

## President's Message

Dear Colleagues,

Greetings,

It gives me great pleasure to see our organization grow, not just in number but also in quality of work we do. The last quarter has been a success and we hope to carry the momentum forwards. We've had a great participation from all over the state. I want to thank the executive committee for the commendable work and everyone who has been instrumental in each of the events we've done.

We will continue to focus on education and engagement.

Again, it's a privilege to serve the ROSA and I look forward to the year ahead.

Best Wishes & Regards

**Dr. Shailendra K. Sharma**

President, ROSA

## Editor's Note...?

ROSA is on the MOVE!

We've had an exciting and eventful last quarter. As you will see from this issue, we have seen a surge in the academic meets and events held all across the state.

We are keeping up with our promise of making the ROSA VOICE a quarterly newsletter. This newsletter is the mouthpiece of our organization and we encourage all members to share the great work being done by each and every one of us. If any of you have any interesting cases/papers or innovative techniques which you might think would benefit the community, we would be glad to feature it in the newsletter.

We also have our new and updated website, I urge members to start using this resource and give us a feedback on how to make it better.

I welcome your suggestions.

Happy reading...

**Dr. Karan Sharma**

Editor, ROSA VOICE

## Message from the Secretary

Respected Seniors and Dear friends,

I am pleased to share with you the activities of the past few months.

Academic meets were held across the state.

1. Knee Arthroplasty on 9th April, 2016. Jaipur
2. Knee Workshop with Rajasthan Arthroscopy Surgeons Association on 10th April'2016. Jaipur.
3. Hands on Workshop along with Indian Foot & Ankle Society on 24th April, 2016. Jaipur.
4. Soft tissue Management in Orthopaedics' on 8th May, 2016. Jaipur.
5. Primary Knee Replacement – Attune System on 12th May, 2016. Udaipur.
6. Bone & Joint Decade meeting on 5th June, 2016. Jaipur.
7. Live Arthroscopy Workshop (Knee & Shoulder) on 19th June, 2016. Jodhpur
8. Trauma meeting on 26th June, 2016. Jaipur.
9. Basic Arthroplasty Workshop on 25th-26th June, 2016. Jodhpur.

Indian Orthopaedic Association – Orthopaedic Excellence Program will be held for the first time in Rajasthan at Jaipur on 10th July, 2016. and Jodhpur on 7th August, 2016

Mid Term ROSACON will be held on 24th July, 2016 at Bharatpur. Hands on workshop on 'Distal end Radius Fractures' and 'Acetabular Fractures' are the main highlights of this meeting. All Heads of Department are requested to send their Post Graduate students for the PG Quiz. The top 2 will represent Rajasthan at IOACON 2016. Hand Surgery – Focus on Wrist on 31st July, 2016 will be held at Jaipur. CEZCON 2016 is planned at Kota on 10th and 11th September, 2016. ([www.cezcon2016.com](http://www.cezcon2016.com)). We look forward to more academic meets across Rajasthan. Please share your events with me so that there are no overlaps.

All are requested to participate in making the Bone & Joint day celebrations successful and participate in IOA Presidents appeal of 'One free surgery by every member' between 3rd to 5th August, 2016 and register it as per protocol.

ROSA Fellowships of 1 week duration at 'Centres of Excellence' in Jaipur in 8 sub-specialities received enthusiastic response. All the awardees have been informed and shall complete before 30th November 2016. This is the 2nd Issue of ROSA Voice which will now be published quarterly. Do send your interesting cases and updates of meetings for publication to the Editor. Please do visit the new ROSA website ([www.rajasthanorthopaedicsurgeonsassociation.com](http://www.rajasthanorthopaedicsurgeonsassociation.com)), member shall now have access to member database, upcoming calender and the ROSA VOICE newsletter. Communication with all members through Bulk messages on regular basis has been continued. All efforts have been made to update the address, phone numbers and email ids of all members. Membership has witnessed a 10% increase since the present Executive Committee took over. We look forward to having all Orthopaedic surgeons in Rajasthan as our member.

Please do send in your valuable suggestions as we all try to take ROSA to new heights.

Best wishes to all.

