



Sir Ganga Ram Hospital

newsletter

vol 29 no 1

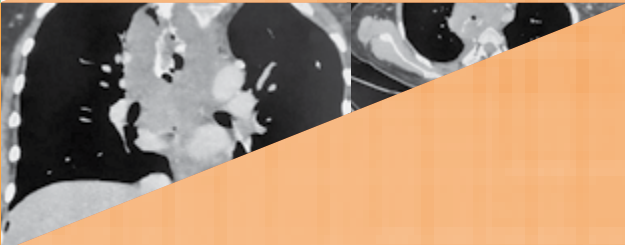
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January–March 2025

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Endocrinology and Metabolism: An endemic problem

Endocrine and metabolic disorders are emerging as important global endemic problems. The prevalence of endocrine conditions such as diabetes, obesity, thyroid dysfunction, osteoporosis and metabolic syndrome, is increasing at an alarming rate, making them endemic worldwide. This crisis poses significant challenges to healthcare systems and economies worldwide. Diabetes and obesity are major contributors to global healthcare costs. The International Diabetes Federation estimates the growth of global healthcare spending on diabetes from \$760 billion in 2019 to \$1.03 trillion by 2030 per annum. These disorders reduce productivity, strain healthcare systems, increase morbidity and mortality due to complications such as cardiovascular disease (CVD), kidney failure and stroke.

The two most prevalent metabolic conditions – type 2 diabetes mellitus (T2DM) and obesity – are linked intricately. As per a recent study published in *The Lancet* (NCD-RisC and WHO), 828 million people worldwide have diabetes; India accounts for 212 million patients, followed by China (148 millions), and USA (42 million) (Fig. 1). T2DM exemplifies the transition from isolated occurrences to persistent public health challenges in numerous communities. Obesity, a major public health issue, has reached endemic proportions worldwide. The WHO reports that 12.5% of adults worldwide have obesity. As per the World Obesity Federation more than 1 billion people are obese worldwide, including 880 million adults and about 159 million children and adolescents. Fig. 2 shows the obesity rate by country in 2023. Obesity acts as a precursor to

metabolic dysfunctions such as diabetes, hypertension, dyslipidaemia, MASLD and CVD.

Thyroid disorders, particularly hypothyroidism, are another area of concern. Affecting millions globally, these often remain undiagnosed, leading to CVD, infertility and neurocognitive deficits. Conditions like polycystic ovary syndrome (PCOS), metabolic syndrome, vitamin D deficiencies, osteoporosis and adrenal disorders add to the burden of endocrine dysfunction, emphasizing the multifaceted nature and spectrum of the endocrine-disorder epidemic. The global number of osteoporosis cases is projected to reach 263.2 million between 2030 and 2034, with women accounting for 154.4 million and men 108.8 million.

This endemicity is fuelled by rapid urbanization, sedentary lifestyles and dietary changes. Diets rich in processed foods exacerbate metabolic dysfunction. South Asians, particularly Indians, are genetically predisposed to central obesity and insulin resistance, increasing their vulnerability to metabolic disorders. Environmental endocrine disruptors like chemicals in plastics, pesticides, and pollutants interfere with hormonal balance, contributing to obesity and thyroid dysfunction. The stress associated with urban living disrupts hormonal balance. Longer life expectancy comes with a rise in age-related endocrine disorders, such as osteoporosis and hypothyroidism.

A comprehensive, multi-pronged approach is required to address this endemic problem, which includes campaigns to emphasize lifestyle modification, regulation of food industry and

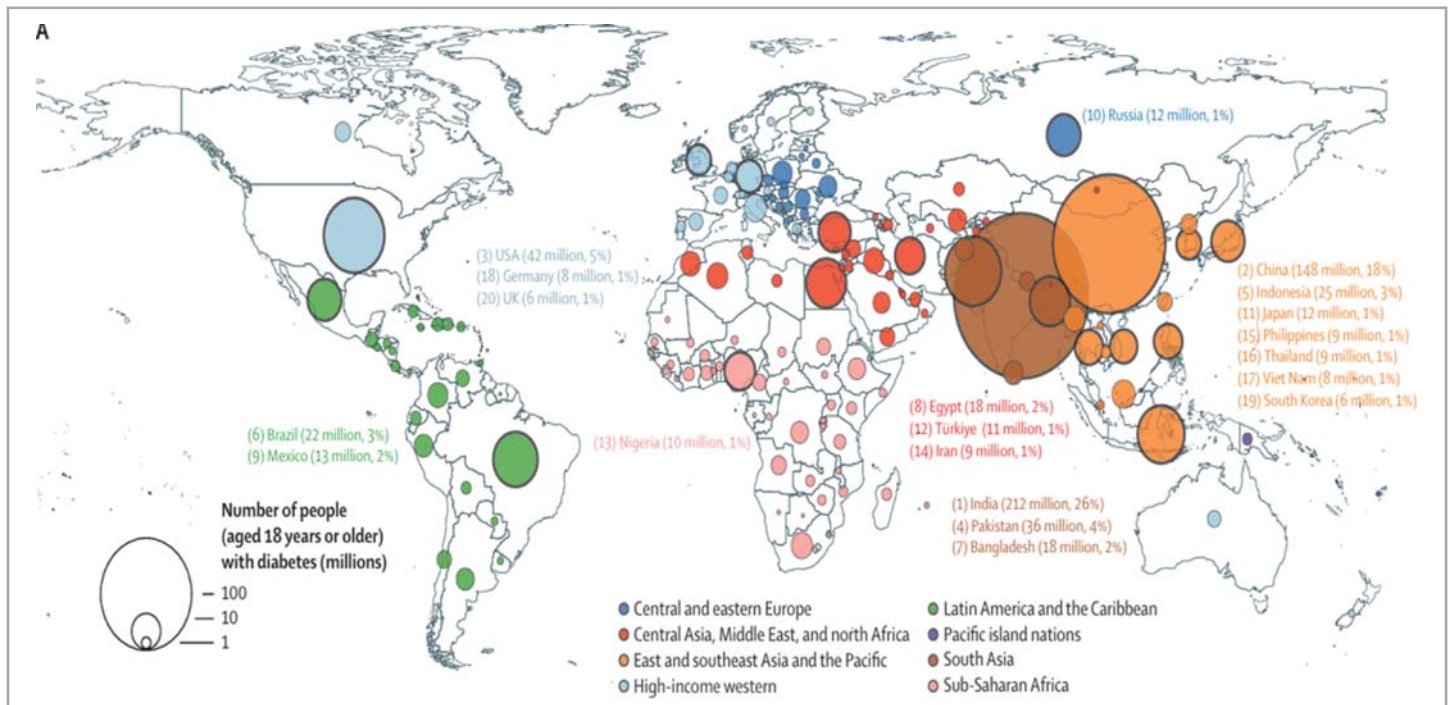


Fig. 1. Number of people with diabetes 2022 (adapted from *The Lancet* 2024;404:2077–93)

