



# VELNEWS

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## Velammal Medical College Hospital & Research Institute

*Happy  
New Year!!*  
**2017**



Velammal Medical College  
Hospital & Research Institute

“Velammal Village”, Madurai – Tuticorin Ring Road,  
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## HIV/AIDS: Hands up for #HIVprevention



Globally around 36.7 million people are living with HIV/AIDS, and every year approximately 2.1 million are joining this group. Although the epidemic of HIV in India is showing a declining trend, it is still the third largest HIV epidemic in the world with an estimated prevalence of 0.26%. Approximately 21.17 lakhs People in India are living with HIV.

The impact of the disease is not limited to the infected individuals but affects the entire family imposing heavy financial burden, stigma and social isolation. Although high-risk behaviors of the individual like unsafe sexual and drug-injecting practices, are major drivers of disease transmission, it is largely influenced by a range of various socio-environmental factors which have to be taken into account for effective prevention of the disease. Stigma and discrimination associated with the disease is one of the major hurdles in accessing health care services by HIV infected population in India. The utilization of support and care services including antiretroviral therapy remains low and requires a dramatic scaling up.

The current National Aids Control Program( Phase IV), aims to reduce annual new HIV infections by 50% by providing comprehensive HIV treatment, education, care and support to the general population. HIV surveillance and targeted interventions are key components of the program which focuses on the marginalized, vulnerable and bridge populations who at high risk of HIV transmission. Education for behavior change communication (BCC), condom promotion, provision of services for RTIs/STIs, Integrated Counseling and Testing Services (ICTC), advocacy for enabling environment and community mobilization are key strategies for prevention and control of HIV in India.

In order to raise the awareness about the disease, World AIDS Day is celebrated on 1st December, every year all over the world. It offers an excellent platform for Government, NGOs, civil society and other health officials to raise public awareness. The main objective is to work together and reach out to the people who still lack access to comprehensive treatment, preventive, care and support services.

The role of clinicians is not only limited to providing essential supportive care and treatment but they can also play a critical role in preventing HIV. Clinicians must elicit the high risk practices of the patients and screen them for early diagnosis. Educating the patient regarding the various modes of prevention is vital. Monitoring the patient living with HIV/AIDS and counseling and helping them to avoid transmission of the virus to another through safe practices is extremely important.

## 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

**Greetings!**

It is my pleasure to wish you all a very happy and healthy new year 2017. It gives me immense joy that Velammal group of institutions has successfully completed 30 years of delivering quality education. The Velammal Medical College Hospital and Research Institute has had an eventful year with successes in all avenues- patient care, medical education and research. The steadily increasing OPD attendance and bed occupancy stand testimony to the high quality of care delivered at affordable costs to the population of South Tamil Nadu. The average daily OPD last year has been 1400. The average daily inpatient census has been over 500. The popularity of Velammal Multispecialty Hospitals is spreading far and wide given the state of the art infrastructure and skilled manpower available in all specialties. The hospital draws people from all statuses and beliefs and treats them with care and respect. I urge the doctors of Velammal Medical College Hospital and Research Institute to continue delivering their services to the community with utmost dedication in the New Year also.

With an impressive pass percentage in University examinations over 90% in all batches, the medical college also has been functioning earnestly to produce ideal Indian Medical Graduates. We have added another mile stone by opening Velammal School and College of Nursing offering B.Sc Nursing and Diploma in General Nursing and Midwifery Programme. I encourage all the students to study sincerely and continue to hold the name of the college high in academics and research.

I wish the entire Velammal family another year of opportunities and successes. May this New Year bring many opportunities your way to explore every joy of life. May your resolutions for the days ahead stay firm and turn all dreams into reality.

**M.V. Muthuramalingam,**

Chairman, Velammal Educational Trust.

## NOT JUST CORONARIES! NOW CEREBRAL REVASCULARIZATION TOO! ANESTHETIC CONCERNS IN A CEREBRAL BYPASS PROCEDURE

V.Poornima<sup>1</sup>, P.Selvakumar<sup>2</sup>, A.G.Santhana Krishnan<sup>3</sup>

<sup>1</sup>Consultant Anesthesiologist, Department of Anesthesiology, <sup>2</sup>Director of Anesthesia and Intensive Care, <sup>3</sup>Consultant Neurosurgeon, department of Neurosurgery, Velammal Specialty Hospital, Madurai

### ABSTRACT

Cerebral revascularization is used to augment or replace cerebral blood flow in patients at risk of developing cerebral ischemia. We are presenting a case 56 year old female admitted in our hospital with extensive occlusion of left internal carotid artery. A cerebral revascularization procedure was planned and performed on her. The anesthetic considerations including preoperative assessment, anesthetic goals, conduct of anesthesia, Intra operative monitoring and post operative care of the patient is discussed. The patient was discharged on the 10th post operative day in good general condition and her right hemiparesis greatly improved. A carefully selected patient, a meticulous bypass surgery, ideal anesthetic conditions and an efficient post operative care are the secrets of a successful cerebral revascularization procedure.

**KEYWORDS:** Cerebral revascularization, Anesthetic concerns.

### INTRODUCTION :

Cerebral revascularization is used to augment or replace cerebral blood flow in patients at risk of developing cerebral ischemia. These include patients with Moyamoya disease, occlusive cerebrovascular disease, skull base tumors and complex aneurysms.<sup>1</sup> The anesthetic considerations for most patients presenting for different types of bypass procedures are similar and include the maintenance of adequate cerebral perfusion to prevent cerebral ischemia.

The most common procedure for flow augmentation is the superficial temporal artery (STA) to middle cerebral artery (MCA) bypass, also known as the extracranial-intracranial (ECIC) bypass, as a vessel outside the cranium is anastomosed to an intracranial vessel. The most common indication for STA-MCA bypass has been symptomatic atherosclerotic disease of the intracranial internal carotid artery.<sup>2</sup>

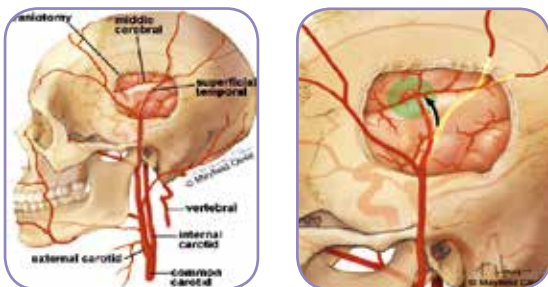


Figure 1 & 2: In a cerebral bypass surgery, an artery from outside the skull is connected to an artery inside the skull through a craniotomy. A donor artery, usually the superficial temporal artery is freed from its normal position on the scalp and connected to the middle cerebral artery on the surface of the brain.

source :[www.mayfieldclinic.com](http://www.mayfieldclinic.com)

### Anesthetic considerations

Preoperative assessment: It includes cerebral ischemic risks evaluation, pre-existing neurological deficits, adequacy of collateral circulation by a four vessel angiogram, and assessment of vascular risk factors – Hypertension, Diabetes, Cardiovascular disease.

