Monthly Face Value Rs. 08=00 - Yearly Face Value Rs. 96=00

AHMEDABAD MEDICAL ASSOCIATION
(Branch of Indian Medical Association) ESTD 1902
AMA House, First Floor, Opp. H. K. Arts College,
Ashram Rood, Ahmedabad - 380009 Phone : (079) 26588775

AHMEDABAD MEDICO NEWS

VOL. 19 SEPT - 2024 ISSUE - 5

Dr. TUSHAR PATEL
President - AMA

Dr. URVESH SHAH
Hon. Secretary AMA

Imm. Past President - Dr. JITENDRA SHAH

Please Save Mob, No: **97268 88775** of AMA to get regular updates

Message From President & Hon. Secretary

Dear members,

As we reach the conclusion of our tenure, we find ourselves filled with deep gratitude and a sense of fulfilment. It has been an extraordinary honour to serve such a dedicated and inspiring group of professionals. Together, we have navigated challenges, celebrated achievements, and worked towards advancing the field of medicine for the betterment of our patients and society at large. We are immensely thankful for the unwavering support, collaboration, and trust you have extended to us throughout the year. Our collective efforts have strengthened this association and will continue to resonate in the future.

कृतज्ञतापरंधर्मंसतांमान्यंचसर्वदा ।
अकार्येषुनचासक्तंसर्वदासदनुग्रहम् ।।

We express our gratitude not only as our moral and ethical duty, but also it is as our deep emotions from bottom of the hearts. We made a humble effort to express the same by organizing an event “Salute to excellence” to felicitate those who have contributed the association & would been unnoticed otherwise. But, additionally we also like to submit, if we have forgotten any one for being recognised at any moment of the entire year, we

would like to apologise for that; but, we are sure that,

"Good deeds, though done in silence and humility, carry the weight of their own light and will always find their way to recognition."

At this moment we extract our essence of being thankful for the kindness and support received from all our senior members as well

धन्योडस्मि अनुगृहीतोडस्मिभवतांकृपयासदा ।

कृताकृतज्ञतांप्राप्तानविस्मरतिसाधूता ।।

We extend our heartfelt congratulations to Dr. Dhiren Mehta for being upcoming President. We have every confidence that under your capable leadership, AMA will reach even greater heights. Your vision, passion, and commitment to our shared mission are truly inspiring, and we look forward to witnessing the impact you will undoubtedly make.

Once again, thank you to all of you especially on behalf of myself, Dr. Tushar Patel; it has been a privilege to serve as President, and look forward to continuing to support this remarkable organization in any way I can.

With warm regards and best wishes for the future,

Jai AMA **Jai IMA**

Dr. Tushar Patel
President

Dr. Urvesh Shah
Hon. Secretary

Ahmedabad Medical Association

અમદાવાદ મેડિકલ એસોસિએશન સંગ

થનગનાટ

2024

તારીખ : રવિવાર, 13/10/2024

સમય : સાંજે 7:30 થી 12:00

સ્થળ : રાજપથ ક્લબ લોન

કલાકાર વૃંદ : અલિજિત રાવ અને પાયલ વખારિયા ગ્રુપ

પ્રોગ્રામ ના પાસ અમદાવાદ મેડિકલ એસોસિએશન ની ઓફિસ પર તારીખ 30/09/24 થી 9/10/24 બપોરે 2:00 થી 6:00 વાગ્યા સુધી મળી શકસે .

પાસ ની કિંમત ₹. 200 પ્રતિ વ્યક્તિ રહેશે.

ડો. ધીરેન મહેતા
પ્રમુખ

ડો. ઉર્વેશ શાહ
માનદ મંત્રી

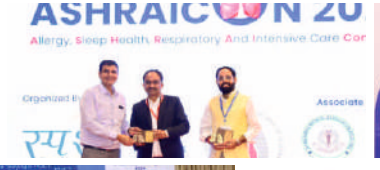
સંયોજક

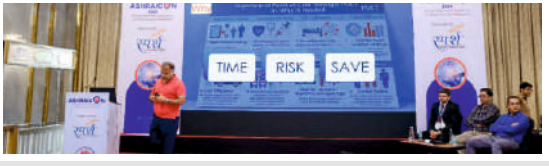
ડો. કલ્પિતા દવે | ડો. અલ્પા ગાંધી | ડો. અનિકેત ત્રિપાઠી

ASHRAICON 2024 - 1ST SEPT 2024









Ahmedabad Medical Association

Congratulations

DR. ANILKUMAR J. NAYAK

National President Elect

IMA-Hqs (New Delhi)

2025-2026

DR. DILIP B. GADHAVI

Hon. Joint Secretary

IMA AKNSI (IMA HQs)

2024-2026

HITCON 12.0 - 8TH SEPT 2024

CME: ABCs of ABGs: A guide to interpreting Acid-Base Disorders - 9th Sept 2024

SALUTE TO EXCELLENCE - 2023 / 24 - 15TH SEPT 2024











SALUTE TO EXCELLENCE - 2023 / 24 - 15TH SEPT 2024

SALUTE TO EXCELLENCE - 2023 / 24 - 15TH SEPT 2024

SALUTE TO EXCELLENCE - 2023 / 24 - 15TH SEPT 2024

SALUTE TO EXCELLENCE - 2023 / 24 - 15TH SEPT 2024







SALUTE TO EXCELLENCE - 2023 / 24 - 15TH SEPT 2024

LADIES CLUB PROGRAMMES

A.M.A. BULLETIN INDEX

AHMEDABAD MEDICAL ASSOCIATION YEAR : 2023-2024

OFFICE BEARER

PRESIDENT
Dr. TUSHAR BHAGAVATPRASAD PATEL
9825082672

VICE PRESIDENT
Dr. RAMESH ISHWARLAL PATEL
9426495264
Dr. MUKESH AMBALAL MAHESHWARI
9825174671

HON. FINANCE SECRETARY
Dr. ROHAN PIYUSHKUMAR CHRISTIAN
8866125201

HON. SECRETARY
Dr. URVESH VIPINCHANDRA SHAH
9228233441

HON.JOINT. SECRETARY
Dr. KALPITA MANISHKUMAR DAVE
9924558450
Dr. RAJESH MOTIBHAI DESAI
9925193399

HON. LIB.SECRETARY
Dr. RUTVIJ BHARATBHAI PARIKH
9898097604

IMM. PAST PRESIDENT
Dr. JITENDRA HARGOVANDAS SHAH
9824022362

MANAGING COMMITTEE MEMBERS

P.G.

Dr. VISHVAS KIRITBHAI AMIN
9825556359
Dr. KUNTAL HARSHADBHAI GAJJAR
9825087821
Dr. ALPA ATULBHAI GANDHI
9825065061
Dr. YOGESH ANJANIKUMAR GUPTA
9925006256
Dr. ARPIT CHELABHAI PRAJAPATI
9978537231
Dr. BIPIN JIVANBHAI PATEL
9925024474
Dr. MANSI JITENDRABHAI PATEL
9725114940
Dr. PINAKIN SURESHBHAI PATEL
7045546896
Dr. GOPAL JITENDRABHAI RAVAL
9879366026
Dr. BHADRESH ARVINDBHAI SHAH
9825288988
Dr. ANIKET SHAILENDRABHAI TRIPATHI
9998722345
Dr. MONIKA BHAVESHBHAI VYAS
9925039149

OTHER THAN P.G.

