

BHAARATH MEDICAL COLLEGE AND HOSPITAL



A constituent institution of Bharath Institute of Higher Education and Research (BIHER)
(Declared as Deemed-to-be-University under section 3 of UGC Act, 1956)

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IMA EVENT REPORT



INDIAN MEDICAL ASSOCIATION, SELAIYUR BHAARATH MEDICAL COLLEGE
AND HOSPITAL BRANCH

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DATE	DESCRIPTION	DETAILS
2/5/2026	OLD AGE HOME VISIT	Event report and photographs attached
5/5/2026	Biochemistry CME	Event report and photographs attached
5/5/2026 & 7/5/2026	Microbiology CME on World Hand Washing Day and Role play competition	Event report and photographs attached
8/5/2026	Pathology CME O	Event report and photographs attached
9/5/2026	Ortho Camp SSM nagar	Event report and photographs attached
18/5/2026	Blood Donation camp	Event report and photographs attached
18/5/2026	Laughter day commemoration special talk	Event report and photographs attached

OLD AGE HOME VISIT

The IMA, Bhaarith Medical College and Hospital, Selaiyur Branch with the support of management has arranged for a Routine health check up for Geriatric patients in Rajinikanth Old age home located in Selaiyur with total number of 18 inmates. Amongst which 9 were women and 9 men. Two women were diagnosed with uncontrolled diabetes with CBG measuring roughly above 400mg/dl and were referred to Endocrinologist in Bhaarith hospital. Three patients had ophthalmic issues and were referred to Bhaarith Hospital Ophthalmic department. Most of them had age related health issues



BIOCHEMISTRY CME

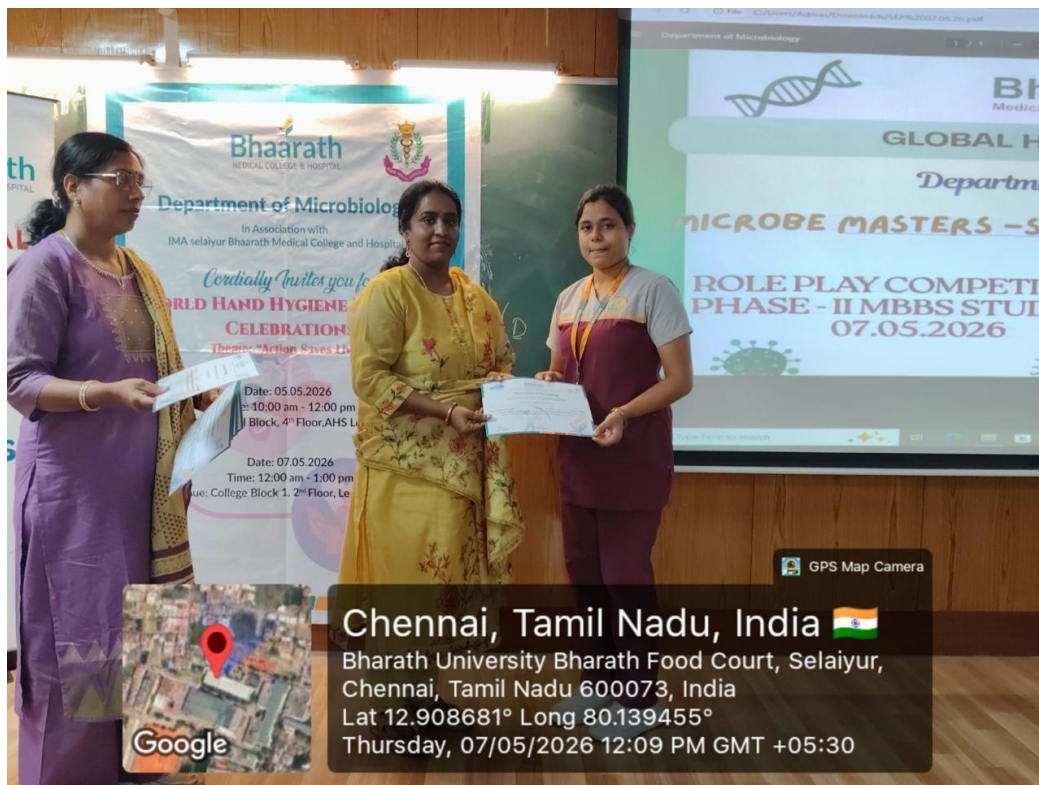
The Department of Biochemistry, in association with IMA, Bharath Medical College and Hospital, Selaiyur Branch, organized a CME on the topic BIOQUEST 2026 –Decoding Organ Function Test. There were informative guest lectures delivered by eminent speakers. The first year MBBS students enthusiastically participated in the academic sessions. This was followed by various competitions for the students. 3 minute talk competition were organized which brought out the innate wisdom of the students. The academic extravaganza was a grand success.



MICROBIOLOGY CME ON WORLD HAND WASHING DAY AND ROLE PLAY COMPETITION

The Department of Microbiology, in association with IMA, Bharath Medical College and Hospital, Selaiyur Branch, organized a CME commemorating World Hand Washing Day.. This was followed by various competitions for the students. Rangoli competition was organised for AHS students on 5th May and was Role play competition for mbbs Phase –II students ,which brought out the talents of the students. The academic and fun extravaganza was a grand success.





ORTHO CAMP SSM NAGAR

The IMA Selaiyur Bhaarith Medical college and hospital branch organized an ORTHO health camp for the residents of SSM nagar. Around 120 residents benefitted from this camp. Bone density was assessed and around 27 patients were referred further to Bhaarith Hospital for corrective surgeries.



LAUGHTER DAY COMMEMORATION SPECIAL TALK

IMA Selaiyur Bhaarith medical college and hospital branch in association with Nestle India conducted a guest lecture on Time management for the medical faculty of the hospital. Around 50 Doctors attended the program. The inaugural address was given by Respected Dean of the institute Prof Dr Rajshree. She welcomed the guest speaker Mrs Priya Ganesh - a motivational speaker. Mrs Priya delivered an engaging session on the topic ,involving the participants who participated enthusiastically. The vote of thanks was given by Dr Arulraj , Consultant Pediatrics department.



ANAESTHESIOLOGY

PROGRAMMES AND EVENTS

SCIENTIFIC SESSION ON INJECTION SUGAMMADEX

On 13th may 2026 , a group discussion was conducted among faculty and postgraduates of Department of anaesthesia on the drug sugammadex. This was followed by cake cutting and high tea.



DENTISTRY

SPECIAL CASE REPORT

BIOPSY: FROM TISSUE SAMPLING TO PRECISION DIAGNOSIS

Introduction

A biopsy is one of the most fundamental procedures in modern medicine. It involves obtaining cells or tissue from a living patient for diagnostic evaluation by histopathology, cytology, microbiology, immunohistochemistry, or molecular techniques. Although advances in imaging and laboratory medicine have transformed diagnosis, tissue examination remains the definitive diagnostic approach for many neoplastic, inflammatory, infectious, and degenerative disorders.

The role of biopsy has evolved considerably. It is no longer simply a procedure in which "a piece of tissue is taken and examined under the microscope." Today, biopsy represents the first step in an increasingly sophisticated diagnostic pathway involving morphology, immunophenotyping, molecular testing, and, in selected settings, genomic profiling. The quality of the final diagnosis depends not only on microscopic interpretation but also on appropriate patient selection, biopsy technique, specimen handling, and clinicoradiological correlation.

Why Is a Biopsy Performed?

The primary purpose of biopsy is to establish a diagnosis when clinical examination or imaging alone cannot provide sufficient certainty. It may be performed to:

- Confirm or exclude malignancy.
- Distinguish benign from malignant lesions.
- Classify a tumor according to its histological type.
- Determine tumor grade and other prognostic features.
- Diagnose inflammatory or autoimmune disorders.
- Identify infectious diseases.
- Assess organ-specific diseases such as renal or hepatic disorders.
- Evaluate treatment response or recurrence.
- Obtain tissue for immunohistochemical and molecular investigations.

Importantly, the decision to biopsy should always be guided by the clinical question. A biopsy is not merely a tissue-acquisition procedure; it is a diagnostic intervention that should be planned to answer a specific question.

Specimen Handling: The Often-Overlooked Step

A technically excellent biopsy can become diagnostically useless if the specimen is improperly handled.

For routine histopathology, tissue is generally placed in **10% neutral buffered formalin**, which preserves cellular and tissue morphology by preventing autolysis and degradation.

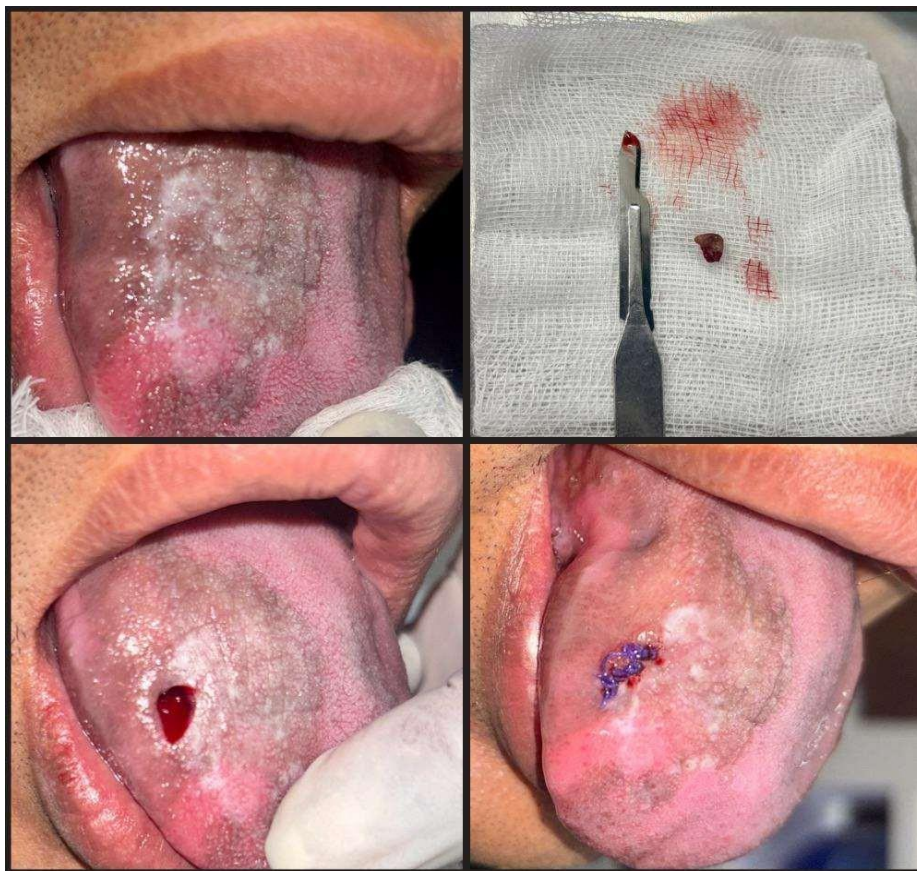
However, not every specimen should be placed in formalin.

Fresh tissue may be required for:

- Microbiological culture.
- Flow cytometry.
- Certain immunofluorescence studies.
- Selected molecular investigations.

Specialized tissue preservation may also be required for electron microscopy.

Therefore, the clinician performing the biopsy should know what investigations are required.



DERMATOLOGY

SPECIAL CASE REPORT

LOCALIZED MORPHEA IN AN ADOLESCENT FEMALE: A CASE REPORT

Case presentation



An 18-year-old female presented to the dermatology outpatient department with gradually progressive hyperpigmented and hypopigmented lesions over the right lower limb since 5 years back. The lesions initially appeared as a small hyperpigmented patch over the right leg and progressively increased in size with associated skin tightening and induration. Similar lesions later developed over the dorsum of the right foot. There was no history of pain, itching, sensory loss, discharge, trauma, fever, Raynaud phenomenon, dysphagia, joint pain or respiratory complaints. There was no significant past medical, family or drug history.

Cutaneous examination revealed multiple hyperpigmented to hypopigmented indurated plaques over the anterior aspect of the right leg and dorsum of the right foot. The lesions measured approximately 2×2 cm to 8×6 cm, were irregular to oval in shape and showed well-defined to ill-defined margins. Few lesions demonstrated central hypopigmentation with peripheral hyperpigmentation and violaceous discoloration suggestive of lilac ring. The surface appeared shiny and bound down with mild scaling in few areas. Induration was present on palpation. No sensory loss or peripheral nerve thickening was noted. Systemic examination was unremarkable.



Routine laboratory investigations were within normal limits. Skin biopsy showed thickened densely packed collagen bundles in the dermis with adnexal loss and mild perivascular lymphocytic infiltrate, consistent with morphea. Based on clinical and histopathological findings, a diagnosis of localized plaque morphea was made.

The patient was started on topical corticosteroids, tacrolimus ointment and emollients. Considering progressive lesions, systemic therapy with methotrexate and oral corticosteroids was advised along with regular follow-up and physiotherapy to prevent progression and contractures.

OBSTETRICS AND GYNAECOLOGY

PROGRAMMES AND EVENTS

DEMONSTRATION OF SR CANNULA A VITAL TOOL IN MANAGING POSTPARTUM HEMORRHAGE



STUDENT AND FACULTY ENRICHMENT PROGRAMME
Conducted in
BHARATH MEDICAL COLLEGE AND HOSPITAL

JOURNAL CLUB SESSION

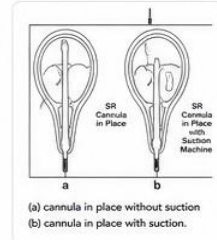
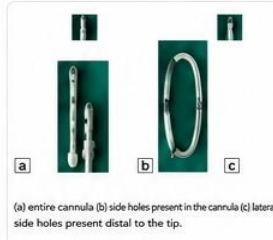


— TRAINED TEAM | TIMELY ACTION | BETTER OUTCOMES

This is for informational purposes only. For medical advice or diagnosis, consult a professional. All responses may include mistakes. Learn more

SR VACUUM SUCTION CANNULA (POSTPARTUM HEMORRHAGE)

The SR PPH (Postpartum Hemorrhage) Cannula is a specialized obstetric instrument invented by Dr. H. Samartha Ram. It is highly effective for managing and preventing atonic postpartum hemorrhage by controlled negative pressure to stimulate the uterus to contract, constrict, and stop severe bleeding.



HOW THE SR CANNULA WORKS



Negative Pressure Application: The cannula is inserted into the uterine cavity and connected to a suction machine.



Tissue Engagement: Its specially designed perforations allow soft cervical tissues to be drawn into the holes, turning the uterus into a closed cavity.



Uterine Constriction: Continued negative pressure forces the uterine walls to constrict and adhere firmly to the cannula's surface.



Physiological Recovery: This process supports the natural physiological mechanism of contraction and retraction, rapidly stopping bleeding and protecting the patient's reproductive capability.

KEY CLINICAL BENEFITS



Rapid Action

Stops atonic bleeding quickly, often within minutes – critical during emergencies.



Fertility Preservation

Effectively controls hemorrhage and helps prevent extreme measures like hysterectomies.



Cost-Effective

Affordable, accessible, and a life-saving alternative to balloon tamponades or surgical interventions.

EQUIPMENT VARIATIONS



Design: It comes in various sizes to accommodate different cervical dilations and fundal, cervical, and vaginal sections to maximize safety.



Models: It is available in reusable surgical-grade stainless steel as well as sterile, single-use disposable designs for operating rooms and emergency care.



For a deeper look at clinical trials, research studies, or product specifications, you can explore the [National Center for Biotechnology Information](#) or [IndiaMART](#) to see vendor availability.

PPH CANNULA: A VITAL TOOL IN MANAGING POSTPARTUM HEMORRHAGE

Postpartum hemorrhage (PPH) remains one of the leading causes of maternal morbidity and mortality worldwide. Timely recognition and prompt intervention are critical to saving lives. Among the essential tools in the management of PPH, the PPH Cannula has emerged as a simple, effective, and life-saving device.

The PPH Cannula is a non-pneumatic anti-shock garment designed to control bleeding by applying direct pressure to the abdomen and pelvis. It helps in stabilizing the patient while definitive treatment is being initiated.

KEY FEATURES

- Rapid and easy application
- Reduces pelvic blood flow through compression
- Can be used as an adjunct to uterotonics and other medical or surgical interventions
- Essential in both facility and transport settings

WHEN TO USE

- Atonic PPH not responding to first-line uterotonics
- While preparing for surgical interventions
- During stabilization and referral

The PPH Cannula should be part of every birthing facility's emergency preparedness equipment.



CLINICAL TIP

Early use of PPH Cannula can buy valuable time, reduce blood loss, and improve outcomes.

JOURNAL CLUB HIGHLIGHT

The session reinforced the importance of maintaining a high index of suspicion, continuous monitoring, and preparedness to manage uncommon but life-threatening complications including PPH.

“ *Preparedness today prevents tragedy tomorrow.* ”



TAKE-HOME MESSAGE

PPH Cannula is a low-cost, high-impact device that every obstetric unit should have and be trained to use effectively.

KEY REMINDERS

- ✓ Act early – PPH can escalate quickly.
- ✓ Use PPH Cannula alongside uterotonics and other interventions.
- ✓ Train all staff on correct application and monitoring.
- ✓ Regular drills and audits improve readiness and outcomes.

TRAINED TEAM | TIMELY ACTION | BETTER OUTCOMES

Together, let's ensure safer motherhood.

SPECIAL CASE REPORT

CASE REPORT

PRIMIGRAVIDA BREECH PRESENTATION WITH SEPTATE UTERUS: A RARE OBSTETRIC FINDING

Introduction

Congenital uterine anomalies are uncommon but can significantly influence pregnancy outcomes. A septate uterus, resulting from incomplete resorption of the Müllerian ducts, is one of the most common uterine malformations and is associated with malpresentation, recurrent pregnancy loss, and preterm labor.

Case Overview

A primigravida woman at term presented with a breech presentation. After clinical evaluation and ultrasonographic assessment, a lower segment cesarean section was planned. Intraoperatively, a septate uterus with a prominent lateral uterine septum was identified.

Intraoperative Findings

The uterus was exteriorized following hysterotomy and delivery, was exteriorized following delivery, revealing a distinct lateral septum partially dividing the uterine cavity. This abnormal uterine architecture likely restricted fetal movements and contributed to the breech presentation. Both mother and baby had favorable outcomes following the procedure.

Clinical Significance

Septate uterus is an important cause of abnormal fetal lie and presentation. Many cases remain undiagnosed until pregnancy or surgical intervention. Early identification through imaging techniques such as 3D ultrasonography or MRI can aid in appropriate obstetric planning and management.

Discussion

The presence of a uterine septum alters the shape and available space within the uterine cavity. This can lead to malpresentation, including breech presentation, as seen in this case. Recognition of such anomalies is essential for anticipating obstetric complications and ensuring safe maternal and neonatal outcomes.

Conclusion

This case highlights the association between a septate uterus and breech presentation in a primigravida. Careful intraoperative assessment revealed a lateral uterine septum, emphasizing the importance of recognizing congenital uterine anomalies. Such rare findings contribute valuable insights into obstetric practice and future pregnancy counseling.



Figure 1. Intraoperative findings showing exteriorized uterus (above) and deeper surgical assessment (below), clearly delineating the uterine septum (forceps position in this figure)

OTORHINOLARYNGOLOGY

PROGRAMMES AND EVENTS

GLENCON - HEAD AND NECK ONCOLOGY CONCLAVE 2026



Dr.Andrew T Kurian (Associate professor) along with Dr.Ashwini.K (1 st year postgraduate) and Dr. Jayesh N (1 st year postgraduate) attended GLENCON conference, Head and Neck oncology conclave 2026 on 10.05.26 held at Hotel Hilton, Guindy, Chennai.

ASCENT 2026 - 10 TH ALL INDIA SRI RAMACHANDRA CME IN ENT

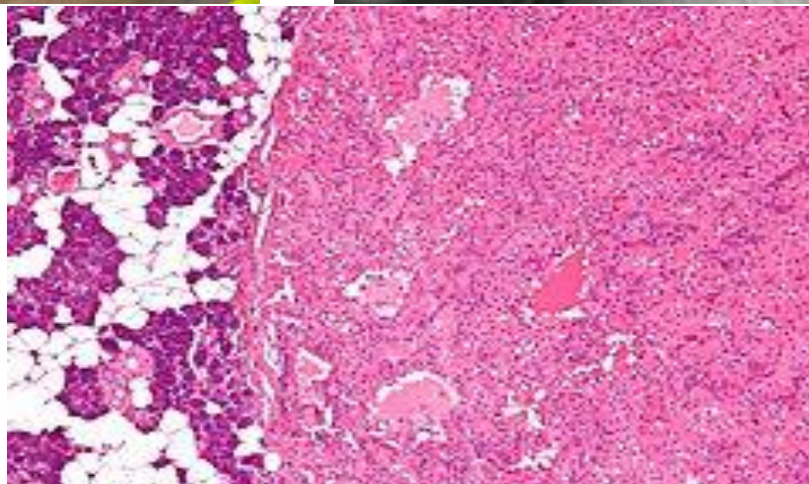


Dr. Andrew Thoman Kurian (Associate professor), Dr Rashmika Rajendran (Associate professor), Dr Subaluxmy (Senior resident), Dr.Ashwini Katakam (1 st year postgraduate) and Dr.S.Chaitanya Aashish (1 st year postgraduate) from department of ENT attend ASCENT 26 10th All INDIA Sri Ramachandra CME in ENT from 21.05.26 to 24.06.26 held at Sri Ramachandra Medical College and Hospital, Porur.

SPECIAL CASE REPORT

LEFT PAROTID ONCOCYTOMA

A 34-year-old female presented to the ENT department with a complaint of swelling in the left parotid region for one month. ENT examination revealed a hard, non-tender, well-defined mass arising from the lower lobe of the left parotid gland with normal overlying skin, intact facial nerve function, and no local warmth or cervical lymphadenopathy. A USG-guided fine-needle aspiration cytology (FNAC) was negative for malignant cells; cellular smears demonstrated ductal epithelial cells admixed with acinar cells, inflammatory cells, and hemorrhage, consistent with Milan Category II (acute-on-chronic sialadenitis with abscess formation). With a provisional diagnosis of a left nodular cyst of the parotid gland, the patient underwent a left conservative parotidectomy under general anesthesia. Histopathological examination (HPE) revealed a benign oncocytoma of the left parotid gland, establishing the final diagnosis of benign oncocytoma of the left parotid gland, status post left conservative parotidectomy. Her postoperative course was uneventful, showing symptomatic improvement, stable vitals, intact facial nerve function, and no cervical lymphadenopathy. An intraoperative drain was placed during surgery, and the patient was safely discharged.



PAEDIATRICS

SPECIAL CASE REPORT

A FEVER THAT UNMASKED DIABETIC KETOACIDOSIS

A 3-year-old boy, a known case of Type 1 Diabetes Mellitus, was brought to the hospital with complaints of fever and cold for one day. In view of his underlying diabetes and acute febrile illness, he was evaluated promptly for metabolic decompensation.

Clinical assessment and laboratory investigations were suggestive of mild diabetic ketoacidosis (DKA) with dehydration, likely precipitated by the intercurrent febrile illness. The child was admitted to the PICU for close monitoring and management.

He was managed according to paediatric DKA protocols with careful fluid replacement, insulin therapy, correction of metabolic abnormalities and close monitoring of blood glucose, electrolytes and neurological status. The possible infective trigger was also evaluated and managed appropriately.

With timely recognition and appropriate treatment, the child's metabolic status improved and dehydration was corrected. The case highlights the importance of early recognition of DKA in children with Type 1 Diabetes, particularly during episodes of fever or intercurrent illness.

WHEN A RASH SIGNALS MORE THAN A SKIN PROBLEM: A CASE OF HENOCHE–SCHÖNLEIN PURPURA

An 8-year-old girl presented with abdominal pain and a rash over both lower limbs. On clinical examination, the rash was characteristic of palpable purpura, predominantly involving the lower extremities. The combination of purpuric skin lesions and abdominal symptoms raised suspicion of IgA vasculitis (Henoch–Schönlein Purpura).

The child was evaluated for possible systemic involvement, including gastrointestinal, renal and musculoskeletal manifestations. Based on the clinical findings and appropriate investigations, a diagnosis of Henoch–Schönlein Purpura (HSP) was made.

The child was managed with supportive care, adequate hydration and symptomatic treatment. Abdominal symptoms were closely monitored, considering the possibility of gastrointestinal complications associated with HSP. Renal parameters and urine examination were also monitored to identify any evidence of renal involvement.

The child's clinical condition improved with treatment with oral steroids, and she remained under follow-up for monitoring of possible delayed renal manifestations.

Clinical Significance

Henoch–Schönlein Purpura, now termed IgA vasculitis, is the most common small-vessel vasculitis of childhood. It typically presents with the characteristic combination of palpable

purpura, abdominal pain, joint symptoms and renal involvement. The purpuric rash often begins over the lower limbs and buttocks.

This case highlights the importance of recognizing the clinical pattern of palpable purpura with abdominal pain in a child, as HSP is not merely a dermatological condition. Careful assessment and follow-up are essential, particularly for detecting renal involvement, which may develop even after the initial presentation.

Take-Home Message

In a child with palpable purpura, always look beyond the skin. Abdominal symptoms and renal involvement can be important manifestations of IgA vasculitis, making early recognition, appropriate evaluation and follow-up essential.

Learning Point

In a child with Type 1 Diabetes, even a seemingly minor febrile illness can precipitate DKA. Parents and caregivers should be counselled regarding sick-day management, frequent blood glucose/ketone monitoring, adequate hydration and timely medical consultation during illness. Early identification and treatment can prevent progression to severe DKA and its complications.

PSYCHIATRY

READING THE INVISIBLE

A blot of ink sits silently on a white card. It has no voice, no story, and no inherent meaning. Yet when a person looks at it, the image begins to transform. A butterfly emerges. A monster appears. Two dancers meet. A skull stares back. The ink remains unchanged, but the mind paints its own reality upon the page.

This phenomenon forms the foundation of the Rorschach Inkblot Test, one of psychology's most intriguing methods of exploring human perception. Developed by Swiss psychiatrist Hermann Rorschach in 1921, the test invites individuals to interpret a series of ambiguous inkblots. The responses are not

judged as right or wrong; rather, they offer clues about how a person organizes thoughts, emotions, and experiences. The Rorschach is often described as a projective technique because it allows people to project aspects of their inner world onto an uncertain stimulus. In doing so, it provides a unique window into psychological functioning, especially when examining psychiatric conditions.

Mental health conditions are rarely visible in the way a broken bone appears on an X-ray. They reveal themselves through patterns of thinking, feeling, and perceiving. The Rorschach attempts to capture these patterns by observing how the mind engages with ambiguity.

The Rorschach endures the criticisms made because it addresses something that

standardized questionnaires often cannot: the subjective experience of being human. Psychiatric conditions are not merely collections of symptoms. They are lived realities shaped by memories, fears, beliefs, relationships, and emotions. The inkblot offers a rare opportunity to glimpse these realities indirectly, through symbols and associations that emerge spontaneously. An inkblot may seem simple—a splash of black ink on white paper. Yet within that uncertain

shape lies a profound psychological lesson: what we see is often inseparable from who we are.

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PRE AND PARACLINICAL DEPARTMENTS

ANATOMY

ACHIEVEMENTS

Dr.C.S.Janaki has a published a patent in the month of May. The details area as follows:

A process of extraction and purification of neuroregenerative property exhibiting carbamic acid from dhanwataristham and product thereof

Application no.202641057146 a

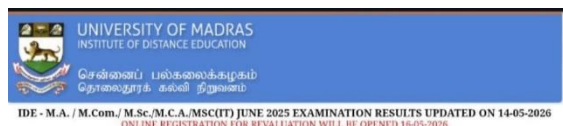
Date of filing of Application :05/05/2026

Publication Date : 15/05/2026

PHYSIOLOGY

FACULTY CORNER

Dr. R. Srihari, Associate Professor successfully completed his M.Sc. in Psychology from the University of Madras, graduating with Distinction. He further enriched his professional expertise by participating in the National Continuing Medical Education (CME) Programme on Ashtang Yoga, organized by AIIMS, Gujarat, on 29th May 2026. His achievements exemplify the integration of multidisciplinary knowledge with medical education.



Enrolment No:	C22105PPY6036				
Name:	SRIHARI R (25871988)				
Branch Name:	MAMCOM /MSC/MCA/MSC(IT)				
Subject Code	MKS1	MKS2	Marks Secured	Maximum	Result
PPY1A	020	060	080	100	P
PPY1B	020	043	063	100	P
PPY1C	020	063	083	100	P
PPY1D	019	065	084	100	P
PPY1E	020	056	076	100	P
PPY2F	020	060	080	100	P
PPY2G	019	060	079	100	P
PPY2H	020	067	087	100	P
PPY2J	020	066	086	100	P
PPY2K	020	057	077	100	P
PPY3L	020	067	087	100	P
PPY3M	020	059	079	100	P
PPY3N	020	056	076	100	P
PPY3P	020	058	078	100	P
PPY3R	019	063	082	100	P
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AAA: Absent P: PASS F: Fail *** Not secured University Minimum Mark

: Result will be published only on receipt of Internal Assessment

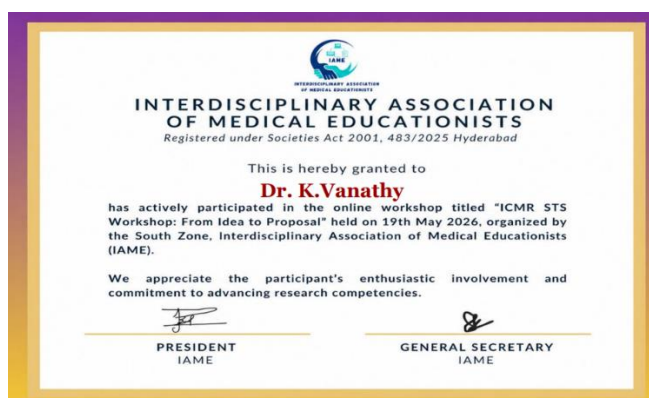
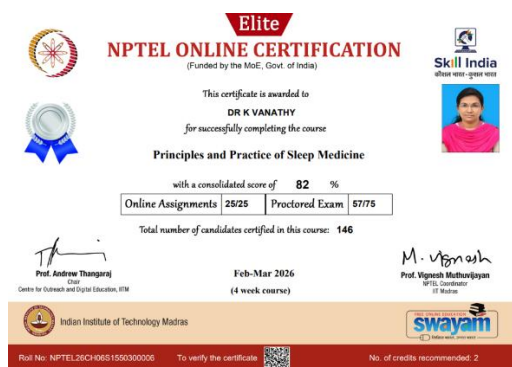
1. If any problem in result candidate should submit their request within 15 DAYS from the date of publication of results
2. Candidate those who have not submitted their Internal Assessment and submit the same within 15 days.



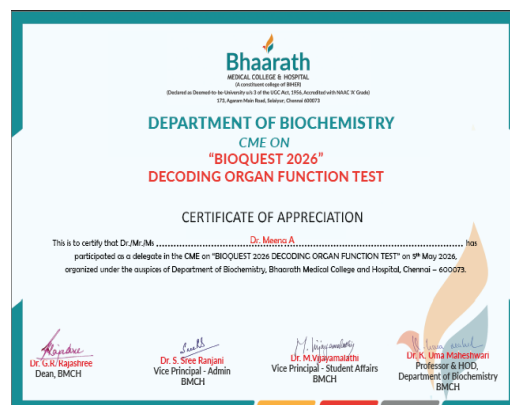
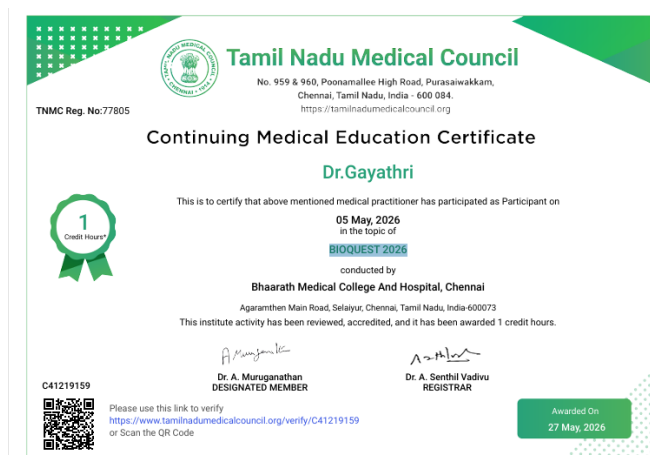
Dr. K. Vanathy, Assistant Professor

successfully completed the NPTEL-SWAYAM certification course, “Principles and Practice of Sleep Medicine,” earning an **Elite Certificate**. This accomplishment underscores her commitment to advancing knowledge in the emerging field of sleep medicine and its relevance to health and academic performance.

She also participated in the **ICMR STS Online Workshop: “From Idea to Proposal,”** organized by the **South Zone of the Interdisciplinary Association of Medical Educationists (IAME)** on 19th May 2026. The workshop focused on developing research aptitude, strengthening proposal-writing skills, and fostering quality student research initiatives.



In addition, the faculty members of the Department actively participated in **BIOQUEST 2026**, a Continuing Medical Education programme organized by the **Department of Biochemistry, Bharath Medical College and Hospital**, promoting interdisciplinary academic engagement and collaborative learning.

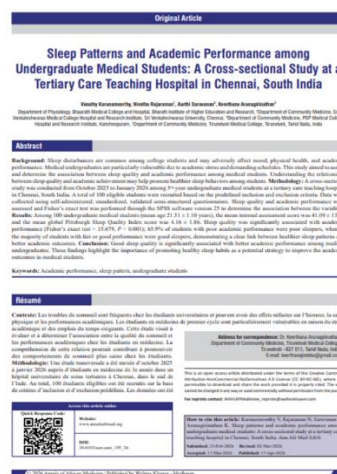


RESEARCH AND PUBLICATIONS

The department takes pride in the research accomplishments of its faculty. Dr. K. Vanathy published an original research article titled:

“Sleep Patterns and Academic Performance among Undergraduate Medical Students: A Cross-sectional Study at a Tertiary Care Teaching Hospital in Chennai, South India” in the Annals of African Medicine (2026).

