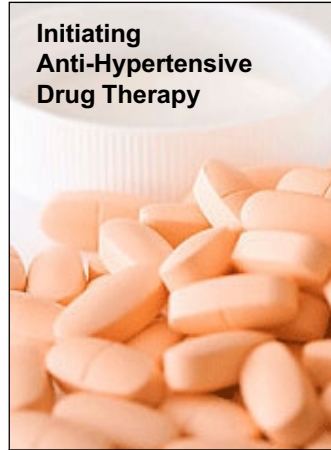




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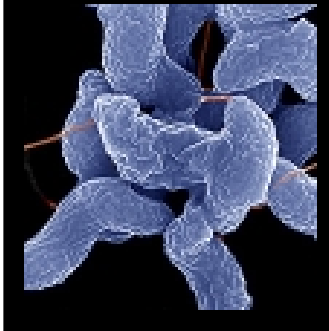
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**Initiating
Anti-Hypertensive
Drug Therapy**

**Weekly Scientific Programme
& G.P. Forum pg. 04**

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Office : 2625 4368 / 6523 5579 Fax : 2620 6517
E-mail: imamumbaiwest@yahoo.com

**Advertisement cheques to be drawn
in favour of IMA Mumbai West**



Please get your IMA Mumbai West **IDENTITY CARD**. Identity Card shall be mandatory for future events.

UPDATE YOUR DATA

Name

Residence Address

.....Telephone

Clinic Address

.....Telephone

Mobile Blood Group

Email ID/s. Date of Birth

Send sms to 9819812996 or email to : drjayeshlele@yahoo.com

Your
stamp
size
Photograph

Dr. S.K. Joshi
Hon. Secretary



INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

I.M.A. Bldg., Behind Chandan Cinema, J. R. Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

Office : 2625 4368 / 6523 5579 Fax : 2620 6517

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			Residence	Mobile
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Dr. Doshi Kusum	2641 1334	26145316	98213 77654	Dr. Shah Nilesh	2614 7457	2614 8606	98206 71776
Dr. Dua Atul	2887 6186	2886 6446	9820140533	Dr. Shetty Umesh	5694 1610	2670 3639	98201 37779
Dr. Gupta Sanjay	-	2628 2243	98202 32606	Dr. Tiwaskar Mangesh	2848 6588	2808 2713	98200 67424
Dr. Joshi Kaushik	2888 8236	2880 2792	98922 80527	Dr. Vaid Zubin	2628 5700	2674 0082	98212 31939
Dr. Kalambi Suresh S.	2679 6556	2683 5719	98191 62278	Dr. Vaidya Niranjan R.	-	2646 2122	93204 42122
Dr. Kamdar Bipin	2612 6699	5691 9933	98200 26093	Dr. Vora Agam	28924811	2893 0010	98200 70054

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Asst. Secretary	Dr. Bhargava Priti	-	2633 0653	98338 87603

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Asst. Secretary	Dr. Patel Heena M.	2682 3179	2620 2392	93222 38372

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	Dr. Mehta B. S.	2683 2766	2683 2359	98201 31926
	Dr. Umarjee Saeed	2889 1523	2636 6284	98211 10975



From the Hon. President's desk.....

Dear Friends,

It was good beginning for our team. I thank all who could join us on 5th April 2009, during the installation of our team 2009-2010. Many also had sent blessings to the new committee.

Our 1st week events **WHO Day on 7th April** and **Paediatric Update on 12th April** were well attended by delegates. We are planning various CME activities and within a month the entire year's tentative programme will be finalized, so that you can plan the calendar.

We had been working hard for the **MMC elections** for the entire month, as **IMA –AMC- MAGMO**, panel supported by MARD, GPA and many more medical associations, participated with full strength. The elections were being held after almost 9 years and it was very important that our entire panel members win the election with thumping majority. The elections were held on 26th April for the first time as physical voting. But it is sad that in spite of so much sensitization and contacting all the MMC doctors only about 10-12 % votes were polled. We received good response for the panel, the result may be declared around 5th May. We are very certain that the panel shall make the presence felt in MMC and it shall be helping the doctors as well as patients to solve the problems.

Our 1st meeting for the **MASTACON 2009** was held and shortly the scientific programme shall be announced. We request all the delegates to register early to avoid last minute rush. Please reserve 13th, 14th and 15th November for this grand event, which includes banquet on 14th November. Members who wish to help us in various subcommittees please let us know.

This year **IMA Maharashtra State President** shall be elected from Mumbai and nearby region. We have nominated our senior

“

*We had been working hard for the **MMC elections** for the entire month, as **IMA –AMC- MAGMO**, panel supported by MARD, GPA and many more medical associations, participated with full strength.*

”



Dr B S Mehta as OFFICIAL candidate. We look forward to your strong **support and unity** to elect our own branch member as **President** at IMA Maharashtra State office. The branch election shall be held on **9th August**, so please mark your calendar.

Our team held the 1st managing committee meeting and various Chairpersons have been appointed. Members who wish to join any sub committee please contact the respective chairperson. We need good support from all the members to improve.

Please contact your friends and tell them about our IMA membership being increased from 1st May 2009. We have already received about 25 members in last month and the response is encouraging. Especially after the Maharashtra Government ordinance and MMC elections IMA is being well recognized as largest medical association in Maharashtra as well as India.

Friends your active participation in large nos makes the difference. We need to be united to be recognized.

Jai HO

Dr Jayesh Lele

Cell: 981 981 2996

E mail: drjayeshlele@yahoo.com

Rich
Desk
Dear
friends
It
was
good
beginning
for
our
team
I
thank
all
who
could
join
us
on
5th
April
2009
during
the
installation
of
our
team
2009-
2010
Many
also
had
sent
blessings
to
the
new
committee
Our
1st
week
events
WHO
Day
on
7th
April
and
Paediatric
Update
on
12th
April
were
well
attended
by
delegates
We
are
planning
various
CME
activities
and
within
a
month
the
entire
year's
tentative
programme
will
be
finalized
so
that
you
can
plan
the
calendar
We
had
been
working
hard
for
the
MMC
elections
for
the
entire
month
as
IMA –AMC-
MAGMO
panel
supported
by
MARD
GPA
and
many
more
medical
associations
participated
with
full
strength
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were
being
held
after
almost
9
years
and
it
was
very
important
that
our
entire
panel
members
win
the
election
with
thumping
majority
The
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were
held
on
26th
April
for
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first
time
as
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But
it
is
sad
that
in
spite
of
so
much
sensitization
and
contacting
all
the
MMC
doctors
only
about
10-12
%
votes
were
polled
We
received
good
response
for
the
panel
the
result
may
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declared
around
5th
May
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that
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shall
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in
MMC
and
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shall
be
helping
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doctors
as
well
as
patients
to
solve
the
problems
Our
1st
meeting
for
the
MASTACON
2009
was
held
and
shortly
the
scientific
programme
shall
be
announced
We
request
all
the
delegates
to
register
early
to
avoid
last
minute
rush
Please
reserve
13th
14th
and
15th
November
for
this
grand
event
which
includes
banquet
on
14th
November
Members
who
wish
to
help
us
in
various
subcommittees
please
let
us
know
This
year
IMA
Maharashtra
State
President
shall
be
elected
from
Mumbai
and
nearby
region
We
have
nominated
our
senior



WEEKLY SCIENTIFIC PROGRAMME

**Lectures on Every Thursday
at 2.30 p.m. sharp**

Venue : **Lupin CME Auditorium**, IMA Building,
J. R. Mhatre Marg, Behind Chandan Cinema, J.V.P.D.
Scheme, Juhu, Mumbai - 400 049.

