

Healing Touch

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Curing with compassion

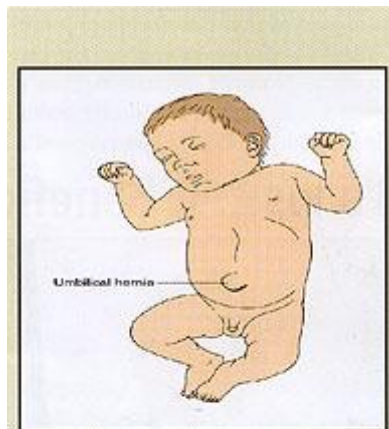
The 'less equal' group

"All animals are equal but
some animals are more equal than others"

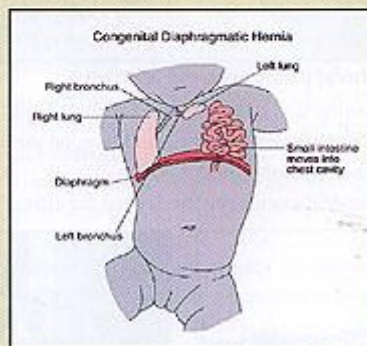
George Orwell

In the animals in questions, are children and adults, then children would easily comprise the "less equal group". When it comes to dedicated children's health services in our country and particularly our city, we have very little to be proud of. Just as an experiment, try an Internet search for "children's hospitals Kolkata" on any search engine and see what answers you get. You can be more "scientific" and try "paediatric hospitals Kolkata". Pages of unhelpful information and an unrewarding search. Substitute "Kolkata" with Capetown and see the difference. I won't even ask you to try America!

Paediatric Surgery, which is what I practise, is only one branch of the of the wider specialty of "children's health services". A service which includes Paediatric medicine with its various subspecialties, (e.g. neonatology, paediatric neurology, cardiology, gastroenterology, Paediatric ophthalmology, Paediatric



Case 1



Case 3

ENT..... the list is endless. To put it simply, every adult speciality has its paediatric counterpart. We do not have them all in our city but the world at large does. Increasing knowledge that ill children cannot be treated as smaller versions of ill adults has led to this super specialisation.

Children are different. We feed them differently, send them to nursery and play school, buy them different toys and books, do the rounds for admission into the "best schools" and they occupy a special place in our lives. Children with an illness, medical or surgical, are different too. Their illness are different, the treatment specialised and their outcome strange. To illustrate the point, let me take three children with hernias. Herniae are very commonly seen, in different sites, in children of all ages.

Case No. 1:

This 2-month-old with an umbilical hernia (or a hernia through its belly button), needs nothing more than reassuring sympathetic paediatrician or paediatric surgeon. The vast majority of these herniae will get better on their own, usually by the age of three years.

Case No. 2:

A 4-year-old boy with a swelling in the left groin. This boy with a swelling in the left groin has an inguinal hernia. He will undergo day-care surgery by a trained paediatric surgeon and anaesthetist.

Encouraged and cared for by a paediatric nurse and his mother, he will be eating and drinking two hours after surgery and go home the same evening or the next morning.

Case No. 3:

Newborn with a left diaphragmatic hernia. This baby is likely to have abnormalities of more than one organ system. She will require artificial ventilation for the first few days of life and if she stabilizes, will be taken to surgery. The care of this baby will test the skill and patience of the entire children's health services-everyone from the paediatric doctors, nurses, and anaesthetists down to the radiologists, technicians and laboratory staff. At the end of the day, this baby may or may not survive. If she survives, long-term follow-up will be required. If she dies, the parents will require counselling, may need genetic testing and preparedness for the next pregnancy.

All children, all with a hernia, all different!

The best results in medicine and surgery come from "dedicated" centres be it cardiac, urological or neurological. Children's health services are no different. Children do best in a child-friendly environment, surrounded by other children and adults who understand them.

