

CMC JOURNAL PUBLICATIONS FOR THE YEAR FROM JANUARY 2016 – JUNE 2016

S.NO	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	INTL /NAT	PUB MONTH	PMID / PMCID
1.	<p>Aaron S(1), Shyamkumar NK(2), Alexander S(2), Babu PS(1), Prabhakar AT(1), MosesV(2), Murthy TV(1), Alexander M(1). Mechanical thrombectomy for acute ischemic stroke in pregnancy using the penumbra system. Ann Indian Acad Neurol. 2016 Apr-Jun;19(2):261-3. doi: 10.4103/0972-2327.173302. Author information: (1)Department of Neurological Sciences, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>Even though intravenous thrombolysis with tissue plasminogen activator (IV tPA) is the standard of care in acute ischemic stroke, its use in pregnancy is not clearly defined. Mechanical thrombectomy devices can be an option; however, literature on the use of such mechanical devices in stroke in pregnancy is lacking. Here we describe two cases that developed acute embolic stroke during pregnancy who were successfully treated by mechanical clot retrieval using the Penumbra system 28 (Penumbra Inc., Alameda, California, USA). To the best of our knowledge, these are the only case reports on the use of the Penumbra device in pregnant patients with acute ischemic stroke. DOI: 10.4103/0972-2327.173302</p>	NAT	JAN TO JUN	PMCID: PMC4888695 PMID: 27293343
2.	<p>Abhilash K(1), Mannam PR(2), Rajendran K(1), John RA(2), Ramasami P(3). Chest radiographic manifestations of scrub typhus. J Postgrad Med. 2016 Jun 24. doi: 10.4103/0022-3859.184662. [Epub ahead of print] Author information: (1)Department of Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Radio Diagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND AND RATIONALE: Respiratory system involvement in scrub typhus is seen in 20-72% of patients. In endemic areas, good understanding and familiarity with the various radiologic findings of scrub typhus are essential in identifying pulmonary complications. MATERIALS AND METHODS: Patients admitted to a tertiary care center with scrub typhus between October 2012 and September 2013 and had a chest X ray done were included in the analysis. Details and radiographic findings were noted and factors associated with abnormal X-rays were analyzed. RESULTS: The study cohort contained 398 patients. Common presenting complaints included fever (100%), generalized myalgia (83%), headache (65%), dyspnea (54%), cough (24.3%), and altered sensorium (14%). Almost half of the patients (49.4%) had normal chest radiographs. Common radiological pulmonary abnormalities included pleural effusion (14.6%), acute respiratory distress syndrome (14%),</p>	NAT	JAN TO JUN	PMID: 27345037

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	<p>airspace opacity (10.5%), reticulonodular opacities (10.3%), peribronchial thickening (5.8%), and pulmonary edema (2%). Cardiomegaly was noted in 3.5% of patients. Breathlessness, presence of an eschar, platelet counts of <20,000 cells/cumm, and total serum bilirubin >2 mg/dL had the highest odds of having an abnormal chest radiograph. Patients with an abnormal chest X-ray had a higher requirement of noninvasive ventilation (odds ratio [OR]: 13.98; 95% confidence interval CI: 5.89-33.16), invasive ventilation (OR: 18.07; 95% CI: 6.42-50.88), inotropes (OR: 8.76; 95% CI: 4.35-17.62), higher involvement of other organ systems, longer duration of hospital stay (3.18 \square 3 vs. 7.27 \square 5.58 days; P < 0.001), and higher mortality (OR: 4.63; 95% CI: 1.54-13.85).</p> <p>CONCLUSION: Almost half of the patients with scrub typhus have abnormal chest radiographs. Chest radiography should be included as part of basic evaluation at presentation in patients with scrub typhus, especially in those with breathlessness, eschar, jaundice, and severe thrombocytopenia.</p>			
3.	<p>Abiramalatha T(1), Kumar M(1), Shabeer MP(1), Thomas N(1). Advantages of being diligent: lessons learnt from umbilical venous catheterisation in neonates.</p> <p>BMJ Case Rep. 2016 Feb 3;2016. pii: bcr2015214073. doi: 10.1136/bcr-2015-214073.</p> <p>Author information: (1)Department of Neonatology, Christian Medical College, Vellore, Tamilnadu, India.</p> <p>Umbilical venous catheters (UVCs) are commonly used in neonatal units. Abdominal radiograph, taken soon after the insertion, is used to confirm the correct placement of the catheter. However, as demonstrated by our case series, complacency when an initial UVC is normally positioned can lead to detecting UVC-related complications very late. We describe cases of three neonates where, despite the initial UVC being confirmed to be well positioned, the patients developed life-threatening complications, including liver haematoma, left atrial thrombus and pericardial effusion causing cardiac tamponade. The routine use of point of care echocardiography helped in the early diagnosis of these complications. We suggest repeated echocardiographic screening at regular intervals in all newborn babies requiring UVCs, to ensure that the catheter is maintained in the proper position and for the early detection of catheter-related complications. 2016 BMJ Publishing Group Ltd. DOI: 10.1136/bcr-2015-214073</p>	INTL	JAN TO JUN	PMID: 26843419
4.	<p>Abiramalatha T(1), Santhanam S(1), Mammen JJ(2), Rebekah G(3), Shabeer MP(1), Choudhury J(2), Nair SC(2). Utility of neutrophil volume conductivity scatter (VCS) parameter changes as sepsis screen in neonates.</p> <p>J Perinatol. 2016 Sep;36(9):733-8. doi: 10.1038/jp.2016.69. Epub 2016 Apr 28.</p>	INTL	JAN TO JUN	PMID: 27123571

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	<p>Author information: (1)Department of Neonatology, Christian Medical College, Vellore, India. (2)Department of Transfusion medicine and Immunohematology, Christian Medical College, Vellore, India. (3)Department of Biostatistics, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: The objective of this study was to determine changes in neutrophil volume conductivity scatter (VCS) parameters and their distribution widths (DW) in neonatal sepsis and to estimate their optimal cutoff levels using receiver operating characteristic (ROC) curves. STUDY DESIGN: In a cohort of neonates evaluated for sepsis, blood counts and blood culture were performed initially, with repeat counts and C-reactive protein (CRP) done after 24 to 48 h. Neutrophil VCS parameters from both the initial and repeat blood counts were analyzed. Babies were classified as having blood culture-positive sepsis, probable sepsis (clinical course consistent with sepsis and CRP-positive, but culture-negative) and no sepsis (clinical course not compatible with sepsis, culture- and CRP-negative). RESULTS: A total of 600 babies were included: 240 (40%) babies in the sepsis group and 360 (60%) babies in the control group. All the neutrophil VCS parameters and their DWs (except for low angle light scatter in the repeat counts) were significantly different between the two groups, with an area under curve in the ROC curve of >0.6 for most parameters. The five most significant VCS parameters (mean neutrophil volume (MNV), median angle light scatter (MALS), lower median angle light scatter (LMALS), MNV-DW and ALL-DW) had around 65 to 75% sensitivity and specificity. A combination of leukopenia, thrombocytopenia, MNV and LMALS had a likelihood ratio (LR)+ of 15.3 and LR- of 0.17. With a pre-test probability of 40%, post-test probability increased to 91% for a positive test and decreased to 10% for a negative test. A prospective validation study was performed recruiting an additional 60 babies, which showed similar results, assuring that the cutoffs were robust. CONCLUSION: Neutrophil VCS parameters cannot be considered as stand-alone tests to diagnose or rule out neonatal sepsis, but can be used in combination with other hematological screening tests to improve the diagnostic accuracy of the neonatal sepsis screen. DOI: 10.1038/jp.2016.69</p>			
5.	<p>Abiramalatha T(1), Sherba B(1), Joseph R(1), Thomas N(1). Unusual complications of placental chorioangioma: consumption coagulopathy andhypertension in a preterm newborn. BMJ Case Rep. 2016 May 6;2016. pii: bcr2016215734. doi: 10.1136/bcr-2016-215734. Author information: (1)Department of Neonatology, Christian Medical College, Vellore, Tamil Nadu,India.</p> <p>We report a case of a preterm neonate born to a mother with giant placental chorioangioma. The baby had microangiopathic haemolytic anaemia, thrombocytopeniaand cardiac failure at birth. In addition, she had a disseminated intravascularcoagulation-like picture and had bleeding from multiple sites, which was treatedwith transfusion of multiple blood products. She also developed</p>	INTL	JAN TO JUN	PMID: 27154993

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	transient hypertension and required antihypertensive drugs for 3 weeks. The baby was successfully managed and discharged home, though with signs of neurosensory impairment. 2016 BMJ Publishing Group Ltd. DOI: 10.1136/bcr-2016-215734			
6.	Adhikari DD(1), Florence B(2), David SS(2). Prehospital trauma care in South India: A glance through the last 15 years. J Family Med Prim Care. 2016 Jan-Mar;5(1):195-6. doi: 10.4103/2249-4863.184669. Author information: (1)Department of Pediatrics, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.4103/2249-4863.184669	NAT	JAN TO JUN	PMCID: PMC4943141 PMID: 27453878
7.	Agarwala MK(1), George L(1), Parmar H(2), Mathew V(3). Ross Syndrome: A Case Report and Review of Cases from India. Indian J Dermatol. 2016 May-Jun;61(3):348. doi: 10.4103/0019-5154.182472. Author information: (1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Neurology, Christian Medical College, Vellore, Tamil Nadu, India. Ross syndrome is a rare dysautonomia characterized by a clinical complex of segmental anhidrosis or hypohidrosis, areflexia, and tonic pupils. A very few cases (≈ 50) have been reported in literature since its original description in 1958. Here, we report the case of a middle-aged homemaker from Odisha, India, who presented with complaints of segmental hypohidrosis for the past 7 years. DOI: 10.4103/0019-5154.182472	NAT	JAN TO JUN	PMCID: PMC4885212 PMID: 27293279
8.	Agarwala MK(1), Mukhopadhyay S(2), Sekhar MR(1), Menon A(2), Peter CD(1). Solitary Angiokeratoma Presenting as Cutaneous Horn over the Prepuce: A Rare Appearance. Indian J Dermatol. 2016 Mar-Apr;61(2):236. doi: 10.4103/0019-5154.177779. Author information: (1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. We present a case of a 47-year-old man with 4 months history of conical growth on the prepuce with a progressive increase in size. The patient had been treated for seminoma a decade ago. Histopathology of the growth showed features of	NAT	JAN TO JUN	PMCID: PMC4817473 PMID: 27057048

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	angiokeratoma. It is unusual for angiokeratoma to masquerade as a cutaneous horn. DOI: 10.4103/0019-5154.177779			
9.	Agarwala MK(1), Mukhopadhyay S(2), Sekhar MR(1), Peter CD(1). Bullous Fixed Drug Eruption Probably Induced by Paracetamol. Indian J Dermatol. 2016 Jan-Feb;61(1):121. doi: 10.4103/0019-5154.174098. Author information: (1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. We report a case of a 42-year-old male who presented with second episode of bullous eruptions after ingestion of paracetamol. There were no systemic complaints. The temporal correlation with the drug, history of a similar episode and the quick improvement led us to a diagnosis of bullous fixed drug due to paracetamol. Applying Naranjo's algorithm, a causality score of 8 was obtained and was categorized as probable reaction to paracetamol. Clinicians should be vigilant of the possible adverse reactions to drugs with robust safety profiles. Drug alert cards could play an important role in preventing recurrences. DOI: 10.4103/0019-5154.174098	NAT	JAN TO JUN	PMCID: PMC4763646 PMID: 26951737
10.	Alexander M(1). Author's reply. Neurol India. 2016 Mar-Apr;64(2):361-2. Author information: (1)Department of Neurology, Christian Medical College, Vellore, Tamil Nadu – 632 004, India.	NAT	JAN TO JUN	PMID: 26954832
11.	Alexander ST(1), Kattula D(2), Mannam P(3), Iyyadurai R(1). Risperidone Induced Benign Intracranial Hypertension Leading to Visual Loss. Indian J Psychol Med. 2016 May-Jun;38(3):249-51. doi: 10.4103/0253-7176.183075. Author information: (1)Department of Medicine, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Psychiatry, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.	NAT	JAN TO JUN	PMCID: PMC4904763 PMID: 27335522

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	<p>Benign intracranial hypertension (BIH) is a rare but potentially serious condition causing visual loss. Occasionally, medication use has been associated with the occurrence of BIH. We report the case of a 40-year-old obese lady being treated with risperidone for schizophrenia who presented with features of BIH. We report this case, occurring for the 1(st) time in India, to emphasize that a commonly used atypical antipsychotic drug can rarely cause BIH leading to visual loss.</p> <p>DOI: 10.4103/0253-7176.183075</p>			
12.	<p>Amirtharaj GJ(1), Natarajan SK(1), Pulimood A(1), Balasubramanian KA(1), Venkatraman A(2), Ramachandran A(3). Role of Oxygen Free Radicals, Nitric Oxide and Mitochondria in Mediating Cardiac Alterations During Liver Cirrhosis Induced by Thioacetamide. <i>Cardiovasc Toxicol.</i> 2016 Apr 30. [Epub ahead of print] Author information: (1)The Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, Christian Medical College, Ida Scudder Road, Vellore, 632004, India. (2)Center for Stem Cell Research, Christian Medical College, Ida Scudder Road, Vellore, 632004, India. (3)The Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, Christian Medical College, Ida Scudder Road, Vellore, 632004, India. wellcome@cmcvellore.ac.in.</p> <p>Thioacetamide (TAA) administration is widely used for induction of liver cirrhosis in rats, where reactive oxygen radicals (ROS) and nitric oxide (NO) participate in development of liver damage. Cardiac dysfunction is an important complication of liver cirrhosis, but the role of ROS or NO in cardiac abnormalities during liver cirrhosis is not well understood. This was investigated in animals after TAA-induced liver cirrhosis and temporal changes in oxidative stress, NO and mitochondrial function in the heart evaluated. TAA induced elevation in cardiac levels of nitrate before development of frank liver cirrhosis, without gross histological alterations. This was accompanied by an early induction of P38 MAP kinase, which is influenced by ROS and plays an important signaling role for induction of iNOS. Increased nitrotyrosine, protein oxidation and lipid peroxidation in the heart and cardiac mitochondria, suggestive of oxidative stress, also preceded frank liver cirrhosis. However, compromised cardiac mitochondrial function with a decrease in respiratory control ratio and increased mitochondrial swelling was seen later, when cirrhosis was evident. In conclusion, TAA induces elevations in ROS and NO in the heart in parallel to early liver damage. This leads to later development of functional deficits in cardiac mitochondria after development of liver cirrhosis. DOI: 10.1007/s12012-016-9371-1</p>	INTL	JAN TO JUN	PMID: 27131982
13.	<p>Arora S(1), Akhil R(1), Chacko RT(1), George R(2). Palmar-plantar erythrodysesthesia: An uncommon adverse effect of everolimus. <i>Indian J Med Paediatr Oncol.</i> 2016 Apr-Jun;37(2):116-8. doi:</p>	NAT	JAN TO JUN	PMCID: PMC4854043 PMID: 27168711

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	<p>10.4103/0971-5851.180143. Author information: (1)Department of Medical Oncology, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (2)Department of Dermatology, Venereology and Leprosy, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>Mammalian target of rapamycin inhibitor everolimus is a novel agent used in endocrine therapy resistant hormone receptor positive metastatic breast cancer. Its use has been associated with clinically significant improvement in the otherwise dismal outcomes of this subset of patients. Rash is a common adverse effect associated with everolimus. However, Hand-foot syndrome is an uncommon toxicity with the use of this drug. We report a case of Grade 3 hand-foot syndrome following institution of everolimus therapy and describe its successful management.</p> <p>DOI: 10.4103/0971-5851.180143</p>			
14.	<p>Arora S(1), Prakash TV(2), Carey RA(2), Hansdak SG(2). Poncet's disease: unusual presentation of a common disease. Lancet. 2016 Feb 6;387(10018):617-8. doi: 10.1016/S0140-6736(16)00157-4.</p> <p>Author information: (1)Department of Internal Medicine, Christian Medical College Hospital, Vellore, Tamil Nadu, India. Electronic address: dr.shalabharora@gmail.com. (2)Department of Internal Medicine, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>Comment in Lancet. 2016 Feb 6;387(10018):618. DOI: 10.1016/S0140-6736(16)00157-4</p>	INTL	JAN TO JUN	PMID: 26867450
15.	<p>Arthur A(1), Horo S(2), Balasubramanian DA(3), Peter J(1), Ram TS(4), Peter JV(5). Orbital Metastasis of Cervical Carcinoma - Case Report and Review of Literature. J Clin Diagn Res. 2016 Jan;10(1):ND01-2. doi: 10.7860/JCDR/2016/14400.7085. Epub 2016 Jan 1.</p> <p>Author information: (1)Assistant Professor, Department of Ophthalmology, Christian Medical College, Vellore Christian Medical College , Vellore, Tamil Nadu, India . (2)Associate Professor, Department of Ophthalmology, Christian Medical College, Vellore Christian Medical College , Vellore, Tamil Nadu, India . (3)Postgraduate Student,</p>	NAT	JAN TO JUN	PMCID: PMC4740630 PMID: 26894102

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	<p>Department of Ophthalmology, Christian Medical College, Vellore Christian Medical College , Vellore, Tamil Nadu, India . (4)Professor, Department of Radiation Therapy, Christian Medical College, Vellore Christian Medical College , Vellore, Tamil Nadu, India . (5)Professor, Department of Medicine, Christian Medical College, Vellore Christian Medical College , Vellore, Tamil Nadu, India .</p> <p>The orbit is a frequent site of metastasis, particularly from the breast, prostate gland and the lung. Carcinoma of the cervix metastasizing to the orbit is rare. We report a 27-year-old woman with Stage II B cervical cancer who presented with progressive painless protrusion of the left eye of one month duration associated with diplopia. Histology of the orbital mass was similar to that of the cervical cancer and reported as squamous cell carcinoma. She received palliative radiation to the left orbit 30 Gy in 10 fractions along with chemotherapy (Paclitaxel and Carboplatin). This resulted in regression of the proptosis. We review published literature of cases of carcinoma of the uterine cervix with metastasis to the orbit.</p> <p>DOI: 10.7860/JCDR/2016/14400.7085</p>			
<p>16.</p>	<p>Awadhalla MS(1), Asokan GV(2), Matooq A(3), Kirubakaran R(4).</p> <p>Declining trends in injuries and ambulance calls for road traffic crashes in Bahrain post new traffic laws of 2015.</p> <p>J Epidemiol Glob Health. 2016 Jun;6(2):59-65. doi: 10.1016/j.jegh.2016.02.004. Epub 2016 Mar 16.</p> <p>Author information: (1)University of Bahrain, College of Health Sciences, Nursing Department-WHO Collaborating Centre for Nursing Development, P.O. Box: 32038, Salmana, Bahrain. Electronic address: msabri@uob.edu.bh. (2)College of Health Sciences, University of Bahrain, PO Box 32038, Salmana, Bahrain. (3)International Training Centre, WHO Collaborating Centre for Nursing Development, College of Health Sciences, University of Bahrain, PO Box 32038, Salmana, Bahrain. (4)South Asian Cochrane Center and Network, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Road traffic crashes (RTC) are of serious global health concern. To identify whether the number of ambulance calls, injuries, and deaths has declined after the implementation of the new traffic law (NTL) 2015 in Bahrain, de-identified administrative RTC data obtained from the tertiary care center, and the General Directorate of Traffic (GDT) of Bahrain were used. A quasi-experimental design was employed to trend the impact of the NTL on RTC and associated healthcare events. Bahrainis and non-Bahrainis who met with RTC, either in a vehicle or as a pedestrian, between February 8 and May 8 in 2013, 2014 (pre NTL), and 2015 (post NTL) were included in the study. Our results show a reduction in</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26994440</p>

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	<p>the number of ambulance calls from vehicular and pedestrian RTC victims. The ambulance calls from pedestrian RTC victims were <10% compared to the number of ambulance calls from vehicular RTC victims. There was a significant reduction in minor injuries post 2015, whereas no obvious difference was seen for serious injuries and deaths. A longer follow-up study to confirm the sustained decline in RTC, enforcing a zero tolerance policy toward traffic transgressions, and raising public awareness on the "critical four minutes" and "golden hour" is recommended.</p> <p>Copyright © 2016 Ministry of Health, Saudi Arabia. Published by Elsevier Ltd. All rights reserved.</p> <p>DOI: 10.1016/j.jegh.2016.02.004</p>			
17.	<p>Azad K(1), Mathews J(2). Preventing newborn deaths due to prematurity. Best Pract Res Clin Obstet Gynaecol. 2016 Jun 24. pii: S1521-6934(16)30028-1. doi: 10.1016/j.bpobgyn.2016.06.001. [Epub ahead of print]</p> <p>Author information: (1)Perinatal Care Project, Diabetic Association of Bangladesh, 122 Kazi Nazrul Islam Avenue, Dhaka 1000, Bangladesh. Electronic address: kishwar.azad@gmail.com. (2)Department of Obstetrics & Gynaecology, Christian Medical College, Ida Scudder Road, Vellore 632 004, India.</p> <p>Preterm births (PTBs), defined as births before 37 weeks of gestation account for the majority of deaths in the newborn period. Prediction and prevention of PTB is challenging. A history of preterm labour or second trimester losses and accurate measurement of cervical length help to identify women who would benefit from progesterone and cerclage. Fibronectin estimation in the cervicovaginal secretions of a symptomatic woman with an undilated cervix can predict PTB within 10 days of testing. Antibiotics should be given to women with preterm prelabour rupture of membranes but tocolysis has a limited role in the management of preterm labour. Antenatal corticosteroids to prevent complications in the neonate should be given only when gestational age assessment is accurate PTB is considered imminent, maternal infection and the preterm newborn can receive adequate care. Magnesium sulphate for fetal neuroprotection should be given when delivery is imminent. After birth, most babies respond to simple interventions essential newborn care, basic care for feeding support, infections and breathing difficulties. Newborns weighing 2000 g or less, benefit from KMC. Babies, who are clinically unstable or cannot be given KMC may be nursed in an incubator or under a radiant warmer. Treatment modalities include oxygen therapy, CPAP, surfactant and assisted ventilation.</p> <p>Copyright © 2016. Published by Elsevier Ltd. DOI: 10.1016/j.bpobgyn.2016.06.001</p>	INTL	JAN TO JUN	PMID: 27545716
18.	<p>Bakthavatchalam YD(1), Anandan S(1), Veeraraghavan B(1).</p>	INTL	JAN TO JUN	PMCID: PMC4785756

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	<p>Laboratory Detection and Clinical Implication of Oxacillinase-48 like Carbapenemase: The Hidden Threat.</p> <p>J Glob Infect Dis. 2016 Jan-Mar;8(1):41-50. doi: 10.4103/0974-777X.176149.</p> <p>Author information: (1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Carbapenemase producing Gram-negative pathogen is of great concern for physician. The challenging aspects are treatment option and infection control. Monitoring of respective carbapenemase resistance mechanism is necessary to prevent the outbreaks. Currently, the rapid emergence of oxacillinase (OXA-48) like is alarming. Increasing frequency of OXA-48 is seen than the classical carbapenemase (KPC, NDM, IMP, and VIM) across the world. The bla OXA-48 gene is commonly identified in Escherichia coli and Klebsiella pneumoniae. The transferrable plasmid of OXA-48 is associated with rapid spread and inter-species dissemination. In general, OXA-48-like enzymes weakly hydrolyzes both carbapenem and broad spectrum cephalosporins. Except OXA-163, which effectively hydrolyze cephalosporin. This poor hydrolytic profile obscures the detection of OXA-48-like. It may go undetected in routine diagnosis and complicates the treatment option. Co-production of OXA-48-like with CTX-M-15 and other carbapenemase (NDM, VIM) leads to the emergence of multidrug resistant strains. DOI: 10.4103/0974-777X.176149</p>			PMID: 27013843
19.	<p>Bakthavatchalam YD(1), Pragasam AK, Anandan S, Joshi S, Chaudhuri BN, Chitnis DS, Roy I, Tapan D, Veeraraghavan B.</p> <p>Comparative in-vitro activity of ceftaroline against Staphylococcus aureus isolates from India.</p> <p>J Infect Dev Ctries. 2016 Jan 31;10(1):109-12. doi: 10.3855/jidc.7196.</p> <p>Author information: (1)Christian Medical College, Vellore, India. silviamicrovin@gmail.com.</p>	INTL	JAN TO JUN	PMID: 26829546
20.	<p>Bhowmick K(1), Matthai T(2), Nesaraj J(2), Jepeganam TS(2).</p> <p>Claw Toe Deformity of the Foot due to Foreign Body Granuloma.</p> <p>Foot Ankle Spec. 2016 Jun;9(3):271-4. doi: 10.1177/1938640015585965. Epub 2015May 8.</p> <p>Author information: (1)Department of Orthopaedics, Christian Medical College, Vellore, Tamil Nadu,</p>	INTL	JAN TO JUN	PMID: 25956874

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	<p>India kaushikbhowmick97@yahoo.co.in. (2)Department of Orthopaedics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>We present a case of dynamic claw deformity of the right third toe due to a foreign body granuloma adhering to the flexor digitorum longus (FDL) tendon at the level of the body of the metacarpal bone. The deformity was completely corrected after removal of the granuloma and lengthening of the FDL tendon. A 25-year-old woman presented with pain and claw deformity of the right third toe, which corrected with ankle plantar flexion. Ultrasound and magnetic resonance imaging suggested the presence of foreign body granuloma of the right FDL tendon at the level of body of third metacarpal bone. On removal of the granuloma and Z plasty of the FDL tendon, there was complete correction of the claw. In the reported literature, claw deformity is seen with compartment syndrome or ankle fractures due to fixed length phenomenon or checkrein deformity of the flexor tendons usually at the level of medial part of the ankle. Here, we present a case of checkrein claw deformity of the FDL tendon due to a foreign body granuloma.LEVELS OF EVIDENCE: Therapeutic, Level IV: Case study. © 2015 The Author(s). DOI: 10.1177/1938640015585965</p>			
<p>21.</p>	<p>Boaz RJ(1), Dangi AD(1), John NT(1). Antiuro lithiatic effect of lithocare against ethylene glycol-induced urolithiasis in Wistar rats. Indian J Pharmacol. 2016 May-Jun;48(3):340-1. doi: 10.4103/0253-7613.182897. Author information: (1)Department of Urology, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.4103/0253-7613.182897</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4900018 PMID: 27298515</p>
<p>22.</p>	<p>Boaz RJ(1), George AP(1), Kumar RM(2), Devasia A(1). Giant seminal vesicle cyst: an unusual site for a malignant extragastrointestinal stromal tumour. BMJ Case Rep. 2016 Mar 2;2016. pii: bcr2015214066. doi: 10.1136/bcr-2015-214066. Author information: (1)Department of Urology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. Mesenchymal tumours with clinicopathological and molecular profiles similar to gastrointestinal stromal tumours (GISTs) are, on occasion, found in extragastrointestinal locations. Extra GIST (EGIST) is a singular occurrence in the genitourinary tract. A 30-</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26935954</p>

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	<p>year-old man, catheterised following urinary retention, was found to have a complex pelvic retrovesical cyst on imaging. At operation, origin from the right seminal vesicle was evident with histopathology confirming a GIST. The patient received adjuvant therapy with tyrosine kinase inhibitor and is currently disease free at 2 years. This is only the second report of an EGIST at this anatomic locale. The current literature presents significant uncertainty in defining the true origin of EGISTs, particularly those in the pelvis. We propose the designation origin indeterminate stromal tumour (OIST), to facilitate disambiguation and advance accurate profiling of EGIST; a subject in evolution. 2016 BMJ Publishing Group Ltd. DOI: 10.1136/bcr-2015-214066</p>			
<p>23.</p>	<p>Bose A(1), Isaac R, Balaji V, Rose W, Mohan V, Anandan S, Prasad JH, Abraham A, Krishna M, Viswanathan K. Challenges in Implementation of ANISA Protocol at the Vellore Site, India. Pediatr Infect Dis J. 2016 May;35(5 Suppl 1):S70-3. doi: 10.1097/INF.0000000000001111. Author information: (1)From the Christian Medical College, Vellore, India.</p> <p>BACKGROUND: The Aetiology of Neonatal Infection in South Asia (ANISA) study aims to determine the population-based incidence, etiology, risk factors and antibiotic resistance profiles of community-acquired young infant infections in Bangladesh, India and Pakistan using community-based surveillance and standard newer diagnostic tests. The data generated will help plan preventive and treatment strategies to reduce neonatal and infant mortality in this region. The aim of this article is to describe the site-specific characteristics, challenges and solutions in implementing the ANISA protocol at the Vellore site, India. CHALLENGES: Vellore joined the ANISA study 2 years after the sites in Bangladesh and Pakistan, and some challenges relate to the need for rapid implementation. The Vellore site differs primarily in the high rate of institutional deliveries, actively promoted by the Government of India's conditional cash transfer program. The Vellore site hospitals are regular care providers for the study population, which leads to very high rates of consent for enrollment and collection of samples. Keeping blood culture contamination rates low was a challenge the site team overcame by adhering strictly to the protocol. Issues related to incorporation of a large study into a busy clinical services laboratory were overcome by meticulously setting up algorithms related to receipt, processing and storage of samples. CONCLUSION: ANISA is a complex study, but the challenges in implementation have been largely resolved and documented. DOI: 10.1097/INF.0000000000001111</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27070070</p>

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24.	<p>Buchmann EJ(1), Stones W(2), Thomas N(3). Preventing deaths from complications of labour and delivery. Best Pract Res Clin Obstet Gynaecol. 2016 Jun 26. pii: S1521-6934(16)30038-4.doi: 10.1016/j.bpobgyn.2016.05.012. [Epub ahead of print] Author information: (1)Department of Obstetrics and Gynaecology, Chris Hani Baragwanath Academic Hospital, PO Bertsham 2013, Johannesburg, South Africa. Electronic address: eckhart.buchmann@wits.ac.za. (2)School of Medicine, University of St Andrews and College of Medicine, University of Malawi, Fife KY16 9JT, UK. Electronic address: rws6@st-andrews.ac.uk. (3)Department of Neonatology, Christian Medical College, Vellore 632004, India. Electronic address: niranjan@cmcvellore.ac.in.</p> <p>The process of labour and delivery remains an unnecessary and preventable cause of death of women and babies around the world. Although the rates of maternal and perinatal death are declining, there are large disparities between rich and poor countries, and sub-Saharan Africa has not seen the scale of decline as seen elsewhere. In many areas, maternity services remain sparse and under-equipped, with insufficient and poorly trained staff. Priorities for reducing the mortality burden are provision of safe caesarean section, prevention of sepsis and appropriate care of women in labour in line with the current best practices, appropriately and affordably delivered. A concern is that large-scale recourse to caesarean delivery has its own dangers and may present new dominant causes for maternal mortality. An area of current neglect is newborn care. However, innovative training methods and appropriate technologies offer opportunities for affordable and effective newborn resuscitation and follow-up management in low-income settings. Copyright © 2016. Published by Elsevier Ltd. DOI: 10.1016/j.bpobgyn.2016.05.012</p>	INTL	JAN TO JUN	PMID: 27427491
25.	<p>Carcao M(1), Srivastava A(2). Factor VIII/factor IX prophylaxis for severe hemophilia.</p> <p>Semin Hematol. 2016 Jan;53(1):3-9. doi:10.1053/j.seminhematol.2015.10.006. Epub 2015 Oct 26.</p> <p>Author information: (1)Department of Paediatrics; Division of Haematology/Oncology and Child Health Evaluative Sciences, Research Institute, Hospital for Sick Children, Toronto, Ontario, Canada. Electronic address: manuel.carcao@sickkids.ca. (2)Department of Haematology and Centre for Stem Cell Research (a unit of in Stem, Bengaluru), Christian Medical College, Vellore, India. Electronic address: aloks@cmcvellore.ac.in.</p> <p>Experience with clotting factor concentrate (CFC) replacement products over several decades has shown that regular replacement (prophylaxis) is the only way to prevent</p>	INTL	JAN TO JUN	PMID: 26805901

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	<p>musculoskeletal damage in hemophilia and impact the natural history of hemophilia. Yet there is a lack of data on the optimal age to start such replacement therapy and the regimens to be used. While very early administration of high doses is certainly more effective in preventing bleeding, cost and compliance are major constraints all over the world. Starting prophylaxis with even lower doses comparable to that used in episodic therapies leads to major reduction in bleeding. Recognition of the clinical heterogeneity of hemophilia even among patients with a label of severe hemophilia in terms of their spontaneous bleeding has led to efforts aimed at individualizing CFC replacement, based on clinical responses or pharmacokinetic data of the CFC. The importance of long-term outcome assessment being combined with CFC replacement therapy cannot be overemphasized.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved. DOI: 10.1053/j.seminhematol.2015.10.006</p>			
26.	<p>Chacko G(1).</p> <p>Epidermal growth factor gene amplification in high grade gliomas.</p> <p>Neurol India. 2016 Jan-Feb;64(1):25-6. doi: 10.4103/0028-3886.173672.</p> <p>Author information: (1)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0028-3886.173672</p>	NAT	JAN TO JUN	PMID: 26754987
27.	<p>Chacko MP(1), Augustin A(1), David VG(2), Valson AT(2), Daniel D(1).</p> <p>Nonspecific positivity on the Luminex crossmatch assay for anti-human leukocyte antigen antibodies due to antibodies directed against the antibody coated beads.</p> <p>Indian J Nephrol. 2016 Mar-Apr;26(2):134-7. doi: 10.4103/0971-4065.159305.</p> <p>Author information: (1)Department of Transfusion Medicine and Immunohematology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Nephrology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Two cases are described of previously unreported false positivity on the Luminex crossmatch assay due to non HLA specific antibodies directed against the beads. In both cases the Luminex crossmatch indicated the presence of donor specific antibodies to class II HLA antigens, which was not substantiated by the clinical scenario or other assays. We could demonstrate the non specificity of these antibodies through using the same assay in a modified form where beads were unexposed to cell lysate and therefore did not carry HLA antigens at all. These cases further serve to emphasize the absolute necessity of correlating positive results with the priming history, and confirming their relevance using other platforms.</p>	NAT	JAN TO JUN	PMCID: PMC4795430 PMID: 27051139

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	DOI: 10.4103/0971-4065.159305			
28.	<p>Chandramohan A(1), Khurana A(1), Pushpa BT(1), Manipadam MT(2), Naik D(3), ThomasN(3), Abraham D(4), Paul MJ(4). Is TIRADS a practical and accurate system for use in daily clinical practice? Indian J Radiol Imaging. 2016 Jan-Mar;26(1):145-52. doi: 10.4103/0971-3026.178367. Author information: (1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Endocrinology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of Endocrine Surgery, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>AIM: To assess the positive predictive value (PPV) and inter-observer agreement of Thyroid Imaging Reporting and Data System (TIRADS) as described by Kwak et al. MATERIALS AND METHODS: This was a prospective study wherein ultrasound was performed by two radiologists on patients with thyroid nodules >1 cm. The third radiologist interpreted archived images. Ultrasound features and TIRADS category were compared with cytology and surgical histopathology. PPV was calculated for all readers' combined assessment. Inter-observer agreement was calculated using linear weighted kappa. RESULTS: A total of 238 patients with 272 nodules of mean size 2.9 ± 1.7 cm were included. PPV for malignancy was 6.6%, 32%, 36%, 64%, 59%, and 91% for TIRADS 2, 3, 4a, 4b, 4c, and 5 categories, respectively. Inter-observer agreement was substantial [κ (k) = 0.61-0.80] for assessment of nodule echogenicity, margins, calcification, and shape and good (k = 0.570, P < 0.001) for assessment of composition of the thyroid nodules. Overall agreement between observers was substantial for assigning TIRADS category [multi-rater weighted kappa coefficient (wt k) = 0.721, P < 0.001]. CONCLUSIONS: TIRADS is a simple and practical method of assessing thyroid nodules with high PPV and good inter-observer agreement.</p> <p>DOI: 10.4103/0971-3026.178367</p>	NAT	JAN TO JUN	PMCID: PMCID: 4813066 PMID: 27081240
29.	<p>Cherian AG(1), Jamkhandi D(2), George K(2), Bose A(2), Prasad J(2), Minz S(2). Prevalence of Congenital Anomalies in a Secondary Care Hospital in South India: A Cross-Sectional Study. J Trop Pediatr. 2016 Apr 4. pii: fmw019. [Epub ahead of print] Author information:</p>	INTL	JAN TO JUN	PMID: 27044502

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	<p>(1)Community Health Department, Christian Medical College, Vellore, India annegc97@yahoo.co.in. (2)Community Health Department, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: To study the prevalence and types of congenital anomalies that present at birth in a secondary-level hospital in South India and its contribution to perinatal mortality. MATERIALS AND METHODS: A total of 36,074 births over 10 years, from 2003 to 2013, were studied for the prevalence of gross congenital malformations at birth. It was a descriptive, cross-sectional study using data from the birth register and available medical records. RESULTS: The incidence of birth defects was 12.5 per 1000 live births, with musculoskeletal disorders being the commonest, followed by craniovertebral anomalies. The prevalence of anomalies over the past 10 years has not shown any significant change (p= 0.555). DISCUSSION: The high prevalence of neural tube defects indicates the need for periconceptional folic acid supplementation and early detection of anomalies, which would help in timely management. Detection of musculoskeletal anomalies would help in counseling patients antenatally.</p> <p>© The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com. DOI: 10.1093/tropej/fmw019</p>			
<p>30.</p>	<p>Cherian AJ(1), Gowri M(2), Ramakant P(3), Paul TV(4), Abraham DT(3), Paul MJ(3).</p> <p>The Role of Magnesium in Post-thyroidectomy Hypocalcemia.</p> <p>World J Surg. 2016 Apr;40(4):881-8. doi: 10.1007/s00268-015-3347-3.</p> <p>Author information: (1)Department of Endocrine Surgery, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. anish@cmcvellore.ac.in. (2)Department of Biostatistics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Endocrine Surgery, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (4)Department of Endocrinology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: The purpose of this study was to determine the prevalence of hypomagnesemia in patients undergoing thyroidectomy and evaluate the relationship of hypomagnesemia with transient and severe hypocalcemia. MATERIALS AND METHODS: This was a prospective observational study of 50 patients undergoing thyroidectomy. Blood samples were collected pre- and postoperatively for calcium, albumin, magnesium, phosphorous and parathormone (PTH). Signs, symptoms of hypocalcemia and volume of intravenous fluids used perioperatively were documented. The statistical analysis was performed using STATA I/C 10.1. RESULTS: Preoperatively, twelve patients (24 %) had hypomagnesemia and one (2 %) hypocalcemia. On the first postoperative day,</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26578317</p>

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	<p>hypomagnesemia was seen in 70 % and hypocalcemia in 30 %. A similar trend was observed in the fall and rise of postoperative calcium and magnesium values ($p = 0.41$). Severe hypocalcemia was present in three patients (6 %). All three patients had a very low postoperative PTH (<2 pg/ml). Among them, two patients (66 %) had hypomagnesemia and their hypocalcemia responded to intravenous magnesium correction. Significant risk factors for postoperative hypocalcemia include a higher volume of fluid used perioperatively and low postoperative PTH (<8 pg/ml) ($p = 0.01$ and 0.03, respectively). CONCLUSION: Preoperative hypomagnesemia (24 %) was prevalent in this cohort of patients. Postoperative hypomagnesemia is a common event (70 %) following total thyroidectomy, and magnesium levels tend to mimic the calcium levels postoperatively. The cause of hypocalcemia post-thyroidectomy in this study is mainly a factor of parathyroid function and fluid status. Severe hypocalcemia is a rare event, and hypomagnesemia is associated in the majority of these patients. The role of magnesium correction to alleviate severe hypocalcemia needs to be further studied. DOI: 10.1007/s00268-015-3347-3</p>			
<p>31.</p>	<p>Cherian AJ(1), Ponraj S(2), Gowri S M(3), Ramakant P(4), Paul TV(5), AbrahamDT(4), Paul MJ(4).</p> <p>The role of vitamin D in post-thyroidectomy hypocalcemia: Still an enigma.</p> <p>Surgery. 2016 Feb;159(2):532-8. doi: 10.1016/j.surg.2015.08.014. Epub 2015 Sep11.</p> <p>Author information: (1)Department of Endocrine Surgery, Christian Medical College, Vellore, Tamil Nadu, India. Electronic address: anish@cmcvellore.ac.in. (2)Department of Vascular Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of Endocrine Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (5)Department of Endocrinology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: There is conflicting evidence regarding the role of vitamin D deficiency in the development of post-thyroidectomy hypocalcemia. Recent reports show postoperative parathormone (PTH) is unreliable in predicting post-thyroidectomy hypocalcemia in vitamin D deficient patients. We conducted this study to analyze the role of vitamin D status in the development of post-thyroidectomy hypocalcemia and to evaluate its effect on the predictability of PTH as a marker for post-thyroidectomy hypocalcemia. METHOD: A retrospective review of prospectively collected data of patients undergoing thyroidectomy between August 2007 to September 2013 ($n = 150$) was performed. Results of preoperative calcium, albumin, vitamin D, PTH and postoperative calcium, albumin, and PTH were collated. Patients were divided into 2 groups based on their vitamin D status: group A, vitamin D ≥ 20 ng/mL and group B, vitamin D < 20 ng/mL. RESULTS: Vitamin D deficiency was present in 80 (53.3%) patients and post-thyroidectomy hypocalcemia developed in 67 (44.7%). The incidence</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26365947</p>

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	<p>of postoperative hypocalcemia was similar in both the groups (48.6% and 41.3%, respectively). Vitamin D status was not associated with the development of post-thyroidectomy hypocalcemia ($P = .23$). Postoperative PTH of <8 pg/mL was strongly associated with the development of hypocalcemia in both the groups ($P = .0002$ and $.0045$, respectively). The area under the receiver operator characteristic curve in group B (0.68) was less than in group A (0.76; $P = .41$). CONCLUSION: The majority of patients were vitamin D deficient in this cohort, but this did not increase the risk of post-thyroidectomy hypocalcemia, nor did it interfere with the predictability of PTH as a marker of post-thyroidectomy hypocalcemia.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved. DOI: 10.1016/j.surg.2015.08.014</p>			
32.	<p>Chowdhury SD(1), Kurien RT(1), Bharath AK(1), Dutta AK(1), David D(1), Bharath CK(1), Joseph AJ(1). Endoscopic ultrasound-guided gastrojejunostomy with a Nagi stent for relief of jejunal loop obstruction following hepaticojejunostomy. Endoscopy. 2016;48 Suppl 1:E263-4. doi: 10.1055/s-0042-112971. Epub 2016 Aug 10.</p> <p>Author information: (1)Department of Gastroenterology, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.1055/s-0042-112971</p>	INTL	JAN TO JUN	PMID: 27509466
33.	<p>Connor NE(1), Islam MS, Arvay ML, Baqui AH, Zaidi AK, Soofi SB, Panigrahi P, BoseA, Islam M, El Arifeen S, Saha SK, Qazi SA; ANISA Methods Group. Methods Employed in Monitoring and Evaluating Field and Laboratory Systems in the ANISA Study: Ensuring Quality. Pediatr Infect Dis J. 2016 May;35(5 Suppl 1):S39-44. doi: 10.1097/INF.0000000000001105.</p> <p>Collaborators: Uddin A, Hossain B, Rahman QS, Hossain T, Winchell JM, Diaz MH, Shang N, Choi Y, Schrag SJ, Kumar A, Kumar V, Billah A, Mullany L, Santosham M, Begum N, Roth DE, Crook D, Luby SP, Kazi AM, Ahmed I, Qureshi SM, Ahmed S, Bhutta ZA.</p> <p>Author information: (1)From the *Centre for Child and Adolescent Health, International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh; †Child Health Research Foundation, Dhaka, Bangladesh; ‡Centers for Disease Control and Prevention, Atlanta, Georgia; §Department of International Health, International Center for Maternal and Newborn Health, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland; ¶The Aga Khan University, Karachi, Pakistan; Center for Global Health and Development, College of Public Health, University of Nebraska Medical Center, Omaha, Nebraska; **Christian Medical College, Vellore, India; and ††Department of Maternal, Newborn, Child and Adolescent Health, World Health</p>	INTL	JAN TO JUN	PMID: 27070063

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	<p>Organization, Geneva, Switzerland.</p> <p>BACKGROUND: The Aetiology of Neonatal Infection in South Asia (ANISA) study maintains operations in Bangladesh, India and Pakistan. We developed and deployed a multilayered monitoring system to measure performance indicators of field sites and laboratory operations. This system allows for real-time provision of feedback to study site teams and project stakeholders. The goal of this monitoring and evaluation system is to promote optimal performance and consistency in protocol application at all sites over the course of the study, thereby safeguarding the validity of project findings. This article describes each of the interdependent monitoring layers that were conceptualized, developed and employed by the ANISA coordination team. METHODS: Layers of monitoring include site-level, central and database-related activities along with periodic site visitation. We provide a number of real-world examples of how feedback from the ANISA monitoring system directly informs a number of crucial decisions and course corrections during the project. CONCLUSION: The ANISA monitoring system represents a transparent, understandable and practical resource for development of project monitoring systems in complex multisite health research projects. DOI: 10.1097/INF.0000000000001105</p>			
<p>34.</p>	<p>Das S(1), Barnwal P(2), Ramasamy A(3), Sen S(4), Mondal S(5). Lysergic acid diethylamide: a drug of 'use'? Ther Adv Psychopharmacol. 2016 Jun;6(3):214-28. doi: 10.1177/2045125316640440.Epub 2016 Mar 23. Author information: (1)Department of Pharmacology, Christian Medical College, Vellore, 632002, India. (2)Jamia Hamdard (Hamdard University), New Delhi, India. (3)Swamy Vivekanandha College of Pharmacy, Namakkal, India. (4)Christian Medical College, Vellore, India. (5)Calcutta School of Tropical Medicine, Kolkata, India.</p> <p>Lysergic acid diethylamide (LSD), described as a classical hallucinogen, began its journey from the middle of the last century following an accidental discovery. Since then, it was used as a popular and notorious substance of abuse in various parts of the world. Its beneficial role as an adjunct to psychotherapy was much unknown, until some 'benevolent' experiments were carried out over time to explore some of its potential uses. But, many of its effects were unclear and seemed to be a psychedelic enigma. In this review article, we have described the receptor pharmacology, mechanism of action, effects and adverse effects of LSD on the normal body system. We have also highlighted its addictive potentials and the chances of developing tolerance. We have assimilated some of the interesting therapeutic uses of this drug, such as an antianxiety agent, a creativity enhancer, a suggestibility enhancer, and a performance enhancer. We have also described LSD to be successfully used in drug and alcohol dependence, and as a part of psychedelic peak therapy in terminally ill patients. The relevant chronological history and literature in the light of present knowledge and scenarios have been discussed. Based on available evidence, LSD could be tried therapeutically in certain</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4910402 PMID: 27354909</p>

