

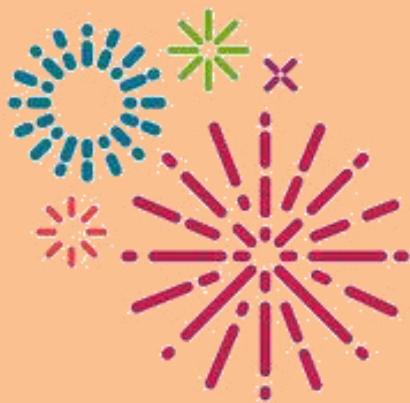
What's Up? @ St John's Hospital

Issue 44, January 1st, 2021



MERRY Christmas

Christmas decorations in the campus. .
PC: Rev. Fr. Vimal Francis



HAPPY NEW YEAR

2021



EDITORIAL TEAM:

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



CONTENTS

<u>Message From The Editorial Team</u>	02
<u>Glimpses of Christmas in the campus</u>	03
<u>Rhyme Chyme – Red and Green... Christmas Sheen...</u>	04
<u>International day of persons with disabilities</u>	05
<u>L Johny</u>	06
<u>St. John’s recognised for highest number of deliveries for HIV positive women</u>	07
<u>Laughter is the best Medicine</u>	09
<u>St. John’s Fountainhead</u>	10
<u>St. John’s Watchdog – COVID 19 and Aspirin</u>	12
<u>Pearls of Wisdom</u>	14
<u>Did You Know?</u>	14
<u>Know your Hospital – Dental Surgery</u>	15
<u>The Grey Matters</u>	20
<u>Quotable Osler</u>	21
<u>Medicine Dis Month</u>	21
<u>Reference 1 Medicine Dis Month</u>	22
<u>Reference 2 Medicine Dis Month</u>	23
<u>Research Snippets – Projective Techniques</u>	24
<u>The Grey Matters (Answers)</u>	25

* 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 release the forty fourth issue of “What’s Up? @ St John’s Hospital” magazine today. We come to the end of the year 2020- an unprecedented year filled with uncertainty, despair, loss and grief. We look back with gratitude for the gifts of love, family and friends, courage and faith that we held on to as we trudged along this year. The entire St John's family came together as one in this time of crisis and stood by the guiding principles of the institution and our professions.

The pandemic brought on new roles and responsibilities and for a period of 6 months, we had to put on hold the release of What’s up@St.John’s hospital magazine. With the situation returning to normalcy, we have commenced the work on the magazine with renewed enthusiasm. The Christmas and New Year festivities adorning the campus add colour to the last issue of the magazine every year. This year, the cautious celebrations have been compensated by the abundance of hope, enthusiasm and commitment which will add colour to the arrival of the New Year.

The editorial board wishes all the staff and students of St John's National Academy of Health Sciences a Happy New Year! We hope 2021 brings joy, health and peace to all. The present issue is themed red and green to symbolise Christmas and the New year.

We highlight the department of Dental Surgery in the section ‘Know your Hospital’. And do not miss the COVID 19 and Aspirin myth busted in the sections ‘St. John’s Watchdog’.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. We are happy to evolve to meet the needs of our beloved readers. Happy Reading!!

Editorial Team

CONTENTS



Glimpses of **Christmas** in the campus



PC: Rev. Fr. Vimal Francis and Dr. Rakesh Ramesh

CONTENTS



Rhyme Chime...

Red and green, a tropical Christmas sheen!....

- Dr Jyothi Idiculla

Yuletide vines of holly and ivy
To winter wonderlands it is privy
Dating to Celtic and Roman times
Festive colours are what it chimes!

Baby Jesus is lured in red and green
In lands far away from snowy scene
Blooming along across the landscape
Smearing earth with chromatic drape

The pagoda flower raises its head
Flaunting its neat layers in red
The traditional ixora always ready
Holding its florets sure and steady

Hibiscus rosa sinensis is fully swathed
All in verdant green leaves bathed
The scarlet clock vine hangs down
As if curving to the infant's crown

The red rose does an elegant bowing
In the sunlight the petals glowing
The corona de cristo winces in sorrow
Seeing the passion of Christ in morrow

The bleeding heart is shedding its soul
Wailing at the events beyond control
The balsam is bedecked from tip to toe
Red anthurium shaped like the eyes of doe

Bunches of plentiful red coffee berries
Resembling blood red juicy cherries
The scarlet sage is in meditation
With impatiens joining in jubilation

Poinsettias displaying the bright leaves
Joining into beautiful nature's weaves
The ginger lily shining its bright torch
Notwithstanding the sun's scorch
All welcome divine infant into the world
Twisted and turned and all whorled

Babe, shine a green signal for the new year
Halting with red all that holds us in fear!



[CONTENTS](#) 



International Day of Persons with Disabilities

3rd December

WHO estimates that more than one billion people - about 15% of the world's population - experience some form of disability. This figure is predicted to rise, given an rise in ageing population and an increase in the prevalence of non-communicable diseases.

While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Much depends on the context in which they live, and whether or not they have equal access to health, education and employment, among others. The annual observance of the International Day of Persons with Disability was proclaimed in 1992, by the United Nations General Assembly resolution 47/3.

It is annually observed on 3rd December to promote the full and equal participation of persons with disabilities and to take action for the inclusion of persons with disabilities in all aspects of society and development and mobilize support for their dignity, rights and well-being. It also seeks to increase awareness of gains to be derived from the integration of persons with disabilities in every aspect of political, social, economic and cultural life.

This year, the International Day of Persons with Disabilities will be commemorated throughout the week of 30 November- 4 December in conjunction with the 13th session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities. The theme this year is **“Building Back Better: toward a disability-inclusive, accessible and sustainable post COVID-19 World”**.



