



# Sir Ganga Ram Hospital

## newsletter

vol 27 no 2

visit us at [www.sgrh.com](http://www.sgrh.com)

April-June 2023

**19th Sir Ganga Ram Oration**  
Delivered by Hon'ble Dr Justice D.Y. Chandrachud  
The Chief Justice of India  
... page 2

**Case Report:**  
A challenging case of refractory  
status epilepticus: ICU management  
... page 4

**Health Update**  
... page 6



# 19th Sir Ganga Ram Oration

## “A prescription for justice: Quest for fairness and equity in healthcare” Delivered by Hon’ble Dr Justice D.Y. Chandrachud, The Chief Justice of India

Dr Ajay Swaroop, Chairman Board of Management, welcomed the invited guests to the Sir Ganga Ram Oration on 26 February 2023. Sir Ganga Ram Ji, our founder, was a great philanthropist and the hospital since its inception has inculcated the true spirit of charity which continues till today and we are committed to carry it on. Sir Ganga Ram Hospital provides state-of-the-art medical services with cutting-edge technology to all segments of society. We run the largest DNB programme in all specialties and super-specialties.

Dr Swaroop invited Hon’ble Dr Justice Dhananjay Yashwant Chandrachud, the Chief Justice of India, to deliver the 19th Sir Ganga Ram Oration. He said that Dr Justice Chandrachud is a legal scholar who also believes that judges should interact with the society to bring about social change.

Dr Justice D.Y. Chandrachud thanked the Trust Society and the Board of Management for inviting him to deliver the Oration. He appreciated the journey of Sir Ganga Ram Hospital from its humble beginnings of a small 50-bedded hospital in the 1950s to a multispecialty hospital, which he said is a reflection of the hard work, the vision, the commitment, and the dedication of its community. He said that in so many ways he belonged to the Ganga Ram family.

Dr Chandrachud said that he was delighted to see the list of the Padma awardees from Sir Ganga Ram Hospital. He began by stating that each and every member of the hospital ecosystem has a critical role to play in providing healthcare justice. This became very large during the time of the pandemic. He appreciated the management’s decision to keep the hospital functioning during COVID-19, the services provided by the doctors, the nursing staff as well as the work done by the paramedical and support staff including technicians, ambulance drivers, the cleaning staff – all of whom worked with the mission of the pioneers of Sir Ganga Ram Hospital to provide quality healthcare with humane touch.

As caregivers, it becomes a solemn duty of healthcare providers to ensure health justice to whoever comes before them. We are now confronted with a demand for equality in all spheres of life including the home, the workplace, education, healthcare, and public spaces. One key hope which remains now is that the medical



*From left to right: Dr Ajay Swaroop, Dr Justice D.Y. Chandrachud, Dr D.S. Rana*

community sensitizes itself about the rights of the LGBT community and provides them with healthcare services without prejudice, discrimination, and stigma.

Dr Justice Chandrachud emphasized the need to understand health through the lens of a capability approach. Health is a nucleus of all activities of life; physical, social, spiritual, or any other conceivable human activity. By being free of ailments, people get a fair and equal chance to participate in different activities. It is good health that is often the first step needed to escape the position of social disadvantage. It furthers the individual’s capability to engage in meaningful interpersonal relationships. Professor Amartya Sen

describes this as a capability approach. Under this approach, while poverty is understood as deprivation of basic capabilities rather than merely low income, development is understood as expansion of capability by providing healthcare. In this sense, each and every medical professional also plays a part in the nation building project; but we have inequalities in health. People belonging to marginalized communities are perpetually faced with barriers in accessing healthcare. These often determine the health status of an individual.

He gave the example of air pollution, which effects everyone in this city, but the burden of air pollution is shared unequally. In 2018, Ganga Ram Hospital installed a three-model of an artificial human lung depicting the hazardous impact of Delhi’s air pollution, which was a wakeup call for all of us. It reflects how low-quality housing, sanitation, unclean water, and health-seeking behaviour determined by social and economic capital of a family can lead to

*At a more fundamental level, the principles of justice underlie the practice of both law and medicine. Both these fields are concerned with fairness, equality, and the well-being of individuals in our communities. In the legal field, justice requires a rule of law where people are treated impartially and fairly as opposed to arbitrariness and the rule of an individual. In the field of health, justice requires that healthcare services and resources are distributed fairly and equitably.*

poor health. The cases of tuberculosis afflict at a higher rate among the poor and the undernourished. The inequality of outcome is a reflection of social fault-lines. Every year, developing countries like India have to face the brunt of infectious disease. Within India, diseases like dengue, chikungunya, malaria are commonplace among the urban poor. Unplanned and uncontrolled urbanization have led to the growth of urban slums where infectious disease outbreaks are quite common. I am sure that everyone present here is probably even more cognizant of these harsh social realities through their everyday OPD practice. It is a sad reality that at a time when these diseases are preventable and curable with medicine reaching new scientific heights, neglect or social rules cripple the effectiveness of our healthcare system. Therefore, healthcare justice involves an understanding that is not just the individual, but social determinants that impact a person's health and causes of illness.

