

S.S. Institute of Medical Sciences & Research Centre

NEWS BULLETIN COMMITTEE

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From the desk of the Principal

With warm wishes, I would like to convey all my regards to each and every one who have involved themselves in good and constructive academic, research, curricular activities which help in taking the institution's name to a new height.

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 extra-curricular events.

Hereby I am delighted to highlight that our institutional journals; Journal of Educational Research and Medical Teacher and Journal of Public Health and Medical Research are indexed in Index Copernicus, Warsaw, Poland. I congratulate the editorial team of the journal and request all faculties to utilize the facility by sending the research articles for publication.

I hereby take an opportunity to congratulate all the faculty members for their achievements and also convey sincere gratitude to the management for the constant encouragement and support.

Dr. B.S Prasad

Editor's desk

I extended my whole hearted gratitude to all the faculty members for the over whelming response shown towards bringing out the second issue. I thank each and everyone who has given a great input of information and memories for publication. Various academic, curricular & extra -curricular activities, ceremonies and inaugural functions were carried out with great enthusiasm. Celebration of Independence Day, our beloved chairman's birthday and many WHO events are the highlights. Institution has hosted many conferences CME's, Workshop & Quiz from various departments.

Once again on behalf of the institution, we, the editorial team wish a very happy Birthday to our Chairman Sri S.S.Mallikarjun.

This issue is a brief insight to all the happenings of the campus and achievements of various

Dr. A. V. Angadi

DEPARTMENTAL ACTIVITIES

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DEPARTMENT OF ANATOMY

The Body Donation Society of Department of Anatomy, SSIMS & RC, Davangere, in association with Indian Medical Association, Ranebennur, organized awareness program on Body Donation and Eye Donation and procession from school kids, under the guidance of Dr. Chandrashekar Kelagar along with Dr.Raghavendra A.Y, Dr.Santosh Bhosale, Dr.Veeresh Itagi and Dr.Nagaraj Mallashetty & Non-teaching staffs Mr.Sandeep S H, Mr Nagaraja KS, Mr Gopi M. Dr. Chandrashekar Kelagar addressed the audience about usefulness of eye donation. The dignitaries released the new certificates of body donation. Dr. Vidya Vasudev welcomed the gathering. Later

Dr.Veeresh Itagi delivered the speech on awareness and usefulness of body donation to the audience gathered in Bellary Kalyan Mantap, Ranebennur. The event was graced by Sri. Swamy Prakashanand Maharaj Ramakrishna Ashram, Ranebennur. The event concluded with distribution of saplings to the dignitaries.

The staff members of Anatomy department Dr.Shailaja C Math, Dr.Raghavendra A.Y, Dr.Santosh Bhosale, Dr.Nagaraj Mallashetty and Dr.Veeresh Itagi attended, presented scientific research papers and Chaired scientific sessions in the World congress of Anatomists and 19th KCA conference held at GIMS,

Gadag on 22nd, 23rd and 24th of September 2017. Dissection practical for first year MBBS students 2107 batch was started with oath taking ceremony in the presence of HOD and staffs of the department on 11th September 2017.

DEPARTMENT OF PATHOLOGY

Voluntary blood donation camp was organized by Joyalukas, Davangere on 22nd June 2017 in association with S.S.I.M.S Blood Bank. A total of 27 units were collected. Dr.Rajeshree along with postgraduates Dr.Asha patil, Dr.Vinutha.B, Dr.Sruti Joy and Interns Vidhushi, Tejaswi, Vinay and technicians Rajeshwari, Basavaraj, Laxmipathi attended the camp.

Dr. Shashikala. P delivered lecture on basic Dermato-Pathology during CME Program in Goa Medical College on 24th of July.

Voluntary blood donation camp was conducted by Income tax department at Davangere on 24th July 2017 in association with SSIMS blood bank. A total of 23 units of blood were collected. Dr. Shashikala. P & Dr. Balaji. T.G attended the camp along with postgraduates, interns & blood bank technicians.

Voluntary blood donation camp was conducted at Davangere in Rajmahal Samudayic Bhavan on 15th August 2017 in Association with SSIMS blood Bank. A total of 39 units of blood were collected. Dr. Balaji. T.G along with postgraduates, interns & blood bank technicians.

14th Sep 2017 Voluntary blood grouping camp was conducted at Shrimati Giriyaamma. R. Kantappa 1st grade college, Harihar. Blood grouping of about 350 students was done. Dr.Shashikala.P and Dr. Kavita.GU conducted an interactive session on anemia and health related problems in teenage girls.

Voluntary Blood Donation camp was organized at M.C.C 'A' Block, 29th ward by Shri Omkar Ganapathi Ayyappaswamy devasthanam samithi, Davangere on 22nd Sep 2017 in association with SSIMS RC Blood bank on the auspicious occasion of 50th birthday of Shri, S.S. Mallikarjun. 37 people donated blood. Dr. Shwetha J.H, Dr. Ramya Nayak, Dr. Sruti Joy and Interns Dr. Pramitha. D, Dr. Pavithra, Dr. Frank Basam, Dr. Nithin K.P, Dr. Prakash conducted the camp. Dr Shashikala P and Dr Kavita G U also visited the camp and encouraged the donors.

DEPARTMENT OF MICROBIOLOGY

State Level Microbiology Quiz for Second year MBBS students was conducted on 23rd of September 2017. Quiz was inaugurated by Dr B.S.Prasad, Principal, Dr. K G Basavarajappa HOD, Department of Microbiology. Dr.Satish S Patil Associate Professor conducted the inauguration programme, Dr.Shamataj, Assistant professor welcomed the dignitaries. Dr.Raghukumar.K.G, Professor, proposed vote of thanks.

Dr.Jayasimha.V.L, Professor, Dr.VinodKumar C.S, Professor and Dr.Shwetha.V.R,Senior resident were the Quiz masters.

Dr.Raghukumar.K.G,Professor, Dr.Satish S Patil Associate Professor and Dr.ShamaTaj.K.R were Judges. 35 teams from 19 medical colleges participated in this quiz program.



Dr. VinodKumar C.S., Professor, Department of Microbiology participated as Guest Speaker in International Conference on Bacteriophages in River Ganga-2017 held on August 22-23, 2017 at Institute of Medical Sciences, Banaras Hindu University, Varanasi. He delivered the guest lecturer on the topic "A decade long experience on bacteriophage in resolving antibiotic crisis and their futuristic implications".

Dr. Shama taj K.R Assistant professor and Dr.Shwetha V.R. Senior resident Microbiology department SSIMS &RC attended workshop on Infectious diseases program held from 11th to 16th September 2017 at Hinduja National Hospital Mumbai.

DEPARTMENT OF COMMUNITY MEDICINE

On the eve of international yoga day, Dr. Geethalakshmi. R. G, Prof and Head, gave a talk on “Yoga in prevention of diseases.” to Anganwadi workers at Anganwadi centre and Divya yoga Mandira for about 60 participants on 18th June 2017.

Dr. Geethalakshmi. R. G, Prof and Head worked as facilitator for TOG on RNTCP for district medical officers conducted in 3 batches from 19th to 21st June, 22nd to 24th June 2017 and from 4th to 6th July 2017.

Dr. Rathnaprabha. G.K, Associate Professor and Dr. Asha Bullappa, Assistant Professor were trained for RNTCP new guidelines organized by District TB office, Davangere in JJMMC, Davangere.

Dr. Aswin Kumar, Associate Professor was trained for RNTCP new guidelines organized by State Task Force, RNTCP in JJMMC, Davangere.

Health education about dengue disease and its prevention was given by Dr. Kusum Mane, Associate Professor, to students of Shri Maruthi PU College, Lokikere on 1st August 2017.

Training about new RNTCP guidelines to ASHA workers and PHC staff was given by Dr. Asha Bullappa, Assistant Professor on 21st July 2017.



Dr. Mane kusum, Associate Professor, gave a health talk to the nursing students of SSINS on benefits of breastfeeding and on the theme of World Breastfeeding Week 2017.

A Medical camp was organized on 6th of September 2017 by Department of Community Medicine in association with Gram Panchayat, Lokikere. The function was inaugurated by Dr. N.K. Kalappanavar, Medical Director,

Dr. Geethalakshmi.R.G, Prof and Hod, Dr.

M.S. Thripulambha, DHO, Davangere, Dr. Manjunath Patil, THO, Davangere, Mr. K.S. Obalappa, ZP member, Lokikere, Mr. Murugesh.N.O, TP member, Lokikere and Mr. Obaleshappa.B.H, GP member, Lokikere. A total of 603 cases utilized the services provided in the camp.



