.

- Received FIAP [Fellow of Indian Academy of Paediatrics] award on 21st January 2016 during 15th Asia Pacific congress of Paediatrics conference at Hyderabad.
- Delivered a talk on “Empyema in Children” during PEDICON 2016 held at HICC Hyderabad on 23rd January 2016.
- Delivered a talk on “Respiratory Care” during CME for Postgraduates from 30th Jan to 1st Feb 2016 at A J Institute of Medical Sciences Mangalore,
- Participated as faculty during International conference of Pediatric Gastroenterology, Hepatobiliary, Transplant & Nutrition at NIMS University, Jaipur on 12th to 16th February 2016.
- Participated as faculty during Karnataka Respicon 2016 at Bengaluru on 20th March 2016 and delivered talk on “Bacterial Pneumonia in Children”.

Dr.B.S.Prasad, Principal

- Spoke on “ LR Management of Malformation” and chaired scientific session during Karnataka State Annual Neonatal Conference, held at Basaveshwara medical college , Chitradurga from 12th to 14th February 2016.

Dr. Latha.G.S, Professor

- Attended NNF , pre- conference workshop held at Basaveshwara Medical College at Chitradurga on 12th February 2016, as faculty to conduct Basic Neonatal workshop for all the nursing faculty working at NICU of Karnataka state.
- Faculty for the IYCF workshop at Bangalore on 1st to 4th March 2016.
- Conducted Orientation programme for the New batch House Surgeons on 28th march 2016 at SSIMS-RC

DEPARTMENT OF PHYSIOLOGY

- Dr. Vidya M Nadiger, Professor, visited KIMS Hubli as member of LIC inspection team on 23rd February'2016.

DEPARTMENT OF COMMUNITY MEDICINE

04-03-2016 to 06-03-2016: Dr.Aswin Kumar Associate professor and Assistant Professors Dr. Ayesha Nawaz, Dr.Kusum Mane, Dr.Malatesh U and Dr.Rachana AR attended the Indian Public Health Association (IPHA) conference held at Dehradun, Uttarakhand.

Paper presentations (oral) at the conference:

Dr.Aswin Kumar: Internet addiction- a Cross Sectional study among students of a Medical College, Davangere, Karnataka.

Dr.Ayesha Nawaz: Study on Economic burden of Diabetes Mellitus among patients in the rural field practice area of a Medical College in Davangere.

Dr.Kusum Mane: Severity of alcohol dependence and correlation with age of onset of alcoholism in rural adult males.

Dr Rachana A R: An exploratory study on use of social-media by undergraduate students in a medical college.

Dr Malatesh Undi : A study to assess culture of safety among health care workers of a tertiary



care institution.

28-03-2016: Dr. Ayesha Nawaz, Assistant Professor gave a talk on Adolescent Health at First Grade Government Degree College at Chennagiri. Dr.Kusum Mane, Assistant Professor, postgraduate students Dr.Yamuna and Dr.Smitha and interns Dr.Dhanya, Dr.Vidhaarthi and Dr.Saurabh participated in the programme. The programme was organised by the Youth Red Cross.

28/01/2016: A Guest lecture was organized by Academic Body Council of SSIMS & RC. Dr Ratnaprabha, Assistant Professor, spoke on "Investigation in an Epidemic", emphasizing the role of epidemiologists, physicians and hospitals during an epidemic in the community.

10/03/2016: First aid training programme was organized for students of Diploma in Fire and Safety College, Challakere by Youth Red Cross Wing of SSIMS & RC in association with Indian Red Cross Davangere. Dr Shashikala, Dr Aswin Kumar, Dr Ratnarabha, Dr Yamuna, Dr Sindhu, Dr Uday conducted the training.

25/03/2016: Dr Smitha Yadav, first year post graduate student from Department of Community Medicine won first prize in the state level E-Short Essay competition on "Social Inclusion in Tuberculosis" for PG students on 25/03/2016. This was organized in JJM Medical College on the eve of World TB Day 2016".

Ph.D:

Dr. Prakash R. Kengnal, Statistician, Department of Community Medicine, S.S Institute of Medical Sciences and Research Centre, Davangere has been awarded Doctorate in Statistics on the topic "The process of Urbanization and Development: Application of Statistical Models" under the guidance of Dr. M. N. Megeri, Associate Professor, Karnataka University, Dharwad.

DEPARTMENT OF PATHOLOGY

27.1.2016: An integrated undergraduate teaching programme was conducted by the department of Physiology at LT-1. Dr.Shwetha.J.H, Assistant Professor gave a lecture on diagnostic evaluation of Iron-deficiency anemia for I year MBBS students.

31.1.2016: A voluntary blood donation

camp was organized by members of yoga shibira at Mothi Veerappa compound in association with S.S.Blood bank. Dr.Shwetha.J.H, blood bank officer along with Dr.Akshatha & Dr.Gunpreet Anand conducted the camp along with Post graduate students Dr.Udayshankar, Dr.Sujoy kumar De & internees, blood bank technicians. A total of the 66 units were collected.

31.1.2016: A voluntary blood donation camp was organized by JCI cotton, Kottur. Post graduate Dr.Chethan Sagar.S. along with house surgeons & Blood Bank Officer attended the camp. 70 units of blood were collected.

9.2.2016: Voluntary blood donation camp was held at Zilla Panchayat Office. Dr.Sagar, Dr.Kavitha, Dr.Shwetha, Postgraduates & Dr.Rajashree, Blood Bank Officer participated in the blood donation camp & about 18 units of blood units were collected.

