

What's Up? @St John's Hospital

Issue 34, October 15th, 2019



Down Memory Lane

By Dr. Om Prakash
(Emeritus Physician,
St. Martha's, Bengaluru)



**WORLD HOSPICE
AND PALLIATIVE
CARE DAY
12th October
2019**

Facepainting
competition,
Autumn muse
2019. Theme was
Chandrayaan 2
PC: Dr. Rakesh
Ramesh



EDITORIAL TEAM:

Alma Lakra, Archana S, Avinash. H. U, Bhavyank Contractor, Blessy Susan Biji, Deepak Kamath, Jennifer Gabriela, Jyothi Idiculla, Kiranmala Keithellakpam, Manu. M. K. Varma, Monica Rita Hendricks, Nivedita Kamath, Rakesh Ramesh, Ruchi Kanhere, Sanjiv Lewin, Sanjukta Rao, Santu Ghosh, Saudamini Nesargi, Srilakshmi Adhyapak, Uma Maheshwari, Rev. Fr. Vimal Francis, Winston Padua

St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru



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* We now present a fully interactive menu. It works best with Adobe reader application (on computers, mobile phones and tablets)



MESSAGE FROM THE EDITORIAL TEAM

Dear All!!!

We are pleased to share the thirty fourth issue of “What’s Up? @ St John’s Hospital” magazine today. We welcome Dr. Kiranmala Kiethellakpam (Senior Resident, Department of General Medicine) to our editorial team. On the other hand, the team bids farewell to Dr. Sanjukta Rao, who has been contributing to this magazine for over an year now. We thank her assiduous contribution and wish her great success in her endeavours.

The present issue is dedicated to World Hospice and Palliative care day which was observed on 12th October 2019. The magazine is themed with colours aqua and orange in the corners to observe the same. We thank Dr. Subhash Tarey (Professor and Head, Department of Palliative Medicine) for providing us an overview of the day and the theme ‘My care My Right’

It is our privilege indeed to publish a beautiful article ‘Down memory lane’ by Dr. Om Prakash (Emeritus Physician, St. Martha’s Hospital, Bengaluru). Do not miss reading this.

Present issue introduces you to ‘Division of pediatric hematology, oncology and stem cell transplantation’ in St. John’s Medical College Hospital in Know your hospital section. The ‘Painters’ become this time’s ‘Team of the month’.

Please feel free to communicate with us to publish your achievements and events. Your feedback motivates us to work harder. ಓದಿ ಖುಷಿಪಡಿ!!

Editorial Team

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COVER STORY

Down Memory Lane

- **Dr. Om Prakash**
**(Formerly Emeritus Physician,
St Martha's Hospital, Bangalore.)**



The year 1975; I had returned from USA in July. Dr. CM Francis had replied to my letter, and had promised me that he would consider me for a post. I got a letter from him, appointing me as Assistant Professor in medicine, but at the Campus hospital. Up till then, St Martha's was the sole teaching hospital for SJMC.

I thus had the dubious honor of being the first doctor at the Campus hospital. The very first day, I sat in the medical OPD, with an SHO and two medical students. I had suggested this because we needed some semblance of a "department"! An unsuspecting villager walked in to the large building, and asked if this was a hospital. I cajoled him to be the very first outpatient and promised free treatment and food if he stayed for a day! The case sheet read, "Upper respiratory infection, smoking cessation counselled".

The receptionist-MRD-clerk all in one was registering new OPD cases. This young lady almost always did not spell common names of the region properly. I would collect all these and take a short class for those in charge of the records.

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COVER STORY Down Memory Lane

One day, I got a card with the name “Aka Yama!” I got irritated and went to the counter and said, “See what you have written here for Akkayamma!” The clerk smiled and pointed to a short Japanese man who in turn smiled said “Yesso! Aka Yama!” pointing to himself and bowing deeply. You might recall that in 1977 several Japanese technical staff were in Bangalore at the HMT watch factory. Talk of eating humble pie!

One Day, I was about to go home when the staff nurse called me, and said Dr Gomathy – gynecologist – wanted me in the OT. Now, for us physicians, OT is a threatening proposition. I rushed to the OT and found Dr Gomathy preparing for a Caesarian section. “Does this lady have a medical problem”, I wanted to know. Dr Gomathy said, she was alone, and she wanted me as an elder doctor to satisfy the relatives waiting outside. I was asked to scrub up; I did and stood dutifully. “You can retract Sir” said the voice behind her mask. I held on to the skin folds and thought I had assisted ably. I felt dizzy and heard a faint cry of the infant. “Can I relax now?” I asked with a trembling voice. “Yes Sir, unless you want to go away with the blood stained sheets!”

Gerry Mascarenhas, the famous chest surgeon joined us. He had a vast experience at the sanatorium. Once, an elderly lady aspirated and became very dyspnoeic. I called Gerry and he rushed to the ward and did a bronchoscopy; the patient became stable. A few moments later, I realised that one of her upper incisors was missing! Has it gone into one of the bronchi? I wondered. I went to Gerry’s office and was told he was in a meeting. I insisted that it was indeed an urgent problem. Gerry came out and looked at me quizzically. I told him my concern. “Oh!” he said, with a sigh. “What do you think of me?” and produced the missing tooth from his capacious pocket! For after all, I thought, God sees he tooth, but waits! We did not charge her for the extraction!

One can go on and on with anecdotes from one’s basket of memories. It is amazing that the human mind is such a storehouse of events, some funny, others touching and poignant. But all of them do have their own learning and teaching significance. Personally, I would give up anything but not the desire to teach young and eager minds.



UPDATES THIS WEEK

World Hospice & Palliative Care Day

12th October 2019

World Hospice and Palliative Care Day is a unified day of action to celebrate and support hospice and palliative care around the world. World Hospice and Palliative Care Day takes place on the second Saturday of October every year. This year the World Hospice and Palliative Care Day falls on **Saturday, October 12 2019.**



People from around the world who have been impacted by a life-limiting illness -- either personally or by supporting a loved one -- will be making their voices heard, asking policy makers to pay attention to prioritize palliative care policies and services. Further, people who have been standing in solidarity with them -- local leaders, volunteers, advocates, clinicians -- will be volunteering their time to amplify this public message: **Palliative Care: it's "My Care, My Right."**

The theme ***My Care, My Right*** aims to communicate that palliative care can be demanded by the public - and that, together, every person impacted by a life limiting illness can influence their policy makers to prioritize palliative care financing under Universal Health Coverage.

This year's World Hospice and Palliative Care Day comes on the heels of the UN High Level Meeting on Universal Health Coverage (UHC) on 23 September. Therefore, a key action for the campaign will be to call on governments to listen to people who need or access palliative care and support the inclusion of the essential package of palliative care in all national Universal Health Coverage (UHC) schemes.