Dr Chandrachud said that an important part is played by institutions like the SGRH which continues to uphold a charitable component of its founder whether it is by organizing regular OPD facilities for the poor and needed patients or by being committed to making available 20% of the total bed strength for admission to indigenous and financially weaker patients.

The capabilities framework allows for recognition of structural barriers to achieving health, constrain choices, lack of information or poverty which affect an individual's capability to achieve good health. The fiduciary nature of patient-doctor relationship struggles when either side fails to recognize that the other side is also a person. The doctor is a person as much as the patient. The patient is a person as much as the doctor. I began by postulating the divinity in medicine, but we must also understand as lay persons that there is so much which lies beyond the control of human agency. This dehumanization of healthcare often results in violent confrontation between citizens and hospitals with medical professionals being caught in the trust fire. Equality and fairness are prime factors that you permeate the healthcare system to facilitate justice.



In India, the right to health includes the right to emergency medical care and the right to the maintenance and improvement of basic levels of public health. To fulfil the constitutional goal of the right to health, the state's capacity to finance healthcare is an important consideration. The unfortunate reality today is that there is a significant shortage of skilled healthcare workers in India. Along with medical professions, the role played by accredited social health activist or ASHA workers in fortifying the primary healthcare in India needs to be recognized and economically supported. To make healthcare more accessible to disadvantaged groups, it might be beneficial that culturally cognizant environments are created for these groups. The COVID-19 pandemic was a reality check for the Government in India and exposed the fragility of India's public health crisis.

Dr Justice Chandrachud concluded with the words of Dr Rudolph Virchow, also known as the father of Modern Pathology, when he said that should medicine ever fulfil its great ends, it must enter into the larger political and social life of our time. It must indicate the barriers which obstruct the normal completion of the life cycle and to remove them.

He said he was deeply grateful for this unique opportunity, which is a great honour.

Dr S.P. Byotra gave a profile of Honourable Dr Justice D.Y. Chandrachud, the Chief Justice of India, who has had a distinguished and outstanding career in the field of justice. He has presided over several landmark cases including the decriminalization of homosexuality, decriminalization of adultery, declaration of privacy and fundamental right, disability, combating caste and gender discrimination, the productive anatomy and environmental law. As Chairperson of the E-Committee of Supreme Court of India, he has brought digital transformation of the judicial system in India comprising more than 18,000 courts. The aim is to ensure access, transparency and accountability. He said that Justice Chandrachud is a writer, scholar and mentor and has published several articles and books on a wide range of legal topics and his lectures have been well received at esteemed institutions including the Harvard Law School, Australian National University. He was conferred the award of Global Leadership 2023 by the Harvard Law School in recognition of his services to the legal profession in India and across the globe.

Dr D.S. Rana, Chairman, Sir Ganga Ram Trust Society then presented a Gold Medal to the Esteemed Orator. Dr Ajay Swaroop thanked Hon'ble Justice Dr D.Y. Chandrachud for a thought-provoking oration. Dr Swaroop then read out details of the 21 Padma Awardees closely associated with Sir Ganga Ram Hospital to honour them collectively.

Dr Jayashree Sood proposed the vote of thanks.



*Dr Justice D.Y. Chandrachud receiving the citation from Dr D.S. Rana*



# A challenging case of refractory status epilepticus: ICU management

### Introduction

New-onset refractory status epilepticus (NORSE) is a known entity where a fairly healthy young adult experiences sudden-onset seizures refractory to commonly used anti-epileptic drugs (AEDs). Multiple aetiologies have been attributed to its causation, including the association of cryptogenic NORSE to the spectrum. Antibodies to voltage-gated potassium channels, glutamate receptors and N-methyl-D-aspartate (NMDA) receptors have been identified in many studies making them the diagnostic and therapeutic targets. The diagnosis, however, remains difficult as often no definitive aetiology can be elicited. We present a case of NORSE in a young girl where diagnostic dilemma persisted, but a systematic clinical approach resulted in a positive outcome.

### Case description

A 15-year-old girl student from Greater Noida, Uttar Pradesh, experienced a sudden episode of focal seizure followed by unconsciousness at home. The patient was apparently fine before this event with no obvious co-morbidities, no abnormal birth or developmental history and there was no history of any recent or remote episode of serious illness. The patient also had no history of prior seizure or any other neurological deficit. There was no suggestive family history as well. The initial episode of seizure was managed in a local hospital where she regained her consciousness but jerky movements in her left leg persisted, which gradually progressed to involve the whole left side of the body including the face.

