March 2016

Womens CENTER NEWS

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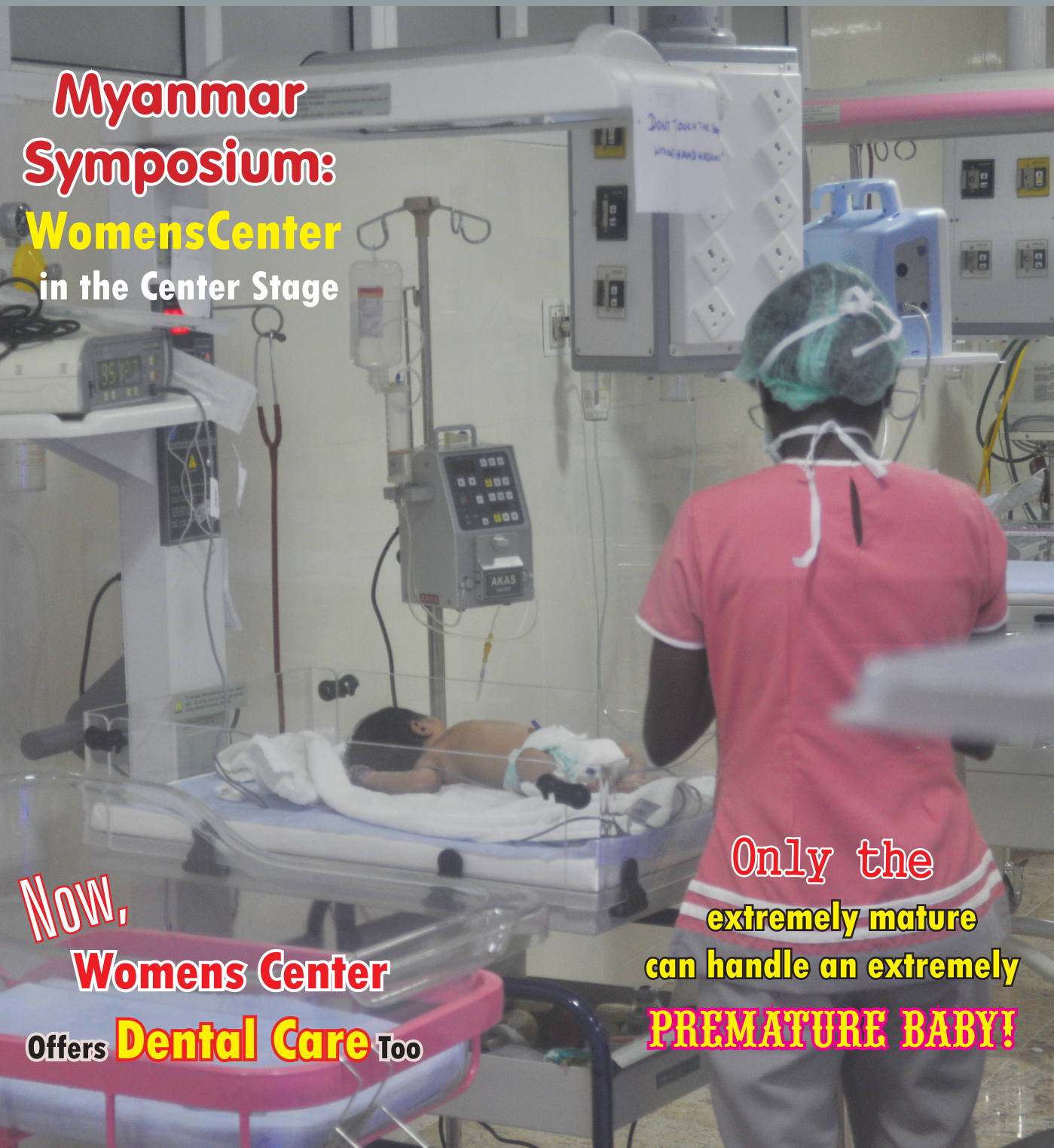

Myanmar Symposium: WomensCenter in the Center Stage

Now, Womens Center Offers Dental Care Too

Only the extremely mature can handle an extremely PREMATURE BABY!

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ONLY THE EXTREMELY MATURE CAN HANDLE AN EXTREMELY PREMATURE BABY!

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Mail Box

Dear Mirudhu and Rajan,

Many congratulations for the excellent News from Womens Center.

The articles are useful and the Q&A section must be in demand.

Very best wishes for you to continue your excellent clinical work and teaching.

With best wishes and kind regards,

Arul (via email)

(Sir Sabaratnam Arulkumaran is a Sri Lankan Tamil physician. He has been in clinical practice for 37 years and research and teaching for 25 years. He joined St.George's, University of London as a professor.

Later, he became the Head of Obstetrics and Gynaecology. Previously, he had held posts in a number of high-profile institutions including National University of Singapore.

