



# AKASHVANI

THE OFFICIAL E-NEWSLETTER OF AIMSRC

## CHIEF ADVISOR MESSAGE



The road to success is always a long journey with multiple obstacles in its path. It is important that we never lose out on our focus. There is no perfect recipe for success but one needs to have patience, persistence and perseverance.

As the institutions enters its first decade of existence, there is lot to look back with nostalgia and plenty to look forward with anticipation.

Dr .Abdul Kalam once said “You have to dream before your dreams can come true.”



**DR. NARESH SHETTY**

The promoters need to be complimented for daring to dream and ensuring it becomes a reality. Dr Kalam further said “A dream is not that which you see while sleeping, it is something that does not let you sleep.”

I am sure Mr Muniraju , the pioneer for this group of institutions would have had many difficult nights!!

It is now time for us professionals to strengthen and strive to achieve greater glory.

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### IN THIS ISSUE:

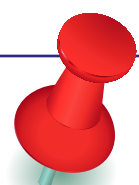
- CHIEF ADVISOR MESSAGE
- ACADEMIC E&A TOPPERS LIST
- INSURANCE TIE UPS
- INTERESTING CASE
- ACHIEVEMENT  
(DEPT. OF DERMATOLOGY)
- QUIZ
- COMIC

One of the major challenges we have is to ensure Quality care to our patients. There is no shortcut for Quality Health and we need to ensure and encourage good clinical practice. This is the third major hospital, I would be involved and believe that together we can achieve results beyond our expectations. But for that, there is a need of teamwork and a passion to excel. I have a great faith in our ability to rise above challenges. Let us make this institution one of best in the country in the next decade!! We will pray the almighty for thier blessings

Warm regards

Dr Naresh Shetty

## ACADEMIC EVENTS AND ACTIVITIES:



### ACADEMIC E&A TOPPERS LIST

Year	Total Number of Students Appeared	Total Pass Percentage	First Class	Distinction
Ist MBBS	150	68%	58	11
IIInd MBBS	132	84.8%	56	4
IIIrd MBBS	98	71.4%	53	4

Year	Name of Student	Percentage
Ist MBBS	Akshaya S	82.55%
IIInd MBBS	Navneeth J Shetty	77.5%
IIIrd MBBS	Fathima Mehena	84.2%

## ◆ INSURANCE TIE UPS

We Have Tie up with Private and Government Scheme.

A type of insurance coverage that pays for medical and surgical expenses that are incurred by the insured.

Health insurance can either reimburse the insured for expenses incurred from illness or injury or pay the care provider directly. Health insurance is often included in employer benefit packages has a means of enticing quality employees.

### Corporate Insurance

FHPL TPA  
MEDI ASIST TPA  
NIVE BUPA TPA  
PARA MOUNT TPA  
SBIGH  
STAR HEALTH TPA  
SKDRDP TPA  
NAVI GENERAL INSURANCE

