

OCULAR TUBERCULOSIS

PAGE NO. 2



From the desk of the Director

At Yenepoya Specialty Hospital, we value and encourage the benevolence of every individual who has selflessly devoted themselves in serving the community in the spirit of our motto - Happy to care!!..

We dedicate this edition mainly focusing on activities such as medical campaigns, continuous staff training on soft skills, important day celebrations, hospital employee engagement activities, and recognition of best-performed employees.

The main highlight of the quarter was the recognition of "Women Achievers" who have unexceptionally dedicated themselves to serving the society.

Awards provide an important opportunity to celebrate accomplishment and honour hard work.

At Yenepoya Specialty Hospital we were privileged to mark the 2022 International Women's Day by announcing the 'Woman of Substance' award.

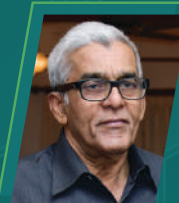
The three inspirational 'women of substance' we chose for the award are a role model for others, and have demonstrated commendable tenacity and made significant contributions by enriching the lives of others.

Yenepoya Specialty Hospital is honoured to have awarded these exemplary women who radiate passion and purpose to make an impact in their community.

With a motivated team behind you, all challenges looks surmountable. !!



Dr. Muhammad Thahir
Director - Medical



Mr Yenepoya Mohammed Kunhi
Managing Director



Dr Yenepoya Abdulla Kunhi
Chairman



Mr Yenepoya Abdulla Javeed
Director - Operations

IN THIS ISSUE

Feature Article	Page No.
From the desk of the Director	01
Doctor Speaking	02, 03, 04
• Ocular Tuberculosis	
• Cerebral Palsy	
Hospital News	05, 06, 07
Social News	07, 08

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OCULAR TUBERCULOSIS

Tuberculosis is a word that is known to one and all. Previously referred to as “KshayaRoga” or “Phthisis”, tuberculosis is still a challenge the world faces. Eradication involves timely identification of the disease and adequate treatment in the form of anti-tubercular antibiotics. Tuberculosis is mainly known by the layman to affect the lungs. However, it is capable of affecting any part of the body including skin, brain, bones, internal organs, and eyes.



Ocular tuberculosis is defined as an infection of any part of the eye by the bacterium *Mycobacterium tuberculosis*, including the tissues within the eye, superficial, or the surrounding tissues of the eye. This infection is mainly acquired through blood. It affects the eye tissues by directly invading them or causing the tissues to react against the organism. The latter is more common and is termed inflammation.

TB can affect any part of the eye. It can affect the lids causing some slow-growing ulcers, in the cornea it can cause interstitial keratitis: which causes opacification of the cornea. This is an immune-mediated reaction.

Let us understand how tuberculosis affects each part of the eye

a. Conjunctiva

- The conjunctiva mounts a hypersensitivity reaction towards the proteins of the *M. tuberculosis* organism and gives rise to a peculiar form of allergic conjunctivitis characterized by a nodule formation and is a benign condition. It may be associated with inflammation of the neighboring cornea.
- It is easily treated with the instillation of specific eyedrops.

b. Cornea

- It causes opacification of the cornea by hypersensitivity caused by the organism.
- It is reversible in the early stages by the instillation of medications into the eye, but once the opacification is established, it is irreversible. These patients need a corneal transplant.

c. Uvea

- This is, by far, the most common site of affection in ocular tuberculosis. The uvea is the middle coat of the eyeball and is responsible for providing blood supply to most of the parts of the eyeball. It is seen as the black or brown of the eye, behind the cornea.
- Tuberculosis causes an allergic reaction of the uvea and is termed “uveitis”. Uveitis that is associated with Tuberculosis is generally of slow onset and has a long duration of affection.
 - Anterior uveitis is the affection of the front of the eyeball and causes red-eye.
 - Intermediate uveitis is the affection of the eyeball behind the lens. This causes painless diminution of vision.
 - Posterior uveitis is the affection of the back of the eye that has the retina and the choroid. Posterior uveitis is mainly responsible for visual loss in tuberculous uveitis. These patients present with floaters and painless diminution of vision or sight.
 - Complications of these are the development of cataracts, macular edema (accumulation of fluid in the light-sensitive part of the eye), retinal thinning and choroidal scarring, and finally loss of vision due to degeneration of the photoreceptors.