The sub-theme of My Care, My Right will address the importance of mobilizing communities, particularly volunteers to ensure that patient's right to care is supported.

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World Hospice & Palliative Care Day

Specifically addressing the premise that if care is a patient's right, how can UHC support carers to improve their well being under Sustainable Development Goal.

The Department of Palliative Medicine commemorates this day every year by organizing a poster exhibition for General Public.

In addition the Department conducts “Matthew Olapally Prize in Palliative Medicine” for the 6th Term students of MBBS.

EMOTIONAL SUPPORT TO CANCER PATIENTS.

St. John’s Medical College Hospital has entered in to a MOU with Indian Cancer Society, Bangalore Chapter to provide emotional support to patients living with cancer. Emotional Support Group, a team of volunteers trained in counseling by Indian Cancer Society will be visiting once a week to the Department of palliative Medicine to assess emotional needs and offer emotional support and counseling to patients with advanced cancer needing Palliative care. The team comprises volunteers who have been caregivers to cancer patients or cancer survivors who have experienced the emotional turmoil of dealing with cancer and are motivated by their personal experiences.

On 23rd September 2019, the group made a presentation to all components of the Oncology services about their aims and scope of services. Many departments evinced keen interest in the initiative started by the management of the Institution.



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World Hospice & Palliative Care Day

EMOTIONAL SUPPORT TO CANCER PATIENTS.

23rd September 2019



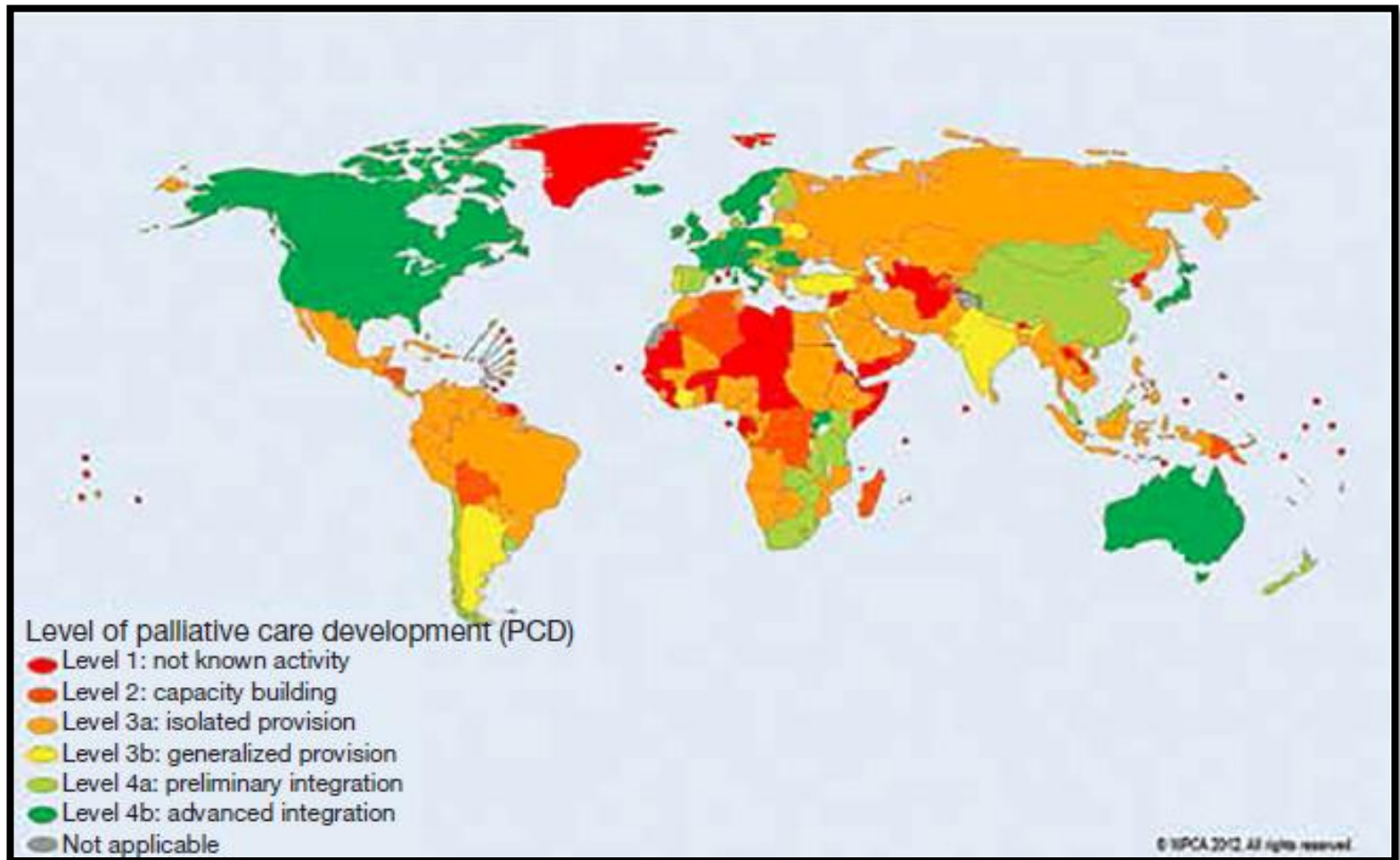
23rd September 2019: The Emotional support team addressed the doctors from the departments of Oncology

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World Hospice & Palliative Care Day

LEVEL OF PALLIATIVE CARE AVAILABILITY WORLDWIDE.



PALLIATIVE CARE AS A HUMAN RIGHT

Palliative care is the holistic management of physical, psychological, legal, and spiritual problems faced by patients with life-threatening illness and by their families. Palliative care can be delivered in a variety of settings, including hospitals, outpatient clinics, residential hospices, nursing homes, community health centers, and at home. It is fundamental to health and human dignity and is a basic human right. It can and should be provided alongside curative treatment that begins at the time of diagnosis.

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WORLD HOSPICE DAY

Dept. of Palliative Medicine

11th October 2019

World Hospice and Palliative care day 2019 was observed on 11th October 2019. Department of Palliative medicine had organised a patient education program in the 1st floor of Oncology block. Welcome address was delivered by Dr. Renuka Pai (Department of Palliative Medicine). Patient experience was shared by Mr. Vijay Garg. Care givers experience was spoken by Dr. Kanchana. Dr. Medha Sugara (Department of Surgical Oncology) gave the audience a perspective on “My Care My Right”. Dr. Geraldine (Palliative Medicine) delivered the vote of thanks.



