

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

Issue 24, May 15<sup>th</sup>, 2019



Light and Shadow, in the Humanities Department. Does it symbolise ups and downs in life?

PC: Dr. Avinash

## World Thalassemia Day – 8<sup>th</sup> May 2019

### EDITORIAL TEAM:

Archana S, Avinash. H. U, Bhavyank Contractor, Blessy Susan Biji, Deepak Kamath, Jyothi Idiculla, Manu. M. K. Varma, Merlin Varghese Susan, Nivedita Kamath, Rakesh Ramesh, Ruchi Kanhere, Sanjiv Lewin, Sanjukta Rao, Santu Ghosh, Saudamini Nesargi, Sheela Immaculate, Srilakshmi Adhyapak, 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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# MESSAGE FROM THE EDITORIAL TEAM

***Sello All!!!***

We are pleased to share the twenty fourth issue of “What’s Up? @ St John’s Hospital” magazine today.

We plan to start a new section, to encourage research and publications for the staff of St. John’s. To begin with, we will choose published research from the year 2018 (January to December). Please mail us your publications.

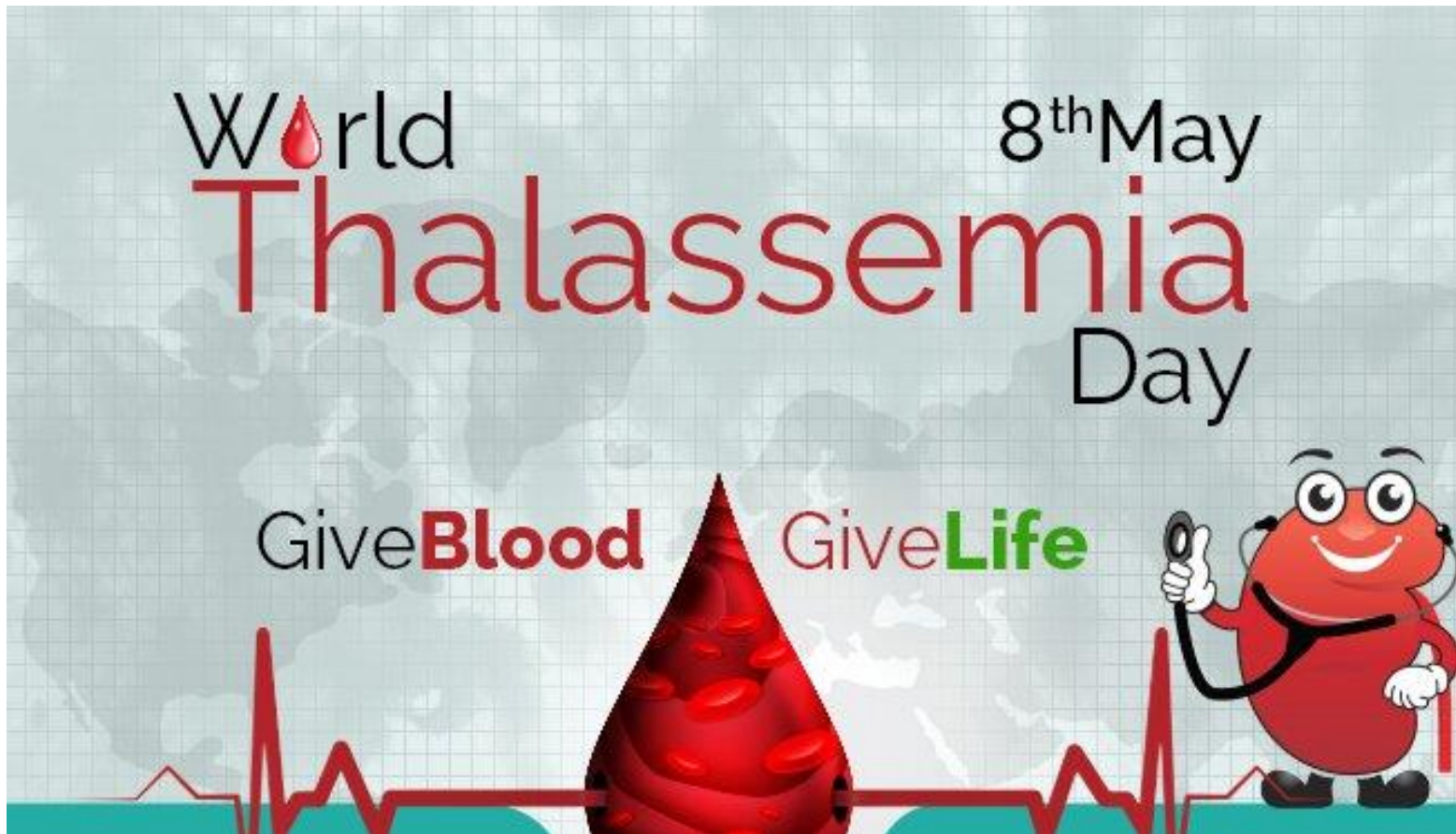
The present issue is themed red to symbolize World Thalassemia awareness day which was observed on 8<sup>th</sup> May 2019. We thank the Pediatric Hematology and Oncology Division for providing a brief write up on Thalassemia.

Please feel free to communicate with us to publish your achievements and events. All the feedbacks are welcome. Happy Reading!!

**Editorial Team**

# UPDATES THIS WEEK

## WORLD THALASSEMIA DAY



Thalassemia is an autosomal recessive genetic disorder characterized by defective hemoglobin synthesis. This results in decreased production as well as increased destruction of red cells resulting in chronic hemolytic anemia.

