



VELNEWS

Voice of Velammal Medical College Hospital & Research Institute

July - September 2016

Volume 4. Issue 3. News 18

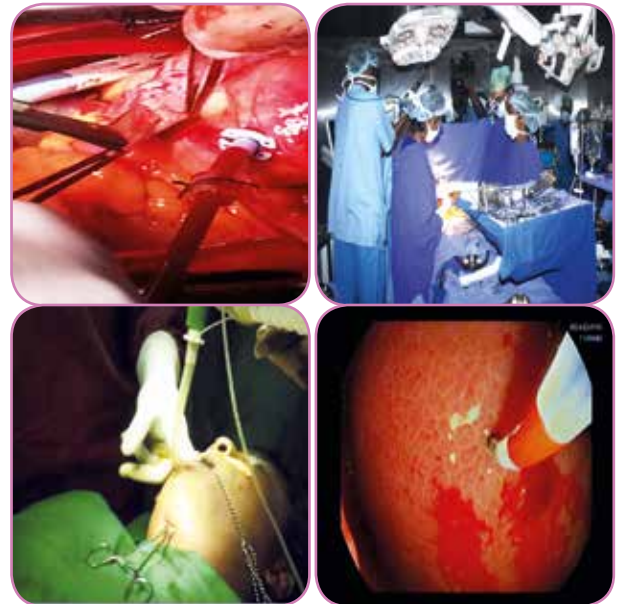


Current Events

- * Inauguration of post office and mobile health clinic
- * Foundation stone laying function of church and mosque
- * State level diabetes quiz contest
- * Cricketer Suresh Raina visits VMCH&RI

Highlights of Scientific Section

- * A case of double valve replacement with cox maze procedure
- * Minimally invasive cardiac surgery
- * Endoscopic Cystogastrostomy :
A minimally invasive technique for pancreatic pseudocysts
- * The versatility of submental intubation- Simple route of intubation in complex maxillofacial trauma



Velammal Medical College
Hospital & Research Institute

“Velammal Village”, Madurai – Tuticorin Ring Road,
Madurai – 625009. Phone : 0452 2510000 Fax : 0452 2510010

www.velammalmedicalcollege.edu.in

Advisory Committee

Dr. R.M. Raja Muthiah
Dean

Dr. S. Somasundaram,
Medical Superintendent

Editor

Dr. Samir Bele
Professor, Community Medicine.

Editorial Committee

Dr. S. Rajarajeswari,
Dept. of OB&G
Dr. Krishnaram,
Dept. of Dermatology
Dr. R.V. Jeyabalaji,
Department of Pediatrics
Dr. Arun,
Dept. of Medical Gastroenterology
Dr. Ganesan,
Dept. of Surgery
Dr. Alwar,
Dept. of Surgery
Dr. Ashok,
Dept. of Anesthesia
Dr. Jothi Lakshmi,
Dept. of OB&G
Dr. G. Kavitha,
Dept. of OB&G
Dr. Deepa Vinitha Rani,
Dept. of Ophthalmology
Dr. Maheswaran,
Dept. of ENT
Dr. R. Ramesh,
Dept. of Medicine
Dr. Rena Rosalind,
Dept. of Psychiatry
Dr. Mariappan,
Dept. of Radiology

Dr. Raj Kishore Mahato,
Dept. of Pharmacology
Dr. Trupti Bodhare,
Dept. of Community Medicine
Dr. M. Saravanan,
Dept. of Physiology
Dr. B.N. Vallish,
Dept. of Pharmacology
Dr. K. Suganthy,
Dept. of Bio-Chemistry
Dr. Sudhakar,
Dept. of Pathology
Dr. Jeyashree K,
Dept. of Community Medicine
Dr. Biprojit,
Dept. of Forensic Medicine
Dr. Yogananda,
Dept. of Dentistry
Dr. N. Uwaraja,
Dept. of Emergency Medicine
Dr. Bharath,
Intensive Care Unit
Dr. P. Suresh,
Velammal Speciality Hospital
Dr. Subbiah,
Dept. of Orthopedics
Dr. Sathish,
Dept. of Surgery

Publisher

Thiru R. Manivannan

VMCH&RI, Madurai- 625009 - (Phone Number: 0452-7114411)

Printed at

Pearl Printers and Publishers Pvt. Ltd.

Madhavaram, Chennai - 60. email : pearlprinter@gmail.com

All rights reserved. No part of this newsletter can be reproduced in any manner without prior permission of the Editor/Publisher. The views expressed in these articles and/or any other matter printed herein, are not necessarily those of the Editor and/or publisher. Editor/Publisher does not accept any responsibility for the veracity of anything stated in any of the articles published here. Sincere efforts have been made to provide the latest and reliable information to the readers on health and related topics. But the reader is best advised to consult the physician/specialist for diagnosis and treatment in case of illness. The editor has the right to modify, accept or reject any article submitted. Suggestions, feedback and article contribution to VelNews are welcome. They can be given in person or email to velnews.vmch@gmail.com.

EDITORIAL**Power Your Life**

The World Heart Day is a global healthy heart awareness day celebrated every year on 29th September under the initiatives of the World Heart Federation (WHF) from 2000. World Heart Federation and its members actively involve in the celebration in order to spread the message that at least 80% of premature deaths from cardiovascular disease (CVD) could be avoided if four main risk factors – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol – are controlled.

Every year a theme is released, highlighting the key issues and topics relating to heart health and for 2016, the theme is Power Your Life.

Cardiovascular disease (CVD) continues to be the leading cause of death and disability in the world today. Over 17.5 million people die from cardiovascular disease every year. Global statistics reflects Ischemic heart disease (13.2%) and Stroke (11.7%) are leading causes of mortality. India has seen a rapid transition in its disease burden over the past couple of decades. Cardiovascular diseases have been gaining importance in India recently because of increased incidence of the disease. CVD (24%) is the first among top 5 causes of deaths in Indian population. As per World Health Organization, estimated prevalence of current daily smoking is 13.9, physical inactivity 14.0 and overweight 12.9 among Indians. Majority of the cardiovascular disease risk factors can be controlled and at least 80% of premature death could be avoided by following below given behavioral therapy.

Get active: 30 minutes of activity a day can help prevent heart attack and stroke.

Stop smoking and protect yourself from tobacco: If you stop smoking, your risk of coronary heart disease will be halved within a year and will return to a normal level over time.

Eat healthily: Eat plenty of fresh fruit and vegetables, a variety of whole grain products, lean meat, fish, peas, beans, lentils, and foods low in saturated fats. Drink lots of water.

Maintain a healthy weight: A healthy adult should keep his or her BMI between 18.5 and 24.9 kg/m².

Know your numbers: Have your blood pressure, cholesterol and glucose levels checked regularly.

Considering the ever increasing burden of cardiovascular diseases in India, at individual level these behavioral modifications need to be put into practice effectively.

Editor

Dr. Samir Bele

Professor and Head, Department of Community Medicine,
VMCH&RI, Madurai-625009, Phone Number: 0452-7114119,
Email: drsamirbele@velammalmedicalcollege.edu.in

CHAIRMAN'S MESSAGE



M.V. Muthuramalingam
Chairman

Dear parents and students,

Congratulations! It gives me great pleasure to welcome the new batch of MBBS students to Velammal Medical College. Our institution has a vision, mission and goals. The vision statement of the institute is applicable to all the students also. Each one of you should have a vision and a plan to achieve the same. The urge to do right things and to do things right.

Time is vital as anyone involved in patient care will know. A few seconds make a difference between life and death. Regularity and punctuality are applicable to all of us in all walks of life. Perfection is the goal and we need to excel and out beat ourselves. We need to get better everyday as this is the time for survival of fittest. Students should look to excel beyond classrooms. They should be able to look at what they can contribute to change things around them. From the student period they should learn to spend time with patients and attendees and develop a rapport.

