

Healing Touch

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Curing with compassion

BREAST CANCER

How Aware Are We?

Breast Cancer is a common cancer in our country. According to population-based cancer registry maintained by the Indian Council of Medical Research, breast cancer is responsible for almost 25% of the cancer burden in the females. Given the relative ease with which a lump in the breast can be identified, it is unfortunate that, our patients often present at an advanced stage. Such dismal clinical presentation begs the question: are Indian Women sufficiently aware about breast cancer? A lump in the breast should always be viewed with suspicion and treated with respect. If the woman is less than 25 years, breast cancer is a remote possibility, but should not be entirely ruled out. In a middle-aged woman, a lump in the breast is always suspicious, as are other symptoms like bleeding through nipple, change in the size of a pre-existing lump, etc. These changes in the breast could be easily identified by a woman while taking a bath or simply examining the breast while retiring to bed. If such findings are noted, the lady should immediately consult a surgeon. A needle test, almost as simple as a blood test, called Fine Needle Aspiration Cytology (FNAC) is performed to interrogate the nature of the lump. In this technique, a needle is introduced into the mass and the aspirated material is examined under a microscope. The result of such an investigation is usually available within a day.



According to population-based cancer registry maintained by the Indian Council of Medical Research, breast cancer is responsible for almost 25% of the cancer burden in the females. A lump in the breast should always be viewed with suspicion and treated with respect

Despite the simplicity in diagnosing breast cancer, it is uncommon for our patient to present when the cancer has invaded the underlying muscles or have ulcerated through the skin. The various reasons for such delay, which we encounter during our clinical practice, deserve attention. Women are often shy to come to a doctor when a breast lump is noticed. At times, patients seek solace from a preconceived notion that if the breast lump is painless, then it is innocent. On the contrary, a breast cancer lump is usually painless. Many elderly women, for want of help, simply apply skin ointment and wish that the lump would disappear. On many occasions, patients seek treatment from alternative medicine before consulting a specialist. Even after seeing a specialist, there is considerable reticence in undergoing FNAC or an open surgical biopsy due to the myth, that needling or cutting a cancer 'spreads' the cancer! Such a belief is unfounded. The educated women belonging to the upper echelon of our society and more inclined to embrace the practice of screening mammography. A mammogram is a simple X-ray of the breast taken through a dedicated mammogram machine. Such a screening programme is popular in the developed world. The long-term results of screening mammography are now available and the debate is on whether the technique is picking the cancer at an early stage and hence there is improved survival or whether the women are succumbing to the disease at a pre-determined date, but appearing to live longer due to early diagnosis: lead time bias, in statistical terms. Be that as it may, the logistics involved in pursuing a national screening mammography in our country is too daunting. This hammers home the fact that the women have to pick their disease early. This entails regular breast self-examination, and should a lump be noticed, they ought to consult a specialist as soon as possible. The onus is upon the physicians, NGO, media etc to educate our women about such examination and to spread the message that an FNAC or biopsy does not potentiate the spread of cancer.

Antibiotics or Probiotics!

We physicians are always trying to eliminate Bacteria with all our available resources & all the antibiotics in our armamentarium. In that process we are doing more harm to the human body. Bacteria are responsible for the infections & should be eliminated, right? Not Always. In fact, some bacteria are so essential to our immune system that destroying them can render your vulnerable to illness. They are called Probiotics from the Greek "For Life".

These are mostly found in food. Regular consumption of yoghurt, dahi & other fermented dairy foods like kefir or acidophilus milk may lower the risk of cancer, cardiovascular disease, certain allergies, urinary tract infections, digestive disorders, & even bad breath.

How do Probiotics work?

Intestinal Flora comprises of 400 bacteria, which populate the small & large intestines, & is the backbone of our immune system. These organisms not only form our body's frontline of defence against infection by food-borne bacteria, but they may also boost white blood cell production, quicken immune response & increase nutrient absorption. In addition, research suggests that intestinal bacteria can help the body produce specialised Antibodies that prevent recurring infections.

Antibiotics use or overuse is the most common cause of intestinal flora imbalances but poor diet is also a factor. That's where consuming Probiotics -either in food or from supplements - comes in. These products contain bugs that help control the growth of bad bacteria by competing for nutrients & space in the digestive tract. Eating just 100 gms of yoghurts twice a day may even keep bad breath at bay by controlling bacteria growth on the back of the tongue. Getting your dose of bacterial!