### Anesthetic goals

1. Maintenance of adequate cerebral perfusion
2. Hemodynamic stability
3. To maintain normotension and a slight increase (10-20%) from baseline values during temporary occlusion
4. To maintain normocarbia
5. To maintain normothermia
6. Need for cerebral protection

### CASE PRESENTATION

A 56 year old female was admitted on 1.10.2016 in our hospital with complaints of slurring of speech of two months duration. She had recurrent right hemiparesis (TIA) and right facial upper motor neuron palsy. She was a known case of diabetes mellitus, hypertension and severe hypothyroidism. On admission, she had high blood pressure and blood sugar values. She had bilateral basal crepitations. She was admitted in our ICU and investigated. Investigations revealed electrolyte imbalances, Ketoacidosis and severe hypothyroidism (TSH-56.98, T3-0.57). Coronary angiogram showed non-obstructive CAD. Carotid doppler and CT angiogram of neck and brain revealed left internal carotid artery (ICA) total occlusion including occlusion until the intra cavernous portion of ICA. A four vessel angiogram revealed a minimal flow from the right carotid system which was inadequate to visualize the entire left MCA territory. Left ACA territory was well perfused. She was vigorously treated and stabilized.

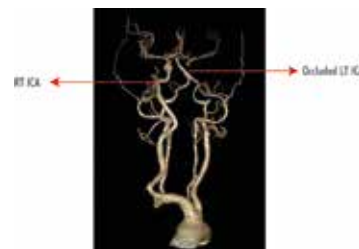


Figure 3: CT angiogram of neck and brain

### Plan of Treatment

Since the occlusion was extensive, a carotid endarterectomy would be insufficient. Hence a cerebral revascularization procedure was planned on her that would provide a flow augmentation. After four days she was taken up for ECIC bypass with all precautionary measures and explained high risk consent.

### Intra operative monitoring

All essential non-invasive monitoring, ETCO<sub>2</sub>, temperature, invasive arterial pressure, central venous pressure, serial ABG analysis and capillary blood sugars were also done.

Indocyanine green (ICG) videoangiography was done intraoperatively to assess the patency of the bypass graft and to find the collateral blood flow reliability.

### Conduct of anesthesia

Anti-sialogogue premedication was given. Sedative premedication was avoided. Induction of anesthesia was with standard and carefully titrated intravenous drugs. Maintenance of anesthesia was with both intravenous (Propofol infusion) and inhaled anesthetics (Sevoflurane). Normocarbia and normothermia maintained. Thiopentone sodium was used for cerebral protection during clamping. The clamping time was 30 minutes.

An end-to-side anastomosis of superficial temporal artery to middle cerebral artery (M4) was done. Heparin 5000U was used intra-operatively during anastomosis.



Figure 4&5: An end-to-side anastomosis of STA to MCA underway

**Post operative care**

Elective ventilation, haemodynamic stability to prevent hemorrhagic complications and graft thrombosis, intermittent neurological assessments, analgesics, anti epileptics were all looked into. Blood pressure was maintained at the lower side of her baseline values. Anti platelets were resumed. Direct pressure on the side of the head of anastomosis was avoided. Patient was extubated on the second post operative day. She was discharged on the 10<sup>th</sup> post operative day in good general condition and her right hemiparesis greatly improved.

**DISCUSSION**



Figure 6: A positive outcome – Our patient on the 5<sup>th</sup> POD

Intracranial atherosclerosis is a progressive degenerative condition that can cause transient ischaemic attacks or stroke. The aim of the EC-IC bypass is to bypass severe stenoses in intracranial arteries to relieve hypoperfusion symptoms and/or reduce stroke risk.<sup>3</sup>

However in the post operative period, compromise may come in the form of

1. Cerebral ischemia: The severity of the disease and pre operative TIA history are the major determinants of post operative neurological deficits. The mechanisms of stroke were usually related to hypoperfusion and occurrence of artery – to – artery emboli.
2. Cerebral hyperperfusion syndrome: This is well described after carotid endarterectomy<sup>4</sup> or stenting but less well known after ECIC bypass. It is due to impaired cerebral autoregulation and may present as a transient focal neurological deficit that mimics an ischemic attack.

**CONCLUSION**

A flow augmentation procedure is considered when the blood flow to the area of concern is borderline, that is, the risk of the occurrence of cerebral ischemia and infarction is considered likely due to inadequate blood flow. Occlusive cerebrovascular disease is a typical indication. A carefully selected patient, a meticulous bypass surgery, ideal anesthetic conditions and an efficient post operative care are the secrets of a successful cerebral revascularization procedure.

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**CATARACT SURGERY IN A 90 YEAR OLD LADY WITH SEVERE CARDIAC PROBLEM**

A 90 year old lady from Virudhunagar had defective vision in both her eyes from many years due to mature cataract. She had never gone to hospitals or taken any drugs or injections for any ailments. Moreover, she was having hypertension, cardiac ailments, and neurological problems. The relatives were afraid of taking her to hospital for cataract surgery fearing life threatening complications would occur during cataract surgery. This old lady needed help even activities of daily living.

At this juncture her daughter in law brought her to Velammal Medical College Hospital as an ophthalmologist at Virudhunagar had strongly advised and referred her to VMCH for cataract surgery. All the necessary investigations such as blood, X ray, ECG & ECHO were done. Specialist opinion from medicine, cardiology and anaesthesia departments were obtained. Patient was highly un-cooperative. Even though there was high risk for general anaesthesia, it was decided to perform the surgery under general anaesthesia only, with utmost care and continuous monitoring.

Usually cataract in one eye is operated first and then after a period of two to three weeks other eye will be taken up for cataract surgery. But in this special case we planned to operate cataract in both eyes in a single sitting to avoid general anaesthesia twice. Dr. John santha vinothan, anaesthetist gave general anaesthesia. Dr. S. Muthuramalingam, professor of Ophthalmology operated cataracts in both eyes and implanted IOL successfully. The next day the patient was cheerful and enthusiastic to see the doctor and her relatives. She used to recognise her relatives by voices for a long time, but now she was able to see them as her vision regained. She was very happy and praised the team in Velammal Medical College Hospital.



**LIFE CHANGING TREATMENT: PATIENT WALKS AFTER 2 YEARS IN WHEELCHAIR  
INTERLEUKIN - 6 BLOCKER FOR SUCCESSFUL OUTCOME OF LATE-ONSET RHEUMATOID OLIGOARTHRITIS**

Yuva Ravindran<sup>1</sup>, N Subramanian<sup>2</sup>

<sup>1</sup>MBBS Student, <sup>2</sup>Assistant Professor in Medicine and Consultant Rheumatologist, Velammal Medical College Hospital and Research Institute, Madurai, India.

### ABSTRACT

Rheumatoid arthritis (RA) is a common systemic inflammatory disease. Interleukin 6 (IL-6) is a pleiotropic cytokine involved in the pathophysiology of RA and its level correlates with the disease activity. Tocilizumab is a humanized anti-IL-6 receptor antibody, used in the treatment of RA. A 68 year old female, presented with pain and swelling in the right ankle joint for two years and getting worse to the point of needing wheelchair assistance to mobilise. She denied any fever or trauma or weight loss. There was no other joint involvement or any features of rheumatoid.