27.2.2016: KCIAPM 5th State Level Intercollegiate Post graduate Quiz "PARAMITA" was organized by the Department of Pathology, SSIMS & RC in associated with KCIAPM. The topics for the quiz were as "Histotechniques, Cytotechniques & Blood Banking. The quiz was named "Paramita" meaning perfection in Sanskrit. The quiz was inaugurated by Dr.B.S.Prasad, Principal. Dr.Shashikala.P. gave the preamble, Dr.Kavita.G.U. welcomed the gathering and, Dr.Deepti Pruthvi delivered the vote of thanks. Dr.A.V.Angadi, HOD of Anatomy, Dr.D.V. Deshpande, HOD of Physiology and Dr.K.G. Basavarajappa, HOD of Microbiology along with other faculty members attended the inaugural function. A total of 28 teams from 15 colleges participated in the preliminary MCQs round. The top 6 teams were selected on the basis of the marks scored in the preliminary round. The final round comprised of 8 rounds. Dr.Shashikala.P. was the quiz master for the rounds on special stains, Dr.Ganga.S.Pilli, Professor and Blood Bank incharge, JNMC, Belgaum and Dr.Kavita.G.U. conducted rounds on blood banking. Dr.Ankitha Hebbar, Dr.Sandhya Madhu, postgraduates, ESI medical college bagged the first place Dr.Sadiya Siddiqua and Dr.Pratiksha Pai post graduates of BIMS, Belgaum secured the second place.

12.3.2016:- Voluntary blood donation camp was held at Reliance company in association with



SSIMS & RC. Dr.Shashikala.P. Professor & Head, spoke on the occasion about the importance of blood donation. Dr.Sonam.S.Nandyal. Associate Professor, Postgraduates Dr.Malashree, Dr.Laxmi Ronada along with technicians & blood bank staff conducted the camp. Mr.Girish, CEU, Zilla Panchayath inaugurated the function. Total of 38 units of blood were collected.

13.3.2016:- Voluntary blood donation camp was held at D.R.M.college, Davangere. Dr.Shashikala.P. Professor and Head, attended the camp & spoke about the importance of the blood donation. Dr.Kavita.G.U, Professor, attended the camp along with postgraduates Dr.Sreevidyalatha, Dr.Kavitha Reddy, Dr.Chethan, Dr.Shwetha Kollur & total of 26 units of blood were collected.

18.3.2016:- Voluntary blood donation and blood grouping camp was organized by Government first grade college, Harihar in association with Indian Red Cross Society and National Service Scheme organization. Dr.Shashikala.P. Prof. & Head, spoke on importance of blood donation along with tips for maintaining good health for women. Dr.Kavita.G.U. Professor also spoke on few aspects of blood donation. Postgraduates Dr.Chetan Sagar.S. Dr.Sreevidyalatha & Dr.Kavitha Reddy also participated in the camp along with house surgeons Dr.Saurabh and Dr.Ankita Gupta. About 39 units of blood were collected. Dr.L.Hanuma Naik, Taluk Health Officer, Harihar, Mr.Pradeep.B.S. Chairman Dept.of Social work, Dr.K.M.Hanumanthappa & Shri Manjunath Sarasgondar, Programme incharge were also present on the occasion. Dr.Anjanappa S.R. Principal, First Grade College delivered his presidential address.

21.3.2016:- Voluntary blood donation camp was organized by NSS cell Davangere university at Davangere University, Shivaganothi. Volunteers were from various states like Orissa, Tamilnadu, Andhrapradesh & Kerala. NSS volunteers students & staff of Davangere University donated about 21 units of blood were collected. Dr.Kavita.G.U Professor along with postgraduates Dr.Chetan Sagar & Dr.Shwetha Kollur participated in the camp with house surgeons & technical staff of blood bank.

23.3.2016:- Presentation of EVOLIS SYSTEM- Advanced serology automation by BIO-

RAD company. Detailed discussion on various kits of BIORAD i.e.HIV, HBsAg, HCV & ELISA-SYPHILIS conducted. Concept of Ag-Ab detection in his kit was discussed.

DEPARTMENT OF DERMATOLOGY

CME Programme for post graduate students and consultants was conducted by the Department of Dermatology on 29th March 2016 at SSIMS & RC, Davangere. Welcome speech was given by Dr.Shruti Kakar, Speaker was Dr.Harish M. The Chairperson was Dr. Jagannath Kumar V, Professor & HOD, Dept of Dermatology Venereology & Leprosy, SSIMS & RC, Davangere. Vote of thanks was given by Dr.Gitika Sanodia.

Important topic was discussed in CME
HAIR DISORDERS: FOCUS ON TELOGEN EFFLUVIUM & ANDROGENETIC ALOPECIA

DEPARTMENT OF RADIOLOGY

Dr. Kishan Ashok Bhagwat, Associate Professor, presented a paper on "MR neuroimaging features of postpartum neurological symptoms in developing country" at European Congress of Radiology at Vienna, Austria, Europe held from 2nd March to 6th March 2016.

DEPARTMENT OF ORTHOPAEDICS

Under the Guidance of Dr.Venkataramanarao.,M. Professor & Unit Chief, Dr.J.Manjunath. Professor & HOD, Dr.Tejus.D.B. postgraduate student attended KOACON 2016 at Bangalore on 6th and 7th February and presented paper on "A Clinicoradiological Study of AO Cannulated Cancellous Screw Fixation for Fresh Fracture of the Neck of Femur in Children and Adolescents".