Thalassemia is classified as alpha and beta Thalassemia depending on which globin chain production is affected. Beta Thalassemia is the commoner of the two requiring blood transfusion every 2-4 weeks. These children present in the first year of life with anemia, growth failure and hepato-splenomegaly. Repeated red cell transfusions lead to iron overload requiring chelation therapy. Uncontrolled transfusion iron overload leads to growth failure, delayed puberty, diabetes, osteoporosis, liver and cardiac failure, limiting the survival of these patients to 3rd to 4th decade of life.

Diagnosis can be established by hemoglobin electrophoresis (HPLC) and/or globin gene analysis. Antenatal screening of both parents, prenatal diagnosis and counseling is vital to prevent future births of children with Thalassemia.

# UPDATES THIS WEEK

## WORLD THALASSEMIA DAY

Thalassemia in children and adults is managed by multi-professional teams that include, clinicians, nurses, geneticists, laboratory and transfusion medicine, social worker and NGOs. Definitive therapeutic options include stem cell transplant and gene therapy. Stem cell transplant is now a well established treatment and is offered to patients at SJMCH.

### Annual Pediatric Thalassemia and Oncology Day

**4<sup>th</sup> May 2019**

On May 4th 2019, the Paediatric Hemato-Oncology {PHO} division, and Department of Paediatrics celebrated World Thalassemia Day and International Childhood Cancer day. The programme provided a platform for patients, parents, staff, management and NGOs to come together to mutually acknowledge their efforts in caring for Thalassemia and Cancer in children over the past year. This year also marked the opening of a new day unit for Thalassemia patients.

The program kicked off with an entertaining performance by 'Compassionate Clowns'. This was followed by two short presentations on the journey of the Thalassemia and Oncology units at St John's. The formal inauguration was graced by eminent members of senior management including the Director, ADH, ADC, ADF, the Dean, CMS, and the CNS. The Director and ADC congratulated the families and healthcare team, inspiring them to continue to do their best for the children, in line with the vision and mission of St John's. A few patients and parents also shared their thoughts, and provided real insight into how their care could be made even better. This was followed by lovely dance and singing performances by the patients. One child also displayed his handicrafts. The children then went onto thoroughly enjoy the team games, whilst the parents were involved in a quiz. The programme concluded with lunch.

It was wonderful to have the young people come together with such joy and positivity, inspiring the team to continue to do their best for them.

We gratefully acknowledge the support and contribution of several departments in SJMCH we work with for the care of our patients.

# UPDATES THIS WEEK

## WORLD THALASSEMIA DAY

### Annual Pediatric Thalassemia and Oncology Day

#### THALASSEMIA & PHO TEAM AT ST JOHN'S:

Dr Fulton D'Souza (Professor & Head, Thalassemia Unit, HoD Paediatrics)

Dr Anand Prakash (Associate Professor & Head, currently on sabbatical)

Dr Vandana Bharadwaj (Associate Professor)

Dr Tarangini D (Assistant Professor)

Dr Vinay M V (Assistant Professor)

Dr Ashish S Mallige (Senior Resident)

Oncology Nursing Team

Nutritionist

Medical Social Worker



Few Pictures from the Program  
PC: Dr. Vandana.

# UPDATES THIS WEEK

## Cyto-Reductive Surgery and HIPEC (Hyperthermic Intraperitoneal Chemotherapy)

7<sup>th</sup> May 2019

Department of Surgical Oncology



Department of Surgical Oncology performed first Cytoreductive Surgery and HIPEC in St. John's Medical College Hospital on 7<sup>th</sup> May 2019. Cytoreductive surgery (CRS) with Hyperthermic intraperitoneal chemotherapy (HIPEC) is indicated in malignancies with focal or extensive peritoneal involvement. These malignancies were previously labelled unresectable and managed with palliative intent. CRS+HIPEC offers the best chance of cure in this select group of patients.

The technique of CRS involves removal of peritoneum and multivisceral resection. After complete resection of tumor patient is subjected to HIPEC during which the abdominal cavity is rinsed with heated chemotherapy solution.

# UPDATES THIS WEEK

## Cyto-Reductive Surgery and HIPEC (Hyperthermic Intraperitoneal Chemotherapy)

Hyperthermia potentiates the cytotoxicity of chemotherapeutic agent and intraperitoneal delivery decreases the systemic toxicity. CRS + HIPEC is a technically challenging procedure, requiring a skilled multi-disciplinary team and excellent perioperative care.

A 35 year old male presented to surgical oncology OPD with gradually increasing abdominal discomfort and distension since 3 years. Contrast enhanced CT scan revealed omental caking, high density mucinous ascites with nodular deposits in subdiaphragmatic region and paracolic gutter. Colonoscopy and upper gastrointestinal endoscopy were normal. A diagnosis of pseudomyxoma peritonei was made and patient was subjected to CRS and HIPEC. The surgery lasted 13 hours and the postoperative period was uneventful.

This labour intensive procedure could be achieved due to the co-ordinated efforts of team of surgeons, anaesthetists, intensivists, nursing staff, technicians and support from hospital management.

**Congratulations Dr. Rakesh Ramesh,  
Dr. Vijayalakshmi, Dr. Paramesh,  
Dr. Medha and Surgical Oncology Team.**

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## SWALLOWING CLINIC in Department of ENT

Department of ENT has started Swallowing Clinic services for evaluation and therapy of patients with swallowing issues. The Clinic will function once a week on Thursdays from 2.30PM to 4.00PM in ENT OPD.



# UPDATES THIS WEEK

## FRIDAY CLINICAL MEETING

18th January 2019

### Do doctors make mistakes?

The Friday clinical meeting held on 26th April 2019 at 2.45pm, discussed the topic “Do doctors make mistakes?”, a discussion on medical errors and medical negligence by Dr G.D. Ravindran (Professor of Medicine and Head of Geriatrics, St. John’s Medical College Hospital).