Clinical examination revealed bilateral oedema in lower limbs at the ankle joints. The right ankle joint was swollen and tender and left foot had oedema due to varicosity. Passive movement was restricted. Her bloods showed raised CRP (24) and ESR (67mm) and Anti CCP was 112.

She was given IV Tocilizumab after consent and to her surprise she was pain free and able to walk without any assistance. This case is presented for its rarity and excellent response to biologic drugs for Rheumatoid.

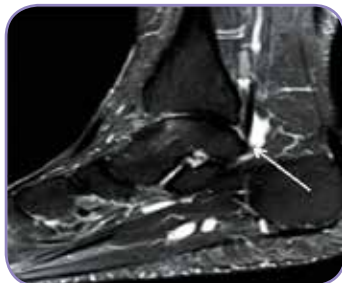
**KEYWORDS:** Rheumatoid Oligoarthritis, Interleukin - 6 Blocker

### INTRODUCTION

Rheumatoid arthritis (RA) is a common systemic inflammatory disease affecting approximately 1% of the world population. Interleukin 6 (IL-6) is a pleiotropic cytokine involved in the pathophysiology of RA, and is found in abundance in the synovial fluid and serum and the level correlates with the disease activity and joint destruction. Tocilizumab is a humanized anti-human IL-6 receptor antibody, used in the treatment of RA.

### CASE REPORT

A 68 year old female, presented with pain and swelling in the right ankle joint for two years and getting worse to the point of needing wheelchair assistance to mobilise. She denied any fever or trauma or weight loss. There was no other joint involvement or any features of rheumatoid. Medical history included hypertension and varicose veins of the legs.



**Figure 1:** MRI showed widespread synovitis with effusion in the ankle and mild cartilage destruction.

Clinical examination revealed bilateral pitting pedal oedema in lower limbs at the ankle joints. The right ankle joint was swollen and tender and left foot had edema due to varicosity. Passive movement was restricted. She struggled to do her daily activities. Investigations revealed raised CRP (24) and ESR (67mm) and anti CCP was 112. MRI showed widespread synovitis with effusion in the ankle and mild cartilage destruction. There was no marrow oedema and no tendon rupture. (figure 1).

This lady had CCP positive oligoarthritis from the onset and now has worsened and infective pathology has been ruled out. Following counselling and prebiologic screening, she was given IV Tocilizumab (Actemra) 8mg/kg (IL-6 blocker). To her surprise she became pain free and able to walk without support and very much delighted. She is continuing the treatment every 4 weeks.

### DISCUSSION

Rheumatoid arthritis can be treated early and aggressively to prevent deformities and extraarticular features. Biologics are newer drugs that will inhibit cytokines and achieve remission. Tocilizumab is one of the monoclonal antibodies that blocks Interleukin 6 and prevent inflammatory cascade in RA.

This patient accepted the various choices and now getting the benefit with good mobility without surgery or any assistance to self care. Husband feels his wife is independently walking "Gift of GOD"

### CONCLUSION

Late onset oligoarthritis in elderly patient needs adequate evaluation and CCP antibody being positive with high CRP clinches the diagnosis of RA. Tocilizumab, an Interleukin-6 blocker has been proven to be efficacious in high CRP Rheumatoid. Newer Biologics do play a significant role in immune-modulation and help to maintain good disease control thereby achieving better quality of life.

### Learning points

1. Synovitis in old age is not always Osteoarthritis.
2. Anti CCP is highly sensitive for RA.

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(This paper was presented in TAPICON 2016, Tamil Nadu API Conference by Yuva Ravindran, 3rd year MBBS student.)



## A NEW MILESTONE IN THE PALLIATION OF MALIGNANT OBSTRUCTIVE JAUNDICE USING METAL STENT

A.C. Arun<sup>1</sup>, M. Mariappan<sup>2</sup>, A.G. Alwar Ramanujam<sup>1</sup>, C. Praveen kumar<sup>3</sup>, P. Rajesh<sup>4</sup>, Dr. R. Narendranath<sup>5</sup>

<sup>1</sup>Assistant professor, department of Gastroenterology, <sup>2</sup>Assistant professor, department of Radiology, <sup>3</sup>Senior resident, department of Gastroenterology, <sup>4</sup>Assistant professor, department of Community Medicine, <sup>5</sup>Junior resident, department of Gastroenterology, Velammal Specialty Hospital and VMCH&RI Madurai.

### INTRODUCTION

Malignant jaundice occurs when there is a blockage of the biliary tree, either by direct tumor infiltration or by external compression. We report a case of a 56-year-old man who underwent a palliative gastrojejunostomy for metastatic carcinoma stomach. Subsequently he presented to us with obstructive jaundice due to lymph nodes causing compression of common bile duct (CBD). We used a novel method of placing a self-expandable metal stent (SEMS) through percutaneous route for palliation of his jaundice, cholangitis and pruritus.

**KEYWORDS:** Malignant jaundice, Self-expandable metal stent.

### INTRODUCTION :

Malignant jaundice occurs when there is a blockage of the biliary tree, either by direct tumor infiltration or by external compression. The underlying malignancies in the vast majority of cases are cholangiocarcinoma and adenocarcinoma of the pancreatic head.<sup>1</sup> Other tumors of the area may be gallbladder or gastric cancer with metastatic hilar lymph nodes. The main presentation symptom is jaundice, however in some cases of advanced disease cholangitis and sepsis may also occur.<sup>2</sup> The management of such patients typically requires a multidisciplinary setting in a tertiary care center, involving gastroenterologists, hepato- biliary surgeons, oncologists and radiologists.

### CASE REPORT

A 56-year-old gentleman came to our OPD with complaints of abdomen pain and vomiting for past one month. He also had loss of weight and loss of appetite. There was no history of jaundice at the time of presentation.

Upper gastrointestinal endoscopy revealed thickening in pylorus region and biopsy revealed adenocarcinoma of stomach. CECT abdomen showed features of metastatic carcinoma Stomach. Hence patient underwent palliative gastrojejunostomy. Postoperative period was uneventful and he was advised for chemotherapy.

When he came back after 2 weeks he had intense pruritus with jaundice (bilirubin – 20 mg %). USG abdomen and MRCP



Figure 1: MRCP image showing Hilar obstruction leading to biliary radicle dilatation



Figure 2: Fluoroscopic image showing Self expandable metal stent (SEMS) placement across the hilar obstruction

abdomen revealed obstruction of biliary tract at the level of confluence of the bile ducts, common hepatic duct and proximal CBD due to extrinsic compression by lymphnodes (Figure 1).

Due to associated cholangitis, we did percutaneous transhepatic biliary drainage (PTBD). Post PTBD patient symptoms improved and bilirubin came down. Subsequently we planned for internal biliary drainage using self expandable metallic stent (SEMS) in CBD. Through PTBD catheter, guide wire was advanced and by serial dilataion, SEMS was inserted and deployed at the level of hilum across the obstruction (Figure 2). Patient's symptoms improved, bilirubin became normal and he was planned for palliative chemotherapy.