Paediatric Care

One of the limiting factors, as always, is financial. Today insurance companies are beating a path to your door trying to sell you the best health policy. It is not a sobering thought, however, that Indian health insurance companies do NOT cover any child below the age of three months for any condition. In addition, older children will NOT be covered if their illness is considered "congenital". None of the children with hernia, described earlier would qualify for insurance cover of their hernia. No matter how much premium had been paid! All these children are discriminated against. Not just the developed world, but South American countries and South Africa have all inclusive health insurance cover for their children. The consequences of not having it will lead to the much-talked about medical impoverishment of young, children and their families and the cure of the illness more burden-some than the illness itself. Children comprise 40% of our current population. Lack of adequate children's health services and comprehensive health insurance cannot be due to "poor demand".



Case 2

We need to re-look at the way we want our children treated, where we want them treated and who we want them treated by. We make the choice, we improve the service.

You know where to go in Kolkata to buy a pair of Nike sneakers for your daughter and the latest Play Station games for your son. Finding a children's hospital should be child's play. Make it happen.

Dr. Sharon Ishika Ghose

If you would like to make a contribution to the Children's Hospital Fund,

Please contact:

Mr. Venkatesh

Telephone number: 98312 57560

E-mail: email@rtiics.org

Dr. Hansa Raval's visit: A beneficial experience

Hansa Raval. MD, retired as Colonel and highly decorated military physician from the US Army. An M.D. in Clinical Pathology, Cytopathology and Oncology, and an expert in nutrition with Masters' Degree in Nutrition and Social & Preventive Medicine from the World Health Organization. She has occupied many a position of honour in various Medical Schools of the United States of America.



Dr. Hansa Raval addresses the audience

Dr. Raval paid our institution a visit and delivered a lecture on: The Uses of Meditation as a Complimentary Method to Treat Serious Illnesses. The lecture session was held at the Conference Hall of the hospital's Utility Building, on the 6th of January, 06 at 8.30 am.

Her deliberation revolved round the effect of tension, stress, anxiety and depression on the body; treatment of cancer patients with allopathic medicine and meditation. Her lecture for the day mainly dwelt on the use of meditation as a complementary therapy for illness. She also spoke emphatically on the very sensitive issue of preparing the cancer patients for death.



Dr. Vikash Kapoor



The attentive gathering

The attentive listeners, who were immensely benefited by her talk, consisted of a large gathering of doctors, technical staff, nurses as also the administrative staff of our hospital.

When time is critical!

The emergency department is like a fire brigade - you hope you won't need it, but if you do, you expect a timely response.

Emergency Medicine is a field of practice based on the knowledge & skills required for the prevention, diagnosis & management of acute & urgent aspects of illness & injury affecting patients of all age groups with a full spectrum of undifferentiated physical & behavioural disorders. It is a specialty in which time is critical. Anyone who has been to an emergency department will appreciate that it is a complex & often turbulent environment.

Overcrowding in the emergency department is the biggest impediment to the delivery of timely & adequate emergency care. It is an international problem & is getting worse. It is often manifest as diversion of ambulances elsewhere because it is unsafe for patients to attend. If inflow is greater

DOCTOR'S CORNER



Dr. S. R. Deb

Dy. Medical Superintendent

than outflow, the result is overcrowding. This has been called the "exit block" but it is now referred to as "Access Block", as the patient is denied access to ongoing inpatient care. A short-term measure such as diversion of ambulances & postponing elective surgery & long-term measures includes increased capacity of emergency departments & reopening inpatient beds.

The main cause of access block is a lack of beds for acute inpatients. Sometimes the emergency department experiences "entry block" or entry overload - an overwhelming number of patients to the emergency department in a short time. This results in impaired access to emergency care.

Health systems in the United States, the United Kingdom, Australia, New Zealand & Canada are having similar difficulties.

Emergency departments are the main point of entry into inpatients settings for people requiring non-elective acute hospital care. If all else fails in the health system, the emergency department is always available to help.

Recent developments & Protocols in field of Emergency Medicine.

Resuscitation in Cardiac Arrest is followed as per the guideline & algorithm. Vasopressin is included as an option in the algorithm for ventricular fibrillation & ventricular tachycardia. Vasopressin, a natural antidiuretic hormone becomes a powerful vasoconstrictor when used at much higher doses than are normally present in the body. The drug has positive effects that duplicate the positive effects of adrenaline, but it does not replicate the adverse effects of adrenaline. Vasopressin is recommended, as a single dose of 40 units. Its half-life is 10-20 minutes, compared to the 3-5minutes half-life of adrenaline.