A **medical error** is a preventable adverse effect of care, whether or not it is evident or harmful to the patient. This might include an inaccurate or incomplete diagnosis or treatment of a disease, injury, syndrome, behaviour, infection, or other ailment. **Medical negligence** is an act of omission (failure to act) by a medical professional that deviates from the accepted medical standard of care.

There are three types of medical errors - surgical, medical and cognitive errors. When wrong instruments are used, hands are used instead of instruments (eg: retractors) or the surgery in the wrong site is considered to be surgical error. Medical errors are drug errors and diagnostic errors. Cognitive errors are unconscious errors.

The patients at increased risk for medical errors are cardiothoracic patients, vascular patients, neurology patients, patients with complex conditions, patients with emergency conditions, elderly patients and patients who are taken care by inexperienced doctors. Many case scenarios were given supporting medical errors. Hand writing of the doctors may also be the cause of medical errors. It is mandatory that all the wound certificates should be given in computer typed copies.

**“Neither the last person to touch the controls nor the last person to touch the patient is fully and solely responsible for bad outcome:”** The ethical issues of medical error are autonomy and right to self determination, beneficence and maleficence, disclosure and right to knowledge and veracity ie truthfulness and trust.

# UPDATES THIS WEEK

## FRIDAY CLINICAL MEETING

### Do doctors make mistakes?

The simple steps of avoiding medical errors are following protocols, improving competence by supervision, training and continued medical education, documentation, coordination of care, audit, improvising communication with patients and health care team.

The medical system in the country is constantly under the scanner as not only adults, but also new-born infants are now becoming the victims of medical negligence. Not only the patient suffers from the pain, but the families also have to deal with a lot if the patient, especially an infant, ends up dying. Dr. Ravindran then went on to illustrate several instances of obvious negligence, more out of commission than omission.

The standards of care to avoid medical negligence and errors are due care and diligence of a prudent doctor, standard suitable equipment in a good working condition, standard assistants, standard premises, standard record keeping and different standards are available for different situations.

When a physician patient relationship is unilaterally terminated without reasonable notice or justification, it is said that the physician has abandoned the patient. abandonment involves a conscious absence of reasonable notice. Gross negligence, ordinary negligence, criminal negligence and contributory negligence. The three core concepts of ethics of negligence are **“DO GOOD ALWAYS, DO NO HARM, BE FAIR TO ALL CONCERNED and RESPECT ALWAYS”**.

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COMING SOON.....

**New Section!!!**

**“PUBLISHED  
RESEARCH!”**

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

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

**[santu.g@stjohns.in](mailto:santu.g@stjohns.in)**

Articles published in the year 2018 (1<sup>st</sup>  
January to 31<sup>st</sup> December 2018)



# Rhyme Chime...

## THE HELIX OF LIFE

- Dr. Srilakshmi Adhyapak

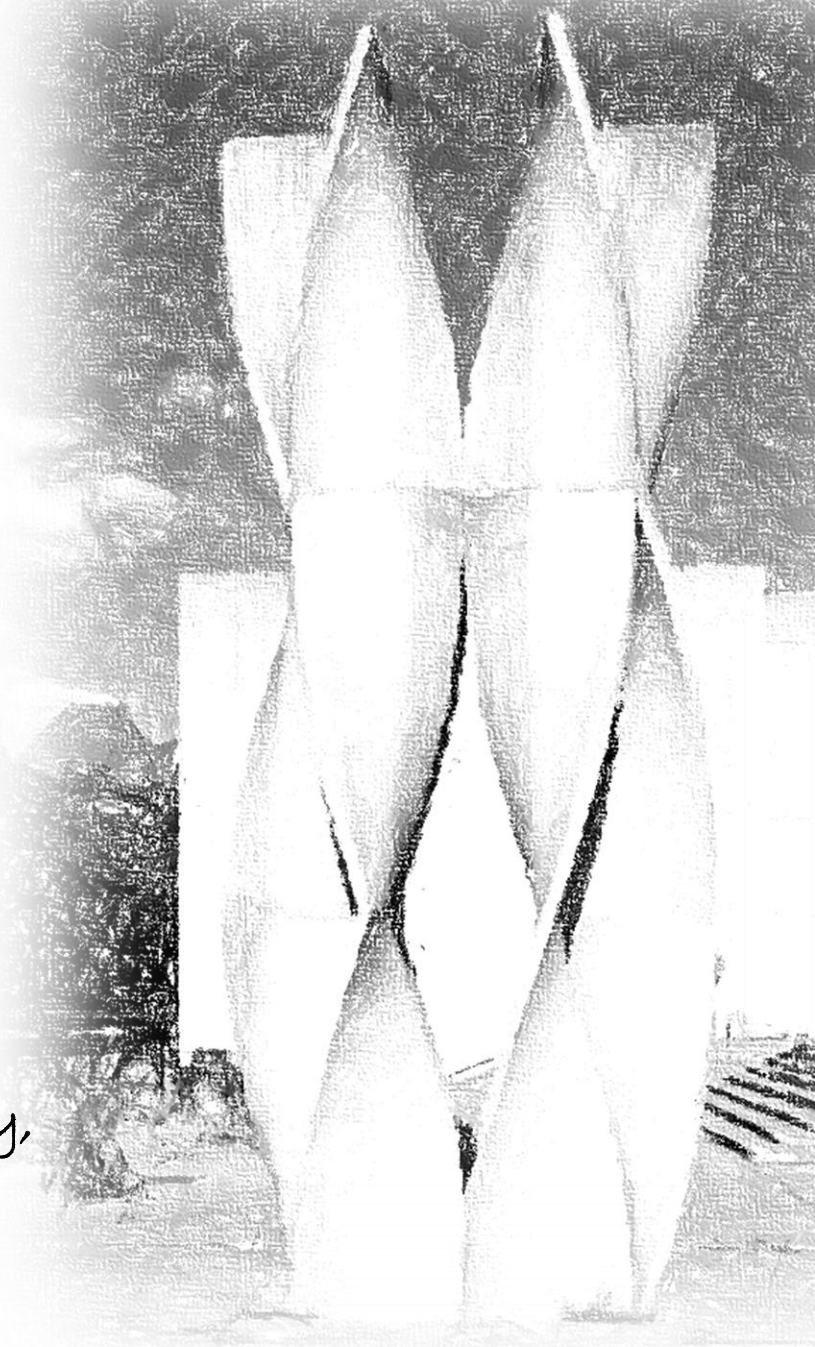
A macrocosm so stunningly vibrant,  
Contained in a wild flower fragrant.  
Hues mysterious, an exotic kaleidoscope form,  
Teeming, pulsating to the beat perform.