There is so much fund allotted for research and other activities by the government. We need to know how to use it. We encourage students to prepare simultaneously for post graduate entrance exams during their undergraduate period itself. Besides routine academics, it is recommended that students should be active participants in scientific conferences, academic events like quiz, funded projects etc. Opportunities to participate in stress relieving activities like sports, music and other co curricular activities are also available in the campus.

Our velammal trust is not based on any religion or caste. We have started from very humble beginnings and now expanded to a workforce of 1 lakh. We take great pride in having 1500 outpatient strength and over 600 in patients every day. The college's strength is that the variety and number of patients that we get is so huge and so the learning experience is enriching. This college has grown to great heights within a short period. Thanks to parents and students.

Parents and students should support us by following the ground rules. We insist that students should priorities attendance over petty distractions. Hence discipline is the foremost virtue that we insist on.

Children are our foremost priority. Parents should interact with them regularly and encourage them to discuss their issues with us. We should help them handle interpersonal relationships with care. Students should realize that they are healers and it is a divine responsibility. Success does not depend on your background. It only depends on your hard work and dedication.

There have been so many doctors. But we remember a few. I wish all of you grow to become such remarkable doctors.

M.V. Muthuramalingam,
Chairman, Velammal Education Trust

VICE CHAIRMAN'S MESSAGE



Dr. S. Asokan
Vice Chairman

Greetings,

Velammal Medical College is marching successfully into its 4th academic year. We wholeheartedly welcome the 150 students of the 4th MBBS batch into our Velammal Family.

Velammal College of Allied Health Sciences has admitted its second batch and we welcome the students.

VMC is getting two new sisters this year in Velammal College of Nursing and Velammal School of Nursing. We welcome our nursing students!

The colleges have excellent infrastructure and the most conducive environment for learning.

We want every one of our students to become a very successful doctor, nurse and technician in his/her chosen field and serve the community empathetically and ethically. This only will help us realize the vision of our institution as given below:-

“நம்முடைய மருத்துவமனையை சார்ந்த மருத்துவர்கள் மற்றும் ஊழியர்களின் தகுதியின் மூலமும் அர்ப்பணிப்பின் மூலமும் உலகத்தரம் வாய்ந்த மருத்துவ சேவையை குறைந்த செலவில் எளிதாக மக்களுக்குக் கொடுப்பதன் மூலம் ஓர் ஆரோக்கியமான சமுதாயத்தை உருவாக்குவது”.

The Velammal Medical College Hospital and its ‘conjoined’ twin, VMC Specialty Hospital, are scaling newer heights in every field.

Last month we have introduced a Velammal Mobile Clinic to reach the unreached villages.

Now, the hospital has been granted approval to perform the following organ transplantations and the specialists in the respective fields are prepared for such procedures:-

Liver Transplant

Kidney Transplant

Heart Transplant

Lung Transplant

I request all to continue their good work and I am sure this organization will become the destination for multitude of thousands who are in need of quality healthcare.

Yours sincerely,

Dr. S. Asokan

Vice Chairman



ENDOSCOPIC CYSTOGASTROSTOMY : MINIMALLY INVASIVE TECHNIQUE FOR PANCREATIC PSEUDOCYSTS

A.C. Arun¹, A. G. Alwar Ramanujam¹, Rajesh P², C Praveen Kumar³, R Narendranath⁴

¹Assistant professor, department of Gastroenterology, ²Assistant professor, department of Community Medicine, ³Senior resident department of Gastroenterology, ⁴Junior resident, department of Gastroenterology, Velammal Specialty Hospital and VMCH&RI Madurai.

INTRODUCTION

Pancreatic pseudocysts (PPs) are well-known complications of acute and chronic pancreatitis. A pseudocyst presents as a cystic cavity bound to the pancreas by inflammatory tissue.¹ Most of the PPs resolve spontaneously, but persistent or large cysts should be drained with surgery or endoscopy or by percutaneous route.² With the advent of modern endoscopes and experience it is now possible to treat these pseudocysts safely using minimal access techniques.

CASE REPORT

A 33 years old gentleman presented with two months history of epigastric pain and vomiting. Physical examination revealed mild epigastric tenderness and epigastric lump. Hemogram and other blood investigations were within normal limits. An ultrasonography of abdomen showed two cysts in the anterior aspects of pancreas measuring 118x86 mm and 81x60 mm. Contrast enhanced computer tomography was obtained which revealed acute on chronic calcified pancreatitis with pancreatic exudates and pseudopancreatic cysts (Figure. 1).

The patient underwent Endoscopic Cystogastrostomy under general anaesthesia. Using ERCP endoscope, the bulge noticed in the fundus /body of the stomach (Figure. 2) was punctured with needle knife sphincterotome. The guide-wire was passed into the cyst and confirmed with fluoroscopy. The tract was dilated with 8mm Hurricane balloon. 7F x 7cm pigtail stent was placed into the cyst cavity. There was a gush of pancreatic fluid into the stomach from the cyst. The procedure was repeated and second 7F x7 cm pigtail stent was placed (Figure. 3).

Post procedure ultrasonography showed reduction in the size of the cyst. Soon after the procedure, patient's symptoms were reduced significantly.

DISCUSSION

Different treatment modalities are available for the management of PPs, such as open surgery, percutaneous drainage, laparoscopic and endoscopic cystogastrostomy. Initially, most patients are given a trial of conservative management by maintaining good hydration, analgesia, prophylactic antibiotic coverage and nasojejunal / parenteral nutrition for spontaneous resolution.^{3,4} Persisting or progressing in size of the cyst warrants drainage procedures.

The previously used procedures for PPs were open or laparoscopic Cystogastrostomy and percutaneous drainage.⁵ In view of risk of recurrence and external pancreatic fistula, percutaneous procedure is less preferred.⁶

Endoscopic cystogastrostomy is superior to other techniques in being minimally invasive with quick post-procedure recovery and shorter hospital stay. Surgical Cystogastrostomy may be reserved for failed endoscopic procedures.

CONCLUSION

We conclude that endoscopic drainage of PPs is feasible, safe and effective. The residual endocrine pancreatic function could be preserved without recurrence or adverse effects. The key

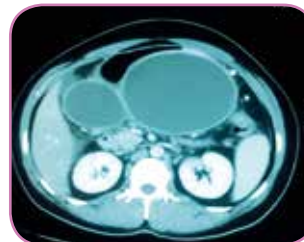


Fig.1: Contrast CT scan showing the pseudocysts compressing the stomach



Fig.2: The Pseudocyst being punctured by Needle knife Sphincterotome

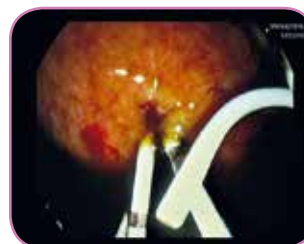


Fig.3: Two plastic stents were placed draining the pseudocyst into the Stomach

requirements for successful endoscopic management of PPs involve careful selection of patients and having the procedure performed by an appropriately skilled and experienced endoscopist.

REFERENCES

1. Christoforidis E, Bluchos K, Tsalis T, Tsalis K, Betsis D. Endoscopic drainage of pancreatic pseudocyst. *Annals of gastroenterol* 2005, 18(4):445-450.
2. Kasper DL, Fauci AS, Hauser S, Longo D, Larry Jameson J, Loscalzo J, et al, editors. *Harrison's principles of internal medicine*. 19th Ed. New York: McGraw Hill; 2015.2097p.
3. Ratan SK, Rattan KN, Rohilla S, Magu S. Cystogastrostomy: a valid option for treating pancreatic pseudocysts of children in developing countries. *Pediatr Surg Int*. 2006; 22:532-5.
4. Gagliano E, Barbuscia MA, Tonante A, Taranto F, Paparo D, Papalia E, et al. Pancreatic pseudocyst: case report and short literature review. *G Chir*.2012; 33: 415-9.
5. Varadarajulu S, Bang JY, Sutton BS, Trevino JM, Christein JD, Wilcox CM. Equal efficacy of endoscopic and surgical cystogastrostomy for pancreatic pseudocyst drainage in a randomized trial. *Gastroenterol*. 2013;145:583-90.
6. Cox MR, Davies RP, Bowyer RC, Toouli J. Percutaneous cystogastrostomy for treatment of pancreatic pseudocysts. *Aust N Z J Surg*. 1993;63:693-8.