Ideally yoghurt should contain 100 million bacteria per gram & should be fresh. So what can Probiotics do for us?

Problem

Beneficial Bacteria Diarrhea caused by antibiotics Lactobacillus, acidophilus.

S. boulardii, Rhamnosus GG

Yeast Infection Lactobacillus acidophilus Weak Immune system of recent illness L. caseior Ongoing condition B. Fidum Lactose Intolerance Lactobacillus.acidophilus S. thermophilus	Bad Breath L. Bulgaricus or S. thermophilus High Cholesterol B. Longum or Lactobacillus.acidophilus
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So to summarise, it is always good to take probiotics to continually replenish the intestinal flora & keep the population strong.

Dr. Sujoy Ranjan Deb
Coordinator Emergency Service,
ACTC

Spreading Breast Cancer Awareness

Early detection not only offers the promise of prolonged survival, but also gives the surgeon an opportunity to do a limited surgery. A mastectomy, wherein the whole breast is removed, is the gold standard of surgical management of breast cancer. But, if the tumour is less than 3-4 cm in size, then simple removal of lump followed by radiotherapy to the breast confer survival benefit similar to mastectomy. Such limited breast conserving cosmetic surgery has enormous psycho-sexual implication, and is possible only if we succeed to diagnose the disease at an earlier stage. The recent trip to India by a breast cancer patient from Britain to seek treatment with Herceptin, a novel chemotherapeutic drug, has received tremendous media attention. One would hope that we give similar attention and effort to disseminate the ABC of early breast cancer diagnosis: awareness, breast self-examination and consultation.

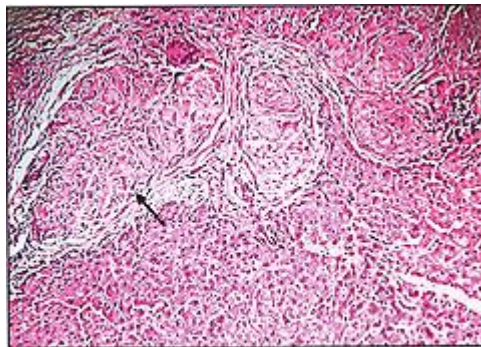


Mr. Manas Roy
Consultant, Department of General Surgery & MIS, ACTC

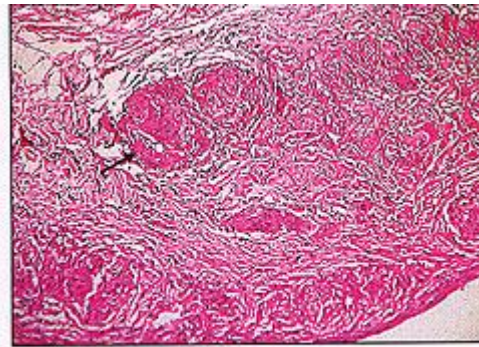
Case Presentation

Extra Pulmonary (Hepatic) Tuberculosis

A 35-year-old male presented with acute abdominal pain, nausea, vomiting and mild temperature for 5 days. He was otherwise healthy and routine blood investigations, apart from revealing polymorphonuclear leukocytosis, were entirely normal. An abdominal ultrasound revealed impacted gallstone at neck of gallbladder wall with pericholecystic oedema. He was subjected to laparoscopic cholecystectomy, which showed distended gallbladder due to a stone impacted at the neck. In addition, there were multiple 1-3 mm white nodules over both lobes of the liver and adjacent peritoneum. There was no ascites. A standard cholecystectomy was performed and the nodules sent for histopathology, which confirmed the tubercular nature of the lesions. Post-operatively, he was started on antitubercular drugs.



Section from peritoneal nodule showing multiple epithelioid cell granuloma



Section from liver tissue showing epithelioid cell granuloma

Tuberculosis is one of the oldest diseases affecting humans. The disease usually affects lungs, but in up to one-third of cases, other organs are involved. Tuberculosis is an easily treatable disease and is curable in virtually all cases. If untreated, the disease may be fatal within 5 years in more than half of the cases. A variety of diseases and conditions favour the development of active tuberculosis, and the worldwide resurgence of tuberculosis is due to HIV co-infection, which suppress cellular immunity. Other co-morbid conditions like chronic renal failure, haemodialysis, silicosis, intravenous drug use, immunosuppressive treatment, post transplantation period (renal, cardiac) increase the relative risk for active diseases.