Energy primeval in harness,  
Along coils serpentine, an enclosed fortress.  
An inner coil rightward spirals,  
Enclosed in a buttress of leftward spiral.

A scaffolding conical, winding,  
Angled precision, irrevocably binding.  
In rapid coil and uncoil alternate,  
Propelled to the summit ultimate.

Churned into the vortex swirling,  
A torrent unleashed, in eternal wringing.  
The heart of all matter, in pistons miniscule,  
Life's nucleus enshrined in helical spirals.

Wind flutes thro' a conch shell's spiral harmony,  
Notes myriad blend in soulful symphony.  
The cosmic swirl, timeless mesmerizing,  
Rhythmic dance of the divine, enchanting.



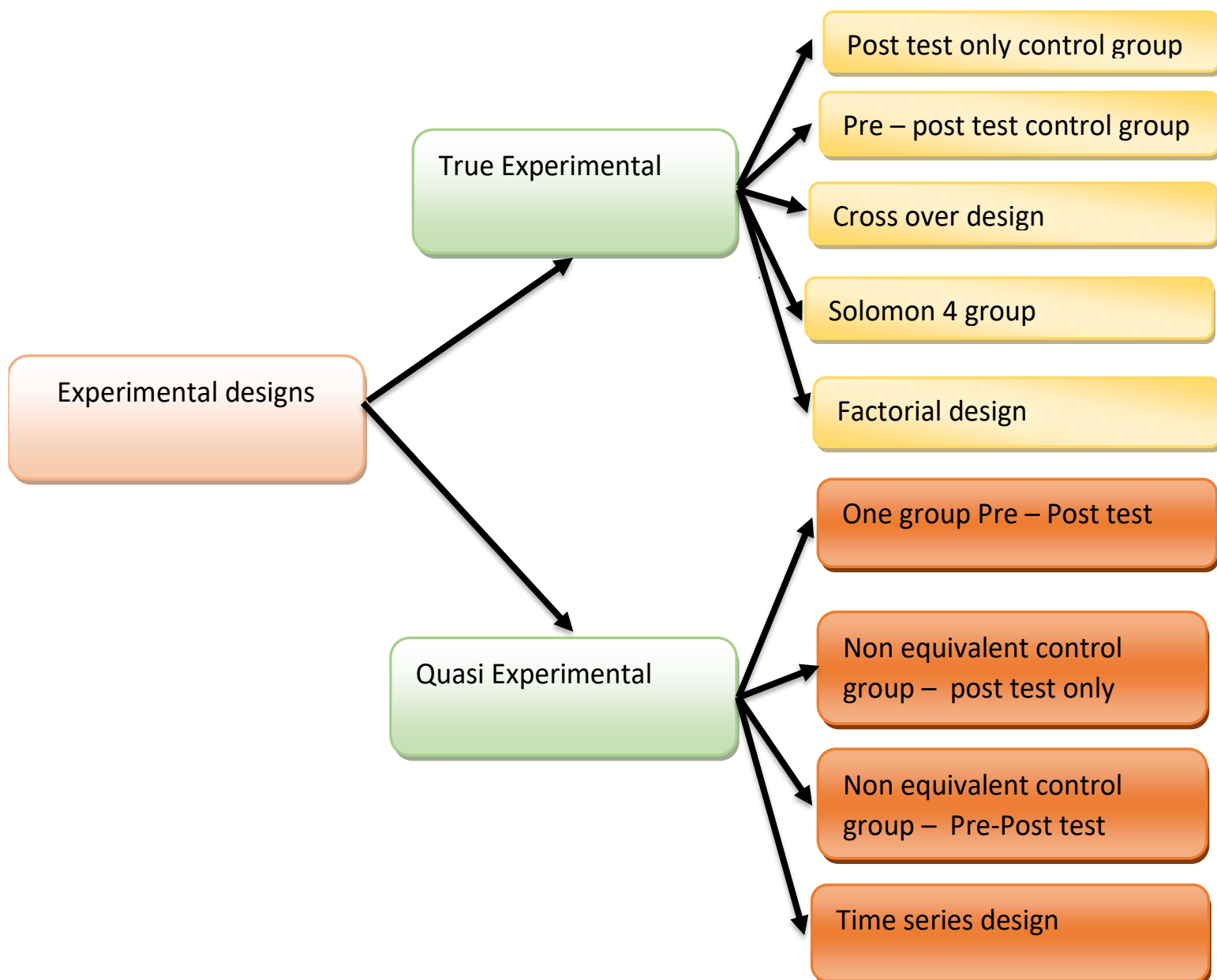
# RESEARCH SNIPPETS

## EXPERIMENTAL DESIGNS

While true experimental designs use randomization, manipulation and control as their essential characteristics, the absence of randomization and/or control would make the study design Quasi experimental.