Symptoms

- Patients with ocular tuberculosis present with non-specific symptoms like red-eye, pain in the eye, and diminution of vision depending on the degree of inflammation.

Diagnosis

- It is mainly a clinical diagnosis (done based on the findings seen by the ophthalmologist) that is supported by multimodal imaging of the eye (angiography of the retina and optical coherence tomography.)
- Supportive microbiological evidence of infection by the bacteria is needed for confirmation. These are
 - A positive Mantoux test: in this test, a purified derivative of tubercular protein is injected into the forearm. If the patient is infected by Tuberculosis, there is redness in the injected part.
 - PCR of the fluids from the eye revealing presence of DNA of the bacteria.
- Evidence of tuberculosis anywhere else in the body (Chest, spine, abdomen, or brain) confirmed by radio-imaging.

Treatment

- When picked in the early stages, ocular tuberculosis has a good prognosis regarding the visual outcome.
- It is treated with anti-tubercular antibiotics for 9-12 months along with steroids when necessary.

Myths regarding ocular tuberculosis

- ⊗ All patients with pulmonary or lung tuberculosis develop ocular tuberculosis
- ⊗ It always presents with eye pain
- ⊗ Ocular tuberculosis is an untreatable condition
- ⊗ It requires the injection of anti-tubercular drugs into the eye
- ⊗ If steroids are given to patients with tuberculosis, the infection becomes uncontrollable

Truths regarding ocular tuberculosis

- ✔ Ocular tuberculosis may be associated with pulmonary tuberculosis, but not all the time
- ✔ Many-a-time, there is no pain or redness in the eye with ocular tuberculosis
- ✔ Ocular tuberculosis is efficiently treated with anti-tubercular therapy
- ✔ Steroids and anti-VEGF agents may be injected into the eye to decrease inflammation
- ✔ Steroids are necessary to decrease inflammation and are given along with antibiotics. So, it will not cause a flare-up of infection



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Dr Madhurima Nayak

MBBS, MS (OPHTHAL), DNB
Consultant Ophthalmologist

CEREBRAL PALSY

Cerebral palsy is a neurological disorder affecting children characterized by impairment in movement and coordination. It is due to any problem that occurs during or immediately after birth. It is a non progressive permanent disorder affecting the movement and causing limitation of activity. It is the most common cause of childhood disability. Possible causes include intrauterine infections during pregnancy, hypoxic injury to the brain (due to lack of oxygen) during delivery, Accidental and non accidental trauma.

Premature labour is a significant factor leading to cerebral palsy. This is due to bleeding inside the brain called as intraventricular hemorrhage. It can also be due to insufficient blood supply to the brain. Other risk factors include meconium aspiration, growth restriction inside the uterus, perinatal hypoglycemia.

Genetic studies reveal that half of cerebral palsy without environmental risk factors due to genomic deletions or duplications

Cerebral Palsy



Symptoms

Symptoms vary depending upon the degree of damage to the brain. Some children may have difficulty in walking whereas some have profound disability requiring lifelong care. Children may also have seizures, slow growth, musculoskeletal problems like scoliosis, blindness, deafness, learning difficulties, bladder or bowel incontinence.

Prevalence: It is found in 3.8% of the population. Nearly 15-20 % of physically disabled are affected by cerebral palsy in India. Estimated incidence is 3 per 1000 live births.

Evaluation - History and physical examination along with radiological investigations help in diagnosing cerebral palsy. In the neonatal period cranial ultrasound helps in diagnosing Intraventricular Hemorrhage or Ventriculomegaly. MRI of the brain helps in detecting pathologies in the neuroanatomy of the motor area of the brain. Various clinical assessment scales are used in the diagnosis. EEG is necessary if the patient has seizures. Genetic workup may be required if there is a family history, dysmorphic features, History of consanguinity.

Management - Treatment uses an interdisciplinary approach which includes neurologists, primary care pediatrician, Orthopedician and physical therapist. The aim is improving the quality of life and reducing the burden on caregivers.