Dr. Jayant Sen

Senior Consultant and Head,

Dept of Orthopaedics,

Santokba Durlabhji Memorial Hospital, Jaipur

## Symposium: Longevity of the Knee

Live surgery symposium was conducted under the banner of ROSA with theme of 'Longevity of knee' on 9th April'2016. The event took place at Manipal Hospital and was attended by more than 70 doctors. Renowned faculty at the event were Dr. Philip Hill (USA) and Prof. C. S. Yadav(AIIMS, New Delhi). Live surgery was performed by Prof. C. S. Yadav. Following which they discussed about the longevity of knee prosthesis and techniques to improve knee life.



## Jaipur Knee Workshop

Rajasthan Arthroscopy Society under patronage of Rajasthan Orthopaedics Surgeons Association and Jaipur Orthopaedic chapter jointly organised the 'Jaipur Knee workshop' on the 10th April'2016. The venue for the event was J.W.Marriott Hotel, Jaipur. The workshop was attended by 104 delegates from all over the state. This course was perfect blend of experienced local and national faculty to offer an academic feast. Among the National Faculty were Dr. Deepak Goyal (Ahmedabad), Dr. Pranjal Kodkani (Mumbai) and Dr. Ravi Gupta (Chandigarh).



The Highlights of the workshop were Superficial Quad MPFL technique and cartilage procedures by

Dr. Deepak Goyal, Basket Weave technique for MPFL by Dr. Pranjal Kodkani, and PCL and multiligament knee injuries by Dr. Ravi Gupta. ACL reconstruction live surgery was performed by Dr. Ravi Gupta.

The delegates had an interactive workshop concluding with a hand on session. The workshop was conducted by the Organising secretary Dr. Vikram Sharma along with the core organising team consisting of Dr. Lalit Modi, Dr. Rajat Jangir and Dr. Kapil Dev Garg.

## Foot & Ankle Society Meeting

Department of Orthopaedics, Santokba Durlabhji Memorial Hospital, hosted 1st of its kind joint meeting of Foot and Ankle Society, Rajasthan Orthopaedics Surgeons Association and Jaipur Orthopaedic Chapter at Hemlata Durlabhji Auditorium on 24th April, 2016.



The meeting focused on fractures of foot and ankle region and had speaker from across the country and nearly 100 delegates from all across Rajasthan. Delegates gained practical knowledge on imported saw bone models and appreciated the meeting on this neglected aspect of fracture care. New techniques and difficult cases were also discussed at length.



The guest faculty at the event included Dr. Balvinder Rana (President, Indian Foot & Ankle Society), Dr. Kamal Dureja (New Delhi), Dr. Rajeev Vohra (Amritsar), Dr. Maninder Singh (New Delhi) and Dr. Jayant Sen (Jaipur).

## **Symposium: Soft Tissue Management In Orthopaedic Trauma**

Jaipur Orthopaedic Chapter, Khandaka Hospital, Mahatma Gandhi Hospital along with Rajasthan Orthopaedic Surgeon's Association jointly organized a one day symposium to an essential topic of soft tissue management in orthopaedic surgery. The event took place on the 8th of May'2016 at the Vivekanand hall, Mahatma Gandhi Medical College, Jaipur.



The symposium was successfully conducted under the mentorship of Dr. Ashok Khandaka along with Dr. Amit Vyas. It had a tremendous turn out with 199 delegates in attendance. The event was also graced by senior orthopaedic surgeons like Dr. Rakesh Bhargav , Dr. C.S Sharma, Dr. Poornima Patni and Dr. S.P Gupta.

## **CME : 'Attune Knee System'**

The Udaipur Orthopaedic Society organised a CME on the Attune Knee System. The event took place on 12th May'2016 at the Golden Tulip Hotel, Udaipur.

Dr. Philip Hertz, was the key speaker for the evening and addressed over 50 delegates at the CME. He explained the new knee implant design and its advantages. The event was chaired by Dr. S.M Kagdi along with Dr. B.L. Kumar (President, UOS), Dr. Anurag Talesra (Secretary,UOS).



## **Bone and Joint Decade Orthopaedic Meet ' Osteoporosis and Osteoarthritis'**

Bone and joint decade (BJD), an organisation under WHO, conducted a CME on recent trends in osteoarthritis and osteoporosis at Hotel Hilton, Hawa Sarak, Jaipur on 5th June 2016. The main aim of CME was to update the orthopaedic community on worldwide recent advances in prevention and treatment of these bone diseases of immense clinical importance.