THE VERSATILITY OF SUBMENTAL INTUBATION SIMPLE ROUTE OF INTUBATION IN COMPLEX MAXILLOFACIAL TRAUMA

Yoganandha R¹, Nisha B²

¹ R Yoganandha, Professor & Head, Department of Craniofacial Surgery & Dentistry, ² B Nisha, Assistant Professor, Department of Anesthesia, VMCH&RI, Madurai.

INTRODUCTION

Achieving a secure airway is of utmost importance in patients under general anesthesia. The two most common methods of airway management (intubation) in such patients include orotracheal and naso-tracheal intubation.¹ However; both may be contraindicated in maxillofacial trauma, like pan-facial fractures requiring surgical access to both the oral and nasal cavity at the same time.

Hence, management of airways in the presence of midface or pan-facial injuries with mandibular involvement requires special consideration. Tracheostomy remains an excellent procedure for establishing a definitive surgical airway. This procedure may involve a significant risk of iatrogenic complications, such as tracheal stenosis, internal emphysema, damage to the laryngeal nerves, tracheoesophageal fistula and scarring.^{2,3}

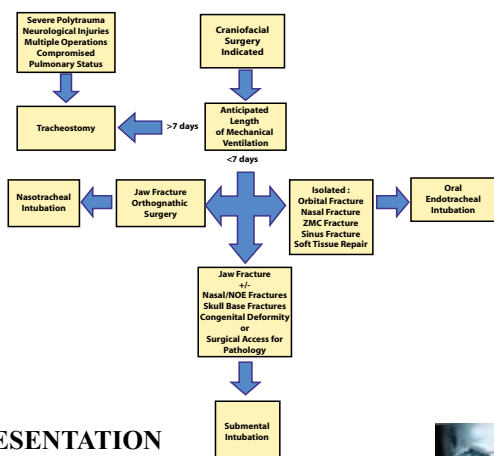
Indications for alternative route of intubation

For fractures that do not involve the occlusion such as nasal, zygoma, naso-orbito-ethmoidal (NOE), frontal and orbital blow out fractures, oral intubation is indicated. For fractures that involve the occlusion such as mandibular and Le Forte fractures, oral intubation inhibits appropriate resolution of occlusion. In these situations, nasotracheal intubation is indicated.

However, under certain circumstances, such as persistent cerebrospinal fluid leakage, pan-facial fractures, stenosis of the nasal airway by deviated nasal septum, hyperopic turbinate and nasal polyps, an alternate method of intubation is sought.

In some cases, tube exchange is possible, while tracheostomy is the preferred option in other situations. Retromolar intubation or dividing the surgery in to two separate procedures (nasal and oral intubation) are other options.¹

Maxillofacial Airway Algorithm⁴



CASE PRESENTATION

A 24-year-old male patient presented to Velammal Medical College Hospital emergency room following road traffic accident. Following detailed clinical examination and CT evaluation, he was diagnosed with bilateral Le Fort II fractures with derangement of occlusion; and was planned for open reduction and internal fixation under GA. The involvement of naso-orbital-ethmoidal complex, mobile midface and deranged occlusion, warranted the need for submental intubation.

Figure 1& 2: Fractures involving bilateral midface region at Le Fort II levels



Fig 1



Fig 2

Technique of submental intubation

After establishing orotracheal intubation, a 2 cm skin incision was made on the median region of the submental area, directly adjacent to the lower border of the mandible. Following blunt dissection of the platysma and mylohyoid muscles, and maintaining close continuity to the lingual cortex of the mandible, a tunnel was created by placing an incision on the mucosal layer of floor of the mouth, in front of the sublingual caruncle. It was important to establish adequate width of the submental access to allow free passage of endotracheal tube (Figures 3& 4).



Fig 3: Skin incision in submental area



Fig 4: Blunt dissection to the floor of mouth

After the surgical access was made, the pilot balloon with inflating tube was first passed through the tunnel with the forceps. Endotracheal tube was held firmly in position by an assistant while maneuvering the tube from oral to submental position. The tube was then disconnected from the ventilator and the universal connector briefly, and the tube brought out through the submental tunnel. Finally, the tube was positioned, the ventilation restored after checking bilateral air entry. Sutures were used to fix the tube in position. After the surgery, the submental intubation was converted to an orotracheal intubation by replacing the tube in the mouth and extubated in the conventional manner. The skin was sutured with 5-0 Prolene and mucosal layer over the floor of the mouth with 3-0 Vycril (Figures 5 & 6).



Fig 5 : Submental position



Fig 6 : Reconverted to oral route

DISCUSSION

Submental intubation allows for mobilization of the dental occlusion, and those of orotracheal intubation, and allows access to frontonasal fractures. It also avoids the risk of iatrogenic meningitis or trauma of the anterior skull base after nasotracheal intubation, as well as complications of tracheostomy.^{5,6}

Nonetheless, tracheostomy is indicated in patients who present with a neurologic deficit or thoracic trauma and need more than 7-14 days of post operative ventilatory support or in patients with multitrauma who require long periods of assisted ventilation.^{1,2,5}

Although the incision for gaining submental access can be placed laterally/ paramedially, midline access is most versatile because there are only a few anatomic structures present, and there is a minimum risk of nerve or vascular damage. Secondly, the scar is less visible behind the symphyseal region.^{3,6}

CONCLUSION

Submental intubation should be chosen whenever possible in cases of purely maxillofacial trauma. It demands certain surgical skill, but it is simple, safe, and quick to execute. It also allows for operative control of the dental occlusion and the concomitant surgery of the nasal pyramid in major maxillofacial traumas and avoids iatrogenic placement of tube in skull base fractures.

Finally, it presents a low incidence of operative and postoperative complications and eliminates the risks and side effects of tracheostomy.

REFERENCES

1. Caubi AF, Vasconcelos BC, Vasconcellos RJ, de Moraes HH, Rocha NS. Submental intubation in oral and maxillofacial surgery: Review of literature and analysis of 13 cases. *Med Oral Patol Oral Cir Bucal* 2008 Mar 1; 13(3): E 197-200.
2. Nilesh K, Malik NM, Patil P, Patil N, Malik S, Jobanputra M. Submental Intubation: A simple route of intubation for complex maxillofacial trauma. *International Journal of Anatomy, Radiology and Surgery*, 2015 Jul, Vol – 4(3) 6-12.
3. Schutz P, Hamed HH. Submental intubation versus tracheostomy in maxillofacial trauma patients. *J Oral Maxillofac Surg* 66:1404-1409, 2008.
4. Lokesh U, Sudarshan, Bhattacharya JD. Retromolart Intubation: An alternative non-invasive technique for airway management in maxillofacial trauma. *Archives of CranioOral Facial Sciences*, September-October 2013; 1(2): 22-25.
5. Das J R, Vijayan A, Arthur AS Vasudevan. Submental Intubation in maxillofacial trauma patients: A review of literature. *Universal Research Journal of Dentistry*. January-April 2015. Vol 5(1) 1-4.
6. Rahpeyma A, Ahmadi SK. Submental intubation in maxillofacial trauma patients. *Iranian Journal of Otorhinolaryngology* No 1, Vol. 25, Serial No. 70, Winter 2013 17-22.

MEDICAL INDEMNITY INSURANCE**PRE-REQUISITE TO PRACTICE**

A medico legal case against a doctor is not just a matter of winning or losing the case. It leaves an aftermath which is unpleasant and difficult to live with. During its pendency also, it brings forth great mental agony and misery. The legal battle with the patient robs the doctor of his equanimity and poise, particularly so when there is no substance or merit in the claims. The end results of such a case, even if the doctor wins the case, would only be corrupting the doctor-patient relationship and defensive practice which is detrimental not only to patients but to the society as a whole.

