



SGRD Synapse

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Monthly update of Sri Guru Ram Das University of Health Sciences, Sri Amritsar

Anti Ragging Week Celebrated



To curb the Menace of Ragging the Anti Ragging Week was celebrated from 12th August to 18th August 2023 by SGRDUHS. The orientation program was started with the speech of the Director Principal, Dr. Anupama Mahajan. She gave information about the anti-ragging cell of the institute to the students. The ill effects of ragging and its punishment were explained to the newly joined and the senior students. Short films on UGC website were shown to the students and faculty. Poster making and debate competitions were also held. The students took pledge to abstain from ragging in all forms, direct or indirect, and to contribute to eradicate this negative practice from the society.



Dear friends,

Chandrayan 3 made a historical landing giving us a feeling of immense pride. A heartiest congratulations to all! This mission has some wonderful insights for project management, collaboration and problem solving in complex endeavours. From meticulous planning to resilience in the face of setbacks along with interdisciplinary teamwork, open communication, attention to the details and learning from failures it offered us constellations of these great ideas which can illuminate the path of our professional and personal growth. Faith in your abilities, introspection of your mistakes and perseverance can turn any failure into success. Keep moving forward, focussed on to your mission.

Wishing you all a successful landing in all your pursuits!

All the best!

Dr. Manjit Singh Uppal
Vice Chancellor



Acute Care Bronchoscopy Skill



A meticulously organised event on 'Acute Bronchoscopy Skill' was held at SGRD Medical College by department of Anaesthesia in collaboration with Sharda University and Prima Vista Richard Wolf Academy Germany. This conference was one of its kind where national and international faculty discussed the research being done in this field.

HIV Treatment & Care Service



National conference was held on 'HIV Treatment and Care Services & Private Sector Engagement' at SGRD University. Renowned scientific experts from this field discussed future research directions and showcased the advancements in HIV prevention and treatment that will go a long way in improving HIV prevention and treatment programming.

► Clinical Snippet

Orbital cellulitis rare complication of parotitis in newborns



Late preterm (35 weeks)/ Birth weight 2000grams/ Male/ born via normal vaginal delivery with no perinatal complications. Baby presented to SGRD NICU at day of life 25 days with chief complaint of fever, swelling over the right parotid area and orbit. Septic workup was sent and USG local part was done, suggestive of parotid gland abscess. It was associated with features of orbital cellulitis such as proptosis, purulent discharge and chemosis for which

ophthalmology consultation was taken and advised MRI orbit which was suggestive of orbital abscess and mass effect on adjacent structures. Incision and Drainage was done by ophthalmologist under all aseptic conditions and patient was treated with topical and intravenous antibiotics. Gradually the general condition of the patient was improved and started on feeds. After completion of antibiotics course, patient was being discharged under satisfactory condition. Currently patient is 6 months old, developmentally normal, happy and healthy. Neonatal parotitis is a rare condition in neonates and orbital cellulitis is another rare complication of this. Early treatment with appropriate antibiotics or surgical intervention if required will prevent morbidity and mortality in neonates such as brain abscess.

Department of Pediatrics
Dr Gursharan Singh Narang (Prof. & HOD)
Dr Samandeep Kaur Samra (Assistant Professor)
Dr Taranjeet Kaur (Senior Resident)

Foundation Course in Palliative Medicine



Palliative care education and expertise were provided by SGRD University in collaboration with

IPM WHO Collaboration Centre for Community Participation in Palliative Care and Long Term Care. The session was designed to help healthcare professionals incorporate principles of palliative care into their work.



Bereavement Championship Workshop



Bereavement Championship workshop held at SGRD University in collaboration with IPM, WHOCC, Kozhikode.

Kozhikode.

Death Café-A Conversation About Death



Death Cafes, part of a broader "death-positive" movement to encourage more open discussion about grief, trauma and loss, was held at SGRD University in collaboration with IPM, WHOCC, Kozhikode.

World Breast Feeding Day Celebrated

World breast feeding day celebration on the theme Enabling breastfeeding: making a difference for working parents at Rural health training centre, Mallunangal. Poster making and slogan writing competition, health education talks were delivered by faculties and students of medical, dental and nursing college. A well baby contest was held.

Workshop on HACP

SGRD College of Nursing in collaboration with INSCOL, Chandigarh organized 3 days workshop on "Health Assessment in Clinical Practice". 103 UG students and faculty participated in the workshop. Demonstrations were given on "System wise examination" and "Reflex testing on simulators".

