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INDUS ALIVE

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A Health & Wellness Magazine by INDUS HOSPITALS, Mohali, (Pb.) India

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From us to you

Throughout the year we generate awareness around specific conditions and diseases that people struggle with daily. Indus Healthcare is committed to bring today's most pressing health issues to the forefront for public awareness.

In this issue of Indus Alive you will find various topics related to health issues, their management and follow-up.

Looking forward for your feedback and suggestions.

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For sending in your articles,
Queries and suggestions:

Contact:

Dr. Navtej Singh 98760 82222

Email : alive@indushospital.in

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KNOW THE FACTS

Brain Tumours Are Asymptomatic Until Large Size, Timely Treatment Can Save Life

The incidence of brain tumour is rising rapidly. Timely diagnosis and treatment can prevent further complications. Read on to know expert advice to understand symptoms and treatment for this deadly disease.

World Brain Tumour Day 2021: This condition is categorised as primary and secondary

World Brain Tumour Day is observed on 8th June, every year. Brain tumour is the tenth leading cause of morbidity in India. The incidence of this deadly disease is rising and different kinds of tumours manifest at different age groups. As per the GLOBOCAN 2018 report, issued by the International Association of Cancer Registries (IARC) associated with the World Health Organization (WHO), in India over 28,000 cases of new brain tumour cases were reported annually. Around 24,000 patients lost their lives battling this neurological ailment. With recent advancements made in the field of neurosurgery, minimally invasive procedures for the treatment of brain tumours have been emerging as one of the best methods of treatment. Endoscopic brain tumour surgical procedure allows neurosurgeons to easily find and treat the conditions that are deep within the brain or are accessible through the nose.

Types, symptoms and treatment

Primary and Secondary Brain Tumours

Categorised as primary and secondary, primary brain tumours are the ones that originate in the brain and most of them are benign. Secondary brain tumours are metastatic and occur when the cancer cells from other organs such as lungs and breast, spread to the brain. These are responsible for the majority of brain cancers. In adults, the most common types of brain tumours are gliomas (which develop from glial cells) and meningiomas (that develop on the membranes of the brain and spinal cord).

Symptoms and signs of brain tumour depend on the size and location of the tumour

What are signs and symptoms of it?

Symptoms and signs of brain tumour depend on the size and location of the tumour. Some tumours can directly affect by invading the brain tissue while some cause pressure on the surrounding brain. Diagnosis of brain tumour begins with a physical exam and a look at the patient's medical history. After the physical tests, the doctor will recommend further tests including MRI, CT scan, angiogram etc.

Timely Treatment is Important

As the tumour grows and puts pressure on the skull and brain tissues, timely diagnosis and treatment can prevent further complications. The collection of abnormal cells in the brain, commonly known as brain tumours can be cancerous or non-cancerous. This, when grown, puts excess pressure on the skull leading to brain damage can be life threatening if timely action is not taken. At least 45% of the brain tumours are non-cancerous and therefore timely treatment can lead to the patients having a normal survival and normal function.

Highlights

- World Brain Tumor Day is observed on the 8th of June
- The exact cause of tumours is not known
- A headache is a very common occurrence with brain tumours"
- Many brain tumours are benign meaning non cancerous.
- Non cancerous brain tumours are fully curable with surgery
- Brain tumours kill the quality of life.
- Choose a better quality of life.
- Brain tumours do not kill, they debilitate, make you dependent.
- Yes, you can get freedom from brain tumours



Major symptoms of brain tumour include:

- Headaches
- Vomiting
- Blurred vision or double vision
- A change in mental functioning
- Difficulty in walking
- Speech slurring
- Facial deviation to one side
- Seizures or fits
- Irrelevant talking

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Dr. Rajnish Kumar

MBBS, MS, Mch (Neurosurgery)
Principal Consultant & Head
Department of Neurosurgery



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Are You Suffering from :

- Stroke & Paralysis
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- Parkinson's Disease
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- Back Pain & Stiffness
- Sciatica
- Prolapsed Intervertebral Disc (PIVD)
- Knee Pain
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Valvular Heart Disease