He had also held key posts in the University of Nottingham, the Asia and Oceania Federation of Obstetrics and Gynaecology and the International Federation of Obstetrics and Gynaecology.

Currently, the president-elect of the British Medical Association, Sir Arulkumaran in the year 2012 was appointed chair of a panel of inquiry into the death of Ms.Savita Halappanavar.

The death of Ms.Savita, who worked as a dentist in Ireland, as may be recalled, had led to protesters calling for a review of the abortion laws in Ireland.

Among Sir Arulkumaran's key achievements is the development of a clinical dashboard to provide clinicians with the relevant and timely information they need to inform decisions that improve quality of patient care.)

When Sir Sabaratnam Arulkumaran visited Women Center

Dear Reader,

I'm reminded of the story of a famous glutton who was once invited by a king to a sumptuous feast. The glutton ate so much, he finally said: "There's no more space in my stomach."

The king, however, reminded, he'd not yet been served with *palpayasam* – the king among sweets. Thus, the glutton went on to slurp four litres of *palpayasam!*

The king was surprised: "You said you're so full. Still, how could you...?"

The glutton replied with a smile: "When you arrive in a marketplace, the crowd makes way for you. Same way, when the king of sweets arrived, all other foodstuff in my stomach made way for it!"

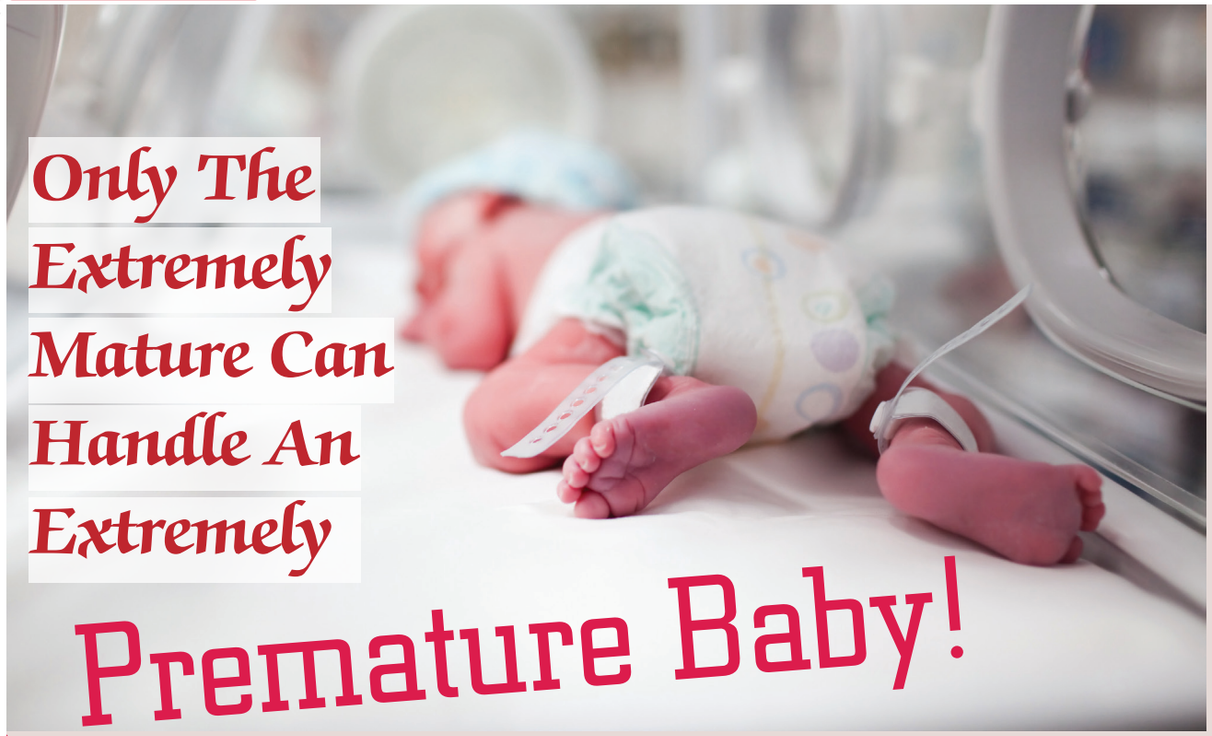
That explains why this editorial is reduced to a single column in order to accommodate the response of Sir Sabaratnam Arulkumaran!

Further, this issue carries a really great and inspiring story on neonatology. I'm also happy to tell you, our facility in Coimbatore now has a dental care unit.

Read on to find out more. Lead a happy and healthy life!

Yours,

Dr.K.S.Govindarajan
Editor-in-Chief



Only The Extremely Mature Can Handle An Extremely Premature Baby!

