What's Up?
@St John's Hospital

Issue 49, July 1st, 2021

"And how many dead eyes can you look into? Before you die inside yourself?"
2nd Wave of COVID pandemic…

Sketch by Gunjit Glen Romould, MBBS 2020. Background PC: Dr. Himagirish Rao

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

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

MESSAGE FROM THE EDITORIAL TEAM

Dear All!

We are pleased to release the forty ninth issue of “What’s Up? @ St John’s Hospital” magazine today. In view of the second wave of COVID pandemic, we could not release the magazine last month. However, the magazine team, with the help of enthusiastic students could bring out three supplements in the month of June highlighting the efforts of the COVID warriors, rather ‘Un-sung heroes of John’s’.

The present issue is filled with many interesting and heart touching experiences, stories and poetry on the second wave of COVID pandemic. We thank a number of contributors who have shared their honest experiences during the period of crisis.

St. John’s has always stood up to the needs of its patients. Amidst the crisis of pandemic, the Division of Pediatric Hematology and Oncology successfully conducted stem cell transplant in six needy children.

Meanwhile, the present issue highlights various observances on health-related days which took place in the hospital. Not to miss is the management of a large ovarian mass which was successfully removed by the Department of Gynaecologic oncology in the section of survivor’s corner.

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

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World Health Day

7th April 2021

On the occasion of the World Health day, April 7th 2021, the NSS unit organized a walkathon for the faculty and students based on the theme ***"Fit RGUHS for fit India"*** with COVID safety measures. Rev. Sr. Ria Immanuel(Chief of Nursing Services), Prof. Reena Menon (Principal, St. John's College of Nursing), Dr. Bindhu Mathew (Vice Principal PG), Dr. Sr. Prasada (Vice Principal UG), faculty and I year B.Sc. nursing students participated enthusiastically.

Acknowledgement: Mrs. Reena Menon, Principal, St. John's College of Nursing

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World Retinoblastoma Awareness Week

9th to 15th May 2021

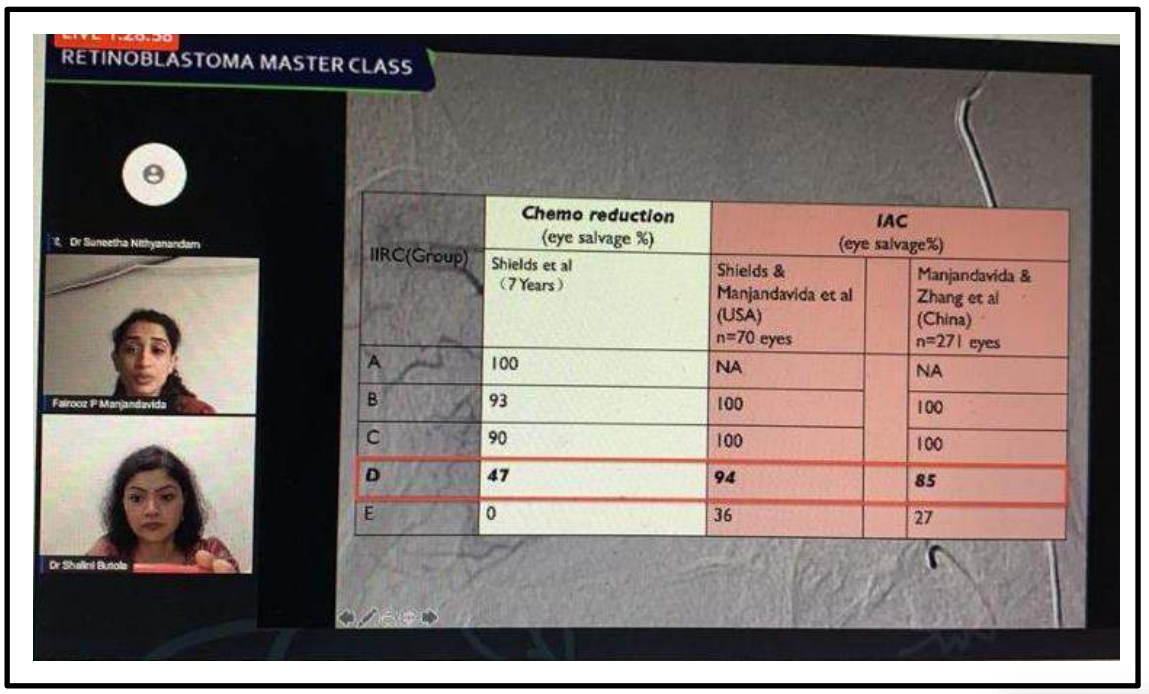
Retinoblastoma, the most common ocular malignancy in childhood, is lethal if left untreated. In high income countries, retinoblastoma is considered a curable cancer with a nearly 100% disease free survival rate. However, the prognosis in low and middle-income countries, where more than 80% global cases occur, is often somber. Data from developing countries, show survival to be 40% (23-70%) in low-income countries, and 79% (54-93%) in upper middle-income countries. Thus, there exists a huge disparity in retinoblastoma early diagnosis and management between the developed and developing countries, and there is a pressing need to bridge this gap.

Every year the week after second Sunday of May is recognized as world retinoblastoma week. The department of Ophthalmology SJMCH, decided to commemorate this week by conducting an online retinoblastoma masterclass with eminent ocular oncologists on 13th May 2020. The session was moderated by Dr.Shalini Butola and Dr.Suneetha N from the department of Ophthalmology. Also on the panel were Dr. Jyothi M, from the department of Paediatric Oncology and Dr. Sandeep Muzumder from Department of Radiation Oncology.

The first aim of the session was to raise retinoblastoma awareness for early diagnosis. It's unfortunate that children (especially in developing countries like ours) are losing life to this curable cancer. Dr Prerana Tahiliani spoke about the various presentations of retinoblastoma (particularly white pupillary reflex and strabismus) which one should have a high index of suspicion for, starting from the well-baby screening itself. Dr Rwituja Thomas Grover then spoke about the latest classification for Retinoblastoma (including AJCC 8th edition, which includes heritable trait as a characteristic other than TNM status) which should help to standardise classification worldwide.

With timely screening, diagnosis, referral, treatment and follow up, in a systematic and multidisciplinary fashion, most children with retinoblastoma are cured, many with useful vision.

The second aim of the session was thus, to provide an overview of the treatment as well as latest developments in retinoblastoma management. Dr Mahesh P Shanmugam, Head, ocular oncology and vitreoretinal services, Sankara Eye Hospital, enlightened the audience with his case-based presentation of intraocular retinoblastoma (groups A-E) and its management. He spoke about local, focal and systemic therapy. He also discussed the role of intra-arterial chemotherapy (IAC) and its advantages (high globe salvage rate particularly in uniocular cases) and limitations (particularly the high cost in Indian setting and lack of systemic protective effect in advanced/bilateral cases). Dr Fairooz P Manjandavida, Director, Horus specialty eye care, then spoke about her experience with cases of advanced intraocular, orbital and metastatic retinoblastoma and its management. The management of advanced cases has been revolutionized in the past few decades. Destructive procedures such as enucleation (historically the standard of care especially in developing countries) have decreased in favor of globe salvaging techniques (IAC/ plaque brachytherapy/ Intravitreal Chemotherapy) when feasible, in major centers worldwide.



IIRC(Group)	Chemo reduction (eye salvage %)	IAC (eye salvage%)	
	Shields et al (7 Years)	Shields & Manjandavida et al (USA) n=70 eyes	Manjandavida & Zhang et al (China) n=271 eyes
A	100	NA	NA
B	93	100	100
C	90	100	100
D	**47**	**94**	**85**
E	0	36	27