Why India is still HOTSPOT

Introduction

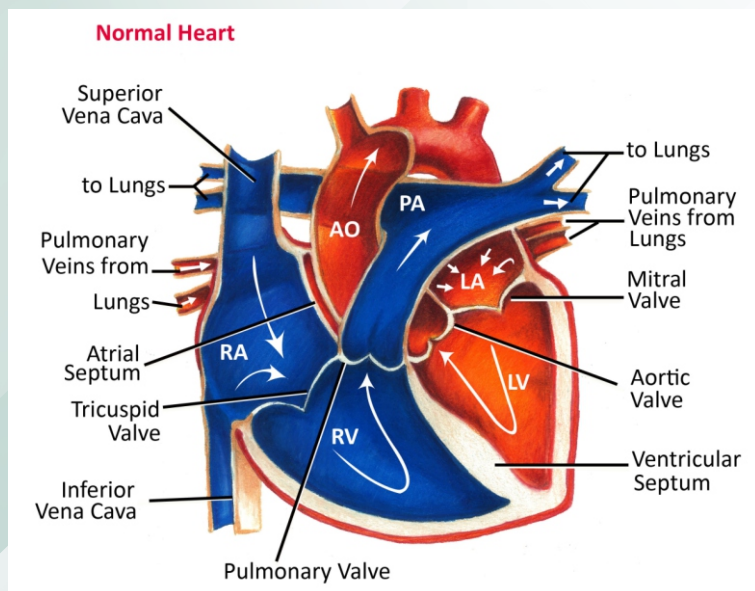
Diseases of the heart valves constitute a major cause of cardiovascular morbidity and mortality worldwide with an enormous burden on healthcare resources. Rheumatic heart disease (RHD) continues to be the dominant form of heart valve disease in developing nations. With RHD affecting predominantly the young population in their productive years, the socio-economic impact on the society is enormous.

Out of 4 valves of heart (mitral, aortic, tricuspid and pulmonary), mitral and aortic are most commonly involved. Multiple valvular involvements is seen in more than 30 % of cases. The order of involvement for multiple valves is MS + MR > MS + AR > MR + AR > AS + AR > MR + AS > MS + AS. Tricuspid valve is involved in many mitral valve patients.

*MS – Mitral Stenosis, MR – Mitral Regurgitation, AR – Aortic regurgitation, AS – Aortic stenosis.

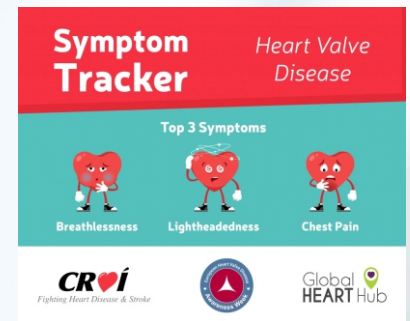
Morphology of normal heart valves

- Two atrioventricular (AV) valves to prevent backflow of blood from the ventricles into the atria
- Tricuspid valve, located between the right atrium and right ventricle
- Bicuspid or mitral valve, located between the left atrium and left ventricle
- Two semilunar valves to prevent the backflow of blood into the ventricle
- Pulmonary valve, located at the opening between the right ventricle and the pulmonary trunk
- Aortic valve, located at the opening between the left ventricle and the aorta



Symptoms of heart valve disease

- Chest pain or palpitations (rapid rhythms or skips)
- Shortness of breath, difficulty catching your breath, fatigue, weakness, or inability to maintain regular activity level
- Lightheadedness or fainting
- Swollen ankles, feet or abdomen



Prosthetic valves options

Most of heart valve patients can be managed on medical management for years. When their symptoms are not managed on optimal medical management and valve is severely diseased then valve replacement or repair is the only option. There are two types of prosthetic heart valves :- mechanical and tissue heart valve.

Mechanical heart valves are preferred for younger patients (<65 years) while tissue valves for older age group of patients, only exception is younger females expecting pregnancy in next 5 years where tissue valve is better option. Patient with mechanical valves will have to take blood thinner medication for life time but advantage is that mechanical valve can last life time. Tissue valves don't require blood thinner medications after 3 months but these valves usually degenerate in 10-15 years. Current newer generations tissue valves are promising and hope to last longer than older generation valves.



Why India is hotspot

Rheumatic heart disease (RHD) is more prevalent in underdeveloped and developing countries than in developed countries and among the population with multiple social issues such as poverty, low socio-economic status (SES), overcrowded dwellings, under-nutrition, poor sanitation, cultural constraints, and suboptimal medical care.

In western countries incidence of RHD valve replacements are rare to find in spite cardiac surgery fraternity deals with mostly degenerative heart valve disease.

