With the divine blessings of Paramapoojya Jagadguru Sri Sri Sri Padmabhushan Dr. Balagangadharanatha Mahaswamiji and His Holiness Jagadguru Sri Sri Sri Nirmalanandanatha Mahaswamiji, we are bringing out our news letter “MILESTONES”

Milestones denote well being of the child which is essential for the development of the child.

This gives a great opportunity for our department to bring out our department activities and also the publication and research work of our faculty members as well as post graduates.

Kindly mail your valuable comments and suggestions at: milestones.aims@gmail.com.

A hearty Congratulation to Dr. Uday Shankar who was the University topper and gold medalist in the recently concluded RGUHS PG Examination. He is an inspiration to all the students in the Department as well as the rest of the college.
Celebrated from August 1st to 7th, under theme “BREAST FEEDING and WORK, Let’s make it work” with active participation of undergraduate students, interns, staff, nursing students and staff and hospital ayaahs. It was inaugurated by the Principal Dr. M.G. Shivaramu and was witnessed by the Medical Superintendent Dr. T.M. Manohar. Orientation class was conducted for nursing students and staff regarding the importance of emphasizing breast feeding among nursing mothers. Quiz for undergraduate and Postgraduates was conducted. Dr. Naveen and Dr. Ravi won the postgraduate event. The event was concluded by a talk by Ashia Khanum whose 760 gm neonate was managed in our NICU. She re-emphasised the importance of Breast feeding.

Children’s day was conducted on November 14 with a lot of enthusiasm by our Post Graduates and Interns. Our wards were decorated with beautiful confetti and a cake was cut among the children in the ward. The event was inaugurated by Dr. Geetha Avadhani, Dept of Surgery. Biscuits and fruits were distributed among children in the wards and OPD.
A State level Pediatric CME was conducted on “CURRENT TRENDS IN PEDIATRIC CARE” on Tuesday 24th November 2015. Esteemed speakers gave talks on various topics of their specialty to give an insight of the present practices in Pediatrics.

The Scientific session was heralded by Dr. Surekha Shetty, Consultant Endocrinologist, Karnataka Institute of Diabetology, Bangalore, who spoke about the Current Updates on Juvenile Diabetes.

The second scientific session was conducted by Dr. Appaji, Professor of pediatric oncology, Kidwai Institute of Oncology, Bangalore, who spoke about Overview of Childhood Cancers.

The third Scientific session was conducted by Dr. Sushanth Shivaswamy, Consultant Neonatologist, Sahyadri Narayana Multispecialty Hospital, Shimoga, who spoke about Recent concepts of Nutritional Management of Low Birth Weight Infants.

The Last session was a Panel Discussion about the Recent trends in management of pediatric emergencies. It was moderated by Dr. C.N. Raghunath, Intensivist, Sagar Apollo Hospital, Bangalore.

The event was also attended KMC Observer Dr. Ravindra H.N., MCI member.
PUBLICATIONS BY STAFF

Dr. Shivaprakash NC: Prof and HOD

Dr. Venkatamurthy M: Professor

Dr. Siddaraju ML: Professor

Dr. Balaji MD: Associate professor

Dr. Sunil Kumar P: Associate professor

ONGOING RESEARCHES

- Neonatal outcome in mothers with hypertensive disease of Pregnancy.
- Prevalence of obesity, hypertension and prediabetes in school going children of 10-18yrs of age in BG Nagar.
- Clinical profile of children presenting with first episode of seizure.
- Prevalence, complications and management of LBW and VLBW neonates in Tertiary care hospital.
Acute presentation of Hepatoblastoma in a 9 year old girl.

Balaji M. D., Shivaparakash N. C., Akkammal Sathyabama K.

9 years old girl, born to a 3rd degree consanguineous married couple, presented to our emergency ward with history of yellowish discoloration of eyes since 3 months, passing high colored urine since 3 months and progressive distension of abdomen since past 3 months. Child also presented with history of swelling of legs since 1 week with painful skin lesions, associated with itching. There was history of passing high colored urine. Blood pressure was more than 95th centile. Itchy, scaly skin lesions were seen in lower limbs up to knee. Pitting pedal edema was present up to knee. In per abdomen examination, upper abdomen was distended with umbilicus pushed downwards and dilated veins were seen over abdomen. Shifting dullness was positive. Liver was palpable 3 cm below right costal margin and span was 12 cm. liver was firm to hard in consistency. There were no other signs of liver cell failure. Laboratory investigations are as follows: Hb: 10.6, TC: 9600, DC: N80 L19 E1, ESR: 30, platelets: 80000, total bilirubin: 16.6mg/dl, direct bilirubin: 9 mg/dl, SGOT- 330, SGPT: 171, ALP- 171, albumin- 2.4, RFT & Electrolytes: within normal limits, urine analysis: bile salt and bile pigments- present, HIV and Hepatitis B and C were negative. PT, APTT and INR were within normal limits. USG abdomen showed a mass lesion in right lobe of liver with irregular and nodular surface suggesting multiple heterogeneous nodules diffusely involving the liver. Further investigation with CECT abdomen revealed a mass lesion of size 6.8 x 5.5 x 5.9 cm in segment of right lobe with cirrhosis and metastatic nodules in the liver with moderate ascites and right pleural effusion. Spleen was moderately enlarged measuring 14 cm with infarcts. USG guided liver biopsy was done to confirm the diagnosis. The microscopic examination of the liver biopsy showed undifferentiated cells with minimal cytoplasm and round chromatic nuclei with inconspicuous nucleoli. Histology also revealed discrete small nests associated with minimal embryonal elements suggestive of Small Cell Undifferentiated Variant of Hepatoblastoma.
Department of pediatrics congratulates our old postgraduates who passed with flying colors.