Physiotherapy, speech therapy, occupational therapy and medications to reduce muscle stiffness and spasms are used. Medications to treat dystonia and choreiform movements are used. Antiepileptics are used in the patients with seizures. Stool softeners are used for constipation. Orthopedic evaluation is necessary if there is dislocation/subluxation of the hips, scoliosis, equinovarus deformity. Surgical measures include tendon releases, hip derotation /rotation surgery. Surgeries to reduce spasticity include baclofen pump, dorsal rhizotomy (surgical lesion produced in the spinal cord to reduce the tone). Botox injections are used for treating spasticity

Prognosis : Most children live a normal, long and happy life. Children with mild forms of cerebral palsy have normal life expectancy. Children with severe forms of epilepsy, quadriplegia, and severe mental retardation have a worse outcome. Most common cause of death is aspiration. Good prognostic factors include sitting by age of 24 months and crawling by age of 30 months. Poor prognostic factors include not achieving head balance by 20 months and not crawling by age of 5 years.

Improving outcome : It is imperative for the clinicians to recognize the signs and symptoms of cerebral palsy at the earliest. Early interventions can improve the functional outcomes due to neuronal plasticity. Educating and training the care giver will help in alleviating the physical and psychological burden.

Types of cerebral palsy

- ✔ Spastic : The child has increased tone causing stiffness in the legs or arms. If it affects the legs predominantly it is called spastic diplegia, if it affects all four limbs as quadriplegia, if it affects one side of the body hemiplegia.
- ✔ Dyskinetic/choreoathetoid : Here there is involuntary movements causing dance like contractions of the muscles.
- ✔ Dystonic : There is sustained involuntary contraction causing twisting movements
- ✔ Ataxic : There is unsteadiness and lack of coordination.



Dr Rohith Pai

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Consultant Neurologist

Soft Skills Training – Team Work



At the Soft Skills training which was held on April 22, in order to brush up and strengthen the innate skills of employees', a series of skill-oriented activities were conducted at the conference hall. The focus of the training was on Teamwork, Body language, Communications, and having an upbeat demeanor.



This workshop was co-organized by Ms. Preethika, Training Coordinator, and Mr. Shawn, Corporate Relations, to help staff improve their abilities through team-building exercises.

Rheumatology camp on World Health Day

On the occasion of World Health Day, Yenepoya Specialty Hospital organized Rheumatology camp at the health checkup department on April 6, for people suffering from various Rheumatology issues.

During the campaign, special health checkup packages comprising all necessary lab tests were offered at a discounted rate and the Bone Mineral Test was provided free of charge in addition to the package offered.

Dr. Ashwini Kamath, Consultant Rheumatologist, assessed patients with rheumatism, arthritis, spondylitis, painful disorders of the joints, muscles, and ligaments, allergies, and autoimmune diseases.



Save Life; Donate Blood

On March 26, Yenepoya Specialty Hospital and the Department of Community Medicine at Yenepoya Medical College, in collaboration with the Indian Red Cross Society, Mangaluru, jointly organized a blood donation camp at the Primary Health Centre in Bunder, Mangalore.

The local ward corporators association contributed to the success of this cause.

The campaign was inaugurated by C A Shantharam Shetty -Chairman of Indian Red Cross Society, Dr. J N Bhat - Medical Officer Red cross, Dr. Manjappa Shetty- Health officer MCC, Mrs. Zeenath Samshuddin -Local Corporate, Dr. Poonam R Naik - Professor & Head Community Medicine Yenepoya Medical College, Mr. Praveen Kumar - District coordinator, Red Cross.

The campaign would not have been a successful if the donors had not contributed, and with 24 donors and 32 registrations, YSH team was able to obtain 24 units of blood on the campaign day.

On that occasion, blood donors were given a certificate of appreciation as a token of gratitude for their generous effort in donating blood.



Hospital News

World kidney day 2022 observed at YSH



On March 9, YSH observed World Kidney Day to raise awareness about Chronic Kidney Disease, prevention and the importance of kidney health through a formal open table interactive session involving the general public and existing dialysis patients.

Dr Santhosh Pai B H, Senior Consultant Nephrologist, a Professor and Head of Nephrology, Yenepoya Medical College and Dr Ashok Pandit, Senior Consultant Urologist, Yenepoya Specialty Hospital addressed the gathering.

Dr Santhosh Pai emphasized the importance of Medical Renal Disease arising out of diabetes and Hypertension, Multiple factors leading to this cause was also discussed during the session. Speaking on the occasion Dr Ashok Pandit said "Urologist/Kidney surgeons play a prominent role in preventing renal failure. Proper treatment of Prostate enlargement and kidney stones are essential in preventing kidney damage". The session was concluded with the remark that urologists can also counsel patients about adverse effects of poorly controlled diabetes and hypertension.