A mother delivers a child while she is at 26 weeks of gestation. The baby weighs just 841 kilograms. The child suffers from respiratory distress syndrome (RDS), apnea, meningitis, recurrent episodes of clinical sepsis and haemoglobin drop, low platelet count and abnormal blood flow between two major arteries of the heart. The child also suffers from intraventricular haemorrhage, neonatal jaundice, hyperglycaemia, hypocalcemia and bilateral Stage 3 retinopathy. Confronted with such hydra-headed complications, is it possible to save such a child, let alone nursing it back to absolute health? The medical team at Womens Center did both! This is an extraordinary story of human endeavour, passion, commitment and expertise.

Happy reading!

Seethalakshmi was looking forward to breastfeed her child. However, the desire remained a dream for her as she failed to achieve pregnancy several years into marriage. This prompted the couple to approach a fertility center.

After a prolonged process of treatment, Seethalakshmi finally became pregnant by in-vitro fertilisation. But, unfortunately, she developed preterm premature rupture of membranes coupled with severe oligohydramnios since 19 weeks of gestation.

Oligohydramnios is a condition that can develop during pregnancy. It occurs when not enough amniotic fluid, which surrounds the foetus, is produced. So, what causes oligohydramnios?

"The exact causes are not known. But, it's often associated with foetal chromosomal anomalities, intra uterine infections, obstruction of the urinary tract of the foetus and the sort", says Dr.Karthik Balasubramanian, MD, DM, Consultant Neonatologist.

However, Dr.Karthik adds that in this particular case oligohydramnios developed due to preterm premature rupture of the mother's membranes.

With an early sonogram showing absence of amniotic fluid the couple finally landed at Womens Center holding onto their final ray of hope. Seethalakshmi while reaching Womens Center was at 26 weeks of gestation.

Complications arising from oligohydramnios could include cord compression, musculoskeletal abnormalities including facial distortion and clubfoot, pulmonary hypoplasia and Potter syndrome among others.

In such cases, a foetus generally suffers from pulmonary hypoplasia meaning incomplete development of lungs. It carries high morbidity and mortality and infections which follow the early membrane rupture. So, the doctors elsewhere had advised Ms.Seethalakshmi to undergo medical termination of pregnancy (MTP).

"But, the couple were determined to continue pregnancy even as Seethalakshmi developed chorioamnionitis which is nothing but inflammation of the foetal membranes due to bacterial infection", says Dr.Karthik.

With an early sonogram showing absence of amniotic fluid the couple finally landed at Womens Center holding onto their final ray of hope. Seethalakshmi while reaching Womens Center was at 26 weeks of gestation.

She had a foul-smelling vaginal discharge and the threat of preterm onset of labour was inevitable and she delivered a baby weighing 841 grams by vaginal delivery without receiving any antenatal steroids.

The preterm delivery had its natural pitfalls. The baby had a weak cry and was depressed at birth. This required early resuscitation measures. The baby was given positive pressure ventilation with a bag and mask initially.

"Subsequently, the baby was intubated and this improved the heart rate to more than 100/minute. But, due to extreme prematurity, the baby developed severe respiratory distress with increased respiratory rate and severe chest retractions", explains Dr.Karthik.

Dr.Karthik Balasubramanian

The baby did not maintain saturation on positive pressure ventilation prompting the doctors at Womens Center to consider the possibility of pulmonary hypoplasia versus respiratory distress syndrome/hyaline membrane disease (RDS/HMD).

X-ray of the chest (CXR) suggested RDS and the baby responded to 2 doses of surfactant and mechanical ventilation. The child initially needed very high ventilator settings. But, post-surfactant, the ventilation was slowly weaned off over the next 2 days guided by serial arterial blood gases.

The baby was extubated after 5 days of invasive ventilation and was continued on Continuous Positive Airway Pressure (CPAP) – a leading therapy used for treating apnea. The child also overcame apnea of prematurity after it was administered caffeine intravenously and then orally till about 35 weeks of gestation.

In view of the maternal chorioamnionitis and respiratory distress the

baby was initially started on intravenous antibiotics. Meanwhile a lumbar puncture done suggested meningitis and hence the baby had to be administered a 3-week course of antibiotics for meningitis.

Though the blood culture and Cerebrospinal Fluid Culture (CSF) were sterile, the baby, however, developed episodes of clinical sepsis – a potentially life-threatening complication of an infection during the Neonatal Intensive Care Unit (NICU) stay due to extreme prematurity.

"Due to de-saturations, poor perfusion and apnea, the baby required multiple courses of antibiotic therapy guided by our unit policy including antifungal at different time periods", adds Dr.Karthik.

The challenges did not end there. For, the baby also suffered from low platelet count on multiple occasions during the sepsis episodes requiring platelet transfusions during NICU stay.

The child also had one episode of hemolysis with renal failure post transfusion. Direct Coombs Test (DCT) proved the presence of high antibody donor and hence to avoid further hemolysis, the baby was transfused with donors with low antibody tier.

