# Whatsup? @St John's Hospital

Issue 7, September 27th 2018

Bird Motifs in the Grass Lawn in front of the St John's Medical College. Looks so real!

**EDITORIAL TEAM**:
Avinash. H. U, Manu.M.K.Varma, Rakesh Ramesh, Saudamini Nesargi, Sanjiv Lewin.

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

# MESSAGE FROM THE EDITORIAL TEAM

***Namaste!!!***

"Whatsup? @ St John's Hospital" magazine's seventh issue is out today. We are reducing the frequency of the magazine to once in 10 days from the month of October 2018. The issues will be released tentatively on 3rd, 13th and 22nd October respectively. As you are all aware, that the highlights of the magazine will be displayed on the CMS office notice board 10 days in advance of release of magazine.

We are starting a new section from this issue called "**L Johny**"; its all about, how an old Johnite visiting the campus now feels and his experience. These interesting caricatures are drawn with ink pen and left hand. By none other than our Dr. Rakesh Ramesh.

We also announce the release of a new section from next issue called "**Survivor's Corner**" which will illustrate stories of patients who have battled death and have moved out of hospital with complete recovery. This section is really going to be very interesting. We request you to share, such experiences from your department.

We request you to provide any constructive feedbacks and criticisms. Any accomplishments, interesting cases, happenings and announcements can be published in this magazine. Feel free to contact us anytime, for publishing your content.

Regards

**Editorial Team**

# UPDATES THIS WEEK

## SJMCH won BPNI Award

### BREASTFEEDING PROMOTION NETWORK OF INDIA

BPNI, on account of The World Breastfeeding Week from 1st to 7th August 2018 co-ordinated the actions in the country. The BPNI office received a total of 171 reports from different parts of the country. There reports were assessed by experts who selected 20 winners.

It's indeed a great pleasure and honour, to announce that **St John's Medical college Hospital, was one of the 20 winners.** We congratulate everyone who were involved in this endeavour.

## WBW 2018 Winners

**(The winners are in no specific order of judgment)**

| S. No. | Name of the Winners | City, State |
|---|---|---|
| **1.** | St. John's Medical College, Bengaluru | Bengaluru, Karnataka |
| **2.** | Swami Dayanand Hospital | Delhi |
| **3.** | Department of Neonatology, JIPMER | Pondicherry |
| **4.** | Mother Theresa Post Graduate & Research Institute of Health Sciences (MTPG & RIHS) | Pondicherry |
| **5.** | Department of Community Medicine,<br>Velammal Medical College Hospital & Research Institute | Madurai, Tamil Nadu |

# UPDATES THIS WEEK

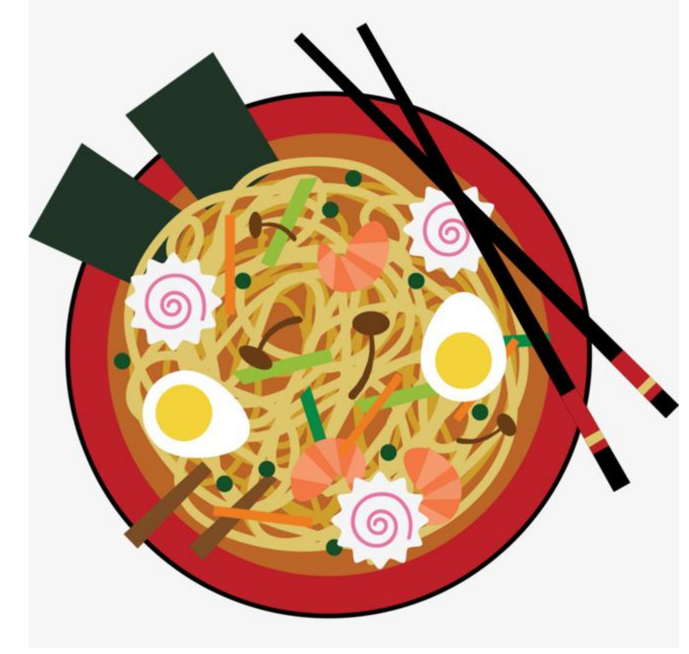
## UNIT OF HOPE

28th September 2018: The Students of "Autumn Muse 2017" Team, Handed over the collected money of Rupees one lakh fifty thousand, as a Donation to the Unit of Hope. This was on the account of 15 year anniversary celebration of Unit of Hope.