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	<p>specific conditions under controlled settings. But as we mention, due to all the safety concerns, the use of this nonaddictive 'entheogen' in actual practice warrants a lot of expertise, caution, cooperation and ethical considerations. DOI: 10.1177/2045125316640440</p>			
35.	<p>Das S(1), Barnwal P(2), Winston A B(3), Mondal S(4), Saha I(5). Brexpiprazole: so far so good.</p> <p>Ther Adv Psychopharmacol. 2016 Feb;6(1):39-54. doi: 10.1177/2045125315614739.</p> <p>Author information: (1)Department of Pharmacology, Christian Medical College, Vellore, 632002, India. (2)Jamia Hamdard (Hamdard University), New Delhi, India. (3)Christian Medical College, Vellore, India. (4)Calcutta School of Tropical Medicine, Kolkata, India. (5)Medical College Kolkata, Kolkata, India.</p> <p>This article describes the role of a newly approved antipsychotic agent brexpiprazole in the treatment of schizophrenia and major depressive disorder. This drug has high affinity for 5-HT_{1A}, 5-HT_{2A}, D₂ and α_{1B,2C} receptors. It displays partial agonism at 5-HT_{1A} and D₂ receptors and potent antagonism at 5-HT_{2A} and α_{1B,2C} adrenergic receptors. It also has some affinity (antagonism) for D₃, 5-HT_{2B}, 5-HT₇ and α_{1A,1D} receptors, and moderate affinity for H₁ and low affinity for M₁ receptors. These all lead to a favorable antipsychotic profile in terms of improvement of cognitive performance and sleep patterns, as well as effects on affective states and potential to treat core symptoms in schizophrenia and major depressive disorder, including cognitive deficits with a low risk of adverse effects (extrapyramidal symptoms, metabolic complications, weight gain, akathisia potential) that are commonly encountered with other typical and second-generation antipsychotic drugs. In our review, we have made an attempt to decipher the pharmacological profile of brexpiprazole from two major trials (VECTOR and BEACON). We have also tried to give a concise but detailed overview of brexpiprazole by head to head comparison of the pharmacological profile of brexpiprazole and its earlier congeners aripiprazole and prototype antipsychotic drug chlorpromazine by accessing individual summaries of product characteristics from the US Food and Drug Administration database, 2015. Relevant preclinical and clinical studies associated with this drug have been discussed with emphasis on efficacy and safety concerns. From the studies done so far, it can be concluded that brexpiprazole can be an effective monotherapy for schizophrenia and as an adjunct to other antidepressant medications in major depressive disorder. DOI: 10.1177/2045125315614739</p>	INTL	JAN TO JUN	PMCID: PMC4749739 PMID: 26913177
36.	<p>Das S(1), Winston A B(2), Sukumaran D(3), Kumar A(4), Fx MS(5), Prasad J(6).</p> <p>Drug prescribing pattern in pregnancy in a secondary care hospital in south India: a retrospective study.</p>	INTL	JAN TO JUN	PMID: 26450430

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	<p>Trop Doct. 2016 Apr;46(2):86-90. doi: 10.1177/0049475515609841. Epub 2015 Oct 7.</p> <p>Author information: (1)PG Registrar, Department of Pharmacology, Christian Medical College, Vellore, India saibaldas123@gmail.com. (2)Assistant Professor, Department of Pharmacology, Christian Medical College, Vellore, India. (3)PG Registrar, Department of Pharmacology, Christian Medical College, Vellore, India. (4)Lecturer, Department of Pharmacology, Christian Medical College, Vellore, India. (5)Associate Professor, Department of Pharmacology, Christian Medical College, Vellore, India. (6)Professor, Department of Community Health and Development, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: In pregnancy drug treatment presents a special concern due potential teratogenic effects and physiologic alterations in mother. This retrospective study was performed to evaluate the drug prescribing pattern in pregnancy among pregnant women in a secondary care hospital in India.</p> <p>MATERIALS AND METHODS: This cross-sectional retrospective study was done for 3 months using pre-formatted forms and patient's records.</p> <p>RESULTS: A total of 326 drugs, including 46 different types of drugs, were prescribed to 606 gravid women. Eight different types of medications were started before being seen at the antenatal clinic. Most of these drugs fall under US FDA pregnancy categories B and C and few under categories A, X and N.</p> <p>CONCLUSION: This study reflects a good, safe and rational medication practice during pregnancy in various common disorders in a secondary care hospital and can be cited as an example to similar primary and secondary care hospitals.</p> <p>© The Author(s) 2015.</p> <p>DOI: 10.1177/0049475515609841</p>			
<p>37.</p>	<p>David S(1), Abraham AM(1). Epidemiological and clinical aspects on West Nile virus, a globally emerging pathogen. Infect Dis (Lond). 2016 Aug;48(8):571-86. doi: 10.3109/23744235.2016.1164890. Epub 2016 May 20. Author information: (1)a Department of Clinical Virology , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>BACKGROUND: Since the isolation of West Nile virus (WNV) in 1937, in Uganda, it has spread globally, causing significant morbidity and mortality. While birds serve as amplifier hosts, mosquitoes of the Culex genus function as vectors. Humans and horses are dead end hosts. The clinical manifestations of West Nile</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27207312</p>

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	<p>infection in humans range from asymptomatic illness to West Nile encephalitis. METHODS: The laboratory offers an array of tests, the preferred method being detection of RNA and serum IgM for WNV, which, if detected, confirms the clinical diagnosis. Although no definitive antiviral therapy and vaccine are available for humans, many approaches are being studied. STUDY: This article will review the current literature of the natural cycle, geographical distribution, virology, replication cycle, molecular epidemiology, pathogenesis, laboratory diagnosis, clinical manifestations, blood donor screening for WNV, treatment, prevention and vaccines.</p> <p>DOI: 10.3109/23744235.2016.1164890</p>			
<p>38.</p>	<p>Davis AM(1), Sampilo M(2), Gallagher KS(3), Dean K(4), Saroja MB(5), Yu Q(6), HeJ(6), Sporn N(7).</p> <p>Treating rural paediatric obesity through telemedicine vs. telephone: Outcomes from a cluster randomized controlled trial.</p> <p>J Telemed Telecare. 2016 Mar;22(2):86-95. doi: 10.1177/1357633X15586642. Epub2015 May 29.</p> <p>Author information: (1)University of Kansas Medical Center, Department of Pediatrics, USA Center for Children's Healthy Lifestyles & Nutrition, USA adavis6@kumc.edu. (2)Center for Children's Healthy Lifestyles & Nutrition, USA University of Kansas, Department of Clinical Child Psychology, USA. (3)Boston Children's Hospital, Harvard Medical School, Department of Psychiatry, USA. (4)University of Kansas Medical Center, Department of Pediatrics, USA. (5)Christian Medical College, Vellore, India. (6)University of Kansas Medical Center, Department of Biostatistics, USA. (7)University of Kansas, Department of Psychology, USA.</p> <p>OBJECTIVE: The objective of the current study was to examine the feasibility of telemedicine vs. telephone for the delivery of a multidisciplinary weekly family-based behavioural group intervention to treat paediatric obesity delivered to families living in rural areas using a randomized controlled trial methodology. METHODS: 103 rural children and their families were recruited. Feasibility measures included participant satisfaction, session attendance and retention. Treatment outcome measures included child Body Mass Index z-score (BMIz), parent BMI, 24-hour dietary recalls, accelerometer data, the child behavior checklist and the behavioral pediatrics feeding assessment scale. RESULTS: Participants were highly satisfied with the intervention both via telemedicine and via telephone. Completion rates were much higher than for other paediatric obesity intervention programmes, and both methodologies were highly</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4830380 [Available on 2017-03-01] PMID: 26026186</p>

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	<p>feasible. There were no differences in telemedicine and telephone groups on primary outcomes. CONCLUSION: Both telemedicine and telephone intervention appear to be feasible and acceptable methods of delivering paediatric obesity treatment to rural children.</p> <p>© The Author(s) 2015.</p> <p>DOI: 10.1177/1357633X15586642</p>			
39.	<p>D'Cunha AR(1), Kurian JJ(1), Jacob TJ(1).</p> <p>Idiopathic female pseudohermaphroditism with urethral duplication and female hypospadias.</p> <p>BMJ Case Rep. 2016 Mar 10;2016. pii: bcr-2015-214172. doi: 10.1136/bcr-2015-214172.</p> <p>Author information: (1)Department of Paediatric Surgery, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>Female hypospadias is a rare anomaly of the female urethra where it opens on the anterior vaginal wall anywhere between the introitus and the fornix. It is often associated with other genitourinary anomalies such as Cloacal malformation, female pseudohermaphroditism, nonneurogenic neurogenic bladder and urethral duplication. Idiopathic female pseudohermaphroditism is extremely rare, and most cases occur secondary to adrenogenital syndrome or maternal androgen exposure. We report a unique case of a 1-year and 4-month-old girl who presented with ambiguous genitalia and renal failure secondary to a non-neurogenic neurogenic bladder. On further evaluation, she was found to have urethral duplication with a hypospadiac female urethra. She initially underwent a vesicostomy and was further planned to undergo an appendicular Mitrofanoff at an older age. The mainstay of treatment in these cases includes relief of bladder outlet obstruction and recovery of renal function by adequate urinary drainage. Clitoral reduction, if cosmetically warranted, may be planned at puberty.</p> <p>2016 BMJ Publishing Group Ltd.</p> <p>DOI: 10.1136/bcr-2015-214172</p>	INTL	JAN TO JUN	PMID: 26965407
40.	<p>Deepti Rana, Aleya Tabasuma and Murugan Ramalingam.</p> <p>Cell-laden alginate/polyacrylamide beads as carriers for stem cell delivery: preparation and characterization.</p>	INTL	JAN TO JUN	NA

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	<p>RSC Adv., 2016,6, 20475-20484.</p> <p>Stem cell based therapies employ engraftment or systemic administration methods for the delivery of stem cells into the target tissues to enhance their regenerative potential. However, majority of the stem cells were found to migrate away from the target site soon after the transplantation, which directly hinders their clinical efficacy, in particular while treating cartilage defects. Therefore, the present study was designed to explore the feasibility and efficacy of an alginate/polyacrylamide (Algi/PAAm) composite biomaterial in the form of cell-laden hydrogel beads as a suitable carrier system to be able to hold the stem cells at the target site and deliver them efficiently. Human bone marrow-derived mesenchymal stem cells (hBMSCs) have been used as a model cell. The beads prepared at an optimized concentration ratio were characterized to study their physicochemical properties. Furthermore, cell-encapsulated Algi/PAAm beads were evaluated for their biological properties. The result of this study has demonstrated that the Algi/PAAm beads with their optimal composition were able to maintain the viability of the encapsulated cells during the period of study, suggesting the cellular compatibility of the beads. Additionally, the encapsulated cells showed round morphology within the beads, in contrast to the 2D-cultured spindle-like shape of hBMSCs. Based on the experimental data obtained in this study, cell-laden Algi/PAAm beads may serve as a potential carrier system for stem cell delivery.</p>			
<p>41.</p>	<p>Deshpande P(1), Kathirvel K(1), Alex AA(1), Korula A(1), George B(1), Shaji RV(1), Mathews V(2).</p> <p>Leukocyte Adhesion Deficiency-I: Clinical and Molecular Characterization in an Indian Population.</p> <p>Indian J Pediatr. 2016 Aug;83(8):799-804. doi: 10.1007/s12098-016-2051-0. Epub 2016 Feb 29.</p> <p>Author information: (1)Department of Hematology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. (2)Department of Hematology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. vikram@cmcvellore.ac.in.</p> <p>OBJECTIVE: To describe clinical and flow cytometric immunophenotyping details of 26 patients of Leukocyte adhesion deficiency-I (LAD-I) along with molecular characterization of 7 patients. METHODS: Diagnosis of LAD-I was suspected on the basis of clinical features, white blood cell count and absolute neutrophil counts and flow cytometric assessment of expression of CD18 and CD11(a, b, c) on leukocytes. Mutation analysis was performed using DNA PCR and conformation sensitive gel electrophoresis (CSGE) technique followed by sequencing. RESULTS: All the patients were symptomatic by the age of 6 mo, with history of recurrent bacterial infections involving skin, mucosa or umbilical cord</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 26924654</p>

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	<p>(omphalitis) being the most frequent presenting symptoms. White blood cells (WBC) and absolute neutrophil counts (ANC) were markedly elevated, without any specific morphological findings. On flow cytometry, CD11a and CD11c showed moderate correlation with CD18 expression. Mutation analysis was performed in 7 patients and six different mutations (4 missense, 2 nonsense and 1 splice site) were identified, all of which were homozygous in nature.</p> <p>CONCLUSIONS: A presentation of repeated bacterial infections during infancy, especially omphalitis, with markedly elevated absolute neutrophil counts should trigger investigations for LAD-I including flow cytometric analysis of CD11/CD18 expression.</p> <p>DOI: 10.1007/s12098-016-2051-0</p>			
42.	<p>Deshpande PA(1), Srivastava VM(2), Mani S(1), Anandhan S(1), Meena J(1), Abraham A(1), Viswabandya A(1), George B(1), Srivastava A(1), Mathews V(1), Balasubramanian P(1).</p> <p>Atypical BCR-ABL1 fusion transcripts in adult B-acute lymphoblastic leukemia, including a novel fusion transcript-e8a1.</p> <p>Leuk Lymphoma. 2016 Oct;57(10):2481-4. doi: 10.3109/10428194.2016.1151512. Epub 2016 Mar 4.</p> <p>Author information: (1)a Department of Haematology , Christian Medical College , Vellore , Tamil Nadu , India ; (2)b Cytogenetics Unit , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>DOI: 10.3109/10428194.2016.1151512</p>	INTL	JAN TO JUN	PMID: 26942999
43.	<p>Devasia AJ(1), Irodi A(2), George B(3). Broncho-Pericardial Fistula Leading to Pneumopericardium Following Allogeneic Stem Cell Transplantation. Indian J Pediatr. 2016 Apr 29. [Epub ahead of print] Author information: (1)Department of Clinical Hematology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. (2)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Clinical Hematology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. biju@cmcvellore.ac.in.</p> <p>DOI: 10.1007/s12098-016-2117-z</p>	NAT	JAN TO JUN	PMID: 27130507
44.	<p>Devasia AJ(1), Joy B(2), Tarey SD(3). Serum homocysteine as a risk factor for carotid intimal thickening in acute</p>	NAT	JAN TO JUN	PMCID: PMC4782552 PMID: 27011628

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	<p>stroke: A cross sectional observational study.</p> <p>Ann Indian Acad Neurol. 2016 Jan-Mar;19(1):48-51. doi: 10.4103/0972-2327.168633.</p> <p>Author information: (1)Department of Hematology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Radiology, St. John's Medical College, Bangalore, Karnataka, India. (3)Department of Internal Medicine, St. John's Medical College, Bangalore, Karnataka, India.</p> <p>INTRODUCTION: The present study aimed to analyse if there is a correlation between carotid intima medial thickening (CIMT) and Hcy in stroke patients. METHODOLOGY: We studied 100 consecutive cases of acute anterior circulation strokes at St. John's Medical College, Bangalore, India. Fasting serum samples for homocysteine were sent within 24 hours of admission and all patients underwent a carotid Doppler scan and carotid intima-medial thickness (CIMT) was estimated on both sides. RESULTS: There was significant correlation between serum homocysteine levels and carotid intima-medial thickness ($r = 0.409$, $p = 0.000$). Also after controlling for other possible risk factors it was found that elevations in serum homocysteine levels would cause a variation of 60% in the carotid intima-medial thickening. CONCLUSION: Serum Hcy levels correlate well with CIMT and hence may predict atherothrombotic events.</p> <p>DOI: 10.4103/0972-2327.168633</p>			
<p>45.</p>	<p>Devika S, Jeyaseelan L(1), Sebastian G.</p> <p>Analysis of sparse data in logistic regression in medical research: A newer approach.</p> <p>J Postgrad Med. 2016 Jan-Mar;62(1):26-31. doi: 10.4103/0022-3859.173193.</p> <p>Author information: (1)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND AND OBJECTIVE: In the analysis of dichotomous type response variable, logistic regression is usually used. However, the performance of logistic regression in the presence of sparse data is questionable. In such a situation, a common problem is the presence of high odds ratios (ORs) with very wide 95% confidence interval (CI) (OR: >999.999, 95% CI: <0.001, >999.999). In this paper, we addressed this issue by using penalized logistic regression (PLR) method.</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4944325 PMID: 26732193</p>

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	<p>MATERIALS AND METHODS: Data from case-control study on hyponatremia and hiccups conducted in Christian Medical College, Vellore, Tamil Nadu, India was used. The outcome variable was the presence/absence of hiccups and the main exposure variable was the status of hyponatremia. Simulation dataset was created with different sample sizes and with a different number of covariates.</p> <p>RESULTS: A total of 23 cases and 50 controls were used for the analysis of ordinary and PLR methods. The main exposure variable hyponatremia was present in nine (39.13%) of the cases and in four (8.0%) of the controls. Of the 23 hiccup cases, all were males and among the controls, 46 (92.0%) were males. Thus, the complete separation between gender and the disease group led into an infinite OR with 95% CI (OR: >999.999, 95% CI: <0.001, >999.999) whereas there was a finite and consistent regression coefficient for gender (OR: 5.35; 95% CI: 0.42, 816.48) using PLR. After adjusting for all the confounding variables, hyponatremia entailed 7.9 (95% CI: 2.06, 38.86) times higher risk for the development of hiccups as was found using PLR whereas there was an overestimation of risk OR: 10.76 (95% CI: 2.17, 53.41) using the conventional method. Simulation experiment shows that the estimated coverage probability of this method is near the nominal level of 95% even for small sample sizes and for a large number of covariates.</p> <p>CONCLUSIONS: PLR is almost equal to the ordinary logistic regression when the sample size is large and is superior in small cell values.</p> <p>DOI: 10.4103/0022-3859.173193</p>			
46.	<p>Dhanyee AS(1), Pillai R(1), Sahajanandan R(1). Wire guided fibreoptic retrograde intubation in a case of glottic mass. Indian J Anaesth. 2016 Mar;60(3):219-21. doi: 10.4103/0019-5049.177876. Author information: (1)Department of Anaesthesia, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0019-5049.177876</p>	NAT	JAN TO JUN	<p>PMCID: PMC4800944 PMID: 27053791</p>
47.	<p>Dharmalingam SK(1), Pillai R, Karupiah S, Sahajanandan R, George G.</p> <p>Case report of aortopulmonary window with undiagnosed interrupted aortic arch:Role of transesophageal echocardiography.</p> <p>Ann Card Anaesth. 2016 Jan-Mar;19(1):152-3. doi: 10.4103/0971-9784.173036.</p> <p>Author information: (1)Department of Anaesthesiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0971-9784.173036</p>	INTL	JAN TO JUN	<p>PMCID: PMC4900370 PMID: 26750690</p>

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48.	<p>Dinh DM(1,)(2), Ramadass B(3), Kattula D(3), Sarkar R(3), Braunstein P(4), TaiA(5), Wanke CA(1,)(2,)(3), Hassoun S(4), Kane AV(1), Naumova EN(2,)(3,)(6), KangG(2,)(5), Ward HD(1,)(2,)(3).</p> <p>Longitudinal Analysis of the Intestinal Microbiota in Persistently Stunted Young Children in South India.</p> <p>PLoS One. 2016 May 26;11(5):e0155405. doi: 10.1371/journal.pone.0155405.eCollection 2016.</p> <p>Author information: (1)Division of Geographic Medicine and Infectious Diseases, Tufts Medical Center, Boston, MA, United States of America. (2)Departments of Public Health and Community Medicine, Tufts University School of Medicine, Boston, MA, United States of America. (3)Department of Gastrointestinal Sciences, Christian Medical College, Vellore, India. (4)Department of Computer Sciences, Tufts University School of Engineering, Medford, MA, United States of America. (5)Department of Integrative Physiology and Pathobiology, Tufts University School of Medicine, Boston, MA, United States of America. (6)Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, Tufts University, Boston, MA, United States of America.</p> <p>Stunting or reduced linear growth is very prevalent in low-income countries. Recent studies have demonstrated a causal relationship between alterations in the gut microbiome and moderate or severe acute malnutrition in children in these countries. However, there have been no primary longitudinal studies comparing the intestinal microbiota of persistently stunted children to that of non-stunted children in the same community. In this pilot study, we characterized gut microbial community composition and diversity of the fecal microbiota of 10 children with low birth weight and persistent stunting (cases) and 10 children with normal birth weight and no stunting (controls) from a birth cohort every 3 months up to 2 years of age in a slum community in south India. There was an increase in diversity indices ($P < 0.0001$) with increasing age in all children. However, there were no differences in diversity indices or in the rates of their increase with increasing age between cases and controls. The percent relative abundance of the Bacteroidetes phylum was higher in stunted compared to control children at 12 months of age ($P = 0.043$). There was an increase in the relative abundance of this phylum with increasing age in all children ($P = 0.0380$) with no difference in the rate of increase between cases and controls. There was a decrease in the relative abundance of Proteobacteria ($P = 0.0004$) and Actinobacteria ($P = 0.0489$) with increasing age in cases. The microbiota of control children was enriched in probiotic species <i>Bifidobacterium longum</i> and <i>Lactobacillus mucosae</i>, whereas that of stunted children was enriched in inflammogenic taxa including those in the <i>Desulfovibrio</i> genus and <i>Campylobacterales</i> order. Larger, longitudinal studies on the compositional and functional maturation of the microbiome in children are needed.</p>	INTL	JAN TO JUN	PMCID: PMC4881907 PMID: 27228122
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	DOI: 10.1371/journal.pone.0155405			
49.	<p>Doria AS(1), Keshava SN(2), Gibikote S(2).</p> <p>Reply to "Hemosiderin Detection With Ultrasound: Reality or Myth?".</p> <p>AJR Am J Roentgenol. 2016 Jan;206(1):W31-5. doi: 10.2214/AJR.15.15535.</p> <p>Author information: (1)1 University of Toronto, The Hospital for Sick Children, Toronto, ON, Canada. (2)2 Christian Medical College, Vellore, India.</p> <p>Comment on AJR Am J Roentgenol. 2015 Mar;204(3):W336-47. AJR Am J Roentgenol. 2016 Jan;206(1):W30.</p> <p>DOI: 10.2214/AJR.15.15535</p>	INTL	JAN TO JUN	PMID: 26700362
50.	<p>D'sa SR(1), Peter JV(1), Chacko B(1), Pichamuthu K(1), Sathyendra S(2).</p> <p>Intra-aortic balloon pump (IABP) rescue therapy for refractory cardiogenic shock due to scorpion sting envenomation.</p> <p>Clin Toxicol (Phila). 2016;54(2):155-7. doi: 10.3109/15563650.2015.1116043. Epub 2015 Dec 22.</p> <p>Author information: (1)a Medical ICU , Christian Medical College , Vellore , Tamil Nadu , India ; (2)b Department of Medicine , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>BACKGROUND: Cardiomyopathy, cardiogenic shock or acute pulmonary oedema are well recognised complications of scorpion sting envenomation occurring in about 1-3% of patients. Current treatment recommendations include afterload reduction using prazosin and improving cardiac contractility with inotropes like dobutamine. We report the use of intra-aortic balloon pump (IABP) as rescue therapy in a patient with refractory cardiogenic shock due to Mesobuthus tamulus (Indian red scorpion) envenomation.</p> <p>CASE: A 32-year-old woman was referred 24 h after a scorpion sting. At presentation she was ventilated and in circulatory shock (systolic blood pressure < 50 mmHg). After admission, the patient had four cardiac arrests (three episodes of pulseless ventricular tachycardia/ventricular fibrillation and one episode of asystole) over the next few hours. Following resuscitation, despite a combination</p>	INTL	JAN TO JUN	PMID: 26696217

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	<p>of dobutamine, noradrenaline, and adrenaline, blood pressure did not improve significantly. In view of persistent tachycardia (heart rate 160/min), catecholamine storm was suspected and prazosin was added. However, shock was refractory. Hence, IABP was considered as rescue therapy. Following initiation of IABP, there was improvement in cardiac function (improved ejection fraction) which translated to weaning of inotropes over 48 h and improved organ function (renal, respiratory) in the next 2-3 d. However, following extubation, on Day 8, she was noted to have features of hypoxic brain injury. This improved gradually. At discharge (Day 30) she was independent for activities of daily living and was able to mobilise without support.</p> <p>CONCLUSION: IABP could be generally considered as a rescue therapy in refractory cardiogenic shock in envenomations.</p> <p>DOI: 10.3109/15563650.2015.1116043</p>			
51.	<p>Dutta AK(1), Chacko A(1).</p> <p>Influence of environmental factors on the onset and course of inflammatory bowel disease.</p> <p>World J Gastroenterol. 2016 Jan 21;22(3):1088-100. doi: 10.3748/wjg.v22.i3.1088.</p> <p>Author information: (1)Amit Kumar Dutta, Department of Gastrointestinal Sciences, Christian Medical College, Vellore 632004, India.</p> <p>Numerous environmental factors have been linked with inflammatory bowel disease. These include smoking, diet, hygiene, drugs, geographical and psychosocial factors. These factors may either increase the risk of or protect against developing this condition and can also affect the course of illness in a positive or negative manner. A number of studies have examined the influence of environmental factors on inflammatory bowel diseases as a whole as well as on ulcerative colitis and Crohn's disease separately. As there are differences in the pathogenesis of ulcerative colitis and Crohn's disease, the effect of environmental factors on their onset and course is not always similar. Some factors have shown a consistent association, while reports on others have been conflicting. In this article we discuss the current evidence on the roles of these factors on inflammatory bowel disease, both as causative/protective agents and as modifiers of disease course.</p> <p>DOI: 10.3748/wjg.v22.i3.1088</p>	INTL	JAN TO JUN	PMCID: PMC4716022 PMID: 26811649
52.	<p>Dutta AK(1), Danda S(2).</p>	INTL	JAN TO JUN	PMID: 26627141

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	<p>Restrictive Dermopathy.</p> <p>Pediatr Neonatol. 2016 Jun;57(3):259. doi: 10.1016/j.pedneo.2015.09.005. Epub2015 Oct 28.</p> <p>Author information: (1)Medical Genetics Unit, Christian Medical College, Vellore, India. Electronic address: atanu.dutta05@gmail.com. (2)Medical Genetics Unit, Christian Medical College, Vellore, India.</p> <p>DOI: 10.1016/j.pedneo.2015.09.005</p>			
53.	<p>Eapen A, Gibikote S(1).</p> <p>Role of Computed Tomography in Pediatric Abdominal Conditions.</p> <p>Indian J Pediatr. 2016 Jul;83(7):691-701. doi: 10.1007/s12098-016-2030-5. Epub 2016 Mar 11.</p> <p>Author information: (1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. gibikote@cmcvellore.ac.in.</p> <p>In the pediatric patient, computed tomography (CT) scan as an imaging modality for evaluation of the abdomen is to be used judiciously. The use of correct scanning protocols, single phase scanning, scanning only when required are key factors to minimize radiation doses to the child, while providing diagnostic quality. CT is the preferred modality in the evaluation of trauma, to assess extent of solid organ or bowel injury. It is also useful in several inflammatory conditions such as inflammatory bowel diseases and acute pancreatitis. CT also has an important role in evaluating intra-abdominal tumors, although magnetic resonance imaging (MRI) can be used as an alternative to CT.</p> <p>DOI: 10.1007/s12098-016-2030-5</p>	NAT	JAN TO JUN	PMID: 26964550
54.	<p>Easow Mathew M(1), Sharma A, Aravindakshan R.</p> <p>Splenectomy for people with thalassaemia major or intermedia. Cochrane Database Syst Rev. 2016 Jun 14;(6):CD010517. doi: 10.1002/14651858.CD010517.pub2.</p> <p>Author information: (1)South Asian Cochrane Network & Center, Prof. BV Moses Center for Evidence-Informed Health Care and Health Policy, Christian Medical College, Carman Block II Floor, CMC Campus, Bagayam, Vellore, Tamil Nadu, India, 632002.</p>	INTL	JAN TO JUN	PMID: 27296775

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<p>BACKGROUND: Thalassaemia is a genetic disease of the haemoglobin protein in red blood cells. It is classified into thalassaemia minor, intermedia and major, depending on the severity of the disease and the genetic defect. Thalassaemia major and intermedia require frequent blood transfusions to compensate for the lack of well-functioning red blood cells, although this need is significantly less in thalassaemia intermedia. Damaged or defective red blood cells are normally eliminated in the spleen. In people with thalassaemia there is a large quantity of defective red blood cells which results in an enlarged hyperfunctioning spleen (splenomegaly). Removal of the spleen may thus prolong red blood cell survival by reducing the amount of red blood cells removed from circulation and may ultimately result in the reduced need for blood transfusions.</p> <p>OBJECTIVES: To assess the efficacy and safety of splenectomy in people with beta-thalassaemia major or intermedia.</p> <p>SEARCH METHODS: We searched the Cochrane Cystic Fibrosis and Genetic Disorders Review Group's Haemoglobinopathies Trials Register, compiled from searches of electronic databases and the handsearching of journals and conference abstract books. We also searched the reference lists of relevant articles and reviews. Date of the most recent search: 25 April 2016.</p> <p>SELECTION CRITERIA: We included randomised controlled studies and quasi-randomised controlled studies of people of any age with thalassaemia major or intermedia, evaluating splenectomy in comparison to conservative treatment (transfusion therapy and iron chelation) or other forms of splenectomy compared to each other (laparoscopic, open, radio-frequency).</p> <p>DATA COLLECTION AND ANALYSIS: Two authors independently selected and extracted data from the single included study using a customised data extraction form and assessed the risk of bias.</p> <p>MAIN RESULTS: One study, including 28 participants was included in the review; the results were described, primarily, in a narrative manner. The study assessed the feasibility of splenectomy using laparoscopy in comparison to open surgery. Given the lack of detail regarding the study methods beyond randomisation, the overall risk of bias for this study was unclear. The study was carried out over a period of 3.5 years, with each participant followed up only until discharge (less than one week after the intervention); it did not assess the majority of the outcomes outlined in this review (including two of the three primary outcomes, frequency of transfusion and quality of life). A total of three serious post-operative adverse events (the review's third primary outcome) were reported in the laparoscopic splenectomy group (one case of atelectasis and two cases of bleeding), compared to two events of atelectasis in the open surgery group; however, there were no significant differences between the groups for either atelectasis, risk ratio 0.50 (95% confidence interval 0.05 to 4.90) or for bleeding, risk ratio 5.00 (95% confidence interval 0.26 to 95.61). In addition, the study also reported three serious cases of intra-operative bleeding in the laparoscopic group which mandated conversion to open surgery, although the difference between groups was not statistically significant, risk ratio 7.00 (95% confidence interval 0.39 to 124.14). These effect estimates are based on very</p>			
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	<p>small numbers and hence are unreliable and imprecise. From this small study, there appeared to be an advantage for the laparoscopic approach, in terms of post-operative hospital stay, although the group difference was not large (median difference of 1.5 days, P = 0.03).</p> <p>AUTHORS' CONCLUSIONS: The review was unable to find good quality evidence, in the form of randomised controlled studies, regarding the efficacy of splenectomy for treating thalassaemia major or intermedia. The single included study provided little information about the efficacy of splenectomy, and compared open surgery and laparoscopic methods. Further studies need to evaluate the long-term effectiveness of splenectomy and the comparative advantages of surgical methods. Due to a lack of high quality evidence from randomised controlled studies, well-conducted observational studies may be used to answer this question.</p> <p>DOI: 10.1002/14651858.CD010517.pub2</p>			
55.	<p>Ebenezer K(1), Dawodu A(2), Steinhoff M(2).</p> <p>Serum Vitamin D Status and Outcome among Critically Ill Children Admitted to the Pediatric Intensive Care Unit in South India: Authors' Reply.</p> <p>Indian J Pediatr. 2016 Aug;83(8):912-3. doi: 10.1007/s12098-015-1991-0. Epub 2016 Jan 14.</p> <p>Author information: (1)Department of Pediatrics, Christian Medical College, Vellore, 632004, Tamil Nadu, India. kinbaraj@cmcvellore.ac.in. (2)Global Health Centre, Cincinnati Children's Medical Centre, Cincinnati, OH, USA.</p> <p>DOI: 10.1007/s12098-015-1991-0</p>	NAT	JAN TO JUN	PMID: 26762329
56.	<p>Ebenezer K(1), Job V(2), Antonisamy B(3), Dawodu A(4), Manivachagan MN(5),Steinhoff M(4).</p> <p>Serum Vitamin D Status and Outcome among Critically Ill Children Admitted to the Pediatric Intensive Care Unit in South India.</p> <p>Indian J Pediatr. 2016 Feb;83(2):120-5. doi: 10.1007/s12098-015-1833-0. Epub 2015 Jul 19.</p> <p>Author information: (1)Department of Pediatrics, Christian Medical College, Vellore, 632004, Tamil Nadu, India. kinbaraj@cmcvellore.ac.in. (2)Department of Clinical Biochemistry, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (4)Global</p>	NAT	JAN TO JUN	PMID: 26187509

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	<p>Health Centre, Cincinnati Children's Medical Centre, Cincinnati, OH, USA. (5)Department of Pediatrics, Christian Medical College, Vellore, 632004, Tamil Nadu, India.</p> <p>Comment in Indian J Pediatr. 2016 Feb;83(2):101-2.</p> <p>OBJECTIVES: To determine the vitamin D status and the association between vitamin D status and the clinical outcome of critically ill children admitted to pediatric intensive care unit (PICU) in South India.</p> <p>METHODS: Fifty-four consecutive children with medical and surgical diagnoses were included with parental consent. Severity of illness was assessed using PIM-2 score; Sequential Organ Failure Assessment Cardiovascular Score (CV-SOFA) was used to describe vasopressor use. Serum for 25(OH) D levels was obtained as close as possible to the ICU admission. Vitamin D deficiency was defined as serum 25(OH) D level < 20 ng/ml (50 nmol/L). Primary outcome measures were serum 25(OH) D level and in-hospital all cause mortality. Secondary outcomes were illness severity, vasopressor requirement, use of mechanical ventilation and duration of ICU stay.</p> <p>RESULTS: Of the 54 children, two were excluded due to insufficient serum for vitamin D analysis. Median age was 17.5 mo (IQR = 4.5-78); 38.5 % were infants. Higher age was associated with low vitamin D levels ($r_s = -0.34$; $p 0.01$). Median serum 25(OH) D level was 25.1 ng/ml (IQR = 16.2-34.2). Shock (30.8 %), CNS conditions (23.1 %) and respiratory illnesses (21.2 %) were the three most common reasons for admission to the PICU. Vitamin D deficiency was seen in 40.3 % of the critically ill children. Higher PIM score or SOFA score were associated with low vitamin levels ($r_s = -0.29$, $p 0.04$ and $r_s = -0.29$, $p 0.05$ respectively). Children who were mechanically ventilated had a significantly lower median serum 25(OH) D level than those who were not on ventilation [19.5 ng/ml (IQR = 14.6-27.7)] vs. 32.1 ng/ml [(IQR = 16.5-50.9), $p 0.01$]. Serum 25(OH) D level was also positively associated with serum calcium levels ($r_s = 0.32$, $p 0.03$). The proportion of children who died or were discharged terminally at parental request was 23.8 % among those with serum 25(OH) D level < 20 ng/ml as compared to 16.1 % among those with serum 25(OH) D level > 20 ng/ml ($p 0.49$).</p> <p>CONCLUSIONS: Vitamin D deficiency is common among pediatric patients admitted to PICU in South India. Low serum 25(OH) D level was associated with higher severity of illness, need for mechanical ventilation, more vasopressor use and lower serum calcium levels. No association between vitamin D status and mortality was demonstrated.</p> <p>DOI: 10.1007/s12098-015-1833-0</p>			
57.	Fischer K(1,)(2), Collins PW(3), Ozelo MC(4,)(5), Srivastava A(6), Young G(7,)(8), Blanchette VS(9,)(10).	INTL	JAN TO JUN	PMID: 27186714

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	<p>When and how to start prophylaxis in boys with severe hemophilia without inhibitors: communication from the SSC of the ISTH. J Thromb Haemost. 2016 May;14(5):1105-9. doi: 10.1111/jth.13298. Epub 2016 Apr 4. Author information: (1)Van Creveldkliniek, University Medical Center Utrecht, Utrecht, the Netherlands. (2)Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, the Netherlands. (3)Arthur Bloom Haemophilia Centre, School of Medicine, Cardiff University, Cardiff, UK. (4)INCT do Sangue Hemocentro Unicamp, University of Campinas, Campinas, Brazil. (5)Faculty of Medical Sciences Unicamp, University of Campinas, Campinas, Brazil. (6)Department of Haematology, Christian Medical College, Vellore, India. (7)Hemostasis and Thrombosis Center, Children's Hospital, Los Angeles, CA, USA. (8)University of Southern California Keck School of Medicine, Los Angeles, CA, USA. (9)Pediatric Thrombosis and Hemostasis Program, Hospital for Sick Children, University of Toronto, Toronto, Canada. (10)Department of Pediatrics, University of Toronto, Toronto, Canada.</p> <p>DOI: 10.1111/jth.13298</p>			
58.	<p>Ganapule A(1), Jain P, Nambiar FA, Korula A, Abraham A, Mammen J, George B, Mathews V, Srivastava A, Viswabandya A. Surgical procedures in patients with Glanzmann's thrombasthenia: case series and literature review. Blood Coagul Fibrinolysis. 2016 Jun 6. [Epub ahead of print] Author information: (1)aDepartment of Haematology bDepartment of Immunohaematology and Transfusion Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Glanzmann's thrombasthenia is a rare platelet function disorder with an autosomal recessive pattern of inheritance. Achieving haemostasis in such patients who undergo surgical procedures always poses a significant challenge. Herein we report six cases of Glanzmann's thrombasthenia, who underwent nine surgeries under the cover of platelet-rich concentrates with or without recombinant activated factor VII . Of these, five were major surgeries such as thyroidectomy, laparotomy, Hartmann's procedure, reversal of Hartmann's procedure and a complete dental extraction. All five procedures were successfully done without any major bleeding. The major cost incurred in these procedures is due to the large number of blood products used and recombinant activated factor VII if used.</p> <p>DOI: 10.1097/MBC.0000000000000524</p>	INTL	JAN TO JUN	PMID: 27273143
59.	<p>Ganapule AP(1), Varghese SS(2), Chacko G(3), Aparna I(4), Viswabandya A(1). Glioblastoma Multiforme in a Post Allogeneic Stem Cell Transplant Patient. A Case Report and Literature Review of Post Transplant Neurological Tumors.</p>	NAT	JAN TO JUN	PMCID: PMC4925482 [Available on

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	<p>Indian J Hematol Blood Transfus. 2016 Jun;32(Suppl 1):192-5. doi: 10.1007/s12288-015-0500-y. Epub 2015 Jan 14.</p> <p>Author information: (1)Department of Haematology, Christian Medical College and Hospital, Ida Scudder Road, Vellore, 632004 Tamil Nadu India. (2)Department of Radiotherapy, Christian Medical College and Hospital, Ida Scudder Road, Vellore, 632004 Tamil Nadu India. (3)Department of Pathology, Christian Medical College and Hospital, Ida Scudder Road, Vellore, 632004 Tamil Nadu India. (4)Department of Radiology, Christian Medical College and Hospital, Ida Scudder Road, Vellore, 632004 Tamil Nadu India.</p> <p>Seventeen year old boy, a case of relapsed acute lymphoblastic leukemia 10 years post allogeneic transplantation, presented to us with acute onset of right hemiparesis. The imaging revealed contrast enhancing lesion in the frontal lobe, biopsy of the same was consistent with glioblastoma multiforme (GBM). He had received total body irradiation (TBI) based conditioning regimen prior to transplant. GBM was treated with left parietal craniotomy and parietal excision of tumour, followed by radiation therapy with concurrent and adjuvant chemotherapy. Disease progressed while was on adjuvant chemotherapy and patient succumbed to his illness 8 months after the diagnosis of GBM. We report here a here unusual case of GBM in a post transplant patient who received TBI based conditioning regimen.</p> <p>DOI: 10.1007/s12288-015-0500-y</p>			<p>2017-06-01] PMID: 27408389</p>
<p>60.</p>	<p>George C(1), Lalitha AR(2), Antony A(2), Kumar AV(2), Jacob KS(3).</p> <p>Antenatal depression in coastal South India: Prevalence and risk factors in the community.</p> <p>Int J Soc Psychiatry. 2016 Mar;62(2):141-7. doi: 10.1177/0020764015607919. Epub 2015 Oct 6.</p> <p>Author information: (1)Department of Psychiatry, Dr. SMCSI Medical College, Thiruvananthapuram, India mukkkath@yahoo.com. (2)Department of Psychiatry, Dr. SMCSI Medical College, Thiruvananthapuram, India. (3)Department of Psychiatry, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: Antenatal depression is a highly prevalent disorder with serious implications on maternal and child outcomes. There are few studies examining this in low-middle-income community settings. AIMS: To determine the prevalence of antenatal depression in women from a coastal rural background in Kerala and Tamil Nadu and to determine its associated factors.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26443716</p>

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	<p>MATERIALS AND METHODS: In this cross-sectional community-based study, in 202 antenatal women, standard interview and diagnostic criteria (Clinical Interview Schedule-Revised (CIS-R)) were employed for identifying depression and examining a wide range of putative clinical and sociocultural risk factors including domestic violence.</p> <p>RESULTS: There was a 16.3% prevalence of depression among the 202 women sampled. The possible risk factors after stepwise backward regression were pressure to have a male child, 11.48 (2.36-55.78); financial difficulties, 8.23 (2.49-27.22); non-arranged marriage, 6.05 (1.72-21.23); history of miscarriage-still birth, 5.77 (1.55-21.43) and marital conflict, 9.55 (2.34-38.98).</p> <p>CONCLUSION: There is a need to develop strategies for recognition and appropriate intervention for antenatal depression, in the context of locally relevant risk factors, so as to improve both maternal and child outcomes.</p> <p>© The Author(s) 2015.</p> <p>DOI: 10.1177/0020764015607919</p>			
61.	<p>George L(1), Peter D(1), Chopra M(1), George B(2), Abraham A(2), Mathews V(2), Srivastava A(2), Pulimood SA(1).</p> <p>Efficacy of narrow band UVB in the treatment of cutaneous GvHD: an Indian experience.</p> <p>Bone Marrow Transplant. 2016 Jul;51(7):988-90. doi: 10.1038/bmt.2016.13. Epub 2016 Feb 22.</p> <p>Author information: (1)Department of Dermatology, Venereology and Leprosy, Christian Medical College, Vellore, India. (2)Department of Haematology, Christian Medical College, Vellore, India.</p> <p>DOI: 10.1038/bmt.2016.13</p>	INTL	JAN TO JUN	PMID: 26901707
62.	<p>George LR(1), Panchanathan I, Cherian NE, Mariappan R.</p> <p>Pierre Robin Sequence With Full Stomach for Emergency Ventriculoperitoneal Shunt: Anesthetic Challenges.</p> <p>J Neurosurg Anesthesiol. 2016 Feb 8. [Epub ahead of print]</p> <p>Author information: (1)Department of Anesthesia, Christian Medical College, Vellore, Tamil Nadu India.</p>	INTL	JAN TO JUN	PMID: 26859548

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	DOI: 10.1097/ANA.0000000000000280			
63.	<p>George N(1), Alexander S(2), David VG(1), Basu G(1), Mohapatra A(1), ValsonAT(1), Jacob S(1), Pathak HK(1), Devasia A(1), Tamilarasi V(1), Varughese S(1).</p> <p>COMPARISON OF EARLY MECHANICAL AND INFECTIVE COMPLICATIONS IN FIRST TIME BLIND,BEDSIDE, MIDLINE PERCUTANEOUS TENCKHOFF CATHETER INSERTION WITH ULTRA-SHORTBREAK-IN PERIOD IN DIABETICS AND NON-DIABETICS: SETTING NEW STANDARDS.</p> <p>Perit Dial Int. 2016 Apr 4. pii: pdi.2015.00097. [Epub ahead of print] Author information: (1)Nephrology, Christian Medical College, Vellore, India. (2)Nephrology, Christian Medical College, Vellore, India suceena@gmail.com.</p> <p>◆ Background: There are no large studies that have examined ultra-short break-in period with a blind, bedside, midline approach to Tenckhoff catheter insertion.◆ Methods: Observational cohort study of 245 consecutive adult patients who underwent percutaneous catheter insertion for chronic peritoneal dialysis (PD) at our center from January 2009 to December 2013. There were 132 (53.9%) diabetics and 113 (46.1%) non-diabetics in the cohort.◆ Results: The mean break-in period for the percutaneous group was 2.68 ± 2.6 days. There were significantly more males among the diabetics (103 [78%] vs 66 [58.4%], p = 0.001). Diabetics had a significantly higher body mass index (BMI) (23.9 ± 3.7 kg/m(2)vs 22.2 ± 4 kg/m(2), p < 0.001) and lower serum albumin (33.1± 6.3 g/L vs 37 ± 6 g/L, p < 0.001) compared with non- diabetics. Poor catheter outflow was present in 6 (4.5%) diabetics and 16 (14.2%) non-diabetics (p= 0.009). Catheter migration was also significantly more common in the non-diabetic group (11 [9.7%] vs 2 [1.5%], p = 0.004). Primary catheter non-function was present in 17(15%) of the non-diabetics and in 7(5.3%) of the diabetics (p = 0.01). There were no mortality or major non-procedural complications during the catheter insertions. Among patients with 1 year of follow-up data, catheter survival (93/102 [91.2%] vs 71/82 [86.6%], p = 0.32) and technique survival (93/102 [91.2%] vs 70/82 [85.4%], p = 0.22) at 1 year was comparable between diabetics and non-diabetics, respectively.◆ Conclusions: Percutaneous catheter insertion by practicing nephrologists provides a short break-in period with very low mechanical and infective complications. Non-diabetic status emerged as a significant risk factor for primary catheter non-function presumed to be due to more patients with lower BMI and thus smaller abdominal cavities. This is the first report that systematically compares diabetic and non-diabetic patients.</p> <p>DOI: 10.3747/pdi.2015.00097</p>	INTL	JAN TO JUN	PMID: 27044797

