



SCISSORS-Delhi



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From the Desk of the President, ASI, Delhi State Chapter



Dr. Suresh Kumar Poddar

Warm greetings to all dear members of Delhi State Chapter of ASI. At the outset I would like to thank you for your continuous support, because of which our monthly meetings and other activities are going on extremely well. We conducted ASICON CME 2023, which was a tremendous success. The event was graced by Prof. Satish Balkrishna Dharap, who gave the 5th Dr KC Mahajan Memorial Oration.

I would also like to appreciate Dr PS Sarangi for conducting cadaveric workshops at his institute, through which the residents gained a lot of learning and experience.

One of the notable achievements was the SCOPE course in association with AIIMS Delhi, which was conducted offline for the first time after 3 years. It was held at National Academy of Medical Sciences, Ansari Nagar, Delhi, from 20th to 23rd July. The event was graced by over 350 residents and faculty members. I would specially like to thank Dr Sunil Chumber(Course Convener), Dr Sanjay Jain(National President ASI), and Dr Probal Neogi(President Elect) , for being a part of the course despite their tight schedule and making it a huge success.

Friends, we are celebrating 76 years of Independence of our country this month. It is a time for all of us to remember our great freedom fighters who sacrificed so much to make India a free country, and take inspiration from them, and help our country achieve even greater heights in the times to come, in whatever way we can. I would also urge everyone to motivate the residents to become ASI members.

Thanks and Regards

Dr. Suresh Kumar Poddar
President, Delhi State Chapter, ASI

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Delhi State Chapter****President**

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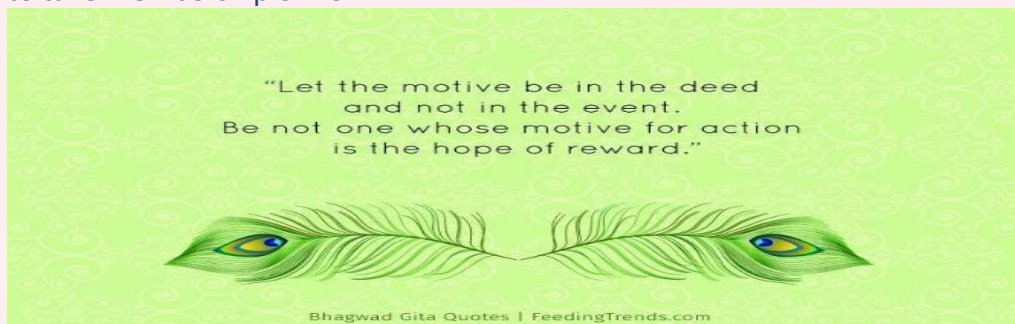
Ankur Garg

**From the Desk of the
Secretary, ASI, Delhi State Chapter****Greetings of the day**

A big thanks to all my friends and colleagues for your continuous support. We carried out our monthly meetings, CME's and other social service activities. ASICON CME 2023 was a big success; key attraction was the 5th Dr K C Mahajan memorial Oration by Orator Prof Satish Balkrishna Dharap. Special thanks to Dr P S Sarangi for carrying out multiple cadaveric workshops at his institute for the benefit of residents.

We conducted our flagship SCOPE course in offline mode after 3 years in association with AIIMS, Delhi. It was a four-day compact course from 20th to 23rd July 2023 at National Academy of Medical Sciences (India) - Kamla Raheja Auditorium, Ansari Nagar, New Delhi. It was attended by around 350 residents and faculty members. Our gratitude to course convener, Dr Sunil Chumber, our national President ASI, Dr Sanjay Jain and President elect, Dr Probal Neogi who took out time from their busy schedule to join us in our teaching learning activity.

I request all faculty members and senior surgeons to encourage their residents to take membership of ASI.



Regards

Dr Nikhil Gupta

**MS; MRCS (Ed); FAIS; FMAS; MNAMS; FIAGES; FALS; FACS, FRCS (Glasgow)
Professor, Department of Surgery, Dr RML Hospital and ABVIMS, Delhi**

Secretary: Association of Surgeons of India, Delhi State Chapter (2022-23)

Ex-Treasurer: Association of Surgeons of India, Delhi State Chapter (2020-21)

Member, Institutional Ethics Committee

Member, School Research Committee, Guru Gobind Singh IP University

Editorial board member; World Journal of Gastrointestinal Pharmacology and Therapeutics

Invited Article

Education should be Transformative, not Informative - the ARKS principle!

Many of us are eager learners. We are hungry for more knowledge and skill. Therefore, we spend a lot of time listening to lectures on various platforms, watching videos and reading books on a variety of sub specialties that interests or even titillates us but does not find its way into our daily practice.

Although there is nothing apparently wrong with this (those in the beginning of their careers may in fact benefit because it may help them find their interest), I have introspected and observed that I had spent a lot more time on stuff I didn't utilise in my practice. Watching robotic spine surgery for example. What use would it be to me as a Gastrosurgeon? Further, sometimes we are too focused on what we want to do later in life and invest heavily on it. This is acceptable if the future is realistic. But let's say you are not working in a cancer center but you are keen to learn about esophageal cancer surgery. You keep absorbing material about the subject but you are unable to use it in your daily practice because you don't see those patients in your clinic. Wouldn't it be better to learn about diseases we need to manage today rather than learn what you dream of managing tomorrow? Wouldn't it make sense to learn about diseases when they indeed became a part of our practice? Of course, we may choose to alter our practice, our areas of interest and then this will become important.

