

DIALOGUE



**INDIAN MEDICAL ASSOCIATION
DOMBIVLI BRANCH
VOLUME 36, ISSUE 1
JULY 2022**



Image Courtesy : Google Images

Dr. Makarand Ganpule
President

Dr. Bhushan Kene
(Editor)

Dr. Archana Pate
Hon. Secretary

Dr. Nayana Chaudhari
(Co-Editor)



Kumars'
JK Women Hospital
MULTISPECIALITY ★ ENDOSCOPY ★ FERTILITY
Woman's Health - Family's Wealth



ONLY ACCREDITED
WOMEN HOSPITAL IN
THE REGION



DR S KRISHNAKUMAR



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Address: JK Women Hospital, Shaheed Bhagat Singh Road,
Near KDMC Office, Dombivli (E) - 421201
Tel: 0251-2444421/31, +91 7045947047, +91 9833922942
email: jkwomenhospital@gmail.com
website: www.jkwomenhospital.com

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IMA DOMBIVLI

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Thoughts and Opinions published in this bulletin belong to the authors. The Editorial Board may not share the same views.

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EDITORIAL



Respected IMA Dombivli Members,

Warm greetings to everyone,

Under the guidance of our President Dr. Makarand Ganpule, Hon. Secretary Dr. Archana Pate and Respected Managing Committee Members, Dialogue team has decided to release Dialogue Magazine in Hard copy as well as E-Dialogue Format.

Dialogue team is pleased to present to you, the release of our first issue of the dialogue magazine for the year 2022-2023.

I would like to thank our IMA Dombivli Patron member Dr. Mangesh Pate for highlighting issues related to private insurance company as well as government insurance scheme.

Dialogue team had requested articles from our very own IMA Dombivli senior most faculty members from various disciplines of medicine and surgery including but not limited to Plastic Surgery, Orthopedics as well as from Obstetrics and Gynecology.

My special thanks to Dr. Niti Upasani, Dr. Hemant Patil, Dr. Preetish Bhavsar, Dr. Sohan Barhate and Dr. Sanmit Chidgupkar for providing articles for this current issue.

I would like to thank Dr. G. V. Kulkarni, senior pediatrician for sharing some rare cases encountered by him during his clinical practice.

I would like to urge our senior faculty members to provide articles in their respective field with respect to recent advancement and Good-to-know information.

My sincere gratitude to all our sponsors who have supported us through this year of 2022-2023.

My special thanks to my dialogue team Dr. Nayana Chaudhari (Co-editor), Dr. Anjali Vaidya and Dr. Hrishikesh Karnawar who have provided their valuable time and efforts in compiling this issue.

We would like to hear feedback from each one of you regarding this current issue via the email ID provided below.

Email id: editordialogue.imadbl@gmail.com

Long live IMA !

Dr. Bhushan Tukaram Kene

Editor,

IMA Dombivli Dialogue Committee

PRESIDENT'S ADDRESS



Friends, Colleagues and Seniors of Indian Medical Association, Dombivli.

First of all let me thank each one of you for showing faith in me as President of IMA DOMBIVLI second time. I am trying my best to deliver you the best, obviously with the help and strong support of Team IMA DOMBIVLI.

Last two years were really very difficult for all of us. But now hopefully we will really have some good times. In last three months we did some very meaningful projects which are really helpful to the community. We also started our CMEs in physical form. I thank all committee members. They are doing some excellent projects.

Some good projects are in pipeline, in which I appeal each one of you to help our tree plantation drive – Project SAVALI.

We are doing good but I sincerely request each one to come forward, come together, join hands with our colleagues and members to make our branch bigger. Let's all contribute our bit to make our branch into a group of close friends, all equitable and inclusive. Let's bring that feel good factor into our branch because feeling good is prerequisite of doing good.

Jai Hind!

Jai IMA!

Dr. Makarand Ganpule
President, IMA Dombivli

FROM HON. SECRETARY'S DESK



Greetings from IMA Dombivli.

It's always a proud privilege to represent branch, more so as the Hon. Secretary!

With the Pandemic, branch activities were restricted and there was lot of reluctance in the members to take up responsibility of the organisation! This was a big problem and there was no solution in sight! Taking IMA Dombivli Hon. Secretary's post was a big commitment of personal time and energy, but since the ultimate aim was to bring back glory of the branch and to streamline its working, I agreed!

The branch has started doing extremely good Public awareness and Community Service activities! All the committees under able leadership of respective Committee heads have started doing great work! Major projects in pipeline are Doctors' Day Celebration, Tree Plantation Drive, Annual Picnic, Deepawali Deep Sandhya, IMAFEST, LifeSavers' Run and of course Navrang!

The major goal for this year is to connect with the members once again, increase membership and build leadership in the branch! It is our earnest request for more and more members to attend all the programs and also come forward to work for the betterment of the branch to maintain the reputation that it has earned Pan India and of course to take it to even greater heights! We look forward to building a great camaraderie amongst the branch members and seek everyone's active participation in activities of the branch, so as to be able to make it into a big, united extended family!

Our Sincere 'Thank You' to all the members who have paid the AMC (Annual Maintenance Charges) for the year 2022 -23 along with previous arrears! This goes a long way in running the IMA Dombivli office smoothly and efficiently and also helps in conducting Community service programs! We sincerely request all the remaining members to clear their dues at the earliest! If there are any queries, we are always available to answer them.

Long Live IMA!

Dr Archana Pate

ACTIVITIES DONE BY IMA DOMBIVLI FROM 1ST APRIL 2022 – 30TH JUNE 2022

Participation in Dombivli Shobha Yatra

IMA Dombivli's work during Covid times was acknowledged and felicitated during the prestigious Shobha Yatra on the occasion of Gudhi Padwa. Members from IMA Dombivli cheerfully participated in the same, to bring in new year.



Installation of Team 2022 - 23

New Team IMA Dombivli took over working from 1st April 22 but was officially installed on 9th April 2022 at Dombivli Gymkhana. Chief Guest was KDMC Commissioner Dr Vijay Suryavanshi, Guests of Honor were IMA Maharashtra State Hon secretary Dr Mangesh Pate and ACP Dombivli Division Shri J.D. More.



INDIAN MEDICAL ASSOCIATION,
DOMBIVLI

e- waste collection drive

11 /4/2022 to 17/4/2022

*Recycle e-waste
Save Planet Earth*



COLLECTION POINT :
SHOP NO. 7,YASHORAMA, RANGOLI HOTEL
BUILDING, CHAR RASTA, DOMBIVLI EAST
TIME 11 AM TO 2 PM
FROM 11/4/2022 TO 17/4/2022
PH. NO. 9820131395

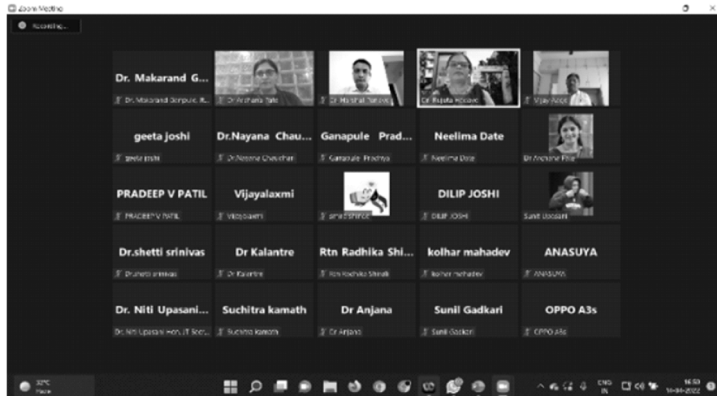
E waste Collection Drive - 11/4/22 to 17/4/22

In accordance with the WHO theme, 'Our Planet our Health', to reduce Pollution from E waste, E waste collection Drive was organised by IMA Dombivli for its members.

WHO Day Celebration – 14th April 2022

On the occasion of WHO Day, IMA Dombivli conducted an online informative webinar for Community on 14th April 2021. Experts from the field of Community Medicine guided the participants regarding various issues related to Environmental Health.

Session on पर्यावरणीय प्रदूषणाचे आरोग्यावर होणारे दुष्परिणाम was taken by Dr Viju Mhase (Professor and HOD, Community Medicine, KEM Hospital). Dr Harshal Pandve (Prof & HOD, Community Medicine, PGI - YCMH, Pimpri) spoke on पर्यावरणीय प्रदूषण कमी करावयाचे प्रभावी उपाय . The session was very well appreciated by all attendees.





INDIAN MEDICAL ASSOCIATION DOMBIVLI



Zoom Meeting ID
879 9414 0722

Passcode
saveplanet

Community Awareness Session on Zoom.
On Thursday, 14th April at 4 pm - Open to all

- पर्यावरणीय प्रदूषणाचे आरोग्यावर होणारे दुष्परिणाम
Dr Viju Mhase (Professor, Community Medicine, KEM)
- पर्यावरणीय प्रदूषण कमी करण्याचे प्रभावी उपाय
Dr Harshal Pandve (HOD, Community Medicine, PGI - YCMH, Pimpri)

Dr Makarand Ganpule President IMA Dombivli	Dr Archana Pate Hon Secretary IMA Dombivli	Dr Meena Pruthi Hon Treasurer IMA Dombivli
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INDIAN MEDICAL ASSOCIATION DOMBIVLI

(Under Aegis of Dombivli Medical Foundation)
Women Doctors Wing
presents



IMAPULSE LIVE
22nd April 2022 Time 4pm to 5:30pm

Zoom ID 845 1366 7794
Passcode- imapulse

ONLINE
Free and Open to all

SAFE MOTHERHOOD – LET'S ENSURE IT!
AWARENESS SERIES

SESSION 1 PREPLANNED PREGNANCY

 Guest Speaker Dr Krishna Kumar Senior Gynaecologist JK Womens Hospital Dombivli	 Guest Speaker Dr Niti Upasani Senior Gynaecologist Indira Nursing Home Dombivli	 Moderator Dr Nayana Chaudhari Senior Anaesthesiologist Dombivli
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Dr Makarand Ganpule, President Dr Archana Pate, Hon Secretary
Dr Niti Upasani-Chairperson Dr Sanjayot Abhade-Co Chairperson Dr Nayana Chaudhari-Convenor

Online Zoom Link- <https://us02web.zoom.us/j/84513667794?pwd=aFY0clUvdXR3TTM4UUY2a050RTV5Zz09>

IMAPULSE Live@ WDW – Safe Motherhood, Let's Ensure it – 22nd April 22

Indian Medical Association Dombivli Women Doctors Wing under aegis of Dombivli Medical Foundation Trust started fortnightly Community awareness lecture series on Safe Motherhood - 'SAFE MOTHERHOOD, LET'S ENSURE IT'.

1st Session on the topic of 'Pre-planned Pregnancy', was taken online on Friday, 22nd April 2022, on Zoom Platform.