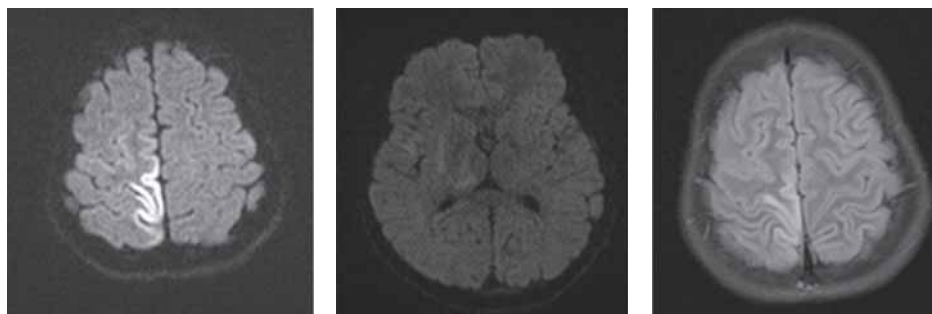
The initial management was done with benzodiazepine boluses to terminate the seizure activity along with first-line AEDs. The patient continued to have seizures refractory to the first-line of therapy along with worsening in sensorium. At this stage, the patient was brought to the SGRH and the patient was received in the intensive care unit (ICU) in a state of status epilepticus. In view of refractory status and worsening sensorium, the patient was put on

intravenous anaesthetic agents such as propofol and put on invasive mechanical ventilation after securing the airway with an endotracheal tube. AEDs were added to the regimen, initially targeting the GABA receptors like clobazam and clonazepam, followed by valparin. However, intermittent jerks and brief status episodes were unabated. Other anaesthetics and AEDs such as thiopentone and fosphenytoin were also tried but seizure suppression was not achieved.

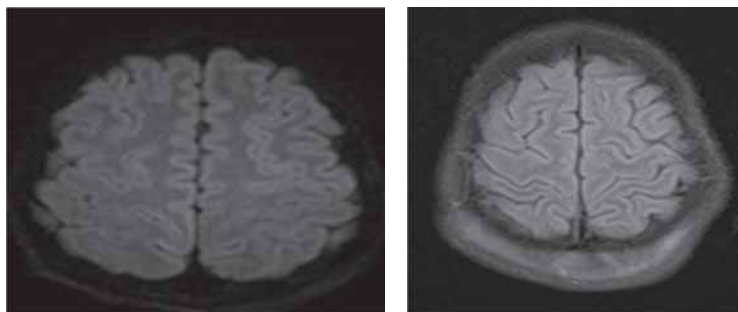
At this point, anti-epileptic anaesthetic agents and oral anti-epileptic agents targeting NMDA receptors such as ketamine and oral drugs such as topiramate and peramppanel were added to the regimen. Ketogenic diet was also initiated after consultation with the neurologist and the dietician. After ketamine infusion was started, seizure termination was achieved and sustained for 24 hours. The patient was also started on antibiotics empirically covering for organisms causing meningo-encephalitis along with intravenous corticosteroids.

On neurological examination, findings included Glasgow coma scale score was 13, increased muscular tone in all the four limbs and brisk tendon reflexes.

Routine blood workup along with other blood investigations for aetiological assessment of seizures were done and were inconclusive. Cerebrovascular fluid study was done and was normal except positive COVID IgG antibody. MRI of the brain was done (Fig. 1), which revealed T2 fluid attenuation inversion recovery images (FLAIR) hyperintensities in the right parieto-occipital area and diffusion restriction in diffusion-weighted images in the right parieto-occipital, basal ganglia region. Continuous electroencephalogram (EEG) monitoring was done since admission to the ICU, which revealed right posterior head region periodic lateralized epileptiform discharges (PLEDs) with secondary generalization. EEG monitor showed burst suppression after ketamine infusion was initiated and it lasted for 24 hours, after which ketamine and midazolam infusion dose titration was



*Fig. 1. Initial MRI scan of the brain*



**Fig. 2.** Follow-up MRI of the brain

started. Autoimmune encephalitis was suspected, and the corticosteroid dose was escalated along with initiation of intravenous immunoglobulin infusion, 2 g/kg over 5 days. After the patient remained seizure-free for 48 hours, oral AEDs were titrated.

The patient gradually regained full consciousness with minimal stimulus-induced myoclonic jerks. The patient was eventually tracheostomized and weaned off ventilator. A possible cause for autoimmune encephalitis was searched rigorously by repetitive CSF autoimmune workup, positron emission tomographic (PET) scan, serum autoimmune and paraneoplastic workup, but nothing definitive could be elicited except positive IgG and IgM COVID-19 antibodies in the serum and CSF. So, a probable diagnosis of new-onset super refractory status epilepticus secondary to COVID-induced autoimmune encephalitis was made.

