



# SORD Synapse

Quarterly update of  
Sri Guru Ram Das  
University of Health Sciences  
Sri Amritsar

## Inauguration of Gynaecology & Main OTs



In a further stride towards improving healthcare services, S. Harjinder Singh Dhami has unveiled advanced Gynaecology and Main Operation Theatres. These Operation Theatres are designed with the primary goal of providing exceptional healthcare services to patients, while remaining accessible and affordable. The modular operation theatres are equipped with advanced electrohydraulic operation tables and are meticulously engineered to reduce infection risks through the implementation of laminar airflow and a bacteria-free environment. The innovative design features a clean, germ-free air system and non-porous, flame-resistant panels that can be easily steam cleaned, thereby facilitating swift, efficient and sanitized surgical procedures. This initiative is particularly beneficial for underprivileged villagers and stakeholders in Amritsar and its neighbouring districts.



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*Dear Friends,*

War represents a devastating paradox, often waged under the illusion of securing a lasting peace. We carve imaginary lines across continents, fiercely defending these fragile borders with the lives of those who hold no personal stake in the conflicts of respective leaders. It is a profound tragedy that we channel our greatest economic resources and technological brilliance into perfecting the weapons of destruction. The essential need of human empathy remains neglected. The true cost of any conflict is never accurately measured by altered maps, political victories, or signed treaties. Instead, it is intimately calculated in the empty chairs left at family tables and the deep, generational trauma that echoes through shattered communities. Ultimately, when the deafening roar of artillery finally fades into silence, we are forced to recognize a grim reality: war never determines who is genuinely right, but merely who is left standing alone among the ashes.

Let's pray for peace.

A true peace.



Dr. Manjit Singh Uppal  
Vice Chancellor

For Private Circulation only



## POACON 2026



## World Health Day Quiz 2026



World Health Day Quiz 2026 was conducted by the department of Community Medicine under the aegis of IAPSM. Ms Guntaz Kaur, Ms. Anahat Kaur, Ms. Arpita Talwar of 2022 batch were winners of World Health Day Quiz 2026.



## PG Orientation Programme



## CME on SEPSIS



## CME on Hidradenitis Suppurativa



## HIV-AIDS Sensitization for Medical Youth



## Stroke Summit 2026



## Nutritional Management of GD



## World Cancer Day Celebrated



### ► Clinical Snippet

#### Compound Supracondylar Fracture Humerus with Brachial Artery Injury



Clinical picture of Compound supracondylar fracture humerus with Brachial artery injury



Brachial artery injury with thrombosis of vessel



Showing repaired Brachial artery



C-Arm image showing fixation of supracondylar fracture with K-wires

A seven-year-old child presented to orthopaedic emergency with injury to the left elbow and a pulseless cold hand. Clinical examination showed bruising in cubital fossa, spike of fractured bone protruding from skin with doppler showing brachial artery injury. X-rays confirmed the diagnosis of supracondylar fracture. Patient was immediately operated upon with fixation of supracondylar fracture with K-wires and exploration and repair of brachial artery followed by skin grafting. Post operatively, the radial pulse was strong in volume with active movements of wrist and fingers. After removal of K-wires few weeks later and with physiotherapy, patient achieved normal range of motion at elbow joint. This case showed that high index of suspicion of brachial artery injury along with timely Intervention can save the limb of a child from amputation.

**Dr. Rajan Sharma**  
Associate Professor, Department of Orthopaedics

## Resource Faculty for Scientific Sessions



### Department of Community Medicine

- 1 Dr. Priyanka Devgun delivered a Guest Lecture during national conference held at GNDU, Amritsar.
- 2 Dr. Harjot Singh represented university at International level in an online webinar by International Association of Hospice and Palliative Care at Vatican City Rome.

### Department of Dermatology

- 3 Dr. Pooja Dhawan delivered a guest lecture in a CME at Amritsar.
- 4 Dr. Guneet Awal was the panelist and delivered guest lecture in conferences at Bengaluru and Kolkata.