A Medical camp was organized on 24th of September 2017 by SS Institute of Medical Sciences

and Research centre, SS Sparsh and SS Narayana Hrudayalaya, Davangere in association with Gram Panchayat, Doddabathi and Halebathi, Davangere at Doddabathi. The Camp was presided by Mrs Renuka Karibasappa, Member of Zilla Parishad, Kakkaragolla, Davangere and inaugurated by Smt. Dr Prabhavati Mallikarjun, Dr. B. S. Prasad, Principal, Geethalakshmi.R.G, Prof and HOD, Dr. M.S. Thripulambha, DHO, Davangere, Dr. Manjunath Patil, THO, Davangere, Mr. K.G. Umesh, TP member. A total of 485 attended the camp.



DEPARTMENT OF OPHTHALMOLOGY

On the occasion of National eye donation day on 8th September 2017, Department of Ophthalmology took initiative to spread awareness about the noble cause of eye donation. Staff and students of various departments had gathered together for the same.

The program was inaugurated by Dr.Kalappanavar, Medical Director ,SSIMS& RC , Dr.Shashikala ,Vice Principal, Dr.S.S.Kolkar, DBCS member along with the Department of Ophthalmology.

Dr. N K Kalappanavar addressed about eye donation and the issue of huge gap between supply and demand of eyes. He then pledged to donate his eyes and encouraged people to pledge for the same.

Dr. Shashikala rose to the audience and spoke about the importance of eye donation, following which Dr.Kolkar spoke in details about the same. Dr.Shantala Arunkumar enlightened the audience on how to become a registered eye donor.

This was followed by a play enacted by the house surgeons reflecting how donating your eyes can brighten someone's world. This message was

beautifully conveyed by showing how a child by merely bursting crackers sustained corneal injury rendering her blind and how her vision was restored by the act of eye donation.

DEPARTMENT OF PEDIATRICS

30th IAP Quiz Pediatrics quiz for undergraduate students was conducted by Dept. of Pediatrics, SS Institute of medical sciences and Research Centre on 16th August 2017.



DEPARTMENT OF GENERAL SURGERY

National Doctor's day was celebrated in the seminar Hall, Department of general surgery, in remembrance of Dr. B C Roy. The event was chaired by Dr. Veerendra Swamy. S.M, Professor and HOD, highlighted the importance and dedication of doctors for the human services. Followed by speech from Dr.S.B.Geji on Dr. B C Roy. A Guest lecture was arranged in the Dept Seminar hall on 31st August 2017. Dr Usha Kini, Emeritus Professor, Dept of Pathology, St John's Medical college gave a talk on **Pathological Aspects of Carcinoma Breast**. The event was headed by Prof. Dr Veerendraswamy S.M. Professor and HOD.





DEPARTMENT OF ORTHOPEDICS

The Orthopaedic Mega Camp at Kadoor was conducted on 24th July 2017, by SSIMS-SPARSH. Dr. Manjunath. J, HOD department of Orthopedics has attended as faculty in 18 postgraduate intensive training course held on 14th and 15th of July at JNMC Belgaum, under the auspices of K.L.E. K.O.A, I.O.A, ICMR, Bone Mineral Density free Camps was conducted on 7th August and 5th September 2017 at department of Orthopaedics, SSIMS & RC Davanagere.

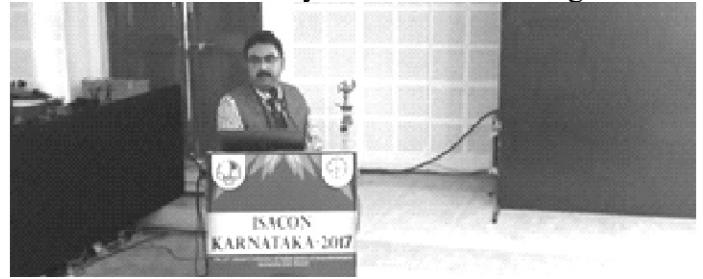
Post graduate students of dept. of Orthopaedics attended and presented Paper & Poster at OASISCON 2017 held during September 1st to 3rd 2017 at Manipal.

DEPARTMENT OF ANESTHESIOLOGY

BLS workshop was conducted by Department of Anaesthesiology on 4th September -2017 in SSIMS&RC, Davangere.



Dr. Arun kumar gave a talk on “Peri Operative DVT Diagnosis and Management” at ISACON Karnataka 2017 was held in Bellary from 10th to 13th August 2017



He authored an article regarding “Repurcussion of biofilm and antibiotic resistance in ventilator associated pneumonia” published in international journal of research in medical sciences, 2017 oct;5(10).

Dr Arunkumar also successfully completed and awarded fellowship in diabetology on 25-09-2017, conducted by Medvarsity and Apollo Hospitals and Research Foundation, accredited by “Royal Liverpool Academy, United kingdom”.

Dr. Gude Maruthi Prasad attended ISACON KARNATAKA 2017 held at Ballari. Dr. Suchetha presented a paper titled, “Comparitive study of intubation conditions between different doses of Rocuronium with the timing principle.” Dr. Paresh presented a paper titled, “Comparison of Ropivacaine 0.75% and Bupivacaine 0.5% in peribulbar block for small incision cataract surgery- A prospective randomized controlled study. Dr. Nishant presented a poster titled, “Blood transfusion challenge to the Anaesthesiologist- A case of Bombay blood group.”

Dr. Nilofer presented a poster titled, “Anaesthetic management of a case of Goltz-Gorlin Syndrome.” Dr. Suchetha had also participated in the “Trainee Talent Session” held at the state conference.

Dr. Nishanth and Dr. Nilofer attended the workshop “Difficult Airway Management” on 10th August -2017



Dr.Raghavendar attended ISACON 2017- Telangana from 28-31 July and presented a paper titled: "A Prospective comparative study between Ropivacaine and Ropivacaine dexamethasone for postoperative analgesia in peribulbar block for small incision cataract surgeries".

Dr Smitha attended 10th National Conference on Obstetric Anaesthesia from 30th sept to 2nd oct held in Bangalore and presented a poster on "Anaesthetic management of a child with thalassemia major posted for splenectomy".

DEPARTMENT OF EMERGENCY MEDICINE

Under the Guidance of Dr. Narendra S.S, HOD Dept of Emergency Medicine, Dr. Bakkesh B.P, Assistant Professor and final year post graduates participated in TOXOCON-11 a conference on Toxicology at Kodaikanal, Tamil Nadu. Dr Bakkesh B.P presented on "Acute Methemoglobinemia secondary to Nitrobenzene or Dapsone poisoning". Dr. Vijay Kumar presented on "Clinical profile and outcome of Amitraz poisoning" for which he was awarded as the best presentation of the conference. Dr Ashray presented on "Predictors of morbidity and mortality in OP poisoning in a tertiary care hospital". Dr. Sachin presented on "Anti snake venom dosage in neuroparalytic snake bite- if the dose of ASV can be fixed as per WHO guidelines for the current scenario".

Second year post graduates Dr Dileep, Dr Santhosh and Dr Treepti participated and got certified in Heart Beat ECHO 2017 International conference and workshop conducted by 123 Sonography Europe, Medical University of Vienna and IAE Karnataka under guidance of Dr. Thomas Binder and Dr Alagesan. The well organized workshop demonstrated the skills of Basic Echocardiography, Advanced Echo (Speckle Echo, Echo 3D, Contrast Echo) and TEE-Stress Echo with hands on training on simulated patients.

Second and Final year post graduates of Dept of Emergency Medicine successfully completed their BLS/ACLS Instructor course at JSS Medical College, Mysore after mastering the skills of resuscitation and advanced life support. American Heart Association has certified all the six post graduates as BLS/ACLS Instructors and hence herewith eligible to conduct AHA certified BLS/ACLS course in the parent institute SSIMS & RC and elsewhere.

As a part of regular monthly camps, Dr.Sushilkumar Assistant Professor conducted camp

For psychiatric patients at Harapanahalli on 3rd Tuesday of each month. Dr.Rajeev Swamy, Associate Professor conducted camp at Harihara on 4th Tuesday of each month.



Dr Rajeev Swamy, Associate Professor, 1st year Post Graduate students Dr Ashwathi and Dr. Pavithra attended a guest lecture organised by Dept of Psychiatry, JJM Medical College on 31st August.

