

AAPNI HCG is a Bilingual Monthly, Published on 7th of Every Month

Volume No. 04 | Issue No. 03 | June 2021 | Retail Price : Rs. 10/- | Annual Sub. : Rs. 100/-

Be Safe. Wear Mask. Stay Healthy







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Chairman Message

At HCG, it has been our constant endeavour to redefine the future of healthcare, through specializing across infertility, tertiary care, cancer care and advanced diagnosis. We have been constantly designing, building and managing healthcare centres with a steadfast vision of bringing core clinical services under one roof. Our intent is to help patients achieve a longer and better life. With a widespread network, HCG makes advanced health care accessible to millions of people, who would otherwise have to undergo temporary relocation or travelling distances for treatment. While transforming the healthcare scenario of the country, HCG also adapts latest technologies to stay ahead.

In today's health scenario where we have a wide choice among hospitals and health care centres, we usually tend to ignore the clinical expertise & facilities of the hospitals. This in turn may lead to visiting multiple hospitals to gain holistic treatment. But, fortunately at HCG, we offer comprehensive healthcare under one roof. Evidence based medicine protocols are followed and treatments are planned according to the standard guidelines. Infection Control protocols and other quality benchmarks are proudly achieved. Doctors at HCG are highly trained, experienced and continuously undergo various International training programs to keep themselves appraised with the latest updates in the respective fields.

Taking into account of the increase in lifestyle related diseases, initiatives are taken to educate the community by various awareness programs. HCG also offers affordable health check up packages to encourage regular screening, so that disease can be detected at an early stage and quality of life can be maintained. We invite you all to be a part of our awareness programs and be the fire to ignite a bright light that will lead all of us to healthier future. You can follow us on social media or visit our website to know about the upcoming events.



MUCORMYCOSIS

It was initially known as BLACK FUNGUS.

Mucormycosis is a ruthless, opportunistic infection which was first described in 1885 by Paltauf. Mucormycosis is caused by uncommon saprophytic opportunistic fungus found in soil, spoiled foods, bread, dust, rotten fruit, and vegetables.

It is rare disease but not now. Incidences have gone up due to present viral epidemic.



Mucormycosis is a frightening medical condition which has baffled clinicians all over the world. Cutaneous mucormycosis is, in particular, extremely invasive, leading to high rates of morbidity and mortality. Timely intervention with antifungal drug Amphotericin B and early radical debridement are keys for favorable outcome.

- Mucormycosis or Zygomycosis is a fungal disease caused by fungi of order Mucorales.
- It usually takes 10 to 15 days to spread but corona viruses decreases the immunity so the spread of mucormycosis is within just 5 to 6 days only.
- Mucormycosis is a difficult to diagnose rare disease with high morbidity and mortality.

- Diagnosis is often delayed, and disease tends to progress rapidly.
- Urgent surgical and medical intervention is lifesaving.
- Guidance on the complex multidisciplinary management has potential to improve prognosis, but approaches differ between health-care settings.

How do we suspect the disease, usually the patient complains of

- Nasal blockade or congestion, nasal discharge (bloody or brown/ black), local pain Facial pain or numbness or swelling, Headache, orbital pain, Toothache, Blurred or double vision with pain
- Paresthesia, (altered sensation), fever, skin lesion, thrombosis (blood clot) & necrosis (eschar)
- (Pulmonarymucormycosis:) Fever, cough, chest pain, pleural effusion, hemoptysis, worsening of respiratory symptoms

One should not have all but few of the symptoms are enough to raise the suspicion of mucormycosis infection.

- What makes it more FRIGHTENING is the mortality
- Allcause mortality rates for mucormycosis range from 40% to 80% with varying rates depending on underlying conditions and sites (area involved) of infection.
- The highest survival rates are reported in patients with a healthy immune status and those without comorbidities (associated diseases)
- High risk PEOPLE ARE the one who has Diabetes mellitus, Diabetic ketoacidosis, those who are onsteroid therapy,Cytotoxic drug therapy, HIV, Immunosuppression, Malignancy or Haematological disorder including iron overload states.