### DISCUSSION :

Placement of percutaneous expandable biliary stents was first reported in 1989. Over the past two decades SEMS became the first line of treatment for biliary obstruction. SEMS is usually placed by ERCP for lower CBD obstruction and by PTBD route for Hilar obstruction. The rationales for their placement are relief of jaundice and pruritus. Normalization of bilirubin levels allows palliative chemotherapy and prevention of other adverse outcomes such as cholangitis and frequent hospitalizations. Percutaneous transhepatic biliary drainage may lead to complications such as bleeding, sepsis, peritonitis and bile leak. However, recent studies using improved technology including the percutaneous placement of SEMSs have shown to be safe and effective.<sup>3,4</sup>

### CONCLUSION :

We have reported a case of malignant biliary obstruction at the level of Hilum due to obstruction by lymph nodes from Carcinoma Stomach. We have used a novel technique in placement of self expandable metallic stent (SEMS) in common bile duct by percutaneous route. This has improved the jaundice, pruritus, cholangitis in the patient and allowed for palliative chemotherapy. SEMS are now becoming the standard of care for palliation of malignant obstructive jaundice.

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**UNUSUAL CAUSE FOR CEREBELLAR INFARCT / PICA SYNDROME IN SLE****J S Sathiavadivu<sup>1</sup>, Rajalakshmi<sup>2</sup>, S Jeyaprakash<sup>3</sup>, N Subramanian<sup>4</sup>**<sup>1</sup>MBBS student, <sup>2</sup>Consultant Radiologist, <sup>3</sup>Associate Professor in Medicine, <sup>4</sup>Assistant Professor in Medicine and Consultant Rheumatologist, Velammal Medical College Hospital and Research Institute, Madurai, India.**ABSTRACT**

A 25 year old female, on treatment with steroids for the past 4 months for polyarthritis and proteinuria, came to the emergency room with the complaints of left hemiparesis following giddiness and vomiting. She had nystagmus, upper motor neurone (UMN) facial palsy and left planter extensor and MRA showed acute infarct involving the posterior aspect of the right cerebellum and left side of upper dorsal medulla with absence of flow related signal in the proximal intracranial part of the left vertebral artery. Hematological and Immunological evidence showed evidence of systemic lupus erythematosus and positive antiphospholipid antibodies. Clinically the cerebellar infarct was due to the posterior inferior cerebellar artery PICA syndrome caused by antiphospholipid antibody syndrome due to lupus.

**KEYWORDS:** systemic lupus erythematosus, cerebellar infarct**INTRODUCTION**

Anti phospholipid antibodies (APLA) are a part of heterogeneous group of circulating serum polyclonal immunoglobulins (IgG, IgM, IgA or mixed) that bind negatively charged or neutral phospholipid component of cell membranes and cause increased tendency to venous or arterial thrombosis.<sup>1</sup> There has been a dramatic surge of interest in APLA and associated clinical disorders especially focal ischaemic cerebrovascular diseases.<sup>2</sup> While APLA are clinically associated with a state of hypercoagulation and prothrombotic disorders, the exact mechanism underlying their prothrombotic effects remains unknown.<sup>3</sup> They are probably present in up to 50% of the young persons with stroke and perhaps even in higher prevalence with recurrent ischemic and diseases like systemic lupus erythematosus (SLE).<sup>4</sup> Due to unexplained aetiology in large number of young stroke patients and absence of conventional predisposing risk factors like hypertension, diabetes, atherosclerosis etc., the importance of APLA estimation may increase many fold.

**CASE REPORT**

A 25 year old female on treatment for the past 4 months for polyarthritis and proteinuria came to the emergency room with the complaints of weakness on her left side after giddiness and repeated vomiting. She was on HCQ and steroids for 3 months for polyarthritis. On examination she was conscious oriented and there is a clinical evidence of pallor, clubbing, and cold extremities. Vital signs were normal. On systemic examination cardiovascular system showed pan systolic murmur in the mitral area, per abdominal examination showed organomegaly and CNS examination revealed right sided angle deviation of mouth, left hemiparesis, ataxia, nystagmus, UMN facial palsy and left plantar extensor.

She did not have any cutaneous symptoms of systemic lupus erythematosus but had evident proteinuria to suspect lupus nephritis.

Blood report showed HB-6.5 gm%, total count- 6800, platelet count- 1.23 lakhs, CRP- raised, ANA +vet, AntiDsDNA -ve, raised ESR, P-ANCA +ve, APLA +ve, homocystine-16.74 (raised), vitamin B12 > 2000 (raised), C3 60.9mg/dl (decreased), C4 6.6mg/dl (decreased).

On urine analysis there was significant proteinuria. Urine culture was positive for klebsiella and enterococcus.

MRI showed acute infarct involving the posterior aspect of the right cerebellum and left side of upper dorsal medulla (MR diffusion image 1). MRA showed absences of flow related signal in the proximal intracranial part of the left vertebral artery. Renal Biopsy showed features suggestive of crescentic and mesangioproliferative glomerulonephritis. Echo showed thickening in the mitral valve and mitral regurgitation. She had cyclophosphamide, anticoagulants, HCQ, steroids and NSAID.

**DISCUSSION**

This girl with features of connective tissue disease, positive ANA, normal ENA, and renal biopsy showing class 4 lupus nephritis, presented with cerebrovascular accident in the vertebral artery branches due to antiphospholipid syndrome. Although its complement mediated autoimmune disease, the rapid onset of disease and its systemic complications, negative dsDNA, low c3 c4, positive ANA and ANCA suggest that SLE is a versatile disease with mimics.

**CONCLUSION**

The unifying diagnosis was SLE, lupus nephritis and Antiphospholipid syndrome causing young stroke. Two features worth mention-negative dsDNA and raised homocysteine-(unexplained).

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**K.N. Subramanian**

<sup>1</sup>Chief Sports Injury and Arthroscopy Surgeon, Department of Orthopaedics, VMCH&RI and Velammal Specialty Hospital, Madurai.

**STEM CELL THERAPY FOR KNEE JOINT INJURY**

Sports related knee joint cartilage injury is successfully treated at Velammal Medical College and Specialty Hospital with an innovative treatment using a type of stem cell. The treatment is scientifically proven to regenerate the damaged cartilage as is proven from several recent studies. Once cartilage regenerates, patient symptoms improve and eventually they will be able to get back to the sports of desired interest.

22 year old gentleman Mr. Mohammed sohail hailing from Nagercoil sustained knee cartilage injury while playing Kabadi one year ago. In spite of several consultations in and around South Tamil Nadu, he could not get correct remedy for his problem. From Nagercoil, he was referred to Dr. KN Subramanian, Chief Sports Injury and Arthroscopy Surgeon at Velammal Medical College and Specialty hospital. Upon examining and investigating, it was found that he has traumatic cartilage damage to the patella cartilage. Recent Innovation in the medical science paved way to treat this condition by a type of stem cell called BMAC (Bone Marrow Aspiration Concentrate). This treatment is also done arthroscopically and hence gets the advantage of minimally invasive surgery.