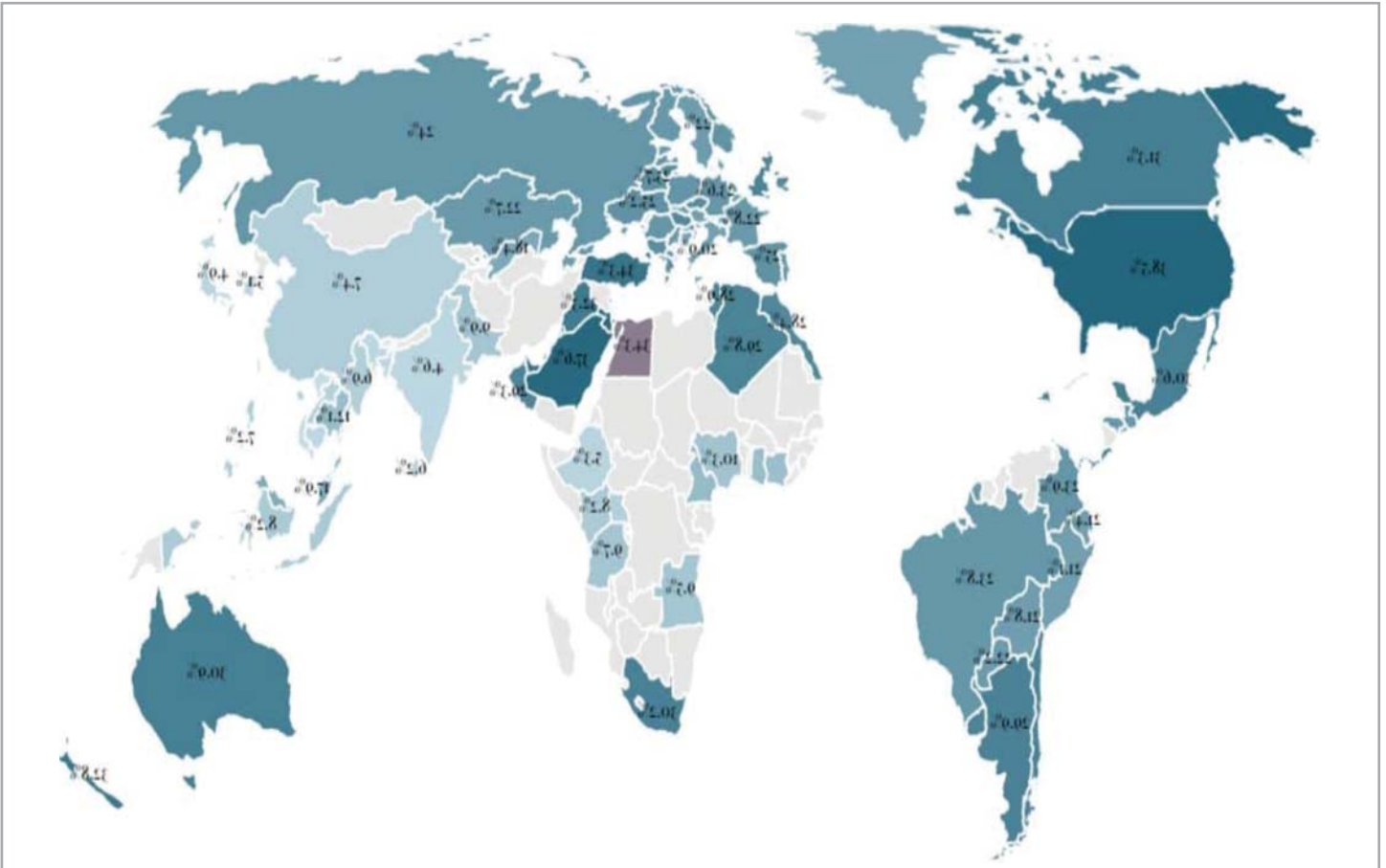


Fig. 2. Obesity rate by country 2023. *World Obesity Atlas (Annual report World Obesity Federation 2023)*

routine screening for metabolic and endocrine disorders to facilitate early diagnosis and reduce complications. Collaboration among endocrinologists, dietitians, and public health professionals is essential to develop comprehensive care models.

The growing prevalence of endocrine and metabolic disorders is a silent epidemic. If not addressed in time, this epidemic may threaten healthcare systems and erode economic productivity. With proactive measures like early diagnosis, prevention, and innovative

therapeutic approaches, the impact can be mitigated. The fight against these disorders is not merely a medical challenge but a societal imperative, demanding collective effort to foster healthier communities and a sustainable future.

Compiled by
Dr Ajay Aggarwal
 Chairperson
 Department of Endocrinology and Metabolism

Dr Chand Wattal, Chairman, Institute of Clinical Microbiology and Immunology, SGRH has been nominated on the advisory and review committee by the Government of India under the National One Health Mission. The committee has the mandate to identify research and development on medical counters such as vaccines, therapeutics and diagnostics to safeguard health of humans, animals and the environment.

Dr C. Wattal has been awarded the Prof. K.B. Sharma oration award at the 16th Annual Conference of the Indian Association of Medical Microbiologists (IAMM), Delhi Chapter held at Silver Oak, Habitat World on 19 October 2024 by the Delhi Chapter of IAMM.