Why we are encountering more now is due to New corona virus SARS COVID 2?

- Overall mortality is:
 - Pulmonary mucormycosis: 50-70%, (lung)
 - Rhinocerebral: 30 70%, (brain)
 - CNS involvement: >80%,
 - Disseminated: > 90%,
 - Needless to say in AIDS it is almost 100%

How to diagnose mucormycosis:

Mucormycosis is a medical emergency even when clinically suspected.

Suspected patients should undergo appropriate radioimaging study:

MRI - Para nasal sinuses with brain, plain CT thorax (lung)

- Collection of debrided tissue/biopsy from skin lesions,Broncho-alveolar lavage (BAL), (respiratory secretions)transbronchial biopsy, CT guided biopsy from lung.
- Repeated negative galactomannan & beta-D-glucan tests should raise the strong suspetion the disease.

Medical management:

• Mucormycosis should be treated with antifungal

Injectable Amphotericin B for 2-3 weeks on clinical suspicion & as per severity even while awaiting diagnostic and culture reports.

- Duration of pre operative Amphotericin therapy may be considered as per clinical severity and early need for surgical intervention
- Liposomal amphotericin is preferred in cases having Renal complication due to Amphotericin and in case of cerebral parenchymal involvement.

Surgical Management: for debridement of affected parts

- ENT surgeon/Oral and Maxillofacial surgeon/ Ophthalmologist/Plastic surgeon/Neuro surgeon should be involved for debulking the disease (reduce the load of fungus for better recovery)
- But having said that mucormycosis can be prevented by taking PROPER METICULOUS care. Personal hygiene, proper sanitization, surgical mask, surgical gloves are the winner against all infectious diseases. It can be treated adequately if timely diagnosis is made, those who are not diagnosed early the chances of survival keeps on decreasing day by day. There are Effective chemotherapeutic agents to control & cure mucormycosis. Inshort it is curable if timely treatment is carried out.

adding life to years



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Importance and role of lab tests in Covid 19

Introduction

The country has been hit by the second wave of Corona virus disease-2019 (COVID-19) which has spread much master than the first wave. The increased transmissibility rate is largely being attributed to the double mutant variant of the virus. The SARS 2 Cov 2 virus is a highly contagious single stranded RNA virus and is prone to genetic mutations.

Pathogenesis of Covid 19

The pathogenetic pathway is pivotal in understanding of the disease, monitoring severity of illness and in guiding management protocols. The spike protein of the virus binds with receptors present in the human alveolar epithelial cells in the lungs, endothelial cells in the blood vessels, gastrointestinal (esophageal & intestinal) epithelium and



cardiac myocytes. As a result, an exaggerated local and systemic inflammatory response is triggered with excessive cytokine synthesis and release (cytokine storm) leading to wide spread tissue damage. In addition, there is widespread activation of pro-coagulant factors leading to microthrombi in various tissues/organs resulting in ARDS, multiple organ dysfunction syndrome (MODS), ischemia and high mortality.

The role of laboratory tests in Covid 19

Diagnostics has been at the centre of dealing with the pandemic. There are multiple types of tests for COVID-19. Tests can be used to detect active infection, to detect past

infection or prior immunization, to monitor the illness, to guide treatment protocols and in prognostication.

1. Testing of active infection – RTPCR and Antigen testing

Molecular tests : Currently RTPCR done from upper and lower respiratory swabs is the gold standard diagnostic test. This detects the presence of genetic material of the virus. **Antigen tests** : These tests detect the presence of viral antigen, which are viral proteins. A Rapid Antigen Test (RAT) has been developed as a point of care test which provides ease of testing and rapid results. A home based RAT kit has been recently approved by ICMR and will be available in the market soon. Electrochem -iluminescence based kits have also been developed, with which large batches of samples can be processed in the lab with results being available in 20 minutes.

When to do RTPCR/Antigen test?

