



|| Jai Sri Gurudev ||

Sri Adichunchanagiri Shikshana Trust(R)  
Adichunchanagiri Institute of Medical Sciences  
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Department of Medicine

**AIMS - MED PULSE**



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**Editorial**

**Dear friends,**

The department of General Medicine has been striving for excellence in patient care, teaching program in the department, research work or publications.

The Department has been working on various ongoing research projects. Several rare cases are being studied, documented and sent for research publication.

The postgraduate students are being taught clinical skills and applied theory on a regular basis.

We acknowledge the constant support, guidance and encouragement from our beloved and dynamic Principal DR. M.G.Shivaramu in all our departmental activities.

**Dr. H. Vasudeva Naik (Professor & H.O.D)**

**“No greater opportunity ,responsibility or obligation can fall to the lot of a human being than to become a **Physician**” -HARRISON**

## CASE REPORTS

### SPONTANEOUS PORTOMESENERIC VENOUS THROMBOSIS WITH BOWEL ISCHEMIA: A RARE CASE REPORT

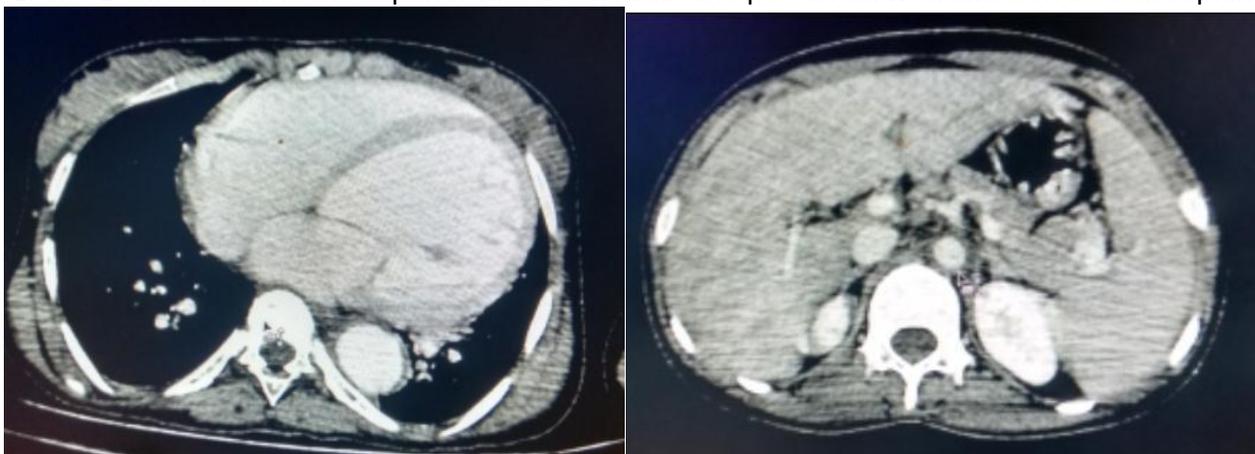
JAGANNATHA KARNALLI[1], PHANI KONIDE[2], RAMEGOWDA.R.B. [3], SINDHU.B.R. [4], VINOD REDDY BAIRI[5], VIMALA IYENGAR[6]

#### Case Presentation

A 45-year-old male patient presented as an emergency with severe generalized abdominal pain of sudden onset that radiated straight through to his back with diffuse abdominal tenderness on examination. He also reported several episodes of vomiting but no particular aggravating or relieving factors. He had history of acute coronary syndrome 2 years back for which he is on irregular medication. He admitted moderate alcohol consumption since 7 years. Hematological and biochemical profiling revealed neutrophilic leukocytosis with total wbc count of 15700 with 88% neutrophils but normal amylase and troponin levels. USG abdomen was suggestive of mild hepatomegaly with grade I fatty changes with hypoechoic lesions. A computerized tomogram of his abdomen demonstrated thrombosis in the superior mesenteric vein and portal vein with extension into the splenic vein. Non enhancing long segment wall thickening involving the distal ileal loops with adjacent mesenteric fat stranding and minimal fluid collection, likely to represent small bowel ischemia. Mild ascitis. Multiple collaterals in the region of portahepatis, pancreatic and perisplenic regions likely to suggest early changes of cavernous transformation of portal vein. Diffuse fatty changes in the liver with caudate lobe hypertrophy. The patient was immediately commenced on full therapeutic anticoagulation (intravenous unfractionated heparin) and emergency bowel resection has been done. Patient recovered well after the surgery.

