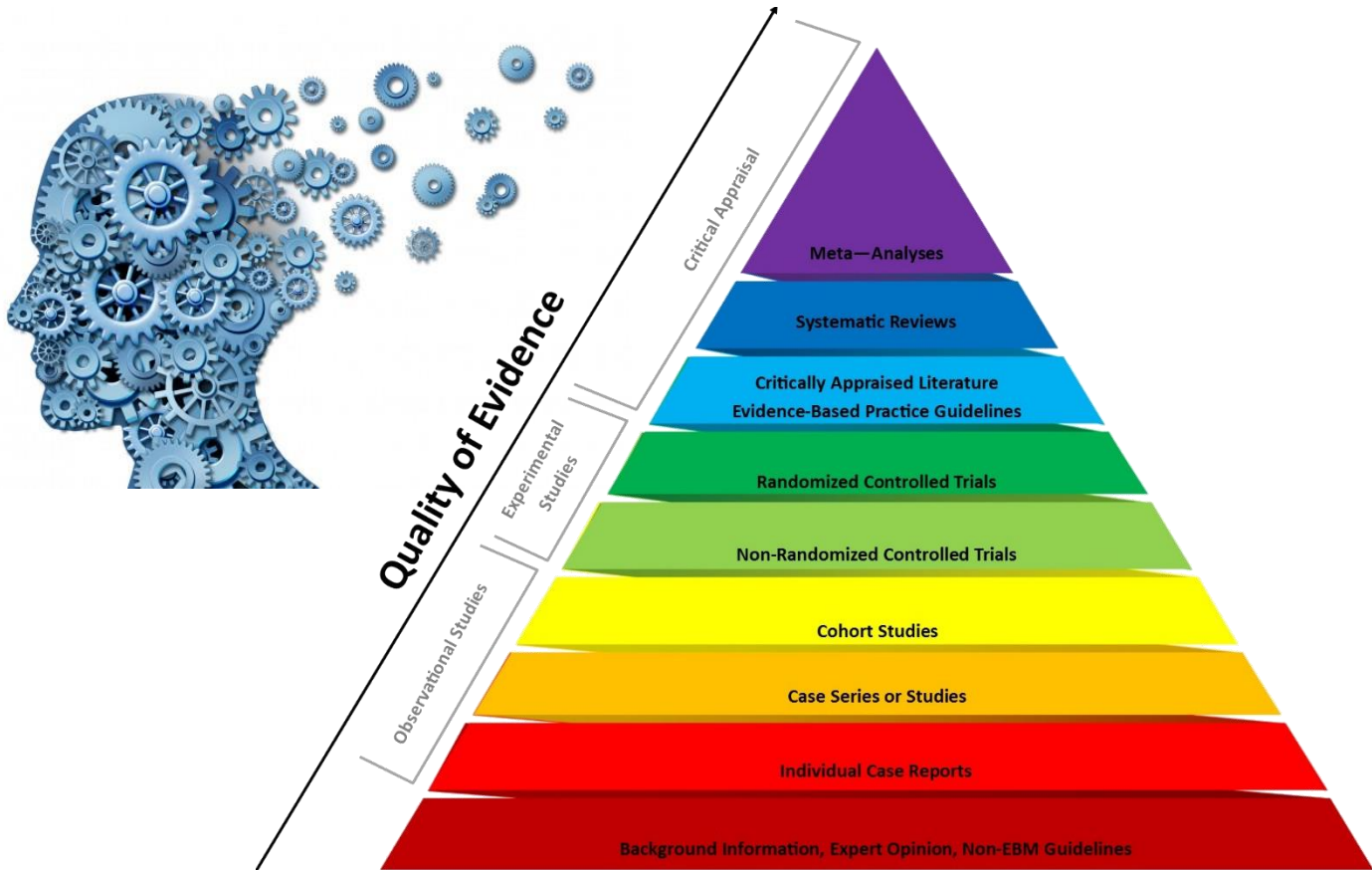




St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru

Hospital Weekly Newsletter

Issue 3, August 30th 2018



SIR WILLIAM OSLER

HISTORY OF Medicine

EDITORS:

Dr. Sanjiv Lewin
Dr. Avinash. H. U

Pearls of Wisdom

The two most important days in your life are the day you are born and the day you find out why.