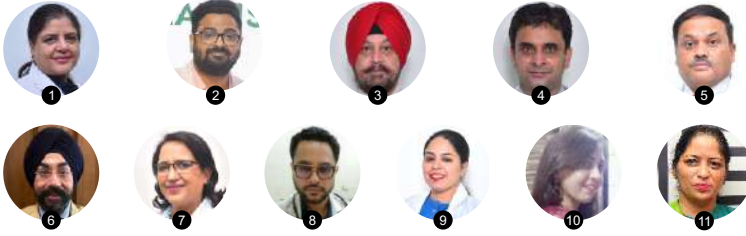
RUKSAT



The students, staff and management of SGRD University bid adieu to the outgoing nursing students at a grand farewell function. Topper students from all the courses were given cash prizes along with certificates.



Resource Faculty for Scientific Sessions



Department of Anaesthesia

- ❶ Dr. Ruchi Gupta was chairperson in workshops on "AMF Airway Seed" and "EASY BRONCH" held at Bathinda and Amritsar respectively. She was also the moderator in a CME on "Mid Term RSACP" held at HIMs, Dehradun.
- ❷ Dr. Jonny Dhawan chaired a session in a workshop on "EASY BRONCH" held at Amritsar.

Department of Ophthalmology

- ❸ Dr. Shakeen Singh delivered talks in "Annual Conference of Indian Society of Cornea & Kerato Refractive Surgeons" held at New Delhi and in "IIRSI Chennai 2023". He was also a panelist in a online CME on "Expert Guided Approach to Ocular Trauma".
- ❹ Dr. Pawan Prasher delivered talks in "Symposium - Recent Advances in Ophthalmology" held at Jalandhar and on "Phagwara/ Doaba Ophthalmology Society Conference 2023" held at Phagwara.

Department of Radiotherapy

- ❺ Dr. Neeraj Jain chaired a session in "International Conference of Society of Head & Neck Surgery" held at Jammu.

Department of Radiology

- ❻ Dr. Amandeep Singh chaired a session and delivered a talk in "SONOSUMMIT 2023 - International Congress of Ultrasound" held at Chennai.

Department of Microbiology

- ❼ Dr. Sarbjeet Sharma chaired sessions in "HIV Treatment and Care Services & Private Sector Engagement" and "GISICON 2023" in Amritsar.

Department of Medicine

- ❽ Dr. Dinesh Kumar chaired a scientific session in "Stroke Summer School 2023" held at Amritsar.

Department of Dermatology

- ❾ Dr. Guneet Kaur presented a scientific poster in a CME on "25th World Congress of Dermatology" held at Singapore. She was a faculty and speaker in online CMEs on "IADVL International Vitiligo Day 2023" and "IADVL YUVA Committee". She also delivered talk in a CME on "Women's derma forum" held at Amritsar.

Department of Obst. & Gynae

- ❿ Dr. Sangeeta Pahwa chaired a scientific session in a webinar on "6th Fertility & Aging Committee IMS". She was a panelist during "4th General Body Meeting of Surgeon Society Amritsar".

College of Nursing

- ⓫ Dr. Manpreet Kaur delivered talk in a scientific session on "Outline of Nursing Interventions in Advanced Diseases" held at SGRD University of Health Sciences, Sri Amritsar.

» Marching forward....

The Allergy Testing Facility



SGRDIMS take pride in offering our patients with an easy, effective and low-cost option for allergy testing, started in the department of ENT. Food and environmental allergy antigen testing can be important for individuals who are suspected to have chronic allergies and need prolonged use of antihistamines or steroids. It's a Skin Prick Test which takes only 30 mins to 1 hour to detect the allergen. Facility for customized immunotherapy has also been started and is being offered as per patient requirement. This diagnostic test is definitely a march forward in treatment of patients with allergic rhinitis and other food allergies.

Dr. AP Singh
Dean, SGRDUHS

Courses Completed



Department of Anatomy

- ❿ Dr Anupama Mahajan completed the Basic course in Medical Education conducted by NMC Nodal Centre CMC Ludhiana.

College of Nursing

- ⓫ Ms. Akashpreet Kaur and ⓫ Ms. Kiranpreet Kaur completed Foundation Course in Palliative Care conducted by SGRD University of Health Sciences, Sri Amritsar.

Awards and Achievements

Department of Ophthalmology

- ❸ Dr. Shakeen Singh awarded Gold Medal during IIRSI Chennai 2023.

Department of Dermatology

- ❾ Dr. Guneet Kaur awarded WCD2023 scholarship during 25th World Congress of Dermatology held at Singapore.