DEPARTMENT OF PSYCHIATRY

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Dr Rajeev Swamy, Associate Professor, 1st year Post Graduate students Dr Ashwathi and Dr. Pavithra attended a guest lecture organised by Dept of Psychiatry, JJM Medical College on 31st August.

Department of Dermatology Venereology & Leprosy

CME Programme for post graduate students and consultants was conducted by the Dept of Dermatology on 12/8/2017 & 19/8/2017, at Seminar room, SSIMS & RC, Davangere. Welcome speech was given by Dr.Gitika Sanodia, were the speakers Dr.Neethu Nag & Dr.Srilakshmi N. Topic: **Infant skin Care & Anti Fungal and Fungal infections.** The Chairperson was Dr. Jagannath Kumar V, Professor & HOD, Dept of Dermatology Venereology & Leprosy, SSIMS & RC, Davangere

DEPARTMENT OF MEDICAL EDUCATION

Orientation/ welcome programme for 1st year postgraduates was organized by Dept. of medical

education on 7th July 2017. All the heads of the dept with their post graduate were present. Principal Dr. B.S. Prasad gave the inaugural speech. Medical director Dr. Kalappanavar also addressed the gathering. Role of medical education and calendar of events were presented by Dr. Jayasimma.L. Programme ended with instructions to submit the synopsis at the earliest.



Research methodology programme was conducted for all new PGs on 27th and 28th July 2017. Various aspects of synopsis writing like review of literature, Literature research objectives, study design, sample size, ethics & hypothesis etc were discussed by faculties. Hands on workshop on basic statistics were also conducted.



09th, 10th & 11th Sept 2017 Dr. V.L.Jayasimma Prof. Dept of Microbiology completed the 1st onsite session & attended the 2nd onsite session.

Dr. Jayasimma presented his educational project conducted during his I year advanced course in Medical education on “CONCEPT MAPPING” A step towards self directed learning in the II session on 09th Sept 2017 in JNMC Belgaum.

05th to 09th Sep 2017 I onsite session of ACME batch V

at JNMC, MCI nodal centre for faculty development was attended by Dr. Latha G.S, Professor, Dept of Pediatrics, Dr.Renu Lohitashwa, Associate professor, Dept of Physiology. The session mainly concentrated on planning of curriculum and newer changes like CBME which is being planned by MCI to be implemented. Session on planning and programming of research project was also conducted. The research projects done by the previous batch were presented by this batch.

UNDERGRADUATE ORIENTATION DAY PROGRAMME 2017-18 BATCH

“Orientation day” 2017 18 for first year MBBS students was conducted on 28th September 2017. 150 Freshers along with their family members arrived to the venue (Hospital auditorium). They were welcomed by the staff of the Department of Physiology (Organizing team). Dr.B.S.Prasad, the Principal, addressed the gathering, by giving a brief introduction of the institute, the chief patrons, rules and regulations to be followed. The HOD's of Anatomy, Physiology, Biochemistry & Community Medicine gave an overview of the Phase -1 Curriculum (academic) Medical Director Dr.N.K.Kalappannavar gave an insight on medical profession.

General activities, students union 2016-17 showcased the extracurricular activities conducted in the institute. The chief wardens (Girls & Boys hostel) also briefed about the discipline, dos & don'ts as students live in a home away from home

The audience also heard the views of senior students, freshers & their parents. After the formal function a parent teacher meeting was held.



WORLD BREASTFEEDING WEEK 2017”- 1st August to 7th August 2017

The breast feeding week 2017 was observed in SSIMS&RC from 1st august to 7th august 2017. It was conducted by department of Paediatrics, community medicine and & OBG by organizing various activities.

First day was the formal inauguration by Dr.Geethalakshmi R. Professor and HOD of Department of community medicine gave health talk for nursing staff of SSIMS&RC hospital about benefits of breast feeding.

Dr.Latha G S. Professor, Department of Pediatrics discussed problem faced by nursing staff, Dr. Veeresh Babu Assistant Professor gave a talk on communication skills for nursing staff of SSIMS &RC.

2nd day health education program for pregnant and lactating women was organized in PHC Lokikere. 3rd day health education programme was conducted for nursing staff from private nursing homes of Davanagere in C.H.I (Bapuji hospital). 4th day, health education program for PU College girls was organized in PU Lokikere College on benefits of breast feeding. Essay writing competition was conducted on benefits of breast feeding and 3 prizes were given.

5th day, health education for nursing college students SSINS was conducted. Inter-departmental journal discussion was done by Dr.Pooja and Dr. Smitha

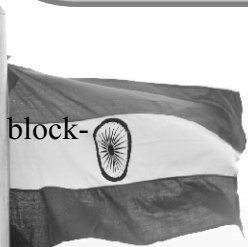
6th day, awareness programme for pregnant and nursing mothers was done by Dr.Vidya in UHC, Bashanagar. Dr.Vinay coordinated a role play on the same occasion.

7th day awareness programme for ASHA workers was done in SSIMS & RC, Dr.N K Kalappanavar, Medical Director, SSIMS&RC, gave the welcome speech on this function . Chief guest for the function was Yashoda Vantigode Additional SP for Davanagere inaugurated the function and Dr.Tripulamba DHO, addressed the gathering. Dr. Latha discussed the role of ASHA worker in educating mothers for breast feeding and motivating them.

Dr.Ratnaprabha, Dr.Kusum Mane, Dr.Ashwin, Dr.Rakesh all other faculty members from community department were involved actively and making this program a grand success.



Independence Day celebration



The "Independence Day" was celebrated on 15th August in front of Administrative Suvidha. The final year topper had the exclusive privilege of hoisting the national tricolor on the occasion. This unique gesture inspires the students to do well in academics. Principal Dr. B.S.Prasad, Medical Director Dr. N.K.Kalappanavar, Vice Principals, HODs and staffs of various departments and students participated in huge numbers wearing Gandhi caps and rendering a patriotic fervor to the event.

Football and cricket tournaments between S.S.Institute of Medical Sciences and College of Dental Sciences, Davanagere teams were conducted in the home ground. S.S.Institute of Medical Sciences team received the trophy as winners of both the games on the eve of "Independence day" celebration.



Shri. S.S Mallikarjun Birthday Celebration



The birthday celebrations of Shri.S.S.Mallikarjun, Hon'ble Minister for Horticulture & APMC, Govt. of Karnataka, Joint Secretary, Bapuji Education Society & Chairman, SS Institute of Medical Sciences was observed at S.S. Medical College & Research Centre Davanagere, on 22nd September 2017.

On this memorable occasion, beautiful greeting card duly signed by students and staff was presented to our chairman as a mark of love and respect in presence of Dr. B.S. Prasad, Principal SSIMS & RC, Dr. N.K. Kalappanavar Medical Director, Dr. P. Shashikala, Vice Principal, Dr. L.S. Patil, Students' Union Chairman, Mr. Ravi R.G Manager, HODs and staffs of various departments, students & many other.



Conferences, CMEs and Workshops

Karnataka chapter of Indian Association of Pathologists and Microbiologists

The 44th Annual conference of Karnataka chapter of Indian Association of Pathologists and Microbiologists was organized by the Department of Pathology, SSIMS & RC at the college auditorium on 30th August 2017 to 1st September 2017. Around 375 delegates participated in the conference. Preconference CME was conducted on 30th Aug. and was inaugurated by watering of plant by Dr.

Kalappanavar, Dr. Arun Kumar, and Dr. Shashikala. P, Dr. Kavita.G.U, Dr. Deepti Pruthvi. A feast of scientific sessions followed. Executive committee meeting of KCIAPM members took place in the evening.

The first day of conference 31st Aug was inaugurated by lighting of lamp. Sri A.C Jayanna was the chief guest. Oration was given by Dr. Radhika Srinivasan, scientific sessions followed. Post lunch session consisted of oral paper and poster presentation by delegates. A sumptuous banquet was organized in the

evening. General body meeting was conducted and Dr. Shashikala. P was elected as president of KCIAPM and Dr. Deepti Pruthvi was elected as an executive committee member.

1st Sept, second day of conference scientific sessions continued. Final paper presentation for best paper was carried out. Valedictory function followed award distribution for best paper and poster. Dr. Chetan, Dr. Thota Asha, Dr. Usha Kini, Dr. Adarsh, Dr. Arvinder, Dr. Annapoorni, Dr. Sanjay Pai, Dr. Sushma, Dr. Alok, Dr. Anusha & Dr. Ravi Kumar were the speakers from various parts of the country who gave their deliberations during the scientific sessions.