- Mark Twain



Somewhere something incredible is waiting to be known.

- Carl Sagan

To be able to look back upon one's life in satisfaction, is to live twice.

- Kahlil Gibran

LIFE SATISFACTION



30th August 2018

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



A Bird's Eye View.....

MEDICINE Dis WEEK

Subclinical Hypothyroidism and Pregnancy:

In contrary to the belief that Subclinical thyroid disease during pregnancy may be associated with adverse outcomes, including a lower-than-normal IQ in offspring. A large randomised study showed that, treatment for subclinical hypothyroidism or hypothyroxinemia beginning between 8 and 20 weeks of gestation did not result in significantly better cognitive outcomes in children through 5 years of age than no treatment for those conditions.

- Cassey et al., N Engl J Med 2017; 376:815-825

Completion dissection for Sentinel Node Metastasis in Melanoma

In MSLT II Randomised control trial with 1934 patients showed that there was no significant improvement in melanoma specific survival with immediate completion dissection in sentinel node metastatic, intermediate thickness melanomas (1.2 to 3.5mm). However, there was marginal reduction in the disease free survival.

- Faries et al., N Engl J Med 2017; 376:2211-2222.

Do you have anything interesting to be published?
– Write to Dr. Avinash. H. U, avinash.hu@stjohns.in

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Treatment of Subclinical Hypothyroidism or Hypothyroxinemia in Pregnancy

B.M. Casey, E.A. Thom, A.M. Peaceman, M.W. Varner, Y. Sorokin, D.G. Hirtz, U.M. Reddy, R.J. Wapner, J.M. Thorp, Jr., G. Saade, A.T.N. Tita, D.J. Rouse, B. Sibai, J.D. Iams, B.M. Mercer, J. Tolosa, S.N. Caritis, and J.P. VanDorsten, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal–Fetal Medicine Units Network*

ABSTRACT

BACKGROUND

Subclinical thyroid disease during pregnancy may be associated with adverse outcomes, including a lower-than-normal IQ in offspring. It is unknown whether levothyroxine treatment of women who are identified as having subclinical hypothyroidism or hypothyroxinemia during pregnancy improves cognitive function in their children.

METHODS

We screened women with a singleton pregnancy before 20 weeks of gestation for subclinical hypothyroidism, defined as a thyrotropin level of 4.00 mU or more per liter and a normal free thyroxine (T_4) level (0.86 to 1.90 ng per deciliter [11 to 24 pmol per liter]), and for hypothyroxinemia, defined as a normal thyrotropin level (0.08 to 3.99 mU per liter) and a low free T_4 level (<0.86 ng per deciliter). In separate trials for the two conditions, women were randomly assigned to receive levothyroxine or placebo. Thyroid function was assessed monthly, and the levothyroxine dose was adjusted to attain a normal thyrotropin or free T_4 level (depending on the trial), with sham adjustments for placebo. Children underwent annual developmental and behavioral testing for 5 years. The primary outcome was the IQ score at 5 years of age (or at 3 years of age if the 5-year examination was missing) or death at an age of less than 3 years.

RESULTS

A total of 677 women with subclinical hypothyroidism underwent randomization at a mean of 16.7 weeks of gestation, and 526 with hypothyroxinemia at a mean of 17.8 weeks of gestation. In the subclinical hypothyroidism trial, the median IQ score of the children was 97 (95% confidence interval [CI], 94 to 99) in the levothyroxine group and 94 (95% CI, 92 to 96) in the placebo group ($P=0.71$). In the hypothyroxinemia trial, the median IQ score was 94 (95% CI, 91 to 95) in the levothyroxine group and 91 (95% CI, 89 to 93) in the placebo group ($P=0.30$). In each trial, IQ scores were missing for 4% of the children. There were no significant between-group differences in either trial in any other neurocognitive or pregnancy outcomes or in the incidence of adverse events, which was low in both groups.