Dr C. Wattal received the prestigious Dr S.C. Agarwal oration award at the 47th National Congress of the IAMM organized by BJ Medical College, Pune on 21 November 2024.



Metastatic oesophageal carcinoma in pregnancy

Introduction

The incidence of all malignant tumours during pregnancy is extremely rare and that of oesophageal carcinoma ranges from 0.07% to 0.1% of all malignant neoplasms. The physiological changes during pregnancy frequently mask the complaints and symptoms related to the disease. The physical and physiological clinical conditions limit the diagnostic approaches. Therefore, the stage of cancer at the time of diagnosis is usually advanced. We report a very rare case of advanced oesophageal carcinoma in pregnancy with pulmonary metastasis who presented to us at 36 weeks of gestation.

Case report

A 28-year-old woman G3P1L1A1 presented to the casualty at 36+5 weeks of gestation with history of previous caesarean section with pain abdomen, haemoptysis, malena, dysphagia, cough, and weight loss for past 2–3 months. She had a caesarean section delivery 7 years ago in view of oligohydramnios with foetal distress and one missed miscarriage 5 years ago. The present pregnancy was natural conception with history of antenatal care outside our facility during the COVID-19 pandemic.

On examination, the patient was conscious and oriented. She was afebrile and had tachycardia with pulse rate 107 per minute and BP 120/80 mmHg. On respiratory examination, bilateral normal vesicular breath sounds were present. On abdominal examination, the uterus was irritable, term size, breech presentation and foetal heart rate was regular. On per vaginal examination, the cervix os 3 cm dilated, 50% effaced with breech and membranes absent. The patient and her relatives were counselled about the need for an emergency caesarean delivery in view of breech presentation with previous caesarean in labour. Decision for the caesarean section was taken after written informed and high-risk consent. Relevant investigations were done. The patient underwent emergency

caesarean delivery under spinal anaesthesia and delivered a female baby of 2.180 kg with normal APGAR score, shifted to NICU, and the patient herself was shifted to the ward.

She was evaluated postoperatively. Gastroenterology surgeon's reference was sought, who advised CT scan whole abdomen (Fig. 1), upper GI endoscopy (Fig. 2) and guided biopsy in view of large oesophageal growth, likely metastatic. Oesophageal biopsy confirmed well-differentiated squamous cell carcinoma. PET scan suggested long segment FDG AVID heterogeneously enhancing circumferential mural thickening for mass formation involving the upper, mid and lower thoracic oesophagus, extending from D1 vertebra superiorly to gastro-oesophageal junction inferiorly compressing the trachea, bilateral main bronchus and right upper lobe bronchus with collapse of the upper lobe of the right lung with FDG AVID bilateral supraclavicular lymph nodes with FDG AVID osteolytic skeletal lesion with associated tissue component involving C4 vertebra likely metastatic with mild pleural effusion.

Medical oncologist's opinion was sought and she was planned for palliative chemotherapy after 2–3 weeks of caesarean section in view of advanced stage cancer with lung metastasis.

Discussion

Oesophageal cancer is one of the leading causes of cancer-related

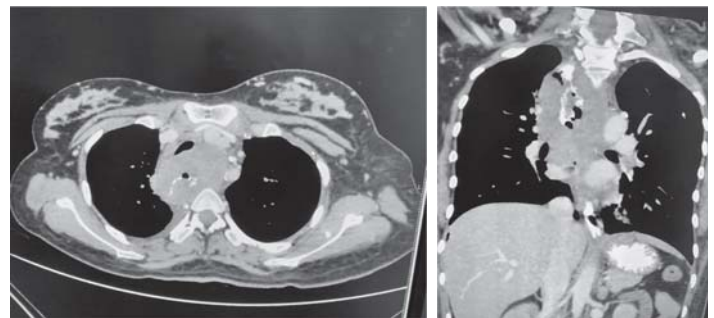


Fig. 1. CT scan whole abdomen

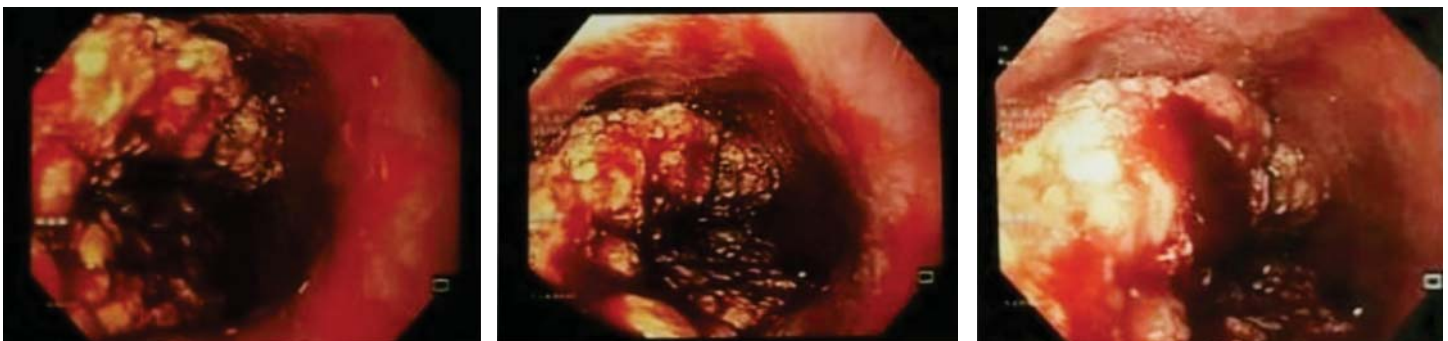


Fig. 2. Upper GI endoscopy images

Salient investigations

Hb	8.8 g/dl	TLC	19.290 thou/mm ³
PLT	185 thou/mm ³	INR	1.02
SGOT	169 IU/L	SGPT	112 IU/L
Serum creatinine	0.68 mg/dL	Sodium	136 mEq/L
Potassium	3.94 mEq/L		
Rapid gene Xpert COVID-19	Negative	RT-PCR COVID-19	Negative
CT scan whole abdomen	A large heterogeneously enhancing, predominantly hypo-dense mass with irregular wall-thickening involving the almost entire thoracic oesophagus, extending from the level of D1 vertebra and inferiorly almost reaching up to the gastrooesophageal junction. Mass is pushing and compressing the trachea and bilateral bronchi with luminal narrowing of the left main bronchus and abutting the vessels as described above and few confluent necrotic left supraclavicular and perigastric lymph nodes. Possibility of mitotic pathology is likely. Few sub-centimetre nodules seen in bilateral lungs possibly metastatic. Minimal bilateral effusion seen. Free air seen in the peritoneal cavity.		
Oesophageal biopsy	Well-differentiated squamous cell carcinoma		
Upper GI endoscopy	Large long oesophageal growth ? Malignant		