•Under the Guidance of Dr.A.G.Karibasappa Professor & Unit Chief,Dr.Praveen.

M.Anvekar.Associate Professor Dept of Orthopaedics SSIMS, Dr.Akshay.M.K. postgraduate student attended KOACON - 2016 at Bangalore on 6th&7th February and presented paper on "A Prospective Study Of Unstable



Comminuted Intraarticular Fracture Lower End Of Radius Treated With Ligamentotaxis Using Uniplanar External Fixator”.

- Dr. Manjunath.J. Professor and HOD and Dr. Venkataramanarao.M. Professor & Unit Chief chaired a session on Lower limb trauma at KOA February 2016 Bangalore.
- Bone Mineral Density free tests were conducted on 22nd February and 22nd March 2016 at Department of Orthopaedics, SSIMS & RC, Davangere

S.S.INSTITUTE OF NURSING SCIENCES, DAVANGERE

Workshop HIV / AIDS and ART

Workshop on “HIV / AIDS & ART” was organized from 17th February 2016 to 19th February 2016 at S.S.Institute of Nursing Sciences, Davangere. The inaugural function was done on 17.02.2016. The chief guest of the function was Mr. Ravi.R.G., Manager, SSIMS & RC and SSINS, Davangere. Welcome speech for the inaugural function was given by, Mr. Darshan Bevoor.B., Lecturer, S.S. Institute of Nursing Sciences, Davangere. Lighting the lamp was done by, Prof. Charan.P.M., Principal, S.S. Institute of Nursing Sciences, Davangere and Mr. Ravi.R.G., Manager, SSIMS & RC and SSINS, Davangere. Vote of thanks was given by Ms. Rashmi.H.S., Nursing Tutor, S.S. Institute of Nursing Sciences, Davangere.

The organizing chairperson of the workshop was Prof. Charan.P.M., Principal, S.S. Institute of Nursing Sciences, Davangere. The organizing secretary was, Mr. Sunil.D.C., Assistant. Professor, S.S. Institute of Nursing Sciences, Davangere. Joint organizing secretary were, Mr. Praveen.B.Kadur, Asst. Professor & Mr. Venu.A.S. Lecturer, S.S. Institute of Nursing Sciences, Davangere.

The resource persons of the workshop were Mr. Praveen Kumar.S.V. & Mr. Sridhara.K.M., Lecturers, S.S. Institute of Nursing Sciences, Davangere.

The topics of the workshop were:

- “HIV / AIDS epidemiology, diagnosis & disease progression” by Mr. Sridhara.K.M., Lecturer, S.S.Institute of Nursing Sciences, Davangere.
 - “Stigma and discrimination” by Mr. Praveen Kumar.S.V., Lecturer, S.S. Institute of Nursing Sciences, Davangere.
 - “HIV / AIDS & Nurse's role” by Mr. Sridhara.K.M., Lecturer, S.S. Institute of Nursing Sciences, Davangere.
 - “Prevention of HIV transmission” by Mr. Praveen Kumar.S.V., Lecturer, S.S.Institute of Nursing Sciences, Davangere.
 - “Prevention of parent to child transmission” by, Mr. Sridhara.K.M., Lecturer, S.S.Institute of Nursing Sciences, Davangere.
 - “Infection control and post exposure prophylaxis” by, Mr. Praveen Kumar.S.V., Lecturer, S.S. Institute of Nursing Sciences, Davangere.
 - “Introduction to antiretroviral therapy” by, Mr. Sridhara.K.M., Lecturer, S.S.Institute of Nursing Sciences, Davangere.
 - “Pediatric HIV” by Mr. Praveen Kumar.s.V., Lecturer, S.S.Institute of Nursing Sciences, Davangere.
 - “Integrated counseling and testing center (ICTC)” by, Mr. Jagadeesh, Deputed Counsellor, ICTC Center, SSIMS & RC, Davangere.
- The participants had a visit to ICTC center, SSIMS & RC, Davangere. Mr. Abid Hussain, Lab Technician, briefed students regarding laboratory diagnostic tests of HIV.

The participants also had visit to ART center, C.G. Hospital, Davangere. Dr. Kruthi, Medical Officer, ART Center, C.G.Hospital Davangere, gave a vast information to the students regarding antiretroviral therapy.

All the delegates were actively participated in the workshop and enjoyed feast of knowledge

The valedictory function was conducted on 19.02.2016 at 4 pm. The Chief Guest was, Dr.Ashwin Kumar, Associate Professor, department of Community Medicine, SSIMS & RC, Davangere.

GRADUATION DAY



March 12th was a red letter day in the annals of SSIMS & RC as the 5th batch doctors received their prestigious graduation. It was a day of fun and frolicking the hard work of all medico's for 5 and half years finally ended. The graduates were brimming with confidence and satisfaction as they would be officially addressed as doctors henceforth. The programme was conducted in the college campus in the presence of Dr. Ravindranath K.S., Hon'ble Vice chancellor of Rajiv Gandhi University of Health Science, Bengaluru, Dr. Shamanur Shivashankarappa, Hon'ble Minister of Horticulture and APMC, Government of Karnataka, Hon. Secretary, Bapuji Educational Association, Davangere, Dr. Prasanna Anaberu, Senate Member, Dr. Mallesh Ulmani Senate Member, RGUHS, Dr. Prasad B.S., Principal, Vice Principals, Heads of various departments, staff and parents. Batch of 2010 who call themselves as Spartans have been an excellent batch altogether involving themselves in every sphere. Graduation ceremony was begun with prayer song by first year students followed by lighting the lamp by the dignitaries. Dr. Prasad B.S. Principal welcomed the gathering. This was followed by graduation declaration. All the emerging doctors took the Hippocratic Oath, followed by graduation ceremony. Toppers were awarded with memento of appreciation. Dr. Ravindranath K.S., Hon'ble Vice chancellor of RGUHS addressed the gathering and encouraged the upcoming doctors to become good clinicians. He also added about the need of specializations and super specializations. Dr. Shamanur Shivashankarappa, Hon'ble Minister of Horticulture and APMC, Hon. Secretary, BEA, congratulated the graduates in his address and wished them a good career. Dr. Arun Kumar A, Vice Principal, delivered the vote of thanks. The function ended with national anthem which was followed by dinner.