## SJRI CANTEEN

**Authentic Chinese Cuisine in Staff Refreshment Centre from Oct 01, 2018**

Now we all can relish authentic Chinese Cuisine in our SJRI canteen twice a week! Chinese Chef Pheng Yuang with over two decades of experience has offered his services on a part time basis to initiate this cuisine in our staff refreshment centre.



However, we need to pre-book our meals one day in advance to have it.

# IG NOBEL

# 1993

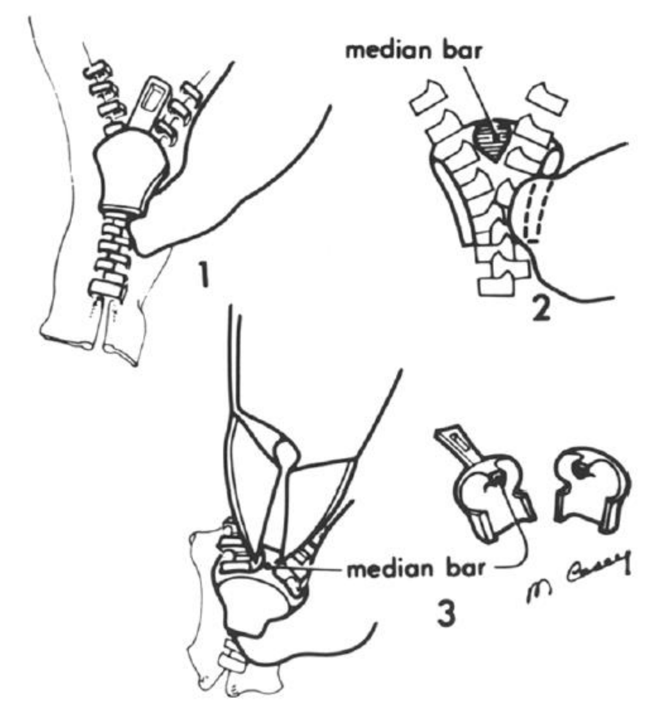
**James F. Nolan, Thomas J. Stillwell, and John P. Sands, Jr.**

## ZIPPER ENTRAPPED PENIS!!

James F. Nolan, Thomas J. Stillwell, and John P. Sands, Jr., medical men of mercy, for their painstaking research report, "Acute Management of the Zipper-Entrapped Penis." [Published in Journal of Emergency Medicine, vol. 8, no. 3, May/June 1990, pp. 305-7.]

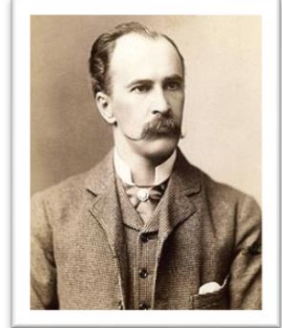
A zipper entrapped penis is a painful predicament that can be made worse by overzealous intervention. Described is a simple, basic approach to release, that is the least traumatic to both patient and provider.

The figure depicts the directions to transect the median bar of the Zipper



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

# THE QUOTABLE OSLER



SIR WILLIAM OSLER

**Avoid Complacency:**

Maintain an incessant watchfulness lest complacency beget indifference, or lest local interests should be permitted to narrow the influence of a trust which exists for the good of the whole country.

**Pretending to Know is a conceit:**

That greatest of ignorance – the ignorance which is the conceit that a man knows what he does not know.

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

27th September 2018

# MEDICINE DIS WEEK

*A Bird's Eye View…..*

**Intensive systolic blood pressure control can increase incident chronic kidney disease!**

2017 guidelines by both American college of cardiology and American heart association blood pressure guideline recommend intensive blood pressure control in patients with type 2 diabetes mellitus. In secondary analyses of 2 large RCTs (SPRINT and ACCORD trials) comparing SBP target of 120 versus 140mm of Hg, showed that there was higher incidence of chronic kidney disease in patients who had tighter control of SBP. This effect was more pronounced in patients with Ty2 DM. (Cumulative CKD incidence was 10% versus 4.1% in intensive intervention versus standard intervention respectively)