Unrecognised injury to the cervical spine can produce catastrophic neurological emergency. The National Emergency X-Radiography Utilisation Study (NEXUS) was organised to evaluate cervical spine injury.

NEXUS Cervical Spine Criteria

N - Neurological examination: any focal deficit

S - Spine examination: any tenderness posterior midline of the cervical spine

A - Alertness: any alteration

I - Intoxication: any evidence

D - Distracting injury: any painful injury that might distract the patient from the pain of a cervical spine injury patients who do not have any of the five criteria have a very low probability of clinically significant injury to the cervical spine. If any of these criteria is present, radiography is needed.

Computed Tomography is widely used to screen patients with minor head injury, which is defined as witnessed loss of consciousness, definite amnesia, or witnessed disorientation in a patient with a Glasgow coma score of 13-15. The controversy about the use of computed tomography is considerable & guidelines are conflicting.

Canadian computed tomography head rule-Stiell et al

Computed tomography is required for patients with minor head injuries with one of the following criteria

- High risk for surgical intervention
- Glasgow coma score <15 at 2 hours after injury
- Suspected open or depressed skull fracture
- Any sign of basal skull fracture (haemotympanum, "raccoon" eyes, cerebrospinal fluid otorrhoea or rhinorrhoea, Battles sign).
- Two or more episodes of vomiting Age>65 years
- Medium risk (brain injury will show on computed tomography)
- Amnesia before impact > 30 min.
- Dangerous mechanism (pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from height > 1 m or down five stairs).

Drug or alcohol intoxication is not a feature of these criteria: clinical examination in patients with suspected intoxication was neither reliable nor discriminating & serum concentrations of alcohol were not correlated with important brain injury. Patients with intoxication who present with a Glasgow coma score of 13-14 therefore do not automatically require immediate computed tomography, but should be scanned if they do not improve to a Glasgow coma score of 15 within two hours of the injury.

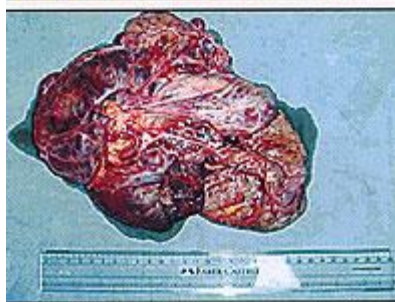
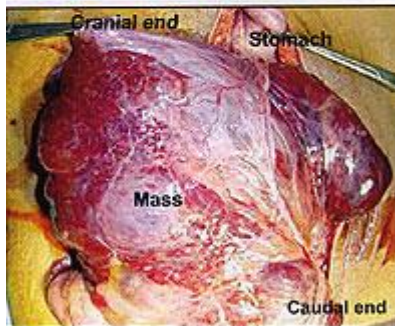
CLEAR CELL TUMOUR OF THE FALCIFORM

How rare is rare?

A 35-year-old gentleman presented with history of upper abdominal swelling for one year and weakness. He was otherwise fit and healthy. Physical examination revealed a large non-tender well-defined intraperitoneal lump predominantly on the right side of the abdomen. It was extending from the costal margin to the pelvis and was somewhat mobile from side to side. Reviews of other systems were within normal limits as were routine laboratory examinations. A CT scan of the abdomen revealed a large heterogeneous mass having both solid and cystic component and appeared to involve the omentum and mesentery.

Clear cell tumours are rather rare. Tumours like angiomyolipoma, lymphangioliomyoma and clear cell 'sugar' tumours have been recently brought under the umbrella of perivascular epithelioid cell family tumours

He underwent a routine exploratory laparotomy, which revealed a well-capsulated, primarily cystic, red coloured mass, which felt like placenta. It was attached to omentum and surrounding viscera by flimsy adhesions; but was predominantly attached to the falciform ligament. Gentle dissection delivered the mass in to and he made a smooth



recovery in the postoperative period.

The tumour was approximately 21 cm in widest diameter and contained solid tissues with hemorrhagic fluid. Histopathological examination revealed plenty of clear cells around the blood vessels and we believe the tumour to belong to the newly classified family of clear cell myomelanocytic tumour of falciform ligament.