CONCLUSIONS

Treatment for subclinical hypothyroidism or hypothyroxinemia beginning between 8 and 20 weeks of gestation did not result in significantly better cognitive outcomes in children through 5 years of age than no treatment for those conditions. (Funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Neurological Disorders and Stroke; ClinicalTrials.gov number, NCT00388297.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Casey at the Department of Obstetrics and Gynecology, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd., Dallas, TX 75235, or at brian.casey@utsouthwestern.edu.

*A complete list of the investigators in the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal–Fetal Medicine Units Network is provided in the Supplementary Appendix, available at NEJM.org.

N Engl J Med 2017;376:815-25.

DOI: 10.1056/NEJMoa1606205

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Completion Dissection or Observation for Sentinel-Node Metastasis in Melanoma

M.B. Faries, J.F. Thompson, A.J. Cochran, R.H. Andtbacka, N. Mozzillo, J.S. Zager, T. Jahnkola, T.L. Bowles, A. Testori, P.D. Beitsch, H.J. Hoekstra, M. Moncrieff, C. Ingvar, M.W.J.M. Wouters, M.S. Sabel, E.A. Levine, D. Agnese, M. Henderson, R. Dummer, C.R. Rossi, R.I. Neves, S.D. Trocha, F. Wright, D.R. Byrd, M. Matter, E. Hsueh, A. MacKenzie-Ross, D.B. Johnson, P. Terheyden, A.C. Berger, T.L. Huston, J.D. Wayne, B.M. Smithers, H.B. Neuman, S. Schneebaum, J.E. Gershenwald, C.E. Ariyan, D.C. Desai, L. Jacobs, K.M. McMasters, A. Gesierich, P. Hersey, S.D. Bines, J.M. Kane, R.J. Barth, G. McKinnon, J.M. Farma, E. Schultz, S. Vidal-Sicart, R.A. Hoefler, J.M. Lewis, R. Scheri, M.C. Kelley, O.E. Nieweg, R.D. Noyes, D.S.B. Hoon, H.-J. Wang, D.A. Elashoff, and R.M. Elashoff

ABSTRACT

BACKGROUND

Sentinel-lymph-node biopsy is associated with increased melanoma-specific survival (i.e., survival until death from melanoma) among patients with node-positive intermediate-thickness melanomas (1.2 to 3.5 mm). The value of completion lymph-node dissection for patients with sentinel-node metastases is not clear.

METHODS

In an international trial, we randomly assigned patients with sentinel-node metastases detected by means of standard pathological assessment or a multimarker molecular assay to immediate completion lymph-node dissection (dissection group) or nodal observation with ultrasonography (observation group). The primary end point was melanoma-specific survival. Secondary end points included disease-free survival and the cumulative rate of nonsentinel-node metastasis.

RESULTS

Immediate completion lymph-node dissection was not associated with increased melanoma-specific survival among 1934 patients with data that could be evaluated in an intention-to-treat analysis or among 1755 patients in the per-protocol analysis. In the per-protocol analysis, the mean (\pm SE) 3-year rate of melanoma-specific survival was similar in the dissection group and the observation group ($86\pm 1.3\%$ and $86\pm 1.2\%$, respectively; $P=0.42$ by the log-rank test) at a median follow-up of 43 months. The rate of disease-free survival was slightly higher in the dissection group than in the observation group ($68\pm 1.7\%$ and $63\pm 1.7\%$, respectively; $P=0.05$ by the log-rank test) at 3 years, based on an increased rate of disease control in the regional nodes at 3 years ($92\pm 1.0\%$ vs. $77\pm 1.5\%$; $P<0.001$ by the log-rank test); these results must be interpreted with caution. Nonsentinel-node metastases, identified in 11.5% of the patients in the dissection group, were a strong, independent prognostic factor for recurrence (hazard ratio, 1.78; $P=0.005$). Lymphedema was observed in 24.1% of the patients in the dissection group and in 6.3% of those in the observation group.

CONCLUSIONS

Immediate completion lymph-node dissection increased the rate of regional disease control and provided prognostic information but did not increase melanoma-specific survival among patients with melanoma and sentinel-node metastases. (Funded by the National Cancer Institute and others; MSLT-II ClinicalTrials.gov number, NCT00297895.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Faries at 11818 Wilshire Blvd., Suite 200, Los Angeles, CA 90025, or at mfaries@theangelesclinic.org.