It would be intuitive to state that learning things that are a part of daily clinical practice is more important. And I will go on to extend this idea by stating that the timing of acquiring this knowledge is also important. The most important time to refresh knowledge would be just before the performance. As an example, if I were to perform a surgery for anal fistula today, watching a liver resection in the morning would be okay but perhaps not optimal. It would be more beneficial to read about anal fistula and watch videos on it. Perhaps, looking at the MRI perineum once more and relearning from the radiologist and then discussing with the residents may make more sense. My bias is that once we are immersed in this way before the surgery, the procedure becomes technically easier, the choreography is clear in the head, and one is less likely to face surgical surprises. To phrase it with more punch - With a prior immersive preparation, a Surgical Procedure becomes a Performance!

I call this - Acquiring Relevant Knowledge and Skill (ARKS). And I practice it on a daily basis.

I have been personally been following this technique and have observed several advantages -

1. Patient management improves. This is perhaps the most important outcome of this practice. The case based learning rather than theoretical learning may be the reason behind it.
2. If I keep refreshing relevant knowledge and skill on a regular basis, it is retained more in my memory. I am able to articulate much better on the subject.
3. By connecting to the current work, I am Connected to the Present- a useful mental technique to calm minds.
4. There is a decreased clutter in the mind space- which is a potentially devastating complication of information overload. And it is the Information outside workspace that particularly causes a chaotic mind.
5. By focussing on the problem at hand, there is a higher tendency to reflect even after it is over. There is a higher tendency to record data, with a higher inclination to share it with colleagues. This is a powerful habit that leads to self-auditing, collaboration and eventually professional growth .
6. Stimulating the mind promotes free thinking. One may find it mundane to revisit the same "old" procedures before surgery. But it is interesting how radical ideas may erupt by revisiting the same subject time and again. It's like walking daily in a park and getting surprised by seeing the new flowers that one had never seen before. It's all about looking more intensely.

I would like to add a rider and a caveat to this principle of ARKS.

First, the rider. I am not advocating that we do not learn things that we don't do in our routine practice. That would be a wrong interpretation of my submission. It is good to learn new things if it is something I feel strongly about. Also, some amount of cross speciality knowledge helps in getting fresh ideas. But it should be practical, within reach, and I should be able to give up something to attain that.

Now the caveat. We may not benefit by doing this for all clinical situations. For example, if you are doing laparoscopic cholecystectomy everyday, it won't make sense to see its videos daily. Much of our work may be repetitive and at a spinal level. However, you may still read about types of gallstones and see what kind you deliver everyday, you may read about variations in its anatomy, the other causes of dyspepsia to solve the enigmatic post cholecystectomy syndrome.

So, all I am proposing is to be connected to our daily work and focussing on learning what matters to our daily clinical practice. That way, we can convert our Education from Informative to Transformative !

Dr Sarfaraz J Baig
MS FRCS FIAGES FALS FMBS
Director, Digestive Surgery Clinic,
Senior Consultant Surgeon, Belle Vue Hospital, Kolkata, India

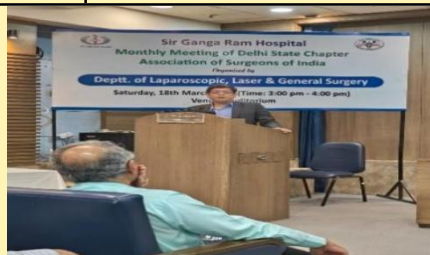


Chapter Activities

MARCH MONTHLY MEETING

The March monthly meeting of Delhi State Chapter, ASI was hosted at Sir Ganga Ram Hospital, New Delhi on March 18, 2023 (Saturday).

S.no	Cases	Presenter
1	Rare presentation of 'Asymptomatic' gallbladder	Presenter – Dr. Ayush Mishra Unit I- Dr. Brij B Agarwal, Dr. Neeraj Dhamija, Dr. Vasu Vashishtha
2	An unknown cause of sigmoid perforation	Presenter – Dr. Prabhat Kumar Unit II- Dr. Vijay Arora, Dr. Manish K Gupta, Dr. Srikrishna Das
3	Lap ultra-low LAR with coloanal pull through & TaTME for rectal endometriosis	Presenter – Dr. Rakesh Unit III- Dr. V K Malik, Dr. Tarun Mittal, Dr. S M Taha Mustafa, Dr Ashish Dey, Dr. Anmol Ahuja
4	Recurrent Gastrinoma	Presenter – Dr. Murali Mohan Unit 1- Dr. R Sarangi, Retired Consultant
5	An unusual case of esophageal perforation	Presenter – Dr. Shyam S Rengan Unit III- Dr. V K Malik, Dr. Tarun Mittal, Dr. S M Taha Mustafa, Dr Ashish Dey, Dr. Anmol Ahuja



APRIL MONTHLY MEETING

The April monthly meeting and PG Master Class of Delhi State Chapter was held by Maulana Azad Medical College, New Delhi on April 15, 2023 (Saturday).

