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2010

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A Complete Review of Short Subjects
Saumya Shukla
Anurag Shukla

This updated edition is a complete review of short subjects like Dermatology; Anaesthesia; Radiodiagnosis, Radiotherapy and Nuclear Medicine; Psychiatry; Orthopaedics and Ophthalmology. Includes thoroughly revised and updated explanations of most of the questions along with numerous figures, tables and flow-charts for easy understanding.

Edition: 5/e, 2010

Soft Cover Two Colour 8.25" × 10.75" Pages: 1298

A concise and PGMEE oriented book presenting important topics of Anatomy, Physiology, Biochemistry and Forensic Medicine. Includes new references based on latest editions of various standard textbooks along with up-to-date discussion of all relevant topics. Provides a methodology to get through PGME Examinations including valuable pedagogical features.

Edition: 4/e, 2010

Soft Cover Two Colour 8.25" × 10.75" Pages: 914
This is a comprehensible and concise text on psychiatric disorders and their treatment. This easy to understand book discusses the most recent disorders and their allied aspects. From delirium and depression to Alzheimer's disease and anxiety disorders to emergency and community psychiatry, it equips the students to thoroughly understand and effectively address the needs of psychiatric patients in the clinical settling.
A book of clinical methods with detailed methodology and clinical approach to each and individual surgical cases. Clinical methods are supported with excellent pictorial illustrations. Begins with the introduction of clinical examination, the text is followed by examination of swelling, lymphatic system, peripheral nerves, jaw, salivary/thyroid glands, breast, hernia, male external genitalia, chronic/mass/acute abdomen.

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4. Examination of Sinus and Fistula
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   o. IVC Obstruction
   p. Hypoglossal Nerve Palsy
   q. Pulsatile Swelling in the Neck—Carotid Artery Aneurysm
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   r. Ulcerative Growth in the Scalp

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**Edition:** 1/e, 2010
Sample Pages

Examination of Cranial Nervous System

(Figs 8.13A and B: Case study: A cord is placed between the two fingers of the patient to grasp in weak palmar interspace, patient cannot grasp (C3 palmar interspaces are adductors of the fingers).)

(C, T) Actions: They are abductor (D10) of the fingers with middle finger as anatomic line of action.

Thumb and little finger has got their own abductors and they do not need dorsal interossei. Abduction of fingers occurs in the plane of the palm whereas abduction of thumb occurs in plane right angled to the plane of the palm (Figs 8.35 and 8.36).

Fig. 8.35: Figure showing attachments of intrinsics and interossei. Lumbomtracal sections show fibres from FDP tendons get anterior to the sternum attached to the middle finger. 1st and 2nd dorsal interossei are attached to the distal aspect of the first and second metacarpals. 1st and 2nd dorsal interossei are inserted to the distal aspect of the middle finger. 1st and 2nd dorsal interossei are inserted to the distal aspect of the middle finger. Middle finger has got on either sides insertion of 2nd and 1st dorsal interossei.

Examination of Thyroid

(Fig. 14.12: Bilateral nodular thyroid causes deviation of trachea to opposite side.)

Fig. 14.14: Bilateral nodular thyroid causes deviation of trachea to opposite side.

Thyroid nodule: A thyroid swelling which is cystic in nature usually presents with a palpable neck mass. Common cause is colloid degeneration. Thyroid nodules are usually benign. A nodule contains both solid and cystic areas is called as complex cyst which is more likely to be malignant. FNAC may cause aspiration is simple cyst. Surgery is needed if asymptomatic occurs after three repeated aspirations. Surgery is indicated in complex cyst and if cyst is more than 4 cm in size.

Pituitary Tumours

Classification I

1. Microadenoma: Tumour size less than 10 mm.
2. Macroadenoma: Tumour size more than 10 mm.

Stages

1. Stage of intrasellar development.
2. Stage of suprasellar extension.
3. Stage of massive intracranial extension.

Craniofacial tumours

They are large masses with cystic tumours lined by ciliated epithelium containing epithelioid or cysts. Areas of calcification may be present and corticosteroid masses may be formed. They are adjacent to the basal sinuses and adjacent nerves. They are in immobile.

They are tumours of pituitary region.

Clinical Features

Intrasellar craniofacial tumours inhibit visual structures causing ocular defects with bipupillary hemianopsia due to compression of optic chiasm. Visual field defects, visual disturbances, bitemporal hemianopsia, blood studies, intracranial hyperostosis, optical ophthalmic anomalies, intracranial tumours. CT scan, angiography, X-ray skull are diagnostic.

Bipolar adenoma: An extremely small. They secrete ACTH and present as Cushings disease with all its features.

Pituitary neoplasia: Causes infertility, amenorrhoea and galactorrhoea.

Classification II

1. Hypophysectomy.
2. Hypopituitary by compression and ischaemia.

Examination of Bowel and Joint Injuries and Pathology

Mechanism of injury in fracture

Stage 1: Compression, forces

Stage 2: Compression, forces

Stage 3: Compression, forces

Stage 4: Compression, forces

Stage 5: Compression, forces

Clinical features of fracture

Pain, swelling, deformity, local venous obstruction, shortening of the limb, abnormal mobility of the digits, loss of function.