INFORMATIVE ARTICLE

RETINOPATHY OF PREMATUREITY

Dr. Ashutosh Patel, postgraduate, Department of ophthalmology,
Dr. Prakash.V.Suranagi, Professor & Head, Department of ophthalmology,
Dr. B.S.Prasad, Principal, & Professor Department of Paediatrics, SSIMS&RC.

INTRODUCTION

Retinopathy of prematurity (ROP) is a disease that affects immature vasculature in the eyes of premature babies. It can be mild with no visual defects, or it may become aggressive with new blood vessel formation (neovascularization) and progress to retinal detachment and blindness. Retinopathy of prematurity (ROP) has been recognised as an important cause of childhood visual impairment and blindness since the 1940s. Although its incidence and severity have been decreasing in developed countries but it has been increasing in developing countries due to various factors over the past two decades. ROP is consequently targeted as an important but avoidable cause of blindness. Development and implementation of appropriate screening and treatment strategies are critical in reducing blindness caused due to ROP.

Key risk factors

Low birth weight (less than 1500 grams) (in India less than 2000grams), Gestational age (32 weeks or less) (in India up to 34 weeks), Extended supplemental oxygen, although the exact role is not fully understood, **Suggested risk factors** Intraventricular hemorrhage, respiratory distress syndrome, sepsis, white race, and multiple births.

KIDROP (KARNATAKA INTERNET ASSISTED DIAGNOSIS OF RETINOPATHY OF PREMATUREITY)



KIDROP is India's first (2008) and now the world's largest Tele-medicine network to tackle infant blindness from Retinopathy of Prematurity (ROP). Using cutting edge technology, an award winning, indigenously developed, customized tele-Ophthalmology platform, KIDROP screens the retinae (the nerve of the eye, which lies at the back) of babies a few days old in their rural hospitals, provides remote diagnosis of these images by experts and provides for treatment of these babies in the periphery without the need for these babies to travel to the city. All this is achieved by a team of specially trained non doctors, obviating the need of the specialist in the rural areas. The major focus of the project is to prevent blindness from a condition called Retinopathy of Prematurity (ROP), the leading cause of infant blindness worldwide. In India, two million are at risk each year. Owing to the pilot success of the program, KIDROP became a Public Private Partnership (PPP) since 2009 in collaboration with the National Rural Health Mission, Min. of Health & Family Welfare, Government of Karnataka & Narayana Nethralaya Bangalore

Objective:

To create a network using tele-medicine to prevent, screen and treat infant blindness in rural infants who lack access to care with a focus on a condition called Retinopathy of Prematurity (leading cause of infant blindness worldwide), that is replicable and scalable to expand to all levels of health care throughout the country

Target Group: Premature infants and / or low-birth weight infant

How does it work?

KIDROP has trained technicians to screen infants in the peripheral centres (where no specialists exist) using the Retcam Shuttle (Clarity MSI, USA) and store, read, analyse, grade and upload these images from the rural centre itself using an indigenously developed internet based PACS system which also delivers these images live to the remote expert on his or her iPhone or PC or iPad and receives live reports delivered through the internet based server for the technician to read and provide.

CHEMICAL PEELS

Dr. Jagannath Kumar V, Prof & HOD, **Dr. Manjunath Hulmani**, Associate Professor,
Dr. Mallela Harish, **Dr. Shruti Kakar**, postgraduates Department of Dermatology, SSIMS&RC

Introduction:

Chemical peeling, also termed chemexfoliation, is the application of a chemical agent to the skin, which causes controlled destruction of a part or entire epidermis, with or without the dermis, leading to exfoliation, removal of superficial lesions, followed by regeneration of new epidermal and dermal tissues. The concept of peeling the skin to improve the texture, smoothen and beautify it has been used since ancient times. In ancient Egypt, sour milk known to contain lactic acid, an alpha hydroxy acid was used while French women used old wine containing tartaric acid, to enhance the appearance of the skin. Chemical peeling is a common office procedure that has evolved over the years, using the scientific knowledge of wound healing after controlled chemical skin injury. In spite of the advent of newer techniques and lasers, peeling has stood the test of time as a simple procedure, requiring hardly any instrumentation to rejuvenate the skin.

INDICATIONS OF CHEMICAL PEELS

- | | |
|------------------------------------|-----------------------------------|
| A. Pigmentary disorders | B. Acne |
| Melasma | Superficial acne scars |
| Postinflammatory hyperpigmentation | Postacne pigmentation |
| Freckles | Comedonal acne |
| Lentiginos | Acne excoriee |
| Facial melanoses | |
| C. Aesthetic | D. Epidermal growths |
| Photoaging | Seborrheic keratosis |
| Fine superficial wrinkling | Actinic Keratosis |
| Dilated pores | Warts |
| Superficial scars | Milia, Sebaceous hyperplasia, DPN |



CONTRAINDICATIONS

- Active bacterial, viral, fungal or herpetic infection
- Open wounds
- History of using drugs with photosensitizing potential
- Preexisting inflammatory dermatoses such as psoriasis, atopic dermatitis
- Uncooperative patient (patient is careless about sun exposure or application of medicine)
- Patient with unrealistic expectations.
- For medium depth and deep peels-history of abnormal scarring, keloids, atrophic skin, and isotretinoin use in the last six months.

