What's Up?
@St John's Hospital

Issue 13, December 1st, 2018

An oncology patient who is a teacher by profession was seen teaching Kannada language to students of nursing in Gynaecologic oncology ward. 'A teacher is always a teacher'

PC: Dr. Avinash

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

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HERE IS YOUR DIRECT ACCESS TO ELECTRONIC VERSION

What's Up? @ St.John's Hospital
Issue 13, December 1st, 2018
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MESSAGE FROM THE EDITORIAL TEAM

Hola Amigo!!!

"What's Up? @ St John's Hospital" magazine's thirteenth issue is out today.

We thank Dr. Priyanka Deepak (Senior Resident) and Dr. Jyothi Idiculla (Professor and Head, Department of Medicine) for providing us a write up on HIV and AIDS to mark 'World AIDS Day', 1st December 2018. The magazine is cornered with red ribbons to mark this day.

Do not miss St. John's watchdog this time, where we bust the myth revolving around MMR vaccine.

Feel free to communicate with us for publishing your achievements and events.

Regards

Editorial Team

UPDATES THIS WEEK
WORLD AIDS DAY
1st DECEMBER 2018

- ***Dr. Priyanka Deepak (Senior Resident) and Dr. Jyothi Idiculla (Professor and Head, Department of Medicine)***

It is the 30th World AIDS day this year! First launched in 1988, the observance of this day signifies and symbolizes the global fight against this disease. The theme of the AIDs Day 2018 is "**know your status**". Currently only 3 out of 4 persons living with HIV (PLHIV) know their status, leaving over 9 million without this knowledge. Empowering, enabling and ensuring testing through efficient education and providing testing facilities to achieve complete coverage of PLHIVs is the aim of this theme.

The ART Centre at St John's Medical College Hospital is a stellar example of successful Public-Private Partnership Venture. Inaugurated in 2008, this facility caters to over 4000 PLHIVs with counselling, dispensing medications, screening for opportunistic infections and monitoring the course of the disease.

UPDATES THIS WEEK
WORLD AIDS DAY
1st DECEMBER 2018

- ***Dr. Jyothi Idiculla, Professor, Department of Medicine***

On this year's World Aids Day, Dr Savitha Anne Sebastian, Assistant Professor, Internal Medicine takes over as the Nodal Officer of the ART Centre. Dr Priyanka Deepak continues as senior Medical Officer and Dr Uma , Medical Officer is in charge of the daily activities at the ART Centre. The dedicated team comprises counsellors Sr. Cicily, Ms Veena, Ms Deepa, Ms Alphonsa), data manager (Mr Anand), Staff Nurse (Sr Vimala), Pharmacist (MS Shirly), and attenders (Ms Pushpa and Mr James).

IG NOBEL 😂

1992 - ARCHEOLOGY

Eclaireurs de France

Eclaireurs de France, the Protestant youth group whose name means"those who show the way," fresh-scrubbed removers of grafitti, for erasing the ancient paintings from the walls of the Meyrieres Cave near the French village of Bruniquel.

Éclaireuses et Éclaireurs de France (Guides and Scouts of France, EEdF) is an interreligious and coeducational Scouting and Guiding association in France. The first interreligious Scouting groups in France were founded in 1911, and interreligious Guiding started in 1914; both movements merged in 1964 forming the EEdF. The association serves today about 17,000 members of both genders.

ÉCLAIREUSES ♦ ÉCLAIREURS
DE FRANCE

The picture shows two destroyed bison oxen

REF: https://www.improbable.com/ig/winners/

IG NOBEL 😂

The New York Times

French Youths Clean a Cave And Damage Prehistoric Art

The idea was to clean up graffiti, but a youth group in southwestern France got carried away and wiped out a bit of prehistory as well, damaging cave paintings thousands of years old.

French cultural officials are furious, and say they plan to file a complaint against the group.

"Absolutely stupid!" said Rene Gachet, director of cultural affairs for the Tarn-et-Garonne department, 400 miles southwest of Paris.

The head of the spelunkers club that arranged the youth group's cleanup blamed officials for failing to designate the site as a historic treasure and act to protect it.