The panelists were :

Dr. S.Krishnakumar and Dr. Niti Upasani and the session was Moderated by Dr. Nayana Chaudhari. The Panel Discussion was followed by Q and A session.

Health check-up camp for Slum Dwellers @ Netivli Kalyan - 1st May 22

IMA Dombivli MPH Committee conducted Health Check-up Camp for Slum dwellers of Netivli Kalyan on 1st May 2022.

Consultants from IMA Dombivli Dr. Swati Gurav, Dr. Vaishali Pagare, Dr. Netra Pachpande, Dr. Sunil Wanve, Dr. Vijayalaxmi Shinde, Dr. Makarand Ganpule and Dr. Archana Pate examined nearly 132 Slum dwellers. Medicines were distributed for free as per requirement.



Scientific CME – 4th May 2022

IMA Dombivli Scientific Committee conducted its first CME for the year 22-23 on 4th May 2022 at Pathare Hall Dombivli Gymkhana. The topic of 'Newer Intervention Therapies in Cardiology' was covered by Dr. SanjeevKumar Kalkekar. Dr. Amit Langote took session on 'Kidney Transplant - Expanding Horizons'. Dr. Shishir Shetty discussed and showed videos of 'Robotic VATS Onco Surgery'. The CME was attended by 75 members and was accredited with 1 credit point by MMC.



Mother's Day 2022 Celebration

On the occasion of Mother's Day, IMA Dombivli WDW undertook 'Project Kaleidoscope' - A musical tribute to all the wonderful, beautiful mothers. The Members were asked to submit a photo collage and write up for their mother, mother on law or a mother figure in their life and a beautiful video compilation of all the collages was made!

INDIAN MEDICAL ASSOCIATION DOMBIVLI
Women Doctors Wing Celebrates Mothers Day

1. Make Collage
2. Send
3. We'll Showcase

- Participate in Kaleidoscope
- Send your entries imadbl2010@gmail.com
- Contact Dr Raunaklaxmi Shirsath 9167855250
- Last date 3rd May 2022

My Mother My Colorful Kaleidoscope

Dr Makarand Ganapule President IMA Dombivli	Dr Archana Pate Hon. Secretary IMA Dombivli	Dr Meena Pruthi Hon Treasurer IMA Dombivli	Dr Niti Upasani WDW Chairperson	Dr Sanjayot Abhade WDW CoChairperson	Dr Nayana Chaudhari WDW Convener	Dr Raunaklaxmi Shirsath WDW Project Coordinator
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Project Yashoda at Janani Ashish Orphanage – 10th May 2022

Indian Medical Association Dombivli Women Doctors Wing under aegis of Dombivli Medical Foundation Trust conducted "Project Yashoda" on 10th May 2022, on the occasion of Mother's Day, wherein the purest form of love and motherhood was celebrated, by acknowledging the caretakers of 'Janani Ashish' orphanage and the children living under their care!

Sarees, uniforms and kitchen utilities were distributed to all the caretakers as a token of love to appreciate their selfless and exemplary work for orphans. Cakes, fruits, Diapers and other toiletries needed for babies also were handed over to them. It was a great experience to enjoy quality time with all the children. We are extremely thankful to all donors for donating generously for children.

INDIAN MEDICAL ASSOCIATION DOMBIVLI
 (Under Aegis of Dombivli Medical Foundation)
Women Doctors' Wing Mothers' Day Celebration

PROJECT YASHODA

Felicitation of Caregivers at Orphanage

Donation of Requirements to Orphanages

Celebration with Children of Orphanage

All are Welcome to Join for this celebration on 7th May 2022.
 Venue- Janani Ashish Charitable trust Dombivli, Ankur Balvikas Kendra, Titwala

Dr Makarand Ganapule President, IMA Dombivli	Dr Archana Pate Non Secretary, IMA Dombivli	Dr Meena Pruthi Hon Treasurer, IMA Dombivli	Dr Niti Upasani Chairperson WDW, IMA Dombivli	Dr Sanjayot Abhade Co Chairperson WDW IMA Dombivli	Dr Nayana Chaudhari Convener, WDW, IMA Dombivli	Dr Poorva Chaudhari Project Yashoda Coordinator
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BLS training for Nurses at Shastrinagar Hospital - 14th May 2022

IMA Dombivli conducted Basic Life Support (BLS) Training Session for Staff Nurses of Shastrinagar Municipal Hospital on 14th May 2022 to celebrate International Nurses day! The session was attended by nearly 30 staff members of Shastrinagar Municipal Hospital and was greatly appreciated by all!

BLS Training for SN and Support Staff of HCW – 24th May 2022

IMA Dombivli HBI conducted Basic Life Support (BLS) Training Workshop for Staff Nurses and Support Staff on 24th May 2022 at Pathare Hall, Dombivli Gymkhana.

The Training was conducted by Dr. Archana Pate, Dr. Meena Pruthi and Dr. Sandhya Bhat. Nearly 60 healthcare workers from 15 healthcare establishments of Dombivli attended the session. The participants were given certificates at the end of successful Hands-on program. The session was hugely appreciated by the participants.



Safe Motherhood – Lets Ensure it @ IMA pulse Live – 27th May 2022

IMA Dombivli WDW conducted 2nd online session of Community Awareness series 'Safe Motherhood, Let's Ensure it' on 27th May 22 on zoom. The topic was 'Investigations in pregnancy - Which and When'

The Panelists were Dr. Prasad Kamath and Dr. Prashant Kelkar. The session was moderated by Dr. Poorva Chaudhari. The session was in Q and A format. Both the speakers gave in depth information about the routine and advanced investigations needed in pregnancy with excellent take home message. It was well appreciated by the audience.





INDIAN MEDICAL ASSOCIATION DOMBIVLI
Women Doctors Wing
(under Agies of Dombivli Medical Foundation)



presentes
IMAPULSE LIVE
27th May 2022 Time 4pm to 5:30pm
Free and open to all

SAFE MOTHERHOOD LETS ENSURE IT!
AWARENESS SERIES

SESSION 2 Investigations in Pregnancy- Which and When?



Guest Speaker
Dr. Prasad Kamath
Senior Gynaecologist
Anupam Hospital Dombivli



Guest Speaker
Dr. Prashant Kelkar
Senior Gynaecologist
Gokul Hospital Dombivli



Moderator
Dr. Poorva Rane Chaudhari
Pathologist, Swanaad
Pathology laboratory
Dombivli

Dr. Makarand Ganapule, President Dr. Archana Pate, Hon Secretary Dr. Meena Pruthi, Hon Treasurer
Dr. Niti Upasani-Chairperson Dr. Sanjyot Abhade-Co Chairperson Dr. Nayana Chaudhari-Convenor

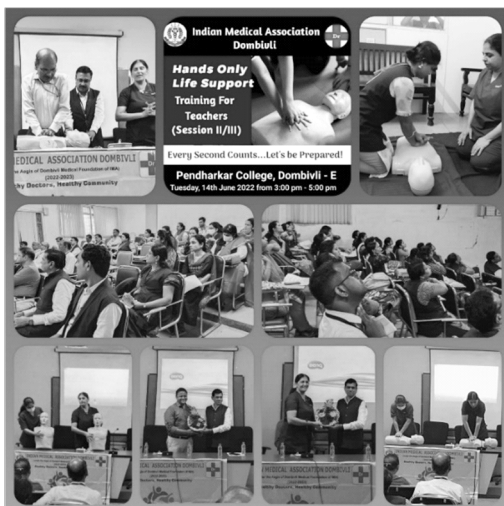


Scientific CME - 8th June 2022

IMA Dombivli Scientific Committee conducted 2nd CME on 8th May 2022 at Pathare Hall, Dombivli Gymkhana. Session on 'Vaccine Preventable Diseases & their Surveillance' was taken by WHO consultant Dr. Arun Katkar. The second topic on 'High Cell Count - What to do?' was taken by Dr. Subhprakash Sanyal. Next topic was by Dr. Gurneet Singh Sawhney. He spoke excellently about 'Movement Disorders & about Deep Brain Stimulation Surgery'. The final session was by Dr. Kirti Sabnis and she spoke on 'Out of the Box- Interesting Cases. The CME was attended by 84 Delegates and was hugely appreciated by everyone.

Hands Only Life Support Training + Organ Donation Awareness for Teachers of Pendharkar College (Session 1) – 11th June 2022

IMA Dombivli organised Hands Only Life Support Training session and Organ Donation Awareness session, on 10th June 2022 for 45 teachers of Pendharkar junior college. The training was taken by Dr. Archana Pate, Dr. Sandhya Bhat and Dr. Meena Pruthi. The entire program was facilitated by Trustee of Pendharkar college and our own IMA Dombivli member Dr. Suchitra Kamath.



Hands Only Life Support Training + Organ Donation Awareness for Teachers of Pendharkar College (Session 2) – 14th June 2022

IMA Dombivli organised 2nd session of Hands Only Life Support Training and Organ Donation Awareness program, on 14th June 2022 to 40 teachers of Pendharkar Degree college. The training was conducted by Dr. Archana Pate and Dr. Meena Pruthi.

Hands Only Life Support + Organ Donation Awareness for Teachers of Pendharkar College (Session 3) – 16th June 2022

IMA Dombivli took last session of 'Hands Only Life Support' Training and Organ Donation Awareness on 16th June 22, for 50 teachers of Pendharkar Degree College, Dombivli. The training was taken by Dr. Meena Pruthi, Dr. Archana Pate and Dr. Sandhya Bhat. The event was graced by Dr. Makarand Ganpule, President IMA Dombivli. Even though all 3 sessions were taken as part of community service by IMA Dombivli without any charges, a donation of Rs. 20000/- was given voluntarily by Pendharkar college in appreciation of the sessions taken, towards IMA Dombivli Trust.



World Elder Abuse Awareness Day – 14th June 2022

IMA Dombivli conducted a seminar for senior citizens on 18th June 2022 to commemorate World Elder Abuse Awareness Day, which falls on 15th June every year.

ACP Dombivli Division Shri. Sunil Kurade, Adv. Shri Ganesh Dhargalkar, Dr. Vijay Chinchole and Dr. Archana Pate guided the participants on various topics related to senior citizens. The session was attended by nearly 35 senior citizens and was appreciated by all.