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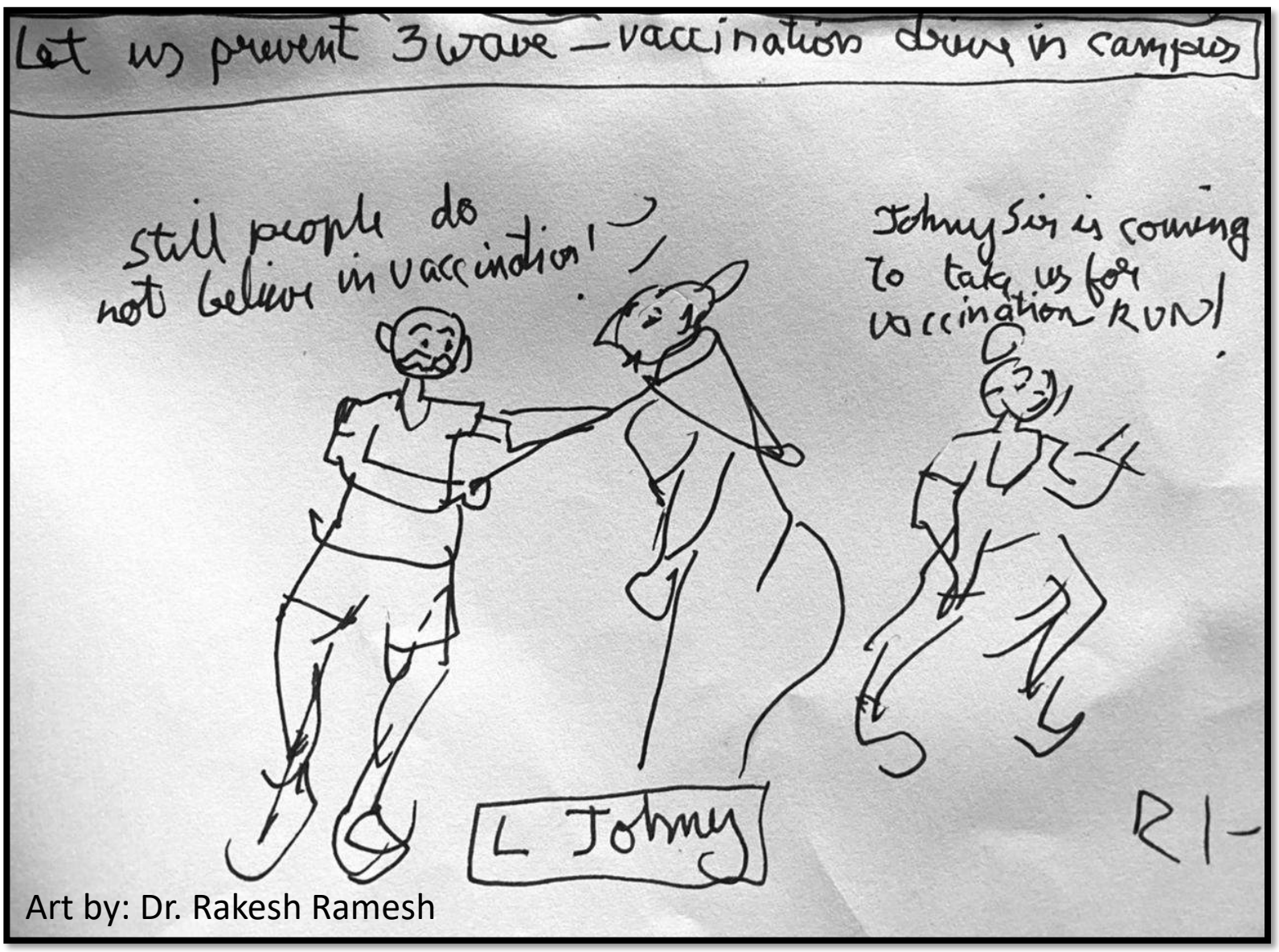
The session witnessed nationwide audience participation with interactive discussions. The event was successfully concluded and hopefully helps bring us closer to the ultimate goal of improving retinoblastoma awareness for early diagnosis and prompt referral for multi-disciplinary management to increase patient survival from this curable form of childhood cancer.

Acknowledgement: Dr. Shalini Butola, Department of Ophthalmology

L Johny



Art by: Dr. Rakesh Ramesh

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World Blood donor day

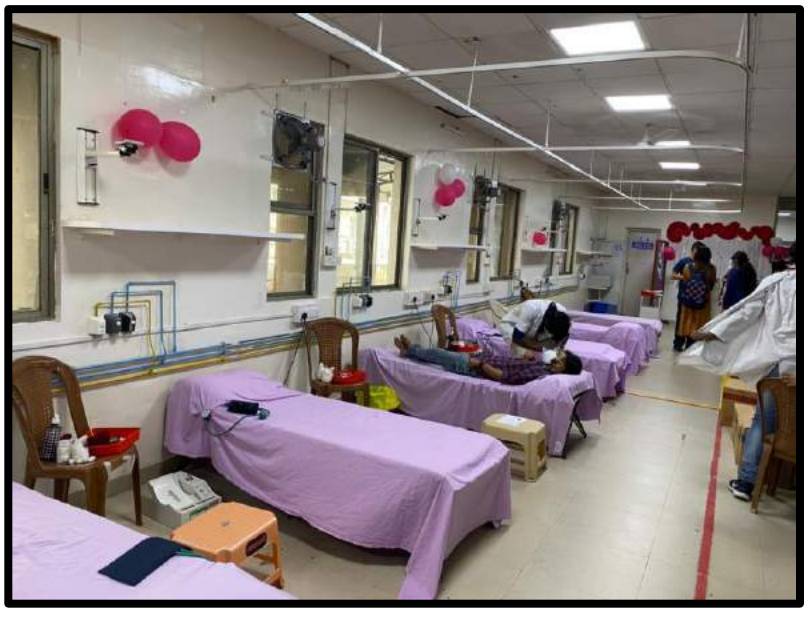
14th June 2021

The department of Transfusion Medicine and Immunohematology celebrated the World Blood donor day on 14th June 2021. World Blood Donor Day is celebrated every year on 14 June. It is an international event to thank all voluntary donors for their gift. This day was established in 2005 by WHO and it marks the birth of Karl Landsteiner 14 June 1868, who discovered blood groups.

The aim is to raise global awareness of the need for safe blood for transfusion which is crucial for patient care. For 2021, the theme of World Blood Donor Day is “Give blood and keep the world beating”. The message highlights the essential contribution blood donors make to keeping the world pulsating by saving lives.

Throughout the COVID-19 pandemic, despite limited mobility and other challenges, blood donors have continued to donate blood to patients who need transfusion. This extraordinary effort during a time of unprecedented crisis highlights the crucial role of committed voluntary, blood donors in ensuring a safe and sufficient blood supply during normal and emergency times.

A special focus this year is the role of young people in ensuring a safe blood supply



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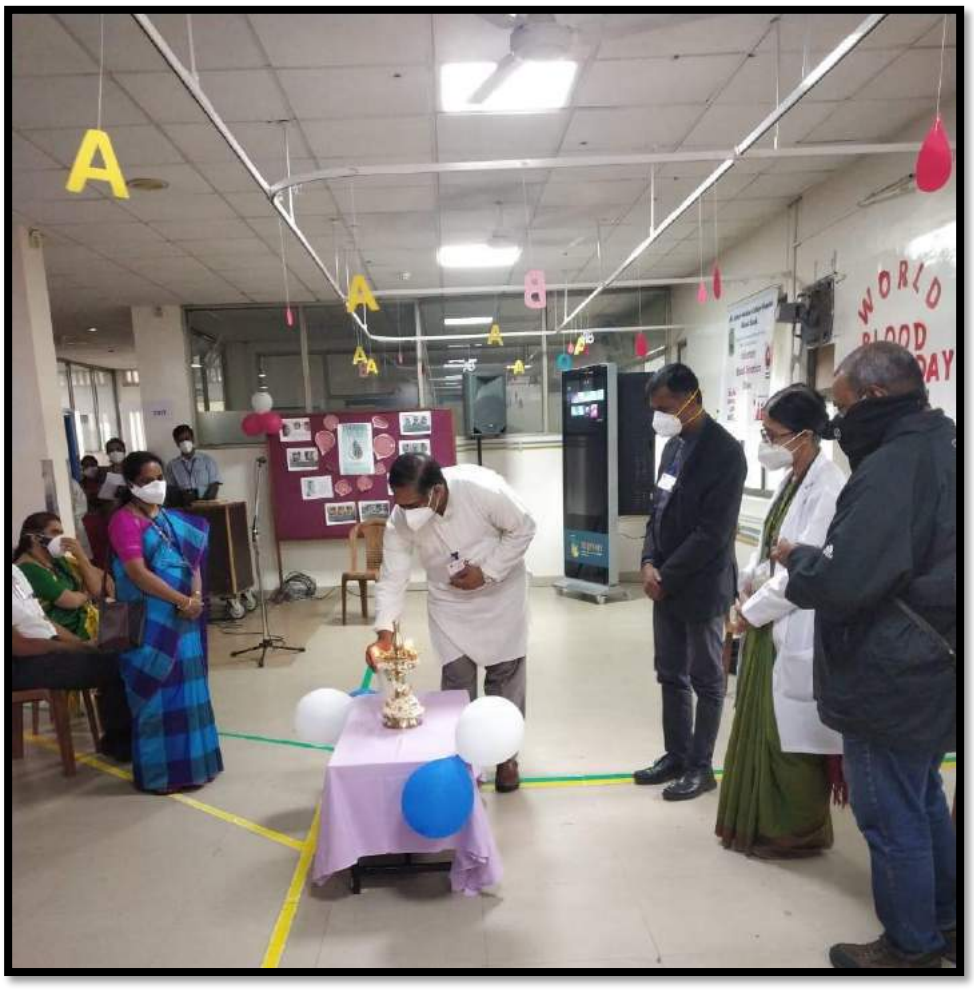

How did St John’s blood bank manage?