The study examined the association between sleep quality and academic performance among undergraduate medical students, highlighting the significant role of healthy sleep practices in promoting academic success, cognitive well-being, and overall health.



The Department of Physiology remains dedicated to fostering a culture of academic excellence, innovation, and research. Through continuous professional development, scholarly activities, and collaborative learning opportunities, the department strives to contribute meaningfully to medical education and healthcare advancement.

BIOCHEMISTRY

PROGRAMMES AND EVENTS

The Department of Biochemistry, Bhaarith Medical College & Hospital, organized a CME program titled **“BIOQUEST 2026 – Decoding Organ Function Tests”** on 05.05.2026 for first-year MBBS students. The program aimed to enhance students' understanding of organ function tests and their clinical significance in diagnosing various diseases. The sessions provided valuable insights into liver function tests, renal function tests, Thyroid function tests and other important biochemical investigations. The event was graced by the esteemed presence of the Dean **Dr.G.R.Rajashree**, professor of Anaesthesia and Vice Principal student affairs **Dr.M.Vijayamalathi**, professor of physiology, whose encouragement and support added great value to the occasion.



The CME featured enlightening sessions delivered by distinguished speakers **Dr. Rathi Roopavathy**, **Dr. Anuradha G.**, and **Dr. Kothai**, who shared their expertise and guided students through the interpretation and clinical relevance of various organ function tests. Faculty members from the Department of Biochemistry actively participated and ensured the smooth conduct of the program. The CME created an interactive learning environment where students were able to strengthen their basic concepts and connect theoretical knowledge with clinical applications.

Dr. Rathi Roopavathy, Senior assistant Professor Biochemistry, Stanley medical college, delivered an insightful session on the topic **“Indications and Interpretation of Liver Function Tests (LFT)”** during BIOQUEST 2026. The lecture focused on the clinical

importance of LFTs in assessing liver health and diagnosing hepatic disorders. She explained the indications for performing LFTs and elaborated on the interpretation of various parameters such as bilirubin, transaminases, alkaline phosphatase, and serum proteins. The session helped first-year MBBS students understand the correlation between biochemical findings and liver diseases.

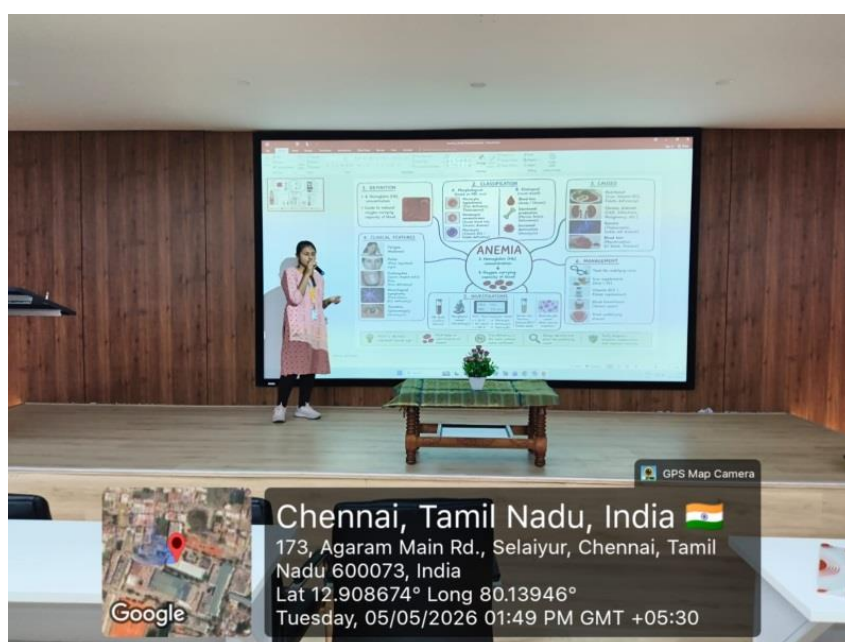
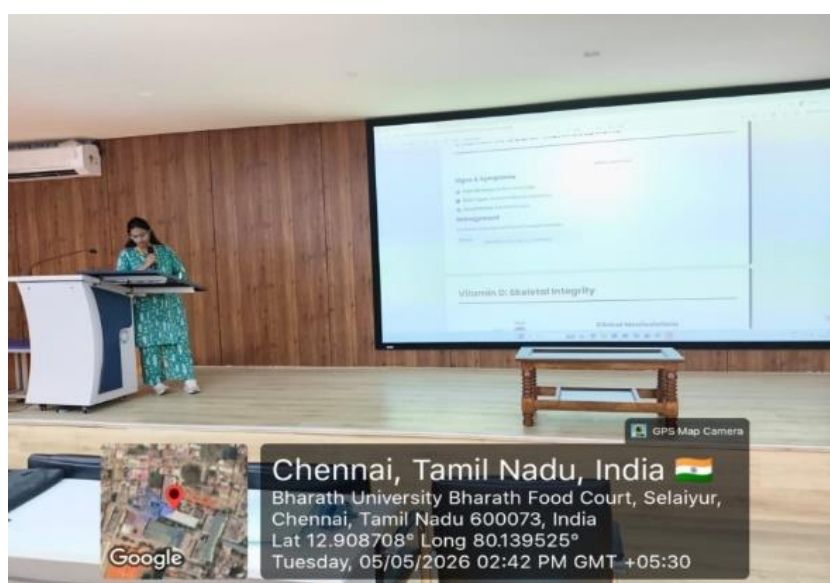


Dr. Kothai G. professor of General medicine , ESIC Medical college, Chennai, delivered an engaging session on the topic “**Deciphering Thyroid Function Tests (TFT)**”. The lecture focused on the importance of thyroid function tests in diagnosing and monitoring thyroid disorders. She explained the significance and interpretation of parameters such as T3, T4, and TSH in various clinical conditions including hypothyroidism and hyperthyroidism. Her presentation was highly interactive, informative, and beneficial for first-year MBBS students in strengthening their understanding of endocrine biochemistry.

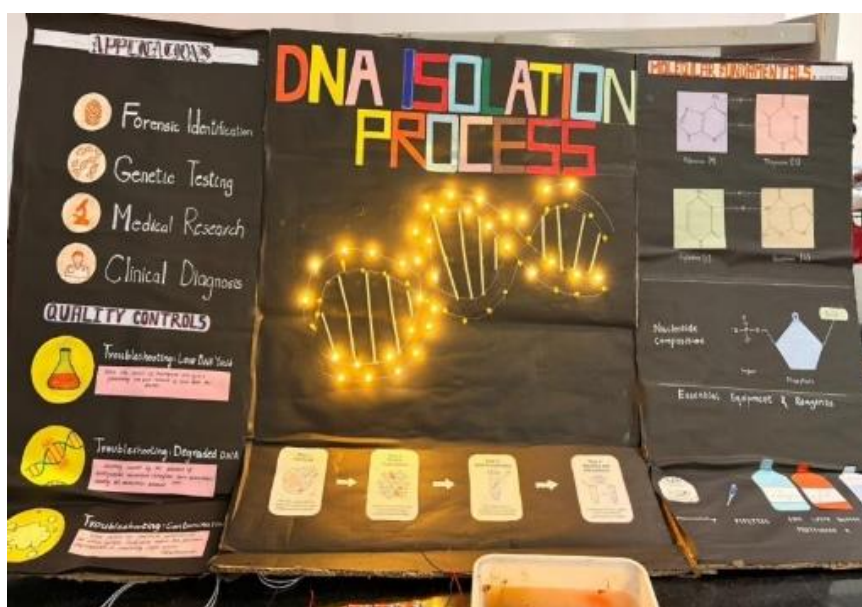


STUDENTS CORNER

As part of BIOQUEST 2026, a **“3-Minute Talk Competition”** was conducted for first-year MBBS students during the CME program. Around 15 students actively participated and showcased their communication skills, confidence, through short presentations on various medical and biochemical topics. The competition encouraged students to express their ideas effectively within a limited time frame and helped enhance their presentation abilities. The event was judged by **Dr. Sangamitra Department of Microbiology**, and **Dr. Dhanalakshmi Department of pathology**, who appreciated the efforts and enthusiasm of the participants..



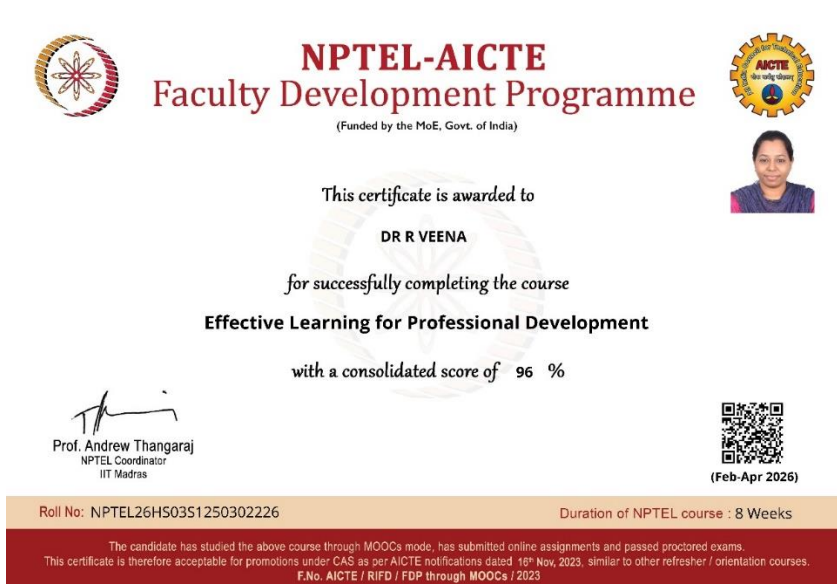
A **Model Making Competition** was organized as part of BIOQUEST 2026 for first-year MBBS students. Around 10 teams participated and presented creative and informative models related to various biochemical concepts. The competition provided students with an opportunity to enhance their teamwork, innovation, and practical understanding of the subject. The models displayed excellent creativity, scientific knowledge, and presentation skills, making the event both educational and engaging. The competition was judged by **Dr. Puja** from Department of ENT and **Dr. Sesathri**, from Department of Pharmacology who appreciated the students' efforts and encouraged them to continue exploring innovative approaches to learning in medical education.



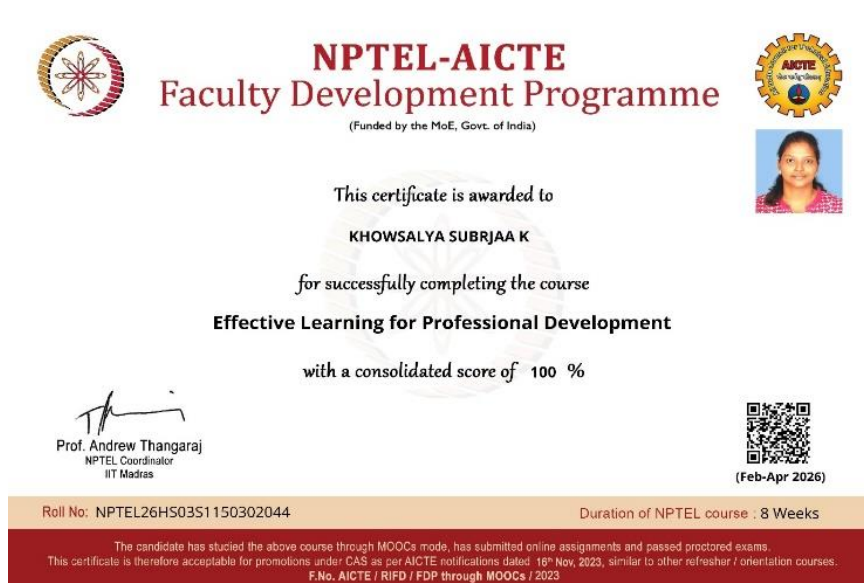
PATHOLOGY

ACHIEVEMENTS

Dr. R. Veena, Professor, Department of Pathology, has successfully completed the NPTEL course titled “Effective Learning for Professional Development.”



Dr. Khowsalya Subrjaa, Associate Professor, Department of Pathology, has successfully completed the NPTEL course titled “Effective Learning for Professional Development.”



PROGRAMMES AND EVENTS

CME on HEME MYSTERY- BLEED, READ, SUCCEED



- The Department of Pathology, Bhaarath Medical College and Hospital, conducted the 8th edition of Bhaarath Pathcon VIII 2025, on 8th May 2026, CME focused on diverse world of hematology. The program began with an inaugural address by the Head of the Pathology Department, Dr. Jamuna Rani.
- The scientific sessions covered a wide spectrum of hematological topics including nutritional anemias, multiple myeloma, hemolytic anemia, leukemia, flow cytometry, bone marrow aspiration and platelet disorders. Eminent faculty members from Department of Pathology delivered insightful lectures that enhanced participants clinical and diagnostic understanding.
- A special highlight of the event was the thought-provoking hematology quiz that encouraged active participation amongst the students. The CME concluded with prize distribution and a vote of thanks, acknowledging the contributions of the organizing committee, faculty, and participants. The event was academically enriching and memorable experience for all the participants.



BLOOD DONATION CAMP

A Mega Blood Donation Camp was successfully conducted on 18th May 2026 in connection with the birthday celebrations of N. T. Rama Rao (NTR). The camp was organized within the Bhaarith medical college Hospital, with the objective of promoting voluntary blood donation and creating awareness regarding the importance of safe blood transfusion services.

The event witnessed an overwhelming response from voluntary donors, students, and members of RAWNTR Organisation. A total of **197 units of blood** were collected during the camp, reflecting the strong spirit of social responsibility and humanitarian service among the participants.

The Blood Bank team, along with medical officers, technicians, nursing staff, MLT Students and volunteers, ensured smooth organization of donor registration, medical screening, blood collection, and post-donation care. All donations were collected following standard operating procedures and safety protocols to ensure donor and recipient safety.

The collected blood units will significantly help in meeting the transfusion needs of patients requiring emergency and lifesaving blood support.





RESEARCH AND PUBLICATIONS

1. Venugopal D, **Veena R**. Combined Hepatocellular-Cholangiocarcinoma (cHCC-CCA): A Rare case of Biphenotypic Primary Liver Carcinoma in a Post-Hemicolectomy Patient. Journal of Clinical and Diagnostic research. 2026 May, Vol-20(5): ED06-ED09

Combined Hepatocellular-Cholangiocarcinoma (cHCC-CCA): A Rare Case of Biphenotypic Primary Liver Carcinoma in a Post-Hemicolectomy Patient

Pathology Section

DEVIKA VENUGOPAL¹, VEENA RAJA²

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ABSTRACT

Combined Hepatocellular-Cholangiocarcinoma (cHCC-CCA) is a rare primary liver malignancy characterised by the presence of both hepatocytic and biliary epithelial differentiation within the same tumour and is associated with a poorer prognosis compared to Hepatocellular Carcinoma (HCC) or intrahepatic Cholangiocarcinoma (iCCA) alone. Accurate diagnosis is challenging, particularly in patients with a prior history of extrahepatic malignancy, where metastatic disease must be carefully excluded. We report the case of a 65-year-old male with a history of colonic adenocarcinoma treated by hemicolectomy and adjuvant chemotherapy in 2007, who remained disease-free for 18 years. In 2025, he presented with abdominal pain, and imaging revealed a solitary hepatic lesion in segment VI. Serum tumour markers demonstrated markedly elevated Alpha-Fetoprotein (AFP: 951 ng/mL), while Carcinoembryonic Antigen (CEA) and Carbohydrate Antigen 19-9 (CA19-9) levels were within normal limits. Given the prior history of Colorectal Carcinoma (CRC), metastatic disease was initially considered. Histopathological examination revealed a poorly differentiated malignant neoplasm with biphasic morphology. Immunohistochemical analysis showed hepatocytic differentiation with positivity for HepPar-1 and arginase-1, alongside cholangiocytic differentiation demonstrated by CK7 and CK19 expression. Markers associated with colorectal origin (CK20, CDX2, SATB2) were negative, effectively excluding metastatic CRC. Based on these findings, a final diagnosis of poorly differentiated classical combined hepatocellular-cholangiocarcinoma was rendered. This case underscores the critical role of comprehensive histopathological evaluation and targeted immunohistochemistry in establishing the diagnosis of cHCC-CCA. Early and accurate distinction from metastatic disease and other primary liver tumours is essential due to its distinct biology, aggressive behaviour, and adverse prognostic implications.

Keywords: Carbohydrate antigen 19-9, Carcinoembryonic antigen, Hepatocellular carcinoma.

2. Jayapal D, **Veena R**, Yadav D, Karthikeyan SK. Efficacy of Tranexamic Acid in Reducing Intraoperative Blood Loss During Fixation of Gunshot-Induced Tibial Fractures: A Prospective Randomized Comparative Study. Int J Drug Deliv Technol. 2026 May ;16(44S):1290-1295; DOI:10.25258/ijddt.16.44s.139

RESEARCH PAPER

Efficacy of Tranexamic Acid in Reducing Intraoperative Blood Loss During Fixation of Gunshot-Induced Tibial Fractures: A Prospective Randomized Comparative Study

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3. Jayapal D, Jain M, **Veena R**, Karthikeyan SK. Clinical Outcomes of Subacromial Injection of Methylprednisolone Acetate and Lignocaine in Rotator Cuff Tendinopathy. Int J Drug Deliv Technol. 2026 May ;16(42s):897-902. DOI: 10.25258/ijddt.16.42s.99

RESEARCH PAPER

Clinical Outcomes Of Subacromial Injection Of Methylprednisolone Acetate And Lignocaine In Rotator Cuff Tendinopathy

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SPECIAL CASE REPORTS

CASE 1

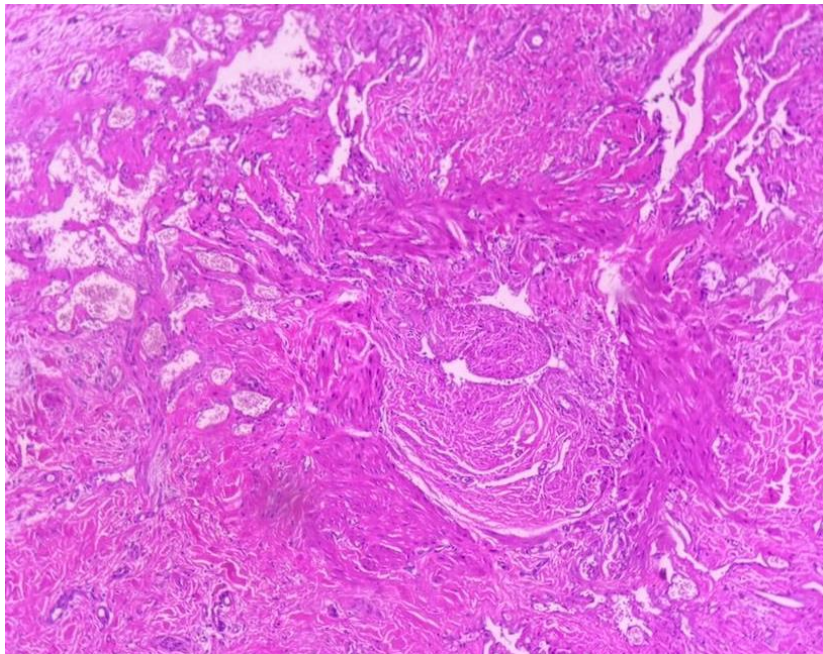
CLINICAL DETAILS : A 25/f came with complaints of swelling in the right index finger for the past 3 months. On examination the swelling was soft, mobile and there was no history of increase in size.

HISTOPATHOLOGICAL EXAMINATION:

Gross Examination:

Received a single grey white soft tissue fragment measuring 1 cm with unremarkable external surface and firm cut surface.

Microscopic Examination :



Sections studied show lesion comprising of dilated vascular channels, few showing hyalinization, surrounded by smooth muscle fibres and periphery showing skeletal muscle bundles, sebaceous glands and adipose tissue. No atypia/mitosis seen.

DIAGNOSIS : ANGIOLEIOMYOMA

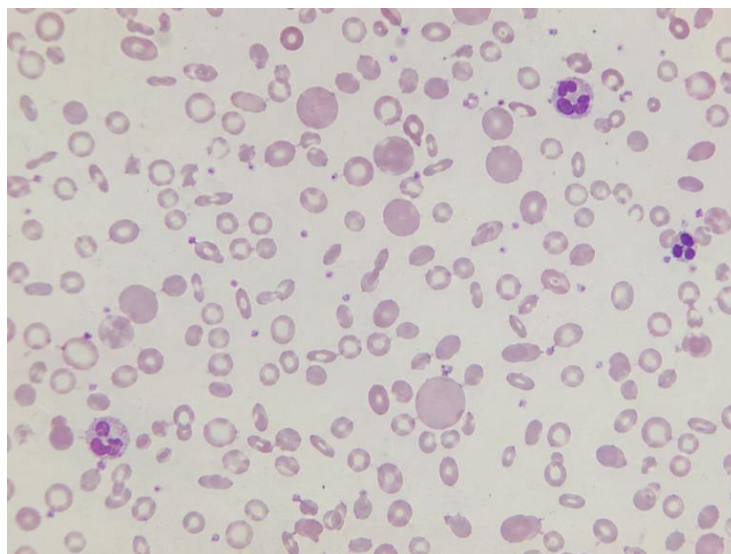
Angioleiomyoma is a benign dermal / subcutaneous neoplasm arising in vascular smooth muscle mainly seen in the fourth to sixth decades. It is difficult to distinguish from other smooth muscle tumors and few are diagnosed pre-operatively. Complete resection is curative. Common differentials include glomus tumor and myopericytoma.

CASE 2

CLINICAL DIAGNOSIS : 61/F, Severe Anaemia under evaluation

Lab details : Haemoglobin – 4.5 g/dL, RBC count – 1.50 million/ μ L, MCV – 100 fL, MCH – 30 pg, MCHC – 30 g/dL, RDW – 56.1%, Total Count – $9.72 \times 10^3/\mu$ L, Platelet Count – 3.97 lakh/ μ L.

Microscopic Examination :



The peripheral smear examination showed marked anisopoikilocytosis with hypochromia. A dimorphic red cell population comprising microcytes, normocytes and macrocytes was noted. Ovalocytes and tear-drop cells were also seen. No nucleated red blood cells or intracellular inclusions were identified. The total leukocyte count, differential count and white blood cell morphology were within normal limits. Platelets were adequate in number and appeared as singly dispersed forms. No hemoparasites were seen.

Based on the peripheral smear findings, a diagnosis of **SEVERE DIMORPHIC ANAEMIA** was made. Correlation with serum iron profile, vitamin B12 and folate studies was advised for further evaluation and appropriate management.

DIAGNOSIS : SEVERE DIMORPHIC ANAEMIA

MICROBIOLOGY

PROGRAMMES AND EVENTS

WORLD HAND HYGIENE DAY 2026 – POSTER COMPETITION

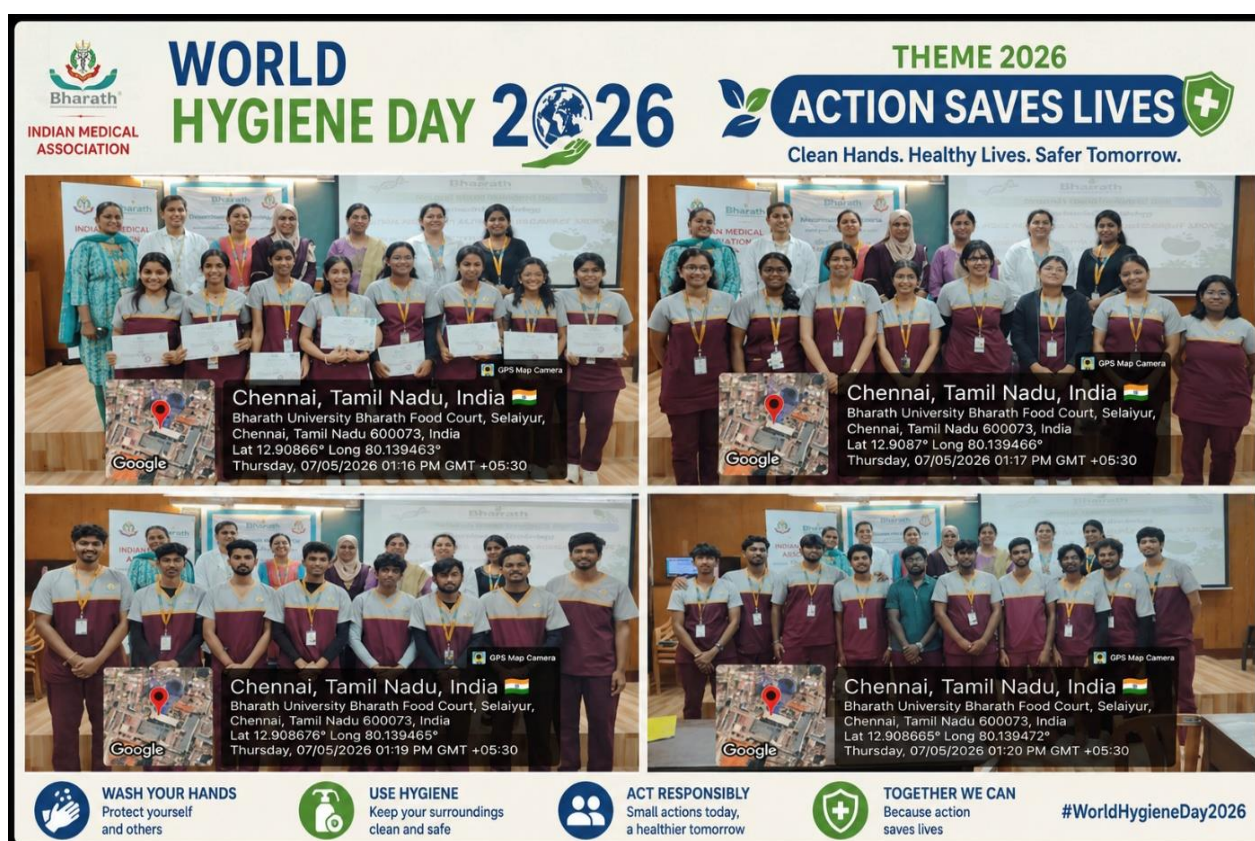
Department of Microbiology, Allied Health Sciences Division. To commemorate **World Hand Hygiene Day 2026**, a **poster competition** was organised on **5 May 2026** for **Allied Health Sciences students**. The event aimed to promote awareness of the *“Clean Hands Save Lives”* initiative and reinforce the importance of infection prevention in healthcare settings.



Students showcased creative posters illustrating the **five moments of hand hygiene**, innovative hand-washing techniques, and the role of compliance in patient safety. The activity fostered both scientific understanding and artistic expression, encouraging participants to advocate for better hygiene practices in clinical environments.

WORLD HAND HYGIENE DAY 2026 – SKIT COMPETITION

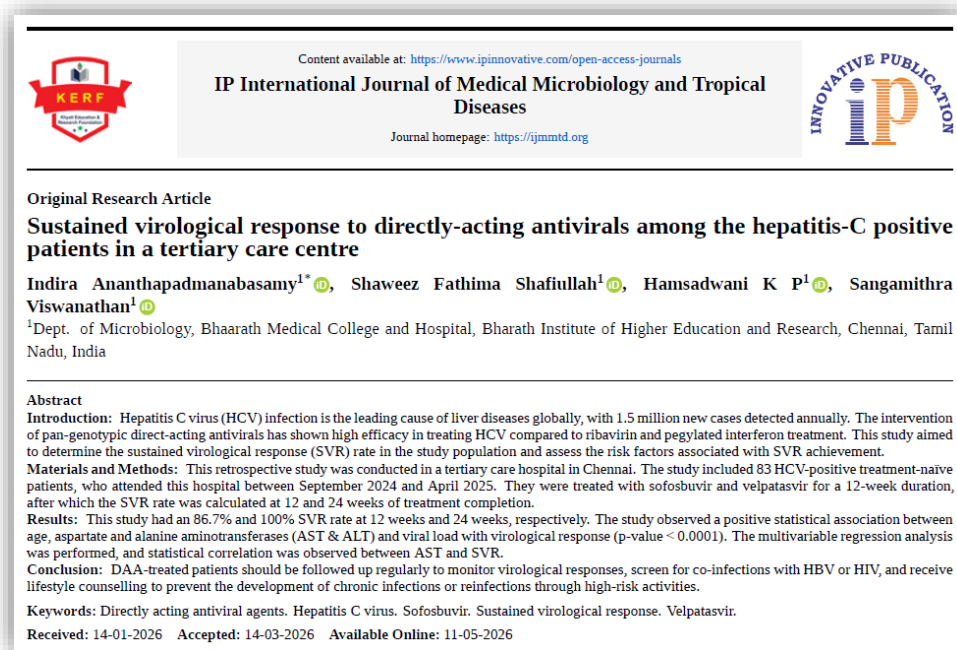
On the occasion of **World Hand Hygiene Day**, a vibrant **skit competition** was organised on **7 May 2026** for the **MBBS students** of the Department of Microbiology, Bhaarith Medical College & Hospital. The performances creatively illustrated the importance of hand hygiene in clinical practice, emphasising the theme “*Clean Hands Save Lives.*” Through engaging dramatisations of hospital scenarios and infection-control practices, the students highlighted the five moments of hand hygiene and inspired their peers to champion safe healthcare behaviours. The event concluded with the distribution of **prizes and certificates** to the winners and runners, recognising their outstanding creativity and commitment to promoting infection-control awareness.



FACULTY CORNER

FACULTY RESEARCH SPOTLIGHT – HEPATITIS C STUDY

The Department of Microbiology at **Bharath Medical College and Hospital, BIHER, Chennai**, proudly announces a recent publication in the *IP International Journal of Medical Microbiology and Tropical Diseases* (Vol. 12, Issue 2, 2026). Authored by **Indira Ananthapadmanabasamy, Shaweez Fathima Shafiullah, Hamsadwani K P, and Sangamithra Viswanathan**, the article highlights the effectiveness of directly-acting antivirals, particularly **sofosbuvir and velpatasvir**, in achieving sustained virological response among hepatitis-C positive patients.



The retrospective study, conducted between September 2024 and April 2025 on 83 treatment-naïve patients, reported **SVR rates of 86.7% at 12 weeks and 100% at 24 weeks**. These findings emphasize the importance of early screening, counseling, and adherence to therapy in preventing reinfection and improving patient outcomes. This impactful contribution

strengthens the evidence base for hepatitis C management and reflects the department's commitment to advancing clinical research

FACULTY TRAINING ACHIEVEMENT



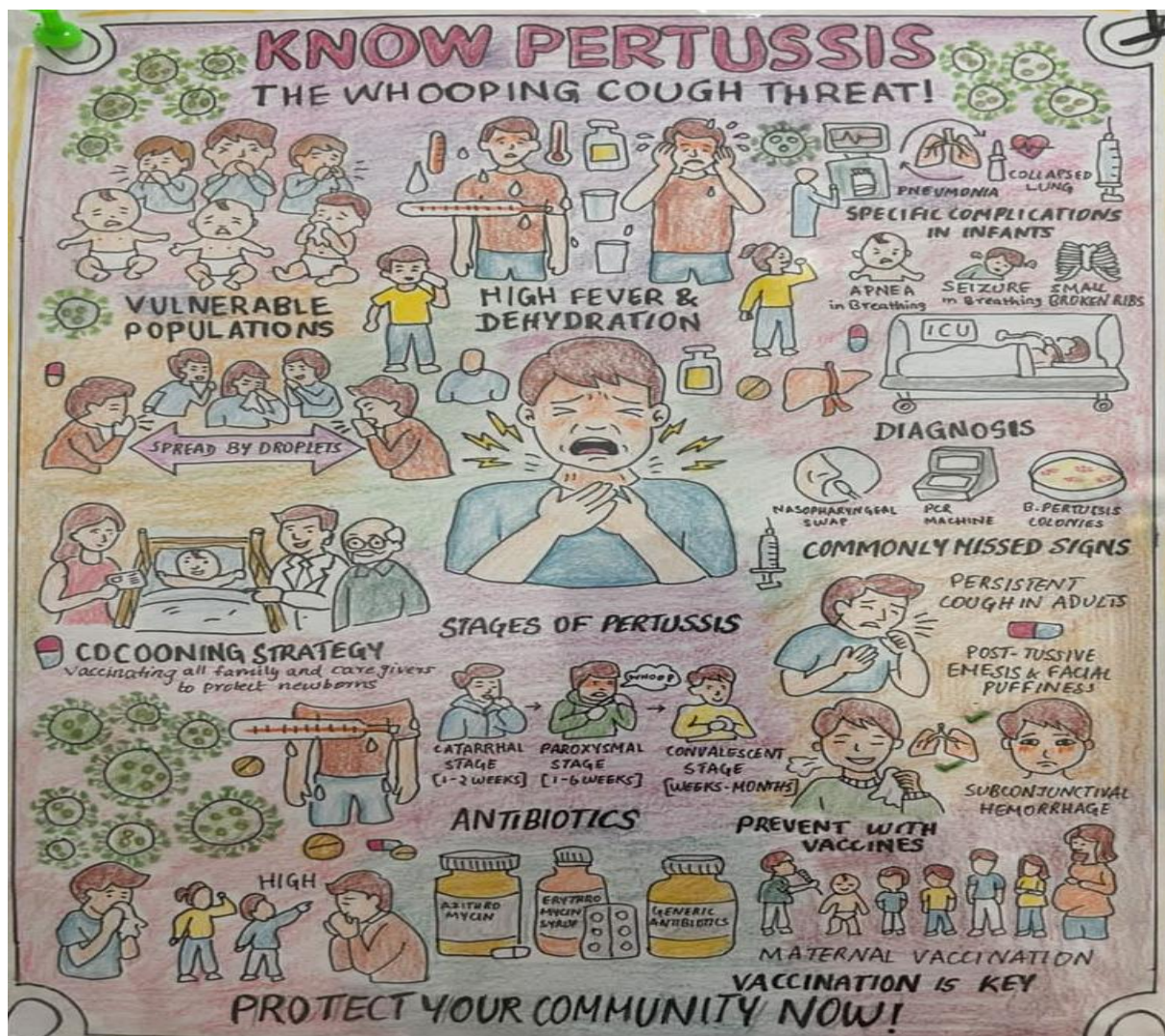
Faculty members **Dr Shyamala D** and **Dr Bhavya R**, from the Department of Microbiology, completed the **4-day training programme** on **“Laboratory Management Systems and Internal Audit as per ISO 15189:2022”**, conducted by **Medical Education & Learning Point (MELAP)** from **12th to 15th May 2026**.