The baby recovered slowly with no further episodes.

Recurrent drop in haemoglobin prompted further examination which confirmed marrow suppression due to extreme prematurity with reticulocyte count of 1%. Hence, the child was given erythropoietin 400 U/Kg thrice a week for 2 weeks.

Haemoglobin improved from 7 g/dl to 9.8 g/dl. The baby was then continued on oral iron and folic acid supplements. Thrombocytopenia – a condition resulting in the deficiency of platelets in the blood – remained asymptomatic and there were no episodes of clinical bleeding thanks to appropriate treatment of sepsis and other strategies employed.

"During the episodes of sepsis, the child's blood pressure was low and hence it was monitored accurately through an invasive umbilical arterial line. The baby needed inotropic support of dopamine and dobutamine and the end organ perfusion was maintained at all times by continuous invasive blood pressure monitoring", Dr.Karthik recalls.

> During the episodes of sepsis, the child's blood pressure was low and hence it was monitored accurately through an invasive umbilical arterial line. The baby needed inotropic support of dopamine and dobutamine and the end organ perfusion was maintained at all times by continuous invasive blood pressure monitoring",

Though the hemodynamic parameters were subsequently normalized, the baby, however, had a large patent ductus arteriosus (PDA) – abnormal blood flow between two major arteries of the heart – symptomatic in the form of desaturations and persistent oxygen requirement

After a medical therapy spanning 3 days, PDA decreased in size and became hemodynamically insignificant and repeated echocardiography done prior to discharge suggested the successful closure of PDA.

Within 24 hours of the delivery the baby had also suffered from intraventricular haemorrhage (IVH) or bleeding into the ventricles of the brain. The IVH never progressed and the ventricular dilatation also remained static.

IVH on both sides was monitored periodically by cranial ultrasonogram (CUSS) and it showed gradual resolution. The periventicular region also remained normal. CUSS done at 40 weeks of corrected gestation showed its complete resolution besides ruling out periventricular leucomalacia (PVL) changes.

The baby had neonatal jaundice which remained within the phototherapy range and never required exchange transfusion. There were no episodes of acute bilirubin encephalopathy.

The child required insulin infusion as it suffered from an excess of glucose in the bloodstream which accompanied sepsis episodes. The child, however, did not have any hypoglycemic episodes.

The child's serum electrolytes were monitored on timely basis during the NICU stay and corrected as and when required appropriately. The child had episodes of asymptomatic hypocalcemia requiring IV correction and maintenance.

The baby received oral calcium supplements up to 200 mg/kg/day and Vitamin D supplements up to 1000 U/day. However the metabolic bone work-up done prior to discharge showed serum calcium, phosphate and alkaline phosphatase (ALP) within normal limits.

The child had bilateral stage 3 retinopathy of prematurity (ROP) in Zone 3 detected during routine screening. The child required treatment for ROP by laser by ophthalmologist. Post laser the ROP regressed. Review ROP check at 42 weeks showed completely resolved ROP with mature retina.

The baby was initially on IV fluids during the acute illness. The baby was slowly commenced on expressed breast milk (EBM) initially and then gradually increased. The baby was given orogastric feeds to begin with along with non-nutritive sucking when baby was out of critical illness.

After 34 weeks of gestation, the baby was slowly started on oral spoon feeds. With gradual increase in feeding, the baby did not develop feed-intolerance at any point of time during the NICU stay.

At discharge the baby was on direct feeding followed by EBM. The child was steadily gaining weight before discharge from NICU. Increase in head circumference and length was also documented prior to discharge. The child also developed a small encysted hydrocele of the cord which resolved spontaneously without any intervention.

This baby required prolonged ventilator support initially in terms of Synchronised Intermittent Mandatory Ventilation (SIMV), Nasal Intermittent Mandatory Ventilation (NIMV) and Continuous Positive Airway Pressure (CPAP).

The baby was also put through prolonged oxygen support through nasal prongs till about corrected age of 42 weeks. Chest X-Ray (CXR) done was suggestive of fibrotic changes consistent with the diagnosis of chronic lung disease (CLD).

The baby was on about 35% FiO2 at 56 days of life and at corrected age of 36 weeks which suggested the possibility of moderate to severe bronchopulmonary dysplasia (BPD). The baby did not require any steroid therapy or diuretic therapy for BPD. Similarly no bronchodilators were required by the baby.

The baby stayed in the hospital for about 19 weeks. At the time of discharge at 42 weeks corrected gestation the baby was active and breathing in room air with spO2 above 94% during sleep, feeding and activity.

The baby was taking breast feeds and spoon feeds well and weighed 2.5 kilograms at discharge. Newborn screening for congenital hypothyroidism, congenital adrenal hyperplasia, galactosemia, G6PD deficiency and cystic fibrosis was normal.