In India we are still far away from achieving the level of hygiene and primary health care infrastructure to prevent RHD. Patients should also be educated about personal and environmental hygiene, secondary prophylaxis, lifestyle modification, and the importance of regular follow-up. All pregnant women should be examined for RHD during their antenatal visits and entries may be made in records and reviewed.

It is suggested that improvement in the standard of living and health care facilities, provision of transport concessions, creation of awareness through media regarding RHD and strengthening of school health services will assist to minimize the occurrence, which could be achieved through National Health Policy, National Rural Health Mission, and Public-Private Partnerships.

As cardiac surgery team we are simplifying cardiac surgeries, it helps in early recovery of patients so that their suffering can be reduced and they can be made productive members of society again.

Dr. Ashwani Bansal

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RHINOPLASTY

How Sushruta Did First Ever Nose Job!

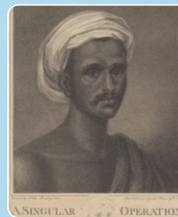
Rhinoplasty is not just an aesthetic procedure. It is a life changing experience for those who had crooked noses due to birth defect or any trauma. It has been observed that such people accept it as their fate and live under denial and under-confidence for decades before they realize that their deformed noses were very much curable.

History of Rhinoplasty

Lord Byron, an English poet once said "the best prophet of future is past". History of rhinoplasty goes back to thousands of centuries ago. Rhinectomies (nose amputations) have been reported since the Indian Vedic period, when prisoners were punished with nose-cutting (remember sister of Ravana , Supnakaha rakshasani whose nose was cut by Lord Rama as punishment in Hindu Manuscript, Ramayana)

This is the picture of world's first known modern plastic surgery. It is also the picture of world's first known modern nose job. It was performed by a traditional Indian surgeon named Kumar. How many of you have ever heard of him?

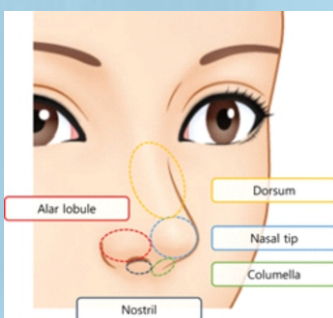
The person in this picture was known as Cowasji. He was a Maratha bullock driver. He had been imprisoned by Tipu Sultan and his nose was cut off in prison. His nose was later restored by a traditional Surgeon named Kumar using "ancient Indian methods" in 1794 CE.



Those days 'nose repair' were quite prevalent among Indian practitioners. The origins of rhinoplasty dates back to 300BC when Sushruta used cheek and forehead flaps to repair amputated nose. The evidence and reports were largely undermined till centuries, until Europeans invaded India. Subsequently, the 'Indian method' of nose repair was propagated throughout the world. This was followed by the Renaissance period in Italy when Tagliacozzi introduced 'Italian method' of nose repair. After his death, there was a void of two centuries in any form of research in rhinoplasties. In 19th centuries, there was a resurgence of new methods invented by Von graeffe, Johann Freidrich Diffenbach, John Orlando Roe and Jacques Joseph.

Basic Structure & Anatomy of Nose

Nose is the most central and principle aesthetic part of the face. Marquardt's **golden ratio** concept of aesthetic face places nose as one of the most important landmark. Surface morphology of nose is divided into five parts as following:



1. Dorsum
2. Nasal Tip
3. Alar lobule
4. Columella
5. Nostril

As nose plays the central part of facial aesthesis, any deviation from normal would arouse the willingness to get it corrected. However, the concern of the patient should be legitimate. A Plastic surgeon is primarily responsible for taking all decisions for such patients.

Treatment

Once appropriate patient is selected and preoperative detailed analysis is done, patient is planned for surgery. The duration is usually 3 hours and it is performed under General anaesthesia. Patient is usually discharged after 1-2 days with a small dressing over nose. A minimal scar is present at columella which is mostly concealed. Sometimes to their awe, patients are unable to find their scar subsequently after complete recovery.

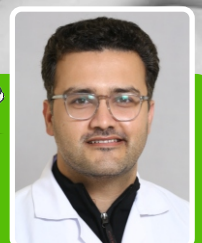
For any kind of rhinoplasty, post operative events like swelling around nose , redness and pain and their subsequent resolution have always been a concern. Much advancement in techniques and instrumentation has been done to decrease these post operative events. Patients can return to their work within 2-3 days.

Dr. Ritwik Kaushik

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