Sno.	TITLE	PRESENTER	UNIT HEAD
1	A case of inguinal hernia presenting with uraemia	Dr Pradeepti	Dr Pawanindra Lal (Unit I)
2	Endoscopic management of leak	Dr Preeti Gabra	Dr Rajdeep Singh (Unit IV)
3	The Milky "Way" - Disengaged	Dr Addu Shiva Kiran	Dr Sushanto Neogi (Unit V)
4	A twist without a turn	Dr Megha Meena, Dr Vivek Deep	Dr Anubhav Vindal (Unit VI)
5.	Complex large vesico-vaginal fistula repair	Dr. Eva Mohim	Dr. Pawan Lal (Unit III)



MAY MONTHLY MEETING

The May monthly meeting of Delhi State Chapter & Cadaveric Workshop was organized by DDU Hospital on May 20, 2023 (Saturday)..

S. No	Case	Presenter	Moderator
1.	AN UNUSUAL PRESENTATION OF LIVER ABSCESS	DR. ANKIT YADAV	DR. P S SARANGI
2	TO EAT OR NOT TO EAT AN INTERESTING CASE OF INTESTINAL OBSTRUCTION	DR. L VAMSEE KRISHNA	DR PUNEET CHHIBBER/ DR. MANINDER KAUR CHHABRA
3	A CASE OF OCCULT VASCULAR INJURY	DR.KUHELI SAREN	DR.P S SARANGI
4	A RARE PRESENTATION OF RETRORECTAL CYST	DR.KHENI TEJAS VAJUBHAI	DR PUNEET CHHIBBER/ DR. MANINDER KAUR CHHABRA
5	ISOLATED AXILLARY VEIN INJURY –A RARE AND LIFE THREATENING CONDITION	DR.V P GAUTAM	DR.P S SARANGI

**JUNE MONTHLY MEETING**

The June monthly meeting & PG Masterclass- DSC organized by HRH & NRCH on June 24, 2023 (Saturday)

PG Masterclass - 2 to 3 pm

- Lump Hypogastrium - Dr Meet Jajal HRH
- Obstructive Jaundice with lump Right Hypochondrium, Dr. Prabal Jain NRCH

S. No	Topic	Presenter
1	Totally laparoscopic and thoracoscopic oesophagectomy in post-NACT case of A Oesophagus	Dr. Mithun Biswas NRCH
2	The Bullfrog's Burden: Laparoscopic Liberation from Dysphagia in a Young Girl	Dr Nupur Jain HRH
3	Laparoscopic-assisted Radical cystectomy in a patient with recurrent Ca Urinary Bladder with deranged LFT	Dr. Vashishth Rai NRCH
4	The Tri-dermal Four Component Seminomatous Mixed Germ Cell Testicular Tumour	Dr NG Swamy HRH
5	MRM with primary oncoplastic reconstruction in a case of post-NACT Ca Breast	Dr. J. Ravinder NRCH



JULY MONTHLY MEETING

The July monthly meeting of Delhi State Chapter was organized by ABVIMS Dr. RML Hospital on July 15, 2023 (Saturday), 3 to 4 pm. Venue: Auditorium, ABVIMS Dr. RML Hospital

Monthly meet - 3 to 4 pm

S. No	Topic	Presenter
1	An open cholecystectomy that opened the wrong gate	Surgery Unit 1 Presenter – Dr Shikha Singh
2	Water water everywhere	Surgery Unit 2 Presenter – Dr. Ashish Kumar
3	Open pancreatic duct stenting in pancreatic trauma	Surgery Unit 4 Presenter – Dr. Achint
4	Combined onco and plastic surgical management for second recurrence of anal canal carcinoma	Surgery Unit 6 Presenter – Dr. Siddhartha Sahu
5	Laparoscopic management of GE junction GIST	Surgery Unit 3 Presenter – Dr. Sayantika Chattopadhyay



CME & WEBINARS

CME on “Hereditary Breast Cancer” - 24-26th February 2023

AIIMS New Delhi conducted a Symposium on “hereditary breast cancer” from 24-26 February 2023 at AIIMS New Delhi. The event was conducted as an academic collaboration with Guy’s & St Thomas Hospital, NHS Foundation Trust, United Kingdom, and the Delhi state chapter, ASI. There was a cancer genetics workshop for clinicians on 24 February 2023 and a comprehensive one of its kind conference on hereditary breast cancer on 25 & 26 February 2023.



CME on “Anorectal Surgeons Speaker Tour” - 29th April 2023

Delhi State Chapter ASI organized a CME on "Anorectal Surgeon Speaker Tour". It was a skill upgradation & knowledge sharing program by Surgeon/Coloproctologist for surgeons in the field of anorectal disorders & constipation. An expert faculty presented the state-of-the-art overview and a comprehensive discussion on the medical & surgical management of these Anorectal Disorders through newer techniques and case-based interactive discussions. Date: 29th April 2023, venue: Radisson Blu, Paschim Vihar.



CME on "Trauma and Abdominal Surgeries" - 7th May 2023

The ASICON CME 2023 was organized in association with the **Delhi State chapter of ASI**, on the Theme '**Trauma and Abdominal emergencies**' on 7th May 2023 at CSOI, Chankyapuri, New Delhi. The highlights of the CME were Poster presentation, Quiz on Trauma and Abdominal emergencies, Video presentations on management of Trauma and Emergencies. It was preceded by the Cadaveric workshop in DDU Hospital, led by **Dr P S Sarangi** and team. Another highlight was the 5th Dr K C Mahajan memorial Oration by Orator: Prof Satish Balkrishna Dharap. **Dr Ashish Dey** was the Organising Secretary of the CME and led by **Dr Vinod K Malik**, Co-convenor and **Dr Harsha Jauhari**, Chairman of the ASICON CME Foundation.

