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MPGIMER

**NEWS
LETTER**

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MPGIMER Progresion

Pg.1

MPGIMER has been handed over the functioning of the District CIVIL Hospital. with deputation of District Civil Staff to MUHS/MPGIMER. Following faculties have been appointed for management

1. Dr Sudhir D Bhamre as Deputy Dean (Admin)
2. Dr Kiran Patole as Deputy Dean (Academic)
3. Dr Suhas Patil as Medical Superintendent
4. Dr Nilesh Patil as Finance Officer



NMC Inspections Update

Pg.2

NMC inspection of 5 departments have been completed and seats have been Sanctioned for 4 departments till date.

1. Emergency Medicine Department have received LOP for 2 MD seats
2. Pediatrics Department have received LOP for 6 MD seats
3. General Surgery Department have received LOI for 12 MS Seats
4. OBGY Department have received LOP for 4 MS Seats
5. Medicine Department have received LOI for 12 MD Seats



Interesting Cases

General Surgery :-

Department of General Surgery operated a case of Huge Spleen in a 7 yr old kid with signs of hypersplenism. It was a particularly Challenging case as the girl had perpetual platelet count of less than 10000 non responsive to steroid therapy. The Girl was operated thru midline incision , Recovery was good and patient was discharged on post Operative Day 5.



Interesting Cases

Pg.4

Orthopedics :-

55/M, known case of chr asthmatic on regular inhalors & chr alcoholic gentleman was admitted with sudden onset weakness in both lower limbs (Lt>Rt) of 4weeks duration. Has Gr2/5 (Lt ankle), 4/5 (Rt ankle), 3/5 power in Left knee and hip with absent knee&ankle knee jerks, decreased sensations in Lt L4,5,S1 dermatomes with inability to walk, was dragging Lt feet even with support & neurological claudication (dist 10-20 steps on admission) . MRI confirmed L4-5 disc with severe stenosis with multiple level PIVD L2-S1. SPO2 90-92% saturation and on & off fever with chills and B/L basal crepts. Evaluated extensively and taken for surgery as a high risk Did L4&5 Laminectomy, Discectomy. Released dural adhesions to floor of vertebral canal and adherent disc shoulder type to dura is carefully separated. porotic Bony bleed controlled with bone wax. 3 nerve roots on each side L4,5,S1 decompressed adequately with minimal blood loss (total <300ml intraop+post op drain in 24hrs).patient walk with full weight bearing in less than 24hrs on POD1



Interesting Cases

OBGY :-

26 year old P1L1 delivered by LSCS at outside hospital was referred in view of anuria to Civil hospital on post operative day 1 (within 12 hours)

Indication for LSCS- previous LSCS with full term pregnancy with preeclampsia

Reports on admission:

Hb 8.6, Platelets 85000, TLC 16000, S creat 2.4, PT 34 sec
INR 3

Total bilirubin 3.2

SGOT AND PT raised to the level of 2000.

A diagnosis of p1L1 PNC day 0 with HELLP syndrome with DIC with AKI was made and Patient was aggressively managed with the help of physician with blood products including 8 cryoprecipitate, 8FFP, 2 PCV and 2 WB , 12 platelets .

Total of 32 over 2 days

AKI was treated within 24 hours by massive blood transfusions and inj lassix 40 mg bd.

Patient started improving by day 3 and was monitored further in PNC ward , baby was with mother and finally discharged successfully on anti hypertensive medication