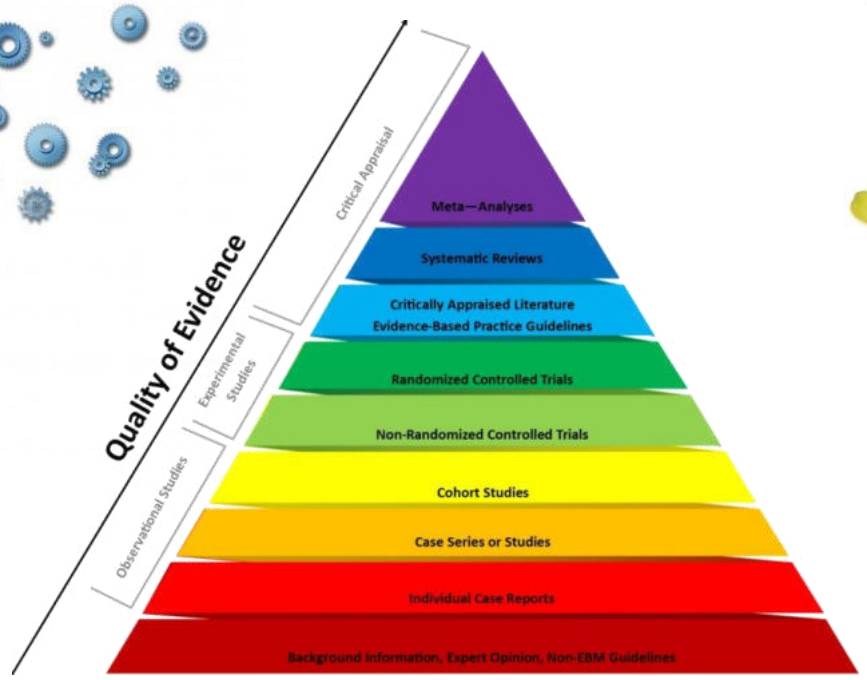
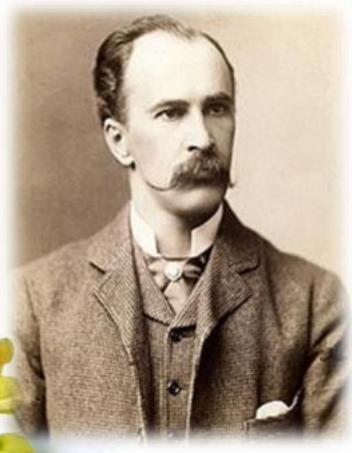
Whatsup?
@St John's Hospital

Issue 6, September 20th 2018





SIR WILLIAM OSLER

HISTORY OF Medicine

EDITORIAL TEAM:
Avinash. H. U, Manu.M.K.Varma, Rakesh Ramesh,
Saudamini Nesargi, Sanjiv Lewin.

St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru

MESSAGE FROM THE EDITORIAL TEAM

Hallo Alle!!!

"Whatsup? @ St John's Hospital" magazine's sixth issue is out today. As per the feedback we got from many, we are reducing the frequency of the magazine to once in 10 days from the month of October 2018. We look forward to make the magazine more interesting by adding more interesting contents.

We have received a few suggestions for names of the magazine. However, we request for more suggestions on the regard. The person suggesting the selected name will be rewarded.

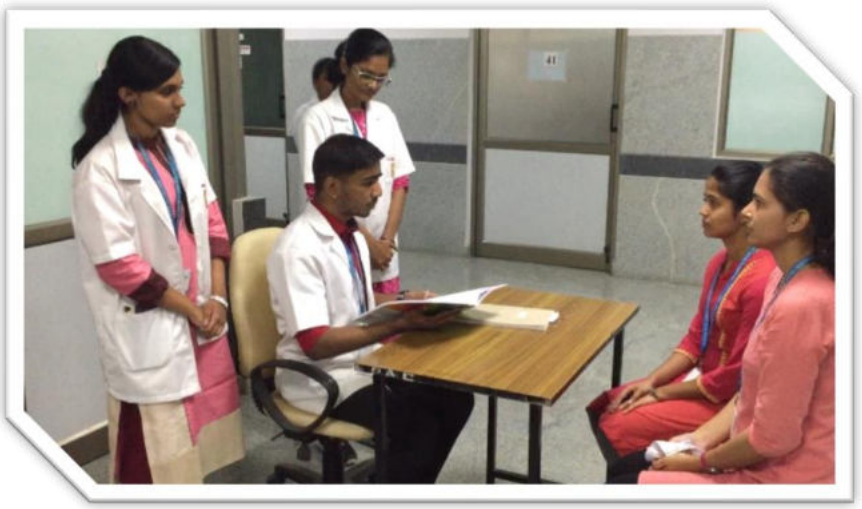
We request you to provide any constructive feedbacks and criticisms. Any accomplishments, interesting cases, happenings and announcements can be published in this magazine. Feel free to contact us anytime, for publishing your content.