Annual ASICON-CME 2023 (Delhi Chapter)
(Under the aegis of ASICON-CME Foundation and Delhi State Chapter of ASI)

Theme: Abdomen – Trauma & Emergencies
Cadaveric Workshop & ASICON CME
6th & 7th May 2023

Organized by: ASICON CME Foundation & Delhi State Chapter ASI
6 May 2023 (Sat) - Cadaveric Workshop at DDU Hospital,
7 May 2023 (Sun) – CME at CSOI, Chankyapuri, New Delhi

Highlights

- Cadaveric workshop in DDU Hospital led by HoD (Surgery), Dr P S Sarangi on 6th May, Saturday from 9 am. **Limited Seats only**
- 5th Dr K C Mahajan Memorial Annual Oration – 7 May 2023
- Poster presentation – for all PG, MS and DNB Residents
- Quiz on Trauma and Abdominal emergencies at 5 pm
- Video presentation on management of Trauma and Emergencies.



CME on "Precision Oncology" - 25th May 2023

The Medanta - Gurugram under the aegis of Delhi State Chapter, ASI organized "CME on Precision Oncology" on 25 May 2023 at The Panchshila Rendezvous, New Delhi at 8:30 pm. The speaker was **Dr. Ashok Kumar Vaid**, Chairman, Medical & Hemato-oncology Medanta Cancer Institute and the moderator was Dr. S K Poddar, President, DSC-ASI. Vote of thanks was given by Dr. Nikhil Gupta, Secretary DSC-ASI

Medanta - Gurugram
In association with
Association of Surgeons of India (Delhi State Chapter)
cordially invites you for

CME
PRECISION ONCOLOGY
Dr. Ashok Kumar Vaid
Chairman - Medical and Hemato Oncology
Medanta Cancer Institute

Thursday, 25th May, 2023 | 08:30 PM Onwards

Moderator
Dr. S K Poddar
President, DSC-ASI (Delhi State Chapter)
ASIS, ASIS (Delhi State Chapter)
Apollo Spectra Hospital

Vote of Thanks to Medical Oncology, Delhi ASI

Venue: The Panchshila Rendezvous, T-54D, Panchshila Park,
Malviya Nagar, New Delhi
RSVP 96543 91745

CME on "Recent updates on Robotic kidney Transplant" - 8th June 2023

Max Super specialty hospital, Saket and Delhi State Chapter ASI organized a CME on "Recent updates on robotic kidney transplant". It was a knowledge-sharing program for surgeons in the field of kidney transplant. There was an interactive session by **Dr. Anant Kumar**, Chairman, Dept of Urology, Kidney transplant, Robotics, and Uro-Oncology, Max Hospital Saket, New Delhi on 8th June 2023 at 8:00 pm at The Cafe Rendezvous, Malviya Nagar, New Delhi



Recent Updates on Robotic Kidney Transplant

Thursday, 8th June, 2023 | 8:00 pm onwards

Venue: Cafe Rendezvous, Malviya Nagar, New Delhi

Organized by: Max Super Specialty Hospital, Saket, New Delhi
In association with: ASI (Delhi State Chapter)

Dr. Anant Kumar
Chairman, Dept of Urology, Kidney transplant, Robotics, and Uro-Oncology, Max Hospital Saket, New Delhi

Dr. S K Poddar
President, DSC-ASI



CME on "Laparoscopic Bowel Anastomosis" - 11th June 2023

Sir Ganga Ram Hospital in association with IAGES & Delhi State Chapter ASI organized "Video Based CME", PG Quiz and Poster Session on **Laparoscopic Bowel Anastomosis on 11th June, 2023** at Sir Ganga Ram Hospital, New Delhi. The highlights of the CME were 1. Poster presentation for all PG, MS and DNB Residents, 2. Quiz on Laparoscopic Bowel Anastomosis, 3. Video presentations, Debate & Panel Discussions. It was preceded by a Cadaveric workshop in DDU Hospital on 10th June in DDU hospital, hosted by **Dr P S Sarangi**, DDU Hospital. The organising Secretary was **Dr Tarun Mittal**, Department of Laparoscopic and General surgery, Sir Ganga Ram Hospital



Laparoscopic Bowel Anastomosis
Video-Based CME, PG Quiz & Poster Session
11th June 2023 (Sunday)

Venue: Sir Ganga Ram Hospital, New Delhi

Organized by: Sir Ganga Ram Hospital, IAGES & DSC-ASI

Dr. P S Sarangi
Organising Secretary

Dr. Tarun Mittal
Department of Laparoscopic and General Surgery, Sir Ganga Ram Hospital

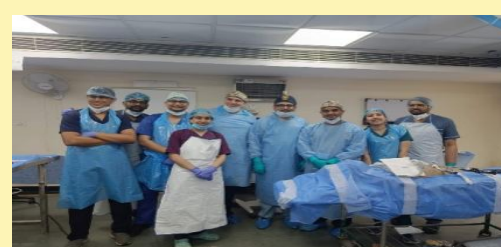


WORKSHOPS

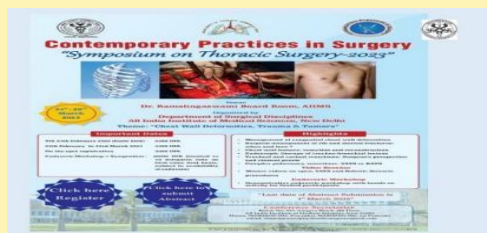
The Department of Surgical Oncology (IRCH & NCI, AIIMS) under the aegis of Delhi State Chapter, ASI organized "AIIMS-NCI Minimally Invasive Thoracic Surgical Oncology Workshop" from 1st to 3rd March. **Cadaver Workshop** – ACSST Cadaver Lab, JPN Apex Trauma Centre, AIIMS, New Delhi. **Live surgical Workshop** – National Cancer Institute, AIIMS, Badsa, Jhajjar.