Dr. DHANANJAYSINH ANIRUDHSINH GOHIL
7698554566
Dr. MAHESH RATILAL JIVRANI
9825343198
Dr. MUKESHBHAI AMBALAL KHADALIA
9879314410
Dr. HITENDRAKUMAR JAYANTILAL NAYAK
6351165535
Dr. ARVINDKUMAR TRIKAMLAL PANCHAL
9825846300
Dr. HETAL KAPILBHAI PANDYA
9428813460
Dr. HITENDRA MAGHABHAI PARIKH
9426027986
Dr. KHUSH KALPESHBHAI PATEL
9586021482
Dr. MAHESHKUMAR AMBALAL PATEL
9879495551
Dr. PIYUSH BHOGILAL SHETH
6353852205
Dr. PURAV ASHOKKUMAR THAKKAR
9925082878
Dr. IMTIYAZ GULAMBHAI VOHRA
9426324247

BULLETIN COMMITTEE

Dr. TUSHAR PATEL
Dr. URVESH SHAH
Dr. RAJESH DESAI
Dr. RUTVIJ PARIKH
Dr. BIPIN PATEL
Dr. ARPIT PRAJAPATI
Dr. YOGESH GUPTA
Dr. ASHISH BHOJAK
Dr. NIDHI BHATNAGAR
Dr. AMIT PRAJAPATI
Dr. ANISH JOSHI
Dr. ABHAY DIXIT
Dr. K. R. SANGHAVI
DR. ATUL GANDHI

Notice

An extra-ordinary general body meeting will be held on Wednesday, 16th October 2024 at 3.30 pm at Ahmedabad Medical Association premises.

Agenda

Agenda1 : For amendment in rules & by laws (which was adopted on 17/02/2007)

The matter to be discussed for amendment in "clause c) of Part III BYE-LAWS OF AMA, Rule 2: Composition of Managing Committee", as follow,

Present	**Amendment**
"The tenure of the office of the President shall be for one year only and will not be eligible for re-election. The tenure of the office of the Vice-President shall be for one year. The Vice-President who secures more votes shall be considered Senior Vice-President. In absence of a contest, the Vice-President who is senior member of the branch shall be considered as Senior Vice-President. To facilitate smooth work of the branch, it is decided to have the president of post graduate qualification and other than P.G. qualification alternate year. In absence of the eligible candidate for Presidentship, the eligible candidate of other category shall be considered."	"The tenure of the office of the President shall be for one year only and will not be eligible for re-election. The tenure of the office of the Vice-President shall be for one year. The Vice-President who secures more votes shall be considered Senior Vice-President. In absence of a contest, the Vice-President who is senior member of the branch shall be considered as Senior Vice-President.

Agenda 2 : Any other business with permission of chair.

Dr. Urvesh V. Shah, Hon. Secretary

Blood Donation Camp

Ahmedabad Medical Association in collaboration with Indian Redcross Society is organizing Blood Donation Camp to share the need and importance of the blood in the life of an individual. The details are as follow;

Date	:	**07-10-2024**
Time	:	**10 a.m. to 2 p.m.**
Place	:	Redcross Shatabdi Bhavan, Redcross Marg, Near Navrang Circle, Navrangpura, Ahmedabad

Dr. Dhiren Mehta
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA

ધનવંતરી પૂજન

અમદાવાદ મેડીકલ એસોસીએશન દ્વારા ધનવંતરી પૂજાનું આયોજન કરવામાં આવેલ છે.

તારીખ : ૨૯-૧૦-૨૦૨૪, મંગળવાર
સમય : ૩.૩૦ કલાકે
સ્થળ : અમદાવાદ મેડીકલ એસોસીએશન

Dr. Dhiren Mehta
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA

AMA & AFPA -"DOCTOR ON CALL " in Diwali

Dear Friends,

During Diwali festival many of our friends go out of station on vacation. So many of people face problems in their needs during these days. So to avoid such inconvenience to society we conduct project of Doctors on Call since 13 years in association with Ahmedabad Family Physicians Association and this will be 14th year. Though because of Corona many of doctors may not go out but we continue our activity this year also.

We are planning a list of Doctors available during these festival days of Diwali in Ahmedabad. If you are interested in rendering your services during Diwali kindly send your Contact - Speciality - Area - through email to AMA - amagsbima@yahoo.co.in

You are not suppose to sit in your clinic round the clock - you will only be called in case of any emergency.

We are preparing a master list - Area wise and Speciality wise.

The project will work like this :-

Patient

↓

Call the Area Coordinator

↓

As per need Call transfered to /Patient guided to available Doctor/ Hospital

↓

Telephonic advise is totally free to patient

In Clinic /Hospital charges as per routine can be charged

We will publish the Help Line number which will be operational from 29/10/2024 to 03/11/2024

Those Doctors who wants to give their services are requested to contact Office of AMA.

:: Co-Ordinators ::

Dr. R. I. Patel **Dr. Kamlesh Naik** **Dr. Jinen Pandya**

Dr. Dhiren Mehta
President (AMA)

Dr. Vijay Maurya
President (AFPA)

Dr. Urvesh Shah
Hon. Secretary (AMA)

Dr. Shailesh Raval
Hon. Secretary (AFPA)

WE WELCOME FOLLOWING NEW LIFE MEMBERS

M.No.	Type	Name
13066	L	DR. GINOYA ASHA KANTILAL
13067	L Transfer	DR. SHAH HARVY N.
13068	LC	DR. GOHIL BRIJRAJSINH MAHAVIRSING
13069	LC	DR. GOHIL TORALBA BRIJRAJSING
13070	LC	DR. DAVE NIKHILKUMAR MAHESHBHAI
13071	LC	DR. TRIVEDI VYOMABEN KISHORBHAI
13072	L	DR. PANCHAL HARSH JATINKUMAR
13073	LC	DR. PATEL SAHIL VISHNUKUMAR
13074	LC	DR. PATEL RIYA BIPINBHAI
13075	LC	DR. PATEL KEYUR YOGESHBHAI
13076	LC	DR. PATEL NEEPA KEYUR
13077	L	DR. KSHATRIYA AMIT SANJAYBHAI
13078	L	DR. SHAH SHAILY MAYURBHAI
13079	L	DR. GUNANI DHRUV RAMESHBHAI
13080	L	DR. SHAH NEHAL JAYESHBHAI
13081	L	DR. NATHWANI NAIMISH DINESHBHAI
13082	L	DR. GUNASEKARAN VIGNESH D.
13083	L	DR. PARIKH TRUSHA DARSHAKBHAI
13084	L	DR. MAHESHWARI VIKAS HANSRAJ
13085	L	DR. VYAS BIRVA BIMALKUMAR
13086	L	DR. PATEL PARTH GANPATBHAI
13087	L	DR. HADIYA ASHWINKUMAR LALJIBHAI
13088	L	DR. RAJPUT TORAL GANESHBHAI
13089	LC Transfer	DR. THAKKAR NISARG JAGDISHBHAI
13090	LC Transfer	DR. THAKKAR NIDHI HARSHADKUMAR

OBITUARY

May their soul rest in eternal peace.

DR. BHARAT N. JAIN

L-297 M.B.B.S.

Date of Death : 06-09-2024

We send our sympathy & condolence to the bereaved family.

Report of Scientific Program dated 09/09/2024

A CME on 'ABCs of ABGs : A guide to interpreting Acid-Base Disorders' was organized by Ahmedabad Medical Association at AMA hall, Ashram road, Ahmedabad on 9th September, 2024. Dr Abhay Vakil Program Director – Pulmonary Fellowship ICU Medical & Director Corpus Christi Medical Center Texas, USA was invited as an expert speaker. The Programme was very well co-ordinated by Dr Gopal Raval & Dr Rushi Patel. More than 50 participants had attended this scientific programme. The session was lively, engaging, educative and informative.

Report of 'Salute to Excellence' event for the year 2023-24 dated 15/09/2024

A unique event to recognize the heroes for their contribution to our organization and society in the name 'Salute to Excellence 2023-24' was organized by Ahmedabad Medical Association at AMA hall, Ashram road, Ahmedabad on 15th September, 2024. Dr Jyotsnaben Yagnik Former Principal Judge, City Courts, Ahmedabad was invited as a Chief Guest & Dr Narottam Sahoo Advisor and Member Secretary, GUJCOST, Dept of Science and Technology, Govt of Gujarat as Guest of Honour. Dr Kirti Patel Director, GCS Medical College & Dr Yogendra Modi Dean, GCS Medical College were the special invitees. The certificates for appreciation were given to various organizations for their continuous support throughout the year, to the faculties for their help in UG practical revision classes organized by AMA, to the COLS training co-ordinators, for Aao Gaon Chale Campaign, to the student volunteers for their help in AMACON Workshops & to the Office Staff of AMA. All the members of AMA were invited to join the celebration. It was a full house event. The event was followed by a delicious lunch.