Stages of healing of a fracture (Fig. 16.7)

Stage 1: Osteoclastic resorption

Stage 2: Osteoclastic resorption

Stage 3: Osteoclastic resorption

Stage 4: Osteoclastic resorption

Factors affecting fracture healing

Vitamin intake

Protein intake

Calcium intake

Hormonal changes

Pain management

Sedation

Analgesics

Anti-inflammatory

Bone grafting

Fusion

Stages of healing of a fracture

Stage 1: Early fracture healing

Stage 2: Healing of fracture

Stage 3: Resorption and remodeling

Stage 4: Remodeling phase

Healing phase

Remodeling phase

Factors affecting fracture healing

Vitamin C

Calcium

Protein intake

Bone grafting

Fusion

Sedation

Anti-inflammatory

Bone grafting

Fusion

Stages of healing of a fracture

Stage 1: Early fracture healing

Stage 2: Healing of fracture

Stage 3: Resorption and remodeling

Stage 4: Remodeling phase

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Sedation

Anti-inflammatory

Bone grafting

Fusion
This new edition is fully updated both in clinical examination and management. Describe the basic principles of clinical examination which help in making a proper diagnosis, planning, relevant investigations and correct management of the disease. A new chapter on 'Imaging Modalities in Internal Medicine' has been added. More number of diagrams and tables have been added for easy learning. Clinical examination is made simple and informative with the addition of photographs demonstrating clinical methods.

Contents

1. Introduction to Internal Medicine
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3. Cardiovascular System
4. Respiratory System
5. Abdomen
6. Hematology
7. Nephrology
8. Nervous System
9. Endocrine and Metabolic Disorders
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Edition: 3/e, 2007
Vascular Syndromes of Spinal Cord

Anterior Spinal Artery Syndrome

Causes
1. Syphilitic arteritis
2. Aortic dissection
3. Atherosclerosis of the aorta and its branches
4. Aneurysm of the aorta
5. Vasculitis
6. Following surgery (abdominal aorta)
7. Following severe traumatization of aorta.

Clinical Features
1. Analgesia
2. Hypalgesia or anesthetic pain
3. Motor signs (flaccid paraplegia or paraplegia below the level of the lesion

Important Ascending and Descending Tracts of Spinal Cord (Fig. 8.13)

Ascending tracts
1. Ventral spinothalamic tract
2. Posterior spinocerebellar tract
3. Ventral spinocerebellar tract
4. Lateral spinothalamic tract
5. Ventral noradrenergic tract
6. Ventral reticular tract
7. Ventral noradrenergic tract
8. Ventral reticular tract

Descending tracts
1. Ventral corticospinal tract
2. Anterior corticospinal tract
3. Ventral spinocerebellar tract
4. Ventral reticular tract
5. Ventral noradrenergic tract
6. Ventral reticular tract

However, it may be difficult to clinically distinguish lesions caused by each of the small portals of entry, and there may be an overlapping of signs of cervical and thoracic involvement. (See specific regions Figs. 8.111 and 8.112.)

Most Common Causes of Paraplegia
1. Trauma
2. Tumour
3. Infections
4. Congenital anomalies
5. Transverse myelitis

Paraplegia in Flexion and Paraplegia in Extension

Muscle tone is maintained by spinal reflexes, extrapyramidal system, spinal reflex arc and sensory system. The spinal reflex arc is composed of intact spinal cord and neural pathways. When a segmental spinal cord is affected, the extrapyramidal system (especially extrapyramidal tract) is intact, and the upper limb is involved, resulting in increased tone and rigidity (spasticity or paraplegia). When the influence of the extrapyramidal system is reduced, the spinal cord is involved and there is a relative increase in tone of the lower limb (flexion and extension) as seen in paraplegia or paraplegia in extension.
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18. Fracture Femur
19. Injuries of the Knee
20. Fracture Tibia and Fibula
21. Injuries of the Ankle
22. Injuries of the Foot
23. Pelvic Injuries, Rib and Coccyx Injuries
24. Injuries of the Spine
25. Peripheral Nerve Injuries

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**Types**

- **Types**
- **Acute-strain:** This is due to sudden violent force or direct trauma.
- **Chronic strain:** This is due to injury existing since a long period leading to muscle ischemia and fibrosis.

**Pathophysiology**

Injury to the muscles leads to pain. As a result, the muscles go into spasm to limit the movements and reduce pain. Nevertheless, paradoxically, this protective muscle spasm causes pain due to stimulation of pain fibers and thus a vicious cycle sets in (Fig. 4.3). The painful stimulus causes muscle spasm through the peripheral nociceptive stimuli (Fig. 4.4).

**Severity of Strain**

- **First Degree Strain (Mild Contusion):**
  - This is due to blunt injury and is due to direct trauma of low intensity.
  - Paresthesia. Few muscle fibers are torn. Bleeding is minimal and the fascia remains intact.

**Clinical Features**

- Localized pain and tenderness.
- Pain and spasm prevents muscle stretching.
- Function is not impaired largely.
- Tenderness over the affected muscles.