"AWR Deep Impact" in association with Delhi State Chapter, ASI organized a cadaveric workshop was held at RML hospital on 23rd March 2023 under AWR-DI. This academic feast had renowned International and national faculty keen to share their knowledge and experiences in the field of Abdominal Wall Reconstruction.



The Department of Surgical Disciplines, AIIMS, Delhi under the aegis of Delhi State Chapter, ASI organized "Symposium on Thoracic Surgery 2023 & Cadaveric Workshop" from 24th to 26th March 2023 at AIIMS, New Delhi. Theme was "Chest Wall Deformities, Trauma and Tumors". Other aspects of thoracic surgery like Lung resections, VATS, Robotics & Lung transplantation were also covered in the conference and cadaveric workshop.



Delhi State Chapter in collaboration with ASICON CME Foundation (Delhi) organized Cadaveric workshop on **Abdomen: Trauma and Emergencies** on 6th May 2023 at Deen Dayal Upadhyaya Hospital, New Delhi. There were 25 participants and 8 faculty members. **Dr P S Sarangi** (HOD Surgery DDU and President Elect DSC) was the course convener. This was organised as part of the ASICON CME 2023, and Dr Ashish Dey was the Organising Secretary



Delhi State Chapter in collaboration with DDU Hospital organized Cadaveric workshop on Exposure and repair of **Peripheral Vessels** on 20th May 2023 at Deen Dayal Upadhyaya Hospital, New Delhi. There were 15 participants who participated in the workshop under the chairmanship of Dr. P S Sarangi, HOD, DDU Hospital. There was a luncheon meeting on "Energy sources" organized by DDU Hospital.



Sir Ganga Ram Hospital in association with IAGES & Delhi State Chapter ASI organized a **“Cadaveric Workshop on Laparoscopic Bowel Anastomosis”** on 10th June, 2023 at Deen Dayal Upadhyaya Hospital, New Delhi. There were 30 participants and 10 faculty members. Dr PS Sarangi (HOD Surgery DDU and President Elect DSC) was the course convener. The Course was organised by **Dr Tarun Mittal**, Senior Consultant, Department of Laparoscopic and General Surgery, Sir Ganga Ram Hospital



PUBLIC AWARENESS PROGRAMME

In continuation of ESIC fortnight 2023, Department of Surgery organised another public awareness session for its beneficiaries on "Breast Pain and Lump" in Surgery OPD complex at 11 am on 3.3.2023 in association with Delhi State Chapter-ASI. Approximately 78 persons attended the talk and benefited from it.



Department of Laparoscopic, Laser & General Surgery, Sir Ganga Ram hospital under the guidance of Dr Vinod K Malik in collaboration with Delhi State Chapter ASI organized an "Hernia Awareness Camp" in their premises (Basement, Sir Ganga Ram City Hospital) on 9 April 2023, Sunday (10 am to 1 pm)*. Key highlights were 1. Consultation with hernia expert team - Dr. Vinod K Malik, Dr. Ashish Dey, Dr. Tarun Mittal, Dr Anmol Ahuja. The camp was organised by **Dr Ashish Dey**, Senior Consultant, Department of Laparoscopic and General Surgery



Interesting Case reports and articles

Unusual shape of abdomen: Is it always a clue to some abnormality inside? A story of a young girl with Chilaiditi syndrome.

Author : **Dr Kusum Meena, Professor Surgery, L.H.M.C, New Delhi**

Introduction: Chilaiditi syndrome is a benign condition with a segment of the intestine interposed between the liver and diaphragm which can be confused for more severe conditions and lead to unwarranted procedures. Occasionally it is result of intestinal, hepatic, and/or diaphragmatic aetiologies. Radiologist Demetrius reported series of 3 patients. This finding is a rare anomaly seen on chest or abdominal radiographs, with an incidence of 0.025–0.28%.

Case Report: A 21-year-old unmarried girl came with outside USG report of gall stones for laparoscopic surgery. She had complaints of nonspecific pain abdomen of mild intensity along with dyspepsia for past 6 months. On P/A examination there was unusual shape of abdomen with vertical fissure at umbilicus site, and unexplained laxity of abdominal wall. During routine workup USG showed no gall stones and Chest X ray demonstrated Chilaiditi sign. CECT showed presence of caecum ascending colon and splenic flexure in RHC abutting right dome of diaphragm. Congenital non-visualization of segment 6 & 7 atrophies of segment 5 & 8 and hypertrophy of left lobe of liver and caudate lobe. Inversion of SMA and SMV, with partial malrotation of bowel loops. As present we have kept patient under observation after explaining all warning signs.