Gastrointestinal tract is a common site for tuberculosis. The terminal ileum and cecum are the most commonly involved. Abdominal pain, diarrhoea, obstruction, haematochezia, a palpable mass in the abdomen are the common findings.

The diagnosis is usually made incidentally during laparotomy or at autopsy in immunocompromised patients and the symptoms related to abdominal tuberculosis often overshadow those due to liver disease. Typically, the lesions present as granuloma with or without central caseating necrosis, calcified masses and biliary strictures. Tuberculosis should be

differentiated from other conditions associated with hepatic granulomas such as leprosy, sarcoidosis, Hodgkin disease, inflammatory bowel disease, drug-induced liver damage and syphilis. Hepatic-tuberculosis is treated with standard antitubercular drugs. Most antitubercular drugs (except ethambutol) are hepatotoxic and may aggravate liver damage and cause jaundice. These patients should therefore be kept under close observation during the drug treatment. Uncomplicated abdominal tuberculosis has an excellent prognosis, and the result of surgical management of complications is generally satisfying. However, bowel obstruction or perforation associated with plastic adhesions and the development of enterocutaneous fistula with intra-abdominal abscess are associated with increased morbidity and poor prognosis.

Dr. S.K. Dubey
Consultant, Department of General Surgery & MIS

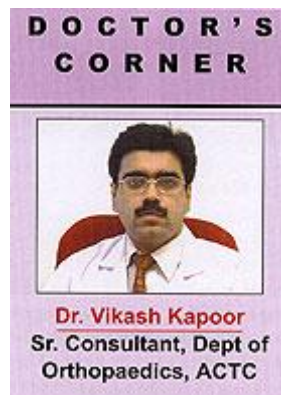
Dr. S.K. Pattari
Consultant, Department of pathology

Articular Surface Replacement

Life is movement and movement is life. If we understand the importance of this phrase, we would also be able to understand the difficulty faced by people crippled with arthritis of the joints especially of lower limbs: eg: hip and knee.

Osteoarthritis mainly affects the elderly age group when a somewhat limited lifestyle helps them to carry through with a single well-done joint replacement of hip or knee (whichever is/are affected) throughout their life (considering the life span of a prosthetic joint surgery to be 15-25 years).

The question arises as to the solution for a large section of young patients who are crippled at a young age due to rheumatoid arthritis, post traumatic secondary osteoarthritis, avascular necrosis of head of femur, protrusio-acetabulae, SCFE etc. and other destructive joint diseases. These people are expected to lead a highly active life (during the peak of their productive age group) and may also need to perform activities like squatting, sitting cross-legged, on the ground, which are not allowed after a conventional Total Joint Replacement.



The search for an answer has led to many inventions, discoveries and work in this direction from as early as 1920's onward (Peterson using glass, Viscaloid, Pyrese, Bakelite & Vitallium) to Sir John Charley performing surface replacement in 1950's: but this resulted in failure due to various reasons.



Pre-operative



Post-operative

In the 1960's a wide variety of large diameter prostheses were invented. These varied from Metal-on-Metal (M-O-M) total hip replacements to cemented and uncemented Metal-on-Polythene (M-O-P). These designs had varying degrees of success but longer-term clinical results were unacceptable.

Despite these failures, total surface replacement remained conceptually attractive because in young patients of osteoarthritis, where only articular cartilage is involved.

Hip Resurfacing should work as well as the normal joint. It would also help people to perform activities like dancing, performing 'Namaaz', playing golf, etc.

Based on previous failures and success stories, the present generation (4th-generation) Metal-on-Metal Hip Resurfacing System was developed, enhanced by currently available scientific, engineering and clinical knowledge.

At ACTC, with an operation theatre up-to-date with state-of-art facilities for total joint replacement, work has already started on Resurfacing of Hip. A few cases done here have been doing well and more cases are in the pipeline.

One of our patients (32 years, male) who underwent Hip Resurfacing was a case of Avascular Necrosis of both hips and underwent bilateral Hip Resurfacing.

The surgery has maximised bone and soft tissue preservation for early intervention and faster recovery and rehabilitation.

Advanced instrumentation design helps in minimally invasive surgery and large metal-on-metal prosthesis gives a more stable bearing joint with negligible chances of early wear. Patients are back to their normal day-to-day activities in 6 to 8 weeks' time.

Though there is a significant difference in the cost of implant of Hip Resurfacing and total Hip Replacement, the added advantages at a younger age group supercedes this cost factor.