[CONTENTS](#)

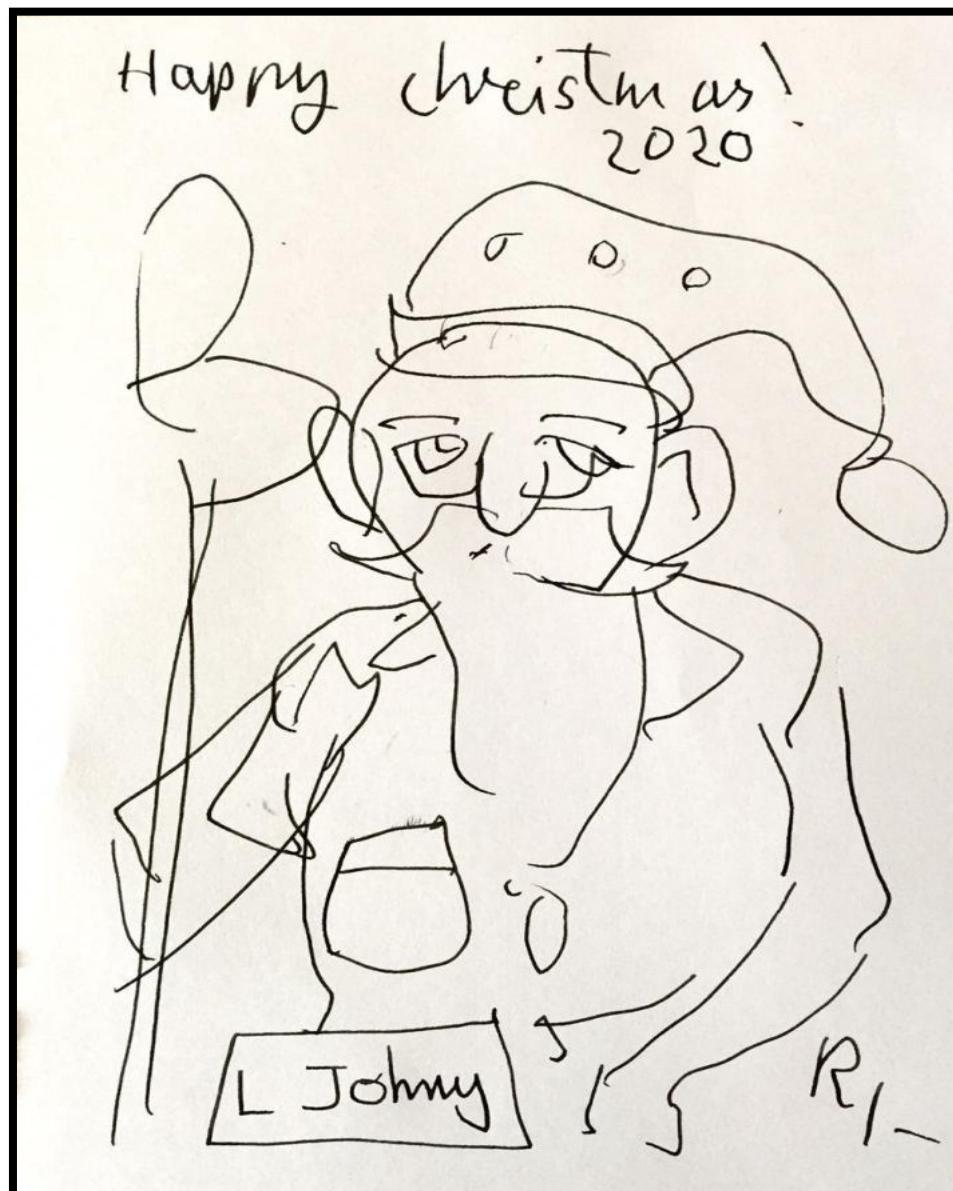


International Day of Persons with Disabilities

During the COVID-19 pandemic, isolation, disconnect, disrupted routines and diminished services have greatly impacted the lives and mental well-being of people with disabilities around the world. Spreading awareness of invisible disabilities, as well as these potentially detrimental—and not always immediately apparent—impacts to mental health, is crucial as the world continues to fight against the virus. The 2020 theme 'Not all Disabilities are Visible' also focuses on spreading awareness and understanding of disabilities that are not immediately apparent, such as mental illness, chronic pain or fatigue, sight or hearing impairments, diabetes, brain injuries, neurological disorders, learning differences and cognitive dysfunctions, among others.

Authored by: Dr. Deepthi Shanbhag,
Dept. of Community Medicine

L Johnny



Art by: Dr. Rakesh Ramesh

[CONTENTS](#)



Govt of Karnataka recognized St. John's Medical College Hospital for conducting highest deliveries on HIV positive women

1st December 2020

India has an estimated 2.1 million people living with HIV, which is third largest in the world. The labors to overcome this disease are just a handful. As tiny drops make a mighty ocean, our contribution in any small way can change the lives of such individuals.

Be it a newborn child, an expectant mother, or the breadwinner of the family or even the elderly, every individual affected by this disease needs to be treated with wholesome care and compassion. St John's is a pioneer Institute to start PPTCT (Prevention of Parent to Child Transmission) program in 2005 when other hospitals were hesitant to treat HIV patients. We have a dedicated team of doctors who work efficiently and in a organized manner from the early pregnancy to delivery. Besides, we have an efficient PPTCT/ICTC counsellors who are doing counselling/follow up job to ensure, that the patients adhere to medication, promote institutional delivery & neonatal follow up. The ART(Anti-Retroviral Therapy) centre with dedicated doctors and counsellors also help us to achieve this.

Govt. of Karnataka recognized our hospital for conducting highest number of deliveries on HIV positive pregnant women in a year, on 1st December 2020, on behalf of world AIDS day. Honorable minister of Health and Family welfare, Karnataka felicitated St. John's medical college hospital.

SVYM (Swamy Vivekananda Youth Movement, Bangalore Project - "**Svetana**") issued a certificate of Appreciation to our Hospital in recognition of our contribution and continued support towards the National goal of Elimination of Mother to Child Transmission (EMTCT) of HIV.

CONTENTS



Govt of Karnataka recognized St. John's Medical College Hospital for conducting highest deliveries on HIV positive women

St John's considers this recognition as a motivation especially during this COVID pandemic. It is truly praiseworthy to all our department doctors, nursing staff and above all, the patients who helped to achieve this milestone in history.

I am convinced that as a teamwork champion, the award bestowed on me on behalf of our team speaks highly of how well our team worked in the department.