death worldwide. The complete resection of oesophageal cancer tissue with surrounding malignant lymph nodes is the sole potential curative treatment. Preoperative staging is very important to determine appropriate treatment modalities. Computed tomography is the first advised imaging technique for the evaluation of extent of disease and/or staging after the pathological examination.

Oesophageal cancer is seen very rarely during pregnancy. The symptoms are usually misinterpreted as pregnancy-related symptoms. Consequently, the diagnosis is delayed and the patient is admitted to the hospital in advanced stages. The practical guidelines for treatment of gastric or intestinal cancer during pregnancy are available while there is limited data about oesophageal cancer during pregnancy. Authors have reported that the guidelines regarding the treatment of oesophageal cancer are similar to those of gastric cancer during pregnancy. If gastric cancer is diagnosed at an early stage, the treatment may be postponed to provide greater probability of survival of the neonate. If diagnosed beyond the 30th week of gestation, delivery is recommended if foetus is viable and then radical resection of the gastric cancer is performed.

Our case was diagnosed at the 36th week of pregnancy with advanced oesophageal carcinoma in pregnancy with pulmonary metastasis. Symptoms such as vomiting, nausea and weight loss are usually encountered during the 1st semester of pregnancy and obscure the disease. Also, the uterus fundus arises to the umbilicus level around the 20th week of gestation and the stomach is pushed

upward towards the diaphragm so the symptoms become severe and this compels the patients to report and thus, they are finally diagnosed.

Conclusion

Gastrointestinal complaints during pregnancy should be considered with suspicion, especially in resistant cases, as in our case and malignancy should be kept in mind to allow further investigations and evaluation. As the diagnosis becomes difficult at an earlier gestation, the cancer may be diagnosed in advanced stages as pregnancy progresses.

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Compiled by
Dr M. Dagar, Dr T. Das, Dr A. Srivastava,
Dr N. Yadav, Dr M. Srivastava
Institute of Obstetrics and Gynaecology

Surgical Innovation at SGRH

Brachial Plexus Surgery at SGRH: Recent advances in techniques and concepts

Brachial plexus surgery is a complex field focusing on the repair and reconstruction of the brachial plexus nerves, which are critical for upper limb function. Recent advancements in surgical techniques and concepts have significantly improved outcomes for patients with brachial plexus injuries. This write-up delves into the latest developments in brachial plexus surgery, highlighting new surgical techniques, innovations, and evolving concepts that are shaping the future of this specialty at our institute.

Historical context and traditional approaches

To appreciate recent advances, it is crucial to understand the traditional approaches to brachial plexus surgery. Historically, surgical options were limited and often involved nerve grafting and direct nerve repair. Procedures such as primary nerve repair and nerve grafting were the mainstays of treatment. While these methods provided some improvement, they were often associated with variable outcomes due to the complexity of the brachial plexus, distance the repaired nerve recovery march had to cover and the limitations in surgical techniques.

Advancements in surgical techniques

1. Microsurgical technique/fibrin glue

One of the most significant advancements in brachial plexus surgery has been the refinement of microsurgical techniques. The introduction of high-magnification microscopes and advanced microsurgical instruments has allowed us to perform more precise nerve repairs. Microsurgery enables the repair of smaller nerve fibres and the meticulous alignment of nerve stumps, which is crucial for optimal functional recovery. We at SGRH have the latest S&T micro instruments, which make our job easier, as well as we have the finest threads ranging from 8/0 to 12/0, which help us undertake smallest of neuro anastomoses.

Fibrin glue for coaptation has now become a standard practice in brachial plexus surgery. I, personally, take two stitches with Ethilon 9/0 at the edges in the epineurium and apply glue while keeping the nerve ends approximated. This leads to minimal scarring and faster recovery.

Over the years, our surgical incisions have reduced in length and now we place targeted small incisions which help in fast, pain free recovery.

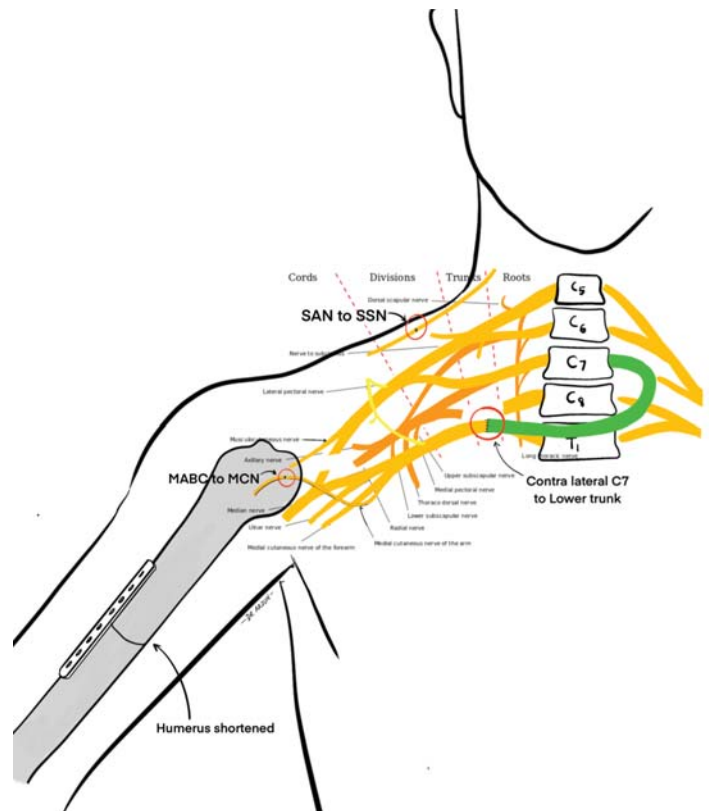
2. Distal nerve transfers

Nerve transfer techniques have gained prominence as an alternative or complement to nerve grafting. Nerve transfers involve

rerouting a healthy nerve to restore function in a paralysed muscle or area. Recent advances have refined the selection of donor nerves and improved the techniques for their transfer. For example, the use of the fascicle from ulnar and median nerves to restore function to the elbow flexors (Oberlin I and II) has shown promising results. Advances in surgical planning and intraoperative nerve monitoring by nerve stimulators have further enhanced the success rates of nerve transfers.