DATE	TOPIC	SPEAKER
07.05.2009	Malaria Update	Dr. Anil Balani
14.05.2009	Initiating Anti-Hypertensive Drug Therapy - Which drug for which patient?	Dr. Akshay Mehta
21.05.2009	Recent Trends in Cosmetic Surgery	Dr. Manoj Kumar Manvani
28.05.2009	Holiday	

G. P. FORUM - ADDITIONAL C.M.E. PROGRAMME FOR GENERAL PRACTITIONERS

**Every Tuesday
at 2.30 p.m. sharp**

Venue : **Lupin CME Auditorium**, IMA Building,
J. R. Mhatre Marg, Behind Chandan Cinema, J.V.P.D.
Scheme, Juhu, Mumbai - 400 049.

DATE	TOPIC	SPEAKER
05.05.2009	Challenges in Asthma (World Asthma Day)	Dr. Sanjeev Mehta
12.05.2009	Systemic Auto-Immune Disorders - (World Chronic Fatigue And Immune Dysfunction Day)	Dr. Yojana Gokhale
19.05.2009	Vitiligo Day	Dr. Haresh Timbadia
26.05.2009	Recent Management of acute MI	Dr. Anil Sharma
02.06.2009	World Tobacco Day	Dr. Prabhakar Shetty

• We highly appreciate and thank the following pharmaceuticals for sponsoring our weekly CMEs Programmes:

- 1) M/s. Cipla Ltd. for Dr. Ajay Kedia's lecture on 17th February 2009.
- 2) M/s. Fulford India Ltd. for Dr. Mahesh Shah's lecture on 31st March 2009.
- 3) M/s. IPCA Bionova Lab. Ltd. for Dr. R. D. Kharkar's lecture on 09th April 2009.
- 4) M/s. Glenmark Pharma Ltd. for Dr. R. D. Kharkar's lecture on 09th April 2009.

- **WORKING LUNCH WILL BE SERVED FROM 01.30 PM TO 02.30 PM BEFORE EACH CME.**
- **CGP & IMA Members who have paid Annual Fees : (CGP:Rs.750/- & IMA:Rs.1000/-) Free.**
- **CGP & IMA Members : Rs. 50/- (Not Paid Annual Fees) (Weekly Lectures).**

Each Lecture carries A Credit of 1 Hour Each For FCGP Examination.

Dr. Jayesh Lele
President

Dr. S.K. Joshi
Hon. Secretary

Dr. Subodh Kedia
Asst. Director of Studies

Dr. Priti Bhargava
Asst. Secretary

IMA - Mumbai West C.G.P. Sub Faculty



From the Hon. Secretary's desk.....

Dear Members,

Our Father of Nation – Mahatma Gandhi had rightly written “To believe in something and not to practice it is Dishonesty”. Gandhiji himself had a paramount faith in the naturopathy and science of healing by natural means like observing fast, clay applying, simple food, prayers etc and he stuck to it for his whole life. As a corollary to believe in democracy and not to exercise right of casting your vote is moral dishonesty. I strongly believe all of you must have responded positively in casting your vote in 2 major elections - MMC and parliamentary which took place last month. This is most essential in making your voice heard in administration.

Our fraternity was always considered “Soft Target” by many in General Public and was attacked and assaulted often for no fault of ours. The seed of protest which we planted in the month of October last year has groomed into beautiful tree and started giving us pleasant fruit in the form of law by now. I strongly compliment our branch leaders like Dr. Arshad Gulam Mohd., Dr. Suhas Pingle, Dr. Anil Suchak, Dr. Jayesh Lele, Dr. Bakulesh Mehta and others who took up this challenge and pursued the matter effectively and also complement leaders from other organization like AMC, GPA-GB and IMA - Maharashtra State Branch too. This rightly proves - “united we stand”.

I thank all members who attended Annual Day Programme with their families on Sunday, 5th April 2009 in large numbers, making it a grand success. We had also interesting programme of “Preparation of Will” on Tuesday, 14/04/09. We had also organized an interesting W.H.O DAY Programme on Tuesday, 07/04/09. This year there “SAVE LIVES – MAKE HOSPITALS SAFE IN EMERGENCIES” was apply discussed with emphasis on preparedness of health care dealing system – to deal with a mishap or disaster which can be either natural or man – made. We had to organized seminar on Pediatric Up-Date at a very short notice on Sunday, 12/04/09. I also appreciate the kind gesture of Kokilaben Dhirubhai Ambani Hospital of supporting WHO programme of 07/04/09 and paediatric update on 12/04/09.

This year's W H O theme also shows the effective infrastructure of healthcare provider system & its preparedness to deal with sudden unexpected rush of casualties on account of disaster either man made, bomb blast, war or natural calamities like floods, earthquake etc. It is highly desirable to form small area wise groups

“

Our fraternity was always considered “Soft Target” by many in General Public and was attacked and assaulted often for no fault of ours. The seed of protest which we planted in the month of October last year has groomed into beautiful tree and started giving us pleasant fruit in the form of law by now.

”



of doctors who are willing to serve in such times of need & emergency. Also sub groups have to tie up or associate with certain hospitals / nursing homes who can meet the demands e.g. suddenly if 100 victims of earthquake crop up with multiple injuries at one centre at same time, to cope up with such an emergency load of patients, many NGO's like ROTARY, LION, MCGM various Institutions, government hospitals & Private hospitals have to come together to meet the issue of providing immediate first aid & comprehensive treatment to these victims. This is a challenging task for any civic organization. I assure you full co-operation of our branch in taking lead & undertaking necessary training of doctors & agencies for disaster management.

The programme of “Preparation of Will” also brought out many technical details. This is the issue which we have to address sooner or later. Sooner the better! The important message that came thr' this seminar was ... “Prepare the will if you have not still prepared – don't delay – don't neglect”. One never knows the future or one's destiny. One never knows what's going to happen next day / next month. The whole nation knows the trouble & division created by even properly made will of members belonging to leading industrial house of our country few year's back.