We at St Johns have been in a uniquely challenging situation, to manage critical cases like post- partum hemorrhage referred from other hospitals. The voluntary blood donation by several of our own staff members and their families, students and well wishers helped us save several precious lives.

In the last two months, several blood donation camps were conducted in residential apartments to meet the needs of our patients.

Voluntary blood donors, staff members, their families, departments and medical students were felicitated on this day.

To add color to this year’s event, our undergraduate MBBS students of the Health Awareness club, who proudly call themselves team I.M.P.A.C.T led by Tanvi Deshpande enthusiastically joined the event. A face painting competition on Blood donor day was organized in collaboration with Fine Arts Club of our college. A tribute to all the donors was made by making a poster having their pictures and names. Many staff and students participated in the voluntary blood donation camp.

Acknowledgement: Dr. Sitalakshmi Subramanian, Professor and Head, Department of Transfusion medicine

COVID Times – The 2nd Wave

in pictures….

COVID war room played a key role in managing the 2nd wave of COVID pandemic. From triage, expert opinions to duty rosters and discharge summaries, everything was addressed by the war room.

Loads of Snacks to eat, coffee maker,
Thanks to Alumni association.

7th May 2021 - St. John's Alumni Association donated 13 smart phones, which were used by the doctors in the wards.

People in action..
Covid War room…
Thanks to all those who were involved in battling the crisis.

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COVID Times – The 2nd Wave

in pictures….

Health workers who made the victory dance of Mr Kumar (ambulance driver) after beating COVID memorable - Mr Mohammed Zia Qazi , Clinical Physiotherapist and his mentor Mr Shanker Ganesh , Asst Prof , Dept Of Physiotherapy - they danced to the tune of Mukabla!.

16th June 2021 – A silent protest by wearing black ribbons against the increasing violence against the health care providers across the country. In the picture is the team from Department of Critical Care

5th June 2021 – Inauguration of COVID Data registry for all the institutes of academy. The purpose of this registry is to facilitate analysis of treated cases in St. John's and bring out high quality evidence for future treatment.

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COVID Times – The 2nd Wave

Stories….

We are Eagles….

I am a nurse and was active since the first wave of covid pandemic. And here are my feelings, to begin with…

We are like eagles. Eagles are powerful. They are fast, and due their speed they can glide high in the sky than any other bird. The same way, we too are powerful. Did you know? A 45 kg girl can lift a patient who weighs 90kg single handed! It's inner power in her. Because she is determined to do that. It's her duty. At present one nurse is taking care of more than 10 covid patients in a ward. And the ratio is 1:5 or 3 patients in an ITU or ICU. (The huge surge of 43 patients per day in the second wave compared with 18 per day in first, that placed a huge stress on manpower hence the unavoidable burden of huge bed nurse ratio transiently occurred to maintain care).

In contrary to an eagle, that flies high in a beautiful sky with a free mind, we fly in great stress. There is nothing beautiful about that. Our wings start aching and in every shift a bunch of feathers will fall. We are ready to serve the society, till our last breath. All we desire is some amount understanding, support and love towards us. Otherwise, the fallen feathers may never regrow!.

- Ms. Shilpa Albin

It’s a hell in PPE….

“I have seen a hell in PPE" in fever clinic. I collect swabs from Kiosk. Its indeed a horrible experience and added to that is the number of patients during the second wave! The things were complicated to a day scholar like me, due to lockdown and lack of public transport, made my daily commute very hard. It was too difficult to maintain regular postings, classes and covid duty. But at the end of day, I feel good that I have done a great job by serving people to my best. I even managed to attend all the postings.

- Ms. Nandini S (2nd year MLT, Biochemistry)

COVID Times – The 2nd Wave

Stories….

Be a COVID Warrior….

I am a laboratory technology student in St. John's medical college. My experience of COVID 19 was satisfying. I feel happy that I helped many patients. But on the other side, I feel sad, knowing that so many of them have lost their loved ones, family members and relatives.

I am from Andaman & Nicobar. After completing under graduation, my first job was COVID duty. I joined duty after 3 months of lockdown on 5th August 2021. I took the work as a challenge. I got to know that many in past 3 months got infected from Corona virus. But I was not afraid, thanks to my dad who gave me a moral support. The only fear I had was for my dad, who is a diabetic and hypertensive.

I was posted in airport for swabbing of passengers who arrive. I was initially nervous, but soon got over it within a day or two. Now I was a full fledged COVID warrior.

During my area duty, I had to travel for one and half hour, in a bus donned in PPE on a sunny day! I feel dehydrated, body get drenched in sweat, feel breathless, hungry for fresh air. I must bear it to take sample of a patient in home Quarantine. Donned in a PPE kit, day after day, my body became weak, I lost 5kg of weight. But my mind grew stronger and continued my daily duty. Its very disheartening to listen, news and bad rumors about medical workers, after working so hard!

I could not attend the St. John's online interview online due to my work schedule. However, the institution gave me a second chance to attend the interview and now I have joined St. John's. I was posted in day care and fever clinic. Back to a work as a laboratory technician, which I love to do.

Be a COVID warrior…

- Anonymous

COVID Times – The 2nd Wave

Stories….

My Life in a COVID Shift….

The pulse was feeble, eyes had lost the shine.. he was in a side lying position, counting the last few breaths. His family members standing outside, had their hands folded, eyes closed.. Probably praying for some miracle. I had my hands around his white hair, patted him gently on his back. He took one last breath before the ECG lines got flat.

That is how it started…

I usually start putting on my PPE at around 7:20 am in the morning. Never thought apart from grooming well and putting on makeup, there would be other phenomenon like struggling to fit in a PPE kit that would take time.

The vibe I inhale the moment I step into the Covid ward, is way more challenging than the entire pandemic. Patients lying down in a line, their eyes constantly counting every drop of Remdesivir, struggling to cope up, with the huge pressure flow of Bipap, keenly observing their fluctuating saturation are some out of the many depressing views I get to see routinely in the ward.

A big room with 40 beds. I walk pass each of them. The huge PPE kit almost chokes my smile. It appears as if the golden letters of Interpersonal relationship has come to an end. Does the therapeutic touch still exist? Eyes have become so comfortably numb seeing their sufferings. The 7 hours of shift appears no less than a roller coaster. What must be the experience of framing a staff patient ratio of 18:1? It is much more than “stressful”. (The huge surge of 43 patients per day in the second wave compared with 18 per day in first, that placed a huge stress on manpower hence the unavoidable burden of huge bed nurse ratio transiently occurred to maintain care).

The shift of 7 hours probably teaches me the philosophy of life. It is not as easy as the “role of nurse” imprinted in one of the nursing textbooks.

COVID Times – The 2nd Wave

Its just not skill which is needed, it is not just compassion or empathy which is needed, its not just idolizing the tracks of Florence Nightingale, it is more than that.

When can I keep my head on the lap of my loved ones without having the fear of infecting them?

The pressure created mentally, emotionally on a nurse has probably no outlet. Caring for a life undoubtedly stands primary for a nurse. But who would be accountable for the magnificent stress generated on the nurse? The 7 hours of constant deprivation of oxygen, dripping sweat, restricted movements, increased thirst are the routine symptoms experienced.

For the first time, the load of psychological distress appeared to have more weightage than physical strain. My eyes by now have become rich seeing the sufferings.

Life is an unexpected cycle. Years back I was somewhere probably with my parents, in their safety circle. The gradual process of time did not even make me to realize when I received the token of holding responsibility of the critically ill.

Doffing myself, I long for a time, when the world would bounce back to its normalcy, I long for a time when the weightage of happiness in serving patients would be more compared to the load, I long for a time when the frontline warriors would be able to keep their head on the lap of their loved ones without having the fear of infecting them.

As I walk back the road, heading towards my hostel, I breath in the fresh oxygen. My heart pours out two lines of the quote….

"With Prayers getting stronger, and hopes driving near
the world would be once more be walking without fear.."

- Aishwarya Ray (Msc (N) 1st Year, Psychiatry Nursing)

COVID Times – The 2nd Wave

Stories….

Inside The War Room…

No time for fear. I realized this pandemic is becoming a life changing experience for me while working at the frontline. I witnessed the pain of families unable to meet their loved ones who are suffering. Even after getting discharged from the hospital, patients must continue to be in isolation. The whole experience has taught me to value life, despite the problems we face; we should cherish and appreciate whatever God gives in our life. It is a time that we must reconsider our priorities in personal and professional life.

On the first day of my duty treating COVID-19 patients, I was filled with uncertainty. I ate my breakfast and geared up heading to my destination.

