

**Message from Dean's Desk:**

Medical Education Challenges the best and the brightest minds to learn the science of medicine and public health; and the art of compassionate care. As one of the nation's premier medical institution; Smt. B.K. Shah Medical College & Research Center (SBKS MI&RC) is dedicated to advancing biomedical knowledge and humane healing through innovative educational methods. In recent years; our SBKS MI&RC has become best place to pursue an education with totally modernized facilities; a redesigned curriculum that introduces early clinical experiences; and new academic partnerships and global initiatives; we are pointed aggressively to the future. We select each new entering class with the intent of ensuring that we will train tomorrow's medical leader ; secure in the knowledge that they will be well prepared to practice their chosen specialties and to meet the needs of the public. I look forward to providing highlights of their contributions in the upcoming months.

**Chief Editor:** Dr. Punit Singh

Assistant Professor, Dept. of Ophthalmology

**Co Editors:** Dr. Aditya Agrawal

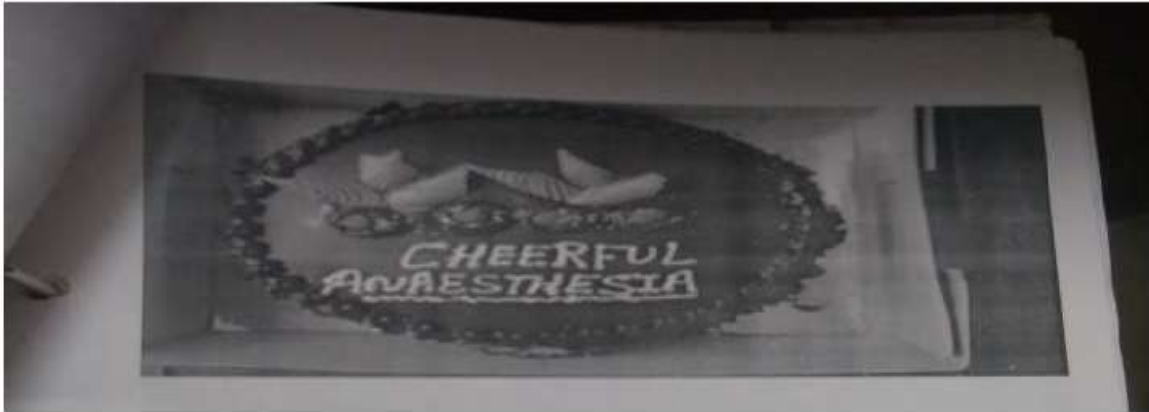
Assistant Professor, Dept. of Orthopaedics

Dr.Honeypalsinh Singh Maharaul

Assistant Professor, Dept. of Surgery

**DEPARTMENT OF ANAESTHESIA**

**CME on "World Anaesthesia Day" held on 16-10-15**



DR LOKESH AKKINENI THIRD YEAR RESIDENT BEGUN WITH THE INAUGRAL WELCOME.



WORLD ANESTHESIA DAY CELEBRATION STARTED WITH THE INAUGRAL IN DEPT. OF ANAESTHESIOLOGY, SBKS MIRC, SVDU ON 16<sup>TH</sup> OCTOBER 2015



DR PARTH SHAH PRESENTED VIDEO PRESENTATION ON  
DEVELOPMENT OF ANAESTHETIC TECHNIQUES



DR RAMA UPADHAYA, HEAD & PROFESSOR, DELIVERED AN SIGHTFUL TALK ON GUEDEL'S CLASSIFICATION OF STAGES OF ETHER ANAESTHESIA. SHE ALSO SPOKE ABOUT THE EVALUATION OF INHALATION ANAESTHESIA FROM THE PAST DAYS OF ETHER TO THE USE OF SEVOFLURANE AND DESFLURANE IN THE PRESENT SCENARIO.



DR MALINI MEHTA, PROFESSOR, DEPARTMENT OF ANAESTHESIA, DEMONSTRATED THE USE OF CERTAIN OLD ANAESTHESIA EQUIPMENTS AND INTERESTINGLY SHARED HER EXPERIENCES WHILE USING THEM. THIS GAVE THE RESIDENTS, A CLEAR IDEA OF HOW ANAESTHETIC EQUIPMENTS HAVE DEVELOPED OVER THE TIME.



THEN, DR PARTH SHAH, THIRD YEAR RESIDENT, GAVE A WONDERFUL PRESENTATION ON HISTORY OF ANAESTHESIA, DATING BACK TO THE 18<sup>TH</sup> CENTURY AND ITS PROGRESS TO THE 21<sup>ST</sup> CENTURY. HE ALSO GAVE INSIGHTS ON THE FUTURE OF ANAESTHESIOLOGY. PRESENTED VIDEO PRESENTATION ON DEVELOPMENT OF ANAESTHETIC TECHNIQUES

This was followed by cake cutting, which was done by first year residents, celebrating their entry into the world of anaesthesia.