All the above features are shown in Figure 4.5.

**Management**

- First aid is by cryotherapy (by application of ice) for a period of 20 minutes.
- Gentle active muscle stretch may be permitted after 24 hours.
- Compression bandaging with optimum pressure.
- Low dose and low power ultrasound helps.
- Gentle massaging of the surrounding area helps.

**Injuries Around the Shoulder**

- **Injuries Around the Shoulder:**
  - **Rupture:** Rupture of rotator cuff, subacromial bursitis, calcific tendinitis, and osteoarthritis of the shoulder.
  - **Dislocations:** Anterior, posterior, and traumatic subluxation.

**Anterior Dislocation of Shoulder**

- **Causes:**
  - Trauma.
  - Recurrent dislocation.
  - Traumatic subluxation.

**Classification**

- **Causes:**
  - Trauma.
  - Recurrent dislocation.
  - Traumatic subluxation.

**Management**

- **Rupture:** Rupture of rotator cuff, subacromial bursitis, calcific tendinitis, and osteoarthritis of the shoulder.
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**Types of Implants:**

- **Types of Implants:**
  - **Metallic:** Generally, alloys are used. These alloys are described.
  - **Cobalt:** These consist of cobalt chromium 60 percent, chromium 30 percent, and nickel 10 percent.

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  - **Metallic:** Generally, alloys are used. These alloys are described.
  - **Cobalt:** These consist of cobalt chromium 60 percent, chromium 30 percent, and nickel 10 percent.

**Remarque:**

- **Remarque:**
  - **Character of ideal implant:**
    - Should be corrosion resistant.
    - Should have high tensile strength.
  - **Should be biocompatible:**
  - **Shear strength for implant selection:**
    - **Proper metal:**
    - **Proper design:**
    - **Proper stress-strain relationship:**

**Sample Pages**
# A Primer of Anesthesia

Rajeshwari Subramaniam

This book has been written with the aim of demystifying anesthesiology and presenting the necessary theory related to pharmacology, equipments and skills in an easy to understand matter. The text has been divided into four main sections covering the preoperative period, intraoperative period, postoperative period and critical care dealing with all the major aspects of an anesthesiologist's day-to-day work schedule. Spiced with original drawings and sketches in sections dealing with monitoring, vascular access, airway management and the figures on fluid therapy. Focus is on problems and ways to solve them intelligently and answering questions that students want to ask.

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5. Modified Mallampati grading: This is one of the novel common measurement procedures to evaluate ease of glottic visualization. The patient is asked to open his/her mouth as wide as possible to protrude the tongue fully (Fig. 5.4). One of the four following views may be obtained:

- Mallampati I—oral pillar, soft palate, uvula visible (Fig. 5.5).
- Mallampati II—oral pillar and soft palate visible.
- Mallampati III—only soft palate visible.
- Mallampati IV—only hard palate visible.

A reduced thyromental distance combined with a Mallampati class III or IV predicts 80% of difficult intubations.

---

6. The ‘proper’ sign in diabetes (Fig. 5.7): The patient is typically unable to approximate the interphalangeal joints of the fourth and fifth fingers. Limited joint mobility is commonly seen in longstanding insulin-dependent diabetics because of glycosylation of these proteins. This affects the cervical spine, the temporomandibular joint and the larynx.

- Annulation of the chest for intensity of breath sounds: cardiac auscultation for murmurs, wheezes and rales.
- Discrimination between breath sounds:
  - heart sounds and murmur.

D. Non-radiolucent for regional anaesthetic:
- Spine, shoulder, neck

- Monitoring sites: If radiolucent cannulation is performed, the most-dominant landmark is selected after adequacy of collateral circulations is checked (refer to chapter on vascular cannulation.)

---

Laryngoscope (Fig. 8.1A to D):

The laryngoscope is held in the left hand. The fingers of the right hand open the mouth using a ‘tongue-tip’ technique by depressing the chin slightly. The laryngoscope is gently introduced from the right angle of the mouth. The laryngoscope blade is swept under the tongue to expose the larynx. The opening of the tongue is brought forward and the right angle of the mouth is brought forward, which is a glans in the shape of the tongue and epiglottis, also known as the glottis-epiglottic fold.

The laryngoscope is lifted upwards and outwards (Fig. 8.2A) and POF towards the laryngoscope (Fig. 8.3B): that is a rotating movement which will expose or break teeth. The glottic chink bordered by the pearly white vocal cords then comes into view (Fig. 8.1C).

Intubation:

Selection of Appropriate Tube Size

The endotracheal tube is then inserted into the trachea during nasal intubation, for intubation packing and retrieving objects, e.g. dislodged teeth, blood clots etc. from the oral cavity. Its retention ensures that aspiration is unimportant when the object is being held.

The Laryngoscope (Fig. 8.2A and B):

This device is familiar to everyone associated with the operating room. It consists of a elongated
This book is described as “a work of the heart” presenting the basic aspects as well as recent advances in ophthalmology comprehensively. Highlights Visual Display Terminal Syndrome (VDTS) and Early to Early Treatment for Diabetic Retinopathy Study (ETDRS) and Scheie's classifications of hypertensive retinopathy as new additions. The main emphasis is on early, perfect, optical, occupational and psychological rehabilitation. Covers more than 500 MCQs with answers for easy recall of the concepts. Useful for graduate and postgraduate students and teachers as well as practicing Ophthalmologists.