As I entered the ward, the staff nurse handed over my personal protective equipment (PPE). As a newlywed bride, I had been excited to wear new dresses and jewelry, which had in no time been replaced by masks, goggles, face shields and layer after layer of gowns. I felt heavy, like an astronaut, not in space but on earth, with full gravity trying to pull me down and making it tough to move around. Soon I realized that this was going to be a tough task.

When I reached the ward, the phone was constantly ringing with people enquiring about the health of their family members. Stress and anxiety filled me when I saw patients lying on the bed without any attendants. Few moments really hit me hard, when some patients left for their heavenly abode without meeting their loved ones for one last time in front of me. It was honestly heartbreaking to break the news to their family members.

I remember one patient was really sick in my ward. Her SpO2 level was below 80 and she was on BIPAP. I think by God's grace I felt extreme love and care towards that old woman. Every day I used to remind her that she will come out soon from this pain. Along with nursing staff I changed her diapers and applied oil in her hairs and cleaned her with immense love.

COVID Times – The 2nd Wave

Stories….

It was my first-time experience like this, I felt like somebody was telling me to be with her. My one-week duty got over and I came back to my room, still her face reminded me to pray for her. When I posted there again, anxiously I was searching for her whether she is fine or not. When I entered the room, immediately nursing staff came and told me ”***Our grandma is feeling better now***“. I thanked God for the miracle at that time with her. Her husband met me and thanked me with immense love. And I told him “***even if there was a hand, it was the hand of God.”***

I started to see my patients through the eyes of Jesus, feeling compassionate towards them like the good Samaritan and taking care of them at their most vulnerable time, earning their trust is a privilege for me. Few experiences were quite emotional for me and my patients, while making them hot water, placing their children’s photo near the patient’s bed side, giving them hope to see the future. I remember one patient was hesitant to take injection due to the pain and she was crying badly. At that situation, with courage I comforted her and explained all the benefits of that medication and gave her hope in meeting her family again soon. Finally, with a smile she agreed to give a shot. We need to build an envelope of caring professionals on whom patients can lean on for strength and assurance.

As time passed, I started feeling uncomfortable. The goggles felt hazy, which made it difficult to look through it. The N95 mask started hurting me. After sweating for 5-6 hours in the PPE kit, we would be completely exhausted. Even then my heart reminded me “***This too shall pass***” and get ready for the next battle.

- Dr Feba Sam
Clinical pharmacist

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Mrs. Shwetha

(Nurse, COVID Ward)

On a Tuesday evening, I called up Mrs Shwetha to find out if I could come over to meet her. A cheery voice greeted me and told me that she had gone to her native place to see her child.

It had been many weeks since she had last seen her child. Ever since the second wave had hit the city, her husband had moved to their native with her child. She did not want to leave her work even this time, but her in-charge forced her to visit her family.

On a normal day with no COVID, you would have seen her at the Orthopaedic ward in the hospital, she has always worked there as a nurse since the year she started her work here in 2013. She knew the entire drill in the Orthopaedic ward. When COVID hit the country a year ago, she was put on COVID duty, and the first day in the COVID ward did not seem to have much of work. But as the cases started rising and the people started getting sicker, coming to hospital with low saturation, her workload increased. Mrs. Shweta is a Senior Nurse, had to handle every situation without a break. She was happy when the cases came down because that meant she could go back to her Orthopaedic ward, which has become her home. But not even two weeks later, the second wave hit, and she was called into the COVID wards again.

Along with the work, she was witness to the sad side of the pandemic. She saw many deaths this time, feeling like breaking down every time they lost a patient. And she was all on her own; she did not have anyone at home to go back to and cry.

But the two things that led her to continue fighting for her patients were her prayers, and blessings from her patients. When I asked her, what was the one incident that kept her going though all the challenges that she had to face, she recollected how a patient who came with 33% Oxygen saturation was taken care of by her team and on the day of his discharge, he told her, "***You are our real angels. Even though our family members cannot visit us, you are there for us. I'm grateful for you because if I'm walking today, it is only because of you***".

It gives her strength and confidence each time a patient walks out of the hospital cured.

She is very dedicated towards her work, so much so that she used to be half an hour early to her shift! She believes that instead of sitting at home, she might as well come early and start off with her work. She would not leave until her work was over, even though her shift was up. She always encouraged her juniors to come early to the wards and to start off their day by talking to all the patients and by making them feel comfortable. She plans on spending the rest of her week with her daughter after which she is ready to go back and do what she loves the most.

One phone call with Mrs. Shwetha made me realize the satisfaction one can get after you do your work sincerely and selflessly. I will always remember through her story how one can make a difference in every patient by just being there for them.

Interviewed and written by Tanvi Deshpande, MBBS 2018
Co-ordinated by Dhwani Ravi, MBBS 2018

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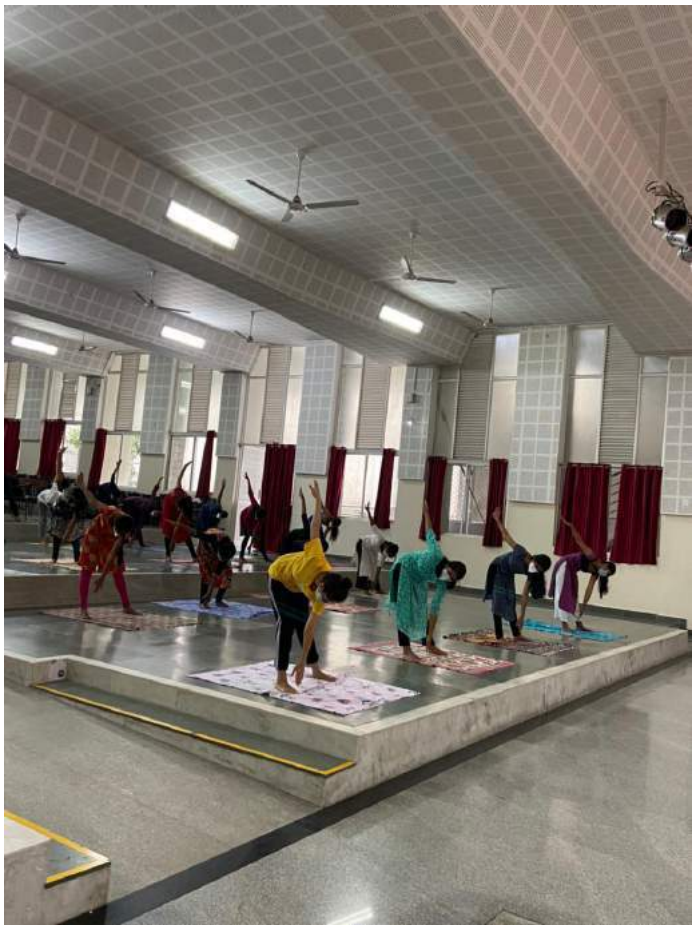
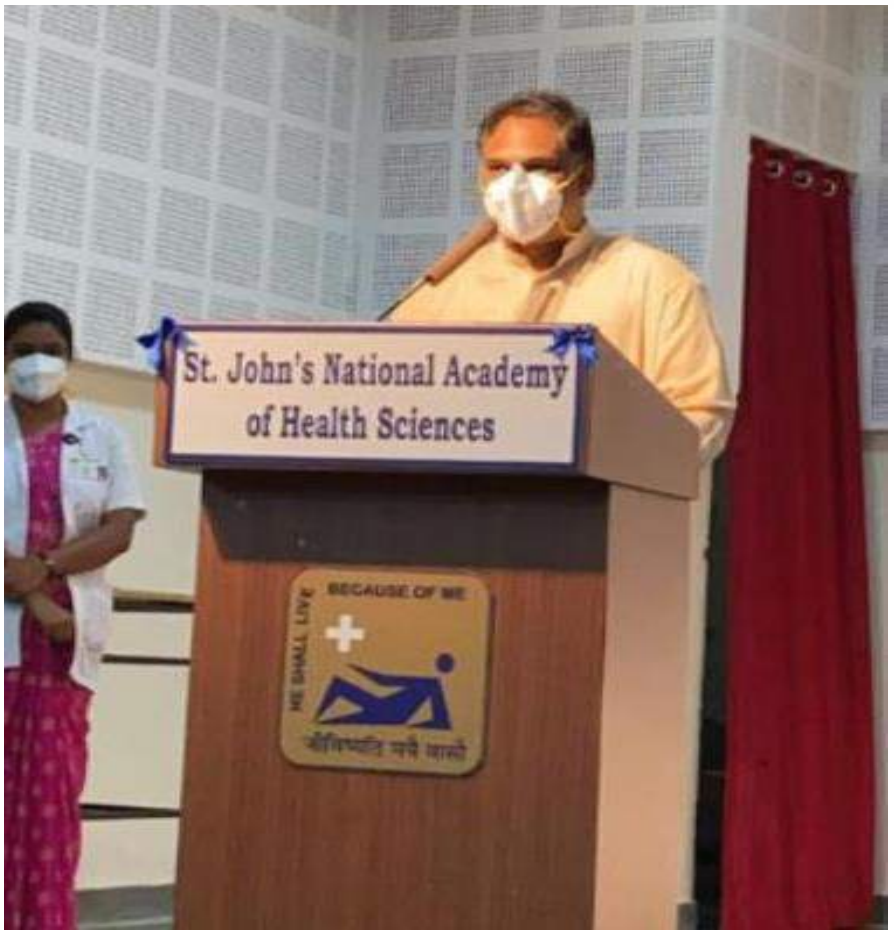
International Yoga Day