The conference was unique in its accent on eco friendly aspects and the effort to include social responsibility as a part of the conference.



CME - OPHTHALMOLOGY

Department of Ophthalmology, S.S.I.M.S.& R.C. in association with J.J.M. Medical College, & Davangere Ophthalmic Association under the aegis of Karnataka Ophthalmic Society organized CME on “Medico legal aspects & Ophthalmic Theatre Practice Management on 8th October-2017 at SSIMS Auditorium

The CME was inaugurated by lighting the lamp by Dr. B.S. Prasad, Principal, SSIMS & RC, Chief guest Dr. Bheemashankar Guled, Superintendent of police, Dr. Ravindra Banakar, HOD Department of Ophthalmology, J.J.M.M.C, Dr. H.M. Ravindranath, President Davangere Ophthalmic Association, Dr. Shantala Arunkumar Organizing Chairman & Dr. Ajay .S. Hatti Organizing Secretary.

The CME was attended by 132 delegates including faculties, speakers, post graduates, private practitioners from Chithradurga, Ranebennur, Sirsi and Haveri. Ophthalmology nursing staff from S.S.I.M.S & R.C., J.J.M.M.C. & Drishti Specialty Clinic also attended CME.

Dr. Ajay .S Hatti, Organizing Secretary, delivered the welcome speech & Dr. Prasad .B.S. Principal addressed the gathering, highlighted the importance of medico legal aspects & mentioned that it is very important to have such CME's to create awareness among medical faculty. Dr. Bheemashankar Guled addressed the gathering & also delivered a talk on “Basic Medico legal know how for ophthalmologist & immunizing medical practice against vandalism”. He emphasized about the importance of self defense among doctors and the steps to be followed during vandalism.

Dr. Ajay S. Hatti delivered a talk on “Intravitreal Injections Simplified”. The CME constituted of guest lecturers on various aspects of sterilization techniques in OT & medico legal aspects by speakers from Sirsi, Udupi, and M.M. Joshi eye Hospital Hubli, Mangalore, Bangalore & Davangere.

The event was concluded by vote of thanks by Dr. Shantala Arunkumar, Organizing Chairman. The event was supported by Drishti, a division of Mofon drugs.

CME-Orthopaedics

Under the aegis of Karnataka Orthopaedic Association and Davangere Orthopaedic Society a CME on Current Concepts of Interlocking Nailing was

conducted at SSIMS&RC, Davangere. Around 200 Orthopaedic surgeons and post graduates from 12 Medical colleges in the state attended the programme. The CME started on 23/09/2017 morning at 9:00 AM. Lectures on topics regarding Current concepts in Interlocking Nailing were covered. The first talk was given by Dr.Ajith Kumar, president of K.O.A, Dr.Shivshankar senior consultant from Sholapur, Maharashtra, Who is well known as Nailsman of India, the inventor of Sholapur sleeve and many techniques of reduction of complex fractures, Dr.Gadegone was the third speaker from Chandrapur, Maharashtra, a senior trauma surgeon, an inventor of many implants and researcher.

DOS President Dr.Ravinath.T.M, Vice President Dr.Anil.S.Nelivigi and secretary Dr.J.Manjunath and D.O.S team actively participated in conducting the function.

The aim of the CME was to enlighten the post graduates and to update the trauma Orthopaedic surgeons regarding the new Nailing techniques and salvage options. This was a very useful CME as it dealt with the treatment of osteoporotic fractures and complex diaphyseal fractures by nailing, which are bread and butter of any orthopaedic surgeon



CME DEPT. OF SURGERY

With the Aim to excel in the field of Surgical Education and to be in par with the recent advances, we at the Department of General Surgery SSIMS RC, Conducted Continued Surgical Education On **“Bile Duct Injuries”** on 16.09.2017 in the SSIMS & RC Auditorium, Organized by Dept. of General Surgery, SSIMS & RC in Association with Dept. of General Surgery JJMMC, Davangere and KSC-ASI City Chapter of Davangere.

The program started with the first talk on Dr Mohan Marulaiah Professor of Pediatrics Surgery JJMMC, Davangere, on **“Surgical Anatomy of Biliary System”**



Dr Mohan Marulaiah Prof. Dept. of Pediatric Surgery JJMMC, Davangere ,and the Director of Bapuji Child Health Institute enlightened on the various anatomical aspects and the congenital anomalies of the biliary system. Dr. Jeevika M.U, Professor & HOD, Dept. of Radiology, JJMMC, Davangere talk on **“Relevant Imaging Modality in Bile Duct Injury”**



Inauguration of program by lightning the lamps was presided by Dr B S Prasad, Principal SSIMS & RC, Davangere, and, Organizing Chairman Prof. Dr. Veerendra Swamy S.M, Professor & HOD, Dept. of Gen. Surgery, Left to Right- Dr. Mohan Marulaiah

Prof. Dept. of Pediatric Surgery JJMMC Davangere, Dr. Sadashivayya Soppimath Prof. & Senior Consultant Surgical Gastroenterology, Hubli, Medical Director Dr. Kalappanavar Prof. & HOD, Dept. of Pediatric SSIMS & RC, Dr. Jeevika M.U, Prof. & Dept. HOD, Dept. of Radiology JJMMC, Davangere. Dr. Sadashivayya Soppimath, Prof. & Senior Consultant Surgical Gastroenterology, Hubli, talk on “**Surgical Management of Bile Duct Injury**”. Dr. Siddeshi E R, Consultant Surgical Gastroenterology of Davangere, enlightened on the “**Endoscopic Intervention for CBD Injury**” The last part of the program was the main attraction of the event, the

Panel Discussion, the panelists included from left to right Dr. Veerendra Swamy.S.M, Dr. Siddeshi E R, Dr. Mohan Marulaiah, Dr. R.M Shekar, Dr. Sadashivayya Soppimath, and Dr. Partha Sarathy K R.



Research articles

Anaesthetic Management of a Patient with Waardenburg Syndrome and Review of Literature

Dr. Arun kumar.A, Professor and HOD, Dr. Shivakumar K.P. Professor,
Dr. Y.V. Rao, Post Graduate, Dr. Raghavendar. G Post Graduate

Introduction: Waardenburg syndrome is a rare autosomal genetic disorder of neural crest development. D.J. Waardenburg, an ophthalmologist, first defined the syndrome in 1951. It has features that can be important for anaesthetic management, including laryngomalacia, multiple muscle contractures, limited neck movements, cyanotic cardiomyopathy and electrolyte imbalance.

Case report:

Here is a case of a 14 month old male baby weighing 6.5 kg who was admitted in plastic surgery department for the purpose of cleft lip surgery. Baby was diagnosed to have waardenburg syndrome at the age of 4 months. On examination patient had white forelock, broad nasal bridge, hypoplasia alae nasi, leukoderma cleft lip and palate, PDA with right to left shunt. Patient had history of recurrent respiratory tract infections in the past. Investigations revealed anaemia with hemoglobin of 8.7 gm/dl which was corrected to 10.0 gm/dl with transfusion of 90ml of packed red blood cells on the day before surgery and electrolytes were normal.

After a preoperative parental counseling, consent for anaesthesia was taken. A 24gauge intravenous cannula was already secured after the admission of baby. Patient was shifted to operation theatre. Monitors (pulse oxymeter, Nibp, ECG) connected. Intravenous fluid Ringer lactate connected. Baseline vitals noted.

Preoxygenated with 100% oxygen for 5 minutes. Premedicated with injection atropine 0.12 mg i.v and fentanyl 12mcg i.v. Induced with sevoflurane. Paralyzed with injection atracurium 3.5mg.i.v. Intubated with South Pole RAE tube 4.0mm. Maintained with $O_2 + N_2O +$ Isoflurane. Intraoperative fluid management by Holiday Segar formula. Neuromuscular blockade reversal with injection neostigmine 0.25mg and glycopyrolate 0.06mg was done. Patient was extubated, conscious and crying. Vitals stable.





