



EDITORIAL

Let's make the difference!

We ourselves feel that what we are doing is just a drop in the ocean but the ocean would be less because of that missing drop. – Mother Teresa

Why not make our presence as well as absence felt? Why not make the difference in our lifetime? Are we competing with others or ourselves? What difference are we making to become global citizen? Can even a single act or thought change our lives?

Around the turn of the century, Dr. Charles and Dr. William Mayo (Mayo Brothers) organized medical professionals in a new way to give better care for patients. They created a system that allowed doctors to take the time to thoroughly investigate patient problems and to quickly and easily get help from other specialists. The system was built on the idea that **two heads are better than one and five are even better.** The idea of **"Collective wisdom"** resulted in four hospitals and three clinics in three states of USA, employing more than 40,000 physicians, scientists, nurses and allied health workers, running under **"Mayo's Clinic"**.

The accidental publication of the news "the merchant of death — the Dynamite king dies"

changed Sir Alfred Nobel's mind and then he dictated that his fortune be used to establish the Nobel prizes! Even the family members were shocked to learn this after his death.

This is a story about a poor boy, named Howard who used to sell goods from door to door to pay his way through school. One day he was hungry and decided that he would ask for a meal at the next house. However, he lost his nerve when a lovely young woman opened the door. Instead of a meal, he asked for a glass of water. She thought he looked hungry, so she brought him a large glass of milk. He drank it slowly and then asked, "How much do I owe you?" "You don't owe me anything," she replied and added. **"Mother has taught us never to accept pay for a kindness."** He said... "Then I thank you from my heart."

As Howard left that house, the act of kindness made him feel stronger physically. He had been ready to give up and quit. Now his faith in God and man had further strengthened. He grew up to become a doctor.

Years later that young woman became critically ill. The local doctors were baffled. They finally sent her to the big city, where they

called in the specialists to study her rare disease. Dr. Howard Kelly was called in for the consultation. When he heard the name of the town she came from, a strange light filled his eyes. Immediately, he went in to see her. He recognized her at once. He went back to the consultation room determined to do his best to save her life. After a long struggle, the battle was finally won.

Dr. Kelly requested the accounts office to pass the final bill to him for approval. He looked at it, and then wrote something on the corner and the bill was sent to her room. She feared to open it, for she was sure it would take the rest of her life to pay for it all. Finally she looked, and something caught her attention on the side of the bill. She read these words... **"Paid in full with one glass of milk"**.

Dr. Howard Kelly was a distinguished Gynaecologist who, in 1895, founded the Gynaecologic Oncology division at Johns Hopkins University. He was one of the four great men who made Johns Hopkins famous. He made Kelly's clamp, Kelly's stitch for urinary incontinence, Kelly's red rubber pad for Labour patients & medical illustrations etc.

R. S. Bhatia **Sanchit Bhatia**

It's amazing what you can accomplish, if you do not care who gets the credit.

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- Available Books and CDs**
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- News Flash**
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- Our team of experts**

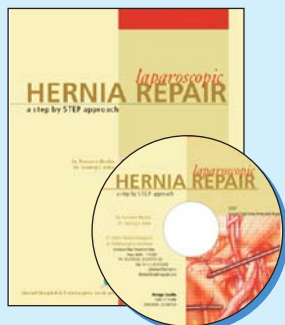
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VOL: 05 NO: 04

BOOKS



Laparoscopic Hernia Repair
(a step by STEP approach)

Forewords by

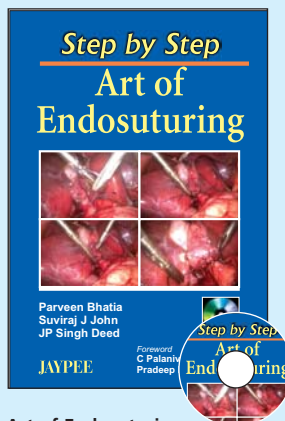
Dr. J. Barry Mckernan
Dr. Adarsh Chaudhary

Contents

200 pages with 16 chapters,
300 coloured photographs &
diagrams

Authors

Dr. Parveen Bhatia
Dr. Suviraj J John



Art of Endosuturing
(a step by STEP approach)

with Mini Interactive CD

Authors

Dr. Parveen Bhatia
Dr. Suviraj J John
Dr. J. P. Singh Deed

Forewords by

Dr. C. Palanivelu
Dr. Pradeep Chowbey

Contents

183 pages, 121 coloured photo-
graphs, 70 illustrations

MICRO-VASCULAR RE-IMPLANTATION SURGERY

Re-implantation of avulsed, amputated thumb, fingers & foot



Dr. S. V. Kharbanda

M.ch (Plastic Surgery),
Senior Aesthetic, Plastic &
Micro vascular Surgeon

First successful thumb re-implantation was performed in 1965 by **Komatsu** and **Tamai**. Since then, continuous advances are taking place in digital re-implantations. Also the patients demand for re-implantation of their amputated parts, regardless of the nature of their injuries or the condition in which fingers were transported. The surgeons must be able to comply with this demand and provide results that will be satisfactory in the terms of function and appearance. In avulsion injuries of digits and thumbs, both vessels and nerves are damaged. Usually it is not limited to the site of amputation and on closer inspection of part, one may discover structures dangling from its cut end. These may be tendon or nerves, but rarely vessels. Vessels in this condition are commonly avulsed distally. Viability in such amputated part can be successfully restored either by bone shortening or by use of vein grafts.