Regards

Editorial Team

UPDATES THIS WEEK

BREAST CANCER AWARENESS MONTH - OCTOBER



A skit on Breast Cancer Awareness, by Second year MBBS students in the OPD of Department of Surgical Oncology for the patients. A part of clinical orientation program.

INSTITUTIONAL ETHICS COMMITTEE

In a Circular Dated 18th September 2018, IEC has made an important announcement on change of the fees to be charged to the Principal Investigator/ Sponsor with effect from 20th September 2018.

For detailed circular – Scroll Down!

UPDATES THIS WEEK

INSTITUTIONAL ETHICS COMMITTEE

No : IEC/3/844/2018 — 18th September 2018

CIRCULAR

Kindly note the revised IEC fees to be charged to the Principal Investigator / Sponsor is as follows with effect from **20th September 2018**:

(1) Processing Fee :

(a) Clinical Trials Sponsored by the Pharmaceutical companies – Rs.40,000/- + GST

(b) Studies sponsored by other agencies - Rs.10,000/- + GST

(2) Fees for reviewing request for extension of approval & Amendments:

a) Amendments of all documents (Protocol/ICF/Investigator's Brochure), of a major nature (Not that done for administrative purpose) - Rs.5,000/- + GST

b) Renewal of approval - Rs.5,000/- + GST

The cheque / DD should be drawn (Exclusive of TDS) in favor of "CBCI Society for Medical Education" payable at Bangalore.

(3) Penalty for the lapse in seeking extension of approval for the ongoing studies:

a)	Clinical Trials sponsored by companies (equivalent to a fresh approval)	-	Rs.40,000/- + GST
b)	Faculty initiated studies	-	Rs.1,000/-
c)	Faculty initiated Govt body sponsored trials	-	Rs.2,000/-
d)	Student initiated studies	-	Rs.500/-
e)	Duplicate approval letters	-	Rs.50/-
f)	Charges for issuing SOP	-	Rs.300/-

(4) Fees exemption for:

a) Government funded studies, in which the EC fee cannot be budgeted.
b) Investigator initiated, non sponsored studies
c) Student studies, (both mural and extra-mural)
d) All departmental projects

Dr. Jayanthi Savio, MD.,
Member Secretary
Institutional Ethics Committee

INSTITUTIONAL ETHICS COMMITTEE ★ ST.JOHN'S MEDICAL COLLEGE & HOSPITAL ★ BANGALORE-560 034, INDIA

Ground Floor, St. John's Medical College, Sarjapur Road
Bangalore - 560 034 India Telephone (080) 25634123 / 49466346 E-mail: sjmcierb@gmail com

IG NOBEL

The **Ig Nobel Prize** is a parody of the Nobel Prize awarded every autumn to celebrate ten unusual or trivial achievements in scientific research. Since 1991, the Ig Nobel Prizes have been awarded to "honor achievements that first make people laugh, and then make them think." The name of the award, the *Ig Nobel Prize* is a pun on the word *ignoble*, which means "characterized by baseness, lowness, or meanness", and is satirical social criticism that identifies "absurd" research (although on occasion yielding useful knowledge)

Organized by the scientific humor magazine, the Annals of Improbable Research (AIR), the Ig Nobel Prizes are presented by Nobel laureates in a ceremony at the Sanders Theater, Harvard University, and are followed by the winners' public lectures at the Massachusetts Institute of Technology.

F. Kanda, E. Yagi, M. Fukuda, K. Nakajima, T. Ohta and O. Nakata of the Shisedo Research Center in Yokohama,

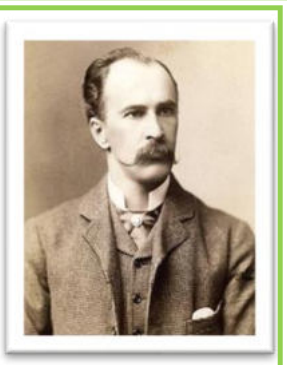
1992

Elucidation of "Elucidation of Chemical Compounds Responsible for Foot Malodour," especially for their conclusion that people who think they have foot odor do, and those who don't, don't

Short-chain fatty acids from the socks and feet of subjects either with strong foot odour or with weak or no foot odour were extracted with ethyl ether, and then analysed by gas chromatography/mass spectrometry (GC/MS). Short chain fatty acids were found in greater amounts from those subjects with strong foot odour. Iso-valeric acid was present in all the subjects with foot odour but was not detected in those without. Olfactory evaluations of the various shortchain fatty acid solutions were in agreement with the GC/MS analyses. By incubating sweat and lipid from subjects with strong foot odour, we succeeded in reproducing the foot malodour. GC/ MS analyses of reproduced foot odour revealed that short-chain fatty acids were present in a similar composition to that found *in vivo*.