**Indian Medical Association
Dombivli**

**जागतिक
ज्येष्ठ नागरिक
अत्याचार
जागरुकता दिन**

- ◆ ज्येष्ठांवर मानसिक अत्याचार (Dr. Vijay Chinchole)
- ◆ इच्छापत्र कसे लिहावे (Adv. Mr. Ganesh Dhargalkar)
- ◆ पोलिसांशी संवाद आणि सुरक्षा सूचना (ACP Mr. Sunil Kurade)
- ◆ अवयवदान - श्रेष्ठ दान (Dr. Archana Pate)

शनिवार, 18 जून, संध्याकाळी 5 - 6 वा. पाठारे हॉल, डोंबिवली जिमखाना, डोंबिवली - पूर्व

Dr Makarand Ganpule
President, IMA Dombivli

Dr Archana Pate
Hon Sec, IMA Dombivli

Dr Meena Pruthi
Treasurer, IMA Dbl

मोफत नोंदणी करण्यासाठी, 8657406858 वर संपर्क साधा

BLS Training for SN and Support Staff of HCW – 21st June 2022

IMA Dombivli HBI conducted Basic Life Support (BLS) Training Workshop for Staff Nurses and Support Staff on 13th May 2022 at Pathare Hall, Dombivli Gymkhana. The Training was conducted by Dr. Meena Pruthi, Dr. Suchitra Kamath and Dr. Makarand Ganpule. Nearly 40 healthcare workers from 10 healthcare establishments of Dombivli attended the session. The participants were given certificates at the end of successful Hands-on program. The session was greatly appreciated by the participants

Safe Motherhood – Lets Ensure it @ IMA pulse Live – 24th June 2022

IMA Dombivli WDW conducted 3rd session of online Community Awareness series 'Safe Motherhood, Let's Ensure it' on 24th June, Friday on zoom. The topic of the session was 'Normal Changes in pregnancy and warning signs'

The Panelists were Dr. Seema Arawkar and Dr. Manasi Karandikar. The session was moderated by Dr. Pradnya Ganpule. The session was in Q and A format. Both the speakers gave in depth information about the topic which was well appreciated by the audience.

Meetings attended:

1. Video Conference meeting for Immunization and Pulse Polio with Health Dept KDMC attended by Dr. Makarand Ganpule on 10th June 2022
2. KDMC Health Dept organised online meeting to discuss about increasing cases of Covid in city – attended by Dr. Makarand Ganpule, Dr. archana Pate, Dr. Vijayalaxmi Shinde and other office bearers
3. BMW meeting to discuss issues faced with BMW collection and registration by KDMC on 23rd June 2022 attended by Dr. Makarand Ganpule and Dr Vijayalaxmi shinde
4. 3 Meetings held with Hon secretary KDMC Mr. Sanjay Jadhav to seek permission regarding Tree Plantation Drive to be conducted by IMA Dombivli – permission received from KDMC. Tree Plantation Drive to be carried out on 17th July 2022.
5. 2 Managing Committee meetings held on 15th April and 15th June to discuss working of IMA Dombivli and plan future activities.

Upcoming Programs:

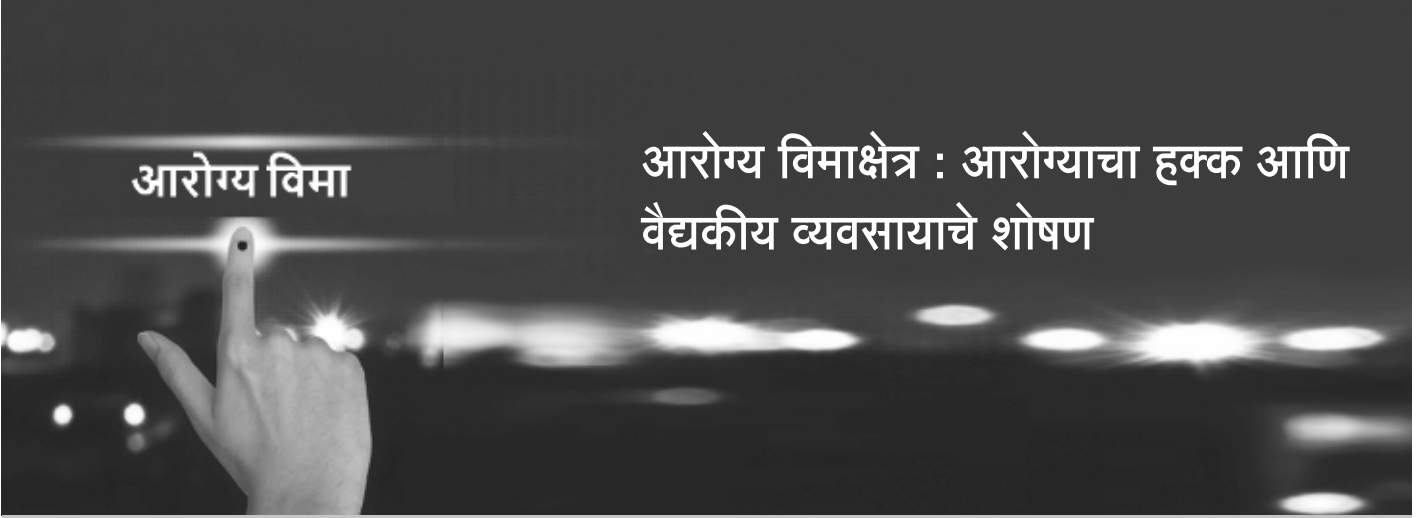
1. Blood Donation Camp on 3rd July 2022
2. Doctor's Day Celebration on 3rd July 2022
3. CME on 6th July 2022
4. Tree Plantation Drive 'Project Saavli' on 17th July 2022

आरोग्य विमाक्षेत्र : आरोग्याचा हक्क आणि वैद्यकीय व्यवसायाचे शोषण



डॉ. मंगेश पाटे

मानद सचिव, इंडियन मेडिकल असोसिएशन
महाराष्ट्र राज्य



आरोग्य विमा

आरोग्य विमाक्षेत्र : आरोग्याचा हक्क आणि वैद्यकीय व्यवसायाचे शोषण

INDIAN MEDICAL ASSOCIATION MAHARASHTRA STATE

आरोग्य विमाक्षेत्र हा आरोग्य सेवेतील अत्यंत महत्वपूर्ण आणि अत्यावश्यक असा घटक आहे. भारतात खाजगी क्षेत्रातील आणि सरकारी क्षेत्रातील अशा विमा कंपन्या अस्तित्वात आहेत. सरकारी विमा योजना या वेगवेगळ्या राज्यांमध्ये सुरू करण्यात आल्या. महाराष्ट्रात महात्मा फुले आरोग्य योजना ही सुरू करण्यात आली. मूलतः सर्वांनाच वैद्यकीय उपचारांच्या लाभ मिळावा हा आरोग्य विमाक्षेत्राचा उद्देश असतो. लोकांच्या खिशावर आरोग्य उपचारादरम्यान पडणारा खर्च आणि ताण हा कमी करणे हा अत्यंत महत्वपूर्ण उद्देश आरोग्य विम्याचा असतो. सर्वसाधारणपणे जर आरोग्य विमा असूनही जर जनतेच्या खिशावर ताण पडत असेल तर कुठेचही चुकत आहे एवढे नक्की. आणि हीच सत्य परिस्थिती सध्या सर्वदूर आहे. फुले योजनेतून किंवा एकूणच आरोग्य विमाक्षेत्रातून लोकांना न्याय्य लाभ मिळतो आहे का? याचे उत्तर नाही हेच आहे. असे असतांना आरोग्य विमाक्षेत्र आणि सरकारी विमा योजना या रूग्ण-केंद्रित आहे हे सपशेल चुक आहे. कोरोनाच्या कालावधीत या योजनांचे अपयश बाहेर पडले. याचे खापर पूर्णपणे रूग्णालयांवर फोडून या योजनांच्या मर्यादा झाकण्याचा प्रयत्न झाला.

आरोग्य विमाक्षेत्र आणि सरकारी विमा योजना या रूग्ण-केंद्रित असणे आवश्यक आहे. पण त्याबरोबरच ही सेवा देणारी रूग्णालय, त्यातील डॉक्टर्स यांना फक्त विसरून नव्हे तर नकारात्मक वागणूक देऊन काय साधले जात आहे? रूग्णसेवा, उपचार, वैद्यकीय शास्त्र यासंदर्भात

काहीही माहित नसणाऱ्यांनी आरोग्य विमाक्षेत्राचे धोरण तयार केल्यास काय होते याचा उत्तम नमुना म्हणजे आपले आरोग्य विमाक्षेत्र आहे. अत्यंत अशास्त्रीय पध्दत आणि सरकारी बडगा यांवर आधारित कामकाज आज दिसत आहे. आरोग्य सेवा देण्यासाठी खाजगी क्षेत्रातील रूग्णालयांचा वापर करायचा आणि जनतेसमोर आरोग्य हा मुलभूत हक्क देत असल्याचा लोकप्रिय दावा करायचा या गर्तेत आरोग्य विमाक्षेत्र आणि आरोग्य सेवा सपशेल अडकली आहे आपल्याकडील आरोग्य विमाक्षेत्र पूर्णपणे चुकीच्या मार्गावर आहे. आरोग्य विमा क्षेत्र हे संपूर्णपणे दुर्लक्षित पण एकूणच जनतेच्या आरोग्यासाठी अत्यावश्यक असे क्षेत्र आहे. दुर्दैवाने याचा वापर लोकाभिमुख न होता जास्तीत जास्त प्रसिध्दीमुख होताना दिसत आहे. महाराष्ट्रात महात्मा ज्योतिबा फुले आरोग्य विमा योजना अस्तित्वात आहे. या योजना जनता आणि आरोग्यसेवा प्रदान करणारी रूग्णालय, यापैकी कुणालाही योग्य न्याय वेऊ शकलेल्या नाहीत. 'आरोग्य विमा आणि आरोग्य हे अगदी शेवटच्या नागरिकापर्यंत पोहोचले पाहिजे', हे विधान अत्यंत योग्यच आहे. परंतु त्यामागे सक्षम आणि पात्र असे सरकारी आरोग्य सेवा क्षेत्र अस्तित्वात आहे का? आज किती लोक किंवा किती सरकारी अधिकारी आरोग्य सेवेसाठी सरकारी रूग्णालयांमध्ये जातात? देशाच्या स्वातंत्र्योत्तर काळापासूनच आरोग्य हा नागरी हक्क खाजगी डॉक्टर्स आणि खाजगी रूग्णालय जनतेला देत आहेत. ही वस्तुस्थिती असताना सरकारी आरोग्य विमा योजनेसाठी खाजगी क्षेत्रातील रूग्णालयांवर कुठली आणि

किती बंधन लादायची? आणि ती देखील सरसकट सर्व रूग्णालयांवर? देशात आरोग्य हे सेवाक्षेत्र म्हणून प्रदान करणाऱ्या रूग्णालयांवर लादला जाणारा अंकुश हा एक अत्याचार आहे.

आरोग्य विम्याचा लाभ जास्तीत जास्त लोकांपर्यंत पोहोचणे ही निकडीची गरज आहे. पण त्याबरोबरच महत्त्वाचे म्हणजे या संपूर्ण क्षेत्राची स्वतःची योग्य संरचना आणि सत्य. न्याय्य अंमलबजावणी हेदेखील आवश्यक आहे. नेमकी हीच बाब दुर्लक्षित होत आहे. आरोग्य विमा क्षेत्राच्या चुकीच्या हाताळणीमुळे आणि एकुणच निर्णय प्रक्रियेत व्यावसायिकतेला आणि व्यावसायिकांना कुठलेही स्थान नसल्याने आरोग्यसेवेला न्याय मिळणे केवळ अशक्य आहे. दूरदर्शीपणाचा अभाव असल्यामुळे आरोग्य विम्याच्या मुलभूत तत्वांना पूर्णपणे फाटा मिळत आहे. कोरोनाच्या साथी दरम्यान सरकारी विमा योजनेमधील त्रुटी उघड झाल्यात.