Testing for active infection can be used for *diagnosis, screening or monitoring.* Identifying those with active infections is important for treatment of the patient and to reduce the spread of the disease.

- **Diagnosis** is testing for COVID-19 in people who have shown symptoms of the disease.
- Screening is testing in people who have not shown symptoms. For COVID-19, screening is often done for people who have been in close contact with someone who has tested positive.
- Monitoring is a method of follow-up to determine if a person who was previously diagnosed with COVID-19 continues to test positive.

Points to remember when interpreting RTPCR and Antigen tests

It is important to know that the Antigen and RTPCR tests are limited by their sensitivity and there is scope of false negatives owing to either mutant variants escaping detection, sampling errors, low viral load or due to usage of different primers and reagents by different vendors. The sensitivity of antigen test is around 50% and that of RTPCR is around 70%. This essentially means that 50% cases will be falsely negative with antigen test and 30% of positive patients will be reported negative on RTPCR. The sensitivity may be even lower for the mutant variants. The specificity of both these tests is 100%, which essentially means that a positive report is confirmatory for infection with SARS 2 Cov 2.



2. Testing for past infection or prior immunization

Serological tests based on antibody detection can be done to determine if you have been infected with coronavirus in the past or have been immunised. This is done by detecting covid-19 antibodies in your blood. Antibodies are proteins created by your body's immune system soon after you have been infected or vaccinated. IgG appears in the blood after 2 to 3 weeks after exposure and there is no clarity yet on how long they last in the body. This type of testing can be used for research purposes to estimate how much of the population has been affected by SARS-CoV-2. Antibody detection is not helpful during the early phases of disease or in the detection of active infection.

3. Role of lab tests in patient management and treatment

Hematological, biochemical or clinical chemistry tests, tests for inflammatory markers and microbiology tests, all play a role in patient management by helping in monitoring the severity of disease and guiding treatment protocols.

Hematology tests - Complete blood count gives the detailed measures of parameters relating to RBC, WBC and platelets. High WBC counts with increase in number neutrophils (neutrophilia) and reduction in number of lymphocytes (lymphopenia) with increase in Neutrophil lymphocyte ratio (NLR) is associated with severe disease. Decreasing platelet count, increase in Prothrombin Time and APTT, increase in Ddimer and decrease in fibrinogen are indicative of coagulopathy.

Biochemical or clinical chemistry tests - - Liver function tests/ LFT (eg SGPT/ALT, bilirubin), renal function tests/ RFT (eg blood urea, serum creatinine), cardiac function tests (BNP and troponin I/T), tests to monitor extent of tissue damage (LDH, CPK), electrolytes (Na, K, Cl) and blood gas analyses (pH, oxygen saturation, CO2) help to monitor various organ functions and support patient management, in particular for critically ill patients.

Inflammatory markers – Increase in CRP, ESR, ferritin, procalcitonin and IL 6 are used as a measure of the increasing inflammatory response and disease severity. Patients in home isolation are often monitored by CRP and Ddimer and a rising value can alert the doctors about progression to moderate or severe disease.

Microbiology tests – Blood culture is used to test for superadded bacterial infection and KOH mount of the scraping helps in diagnosing mucormycosis/fungal infection which is increasingly being seen in Covid patients.

Test	Purpose and clinical significance
RTPCR	Detection of current infection
Antigen test	Detection of current infection
Antibody test; IgG	Detection of prior infection or immunisation
CBC with WBC	Derangement in blood count
count and NLR	due to bacterial/ viral infection
CRP, ESR, ferritin, IL 6	To measure the degree of
	inflammation and acute
	phase response
Platelet count, PT,	Diagnosis and management of
APTT, Ddimer,	coagulopathy and DIC
fibrinogen	(Disseminated intravascular
	coagulation)
LFT, RFT, Trop T/I, BNP,	Monitoring severity of multi
LDH, CPK, ABG, Na, K, Cl	organ involvement and
	dysfunction (liver, kidney, heart,
	lungs), tissue damage,
	electrolyte imbalance,
	hypoxemia
Blood culture	Diagnosis of bacterial infection
KOH mount and	Diagnosis of fungal infections;
galactomannan antigen	Mucormycosis and Aspergillosis

Conclusion

The clinical laboratory plays an essential role in combating the disease, with its contributions to patient screening, diagnosis, monitoring/treatment, as well as surveillance. Each test has a specific indication and utility. Investigations must always be interpreted keeping in mind the test characteristics including the sensitivity, specificity and limitations, and should be used in conjunction with the clinical and radiological findings for better patient outcome.