Discussion:

Waardenburg syndrome is a rare autosomal dominant syndrome that was first described by Petrus Johannes Waardenburg. It is clinically and genetically heterogeneous and is classified into four types (type 14) on the basis of the presence of variable clinical characteristics and additional symptoms (3). Types 1 and 2 are the most common types of the syndrome, whereas types 3 and 4 are rare. Type 4 is also known as Waardenburg Shah Syndrome (association of Waardenburg syndrome with Hirschsprung disease). Type 1 (WS 1) is characterised by congenital sensorineural hearing loss; heterochromia iridis; partial hypopigmentation of the hair, including premature greying and lateral displacement of the inner ocular canthi (dystopia canthorum). Type 2 (WS 2) is distinguished from WS 1 by the absence of dystopia canthorum. WS 3 or Klein Waardenburg syndrome is similar to WS 1 but includes upper limb

muscle abnormalities. WS 4 or WaardenburgShah syndrome has features of Hirschsprung disease in addition to WS 2. Spastic dysplasia with multiple muscle contractures and microcephaly, spastic torticollis, short thyromental distance and significantly limited neck movements were the difficulties of the insertion of a laryngoscope blade with the fixed position of the head and

Table 1: Diagnostic criteria for Waardenburg syndrome type I

Major criteria	Minor criteria
White forelock	Broad high nasal root
Pigmentary disturbances of the iris	Hypoplasia of alae nasi
Congenital sensorineural hearing loss	Synophrys or medial eye brow flaring
Affected first-degree relative	Congenital leukoderma
Dystopia canthorum	Prematurely graying hair

Conclusion:

Anesthesia-related information regarding Waardenburg syndrome is very limited. However, specific facial features and muscle contractures may cause difficulties in both direct laryngoscopy and tracheal intubation. When anesthesiologists encounter a child with white forelock, they should keep in mind the differential diagnosis and variants of WS. A careful preoperative clinical evaluation, determining other system abnormalities association with WS and keeping difficult airway equipment for anesthetic management is required.

Case series of Post Intubation Tracheal Stenosis

Dr. Ajith Eti , Dr.Anup Banur , Dr.Kushal Bondade , Dr.Priyadarshini S , Dr. Prasad TPN, Dr. Saurav C , Dr. Zeba N , Dept of Pulmonary medicine , SSIMSRC ,Davanagere.

Introduction

Tracheal stenosis is an uncommon but a serious complication of prolonged intubation. However some degree of airway injury is common following intubation, no matter whether it is prolonged or of short duration. On presentation, tracheal stenosis may be misdiagnosed as bronchial asthma or COPD. Here, we are reporting two cases that developed tracheal stenosis following intubation.

Case Report

A 62 yr old female patient k/c/o IHD and hypertension, presented to us with history of cough, shortness of breath, audible wheeze for 3 weeks duration. Symptoms were insidious in onset, gradually progressive. She denied any history of fever, weight

loss or anorexia. Her chest xray, blood reports were normal. She could not perform spirometry, NPL scopy was normal. She was initially diagnosed as COPD clinically and was treated for the same. Since her symptoms persisted, her past history was probed in detail. Three months prior to the present complaints, the patient had received thrombolytic therapy for myocardial infarction and was put on mechanical ventilatory support for 7days. With this background we suspected tracheal stenosis. Hence her CT neck and upper thorax was done which revealed a stenotic area 4cm below the carina. Dignostic bronchoscopy showed multiple web like stenosis in the upper trachea occluding 30 40 % of the lumen. It was diagnosed as grade 1 tracheal stenosis according to the Myer-Cotton

system for grading of stenoses. She was referred to higher centre for balloon dilatation. She underwent the procedure well and her stridor got relieved in the immediate post procedure period.

A 24 yr old young male non smoker was referred to our department as uncontrolled bronchial asthma not responding to bronchodilators. He had short history of cough and audible wheeze. The patient's general physical examination was unremarkable except for an audible wheeze. Chest radiograph was normal. Pulmonary function tests showed reduction in the expiratory flow rate. Since the patient had history of OP poisoning and was on mechanical ventilation for about one month prior to the onset of symptoms, tracheal stenosis was suspected. Diagnostic bronchoscopy was done and it showed significant midtracheal stenotic segment occluding 50 to 60 % of the tracheal lumen (Myer-Cotton Grade 2 stenosis). Patient underwent balloon dilatation at higher centre and is presently doing well without any symptoms.

Discussion:

Tracheal stenosis is most commonly acquired from prolonged intubations in which the endotracheal cuff pressure exceeded the mean capillary pressure of the tracheal mucosa (> 30 mmHg). The excessive pressure leads to ischemia, granulation tissue formation, and scarring with lumen stricture. The result is a web-like fibrosis, usually with minimal damage to the cartilaginous support structure. The development of high-volume, low-pressure intubation cuffs have greatly reduced the incidence of post-intubation stenosis, but it is still as high as 11% among patients with a history of prolonged intubation. The incidence could be further reduced with careful endotracheal tube and stoma care, including regular documentation of the cuff pressure and support for the ventilator equipment. These patients may remain asymptomatic for a variable period and then develop difficulty in expectoration and dyspnea on exertion and can progress to airway obstruction with the development of a stridor.

Post intubation tracheal stenosis is often misdiagnosed as asthma and is not diagnosed at initial presentation in as many as 44% of patients. Patients usually remain asymptomatic until the trachea has stenosed to 30% of its original diameter, and it may take as long as three months before the diagnosis. Spirometry of these patients shows characteristic flattening of both inspiratory and expiratory portions of flow-volume loop with „Box pattern?, Bronchoscopy is diagnostic in these cases and helps in grading of the stenosis. The various options for treating tracheal stenosis are dilation, laser resection, stenting and resection anastomosis depending on the severity.

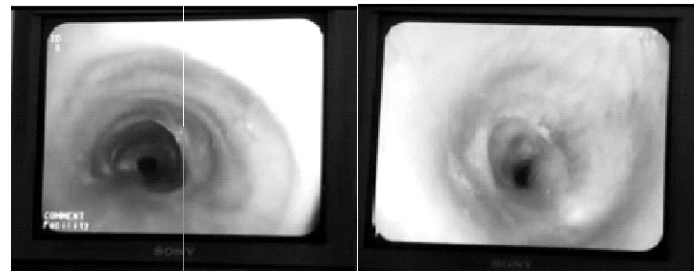
Conclusion

Patients with a history of prolonged intubation or tracheostomy who present with stridor, dyspnea, cough, or wheezing should be evaluated for postintubation tracheal stenosis.

BRONCHOSCOPIC PICTURES

CASE 1

CASE 2



References:

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Dermoscopy The new addition to the armamentarium of diagnostic tools for clinical diagnosis

Dr.Kanchan S Topgi, Postgraduate, Dr.Jagannath Kumar V, Professor & HOD,
Dr.Manjunath Hulmani, Associate Professor, Dept. of Dermatology.

Introduction

A dermoscope (dermatoscope) is a non-invasive, diagnostic tool which visualizes subtle clinical

patterns of skin lesions and subsurface skin structures not normally visible to naked eye.

The technique involves the use of a specific contact

lens, and a light source which generates a beam of light that falls on the cutaneous surface at an angle of 20° and by placing an interface medium which could be oil, water, gel, alcohol-gel, or glycerin between the epidermis and the device's glass slide, light reflection is eliminated, allowing the visualization of the dermoscopic characteristics of various skin disorders

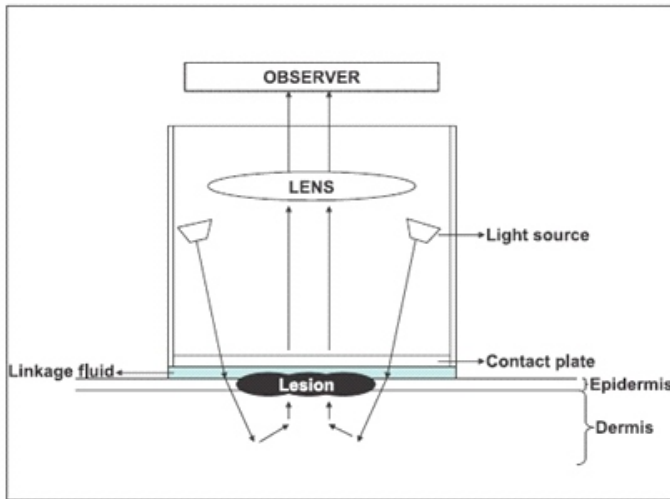


Figure 1: Optics of dermoscope. The refracted light transilluminates the lesion while passing through it and is perceived as a distinct pattern.

History

It was only in the mid-20th century, that the first dermoscopic binocular was produced by Zeiss, and the term “dermoscopy” was introduced by Saphier. Surface microscopes were relatively large and unwieldy, and were thus not very popular amongst doctors. In the second half of the 20th century, Goldman developed the first portable dermoscope, and analyzed nevi and melanoma with monocular devices

What is the dermoscope used for ?