अगदी सुरुवातीपासून आजतागायत शासकीय विमा योजनेमध्ये जारी केलेल्या दरा नुसार सर्व रूग्णालयं काम करत आहेत. हे दर ठरवतांना कुठलीच शास्त्रीय पध्दत वापरलेली नाही हे उघड सत्य आहे. सरकारी यंत्रणांना शास्त्रीय पध्दत वापरण्यास आणि एकुणच आरोग्य सेवेवर खर्चाच्या तुलनेत आरोग्य विम्याचे दर ठरवण्यास वारंवार विनंती केली असता त्यावर कुठलीही पावलं न उचलता 'आम्ही म्हणतो तेच खर' या प्रकारे अशक्यप्राय दर रूग्णालयांवर लादले गेलेत. अति वाढीव आणि न परवडणारी रूग्णालयांची बिल ही मोठ्या आणि कार्पोरेट रूग्णालयात होणारी स्थिती आहे. आय एम ए ची लहान आणि मध्यम स्वरूपाची रूग्णालय ही नेहमीच योग्य पध्दतीने बिल आकारणी करत आली आहेत. अति वाढीव आणि न परवडणारी रूग्णालयांची बिलं ही गेल्या २ दशकांपासूनची समस्या आहे. याउलट आय एम ए ने या वाढीव बिलांचा, आरोग्य क्षेत्रातील कार्पोरेट संस्कृतीचा नेहमीच विरोध केला आहे. परंतु या वाढीव बिलांच्या प्रश्नारून अशास्त्रीय दरपत्रक सरसकट जारी करून लहान आणि मध्यम रूग्णालयांवर अन्याय होत आहे.

कोरोना काळात ८०% पेक्षा जास्त रूग्णांची सेवा लहान आणि मध्यम रूग्णालयांमधून केली गेली. शासकीय विम्याच्या दरपत्रकात गंभीर त्रुटी आहेत. कुठलाही शास्त्रीय किंवा रूग्णालयांवर पडणाऱ्या योग्य आणि एकुण खर्चाच्या अभ्यासात्मक परिक्षणात्मक असा आधार या दरपत्रकाला नाही. गेले कित्येक वर्षांत याचा शास्त्रीय पध्दतीने विचारच झालेला नाही. कोव्हिड अस्तित्वात नसतांना असलेल्या आरोग्य विम्याचे दर हा या कोव्हिड काळातील उपचारार्थ दरपत्रकासाठी आधार ठरवला हा विनोदच म्हणायचा. पीपीई, मास्क, ऑक्सिजन, अतिरिक्त मनुष्यबळ, यांच्या किमती कोरोना कालावधीत दुप्पट ते तिप्पट झाल्या होत्या. ऑक्सिजन, पीपीई, मास्क यावरील शासकीय दर नियंत्रण फक्त कागदोपत्रीच होते. रूग्णालयांना ऑक्सिजन व इतर गोष्टींवर भरमसाठ खर्च करावा लागला. व्हेंटिलेटर, बाय पॅप, एच एफ एन ओ, अशा

वेगवेगळ्या पध्दतीने रूग्णांना ऑक्सिजन द्यावा लागत होता. या वेगवेगळ्या पध्दतीत किती ऑक्सिजन लागतो, याचा देखील विचार हे दरपत्रक ठरवतांना केला नाही. रूग्णालय आणि डॉक्टर्स काम करत असताना हे अशास्त्रीय दरपत्रक प्रशासकीय अधिकाऱ्यांमार्फत लादले जाणे अन्यायकारक होते आणि आहे. सदर दरपत्रकानुसार आता तर राज्यातल्या वेगवेगळ्या स्थानिक स्वराज्य संस्थांमध्ये वेगवेगळे दर लावण्यात आले. कोव्हिडची उपचार पध्दती आणि त्यात येणारा खर्च हा सर्वत्र सारखाच होता. त्यामुळेच वेगवेगळे दर लावण्यामागे सुध्दा कुठलाही शास्त्रीय विचार किंवा आधार लक्षात घेतला नाही हेच परत सिध्द होतं. शास्त्रीय रित्या योग्य ताळमेळ लागेल, जनतेला देखील त्रास होणार नाही अशी सर्व समावेशक भूमिका आवश्यक आहे. परंतु या सारासार विचाराला सरकारी आरोग्य विम्याच्या यंत्रणेला सोयरसुतक नाही.

जनतेच्या खिशातून आरोग्यावर होणारा खर्च कमी करण्याचा आरोग्य विम्याचा मुळ उद्देश फक्त कागदावरच आहे. आणि या अपयशाची जबाबदारी ही फक्त आणि फक्त सरकारी यंत्रणेवरच जाते. सरकारी आरोग्य विमा योजना आणि खाजगी विमा क्षेत्र हे जनतेला मदत करण्यात अपयशी ठरले. कोव्हिड साथीच्या रोगाने हे अधिक चांगल्या प्रकारे सिद्ध केले. मुळात रूग्ण-केंद्रित नव्हे तर फक्त व्यवसायकेंद्रित असलेले आरोग्य विमाक्षेत्र हे लोकांसाठी आरोग्यसेवा खर्चाचे निराकरण करण्यासाठी उत्तर असूच शकत नाही. आणि अशा व्यवसायकेंद्रित विमा कंपन्यांकडे शासकीय योजनांच्या दरांसाठी आधारभूत म्हणून बघायचे ही आरोग्य विमाक्षेत्र आणि आरोग्य सेवेची फसवणूक आहे. बहुतेक प्रीमियम भरणाऱ्यांना त्यांच्या गरजा स्वतःच भागवाव्या लागतात. पारदर्शकतेच्या अभावामुळे सामान्य माणसाला त्याच्यासाठी आणि त्याच्या कुटुंबासाठी योग्य कव्हरेज ठरवणे कठीण होते. अशा व्यावसायिभुमुख खाजगी विमा कंपन्या या सरकारी विमा योजनेसाठी आधारभूत कशा ठरणार? खाजगी क्षेत्रातील रूग्णालयांकडून आरोग्यसेवा घेऊन जर सरकारी आरोग्य विमा राबवला जात आहे तर त्यात रूग्णालयांची गळचेपी करणे हे अयोग्य आहे. खाजगी क्षेत्र आणि आरोग्यसेवेतील व्यावसायिकांचा सर्व प्रकारे वापर करणे आणि त्यांना अशास्त्रीय, न परवडणारे दराची सक्ती करणे हे एकप्रकारचे शोषणच आहे.

रूग्णालय आणि व्यावसायिक त्यांचे सर्वोत्तम कार्य करत आहेत. पण सेवाभावी रूग्णालय आणि कार्पोरेट रूग्णालय याना एका तराजूत तोलणे हे अनुचित आहे आणि त्याचे घातक परिणाम होतील हे सरकारी विमाक्षेत्रातील यंत्रणेने वेळीच लक्षात घ्यावं. आरोग्य विमाक्षेत्र, सरकारी विमा योजना यांची मार्गदर्शक तत्वं ही तज्ञांनीच मांडली पाहिजेत. दुर्दैवाने यात तज्ञांचा सहभाग सिमितच राहिला आहे. तज्ञ नसलेल्या मंडळींनी केलेल्या आखणीमुळे गोंधळाचे वातावरण निर्माण झाले आहे.

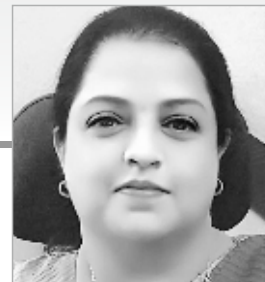
आरोग्य सेवा अथवा आरोग्य विमाक्षेत्राचे व्यवस्थापन हे फक्त आणि फक्त वैद्यकीय तज्ञांनीच करणे आवश्यक असून हे व्यवस्थापन कुठल्याच परिस्थितीत राजकीय असू शकत नाही. सद्यस्थितीत विमाक्षेत्रातील आवश्यक बदलांची मागणी आणि माहिती इंडियन मेडिकल असोसिएशनच्या तज्ज्ञांकडून वेळोवेळी करण्यात आली. सरकारकडून या तत्वांची योग्य ती दखल घेणे आवश्यक असताना या मार्गदर्शनाकडे दुर्लक्ष केले गेले. मतितार्थ, आरोग्यसेवेत व विमाक्षेत्रात रूग्ण आणि रूग्णालय हे दोन महत्त्वपूर्ण भागधारक आहेत. सौहार्दपूर्ण संबंध आणि विश्वास हा या क्षेत्राचा गाभा आहे. विमाक्षेत्राच्या व सरकारी योजनांच्या अपयशाचे खापर रूग्णालयांवर फोडून यातील विश्वासपूर्ण वातावरण खराब करण्याचे काम होऊ नये. लोकाभिमुख असणे आवश्यक आहे. पण फक्त सवंग प्रसिध्दीमुख असणे हा अतिभयंकर अडचणीचा मुद्दा आहे. आरोग्य हा लोकांचा मुलभूत हक्क आहे, पण त्याला गेल्या ७५ वर्षांत फक्त डॉक्टर्सच जागले आहेत. आपली आरोग्यव्यवस्था पुर्णपणे खाजगी क्षेत्रातील रूग्णालयांवर आणि डॉक्टरांवर अवलंबून आहे, हे सत्य सर्वांनी लक्षात घेणे आवश्यक आहे. लॉकडाउनचा परिणाम हा थेट अर्थकारणावर झाला. महामारीच्या काळात लोकांनी प्रचंड त्रास सहन केला आहे ही सत्य परिस्थिती आहे. परंतु याचे खापर "सरसकट" सर्व खाजगी रूग्णालयांवर फोडणे ही अत्यंत चुकीची आणि 'बळीचा बकरा' बनवण्याची पद्धत आहे. सरकारी आरोग्य क्षेत्रात देखील आय् एम ए चेच वैज्ञकिय तज्ञ सेवा देत आहेत. सरकारी आणि खाजगी आरोग्य विमा क्षेत्राकडून कुठलेही लोकाभिमुख निर्णय झालेले नाहीत. किंबहुना खाजगी क्षेत्रातील रूग्णालयांची आणि डॉक्टरांची मुस्कटदाबी करत विमा कंपन्यांनी