## Awards and Achievements

### Department of Orthopedics

- 5 Dr. Manpreet Singh was elected Joint Secretary of Punjab Orthopaedic Association at Amritsar.

### Department of Physiotherapy

- 6 Dr. Lovepreet Kaur was honoured with distinguished Alumni award by Alumni Association of Sri Guru Granth Sahib World University, Fatehgarh Sahib.

## 5th National PG Meet



## Student Activities



- \* We are proud to share that our students Naman Sharma, Nishtha Pahwa, Amardeep Singh and Gurnoor Kaur (MBBS batch 2024) secured second position at CODON - The Medical Hackathon held at AIIMS, New Delhi.
- \* Post Graduates students (Dr. Harkiran Kaur and Dr. Narleen Kaur) from Department of Radio-diagnosis secured First Prize in scientific paper presentation at Sono Summit 2025.



**SGRD**  
*Synapse*

## ► Marching forward....

### Inauguration of Dermatology unit



In a remarkable step forward for the healthcare sector, S. Harjinder Singh Dhami launched a state-of-the-art Dermatology unit dedicated to Aesthetics and Dermatosurgery. This unit is fully equipped with state-of-the-art laser technologies, featuring Diode laser for unwanted hair reduction; Q-switched Nd:YAG laser for tattoo removal & birthmarks treatment, Laser toning; Fractional CO<sub>2</sub> laser for treatment of surgical scars, traumatic scars, acne scars and stretch marks. Now the treatment extend to diffuse hair loss, male pattern baldness, Melasma, fine wrinkles offering Platelet-rich plasma (PRP) therapy, Growth Factor Concentrate (GFC) therapy, Microneedling, Mesotherapy and Botox Therapy. Besides these, all services related to Dermatosurgery are being provided for the treatment of cysts excision, Ear lobe repair, ingrown toe nails and all types of Vitiligo skin grafting.

**Dr. AP Singh**  
Dean, SGRDUHS

## Annual Sports Meet IGNITE - 2026



## World Obesity Day Celebrated



## Lohri Celebrated at SGRD Nursing College



only who is left to sit in the heavy silence of the empty chair.