7th April 2021

On the event of the 7th International day of yoga, 21st June 2021, the NSS unit of St. John's College of Nursing celebrated the International Yoga Day in a hybrid form. The International day of yoga aims to raise awareness around the world, regarding many health benefits of yoga if practiced daily. A total of 229 students participated virtually and 20 NSS Volunteers participated in person, by maintaining social distance. The program started at 8 am with a prayer. Mrs. Kavitha. R, nursing tutor of St. John's college of nursing, was the resource person for the day. The session began with warm up and deep breathing exercises, (Anuloma & Viloma) and the 12 postures of Surya Namaskara (3 cycles). The benefits of the above Yogasanas were explained in detail. At the end of the session Rev. Fr. John Varghese (Associate Director Hospital) addressed the gathering and motivated the participants to make it a lifestyle practice and appreciated the NSS team for this initiative. The session came to an end by 9am.





Acknowledgement: Dr. Bindhu Mathew,
Principal-Incharge, St. John's College of Nursing

Farewell to Outgoing Associate Directors and Chaplain and installation of New Associate Directors and Chaplain

31st May 2021

The farewell for outgoing Associate Director Hospital (Rev. Fr. Pradeep Kumar Samad), Associate Director of medical college (Rev. Fr. Duming Dias) and Chaplain of the Academy (Rev. Fr. Vincent Rodrigues) was held in the college of Nursing auditorium. The new Associate Director of the hospital and nursing college, Rev. Dr. John Thekkekara, new Associate director of medical college and research institute, Rev. Dr. Charles Davis, and the new Chaplain of the Academy, Rev. Fr. Seby Vellanikaran CMI officially took over their responsibilities.

PC: Rev. Fr. Vimal Francis, General Manager HR

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Vaccination efforts by St. John's

The St. John's Covid-19 vaccination campaign began on 16th January 2021, with our vaccination site being declared one of the few national launch sites in the country. In the first phase of vaccination, we administered two doses of Covid 19 vaccine to nearly 5,000 health care workers (all staff and students) of St. John's National Academy of Health Sciences. The second phase involved us vaccinating almost 5000 general public aged 60 years and above, as well as 45-59 years with comorbidities and later on all 45-59 yrs.

We are now in the third phase of vaccination where we are currently vaccinating 800-1000 people every day at the St. John's Vaccination centre, including 18-44 years general public and close family members of St Johns. We have also conducted outreach vaccination programs for Bangalore Metro workers and large companies like Juniper and RAPSRI.

In addition, we have also vaccinated the construction workers of Abraham and Thomas (A & T) involved in construction works in SJNAHS Campus. Our services at the vaccination centre have been appreciated by beneficiaries and on social media as well.

St. John's Vaccination centre is a perfect example of teamwork: The Department of Community Health has been ably supported by Nursing colleagues from SJMCH and College of Nursing, with valuable support from interns, Allied Health Sciences students, staff from students' section, IT dept, security and housekeeping. We have also been supported by the Dept of Pharmacology for reporting adverse events following immunization (AEFI) and the Department of Emergency Medicine, Anaesthesia, Chest Medicine and General Medicine for managing AEFI.

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The success of our vaccination has been due to the unstinted support of the management and executives, for which we are grateful. This teamwork and support has resulted in over 31,600 doses administered to date. We hope for an uninterrupted vaccine supply to ensure every eligible beneficiary is vaccinated. St.John's Community Health Training Centre, Mugalur is lending support to Govt Sarjapur PHC's vaccination drive to reach the rural difficult-to-reach pockets which have been appreciated by the local village Panchayath as well.

In addition, we have started vaccination activity at St.John's Health Centre at Brigade Meadows, Kaggalipura as well. The team hopes that every eligible individual is vaccinated so that we can control this pandemic. Our sincere thanks to Father Director, ADF and executives for supporting free vaccination for the poor and deserving within our campus itself (the housekeeping contractual staff, security staff) 27th may

Present Vaccination Centre in the Golden Jubilee block of the medical college

Other outreach vaccination programs by the teams from St. John's

Outreach Vaccination activities, the pictures are the teams in various metro stations

2nd June 2021 - The faculty from Dept. of Community health addressing the construction workers in SJNAHS campus about COVID vaccination. There are a lot of myths and misconceptions around COVID 19 vaccination and therefore the hesitancy among this vulnerable group.

Acknowledgement: Dr. Ramakrishna Goud, Dr. Avita Rose Johnson, Department of Community Health.

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Stem cell transplants during the COVID-19 pandemic

Division of Pediatric Hematology - Oncology

A Hematopoietic Stem cell transplant (HSCT), formerly called Bone marrow transplant, is a life saving procedure in many blood diseases, immunodeficiencies and cancers. While some HSCTs are elective procedures (E.g., Thalassemia) and can be deferred, there are those where delay in transplant will decrease chances of survival (E.g., Aplastic anemia, cancers and immunodeficiencies). During the COVID-19 pandemic, the Pediatric Hematology Oncology Division had children who needed urgent HSCT. 6 needy children underwent transplant during the 2nd wave. We briefly describe the procedures performed during the pandemic.

1. P, 8-year-old with Relapsed Acute Lymphoblastic leukemia received a Matched Sibling donor transplant from his 2-year-old sister. The special challenges in this transplant was the harvest from a very young donor who was only 9 kgs. Acute lymphoblastic leukemia transplants need Total Body Irradiation, as part of the transplant procedure and we acknowledge the support of the Department of Radiotherapy in organizing this for our patient. The transplant went well, and the patient is now 8 months post transplant, doing well. Harvest from donor less than 10 kgs can be challenging and special thanks to the Department of Immunohematology for their expertise.

2. B, 11-year-old boy with high-risk Acute Myeloid Leukemia received a matched sibling donor transplant from his brother. While some children with AML can be treated with only chemotherapy, this boy had a translocation t(6,9) which has a very poor survival without transplant. He received Busulfan and Cyclophosphamide (termed myeloablative conditioning) and is doing well seven months post transplant.

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3. A, 17-year-old with Severe aplastic anemia received a haploidentical transplant from his father. He unfortunately developed multidrug resistant klebsiella, followed by graft failure. He had a partial recovery of blood counts and is on follow-up, 3 months post transplant.

4. V, 12-year-old boy with Relapsed Hodgkin's lymphoma received a Autologous transplant. Relapsed Hodgkin's requires intensive chemotherapy for cure which entails an Auto transplant. This was the first Auto transplant with cryopreservation of cells at St John's. This was done by the Department of Immunohematology at the Narayana Hrudayalaya cryopreservation unit. The patient tolerated he procedure well and is 2 months post procedure.

5. D, 3-year-old with Chediak Higashi syndrome and HLH (an inherited immunodeficiency) received a Matched Unrelated Donor (MUD) transplant from a donor registry DATRI. She developed fungal and bacterial sepsis, GVHD and CMV reactivation post transplant, but is currently well, 2 months post transplant and is being followed on OPD basis. This was the first MUD transplant at St John's.

6. M, 12-year-old with Primary HLH (MUNC mutation) received a Haploidentical transplant (half matched) from his father. He recovered well post transplant, needed treatment for CMV and GVHD post transplant and is doing well and on OPD follow-up, currently 45 days post transplant. This was the first successful HAPLO transplant at St John's.

We are grateful for the support of the Nursing services (BMTU, Pediatric Oncology and PHO-OPD), Immunohematology, Radiation Oncology, Adult Hematology (adult harvests) and MSW, in going ahead with these urgent transplants during these challenging times.