Fig 1



Fig 2



Fig 3

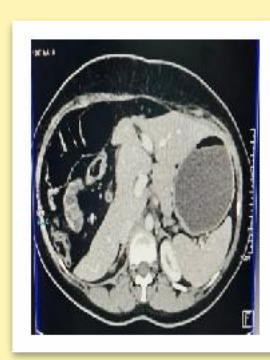


Fig 4

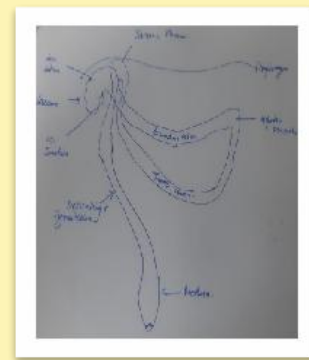


Fig 5

Discussion

When no symptoms are present, this clinical finding is referred to as Chilaiditi's sign. In rare cases, symptoms do develop; these cases are referred to as Chilaiditi's syndrome. Commonly, this sign involves males with a male to female ratio of 4:1 and occurs more frequently in individuals aged above 60 years. Numerous symptoms may be seen including abdominal pain, respiratory distress, constipation, nausea, vomiting, and anorexia.

Contrary to this our patient is a young girl with nonspecific symptoms. When probed we got history of preterm institutional delivery and parents were told some problem is there but with time it will be corrected. However, she was asymptomatic for past 20 years and of good built. In our case congenital absence of liver lobes is associated with malposition of bowel loops and crowding of bowel in right side of abdomen. Moreover, this syndrome can be life-threatening since it can lead to some severe complications such as intestinal volvulus, bowel ischemia, perforation, and obstruction. Chilaiditi sign is typically mistaken for pneumoperitoneum. CT scan can confirm the diagnosis. The management is most of the time conservative. This abnormality should be well known by surgeons to avoid unnecessary exploratory laparotomies.

Conclusion

This case highlights importance of clinical examination. In symptomatic patients all search should be done to find out abnormalities. Asymptomatic patients can be counselled about probable complications and follow-up.

References

- 1) Shah V, Lee S, Niknejad M et al .Chilaiditi sign.reference article ,Radiopaedia org<https://doi.org/10.53347/Rid-59917>
- 2) Cortes G, Kulkarni R, Hasan N, Vandervall K, Aloysius MM.An atypical case of chilaiditi syndrome .Cureus .2020Oct;12(10):e 10815 PMID:PMC 7540074/PMID:33047073

TUBERCULAR EMPYEMA NECESSITANS: AN UNUSUAL ENTITY IN AN IMMUNOCOMPETENT MALE

Authors : **Shubham Ahuja, Lovenish Bains, Pawan Lal**

We present a rare case of a young immunocompetent male with right sided empyema thoracis communicating with the chest wall via focal erosions in fourth rib and fourth intercostal space which was found to be tubercular empyema necessitans.

A 20 year old gentleman presented to outpatient department with complaint of a right sided painless chest swelling for past 2 months with no other complaints. The patient had a 6x6 cm right sided chest swelling involving the nipple areola complex which was insidious in onset, gradually progressed from size of 2x2cm to current size over 2 months, well defined, firm in consistency, fluctuant, non tender, non mobile, non trans illuminant and had no signs of inflammation.[Figure 1(a)].

Ultrasound of chest and axilla revealed a 90cc right sided communicating with an underlying collection in right pleural cavity through the intercostal space [Figure 2]. Aspiration of the abscess was performed [Figure 1(b)] along with tubercular workup. The aspirate yielded 60 cc of purulent material which was positive for Mycobacterium tuberculosis on cartridge based nuclear amplification test (CBNAAT-GeneXpertR) and showed acid fast bacilli on microscopy. Montoux test after 48 hours measured 28mm, erythrocyte sedimentation rate was 66mm/hr and chest X-ray[Figure 3] showed right paratracheal lymphadenopathy with mild blunting of right costophrenic angle suggestive of right sided pleural effusion tracking along the lateral chest wall. High resolution computed tomography(HRCT) of chest showed a well defined multiloculated right sided pleural collection communicating with a hypointense collection in right breast parenchyma through focal erosions in fourth rib and fourth intercostal space.[Figure 4] Rest of the blood investigations were within normal limits with serology being non-reactive for HIV I and HIV II. Patient was managed with oral anti-tubercular treatment (HRZE fixed dose daily regimen). Patient tolerated oral ATT well and gradually made a good recovery with regression of abscess size and resolution of empyema over a period of 3 months. Patient completed both intensive and maintenance phase of anti-tubercular treatment without any complications of the drugs. Chest Xray post anti tubercular therapy showed bilateral clear costophrenic angles with no evidence of pleural effusion.[Figure 5]

The learning point from above mentioned case report is that presence of a chest wall swelling in a tuberculosis endemic area should raise clinical suspicion of empyema necessitans. Empyema necessitans remains an unusual identity and clinicians need to be mindful of its presentation as a chest wall swelling. Aspiration of the content followed by nuclear acid amplification and acid fast staining aids in diagnosis of tubercular empyema necessitans. Mycobacterium tuberculosis is one of the common causes of empyema necessitans and the mainstay of treatment is oral anti-tubercular drugs which has shown overall good prognosis.