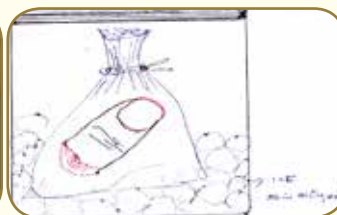
Our joint bearing has Hyaline cartilage. This keeps our joint friction free and pain free. Normally if an injury occurs to our skin, bone or muscle it regrows but it is not so with the cartilage because cartilage has got no blood supply. The damaged cartilage initiates arthritis and usually patients end up in chronic pain. To regrow the damaged cartilage several medicines have been tried, but none has shown a consistently proven effect. Extensive scientific research has been in this field for many years and one of the significant recent evolvment in this research is BMAC a type of stem cell therapy.

This novel treatment involves tapping bone marrow from iliac bone. The precursors of cartilage generating cells are segregated from the tapped bone marrow by a special equipment which works on the principle of centrifuging. The segregated concentrated cells are mixed with fibrinogen glue and applied over the defective area. This forms a paste and makes a bed for regeneration of new cartilage. Eventually a new hyaline cartilage forms at the defective area. Another important aspect is this procedure can also be done arthroscopically. An arthroscopic surgery has advantage of making small incision, minimal blood less, no pain, quick recovery and precise treatment. The scientific papers relevant to this treatment suggests a success rate of around 85% which is probably the highest in various procedures described for cartilage regeneration in the last two decades. This is a boon for the patients with cartilage damage due to sports or other trauma. The scientific research also claims that this treatment may also be beneficial in patients with degenerative cartilage damage though this needs further confirmation by more research. Currently Joint replacement is the longstanding solution for degenerative arthritis. But if this treatment comes in practice this will form the mainstay for the treatment of patients with damaged cartilage.

**RE-JOINING OF THE CUT AVULSED LEFT THUMB" FOR A 40 YEARS OLD LADY**

Mrs. Mookammal, 40 year old female from Rajapalayam, had sustained work spot injury to her Left thumb. She rushed to Velammal hospital emergency department with the cut avulsion amputation of Left thumb. After initial evaluation, Dr. S. MANOH (M.S.Ortho; D.Ortho; DNB Ortho FNB- Hand & Microsurgery) and his team, had done the re-plantation of the cut avulsed left thumb using operating microscope. Post operatively the thumb is viable. Chances of survival of the reattached part depend on several factors. One important thing is how the part is preserved & transport. The amputated (cut) part has to be preserved in a clean plastic bag. This bag with the cut part has to be put in a separate container with ice. Cut part should not be in direct contact with ice.

Department of Orthopedics: With Hand & Microsurgery Specialty at VMCH & RI is providing a better care to the society.



**CME ON TOTAL KNEE REPLACEMENT & PROFESSOR DR. A. DEVAOSS ORATION**



Velammal Medical College Hospital has conducted the Continuous Medical Education (CME) on Total Knee Replacement (TKR) on 4.11.2016, and Prof. Dr. A. Devadoss oration was delivered by Prof. Dr. S. Rajasekaran, Ganga Hospital, Coimbatore.

The program was organised by the Department of Orthopedics, VMCH&RI. It was attended by more than 200 delegates from all over Tamil Nadu. In this meeting, the technical advancements in knee replacement were discussed elaborately. Dr. Shanmuganathan, Course Director, Dr. Raviraman, Dr. Rajamuthiah, Dean and Dr. Somasundaram, Medical Superintendent, of Velammal Medical College Hospital, welcomed the delegates and felicitated them.

Submitted by,  
Department of Orthopedics, VMCH&RI.

**SENSITIZATION OF ADOLESCENT SCHOOL CHILDREN ON REPRODUCTIVE HEALTH**



A series of lectures for sensitization of Adolescents on Reproductive Health were conducted by Community Medicine department of Velammal Medical College and Research Institute for the school children of 7th to 12th standard of Velammal Vidyalaya. Lectures for female students were conducted by Dr. Trupti Bodhare, Professor, department of Community Medicine and for male students were conducted by Dr. Deiveegan, Assistant professor, department of Community Medicine. Around 600 students were sensitized during this program. The entire program was coordinated by Dr. Trupti Bodhare and Mr. S. Sakthivel Murugan, Principal of Velammal Vidyalaya, Anuppanadi, Madurai.

Submitted by,  
**Dr. Trupti Bodhare**

**GUEST LECTURE SERIES**



Department of Biochemistry organizes guest lecture series by eminent faculty from other institutes. As a part of this programme, Professor D.M. Vasudevan, MD, FRC Path author of "Textbook of Biochemistry For Medical Student" and also a recipient of Dr. B. C. Roy Award for excellence in the teaching profession delivered a lecture on Diabetes mellitus and its complications on 21.12.2016. The lecture was followed by an interactive session for student's queries.

Submitted by - **Dr. K. Suganthi**  
Associate Professor, Biochemistry, VMCH&RI

**PHARMACY**



In order to motivate the best workers and to promote the sale in Pharmacy, the staff members in pharmacy were divided into team (6 in each team). All the members in the best team by means of maximum sale in Pharmacy for the month of November & December 2016 were honoured by way of cheque for a sum of Rs. 1000 each by Hon'ble Chairman. (Total sum of Rs. 18000). They were presented with shawls also by Dr. Raja Muthiah, Dean.

**WORLD ARTHRITIS AND OSTEOPOROSIS DAY 2016  
ITS IN YOUR HANDS, TAKE ACTION**



On 20<sup>th</sup> October 2016, World Arthritis Day was organized across the globe uniting the people to increase the awareness on Rheumatic and Musculoskeletal disorders. In order to increase the awareness of arthritis and osteoporosis among the public, patients and students, Dr. N Subramanian, had organised the medical student seminar with 3 students talking on different aspects of inflammatory arthritis and then the patient awareness meeting on 18<sup>th</sup> October 2016 in the hospital auditorium. Professor Chandrasekaran HOD of Medicine distributed the prizes to the students. Dr. N Subramanian and Dr. K. N. Subramanian discussed with patients and addressed their concerns and questions. Patients were given hand aids and leaflets by the sponsors. Then we had doctors' CME on recent updates chaired by Professor Dr. Chandrasekaran, Professor Raviraman, and Professor Shanmuganathan. Dr. N Subramanian, Rheumatologist talked about Current concepts in managing RA, Dr. K N Subramanian spoke on Arthroscopy and Knee replacement and Dr. M Subbiah talked on management of fragility fractures. Dr Ramya JR proposed vote of thanks.

Submitted by,  
**Dr. N Subramanian** MD, MRCP (UK), MRCP CCT  
(Rheumatology), FRCP

**VELAMMAL MEDICAL EDUCATION UNIT**



Faculty Development Program Revised Basic Course Workshop in Medical Education – November 16<sup>th</sup> to 18<sup>th</sup> 2016.