Clear cell tumours are rather rare tumours and are mostly diagnosed post-operatively by histopathology. They are characterised by perivascular location of neoplastic cells showing a broad spectrum of epithelioid and spindled cells with clear and granular pale eosinophilic cytoplasm and a variable expression of melanocytic and muscle marker. With this description, disparate tumours like angiomyolipoma, lymphangioliomyoma and clear cell 'sugar' tumours have been recently brought under the umbrella of perivascular epithelioid cell family of tumours (PECOMA).

The commonest site for these tumours in lung, but such cases have also been reported in kidneys, pancreas, uterus, vulva, heart, colon, jejunum, prostate, soft tissues and falciform ligament

Immunohistochemically such tumours are usually positive for HMB-45. The commonest site is lung, but such cases have also been reported in kidneys, pancreas, uterus, vulva, heart, colon, jejunum, prostate, soft tissues and falciform ligament.

An extensive search of the English language literature revealed only seven such published cases of clear cell tumours of the falciform ligament!

Dr. J.K. Shah, Dr. S. Sadhu, Dr. S. Sarkar, Dr. S.K. Dubey, Dr. M. Roy (Department of General Surgery & MIS, ACTC)
Dr. S.K. Pattari (Department of Pathology, ACTC)

Camp at Berhampur



Dr. B.P. Chatterjee



Dr. D. Das



Dr. Manas Roy

RTIICS, ACTC and RNSN together held a Free Health & Eye Check-up camp at Rani Nagar, Berhampur on 6th and 7th January. The venue for the camp was Rani Nagar Prathamik School, near Rani Nagar Health Centre.



Dr. Sutanu Hazra



Eye Consultation

The hospital team comprised Dr. B.P. Chatterjee, Dr. Manas Roy, Dr. Sutanu Hazra, Dr. Dhritabrata Das, Mr. Ashish Kundu (Paramedical technician), Mr. Subhasish (Echocardiography technician), three optometrists from RNSN, Mr. Subhasish Bhattacharya, Mr. Pinaki Chandra and Mr. Sushanta Kumar Sahoo. On 6th, our team left for Berhampur by the hospital vehicle “Cardiac Care on Wheels” and upon reaching there, started the camp.

In the two day span, our doctors saw a total of 786 patients, out of which there were 271 patients for eye, 234 cardiac patients, 110 orthopaedic patients and 171 patients for general surgery.

Although the overall arrangement was not up to the mark and the patients were not screened prior to consultation, the local people were found to be very enthusiastic about the camp. Out of the large number of eye-patients, 30-35 have been advised to attend RNSN for getting their cataract surgery done.

Camp at Naihati

On 28th and 29th January, RTIICS and RNSN held a Free Health Check-up Camp at the Municipal Ground, Naihati, North 24 Parganas, West Bengal. The organizers of this camp were Naihati Municipality Corporation.

The hospital team comprised Dr. Sunip Banerjee, Dr. B.P. Chatterjee (RTIICS), Dr. Suchetana Mukherjee (RNSN), and administrative and marketing personnel Mr. Subhasis Bhattacharya.

Mr. Rajdeep Khan, Mr. D. Choudhury, Mr. Athar Harim, Mr. Sushanta Sahoo and Mr. Irfan Ali.

The camp-arrangements were very well-planned and all patients were thoroughly screened beforehand. Our team of doctors started the camp at 10.00 am on 28th January.

A total of 194 patients were seen in this camp, out of which there were 78 cardiac patients and 116 patients with eye ailments. All the cardiac patients underwent ECG at the camp.

Unfortunately, due to the time constraint, the doctors could not see any more patients, although the local people were highly excited to receive the privilege of being attended to by renowned doctors.

The hospitality provided to our team was overwhelming.

The team finished camp and left Naihati on 29th January.

Saraswati Puja



On 3rd February, the College of Nursing, Asia Heart Foundation, worshipped the Goddess of Learning by organising Saraswati Puja. The deity was placed in the Conference Hall of the Utility Building of the hospital, which had been ornately decorated by the students. The same afternoon saw a colourful cultural programme conducted by the students and the staff of the hospital.