The unfortunate medical practitioner who is adjudged “guilty” of negligence presents a pitiful spectacle. A feeling of intense bitterness and antipathy towards patients becomes marked; besides he has to part with a large sum of money to pay the “damages.” It is therefore imperative that we take all possible efforts to prevent such undesirable developments.

To a certain extent malpractice can be prevented. Simple prudence and strict adherence to the dictates of ‘standard practice’ are the two strategies which go a long way in preventing the occurrence of ‘deficiency’ in our services. Standard practice includes and comprises of “beneficence”, non-malfeasance, “valid consent” and “medical records” showing accepted practices prevailing in the medical community. In short, all our ministrations to the patient should pass the “Bolam test”. Care and concern in every step of patient care giving the pride of place to patient’s safety, well-being and convenience is what is indicated.

But human fallibility being what it is, incidences of “medical negligence” do happen even to the best among us; no institution or individual is exempt from this harsh reality. The reasons are manifold and are not worth recounting. Needless to mention, we require a mechanism or system whereby we would be able to meet the demand for compensation from patients “injured” by medical negligence. The only way to meet this uncertain risk today is to have “medical indemnity insurance.”

Medical indemnity insurance is a type of “contingent contract” whereby, on the happening of a defined event, the insurer agrees to meet the financial part of legal liability to the extent of the sum insured in return for a small fee which we call the “premium”. Such insurance is renewable every year. So, if unfortunately an incidence of “negligence” occurs in our practice despite our best efforts and a demand for “damages” is made, it can be met by the indemnity insurance to the extent of sum insured. Thus,

medical indemnity insurance is an essential pre-requisite to our professional practice and in the circumstances prevailing today, it is something we cannot do without.

In certain countries like Australia, medical indemnity insurance is a mandatory requirement for starting practice. In India, there is no such mandate, but still, prudence demands that every one of us hold medical indemnity. Please remember, just one litigation in your career can wipe out the resources earned through decades of meticulous practice and leave you financially ruined. It is therefore earnestly requested that all Velammal doctors subscribe to medical indemnity without fail. Today running a medical practice without insurance cover would be an act of “folly”.

Many of the general insurance companies offer medical indemnity insurance for reasonable premium, renewable every year. The Indian Medical Association also offers such insurance in the name of professional protection linked social security scheme [PPLSSS] for a block of 5 years. Any of the above may be subscribed based on individual preferences and other factors.

Two questions now arise:

1. When should we take the indemnity insurance?

The proper thing to do while starting practice is to procure an indemnity policy on the first day of your practice.

2. What should be the sum insured?

This will depend to a certain extent upon your qualifications and the type of patients you deal with. Certain specialties like obstetrics, orthopaedics, ophthalmology and plastic surgery are more vulnerable to litigation than others. Those with super specialty qualifications and those who deal with rich clientele shall take insurance for heavy sum. Clarity in this matter could be obtained from the insurance provider and / or their agents. Suffice it to mention here that some corporate hospitals insist on their consultants having indemnity policy to a specified sum before joining their faculty. Therefore, those who do not have medical indemnity insurance yet, shall make haste and acquire the insurance without any further delay.

**INSURE YOUR PRACTICE WITHOUT FAIL
IGNORE THIS ADVICE AT YOUR PERIL.**

Dr. S.N. - Krishnamoorthy,

Professor, Department of Anesthesiology

A CASE OF DOUBLE VALVE REPLACEMENT WITH COX MAZE PROCEDURE

Mohanakrishnan L¹, Vijayakumar K², Meenakshi Sundaram S², Selvakumar P³¹Director of Cardio Thoracic and Vascular Surgery, ²Consultant Cardio Thoracic Surgeon, ³Director of Medical Services and Head of Cardiac Anaesthesiology Department, Velammal Speciality Hospital Madurai.

INTRODUCTION

Atrial fibrillation occurs in 40 -60% of valvular heart disease patients. Though treating them with valve replacement alone will reduce their major symptoms, there are patients whose fibrillation may produce complications. Hence wherever a surgical treatment can be offered for fibrillation it has to be done, as it can improve the long term results. Cox maze procedure was the first standard procedure introduced for arrhythmia surgery. Many modifications have henceforth being introduced.

CASE REPORT

A 48 years old gentleman came to this centre with complaints of breathlessness on exertion of NYHA class III status and recurrent history of palpitation and sweating. His main discomfort occurred with palpitation which was associated with giddiness. He had rheumatic fever at 8 years of age and was on Penidure prophylaxis till 20 years of age. He was occasional smoker and otherwise free of any other medical issues like diabetes or hypertension. Clinical examination revealed cardiomegaly and systolic murmur at apex and an early diastolic murmur in left parasternal border. He had peripheral features of aortic regurgitation. Echo revealed severe mitral and aortic regurgitation with moderate aortic stenosis. There was global hypokinesia, moderate tricuspid valve regurgitation and moderate pulmonary hypertension. ECG revealed atrial fibrillation with intermittent episodes of fast ventricular response and left ventricular hypertrophy. Chest X-ray showed cardiomegaly.

With these features he was planned for double valve replacement. But his most discomfiting complaint was atrial arrhythmia which was symptomatic. Though valve diseases are associated with atrial fibrillation in 30-40% post valve replacement only very few is known to have restoration of sinus rhythm. Hence we decided to proceed with surgical correction of atrial fibrillation along with double valve replacement. He underwent double valve replacement with cox maze III procedure and had an uneventful recovery and now during 6 months of follow-up, he never had an episode of fast atrial fibrillation.

Surgical Procedure: The principle of the surgery is to prevent re-entrant pathways responsible for producing fibrillation. These pathways on table cannot be pinpointed always hence the plan is to make incisions over the expected areas and thus allow the sinus nodal impulse to travel on a single predefined path to the AV node. The shape of atrium is not symmetrically geometrical, hence these multiple incisions makes the preserved route for impulse to travel to AV node like one on a game of maze and hence the name maze operation to which the name of its mentor Cox was added.

We proceeded the operation with a median sternotomy and established the cardiopulmonary bypass system as in any routine open heart procedure. The right atrial incisions of the maze procedure were now made with heart beating on

cardiopulmonary bypass. Subsequently the aorta was clamped and it was opened and cardiac arrest was induced by infusing cardioplegia solution through direct infusion into the coronary ostia as in any case of double valve replacement. The aortic valve was found to be tricuspid thickened and fibrosed and nonsalvagable. It was excised. The maze incisions were then continued on to the left atrium. Since



Maze in progress

the detailed description of incisions made on both the atria are beyond the scope of this article. I suffice to tell that overall nine incisions were made with intention to block possible re-entrant paths for the impulse. These incisions are to be made over both right and left atrium. After making the incisions prior to closing the left atrial incisions, the mitral valve was replaced with ON X Mitral valve 27/29 size. Left atrium was then closed and aortic valve replaced thereafter with ON X aortic valve 19 size. The aorta was closed in two layers and then as in any routine open heart procedure he was taken out of cardiopulmonary bypass and chest closed. Patient had an uneventful recovery and 6 months after review revealed him to be in regular rhythm with no palpitations.