Inauguration of Pharmacy in Oncology Block

1st October 2019

New Pharmacy in the Oncology Block was inaugurated and blessed by Rev. Dr. Paul Parathazham (Director, SJNAHS), Rev. Fr. Jesudoss Rajamanickam (Associate Director, Finance) and Rev. Fr. Pradeep Kumar Samad (Associate Director Hospital) in presence of staff of pharmacy, all doctors of oncology departments, Sr. Fatima Puthenthoppil (Chief of Nursing Services) and Dr. Tony Raj (Dean, SJRI) on 1st October 2019. The new pharmacy is situated in 1st floor of Oncology Block next to pediatric oncology OPD.



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World Breastfeeding Week (WBW) Winners 2019

26th September 2019

World Breastfeeding week from 1st to 7th August 2019 was celebrated across the country. This year's theme was 'Empower parents, Enable breastfeeding: Now and for the future!' BPNI (Breastfeeding Promotion Network of India) coordinates the actions in the country. Out of the 104 applicants across the country 20 winners were selected by the experts in BPNI. St. John's Medical College has won once again.



WBW 2019 Winners

(The winners are in no specific order of judgment)

S. No	Name of the Winners	State
1.	GMR Vara Lakshmi Foundation (GMRVF)	Mulapeta, Andhra Pradesh
2.	Inner Wheel Club Palghat	Palghat , Kerala
3.	Chief Convenor-Dr. C.B. Dass Gupta & Group, Kota	Kota, Rajasthan
4.	Department of Community Medicine M.S. Ramaiah Medical College, Bangalore	Bengaluru, Karnataka
5.	Dept of Community Medicine Pandeet Deendayal Upadhyah Medical College, Rajkot	Rajkot, Gujarat
6.	Tata Power Community Development Trust	Mumbai, Maharashtra
7.	P.E.S. Institute Of Medical Sciences & Research, Kuppam	Kuppam, Andhra Pradesh
8.	St. Johns Medical College Hospital, Bangalore	Bengaluru, Karnataka
9.	Vijayavahini Charitable Foundation (VCF)	Vijayawada, Andhra Pradesh
10.	Department of Food Science & Nutrition Dr. N.G.P. College of Arts and Science Coimbatore.	Coimbatore ,Tamil Nadu
11.	Department of Pediatrics Al-Azhar medical college Thodupuzha	Thodupuzha, Kerala

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FRIDAY CLINICAL MEETING

Clinical Pathological Conference

11th October 2019

Presented By: Dr. Belinda George (Associate Professor, Endocrinology),
Dr. Karthik Shyam (Radiodiagnosis) and Dr. Ashitha (Pathology)

Discussants: Dr. Arun Kilpadi, Ex –HOD and Professor Dept of Surgery
and Dr. Saji Joseph, Ex-HOD and Professor, Dept of Orthopaedics

SUMMARY OF THE CASE:

A 45 year old male, with Hypertension, Coronary Artery Disease, right gluteal swelling (2 yr). Now presenting with a rapid painful enlargement of swelling following a trauma, which was associated with the fever. Patient was Hemodynamically stable (No tachycardia, hypotension), there was a large fluctuant gluteal swelling with signs of inflammation. Blood investigations were suggestive of anemia with neutrophilic leucocytosis, renal failure with compensated metabolic acidosis and slightly deranged bleeding parameters. Imaging was suggestive of a large subcutaneous hetero-echoic collection, intraperitoneal collection, intramuscular and intermuscular collections with right iliac bone destruction.



Plain X Ray and Computed Tomographic images

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FRIDAY CLINICAL MEETING

Clinical Pathological Conference

Differential Diagnosis during the discussion after history, examination and blood investigations and imaging (ultrasound, CT and MRI without contrast) were:

- A. Osteomyelitis** (? tubercular ? Nonspecific inflammation of the ilium though the sparing of femur was against long history of chronic osteomyelitis) with possibly an abscess
- B. Pseudotumor** – Acquired Hemophilia.
- C. Hydatid cyst** (if hydatid cyst ruptured causing the subcutaneous, intraperitoneal collections, why didn't the patient have anaphylaxis? Rupture of hydatid cyst is an emergency due to anaphylaxis)

INTRA –OP: One litre of serosanguinous fluid drained from gluteal region and 750 ml drained from anterior aspect of hip joint (globular cyst like structures were visualized during the drainage) and also from intraperitoneal region.

HISTOPATHOLOGY: Showed, acellular lamellated eosinophilic material with moderate inflammatory infiltrate (neutrophils, lymphocytes, histiocytes and occasional plasma cells), No scolex/hooklets. Suggestive of Hydatid Cyst.

TAKE HOME MESSAGE:

Echinococcus of bone and soft tissue- Rare and misdiagnosed; Hydatid disease can involve any part of body except hair, teeth and nails. Lack disease-specific characteristics in radiography. There might be history of contact with dogs (definitive host) or sheep (intermediate host) though such history may not be available as in this case highlighting the transmission through contaminated soil and water. If Hydatid cyst ruptures in the subcutaneous tissues, it may not cause anaphylaxis.



Intra Op Findings of multiple cysts.

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Rhyme Chime...

Man and his Best Friend

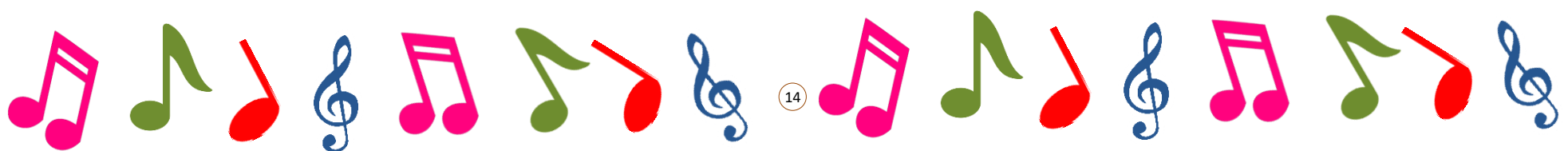
- Dr Jyothí Idiculla



at the Poetry Festival, Leela Palace, Bengaluru


Man and his best friend reading a book
Not sparing anyone a glance or a look
Into the world of poetry they immerse
Where no boundaries bar the universe

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RESEARCH SNIPPETS

Types of closed- ended questions

QUESTION TYPE	EXAMPLE
Dichotomous question	Have you ever been hospitalized ? Yes No
Multiple choice question	Which is the causative organism of cholera? Vibrio cholerae Salmonella typhi Mycobacterium leprae Treponema Pallidum
Cafeteria question	Which among the following statements best represents your view on hormone replacement therapy for women ? Estrogen replacement is dangerous I am undecided about my views Estrogen has risks and needs to be used with caution Estrogen replacement is a wonder therapy
Rank order question	Please indicate the order of importance to you by placing a "1" beside the most important and so on. Career Family Friendship Money
Forced choice question	Which statement closely represents your point of view? What happens to me is my own doing Sometimes I feel I have no control over my life
Rating question	On a scale of 0- 10 , where 0 means extremely dissatisfied and 10 means extremely satisfied , how satisfied were you with the nursing care you received during your hospitalization  0 10

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IG NOBEL



1995 – BIOLOGY

Anders Barheim and Hogne Sandvik

Tasty & Tasteful report on Leeches

Anders Barheim and Hogne Sandvik of the University of Bergen, Norway, for their tasty and tasteful report, "Effect of Ale, Garlic, and Soured Cream on the Appetite of Leeches."