THIS WAS FOLLOWED BY CAKE CUTTING, WHICH WAS DONE BY THE 1<sup>ST</sup> YEAR RESIDENTS, CELEBRATING THEIR ENTRY INTO THE WORLD OF ANAESTHESIA.

We concluded the programme with a vote of thanks by Dr. Rama Upadhyaya and some light snacks.



THE PROGRAMME WAS CONCLUDED WITH VOTE OF THANKS BY  
DR RAMA UPADHYAYA AND LIGHT SNACKS

**CME on “World Anaesthesia day” on 16-10-15 held by Department of Anaesthesia**

**Objectives: To make people aware about history of Anaesthesia**

**Organizing Chairperson: DR RAMA UPADHYAY**

**Organizing Secretary: DR MALINI MEHTA**

**Number of Participants: 6**



**DEPARTMENT OF ANAESTHESIA**

**CME on "CHANGING CONCEPTS IN OXYGENATION" held on 12-01-16**



CME BEGAN WITH WELCOME SPEECH IN PRESENCE OF DR. RAMA UPADHYAYA



DR APEKSH PATWA IS DIRECTOR AT VINS, VADODARA, EXECUTIVE COMMITTEE MEMBER OF ALL INDIA



DR APEKSH PATWA DELIVERED EXCELLENT LECTURE ON CHANGING TRENDS OF OXYGENATION IN PERIOPERATIVE PERIOD.



DELEGATES

**CME on “Changing concept on oxygenation” on 12-01-16 held by Department of Anesthesia.**

**Objectives**

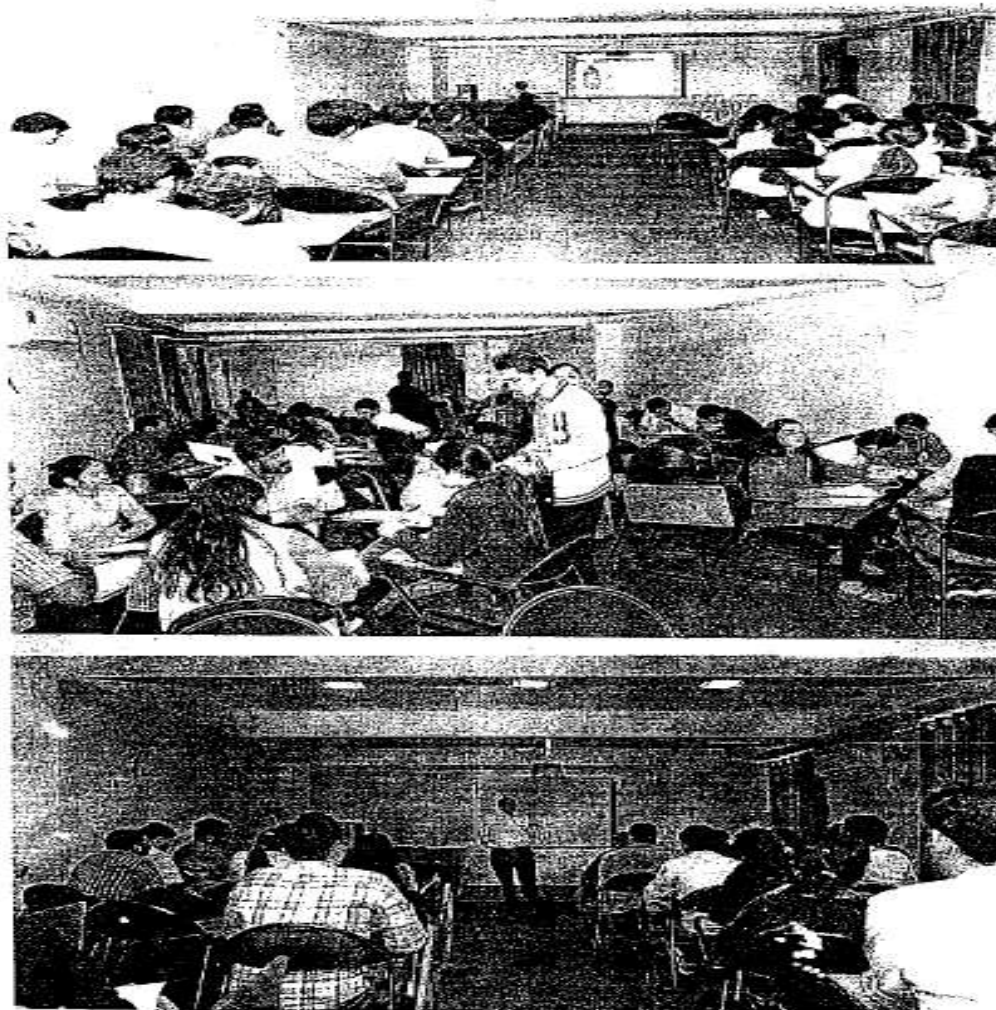
- : Changing concepts in oxygenation**
- : Pharmacokinetics and pharmacodynamics of sevoflurane**
- : Implications of sevoflurane in anesthesia**