Dermoscopy has added a new powerful dimension to the clinical diagnosis the structures visualized specifically correlate to histologic features.

The most important parameters that should be assessed when applying dermoscopy in general dermatology include morphological vascular patterns, arrangement of vascular structures, colors, and follicular abnormalities and the presence of other specific features

In effect, dermoscopy can be used for any skin lesion. Clear criteria and dermoscopic patterns have been established for conditions such as melanoma/melanocytic nevi, basal cell carcinoma, seborrheic keratosis, squamous cell carcinoma

(including Bowen's disease), and many more benign skin tumors.

Newer studies on dermoscopic findings in inflammatory skin diseases such as psoriasis findings are being published regularly and some of these are clearly established now, for example, the regularly arranged dotted vessels in psoriasis. However, it would still take a lot more well-designed studies with good sample sizes to establish usable criteria for dermscopy in inflammatory dermatosis especially considering specific skin types as among the Indian population.

The use of dermoscopy to examine the nails is called onychoscopy ,the nail bed , nail capillary can be visualized very well to make out subtle and early changes in conditions like connective tissue disorders studies are going on to make clear criteria for different nail disorders

Dermoscopy of the hair (trichoscopy) is another area which has seen a lot of work being done in the recent past. Trichoscopic criteria for localized and diffuse hair loss have been described. Over the recent years, there has been a considerable build up of literature related to the use of dermoscopy in general dermatology. This is especially true in the case of trichoscopy. Pros

1. Early diagnosis and prompt initiation of treatment
2. It helps in monitoring and follow up of patients.
3. Evaluation of the response to treatment can be made out and this helps in choosing the right treatment for the condition
4. Photographic documentation of the lesion
5. This is a non invasive technique and hence has a better patient compliance
6. This office procedure may obviate the need for a skin biopsy in some conditions. Cons

1. It is expensive
2. Needs a proper and regular training in the field of dermoscopy to understand the various dermoscopic features of skin conditions

Nowadays it is a basic necessary tool for the dermatologist, given the fact that it improves the efficacy of the diagnosis of many skin diseases, Work in the area of dermoscopy has increased exponentially over the last couple of decades. Sessions and workshops on dermoscopy have also become a routine part of general dermatology conferences.

Dermoscopy is a relatively young, dynamic, and exciting field. The dynamic nature is especially true for dermoscopy in general dermatology as newer patterns continue to be described on a regular basis.

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2. FerozeKaliyadan.The scope of the dermoscope. IndianDermatol Online J. 2016 Sep-Oct; 7(5): 359363

Anaesthetic management in a beta thalassemic child with hypersplenism posted for splenectomy.

Dr arunkumar(proffessor and HOD), Dr sudipta kundu (senior resident),Dr smitha(pg)

Introduction

Thalassemia are hereditary disorders characterized by a reduction of synthesis of globin chain(alpha or beta)in haemoglobin molecule. Splenectomy is a common surgery performed in children of beta thalassemia major to reduce the frequency of transfusion and mechanical effect of enlarged spleen. Anaesthetic management of these children is challenging due to refractory anaemia, unanticipated difficult airway, perioperative high blood pressure, iron overload, endocrinological abnormalities, cardiomyopathies, restrictive lung disease, pulmonary hypoplasia and postoperative infections.

Case report

A 7 year,8 months old child weighing 18kg born of nonconsanguineous marriage, diagnosed as beta thalassemia major at the age of 1 year was on multiple blood transfusion(every month), was scheduled for splenectomy. child had received pneumococcal, meningococcal, hepatitis b, influenza vaccine and last blood transfusion 2 weeks prior to surgery, on preoperative examination

child had frontal bossing, depressed nasal bridge, malar prominence and high arched palate

Airway assessment was found normal Mallampati grade 3. He was pale, icteric, not febrile with heart rate of 100 bpm, bp-110/7mmhg, respiratory rate of 24 with oxygen saturation of 98% on room air. No prominent neck veins, pedaledema. Systemic examination -cvs- no murmurs, chest clear, hepatomegaly of 5 cm below right costal margin, Splenomegaly of 12 cm below left costal margin.

hb-7g%, tc-9000/cm, pl-1.7lakhs. ferritin-1000 ng/ml (17-140 ng/ml) Lft-Tb-1.4, Db-0.6, IB-0.8 SGOT-351 u/l, SGPT-352u/l. usg abdomen -gross splenomegaly 2 pints packed cells arranged for surgery

Anaesthetic management

surgery was done under general anesthesia. iv line insitu, baseline parameters were normal. premedicated with midazolam, fentanyl-50mcg, glycop. preoxygenated with 100%o₂ for 3min, induced with propofol checked ventilation, paralysed with

vecuronium and intubated with 5.5mm endotracheal cuffed tube, fixed at 14cm, maintained with 0.2+n20+isoflurane/ boluses of vecuronium, meanwhile right internal jugular vein secured with 5.5F, 8 cm triple lumen cvc(8-10cmh₂o) and right arterial line cannulated. Intraoperative :hr-120, bp-120/80mmhg, estimated blood loss was 400ml, replaced with 300 ml of packed rbc and ringer lactate. diclofenac suppository 25mg for postoperative analgesia, with return of adequate respiratory effort, neuromuscular blockade reversed with iv neostigmine-1 mg and glycop-0.2mg, and extubated after thorough oral suctioning, and after the patient is awake, obeying commands.

CONCLUSION

Successful anaesthetic outcome of the patient is possible with properly planned airway management, choice of agents, fluid management and maintaining hemodynamic stability.



Informative articles

Donate Eyes, Illuminate Lives

Dr. Shantala Arunkumar, Professor, Dept. of Ophthalmology.

“Eye donation is a gift of beauty, a return of eternity. So lit their lives and let your eyes live.”

I look around, I jaw lush green trees, colorful flowers, blue sky and the happy faces of my friends. If I close my look very tight, I hit no flowers, no colors but darkness & entirely darkness. This has been the case of lakhs of blind people throughout their lives. The only colour they know is the Black.

“Eyes-Useless to dead, priceless to blind”

India has the largest burden of corneal blindness. A considerable number of Indians suffer from significant impairment of vision that threatens their ability to be physically or financially self-sufficient. According to National Program for the Control of Blindness there are currently 1, 20,000 corneal blind in our country.

Till date, medical researchers and scientists are working on developing artificial cornea, but till that time, donating the eyes would be the best gift ever for a blind person suffering from corneal blindness.

If we donate our eyes after our death, instead of burning or conceal our eyes, we can provide vision to two people. Eye donation is an act of donating one's eyes after his/her death. It is an act of charity, purely for the benefit of the society and is totally voluntary. One can bequeath eyes by taking a pledge, resolving to donate them after death. The next-of-kin can give consent for donation even if the deceased family member has not signed a pledge form.

Who can donate eyes? Practically anybody from the age of one can be an eye donor. Poor eyesight and age make no difference. Those who wear spectacles, those who have had cataract surgery, diabetics and those who are hypertensive can donate eyes. Even a person who is blind from retinal or optic nerve disease can donate eyes, provided the cornea is clear. Those who have died of unknown causes or due to infectious rabies, syphilis, infectious hepatitis, septicemia, and AIDS cannot be donors. The removal will leave no visible signs that would interfere with common funeral arrangements and practices. There is no religious conflict involved. The donation actually gives a gift of life or sight to others. As such, it is consistent with the beliefs and attitudes of all major religious and ethical traditions.

If the eye cannot be transplanted, then it is used for therapeutic use, research and education. The

ultimate decision about usage for transplantation will be made after evaluation.

“Don't just leave a will, leave a vision”

Overpopulation

Sri. Veerasha.V.B. Principal, S.S.Institute of Nursing Sciences, Davangere

Overpopulation is an undesirable condition where the number of existing human population exceeds the carrying capacity of Earth. Overpopulation is caused by number of factors. Reduced mortality rate, better medical facilities, depletion of precious resources are few of the causes which results in overpopulation. It is possible for a sparsely populated area to become densely populated if it is not able to sustain life.

Growing advances in technology with each coming year has affected humanity in many ways. One of these has been the ability to save lives and create better medical treatment for all. A direct result of this has been increased lifespan and the growth of the population. In the past fifty or so years, the growth of population has boomed and has turned into overpopulation. In the history of our species, the birth and death rate have always been able to balance each and maintain a population growth rate that is sustainable.