Thus Quasi experimental studies explore the cause – effect relationship devoid of either randomization and/or Control.

Classification of Experimental designs are given below:



# IG NOBEL



## 1994 - MATHEMATICS

### The Southern Baptist Church of Alabama

#### Mathematical Measurers of Morality

The Southern Baptist Church of Alabama, mathematical measurers of morality, for their county-by-county estimate of how many Alabama citizens will go to Hell if they don't repent.

They calculated that on an average 46.1% of the residents in Alabama will go to hell!

The Church also devised a mathematical code which can be used by any citizen of United states to calculate his chances of going to hell!

**Baptists count the lost**

**The saved and the lost**  
Southern Baptist estimates for Alabama counties

46% of Alabamians face damnation, report says

By Greg Garrison  
News staff writer

More than 1.86 million people in Alabama, 46.1 percent of the state's population, will be damned to hell if they don't have a born-again experience professing Jesus Christ as their savior, according to a report by Southern Baptist researchers.

The Southern Baptist Convention's Home Mission Board recently released its Evangelistic Index study, an estimate of the "lost" with a county-by-county tally across Alabama of how many souls the Baptists regard as doomed if they do not get saved before they die.

The Baptists' religious census, done nationwide to help the denomination know where it should intensify outreach efforts, counts many Catholics, Jews, non-born-again mainline Protestants, sect members and the religiously unaffiliated among those needing salvation.

Jefferson County leads the state in the number of lost souls, and Shelby County has the highest percentage of potentially hell-bound citizens, according to the Southern Baptist report. Jefferson County has 278,780 lost souls, 43.1 percent of its population; Shelby County has 62,080 unsaved people, or 43.5 percent, of its population, according to Home Mission Board estimates.

Source: Southern Baptist Home Mission Board

Cloves said he expected to be inundated with requests for the report since it was publicized in state Baptist circles in July. Fewer than a dozen people asked for it, he said.

Legend:  
Below 30% unsaved  
30% to 50% unsaved  
50% or more unsaved

## DIABETES EDUCATION SERVICES IN ST. JOHN'S MEDICAL COLLEGE & HOSPITAL

*Hope to a better glycemia...*

### **NEED OF DIABETES EDUCATION**

Diabetes education forms a cornerstone in the management of diabetes mellitus (DM). Treatment of DM involves not just medications, but also dietary modifications, glucose monitoring, regular physical activity & psychosocial adjustment. Diabetes education makes the patient more aware of the nature of disease and allows them to control it better.

According to the Global Burden of Disease report for 2015, the prevalence of diabetes rose from approximately 333 million in 2005 to 435 million in 2015. India has the second highest prevalence of DM in the world. 98 million people in India may have type 2 DM by 2030.

### **SJMCH DIABETES EDUCATION SERVICES**

Department of Endocrinology was started in St. John's in 2001 as a part of department of Medicine. Endocrinology was established as a separate department in 2008.

Diabetes Education was started by Dr Ganapathi Bantwal and Dr Vageesh Ayyar. The department currently has two diabetes certified educators who are involved in both individual & group education along with a team of doctors.

Patients are educated on:

- a) Pathophysiology and natural history of DM
- b) Diet and exercise
- c) Medications – Oral antidiabetic drugs and Insulin (use, technique of administration and storage),
- d) Self monitoring of blood glucose
- e) Hypoglycemia & its management
- f) Foot care
- g) Importance of compliance to medication and regular follow up.

# Know Your Hospital!

The educators are trained to educate different kinds of diabetic patients such as:

- a) Gestational diabetes
- b) Pancreatic Diabetes
- c) Type 1 Diabetes Mellitus
- d) Latent Autoimmune Diabetes in Adults (LADA)

All the patients will receive individually tailored education to suit their lifestyle. The department has also successfully conducted camps to create awareness on Diabetes mellitus.

## LOCATION & TIMING

Endocrinology OPD in Silver Jubilee Block from 9AM to 5PM

## PATIENT FEEDBACK:

On an average 350 patients utilize this service every month. Many patients have given a positive feedback on the benefit of diabetes education. The education program is an ongoing process and has to be repeated on every visit.



From left to right : Dr Lavanya, Dr Aditi Nagaraju, Dr Patanjali C P, dr Sphoorti P Pai, Dr Vageesh S Ayyar, Dr Ganapathi Bantwal, Dr Belinda George, Dr Nalini B Wagmode, Mrs Jayalakshmi V, Dr Nandini L P, Staff nurse Roselin Jebaselvi

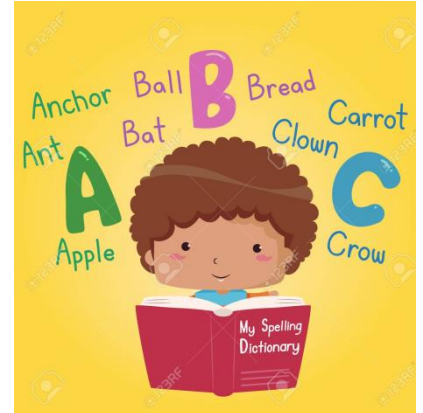




# LAUGHTER IS THE BEST MEDICINE...



A little boy in my infant class came into school and told me he could spell his mum's name. "M-U-M," he said proudly. Before I could congratulate him, another little boy said excitedly, "That's how you spell my mum's name too!"