Exposure to beer tended to disrupt the leeches' normal behaviour and made them erratic. However, the most interesting effect was that of direct exposure to garlic. Ingested garlic has been reported to be lethal to some animals, but we believe this to be the first study showing garlic to be lethal by skin absorption. Garlic has a definite force of attraction on leeches, but this attraction was fatal! (leeches died of adverse effects).

Leeches' willingness to bite after being exposed to beer, garlic, and soured cream

Type of exposure	No of leeches	No of exposures for each leech	Time from application to biting (seconds)	
			Median	Range
Guinness stout	6	3	187*	38-301
Hansa bock	6	3	136	12-301
Water	6	3	92	7-301
Garlic	2	1	†	
Soured cream	4	7	25	2-301
Bare arm	4	7	34	2-301

*P=0.06 compared with control (water). †Due to the lethal effect of garlic, the leeches were unable to initiate feeding.

*BMJ. 1994 Dec 24-31;309(6970):1689.



Division of Pediatric Hematology Oncology & Stem Cell Transplantation

The Division of Pediatric Hematology Oncology and Stem Cell Transplantation provides comprehensive- multidisciplinary benign hematology and cancer care for neonates, children and adolescents. The division works closely with several departments including Pediatrics, Pediatric Intensive care, Pediatric Surgery, Immunohematology, Radiotherapy, Pain and Palliative care and Medico-social Work Department. Being part of a large teaching institution allows for comprehensive multi-disciplinary care of our patients. The Division was formed in 2016.

LOCATION & TIMINGS:

Location: OPD: 1st floor Oncology Block

Out-patient clinics function three times a week

Inpatient unit: B wing, New Block 1st Floor. The unit comprises 15 inpatient and 15-day care beds (for outpatient chemotherapy and blood transfusions)



THE AREA OF SERVICES

1. Diagnosis and treatment of children with malignancies, including hemato-lymphoid malignancies (Acute Lymphoblastic Leukemia, Acute Myeloid Leukemia, Acute Promyelocytic leukemia, Hodgkins and Non-Hodgkins lymphoma) and solid tumors (renal, hepatic, germcell, soft tissue sarcomas).
2. Hematopoietic stem cell transplantation (HSCT) for benign and malignant conditions.
3. Expertise in treatment of recurrent or relapsed malignancies.
4. Holistic care for children with all types of anemia.
5. Care for children with inherited and acquired bone marrow failure syndromes including hematopoietic stem cell transplantation (HSCT) immunosuppressive therapy (IST).
6. Diagnosis and management of children with various bleeding disorders (Hemophilia, Factor XIII deficiency, Fibrinogen deficiencies, Von Willebrand's disease, Immune thrombocytopenia, Rare bleeding disorders)
7. Management of malignancies requiring multidisciplinary care under one roof (radiotherapy, chemotherapy, surgery)

SPECIAL SERVICES:

1. Thalassemia Clinic – comprehensive care for children with Thalassemia requiring regular transfusion, assessment of transfusion-related complications, iron chelation therapy, growth and pubertal assessment and intervention and genetic counseling.
2. Day care services for oncology – administration of chemotherapeutic agents, intrathecal administration of drugs, central line care and dressing, assessment of nutrition status and appropriate assistance and supportive care including transfusion of necessary blood products.
3. Rare bleeding disorders clinic –caters to a variety of rare inherited bleeding disorders.



SUPPORT FOR PATIENT CARE FROM NGOS:

PHO Division is collaborating with various NGOs to raise funds for patient care and comprehensive care of oncology patients.

1. **Health for Life project with Rotary Bangalore Southwest** – funding for chemotherapy – all children are assessed by MSW and are eligible for this assistance based on need expressed by parents.
2. **Cuddles foundation:** support with a dietician to assess and support nutrition during and after chemotherapy – this service is provided free of charge to all patients
3. **Banagria Foundation** – assistance to children with Thalassemia to provide iron chelation medications.
4. **Milaap** – online crowd funding platform for individual patients requiring complex therapy including stem cell transplantation

ACADEMICS AND RESEARCH

Academics: The Division is a leader in medical education having conducted many local and national meetings and workshops for training in Pediatric Haemato-Oncology for doctors and nurses. The academic activities include:

1. Pediatric undergraduate and post graduate teaching in the department
2. Pediatric Oncology Nursing Training courses both inhouse and with UKCCSG group
3. Pediatric Hemato-Oncology workshops as part of state and national level Pediatric Conferences
4. IAP fellowship in Pediatric Hematology Oncology: a 2-year exclusive training program for superspeciality certification of Pediatricians
5. Out-reach program for basic PHO teaching to the general pediatricians at the RDT hospital Ananthpur
6. Monthly National Cancer Grid (NCG) – a national level online forum in the form of tele-conferencing with other institutes

Know Your Hospital!

Pediatric

ONCOLOGY

Research: There is active participation in research with several ongoing projects, and presentations and publications at National and International meetings. There is collaboration with the St John's Research Institute. Current Research projects / interests in PHO SJMCH are:

1. Neutrophil CD64 expression in Febrile Neutropenia
2. Copy Number Variations in paediatric ALL for risk stratification
3. Impact of therapy on Nutritional status in childhood ALL
4. Indian Pediatric Oncology Group (InPOG) studies –I-HLH
5. Haematinic deficiency in children with ITP
6. Joint health scores in Pediatric Hemophilia



The TEAM: Front row: Ajantha A (Onco 1st Floor Incharge), Bhagya K (Nursing Aide), Dr Sr Shilba (Post Graduate), Dr Manasa K (Fellow), Dr Tarangini D (Asst Prof) Back row: Dr Pavitra D S (Senior Resident), Dr Anand Prakash (Assoc Prof and Div Head), Dr Fulton D'Souza (HOD, Pediatrics), Dr Vandana Bharadwaj (Assoc Prof)

ONCOLOGY

Pediatric





GREY *Matters!*



THE POWERPUFF GIRLS
Women Nobel Laureates in Medicine
PART 2

- 1) Undaunted by Jewish repression, this scientist won the Nobel for characterizing the Nerve Growth Factor. She also lived long enough to enjoy her laurels (she lived till 103 years of age!)
- 2) This scientist won the Nobel for literally 'sniffing out' the workings of the olfactory system!
- 3) This woman scientist is credited with discovering the AIDS virus and its mode of spread which won her the Nobel.
- 4) This Nobel laureate who worked on fruit flies has an asteroid named after her!
- 5) This duo is credited with discovering the Telomerase enzyme and their bagging the Nobel was the first instance of a Nobel being shared by more than 1 woman!