I wish you and your family a very happy times in the summer vacation.

With best regards,

Dr. S. K. Joshi
Hon. Secretary



HEARTIEST CONGRATULATIONS!!!

Our heartiest congratulations to following managing committee members for their appointment as chairpersons on various sub committee of our branch.

01	Action Sub - Committee	Dr. Arshad Gulam Mohd.
02	Anti Quackery Sub - Committee	Dr. Narendrakumar
03	Building Sub - Committee	Dr. Ashok Balsekar
04	Constitution Sub Committee	Dr. Akil Contractor
05	Cultural Sub - Committee	Dr. Rohini Badwe
06	Editor - Medical Image Sub - Committee	Dr. Balkrishna Inamdar
07	Fund Raising Sub Committee	Dr. Manohar Bachani
08	Geriatric Cell Sub Committee	Dr. Suresh Kalambi
09	Identity Card Sub - Committee	Dr. Parthiv Sanghvi
10	Library Sub - Committee	Dr. Arun Chaudhari
11	Medico Legal Sub - Committee	Dr. Mahesh Baldwa
12	Members Welfare Sub - Committee	Dr. Bipin Kamdar
13	Membership Drive Sub - Committee	Dr. Sanjay Gupta
14	Public Health and Welfare Sub - Committee	Dr. Manoj Chawla
15	Social Security Scheme Sub - Committee	Dr. Kaushik Joshi
16	State and Centre Co-ordinator Sub Committee	Dr. Niranjan R. Vaidya
17	Sport Sub Committee	Dr. Nilesh Shah
18	Women's Wing Sub - Committee	Dr. Bhavna Patel

We would like to announce inclusion of following members in our managing committee by way of co-option.

1. Dr. Arshad Gulam Mohd.
2. Dr. Ashok Balsekar
3. Dr. Agam Vora
4. Dr. Manohar Bachani
5. Dr. Suhas Pingle

Dr. Jayesh Lele
President

Dr. S.K. Joshi
Hon. Secretary



Editorial

Dear Friends,

It gives me great pleasure to be appointed by Managing Committee as Editor of our prestigious magazine – “Medical Image”. The job of any editor is no bed of roses, especially of our magazine which goes to our discerning 2800 + members, but only comforting thought is that I have been here before as well and my past experience will stay in good stead while carrying out the responsibilities as an editor.

Bulletin of any organization is considered as a mouthpiece or face of that organization. Our “Medical Image” is more so due to its wide reach and its readability. We will definitely try not only to maintain the past glory, but to improve upon its readability and worth to our members. The editorial board is geared up for the forthcoming challenge. Looking at the composition of the board, I have no hesitation in saying that we will do a good job.

Since last few years, we have given particular attention to include informative articles for our members. This has led to all round development of knowledge of our members in every sub faculty of medicine. We have also been proactive in keeping advertisement rates at the ground level for our members. I request all of you to contribute in terms of your ideas and articles if any to enrich our magazine and make it more broad based. This will make it a better and more useful magazine for all of us.

Some of the ways you can contribute to our magazine are ...

1. Giving your articles, thoughts, humour etc (subject to editing);

“

**Friends,
proof of the
pudding lies
in eating it!
Proof of the
excellence of our magazine
lies in the utility value
demonstrated by your
participation in it. Let us
make our magazine the most
readable, useful and looked-
after magazine for all of us.**

”



2. Announcements of your information (included in classified announcements);
3. Giving your feedback on various issues in the magazine or issues faced by our branch;
4. Bringing advertisements for our magazine (member rates are lower than commercial rates; etc.

Friends, proof of the pudding lies in eating it! Proof of the excellence of our magazine lies in the utility value demonstrated by your participation in it. Let us make our magazine the most readable, useful and looked-after magazine for all of us.

Warm regards.

Dr. Balkrishna Inamdar
Editor, “Medical Image”
bminamdar@gmail.com
9833054054



**PLEASE REGISTER
EARLY**

**CHARGES FOR MASTACON 2009
(IMA – MAHARASHTRA STATE ANNUAL CONFERENCE 2009)
TO BE HELD ON 13TH - 15TH NOVEMBER 2009
AT OUR BRANCH PREMISES.**

- IMA delegates : Rs. 750/- up to 30th September 2009
- IMA delegates : Rs. 1000/- from 01st October 2009
- Spouse / Children : Rs. 200/- (only Banquet on 14.11.2009 at 08.00 onwards)

DR. ANIL SUCHAK Organising Chairman	DR. AKIL CONTRACTOR Organising Secretary	DR. JAYESH LELE Organising Co-Chairman	DR. S.K.JOSHI Organising Co-Secretary
---	--	--	---

**IMA – CGP CME FEES FOR THE YEAR 2009 - 2010
ANNUAL FEES:**

This includes Sunday's CME Programme, all mini conferences,
Weekly CMEs on Tuesdays & Thursdays.
(These does not include MASTACON)

- | | |
|------------------------------------|--------------|
| a. IMA - CGP Members of our branch | : Rs. 750/- |
| b. IMA - Members of our branch | : Rs. 1000/- |
| c. IMA Members of other branches | : Rs. 1500/- |
| d. Eligible Non - Members | : Rs. 3000/- |
| e. Annual CGP Fees + Mastacon Fees | : Rs. 1500/- |

**SURPRISE GIFT FOR THOSE WHO PAY
ANNUAL CGP + MASTACON 2009 FEES
ON OR BEFORE 30TH MAY 2009**

CHARGES OF IMA - CGP LIFE MEMBERSHIP

We wish to draw attention of newly admitted life members of our branch that revised charges for IMA – CGP Life Membership are as follows with effect from 1st January 2009

- 1) IMA – CGP Life Membership **Rs. 1000/-**
- 2) IMA – CGP Quarterly Journal life time subscription **Rs. 1000/-**

IMA – CGP ANNOUNCEMENT

F.C.G.P. Examinations to be held in October 2009 & April 2010.
Interested candidates for details contact IMA office or CGP office bearers,
Dr. Subodh G. Kedia & Dr. Priti Bhargava.

DR. JAYESH LELE President	DR. S.K.JOSHI Hon. Secretary
-------------------------------------	--



INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

*has great pleasure in inviting you
to Symposium on*

WORLD ASTHMA DAY

Day and Date : TUESDAY, 05TH MAY 2009.
Time : 01.30 pm to 04.00 pm.
Venue : Lupin CME Auditorium, IMA Building,
Behind Chandan Cinema, J. R. Mhatre Marg,
Juhu, Mumbai - 400 049.