Causes of Overpopulation

Decline in the Death Rate:

At the root of overpopulation is the difference between the overall birth rate and death rate in populations. If the number of children born each year equals the number of adults that die, then the population will stabilize. Talking about overpopulation shows that while there are many factors that can increase the death rate for short periods of time, the ones that increase the birth rate do so over a long period of time. The discovery of agriculture by our ancestors was one factor that provided them with the ability to sustain their nutrition without hunting. This created the first imbalance between the two rates.

More Hands to Overcome Poverty:

However, when talking about overpopulation we should understand that there is a psychological component as well. For thousands of years, a very

small part of the population had enough money to live in comfort. The rest faced poverty and would give birth to large families to make up for the high infant mortality rate. ...

Better Medical Facilities:

Following this came the industrial revolution. Technological advancement was perhaps the biggest reason why the balance has been permanently disturbed. Science was able to produce better means of producing food, which allowed families to feed more mouths. Medical science made many discoveries thanks to which they were able to defeat a whole range of diseases.

Technological Advancement in Fertility Treatment:

With latest technological advancement and more discoveries in medical science, it has become possible for couple who are unable to conceive to undergo fertility treatment methods and have their own babies. Today there are effective medicines which can increase the chance of conception and lead to rise in birth rate.

Immigration:

Many people prefer to move to developed countries like US, UK, Canada and Australia where best facilities are available in terms of medical, education, security and employment. The end result is that those people settle over there and those places become overcrowded.

Lack of Family Planning:

Most developing nations have large number of people who are illiterate, live below the poverty line and have little or no knowledge about family planning. Getting their children married at an early age increase the chances of producing more kids. Those people are unable to understand the harmful effects of overpopulation and lack of quality education prompts them to avoid family planning measures.

Effects of Overpopulation

Depletion of Natural Resources:

The effects of overpopulation are quite severe. The first of these is the depletion of resources. The Earth can only produce a limited amount of water and food, which is falling short of the current needs. Most of the environmental damage being seen in the last fifty odd years is because of the growing number of people on the planet. They are cutting down forests, hunting wildlife in a reckless manner, causing pollution and

creating a host of problems.

Degradation of Environment:

With the overuse of coal, oil and natural gas, it has started producing some serious effects on our environment. Rise in the number of vehicles and industries have badly affected the quality of air. Rise in amount of CO₂ emissions leads to global warming. Melting of polar ice caps, changing climate patterns.

Conflicts and Wars:

Overpopulation in developing countries puts a major strain on the resources it should be utilizing for development. Unemployment gives rise to crime as people will steal various items to feed their family and provide them basic amenities of life.

High Cost of Living:

As difference between demand and supply continues to expand due to overpopulation, it raises the prices of various commodities including food, shelter and healthcare. This means that people have to pay more to survive and feed their families.

Solutions to Overpopulation

Better Education:

One of the first measures is to implement policies reflecting social change. Educating the masses helps them understand the need to have one or two children at the most. Similarly, education plays a vital role in understanding latest technologies like Cloud Desktop Online that are making huge waves in the world of computing. Families that are facing a hard life and choose to have four or five children should be discouraged. Family planning and efficient birth control can help in women making their own reproductive choices.

Making People Aware of Family Planning:

As population of this world is growing at a rapid pace, raising awareness among people regarding family planning and letting them know about serious after effects of overpopulation can help curb population growth. One of the best ways is to let them know about various safe sex techniques and contraceptives methods available to avoid any unwanted pregnancy.

Tax Benefits or Concessions:

Government of various countries might have to come with various policies related to tax exemptions to curb overpopulation. One of them might be to waive of certain part of income tax or lowering rates of income

tax for those married couples who have single or two children. As we humans are more inclined towards money, this may produce some positive results.

Knowledge of Sex Education:

Imparting sex education to young kids at elementary level should be must. Most parents feel shy in

discussing such things with their kids which result in their children going out and look out for such information on internet or discuss it with their peers. Mostly, the information is incomplete which results in sexually active teenagers unaware of contraceptives and embarrassed to seek information about same.

DERMATOLOGICAL APPLICATIONS OF LASER

Dr.Jagannath Kumar V, Prof & HOD, Dr.Manjunath Hulmani, Associate Professor, Dr.Srilakshmi N, Postgraduate, Department of Dermatology, SSIMS & RC

As new laser technology evolved over the years, dermatologists have also helped define the specificity of laser-tissue interaction and employed the newly developed laser technologies in innovative ways which further expanded the usefulness of these devices.

Type	Laser	Wave length	Mode	Chromophore	Depth of pigmentation	Indications
Visible	Argon	448-512nm	CW	Haemoglobin melanin	1-2 mm	Cut lesions with vascular or pigmentary comp
	Ruby	694nm	Q switched	Melanin, tattoo	1mm	tattoo, hair removal
	Pulsed dye	585nm	Pulsed	Melanin, Hb ,tattoo	1.2mm	Vascular, tattoo hair removal
	Alexandrite	755nm	Q switched	Melanin, tattoo	1.5mm	Hair removal, tattoo
Near IR	Diode Nd:YAG	810	CW, pulsed	Melanin Melanin, Hb, tattoo	4mm	Hair removal Keloids, black tattoo haemangioma
		1,064	CW, Q switched		5mm	
Mild IR	Er:YAG	2,940	CW, Q switched	Water	0.3mm	Resurfacing of skin
Far IR	CO2	10,600	CW, super pulse	Water	0.1mm	Benign, cat lesions, Keloids, rhinophyma hair transplant

erythema,transient dyspigmentation, secondary infection,scarring

2.Laser treatment for pigmented lesions- Damage is by selective thermolysis. Indications include epidermal lesions like lentigens, DPN, Beckers nevus, Seborrheic keratosis, café au lait macules;and dermal lesions like Nevus of Ota,Ito, Mongolian spots, melanocytic nevi, blue nevus, tattoo; and mixed lesions like melasma, PIH, nevus spilus,infraorbital pigmentation.

Lasers used include Continuous wave laser- Argon,Green light,CO2 for epidermal pigmentation;
Q switched lasers:Ruby,Alexandrite, Nd.Yag for both epidermal and dermal lesions;
Pulsed dye 510nmfor Superficial epidermal pigmentation,
Long pulsed lasers for pigmented lesions with larger clumps of nested melanocytes;and **IPL**

Side effects:Immediate urticarial reaction,Purpura, edema, pain,Post inflammatory transient pigmentary changes

1.Laser hair removal (LHR)- Laser causes permanent hair reduction rather than removal. It is based on the theory of selective photothermolysis or selective destruction of hair follicular unit, resulting in significant hair reduction.Multiple sessions are required.

Indications:Cosmetically unwanted hair, Hirsutism , Congenital or drug induced hypertrichosis, Pseudo folliculitis, Keloidal acne . **Available hair removal systems** are Ruby laser, Alexandrite, Diode laser, Q switched Nd:Yag, Long pulse Nd:Yag, Intense pulsed light IPL .

Intense pulsed light system (IPL) : It uses pulsed, non coherent broad band light source for hair removal and other applications.It utilizes a xenon bulb as a light source, which produces polychromatic light with wavelength (550-1200nm). It is an effective system of a hair removal.**Side effects:**pain, discomfort,

3.Laser treatment of vascular lesions- Target chromophore is oxyhaemoglobin in RBC.**Indications include Congenital** conditions like haemangiomas, port wine stain, venous malformations, lymphangiomas ; and **Acquired** conditions like telangiectasias, cherry angiomas, pyogenic granuloma, venous lake.Lasers used are Pulsed dye laser or IPL for port-wine stain, PDL for hemangiomas, PDL or CO2laser for angiofibromas and pyogenic granuloma. Telangiectasias are treated with Green light lasers,PDL,Diode laser or Long-pulse Nd:YAG laser.

Side effects-Pain, edema, post inflammatory dyspigmentation, secondary bacterial infection, scarring .

4.Laser for tattoos

Laser type	Wavelength (nm)	Tattoo pigment colour
Pigmented PDL	510	Orange, yellow, purple
QS Nd:YAG, frequency doubled	532	Red, orange, yellow
QS ruby	694	Red, blue-black Occasionally green and brown
QS alexandrite	755	Blue, black and green
QS Nd: YAG	1064	Blue-black

5.Laser resurfacing:Indications include Photoaging, actinic keratosis, solar lentigens ,dyschromasia ,Scarring ,Acne ,Hypertrophic scars,Varicella scars.**Non ablative resurfacing (sub surfacing) lasers:**They bypass the surface layers and induce dermal wounding so as to achieve rejuvenating changes.**Available systems include**Long pulse Nd:Yag, ,flash lamp pumped pulsed dye laser, Q

switched Nd:Yag,Diode,IPL.