**- Srinivasan Beddhu, Lancet Diabetes Endocrinology 2018, April.**

**Laparoscopic Lavage or Primary resection of Acute Perforated Diverticulitis.**

Laparoscopic lavage (LL) has been suggested as an alternative treatment for traditional colonic resections (CR). Comparative studies to date have shown conflicting results. In a meta-analysis of 3 RCTs and 4 Comparative studies, it was shown that LL had benefits of shorter operative time, fewer cardiac complications, fewer wound infections, and shorter hospital stay. However LL was associated with approximately 3 times greater risk of persistent peritonitis, intraabdominal abscesses and the need for emergency surgery compared with CR.

**-Penna M et al, Ann Surg. 2018 Feb;267(2):252-258.**

# Intensive systolic blood pressure control and incident chronic kidney disease in people with and without diabetes mellitus: secondary analyses of two randomised controlled trials

Srinivasan Beddhu, Tom Greene, Robert Boucher, William C Cushman, Guo Wei, Gregory Stoddard, Joachim H Ix, Michel Chonchol, Holly Kramer, Alfred K Cheung, Paul L Kimmel, Paul K Whelton, Glenn M Chertow

## Summary

**Background** Guidelines, including the 2017 American College of Cardiology and American Heart Association blood pressure guideline, recommend tighter control of systolic blood pressure in people with type 2 diabetes. However, it is unclear whether intensive lowering of systolic blood pressure increases the incidence of chronic kidney disease in this population. We aimed to compare the effects of intensive systolic blood pressure control on incident chronic kidney disease in people with and without type 2 diabetes.

**Methods** The Systolic Blood Pressure Intervention Trial (SPRINT) tested the effects of a systolic blood pressure goal of less than 120 mm Hg (intensive intervention) versus a goal of less than 140 mm Hg (standard intervention) in people without diabetes. The Action to Control Cardiovascular Risk in Diabetes (ACCORD) blood pressure trial tested a similar systolic blood pressure intervention in people with type 2 diabetes. Our study is a secondary analysis of limited access datasets from SPRINT and the ACCORD trial obtained from the National Institutes of Health. In participants without chronic kidney disease at baseline (n=4311 in the ACCORD trial; n=6715 in SPRINT), we related systolic blood pressure interventions (intensive *vs* standard) to incident chronic kidney disease (defined as >30% decrease in estimated glomerular filtration rate [eGFR] to <60 mL/min per 1·73 m²). These trials are registered with ClinicalTrials.gov, numbers NCT01206062 (SPRINT) and NCT00000620 (ACCORD trial).

**Findings** The average difference in systolic blood pressure between intensive and standard interventions was 13·9 mm Hg (95% CI 13·4–14·4) in the ACCORD trial and 15·2 mm Hg (14·8–15·6) in SPRINT. At 3 years, the cumulative incidence of chronic kidney disease in the ACCORD trial was 10·0% (95% CI 8·8–11·4) with the intensive intervention and 4·1% (3·3–5·1) with the standard intervention (absolute risk difference 5·9%, 95% CI 4·3–7·5). Corresponding values in SPRINT were 3·5% (95% CI 2·9–4·2) and 1·0% (0·7–1·4; absolute risk difference 2·5%, 95% CI 1·8–3·2). The absolute risk difference was significantly higher in the ACCORD trial than in SPRINT (p=0·0001 for interaction).

**Interpretation** Intensive lowering of systolic blood pressure increased the risk of incident chronic kidney disease in people with and without type 2 diabetes. However, the absolute risk of incident chronic kidney disease was higher in people with type 2 diabetes. Our findings suggest the need for vigilance in monitoring kidney function during intensive antihypertensive drug treatment, particularly in adults with diabetes. Long-term studies are needed to understand the clinical implications of antihypertensive treatment-related reductions in eGFR.