A small token gift

On 10th January, 2006, commemorating the World Literary Day, on the 8th of January, the Hospital Library handed over a sum of Rs.5,000 to Mr. R. Venkatesh, the hospital's Finance Controller, towards the procurement of books for the Library.

ACTIVITIES OF THE ACADEMIC FORUM



Dr. J.K. Shah (picture left); Dr. S.K. Pattari (picture right)

- A Clinical Meet was held on 13th January at the Conference Hall, Utility Building at 8.30 am. Dr. J.K. Shah presented a case report on 'An unusual abdominal lump'. Presenting an extremely rare case report on clear-cell tumour of falciform ligament, he stated that only a few such cases have been reported till date. Following the presentation, there was a general discussion on the topic.
- A Clinical Meet was held on 20th January at the Conference Hall, Utility Building at 8.30 am Dr. S.R. Deb spoke on 'Patient refusal by doctors as well as patients'. He made a slide presentation on the topic mentioned. In his lecture, he pointed out that the physician has a commitment not only to his patient, but also to the society in which the patient and the physician dwell. The physician has duties to steward resources, oppose violence and promote public health that sometimes transcend duties to patients. Refusal of patients to treatment is the onus of both the physician and the patient. Adult patients with decision-making capacity have a right to treatment and it is the physician's concomitant duty to respect their preferences regarding their own healthcare. This right is grounded in the legal doctrine of informed consent. Physicians should honour "DO NOT ATTEMPT RESUSCITATION" orders on behalf of terminally ill patients. Following the presentation, there was a general discussion on the topic.
- On 27th January in a Clinical Meet held at the Conference Hall, Utility Building, Dr. N.P. Bohidar spoke on 'Alcoholic Hepatitis'. Dr. Bohidar made a slide presentation on the topic mentioned. Following the presentation, there was a general discussion on the topic. The meeting ended in a sumptuous breakfast.



GP MEET

Preventing diabetic kidney



Dr. B.P. Chatterjee



Dr. A. Chanda

The Academic Forum of RTIICS and ACTC (AFRA) organised a CME on Sunday, 8th January, 2006. The programme started at 10.00 am with the inaugural address delivered by Dr. Mrinalendu Das, Coordinator, AFRA. The day's schedule comprised the following three addresses:

Dr. B. P. Chatterjee, Consultant Cardiologist, RTIICS, spoke on Prevention of Ischaemic Heart Disease. He covered all the relevant aspects of this topic.

Dr. D.S. Ray, Consultant Nephrologist, ACTC, stated that Diabetic Kidney Diseases have become prevalent in an epidemic form, being the leading cause of end-stage renal ailments, as per cases recorded in today's corporate hospitals. He discussed the etio-pathogenesis, the methods of preventing Diabetic Kidney Diseases at various stages, and the management of the disease, once the nephropathy sets in.



Dr. D. S. Ray



Dr. M. Das delivers the vote of thanks

He emphasised that Diabetic Kidney Diseases may strike anyone, whether rich or poor, genius or common man. He further said that great maestros like Beethoven, politicians like Sri Jay Prakash Narayan, are among the many who have succumbed to Diabetic Kidney Diseases.

Dr. Abhijit Chanda, Consultant Endocrinologist, ACTC, focused on Osteoporosis. He stated that osteoporosis is defined as decreased bone marrow with microarchitectural deterioration and an increased propensity to fracture. With the advent of Bone Mineral Density (BMD) measurement, the whole approach to osteoporosis has changed. BMD can accurately predict fracture at any given site. Management of osteoporosis includes good diet with adequate calcium and vitamin D intake, exercise, preferably weight-bearing. Drugs for osteoporosis either decrease bone resorption and increase bone formation. HRT, Calcitonin, Bisphosphonates are anti-resorptive agents. Bisphosphonates do increase BMD and decrease fracture but they do not improve the microarchitecture of the bones. Teriparatide is a recombinant lumen PTH (1-34), which is a revolutionary drug that increases new bone formation and improves the microarchitecture. However, its use is restricted to patients with severe osteoporosis.

Osteoporosis is a disease associated with significant morbidity and mortality. Adequate screening to diagnose osteoporosis and its treatment can reduce morbidity and mortality associated with this disease.