**The Velammal Medical Education Unit**

It was a long felt need that Velammal Medical College should have a very strong Medical Education Unit (MEU). Good teaching practices inculcates desire to learn and brings about a permanent change in behavior which is by definition what is meant by Learning. A strong MEU is also a mandatory requirement by the MCI for the recognition purposes. The financial magnanimity of our institution sponsored the required number of faculty to be trained at JIPMER Pondicherry- Regional Center to conduct internal training sessions in Medical education for our faculty within our campus. And accordingly in response to our proposal a three day Revised Basic course workshop (rBCW) was approved by the MCI Regional center to be conducted at our campus from Nov 16<sup>th</sup> to 18<sup>th</sup> 2016. Twenty five participants from our teaching Faculty were selected to undergo the rBCW as part of the Faculty Development Program.

**Date and Venue**

The BCW was conducted successfully from November 16<sup>th</sup> to 18<sup>th</sup> 2016 at Velammal Medical College Building in the MEU. The training team arrived early and welcomed all the participants.

**The inaugural function**

The workshop began with the inaugural function at 8:30 am on Nov 16<sup>th</sup> 2016. The most honored guest our honorable chairman Shree. Muthuramalingam graced the occasion and shared his convictions from his vast experience as an educationist stressing the importance of faculty development in our educational institutions. He laid down many challenges and encouraged us to achieve it. In similar vein the Dean Dr. Rajamuthiah; the Vice Principal Dr. Mohanty expressed their appreciation and concerns. Dr. Kadambari Dharani Pragada, the MCI observer designate was on the diaz, following her felicitation she encouraged everyone

with her vast experience in the conduct of rBCW in other institutions of how it changes peoples perspective of Medical Education.

**The Workshop**

The training-workshop opened with an ice-breaker – group dynamics that required the participants to introduce other participants to the group. They were divided into four groups and named after edible Nuts. The sessions went on dynamically with lots of interaction, and group activities. Lectures started with “Why FDP?” giving reasons from ground reality perspective. Faculties engrossed themselves with activities related to Systems approach to Medical Education, Teaching Learning Process, Competency, Curriculum development, Effective use of media, Microteaching, Quality assurance in medical education and in the various principles and disciplines of Assessment. There were open house sessions before the beginning of the afternoon sessions every day. The participants were encouraged to express their opinion and give their feedback regarding all aspects of the sessions.

All the sessions concluded on the third day at 4:00 pm with a valedictory function during which workshop completion certificate from the MCI and our college certificate were issued.

Ever since the inception of the medical education unit, this endeavor has proved very successful and useful for our faculty. The MEU thank the Management for their encouragement, financial support, venue and the infrastructure which made this workshop possible. We thank the supporting staff (Admin staff, EDP staff and the House keeping staff) for their hard work and for their ever willingness to stay late and complete the task assigned. A special thanks to the catering department for making our day content with their delicacies.

**Dr. John Rajpathy**  
Coordinator MEU





**VELAMMAL BLOOD DONOR DAY CELEBRATION**



Velammal Blood Donor Day was celebrated in VMCH on November 2016. The honorable chairman of Velammal institutions Shree. M.V. Muthuramalingam presided over the function. Secretary of Velammal regional blood bank, Dr. T. Rajendran welcomed the gathering. Our Dean Dr. R. M. RajaMuthiah and Industrialists Mr. Anbukkani and Mr. K. Karthik who participated in the function as chief guests delivered their speech. Mr. V. M. Jose, who has created a record by donating blood more than 150 times, spoke about the significance of blood donation. His speech was highly inspiring to the young donors. In order to encourage and felicitate the blood donors, shields were given to more than 150 donors on behalf of Velammal Regional Blood Bank. Blood Bank Medical officer Dr. P. Sethuammal delivered vote of thanks.



**WORLD DIABETES DAY**

A free diabetic retinopathy screening camp was conducted in Ophthalmology department, VMCH&RI on November 14<sup>th</sup>, the World Diabetes Day in coordination with Madurai Ophthalmic Association, Indian Medical Council (Velammal branch) and Forus Health Foundation.

A total of 176 persons were screened for diabetic retinopathy in the camp. Those who were found to be affected were advised treatment and follow up.



**ORGAN DONATION DAYS AT VELAMMAL MEDICAL COLLEGE HOSPITAL, MADURAI**

As part of the National Organ Donation Day all over the country, the 7th Indian Organ Donation Day was celebrated on 26<sup>th</sup> of November 2016 in Velammal Medical College Hospital & Research Institute and Velammal Specialty Hospital in order to motivate people to donate the organs as well as to understand the value of organ donation in giving life to an individual. On this occasion, Department of Organ Transplant of Velammal Medical College Hospital has organized an organ donation awareness program. The program consists of educational as well as motivational presentations. Organ donation awareness stall was unveiled by the honorable chairman Shri M.V. Muthuramalingam. Signature campaign was organized by the hospital to sensitize the general public and the hospital staff about the importance of organ donation. The campaign was started by the honorable chairman Shri M. V. Muthuramalingam, followed by the dean Dr. R.M. RajaMuthiah, Medical Superintendent Dr. S. Somasundaram and chief operating officer Mr. Peter Kennedy who signed on a banner designed for the occasion. The banner was displayed at various departments in the hospital. The general public, medical and non medical staff participated in the signature campaign after understanding the concept and the importance of organ donation. Nearly 1000 members showed their interest and support through taking part in the signature campaign. This gave public an opportunity to understand the value of organ donation and register for this noble cause. The participants signed and pledged organs by filling out donor cards.

**CHILDREN'S DAY CELEBRATION 2016 DEPARTMENT OF PAEDIATRICS, VELAMMAL MEDICAL COLLEGE & HOSPITAL**



The department of Paediatrics, Velammal Medical College Hospital & Research Institute celebrated CHILDREN'S DAY on 14.11.2016. Dr. G. Mathevan, HOD of Pediatrics welcomed the gathering. Dr. Raja Muthiah, Dean presided over the function. He spoke about the facilities available at Velammal Medical College Hospital for the care of sick children. The chief guest, Dr. R. Mahalingom, Senior Pediatrician, the guest of honour, Dr. C.Kamaraj spoke about the children's rights, and gave health tips to the parents. Dr. Somasundaram gave felicitations. Professor of Pediatrics, Dr. Natarajarathinam, Professor of Obstetrics and Gynaecology, Dr. Raja Rajeswari and other pediatricians in the department took active part in the function. Various competitions like fancy dress, drawing, singing, dance, colouring were conducted for children admitted in the hospital and children of employees of Velammal Medical College Hospital on 12.11.2016. Prizes were given to the children who performed well in the competitions. Dr. Jayabalaji thanked everyone for their role in the function.

**INSURANCE**



Entire staff members of insurance department of VMCH &RI come under the headship of Dr. Gunasekaran (Director Insurance) and got new year blessings from Honorable Chairman.



