Volume 1/ ISSUE 1 / Sept 2019

IAES Newsletter

Indian Association of Endocrine Surgery

Prof. Amit Agarwal
President, IAES

Prof. Anand Mishra
Honorary Secretary, IAES

Welcome

Dear Friends and colleagues,

The Editorial Board of the IAES Newsletter feels happy and proud while you hold this first IAES Newsletter in your hand. It's a new initiative by the current President and Secretary & the entire Executive Committee needs to be congratulated & acknowledged for their support. We have tried to gather information from our members from around the country to put together various activities so that our association feels a sense of bonding and a sense of pride in the excellent work being done by our esteemed members of our organization.

I would urge the members to send recent information as soon as possible to put it in the second edition of IAES newsletter

Best Wishes.
Editorial Board of IAES Newsletter

FUTURE MEETINGS

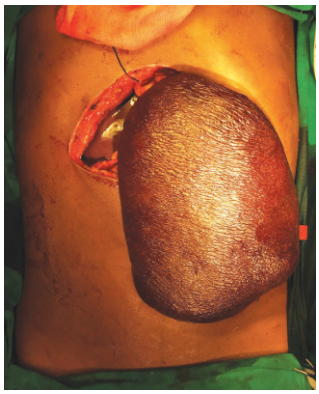
1. 79th conference of association of surgeons of India, 18 -21st December, 2019 Bhubhaneshwar
2. Indian thyroid society conference (ITSCON) 8- 9th Feb 2020, Vizag
3. 17th Biennial Congress of the Asian Association of Endocrine Surgeons - AsAES 2020, Melbourne, Australia, 5-7th March, 2020
4. 4th Congress of Asia Pacific Society of Thyroid Surgery and 5th National meeting of Indian society of thyroid surgeons, 26-29th August 2020, Kochi
5. IAESCON 2020, September/October 2020, Delhi
6. 1st SGPGI Robotic Thyroid surgery workshop, November, 2020, Lucknow

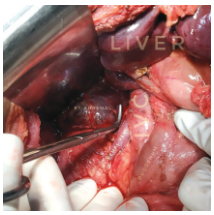
CONTENTS

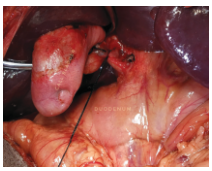
Adrenal Incidentaloma HGR

Dr. Himagirish Rao

Presenting a 22-yr-old male who was referred to us with a right adrenal incidentaloma, massive splenomegaly and symptomatic gall stone disease. He had been diagnosed with beta-thalassemia minor 15 years ago. On examination, the vitals were stable. Abdominal examination revealed massive splenomegaly and significant hepatomegaly. The rest of the examination was unremarkable. On CECT, the right adrenal gland was found to be enlarged, measuring 6cm x 5cm x3cm with washout characterestics suggesting adrenal adenoma. Apart from this, the CECT confirmed the massive splenomegaly. The patient also had a gall bladder loaded with stones. The patient was posted for surgery after optimisation of the general condition. He underwent splenectomy, cholecystectomy and open right adrenalectomy. Although the adrenal gland and the gall bladder were amenable to minimal access surgery, the massive spleen necessitated open approach. The surgery and post-op period were uneventful. The histopathological examination revealed a surprise in that the adrenal gland revealed extramedullary hematopoiesis.







The patient, who is healthy now, is on follow-up. This case has been reported with the extreme rarity of the adrenal condition

Dr. Himagirish Rao
Incharge Endocrine Surgery Associate Professor
St. Johns Medical College,
Bengaluru

Endocrine Storm in Pregnancy- An Intriguing Case Report

Dr. Sankaran Muthukumar

Pheochromocytoma in pregnancy is extremely rare and has a confusing presentation with PIH and grave prognosis both to the mother and the fetus. This article is being written to enlighten the management of a critical scenario with appropriate knowledge and efforts of a doctors in a government institution.