The damage was done last Sunday, when about 70 members of the youth group descended on the Mayrieres cave near the village of Bruniquel, armed with steel brushes to clean up graffiti. They damaged a portion of the cave's 15,000-year-old bison paintings before realizing what they were

This is what The New York Times reported on 22nd March 1992

REF: https://www.improbable.com/ig/winners/

St John's WATCHDOG

WhatsApp

In this issue of Watchdog, we focus on the controversy linking the **Measles, Mumps and Rubella (MMR) vaccine with autism.**

Background :

In 1998, Dr. Andrew Wakefield, a British paediatric gastroenterologist and his colleagues published a report in the Lancet linking MMR vaccination with behavioural regression and pervasive developmental disorder akin to autism in children. The media picked up on this issue and started propagating information that MMR CAUSES Autism. Dr Andrew Wakefield issued a press conference calling for the MMR combined vaccine to be stopped and single vaccines to be administered for prevention .

How good was the evidence?

The report was a case series comprising just 12 cases. Possible causal associations generally require larger case-control or cohort studies. Dr Wakefield called for a stop to the vaccine based on weak evidence. Larger, better designed studies unanimously disproved the findings of the study. The Lancet withdrew the article after some years. Moreover, investigations subsequently revealed that Wakefield etal, had deliberately falsified data possibly for financial gain. He was struck off the medical register by the British GMC

What were the consequences of this fraud/myth ?

The after shocks of this myth are still felt. In the UK following the popularisation of this myth by the media, MMR vaccination rates fell from > 92% to as bad as 61% in some areas. As false news spread globally, similar drops in vaccination rates were reported in different countries of Europe and North America. The resulting loss of 'herd immunity' resulted in a resurgence of measles, mumps and rubella with an increase in mortality rates due to these preventable infections in the UK, Italy, Canada and pockets of the US. Immunization rates have still not reached 90% in the UK.

St John's WATCHDOG

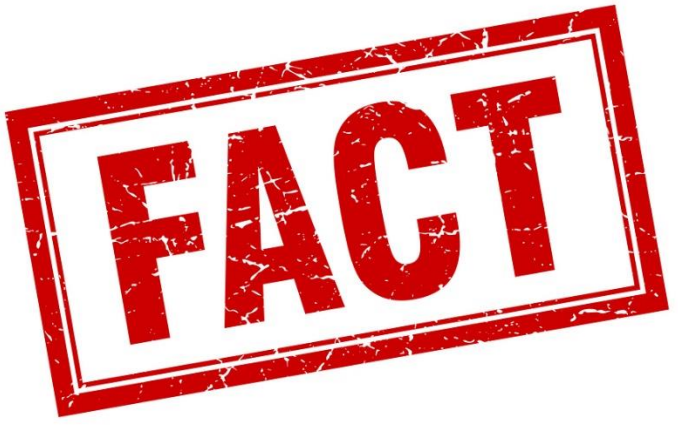
WhatsApp

In India, similar false news was in circulation in 2017 on social media when the Government launched the M-R vaccination drive in 5 states. Messages such as : "The M-R vaccine is a test vaccine which has been found outside India and they want to test it on Indian children", reads one. "It affect the child's concentration and daily activities and is band (sic) in the US," alleges another. "The vaccine has deadly side effects and is sold by Modi to promote foreign pharmaceutical companies," reads a third. The MMR and Autism fraud was called the most serious fraud of the 20th century.

Why is this significant for India?

In India, mortality rates due to measles remain significant and considerable effort needs to be put in to ensure high immunisation rates and achieve herd immunity to prevent measles and related deaths. False news needs to be combated by re-assuring patients that benefits far outweigh the risks and that professional organisations, government agencies and agencies like the WHO endorse these vaccines.

Ref : TSS Rao, Andrade C. The MMR vaccine and autism. Sensation, refutation, retraction and fraud. Indian J Psychiatry. 2011 Apr-Jun; 53(2): 95–96.



LAUGHTER IS THE BEST MEDICINE...