TRANSPORTATION AND ISCHAEMIA TIME OF AN AMPUTATED STUMP

Amputated part can be successfully transported to micro-vascular unit by wrapping the amputated stump in saline soaked pad or gauze. This stump should be put in a polythene bag and this bag is put into another polythene bag filled with ice. So the amputated stump will not come in direct contact with ice. Stump should not be put directly into water or saline solution to prevent maceration.

Normally with such method, amputated digits or thumb remain viable for more than 20hrs. (cold ischaemia time). If amputated stump of digit is not kept in ice, even then it will remain viable for more than 12hrs, (warm ischaemia time).

RE-IMPLANTATION OF THUMB

The patient Mr. Dambar Rana, had crush and avulsion injury of Rt. thumb just distal to Metacarpo-phalangeal joint. Patient came well within warm ischaemia time

carrying the amputated stump and dangling tendons avulsed at level of distal forearm from musculo tendinous junction. This thumb was successfully re-



Re-implantation of thumb

implanted by doing 1.5 to 2cm shorting of bone distal to M.P joint. In this one artery and two veins were anastomosed without any vein graft. A single digital nerve was also successfully anastomosed. Patient had complete functional recovery of Rt. thumb.

RE-IMPLANTATION OF FOOT

Mr. Shahwaz Khan, 12 yrs old child was brought from Saharanpur with both fore feet amputated. Patient reached the hospital 8-10hrs after injury with both feet well kept in ice bags and wrapped in saline soaked gauze. Rt. forefoot was successfully re-implanted with all vessels, tendons and nerves repaired. And in other limb, amputated stump of foot was covered with a neuro sensory free flap. Patient had complete sensory and functional recovery of Rt. foot. Now after 4 months, patient can walk on his own feet.



Re-implantation of foot

To err is human, and to blame it on the computer is ever more so.

Robert Orben

LEUCODERMA: A Ray of Hope

Laser assisted Melanocyte cell transplantation (MCT)



Dr. Munish Paul
M.D.
Consultant Dermatologist & Laser Surgeon

Leucoderma (Vitiligo) is a disease which is characterized by chalky white patches that can occur on any part of the body. It affects approximately 1% of the population; both males and females are equally affected. Family history is observed in about 20% of the cases, Patients with vitiligo are at a greater risk of having thyroid disease, anemia & alopecia. Emotional stress, sunburns, certain chemicals like bleaching agents, rubber, use of bindis, tight nylon saris, film developing agents can induce or aggravate leucoderma.

The various treatment options available in vitiligo are Immune suppressive drugs, photochemotherapy (PUVA, UVB), and Vitiligo skin grafting. PUVA helps by increasing the number of functional melanocytes (pigment producing cells) and melanogenesis (pigment production) thus halting the spread of the patches and causing repigmentation of the existing patches. Sittings are given thrice a week on alternate days The response i.e. repigmentation of the white patches is seen in the form of color spreading around the hair follicles and margins of the patches. It may take 3 months to one year for significant repigmentation.



Most of the patients will have good improvement with PUVA, however, white patches over areas as the



lips and the fingertips can be resistant to treatment because these areas lack hair follicles. These areas are best treated by vitiligo skin grafting. Vitiligo grafting is a procedure that is undertaken only if the vitiligo is not responding to medical line of treatment & the disease is stable (i.e. its not spreading).



Dermis & epidermis separated

The latest in the surgical management of vitiligo is **Laser assisted Melanocyte cell transplantation (MCT)**. A technique

which originated in Sweden but is now available at our center In the first step of MCT, a very thin skin sample of size approx. 4cm x 2cm is harvested from buttocks. A pigment cell suspension is made from the skin sample after trypsinization. The melanocyte suspension enables us to treat 100 sq cm of vitiligo area.



Melanocyte suspension

In the next step Epidermis of vitiligo patch is removed, precisely with the Erbium-YAG Laser, the Melanocyte suspension is then evenly spread on resurfaced area and covered with a collagen dressing. Dressing is removed after 6 days. Earliest pigmentation is noticed at 4 weeks and complete repigmentation occurs in about 2 to 4 months. Melanocyte cell transplantation is extremely effective in stable, non-progressive Vitiligo The main advantages of melanocyte transplant is that large areas can be treated with small donor site. (from just 8 cm of donor area a 100 cm of vitiligo area can be covered!). The procedure has good cosmetic results, repigmentation occurs within 2 to 4 months & the possibilities of side effect like scarring are minimal. All sites excluding palms and soles can be treated.

Phototherapy and Melanocyte cell transplantation are safe and effective treatments, and are giving a new ray of hope for patients suffering from vitiligo.



NEWS FLASH

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Congratulations!



Dr. Arvind Khurana
M.D., D.M (Gastro.)
Sr. Consultant Gastroenterologist & Therapeutic Endoscopist
on being awarded 3rd prize in **National Conference ENDOCON, 2005**
March 27–29, 2005
Kolkata

on **"Expandable Metallic Stents in Palliative Treatment of Malignant Strictures of Left Colon"**.

Global Visitors



Dr. Sayeba Akhtar,
Gynaecologist, HOD, Dhaka Medical College, Bangladesh



Dr. Pierpaolo Dal Monte,
Consultant Surgeon T.K.C. Italy
demonstrating **Transanal Haemorrhoidal Dearterialisation (using Doppler)**

You can easily judge the character of others by how they treat those who can do nothing for them or to them.
Malcolm Forbes

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VOL: 05 NO: 04

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 - November 25, 26, 2005 (Friday, Saturday)
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