This certification reinforces the department's commitment to **quality laboratory practices, internal audit proficiency, and international accreditation standards**. The program was directed by **Dr Neeraj Jain**, President & Course Director (MELAP).

MAY'S CREATIVE CORNER

Phase II MBBS student **Ms Hiranya Jeyachandran** presents a colourful cartoon poster titled **“Know Pertussis: The Whooping Cough Threat!”**.

It highlights how pertussis spreads by droplets and endangers vulnerable infants with risks like pneumonia, apnoea, and seizures. The artwork illustrates the stages of pertussis, diagnostic tools, and commonly missed signs in adults. By blending creativity with medical accuracy, it reinforces the vital message: **“Protect your community now!”**

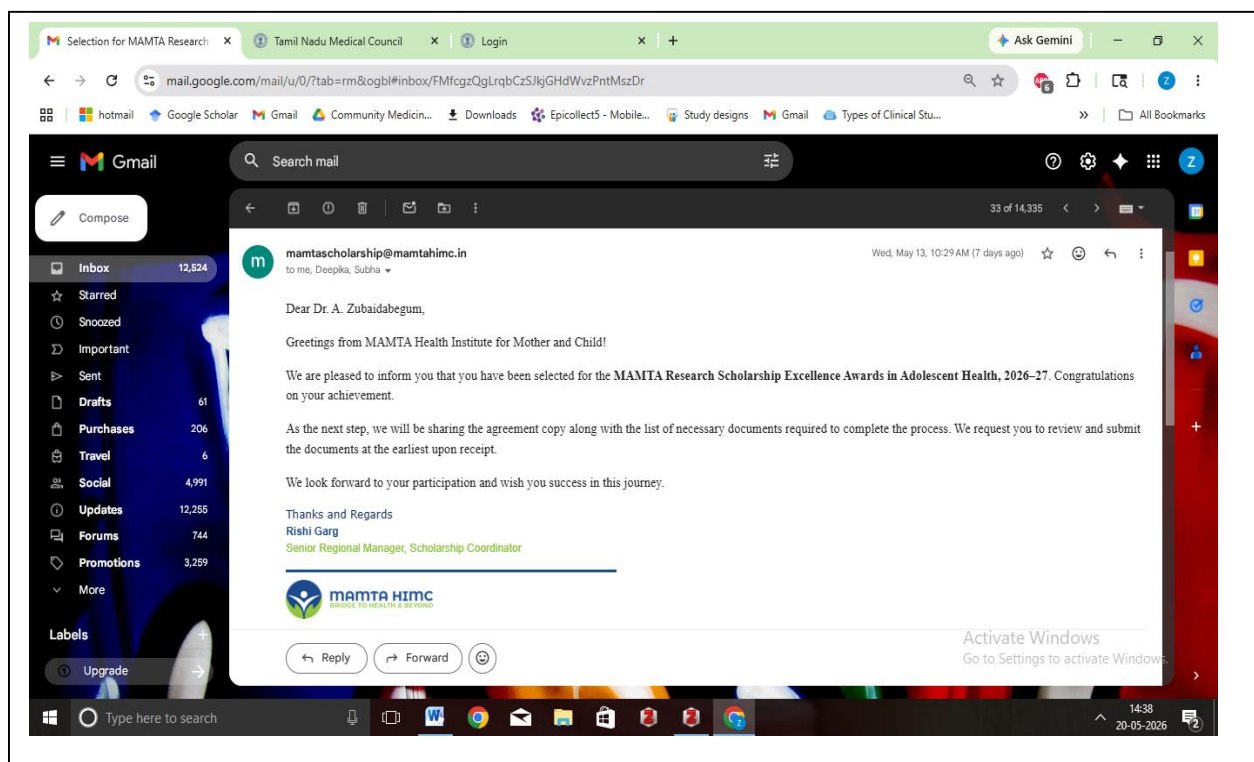


COMMUNITY MEDICINE

AWARDS AND RECOGNITION

Faculty Selected for National Adolescent Health Research Scholarship

Dr. Zubaidabegum A, Faculty of Community Medicine, has been selected for the prestigious MAMTA Health Institute for Mother and Child Research Scholarship Excellence Awards in Adolescent Health, 2026–27 for the research proposal titled: “Effects of a Structured Digital Detox Intervention on Psychological Well-being and Sleep Quality among Adolescents with Excess Screen Time”. The study is expected to generate evidence that can guide schools, parents, healthcare professionals, and policymakers in developing strategies to encourage healthy digital habits among adolescents



ENHANCING RESEARCH SKILLS THROUGH PROFESSIONAL DEVELOPMENT

Dr. D Vanitha, Associate Professor at Bhaarith Medical College & Hospital, successfully completed an online workshop on “**Sample Size Determination and Power Analysis in Health Research**” conducted from 25th–27th May 2026 by Resilient Foundation for Academic Innovation & Scientific Research (RFAISR), New Delhi. The workshop provided practical insights into statistical methods essential for health research, and she was awarded a Certificate of Participation in recognition of her successful completion of the programme.



JUNE

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IMA EVENT REPORT



INDIAN MEDICAL ASSOCIATION, SELAIYUR BHAARATH MEDICAL COLLEGE
AND HOSPITAL BRANCH

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Hospital block, 2nd floor

173, Agaram main road, Selaiyur, Chennai-600073

Mobile number 9953413562, 9705833377

Email id- ***imaselaiyur2022bmch.ac.in***

DATE	DESCRIPTION	DETAILS
09/6/2026	Environment day celebration	Event report and photographs attached
14/6/2026	State Council meeting	Event report and photographs attached
25/6/2026	Yoga day celebration	Event report and photographs attached

ENVIRONMENT DAY CELEBRATION

The IMA, Bhaarith Medical College and Hospital, Selaiyur Branch in associated with BMCH managemet have organised Environment day celebration 09/6/2026.In this regard 38 MBBS students(of community medicine posting) were taken to local villages and each student planted one sapling.In the hospital premises we gave palnt samplings to all faculties.



STATE COUNCIL MEETING



YOGA DAY CELEBRATION

The IMA, Bhaarith Medical College and Hospital, Selaiyur commemorated Internal yoga day on 25/6/2026. Our yoga instructor Ms. Padma Priya taught simple breathing and anxiety relief asanas for exam going batch of MBBS Students

ANAESTHESIOLOGY

FACULTY CORNER

FACULTY ACHIEVEMENTS

DR.S.SREE RANJANI PROFESSOR AND HEAD

Resource faculty in “AXIS” CME conducted by Karpaga Vinayaga Medical College and delivered lecture on ‘Airway Devices’ on 6/6/26



DR NIVEDITHA ANBHAZAGAN- ASSISTANT PROFESSOR

Participated in the 6 month certificate programme on AI IN HEALTHCARE conducted by National Board of examinations in medical sciences.



DENTISTRY

FACULTY CORNER

Dr. P. Jesline Rupa Invited as Guest of Honour

It is a moment of great pride and joy to share that **Dr. P. Jesline Rupa, Associate Professor, Department of Dental Surgery**, was invited as the **Guest of Honour** at an event held on **June 6, 2026, at Elysium 26, Chennai**.

The occasion was especially memorable as Dr. Jesline Rupa is a proud **alumna of Saveetha Dental College**, where she completed both her **undergraduate and postgraduate education**.

Returning to her alma mater as the Guest of Honour marked a beautiful milestone in her professional journey—a journey that began within the very institution that nurtured her academic aspirations and shaped her career in dentistry.

This distinguished recognition stands as a testament to her dedication, academic excellence and professional accomplishments. The Department of Dental Surgery takes immense pride in celebrating this memorable achievement and extends its heartfelt congratulations to **Dr. P. Jesline Rupa**.



SPECIAL CASE REPORT

Recurrent Aphthous Stomatitis: A Comprehensive Review

Abstract

Recurrent aphthous stomatitis (RAS) is a common, chronic, relapsing inflammatory disorder of the oral mucosa characterized by recurrent, painful ulcers. It usually occurs in otherwise healthy individuals but may also be associated with nutritional deficiencies, systemic disease, immune dysregulation and certain medications. RAS commonly begins in childhood or adolescence and varies considerably in frequency and severity. Clinically, it is classified into minor, major and herpetiform aphthae. Minor aphthae are the most common and usually heal without scarring, whereas major aphthae are larger, deeper and more persistent and may result in scarring. Herpetiform aphthae present as numerous small ulcers that may coalesce. Diagnosis is primarily clinical, with investigations guided by the patient's history and clinical features. Topical corticosteroids remain the mainstay of treatment. Severe or refractory disease may require systemic therapy. Although RAS is generally benign, persistent or atypical oral ulcers require further evaluation to exclude systemic disease or malignancy.

Keywords: Recurrent aphthous stomatitis, aphthous ulcer, recurrent oral ulceration, minor aphthae, major aphthae, herpetiform aphthae.

Introduction

Recurrent aphthous stomatitis is one of the most frequently encountered causes of recurrent oral ulceration. It is characterized by repeated episodes of painful, well-defined ulcers that heal spontaneously and recur at variable intervals.

RAS commonly begins during childhood or adolescence. Some individuals experience occasional, isolated ulcers, while others develop frequent or severe episodes that interfere with eating, speaking, oral hygiene and quality of life.

The exact etiology remains uncertain. Current evidence supports a multifactorial process involving genetic susceptibility, immune dysregulation, local trauma, nutritional deficiencies, psychological stress and other environmental or systemic factors.

Epidemiology

RAS occurs worldwide and may affect individuals of any age, although onset is most common during childhood and adolescence. A familial tendency is frequently reported, suggesting a genetic contribution.

The condition affects both sexes. RAS may occur as an isolated oral disorder or in association with systemic conditions such as hematological abnormalities, nutritional deficiencies, gastrointestinal disease and immunodeficiency.

Etiopathogenesis

The pathogenesis of RAS is incompletely understood. A genetically susceptible individual may develop an exaggerated inflammatory response to local or systemic triggers, resulting in mucosal epithelial injury and ulceration.

Cell-mediated immunity, particularly T-cell activity and inflammatory cytokines, appears to play an important role.

Potential contributing factors include:

Genetic predisposition: A positive family history is common and may influence age of onset and disease severity.

Local trauma: Accidental biting, tooth brushing, sharp teeth, dental procedures and orthodontic appliances may precipitate ulcers.

Nutritional deficiencies: Iron, folate, vitamin B12 and zinc deficiencies have been associated with recurrent oral ulceration.

Psychological stress: Stress, anxiety and sleep disturbance are frequently reported before or during episodes and may influence immune function.

Dietary factors: Acidic, spicy, salty or abrasive foods may aggravate symptoms or act as individual triggers.

Hormonal factors: Some patients report changes in ulcer frequency associated with hormonal fluctuations, although the relationship is inconsistent.

Medications: Certain drugs may produce oral ulceration or lichenoid reactions and should be considered in the differential diagnosis.

Clinical Features

An episode may begin with burning, tingling or localized discomfort, followed by the development of an erythematous area that progresses to ulceration.

Typical lesions are round or oval, well circumscribed and covered by a gray-white or yellowish pseudomembrane surrounded by an erythematous halo.

RAS predominantly affects non-keratinized mucosa, including the labial and buccal mucosa, ventral tongue, floor of the mouth and soft palate. The hard palate and attached gingiva are less typical sites.

Pain may be significant despite the relatively small size of the lesion and may interfere with eating, drinking, speaking and oral hygiene.

Clinical Classification

RAS is traditionally divided into three clinical forms: minor, major and herpetiform aphthae.

Minor Aphthae

Minor aphthae account for the majority of cases. They are generally less than 1 cm in diameter, superficial, round or oval and surrounded by an erythematous halo.

They usually heal spontaneously within 7–14 days without scarring. One or several ulcers may be present at a time.

Major Aphthae

Major aphthae are larger and deeper, usually exceeding 1 cm in diameter. They are more painful and persistent than minor aphthae and may remain for several weeks.

Healing may result in scarring. Because of their prolonged course and severity, major aphthae may resemble other chronic ulcerative disorders and require careful evaluation.

Herpetiform Aphthae

Herpetiform aphthae consist of numerous small ulcers, which may occur in clusters and occasionally coalesce into larger irregular ulcerated areas.

Despite their name, they are **not caused by herpes simplex virus**. They typically affect non-keratinized mucosa and lack the characteristic vesicular stage of herpes infection.

Natural History

RAS follows a variable, recurrent course. Some patients experience only a few episodes per year, whereas others may develop ulcers frequently.

Recurrence may be influenced by local trauma, stress, nutritional deficiencies, sleep disturbance, intercurrent illness, hormonal changes and individual dietary triggers.

In some individuals, the frequency and severity of episodes decrease with age.

Differential Diagnosis

Because recurrent oral ulceration has numerous causes, accurate diagnosis is important.

Infectious causes include herpes simplex and other viral or opportunistic infections. Immune-mediated conditions include Behçet disease, inflammatory bowel disease, celiac disease, systemic lupus erythematosus and autoimmune vesiculobullous disorders.

Hematological conditions such as iron deficiency, folate deficiency, vitamin B12 deficiency and neutropenia may also present with recurrent oral ulceration.

Medication-related ulceration should be considered when symptoms develop following initiation of a new drug.

A persistent solitary ulcer, particularly one with induration, progressive enlargement or an irregular border, must be evaluated to exclude oral squamous cell carcinoma.

Systemic Associations

Although RAS commonly occurs without systemic disease, recurrent aphthous-like ulceration may be associated with several conditions.

Behçet disease: Recurrent oral aphthae may occur with genital ulcers, ocular inflammation and characteristic skin manifestations.

Gastrointestinal disease: Oral ulceration may occur in Crohn disease, ulcerative colitis and celiac disease and may occasionally precede gastrointestinal symptoms.

Hematological abnormalities: Iron, folate and vitamin B12 deficiencies and severe neutropenia may be associated with recurrent or persistent oral ulceration.

Immunodeficiency: Severe, extensive or persistent aphthous ulceration may occur in patients with impaired immune function, including HIV infection.

Diagnosis and Investigations

Diagnosis is primarily clinical. History should include age at onset, frequency and duration of episodes, number and distribution of lesions, possible triggers, systemic symptoms, medication history and family history.

There is no specific laboratory test that confirms RAS.

Investigations should be individualized. In patients with frequent, severe or atypical ulceration, appropriate tests may include complete blood count, iron studies and ferritin, vitamin B12 and folate levels. Zinc assessment and screening for celiac disease may be considered when clinically indicated.

Routine extensive investigation is unnecessary in patients with a typical history and examination and no features suggesting systemic disease.

Histopathology

Biopsy is not routinely required for typical RAS. Histopathological findings are generally nonspecific and demonstrate ulceration, a fibrinous pseudomembrane, granulation tissue and inflammatory cell infiltration.

Biopsy is indicated when lesions are persistent, atypical, unusually large, indurated or clinically suspicious for malignancy or another mucosal disorder.

Management

The objectives of treatment are to reduce pain, shorten the duration of ulceration, promote healing and reduce recurrence.

General Measures

Good oral hygiene should be maintained while minimizing local trauma. A soft toothbrush and gentle brushing technique may reduce irritation.

Patients should identify and avoid foods that clearly aggravate their symptoms. Adequate hydration and nutrition are particularly important when oral pain limits food intake.

Documented nutritional deficiencies should be appropriately corrected.

Topical Therapy

Topical corticosteroids are the **mainstay of treatment** for symptomatic RAS. Commonly used agents include triamcinolone acetonide, fluocinonide, clobetasol and dexamethasone.

Early treatment, ideally during the prodromal stage or shortly after ulcer development, may reduce inflammation and shorten the clinical course.

Topical anesthetic agents may provide temporary pain relief. Selected antiseptic mouth rinses may assist with oral hygiene and reduce secondary irritation.

Systemic Therapy

Systemic treatment is generally reserved for severe, extensive or frequently recurrent disease that is inadequately controlled with topical therapy.

Short courses of systemic corticosteroids may be considered in selected severe cases. Other immunomodulatory treatments may be used for refractory disease under specialist supervision.

Prevention of Recurrence

Prevention involves identifying and addressing individual precipitating factors. These may include local trauma, nutritional deficiencies, stress, sleep disturbance and specific dietary triggers.

Patients with frequent episodes may benefit from maintaining a symptom diary to identify patterns associated with recurrence.

Regular dental care, good oral hygiene and correction of nutritional deficiencies are important components of long-term management.

Quality of Life

Although RAS is generally benign, recurrent painful ulceration can significantly affect quality of life. Patients may experience difficulty eating, drinking, speaking, brushing and sleeping.

Frequent episodes can also cause anxiety because of their unpredictable nature. Treatment should therefore consider both the clinical severity of the disease and its impact on daily activities.

Red Flags

Further investigation is warranted when an oral ulcer:

- Persists beyond the expected healing period.
- Is unusually large, deep or indurated.
- Becomes progressively larger or more frequent.
- Has an irregular or raised border.
- Is associated with cervical lymphadenopathy.
- Is accompanied by unexplained weight loss or systemic symptoms.
- Occurs with genital, ocular, gastrointestinal or cutaneous manifestations.
- Develops at an unusual site.
- Fails to respond to appropriate treatment.

A persistent solitary ulcer should not automatically be diagnosed as RAS. Clinical reassessment and biopsy should be considered when malignancy or another significant mucosal disorder is suspected.

Prognosis

The prognosis of uncomplicated RAS is excellent. Minor aphthae usually heal completely without scarring, whereas major aphthae may heal slowly and leave scars.

The frequency and severity of disease may decrease with age, although some individuals continue to experience recurrent episodes for many years.

RAS itself is a benign condition and is not considered premalignant. Nevertheless, persistent or atypical ulceration must be appropriately investigated.

Conclusion

Recurrent aphthous stomatitis is a common chronic relapsing disorder characterized by painful recurrent oral ulcers. Its pathogenesis is multifactorial, involving genetic susceptibility, immune dysregulation and various local, nutritional, psychological and systemic factors.

The clinical classification into minor, major and herpetiform aphthae remains useful for diagnosis and management. Most cases are self-limiting and can be managed with supportive measures and topical corticosteroids. Severe or refractory disease may require systemic therapy and specialist assessment.

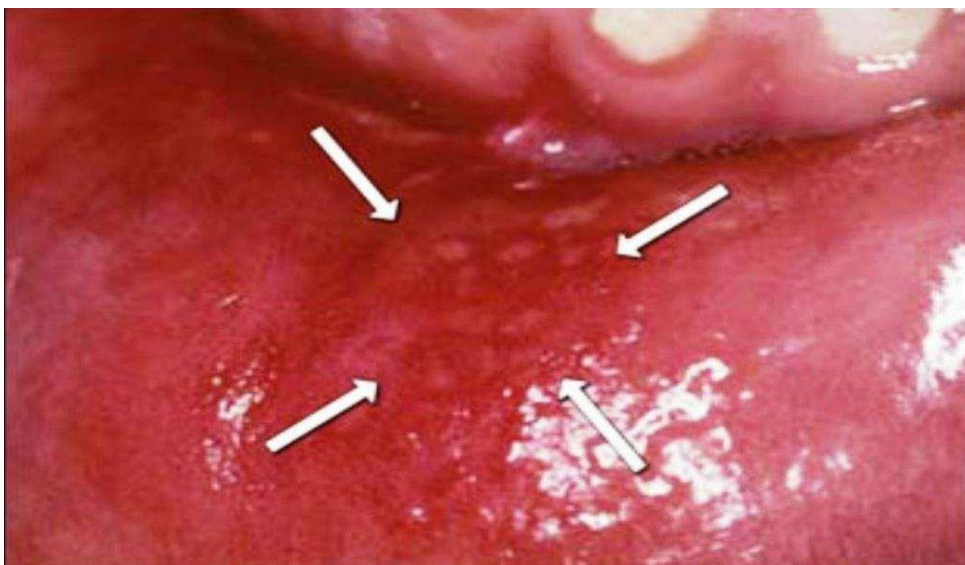


MINOR APHTHOUS ULCER

A thorough history and clinical examination are central to diagnosis, while investigations should be directed toward suspected nutritional or systemic disease. Persistent, indurated, unusually large or non-healing ulcers require further evaluation to exclude alternative diagnoses, including oral malignancy. An individualized approach combining trigger identification, appropriate anti-inflammatory treatment, pain control and management of underlying factors can substantially reduce the burden of recurrent aphthous stomatitis and improve quality of life.



MAJOR APHTHOUS ULCER



HERPETIFORM APHTHOUS ULCER

DERMATOLOGY

SPECIAL CASE REPORT

Multiple Verruca Vulgaris Treated with Intralesional MMR Vaccine: A Case Report

Case Presentation

A 30-year-old male, Mr. A. Vimal, presented to the Dermatology Outpatient Department at Bhaarith medical college and hospital with complaints of multiple raised skin lesions over the bilateral gluteal region, right hand and left foot for the past one year. The lesions were initially small in size and few in number and gradually increased in size and number over time. There was no history of pain, itching, discharge, bleeding, ulceration, or spontaneous resolution of the lesions. There was



no history of similar lesions among family members. The patient denied any significant past medical illness, drug intake, immunosuppression, or prior treatment for the current condition.

Multiple hyperkeratotic verrucous papules and nodules over the bilateral gluteal region.

General physical examination and systemic examination were unremarkable.

Cutaneous examination revealed multiple discrete to grouped, well defined, skin-colored to hyperpigmented verrucous papules and nodules distributed predominantly over the bilateral gluteal region. The lesions varied in size from approximately 0.3×0.3 cm to 1.5×1.5 cm and showed a rough, hyperkeratotic, papillomatous surface. Similar lesions were present over the dorsum of the left foot and the right thumb. The lesions were non-tender and non-indurated, with no evidence of secondary infection or surrounding erythema. Examination of the hair, nails and mucous membranes was within normal limits.



Solitary verrucous papule over the right thumb

Hyperkeratotic verrucous lesions over the dorsum of the left foot.

Based on the characteristic clinical morphology and distribution of the lesions, a clinical diagnosis of multiple verruca vulgaris was made.

Routine hematological and biochemical investigations were within normal limits.

Considering the multiplicity of lesions and the potential for immune mediated clearance of both treated and distant lesions, intralesional immunotherapy with Measles-Mumps-Rubella (MMR) vaccine was planned. After obtaining informed written consent, 0.5 mL of reconstituted MMR vaccine was injected intralesionally into the largest wart under aseptic precautions. The patient tolerated the procedure well and was advised regular follow-up for assessment of therapeutic response and further treatment sessions if required.

Diagnosis

Multiple Verruca Vulgaris

Treatment

Intralesional MMR Vaccine Immunotherapy

Drug: Measles-Mumps-Rubella (MMR) Vaccine

Dose: 0.5 mL

Route: Intralesional

Site: Largest representative wart

Follow-up: Every 3 weeks

Conclusion

This case highlights the clinical presentation of multiple verruca vulgaris and the use of intralesional MMR vaccine as an effective immunotherapeutic modality. Intralesional MMR vaccine is a safe, economical and minimally invasive treatment option capable of inducing regression of both treated and distant untreated lesions through stimulation of cell-mediated immunity.

GENERAL SURGERY

SPECIAL CASE REPORT

DUODENAL ADENOCARCINOMA WITH TUBULOVILLOUS ADENOMA OF HEPATIC FLEXURE OF COLON WITH PANCREATIC NEUROENDOCRINE MICROTUMOUR - A CASE REPORT

Dr. S. Giridharan, Assistant Professor

Abstract

Background: Synchronous gastrointestinal tumors are uncommon, and the coexistence of duodenal adenocarcinoma with a tubulovillous adenoma of the colon and an incidental pancreatic neuroendocrine microtumour is exceptionally rare. Due to the rarity of this combination, there is limited literature regarding optimal surgical management and postoperative treatment.

Case Presentation: A 67-year-old female presented with diffuse abdominal pain, progressive intolerance to solid food, weight loss, melena, and intermittent constipation. Upper gastrointestinal endoscopy revealed a periampullary ulceroproliferative growth, and biopsy confirmed duodenal adenocarcinoma. Contrast-enhanced computed tomography demonstrated an additional lesion at the hepatic flexure of the colon. Following multidisciplinary evaluation, the patient underwent simultaneous pancreaticoduodenectomy (Whipple procedure) and right hemicolectomy with regional lymphadenectomy. Histopathological examination confirmed a moderately differentiated intestinal-type duodenal adenocarcinoma (pT2N0) with negative resection margins, a tubulovillous adenoma of the hepatic flexure without invasive malignancy, and an incidental pancreatic neuroendocrine microtumour. Immunohistochemistry showed retained nuclear expression of MLH1, MSH2, MSH6, and PMS2, indicating mismatch repair proficiency (pMMR). Postoperative recovery was uneventful, and follow-up PET-CT demonstrated no evidence of residual or metastatic disease. The patient subsequently received adjuvant FOLFOX chemotherapy.

Conclusion: This case highlights the successful management of an extremely rare combination of synchronous gastrointestinal lesions through a single-stage radical surgical approach. Comprehensive preoperative evaluation, meticulous surgical planning, detailed histopathological assessment, and mismatch repair testing are essential for accurate diagnosis, prognostication, and selection of appropriate adjuvant therapy. Reporting such rare cases contributes to the limited evidence available for the management of synchronous gastrointestinal neoplasms.

Keywords: Duodenal adenocarcinoma; Synchronous gastrointestinal tumors; Tubulovillous adenoma; Pancreatic neuroendocrine microtumour; Pancreaticoduodenectomy; Right hemicolectomy; Mismatch repair.

Introduction

Synchronous carcinoma refers to the presence of two or more distinct primary malignant tumors in a single patient at the initial time of diagnosis, or within a six-month window. While the management of the separate carcinomas are clearly described in various literatures, The management of synchronous tumours due to its rare incidence is not discussed very much. The synchronous incidence of the duodenal adenocarcinoma and the benign colorectal carcinoma is a very rare entity making up of less than 1% of the entire gastrointestinal malignancies. Here we present a case of histopathological and radiologically proven duodenal adenocarcinoma and a tubulovillous adenoma in the hepatic flexure of the colon with Pancreatic Neuroendocrine microtumour for which our team has performed a simultaneous pancreaticoduodenectomy and a right hemicolectomy to the patient. This report discusses the presentation and the management of such cases

Case presentation

The patient is a 67 year old female, without any other significant past history or risk factors with the chief complaints of diffuse abdominal pain for the past one year and complaints of unable to intake solid diet for the past one year, which led to a gradual loss of weight, Also she had a history of passing black tarry stools for the past 6 months with occasional constipation like symptoms in the past six months. Prior to admission in our center she has undergone a Upper Gastrointestinal endoscopy on 3/04/2026 at a private hospital. It revealed a periampullary, ulceroproliferative growth in the D2 part of the duodenum. (Fig 1,2)



Fig 1 : D2 Periampullary growth

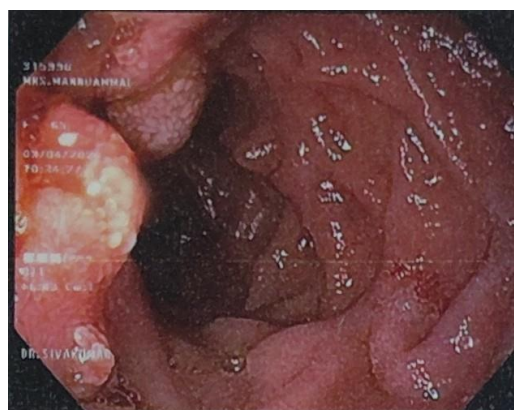


Fig 2

Subsequent biopsy was taken from the superficial periampullary mucosa of the duodenum. In the microscopic examination of the mucosa, there was a high grade surface dysplasia and the lamina propria show scanty foci of invasive carcinoma composed and arranged in glands lined by polygonal cells displaying moderate nuclear pleomorphism, vesicular, mitotically active nuclei and moderate amounts of eosinophilic cytoplasm, in which the overall impression of the

histopathological examination suggests a scanty foci of invasive adenocarcinoma of the duodenum(Fig 3 & 4)

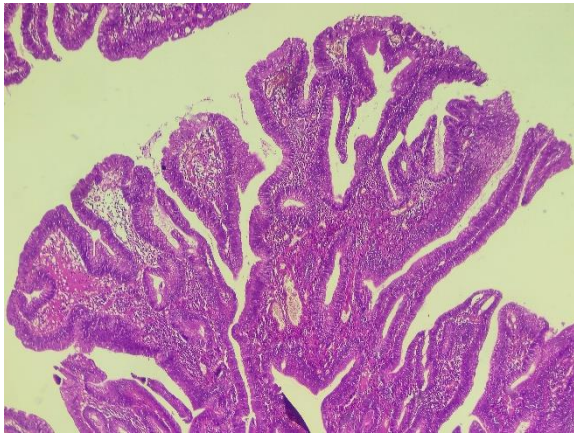


Fig 3 40x magnification

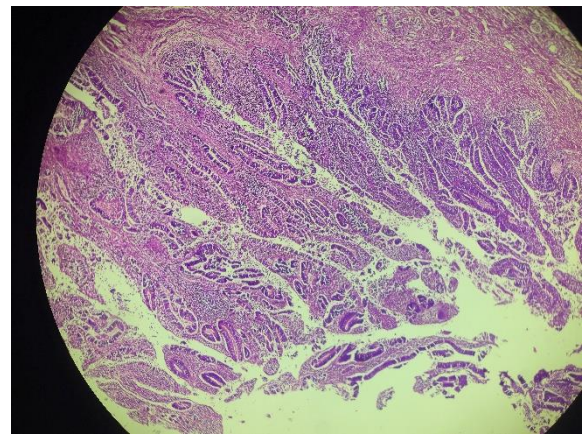


Fig 4 10x Magnification

Then on 15/04/2026 a CECT abdomen done at a private hospital revealed Intraluminal poorly enhancing polypoidal lesion measuring 4.3 x 3.5 cm noted in hepatic flexure of colon. No evidence of serosal extension probably of Neoplastic etiology, Ill defined poorly enhancing area measures 4.6 x 2 cm noted in D2 - D3 junction of duodenum and distal intrapancreatic segment of common bile duct causing shouldering / abrupt cut off of distal common bile duct with significant upstream dilatation of common bile duct and intrahepatic biliary radicles Likely malignant neoplastic etiology (Biopsy proven), Dilated common bile duct measures 18 mm. Main pancreatic duct is normal in caliber, Subcentimetric periportal, peripancreatic lymphnodes seen, measures 9 mm in short axis diameter, Cholelithiasis. No features of cholecystitis. Fig 5



Fig 5 CECT image showing the tumour at the D2

After these investigations, the patient was admitted in our centre at 20/04/2026. A Physical examination revealed a soft abdomen with no scars/mass, with some stretch marks, on palpation

there was no tenderness in the abdomen and no significant masses were felt. Her ECOG score is 2. Then, test for tumour markers CEA & CA 19-9 was sent and the results are CEA – 1.87 ng/mL (Reference value: <5 ng/mL) and CA 19-9 – 29.30 U/mL (Reference Value: 0-37 U/mL). Then a Colonoscopy was planned for the patient on 28/04/2026 prior to that a Per rectum Examination was done in which there was no skin tags/fissures in the anal region, the sphincter tone was relaxed, no masses were there and the gloves had a minimal fecal staining, pale yellow in colour. Bowel preparation was done with peglec enema, and the colonoscopy was done on 29/04/2026, where the scope was passed up to the caecum. Multiple diverticula were noted in the sigmoid colon, ascending colon and an external compression was there in the hepatic flexure of the colon (Fig 6 & 7), multiple biopsies were taken from the colonic mucosa and the microscopic examination revealed a lamina propria showing scattered lymphoplasmocytic infiltrate and focal lymphoid aggregation. No atypical cells / necrosis / mitosis seen which suggests a chronic non specific colitis.



Fig 6 & 7 External compression at the hepatic flexure noted in colonoscopy

Then, a detailed discussion was made with the patient and her relatives with our team where we suggested a simultaneous pancreaticoduodenectomy and a right hemicolectomy to be done. After obtaining the consent of the patient, the procedure was performed on 08/05/2026. The procedures done were antegrade cholecystectomy with common bile duct dissection, Hepato duodenal lymphadenectomy, Jejunal lymphadenectomy, Right hemicolectomy, Dissection of uncinate process of pancreas, pancreatogastrostomy, hepatojejunostomy, gastrojejunostomy, jejunojejunostomy and ileocolic anastomosis, feeding jejunostomy was done. Intraoperative exploration showed that a duodenal tumour involving the D2 & D3 with multiple enlarged lymph nodes in the vicinity including triangular tissue between the celiac trunk and the superior mesenteric artery, Another Tumour in the Right Transverse colon with lymph nodes in the pericolic area and the principal area, (Fig 8)

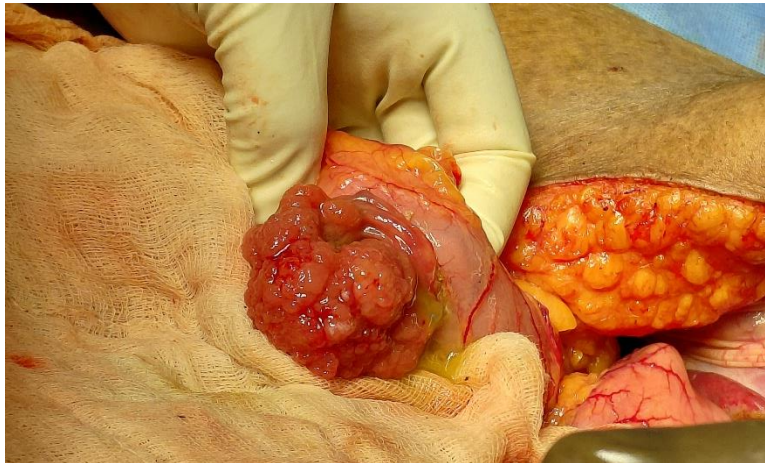


Fig 8 Intraop picture showing the growth at hepatic flexure

No free fluid or peritoneal metastasis was seen, Common Bile Duct measuring 1.5cm with posteriorly coursing right hepatic artery, Pancreas was soft with the pancreatic duct measuring 3mm. Four specimens which includes polyp from the hepatic flexure, gastroepiploic lymph node specimen, pancreaticoduodenectomy specimen (Figure 9), right hemicolectomy specimen (Figure 10) was sent for histopathological examination.



