IAP GOA E-Bulletin

BULLETIN *July 2017*

Activities from

April 2017 to June 2017

Issue 2

GOA STATE CHAPTER

For Private Circulation

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From the Desk of President IAP Goa

- **Dr. Harivallabh Pai**

Dear IAPians,

Time and Tide waits for no one, and 6 months have already zoomed past us in the current year. I am happy with the performance of our team so far in the last 6 months.
We had altogether 6 CMEs on different topics, and likely to continue the same with the same speed in the coming months.

We are holding BLS/ALS programme in association with Goa Medical College in the month of August.

We are proud to be a part of ***'MISSION INDRADHANU'****, a National Immunisation drive that aims to Strengthen India's Immunisation system and increase full immunization coverage to at least 90% by 2018.*
I also request all the Nursing Homes as well as our members Private and Government sector like GMC, Asilo Hospital, Hospicio to observe ***ORS and Breast - Feeding weeks in the month of July and August. Respectively.***

Let me take the opportunity to wish you all a ***'Happy Doctors Day'*** *which was celebrated on 1st July. Our Profession is supposed to be a noble one, and since time immemorial society placed our profession on a very high pedestal, but today it's a changing scenario.*
There is an increase in the cases of violence and atrocities against doctors. Government of Goa is taking active interest in the implantation of ***'Anti- Violence Act against Medical Personnel and Property'.***
Thanks to IMA Goa and its relentless efforts.
We at State IAP level are trying to form a Management crisis cell which will include in addition to our own member representative, a lawyer to guide us during the period of crisis. Also, what is desirable and essential is active participation by all members of the association.

Let's all be prepared to face the challenges unitedly, and keep our good work going to serve the mankind.

JAI HIND!!!
JAI IAP!!!!

Editors Write…

Greetings to all the readers….

Wishing you all a **Happy Monsoons!!!!** Uhhhh… or rather should I say a season somewhere between Monsoon and Summer. It's a Season wherein you can't decide whether to sing 'Ye re ye re pausa, tula deto paisa' or 'Rain Rain Go away, Come again Another Day!!!' Anyways whilst I am writing this editorial here it's a beautiful day outside with cool breeze blowing outside but I am not sure whether it'll remain same for long.

First and fore-most let me thank all of those who went through the bulletin and gave us a feedback to encourage and make us determined enough to put up another one in front of you.

Yet again I am thankful to my Mentors for being there to guide me and helping me all through-out till the very last and encouraging me to do my best. Thank you **Dr. Pai, Dr. Kalpana, Dr. Swapnil, Dr. Santosh**.

I am especially thankful to **Dr. Anant Kini and his family** for spending their valuable time with me and being generous and patient enough to answer and share with me their experiences and sweet memories.

I am grateful to **Dr. Ram Bhat** for sending in the article in spite of his busy schedule.

I especially thank **Dr. Avadhut Kossambe** for being prompt and very enthusiastically answering the questionnaire.

I am thankful to each member for your timely replies to messages sent regarding the activities conducted. It really helped make my work easy. Thanks once again.

We have made a small little change and added a little of our creative work of our members **Dr. Purnima Usgaonkar** and **Dr. Nadia Fernandes.** Hope you all will like it.

The bulletin has a small article contributed by **Dr. Sushma Kirtani** based on **World Health Day Theme 'Depression- Let's Talk'**. Thanks a lot Madam!!

It's a very sensitive topic. A topic, that many ignore even though, they are aware, that their close ones are suffering from it. They find it difficult to accept it and remain in a State of Denial.

Depression has Stigma associated with it.

We as Pediatricians should realize that Depression isn't a condition applicable to adults or adolescent only it can be seen in Children too. Especially kids who have a strenuous life at home. Wherein relations at home is strained.

We can be the 1st one to identify the same and manage the situation before the condition gets graver.

A Simple talk with the Child can help. A child's eye speaks volumes.

I know they can be scared of us but a Depressed child, mostly never displays any emotion and that could be a warning sign for us. So, my dear members, lets pledge this year to be Vigilant in our OPDs and be on Guard to identify any case who might be showing signs of Depression.

And if in case its detected let's educate the parents and make them aware that it's a Condition and not a Disease. It's our duty that we refer the Child to the right Person who can deal with the Child properly and in a caring manner.

I am sure all of you will agree to what I have written.

This bulletin does contain a Quiz like last time. It was disappointing that no one replied to the Quiz. Let's see who will crack the Quiz this time.

Ok then!! Chal then let's get started with the bulletin.

Hope you like it. Please do send us your feedback. Happy Reading

Warm Regards,

Dr. Siddhi Nevrekar, Dr. Vinda Arlekar, Dr. Anagha Dubhashi

PS: Activities conducted at Asilo were missed last time hence added in this bulletin.

Tet -a - Tet: *Dr. Anant Srinivas Kini*

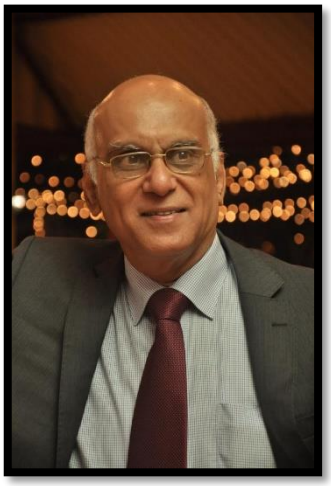
Aging gracefully and Happily… a saying we come across many a times…I am going to jot down to day about a man I have known from childhood through my parents.

Recently I personally met him for the sole purpose of this write up and was blessed to have spent some really good quality time with him and his family.

He is one amongst few people who believes that Age is just a Number, man who believes that **'Ache Karm Karo, Phal Ki Chinta Mat Karo'**, a man who believes that Humanity is priceless.

Dr. Anant Srinivas Kini, fondly called as **'Kinimam'** by his pals and close associates is the person I wish to tell you a few things about.

I am thankful to Dr. Kini and Mrs. Nirmala for spending their valuable time with me and answering my question with utmost patience and enthusiasm. Ok, chalo now let's go on to know a little more about Dr. Kini.



Dr. Kini was born on **21st October 1948** at **Mumbai** to **Mr. Shrinivas** and **Mrs. Manorama Kini**. Pet name being Girish. For Dr. Kini his travel of time from childhood to now, has been a world of lovely memories always surrounded by family, friends, well - wishers and his most favourite pets. Youngest in the family with 3 elder brothers, **Dr. Kini and Co** were imbibed with perfect morals & honesty by their parents.

Dr. Kini did his basic education from St. Xaviers High school at Dhobi Talao, Mumbai. He passed his SSC in 1965 from the same place, later joined Wilson College Mumbai wherein he completed his inter-science in 1967 and went further on to pursue MBBS from Goa Medical College Batch of 1967. As a student in school, modestly sir says he was an average student who would love to have fun, play outdoor games esp. Hu tu tu, relay race, participate in Drama. Science was his favourite subject.

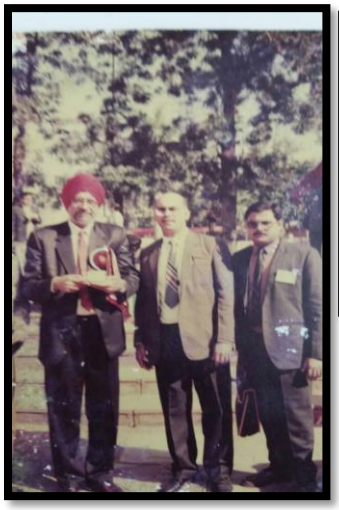
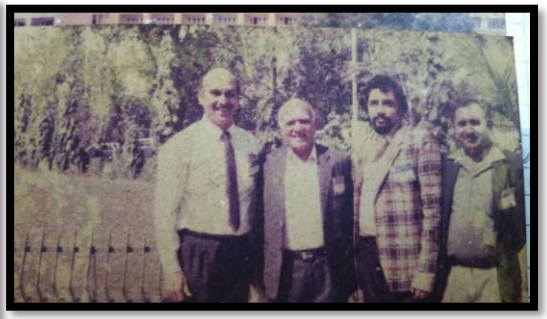
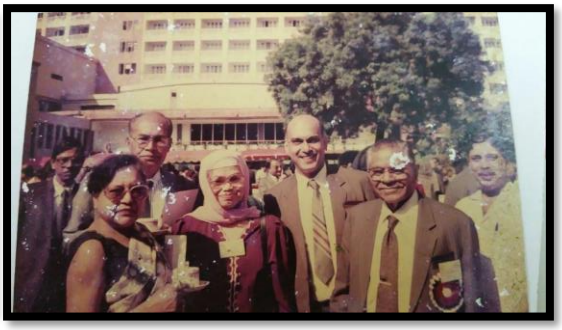
He did have Teen idol in the form of Elvis Presley and was a huge fan of Shammi Kapoor (Yahooooooo!!!) but as very well depicted by his personality he, always maintained a perfect balance between extracurricular activities and academics.