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22. Ophthalmic Instruments


Edition: 4th, 2009
CHAPTER 10 The Lens

APPLIED ANATOMY
The lens is a transparent, biconvex, structure of crystalline appearance placed between the iris and the vitreous. It is suspended by the suspensory ligament of the lens or zonule of Zinn which is attached to the ciliary body and equator of the lens. The accommodative power varies with age, being 14 to 16 D (at birth), 3 to 5 D (at 21 years of age) and 1 to 2 D (at 70 years).
The lens is composed of 64% water, 23% protein and 1% lipids, carbohydrates and trace elements.
The metabolism of the lens is anaerobic. Glycolysis is responsible for 85% glucose utilization resulting in lactic fermentation.

Refractive index = 1.39
The dioptric power = 15 to 18 D
Biomter = 9-10 mm
Thickness = 4 mm
Radius of curvature
i. Anterior surface = 10 mm (less convex or flat)
ii. Posterior surface = 6 mm (more convex)
Weight = 250 mg (approximately). The lens grows in size continuously throughout life. At birth it weighs about 65 mg and by 80 years of age it weighs approximately 254 mg.

Structure
i. Lenticular capsule - It is a smooth, homogenous, acellular envelope. The bony lens capsule is secreted by the underlying epithelial cells.
ii. Lenticular epithelium - It is a single layer of cuboidal cells just deep to the anterior capsule.
There is no corresponding posterior epithelium.
iii. Lenticular fibres - The anterior cuboidal cells gradually become columnar and elongated lens fibres (fibrous), towards the equator. Anterior and posterior V-shaped sutures lines are formed at the junction of lens fibres.
iv. Suspensory ligament or zonule of Zinn - This consists of transparent, straight and inextensible fibres.

PRIMARY OPEN ANGLE GLAUCOMA (POAG)
It is a chronic, slowly progressive condition with an insidious onset. This presents as an entirely different clinical picture from the acute closed angle glaucoma.

Etiology
It has a genetic basis. There is insufficiency of the trabecular meshwork in any type of eye. The endothelial lining of the canal of Schlemm may also be thickened.

Incidence
i. Age - It affects 50-70 decade mainly.
ii. Sex - Both sexes are involved equally.
iii. It is a National condition usually.
iv. Rare - It is more common and severe in black people than in white.

Mechanism of Primary Open Angle Glaucoma
Mechanism of Primary Open Angle Glaucoma:
There is increased resistance to the outflow of the aqueous humor offered by:

1. The scleral trabecular meshwork - Electron microscopic picture shows the following changes in the trabecular meshwork:
   a) Proliferation of endothelial lining with thickening of the basement membrane.
   b) Narrowing of intertrabecular spaces.
   c) Deposition of amorphous material in the trabecular tissue.
2. The scleral endothelium lining of the canal of Schlemm - This leads to narrowing or collapse of the canal of Schlemm.

Associated Ocular Pathology
Following ocular diseases may be present in association with primary open angle glaucoma.

Symptom
There is sudden onset of impaired vision. However, the loss of vision is not so sudden as in central retinal artery occlusion.

Sigmoid
i. In complete block:
   a) Retinal veins are markedly dilated, engorged and tortuous.
   b) Retina is covered with multiple extensive haemorrhages (smoke-III appearance) along with cotton wool exudates.
   c) Neovascularization, i.e. tortuous new vessels are seen upon the disc and retina due to collateral circulation in the latter stage.
   d) The typical fundus picture is sometimes called ‘blood and thunder fundus’.
   e) Eventually retina become atrophic with fine pigmentary changes.
ii. In branch vein occlusion:
   a) Oedema and haemorrhages are limited to the area supplied by the vein. The superior temporal vein is most commonly affected.

Complications
1. Secondary neovascular glaucoma occurs at a later stage usually within 3 months or 60 days due to occlusion and neovascularization at the angle of anterior chamber (neovascular iris). It is rare in branch vein thrombosis.

210 Basic Ophthalmology
SN Chugh

Provides the students an opportunity to get acquainted with the secrets of history taking and clinical examination and then take the help of appropriate bedside investigations so as to plan the management. The basic aim of the book is to describe the various skills in taking a history and step by step clinical examination including general physical and systemic examination.

Contents

UNIT — I HISTORY TAKING AND REVIEW OF SYSTEM
1. History Taking
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UNIT — IV APPENDICES
Appendices
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ISBN: 978-81-8448-205-8
Edition: 1/e, 2008
Updated with new concepts and advances in the field to keep the readers abreast with the recent knowledge of Orthopedics. Attempt has been made to narrate the concepts in a simplified manner keeping the originality in tact. Incorporates valuable information about fractures and dislocation; fractures in the upper and lower limbs; fractures of the pelvis. Provides necessary knowledge about spinal injuries; peripheral nerve and brachial plexus injuries; bone and joint infections; and bone tumors. Incorporates illustrations and radiographs wherever required to give visual effect so that learning process becomes easier and simpler.