Acknowledgement: Dr. Anand Prakash, Division of Pediatric Hematology and oncology

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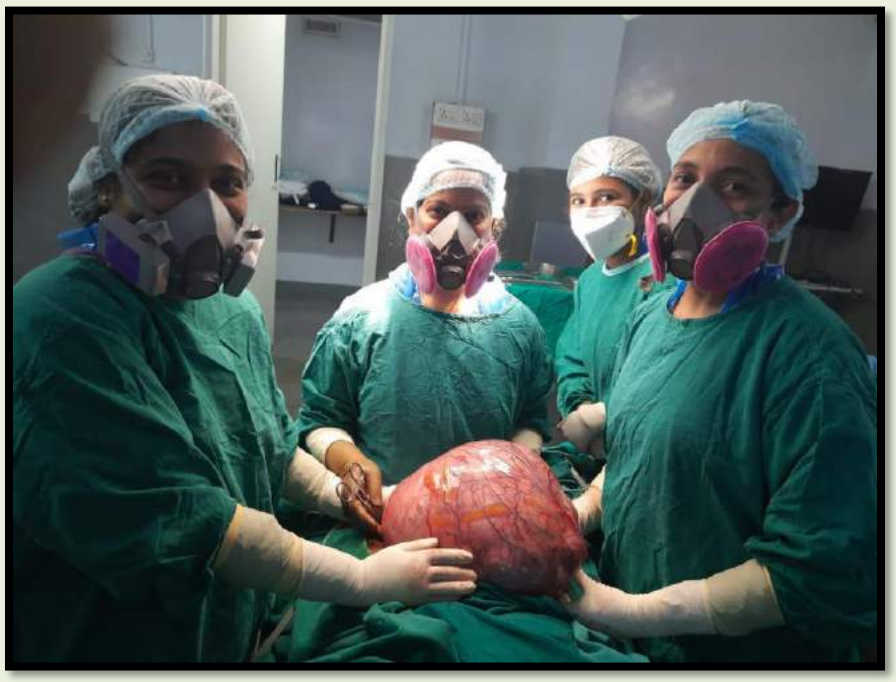
SURVIVOR's CORNER

A case of a Giant Ovarian tumour



In the current era of medical practice, we rarely see giant ovarian tumors due to early detection on routine check-ups. Depending on the age of the patient, size and histopathology of the cyst, management is decided. Detection of ovarian tumors causes panic amongst patients and their families because of the fear of malignancy leading to psycho-somatic stress.

Apart from the increased risk of malignancy, large sized tumors cause mechanical pressure symptoms on the gastrointestinal, respiratory and urinary tract. Hence, a comprehensive approach to the management of such tumors is essential to negate the secondary effects along with treatment of the primary ovarian tumour.

We report a case of a peri-menopausal woman with a history of progressive abdominal swelling over a period of 6 months along with a huge solid cystic abdomino-pelvic mass. A 50-year perimenopausal old lady visited the out-patient department of Gynaecologic Oncology with complaints of a gradually increasing abdominal distension for 6 months and occasional back ache. There was no other significant history. To begin with, the patient was delighted that she was gaining weight (otherwise a thin built patient), but soon her increasing abdominal distension caught the attention of her family and friends, and she was brought to the hospital. The patient was average built, and her vitals were stable. On per abdomen examination there was a tense solid-cystic mass of 34-36wks pregnant uterus size, arising from the pelvis and extending up to xiphisternum and occupying all the quadrants of abdomen. Her pelvic examination supported the abdominal findings.

CONTENTS

SURVIVOR's CORNER

CECT revealed a right adnexal solid cystic lesion causing mass effect probably neoplastic etiology. The ever smiling patient became dull and faded after knowing about the mass. During pre-operative evaluation she was diagnosed hypertension and diabetic which was controlled before surgery. On the operating table, patient developed hypotension after putting in supine position probably due to IVC compression by huge mass. Anaesthetists rushed intravenous fluids and induced with general anaesthesia. Intra-operatively she had minimal ascites, with right ovarian solid cystic mass measuring 30x40x30 cm. The mass was weighing 9.85kgs! Her blood pressure normalized after removal of mass. Frozen biopsy was suggestive of fibroma-thecoma. Total abdominal hysterectomy with bilateral Salpingo-oophorectomy was performed. Intraoperative period was uneventful with the excellent support from the anaesthesia team. Her post-operative recovery was satisfactory, and she was discharged on Day 3 after surgery.

Patient felt very relieved after surgery and her smile was back! She was so active in the immediate postoperative period that the very next day she was helping other patients in the ward! Patient and her family were very happy with overall experience at St John's.

2

Take away message: In spite of staying in an urban area with all medical facilities women are ignorant about their own health. Annual visit to hospital for routine evaluation can detect such masses much early wherein the surgery is less complicated and pick up malignancy in an early stage.

Congratulations to Teams of Department of Gynaecologic Oncology, Anaesthesiology and Nursing for this success

Acknowledgement: Dr. Geetha Acharya, Assistant Professor, Department of Gynaecologic Oncology

CONTENTS

WHEN ATLAS SHRUGGED

- Dr Srilakshmi Adhyapak

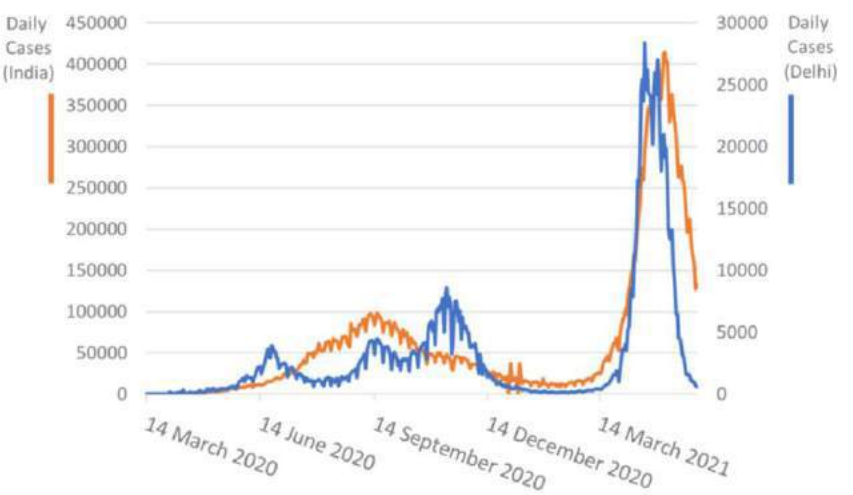
Teetering down an abyss dark,
Away from Sun's magnetic arc.

A slide down a terrain sweaty,
Into a grime, bottomless and slimy.

Life's breath extinguished, a trice too soon,
Writhing engulfed in an airless swoon.

Death's pall upward spiraling,
Smothered anguish in waves swirling.

Battered and maimed by a pestilence gory,
Receding only to pound with greater fury.

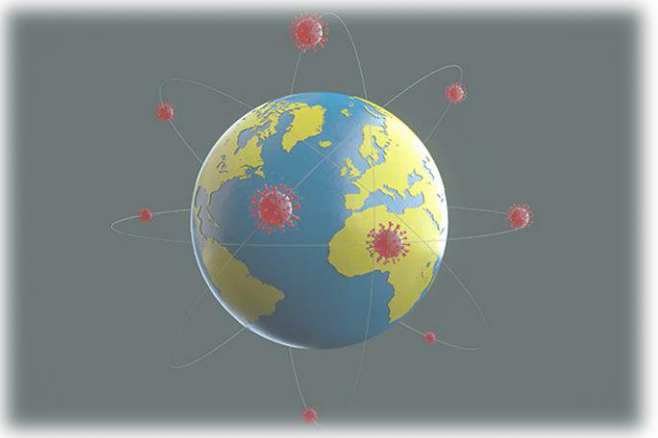


Waves recede an act of seeming deception,
Gathering again, in a renewed charge of lightning precision.

Human frailties into deeds monstrous,
A metamorphosis into a burden ponderous.

A burden so pernicious for even Atlas to bear,
To rein in a stormy herculean mare.

A quest for an elixir elusive,
A chink in the armor, an Achille's heel reclusive.



In a game of chequered chicanery,
A race to outwit in a strategus machinery.

Atlas stood alone, in an icy vice of despair,
An emptiness gnawing into his innards bare.

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Team of The Month

CIVIL SECTION

1. The civil department is made up of masons and helpers which includes permanent, contract & daily wages staffs to attend the maintenance, complaints with respect to building related work.
2. They are also into major and minor civil works depending upon the need.
3. During the year 2020 some of the major and minor works which were carried out by our civil team are, renovation of utility complex, setting up fever clinic, construction of statue in public parking area, renovation of orthopedic & surgery OPD, crib work in front of IP entrance & Vianney house, renovation of toilets and laying of tiles by replacing the old flooring & various minor civil works.

THE TEAM: Standing L-R: Ravi, Hrudayaraj, Mani, Kumar,Prakash, Anil, Sagayaraj, Chinnasami, Joseph, Pushparaj, Nagaraj, Dandapani, Elias, Rajan.