Fig 9: pancreaticoduodenectomy specimen



Figure 10 : right hemicolectomy specimen

Two 28'F drains were placed and intensive monitoring of the patient was done.FJ feeds were started on post operative day 2,Drain fluid amylase was done at day 6 where the left drain had a value of 16 IU/L(Reference interval : 28-100 IU/L) and right drain had a value of 25 IU/L(Reference interval : 28-100 IU/L), which indicated there was no signs of pancreatic fistula.Oral liquid diet was started on post operative day 8.The patient was discharged on post operative day 13 with dietary advice to be followed.In Post operative histopathological report ,the microscopic examination of the sessile polyp from the hepatic flexure composed of colonic glands exhibiting tubulovillous architecture with central fibrovascular core. The glands are lined by mild atypical cells containing elongated nuclei showing pseudostratification with maintained polarity.No evidence of infiltration seen.Microscopic examination of the gastroepiploic nodes show lymph node parenchyma with well formed germinal centres showing polymorphous population of lymphocytes from centroblasts to mature small lymphocytes. No atypical cells/granuloma/metastatic deposits seen.The microscopic examination of the pancreaticoduodenectomy specimen as 42 sections showed infiltrating tumor composed of malignant cells arranged predominantly in glandular pattern and also in nests with individual cells showing moderate amount of eosinophilic cytoplasm with markedly pleomorphic, hyperchromatic nuclei with few cells showing prominent nucleoli. Mitotic figures noted (2/10hpf). Tumor is seen infiltrating into the wall of common bile duct and pancreatic duct. Sections from surrounding duodenum show normal mucosa with lamina propria showing scattered lymphocytes. No atypical cells seen. Sections studied from pancreas show areas of coagulative necrosis. No evidence of tumor infiltration seen in the pancreatic parenchyma. Also seen a well circumscribed nodule within the pancreas (C 7) exhibiting tumor cells arranged in organoid, trabecular and nesting pattern with individual cells exhibiting abundant eosinophilic granular cytoplasm with round to oval nucleus showing salt and pepper chromatin. No mitosis/necrosis identified. Sections from gall bladder show foci of mucosal ulceration and denudation with Rokitansky Aschoff Sinus formation and mild transmural lymphocytic infiltrates.No atypia seen. Histologic Type - Adenocarcinoma, intestinal-type Histologic Grade - G2, moderately differentiated ,Tumor Size Unifocal invasive carcinoma with Greatest dimension in Centimeters (cm): 3.5 cm and Additional Dimension in Centimeters (cm): 3 × 0.9 cm .Tumor Extent - Invades into muscularis propria of duodenum, wall of common bile duct and pancreatic duct.Lymphatic and / or Vascular Invasion - Not identified .Perineural Invasion - Not identified .All margins negative for invasive carcinoma ,Distance from Invasive Carcinoma to closest Margin : 3.5 cm (Pancreatic resected margin) Number of Lymph Nodes Examined – 3 , Regional Lymph Node Status - All regional lymph nodes negative for tumor. pTNM CLASSIFICATION (AJCC 8th Edition) : pT2N0 . Additional findings : Pancreatic neuroendocrine microtumor (PNEMT). Gall bladder - Chronic cholecystitis.The microscopic examination of the right hemicolectomy showed normal mucosa with lamina propria showing scattered lymphocytes. No atypia seen.Sections studied from ileum show normal ileal mucosa with submucosa showing lymphoid aggregates. No atypia seen.Section studied from appendix show appendiceal mucosa with transmural chronic inflammatory infiltrate. No atypia/granuloma/parasites seen. Sections studied from the lymph nodes show lymph node parenchyma with well formed germinal centres showing polymorphous population of lymphocytes from centroblasts to mature small lymphocytes. No atypical cells/granuloma/metastatic deposits seen.The patient then came for regular follow up after a week on 27/05/26 ,where she started to escalate the diet from semisolid to solid diet and she

also said that the diffuse abdominal pain was subsiding gradually. Then she came for the next week for review on 14/06/2026, and was discussed about the next process of treatment for providing chemotherapy for the patient. After discussing with the medical oncologist, 18 F FDG whole body PET CT scan was taken on 18/06/2026, which gave the impression, Post operative changes noted, with the anastomotic sites appearing unremarkable. Pneumobilia, predominantly in left lobe of liver. Metabolically inactive prominent mesenteric lymph nodes in the right lumbar region (largest ~ 1.5 x 0.8 cm), with adjacent mesenteric fat stranding (Panniculitis) – likely inflammatory. However, follow up suggested. No other significant lymph nodal, visceral or skeletal lesion identified to suggest distant metastasis. This indicated that the tumour was completely resected. The IHC MSI/MMR Report came at 20/07/2026 MLH1, MSH2, MSH6, PMS2 had Retained nuclear expression and the diagnosis was Not deficient. The patient underwent chemotherapy with the FOLFOX regimen with Inj. Oxplatinin 150 mg and T. Capecitabine 500mg.

Discussion

Duodenal Adenocarcinoma combined with a tubulovillous adenoma of the colon with pancreatic neuroendocrine tumor is very rare in routine clinical practice. The management of the conditions separately is given in standard textbooks and literature, yet the management of the combined tumours are very different and the approach to the patient depends upon the each individual conditions. The Duodenal adenocarcinoma is very rare malignancy of the gastrointestinal tract with an incidence of approximately 0.5 per 100000 persons, which represents less than 5% of all gastrointestinal tumors(1). Tubulovillous adenoma also accounts for 10% – 25% of the tumour present in the colon(2). Pancreatic neuroendocrine tumors (PNETs) are rare in India, with an estimated incidence of about 0.30 to 1 per 100,000 people(3). The management of the conditions separately is given in standard textbooks and literature, yet the management of the combined tumours are very different and the approach to the patient depends upon the each individual conditions. Duodenal adenocarcinoma is associated with the hereditary syndromes, such as Lynch syndrome and Familial Adenomatous Polyposis.(4) Here in this patient the tumour association with Lynch syndrome is less likely as the IHC report states the tumour is MMR-proficient (pMMR) and the tumor is most likely microsatellite stable (MSS). This makes the treatment with chemotherapy to be with platinum based treatment regimens like FOLFOX or CAPOX regimens(5). The surgical treatment depends upon the part involved, Here In this case first antegrade cholecystectomy with common bile duct dissection was done, followed by Hepato duodenal lymphadenectomy, Jejunal lymphadenectomy, Right hemicolectomy, Dissection of uncinat process of pancreas, pancreatogastrostomy, hepatojejunosotomy, gastrojejunosotomy, jejunojejunostomy ileocolic anastomosis, feeding jejunostomy was done. The Pancreatic neuroendocrine tumour was a incidental finding which was confirmed by the histopathology. For Synchronous tumours MMR status is a must for the prognosis and further treatment(6). It is also useful to identify the genetic syndromes associated with the tumours.(7)

Conclusion

Synchronous duodenal adenocarcinoma with a tubulovillous adenoma of the hepatic flexure and an incidental pancreatic neuroendocrine microtumour is an exceptionally rare clinical entity. This case demonstrates that simultaneous pancreaticoduodenectomy and right hemicolectomy can be performed safely in carefully selected patients, achieving complete oncological resection with satisfactory postoperative recovery. Thorough preoperative imaging, multidisciplinary decision-making, comprehensive histopathological examination, and assessment of mismatch repair status are crucial for establishing the diagnosis, excluding hereditary syndromes, determining prognosis, and guiding adjuvant treatment. Although the pancreatic neuroendocrine microtumour was an incidental finding without adverse pathological features, its identification emphasizes the importance of meticulous pathological evaluation of resected specimens. Reporting similar rare cases will improve the current understanding of synchronous gastrointestinal tumors and help refine future diagnostic and therapeutic strategies.

OBSTETRICS AND GYNAECOLOGY

FACULTY CORNER

Two paper published by DR. Abiramasundari

- 1). Maternal and perinatal outcomes of pregnancies with isolated borderline oligohydramnios vs normal AFI in INTERNATIONAL JOURNAL OF DRUG DELIVERY TECHNOLOGY.
- 2). A study of maternal pre pregnancy low BMI with adverse outcomes in GENETICS AND MOLECULAR RESEARCH

SPECIAL CASE REPORT

1). INTERESTING CASE OF EXTRAPULMONARY TB TREATED OBSTETRICS PATIENT

Patient primi known case of extrapulmonary TB at 2023 treated with ATT drugs for 9 months, married for 1 year, had spontaneous conception. Patient antenatal period was uneventful. She was a known case of hypothyroidism on treatment, no other comorbidity seen. Pulmonologist opinion obtained and she was cleared of currently active tuberculosis infection.

She followed up in obg opd for her entire antenatal period. Baby's growth was good, no evidence of iugr or abnormalities noted. At 38 weeks + 6 days she was admitted for safe confinement.

She underwent emergency lscs in view of cpd major and fetal distress on 11/7/26

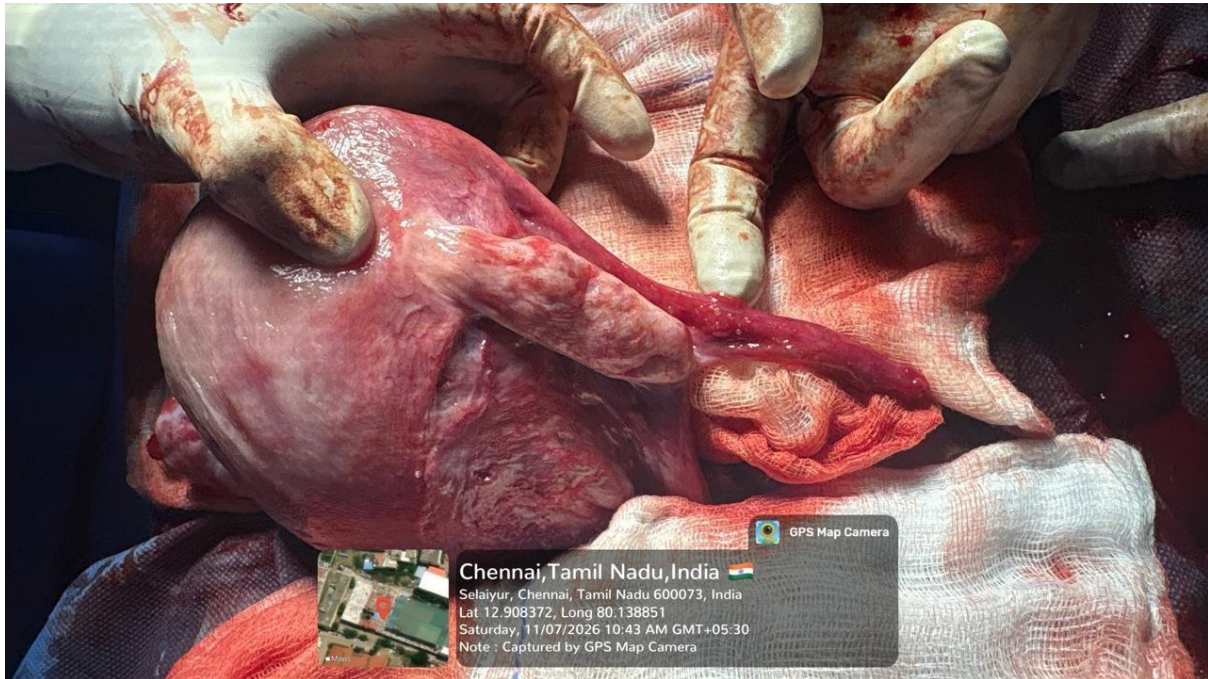
Intraoperatively there were no dense adhesions noted. Bilateral tubes and ovary had mild tubercles, posterior wall of uterus had PID features. No other abnormalities were noted.

Baby details: alive term girl baby, born on 11/7/26 @ 10:30 am, b.wt: 2.8 kg, apgar: 8/10, 9/10

Her intraop and post op period uneventful. Mother and baby are well.

This case indicates that with proper evaluation and treatment of Extrapulmonary Tuberculosis infection we can achieve complete cure and fertility of the patient also will remain good, risk of surgical complications can also be reduced.



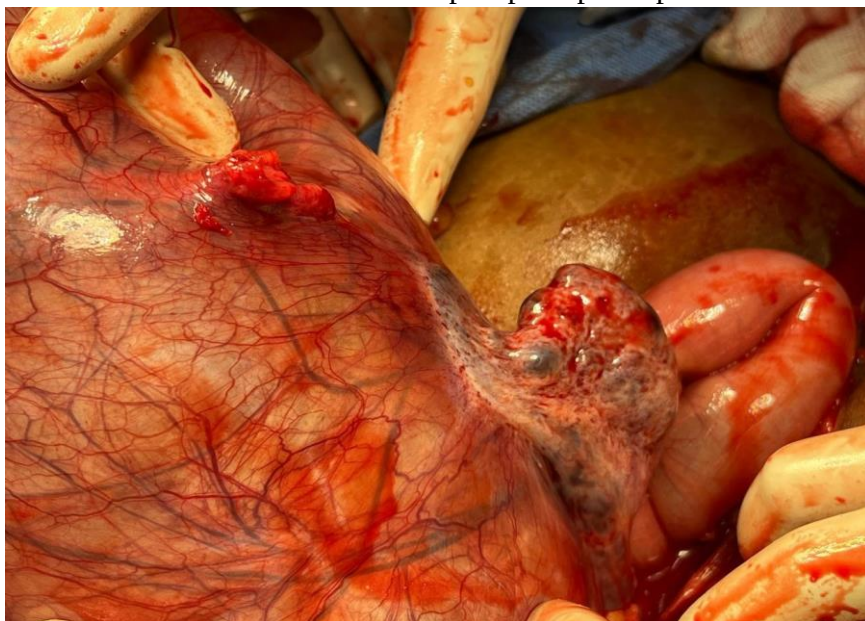


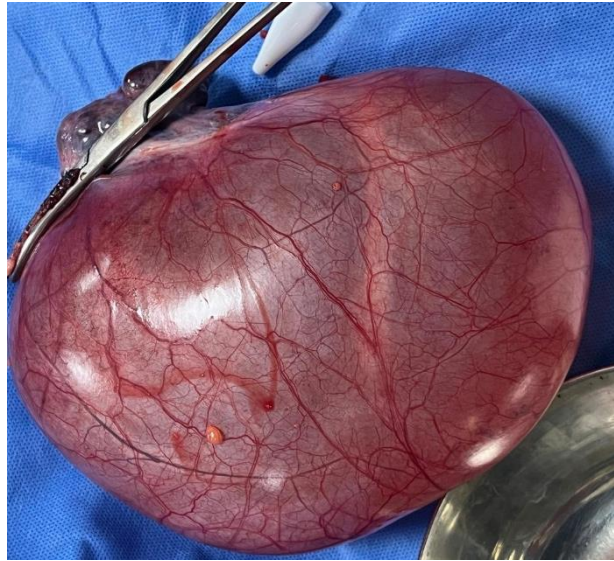
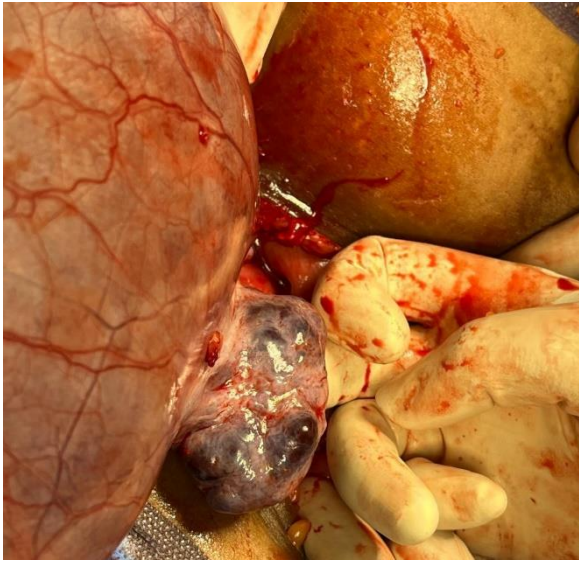
2). INTERESTING CASE OF OVARIAN TORSION:

Ms. Chinna mathi/ 27 years/ unmarried female/ presented to emergency with complaints of sever abdomen pain. Patient was admitted. All routine investigation were done,

Usg abdomen done showed presence of right ovarian cyst torsion. Patient was immediately taken up laparotomy and proceed. Right salphingoophorectomy was done. Cyst of 15*10 cm was removed enmass. Right ovary gangrenous no signs of viability hence removed.

Patient was stable. no intraop or postop complications.





OTORHINOLARYNGOLOGY

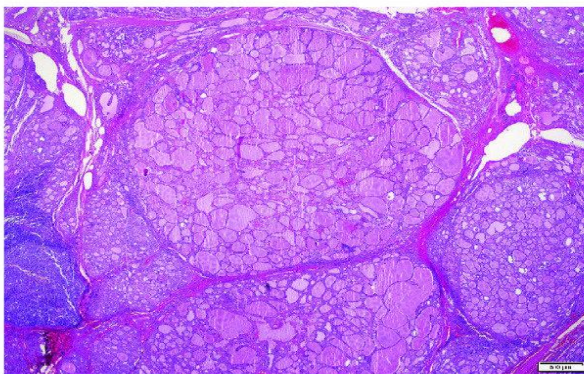
SPECIAL CASE REPORT

CASE REPORT – MULTINODULAR GOITRE

A 65-year-old female presented with a chief complaint of a swelling in the front of her neck for 6 months. She reported associated symptoms of thyroid dysfunction and a history of hyperthyroidism. There was no report of difficulty in swallowing, difficulty in breathing, or changes in her voice. The neck swelling was insidious in onset and demonstrated gradual progression. On local neck examination, the thyroid gland was enlarged (measuring 8 x 6 cm across bilateral lobes and the isthmus), featuring a smooth surface, soft consistency, and mobility.

A plain CT scan of the neck revealed no signs of retrosternal extension. The patient was managed surgically and underwent a total thyroidectomy under general anesthesia. Operative findings confirmed that both thyroid lobes and the isthmus were enlarged, with retrosternal extension absent. Both recurrent laryngeal nerves and parathyroid glands were successfully identified and preserved. Histopathology confirmed multinodular goitre, establishing a final diagnosis of multinodular goitre status post-thyroidectomy.

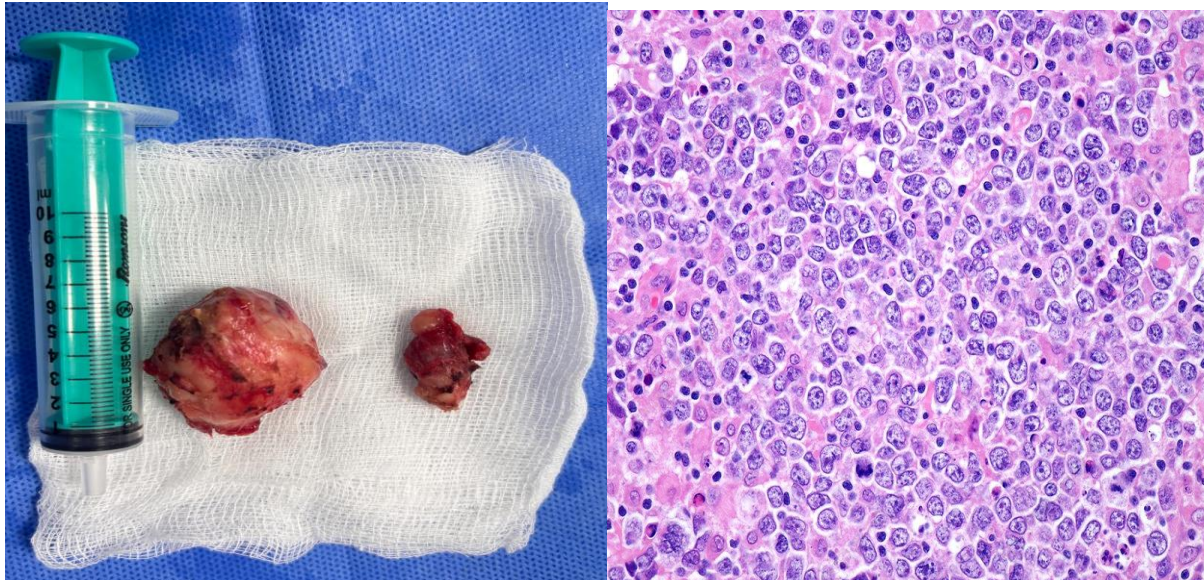
Postoperatively, the patient was closely monitored. Her voice remained normal, calcium levels were stable at 8.9 mg/dL, and the surgical wound remained clean with no postoperative complications. The patient was safely discharged on postoperative day 4 (POD #4).



CHRONIC TONSILLITIS WITH BILATERAL TONSILLAR HYPERTROPHY

A 53-year-old male, presented to the ENT department, complaining of difficulty and pain while swallowing for six months, as well as recurrent episodes of sore throat/tonsillitis over the past year. The patient reported associated snoring, with no history of halitosis or fever. On ENT examination of the oropharynx, he was found to have Grade 4 tonsillar hypertrophy on the right side and Grade 2 tonsillar hypertrophy on the left side. A neck MRI revealed no signs of deep neck space abscess.

The patient underwent a coblation-assisted bilateral tonsillectomy under general anesthesia, and the resected specimen was submitted for histopathological examination. Histopathology (HPE) revealed a High Grade B-cell Lymphoma. Following this diagnosis, the patient was referred to a medical oncologist for further management.



PAEDIATRICS

PROGRAMMES AND EVENTS

PULSE POLIO IMMUNIZATION DRIVE HELD AT BHAARATH MEDICAL COLLEGE

The Department of Paediatrics, Bhaarath Medical College, conducted a Pulse Polio Immunization Drive on 25 June, reaffirming its commitment to protecting children against poliomyelitis and promoting comprehensive child health.

A total of 103 children below five years of age were successfully immunized during the programme. The initiative provided an opportunity not only to administer polio vaccines but also to engage with parents and caregivers on important aspects of childhood health and development.

As part of the programme, parents were counselled regarding the importance of timely and complete vaccination, the role of regular growth monitoring, and the importance of healthy dietary practices for optimal growth and development. Growth monitoring was also carried out for the participating children, enabling assessment of their growth patterns and providing an opportunity for early identification of nutritional concerns.

The programme highlighted an important principle of preventive paediatrics: every contact with a child is an opportunity to promote health. Beyond the single dose of polio vaccine, the initiative served as a platform for strengthening parental awareness about immunization, nutrition and healthy growth.

The successful participation of 103 children reflects the continued efforts of the Department of Paediatrics towards immunization, preventive healthcare and community engagement, contributing to the broader goal of ensuring a healthier future for every child.

RESPIRATORY MEDICINE

NTEP CORE COMMITTEE MEETING – 2026

Bhaarith Medical College & Hospital, Chennai | 03
June 2026



REVIEWING TUBERCULOSIS ACTIVITIES AT BMCH

The Department of Respiratory Medicine organized the NTEP Core Committee Meeting 2026 to review ongoing tuberculosis related activities at Bhaarith Medical College & Hospital during 2025–2026 and to discuss measures for strengthening institutional Tuberculosis control activities.

The meeting commenced with a welcome address by Dr. Saravana Ethinder, Associate Professor, Department of Respiratory Medicine and Nodal Officer, BMCH. The programme was attended by the Dean, Vice Principal, Medical Superintendent, Heads of Departments and faculty. Dr. Keerthika and Dr. Kuldeep Khot Mukesh (Postgraduates) presented an update on Tuberculosis-related activities at Bhaarith Medical College & Hospital. Dr. Santhosh, Medical Officer, DTC Kancheepuram, sensitized the participants on recent NTEP updates, emphasizing Tuberculosis screening, early detection, timely treatment and bidirectional screening, particularly among high-risk groups. The meeting emphasized multi disciplinary coordination across clinical departments for effective patient- centred collaborative Tuberculosis Care. The programme concluded with remarks by Dr. Deepa, Senior Resident, reaffirming the institution's commitment towards Tuberculosis elimination.

“Every screen matters. Every diagnosis counts. Every coordinated effort brings us one step closer to ending TB.”



PRE AND PARACLINICAL DEPARTMENTS

ANATOMY

PROGRAMMES AND EVENTS

GUEST LECTURE

MASTERING ANATOMY : STRATEGIES FOR EFFECTIVE AND SMART LEARNING

A guest lecture was held on the topic “ Mastering Anatomy : Strategies for effective and smart learning “ on 30th June at the fourth floor lecture hall, College complex I. The guest speaker was Dr. N. Raghavi, Senior resident, ESIC Medical college, Chennai. The speaker effectively delivered a lecture on smart ways to read for the upcoming university examinations which has benefited the students immensely. The program ended with the national anthem.



Bhaarith
MEDICAL COLLEGE & HOSPITAL
(A constituent college of BIHER)
(Declared as Deemed-to-be-University u/s 3 of the UGC Act, 1956,
Accredited with NAAC 'A' Grade)
173, Agaram Main Road, Selaiyur, Chennai 600073

DEPARTMENT OF ANATOMY
STUDENT ENRICHMENT PROGRAMME 2026

DATE: 29th & 30th June 2026
VENUE: Lecture Hall 1, College Block 1

SCHEDULE OF EVENTS

29th June 2026 🕒 1:00 pm – 4:00 pm	Quizathon 2026 Anatomy Quiz Competition for 1st MBBS students
30th June 2026 🕒 10:15 am	Guest Lecture on 'Mastering Anatomy: Strategies for Smart and Effective Learning' Speaker: Dr. Raghavi .N, Senior Resident in Anatomy ESIC Medical College and Hospital, KK Nagar, Chennai.

ALL ARE WELCOME !!!

STUDENT ENRICHMENT PROGRAMME- 29TH AND 30TH JUNE 2026

QUIZATHON

The Department of Anatomy conducted an quizathon for the first year MBBS students of batch 2025-26 on 29th June 2026 at fourth floor lecture hall, College complex I. A preliminary mcq test was conducted to select the finalists. A total of six teams comprising three members each were selected. The students enthusiastically took part and there was question for the audience as well. The prize winners were awarded with a certificate, memento and books each.

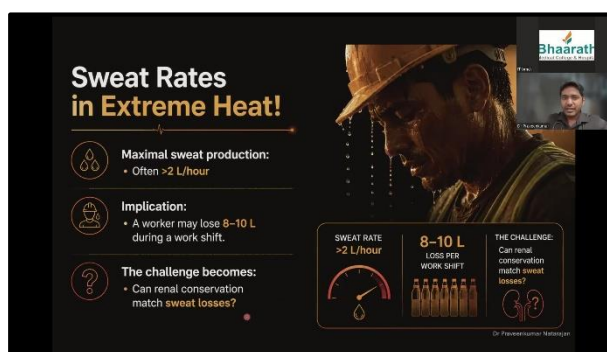


PHYSIOLOGY

PROGRAMMES AND EVENTS

NATIONAL CME ON VITALIS

The Department of Physiology **organized the National Virtual CME “VITALIS 2026” on 12 June 2026, commemorating World Environment Day.** The CME was organised by Dr. Vanathy and the team members contributed to the efficient conduct of the event.. The program focused on Human Physiology in a Changing Environment. The CME featured insightful sessions by Dr. D. Priyadarsini on thermoregulation, Dr. Lalith Narayan on heat-related clinical challenges, Dr. Praveen Kumar Natarajan on renal responses to climate extremes, and Dr. Saurabh Shrivastava on public health impacts of environmental change. The program received an excellent response with 107 participants attending the CME. The CME successfully highlighted the growing relevance of environmental physiology in modern medical practice.



As part of the Student Enrichment Program *Physis 2026*, a vibrant digital poster competition was conducted for I MBBS students on the topic “Urban heat island effect”. The digital poster competition was conducted under the guidance of Dr. Arvind and Dr. Gayathri. A total of 10 students participated, showcasing creative and insightful visual interpretations of key physiological concepts. The programme was judged by Dr. Kalaivani, Professor and Head of Community Medicine, along with Dr. Vidhyalogini, Professor of Biochemistry. Both judges congratulated the students and acknowledged the quality of their contributions. The competition encouraged students to explore innovative ways of presenting scientific ideas and strengthened their understanding of human physiology.



FACULTY CORNER

Dr. Latha, Professor and Head of the Department of Physiology, was invited as a guest speaker at ACS Medical College and Hospital, where she delivered an insightful lecture titled “Decoding the Doctor–Patient Relationship: Core Principles of Trust, Empathy and Ethics” on 15 June 2026. Her talk offered a deep exploration of the values that strengthen clinical interactions, emphasizing compassionate communication, ethical practice, and the importance of building trust. The session was well-received and reflected the department’s continued academic engagement beyond the campus.

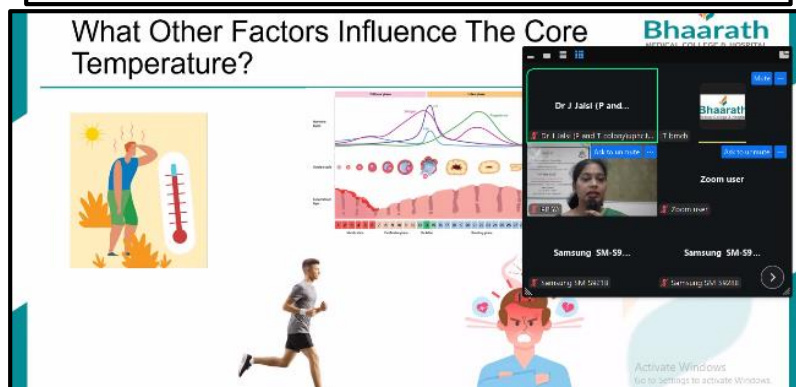
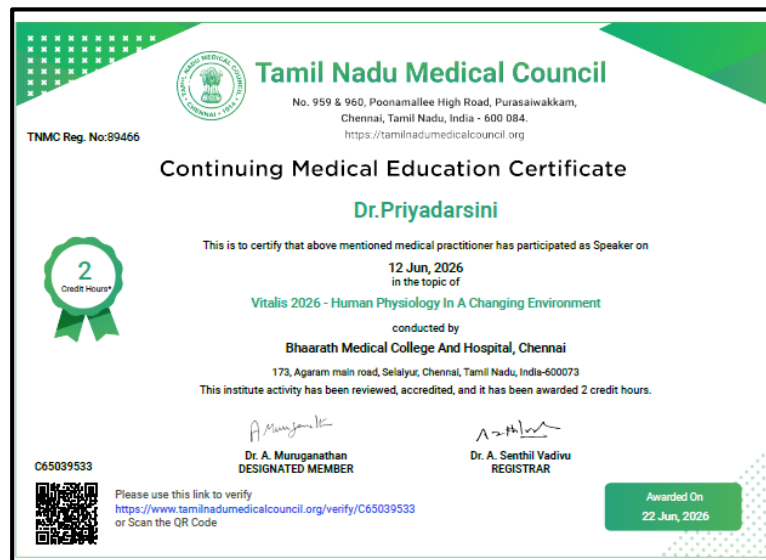


Dr. Latha, also attended CME on Chrononutrition, organised by Shri Sathya Sai Medical College on 26th June 2026.



Dr. Priyadarsini, Associate Professor of Physiology

Delivered an engaging session on the body's thermoregulatory mechanisms during the CME “VITALIS 2026,” offering valuable insights into how the human thermostat adapts to environmental changes.



Dr. R. Srihari, Associate Professor

- **Online Course:** Completed the WHO-certified course on **Ethics and Governance of Artificial Intelligence for Health**, strengthening his interdisciplinary expertise.
- **Guest Session:** Delivered a session on “**Mindfulness and Work Efficiency**” for voice-over artists at *Soundparty Studios, Chennai* on **7th June 2026**.
- **CME Participation:** Attended an online CME on **Chrononutrition**, organized by the Department of Physiology, Sathyasai Medical College on **26th June 2026**.



Dr. K. Vanathy, Assistant Professor

- **Workshop Participation:** Attended the *Physiology Alumni Lecture Series – Neurophysiology of Somatosensory Processing* conducted by SRMC on **20th June 2026**.
- **Online Course:** Successfully completed the *AI in Healthcare* online course offered by the **National Board of Examinations in Medical Sciences**, demonstrating her commitment to integrating technology with medical education.



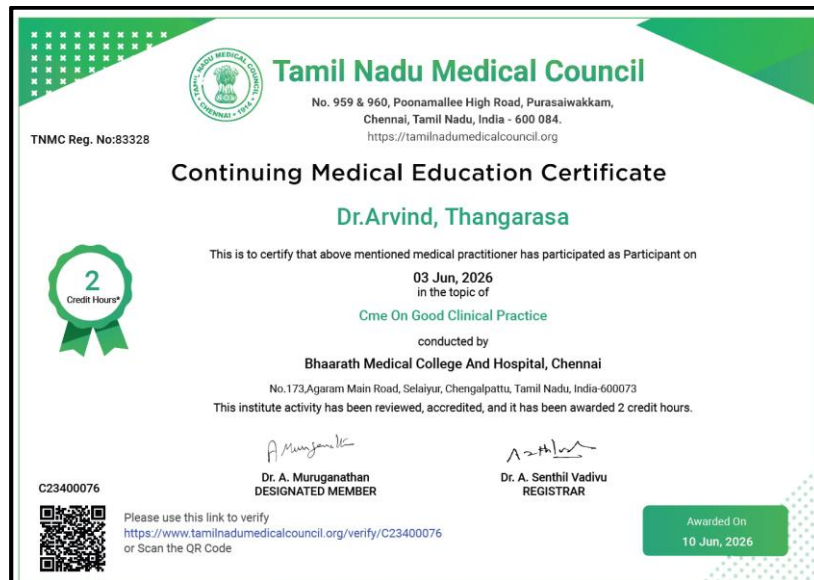
Dr. Gayathri, Assistant Professor

Had been an **External Judge** for the *MedStar Summit* at **Saveetha Medical College**, recognizing her expertise and academic leadership.