Contents

1. Introduction to Fractures and Dislocations
2. Fractures in the Upper Limb
3. Fractures in the Lower Limb
4. Dislocations
5. Fractures of the Pelvis
6. Spinal Injuries
7. Peripheral Nerve and Brachial Plexus Injuries
8. Bone and Joint Infections
9. Bone Tumors
10. SCFE, Perthes’ Disease and Other Osteochondritis
11. Intervertebral Disc Prolapse/Herniation
12. Nutritional, Endocrine, Degenerative and Autoimmune Disorders
13. Congenital and Developmental Anomalies
14. Miscellaneous Conditions
15. Fractures in Children
16. Gait
17. Amputations
18. Implants and Instruments
19. Arthroscopy and Total Joint Arthroplasty

Index

ISBN: 978-81-8448-838-8
Edition: 1/e, 2010
An updated and innovative book that reviews the techniques for relevant analysis of surgical treatment on specific disorders. This simple and reader-friendly book provides essential information to gain clinical understanding of surgery. The clinical photographs are of very good quality, which are self-explanatory of the conditions. The clinching physical signs have been highlighted in box forms with different shades of colour. This mode of presentation emphasises the point to be conveyed to the students which they can recollect when required either while arriving at a diagnosis in their examination or while in practice after obtaining the degree. This book gives a good foundation in surgery for those who wish to pursue surgery as a career.

Contents

1. General Surgery
2. Faciomaxillary Diseases
3. Oral Cavity
4. Salivary Glands
5. Neck
6. Thyroid
7. Parathyroids and Adrenals
8. Breast
9. Peritoneum
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16. Differential Diagnosis of Mass Abdomen
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21. Small Intestine
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25. Rectum and Anal Canal
26. Urology
27. Neurosurgery
28. Thorax
29. Adjuvant Therapy
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32. Operative Surgery
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ISBN: 978-81-8448-551-6
Edition: 3/e, 2009
Contents

1. Chronic obstructive pulmonary disease
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   49. Multinodular toxic Goiter
   48. Goiter
   47. Hirsutism
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   44. Dwarfism
   43. Acromegaly
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   40. Cushing Syndrome
   B. Endocrinal Cases
   39. Swollen legs-Deep vein thrombosis (DVT)
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   27. Aortic stenosis
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   22. Splenomegaly
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   20. Leukaemia
   19. Anemia
   D. Blood Disorders
   18. Nephrotic syndrome
   17. Acute Nephritic syndrome
   16. Chronic diarrhoea and malabsorption
   C. Renal Diseases
   15. Portal hypertension
   14. Hepatomegaly
   13. Ascites
   12. Jaundice - acute viral hepatitis
   11. Bronchiectasis
   10. Bronchial asthma
   9. Pulmonary tuberculosis
   8. Cavity with fibrosis
   7. Diffuse fibrosing alveolitis
   6. Collapse of the lung
   5. Hydropneumothorax
   4. Pneumothorax
   3. Pleural effusion and empyema thoracic
   2. Consolidation of the lung

This new edition has been designed to orient the students not only to clinical examination but also prepare them to face theoretical discussion about the case. In clinical case discussion, the questions are asked according to the interpretation of clinical symptoms and signs which is difficult to answer because students are not prepared for that. This book has been presented with the recent advances in the field keeping in mind the dire necessity of such a book which can cater to the needs of the students to their satisfaction and enable them to face the examination well.
21. How do you define leukaemia? What is blastic (or acute) leukaemia? Ans. The leukaemia are a group of white cell disorders characterized by malignant transformation of blood white cells primarily in the bone marrow resulting in increased number of primitive white cells (blasts) in the bone marrow which ultimately spill into peripheral blood making the leukaemic patient extremely sensitive to infections. The diagnosis is confirmed by bone marrow examination.

21.1. What is the difference between acute and chronic leukaemias? Ans. Depending on the duration of the disease, leukaemias are classified as acute or chronic. Acute leukaemia is characterized by the presence of immature cells in the bone marrow for more than 20% of the total cells. Chronic leukaemias are characterized by the presence of immature cells in the bone marrow for less than 20% of the total cells.

21.2. How do you diagnose leukaemia? Ans. The diagnosis of leukaemia involves a combination of clinical and laboratory findings. The diagnosis is confirmed by bone marrow examination.

Clinical Case Discussions

Clues from a patient's medical history and physical examination can provide important information for the diagnosis of leukaemia. The presence of symptoms such as persistent fever, weakness, fatigue, and bruising may indicate a bleeding disorder. The examination of the lymph nodes, liver, and spleen may reveal enlargement. The presence of a palpable spleen or liver can be indicative of leukaemia.