Case Report:

A 25 year old G3 P1 L1 presented in her 18 weeks of gestation with an LMP – 27.07.2018 EDD – 03.05.2019 with the chief complaints of headache and palpitation. On examination she was found to have elevated blood Pheochromocytomas are rare tumours with prevalence rates ranging from 0.3% to 0.95 %. Headache, palpitation and Diaphoresis are the classical triad of Pheochromocytoma. Pregnancy, a physiological condition will also simulate the symptoms of Pheochromocytoma. The incidence of pressure on lying position and fall in blood pressure on standing erect. Initially she was thought to have pregnancy induced hypertension but she was labelled to have labile hypertension and she was evaluated. She had a supine BP of 210/180 and erect was 90/60. Medical endocrinologists' opinion was sought. MRI was taken and it showed bilateral adrenal mass suggestive of bilateral pheochromocytoma. The patient was diagnosed to have Pheochromocytoma and the diagnosis was confirmed by plasma free metanephrines and it was elevated. Patient was planned for surgery and started on alpha blockers. Patient was advised to take 3.5 L of fluid per day and 15g of salt per day. After achieving adequate alpha blockade beta blocker is added. Since removal of bilateral adrenal glands is planned steroid supplementation is mandatory.

Inj. Hydrocortisone was given100 mg iv stat + 50 mg qid from pre op day and intra operatively 100 mg stat with 6mg/hr infusion. Post operatively 50 mg iv 6th hourly. Patient was assessed and was taken for surgery under high risk and fetal loss consent.

The abdomen was opened through a roof top incision and kocherizationdone. Retroperitoneum opened and right side adrenal dissected and separately and adrenal veins ligated and adrenalectomy done. Same procedure repeated on left side. (Fig.1)

Abdomen closed in layers. Patient was not extubated and shifted to intensive care unit and was observed with great attention. Intra operatively the patient went for two hypertensive episodes. Post operatively patient was monitored for hypotension and hypoglycemia.

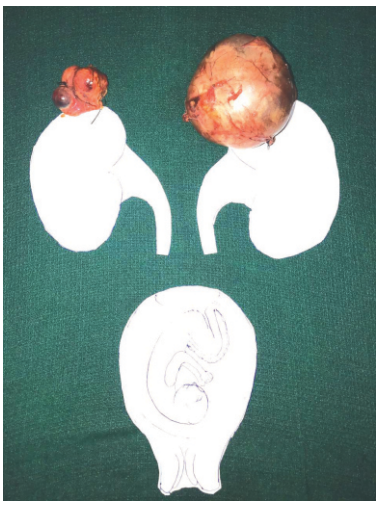
Postoperatively patient had a stormy course and stabilized through intensive care and she was started on orals after 2 days. Oral steroid prednisolone and fludrocortisone was added. Foetus status was normal

and mother was able toperceive fetal movements. She was discharged after 10 days. Post operative HPE result was consistent with bilateral pheochromocytoma.

Discussion:

Pheochromocytomas occur in families with MEN2A and MEN2B in approximately 50% of patients. Both syndromesare inherited in anautosomal dominant fashion and are caused by germline mutations in the RET protooncogene. Anothersyndrome with an increased risk of pheochromocytomas isvon Hippel- Lindau (VHL) disease, which also is inherited in an autosomal dominant manner. The most common clinical sign is hypertension. Pheochromocytomas are one of the few curable causes of hypertension and are found in 0.1% to 0.2% of hypertensive patients. Hypertension related to this tumor may beparoxysmalwith intervening normotension, sustained with paroxysmsor sustained hypertension alone. Our patient had paroxysm of hypertension with hypotension.

The medical management of pheochromocytomas is aimed chiefly at blood pressure control and volume repletion. Irreversible, long-acting á-blockers such as phenoxybenzamine are started 1 to 3 weeks before surgery. b - Blockers shouldonly be instituted after adequate á-blockade and hydration toavoid the effects of unopposed á stimulation. Here we achieved adequate alpha blockade in three weeks and patient still had tachycardia and started on Metaprolol one week ago. Intra operative hypertensive crisis and post operative hypotension was anticipated and managed by nitroglycerine and dopamine infusion. The CVP was maintained at 6 cm of H2O. Hypoglycemia was prevented by hourly CBG monitoring and was kept above 150 mg/dl.



The foetus was found to be viable post operatively in usg. Progesterone depot injection was given to the mother. Anomaly scan was taken and baby was found to be without any abnormalities.Live baby was delivered without any anomalies.

Conclusion:

Pheochromocytomas termed as a biological time bomb due to their potentially lethal cardiovascular effects of biochemically active components secreted by this tumor.