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64.	<p>George R(1), Santhanam S(2), Samuel R(3), Chapla A(4), Hilmarsen HT(5), Braathen GJ(5), Reinholt FP(6), Jahnsen F(6), Khnykin D(7).</p> <p>Ichthyosis prematurity syndrome caused by a novel missense mutation in FATP4 gene-a case report from India.</p> <p>Clin Case Rep. 2015 Dec 1;4(1):87-9. doi: 10.1002/ccr3.462. eCollection 2016.</p> <p>Author information: (1)Department of Dermatology Christian Medical College Vellore India. (2)Department of Neonatology Christian Medical College Vellore India. (3)Centre for Stem Cell Research Christian Medical College Vellore India. (4)Department of Endocrinology Christian Medical College Vellore India. (5)Section of Medical Genetics Department of Laboratory Medicine Telemark Hospital Skien Norway. (6)Department of Pathology Oslo- University Hospital- Rikshospitalet Oslo Norway. (7)Department of PathologyOslo- University Hospital- RikshospitaletOsloNorway; Department of DermatologyOslo- University Hospital- RikshospitaletOsloNorway.</p> <p>Ichthyosis prematurity syndrome (IPS) is reported mainly from Scandinavia where most of the cases are homozygous or compound heterozygous for the nonsense mutation c.504C>A (p.Cys168*) in exon3 indicating a common ancestor for this mutation. The occurrence of IPS in an Indian patient suggests that it is more widespread than previously reported.</p> <p>DOI: 10.1002/ccr3.462</p>	INTL	JAN TO JUN	PMCID: PMC4706401 PMID: 26783444
65.	<p>Ghosh A(1), Kumar S(2), Chacko R(3), Charlu AP(4).</p> <p>Total Extraction as a Treatment for Anaemia in a Patient of Glanzmann's Thrombasthenia with Chronic Gingival Bleed: Case Report.</p> <p>J Clin Diagn Res. 2016 Jan;10(1):ZD11-2. doi: 10.7860/JCDR/2016/16383.7123. Epub 2016 Jan 1.</p> <p>Author information: (1)Fellow, Head and Neck Oncology, HCG Cancer Centre , (Previously Fellow at CMC Vellore), Ahmedabad, India . (2)Assistant Professor, Department of Oral and Maxillofaical Surgery, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (3)Head of Department Unit I, Department of Oral and Maxillofacial Surgery, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (4)Associate Professor, Department of Oral and Maxillofacial Surgery, Christian Medical College and Hospital , Vellore, Tamil Nadu, India .</p> <p>Glanzmann's Thrombasthenia (GT) is a rare autosomal recessive bleeding disorder</p>	NAT	JAN TO JUN	PMCID: PMC4740716 PMID: 26894187

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	<p>affecting the megakaryocyte lineage and is characterized by lack of platelet aggregation on stimulation. The molecular basis is linked to quantitative and qualitative abnormalities of αIIBβ3 integrin. Most of the patients with severe Glanzmann's thrombasthenia have spontaneous gum bleeding and persistent low haemoglobin levels. Often these patients are addressed with local haemostatic measures and platelet coverage. We report a case of a severe Glanzmann's thrombasthenia with chronic gingivitis and associated spontaneous gum bleed with chronic low haemoglobin levels, managed subsequently with total dental extraction under appropriate platelet and recombinant factor VIIa coverage. Further follow up of the patient substantiated the treatment protocol with increased and stable haemoglobin levels, thus emphasizing the need for total dental extraction in patients with severe Glanzmann's with chronic spontaneous gum bleed, as a definitive treatment option, which has not been reported so far in the literature.</p> <p>DOI: 10.7860/JCDR/2016/16383.7123</p>			
66.	<p>Ghosh GC(1), Alex AG(2), Jacob JR(3). Brugada syndrome presenting as incessant polymorphic ventricular tachycardia: a rare cause for a common outcome after cardiac arrest in a middle-aged Asian man. BMJ Case Rep. 2016 May 13;2016. pii: bcr2016215014. doi: 10.1136/bcr-2016-215014. Author information: (1)Department of Cardiology, Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India. (2)Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India. (3)Department of Electrophysiology, Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1136/bcr-2016-215014</p>	INTL	JAN TO JUN	PMID: 27177936
67.	<p>Ghosh GC(1), Sharma B(2), Gupta BB(2). CSF ADA Determination in Early Diagnosis of Tuberculous Meningitis in HIV-Infected Patients. Scientifica (Cairo). 2016;2016:5820823. doi: 10.1155/2016/5820823. Epub 2016 Apr6. Author information: (1)Hospital Annexe, Christian Medical College, Hospital Campus, Room No. 310, Vellore 632004, India. (2)PGIMER and Dr. RML Hospital, Main Block, New Delhi 100001, India.</p> <p>Tuberculous and Cryptococcal meningitis are common in HIV patients. A highly specific and sensitive rapid test for diagnosis of Tuberculous meningitis especially in setting of HIV is not available in developing countries where the burden of disease is high. We measured ADA (adenosine deaminase) levels using spectrophotometric method in the CSF of HIV patients with meningitis to differentiate Tuberculous meningitis from meningitis due to other causes.</p>	INTL	JAN TO JUN	PMCID: PMC4837278 PMID: 27144055

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	<p>Kruskal-Wallis test was used to compare ADA values between tuberculous meningitis (TBM) and nontuberculous (non-TB) meningitis patients and a receiver-operating characteristic (ROC) analysis curve was drawn from these values. Levels of ADA in the CSF of patients with TBM were significantly higher than those in patients with meningitis due to other causes. CSF ADA level determination with a cut-off value of 6 IU/L was found to be highly specific and fairly sensitive test for the diagnosis of TBM in HIV positive patients.</p> <p>DOI: 10.1155/2016/5820823</p>			
68.	<p>Girishan S(1), Rajshekhar V(1).</p> <p>Rapid-onset paraparesis and quadriparesis in patients with intramedullary spinaldermoid cysts: report of 10 cases.</p> <p>J Neurosurg Pediatr. 2016 Jan;17(1):86-93. doi: 10.3171/2015.5.PEDS1537. Epub2015 Oct 2.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, India.</p> <p>OBJECT Intramedullary dermoid cysts are rare tumors of the spinal cord. Presentation with rapid onset of paraparesis or quadriparesis (onset within 2 weeks) is rarer still. The authors present their experience in the management and outcome of patients with such a presentation. METHODS Patient records between 2000 and 2014 were retrospectively reviewed to identify those with intraspinal dermoid cysts who presented with rapid-onset paraparesis or quadriparesis. Their clinical, radiological, operative, and follow-up data were analyzed. RESULTS Of a total of 50 patients with intraspinal dermoid cysts managed during the study period, 10 (20%) presented with rapid-onset paraparesis or quadriparesis; 9 patients ranged in age from 8 months to 2 years, and 1 patient was 25 years old. A dermal sinus was seen in the lumbar region of 4 patients, the sacral region of 3, and the thoracic region of 1, and in 1 patient no sinus was found. All except 1 patient presented with rapid-onset paraparesis secondary to infection of the intramedullary dermoid cyst. One patient presented with rupture of a dermoid cyst with extension into the central canal up to the medulla. Early surgery was done soon after presentation in all except 2 patients. Among the 9 patients who underwent surgery (1 patient did not undergo surgery), total excision of the intramedullary dermoid cyst was done in 3 patients, near-total excision in 4 patients, and partial excision in 2 patients. Of the 9 patients who underwent surgery, 8 showed significant improvement in their neurological status, and 1 patient remained stable. The 1 patient who did not undergo surgery died as a result of an uncontrolled infection after being discharged to a local facility</p>	INTL	JAN TO JUN	PMID: 26431244

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	<p>for management of wound infection. CONCLUSIONS Early recognition of a dermal sinus and the associated intraspinal dermoid cyst and timely surgical intervention can eliminate the chances of acute deterioration of neurological function. Even after an acute onset of paraparesis or quadriparesis, appropriate antibiotic therapy and prompt surgery can provide reasonably good outcomes in these patients.</p> <p>DOI: 10.3171/2015.5.PEDS1537</p>			
69.	<p>Gnanasekaran KK, Chacko MP(1), Manipadam MT, Bindra MS, George B, Srivastava VM.</p> <p>Acute monoblastic leukemia with abnormal eosinophils and inversion (16): A rare entity.</p> <p>Indian J Pathol Microbiol. 2016 Jan-Mar;59(1):104-6. doi: 10.4103/0377-4929.174829.</p> <p>Author information: (1)Department of Transfusion Medicine and Immunohematology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Acute myeloid leukemia (AML) is a malignant hematopoietic stem cell disorder which is sub-classified based on bone marrow morphology and the presence of specific genetic abnormalities. One such cytogenetic abnormality is the pericentric inversion (inv) of chromosome 16 which is typically seen in AML M4 with eosinophilia and is associated with a favorable prognosis. We report the inv (16) in a young woman with AML M5 and abnormal eosinophils. This is a rare entity with only about 20 cases being reported till date.</p> <p>DOI: 10.4103/0377-4929.174829</p>	NAT	JAN TO JUN	PMID: 26960652
70.	<p>Goel A(1), Christudoss P(2), George R(3), Ramakrishna B(4), Amirtharaj GJ(5), Keshava SN(6), Ramachandran A(5), Balasubramanian KA(5), Mackie I(7), FlemingJJ(2), Elias E(1),(8), Eapen CE(9).</p> <p>Arsenicosis, possibly from contaminated groundwater, associated with noncirrhoticintrahepatic portal hypertension.</p> <p>Indian J Gastroenterol. 2016 May;35(3):207-15. doi: 10.1007/s12664-016-0660-1.Epub 2016 May 26.</p> <p>Author information: (1)Department of Hepatology, Christian Medical College, Vellore, 632 004, India. (2)Department of Clinical Biochemistry, Christian Medical College, Vellore, 632 004, India. (3)Department of Dermatology, Christian Medical College, Vellore, 632 004, India. (4)Department of Pathology, Christian Medical College, Vellore, 632 004, India. (5)Wellcome Trust Research Laboratory, Christian Medical College, Vellore, 632 004, India. (6)Department of Radiology, Christian Medical College,</p>	NAT	JAN TO JUN	PMID: 27225799

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	<p>Vellore, 632 004, India. (7)Haemostasis Research Unit, Haematology Department, University College London, London, UK. (8)University Hospital Birmingham, Birmingham, UK. (9)Department of Hepatology, Christian Medical College, Vellore, 632 004, India. eapen@cmcvellore.ac.in.</p> <p>BACKGROUND AND AIMS: Idiopathic noncirrhotic intrahepatic portal hypertension (NCIPH), a chronic microangiopathy of the liver caused by arsenicosis from use of contaminated groundwater, was reported from Asia. This study aimed to see, if in the twenty-first century, arsenicosis was present in NCIPH patients at our hospital and, if present, to look for groundwater contamination by arsenic in their residential locality.</p> <p>METHODS: Twenty-seven liver biopsy proven NCIPH patients, 25 portal hypertensive controls with hepatitis B or C related cirrhosis and 25 healthy controls, matched for residential locality, were studied. Eighty-four percent to 96 % of study subjects belonged to middle or lower socioeconomic category. Arsenicosis was looked for by estimation of arsenic levels in finger/toe nails and by skin examination. Arsenic levels in nails and in ground water (in NCIPH patients with arsenicosis) was estimated by mass spectrometry.</p> <p>RESULTS: Nail arsenic levels were raised in five (10 %) portal hypertensive study subjects [two NCIPH patients (both had skin arsenicosis) and three portal hypertensive controls]. All of these five patients were residents of West Bengal or Bangladesh. Skin arsenicosis was noted in three NCIPH patients (11 %) compared to none of disease/healthy controls. Ground water from residential locality of one NCIPH patient with arsenicosis (from Bangladesh) showed extremely high level of arsenic (79.5 µg/L).</p> <p>CONCLUSIONS: Arsenicosis and microangiopathy of liver, possibly caused by environmental contamination continues in parts of Asia. Further studies are needed to understand the mechanisms of such 'poverty-linked thrombophilia'.</p> <p>DOI: 10.1007/s12664-016-0660-1</p>			
<p>71.</p>	<p>Gopi T, Ranjith J, Anandan S, Balaji V(1).</p> <p>Epidemiological characterisation of Streptococcus pneumoniae from India using multilocus sequence typing.</p> <p>Indian J Med Microbiol. 2016 Jan-Mar;34(1):17-21. doi: 10.4103/0255-0857.174113.</p> <p>Author information: (1)Department of Clinical Microbiology, Christian Medical College and Hospital, Vellore - 632 004, Tamil Nadu, India.</p> <p>OBJECTIVE: The aim of this study was to utilize the multilocus sequence typing (MLST) technique to characterise Streptococcus pneumoniae among clinical isolates</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 26776113</p>

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	<p>in India. MLST was used to determine clonality, to establish genetic relatedness, to check for correlation between serotypes and sequence types (STs) and its relevance associated with antibiotic resistance.</p> <p>METHODS: Forty consecutive invasive <i>S. pneumoniae</i> isolates in children <5 years were characterised. Preliminary identification of serotype and antibiotic susceptible profile was followed with MLST technique to identify the STs of the isolates. STs were then analysed for clonality using an eBURST algorithm and genetic relatedness using Sequence Type Analysis and Recombinational Tests version 2 software.</p> <p>RESULTS: The most common ST was ST63. Among the forty isolates, we identified nine novel STs, six of which had known alleles but in new combinations, three of which had new alleles in their sequence profile. The new STs assigned were 8501-8509. One clonal complex was found among the 40 strains characterised. The most common serotypes in this study were serotype 19F, 14 and 5. Non-susceptibility to penicillin and erythromycin was observed in 2.5% and 30% of the isolates, respectively.</p> <p>CONCLUSION: This study shows a significant number of novel STs among the 40 isolates characterised (9/40, 22.5%), however, internationally recognised strains were also circulating in India, indicating, there could be greater geographical variation in pneumococcal STs in India. Molecular epidemiology data is essential to understand the population dynamics of <i>S. pneumoniae</i> in India before the introduction of pneumococcal vaccines in NIP in India.</p> <p>DOI: 10.4103/0255-0857.174113</p>			
<p>72.</p>	<p>Gupta A, Rajshekhar V(1).</p> <p>Functional and radiological outcome in patients undergoing three level corpectomy for multi-level cervical spondylotic myelopathy and ossified posterior longitudinal ligament.</p> <p>Neurol India. 2016 Jan-Feb;64(1):90-6. doi: 10.4103/0028-3886.173654.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: To review our experience with patients undergoing 3 level cervical central corpectomy (CC) with un-instrumented fibular autograft fusion.</p> <p>MATERIALS AND METHODS: This is a retrospective study, involving 33 patients with cervical spondylotic myelopathy (CSM) or ossified posterior longitudinal ligament (OPLL) who underwent a 3 level CC between 2002 and 2010. The patients were followed up clinically and radiologically. Their functional status was assessed using Nurick's grading system. Parameters such as intraoperative complications, segmental curvature of the cervical spine, graft subsidence, graft fusion and</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 26754998</p>

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	<p>functional outcome of these patients were assessed.</p> <p>RESULTS: There was transient morbidity in 28.6% of patients, with no permanent morbidity or mortality. We obtained follow up in 29 patients (87.9%) with a mean duration of follow up of 65.1 months (range, 12 to 138 months). The mean difference of segmental cervical curvature on follow up was 3.600 and the average graft subsidence was 5.70 mm. We achieved a fusion rate of 90%. There was no instance of graft extrusion in our series. There was a significant improvement in the functional status of our patients (from Nurick grade 3.55 to 2.42; P = 0.0001), with no clinical deterioration in any patient.</p> <p>CONCLUSIONS: Three level cervical corpectomy with un-instrumented fusion is a relatively safe surgery in experienced hands, and can achieve excellent clinical and radiological outcomes.</p> <p>DOI: 10.4103/0028-3886.173654</p>			
73.	<p>Gupta V(1), Job V, Thomas N.</p> <p>Effect of Fortification and Additives on Breast Milk Osmolality.</p> <p>Indian Pediatr. 2016 Feb;53(2):167-9.</p> <p>Author information: (1)Department of Neonatology and Clinical Biochemistry, Christian Medical College, Vellore, Tamil Nadu, India. niranjan@cmcvellore.ac.in.</p> <p>This study evaluated the effect of fortification and commonly used additives on the osmolality of human milk. Osmolality after fortification with milk powder and human milk fortifier increased from 303 mOsmol/kg to 397 and 373 mOsmol/kg, respectively. The maximal increase in osmolality was seen with the addition of calcium gluconate.</p>	NAT	JAN TO JUN	PMID: 26897157
74.	<p>Haanshuus CG(1), Chandy S(2), Manoharan A(2), Vivek R(2), Mathai D(2), Xena D(2),Singh A(3), Langeland N(1,)(4), Blomberg B(1,)(4), Vasanthan G(2), Sitaram U(2),Appasamy J(5), Nesaraj J(6), Henry A(7), Patil S(8), Alvarez-Uria G(9), ArmstrongL(10), Mørch K(1).</p> <p>A High Malaria Prevalence Identified by PCR among Patients with Acute Undifferentiated Fever in India.</p> <p>PLoS One. 2016 Jul 7;11(7):e0158816. doi: 10.1371/journal.pone.0158816. eCollection 2016.</p> <p>Author information: (1)National Centre for Tropical Infectious Diseases, Department of Medicine, Haukeland University Hospital, Bergen, Norway. (2)Infectious Diseases Training and Research Center, Department of Medicine Unit-1 and Infectious Diseases, Christian Medical College, Vellore, India. (3)Baptist Christian Hospital, Tezpur, Assam, India. (4)Department of Clinical Science, University of Bergen, Bergen,</p>	INTL	JAN TO JUN	PMCID: PMC4936667 PMID: 27389396

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	<p>Norway. (5)Christian Fellowship Hospital, Oddanchatram, Tamil Nadu, India. (6)Bethesda Hospital, Ambur, Tamil Nadu, India. (7)Christian Hospital, Mungeli, Chhattisgarh, India. (8)B.K.L. Walawalkar Hospital, Ratnagiri, Maharashtra, India. (9)Rural Development Trust Hospital, Anantapur, Andhra Pradesh, India. (10)Duncan Hospital, Raxaul, Bihar, India.</p> <p>BACKGROUND: Approximately one million malaria cases were reported in India in 2015, based on microscopy. This study aims to assess the malaria prevalence among hospitalised fever patients in India identified by PCR, and to evaluate the performance of routine diagnostic methods.</p> <p>METHODS: During June 2011-December 2012, patients admitted with acute undifferentiated fever to seven secondary level community hospitals in Assam (Tezpur), Bihar (Raxaul), Chhattisgarh (Mungeli), Maharashtra (Ratnagiri), Andhra Pradesh (Anantapur) and Tamil Nadu (Oddanchatram and Ambur) were included. The malaria prevalence was assessed by polymerase chain reaction (PCR), routine microscopy, and a rapid diagnostic test (RDT) with PCR as a reference method.</p> <p>RESULTS: The malaria prevalence by PCR was 19% (268/1412) ranging from 6% (Oddanchatram, South India) to 35% (Ratnagiri, West India). Among malaria positive patients <i>P. falciparum</i> single infection was detected in 46%, while 38% had <i>P. vivax</i>, 11% mixed infections with <i>P. falciparum</i> and <i>P. vivax</i>, and 5% <i>P. malariae</i>. Compared to PCR, microscopy had sensitivity of 29% and specificity of 98%, while the RDT had sensitivity of 24% and specificity of 99%.</p> <p>CONCLUSIONS: High malaria prevalence was identified by PCR in this cohort. Routine diagnostic methods had low sensitivity compared to PCR. The results suggest that malaria is underdiagnosed in rural India. However, low parasitaemia controlled by immunity may constitute a proportion of PCR positive cases, which calls for awareness of the fact that other pathogens could be responsible for the febrile disease in submicroscopic malaria.</p> <p>DOI: 10.1371/journal.pone.0158816</p>			
<p>75.</p>	<p>Hareendran S(1), Ramakrishna B(2), Jayandharan GR(1,)(3,)(4). Synergistic inhibition of PARP-1 and NF-κB signaling downregulates immune response against recombinant AAV2 vectors during hepatic gene therapy.</p> <p>Eur J Immunol. 2016 Jan;46(1):154-66. doi: 10.1002/eji.201545867. Epub 2015 Nov 5.</p> <p>Author information: (1)Centre for Stem Cell Research, Christian Medical College, Vellore, Tamil Nadu,India. (2)Department of General Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Hematology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of Biological Sciences and Bioengineering, Indian Institute of Technology, Kanpur, Uttar Pradesh, India.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26443873</p>

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	<p>Host immune response remains a key obstacle to widespread application of adeno-associated virus (AAV) based gene therapy. Thus, targeted inhibition of the signaling pathways that trigger such immune responses will be beneficial. Previous studies have reported that DNA damage response proteins such as poly(ADP-ribose) polymerase-1 (PARP-1) negatively affect the integration of AAV in the host genome. However, the role of PARP-1 in regulating AAV transduction and the immune response against these vectors has not been elucidated. In this study, we demonstrate that repression of PARP-1 improves the transduction of single-stranded AAV vectors both in vitro (~174%) and in vivo (two- to 3.4-fold). Inhibition of PARP-1, also significantly downregulated the expression of several proinflammatory and cytokine markers such as TLRs, ILs, NF-κB subunit proteins associated with the host innate response against self-complementary AAV2 vectors. The suppression of the inflammatory response targeted against these vectors was more effective upon combined inhibition of PARP-1 and NF-κB signaling. This strategy also effectively attenuated the AAV capsid-specific cytotoxic T-cell response, with minimal effect on vector transduction, as demonstrated in normal C57BL/6 and hemophilia B mice. These data suggest that targeting specific host cellular proteins could be useful to attenuate the immune barriers to AAV-mediated gene therapy.</p> <p>© 2015 WILEY-VCH Verlag GmbH & Co. KGaA, Weinheim. DOI: 10.1002/eji.201545867</p>			
76.	<p>Hazra D(1), Sen I(1), Selvaraj D(1), Premkumar P(1), Agarwal S(1).</p> <p>Arterial thoracic outlet syndrome in Klippel-Feil syndrome.</p> <p>ANZ J Surg. 2016 Feb 22. doi: 10.1111/ans.13452. [Epub ahead of print]</p> <p>Author information: (1)Department of Vascular Surgery, Christian Medical College, Vellore, India.</p> <p>DOI: 10.1111/ans.13452</p>	INTL	JAN TO JUN	PMID: 26909867
77.	<p>Irodi A(1), Leena RV(1), Prabhu SM(2), Gibikote S(3).</p> <p>Role of Computed Tomography in Pediatric Chest Conditions.</p> <p>Indian J Pediatr. 2016 Jul;83(7):675-90. doi: 10.1007/s12098-015-1955-4. Epub 2016 Feb 26.</p> <p>Author information: (1)Department of Radiology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. (2)Department of Radiology, SSM Superspeciality Hospital, Hassan, Karnataka, India. (3)Department of Radiology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. gibikote@cmcvellore.ac.in.</p>	NAT	JAN TO JUN	PMID: 26916888

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	<p>CT is the preferred cross-sectional imaging modality for detailed evaluation of anatomy and pathology of the lung and tracheobronchial tree, and plays a complimentary role in the evaluation of certain chest wall, mediastinal, and cardiac abnormalities. The article provides an overview of indications and different types of CT chest, findings in common clinical conditions, and briefly touches upon the role of each team member in optimizing and thus reducing radiation dose.</p> <p>DOI: 10.1007/s12098-015-1955-4</p>			
78.	<p>Isaac BT(1), Datey A(2), Christopher DJ(3). Successful removal of self-expanding metallic stent after deployment for tubercular bronchostenosis. Indian J Tuberc. 2016 Jan;63(1):55-8. doi: 10.1016/j.ijtb.2015.07.013. Epub 2016May 4. Author information: (1)Assistant Professor, Department of Pulmonary Medicine, Christian Medical College, Vellore, India. Electronic address: barneyisaac98@gmail.com. (2)Research Officer, Department of Pulmonary Medicine, Christian Medical College, Vellore, India. (3)Professor, Department of Pulmonary Medicine, Christian Medical College, Vellore, India.</p> <p>The use of metallic stents is traditionally not recommended for benign tracheobronchial conditions. With advances in the field of interventional bronchoscopy, metal tracheobronchial stents have occasionally been used to treat benign disease. However, the removal of these stents from the airway is technically difficult. We are reporting the case of a young female subject who received a self-expanding metallic stent for alleviation of post-tubercular bronchostenosis, which was successfully removed after two months without complications. Metal stents can be used in benign tracheobronchial conditions but require meticulous follow-up to monitor complications. Experienced operators can remove them without major complications and this may be life-saving in emergencies. We are reporting this case for the rarity of such procedures in India.</p> <p>Copyright © 2015 Tuberculosis Association of India. Published by Elsevier B.V. All rights reserved.</p> <p>DOI: 10.1016/j.ijtb.2015.07.013</p>	NAT	JAN TO JUN	PMID: 27235947
79.	<p>Isaac R(1), Paul B(2), Geethanajali FS(3), Kang G(4), Wanke C(5). Role of intestinal dysfunction in the nutritional compromise seen in human immunodeficiency virus-infected adults in rural India.</p>	INTL	JAN TO JUN	PMID: 26809467

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	<p>Trop Doct. 2016 Jan 24. pii: 0049475515626338. [Epub ahead of print]</p> <p>Author information: (1)Associate Professor, RUHSA Department, Christian Medical College, Vellore, Tamil Nadu, India rita.isaac@cmcvellore.ac.in. (2)Associate Professor, RUHSA Department, Christian Medical College, Vellore, Tamil Nadu, India. (3)Professor, Department of Clinical Biochemistry, Christian Medical College, Vellore, Tamil Nadu, India. (4)Professor, Department of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (5)Professor, Department of Public Health and Community Medicine, Tufts University School of Medicine, Boston, Massachusetts, USA.</p> <p>Human immunodeficiency virus (HIV) disease progression is often marked by significant weight loss with or without chronic diarrhoea. We studied the extent of intestinal dysfunction using a D-xylose absorption test and association with nutritional compromise as measured by body mass index (BMI) and serum antioxidants levels in HIV-infected individuals through a cross-sectional survey of 45 ART naïve, HIV-positive and 45, age-socioeconomic status matched negative controls in a rural population in India. More than 40% of HIV-positive and HIV-negative participants had intestinal dysfunction (42.2% vs. 44.4%). However an increasing gradient of low D-xylose absorption was noted with decreasing CD4 counts (32%, 50% and 58.3% among those with >350, 200-350 and <200 cells/mm³, respectively). Multivariate analysis revealed a significant association between intestinal dysfunction and low BMI (P = 0.03) independent of HIV infection and calorie intake per day (P = 0.02). Weight loss in HIV-infected individuals should be investigated for intestinal dysfunction especially in low resource settings.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/0049475515626338</p>			
<p>80.</p>	<p>Jacob KS(1). Insight in Psychosis: An Indicator of Severity of Psychosis, an Explanatory Model of Illness, and a Coping Strategy. Indian J Psychol Med. 2016 May-Jun;38(3):194-201. doi: 10.4103/0253-7176.183078. Author information: (1)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Recent studies related to insight, explanatory models (EMs) of illness and their relationship to outcome of psychosis are reviewed. The traditional argument that insight predicts outcome in psychosis is not supported by recent longitudinal data, which has been analyzed using multivariable statistics that adjust for</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4904754 PMID: 27335513</p>

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	<p>severity and quality of illness. While all cognition will have a neurobiological representation, if "insight" is related to the primary psychotic process, then insight cannot be seen as an independent predictor of outcome but a part of the progression of illness. The evidence suggests insight, like all EMs, is belief which interacts with the trajectory of the person's illness and the local culture to produce a unique understanding of the illness for the particular individual and his/her family.</p> <p>DOI: 10.4103/0253-7176.183078</p>			
81.	<p>Jacob KS(1). Robert Spitzer and psychiatric classification: technical challenges and ethical dilemmas. Indian J Med Ethics. 2016 Apr-Jun;1(2):95-100. Author information: (1)Professor of Psychiatry, Christian Medical College, Vellore, Tamil Nadu 632 002, India,. ksjacob@cmcvellore.ac.in.</p> <p>Dr Robert Leopold Spitzer (May 22, 1932-December 25, 2015), the architect of modern psychiatric diagnostic criteria and classification, died recently at the age of 83 in Seattle. Under his leadership, the American Psychiatric Association's (APA) Diagnostic and Statistical Manuals (DSM) became the international standard.</p>	NAT	JAN TO JUN	PMID: 27260820
82.	<p>Janardana R(1), Danda D(2). 'Outside the box' genes, transcriptions and translations in Rheumatoid arthritis. Int J Rheum Dis. 2016 Feb;19(2):114-5. doi: 10.1111/1756-185X.12846.</p> <p>Author information: (1)Department of Clinical Immunology & Rheumatology, Christian Medical College & Hospital, Vellore, India. ramya.aithala@gmail.com. (2)Department of Clinical Immunology & Rheumatology, Christian Medical College & Hospital, Vellore, India. debashisdandacmc@hotmail.com.</p> <p>DOI: 10.1111/1756-185X.12846</p>	INTL	JAN TO JUN	PMID: 26919171
83.	<p>Janardhanan J(1), Patole S(1), Varghese L(1), Rupa V(1), Tirkey AJ(1), VargheseGM(2). Elusive treatment for human rhinosporidiosis. Int J Infect Dis. 2016 Jul;48:3-4. doi: 10.1016/j.ijid.2016.04.013. Epub 2016 Apr 21. Author information: (1)Christian Medical College, Vellore, Tamil Nadu, India. (2)Christian Medical College, Vellore, Tamil Nadu, India. Electronic address:</p>	INTL	JAN TO JUN	PMID: 27109109

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	<p>georgemvarghese@hotmail.com.</p> <p>OBJECTIVES: The aim of this study was to clarify the contentious taxonomic classification of <i>Rhinosporidium seeberi</i>, the cause of human rhinosporidiosis, which may have treatment implications.</p> <p>METHODS: PCR was used to amplify the internal transcribed spacer (ITS)-2 region from the genomic DNA of the aetiological agent obtained from a sample of human rhinosporidiosis lesions. The amplicon was sequenced and the organism identified using the Basic Local Alignment Search Tools (BLAST).</p> <p>RESULTS: Phylogenetic analysis revealed that the aetiological agent clustered along with the <i>R. seeberi</i> isolated from humans and also with <i>Amphibiocystidium ranae</i> from frogs. This organism is a member of the order Dermocystida in the class Mesomycetozoea. A patient with disseminated rhinosporidiosis did not respond to conventional therapy with dapsone and surgical excision, and treatment with amphotericin B also proved futile.</p> <p>CONCLUSION: An effective treatment for <i>R. seeberi</i>-a eukaryote belonging to the class Mesomycetozoea-is still elusive.</p> <p>Copyright © 2016. Published by Elsevier Ltd.</p> <p>DOI: 10.1016/j.ijid.2016.04.013</p>			
<p>84.</p>	<p>Jayakanthan K(1), Ramya J(1), Mandal SK(1), Sandhya P(2), Gowri M(3), Danda D(1).</p> <p>Younger patients with primary Sjögren's syndrome are more likely to have salivary IgG anti-muscarinic acetylcholine receptor type 3 antibodies.</p> <p>Clin Rheumatol. 2016 Mar;35(3):657-62. doi: 10.1007/s10067-016-3186-0. Epub 2016 Jan 26.</p> <p>Author information: (1)Department of Clinical Immunology & Rheumatology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Clinical Immunology & Rheumatology, Christian Medical College, Vellore, Tamil Nadu, India. drsandhya.p123@gmail.com. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Acetylcholine type 3 receptor (M3R) is recognized as an autoantigen in primary Sjögren's syndrome (pSS). Assay of anti-M3R antibody levels in serum is fraught with low sensitivity for diagnosis of pSS. Salivary assay is more likely to improve the diagnostic accuracy. Patients with pSS classified either by the American European Consensus Group (AECG) or American college of Rheumatology (ACR) criteria, attending rheumatology clinic between October 2014 and July 2015 were included. Hospital staff and lupus patients constituted healthy and disease</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26809799</p>

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	<p>controls, respectively. Evaluation of pSS included clinical evaluation, laboratory tests, ESSDAI and ESSPRI scoring. Unstimulated saliva was collected by the spitting method. Salivary IgG antibody against M3R (anti-M3R) was quantified by indirect ELISA. In this study, 43 patients with pSS, 34 with lupus and 42 healthy controls were recruited. The frequency of anti-M3R antibody levels was 55.81, 17.64 and 7 % for pSS, lupus and healthy controls, respectively. Area under the Receiver Operator Characteristic was 0.7791 (95 % CI,, 0.67-0.87). Sensitivity and specificity of the assay for diagnosis of pSS were 44.19 and 88.16 %, respectively. Salivary anti-M3R IgG antibody positivity was associated with lower age, shorter disease duration and higher globulin levels in our cohort. Salivary anti-M3R IgG antibody assay has high specificity in pSS; younger patients and those with hyperglobulinemia more frequently tested positive for this antibody.</p> <p>DOI: 10.1007/s10067-016-3186-0</p>			
85.	<p>Jayasree D(1), Shaji RV(1), George B(1), Mathews V(1), Srivastava A(1), EdisonES(1).</p> <p>Clinical, Hematological and Molecular Analysis of Homozygous Hb E (HBB: c.79G > A) in the Indian Population.</p> <p>Hemoglobin. 2016;40(1):16-9. doi: 10.3109/03630269.2015.1086880. Epub 2015 Nov11.</p> <p>Author information: (1)a Department of Haematology , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>Homozygous Hb E [β26(B8)Glu→Lys; HBB: c.79G > A] is a clinically mild disease with no significant symptoms. Very few studies are available on clinical variability in Hb E disorders. We report the profile of a series of homozygous Hb E patients in the Indian population. We analyzed various genetic factors that contribute to the heterogeneity in the phenotype of homozygous Hb E patients. Analysis of these parameters further enhances our understanding of the Hb E syndrome.</p> <p>DOI: 10.3109/03630269.2015.1086880</p>	INTL	JAN TO JUN	PMID: 26554862
86.	<p>Jeba J(1), Jacob A(1), Kandasamy R(1), George R(1).</p> <p>The patient who 'must not be told': demographic factors associated with collusion in a retrospective study in South India.</p> <p>Postgrad Med J. 2016 Apr 20. pii: postgradmedj-2015-133850. doi: 10.1136/postgradmedj-2015-133850. [Epub ahead of print]</p> <p>Author information:</p>	NAT	JAN TO JUN	PMID: 27099298

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	<p>(1) Palliative Care Unit, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Patients with cancer need adequate information about diagnosis, treatment options, and possible outcomes and prognosis to make therapeutic decisions. In cultures where the family plays the dominant role in healthcare decisions, doctors are often requested to collude in withholding distressing information from the patient. This challenging situation has not been well studied and there is limited knowledge on the different factors that may contribute to collusion.</p> <p>OBJECTIVE: To study the prevalence of collusion among adult cancer patients attending a palliative care outpatient clinic and the contributing factors.</p> <p>METHODS: The healthcare records of 306 adult cancer patients who had visited the palliative care outpatient clinic at least three times with follow-up until death were retrospectively reviewed. Details on information shared and why it was not shared were retrieved from the documentation in the communication sheet in the patient chart. The prevalence, sociodemographic and clinical factors that could contribute to collusion in doctor-patient communication were studied.</p> <p>RESULTS: Collusion was present in 40% of cases at the time of referral to the palliative care outpatient clinic (collusion regarding diagnosis in 18%; collusion regarding prognosis in 40%). Collusion was later addressed in 35%. Collusion was significantly higher among female patients ($p=0.005$), manual workers ($p=0.035$), those not accompanied by a spouse ($p=0.000$) and with no oncological treatment ($p=0.001$).</p> <p>CONCLUSIONS: Collusion regarding diagnosis or prognosis is common among cancer patients referred for palliative care. It was more prevalent among female patients, manual workers, patients who had not received oncological treatment, and patients not accompanied by a spouse.</p> <p>Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/</p> <p>DOI: 10.1136/postgradmedj-2015-133850</p>			
<p>87.</p>	<p>Jeba J(1), Suryawanshi M(2), Gaikwad P(3), Backianathan S(1).</p> <p>Colonic metastasis in mucoepidermoid carcinoma of the parotid: a rare occurrence.</p> <p>BMJ Case Rep. 2016 Jan 28;2016. pii: bcr2015213932. doi: 10.1136/bcr-2015-213932.</p> <p>Author information: (1)Department of Radiotherapy, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (2)Department of General Pathology, Christian Medical College</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26823365</p>

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	<p>Hospital, Vellore, Tamil Nadu, India. (3)Department of General Surgery Unit 1, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>We present a case of intermediate-grade mucoepidermoid carcinoma of the parotid with late local recurrence and colonic metastasis. A 69-year-old man who had undergone right total conservative parotidectomy followed by adjuvant radiotherapy for intermediate-grade mucoepidermoid carcinoma 10 years prior, presented with a recurrent swelling in the postoperative site and cardiac failure. On evaluation, he was found to have severe anaemia with positive stool occult blood. Colonoscopic evaluation revealed a globular submucosal bulge with erosion 40 cm from the anal verge, the biopsy of which was consistent with mucoepidermoid carcinoma. The presentation, diagnostic details and management of this rare case are discussed.</p> <p>2016 BMJ Publishing Group Ltd.</p> <p>DOI: 10.1136/bcr-2015-213932</p>			
<p>88.</p>	<p>Jegaraj MK(1), Mitra S(2), Kumar S(2), Selva B(2), Pushparaj M(2), Yadav B(3),Prabhakar AK(2), Reginald A(2). Profile of deliberate self-harm patients presenting to Emergency Department: Aretrospective study. J Family Med Prim Care. 2016 Jan-Mar;5(1):73-6. doi: 10.4103/2249-4863.184627. Author information: (1)Department of Family Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Deliberate self-harm (DSH) is a major under-recognized epidemic in the low- and middle-income countries. This is a large retrospective study form the Emergency Department (ED) of Tertiary Care Center of South India to describe the clinicodemographic features of DSH cases. MATERIALS AND METHODS: This is a retrospective study conducted at ED of Christian Medical College, Vellore, India from January 01, 2011 to December 31, 2013. All cases of DSH were included in the study. The demographic details, mode of DSH and clinical outcome were extracted from the electronic medical record. Descriptive statistics are presented. Chi-square test was used to compare categorical variables. For all tests, a two-sided $P \leq 0.05$ was considered statistically significant. RESULTS: Total of 1228 patients were admitted to ED for DSH during the study period. Male and female occurred in equal ratio. More than half of the cases occurred among age group below 30 years. Consumption of pesticides (agricultural chemicals) was the single most common mode of DSH (46%), especially among men,</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4943154 PMID: 27453847</p>

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	<p>followed by medication overdose (29.8%). Consumption of plant poison and tablet overdose was higher among women. Overall mortality due to DSH was low (1.5%) in our study.</p> <p>CONCLUSION: DSH is under-recognized major public health problem in low-middle income countries like India. Most cases occur among young and productive age group and in equal frequencies among men and women. Timely and the appropriate institution of treatment can decrease the morbidity and mortality due to DSH remarkably.</p> <p>DOI: 10.4103/2249-4863.184627</p>			
89.	<p>Jehangir S(1), Kurian JJ(1), Jacob TJ(1), Gurram GM(1), Thomas RJ(1), MathaiJ(1), Karl S(1).</p> <p>Pneumonostomy in the Surgical Management of Hydatid Cyst of the Lung.</p> <p>Eur J Pediatr Surg. 2016 Mar 28. [Epub ahead of print]</p> <p>Author information: (1)Department of Paediatric Surgery, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>Pneumonostomy in the surgical treatment of bilateral hydatid cyst of Background the lung(HCL) was described by Anand et al. This study presents the comparative long-term results of pneumonostomy for simple and complicated HCL. Methods and The pneumonostomy technique was applied to both open and mini Patientsmally invasive operations. The cyst was opened, endocyst removed, and any bronchial openings closed. The pericyst was closed over a 20-French Malecot tube, which was exteriorized and connected to an underwater seal. The tube was removed after 3 weeks by which time a well-established tract had formed. Hospital records of 26 children with 30 HCL who underwent pneumonostomy between 2001 and 2014 were reviewed and followed up. Patients were analyzed in two groups:group1 comprised uncomplicated and group2 complicated HCL. There was a statistically significant difference in the age at presentation in the two groups. The groups were comparable with respect to presenting symptoms, sex ratio, and side or size of Six(20%) children with surgical complications were graded by cyst. Results Clavien-Dindo classification. Three(10%) children qualified as grade 1 and did not require pharmacologic or surgical therapy. Three(10%) children had grade 3 complications; two developed empyema and one pneumothorax. There were no prolonged air leaks. Children with complicated cysts did not require longer hospitalization. Follow-up was possible in 80.76% of the children. The mean duration of follow-up was 21.3 months (interquartile range, 5-63 months). There were no postoperative recurrences or disease-related mortality. Pneumonostomy is a safe and effective technique for dealing with the Conclusion</p>	INTL	JAN TO JUN	PMID: 27019148

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	<p>residual cavity in large complicated cysts and bilateral HCL.</p> <p>Georg Thieme Verlag KG Stuttgart · New York.</p> <p>DOI: 10.1055/s-0036-1580701</p>			
90.	<p>Jeyaseelan V(1), Jeyaseelan L(1), Yadav B(1).</p> <p>INCIDENCE OF, AND RISK FACTORS FOR, MALNUTRITION AMONG CHILDREN AGED 5-7 YEARS INSOUTH INDIA.</p> <p>J Biosoc Sci. 2016 May;48(3):289-305. doi: 10.1017/S0021932015000309. Epub 2015Oct 6.</p> <p>Author information: (1)Department of Biostatistics,Christian Medical College,Vellore,India.</p> <p>Protein-energy malnutrition is a major health problem contributing to the burden of disease in developing countries. The aim of this study was to assess the incidence of, and risk factors for, malnutrition among school-going children in south India. A total of 2496 children aged 5-7 years from rural and urban areas of south India were recruited in 1982 and followed up for malnutrition over a period of 9 years. Their body heights and weights were measured every six months and socio-demographic factors such as mother's education and father's education and relevant household characteristics and hygiene practices collected. Body mass index and height-for-age z-scores were used to determine children's levels of underweight and stunting, respectively, classified as normal, mild/moderate or severe. Risk factor analysis was done for pre-pubertal ages only using Generalized Estimating Equations with cumulative odds assumption. There was a significant difference between male and female children in the incidence of severe underweight and stunting (6.4% and 4.2% respectively). Children in households with no separate kitchen had 1.3 (1.0-1.6) times higher odds of being severely underweight (p=0.044) compared with those with a kitchen. Children without a toilet facility had significantly higher odds of severe underweight compared with those who did. Children with illiterate parents had higher odds of severe stunting than those with literate parents. In conclusion, the prevalence of malnutrition among these south Indian children has not changed over the years, and the incidence of severe malnutrition was highest in children when they were at pubertal age. The risk factors for stunting were mostly poverty-related, and those for underweight were mostly hygiene-related. Adolescent children in south India should be screened periodically at school for malnutrition and provided with nutritional intervention if necessary.</p> <p>DOI: 10.1017/S0021932015000309</p>	INTL	JAN TO JUN	PMID: 26440753

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<p>91.</p>	<p>John D(1), Irodi A(2), Michael JS(3). Concurrent Infections of Conidiobolus Coronatus with Disseminated Tuberculosis Presenting as Bilateral Orbital Cellulitis. J Clin Diagn Res. 2016 Apr;10(4):ND01-2. doi: 10.7860/JCDR/2016/16790.7535. Epub 2016 Apr 1. Author information: (1)Associate Surgeon, Department of Ophthalmology, Christian Medical College , Vellore, Tamil Nadu, India . (2)Associate Professor, Department of Radiology, Christian Medical College , Vellore, Tamil Nadu, India . (3)Professor, Department of Microbiology, Christian Medical College , Vellore, Tamil Nadu, India .</p> <p>Zygomycetes species contains two orders of organisms that infect humans, namely Mucorales and Entomophthorales. Entomophthorales cause chronic infection in immunocompetent patients, invading subcutaneous tissues but are non-angioinvasive. This includes Basidiobolus ranarum, Conidiobolus incongruus and Conidiobolus coronatus. We report a case of disseminated tuberculosis with Conidiobolus coronatus infection presenting as orbital cellulitis in an adolescent.</p> <p>DOI: 10.7860/JCDR/2016/16790.7535</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4866150 PMID: 27190852</p>
<p>92.</p>	<p>John D(1), Muthusamy K(2), Bandla B(3), Sudhakar SV(4), Thomas M(5). Ocular Features and Visual Outcome in Children with Moyamoya Disease and Moyamoya Syndrome: A Case Series. J Clin Diagn Res. 2016 May;10(5):NR01-4. doi: 10.7860/JCDR/2016/19153.7744. Epub 2016 May 1. Author information: (1)Associate Surgeon, Department of Ophthalmology, Christian Medical College , Vellore, Tamil Nadu, India . (2)Associate Professor, Dept of Neurology, Christian Medical College , Vellore, Tamil Nadu, India . (3)Resident, Department of Ophthalmology, Christian Medical College , Vellore, Tamil Nadu, India . (4)Physician, Department of Radiodagnosis, Christian Medical College , Vellore, Tamil Nadu, India . (5)Professor, Department of Neurology, Christian Medical College , Vellore, Tamil Nadu, India .</p> <p>Moya Moya Disease (MMD) is characterised by idiopathic vasculopathy affecting the terminal internal carotid arteries resulting in the formation of extensive collaterals at the base of the brain, leptomeninges and parenchymal regions with resultant infarcts and bleeds. Four children presented with clinico-radiological features suggestive of Moyamoya disease/syndrome. This includes global developmental delay, recurrent seizures, transient ischaemic attacks and impaired vision. The first patient had vision of 6/15 in both eyes with bilateral optic disc pallor. Second case also had bilateral optic disc pallor with arteriolar</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4948435 PMID: 27437259</p>