BJD is a sister organisation of WHO and was endorsed in year 2000 in Geneva Switzerland in WHO meet. The Bone and Joint Decade is an independent global non profit organization whose mission is to improve the health-related quality of life for people affected by musculoskeletal disorders worldwide in the Decade of 2000-2010. It is the umbrella organization by which over 54 National Action Networks and over 750 professional medical societies, patient advocacy groups, governments, industry, research institutions and publications partner to effect change by:

- Raising awareness of the growing burden of musculoskeletal disorders on society.
- Empowering patients to participate in their own care.
- Promoting cost-effective prevention and treatment.
- Advancing understanding of musculoskeletal disorders through research to improve prevention and treatment.

Dr. Arvind Chopra, a renowned Rheumatologist is the chairman and Dr. Parag Sancheti, chairman, Sancheti Hospital and Research centre Pune, is the present Secretary of BJD India and managing its functions in India with great commitment. A non profit organisation BJD keeps conducting conferences and health awareness programs all across India.

The faculty from all over India which included Dr. Mahendranath Rheumatologist Bengaluru, Dr. Sandeep Agarwal Pune, Dr. Ketan Khurjekar Spine specialist Pune, Dr. Parag Sancheti and Dr. Arvind Agarwal presented lectures on osteoarthritis and osteoporosis. Almost all the aspects of both the diseases were covered from pathophysiology to non surgical and surgical managements to recent trends followed all over the world. Few of the highlight topics were joint replacement in osteoporotic and rheumatoid arthritis patients do's and don'ts, osteoporotic vertebral and hip fracture management, and current trends in rheumatoid arthritis. There were panel discussion on osteoporosis, osteoarthritis, low back ache and rheumatoid arthritis which had all the faculties answering to the queries of delegates. The CME was also graced with presence of eminent orthopaedicians from Jaipur which included Dr. Rakesh Bhargava(President, JOC), Dr. Shailendra Sharma (President, ROSA),

Dr. Jayant Sen (Secretary, ROSA & JOC), Dr. Ashok Khandaka, Dr. C.S Sharma amongst the over hundred delegates who were present at the event. The organising secretary for the CME was Dr Vivek Sharma.



## Live Arthroscopy Surgery ( Knee and Shoulder) Workshop

Live Arthroscopy Surgery (Knee and Shoulder) workshop was organised in Department of Orthopaedics of Dr. S.N. Medical College on 19th June 2016. It was first live arthroscopy surgery workshop being organised in the city of Jodhpur under the chairmanship of department head Dr. Kishore Raichandani. Around 100 delegates from within and near Jodhpur attended the event.

Live ACL reconstruction surgery was demonstrated by Dr. Kapil D. Garg Jaipur and Rotator cuff repair surgery was demonstrated by Dr. Shirish Pathak, Pune. Both the faculty demonstrated surgeries beautifully in step wise manner making delegates understand the intricacies of the procedure. Organising Secretary Dr. Hemant Jain moderated the event making it highly interactive and conveying key pointers to the delegates. The programme also included variety of talks starting from basics to advances in arthroscopy. Other faculty included Dr. Arun Vaishya,

Dr. Mahesh Bhati, Dr. Rajnish Sharma and Dr. Prateek Gupta. Delegates also got the chance to practice triangulation skills on models and were given useful tips by the faculty. The event was highly appreciated by the delegates and was first of its kind in Jodhpur. It also marked the beginning of academic events in the preparation of ROSA 2017, which is going to be held in Jodhpur next year.



## Basic Arthroplasty Course, Jodhpur

Basic Arthroplasty Course was organised on 25th & 26th of June 2016, at Hotel Park Plaza, Jodhpur in which basics of knee and hip being discussed over a span of two days.

Dr. Anil Arora from Max Hospital, New Delhi & Dr. S.S Soni from Apex Hospital, Jaipur & Dr. S.B Solanki from Jaipur were the guest faculty and Dr. Kishore Raichandani, Dr. Arun Vaishy, Dr. Mahesh Bhati, Dr. M.K. Aseri & Dr. Rahul Garg were the local faculty.



The program was attended by around 50 delegates from all across western Rajasthan & was appreciated by all. Saw bone models & templates were used to give the delegates a better understanding of the concepts of knee and hip arthroplasty.

This program was sponsored by Depuy, Johnson & Johnson, Synthes Institute. Dr. Kishore Raichandani was the Chief Patron while Dr. Rajiv Siwach & Dr. Arun Vaishy was the co-ordinator & advisor respectively.