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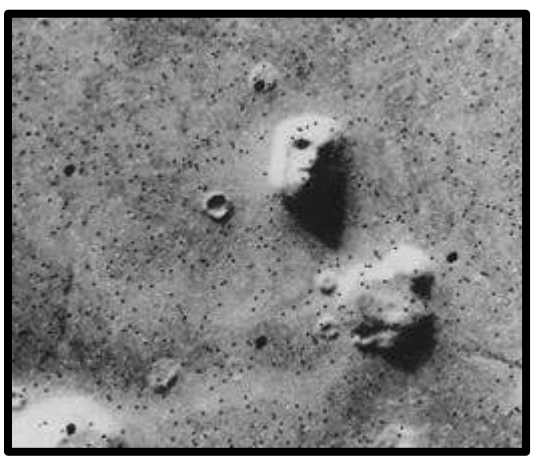
IG NOBEL 😂

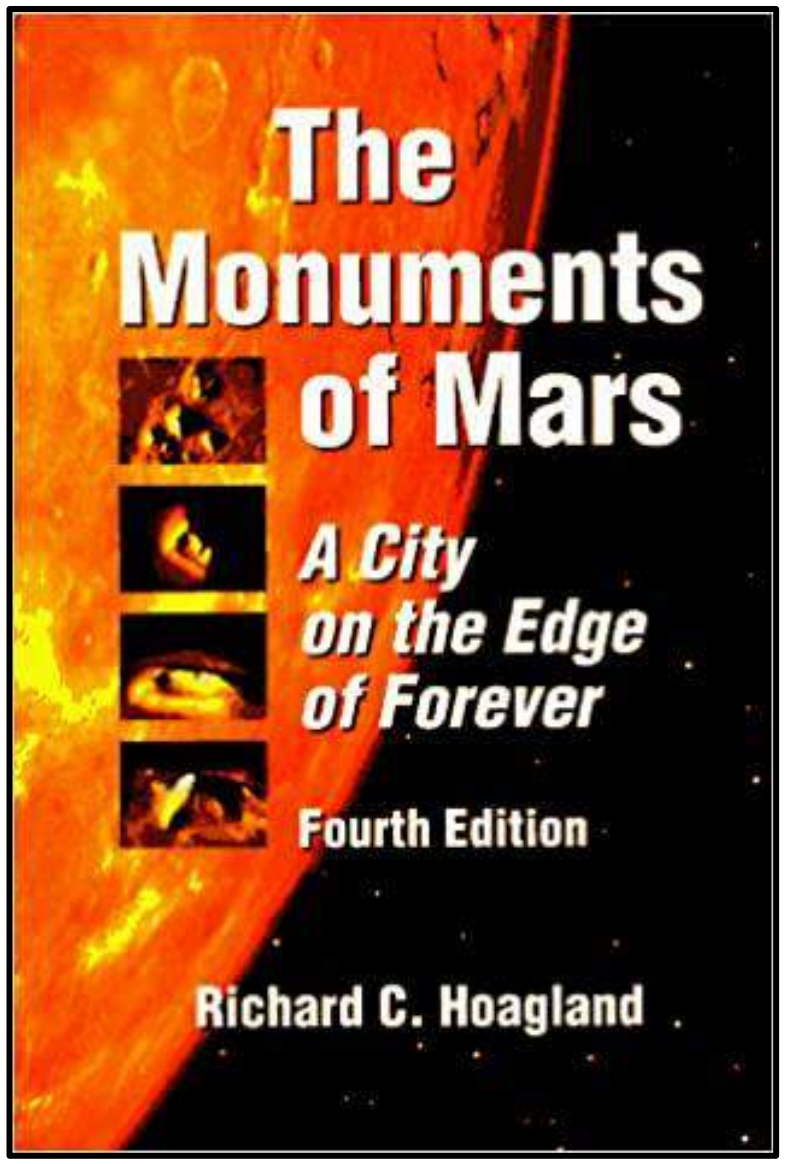
1997 – ASTRONOMY

Richard Hoagland

Richard Charles Hoagland is an American author and a proponent of various conspiracy theories about NASA, lost alien civilizations on the Moon and on Mars and other related topics. Hoagland has been documented to misappropriate others' professional achievements and is widely described as a conspiracy theorist and fringe pseudoscientist. Interestingly, Hoagland has no education beyond the high school level. According to Hoagland's own curriculum vitae, he has no advanced training, schooling or degrees in any scientific field.

Richard Hoagland of New Jersey, for identifying artificial features on the moon and on Mars, including a human face on Mars and ten-mile high buildings on the far side of the moon. [REFERENCE: "The Monuments of Mars: A City on the Edge of Forever," by Richard C. Hoagland, North Atlantic Books, Berkeley, CA,1996.]





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

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PEARLS OF WISDOM

The smallest good deed is better than the grandest intention.

- *Unknown*

©Quote investigator

©Facebook

I'm not afraid of storms, for
I'm learning how to sail my ship.

- *Virgil*

On that best portion of a good man's life, His little, nameless, unremembered, acts of kindness and of love.

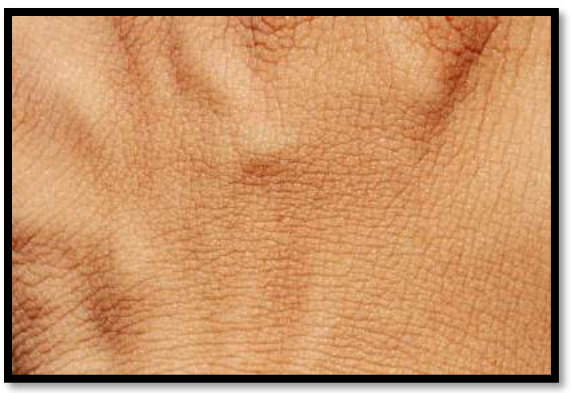
- *Willam Wordsworth*

© raisingarizonakids

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

Did You Know?

Human beings shed about a pound and a half of skin a year. Skin, is the largest organ in the human body. We shed skin nearly constantly, and our entire epidermis completely regenerates approximately every 27 days. And those cells we lose add up. While the amount varies greatly per person, the loss of an average of 1.5 pounds of skin cells a year means that we'll most likely shed at least half our body weight in skin cells throughout your entire life. (Ref: Readers Digest)



© Readers Digest

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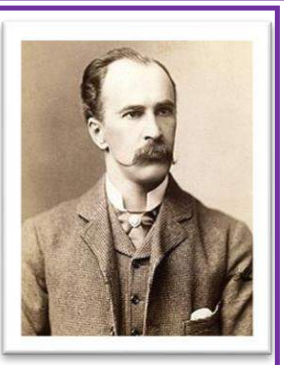
THE QUOTABLE OSLER



SIR WILLIAM OSLER

The grace of humility is a precious gift.

And, for the sake of what it brings, this grace of humility is a precious gift. When to the sessions of sweet silent thought you summon up the remembrance of your own imperfections, the faults of your brothers will seem less grievous, and, in the quaint language of Sir Thomas Browne [1605-1682], you will "allow one eye for what is laudable in them."

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Respect your colleagues.

Respect your colleagues. Know that there is no more high-minded body of men than the medical profession.

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

MEDICINE THIS MONTH

A Bird's Eye View…..

Second intravenous immunoglobulin (IVIG) dose in Severe Guillain-Barré syndrome (GBS).

Patients with severe GBS whose symptoms worsen or fail to improve after a course of IVIG, a repeat course has sometimes been given, despite uncertain benefit. In a randomized trial of 93 GBS patients with poor predicted outcome, those assigned to a 2nd course of IVIG (given 2 to 4 days after completion of the 1st course) had similar disability but more adverse effects, including thromboembolic complications, than those who were assigned to placebo. Based on these data, we suggest against re-treating with a 2nd course of IVIG for patients with GBS.

- Dutch GBS Study Group. Lancet Neurol. 2021

Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction (EGJ) Cancer.

Patients with localized esophageal or EGJ cancer who are treated with neoadjuvant chemoradiotherapy (CRT) & have residual disease at the time of resection remain at high risk for recurrence & death from cancer, yet optimal postoperative management is unknown. In the CheckMate 577 trial of nearly 800 such patients, adjuvant nivolumab for up to 1 year doubled median disease-free survival compared to placebo (22.4 versus 11 months) without adversely affecting health-related quality of life. Benefits were seen across all patient subgroups & did not depend on programmed cell death ligand-1 status. Overall survival data are not yet mature. Based on these results & the morbidity of disease recurrence, we now suggest one year of adjuvant nivolumab for patients with resected esophageal or EGJ cancer who have residual disease in the surgical specimen after initial CRT.

- Checkmate 577. NEJM 2021

CONTENTS

Second intravenous immunoglobulin dose in patients with Guillain-Barré syndrome with poor prognosis (SID-GBS): a double-blind, randomised, placebo-controlled trial.

Dutch GBS Study Group

Lancet Neurol. 2021;20(4):275. Epub 2021 Mar 17.