Miscellaneous conditions:

Lasers for hypertrophic scar and keloids:CO2 lasers 10600 nm cutting mode. Flash lamp pumped pulsed dye (PDL) 585 nm.Causes selective thermal injury and collagen remodelling

Lasers for psoriasis:Nd.Yag: 1320nm postulated that it works by modulating dermal fibroblast activity ,Flash lamp pulsed dye laser 585nm.Used in localzized resistant plaque type psoriasis.Targets the Hb in the dilated capillaries of the dermal papillae .Ultra pulse CO2 laser 10,600nm,Xenon chloride laser 308nm-Works on similar principle of NB UVB (311 nm)

Lasers in vitiligo : Xenon chloride excimer laser 308nm. Principle is same as NB UVB. It results on higher no. of apoptotic cells than NB UVB.Multiple biweekly (10-15) treatments are given and needs 4-8 weeks for results

Publications

S.I. No	Author	Title	Journal
1	Dr.Raghavendra A.Y Dr.Santosh Bhosale	Variation of Arch of Azygous vein: An Anatomical overview with clinical importance	International Journal of Anatomy and Research 2017;5 (3.2): 4251-56.
2	Geethalakshmi.R.G, Smitha Yadav J S	Study Title: Qualitative exploration of Infant and Young Child Feeding Practices in rural field practice area of SSIMS and RC: A Focus group discussion study.	International Journal of Community Medicine and Public Health; August 2017, Volume: 4, Issue: 8
3	Sharankumar Holyachi Prakash R. Kengnal	The Causal Relationship Between Infant Mortality Rate, Health Expenditure And Economic Growth In India	International Journal of Public Health Research Vol 7 No 1 2017, pp (799-806)
4	Majumder Ankur, P. Shashikala, Nandyal Sonam. S, Gowda Kavita U, Y. Neeta, Prasad B.S.	A Study of platelet count and platelet indices in neonatal sepsis.	Indian Journal of Pathology Research and Practice Vol: (6), Issue: 03, uly to Sept- 2017.
5	Chethan Sagar S, P. Shashikala, Sonam S Nandyal, Deepti Pruthvi, Shwetha. J.H.	Evauation of platelet indices in acute coronary syndrome: Acase control study	Indian Journal of Pathology Research and Practice Vol: (6), Issue: 03, July to Sept- 2017.

6	Asha patil, Shashikala P , Wiseman Pinto	Analysis of oral Papers Presented at an International CME- A Descriptive Study.	Educational Research Publications in Journal of Educational Research and Medical Teacher Vol; (5), Issue: 01, June- 2017
7	Gayathri L Patil, Kammar A, Shridevi A S, N Seema, P Shashikala.	Perception of Postgraduate Students towards Medical Research.	Educational Research Publications in Journal of Educational Research and Medical Teacher Vol; (5), Issue: 01, June- 2017
8	Narayan Murthy, Shashikala P, Kavita G U, Ramu R	Learning through silent reflection: a skill to be practiced by medical students.	Educational Research Publications in Journal of Educational Research and Medical Teacher Vol; (5), Issue: 01, June- 2017
9	J Manjunath, A G Karibasappa, Venkataramanarao, M K Akshay B. C Ashish	A Prospective Study of Unstable Comminuted Intraarticular Fracture Lower End of Radius Treated with Ligamentotaxis using Uniplanar External Fixator with Percutaneous Pinning	International Journal of Science and Research ISSN (Online): 2319-7064 Index Copernicus Value (2015): 78.96 Impact Factor (2015): 6.391 Volume 6 Issue 6, June 2017
10	Dr.G U Kiran, Dr. Shashidhara,H Dr. J Manjunath, Dr.M k Akshay Dr. Ashrith Dr.Muralidhar	A prospective study of functional outcome in intraraticular lower end of humerus fracture treated with dual plating	International Journal of Science and Research ISSN: 2395-1958 IJOS 2017; 3(3): 37-42
11	Dr.Praveen M Anvekar, Dr.Sachin S Nimbargi, Dr.Akshay MK Dr. Milan Kothari	A prospective study of surgical management of the displaced supracondylar fractures of humerus in children with k wire fixation	International Journal of Science and Research ISSN: 2395-1958 IJOS 2017; 3(3): 176-181 © 2017 IJOS www.orthopaper.com Received: 15-05-2017 Accepted: 16-06-2017
12	Dr. M Venkataramana Rao, Dr. Dr.Tejus D B, Dr. J Manjunath Dr. A.G. Karibasappa	A prospective study on clinical outcome followingsurgically managed displaced clavicle fractures using pre-contoured locking plate and screws	International Journal of Science and Research ISSN: 2395-1958 IJOS 2017; 3(3): 43-50
13	H. Shashidhara, G. U. Kiran B. C. Ashish	Functional Outcome of Shaft Clavicle Fracture Treated By Precontoured Locking Compression Plate & Scre	International Journal of Current Medical And Applied Sciences, 2017, June, Volume: 15, Issue: 1.21-25
14	Dr. M Venkataramana Rao, Dr. Praveen M Anvekar, Dr. Manjunath J Dr. Sachin NS Dr. Kalwa Dinesh,	A study on clinical and radiological outcome followingsurgically managed intertrochanteric fractures using PFN-A	ISSN: 2395-1958 IJOS 2017; 3(3): 207-210

JERMT & JPHMR

On behalf of the Institution and journal team, we are delighted to highlight that our institutional journals; Journal of Educational Research and Medical Teacher (www.jermt.org) and Journal of Public Health and Medical Research (www.jphmr.org) are indexed in Index Copernicus, Warsaw, Poland. The journals are published in print and online versions.

Journal of Public Health and Medical Researches one of the specialties Journal in Medical research. The Journal publishes papers of the highest scientific merit and widest possible scope work in all areas related to medical science. The Journal invites review articles, leading medical and clinical research articles, short communication, case reports and others.

Journal of Educational Research and Medical Teachers a peer reviewed journal aimed at promoting the nature and scope of the knowledge that is directly relevant to all domains of medical education and practice. Medical council of India has made it mandatory to publish articles in journals indexed in Index Copernicus/Scopus/Embase/Pubmed. Since Index Copernicus has been recognized by MCI, we request all faculties to utilize the facility available.



Hearty congratulations...

Dr Shashikala P

Professor and Head, Department of Pathology, completed the one year Advanced Course in Medical Education(2015A batch) and received the certificate for the same at the ceremony held at MCI'S Nodal Centre for faculty Development, J.N. Medical College, Belgavi on 19th August 2017. She worked on the project titled "To assess the Effectiveness of Lecture Capture Technology with Didactic lectures in Pathology among Second MBBS students" and presented a poster on the same during the course.

for being elected as president of KCIAPM for the year 2017-2018.

Dr Kavita G U

Professor, Department of Pathology, completed the one year Advanced Course in Medical Education (2015A batch) and received the certificate for the same at the ceremony held at MCI'S Nodal Centre for faculty Development, J.N. Medical College, Belgavi on 19th August 2017. She worked on the project titled "OSPE (objective structured practical examination) as a tool of assessment and learning in pathology" and presented a poster on the same during the course.

Dr Sunita Kalsurmath

Professor, Department of Physiology, completed the one year Advanced Course in Medical Education(2014 batch) and received the certificate for the same at the ceremony held at MCI'S Nodal Centre for faculty Development, J.N. Medical College, Belgavi on 19th August 2017. She worked on the project titled "Effect of use of team based learning as compared to the conventional didactic lecture" and presented a poster on the same during the course.

Dr. VinodKumar C.S.

Professor, and Department of Microbiology for being nominated as member of State Level Expert Appraisal Committee of Karnataka by Government of India.

Dr. Suneeta Kalasuramath

Professor for successfully compling a Project based Advance course in Medical Education at J.N.Medical College Belagavi.

Dr. Deepti Pruthvi

for being elected as executive committee member of KCIAPM for the year 2017-2018.

Dr. Raghu prasada MS

And Dr Deepa Patil successfully completed certificate course on " Practice Essentials in upper respiratory tract infection" . The course was conducted and approved by Federation of Royal College of Physicians. The course was supported by GlaxoSmithkline Pharmaceuticals Ltd, Mumbai.