[CLICK HERE FOR ANSWERS](#)





Team of The Month

PAINTERS

Department of Engineering and facility Management

Painting a hospital or a healthcare facility is a sensitive project that requires a skilled, experienced and knowledgeable painter. This job can be extremely demanding as they may be needed at various departments at the same time, their work should not interfere with the functioning of any department and at the same time accommodate the needs of all personnel involved in the healthcare facility.

The painters are a group of 7 talented men who function under the leadership and guidance of Mr. J.LStephens , General manager and Mr. Vian Sherwin Saldanha , Junior Civil engineer of the Department of Engineering and facility Management. They work during nights also to minimize disruption of any vital operations in the hospital. In the last few months the demands for painting requirements has increased all over the hospital which has been met by assigning few contract painters.

We are extremely happy to have a great team of painters working to make every wall bright and every corner colorful for all of us at St. John's Medical college hospital.





Team of The Month

PAINTERS

Department of Engineering and facility Management

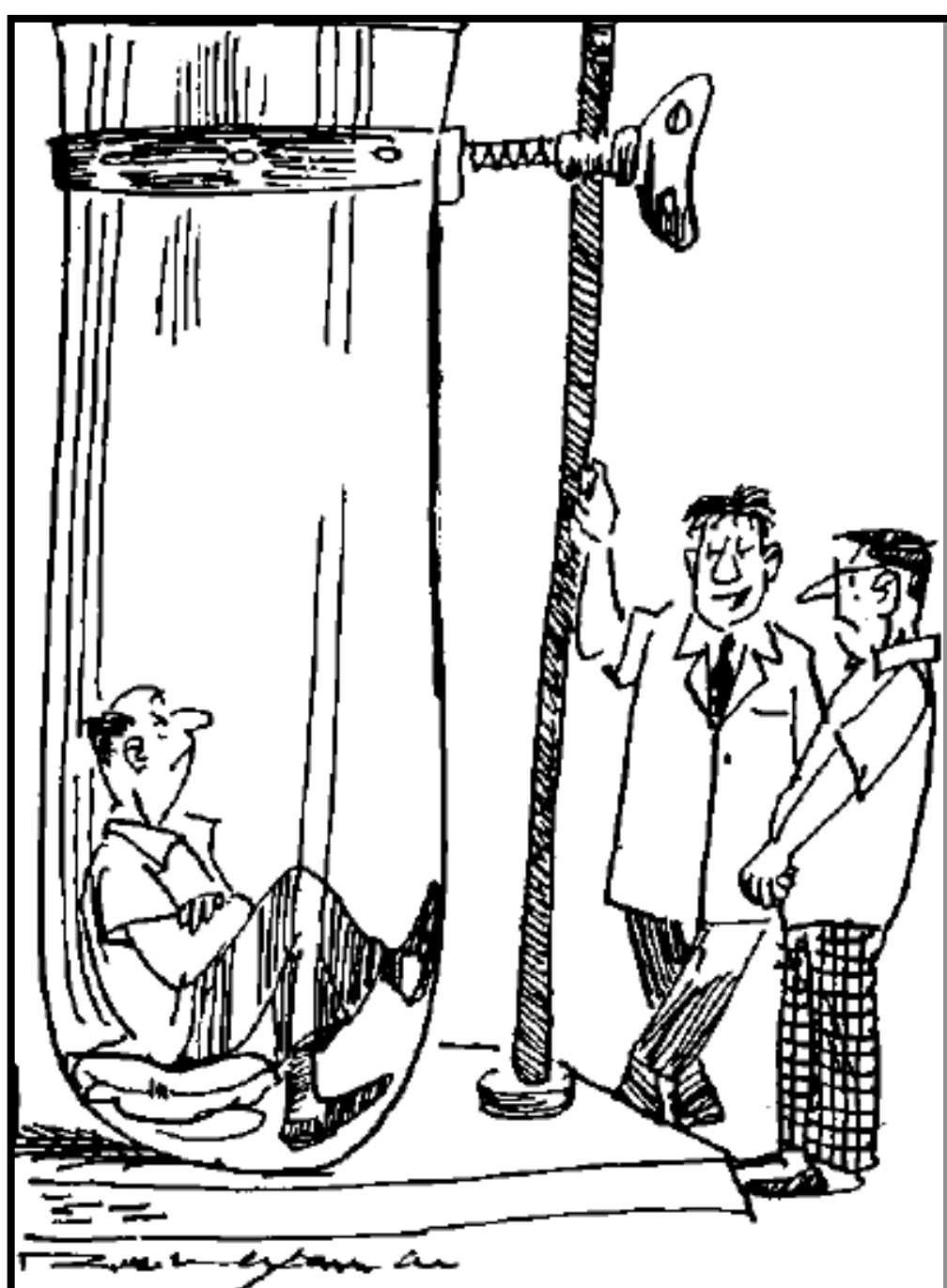


THE TEAM: (from left to right) Mr. Albertraj, Mr. Manjappa, Mr. Nagraj, Mr. Vian Saldanha, Mr. Dandapani, Mr. Elias. Mr. Jayappa (absent) and Mr. Prasanna (absent)



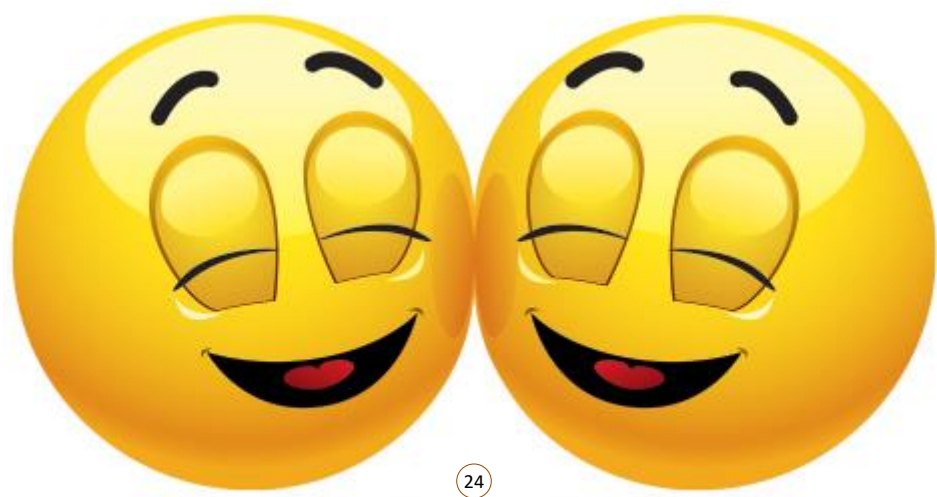


LAUGHTER IS THE BEST MEDICINE...