Dr. Arvind, Assistant Professor

- Participated in a CME on **Good Clinical Practice**, reinforcing his knowledge of ethical and standardized research methodologies.



Dr. Meena, Associate Professor

- Attended CME programmes on **Kalari** and **Chrononutrition**, reflecting her interest in integrative health practices and emerging physiological concepts.



RESEARCH & PUBLICATIONS

Dr. Latha, Professor and Head of the Department, has contributed significantly to academic research with two recent publications in the *International Journal of Drug Delivery and Therapeutics (IJDDT)*. Her work includes a mixed-method study titled “*Challenges of Non-Vernacular Students in History Taking Using Standardized Patients,*” which explores communication barriers and learning experiences among medical students. She also co-authored a study on “*Preconception Nutrition Care: Predictors and Practices among Married Female Software Professionals in Chennai,*” offering valuable insights into women’s health and preventive care.

Dr. Srihari, published two research articles in the *International Journal of Drug Delivery* as first and corresponding author: one exploring perceived stress and sleep quality among medical students in Chennai, and another analyzing HIV awareness among middle and late adolescent school students in the city.



Dr. Vanathy - Contributed as third author to a research article published in *Pravara Medical Review* (2026), reflecting her active engagement in scholarly research.



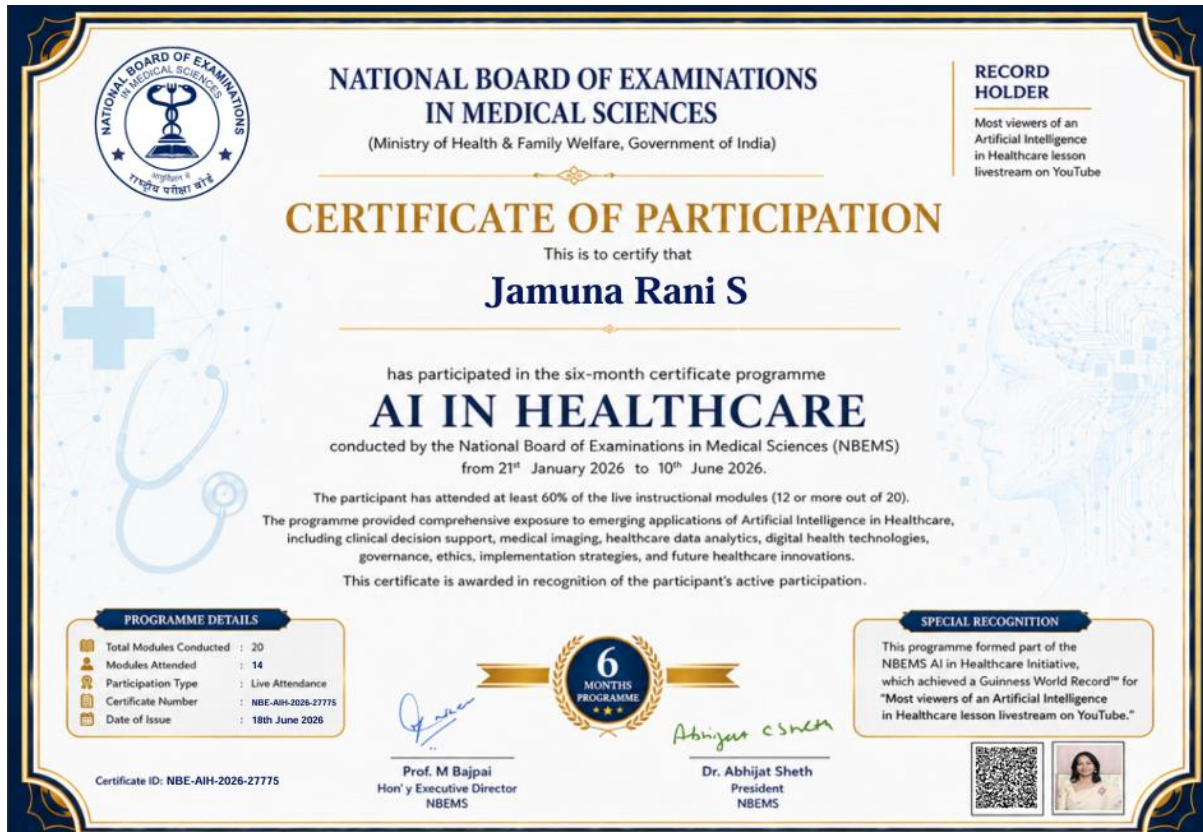
Dr. Gayathri - Published a research article in a peer-reviewed journal, adding to the department's growing academic output.



PATHOLOGY

FACULTY CORNER

1. **Dr.Jamunarani.S** has participated in the six month certificate programme on AI in HEALTHCARE conducted by NBEMS



2. **Dr.R.Veena** has completed the six month certificate programme on AI in HEALTHCARE conducted by NBEMS



PUBLICATIONS

Thymoquinone induces oxidative stress–associated programmed cell death and growth cycle disruption in ovarian malignant cells: An in vitro exploratory analysis using MTT and flow cytometry assays. *Int. J. Drug Deliv. Technol.* 2026, 16, <https://doi.org/10.25258/ijddt.16.40s.57>. – **Dr.Jamunarani**

COMMUNITY MEDICINE

PROGRAMMES AND EVENTS

WORLD ENVIRONMENT DAY GUEST LECTURE

In commemoration of World Environment Day on 5th June 2026, the Department of Community Medicine, Tagore Medical College, organized a session on “Why Tackling Climate Change Matters for Health.” Dr. Kalaivani, Professor and Head of the Department of Community Medicine, was invited as the guest speaker and delivered an insightful talk on the profound impact of climate change on human health and the need for collective action towards a healthier and more sustainable future.



FACULTY CORNER

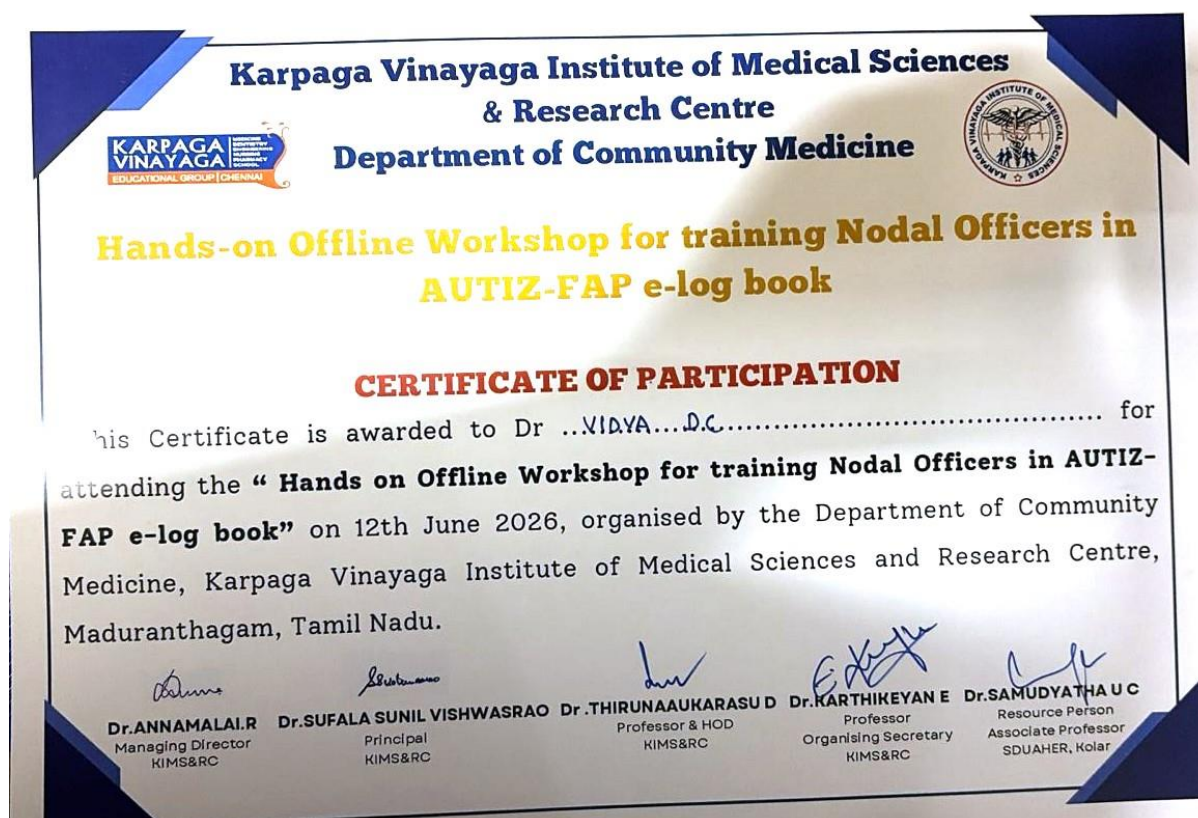
RESOURCE SESSION ON CLINICAL RESEARCH METHODOLOGY

Dr. Kalaivani, Professor and Head of the Department of Community Medicine, served as the resource person for a session on **“Data Collection, Management and Basic Analysis in Clinical Research”** during the **Good Clinical Practice Programme** organized by the Department of Pharmacology, Bhaarith Medical College & Hospital, on **3rd June 2026**. The session provided valuable insights into the essential aspects of data handling and analysis in clinical research, emphasizing the importance of quality and accuracy in research practices.



FACULTY PARTICIPATION IN WORKSHOP

Dr. Vidya D. C., Professor, Department of Community Medicine, Bhaarith Medical College & Hospital attended the “Hands-on Offline Workshop for Training Nodal Officers in AUTHZ-FAP e-log Book” on 12th June 2026, organized by the Department of Community Medicine, Karpaga Vinayaga Institute of Medical Sciences and Research Centre, Maduranthagam, Tamil Nadu. The workshop provided hands-on training in the use and implementation of the AUTHZ-FAP e-log book system, strengthening competencies in digital documentation and programme management.



PARTICIPATION IN SRIMEDCON 2026

Dr. Vanitha Durai, Associate Professor, Department of Community Medicine, Bhaarith Medical College & Hospital, participated as a delegate in the Sri Ramachandra International Medical Education Conference (SRIMEDCON 2026), held in online mode on 12 and 13 June 2026. The conference was organized by the Department of Medical Education, Sri Ramachandra Medical College & Research Institute, SRIHER (Deemed to be University), Chennai.

The event served as a valuable platform for academic exchange and provided insights into recent advancements and innovations in medical education. Her participation reflects the institution's commitment to continuous professional development and excellence in medical education.



SUCCESSFUL COMPLETION OF AI IN HEALTHCARE CERTIFICATION COURSE

Dr. Inba Raja A, Assistant Professor, Department of Community Medicine, Bhaarith Medical College & Hospital, successfully completed the six-month certificate programme, “AI in Healthcare,” conducted by the National Board of Examinations in Medical Sciences (NBEMS), Ministry of Health & Family Welfare, Government of India.

He completed all 19 training modules and secured 90% in the final assessment. The programme offered training in key areas of artificial intelligence in healthcare, including clinical decision support, medical imaging, healthcare data analytics, digital health technologies, ethics, and healthcare innovation. This achievement reflects his commitment to embracing emerging technologies and advancing excellence in medical education and healthcare.



OUTREACH ACTIVITIES

CRMI STUDENTS SPREAD JOY AT MAHAVEER ASHRAY HOSPICE CARE CENTRE'S 10TH ANNIVERSARY CELEBRATION

CRMI students from the Department of Community Medicine, Bharath Medical College and Hospital participated in the 10th Anniversary Celebration of Mahaveer Ashray Hospice Care Centre, Sriperumbudur, on 27 June 2026.

The celebration was filled with music, dance, and moments of togetherness as the students presented solo and group performances, bringing smiles and cheer to patients, their families, and healthcare staff. Beyond the stage, the event also gave the interns an opportunity to understand the importance of compassionate care and the role of recreational activities in enhancing the quality of life of patients receiving hospice care. The programme concluded with appreciation from the organisers, leaving the students with cherished memories and a deeper understanding of empathy and holistic care.



PHARMACOLOGY

PROGRAMMES AND EVENTS

CME ON GOOD CLINICAL PRACTICE (GCP)

The Department of Pharmacology, Bhaarith Medical College and Hospital (BMCH) successfully organized a Continuing Medical Education (CME) Programme on "Good Clinical Practice (GCP)" on 3rd June 2026. The programme was conducted with the objective of strengthening the knowledge and research skills of postgraduate students in the principles of ethical and scientific clinical research.

The programme was inaugurated by our respected Dean, Dr. G. R. Rajashree, in the gracious presence of the Heads of Departments, faculty members, and distinguished guests. The inaugural session commenced with a warm Welcome Address by Dr. Seshathri E., Professor and Head, Department of Pharmacology, who welcomed the Dean, invited speakers, faculty members, and postgraduate students from various departments.

The CME was attended by many faculties and postgraduate students from all departments. The academic sessions began with a pre-test to assess the baseline knowledge of the participants. This was followed by an informative session on "Introduction to Good Clinical Practice (GCP)" by Dr. Kranthi K., who introduced the participants to the fundamental principles and significance of GCP in clinical research.

The scientific programme then continued seamlessly with a series of expert lectures covering the essential components of clinical research. Dr. Punnaigai. K., Professor and Head, Department of Pharmacology, Tagore Medical College and Hospital, delivered an insightful lecture on "How to Select a Research Topic," providing practical guidance on identifying meaningful and feasible research ideas. This was followed by Dr. Karthick V. P., Associate Professor, Department of Pharmacology, SRMC&RI, who elaborated on the key elements involved in writing a research protocol and the importance of a well-structured study design.

The afternoon sessions commenced with Dr. Seshathri E., who presented an informative lecture on the "Ethics and IEC Review Process," emphasizing the ethical responsibilities of researchers and the role of Institutional Ethics Committees in safeguarding research participants. Dr. Harish Ram Abilesh K. R. then explained the Informed Consent Process, highlighting the ethical and legal aspects of obtaining valid informed consent from study participants.

The programme further progressed with an excellent presentation by Dr. Kalaivani A., Professor and Head, Department of Community Medicine, BMCH, on "Data Collection, Management and Basic Analysis in Clinical Research," where she discussed the importance of systematic data handling and basic analytical methods in research. The scientific sessions concluded with an engaging lecture by Dr. Sidharth K., on "Pharmacovigilance and ADR Reporting," stressing the importance of adverse drug reaction monitoring in ensuring patient safety.

All the sessions were highly interactive and witnessed enthusiastic participation from the postgraduate students representing various clinical departments. The speakers encouraged active discussions, addressed participants' queries, and shared practical experiences, making each session informative, engaging, and relevant to the current research environment.

Following the scientific sessions, Dr. G. R. Rajashree, Dean, BMCH, honored the external resource persons with mementos and certificates as a token of appreciation for their valuable contributions. All the speakers were felicitated in recognition of their excellent academic presentations and their support in making the programme a grand success.

The programme concluded with a post-test to assess the knowledge gained by the participants, followed by the collection of feedback. The feedback received was overwhelmingly positive, with participants appreciating the relevance, clarity, and interactive nature of the sessions. The event concluded with a heartfelt Vote of Thanks, expressing gratitude to the Dean, invited speakers, faculty members, organizing committee, and all the postgraduate students for their active participation and contribution to the success of the CME.

Overall, the CME on Good Clinical Practice was a highly successful academic initiative that enhanced the understanding of ethical and scientific clinical research among postgraduate students and reinforced the importance of adhering to Good Clinical Practice guidelines in biomedical research.





STUDENTS ACTIVITIES

PHARMTASTIQUIZ 2026

The Department of Pharmacology, Bhaarith Medical College & Hospital, organized a quiz competition titled “PHARMTASTIQUIZ”-A student Enrichment programme for II MBBS students on 2nd May 2026, from 2:00 PM to 4:00 PM. The event was conducted with the objective of enhancing pharmacological knowledge and encouraging active student participation through an interactive format.

The selection process began with a preliminary round held on 11th March 2026, in which all II MBBS students participated enthusiastically. Based on their performance, 10 students were shortlisted and divided into five teams, with two participants in each team for the final competition.

The final quiz competition comprised five engaging rounds, including:

1. Source & History of Drugs
2. Mechanism of Action
3. Drug Interactions
4. Connect the Picture
5. Unscramble the Drug Name

Each round also featured audience questions, ensuring active involvement from all students and making the session lively and interactive.

The program was graced by the Dean, Dr. G. R. Rajashree, whose presence inspired and motivated the participants. The event commenced with a welcome address and introductory speech by the Head of the Department, Dr. E. Seshathri, who formally welcomed the Dean and the gathering.

The competition was highly engaging and intellectually stimulating. The final results led to a tie, which was resolved through an exciting tie-breaker round.

At the conclusion of the event, the winners securing first, second, and third places were honored with mementos and certificates by the Dean. All participants were also awarded certificates and small tokens of appreciation in recognition of their efforts and enthusiasm.

Overall, PHARMTASTIQUIZ 2026 was a knowledge-enriching and enjoyable academic activity, fostering interest and strengthening core concepts in pharmacology among II MBBS students.



JULY

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IMA EVENT REPORT



INDIAN MEDICAL ASSOCIATION, SELAIYUR BHAARATH MEDICAL COLLEGE
AND HOSPITAL BRANCH

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DATE	DESCRIPTION	DETAILS
01/7/2026	Blood donation camp Madras Christian College	Event report and photographs attached

The IMA SELAIYUR BMCH BRANCH in associated with Madras Christian College East Tambaram have conducted Mega Blood donation camp on 01/07/2026 commemorating “National Doctors day” 77 blood units were collected. The students and staff were very supportive and encouraging during the whole process.





ANAESTHESIOLOGY

FACULTY ACHIEVEMENTS

DR.S.SREE RANJANI PROFESSOR AND HEAD

“ACADEMIC & RESEARCH AWARD” from Indian Medical Association in their Golden Jubilee Year, as part of Doctor’s Day awards; in recognition of scholarship, teaching and clinical excellence in 2026.



RESEARCH CORNER

- 1) Chanthanamuthu R, Ramanathan A. Clinical Spectrum of Tetralogy of Fallot with Right Ventricular Outflow Tract Variants from Infancy to Adulthood: A Case Series. *Clin of Diagn Res.* 2026; 20(7):OR05-OR09. <https://www.doi.org/10.7860/JCDR/2026/85881/23919>
- 2) Ramanathan A, Chanthanamuthu R, Muthiah M. Peripartum Cardiomyopathy: A Case Series of Diverse Presentations and Perioperative Anesthetic Challenges in a Tertiary Hospital in South Chennai. *Indian Journal of Clinical Cardiology.* 2026;0(0). doi:[10.1177/26324636261467564](https://doi.org/10.1177/26324636261467564)

DENTISTRY

SPECIAL CASE REPORT

MUCOCELE: A COMPREHENSIVE REVIEW

Abstract

Mucocele is a common benign lesion of the oral mucosa caused by accumulation of salivary mucus following disruption or obstruction of a salivary gland duct. It most frequently affects the lower labial mucosa and is particularly common in children, adolescents and young adults. Clinically, a mucocele usually presents as a painless, fluctuant, dome-shaped swelling that may appear translucent or bluish. The lesion may enlarge, rupture spontaneously and subsequently recur. Histopathologically, oral mucoceles are broadly classified into mucus extravasation phenomena and mucus retention cysts. Extravasation lesions result from leakage of mucus into the surrounding connective tissue following ductal trauma and lack a true epithelial lining, whereas retention cysts develop because of ductal obstruction and possess an epithelial lining. Ranula represents a related mucus extravasation lesion arising in the floor of the mouth, usually from the sublingual gland. Diagnosis is primarily clinical, although imaging and histopathological examination may be required in atypical or deep lesions. Small asymptomatic mucoceles may resolve spontaneously, whereas persistent, recurrent or symptomatic lesions are generally treated by surgical excision. Laser therapy, marsupialization and other minimally invasive techniques may be considered in selected cases.

Keywords: Mucocele, mucus extravasation, mucus retention cyst, minor salivary gland, ranula, salivary duct, oral mucosa.

1. INTRODUCTION

Mucocele is a benign lesion resulting from the accumulation of mucus within or adjacent to a salivary gland or its duct. It is one of the most frequently encountered lesions of the oral mucosa and is particularly common in younger individuals.

The term "mucocele" describes a clinical and pathological phenomenon rather than a single histological entity. Most oral mucoceles are mucus extravasation phenomena caused by disruption of a salivary gland duct, whereas a smaller proportion represent true mucus retention cysts caused by ductal obstruction.

Mucoceles are usually clinically recognizable; however, histopathological examination may be required following surgical removal to confirm the diagnosis and exclude other lesions with similar clinical features.

2. EPIDEMIOLOGY

Mucoceles can occur at any age but are particularly common among children, adolescents and young adults. Their increased frequency in younger individuals may be related to a higher incidence of local trauma and lip-biting habits.

The lower lip is the most frequently affected site. Other sites include the buccal mucosa, ventral surface of the tongue, floor of the mouth, palate and retromolar region.

The predominance of mucoceles on the lower lip is thought to be related to the susceptibility of this region to accidental trauma and repetitive habits such as lip biting.

Mucocele associated with minor salivary glands are usually small and superficial. Lesions involving major salivary glands, particularly ranulas, may become considerably larger.

3. ETIOLOGY AND PATHOGENESIS

Mucocele develop through two principal mechanisms: mucus extravasation following ductal rupture and mucus retention resulting from ductal obstruction.

3.1 Mucus Extravasation Phenomenon

The extravasation type is the most common form. Trauma causes disruption of a minor salivary gland duct, allowing mucus to escape into the surrounding connective tissue.

The extravasated mucin produces a localized inflammatory response. Macrophages and other inflammatory cells accumulate around the mucin, followed by development of granulation tissue. This produces a pseudocystic cavity without an epithelial lining.

Trauma may be acute or repetitive. Common precipitating factors include accidental lip biting, habitual lip sucking, sharp teeth, dental procedures and mechanical irritation.

3.2 Mucus Retention Cyst

A mucus retention cyst results from obstruction of a salivary gland duct, leading to accumulation of mucus within the ductal system.

Obstruction may be related to inflammation, fibrosis, trauma, mucosal debris or other mechanical factors.

Unlike the extravasation type, a retention cyst possesses a true epithelial lining and is therefore considered a true cyst.

Retention cysts are relatively more common in older individuals and may occur at sites other than the lower lip.

4. CLINICAL FEATURES

A typical mucocele presents as a painless, soft or fluctuant, dome-shaped swelling. The lesion may be translucent, bluish, bluish-gray, pink or similar in color to the surrounding mucosa.

The bluish appearance is particularly noticeable in superficial lesions because of the presence of mucin beneath relatively thin mucosa.

The size of a mucocele varies from a few millimeters to several centimeters. The lesion may remain stable, gradually increase in size or undergo repeated cycles of rupture and refilling.

Most mucoceles are asymptomatic. Larger lesions may cause discomfort or interfere with mastication, speech or swallowing depending on their anatomical location.

A history of spontaneous disappearance followed by recurrence is a useful clinical feature.

5. COMMON SITES

The lower lip is the most characteristic location for a mucocele.

Other sites include the buccal mucosa, ventral surface of the tongue, floor of the mouth, soft palate and retromolar region.

Mucoceles of the upper lip are uncommon. Therefore, a cystic swelling of the upper lip should be evaluated carefully and other lesions, including minor salivary gland neoplasms, should be considered.

6. RANULA

A ranula is a specialized form of mucocele occurring in the floor of the mouth, usually related to the sublingual gland.

It typically presents as a unilateral, fluctuant, bluish or translucent swelling. Larger lesions may elevate or displace the tongue.

Ranulas may be classified as simple or plunging. A plunging ranula extends beyond the floor of the mouth into the neck, usually through or around the mylohyoid muscle, and may present as a cervical swelling.

Because of their anatomical location and potential extension into the neck, large or plunging ranulas may require imaging for accurate assessment and treatment planning.

7. SUPERFICIAL MUCOCELE

Superficial mucocele is a variant in which mucin accumulates immediately beneath the epithelium.

Clinically, these lesions may appear as small, clear or translucent vesicles. They are often found on the soft palate, retromolar region and posterior buccal mucosa.

Superficial mucoceles may resemble vesiculobullous disorders and may rupture spontaneously. They can therefore be difficult to diagnose histopathologically if the lesion has disappeared before examination.

Asymptomatic superficial mucoceles may be managed conservatively. Persistent or symptomatic lesions can be treated with local excision or other appropriate techniques.

8. DIAGNOSIS

The diagnosis of a typical mucocele is primarily clinical.

Important clinical features include the characteristic location, soft or fluctuant consistency, translucent or bluish appearance, history of local trauma and recurrent enlargement following spontaneous rupture.

Aspiration may yield mucinous material and can support the diagnosis in selected cases, although routine aspiration is generally unnecessary for a typical superficial mucocele.

Imaging is not routinely required for uncomplicated mucoceles of the lower lip. Ultrasonography, computed tomography or magnetic resonance imaging may be useful for large, deep, recurrent or anatomically complex lesions, particularly ranulas.

9. DIFFERENTIAL DIAGNOSIS

The differential diagnosis depends on the location, size, consistency and color of the lesion.

Conditions that may resemble a mucocele include fibroma, lipoma, hemangioma, lymphatic malformation, salivary gland neoplasms, epidermoid or dermoid cysts, abscesses, venous malformations and ranula.

Bluish oral swellings should be carefully evaluated to distinguish mucoceles from vascular lesions.

Persistent, firm or atypical lesions, particularly those occurring at unusual sites or in older individuals, should raise suspicion for other pathology, including salivary gland neoplasms.

10. HISTOPATHOLOGY

Histopathological examination is important when a lesion is surgically removed because it confirms the diagnosis and helps exclude other pathological conditions.

10.1 Extravasation Type

The extravasation type demonstrates a mucin-filled cavity within connective tissue without an epithelial lining. The mucin is surrounded by granulation tissue containing inflammatory cells, particularly macrophages. Foreign-body giant cells may also be present.

Because there is no epithelial lining, this lesion is technically considered a pseudocyst rather than a true cyst.

10.2 Retention Type

A retention cyst demonstrates a true epithelial lining surrounding the mucus-filled cavity. The lining may be cuboidal, columnar or flattened depending on the degree of distension.

The surrounding connective tissue may show chronic inflammatory changes.

The distinction between extravasation and retention types is primarily histopathological.

11. MANAGEMENT

Treatment depends on the size, location, duration, symptoms and recurrence of the lesion.

11.1 Observation

Small, asymptomatic mucoceles may occasionally resolve spontaneously, particularly when the causative trauma ceases.

Observation may therefore be appropriate for selected lesions, particularly in children and young patients.

Patients should be advised to avoid lip biting and other repetitive traumatic habits.

11.2 Surgical Excision

Surgical excision is an established treatment for persistent or symptomatic mucocoeles.

The lesion is removed together with the associated minor salivary gland tissue when identifiable. Removal of the contributing gland reduces the risk of recurrence.

Simple incision and drainage alone is generally inadequate because the underlying salivary gland continues to produce mucus, allowing the lesion to recur.

Incomplete removal may also increase the risk of recurrence.

11.3 Marsupialization

Marsupialization involves opening the lesion and maintaining communication between the cystic cavity and the oral cavity.

It may be considered for selected larger lesions when complete excision would result in excessive tissue loss. However, recurrence may occur if the underlying glandular source remains.

11.4 Laser Treatment

Laser-assisted treatment is an alternative to conventional surgery for selected mucocoeles. Potential advantages include reduced bleeding, good surgical visibility and, in some cases, reduced postoperative discomfort.

The choice of laser or conventional surgery depends on lesion size, depth, location and clinician expertise.

11.5 Cryotherapy and Other Techniques

Cryotherapy and electrosurgical techniques have also been used in selected cases. These approaches may provide conservative treatment, although their suitability depends on the clinical characteristics of the lesion.

No single treatment method is appropriate for every mucocoele. Treatment should be individualized according to the lesion and patient.

12. MANAGEMENT OF RANULA

Treatment of ranula differs from that of a small mucocoele of the lower lip.

Simple aspiration or drainage alone is associated with a significant risk of recurrence because the underlying source of mucus remains.

Selected simple ranulas may be treated by marsupialization, whereas recurrent or plunging ranulas may require removal of the involved sublingual gland.

Plunging ranulas require careful assessment of their anatomical extent. Imaging may assist in diagnosis and surgical planning.

13. COMPLICATIONS

Mucocoeles are benign lesions and complications are uncommon.

Potential complications include recurrence, repeated rupture and refilling, secondary trauma, discomfort and functional interference.

Following surgical treatment, complications may include postoperative pain, scarring and injury to adjacent structures.

Recurrence is most commonly related to incomplete removal of the lesion or persistence of the associated salivary gland.

14. PROGNOSIS

The prognosis of oral mucocoeles is excellent. Most lesions are benign and can be successfully managed with conservative or surgical treatment.

Small lesions may resolve spontaneously, whereas persistent or recurrent lesions generally respond well to appropriate surgical treatment.

Long-term follow-up is particularly useful for recurrent lesions, unusual anatomical presentations and lesions associated with major salivary glands.

15. CONCLUSION

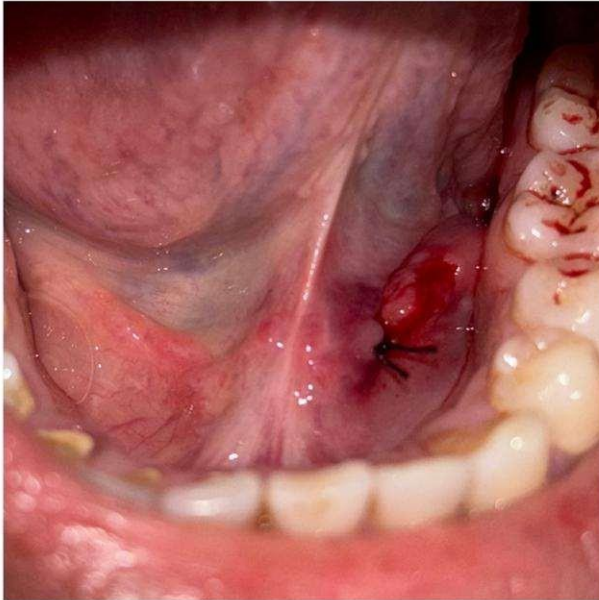
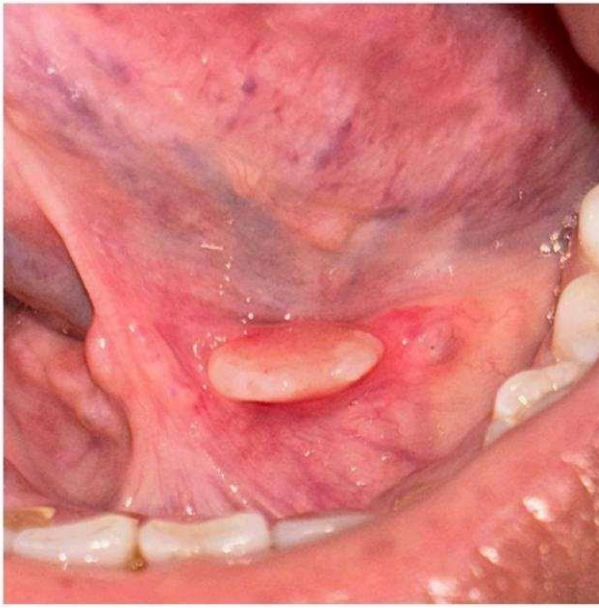
Mucocoele is a common benign lesion of the oral mucosa caused by accumulation of salivary mucus following ductal rupture or obstruction. Most oral mucocoeles represent mucus extravasation phenomena associated with minor salivary gland duct trauma, while a smaller proportion are true mucus retention cysts.

The lower lip is the characteristic site, particularly among children and young adults. Clinically, mucocoeles usually present as soft, fluctuant, painless and sometimes translucent or bluish swellings. Recurrent rupture and refilling are characteristic features.

Diagnosis is primarily clinical, although histopathological examination provides confirmation when lesions are excised. Imaging is generally reserved for large, deep, recurrent or anatomically complex lesions, particularly ranulas.

Small asymptomatic lesions may be observed, whereas persistent, recurrent or symptomatic mucocoeles are generally treated by surgical excision, with removal of the associated minor salivary gland when appropriate. Laser treatment, marsupialization and other minimally invasive techniques may be useful in selected cases.

Although mucocoeles are benign, atypical or persistent cystic oral lesions should be evaluated carefully to exclude vascular lesions, developmental cysts and salivary gland neoplasms. Accurate diagnosis, appropriate treatment and attention to the underlying cause are essential for minimizing recurrence and achieving optimal clinical outcomes.



DERMATOLOGY

PROGRAMMES AND EVENTS

REPORT ON CME – “SHADES OF SKIN: UNDERSTANDING PIGMENTARY DISORDERS”

The Department of Dermatology, Venereology and Leprosy, Bhaarith Medical College and Hospital, organized a Continuing Medical Education (CME) programme titled “Shades of Skin – Understanding Pigmentary Disorders” on 09 July 2026. The programme was organized with the objective of providing an updated and comprehensive understanding of various pigmentary disorders, their clinical presentation, diagnostic evaluation and recent advances in management. The CME commenced with the registration of participants, followed by the inauguration ceremony. The invited speakers, dignitaries, faculty members and participants were welcomed to the programme. The distinguished patrons and dignitaries of the institution were then invited to the dais. The presence of the college management and academic leadership added significance to the occasion.

The inaugural ceremony proceeded with the traditional lighting of the kuthuvilakku, symbolizing the dispelling of darkness and the beginning of the academic proceedings. The dignitaries and faculty members participated in the lamp-lighting ceremony. A formal welcome address was delivered, extending greetings to the invited speakers, patrons, faculty members, postgraduate students, undergraduate students and all participants. The organizers expressed their gratitude to the college management for their support in conducting the CME and to the eminent dermatologists who had graciously accepted the invitation to share their knowledge and expertise.

Following the inauguration, the scientific sessions commenced. The first session, “Hyperpigmentary Disorders – Challenges & Strategies,” was delivered by Dr. Nivetha S., Consultant Dermatologist, Sugam Hospitals, highlighting the practical challenges encountered in the evaluation and management of hyperpigmentary conditions. This was followed by “Hypopigmentary Disorders – A Review,” presented by Dr. Varalakshmi S., Consultant Dermatologist, Sveci Skin, Hair & Laser Clinic and A4 Hospital, providing an overview of important hypopigmentary disorders and their management.