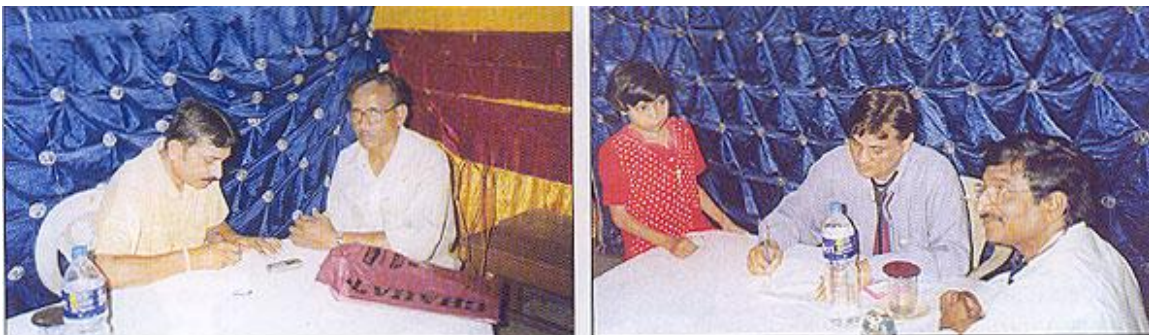
At the last note, one should always know that this surgery of Articular Surface Replacement has a steep learning curve, needs a very good joint replacement operation theatre set up, and skilled team and that this surgery is not to be taken up at all places without the above-mentioned essential requirements.

The Orthopaedics team of Armenian Church Trauma Center is committed to bring Joint Replacement Surgeries to the common man and provide arthritis patients with a quality of life at affordable cost.

(With Dr. Sutanu Hazra, Sr. Registrar, Department of Orthopaedics, ACTC)

Camp at Ghatsila

On the 1st and 2nd October, RTIICS and ACTC attended a free health check-up camp organised by St. Anthony Catholic Church, St. Barbara Church, Ramkrishna Mission and Gurudwar, at Ghatsila, Jharkhand. The venue for the camp was St. Anthony Catholic Church. Father Terri, Father Henry and Mr. Robin Soren were the organisers and coordinators of the camp.



Dr. S. K. Dubey (left) and Dr. J. Naik (right) Attend to patients

The hospital team comprised consultants Dr. J. Naik, Dr. D. Roy, Dr. S.K. Dubey and Dr. S. Hazra; the marketing team of Mr. Rakesh Verma, Mr. Rajdeep Khan, Mr. Sushanta Sahoo and technicians Mr. Amit and Mr. Subhasis. Dr. D. Roy and the rest of the team reached the camp venue, travelling by the hospital Vehicle Cardiac Care on Wheels, on 1st October and Dr. Roy saw 75 patients.



**Dr. Sutanu Hazra (above); Mr. Rakesh Verma,
Manager Corporate Affairs (below)**



The following day, the remaining doctors reached there, travelling by train, and a total of 110 cardiac patients, 108 orthopaedic patients and 29 patients suffering from kidney diseases were seen by our doctor. 65 ECGs and 32 Echocardiograms of the cardiac patients were taken.



Echocardiography (left) and ECG (right) being taken inside the 'Cardiac Care on Wheels'

The camp was very well-organised and the attending patients were thoroughly screened. The patients too were very excited about the camp as they were aware that eminent doctors hailing from different fields of specialisation were there to provide them consultation.

Had there been no time-constraint, our doctors could have seen many more patients. The team left Ghatsila at 2.50 pm to return to Kolkata.