*By: Dr. Shashikala Karanth, Professor,
Dept. of OBG*



Dr. Shashikala Karanth being felicitated on World AIDS day 2020. SVYM certificate of appreciation being submitted to the Dean, Dr. George D'Souza.

Not all of us can do great things. But we can do small things with great love

- Mother Theresa

CONTENTS





LAUGHTER IS THE BEST MEDICINE...



We Uber drivers never know whom we're going to end up with as a passenger. One day, I was driving over a new bridge, the design of which was very confusing. Completely confounded, I muttered, "I'd love to meet the genius who designed this mess." With that, my passenger extended his hand in my direction and said, "Well, today is your lucky day. My name is Mike, I work for the county engineer's office, and I'm the genius who designed this!" Surprisingly, he still gave me a tip!



www.vectotoons.com



www.dreamstime.com

As my wife and I prepared for our garage sale, I came across a painting. Looking at the back, I discovered that I had written "To my beautiful wife on our fifth anniversary. I love you ... Keith."

Feeling nostalgic about a gift I'd given her 25 years earlier, I showed it to her, thinking we should rehang the picture. After gazing at my message for a few seconds, she replied, "You know, I think a black marker would cover over all that so that we could sell it."

My 85-year-old grandfather was rushed to the hospital with a possible concussion. The doctor asked him a series of questions: "Do you know where you are?" "I'm at Rex Hospital."

"What city are you in?" "Raleigh." "Do you know who I am?" "Dr. Hamilton." My grandfather then turned to the nurse and said, "I hope he doesn't ask me any more questions." "Why?" she asked. "Because all of those answers were on his badge."



www.istockphoto.com



Image-Based Simulative Training for Myectomy in Hypertrophic Cardiomyopathy: An Emerging Necessity

V Rao Parachuri¹, Srilakshmi M Adhyapak²

¹Narayana Hrudayalaya Institute of Medical Science, India.

²Department of Cardiology, St. John's Medical College Hospital, Bangalore, India. Electronic address: srili2881967@yahoo.com.

Abstract

Surgical myectomy was initially advocated only for patients with symptoms refractory to maximal tolerated medical therapy. These were mainly symptoms of cardiac failure. In recent times, there has been a call for revision of guidelines to include patients earlier. As the disease progression cannot be reversed by most currently used drugs which become ineffective with time, this need for earlier myectomy seems mandatory. Presently, surgical expertise in myectomy is limited to specialized centers. The complexity of surgical myectomy is enhanced by the complex and variable anatomic substrate. With the need for earlier myectomy, a vast population of patients with hypertrophic cardiomyopathy will need surgery, predicating a requirement for more skilled cardiac surgeons. Mentoring programs in specialized centers may not be the solution, as is training surgeons using image-guided simulation techniques. Here, we discuss the existing simulative techniques and novel image-based preoperative planning techniques which may help guide myectomy.

Indian Heart J. Mar-Apr 2019;71(2):170-173. doi: 10.1016/j.ihj.2019.03.006.

The Thin But Fat Phenotype is Uncommon at Birth in Indian Babies

¹Rebecca Kuriyan, ¹Saba Naqvi, ¹Kishor G Bhat, ²Santu Ghosh, ³Suman Rao, ⁴Thomas Preston, ⁵Harshpal Singh Sachdev, ⁶Anura V Kurpad

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

Abstract

Background

Indian babies are hypothesized to be born thin but fat. This has not been confirmed with precise measurements at birth. If it is true, it could track into later life and confer risk of noncommunicable diseases (NCDs).

Objectives

Primarily, to accurately measure percentage of body fat (%BF) and body cell mass (BCM) in Indian babies with normal birth weight, compare them across different gestational ages and sex, and test the hypothesis of the thin but fat phenotype in Indian babies. Secondly, to examine the relation between body weight and body fat in Indian babies.

Methods

Term newborns ($n = 156$) weighing ≥ 2500 g, from middle socioeconomic status mothers were recruited in Bengaluru, India, and their anthropometry, %BF (air displacement plethysmography), and BCM (whole-body potassium counter) were measured. Maternal demography and anthropometry were recorded. The mean %BF and its dispersion were compared with earlier studies. The relation between newborn %BF and body weight was explored by regression analysis.

Results

Mean birth weight was 3.0 ± 0.3 kg, with mean %BF $9.8 \pm 3.5\%$, which was comparable to pooled estimates of %BF from published studies (9.8%; 95% CI: 9.7, 10.0; $P > 0.05$). Appropriate-for-gestational age (AGA) babies had higher %BF (1.8%) compared to small-for-gestational age (SGA) babies ($P < 0.01$). Mean %BCM of all babies at birth was $35.4 \pm 10.5\%$; AGA babies had higher %BCM compared to SGA babies (7.0%, $P < 0.05$). Girls in comparison to boys had significantly higher %BF and lower %BCM. Body weight was positively associated with %BF.

Conclusion

Indian babies with normal birth weight did not demonstrate the thin but fat phenotype. Body weight and fat had positive correlation, such that SGA babies did not show a preservation of their %BF. These findings will have relevance in planning optimal interventions during early childhood to prevent NCDs risk in adult life.

The Journal of Nutrition, Volume 150, Issue 4, April 2020, Pages 826–832, <https://doi.org/10.1093/jn/nxz305>



WhatsApp

St John's WATCHDOG

COVID – 19 & ASPIRIN

Overview – In this issue, we examine the veracity of a widely circulating message on WhatsApp, which claims that Aspirin 500 mg mixed with lemon juice and honey concoction are curative in COVID-19.

The message : The message begins by claiming that there has been a major “diagnostic error” with COVID-19. The text claims that COVID causes thrombosis in the lungs and not pneumonia. The message then goes on to claim that a Mexican family in the United States who were all COVID positive were cured by boiling 3 tablets of Aspirin 500 mg in lemon juice, mixed with honey and to drink the concoction hot. The text claims that the family was cured the next day, as if nothing had happened to them.