The subsequent session on “Clinical Investigations in Pigmentary Disorders” was delivered by Dr. S. Shreyaa Vanju, Consultant Dermatologist, Aqua Skin Clinic, focusing on the appropriate clinical and investigative approach to patients presenting with pigmentary abnormalities. After a short tea break, the academic sessions continued with “Recent Advances in the Management of Hyperpigmentary Disorders,” delivered by Dr. Snehalatha Krishnamoorthy, Founder, Nila Skin, Hair & Laser Centre. This session emphasized newer therapeutic approaches and recent developments in the management of hyperpigmentation.

The next session, “Recent Advances in the Management of Hypopigmentary Disorders,” was delivered by Dr. Nishantan, Senior Resident, Bhaarith Medical College and Hospital, followed by an interactive case-based session on pigmentary disorders, conducted by Dr. Kamini C.R., Associate Professor, Bhaarith Medical College and Hospital. The interactive format encouraged active participation from the audience through clinical questions and answers and helped reinforce the practical application of the concepts discussed during the CME.

The scientific programme was followed by lunch, after which the Student Enrichment Programme was conducted. The programme included poster presentations by MBBS students and postgraduate students, providing an opportunity for young learners to present their academic work, develop their presentation skills and engage in scientific discussions with faculty members and peers.

The CME concluded on a positive and academically enriching note. The organizing team expressed their sincere gratitude to the invited speakers, college patrons, management, faculty

members, postgraduate students, undergraduate students and all participants whose support and active involvement contributed to the successful conduct of the programme. The event served as a valuable platform for academic exchange, professional interaction and updating knowledge in the field of pigmentary disorders, making the CME a meaningful and successful academic initiative of the Department of Dermatology.





SEGMENTAL VITILIGO – A CASE REPORT Clinical Case Report • Dermatology

INTRODUCTION

- Segmental vitiligo (SV) is a variant of non-segmental vitiligo characterized by unilateral depigmented macules following a dermatomal or quasi-dermatomal distribution.
- It accounts for 10–20% of pediatric vitiligo cases.
- Onset is usually early in life and the disease course is typically stable.
- Prompt recognition is important for counselling and management.

CASE DETAILS

A 10-year-old girl presented with progressively increasing depigmented patches over the left side of the neck, left upper chest, and left acral region (left hand) of 1-year duration, with noticeable progression during the last 3 months.

There was no history of preceding trauma, inflammatory skin lesions, drug intake, or similar complaints among family members. The lesions were initially small and gradually enlarged in size with the appearance of new depigmented macules over the affected segment.

CLINICAL PHOTOGRAPHS



3. Mild depigmented macule over acral area – left palm.

1. Depigmented macules over the left lateral

2. Depigmented macules over the left upper chest aspect of neck.

in segmental distribution.

Lesions are strictly unilateral, following a segmental (quasi-dermatomal) distribution on the left side with a few tiny depigmented macules over acral areas (left palm).

SEGMENTAL VITILIGO

Clinical evaluation, differential diagnosis and management

HISTOPATHOLOGY	WOOD'S LAMP EXAMINATION
Epidermis shows absence of melanocytes. Basal layer is intact. Dermis shows mild perivascular lymphocytic infiltrate and melanophages in the upper dermis.	Well-demarcated milky white fluorescence confirming the depigmented lesions.

DIFFERENTIAL DIAGNOSIS
• Non-segmental (generalized) vitiligo • Pityriasis versicolor • Post-inflammatory hypopigmentation • Nevus depigmentosus • Ash leaf macules of tuberous sclerosis

DISCUSSION	MANAGEMENT PLAN
• Segmental vitiligo presents with unilateral depigmented patches following a dermatomal or quasi-dermatomal pattern. • Onset is usually before 20 years of age and progression is rapid initially, then stabilizes. • Proposed mechanisms include neural hypothesis, autoimmune response and localized melanocyte dysfunction. • Treatment response to topical and systemic therapies is variable; early intervention may improve outcomes.	• Topicals showed no improvement. • Started on oral betamethasone mini-pulse therapy. • Planned to start tofacitinib. • Photoprotection and sun avoidance advised. • Counselling regarding disease course and prognosis. • Regular follow-up to monitor progression and treatment response. • Psychosocial support and cosmetic camouflage advised.

CASE SUMMARY

Parameter	Details	
Age / Sex	10 years / Female	
Duration	1 year	
Aggravation	Last 3 months – New lesions	

Distribution	Unilateral – Left side (neck, upper chest) with minimal involvement of acral areas (left palm)	
History	No history of trauma, inflammation or infection	
Personal History	No atopy, autoimmune disease or similar complaints	
Family History	No similar complaints in family	
General Examination	Normal	

KEY LEARNING POINTS
• Strict unilateral, segmental distribution is an important clinical clue. • Wood's lamp examination demonstrates well-demarcated milky white fluorescence. • Histopathology demonstrates absence of melanocytes with mild perivascular lymphocytic infiltrate and melanophages. • Follow-up, photoprotection, counselling and psychosocial support are integral to management.

Segmental vitiligo • Clinical case report

OBSTETRICS AND GYNAECOLOGY

SPECIAL CASE REPORT

INTERESTING CASE OF PREVIOUS LSCS PATIENT WITH SCAR DEHISCENCE

Mrs. Lakshmi Priya :- G2P1L1/37wks+2 days/prev Lscs, Anaemia corrected with 9 dose of Inj.IS/ admitted for safe confinement on 20/7/26. Patient has no complaints of lower abdomen pain, no bleeding or leaking pv. When her CTG was done it showed features of fetal distress. Hence patient was shifted to emergency LSCS in view of fetal distress .

Intra op:- scar dehiscence noted, impending rupture was noted

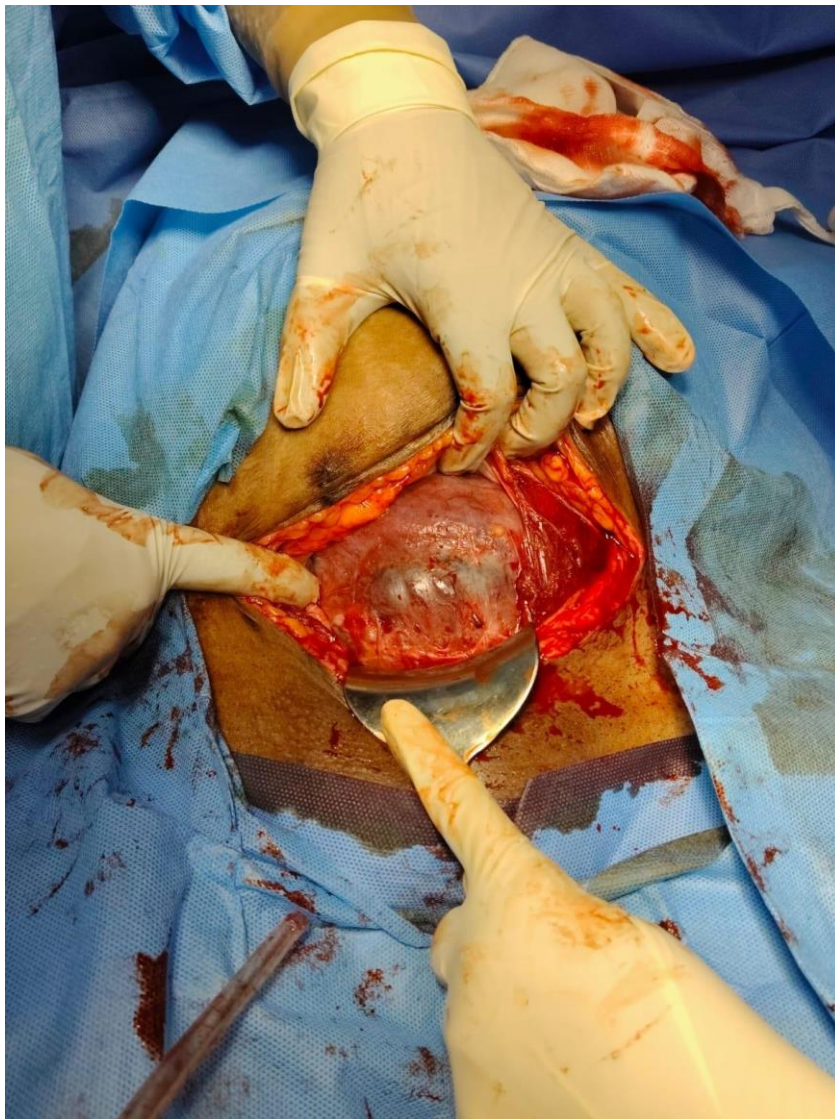
Baby details:-

Female baby

2.614kg

@9.10am on 21/7/26

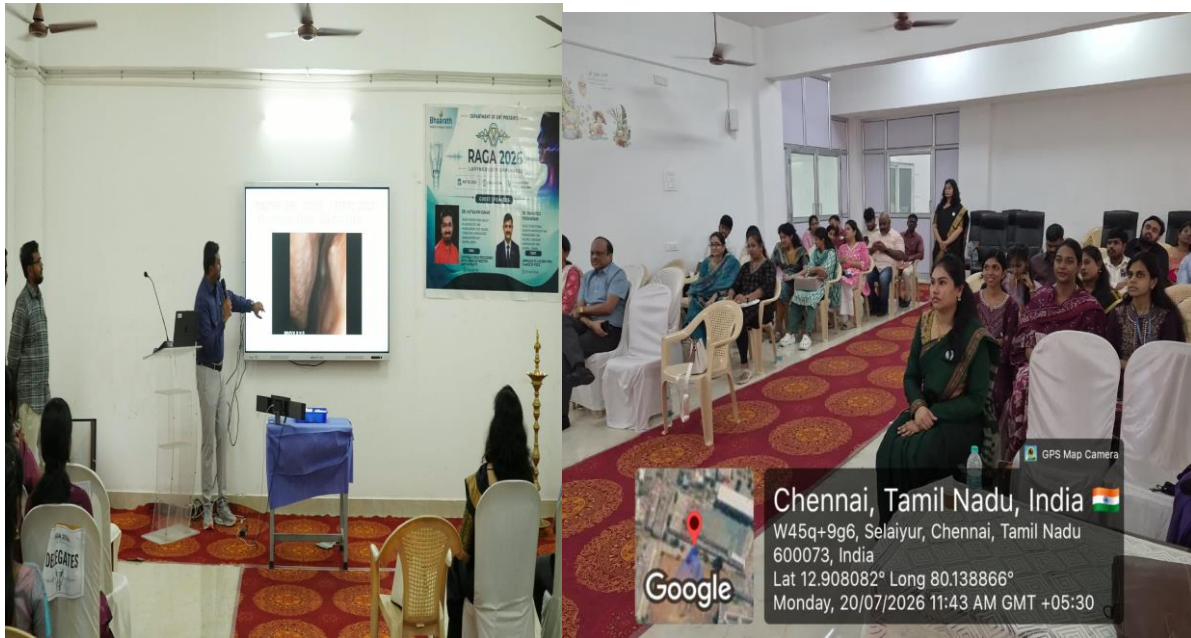
8/10, 9/10 was delivered.



OTORHINOLARYNGOLOGY

PROGRAMMES AND EVENTS

RAGA: LARYNGOLOGY UNPLUGGED



RAGA 2026 – Laryngology Unplugged

Where Knowledge Meets Voice, Innovation and Clinical Excellence

The Department of ENT, Bhaarth Medical College & Hospital, proudly hosted RAGA 2026 – “Laryngology Unplugged,” a distinguished Continuing Medical Education programme held on 20 July 2026. The event witnessed an enthusiastic response, with a total of 50 registrations,

including faculty members and postgraduate students, along with distinguished laryngologists and speech and language professionals. The programme provided an enriching platform for academic exchange, clinical learning and professional collaboration.

The CME was organised under the guidance of Dr. Puja Ghosh, Professor & HOD, Department of ENT, BMCH, with the active involvement of Dr. Vasanthkumar G, Dr. Andrew T Kurian, Dr. Rashmika Rajendran, Dr. Dinesh V, Dr. Asha K Joy, Dr. Ramya, Dr. Shanmugapriya M, Dr. Subaluxmy, along with post graduates, Dr. Chaitanya Aashish, Dr. Katakam Ashwini and Dr. Jayesh N. Also **RAGA was the first CME conducted after the joining of postgraduates to the department.**

The programme featured expert sessions on voice disorders, newer trends in laryngology, laryngopharyngeal reflux and voice rehabilitation, complemented by live demonstrations of injection laryngoplasty and laryngeal office procedures. **A key highlight of the programme was the hands-on training in injection laryngoplasty conducted exclusively for postgraduate students. The practical session was organised across six dedicated workstations, enabling the postgraduates to gain direct procedural exposure and hands-on experience under the close guidance and supervision of the expert demonstrators.**

An **interactive postgraduate quiz, e-poster presentations** further enhanced the academic value of the programme. The combination of didactic teaching, live demonstrations and supervised hands-on training provided the participants with a comprehensive learning experience in contemporary laryngology.

RAGA 2026 was a memorable academic endeavour, fostering knowledge, innovation and clinical excellence in contemporary laryngology.

20TH JULY 2026 – CME AOI CHENGALPATTU

Dr. Puja Ghosh (Prof and HOD), Dr. Dinesh (Assistant professor), Dr. Shanmugapriya (Senior Resident) along with Dr. Jayesh (1st year post graduate) from the department of ENT attended CME on the rare cases at SRM medical college and hospital, Kattangalathur. In collaboration with AOI Chengalpattu held on 20/July/2026.

SONIC 2026- BALANCE

ON JULY 31 2026



Dr.Puja Ghosh (Prof and HOD), Dr.Asha.K.Joy (Assistant professor), Dr.Shanmugapriya(Senior Resident) along with Dr.Jayesh(1st year post graduate) and Dr.Katakam Ashwini (1st year post graduate) from the department of ENT attended CME SONIC 2026-BALANCE conducted at Sree Sathya Sai medical college and hospital, Tiruporur, held on 31/July/2026.

OUTREACH PROGRAMMES

- **Dr. Subaluxmy (Senior resident) along with CRMI Doctors from the department of ENT attended VELAMMAL SCHOOL CAMP, TAMBARAM conducted by Bhaarith Medical College and Hospital on 4TH JULY & 8TH JULY 2026**
- **Dr. Subaluxmy (Senior resident) along with CRMI Doctors from the department of ENT attended TAMBARAM Rural CAMP conducted by Bhaarith Medical College and Hospital on 24TH JULY 2026**

PAEDIATRICS

SPECIAL CASE REPORT

A CLOSE CALL: SUCCESSFUL RESUSCITATION AFTER CHILDHOOD DROWNING

A 1-year-old girl was brought to the Emergency Department following an accidental fall into a bathroom bucket filled with water. The child was found unconscious and gasping for breath and was immediately shifted to the hospital for emergency care.

On arrival, the child required urgent resuscitation and was subsequently placed on mechanical ventilation in view of severe respiratory compromise and altered sensorium. Intensive monitoring and supportive management were initiated in the critical care unit.

With prompt resuscitative efforts and appropriate intensive care, the child's condition began to improve. Remarkably, within 12 hours of admission, there was significant improvement in her respiratory and neurological status, allowing gradual reduction of ventilatory and supportive requirements.

The child continued to improve clinically and was successfully managed without further complications. She was discharged home after 48 hours in a stable condition, with counselling provided to the parents regarding water safety and prevention of childhood drowning.

Clinical Significance

Drowning is a major cause of preventable morbidity and mortality in young children. Infants and toddlers are particularly vulnerable because they can drown in very small amounts of water and may be unable to call for help. A seemingly harmless household container such as a bucket can therefore become a significant drowning hazard.

This case demonstrates the importance of immediate resuscitation and timely intensive care following a drowning episode. Early restoration of ventilation and circulation can be lifesaving and may significantly improve neurological outcomes.

Prevention: Every Second Counts

Young children should never be left unattended near water, even for a brief period. Buckets, tubs, bathrooms and other water-filled containers should be emptied or made inaccessible immediately after use. Constant adult supervision is essential.

Take-Home Message

A bucket can be a drowning hazard for a toddler. This case serves as a reminder that childhood drowning can occur silently and within seconds. Prompt recognition, immediate resuscitation and timely critical care can turn a potentially fatal event into a story of survival.

BEYOND CERVICAL LYMPHADENITIS: RECOGNIZING MUMPS IN A YOUNG CHILD

A 3-year-old child presented with painful swelling in the neck, associated with features suggestive of an acute infective illness. Based on the initial clinical presentation, the child was diagnosed with cervical lymphadenitis and was treated accordingly for three days.

However, the persistence and characteristic progression of the facial and neck swelling prompted a reassessment of the diagnosis. On detailed clinical examination, the swelling was found to be consistent with parotid gland involvement, leading to a clinical diagnosis of mumps (epidemic parotitis).

A detailed immunization history revealed that the child had received vaccines according to the National Immunization Schedule. However, mumps-containing vaccine had not been received, as it is not part of the routine National Immunization Schedule in India. This history provided an important clue in the clinical evaluation.

The child was managed conservatively with supportive and symptomatic treatment, including adequate hydration, rest and analgesics. The parents were counselled regarding the natural course of the illness, possible complications and the importance of preventing transmission to other susceptible children.

The child improved clinically on follow-up.

Clinical Significance

Mumps is a vaccine-preventable viral infection classically characterized by painful swelling of one or both parotid glands. In children, it may initially be mistaken for other causes of facial or cervical swelling, including cervical lymphadenitis.

This case highlights the importance of reconsidering the diagnosis when a child does not respond as expected to initial treatment. A careful examination of the anatomical location of swelling and a detailed immunization history can provide valuable diagnostic clues.

An Important Immunization Message

The child in this case was appropriately immunized according to the National Immunization Schedule, yet had no protection against mumps because mumps-containing vaccine is not included in the routine national schedule.

Parents should therefore be counselled that the National Immunization Schedule and vaccines recommended by IAP immunization schedule may differ. Depending on individual circumstances, additional vaccines may be considered.

Take-Home Message

Not every neck swelling in a child is cervical lymphadenitis. Persistent or atypical swelling warrants reassessment, and parotid swelling should prompt consideration of mumps. A careful immunization history remains an important part of evaluating vaccine-preventable diseases.

PSYCHIATRY

EDITORIAL: THE IMPACT OF INTERNET USE ON COGNITION

The internet has transformed the way people learn, communicate, and solve problems, making information available within seconds. While this unprecedented accessibility has enhanced education, collaboration, and innovation, it has also raised important questions about its long-term effects on human cognition. Rather than viewing the internet as purely beneficial or harmful, it is essential to recognize its complex influence on thinking, attention, and memory.

One of the greatest cognitive advantages of internet use is the rapid access to knowledge. Students, clinicians, and researchers can retrieve evidence-based information almost instantly, promoting lifelong learning and informed decision-making. Digital platforms also encourage creativity, problem-solving, and global collaboration by connecting individuals across geographical boundaries.

However, excessive or unregulated internet use may come at a cognitive cost. Continuous exposure to notifications, social media feeds, and rapidly changing content encourages multitasking, which can reduce sustained attention and impair deep, reflective thinking. The tendency to rely on search engines instead of internal memory may weaken information retention, a phenomenon often described as “digital amnesia.” Furthermore, excessive screen time has been associated with poorer sleep quality, reduced academic performance, and diminished executive functioning, particularly among children and adolescents.

The impact of internet use on cognition depends not only on the amount of time spent online but also on how digital technologies are used. Purposeful activities such as learning, scientific research, and skill development are likely to strengthen cognitive abilities, whereas passive scrolling and compulsive social media use may contribute to distraction and cognitive overload.

As society becomes increasingly dependent on digital technology, fostering healthy internet habits is essential. Digital literacy, mindful technology use, scheduled screen-free periods, and critical evaluation of online information can help maximize cognitive benefits while minimizing risks. The challenge for the future is not to reduce internet use altogether but to ensure that technology remains a tool that enhances, rather than replaces, human cognition.

PRE AND PARACLINICAL DEPARTMENTS

ANATOMY

FACULTY CORNER

Dr. Kafeel Hussain, Professor and Head, Department of Anatomy, was invited as a guest speaker for ANERGO 2026- Anatomy of Ergonomics, held at Sree Balaji Medical College and Hospital, Chennai on 17th July 2026.



Dr. Kavitha Mani, Assistant Professor, Department of Anatomy, has successfully completed the **Fellowship in Family Medicine** from **Medvarsity**, a 12-month program focused on strengthening clinical knowledge and advancing expertise in family healthcare. This achievement reflects her continued dedication to professional development and excellence in patient care.



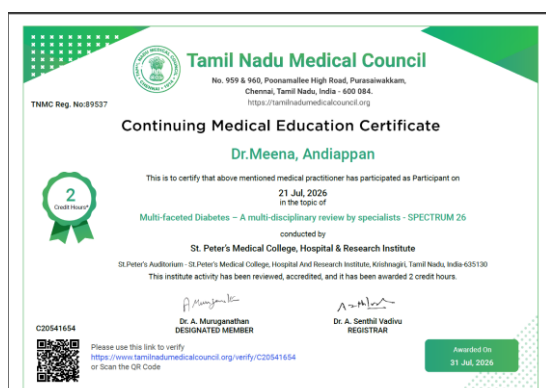
PHYSIOLOGY

PROGRAMMES AND EVENTS

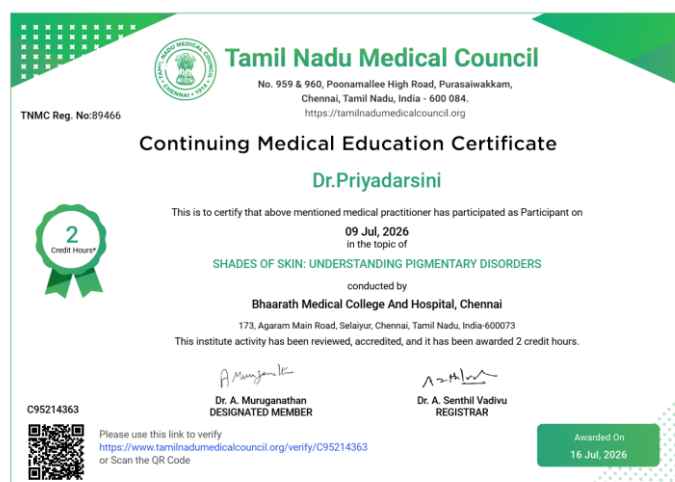
July was a month filled with academic activities, assessment, and meaningful faculty engagement in the Department of Physiology. The department successfully conducted the III Internal Assessment Theory and Model Practical Examinations from 9th to 15th July, ensuring structured evaluation of students' academic progress. This was followed by Parent–Teacher Meetings (PTM) from 20th to 23rd July, providing an opportunity for constructive interaction between faculty, students, and parents.

FACULTY CORNER

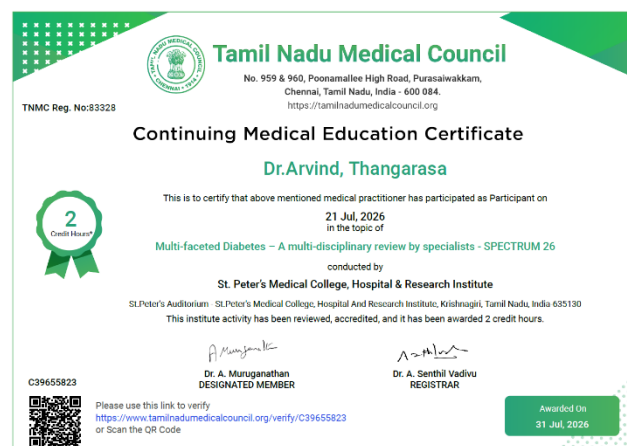
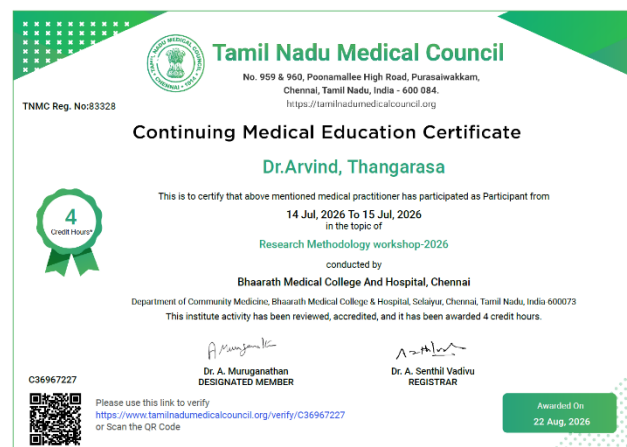
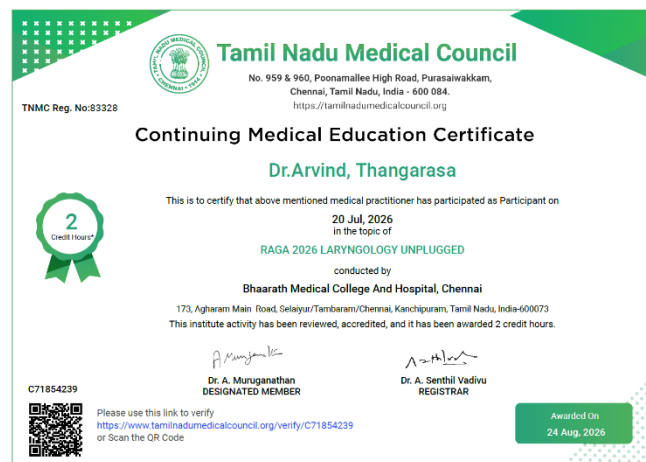
Dr. Meena, Professor of Physiology, actively participated in two academic events during July 2026. She attended the CME “Spectrum 2026” on 21st July 2026, organised by St. Peter’s Medical College and Research Institute. She also participated in the International Diabetes Conference, held from 24th to 26th July 2026, organised by Dr. Mohan’s Diabetes Center, providing an opportunity for academic enrichment and professional engagement.



Dr. Priyadarsini, Associate Professor, participated in the CME “Shades of Skin: Understanding Pigment Disorders” held on 9th July 2026. The CME was organised by the Department of Dermatology, Bhaarith Medical College and Hospital, providing an opportunity to enhance knowledge and stay updated on recent developments in pigmentary disorders.

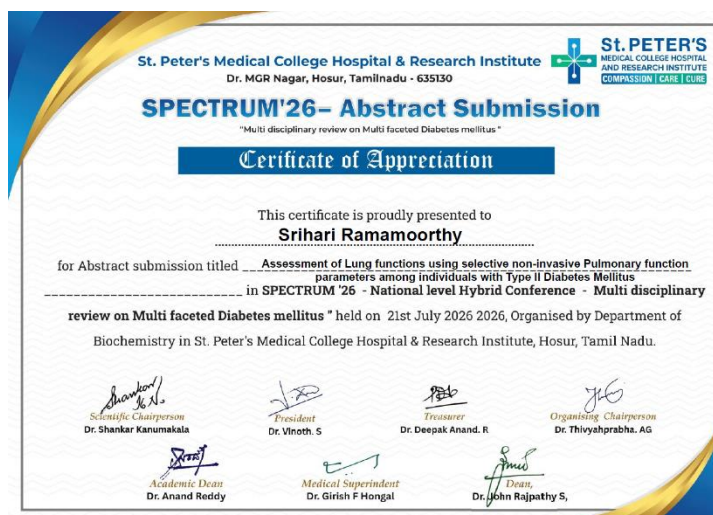


Dr. Arvind Thanagara, Associate Professor, actively participated in several academic and professional development programmes during July 2026. He attended the CME “RAGA 2026 – Laryngology Updates” on 20th July 2026, organised by the Department of ENT, Bhaarith Medical College and Hospital. He also participated in a Workshop on Research Methodology on 14th July 2026, organised by the Department of Pharmacology, Bhaarith Medical College and Hospital. In addition, he attended the online CME “Spectrum 2026” on 21st July 2026, organised by St. Peter’s Medical College.



Dr. Srihari, Associate Professor, actively participated in a range of academic, educational, and professional development activities:

- Attended the conference and presented an oral paper presentation in “SPECTRUM 2026” conducted by St. Peter's Medical College and Research Institute, on 21st July 2026.
- Delivered a National-level Physiology Rapid Revision Lecture for I MBBS students, organised by the National Medicos Organization, on 22nd July 2026.
- Attended the webinar “Storytelling: The Future of Human Communication”, organised by SRIHER, on 10th July 2026.
- Participated in the webinar “Animal Model Selection”, conducted by the Kite Alliance, on 16th July 2026.
- Conducted an online PoSH awareness session from 5:30 PM to 6:30 PM for the employees of Cogent Solutions, Chennai, on 22nd July 2026.



NATIONAL MEDICOS ORGANISATION TAMILNADU
presents
ONLINE RAPID REVIEW PROGRAM FOR FIRST MBBS STUDENTS (2025 BATCH)
Revise Smart Start Strong!

DATE AND TIME	SUBJECT	FACULTY
22 nd July Wednesday 6-7 pm	PHYSIOLOGY	Dr. Srihari Associate Professor, Bharat Medical College, Chennai.
23 rd July Thursday 6-7 pm	BIOCHEMISTRY	Dr. Mekhala Professor and Head, Karpagam Faculty of Medical Sciences and Research, Coimbatore.
24 th July Friday 4-5:30 pm	ANATOMY	Dr. Rajkohila Assistant Professor, Madurai Medical College.

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Let's revise today for a stronger tomorrow!



RESEARCH & PUBLICATIONS

Dr. Latha, Professor and Head, contributed to the academic literature with a Letter to the Editor titled “Linguistic Validation of Questionnaire for Research: An Overview”, published in the *Journal of Dr. NTR University of Health Sciences*, published by Wolters Kluwer.

Letter to the Editor

Linguistic validation of questionnaire for research: An overview

Dear Editor,

Questionnaire is a set of questions used for research with standardized options for making it easy for comparison and analysis. It is a good practice to check for the availability of pre-validated questionnaire in the existing literature. If there is available pre-validated questionnaire in foreign language, it should be locally adapted using linguistic validation process for better understandability and prevention of misinterpretation of questions.⁽¹⁾

The aim of linguistic validation is to make the original questionnaire conceptually equivalent and the process includes establishment of expert committee, forward translation, backward translation, patient testing and validation. After establishing the expert committee comprising of the native speakers for the target language with expertise and fluency in the foreign language from that the original questionnaire is adopted, the questionnaire should be independently translated by the native speaker taking into consideration the cultural beliefs, local language practices. Followed by which the two versions must be re-conciliated to single version.⁽²⁾

The reconciled version is then back translated by two independent native speakers for the language of original questionnaire and fluent in the target language. If there is simultaneous translation of the questionnaire to multiple languages then it should be harmonized internationally for comparability. The back translated questionnaire should be reconciled and compared with the original questionnaire by the expert committee. If there is any issue in the back translated version, the process will be repeated with a third translator.⁽³⁾

Pretesting and Pilot testing are part of quality checking process. Pre-testing is done to evaluate for the length of the questions, wording, articulation, whether the response options are verified in terms of comprehensiveness, relevancy and mutually exclusiveness. Pretesting consisted of behavior coding, cognitive interview, individual and group debriefing. Pilot testing, also known as feasibility study is a trial run to test the entire research process. It is performed systematically with diverse group of participants after the pretest and it will check whether the study is feasible, rational, and realistic from start to end [Figure 1].⁽⁴⁾

Cognitive Debriefing is then carried out by face-to-face interview or focus groups between a trained interviewer and a group of native speakers belonging to the target population of the study through probing techniques, vignettes, field-based probes and “think-aloud” method in which the questions will be directed on the comprehensibility of the title, the instruction, the items and the response options, relevance of the single items and on the comprehensiveness of the questionnaire. The focus will be on the wording of the questions in a culturally appropriate way with the inputs from the actual target population. Based on the debriefing results and analysis, the translated version will be amended.⁽⁵⁾

Final review performed by an expert, who is a native speaker with fluency for the original language and working in the field of the study for many years.⁽⁶⁾ To conclude, mistranslation will result in wrong estimation of the outcome deteriorating the whole objective of the study and hence, proper linguistic validation of the questionnaire should be carried out to provide a valid results.

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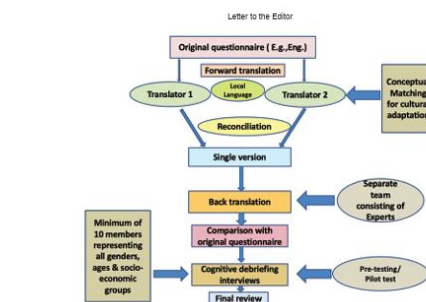


Figure 1: Linguistic validation process

Financial support and sponsorship
NIL.

Conflicts of interest
There are no conflicts of interest.

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PATHOLOGY

OUTREACH ACTIVITIES

BLOOD DONATION CAMP

Bhaarith Medical College blood bank team successfully organized a Blood Donation Camp on **01/07/2026** at **Madras Christian College, East Tamabaram, Chennai** with the valuable support and coordination of dedicated volunteers. The program witnessed active participation from students, staff members and local residents. A medical team from the college ensured proper screening, safe blood collection, and post-donation care for all donors. The volunteers played a significant role in organizing the event, guiding donors, maintaining discipline, and ensuring the smooth functioning of the camp.

The event was highly successful and reflected the spirit of social responsibility and community service. Through this initiative, a significant number of blood units were collected to support patients in need and emergency medical services.