## Achievements

Proud moment for ROSA



Dr. Mohan Mantri

Elected as Vice President of Indian Orthopaedics Association (IOA)

## Challenges in Thumb Replantation

We thought to put case of Thumb Amputation and discuss important issues and our experience of management of Thumb Replantation. I would like to Title this special case of Thumb Replantation as .  
“ Taking the right call at 7:00 A.M”

‘Whom to blame , it happend in fraction of second’



Repaired one Digital artery, two Dorsal veins , radial side Digital nerve with 10-0 ethilon. Flexor tendon with 3-0 prolene and extensor tendon with 4-0 prolene.



2 months Follow up –wound healed well, good nail, skin colour matching to normal skin , length of thumb maintained,good cosmetic appearance ,good rotation of thumb .

# Challenges in Thumb Replantation

## Issue no 1.- Details of patient and Injury

Age of patient , Occupation , Comorbid condition , Associated injuries, Distance , level of amputation with critical time , time of injury – night , afternoon, morning

My Case experience -Patient is 45 year old male , Accountant from Alwar [5 hour distance from jaipur ]with no comorbid and associated injury lost his left Thumb at proximal phalanx shaft level [ long critical time ] at 7:00A:M [early morning ]

Discussion– Thumb is most important in hand due to its position and opposition movement. Age is not a bar for trial of replantation but technically difficult to identify and repair thin sized 1mm Vessels & Nerves. High demanding occupation require fine function that cannot be matched with replanted hand, but we have no option of perfect artificial Hand either . Associated injuries need to be managed at same time by specialist .Critical Time for finger amputation is 12-24 hr, Distal forearm amputation 8-12h, Elbow amputation – 6-8h. Higher the level of amputation lesser the critical time, delayed recovery time ,require multiple surgery in stages. Time of injury is important as availability of skilled surgeon, operation theatre and staff may be an issue sometimes .

## Issue no-2 . - Awareness problem

Immediate care of amputated part , Amputation stump , Bandage application , NPO advise ,Awareness of specialized skilled doctor with its contact number to inform them .

My case experience -He was fortunate to have good primary care of stump at local hospital and amputated part well preserved. He was advised not to eat and drink till surgery . He was given detail of skilled Hand surgeon with its contact number . He informed doctor about his injury status.

Discussion – Amputated part need to be washed with sterile water for clearing of contamination, wrapped in dry guaze piece and then kept in clean polybag. Then poly bag is kept in ice box. Amputation stump need to be dressed in a sterile dressing to stop bleeding. Catching artery with forcep will damage the healthy neurovascular ends. Detailed Information of referred doctor is essential to decrease time of counseling and preop delay .



### **Issue no 3 .- Doctor problem**

Availability of operation theatre in hospital, Problem to opd patients as doctor need to miss OPD due to emergency

My case experience - Patient is made intelligent by detailed information of surgeon. Patient called up Doctor , who started preparation at Hospital about emergency surgery .

### **Issue no 4.- Hospital problem**

Emergency department –Delay in attending patient - busy due to overload, Delay in sending investigation- viral marker, Hemoglobin , Blood group , X-ray . Ward boy – to shift patient

My case experience -Due to prior information- Emergency was ready to do necessary things.

SDMH hospital took pride to take care of patient at emergency basis

### **Issue no 5.- Patient Apprehension**

Reason for delay in Surgery , understanding of Risk of loss of patient money and Doctor efforts if surgery fails , Faith in Doctor & Hospital in terms of efforts , Ready to accept failure .

My case experience- Patient and attendants were already primed up for risk , cost involved by the referral doctor.

### **Issue no 6. - Operation theatre problem**

Attitude of O.T staff , Availability of resources – Equipped instrument, Microscope

My case experience- Good team makes it possible .As already informed theatre was available with all facilities for microsurgery.

### **Issue 7.- Post surgery monitoring problem**

ICU staff- for hourly monitoring and maintaining blood pressure , Medication ,Infection , Repeat surgery

My case experience - ICU staff were trained for immediate response if any doubt.

### **Issue 8.-Short Follow Up Problem**

Wound dehiscence , pin tract infection bone union , absent sensation ,

My case experience -Patient has understood that surgery can bring lost part but motivation, regular exercise is important for early recovery. wound healed well primarily.

### **Issue no. 9 – long term follow up problem .**

Cosmetic appearance , Functional , Back to his job or not .

My case experience -Beauty of Replantation is its cosmetic acceptability .