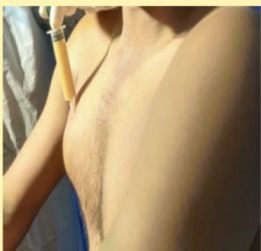


Fig 1a

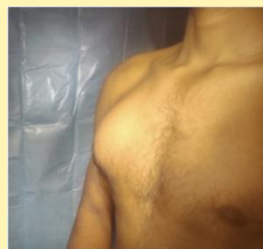


Fig 1b



Fig2



Fig 3a



Fig 3b

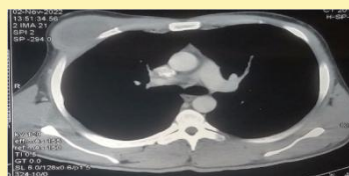


Fig 4



Fig 5

Figure 1A & 1B - Lateral view of patient's chest on presentation and during aspiration of collection

Figure 2 - USG Chest showing right sided extra-thoracic collection communicating with underlying pleural collection

Figure 3a - Chest Xray PA showing paratracheal lymphadenopathy with mild right sided CP angle blunting

Figure 3b - Chest Xray PA post anti-tubercular(HRZE 2 months, HRE 4 months) therapy for 6 months

Figure 4 - HRCT Chest coronal section showing right sided empyema necessitans

Figure 5 - Patient's anterior chest view post 6 months anti-tubercular treatment

Progressive ulnar neuropathy due to Delayed Foreign Body granuloma in forearm: A case report

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Introduction

Penetration injuries with foreign bodies are generally a common entity, especially in the labour class which may lead to a myriad of immediate and delayed complications. Among the wide range of complications, entrapment syndromes are the most common pathology requiring surgical intervention(1). We describe a case of progressive ulnar nerve damage caused by a pyogenic granuloma of a foreign body in the forearm, 6 years after injury.

Case Report

A 36 year old male sustained a laceration to the flexor aspect of left forearm following burn injury from a firework detonation in his hand. Following the injury, he presented to a hospital and simple suturing of the wound was done. Wound healed without complication and apart from a non-tender lump at site of injury, patient had no complaints. Patient was asymptomatic for about 2 years, after which he complained of episodes of tingling and numbness along the ulnar distribution of the distal forearm and 4th and 5th digit which were spontaneous and distributed throughout the day. Over the next few years, the episodes became more frequent and he also developed weakness of grip of left hand. 6 years from initial injury, patient reported development of pain over the palpable lump and along the distal forearm and 4th, 5th digits which was present even at rest and exaggerated by gripping objects.

Patient presented to the hospital with these complaints and plain radiographs were done. 3 retained foreign body were visualised. Ultrasonography confirmed their presence and localised them to the intramuscular plane. Wound exploration was done and a large granuloma was noted within the deeper fibres of flexor carpi ulnaris and superomedial to the fibres of flexor digitorum profundus. Ulnar nerve was seen lying in close apposition to the granuloma, however, continuity of the nerve was well maintained. The fibrous reaction was seen engulfing the perineurium of the nerve and excision of the scar tissue and foreign body granuloma was done without macroscopic injury to the nerve. On cutting the excised specimen, a central area containing 2-3 ml of pus was seen walled off by metallic fragments in a fibrous mass.

Patient reported immediate relief from the pain after excision and 2 weeks post operatively, neurological function has shown gradual recovery. Recovery still continues.

Discussion

The missed foreign body may remain asymptomatic for prolonged periods or else lead to a wide range of complications including pain, abscess, chronic discharging wound, necrotizing fasciitis, bone and joint destructive lesions(2), granulomas (3) with impairment of tendon mobility or triggering of digits, migration, delayed tendon ruptures, neurodeficits, pyogenic granulomas(4), and vascular events (5).

In this case, the ulnar nerve was not primarily traumatized at the time of implantation of the foreign body neither were there any signs of infection for several years post trauma. The neuropathy can be attributed to the delayed onset development of infective granuloma engulfing the perineurium of the nerve. Repeated micro-trauma caused by the muscle movement leading to soft tissue reaction may be a possible explanation for the granuloma development. Why it started years following the injury, remains unclear. As such, reports of delayed foreign body granuloma and erosion through the soft tissue of hand are exceedingly rare.

In any patient of progressive peripheral neuropathy, the possibility of a foreign body has to be kept in mind if there is history of previous injury. A high degree of suspicion and detailed clinical history are prerequisites for accurate diagnosis. Plain radiographs reveal metal (100% of cases) and glass (95%), but are of limited use for wood (15%) and plastics.³ Xeroradiography, ultrasonography or computed tomography may be required for precise localisation. ¹⁴ In such rare cases, timely detection and prompt removal of the offending foreign body is mandatory if recovery of neurological function is to be achieved.

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Figure 1: Intra-op localisation of foreign body granuloma