© www.123rf.com

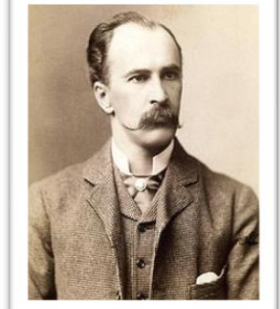


A skeleton walks into a bar. The bartender says, "What'll you have?" The skeleton says, "Gimme a beer and a mop."

A Canadian park ranger is giving some ramblers a warning about bears, "Brown bears are usually harmless. They avoid contact with humans so we suggest you attach small bells to your rucksacks and give the bears time to get out of your way. However, grizzly bears are extremely dangerous. If you see any grizzly-bear droppings leave the area immediately." "So how do we know if they're grizzly bear droppings?" asks one of the ramblers. "It's easy," replies the ranger. "They're full of small bells."



# THE QUOTABLE OSLER



SIR WILLIAM OSLER

## Sensitivity should not interfere with performance:

Keen sensibility is doubtless a virtue of high order, when it does not interfere with steadiness of hand or coolness of nerve; but for the practitioner in his working-day world, a callousness which thinks only of the good to be effected, and goes ahead regardless of smaller considerations, is the preferable quality.



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

© Quora



## MEDICINE DIS WEEK

*A Bird's Eye View.....*

### Honey or Sucralfate after battery button ingestion in children.

Ingestion of button batteries (BB) can rapidly lead to caustic esophageal injury in infants and children, resulting in significant morbidity and mortality. Guidelines recommend no oral intake before timely radiographic localisation and timely endoscopic removal. A cadaveric and an animal model study tested various household weakly acidic beverages and sucralfate for their ability to act as protective esophageal irrigations until endoscopic removal. Honey and sucralfate demonstrated to a significant degree the most protective effects in vitro and in vivo. Hence it is now recommended to administer one oral dose of pure honey (5-10mL) as soon as possible. The benefit of neutralization and reduction in burn injury to the esophagus appears to outweigh the potential increased risk of aspiration.


- Anfang RR et al. *Laryngoscope*. 2019 Jan;129(1):49-57.

### Antibiotic use following I&D for anorectal abscess.

Following a drainage procedure for an anorectal abscess, complications may include development of a fistula or recurrent abscess formation. The role of antibiotics to prevent complications has been uncertain. In a meta-analysis of two randomized trials and one retrospective study, it was found that, routine empiric antibiotic therapy was associated with a lower fistula rate (16 versus 24 percent). Hence routine use of empirical antibiotics is recommended after incision and drainage of anorectal abscess.

-Mocanu V et al., *Am J Surg*. 2019 May;217(5):910-917.

## pH-Neutralizing Esophageal Irrigations as a Novel Mitigation Strategy for Button Battery Injury

Rachel R. Anfang, MA; Kris R. Jatana, MD ; Rebecca L. Linn, MD; Keith Rhoades, BS; Jared Fry, BS; Ian N. Jacobs, MD

**Objectives/Hypothesis:** Ingestion of button batteries (BB) can rapidly lead to caustic esophageal injury in infants and children, resulting in significant morbidity and mortality. To identify novel mitigation strategies, we tested common weakly acidic household beverages, viscous liquids, and Carafate<sup>®</sup> for their ability to act as protective esophageal irrigations until endoscopic removal of the BB.

**Study Design:** Cadaveric and live animal model.

**Methods:** Apple juice, orange juice, Gatorade<sup>®</sup>, POWERADE<sup>®</sup>, pure honey, pure maple syrup, and Carafate<sup>®</sup> were screened using a 3 V lithium (3 V-CR2032) BB on cadaveric porcine esophagus. The most promising in vitro options were tested against a saline control in live American Yorkshire piglets with anode-facing placement of the BB on the posterior wall of the proximal esophagus for 60 minutes. BB voltage and tissue pH were measured before battery placement and after removal. The 10 mL irrigations occurred every 10 minutes from t = 5 minutes. Gross and histologic assessment was performed on the esophagus of piglets euthanized 7 ± 0.5 days following BB exposure.

**Results:** Honey and Carafate<sup>®</sup> demonstrated to a significant degree the most protective effects in vitro and in vivo. Both neutralized the tissue pH increase and created more localized and superficial injuries; observed in vivo was a decrease in both full-thickness injury (i.e., shallower depths of necrotic and granulation tissue) and outward extension of injury in the deep muscle beyond surface ulcer margins ( $P < .05$ ).

**Conclusions:** In the crucial period between BB ingestion and endoscopic removal, early and frequent ingestion of honey in the household setting and Carafate<sup>®</sup> in the clinical setting has the potential to reduce injury severity and improve patient outcomes.

**Key Words:** Foreign body, button battery, esophageal injury, caustic injury, prevention, neutralization.

**Level of Evidence:** NA

*Laryngoscope*, 00:000–000, 2018

From the Division of Otolaryngology, Department of Surgery (R.R.A., I.N.J.); Division of Anatomic Pathology, Department of Pathology and Laboratory Medicine (R.L.L.), Children's Hospital of Philadelphia, Philadelphia, Pennsylvania; Department of Otolaryngology–Head and Neck Surgery (K.R.J.), Nationwide Children's Hospital and Wexner Medical Center at Ohio State University, Columbus, Ohio; Intertek Product Intelligence Group Inc (K.R., J.F.), Oakbrook, Illinois; and the Department of Otorhinolaryngology–Head and Neck Surgery (I.N.J.), Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania, U.S.A.

Editor's Note: This Manuscript was accepted for publication May 3, 2018.