Facts: COVID19 causes a wide spectrum of clinical manifestations. People who contract the virus may be, (i) asymptomatic, (ii) mildly symptomatic with upper respiratory symptoms such as running nose, sore throat with or without fever



(iii) lower respiratory symptoms such as cough with or without breathing difficulties or fever with a pneumonia like radiologic picture (v) severe acute respiratory syndrome (SARI) which has specific diagnostic criteria (vi) disseminated intravascular coagulation characterized by widespread thrombotic occlusion of the vascular system due to widespread endothelial damage or dysfunction triggered by a ‘cytokine storm’ (vii) rashes due to vasculitis (Kawasaki’s syndrome like). ***Thus a very wide variety of clinical presentations including that due to a pneumonia or thrombotic pathology are possible. The exact pathogenesis is still the subject of intense investigation by global research groups.***

At the time of writing this article, the World Health Organization (WHO) does not recommend any curative treatment and maintains that various therapeutic options are under investigation.



WhatsApp

CONTENTS



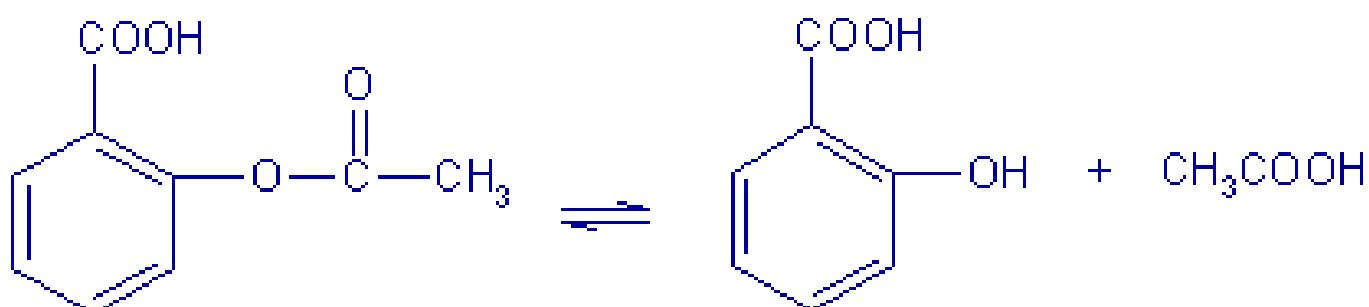


WhatsApp

St John's WATCHDOG

COVID – 19 & ASPIRIN

Conclusion : The message is a hoax, with aspirin not even being under consideration as a potential treatment. In any case boiling Aspirin in lemon juice (H₂O), would likely hydrolyse aspirin into acetic and salicylic acid, with aspirin losing its efficacy. It's best to follow updates from reliable information sources such as, (i) Indian Council of Medical Research (ICMR), (ii) WHO, (iii) Centres for Disease Control (CDC) on possible cures.



Aspirin - acetylsalicylic acid

salicylic acid

acetic acid



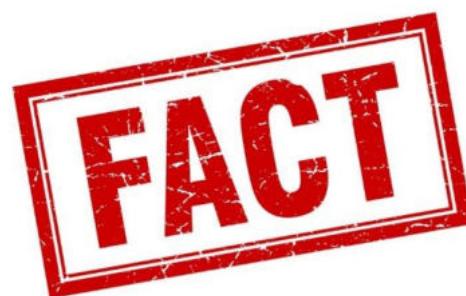
Ministry of Health & Family Welfare
Government of India



CENTERS FOR DISEASE
CONTROL AND PREVENTION



World Health
Organization



WhatsApp

CONTENTS



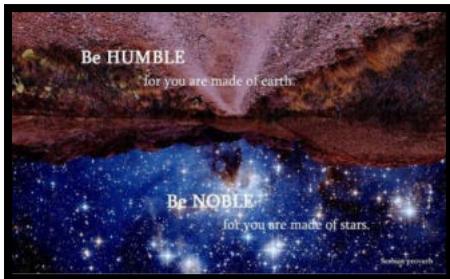
PEARLS OF WISDOM

The most beautiful thing we can experience is the mysterious. It is the source of all true art and Science.

- Albert Einstein



© NASA



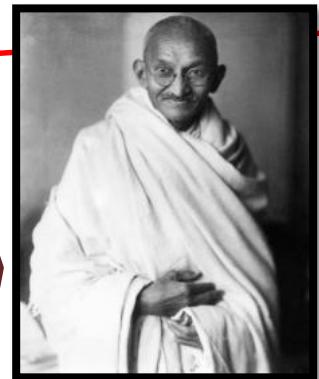
© I Waste So Much Time

Be humble, for you are made of earth. Be noble, for you are made of stars.

- Serbian proverb

In a gentle way, you can shake the world.

- Mahatma Gandhi



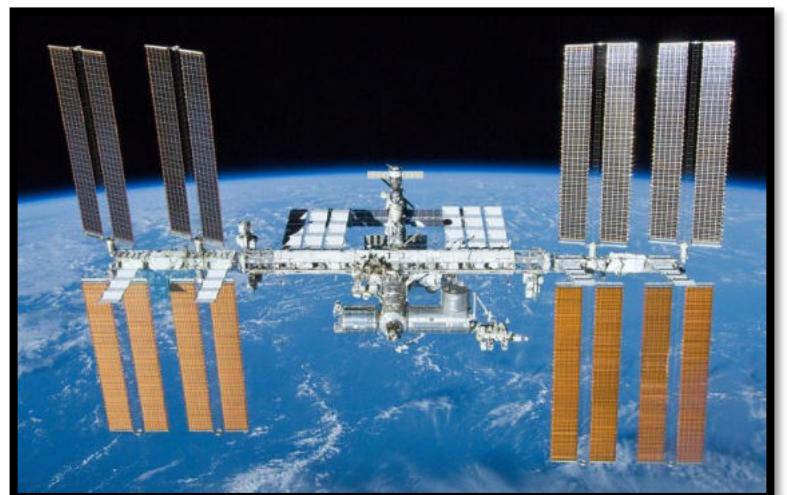
© Wikipedia

REF: 365 Days of Wonder: R.J.Palacio.

Did You Know?

The International Space Station (ISS) is the habitable man made artificial satellite, which is occupied by humans since past 20 years.