THE LAW OF COFFEE

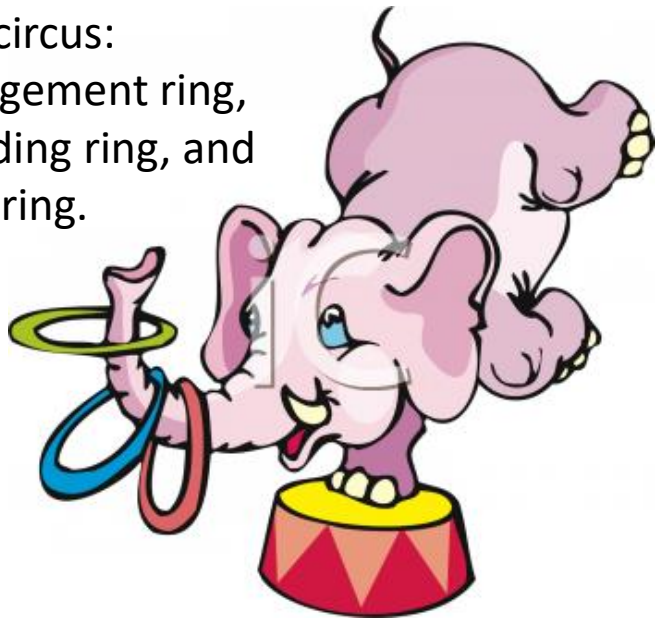
If you sit down to enjoy a hot cup of coffee, then your boss will ask you to do something that will last until the coffee is cold.

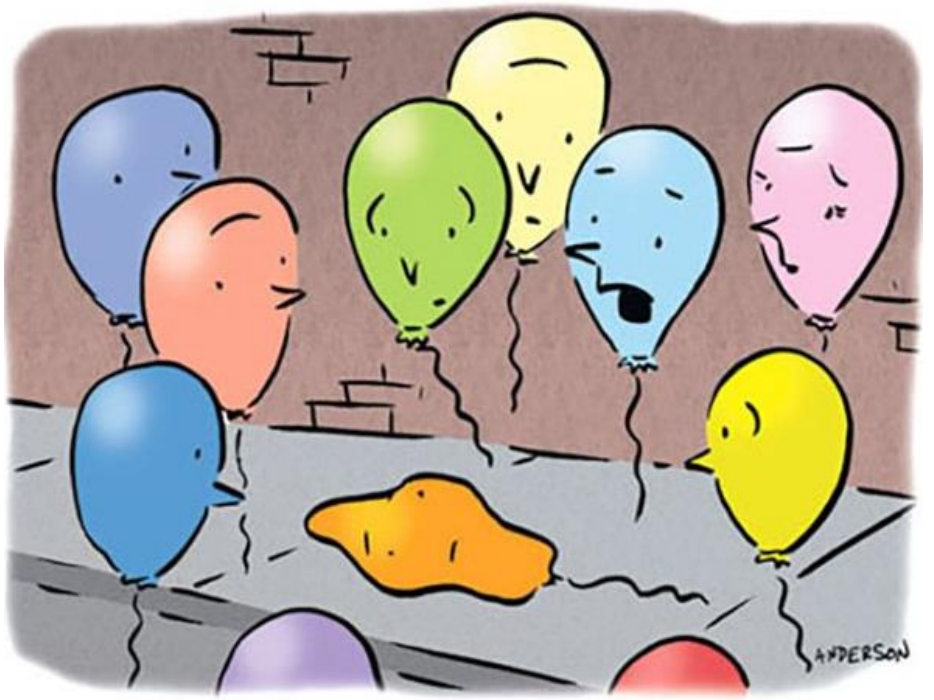
The anti-aging ad that I'd like to see…

Is a baby covered in cream, saying, "Ah! I've used too much!"

We need helium, STAT

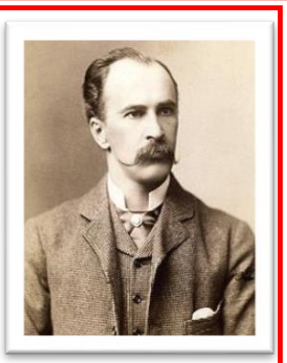
Marriage is a three-ring circus: engagement ring, wedding ring, and suffering.