K.R.J. and I.N.J. are co-principal investigators.

Presented orally, as the winner of the Broyles Maloney Award, at the American Broncho-Esophagological Association Meeting, National Harbor, Maryland, U.S.A., April 18–22, 2018.

K.R.J. serves as a general product safety medical consultant for Intertek Inc., provides expert witness testimony, and receives royalties for a patented medical device, unrelated and not utilized in this study from Marpac Inc. Both K.R.J. and I.N.J. serve in leadership positions on the national Button Battery Task Force, affiliated with the American Academy of Pediatrics and American Broncho-Esophagological Association.

This work was supported by the Children's Hospital of Philadelphia through its Frontiers Program Grant (I.N.J.).

The authors have no other funding, financial relationships, or conflicts of interest to disclose.

Send correspondence to Kris R. Jatana, MD, Pediatric Otolaryngology, Nationwide Children's Hospital, 555 South 18th Street, Suite 2A, Columbus, OH 43205. E-mail: kris.jatana@nationwidechildrens.org

DOI: 10.1002/lary.27312

### INTRODUCTION

Over 3,000 button battery (BB) ingestions are reported annually in the United States.<sup>1,2</sup> Although this comprises a small fraction of pediatric foreign bodies ingestions, BB contribute a serious risk of morbidity and mortality with the problem only worsening. There was a 5.8-fold increase in major injuries and a 12.5-fold increase in fatal outcomes in 2006 to 2017 versus 1994 to 2005.<sup>2</sup>

The growth of electronics in prevalence and complexity resulted in BBs becoming ubiquitous in our everyday environments, with many being the powerful 3 V lithium variety.<sup>2,3</sup> Strikingly, greater than 90% of disk-battery ingestion cases resulting in fatalities or major outcomes over the last 15 years were from 20 mm, 3 V lithium cells, of which more than 70% were 3V-CR2032 BBs.<sup>1</sup> At this diameter and voltage, they are large enough to get lodged in the esophagus of a child and powerful enough to cause major sequelae or death. The inherent characteristics of a BB—the shiny, candy-resembling shape, metallic taste, and tingling sensation on the tongue—intensify this concern by appealing to the natural curiosity of a toddler. In fact, at highest risk for reported ingestions are children under 6 years of age, and 12.6% of this cohort experienced major complications.<sup>2,3</sup>

*Am J Surg.* 2019 May;217(5):910-917. doi: 10.1016/j.amjsurg.2019.01.015. Epub 2019 Jan 31.

## Antibiotic use in prevention of anal fistulas following incision and drainage of anorectal abscesses: A systematic review and meta-analysis.

Mocanu V<sup>1</sup>, Dang JT<sup>2</sup>, Ladak F<sup>3</sup>, Tian C<sup>4</sup>, Wang H<sup>5</sup>, Birch DW<sup>6</sup>, Karmali S<sup>7</sup>.

### Author information

### Abstract

**BACKGROUND:** Treatment of anorectal abscesses continues to revolve around early surgical drainage and control of perianal sepsis. Yet even with prompt drainage, abscess recurrence and postoperative fistula formation rates are as high as 40% within 12 months. These complications are thought to be associated with inadequate drainage, elevated bacterial load, or a noncryptoglandular etiology of disease. Postoperative antibiotics have been used to account for these limitations, but their use is controversial and only weakly supported by current guidelines due to low-quality evidences. The aim of the present study was to perform a systematic review and meta-analysis of the current literature to determine the role of antibiotics in prevention of anal fistula following incision and drainage of anorectal abscesses.

**METHODS:** Literature search was conducted using Medline, EMBASE, Scopus, the Cochrane Library, and Web of Science databases from 1946 to April 2018. Search terms were "perianal OR anal OR fistula-in-ano OR ischiorectal OR anorectal AND abscess AND antibiotics" and was limited to human studies in the English language. Literature review and data extraction were completed using PRISMA guidelines. A total of six studies with 817 patients were included for systematic review. The weighted mean age was 37.8 years, 20.4% of patients were female, and the follow up ranged from one to 30 months. Antibiotic courses varied by study, and duration ranged from five to 10 days. Of included patients, 358 (43.8%) underwent management without antibiotics while 459 (56.2%) patients were treated with antibiotics. Fistula rate in subjects receiving antibiotics was 16% versus 24% in those not receiving postoperative antibiotics. Meta-analysis revealed a statistically significant protective effect for antibiotic treatment (3 studies, OR 0.64; CI 0.43-0.96; P = 0.03).

**CONCLUSIONS:** Antibiotic therapy following incision and drainage of anorectal abscesses is associated with a 36% lower odds of fistula formation. An empiric 5-10-day course of antibiotics following operative drainage may avoid the morbidity of fistula formation in otherwise healthy patients, although quality of evidence is low. Further randomized trials are needed to fully clarify the role, duration, and type of antibiotics best suited for postoperative prevention of fistula following drainage of anorectal abscesses.

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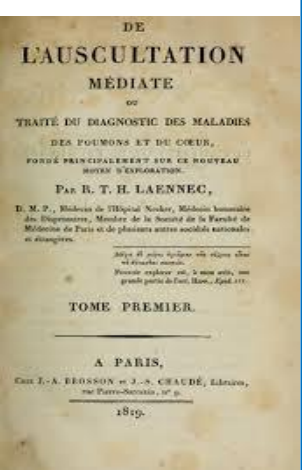
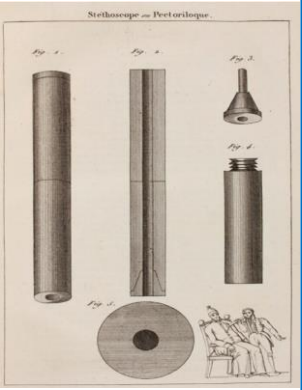
PMID: 30773213 DOI: [10.1016/j.amjsurg.2019.01.015](https://doi.org/10.1016/j.amjsurg.2019.01.015)

HEARING THE HEART

The ancient Greeks had practised auscultation listening to the sounds of the lungs and the heartbeat by pressing an ear against the chest wall. This technique was lost until the Renaissance.

