69 year old Mrs Gomathi, presented to the OPD with a history of blackish discoloration and non healing ulcer of the left great toe, which was associated with pain. She was a known case of diabetes mellitus. Initially, she underwent disarticulation of the left 2nd and 3rd toes. She also had undergone debridement of the great toe ulcer. At the time of admission, her vitals were stable. Her peripheral pulses were not felt. CT angiography done in the left leg revealed short segment critical stenosis of proximal superficial femoral artery, 70 to 80% in the anterior tibial artery, complete occlusion of the peroneal trunk, posterior tibial artery from its origin with good collateral reformation distally in the leg and ankle[Fig.1a,b]. There was also micro vessel disease of the foot [Fig.3]. Her blood investigations revealed uncontrolled sugars with HbA1c of 10.7. She also had anaemia. Renal function tests and total counts were normal.

Case History

September 2019
#Volume1

PSG Medi Pulse

Welcome our New Doctors

Dr. V. Radha Krishnan
MS, MCH (Plastic Surgery)
Department of Aesthetic Center & Cosmetology

Dr. Balamurugan
MBBS, MS, FMAS, FALS (Bariatric), FBMS
Department of Obesity & Metabolic surgery

Dr. S. Vishranthi
MD (OG)
Department of Endogynaecology

Dr.Vinoth Duraisamy
MD(PAED). MRCPCH(UK), FNB(PAED.CARD)
Department of Paediatric Cardiology

Dr. Subbukani Perumal
MS,MCh
Department of Urology

Dr. Elango
MD, DB
Department of Radiology

Dr. K.R. Kirupakaran
MS..,MRCS.,DNB(GI SURG)..,PDF.,(LTX)
Department of Hepato, Pancreatic & Biliary surgery

English Translation:
A, as its first of letters, every speech maintains;The “Primal Deity” is first through all the world’s domains”

Patrons
Dean : Dr.S.Ramalingam | Director : Dr.J.S.Bhuvaneshwaran

Editorial Board:
Dr.Vimal Kumar Govind | Dr.Pavai Ganesan | Dr.T.M.Subba Rao | Dr.Rajesh Shankar Iyer | Dr.Muruganand Myswamy | Dr.Deepa Lakshmi

Message

Dr. V. Radha Krishnan

Dear friends,

PSGMedi Pulse is your number one source for the latest news, research, and developments in the fields of Medical, Surgical, and General public health. Our mission is to provide you with the most up-to-date information to aid you in your professional growth and personal well-being. We welcome you as our valued reader and assure you of our commitment to excellence in bringing you the best in the world of healthcare.

Dr. S. Vishranthi

Dr. Subbukani Perumal

Dr. Elango

Dr. K.R. Kirupakaran

Dr. V. Radha Krishnan

Dr. S. Vishranthi

Dr. Subbukani Perumal

Dr. Elango

Dr. K.R. Kirupakaran
Surgeon

Role of "LAPAROSCOPIC BARIATRIC SURGERY IN DIABETES"

What is BMI?

BMI is the most commonly used risk factor, giving weight in kilograms divided by height in metres squared. An adult with a BMI of 30 or greater is clinically obese and needs treatment.

Risks of obesity:

- Hypertension
- Diabetes
- Gall stones / Fatty Liver
- Infectious diseases
- Sleep Apnea
- Impotence
- Renal failure / Renal Disturbances
- Depression / Vascular tendency
- Cancers Colorectal /peritoneal / Bladder / Breast / Throat

Management:

"Life Long"

Always, the traditional weight loss methods should be combined with exercise. Management would differ from person to person, depending on the age, BMI and other medical conditions.

Obesity is a disease and needs treatment. It is not merely a cosmetic problem.

The treatment protocol should be a multimodal approach.

1. Diet
2. Medicines
3. Key Hole surgeries
4. Key Hole surgeries

World Scenario

1. The World Health Organization (WHO) has identified obesity as an epidemic and as the largest global,

2. In 2003, WHO estimated that world wide, over 300 million adults are obese clinically, while one billion are overweight.

3. Childhood obesity is also increasing worldwide.

4. In 2010, 300 million children (14%) and 200 million children were obese in 39 countries.

Medical

Comprehensive Geriatric Assessment

"Geriatrics is a highly challenging specialty"

Geriatrics is a highly challenging specialty. "One hat doesn't fit all" is especially applicable here. Every patient and his/her problems are quite unique and will need a personalised package. Quick doesn't have much application in this field of medicine.

In a specialty being so complex, we try to make it interesting and easier for our patients, their families, and ourselves.

Mind

Certain issues are dealt here:

- Depression, Dementia, Depression and other behavioral problems

Mobility

Background information of patient's level of functioning will help us to make an action plan for their rehabilitation

Medication

Polypharmacy is a serious threat to the elderly. We try to sort to minimize the number of drugs, review the duration of a particular drug, assess the risk vs benefit ratio for each drug, and always have the golden rule for commissioning any new drug: "Start low and go slow."

Multi-complexity

Most of the Non Communicable Diseases are chronic and unfortunately they don't have a cure. This means, as we grow older and older, there can be a cumulative launch to our body's homeostatic mechanisms. Hence, getting treatment early can severly compromise the other systems. Maintaining the balance is the key. Tight control of common diseases is critical. Hypertension in the elderly can be extremely dangerous. Various governing bodies have recognized this challenge and have recommended a soft approach i.e. The MIBT diet is different for a middle aged person and an elderly person.

Matters Most

At the end of the day, patient should be given the 'management' to choose what is incidentally found in the elderly, and not everything can be treated medically. It is important to find out from the patient if he/she has taken any medicines, if he/she has made any "Advanced directives" or "Advance care plans".

After all, we treat the patient rather than just his/her illness.