REF: https://www.improbable.com/ig/winners/

THE QUOTABLE OSLER



SIR WILLIAM OSLER

The most dangerous foe is apathy:

By far the most dangerous foe we have to fight is apathy – indifference from whatever cause, not from a lack of knowledge, but from carelessness, from absorption in other pursuits, from a contempt bred of self-satisfaction.

Intellectual Laziness is a vice:

The killing vice of the young doctor is intellectual laziness.

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan

MEDICINE DIS WEEK

A Bird's Eye View.....

Dermatology Consultation and Outcome of Cellulitis

In a Randomised Controlled Trial of 175 patients, it was shown that, the length of intravenous antibiotic use was significantly shorter and the 2-week improvement rate was significantly higher in patients in the intervention group compared with patients in the control group. Length of hospital stay was not significantly different between the 2 groups. It was hence concluded that, involvement of inpatient dermatology may enhance patient outcomes by improving diagnostic accuracy and facilitating antibiotic stewardship in hospitalized patients with suspected cellulitis.

- LN Ko et al., JAMA Dermatol. 2018 May 1;154(5):529-536.

Roux-en-Y (RY) versus Billroth II (BII) for Gastric cancer

In a prospective multicentric Randomised Controlled Trial of 160 patients who underwent distal gastrectomy. Although BII is associated with a higher incidence of heartburn symptom and higher median endoscopic grade for gastritis, BII and RY are similar in terms of overall GI symptom score and nutritional status at 1 year after distal gastrectomy. As expected BII took significantly shorter operative time than RY.

- So JB et al., Ann Surg. 2018 Feb;267(2):236-242.

REFERENCE 1: MEDICINE DIS WEEK

JAMA Dermatology | Original Investigation

Effect of Dermatology Consultation on Outcomes for Patients With Presumed Cellulitis
A Randomized Clinical Trial

Lauren N. Ko, BA, MEd; Anna C. Garza-Mayers, MD, PhD; Jessica St John, MD, MPH, MBA; Lauren Strazzula, MD; Priyanka Vedak, MD; Radhika Shah, BS, PharmD; Allison S. Dobry, MD; Sowmya R. Rao, PhD; Leslie W. Milne, MD; Blair Alden Parry, BA, CCRC; Daniela Kroshinsky, MD, MPH

IMPORTANCE Each year, cellulitis leads to 650 000 hospital admissions and is estimated to cost $3.7 billion in the United States. Previous literature has demonstrated a high misdiagnosis rate for cellulitis, which results in unnecessary antibiotic use and health care cost.

OBJECTIVE To determine whether dermatologic consultation decreases duration of hospital stay or intravenous antibiotic treatment duration in patients with cellulitis.

DESIGN, SETTING, AND PARTICIPANTS This randomized clinical trial was conducted in a large urban tertiary care hospital between October 2012 and January 2017, with 1-month follow-up duration. Patients were randomized to the control group, which received the standard of care (ie, treatment by primary medicine team), or the intervention group, which received dermatology consultation. Medical chart review of demographic information and hospital courses was performed. Adult patients hospitalized with presumed diagnosis of cellulitis were eligible. A total of 1300 patients were screened, 1125 were excluded, and 175 were included. Statistical analysis was employed to identify significant outcome differences between the 2 groups.

INTERVENTIONS Dermatology consultation within 24 hours of hospitalization.

MAIN OUTCOMES AND MEASURES Length of hospital stay and duration of intravenous antibiotic treatment.