Remember the test tube baby- we had to increase the size of the tube- he refuses to come out!

Please wipe off that "I told you" look!



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Best of RK Laxman,
Times of India



New Section!!!

**“ST. JOHN’S
FOUNTAINHEAD”**

We will publish Abstracts of your
published research.....

Based on criteria laid down by the
Editorial Board.....

Email your Full Articles at the earliest to
Dr. Santu Ghosh

santu.g@stjohns.in

Articles published in the year 2018
(1st January to 31st December 2018)



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Estimation of protein requirements in Indian pregnant women using a whole-body potassium counter.

Kuriyan R¹, Naqvi S¹, Bhat KG¹, Thomas T², Thomas A³, George S³, Nagarajarao SC³, Sachdev HS⁴, Preston T⁵, Kurpad AV⁶.

1Division of Nutrition, St. John's Research Institute, Bengaluru, India; 2Division of Epidemiology and Biostatistics, St. John's Research Institute, Bengaluru, India; 3Department of Obstetrics and Gynecology, St. John's Medical College Hospital, Bengaluru, India; 4Sitaram Bharia Institute of Science and Research, New Delhi, India; 5Stable Isotope Biochemistry Laboratory, Scottish Universities Environmental Research Centre, Glasgow, United Kingdom; 6Department of Physiology, St. John's Medical College, Bengaluru, India.

Abstract

BACKGROUND:

The 2007 World Health Organization/Food and Agriculture Organization/United Nations University (WHO/FAO/UNU) recommendation for the Estimated Average Requirement (EAR) of additional protein during pregnancy for a gestational weight gain (GWG) of 12 kg (recalculated from a GWG of 13.8 kg) is 6.7 and 21.7 g/d in the second and the third trimester, respectively. This EAR is based on measurements of potassium accretion in high-income country (HIC) pregnant women. It is not known if low- to middle-income country, but well-nourished, pregnant women have comparable requirements.

OBJECTIVE:

We aimed to estimate total body potassium (TBK) accretion during pregnancy in Indian pregnant women, using a whole-body potassium counter (WBKC), to measure their additional protein EAR.

METHODS:

Well-nourished pregnant women (20-40 y, n = 38, middle socioeconomic stratum) were recruited in the first trimester of pregnancy. Anthropometric, dietary, and physical activity measurements, and measurements of TBK using a WBKC, were performed at each trimester and at birth.

RESULTS:

The mid-trimester weight gain was 2.7 kg and 8.0 kg in the second and the third trimester, respectively, for an average 37-wk GWG of 10.7 kg and a mean birth weight of 3.0 kg. Protein accretion was 2.7 and 5.7 g/d, for an EAR of 8.2 and 18.9 g/d in the second and the third trimester, respectively. The additional protein EAR, calculated for a GWG of 12 kg, was 9.1 and 21.2 g/d in the second and the third trimester, respectively.

CONCLUSION:

The additional protein requirements of well-nourished Indian pregnant women for a GWG of 12 kg in the second and third trimesters were similar to the recalculated 2007 WHO/FAO/UNU requirements for 12 kg.

Am J Clin Nutr. 2019 Apr 1;109(4):1064-1070. doi: 10.1093/ajcn/nqz011.



Association of air quality with respiratory and cardiovascular morbidity rate in Delhi, India.

Sanjoy Maji, Santu Ghosh and Sirajuddin Ahmed

1Faculty of Engineering and Technology, Jamia Millia Islamia (Central University), New Delhi, India; 2Department of Biostatistics, St. Johns Medical College, Bangalore, India

Abstract

The present study reports short-term impact of poor air quality on cardiovascular and respiratory morbidity rate in Delhi. The data on monthly count of patients visiting Out Patient Department (OPD) and hospital admission due to respiratory and cardiovascular illnesses from hospitals along with daily air quality data from air quality monitoring stations of Central Pollution Control Board (CPCB), Government of India, across Delhi were collected for the period 2008 to 2012.

A semi-parametric Quasi-Poisson regression model was used to examine the association of high pollution episodes with relative risk of hospital OPD visit and hospital admission due to respiratory and cardiovascular diseases. This study has confirmed the substantial adverse health effects due to air pollution across criterion air pollutants.

The study reports the short-term effects of air pollution on morbidity from a time-series study first time in India. The study findings illustrate the evidence of adverse health impact of air pollution from India to the global pool and can influence the policy makers to implement better air quality management system for Indian cities.

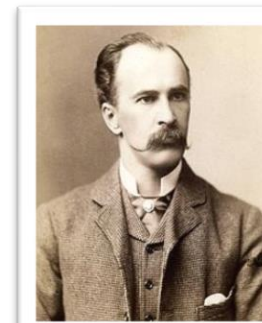
THE QUOTABLE OSLER

The philosophy of practical life is to know what to do.

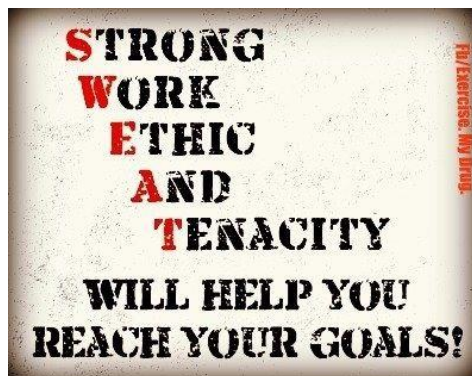
To know just what has to be done, then to do it, comprises the whole philosophy of practical life.



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Pursue a cherished purpose by tenacity of will:

To few is given the tenacity of will which enables a man to pursue a cherished purpose through a quarter of a century... to fewer still is the fruition granted.

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



MEDICINE DIS WEEK

A Bird's Eye View....

Early palliative care increases survival in Advanced cancer lung patients.

Palliative care is a patient-centered approach associated with improvements in quality of life; however, results regarding its association with a survival benefit have been mixed, which may be a factor in its underuse. In a retrospective population-based cohort study among 23,154 lung cancer patients (stage IIB and IV), 57% received palliative care. palliative care received 0 to 30 days after diagnosis was associated with decreases in survival (adjusted hazard ratio [aHR], 2.13; 95% CI, 1.97-2.30), palliative care received 31 to 365 days after diagnosis was associated with increases in survival (aHR, 0.47; 95% CI, 0.45-0.49), and palliative care received more than 365 days after diagnosis was associated with no difference in survival (aHR, 1.00; 95% CI, 0.94-1.07) compared with nonreceipt of palliative care.

- Sullivan DR et al. JAMA Oncol. Sep 2019.

Ultrasound (US) assistance for Lumbar Puncture.