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CHEMOTHERAPY PORT: WHEN AND WHY

Chemotherapy port, is a vascular access device that is implanted under the skin in the patients with cancer for the administration of chemotherapy. It is a small disc that is made up of plastic or metal about the size of a quarter. The port is connected with a catheter, which is guided into the Superior Vena cava and is placed at the junction of SVC and the right atrium junction. The position is confirmed with a post procedural chest X-ray. Port insertion is carried out as a day care procedure under local anesthesia/ general anesthesia depending upon the patient's condition. A port has 2 parts: 1) Septum 2) Catheter. The port can be placed in the arm or the chest wall depending upon the surgeons preference. The catheter can be guided into the sub clavian vein or the IJV. We at our institute prefer cannulating the right IJV. An implanted port acts like an artificial vein. The port has many uses. It may be used to:

• Give intravenous (IV) medication.

- Give IV fluids.
- Draw blood for tests.



• Give chemotherapy continuously for several days. Sometimes, chemotherapy must be given in a

vein larger than the ones in your arms. The port allows the medication to be delivered into your bloodstream through a





Most physicians prefer to have the port placed at least one week before beginning chemotherapy and studies suggest that placing the port at least eight days prior to an infusion reduces the risk for complications. If a surgery is planned for the patient, such as a mastectomy for breast cancer or a lobectomy for lung cancer, the port maybe placed at the same time as the surgery.



Huber Needle (note the circular noncoring end). The needles are designed so that every time the diaphragm of the port is punctured, the needle does not damage the septum. Advantage :less frequent maintenance and flushing required. Less infection rate. Occlusion rate are low. It avoid complication of peripheral catheterization like thrombophlebitis, extravastion etc No interference with daily activites of life

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અંડાશચનું કેન્સર



અંડાશચનું કેન્સર એક એવું કેન્સર જેમાં માત્ર સર્જરી અને કીમોથેરાપી પૂરતી સારવાર નથી. સોનોગ્રાફીથી માંડીને પેટ સ્કેન-એમઆરઆઈ-સીટી સ્કેનની જરૂર હોય છે.

અંડાશચનુ કેન્સર – એક એવુ કેન્સર છે જે દરેક ઉમરની સ્ત્રીને થઈ શકે છે. અલબત્ત દરેક ઉમરમાં આ કેન્સર અંડાશચના અલગ સ્તરમાંથી આવે છે અને દરેકની સારવારમાં જુદા પ્રકારની સર્જરીની તેમજ જુદા પ્રકારની કીમોથેરાપીની જરૂર પડે છે.

જો અંડાશચનું કેન્સર ૨૦ વર્ષની ઉમર પહેલા થાચ તો તે એક ખાસ પ્રકારના કોષમાંથી ઉદ્ભવે છે. — જેને germ cell tumor કહેવાચ. સામાન્ય રીતે આ ગાંઠ ખુબ જલ્દી વધે છે. વજનદાર હોચ છે અને આ કારણથી મોટાભાગે પહેલાં સ્ટેજમાં પકડાઈ જાય છે. આની સારવારમાં ભલે ઓપરેશનમાં કેન્સરગ્રસ્ત અંડાશચ કાઢી નાખવું પડે અને આ ઉપરાંત omentectomy (આંતરડા પરથી લટકનો ચરબીનો પડદો કાઢી નાખવાનો) તેમ જ મોટી ધમની અને શીરા તેમજ પગમાં લોહી લઈ જતી ધમની અને શીરા પરની ગાંઠો કાઢી નાખવી પડે છે પણ ગભશિય અને બીજી બાજુનું અંડાશચ બચાવી શકાય છે. જેથી દીકરીની પ્રજનન શક્તિ જળવાઈ શકે છે. ક્યારેક આ જ કેન્સર પ્રીજા સ્ટેજમાં પણ પકડાચ તો પણ ગભશિય અને બીજી બાજુનું અંડશાચ બચાવી શકાચ પણ કીમોથેરાપીની જરૂર પડે — એ પણ એવા પ્રકારથી અપાચ છે કે પ્રજનન શક્તિ પર અસરના પડે.