DISCUSSION

Arrhythmias are one of the major cause for cardiac morbidity and mortality. Atrial fibrillation is one of the commonest type of arrhythmia which occurs in 1.5 -2 % of general population¹ and in over 10% of individuals with other cardiac pathologies. Valvular heart diseases are the commonest causes for atrial fibrillation about 30 -40% of patients coming for mitral surgery having AF.² American Heart Association and American College of Cardiology classifies atrial fibrillation into paroxysmal, persistent and permanent types. When one or two episodes of AF occur it is called intermittent or recurrent AF. When these episodes revert spontaneously it is called paroxysmal. But if it needs some interference to revert it is called persistent AF. If the AF remains for more than an year despite medical management it is called permanent AF.³

The possible complications that can arise out of atrial fibrillation are- haemodynamic compromise due to lack of atrial contribution for cardiac output, thromboembolic episodes leading to cerebrovascular accidents and stroke. The psychological impact of palpitation and the side effects of prolonged anti arrhythmic drugs. To reduce these complications originally only medications were available. But with development of electrophysiological techniques knowledge of genesis of atrial fibrillation also improved. It was known that macro re-entrant paths cause AF. So by blocking these re-entrant pathways we can control AF. Surgical intervention was added for control of arrhythmias by James L Cox.⁴ From then modifications were introduced thrice and it was introduced to correct AF in patients who need mitral valve surgery. There is an argument that once

we replace the valve the patient is going to be on anticoagulants then what is the advantage of doing the procedure? It is proved that anticoagulation doesn't reduce the stroke incidence in patients with atrial fibrillation. With AF only 79% of patients who have undergone MVR was free of stroke after 5 years while those without AF 97% were free.⁵ Hence controlling a trial fibrillation can reduce the incidence of stroke.

The negative point for this procedure is that we have to make so many incisions on the cardiac chamber hence chance of post operative bleeding is high. But once the surgical experience goes up, the chance of bleeding weighs above the occurrence of stroke.

Now modifications are coming over the original Cox procedure like Kosaki maze where cryo ablators are used along with incisions thus reducing the number of incisions thereby reducing chance of bleeding and injury to sinus nodal artery. Around pulmonary vein edges too now cryo ablators are used.

CONCLUSION

Atrial fibrillations occurring in mitral valve disease patients are common. Replacing the valve and keeping the patient on anticoagulants alone is proved not to prevent stroke. Stroke incidence is found to be less if AF is reverted to sinus rhythm. Hence adding Cox Maze procedure on selected cases of mitral valve replacement is found to be beneficial. This is still not being practised widely in this part of the country. Hence reporting this case where double valve replacement with maze procedure has achieved restoration of rhythm during 6 months follow-up.

REFERENCES

1. Piccini JP, Hammill BG, Sinner MF, Jensen PN, Hernandez AF, Heckbert SR, et al. Incidence and prevalence of atrial fibrillation and associated mortality among Medicare beneficiaries, 1993-2007. *Circ Cardiovasc Qual Outcomes*. 2012 Jan;5(1):85-93.
2. Handa N, Schaff HV, Morris JJ, Anderson BJ, Kopecky SL, Enriquez-Sarano M. Outcome of valve repair and the Cox maze procedure for mitral regurgitation and associated atrial fibrillation. *J Thorac Cardiovasc Surg*. 1999 Oct;118(4):628-35.
3. Fuster V, Ryden LE, Cannom DS, Crijns HJ, Curtis AB, Ellenbogen KA, Halperin JL, et al. ACC/AHA/ESC 2006 guidelines for the management of patients with atrial fibrillation--executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation). *J Am Coll Cardiol*. 2006;48(4):854-906.
4. Cox JL. The surgical treatment of atrial fibrillation. IV. Surgical technique. *J Thorac Cardiovasc Surg*. 1991 Apr;101(4):584-92.
5. Stroke prevention in atrial fibrillation investigation study final result. *Circulation*. 1991;84:527 -39.

LADANENDHAL HEART STUDY

On the eve of World Heart Day 29th September 2016, the department of Cardiology, VMCH & RI under the direction of Dr. A Mathavan and gracious presence of our Chairman Mr. Muthuramalingam and Vice Principal Dr. Mohanty, has initiated a novel step by launching the "LADANENDHAL HEART STUDY". It will be a landmark study in evaluating the prevalence of existing cardiovascular risk factors and assessing metabolic syndrome using conventional and novel metabolic parameters from a rural based population. The study is unique since data on metabolic syndrome from a rural setting in India is sparse and additional salient parameters like HbA1C, urine micro albumin and serum hs - CRP are rarely assessed in such a setting.

The study will be conducted in Ladanendhal and adjoining villages in Sivagangai district, Tamilnadu, India. A total of 1000 subjects aged > 35 years will be studied over a period of time.



Submitted by
Dr. Vadivelu MD. DM,
Department of Cardiology, VMCH&RI

CME ON "DRUGS IN PEDIATRICS"-07-09-16

The Department of Pharmacology in collaboration with Department of Pediatrics conducted a CME ON "DRUGS IN PAEDIATRICS" at Hospital Auditorium on 07.09.2016 between 2.00 - 4.00 PM. The programme was organized by Dr. S. Thamilarasi, Professor & Head, Department of Pharmacology and was attended by faculties of Madurai Medical College & Velammal Medical college, Madurai, under graduate students of VMCH&RI and post graduate students of Madurai Medical College. Following the welcome address by Dr. J. Mohan Associate Professor of Pharmacology the programme started and was presided over by Dean Dr. R.M. Rajamuthiah, VMCH&RI. The felicitation of speakers with mementoes was done by Vice Chairman Dr. S. Asokan. The scientific session was chaired by Dr. S. Thamilarasi, Professor & Head, Department of Pharmacology & Dr. G. Mathevan, Professor & Head, Department of Pediatrics.



Dr. V. Manikanda Samy, Assistant Professor, Department of Paediatrics explained "Neonates are not miniature of adults". Dr. T. Karthick Raj, Assistant Professor, Department of Pediatrics explained the "Common pediatric emergencies-management". Finally Dr. M. Shanthi, Professor of Pharmacology Madurai Medical College, Madurai explained the "Drugs inducing teratogenicity".

The programme ended with vote of thanks by Dr. Raj Kishore Mahato, Professor of Pharmacology, VMCH&RI, Madurai.

Report submitted by,
Department of Pharmacology, VMCH&RI, Madurai.

CME & WORKSHOP ON "MINIMALLY INVASIVE CARDIAC SURGERY"

A CME & Workshop on Minimally invasive Cardiac surgery was conducted at Velammal Speciality Hospital and Medical College on 17th September, 2016. Conventionally cardiac surgery is done by a long incision in the front of chest and the central chest bone called sternum will be cut fully. Surgery will be done through a big incision. Being a big incision with cutting of bone post operatively the pain will be more and the patient will take longer time to recover after the procedure.

Hence the upcoming trend is to make a small incision. During the procedure usually the heart will be stopped after connecting heart to a "heart lung machine". The connection to heart lung machine needs various special tubings which too will be done through chest wound traditionally. But in this new method these tubings are introduced through a small incision made in the groin. Dr. Joseph T McGinn, is credited for having done the first minimally invasive cardiac bypass surgery at USA in 2005.

Main advantages of minimally invasive cardiac surgery are less pain and less morbidity as there is no bone cutting involved. These patients can be mobilized early and they can restart their work early. The blood loss in general will be less hence less need for blood transfusion and thereby avoiding blood transfusion related complications.

Dr. Chirag Doshi, from, Ahmedabad demonstrated the minimally invasive surgeries. It was showed that almost any cardiac procedure can be done with this method. One aortic valve replacement, mitral valve replacement, one birth defect causing a hole in the heart called atrial septal defect and one coronary bypass grafting surgery was performed by this method.

Madurai Cardio Vascular and Thoracic Surgery forum and Velammal Medical College Hospital, Cardio thoracic surgery jointly hosted the conference. Around 20 cardiac surgeons from southern districts of Tamilnadu participated in the day long workshop.

According to Dr. Mohanakrishnan L., chief cardiac surgeon of Velammal Speciality Hospital, this technique of cardiac surgery is going to revolutionize cardiac surgery just as laparoscopic surgery and generalized gastroenterology surgery.

Dr. Chirag Doshi, and Dr. Mohanakrishnan L., Director of cardiac surgery VMC hospital and Prof Rathnavel, HOD cardiac surgery, Madurai Medical College headed the conference. Anaesthesia part of the procedures was taken care of by anasthetists under the leadership of Dr. Selvakumar.

The positioning of tubings for connection to heart lung machine has to be perfect and the evaluation of heart for these procedures were done by Transoesophageal ECHO which was assisted by the cardiologists Dr. Mahesh Kumar, Dr. Vadivelu and Dr. Shunmuga Sundaram under the leadership of Dr. A. Madhavan chief cardiologist.