In 1816, the French physician Rene Theophile Hyacinthe Laennec (Necker-Enfants Malades Hospital in Paris) was confronted with an extremely plump young woman with a heart condition. To overcome the embarrassment of pressing his ear, he recalled having seen a child tapping a log while another listened at the far end. Laennec rolled a sheaf of papers into a cylinder and applied this to the woman's chest. He heard her heartbeat with much greater clearness and distinctness than he had ever done before".

He soon abandoned his paper cylinder, developing instead the first true stethoscope: a wooden tube about 23cm long and 4cm in diameter. Before his death from tuberculosis in 1826, at the age of 45, he had invented most of the terms now used to describe chest sounds and matched many with chest diseases.



PEARLS OF WISDOM

Always do right. This will gratify some people and astonish the rest.

- Mark Twain



That Love is all there is, Is all we know of Love.

- Emily Dickinson

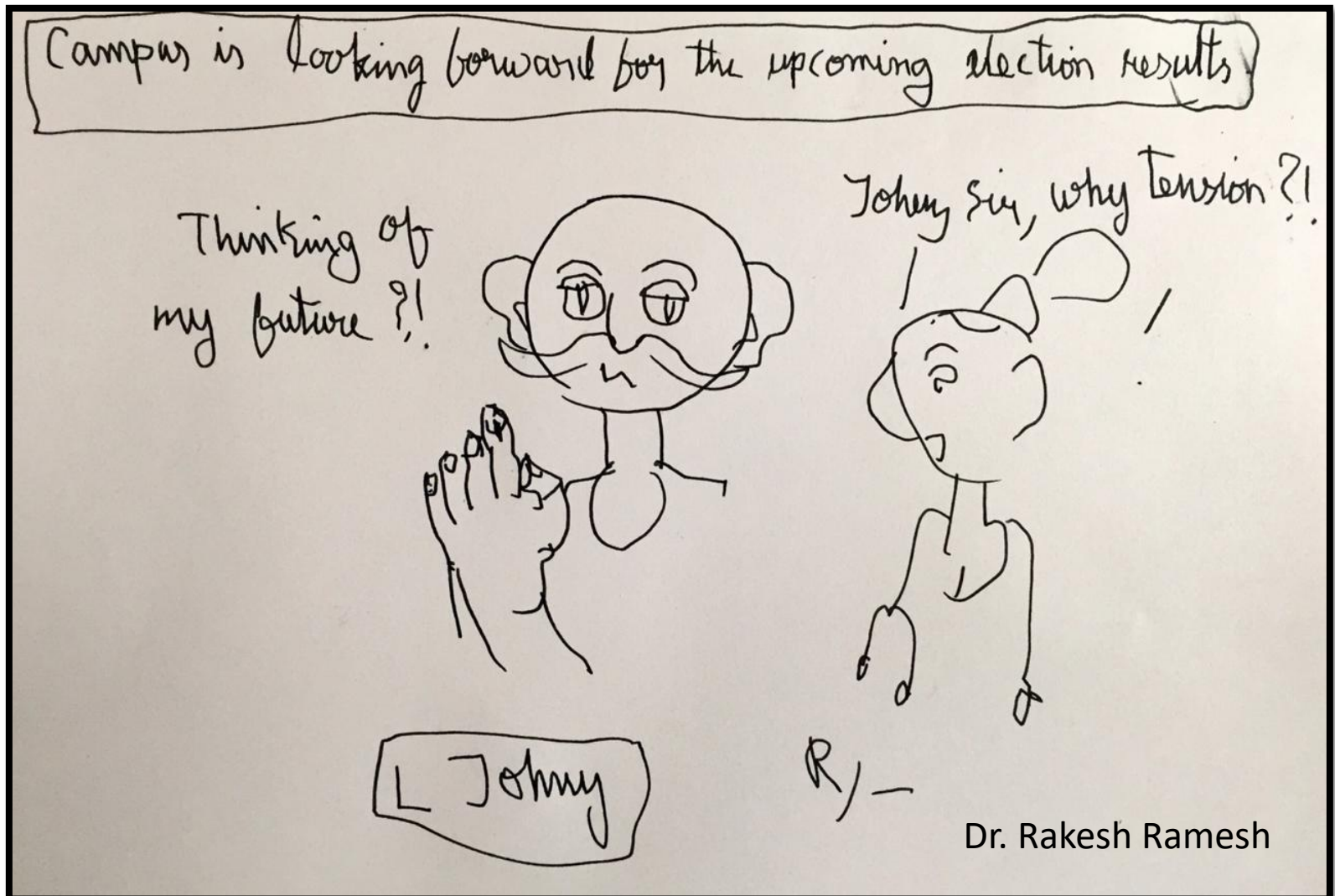


What lies behind us and what lies before us are but tiny matters compared to what lies within us.

- Henry Stanley Haskins



# L Johnny



## Did You Know?

The popular and indulgent “French fries” are actually not from France! Despite the common name, it should rightly be called Francophone Fry after the Belgian town to where it traces it’s origin. The Belgians switched from their favorite fried fish to fried potatoes when their principle river froze in winter. During World War I American soldiers christened it French Fry and the name stuck!



Source- BBC Travel, 2018.

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