The ISS revolves around the earth at a speed of 27,724 kilometres per hour (17,227 mph) (In contrast a passenger jet flies at 400mph) and completes 15.54 orbits per day (93 minutes per orbit).



© Wikipedia

CONTENTS





Department of Dental Surgery

The history of dental department can be traced back to 1967 when it was first established by collaborative efforts of Dr. HR Hegde and team.

After 2 years of functioning, Dr. Afrose Parveen took over the charge of the department as Asst. Professor and continued working effortlessly till official retirement. She proudly completed Silver Jubilee in the institution.

Over the time dental department has evolved tremendously in terms of advanced technologies, equipment and expertise of doctors that nearly covers all the specialties pertaining to the dentistry.

Introduction to implant dentistry was a big boon to the department by Dr. Purushotham Manvi who joined the institution in the year of 2015. His specialization in the field of Maxillofacial Prosthesis has given new light to the department by rehabilitating patient with oral facial defects.

LOCATION AND TIMING

OPD in the Dental Room No **24**

OPD timings: Monday to Friday from 9:00 am to 2: 30 pm.

Saturday from 9.00 am to 12.30 pm

The aim of the department is to focus on both preventive and curative aspects of dental treatment. The team of present dental doctors are dedicated to deliver dental care in a more efficient and ethical way.

The doctors in the department had undergone training in the field of implants and in endodontics to cope up with the challenges in day to day practice and to be at par with latest technologies.

At an average on around 14,000 – 17,000/ patients are seen on OPD basis annually.





SERVICES OFFERED BY THE DEPARTMENT

The department offers wide range of services related to all the sub field of Dentistry.

ORTHODONTICS

- Feeding plates
- Lingual arch
- Stainless steel crown
- Night guard
- Activator
- Upper expansion appliance