PROGRAMME

Time	Topic	Speaker
01.30 pm - 02.30 pm	Lunch	
02.30 pm - 02.45 pm	Welcome Address	Hon. Secretary - Dr. S. K. Joshi
	Inaugural Address	President - Dr. Jayesh Lele
	Introduction	Dr. Subodh Kedia
02.45 pm - 04.00 pm	Challenges in Asthma	DR. SANJEEV MEHTA
04.00 pm	Vote of Thanks	Dr. Priti Bhargava

• REGISTRATION CHARGES: Rs. 100/-

CGP and IMA Members who have paid Annual Fees : FREE (Only if registered in advance)
CGP and IMA Members : Rs. 100/- (Spot)
Eligible Non-members: Rs. 150/-

FOR REGISTRATION CONTACT : MS. APARNA / MS. SEEMA / MS. SUNITA
IMA - OFFICE TEL. NO. 2620 6517 / 2625 4368

DR. JAYESH LELE
President

DR. S. K. JOSHI
Hon. Secretary

DR. SUBODH KEDIA
Asst. Director of Studies

DR. PRITI BHARGAVA
Asst. Secretary

IMA - Mumbai West C.G.P. Sub Faculty



WELCOME NEW MEMBERS

Andheri	Dr. Banavalikar Pranali Ajay Dr. Kathin Ramesh Harishchandra Dr. Mamtora Jankhana Prabodh Dr. Shah Yellow Manish	Dr. Daga Gaurav Laxmiratan Dr. Kathin Kalpana Ramesh Dr. Patel Ritim Ravindrakumar
Bandra	Dr. Badhe Bhupendra Purujhottam Dr. Jagasia Anita Vinod	Dr. Badhe Prerna Bhupendra Dr. Jagasia Ms. Karishma Vinod
Borivli	Dr. Kotkar Ninad Sunil	
Dahisar	Dr. Dais Debra Savio	
Goregaon	Dr. Shah Amit Mahesh	Dr. Shah Poornima Amit
Kandivli	Dr. Agrawal Vikas	Dr. Arya Manisha
Malad	Dr. Pereira Allan Mark Ivor Dr. Shah Neha Kalpesh	Dr. Pereira Marionette Bertille
Santacruz	Dr. Nagda Nimitt Vishanji	Dr. Patel Bhargav Dhirubhai
Vile Parle	Dr. Belurgikar Sujata Shreeniwas Dr. Deshpande Mrs. Parul Mandar Dr. Shahane Sunil Madhav Dr. Takpere Suneela Vinay	Dr. Deshpande Mandar Sureshchandra Dr. Joshi Kautilya Bhupendra Dr. Sharma Monica

HURRY UP

IMA – HQs has increased the HFC share with effect from 1st April 2007. We wish to give chance to all the eligible doctors in our area to become member at lesser rate. This will be applicable till 31.05.2009.

Please inform all your friends who are not IMA members about the increase in fees.

	Concrete till 31.05.2009	New Rate from 01.06.2009
Single Life Membership	Rs. 6,000/-	Rs. 7,500/-
Couple Life Membership	Rs. 9,750/-	Rs. 11,000/-

Dr. Jayesh Lele
President

Dr. S. K. Joshi
Hon. Secretary



IMPORTANT ANNOUNCEMENT

IMA - NATIONAL SOCIAL SECURITY SCHEME

Dear Members,

You must have received notice of payment of D.F.C. No. 14 dated 25.03.2009 by now. We would like to continue the service of collection of D.F.C. payment to our members. Please send your contribution as mentioned in your notice to our office latest by 09.05.2008. Please note that no payment will be accepted at our office after 5.00 p.m. on Saturday, 09.05.2008 as the last date of payment at Ahmedabad is 15.05.2009.

You are requested to enclose.

a) **A crossed a/c payee cheque in the name of "IMA - B.W.S.B."** of the exact amount as mentioned in your notice with your full name, address, telephone number and N.S.S.S. number mentioned in legible handwriting at the back of your cheque.

b) **Blank document of "NOTICE-CUM-MONEY RECEIPT"** received by you.

A temporary receipt will be issued by our branch. A composite demand draft will be prepared by our branch and dispatched along with a list of contributing members to the Headquarters of I.M.A.- National Social Security Scheme at Ahmedabad. You will receive your official receipts directly from the scheme from

Dr. Jayesh Lele,
President

IMA – National Social Security Scheme.

We are sure you will avail of this facility like last few years.

SOCIAL SECURITY SCHEME OF IMA – MAHARASHTRA STATE BRANCH

We are happy to inform that our branch will be offering fraternity fund contribution collection facility for social security scheme of IMA – Maharashtra State Branch.

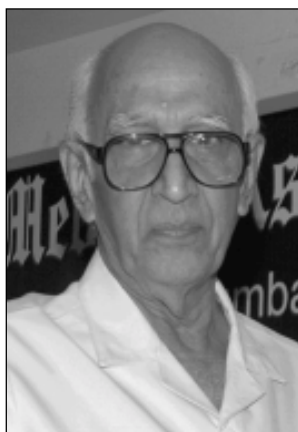
Please send a crossed a/c payee cheque drawn in favour of "IMA - MS - Social Security Scheme" to our office latest by 30th May 2009. Please write your full name, address and social security scheme on the reverse of your cheque for reference.

Individual receipts will be subsequently dispatched to you from **Social Security Scheme Office.**

Note:

Cheques issued by GPA members for GPA - Social Security Scheme will also be accepted by our office till 20th June 2009 for the convenience of those members who are members of both our IMA - Mumbai West Branch and GPA. Please make cheque in the name of "GPA - Social Security Scheme" and write your name, Social Security Scheme Membership Number on the cheque. These cheque will be physically delivered to GPA office.

Dr. S. K. Joshi,
Hon. Secretary



Condolence

IMA – Mumbai West Branch offers our heart deep tribute to

Dr. K. Ramamoorthy who was

• a teacher par excellence • finest clinician • noble human being and • friend philosopher and guide to will of as

We deeply mourn the sad demise of our "Guru"

Dr. K. Ramamoorthy.



We convey our utmost consolation to his bereaved family.

May his soul rest in eternal peace!

Office Bearers, Trust Board Members, Managing Committee Members and all the members of IMA – Mumbai West Branch.



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Annual Day 2009



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Dr. Bakulesh felicitated



Outgoing President Dr. Anil's address



Handing over from Anil to Jayesh



Chief Guest Dr. Arun Pawade - President of IMA MS



Excellent MOC Dr. Jagruti Sanghvi



The new committee 2009-10



President to Vice President - Lets do a good job



President Dr. Lele plans year ahead



Dr Akil Contractor felicitated



The talented Dr. Balsekar singing at musical eve



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FOR YOUR HEART STRINGS



Dr. Rajiv Anand

THANKFULLNESS

Dear Friends!

I have had the good fortune of spending time with people in the terminal stage of their illness or in the last few weeks of their life. These experiences have enabled me to learn vital lessons which have been incredibly helpful to me.