Dr. Kini says, "Coming from a background of a family of engineers, it was a different profession that he had ventured into and was inspired by his uncle who also is a doctor (MS FRCS)."

When asked whether which memories were the best school or college in a nostalgic tone he says definitely school, it was more fun and memorable.

With mentors, colleagues and schoolmates…

He left GMC after graduation to join Bai Jerbai Wadia Hospital for Children, KEM hospital to pursue his DCH and MD degrees in Paediatrics respectively in the year 1975-76.

With mentors, colleagues….

Thereafter, Sir returned back to join his Alma mater as a Senior resident and worked here for 2 years, catering to the needs for many needy and sick kids and guiding the junior residents ably preparing them for better future. Sir worked in GMC as SR from 1976 – 1978.

He says 'We worked like team during our time, all bound together towards one goal'. Thereafter started his private practice from 1978 and has been in same, nearing 40 years now.

When asked why he **chose this profession** as a career he says **"Definitely not for money, but as a medium to serve human kind and to make a name for himself."** Dr. Kini started his own establishment in 1980 **'MANOSHRI HOSPITAL'**

Sir has now slowed down in private practice over the past few years now and focus more on family and his hobbies spending quality time with his wife and other hobbies he loves to do. Over these years of practice, he has come across some memorable, satisfying cases and shared them with us

- Meningitis in 1978 a very bad case which recovered completely
- An incident occurred at the Mamlatdar office, wherein when a patient whom Dr. Kini had treated came to his rescue and handled the matter giving due respect to Dr. Kini.
- 1980, 900 grammer was recovered and is well now.
- GB syndrome paralysed below neck brought in arms, was treated and was able to walk at discharge. The patient is now happily married and settled
- A doctor's sister's child asphyxiated requiring high level of oxygen, possibility of neurological impairment was considered but due to proper management the child has normal neurodevelopment and is an engineer now settled in US.

Dr. Kini, as we all know is a very charming and dynamic human being with many hobbies and special interests. He loves to Sing, listen to music, Travel – **HAS TRAVELLED 22 COUNTRIES** but says ***GOA IS THE BEST!!!*** Kudos to that SIR!

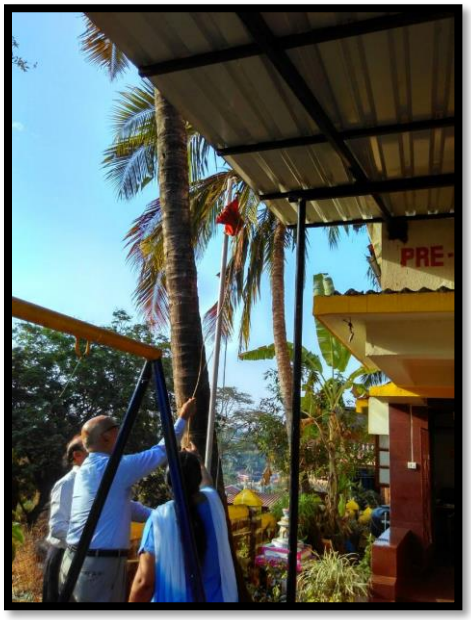
With his pet dog….

He also loves to do Gardening, Cook (lucky Mrs. Kini) and experimenting too (uh-oh) …

He loves to horse riding, swimming (still practices it), judo, rock climbing. He loves to have pets with him. They are like family to him and one or the other pet has been there always with him right from his childhood.

Besides all these hobbies and other work including profession related activities, Sir, is very particular about certain routine habits like; he regularly practices yoga, reads Bhagvad Gita daily.

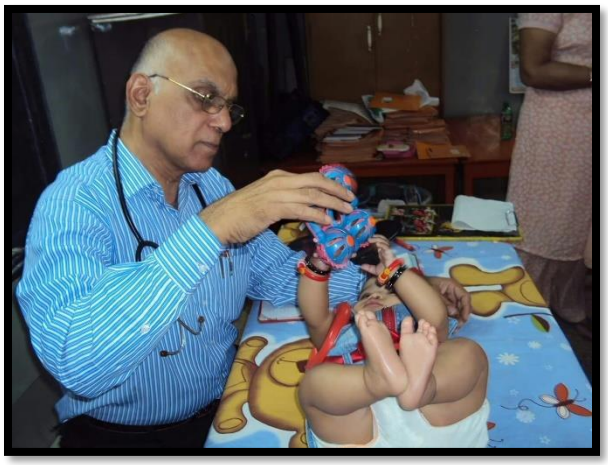
Dr. Kini has been actively participating in Social activities like:
a) Medical camps held at Ramnathi and Balaji Temple, Chinmaya Mission for Destitute Mothers and Children at Assgaon
b) Free School Health Checkups at School for poor and needy.

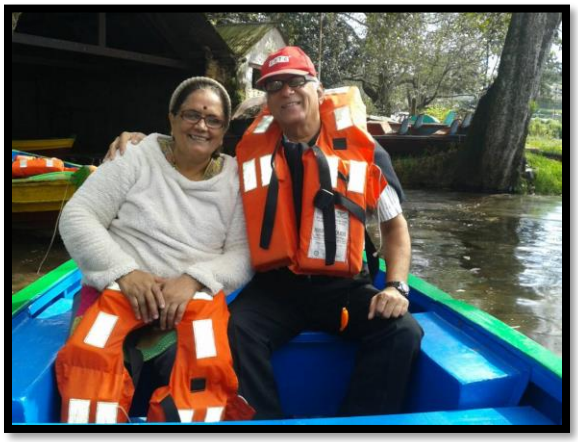


Dr. Kini at camps and other social activities

Dr. Kini is a **Founder member our Goa Association of Paediatrics** 1989 – 1999.
He played active role in oraginising Indo British Symposium Perinatology. Besides his professional commitments he has been giving time to other associations with similar dedication as well.
He is a **Secretary for Muscular Dystrophy Society Goa Chapter**, **Regular member of Chinmaya Mission Study Group, Trustee at Ramnath Devasthan Charities** 1984-1989, 2010-2016. Dr. Kini has been facilitated by Shree Ramnath Devasthan Charities for his selfless service.

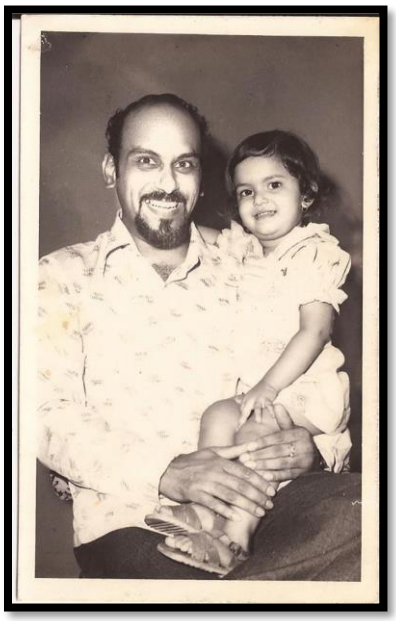
It's interesting to know that Dr. Kini has taken Military training at Bhosale Military Training, Nasik and Graduated with Distinction in the same.



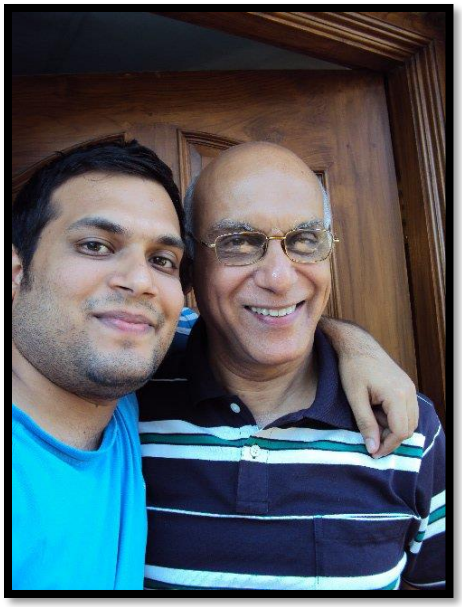


With wife Mrs. Nirmala

On **18th May 1975**, Dr. Kini got married to **Mrs. Nirmala**, Mrs. Nirmala has been a huge support and has stood with Dr. Kini through all thick and thin all these years long keeping a smile on her face and an open heart to all the challenges thrown towards them facing each of it with smile and tackling them tactfully.