### VMCH FAMILY - CHRISTMAS CELEBRATION 2016

Velammal Medical College Hospital and Research Institute celebrated Christmas on the eve of 22<sup>nd</sup> December 2016. Celebrating Christmas at Velammal is the result of collaboration and represents the work of students and faculty alike from medical and allied health sciences. Shree Shri. M.V. Muthuramalingam, the honorable Chairman of Velammal Educational Trust greeted heartily and wished all students and faculty the blessings of Christmas and New Year. Other dignitaries who graced the occasion were Dr. Somasundaram the Medical Superintendent, Dr. Mohanthy Vice principal and Mr. Peter Kennedy the Chief Operating Officer.

The Program commenced with traditional carols and hymns in the glow of candle lights. The meaning of Christmas was depicted eloquently through a shadow play by the first year medical students' which amazed the audience. The faculty and students choir brought back nostalgic feeling of Christmas by their rendition of Christ and Christmas. The Christmas message was delivered by Dr. Jhansi Charles HOD of department of Microbiology. Mr. Peter Kennedy closed the occasion with Christmas and new year wishes to all.

**Dr. John Rajpathy** - Coordinator



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#### JANUARY

- 4 Jan - Dr. Trupti Bodhare, Professor, Community Medicine
- 5 Jan - Dr. Dhaval Vinochandra Mahadev, Asst. Prof., Community Medicine
- 6 Jan - Dr. M. Sankaranarayanan, Sr. Resident, Radiodiagnosis
- 7 Jan - Dr. T. Ashok Kumar, Assistant Professor, General Surgery
- 12 Jan - Dr. S. Somasundaram, Medical Superintendent  
Dr. C. Cherman Pandi, Sr. Resident, Ophthalmology
- 14 Jan - Dr. R. Amuthanilavan, Sr. Resident, General Medicine
- 19 Jan - Dr. Selva Kadungo Vazhiyathan, Sr. Resident, Ophthalmology
- 23 Jan - Dr. P. Indra Priyadharsini, Assistant Professor, General Surgery
- 24 Jan - Dr. S. Niloufur, Sr. Resident, OBG
- 25 Jan - Dr. S. Selvakumar, Tutor, Anatomy
- 27 Jan - Dr. V. Poornima, Consultant, Anaesthesiology

#### FEBURARY

- 6 Feb - Dr. S.P. Meenakshi Sundaram, Professor, Anaesthesiology
- 7 Feb - Dr. J. Jenish Rajma Arun, Assistant Professor, Paediatrics  
Dr. G. Rajalakshmi Preethi, Associate Professor, Radiology
- 10 Feb - Dr. T. Rajaram Manoharan, Professor, Anaesthesiology
- 14 Feb - Dr. G. Ganesh Prabhu, Assistant Professor, General Surgery  
Dr. A. Sivakumar, Assistant Professor, Orthopaedics
- 15 Feb - Dr. Shruti Rajesh Rao, Sr. Resident, Anaesthesiology (Spl)  
Dr. P. Yuri Gagarin, Associate Professor, General Medicine
- 16 Feb - Dr. M. Nirmala, Medical officer, General Medicine  
Dr. R. Rathna, Professor, Gynaecology
- 18 Feb - Dr. M. Selvaganesh, Assistant Professor, General Medicine
- 19 Feb - Dr. S. Shunmuga Arumugasamy, Sr. Resident, Paediatrics
- 20 Feb - Dr. Benita Florence, Emergency Physician, Casualty
- 22 Feb - Dr. E. Balaji, Sr. Resident, Anaesthesiology
- 25 Feb - Dr. R. Sudhakar, Assistant Professor, Pathology
- 27 Feb - Dr. V. Rajagopalan, Assistant Professor, General Surgery
- 28 Feb - Dr. S. Nithya, Sr. Resident, Peadiatrics

#### MARCH

- 3 Mar - Dr. M. Vijay Ganesh, Sr. Resident, General Surgery
- 5 Mar - Dr. Shri Manikandan, Assistant Professor, Dentistry  
Dr. C. Deiveegan, Assistant Professor, Community Medicine  
Dr. V. Kabeer Doss, Camp Medical Officer, Medical Officer
- 6 Mar - Dr. K.M. Prabhuswamy, Assistant Professor, General Medicine  
Dr. S. Jansibanu, Sr. Resident, General Medicine  
Dr. P. Rajasekaran, Professor, ENT
- 11 Mar - Dr. K. Shivakumar, Consultant, Surgical Oncology
- 12 Mar - Dr. S.R. Sankarasubramanian, Assistant Professor, General Medicine
- 13 Mar - Dr. R. Kumaran, Assistant Professor, Radiodiagnosis
- 19 Mar - Dr. Pallavi Rathi Vanthitha, Assistant Professor, Dermatology  
Dr. P. Venkatesh, Assistant Professor, Neurosurgeon
- 20 Mar - Dr. M. Virgin Joena, Assistant Professor, General Medicine
- 24 Mar - Dr. B. Rameez Raja, Sr. Resident, General Medicine
- 29 Mar - Dr. S. Ganesh Prasad, Consultant, Urology
- 31 Mar - Dr. K. Sasikala, Sr. Resident, OBG

**WELCOME TO THE VELAMMAL FAMILY**

We welcome



**Mr. Peter Kennedy,**  
our chief operating officer.

He is having a rich experience in overall Hospital Management Entailing Administration, Project Management, Strategic Planning, Business Development, Operations, HR, Finance & Costing, in various frontline hospitals for over 27 years. He has taken over as the chief operating officer of Velammal Medical College Hospital and Research Institute, Madurai. We extend a hearty welcome to him and look forward to the developments that he shall spearhead in our esteemed institute.

Dr.C.Ramesh	Professor Respiratory Medicine
Dr.J.Sundara Pandian	Professor Paediatrics
Dr. S. Vadivel Murugan	Professor General Medicine
Dr.K.Ilango	Associate Professor Ophthalmology
Dr. S. Babu	Associate Professor General Surgery
Dr.N.Sangeetha	Assistant Professor Pathology
Dr.M.Selva Meena	Assistant Professor Community Medicine
Dr.B.Nirmal	Assistant Professor Dermatology
Dr.N.Jerry	Assistant Professor Orthopaedics
Dr.R.Ganesh Mithun	Assistant Professor Dentistry
Dr.A.Hariharan	Assistant Professor Biochemistry
Mr. J.Vijay Anto	Assistant Professor (Statistician) Community Medicine
Dr.J.Sugashwaran	Consultant Radiology Oncology
Dr.S.Brahadeeswaran	Consultant Urology
Dr.M.Swathika	Senior Resident OBG
Dr.S.Nithya	Senior Resident Paediatrics
Dr.A.Vidhya	Senior Resident Anaesthesiology
Dr.B.Rameez Raja	Senior Resident General Medicine
Dr.R.Praiese	Senior Resident General Medicine
Dr.N.Sudhan	Senior Resident General Medicine
Dr.S.Balaji	Senior Resident Anaesthesia
Dr.Amal Francis Sam	Senior Resident Anaesthesia