Prompt diagnosis and continuous monitoring of the patients vitals are important in managing a case of Pheochromocytoma. Continuous watch in post operative period is imperative

Dr. Sankaran Muthukumar,

Departments of Endocrine Surgery, Madurai Medical College

Blog Corner

My first blog ...“Beyond just being a surgeon”

Dr Roma Pradhan

I wish…I am a woman.I am a doctor.I have worked hard, navigated professional biases, and always kept an optimistic approach towards work and life.I believe empathy to be a keynote in my becoming an endocrine surgeon.But I don’t only deal with medical disorders of the thyroid gland. Infact, that is the easier part of my job. That is a part where once I can identify the problem, I can deal with it head on and be almost certain of all the outcomes or possibilities.But in the last decade in my profession, what has proved to be more challenging is navigating the societal bias that my patients face. That has brought me angst, pain and trauma too. How long will the society continue to make women suffer, and how many new ways will it devise to make her feel Inferior or unfit. I truly believe ignorance breeds fear, which in turn sucks out all courage from your life. Courage that you need to not only face the internal issues occurring in your body, but to beat the obstacles that society throws at you when you are down in the dumps.A woman is a goddess you pray to, for strengths and protection and nurturing. You put her on a pedestal.But a woman in your home, that’s a different story.She needs to be perfect age, perfect color, perfect body heck even perfect medical history, after all, the reason she’s welcomed into the world is for her highest goal, to bear a child.Should that be so drilled into her conscience? Should that be her worth at all? God forbid that woman develops a disease before she’s been married off, she’s a deal, is it?

I meet so many young unmarried women in my profession, who come to me in fear and confusion, often time accompanied by equally frightenedmothers, these women are diagnosed with a thyroid gland malfunction. And their biggest fear is are they fit to bear a child, cause life as they know it, is over otherwise.I wish I could change the narrative so as to not have such fears exist in the society at all. But alas, that’s not happening anytime soon. So till then, I reach out to each of them myself. Them and their parents, to understand that what they have is a disorder, one that needs medicine and taking care of themselves, that it’s not their fault or they didn’t do anything to call it upon themselves, that they will continue to live a ‘full life’s, that this alone doesn’t define them.Each time a patient walks out of my cabin, a little more confident and with a little more courage to face not only their disorder but more importantly the disorderly world around them, I feel a little lighter. While I can wait and wish for the society to rid itself of the several evil, I seek solace in my attempts to fix one person’s mindset at a time.

Dr Roma Pradhan

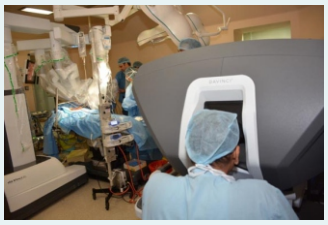
Asst. Prof & Head, Dept of Endocrine Surgery, RMLIMS, Lucknow

Prof. Amit Agarwal

Robotic Surgery begins at SGPGIMS

The department of Endocrine Surgery added a new milestone when the first Robotic trans-axillary thyroidectomy was performed by Prof Amit Agarwal assisted by Dr. Saba Retnam. This was the first robotic surgery in the state of UP. This was followed up with robotic adrenalectomy and robotic excision of a difficult paraganglioma. With the introduction of robotic surgery, the training in the speciality of Endocrine Surgery has come full circle. This has opened up new vistas not only for patient care but for the trainees as well because the residents will now be trained in open, laparoscopic as well as robotic endocrine surgery. SGPGI can now take pride in providing complete training in the field of endocrine surgery to our Mch residents. Though the benefits and disadvantages of robotic surgery are still being debated, adoption of robotic surgery in the field of endocrine surgery will prepare budding endocrine surgeons for any futuristic technology.

It is being eagerly anticipated that robotic surgery will be adopted by other endocrine centres as well, sooner than later.