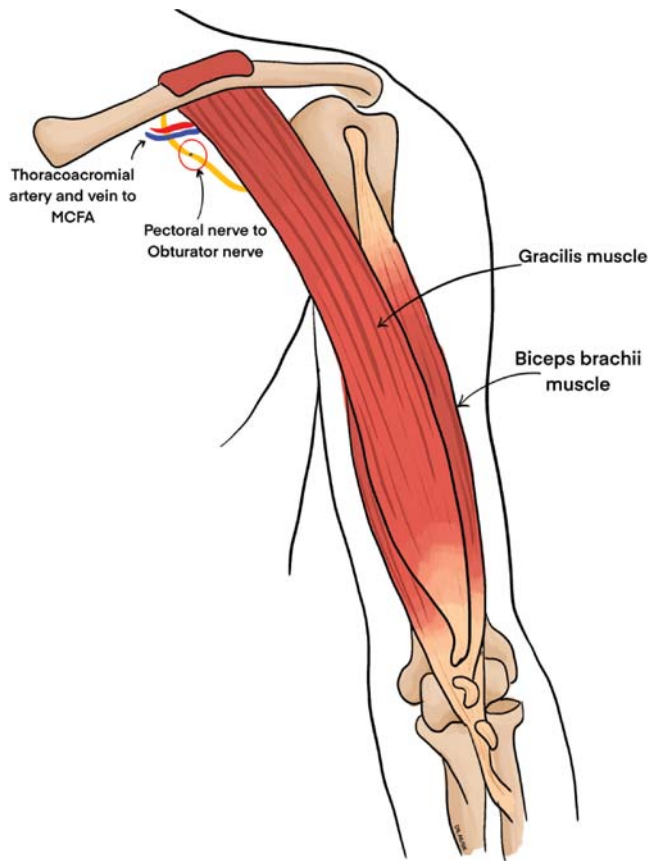
3. Optimal utilization of contralateral C7

Numerous authors have described the use of contralateral C7 in brachial plexus, namely C7 with free ulnar graft, hemi C7 transfer but contralateral C7 described by Wang *et al.* has been the most successful in getting results in hand in global palsy. We have adapted a modification inspired by his technique and in the past 3 years and I have done more than 20 cases with this technique with encouraging results in hand recovery in cases of global palsy. The route I use to bring the contralateral C7 to the pre-sternal area is circum carotid rather than pre-vertebral. Also I have found shortening of the humerus by 1 inch (done by our ortho colleagues) helps in achieving a tension free closure of the nerves.



4. Free functioning muscle transfer

Described by Doi *et al.*, this technique of bringing the gracilis muscle from the thigh as a free vascularized graft to take up function in the upper limb offers hope to a patient of old, neglected brachial plexus injury. We at SGRH have been doing this procedure now for more than 10 years and have refined this technique to consistently achieve a power of M4 and higher in most of our cases.



Innovations in surgical concepts

1. Neuroplasticity and rehabilitation integration

Recent research has highlighted the importance of integrating surgical interventions with neuroplasticity and rehabilitation strategies. Neuroplasticity refers to the brain's ability to reorganize and adapt following injury. Understanding how the nervous system adapts and recovers has led to improved postoperative rehabilitation protocols. For example, I used a hypoglossal nerve to median nerve transfer via a cable graft in a patient recently. In this patient the physiotherapy will involve asking the patient to move his tongue in a darting manner to make his fingers flex.

Similarly, whenever I do intercostal nerve transfer for biceps, I always ask the patient to do brisk walk, Pranayam (breath Yoga) and any other chest exercise which can increase his vital lung capacity, hence strengthening the intercostals, which in turn make the biceps stronger.

We are increasingly collaborating with rehabilitation specialists like occupational therapists to design comprehensive treatment plans that maximize functional recovery and improve long-term outcomes.

2. Genetic and molecular advances

Advances in genetics and molecular biology are beginning to influence brachial plexus surgery. Research into the molecular mechanisms of nerve injury and repair has led to a better understanding of the factors that influence nerve regeneration. For instance, the identification of specific growth factors and signalling molecules has paved the way for targeted therapies that can enhance nerve regeneration and functional recovery. While these approaches are still in experimental stages, they hold significant potential for future clinical applications.

We are currently having an ongoing study in collaboration with our research department on the 'Role of autologous bone marrow derived mononuclear stem cells in peripheral nerve regeneration'. We will soon come out with some definitive answers on this front.

3. Advances in imaging and customized surgical planning

MR neurography provides high-resolution images that allow for a detailed assessment of nerve integrity, including detecting nerve damage, inflammation or compression. This is a more sensitive method than standard MRI and can help in identifying the exact location and extent of nerve injury, guiding surgical planning and predicting outcome. We can now create a detailed map of the brachial plexus and plan our approach with unprecedented precision. Customized surgical planning allows for more accurate nerve repair and improves the likelihood of successful outcomes.

Challenges and future directions

Despite these advancements, several challenges remain in the field of brachial plexus surgery. The complexity of the brachial plexus and the variability in injury patterns make it challenging to achieve consistent outcomes. Additionally, the integration of new technologies and techniques into clinical practice requires rigorous validation and long-term follow-up studies.

A majority of our patients are from a lower socio-economic strata, hence providing world-class care at a subsidized rate is always challenging. We are often forced to take decisions that are guided by finances rather than clinical judgement.