I have seen many good people steeped in regret over their inability to pay gratitude to all those who mattered in their life. In the hustle-bustle of hectic routine life, most of us may not even consider finding time for this vital nourishment for our own soul as well of those who contribute significantly in our being successful.

If we go by definition, gratitude, appreciation, or thankfulness is a positive emotion or attitude in acknowledgment of a benefit that one has received or will receive.

If we try to understand it in a religious context, gratitude can also refer to a feeling of indebtedness towards a deity. Most religions prescribe rituals of thanksgiving towards their higher powers; the expression of gratitude to God is a central theme of Christianity and Islam.

Psychological research has demonstrated that individuals are more likely to experience gratitude when they receive a favour that is perceived to be

1. valued by the recipient
2. costly to the benefactor
3. given by the benefactor with benevolent intentions, and
4. given gratuitously.

It has been found that

individuals who are induced to feel grateful are more likely to behave with dignity and kindness toward their benefactor or toward unrelated others.

Gratitude may also serve to reinforce future pro-social behaviour in benefactors. For example, the owner of a well known jewellery store found that customers who were called and thanked showed a subsequent 70% increase in purchases. In comparison, customers who were thanked and told about a sale showed only a 30% increase in purchases, and customers who were not called at all did not show an increase. Restaurant owners found that patrons gave bigger tips when their servers wrote "Thank you" on their checks.

Although gratitude is something that anyone can experience, some people seem to feel grateful more often than others. People who tend to experience gratitude more frequently than do others also tend to be happier, more helpful and forgiving, and less depressed than their less grateful counterparts.

Hence, when we express our gratitude towards everything & everyone that is responsible for our existence, we reaffirm our connection with them. We revive our soul's connectivity with its nourishing sources thereby revitalizing it. Family, friends, teachers, colleagues, social acquaintances, a guru, God... all those who walk through our life

and help us learn significant lessons are directly/indirectly responsible for making us whatever we are today. All the elements... Earth, Water, Fire, Space contribute greatly toward our sustained existence. Do we ever remember this and feel grateful for it?

Next time you pass by an old banyan tree, observe it keenly. Observe how it bends down in gratitude towards Mother Earth, thanking it for its height, width and health everyday and every moment of its life. Do we practice this attitude of gratitude?

Your feedback is welcome at 9819266862 or via email at dr Rajivanand@gmail.com. ■





AN APPEAL

PLEASE SUPPORT OFFICIAL CANDIDATE OF OUR BRANCH

DR. BAKULESH S. MEHTA

FOR THE POST OF

PRESIDENT OF

**I.M.A. - MAHARASHTRA STATE BRANCH
(2009-2010)**



DAY AND DATE OF ELECTION:

**SUNDAY, 09TH AUGUST 2009
FROM 9.00 AM TO 2.00 PM**

DR. JAYESH LELE
President

DR. S. K. JOSHI
Hon. Secretary

DR. JAYESH DOCTOR
Managing Trustee

DR. R. G. JIMULIA
Past President of IMA - Maha. State Br. & Trust
Board Member of IMA - Mumbai West Branch

DR. K.S. AITHAL
Past President of IMA - Maha. State Br. & Trust
Board Member of IMA - Mumbai West Branch

DR. SAEED UMERJEE
Trust Board Member

DR. B.M. INAMDAR
Vice President

DR. AJAY HARIANI
Hon. Treasurer

DR. (MRS.) ALKA B. MEHTA
Hon. Joint Secretary

**And
IMA – MUMBAI WEST BRANCH MEMBERS**



BRIEF BIO-DATA

DR. BAKULESH S. MEHTA

1) IMA - Mumbai West Branch :

- President (1997 - 1998);
- Vice President (1994 -1995, 1995 - 1996);
- Hon. Treasurer (1987 - 1988, 1988 - 1989);
- Ex. Managing Trustee (2008 – 2009)
- Members of Board of Trustee (2003 - 2004, 2004 - 2005, 2005 - 2006, 2006 – 2007 & 2009 - 2010).

2) IMA - Maharashtra State Branch :

- Hon. Joint Secretary (1993-1994, 1994 - 1995)
- Vice President (1996 -1997);
- Attended more than 22 IMA - State Conferences.
- Attended about 70 State Executive & 20 State Council Meetings.

3) IMA - Headquarters :

- C.W.C Member last 10 years & attended more than 20 CWC meetings.
- Central Council Member last 20 years.
- Attended about 18 Central Council Meeting.

4) GPA GB Mumbai: President (2000 - 2001)

5) Andheri Medical Association :

- Past President
- Trustee last five years & now Managing Trustee

6) Other Organisations / Activities :

- Hony. Physician of Cheshire Home (Home for Paraplegic) - since 1985 attached with this Charitable Organisation since 30 years.
- Hon. Secretary / Trustee of Andheri Girl's Education Society.
- Served for 3 months at Medical Relief Cell of Refugees of Kuwait - Iraq war at Sahar Airport – 1991.

7) Prestigious Awards :

- IMA – National President Appreciation Award as Best President amongst all IMA Branches of India in 1997 - 98.
- “President Appreciation Award for Selfless Services” by IMA – Maharashtra State Award Committee for the year 2006 - 2007.
- “IMA National President Appreciation Award for Life Long Services to IMA” for the year 2007 - 2008.



REPORT OF

ESSENTIALS OF PAEDIATRICS PROGRAMME

The First Monthly Scientific Programme of IMA - CGP Sub Faculty of our branch “**ESSENTIAL OF PAEDIATRICS**” was organized on Sunday, 12th April 2009 at 9.00 am to 01.00 pm at our branch premises. The seminar aimed at update in paediatrics on various practical issues.

Hon. Secretary Dr. S. K. Joshi welcomed the delegates and distinguished speakers.

President Dr. Jayesh Lele inaugurated the seminar and stressed the importance of constantly updating the knowledge to remain well versed with the current trends in the field of medicine.

The seminar was addressed by distinguished learned pediatricians, pediatric surgeons and Paediatric orthopediatric surgeon.

Pediatrician Dr. Tanu Singhal gave an excellent presentation on proper choice of antibiotics with duration and dose in routine day to day infections which we come across. Veteran pediatric surgeon Dr. Ketan Parikh gave an interesting overview of Minimally Access Surgery in children.

Leading Neonatologist Dr. Vinay Joshi presented an excellent account on Danger Signs in Newborn.

Pediatrician Dr. Preetha Joshi presented an excellent talk on Respiratory Distress in Children. Leading Pediatric Surgeon Dr. Amrish Vaidya addressed interestingly on various common surgical problems in children.

Paediatric Orthopedic Surgeon Dr. Alaric Aroojis gave informative and interesting presentation on common orthopaedic problem of bow legs, cong. dislocated hips, club feet and fractures in children. Leading pediatrician of Vile Parle Dr. Jagruti P. Sanghvi moderated the whole seminar in an excellent way. The seminar was attended by more than 100 delegates and was well appreciated by all.