The programme of minimally invasive cardiac surgery has already started in Velammal hospital and Dr. Job, consultant cardiac surgeon has hence done a mitral valve replacement surgery and Dr. Mohanakrishnan has done a redo mitral valve replacement with tricuspid valve repair on a patient with this technique.



Submitted by,
Department of Cardio Thoracic and Vascular Surgery,
Velammal Specialty Hospital Madurai.



CME ON "LEGAL ISSUES IN MEDICAL PRACTICE"

CME on "Legal issues in Medical practice" was conducted in Velammal Medical College Hospital on 28-8-16 between 8.30 AM to 5.30 PM. Around 200 participants mainly doctors from various parts of Tamil Nadu and Pondicherry participated in this CME. The CME was inaugurated by Dr. S. Asokan, Vice Chairman of Velammal Medical College Hospital. Dr. Raja Muthiah, the Dean and Dr. S. Somasundaram, Medical Superintendent gave felicitations. The CME was organized by Dr. S. Rajarajeswari & Dr. Jhansi Charles, Professors of Velammal Medical College. Eminent speakers and experts in legal aspects acted as resource persons. Dr. Cheran, Legal advisor for India Medical Association, Chennai, discussed on medical negligence and highlighted the importance of proper case record maintenance in the hospital to defend the doctors before Court of Law. Dr. Jegadeesh, Forensic Professor from Bangalore highlighted recent amendments in Nirbaya act, Preconceptional Prenatal Diagnostic Techniques Act and MTP act along with the importance of informed consent. Dr. Senthil, President of Tamil Nadu Medical Council briefed about the acts related to medical profession, especially Hospital Protection Act. Some mandatory aspects about re-registration in medical council; requiring 30 credit hours over 5 year period which will be effect from 2017, smart board implementation to avoid quacks, Clinical Establishment Act which will be promulgated in near future were discussed. Mr. V. Sithannan, Retired Deputy Commissioner Of Police & Advocate, Chennai and Mr. Isaac Mohanlal, senior lawyer discussed on the expectations of police and lawyer from the medical professionals. Dr. Revathy, Dean, Karur Medical College discussed on ethical negligence in medical practice and highlighted the issues in giving medical certificates and prescription without generic name of drugs. Dr. Edwin Joe, Dean & Forensic expert from Coimbatore Medical College discussed on handling of medical litigations including the importance of rapport between doctors and patients and continuing legal education. Dr. Krishnamoorthy, Professor of Anaesthesiology from Velammal Medical College enlightened on recent development in consumer laws. All the speakers highlighted the importance of treating the cases immediately free of cost in emergencies especially in cases like rape and accidents.



Department of Microbiology, VMCH&RI, Madurai.

WORLD HEPATITIS DAY CELEBRATIONS

The Department of Gastroenterology, VMCH & RI conducted a CME on Hepatology on the occasion of World Hepatitis Day on 28th July 2016, under the guidance of the Honorable chairman. The function was attended by the Vice Chairman, the Dean, Director of Medical services and the Medical Superintendent. Dr. A. C. Arun (Medical Gastroenterologist, VMCH&RI) welcomed the learned gathering. He also introduced the chief guest for the occasion, Dr. Ramesh Ardhani (Medical Director, MMHRC, Madurai) and the chairperson of the CME Dr. Rajesh prabhu (Medical Gastroenterologist, Apollo hospitals, Madurai). Dr. Ramesh Ardhani addressed the gathering regarding the importance of world Hepatitis day and the need for the awareness to stop transmission of viral hepatitis. Subsequently, Dr. A.C. Arun delivered an educative lecture on "Eradication of Hepatitis C: Are we inching closer?" which was well received by the audience. Then Dr. J. Madhusudhanan (Surgical Gastroenterologist, VMCH & RI) gave an elegant lecture on "Liver transplantation: past, present and future", which was an eye-opener. There was active discussion between the audience and the speakers. Finally Dr. A. G. Alwar Ramanujam (Surgical Gastroenterologist, VMCH & RI) delivered the vote of thanks. There was also a public exhibition on "Nutritional aspects of Liver diseases", which was very well organized by the Dept. of Nutrition and Dietetics. The CME was well attended by physicians and surgeons from Madurai, as well as from neighboring towns including Sivakasi, Sattur, Batalagundu, Rajapalayam. The CME highlighted the need for the awareness about viral hepatitis and liver transplantation.



Report submitted by,
Dr. R. Narendranath, Junior Resident,
 Dept of Medical Gastroenterology, VMCH & RI

"THE VALAIKAPPU THIRUVIZHA" BABY SHOWER – VMCH&RI

On 22nd July 2016 the department of Obstetrics and Gynecology, VMCH&RI, organised a baby shower function for 250 antenatal mothers from Madurai and suburbs.

"The Valaikappu Thiruvizha" – Antenatal mothers and their family members were received with warm welcome. Event was inaugurated with 'Mangala Easi', and lighting lamp led by our honourable Chairman Mr. Muthuramalingam and Mrs. Kunjaravalli Muthuramalingam. Mothers were gifted Bangles in a traditional way and gift packs were handed over. Lunch was served to all antenatal mothers and their family members with variety rice of 5 different kinds.

This event was organised not just because baby shower is our tradition, but with strong scientific reasons. Bangles are gifted to pregnant women during the baby shower because the tinkle of bangles provides acoustic stimuli for the baby – the fetus craves acoustic stimuli. Studies have shown that cheerful music reduces pregnant women's stress and depression. It helps the fetus to stay connected to the outside environment with cheer, helps to develop and grow normally.

It is always an important motto of the institution to consider patients as family members of VMCH, hence it is our pleasure to spread happiness to them through this occasion.

Department of Obstetrics and Gynecology,
VMCH&RI, Madurai



WORLD BREAST FEEDING WEEK- 2016

THEME: BREAST FEEDING - A KEY TO SUSTAINABLE DEVELOPMENT



A one week celebration of the World Breast Feeding Week on behalf of the Department of Pediatrics, VMCH began on August 1st, Monday, by conducting a quiz program for the MBBS students regarding breast feeding between 11 AM to 1 PM in VMCH Auditorium. Students participated with great enthusiasm. The winners and participants of the quiz were given prizes during valedictory function.

On 2nd August 2016, poster competition was arranged for the staff nurses and the posters reflecting the importance of breastfeeding were displayed in the Pediatric OPD. On 3rd August 2016, our dietician explained about breast feeding and complementary feeding to the nursing mothers with the help of videos in our OPD. On August 04, 2016 as a part of breastfeeding week celebration, Department of Pediatrics along with the support of Department of Obstetrics and Gynecology organized group counselling for the antenatal mothers regarding the benefits and correct techniques of breastfeeding. On 5th August 2016, the postnatal mothers of Velammal Medical College Hospital were educated with the help of audiovisual projections regarding breastfeeding. On 6th August 2016 valedictory function was held in the auditorium. Dr. K. Mathiarasan MD. DCH., Director, Institute of Child Health, Madurai Medical College, Madurai, the chief guest delivered a speech on the topic- **"BREASTFEEDING – A GOLD IN THE GOLDEN THOUSAND"**. The winners and participants of the competitions were awarded prizes. Our honorable chairman, Thiru. M. V. Muthuramalingam, our Dean and the HOD of Pediatrics addressed the gathering and made the function a grand success.



Department of Pediatrics,
VMCH&RI, Madurai.