**Funding** National Institutes of Health.

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## Introduction

Hypertension is strongly associated with stroke, heart failure, sudden death, end-stage renal disease, and death from all causes.[1–5] Findings of the Systolic Blood Pressure Intervention Trial (SPRINT) showed that intensive lowering of systolic blood pressure (target <120 mm Hg, *vs* standard lowering to <140 mm Hg) reduced the risk of death and major cardiovascular events in people without diabetes, but at high cardiovascular risk.[6,7] However, the SPRINT Research Group also reported that people undergoing intensive lowering had a 3·5-fold higher risk of incident chronic kidney disease,[6,8] defined a priori in the protocol as a reduction in estimated glomerular filtration rate (eGFR) of 30% or higher with a second confirmed eGFR below 60 mL/min per 1·73 m².

The Action to Control Cardiovascular Risk in Diabetes (ACCORD) blood pressure trial in people with type 2 diabetes tested the same systolic blood pressure intervention as in SPRINT (intensive *vs* standard lowering) in addition to intensive versus standard glycaemic control ($HbA_{1c}$ <6% [42 mmol/mol] *vs* 7·0–7·9% [53–64 mmol/mol]) in a 2×2 factorial design.[9] Compared with the standard systolic blood pressure intervention, participants who underwent intensive lowering of systolic blood pressure had lower mean eGFR at the final study

# Laparoscopic Lavage Versus Primary Resection for Acute Perforated Diverticulitis

## *Review and Meta-analysis*

*Marta Penna, MRCS,*† Sheraz R. Markar, PhD,* Hugh Mackenzie, PhD,**
*Roel Hompes, MD,† and Chris Cunningham, FRCS†*

**Objective:** To compare clinical outcomes after laparoscopic lavage (LL) or colonic resection (CR) for purulent diverticulitis.
**Background:** Laparoscopic lavage has been suggested as an alternative treatment for traditional CR. Comparative studies to date have shown conflicting results.
**Methods:** Electronic searches of Embase, Medline, Web of Science, and Cochrane databases were performed. Weighted mean differences (WMD) were calculated for effect size of continuous variables and pooled odds ratios (POR) calculated for discrete variables.
**Results:** A total of 589 patients recruited from 3 randomized controlled trials (RCTs) and 4 comparative studies were included; 85% as Hinchey III. LL group had younger patients with higher body mass index and lower ASA grades, but comparable Hinchey classification and previous diverticulitis rates. No significant differences were noted for mortality, 30-day reoperations and unplanned readmissions. LL had higher rates of intraabdominal abscesses (POR = 2.85; 95% confidence interval, CI, 1.52–5.34; $P = 0.001$), peritonitis (POR = 7.80; 95% CI 2.12–28.69; $P = 0.002$), and increased long-term emergency reoperations (POR = 3.32; 95% CI 1.73–6.38; $P < 0.001$). Benefits of LL included shorter operative time, fewer cardiac complications, fewer wound infections, and shorter hospital stay. Overall, 90% had stomas after CR, of whom 74% underwent stoma reversal within 12-months. Approximately, 14% of LL patients required a stoma; 48% obtaining gut continuity within 12-months, whereas 36% underwent elective sigmoidectomy.
**Conclusions:** The preservation of diseased bowel by LL is associated with approximately 3 times greater risk of persistent peritonitis, intraabdominal abscesses and the need for emergency surgery compared with CR. Future studies should focus on developing composite predictive scores encompassing the wide variation in presentations of diverticulitis and treatment tailored on case-by-case basis.

**Keywords:** perforated diverticulitis, purulent, laparoscopic lavage, colonic resection, hinchey classification, trials

(*Ann Surg* 2017;xx:xxx–xxx)

Colonic diverticular disease is a common condition with an estimated annual hospital admission rate of 209 per 100,000 adults in Europe.[1] Up to 35% of patients will have perforated disease with purulent or fecal contamination, classified as Hinchey III or IV, respectively.[1–4] Historically, the open Hartmann's procedure was the most commonly performed operation in these patients with high rates of morbidity (25%–75%) and mortality (2%–30%).[5,6] Furthermore, less than 50% of patients would ever have their stoma reversed.

Since the mid-1990s, alternative approaches to perforated diverticular disease have been adopted increasingly, including colonic resection (CR) with primary anastomosis with or without defunctioning stoma, and nonresectional strategies such as laparoscopic lavage (LL) and drainage. A retrospective population study[7] using the Irish national database found that 17% (427/2455) of patients who underwent surgery for diverticulitis between the years 1995 and 2008 were managed by LL alone. These patients had a shorter length of hospital stay and lower complication rates than those undergoing open resectional surgery. In 2008, a prospective multi-institutional study conducted by Myers et al,[8] managed 92 out of 100 patients presenting with perforated diverticulitis and generalized peritonism by LL alone. The overall postoperative morbidity and mortality rates were only 4% and 3%, respectively.