PREPEEL ASSESSMENT

A. History should include general medical history, degree of sun exposure, occupation to judge the level of sun exposure, history of herpes simplex, recent isotretinoin treatment in the last six months (for medium depth and deep peels), keloidal tendency, tendency for postinflammatory hyperpigmentation, current medications, any previous surgical treatment, immunocompromising conditions, and smoking (may delay healing in deep peels; this is not relevant for superficial peels). In patients in whom phenol peels are planned, history of systemic disease, particularly cardiac disease, should be taken.

B. Detailed medical examination should include general physical and cutaneous examination including skin type, degree of photoaging, degree of sebaceous activity (oily or dry skin), presence of postinflammatory hyperpigmentation, keloid or hypertrophic scar, infection, and preexisting inflammation.

C. Investigations

- Skin biopsy should be done when indicated, to confirm diagnoses and see the level of pigmentation.
- In patients in whom deep (phenol) peels are planned, hemogram, urinalysis, liver and renal function tests and electrocardiograph may be carried out as cardiac complications such as life-threatening arrhythmia can occur.

D. Documentation

Consent and photographic records should be maintained

Counseling: Proper counseling is very important and should include evaluation of psychological aspects of the patient. The patient must be given realistic expectations and the outcome and adverse reactions must be well explained to the patient.

Preprocedure treatment recommendations (Priming):

Priming is essential for at least 2-4 weeks prior to the procedure. Priming helps to reduce wound healing time, facilitates uniform penetration of peeling agent, detect intolerance to any agent, enforces patient compliance and reduces the risk of complications. It includes use of sunscreens and depigmenting agents like tretinoin (0.025%), adapalene 0.1%, glycolic acid 6-12%, kojic acid, azelaic acid.

Classification of peels according to the histological depth of necrosis:

- Very Superficial light peels: Necrosis up to the level of stratum corneum. Agents used: TCA 10%, GA 30- 50%, Salicylic acid 20-30%, Jessner's solution 1-3 coats, Tretinoin 1-5%
- Superficial light peels: Necrosis through the entire epidermis up to basal layer. Agents used: TCA 10- 30%, GA 50-70%, Jessner's solution 4-7 coats
- Medium depth peels: Necrosis up to upper reticular dermis. Agents used: TCA 35-50%, GA 70% plus TCA 35%, 88% phenol un-occluded, Jessner's solution plus TCA 35%, solid CO₂ plus TCA 35%
- Deep peels: Necrosis up to mid-reticular dermis. Agents used: Baker-Gordon phenol peel

POSTOPERATIVE CARE:

Mild soap or non soap cleansing agent can be used. Calamine or cool compresses can be given to soothe the skin. Broad spectrum sunscreens and bland moisturisers can be used.

COMPLICATIONS

Post inflammatory hyperpigmentation, hypopigmentation, infections, scarring with deep peels, allergic reactions, milia, acneiform eruptions, textural changes, erythema can occur.

PHARMACOVIGILANCE CELL

Dr. Kiran L J, Sub-Coordinator

“ADR reporting” Mobile application



ADR Reporting App:

- Is Paperless, will not
- require round-the-clock availability of ADR forms,
- need to store them once duly filled &
- need courier / scanner / email etc. (Once submitted, it will reach the centre in a matter of seconds, 100% always).
- Will be legible (100 out of 100)
- Will enrich the reporter.

Benefits:

- sADR reporting becomes,
- Instantaneous,
- Very easy as it, needs minimum data entry.
- Will raise the sADR reporting Quality & volumes to almost 100-1000 times, as on this date.
- Greater Authenticity, the identity of reporter can be ascertained.

DRUG SAFETY INFORMATION

• Steven Johnson syndrome shall be regarded as the potential signal for Artemether/Lumefantrine. This was recommended by SRP (Signal Review Panel) & WHO-UMC.

• PACKAGE INSERTS – The SRP recommended to insert the adverse reaction to the corresponding package insert of following medicinal products :- a) Mannitol – hypokalemia b) Piperacillin and Tazobactam – hypokalemia, bronchospasm c) Rota Vaccine - intussusception.

• Deferasirox – is indicated for the treatment of chronic iron overload due to frequent blood transfusions in patients of beta thalassaemia major aged 6 years and older. Reactions based on SOCs (System Organ Classification) are :- i) gastrointestinal system disorder ii) skin and appendages disorders iii) liver and biliary system disorders.

WHO notifies Deferasirox induced pancreatitis as a signal.

PvPI database shows 33 ICSRs (Individual Case Safety Reports) related symptoms of pancreatitis.

Healthcare professionals to be alert while prescribing and monitoring this drug and forward such reports to the concerned.

• The U.S. Food and Drug Administration (FDA) is warning that type2 diabetes mellitus medicines Sitagliptin, Saxagliptin, Linagliptin, Vildagliptin, Alogliptin which belongs to class of DPP-4 inhibitor may cause joint pain that can be severe and disabling. Patient should not stop taking their DPP-4 inhibitor, but should contact their health care professional right away if they experience severe and persistent joint pain. Globally 246 ICSRs were found from Vigibase on Sitagliptin induced joint pain. In India 3 cases were reported to NCC-PvPI in which Sitagliptin is suspected to cause joint pain.