CRICKETER SURESH RAINA VISITS VMCH&RI

Motivation is the spice of life! Without celebration and motivation, life becomes monotonous and uninteresting. My first and foremost gratitude to our honorable chairman, Shri. M. V. Muthuramalingam sir, who gave us the opportunity to have a motivational session to encourage the students to focus on achieving their goals. The chief guest for the function was Mr. Suresh Raina - a successful member of the Indian cricket team. The day was celebrated with great show and pomp. Everyone was delighted to have him amidst us, despite his busy schedule. The function started at 1 PM with the welcoming of the chief guest. After felicitation, we had a short interactive session. It was very thrilling to interact with the talented Raina, who was full of fire. Few of the questions we asked were, "the happiest moment in your life?" " He replied becoming a dad was an amazing feeling, a new father holding his newborn was the happiest moment in his life, he exclaimed. Many such questions were asked to which he answered patiently. It was lively, interesting and exciting. It helped us to realize our ambition and the reason to succeed. I am sure everyone went away with sweet and pleasant memories of a day, unexpected & well enjoyed!

Shreedher Priyan
Sports Secretary

SYMBOLIZING RELIGIOUS HARMONY AND PUBLIC AFFAIRS AT VELAMMAL MEDICAL COLLEGE, MADURAI

To symbolize the religious harmony, our Chairman constructed a temple inside the medical college campus, inaugurated and put it into use for the patients, staff, students and general public. Now he has made arrangements for laying stones to construct a church and a mosque in the same premises. The stone laying function was conducted on 18-8-2016, Thursday at 10.45 AM. in the 3rd floor auditorium. The function was attended by people from various religions, patients, staff and general public. The function was presided by our Honorable Chairman.

The Vice Chairman Dr. S. Asokan welcomed the gathering. The Chairman gave the presidential address. Rev. Dr. P. Edwin Jesuraj, Deputy Chairman, CSI Diocese of Madurai-Ramnad, Moulana M. Abdul Jaffar Manbae, the Secretary, Madurai District Jamathul Ulama Sabai, and the Additional Director of Postal services, Madurai felicitated the gathering. The function ended with vote of thanks by Dr. Rajah Muthaiah, the Dean, Velammal Medical College and hospital. Then the stones for Velammal Memorial Church and Al Ameen Masjid were laid by

Rev. Dr. P. Edwin Yesuraj and Moulana. M. Abdul Jaffar Manbae respectively in the college premises.

On the same day, our Chairman inaugurated a Post office and a Mobile van with facilities for an emergency clinic for the use of mainly the general public and also for the hospital staff, students and patients. Bringing a post office inside a college campus is really an achievement. All the four noble deeds brought forth by our Chairman were appreciated by the religious leaders, Government officers and general public and they honored him.



Opening the Post office



Opening the Mobile clinic by the chairman



Foundation laying



Opening the Church stone



Opening the mosque stone



Opening the Post office and Mobile clinic stones



Welcoming the Gathering



Dignitaries



Audience



Address by our chairman



Rev. Dr. P. Edwin



Moulana. M. Abdul Jaffar



Additional Director of Postal service Madurai



Symbol of Religious harmony



Mobile health clinic

Congratulations



Dr. P. Selvakumar,
Director of Medical Services, VMC Specialty Hospital has been elected as President of Indian society of Anesthesiologist, Tamil Nadu State Branch

BIRTHDAY!

bashes....

OCTOBER

- 1 Oct - Dr. V. Ramanujam, Psychiatry
- 2 Oct - Dr. R. Poongodi, Pathology
- 4 Oct - Dr. R. Ramesh, General Medicine
- 6 Oct - Dr. John Rajapathy, Physiology
- Dr. A. Alwarramanujam, General Surgery
- Dr. M. Arun Kumar, General Surgery
- Dr. N. Sakthi Devi, Junior Resident
- Dr. P. Manikannan, ENT
- 9 Oct - Dr. S. Jaya Prakash, General Medicine
- 12 Oct - Dr. A. Sugaparanetharan, Psychiatry
- 13 Oct - Dr. M. Brahaddeesh, Pharmacology
- Dr. R. John Santha Vinothan, Anaesthesia
- 18 Oct - Dr. V. Sriandaal, Junior Resident
- 19 Oct - Dr. S. Danya, Junior Resident
- 20 Oct - Dr. Mohan Prakash, Dentistry
- 21 Oct - Dr. A. Nandha, Junior Resident
- 26 Oct - Dr. K. Sathish Christopher, General surgery
- 27 Oct - Dr. S. Shreemathi, Junior Resident
- 30 Oct - Dr. M. Hari Bala Murugan, Junior Resident

NOVEMBER

- 2 Nov - Dr. S. Shanmuganathan, Orthopaedics
- 4 Nov - Dr. M. Subbiah, Orthopaedics
- 5 Nov - Dr. S. B. Rena Rosalind, Psychiatry
- 9 Nov - Dr. G. Shobana Devi, Junior Resident
- 10 Nov - Dr. P. Devaki, Gynaecology
- Dr. C. Siddharth, Junior Resident
- 11 Nov - Dr. T. Malarvizhi, Anaesthesia
- Mr. A. David Ebenezer, Anatomy
- 12 Nov - Dr. Rajkishore Mahato, Pharmacology
- Dr. G. S. Ashok, Anaesthesia
- 13 Nov - Dr. Jozhi, General Medicine
- 19 Nov - Dr. E. Shanmugavalli, Anaesthesia
- 22 Nov - Dr. N. Subramanian, General Medicine
- 23 Nov - Dr. V. Ravi Raman, Orthopaedics
- 27 Nov - Dr. V. Sethu Madhava Kumar, Anaesthesia
- Dr. Ravi Shankar Pillai, Pathology

DECEMBER

- 6 Dec - Dr. T. Nirmaladevi, Anaesthesia
- 15 Dec - Dr. V. Panneer Selvam, Anaesthesia
- 18 Dec - Dr. S. S. Ramaprabha, Junior Resident
- 19 Dec - Dr. K. Suganthy, Biochemistry

WINNERS OF STATE LEVEL QUIZ COMPETITION ON DIABETES HELD AT VMCH&RI ON 24TH SEPTEMBER 2016

FIRST PRIZE



Arun M



Aravind



Chandra Priyan

SECOND PRIZE



Gopinathan



Jeya Harini



Nethra

WINNER OF STATE LEVEL CASE PRESENTATION COMPETITIONS HELD AT CHENGALPATTU MEDICAL COLLEGE, TAMIL NADU



1st prize winner case presentation in Medicine in state level competitions

Progressive disseminated histoplasmosis

Author: **Krishnika**, 3rd year MBBS student, VMCH&RI, Madurai.

Guide: Dr. Ramesh, Associate Professor, Medicine, VMCH&RI, Madurai.



1st prize winner case presentation in ENT in state level competitions

Retropharyngeal abscess in a 2 month old child

Author: **Dhivya T**, 3rd year MBBS student, VMCH&RI, Madurai.

Guide: Dr. Maheswaran, Associate Professor, ENT, VMCH&RI, Madurai.



2nd prize winner case presentation in ENT in state level competitions

A case of 'Necrotising fasciitis of neck with Pharyngocutaneous fistula'

Author: **M. Deepthi Sudha**, 3rd year MBBS student, VMCH&RI, Madurai.

Guide: Dr. Maheswaran, Associate professor, ENT, VMCH&RI, Madurai.

A FORUM FOR THE BIBLIOPHILES OF VELAMMAL MEDICAL COLLEGE

The book club at Velammal Medical College was conceived as a forum for students to communicate with fellow voracious readers, their diverse views, opinions, interests, favourite genres of books, authors, critiques and to share the joy of reading. Following an official announcement, 25 students from II and III year MBBS had enrolled as members.

The club met first on the 17th of September 2016. The meeting was co-ordinated by Mr. Prasanna RajGuru and Mr. Ranjith, III year MBBS students. The club is scheduled to meet monthly to discuss one novel and one short story- in English and Tamil/Other languages. The members had a spirited discussion on the Tamil short story 'Yaanaai Doctor' penned by Jeyamohan, the book chosen for September 2016.

The next meeting of the book club is scheduled on 22.10.16. 'The Final Diagnosis' by Arthur Hailey and 'Vaadivasal' by Si.Su. Chellapa have been chosen for discussion. Students keen to enroll as member of the club may contact Dr. Jeyashree K (Assistant Professor, Dept. of Community Medicine).