To date, 3 randomized controlled trials and 4 comparative studies comparing LL with CR (open or laparoscopic Hartmann's or resection with primary anastomosis with or without defunctioning stoma) for acutely perforated diverticulitis have reported their results.[9–16] In this article, we present the results of a systematic review and meta-analysis of these studies.

## METHODS

### Literature Search Strategy

An electronic search was performed using Embase, Medline, Web of Science, and Cochrane (2014 Issue 3) databases from January 1990 to December 2016, to identify studies comparing LL with CR for acute perforated diverticulitis. The search terms "diverticular disease," "perforated," "diverticulitis," "laparoscopic lavage," "peritoneal lavage," "Hartmann's," and "primary resection" and Medical Subject Headings (MESH) "diverticular disease" (MESH), "diverticulitis" (MESH), "laparoscopic lavage" (MESH), and "resection" (MESH) were used in combination with the Boolean operators AND or OR. The electronic search was supplemented by a hand-search of published abstracts from meetings of the Surgical Research Society, the Society of Academic and Research Surgery, the Association of Surgeons of Great Britain and Ireland, Association of Coloproctologists of Great Britain and Ireland, American Society of Colon and Rectal Surgeons, Society for Surgery of the Alimentary Tract, Association of Laparoscopic Surgeons of Great Britain and Ireland, Society of American Gastrointestinal and Endoscopic Surgeons and European Association of Endoscopic Surgeons from 2000 to 2016. The reference lists of articles obtained were also searched to identify further relevant citations. Finally, the search included the Current Controlled Trials Registry (http://www.controlled-trials.

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Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site (www.annalsofsurgery.com).
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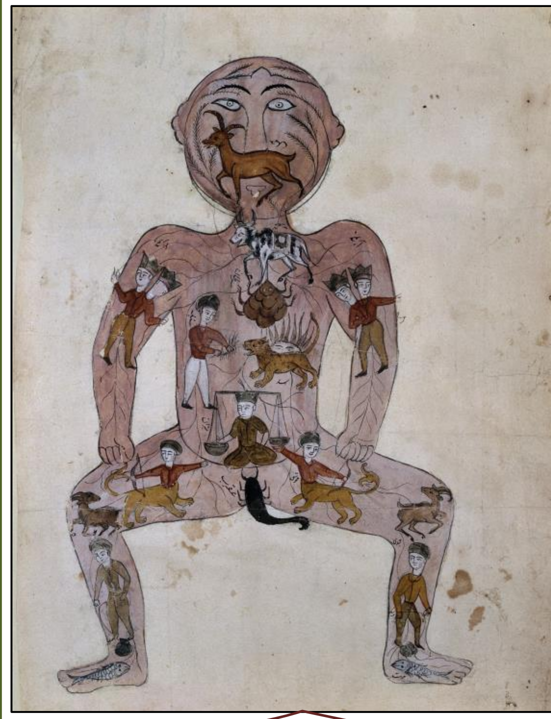
It's story TIME

# THE STORY OF MEDICINE

## ASTROLOGY – the influence of the stars

Samuel Jeake (1652-99), an English merchant, suffered from fevers and agues, and depression. His "Dairy of the Actions and Accidents of my Life' detailed his symptoms and timing of his illnesses. He noted the precise timing of his cold and hot sweats and tried to link them to astrological phenomena, though Jeake recognized that there was no single explanation for his illnesses.