Future research in brachial plexus surgery will likely focus on further improving surgical techniques, enhancing rehabilitation strategies, and exploring novel therapies.

Contributed by

**Dr Anubhav Gupta, Senior Consultant and Vice Chairman
Department of Plastic, Cosmetic and Hand Microsurgery**

Workshop on Acute Myeloid Leukaemia

The Department of Haematology conducted a national workshop on 'Acute Myeloid Leukaemia—Measurable residual disease by flow cytometry and next generation sequencing', under the aegis of the Cytometry Society of India on 3 August 2024. Participants included residents and faculty from various medical colleges across India.

Dr Sabina Langer, Senior Consultant was the Organizing Secretary. This was the second national workshop on flowcytometry and first CME to be held in the new auditorium. The workshop was conducted in the hybrid mode with 40 participants present online and a similar number present in the auditorium. During this workshop, delegates learned basics of AML MRD, its importance and technical nuances. The programme was inaugurated with lamp lighting by dignitaries including Dr Ajay Swaroop, Dr D.S. Rana, Dr A.K. Bhalla and Dr Jyoti Kotwal.

Various topics were discussed in detail by Dr Jyoti Kotwal, Dr Sabina Langer and Dr Pallavi Prakahar. The common errors and mimickers of AML MRD how to avoid and differentiate from true leukaemic blasts were also discussed. Experiences on AML MRD were also shared by Dr Amrita Saraf (SGRH), Dr Tina Dadu (BLK Hospital) and Dr Narender Tejwani (Rajiv Gandhi Cancer Hospital). Dr Kunal Sehgal (Director Neuberger's and Sehgal Laboratories)



took a live class online from Mumbai. Dr Gaurav Chatterjee from Kolkata, discussed the technique of NGS and its role in AML MRD. Dr Vandana Arya shared the SGRH experience of AML MRD using NGS. SGRH is one of the few centres in country to have standardized this new test.

Contributed by
Dr Sabina Langer, Senior Consultant
Department of Haematology

19th Annual Cochlear Implant Event

The 19th Annual Cochlear Implant Event, themed 'Two Decades of Hearing Miracle', brought together professionals and patients in the field of audiology to celebrate the incredible advancements in cochlear implant technology over the past 20 years. Held on 4 October 2024, the event showcased not only the technological progress but also officially launched 'The Cochlear Implant Habilitation Programme' as a pilot study proposal initiative by Asha Speech and Hearing Clinic. This initiative is envisioned as a stepping stone for future academic endeavours aimed at developing a structured curriculum for aural rehabilitation and related fields under GRIPMER.

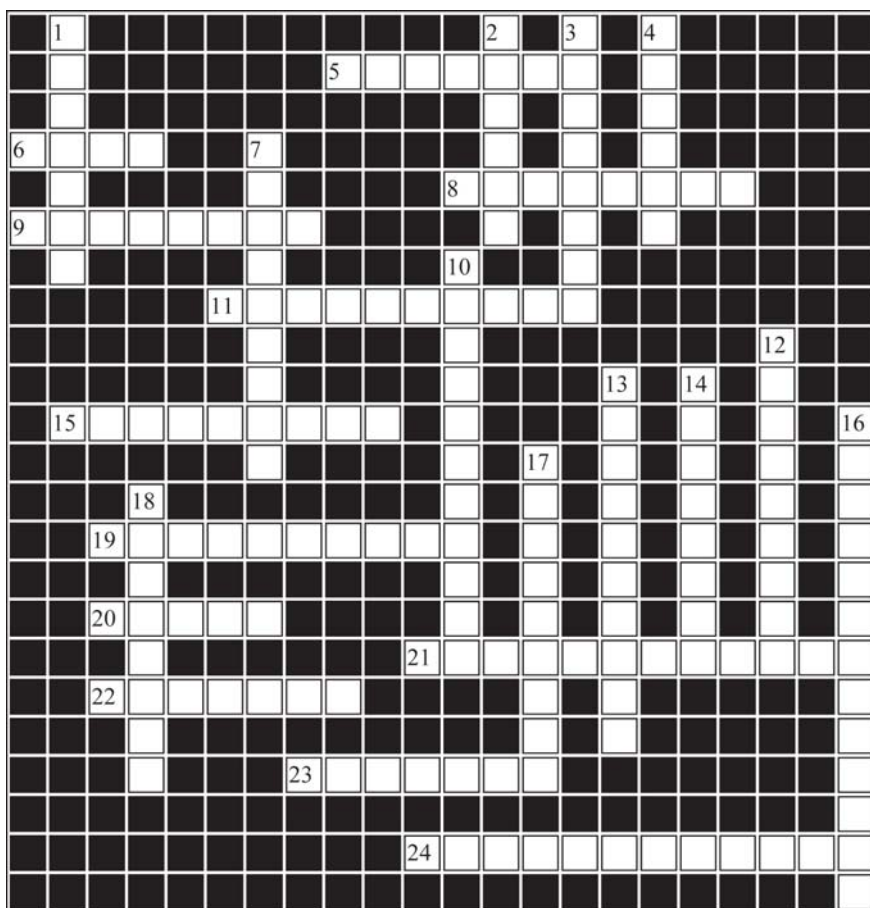
The event was graced by the esteemed Chief Guest, Dr Sharanjeet Kaur, Chairperson of the Rehabilitation Council of India (RCI). In her keynote address, Dr Kaur acknowledged the collaborative efforts of the ENT and Audiology teams at SGRH and highlighted their impactful work in enhancing patients' quality of life through cochlear implants. She also announced RCI's commitment to supporting SGRH's academic initiatives and recognizing future eligible training programmes, emphasizing the urgent need to address the growing demand for rehabilitation services and the shortage of trained professionals. Unwavering support of Dr Ajay Swaroop (Chairman – Board of Management), Dr Jayashree Sood, Dr Alok Agarwal,



Dr Shalabh Sharma and Dr Asha Agarwal made this event a huge success.

A highlight of the event was the personal stories shared by cochlear implant recipients. Many attendees spoke about their journeys—from the challenges of hearing loss to the transformative experience of receiving a cochlear implant. As the event concluded, there was a palpable sense of optimism for the future of cochlear implants.