૨૦-૬૦ વર્ષની સ્ત્રીમાં આ કેન્સર epitheloid layer માંથી થાચ છે. આ દર્દીઓને પેટમાં ખુબ પાણી ભરાચ અથવા ગાંઠ અંડાશચની કે ચરબીના પડદા (omentum)ની ખુબ મોટી થાચ ત્યારે જ ડોક્ટર પાસે જાચ છે કારણકે ત્યાં સુધી એમને ખાસ કોઈ તકલીફ હોતી નથી – આમ આ કેન્સરના દર્દીઓમાં ૮૦ ટકા ત્રીજા અથવા ચોથા સ્ટેજમાં જોવા મળે છે. આમની સારવારમાં સૌ પ્રથમ કીમોથેરાપીની જરૂર પડે છે. આમ કરવાથી રોગ થોડો કાબુમાં આવે અને દર્દીની સામાન્થ પરિસ્થિતિમાં સુધારો આવે ત્યારબાદ ઓપરેશન કરવામાં આવે છે. આમાં એક ખાસ પ્રકારના ઓપરેશનની જરૂર પડે છે જેને જે garbaker surgery કહેવાચ છે. આ ઓપરેશન ૮-૧૦ કલાક ચાલે છે અને નરી આંખે દેખાતો બધો જ રોગ કાઢી નાખવામાં આવે છે. જરૂર પડે ત્યાં આંતરડુ પણ કાપીને જોડવુ પડે છે, બરોળ, પિત્તાશયની થેલી, ચક્રૃત (લીવર)માં જો ગાંઠો હોય તો પણ કાઢી નાખવામાં આવે છે. આવા દર્દીને જો રોગ પેટની બહાર પ્રસરી ગયો ના હોય તો ઓપરેશન પછી તરત જ હાઈપેકની સારવાર કરવામાં આવે છે. આમાં ઓપરેશન પછી હજી પેટ ખુલ્લું હોય ત્યારે એક સ્પેશ્યલ પ્રકારની મશીનથી chemotherapyની દવાઓને ગરમ કરી ઉંચા ડોઝમાં પેટમાં દોઢ કલાક માટે ફેરવવામાં આવે છે. આનાથી કેન્સર ફરી ઉદ્ભવવાનો ચાન્સ પણઘટાડી શકાય છે.

૬૦ વર્ષ પછીની ઉમરમાં પણ epithelial tumor તો થઈ જ શકે પણ એક સ્પેશ્ચલ પ્રકારી ગાંઠ પણ થઈ શકે જેને stromal tumor કહેવાચ. આ ગાંઠ ખુબ ધીમે ધીમે મોટી થાચ છે. સારવારમાં ઓપરેશન મુજબ જ રહે છે પણ ઘણાં બધા કેસમાં આગળ કીમોથેરાપીની જરૂર પડતી નથી હોતી કારણકે કેન્સર પહેલાં સ્ટેજમાં હોય છે.

ખુબ આગળ વધતા કેન્સર માટે એચસીજી હોસ્પિટલ્સમાં હવે કીમોથેરાપી ઉપરાંત targeted થેરાપી તેમજ immunotherapy પણ કરવામાં આવે છે. એચસીજી કેન્સર સેન્ટર એક જ એવું કેન્સર સેન્ટર છે જ્યાં નિદાન માટેની modalities થી માંડીને genetic counselling & chemotherapy, sugarbaker surgery with HIPEC તેમજ Targetedtheraphy અને Immunotherapy બધુજ નિષ્ણાત અને અનુભવી ડોક્ટરો દ્વારા થઈ શકે છે.