Quiz time

1. **A 45 year old woman present with sudden onset severe chest pain radiating to the back. She is hypertensive. What is the likely diagnosis ?**
   A. Myocardial infarction
   B. Aortic dissection
   C. Pulmonary embolism
   D. Pneumothorax
2. **A 45 year old male present with chronic epigastic pain and worsens after meals. An endoscopy reveals multiple gastric ulcers. Testing for H pylori is negative. What is most likely underlying condition?**
   A. Zollinger Ellison syndrome
   B. Crohn disease
   C. Coeliac disease
   D. Irritable bowel syndrome.
3. **A 6 month old boy presents with a right sided inguinal hernia. On examination a palpable mass is felt in the right inguinal canal. The silk glove sign is positive. What is the likely diagnosis?**
   A. Inguinal hernia
   B. Hydrocele
   C. Patient processus vaginalis
   D. Undescended testis
4. **A 6 year old present with fever, sore throat, and a fine erythematous sandpaper type rash which started from his neck, spread to trunk and extremeties. His tongue is red and swollen. What is the likely diagnosis?**
   A. Scarlet fever
   B. Hand foot and mouth disease

5. A AIDS positive patient comes with fever, vomiting and meningismus. Which test will be preffered for rapid diagnosis of cryptococcal meningitis?

A. Indian ink preparation of CSF
B. Blood culture
C. CSF culture
D. Blood assay of cryptococcal antigen

6. A 22 year old male patient presents with history of recurrent fall and difficulty in ambulation. On examination atrophies leg muscles are observed. Elder brother also have the same history. What is the likely diagnosis?

A. Duchhene muscle dystrophy
B. Beckers muscle dystrophy
C. Charcot Marle tooth disease
D. Myotonic dystrophy

7. Which of the following drug which can markedly potentiate the vasodilator effect of isosorbide dinitrite so contraindicated due to fatal hypotension?

A. Propranolol
B. Fluoxetine
C. Hydrochlorothiazide
D. Sildenafil

8. A 25 year male presents with red eye, arthralgia, burning micturition. Past history insignificant and no drug history. What is likely diagnosis?

A. Septic arthritis
B. Bechets disease
C. Inflammatory bowel disease
D. Reactive arthritis

9. Which of the following given in pregnancy in excess can have teratogenic effects?

A. Vitamin A
B. Vitamin B
C. Vitamin C
D. Vitamin D

10. A motivational speaker comes to opd with dysphonia. On diagnosis shows swollen translucent vocal cord, glottic narrowing, bowing of hydropicus cords. Most common cause?

A. Teachers nodule
B. Reinke edema
C. Vocal polyp.
D. Intubation granuloma

11. A 32 year old female presents with progressive weakenss, ptosis and double vision that worsens throughout the day. Ice pack test is positive. What is the best test?

A. Repetitive nerve stimulation test
B. Electromyography test EMG
C. CT scan of the chest
D. Serum acetylcholine receptor antibody test

12. Which part of liver cells stores Vitamin A?

A. Ito cells
B. Hepatocyte
C. Kupffer cells
D. Endothelial cells

13. Trials of bradycardia, widened pulse pressure and irregular respiration. What is the triad called?

A. Bedks triad
B. Horners syndrome triad
C. Cushings triad
D. Achalasia triad

14. A 60 year old male, chronic smoker presents with hemoptysis, weight loss and chronic cough. Chest xray shows a mass in right lung apex. What is the likely diagnosis?

A. Horners syndrome
B. Superior vena cava syndrome
C. Lambert Eaton syndrome
D. Pancoast syndrome

15. Which of the rhythm is not treatable with defibrillation?

A. Pulseless ventricular tachycardia
B. Ventricular fibrillation
C. Asystole
D. Ventricular flutter

The answer key is on page no. 43 of the bulletin.

How do we approach a patient with multiple joint pains

1. Is it polyarthritis?

First, you want to make sure it's polyarthritis - multiple (>4 joints) pain WITH SWELLING & NOT

- ☐ Polyarthralgia pain WITHOUT swelling
- ☐ Widespread pain
- ☐ Myalgia
- ☐ Bone pain
- ☐ Neuropathic pain

Let's deal with polyarthritis

2. Is it acute or chronic??

a. Acute<6 weeks

- ☐ Infections- gonococcal, infective endocarditis, rheumatic fever, lyme disease, viral
- ☐ Elderly RA, ANCA vasculitis, paraneoplastic

b. Chronic >6 weeks

- ☐ Rheumatoid arthritis
- ☐ Lupus, Sjogren's, other systemic rheumatic diseases
- ☐ Still's disease
- ☐ CPPD/ sometimes polyarticular gout
- ☐ Psoriatic arthritis
- ☐ Osteoarthritis

3. Temporal pattern

a. Additive pattern- RA, Lupus, Other systemic rheumatic disease

b. Intermittent - Crystallopathies, Reactive Arthritis, Palindromic RA, Autoinflammatory syndromes.

c. Migratory- Gonnococcal arthritis, rheumatic fever, lymes disease.

4. What is the nature of the pain?

- ☐ Inflammatory: pain worse at rest, relieved with activity, with early morning stiffness>30min
- ☐ Non-inflammatory: pain worse with activity, relieved with rest

This is important to figure out the plausible etiologies!

5. What is the joint distribution??

a. Bilateral symmetrical polyarthritis.

- ☐ Rheumatoid arthritis
- ☐ Lupus
- ☐ Sjogrens & other systemic rheumatic diseases.

b. asymmetric polyarthritis

I. Polyarticular psoriatic arthritis (note the 'ray' sign with involvement of MCPs, PIPs DIPs in a line & asymmetric sacroiliitis)

ii. Osteoarthritis pattern with knee, hip, 1st MTP, 1st CMC, PIP, DIP involvement

6. Extra articular symptoms

Fever- infection, lupus, still's disease, autoinflammation

Nodules-RA, gout, rheumatic fever

Rash- lupus, dermatomyositis, sjogren, still's disease, viral infection, psoriasis

Raynaud's- Scleroderma spectrum, lupus, Sjogren

Others: sicca, skin thickening, weight loss, anorexia, organ specific symptoms.

History & clinical examination will give you the diagnosis in most cases

Another scenario

Patient: "All my joints are painful & swollen!"

But when you examine the patient, you don't find any joint swelling

How to approach this scenario?

Now there are two possibilities

There was a joint swelling which is no longer there

OR

There was no joint swelling to begin with

A. Let's start with the first one– there was indeed joint swelling which is no longer there

That means we are dealing with

a. An episodic inflammatory disease
b. Drug modified disease

Episodic inflammatory diseases

- ☐ Gout
- ☐ CPPD
- ☐ Palindromic #rheumatoid arthritis
- ☐ Autoinflammatory syndromes
- ☐ Spondyloarthritis (especially reactive)

Drug-modified disease

Any inflammatory arthritis can be modified by the use of

- ☐ Steorids
- ☐ DMARDs
- ☐ Complementary & alternative drugs! (Very important)

Now, let's move to scenario no.

B. There was no joint swelling to begin with

This raises 2 questions

1. are we dealing with #arthritis?
2. or is it something else?

A. So, what kinds of arthritis may not have joint swelling?

The ones that are non inflammatory- Osteoarthritis.

B. is it even arthritis or something else?

Confirm if the pain is restricted to the joints or not?

Regional/diffuse pain could be related to

- ☐ Fibromyalgia
- ☐ Hypermobility disorders
- ☐ Myalgia
- ☐ Bone pains
- ☐ Osteomalacia
- ☐ Neurologic pain
- ☐ Soft tissue rheumatism

Also, some diseases may only have polyarthralgia

- ☐ Lupus
- ☐ Sjogren
- ☐ Post Viral syndromes
- ☐ Hypothyroidism

Note: CPPD means Calcium pyrophosphate deposition (CPPD) disease.

લેડીઝ-ક્લબ

यत्र नार्यस्तु पूजयन्ते, रमन्ते तत्र देवता:

હે ઈશ્વર ભાર એટલો આપજે કે હું ઝુકીના પડુ
સાથ સૌનો આપજે કે નિર્વિઘ્ને સફળતા સર કરું.