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	<p>attenuation, but had vision of perception of light only in both eyes. The third child had vision of 6/60 with alternate divergent squint and clinical features suggestive of Neurofibromatosis 1 (NF 1). Fourth patient presented with poor fixation in both eyes with bilateral total cataract. He underwent bilateral cataract surgery with intraocular lens implantation and vision improved to 2/60 with good fixation. We also describe their medical and neurosurgical interventions in this report.</p> <p>DOI: 10.7860/JCDR/2016/19153.7744</p>			
93.	<p>John J(1), Van Aart CJ(2), Grassly NC(2). The Burden of Typhoid and Paratyphoid in India: Systematic Review and Meta-analysis. PLoS Negl Trop Dis. 2016 Apr 15;10(4):e0004616. doi: 10.1371/journal.pntd.0004616. eCollection 2016. Author information: (1)Department of Community Health, Christian Medical College, Vellore, India. (2)Department of Infectious Disease Epidemiology, Imperial College London, London, United Kingdom.</p> <p>BACKGROUND: Typhoid is an important public health challenge for India, especially with the spread of antimicrobial resistance. The decision about whether to introduce a public vaccination programme needs to be based on an understanding of disease burden and the age-groups and geographic areas at risk. METHODS: We searched Medline and Web of Science databases for studies reporting the incidence or prevalence of typhoid and paratyphoid fever confirmed by culture and/or serology, conducted in India and published between 1950 and 2015. We used binomial and Poisson mixed-effects meta-regression models to estimate prevalence and incidence from hospital and community studies, and to identify risk-factors. RESULTS: We identified 791 titles and abstracts, and included 37 studies of typhoid and 18 studies of paratyphoid in the systematic review and meta-analysis. The estimated prevalence of laboratory-confirmed typhoid and paratyphoid among individuals with fever across all hospital studies was 9.7% (95% CI: 5.7-16.0%) and 0.9% (0.5-1.7%) respectively. There was significant heterogeneity among studies (p-values<0.001). Typhoid was more likely to be detected among clinically suspected cases or during outbreaks and showed a significant decline in prevalence over time (odds ratio for each yearly increase in study date was 0.96 (0.92-0.99) in the multivariate meta-regression model). Paratyphoid did not show any trend over time and there was no clear association with risk-factors. Incidence of typhoid and paratyphoid was reported in 3 and 2 community cohort studies respectively (in Kolkata and Delhi, or Kolkata alone). Pooled estimates of incidence were 377 (178-801) and 105 (74-148) per 100,000 person years respectively, with significant heterogeneity between locations for typhoid (p<0.001). Children 2-4 years old had the highest incidence. CONCLUSIONS: Typhoid remains a significant burden in India, particularly among</p>	INTL	JAN TO JUN	PMCID: PMC4833325 PMID: 27082958

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	<p>young children, despite apparent declines in prevalence. Infant immunisation with newly-licensed conjugate vaccines could address this challenge.</p> <p>DOI: 10.1371/journal.pntd.0004616</p>			
94.	<p>John J(1).</p> <p>Measles: A Canary in the Coal Mines?</p> <p>Indian J Pediatr. 2016 Mar;83(3):195-6. doi: 10.1007/s12098-015-2004-z. Epub 2016 Jan 26.</p> <p>Author information: (1)Department of Community Health, Christian Medical College, Vellore, Tamil Nadu, 632004, India. jacob@cmcsph.org.</p> <p>Comment on Indian J Pediatr. 2016 Mar;83(3):200-8.</p> <p>DOI: 10.1007/s12098-015-2004-z</p>	NAT	JAN TO JUN	PMID: 26809769
95.	<p>John M(1), Parsons A(2), Abraham S(3).</p> <p>The value of an ENT specialist outreach service in a Family Medicine Unit for the urban poor in India.</p> <p>J Family Med Prim Care. 2016 Jan-Mar;5(1):67-72. doi: 10.4103/2249-4863.184626.</p> <p>Author information: (1)Department of Otorhinolaryngology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Tufts University School of Medicine, Boston, USA. (3)Department of Family Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVES: To assess the function of an otolaryngology (ENT) specialist outreach service in a Family Medicine (FM) Unit for the urban poor attached to a Tertiary Teaching Hospital in India.</p> <p>MATERIALS AND METHODS: The study investigated the pattern of ENT diseases in patients who came to the FM Unit and the proportion of these patients who were referred to the ENT specialist clinic at the unit. The study also analyzed the ENT problems that were managed by the ENT specialist at the unit and the conditions, which needed referral to the Tertiary Hospital. Data was collected by chart review.</p> <p>SETTING: Weekly ENT specialist outreach service in an FM Unit for the urban poor in India attached to a Tertiary Teaching Hospital.</p> <p>RESULTS: Among the outpatients who attended the unit in 12 months, 12.89% had ENT-related problems, of which 23.9% were referred to the visiting ENT specialist, 88.30% of these patients were managed in the FM Unit with basic ENT</p>	NAT	JAN TO JUN	PMCID: PMC4943152 PMID: 27453846

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	<p>facilities.</p> <p>CONCLUSION: This study demonstrated that majority of the patients with ENT-related problems who presented to an FM Unit could be managed by the FM specialists. Of those patients who required the expertise of a specialist in ENT, the majority could be managed in the FM Unit, with basic ENT examination and treatment facilities. Triage and management by the family physician and the visiting ENT surgeon in the FM Unit is a prudent use of resources and will improve the quality of care people receive for their ENT problems.</p> <p>DOI: 10.4103/2249-4863.184626</p>			
96.	<p>Jose N(1), Kurian GP(2). Schmidt Syndrome: An Unusual Cause of Hypercalcaemia. J Clin Diagn Res. 2016 May;10(5):OD21-2. doi: 10.7860/JCDR/2016/16770.7783. Epub2016 May 1. Author information: (1)Assistant Professor, Department of General Medicine, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (2)Assistant Professor, Department of Intensive Care, Christian Medical College and Hospital , Vellore, Tamil Nadu, India .</p> <p>Autoimmune polyglandular syndrome type 2 also known as Schmidt syndrome. It is a rare disorder involving a combination of Addison's disease with autoimmune thyroid disease with or without type 1 diabetes mellitus. In this case report one such patient with this rare syndrome is described who presented with hyperpigmentation of knuckles, palms and soles with significant weight loss for 2 months. At presentation she also had severe hypercalcaemia. Severe hypercalcaemia is rare and hypercalcaemia at the initial presentation of Addison's disease is also unusual. The mechanism of hypercalcaemia in addisons and management of this patient is discussed.</p> <p>DOI: 10.7860/JCDR/2016/16770.7783</p>	NAT	JAN TO JUN	PMCID: PMC4948460 PMID: 27437284
97.	<p>Jose R(1), Chakravarthy K, Nair S, Joseph M, Jeyaseelan V, Korula G.</p> <p>A Randomized Controlled Trial Studying the Role of Dexamethasone in Scalp Nerve Blocks for Supratentorial Craniotomy.</p> <p>J Neurosurg Anesthesiol. 2016 Jan 11. [Epub ahead of print]</p> <p>Author information: (1)Departments of *Anaesthesiology †Neurological Sciences, Neuro Intensive Care Division ‡Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p>	INTL	JAN TO JUN	PMID: 26756502

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	<p>BACKGROUND: The aim of this double-blinded randomized control study was to examine the role of the steroid dexamethasone as an adjuvant to lignocaine and ropivacaine in scalp nerve blocks in adults undergoing supratentorial craniotomy under general anesthesia. We compared the intraoperative anesthetic and postoperative analgesic requirement with and without the addition of dexamethasone to the local anesthetics.</p> <p>METHODS: The consented 90 patients were randomized into 2 groups: one group received 8 mg (2 mL) of dexamethasone, whereas the other received 2 mL of normal saline along with the local anesthetics in the scalp nerve block administered soon after induction of general anesthesia. All patients received oral/intravenous dexamethasone perioperatively to decrease cerebral edema. The general anesthetic technique for induction, maintenance, and recovery was standardized in the 2 groups. The primary outcome assessed was the time to administration of the first dose of analgesic postoperatively. The secondary outcomes included intraoperative opioid requirement, time to emergence, and incidence of postoperative nausea and vomiting.</p> <p>RESULTS: There was no significant difference between the dexamethasone and saline groups with respect to time to first analgesic requirement, intraoperative fentanyl requirements, time to emergence from general anesthesia, and incidence of postoperative nausea and vomiting.</p> <p>CONCLUSIONS: Addition of dexamethasone as an adjuvant to local anesthetics in scalp nerve blocks in the setting of perioperative steroid therapy does not appear to provide any additional benefit with respect to prolongation of the duration of the block.</p> <p>DOI: 10.1097/ANA.0000000000000272</p>			
<p>98.</p>	<p>Joseph G(1), Premkumar P(2), Thomson V(3), Varghese M(3), Selvaraj D(2), Sahajanandan R(4).</p> <p>Externalized Guidewires to Facilitate Fenestrated Endograft Deployment in the Aortic Arch.</p> <p>J Endovasc Ther. 2016 Feb;23(1):160-71. doi: 10.1177/1526602815614557. Epub 2015 Oct 28.</p> <p>Author information: (1)Department of Cardiology, Christian Medical College, Vellore, India joseph59@gmail.com. (2)Department of Vascular Surgery, Christian Medical College, Vellore, India. (3)Department of Cardiology, Christian Medical College, Vellore, India. (4)Department of Anesthesiology, Christian Medical College, Vellore, India.</p> <p>PURPOSE: To describe a precannulated fenestrated endograft system utilizing</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4712411 PMID: 26511895</p>

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	<p>externalized guidewires to facilitate aortic arch endovascular repair and to report its use in 2 patients with challenging anatomy.</p> <p>TECHNIQUE: For distal arch repair, a fenestration for the left subclavian artery (LSA) is made onsite in a standard thoracic endograft tailored to the patient anatomy; it is precannulated with a nitinol guidewire (NGw), which is passed from the femoral artery and externalized from the left brachial artery prior to endograft delivery system introduction over a parallel stiff guidewire. Steps are then taken to remove guidewire intertwining, prevent NGw wrapping around the delivery system, and orient the LSA fenestration superiorly when the delivery system moves into the arch. Gentle traction on the ends of the NGw during endograft deployment facilitates proper fenestration alignment. A covered stent is deployed in the LSA fenestration. The technique is illustrated in a patient with congenital coarctation of the aorta and descending aortic aneurysm. For total arch repair, endograft fenestrations are made for all 3 arch branches; the left common carotid artery (LCCA) and LSA fenestrations are each cannulated with NGws, which travel together from the femoral artery, pass through a LSA snare loop, and are exteriorized from the LCCA. After endograft deployment, the innominate artery fenestration is separately cannulated using right brachial access. Placement of a parallel externalized hydrophilic guidewire passing through the LCCA fenestration (but not the LSA snare loop) and removal of the LCCA fenestration NGw allows exteriorization of the LSA fenestration NGw from the left brachial artery by pulling the LSA snare. Covered stents are deployed in all 3 fenestrations. The technique is presented in a patient with type B aortic dissection.</p> <p>CONCLUSION: Use of the precannulated fenestrated endograft system described is feasible and has the potential to make aortic arch endovascular repair simpler, more reliable, and safer.</p> <p>© The Author(s) 2015.</p> <p>DOI: 10.1177/1526602815614557</p>			
<p>99.</p>	<p>Kabeerdoss J(1), Sandhya P(1), Danda D(2).</p> <p>Gut inflammation and microbiome in spondyloarthritis.</p> <p>Rheumatol Int. 2016 Apr;36(4):457-68. doi: 10.1007/s00296-015-3414-y. Epub 2015Dec 30.</p> <p>Author information: (1)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. (2)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. debashisdandacmc@hotmail.com.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26719306</p>

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	<p>Spondyloarthritis (SpA) is chronic inflammatory disease involving joints and the spine. Bowel inflammation is common in SpA, which may be classified as acute or chronic. Chronic gut inflammation is most common in SpA patients with axial involvement as compared to those presenting with peripheral involvement alone. The pathogenesis of gut inflammation in SpA could be explained by two factors-over-activation of immunological cells and altered gut microbiome. This is exemplified by SpA animal models, namely HLA-B27-expressing transgenic animals and SKG mice models. Immunological mechanisms include homing of activated T cells from gut into synovium, excess pro-inflammatory cytokines secretion by immune cells such as IL-23 and genetic variations in immunological genes. The evidence for role of gut microbiome in SpA is gradually emerging. Recently, metagenomic study of gut microbiome by sequencing of microbial nucleic acids has enabled identification of new microbial taxa and their functions in gut of patients with SpA. In SpA, the gut microbiome could emerge as diagnostic and prognostic marker of disease. Modulation of gut microbiome is slated to have therapeutic potential as well.</p> <p>DOI: 10.1007/s00296-015-3414-y</p>			
<p>100.</p>	<p>Kalampokas T(1), Kamath M(2), Boutas I(1), Kalampokas E(3).</p> <p>Ulipristal acetate for uterine fibroids: a systematic review and meta-analysis.</p> <p>Gynecol Endocrinol. 2016;32(2):91-6. doi: 10.3109/09513590.2015.1106471. Epub2015 Nov 16.</p> <p>Author information: (1)a Second Department of Obstetrics and Gynecology, University of Athens, "Aretaieion" Hospital , Athens , Greece . (2)b Reproductive Medicine Unit, Christian Medical College , Vellore, Tamil Nadu , India , and. (3)c Gynaecological Oncology Department, University of Aberdeen , Aberdeen , UK.</p> <p>Ulipristal acetate (UA), a selective progesterone modulator, has been approved for short-term therapy for symptomatic fibroids. We decided to undertake a systematic review of the best available evidence and draw a more definitive conclusion regarding the efficacy of UA for the management of uterine fibroids. The outcomes included symptomatic relief, quality of life-related parameters, reduction in fibroid size, side effects and recurrence rate. We included four randomised controlled trials which consisted of three trials which compared UA with placebo, and one trial compared it with gonadotropin-releasing hormone analogues for symptomatic relief. The three trials comparing UA with placebo reported significant improvement in symptoms related to excessive uterine bleeding as evidenced by the attainment of amenorrhea or reduction in pictorial</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26572056</p>

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	<p>blood assessment chart. However, due to the heterogeneity of the available data, a meta-analysis was possible only for one the outcomes - attainment of amenorrhea which indicated improvement in symptoms [57.88 (19.81-169.16); $p < 0.00001$]. The improved quality of life parameters and reduction in fibroid size was noted in the UA group. With regards to adverse events, even though the three included studies reported increased non-physiological endometrial-related changes following UA, these changes reverted back to normal within 6 months. Short-term use of UA seems to be an effective and safe method of treating uterine fibroids.</p> <p>DOI: 10.3109/09513590.2015.1106471</p>			
<p>101.</p>	<p>Kamath MS(1), Pradhan S(1), Edison ES(2), Velayudhan SR(2), Antonisamy B(3),Karthikeyan M(1), Mangalaraj AM(1), Kunjummen A(1), George K(4). Chorionic villous sampling through transvaginal ultrasound approach: A retrospective analysis of 1138 cases. J Obstet Gynaecol Res. 2016 Jun 29. doi: 10.1111/jog.13070. [Epub ahead of print] Author information: (1)Reproductive Medicine Unit, Christian Medical College, Vellore. (2)Department of Haematology, Christian Medical College, Vellore. (3)Department of Biostatistics, Christian Medical College, Vellore. (4)Reproductive Medicine Unit, Bangalore Baptist Hospital, Bangalore, India.</p> <p>AIM: The aim of this study was to evaluate the effectiveness and safety of a transvaginal approach for chorionic villous sampling (CVS). METHODS: We carried out a retrospective data analysis of all the transvaginal CVS procedures performed for the purpose of prenatal diagnosis in a university-level referral center between January 2000 and December 2014. Women underwent the prenatal testing between 10 and 17 weeks of gestation mainly for hematological disorders involving single gene defects. The main outcomes were successful sampling rate, maternal contamination rate, post-procedure complications rates, and immediate fetal loss rate (<14 days post-procedure). RESULTS: A total of 1138 transvaginal CVS were performed during the study period and were available for analysis. The sampling success rate after the first attempt was 98.5% (1121/1138) and the overall success rate was 99.6% (1133/1138). The maternal contamination rate was 0.4% (5/1138). While two patients had vaginal bleeding (0.2%), fresh retroplacental collection was noted in four patients (0.4%) post-procedure. None of the patients developed ascending uterine infection following CVS. The immediate fetal loss rate was 0.2% (2/1138). CONCLUSION: Transvaginal approach is associated with high sampling success, along with low rates of maternal contamination and post-procedure complications; hence, it can be offered as an effective alternative method of CVS.</p> <p>© 2016 Japan Society of Obstetrics and Gynecology.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27352773</p>

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	DOI: 10.1111/jog.13070			
102.	<p>Karuppiah Viswanathan AM(1), Irodi A(1), Keshava SN(2), Aneez J(3), Karthik G(3). Arteriolympatic Fistula: An Unusual Cause of Spontaneous Swelling in the LeftSupraclavicular Region. Cardiovasc Intervent Radiol. 2016 Sep;39(9):1347-51. doi: 10.1007/s00270-016-1348-8. Epub 2016 May 16.</p> <p>Author information: (1)Department of Radiology, Christian Medical College Hospital, Vellore, India. (2)Department of Radiology, Christian Medical College Hospital, Vellore, India. aparna_shyam@yahoo.com. (3)Department of Medicine, Christian Medical College Hospital, Vellore, India.</p> <p>An abnormal fistulous communication between an artery and lymphatic system is a rare occurrence. We report a 38-year-old male presenting with sudden onset, spontaneous, pulsatile swelling in the left supraclavicular region following a recent cardiac catheterisation via right femoral arterial access. On evaluation, he was found to have a femoral arteriolympatic fistula. He was managed conservatively with ultrasound-guided compression with complete resolution of symptoms at follow-up. This case describes a hitherto unknown complication of percutaneous vascular cannulation presenting in an unusual manner, diagnosed with Doppler Ultrasonography and CT angiography and managed effectively with a non-invasive therapeutic image-guided manoeuvre.</p> <p>DOI: 10.1007/s00270-016-1348-8</p>	INTL	JAN TO JUN	PMID: 27184364
103.	<p>Korah S(1), Selvin SS, Pradhan ZS, Jacob P, Kuriakose T.</p> <p>Tenons Patch Graft in the Management of Large Corneal Perforations.</p> <p>Cornea. 2016 May;35(5):696-9. doi: 10.1097/ICO.0000000000000808.</p> <p>Author information: (1)*Department of Ophthalmology, Christian Medical College and Hospital, Vellore, India; and†Narayana Nethralaya, Bangalore, India.</p> <p>PURPOSE: To describe a technique to manage corneal perforations between 3 and 6 mm in size using autologous Tenons tissue with cyanoacrylate glue and a bandage contact lens. METHODS: A thin layer of Tenons capsule harvested from the patient's own eye is used to seal the perforation and act as a scaffold. The Tenons patch graft is spread over the perforation and held in place by the application of cyanoacrylate glue. A bandage contact lens is then placed on the eye. RESULTS: A 6-year retrospective review of 28 patients who underwent this</p>	INTL	JAN TO JUN	PMID: 26989954

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	<p>procedure was performed. One patient was lost to follow-up. Of the 27 patients who were followed up, 20 healed completely, with an adherent leucoma and preservation of the anterior chamber. The condition of one patient (with a perforated Pseudomonas corneal ulcer) progressively worsened despite maximum medical therapy and had to undergo evisceration.</p> <p>CONCLUSIONS: This procedure makes use of easily available autologous Tenons tissue in patients with corneal perforations too large to be managed with cyanoacrylate glue alone, to preserve eyeball morphology. A corneal transplant can then be done when the cornea has healed.</p> <p>DOI: 10.1097/ICO.0000000000000808</p>			
104.	<p>Koshy M(1), Mishra AK(1), Agrawal B(2), Kurup AR(1), Hansdak SG(1). Dengue fever complicated by hemophagocytosis. Oxf Med Case Reports. 2016 Jun 1;2016(6):121-4. doi: 10.1093/omcr/omw043.eCollection 2016.</p> <p>Author information: (1)Department of Medicine, Unit 4 , Christian Medical College and Hospital , Vellore, Tamil Nadu , India. (2)Department of Pathology , Christian Medical College and Hospital , Vellore, Tamil Nadu , India.</p> <p>Dengue is a common acute viral febrile illness in the tropics. Although the usual presentation is that of a self-limiting illness, its complications are protean. We report a 29-year-old man who presented with an acute febrile illness and was diagnosed with dengue hemorrhagic fever. Despite appropriate supportive therapy, the patient initially improved, but subsequently had clinical deterioration. Evaluation revealed features of hemophagocytic lymphohistiocytosis. He was successfully treated with glucocorticoids and had an uneventful recovery. This case adds to the limited adult cases of virus-associated hemophagocytic syndrome in the literature and the need for prompt recognition and treatment of this rare complication.</p> <p>DOI: 10.1093/omcr/omw043</p>	INTL	JAN TO JUN	PMCID: PMC4887830 PMID: 27274854
105.	<p>Kumar AS(1), Singh IR(1), Sharma SD(2), John S(1), Ravindran BP(1). Radiation dose measurements during kilovoltage-cone beam computed tomographyimaging in radiotherapy. J Cancer Res Ther. 2016 Apr-Jun;12(2):858-63. doi: 10.4103/0973-1482.164699.</p> <p>Author information: (1)Department of Radiotherapy, Christian Medical College, Vellore, Tamil Nadu, India. (2)Radiological Physics and Advisory Division, Bhabha Atomic Research Center, Mumbai, Maharashtra, India.</p> <p>OBJECTIVE: The use of image guidance during radiotherapy for accurate</p>	NAT	JAN TO JUN	PMID: 27461664

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	<p>localization and setup has become the standard care of practice in radiotherapy. This mostly involves the use of kilovoltage-cone beam computed tomography (kV-CBCT) for verification of patient setup on the first few days and on a weekly basis. Some protocols require this to be performed daily and also before and after the treatment. Though the radiation due to this kV-CBCT is small, the repeated use could deliver a dose that could increase the probability of the stochastic effect. The main purpose of this work is to measure radiation dose during image guidance with kV-CBCT.</p> <p>MATERIALS AND METHODS: In this work, we have attempted to measure the dose during kV-CBCT for different sites both on a humanoid phantom and on patients undergoing image-guided radiotherapy with MOSFETs calibrated against an ion chamber.</p> <p>RESULTS: The dose measurement on patients during kV-CBCT resulted in mean doses of 0.19 and 0.3 cGy to the ipsilateral and contralateral eyes, 0.625 and 1.097 cGy to the surface of the ipsilateral and contralateral breasts, and 3.01 cGy to the surface of the pelvis.</p> <p>CONCLUSION: Radiation dose to the eye, breast, and the surface of the pelvis have been arrived at during CBCT. The doses measured on patients agreed closely with those measured on humanoid phantom and with published values.</p> <p>DOI: 10.4103/0973-1482.164699</p>			
106.	<p>Kumar M(1), Thomas N(2). Appearances are Deceptive - Passing a Nasogastric Tube does Not Always Rule Out Oesophageal Atresia. J Clin Diagn Res. 2016 Apr;10(4):SD01-2. doi: 10.7860/JCDR/2016/18179.7654. Epub 2016 Apr 1. Author information: (1)Associate Professor, Department of Neonatology, Christian Medical College, Vellore, Tamilnadu, India. (2)Professor and Head, Department of Neonatology, Christian Medical College, Vellore, Tamilnadu, India.</p> <p>Oesophageal atresia/trachea-Oesophageal fistula is commonly diagnosed in the newborn period by inability to pass a nasogastric tube (NGT). We present the instance of a newborn baby where the diagnosis of oesophageal atresia was delayed because of an apparent successful passage of nasogastric tube to the stomach. Failure to reinsert the NGT raised the suspicion of oesophageal atresia which was confirmed by contrast study showing blind upper oesophageal pouch.</p> <p>DOI: 10.7860/JCDR/2016/18179.7654</p>	NAT	JAN TO JUN	PMCID: PMC4866210 PMID: 27190912
107.	<p>Kumar S(1). Systemic Juvenile Idiopathic Arthritis: Diagnosis and Management.</p>	NAT	JAN TO JUN	PMID: 26916892

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	<p>Indian J Pediatr. 2016 Apr;83(4):322-7. doi: 10.1007/s12098-016-2060-z. Epub 2016 Feb 26.</p> <p>Author information: (1)Department of Pediatrics, Christian Medical College, Vellore, Tamil Nadu, 632004, India. sathishkumar_cmc@yahoo.com.</p> <p>Systemic juvenile idiopathic arthritis (sJIA) is an inflammatory condition characterized by fever, lymphadenopathy, arthritis, rash and serositis. In sJIA, systemic inflammation has been associated with dysregulation of the innate immune system, suggesting that it is an autoinflammatory disorder. IL-1 and IL-6 play a major role in the pathogenesis of sJIA and treatment with IL-1 and IL-6 inhibitors has shown to be highly effective. Recent data suggests that early cytokine blockage might abrogate chronic, destructive, therapy resistant arthritis phase, reflecting a potential "window of opportunity" in the care of children with sJIA.</p> <p>DOI: 10.1007/s12098-016-2060-z</p>			
108.	<p>Kumar V(1), Jose J(2), Joseph G(2).</p> <p>Rupture of sinus of Valsalva aneurysm into the left ventricle after dissecting through the interventricular septum mimicking aortic regurgitation.</p> <p>Clin Res Cardiol. 2016 Jun;105(6):560-2. doi: 10.1007/s00392-015-0947-8. Epub2015 Dec 14.</p> <p>Author information: (1)Department of Cardiology, Ruban Patliputra Hospital, Patna, India. docvipin2005@gmail.com. (2)Department of Cardiology, Christian Medical College, Vellore, India.</p> <p>DOI: 10.1007/s00392-015-0947-8</p>	INTL	JAN TO JUN	PMID: 26667232
109.	<p>Kumar V(1), Varghese MJ(2), Raveendran S(3), George OK(1).</p> <p>Pseudoaneurysm following transradial coronary angiogram.</p> <p>Eur Heart J. 2016 Jan 14;37(3):252. doi: 10.1093/eurheartj/ehv425. Epub 2015 Sep10.</p> <p>Author information: (1)Department of Cardiology, Christian Medical College, Vellore, India. (2)Department of Cardiology, Christian Medical College, Vellore, India drmithunjv@gmail.com. (3)Dr. Paul Brand Centre for Hand Surgery, Christian</p>	INTL	JAN TO JUN	PMID: 26358573

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	Medical College, Vellore, India. DOI: 10.1093/eurheartj/ehv425			
110.	<p>Kuppswamy B(1), Rajaleelan W(2), Jacob NS(1), Ponniah M(1). Anesthetic management of an adolescent with congenital glossopharyngeal web. Saudi J Anaesth. 2016 Apr-Jun;10(2):243-5. doi: 10.4103/1658-354X.168839. Author information: (1)Department of Anesthesia, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (2)Department of Anesthesia, St. Stephen's Hospital, New Delhi, India.</p> <p>DOI: 10.4103/1658-354X.168839</p>	INTL	JAN TO JUN	PMCID: PMC4799625 PMID: 27051384
111.	<p>Kurien NA(1), John D(2), Chacko G(3), Jacob P(4). Granulocytic Sarcoma in an Adult with Relapsed Acute Myeloid Leukaemia. J Clin Diagn Res. 2016 Jan;10(1):ND03-4. doi: 10.7860/JCDR/2016/15215.7093. Epub 2016 Jan 1. Author information: (1)Resident, Department of Ophthalmology, Christian Medical College , Vellore, Tamil Nadu, India . (2)Associate Surgeon, Department of Ophthalmology, Christian Medical College , Vellore, Tamil Nadu, India . (3)Professor, Department of Pathology, Christian Medical College , Vellore, Tamil Nadu, India . (4)Professor, Department of Ophthalmology, Christian Medical College , Vellore, Tamil Nadu, India .</p> <p>Granulocytic sarcoma is an extramedullary tumour consisting of malignant granulocytic precursor cells that is common among children with acute myeloid leukaemia (AML). We report a case of orbital granulocytic sarcoma in an adult with relapsed undifferentiated AML-M0. It presented as bilateral medial canthal swellings. An incisional biopsy confirmed the diagnosis of granulocytic sarcoma. The swelling resolved with re-induction chemotherapy.</p> <p>DOI: 10.7860/JCDR/2016/15215.7093</p>	NAT	JAN TO JUN	PMCID: PMC4740631 PMID: 26894103
112.	<p>Lahiri A(1), Alex AG(1), George OK(1). T-wave inversions with a difference. BMJ Case Rep. 2016 Mar 31;2016. pii: bcr2015214307. doi: 10.1136/bcr-2015-214307.</p>	INTL	JAN TO JUN	PMID: 27033290

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	<p>Author information: (1)Department of Cardiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1136/bcr-2015-214307</p>			
<p>113.</p>	<p>Laprise C(1,)(2), Madathil SA(2,)(3), Allison P(1,)(2), Abraham P(4), Raghavendran A(4), Shahul HP(2), ThekkePurakkal AS(2), Castonguay G(2), CoutléeF(5), Schlecht NF(6), Rousseau MC(2,)(3), Franco EL(1,)(2), Nicolau B(1,)(2).</p> <p>No role for human papillomavirus infection in oral cancers in a region in southern India.</p> <p>Int J Cancer. 2016 Feb 15;138(4):912-7. doi: 10.1002/ijc.29827. Epub 2015 Sep 14.</p> <p>Author information: (1)Division of Cancer Epidemiology, Department of Oncology, McGill University, Montreal, QC, Canada. (2)Division of Oral Health and Society, Faculty of Dentistry, McGill University, Montreal, QC, Canada. (3)Epidemiology and Biostatistics Unit, INRS-Institut Armand-Frappier, Laval, QC, Canada. (4)Department of Clinical Virology, Christian Medical College, Vellore, India. (5)Department of Microbiology and Infectious Diseases, Hôpital Notre-Dame Du Centre De Recherche Du Centre Hospitalier De L'université De Montréal, Montreal, QC, Canada. (6)Department of Epidemiology and Population Health, Albert Einstein College of Medicine, New York, NY.</p> <p>Oral cancer is a major public health issue in India with ~ 77,000 new cases and 52,000 deaths yearly. Paan chewing, tobacco and alcohol use are strong risk factors for this cancer in India. Human papillomaviruses (HPVs) are also related to a subset of head and neck cancers (HNCs). We examined the association between oral HPV and oral cancer in a sample of Indian subjects participating in a hospital-based case-control study. We recruited incident oral cancer cases (N = 350) and controls frequency-matched by age and sex (N = 371) from two main referral hospitals in Kerala, South India. Sociodemographic and behavioral data were collected by interviews. Epithelial cells were sampled using Oral CDx® brushes from the oral cancer site and the normal mucosa. Detection and genotyping of 36 HPV genotypes were done using a polymerase chain reaction protocol. Data collection procedures were performed by qualified dentists via a detailed protocol with strict quality control, including independent HPV testing in India and Canada. HPV DNA was detected in none of the cases or controls. Associations between oral cancer and risk factors usually associated with HPV infection, such as oral sex and number of lifetime sexual partners, were examined by logistic regression and were not associated with oral cancer. Lack of a role for HPV infection in this study may reflect cultural or religious characteristics</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26317688</p>

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	<p>specific to this region in India that are not conducive to oral HPV transmission. A nationwide representative prevalence study is needed to investigate HPV prevalence variability among Indian regions.</p> <p>© 2015 UICC.</p> <p>DOI: 10.1002/ijc.29827</p>			
<p>114.</p>	<p>Livingstone RS(1), Grunnet LG(2), Thomas N(3), Eapen A(1), Antonisamy B(4), MohanVR(5), Spurgeon R(3), Frank ID(3), Bygbjerg IC(6), Vaag A(2).</p> <p>Are hepatic and soleus lipid content, assessed by magnetic resonance spectroscopy, associated with low birth weight or insulin resistance in a rural Indian population of healthy young men?</p> <p>Diabet Med. 2016 Mar;33(3):365-70. doi: 10.1111/dme.12852. Epub 2015 Aug 18.</p> <p>Author information: (1)Department of Radiology, Christian Medical College and Hospital, Vellore, India. (2)Diabetes and Metabolism, Copenhagen University Hospital (Rigshospitalet), Denmark. (3)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College and Hospital, Vellore, India. (4)Department of Biostatistics, Christian Medical College and Hospital, Vellore, India. (5)Department of Community Health, Christian Medical College and Hospital, Vellore, India. (6)Department of Public Health, University of Copenhagen, Copenhagen, Denmark.</p> <p>AIMS: To assess young healthy men from rural India, who had normal or low birth weights, using magnetic resonance spectroscopy to determine the potential differences in ectopic fat storage between birth weight groups, and to determine if ectopic fat storage was associated with insulin resistance in this population. METHODS: A total of 54 lean men with normal birth weight and 49 lean men with low birth weight (age range 18-22 years) from rural India were recruited. All the men underwent anthropometry, magnetic resonance spectroscopy, a hyperinsulinaemic-euglycaemic clamp and a dual-energy X-ray absorptiometry. RESULTS: The median (interquartile range) values for hepatic cellular lipids, intramyocellular lipids and extramyocellular lipids, measured using magnetic resonance spectroscopy were 0.76 (0.1-1.8)%, 1.27 (1.0-2.3)% and 1.89 (1.3-3.2)%, respectively, for the normal birth weight group and 0.4 (0.1-1.3)%, 1.38 (0.9-2.2)% and 2.07 (1.2-2.8)%, respectively, for the low birth weight group (P > 0.05). No difference in ectopic fat storage was observed between the low and normal birth weight groups, with or without adjustment for age and total fat percentage. Homeostatic model assessment of insulin resistance values were not associated with hepatic cellular, intramyocellular or extramyocellular lipid</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26172248</p>

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	<p>content in any of the groups. Total fat percentage was the only independent predictor of intramyocellular and extramyocellular lipid content. CONCLUSION: Young and lean men from rural India with low birth weight were not observed to have ectopic fat storage in the liver or muscle, and the amount of liver and muscle fat was unrelated to insulin resistance. Older age and/or an urban affluent lifestyle may be required to show a potential role of ectopic fat storage on insulin resistance in Indian people with low or normal birth weight.</p> <p>© 2015 The Authors. Diabetic Medicine © 2015 Diabetes UK.</p> <p>DOI: 10.1111/dme.12852</p>			
<p>115.</p>	<p>Long JB(1), Joselyn AS, Bhalla T, Tobias JD, De Oliveira GS Jr, Suresh S; PRANInvestigators. The Use of Neuraxial Catheters for Postoperative Analgesia in Neonates: A Multicenter Safety Analysis from the Pediatric Regional Anesthesia Network. <i>Anesth Analg.</i> 2016 Jun;122(6):1965-70. doi: 10.1213/ANE.0000000000001322. Author information: (1)From the *Department of Pediatric Anesthesiology, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University, Chicago, Illinois; †Department of Anesthesia, Christian Medical College and Hospital, Vellore, Tamil Nadu, India; ‡Department of Pediatric Anesthesiology and Pain Medicine, Nationwide Children's Hospital, The Ohio State University, Columbus, Ohio; and §Department of Anesthesiology, Feinberg School of Medicine, Northwestern University, Chicago, Illinois.</p> <p>BACKGROUND: Currently, there is limited evidence to support the safety of neuraxial catheters in neonates. Safety concerns have been cited as a major barrier to performing large randomized trials in this population. The main objective of this study is to examine the safety of neuraxial catheters in neonates across multiple institutions. Specifically, we sought to determine the incidence of overall and individual complications encountered when neuraxial catheters were used for postoperative analgesia in neonates.</p> <p>METHODS: This was an observational study that used the Pediatric Regional Anesthesia Network database. Complications and adverse events were defined by the presence of at least 1 of the following intraoperative and/or postoperative factors: catheter malfunction (dislodgment/occlusion), infection, block abandoned (unable to place), block failure (no evidence of block), vascular (blood aspiration/hematoma), local anesthetic systemic toxicity, excessive motor block, paresthesia, persistent neurologic deficit, and other (e.g., intra-abdominal misplacement, tremors). Additional analyses were performed to identify the use of potentially toxic doses of local anesthetics.</p> <p>RESULTS: The study cohort included 307 neonates with a neuraxial catheter. There were 41 adverse events and complications recorded, resulting in an overall</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27195638</p>

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	<p>incidence of complications of 13.3% (95% confidence interval, 9.8%-17.4%). Among the complications, catheter malfunction, catheter contamination, and vascular puncture were common. None of the complications resulted in long-term complications and/or sequelae, resulting in an estimated incidence of any serious complications of 0.3% (95% confidence interval, 0.08%-1.8%). There were 120 of 307 patients who received intraoperative and/or postoperative infusions consistent with a potentially toxic local anesthetic dose in neonates. The incidence of potentially toxic local anesthetic infusion rates increased over time (P = 0.008).</p> <p>CONCLUSIONS: Neuraxial catheter techniques for intraoperative and postoperative analgesia appear to be safe in neonates. Further studies to confirm our results and to establish the efficacy of these techniques across different surgical procedures are required. We suggest that each center that uses neuraxial anesthesia techniques in neonates closely evaluate the dose limits for local anesthetic agents and develop rigorous quality assurance methods to ensure potentially toxic doses are not used.</p> <p>DOI: 10.1213/ANE.0000000000001322</p>			
<p>116.</p>	<p>Mahajan R(1), Kurien RT(1), Joseph AJ(1), Dutta AK(1), Chowdhury SD(2). Squamous papilloma of esophagus. Indian J Gastroenterol. 2016 Mar;35(2):151. doi: 10.1007/s12664-016-0642-3. Author information: (1)Department of Gastroenterology, Christian Medical College, Vellore, 632 004, India. (2)Department of Gastroenterology, Christian Medical College, Vellore, 632 004, India. sudipto.d.c@gmail.com.</p> <p>DOI: 10.1007/s12664-016-0642-3</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 27138928</p>
<p>117.</p>	<p>Mahajan R(1), Simon EG(2), Chacko A(1), Reddy DV(1), Kalyan PR(1), Joseph AJ(1), Dutta AK(1), Chowdhury SD(1), Kurien RT(1).</p> <p>Endoscopic ultrasonography in pediatric patients--Experience from a tertiary care center in India.</p> <p>Indian J Gastroenterol. 2016 Jan;35(1):14-9. doi: 10.1007/s12664-016-0619-2. Epub 2016 Mar 5.</p> <p>Author information: (1)Department of Gastroenterology, Christian Medical College, Vellore, 632 004, Tamil Nadu, India. (2)Department of Gastroenterology, Christian Medical College, Vellore, 632 004, Tamil Nadu, India. ebbysimon@gmail.com.</p> <p>BACKGROUND AND AIMS: Although endoscopic ultrasound (EUS) is used in the</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 26946134</p>

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	<p>management of various gastrointestinal (GI) diseases in adults, data on its role in children is limited. This study evaluated the indications, safety, and impact of EUS in children.</p> <p>METHODS: Records of children (<18 years age) who underwent EUS between January 2006 and September 2014 were reviewed retrospectively and analyzed.</p> <p>RESULTS: One hundred and twenty-one children (70 males, 51 females) aged 15.2 ± 2.9 years (mean ± SD) underwent 123 diagnostic (including fine needle aspiration cytology (FNAC) in 7) and 2 therapeutic EUS procedures. Conscious sedation was used in 81 procedures (65%) and general anesthesia in 44 (35%). The pancreaticobiliary system was evaluated in 114 (118 procedures), mediastinum in 5, and stomach in 2 patients. EUS diagnosed chronic pancreatitis (21 patients), pancreatic necrosis (1), splenic artery pseudoaneurysm (1), gastric varix (1), pseudocysts (3), insulinomas (2), other pancreatic masses (2), choledocholithiasis (2), choledochal cysts (2), portal biliopathy (1), esophageal leiomyoma (1), gastric neuroendocrine tumor (NET) (1), and GI stromal tumor in stomach (1). EUS-guided FNAC was positive in four of seven patients (two had tuberculosis, one pancreatic solid pseudopapillary tumor, and one gastric NET). Three patients had minor adverse events. EUS had a positive clinical impact in 43 (35.5%) patients.</p> <p>CONCLUSIONS: EUS is feasible and safe in children. It provides valuable information that helps in their clinical management.</p> <p>DOI: 10.1007/s12664-016-0619-2</p>			
<p>118.</p>	<p>Mahajan RK(1), Rajan SJ(2), Peter JV(3), Suryawanshi MK(4). Multiple Small Intestine Perforations after Organophosphorous Poisoning: A Case Report. J Clin Diagn Res. 2016 Mar;10(3):GD06-7. doi: 10.7860/JCDR/2016/17103.7454. Epub2016 Mar 1.</p> <p>Author information: (1)Senior Resident, Medical Intensive Care Unit (ICU), Department of Critical Care Medicine, Christian Medical College , Vellore, Tamil Nadu, India . (2)Associate Professor, Department of Medicine Unit 3, Christian Medical College , Vellore, Tamil Nadu, India . (3)Professor, Medical ICU, Department of Critical Care Medicine, Christian Medical College , Vellore, Tamil Nadu, India . (4)Assistant Professor, Department of General Pathology, Christian Medical College , Vellore, India .</p> <p>Organophosphate poisoning has significant gastrointestinal manifestations including vomiting, diarrhea, cramps and increased salivation. We report an uncommon gastrointestinal complication of multiple small intestinal perforations following organophosphorus poisoning. A 28-year old male presented after ingesting dichlorvos mixed with alcohol. Following the initial cholinergic symptoms, the patient developed severe shock with fever, attributed to aspiration pneumonia. Despite appropriate antibiotics, shock was persistent. Over the next</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4843284 PMID: 27134898</p>

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	<p>24-hours, he developed abdominal distension, loose stools and high nasogastric aspirates. Computed tomography showed pneumoperitonium. Exploratory laparotomy revealed six perforations in the jejunum and ileum. The involved portion of the bowel was resected and re-anastomosed, following which only 80-cm of small bowel was left. Postoperatively, shock resolved over 72-hours. However, over the next few days, patient developed features of anastomotic leak. Since only a small portion of the small bowel was preserved, a conservative approach was adopted. He deteriorated further and finally succumbed to the illness.</p> <p>DOI: 10.7860/JCDR/2016/17103.7454</p>			
119.	<p>Mani V, George R(1), Vijayakumar K, Nair S.</p> <p>Type D lymphomatoid papulosis simulating aggressive epidermotropic cytotoxic lymphoma.</p> <p>Indian J Pathol Microbiol. 2016 Jan-Mar;59(1):81-3. doi: 10.4103/0377-4929.174823.</p> <p>Author information: (1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Three histological subtypes of lymphomatoid papulosis (LyP), type A (histiocytic), type B (mycosis fungoides like) and type C (anaplastic large cell lymphoma like) are well recognized. Two new histological variants, type D (simulating an aggressive epidermotropic cytotoxic lymphoma) and type E (angioinvasive type) has been described recently. We describe a 27-year-old man presented with a history of asymptomatic erythematous papules on both upper and lower limbs noted since 10 years of age. There were no systemic symptoms. Biopsy revealed an atypical dermal lymphoid infiltrate with epidermotropism, and the immunohistochemical markers showed a diffuse positivity for CD3, CD8, CD56, T1A and granzyme B with the focal positivity of CD30. All other relevant tests were normal. In this case report of a recently described delineated variant of LyP we emphasize the indolent course of this entity although the histology would suggest a more aggressive disease.</p> <p>DOI: 10.4103/0377-4929.174823</p>	NAT	JAN TO JUN	PMID: 26960644
120.	<p>Manish P(1), Rathore S(2), Benjamin SJ(3), Abraham A(2), Jeyaseelan V(4), Mathews JE(5).</p> <p>A randomised controlled trial comparing 30 mL and 80 mL in Foley catheter for induction of labour after previous Caesarean section.</p>	INTL	JAN TO JUN	PMID: 26774112

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	<p>Trop Doct. 2016 Jan 15. pii: 0049475515626031. [Epub ahead of print]</p> <p>Author information: (1)Registrar, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Assistant Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Associate Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Lecturer, Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (5)Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India og5@cmcvellore.ac.in.</p> <p>Inducing labour with a Foley balloon catheter rather than using oxytocin or prostaglandins is considered to be less risky if the uterus is scarred.(1) It is not known if more fluid in the balloon is more effective without being more dangerous. Volumes of 80 mL and 30 mL were compared in 154 eligible women. Mode of delivery, duration of labour and delivery within 24 h were similar in both groups. However, the second group required oxytocin more frequently. Though more scar dehiscences occurred in the first group, the difference was not significant.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/0049475515626031</p>			
121.	<p>Manuel DA(1), Irodi A(1), Sudhakar SV(1), Varkki S(1).</p> <p>Abnormal Chest Radiograph Due to a Common Lung Finding in Down Syndrome.</p> <p>Oman Med J. 2016 Jan;31(1):81. doi: 10.5001/omj.2016.16.</p> <p>Author information: (1)Department of Cardiology, Christian Medical College and Hospital, Vellore, India.</p> <p>DOI: 10.5001/omj.2016.16</p>	INTL	JAN TO JUN	PMCID: PMC4720935 PMID: 26813607
122.	<p>Manuel DA(1), Lahiri A(1), George OK(1).</p> <p>Transcatheter closure of ruptured sinus of valsalva to left ventricle.</p> <p>Ann Pediatr Cardiol. 2016 Jan-Apr;9(1):72-4. doi: 10.4103/0974-2069.171386.</p> <p>Author information:</p>	INTL	JAN TO JUN	PMCID: PMC4782474 PMID: 27011698