Lumbar punctures (LP) are common procedures in medical practice. In a meta-analysis of 12 randomized trials of static bedside US guidance for LP performed in 957 pediatric and adult patients, first-pass success rate was higher for US guidance compared with a traditional landmark-based technique (90% versus 81%, respectively). US guidance also decreased patient-reported pain, as well as the number of needle passes or traumatic taps, although significant heterogeneity was identified in all analyses.

- Gottlieb M et al., Acad Emerg Med. 2019;26(1):85.



Association of Early Palliative Care Use With Survival and Place of Death Among Patients With Advanced Lung Cancer Receiving Care in the Veterans Health Administration

Donald R. Sullivan, MD, MA, MCR; Benjamin Chan, MS; Jodi A. Lapidus, PhD; Linda Ganzini, MD, MPH; Lissi Hansen, PhD, RN; Patricia A. Carney, PhD; Erik K. Fromme, MD, MCR; Miguel Marino, PhD; Sara E. Golden, MPH; Kelly C. Vranas, MD; Christopher G. Slatore, MD, MS

IMPORTANCE Palliative care is a patient-centered approach associated with improvements in quality of life; however, results regarding its association with a survival benefit have been mixed, which may be a factor in its underuse.

OBJECTIVE To assess whether early palliative care is associated with a survival benefit among patients with advanced lung cancer.

DESIGN, SETTING, AND PARTICIPANTS This retrospective population-based cohort study was conducted among patients with lung cancer who were diagnosed with cancer between January 1, 2007, and December 31, 2013, with follow-up until January 23, 2017. Participants comprised 23 154 patients with advanced lung cancer (stage IIIB and stage IV) who received care in the Veterans Affairs health care system. Data were analyzed from February 15, 2019, to April 28, 2019.

EXPOSURE Palliative care defined as a specialist-delivered palliative care encounter received after lung cancer diagnosis.

MAIN OUTCOMES AND MEASURES The primary outcome was survival. The association between palliative care and place of death was also examined. Propensity score and time-varying covariate methods were used to calculate Cox proportional hazards and to perform regression modeling.

RESULTS Of the 23 154 patients enrolled in the study, 57% received palliative care. The mean (SD) age of participants was 68 (9.5) years, and 98% of participants were men. An examination of the timing of palliative care receipt relative to cancer diagnosis found that palliative care received 0 to 30 days after diagnosis was associated with decreases in survival (adjusted hazard ratio [aHR], 2.13; 95% CI, 1.97-2.30), palliative care received 31 to 365 days after diagnosis was associated with increases in survival (aHR, 0.47; 95% CI, 0.45-0.49), and palliative care received more than 365 days after diagnosis was associated with no difference in survival (aHR, 1.00; 95% CI, 0.94-1.07) compared with nonreceipt of palliative care. Receipt of palliative care was also associated with a reduced risk of death in an acute care setting (adjusted odds ratio, 0.57; 95% CI, 0.52-0.64) compared with nonreceipt of palliative care.

CONCLUSIONS AND RELEVANCE The results suggest that palliative care was associated with a survival benefit among patients with advanced lung cancer. Palliative care should be considered a complementary approach to disease-modifying therapy in patients with advanced lung cancer.

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Author Affiliations: Author affiliations are listed at the end of this article.

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CONTENTS



Ultrasound-assisted Lumbar Punctures: A Systematic Review and Meta-Analysis.

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Author information

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Abstract

BACKGROUND: Lumbar punctures (LPs) are a common procedure in emergency medicine. However, studies have found that failed procedure rates can be as high as 50%. Ultrasound has been suggested to improve success rates by visually identifying the location and trajectory for the LP procedure. This systematic review and meta-analysis was performed to determine whether the use of ultrasound improved the rate of successful LP performance.

METHODS: PubMed, CINAHL, Scopus, LILACS, the Cochrane Database of Systematic Reviews, the Cochrane Central Register of Controlled Trials, and bibliographies of selected articles were assessed for all randomized controlled trials comparing the success rates of ultrasound-assisted LP with landmark-based LP. Secondary outcomes included the rate of traumatic LPs, time to procedural success, number of needle passes, and patient pain score. Data were dual extracted into a predefined worksheet, and quality analysis was performed using the Cochrane Risk of Bias tool. Data were summarized and a meta-analysis was performed with subgroup analyses by pediatric versus adult patients and by operator training level.

RESULTS: Twelve studies (n = 957 total patients) were identified. Ultrasound-assisted LP was successful in 90.0% of patients and landmark-based LP was successful in 81.4% of patients. The calculated risk difference (RD) was 8.9% (95% confidence interval [CI] = 1.2% to 16.7%) with an odds ratio (OR) of 2.22 (95% CI = 1.03 to 4.77) in favor of the ultrasound-assisted group. There were fewer traumatic LPs in the ultrasound-assisted group (10.7% vs. 26.5%; RD = -16.4%, 95% CI = -27.6% to -5.2%; OR = 0.28, 95% CI = 0.18 to 0.45). Ultrasound-assisted LP was also associated with a shorter time to successful LP (6.87 minutes vs. 7.97 minutes), fewer mean needle passes (2.07 vs. 2.66), and lower patient pain scores (3.75 vs. 6.31).

CONCLUSIONS:

Ultrasound-assisted LPs were associated with higher success rates, fewer traumatic LPs, shorter time to successful LP, fewer needle passes, and lower patient pain scores. Ultrasound should be considered prior to performing all LPs, especially in patients with difficult anatomy. Further studies are recommended to determine whether this effect is consistent in both adult and pediatric subgroups, as well as the impact of transducer type and body habitus on this technique.

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PMID: 30129102 DOI: [10.1111/acem.13558](https://doi.org/10.1111/acem.13558)

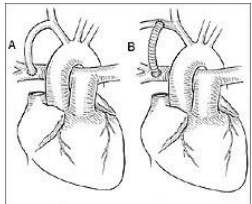


BLALOCK- THOMAS TAUSSIG SHUNT

Helen Taussig was particularly interested in “blue baby syndrome”. Using fluoroscopy, Taussig observed that these children had decreased pulmonary blood flow, which reduced the amount of blood available for oxygenation. She also found that many of her cyanotic patients worsened following the closure of the ductus arteriosus (DA). Taussig saw a potential solution in another heart defect. In patients with patent ductus arteriosus the DA fails to close properly. In a normal patient, this causes too much blood to be cycled to the lungs; but in a cyanotic patient, the patent ductus arteriosus would be extremely beneficial.