એ.એમ.એ. લેડીઝ ક્લબ આજે ૫૯ વર્ષમાં પ્રવેશે છે. આગામી વર્ષ ૨૦૨૪-૨૫ માટે ની નવી કમિટિની પદગ્રહણ વિધિમાં આપ સૌનો વિશ્વાસ અને સહકાર લઈને મા જગદંબા ના આશીર્વાદ સાથે નવરાત્રી મહોત્સવ ઉજવીએ.

આપણા આગામી કાર્યક્રમો આ પ્રમાણે છે.

કાર્યક્રમ નં. ૧ : પદગ્રહણ વિધી

તારીખ : ૮-૧૦-૨૦૨૪, મંગળવાર
સમય : બપોરે ૩.૦૦ થી ૪.૩૦ કલાકે
વિષય : એ.એમ.એ., આર.એમ. ફોજદાર હોલ, આશ્રમ રોડ.

મુખ્ય મહેમાન

ડો. નિતીન સુમન્તભાઈ શાહ
ચેરમેન-મેનેજીંગ ટ્રસ્ટી
(હાર્ટ ફાઉન્ડેશન એન્ડ રીસર્ચ ઈન્સ્ટીટ્યુટ)

અતિથી વિશેષશ્રી

ડો. લવીના સિન્હા
MBBS, MD, IPS
Deputy Commissioner of Police
(Cyber Crime)
Ahmedabad Police

ડો. મોના દેસાઈ
MD, Pediatrician
National President of
Women Doctor's wing
Past President AMA

પદ પ્રતિષ્ઠાપકશ્રી

ડો. મેહુલ શાહ
MS, Ortho.
Hon. State Secretary, IMA GSB

સાંજે ૪.૩૦ થી ૫.૦૦ કલાકે ચા-કોફી નો વિરામ રહેશે.

કાર્યક્રમ નં. ૨ : નવરાત્રી મહોત્સવ

તારીખ : ૮-૧૦-૨૦૨૪, મંગળવાર
સમય : સાંજે ૫.૦૦ થી ૭.૩૦ કલાકે
વિષય : એ.એમ.એ. નું પટાંગણ

રજીસ્ટ્રેશન

- સૌ સભ્ય એ તા. ૧-૧૦-૨૦૨૪ સુધીમાં રજીસ્ટ્રેશન કરાવી લેવું.
- રજીસ્ટ્રેશન માટે ગેસ્ટચાર્જ રૂા. ૧૫૦ તથા મેમ્બર માટે ફ્રી રહેશે.
- હાજર રહેલા દરેક સભ્યોને લાહણી મળશે.
- ગરબામાં વયજુથ પ્રમાણે ઈનામો આપવામાં આવશે.
- તાજા ફૂલો અને પાન થી બનાવેલ તોરણની હરીફાઈ રાખવામાં આવેલ છે.

પ્રોગ્રામ ના અંતે સૌ સાથે મળી ને સ્વાદીષ્ટ ભોજનનો આનંદ માણીશું.

લેડીઝ ક્લબ કમિટી ૨૦૨૪-૨૫

પ્રમુખ	:	શ્રીમતી રજની એન. મહેશ્વરી
ઉપપ્રમુખ	:	શ્રીમતી અનસૂયાબેન એચ. લાડોલા
		શ્રીમતી મનીષા એ. મહેતા
માનદ મંત્રી	:	ડો. શુશીલા પી. કેલા
સહમંત્રી	:	શ્રીમતી જ્યોતિ યુ. ગાંધી
		શ્રીમતી હર્ષા પંચાલ
ખજાનચી	:	શ્રીમતી અંજુ અમીત શાહ
સહ ખજાનચી	:	શ્રીમતી તૃપ્તિ ભાલાણી

કારોબારી સભ્ય

પ્રતિમા જે મહેતા	કેતલ કે. શાહ	મયુરી પી. વછરાજાની
જશના ડી. મહેતા	તરૂ શાહ	ડો. પ્રજ્ઞા મહેતા
હેમા જોશી	શોભના જે. મહેતા	પુષ્પા જે. બાવિષ્કર

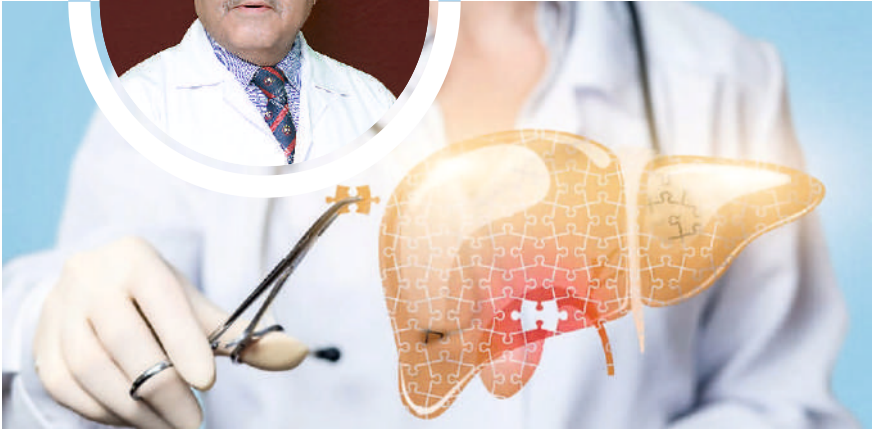
કાર્યક્રમ નં. 3 : શરદોત્સવ (પિતૃસંસ્થા એ.એમ.એ. સાથે)

તારીખ : ૧૩-૧૦-૨૦૨૪, રવિવાર
સમય : સાંજે ૭.૩૦ થી ૧૨.૦૦ કલાકે
વિષય : રાજપથ ક્લબ લોન

ડો. ક્ષમાબેન શાહ (પ્રમુખ) મો. ૯૩૨૭૦ ૬૬૬૪૦
ડો. મનીષાબેન મહેતા (સેક્રેટરી) મો. ૯૮૯૮૦ ૧૬૯૭૪
ડો. તુષાર પટેલ (પ્રમુખ, એ.એમ.એ.)
ડો. ઉર્વેશ શાહ (સેક્રેટરી, એ.એમ.એ.)

Gujarat Liver & Digestive Surgery Clinic

GUJARAT LIVER & DIGESTIVE SURGERY CLINIC ™ AHMEDABAD



Dr. Hitesh Chavda

MS FICS FACS (USA) FRCS (Edinburgh, UK)
Fellowship-Hepatobiliary & Liver Transplantation-Singapore / Korea

Consultant Surgical Gastroenterologist, Hepatobiliary, Gastrointestinal Cancer & Liver Transplant Surgeon

207, Kairos, Opp Mahatma Gandhi Labour Institute, Near Manav Mandir, Drive-in Road, Memnagar, Ahmedabad - 380052
Email : hiteshchavda@gmail.com | Website : www.drhiteshchavda.com
For appointment call: +91-9712988402, 079-46003822

A center of excellence for gastrointestinal and liver surgery

Center of emergency toxicology : A grand collaboration of AMA with NFSU.

When as a clinician we treat a suspected poisoning case or heavy metal toxicity we are stuck with a roadblock. There are no complete diagnostic laboratory. When we are treating any patient who needs to be given a drug which has narrow therapeutic window and where this drugs can cause toxicity we wish to get drug therapeutic monitoring. In that case cost and availability become the big issue. In all this another issue that comes is credibility, turnaround time and standardization.

To help us in this clinical management issues, National forensic Science University has launched a Center of Emergency Toxicology. For the first time this center service will be available for private and government doctors and hospitals 24x7.

What will this center offer to our community.

- Diagnosis :Expert assessment and management of poisoning cases using cutting-edge technology.
- Drug Therapeutic Monitoring: Precision monitoring to optimize medication safety and efficacy.
- Poison Information Services:24/7 hotline offering expert advice and guidance.
- Professional Training : Courses for healthcare providers to enhance skills in toxicology and emergency response.
- Community Education : Workshops and seminars to raise awareness about poison prevention and safety.
- Research and Innovation

Our center is at the forefront of toxicology research, collaborating with leading institutions to develop new strategies for managing toxic exposures.