અંડાશચના કેન્સર માટે આનુવંશિક માર્ગદર્શન

કેન્સર ડી.એન.એ.માં ફેરફારને કારણે થતો રોગ છે, પરંતુ તે હંમેશા વારસાગત નથી હોતો. લગભગ ૫ થી ૧૦ ટકા કેન્સર વારસાગત હોઈ શકે છે. પ્રમાણભુત માર્ગદર્શિક મુજબ અંડાશચના કેન્સર ડી.એન.એ.માં ફેરફારને કારણે થતો રોગ છે, પરંતુ તે



હંમેશા વારસાગત નથી હોતો. લગભગ ૫ થી ૧૦ ટકા કેન્સર વારસાગત હોઈ શકે છે.પ્રમાણભુત માર્ગદર્શિક મુજબ અંડાશચના કેન્સરના તમામ દર્દીઓને આનુવંશિક માર્ગદર્શન અને ચકાસણી માટે ભલામણ કરવામાં આવે છે. આનુવાંશિક સલાહ માટેની સરેરાશ સમચગાળો ૪૫ મિનિટની હોચ છે.

આનુવંશિક પરીક્ષણ લોકોને વારસામાં મળતી બીમારીઓની તબીબી, મનોવૈજ્ઞાનિક અને પારિવારિક પર થતી અસર તેને અનુકુળ અસરને સમજવામાં મદદ કરતી એક પ્રક્રિયા છે. તમારા ડોક્ટર તમારી યોગ્ય પારિવારિક અને તબીબી માહિતી મેળવવા માટે પૂર્વપરીક્ષણનો નિર્દેશ આપશે જેથી પરિવારના સારવાર અંગેના સંપૂર્ણ ઇતિહાસની માહિતી મેળવી શકાય અને સાથે આનુવાંશિક પરિક્ષણ સૂચવવામાં આવે છે.

આનુવાંશિક પરિક્ષણ અંડાશચના કેન્સર ઉપરાંત અન્ય પ્રકારના કેન્સરના પુનરાવર્તિત જોખમનો અંદાજ લગાવવામાં મદદ કરે છે. ખાસ કરીને, આ પરીક્ષણ સંબંધી અને ભવિષ્યની પેઢીમાં પ્રસરતા કેન્સરના જોખમના મૂલ્યાંકનમાં મહત્વનો ભાગ ભજવે છે. પરીક્ષણ પછીના સત્રમાં, આનુવંશિક પરીક્ષણના પરિણામોની અસર અંગે ચર્ચા કરવામાં આવે છે અને પ્રમાણભુત માર્ગદર્શિકા મુજબ સંચાલન અને સારસંભાળની સલાહ આપવામાં આવે છે.

અંડાશયના કેન્સરના આનુવંશિક પરીક્ષણથી થતા લાભ :-આનુવંશિક પરીક્ષણ અંડાશયના કેન્સરની શરૂઆત<mark>ે તપાસ,</mark> નિવારણ અને સારવારમાં મહત્વની ભૂમિકા ભજવે છે.

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#breakthechain

આનુવંશિક પરીક્ષણ અન્ય પ્રકારના કેન્સરથી થતા જોખમો જાણવા માટે મદદ કરે છે. આ પરીક્ષણ તમારા નજીકના સંબંધી જેવા કે ભાઈબહેનો, બાળકો અને અન્ય સંબંધીઓને થતા જોખમો જાણવામાં મદદ કરે છે.