ACTIVITIES OF THE ACADEMIC FORUM



- A clinical meet was held in the Conference Hall, Utility Building, on 7th October at 8.30 am. Dr. S.K. Pattari spoke on the topic 'Frozen Section'. With the help of a slide-presentation, he enlightened the gathering on frozen section, its uses and various advantages. He spoke on cryostat, the instrument used for frozen section. The sensitivity and specificity of different organs in frozen sections were also discussed in details. Following the presentation, there was a general discussion on the topic.
- A clinical meet was held on 21st October in the Conference Hall, Utility Building, at 8.30 am. Dr. Lokesh Kukatla spoke on 'Applications and usefulness of multiplanar CT. He also made a slide-presentation on the topic. The speaker stated that, with the advancement in technology, multiplanar CT plays an important role in the diagnosis and treatment of patients with multi-slice CT. It is possible to do all the angiographies in the CT room itself. With the invention of multi-slice CT, it has become a pleasant and comfortable experience for the patients as the time taken for all the studies has drastically come down and hence, better patient cooperation and high-quality images are obtained. Following the presentation, there was a general discussion on the topic.
- On 28th October a clinical meet was held in the conference Hall, Utility Building, at 8.30 am. Dr. Sagar Sadhu spoke on the topic 'Achalasia Cardia': A case discussion. With the aid of a slide-presentation the speaker stated that, Achalasia Cardia is a common primary motor disorder of the oesophagus resulting from failure of LES to relax and aperistalsis in the body. He elucidated that the treatment options for the said disorder are: pneumatic balloon dilatation to rupture muscle fibres, Botox injection into LES to relax sphincter, Open Modified Heller's and Laparoscopic Cardiomyotomy. However, he emphatically pointed out that the most effective mode of treatment is Laparoscopic Cardiomyotomy.

Following the presentation, there was a general discussion on the topic, with further elaboration by Dr. Manas Roy.

Seminar of Association of Cardio-thoracic Surgeons of WB

The monthly meeting of the Association of Cardio-thoracic Surgeons of West Bengal was held at the Conference Hall of our hospital's Utility Building, on 1st October, 2005. The Meet's Academic Programme commenced with Dr. D. Bhattacharya enlightening the gathering on the role of Percutaneous Coronary Interventions in Multi-vessel coronary Artery Disease. He discussed the various sub-groups of patients likely to derive maximal clinical benefit from this mode of therapy and talked on the current state of the art of this technique. The talk was well-received by the audience and generated a spirited discussion among the attendees. The next talk on Gastrointestinal Complications following Cardiac Surgery was presented by Dr. Paramita Trivedi Chatterjee. Dr. N.P. Bohidar, our Consultant Gastroenterologist chaired this session. This educative lecture was followed by a brief talk on the RTIICS Experience with Ruptured Sinus of Valsalva over the last 5 years, presented by Dr. Avijit Basu. The entire lively session was chaired by Dr. Kunal Sarkar. The Academic Session of the meet was followed by a sumptuous lunch. The Business Meeting of the Association was postponed to the next month.

Dr. Avijit Basu
Associate Consultant, Department of Cardiac Surgery,
RTIICS

General Practitioners' Meet

The CME for General Practitioners was held in the RTIICS OPD area on 30th October at 10:00am. Speaking on the topic 'CABG Yesterday, Today and Tomorrow', Dr. Kunal Sarkar, Consultant Cardiac Surgeon, RTIICS, said, Coronary artery surgery developed as a logical extension of the developments in open-heart surgery. The evolution of this science was interrupted by the World Wars, but with the dawn of the 50's, pioneers like John Smith from Minnesota, performed the first open-heart surgery. The enthusiasm for cardiac surgery led to the development of coronary angiography in the early 60's. Rene Favoloro, an Argentinean resident at the Cleveland Clinic, pioneered coronary bypass surgery as we know it today. This was in the year 1966.



Dr. Pawan Agarwal

Through the decades, CABG was one of the most-performed operations contributing immensely to the health of the individual and the community. Use of the internal mammary artery improved the potency of grafts and led the way to extended use of arterial grafts in the younger patients. Some of the side effects of cardiopulmonary bypass were obviated with the advent of beating heart surgery.

In RTIICS, of almost 1,000 CABGs done annually, more than 85% receive arterial grafts and 87% of the procedures were done on beating heart. The overall mortality rate was 1.98%, which conforms to the best of international data.



Dr. J. Naik

Technical innovations, like vascular anastomotic devices, and robotic surgery are on the horizon. As angioplasty extends into multi-vessel disease, the surgical case load will comprise the more complex cases with associated comorbidities. I am sure that surgeons will relish the challenge... and coronary surgery will move from strength to strength.

Speaking on 'Mitral Stenosis and Balloon Valvuloplasty (BMV)', Dr. J. Naik, Director, Interventional Cardiology Services, RTIICS, stated that Mitral Stenosis is one of the valvular heart diseases which can be treated non-surgically, particularly in symptomatic patients, whenever the valve is suitable for closed procedures like Closed Mitral Commissurotomy/Balloon Mitral Valvuloplasty. In other words, we may safely state that the patients who were usually going for Closed Mitral Commissurotomy earlier, are ideal cases and will have a very good result with BMV. Selection of suitable cases, with reference to echocardiographic findings, is the cornerstone for deciding the mode of treatment.