### Government Scheme

AYUSHMAN BHARAT  
YASHASWINI SCHEME

## INTERESTING CASE

### ◆ SUPRAGLOTTIC LARYNGEAL PARAGANGLIOMA: A RARE ENTITY ◆

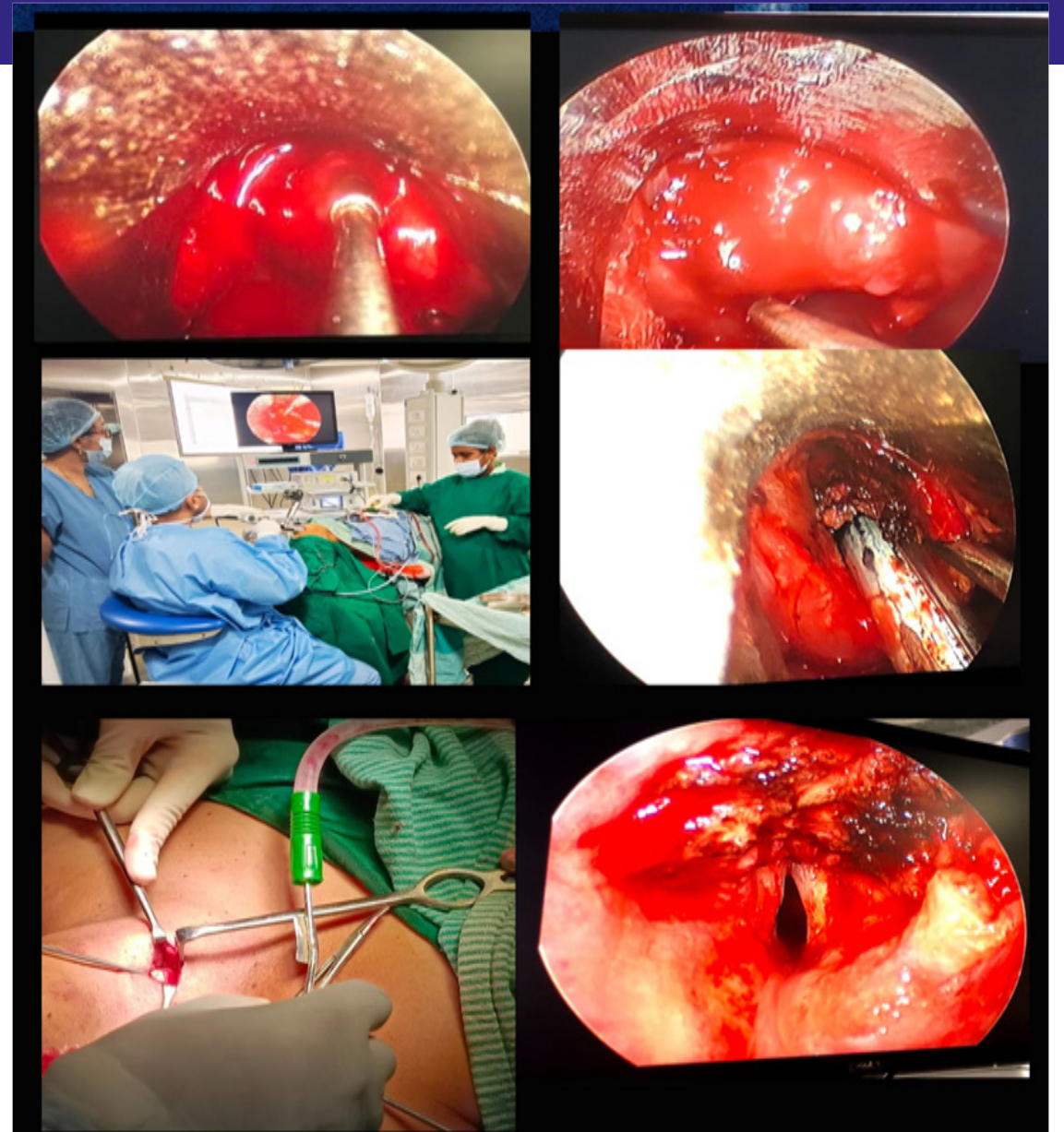
They are uncommon, slow-growing, and mostly benign tumors. Less than 80 paragangliomas have been reported in worldwide. Paragangliomas can occur anywhere in the body except the extremities but are most frequently found in the head and neck. The laryngeal paraganglioma is the only neuroendocrine tumor that is more common in women .

A 46 yrs old female patient came to ENT opd at AIMS&RC with complains of change in voice since 3 years ,difficulty in swallowing & shortness of breath since 3 months.

On endoscopy of larynx the exophytic mass was emanating from laryngeal surface of the epiglottis & was extending to the right aryepiglottic fold. She subsequently underwent MRI neck which showed a large lesion in supraglottis arising from the laryngeal surface of the epiglottis measuring 2×1.5×2.2 cm, compressing the laryngeal airway.

**MLS + endoscopic + cautery assisted supraglottic laryngeal mass excision under GA along with tracheostomy which was done by Dr. Udayabhanu H N, Dr. Tejaswini H, Dr. Nagarathna H K. The mass was sent to immunohistochemistry which further supported the diagnosis of Paraganglioma.**

Postoperatively, the patient achieved a complete removal of the tumor, voice and swallowing function were preserved. She was decannulated 12 days after surgery and discharged. **The patient has been on follow-up since 3 months with no evidence of recurrence noted.**



*We present a rare case of laryngeal paraganglioma and discuss the approach to its surgical management*



## MAXILLARY FRACTURE

With combined efforts of department of Dentistry and ENT, a case of zygomatico maxillary complex fracture was managed with efficient surgical intervention. It's a work of finesse to restore the normal cheek contour and aesthetic appearance of the facial skeleton with functional status in case of complex facial fractures.

The Zygomatico maxillary complex fracture also known as the Quadripod fracture/quadrimalar fracture, has four components. Three of which are directly related to the connection between the Zygoma and Face, fourth one being the orbital floor.