The idea of the stars, or heavenly bodies, influencing disease led to the naming of influenza. (Latin: 'Influentia coeli' meaning 'heavenly influence'



19th Century figure, Persian Source "Zodiac" or "Astrological" man. In medieval times the signs of the zodiac were seen to control specific groups of bodyparts and functions. Aries, for example, was associated with the head and eyes, while scorpio was linked to the rectum, bladder, pelvis and reproductive organs

# PEARLS OF WISDOM

**You are braver than you believe, stronger than you seem and smarter than you think.**

*- Christopher Robin (A.A. Milne)*

**Don't Dream it, be it.**

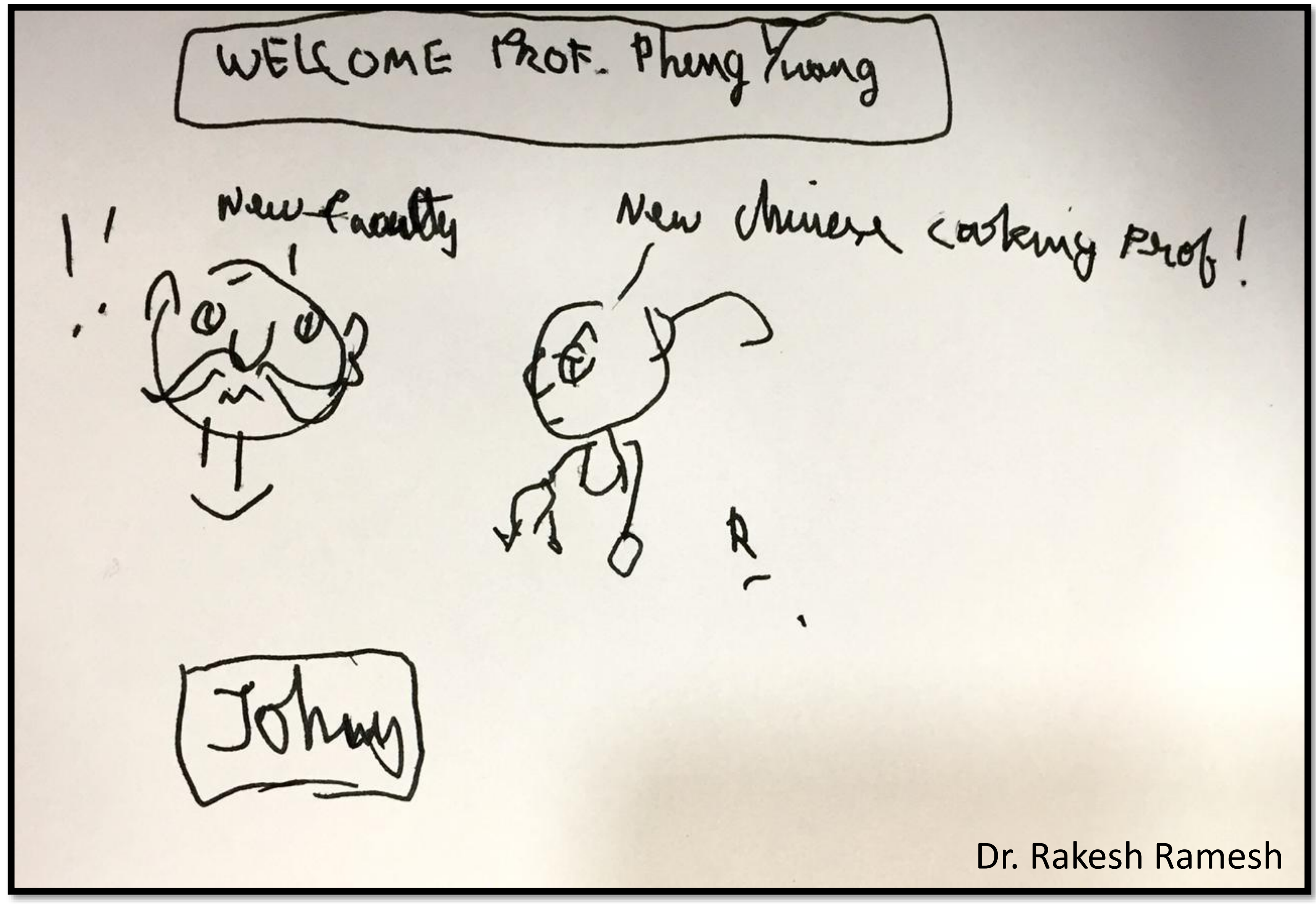
*- The Rocky Horror Picture Show*

**Have you had a kindness shown? Pass it on..**

*- Henry Burton*

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

# L Johny

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