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	<p>(1)Department of Cardiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>We report a rare case of ruptured right sinus of valsalva into the left ventricle (LV). Transthoracic echocardiography showed a marked turbulent flow from the right aortic sinus to the LV. We describe a novel technique of closure of this defect with duct occluder, involving the formation of an arterio-arterial loop, without resorting to the usual arteriovenous loop.</p> <p>DOI: 10.4103/0974-2069.171386</p>			
<p>123.</p>	<p>Mathew AJ(1), Goel R(1), Kumar S(2), Danda D(1).</p> <p>Childhood-onset Takayasu arteritis: an update.</p> <p>Int J Rheum Dis. 2016 Feb;19(2):116-26. doi: 10.1111/1756-185X.12718. Epub 2015Nov 20.</p> <p>Author information: (1)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, India. (2)Department of Child Health and Pediatric Rheumatology, Christian Medical College, Vellore, India.</p> <p>Childhood-onset Takayasu arteritis (c-TA) is a distinct subset affecting a wide age group, ranging from young infants to adolescents and it differs from adult TA in many aspects. There is scarcity of data on c-TA worldwide. The disease is classified using the European League Against Rheumatism/Pediatric Rheumatology International Trials Organization/Pediatric Rheumatology European Society criteria. The non-specific nature of presenting complaints and lack of appropriate biomarkers delay the early diagnosis of this illness and many children present with complications, which become irreversible once they set in. One of the largest cohorts of 40 children with c-TA from our center reports hypertension as the commonest presenting feature. Systemic symptoms like headache, fever and weight loss are also described. Assessment of disease in c-TA is done by correlating clinical features with raised inflammatory markers. Advanced imaging plays an important role in diagnosis. In c-TA, the role of magnetic resonance angiography is advocated, taking into consideration the enormous amount of radiation exposure with other modalities. Complications of c-TA include cardiovascular, pulmonary, neurological and those arising secondary to long-term steroid and immunosuppression therapy.</p> <p>© 2015 Asia Pacific League of Associations for Rheumatology and Wiley Publishing Asia Pty Ltd.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26585174</p>

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	DOI: 10.1111/1756-185X.12718			
124.	<p>Mathews DM(1), John R(2), Verghese V(3), Parmar H(4), Chaudhary N(2), MishraS(5), Mathew L(2). Histoplasma capsulatum Infection with Extensive Lytic Bone Lesions Mimicking LCH. J Trop Pediatr. 2016 Jun 20. pii: fmw040. [Epub ahead of print]</p> <p>Author information: (1)Department of Pediatrics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India divyamathews82@gmail.co. (2)Department of Pediatrics Haematology-Oncology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Pediatrics Infectious Diseases, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (4)Department of Pathology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (5)Department of Pediatrics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>Multiple lytic bone lesions in a child can be a manifestation of various diseases like Langerhans cell histiocytosis, metastatic neuroblastoma, leukemia, hyperparathyroidism, multifocal osteomyelitis and histoplasmosis. Disseminated histoplasmosis caused by Histoplasma capsulatum var. duboisii is well known to present with multiple osteolytic lesions in immunocompromised adults and is mostly restricted to the African subcontinent. Histoplasmosis seen in American and Asian countries is caused by Histoplasma capsulatum var. capsulatum, which presents with pulmonary and systemic manifestations and rarely bone involvement. We report a case of histoplasmosis, caused by H. capsulatum var. capsulatum with extensive lytic bone lesions in a 13 year old immunocompetent boy who presented with prolonged fever, weight loss and multiple boggy swellings. He responded to amphotericin and is currently on Itraconazole. This case is unique for extensive osteolytic lesions with H. capsulatum var. capsulatum infection in an immunocompetent child.</p> <p>© The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com.</p> <p>DOI: 10.1093/tropej/fmw040</p>	INTL	JAN TO JUN	PMID: 27329388
125.	<p>Mehan R(1), Rupa V(2), Lukka VK(1), Ahmed M(3), Moses V(3), Shyam Kumar NK(3). Association between vascular supply, stage and tumour size of juvenile nasopharyngeal angiofibroma. Eur Arch Otorhinolaryngol. 2016 Jun 11. [Epub ahead of print]</p> <p>Author information: (1)Department of ENT, Christian Medical College, Vellore, 632004, India. (2)Department of ENT, Christian Medical College, Vellore, 632004, India.</p>	INTL	JAN TO JUN	PMID: 27289235

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	<p>rupavedantam@cmcvellore.ac.in. (3)Department of Radiology, Christian Medical College, Vellore, India.</p> <p>Juvenile nasopharyngeal angiofibroma (JNA) is a highly vascular tumour seen in adolescent males. To study the vascular pattern of these tumours, we retrospectively reviewed the records of patients with JNA who underwent preoperative angiography. Most (82.2 %) of the 45 patients assessed were Radkowski stage III with a mean size of 5.29 cm. There was a significant association between tumour stage and size ($p = 0.029$). Ten different vessels were seen to supply these tumours. All tumours had primary supply from the distal third of the ipsilateral internal maxillary artery (IMA). Accessory vessel supply was chiefly from the Vidian branch of internal carotid artery (ICA) (55.6 %). Stage III tumours were supplied by a greater number of feeding vessels than earlier stage tumours ($p < 0.01$). Larger tumours were more likely to have ICA supply ($p = 0.04$). Bilateral supply was seen in 48.7 %. However, there was no predominance of bilateral over ipsilateral IMA supply even in advanced stage tumours. One patient in our series was found to have a caroticocavernous fistula. Residual or recurrent tumours were characterized by new vasculature (100 %) and greater accessory supply from the ipsilateral ICA (85.7 %). Our study highlights the fact that surgical planning cannot be dependent on staging alone and should include preoperative assessment of tumour vasculature by angiography.</p> <p>DOI: 10.1007/s00405-016-4136-9</p>			
<p>126.</p>	<p>Menon VK(1), George S(1), Sarkar R(1), Giri S(1), Samuel P(2), Vivek R(1), Saravanabavan A(1), Liakath FB(1), Ramani S(1), Iturriza-Gomara M(3), Gray JJ(3), Brown DW(3), Estes MK(4), Kang G(1).</p> <p>Norovirus Gastroenteritis in a Birth Cohort in Southern India.</p> <p>PLoS One. 2016 Jun 10;11(6):e0157007. doi: 10.1371/journal.pone.0157007.eCollection 2016.</p> <p>Author information: (1)Department of Gastrointestinal Sciences, Christian Medical College, Vellore, India. (2)Department of Biostatistics, Christian Medical College, Vellore, India. (3)Virus Reference Department, Centre for Infection, Health Protection Agency, London, United Kingdom. (4)Department of Molecular Virology and Microbiology, Baylor College of Medicine, Houston, Texas, United States of America.</p> <p>BACKGROUND: Noroviruses are an important cause of gastroenteritis but little is known about disease and re-infection rates in community settings in Asia. METHODS: Disease, re-infection rates, strain prevalence and genetic susceptibility to noroviruses were investigated in a birth cohort of 373 Indian children followed up for three years. Stool samples from 1856 diarrheal episodes and 147 vomiting only episodes were screened for norovirus by RT-PCR. Norovirus positivity was correlated with clinical data, secretor status and ABO blood</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4902233 PMID: 27284939</p>

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	<p>group. RESULTS: Of 1856 diarrheal episodes, 207 (11.2%) were associated with norovirus, of which 49(2.6%) were norovirus GI, 150(8.1%) norovirus GII, and 8 (0.4%) were mixed infections with both norovirus GI and GII. Of the 147 vomiting only episodes, 30 (20.4%) were positive for norovirus in stool, of which 7 (4.8%) were norovirus GI and 23 (15.6%) GII. At least a third of the children developed norovirus associated diarrhea, with the first episode at a median age of 5 and 8 months for norovirus GI and GII, respectively. Norovirus GI.3 and GII.4 were the predominant genotypes (40.3% and 53.0%) with strain diversity and change in the predominant sub-cluster over time observed among GII viruses. A second episode of norovirus gastroenteritis was documented in 44/174 (25.3%) ever-infected children. Children with the G428A homozygous mutation for inactivation of the FUT2 enzyme (se428se428) were at a significantly lower risk (48/190) of infection with norovirus ($p = 0.01$). CONCLUSIONS: This is the first report of norovirus documenting disease, re-infection and genetic susceptibility in an Asian birth cohort. The high incidence and apparent lack of genogroupII specific immunity indicate the need for careful studies on further characterization of strains, asymptomatic infection and shedding and immune response to further our understanding of norovirus infection and disease.</p> <p>DOI: 10.1371/journal.pone.0157007</p>			
127.	<p>Miraclin TA(1), Matthew A(1), Rupali P(2). Decreased response to artemisinin combination therapy in falciparum malaria: A preliminary report from South India. Trop Parasitol. 2016 Jan-Jun;6(1):85-6. doi: 10.4103/2229-5070.175125. Author information: (1)Department of Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Infectious Diseases, Christian Medical College, Vellore, Tamil Nadu, India. E-mail: prisci@cmcvellore.ac.in. DOI: 10.4103/2229-5070.175125</p>	INTL	JAN TO JUN	PMCID: PMc4778189 PMID: 26998439
128.	<p>Mishra AK(1), Aaron S(2), Abhilash K(2), Iyadurai R(2), Shaikh A(2), Lazarus E(2), Alexander V(2), George AA(2), Vishali P(2), Sudarsanam TD(2). Simple telephone call a feasible, useful and acceptable method of following uppatients with cerebrovascular accidents: Prospective Cohort study in South India. Int J Stroke. 2016 Jun 15. pii: 1747493016654486. [Epub ahead of print] Author information: (1)Department of General Medicine, Christian Medical College and Hospital,</p>	INTL	JAN TO JUN	PMID: 27306362

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	<p>Vellore, India ajaybalasore@gmail.com. (2)Department of General Medicine, Christian Medical College and Hospital, Vellore, India.</p> <p>DOI: 10.1177/1747493016654486</p>			
129.	<p>Mishra AK(1), George AA(2), George L(2).</p> <p>Yellow nail syndrome in rheumatoid arthritis: an aetiology beyond thiol drugs.</p> <p>Oxf Med Case Reports. 2016 Mar 16;2016(3):37-40. doi: 10.1093/omcr/omw013. eCollection 2016.</p> <p>Author information: (1)General Medicine , Christian Medical College , Vellore, Tamil Nadu , India. (2)Dermatology, Venereology and Leprosy , Christian Medical College , Vellore, Tamil Nadu , India.</p> <p>Yellow nail syndrome (YNS) is a rare entity characterized by a triad of nail changes, lymphoedema and lung involvement. We report a 57-year-old man with rheumatoid arthritis (RA) and YNS. We have reviewed the previous case reports of RA and YNS and discuss the pulmonary manifestations.</p> <p>DOI: 10.1093/omcr/omw013</p>	INTL	JAN TO JUN	<p>PMCID: PMC4794558 PMID: 26989491</p>
130.	<p>Mitra S(1), Choudhari R, Nori H, Abhilash KP, Jayaseelan V, Abraham AM, Cherian AO, Prakash JA, Muliylil J.</p> <p>Comparative evaluation of validity and cost-benefit analysis of rapid diagnostic test (RDT) kits in diagnosis of dengue infection using composite reference criteria: A cross-sectional study from south India.</p> <p>J Vector Borne Dis. 2016 Mar;53(1):30-6.</p> <p>Author information: (1)Department of Accident and Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND & OBJECTIVES: Rapid diagnostic test (RDT) kits are widely used in India for the diagnosis of dengue infection. It is important to evaluate the validity and reliability of these RDTs. The study was aimed to determine the sensitivity, specificity and predictive value of four commercially available RDTs [Panbio Dengue Duo cassette, Standard Diagnostics (SD) Bioline Dengue Duo, J. Mitra Dengue Day-1 test and Reckon Dengue IgG/IgM] against composite reference criteria (CRC), and compare the cost of the tests.</p>	INTL	JAN TO JUN	<p>PMID: 27004576</p>

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	<p>METHODS: In this prospective observational study for diagnostic accuracy, we tested stored blood samples from 132 cases of dengue and 149 controls of other infections as classified based on CRC, with all the four RDTs. The CRC was based on the epidemiological considerations, common clinical features and laboratory abnormalities. The non-dengue controls were the cases of proven alternative diagnosis. The diagnostic performances of the tests were compared in terms of sensitivity, specificity and predictive value along with the cost involved per test.</p> <p>RESULTS: The sensitivity of the Panbio and SD RDT kits was found to be 97.7 and 64.3% respectively, and the specificities were 87.8 and 96.6% respectively. The sensitivity of the NS1 antigen capture by SD Duo, Reckon, J. Mitra RDTs was 20.9, 18.6 and 27.1% respectively. The prevalence of dengue specific IgG antibody with Panbio RDT kits was 49.3%. The cost per test for Panbio, SD, Reckon and J. Mitra is US\$ 6.90, 4.27, 3.29 and 3.61 respectively.</p> <p>CONCLUSION: It was concluded that in dengue outbreak, Panbio IgM capture RDT alone is reliable and easily available test which can be used in acute phase of dengue infection in any resource limited set up. NS1 capture rates by any of the other three RDTs might not be reliable for the diagnosis of acute dengue infection.</p>			
<p>131.</p>	<p>Mitra S(1), Gunasekaran K, Chacko G, Hansdak SG.</p> <p>Leprous neuromyositis: A rare clinical entity and review of the literature.</p> <p>Indian J Med Microbiol. 2016 Jan-Mar;34(1):95-7. doi: 10.4103/0255-0857.174120.</p> <p>Author information: (1)Department of Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Mycobacterium leprae, the causative agent of leprosy (Hansen's disease), is a slow growing intracellular acid-fast bacillus that affects the skin, peripheral nerves and respiratory tract. In patients with suppressed cell-mediated immunity, the infiltration of the Bacilli can produce disseminated illness such as leprosy neuromyositis. We reported a case of 56-year-old gentleman presenting with pyrexia of unknown origin, asymmetric sensory motor axonal polyneuropathy and was on chronic exogenous steroid therapy. On evaluation, his skin, muscle, nerve and bone marrow biopsy showed numerous globi of acid-fast Bacilli suggestive of leprosy neuromyositis, a rare form of disseminated Hansen's disease. We reported this case in view of its rarity, atypical manifestation of a relatively rare disease and literature review on poor electrophysiological correlation in the diagnosis of leprosy neuromyositis as compared to the histopathological examination.</p> <p>DOI: 10.4103/0255-0857.174120</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 26776128</p>

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<p>132.</p>	<p>Mythri SV(1), Mathew V(2). Catatonic Syndrome in Anti-NMDA Receptor Encephalitis. Indian J Psychol Med. 2016 Mar-Apr;38(2):152-4. doi: 10.4103/0253-7176.178812. Author information: (1)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Anti-N-methyl-D-aspartate (NMDA) receptor encephalitis is a newly recognised autoimmune condition. With its typical clinical pattern, consistent association with the presence of auto antibodies and rapid improvement with immunotherapy, this condition is giving insights into the boundaries between psychiatry and other neurosciences, and is opening avenues for future research. In a young lady who presented with catatonia, we considered anti-NMDA receptor encephalitis, after ruling out other aetiologies. After a positive antibody test we treated her with immunotherapy. She showed gradual improvement in her psychotic and catatonic symptoms. Knowledge regarding the nature and function of NMDA receptors and pathophysiology of this particular encephalitis is important for psychiatric practice. The great opportunity for research in this area due to its association with psychotic disorders is evident but an appeal to temper the enthusiasm by considering the historical lessons learnt from Karl Jaspers' critique of General Paresis of Insane, is in place. Catatonic syndrome has to be conceptualised broadly and should be recognised with a separate nosological position.</p> <p>DOI: 10.4103/0253-7176.178812</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4820557 PMID: 27114630</p>
<p>133.</p>	<p>Naik D(1), Jebasingh KF(2), Ramprasath(3), Roy GB(4), Paul MJ(5). Video Assisted Thoracoscopic Surgery (VATS) for Excision of an Ectopic Anterior Mediastinal Intra-Thymic Parathyroid Adenoma. J Clin Diagn Res. 2016 Jun;10(6):PD22-4. doi: 10.7860/JCDR/2016/18108.8023. Epub 2016 Jun 1.</p> <p>Author information: (1)Associate Professor, Department of Endocrinology, Diabetes and Metabolism, Christian Medical College , Vellore, India . (2)Senior Registrar, Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India. (3)Assistant Professor, Department of Thoracic surgery, Christian Medical College, Vellore, India. (4)Professor, Department of Thoracic Surgery, Christian Medical College, Vellore, India. (5)Professor and Head, Department of Endocrine Surgery, Christian Medical College, Vellore, India.</p> <p>Ectopic anterior mediastinal parathyroid adenoma is a rare cause of Primary Hyperparathyroidism (PHPT). Imaging studies such as Technetium-99m ((99m)Tc)</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4963713 PMID: 27504353</p>

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	<p>sestamibi parathyroid scan along with a Single Photon Emission Computerized Tomogram (SPECT), and contrast enhanced Computerized Tomogram (CT) of the neck and thorax can precisely localize the ectopic mediastinal parathyroid adenoma. We report a 40-year-old gentleman who presented with persistent pain in the right shoulder following trivial trauma. His biochemical investigations showed an elevated serum calcium of 11.6mg% (Normal: 8.3-10.4 mg%) along with an elevated iPTH of 1443 pg/ml (normal: 8-70 pg/ml) which were suggestive of primary hyperparathyroidism. The localization studies revealed an ectopic cystic parathyroid adenoma in the anterior mediastinum that was not accessible from the neck. He underwent a Video Assisted Thoracoscopic (VAT) excision procedure with normalization of serum calcium and an uncomplicated recovery. The VAT approach is a successful minimally invasive technique for mediastinal parathyroidectomy.</p> <p>DOI: 10.7860/JCDR/2016/18108.8023</p>			
134.	<p>Naik D(1), Jebasingh KF(2), Thomas N(3). Delayed Diagnosis of Graves' Thyrotoxicosis Presenting as Recurrent Adrenal Crisis in Primary Adrenal Insufficiency. J Clin Diagn Res. 2016 Apr;10(4):OD20-2. doi: 10.7860/JCDR/2016/16395.7678. Epub2016 Apr 1. Author information: (1)Associate Professor, Department of Endocrinology, Diabetes and Metabolism, Christian Medical College , Vellore, Tamil Nadu, India . (2)Senior Registrar, Department of Endocrinology, Diabetes and Metabolism, Christian Medical College , Vellore, Tamil Nadu, India . (3)Professor, Department of Endocrinology, Diabetes and Metabolism, Christian Medical College , Vellore, Tamil Nadu, India .</p> <p>Adrenal crisis is a potential life threatening complication. The common causes of adrenal crisis are infections, surgical stress and abrupt cessation of steroid medications. Endocrine causes like Graves' disease with thyrotoxicosis is one of the less common causes of an adrenal crisis. We report a 42-year-old female who presented with recurrent episodes of adrenal crisis due to delayed diagnosis of thyrotoxicosis. She was initially treated with Carbimazole followed by Radio-iodine ablation and currently she is euthyroid. Her adrenal insufficiency was initially treated with hydrocortisone during the time of adrenal crisis followed by Prednisolone 5 mg once daily in the morning along with fludrocortisone 50 mcg once daily. This case highlights the need for high index of suspicion and less common causes like thyrotoxicosis should be ruled out in patients with adrenal crisis.</p> <p>DOI: 10.7860/JCDR/2016/16395.7678</p>	NAT	JAN TO JUN	PMID: PMC4866171 PMID: 27190873
135.	<p>Natarajan K(1), Abraham P(2).</p>	INTL	JAN TO JUN	PMID: 27038877

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Methotrexate administration induces differential and selective protein tyrosine nitration and cysteine nitrosylation in the subcellular organelles of the small intestinal mucosa of rats.

Chem Biol Interact. 2016 May 5;251:45-59. doi: 10.1016/j.cbi.2016.03.032. Epub 2016 Mar 30.

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Gastrointestinal toxicity is one of the most frequent dose limiting side effects of methotrexate (MTX), a commonly used chemotherapeutic drug. Peroxynitrite (PON) overproduction is reported to contribute to MTX induced gastrointestinal mucositis. However, the consequence of PON overproduction i.e. protein tyrosine nitration and protein cysteine nitrosylation, the subcellular distribution of these modified proteins and their molecular weights have not been investigated yet. Mucositis was induced in Wistar rats by the administration of 3 consecutive i.p. injections of MTX. Tyrosine nitrated proteins and cysteine nitrosylated proteins were determined in the subcellular organelles fractions of mucosa using immunoprecipitation and western blot. The proteins in the subcellular fractions were separated by 1D electrophoresis, and probed with anti-nitrotyrosine antibody and anti-nitrosocysteine antibody. After MTX treatment, a general increase in protein tyrosine nitration as well as a change in the spectrum of proteins that underwent nitration was observed. The relative densities of the 3 nitrotyrosine protein adducts were as follows: Mitochondria > cytosol > microsomes > nucleus. In the mitochondrial fraction increased nitration of 12 kDa, 25 kDa, 29 kDa, 47 kDa, and 62 kDa proteins, in the cytosol increased nitration of 12 kDa, 19 kDa, 45 kDa, and 60 kDa proteins and in the nuclear fraction increased nitration of 17 kDa, 35 kDa, and 58 kDa proteins was observed. On the other hand, MTX treatment resulted to a general decrease in protein cysteine nitrosylation in all the subcellular fractions. These results suggest that MTX induced, PON mediated small intestinal injury is mediated by differential nitration and nitrosylation of proteins in the subcellular organelles with increased protein tyrosine nitration and decreased cysteine nitrosylation. In addition MTX treatment results in selective nitration and nitrosylation of proteins in the intestinal mucosa. This differential nitrosative modifications may contribute to MTX induced small intestinal injury.

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<p>136.</p>	<p>Oommen AM(1), Abraham VJ(2), George K(2), Jose VJ(2). Prevalence of coronary heart disease in rural and urban Vellore: A repeat cross-sectional survey. Indian Heart J. 2016 Jul-Aug;68(4):473-9. doi: 10.1016/j.ihj.2015.11.015. Epub 2016 Jan 11.</p> <p>Author information: (1)Associate Professor, Department of Community Health, Christian Medical College, Vellore, Tamil Nadu 632002, India. Electronic address: anuoommen@cmcvellore.ac.in. (2)Department of Community Health, Christian Medical College, Vellore, Tamil Nadu 632002, India.</p> <p>BACKGROUND: With the increase of cardiovascular risk factors in India, the prevalence of coronary heart disease (CHD) is also expected to rise. A cross-sectional study in 2010-2012 assessed the prevalence and risk factors for CHD in urban and rural Vellore, Tamil Nadu. The secondary objectives were to compare the current prevalence with the prevalence of CHD in the same areas in 1991-1994. METHODS: A cross-sectional survey was carried out among adults aged 30-64 years to determine the prevalence of CHD (previously diagnosed disease, symptoms detected using Rose angina questionnaire, or ischemic changes on electrocardiography). The study used the WHO STEPS method in addition to the Rose angina questionnaire and resting electrocardiography and was conducted in nine clusters of a rural block in Vellore district and 48 wards of Vellore town. The results were compared with a similar study in the same area in 1991-1994. RESULTS: The prevalence of CHD was 3.4% (95% CI: 1.6-5.2%) among rural men, 7.4% (95% CI: 4.7-10.1%) among rural women, 7.3% (95% CI: 5.7-8.9%) among urban men, and 13.4% (95% CI: 11.2-15.6%) among urban women in 2010-2012. The age-adjusted prevalence in rural women tripled and in urban women doubled, with only a slight increase among males, between 1991-1994 and 2010-2012. CONCLUSIONS: The large increase in prevalence of CHD, among both pre- and post-menopausal females, suggests the need for further confirmatory studies and interventions for prevention in both rural and urban areas.</p> <p>Copyright © 2015 Cardiological Society of India. Published by Elsevier B.V. All rights reserved. DOI: 10.1016/j.ihj.2015.11.015</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4990735 [Available on 2017-07-01] PMID: 27543468</p>
<p>137.</p>	<p>Paarel JP(1), Singh G, Punnen GE, Prabhu K.</p> <p>The Use of Intracranial Doppler as a Cause for Intraoperative Hyperthermia.</p> <p>J Neurosurg Anesthesiol. 2016 Mar 18. [Epub ahead of print]</p> <p>Author information: (1)Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26998651</p>

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	DOI: 10.1097/ANA.0000000000000298			
138.	<p>Padaki PA(1), Sachithanandham J(1), Isaac R(2), Ramalingam VV(1), Abraham OC(3),Pulimood SA(4), Kannangai R(1).</p> <p>The performance of reverse transcriptase assay for the estimation of the plasmaviral load in HIV-1 and HIV-2 infections.</p> <p>Infect Dis (Lond). 2016;48(6):467-71. doi: 10.3109/23744235.2015.1122832. Epub2015 Dec 11.</p> <p>Author information: (1)a Departments of Clinical Virology ; (2)b Rural Unit for Health and Social Affairs (RUHSA) ; (3)c Internal Medicine ; (4)d Dermatology and Venereology , Christian Medical College , Vellore , India.</p> <p>Viral load testing for human immunodeficiency virus 1 (HIV-1) in resource-poor settings continues to be a challenge. Although antiretroviral therapy (ART) is being made available in developing countries, monitoring of viral load is not being done on a regular basis. The purpose of this study was to assess the utility of Cavid version 3.0, which measures the plasma reverse transcriptase (RT) activity and compare its performance with molecular HIV viral load assays. In all, 125 HIV-1 and 13 HIV-2 positive samples were analyzed. The overall sensitivity of the assay was 86.8% and 94.1% for viral load >1000 copies/ml measured by Qiagen Artus HIV-1 RG RT PCR and Abbott RealTime HIV-1 PCR assays, respectively. Compared with the routine molecular viral load assays, Cavid version 3.0 is inexpensive, user-friendly, the expenditure on infrastructure is minimal, and it can be used for monitoring of both HIV types.</p> <p>DOI: 10.3109/23744235.2015.1122832</p>	INTL	JAN TO JUN	PMID: 26654354
139.	<p>Padhye KP(1), David KS(2), Dholakia SY(2), Mathew V(2), Murugan Y(2).</p> <p>'Munchausen syndrome': a forgotten diagnosis in the spine.</p> <p>Eur Spine J. 2016 May;25 Suppl 1:152-6. doi: 10.1007/s00586-015-4270-x. Epub 2015Oct 28.</p> <p>Author information: (1)Christian Medical College, Ida Scudder Road, Vellore, Tamil Nadu, 632004, India. kedarorth@gmail.com. (2)Christian Medical College, Ida Scudder Road, Vellore, Tamil Nadu, 632004, India.</p>	INTL	JAN TO JUN	PMID: 26510423

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	<p>PURPOSE: To present the case of a patient with Munchausen's syndrome who underwent multiple surgeries in the spine before the diagnosis was made and, therefore, to highlight the importance of this obscure condition that can result in unnecessary surgical treatment.</p> <p>METHODS: A 44-year-old businesswoman presented with multiple episodes of low back pain and weakness in both lower limbs over past 11 years. Past history consisted of multiple hospitalizations, and three surgeries on her lumbar spine at different hospitals, with dramatic improvement in symptoms being reported each time after surgery. Clinical examination showed inconsistent and nonspecific neurological findings. Imaging studies like X-rays, magnetic resonance imaging, and all neurophysiological studies were within normal limits.</p> <p>RESULTS: Multi-disciplinary evaluation by a team of orthopedicians, neurologist and psychiatrist and rehabilitation specialists diagnosed it as 'Munchausen syndrome'. Only one report of this fictitious disease in spine was found in review of literature (Association AP, Diagnostic and statistical manual of mental disorders: DSM-IV-TR(®), 2003).</p> <p>CONCLUSIONS: A history of multiple surgical interventions at multiple hospitals, often followed by dramatic improvement and then relapse, should trigger a suspicion of Munchausen syndrome, particularly in the scenario of normal imaging studies. Diagnosing this rare condition in spine is key to avoid unnecessary surgery.</p> <p>DOI: 10.1007/s00586-015-4270-x</p>			
140.	<p>Pal R, Mariappan I, Velayudhan SR(1). Editorial: Induced Pluripotent Stem Cell-Derived Mesenchymal Stem Cells: Ushering of a New Era in Personalized Cell Therapies. Curr Stem Cell Res Ther. 2016;11(2):97-8.</p> <p>Author information: (1)School of Regenerative Medicine, Manipal University, Bangalore, India. rajarshi.pal@manipal.edu</p>	INTL	JAN TO JUN	PMID: 26592539
141.	<p>Paul A(1), Peringattuthodiyil Y(1), Christopher DJ(1), Thangakunam B(1). Young onset hemoptysis: A rare cause of pulmonary arterial aneurysm. Lung India. 2016 May-Jun;33(3):345-7. doi: 10.4103/0970-2113.180952. Author information: (1)Department of Pulmonary Medicine, Christian Medical College, Vellore, Tamil Nadu, India E-mail: akhil_pauli@yahoo.com.</p> <p>DOI: 10.4103/0970-2113.180952</p>	NAT	JAN TO JUN	PMCID: PMC4857578 PMID: 27186006
142.	<p>Peedicayil J(1). Epigenetic Drugs for Multiple Sclerosis.</p>	INTL	JAN TO JUN	PMCID: PMC4787283 PMID: 26813117

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	<p>Curr Neuropharmacol. 2016;14(1):3-9.</p> <p>Author information: (1)Department of Pharmacology and Clinical Pharmacology Christian Medical College Vellore India. jpeedi@cmcvellore.ac.in.</p> <p>There is increasing evidence that abnormalities in epigenetic mechanisms of gene expression contribute to the development of multiple sclerosis (MS). Advances in epigenetics have given rise to a new class of drugs, epigenetic drugs. Although many classes of epigenetic drugs are being investigated, at present most attention is being paid to two classes of epigenetic drugs: drugs that inhibit DNA methyltransferase (DNMTi) and drugs that inhibit histone deacetylase (HDACi). This paper discusses the potential use of epigenetic drugs in the treatment of MS, focusing on DNMTi and HDACi. Preclinical drug trials of DNMTi and HDACi for the treatment of MS are showing promising results. Epigenetic drugs could improve the clinical management of patients with MS.</p>			
143.	<p>Peedicayil J(1).</p> <p>Epigenetic targets for the treatment of neurodegenerative diseases.</p> <p>Clin Pharmacol Ther. 2016 May;99(5):481. doi: 10.1002/cpt.323. Epub 2016 Jan 12.</p> <p>Author information: (1)Department of Pharmacology and Clinical Pharmacology, Christian Medical College, Vellore, 632 002, India.</p> <p>Comment on Clin Pharmacol Ther. 2015 Nov;98(5):492-501.</p> <p>DOI: 10.1002/cpt.323</p>	INTL	JAN TO JUN	PMID: 26669276
144.	<p>Peedicayil J(1).</p> <p>Preclinical epigenetic models for screening epigenetic drugs for schizophrenia.</p> <p>J Pharmacol Toxicol Methods. 2016 Jan-Feb;77:1-5. doi: 10.1016/j.vascn.2015.09.002. Epub 2015 Sep 11.</p> <p>Author information: (1)Department of Pharmacology and Clinical Pharmacology, Christian Medical College, Vellore, India. Electronic address: jpeedi@cmcvellore.ac.in.</p>	INTL	JAN TO JUN	PMID: 26370661

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	<p>Schizophrenia is an important psychiatric disorder for which effective drugs are available. However, there are problems with current drug therapy of schizophrenia in that some patients do not respond adequately. Moreover, some patients show treatment resistance and some patients show cognitive decline despite treatment. Hence new and effective drugs will be useful for the treatment of this disorder. Since there is increasing evidence that epigenetic mechanisms of gene expression are defective in schizophrenia, drugs that correct epigenetic defects, epigenetic drugs, could be useful in the treatment of this disorder. This paper discusses preclinical epigenetic models for screening epigenetic drugs for schizophrenia. It also discusses how such models could be useful for the discovery and development of such drugs.</p> <p>Copyright © 2015 Elsevier Inc. All rights reserved.</p> <p>DOI: 10.1016/j.vascn.2015.09.002</p>			
<p>145.</p>	<p>Peter CD(1), Jennifer A(2).</p> <p>Multiple Giant Cutaneous Horns in a Renal Transplant Recipient.</p> <p>Indian J Dermatol. 2016 Jan-Feb;61(1):124. doi: 10.4103/0019-5154.174156.</p> <p>Author information: (1)Department of Dermatology, Venereology and Leprosy, Christian Medical College, Vellore, Tamil Nadu, India. E-mail: dincypeter@gmail.com. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0019-5154.174156</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4763662 PMID: 26955148</p>
<p>146.</p>	<p>Peter JV(1), Varghese GH, Alexander H, Tom NR, Swethalekshmi V, Truman C, Kumar TR, Sivakumar T.</p> <p>Patterns of Adverse Drug Reaction in the Medical Wards of a Teaching Hospital: A Prospective Observational Cohort Study.</p> <p>Curr Drug Saf. 2016;11(2):164-71.</p> <p>Author information: (1)Christian Medical College Hospital, Vellore 632 004, India. peterjohnvictor@yahoo.com.au.</p> <p>INTRODUCTION: According to the World Health Organization (WHO) definition, an Adverse Drug Reaction (ADR) is a response to a drug that is noxious and unintended and occurs at doses normally used in humans for the prophylaxis,</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26916785</p>

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	<p>diagnosis, and treatment of disease. The risk factors of ADR are multi-factorial and include poly-pharmacy, age, gender, race, genetics and inter-current disease.</p> <p>PATIENTS AND METHODS: This was a hospital based, prospective, observational cohort study undertaken in a tertiary care hospital in south India to assess the different patterns of adverse drug reaction in medical wards over 6 months. The severity of ADR was assessed using Hartwig Siegel scale and causality by Naranjo and WHO UMC Scale. Preventability was assessed using Schumock and Thornton scale and other parameters such as incidence, onset, duration, management and outcome were also assessed. Risk factors were assessed by bi-variate logistic regression analysis and length of hospital stay by T test.</p> <p>RESULTS: The incidence of ADR was 10.42% in medicine wards. The causality of ADR done by Naranjo scale showed that most of the ADRs were probable (7.38%). Anti-tubercular agents were the leading cause of ADR. Duration of hospitalization was significantly longer (7.18 ± 2.64 vs. 5.06 ± 2.13 days) in patients with ADR (Odds ratio 1.38, 95% Confidence interval 1.26 to 1.51). 7.28% of ADRs were moderately severe. Seriousness criteria assessment showed that 0.33% were serious reactions. Most of the ADRs were definitely preventable. Most of the ADRs were managed by discontinuing the suspected drug. The present study showed female gender predominance over males for ADRs and no relationship with age.</p> <p>CONCLUSION: Adverse drug reactions impose significant burden on hospitals through prolonging patient stay and by increasing admission rates. The occurrence of ADR in this study was higher when compared to that reported in previous studies. This study highlights the importance of ADR reporting among health care professionals in hospital.</p>			
<p>147.</p>	<p>Pillai R, Ancheri SA, Dharmalingam SK, Sahajanandan R(1). An innovative way to reinsert dislodged Arndt blocker using urological glide wire. Ann Card Anaesth. 2016 Apr-Jun;19(2):354-6. doi: 10.4103/0971-9784.179617. Author information: (1)Department of Anaesthesia, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>The Arndt blocker is positioned in the desired bronchus using a wire loop which couples the blocker with a fiberoptic bronchoscope (FOB). The wire loop once removed cannot be reinserted in 5F and 7F blockers making repositioning of the blocker difficult. A 34-year-old female was to undergo left thoracotomy followed by laparoscopic cholecystectomy. The left lung was isolated with a 7F Arndt bronchial blocker. During one-lung ventilation, the wire loop was removed for oxygen insufflation. There was loss of lung isolation during the procedure and dislodgement of the blocker was confirmed by FOB. The initial attempts to reintroduce the blocker into the left main bronchus failed. An alternative technique using a glide wire was attempted which resulted in successful reintroduction of the Arndt blocker. The 0.032 inch zebra glide wire may be</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4900362 PMID: 27052085</p>

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	effectively used to reposition a dislodged Arndt blocker if the wire loop has been removed. DOI: 10.4103/0971-9784.179617			
148.	<p>Prabhakar AT(1), Kamanahalli R(2), Sivadasan A(3), Joseph E(2), Viggswarpu S(4). Non-fatal acute haemorrhagic leukoencephalitis following snake bite: A case report. Trop Doct. 2016 Jan;46(1):57-9. doi: 10.1177/0049475515577987. Epub 2015 Mar 18.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, India atprabhakar@gmail.com. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, India. (3)Department of Neurological Sciences, Christian Medical College, Vellore, India. (4)Department of Geriatrics, Christian Medical College, Vellore, India.</p> <p>Acute haemorrhagic leukoencephalitis (AHL) is a fulminant inflammatory disease of cerebral white matter, characterised by demyelination and haemorrhagic necrosis. The outcome is usually fatal with only few survivors. An unusual presentation of a 44-year-old South Indian farmer who developed AHL following a snake bite is reported. Though the initial brain imaging showed extensive involvement of the white matter with multiple haemorrhagic foci, the patient improved spontaneously with no specific therapy. A repeat magnetic resonance imaging of the brain 28 days after the snake bite confirmed radiological improvement.</p> <p>© The Author(s) 2015. DOI: 10.1177/0049475515577987</p>	INTL	JAN TO JUN	PMID: 25790820
149.	<p>Prabhu VV(1), Sathyamurthy D(1), Ramasamy A(1), Das S(2), Anuradha M(1), Pachiappan S(1). Evaluation of protective effects of diosmin (a citrus flavonoid) in chemical-induced urolithiasis in experimental rats. Pharm Biol. 2016 Sep;54(9):1513-21. doi: 10.3109/13880209.2015.1107105. Epub 2016Jan 22.</p> <p>Author information: (1)a Department of Pharmacology , Swamy Vivekanandha College of Pharmacy , Namakkal , Tamil Nadu , India ; (2)b Department of Pharmacology , Christian</p>	INTL	JAN TO JUN	PMID: 26799954

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	<p>Medical College , Vellore , Tamil Nadu , India.</p> <p>Context There have not been any conclusive studies of the effects of diosmin, a modified flavanone glycoside obtained from <i>Teucrium gnaphalodes</i> L'Her (Lamiaceae), on urolithiasis. Objective To evaluate anti-urolithiatic effects of diosmin in ammonium chloride and ethylene glycol-induced renal stone in experimental animals. Materials and methods Thirty Sprague-Dawley were divided into five groups (n=6) receiving the following treatments, respectively, p.o. for 15 consecutive days: distilled water, 0.75% v/v ethylene glycol + 2% w/v ammonium chloride, 0.75% v/v ethylene glycol + 2% w/v ammonium chloride + cystone® 750 mg/kg, 0.75% v/v ethylene glycol + 2% w/v ammonium chloride + diosmin 10 mg/kg or 0.75% v/v ethylene glycol + 2% w/v ammonium chloride + diosmin 20 mg/kg. Different biomarkers of urolithiasis in urine and serum were evaluated and histopathological examination of kidney was done. Results Animals treated with diosmin (both 10 and 20 mg/kg) had significantly (p < 0.005) decreased in kidney weight, urinary pH, total urinary protein, urinary calcium, phosphorus, serum potassium, sodium, magnesium, creatinine, uric acid and blood urea nitrogen levels and significantly (p < 0.005) increased in urinary volume, urinary magnesium, potassium, sodium, creatinine, uric acid and serum calcium levels in comparison to animals treated with ethylene glycol and ammonium chloride. However, results were better with diosmin 20 mg/kg in comparison to the control group. Conclusion Diosmin (10 and 20 mg/kg) has very good anti-urolithiatic activity similar to the standard drug cystone®.</p> <p>DOI: 10.3109/13880209.2015.1107105</p>			
<p>150.</p>	<p>Pradhan ZS(1), Braganza A, Abraham LM.</p> <p>Does the ISNT Rule Apply to the Retinal Nerve Fiber Layer?</p> <p>J Glaucoma. 2016 Jan;25(1):e1-4. doi: 10.1097/IJG.000000000000064.</p> <p>Author information: (1)Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>PURPOSE: To determine whether the ISNT rule (Inferior>Superior>Nasal>Temporal) or the "IST" rule (Inferior>Superior>Temporal) can be applied to the peripapillary retinal nerve fiber layer (RNFL) thickness as measured using Heidelberg Retinal Tomography (HRT) and Optical Coherence Tomography (OCT). MATERIALS AND METHODS: This was a cross-sectional study of 189 normal and 42 glaucomatous eyes. RNFL thicknesses measured in different quadrants using HRT and OCT were compared to determine the percentage of eyes obeying the ISNT and IST rule. RESULTS: The HRT-measured mean RNFL thickness in normal eyes showed that 25.9%</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 24777047</p>

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	<p>obeyed the ISNT rule and 70.4% conformed to the "IST" rule. The "IST" rule was able to identify normal eyes better ($P=0.040$), but had a poor sensitivity (45%) and specificity (70%) to diagnose glaucoma. The OCT-measured average RNFL thickness showed that 47.1% of normal eyes obeyed the ISNT rule and 58.7% conformed to the "IST" rule. Exclusion of the nasal sector also increased the number of glaucomatous eyes conforming to the IST rule (31% obeyed the ISNT rule and 50% obeyed the IST rule). Sensitivities and specificities of the ISNT and the IST rules for OCT-quantified RNFL ranged from 42% to 77%.</p> <p>CONCLUSIONS: A larger number of normal eyes obeyed the IST rule compared with the ISNT rule for the RNFL thickness measured by HRT and OCT. Exclusion of the nasal sector from the analysis (IST rule) marginally improved the specificity in diagnosing glaucoma at the cost of the sensitivity, making neither of these parameters (ISNT and IST) likely to be useful clinically.</p> <p>DOI: 10.1097/IJG.0000000000000064</p>			
<p>151.</p>	<p>Pragasam AK(1), Raghanivedha M(2), Anandan S(3), Veeraraghavan B(4).</p> <p>Characterization of <i>Pseudomonas aeruginosa</i> with discrepant carbapenem susceptibility profile.</p> <p>Ann Clin Microbiol Antimicrob. 2016 Feb 24;15:12. doi: 10.1186/s12941-016-0127-3.</p> <p>Author information: (1)Department of Clinical Microbiology, Christian Medical College, Vellore, 632004, India. akilaprakasam.90@gmail.com. (2)Department of Clinical Microbiology, Christian Medical College, Vellore, 632004, India. mdragha.10@gmail.com. (3)Department of Clinical Microbiology, Christian Medical College, Vellore, 632004, India. shalinianandan@cmcvellore.ac.in. (4)Department of Clinical Microbiology, Christian Medical College, Vellore, 632004, India. vbalaji@cmcvellore.ac.in.</p> <p><i>Pseudomonas aeruginosa</i> is the most common nosocomial pathogen, notorious for its multidrug resistance and causes life threatening infections. Carbapenems were considered as the last resort of drugs for the treatment of multi drug resistant <i>P. aeruginosa</i> infections. The emergence of resistance to carbapenems limits its use for treatment. Unlike other organisms, in <i>P. aeruginosa</i> intrinsic/chromosomal mediated resistance mechanisms plays a major role for carbapenem resistance rather than the carbapenemases. Carbapenemase producing organisms becomes resistant to both imipenem and meropenem. However, in our clinical settings, we have observed rare carbapenem resistant phenotypes such as imipenem resistant but meropenem susceptible (IRMS) and meropenem resistant but imipenem susceptible (MRIS) phenotypes. Thus we have chosen these rare phenotypes to look for the respective resistance mechanisms by phenotypic and molecular methods. From this</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PM4765188 PMID: 26911874</p>

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	<p>study we found that, IRMS is primarily due to the mutations across various regions in the loops of oprD gene and MRIS is due to the over expression of mexAB efflux pumps. This study results confirms that, this rare phenotypes are due to the intrinsic/chromosomal mediated mechanisms, which occurred due to the antibiotic selection pressure. This study also provided data concerning alterations in outer membrane permeability which is often associated with the increased levels of antibiotic efflux. Consequently, this study provided the prevalence of the various resistance mechanisms that have deployed by the organism to resist antibiotics through different phenotypes.</p> <p>DOI: 10.1186/s12941-016-0127-3</p>			
152.	<p>Prakasan AM(1), Prabhu AJ(2), Velarasan K(1), Backianathan S(1), Ram TS(1). Paraneoplastic Pemphigus Associated with Follicular Dendritic Cell Tumor in the Mediastinum. Case Rep Dermatol Med. 2016;2016:6901539. doi: 10.1155/2016/6901539. Epub 2016Apr 11.</p> <p>Author information: (1)Ida B Scudder Cancer Centre, Radiation Oncology Unit 1, Christian Medical College, Ida Scudder Road, Vellore, Tamil Nadu 632004, India. (2)Department of Pathology, Christian Medical College, Ida Scudder Road, Vellore, Tamil Nadu 632004, India.</p> <p>Paraneoplastic Pemphigus (PNP) is an autoimmune bullous disease characterized by severe stomatitis, polymorphous skin eruptions, and underlying neoplasms. Diagnosis of cutaneous paraneoplastic disorders requires high index of suspicion. We describe a patient with PNP associated with follicular dendritic cell (FDC) tumor in the mediastinum, a rare neoplasm originating from follicular dendritic cells. Its management requires identification of underlying malignancy and treatment of the same. Our patient showed remission of PNP upon excision of the tumor and remained disease-free for 8 years.</p> <p>DOI: 10.1155/2016/6901539</p>	INTL	JAN TO JUN	PMCID: PMC4842386 PMID: 27190659
153.	<p>Premkumar P(1), Antonisamy B(2), Mathews J(3), Benjamin S(3), Regi A(3), Jose R(3), Kuruvilla A(4), Mathai M(5).</p> <p>Birth weight centiles by gestational age for twins born in south India.</p> <p>BMC Pregnancy Childbirth. 2016 Mar 24;16:64. doi: 10.1186/s12884-016-0850-y.</p> <p>Author information: (1)Departments of Biostatistics, Christian Medical College, Vellore, 632 002, India. prasanna.samuel@cmcvellore.ac.in. (2)Departments of Biostatistics,</p>	INTL	JAN TO JUN	PMCID: PMC4806424 PMID: 27012538