Prasanna RajGuru.P
III MBBS

INTEGRATED TEACHING PROGRAMME

An integrated teaching programme was organised for II year MBBS Students by the Department of Pharmacology, Velammal Medical college Hospital & Research Institute, Madurai.

The Programme was coordinated by Dr. S. Thamilarasi, Professor and HOD (Pharmacology)

Date: 20.8.16, Saturday **Topic:** Epilepsy

Time: 9.30 - 12.00 **Venue:** Hospital Auditorium

Topics and speakers:

1. Physiology of cerebral cortex-Normal EEG and different wave patterns

Dr. M. Saravanan, Asst. Prof (Physiology)

2. Childhood Seizures and their management - Dr Jenish Arun, Asst. Prof (Paed.)

3. A. brief account on Anti Epileptic Drugs - Dr. M. Brahaddeesh, Asst. Prof (Phar.)

Submitted by - **Dr. M. Brahaddeesh**,
Asst. Prof (Pharmacology) VMCH&RI, Madurai.

MEDICON 2016

The department of Medicine in Velammal Medical College Hospital has been growing exceptionally well with the support of all specialities in the management of complex patients. The department had conducted the second annual update named MEDICON 2016, held at Hotel Pandyan on 18th Sept. 2016, with distinguished speakers from the region and eminent specialists from different parts of Tamil Nadu, delivering the key aspects of new innovations and recent updates. The Chairman and Vice chairman have been supporting the various educational activities for the students and medical staff.

It was inaugurated by the famous and well known Cardiologists Prof. N Kasirajan and Prof. S S Annamalaisamy and Dr. Selvaraj, State API President, in the presence of Dr. S Asokan, Vice Chairman, Velammal Medical College hospital and Dr. R M RajaMuthiah, Dean, VMCH & RI. We hope that this conference would have improved the understanding and management of multisystem disease with newer concepts and different spectrum of diseases.

STATE LEVEL DIABETES QUIZ CONTEST

A total of 129 students constituting 43 teams from 19 medical colleges across Tamil Nadu stepped out from their routine hectic academics to take part in a groundbreaking event of state level quiz contest on Diabetes on 24th September 2016 at VMCH& RI Madurai. The theme for the quiz was "BEAT IT".

It was hosted by Dr. Samir Bele & his team from department of Community Medicine in coordination with department of General Medicine of Velammal Medical College and Indian Association of Preventive and Social Medicine.

The programme was held at Hospital building auditorium on 3rd floor of VMCH&RI. Morning session was started with elimination round, all 43 teams appeared and 12 teams selected for semifinal round. Following refreshment semifinal round was conducted by quizmaster Dr. Dhaval and 6 teams were selected for grand finale.

After lunch the inauguration and grand finale was conducted. The inauguration was graced by our beloved Chairman Mr. M. V. Muthuramalingam, Chief guest Dr. Vairamuthuraju- Dean of Government Madurai Medical College, Vice Chairman- Dr. S. Asokan, Dr. R.M. Raja Muthiah-Dean of Velammal Medical College and Guest of honor- Dr. A.M. Veerakumar, IAPSM coordinator.

Among the dignitaries, Chairman sir, Vice chairman sir, Dean of Government medical college Madurai and Dean of Velammal medical college were the featured speakers, inspiring students to participate in more intercollegiate competition.

The presentation on preview and orientation of quiz was delivered by Dr. Trupti, Professor Community Medicine, VMCH& RI mentioning about the important aspect of quiz and stating the rules of quiz. The grand finale of state level quiz contest was headed by quiz master Dr B.N. Vallish, Assistant Professor of Pharmacology.

The round finally came to a close with students of Velammal as first and second winner and 3rd winner team was from Raja Muthiah Medical College, Chidambaram.

The 1st winner team was awarded with college trophy, individual trophy, books, certificate of achievement and cash prize of ten thousand by our honorable Chairman Mr. M.V. Muthuramalingam. Second and third winners were presented individual trophy, books, certificate and cash prize of five thousand and three thousand respectively by Vice chairman Dr. S. Asokan and Dean Dr. R.M. Raja Muthiah. Semifinalists were given certificates and books and certificate of participation was given to remaining participants.

To bring the programme to a close Dr. Dhaval gave vote of thanks and appreciated the support from all the dignitaries and faculties and thanked students for their participation and making an event a great success.

Report submitted by
Dr. Trupti Bodhare,

Professor Community Medicine, VMCH& RI.

Dr. Arun, Dr. Subramanian, Dr. Venkatesh, and Dr. Rajkumar from Velammal Hospital discussed newer approaches to disease management. Dr. Palaniappan, Madurai, Dr. Ramesh from Apollo Chennai, Prof. Natarajan, from Madurai, Dr. SPS Subramanian, Trichy dwelled upon newer updates in their specialities. Dr. Madhavan, Cardiologist and his colleagues, Dr. Mahesh Kumar and Dr. Selva Ganesh from Velammal speciality hospital debated about traditional and newer anticoagulants.

This was well attended and about 160 delegates had participated in the deliberations and shared their experience. Medical students also attended and gained valuable knowledge.

Another special feature of this MEDICON was the well organised MEDICON QUIZ for PGs, which was attended by MD PG students from 4 different medical colleges.

Three of our UG students - Jane S Sathia vadivu, Yuva Vishalini, R Krishnika, received commendation awards from our Vice Chairman, for their presentations in international conferences and state competitions.

We are proud to announce that this MEDICON conference had the accreditation by the Tamil Nadu Dr. MGR Medical University and the Tamil Nadu Medical Council, Chennai.

I am sure this would add another feather in the cap of department of Medicine.

We thank all those who helped to make sure this is successful.

Prof. S Chandrasekaran,
Organising Chairman and HOD,

Dr. Subramanian,

Consultant Rheumatologist,

Dr. Ramesh, Assoc. Professor,
Department of Medicine, VMCH & RI.

EYE DONATION AWARENESS IN VELAMMAL MEDICAL COLLEGE HOSPITAL

31st National Eye Donation Fortnight celebration was observed on 6.9.2016 in Velammal medical college hospital. Sri. M.V. Muthuramalingam, Hon. Chairman of Velammal educational trust presided over the function. In his inaugural address, he insisted on hard work & time management, Continuous academic and research work will bring success which ever may be the cause.

Vice chairman Dr. Asokan gave felicitation address. Dr. R. M. Raja Muthiah, Dean VMCH & RI, Dr. Somasundaram, Medical Superintendent graced the occasion. Dr. Muthuramalingam HOD, Ophthalmology introduced chief guest, Dr. Prajna Academic Director Aravind Eye hospital, Madurai.

In his guest lecture he explained how to motivate public for eye donation by narrating instances from his own experience. He said, Tamil Nadu stands first in eye donation and keratoplasty because of continuous and tireless efforts we have put in.

Students of Velammal Medical College Hospital enacted a drama on eye donation written by Dr. S. Selvakadungo vazhiyathan. The Drama enlightened various aspects of eye donation like, what is the need of eye donation, who can donate eyes, who cannot donate eyes, How to donate eyes, what is keratoplasty and How to protect your eyes? It attracted the audience very much by its messages. All the students took eye donation pledge.

The other participants were doctors of various departments, Medical students, nursing students & other paramedical workers. Dr. Deepa Vinitha Rani delivered vote of thanks.

Department of Ophthalmology,
VMCH&RI

CRICKETER SURESH RAINA'S VISIT TO VELAMMAL MEDICAL COLLEGE HOSPITAL MADURAI



STATE LEVEL DIABETES QUIZ CONTEST



KARUR VYSYA BANK ATM OPENING AT VMCH



INAUGURATION OF IMA MADURAI VELAMMAL MEDICAL COLLEGE BRANCH



31ST NATIONAL EYE DONATION FORTNIGHT CELEBRATION AT VMCH



MEDICON



MEGA CAMP AT RAJAPALAYAM ON 25-09-16