## Discussion

NORSE is a clinical presentation, where patients without any pre-existing seizure disorder or other neurological disorder, present with new-onset of refractory status epilepticus without a clear acute or active structural, toxic or metabolic cause. It is commonly associated with viral or autoimmune causes. In many cases when no cause is found after complete evaluation, this is considered 'cryptogenic NORSE' or 'NORSE of unknown cause'.<sup>1</sup>

Common aetiologies studied for NORSE are autoimmune, unusual infections, genetic and metabolic/toxic. Autoimmune encephalitis, sporadic or paraneoplastic is the most common cause identified in adults. Antibodies against the NMDA receptor and the voltage-gated potassium channel complex are the most commonly associated autoantibodies.<sup>1</sup> Several published case reports and systemic reviews show the association of autoimmune encephalitis leading to NORSE in patients having current or prior SARS-CoV-2 infection.<sup>2,3</sup> The pathophysiology proposed behind this were: (i) molecular mimicry (association of NMDAR, CASPR2, MOG, GAD); (ii) cytokine surge; and (iii) direct CNS invasion.<sup>2,3</sup>

In many case reports where an association between COVID-19 infection and NORSE was found, no detectable auto-antibody, even SARs-CoV-2 antibody were not found in investigations.<sup>2,3</sup> Studies

found that as seizure progresses, GABAergic drugs lose their potency and require such high doses that they produce toxic adverse effects.<sup>4</sup> On the other hand, the number of NMDA receptors increases.<sup>4</sup> Studies have demonstrated the efficacy and safety of ketamine for the treatment of refractory status epilepticus.<sup>4</sup> Recent evidence suggests that in autoimmune NORSE, immunomodulatory agents are effective as first-line agents along with AEDs.<sup>1</sup> Drugs which have been successfully used in clinical practice are intravenous methylprednisolone, plasma exchange and intravenous immunoglobulin.<sup>1</sup> Other modalities of immunotherapy that have been used experimentally are interleukin inhibitors, anti-CD20 monoclonal antibody – rituximab.<sup>1</sup> Another therapy that was used in our case as well as showed some efficacy in refractory status epilepticus in some studies is the ketogenic diet, which is a high-fat, low-carbohydrate diet that exerts antiseizure activity by inhibiting excitatory AMPA receptors and by anti-inflammatory action.<sup>1</sup> Multimodal and timely therapies along with rigorous general care lead to a successful outcome as in our case, while the studies show high mortality and morbidity in cases of NORSE.<sup>1</sup>

## References

1. Mantoan Ritter L, Nashef L. New-onset refractory status epilepticus (NORSE). *Pract Neurol* 2021;practneurol-2020-002534. doi: 10.1136/practneurol-2020-002534.
2. Dono F, Carrarini C, Russo M, De Angelis MV, Anzellotti F, Onofri M, *et al.* New-onset refractory status epilepticus (NORSE) in post SARS-CoV-2 autoimmune encephalitis: A case report. *Neurol Sci* 2021;**42**:35–8. doi: 10.1007/s10072-020-04846-z.
3. Nabizadeh F, Balabandian M, Sodeifian F, Rezaei N, Rostami MR, Naser Moghadasi A. Autoimmune encephalitis associated with COVID-19: A systematic review. *Mult Scler Relat Disord* 2022;**62**:103795. doi: 10.1016/j.msard.2022.103795.
4. Shrestha GS, Joshi P, Chhetri S, Karn R, Acharya SP. Intravenous ketamine for treatment of super-refractory convulsive status epilepticus with septic shock: A report of two cases. *Indian J Crit Care Med* 2015;**19**:283–5. doi:10.4103/0972-5229.156484.

Compiled by

Dr Sangeeta Chakraborty, Dr Asish Kumar Sahoo  
Dr B.K. Rao, Dr Vinod Kumar Singh  
Department of Critical Care Medicine

### Treatment of rheumatoid arthritis with conventional, targeted and biological disease-modifying antirheumatic drugs in the setting of liver injury and non-alcoholic fatty liver disease

The increased incidence of liver diseases emphasizes greater caution in prescribing antirheumatic drugs, owing to their hepatotoxicity. However, drug-induced liver injury (DILI) in patients with rheumatic arthritis (RA) represents an aetiological and therapeutic challenge, due to the intertwining of inflammatory and metabolic elements mediated by IL-6 and TNF- $\alpha$ .

In this narrative review, Zekić *et al.* evaluate the complexity and prevention of DILI in RA and treatment options involving biological therapy and tsDMARDs.

- Increased incidence of liver diseases emphasizes greater caution in prescribing antirheumatic drugs due to their hepatotoxicity.
- For every 10 cases of ALT elevation in a clinical trial, it is estimated that one case of more severe liver injury will develop once the investigated drug is widely available.
- bDMARDs and tsDMARDs are less likely to cause liver damage.
- However, various manifestations, from a transient elevation of transaminases to autoimmune hepatitis and acute liver failure, have been described.
- Research on NAFLD has provided insight into a pre-existing liver disease that may be worsened by medication.
- Diabetes and obesity could be an additional burden in DILI.
- This narrative review evaluates the complexity and prevention of DILI in RA and treatment options involving biological therapy and tsDMARDs.