Constant effort will shift him – Good- Better – Best .



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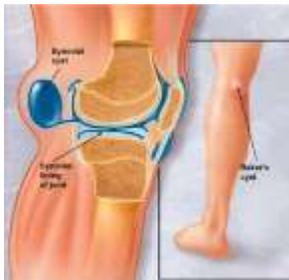
## Case Report - Popliteal Swelling

### ABSTRACT

Tuberculosis is still a very prevalent disease in many developing countries and its diagnosis and confirmation is a challenge. As many in developing countries are exposed to tuberculosis at a very young stage, tests like Mantoux are of little clinical significance. Tuberculosis is affecting almost every system of our body. Here we present a case of 56 y old male, affected by TB of popliteal region. He had general complaints of pain and swelling in knee region since 2 years. It is a rare finding and time and again remind us that with TB anything is possible. Advent of MDR and XDR TB has made early diagnosis and treatment even more necessary.

KEY WORDS: Tuberculosis, Baker's cyst

### CASE REPORT:



A Baker's (popliteal cyst) is the distention of the gastrocnemius and semimembranous bursae of the knee, which communicates with the posterior portion of the joint capsule. It usually appears in the medial aspect of popliteal fossa as a painless swelling.<sup>1,2</sup>

A 56y old male presented in our OPD with h/o pain and swelling in popliteal region since 2 years. There was no h/o trauma nor injection at the popliteal site. Patient was afebrile and was complaining of severe discomfort because of the swelling. Swelling was initially of pea size but was gradually increasing and was causing more and more discomfort.

He was initially diagnosed as having popliteal cyst and attempt for needle aspiration had already been made.

Swelling was hard and not adhered to skin.

Blood investigations revealed TLC: 5200, N:49, L:40, ESR:80, Mx test : + ve, TB Gold :+ve

USG: There was evidence of large (53x43x41 mm) well defined lobulated heterogenous mass lesion with small tiny internal calcification foci.

On CDI, lesion appears to be vascular.

FNAC smear show thick granular material (synovial fluid) and granuloma formation with epithelioid cells. Granulomatous lesion .

Patient was started on anti tb treatment and he responded.

Treatment: Category 1 antitubercular drugs were started. Isoniazid : 5 mg/kg of body weight, Rifampicin : 10 mg/ kg, Pyrazinamide : 20 mg / kg, Ethambutol :15 mg/kg.

## **DISCUSSION:**

India is classified to be among those with high burden of tuberculosis and the least prospects of a favourable time trend of the disease. The average prevalence of all forms of tuberculosis in India is estimated to be 5.05 per thousand.<sup>3</sup>

Tuberculosis of the bone and joints is an uncommon infection ,constituting 1-3% of all forms of tuberculosis<sup>4</sup>.30% of the skeletal TB involves the joints and knee is third most common site<sup>5</sup>.The incidence of skeletal TB is increasing due to emergence of multidrug resistance mycobacterium<sup>6</sup>.

Occurrence of tuberculosis in popliteal cyst region is a rare event, even in Indian context but should always be in our differential diagnosis as this case suggests.

Most common causes of Baker's cyst are noninfectious (trauma, surgery, rheumatoid arthritis, patella femoral arthrosis, gout or any other synovitis )<sup>7,8,9</sup>

In our case, aspiration of the cyst did not revealed any fluid .Cells obtained were sent for FNAC examination. If on examination purulent fluid is obtained then one should go for gram staining and bacterial culture .AFB and Fungal staining should also be tried if above culture are negative.<sup>10,11,12</sup>

Diagnosis of TB is largely based on combination of clinical and laboratory findings<sup>13</sup>. Tests like Montoux are of little help in Indian scenario. We started anti tubercular treatment based on posive TB Gold ,USG findings and US assisted FNAC of the lesion.

Chemotherapy remains the cornerstone of therapy with only few cases requiring surgery.<sup>14</sup>

## **CONCLUSION:**

Tuberculosis in developing countries can present itself in various forms and diagnosis itself is a challenge. Tuberculosis of popliteal cyst is a rare finding but should be kept in our differential. Direct visualization of the lesion through cytological studies is the best way for confirmation. Recent appearance of MDR and XDR TB even further complicates the situation. With proper diagnosis, symptoms and swelling are resolved with chemotherapy alone and surgery is seldom required. Prompt start of chemotherapy with correct combination and amount are cornerstone for treatment.

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