The baby was neurologically normal at discharge with normal axial and appendicular tone, normal eye fixing and spontaneous smile. During the NICU stay, the baby was also started on early developmentally supportive care measures which include multisensory stimulation and early physiotherapy etc.

Ms.Seethalakshmi and her husband are happy parents today. For, their child today is a 2-year-old healthy lad who is neurologically normal with age-appropriate developmental milestones.

Saving a baby born in 26 weeks gestation is a task by itself. The task becomes nothing less than the pinnacle of a medical challenge nursing it back to life and health like any other normal child.

Ms.Seethalakshmi and her husband may not know the exact enormity of the humongous challenge the medical team at Womens Center took head on. This extraordinary accomplishment can only be attributed to appropriate intervention at the right time along with adherence to various neuroprotective

Myanmar Symposium

Womens Center in the Center Stage

As part of a CME Initiative, an international symposium - SPACE: Evidence Meets Experience - was organised on January 30 in Myanmar.

The CME Initiative, in fact, was the culmination of an endeavour to integrate evidence-based medicine with clinical practice primarily in the field of Obstetrics and Gynaecology.

It proved a highly interactive and practice-oriented event as it turned out to be the podium on which knowledge acquired from day-to-day practice was shared and disseminated.

The event was further enriched by the presence of two renowned persons in the world Obstetrics and Gynaecology as its esteemed speakers, namely, Dr.Mirudhubashini Govindarajan, Clinical Director, Womens Center and Dr.Cherry San.

Dr.Mirudhubashini Govindarajan spoke extensively on the role of progesterones in reproduction in the seminar while Dr.Ramya Jayaram enlightened the audience with a graphic description of the advances in the non-surgical treatment of fibroids and adenomyosis now available at Womens Center.

The experience-sharing international symposium held at Hotel Park Royal, Yangon, revolved around the theme: Clinical Challenges in Difficult Pregnancies.

Both Dr.Mirudhubashini Govindarajan and Dr.Cherry San enlightened the audience by sharing their expertise and experience acquired over decades of fervent medical practice.

Needless to say such CME Initiatives would go a long way in knowledge-sharing which in turn would help in the creation better expertise and increased efficiency in day-to-day medical practice.

Feedback

Dear Madam,

At the outset, I would like to extend my sincere thanks for your kindness to step into Myanmarfor participating in the international symposium.

After the programs, there were follow up visits with the participants.

Yangon:

Almost all the doctors were very satisfied with the topic and the discussion which followed thereafter. They liked the way you have correlated the theory and the clinical practice (Yangon audience). Two senior professors lauded some interesting slides in your presentation.

The O&Gs attached to the Central Women Hospital (Yangon), were attracted towards Dr Ramya's presentation and the advanced techniques used in your center. Of course some of them inquired about the training too.

The chairperson was also a satisfied with your presence and gave a positive outlook for future endeavors.

Mandalay:

The follow up visits showed very good response in fact more than what was expected. More importantly, the chairperson showed lots of praise for your presentation and Dr. Ramya's presentation in the imaging and the related aspects on Fibroid management.

Overall there is a very positive aura after the symposium which needs to be taken to the next level .

Thanks!
K Mahesh
Myanmar

Now,

Womens Center Offers Dental Care Too

As it opens its first dental care unit in Coimbatore, Executive Director Jayaram Govindarajan says Womens Center is committed to move up the value chain by focusing on preventive and cosmetic dentistry

What was your experience like when you visited a dental clinic last time? If you ask this question to someone, he or she may not have much to say anything pleasant.

Rickety chair, nauseating environment – a potential ground for varied infections – the drilling sound which reminds you of a construction site, long hours of waiting, copies of a few old magazines to kill boredom which one uses to fan away the sweat produced by punishing heat than reading...you might admit it had not been a really pleasant experience.

Now, you can smile exhibiting your pearly whites! For, Womens Center has opened a hi-end, technologically-advanced dental care unit in its Coimbatore facility to give you a pleasant and comfortable experience to fix your teeth-related problems.

The dental care unit at Womens Center is aesthetically designed which instantly appeals to your senses. What is more it is complimented with the most sophisticated equipment and the best professional expertise at the hands of Dr.K Manikandan, MDS, Root Canal Specialist and Implantologist and Dr.Swarna Manikandan, BDS, Dental Surgeon and Cosmetic Dentist.

"We do dental treatment for both women and men of all ages. We provide every service including fluoride application and smile correction", says Dr.Swarna Manikandan.

Though the dental care unit at Womens Center does everything that is diurnal when it comes to teeth protection, Dr.Swarna says its focus and strength lies in preventive and cosmetic dentistry.

Preventive dentistry – the new way to keep a healthy mouth – is the most modern and trending concept. In other words, it prevents recurring visits to your dentist to fix problems stemming out of tooth loss and gum disease.