• Epoetin beta is approved for the prevention of anaemia of prematurity in infants with a birth weight of 0.75 to 1.5kg and a gestational age of less than 34weeks. Two systematic reviews suggest that Epoetin beta may increase the underlying risk of retinopathy **in premature infants.**

- Sodium glucose co transporter 2(SGLT2) inhibitors (Canagliflozin, Dapagliflozin and Empagliflozin) are approved for use in adults with type2 diabetes to improve glycemic control. Healthcare professionals are advised to keep close

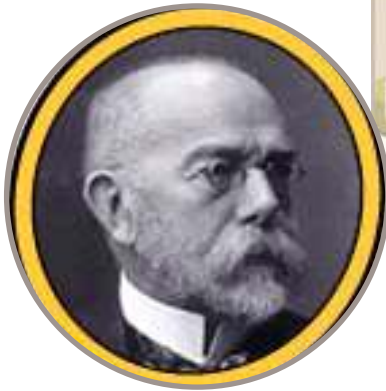
monitoring of diabetic ketoacidosis, in patients treated with or on treatment with SGLT2 inhibitors, which will help in early recognition and prompt withdrawal of the drug resulting in lesser morbidity.

World Tuberculosis Day

Dr. Satish S Patil

Associate Professor, Department of Microbiology,

Koch's Famous Lecture



March 24th of every year is celebrated as World Tuberculosis Day as memoir of the evening of March 24, 1882. On this day, Robert Koch, a German physician and scientist, presented his discovery of Mycobacterium tuberculosis, the bacterium that causes tuberculosis (TB). He began by reminding the audience of terrifying statistics: "If the importance of a disease for mankind is measured by the number of fatalities it causes, then tuberculosis must be considered much more important than those most feared infectious diseases, plague, cholera and the like. One in seven of all human beings dies from tuberculosis. If one only considers the productive middle-age groups, tuberculosis carries away one-third, and often more."

Koch's lecture, considered by many to be the most important in medical history, was so innovative, inspirational and thorough that it set the stage for the scientific procedures of the twentieth century. He described how he had invented a new

staining method and demonstrated it for the audience. Koch brought his entire laboratory to the lecture room: microscopes, test tubes with cultures, glass slides with stained bacteria, dyes, reagents, glass jars with tissue samples, etc. He wanted the audience to check his findings for themselves. Koch showed tissue dissections from guinea pigs which were infected with tuberculous material from the lungs of infected apes, from the brains and lungs of humans who had died from blood-borne tuberculosis, from the cheesy masses in lungs of chronically infected patients and from the abdominal cavities of cattle infected with TB. In all cases, the disease which had developed in the experimentally infected guinea pigs was the same, and the cultures of bacteria taken from the infected guinea pigs were identical. One important scientist in the audience was Paul Ehrlich (Nobel Laureate in Physiology or Medicine in 1908) who later confessed, "I hold that evening to be the most important experience of my scientific life." When Koch ended his lecture there was complete silence. No questions, no congratulations, no applause. The audience was stunned. Slowly people got up and started looking into the microscopes to see the TB bacteria with their own eyes.

News of Koch's discovery spread rapidly. The results were published in a German medical journal on April 10, in England after a rapid translation in The Times on April 22, and in the US in The New York Times on May 3, 1882. Robert Koch was now a famous scientist and became known as "The Father of Bacteriology." He was presented with the Nobel Prize in Physiology or Medicine in 1905 "for his investigations and discoveries in relation to tuberculosis."



ICMR - SHORT TERM STUDENTSHIP 2016

Student	Guide	Department
Ms. Neethu Sunny	Dr.VinodKumar C.S	Microbiology
Mr. Karthik. P Kumar	Dr.Soumya B.A	Physiology
Ms. Smruti Krishna Bhat	Dr.Rachana A.R	Community Medicine
Ms. Tejashree P	Mr.Harish Kumar V.S	Pharmacology

PUBLICATIONS

Sl. No.	Name of the Student	Name of the Guide	Title of the Publication	Journal Name
1	Ms. Neethu Sunny	Dr. Veeresh Itagi Asst. Professor Dept. of Anatomy	A new tool for teaching & learning anatomy and perception of students towards it.	Journal of Research and Medical Education, Volume 3 Issue 1, Page No. 34-36, July 2015
2	Mr. Karthik P. Kumar	Dr. Sanjeev Kolagi Professor Dept. of Anatomy S.N.M.C Bagalkot	Corridor of Anatomy block- An innovative method in Teaching.	Journal of Research and Medical Education, Volume 3 Issue 1, Page No. 37-40, July 2015
3	Ms. Smruti Krishna Bhat	Dr. Hardanahalli RS, Annadani RR, Shampur MN, ,Doddabele ANH, , Undi M	Effect of intradermal rabies vaccination for post exposure prophylaxis and immunogenicity of rabies	Indian Journal of Community Public Health 2016;3(3):692-696. doi:10.18203/2394-6040.ijcmph20160634
4	Ms. Tejashree P	Dr. An. WAC	Retrospective study of causes of death in victims of Road Traffic Accidents	Journal of Academic of Forensic Medicine and Toxicology: issue 2015:15(2)
5	Ms. Smruti Krishna Bhat	Dr. F { a	Retraction	Journal of Forensic Medicine and Toxicology 2015;3(2):1-2
6	Mr. Karthik P. Kumar	Dr. Yw Anr	of brain in polycythemia with vertebrobasilar dolicoectasia	Recent Scientific research vol. 7, issue, 2, pp. 8672-8674, february, 2016



NEWS UPDATE

Dr.Raghu Prasada M.S.