## LEIOMYOMA (UTERINE FIBROIDS)

Dr. Reena Sood, Professor, Department of Gynaecology & Obstetrics

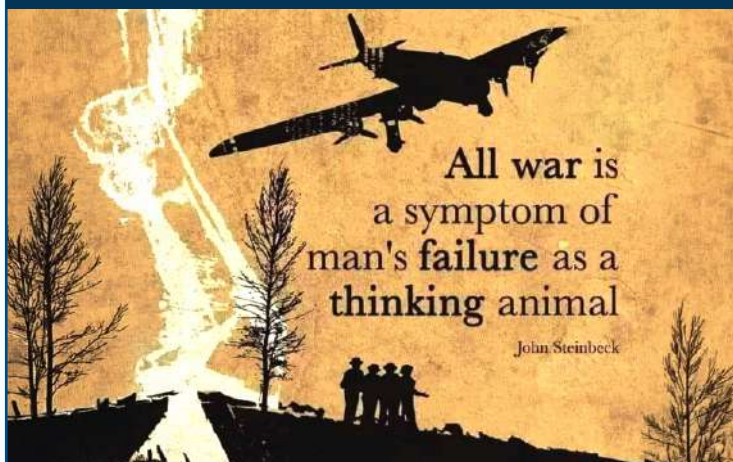
### Case Scenario

#### LEIOMYOMA (UTERINE FIBROIDS)



A 27-year-old unmarried girl came to OPD with complaints of irregular menstrual bleeding and pain abdomen 7 months back. Ultrasound showed a fibroid of 8x7.8cm in size, submucosal in location. For further evaluation MRI was advised. Patient was lost to follow up thereafter. She revisited the OPD after 6 months with complaint of shortness of breath, fatigue, dyspnea and generalised weakness, persistent irregular bleeding. On examination there was marked pallor and Haemoglobin of 3.2. MRI was done which was suggestive of a large well defined 10.0 x 9.0 x 8.7 cm oval shaped soft tissue in the endocervical canal with vascular pedicle along cranial aspect of the lesion extending up to anterior endomyometrium. Patient was built up and vaginal myomectomy was done after informed consent. Myoma was sent for histopathological examination which revealed a benign leiomyoma, further Immunohistochemistry (IHC) was advised which revealed the same finding.

#### Food for thought



#### Q1 - What is a leiomyoma?

- Often simply called as myomas or fibroids, these are benign smooth muscle neoplasms that typically originate from the myometrium. The prevalence among women is generally cited as 10-20 percent but is as high as 70-80 percent in sonographic studies.

#### Q2 - What are the common symptoms?

- Most women with leiomyomas are asymptomatic. However, affected women may complain of bleeding, pain, pressure, or infertility. Of these, bleeding is common, especially heavy menstrual bleeding but many women also face irregular menstrual bleeding.

#### Q3 - How are Leiomyomas classified?

- These tumors are classified based on their location and are broadly classified into three types- Subserosal, Submucosal and Intramural. Subserosal leiomyomas originate from myocytes adjacent to the uterine serosa. Intramural leiomyomas are those with growth centered within the uterine walls. Submucous leiomyomas are proximate to the endometrium and grow toward and bulge into the endometrial cavity. Last, pedunculated leiomyomas attach only by a stalk to their progenitor myometrium. Infrequently, leiomyomas develop in the cervix or broad ligament and rarely in the ovary, fallopian tube, vagina, or vulva. FIGO has introduced a classification of myomas.

#### Q4 - How are leiomyomas diagnosed?

- Leiomyomas are often detected by pelvic examination with findings of uterine enlargement, irregular contour, or both. Radiological diagnosis is made by sonography (transabdominal or transvaginal) where they appear as focal masses with a heterogeneous texture. This varies from hypo- to hyper-echoic depending on the ratio of smooth muscle to connective tissue and the presence of degenerative substances. Other modalities include Saline infusion sonography and MRI.

#### Q5 - What are the various non-surgical treatment modalities?

- Below are the non-surgical treatment modalities:
  - Observation (for asymptomatic cases)
  - Hormonal therapy: sex steroid hormones - COCs, Continuous oral progestins, or dmpa are used specifically for leiomyoma related bleeding. Levonorgestral releasing intrauterine system significantly improves bleeding.
  - SPRM's (selective progesterone receptor modulators)
  - GnRH receptor agents such as leuprolide, goserelin.
  - NON-hormonal agents: tranexamic acid, mefenamic acid
  - Minimally invasive modalities: MRI guided focussed ultrasound, Ultrasound guided focussed ultrasound, Uterine artery embolization.

#### Q6 - What are the various surgical treatment options?

- These include myomectomy (vaginal, abdominal, laproscopic or hysteroscopic), myolysis, endometrial ablation and hysterectomy.

#### Q7 - What is the malignant potential?

- The risk of Leiomyoma being a cancerous is extremely low occurring in less than one in 1000 cases (0.1%). Malignant transformation leads to the formation of leiomyosarcoma but most of these arise de novo rather than from a pre-existing leiomyoma. Other manifestation is of STUMP (Smooth muscle tumors of uncertain malignant potential). These have features between benign Leiomyoma and malignant sarcomas with unpredictable behaviour.

#### Q8 - What is its effect on pregnancy?

- Leiomyomas (specially submucosal) can cause spontaneous miscarriages, recurrent miscarriages, threatened miscarriage, intrauterine growth restriction, preterm labor, antepartum hemorrhage, increased risk of operative delivery and postpartum hemorrhage. Red degeneration of fibroid can be associated with pregnancy.