Management can range from conservative management to open reduction & internal fixation. Surgical management involves 3 dimensional reduction & rigid fixation. Indications for surgical repair include:

1. Displacement or instability of the fracture
2. Mechanical restriction of mandibular movement
3. Alteration in facial contour
4. Globe dystopia
5. Enophthalmos
6. Diplopia
7. Sensory nerve defect

In the present case, a 63y old male came with history of RTA sustaining injury to the right side of the face. CT scan showed a displaced Right ZMC (Zygomatico maxillary facial) fracture. On clinical examination patient had unstable fracture and restricted mandibular movement. hence ORIF under general anesthesia was planned.

### *Surgical steps involved:*

Under oral endotracheal intubation, parts painted and draped. 2 % Lignocaine with Adrenaline was injected for local hemostasis. Incision made at right upper vestibule. Lateral brow incision placed at right frontozygomatic region and right subciliary incision placed. Fracture fragments were reduced by Keen's approach using Howrath's periosteal elevator. A three point fixation was done at right Buttress, Right Frontozygomatic and Right Infraorbital region with 1.5mm Titanium Miniplate and 1.5mm x 6mm screws. Followed by Nasal endoscopy, right Uncinectomy and right Middle Meatal antrostomy .After achieving adequate hemostasis, the closure was done with 3.0 Vicryl and skin closed with 5.0 Ethilon.

Post op the healing was found to be satisfactory at 1 week time.

**DR MAINA BEKAL**  
**DEPARTMENT DENTAL**  
**OMFS, Dept Of ENT,**  
**AIMS&RC**

**DR. UDAYA BHANU H N**  
**Dept Of Ent & Head**  
**And Neck Surgery**  
**AIMS&RC**





# ACHIEVEMENT (DEPT OF DERMATOLOGY)



DEPT OF DERMATOLOGY  
DR. SRINIVAS K  
IN THE DEPT OF DERMATOLOGY PROMOTED  
TO PROFESSOR FROM 03/02/2023

# GRAFFITI

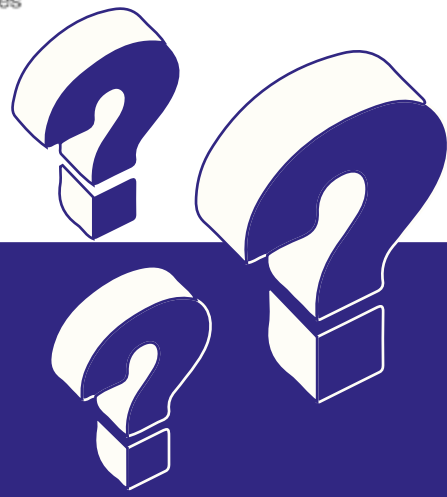


DR.SARITHA H M  
ASSISTANT PROFESSOR  
DEPARTMENT OF ENT

CRADLE OF HERITAGE CHENNAKESHAVA TEMPLE, BELUR "HOYSALA  
TABLEAU" WATER COLOUR PAINTING CRADLE OF CULTURAL HERITAGE.