India requires a comprehensive poison center for several critical reasons:

1. **High Incidence of Poisoning Cases**

- Prevalence of Poisoning: India faces a significant number of poisoning cases each year due to various factors, including pesticide exposure, industrial accidents, and accidental ingestions. A comprehensive poison center is essential to manage and mitigate these incidents effectively.

2. **Diverse Toxicological Challenges**

- Variety of Poisons: The country deals with a wide range of poisons, including agricultural chemicals, industrial substances, and household toxins. A specialized center can provide expertise in diagnosing and treating these diverse toxicological challenges**.**

3. **Need for Specialized Expertise**

- Expert Consultation: Poison centers offer access to highly trained toxicologists and medical professionals who can provide expert advice and treatment protocols for complex poisoning cases. This expertise is crucial for accurate diagnosis and effective management.

4. **Improving Diagnostic and Treatment Services**

- Advanced Diagnostics: Comprehensive poison centers are equipped with advanced diagnostic tools and technologies for precise detection of toxins. This capability ensures timely and accurate treatment, which is vital for patient outcomes**.**

5. **Enhancing Public Health and Safety**

- Prevention and Education: Poison centers play a key role in educating the public about poison prevention and safety. They offer resources and outreach programs to raise awareness about the risks and proper handling of toxic substances.

6. Supporting Healthcare Providers

- Professional Training: These centers provide training and support for healthcare professionals, enhancing their ability to handle poisoning cases effectively. This training improves the overall quality of care provided across the healthcare system.

7. Research and Innovation

Advancing Knowledge: Poison centers engage in research to advance the understanding of toxicology and develop new treatment methods. This research contributes to better management practices and the development of new antidotes.

8. Addressing Rural and Remote Areas

Access to Care: A comprehensive poison center can help bridge the gap in healthcare access, especially in rural and remote areas where specialized toxicological care may be limited.

9. Reducing Healthcare Costs

- Cost-Effective Solutions: By providing early and effective treatment, poison centers can reduce the overall healthcare costs associated with severe poisoning cases, including hospitalizations and long-term care.

Center will have state of art laboratory facility.

Advanced Diagnostic Techniques

- Blood and Urine Toxicology Panels
- Gas Chromatography-Mass Spectrometry (GC-MS)
- High-Performance Liquid Chromatography (HPLC)
- Immunoassays for Specific Toxins And many more required facilities.

Essential Drugs for Therapeutic Monitoring- Proposed

- Antibiotics - Vancomycin - Gentamicin- Amikacin
- Antiepileptic's- Phenytoin - Carbamazepine - Valproic Acid - Phenobarbital
- Anticoagulants - Warfarin - Heparin
- Immunosuppressant's - Cyclosporine - Tacrolimus- Sirolimus
- Cardiac Drugs- Digoxin - Procainamide - Quinidine Lidocaine
- Mood Stabilizers- Lithium
- Bronchodilators- Theophylline
- Chemotherapy Agents- Methotrexate Busulfan
- Antipsychotics- Clozapine Amitriptyline Nortriptyline
- Antifungals- Voriconazole
- Antiretrovirals- Protease Inhibitors (Lopinavir, Ritonavir)
- Biologics-Infliximab
- Antituberculosis-Isoniazid Rifampicin

This list can be modified according to the requirement of the medical field.

Special Features

Comprehensive Diagnostic Capabilities

- Advanced Toxicology Screening: Cutting-edge equipment for precise analysis.
- 24/7 Emergency Services
- Round-the-Clock Hotline: Immediate access to toxicology experts for emergencies.

Innovative Research and Collaboration

- Research Initiatives: Pioneering studies to advance toxicology knowledge.
- Partnerships: Collaborations with academic and healthcare institutions.
- First time facility available for government and private doctors and patients.

Comprehensive Treatment Protocols

- Knowledge about specific antidote and possible available places
- Supportive Care Services: Comprehensive treatment plans for recovery.

Training and Education Programs

- Professional Development: Courses for healthcare providers on poison management.
- Community Workshops: Public education on poison prevention and safety.

Tele Services

- Remote Consultations: Access to expert advice for healthcare professionals.

Once this center becomes completely funcitonal practice of toxicology will change forever. It will be accessible, lifesaving and legally acceptable.

Answer Key of Quiz Time

1(B), 2(A) 3(D), 4(A), 5(A), 6(C), 7(D), 8(B),
9(A) 10(B), 11(D), 12(A), 13(C), 14(D), 15(C)

'Sustainable Living- Caring for Climate'

By Aarya Chavda
Author, Illustrator, Speaker, Heritage and Environment Crusader
www.aaryachavda.com

The world is busted!

There is no more destructive beast than we Homo Sapiens. Judging by the havoc that we as a species have wrecked on Earth and its inhabitants.

Many of the changes observed in our climate are unprecedented in thousands, and some of the changes already set in motion are irreversible over hundreds to thousands of years. As our planet faces global warming, we experience rising sea levels, ocean acidification, loss of biodiversity, huge amounts of pollution and loss of human lives.

Many of the factors contributing to this crisis are familiar to us: logging, poaching, and over fishing. However, there is a relatively new threat that has emerged: global warming, primarily driven by the burning of fossil fuels. The consequences of this include rising temperatures and more frequent extreme weather events, such as forest fires, floods, and droughts, which have worsened the damage already inflicted on the Earth.

Scientists have estimated that the humanity has wiped out 83% of the world's wild animals and half of all plants. This loss, termed as the sixth mass extinction, has huge implications for humanity. It is stated as the second most impactful risk humanity faces, affecting food, air, water and stable ground.

According to IPBES report, more than one million species of plants and animals are at a risk of extinction- many of which are predicted to be pushed into extinction within just a few decades. The report finds that more than 40% of amphibian species, almost 33% of coral reefs and more than one- third of all marine mammals are threatened. Every time the last member of a species perishes,

another strand in the web snaps, and we move a step closer to an abrupt apocalyptic collapse.

The climate crisis is global and its real and anticipate impacts have already caused a lot of damage on the face of our planet.

Many a times, we need to be reminded that the Earth is ours and so are we to Earth. Our action and vehement ignorance is accelerating the degradation process of our climate. If we continue treating our planet like this, we won't be left with any alternative to survive. Saving ourselves and our environment requires more awareness and change of behavior from all of us. Only then will we be able to strike for action and save our planet from the hands of this current crisis.

Through my campaign on 'Sustainable living Caring for climate', I strongly believe that we youth have the potential to create a movement and connect across religion, region and race, toprotect our environment. Through my campaign, I emphasize upon A + A, where A stands for Awareness and Action. I believe that, by working with Awareness + Action, together, we can all come forward to save our planet Earth. A lot of awareness has already been spread, but now is the time that we should call for action.

In my books, 'Seeds of Hope', 'Seeds to Sow' and 'Coming Together' I emphasize that, it is time for all of us to retrospect about where our priorities lie. We youth need to ignite our sense of responsibility as aware citizens and come together to make a change for a better future. Mitigating the climate crisis is our global responsibility. We are at the brink of losing; thus, we must act now for tomorrow will be too late.

It is high time we mend our relationship with Mother Earth for the survival of humanity. We can be the catalyst to bring upon change by shifting our consumption and production patterns towards more sustainable practices. By being smarter with the choices we make, we need to start taking small steps to ensure we are keeping on the path we set.

We can adopt the six R's to lead a sustainable lifestyle to restore our Earth. One step at a time, as it's never too late to begin.

Here are R's, with which we can reduce our carbon footprint-

1. Reflect- Upon our harmful actions
2. Refuse- Single used plastic and Styrofoam
3. Reduce- Carbon emissions and fuel wastage
4. Reuse- Papers, Cans, Bags and Plastic
5. Repurpose- Used plastic and wrappers
6. Recycle- Plastic and containers

Along with implementing on the 7R's, simple ways through which we could live in eco-conscious societies are:

- We can recycle our dry waste
- Reduce the amount of our reject waste
- Adopt Eco Friendly Products
- Segregate the waste at our homes
- Exercise our green thumb

With these ways, we can reduce our carbon footprint to great extent. Keeping in mind and implementing these sustainable practices in our day to day life, we can reduce our carbon footprint, to a great extent.