Diagnostic Tests

1. Peripheral blood smear: This test involves the examination of blood cells for the presence of abnormal cells, such as blasts, which are characteristic of acute leukaemia.
2. Bone marrow aspiration: This test involves the removal of bone marrow tissue for examination under a microscope.
3. Chromosomal analysis: This test involves the analysis of the chromosomes for the presence of translocations or other abnormalities.
4. Immunophenotyping: This test involves the analysis of the surface markers expressed by the leukaemic cells.
5. Molecular testing: This test involves the analysis of the genetic material of the leukaemic cells for the presence of specific mutations.

Leukaemia is a complex disease, and the approach to diagnosis may vary depending on the specific type of leukaemia and the patient's individual needs. It is important to consult with a specialist in haematology to determine the best course of action.

LI. Hypoglycaemia is classified traditionally into (i) postprandial (occurs in response to meals) and (ii) fasting. Fasting hypoglycaemia usually occurs in the presence of disease while postprandial occurs in the absence of a recognizable disease (Table 1.17). The factors responsible for hypoglycaemia are given in Table 1.19.

Clinical features and examination of a patient with hyperglycaemia are explained in detail in Table 1.17 and Figure 1.21.

CASE 27: DIABETIC KETOSIS

Clinical features and examination of a patient with ketoacidosis are explained in detail in Table 1.17 and Figure 1.22A and 1.22B, page 2.

22. What is a diabetic ketoacidosis? What are its causes? Ans. Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycaemia due to the absence of insulin or an ineffective response to insulin. When blood glucose levels are high, the body produces more ketones, which can lead to a condition called diabetic ketoacidosis (DKA).

The causes of DKA include:
1. Inadequate or no insulin production
2. Ingestion of sugars
3. Infection or illness
4. Stress and trauma
5. Alcohol and other drugs
6. Medications that reduce the effectiveness of insulin

The symptoms of DKA include:
- Nausea and vomiting
- Abdominal pain
- Blurred vision
- Confusion and disorientation
- Altered level of consciousness
- Deep and rapid breathing
- Rapid heartbeat
- Low blood pressure

DKA requires immediate medical attention, and treatment typically involves intravenous fluids, insulin, and electrolyte replacement.
This revised edition offers step-by-step guidance on how to evaluate, diagnose, and manage a wide range of obstetric disorders. Completely updated and reorganized to present a more up-to-date approach to the field with a special emphasis on fundamentals of reproduction, anatomy of female reproductive organs and the female pelvis, immunology of pregnancy, ectopic pregnancy, safe motherhood and women's health issues. Highlights the core knowledge for diagnosing and managing emergencies and common problems like anemia, diabetes, infections, gynecologic and hypertensive disorders in pregnancy. Provides a practical approach to the effective application of feto-maternal medicine, care of the mother and foetus in labour, monitoring equipment during labour.
polyhydramnios and oligohydramnios are the leading causes of preterm labor. Premature opening of the os and exposure of the fetal membranes to the bacterial flora of the vagina lead to amnionitis and to severe cases premature rupture of the membranes.

2. Discordant growth causes a difference in the weight of the twins, with a discrepancy of 20 percent or more. 8 affects 15-25 percent of twin pregnancies. An unusual placental mass and genetic syndromes are the causes of discordancy. In most patients, discordant growth is noticed after 24 weeks. A 5 percent difference in head circumference, a difference of 20 mm in abdominal circumference or a difference of 15 to 25 percent in estimated fetal weight on ultrasonography are the criteria used to diagnose discordant twin growth.

3. Tens to turn transfusion syndrome affects 5 in 17 percent of monochorionic twin pregnancies. The problem occurs due to an abnormal arterio-arterial

4. Circulatory failure is one of the most common complications in twin pregnancy. It occurs in every 12,500 births. The main factors associated with perinatal mortality are umbilical cord entanglement, unexpected abnormalities, preterm delivery and twins' birth translation.

5. The latest method of delivery is lower uterine section. To avoid arterial cord problems.

6. Internal carotid massage using two fingers placed at the lower third of the sternum.
This updated edition focuses primarily on general gynecology, reproductive endocrinology and assisted conception along with gynecologic oncology. Keeps up-to-date on the technological and clinical changes in this rapidly evolving field including contraception and sterilization, POD, HIV, Infertility, Menopause and HRT, Ovarian Cancer and Vulvar Cancer. Details the methodology for clinical practice and modus operandi for appropriate treatment of the concerned diseases. Adopts the life cycle approach starting with sex differentiation, abnormal development of reproductive organs, and pediatric and adolescent health followed by menarche, menstruation and menstrual problems. The issues related to contraception and subfertility are dealt with in depth. Sexually transmitted diseases and pelvic inflammatory diseases are described followed by benign and malignant neoplasms of the reproductive tract.

Editors:
Sabaratnam Arulkumaran
V Sivanesaratnam
Alokendu Chatterjee
Pratap Kumar

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37. Palliative Care

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ISBN: 978-81-8448-910-1
Edition: 2/e, 2010

T = Tentative
essentials of gynecology

Sample Pages
Textbook of Ear Nose and Throat Diseases

Mohammad Maqbool, Suhail Maqbool

A comprehensive textbook of Ear, Nose and Throat Diseases to guide ENT specialists in a variety of relatively rare and challenging issues. This new edition is thoroughly revised and updated with more information adding a new chapter on Headache. A few new topics have also been incorporated such as Neckmasses, Tumours of thyroid and Anthrax. Continuity and relevance of text has been given due care.