Assistant Professor, Dept. of Pharmacology

TETRAVALENT DENGUE VACCINE

Study finds tetravalent dengue vaccine to be safe in healthy children and adults in endemic regions Live attenuated, recombinant tetravalent dengue vaccine candidate (TDV) was found to be well-tolerated and immunogenic in volunteers aged 1.5–45 years, irrespective of prevaccination dengue exposure in a Randomized, Placebo-Controlled Phase 2 Study as reported in Journal of Infectious Disease 2016. Injection site pain, itching, and erythema (mostly mild) were the only solicited adverse events more frequently reported with TDV than with placebo in all age groups. After two TDV doses, seropositivity was more than 95% in all 5 groups for DENV-1–3 and 72.7–100% for DENV-4.

FAT-TO-BONE RATIO, A NEW MEASURE OF OBESITY

According to a large retrospective study presented at the American Roentgen Ray Society 2016 Annual Meeting held April 17-22 in Los Angeles, USA, a radiology-based measure of obesity more closely aligns with comorbidity risks than body mass index (BMI). BMI does not discriminate well between obese patients with fat primarily distributed around the chest or abdomen (an apple-like body) and fat primarily distributed on the hips (a pear-like body). While, soft tissue measurements at the acromioclavicular joints correlate well with an "apple-like distribution" of fat and not muscle.

IMA TOBACCO “MCESSATION INITIATIVE”

Ministry of Health & Family Welfare has launched a pan India “mCessation Programme” for people who are willing to quit Tobacco. Under this program, tobacco users willing to quit tobacco may give a missed call on 01122901701. They can also register through

<http://www.nhp.gov.in/quittobacco/> registration. Immediately after registration, registered user will get a quit now welcome SMS from 5616115. Subsequently, 150 SMSes would be sent over a period of time to support the registered Tobacco users in quitting Tobacco use.

HERPETOLOGY - TYPE 2 DIABETES INCREASES RISK OF HOSPITALIZATION OR

DEATH FROM CHRONIC LIVER DISEASES

In a cohort study of 40- to 89-year-old people who were followed for a decade, type 2 diabetes was associated with increased risk of hospital admission or death for all common chronic liver diseases such as alcoholic liver disease, autoimmune liver disease, hemochromatosis, hepatocellular carcinoma, nonalcoholic fatty liver disease (NAFLD; including cirrhosis and hepatic fibrosis) and viral liver disease. The most common liver disease was alcoholic liver disease among people without diabetes and was NAFLD among people with T2DM (published online, Journal of Hepatology).

SURGERY - WHICH DIABETIC WILL RESPOND TO SURGERY?

A new tool, based on four simple clinical measures, called the DiaRem score, may help identify which obese patients with type 2 diabetes who have bariatric surgery are likely to be "cured" from their diabetes afterward. The proportion of patients who achieved diabetes remission or cure decreased as the DiaRem scores increased. A total of 82% of the patients with a DiaRem score of 0 to 2, but none of the patients with DiaRem scores of 18 to 22 attained prolonged partial remission of diabetes. These findings, by G Craig Wood, of the Obesity Institute, Geisinger Health System, Danville, Pennsylvania, and colleagues, were published online April 20 in a research letter in JAMA Surgery

PREVENTION OF WATER-BORNE DISEASES

Safe water is essential for the prevention of most water and food-borne diseases like diarrhoea, typhoid and jaundice. These diseases are 100% preventable. All of them can be life-threatening if not prevented, diagnosed or treated in time. Transmission of parasitic infections can also occur with contaminated water. According to a report by the United Nation, over 1 lakh people in India die of water-borne diseases annually. This situation is preventable and the medical fraternity can play a great role in educating the masses about the direct relationship between maintaining water hygiene and health. One of the major reasons for the high



disease incidence is that about 70 per cent of water supply in our country is majorly polluted with sewage effluents. It is high-time a joint effort was made to keep our surroundings clean and water uncontaminated.” A few tips which can help prevent water borne diseases include:

- Travelers should avoid consuming tap water
- Avoid ice made from tap water. Avoid any food rinsed in tap water
- Chlorination kills most bacterial and viral pathogens. Chlorination does not kill giardia or amoeba cysts. Chlorination does not kill Cryptosporidium. Boiled/Treated/Bottled water is safe.
- Carbonated drinks, made with boiled water are safe. Freezing does not kill organisms that cause diarrhea. Ice in drinks is not safe unless it has been made from adequately boiled or filtered water.
- Alcohol does not sterilize water or the ice. Mixed drinks may still be contaminated. Hot tea and coffee are the best alternates to boiled water. Bottled drinks should be requested without ice and should be drunk from the bottle with a straw rather than with a glass.
- Boiling water for 3 minutes followed by cooling to room temperature will kill bacterial parasites. Adding two drops of 5% sodium hydrochloride (bleach) to quarter of water (1 liter) will kill most bacteria in 30 minutes