BACKGROUND: Treatment with one standard dose (2 g/kg) of intravenous immunoglobulin is insufficient in a proportion of patients with severe Guillain-Barrésyndrome. Worldwide, around 25% of patients severely affected with the syndrome are given a second intravenous immunoglobulin dose (SID), although it has not been proven effective. We aimed to investigate whether a SID is effective in patients with Guillain-Barré syndrome with a predicted poor outcome.

METHODS: In this randomised, double-blind, placebo-controlled trial (SID-GBS), we included patients (≥12 years) with Guillain-Barrésyndrome admitted to one of 59 participating hospitals in the Netherlands. Patients were included on the first day of standard intravenous immunoglobulin treatment (2 g/kg over 5 days). Only patients with a poor prognosis (score of≥6) according to the modified Erasmus Guillain-Barré syndrome Outcome Score were randomly assigned, via block randomisation stratified by centre, to SID (2 g/kg over 5 days) or to placebo, 7-9 days after inclusion. Patients, outcome adjudicators, monitors, and the steering committee were masked to treatment allocation. The primary outcome measure was the Guillain-Barré syndrome disability score 4 weeks after inclusion. All patients in whom allocated trial medication was started were included in the modified intention-to-treat analysis. This study is registered with the Netherlands Trial Register, NTR 2224/NL2107.

FINDINGS: Between Feb 16, 2010, and June 5, 2018, 327 of 339 patients assessed for eligibility were included. 112 had a poor prognosis. Of those, 93 patients with a poor prognosis were included in the modified intention-to-treat analysis: 49 (53%) received SID and 44 (47%) received placebo. The adjusted common odds ratio for improvement on the Guillain-Barré syndrome disability score at 4 weeks was 1·4 (95% CI 0·6-3·3; p=0·45). Patients given SID had more serious adverse events (35% vs 16% in the first 30 days), including thromboembolic events, than those in the placebo group. Four patients died in the intervention group (13-24 weeks after randomisation).

CONTENTS

Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer.

Kelly RJ, Ajani JA, Kuzdzal J, Zander T, Van Cutsem E, Piessen G, Mendez G, Feliciano J, Motoyama S, Lièvre A, Uronis H, Elimova E, Grootscholten C, Geboes K, Zafar S, Snow S, Ko AH, Feeney K, Schenker M, Kocon P, Zhang J, Zhu L, Lei M, Singh P, Kondo K, Cleary JM, Moehler M, CheckMate 577 Investigators
N Engl J Med. 2021;384(13):1191.

BACKGROUND: No adjuvant treatment has been established for patients who remain at high risk for recurrence after neoadjuvant chemoradiotherapy and surgery for esophageal or gastroesophageal junction cancer.

METHODS: We conducted CheckMate 577, a global, randomized, double-blind, placebo-controlled phase 3 trial to evaluate a checkpoint inhibitor as adjuvant therapy in patients with esophageal or gastroesophageal junction cancer. Adults with resected (R0) stage II or III esophageal or gastroesophageal junction cancer who had received neoadjuvant chemoradiotherapy and had residual pathological disease were randomly assigned in a 2:1 ratio to receive nivolumab (at a dose of 240 mg every 2 weeks for 16 weeks, followed by nivolumab at a dose of 480 mg every 4 weeks) or matching placebo. The maximum duration of the trial intervention period was 1 year. The primary end point was disease-free survival.

RESULTS: The median follow-up was 24.4 months. Among the 532 patients who received nivolumab, the median disease-free survival was 22.4months (95% confidence interval [CI], 16.6 to 34.0), as compared with 11.0 months (95% CI, 8.3 to 14.3) among the 262 patients who received placebo (hazard ratio for disease recurrence or death, 0.69; 96.4% CI, 0.56 to 0.86; P<0.001). Disease-free survival favored nivolumab across multiple prespecified subgroups. Grade 3 or 4 adverse events that were considered by the investigators to be related to the active drug or placebo occurred in 71 of 532 patients (13%) in the nivolumab group and 15 of 260 patients (6%) in the placebo group. The trial regimen was discontinued because of adverse events related to the active drug or placebo in 9% of the patients in the nivolumab group and 3% of those in the placebo group.

CONCLUSIONS: Among patients with resected esophageal or gastroesophageal junction cancer who had received neoadjuvant chemoradiotherapy, disease-free survival was significantly longer among those who received nivolumab adjuvant therapy than among those who received placebo. (Funded by Bristol Myers Squibb and Ono Pharmaceutical; CheckMate 577 ClinicalTrials.gov number, NCT02743494.).

RESEARCH SNIPPETS

Sample size for prevalence study

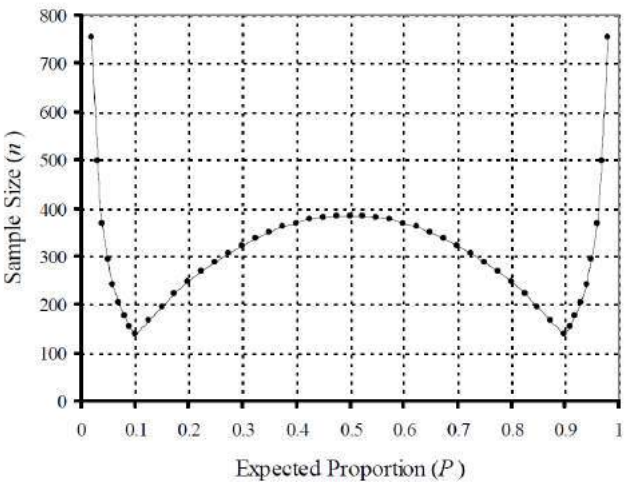
The sample size calculation for a prevalence study only needs a simple formula. However, there are several practical issues in selecting values for the parameters required in the formula. The following formula is used to derive sample size for a prevalence study.

$$n = \frac{Z^2_{1-\frac{\alpha}{2}} \times p(1-p)}{d^2}$$

Where, Z_(1-α/2) is the z-statistics at level of significance α (1.96 at α=0.05); p is the anticipated prevalence and d is the expected precision.

Expected proportion (p): This is the proportion (prevalence) that investigators are going to estimate by the study. Sometimes, investigators feel a bit puzzled, and a common response is that 'We don't know this p. That is why we are going to conduct this study'. We need to understand that the scale of p is from zero to one, and the sample size varies depending on the value of p (Figure). Therefore, we must get an estimate of prevalence (p) in order to calculate the sample size. In many cases, we can get this estimate from previous studies.

In case, no previous study exist, one can conduct a small pilot study to get a guess about the prevalence. However, if no information is available, one always can assume prevalence to be 50% in case it lies between 10-90% as required sample is highest at 50% prevalence. (Figure)



Relationship between Sample Size and Expected Proportion

Borrowed and modified from: L. Naing, T. Winn , B.N. Rusli. Practical Issues in Calculating the Sample Size for Prevalence Studies. Archives of Orofacial Sciences 2006; 1: 9-14

To be continued in next issue…

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THE STORY OF MEDICINE

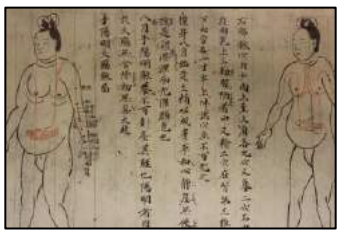
JAPANESE MEDICINE

The most interesting features of Japanese medicine are the extent to which it was and the rapidity with which, after a slow start, it became Westernized and scientific. In early times disease was regarded as sent by the Gods or produced by the influence of evil spirits. Treatment and prevention were based largely on religious practices, such as prayers, incantations, and exorcism; later drugs and bloodletting were also employed.

Beginning in 608 CE, when young Japanese physicians were sent to China for a long period of study, Chinese influence on Japanese medicine was paramount. In 982, Tamba Yasuyori completed the 30-volume Ishinhō, the oldest Japanese medical work still extant. This work discusses diseases and their treatment, classified mainly according to the affected organs or parts. It is based entirely on older Chinese medical works, with the concept of yin and yang underlying the theory of disease causation.

In 1570 a 15-volume medical work was published by Menase Dōsan, who also wrote at least five other works. In the most significant of these, the Keitekishū (1574; a manual of the practice of medicine), diseases—or sometimes merely symptoms—are classified and described in 51 groups; the work is unusual in that it includes a section on the diseases of old age. Another distinguished physician and teacher of the period, Nagata Tokuhun, whose important books were the I-no-ben (1585) and the Baika mujinzo (1611), held that the chief aim of the medical art was to support the natural force and, consequently, that it was useless to persist with stereotyped methods of treatment unless the physician had the cooperation of the patient.

Tamba Yasuyori



Ishinhō

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Solar Halo on 24th May 2021, as captured by Dr. Himagirish Rao. The same picture is used to create the background design of the cover.

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

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