RESEARCH CORNER

1. Pseudothrombocytopenia: A Narrative Review of Mechanisms, Laboratory Recognition, and Clinical Implications – **Dr.Khowsalya**.
<https://doi.org/10.7860/JCDR/2026/87230.23837>

COMMUNITY MEDICINE

RESEARCH CORNER

1. **Kalaivani Annadurai, Vanitha D, Geethalakshmi S, Deepak Avinash KR, Zubaidabegum A, Inba Raja A, Palani R, Latha R.** Preconception nutrition Care: Predictors and practices among married female software professionals in Chennai, Tamil Nadu. *Int J Drug Deliv Technol.* 2026;16(64s):627-634. DOI:10.25258/ijddt.16.64s.61 (**Scopus**)
2. **Kalaivani Annadurai, Vanitha D, Geethalakshmi S, Deepak Avinash KR, Zubaidabegum A, Inba Raja A, Palani R, Latha R.** Challenges of Non-Vernacular students in history taking using Standardized Patients: A Mixed Method Study. *Int J Drug Deliv Technol.* 2026;16(64s):635-642. DOI: 10.25258/ijddt.16.64s.62 (**Scopus**)
3. **Palani R, Selwin J, Annadurai K.** A Mixed-method Study on Psychosocial Barriers and Challenges Experienced by Multidrug-resistant Tuberculosis Patients and their Caregivers through the Course of Diagnosis and Treatment in Chengalpattu District. *Indian J Public Health.* 2026 Apr 1;70(2):188-193. doi: 10.4103/ijph.ijph_1381_24. Epub 2026 Apr 18. PMID: 42084988. (**Web of Science/Scopus**)
4. **Kalaivani Annadurai, Inba Raja Alagesan, Rekha Palani, Zubaidabegum Kadar.** Perceptions and practices of medical interns on clinical empathy. *J Compr Health.* 2026(accepted)(**Embase**)

1. **Vanitha, Hemakairavi R, Alagesan Inba Raja.** Respiratory health challenges among construction workers in Chennai, India – A mixed method study. Asian Journal of Medical Sciences. (Accepted)
2. **Vanitha, Inba Raja Alagesan, Ramya.** Respiratory health challenges among urban street vendors. A mixed method study in Chennai, India. Journal of Occupational Health and Epidemiology (Accepted)(Scopus)
3. **Vanitha Durai, Inba Raja Alagesan, Kalaivani Annadurai.** Assessment of performance and communication skills among undergraduate medical students during the Family Adoption Program. Journal of Postgraduate Medicine, Education and Research (DOAJ, Embase) (Accepted)

PROGRAMMES AND EVENTS

FACULTY CORNER

OFFICIATING AS CHAIRPERSON IN ACADEMIC / SCIENTIFIC EVENTS

Dr. Kalaivani A, Professor and Head of the Department of Community Medicine, BMCH, was invited to chair a scientific session at **TN-IAPSMCON 2026**, organized by the Department of Community Medicine, Sri Ramachandra Medical College & Research Institute, SRIHER (Deemed to be University), Chennai, on **11 July 2026**. Her role as Chairperson reflects her professional expertise and recognition in the field of Community Medicine.



Dr. Vidya D.C., Professor, Department of Community Medicine, BMCH served as the **Chairperson for the Plenary Session** and a **Judge for the Scientific Poster Oral Presentation Session** at **TN-IAPSMCON 2026**, the 6th Annual State Conference of the Tamil Nadu Chapter of the Indian Association of Preventive & Social Medicine, held on 11 July 2026 at Sri Ramachandra Medical College & Research Institute, Chennai. She also participated in the workshop "**Artificial Intelligence in NCD Research: From Prompt to Publication**," reflecting her continued engagement with emerging innovations in public health research.





Dr. Kalaivani A, Professor and Head of the Department of Community Medicine, BMCH, actively participated in academic programmes during July 2026. She attended the "**AI Applications in Research**" workshop at **TN-IAPSMCON 2026** on **9 July 2026** and the **Dr. Mohan's International Diabetes Update 2026 Conference (13th Edition)**, held in Chennai from **24–26 July 2026**. These programmes provided valuable updates on emerging research technologies and the latest advances in diabetes care.



Certificate of Participation

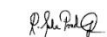
This is to certify that **DR. A.KALAIVANI** participated as a delegate
in the 13th Dr. Mohan's International Diabetes Update held from 24th to 26th July, 2026 at Hotel
ITC Grand Chola, Chennai.

ORGANIZING COMMITTEE

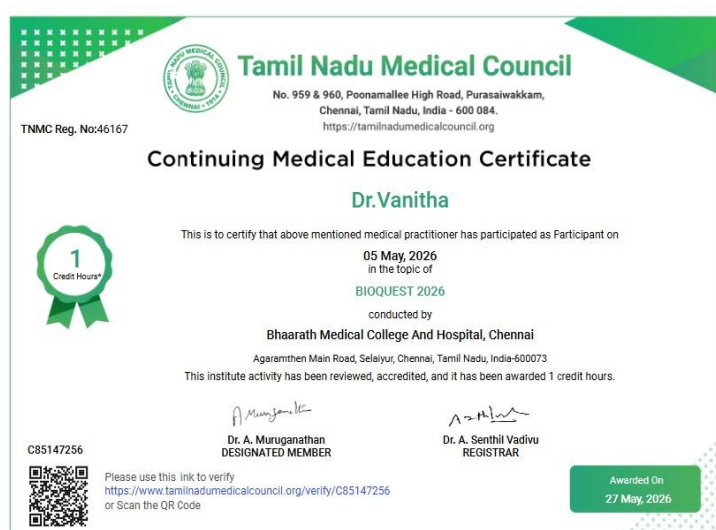

Dr. V. MOHAN


Dr. RANJIT UNNIKRISHNAN


Dr. R. M. ANJANA


Dr. R. GUHA PRADEEPA

Dr. Vanitha D, Professor, Department of Community Medicine, Bhaarith Medical College & Hospital (BMCH), actively enhanced her professional knowledge by participating in several Continuing Medical Education (CME) programmes during **May, June, and July 2026**. She attended **BIOQUEST 2026** on **5 May 2026**, **CME on Good Clinical Practice** on **3 June 2026**, **SRIMEDCON 2026** from **11–13 June 2026**, **VITALIS 2026 – Human Physiology in a Changing Environment**, a National Virtual CME conducted in commemoration of **World Environment Day**, on **12 June 2026**, and the **TN-IAPSMCON – 6th Annual State Conference** from **9–11 July 2026**. These academic programmes offered valuable insights into recent advances in medical education, research, good clinical practice, environmental health, and community medicine. Her active participation reflects her continued commitment to lifelong learning and delivering high-quality medical education and public health practice.





Tamil Nadu Medical Council
No. 959 & 960, Poonamallee High Road, Purasaiwakkam,
Chennai, Tamil Nadu, India - 600 084.
<https://tamilnadumedicalcouncil.org>

TNMC Reg. No:46167

Continuing Medical Education Certificate

Dr. Vanitha

This is to certify that above mentioned medical practitioner has participated as Participant from
09 Jul, 2026 To 11 Jul, 2026
 in the topic of
TN-IAPSMCON - 6th Annual State Conference
 conducted by
Sri Ramachandra Medical College & Research Institute, Chennai
 Radha Regent, 171, Jawahar Lal Nehru Salai, Arumbakkam, Chennai, Tamil Nadu, India-600106
 This institute activity has been reviewed, accredited, and it has been awarded 6 credit hours.



C65869787



Dr. A. Muruganathan
Dr. A. Muruganathan
DESIGNATED MEMBER

Dr. A. Senthil Vadivu
Dr. A. Senthil Vadivu
REGISTRAR

Awarded On
29 Jul, 2026

Please use this link to verify
<https://www.tamilnadumedicalcouncil.org/verify/C65869787>
 or Scan the QR Code



Tamil Nadu Medical Council
No. 959 & 960, Poonamallee High Road, Purasaiwakkam,
Chennai, Tamil Nadu, India - 600 084.
<https://tamilnadumedicalcouncil.org>

TNMC Reg. No:46167

Continuing Medical Education Certificate

Dr. Vanitha

This is to certify that above mentioned medical practitioner has participated as Participant from
11 Jun, 2026 To 13 Jun, 2026
 in the topic of
SRIMEDCON 2026
 conducted by
Sri Ramachandra Medical College & Research Institute, Chennai
 No:1 Ramachandra Nagar, Porur, Chennai, Tamil Nadu, India-600116
 This institute activity has been reviewed, accredited, and it has been awarded 6 credit hours.



C95423506



Dr. A. Muruganathan
Dr. A. Muruganathan
DESIGNATED MEMBER

Dr. A. Senthil Vadivu
Dr. A. Senthil Vadivu
REGISTRAR

Awarded On
29 Jun, 2026

Please use this link to verify
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Tamil Nadu Medical Council
No. 959 & 960, Poonamallee High Road, Purasaiwakkam,
Chennai, Tamil Nadu, India - 600 084.
<https://tamilnadumedicalcouncil.org>

TNMC Reg. No:46167

Continuing Medical Education Certificate

Dr. Vanitha

This is to certify that above mentioned medical practitioner has participated as Participant on
03 Jun, 2026
 in the topic of
Cme On Good Clinical Practice
 conducted by
Bhaarith Medical College And Hospital, Chennai
 No.173,Agaram Main Road, Selayur, Chengalpattu, Tamil Nadu, India-600073
 This institute activity has been reviewed, accredited, and it has been awarded 2 credit hours.



C98321300



Dr. A. Muruganathan
Dr. A. Muruganathan
DESIGNATED MEMBER

Dr. A. Senthil Vadivu
Dr. A. Senthil Vadivu
REGISTRAR

Awarded On
10 Jun, 2026

Please use this link to verify
<https://www.tamilnadumedicalcouncil.org/verify/C98321300>
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PROGRAMMES AND EVENTS

RESEARCH 360°: INSPIRING THE NEXT GENERATION OF MEDICAL RESEARCHERS

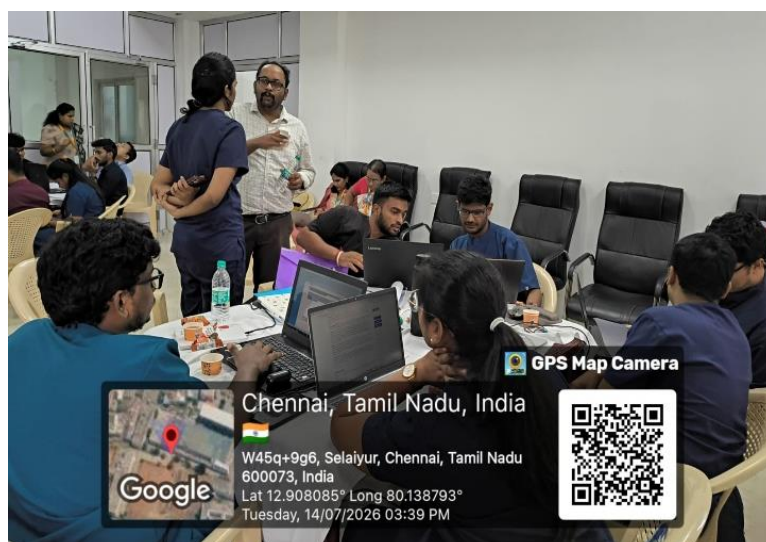
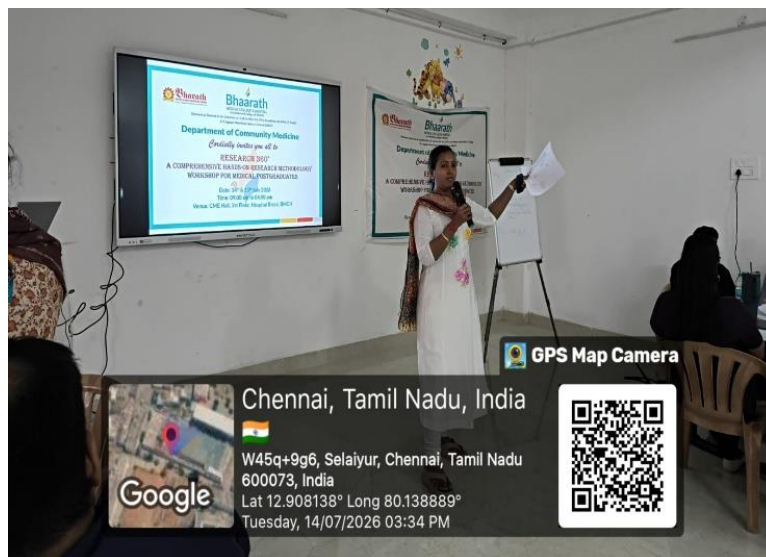
The Department of Community Medicine, Bhaarith Medical College and Hospital, successfully conducted **RESEARCH 360°**, a two-day hands-on workshop on Research Methodology for postgraduate medical students on **14–15 July 2026**. Designed to bridge the gap between research concepts and real-world practice, the workshop fostered an engaging environment where curiosity evolved into scientific inquiry.

Through a blend of interactive lectures, practical demonstrations, and collaborative learning, participants explored every stage of the research journey—from framing meaningful research questions and selecting appropriate study designs to mastering literature search, biostatistics, research ethics, scientific writing, and the responsible use of artificial intelligence in medical research. Guided by experienced faculties, the workshop emphasized critical thinking, hands-on application, and the development of well-structured research proposals.

The programme concluded with participant presentations and a valedictory session, leaving attendees with renewed confidence, practical skills, and a deeper appreciation for the role of high-quality research in advancing evidence-based healthcare.







OUTREACH EVENTS

ICDS FIELD VISIT FOR SECOND MBBS STUDENTS

As part of their community-based learning, **Phase 2 MBBS students, Department of Community Medicine, BMCH in two batches** visited the **Integrated Child Development Services (ICDS) Centre** on **1 July 2026** and **29 July 2026**. The field visit provided students with first-hand exposure to the implementation of ICDS services at the community level, including supplementary nutrition, growth monitoring, preschool education, immunization support, health check-ups, and nutrition and health education.

Interactions with Anganwadi workers enabled students to appreciate the pivotal role of ICDS in promoting maternal and child health, early childhood development, and community nutrition. The visit offered valuable insights into the functioning of one of India's flagship child welfare programmes and strengthened students' understanding of preventive and promotive healthcare in the community.





WORLD ENVIRONMENT DAY 2026 – HEALTH EDUCATION ACTIVITY

In continuation of the World Environment Day 2026 observance, CRMI students from the Department of Community Medicine, Bhaarith Medical College and Hospital, conducted a health education programme on **31 July 2026** at **Perumbakkam Primary Health Centre**.

The session highlighted the close relationship between environmental protection and human health, with emphasis on proper waste segregation, reducing the use of single-use plastics, water conservation, and maintaining environmental sanitation to prevent vector-borne diseases. Patients and their attendants actively participated in the session and were encouraged to adopt simple, eco-friendly practices in their daily lives. The programme served as a reminder that small individual actions can collectively contribute to a cleaner environment and healthier communities.





AUGUST

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IMA EVENT REPORT



INDIAN MEDICAL ASSOCIATION, SELAIYUR BHAARATH MEDICAL COLLEGE
AND HOSPITAL BRANCH

IMA office, Bhaarith Medical College and Hospital

Hospital block, 2nd floor

173, Agaram main road, Selaiyur, Chennai-600073

Mobile number 9953413562, 9705833377

Email id- ***imaselaiyur2022bmch.ac.in***

DATE	DESCRIPTION	DETAILS
09/8/2026	IMA northzone fine arts competition	Event report and photographs attached
14/8/2026	Blood donation camp in NGO “THAAGUM FOUNDATION”	Event report and photographs attached
20/8/2026	Blood Donation camp at Sri Aganda Paripoorna Sachithananda Sabai	Event report and photographs attached

IMA NORTHZONE FINE ARTS COMPETITION

The IMA members of IMA Selaiyur, Bhaarith Medical college participated enthusiastically in the north zone fine arts Competition held at Meenakshi Medical college, Kanchipuram on August 9th. The members took part in solo singing, group singing, literary events, dumbcharades, gasless cooking and group dance. It was a day full of fun and frolic for the doctors away from the mundane everyday routine. It was a day to connect with other doctors from different institutions. The branch President Dr M N Dhanalakshmi along with the treasurer Dr Hamsadhwani won the second prize in gasless cooking competition. They prepared a wholesale nutritious meal which was well appreciated. The branch secretary Dr Aishwarya Ramanathan won the second prize in English extempore and for and against category. The fine arts secretary Dr Khowsalya won the third prize in for and against category. The group song with the theme around Independence day was appreciated as a beautiful Magalir initiative. The theme of the group dance 40s are the new 20s drew applause and admiration from the organizers and audience alike. The winners will again compete in the finals at the state level which involves participants from all the zone of Tamil Nadu. The day gave the busy doctors a day to unwind and embrace their creative side.







PROGRAMMES AND EVENTS

BLOOD DONATION CAMP IN NGO “THAAGUM FOUNDATION”

IMA SELAIYUR BMCH conducted a blood donation camp on 14th August 2026, in “THAAGUM FOUNDATION” an NGO in Pallikaranai, Velachery road. We got 25 donors across different age groups.





BLOOD DONATION CAMP

IMA SELAIYUR BMCH conducted a blood donation camp on 20th August 2026, in Sri Aganda Paripoorna Sachithananda Sabai. Around 20 blood units were collected from volunteers.



ANAESTHESIOLOGY

PROGRAMMES AND EVENTS

SKILL BASED TRAINING

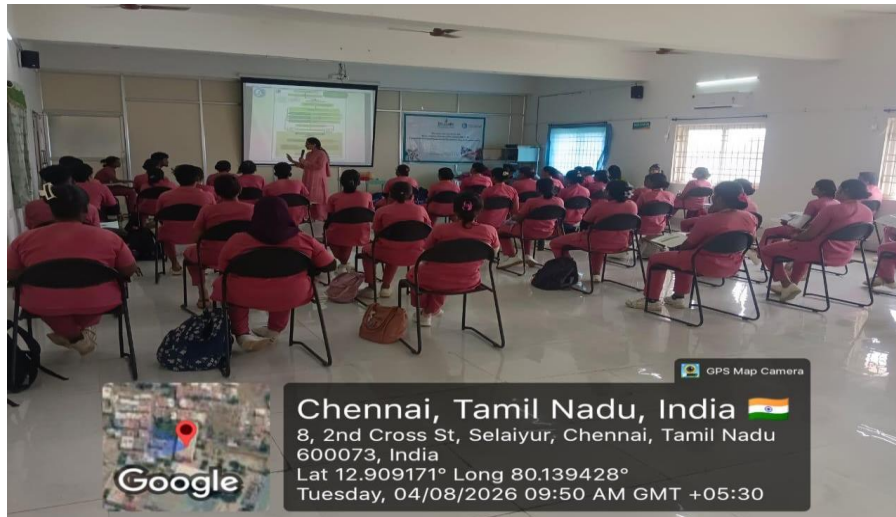
A skill based training by IRCF was conducted for 44 Allied health science Students on 04.08.2026 at skill lab Bhaarath medical college and research institute.

Basic life support and Orientation lecture with hands on workshop was conducted.

There was a pre and post assessment test was conducted based on the results of which certificates were issued. The program was started with the welcome address delivered by our beloved head of the department Dr. Sree ranjani. A comprehensive explanation was given regarding importance of basic life support inside health care system and outside hospital .The resuscitation guidelines of basic cardiopulmonary life support for the management of adult & pediatric victims with cardiopulmonary arrest outside the hospital were discussed. Paediatric & Adult choking management was also taught.



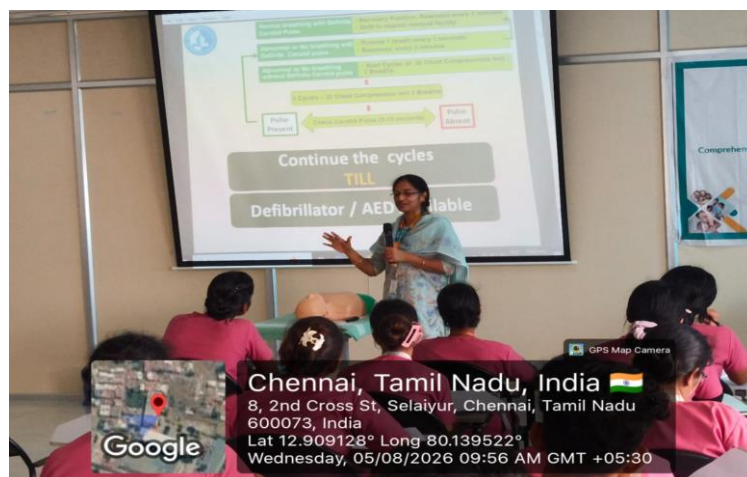




A skill based training by IRCF was conducted for Allied health science Students on 05.08.2026 at skill lab Bhaarith medical college and research institute.

Basic life support and Orientation lecture with hands on workshop was conducted.





FACULTY CORNER

FACULTY ACHIEVEMENTS

DR.S.SREE RANJANI PROFESSOR AND HEAD

Resource faculty and Guest speaker at the 36th National conference of Hypertension society of India – BPCON on 1/8/2026



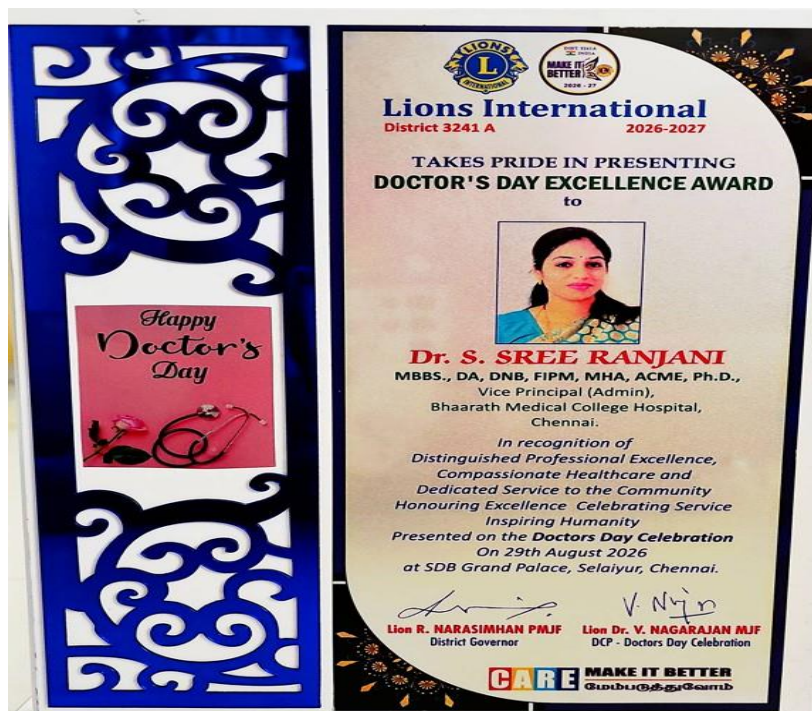
Chaired 2 sessions at the 36th National conference of Hypertension society of India – BPCON on 1/8/2026



Resource faculty and Guest speaker at MACAD 2026 conference organized by Madha Medical College, Chennai on 7/8/2026



“CLINICAL EXCELLENCE AWARD” from Lions International on occasion of International Doctor’s Day in recognition of distinguished service to humanity and excellence in healthcare.



Dr R AISHWARYA - PROFESSOR



Participated in the fine arts events organized by the IMA north zone and won the prizes in the literary category. She got second prize in extempore and second prize in the for/ against competition.

DENTISTRY

FACULTY CORNER

We are delighted to share that **Dr. R. Kishok, Assistant Professor, Department of Dental Surgery**, secured **First Prize in Table Tennis Doubles** at **KALAM 2026**, the sports meet organized by the **IDA Hosur Branch** on **August 8 and 9, 2026**.

His impressive performance and sporting spirit brought great pride to the Department of Dental Surgery. This achievement reflects his commitment, teamwork and dedication beyond the academic arena, highlighting the importance of maintaining excellence both professionally and personally.

The department extends its **heartfelt congratulations to Dr. R. Kishok** on this well-deserved victory and wishes him continued success in all his future endeavours.



SPECIAL CASE REPORT

ORAL LICHEN PLANUS: A COMPREHENSIVE REVIEW

Abstract

Oral lichen planus (OLP) is a chronic, immune-mediated inflammatory disorder affecting the oral mucosa. It commonly occurs in middle-aged adults and shows a female predominance. The disease may present as asymptomatic reticular lesions or as painful atrophic, erosive, ulcerative, plaque-like or bullous lesions. The pathogenesis is primarily related to T-cell-mediated damage to basal keratinocytes, although genetic, immunological and environmental factors may contribute. The buccal mucosa, tongue and gingiva are commonly affected, and lesions are frequently bilateral and symmetrical. Diagnosis is based on clinical findings and may be supported by histopathological examination. Direct immunofluorescence is useful in selected cases, particularly when autoimmune vesiculobullous disease is suspected. Topical corticosteroids are the mainstay of treatment for symptomatic disease, while systemic or other immunomodulatory therapies may be required for severe or refractory cases. Although malignant transformation is uncommon, long-term surveillance is recommended, particularly for persistent erosive or red lesions.

Keywords: Oral lichen planus, oral lichenoid lesion, Wickham striae, erosive lichen planus, corticosteroids, oral potentially malignant disorder.

Introduction

Oral lichen planus is a chronic inflammatory mucocutaneous disorder that may involve the oral cavity, skin, genital mucosa, scalp and nails. Oral disease may occur independently or in association with extraoral manifestations.

OLP commonly follows a chronic and fluctuating course, with periods of exacerbation and remission. Unlike many cutaneous lesions, oral lesions may persist for several years.

Its clinical importance relates to its diverse presentation, significant effect on quality of life, therapeutic challenges and low but recognized potential for malignant transformation.

Epidemiology

OLP occurs worldwide and predominantly affects middle-aged and older adults. Females are affected more frequently than males. The condition is uncommon in children.

Prevalence varies among populations because of differences in diagnostic criteria and study methodology. Multiple oral sites may be affected simultaneously, and bilateral symmetrical involvement is particularly characteristic of the reticular form.

Etiology and Pathogenesis

The precise cause of OLP remains unknown. It is regarded primarily as a T-cell-mediated immune disorder in which cytotoxic T lymphocytes target basal keratinocytes.

CD8-positive T cells contribute to basal cell injury, while CD4-positive T cells and inflammatory cytokines help sustain the inflammatory response. Degeneration of basal keratinocytes and disruption of the basement membrane contribute to the characteristic clinical and microscopic features.

Possible modifying factors include genetic susceptibility, psychological stress, systemic disease, medications, dental materials, infections and local trauma. However, a specific trigger is not identified in most patients.

Oral lichenoid lesions should be distinguished from idiopathic OLP because they may be associated with medications, dental materials or contact allergens.

Clinical Features

OLP has a broad clinical spectrum ranging from asymptomatic white lesions to painful erosive disease.

The characteristic finding is the presence of fine white lines known as Wickham striae, which form a lace-like or reticular pattern.

Common sites include the buccal mucosa, tongue, gingiva, labial mucosa, palate and floor of the mouth. Bilateral symmetrical involvement, particularly of the buccal mucosa, strongly supports the diagnosis.

Symptomatic patients may experience burning, soreness and sensitivity, particularly when consuming spicy, acidic or hot foods.

Clinical Variants

Reticular Form

The reticular form is the most characteristic presentation. It consists of interlacing white striae forming a network or lace-like pattern, often occurring bilaterally on the buccal mucosa. Most patients are asymptomatic.

Papular Form

The papular form consists of small, discrete white papules and may represent an early or localized manifestation of OLP.

Plaque Form

Plaque-type OLP presents as relatively homogeneous white plaques and may resemble leukoplakia. Biopsy may be necessary when the clinical diagnosis is uncertain.

Atrophic Form

Atrophic OLP appears as diffuse erythematous areas caused by epithelial thinning and inflammation. Burning and sensitivity are common.

Erosive Form

Erosive OLP is usually painful and presents as irregular erosions or ulcers, often surrounded by peripheral white striae. It may significantly interfere with eating and oral hygiene.

Bullous Form

Bullous OLP is uncommon. Vesicles or bullae develop because of epithelial separation but usually rupture rapidly, leaving erosions.

Gingival Involvement

OLP may present as desquamative gingivitis, characterized by erythema, epithelial desquamation and gingival soreness.

Patients may experience pain or burning during tooth brushing. The differential diagnosis includes mucous membrane pemphigoid, pemphigus vulgaris and chronic ulcerative stomatitis.

Biopsy with appropriate immunofluorescence studies may be necessary in diagnostically difficult cases.

Extraoral Manifestations

Cutaneous lichen planus typically presents as pruritic, violaceous, polygonal, flat-topped papules. The wrists, ankles and lower limbs are common sites.

Nail involvement may produce ridging, thinning and dystrophy. Genital and other mucosal surfaces may also be affected.

Extraoral manifestations can support the diagnosis but are not necessary for isolated oral disease.

Diagnosis

Diagnosis is based on clinical findings, medical history and, when appropriate, histopathological examination.

Bilateral reticular lesions with Wickham striae are highly suggestive of OLP. However, atypical, plaque-like, erosive, unilateral or predominantly red lesions require careful evaluation.

The history should include medications, systemic diseases, allergies, tobacco and alcohol exposure, dental restorations, local trauma and extraoral manifestations.

Biopsy is particularly useful when the diagnosis is uncertain or when dysplasia, malignancy or another mucosal disorder needs to be excluded.

Histopathology

Characteristic microscopic findings include hyperkeratosis or parakeratosis, degeneration of basal keratinocytes and a dense, band-like subepithelial lymphocytic infiltrate.

Additional findings may include saw-toothed rete ridges, Civatte bodies and disruption of the basement membrane zone.

Histopathological findings should be interpreted together with the clinical presentation because similar changes may occur in oral lichenoid reactions and other inflammatory conditions.

Direct Immunofluorescence

Direct immunofluorescence is not routinely necessary for typical OLP but is useful in selected cases, particularly erosive or bullous lesions.

It can assist in differentiating OLP from autoimmune vesiculobullous disorders such as mucous membrane pemphigoid and pemphigus vulgaris.

When immunofluorescence is planned, appropriate selection of the biopsy site and specimen handling are essential.

Differential Diagnosis

The differential diagnosis varies according to the clinical presentation.

White reticular or plaque-like lesions may resemble leukoplakia, frictional keratosis, chronic candidiasis and oral lichenoid lesions.

Erosive lesions may resemble erythema multiforme, traumatic ulceration and autoimmune mucosal disorders.

Desquamative gingivitis requires differentiation from mucous membrane pemphigoid, pemphigus vulgaris and chronic ulcerative stomatitis.

A careful medical and medication history is particularly important for identifying drug-related or contact-related lichenoid reactions.

Management

Treatment is determined by symptoms, clinical subtype, extent of disease and response to therapy.

Asymptomatic reticular OLP generally requires reassurance, elimination of local irritants and periodic monitoring rather than active pharmacological treatment.

Symptomatic disease requires treatment aimed at reducing inflammation, relieving pain and improving oral function.

Topical Corticosteroids

Topical corticosteroids are the mainstay and first-line treatment for symptomatic OLP.

Agents such as triamcinolone, fluocinonide, clobetasol and dexamethasone may be selected according to disease severity and anatomical site.

High-potency preparations are commonly used for erosive disease. Patients should receive appropriate instructions regarding application and treatment duration.

Patients receiving prolonged or repeated topical corticosteroid therapy should be monitored for secondary oral candidiasis and other local adverse effects.

Other Topical Therapies

Topical calcineurin inhibitors such as tacrolimus and pimecrolimus may be considered in selected patients who respond inadequately to corticosteroids.

Topical anesthetics can provide temporary relief from pain. Antifungal therapy should be prescribed when secondary candidiasis is present.

Good oral hygiene should be maintained, although patients with erosive disease may require modifications to minimize mucosal trauma.

Systemic Therapy

Systemic therapy is generally reserved for severe, extensive or refractory OLP.

Short courses of systemic corticosteroids may be considered for severe erosive or ulcerative disease. Other immunomodulatory agents have been used for resistant disease under specialist supervision.

Treatment should be individualized according to disease severity and the patient's risk-benefit profile.

General Measures

Patients should maintain good oral hygiene while minimizing mucosal trauma.

Sharp teeth, defective restorations and other local irritants should be corrected.

Tobacco and excessive alcohol consumption should be avoided.

Spicy, acidic, salty and coarse foods may aggravate symptoms in erosive disease and can be reduced according to individual tolerance.

Associated candidiasis, periodontal disease and other oral conditions should be appropriately managed.

Malignant Transformation

The possibility of malignant transformation is an important consideration in the long-term management of OLP.

The reported risk varies considerably between studies because of differences in diagnostic criteria and methodology. Current evidence suggests that malignant transformation is uncommon, but continued surveillance is recommended.

Persistent erosions, non-healing ulcers, increasing erythema, induration, unexplained enlargement or a change in the appearance of an established lesion should raise concern.

Tobacco and alcohol exposure may further increase the overall risk of oral cancer.

Any clinically suspicious area should be reassessed and biopsied when indicated.

Follow-up and Surveillance

Because OLP is chronic and may change over time, regular clinical follow-up is recommended.

Patients should be advised to report persistent ulceration, new pain, bleeding, induration, rapid enlargement or changes in the appearance of existing lesions.

Particular attention should be given to erosive, atrophic and red lesions and to areas demonstrating epithelial dysplasia.

The frequency of follow-up should be individualized according to disease severity, clinical findings and associated risk factors.

Quality of Life

Symptomatic OLP can substantially affect quality of life. Pain and burning may interfere with eating, speaking, tooth brushing and social activities.

Chronic disease may also cause anxiety and concern regarding recurrence or malignant transformation.

Management should therefore consider both clinical disease activity and patient-reported symptoms and functional limitations.

Prognosis

OLP generally follows a chronic and fluctuating course. Reticular lesions may remain stable and asymptomatic for prolonged periods, whereas erosive disease may require repeated treatment.

Complete permanent remission is less common than in many acute inflammatory mucosal disorders.

The overall prognosis is favorable with appropriate management and surveillance. However, persistent or clinically changing lesions require reassessment to exclude epithelial dysplasia or oral squamous cell carcinoma.

Conclusion

Oral lichen planus is a chronic immune-mediated inflammatory disorder with a wide range of clinical presentations. Bilateral reticular lesions with Wickham striae are characteristic, whereas erosive, atrophic and plaque-like forms may present significant diagnostic and therapeutic challenges.

Diagnosis should integrate clinical examination with histopathology when indicated. Direct immunofluorescence is useful in selected cases, particularly when autoimmune vesiculobullous disease is suspected.

Topical corticosteroids remain the mainstay of treatment for symptomatic disease. Severe or refractory cases may require systemic corticosteroids or other immunomodulatory therapies.