Dr. Naik also discussed with the practitioners the details of the actual procedure of BMV, its complications and outcome. The delegates' queries were addressed. The attendees were demonstrated the fully array of BMV kits. Dr. Pawan Agarwal, Consultant Pulmonologist, RTIICS, spoke on 'Current Concepts in the Management of COPD and Asthma'.

COPD (Chronic Obstructive Pulmonary Disease) is one of the commonest diseases afflicting mankind. Unfortunately, the incidence is rising worldwide and it causes significant mortality, morbidity and economic costs to the society.



Dr. Kunal Sarkar

This is a largely preventable disease, as the causes are mainly smoking and environmental pollution. There have been significant changes in the treatment of the disease and a large number of patients can look forward to better quality of life. The important treatment modalities of this disease are:

1. Drugs - inhaled bronchodilators, inhaled corticosteroids, theophylline and emerging medications like phosphodiesterase 4 inhibitors.
2. Smoking cessation - the most important intervention with the help of counselling, nicotine patches and use of Bupropion.
3. Pulmonary rehabilitation, which includes exercise, nutrition advice and psychological counselling.
4. Influenza vaccination.
5. Antibiotics.
6. Home oxygen and non-invasive ventilation.
7. Surgery in a selected few. The CME turned into a lively, interactive session with the active participation of the delegates in forms of questions and comments.

Statistical data for October - RTIICS/ACTC



Total No. of OPD attendance:	8,107
No. of Cardiac Surgical Procedures:	128
No. of Cath Lab Procedures:	350
No. of ACTC Surgical Procedures:	84
No. of Hemodialysis:	2,002
No. of Echo & Color Doppler:	173
Total No. of Radiological Investigations:	3,233
Total No. of ECG, Treadmill & Holter:	1,617

SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL

Till date, about 6,600 patients at RTIICS have been benefited by the guidance and assistance of the Guest Support Cell. Here, we would like to narrate some instances where GSC could make a little difference in the lives of some people.

- Munni, an 11-year-old Bangladeshi girl with a congenital heart disease, lost her father in a road accident and had neither any means of sustenance nor anyone to take care of her. But the social workers of Bangladesh stood by her to raise funds as she needed immediate surgery. Donations came from all quarters. Even a poor cobbler or a sweeper contributed small sums. When she was brought to RTIICS, their fund was still inadequate for the surgery. Dr. A. Raghuvanshi, our Clinical Director did not waste a moment to decide that Intracardiac Repair Surgery will be done with whatever they had collected. We do hope that bright eyed little Munni will bloom to be a healthy and promising young woman.
- Teenager Asim Biswas (15 years) was gasping for breath most of the time. His poor father, who worked in a shop, left no stone unturned to raise funds as advised by the Cell for his son's DVR surgery. But misfortune struck a second blow when the middle aged father suffered a heart attack and before he could admit his son, he was himself hospitalised. His life was saved but a large portion of the money he had collected for his son's surgery was spent on his own treatment. He had no other means to fill this gap. The family lost all hopes for the boy's surgery. Finally, our Clinical Director saved Asim's life by performing the highly expensive DVR surgery with only about one lakh rupees that they had left. Today, the teenager can look forward to a normal healthy future.
- "From where will I get so much money?" lamented poor cultivator Nirmal Chandra Nath who badly needed an angioplasty to save his life. The expense indeed was beyond the reach of the 64-year old man's family, who lived in a remote village of Gosaba. But his son did not lose heart. He approached our Cell, and raised fund from the funding agencies as advised by us and finally Dr. Sunip Banerjee, our Cardiologist, did the procedure at a much lower rate.
- Young Rajesh Rana, a victim of a road accident, was brought to ACTC in a very critical condition. For his father, a poor cultivator, the cost of the treatment was almost unaffordable. Immediate surgery was the need of the hour, and Dr. Vikash Kapoor, Senior Consultant Orthopaedic Surgeon, felt that saving the young man's life should be the priority. He performed the complex surgery at a concessional rate, which they could afford. Rajesh is expected to resume normal active life in a short time.

Surgeries performed successfully with the help of the Cell in the month of October, 2005 are: ACTC - 10, RTIICS - 26

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

Dear Readers,

October was celebrated a Breast Cancer Awareness Month all over the world. In our country, due to poor awareness, this is a problem that is often not treated with due seriousness. In this issue of the Healing Touch we have focussed on this form of cancer that is the most common in our country - **Editor**