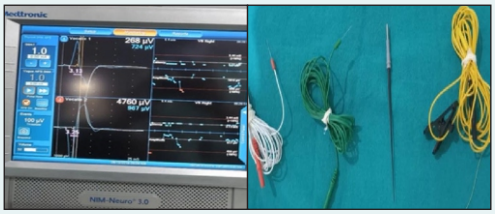
पीजीआई
250 मरीजों की रोबोटिक सर्जरी मुफ्त
अच्छी खबर
08
विशेषज्ञ बोले: रोबोट ऐसे काम करता है..
पीजीआई

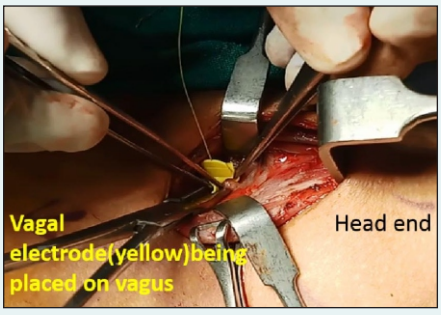
Prof Amit Agarwal
Dept of Endocrine Surgery, SGPGIMS, Lucknow

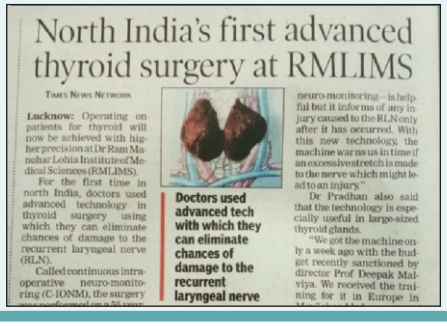
Dr Roma Pradhan

Continuous Neuromonitoring

We at Endocrine surgery department at Dr Ram Manohar Lohia Institute of Medical Sciences (Dr RMLIMS), Lucknow are pleased to share a landmark event of using continuous intraoperative neuro-monitoring in thyroid surgery. The recent introduction of continuous neuromonitoring (C-IONM) represents a significant step forward, potentially enabling the thyroid surgeons to react before irreversible damage to the RLN (Recurrent laryngeal nerve) occurs. The procedure was first time used in north India at Endocrine surgery department of Dr RMLIMS which is only2 years old. RLN is an important nerve to be preserved during thyroid surgery due to its close proximity to the gland. Injury to one of them may cause hoarseness of voice which is especially important for patients like singers and teachers. The previously used technique of intermittent neuromonitoring (available in most of the institutes) is helpful; however, it tell us about the injury after it has been done. The continuous neuro monitoring warns us before any injury, hence useful in thyroid surgery. If excessive stretch is made on the nerve the machine warns us about the injury which may happen. This is especially useful in large size thyroids that we get for surgery. The beneût of IONM seems to be greatest in more complex surgery such as re-operative surgery and thyroid cancer operations.







North India's first advanced thyroid surgery at RMLIMS

Times News Network

Lucknow: Operating on patients for thyroid will now be achieved with higher precision at Dr Ram Manohar Lohia Institute of Medical Sciences (RMLIMS).

For the first time in north India, doctors used advanced technology in thyroid surgery using which they can eliminate chances of damage to the recurrent laryngeal nerve (RLN).

Called continuous intra-operative neuro-monitoring (C-IONM), the surgery

Doctors used advanced tech with which they can eliminate chances of damage to the recurrent laryngeal nerve

neuro-monitoring—is helpful but it informs of any injury caused to the RLN only after it has occurred. With this new technology, the machine warns us in time if an excessive stretch is made to the nerve which might lead to an injury."

Dr Pradhan also said that the technology is especially useful in large-sized thyroid glands.

"We got the machine only a week ago with the budget recently sanctioned by director Prof Deepak Malviya. We received the training for it in Europe in

Dr Roma Pradhan
Asst. Prof & Head, Dept of Endocrine Surgery, RMLIMS, Lucknow

Scope of Endocrine Surgery Super specialization In South India


Dr. Ashwini, Hyderabad

Endocrine surgery as a subspecialty of general surgery has intense scope. Endocrine organs are different from other body organs, because of their diverse and unique physiological and biochemical behavior and diverse anatomical distribution. These tumors (both benign and malignant) behave uniquely and differently compared to other body tumors, hence a separate well dedicated subspecialty department of surgery as endocrine surgery is the essence of time to deal with this uniquely different behavior of endocrine organs. General Surgery is chiefly anatomically oriented, whereas Endocrine Surgery principally aims at restoration of normal physiology, “milieu interior” as first defined by Claude Bernard