NEWSLETTER CROSSWORD



ACROSS

5. Vision when a person is looking only straight ahead, narrow thoughts (7)
6. Motor and sensory nerves enter and leave the spinal cord through this musical instrument (4)
8. A yellow, lipid-laden deposit within the skin or on a tendon (8)
9. A macromolecule in the membrane or inside the cell that specifically has an affinity for molecules or viruses (8)
11. Spongy soft bones found within flat bones and at each end of long bones (10)
15. Controlled by either of an allelic pair, e.g. hypertension (9)
19. A protein that works with the immune system (10)
20. A soft mass of swallowed food, a single large dose of a medication IV (5)

21. Nutrition therapy in chronic kidney disease patients, without unnecessary increasing blood urea levels (12)
22. Enigma of tonsillar folds that grow larger after each infection episode (7)
23. Term used to describe ring or circle shaped objects or body parts (7)
24. Coating of pathogens with antibodies in order to increase their susceptibility to ingestion by phagocytes (12)

DOWN

1. Inactive enzyme precursors that are processed to active enzyme by cleavage (7)
2. Lesions affecting all parts of the organ and the world (6)
3. A family of drugs used as abortive medication in the treatment of migraine and cluster headaches (8)
4. A state of lethargy and unresponsiveness (6)
7. It is used to assess clinical status of a disease especially in early stages (9)
10. This system opsonizes and kills pathogens, by other options (11)
12. A strategy used to look for as yet unrecognized condition through special showing of a movie (9)
13. Produced by cells derived from two or more cells of different ancestry (10)
14. A study plan of research with fixed rules and written agreement (8)
16. A member of biguanides, used as anti-infective and anti-bacterial action (13)
17. A process of programmed cell death in which redundant or flawed cells destroy themselves (9)
18. Imaging by section or sectioning that uses any kind of penetrating waves (8)

Created by Dr P.K. Pruthi, Institute of Child Health

30th Annual Conference of NARCHI

The Institute of Obstetrics and Gynaecology, SGRH, New Delhi organized the 30th Annual Conference of NARCHI Delhi Branch. The theme of the conference was 'Be Aware-Adopt-Adhere to the Protocols'. The organizing committee comprised: Dr Mala Srivastava (Organizing President), Dr Chandra Mansukhani (Organizing Vice-President) and Dr Kanika Jain (Organizing Secretary). The event witnessed an impressive turnout of 170 delegates and 137 faculty and featured 12 pre-conference workshops across various hospitals in Delhi. The main conference was an academic feast with orations, keynote address, role plays, skits and drills, showcasing active

participation from professionals across Delhi and India.

Our residents achieved remarkable success, with Dr Nikhil Ritolia securing the Second prize in the poster competition, while Dr Payal secured the Third prize. Dr Rishav won the Second prize and Dr Spurti won the Third prize in the Quiz. Dr Nikhil also won the Second prize in the slogan competition. Our postgraduate students presented a captivating dance drama, 'Abhaya', which received wide acclaim.

*Compiled by Dr Geeta Mediratta
Chairperson, Institute of Obstetrics and Gynaecology*

SGRH organized the annual meeting of the Indian Society of Medical and Pediatric Oncology ISMPOCON 2024 on 18–20 October 2024. Experts on Medical and Pediatric Oncology were involved in the execution of the conference. There were a record over one thousand registrations including 30 international, in the conference – the first of its kind. There was an Indo-ESMO joint symposium. There were multiple tracks including AI, molecular biology, medicolegal, palliative and geriatrics care, CAR T cells, breast radiology, nuclear medicine, radiotherapy besides all solid organs – lung, GI, GU, surg ONCO, MAS, breast, CNS, ENT, gynae, hereditary cancer, and haematology and pathology and all super specialties. Eighteen living legends were given the lifetime achievement awards from all over the country including one to Dr Anupam Sachdeva. We were blessed by Dr D.S. Rana, Dr Ajay Swaroop, Dr S.H. Advani from Mumbai. We extend our gratitude to the SGRH Trust Society, Board of Management, and all faculty and delegates for their active participation. Without their involvement, the meeting of this magnitude was not possible – six halls running parallel. The Organizing Committee included Dr Anupam, Dr Manas, Dr Aditya and Dr Divij. The efforts of all SGRH organizers were acknowledged and appreciated in the ISMPO GBM. We are thankful to all who contributed to the success of this landmark conference.

The Department of Cardiology, SGRH in collaboration with the Indian Academy of Echocardiography, Delhi organized a one-day CME on 'Assessment of Cardiac Dynamics by Echocardiography' on 21 September 2024. There was active participation and attendance from all hospitals across Delhi by cardiologists, anaesthesiologists and postgraduate students. Senior colleagues from different hospitals gave talks and chaired sessions on advances in assessment of cardiac functions using echocardiography.

The Department of Pathology (Histopathology and Cytopathology division) organized 'The Delhi NCR Pathologists Meet' at SGRH on 28 September 2024. The meeting was attended by about 90 pathologists from across Delhi NCR. It was an enriching session which included deliberations on challenging cases and knowledge sharing amongst the delegates.

A two-day research methodology workshop with hands-on training on data management and analysis was conducted jointly by the National Health Systems Resource Centre, Government of

India and the Department of Haematology, SGRH on 25–26 October 2024. It was attended by delegates from all over India and SGRH faculty. Renowned experts in the field of clinical research and epidemiology taught the basics and fundamentals of clinical research.

Dr SHIVAM KHARE, Consultant, Institute of Gastroenterology and Hepatobiliary Science, SGRH was awarded the first prize in the endoscopy video contest in the GI Vision Endoscopy 2024 conference held in Aurangabad on 19–20 October 2024 for his presentation 'Clip and snare traction-assisted endoscopic submucosal dissection for large 11 cm duodenal tumour'.

Dr JAYASHREE SOOD, Vice-Chairperson, Board of Management, and Advisor, Institute of Anaesthesiology, Pain and Perioperative Medicine, SGRH was felicitated as the Patron of the Indian Society of Anaesthesiologists (ISA) at the 63rd Annual Conference of ISA Delhi Branch held on 27–29 September 2024.