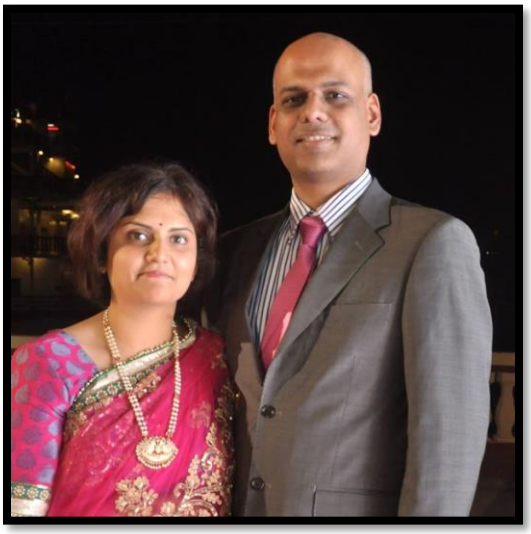
With kids Dr. Gayathri and Mr. Madhav



In the year 1979, a little princess entered their life. The princess was named **Gayathri** who grew up to become a **Dental Surgeon practicing at UK** presently. In 1983, he was blessed with a boy **Madhav** who grew up to become **Strategy Consultant at Larsen & Turbo, Mumbai (Mechanical Engineer, MBA)**. Both are married and well settled.

Dr. Gayathri is married to Dr. Amit Shiv Kumar an Associate Consultant -Accident & Emergency Medicine Department, U.K.

Mr. Madhav is married to Sanjam Sahni, an Investment Banker Vice President at Kotak Mahindra (Bcom, MBA), both settled in Mumbai.



Dr. Gayathri with Dr. Amit Shivkumar

Mr. Madhav Kini with Mrs. Sanjam Kini

Dr. Kini is promoted to the posted of grand- father wherein he has 2 sweet grandchildren (Dr. Gayathri's kiddos) **Nandini 9 years and Kiran 7 years**, needless to say our Kinimam become one of the baccha along with the baccha party. It was quite evident from one of the video our Kinimam shared with me but unfortunately it couldn't be uploaded on this bulletin.

With the Gen next kiddos…. Nandini and Kiran

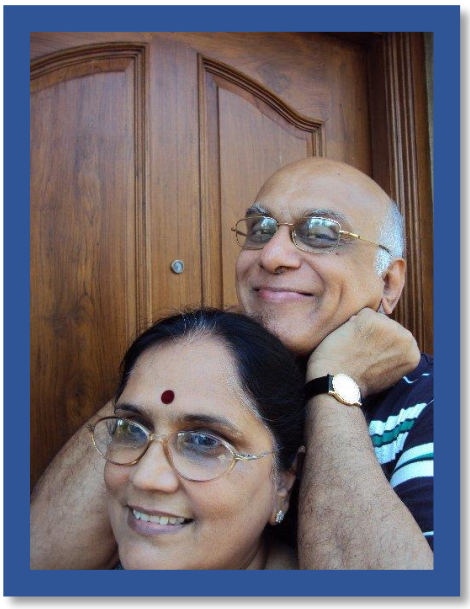
It must be definitely fun to become a Grandparent than a parent. When asked "What's was your goal once you became a Parent? His reply is, to see my children flourishing better than me. Likewise, I gave them freedom to choose their path of career just as I had, even though mine was a Family with Engineering background I joined Medicine."
Being a Concerned Family person as already mentioned for Dr. Kini, his family is HIS WORLD TO HIM, his WIFE IS HIS MAJOR SUPPORT with whom he sees to spend the rest of his life enjoying every little moment. He keeps in touch with all his family members be it close relatives or extended family with the help of Social media like What's app and Facebook. He also is in touch with his batch mates and recently held 50 years Reunion of his School mates and also of MBBS batchmates. That's a really sweet gesture I believe. These questions and events made him nostalgic and he revived old memories and time spent in college and hostel with his roommates Dr. Kapadia and Dr. Jagdish Kenkre.

With old pals and friends….

His **Role model** has been **His Father**, a very spiritual and balanced human being who was equally successful.
And **His Wife** for giving him the Correct guidance at every step of their life together.
He says," He owes to his travel experience too, for each travel has its own teachings.
Dr. Kini's greatest **Strength** is **'Knowledge of Truth**' and has no regrets and no fears, he believes that when you do good it's your Karma that goes with you, so always **DO GOOD**. His take on Life is purely Basic – **Simple Living & High Thinking**.
He says," **Happiness is a state of mind. Our mind is very unstable and fickle. We need to try to focus it by meditation. Material acquisition however doesn't give happiness, they only fuel greater desire.**
Contentment is the Key to Happiness, knowledge that God is within you gives enough strength to face any challenges in life.
Life has lots of problems. All problems have a solution. You need to find it.
The inner world is layer than the outer world and the Happiness lies within the inner world.
God is within you; seek HIM sincerely, Have faith in Him, Trust Him to look after you and you will never be unhappy.
"I am not alone God is with me"- Sadhu Vaswami.

Dr. Kini's **message to our younger generation**

"Learning is a continuous process, Sincerity Honesty, Hard-work is the key to happiness and success.
Little bit of spirituality adds spice to your profession and gives it more Meaning.
Always treat patients like your own family and with equal concern
Social service, working without expectation gives happiness
More money doesn't make you happy or Richness wouldn't make you happier
You must have a hobby to look forwarding in old age
Your friends make life more exciting, So be in touch with them
Always sing, dance and enjoy life, be happy."



Dr. Kini a strong objection on the **Assault on doctors** which is the burning topic currently and was vocal about it. He is of the opinion that a strong action needs to be taken and matter needs to be dealt at the earliest.
He strong, tall man with a soft and compassionate human being our, Dr. Kini is a kind-hearted person with a beautiful and considerate soul.

Wishing Dr. Kini and his beautiful family a very happy, healthy and beautiful Life forever!

CASE REPORT:

MEGAMEATUS INTACT PREPUCE- A CASE REPORT

Dr. Vishal Sawant
MS DNB MCh.
Pediatric Surgeon Goa

INTRODUCTION:

Hypospadias is a congenital disorder of the urethra where the urinary meatus is located on the undersurface of the penis. The incidence is about 1 in 250 male births (1). It is classified broadly as distal or proximal depending on the location of the meatus. In most cases, foreskin is deficient ventrally giving it a characteristic appearance of hooded prepuce. Ten percent distal and fifty percent of proximal hypospadias are associated with ventral curvature (Chordae) (1,2). It is thought to occur due to failure of the urinary tract channel to completely tabularize to the end of the penis. The genetic or environmental factor could be responsible for it. (3) 90 percent of the cases are isolated and 10 percent of the cases may be part of syndrome with multiple anomalies. (4) (5). The most common anomaly being undescended testis (3 percent in distal hypospadias and 10 percent in proximal hypospadias) (6). It is often diagnosed at birth due to its peculiar appearance. Some children may have hooded prepuce with chordae with normal meatus (chordae without hypospadias). Megameatus intake prepuce (MIP) is a variant of distal hypospadias where in the prepuce is intact with a wide glandular meatus and wide distal urethra. We report a case of MIP a rare variant which represents 3 percent of all hypospadias.

Case:

8-year-old boy presented to the clinic for religious circumcision. He had no other significant history. On retraction of his Intact prepuce a wide urethral meatus was revealed. (Figure 1) He had no other significant clinical findings. He was planned for repair along with circumcision.