Due to introduction of various advanced techniques like, Radio Immuno Assay (RIA), ELISA, CLIA (Chemiluminiscence) and other techniques, there is a rapid spurt in the diagnosis and evaluation of Endocrine disorders. These techniques have helped in biochemical diagnosis of Endocrine disorders even before clinical manifestation and a new concept of biochemical diseases has evolved. So, now it is possible to operate before a particular endocrine gland has shown any sign of overt disease or enlargement. For example, Prophylactic thyroidectomy can be offered to the other family members in a patient with Medullary Carcinoma of Thyroid as a part of MEN Syndrome, which can be detected by genetic analysis. Due to availability of Radiological and the other modalities of Imaging like Isotope scan, CT scan, MRI, PET scan, Angiogram and selective venous sampling, accurate localization of tumour has been made possible. Surgical procedures have been made safe by preoperative preparation by appropriate drugs There is a rapid improvement in the surgical techniques also, which has made surgical intervention of endocrine glands possible with little morbidity. Laparoscopic adrenalectomy has become gold standard for small adrenal tumor of size less than

6cm. The place of minimal access surgery is rapidly evolving. The ultrasonic shears may be useful when we are contemplating surgery through minimal access route and also for endoscopic surgery. In parathyroid surgery, the advent of better preoperative and intraoperative localization procedures have led to paradigm shift from bilateral cervical approach to targeted or focused parathyroidectomy. Islet cell transplantation in diabetes mellitus patient is another under explored area of endocrine surgery.

With such an enormous scope, endocrine surgery already has been well established as a subspecialty of general surgery internationally. But at national level it is still in a developing stage. Recently due to introduction of MCh. Programme in various premier central and state level institutes like AIIMS(All India Institute of Medical Science) New Delhi, KGMU(King George Medical University) Lucknowalong with previously established department of endocrine surgery at SGPGI (Sanjay Gandhi Post Graduate Institute of Medical Sciences) Lucknow, this super specialty is rapidly getting established in northern part of India. But in southern states of India, it is still in an underdeveloped stage. Though the genesis of endocrine surgery as a separate entity in India started in south India as an outpatient department at Government General Hospital, Chennai way back in 1980, still only two to three institutes are providing MCh. Courses – CMC (Christian Medical College)at vellore and Madras medical college, Chennai. Most of the government and private medical institutes in southern and eastern India are yet to recognize it as a separate super specialty department. There is little public awareness regarding this super specialty.

There is no doubt that endocrine surgery has a huge but unrecognized demand in southern part of the country. Recent population studies have shown that about 12% of adults have a palpable goiter. Thyroid cancer incidence and prevalence rates are rising throughout the world as in south India. The Indian Council of Medical Research established the National Cancer Registry Program, and the NCRP has collected the data of more than 3,00,000 cancer patients between the periods 1984 and 1993. Among these patients, the NCRP noted 5614 cases of thyroid cancer, and this included 3617 females and 2007 males. The six centers

involved in the studies were at Mumbai, Delhi, Thiruvananthapuram, Dibrugarh, Chandigarh, and Chennai. Among them, Thiruvananthapuram had the highest relative frequency of cases of thyroid cancer among all cancer cases enrolled in the hospital registry, 1.99% among males and 5.71% among females. The nationwide relative frequency of thyroid cancer among all the cancer cases was 0.1%–0.2%. The age-adjusted incidence rates of thyroid cancer per 100,000 are about 1 for males and 1.8 for females as per the Mumbai Cancer Registry, which covered a population of 9.81 million subjects. The annual incidence of clinically

significant neuroendocrine tumor is approximately 2.5-5 per 100000 and prevalence is 35 per 100000

With inclusion of breast disorders and breast tumors as a part of endocrine surgery department, the scope of this super specialty has further increased immensely. Though endocrine surgery as a separate super specialty is rapidly evolving, still lots of hard work needs to be done to establish it mostly in southern and eastern parts of the country, in the form of training programmes, development of separate department in private and government medical setups and public awareness camps.

Dr. Ashwini,
Hyderabad


Prof. Anand Mishra

Thyroid Module

Under the leadership of President IAES (Prof Amit Agarwal) and Hon Secretary (Prof Anand Mishra), "IAES MODULE" is introduced which aims at disseminating safe thyroid surgery practices amongst young faculty, postgraduate students of surgery and ENT in various medical colleges. The faculty consists of IAES members and local speakers.