#### Summary

- Acute or chronic DILI in patients with RA has different predisposing host factors, including older age, gender, overweight/obesity, previous alcohol consumption, diabetes mellitus, and polypharmacy.
- A thorough history of comorbidities and prescribed drugs should be considered when diagnosing DILI.
- All drugs can lead to an increase in liver enzymes at an early stage of administration, according to the study data.
- Monitoring the alterations in transaminase levels is crucial in all patients with RA and those prescribed other concomitant medicines, especially those treated with MTX and LEF, due to the long half-life.
- The long-term effect of TNF inhibitors, IL-6R inhibitors, JAKinibs on the liver especially in NAFLD could be in the scope of future investigation.
- Drugs that can be given in monotherapy to avoid synergism of hepatotoxicity may have an advantage in the order of prescribing.
- The impact of biological and tsDMARD on NAFLD has yet to be determined.

*Contributed by*  
**Dr Neeraj Jain**

**Vice Chairman and Senior Consultant**  
**Department of Rheumatology and Clinical Immunology**

## Annual Sports Day of SGRH



The Annual Sports Day of Sir Ganga Ram Hospital was celebrated on 19 February 2023, Sunday at Salwan Public School with lots of enthusiasm by the Doctors Forum Society, SGRH.

The highlight of the day was the Annual Cricket match, which was played between the teams led by Dr Manish Munjal on one side and Dr Sumit Kalra on the other. The match was won by Dr Manish's team by 6 wickets, thanks to the all-round performances by Dr Varun Rai and Dr Manish Munjal. The other notable winners were Dr Barjinder and Dr K. Das in Men's Doubles Badminton event. Kids and ladies events were a big draw with all the winners taking home attractive prizes. The event was further made interesting by Tambola and the mouthwatering lunch spread.

The event concluded with the Prize distribution ceremony by the Chairperson Dr Ajay Swaroop, who applauded all the participants for their sportsman spirit.

## Toe transfer: A novel technique to restore thumb length and function

The thumb accounts for nearly 40% of the hand function and its amputation can lead to great disability. Re-implantation of an amputated thumb/finger is the gold standard treatment practised everywhere. However, in some cases re-implantation of the amputated part is not possible because of the severe nature of

the injury. In such cases, toe transfer offers a viable alternative with minimal morbidity and a predictable outcome.

The commonly used procedure is the second toe transfer, which is harvested and attached to the amputated part by the microvascular technique.



*Contributed by Dr Anubhav Gupta, Senior Consultant, Plastic Surgery*

## Palliative Care 'Need of the hour' – An emerging specialty

The Department of Palliative Medicine, SGRH organized the first of month clinical meet on 1 February 2023. Dr D.S. Rana, Dr Ajay Swaroop, Dr S.P. Byotra and Dr A.K. Bhalla inaugurated the meeting. Dr Jayashree Sood introduced the subject. Dr Bimla Sharma presented the journey of palliative medicine and various advocacy and awareness programmes done by the department. Dr Puneet Rathore stressed upon the need of early integration of palliative care in various medical specialties. Dr Atul Kakkar highlighted the importance of palliative care in chronic medical

illnesses. Dr Manas Kalra emphasized on the importance of paediatric palliative care. Dr Pratibha Jha discussed two interesting cases of palliative care.

The clinical meet was conducted successfully and everyone appreciated the need for comprehensive and holistic care for patients suffering from chronic diseases with the aim to increase their quality of life.

*Compiled by Dr Bimla Sharma, Chairperson  
Department of Palliative Medicine*



## Twelfth Annual SGRH CME 2023



The twelfth Annual SGRH CME for primary care physicians was held on 29 January 2023 at the India Habitat Centre. Like the previous CMEs, this one too was a grand success and was attended by a record number of over four hundred delegates. It was heartening to see a sizable attendance even for the early morning sessions.

The SGRH faculty spoke on over fifty topics, ranging from the basics to recent advances, and ample opportunity was given to the attendees for interactive discussions. The contents of the CME not only gave the participants practical tips to tackle everyday clinical situations but also updated them on latest medical developments in a crisp and concise manner. Management of diabetes and its complications, common gynaecological and paediatric problems, rising incidence of heart attacks in the young, and new surgical approaches to commonly encountered conditions were some of the topics discussed and highly appreciated. Lots of prizes were given under the categories of 'Early Bird Prizes' and 'Not Out Delegates'.

At the inaugural session, Dr Ajay Swaroop (Chairman, Board of Management) welcomed the guests, highlighted the honours and

awards bestowed on the hospital during the previous year, and appreciated the efforts of the CME Committee and consultants of the hospital. He said that Sir Ganga Ram Hospital stands committed to continuing to extend academic services to the medical fraternity. The Guest of Honour, Dr Girish Tyagi (Secretary, Delhi Medical Council) and the Chief Guest, Dr Ashwani Dalmia (President, Delhi Medical Association) lauded SGRH for setting high standards of patient care, academics as well as charitable work.