PROSTHODONTICS

- Crowns / Bridges
- Dentures
- Maxillofacial prosthesis

ORAL SURGERY

- Exactions
- Implants
- Impactions
- Biopsy

CONSERVATIVE DENTISTRY

- Restorations
- Esthetic smile design



ENDODONTICS

- Root Canal Treatment for anterior and posterior teeth

PERIODONTICS

- Scaling
- Flap Surgeries

CONSERVATIVE DENTISTRY

- Restorations
- Esthetic smile design

PEDODONTICS

- Restoration
- Extraction
- Pulpectomy
- Root Canal Treatment





SPECIAL PROCEDURES PERFORMED IN THE DEPARTMENT

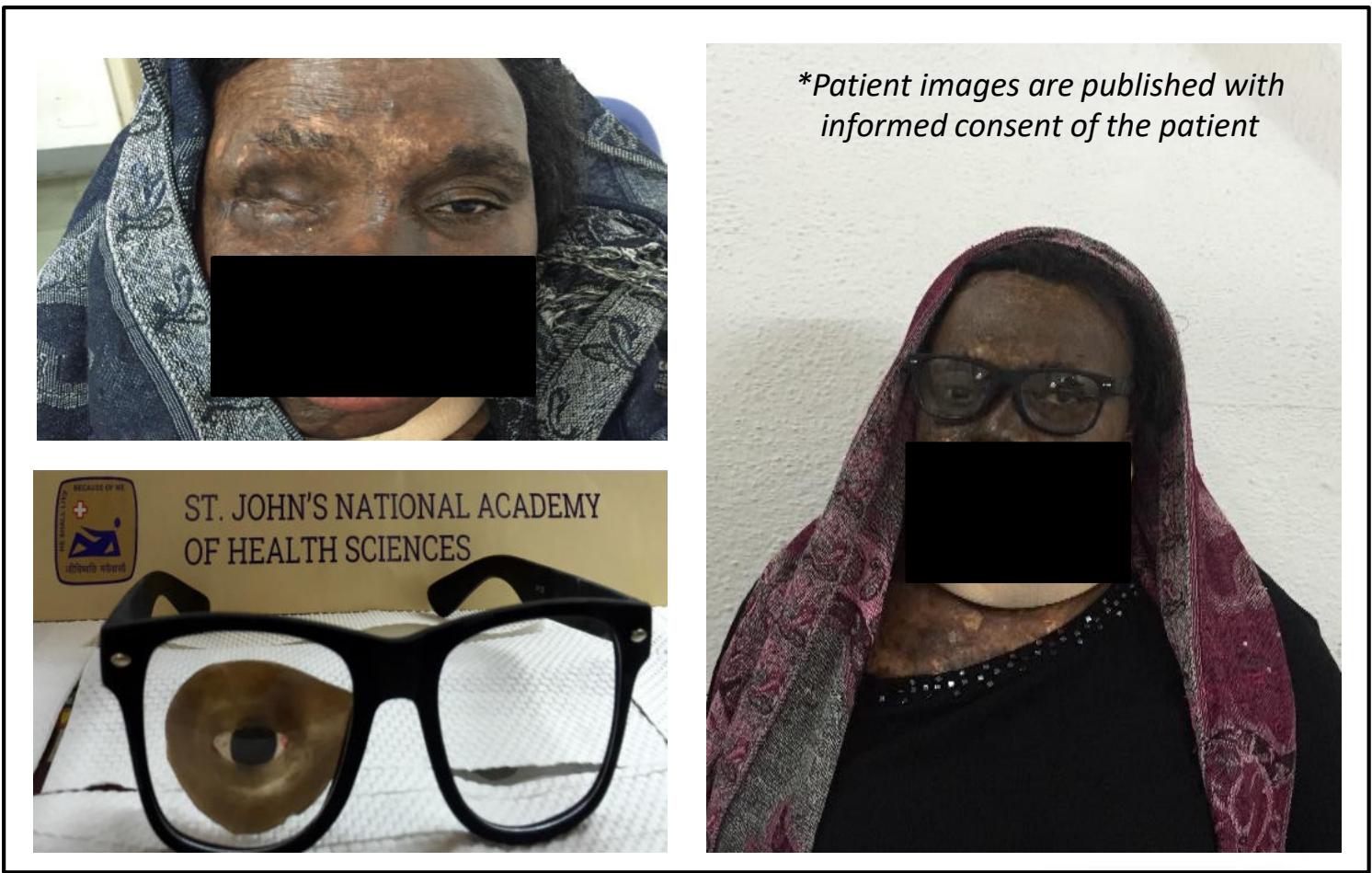
NOSE PROSTHESIS

SURGERY



**Patient images are published with informed consent of the patient*

ORBITAL PROSTHESIS



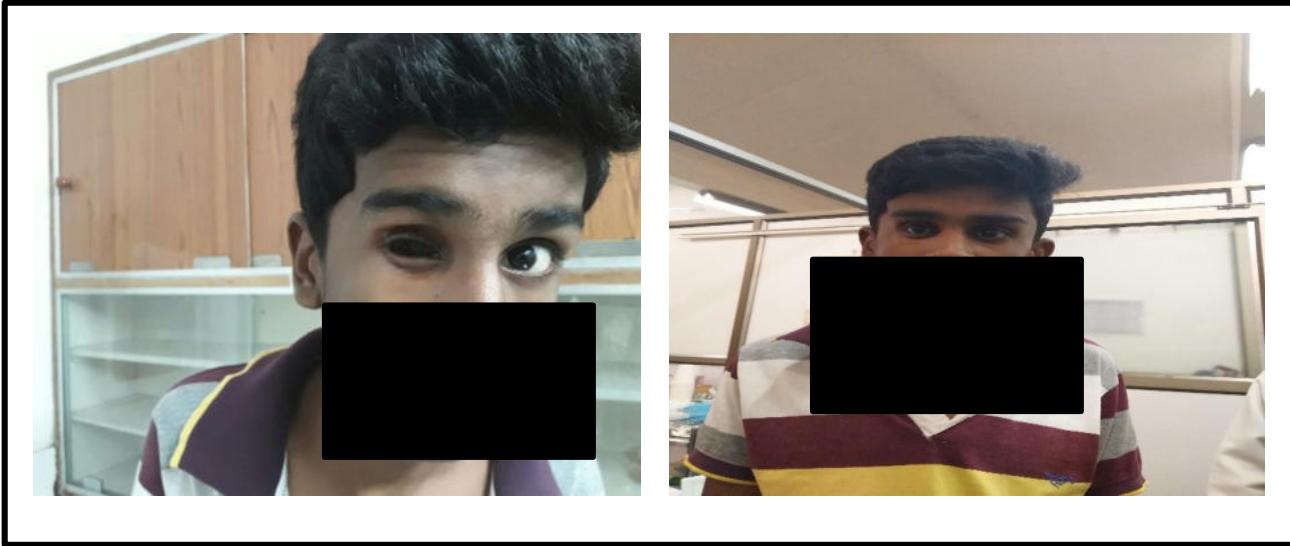
**Patient images are published with informed consent of the patient*

SURGERY





EYE PROSTHESIS



**Patient images are published with informed consent of the patient*

MISSING TEETH REPLACEMENT BY IMPLANT PROSTHESIS



**Patient images are published with informed consent of the patient*

NASO-ALVEOLAR MOULDING



**Patient images are published with informed consent of the patient*





Department of Dental Surgery

THE TEAM



From Left to Right: Dr. Shinie Goveas (Paedodontist), Dr. Anju Roy (General specialist), Dr. C.S. Nithya (Maxillofacial & Oral Surgery), Dr. Purushotham Manvi (Prosthodontist), Dr, Khalid Sheriff (General & Implant specialist), Dr. Hema Agnihotri (Prosthodontist), Dr. Geeta Kale (Periodontist), Dr. Sarojini Joseph (Orthodontics – Not in the picture).

Do You Want to Access all the previous issues of the Magazine? CLICK BELOW

*What's Up?
@St John's Hospital*

CONTENTS





GREY Matters!



VACCINATION TRIVIA

1. What is Depicted in this Picture?



2. Which organism causing a vaccine preventable disease and scientist are depicted in the pictures below?



3. Identify this pioneer in vaccination and name his important zoological contribution



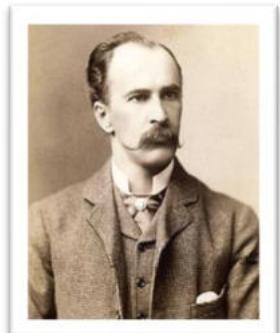
4. Which was the first vaccine produced in a laboratory!
5. Name at least 3 vaccines that have been used to prevent/treat cancer.



[CLICK HERE FOR ANSWERS](#)

[CONTENTS](#)





SIR WILLIAM OSLER

Have patience and charity towards others.

Curious, odd compounds are these fellow-creatures, at whose mercy you will be; full of fads and eccentricities, of whims and fancies; but the more closely we study their little foibles of one sort and another in the inner life which we see, the more surely is the conviction borne upon us of the likeness of their weakness to our own. The similarity would be intolerable, if a happy egotism did not often render us forgetful of it. Hence the need of an infinite patience and of an ever-tender charity toward these fellow creatures; have they not to exercise the same toward us?



© <https://charterforcompassion.org/>

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



MEDICINE DIS MONTH

A Bird's Eye View....

Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19 A Meta-analysis.

Meta-analyses suggest that glucocorticoids can reduce mortality in patients with severe COVID-19. Most of the data included in these analyses come from a randomized, open-label trial of >9000 patients hospitalized with COVID-19 in the United Kingdom, in which low-dose dexamethasone reduced 28-day mortality compared with usual care alone (21.6 versus 24.6 percent). In subgroup analysis, the relative reduction in mortality appeared greater among patients on invasive mechanical ventilation than among those on noninvasive oxygen therapy. A mortality benefit was not seen among patients who did not require respiratory support.

- The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group. JAMA.2020.

Robotic versus conventional laparoscopic ventral hernia repair.

Robotic ventral hernia repair is increasingly performed but without proven efficacy. In the first trial comparing robotic with laparoscopic repair of 124 mostly <4 cm ventral hernias, the duration of hospital stay, number of emergency room visits, and recurrence or reoperation rates were similar for both approaches, but robotic repair nearly doubled operating room time and increased hospital cost by 20 percent. Robotic repair also resulted in enterotomies in two patients (none with laparoscopic repair). Given these findings, robotic ventral hernia should be studied further before wide adoption.