RESULTS Of 175 participants, 70 (40%) were women and 105 (60%) were men. The mean age was 58.8 years. Length of hospital stay was not statistically different between the 2 groups. The duration of intravenous antibiotic treatment (<4 days: 86.4% vs 72.5%; absolute difference, 13.9%; 95% CI, 1.9%-25.9%; $P = .04$) and duration of total antibiotic treatment was significantly lower in patients who had early dermatology consultation (<10 days: 50.6% vs 32.5%; absolute difference, 18.1%; 95% CI, 3.7%-32.5%; $P = .01$). Clinical improvement at 2 weeks was significantly higher for those in the intervention group (79 [89.3%] vs 59 [68.3%]; absolute difference, 21.0%; 95% CI, 9.3%-32.7%; $P < .001$). There was no significant difference in 1-month readmission rate between the groups (4 [4.5%] vs 6 [6.9%]; absolute difference, −2.4%; 95% CI, −9.3% to 4.5%; $P = .54$). In the intervention group, the rate of cellulitis misdiagnosis was 30.7% (27 of 88 participants). Among the entire cohort, 101 (57.7%) patients were treated with courses of antibiotics longer than what is recommended by guidelines.

CONCLUSIONS AND RELEVANCE Early dermatologic consultation can improve outcomes in patients with suspected cellulitis by identifying alternate diagnoses, treating modifiable risk factors, and decreasing length of antibiotic treatment.

TRIAL REGISTRATION clinicaltrials.gov Identifier: NCT01706913.

JAMA Dermatol. doi:10.1001/jamadermatol.2017.6196
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Editorial
Related article
Supplemental content

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Corresponding Author: Daniela Kroshinsky, MD, Department of Dermatology, Massachusetts General Hospital, Harvard Medical School, 50 Staniford St, 200, Boston, MA 02114 (dkroshinsky@mgh.harvard.edu).

REFERENCE 2: MEDICINE DIS WEEK

RANDOMIZED CONTROLLED TRIAL

Roux-en-Y or Billroth II Reconstruction After Radical Distal Gastrectomy for Gastric Cancer

A Multicenter Randomized Controlled Trial

Jimmy Bok-Yan So, MBChB, MPH, FRCS, Jaideepraj Rao, MBBS, FRCS,†*
*Andrew Siang-Yih Wong, MBBS, FRCS,‡ Yiong-Huak Chan, PhD,§ Ning Qi Pang, MBBS, MRCS,**
Amy Yuh Ling Tay, BSc, Man Yee Yung, BSc,¶ Zheng Su, BSc,† Janelle Niam Sin Phua, MSc,**
Asim Shabbir, MBBS, FRCS, and Enders Kwok Wai Ng, MBChB, FRCS, MD¶*

Objective: The aim of the study was to compare the clinical symptoms between Billroth II (B-II) and Roux-en-Y (R-Y) reconstruction after distal subtotal gastrectomy (DG) for gastric cancer.

Background: Surgery is the mainstay of curative treatment for gastric cancer. The technique for reconstruction after DG remains controversial. Both B-II and R-Y are popular methods.

Methods: This is a prospective multicenter randomized controlled trial. From October 2008 to October 2014, 162 patients who underwent DG were randomly allocated to B-II (n = 81) and R-Y (n = 81) groups. The primary endpoint is Gastrointestinal (GI) Symptoms Score 1 year after surgery. We also compared the nutritional status, extent of gastritis on endoscopy, and quality of life after surgery between the 2 procedures at 1 year.

Results: Operative time was significantly shorter for B-II than for R-Y [mean difference 21.5 minutes, 95% confidence interval (95% CI) 3.8–39.3, $P = 0.019$]. The B-II and R-Y groups had a peri-operative morbidity of 28.4% and 33.8%, respectively ($P = 0.500$) and a 30-day mortality of 2.5% and 1.2%, respectively ($P = 0.500$). GI symptoms score did not differ between R-Y versus B-II reconstruction (mean difference -0.45, 95% CI -1.21 to 0.31, $P = 0.232$). R-Y resulted in a lower median endoscopic grade for gastritis versus B-II (mean difference -1.32, 95% CI -1.67 to -0.98, $P < 0.001$). We noted no difference in nutritional status (R-Y versus B-II mean difference -0.31, 95% CI -3.27 to 2.65, $P = 0.837$) and quality of life at 1 year between the 2 groups too.

Conclusion: Although BII is associated with a higher incidence of heartburn symptom and higher median endoscopic grade for gastritis, BII and RY are similar in terms of overall GI symptom score and nutritional status at 1 year after distal gastrectomy.

Keywords: Billroth II, radical distal gastrectomy reconstruction, Roux-en-Y

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The authors of this research have no conflicts of interest to declare.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site (www.annalsofsurgery.com).