"If you fix these two problems there is a better chance of keeping your teeth for life", says Dr.Swarna. Preventive dentistry calls for the dental team and patient to work together to implement a 'teeth maintenance plan' according to the patient needs.

Preventive dentistry is useful for all people irrespective of age but, of course, those who have their own teeth!

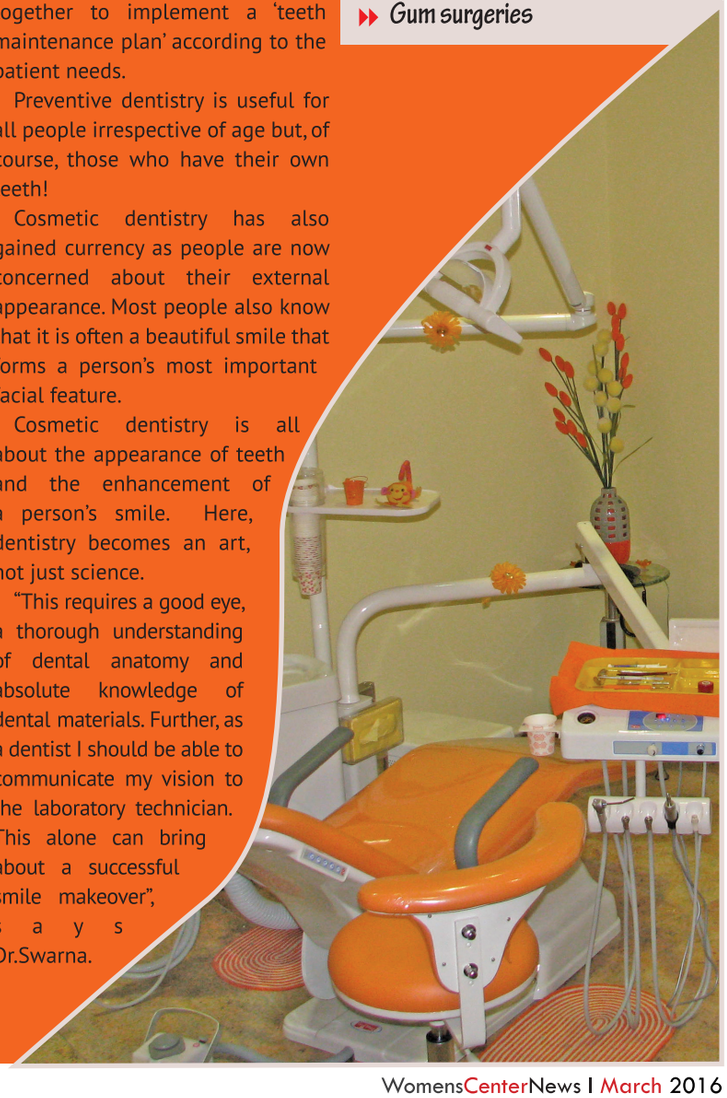
Cosmetic dentistry has also gained currency as people are now concerned about their external appearance. Most people also know that it is often a beautiful smile that forms a person's most important facial feature.

Cosmetic dentistry is all about the appearance of teeth and the enhancement of a person's smile. Here, dentistry becomes an art, not just science.

"This requires a good eye, a thorough understanding of dental anatomy and absolute knowledge of dental materials. Further, as a dentist I should be able to communicate my vision to the laboratory technician. This alone can bring about a successful smile makeover", says Dr.Swarna.

DENTAL SERVICES PROVIDED

- Scaling and oral prophylaxis
- Preventive dentistry
- Restoration (Fillings)
- Orthodontic treatment (Braces)
- Cosmetic dentistry
- Root canal treatment
- Crowns and bridges
- Implants
- Dentures
- Tooth extraction
- Gum surgeries



Clinical Director
Dr. Mirudhubashini Govindarajan,
FRCS - Canada

Q **I'm a 27-year-old spinster of average height. My problem is that I'm obese. I weigh 95 kilograms. This obesity is giving me lots of problems and affects my day-to-day activities in many ways which I think I don't need to elaborate. But, my main concern is that no one wants to marry me. During the last two years, at least, three persons came to see me but they backed out after seeing me. To be frank with you, I don't eat much. I go for daily morning walk. But, nothing seems to help. What should I do to reduce my weight?**