"Everyone back! Give him some air!"

THE QUOTABLE OSLER



SIR WILLIAM OSLER

Character influences Character:

This higher education is so much needed to-day is not given in the school, is not to be bought in the market place, but it has to be wrought out in each one of us for himself; it is the silent influence of character on character and in no way more potently than in contemplation of the lives of the great and good of the past, in no way more than in "the touch divine of noble natures gone."

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

MEDICINE DIS WEEK

A Bird's Eye View…..

Energy Dense versus Routine enteral nutrition in Critically Ill.

The effect of delivering nutrition at different calorie levels during critical illness is uncertain, and patients typically receive less than the recommended amount. In a multicentre, double blind, randomised trial 3957 critically ill patients on mechanical ventilation were randomly assigned to energy dense (1.5 kcal per mL) versus routine (1kcal per mL) enteral nutrition. The rate of survival at 90 days with use of energy dense formulation was not higher than that of routine enteral nutrition.(p = 0.41) Higher calorie delivery did not affect survival time, receipt of organ support, number of days alive and out of the ICU and hospital or free of organ support, or the incidence of infective complications or adverse events

- TARGET Investigators, for the ANZICS Clinical Trials Group, N Engl J Med. 2018 Nov 8;379(19):1823-1834..

Can surgery be delayed upto 24 hours in hospital for acute appendicitis?

Traditional fear that every case of acute appendicitis will eventually perforate has led to the generally accepted emergency appendicectomy with minimised delay. In a meta-analysis of 45 studies and 152,314 patients, primary outcome of complicated appendicitis (perforated or gangrenous appendicitis) was analysed in patients with delay of 7-12h, 13-24h versus 24-48h. It showed that delaying surgery for presumed uncomplicated appendicectomy for up to 24h after admission does not increase complicated appendicitis, postop SSI or morbidity.

-van Dijk ST et al., Br J Surg. 2018 Jul;105(8):933-945.

The NEW ENGLAND JOURNAL of MEDICINE

REFERENCE 1: MEDICINE DIS WEEK

ORIGINAL ARTICLE

Energy-Dense versus Routine Enteral Nutrition in the Critically Ill

The TARGET Investigators, for the ANZICS Clinical Trials Group*

ABSTRACT

BACKGROUND

The effect of delivering nutrition at different calorie levels during critical illness is uncertain, and patients typically receive less than the recommended amount.

METHODS

We conducted a multicenter, double-blind, randomized trial, involving adults undergoing mechanical ventilation in 46 Australian and New Zealand intensive care units (ICUs), to evaluate energy-dense (1.5 kcal per milliliter) as compared with routine (1.0 kcal per milliliter) enteral nutrition at a dose of 1 ml per kilogram of ideal body weight per hour, commencing at or within 12 hours of the initiation of nutrition support and continuing for up to 28 days while the patient was in the ICU. The primary outcome was all-cause mortality within 90 days.

RESULTS

There were 3957 patients included in the modified intention-to-treat analysis (1971 in the 1.5-kcal group and 1986 in the 1.0-kcal group). The volume of enteral nutrition delivered during the trial was similar in the two groups; however, patients in the 1.5-kcal group received a mean (±SD) of 1863±478 kcal per day as compared with 1262±313 kcal per day in the 1.0-kcal group (mean difference, 601 kcal per day; 95% confidence interval [CI], 576 to 626). By day 90, a total of 523 of 1948 patients (26.8%) in the 1.5-kcal group and 505 of 1966 patients (25.7%) in the 1.0-kcal group had died (relative risk, 1.05; 95% CI, 0.94 to 1.16; P=0.41). The results were similar in seven predefined subgroups. Higher calorie delivery did not affect survival time, receipt of organ support, number of days alive and out of the ICU and hospital or free of organ support, or the incidence of infective complications or adverse events.

CONCLUSIONS

In patients undergoing mechanical ventilation, the rate of survival at 90 days associated with the use of an energy-dense formulation for enteral delivery of nutrition was not higher than that with routine enteral nutrition. (Funded by National Health and Medical Research Institute of Australia and the Health Research Council of New Zealand; TARGET ClinicalTrials.gov number, NCT02306746.)