Although malignant transformation is uncommon, long-term clinical surveillance is important. Persistent ulceration, induration, increasing erythema, unexplained enlargement or other suspicious changes should prompt reassessment and biopsy when appropriate.

A comprehensive approach combining accurate diagnosis, symptom control, elimination of aggravating factors, appropriate therapy and regular follow-up provides effective long-term management of oral lichen planus.



DERMATOLOGY

SPECIAL CASE REPORT

Ashy Dermatitis (Erythema Dyschromaticum Perstans): A Case Report

Case Presentation

A 32-year-old female presented to the Dermatology Outpatient Department with complaints of gradually progressive, asymptomatic greyish-brown discoloration over the neck, preauricular region and bilateral forearms for the past 3 years. The lesions were initially few and small, but gradually increased in number and extent. There was no history of preceding erythema, scaling, pain, pruritus, photosensitivity or discharge. There was no history of similar lesions in the family.

There was no significant history of chronic drug intake, systemic illness, or previous treatment for the present condition. She had no constitutional symptoms and no history suggestive of autoimmune disease.



Greyish-brown macules and patches over the preauricular region and lateral neck.

Clinical Examination

General physical examination and systemic examination were unremarkable.

Cutaneous examination revealed multiple, discrete to confluent, well-defined ashy-grey to greyish-brown macules and patches involving the lateral neck, preauricular area and bilateral forearms. The lesions were flat, non-scaly and non-indurated, with no active erythematous raised border appreciated at the time of examination. Palms, soles, nails and mucosal surfaces were normal.

The pigmentation was more prominent over the exposed aspects of the forearms. There was no evidence of secondary infection, ulceration or atrophy.



Diffuse greyish-brown macular pigmentation over the forearm.



Multiple ill-defined to confluent ashy-grey macules over the forearm.

Investigations, Diagnosis and Treatment

Routine investigations: Complete blood count, liver function tests, renal function tests and thyroid profile were within normal limits.

Skin biopsy: Histopathology showed mild epidermal basal vacuolar degeneration with pigment incontinence and numerous melanophages in the superficial dermis, accompanied by a sparse lymphohistiocytic infiltrate. The findings were compatible with erythema dyschromicum perstans (ashy dermatosis).

Based on the characteristic clinical morphology, distribution and compatible histopathology, a diagnosis of Ashy Dermatitis (Erythema Dyschromicum Perstans) was made.

Diagnosis

Ashy Dermatitis / Erythema Dyschromicum Perstans

Treatment

The patient was started on oral prednisolone 30 mg/day with planned tapering according to clinical response. At follow-up, there was partial lightening of the pigmentation and no new symptomatic lesions. The patient was counselled regarding the chronic course and possibility of persistence or recurrence.

Treatment: Oral prednisolone with gradual tapering

Follow-up: Regular dermatology follow-up for assessment of pigmentation and emergence of new lesions

Conclusion

Ashy dermatitis (erythema dyschromicum perstans) is an acquired dermal macular pigmentation disorder characterized by persistent blue-grey or ashy-grey macules and patches. The diagnosis is primarily clinicopathological, as histology may overlap with other acquired dermal melanoses, particularly lichen planus pigmentosus. Typical histopathological findings include basal vacuolar alteration, pigmentary incontinence and dermal melanophages.

This case highlights the importance of correlating the characteristic greyish pigmentation and distribution with biopsy findings. The condition may have a chronic course and can be resistant to treatment; therefore, patients should be counselled regarding gradual improvement and the possibility of persistent pigmentation.

The patient in this constructed case was treated with systemic corticosteroid therapy and showed partial clinical improvement on follow-up.

Note: Patient details, clinical history, biopsy description and treatment course are constructed for case-presentation purposes from the supplied clinical photographs and should be replaced with the actual patient record before clinical or academic submission.

GENERAL SURGERY

FACULTY CORNER

Dr. S. Giridharan

Assistant Professor of General Surgery was invited as Faculty for FIMGICON 2026 National Conference held in Anna Centenary Library on August 21st

FIMGICON 2026 DAY - 1 ANNA CENTENARY LIBRARY, KOTTURPURAM WORKSHOP DAY (21 AUG 2026-FRIDAY) 8 AM-8 PM SKILLS THAT SAVE LIVES!		
S. No	TOPIC	SPEAKER
1	ABSCCESS DRAINAGE, EXCISION BIOPSY, TRUCUT BIOPSY, BASIC SUTURING, ADVANCED SUTURING, LAPAROSCOPIC ENDO TRAINER SKILL TRAINING (SURGICAL SKILLS)	Dr. V. Lakshmanamoorthy MS, DNB Assistant Professor, General Surgery, Stanley Medical College, Chennai Dr. V. Bhuvaneswari MS Assistant Professor, General Surgery, Stanley Medical College, Chennai Dr. Thirumurugan MS Assistant Professor, General Surgery, Madras Medical College, Chennai Dr. Mallikarjuna MS Assistant Surgeon, General Surgery, Solingar Government Hospital Dr.N Premanand MS, MCh (Surg Onco) Surgical Oncologist, SIMS Hospital, Vadapalani, Chennai Dr. Giridharan MS, DNB Assistant Professor, General Surgery, Bhaarith Medical College and Hospital, Chennai Dr. Yogeshwaran MS Assistant Professor, General Surgery, Stanley Medical College, Chennai Dr. Muthukumar MS Assistant Surgeon, General Surgery, Ariyalur Headquartent Hospital

OBSTETRICS AND GYNAECOLOGY

SPECIAL CASE REPORT

Mrs. Mytherie: G2P1L1/ previous nvd/34 weeks was admitted on 10/8/26 with complaints lower abdomen pain with suspicion of threatened preterm. Patient was started on symptomatic treatment. Patient also had c/o diarrhea for one week for which patient didn't come for any treatment.

On 11/8/26 her ctg findings showed fetal bradycardia with deceleration. Hence patient was immediately shifted to emergency lscs in view of fetal distress.

Intraoperatively patient had almost nil liquor. Baby was delivered and cried immediately after birth. Both baby and mother were stable postoperative

This case shows us that if a complaint of diarrhea or AGE if left untreated or unattended at right time can cause decrease in liquor with fetal compromise.

STUDENT CORNER

August 2026

E.journal reading

Topic effects of UTI in Pregnancy



OTORHINOLARYNGOLOGY

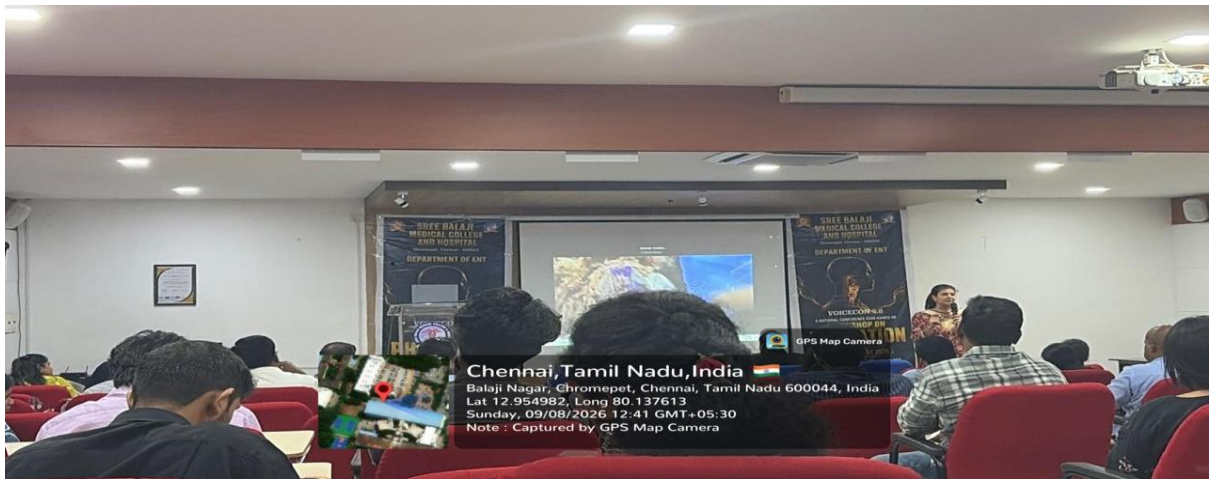
FACULTY CORNER

NO SNORECON 2026: MASTERING SLEEP APNEA – FUNDAMENTALS TO SURGICAL EXCELLENCE



Dr. Shanmugapriya and Dr. Subaluxmy attended NoSnoreCon, a content-rich academic conference offering comprehensive insights into OSAS management, covering concepts from the basics to advanced diagnostic and treatment approaches. The conference was an enriching and valuable academic experience. Conducted at Hotel Green Park, Chennai held on 01/August & 02/August-2026

VOICECON 5.0



Dr.Puja Ghosh (Prof and HOD, Dr.Shanmugapriya(Senior Resident) along with Dr.Jayesh(1st year post graduate) and Dr.Chaitanya Aashish (1st year post graduate) from the department of ENT attended CME VOICECON 5.0 conducted at Sree Balaji Medical College and Hospital, Chrompet, held On 08/August & 09/August-2026.

RESEARCH CORNER

Our department faculties have published articles on

1. RESEARCH PAPER KNOWLEDGE, ATTITUDE, AND PRACTICE TOWARD NOISE-INDUCED HEARING LOSS AMONG CONSTRUCTION WORKERS IN CHENNAI: A CROSS-SECTIONAL STUDY

Published in IJDDT, Volume 16 Issue 74s, 2026

Kumar GV, Joy AK, Priya SM, Ghosh P. Knowledge, attitude, and practice toward noise-induced hearing loss among construction workers in Chennai: a cross-sectional study. *Int J Drug Deliv Technol*. 2026;16(74s):2303-11.
doi:10.25258/ijddt.16.74s.192.

Published Link:

<https://impactfactor.org/PDF/IJDDT/16/IJDDT,Vol16,Issue74s,Article192.pdf>



2. Correlation and Individual Discordance Between SNOT-22 Symptom Scores and Nasal Endoscopic Grading in Chronic Rhinosinusitis

Velmurugan D, Devi GR, Rajendran R, Kurian AT. Correlation and individual discordance between SNOT-22 symptom scores and nasal endoscopic grading in chronic rhinosinusitis. *Int J Drug Deliv Technol*. 2026;16(72s):886-892.
doi:10.25258/ijddt.16.72s.99.

Published Link:

<https://impactfactor.org/PDF/IJDDT/16/IJDDT,Vol16,Issue72s,Article99.pdf>

OUTREACH PROGRAMMES



- **Dr. Subaluxmy (Senior resident) along with CRMI Doctors from the department of ENT attended BHAARATH SCHOOL CAMP conducted by Bhaarith Medical College and Hospital on 27TH AUGUST 2026**

PAEDIATRICS

PROGRAMMES AND EVENTS

WORLD BREASTFEEDING WEEK 2026

The Department of Paediatrics, Bhaarith Medical College & Hospital, celebrated World Breastfeeding Week 2026 from 1–7 August 2026, in keeping with the theme “Breastfeeding for a Sustainable Start in Life: Strengthen What Works.”

The week-long programme brought together faculty, undergraduate students, nursing staff, mothers and the general public to promote awareness about the importance of breastfeeding and to strengthen breastfeeding-supportive practices. The celebrations began with a Breastfeeding Pledge Wall, awareness video displays and an information exhibition at the Paediatric OPD.

A series of engaging academic and awareness activities followed, including quizzes for final-year MBBS students and nursing staff, an e-poster competition, poster competition, and a breastfeeding awareness skit. A guest lecture by Prof. Dr. S. Srinivasan, Expert Advisor, Child Health, National Health Mission, Tamil Nadu, provided valuable insights into breastfeeding practices and child health.

The celebrations also extended beyond the academic setting. A rangoli competition added a creative dimension to the campaign, while antenatal and postnatal maternal counselling sessions, a hands-on lactation training workshop for nursing staff, and distribution of breastfeeding awareness pamphlets to the public helped translate knowledge into practical support for mothers.

The programme reflected the Department of Paediatrics’ commitment to nurturing healthier generations by promoting breastfeeding as a simple yet powerful foundation for lifelong health. The enthusiastic participation of students, staff and the community made the week a meaningful celebration of breastfeeding, maternal support and child health.

SPECIAL CASE REPORT

WHEN FEVER TOLD A DIFFERENT STORY: A CASE OF KAWASAKI DISEASE

A seemingly routine case of fever and cervical lymphadenitis in a 3-year-old child turned into an important clinical learning experience at our institution.

The child presented with **fever for five days**, associated with **unilateral cervical swelling** that had appeared on the second day of fever. Initially, the clinical picture was suggestive of cervical lymphadenitis, and the child was treated with oral antibiotics. However, the fever persisted despite treatment.

As the days progressed, the clinical picture changed. The child developed **erythema of the lips, bilateral conjunctival congestion and a maculopapular rash over the chest**. Laboratory investigations revealed **leukocytosis and an elevated C-reactive protein (CRP)**. The combination of persistent fever, cervical lymphadenopathy and characteristic mucocutaneous manifestations raised suspicion of **Kawasaki disease**.

The child was admitted and promptly started on **intravenous immunoglobulin (IVIG) at 2 g/kg**, along with aspirin therapy. The response was encouraging—the fever subsided within 36 hours, and the child remained clinically stable thereafter. Echocardiography showed **no evidence of coronary artery involvement**.

The child was planned for continuation of aspirin therapy, with transition from the initial anti-inflammatory dose to low-dose aspirin after the required afebrile period. A repeat echocardiogram was advised at two weeks to monitor for any delayed coronary artery changes.

A reminder to look beyond the first diagnosis:

This case highlights an important lesson in paediatrics: **persistent fever that does not respond as expected should prompt us to revisit the diagnosis**. Kawasaki disease can initially resemble common childhood infections, including cervical lymphadenitis. Recognising the evolving constellation of fever, mucosal changes, conjunctival congestion, rash and lymphadenopathy is crucial, as **early treatment with IVIG significantly reduces the risk of coronary artery complications**.

The case served as a valuable reminder that in paediatrics, **the diagnosis may reveal itself over time—and careful observation can be as important as the first clinical impression**.

PSYCHIATRY

THE LIGHT AT THE END OF THE TUNNEL

Abraham Lincoln, the 16th President of the United States, carried an invisible weight that few could comprehend. A nation torn by civil war, a personal mission to unite his people and end slavery. These dreams felt impossibly distant. He was drowning in depression, the kind that makes every breath feel borrowed, every task insurmountable. At his lowest point, Lincoln considered taking his own life. But something shifted. His friends stood by him. His family held him through the darkness. With their support, he chose to try one more time. He brought the abolition of slavery and the end of the Civil War. A man who once stood at the edge of despair became a beacon of hope, not because his pain vanished, but because he reached out, accepted help, and moved forward, one step at a time.

Depression is a thief. It steals your energy, your joy, your sense of possibility. If you are struggling right now, the weight you feel is real. The hopelessness is profound. But it is also treatable, and you are not alone.

Depression does not whisper softly. It arrives like a mountain of weight pressing down on your entire being. So crushing that you cannot see past it. It seeps into every corner of your day. Your energy dissolves, leaving you unable to face even the simplest tasks. Activities that once brought joy become colourless and distant. Sleep abandons you or consumes you, depending on the day. Your appetite shifts, becomes unpredictable. Work suffers. Relationships strain. The future, once full of possibility, becomes nothing but a dark tunnel with no end. And in this darkness, a thought takes root: There is no way out. You feel trapped in a cycle where every step forward drags you back twice as far. The guilt is overwhelming. The hopelessness feels permanent. This is depression's cruellest lie -that it will always be this way.

But here is what depression does not want you to know: the way out is real, and it begins with a single choice to reach out.

Right now, people in your life care about you. Your parents. Your friends. The people you interact with daily. They are waiting for you to let them in. Seeking help is not weakness—it is the bravest thing you can do. It is an act of defiance against the lie

that you must face this alone.

The first step is often the hardest. Confide in someone you trust—a parent, a friend, a teacher, anyone who makes you feel safe. Break the silence. Tell them what you are feeling. This single conversation can change everything, because it reminds you that you do not have to carry this burden alone.

Next, reach out to a mental health professional. A psychiatrist, counselor, or therapist is trained in the language of depression and despair. They understand. They have helped countless people climb out of the exact darkness you are in right now.

Therapy and medication are not admissions of failure—they are tools, like crutches for a broken leg, designed to hold you up while you rebuild your strength.

Recovery does not happen overnight. It happens in small, almost invisible steps.

One week, you find the strength to get out of bed. The next week, you take a walk. A week after that, you attend a class or meet a friend for tea. Slowly, you begin to piece yourself back together. There will be setbacks. There will be days when the weight feels as heavy as ever. But with each small victory, you are proving to yourself that recovery is possible.

Life moves in cycles. What goes down eventually rises. The lows you experience now, as unbearable as they are, are not your final destination. They are part of the rhythm of being human. And here is what depression cannot tell you: these depths, these moments of complete despair, are often the foundation for your greatest resilience. The pain you feel today is gathering momentum for the strength you will find tomorrow.

Lincoln did not eliminate his depression. But he did not let it define his legacy. He moved forward, broken and hurting, and changed the world. You do not need to be healed to move forward. You just need to take the next step. If you are in crisis right now, if thoughts of suicide are overwhelming you, please reach out immediately. Tell someone. Call a crisis helpline. Go to the casualty. Your life matters. Your presence in this world matters. There is help, and it is waiting for you.

You are stronger than you know. You are more resilient than your mind will allow you to believe right now. Help is real, recovery is possible, and you deserve both.

PRE AND PARACLINICAL DEPARTMENTS

ANATOMY

FACULTY CORNER

Dr. Kafeel Hussain, Professor and Head, Department of Anatomy, was appointed as the external examiner for First year MBBS university practical examination at VELS Medical College and Hospital under Vels University from 14th, 17th- 18th August 2026.



Dr. Priyanka Clementina Stephen, Assistant Professor, Department of Anatomy, was appointed as the external examiner for First year MBBS university practical examination at ESIC Medical College and Hospital under The Tamilnadu Dr. MGR Medical University from 19th -21st August 2026.

Dr. C. S. Janaki, Professor, Department of Anatomy has published a research paper titled **“Effectiveness of a Nurse-Led Self-Management Programme on Pain Severity, Menstrual Symptoms, and Quality of Life Among Adolescent Girls with Primary Dysmenorrhea: A Randomized Controlled Trial.”** The study highlights an important healthcare intervention aimed at improving menstrual health, reducing pain severity, and enhancing quality of life among adolescent girls. The research has been published in **STAPS Journal, Volume 12, Issue 8, August 2026.**



<https://stapsjournal.com/>

ISSN NO : 1782-1568

Effectiveness of a Nurse-Led Self-Management Programme on Pain Severity, Menstrual Symptoms, and Quality of Life Among Adolescent Girls with Primary Dyamenorrhea: A Randomized Controlled Trial

Mrs. R. Sangari^{1*} and Dr. C. S. Janaki²

¹PhD Scholar, Bharath University, Bharath Institute of Higher Education and Research, Chennai, Tamil Nadu, India.

²Professor, Department of Anatomy, Bharath Medical College & Hospital, Bharath Institute of Higher Education and Research (A Unit of BIHER), Chennai, Tamil Nadu, India. ORCID ID: 0000 0002 0007 0012.

*Corresponding Author : Mrs. R. Sangari

ABSTRACT

Background: Primary dysmenorrhea is a common menstrual problem among adolescent girls and may adversely affect pain, menstrual symptoms, daily activities, school participation, and quality of life. **Objective:** The present study aimed to evaluate the effectiveness of a nurse-led self-management programme on pain severity, menstrual symptoms, and quality of life among adolescent girls with primary dysmenorrhea. **Materials and Methods:** A quantitative true experimental pretest-posttest control group design was adopted among 60 adolescent girls with primary dysmenorrhea in a selected school in Tamil Nadu. Participants were randomly allocated using the lottery method into an experimental group (n=30) and a control group (n=30). The experimental group received an eight-session nurse-led self-management programme over four weeks, with two sessions per week, while the control group received routine care/information. Pain

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Oviya Chezhan N, attended the online guest lecture on the topic Recent Advances in Anatomy on August 7th 2026 as a part of Masterclass Lecture Series Conducted by the Department of Anatomy, Sri Ramachandra Medical College and Research Institute.



PHYSIOLOGY

PROGRAMMES AND EVENTS

ACADEMIC EVENTS & DEPARTMENT ACTIVITIES

Bhaarath Medical College & Hospital (BMCH), celebrated the 80th Independence Day in its campus on 15th Aug 2026. The program was organized by the department of Physiology and was presided by Dean Dr R G Rajashree, Vice-principal student affairs Dr Vijayamalathi, Vice-principal administration Dr Sriranjani, Medical Superintendent Dr Venkateswaralu and Deputy Medical Superintendent Dr Muthukumar.





The event commenced with flag hoisting by Dean which was formally coordinated by the NCC team.

Following the flag hoisting protocol wise National songs were played and the dignitaries occupied the dais. The Welcome address was delivered by Dr Latha, Prof, & Head, Dept. of Physiology highlighting the role of healthcare professionals in uplifting the welfare of the country.

The Independence Day speech was delivered by Dean Dr Rajashree, who emphasized the role of every citizen in understanding and respecting the sacrifices made by the freedom fighters for the upcoming generations. Following her speech the cultural events took place

Ms Vishwarupika, Phase II MBBS student expressed her patriotism through her speech where she highlighted the role of women freedom fighters and women empowerment in current era. Following her speech an energetic group singing performance was performed by the Faculty of Physiology. The Nursing staff actively performed group dancing and solo singing, adding more patriotism to the program.

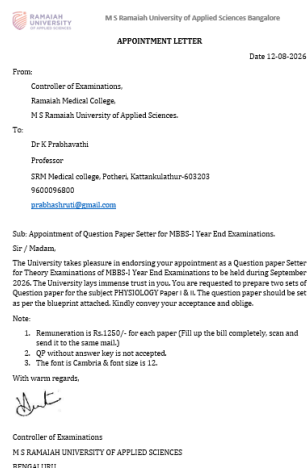
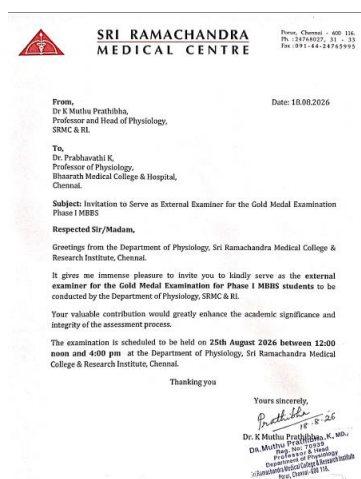


The event concluded on a cheerful and inspiring note, leaving everyone with a renewed sense of national pride and responsibility. It was a memorable celebration of our

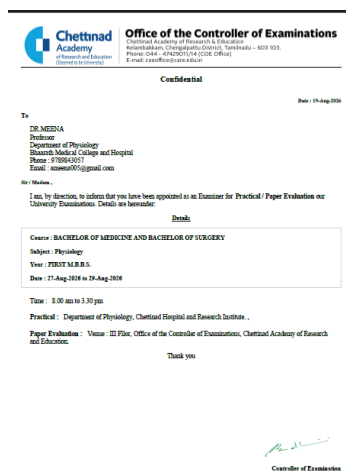
journey as a nation and a reminder to contribute towards a healthier, stronger, and brighter India.

FACULTY CORNER

Dr. Prabhavathi, Professor, contributed to academic assessment by serving as a Question Paper Setter for the I MBBS examination, invited by Ramaiah Medical College, Bengaluru. She also served as an External Examiner for the Gold Medal Examination at Sri Ramachandra Medical College on 25th August 2026. Her active involvement highlights her valuable contribution to academic excellence and assessment in medical education.



Dr. Meena, Professor of Physiology, was invited to serve as an External Examiner for the I MBBS University Practical Examination at Chettinad Hospital and Research Institute, from 27th to 29th August 2026. Her participation reflects her valuable contribution to academic assessment and medical education.



RESEARCH & PUBLICATIONS

Dr. Latha, Professor and Head, contributed as the third author to the research article titled “Significant Impact of Traditional Yogic Practices with and Without OM Chanting on Psychometric Indices and Academic Performance among Adolescent Girls,” published in *Physical Rehabilitation and Recreational Health Technologies* in August 2026. The publication reflects the department’s continued contribution to research and evidence-based academic scholarship.



Dr. Priya, Dr. Latha, and Dr. Vanathy jointly contributed to the research article titled “RBC Parameters as Cost-Effective Biomarkers in Normal and Altered Glycemic States: A Cross-Sectional Study,” published in the *International Journal of Applied and Basic Medical Research*, Wolters Kluwer. The publication highlights the department’s collaborative efforts in clinical research and the exploration of accessible, cost-effective biomarkers.



PATHOLOGY

PROGRAMMES AND EVENTS

OUT-REACH ACTIVITIES - BLOOD DONATION CAMP

Bhaarath Medical College blood bank team successfully organized a Blood Donation Camp on **14/08/2026** at **Thagam Foundation, Medavakkam** with the valuable support and coordination of dedicated volunteers. The program witnessed active participation from students, staff members and local residents. A medical team from the college ensured proper screening, safe blood collection, and post-donation care for all donors. The volunteers played a significant role in organizing the event, guiding donors, maintaining discipline, and ensuring the smooth functioning of the camp.

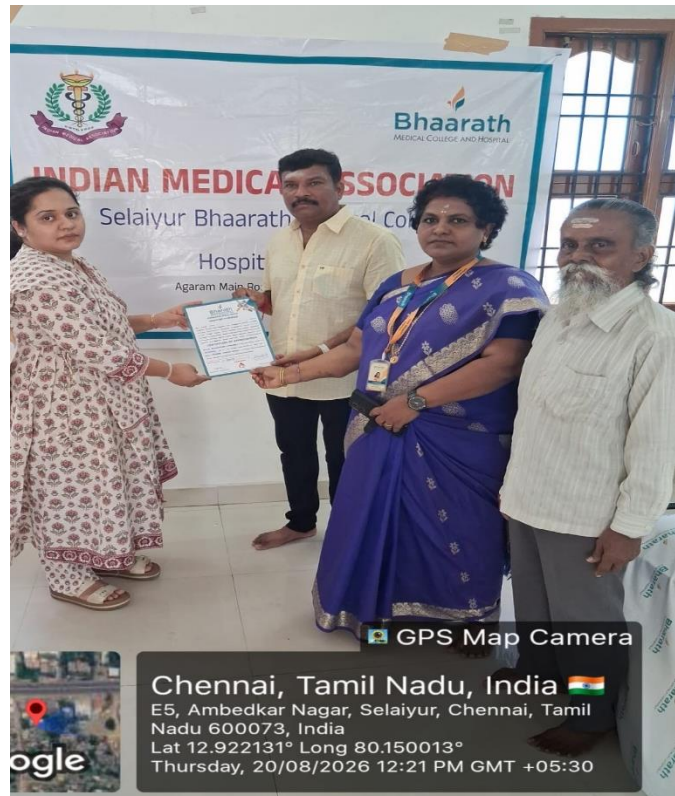
The event was highly successful and reflected the spirit of social responsibility and community service. Through this initiative, a significant number of blood units were collected to support patients in need and emergency medical services.





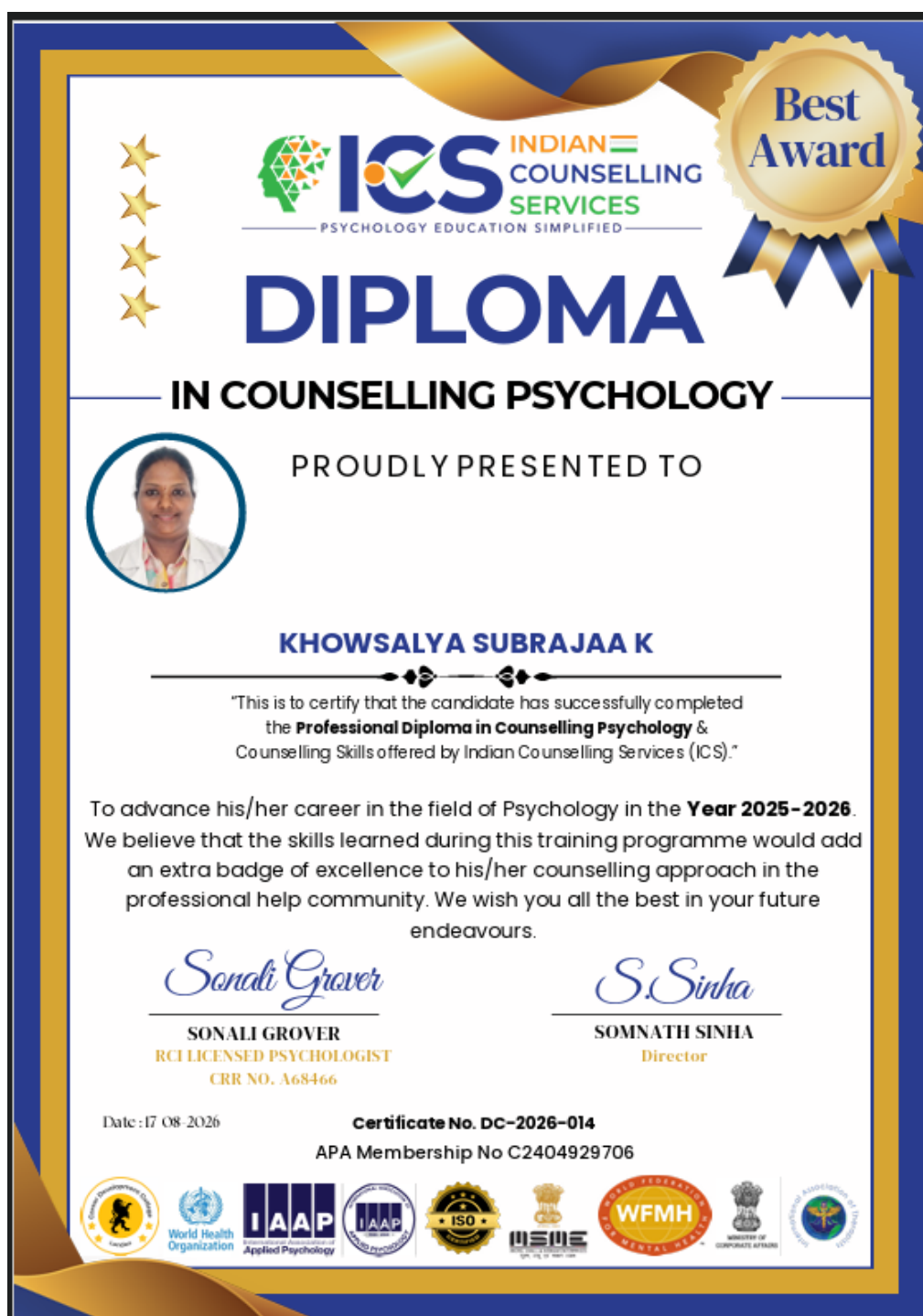
Bhaarith Medical College blood bank team successfully organized a Blood Donation Camp on **20/08/2026** at **Sri Aganda Paripoorana Sachidananda sabai, Selaiyur, Chennai** with the valuable support and coordination of dedicated volunteers. The program witnessed active participation from students, staff members and local residents. A medical team from the college ensured proper screening, safe blood collection, and post-donation care for all donors. The volunteers played a significant role in organizing the event, guiding donors, maintaining discipline, and ensuring the smooth functioning of the camp.

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FACULTY CORNER

Course Completed – Professional Diploma in Counselling Psychology –
Dr.Khowsalya Subrajaa.K



IMA PROGRAMMES

IMA North zone fine arts competition - 2nd place in Fireless cooking -

Dr.M.N.K Dhanalakshmi



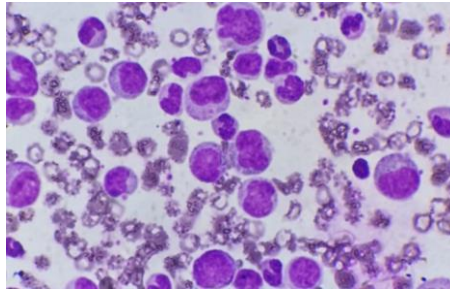
IMA North zone fine arts competition – 3rd place in For and Against Speech -

Dr.Khowsalya



SPECIAL CASE REPORT

HAEMATOLOGY CASE REPORT



A 5-year-old female child presented with fever, cough, and breathlessness of 2 days duration. On clinical examination, splenomegaly was noted. Complete blood count revealed marked leukocytosis with a total leukocyte count of $2.58 \times 10^5/\mu\text{L}$, anemia with hemoglobin of 7 g/dL, and with a platelet count of $4.0 \times 10^5/\mu\text{L}$. Peripheral blood smear demonstrated a pronounced myeloid left shift with circulating blasts.

Differential leukocyte count showed myeloblasts 14%, promyelocytes 2%, myelocytes 16%, metamyelocytes 4%, band forms 14%, segmented neutrophils 38%, eosinophils 4%, basophils 1%, lymphocytes 5%, and monocytes 2%. The smear therefore showed marked granulocytic leukocytosis with representation of myeloid precursors at various stages of maturation, along with an increased blast population. The presence of significant anemia and splenomegaly, together with extreme leukocytosis and a complete spectrum of myeloid maturation, is highly suggestive of a chronic myeloproliferative neoplasm, particularly chronic myeloid leukemia (CML).

The blast percentage of 14% raises concern for an advanced phase of disease and warrants urgent further evaluation. However, a definitive diagnosis cannot be made on peripheral smear alone. So advised for a Bone marrow aspiration and trephine biopsy for assessment of cellularity, blast percentage, and morphology. Cytogenetic and molecular testing for the BCR::ABL1 fusion gene, including detection of the t(9;22)(q34;q11.2) Philadelphia chromosome, is essential to confirm CML. Acute myeloid leukemia with myeloid differentiation and other myeloproliferative/myelodysplastic disorders should also be considered in the differential diagnosis.



Bhaarath

MEDICAL COLLEGE & HOSPITAL



Bhaarath Medical College and Hospital

A constituent institution of Bharath Institute of
Higher Education and Research (BIHER)

(Declared as Deemed-to-be University under section 3 of UGC Act, 1956)

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