- Olavarria et al. BMJ.2020.



JAMA | **Original Investigation** | CARING FOR THE CRITICALLY ILL PATIENT

Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19

A Meta-analysis

The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group

IMPORTANCE Effective therapies for patients with coronavirus disease 2019 (COVID-19) are needed, and clinical trial data have demonstrated that low-dose dexamethasone reduced mortality in hospitalized patients with COVID-19 who required respiratory support.

OBJECTIVE To estimate the association between administration of corticosteroids compared with usual care or placebo and 28-day all-cause mortality.

DESIGN, SETTING, AND PARTICIPANTS Prospective meta-analysis that pooled data from 7 randomized clinical trials that evaluated the efficacy of corticosteroids in 1703 critically ill patients with COVID-19. The trials were conducted in 12 countries from February 26, 2020, to June 9, 2020, and the date of final follow-up was July 6, 2020. Pooled data were aggregated from the individual trials, overall, and in predefined subgroups. Risk of bias was assessed using the Cochrane Risk of Bias Assessment Tool. Inconsistency among trial results was assessed using the I^2 statistic. The primary analysis was an inverse variance-weighted fixed-effect meta-analysis of overall mortality, with the association between the intervention and mortality quantified using odds ratios (ORs). Random-effects meta-analyses also were conducted (with the Paule-Mandel estimate of heterogeneity and the Hartung-Knapp adjustment) and an inverse variance-weighted fixed-effect analysis using risk ratios.

EXPOSURES Patients had been randomized to receive systemic dexamethasone, hydrocortisone, or methylprednisolone (678 patients) or to receive usual care or placebo (1025 patients).

MAIN OUTCOMES AND MEASURES The primary outcome measure was all-cause mortality at 28 days after randomization. A secondary outcome was investigator-defined serious adverse events.

RESULTS A total of 1703 patients (median age, 60 years [interquartile range, 52-68 years]; 488 [29%] women) were included in the analysis. Risk of bias was assessed as "low" for 6 of the 7 mortality results and as "some concerns" in 1 trial because of the randomization method. Five trials reported mortality at 28 days, 1 trial at 21 days, and 1 trial at 30 days. There were 222 deaths among the 678 patients randomized to corticosteroids and 425 deaths among the 1025 patients randomized to usual care or placebo (summary OR, 0.66 [95% CI, 0.53-0.82]; $P < .001$ based on a fixed-effect meta-analysis). There was little inconsistency between the trial results ($I^2 = 15.6\%$; $P = .31$ for heterogeneity) and the summary OR was 0.70 (95% CI, 0.48-1.01; $P = .053$) based on the random-effects meta-analysis. The fixed-effect summary OR for the association with mortality was 0.64 (95% CI, 0.50-0.82; $P < .001$) for dexamethasone compared with usual care or placebo (3 trials, 1282 patients, and 527 deaths), the OR was 0.69 (95% CI, 0.43-1.12; $P = .13$) for hydrocortisone (3 trials, 374 patients, and 94 deaths), and the OR was 0.91 (95% CI, 0.29-2.87; $P = .87$) for methylprednisolone (1 trial, 47 patients, and 26 deaths). Among the 6 trials that reported serious adverse events, 64 events occurred among 354 patients randomized to corticosteroids and 80 events occurred among 342 patients randomized to usual care or placebo.

CONCLUSIONS AND RELEVANCE In this prospective meta-analysis of clinical trials of critically ill patients with COVID-19, administration of systemic corticosteroids, compared with usual care or placebo, was associated with lower 28-day all-cause mortality.

JAMA. 2020;324(13):1330-1341. doi:10.1001/jama.2020.17023
Published online September 2, 2020.

← Editorial page 1292

← Related articles pages 1298, 1307, and 1317

+ Supplemental content

Group Information: The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group authors and collaborators are listed at the end of this article.

Corresponding Author: Jonathan A. C. Sterne, MA, MSc, PhD, Department of Population Health Sciences, Bristol Medical School, University of Bristol, Oakfield House, Oakfield Grove, Bristol BS8 2BN, England (jonathan.sterne@bristol.ac.uk)

CONTENTS



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Robotic versus laparoscopic ventral hernia repair: multicenter, blinded randomized controlled trial

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ABSTRACT

OBJECTIVE

To determine whether robotic ventral hernia repair is associated with fewer days in the hospital 90 days after surgery compared with laparoscopic repair.

DESIGN

Pragmatic, blinded randomized controlled trial.

SETTING

Multidisciplinary hernia clinics in Houston, USA.

PARTICIPANTS

124 patients, deemed appropriate candidates for elective minimally invasive ventral hernia repair, consecutively presenting from April 2018 to February 2019.

INTERVENTIONS

Robotic ventral hernia repair (n=65) versus laparoscopic ventral hernia repair (n=59).

MAIN OUTCOME MEASURES

The primary outcome was number of days in hospital within 90 days after surgery. Secondary outcomes included emergency department visits, operating room time, wound complications, hernia recurrence, reoperation, abdominal wall quality of life, and costs from the healthcare system perspective. Outcomes were pre-specified before data collection began and analyzed as intention to treat.

RESULTS

Patients from both groups were similar at baseline. Ninety day follow-up was completed in 123 (99%) patients. No evidence was seen of a difference in days in hospital between the two groups (median 0 v 0 days; relative rate 0.90, 95% confidence interval 0.37 to 2.19; P=0.82). For secondary outcomes, no differences were noted in emergency department visits, wound complications, hernia recurrence, or

reoperation. However, robotic repair had longer operative duration (141 v 77 min; mean difference 62.89, 45.75 to 80.01; P<0.001) and increased healthcare costs (\$15 865 (£12 746; €14 125) v \$12 955; cost ratio 1.21, 1.07 to 1.38; adjusted absolute cost difference \$2767, \$910 to \$4626; P=0.004). Among patients with robotic ventral hernia repair, two had an enterotomy compared none with laparoscopic repair. The median one month postoperative improvement in abdominal wall quality of life was 3 with robotic ventral hernia repair compared with 15 following laparoscopic repair.