Breast feeding week was held from 1st to 7th of August.

Children’s day celebrations were held on November 14th.

State level CME was conducted by our department—“Current trends in pediatric care”.

Our department wishes the postgraduates, Dr. Kedarnath Reddy, Dr. Satyabhama, Dr. Thouseef, Dr. Ravichandra Rao, Dr. Prashanth all the very best for the RGUHS PG examinations 2016.

Our postgraduates Dr. Satyabhama, Dr. Kedarnath Reddy, Dr. Thouseef attended KARPEDICON-2015 held at NIMHANS convention centre and presented papers.

Our postgraduates Dr. Divya attended Kerela Pedicon conference, held in Trivandrum on November 2015 and presented poster-
- Compound heterozygous recessive Beta Thalasemia, unusual presentation.

Quotes for life:

Be the change that you wish to see in the world.
Nicolau Syndrome: An Iatrogenic Cutaneous Necrosis

Introduction:
Nicolau syndrome is an iatrogenic syndrome caused by intramuscular injection leading to variable degrees of tissue necrosis including the skin and deeper tissues. Intense pain in the immediate post-injection period and purplish discoloration of the overlying skin, with or without a reticulate pattern, is highly characteristic of this syndrome.

CASE REPORTS:

Case 1
A 25-year-old male presented with bluish discoloration of the skin of five days duration over the right hip. The patient had generalized body ache five days ago for which he was administered intramuscular injection of diclofenac in the right hip. He then experienced severe, dull-aching pain in the region after injection and noticed bluish discoloration of the skin. The pain regressed spontaneously and there was no history of trauma, systemic or topical medication, spontaneous bleeding from the gingiva or mucosa. On examination, a well defined, large, non-tender, violaceous patch of size 18 cm × 10 cm with sharp geographic margins was found over the right hip (Figure 1). The violaceous discoloration showed reticulate pattern and a similar smaller patch of size 6 cm × 3 cm was found superomedial to the larger patch.

Based on the history and clinical features, a diagnosis of Nicolau's syndrome was made and the patient was counseled about the condition and its course. As the manifestations were mild, it was decided to observe him before starting any aggressive treatment. He was started on systemic antibiotics to prevent secondary bacterial infection and was advised to report after a week to check for any wound debridement.

Case 2
A 60-year-old male presented with a non-healing ulcer of one month's duration over the left arm. The patient had received an intramuscular chlorpheniramine maleate injection for generalized pruritus. Immediately after the injection, the patient experienced intense pain in the injection site along with bluish discoloration of the overlying skin. There was no history of any hot fomentation or application of cold compress to reduce the pain. Over the next one week, the entire skin turned black and started peeling off from the margins. The patient was treated for cellulitis of the arm with systemic antibiotics (Inj. Ciprofloxacin 500 mg IV and Inj. Metronidazole 100 ml IV) without much improvement. There was some history of purulent discharge and the necrotic skin denuded with the formation of the ulcer; there was no history of any systemic illnesses.

Examination revealed a large ulcer of size 15 cm × 8 cm over the anterolateral aspect of the left arm, extending onto the posterior surface of the arm with a thick, greenish purulent discharge and pale unhealthy granulation tissue. The margins were necrotic and there were blackish necrotic patches with well defined, angulated margins over the posterior deltoid region and the adjoining left back (Figure 2).

Culture of purulent discharge from the lesion yielded Pseudomonas aeruginosa, which was sensitive to piperacillin. The wound was debrided and the patient started on a combination of piperacillin 4 g and tazobactam 0.5g IV until the culture was negative for any pathogenic growth (i.e., ten days). Tab. Probenceid 500 mg BID, daily iron and vitamin supplements and a stat dose of albendazole 400 mg was administered. Two weeks later, split skin grafting was done to facilitate and hasten wound healing. The graft was taken from the left anterior thigh and there was nearly 80% uptake of the graft. The rest of the ulcer healed gradually by wound contraction (Figure 3). Smaller purpuric patches present on the left scapular area and posterior arm, healed with hypopigmentation and scarring (Figure 4).