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	<p>Christian Medical College, Vellore, 632 002, India. (3)Obstetrics and Gynaecology, Christian Medical College, Vellore, 632 002, India. (4)Neonatology, Christian Medical College, Vellore, 632 002, India. (5)Making Pregnancy Safer Department, World Health Organization, Geneva, Switzerland.</p> <p>BACKGROUND: Birth weight centile curves are commonly used as a screening tool and to assess the position of a newborn on a given reference distribution. Birth weight of twins are known to be less than those of comparable singletons and twin-specific birth weight centile curves are recommended for use. In this study, we aim to construct gestational age specific birth weight centile curves for twins born in south India.</p> <p>METHODS: The study was conducted at the Christian Medical College, Vellore, south India. The birth records of all consecutive pregnancies resulting in twin births between 1991 and 2005 were reviewed. Only live twin births between 24 and 42 weeks of gestation were included. Birth weight centiles for gestational age were obtained using the methodology of generalized additive models for location, scale and shape (GAMLSS). Centiles curves were obtained separately for monochorionic and dichorionic twins.</p> <p>RESULTS: Of 1530 twin pregnancies delivered during the study period (1991-2005), 1304 were included in the analysis. The median gestational age at birth was 36 weeks (1st quartile 34, 3rd quartile 38 weeks). Smoothed percentile curves for birth weight by gestational age increased progressively till 38 weeks and levels off thereafter. Compared with dichorionic twins, monochorionic twins had lower birth weight for gestational age from after 27 weeks.</p> <p>CONCLUSIONS: We provide centile values of birth weight at 24 to 42 completed weeks of gestation for twins born in south India. These charts could be used both in routine clinical assessments and epidemiological studies.</p> <p>DOI: 10.1186/s12884-016-0850-y</p>			
<p>154.</p>	<p>Putta T(1), Chacko BR(2), Joseph E(2).</p> <p>Intracardiac fistula in a child: a rare complication of infective endocarditis.</p> <p>Asian Cardiovasc Thorac Ann. 2016 Mar 21. pii: 0218492316640384. [Epub ahead of print]</p> <p>Author information: (1)Department of Radiology, Christian Medical College, Vellore, India tharaniputta@gmail.com. (2)Department of Radiology, Christian Medical College, Vellore, India.</p> <p>DOI: 10.1177/0218492316640384</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27002095</p>

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155.	<p>Qian P(1), He XC(1), Paulson A(1), Li Z(2), Tao F(2), Perry JM(1), Guo F(1), Zhao M(1), Zhi L(3), Venkatraman A(4), Haug JS(1), Parmely T(1), Li H(1), Dobrowsky RT(5), Ding WX(6), Kono T(7), Ferguson-Smith AC(8), Li L(9).</p> <p>The Dlk1-Gtl2 Locus Preserves LT-HSC Function by Inhibiting the PI3K-mTOR Pathway to Restrict Mitochondrial Metabolism.</p> <p>Cell Stem Cell. 2016 Feb 4;18(2):214-28. doi: 10.1016/j.stem.2015.11.001. Epub 2015 Nov 25.</p> <p>Author information: (1)Stowers Institute for Medical Research, Kansas City, MO 64110, USA. (2)Stowers Institute for Medical Research, Kansas City, MO 64110, USA; Department of Pathology and Laboratory Medicine, University of Kansas Medical Center, Kansas City, KS 66160, USA. (3)Department of Immunology, Tianjin Key Laboratory of Cellular and Molecular Immunology, Key Laboratory of Immuno Microenvironment and Disease of the Educational Ministry, Tianjin Medical University, Tianjin, P.R. China. (4)Centre for Stem Cell Research, Christian Medical College, Vellore, 632002, India. (5)Department of Pharmacology and Toxicology, University of Kansas, Lawrence, KS 66045, USA. (6)Department of Pharmacology, Toxicology and Therapeutics, University of Kansas Medical Center, Kansas City, KS 66160, USA. (7)Department of Bioscience, Tokyo University of Agriculture, Tokyo 156-8502, Japan. (8)Department of Genetics, University of Cambridge, Downing Street, Cambridge CB2 3EG, UK. (9)Stowers Institute for Medical Research, Kansas City, MO 64110, USA; Department of Pathology and Laboratory Medicine, University of Kansas Medical Center, Kansas City, KS 66160, USA. Electronic address: lil@stowers.org.</p> <p>Comment in Stem Cell Investig. 2016;3:29. Cell Stem Cell. 2016 Feb 4;18(2):158-60.</p> <p>The mammalian imprinted Dlk1-Gtl2 locus produces multiple non-coding RNAs (ncRNAs) from the maternally inherited allele, including the largest miRNA cluster in the mammalian genome. This locus has characterized functions in some types of stem cell, but its role in hematopoietic stem cells (HSCs) is unknown. Here, we show that the Dlk1-Gtl2 locus plays a critical role in preserving long-term repopulating HSCs (LT-HSCs). Through transcriptome profiling in 17 hematopoietic cell types, we found that ncRNAs expressed from the Dlk1-Gtl2 locus are predominantly enriched in fetal liver HSCs and the adult LT-HSC population and sustain long-term HSC functionality. Mechanistically, the miRNA mega-cluster within the Dlk1-Gtl2 locus suppresses the entire PI3K-mTOR pathway. This regulation in turn inhibits mitochondrial biogenesis and metabolic activity and protects LT-HSCs from excessive reactive oxygen species (ROS) production. Our data therefore show that the imprinted Dlk1-Gtl2 locus preserves LT-</p>	INTL	JAN TO JUN	PMID: 26627594
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	HSC function by restricting mitochondrial metabolism. Copyright © 2016 Elsevier Inc. All rights reserved. DOI: 10.1016/j.stem.2015.11.001			
156.	<p>Raj RR(1), Subramani S(1). Phenylephrine Decreases Vascular Tension in Goat Arteries in Specific Circumstances. PLoS One. 2016 Jun 30;11(6):e0158551. doi: 10.1371/journal.pone.0158551.eCollection 2016. Author information: (1)Department of Physiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Phenylephrine (PE) causes vasoconstriction through alpha adrenergic receptors. PE-induced vasodilatation has also been reported earlier in pre-constricted vessels. Here we demonstrate in spiral strips of goat arteries that addition of PE can decrease tone even from base-line levels (i.e. not pre-constricted) and show that this process requires nitric oxide (NO) and alpha adrenergic stimulation, but is cGMP-independent. Under control conditions, PE caused vasoconstriction, but under conditions where NO levels are higher, as with L-Arginine or sodium nitroprusside, PE decreased vessel tension. L-Arginine/PE combination was not able to decrease tension when alpha adrenoceptors were blocked with Phentolamine or endothelial nitric oxide synthase (eNOS) was blocked with Nω-Nitro-L-arginine (L-NNA). Propranolol, a beta blocker, was unable to prevent the reduction in tension by the L-Arginine/PE combination. Adrenaline and noradrenaline (and not isoproterenol) also reduced vessel tension in the presence of L-Arginine. Even when NO levels were not enhanced, relieving NO from having to stimulate the enzyme soluble guanylyl cyclase (sGC) (either by using sGC blockers, namely ODQ or methylene blue, or by enhancing cGMP levels (with sildenafil) which by negative feedback probably inhibits sGC) led to PE-induced reduction of vascular tension. PMA-phorbol myristate acetate-an agonist which stimulates Protein Kinase C was able to prevent the ability of PE to reduce vascular tension in a high NO environment. Our conclusion is that PE reduces vascular tension through alpha adrenoceptors if there is excess NO availability to activate a putative pathway. Though the reduction of vessel tone by PE is dependent on NO, it is independent of cGMP. Prior treatment with PMA or PE itself can prevent further PE-induced reduction of tension in a high NO environment. The results here suggest, counter-intuitively, that alpha blockers may be of help in the treatment of septic shock where nitric oxide levels are high.</p> <p>DOI: 10.1371/journal.pone.0158551</p>	INTL	JAN TO JUN	PMCID: PMC4928870 PMID: 27362703
157.	Rajamani B(1), Kumar Y(2), Rahman SM(2). Neuroleptic malignant syndrome.	NAT	JAN TO JUN	PMCID: PMC4943133

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	<p>J Family Med Prim Care. 2016 Jan-Mar;5(1):178-80. doi: 10.4103/2249-4863.184660.</p> <p>Author information: (1)Low-Cost Effective Care Unit, CMC, Vellore, Tamil Nadu, India. (2)Department of Family Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Neuroleptic malignant syndrome (NMS) is a life-threatening emergency that is often seen as a complication of antipsychotic agents. It is characterized by a tetrad of motor, behavioral, autonomic, and laboratory abnormalities. We report a case of a 34-year-old man with a history of newly diagnosed Type 2 diabetes mellitus, mental retardation, and behavioral abnormalities who developed NMS after starting on antipsychotic agents. He presented with high temperature, muscle rigidity, tachycardia, and elevated blood pressure. After a week of hospital treatment in the general ward of a secondary care unit, he was discharged in a hemodynamically and mentally stable state.</p> <p>DOI: 10.4103/2249-4863.184660</p>			PMID: 27453870
158.	<p>Rajshekhar V(1), Moorthy RK(2), Jeyaseelan V(3), John S(4), Rangad F(4), Viswanathan PN(4), Ravindran P(4), Singh R(4).</p> <p>Results of a conservative dose plan linear accelerator based stereotactic radiosurgery for pediatric intracranial arteriovenous malformations. World Neurosurg. 2016 Jun 11. pii: S1878-8750(16)30392-8. doi: 10.1016/j.wneu.2016.06.007. [Epub ahead of print]</p> <p>Author information: (1)Departments of Neurological Sciences, Christian Medical College, Vellore 632004, Tamilnadu, India. Electronic address: rajshekhar@cmcvellore.ac.in. (2)Departments of Neurological Sciences, Christian Medical College, Vellore 632004, Tamilnadu, India. (3)Departments of Biostatistics, Christian Medical College, Vellore 632004, Tamilnadu, India. (4)Departments of Radiotherapy, Christian Medical College, Vellore 632004, Tamilnadu, India.</p> <p>DOI: 10.1016/j.wneu.2016.06.007</p>	INTL	JAN TO JUN	PMID: 27302562
159.	<p>Rajshekhar V(1).</p> <p>History of neurosurgery at Christian Medical College, Vellore: A pioneer's tale. Neurol India. 2016 Mar-Apr;64(2):297-310. doi: 10.4103/0028-3886.177625.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>The Department of Neurological Sciences at Christian Medical College (CMC),</p>	NAT	JAN TO JUN	PMID: 26954810

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	<p>Vellore was the first department to start neurosurgical and neurological services in India. Jacob Chandy started the department in 1949 against several odds. He started a formal training program in neurosurgery in 1958, for the first time in India, and went on to qualify several neurosurgeons, who in turn pioneered neurosurgical departments all over India. After 1970, K V Mathai and Jacob Abraham guided the department through some difficult times when there was a severe shortage of personnel and no faculty in the neurology section. Through their commitment and hard work, they continued not only the neurosurgery service but also looked after patients with neurological disorders. Mathew J Chandy, son of Jacob Chandy, joined them in 1980 and introduced micro-neurosurgery and several other neurosurgical techniques. Training of residents in micro-neurosurgery began in the early 1980s. The last quarter of a century has been a period of rapid progress for neurosurgery at CMC. There has been an exponential rise in the number of surgeries, number of residents and number of publications. Research has always been an integral part of the activities of the department and several high impact articles have been published by the faculty and residents. The neurosurgical faculty at CMC has also contributed significantly to organized neurosurgery in India and internationally, with five of them serving as President of the Neurological Society of India, a society which had Jacob Chandy as its founder President. With this heritage, the neurosurgery section at CMC, Vellore is likely to continue to provide high quality ethical neurosurgical care to patients from all over India and overseas.</p> <p>DOI: 10.4103/0028-3886.177625</p>			
<p>160.</p>	<p>Ramasamy A(1), Das S(2), Mani V(3), Sengottuvelu S(4), Vinoth Prabhu V(1).</p> <p>Evaluation of Anti-diarrheal Potential of Hydro-alcoholic Extracts of Leaves of <i>Murraya koenigii</i> in Experimental Animals.</p> <p>J Diet Suppl. 2016;13(4):393-401. doi: 10.3109/19390211.2015.1101636. Epub 2015Dec 2.</p> <p>Author information: (1)a Department of Pharmacology, Swamy Vivekanandha College of Pharmacy , Namakkal , Tamil Nadu , India. (2)b Department of Pharmacology, Christian Medical College , Vellore , Tamil Nadu , India. (3)c Faculty of Pharmacy, Brain Research Laboratory, Universiti Teknologi MARA , Selangor , Malaysia. (4)d Department of Pharmacology, Nandha College of Pharmacy , Erode , Tamil Nadu , India.</p> <p>BACKGROUND: The indigenous medical system of India mentions the use of <i>Murraya koenigii</i> leaves for the treatment of different types of diarrheas over ages. OBJECTIVE: To evaluate the anti-diarrheal activity of hydro-alcoholic extracts of leaves of <i>Murraya koenigii</i> and to check its effects on intestinal transits in experimental rat model.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26631977</p>

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	<p>MATERIALS AND METHODS: The hydro-alcoholic extract of <i>Murraya koenigii</i> leaves was obtained with Soxhlet extraction method. Animals were divided into four groups (n = 6) receiving daily for three consecutive days: vehicle, standard drug atropine (3mg/kg, i.p.), leaf extracts 200 & 400 mg/kg respectively in oral route. Effects of the drugs on normal defecation were noted and then castor oil induced diarrhea was used to measure the effects of leaf extract on stool frequency and consistency. Finally, charcoal meal test was used to evaluate the effect of the extract on intestinal transit. Statistical evaluation was done using SPSS version 17, one way ANOVA followed by Dunnett's t-test was done and P < 0.001 was considered as significant.</p> <p>RESULTS: <i>Murraya koenigii</i> leaf extracts in 200 and 400 mg/kg dose reduced stool frequency, increased stool consistency and increased small intestinal transit time.</p> <p>CONCLUSION: Hydro-alcoholic extract of <i>Murraya koenigii</i> leaves possesses significant anti-diarrheal activity due to its inhibitory effect on gastrointestinal motility, making it useful for a wide number of gastrointestinal diseases.</p> <p>DOI: 10.3109/19390211.2015.1101636</p>			
<p>161.</p>	<p>Ramassamy S(1), Gibikote S(2), George RE(1). Anonychia with absent phalanges and brachydactyly: A report of two unrelated cases. Indian J Dermatol Venereol Leprol. 2016 Jun 20. doi: 10.4103/0378-6323.184198.[Epub ahead of print]</p> <p>Author information: (1)Department of Dermatology, Venereology and Leprosy, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0378-6323.184198</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 27320764</p>
<p>162.</p>	<p>Rao SV(1), Jacob GG(1), Raju NA(1), Ancheri SA(2). Spontaneous arterial hemorrhage as a complication of dengue. Indian J Crit Care Med. 2016 May;20(5):302-4. doi: 10.4103/0972-5229.182201.</p> <p>Author information: (1)Division of Critical Care, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Anaesthesiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Bleeding complications of dengue hemorrhagic fever such as epistaxis, gum bleeding, gastrointestinal bleeding, hypermenorrhea, hematuria, and thrombocytopenia have been documented. A 49-year-old female presented with complaints of intermittent high-grade fever for the past 4 days, lower abdominal</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4876654 PMID: 27275081</p>

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	<p>pain and altered sensorium for 1 day. Laboratory investigations revealed severe anemia, mild thrombocytopenia, hypofibrinogenemia, and positive dengue serology. Emergency ultrasound examination of the abdomen revealed a possible rapidly expanding hematoma from the inferior epigastric artery and suggested urgent computed tomography (CT) angiogram for confirmation of the same. CT angiogram was confirmatory, and patient underwent emergency embolization of the right inferior epigastric artery. We report the first case of inferior epigastric hemorrhage and rectus sheath hematoma as a consequence of dengue.</p> <p>DOI: 10.4103/0972-5229.182201</p>			
<p>163.</p>	<p>Reji KK(1), Mathew V(1), Zachariah A(2), Patil AK(1), Hansdak SG(2), Ralph R(2),Peter JV(3).</p> <p>Extrapyramidal effects of acute organophosphate poisoning.</p> <p>Clin Toxicol (Phila). 2016 Mar;54(3):259-65. doi: 10.3109/15563650.2015.1126841.Epub 2016 Jan 6.</p> <p>Author information: (1)a Department of Neurology , Christian Medical College , Vellore , Tamil Nadu , India ; (2)b Department of Medicine , Christian Medical College , Vellore , Tamil Nadu , India ; (3)c Medical Intensive Care Unit , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>BACKGROUND: There is limited information on extrapyramidal symptoms in acute organophosphate (OP) poisoning. We describe the course and outcome of severely poisoned patients who develop extrapyramidal manifestations. METHODS: In this prospective observational study, spanning 8 months (Apr-Nov 2013) adult patients (>18 years) admitted with OP poisoning were enrolled. Patients on anti-psychotic therapy, those refusing consent or presenting with co-ingestions were excluded. Treatment included atropine and supportive care (e.g. ventilation and inotropes as indicated); oximes were not administered. The presence of rigidity, tremors, dystonia and chorea were assessed daily till discharge using modifications of the Unified Parkinson's Disease rating scale and the Tremor rating scale. The presence of extrapyramidal manifestations was correlated with length of ventilation and hospital stay and mortality. RESULTS: Of the 77 patients admitted with OP poisoning, 32 were enrolled; 17 (53.1%) developed extrapyramidal manifestations which included rigidity (94.1%), tremors (58.8%) and dystonia (58.8%). None developed chorea. The median (inter-quartile range) time of symptom onset was 8 (5-11) days; extrapyramidal features resolved in 11 (6-17) days. The median duration of intensive care stay in patients not developing extrapyramidal symptoms was 6 (2-8) days, indicating that most of these patients had recovered even before symptom onset in patients</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26735571</p>

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	<p>who developed extrapyramidal manifestations. Overall, 27/32 (84%) were ventilated. Hospital mortality was 6.25% (2/32). When compared with patients not developing extrapyramidal signs, those with extrapyramidal manifestations had significantly prolonged ventilation (5 versus 16 median days; $p = 0.001$) and hospitalization (8 versus 21 days; $p < 0.001$), reduced ventilator-free days (23 versus 12 days; $p = 0.023$) and increased infections ($p = 0.03$). The need for ventilation and mortality were not significantly different ($p > 0.6$). Extrapyramidal symptoms were not observed in non-OP poisoned patients with prolonged ICU stay.</p> <p>CONCLUSION: In this small series of acute OP poisoning, extrapyramidal manifestations were common after 1 week of intensive care but self-limiting. They are significantly associated with longer duration of ventilation and hospital stay.</p> <p>DOI: 10.3109/15563650.2015.1126841</p>			
<p>164.</p>	<p>Rekha BM(1), Chandramohan A(2), Chandran BS(3), Jayaseelan V(4), Suganthy J(5). Contrast Enhanced Computed Tomographic Study on the Prevalence of Duodenal Diverticulum in Indian Population. J Clin Diagn Res. 2016 Apr;10(4):AC12-5. doi: 10.7860/JCDR/2016/17582.7649. Epub 2016 Apr 1.</p> <p>Author information: (1)Assistant Professor, Department of Anatomy, Christian Medical College , Bagayam, Vellore, India . (2)Associate Professor, Department of Radiology, Christian Medical College , Vellore, India . (3)Professor and Head, Department of Surgery, Christian Medical College , Vellore, India . (4)Lecturer, Department of Biostatistics, Christian Medical College , Vellore, India . (5)Professor and Head, Department of Anatomy, Christian Medical College , Vellore, India .</p> <p>INTRODUCTION: Duodenal diverticulum (DD) is the second most common diverticulum, yet its incidence varies widely from 1-22% based on the mode of investigation. Computed Tomography (CT) of abdomen is the preferred modality to diagnose acute abdomen including those of complications of DD. Moreover, the prevalence of DD in Indian population is not yet been studied using CT.</p> <p>AIM: The current study aim to look for the prevalence of DD in Indian population using Contrast Enhanced Computed Tomography (CECT) abdomen.</p> <p>MATERIALS AND METHODS: A retrospective study was done to assess the presence of DD using the CECT abdomen of 565 patients. The number, size, location, wall thickness and the contents of the diverticulum were noted. The data obtained was analysed using SPSS version 17.0. The mean, percentage of frequency of each variable and the association of DD with pancreatitis, cholelithiasis and colonic diverticulum were also looked for. Frequencies and percentages were calculated for all categorical variables. Spearman's rho correlation was done for age, diameter and content of DD.</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4866084 PMID: 27190786</p>

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	<p>RESULTS: The prevalence of DD in Indian population was 8.3% with the mean diameter of 17.13mm+7.26. The prevalence increased with age with no sex predilection. 89.3% were solitary and 10.64% were multiple. It was predominantly seen in the second part of duodenum (90.38%) and juxtapapillary type was the commonest. As the diameter of DD increased, fluid became its content. No significant association was observed between the presence of DD with pancreatitis, cholelithiasis or colonic diverticulum. A case of periampullary carcinoma arising from DD, a rare entity is being reported in this study.</p> <p>CONCLUSION: The prevalence of DD in Indian population is high compared to western population. DD has been attributed to the cases of acute abdomen and fluid alone as a content of DD with an incidence of 1.92% can be mistaken for a cystic neoplasm of pancreas. Rarely, a periampullary carcinoma can also arise from the wall of the pre-existing DD. This knowledge should be emphasised upon by the radiologist, surgeons and gastroenterologist who will be dealing with cases of acute abdomen and periampullary carcinoma.</p> <p>DOI: 10.7860/JCDR/2016/17582.7649</p>			
<p>165.</p>	<p>Rogawski ET(1), Meshnick SR(1), Becker-Dreps S(2), Adair LS(3), Sandler RS(4),Sarkar R(5), Kattula D(5), Ward HD(6), Kang G(5), Westreich DJ(1).</p> <p>Reduction in diarrhoeal rates through interventions that prevent unnecessary antibiotic exposure early in life in an observational birth cohort.</p> <p>J Epidemiol Community Health. 2016 May;70(5):500-5. doi: 10.1136/jech-2015-206635. Epub 2015 Nov 30.</p> <p>Author information: (1)Department of Epidemiology, UNC-Chapel Hill, Chapel Hill, North Carolina, USA. (2)Department of Family Medicine, UNC-Chapel Hill, Chapel Hill, North Carolina, USA. (3)Department of Nutrition, UNC-Chapel Hill, Chapel Hill, North Carolina, USA. (4)Department of Epidemiology, UNC-Chapel Hill, Chapel Hill, North Carolina, USA Department of Medicine, UNC-Chapel Hill, Chapel Hill, North Carolina, USA. (5)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (6)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India Division of Geographic Medicine and Infectious Diseases, Tufts Medical Center, Boston, Massachusetts, USA.</p> <p>BACKGROUND: Antibiotic treatment early in life is often not needed and has been associated with increased rates of subsequent diarrhoea. We estimated the impact of realistic interventions, which would prevent unnecessary antibiotic exposures before 6 months of age, on reducing childhood diarrhoeal rates.</p> <p>METHODS: In data from a prospective observational cohort study conducted in Vellore, India, we used the parametric g-formula to model diarrhoeal incidence</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26621194</p>

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	<p>rate differences contrasting the observed incidence of diarrhoea to the incidence expected under hypothetical interventions. The interventions prevented unnecessary antibiotic treatments for non-bloody diarrhoea, vomiting and upper respiratory infections before 6 months of age. We also modelled targeted interventions, in which unnecessary antibiotic use was prevented only among children who had already stopped exclusive breast feeding.</p> <p>RESULTS: More than half of all antibiotic exposures before 6 months (58.9%) were likely unnecessary. The incidence rate difference associated with removing unnecessary antibiotic use before 6 months of age was -0.28 (95% CI -0.46 to -0.08) episodes per 30 child-months. This implies that preventing unnecessary antibiotic exposures in just 4 children would reduce the incidence of diarrhoea by 1 from 6 months to 3 years of age.</p> <p>CONCLUSIONS: Interventions to reduce unnecessary antibiotic use among young children could result in an important reduction in diarrhoeal rates. This work provides an example application of statistical methods which can further the aim of presenting epidemiological findings that are relevant to public health practice.</p> <p>Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/</p> <p>DOI: 10.1136/jech-2015-206635</p>			
<p>166.</p>	<p>Rose W(1), Rajan RJ(2), Punnen A(2), Ghosh U(2). Distribution of Eschar in Pediatric Scrub Typhus. J Trop Pediatr. 2016 Apr 27. pii: fmw027. [Epub ahead of print] Author information: (1)Department of Pediatrics, Christian Medical College, Vellore 632004, India winsleyrose@cmcvellore.ac.in. (2)Department of Pediatrics, Christian Medical College, Vellore 632004, India.</p> <p>BACKGROUND: Identifying an eschar in scrub typhus is useful for initiation of prompt and appropriate antibiotic therapy. METHODS: The distribution of eschars in all children <15 years of age admitted with confirmed scrub typhus over a 5 year period is described. RESULTS: Of 431 children admitted with scrub typhus, eschars were present in 176 (40.8%) children with the following distribution: head, face and neck, 33 (19.1%); axillae, 37 (21%); chest and abdomen, 21 (11.9%); genitalia, inguinal region and buttocks, 58 (33%); back, 8 (4.5%); upper extremities, 13 (7.4%); and lower extremities, 5 (2.8%). The commonest sites of eschars were scrotum (27 of 106; 25.5%) and axillae (15 of 106; 14.2%) in males and axillae (22 of 70; 31.4%) and groin (16 of 70; 22.9%) in females. Eschars were seen within skin folds in 100 of 176 (56.8%) children.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27122479</p>

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	<p>CONCLUSION: Children should be carefully examined for the presence of eschar especially in the skin folds of the genitalia, axillae and groin to make an early diagnosis of scrub typhus.</p> <p>© The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com.</p> <p>DOI: 10.1093/tropej/fmw027</p>			
<p>167.</p>	<p>Rupa V(1), Isaac R(2), Rebekah G(3), Manoharan A(4).</p> <p>Association of Streptococcus pneumoniae nasopharyngeal colonization and other risk factors with acute otitis media in an unvaccinated Indian birth cohort.</p> <p>Epidemiol Infect. 2016 Jul;144(10):2191-9. doi: 10.1017/S0950268816000248. Epub 2016 Mar 2.</p> <p>Author information: (1)Department of ENT,Christian Medical College,Vellore,India. (2)Rural Unit for Health and Social Affairs,Christian Medical College,Vellore,India. (3)Department of Biostatistics,Christian Medical College,Vellore,India. (4)Department of Medicine (Infectious Diseases Unit),Christian Medical College,Vellore,India.</p> <p>In order to study the epidemiology of acute otitis media (AOM) and Streptococcus pneumoniae nasopharyngeal colonization in the first 2 years of life, we followed up an unvaccinated birth cohort monthly and at visits when sick, with otoscopy to detect AOM and performed nasopharyngeal swabbing to detect S. pneumoniae. Serotyping of positive cultures was also performed. Of 210 babies who were enrolled at birth, 61 (29.05%) experienced 128 episodes of AOM [relative risk 2.63, 95% confidence interval (CI) 1.21-5.75] with maximum incidence in the second half of the first year of life. Episodes ranged from 1 to 7 (mean 2.1 episodes). Most (86.9%) babies with AOM had a positive culture swab giving an odds ratio (OR) of 1.93 (95% CI 1.03-3.62, P = 0.041) for this association. Other risk factors identified for AOM were winter season (OR 3.46, 95% CI 1.56-7.30, P = 0.001), upper respiratory infection (OR 2.43, 95% CI 1.43-4.51, P = 0.005); residents of small households were less likely to develop AOM (OR 0.32, 95% CI 0.17-0.57, P < 0.01). Common S. pneumoniae serotypes isolated during episodes were 19, 6, 15, 35, 7, 23, 9 and 10 which indicated a theoretical coverage for pneumococcal vaccines PCV10 and PCV13 constituent serotypes of 62.8%. We conclude that AOM in Indian infants is often associated with S. pneumoniae colonization of the nasopharynx as well as other risk factors.</p> <p>DOI: 10.1017/S0950268816000248</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26931207</p>

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168.	<p>Sabapathy V(1), Kumar S(1). hiPSC-derived iMSCs: NextGen MSCs as an advanced therapeutically active cellresource for regenerative medicine. J Cell Mol Med. 2016 Aug;20(8):1571-88. doi: 10.1111/jcmm.12839. Epub 2016 Apr21. Author information: (1)Center for Stem Cell Research, A Unit of inStem Bengaluru, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Mesenchymal stem cells (MSCs) are being assessed for ameliorating the severity of graft-versus-host disease, autoimmune conditions, musculoskeletal injuries and cardiovascular diseases. While most of these clinical therapeutic applications require substantial cell quantities, the number of MSCs that can be obtained initially from a single donor remains limited. The utility of MSCs derived from human-induced pluripotent stem cells (hiPSCs) has been shown in recent pre-clinical studies. Since adult MSCs have limited capability regarding proliferation, the quantum of bioactive factor secretion and immunomodulation ability may be constrained. Hence, the alternate source of MSCs is being considered to replace the commonly used adult tissue-derived MSCs. The MSCs have been obtained from various adult and foetal tissues. The hiPSC-derived MSCs (iMSCs) are transpiring as an attractive source of MSCs because during reprogramming process, cells undergo rejuvenation, exhibiting better cellular vitality such as survival, proliferation and differentiations potentials. The autologous iMSCs could be considered as an inexhaustible source of MSCs that could be used to meet the unmet clinical needs. Human-induced PSC-derived MSCs are reported to be superior when compared to the adult MSCs regarding cell proliferation, immunomodulation, cytokines profiles, microenvironment modulating exosomes and bioactive paracrine factors secretion. Strategies such as derivation and propagation of iMSCs in chemically defined culture conditions and use of footprint-free safer reprogramming strategies have contributed towards the development of clinically relevant cell types. In this review, the role of iPSC-derived mesenchymal stromal cells (iMSCs) as an alternate source of therapeutically active MSCs has been described. Additionally, we also describe the role of iMSCs in regenerative medical applications, the necessary strategies, and the regulatory policies that have to be enforced to render iMSC's effectiveness in translational medicine.</p> <p>© 2016 The Authors. Journal of Cellular and Molecular Medicine published by John Wiley & Sons Ltd and Foundation for Cellular and Molecular Medicine.</p> <p>DOI: 10.1111/jcmm.12839</p>	INTL	JAN TO JUN	PMCID: PMC4956943 PMID: 27097531
169.	<p>Sabapathy V, Kumar S(1). Quest for alternate personalized clinical source of MSCs: Advancing towards</p>	INTL	JAN TO JUN	PMID: 26521972

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	<p>hiPSCs derived iMSCs.</p> <p>Curr Stem Cell Res Ther. 2016;11(2):99-113.</p> <p>Author information: (1)Centre for Stem Cell Research, Christian Medical College, Bagayam, Vellore - 632002, Tamil Nadu, India. skumar@cmcvellore.ac.in.</p> <p>The Human mesenchymal stromal/stem cells (MSCs) have been isolated from various tissue sources. Yet, the lack of a distinctive marker for identifying in vivo MSCs in their tissue niche has hampered the MSC's in vivo behavior tracking and compared that to the in vitro expanded cultures. In this review, we present a comprehensive report on MSCs history, isolation from assorted tissue sources, classification, long-term cultures for comprehensively characterized MSCs, immunomodulation, regenerative medical applications, iMSCs as a novel source of patient-specific iPSCs and scaleup strategies for translational applications. We have emphasized on prenatal tissue-derived MSCs and iMSCs derived from hiPSCs as an effective alternative to adult MSCs. We also highlight the urgent requirement to revisit the initial criteria laid down by International Society for Cellular Therapy (ISCT) and propose more stringent criteria to define, identify and exclusively characterize the MSCs derived from various tissue sources using advanced molecular tools; also more international workshops are necessary for delineating unique features of MSCs. Unless the proposed goal is achieved, it is extremely difficult to realize the full potential of MSCs in translational applications. Although numerous patients have been tested with MSCs to date, no immediate adverse outcomes or infusion-related toxicity has been reported, suggesting MSCs infusion to be safe. However, rare adverse event and late complications of the treatment may be detected in large cohorts of patients with long-term follow-up.</p>			
<p>170.</p>	<p>Sachithanandham J, Ramalingam VV, Raja J, Abraham OC, Pulimood SA, Kannangai R(1).</p> <p>Expression of cytokine-mRNA in peripheral blood mononuclear cell of human immunodeficiency virus-1 subtype C infected individuals with opportunistic viral infections from India (South).</p> <p>Indian J Med Microbiol. 2016 Jan-Mar;34(1):76-81. doi: 10.4103/0255-0857.174118.</p> <p>Author information: (1)Department of Clinical Virology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Human immunodeficiency virus (HIV) disease progression is associated with a</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 26776123</p>

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	<p>marked change in the level of plasma cytokines. The study reported here investigated the level of mRNA expression of different cytokines: Tumour necrosis factor-alpha (TNF-α), interferon (INF)-gamma, interleukin-10 (IL-10) and IL-21 in the peripheral blood mononuclear cell among the antiretroviral therapy naive subtype C HIV-1 infected individuals and normal healthy controls by real time polymerase chain reaction. The mRNA expressions of all the 4 cytokines in HIV-1 infected individuals were significantly higher compared to healthy controls (P value range 0.0004-0.01). The mean level of IL-10, INF-gamma and TNF-α were higher in HIV infected individuals with low CD4 counts (<300 cells/μl). The IL-10 expression showed a significant negative correlation with CD4 counts ($r=-0.25$, $P=0.04$) while IL-21 showed a positive correlation with CD4 counts ($r=0.26$, $P=0.03$). There was a significant negative correlation between the cytomegalovirus (CMV) viral load and IL-21 expression. Cytokine levels by mRNA detection avoids the inherent problem of measuring plasma level and this study also provide information on the cytokine levels and CD4+ T cell level among HIV-1 subtype C infected individuals with opportunistic viral infections like CMV.</p> <p>DOI: 10.4103/0255-0857.174118</p>			
<p>171.</p>	<p>Saha A(1), Shanthi F X M(1), Winston A B(1), Das S(2), Kumar A(1), Michael JS(1),Balamugesh T(1). Prevalence of Hepatotoxicity From Antituberculosis Therapy: A Five-Year Experience From South India. J Prim Care Community Health. 2016 Jul;7(3):171-4. doi: 10.1177/2150131916642431.Epub 2016 Apr 7. Author information: (1)Christian Medical College, Vellore, Tamil Nadu, India. (2)Christian Medical College, Vellore, Tamil Nadu, India saibaldas123@gmail.com.</p> <p>BACKGROUND: Antituberculosis (ATT) drug-induced liver injury (DILI) is a common and serious adverse effect of tuberculosis (TB) treatment. This retrospective study was carried out to study the prevalence of DILI among patients who had received anti-TB medications and to study some of the known risk factors responsible for causing DILI. MATERIALS AND METHODS: This longitudinal descriptive study was performed to evaluate cases of DILI with predefined criteria. Patients of all ages, diagnosed and treated for smear positive pulmonary TB from January 1, 2008 to December 31, 2012 and those who came for regular follow-up were included in the study. Multiple logistic regression analysis was performed to determine the association of different risk factors and DILI. The confounders considered were age, sex, weight, body mass index, doses of drugs (fixed or per kg), ATT regimens (daily or intermittent), and treatment categories. RESULTS: Of the 253 patients analyzed, 24 (9.48%) developed DILI. Associations of different risk factors were insignificant; including chronic alcohol consumption,</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27056794</p>

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	<p>hepatitis B infection, hepatitis C infection, HIV infection, and existing chronic TB. CONCLUSION: DILI was not significantly associated with known risk factors in our settings.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/2150131916642431</p>			
172.	<p>Samuel SS(1), Shetty S(2), Arunachal G(3), Koshy S(4), Paul TV(5).</p> <p>Hajdu Cheney Syndrome.</p> <p>J Clin Diagn Res. 2016 Feb;10(2):OD07-9. doi: 10.7860/JCDR/2016/15782.7203. Epub 2016 Feb 1.</p> <p>Author information: (1)Assistant Professor, Department of Dental Surgery, Christian Medical College , Vellore, India . (2)Senior Registrar, Department of Endocrinology, Diabetes & Metabolism, Christian Medical College , Vellore, India . (3)Assistant Professor, Department of Clinical Genetics, Christian Medical College , Vellore, India . (4)Professor, Department of Dental Surgery, Christian Medical College , Vellore, India . (5)Professor, Department of Endocrinology, Diabetes & Metabolism, Christian Medical College , Vellore, India .</p> <p>Hajdu-Cheney Syndrome is a rare genetic disorder characterised by progressive focal bone destruction. It is known to be an autosomal dominant disorder but there have been reports of sporadic cases as well. Although the disease manifestation is found to begin from birth, it is most often not diagnosed until adolescence or adulthood. It could be due to the rarity of the condition and the variation of the disease manifestation at different age groups. We report a case of Hajdu-Cheney Syndrome in a 26-year-old male who presented with severe periodontitis and premature loss of teeth. The other characteristic features included craniofacial dysmorphism, abnormalities of the digits and dental anomalies. Patients with craniofacial dysmorphism along with dental abnormalities should be thoroughly examined for any underlying systemic disorder. A team of specialists may be able to diagnose this condition before the disease is advanced.</p> <p>DOI: 10.7860/JCDR/2016/15782.7203</p>	NAT	JAN TO JUN	PMCID: PMC4800570 PMID: 27042504
173.	<p>Sarkar S(1), Nair BR(1), Rajshekhar V(1).</p> <p>Complications following central corpectomy in 468 consecutive patients with degenerative cervical spine disease.</p>	INTL	JAN TO JUN	PMID: 27246480

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	<p>Neurosurg Focus. 2016 Jun;40(6):E10. doi: 10.3171/2016.3.FOCUS1638.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE This study was performed to describe the incidence and predictors of perioperative complications following central corpectomy (CC) in 468 consecutive patients with cervical spondylotic myelopathy (CSM) or ossification of the posterior longitudinal ligament (OPLL). METHODS The authors performed a retrospective review of a cohort of patients who had undergone surgery for CSM (n = 338) or OPLL (n = 130) performed by a single surgeon over a 15-year period. All patients underwent uninstrumented CC with autologous iliac crest or fibular strut grafting. Preoperative clinical and imaging details were collected, and the type and incidence of complications were studied. Univariate and multivariate analyses were performed to establish risk factors for the development of perioperative complications. RESULTS Overall, 12.4% of patients suffered at least 1 complication following CC. The incidence of major complications was as follows: C-5 radiculopathy, 1.3%; recurrent laryngeal nerve injury, 0.4%; dysphagia, 0.8%; surgical-site infection, 3.4%; and dural tear, 4.3%. There was 1 postoperative death (0.2%). On multivariate analysis, patients in whom the corpectomy involved the C-4 vertebral body (alone or as part of multilevel CC) were significantly more likely to suffer complications (p = 0.004). OPLL and skip corpectomy were risk factors for dural tear (p = 0.015 and p = 0.001, respectively). No factors were found to be significantly associated with postoperative C-5 palsy, dysphagia, or acute graft extrusion on univariate or multivariate analysis. Patients who underwent multilevel CC were predisposed to surgical-site infections, with a slight trend toward statistical significance (p = 0.094). The occurrence of a complication after surgery significantly increased the mean duration of postoperative hospital stay from 5.0 ± 2.3 days to 8.9 ± 6 days (p < 0.001). CONCLUSIONS Complications following CC for CSM or OPLL are infrequent, but they significantly prolong hospital stay. The most frequent complication following CC is dural tear, for which a diagnosis of OPLL and a skip corpectomy are significant risk factors.</p> <p>DOI: 10.3171/2016.3.FOCUS1638</p>			
<p>174.</p>	<p>Sarkar S(1), Rajaratnam S(2), Chacko G(3), Mani S(4), Hesargatta AS(2), ChackoAG(5).</p> <p>Pure endoscopic transsphenoidal surgery for functional pituitary adenomas: outcomes with Cushing's disease.</p> <p>Acta Neurochir (Wien). 2016 Jan;158(1):77-86; discussion 86. doi: 10.1007/s00701-015-2638-7. Epub 2015 Nov 17.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26577636</p>

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	<p>Author information: (1)Sections of Neurosurgery Department of Neurological Sciences, Christian Medical College, Vellore, India. (2)Department of Endocrinology, Diabetes & Metabolism, Christian Medical College, Vellore, India. (3)Neuropathology, Department of Neurological Sciences, Christian Medical College, Vellore, India. (4)Department of Radiodiagnosis, Christian Medical College, Vellore, India. (5)Sections of Neurosurgery Department of Neurological Sciences, Christian Medical College, Vellore, India. agchacko@cmcvellore.ac.in.</p> <p>BACKGROUND: This study was performed to examine patient outcomes following pure endoscopic transsphenoidal surgery (ETS) for Cushing's disease (CD). METHOD: We studied 64 consecutive patients who underwent 69 endoscopic transsphenoidal procedures. Radiological evaluation comprised detailed examination of preoperative magnetic resonance images (MRI), including positron emission tomography (PET) for select cases. Inferior petrosal sinus sampling (IPSS) was not performed for any patient. Remission was defined by the presence of hypocortisolemia with requirement for steroid replacement therapy or eucortisolemia with suppression to <1.8 µg/dl after 1 mg dexamethasone on evaluation at least 3 months after surgery. RESULTS: Preoperative MRI was abnormal in 87.5 % of cases and included 11 macroadenomas (17.2 %). PET was used to localize the adenoma in four cases. For microadenomas, operative procedures executed were as follows: selective adenomectomy (n = 15), enlarged adenomectomy (n = 21) and subtotal/hemihypophysectomy (n = 17). Overall, pathological confirmation of an adenoma was possible in 58 patients (90.6 %). Forty-nine patients (76.6 %) developed hypocortisolemia (<5 µg/dl) in the early postoperative period. Mean follow-up was 20 months (range 6-18 months). Remission was confirmed in 79.7 % of the 59 cases followed up for >3 months and was superior for microadenomas (86.4 %) versus macroadenomas (55.6 %) and equivocal MRI adenomas (66.7 %). Postoperative CSF rhinorrhea occurred in five patients, and new endocrine deficits were noted in 17.1 % patients. A nadir postoperative cortisol <2 µg/dl in the 1st week after surgery was highly predictive of remission (p = 0.001). CONCLUSION: ETS allows for enhanced intrasellar identification of adenomatous tissue, providing remission rates that are comparable to traditional microsurgery for CD. The best predictor of remission remains induction of profound hypocortisolemia in the early postoperative period.</p> <p>DOI: 10.1007/s00701-015-2638-7</p>			
<p>175.</p>	<p>Sasi PK(1), Mahapatra S(1), Raj Pallapati SC(1), Thomas BP(1). Acute Traumatic Musculotendinous Avulsion of the Flexor Pollicis Longus Tendon Treated with Primary Flexor Digitorum Superficialis Transfer: A Novel Technique of Management.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4785255 PMID: 27019757</p>

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	<p>Case Rep Orthop. 2016;2016:2106203. doi: 10.1155/2016/2106203. Epub 2016 Feb 25.</p> <p>Author information: (1)Dr. Paul Brand Center for Hand Surgery, Christian Medical College and Hospital, Vellore 632004, India.</p> <p>Traumatic musculotendinous junction avulsions are rare injuries except in avulsion amputations. They pose a significant challenge to the treating surgeon. We present a 24-year-old male who sustained an open musculotendinous avulsion of the flexor pollicis longus tendon. He was treated with primary tendon transfer using the flexor digitorum superficialis of ring finger, in flexor zone 3. The functional result at 10 months following surgery was excellent.</p> <p>DOI: 10.1155/2016/2106203</p>			
<p>176.</p>	<p>Sathyakumar K(1), Chandramohan A(1), Masih D(2), Jesudasan MR(3), Pulimood A(2), Eapen A(1).</p> <p>Best MRI predictors of complete response to neoadjuvant chemoradiation in locally advanced rectal cancer.</p> <p>Br J Radiol. 2016;89(1060):20150328. doi: 10.1259/bjr.20150328. Epub 2016 Feb 1.</p> <p>Author information: (1)1 Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)2 Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)3 Department of General and Colorectal Surgery, Unit II, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVE: To identify the MRI parameters which best predict complete response (CR) to neoadjuvant chemoradiotherapy (CRT) in patients with locally advanced rectal cancer (LARC) and to assess their diagnostic performance. METHODS: This was a prospective study of pre- and post-CRT MRI and diffusion-weighted imaging (DWI) of 64 patients with LARC who underwent neoadjuvant CRT and subsequent surgery. Histopathological tumour regression grade was the reference standard. Multivariate regression analysis was performed to identify the best MRI predictors of CR to neoadjuvant CRT, and their diagnostic performance was assessed. RESULTS: The study cohort comprised 48 males and 16 females (n = 64), with mean age of 49.48 ± 14.3 years, range of 23-74 years. 11 patients had pathological complete response. The following factors predicted CR on univariate analysis: low initial (pre-CRT) tumour volume on T2 weighted high-resolution (HR) images and DWI, tumour volume-reduction rate (TVRR) of >95% on DWI and CR on post-CRT DWI</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4846192 [Available on 2017-04-01] PMID: 26828967 [PubMed - indexed for MEDLINE</p>