आपले नफेखोरीचे धोरणच राबवले आहे. आणि या कंपन्यांची पाठराखण होतांना दिसत आहे. कोरोना काळात रूग्णालयांवर खर्चाचा प्रचंड ताण पडला. त्याकडे विमा कंपन्यांनी सपशेल कानाडोळा केला. लोकांना रूग्णालयातील होणारा खर्च जास्तीत जास्त प्रमाणात स्वतःच्या खिशातून का करावा लागत आहे? ते देखील त्यांची विमा पॉलिसी आणि सरकारी विमा योजना असतांना..? हा प्रश्न जनतेने स्वतःला विचारावा. या अशा फक्त व्यवसायिमुख आणि नफ्याच्या कार्पोरेट तत्वावर चालणाऱ्या विमा कंपन्यांनी ठरवलेली धोरणं हीच मुळतः नफेखोरीची आहेत. लोकांनी कॅशलेस सेवा निवडल्यास याच विमा कंपन्या रूग्णालयांचे आणि रूग्णांचे, असे दोघांचेही नुकसान करतात. पेशंट्सना विमा असूनही काही रक्कम ही विमा कंपन्यांनी न दिल्यामुळे, स्वतःच्या खिशातून भरावी लागते. रूग्णालयाच्या शास्त्रीय पद्धतीने असलेल्या बिलांना देखील या विमा कंपन्या कात्री लावतात. विमा कंपन्यांचे कार्पोरेट आणि फक्त व्यावसायिभुमुख धोरण आणि सरकारी आरोग्य विमाक्षेत्राचा कारभार जनतेच्या समोर उघड होणंआवश्यक आहे. अशाप्रकारे अशास्त्रीय प्रशासकीय दडपणं चालू राहणार असतील तर त्याचा बिकट परिणाम रूग्णालयांवर लगेचच होईल. कोरोनाच्या पहिल्या आणि दुसऱ्या लाटेत सेवादायी रूग्णालयांवर खूपच ताण पडला आहे. सेवादायी लहान रूग्णालयांची तुलना कार्पोरेट रूग्णालयांशी करणे, त्यांना एकाच तराजूत तोलणे हा सेवादायी रूग्णालयांवर होणारा घोर अन्याय आहे. हा अन्याय आता यापुढे सहन करणे अशक्य आहे. इंडियन मेडिकल असोसिएशन चे सर्व डॉक्टर्स आणि त्यांची लहान, मध्यम स्वरूपातील रूग्णालय लोकांसाठी तयार आहेत. त्यांना कार्पोरेट चष्यातून पहायचे की सेवादायी नजरेने, हे लोकांनीच ठरवावे.

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Plasma Diagnostic Laboratories and Blood Centre

FEMALE COSMETIC GYNAECOLOGY PROCEDURES



Dr. Niti Upasani

Obstetrician and Gynaecologist

Cosmetic Gynecology

Includes procedures to enhance the aesthetic appearance of the vulva and vagina.

It also includes vaginal repairs to enhance or restore sexual function.

Cosmetic gynecological procedures are usually not medical requirement as treatment but mainly a cosmetic surgery.

Upon consideration of anatomic variations, Hodgkinson and Hait defined the ideal aesthetic picture of female external genitalia as the one in which the labia minora are small and not larger than the labia majora.

The Motakef classification is based on the protrusion of the labia minora that exceeds the size of the labia majora.

The Banwell classification categorizes labia according to their shape and morphologic variations.

None of the classification systems have been accepted by gynecologic or plastic surgical societies and are rarely used.

Reasons for increasing demand for these procedures is due to self image improvement need in females.

There are few cases of disfigurement of female genital organs due to accidents or burns where indication differs.

But most common demand nowadays is to reverse or control natural body changes occurring due to childbirth, sexual intercourse or social reasons.

These cosmetic procedures are either surgical or Non surgical.

A. Female Cosmetic Gynaecology Surgery (FCGS)

The five main procedures of Cosmetic Gynaecology are:

- **Hymenoplasty** : Creating an intact hymen broken by active sports and lifestyle like cycling, horse riding. Hymen is ruptured due to previous intercourse and in most countries intact hymen denotes virginity and has social impact.
- **Vaginoplasty**: Tightening of vagina also popularly known as vaginal rejuvenation, for enhanced sexual satisfaction.

- **Labiaplasty** : Improve the appearance of inner labia, and reduce the vaginal lip size.
- **Clitoral unhooding** : Remove the tissue that normally covers the clitoris to increase sensitivity of clitoris known as skinning deepithalization.
- **Monsplasty**: Tighten and shape-up the pubis.
- **G Spot Amplification**.

These are minor-surgical procedures requiring local anaesthesia or short General Anaesthesia.

The scar is minimal.

B. Nonsurgical Gynaecology Cosmetic Procedures .

Laser are commonly been used for various Gynaecology procedures nowadays .

1. Vaginal rejuvenation or vaginal tightening.
2. Vulval or pubic condylomas or warts removal.
3. Labial Trimming.
4. Vulvar Melanosis.
5. Liposuction of the Pubis Mound .
6. Vulvar Hair Removal or Bikini laser.

These surgical and non surgical procedures involve certain risks like :

1. Scarring.
2. Altered sensation due to nerve damage.
3. Wound complications due to infection.
4. Dyspareunia.
5. Disappointment due to unrealistic expectations.

Counseling for the procedures should be done properly.

Need of repeated Laser sitting requirements should be well informed.

It is a fast developing field in India with increasing patient awareness. But approach to treatment should be individual patient based and realistic improvement details should be well explained to the patients. Patients should be informed about lack of high quality data to support effectiveness of these cosmetic procedures.

Results always are better when these procedures are combined with pelvic floor muscles exercises.

GYNECOMASTIA

Dr. Preetish S. Bhavsar

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Gynaecomastia, caused by hormonal imbalance, is often attached with a social stigma that delays the person's diagnosis and treatment. What are the causes, symptoms and the treatment options for this condition?

Gynaecomastia is the condition where men's breasts grow more than the normal size due to hormonal imbalance. This condition surfaces due to multiple reasons. However, due to the societal stigma attached to such conditions, men and boys get delayed in seeking professional help.

"In our society, it is often an un-addressed issue due to a lack of education and awareness. Multiple social stigmas surrounding the presence of feminine characteristics in a male body often drive people to hide it from their peers and family and delay seeking help. There is a significant impact on the social functioning and self-esteem of a person and it is not uncommon for a person with gynecomastia to avoid social encounters and avoid wearing certain types of clothes to avoid awkward glances, questions, and in the worst-case scenario, ridicule and isolation.

Causes:

A rather natural phenomenon, Gynaecomastia occurs in male bodies in three stages – infancy, puberty and advanced age. It is usually caused by hormonal imbalance causing enlargement of breast tissues. The imbalance between masculine and feminine hormones can be caused by multiple factors. Congenital conditions like thyroid disorders, testicular insufficiency; chronic liver or kidney disease; or certain cancers like liver, lung, prostate, or testicular cancers can cause such hormonal imbalance. Obesity also serves as an important causative factor. Pharmacological or chemical causes can be that of illicit drug abuse like marijuana, alcohol, anabolic steroids, or a certain class of medications that are consumed for a long time without the supervision of the treating physician. Certain chemotherapeutic agents used

for cancer treatment can also at times lead to hormonal imbalance, further leading to Gynecomastia.

Symptoms:

Symptoms of Gynaecomastia includes enlargement of the breast tissue.

Apart from the prominent size, people often experience pain, tenderness, or increased sensitivity. Gynecomastia is graded by the degree of severity into 3 grades which account for the volume of gland assessed clinically and associated skin excess or sagging.

Treatment:

Physiological Gynaecomastia is self-resolving in nature during infancy and puberty.

Persistent pubertal gynecomastia – the most common form of the condition – is often encountered by Plastic surgeons.

In such cases, the treatment is by liposuction with the surgical removal of the gland.

A Plastic Surgeon can remove most of the unwanted fat and glands by liposuction & gland excision. This surgery is performed by making small incisions in the folds under the breast. Liposuction is done with help of special liposuction machine & after liposuction gland excision is done.

Procedure can be done under local anesthesia or general anaesthesia. The surgery is usually completed in 1 to 2 hours. After a few hours of observation, the person may return home on the same day or the next day.

Post operatively

Strenuous exercises are to be avoided for two weeks.

He is made to wear compressive garments for three weeks or more.

The patient can continue normal activities after three to four days.

Results

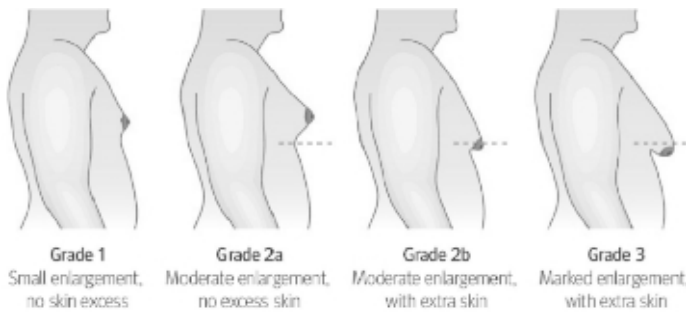
Swelling takes about a few weeks to subside.

However, the redraping of skin depends upon the elasticity of the skin to retract back, which may take a few weeks, hence the final result is visible in few months time.

Soon the patient can wear the clothes he want, go to swimming, gymnasium, temple (some temple have topless entry), regain confidence as a whole. This way a simple surgery can do complete transformation in a patient suffering from Gynecomastia.

Surgery to correct gynecomastia brings significant improvement in self-esteem and almost every aspect of quality of life, reports a study in the June issue of Plastic and Reconstructive Surgery, the official medical journal of the American Society of Plastic Surgeons.

The liposuction and gland excision is to be done by a qualified Plastic & Cosmetic Surgeon with MCh/DNB Plastic Surgery degree. It needs a personalized care by a qualified person in a standard set up. Please don't fall prey to online agencies for the treatment.



CARPAL TUNNEL SYNDROME

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If you ever experienced numbness in your hands and fingers as you fell asleep it might be an early sign of carpal tunnel syndrome (CTS) and if utensils keep falling off your hand in the kitchen, you might have ignored it a bit too long. Carpal Tunnel Syndrome is a condition in which the median nerve, which runs from the forearm into the palm of the hand, becomes compressed at the wrist. The compression may cause pain, numbness, and weakness in the fingers, hands, and wrists, and sometimes the arms. It is fairly common involving approximately 3% of the general population.

Symptoms

1. Numbness, tingling, burning, and pain
2. Especially in the thumb and the index, middle, and ring fingers
3. Shock like sensations that radiate to the thumb and index, middle, and ring fingers
4. Pain and tingling that extends to the whole hand or up to the wrist and forearm toward the shoulder, dropping things

Hand weakness and clumsiness

This may cause difficulty with fine movements such as buttoning clothes

This may be due to weakness, numbness, or a loss of awareness about where the hand is in space (proprioception)

Night-time symptoms are very common because many people sleep with their wrists bent and the symptoms may awaken you from your sleep. During the day, symptoms often occur when holding something for a prolonged period of time with the wrist bent forward or backward, such as when using a phone, driving or reading a book.