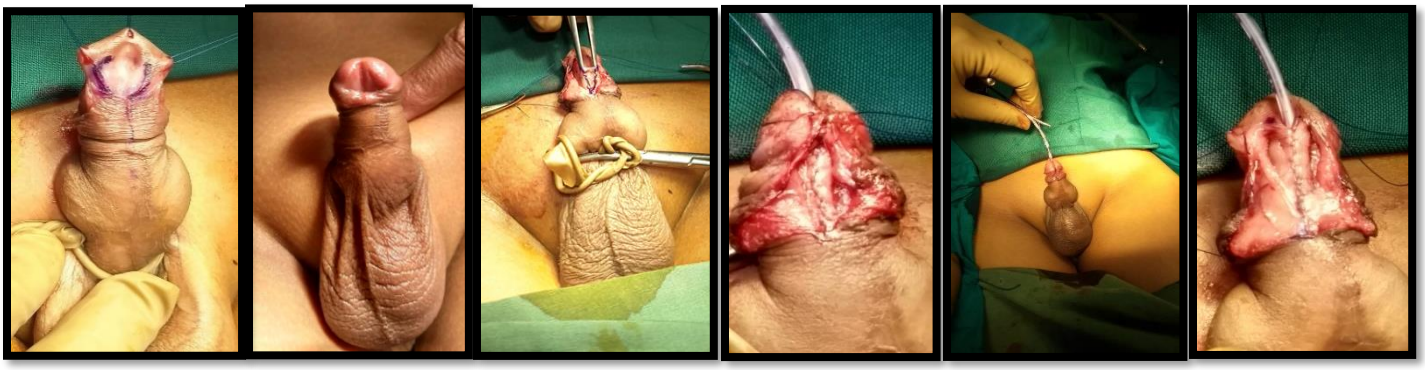


Figure 1 Figure 2 Figure 3 Figure 4 Figure 5 Figure 6

Procedure:

On examination under anesthesia, Pyramid repair was planned. Glans stitches were taken and racket shaped incision marked (Figure 2). Incision was deepened and urethral plate dissected from the corporal bodies and glans wings were elevated. Dilated urethra was carefully dissected from corpora and wedge-shaped incision marked on the ventral aspect of the wide urethra (Figure 3). This wedge was excised and edges of urethral plate trimmed. Urerthroplasty was done with 60 PDS over 6 F infant feeding tube (FIGURE 4). Second layer of dartos tissue was closed over the urethroplasty. Glans wings were approximated. Circumcision was done and repair completed with interrupted mucocutaneus sutures (Figure 5). He was followed up for one month and had a good cosmetic repair.

Discussion:

Though most of the hypospadias are diagnosed at birth, MIP is usually a surprise diagnosis at the time of circumcision. The MIP variant represents one of the most challenging to repair and to achieve cosmetically satisfying results (7). Indication for its repair are mainly cosmetic and to prevent splattering and splashing of urine. It does not affect the sexual function. Most commonly performed repair is the Pyramid repair described by John Duckett in 1989. It addresses all the issues associated with this anomaly (8). Other techniques like Glans Approximation Procedure (GAP) Tabularized Incised Plate urethroplasty (TIP) (9), Mathieu flip flap repair have been also used successfully to repair MIP. Some modifications to procedures like GAP have been added to give a better success and cosmetic results. Except in Mathieu's repair prior circumcision does not complicate repair of MIP.

Conclusion:

MIP though a rare variant of Hypospadias, one needs to be aware of this anomaly and technically geared up to repair it during a planned circumcision.

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CASE REPORT:

UNIQUE CASE OF JEAVONS SYNDROME (MEA)

Dr. Priyanka Amonkar (MD Pediatrics)
Ex Senior Resident, Dept Of Pediatrics, Goa Medical College

Myoclonia of the eyelid with absence seizures.

Introduction:

Eyelid myoclonia with or without absences is a form of epileptic seizure manifesting with myoclonic jerks of the eyelids, often with brief absences. These seizures are mainly precipitated by closing of the eyes and lights. They occur in symptomatic, possibly symptomatic, and idiopathic generalized epilepsies. Eyelid myoclonia with absences is the defining seizure type of an idiopathic syndrome **(Jeavons syndrome)** [1] of reflex epilepsy, which is genetically determined, has age-related onset, and affects otherwise normal children, with a female preponderance.
Jeavons syndrome is probably lifelong with continuing seizures in adult life. Eyelid myoclonia is often confused with facial tics or self-induction of seizures

Historical note and terminology

The first documentation of eyelid myoclonia was by Radovici[2] and colleagues. They reported and filmed the seizures of a 20-year-old man who, from the age of 10 years, had photically induced "frequent and spasmodic blinking of the eyelids with rhythmical movements of both rotating and elevating of the head towards the sun"

The 2010 ILAE proposals classify eyelid myoclonia as a type of absence seizure with special features: (1) typical, (2) atypical, and (3) absence with special features (myoclonic absence and eyelid myoclonia) [3][4]:

Case report

A 3-year-old boy was brought to our hospital by his parents with h/o noticing increased episodes of abnormal eye movements with staring episodes 10-12 times per day with 3-4 episodes of fall while walking.
Such episodes started a month prior to hospital presentation (2yr 9months) and had increased in frequency over a period of 15 days. His antenatal and birth history was uneventful, with normal motor and social milestones however delayed language milestones. H/o febrile seizure at 1 yr. of age (GTCS). No family history of seizures.
After thorough clinical evaluation he was found to have normal neurological status.
During the hospital stay child had multiple episodes of myoclonia of the eyes (flickering of the eyelids) with upward deviation of the eyeballs usually 5-6 times per hour.
He also had absence seizures in a frequency of 10-12 times per hour, and 3-4 episodes of atonic seizures per day. His photic stimulation test was positive i.e. increased frequency of myoclonia of the eye when light was shone onto his face. Also increased frequency of absence seizures on exposure to sunlight.
Radiological imaging of the child (CT scan and MRI) were normal.
EEG done initially was normal however subsequently showed 3-6hz polypile pattern.
Child was initially started on valparin as a single drug however his seizures persisted.
Seizures improved when a newer anticonvulsant Lamotrigine was added along with valparin.
Seizure frequency reduced from 10-12 times per hour to 2-3 episodes per day.

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कुणा कुणा मानु मी गुरु

- *डॉ.सौ.पुर्णिमा ना. शे. उसगांवकर*

जन्म दाते आई वडील असे गुरु सर्वप्रथमी,

लहानाचे होतां मोठे घरांतील वाड्वडील पण गुरुंच्या स्थानी.

येणारे ज़ाणारे वावरणारे, प्रत्येकाने असणार दिला एक एक धडा,

अवतीं भवतीं सगे सोयरे मित्र मैत्रीणींचा ग-हाडा.

मानो या ना मानो, आवडो या नावडो,

सत्य परिस्थिति न ज़ाणवली असें न घडो,

ऐकून पावलों पावलीं भेट्णा-या गुरुंचा पोवाडा,

ज्यांतूनच लपला असंख्य गुरुंचा आराखडा.

शाळां कोलेजांतल्या जीवनात नसतो अर्थ गुरुविना,

एक पण पाऊल न पडूं शकत, बनतां अद्न्यानांतून सद्न्याना.

तिथल्या आया, मामा, काका, माणसांमार्गे पण वेचले कण,

वाचनालयांतील, प्रयोग शाळेंतील व्यक्ति असतील अनेकज़ण .

काही ना काही, कुठें ना कुठें येतां ज़ातां अजाण क्षणी,

द्न्यानात भर असणार घातलेली कणी कणी.

स्थायिक होताना जीवनांत, क्रामाला लागते वेळीं,

असो स्वत:चें आस्थापन, असो नोकरीचें स्थान,

अनुभवींचे गुरुरुपीं लागते मार्गदर्शन क्षणो क्षणी.

असो एखादा प्यून, असो एखादा सेक्यूरिटी, *...continued*

देवासारखा भासतो त्या लट्पट्या थर थ-या वाटीं,

कण कण द्न्यानार्जन त्याकडून घेऊन काम होतें सुरु,

त्या क्षणींचा बनतो तो आपला प्रिय गुरु.

स्वत:च्या वेळीं घेतलेलें शिक्षण, पडते तें अपूरें,

काळाबरोबर वहात राहण्यास लागतात नवे धडे.

त्या द्न्यानाची गरज़ भागवून घेतां घेतां खरें

तर असतात गुरुरुपीं, आपणाहून लहान पोरें.

शिकणा-याना किती शिकूं किती नको करुन सोडणारे

मिसायल, कम्प्यूटर युगा मधले नाविन्याचे धागे दोरे.

पशु - पक्षी ,चिऊ - काऊ शिकवून ज़ाति आपल्या परीं,

जीवनाचें घरटें नाज़ूक धाग्यांनी बांधणारे उडति नभोतलिं.

वृक्ष - वेली, नद्या - सागरा ,प्राणी जगत तुझ्या उरीं,

विधात्याचि अलौकिक किमया घेऊन कैक गुरूजन उदरीं,

मानवतेचा धडा शिकवण्या कितीतरी जय्यत तयारी.

मानवाने शोधली टॅक्नोलोजी बनवून बसला बेजान गुरु,

कोटी कोटीनी द्यान मिळविण्या त्यानाच बनवले सद्गुरू.

पृथ्वी तलावर शांती सदा नांदो ! घेऊन ही मनोकामना,

अशा या असंख्य गुरुजनांना करते मी वंदना.

****

LATE PRETERM INFANT

Dr. Ramchandra Bhat

Definition:

Infants born at 34 weeks through36weeks of gestation after onset of mother's last menstrual period are known as LATE PRETERM INFANTS. To be more precise they are infants born between 239 to 259 days from mother's LMP.