Highlights of Module
Operative workshop: Demonstration of intraoperative neuromonitoring, energy devices, intraoperative use of ICG dye and endoscopic thyroidectomy

Interactive Lectures

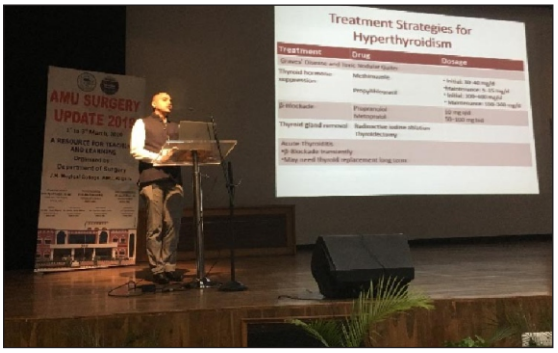
1. **How to set up your thyroid Surgery Practice**
2. Solitary thyroid nodule: **Triple assessment**
3. Multinodular goiter: **Indications and Extent of surgery**
4. Surgical management of hyperthyroidism : **how to reduce complications**
5. Differentiated thyroid cancer : **diagnosis and surgery**
6. Post operative management of DTC: **RAI and TSH suppressive therapy**
7. Medullary thyroid cancer: **sporadic and syndromic**
8. Anaplastic thyroid cancer : **When not to operate**
9. Thyroidectomy : **Tips and tricks**
10. Locally advanced thyroid cancer : **Surgery or TKI**
11. Central Neck dissection: **Technique**
12. Lateral neck dissection: **Compartment dissection and extent in DTC: is it different from squamous carcinoma**
13. Technological innovations in thyroid surgery: **How to master them**

Video Lectures: Open thyroidectomy, CCLND. MRND, Endoscopic and robotic thyroidectomy

Thyroid module was organized at three academic Thyroid Module institutes.

1. At 2019 Annual Congress of International Society of Oncoplastic Endocrine Surgeons and 4thAnnual meeting of Society of Thyroid Surgeons at **Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow** on 16th February 2019. **Faculty participation:** Prof Amit Agarwal, Dr Sabaretnam M, Prof Anand Mishra, Dr PV Pradeep, Dr Roma Pradhan, Dr Pooja Ramakant, Dr Ranjeeth Sukumar, Dr Dhalapathy Sadacharan, Dr Ritesh Agarwal, Prof Deepak Abraham, Dr Deependra Narayan Singh, Prof MJ Paul, Dr Kulranjan Singh, Dr PRK Bhargava
2. At Surgery Update 2019**Aligarh Muslim University** on 2nd of March, 2019 **Faculty participation**: Prof Anand K Mishra and Dr Kulranjan Singh
3. At **SCB Medical College Cuttack** on 24th of April 2019. This included a live demonstration of Total thyroidectomy, 3 hours lectures on various aspects of Thyroid diseases and a Master class on thyroid cases (one benign and one malignant) **Faculty participation**: Prof Amit Agarwal, Prof Anand K Mishra, Dr Kulranjan Singh and Dr Roma Pradhan

Prof. Anand Mishra
Honorary Secretary IAES



Prof. M J Paul

CME on Thyroid Surgery

On April 7th 2019 the Surgery Department of Andhra Medical college in Vizag conducted a one day CME on thyroid surgery. Organising secretary was Dr. P. Ramani. Dr. M J Paul professor of endocrine surgery from CMC Vellore was invited as external faculty and delivered talks on surgical anatomy and clinical approach to thyroid tumours as well as operative surgery of advanced surgical procedures of tracheal resection and transoral thyroidectomy. Local faculty from allied disciplines discussed the management of thyroid cancer in MDT sessions. Around 100 registrants of local postgraduates and general surgeons participated in the interactive sessions with interest and it was well appreciated

Prof. M J Paul
Dept. of Endocrine Surgery, CMC Vellore

Dr. Sabaretnam M.