Dr Harbansh Lal (Chairman, Department of CME) proposed a vote of thanks and thanked all the guests and delegates for their participation and support. He lauded the efforts of the members of the Organizing Committee: Dr J.P.S. Sawhney, Dr Anil Arora, Dr Satish Saluja, Dr Sanjay Manchanda, Dr Alok Aggarwal, Dr Geeta Mediratta, Dr Tinku Bali Razdan, Dr Atul Gogia, Dr Tarun Mittal, Dr Ushast Dhir and Dr Vivek Kumar.

Compiled by  
Dr Tinku Bali Razdan  
Member, CME Committee

## PACE Hernia Observership Programme



*The Department of Laparoscopy, General and Laser Surgery organized the PACE Hernia Observership Programme in February 2023. It was a 2-day workshop which covered the entire gamut of open and laparoscopic advanced surgeries on ventral and inguinal hernias.*



## Obituary



Dr V.P. Kumra  
(5.4.1937–3.2.2023)

Dr Ved Prakash Kumra was an eminent Anaesthesiologist who served in Sir Ganga Ram Hospital, New Delhi from 1985, initially as Senior Consultant and then as Chairman of the Department of Anaesthesiology, Pain and Perioperative Medicine till 2002. He was conferred the status of Emeritus Consultant in 2002 and served as an Advisor to the department till date. He was the 'Founder President' of the Indian College of Anaesthesiologists and the Indian Society for Study of

Pain, Delhi Branch.

In 2007, he edited a book titled *Applied Geriatric Anaesthesia*. He received a number of awards including the 'Living Legend' Award, 'Life-time achievement' Award, 'Life Time Mentorship' Award, 'Medical Rattan' Award and 'Best Citizen' Award. He was an immensely popular orator. He was a passionate teacher, dedicated to his work and a father figure for all his juniors. Dr V.P. Kumra was a legend who will always be remembered.

Compiled by Institute of Anaesthesiology, Pain and Perioperative Medicine

## Colon and Rectal Surgery Update 2023

The Department of Laparoscopic, Laser and General Surgery organized an international conference 'Colon and Rectal Surgery Update 2023' at the SGRH Auditorium on 20 February 2023. The invited international guest faculties were Professor Roland Scherer (Berlin) and Dr Soren Laurberg (Denmark). The conference focused on the current management of diseases of the colon and rectum with special emphases on technical advancements in managing colorectal cancer. The conference

was a grand success and well attended in person by more than 80 national faculty and postgraduate students.

Special thanks are offered to SGRH Trust and Management and Dr Vijay Arora, Dr Vinod K Malik and Dr Brij B. Agarwal for their constant support for our academic endeavour.

Organizing Team: Dr Brij B Agarwal, Vice-Chairman and Senior Consultant; Dr Neeraj Dhamija, Consultant; Dr Vasu Vashishtha, Associate Consultant.



## SGRH Alumni Oration



The SGRH Alumni Association organized the 'Annual SGRH Alumni Oration' on 11 January 2023. The oration was given by Dr Latika Bhalla, eminent Adolescent Paediatrician, who discussed an important topic of 'Coming of Age – Adolescent Health'. It was well attended by the faculty members of SGRH, Alumni and postgraduate students. The Alumni Association offers special thanks to the SGRH Trust and the Management for their support in the annual event of SGRH Alumni – Reconnect 2023.



## Role of flowcytometry in primary immunodeficiency – beyond TB & NK

It is a pleasure to share that the department successfully organized the workshop on 'Role of flowcytometry in primary immunodeficiency – beyond TB & NK' under the aegis of the Cytometry Society India on 19 February with Professor Jyoti Kotwal as Organizing Chairperson and Dr Sabina Langer as Organizing Secretary. The workshop was greatly appreciated by all the participants who had joined from all over India including Bengaluru, Gujrat, Rajasthan and Kerala.

A book titled, *Step by step on flowcytometry based tests primary immune deficiency disorders*, was released by Vice Chairman and Laboratory Director Dr S.P. Byotra, who was the Chief Guest for the event. A copy was provided to each participant

The highlights of the workshop included a lecture by Dr Manisha Madkaikar, Director NIIH (ICMR) Mumbai: a talk on the clinician's perspective on primary immunodeficiency diseases (PIDs) by Dr Manas Kalra. Most of the teaching by all the faculty was interactive and case-based. Lectures by Dr Amrita Saraf, Dr Pallavi Prakhar, Dr Sabina Langer, Dr Jyoti Kotwal and Dr Jitender were highly appreciated by the participants for the patient-oriented practical teaching.