We highly appreciate and express our sincere thanks to the management of KOKILABEN DHAIRUBHAI AMBANI HOSPITAL for their kind gesture of providing Educational Grant for this programme.

DR. SUBODH KEDIA
Asst. Director of Studies

DR. PRITI BHARGAVA
Asst. Secretary

IMA - Mumbai West C.G.P. Sub Faculty

REPORT OF

W.H.O. DAY PROGRAMME

We had organized an interesting programme on the occasion of WORLD HEALTH ORGANIZATION DAY jointly with Medical Club of Vile Parle on Tuesday, 07th April 2009 at 2.30 pm to 4.30 pm at our branch premises.

This programme was based on this year's WHO theme of “Save Lives ! Make Hospitals Safe in Emergencies”.

Hon. Secretary Dr. S. K. Joshi welcomed the delegates. President Dr. Jayesh Lele inaugurated the programme. Distinguished learned speakers for Kokilaben Dhurubhai Ambani Hospital addressed the delegates on this occasion.

Then Dr. B. M. Inamdar was invited to moderate the seminar. He gave overview of the WHO theme and then introduced the speakers.

Neuro surgeon Dr. Abhaya Kumar spoke excellently on the issues related to neuro surgery chiefly the head injuries.

Orthopaedic surgeon Dr. Ashish Jain gave an interesting presentation of complicated fractures as seen in vehicle accident, natural or man made disasters, bomb blast etc. He also described interesting about how our trauma care unit should be.

General and Laproscopic surgeon Dr. Hemant Vadeyar gave interesting talk on Blunt Abdominal injuries with possible rupture of viscera.

Intensive Care Expert Dr. Sanjay Mehta presented an interesting account with lots of humour on the issue of the Role of medical care provider and the hospital and Infrastructure. He stressed on the preparedness of health delivery system.

General and Laproscopic Surgeon Dr. Parthiv Sanghvi propose vote of thanks.

The programme was well attended by the 150 delegates. The seminar was excellently moderated by Vice President Dr. B. M. Inamdar.

We appreciate and thank the management of Kokilaben Dhurubhai Ambani Hospital for their gesture of sponsoring this programme.

We highly appreciate and thank Dr. Akil Contractor for his valuable help in organizing this programme.

DR. JAYESH LELE
President

DR. B. M. INAMDAR
Moderator

DR. S. K JOSHI
Hon. Secretary



Paediatric Orthopaedic Surgeon

Dr. Atul Bhaskar

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Antimicrobials in children -

When, What and How?



Dr. Tanu Singhal

Consultant
Pediatrician and
Specialist Infectious
Diseases,
Kokilaben Dhirubhai
Ambani Hospital and
Medical Research
Institute, Mumbai

It is extremely important to make a rational choice about when and which antimicrobial to use in pediatric infections to ensure clinical success with minimal adverse effects and risk of drug resistance. This short communication discusses antimicrobial therapy of common pediatric infections but can easily be extrapolated to adults as well.

Upper respiratory tract infections

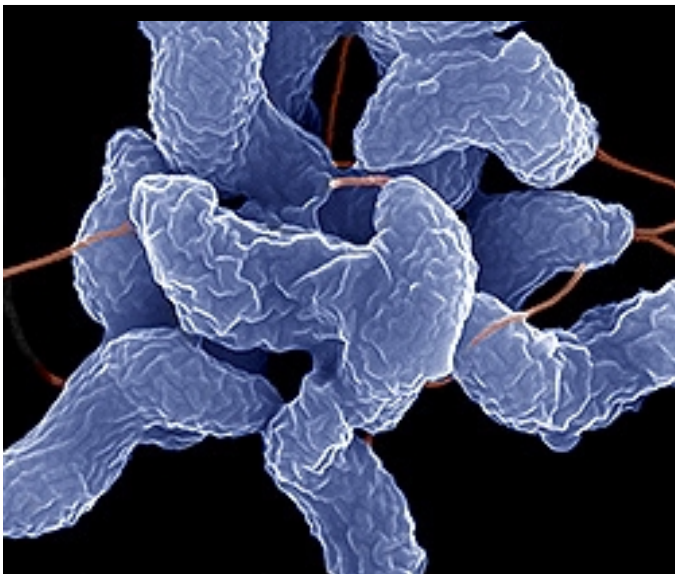
Most upper respiratory tract infections in children are viral in origin. Clues to viral etiology are high fever on the day of onset, well child when the fever is down, presence of runny nose, cough, diarrhea and rash. Presence of a purulent nasal discharge does not necessarily indicate a bacterial infection and may be present in a viral infection as well. Antibiotics have no role in the management of viral upper respiratory tract

infections and do not prevent bacterial super infections/ complications. Antibiotics are indicated only when streptococcal pharyngitis, acute suppurative otitis media (ASOM) and acute bacterial sinusitis are suspected. Streptococcal pharyngitis usually occurs in children above the age of 3-5 yrs, has associated high fever, and pus points in the pharynx with cervical adenopathy; runny nose and cough are absent. If streptococcal sore throat is suspected, a throat swab culture should be sent if feasible and oral amoxicillin must be given for a period not less than 10 days in a dose of 30-40 mg/kg/day in 2-3 divided doses. If compliance is an issue, benzathine penicillin may be given intramuscularly as a single dose (< 27 kg, 6,00,000 units; > 27 kg, 12,00,000 units). In case of ASOM or acute bacterial sinusitis, amoxicillin may be given for non severe disease and coamoxiclav for severe disease for a period of 7-10 days. Dose of amoxicillin has been mentioned earlier.

Antibiotics which must not be used for URI are cefixime (no activity against *S. pneumoniae*), cefpodoxime (very broad spectrum with risk of promoting resistance), 1st generation cephalosporins (cefadroxil, cephalexin as they do not cover *H. influenzae*), cotrimoxazole (poor clinical efficacy) and quinolones.

