

## Material & Methods

Retrospective review at a tertiary referral center included 20 patients presenting with extensive intra-temporal cholesteatomas or intracranial complications of cholesteatoma from 2011-2013. Inclusion criteria were involvement of the labyrinth, facial nerve, posterior fossa dura and intracranial complications of cholesteatoma. Patients with acute or chronic mucosal otitis media with intracranial or intratemporal complications were excluded.

## Results

The mean age of patients was 20 years. The presenting features in decreasing order of frequency were profuse foul smelling otorrhoea (19/20), severe otalgia/temporal headache (17/20), fever (8/20), altered sensorium (5/20), vertigo (5/20) and acute onset facial palsy (3/20). Intracranial complications were observed in 9 patients, with ipsilateral temporal lobe abscess being most common (6/20), followed by lateral sinus thrombosis, pyogenic meningitis and petrositis. 14/20 patients exhibited profound hearing loss on the involved side. The average duration of discharge was 5 years. Cholesteatoma extension medial to labyrinth with complete involvement of petrous apex and internal auditory canal was observed in one case. Most common identifiable pathologies observed were postero-superior and epitympanic retraction pockets. Computed tomography provided adequate disease assessment, intra-operative correlation and cost effectiveness. All cases of facial nerve involvement had co-existing

labyrinthine destruction with cochlear and semicircular canal fistulas in 3 and 4 cases respectively. Lateral semicircular canal was the most frequently eroded portion of inner ear (10 cases). Management of intracranial complications preceded definitive surgical management. All patients underwent canal wall down mastoidectomy with or without partial labyrinthectomy except petrous apical cholesteatoma where subtotal petrosectomy (transotic) with blind sac closure was performed. Gross infiltration of facial nerve was observed in one case whereas 8 cases exhibited gross dehiscence of fallopian canal, most commonly of the tympanic segment. Intra-operative macroscopic disease clearance was complete in all cases. Two mortalities occurred in patients with intracranial complications with one caused by unrelated co-morbidities. Intra-operative and post-operative course was uncomplicated in all other patients except a single case of wound dehiscence. All patients continue to be in follow up with maximum and minimum follow-up being 2 years and 6 months respectively and remain free of disease.

## Conclusions

Extensive intra-temporal cholesteatomas and intracranial complications caused by them continue to pose a challenge in the management of otitis media in the current era and merit early recognition, surgical management and follow-up. Simultaneous or early definitive surgical management of cholesteatoma in the form of mastoidectomy is recommended along with neurosurgical brain abscess drainage.

## Risk Factors for Gall Bladder Cancer in North India: A Case Control Study

Pranav Gupta\*, Anil K. Agarwal\*\*

Maulana Azad Medical College, New Delhi, India

E-mail: pranavgupta1992@gmail.com

### Background

The incidence of Gall Bladder cancer (GBC) is on a rise in India, particularly in the northern parts of the country. The incidence of GBC among women in northern India is one of the highest in the world. The etiopathogenesis of GBC is not well understood. However, the wide geographical and ethnic variations in the incidence of GBC suggest a role of genetic and environmental influences on its carcinogenesis. While gall stones are considered as an important risk factor for GBC only 1 to 3 percent of patients with symptomatic cholelithiasis develop GBC. Other proposed risk factors include female sex, Salmonella typhi carrier status, dietary factors, heavy metals in drinking water and other environmental exposure to specific chemicals. However, the current knowledge about the risk factors for GBC is

limited.

### Aims & Objectives

To study the risk factors for GBC in northern India.

### Material & Methods

The study was conducted in the Department of Gastrointestinal Surgery, G. B. Pant Hospital, New Delhi, a tertiary referral center. Patients with gallstones are also included in the study since they share many of the risk factors with GBC patients and it is important to take into account the confounding effect of gallstones. Study was done on total 150 subjects. 50 consecutive newly diagnosed patients with GBC were included as group A. 50

consecutive patients with cholelithiasis were included as group B. 50 healthy controls were labelled as group C. To study the risk factors a questionnaire was administered to each subject to elicit information on various variables.

### Results

Majority of case patients were middle aged or older Hindu women with total family income more than 5000 INR. 24% cases were resident of areas around river ganges implicating role of pollutants in carcinogenesis. 46% cases had gall stones. 22% cases had porcelain bladder. 10% of gall stone patients were typhoid carriers. Patients gave

history suggestive of diet lacking in vitamin C and E. Increase in risk of cancer was there with an increase in age of menarche but is not statistically significant.

### Conclusions

The study results will help in identifying the risk factors of GBC in northern India, a region endemic for GBC. Identification of risk factors can help in understanding the etiopathogenesis of the GBC. In addition, the findings of the study will have an important implications for the prevention of this cancer.

## Collodion Baby: A Case Report

Nipun Gumber\*, Ameya Sirsat\*\*, Rumana Maldar\*\*\*

Jawaharlal Nehru Medical College , Belgaum, India  
E-mail: nipungumber78@gmail.com

### Background

Collodion baby is a rare congenital autosomal recessive skin disorder characterised by parchment like taught membrane covering the whole body. Incidence of collodion baby is very low, 1 in 3, 00,000 cases of newborns worldwide. Neonatal complications can occur in 45% of all collodion babies.

### Material & Methods

A 22 year old lady presented as G2P1L1 with 34 weeks period of gestation with polyhydramnios and breech presentation. Per abdominally uterus corresponds to 34 weeks gestation. Patient was undertaken for emergency

LSCS at 35 weeks POG indication being PPROM with breech and delivered a 2.4 kgs female child showing features of collodion baby.

### Results & Conclusions

The baby presented with typical features of collodion baby ie. white thick taught like membrane along with ectropion, eclabium, transverse and vertical groove running through the membrane, flat pinna and oedema of the limbs. Baby expired 2 days later due to pulmonary complications. This case is an example of a less known entity and prenatal diagnosis holds utmost importance in this case followed by genetic counselling.

## Study of Risk Factor Profile for Non Communicable Diseases amongst the Medical Students

Animesh Jain\*, Rohan Kumar\*\*, Ankit Raj\*\*\*, Vishesh Sharma\*\*\*\*, Vidhika Berwal\*\*\*\*\*, Amritansh Pandey\*\*\*\*\*, Dikshy Garg\*\*\*\*\*

Kasturba Medical College, Mangalore, India  
E-mail: visheshsharma466@gmail.com

### Background

A non-communicable disease, or NCD, is a medical condition or disease which by definition is non-infectious and non-transmissible among people. They include heart disease, stroke, diabetes and more. Medical students, owing to the pressure associated with this field often ignore their health, unhealthy eating habits, sleeping less and not exercising enough, the reason being the stress associated with this field.

### Aims & Objectives

To assess certain factors responsible for susceptibility to non communicable diseases among medical students, along with the awareness and attitude towards prevention of these diseases and lastly to recommend remedial measures.