**DR RAMA UPADHYAY welcomed with introductory speech. DR HETAL PAREKH presented bouquet to speakers. DR APEKSH PATWA speaker delivered lecture on changing trends of oxygenation in peri operative period. DR MALINI MEHTA gave vote of thanks. DR DINESH CHAUHAN presented momento of appreciation.**

**Number of participants:60**

**DEPARTMENT OF PHARMACOLOGY**

**Workshop on “Pharmacovigilance: Essentials & Significance and hands on technique in ADR form filling” held on 03-09-15**



**Workshop on “Pharmacovigilance: Essentials & Significance and hands on technique in ADR form filling” on 03-09-15 held by Department of Pharmacology**

**Objectives: For training of Pharmacovigilance activity**

**Organizing chairperson: DR B M SATTIGERI**

**Organizing secretary: DR B M SATTIGERI**

**Number of participants: 44**

## CASE REPORT

### 1. DEPARTMENT OF ANAESTHESIA

#### **ANAESTHETIC MANAGEMENT OF THE PATIENT WITH DILATED CARDIOMYOPATHY POSTED FOR ABDOMINAL HYSTERECTOMY -A CHALLENGE TO ANAESTHESIOLOGIST.**

Dr Dinesh Chauhan<sup>1</sup>

1 Professor and Head, Department anesthesiology, Smt. B. K. Shah Medical Institute & Research Centre, Sumandeeep Vidyapeeth An Institute Deemed to be University, Piparia, Vadodara, Gujarat, India.

#### **ABSTRACT**

We report the anaesthetic management of patient with dilated cardiomyopathy with large uterine fibroid with menorrhagia posted for abdominal hysterectomy which was managed successfully under epidural anaesthesia. There was no major complication except transitory hypotension. The risks involved & benefits of using regional anaesthesia versus general anaesthesia and the intra operative management is discussed.

### 2. DEPARTMENT OF ANAESTHESIA

#### **Anesthetic management of a patient with myasthenia gravis posted for "Tonsillectomy"**

Dr. Dinesh Chauhan<sup>1</sup> Smt. B.K.Shah Medical Institute & Research Centre, Sumandeeep Vidyapeeth (An Institution Deemed to be University), Piparia, Ta-Waghodia, Dist-Vadodara.

<sup>1</sup>Professor & Head

#### **Abstract:**

We describe here a case of 7 year old patient weighing 25kg presented with throat pain since 1 year being a known case of congenital myasthenia gravis posted for tonsillectomy under general anesthesia maintained with no muscle relaxant technique. Tonsillectomy in pediatric patients is not an uncommon surgical procedure. In spite of being a common surgery it is still challenging to the surgeon as well as the anaesthesiologist as there is a shared airway between the two. Also, in the postoperative period there are chances of post tonsillectomy bleeding causing airway obstruction which if not diagnosed and treated early could risk the life of the patient. Therefore, this surgery poses an increased risk of mortality and morbidity.

### **3.DEPARTMENT OF ANAESTHESIA**

#### **Title: Anaesthetic Management In A Case Of Large Abdominal Mass With Obesity: An Anticipated Difficult Regional Anaesthesia**

Dr. Dinesh Chauhan<sup>1</sup>,

1. Professor and HOD, Department of Anesthesiology, S.B.K.S M.I.R.C., Sumandeep Vidyapeeth, At & Po- Piparia, Waghodia, Vadodara, Gujarat.

Abstract:

A 57 years old male patient, weighing 140 kgs was posted for exploratory laparotomy for lower abdominal mass. Patient did not have any co-morbidity. Patient was given spinal anesthesia in sitting position. The first attempt failed as the spinal landmarks were difficult to palpate. We successfully gave the block in the second attempt. The intraoperative period was uneventful and the patient was observed for 24 hours post-operatively.