In 1942, Dr. Alfred Blalock performed the patent ductus arteriosus ligation at Johns Hopkins, and Taussig was in the packed gallery to watch the surgery. After surgery she said, “Dr. Blalock, you’ve done a very nice job closing this ductus; why can’t you build a ductus?... To some of our cyanotic children, it would mean a life for them.” This led to the serendipitous collaboration between Dr. Taussig, Dr. Blalock, and Vivien Thomas. By 1954 the surgery was a standard treatment for babies with tetralogy of Fallot, and is now known as the Blalock-Thomas-Taussig shunt.

https://en.wikipedia.org/wiki/Vivien_Thomas



Schematic representation of the Blalock-Thomas-Taussig anastomosis between the right subclavian artery and right pulmonary artery.

https://en.wikipedia.org/wiki/Alfred_Blalock

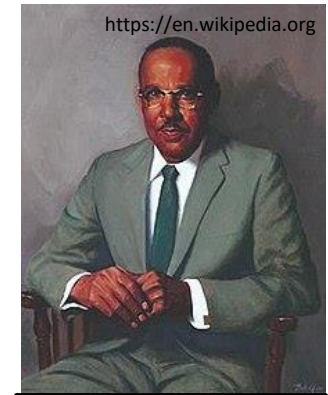


ALFRED
BLALOCK

<https://www.jax.org/m>



HELEN TAUSSIG



VIVIEN THOMAS

PEARLS OF WISDOM

I feel no need for any other faith than my faith in human things.

- Pearl S. Buck



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Today I have grown taller from walking with trees.

- Karle Wilson Baker

Wherever you are It is your own friends who make your world.

- William James



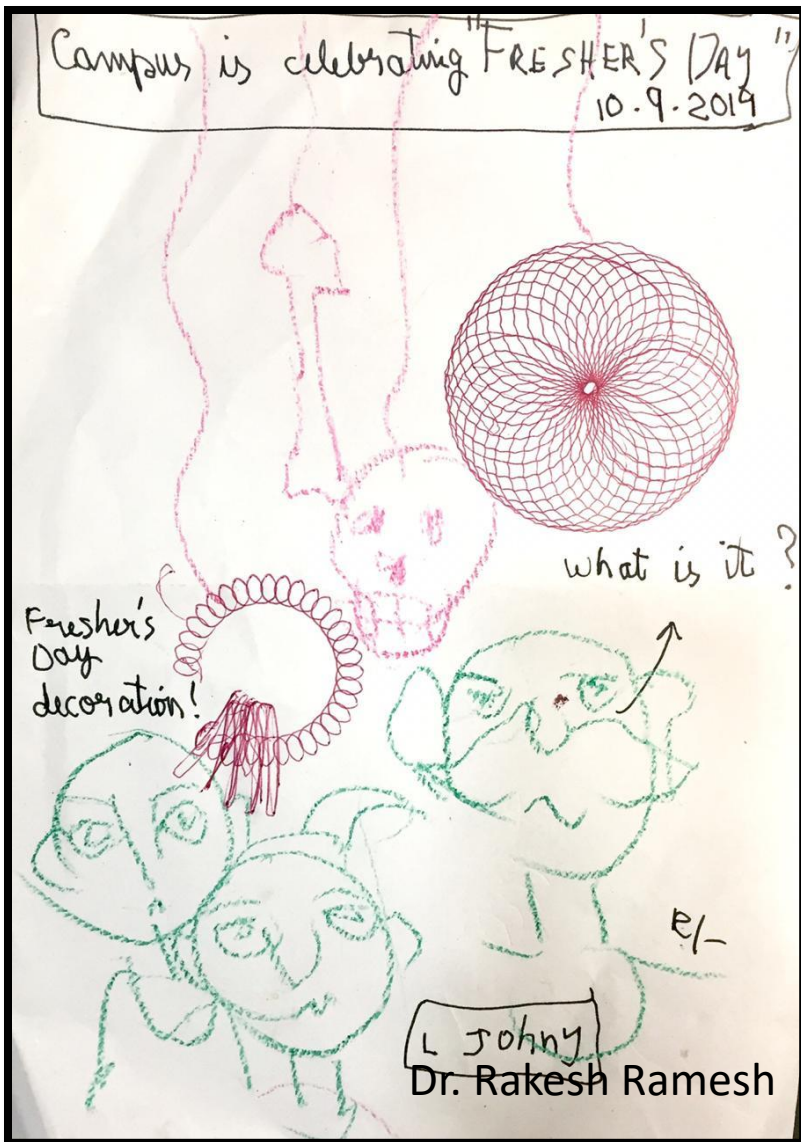
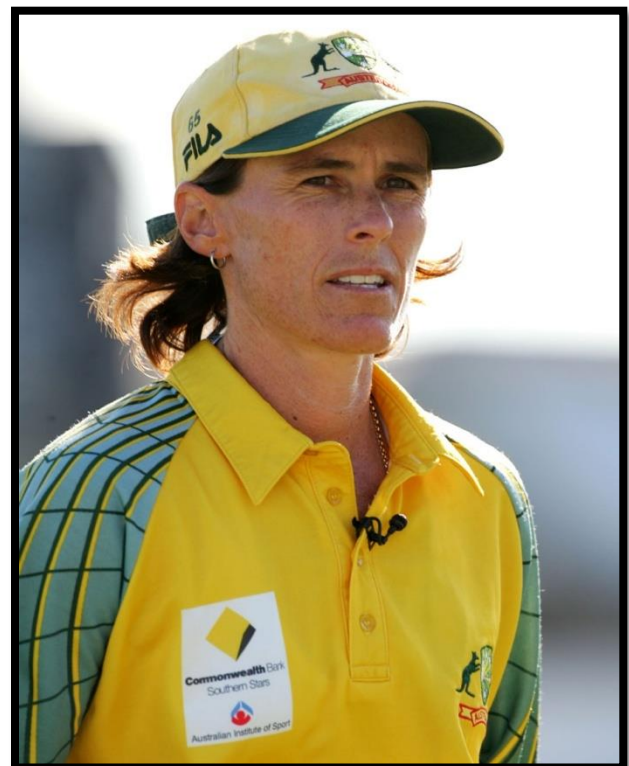
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L Johnny

Did You Know?

While Sachin Tendulkar holds several records in cricketing history, the honour of scoring the most number of double centuries in test cricket belongs to Australian cricketing ace Sir Donald Bradman? Bradman scored 12 double centuries versus Tendulkar's 6. Tendulkar and Australian Belinda Clarke are the first to have scored a double ton in men's and women's ODI respectively.

Source: Espncricinfo.



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GREY *Matters!*



QUIZ ANSWERS

1. RITA LEVI- MONTALCINI (1986)
2. LINDA B BUCK (2004)
3. FRANCOISE-BARRE- SINOUSI (2008)
4. CHRISTIANE NUSSLEIN- VOLHARD (1995)- *The asteroid is 15811 Nusslein-Volhard*
5. ELIZABETH BLACKBURN AND CAROL.W. GREIDER

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