Contents

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2. Anatomy of the Ear
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9. Acute Suppurative Otitis Media and Acute Mastoiditis
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11. Complications of Chronic Suppurative Otitis Media
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61. Foreign Body in the Larynx
62. Foreign Body in the Larynx and Tracheobronchial Tree
63. Tumours of the Larynx
64. Tracheostomy
65. Disorders of Voice
66. Thyroid

Price Rs. 450/-

ISBN: 978-81-8448-081-8

Edition: 11/e, 2007

69. Bronchoscopy
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71. Common Oesophageal Diseases in ENT Practice
72. Oesophagocopy
73. Laser Surgery in ENT
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75. Syndromes in Otolaryngology
76. Common ENT Instruments

Index
The present edition contains most recent information on diseases of the eye with newer clinical entities and diagnostic procedures. Many new colored photographs and diagrams are added to highlight the clinical characteristic of common eye diseases. A number of new tables are included to provide an easy differential diagnosis of disease entities. A few references are listed at the end of each chapter to enable the reader to collect more information on the subject of his/her interest. The unique feature of this undergraduate book is inclusion of video clips that show step-by-step common eye operations.
Examination of the Eye 55

Examination of the Eye 61

Grade 1 represents the depth of the peripheral AC less than 1/4th thickness of the cornea, corneal
angle.
Grade 2 represents the depth of the peripheral AC between 1/4th and 1/2 the corneal thickness, open-angle.
Grade 3 represents the depth of the peripheral AC more than 1/2 the corneal thickness, open-angle.

Staining of Cornea with Vital Eyes

To stain the cornea or any other tissue other than the eye, it is often necessary to use a technique for staining the cornea. The cornea is an ideal tissue to be stained because it is transparent and can be stained with a variety of dyes. The most commonly used dyes for staining the cornea are fluorescein, rose bengal, and lissamine green. These dyes are applied to the cornea and then observed under a microscope. The appearance of the cornea is then recorded and compared to normal corneal anatomy.

Examination of the Irids

The color of the iris varies from individual to individual. There are several colors that are commonly seen in normal individuals. The most common colors are brown, blue, and green. The color of the iris is also affected by the amount of melanin present in the iris. The color of the iris can also be affected by the presence of other diseases such as diabetes, cataracts, and glaucoma.

Diseases of the Uveal Tect 191

Diseases of the Uveal Tect 201

UV radiation, vemurafenib, acetazolamide, and vitamin D are all treatments that have been shown to be effective in the treatment of uveal melanoma.

Treatment of Pyrimethamine Therapy

Pyrimethamine is an effective treatment for the treatment of toxoplasmosis. It is often used in combination with other drugs such as trimethoprim or sulfadiazine. The dosage of pyrimethamine is typically 25 mg twice a day, although the dose may be increased to 50 mg or more for more severe cases. The treatment is usually continued for 6 to 8 weeks or until the disease is under control.

Acquired Toxoplasmosis

Acquired toxoplasmosis is usually unilateral, mild, and without CNS involvement. Some echinococcus granulosus even develop cystic masses. The treatment is often with pyrimethamine and sulfadiazine.

TOXOPLASMS

Elevate

Toxoplasmosis and Toxocariasis can cause severe vision loss in children who play with dogs or cats. Treatment is usually with oral or intravenous antibiotics.

Fig. 13.6: Ocular toxoplasmosis

Fig. 13.7: Treatment of the toxoplasmosis lesion

Fig. 13.8: Toxoplasmosis in the eye

Fig. 13.9: Treatment of toxoplasmosis

Fig. 13.10: Toxoplasmosis in the eye
The Short Textbook of Pediatrics

Suraj Gupte

Gives useful information on the problems of child health care including chapters on growth and development, infant feeding, micronutrients and mineral deficiencies, infections, immunization, diarrheas, neonatology, etc. Accommodates new knowledge, changing concepts and fresh concerns by the distinguished contributors of India and abroad to meet the requirements of postgraduate entrance tests.

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44. Pediatric Drug Dosages

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ISBN: 978-81-8448-469-4
Edition: 11/e, 2009

Price Rs. 795/-
Clinical Features

The usual age of onset is 3 to 8 years, the median being 5 years.

Two forms of the disease are known: acute and chronic.

Acute type: This is the type generally seen in children and is characterized by an acute onset and sudden exacerbation, especially of the upper respiratory tract or skin.

Chronic type: This is the type that may occur after an acute exacerbation or in the absence of any known cause.

Diagnosis

Blood picture shows a normocytic normochromic anemia (usually the hemoglobin between 6 and 9 g/dl range), anisocytosis, poikilocytosis, and an increased number of reticulocytes. Bone marrow shows erythroid hyperplasia. Chronic fatigue test reveals a reduced platelet count (there is resistance to benzoil peroxide). Leukocyte count is normal.

Radiologic findings include thinning of the cortex, widening of the medullary cavity, and absence of the trabecular bone.