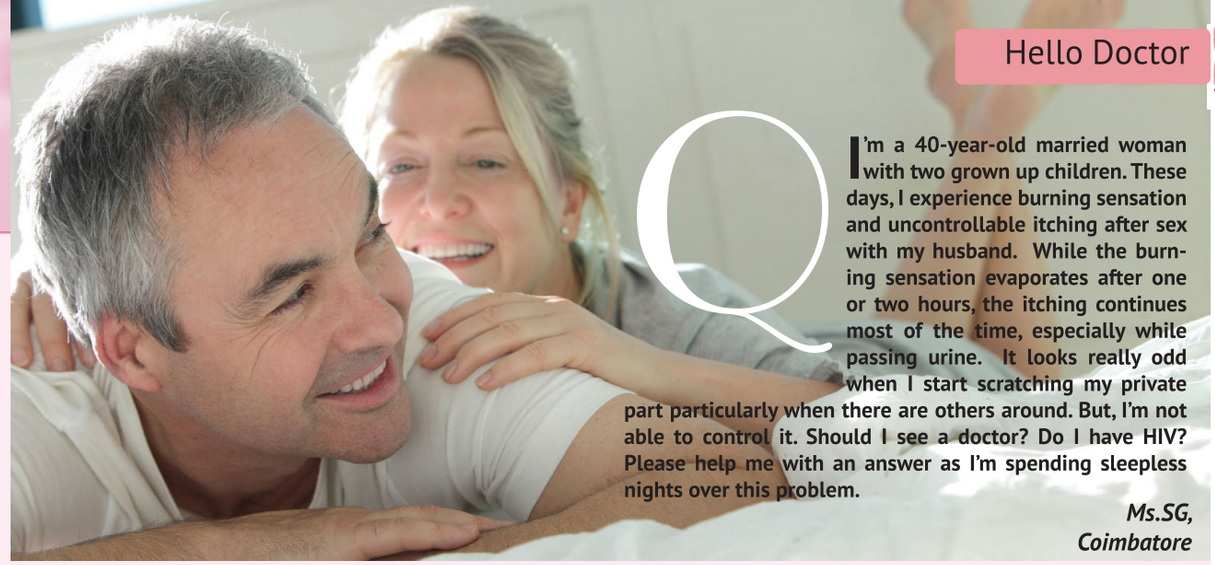
Ms.KPL,
Thiruchengode

Answer Quite obviously you are a young woman with significantly high body weight. I would have liked to know what your height is and what your job and everyday activities are. You should actually calculate your BMI (Body Mass Index) which depends on your height and try to keep your BMI around 25. Before you even start your weight loss routine you have to change your mindset. Your weight loss regimen is urgently required – not because of the society around you, but for your own physical well being. Change your mindset and attitude to positively and a "can-do" attitude. Work with a dietician and fitness trainer. What you basically require is a diet that is focused on Low Carb – High fiber – High protein" and a fitness regimen that includes "Ten thousand steps" a day along with an exercise regimen that is appropriate for you.

Q **I'm a 35-year-old married woman with two school-going children. I've not undergone family planning operation till now though we don't want to have more children. So, whenever we have sex (unprotected), I depend on birth control pills. I have been regularly taking birth control pills for the last four years. I'm told that regular intake of these pills can have adverse effects on my health. Is it true? Should I avoid these pills? If I'm not supposed to take them, then what is the other best and safest way to prevent unwanted pregnancy? Please help.**

Ms.SB,
Manapparai

Answer Adverse effect of hormones does increase with increasing age. Emergency contraception or "morning after pills" should not be used for regular contraceptive needs also - because these involve higher dose of hormones. If you have made the clear decision that you do not need any more children in your life, you should consider safer or more permanent options. These include IUCD with long efficacy periods or permanent methods such as tubectomy for you or vasectomy for your husband.



Q **I'm a 40-year-old married woman with two grown up children. These days, I experience burning sensation and uncontrollable itching after sex with my husband. While the burning sensation evaporates after one or two hours, the itching continues most of the time, especially while passing urine. It looks really odd when I start scratching my private part particularly when there are others around. But, I'm not able to control it. Should I see a doctor? Do I have HIV? Please help me with an answer as I'm spending sleepless nights over this problem.**

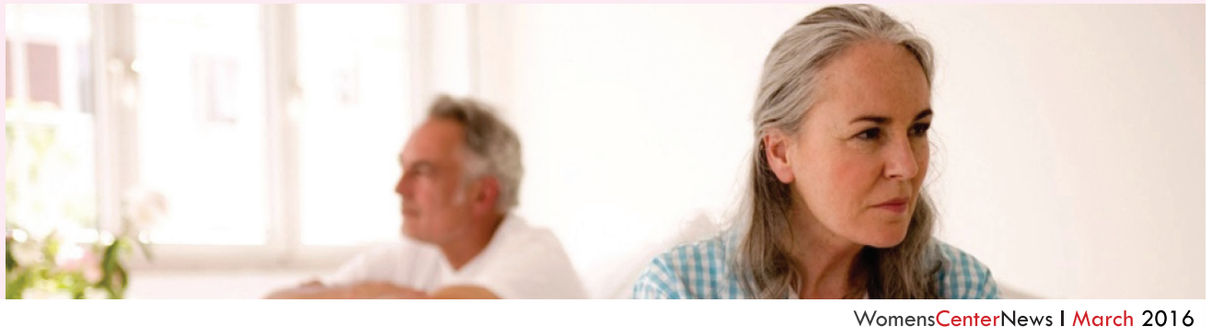
Ms.SG,
Coimbatore

Answer You should have a Gynec consultation and a complete examination. Your symptoms are suggestion of a genital tract infection. An examination and appropriate tests will tell you what exactly the problem is and the appropriate treatment can be given. It may be of help if your husband see a Physician as well. Most of these infections are simply curable infections and not HIV – so please see the doctor ASAP rather than spend sleepless nights.