We may not be able to stop global warming overnight but we can definitely slow down the rate. Small steps towards conserving our Earth can bring in a big difference for the future generations to come, as I believe that each one of us should put their conscious effort and contribute in collaborating to spread awareness so that we all can come together for action.

Excerpts from my book 'Seeds of Hope' and 'Seeds to Sow'
patronaged and published by UNESCO.

Arya is daughter of our colleague Dr. Hitesh Chavda, Eminent Laparoscopic Gastro surgeon and Liver transplant surgeon. She is in 10th standard.

ChikunGunia Arthritis: Management.

The chikungunya virus (CHIKV) infection epidemic has emerged as a significant public health concern in the last 20 years.

CHIKV infection predominantly causes musculoskeletal symptoms with a chronic polyarthritis which may resemble autoimmune inflammatory arthritis.

This vector born disease is transmitted to humans by the bite of infected female Aedes aegypti (predominantly in tropical countries) or Aedes albopictus (predominantly in temperate countries) mosquitoes

Chikungunya infection may be divided into an acute phase (<3 months) and chronic phase (>3 months). The acute phase may be further subdivided into viraemic (5–10 days) and sub-acute post-viraemic (6–21 days) phases.

The viraemic phase is characterised by sudden onset of high-grade fever (often >39°C), severe polyarthralgia/polyarthritis, myalgias, conjunctivitis and exanthema.

The exanthema can present as diffuse or focal skin rash. Many patients also develop pruritus, vesicles, purpura and skin hyperesthesia. In the sub-acute phase, fever settles but articular symptoms and fatigue persist.

Polyarthritis is usually symmetrical and involves small and large joints. Tenosynovitis and bursitis can also occur which are usually very painful..

The chronic phase of the disease may follow a pattern similar to rheumatoid arthritis, peripheral spondyloarthritis, undifferentiated arthritis and fibromyalgia. The ankles, knees, hips, wrists, elbows and metacarpo-phalangeal joints are mainly involved.

The management is usually divided in to two groups; acute (<3 months) and chronic (>3 months).

The acute phase can be subdivided into acute phase in to acute phase (1–3 weeks) and sub-acute (4–12 weeks)

Management of musculoskeletal manifestations in acute phase (<3 months)

First 1-3 weeks

1. Adequate rest, hydration, paracetamol (up to 4 g maximum in divided dosages) and avoidance of aspirin.
2. Ibuprofen, diclofenac, naproxen or aceclofenac are the NSAIDs which can be taken along with paracetamol for intractable symptoms once dengue infection has been ruled out. Dengue have haemorrhagic complications.
3. Avoid steroids

4-12weeks

1. For intractable synovitis and tenosynovitis, low dose oral prednisolone can be used, at a dose of 10 mg daily for 5 days and further tapering over the next 10 days.
   The maximum dose of steroids recommended is 0.5 mg/kg and steroids are not advised for more than 4 weeks.
2. NSAID can help. Avoid nephrotoxic drugs
3. Week opiods like Tramadol helps
4. For peripheral neuropathy add Pregabalin or amitryptiline.

Management of musculoskeletal manifestations in chronic phase (>3 months)

Disease-modifying anti-rheumatic drugs (DMARDs) such as methotrexate (MTX), sulfasalazine (SSZ) and HCQS have shown benefits in the chronic phase of CHIKV arthritis with ongoing synovitis or tenosynovitis.

Confirmed sinovitis or tenosinovitis use tapering steroids low dose not more than 1-2 weeks.

One can use:

Hydroxychloroquine 5 mg/kg/day, maximum 400 mg daily

Methotrexate 10–25 mg/week with folic acid 1 mg/day

Sulfasalazine 1–2 g/day.

Use these treatments for 6 to 8 weeks.

Decide treatment based on comorbidities and ongoing medicines.

Keep doing follow ups with needed reports.

Massive Transfusion Protocol- A Guide to the Management of Acute Blood Loss

Dr. Jhalak Patel[1], Dr. Vishvas Amin[2]
Indian Red Cross Society, Ahmadabad District Branch
1- Deputy Director-Medical, Transfusion Medicine Specialist.
2- General Secretary, Pathologist.

❖ What?

Massive blood transfusion is traditionally defined as replacement of one or more blood volume in 24 hours.

In a clinical practice it can be:

- ≥ 10 blood units transfused in 24 hours or
- Transfusion of ≥ 4 blood units in 1 hour or
- Replacement of 50% of blood volume in 3-4 hours
- A rate of loss of blood ≥ 150 ml / hour

❖ **Goals of Massive Transfusion Protocol?**

- Maintenance of tissue perfusion.
- Oxygenation by restoration of blood volume and Hb.
- Early recognition of blood loss and activation of massive transfusion protocol.
- Cessation of bleeding by means like early surgical or radiological intervention.
- Judicious use of blood component therapy to correct coagulopathy.

❖ **Complications of massive transfusion:**

Massive transfusion (MT) is a lifesaving treatment but can be associated with significant complications. The lethal triad of acidosis, hypothermia, and coagulopathy associated with MT is associated with a high mortality rate.

- **Acidosis:** Acidosis in a patient receiving a large volume transfusion is more likely to be the result of inadequate treatment of hypovolaemia than because of transfusion.

Under normal circumstances, the body can readily neutralize this acid load from transfusion. The routine use of bicarbonate or other alkalizing agents, based on the number of units transfused, is unnecessary.

- **Coagulopathy:** Dilution of the platelets and coagulation factor with initial resuscitation of a bleeding patient is done with excessive crystalloids and red cell transfusion. Coagulopathy is ascribed to loss of active haemostatic blood, dilution factor, acidosis, and hypothermia, which reduces the enzymatic activity leading to destabilization of coagulation complexes. Hence, it becomes a vicious circle where acidosis and hypothermia cause coagulopathy, and coagulopathy leads to increased bleeding, causing tissue hypo-transfusion leading to acidosis and hypothermia. Hence, active initial management with ratio-based transfusion therapy avoiding blood dilution and providing extracorporeal blood warming allows many trauma patients to survive.
- Hypothermia
- **Hyperkalaemia/Hypokalaemia:** The storage of blood results in a small increase in extracellular potassium concentration, which will increase the longer it is stored. This rise is rarely of clinical significance, other than in neonatal exchange transfusions. Hypokalaemia is more frequent than hyperkalaemia due to the inward shift of potassium ions in red cells due to citrate toxicity and aldosterone-induced urinary loss.
- **Citrate toxicity and hypocalcaemia:** Citrate toxicity is rare but is most likely to occur during a large volume transfusion of whole blood. Hypocalcaemia, particularly in combination with hypothermia and acidosis, can cause a

reduction in cardiac output, bradycardia, and other dysrhythmias. In addition, citrate is usually rapidly metabolized to bicarbonate. It istherefore, unnecessary to attempt to neutralizethe acid load of transfusion.

- Air embolism

❖ Massive transfusion protocol:

- Massive transfusion protocols (MPs) are established to provide rapid blood replacement for patients with massive blood loss. Early optimal blood transfusion is essential to sustain organ perfusion and oxygenation.
- There are many variables to consider when establishing an MT, and studies have prospectively evaluated different scenarios and patient populations to establish the best practices to attain improved patient outcomes.
- The establishment and utilization of an optimal MP are challenging given the ever-changing patient status during resuscitation efforts.
- Initial resuscitation should be started immediately in a ratio-based blood component therapy. As given by BCSH guidelines, the most accepted ratio-based protocol recommends blood components to be transfused in equal ratios.
- After initial resuscitation, the following parameters should be evaluated while guiding further therapy
  1. Temperature > 35°C
  2. Acid-base status: pH > 7.2, base excess >6, lactate <4 mmol/L
  3. Ionised calcium (Ca) > 1.1 mmol/L
  4. Haemoglobin (Hb): This should not be used alone as a transfusion trigger; and should be interpreted in context with haemodynamic status, organ, and tissue

perfusion.