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	<p>(ydwit0) as assessed by the radiologist. However, the best MRI predictors of CR on multivariate regression analysis were CR on post-CRT DWI (ydwit0) as assessed by the radiologist and TVRR of >95% on DWI, and these parameters had an area under the curve (95% confidence interval) of 0.881 (0.74-1.0) and 0.843 (0.7-0.98), respectively. The sensitivity, specificity, positive-predictive value, negative-predictive value and accuracy of DWI in predicting CR was 81.8%, 94.3%, 75%, 96.1% and 76%; the sensitivity, specificity and accuracy of TVRR of >95% as a predictor of CR was 80%, 84.1% and 64.1%, respectively; however, this difference was not statistically significant. The interobserver agreement was substantial for ydwit0.</p> <p>CONCLUSION: Visual assessment of CR on post-CRT DWI and TVRR of >95% on DWI were the best predictors of CR after neoadjuvant CRT in patients with LARC, and the former being more practical can be used in daily practice.</p> <p>ADVANCES IN KNOWLEDGE: In rectal cancer, ydwit0 as assessed by the radiologist was the best and most practical imaging predictor of CR and scores over standard T2W HR images.</p> <p>DOI: 10.1259/bjr.20150328</p>			
177.	<p>Sathyakumar S(1), Cherian KE(2), Shetty S(3), Paul TV(3).</p> <p>Impact of curative surgery on bone in a patient with osteitis fibrosa cystica of primary hyperparathyroidism.</p> <p>BMJ Case Rep. 2016 Mar 30;2016. pii: bcr2016214970. doi: 10.1136/bcr-2016-214970.</p> <p>Author information: (1)Department of Endocrinology, Diabetes & Metabolism, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Endocrinology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1136/bcr-2016-214970</p>	INTL	JAN TO JUN	PMID: 27030464
178.	<p>Sathyakumar S(1), Kapoor N(2), Hephzibah J(3), Paul TV(2).</p> <p>Unusual presentation of Paget's disease of bone.</p> <p>BMJ Case Rep. 2016 Mar 4;2016. pii: bcr2016214556. doi: 10.1136/bcr-2016-214556.</p> <p>Author information: (1)Department of Endocrinology, Diabetes Metabolism, Christian Medical College, Vellore, Tamil Nadu, India. (2)Christian Medical College, Vellore, Tamil Nadu,</p>	INTL	JAN TO JUN	PMID: 26944376

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	India. (3)Department of Nuclear Medicine, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.1136/bcr-2016-214556			
179.	<p>Sekharappa V(1), Sait A(1).</p> <p>Simple and Economical Method to Create Thoracolumbar Burst Fracture in a Calf Spine Model.</p> <p>Asian Spine J. 2016 Feb;10(1):6-13. doi: 10.4184/asj.2016.10.1.6. Epub 2016 Feb 16.</p> <p>Author information: (1)Spinal Disorder Surgery Unit, Department of Orthopaedics, Christian Medical College, Vellore, India.</p> <p>STUDY DESIGN: Calf spine model study. PURPOSE: To describe a technique of creating thoracolumbar burst fractures in calf spine model by low weight drop weight. OVERVIEW OF LITERATURE: Burst fractures are one of the commonest types of thoracolumbar fractures and their treatment is controversial. Biomechanical studies aid in the decision of treatment of these fractures. A simple method of creation of burst fractures would help these biomechanical studies. METHODS: Ten specimens of thoracolumbar spines harvested from 6-8 week old calves were weakened at the target vertebra by standardized osteotomy cuts. Burst fractures were created by dropping a 5-kg of weight from a height of 1.2 m using an in-house device. An accelerometer attached to the weight measured the acceleration at the point of impact. RESULTS: Average weight and bone mineral density of the specimens was 390 g and 0.67 g/cm², respectively. Computed tomography scan analysis of the fractures revealed McCormack grade 2 and grade 3 fractures in 5 and 3 specimens, respectively, Dennis type 2B in 4, type 2A burst fractures in 5 specimens and fracture dislocation in 1 specimen, AO type A3.1.1 in 4 specimens, type A3.2.2 in 4 and type A3.3.3 in 2 specimens. Vertical laminar split fracture was seen in 6 specimens. Average acceleration and energy at impact was 9.04 m/sec and 54.24 Nm, respectively. CONCLUSIONS: We describe a technique to create thoracolumbar burst fractures in calf spine by a drop weight method using a device that is simple to operate and easy to construct. The method is consistent and produces fractures similar to those occurring naturally, and can be considered as an alternative method for creating burst fractures in biomechanical studies.</p> <p>DOI: 10.4184/asj.2016.10.1.6</p>	INTL	JAN TO JUN	PMCID: PMC4764542 PMID: 26949452

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180.	<p>Sen S(1), Ramakant P(1), Paul MJ(1), Jennifer A(2).</p> <p>Acute suppurative thyroiditis secondary to urinary tract infection by E. coli: a rare clinical scenario.</p> <p>BMJ Case Rep. 2016 Jan 13;2016. pii: bcr2015213231. doi: 10.1136/bcr-2015-213231.</p> <p>Author information: (1)Department of Endocrine Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>A 60-year-old woman with diabetes and symptomatic urinary tract infection presented to us with a painful neck swelling for 2 weeks. We discuss diagnostic and management issues in acute suppurative thyroiditis caused by Escherichia coli.</p> <p>2016 BMJ Publishing Group Ltd.</p> <p>DOI: 10.1136/bcr-2015-213231</p>	INTL	JAN TO JUN	PMID: 26762349
181.	<p>Shetty S(1), Kapoor N(1), Mathai S(2), Paul TV(1).</p> <p>Hyperphosphatemic tumoural calcinosis.</p> <p>BMJ Case Rep. 2016 Jan 25;2016. pii: bcr2015213537. doi: 10.1136/bcr-2015-213537.</p> <p>Author information: (1)Department of Endocrinology, Christian Medical College (CMC), Vellore, Tamil Nadu, India. (2)Department of Child Health-1, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1136/bcr-2015-213537</p>	INTL	JAN TO JUN	PMID: 26811414
182.	<p>Simon EG(1), Ghosh S(2), Iacucci M(2), Moran GW(3).</p> <p>Ustekinumab for the treatment of Crohn's disease: can it find its niche?</p> <p>Therap Adv Gastroenterol. 2016 Jan;9(1):26-36. doi: 10.1177/1756283X15618130.</p> <p>Author information: (1)Department of Gastroenterology, Christian Medical College, Vellore, India NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases, Nottingham University Hospitals NHS Trust and The University of Nottingham, Nottingham, UK.</p>	INTL	JAN TO JUN	PMCID: PMC4699281 PMID: 26770265

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	<p>(2)Department of Medicine and IBD Clinic, University of Calgary, Calgary, Alberta, Canada. (3)NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases, Nottingham University Hospitals NHS Trust and The University of Nottingham, Nottingham, UK.</p> <p>Crohn's disease is an immune-mediated disease that results in panenteric chronic inflammation in genetically predisposed individuals exposed to an appropriate environment. The past two decades have witnessed the emergence of an important class of drugs known as anti-tumour necrosis factor (TNF) agents in the treatment of Crohn's disease. Unfortunately, the utility of these agents have been hampered by primary and secondary nonresponse in a significant proportion of patients. Ustekinumab, a monoclonal antibody to the p40 subunit of interleukin (IL) 12 and 23, is a novel pharmacotherapy for this patient cohort that offers an out-of-class option. It is approved for use in psoriasis and psoriatic arthritis, and has now been evaluated in phase II trials for moderate-to-severe Crohn's disease. We here review the published literature and describe a potential clinical role for its use in this disease cohort.</p> <p>DOI: 10.1177/1756283X15618130</p>			
<p>183.</p>	<p>Simon SS(1), Charlu AP(1), Chacko RK(2), Kumar S(3). A Novel Technique To Correct Multiplanar Maxillary Hypoplasia. J Clin Diagn Res. 2016 Apr;10(4):ZD09-11. doi: 10.7860/JCDR/2016/16599.7639. Epub2016 Apr 1. Author information: (1)Associate Professor, Department of Dental Surgery, Unit 1, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (2)Professor, Department of Dental Surgery, Unit 1, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (3)Assistant Professor, Department of Dental Surgery, Unit 1, Christian Medical College and Hospital , Vellore, Tamil Nadu, India .</p> <p>Dental malocclusion and facial deformity are frequent observations in patients with clefts of the orofacial region. These patients have a low self perception secondary to their aesthetic appearance. Cleft palate patients are further affected in their speech and oral function with direct impediment to their quality of life. Early identification and treatment in cleft lip and palate patients may directly enhance their overall well being and productivity with sustainable prognosis when managed by skilled and evidence informed operators. We present a successful case management of a patient with a cleft palate and dentofacial deformity with a past surgical history, treated with an anterior maxillary advancement osteotomy, stabilized with an interpositional non vascular iliac bone graft. The posterior open bite was corrected using overlay full coverage crowns. Both these techniques are rarely reported in the literature. The procedure positively improved the quality of life in our patient with regards to</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4866264 PMID: 27190966</p>

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	<p>her aesthetics, speech and function. This treatment approach could be considered in similar cases to achieve predictable outcomes.</p> <p>DOI: 10.7860/JCDR/2016/16599.7639</p>			
184.	<p>Simon SS(1), Ramachandra SS(2), Abdullah DD(2), Islam MN(2), Kalyan CG(2). Lessons learned from the disruption of dental training of Malaysian students studying in Egypt during the Arab spring. Educ Health (Abingdon). 2016 May-Aug;29(2):124-7. doi: 10.4103/1357-6283.188753.</p> <p>Author information: (1)Department of Dental Surgery, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Faculty of Dentistry, SEGi University, Petaling Jaya, Selangor, Malaysia.</p> <p>BACKGROUND: Political crisis and worsening security situation in Egypt in late 2013 resulted in Malaysian students who were pursuing their dental education in Egypt being recalled home to Malaysia. The Ministry of Higher Education in Malaysia took steps to integrate these students into public and private universities in Malaysia. METHODS: We used a questionnaire and informal interviews to learn from students returning from Egypt about their experiences transitioning from dental schools in Egypt to Malaysia. RESULTS: We discuss the challenges students faced with regards to credit transfer, pastoral care, the differences in the curriculum between the dental faculties of the two nations, and the financial implications of this disruption of their training. DISCUSSION: We live in a fragile world where similar political situations will surely arise again. The approaches used by the Malaysian government and the lessons learned from these students may help others. The perspectives of these students may help educators reintegrate expatriate students who are displaced by political instability back into the education system of their own countries.</p> <p>DOI: 10.4103/1357-6283.188753</p>	INTL	JAN TO JUN	PMID: 27549650
185.	<p>Sivadasan A(1), Muthusamy K(1), Patil AK(1), Mathew V(1), Alexander M(2). Pearls & Oy-sters: Mitochondrial neurogastrointestinal encephalomyopathy: Diagnosis and response to peritoneal dialysis. Neurology. 2016 Apr 5;86(14):e147-50. doi: 10.1212/WNL.0000000000002536.</p> <p>Author information: (1)From the Department of Neurological Sciences, Christian Medical College, Vellore, India. (2)From the Department of Neurological Sciences, Christian Medical College, Vellore, India. mathewalex@cmcvellore.ac.in.</p> <p>DOI: 10.1212/WNL.0000000000002536</p>	INTL	JAN TO JUN	PMID: 27044617

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186.	<p>Sivaraju L(1), Mani S(2), Prabhu K(3), Daniel RT(3), Chacko AG(3). Three-dimensional computed tomography angiographic study of the vertebral artery in patients with congenital craniovertebral junction anomalies. Eur Spine J. 2016 May 2. [Epub ahead of print] Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, India. laxminadh.sivaraju@gmail.com. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, India. (3)Department of Neurological Sciences, Christian Medical College, Vellore, India.</p> <p>PURPOSE: To describe vertebral artery (VA) course at the C0-C1-C2 complex in patients with congenital bony craniovertebral junction (CVJ) anomalies. METHODS: We studied the course of 169 VAs in 86 patients with congenital bony CVJ anomalies [basilar invagination (42), os odontoideum (33), and irreducible atlantoaxial dislocation (11)]. Occipitalized atlas occurred in 41 patients (30 complete and 11 partial). Using axial, coronal and sagittal three-dimensional computed tomography (3D-CT) angiograms, we traced the VA bilaterally at the CVJ and correlated the course to the presence or absence of occipitalization of the atlas. RESULTS: Of the 73 arteries associated with occipitalization of atlas, all had an abnormal course-58 (78.4 %) coursed through a canal within the C0-C1 fused complex and 15 (20.3 %) coursed below the C1 posterior arch, and it was absent unilaterally in one patient. There were 96 arteries associated with a non-occipitalized atlas and only 15 (15.3 %) were abnormal-eight coursed below the C1 posterior arch, four coursed above the C1 arch in the absence of a C1 foramen transversarium, one passed through a canal in C0-C1 and two arteries were absent unilaterally. Sixty vertebral arteries (34 on the right and 26 on the left side) had a redundant loop situated at a distance of ≥5 mm from the C1 lateral mass in patients with os odontoideum and irreducible atlantoaxial dislocation. CONCLUSIONS: In occipitalization of the atlas, the VA course is usually abnormal-typically passing through a canal within the C0-C1 fused complex or below the C1 arch. A redundant VA loop is more likely to be seen in os odontoideum and irreducible atlantoaxial dislocation. Careful study of the vertebral artery course with 3D CT angiography is mandatory while contemplating CVJ realignment surgery in congenital anomalies of the CVJ.</p> <p>DOI: 10.1007/s00586-016-4580-7</p>	INTL	JAN TO JUN	PMID: 27137997
187.	<p>Soumya SV(1), Daniel SS(1), Ashish KG(1), Santosh K(1). Novel Use of Orthosis in a Case of Burn Contracture Microstomia. J Maxillofac Oral Surg. 2016 Jun;15(2):281-4. doi: 10.1007/s12663-015-0830-1.Epub 2015 Aug 19. Author information: (1)Christian Medical College & Hospital, Vellore, Tamil Nadu.</p>	NAT	JAN TO JUN	PMCID: PMC4871835 [Available on 2017-06-01] PMID: 27298555

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	<p>AIM: To prevent cicatricial scar formation of the oral commissure post commissuroplasty. METHOD: Bilateral commissuroplasty followed by tooth borne static orthosis and then after dynamic orthosis for a period of one year. CONCLUSION: The use of both static and dynamic orthosis in appropriate sequence resulted in good scar outcome.</p> <p>DOI: 10.1007/s12663-015-0830-1</p>			
<p>188.</p>	<p>Srinivas MN(1), Amogh VN(2), Gautam MS(3), Prathyusha IS(4), Vikram NR(1), Retnam MK(1), Balakrishna BV(1), Kudva N(1).</p> <p>A Prospective Study to Evaluate the Reliability of Thyroid Imaging Reporting and Data System in Differentiation between Benign and Malignant Thyroid Lesions.</p> <p>J Clin Imaging Sci. 2016 Feb 26;6:5. doi: 10.4103/2156-7514.177551. eCollection 2016.</p> <p>Author information: (1)Department of Radiodiagnosis, MV Jayaram Medical College and Research Hospital, Hoskote, Bengaluru, Karnataka, India. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Community Medicine, Bangalore Medical College, Bengaluru, Karnataka, India. (4)Department of Community Medicine, Rangaraya Medical College, Kakinada, Andhra Pradesh, India.</p> <p>OBJECTIVES: To evaluate diagnostic reliability of the daily use of thyroid imaging reporting and data system (TIRADS) classification proposed by Kwak et al., in differentiating between a benign and a malignant thyroid lesion, to calculate inter-observer variability in the interpretation of each of the TIRADS ultrasound features and to evaluate role of TIRADS system in reducing unnecessary biopsies of benign lesions.</p> <p>MATERIALS AND METHODS: Three hundred and sixty-five patients with clinically suspected thyroid lesions during the period from November 1, 2011, to August 31, 2015, were prospectively scanned on gray-scale and Doppler imaging by six radiologists separately. We used GE VOLUSON 730 PRO machine (GE healthcare, Milwaukee, USA) equipped with a 7.5-12 MHz high-frequency linear array transducer with color and power Doppler capability. We evaluated five sonological features: Internal composition, echogenicity, margins, presence and type of calcification, and shape of the lesion. Based on the TIRADS proposed by Kwak et al., we determined categories of the thyroid lesions. The diagnostic performance of TIRADS classification system was evaluated by comparison with the fine-needle aspiration cytology (FNAC) reports which were subsequently obtained after taking informed consent from the patients. All follicular neoplasms on FNAC were further</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4785791 PMID: 27014501</p>

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	<p>followed up with excision biopsy and histology. The cytopathological report was used as the standard final diagnosis for comparison. The P value and odds ratio were determined to quantify how strongly the presence or absence of a particular ultrasound feature was associated with benignity or malignancy in the study population. The risk of malignancy was stratified for each TIRADS category-based on the total number of benign and malignant lesions in that category. Cervical lymph nodes were also evaluated for their size, loss of the central, echogenic hilum, presence of irregular and indistinct margin, microcalcification, and necrotic changes. Cohen's Kappa coefficient was determined separately for each of the five TIRADS malignant features to study the inter-observer agreement. Furthermore, the percentage of benign cases that were accurately determined by TIRADS which could have avoided unnecessary FNAC was determined.</p> <p>RESULTS: The risk of malignancy in TIRADS categories 1 and 2 was found to be 0%, 0.64% in category 3, 4.76% in category 4A, 66.67% in category 4B, 83.33% in category 4C, and 100% in category 5. Out of the five suspicious sonological features, irregular margins showed the highest positive predictive value (95.45%) for malignancy followed by taller than wide shape (92.86%), microcalcifications (66.67%), marked hypoechogenicity (54.55%), and solid composition (48.15%). The specificity of three sonological features (completely cystic structure, hyperechogenicity, and macrocalcification) in classifying a nodule as benign was 100%. Loss of central echogenic hilum, presence of an irregular and indistinct margin, microcalcification and necrosis were found to have sensitivity of 100%, 63.63%, 27.27%, and 9.09%, respectively and specificity of 95.7%, 98.5%, 100%, and 100%, respectively for cervical lymph node to be malignant. The Kappa value for taller than wide shape, microcalcification, marked hypoechogenicity, solid composition, and irregular margins was 1.0 (95% confidence interval [CI]: 1-1), 1.0 (95% CI: 1-1), 0.90 (95% CI: 0.82-1), 0.88 (95% CI: 0.77-0.92), and 0.82 (95% CI: 0.64-1), respectively. The estimated decrease in unnecessary FNACs was found to be 43.83-86.30%.</p> <p>CONCLUSIONS: TIRADS proposed by Kwak et al., combined with evaluation for sonological features of malignant lymph nodes is a valuable, safe, widely available, and easily reproducible imaging tool to stratify the risk of a thyroid lesion and helps in precluding unnecessary FNACs in a significant number of patients. TIRADS features convincingly show comparable results in the interpretation of TIRADS features more so, in the hands of radiologists experienced in thyroid imaging.</p> <p>DOI: 10.4103/2156-7514.177551</p>			
<p>189.</p>	<p>Srivastava A(1), Mason C(2), Wagena E(3), Cuende N(4), Weiss DJ(5), HorwitzEM(6), Dominici M(7).</p> <p>Part 1: Defining unproven cellular therapies.</p> <p>Cytotherapy. 2016 Jan;18(1):117-9. doi: 10.1016/j.jcyt.2015.11.004.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26719202</p>

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	<p>Author information: (1)Center for Stem Cell Research (a unit of inStem, Bengaluru), Department of Hematology, Christian Medical College, Vellore, India. Member at large of the ISCT Presidential Task Force on the Use of Unproven Cellular Therapies. Electronic address: aloks@cmcvellore.ac.in. (2)Advanced Centre for Biochemical Engineering, University College London, London, United Kingdom. Member at large of the ISCT Presidential Task Force on the Use of Unproven Cellular Therapies. (3)Voorburg, Netherlands. ISCT Europe, Regional Vice President 2014-2016. (4)Andalusian Initiative for Advanced Therapies, Junta de Andalucía, Sevilla, Spain. Chair, ISCT EU LRA Committee, 2014-2016. (5)Department of Medicine, University of Vermont, Burlington, Vermont, USA. ISCT Chief Scientific Officer 2014-2016. Chair, ISCT Pulmonary Committee 2013-2015. (6)Division of Hematology/Oncology/BMT, Nationwide Children's Hospital, Departments of Pediatrics and Medicine, The Ohio State University College of Medicine, Columbus, Ohio, USA. ISCT Past President 2010-2012. (7)Division of Oncology, Laboratory of Cellular Therapy, University of Modena & Reggio Emilia, Modena, Italy. ISCT President 2014-2016. Chair, ISCT Presidential Task Force on the Use of Unproven Cellular Therapies.</p> <p>DOI: 10.1016/j.jcyt.2015.11.004</p>			
<p>190.</p>	<p>Subramaniam J(1), Eswara S(2), Yesudhason B(3). Association of Urinary Tract Infection in Married Women Presenting with Urinary Incontinence in a Hospital based Population. J Clin Diagn Res. 2016 Mar;10(3):DC10-3. doi: 10.7860/JCDR/2016/16547.7390. Epub2016 Mar 1. Author information: (1)Associate Professor, Department of Microbiology, Faculty of Medicine, Northern Border University , Northern Borders, Kingdom of Saudi Arabia . (2)Junior Resident, Department of Microbiology, Saveetha Medical College & Hospital , Saveetha Nagar, Thandalam, Kancheepuram District, Chennai, India . (3)Associate Professor, Department of Microbiology, Christian Medical College , Vellore, India .</p> <p>INTRODUCTION: Urinary incontinence (UI) is increasingly recognized as a significant health problem, which remains a hygienic as well as social problem. Women have higher risk of developing incontinence in their lifetime compared with men. Urinary tract infection can increase the incidence of incontinence. Present study was undertaken to assess the association of UTI in married women who presented with UI. AIM: The present study was aimed to identify the patients (married women) with complaints of UI and determining its association with UTI; and to identify the causative organism for the UTI along with its antimicrobial susceptibility</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4843257 PMID: 27134871</p>

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	<p>pattern.</p> <p>MATERIALS AND METHODS: This is a cross-sectional, non-randomized study of 107 married women with UI, who attended outpatient department in our hospital. Mid-stream urine (MSU) samples were collected from these patients with positive history of incontinence. Screening of urine for significant bacteriuria and culture to identify the etiological agents were performed followed by evaluation of their antimicrobial susceptibility profiles using Kirby Bauer disc diffusion method.</p> <p>RESULTS: Overall 25.2% of patients with incontinence had a positive urine culture. History of UTI was elicited in around 38.3% of patients, among which 15% had positive urine culture and 10.3% of the patients who did not have a history had positive culture. Escherichia coli was the commonest causative organism (66.6) causing UTI, followed by Enterococcus spp. (22.3%), Klebsiella pneumoniae (7.4%) and Proteus mirabilis (3.7%). The antimicrobial susceptibility pattern for Escherichia coli showed high sensitivity to Nitrofurantoin (94.4%) and high resistance to Ampicillin (94.4%).</p> <p>CONCLUSION: Our study revealed one in every four incontinent patients had UTI and almost half of them suffered from previous episodes of UTI. Thus appropriate correction of the existing UTI can help in the treatment of UI.</p> <p>DOI: 10.7860/JCDR/2016/16547.7390</p>			
<p>191.</p>	<p>Sudhakar SV(1), Muthusamy K(2), Mani S(3), Gibikote S(3), Shroff M(4). Imaging in Pediatric Demyelinating and Inflammatory Diseases of Brain- Part 2. Indian J Pediatr. 2016 Sep;83(9):965-82. doi: 10.1007/s12098-016-2052-z. Epub2016 Apr 30.</p> <p>Author information: (1)Department of Radiodiagnosis, Christian Medical College and Hospital, Vellore, Tamil Nadu, 632004, India. sniya.sudhakar@gmail.com. (2)Department of Neurology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Radiodiagnosis, Christian Medical College and Hospital, Vellore, Tamil Nadu, 632004, India. (4)Department of Pediatric Neuroimaging, Hospital for Sick Children, Toronto, Canada.</p> <p>Imaging plays an important role in diagnosis, management, prognostication and follow up of pediatric demyelinating and inflammatory diseases of brain and forms an integral part of the diagnostic criteria. This article reviews the spectrum of aquaporinopathies with an in-depth discussion on present criteria and differentiation from other demyelinating diseases with clinical vignettes for illustration; the latter part of article deals with the spectrum of CNS vasculitis.</p> <p>DOI: 10.1007/s12098-016-2052-z</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 27130513</p>

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192.	<p>Sukumaran D(1), Cherian AG(1), Das S(2), Winston A B(1), Kumar A(1), Shanthi Fx M(1).</p> <p>Drug Prescribing Pattern During Intranatal Period in a Secondary Care Hospital in South India: A Retrospective Study.</p> <p>J Prim Care Community Health. 2016 Apr;7(2):113-7. doi: 10.1177/2150131915627768. Epub 2016 Jan 29.</p> <p>Author information: (1)Christian Medical College, Vellore, India. (2)Christian Medical College, Vellore, India saibaldas123@gmail.com.</p> <p>BACKGROUND: During delivery, drugs being prescribed cause concerns due to their harmful effects on lactation as well as potential adverse reactions on the mother. This retrospective study was performed to evaluate the drug prescribing pattern during normal delivery in a secondary care hospital in India.</p> <p>MATERIALS AND METHODS: This cross-sectional retrospective study included 3 months of patient's medical records.</p> <p>RESULTS: A total of 2222 drugs, comprising 51 different types of drugs were prescribed to 313 mothers undergoing normal delivery. Most of these drugs are safe in lactation. Ten types of drugs would have been better avoided, but they possibly did not cause harm because of their limited short-term use only during the intranatal period.</p> <p>CONCLUSION: This study reflects a good, safe, and rational medication practice during normal delivery for various common ailments in a secondary care hospital and can be cited as an example for similar settings.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/2150131915627768</p>	INTL	JAN TO JUN	PMID: 26825325
193.	<p>Sundar G(1), Keshava SN(1), Moses V(1), Chiramel GK(1), Ahmed M(1), Mammen S(1), Aggarwal S(2), Stephen E(2).</p> <p>Outcomes of catheter-directed treatment of lower extremity deep vein thrombosis of patients presenting to a tertiary care hospital.</p> <p>Indian J Radiol Imaging. 2016 Jan-Mar;26(1):73-80. doi: 10.4103/0971-3026.178340.</p> <p>Author information: (1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Vascular Surgery, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Lower extremity deep vein thrombosis (DVT) is a common illness with an annual incidence of 1 per 1000 adults. The major long-term complication of DVT</p>	NAT	JAN TO JUN	PMCID: PMC4813079 PMID: 27081228

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	<p>is post-thrombotic syndrome (PTS) which occurs in up to 60% of patients within 2 years of an episode of DVT. AIMS: We aim to evaluate the outcomes of catheter-directed treatment (CDT) for symptomatic acute or subacute lower extremity DVT. MATERIALS AND METHODS: A retrospective 12-year study was conducted on the outcomes of CDT on 54 consecutive patients who presented with acute or subacute lower extremity DVT to our hospital. STATISTICAL ANALYSIS: Descriptive summary statistics and the Chi-square test were used to measure the outcomes of CDT. RESULTS: Grade 3 thrombolysis was achieved in 25 (46.3%) patients, grade 2 thrombolysis in 25 (46.3%) patients, and grade 1 thrombolysis in 4 (7.4%) patients. Significant recanalization (grade 2 or 3 thrombolysis) was possible in 50 (92.6%) patients. There was no statistically significant difference in the percentage of significant recanalization that could be achieved between patients who underwent CDT before and after 10 days. There was no significant difference between the thrombolysis achieved between urokinase and r-tPA. PTS was seen in 33% of the patients. Major complications were seen in 5.5% of the patients. CONCLUSION: CDT is a safe and effective therapeutic technique in patients with acute and subacute lower extremity DVT, if appropriate patient selection is made.</p> <p>DOI: 10.4103/0971-3026.178340</p>			
<p>194.</p>	<p>Sundaram SC(1), Salins SR(2), Kumar AN(3), Korula G(4). Intra-Operative Fluid Management in Adult Neurosurgical Patients Undergoing Intracranial Tumour Surgery: Randomised Control Trial Comparing Pulse Pressure Variance (PPV) and Central Venous Pressure (CVP). J Clin Diagn Res. 2016 May;10(5):UC01-5. doi: 10.7860/JCDR/2016/18377.7850. Epub 2016 May 1. Author information: (1)Registrar, Department of Anaesthesia, Christian Medical College, Vellore, India. (2)Assistant Professor, Department of Anaesthesia, Christian Medical College, Vellore, India. (3)Consultant Anaesthetist, Department of Anaesthesia, Kovai Medical Center And Hospital, Coimbatore, India. (4)Professor Emeritus, Department of Anaesthesia, Christian Medical College, Vellore, India.</p> <p>INTRODUCTION: Fluid management in neurosurgery presents specific challenges to the anaesthesiologist. Dynamic parameters like Pulse Pressure Variation (PPV) have been used successfully to guide fluid management. AIM: To compare PPV against Central Venous Pressure (CVP) in neurosurgical patients to assess hemodynamic stability and perfusion status. MATERIALS AND METHODS: This was a single centre prospective randomised control trial at a tertiary care centre. A total of 60 patients undergoing intracranial tumour excision in supine and lateral positions were randomised to two groups (Group 1, CVP n=30), (Group 2, PPV n=30). Intra-operative fluid management was</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4948505 PMID: 27437329</p>

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	<p>titrated to maintain baseline CVP in Group 1(5-10cm of water) and in Group 2 fluids were given to maintain PPV less than 13%. Acid base status, vital signs and blood loss were monitored.</p> <p>RESULTS: Although intra-operative hypotension and acid base changes were comparable between the groups, the patients in the CVP group had more episodes of hypotension requiring fluid boluses in the first 24 hours post surgery. {CVP group median (25, 75) 2400ml (1850, 3110) versus PPV group 2100ml (1350, 2200) p=0.03} The patients in the PPV group received more fluids than the CVP group which was clinically significant. {2250 ml (1500, 3000) versus 1500ml (1200, 2000) median (25, 75) (p=0.002)}. The blood loss was not significantly different between the groups The median blood loss in the CVP group was 600ml and in the PPV group was 850 ml; p value 0.09.</p> <p>CONCLUSION: PPV can be used as a reliable index to guide fluid management in neurosurgical patients undergoing tumour excision surgery in supine and lateral positions and can effectively augment CVP as a guide to fluid management. Patients in PPV group had better hemodynamic stability and less post operative fluid requirement.</p> <p>DOI: 10.7860/JCDR/2016/18377.7850</p>			
195.	<p>Surya P(1), Keshava SN(1), Irodi A(1), Vyas S(2), Thangakunam B(2). Recurrent hemoptysis: An unusual cause and novel management. Indian J Radiol Imaging. 2016 Apr-Jun;26(2):267-70. doi: 10.4103/0971-3026.184412. Author information: (1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pulmonary Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>We report a rare case a 15 year old boy who presented with recurrent hemoptysis. There was past history of pancreatitis. A CT scan of thorax revealed a small collection in the region of the tail of the pancreas and a tract from it extending across the diaphragm into the posterobasal segment of left lower lobe, suggesting a pancreatico-pleuro-pulmonary fistula. The fistula was embolised by percutaneous injection of glue into the collection and fistula, which resulted in good symptom control.</p> <p>DOI: 10.4103/0971-3026.184412</p>	NAT	JAN TO JUN	<p>PMCID: PMC4931790 PMID: 27413278</p>
196.	<p>Suzana S(1), Ninan MM(1), Gowri M(2), Venkatesh K(3), Rupali P(4), Michael JS(1). Xpert MTB/Rif for the diagnosis of extrapulmonary tuberculosis--an experience from a tertiary care centre in South India. Trop Med Int Health. 2016 Mar;21(3):385-92. doi: 10.1111/tmi.12655. Epub 2016</p>	INTL	JAN TO JUN	<p>PMID: 26671654</p>

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	<p>Jan19.</p> <p>Author information: (1)Department of Microbiology, Christian Medical College, Vellore, India. (2)Department of Biostatistics, Christian Medical College, Vellore, India. (3)Department of Spinal Disorders, Christian Medical College, Vellore, India. (4)Department of Infectious Diseases, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: The Xpert MTB/Rif, with a detection limit of 131 CFU/ml, plays a valuable role in the diagnosis of extrapulmonary tuberculosis, both susceptible and resistant. This study aims at evaluating the Xpert MTB/Rif for the same, at a tertiary care centre in south India, assessing it against both culture and a composite gold standard (CGS).</p> <p>METHODS: We tested consecutive samples from patients suspected of extrapulmonary tuberculosis with Xpert MTB/Rif, evaluated its sensitivity and specificity against solid and/or liquid culture and CGS. An individual analysis of different sample types (tissue biopsies, fluids, pus, lymph node biopsies and CSF) given an adequate sample size, against both culture and CGS, was also performed.</p> <p>RESULTS: In total, 494 samples were analysed against culture. Compared to culture, the sensitivity of Xpert MTB/Rif was 89% (95% CI 0.81-0.94) and its specificity was 74% (95% CI 0.70-0.78). When Xpert MTB/Rif was compared to the CGS, pooled sensitivity was 62% (95% CI 0.56-0.67) and specificity was 100% (95% CI 0.91-1.00).</p> <p>CONCLUSION: This assay performs better than the currently available conventional laboratory methods. The rapidity with which results are obtained is an added advantage, and its integration into a routine diagnostic protocol must be considered.</p> <p>© 2015 John Wiley & Sons Ltd.</p> <p>DOI: 10.1111/tmi.12655</p>			
<p>197.</p>	<p>Syed KA(1), Raja K(2), Kolethekkat AA(3), Varghese AM(2), Al Abri R(3), KurienM(2). Congenital midnasal stenosis - A novel technique for management. Int J Pediatr Otorhinolaryngol. 2016 Aug;87:117-20. doi: 10.1016/j.ijporl.2016.06.014. Epub 2016 Jun 7.</p> <p>Author information: (1)Christian Medical College, Vellore, India. Electronic address: skamrann@gmail.com. (2)Christian Medical College, Vellore, India. (3)Sultan Qaboos University Hospital, Muscat, Oman.</p> <p>Neonates are obligate nasal breathers and nasal obstruction in a neonate is an emergency. Here we report two cases of congenital mid-nasal stenosis, discuss its presentation and diagnosis with description of a novel method of management.</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27368456</p>

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<p>198.</p>	<p>Telugu RB(1), Chowhan AK(2), Rukmangadha N(2), Patnayak R(2), Phaneendra BV(3), Prasad BC(4), Reddy MK(3).</p> <p>Histopathological and Immunohistochemical Evaluation of Meningiomas with Reference to Proliferative Markers p53 and Ki-67.</p> <p>J Clin Diagn Res. 2016 Jan;10(1):EC15-9. doi: 10.7860/JCDR/2016/15661.7117. Epub 2016 Jan 1.</p> <p>Author information: (1)Assistant Professor, Department of Pathology, Christian Medical College Hospital , Vellore, Tamilnadu, India . (2)Associate Professor, Department of Pathology, SVIMS , Tirupati, Andhra Pradesh, India . (3)Professor, Department of Pathology, SVIMS , Tirupati, Andhra Pradesh, India . (4)Professor, Department of Neurosurgery, SVIMS , Tirupati, Andhra Pradesh, India .</p> <p>INTRODUCTION: Meningiomas are slow growing primary central nervous system (CNS) tumours attached to the duramater, which arise from the meningothelial cells of the arachnoid. Grading of meningioma based on histological findings assisted with supplementary immunohistochemical studies, predicts the prognosis of meningioma with good precision. AIM: To evaluate proliferative markers and correlate with various histological subtypes and grade. MATERIALS AND METHODS: A total of 224 meningiomas, diagnosed between January1995 and October 2011were graded according to WHO 2007 criteria. Immunostaining for p53 and Ki-67 markers were performed on 100 cases. RESULTS: There was female predominance. There were 194 Grade I, 24 Grade II and 6 Grade III meningiomas. Brain invasion noted in 18(8%) meningiomas predominantly in grade III followed by grade II. Recurrence was seen in 7 (3.1%) cases, most common in psammomatous followed by angiomatous meningioma. Immunostaining showed p53 positivity in 72.5% of grade I, 83.3% of grade II and all the cases of grade III tumours. Ki-67 Labelling Index (LI) consistently increased from grade I to grade III tumours. CONCLUSION: p53 and Ki-67 LI correlated well with increasing histological grade and biological behaviour of meningioma.</p> <p>DOI: 10.7860/JCDR/2016/15661.7117</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4740600 PMID: 26894073</p>

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199.	<p>Telugu RB(1), Job AJ(2), Manipadam MT(3). Papillary Cystadenocarcinoma of the Parotid Gland: A Rare Case Report. J Clin Diagn Res. 2016 Jun;10(6):ED01-3. doi: 10.7860/JCDR/2016/17750.7907. Epub2016 Jun 1.</p> <p>Author information: (1)Assistant Professor, Department of General Pathology, Christian Medical College , Vellore, Tamilnadu, India . (2)Consultant, Department of ENT, Scudder Memorial Hospital , Ranipet, Vellore, Tamilnadu, India . (3)Professor, Department of General Pathology, Christian Medical College , Vellore, Tamilnadu, India .</p> <p>Papillary cystadenocarcinoma is a rare malignant neoplasm of the salivary gland, characterized by noticeable cystic and solid areas with papillary endophytic projections. These tumours lack features that characterize cystic variants of several more common salivary gland carcinomas. It was first described in 1991 by World Health Organization as a separate entity and cystadenocarcinoma with or without papillary component in the AFIP classification. Most of these tumours occurred in the major salivary glands followed by minor salivary glands. Cystadenocarcinoma is the malignant counterpart of cystadenoma. We report a case of papillary cystadenocarcinoma of parotid. A 40-year- old lady presented with gradually progressive swelling below the right ear associated with occasional pain. Clinical and radiological features suggested benign neoplasm. Right lobe superficial parotidectomy was performed. The histopathologic diagnosis showed papillary cystadenocarcinoma of the parotid gland. Histologic confirmation of stromal invasion is required to differentiate it from the benign lesion. Conservative wide local surgical excision is the treatment of choice.</p> <p>DOI: 10.7860/JCDR/2016/17750.7907</p>	NAT	JAN TO JUN	<p>PMCID: PMC4963657 PMID: 27504297</p>
200.	<p>Telugu RB(1), Pushparaj M(2), Masih D(3), Pulimood A(4).</p> <p>Synchronous Appearance of Adenocarcinoma and Gastrointestinal Stromal Tumour(GIST) of the Stomach: A Case Report.</p> <p>J Clin Diagn Res. 2016 Feb;10(2):ED16-8. doi: 10.7860/JCDR/2016/17636.7289. Epub2016 Feb 1.</p> <p>Author information: (1)Assistant Professor, Department of General Pathology, Christian Medical College , Vellore, Tamilnadu, India . (2)PG Registrar, Department of General Pathology, Christian Medical College , Vellore, Tamilnadu, India . (3)Associate Professor, Department of General Pathology, Christian Medical College , Vellore, Tamilnadu, India . (4)Professor, Department of General Pathology, Christian Medical College , Vellore, Tamilnadu, India .</p>	INTL	JAN TO JUN	<p>PMCID: PMC4800542 PMID: 27042477</p>

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	<p>Adenocarcinoma is the most common histological type of gastric tumour, accounting for approximately 95% of all gastric carcinomas. Gastrointestinal stromal tumours (GISTs) are rare mesenchymal neoplasms of the digestive tract. Synchronous adenocarcinoma and gastrointestinal stromal tumour (GIST) occurring in the stomach is rare and very few cases have been reported in literature. Synchronous tumours in the stomach are rarely diagnosed preoperatively. A 63-year-old gentleman was diagnosed with a gastric adenocarcinoma on endoscopic biopsy and underwent surgery. Postoperative histopathologic examination revealed 2 synchronous tumours with both adenocarcinoma and GIST. The adenocarcinoma was determined to be the aggressive tumour based on histologic features. GIST was categorized as a very low risk of malignancy, based on its size and mitosis. The patient underwent chemotherapy for adenocarcinoma. He is under follow up and is currently disease free. Careful histopathologic evaluation is required to detect co-existing rare synchronous tumours. Presence of the second tumour may require additional procedures or protocols.</p> <p>DOI: 10.7860/JCDR/2016/17636.7289</p>			
<p>201.</p>	<p>Tergestina M(1), Rebekah G(2), Job V(3), Simon A(4), Thomas N(1). A randomized double-blind controlled trial comparing two regimens of vitamin D supplementation in preterm neonates. J Perinatol. 2016 Sep;36(9):763-7. doi: 10.1038/jp.2016.70. Epub 2016 May 5. Author information: (1)Department of Neonatology, Christian Medical College, Vellore, India. (2)Department of Biostatistics, Christian Medical College, Vellore, India. (3)Department of Biochemistry, Christian Medical College, Vellore, India. (4)Department of Child Health, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: To compare the efficacy of 400 vs 1000 IU oral vitamin D supplementation in preterm neonates of 27 to 34 weeks gestation. METHODS: This double-blind randomized controlled trial allocated preterm babies to receive either 400 or 1000 IU of vitamin D3 (n=60 in each group). Primary outcome was prevalence of vitamin D insufficiency (serum vitamin D levels <20 ng ml(-1)) at 40 weeks of corrected gestational age (CGA). RESULTS: At term CGA vitamin D insufficiency was significantly lower in the 1000 IU group than in the 400 IU group (2% vs 64.6%, P<0.001). Although elevated vitamin D levels were seen in 9.8% of babies on 1000 IU per day, this was not associated with clinical or biochemical evidence of toxicity. CONCLUSION: Supplementing preterm babies with 1000 IU of vitamin D3 daily decreases the prevalence of vitamin D insufficiency at term CGA. Excess levels of vitamin D may occur at this dose in some babies.</p> <p>DOI: 10.1038/jp.2016.70</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27149055</p>

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<p>202.</p>	<p>Thangakunam B(1), Isaac BT(1), Christopher DJ(1), Burad D(2). Idiopathic pleuroparenchymal fibroelastosis - A rare idiopathic interstitial pneumonia. Respir Med Case Rep. 2015 Nov 22;17:8-11. doi: 10.1016/j.rmcr.2015.11.004.eCollection 2016. Author information: (1)Department of Pulmonary Medicine, Christian Medical College, Vellore, India. (2)Department of General Pathology, Christian Medical College, Vellore, India.</p> <p>Idiopathic pleuroparenchymal fibroelastosis is a rare idiopathic interstitial pneumonia. It was first described in 2004 and subsequently included in the ATS/ERS classification of idiopathic interstitial pneumonia in 2013. There have been few cases reported so far. The diagnostic criteria is still emerging and its etiology is being questioned. We report a case of pleuroparenchymal fibroelastosis probably idiopathic, the first of its kind to be reported from India, and a brief review of the literature.</p> <p>DOI: 10.1016/j.rmcr.2015.11.004</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4821335 PMID: 27141432</p>
<p>203.</p>	<p>Thomas R(1), Chacko AG(2). Principles in Skull Base Reconstruction following Expanded Endoscopic Approaches. J Neurol Surg B Skull Base. 2016 Aug;77(4):358-63. doi: 10.1055/s-0036-1579543. Epub 2016 Feb 26. Author information: (1)Department of ENT, Christian Medical College, Vellore, India. (2)Department of Neurosurgery, Christian Medical College, Vellore, India.</p> <p>OBJECTIVES: This study aims to describe the types of anterior skull base defects following expanded endoscopic approaches (EEA) and to outline the techniques involved in the repair of these defects. DESIGN: We retrospectively analyzed 63 cases of endoscopic skull base reconstruction (ESBR) following tumor excision, done from September 2011 to January 2015. These tumors consisted of 14 pituitary adenomas, 20 craniopharyngiomas, and 29 other miscellaneous tumors. The classification of skull base defects by Tabae et al and the classification of cerebrospinal fluid (CSF) leaks by Esposito et al were considered during the ESBR. Recurrence of CSF leak was considered as failure of reconstruction. RESULTS: The 63 skull base defects included in this study occurred following EEA for tumor excision. Failure of reconstruction occurred in 6 six patients. All were successfully repaired, however, three patients in this series died due to tumor-related complications. CONCLUSION: The adherence to the general principles of reconstruction, appreciating the subtle differences in the nature of the various defects and the</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMCID: PMC4949070 [Available on 2017-08-01] PMID: 27441162</p>

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	<p>ability to adopt different strategies are the prerequisites for the successful closure of skull base defects.</p> <p>DOI: 10.1055/s-0036-1579543</p>			
204.	<p>Tilak M(1), Isaac SA(1), Fletcher J(1), Vasanthan LT(1), Subbaiah RS(1), BabuA(1), Bhide R(1), Tharion G(1).</p> <p>Mirror Therapy and Transcutaneous Electrical Nerve Stimulation for Management of Phantom Limb Pain in Amputees - A Single Blinded Randomized Controlled Trial.</p> <p>Physiother Res Int. 2016 Jun;21(2):109-15. doi: 10.1002/pri.1626. Epub 2015 Apr1.</p> <p>Author information: (1)Christian Medical College, Vellore, 632002, India.</p> <p>BACKGROUND AND PURPOSE: Phantom limb pain (PLP) can be disabling for nearly two thirds of amputees. Hence, there is a need to find an effective and inexpensive treatment that can be self administered. Among the non-pharmacological treatment for PLP, transcutaneous electrical nerve stimulation (TENS) applied to the contralateral extremity and mirror therapy are two promising options. However, there are no studies to compare the two treatments. The purpose of this study is to evaluate and compare mirror therapy and TENS in the management of PLP in subjects with amputation.</p> <p>METHODS: The study was an assessor blinded randomized controlled trial conducted at Physiotherapy Gymnasium of Physical Medicine and Rehabilitation Department, Christian Medical College, Vellore. Twenty-six subjects with PLP consented to participate. An initial assessment of pain using visual analogue scale (VAS) and universal pain score (UPS) was performed by a therapist blinded to the treatment given. Random allocation into Group I-mirror therapy and Group II-TENS was carried out. After 4 days of treatment, pain was re-assessed by the same therapist. The mean difference in Pre and Post values were compared among the groups. The change in pre-post score was analyzed using the paired t test.</p> <p>RESULTS: Participants of Group I had significant decrease in pain [VAS ($p = 0.003$) and UPS ($p = 0.001$)]. Group II also showed a significant reduction in pain [VAS ($p = 0.003$) and UPS ($p = 0.002$)]. However, no difference was observed between the two groups [VAS ($p = 0.223$) and UPS ($p = 0.956$)].</p> <p>DISCUSSION: Both Mirror Therapy and TENS were found to be effective in pain reduction on a short-term basis. However, no difference between the two groups was found. Substantiation with long-term follow-up is essential to find its long-term effectiveness. Copyright © 2015 John Wiley & Sons, Ltd.</p> <p>Copyright © 2015 John Wiley & Sons, Ltd.</p>	INTL	JAN TO JUN	PMID: 25832306