Table 144: Close-up of vitamin deficiency

Vitamin D deficiency

Type of vitamin D deficiency

1. Vitamin D deficiency
2. Vitamin D intoxication
3. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diagnosis

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes

Vitamin D deficiency

Types of vitamin D deficiency

1. Vitamin D intoxication
2. Vitamin D excretion

Patient age

1. Pediatric patients
2. Adult patients

Diabetes
This new edition includes necessary corresponding revisions considered relevant in the context of fast changing scene in medical literature. Tables on differential diagnosis have been enlarged and updated. Special section on diagnosis based on the laboratory findings has been updated to help the practitioners and the students alike. A very significant additional feature in this edition is incorporation of sub section on causes of common dental diseases.

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ECG Made Easy presents this intriguing subject in a format which is easy to understand, ready to assimilate and handy for reference. The initial chapters are devoted to basic principles, nomenclature of waves and to the calculation of heart rate and electrical axis. This is followed by potential abnormalities of the various deflections and their intervening segments, with due emphasis on causation and clinical relevance. The later section deals with cardiac arrhythmias in which apparently similar rhythms are discussed together in one chapter. This helps to compare their mechanism, causation, recognition and management. ECG Made Easy is meant for those keen to learn electrocardiography from basics to therapeutics in a short time. It should serve as an ideal ready reference book for students, paramedics and clinicians.

Contents

1. Nomenclature of ECG Deflections, Intervals and Segments
2. The Electrocardiographic Leads
3. The ECG Grid and Normal Values
4. Determination of the Electrical Axis
5. Determination of Heart Rate and Rhythm
6. Abnormalities of the P Wave
7. Abnormalities of the QRS Complex
8. Abnormalities of the T Wave
9. Abnormalities of the U Wave
10. Abnormalities of the P-R Segment
11. Abnormalities of the S-T Segment
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13. Abnormalities of the Q-T Interval
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15. Pauses During Sinus Rhythm
16. Fast Regular Rhythm with Narrow QRS Complexes
17. Normal Regular Rhythm with Narrow QRS Complexes
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With Interactive CD-ROM Duration 5 Minutes
This book is intended for graduates and postgraduates to prepare for their practical and viva voce in obstetrics and gynecology. It covers the complete syllabus of obstetrics and gynecology and serve students to easily memorise key features of the practical aspects of the subject. It offers a concise overview of the subject in high risk obstetrics, general gynecology, reproductive endocrinology, infertility and presents the core material that is fundamental to each section of the subject which allows the user to absorb the information quickly and thoroughly.

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This comprehensive color textbook of surgery comprises of several individual sections of all the specialties in General surgery and includes Principles of Surgery, Wounds and Infections, Preparation of Surgery, Trauma and Burns, Oncology, Immunology, Transplantation, Skin, Breast, Head and Neck, Endocrine Surgery, Gastrointestinal Surgery, Pancreatic and Hepatobiliary Surgery, Pediatric Surgery, ENT and Ophthalmic Emergencies, Orthopedics, Gynecology, Contraception, Urology, Vascular Surgery, Thoracic Surgery, Cardiac Surgery, Neurosurgery and a special section titled 'More than Surgery'.

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Echo Made Easy

Atul Luthra

This new edition has been designed to present the intriguing subject of echocardiography in a precise and practical format. An entire new chapter has been devoted to Colour-Doppler Echo with the help of coloured illustrations. It includes basic principles of ultrasound and Doppler and the clinical applications of various echo-modalities including 2-D echo, M-mode scan, Doppler echo and colour-flow mapping. Due emphasis has been laid on pitfalls in diagnosis, differentiation between seemingly similar findings, their causation and their clinical relevance.

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Edition: 2/e, 2007

Sample Pages
This new edition has been designed to incorporate the latest advances in clinical dermatology and update all its chapters adding a few more to meet the ever-increasing requirements of the readers. Its contents are meticulously designed including innovations in topics like alopecia androgenetica, alopecia areata, cicatricial alopecia, localized scleroderma/ morphea, polyarteritis nodosa, etc. The long cherished desire of the readers has amicably been met by inclusion of short and crisp chapter on leprosy and symptomatic approach of sexually transmitted diseases.
The book Synopsis of Medical Instruments and Procedures is meant to serve the dual purpose of helping the final year MBBS students to pass the examinations with flying colours as well as assisting the fresh graduates to acquire proficiency in the skills they are going to practice in the imminent future.

It contains a lucid, comprehensive account of instruments and procedures related to all clinical specialities. The description is well supported by neat tree-dimensional illustrations of the instruments. All the chapters in the previous edition have been thoroughly revised and updated. Several new chapters have been added in the new edition, on injections and infusions, pleural biopsy, pericardiocentesis, intraocular lens implants and laparoscopy.

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**Synopsis of Medical Instruments & Procedures**

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This concise yet comprehensive dictionary gives all important and major terms on which detailed information is required by the readers especially the medical students, nurses, pharmacists, laboratory and technical personnel, and other paramedical professionals. It incorporates most commonly used terms and vocabulary along with the meaning of every word, its explanation with the help of examples in a simple and comprehensive manner.
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