Introduction

As Dr. Lucky Jain says, "Late Preterm Delivery seems like a '*TUG OF WAR BETWEEN STILLBIRTH AND EARLY ELECTIVE DELIVERY*'

In 2005, National Institute of Health Workshop – 'Optimizing Care of Near Term Pregnancy and Near-Term Infant', it was realized that near term labelling of babies had led to parents, caregivers and health professionals to underestimate the risk of morbidity and mortality of these infants.

LPI often weigh more than 2.5 kg and hence parents assume they would behave like a Term baby, wherein in reality LPI are both Physiologically and metabolically immature, as a consequence are at a higher risk of both morbidity and mortality than term infants

EPIDEMIOLOGY:

- In the US in 2006, 8-12% of all births were preterm. More than 70-74% of these preterm were Late Preterm
- In India, too Preterm births are increasing and LPI account for more than 60% of all Preterm births
- In the US awareness of the problem has led to a sequence of actions culmination to reduction in LPI deliveries and mortality

YEAR	MILESTONES
2006	Introduction of the phrase Late preterm to replace Near term, Recommended in an executive summary of a 2005 NICHD workshop
2007	Practice guidelines are issued by the American Academy of Pediatrics Committee on Fetus and Newborn, and the Committee on Obstetric Practice of the ACOG.
2007	NCHS begins tracking late preterm birth statistics; the March of Dimes Foundation begins research support and educational activities to prevent non- medically indicated deliveries at late preterm gestations
2011	Guidelines to manage" indicated late preterm and term deliveries" published after an NICHD and SMFM workshop.[6]
2012	Additional classifications published defining and refining the definition of term birth at a working group convened by NICHD, in collaboration with ACOG, The American Academy of Pediatrics, The World Health Organization, SMFM, The March of Dimes, and The NCHS. The subgroups were" early terms" as births between 37 weeks through 40week 6d, "late term" as deliveries at 41weeks 0 days through 41 weeks 6 days and by implication, "post term" as those at 42 week and 0 days and beyond.[7]
2014	NCHS continues to note decreases in US singleton preterm and late preterm birth rate beginning in 2007.[8]

2016	From 2007 through October 2016, >500 publications and review articles confirm that late preterm infants are at higher risk for pulmonary, metabolic, and neurologic disorders; feeding difficulties during the neonatal period; elevated risk for hospital re-admission for jaundice and bilirubin – induced brain injury; respiratory syncytial virus and other pulmonary infections during infancy childhood; cognitive deficits and learning issues at school age; and small but measurable negative effects in adult age groups.
2016	Decreasing rates of inductions at late preterm and early term pregnancies in 6 high income countries in North America and Europe.[9]
2016	Attempts to improve fetal pulmonary maturity in late preterm early term gestations for elective cesarean birth and in other clinical settings (reviewed in Kamath- Rayne et al[10]). Publication of a large trial to increase fetal lung maturation with antenatal betamethasone theraphy[11] in late preterm pregnancy and endorsement of this practice by the SMFM and ACOG

The primary reason for increased LPI is not well understood but may be attributable to increase inn use of reproductive technologies, multiple pregnancies, advances in Obstetrics leading to increased surveillance and medical intervention during pregnancy. The rate of elective c- section is associated with high incidence of LPI. According to a study in Brazil 18% of babies born after elective LSCS at term were actually LPI

DEVELOPMENT AND PHYSIOLOGICAL IMMATURIY OF LPI

- **From 34-36 weeks, fetal lungs mature**
  - **Terminal respiratory units convert from alveolar saccules to mature thin walled alveoli**
  - **Type II pneumocytes reduce and only Type I cells line the alveoli Pulmonary capillaries begin to bulge into space of terminal sac**
  - **Surfactant pool increases**
  - **With onset of labour, Sodium channels are increased in alveoli, aiding fluid reabsorption. These channels are present in type I pneumocytes.**

- **Fetal Brain at 34 weeks is only 65% of that of term**
  - **Gyral and sulci formation are incomplete**
  - **Cortical volume increases 50% between 34 to 40 weeks**
  - **25% of cerebellar development occurs during same time**
  - **There seems to be increased susceptibility to any injury to brain during this period**
  - **Hence, it's clear that even the brain is immature.**

- **Cardiovascular System in LPI**
  - **Lesser amount of reserve is available as reserve in times of stress**
  - **Delayed ductus arteriosus closure and PPHN may complicate recovery of LPI with Respiratory distress**

- **Response to Cold exposure**
  - **A larger surface area hence more heat loss**
  - **Less white adipose tissue hence less insulation**
  - **Less brown fat so ability to generate heat is poor**

- **Morbidity and Mortality**
  - **They are at increased risk for morbidity as compared to term infants**
  - **4 times risk for 1 medical condition**
  - **3.5 times risk for 2 medical condition**
  - **Are at risk for several more severe illnesses**
  - **3 to 9 times risk for mechanical ventilation according to a Californian Study**
  - **More likely to be admitted in level II & III NICU**
  - **1.7 increased risk for re-hospitalization in neonatal period of which 70%were readmitted for jaundice, 20% suspected sepsis, 16% for feeding difficulties.**
  - **They are also more likely to receive antibiotics in neonatal period.**
  - **IMR is higher in LPI nearly 3 times more and Neonatal mortality rate is nearly 4 four higher.**

Problems faced by Late Preterm Infant

A. Feeding difficulties are very common
- **i) Poor oro-motor tone & neural immaturity leads to reduced breast-feeding rate.**
- **ii) More likely to receive I.V. fluids**
- **iii) They may initially suck & feed well but after few days show lethargy, poor feeding & weight loss more than that normal**

B. Hypoglycemia is more common due to poor feeding, reduced glycogen & fat stores. Immature enzymatic and neo-glucogenesis pathways.

C. Hyperbilirubinemia is more frequent
- **i) Total serum bilirubin is higher at 5 to 7 days**
- **ii) It's one of the most common cause for re-admission**
- **iii) TSB levels are elevated 2 times more likely in LPI due to increased entero-hepatic circulation of Bilirubin occurs, enzyme UGDP glucaronyl levels are lower than normal.**

D. Temperature instability is more common in LPI

E. Apnea is more common in LPI both obstructive and centrally mediated.

F. Respiratory Problems faced by LPI
- **i) RDS, TTN are commonly seen**
- **ii) Pneumonia can be seen too**
- **iii) Respiratory failure requiring mechanical ventilation as mentioned earlier**

G. LPI are more prone for sepsis- initial and also re-hospitalization hence more likely prone to receive parenteral antibiotics.

H. PDA, NEC, IVH are also a common occurrence.

I. Neurodevelopmental outcome: Surprisingly even a normal looking LPI with no problems in Neonatal period on subsequent follow up had increased risk for developmental problems

   i) Cerebral Palsy was 3 times more frequent
   ii) Speech, Behavioral problems were more frequent

J. Emotional, Personal and Financial Burden to the Family and Society are being quantified and appear to be Considerable.

K. Even a delay of delivery from 34 weeks to 35 weeks of pregnancy reduces the cost of treatment by 42% and a further delay to 36 weeks reduces the cost by 38%.

MANAGEMENT OF LPI

- Collaborative counselling by obstetrician and Neonatologist is warranted before delivery is except in emergent situation.
- American college of OBG has mandated that elective delivery only take place after LMP in a well dated pregnancy.
- Antenatal steroid administration has been advocated up to 36(6/7) weeks of pregnancy which are at risk of LP birth.
- LPI managed in hospital in hospital at the mother's bedside, monitored regularly by a physician and transferred to NICU as and when required.

CRITERIA AT DISCHARGE:

- Accurate Gestational age has been determined.
- Vital signs documented, are within normal range and stable for 12 hours prior to discharge with HR between 100- 160/min, RR less than 60/min, Axillary temperature between 97.7°F -99.3°F.
- At least 1 stool has been passed spontaneously.
- Baby is feeding for 24hrs well at breast or bottle.
- Weight loss of more than 7% or more than 2-3% per day is more than normal and not acceptable. Baby has been checked for dehydration.
- Risk assessment for Hyperbilirubinemia is done.
- Babies are called for 48hrs after discharge and an appropriate physician is allotted care of the baby.

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THE DOCTOR WITHIN SPEAKS….

-Dr. Nadia Fernandes.

And my thoughts begin to flutter again,
Answer my queries, ease the pain,
Confused I am, a jumbled lane,
My purpose on earth, someone please explain...

A crook I am they all said,
Looting patients, killing lives, my soul dead,
A future ATM is all they see,
Prestige and fame, is that really what I wanna be???

At the age of fifteen, a choice I made,
A difficult life in front of me, He laid,
To be a doctor is what I chose,
To sacrifice fun and pleasure, there my life goes...