We had also provided fcs files of the normal samples run to



demonstrate gating. These were given to the participants which they could analyse on their laptops. They were provided with the software through email by Beckman before attending the workshop. As we had conducted an online class on the basics of flowcytometry before the workshop on 15 February, the participants could gain the maximum from the workshop and gave a feedback that they would be able to start these tests and also provide awareness about the orphan disease PIDs among their peers.

*Contributed by*

**Dr Jyoti Kotwal, Chairperson & Professor**  
Department of Haematology



**Professor Dr I.C. Verma**, Advisor, Institute of Genetics and Genomics, Sir Ganga Ram Hospital, has been conferred with the prestigious Padma Shri award for 2023 by the Government of India.



**Professor Dr Abha Majumdar**, Director and Emeritus Consultant, Centre of IVF and Human Reproduction, has been awarded the 'National ICON of IVF' at the National Fertility Awards for the third year in a row at a function organized by the Economic Times Health World (TOI) in Mumbai on 21 February 2023 for her exemplary work in the field of reproductive medicine.

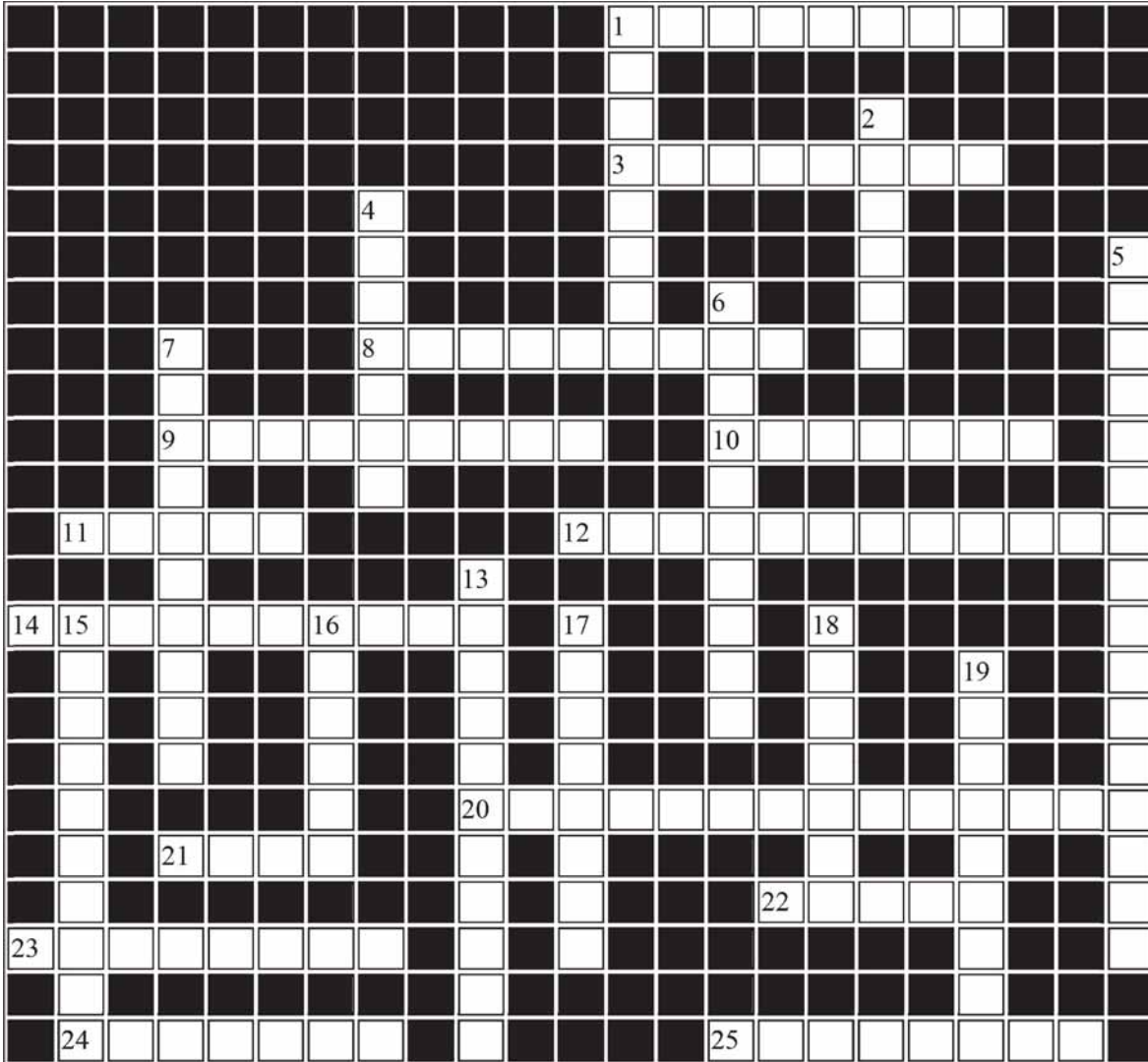


*Dr A.K. Grover, Senior Consultant and Chairman, Department of Ophthalmology, was awarded two prestigious awards – the Arthur Lim award and the Asia Pacific Eye 100 for the most influential ophthalmologist of the region award at the meeting of the Asia Pacific Academy of Ophthalmology in Kuala Lumpur in February 2023.*