#### Computerized tomographic imaging of patient's abdomen at presentation.

Figure 1. and 2 Thrombosis in the superior mesenteric vein and portal vein with extension into the splenic



vein.



# Magic mushrooms prove promising in treatment of depression

K. S. Rajgopal

The mushrooms contained psilocybin which is classified as a class A illegal drug in the U.K. along with heroin and cocaine.

*Magic mushrooms contain a hallucinogenic drug called psilocybin and are classified as a class A illegal drug in the U.K. along with heroin and cocaine.*

For persons suffering from treatment resistant depression, help may be on the way from an unlikely source — magic mushrooms. Magic mushrooms contain a hallucinogenic drug called psilocybin and are classified as a class A illegal drug in the U.K. along with heroin and cocaine.

In a recent clinical trial by researchers at Imperial College, London, 12 persons who had been depressed for an average of 17.8 years and who did not respond to standard therapy were given the drug orally. They showed a marked improvement in symptoms just one week after administration of the drug.

Three months later, five of the patients were completely free of symptoms. The study gains significance because the drug took effect with a single dose, unlike current medications which must be taken daily. The study, published recently in *Lancet Psychiatry* proved that the drug is safe, with no temporary or permanent side effects.

Single oral administrations of 10 mg (safety dose) and 25 mg (treatment dose) which were administered seven days apart were well tolerated and resulted in enduring reductions in symptom severity after two sessions.

Eight of the 12 patients responded positively one week after treatment with a marked improvement in symptoms even at the end of three months; five of the 12 were in total remission. Five patients showed a degree of relapse after three months.

Psilocybin's other beneficial effects have been proven in previous studies. Eighty per cent of longterm heavy smokers quit the habit six months after two treatments with psilocybin. Alcoholdependent patients reduced drinking behaviours over eight months after one or two psilocybin sessions.

As the study is smallscale, the authors caution that strong inferences should not be made about the drug's ability to alleviate depression. The effects have to be replicated in larger trials with tighter experimental controls.

The best way to test the drug is by doing a placebo controlled randomised trial, particularly because five of the 12 patients showed a degree of relapse at three months.

Ref:

Carhart-Harris RL, Bolstridge M, Rucker J, et al. Psilocybin with

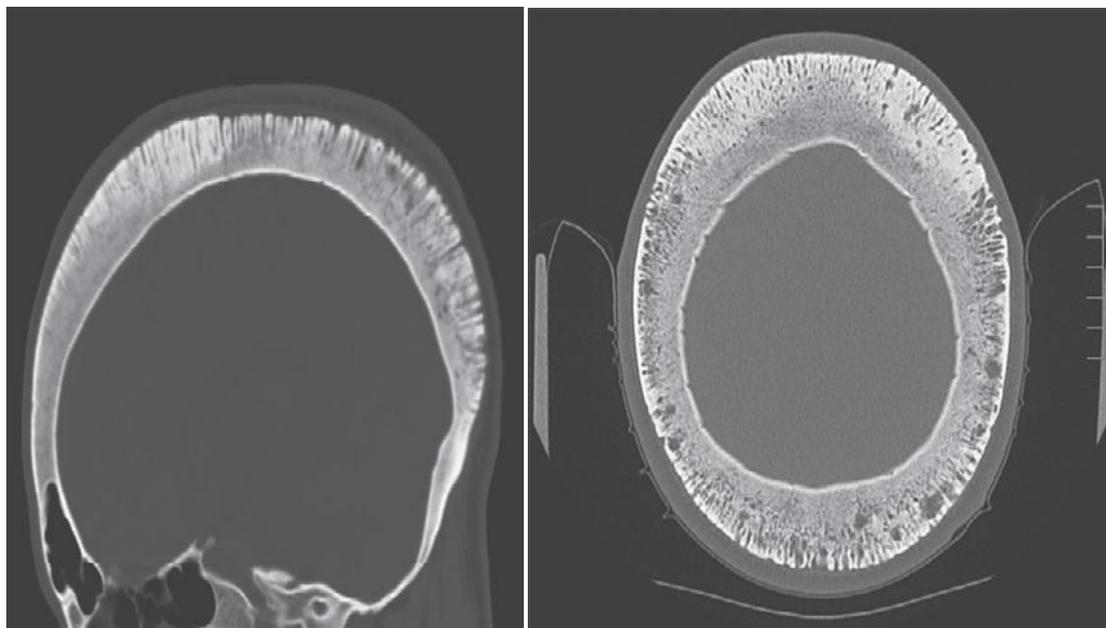
psychological support for treatment-resistant depression: an open-label feasibility study. *Lancet Psychiatry* 2016; published online May 17.