Case Scenario

Maternal Near Miss: Multi Organ Monster in Pregnancy-Preeclampsia



Subglottic stenosis on endoscopy

A 26 years old female presented to obstetrics emergency at SGRD on day 3 post caesarean with complaints of decreased urine output, jaundice, deranged liver enzymes, low platelet count and anaemia. Patient had pre- eclampsia in current pregnancy as per records. On

examination patient had Pallor, Icterus, Pedal edema, ecchymotic patch (approx. 17*15 cm) on right buttock. On Per Abdomen examination: abdominal distention present, uterus well retracted, antiseptic dressing dry, and lochia was healthy. Patient was catheterised and urine output was nil. Patient was shifted to Intensive Care Unit. USG whole abdomen revealed - liver enlargement (16.2cm), B/L Kidney showed increased cortical echogenicity with corticomedullary differentiation maintained, mild fluid in Right Pleural cavity. CT Chest Plain - few patchy areas of ground glass opacity in B/L lung fields with B/L pleural effusion with atelectatic bands, features suggestive of early pulmonary edema. Despite of giving diuretics urine output was not improving and output was nil and patient underwent 5 cycles of haemodialysis. After haemodialysis and stepping up of antibiotics, urine output of 40 ml/hr was maintained and renal profile of patient improved. In view of respiratory distress, patient was intubated and was put on SIMV mode of ventilatory support. But patient could not maintain saturation even on ventilation and underwent tracheostomy. Before removing the tracheostomy tube, Endoscopy was done which revealed sub-glottic stenosis as shown in fig 1 and 2. Patient underwent balloon dilatation for sub-glottic stenosis and following which she suffered from surgical emphysema, again tracheostomy had to be done. 4 days after balloon-dilatation, surgical emphysema was resolved and tracheostomy tube was removed. Vitals and investigations were within normal limit and patient was discharged under stable and satisfactory conditions. Hence, patient was managed in a tertiary care centre with multi disciplinary approach.

Q1 - What is maternal near miss and what are its causes?

- When a woman nearly dies but survives a complication during pregnancy, childbirth, or within 42 days of termination of pregnancy, it is defined as a maternal near miss. Five potentially life-threatening conditions under near miss include: Severe postpartum haemorrhage, Severe pre-eclampsia, Eclampsia, Sepsis/severe systemic infection, and Ruptured uterus. Other causes include Post abortal and puerperal sepsis, Ruptured ectopic, Uterine perforation, HELLP syndrome, Amniotic fluid embolism, and other maternal life-threatening conditions.

Q2 - What is preeclampsia?

- It is a multisystem disorder of unknown etiology characterized by development of hypertension to the extent of 140/90 mm Hg or more with proteinuria after the 20th week in a previously normotensive and nonproteinuric woman. The pre-eclamptic features may appear even before the 20th week as in cases of hydatidiform mole and acute polyhydramnios.

Q3 - What are the complications of preeclampsia?

- Maternal:** Abruptio placenta, DIC, HELLP, acute renal failure, severe ascites, pulmonary edema, pleural effusions, cerebral edema, laryngeal edema, retinal detachment, subcapsular liver hematoma, ARDS, sepsis and death.

Perinatal: Morbidity and mortality are significantly increased. This is due to preterm delivery, prematurity, RDS and sepsis.

The manifestations of pre-eclampsia usually appear in the following order—rapid gain in weight visible edema and/or hypertension proteinuria.

Presence of thrombocytopenia, renal (oliguria) and hepatic (elevated enzymes) dysfunction, pulmonary edema and cerebral and visual symptoms, suggests Pre-eclampsia is a multisystem disorder.

Q4 - What is HELLP Syndrome?

- This is an acronym for hemolysis (H), elevated liver (EL) enzymes and low platelet (LP) count (100000 /mm³). Microangiopathic hemolytic anemia is the hallmark of the triad of HELLP syndrome. This is a rare complication of pre-eclampsia (10–15%). HELLP syndrome may develop even without maternal hypertension. This syndrome is manifested by nausea, vomiting, epigastric or right upper quadrant pain, along with biochemical, and hematological changes.

Q5 - What is management of preeclampsia?

- There is no place of domiciliary treatment in an established case of pre-eclampsia: The definitive treatment of pre-eclampsia is termination of pregnancy (delivery). Antihypertensives have to be given to control blood pressure. Prophylactic therapy with mgso4 can be started in cases of severe preeclampsia to prevent eclampsia. First-line antihypertensives are: (a) Labetalol, (b) Hydralazine or (c) Nifedipine. Target levels of BP to control is SBP = 140–160 mm Hg and DBP = 90–100 mm Hg. Patient with multiple organ dysfunction needs to be admitted in an ICU. Multidisciplinary approach: Senior Obstetrician, obstetric nurse, anesthesiologist, neonatologist, intensive care unit team & physicians should be involved so that cardiac, renal or pulmonary complications are managed effectively.

Q6 - what are the measures to prevent pre eclampsia?

- Pre pregnancy weight loss and appropriate gestational weight gain, calcium supplementation and low dose aspirin in high risk patients may help prevent pre eclampsia.

Food for thought

Every time there is a **MISTAKE**,
LEARN from it,
change the **PLAN** and
keep **MOVING** forward...