Why does it occur?

A bunch of structures – tendons, in their synovial sheaths, nerves and blood vessels are entering the palm from the forearm. These tendons help us to

close our fingers and thumb while also helping form a fist. These tendons are attached to their muscles in the forearm which contract to form a fist. In order to prevent these tendons from bow and stringing across the wrist while they contract, they along with the Median nerve are held close to the bones by a tight fibrous band called the transverse carpal ligament. This ligament and the underlying carpal bones form the carpal tunnel. In health the tunnel allows its contents to glide effortlessly but if the contents increase in size, the Median nerve gets compressed and causes the above mentioned symptoms.

People who use vibratory tools in their profession often encounter this problem. So do people who use high force repeatedly like hammering, do long hours of manual work with extreme wrist motions. People who suffer from a thyroid disease called hypothyroidism, where the gland makes less amount of thyroxine hormone than what the body requires are also prone to CTS as are the people who have rheumatoid disease. Patients on haemodialysis, patients with a history of wrist fracture and dislocation in the past and the elderly often end up with CTS. Carpal tunnel syndrome is more common among women than men and is more likely to affect middle-aged people.

Preventive Measures

At the very outset the opinion of a Plastic Surgeon or a Hand Surgeon should be obtained and some investigations should be done before you start these preventive measures. This is vital because you may already be too late in presenting and well beyond the stage of these preventive measures being helpful.

Here are six effective ways to treat numbness in hands, which we recommend you give a try as soon as you experience the early signs of carpal tunnel syndrome, after you have ascertained that you can afford to delay the definitive treatment:

1. **Take frequent breaks:** Carpal tunnel symptoms

are especially evident among people whose jobs require a lot of repetitive motion in their hands and wrists. Your hands need regular breaks between working sessions, so be sure to set a reminder every two to three hours and do a little exercise.

2. **Keep wrists straight while working:** There is a positive association between wrist posture and carpal tunnel syndrome, studies have shown. Adjust your chair so that your forearms are level with your keyboard and try to keep your wrists in a neutral position without bending them.
3. **Consider wearing a wrist splint:** Wearing a splint will hold your wrist in a neutral position. It is especially important to wear one if you do a lot of typing or while sleeping at night, so wearing a wrist splint can make a significant difference.
4. **Do wrist exercises:** Focus on exercises that will stretch the muscles surrounding the wrists to help ensure that the tendons that pass through the carpal tunnel stay in good shape. Include a variety of stretches, bending, and flexing your wrists when doing these exercises.
5. **Use correct posture:** Using correct posture while working is important for more than just your back. If you succumb to poor posture on a regular basis, your shoulder nerves tend to be compressed at the thoracic outlet, which ultimately affects your wrists and hands. Make sure that you sit with your back straight and your feet flat on the floor.
6. **Ice fomentation of your wrists:** Ice will help relieve the pain in your wrists and hands. So ice your wrist or soak it in an ice bath for 5 to 10 minutes. While it won't prevent carpal tunnel syndrome, it will alleviate the pain that it causes.

Cortisone injections: Cortisone can reduce inflammation and swelling but can also weaken your immune status, worsen diabetes, cause fluid retention, weight gain and cause osteoporosis, tendon rupture and high blood pressure. It can take up to 7 days for a cortisone injection to begin working in the body. The effects of the injection usually last up to 2 months, but sometimes longer.

How do we diagnose it?

Tinel's Sign: In this test, the physician taps over the median nerve at the wrist to see if it produces a tingling sensation in the fingers.

Wrist flexion test (or Phalen's test): In this test, the patient rests his or her elbows on a table and allows the wrist to fall forward freely. Individuals with carpal tunnel syndrome will experience numbness and tingling in the fingers within 60 seconds. The more quickly symptoms appear, the more severe the carpal tunnel syndrome.

Test the sensitivity in fingertips and hands by lightly touching them with a special instrument while eyes are closed.

Check for weakness in the muscles around the base of your thumb.

Look for atrophy in the muscles around the base of your thumb. In severe cases, these muscles may become visibly smaller.

Electrophysiological tests.

Electrophysiological testing of nerves to measure how well median nerve is working and help determine whether there is too much pressure on the nerve.

These tests will also help to determine:

- a. The severity of your carpal tunnel syndrome.
- b. Whether the nerve is compressed in other locations.
- c. Whether other nerves are affected.
- d. Whether any medical condition (e.g., neuropathy) affecting nerves in addition to carpal tunnel syndrome.

Electrophysiological tests may include :

1. **Nerve conduction studies (NCS) :** These tests measure the signals travelling in the nerves of our hand and arm and can detect when a nerve is not conducting its signal effectively. Nerve conduction studies can help to determine how severe the problem is and help to guide treatment.
2. **Electromyogram (EMG) :** An EMG measures the

electrical activity in muscles. EMG results can show whether any nerve or muscle damage.

Imaging Studies :

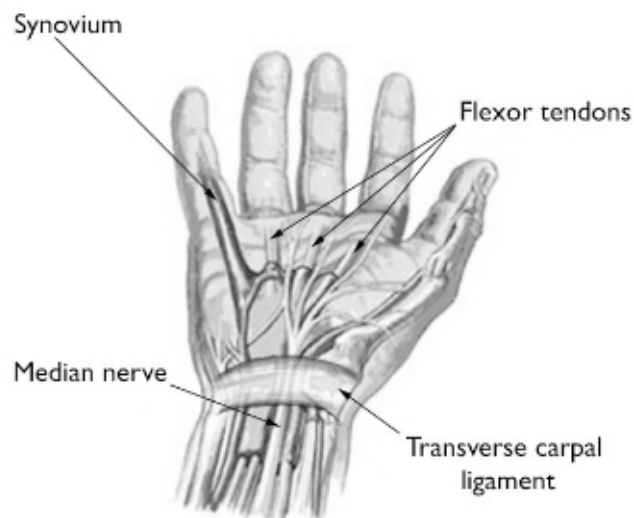
1. **X-rays :** If there is limited wrist motion or wrist pain, we may order X-rays to exclude other causes for the symptoms, such as arthritis, ligament injury, or a fracture.
2. **Magnetic resonance imaging (MRI) scans :** Doctor may order an MRI to help determine other causes for the symptoms or to look for abnormal tissues that could be impacting the median nerve. An MRI can also determine if there are problems with the nerve itself, such as a tumor or scarring from an injury.

Treatment

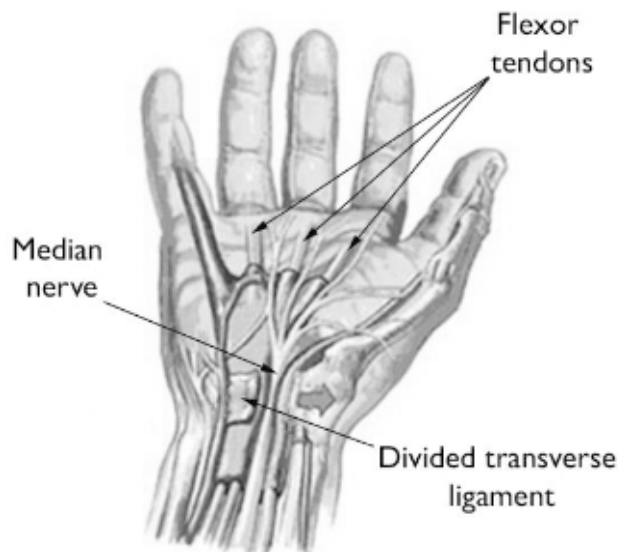
Surgery is recommended when carpal tunnel syndrome does not respond to non-surgical treatments or has already become severe. The goal of surgery is to increase the size of the tunnel in order to decrease the pressure on the nerves and tendons that pass through the space. This is done by cutting (releasing) the transverse carpal ligament that covers the carpal tunnel at the base of the palm. This can be done under regional anaesthesia and under tourniquet control and so there is virtually no blood loss. It can be done both by open approach as well as by an endoscope and both techniques are equally effective, though the open approach is less risky. Sutures are removed after 10 days however. You will immediately feel the difference in your hand as the pain and tingling sensation will be resolved once the anaesthetic effect wanes off.

Unlike the Cortisone treatment, surgery is definitive and you will never have the same symptoms again in your operated hand. Recovery times can vary depending on age, general health, severity of carpal tunnel syndrome and how long you had symptoms. You will continue to gain strength and sensation in the following year after surgery.

So don't suffer with a Carpal Tunnel Syndrome. Contact a Plastic Surgeon or a Hand Surgeon and get quick and lasting relief.



Carpal tunnel anatomy



The transverse carpal ligament is cut during carpal tunnel release surgery. When the ligament heals, there is more room for the nerve and tendons.



Wrist Splint to keep wrist straight



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FAT GRAFTING

Dr. Hemant Patil

Consultant Plastic surgeon
Director Arnav Superspeciality Hospital
Plastic surgery and Neurology center.



Very warm greetings to all. Today is an era of zero figure everyone wants to get rid of fat and you must be wondering why am I talking about putting it back?

From long time we are searching for fillers which are :

- Durable
- Less allergic
- Cost effective
- Easily available

Fat is something which satisfies all the criteria and on top it has stem cell properties adding to its benefits

Subcutaneous adipose tissue is a soft and malleable tissue, and it is generally present in the body in large quantities making it the ideal filler for correcting and remodelling profile and volume body defects

Indications

- Contour deformities
- Depressed scars
- Breast augmentation
- Nasal augmentation
- Acne scars

Let me start with an example



This gentleman in picture is a case of mandibular hypoplasia reconstructed with rib graft but having severe contour deformity wants correction of same

Options are

1. Free fibula graft
2. Silicon implants

Both procedures will add to ugly scars, complications are known and cost involved is high.

After good amount of discussion we finalized for fat grafting and did procedure



This is the post op picture with no scar and very good natural contour.

Before I discuss about the procedure we must pay our respect to people who made this possible by looking briefly into history

The first attempts to transfer adipose tissue date back to the end of the twentieth century [1](#). In 1889,

Van der Meulen 1,2. first attempted to a fat auto-transplantation. He performed a free omentum and autologous fat grafting between the liver and the diaphragm to treat a diaphragmatic hernia.

Neuber 3 made the first true adipose graft in 1893.

In 1910, Lexer 4 published an article describing for the first time, the use of adipose tissue in aesthetic surgery to correct aging defects

Brunning 7 introduced in 1911 the use of a syringe as an instrument for the fat grafting; In 1975, Arpad and Giorgio Fischer 18, father and son cosmetic surgeons, developed the modern technique of liposuction. They were the first to introduce blunt hollow cannula attached to a suction source and the criss-cross suctioning technique from multiple incision sites.

Illouz 19 modified and popularized the Fischer's technique and in 1977, he developed modified equipment for performing liposuction making the technique less traumatic and reducing hemorrhagic risk. He was the first to use liposuction tissue as a filling product; with this technique, fat could now be transplanted without donor or recipient incisions.