The members of the writing committee (Marianne Chapman, M.D., Ph.D., Sandra L. Peake, M.D., Ph.D., Rinaldo Bellomo, M.D., Ph.D., Andrew Davies, M.D., Adam Deane, M.D., Ph.D., Michael Horowitz, M.D., Ph.D., Sally Hurford, R.N., Kylie Lange, B.Sc., Lorraine Little, M.Bioethics, Diane Mackle, M.N., Stephanie O'Connor, M.N.Sc., Jeffrey Presneill, M.D., Ph.D., Emma Ridley, B.Nut.Dietet., Ph.D., Patricia Williams, B.N.P., and Paul Young, M.D., Ph.D.) assume responsibility for the overall content and integrity of this article. The affiliations of the members of the writing committee are listed in the Appendix. Address reprint requests to Dr. Peake at the Department of Intensive Care Medicine, Queen Elizabeth Hospital, 28 Woodville Rd., Woodville South SA 5011, Australia, or at sandra.peake@sa.gov.au.

*The Augmented versus Routine Approach to Giving Energy Trial (TARGET) is a collaboration of the Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group and the Australian and New Zealand Intensive Care Research Centre. A complete list of committee members, affiliations, participating sites, and investigators in the TARGET trial is provided in the Supplementary Appendix, available at NEJM.org.

Drs. Chapman and Peake contributed equally to this article.

This article was published on October 22, 2018, at NEJM.org.

DOI: 10.1056/NEJMoa1811687

Systematic review

REFERENCE 2: MEDICINE DIS WEEK

Meta-analysis of in-hospital delay before surgery as a risk factor for complications in patients with acute appendicitis

S. T. van Dijk[1], A. H. van Dijk[1], M. G. Dijkgraaf[2] and M. A. Boermeester[1]

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Background: The traditional fear that every case of acute appendicitis will eventually perforate has led to the generally accepted emergency appendicectomy with minimized delay. However, emergency and thereby sometimes night-time surgery is associated with several drawbacks, whereas the consequences of surgery after limited delay are unclear. This systematic review aimed to assess in-hospital delay before surgery as risk factor for complicated appendicitis and postoperative morbidity in patients with acute appendicitis.

Methods: PubMed and EMBASE were searched from 1990 to 2016 for studies including patients who underwent appendicectomy for acute appendicitis, reported in two or more predefined time intervals. The primary outcome measure was complicated appendicitis after surgery (perforated or gangrenous appendicitis); other outcomes were postoperative surgical-site infection and morbidity. Adjusted odds ratios (ORs) were pooled using forest plots if possible. Unadjusted data were pooled using generalized linear mixed models.

Results: Forty-five studies with 152 314 patients were included. Pooled adjusted ORs revealed no significantly higher risk for complicated appendicitis when appendicectomy was delayed for 7–12 or 13–24 h (OR 1·07, 95 per cent c.i. 0·98 to 1·17, and OR 1·09, 0·95 to 1·24, respectively). Meta-analysis of unadjusted data supported these findings by yielding no increased risk for complicated appendicitis or postoperative complications with a delay of 24–48 h.

Conclusion: This meta-analysis demonstrates that delaying appendicectomy for presumed uncomplicated appendicitis for up to 24 h after admission does not appear to be a risk factor for complicated appendicitis, postoperative surgical-site infection or morbidity. Delaying appendicectomy for up to 24 h may be an acceptable alternative for patients with no preoperative signs of complicated appendicitis.