N Engl J Med 2017;376:2211-22.

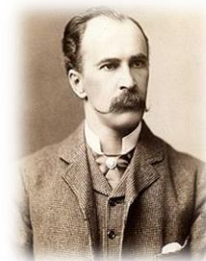
DOI: 10.1056/NEJMoa1613210

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The Quotable OSLER

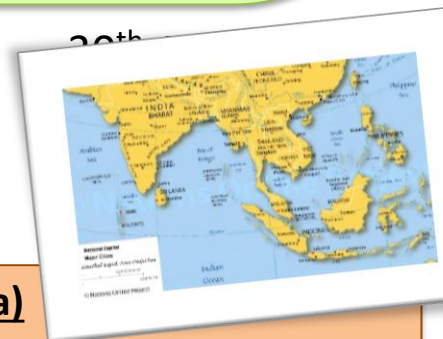


My message is chiefly to you, Students of Medicine, since with the ideals entertained now your future is indissolubly bound. The choice lies open, the paths are plain before you. Always seek your own interests, make of a high and sacred calling a sordid business, regard your fellow creatures as so many tools of trade, and, if your heart's desire is for riches, they may be yours; but you will have bartered away the birthright of a noble heritage, traduced the physician's well deserved title of the Friend of Man, and falsified the best traditions of an Ancient and honourable Guild. On the other hand, I have tried to indicate some of the ideals which you may reasonably cherish... And though this course does not necessarily bring position or renown, consistently followed it will at any rate give to your youth an exhilarating zeal and a cheerfulness which will enable you to surmount all obstacles - to your maturity a serene judgement of men and things, and that broad charity without which all else is nought - to your old age that greatest blessings, peace of mind, a realization, maybe, of the prayer of Socrates for the beauty in the inward soul and for unity of the outer and the inner man.

- Sir William Osler, Teacher and Student, In Aequanimitas, 40-1

It's story
TIME

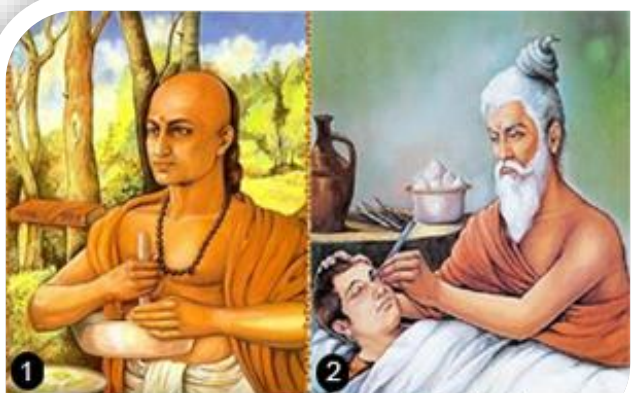
The Story of Medicine



Concept of Disease: Early Eastern Civilizations (India & China)

In early Eastern civilizations, such as those of Indian subcontinent and China, ideas about supernatural and demonic forces as causes of death came to co-exist within a more systematized approach to medicine relating disease to the 'balance' of vital forces inside the body. 'Blocked flows' along meridians or energy pathways resulted in disease. Bound up with spiritual beliefs as well as rooted in ancient Eastern Philosophies, these complex medical systems are holistic and see the body, mind and spirit as one, governed by flowing and balanced energies.

Two ancient Indian treatises, the Caraka Samhitā and Sushruta Samhita, were written more than 2000 years ago and Ayurveda (from Sanskrit words for 'life' and 'knowledge', āyush and veda) is one of the oldest surviving continuing medical systems.



1

Charaka

2

Sushruta



Charaka – Father of
Medicine, India
Sushruta – Father
of Surgery, India

Picture of the Week

Theme: People and Places of St John's



SJRI Canteen (Also called Umbrella Canteen): A Next generation cafeteria in the campus with natural Ambience

Picture Courtesy; Dr. Rakesh Ramesh