The radical change in the history of fat transplantation depends on the publication of Coleman's studies 31,32,33,34. Since 1986 he modified and corrected the methods and results of his predecessors and proposed a traumatic protocol for the treatment of adipose tissue.

4.1. Harvesting

Many different techniques have been proposed for the removal of adipose tissue, all with the aim of minimizing adipocyte damage and increasing the survival of adipose tissue.

Fat can be harvested by

- Vacuum suction - High pressure but damaging to adipocyte

- Syringe suction - Most preferred method
- Surgical excision - In selected cases

Cannula size may also affect the viability of harvested fat 68. The use of the excisional method and fat harvesting with large-bore cannulas reduce the occurrence of cellular rupture and preserve the native tissue architecture. Cannulas of 3-4 mm with luer lock syringes are preferred ones.

4.2. Processing

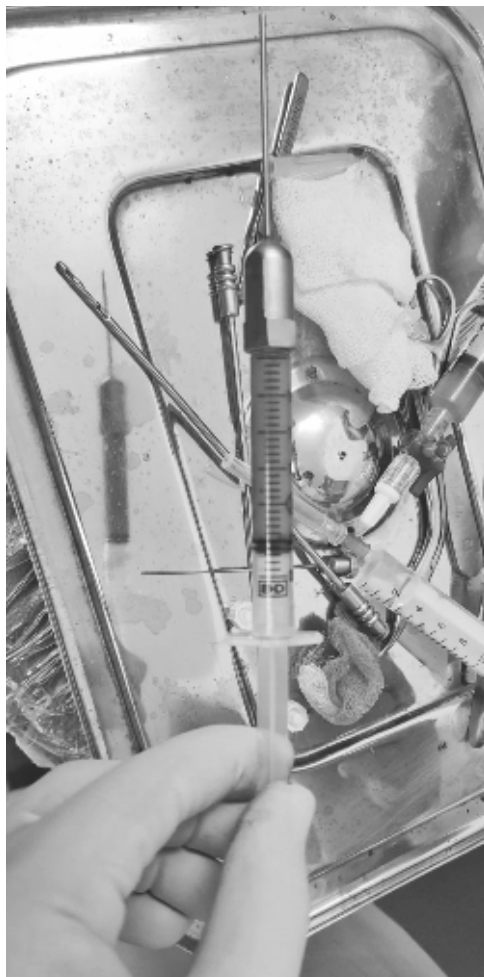
The goal of postharvest fat processing is to eliminate contaminants, including cellular debris, free oil, and other nonviable components of the lipoaspirate such as haematogenous cells 81. These elements cause inflammation at the recipient site, which can be detrimental for the fat graft. Blood must be extracted because blood accelerates the degradation of the transplanted fat. Moreover, the injection of debris gives an erroneous impression of the volume of correction because the debris will be absorbed after a few hours 53 (Fig. 3).

Sedimentation is a little traumatic method with which it is possible to obtain a large number of vital and intact adipocytes 83.

Centrifugation- Better method for elimination of unwanted contents

Coleman suggested a processing method that has gained popularity and has been since integrated in many fat-transfer clinical protocols. The recommended centrifugation speed is 3000 rpm for 3 min.

Centrifugation separates the denser components from the less dense components to create layers. The upper level is the least dense and consists primarily of oil. The middle portion is primarily fatty tissue. The lowest layer is blood, water and any aqueous element 38.



4.3. Implantation

Despite a long history of clinical use and evolution of techniques for fat transfer, no consensus exists to date on the best technique and the longevity of results; yet the principles of fat reimplantation are based on optimal recipient site vascularity for increased fat survival

Graft through nutrition by tissue fluid absorption can survive up to 48 hrs. In the meantime, neovascularization progresses with the rate of about 1 mm per day. Therefore, the diameter of the deposit should not ideally be greater than 2 mm to avoid central necrosis

Through a skin incision of a size corresponding to the diameter of the cannula, the fat graft is inserted at the level of the anatomical region affected. Small-gauge cannulas are thought to reduce trauma to the recipient site, thus reducing the risks of bleeding, haematoma formation, and poor graft oxygen diffusion

The placement cannulas are of a much smaller gauge, with only one hole at the distal end. Like the harvesting cannula, the proximal end of the infiltration cannula has a hub that will fit into a Luer-Lok™ syringe.

Advantages

1. Scarless procedure with less risk of rejection of graft
2. It is easily reproducible
3. In well trained hands, give more natural results
4. Permanent filler



Complications

1. Incomplete filling of defect due to resorption of fat
2. Infection
3. Hematoma formation

Conclusion

Fat grafting is very reliable and easy procedure for dealing with contour deformities, depressed scars and augmentation.



Thank you for giving me an opportunity to write about one of the most innovative branch Plastic surgery making people beautiful, confident and happy.

OSTEOARTHRITIS



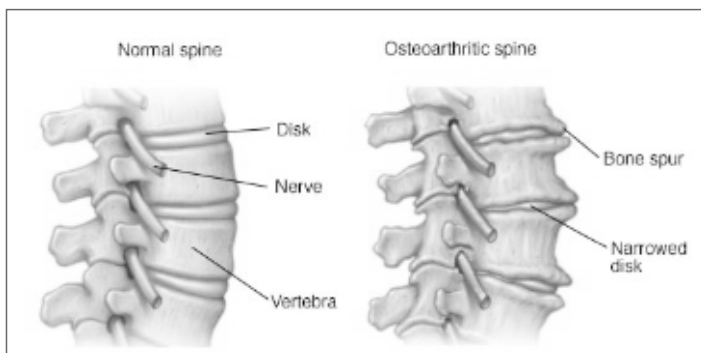
Dr. Sohan Barhate
MS Orthopedics, D' Ortho,
Fellowship in Joint Replacement

Osteoarthritis

Osteoarthritis is the most common form of arthritis, affecting millions of people worldwide. It occurs when the protective cartilage that cushions the ends of the bones, wears down over time. Although osteoarthritis can damage any joint, the disorder most commonly affects joints in your hands, knees, hips and spine.

Osteoarthritis symptoms can usually be managed, although the damage to joints can't be reversed. Staying active, maintaining a healthy weight and receiving certain treatments might slow progression of the disease and help improve pain and joint function.

Symptoms



Osteoarthritis symptoms often develop slowly and worsen over time. Signs and symptoms of osteoarthritis include:

- **Pain.** Affected joints might hurt during or after movement.
- **Stiffness.** Joint stiffness might be most noticeable upon awakening or after being inactive.
- **Tenderness.** Joint might feel tender when light pressure is applied to or near it.
- **Loss of flexibility.**
- **Grating sensation.** Popping or crackling may be heard on movement of the joint
- **Bone spurs.** Usually are formed as the degenerative changes increase.
- **Swelling.** This might be caused by soft tissue inflammation around the joint.

Causes

Osteoarthritis occurs when the cartilage of the joints gradually deteriorates. Osteoarthritis has often been referred to as a “wear and tear” disease. But besides the breakdown of cartilage, osteoarthritis affects the entire joint. It causes changes in the bone and deterioration of the connective tissues that hold the joint together and attach muscle to bone. It also causes inflammation of the joint lining.

Risk factors

- **Older age.** The risk of osteoarthritis increases with age.
- **Sex.** Women are more likely to develop osteoarthritis.
- **Obesity.** Increased weight adds stress to weight-bearing joints, such as hips and knees.
- **Joint injuries.** Injuries, such as those that occur when playing sports or from an accident, can increase the risk of osteoarthritis.
- **Repeated stress on the joint.** If job or a sport places repetitive stress on a joint, that joint might eventually develop osteoarthritis.

- **Genetics.** Some people inherit a tendency to develop osteoarthritis.
- **Bone deformities.** Some people are born with malformed joints or defective cartilage.
- **Certain metabolic diseases.** These include diabetes and hemochromatosis

Complications

Osteoarthritis is a degenerative disease that worsens over time, often resulting in chronic pain with episodes of acute pain in-between. Joint pain and stiffness can become severe enough to make daily tasks difficult. Depression and sleep disturbances can result from the pain and disability of osteoarthritis.

Diagnosis

During the physical exam, affected joint shows tenderness, swelling, redness and reduced flexibility.

Imaging tests

- **X-rays.** Weight bearing X-rays are ideal. Cartilage loss is revealed by a narrowing of the space between the bones in the joint. An X-ray can also show bone spurs around a joint.
- **Magnetic resonance imaging (MRI).** An MRI isn't commonly needed to diagnose osteoarthritis but can help provide more information in complex cases to provide detailed information of bone and soft tissues, including cartilage

Lab tests

- **Blood tests.** Although there's no blood test for osteoarthritis, certain tests can help rule out other causes of joint pain, such as rheumatoid arthritis.
- **Joint fluid analysis.** Joint fluid aspirate may be done to determine whether pain is caused by gout or an infection rather than osteoarthritis.

Treatment

Osteoarthritis can't be reversed, but treatments can reduce pain and help you move better.

Medications

Medications that can help relieve osteoarthritis symptoms, primarily pain, include:

- **Nonsteroidal anti-inflammatory drugs (NSAIDs).**

Oral as well as topical medications are used to relieve severe pain. These are to be used for short duration only.

- **Cartilage modifying drugs.** These include drugs like glucosamine, chondroitin sulphate, rosehip extract, collagen peptides. These medications relieve joint inflammation and have some chondro-protective effect.

Therapy

- **Physical therapy.** Exercises to strengthen the muscles around your joint, increase your flexibility and reduce pain. Regular gentle exercise such as swimming or walking, can be equally effective.
- **Occupational therapy.** An occupational therapist can help discover ways to do everyday tasks without putting extra stress on already painful joint. For instance, a toothbrush with a large grip could make brushing teeth easier in case of osteoarthritis in your hands. A bench in shower could help relieve the pain of standing in case of knee osteoarthritis.
- **Transcutaneous electrical nerve stimulation (TENS).** Low-voltage electrical current can provide short-term relief for some people with knee and hip osteoarthritis.

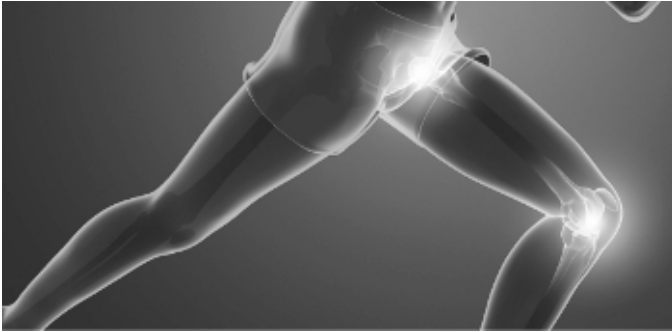
Surgical and other procedures

- **Cortisone injections.** Intra-articular steroid (depot preparation) can help reduce swelling and inflammation.
- **Lubrication injections.** Injections of hyaluronic acid might relieve pain by providing some cushioning in your knee, though some research suggests that these injections offer no more relief than a placebo.
- **Realigning bones.** Done especially if only one compartment of knee is badly damaged. It realigns the weight bearing axis to the less affected part of the knee joint.
- **Joint replacement.** Usually used as the last option when there is advanced arthritis of joint.