Paper accepted 8 March 2018

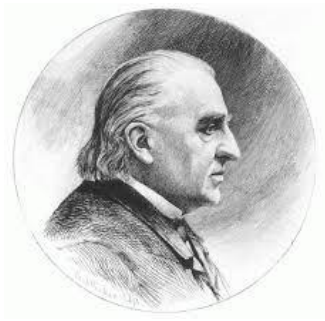
Published online in Wiley Online Library (www.bjs.co.uk). **DOI:** 10.1002/bjs.10873

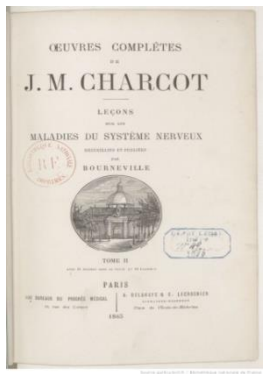
Introduction

Acute appendicitis is a common cause of acute abdomen, with an estimated lifetime risk of 7–8 per cent worldwide[1,2]. Emergency appendicectomy is the standard of care in the treatment of acute appendicitis. Traditionally, it was thought that every unperforated appendicitis would evolve to perforated appendicitis. Fear of the development of perforated appendicitis while delaying appendicectomy has led to the widely accepted emergency appendicectomy with minimized delay. However, this fear originates from more than 100 years ago, when perforated appendicitis had very high mortality rates; this rate has decreased greatly since then[3].

Emergency surgery, and thus sometimes night-time surgery, is associated with several potential downsides. Some studies[4–7] have reported higher morbidity and error rates when working or operating at night. Other studies[8–10] focusing on this effect in patients undergoing appendicectomy have not reported higher morbidity rates. In current practice, not all hospitals are staffed or set up for 24-h operating room availability, and might not have optimal imaging modalities at their disposal at night. Furthermore, delaying appendicectomy creates more time for diagnostic tests to confirm the clinical diagnosis or, when appropriate, the opportunity for conservative treatment with antibiotics. These factors in daily practice urge guidelines to advise whether an appendicectomy can be

THE STORY OF MEDICINE





JEAN MARTIN CHARCOT (1825 – 1893)

Jean Martin Charcot was a student of Claud Bernard, was appointed to the post of Senior Physician at Salpêtrière in 1862. It was merely a house of refuge for old women with 4000 beds, where he could generate enormous clinical material especially in the field of neurology.

Charcot's research was established on the anatomo-clinical method, localizing functions in the brain and spinal cord by means of clinical correlations of post-mortem findings.

His style of delivering lectures was most dramatic. He used to be a great mimic in his classes in order to stress a clinical point. A number of students who studied under Charcot include - Babinski, Freud, Potain, C Bouchard, Hanot, Pierre Marie and Bechterew. Many became highly reputed physicians.

Charcot's greatest contribution to medicine,

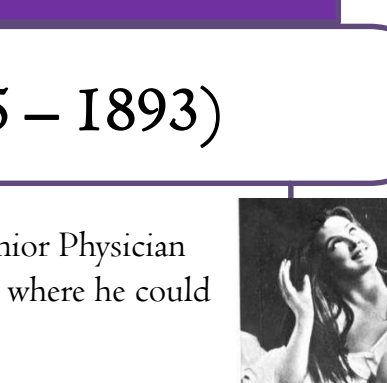
a) Multiple sclerosis (Charcot's disease)
b) Amyotrophic lateral sclerosis,
c) Differentiation of tremor s(found in Parkinson's disease, multiple sclerosis, and patients with postural tremor; Cerebral localization, spastic paralysis, aphasia, neurosis and hysteria
d) Tabes arthropathy (Charcot's joint)
e) Lenticulo striate branch of MCA and stroke (Charcot's artery of cerebral hemorrhage)
f) Charcot Leyden crystals in bronchial asthma
g) Charcot's intermittent hepatic fever in suppurative cholangitis.

Charcot enlarged the body of knowledge and opened new doors in the field of neurology which made him one of the most luminous physicians of all time.

PEARLS OF WISDOM

I am an expression of the divine.

-Alice Walker



If you ever feel lost, let your heart be your compass.