Q **I'm writing this for my 17-year-old college-going daughter. She is about 6 ft tall and is otherwise good-looking. But, the problem is that she is lean and lanky and you can actually see the bones in the hands and legs. I've taken her to doctors earlier and I've tried every tonic that promises weight gain with no positive results. My daughter is a poor eater and her intake of food is similar to that of a 10-year-old kid. I advise her to eat lots of vegetables but she hates them. She also hates drinking milk. I don't know what to do. I'm desperate, because, I will have to marry her off in the next couple of years. Can you offer me a workable solution?**

Ms.KR,
Malakpet

Answer First of all we should, as a society – get out of the mindset of considering "tonics" as a substitute for food. At best they contain some vitamins and minerals which may be a supplement to a good diet in certain situations. If your daughter is only 17 and is 6' tall, her body has obviously used her "inadequate diet" for the considerable growth which is just normal in adolescence. A vegetable heavy diet – though good – does not provide all the other necessary elements such as protein, fat, etc. I think both you and your daughter should make an attempt to understand what a good balanced diet is – containing a balanced amount of carbs, fats, proteins and vitamins. A good dietician can help.You may also need to change your idea of what "good looks" are. A fit body with a good posture is definitely more attractive in the long run than a plump rounded one. Please don't think of getting her "married-off" in the next two years also. As a Gynecologist, I would say that it is far too early.



Teeth Regeneration On The Anvil

"Be true to your teeth, they won't be false to you," they say. So, no wonder, we find people going that extra-mile to take care of their teeth.

However, going by the latest news, it appears you can take your teeth for granted no matter what you do with them! Yes, a new study brings us closer to human tooth regeneration.

The study revolves around sharks and their ability to continuously re-grow their teeth. Sharks' ability to continuously re-grow their teeth is, in fact, a long-known fact.

However, hitherto the genetic mechanisms underlying this process have not been very clear to the researchers who were baffled by the innate ability of the sharks.

Now, researcher Dr.Gareth Fraser and his colleagues from Department of Animal and Plant Sciences at the University of Sheffield, UK have identified a network of genes responsible for life-long tooth generation in sharks.

The researchers arrived at their findings after assessing gene expression in the early formation of shark teeth by analyzing catshark embryos.

The team found expression patterns from several genes that led to the formation of dental lamina in the catsharks. The dental lamina was found to drive tooth development and continuous tooth generation in sharks.

Interestingly, humans also possess the same genes and the team says the discovery could help development new treatments for human tooth loss.

"What it means is that because we have the same genes to make teeth we also have a regenerative program", opines Dr.Fraser.

Sharks can have up to 3000 teeth at any one time spread over multiple rows. Unlike human teeth, the sharks' teeth are embedded in the gum.

Research has shown that sharks lose over 30000 teeth over a lifetime but each one lost can be individually re-grown over a period of days or months.

Going by this research, one, it appears, need not lose sleep over a lost tooth. For, science promises to regenerate a fresh one in the slot of what is lost!

Laughter Therapy

A young guy comes to a doctor. After examination the doctor says:
"So, we will have to cut one of your lungs."
The guy is astonished and tells:
"But doctor, my lungs have always been great, I have never had any problems with them."
The doctor replies: "I see it myself. But your liver has no room anymore."

A woman gets into a taxi and asks:
"To maternity hospital, please..."
After a while she asks the driver:
"Do not drive so fast, please, I'm simply working there.

"Doc, we have lost our patient."
"What happened?"
"He recovered!"

Wife returns from the clinic and tells her husband:
"The doctor recommended me to spend one month at the sea, two weeks in the countryside and go for one week abroad. Where will you take me first?
Husband: "To another doctor..."

A BEAUTIFUL SMILE CAN TAKE YOU MILES

They say: you are not dressed for the day unless you wear a smile. Yes, a smile is the most essential apparel. But, there is a difference between a smile and a beautiful smile. A few subtle corrections can bring out the aura of your infectious smile. Trust us! It can take you miles ahead of your peers!

Womens CENTER

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Preventive Dentistry | Cosmetic Dentistry | Scaling & Prophylaxis | Fillings | Braces | Root Canal | Crowns & Bridges | Implants | Dentures | Tooth Extraction | Gum Surgeries

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