REPLACEMENT SURGERY - A NEW WAY TO LIFE ?



Dr. Sanmit K. Chidgupkar
(Consultant Orthopedic Surgeon)



Almost everyone in today's world has been experiencing symptoms of arthritis which are affecting the large joints of the body, especially the knee and hip joint.

Symptoms mostly include pain, swollen joints, redness, joint stiffness and most importantly difficulty in carrying out day-to-day activities.

Age group most commonly affected is above 50 years in both male and female.

Earlier, by consulting the doctor, symptomatic management was carried out, but in these last 15 years, replacement surgeries for knee and hip have acquired a greater importance.

What is arthritis and types of arthritis ?

Arthritis is a condition where joints of the body are affected and mainly large joints such as the knee and hip joint.

Two main types – osteoarthritis and rheumatoid arthritis.

OSTEOARTHRITIS – is called as degenerative joint disease and is commonly associated arthritis. May affect multiple joints or may be localized to a single joint.

RHEUMATOID ARTHRITIS – is an inflammatory type of arthritis and a patient having it may affect the entire compartment of the affected joint.

Grades of Osteoarthritis

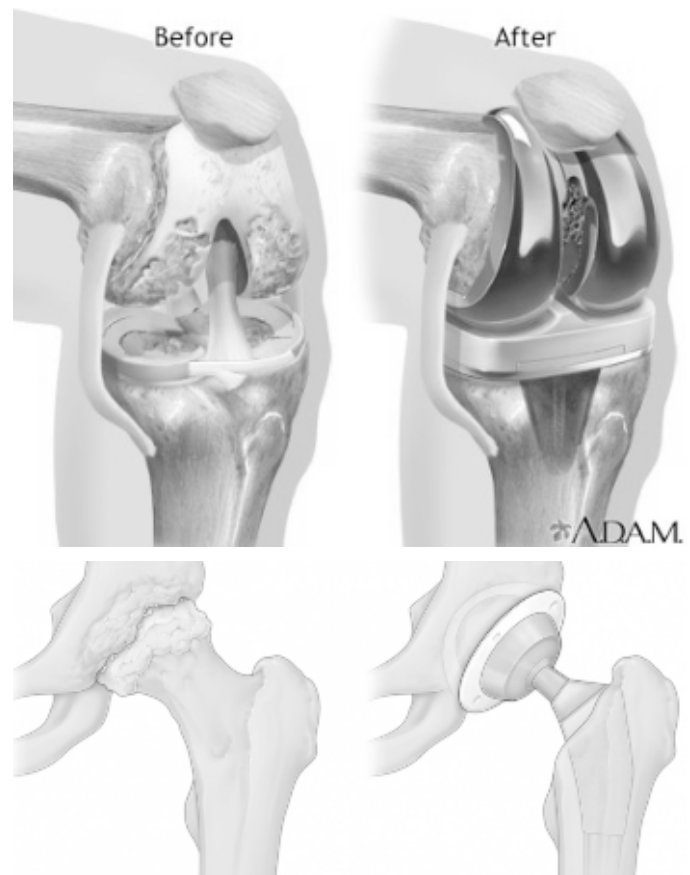
Grade 1 : Doubtful joint space narrowing and possible osteophytic clipping

Grade 2 : Definite osteophytes and possible joint

space narrowing

Grade 3 : Moderate multiple osteophytes and definite narrowing of joint space and sclerosis and possible joint deformity

What is hip and knee replacement surgery?



In knee and hip replacement surgeries, the damaged surface of joints is replaced by metallic implants, and thus helps in providing a smooth surface for joint movements, thereby eliminating the friction between damaged bone.

ADVANTAGES OF KNEE AND HIP SURGERIES

1. **Pain relief** - Knee and hip surgery helps in reducing the pain caused by inflammation of arthritic joints and reduces the discomfort while performing day-to-day activities.
2. **Improvement in movement** - Post surgery, a patient can have the freedom to walk around.

and carry out routine activities with ease.

3. **Correction of joint deformity** - knee and hip arthritis causes deformity (deformation in shape of joint) which leads to change in the way one walks or stands. By undergoing the replacement the shape of joint is restored and function is increased.
4. **Freedom from chronic pain, swelling and stiffness** - replacement surgeries improve the way of life by reducing the pain and stiffness and improves the joint mobility.

Symptoms that indicate need for replacement surgery :

- Long term pain in knee and hip joint
- Difficulty in carrying out daily activities
- Restricted mobility of joint
- Sudden pain in joints that may radiate in other joints
- when medications dont offer help in relieving pain.

Diagnosis:

- Doctor performs physical examination and

asses the range of movement in knee and hip joint.

- Suitable x-ray will be advise to know the severity of knee and hip joint affected.
- In special cases MRI and CT scans can be advised.

Recovery period

post surgery on

- Day 1 -patient is made to walk with the help of walker.
- Day 3-climbing stairs and knee bending can be started and hip movements are started under the guidance of physiotherapy.
- Day 7-walking comfortable without walker
- Day30- return to daily activities.

MESSAGE TO READERS

ANY PERSON HAVING SUCH SYMPTOMS MENTIONED ABOVE KINDLY CONSULT KNEE AND HIP SPECIALIST AND DO NOT FEAR SURGERY OR ANY NEGATIVE OUTCOMES.



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RARE AND INTERESTING CASES



Dr G. V. Kulkarni

MD DCH, Ankur Hospital and Director, Ace Hospital

Case No. 1 :

A 1 year old female child weight 5.5 kg came to my opd with C/O Cough, fever and breathlessness. On examination child was drowsy with RR 40/min, PR 100/Min, No cyanosis, fine crepitations on left side of chest, WBC Count 32000, Liver palpable about 2-3cm below right costal margin.

Took an X-ray chest showed congestion on left side with gross cardiomegaly (double). During the course of hospital stay child improved. No significant murmur to suggest obvious cardiac disease. I ordered for a 2D Echo, to my surprise it was grossly abnormal anomaly called ALCAPA Disease. It's a abnormal origin of left coronary artery from pulmonary artery due to which left ventricle gets de oxygenated blood leading to LVF. Ejection fraction was 15%. This means that child was in impending cardiac failure. Friends i had seen 2nd such case in 42 years of practice.



First case i had seen 25 years back when no 2D Echo, Sonography was there. This case was diagnosed and operated at Narayana Hridalaya in Bangalore. Child was lucky enough since her parents were affording and now the girl is 25 year old and doing well.

This is a congenital anomaly very rare presents as ALCAPA. Here the Left coronary artery arises from pulmonary artery instead of aorta Incidence is 25 to 5% The ECG findings are those typical of anterolateral Ischaemia and resemble an old infarction The whole of lateral wall of heart receives an impure blood In 1st year of life the growth is not proper These children die of ischaemia.

Whatever it's an interesting case for a doctor is a nightmare for the whole family of patient.

Case No. 2 :

A 1 1/2 month child came to me in my OPD for complained of abdominal distension, scanty stools. The first impression was of gases was treated for that. next day again patient came with similar complain, on careful examination it looked Abdominal distension which can be of 3 reasons Fluid, Gases or Organomegaly. on palpating again liver was enlarged up to umbilicus. USG Abdomen done; Liver enlarged like a mass with vacuolation and Hemangioma. Further CT was done which showed clear hepatoblastoma and infantile hepatic hemangioendothelioma.

CBC Showed HB 6.2, Low platelet count, Thyroid profile showed hypothyroidism.

Child was referred to paediatric gastroenterologist He put him on steroids and thyroxine gradually child is improving.

The complications of this disease is thrombocytopenia and CCF I have seen 1st such case in the last 40 years of clinical practice.

Rare cases are always rare keep your eyes and ears

open to diagnose and share such cases.
The differential diagnosis of the above case is hepatoblastoma it was ruled out I am attaching CT

reports of the child this child birth weight 3.3 and seemed healthy.

NAME: [REDACTED] 02ND MARCH 2022
CT NO: 2014
REF: DR. VIBHOR BORKAR

**CT SCAN OF ABDOMEN AND PELVIS WITH TRIPLE
PHASE STUDY**

Thank you Dr. Borkar for your reference.

A plain and contrast study is performed using 0.6 mm slice collimation on a multi slice machine. Non-ionic contrast has been used. Oral contrast has not been administered. The study has been performed in the arterial, portal venous and in the delayed phases.

Areas of atelectasis are seen in the postero and basal aspect of both lower lobes of the lung.

The cupola of the right diaphragm is elevated, this is probably secondary to the hepatomegaly.

The liver measures about 12.0 cm in long axis and extends below right costal margin. It shows innumerable solid heterogeneously enhancing lesions with a bi-lobar involvement. The lesions are supplied by twigs from the right and left hepatic artery and show modest sequential enhancement with washout in the delayed phase of the evaluation. Several of the lesions extend upto the hepatic capsule rendering it nodular margins. A lesion in the lateral segment of the left lobe of the liver measures as much as 3.2 x 3.5 cm in maximal axial dimension whereas in the segment V it measures about 3.9 x 3.6 cm. A lesion in the lateral segment spilling into the segment IV is a confluence of multiple lesions measuring about 8.0 x 5.7 cm in maximal axial dimension and a cephalo-caudal extent of about 7 cm. The lesions are devoid of calcification. There is no dilatation of the intrahepatic biliary radicals. There is enlargement of the common hepatic artery as well as a right and left hepatic arteries. The abdominal aorta below the celiac offshoot has a narrow caliber, secondary to shunting of the flow.

The celiac artery, the superior mesenteric artery and the inferior mesenteric artery are normal. The superior mesenteric vein, the splenic vein and the portal veins are patent.

There is no ascites or significant adenopathy in the mesentery / retroperitoneum.

No peritoneal or omental abnormality as such is perceived.


There is no significant bowel wall thickening, mass lesion or dilatation.

The urinary bladder is empty. Both vesico-ureteric junctions are normal. The rectum and mesorectum is normal.

The bone window settings do not demonstrate any significant lytic or sclerotic lesion.

IMPRESSION: CT findings are remarkable for hepatomegaly with extensive solid modestly enhancing lesions supplied by twigs from the right and left hepatic artery showing washout in delayed phase of the evaluation. This is suggestive of a neoplastic process possibilities include hepatoblastoma and infantile hepatic hemangioendothelioma. Suggest corroboration with serum alphafetoprotein levels.

This study is negative for ascites, significant adenopathy or peritoneal/omental abnormality.


DR DEEPAK PATKAR DR. NEEMISH KAMAT DR. MITUSHA VERMA DR. ANJU WADHWA
MD MD DMRD DNB DNB
NK/v [initials]

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