Acute diarrhea

Like URI, most diarrheas in children are of viral origin and hence do not merit antibiotics. Indications for antimicrobials in diarrhea are presence of visible blood in the stools, presence of sheets of pus cells on stool routine microscopy, laboratory confirmed amoebiasis/





cellulitis. Most pyodermas are due to *S. aureus* and *S. pyogenes*. *S. pyogenes* is universally susceptible to penicillin and most *S. aureus* in community acquired infections in India is susceptible to methicillin (MSSA). Appropriate antibiotics for localized pyoderma are mupirocin/fusidic acid. For generalized disease or in presence of systemic toxicity, drugs of choice are cloxacillin (50-100 mg/kg/day) or 1st generation cephalosporins (cephalexin @ 50 mg/kg/day, cefadroxil @ 20-30 mg/kg/day). Coamoxiclav though effective is a broad spectrum drug and potentiates development of drug resistance hence better avoided. Other drugs which are not very effective and should be avoided include quinolones. The use of linezolid should be reserved for serious hospital acquired resistant staphylococcal infections.

giardiasis and finally cholera. Presence of few pus cells in the stool is not an indication for antibiotics as pus cells are commonly present in viral diarrhea as well. Presence of cysts of *E. histolytica* (EH) in stool is also not an indication for antimicrobials as 90% of these cysts are due to *E. histolytica* dispar; a non pathogenic / commensal form of EH. It should also be remembered that less than 3% of diarrhea in children less than 5 years is due to *E. histolytica* and therefore metronidazole should not be used empirically for treatment. In case of bloody diarrhea or for suspected shigellosis recommended antimicrobials are ciprofloxacin/ofloxacin (10-20 mg/kg/day), azithromycin (5 mg/kg/day single dose), cefixime (8-10 mg/kg/day single dose) and for severe cases requiring hospitalization ceftriaxone (50 mg/kg/day. The duration of therapy is 5 days. Increasing resistance to cotrimoxazole and nalidixic acid has reduced the utility of these drugs in management of shigellosis. Antimicrobials which have poor in vivo efficacy despite in vitro susceptibility to shigella include aminoglycosides, oral colistin, furaxone, 1st and 2nd generation cephalosporins and amoxicillin

Pyoderma

Pyoderma is a common infection in children and includes impetigo, erysipelas, boils (furunculosis) and

In cases of suspected enteric fever, blood cultures should be sent prior to starting antibiotic therapy.

Enteric fever

Enteric fever (typhoid and paratyphoid fever) is an important cause of pyrexia in children in our country. In cases of suspected enteric fever, blood cultures should be sent prior to starting antibiotic therapy. Blood culture gives definitive diagnosis and information about the antimicrobial susceptibility of the isolate. Widal is usually positive only after 7 days of fever and a O and H titer above 1: 120 is considered positive. Salmonella in the current day scenario is usually resistant to the quinolones and hence these drugs should not be used as 1st line drugs. With increase in quinolone resistance there has been return of sensitivity to the other drugs including amoxicillin, cotrimoxazole and chloramphenicol. The third generation cephalosporins including cefixime and ceftriaxone remain the standard of care. Azithromycin is a promising new drug. For outpatient therapy of suspected enteric fever, options include cefixime @ 20 mg/kg/day (max dose 1200 mg), azithromycin @ 20 mg/kg/day (maximum dose 1 gm) or cotrimoxazole @ 10 mg/kg/day of TMP (maximum dose 3 double strength tablets). Duration of therapy should be for 14 days to prevent relapses (for azithromycin 7 days is sufficient as the drug remains in the body even after stopping therapy due to excellent tissue penetration and



long half life). For sick patients and for inpatient therapy ceftriaxone @ 100 mg/kg/day (maximum dose 4 gms) is the drug of choice. After defervescence, therapy can be switched to oral cefixime to complete 14 days of treatment.

The gold standard for diagnosis of malaria is thick and thin smear for malarial parasite.

Malaria

Prescription of empirical antimalarial therapy in all cases of fever without focus without making an attempt to document a diagnosis is generally not advisable. This can lead to drug resistance and missing a potentially serious diagnosis or falciparum malaria. Empirical antimalarial therapy should be employed only in cases of serious/complicated malaria pending availability of reports or when the clinical suspicion is very strong and antimalarial testing not available/ non affordable. The gold standard for diagnosis of malaria is thick and thin smear for malarial parasite. It is cheap, very sensitive, gives the species diagnosis, gives information about the parasite load and allows assessment of response to therapy. Three smears at 6-8 hourly interval have higher sensitivity as compared to a single smear. However peripheral smear examination is very observer dependent. In a setting where reliable microscopy is not available, the rapid antigen tests are useful. They are two available; one based on the HRP 2 antigen of the parasite (Parasight F) which only diagnoses falciparum malaria and remains positive for 30 days after infection and the other based on parasite LDH (Optimal) which allows diagnosis of both falciparum and vivax. Rapid antigen tests are expensive and do not give information about the parasite load.



In case of vivax malaria, the drug of choice is chloroquine. The total dose is 25 mg/kg (10 tablets). The loading dose of 10 mg/kg (max 4 tablets) should be

followed by 5 mg/kg (max 2 tablets) at 12, 24 and 48 hours. Fever should be brought down before giving chloroquine to reduce risk of vomiting. Chloroquine should be followed by primaquine @ 0.25 mg/kg/day (max 15 mg) for 14 days for eradication of the liver hypnozoites and for radical cure. Five days primaquine therapy should be avoided. G 6PD estimation should be done prior to therapy especially in males (G 6 PD deficiency is an X linked recessive disorder and thus less common/ less severe in females). Primaquine is contraindicated in pregnancy, lactation and infants.

In case of uncomplicated falciparum malaria, artemisinin based combination therapy is recommended. Monotherapy should be avoided as it may cause clinical failure, recrudescence infection and promote drug resistance. Choices for combination therapy include oral artesunate @ 4 mg/kg/day as single dose (maximum dose 200 mg) for 3 days followed on the 3rd day by mefloquine 25 mg/kg/day as two doses 15 mg/kg and 10 mg/kg 8 hours apart (maximum dose 1500 mg as 1 gm and 500 mg 8 hours apart). Other options include oral artesunate @ 2 mg/kg/day (maximum dose 100 mg) for 7 days along with clindamycin @ 20 mg/kg/day in 2 divided doses (maximum dose 1200 mg) OR doxycycline @ 3.5 mg/kg/day (maximum dose 200 mg) for 7 days. Another newly available drug is coartemether (20 mg artemether and 120 mg lumefantrine). The dose depends on weight and in children weighing 5-14 kg, 15-24 kg, 25-34 kg and > 34 kg is 1,2,3 and 4 tablets respectively at 0,8,24, 36,48 and 60 hours.

Conclusions

Most infections in children are viral and don't merit antimicrobials. Empirical therapy should be avoided as far as possible and an attempt to document the diagnosis should be made. If a decision to administer an antimicrobial is made then a narrow spectrum drug should be chosen and given for the recommended duration. The use of new, broad spectrum drugs should be avoided unless specifically indicated. All these strategies will ensure effective therapy at acceptable costs with minimum side effects and with the least risk of promoting drug resistance. ■



HISTORY OF THE STENT : Newer technologies

Dr. G. P. Ratnaparkhi, MD [Med], DM [Card]

Visiting Fellow of Interventional Cardiology,
Frankfurt, Germany Nanavati hospital,
Lilavati hospital and Criticare hospital.