[http://dx.doi.org/10.1016/S2215-0366\(16\)30065-7](http://dx.doi.org/10.1016/S2215-0366(16)30065-7).

Collected by :Dr. Shetty Shivakumar M, Professor of Medicine.

## MEDICAL QUIZ

Noncontrast computed tomography (CT) of the head.



## Hair-on-End Sign

Collected by :Dr. Shetty Shivakumar M, Professor of Medicine,

*n engl j med* 374;19 *nejm.org* May 12, 2016

A 35-year-old man with a history of sickle cell disease presented with a sickle cell crisis and headaches. Noncontrast computed tomography (CT) of the head revealed a thickened calvaria with perpendicular proliferation of the trabeculae, a finding termed the hair-on-end sign (Panels A and B). The hair-on-end sign was historically described on plain films (although it can also be seen on CT and magnetic resonance imaging) in patients with severe anemias, primarily thalassemia major and, less commonly, sickle cell disease. It has more rarely been described in patients with hemolytic anemia, spherocytosis, chronic iron deficiency, or cyanotic congenital heart disease. The appearance is due to anemia causing red marrow proliferation and a widened diploic space with thinning of the outer table of the skull. Destruction of the vertical trabeculae occurs in conjunction with thickening of the residual trabeculae. When the outer table is disrupted, new spicules also form, which results in this alternating pattern of new spicules amid nonradioopaque marrow. The patient's headache resolved quickly in response to treatment with pain medication and did not recur during his hospital stay.

**PUBLICATIONS**

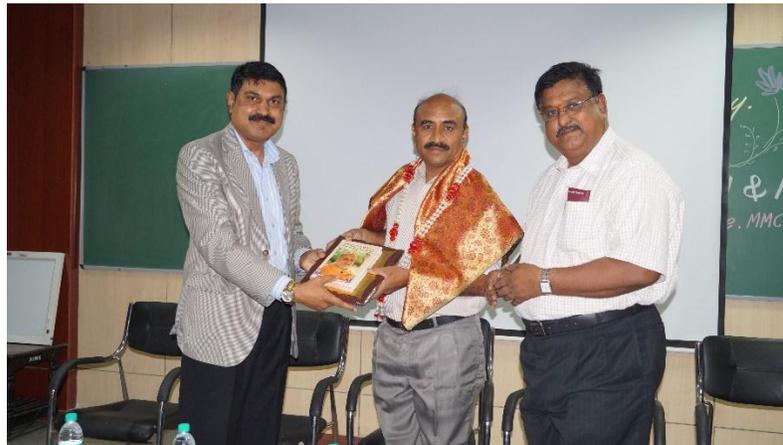
**Department Article Publications list – 2016**