Into the burning fire, I laid my foot,
A long journey, a step I took,
Struggle and trials, anguish and pain,
Knowledge, wisdom, 5.5 years of gain...

Sailing through was not easy,
Those vivas and exams, ah!! Still make me dizzy,
Everything I bore, 'the big picture' in mind,
Satisfaction of the soul, was what I wanted to find...

The 'Big Picture' I say, but all YOU think is 'money',
That's not all I want, sounds a bit funny,
Compassion, patience, humility is what I desire,
A life of service, that's the 'burning fire'...

Sleepless nights I spent, caring for YOU,
Forgetting about my life, errands that are due,
Your suffering you share, I listen to you,
One mistake I make, and you're ready to sue...

I'm not a dealer, selling drugs,
Neither pest control, killing bugs,
Why then do you call me an ATM machine??
My life to YOUR cause I give, is that a sin???

Your appreciation, a grateful heart,
A kind word, is that too much to ask??
So next time, a doctor, you meet,
Pause a moment, think before you speak,
All are not the same, some really care,
A little love and respect, please do share... **Thank you!!!!!**

WORLD HEALTH DAY 7th April, 2017

- Dr. Sushma Kirtani

"DEPRESSION"

Children can be stressed due to various reasons - exams, change in residence, change of school, after they attain puberty or even making new friends, child abuse, bullying, corporal punishment, family pressure, parental discord, alcohol habit of parent. This stress could cause depression.

Ask the parents if the child has the following features: -

1) **Persistent sadness**
2) **Loss of interest in activities that they normally used to enjoy.**
3) **Inability to carry out daily activities for at least 2 weeks.**
4) **Withdrawal from others.**
5) **Difficulties concentrating at school.**
6) **Change in appetite or sleeping less or excessively.**
7) **Loss of interest in play.**
8) **Indecisiveness, restlessness and feeling of worthlessness or hopelessness.**
9) **Thoughts of self-harm or suicide.**

DEPRESSION IS PREVENTABLE & TREATABLE

If you think the child might be depressed.

1) **Talk to him or her to find out if anything at home or schools is bothering the child.**
2) **Seek help from a professional counsellor.**
3) **Counselling the parents about the situation and helping them accept the same, if need be advise them to seek help from professional counsellor**

ADVICE TO PARENTS

1) **Pay attention to your child in time of stress and at puberty.**
2) **Encourage your child to eat well, do physical exercise, sleep for 8 hours a day and to do things he or she enjoys.**
3) **Spend quality time with your child and stay connected.**
4) **Show them unconditional love.**

CALL OF THE MOUNTAINS

-Dr. Dhanesh Volvoikar

We all are aware of Dr. Dhanesh's Passion for Travel and Trekking. Expeditions have been on his agenda since long but due to professional commitments he couldn't give it time but now Sir, has different plans. He has been planning trips to different places as and when he can find appropriate time for same.

Let's read his experience of his travel to Himalayas in his own words…

I used to dream about escaping my ordinary life, but my life was never ordinary. I had simply failed to notice how extraordinary it was. Likewise, I never thought that home might be something I would miss.

Imagine you are above the clouds, walking on a ridge with your left foot in India and the right one in Nepal;
the mind- boggling scenery before you un-masks the snow-capped mountains of China and on turning around
you see the highest peak of Bhutan.
To put the cherry on the top, you witness the majestic four out of five highest peaks in the world including Mount Everest!
This does not endure a dream if you are willing to climb the **Sandakhphu peak**, the highest point in Gorkhaland region.
You will be ascending slowly and steadily around ten to fifteen kilometers daily for three days, passing through **Apple orchards**, **remote villages**, **pine forests** and fiery **Red rhododendron flowers**. On ascending further, you will catch a glimpse of the deep valleys and the distinct snow peaks coupled with an azure roof above.

The Himalaya is addictive if you are captivated by its pristine beauty. Sometimes you may be walking along the rhythmic flow of the Supin River winding its way between valleys much above the Yamunotri.
Or perhaps you would find yourself utterly relaxing and observing the life around you in Osla village, one of the highest remote villages, hanging on a cliff at 12000 feet, its people living a much primitive but heavenly life.

Pitching your tent next to the free-flowing stream in a serene lush green meadow with no access to connectivity and yet you find yourself amidst this unearthly beauty.

And sudden snow fall turns everything into a white carpet.
It is like déjà vu and you realize life is a blank canvas and you need to throw all the paint on it.
To venture into such a life causes anxiety but not to venture is to lose one's self.… And to venture in the highest is precisely to be conscious of one's self.

The reason I ventured into this adventure was to fulfill my childhood desire to be on top of one of the peaks of the Himalayas. And in the year 2011 at the age of forty- seven, it occurred to me: If not now, then when? It is only when you climb the mountain, you can appreciate the view.

A week spent in the Himalayas purges out an entire year's anxiety and worry. You go back to a life originally designed for human beings by God – austere yet fulfilling. Gazing at the starry night, waking up at dawn and ending the day with dinner at sunset; living completely on natural resources in the absence of electricity and all modern gadgets, being unbothered about what is happening in print and electronic media, you enter a world absolutely different and cherish nature at its best.
And yet these emotions cannot be expressed on paper.

If you can stretch your fitness routine to walking five kilometers an hour and are mentally prepared, you can definitely undertake this endeavor. For believe me, life begins when you move out of your comfort zone.

My final advice to you is,

"ADD LIFE TO THE YEARS YOU LIVE.
EXPLORE THE WORLD AND ITS BEAUTIES WHICH LIES BEYOND THE BOUNDARIES OF CITIES. "
Good Luck!!!

Himalayas Through the Lens of Dr. Dhanesh....

Branch activities:

1. In the month of **April 2017, Vaccinology meet** took place with **Dr. Sanjay Lalwani** who spoke on **RGVE and Vaccination**, and as always, the hall was full of enthusiastic pediatricians, full of queries which were patiently answered by Dr. Lalwani.

Dr. Lalwani addressing the members and answering their

Besides the talk, we also had Release of **our 1st issue** of the **E-bulletin** at the hands of **Dr. Laxmi N.N. Gaunekar, Dr. Sanjay Lalwani and Dr. Harivallabh Pai.**

E-bulletin release at the hands of Dr. Laxmi Gaunekar, Dr. Sanjay Lalwani and Dr. H. Pai

2. Fun time – ***The Picnic time***..... **At Arpora Baga… Sun Village on 30th April 2017**

Aaj Blue Hai Paani Paani Paani Paani Paani!!! Aur Din Bhi Sunny Sunny Sunny Sunny Sunny!!!!!....

**Ganna, Bajana,
Masti,
Dhamal
and much
more…….**

Saath Saath Ek Saath……. :-)

3. In the month of May, we had CME on **Gastro-enterology** on the **7th May 2017** at Hotel Tree House Neptune, Panaji. We had Dynamic and very resourceful speaker to enlighten us on the Topics of **'Evidence based Pediatric Gastroenterology, GER in Children, Acute Liver disease**. Speakers for the meet were **Dr. Yogesh Waikar (Pediatric Gastroenterologist and Hepatolist**) and **Dr. Shivanand Gauns**. The Meet was followed by an interactive question and answer session.

Our speakers Dr. Yogesh Waikar and Dr. Shivanand Gauns enlightening the members on the topics related to Gastro-enterology.

Enlightened Pediatricians-Happy faces….

4. On the **18th of June 2017**, there was an **Oncology** meet at Taj Vivanta wherein the speaker **Dr. Sunil Bhat** spoke wonderfully and kept the entire crowd glued to the talk enlightening us on **Bone marrow transplant and Approach to Childhood Malignancies** followed by interactive session.

Dr. Sunil Bhat whilst addressing the members

Group photo with the Speaker….

DHS ACTIVITIES:

1. In April, **World Health Day** DHS celebrated the Theme for this year ***DEPRESSION-Let's Talk!!***

2. RHTC Mandur**, Dr. Archana** giving talk to adolescents and adults on World Health Day**.** Interns Conducted Skit on Depression.

3. **World Autism Day** was celebrated in association with **Sangath Goa** along with teachers of special school**, Narmada Institution of education, GMC, Dr. Amit Dias, V.M. Salgaonkar Institue of International Hospitatility Education, Occupational Therapy Association.** It was a **'Walk for Austism Through Streets of Goa'.**

4. Talents of our Specially abled **– Austics Champs!!!**

5. **TOT** in Autism tool **attended by Dr. Elyska, Dr. Vibha, Dr. Aparna and Dr. Nandita at Delhi,** at a National conference at Delhi.

6. **TOT** was conducted in Goa **by Dr. Elyska, Dr. Vibha and Dr. Aparna on Autism tools** for Pediatricians, psychiatrics, occupational therapist at DHS.