GOVT. ISSUES NOTIFICATION AND SOP REGARDING GOOD SAMARITANS

The Supreme Court has passed a judgment dated 30-03-2016 regarding Good Samaritans, i.e. bystanders and passers-by who render help to the victims of road accidents. The Court has ruled that the affidavit of Good Samaritan, if filed, shall be treated as complete statement by the Police official while conducting the investigation. In case statement is to be recorded, complete statement shall be recorded in a single examination. Besides, the trial court shall not normally insist on appearance of Good Samaritans. In this regard, Notification dated 12-05-2015 for protection of Good Samaritan issued by Ministry of Road Transport & Highways (MoRTH) is available at <http://www.morth.nic.in/showfile.asp?lid=1709>

and Standard Operating Procedure for the examination of Good Samaritans by the Police or during trial dated 21-01-2016 issued by MoRTH is available at link

<http://www.morth.nic.in/showfile.asp?lid=2002> (PIB, April 22, 2016)

PULMONARY - EOSINOPHIL COUNTS PREDICT COPD RELAPSE AFTER STEROID WITHDRAWAL

Blood eosinophil counts predict those more likely to relapse after stopping treatment with inhaled corticosteroids (ICS) in patients with severe COPD and a history of exacerbations. In almost 2,300 patients receiving treatment after ICS withdrawal, the moderate- or severe-exacerbation rate was significantly higher in the ICS-withdrawal group vs the ICS-continuation group in patients with eosinophil counts (out of total white blood cell count) of 2% or greater, 4% or greater and 5% or greater (reported online April 7 in *The Lancet Respiratory Medicine*).

ARMPIT TEST

With the temperature rising, cases of heat cramp, heat exhaustion and heat stroke are expected. This trend will continue in coming months with the rise in heat index, though the overall temperature of the environment may be low but the humidity will be high. It is the heat index, which decides occurrence of heat exhaustion and heat stroke. With high humidity, the heat index may be much higher in the presence of relatively low environmental temperature. One should differentiate between heat cramps, heat exhaustion and heat stroke.

In heat stroke, the internal temperature may be very high and may not respond to injectable or oral paracetamol. In such cases, the temperature of the body needs to be lowered over minutes and not hours. Clinically, both heat exhaustion and heat stroke may have fever, dehydration and similar symptoms.

The main difference will be abnormal “arm pit test”. Normally, axillae will always be wet even if a person has severe dehydration. If the axillae are dry and the person has high fever, this invariably means that the person has progressed from heat exhaustion to heat stroke. Such a situation should be treated as a medical emergency.



- ❖ India Total Population 118 Crore
- ❖ Daily Death -- 62389
- ❖ Daily Birth --86853
- ❖ Total Blind --682497
- ❖ If daily death people donate their eyes within 11 days all blinds will be able to see.
- ❖ Then in India there will be no blinds.

Source: IMA NEWS

CONGRATULATIONS

CONGRATULATIONS

The Management, Principal, Director,
all HOD's & Staff of SSIMS & RC congratulate

Dr.N.K.Kalappanavar,

Medical Director, Prof & Head of Paediatrics for having received prestigious FIAP [Fellow of Indian Academy of Paediatrics] award and wished him for his future endowers.

Dr. Prakash R. Kengnal,

Statistician, for being awarded Doctorate in Statistics on the topic "The process of Urbanization and Development: Application of Statistical Models" by Karnataka University, Dharwad and wished him goodluck.

Ms. Neethu Sunny, Mr. Karthik P Kumar, Ms. Smruthi Krishna Bhat and Ms Tejashree P undergraduate students for being selected for STS - ICMR 2016 under the guidance of Dr. Vinod Kumar C.S., Dr. Soumya B.A., Dr. Rachana A.R and Mr.Harish Kumar V.S., respectively and wished them all the best.



Gold Medalist

Dr. Shilpa N, Pathology
(1st Rank)



Gold Medalist

Dr. Arun Denial
Community Medicine (1st Rank)



Gold Medalist

Dr. Vikas G.K.
Emergency Medicine (1st Rank)



Dr. Vinaykumar S
Emergency Medicine (2nd Rank)



Dr. Savitha Budi,
Anatomy(2nd Rank)



Dr. Sankeerth Dermatology
(3rd Rank)



Dr. Krathi Mehrotra Dermatology
(4th Rank)



Dr. Shamila Md Ali,
Pathology(5th Rank)



Dr. Sridevi S.H. Pathology
(7th Rank)



Dr. Shahina. Pathology
Forensic Medicine (7th Rank)

Under Graduates



Ms. Kavya B.T.
Obstetrics & Gynecology(8th Rank)



Mr. Shashishekar M,
Physiology (9th Rank)



Mr. Nitesh Bhardwaj
Pathology, Paediatrics (7th Rank)



Ms. Navya N.P,
Obstetrics & Gynecology(7th Rank)
Forensic Medicine (10th Rank)



Mr. Sahana Gowda M
Pathology (7th Rank)



Ms. Namratha S,
Forensic Medicine (10th Rank)



Ms. Sabhana Nausheen
Obstetrics & Gynecology (10th Rank)



Ms. Chaitra K.R.
Forensic Medicine(7th Rank)



Nursing Oath taking Ceremony



Ph D Award
Dr. Prakash R. Kengnal



Role Model
Mr. A. Rudrappa,

Felicitation to Dr.N.K.Kalappanavar, during 15th Asia Pacific Paediatric Conference, Hyderabad & received FIAP award by central IAP president Dr.Pramod Jog.



Felicitation at academic body SSIMS RC

Graduation Day

Graduation Day



Graduation Day



CME: Dermatology



Blood Donation Camp



Academic body presentation :
Dr Veerendraswamy S M &
Dr Ratnaprabha,



First aid training programme