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(*Ann Surg* 2017;xx:xxx–xxx)

Gastric cancer is the fourth most common malignancy and the third leading cause of cancer death worldwide.[1] Surgery is the mainstay of curative treatment. For most tumors affecting the distal part of the stomach, radical distal gastrectomy (DG) is the recommended operation.[2] However, the choice of reconstruction after DG remains controversial. Billroth I (B-I), Billroth II (B-II), and Roux-en-Y (R-Y) are all acceptable options.[3] B-I gastroduodenostomy is a common reconstruction technique especially in Japan and Korea where the tumors are mostly diagnosed at an early stage. For most parts of the world, because the tumors are more locally advanced, B-II and R-Y gastrojejunostomy are more commonly performed. B-II is a simpler procedure to perform, but it is associated with bile reflux.[4–6] R-Y is a more complex procedure with 2 anastomoses and it has its own specific complication such as Roux stasis syndrome.[7–10] The R-Y technique was adapted to prevent bile reflux and comparative studies have shown that R-Y indeed causes less bile reflux than B-II or B-I reconstruction. However, the clinical significance of bile reflux remains elusive, as most patients may not experience any symptoms at all. Hence, both procedures are popular and the choice is often based on the surgeon's preference.

We conducted this multicenter randomized controlled trial (RCT) to compare B-II and R-Y reconstruction after DG for gastric cancer. Our primary endpoint is the severity of Gastrointestinal (GI) symptoms at 1 year after surgery. We also compared the 2 groups in terms of grades of gastritis on endoscopy, nutritional status, and quality of life (QOL) of the patients.

METHODS

Study Design

This is a multicenter prospective RCT conducted at specialized Upper Gastrointestinal (UGI) Surgery units at 4 tertiary hospitals in Singapore and Hong Kong. This study was approved by the Institutional Review Board of the respective institutions. Informed consent was obtained for all participants. This trial was registered at ClinicalTrials.gov (ID NCT01257711).

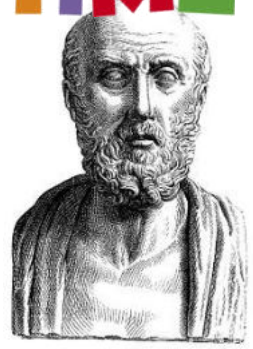
Patients

We included patients between ages of 21 and 80 years with histological diagnosis of gastric adenocarcinoma who underwent radical DG with curative intent. These patients were staged according to the American Joint Committee on Cancer (AJCC) 7th edition TNM staging for gastric cancer.[11] Pre-operative staging was done radiologically with a chest X-ray and a computerized tomography of the abdomen and pelvis. Routine pre-operative blood tests included

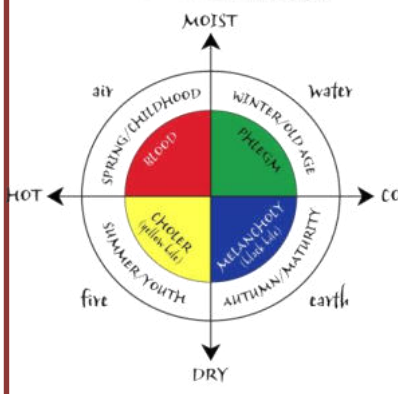
THE STORY OF MEDICINE

HUMORAL DOCTRINE OF 'DIS-EASE'

The humoral doctrine of disease was based on the idea that the body was made up of four 'humours' or fluids: black bile, yellow bile, phlegm and blood. If the humours became unbalanced, disease or 'dis-ease' (humoral disequilibrium), resulted. A perfect balance was always under threat from variations in climate, seasons, diet and lifestyle. Too much or too little of one or more of the humours was not good news.



The Hippocrates also emphasized that diseases were not influences by supernatural forces but by natural causes. This can be read at the beginning of a treatise on epilepsy called On *The Sacred Disease* (5th Century BC): "*It is thus with regard to the disease called Sacred: it appears to me to be nowise more divine nor more sacred than other diseases, but has a natural cause from which it originates like other affections.*"



It was interesting to know that, there was a parallel theory to humoral doctrine in India, documented in Charaka Samhita – as Doshas (Vata, pitta, kapha) and Dhatus (blood, flesh and marrow)

PEARLS OF WISDOM

Just be who you want to be, not what others want to see.

- Unknown

Not all those who WANDER are LOST.

- J.R.R. Tolkien

Make kindness your daily modus operandi and change your world.

- Annie Lennox

REF: 365 Days of Wonder: R.J.Palacio.

Picture of the Week

Hospital Chapel, 2nd Floor – Everything Begins and Ends Here!

Picture Courtesy; Dr. Rakesh Ramesh

DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: ***avinash.hu@stjohns.in***