7. **Intensive Diarrhea Control Fortnight Week** was conducted in DHS from **16th June to 22nd June 2017**
ORS corner competition held at **SDH Ponda**

8. Talk on **ORS, Diarrhea in ward and OPD** in **SDH Ponda**

9. Poster competition on **WHAT IS NOT ORS** in SDH Ponda

10. Skit conducted by staff of **SDH Ponda** on **Diarrhea, Prevention Management and ORS.**

11. CME Conducted by **Dr. Jagdish Bhat** at SDH Ponda on **Management of SAM**

Activities by Our Fellow members:

1. **Dr. Kavita Bhoomkar** was **Faculty for Neorespicon 2017** held at **Bangalore in June** where the **Management of Respiratory distress in labour room and Use of Caffeine and Surfactant** was discussed**.**

2. **Dr. Kavita Bhoomkar** also was **faculty at Manipal Hospital in July 2017 At the ISSCM CME on Oxygen Therapy** wherein specifically **Oxygen therapy in Pediatric age group** was discussed**.**

3. **Dr. Chetna Khemani** was **faculty for 52nd Pedicolegal Conference** held at **Bengaluru** in **Rheumatology Session**

4. **Dr. Sushma Kirtani** was invited to Chattisgarh for meeting on **'Surakshith Bachpan, Surakshith Bhavishya'** By the **Chattisgarh Commission.**

Dr. Sushma presented the best practices of **Goa State Commission.** About 14 states participated in that event and shared their experience. Madam also visited **Mahasamundh District** where Chattisgarh had started a **Child friendly police station.**

5. **At Caritas Hall St. Inez on 25/04/2017**
Chairperson Dr. Sushma Kirtani was invited by **Child Rights in Goa (CRG) NGO** to give a talk **on "Assessment of Health Status of children in Child Care Institutions".**
This talk was organised by **CEG** in collaboration with **Catalysts for Social Action (CSA).** CRG has taken up the issue of updating care takers and staff of CCI to assess health status of children admitted there. A **detail presentation** on **assessment of health of infants, toddlers, preschool age group, adolescents was given by the Chairperson. Also, common problem related to growth and development, mental health problems and infections** which can affect children in CCI was stressed.
Maintaining immunisation record, health record, periodic health check-ups, first aid training of the caretakers by Red Cross, Training in basics of Cardio Pulmonary Resucitation (CPR) and timely detection and referral of cases of behavioral problems in children found at CCI **was stressed.**

Dr. Sushma addressing a group of attendees at Charitas Hall on the topic of *"Assessment of Health Status of children in Child Care Institutions"*

6. **Dr. Purnima Usgaonkar** in association with **IMA Ponda Charitable Trust, Snehmandir and NariShakti** attended **Health camp which included Checkup and Health awareness** for the **Vanarmare** Tribes at Govt. Primary School Premises, Shigneval Nirankal Betoda. Around 50 children were examined and adults their **parents were educated** about hygiene, **Hazards of Tobacco chewing as even children were found to be chewing tobacco** along with their parents. In children, a **no. of congenital anomalies was detected including microcephaly**.

Dr. Purnima whilst examining the Vanarmare Tribe at Bethoda.

7. **On the 24th June 2017, Pediatric Camp** was under taken at Government School Kukkali where around 102 patients were examined by our IAP members **Dr. Anant Kini, Dr. Sharadkumar Raikar and Dr. Poonam Sambhaji.** This camp was held in association **with Balaji Temple Trust. Dental Caries, Under-nutrition, Respiratory infections, Anemia, Vit D deficiency, Helmenthiasis** were detected and adviced**.**






Camp conducted in association with Balaji Trust. Our IAP members examined and adviced approximately 110 children. Dental check- up was conducted too by Dr. Jaya Shenoy

8. **At GMC** in the month of June**, a Thalassemia Camp** was conducted by **Dr. Rashid Merchant** for the residents**.**

Activities at Asilo January to March:

Under MAA (Mother's Absolute Affection) Programme:

- A one-day sensitization of staff nurses and medical officers was held on **11th January 2017**, as per the module.

Dr. Swechha, Dr. Priety, Dr. Vibha, Dr. Chetna and Dr. Anuradha gave talks on early initiation of breast feeding, exclusively breast feeding, positioning and attachment for breastfeeding (with demonstration on dummy), on continue breastfeeding and on complementary feeding respectively

Dr. Swechha Kamat, Dr. Priety Shetye, Dr. Vibha Parsekar, Dr. Chetna Khemani whilst giving talks on various aspects of breast feeding

Dr. Anuradha Ghanekar whilst introducing the topic of Complementary feeding

Demo on Dummy about Latching and Expressing Breast Milk

- Talks were held at various places to educate the Nursing staff and mothers in OPD and in Hospital about Breastfeeding under the **MAA programme**.

Talks being given at Kalangutkar Nursing Hospital, Remanso Hospital and Moira Sub-centre

SBA sisters giving KMC in postnatal ward

LSCS baby being breastfed soon after birth in Asilo

Activities at SETHU:

Sethu Trust is very honored to be **Accredited by the IAP** as a centre for the **One-year Fellowship in 'Developmental Pediatrics.'**
This has been made possible by the commitment of the team, as well as the faith reposed in Sethu's work by pediatricians all over Goa, who have referred children over the last 12 years. **The Fellowship starts in August 2017**.

- The month of April is synonymous with **Autism Awareness**. Sethu celebrated **World Autism Awareness Day on 2nd April in collaboration with Rotary Club Panjim Riviera, Skatemania and Carasid**.
  Scores of children and adults painted Panjim blue by running, walking and skating to put the spotlight on autism. Information about the condition and how to help was disseminated to the public. A great fun experience!

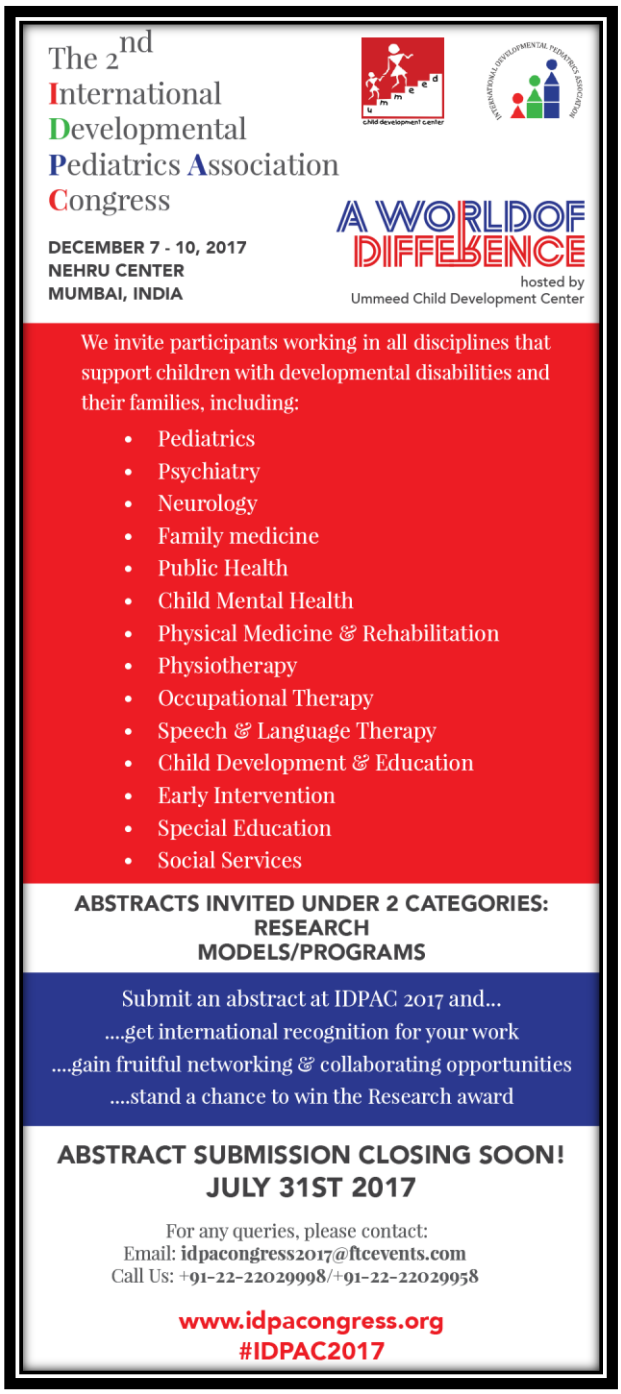
World Autism Awareness Day celebrated on 2nd April 2017

- **Two exciting projects have started at Sethu**.
  - **' An Avaz for Children'** is an attempt to popularize the use of **Alternative Augmentative Communication through smartphones and iPads** for children who have **communication difficulties**. Free apps can be downloaded for visual communication, in many conditions such as Autism, Cerebral Palsy, Down Syndrome and other language delays.
  - **'From Order to Disorder'** focuses on providing a comprehensive service at Sethu for children with Attention Deficit Hyperactivity Disorder and includes behavior management, drug treatment, educational support, parental training, awareness building and advocacy.