5. Platelets ≥50 x 109 /L
6. PT/APTT (activated partial thromboplastin time) ≥ 1.5 x of normal
7. Fibrinogen > 1.0 g/dl
8. Viscoelastic testing to guide the component therapy including status of platelet function and fibrinolysis at the patient bed side.

The best practice for massive transfusion (MT) includes an established institutional definition of massive transfusion protocol, an accurate method for predicting which patients will require MT so therapy can be promptly initiated.

Over-utilization can be avoided, and finally, an established MT protocol with a clear plan for activation and use of appropriate blood products to maintain haemostasis.

❖ **Massive transfusion in trauma:**

- Adult trauma patients with, or at risk of, massive haemorrhage should initially be transfused empirically with a1:1:1 ratio of plasma: red cells: platelets. These patients with or at risk of major haemorrhage should be given tranexamic acid as soon as possible after injury.

❖ **Massive transfusion in obstetric patients:**

- Blood component therapy should be same as in non-pregnant patients except that fibrinogen supplementation with cryoprecipitate should be considered at fibrinogen levels <2.0 gm/dl. Tranexamic acid may also be considered post-partum.

The latest recommendations advise uses of viscoelastic testing like thromboelastography(TEG), ROTEM, Sonoclot in the settings of massive blood loss in situations of trauma, obstetric haemorrhage, liver and cardiac surgery.

PLOT FOR SALE @ NARANPURA

- 577 SQ.YDS.
- NEAR NARANPURA CROSSING,
- AND ICAI BHAVAN,
- ALONG RAILWAY TRACK,
- 15.25 MTR. ROAD,
- 3.0 FSI
- SUITABLE FOR PG HOUSE,
- HOSPITAL ETC.
- Have Good Planning of 7 Floors each floor with 11 rooms.

https://maps.app.goo.gl/pE2XuFPaWrh37GJs5?g_st=ic

Contact

Shripalbhai : +91 93270 59133

RATES FOR ADVERTISEMENT IN AMA BULLETIN

WITH EFFECT FROM 01-04-2024

PARTICULARS	AMA MEMBER	GROUP MEMBER	NON MEMBER CORPORATE HOSP.
Last Cover Page (Colour)	RS. *13000* 1170 CGST 1170 SGST RS *15340*	RS. 14000 1260 CGST 1260 SGST RS *16520*	RS. 16000 1140 CGST 1140 SGST RS *18880*
Inside Cover Page Total 4 in (Colour)	RS. 10500 945 CGST 945 SGST RS *12390*	RS. 11500 1035 CGST 1035 SGST RS *13570*	RS. 14000 1260 CGST 1260 SGST RS *16520*
Center Page - Rates are per page (Colour)	RS. 10500 945 CGST 945 SGST RS *12390*	RS. 11500 1035 CGST 1035 SGST RS *13570*	RS. 14000 1260 CGST 1260 SGST RS *16520*
Full Page Colour	RS. 7500 675 CGST 675 SGST RS *8850*	RS. 9000 810 CGST 810 SGST RS *10620*	RS. 11500 1035 CGST 1035 SGST RS *13570*
Full Page Black & White	RS. 4000 360 CGST 360 SGST RS *4720*	RS. 7500 675 CGST 675 SGST RS *8850*	RS. 10500 945 CGST 945 SGST RS *12390*
Half Page Black & White	RS. 2000 180 CGST 180 SGST RS *2360*	RS. 4000 360 CGST 360 SGST RS *4720*	RS. 5700 613 CGST 613 SGST RS *6726*
Quarter Page Black & White	RS. 1100 99 CGST 99 SGST RS *1298*	RS. 2200 198 CGST 198 SGST RS *2596*	RS. 3000 270 CGST 270 SGST RS *3540*

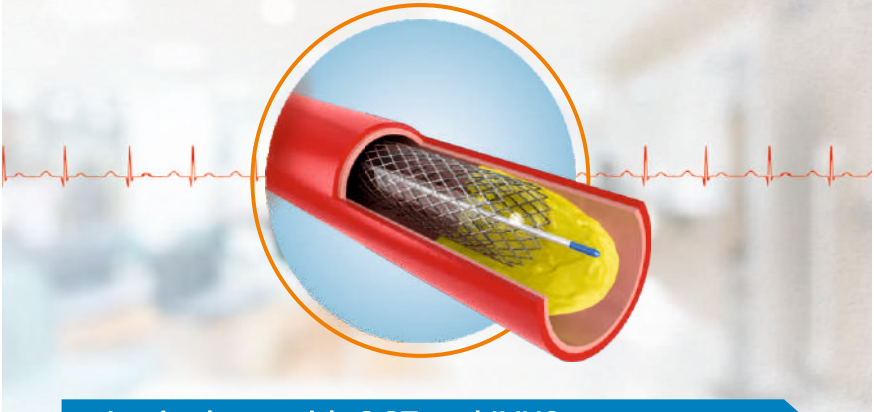
Note :- For Cover Page & Center Pages
(These are minimum rates; in case of more than one proposal, higher one will be considered)

Size of Bulletin

Full Page 18*12 cm	**Half Page 9*12 cm**	**Qtr. Page 9*6 cm**

Please Send your Advertisement in CDR/JPG Formate only at AMA before the date.

Please Send your advertisement Before Dt. Of 15th each Month.



Angioplasty with OCT and IVUS

Optical coherence tomography allows imaging of the coronary artery in great detail and potentially providing unique insights into coronary artery pathophysiology.

Intravascular ultrasound is a diagnostic procedure that allows to plan the stent procedure by determining the reference vessel diameter and lesion length, visualizing how well a stent is deployed by assessing stent expansion, and surveying for complications that occur at the edge of stents such as dissection.

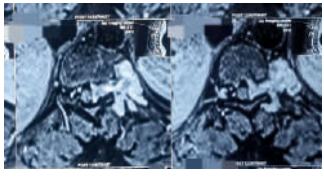
Fractional Flow Reserve (FFR)

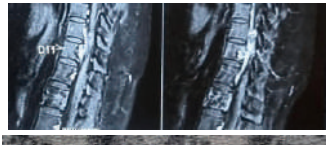
Fractional Flow Reserve (FFR) measurement involves determining the ratio between the maximum achievable blood flow in a diseased coronary artery and the theoretical maximum flow in a normal coronary artery. An FFR lower than 0.75 to 0.80 is generally considered to be associated with myocardial ischemia.

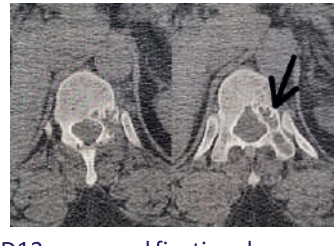
DR. MEHUL SOLANKI

MS, MCH , NEUROSURGERY

RARE ENTITY - INTRAOSSEOUS GLOMUS TUMOR OF THORACIC SPINE.







36 yr old female patient came with complaint of back pain, difficulty in walking and doing daily household work since 3 month.

- **On examination -** local tenderness over dorsal spine. No other Neurological deficit.
- **On MRI and CT** imaging revealed - D11 EMED left pedicle osteolytic lesion.
- D11 pedicle Bone biopsy revealed intraosseous glomus Tumor of spine.
- Patient and relatives counselled about the rare nature of disease and need of Surgical management.
- **Surgery was planned -** Gross total resection of tumor with D9 D10 D11rt D12 screw rod fixation done.
- **HPE -** D11 intraosseous glomus Tumor.
- On post operative day 4 patient was discharged with No neurological deficit.
- On follow up after 20 days sutures were removed.
- Patient is ambulatory.
- No back pain, No motor deficit.

Only 13 such cases reported so far in literature.

EVA®
Women's Hospital & Endoscopy Centre

DR. DIPAK LIMBACHIYA
M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
LAP Onco Gynaec Surgeries

PIONEERING TECHNIQUE ON USE OF ENDO-STAPLER FOR ENCLOSED COLPOTOMY.