Dr (Prof) A.K. BHALLA, Honorary Secretary, Board of Management and Chairman, Department of Nephrology, SGRH was felicitated for his outstanding service as President of the Peritoneal Dialysis Society of India at the Annual Conference of the Peritoneal Dialysis Society of India (PDSICON 2024) held at Guwahati on 5–6 October 2024.

Dr MALA SRIVASTAVA, Senior Consultant and Head, Unit of Gynaecological Oncology, Institute of Obstetrics and Gynaecology, SGRH was awarded the FOGSI-UNICEF Appreciation Award for her outstanding contribution to Vishesh Project of optimizing Caesarean section in India and her dedication to women's health on 17 November 2024 at Mumbai.

The Best Association of Obstetrics and Gynaecology of Delhi (AOGD) Monthly Clinical Meeting award, the 'Dr SN Mukherjee Rotating Trophy', was awarded to the Institute of Obstetrics and Gynaecology, SGRH at the 46th Annual Conference of AOGD held on 22–24 November 2024.

Dr (Prof) A.K. BHALLA, Honorary Secretary, Board of Management and Chairman, Department of Nephrology, SGRH was awarded the National Award of Excellence in Nephrology at the 'National Consensus on Bisoprolol in CVD in Women' held on 17 November 2024 at New Delhi.

The Department of Nephrology, SGRH organized a 2-day postdoctoral nephrology course for DM/DNB students from all over India on 23–24 November 2024. About 150 students from major medical institutes participated in the course, which was conducted by 15 senior examiners from different centres across the country.

Dr (Prof) ASHWANI GUPTA, Co-Chairman, Department of Nephrology, SGRH was conferred with the prestigious Arogya Nyas Oration at the Annual Conference of the Peritoneal Dialysis Society of India (PDSICON 2024) held at Guwahati on 5–6 October 2024.

Dr ASHISH KUMAR, Senior Consultant, Institute of Gastroenterology and Hepatobiliary Sciences has been conferred with the prestigious 'Fellowship of the National Academy of

Medical Sciences' at the convocation ceremony of the 64th Annual Conference of the National Academy of Medical Sciences held at AIIMS Jodhpur on 23 November 2024. The Chief Guest for the occasion was the Hon'ble Vice President of India, Shri Jagdeep Dhankar.

Dr ROHIT BATRA, Senior Consultant, Department of Dermatology, SGRH was honoured with Prof K.C. Kandhari Memorial Award and Medal at DERMAZONE North and Annual Cuticon DSB 2024 conference held in Delhi on 4–6 October 2024.

Dr P.K. SETHI, Advisor, Department of Neurology, SGRH was awarded the Lifetime Achievement award at the 31st Annual Conference of the Indian Academy of Neurology held at Vishakapatnam on 17–20 October 2024.

NEW ENTRANTS

Dr Deep Shankar Pruthi *Radiation Oncology Associate Hony Active Visiting Consultant 01.10.2024*

Dr Kriti Puri *Institute of Anaesthesiology, Pain & Perioperative Medicine
Hony Active Visiting Consultant 07.10.2024*

Dr Jaytesh Parashar *Cardiac Surgery Associate Hony Active Visiting Consultant (Ad hoc) 15.10.2024*

Dr Kopal Rohatgi *Institute of Psychiatry & Behavioural Sciences
Associate Hony Active Visiting Consultant (Ad hoc) 29.10.2024*

Dr Swati Shivhare *Institute of Obstetrics & Gynaecology (Centre of IVF & Human Reproduction)
Associate Hony Active Visiting Consultant (Ad hoc) 04.11.2024*

Dr Sankalp Jain *Institute of Psychiatry & Behavioural Sciences
Associate Hony Active Visiting Consultant (Ad hoc) 04.11.2024*

Dr Aviral Mathur *Institute of Anaesthesiology, Pain & Perioperative Medicine
Associate Hony Active Visiting Consultant 04.11.2024*

Dr Soveena Pani *Institute of Anaesthesiology, Pain & Perioperative Medicine
Associate Hony Active Visiting Consultant 12.11.2024*

PROMOTIONS

Dr Md. Ishtiyaque Hussain *Institute of Anaesthesiology, Pain & Perioperative Medicine
Hony Active Visiting Consultant 01.10.2024*

Dr Geeta Setia *Institute of Anaesthesiology, Pain & Perioperative Medicine
Hony Active Visiting Consultant 01.10.2024*

Dr Mahima Singh *Institute of Anaesthesiology, Pain & Perioperative Medicine
Hony Active Visiting Consultant 01.10.2024*

Dr Rajshree Sharma *Institute of Anaesthesiology, Pain & Perioperative Medicine
Hony Active Visiting Consultant 01.10.2024*

Dr Jasmine Kumar *Institute of Anaesthesiology, Pain & Perioperative Medicine
Hony Active Visiting Consultant 01.10.2024*

Pearls of Wisdom

*Without Rain, nothing grows.
Learn to embrace the Storms in your life
A strong soul shines after every Storm.*

*Dr Vijay Arora, Advisor
Department of Laparoscopic, Laser and General Surgery*

On the occasion of National Cancer Awareness Day, Dr Deep Shankar Pruthi, Associate Consultant, Department of Radiation Oncology at Sir Ganga Ram Hospital delivered a talk regarding cancer awareness and screening, organized by Air India SATS in Gurgaon on 7 November 2024. This event was well attended by their corporate staff as well as ground staff. The need of the hour is to raise awareness about cancer prevention and screening, which can only be achieved through widespread education within society.



CROSSWORD ANSWERS

ACROSS: 5. Tubular 6. Horn 8. Xanthoma 9. Receptor 11. Cancellous 15. Monogenic 19. Complement 20. Bolus
21. Ketoanalogue 22. Cryptic 23. Annulus 24. Opsonization

DOWN: 1. Zymogen 2. Global 3. Triptans 4. Stupor 7. Biomarker 10. Alternative 12. Screening 13. Polyclonal 14. Protocol
16. Chlorhexidine 17. Apoptosis 18. Tomogram

We welcome your comments. Please send us your feedback at 'sgrhnewsletter@sgrh.com'

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