- **Class Act 2017**, Sethu's annual training workshop for primary teachers was held from 3rd to 6th May. 19 teachers were part of this program and they learned a lot about multiple intelligences and multisensory teaching, classroom management, active learning through Brain Gym, inclusive education and how to work with parents. Good teachers never stop learning! Class Act 2017

***The action never stops at Sethu*!**

IMPORTANT: Announcing the 2nd International Developmental Pediatrics Association Conference 2017. Register for this innovative first-time-ever-in-India conference and put Goa on the world map of Developmental Pediatrics!



Questions for Know your Member: ***Dr. A.M. Kossambe***

1. When is your birthday?
    - 31st December

2. What does you name mean?
    - Avadhut is the name GOD. Lord Dattatray.

3. Why Paediatrics?
    - It is an intriguing Branch of Medicine. Our patient is a growing individual. Small babies do not talk to us. We have to become Sherlock Holmes and say: Elementary Dr. Watson.

4. What do you like most about your profession?
    - The tiny tots smiling at me.

5. If not a doctor, what would you have been?
    - An architect or a lawyer.

6. Your favourite hobby? Would you like to pursue it as a Profession?
    - Travelling, seeing places. No, I wouldn't have pursued it as a career.

7. What is your favourite cuisine and eat out place?
    - Indian, Goan of course. I relish eating at home.

8. Besides Goa if you had been given an option to live somewhere else it, where would it be?
    - Goa and Goa alone.

9. Your most treasured memory?
    - The day I entered the Department of Paediatrics, Goa Medical College, 19th March,1979.

10. Your worst night mare?
    - Hope not to have one.

11. Your 5 most cherished possessions?
    - My family
    - My friends.
    - My teachers.
    - My profession.
    - My work.

12. What creatures/ things scare you?
    - All animals snarling and charging at me.

13. What irritates you most?
    - Irrational behavior.

14. Your strongest personality trait?
    - Perseverance.

15. What is your Definition of a) Being Famous and b) Being Successful?
    - Being Famous is being acknowledged by people around you.
    - Being Successful is achieving what one desired.

16. What are you most thankful about in your life?
    - Life itself and all its goodness.

17. If you were given power to change what would you change in a] World b] India c] Pediatrics?
    - World: Decreasing disparities amongst nations.
    - India: Presidential system of government.
    - Pediatrics: More spending on child health.

18. Your best childhood memory?
    - The day Goa was liberated by the Indian Army.

19. Your most favourite game in Childhood?
    - Outdoor: Football/Cricket
    - Indoor: Chess/Table tennis.

20. Who inspires you most, in other words Who is your Idol?
    - Swami Vivekananda.

21. What comprises of an ideal Vacation?
    - Away from the daily routine; a new place each time.

22. What you prefer:
    - Messaging/Calling up: Calling up.
    - Watching a movie or watching Drama in theatre: Either; provided it entertains.
    - Vacation at a Hill station or Beach or Safari: Hill station.
    - Read a book/ Watch TV: TV
    - Facebook/Whats App/Twitter/Snapchat/Instagram: Facebook.
    - Travel by car/plane/bus/train/cruise: Car and plane.

23. If you could go back in time, which year would it be?
    - 1979; The first year of my residency. My tryst with Clinical Paediatrics.

24. If a Genie granted you 3 wishes, what would you ask for?
    - A rich, prosperous India.
    - Clean, nature abundant Goa.
    - Good health and happiness for all.

25. Do you have a Bucket list? What hits the list?
    - Not exactly.

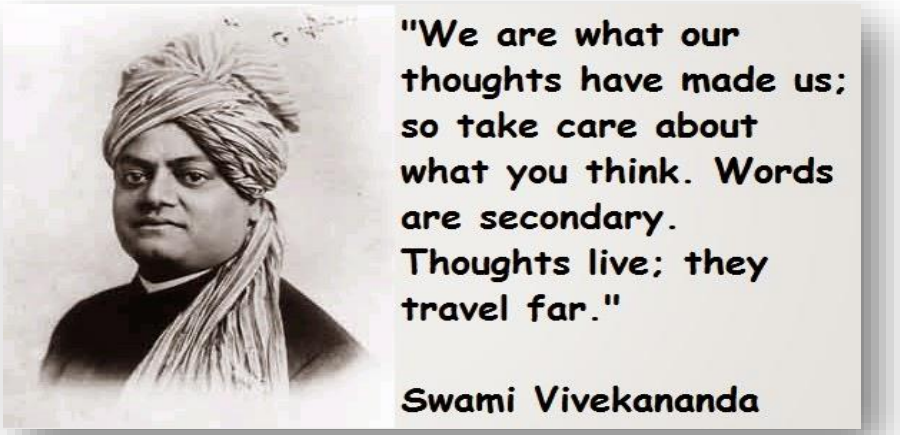
26. Do you talk to yourself?
    - No.

27. Is crying or venting out your feelings a sign of weakness?
    - Not at all.

28. Advice to GenX Pediatricians?
    - Be clinical
    - Be compassionate
    - Revise your diagnosis over and over again.
    - Keep thoroughly updated

29. What is your favourite quote?
    - Work is Worship

30. How do you want People to remember you?
    - A simple, ordinary person



QUIZ:

1. **A 4-year-old child presents with fever for 3 days followed by bullous eruptions over the body. He also complains of burning micturation and defecation with difficulty in eating. He has received medicines for fever and cold – details not known. There is H/o child being admitted 15 days ago for seizure under investigation and is presently put on Oral Carbamazepin. No seizures since then. Mother doesn't give history of varicella contact.**
   On physical examination, that child was sick looking with vestibular lesions and mucosal ulcers.
   There was associated non-purulent conjunctivitis. What is the most probable provisional diagnosis?

2. **What are the 5 I's of Urticaria?**

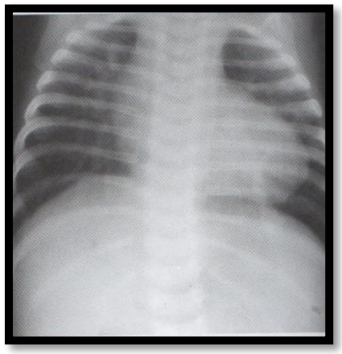
3. **Are pyridoxine supplements given to all patient who are in INH? In case no, who are to be adviced and why?**

4. **What is the most standard site for temperature assessment?**

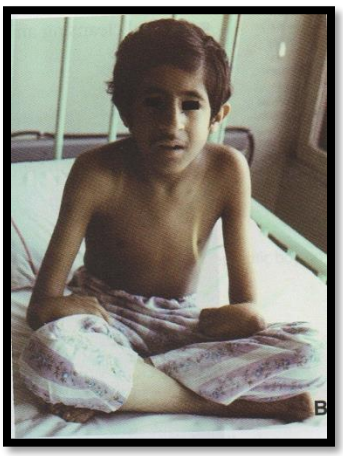
5. **What size needle gives lesser local reaction whilst giving a vaccine?**

6. **In a case of meningitis for how long should the patient be kept in respiratory isolation after starting the treatment?**

7. **Identify the Cardiac lesion in this child:**



8. **Spot diagnosis: What is the child suffering from?**



9. **Arrange in chronological order (Just write the alphabets)**
   Eruption of Primary dentition
   a) **Central incisors**
   b) **Canines**
   c) **1st molar**
   d) **Lateral incisors**
   e) **2nd Molars**

10. **Mostellars formula is used for?**

Send your answers without Googling or using any search aids to the siddhi.usg@gmail.com within 1 month of the bulletin release. Winners will be decided on Basis of First E-mail First Serve order.
The First one to send the all correct answers will win exciting Prizes.
Remember Honesty is the Best Policy. All the best!!!

Key to April 2017 Bulletin Quiz:

1. Vitamin B12, as B12 is abundant in animal tissue than plants
2. Kawasaki disease
3. **A**ppearance-**A**irway-**B**reathing-**C**irculation
4. A) Measles
5. Beal Syndrome
6. Bronchiectasis
7. Excessive Sweating
8. OP Poisoning
9. PDA
10. Answers: a) True, b) True, c) False, d) False, e) False, f) True