CONCLUSION

This study found no evidence of a difference in 90 day postoperative hospital days between robotic and laparoscopic ventral hernia repair. However, robotic repair increased operative duration and healthcare costs.

TRIAL REGISTRATION

Clinicaltrials.gov NCT03490266.

Introduction

In the past decade, the use of robotic platforms in surgery has grown exponentially, reaching a fourfold increase in the number of procedures performed worldwide with robotic assistance from 200 000 in 2009 to nearly 900 000 procedures a year in 2017.¹ General surgery has seen the fastest growth of all surgical specialties, and hernia repairs are among the most commonly performed general surgery procedures. This growth occurred despite limited evidence supporting the practice of robotic ventral hernia repair (RVHR). To date, only studies with designs at high risk for bias have been published: no randomized controlled trials assessing RVHR have been published.²

Recently, a retrospective national database study published by the Americas Hernia Society Quality Collaborative compared the most commonly performed minimally invasive ventral hernia repair techniques: RVHR with intraperitoneal onlay mesh placement and laparoscopic ventral hernia repair (LVHR) with intraperitoneal onlay mesh placement. This study showed a shorter postoperative hospital length of stay with RVHR (0 days in the RVHR group versus 1 day in the LVHR group; P<0.001) and no differences in safety or clinical outcomes.³ Our aim was to validate these findings by doing a randomized controlled trial to compare the clinical and patient centered outcomes between RVHR and LVHR. We hypothesized that RVHR as opposed to LVHR would decrease days in the hospital up to 90 days after surgery.

WHAT IS ALREADY KNOWN ON THIS TOPIC

A retrospective national database study comparing robotic versus laparoscopic ventral hernia repair showed a shorter postoperative hospital length of stay with robotic repair

No differences in clinical outcomes were reported

However, no randomized controlled trials have been conducted to corroborate these findings

WHAT THIS STUDY ADDS

Compared with laparoscopic ventral hernia repair, robotic repair did not decrease length of stay, nearly doubled operating room time, and significantly increased cost of healthcare

This was the case even without accounting for acquisition and maintenance costs of the robot

CONTENTS

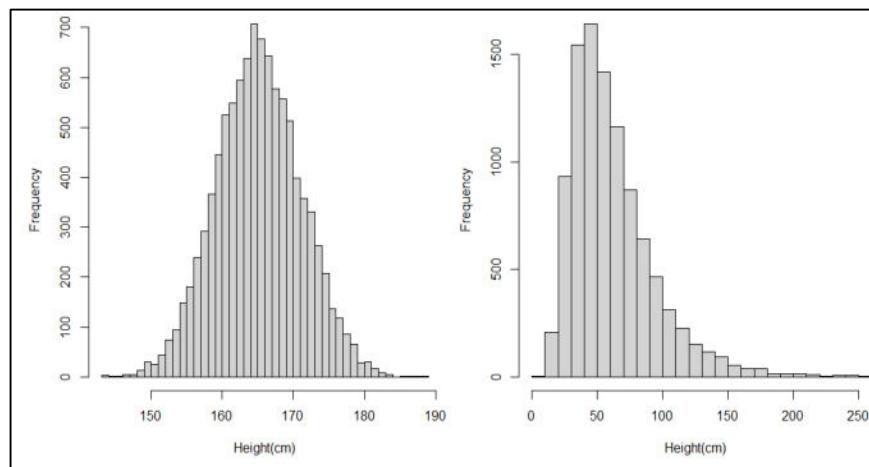
RESEARCH SNIPPETS

Measure of average, 'Mean' or 'Median', who is best?

The 'mean' is a measure of average that is computed by sum of all realizations of a variable divided by total number of realizations. But median is another measure of average which is a value of a variable that is located at middle position while all realizations are arranged in order of magnitude. A measure is considered to be a good measure if it gives appropriate importance with respect to order and magnitude to each of the realization of a variable. As per this criterion, mean is the best measure as it considers both magnitudes as well order, but median consider only the order not magnitude.

Let consider an example: suppose we have heights of 10 students in a class $A = \{162, 161, 157, 163, 169, 160, 165, 161, 169, 170\}$ cm. The mean height of class A is 163.7cm and median is 162.5cm. Now two very tall students join in the class $\{200, 210\}$ cm. The mean becomes 170.6cm while median 163cm. The mean is above the heights of all 10 students excluding those two. So, mean cannot reflect the true average of the data in this context. But change of median is minimal here, 162.5 cm to 163 cm for addition of those two students. Hence median is more stable measure in the context of few extreme measurements. We can then conclude that mean is best measure of average provided data is symmetric (histogram should look like a bell shape; left panel of the figure below). But in case of asymmetric data (like right

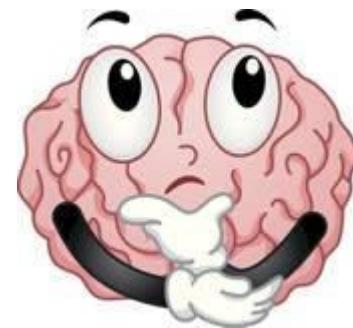
Panel of the figure) mean could be misleading, median is considered to be a superior measure of average. It would be always advisable to calculate both mean and median as average..



If mean and median are closer to each other relative to the scale of the measurement, report mean, otherwise median



GREY Matters!



VACCINATION TRIVIA ANSWERS

1. Inoculation against smallpox practiced by the Chinese [1000 AD] by scratching matter from a smallpox sore into a healthy person's arm.
2. Measles virus, isolated by Thomas Peebles, working in a laboratory at Boston Children's Hospital, from a 13 year old school boy.. The collected measles virus was later used to create a series of vaccines.
3. Edward Jenner. He described how a newly hatched cuckoo pushed its host's eggs and fledgling chicks out of the nest contrary to popular belief that the adult cuckoo was the perpetrator.
4. Louis Pasteur's vaccine for chicken cholera, in 1879
5. BCG [Treatment of Bladder cancer], Hepatitis B Vaccine [prevention of hepatocellular carcinoma], Human Papilloma virus vaccine [prevention of cervical cancer]



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[CONTENTS](#) 