Sl. No.	Topic , Authors name and Year
1	<p><b>Study of Thyroid Dysfunction in Patients with Metabolic Syndrome</b> Dr.Srikanth N MD 1 , Dr. Sumanth B V MD 2</p> <p><i>IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 15, Issue 3 Ver. III (Mar. 2016), PP 47-54</i></p> <p style="text-align: center;"><a href="http://www.iosrjournals.org">www.iosrjournals.org</a></p>
2	<p><b>SPONTANEOUS PORTOMESENERIC VENOUS THROMBOSIS WITH BOWEL ISCHEMIA: A RARE CASE REPORT</b></p> <p><b>JAGANNATHA KARNALLI[1] , PHANI KONIDE[2] , RAMEGOWDA.R.B. [3], SINDHU.B.R. [4] , VINOD REDDY BAIRI[5], VIMALA IYENGAR[6]</b></p> <p><i>Asia Pacific Journal of Research Vol: I. Issue XXXVII, March 2016 ISSN: 2320-5504, E-ISSN-2347-4793</i></p>
3	<p><b>TAKAYASUS ARTERITIS PRESENTING WITH DILATED CARDIOMYOPATHY – A RARE CASE REPORT</b></p> <p><b>JAGANNATHA KARNALLI[1] , PHANI KONIDE[2] , RAMEGOWDA.R.B. [3], SINDHU.B.R. [4] , VINOD REDDY BAIRI[5], VIMALA IYENGAR[6]</b></p> <p><i>International Journal of World Research, Vol: I Issue XXV, January 2016, Print ISSN: 2347-937X</i></p>
4	<p style="text-align: center;"><b>A Case Report of Neural Fibrolipoma of Foot</b></p> <p style="text-align: center;">Gopya Naik1, Debasubhra Mitra2, <b>Shivakumar Shetty3</b>, C R Raghuveer4</p> <p style="text-align: center;"><b>Journal of Medical Sciences and Health/May-Aug 2016/Volume 2/Issue</b></p>
5	<p><b>All Final year Post Graduates attended APICON 2016, HYDERABAD and presented Papers and Posters.</b></p>
6	<p><b>All Final Year Post Graduates attended KAPICON 2016, GULBARGA and presented Papers and Posters.</b></p>
7	<p><b>Dr.Gowthami D and Dr. Phaneesh Bharadwaj attended GASTROCON in MYSORE.</b></p>
8	<p><b>All Final Year Post Graduates attended CME Programmes organized by JSS MYSORE, BANGALORE NEURO UPDATE 2016, ECG CONFERENCE – BANGALORE.</b></p>

# **ACTIVITIES OF DEPARTMENT OF MEDICINE**

## **ON WORLD TB DAY**

**GUEST LECTURE BY Dr. H.M. Virupaksha prof and HOD, dept of pulmonary medicine ,MMC & RI on management of Tuberculosis “Then and Now”**



## **WORLD ASTHMA DAY**

**GUEST LECTURE BY: DR.MAHESH P.A. PROF AND HOD ; DEPT OF PULMONARY MEDICINE, JSS MEDICAL COLLEGE ON DIAGNOSIS AND MANAGEMENT OF BRONCHIAL ASTHMA**





## Symptoms of Dengue fever

### Febrile phase

sudden-onset fever

headache

mouth and nose  
bleeding

muscle and  
joint pains

vomiting

rash

diarrhea

### Critical phase

hypotension

pleural effusion

ascites

gastrointestinal  
bleeding

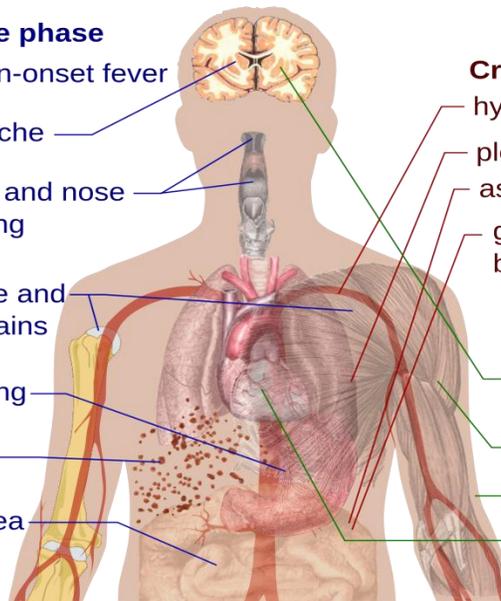
### Recovery phase

altered level of  
consciousness

seizures

itching

slow heart rate



## DO'S & DON'TS OF DENGUE PREVENTION

### DO'S

- ✓ Do ensure that no artificial containers such as discarded tins and tyres are lying in the open. 
- ✓ Do ensure that stagnant water containers like desert cooler or fire buckets are drained out once a week to prevent mosquito breeding. 
- ✓ Do ensure that mosquito proof windows and doors are kept closed especially during dawn and dusk. 
- ✓ Do ensure that children are properly clothed and sleep inside a mosquito net even during daytime. 

### DON'TS

- ✗ Don't litter the open places surrounding your house with used plastic, tin or glass containers, which can contain rain water. 
- ✗ Don't allow water collections in the immediate surroundings of house or barrack. 
- ✗ Don't stay outside in open air after sunset to prevent mosquito bite. 
- ✗ Don't ignore any fever specially fever accompanied by skin rash (it could be dengue); seek medical attention immediately. 



**JINDAL**  
STEEL & POWER