♦ VIDHYA ♦ GNANA ♦ AROGYA

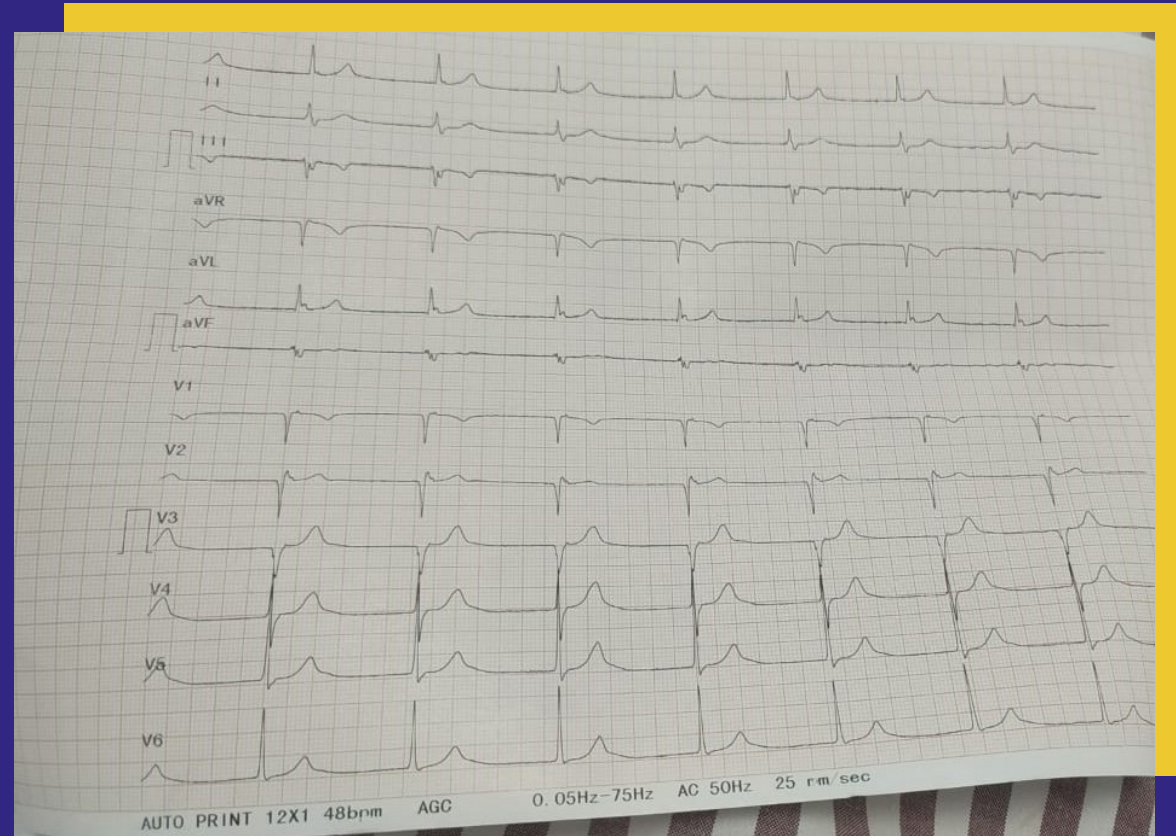




# QUIZ TIME

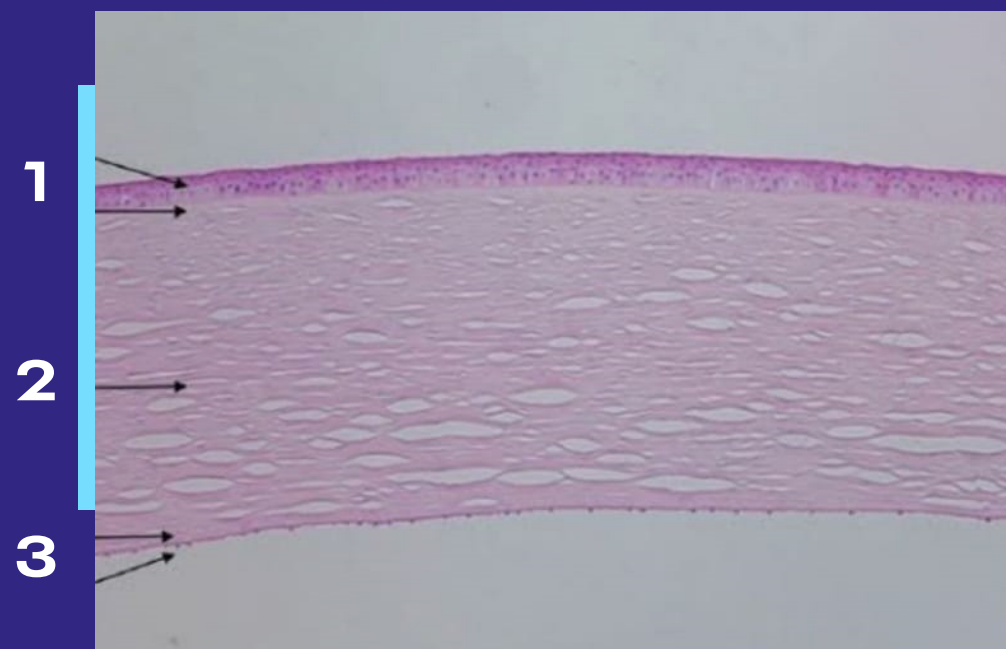
**PT CAME WITH FATIGUE,  
AGE-46 FEMALE  
IDENTIFY THE ECG**

Send your answers to "info@aimsrc.com".  
The best answer will be published in the  
next month's edition along with their  
name, and college/designation.



## ANSWER TO THE PREVIOUS MONTH'S QUESTION

- 1) MICROSCOPIC  
STRUCTURE OF CORNEA
- 2) DUA'S LAYER
- 3) HARMINDAR SINGH DUA



**LAUGHTER**  
*is the best*  
**MEDICINE**