### **4.DEPARTMENT OF PEDIATRICS**

Year – 2015 – 2016

Dr. SUNIL PATHAK, Assistant professor, Dept of Pediatrics

Dr. DULARI GANDHI, Professor, Dept of Pediatrics

Dr. SAGAR PATEL, Resident doctor, Dept of Pediatrics

#### **REFERENCE RANGE OF OXYGEN SATURATION IN HEALTHY TERM AND PRETERM NEONATES IN THEIR FIRST 10 MINUTES**

**ABSTRACT:** Oxygen is vital for life. Oxygen is essential for the successful progression of physiological activities of human beings. In a human being, the normal oxygen saturation levels are supposed to be >95%. However, in neonates, the oxygen saturation levels are much below the 95% level during the first few minutes of life<sup>1</sup>. The fetus normally exists in an environment of relatively low oxygen exposure and the mechanisms for managing high oxygen levels are not yet completely developed. Although, there is plenty of data on this issue arising from western literature, yet there is lack of such studies in Indian environment, hence, the present study was planned with an aim to study the trends in neonatal oxygen saturation levels during the first 10 minutes as a comparative study between preterm and healthy term neonates

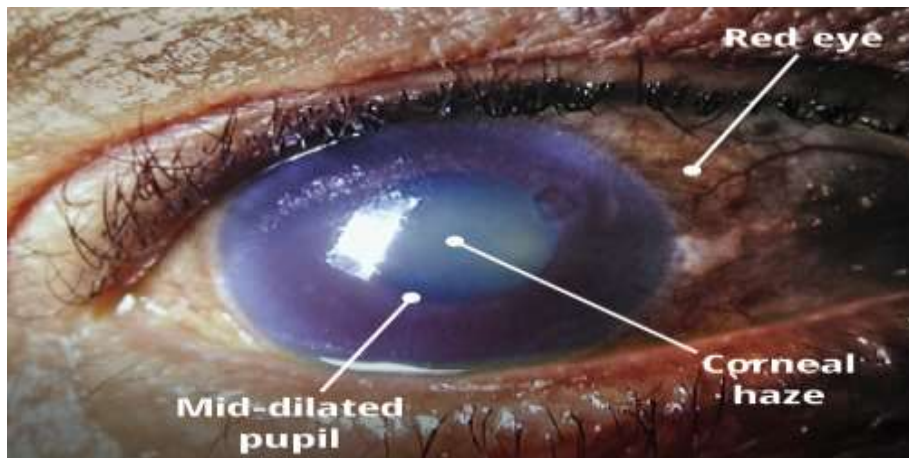
**5.DEPARTMENT OF OPHTHALMOLOGY**  
**Topiramate Induced Angle-Closure Glaucoma**

**INTRODUCTION**

Drug-induced bilateral angle-closure glaucoma is a rare event and develop as a secondary effect of certain drug like Topiramate .It should be treated correctly and promptly to prevent visual loss.

**Case Report:**

We report a rare case of Topiramate-induced bilateral angle-closure glaucoma in a young woman with migraine, and explore the possible mechanism.



**Materials & Methods:**

We describe the clinical outcome of a patient with Topiramate-induced bilateral angle-closure glaucoma. The patient presented with bilateral acute elevation of intraocular pressure (IOP) and myopic shift. The clinical symptoms and signs resolved rapidly after treatment with a topical cycloplegic agent, topical steroid, and aqueous suppressant.

**Conclusion:**

Based on the suspicious of malignant glaucoma, we prescribed topical phenylephrine, whose application immediately lowered the IOP. All symptoms resolved after treatment with a long-acting cycloplegic agent, topical steroid, and aqueous suppressant for 3 days. We presume that the mechanism underlying Topiramate-induced bilateral angle-closure glaucoma may be correlated to the malignant glaucoma. Timely diagnosis and appropriate treatment are essential for resolving this ophthalmic emergency.