**CONGRATULATIONS TO THE TOPPERS OF FIRST YEAR MBBS STUDENTS 2015-2016 BATCH APPEARED IN THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY – AUGUST 2016 EXAMINATION**

TOPPERS			SUBJECT TOPPERS		
Gayathri J	Renuka Varshini V	Ajay Srinivas S.S.	Gayathri J Anatomy & Physiology	Pooja Swetha P Anatomy	Pradeep S Biochemistry

**SECOND PRIZE WINNERS OF STATE LEVEL INTERMEDICAL COLLEGE PHARMACOLOGY QUIZ COMPETITION HELD AT THENI MEDICAL COLLEGE, THENI**

Arun M II MBBS	Arun Kesav M II MBBS	Viveka Ramyam V N II MBBS	Swetha T S II MBBS

**II YEAR MBBS STUDENTS ADHITHYA N, HARSHITHA R AND HARENI MURUGAVEL ACHIEVED FIRST PRIZE IN COMPETITION FOR WORKING MODEL REAL TIME PCR AT KAPV GOVERNMENT MEDICAL COLLEGE, TRICHY ON 7.10.2016.**



**DR. MITTAL AWARD ALONG WITH CASH PRIZE FOR THE UG E-POSTER COMPETITION HELD ON 27.11.16 AT 64TH ANNUAL NATIONAL CONFERENCE, LUDHIANA, WHICH WAS ORGANIZED BY INDIAN SOCIETY OF ANESTHESIOLOGISTS**



**Shreedhar Priyan N**, III year MBBS, got first prize for the best E-Poster among 30 E-posters presented in the competition.

**CONGRATULATIONS TO THE PRIZE WINNERS FOR PRESENTATION COMPETITION IN THE "EMBRYON 2016" WHICH WAS CONDUCTED BY THE DEPARTMENT OF ANATOMY, KANYAKUMARI GOVERNMENT MEDICAL COLLEGE ON 18.12.2016**

1ST PRIZE TEAM			2ND PRIZE TEAM		
Akshaya K	Madhumitha E	Arul Rani R	Krithika Lakshmi SM	Harshitha Konaki	Arun Kumar KB

**MARIAPPAN THANGAVELU VISITS VMCH&RI**

Mr. Mariappan Thangavelu represented India in the 2016 Summer Paralympic games held in Rio de Janeiro in the men's high jump, won the gold medal. He is India's first Paralympian gold medalist since 2004. Mariappan, visited VMCH&RI on 19<sup>th</sup> October 2016. The students of Velammal medical college were given an opportunity to converse with him and get inspired. The welcome speech was given by Yuvavishalini and vote of thanks by Karthika Boopathy.

During the short conversation he expressed his gratitude and emphasized that all credit goes to his mother and his coach. He also expressed that he was inspired to take part in Olympics when he was in his eighth standard and the constant support and encouragement of his coach helped him achieve this great feat. He expressed his desire that the Government of Tamil Nadu can do more to encourage various sports personalities. He mentioned that he wanted to take part in two more Olympics and win the gold medal for India and in future he has planned to spend his time in training and motivating the young talented youth. Throughout his stay in VMCH&RI, the great personality radiated humility and discipline, motivating the students of Velammal medical college.

**INAUGURAL FUNCTION OF VELAMMAL SCHOOL AND COLLEGE OF NURSING, MADURAI**

The new venture on 31.10.16 at 9 AM in auditorium of nursing block was started to add yet another mile stone in Velammal Educational Trust by inaugurating 1st Batch of B.Sc Nursing and Diploma in General Nursing and Midwifery Programme.

Shri. M. V. Muthuramalingam, the Hon'ble chairman of Velammal Education Trust has graced the occasion as a chief Guest. Dr.S.Chandrakala., M.Sc (N)., Ph.D., Principal, Velammal School and College of Nursing had delivered welcome address. In her speech she welcomed the dignitaries, invitees, parents and new students who have opted nursing as their Career. Dignitaries on the dais along with parents lighted the Kuthuvilakku.

Dr. RajaMuthiah., M.S., Dean, VMCH&RI had felicitated the function. He emphasized about balancing academics and service side. In chief guest address, Shri. M. V. Muthuramalingam, insisted on sacrifice, service and sincerity in studies. He also encouraged the students to have perseverance in learning and preserving values and Velammal culture. Prof. S. K. Viji Priya., Vice Principal, VCON had conveyed her gratitude by vote of Thanks. Parents and students expressed their happiness and satisfaction to be a part of Velammal Family.

**UPGRADED PAEDIATRIC INTENSIVE CARE UNIT INAUGURATION - 19.12.2016**

Velammal Medical College Hospital and Research Institute, Department of Paediatrics and Neonatology is treating newborn babies, preterm babies and children suffering from serious illnesses like dengue fever, status epilepticus, status asthmaticus, severe pneumonia, sepsis in paediatric intensive care unit and NICU. As the number of patients admitted in pediatric intensive care unit is increasing, the present PICU is upgraded with more beds and equipments and inaugurated on 19.12.2016 by our Honourable chairman Mr. M.V.Muthuramalingam.

The Dean Dr. R. M. RajaMuthiah, Medical Superintendent Dr. Somasundaram and Senior consultant in pediatrics Dr. J. Sundara Pandian, who has now joined Velammal medical college were present during the inauguration. Prof. and HOD Dr. G. Mathevan, Prof. Dr. S. Natarajarathinam and Prof. Dr. R. V. Jayabalaji made all the arrangements. All the faculty members of the department of Paediatrics took active part in the function.


**INAUGURATION OF YOUTH RED CROSS SOCIETY (YRCS), VMCH&RI**

Youth Red Cross society (YRCS) is a humanitarian organization affiliated to Indian Red Cross Society was initiated as a wing of Velammal Medical College and Research Institute. Dr. RM Raja Muthiah, Dean, VMCH&RI nominated Dr. Deiveegan as the programme officer, who conducted familiarizing sessions for the students of 2<sup>nd</sup> year and 3<sup>rd</sup> year batches to get acquainted about the functions of YRCS and its role. A Total of 214 members actively enrolled with the YRCS, Velammal Medical College and Research Institute, Madurai to deliver socially concerned services to the general public and in terms of emergency to deliver charitable and humanitarian services and to promote welfare of the people who are in need.

The inauguration of YRCS, Velammal Medical College and Research Institute on 4/11/16 was marked by "Plastic free campaign" flagged off by Dr. PK Mohanty, Vice Principal, VMC&RI. Students participated energetically by collecting the plastic waste within the campus which was disposed for recycling. In future YRCS, Velammal medical college and research institute will be committed to achieve its role by engaging in similar activities in the years to come.



**INAUGURAL OF LIVER UNIT**





**Velammal Medical College Hospital &  
VMC Speciality Hospital**

Madurai - Tubiconin Ring Road, Anuppanadi, Madurai - 625009. Phone : 0452 - 2510000, 7113333 Toll Free : 1800 425 00108  
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**UPGRADED PAEDIATRIC INTENSIVE CARE UNIT  
INAUGURATION - 19.12 .2016**

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