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	DOI: 10.1002/pri.1626			
205.	<p>Torumkuney D(1), Chaiwarith R(2), Reechaipichitkul W(3), Malatham K(4), Chareonphaibul V(5), Rodrigues C(6), Chitins DS(7), Dias M(8), Anandan S(9), Kanakapura S(10), Park YJ(11), Lee K(12), Lee H(13), Kim JY(13), Lee Y(14), LeeHK(15), Kim JH(16), Tan TY(17), Heng YX(17), Mukherjee P(18), Morrissey I(19). Results from the Survey of Antibiotic Resistance (SOAR) 2012-14 in Thailand, India, South Korea and Singapore.</p> <p>J Antimicrob Chemother. 2016 May;71 Suppl 1:i3-19. doi: 10.1093/jac/dkw073.</p> <p>Author information: (1)GlaxoSmithKline, 980 Great West Road, Brentford, Middlesex TW8 9GS, UK didem.x.torumkuney@gsk.com. (2)Faculty of Medicine, Chiang Mai University, Maharaj Nakorn Chiang Mai Hospital, 110 Intavaroros Road, Tambon Sribhoom, Muang, Chiang Mai 50200, Thailand. (3)Khon Kaen University Faculty of Medicine, Srinagarind Hospital, 123 Mittraphap Highway, Tambol Naimuang, Muang District, Khon Kaen 40002, Thailand. (4)Mahidol University Faculty of Medicine Ramathibodi Hospital, 270 Rama VI. Road, oong Phayathai, Ratchathewi, Bangkok 10400, Thailand. (5)GlaxoSmithKline Thailand, 12th Floor, Wave Place, 55 Wireless Road, Lumpini, Patumwan, Bangkok 10330, Thailand. (6)Hinduja Hospital and Medical Research Centre, Department of Microbiology, Veer Savarkar Marg, Mahim, Mumbai 400 016, India. (7)Choithram Hospital and Research Centre, Department of Microbiology, Manik Bagh Road, Indore 452 014 (M/P), India. (8)St John's Medical College Hospital, Department of Microbiology, Sarjapur Road, Bangalore 560 034, India. (9)Christian Medical College, Department of Microbiology, Vellore 632 004, India. (10)GlaxoSmithKline India, No. 5 Embassy Links, Cunningham (SRT) Road, Bangalore 560 052, India. (11)The Catholic University of Korea, Seoul St Mary's Hospital, 222 Banpo-daero, Seocho-Gu, Seoul, South Korea. (12)Yonsei University College of Medicine, Severance Hospital, 50-1, Yonsei-ro, Seodaemun-gu, Seoul, South Korea. (13)Yonsei University College of Medicine, Gangnam Severance Hospital, 211 Eonju-ro, Gangnam-gu, Seoul, South Korea. (14)Hanyang University Medical Center, 222-1, Wangsimni-ro, Seongdong-gu, Seoul, South Korea. (15)The Catholic University of Korea, Uijongbu St Mary's Hospital, 271, Cheonbo-ro, Uijeongbu-si, Gyeonggi-do, Korea. (16)GlaxoSmithKline Korea, LS Yongsan Tower, 9th Floor, Hangang 191, Yongsan-gu, Seoul, South Korea. (17)Changi General Hospital Pte Ltd (Reg. No. 198904226R), 2 Simei Street 3, Singapore 529889. (18)GlaxoSmithKline Singapore, (Reg. No. 198102938K), 150 Beach Road, No. 22-00 Gateway West, Singapore 189720. (19)IHMA Europe Sàrl, 9A Route de la Corniche, Epalinges 1066, Switzerland.</p> <p>OBJECTIVES: To provide susceptibility data for community-acquired respiratory tract isolates of Streptococcus pneumoniae, Streptococcus pyogenes, Haemophilus influenzae and Moraxella catarrhalis collected in 2012-14 from four Asian countries.</p> <p>METHODS: MICs were determined using Etest(®) for all antibiotics except</p>	INTL	JAN TO JUN	PMID: 27048580 PMCID: PMC4890353 [Available on 2017-05-01]

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	<p>erythromycin, which was evaluated by disc diffusion. Susceptibility was assessed using CLSI, EUCAST and pharmacokinetic/pharmacodynamic (PK/PD) breakpoints. For macrolide/clindamycin interpretation, breakpoints were adjusted for incubation in CO₂ where available.</p> <p>RESULTS: Susceptibility of <i>S. pneumoniae</i> was generally lower in South Korea than in other countries. Penicillin susceptibility assessed using CLSI oral or EUCAST breakpoints ranged from 21.2% in South Korea to 63.8% in Singapore. In contrast, susceptibility using CLSI intravenous breakpoints was much higher, at 79% in South Korea and ~95% or higher elsewhere. Macrolide susceptibility was ~20% in South Korea and ~50%-60% elsewhere. Among <i>S. pyogenes</i> isolates (India only), erythromycin susceptibility (~20%) was lowest of the antibiotics tested. In <i>H. influenzae</i> antibiotic susceptibility was high except for ampicillin, where susceptibility ranged from 16.7% in South Korea to 91.1% in India. South Korea also had a high percentage (18.1%) of β-lactamase-negative ampicillin-resistant isolates. Amoxicillin/clavulanic acid susceptibility for each pathogen (PK/PD high dose) was between 93% and 100% in all countries except for <i>H. influenzae</i> in South Korea (62.5%).</p> <p>CONCLUSIONS: Use of EUCAST versus CLSI breakpoints had profound differences for cefaclor, cefuroxime and ofloxacin, with EUCAST showing lower susceptibility. There was considerable variability in susceptibility among countries in the same region. Thus, continued surveillance is necessary to track future changes in antibiotic resistance.</p> <p>© The Author 2016. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.</p> <p>DOI: 10.1093/jac/dkw073</p>			
<p>206.</p>	<p>Turel MK(1), Rajshekhar V(1). Letter to editor: Wrong level surgery for intradural thoracic spinal tumour. Br J Neurosurg. 2016 Aug;30(4):468-9. doi: 10.1080/02688697.2016.1199791. Epub2016 Jun 22. Author information: (1)a Department of Neurological Sciences , Christian Medical College , Vellore ,Tamil Nadu , India.</p> <p>DOI: 10.1080/02688697.2016.1199791</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27331423</p>
<p>207.</p>	<p>Turel MK, D'Souza WP, Chacko AG, Rajshekhar V(1). Giant vestibular schwannomas: Surgical nuances influencing outcome in 179 patients. Neurol India. 2016 May-Jun;64(3):478-84. doi: 10.4103/0028-3886.181558. Author information:</p>	<p>NAT</p>	<p>JAN TO JUN</p>	<p>PMID: 27147157</p>

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	<p>(1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>INTRODUCTION: Giant vestibular schwannomas (VSs; ≥ 4 cm in size) are considered a separate entity owing to their surgical difficulty and increased morbidity. We studied the clinical presentation and surgical outcomes in a large series of giant VS patients. We also present the surgical nuances, which we believe can improve surgical outcomes.</p> <p>MATERIALS AND METHODS: The clinical profiles, radiology, surgical results, and complications of 179 consecutive patients with a unilateral giant VS were reviewed. The study population was classified into two groups: Group A (4-4.9 cm, 124 [69.3%] patients) and Group B (≥ 5 cm, 55 [30.7%] patients).</p> <p>RESULTS: The mean tumor size in Group A was 4.3 ± 0.2 cm (range, 4-4.8 cm), and in Group B, it was 5.3 ± 0.4 (range, 5-6.7 cm). Patients in Group B were younger, with a mean age at presentation of 34.8 ± 12.3 years versus 41.8 ± 13.1 years in Group A ($P < 0.05$). There was no difference in the clinical presentation except for papilledema (81.8% vs. 66.9%) and VI cranial nerve (CN) dysfunction (9.1% vs. 2.4%; $P < 0.05$), which was higher in Group B. There was no difference in the rate of total excision (86.2% vs. 85.4%), anatomical and physiological facial nerve preservation rates between the two groups (approximately 2/3 and 1/3, respectively), and the facial function at discharge. The incidence of postoperative morbidity was not statistically different between the two groups, except for the occurrence of postoperative cerebrospinal fluid (CSF) rhinorrhea, which was greater in Group B (10.9% vs. 2.4%). There were two mortalities in each group (overall, 4/179; 2.2%; $P = 0.58$).</p> <p>CONCLUSIONS: Patients with ≥ 5cm VSs were younger, with a higher incidence of papilledema and lateral rectus paresis. However, when compared with tumors ≥ 4 cm in size, there was no difference in the extent of excision, facial nerve preservation, and postoperative complications (except CSF rhinorrhea) or mortality. Thus, further subclassification of giant VSs does not seem to be necessary.</p> <p>DOI: 10.4103/0028-3886.181558</p>			
<p>208.</p>	<p>van den Berg HM(1), Feldman B(2), Fischer K(3), Blanchette VS(4), Poonnoose P(5),Srivastava A(6). Reply to the letter of O'Mahoney et al.: Patient-reported outcome is not confined to HRQOL. Haemophilia. 2016 May;22(3):e209-11. doi: 10.1111/hae.12933. Epub 2016 Apr 14. Author information: (1)Julius Centre for Health, Sciences and Primary Care University Hospital Utrecht, Utrecht, The Netherlands. (2)The Hospital for Sick Children, Rheumatology; HPME & PHS University of Toronto, Toronto, Ontario, Canada. (3)Van Creveldkliniek, UMCU, Utrecht, The Netherlands. (4)Hematology/Oncology, Hospital for Sick Children, Toronto, Ontario, Canada. (5)Flinders Medical Centre,</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27076036</p>

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	<p>Orthopaedics Christian Medical College, Vellore, TamilNadu, India. (6)Haematology, Christian Medical College, Vellore, TamilNadu, India.</p> <p>DOI: 10.1111/hae.12933</p>			
209.	<p>Varghese AM(1), Naina P(2), Cheng AT(3), Asif SK(4), Kurien M(5).</p> <p>ACE grading-A proposed endoscopic grading system for adenoids and its clinical correlation.</p> <p>Int J Pediatr Otorhinolaryngol. 2016 Apr;83:155-9. doi: 10.1016/j.ijporl.2016.02.002. Epub 2016 Feb 21.</p> <p>Author information: (1)Department of ENT, Christian Medical College, Vellore 632004, India. Electronic address: ajoymathew@gmail.com. (2)Department of ENT, Christian Medical College, Vellore 632004, India. Electronic address: drp.naina@hotmail.com. (3)Discipline of Paediatrics and Child Health, University of Sydney, Sydney, Australia; Department of Paediatric Otolaryngology, The Children's Hospital at Westmead, Sydney, Australia. Electronic address: atlcheng@bigpond.com. (4)Department of ENT, Christian Medical College, Vellore 632004, India. Electronic address: skamrann@gmail.com. (5)Department of ENT, Christian Medical College, Vellore 632004, India. Electronic address: kurien_mary@hotmail.com.</p> <p>OBJECTIVES: To propose a novel endoscopic adenoid grading system using a rigid nasal endoscope and to study its correlation with the clinical diagnosis. METHODOLOGY: Prerecorded video clips of rigid nasal endoscopy taken during endoscopic adenoidectomy were retrieved. Otolaryngology consultants blinded to the clinical diagnosis of the child were presented these videos and asked to grade the adenoid hypertrophy as per the proposed endoscopic ACE (Airway/Choana/Eustachian tube) grading system. The clinical diagnosis was correlated with the different aspects of the descriptive endoscopic grading system. RESULTS: 152 video clips were presented to the otolaryngology consultants for grading. The average age was 8.6 years (SD-3.48), while the male female ratio was 3:2. The A subcomponent of the ACE grading showed significant correlation with the diagnosis of sleep disordered breathing and chronic adenotonsillitis, C subcomponent with sleep disordered breathing and the E subcomponent with the diagnosis of otitis media. CONCLUSION: The proposed endoscopic grading is easily applicable and at the same time clearly describes the relation of the adenoids to the nasopharynx, choana and Eustachian tube. Different aspects of the grading system correlated differently with the clinical diagnosis emphasizing that a descriptive scoring rather than a comprehensive scoring is a more relevant clinical tool.</p>	INTL	JAN TO JUN	PMID: 26968070

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	Copyright © 2016 Elsevier Ireland Ltd. All rights reserved. DOI: 10.1016/j.ijporl.2016.02.002			
210.	<p>Varghese J(1), James JV(1), Sagi S(1), Chakraborty S(1), Sukumaran A(1), Ramakrishna B(2), Jacob M(1). Decreased hepatic iron in response to alcohol may contribute to alcohol-induced suppression of hepcidin. Br J Nutr. 2016 Jun;115(11):1978-86. doi: 10.1017/S0007114516001197. Epub 2016 Apr 15. Author information: (1)1Department of Biochemistry, Christian Medical College, Vellore, 632002, Tamilnadu, India. (2)2Department of Pathology, Christian Medical College, Vellore, 632004, Tamilnadu, India.</p> <p>Hepatic Fe overload has often been reported in patients with advanced alcoholic liver disease. However, it is not known clearly whether it is the effect of alcohol that is responsible for such overload. To address this lacuna, a time-course study was carried out in mice in order to determine the effect of alcohol on Fe homeostasis. Male Swiss albino mice were pair-fed Lieber-DeCarli alcohol diet (20 % of total energy provided as alcohol) for 2, 4, 8 or 12 weeks. Expression levels of duodenal and hepatic Fe-related proteins were determined by quantitative PCR and Western blotting, as were Fe levels and parameters of oxidative stress in the liver. Alcohol induced cytochrome P4502E1 and oxidative stress in the liver. Hepatic Fe levels and ferritin protein expression dropped to significantly lower levels after 12 weeks of alcohol feeding, with no significant effects at earlier time points. This was associated, at 12 weeks, with significantly decreased liver hepcidin expression and serum hepcidin levels. Protein expressions of duodenal ferroportin (at 8 and 12 weeks) and divalent metal transporter 1 (at 8 weeks) were increased. Serum Fe levels rose progressively to significantly higher levels at 12 weeks. Histopathological examination of the liver showed mild steatosis, but no stainable Fe in mice fed alcohol for up to 12 weeks. In summary, alcohol ingestion by mice in this study affected several Fe-related parameters, but produced no hepatic Fe accumulation. On the contrary, alcohol-induced decreases in hepatic Fe levels were seen and may contribute to alcohol-induced suppression of hepcidin.</p> <p>DOI: 10.1017/S0007114516001197</p>	INTL	JAN TO JUN	PMID: 27080262
211.	<p>Varghese MJ(1), George OK(2). Smoked out! Eur Heart J. 2016 Mar 14;37(11):918. doi: 10.1093/eurheartj/ehv362. Epub 2015 Aug 10. Author information:</p>	INTL	JAN TO JUN	PMID: 26261293

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	(1)Department of Cardiology, Christian Medical College, Vellore, India drmithunjv@gmail.com. (2)Department of Cardiology, Christian Medical College, Vellore, India. DOI: 10.1093/eurheartj/ehv362			
212.	Varghese MJ(1), Lahiri A(2), Kumar V(3), Manuel DA(3), George OK(4). Unraveling the Mystery Behind A Patient with 'Refractory Seizures'. J Clin Diagn Res. 2016 Feb;10(2):OD01-2. doi: 10.7860/JCDR/2016/15308.7174. Epub2016 Feb 1. Author information: (1)Associate Professor, Department of Cardiology, Christian Medical College , Vellore, Tamil Nadu, India . (2)Registrar, Department of Cardiology, Christian Medical College , Vellore, Tamil Nadu, India . (3)Assistant Professor, Department of Cardiology, Christian Medical College , Vellore, Tamil Nadu, India . (4)Professor, Department of Cardiology, Christian Medical College , Vellore, Tamil Nadu, India . Neurological manifestations such as seizures although rare are well recognized presentations of cardiac arrhythmias. Almost always, such events are primarily generalized in nature leading on to loss of consciousness. Rarely however, cardiac seizures can manifest with focal neurological events. We report a case of a sexagenarian who presented with recurrent focal seizures with secondary generalization, who was misdiagnosed and treated as seizure disorder; only a careful history and focussed investigations helped in realising a precise diagnosis. DOI: 10.7860/JCDR/2016/15308.7174	NAT	JAN TO JUN	PMCID: PMC4800567 PMID: 27042501
213.	Varghese VD(1), Livingston A(1), Boopalan PR(1), Jepeganam TS(1). Valgus osteotomy for nonunion and neglected neck of femur fractures. World J Orthop. 2016 May 18;7(5):301-7. doi: 10.5312/wjo.v7.i5.301. eCollection2016. Author information: (1)Viju Daniel Varghese, Abel Livingston, P R Boopalan, Thilak S Jepeganam,Department of Orthopaedics-Unit 3, Christian Medical College, Vellore 632004,Tamil Nadu, India. Nonunion neck of femur can be a difficult problem to treat, particularly in the young, and is associated with high complication rates of avascular necrosis due to the precarious blood supply and poor biomechanics. The various treatment options that have been described can be broadly divided according to the aim of improving either biology or biomechanics. Surgeries aimed at improving the biology, such as vascularized fibula grafting, have good success rates but	INTL	JAN TO JUN	PMCID: PMC4865720 PMID: 27190758

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	<p>require high levels of expertise and substantial resources. A popular surgical treatment aimed at improving the biomechanics-valgus intertrochanteric osteotomy-optimizes conditions for fracture healing by converting shear forces across the fracture site into compressive forces. Numerous variations of this surgical procedure have been developed and successfully applied in clinical practice. As a result, the proximal femoral orientation for obtaining a good functional outcome has evolved over the years, and the present concept of altering the proximal femoral anatomy as little as possible has arisen. This technical objective supports attaining union as well as a good functional outcome, since excessive valgus can lead to increased joint reaction forces. This review summarizes the historical and current literature on valgus intertrochanteric osteotomy treatment of nonunion neck of femur, with a focus on factors predictive of good functional outcome and potential pitfalls to be avoided as well as controversies surrounding this procedure.</p> <p>DOI: 10.5312/wjo.v7.i5.301</p>			
214.	<p>Vaz T(1), Singh G.</p> <p>Large-volume Epidural Blood Patch: An Alternative Technique.</p> <p>J Neurosurg Anesthesiol. 2016 Feb 15. [Epub ahead of print]</p> <p>Author information: (1)Christian Medical College and Hospital Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1097/ANA.0000000000000285</p>	INTL	JAN TO JUN	PMID: 26886863
215.	<p>Vedantam A(1), Rajshekhar V(2).</p> <p>Clinical adjacent-segment pathology after central corpectomy for cervical spondylotic myelopathy: incidence and risk factors.</p> <p>Neurosurg Focus. 2016 Jun;40(6):E12. doi: 10.3171/2016.2.FOCUS1626.</p> <p>Author information: (1)Department of Neurosurgery, Baylor College of Medicine, Houston, Texas; and. (2)Department of Neurological Sciences, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE The goal of this study was to investigate the prevalence and risk factors of clinical adjacent-segment pathology (CASP) following central corpectomy for cervical spondylotic myelopathy (CSM) or ossification of the posterior longitudinal ligament (OPLL). METHODS The authors reviewed 353 cases involving patients operated on by a single surgeon with a minimum 12-month follow-up after central corpectomy for CSM or OPLL between 1995 and 2007. Patients with symptoms consistent with CASP at follow-up were selected for the study. The authors analyzed the prevalence and risk factors for CASP after central corpectomy for CSM/OPLL. RESULTS Fourteen patients (13 male, 1 female;</p>	INTL	JAN TO JUN	PMID: 27246482

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	<p>mean age 46.9 ± 7.7 years) were diagnosed with symptoms of CASP (3.9% of 353 patients) at follow-up. The mean interval between the initial surgery and presentation with symptoms of CASP was 95.6 ± 54.1 months (range 40-213 months). Preoperative Nurick grades ranged from 2 to 5 (mean 3.5 ± 1.2), and the Nurick grades at follow-up ranged from 1 to 5 (mean 3.0 ± 1.3, $p = 0.27$). Twelve patients had myelopathic symptoms and 2 had radiculopathy at follow-up. Patients with poorer preoperative Nurick grades had a higher risk for development of CASP (HR 2.6 [95% CI 1.2-5.3], $p = 0.01$). CONCLUSIONS In the present study, CASP was seen in 3.9% of patients following central corpectomy for CSM/OPLL. The risk of CASP after central corpectomy for CSM/OPLL was higher in patients with poorer preoperative Nurick grades.</p> <p>DOI: 10.3171/2016.2.FOCUS1626</p>			
216.	<p>Vedantam A, Rajshekhar V(1).</p> <p>Diffusion kurtosis imaging for cerebral astrocytomas.</p> <p>Neurol India. 2016 Mar-Apr;64(2):273-4. doi: 10.4103/0028-3886.177601.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0028-3886.177601</p>	NAT	JAN TO JUN	PMID: 26954805
217.	<p>Velay A(1), Jeulin H(1,)(2), Eschlimann M(1), Malvé B(2), Goehringer F(3), Bensenane M(4), Fripiat JP(1), Abraham P(5), Ismail AM(5), Murray JM(6), CombetC(7), Zoulim F(7), Bronowicki JP(4), Schvoerer E(1,)(2).</p> <p>Characterization of hepatitis B virus surface antigen variability and impact on HBs antigen clearance under nucleos(t)ide analogue therapy.</p> <p>J Viral Hepat. 2016 May;23(5):387-98. doi: 10.1111/jvh.12498. Epub 2016 Jan 6.</p> <p>Author information: (1)EA 7300 'Stress, Immunité, Pathogènes', Université de Lorraine, Vandoeuvre-les-Nancy, France. (2)Laboratoire de Virologie, Centre Hospitalier Universitaire de Nancy, Vandoeuvre-les-Nancy, France. (3)Service des Maladies Infectieuses et Tropicales, Centre Hospitalier Universitaire de Nancy, Vandoeuvre-les-Nancy, France. (4)Service d'Hépatogastroentérologie, Centre Hospitalier Universitaire de Nancy, Vandoeuvre-les-Nancy, France. (5)Department of Clinical Virology, Christian Medical College, Vellore, Tamil Nadu, India. (6)School of Mathematics and Statistics, UNSW Australia, Sydney, NSW, Australia. (7)Unité Inserm UI1052, Université de Lyon, Lyon, France.</p>	INTL	JAN TO JUN	PMID: 26742490

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	<p>For hepatitis B virus (HBV)-related chronic infection under treatment by nucleos(t)ide analogues (NUCs), HBsAg clearance is the ultimate therapeutic goal but very infrequent. We investigated how HBV envelope protein variability could lead to differential HBsAg clearance on NUCs. For 12 HBV genotype D patients receiving NUCs, six resolvers (HBsAg clearance) were compared to six matched nonresolvers (HBsAg persistence). PreS/S amino acid (aa) sequences were analysed with bioinformatics to predict HBV envelope antigenicity and aa covariance. To enrich our analyses on very rare resolvers, these were compared with other HBV genotype D strains in three characterized clinical cohorts including common chronically infected patients. The sT125M+sP127T combination was observed in four nonresolvers of six, corroborated by aa covariance analysis, associated with a lower predicted antigenicity than sT125T+sP127P. Concordant features within this HBV key functional domain, at positions 125 and 127, were reported from two of the three comparative cohorts. In our hands, a lower ELISA reactivity of HBV-vaccinated mice sera was observed against the sT125M mutant. In the S gene, 56 aa changes in minor variants were detected in non-resolvers, mainly in the major hydrophilic region, vs 28 aa changes in resolvers. Molecular features in patients showing HBsAg persistence on NUCs argue in favour of a different aa pattern in the HBV S gene compared to those showing HBsAg clearance. In nonresolvers, a decrease in HBs 'a' determinant antigenicity and more frequent mutations in the S gene suggest a role for the HBV envelope characteristics in HBsAg persistence.</p> <p>© 2016 John Wiley & Sons Ltd. DOI: 10.1111/jvh.12498</p>			
<p>218.</p>	<p>Velayutham P(1), Rajshekhar V(1), Chacko AG(1), Krothapalli Babu S(2). Influence of Tumor Location and Other Variables on Predictive Value of Intraoperative myogenic Motor-Evoked Potentials in Spinal Cord Tumor Surgery. World Neurosurg. 2016 Aug;92:264-72. doi: 10.1016/j.wneu.2016.04.117. Epub 2016May 6.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, India. (2)Department of Neurological Sciences, Christian Medical College, Vellore, India. Electronic address: srinivas@cmcvellore.ac.in.</p> <p>OBJECTIVE: To study the influence of tumor location (cervical vs. thoracic; extramedullary vs. intramedullary) on predictive value of intraoperative myogenic motor-evoked potentials (iMEP) changes in patients undergoing surgery for spinal cord tumors.</p> <p>METHODS: Three hundred patients retrospective data (91 intramedullary) and 209 (intradural extramedullary) with successful iMEP recordings were analyzed. Responses to transcranial electrical stimulation were recorded from the lower limb muscles. Preoperative clinical variables, iMEPs changes, and postoperative neurologic deficits were noted. Associations between categorical variables and</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 27157282</p>

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	<p>outcome were analyzed with the Fisher exact test. RESULTS: Of the 300 patients 28 (9.3%) had significant intraoperative worsening of iMEPs. New postoperative deficits occurred in 23 of these 28 patients. False-positive decreases in iMEPs were observed in 5 patients. There was a significant association between changes in iMEP and postoperative new motor deficits ($P \leq 0.0001$). Multivariate analysis showed that patients with changes in iMEP undergoing surgery for thoracic segment tumors, with longer duration of symptoms (>12 months) and older age (≥ 21.5 years) were more likely to suffer postoperative neurological decline (odds ratio 4.1, $P \leq 0.001$ and odds ratio 5.4 $P \leq 0.0001$, respectively). The sensitivity of iMEPs was 100% and specificity 98.2%. The positive and negative predictive values were 82% and 100%; however, the sensitivity and specificity is similar in thoracic intramedullary (TIM) ($n = 53$) and cervical intramedullary tumors ($n = 38$) (both were 100% and 97%). The positive predictive value was significantly greater for TIM tumors (93% vs. 50%). CONCLUSIONS: A strong association was observed between worsening of iMEPs and postoperative new neurological deficits in patients with TIM tumor.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved. DOI: 10.1016/j.wneu.2016.04.117</p>			
<p>219.</p>	<p>Venkatesan P(1), Tiwari A(2), Dasgupta R(1), Carey M(2), Kehlenbrink S(2), Wickramanayake A(2), Jambugulam M(1), Jeyaseelan L(3), Ramanathan K(3), HawkinsM(2), Thomas N(4).</p> <p>Surrogate measures of insulin sensitivity when compared to euglycemic hyperinsulinemic clamp studies in Asian Indian men without diabetes.</p> <p>J Diabetes Complications. 2016 Mar;30(2):287-91. doi: 10.1016/j.jdiacomp.2015.11.024. Epub 2015 Dec 2.</p> <p>Author information: (1)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India. (2)Division of Endocrinology, Department of Medicine, Albert Einstein College of Medicine, Bronx, NY, USA. (3)Department of Biostatistics, Christian Medical College, Vellore, India. (4)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India. Electronic address: nihal_thomas@cmcvellore.ac.in.</p> <p>AIM: Fasting surrogate measures of insulin sensitivity are increasingly used in research and clinical practice. To assess the reliability of these measures, we aimed to evaluate multiple fasting surrogate measures simultaneously in non-diabetic subjects in comparison with the euglycemic hyperinsulinemic clamp study. METHODS: Sixteen normoglycemic male South Indian subjects were studied. After an overnight fast, blood samples were collected for glucose, insulin and lipid</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26718937</p>

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	<p>profile measurements, and stepped euglycemic hyperinsulinemic clamp studies were performed on all subjects. Steady state glucose infusion rates (M value) during low and high insulin phases of the clamp were calculated. Correlation of M value with surrogate markers of insulin sensitivity was performed. Predictive accuracy of surrogate indices was measured in terms of Root Mean Squared Error (RMSE) and leave-one-out cross-validation-type RMSE of prediction using a calibration model. RESULTS: M values showed a strong and significant correlation ($p < 0.01$) with the following surrogate markers: Fasting insulin ($r = -0.714$), Fasting glucose to insulin ratio (FGIR, $r = 0.747$) and Raynaud index ($r = 0.714$). FGIR had a significantly lower RMSE when compared with HOMA-IR and QUICKI. CONCLUSIONS: Among the surrogate measures, FGIR had the strongest correlation with M values. FGIR was also the most accurate surrogate measure, as assessed by the calibration model.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved. DOI: 10.1016/j.jdiacomp.2015.11.024</p>			
220.	<p>Venkatramani V(1), George AJ(1), Chandrasingh J(1), Panda A(1), Devasia A(1). Urethral duplication with unusual cause of bladder outlet obstruction. Indian J Urol. 2016 Apr-Jun;32(2):156-8. doi: 10.4103/0970-1591.174780. Author information: (1)Department of Urology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>A 12-year-old boy presented with poor flow and recurrent urinary tract infections following hypospadias repair at the age of 3 years. The evaluation revealed urethral duplication with a hypoplastic dorsal urethra and patent ventral urethra. He also had duplication of the bladder neck, and on voiding cystourethrogram the ventral bladder neck appeared hypoplastic and compressed by the dorsal bladder neck during voiding. The possibility of functional obstruction of the ventral urethra by the occluded dorsal urethra was suspected, and he underwent a successful urethro-urethrostomy.</p> <p>DOI: 10.4103/0970-1591.174780</p>	NAT	JAN TO JUN	PMCID: PMC4831507 PMID: 27127361
221.	<p>Verghese A(1). The integration of psychiatry and neurology.</p> <p>Indian J Psychiatry. 2016 Jan-Mar;58(1):104-5. doi: 10.4103/0019-5545.174405.</p> <p>Author information: (1)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India. E-mail: averghese2002@yahoo.co.in.</p> <p>DOI: 10.4103/0019-5545.174405</p>	NAT	JAN TO JUN	PMCID: PMC4776572 PMID: 26985119

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222.	<p>Vijayakumar S(1), Rajenderan S(1), Laishram S(1), Anandan S(1), Balaji V(1), Biswas I(2). Biofilm Formation and Motility Depend on the Nature of the Acinetobacter baumannii Clinical Isolates. Front Public Health. 2016 May 24;4:105. doi: 10.3389/fpubh.2016.00105. eCollection 2016. Author information: (1)Department of Clinical Microbiology, Christian Medical College, Vellore, India. (2)Department of Microbiology, Molecular Genetics and Immunology, University of Kansas Medical Center, Kansas City, KS, USA.</p> <p>Acinetobacter baumannii is a nosocomial pathogen involved in various infections ranging from minor soft-tissue infections to more severe infections such as ventilator-associated pneumonia and bacteremia. The severity and the type of infections depend on the genetic and phenotypic variations of the strains. In this study, we compared the extent of biofilm formation and motility displayed by 60 multidrug-resistant A. baumannii clinical strains isolated from blood and sputum samples from patients from Southern India. Our results showed that isolates from the sputum samples formed significantly more robust biofilm compared to the blood isolates. On the other hand, we observed that the blood isolates were more motile than the sputum isolates. To the best of our knowledge, this is the first study that systematically evaluated the correlation between these two phenotypic traits and the nature of the isolates.</p> <p>DOI: 10.3389/fpubh.2016.00105</p>	INTL	JAN TO JUN	PMID: 27252939 PMC4877508
223.	<p>Vimala LR(1), Jasper A(1), Irodi A(1). Non-Invasive and Minimally Invasive Imaging Evaluation of CSF Rhinorrhoea – a Retrospective Study with Review of Literature. Pol J Radiol. 2016 Feb 29;81:80-5. doi: 10.12659/PJR.895698. eCollection 2016. Author information: (1)Department of Radiology, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: Localization of a cerebrospinal fluid [CSF] fistula is a diagnostic challenge. The choice of an optimal imaging technique is necessary to locate the site of CSF leak which is required for surgical/endoscopic repair of the CSF fistula. MATERIAL/METHODS: Retrospective analysis of imaging was performed in 33 patients who presented with symptoms suggestive of CSF rhinorrhoea over a period of two years. Either a bone defect on high resolution CT [HRCT] or CSF column extending extracranially from the subarachnoid space with or without brain/ meningeal herniation on magnetic resonance [MR] cisternography was considered positive for</p>	INTL	JAN TO JUN	PMID: 26985244 PMC4774580

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	<p>CSF leak. The MR imaging technique included 1-mm heavily T2-weighted [TR 2000 ms; TE-200 ms] fast spin echo study in coronal and sagittal planes. HRCT sections involved 0.625 to 0.8-mm sections in the coronal plane, with or without axial planes, through the paranasal sinuses, reconstructed in a sharp algorithm and acquired with the patient in prone position. Imaging findings were compared with endoscopic findings, being the gold standard for the assessment of CSF rhinorrhea.</p> <p>RESULTS: A total of 25 patients had a combination of HRCT and MR cisternography. The sensitivity, specificity, positive predictive value [PPV] and negative predictive value [NPV] of both MR cisternography and HRCT together were 93%, 100%, 100% and 50% respectively. Two patients underwent only MR cisternography, 5 patients underwent only HRCT and one patient underwent HRCT, MR cisternography and CT cisternography. Though PPV was 100% in the groups with HRCT alone, MR cisternography alone and combined CT cisternography, HRCT and MR cisternography, the results were not statistically significant as the number of patients in those groups was lower.</p> <p>CONCLUSIONS: Combination of MR cisternography and HRCT appears to be complementary, accurate and non-invasive and should be considered as optimal imaging modality for pre-op imaging in the evaluation of CSF rhinorrhoea.</p> <p>DOI: 10.12659/PJR.895698</p>			
<p>224.</p>	<p>Vyas R(1), Faith M(1), Selvakumar D(1), Pulimood A(1), Lee M(2).</p> <p>Project-based faculty development for e-learning.</p> <p>Clin Teach. 2016 Jan 18. doi: 10.1111/tct.12486. [Epub ahead of print]</p> <p>Author information: (1)Medical Education Unit, Christian Medical College, Vellore, Tamil Nadu, India. (2)Tufts University School of Medicine, Tufts Medical Center, Boston, Massachusetts, USA.</p> <p>BACKGROUND: The Christian Medical College, Vellore, in collaboration with Tufts University, Boston, conducted an advanced workshop in e-learning for medical faculty members in India.</p> <p>CONTEXT: E-learning can enhance educational reforms for today's computer-literate generation, and keep faculty members up to speed in a rapidly changing world. The purpose of this paper is to report on the design and evaluation of a project-based faculty member development programme focused on developing faculty members as educators and as peer trainers who can use e-learning for educational reforms.</p> <p>INNOVATION: During a 2-day workshop, 29 participants in groups of two or three developed 13 e-learning projects for implementation in their institutions. Evaluation of the workshop was through written feedback from the participants at</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26777995</p>

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	<p>the end of the workshop and by telephone interview with one participant from each project group at the end of one year. Content analysis of qualitative data was performed. The participants reported that they were motivated to implement e-learning projects and recognised the need for and usefulness of e-learning. The majority of projects (10 out of 13) that were implemented 'to some extent' or 'to a great extent' faced challenges with a lack of resources and administrative support, but faculty members were able to overcome them. E-learning can enhance educational reforms for today's computer-literate generation IMPLICATIONS: Designing feasible e-learning projects in small groups and obtaining hands-on experience with e-learning tools enhance the effectiveness of subsequent implementation. To successfully incorporate e-learning when designing educational reforms, faculty member training, continuing support and infrastructure facilities are essential.</p> <p>© 2016 John Wiley & Sons Ltd. DOI: 10.1111/tct.12486</p>			
<p>225.</p>	<p>Weiss DJ(1), Rasko JE(2), Cuende N(3), Ruiz MA(4), Ho HN(5), Nordon R(6), Wilton S(7), Dominici M(8), Srivastava A(9). Part 2: Making the "unproven" "proven".</p> <p>Cytotherapy. 2016 Jan;18(1):120-3. doi: 10.1016/j.jcyt.2015.11.005.</p> <p>Author information: (1)Department of Medicine, University of Vermont, Burlington, Vermont, USA. ISCT Chief Scientific Officer 2014-2016. Chair, ISCT Pulmonary Committee 2013-2015. Electronic address: dweiss@uvm.edu. (2)Department of Cell & Molecular Therapies, Royal Prince Alfred Hospital, Centenary Institute, Sydney Medical School, University of Sydney, Sydney, Australia. ISCT Australia & New Zealand, Past Regional Vice President 2008-2012. (3)Andalusian Initiative for Advanced Therapies, Junta de Andalucía, Sevilla, Spain. Chair, ISCT EU LRA Committee, 2014-2016. (4)Bone Marrow Transplantation and Cell Therapy Unit, Associação Portuguesa de Beneficencia, SJ Rio Preto, Sao Paulo, Brazil. ISCT South & Central America, Past Regional Vice President 2013-2015. (5)Department of Obstetrics and Gynecology, College of Medicine, National Taiwan University, Taipei, Taiwan. ISCT Asia, Past Regional Vice President 2013-2015. (6)Graduate School of Biomedical Engineering, University of New South Wales, Sydney, Australia. ISCT Australia & New Zealand, Regional Vice-President 2014-2016. (7)Western Australian Neuroscience Research Institute, Centre for Comparative Genomics, Murdoch University, Perth, Australia. Member at large of the ISCT Presidential Task Force on the Use of Unproven Cellular Therapies. (8)Division of Oncology, Laboratory of Cellular Therapy, University of Modena & Reggio Emilia, Modena, Italy. ISCT President 2014-2016. Chair of the ISCT Presidential Task Force on the Use of Unproven Cellular Therapies. (9)Center for Stem Cell Research (a unit of inStem, Bengaluru), Department of Hematology, Christian Medical College, Vellore, India. Member at large of the ISCT Presidential Task Force on the Use of</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26719203</p>

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	Unproven Cellular Therapies. DOI: 10.1016/j.jcyt.2015.11.005			
226.	Wills SJ(1), Pandian GR(1), Bhanu TK(1), Kumar KS(2), Murugan Y(2), Abhilash KP(1). Clinical profile of patients with traumatic cervical spine injury in the emergency department of a tertiary care hospital. J Emerg Trauma Shock. 2016 Jan-Mar;9(1):43-4. doi: 10.4103/0974-2700.167668. Author information: (1)Department of Emergency, Christian Medical College, Vellore, Tamil Nadu, India. E-mail: drshaijuwills@rediffmail.com. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.4103/0974-2700.167668	INTL	JAN TO JUN	PMCID: PMC4766768 PMID: 26957830
227.	Yadav VK(1), Chavan R(2), Shetty A(2), Kulkarni K(3), Chugh A(4). Lipomatous meningioma: a rare subtype of the meningioma. Acta Neurol Belg. 2016 Feb 1. [Epub ahead of print] Author information: (1)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamilnadu, India. vkyadav77@yahoo.co.in. (2)Department of Radiology, B J Medical College, Pune, Maharashtra, India. (3)Department of Pathology, B J Medical College, Pune, Maharashtra, India. (4)Department of Neurosurgery, B J Medical College, Pune, Maharashtra, India. DOI: 10.1007/s13760-016-0610-9	INTL	JAN TO JUN	PMID: 26830646
228.	Yenuberi H(1), Abraham A(2), Sebastian A(2), Benjamin SJ(3), Jeyaseelan V(4), Mathews JE(5). A randomised double-blind placebo-controlled trial comparing stepwise oral misoprostol with vaginal misoprostol for induction of labour. Trop Doct. 2016 Jan 19. pii: 0049475515624856. [Epub ahead of print] Author information: (1)Registrar, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Assistant Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Associate Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Lecturer, Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.	INTL	JAN TO JUN	PMID: 26787644

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	<p>(5)Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India coronistrial@yahoo.co.in.</p> <p>A comparison of induction of labour (IOL) using three doses of 25 µg vaginal misoprostol inserted at intervals of 4 h or more with a stepwise oral regime starting with 50 µg followed by two doses of 100 µg was studied in a double-blind placebo-controlled trial in a tertiary centre in South India. Primary outcome was vaginal delivery in 24 h. Significantly more women in the first group required oxytocin augmentation and a third dose of the drug than women in the second group. Uterine tachysystole and other maternal and neonatal complications were similar. Thus it is concluded that women induced with oral, as compared to vaginal misoprostol are more likely to labour without oxytocin.</p> <p>© The Author(s) 2016. DOI: 10.1177/0049475515624856</p>			
<p>229.</p>	<p>Yoganathan S(1), Arunachal G(2), Sudhakar SV(3), Rajaraman V(4), Thomas M(1), Danda S(2).</p> <p>Beta Propellar Protein-Associated Neurodegeneration: A Rare Cause of Infantile Autistic Regression and Intracranial Calcification.</p> <p>Neuropediatrics. 2016 Apr;47(2):123-7. doi: 10.1055/s-0035-1571189. Epub 2016 Feb 9.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Medical Genetics, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Radiodiagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (4)Division of Child and Adolescent Psychiatry, Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Neurodegeneration with brain iron accumulation (NBIA) is a heterogeneous group of single gene disorders with distinguished clinical phenotypes and definitive imaging findings. Beta propeller protein-associated neurodegeneration (BPAN) is a subentity of NBIA with X linked dominant inheritance. In this report, we describe a girl with autistic regression, seizures, intracranial calcification, iron accumulation in substantia nigra, and globi pallidi, and diagnosis of BPAN was established based on the identification of previously described disease causing variant in WD repeat domain 45 (WDR45) gene encoding for β propeller protein. This is the first genetically proven case from India. BPAN is an underrecognized disorder and must be considered as a differential diagnosis in children with atypical Rett features and should be enlisted among the causes for autistic regression and intracranial calcification. Pediatricians must be aware of this</p>	<p>INTL</p>	<p>JAN TO JUN</p>	<p>PMID: 26859818</p>

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	<p>rare entity for establishing early diagnosis, prognostication, and genetic counseling. Treatment is usually supportive. More research is needed to explore drugs in the management of BPAN that can facilitate the autophagy and promotes cytoprotection.</p> <p>Georg Thieme Verlag KG Stuttgart · New York. DOI: 10.1055/s-0035-1571189</p>			
230.	<p>Yoganathan S(1), Sudhakar SV(2), James EJ(3), Thomas MM(1).</p> <p>Acute necrotising encephalopathy in a child with H1N1 influenza infection: a clinicoradiological diagnosis and follow-up.</p> <p>BMJ Case Rep. 2016 Jan 11;2016. pii: bcr2015213429. doi: 10.1136/bcr-2015-213429.</p> <p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamilnadu, India. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Pediatrics, Christian Medical College, Vellore, Tamilnadu, India.</p> <p>Acute necrotising encephalopathy of childhood (ANEC) is a fulminant disorder with rapid progressive encephalopathy, seizures and poor outcome. It has been reported in association with various viral infections. We describe the clinicoradiological findings and short-term follow-up in a child with H1N1 influenza-associated ANEC. Lamellar, target or tricolour pattern of involvement of the thalami was seen on apparent diffusion coefficient images. Our patient had significant morbidity at discharge despite early diagnosis and management with oseltamivir and immunoglobulin. Repeat imaging after 3 months had shown significant resolution of thalamic swelling, but there was persistence of cytotoxic oedema involving bilateral thalami. She was pulsed with intravenous steroids and maintained on a tapering schedule of oral steroids. This report emphasises the need for a high index of suspicion to establish early diagnosis, promotion of widespread immunisation strategies to prevent influenza outbreak, and more research to establish standard treatment protocols for this under-recognised entity. 2016 BMJ Publishing Group Ltd. DOI: 10.1136/bcr-2015-213429</p>	INTL	JAN TO JUN	PMID: 26759402
231.	<p>Yoganathan S(1), Sudhakar SV(2), Thomas M(3), Dutta AK(4), Danda S(4).</p> <p>"Eye of tiger sign" mimic in an adolescent boy with mitochondrial membrane protein associated neurodegeneration (MPAN).</p> <p>Brain Dev. 2016 May;38(5):516-9. doi: 10.1016/j.braindev.2015.10.017. Epub 2015Nov 18.</p>	INTL	JAN TO JUN	PMID: 26602591

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<p>Author information: (1)Department of Neurological Sciences, Christian Medical College, Vellore, India. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, India. (3)Department of Neurological Sciences, Christian Medical College, Vellore, India. Electronic address: maya@cmcvellore.ac.in. (4)Department of Medical Genetics, Christian Medical College, Vellore, India.</p> <p>Neurodegeneration with brain iron accumulation (NBIA) refers to an inherited heterogeneous group of disorders pathologically characterized by focal brain iron deposition. Clinical phenotype, imaging findings and genotype are variable among the different types of this disorder. In this case report, we describe the imaging finding of an adolescent boy with mitochondrial membrane protein associated neurodegeneration (MPAN), a subentity of NBIA. Magnetic resonance imaging of brain revealed hypointensity of globi pallidi with medial medullary lamina appearing as a hyperintense streak in T2 weighted images. Mild cerebellar atrophy in T2 weighted images and blooming of substantia nigra and globi pallidi in susceptibility weighted images were also observed. Imaging findings in patients with MPAN mimics the eye of tiger appearance in patients with pantothenate kinase associated neurodegeneration. Classical phenotype and eye of tiger sign mimic in imaging of patients with NBIA should raise the suspect for MPAN. Genetic studies helps in the confirmation of diagnosis of this neurodegenerative disorder.</p> <p>Copyright © 2015 The Japanese Society of Child Neurology. Published by Elsevier B.V. All rights reserved. DOI: 10.1016/j.braindev.2015.10.017</p>			
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MONTH & YEAR	INTERNATIONAL	NATIONAL	TOTAL
JANUARY - JUNE 2016	155	76	231