PROSPECTIVE STUDY ON THE USE OF ENDO-STAPLER FOR ENCLOSED COLPOTOMY TO PREVENT TUMOR SPILLAGE IN GYNECOLOGIC ONCOLOGY MINIMALLY INVASIVE SURGERIES

Background and Objectives: This is a prospective trial of the endo-stapler application for vaginal closure before colpotomy in cases of carcinoma endometrium and carcinoma cervix, managed by minimally invasive surgery. Through this study, **we aimed to explore short-term oncology outcomes, surgical and functional outcomes, and the efficacy of endo-stapler application in gynecologic malignancy cases managed by MIS.**

Methods: This was a prospective, single center study completed between March 1, 2020 and December 31, 2022. A total of 62 patients (43 cases of carcinoma endometrium and 19 cases of carcinoma cervix) were recruited for the study. Oncologic survival outcomes at the end of 1 and 2 years were documented.

Results: There were no major intraoperative bowel, urinary, or vascular injuries. None of the cases required conversion to laparotomy per operatively. Our study had 8 patients with carcinoma endometrium (8/43) and 7 patients of carcinoma cervix (7/19) who have completed 24 months of follow-up without any recurrence to date.

Conclusion:
This is the first prospective trial to date on the application of endo-stapler for vaginal closure before colpotomy in gynecologic malignancy cases managed by MIS with consideration of surgical and oncologic follow-up outcomes. Endo-stapler application for enclosed colpotomy to prevent tumor spillage is a futuristic step in gynecologic oncology cases managed by laparoscopy.

Eva Endoscopy Training Institute
Block - C, Neelkanth Park-II,
Ghoda Camp Road, Shahibaug,
Ahmedabad-380 004
Madhusmita : 99252 44878

QR Code for Entire Article

Eva Women's Hospital & Endoscopy Centre
E : drdipaklimbachya@gmail.com
E : info@evawomenshospital.com
W : www.evawomenshospital.com
P : 079-2268 2217 / 22682075 M : 9825028771

SAVIOUR HOSPITAL

SAVIOUR HOSPITAL
Health is for growth

CENTRE OF EXCELLENCE FOR JOINT REPLACEMENT

Experience of more than 50,000 joint replacement surgeries.
One of the largest volume centre in India & Asia Continent.

Now Latest Technology Joins Hands with Experts

Dr. H P Bhalodiya
M.S. ORTHO
Chief Joint Replacement Surgeon

Dr. Rushay Bhalodiya
M.S. ORTHO

- Robotic assissted Joint Replacement
- Primary, Complex primary & Revision Knee Replacement
- Primary & Revision Hip Replacement
- Unicondylar Knee Replacement (Partial Knee Replacement) and Revision Unicondylar Knee Replacement

- Only USFDA Robot which perform Hip, Knee and Unicondylar knee replacement.
- More than 1100 Mako Robot installed world wide.
- 10,00,000 Joints performed with Mako.

Gujarat's 1st Hospital

to take a step into the future of joint replacement surgeries with

MAKO ROBOTIC ARM

Premium joint
Precise surgery
Perfect outcome

Mako Robotic-Arm Assisted Joint Replacement Surgery

Pioneer in Joint Replacement Surgery with latest scientific approach & offers results

near to 100%.

Increased Precision | Reduced Recovery Time | Reduced Pain

OPD Timing (Mon- Fri)
4:00 PM to 6:00 PM

For Appointment Call on:
+91-93270 99818 /19 /20

Marketing
+91-99789 85777

SAVIOUR HOSPITAL
Near Stadium Petrol Pump, Nr. Lakhudi Talav, Navrangpura,
Ahmedabad-09 | 079-61908000 | www.saviourhospital.com

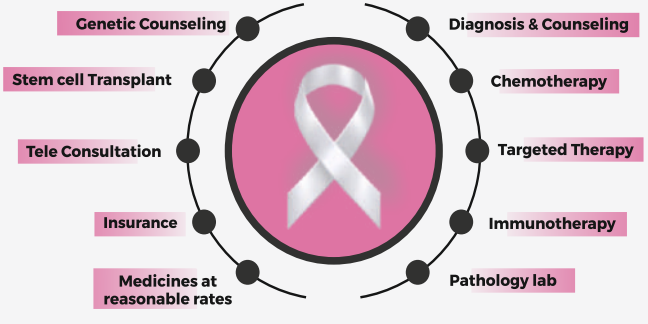
HO® HEMATO ONCOLOGY CLINIC
VEDANTA

Breast Cancer

Awareness Month

Got a Minute? That's All You Need to Check for Breast Cancer. Act Now, Book a Screening Today!

SERVICES PROVIDED



OUR TEAM


Dr. Shailesh S. Talati
MD, (Medical Oncologist)


Dr. Bharat J. Parikh
MD, (Medical-Oncologist)


Dr. Sandip A. Shah
MD, (Hemato-Oncology & Stem Cell Transplant Physician)


Dr. Chirag J. Desai
MD, DM (Oncology)


Dr. Bhavin A. Shah
MD, DM (Oncology)


Dr. Deepa H. Trivedi
MD, Pediatric Hemato Oncologist, USA


Dr. Abhishek C. Kakroo
MD, DM (Oncology)


Dr. Rahul O. Jaiswal
MD, DM (Oncology)


Dr. Sanket P. Shah
MD, DM, PDF (Hemato-Oncologist & Stem Cell Transplant Physician)


Dr. Kalpesh Prajapati
MD, DM (Oncology)


Dr. Chintan K. Shah
MD, DNB Medical Oncologist & Hematologist


Dr. Asif Shaikh
MD DrNB (Medical Oncologist & Hematologist - ESMO Certified)


Dr. Jay Dadhania
MD, DM (Oncology) Medical Oncologist - Hematologist

Call us on:

RAJPATH: +91 79 2970 6719/20, +91 90998 07706
NAVARANGPURA: +91 79 2640 2220, +91 79 4004 2223, +91 90990 07706
MANINAGAR: + 91 79 2546 0834, + 91 93277 41385 | **NIKOL:** +91 81283 47706

For Upcoming CME's

JIVRAJ
DR. JIVRAJ MEHTA SMARAK HEALTH FOUNDATION
BAKERI MEDICAL RESEARCH CENTRE

WE'RE HIRING

Applications Invited

Consultant (3+ Years)

- **Gastroenterology** MD and DM/DNB or any equivalent degree
- **Gastro Surgery** MS and Mch/DNB or any equivalent degree
- **Medical Oncology** MD and DM/DNB or any equivalent degree
- **Surgical Oncology** MS and Mch/DNB or any equivalent degree
- **Neuro Surgery** MS and Mch/DNB or any equivalent degree
- **Ophthalmologist** MS or any equivalent degree
- **Dentist** (Min 8+ years) BDS

Manager

(7+ Years from NABH Accredited Hospital)

- **Medical Services** MBBS/BAMS/BHMS/BDS or any equivalent degree with MHA/PGDHHM

APPLY NOW!
SEND YOUR CV @
jivrajhealthcare.org

+91 93385 33666
hrhead@jivrajhealthcare.org
Dr. Jivraj Mehta Hospital, Vasna, Ahmedabad

Apply before 10th Oct 2024

AHMEDABAD MEDICO NEWS Registered under RNI No. GUJENG/2006/17532 Published on 27th of Every Month under Regd. No. GAMC / 1548 / 2022-2024 issued by SSP Ahmedabad. Valid upto 31-12-2024 and Permitted to Post at without Prepayment No. PMG/NG/099/2022-2024 Valid Upto 31-12-2024 Ahmedabad PSO on 27th Date of every Month

PUBLISHER AND EDITOR : **DR. URVESH SHAH** HON. SECRETARY, ON BEHALF OF **AHMEDABAD MEDICAL ASSOCIATION**. AMA HOUSE, **1st** FLOOR, Opp. H.K. Arts College, ASHRAM ROAD, AHMEDABAD-380 009. **PHONE : 2658 87 75**

NAME OF THE PRINTING PRESS & ADDRESS -: **HITESHKUMAR & COMPANY**
AMRUT INDUSTRIAL ESTATE, DUDHESHWAR, AHMEDABAD - 380 004.
M. 77780 11951, 92288 85157 | 77780 11951 | E-mail : hiteshkumarandco@gmail.com