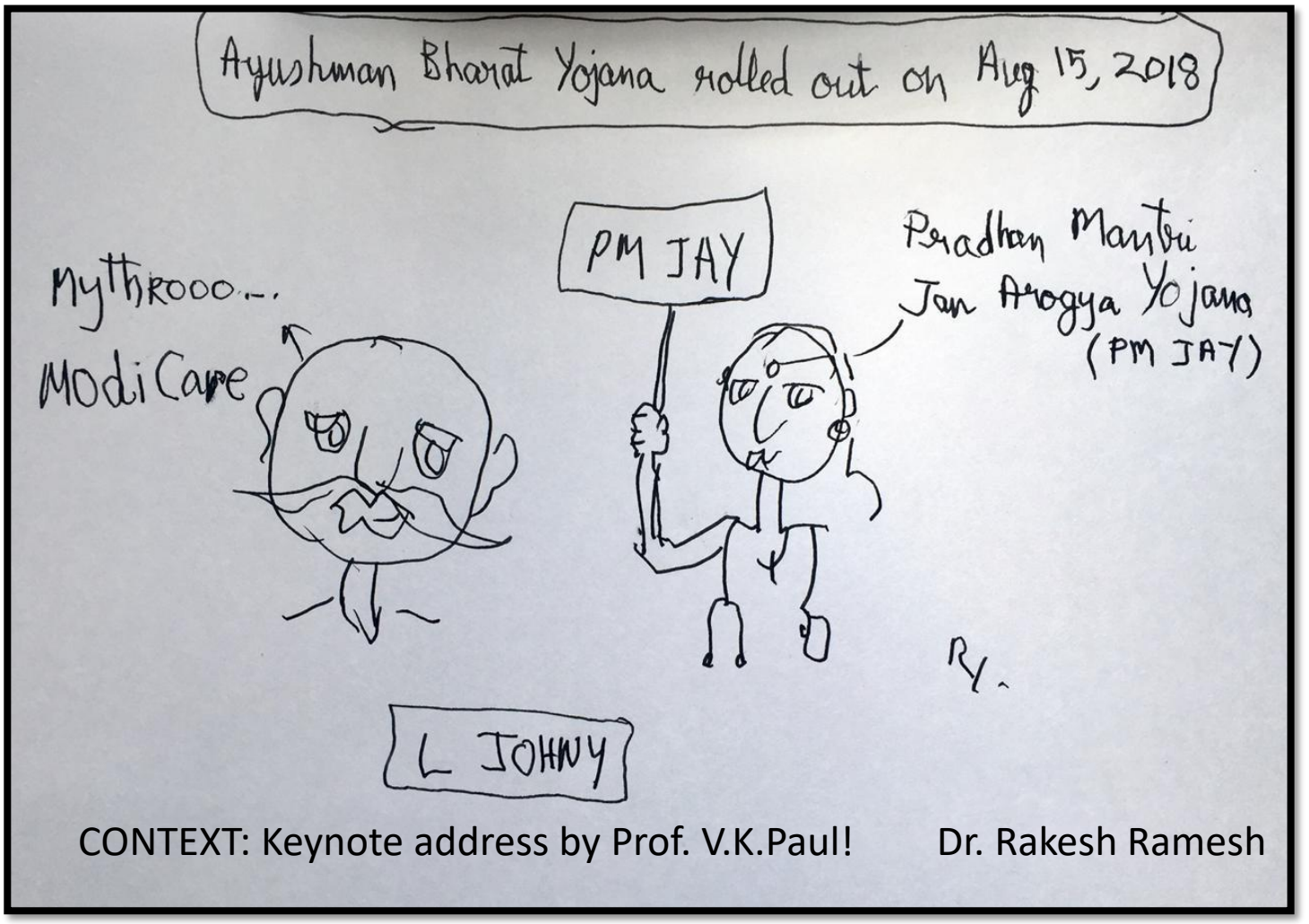
-Emily

Everything you can imagine is real.

-Pablo Picasso

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

L Johny



CONTEXT: Keynote address by Prof. V.K.Paul! Dr. Rakesh Ramesh

Did You Know?

It is forbidden to die in the Arctic town of **Longyearbyen!!**

After it was discovered that bodies do not decompose because of the cold and traces of the influenza virus that caused an epidemic in 1917 were found, it has been declared illegal to die here. Should you have the misfortune of falling terminally ill in this place, you will be airlifted to other parts of Norway for your last days!!

DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: ***avinash.hu@stjohns.in***