**Dr. Punit Singh**  
**Assistant Professor**  
**Ophthalmology Department**  
**Dhiraj Hospital ,Piparia,Waghodiya**

## **6.DEPARTMENT OF GENERAL SURGERY**

### **CURIOUS CASE OF SUPERIOR MESENTERIC ARTERY SYNDROME**

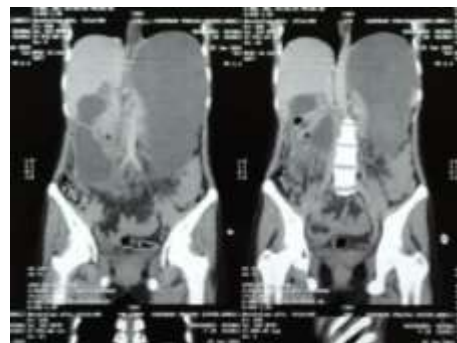
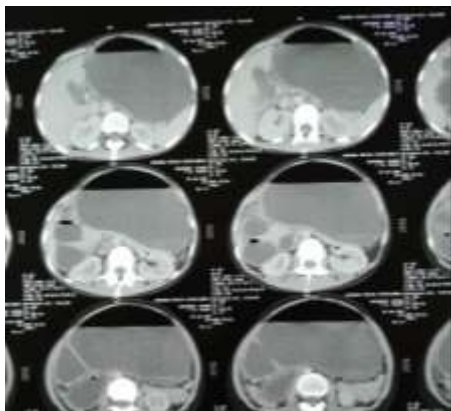
1. Dr. OHANG CHAUDHARI (ASSOCIATE PROFESSOR).
2. DR. PAVAN KUMAR TUNGALA (RESIDENT),
3. Dr. VIPUL GURJAR(PROFESSOR),

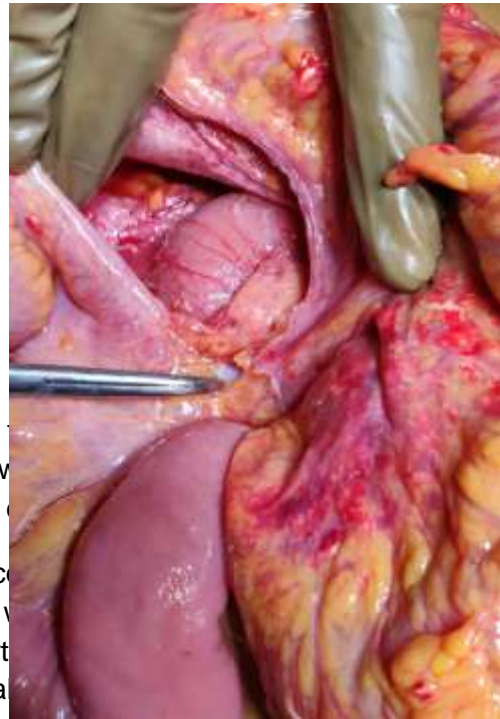
Superior mesenteric artery (SMA) syndrome (known as Wilkie's syndrome) is a rare cause of upper gastrointestinal obstruction. It is an acquired disorder in which acute angulation of the SMA causes compression of the third part of the duodenum between the SMA and the aorta. This is commonly due to loss of fatty tissue as a result of a variety of debilitating conditions.

A 18 year old female patient was brought to casualty with history of vomiting since 3days especially after intake of food. Patient was sickling positive, All routine blood investigations were normal, CECT ABDOMEN AND PELVIS revealed compression of third part of duodenum between abdominal aorta and superior mesenteric artery with Aortomesenteric distance to be 3.5mm confirming SMA SYNDROME.

Patient was managed conservatively for 3 days but patient did not improve symptomatically and the obstruction was not relieved. Patient underwent DUODENOJEJUNOSTOMY using gastro intestinal stapler.

Patient was kept NBM for 5 days and allowed orally after POD-5. Patient tolerated liquids well and then shifted to soft diet.





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spinal surgery such as scoliosis surgery by a relative lengthening of the spine, spinal trauma, and after abdominal surgery such as total proctocolectomy and ileal-pouch anal anastomosis. Severe weight loss, as in our patient, leading to a depletion of the fatty cushion around the SMA is a major cause of SMA syndrome. Catabolic states like burns, eating disorders such as anorexia nervosa or wasting conditions such as neoplastic diseases and malabsorptive states are the most commonly reported reasons of drastic weight loss. Patients with SMA syndrome may present acutely, with chronic insidious symptomatology, Or with an acute exacerbation of chronic symptoms. Acute presentation is usually characterized by signs and symptoms of duodenal obstruction. Chronic cases present with long-standing vague abdominal symptoms or recurrent episodes of abdominal pain, associated with vomiting. Other less common symptoms are esophageal reflux, early satiety with a sensation of fullness owing to increased gastroduodenal transit time, and gastric distension.

Traditionally treatment has consisted of conservative measures like Gastric decompression, parenteral nutrition and/or post-pyloric feeding when possible, followed by oral diet as tolerated<sup>[3]</sup>. Posturing maneuvers during meals and motility agents may be helpful in some patients. Duodenojejunostomy is the operation of choice to relieve the obstruction, with a success rate up to 90%<sup>[4]</sup>. Another less invasive surgical option, known as Strong's procedure<sup>[5]</sup>, involves lysis of the ligament of Treitz with mobilization of the duodenum; however, this operation had a failure rate of 25%.



## REFERENCES

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