The CME was held under the roof of AFRA. The participants consisted of doctors from both the hospital units and hence encompassed different areas of medical specialty. The delegates to the CME were invited by sending out invitation cards and making telephone calls. All the staff of RTIICS and ACTC were invited to the occasion.

With lively exchange of ideas among the participant doctors, the programme turned into an intensely interactive session, as delegates asked questions and commented on the latest medical trends in the topics discussed.

A total of 40 delegates and doctors from RTIICS and ACTC attended the meet, making it a successful seminar.

Certificates of participation were sent to all the delegates.

Statistical data for January - RTIICS/ACTC



Total No. of OPD attendance:	8508
No of Cardiac Surgical Procedures:	122
No. of Cath Lab Procedures:	435
No. of ACTC Surgical Procedures:	136
No. of Hemodialysis:	2286
No. of Echo & Color Doppler:	2110
Total No. of Radiological Investigations:	3680
Total No. of ECG, Treadmill & Holter:	2050

SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL

- It was a bolt from the blue for 25-year-old Raj Kishore Gupta from Uttar Pradesh, when he came to know that he will have to undergo an AVR Surgery immediately. The family was at a loss, because collecting a huge sum in such a short time was beyond their means. But they did not have to go back as our Clinical Director Dr. A. Raghuvanshi consented to perform the surgery at a much lower cost, which they could afford. Now Raj Kishore can look forward to a happy and healthy future.
- Saidullah Rahman, a primary school teacher in his mid-fifties, was at his wit's end when he heard that he needed an immediate bypass surgery. Being a lower middle-class bread-winner with lots of family responsibilities, he was almost in tears at the thought of garnering so much money so quickly. But Dr. Kunal Sarkar, Sr. Cardiac Surgeon of RTIICS, directed him to the Guest Support Cell and performed his surgery at a package cost the patient could manage to meet.
- The poor farmer from the Sunderbans, whose six-year-old daughter Ankita Barman needed a B T Shunt surgery, could only pray to God. He thought he would lose his child for not being able to collect the money for the surgery. But God was kind and he regained confidence the moment he approached our Cell. Finally, the child's surgery was successfully performed by our Sr. Cardiac Surgeon Dr. Mrinalendu Das with an amount they could collect through their own efforts and some from the funding agencies. The parents now breathe a sigh of relief.

- Puja Nandi had no father to support her. Her widowed mother earned a pittance by working as a housemaid. In a family full of misery and poverty, more anxiety came in the form of Puja's major cardiac disease, which called for a huge sum of money for the operation. But the nightmare passed as our Clinical Director came forward to perform the ASD Closure Surgery at a much lower cost, which they could bear.
- Fifteen-year-old Dipankar Halder's father, from a lower-middle-class family, could find no means to gather money for his son's immediately-required coronary angiogram, which was to be followed by an MVR surgery. Finding no window open, he approached our Cell and had a teleconference with our Chairman, Dr. Devi Shetty. Dr. Shetty consented to get the angiogram done absolutely free of cost.
- Four-year-old Vishnu Singh's mother has neither money nor a husband to support her in the hour of dire crisis. Her little son has already had open-heart surgery at RTIICS in March, 2005, yet the tension did not end there. The child was again required to undergo Grade D Pyeloplasty procedure in December, '05. Fate had more pains in store for the mother when Vishnu had to undergo yet another procedure in January, '06. By this time, she had lost all her savings and she broke down completely. Finally, Dr. Suresh Bajoria, Sr. Consultant, Department of Urology, ACTC agreed to perform Cystoscopy with the very small amount that she could collect. The mother went home with a relieved heart and her little bundle of joy.

*Surgeries performed successfully with the help of the Cell in the month of January, 2006:
RTIICS: 36, ACTC: 16.*

Ms. Monideepa Chowdhury, Jr. PRO, Guest Support Cell, RTIICS

Dear Readers,

Unfortunately Kolkata still remains far behind in the field of treatment of children. We forget children are different from adults and they need to be treated differently. They need a special environment and special care. In this issue of Healing Touch Dr. Ghosh has focussed on this oft neglected aspect of medical care. - **Editor**