*Dr Rishi Parasbar, Senior Consultant, Department of Dermatology, was awarded the Derma Practice Award at the DERMACON International 2023 conference, the highest award for private practitioners across the country.*

# Newsletter Crossword



## Across

1. Minimum staff to support the body structure (8)
3. Microbial ecosystem within the bladder that can be measured within the urine by sequencing-based and culture-based methods (8)
8. Complex visceral epithelial cells, highly specialized cells in the glomeruli (9)
9. A newly discovered organelle produced by migrating cells leaving behind long and thin fibres (9)
10. Meeting point of lower and upper eyelid (7)
11. A syndrome of hearing (sensineural) and vision loss (retinitis pigmentosa) (5)
12. A pathological fear of motion (12)
14. A syndrome of breaking a seed and causing haematuria (10)
20. Blood spot on the underwear on examination for terminal haematuria (14)
21. This broken bone support acts in a film (4)
22. A chance, to look especially for the purpose of evaluation (5)
23. This effect on doppler imaging reflects post renal transplant AV fistula or renal artery stenosis (8)
24. A spacecraft with a drug container (7)
25. Baby is born after taking goods to people's house (8)

## Down

1. Favourable to or promoting health (8)
2. A specific dose of a liquid that contains medicine, poison or something supposed to have magical powers (6)
4. A bandage to support and immobilize the arm when the clavicle is fractured (7)
5. It can detect biochemical changes of muscle and ligaments (16)
6. Progressive lengthening of impulse conduction time, followed by non-conducted impulse or dropped beat (10)
7. A typical collection of clear to white fluid, not bordered by distinct epithelial lining, as a complication of surgery (10)
13. Muscle helping in closing the eyelid (11)
15. Excreting nitrogen mostly in the form of uric acid (10)
16. A study that follows a group of people over time (8)
17. Smooth part of forehead above and between the eyebrows (8)
18. A drug product, not using the name of the company that made it (7)
19. Tiny specialized cellular structures that perform specific features within a cell (9)

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



## NEW ENTRANTS

Dr Ashish Kumar Jain *Cardiology Associate Consultant* 11.01.2023  
Dr Raghav Seth *Interventional Radiology Associate Consultant (Ad hoc)* 01.02.2023  
Dr Nayana Nemani *Paediatric Cardiac Sciences Associate Consultant* 02.02.2023  
Dr Jatin Verma *ENT Associate Consultant* 01.02.2023  
Dr Harshita Vig *Dental Surgery Associate Consultant (Ad hoc)* 08.02.2023

## PROMOTIONS

Dr Manish Kohli *Anaesthesia Senior Consultant* 23.12.2022  
Dr Ashwin Mallya *Urology Consultant* 23.12.2022  
Dr Saurabh Taneja *Institute of CCU&EM Senior Consultant* 19.01.2023

The Department of Sports Medicine and Arthroscopy Unit organized the 19th Sports Medicine and Arthroscopy Workshop on 'All Around ACL – Recent Advancements' in the SGRH auditorium on 19 March 2023.

## CROSSWORD ANSWERS

### Across

1. Skeletal 3. Urobiome 8. Podocytes 9. Migrasome 10. Canthus 11. Usher 12. Kinesophobia 14. Nutcracker 20. Urethrorrhagia  
21. Cast 22. Scope 23. Aliasing 24. Capsule 25. Delivery

### Down

1. Salutory 2. Potion 4. Valpeau 5. Sonoelastography 6. Wenckebach 7. Lymphocele 13. Orbicularis 15. Uricotelic 16. Cohort  
17. Glabella 18. Generic 19. Organelle

We welcome your comments. Please send us your feedback at [sgrnewsletter@sgrh.com](mailto:sgrnewsletter@sgrh.com)

*Founder Patron: Late Shri Dharma Vira*

*Patron: Dr D.S. Rana*

*Editor: Dr C. Wattal Co-editor: Dr Vijay Arora*

*Editorial Board: Dr A.K. Bhalla, Dr P.K. Pruthi, Dr Archana Koul, Dr Nitin Sethi, Dr Rajat Mohan,  
Dr Satnam Singh Chhabra, Dr Neeraj Jain, Dr Anubhav Gupta*

*Editorial and Production Consultants: BYWORD*

*Printed at: Indraprastha Press (CBT)*

*Design: Netra Shyam*

Sir Ganga Ram Hospital, Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi 110060  
e-mail: [gangaram@sgrh.com](mailto:gangaram@sgrh.com) Fax: 011-25861002 EPABX: 25750000