Since the introduction of percutaneous transluminal coronary angioplasty (PTCA) by Gruntzig in 1977, major advancements have been made in the clinical practice of percutaneous coronary intervention (PCI). Puel and Sigwart, in 1986, deployed the first coronary stent to act as a scaffold, thus 1) preventing vessel closure during PTCA, and 2) reducing the incidence of angiographic restenosis, which had an occurrence rate of 30-40%.¹ By 1999, stenting composed 84.2% of all PCIs.¹ Despite the widespread use of these devices, bare metal stents (BMS) have been associated with a 20-30% restenosis rate requiring reintervention.^{2,3} Restenosis occurs as a result of neointimal hyperplasia-growth of scar tissue within the stent due to the proliferation and migration of vascular smooth muscle cells. This phenomenon is clinically evident within the first 6-9 months after stent placement, and occurs in response to strut-associated injury and inflammation.² More and more, the solution moved away from the purely mechanical devices of the 90's and toward pharmacologic advances that were being made. If interventional medicine, using the body's circulatory system as a "highway" to deliver therapy, worked with devices, it could also work with medicines. Physicians and companies began testing a variety of drugs that were known to interrupt the biological processes that caused restenosis. Stents were coated with these drugs, sometimes imbedded in a thin polymer for time-release, and clinical trials were begun.

The currently available polymer-coated stents contain antiproliferative agents which elute locally in the implanted coronary artery to prevent neointimal hyperplasia. Initial animal studies demonstrated a clear benefit over BMS (4-6% restenosis versus 20-30%), and early clinical trials further supported this.^{2,8} In addition, at 2-year follow-up using both angiography and ultrasound, the clinical safety of DES was further established with minimal late lumen loss observed.⁹

Despite the enthusiasm that resulted with the advent of DES, incomplete endothelialization and

stent thrombosis continue to plague these devices. Initial animal studies demonstrated complete endothelialization with BMS at 28 days, whereas DES uniformly showed incomplete healing at 180 days.¹¹ Based on early observations in both animal and human studies, it was recommended that patients with DES receive dual anti-platelet therapy with aspirin and clopidogrel for at least 12 months, followed by life-long aspirin therapy, depending on the stent placed and the pre-existing comorbidities which further increase the risk of stent thrombosis.^{12,13} Despite this regimen, late stent thrombosis (LST)-defined as occurring >30 days post-stent insertion-remains a significant complication in patients with DES. Late stent thrombosis carries a 45% mortality rate.^{14,15} It presents as an ST-segment elevation myocardial infarction (STEMI) or sudden death. Late stent thrombosis has been documented in both clinical and autopsy studies in patients as far as 4 years after stent insertion.¹⁴⁻¹⁶ Further, LST is associated with the 1) discontinuation of clopidogrel +/- aspirin, 2) resistance to aspirin monotherapy, or 3) a hypersensitivity reaction to the stent polymer, or to the antiproliferative agent

Newer technologies are being tried to face these challenges. Biosensors International's BioMatrix has a newer highly lipophilic drug Biolimus A9, along with Biodegradable polymer called as polylactic acid polymer [PLA]. The polymer completely biodegrades in six to nine months and has a high drug carrying capacity. Timely drug elution and completely biodegradation of the polymer helps the stent achieve the profile of BMS in six to nine months. Biolimus A9 and PLA are coated only on the abluminal surface of the stent with the help of Auto Pipette technology, a novel coating technology, which helps localizing the drug delivery only to the vessel wall, thus achieving effective endothelialisation and healing.

The performance of BioMatrix drug eluting stent has been supported by Leaders trial data. BioMatrix compared with the first generation drug eluting stent, resulted in non-inferior safety, efficacy and angiographic outcomes. Non-inferiority was achieved in a non-restricted patient population with predominant off-label characteristics, the findings of which can provide high level of generalisability to routine clinical practice. Results demonstrated low profile, better trackability and biodegradable polymer avoiding the side effects of the polymer.

Most cardiologists would prefer to use the stent in the future because of its properties. ■



Approach to a child with respiratory distress



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1st CGP by IMA
(West)- 12th April
2009

A child "breathing too fast and too hard" poses a diagnostic and therapeutic challenge to most medical practitioners. This synopsis should help to allay some of these fears.

The aim is to:

- Recognize respiratory distress in children
- Appreciate the differences in physiology and airway anatomy
- Arrive at a Clinical Diagnosis
- Plan a management strategy

As always any assessment begins with a history: Specific points- h/o NICU course, school absence, immunization history, family history, sudden coughing episode followed by present history (choking). In infants h/o feeding, lethargy, apnoea, hypothermia may have added significance.

Recognizing respiratory distress:

- Children at different ages have different physiological respiratory rates. It is 40-60, 30-40, 18-30 and 12-20 respectively for a neonate, infant, child (up to 8 years), older child.
- Signs of respiratory distress: head bobbing, nasal flaring, subcostal, intercostal, substernal retractions are sensitive signs for increased work of breathing in a child. They have more compliant chest walls and airways that tend to collapse earlier and faster.
- Noisy breathing: Stridor, wheeze or grunt
- Impending respiratory failure. Warm peripheries with bounding pulses followed by hypotension, thready pulses, impaired perfusion and apnoea

Causes of respiratory distress:

1. Respiratory, 2. Cardiac, 3. Neurological,
4. Metabolic, 5. Miscellaneous

Respiratory: In addition to upper airway and lower airway respiratory tract infections, other

significant diagnoses in children are:

1. Foreign body aspiration: h/o sudden coughing while playing or eating followed by a persistent wheeze and respiratory distress- Around 30-40% of the foreign bodies are not detected on X-ray as they are of vegetal origin. These cases may need CT scans/ fiberoptic bronchoscopy when this diagnosis is suspected.
2. Trauma to head and neck
3. Dysmorphic facies: e.g. Pierre-Robin sequence.
4. Congenital arteriovenous malformations or early childhood tumors compressing the airway

The differentiating features of cardiac causes on history and examination are: Effortless tachypnoea, failure to thrive, suck-rest-suck cycle, tachycardia, crackles, hepatomegaly, poor perfusion, +/- Cyanosis.

Investigations: In addition to tests to establish an infective, metabolic or cardiac cause, a plain X-ray is sufficient for most respiratory causes. Rarely an ultrasound or CT scan may prove to be helpful.

Management: In the case of unstable patients- early diagnosis and prompt referral to the nearest PICU set up, if possible after securing an iv line and with oxygen.

In stable patients- arriving at a diagnosis and disease-specific management thereafter.

Key notes:

- Children are not smaller adults: differences in physiology and anatomy exist.
- Cardiac arrest in children have a preceding respiratory cause in 90% cases.
- Remember all wheeze is not asthma
 - Foreign body
 - Heart failure
- A quiet child is often a sick child: "Quiet is bad" ■



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