ISOPES 2019

The biennial Meeting of International Society of Oncoplastic Endocrine Surgeons & 4th Annual Meeting of Indian Society of Thyroid Surgeons (ISTS) WAS held at the SGPGI Convention Centre, SGPGIMS Lucknow from 15-17th Feb 2019 in association with UP Chapter of ASI. It was attended by 10 International Faculties, 100 National Faculties and 120 Delegates including delegates from SAARC Countries. The Live workshop had 5 surgeries including Robotic thyroidectomy done by Dr. Surendra Dabbas,

Endoscopic Trans Axillary Thyroidectomy (ABBA) Done By Dr. Sang Wook Kang Seoul, South Korea, Endoscopic Thyroidectomy (BABA) Done By Dr. June Young Choi, Seoul, South Korea,TOEVA (Endoscopic) Done By Dr. Paul Jithaproom Thailand and Open Neck Dissection Done By Dr. Prathmesh Pai, India

The First day of the Conference had Meet the professor session with Endoscopic and robotic Thyroidectomy videos were shown by the pioneers in the field and professors from various parts of our country and abroad discussed various technical issues in these surgeries.

The conference had two state of art lectures on who should be doing thyroid surgery by Professor Anil Dcruz Mumbai and isopes state of art lecture "Thyroid surgery from Bern to Bangkok '' by Professor Rajeev Parameshwaran from Singapore. The Inauguration was president over by Dr. Rajneesh Dubey IAS Principal Secretary of Medical Education Uttar Pradesh. He emphasized the importance of Cancer care and the role of technology. Prof. RakeshKapoor greeted all faculty and delegates to this wonderful campus and said that SGPGI shall start Robotic Surgery soon. Prof. Amit Agarwal the President of ISOPES and organizing Chairman emphasized the need or technology in every field and that teachers should learn these new technologies to facilitate training. The first day of the conference had many lecture by International and National Faculties and it was well attended.

The second day had many interesting sessions and case based discussion.The second day had a session on Landmark discoveries in Endocrine surgery by Undergraduate students.

The conference was well attended and appreciated

Dr. Sabaretnam M.
Dept. of Endocrine Surgery,SGPGIMS, Lucknow


Dr. Sai Vishnu Priya

A Daughter's Tribute to Her Father 16.05.2019

Padmashri Prof Sivapatham Vittal, my father, widely known as "The Father of Endocrine Surgery" in India. He is the man who I saw as a lil gal as a great daddy , who I saw from childhood and wanted to become a doctor, who I saw in 3 rd year MBBS in MMC Surgery posting and decided I want to become a surgeon, who I saw during my PG in Surgery and decided I want to become an Endocrine Surgeon. And today I stand as an Endocrine Surgeon as a small plant in the shade of a huge Banyan tree. I saw in him not only a great dad, great teacher, great academician , great surgeon and a great leader but also a man with moral ethics , kindness towards patients , simplicity ,humility and generosity . Awards you have uncountable but this is a special tribute from a daughter to her father and I think this means a lot more to you than anything.

So I thought I didn't have to wait till Fathers Day to wish you well . I wish you with many more years of good health, happiness and peace of mind and continue the great work you are doing. Proud of you Daddy.
I consider it my humble tribute to you to work in the same department which you started and worked in Madras Medical College

Dr. Sai Vishnu Priya
Dept. of Endocrine Surgery, VAMC, Chennai

Budding Endocrine Surgeons


Dr. Aromal Chekavar S.
Kollam, Kerala
SGPGIMS, Lucknow


Dr. Selladurai
Stanley Medical College
MMC, Chennai


Dr. Chaitra S.
United Kingdom
SGPGIMS, Lucknow


Dr. Kushagra Gaurav
KGMU, Lucknow
SGPGIMS, Lucknow


Dr. Thalavai Sundaram
Stanley Medical College
MMC Chennai


Dr. Goonj Johari
Lucknow
SGPGIMS, Lucknow


Dr. Raouef Ahamad
New Delhi
SGPGIMS, Lucknow


Dr. Shawn Thomas
CMC Vellore
CMC Vellore


Dr. Sanjay Kumar Yadav
KIMS, Bhubaneswar
SGPGIMS, Lucknow


Dr. Mohd Rashid
Lucknow
SGPGIMS, Lucknow


Dr. Sapana Bothra Jain
Jaipur
SGPGIMS, Lucknow

Published by *: Secretary, IAES*
Newsletter Board: *Prof. Amit Agarwal, Dr. Sabaretnam. M., Dr. Roma Pradhan*
e-mail: amitsgpgi.rediffmail.com