The interactive session followed by the talk accomplished its motive by raising awareness amongst the audience.

Recognition and Felicitation of Women Achievers International Women's Day 2022

On March 8, YSH marked International Women's Day by honouring women's indomitable spirit with the 'Woman of Substance' 2022 award in a formal ceremony held at its conference hall.

Chief Guest. Smt. C. S. Radhika, Entrepreneur and Healthcare Worker shared her tales of struggle and success as the keynote speaker.

Smt. Tabassum, Caregiver of HIV-Infected Girl Children, inspired the audience with her positive message to pay more attention to women's rights and gender equality.

Prof. Maria D'Costa, Academician and Social Worker, addressed the gathering about educating and empowering women to be independent.

Dr. Ashwini Kamath inspired and motivated the audience by sharing her perspective on being a strong independent woman.

The program concluded by releasing a press note of the Free Health Checkup consultation and tests, discount on customized packages to the hospital staff and General public.

89 beneficiaries, including hospital staff and general public have registered and availed the benefits during the campaign, which ran from March 8th to March 12th, 2022.



Performance Excellence Award - First Quarter of 2022 (January - March 2022).

Team IT - (Mr. Guruprasad and Mr. Deepak Kumar)

The selection was based on their extra effort in providing a groundbreaking idea to upgrade the existing operating systems with a cost effective solution. Dedication and whole hearted support from the team is also noteworthy.



Congratulations Team IT!! Keep up the good work!

Hospital News



73rd Republic Day celebration at YSH

On the occasion of the 76th Republic Day a flag hoisting ceremony was held at YSH. In the presence of Director Medical Dr. Muhammad Thahir, Core Managers, YSH Staff, and Zulekha Nursing College students, Dr. Krishna Shetty – Consultant Interventional Cardiologist, hoisted the national flag.

Employees in tricolour costumes were the highlight of the day.



TRAINING IS LIKE AN OCEAN WITHOUT AN END



Training is a never-ending process. The more we learn, the deeper we dwell in the ocean of knowledge. Our hospital has long encouraged staff training on a variety of topics, and we have just included Soft Skills in our calendar as we strive to raise our standards and skills to the next generation.

We are constantly educating our employees on Basic Life Support; thus far, we have covered 210 of the 450 employees; and have aimed to cover 100 percent by the end of the quarter. Dr. Priya B Naik, an AHA instructor, has been working with the HR team to ensure that the whole hospital staffs are trained on that subject.

Social News

Swab Sample collection carried out on an Oil Tanker Ship



YSH facilitated COVID swab collection services for the crew member of the Russian oil tanker MTM Santos on March 15.



Social News

A day to celebrate womanhood #BreakTheBias

YSH hosted a fun-filled stage programme to celebrate and spread the joy of being a woman on International Women's Day.

Dr Priya B Naik, Consultant Intensivist was the chief guest of the event. Ms C S Radhika, an entrepreneur and healthcare worker, was the honoree. The special appearance of Hospital Management personnel, and Doctors topped off the event. As this year's theme says #Breakthebias, YSH staff breaking all the differences gave varieties of rocking performances and enthralled the audience. On this occasion, Mrs Christabel Jaya Fernandes, working in the department of Linen and Stitching was recognised for serving 19-years of admirable hard work to the institution.

In collaboration with the celebration YSH organised employee engagement activities providing platform to showcase the talent.



Costume Making Out of Waste.

The activity was designed to showcase the artistic and creative abilities of the participants.

Winners of the competition

Dr Radhika T (Discharge Summary) and Mr Deepak from IT

Celebrate womanhood in any art form.

YSH hosted a talent show similar to India Got Talent in the hospital conference hall, providing a platform for anyone to perform any art form.

Winners of the competition

1st Prize - Ms Harshitha and Ms Sunitha - Collage making
2nd Prize - Ms Anitha fernandes, Ms Mangala and Dr Swathi

Shetty - Collage Making

3rd Prize - Dr. Radhika T and Ms Shwetha - Instrument playing and Dance

Flower arrangement with decorative items.

Winners of the competition

1st Prize - Ms Asha K and Navya N Shetty, Laboratory
2nd Prize - Ms Anitha fernandes and Malathi K, Radiology
3rd Prize - Ms Bincy A B and Simi Thomas, Labour Theatre

The innovative theme of competitions and the enthusiastic participation of employees contributed to the event's success.