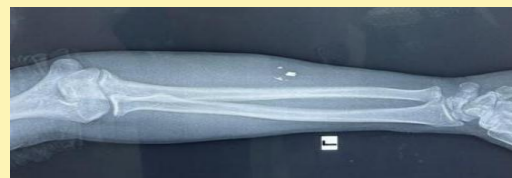


Figure 2: Pre-operative plain radiograph showing retained foreign body

National meetings attended by ASI-Delhi

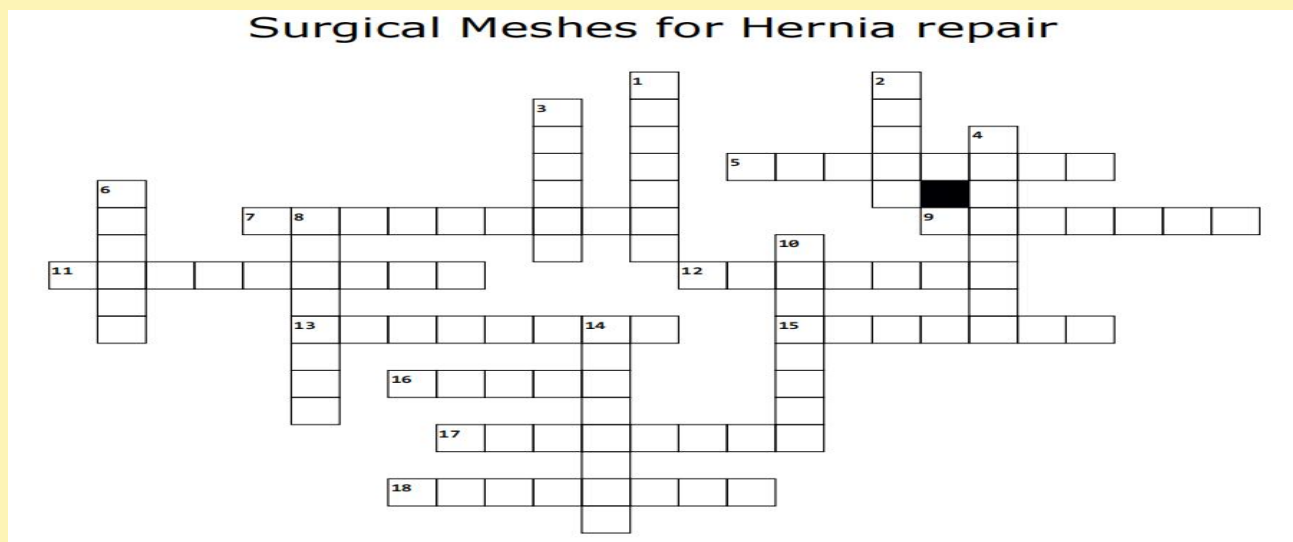
Chairman and Secretary attended the General Body meeting of the Association of Surgeons of India in the month of March, 2023.

UPCOMING EVENTS

1. **Monthly meetings, Hands on Session and PG Masterclass** - To continue with monthly clinical meetings with Hands on training classes for the postgraduate students.
 - a. August – Safdarjung Hospital
 - b. September – Lady Hardinge Medical College
 - c. October – UCMS & GTB Hospital
 - d. November – SURGICON 2023
 - e. December – ESI Hospital
2. **Programme for Public Education Service & Social Service Activities**
3. **Annual Conference - SURGICON 2023**
4. **Membership drive months**- September to October aimed at registering all the fresh passed out postgraduate students from various Delhi-NCR institutes.

Editor's space

Crossword- Famous Indian surgeons(Past and Present)



Across

5. Polypropylene and polyglecaprone(Monocryl)by Ethicon
7. Polypropylene mesh from Medtronic
9. Polypropylene and titanium from GfE
11. Polypropylene mesh from B-Braun
12. Monofilament mesh Ethicon
13. Polypropylene and PVDF by FEG Textiltechnik
15. Polypropylene and Oxidised Regenerated cellulose(ORC)
16. Polypropylene and Omega 3 by Atrium
17. Polyester and Bovine collagen plus PEG coated mesh from Medtronic
18. Polypropylene mesh from Medtronic

Down

1. ePTFE mesh from Gore
2. Combined Polypropylene and PG910 mesh from Ethicon
3. Polypropylene mesh from Bard
4. Polypropylene mesh from B-Baun
6. Absorbable Polyglactin mesh from Ethicon
8. Human acellular dermis from Lifecell
10. Polypropylene and ePTFE from Bard
14. Porcine biological mesh from Cook

Crossword Compiled by
Dr Ashish Dey,
 Senior Consultant, Sir Ganga Ram Hospital
 Editorial secretary, SCISSORS



From the Editor's desk

Dear Friends, It's the time of the year for the next edition of the Quarterly Newsletter and I am honoured to be a part of you through 'Scissors', the Newsletter of the Delhi State Chapter of the Association of Surgeons of India. This mouthpiece announces all the past and future Academic events, Meetings, Conferences, CMEs and Social awareness programmes conducted in association with or by the Delhi State Chapter. In the newsletter also published are case reports, studies and articles by residents and Faculty. Special mention about the multiple Cadaveric workshops organised by the Faculty of DDU Hospital, led by Dr P S Sarangi, President Elect of the Delhi State Chapter of ASI, one of which was also a part of the ASICON CME 2023 organised on 6th and 7th of May

Through this newsletter, I will try and fulfil my responsibilities as the Editorial secretary to the best of my ability and am open to criticisms and suggestions from everyone. I thank everyone who sent their articles for this current edition and in anticipation of all future contributions to make it more vibrant.

Regards



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Acknowledgement -

- Dr. Suhas Agarwal, Assistant Professor, Department of Surgery, ESI Hospital, Basaidarapur for his active involvement and invaluable help in Editing this edition of the 'Scissors'.



- Mrs Pooja Pant - Office Secretary, Department of General and Laparoscopic surgery, Sir Ganga Ram Hospital for keeping records and archiving materials for the newsletter



For Communications -
please email to delhistatechapter@gmail.com, or call 011 4225 1317

This Month- Lets be proud of our nation and who we are!



15TH AUGUST
HAPPY
INDEPENDENCE DAY