વારસાગત રીતે થતા અંડાશચના કેન્સર માટે અમુક લક્ષિત ઉપચાર ઉપલબ્ધ છે. ઉદાહરણ તરીકે, બી.આર.સી.એ.૧ અને બી.આર.સી.એ.ર નામના બે જનીનોથી થતા વારસાગત સ્તન અને અંડાશચના કેન્સરની સંભાવના સામાન્ય વસ્તીમાં અંડાશચના કેન્સરનું જોખમ ૪૦ ટકા સુધી વધારી શકે છે. આ ઉપરાંત, નકારાત્મક જનીન પરીક્ષણથી વારસાગત કેન્સરની ચિંતામાંથી મુક્ત થવામાં મદદ કરે છે.



કન્સલ્ટન્ટ – યુરો–ગાયનેક ઓન્કોલોજી **એચસીજી કેન્સર સેન્ટર, અમદાવાદ**્ર

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ORAL CANCER AWARENESS

Overview

Oral cancer is cancer that develops in the tissues of the mouth or throat. It belongs to a larger group of cancers called Head and Neck cancers. Most develop in the squamous cells found in oral cavity. Early detection is a key to achieve better cure rate and improved survival in oral cancer.

Oral cancer is the most common cancer in India amongst men (11.28% of all cancers), the fifth most frequently occurring cancer amongst women (4.3% of all cancers). The projected burden of oral cancer among males by the year 2020 in India shows the number of new cases will be 1,60,000.

Oral Cancer Sub sites:

Oral cancers include cancers of the:

- Lips
- Tongue
- Cheek (Buccal mucosa)
- Gums (Gingiva, upper & lower Alveolus)
- Floor of the mouth
- Hard and soft palate

Risk factors for developing oral cancer:

- The biggest risk factor for oral cancer is tobacco & Betel nut/Areca nut use. This includes smoking cigarettes, beedis, cigars, and pipes, as well as chewing tobacco & supari.
- People who consume large amounts of alcohol and tobacco are at an even greater risk, especially when both products are used on a regular basis.

Other risk factors include:

- Sharp Teeth
- Ill fitting dentures
- Poor oral hygiene

The earlier the stage at diagnosis, the higher the chance of survival after treatment. In fact, the five-year overall survival rate in those with stage I and II oral cancers is typically 70 to 90 percent. Whereas for stage III & IV it is 50 to 60%. This makes timely diagnosis and treatment all the more important.

What are symptoms of oral cancer? Symptoms of oral cancer include:

- A red or white patch
- ulcer/growth in mouth that does not heal for over 3 weeks
- Loose teeth
- Pain or difficulty in swallowing
- Alumpinneck

How is oral cancer diagnosed?

First, doctor will perform a physical examination. This includes closely examining the roof and floor of your mouth, the back of your throat, tongue, and cheeks, and the lymph nodes in your neck. If there is any tumor, growth, or suspicious lesion, a tissue biopsy would be advised. A tissue biopsy involves removing a piece of the tissue so it can be examined under a microscope for cancerous cells.

In addition, your doctor may perform one or more of the following tests:

- X-rays to see if cancer cells have spread to the jaw or lungs
- CT scan & MRI to assess extent of the disease in surrounding area
- PET scan to determine if the cancer has travelled to other body parts

How is oral cancer treated?

Treatment for oral cancer will vary depending on the type, site, and stage of the cancer at diagnosis.



Cancer care is a multidisciplinary team approach which includes:

- Cancer surgeon
- Radiation oncologist
- Medical oncologist
- Dentist/Prosthodontist
- Physiotherapist
- Nutritionist
- Speech and swallowing therapist
- Psychological counselor

General principal for cancer surgery is that Stage I & II will go for surgery and stage III & IV will go for surgery followed by radiation/chemotherapy.

Surgery & Reconstruction

Primary modality for oral cancer treatment is surgery. It involves removal of tumor from all the side with adequate margin which may require removal of entire or part of the jaws & also removal of lymphnodes from neck. Advanced technology like LASER, Microscopes, high precision saw are now available.

People who are diagnosed with advanced oral cancer will likely need reconstructive surgery and some rehabilitation for aesthetic purpose and also to assist for basic functions like speech, swallowing, chewing.

Different types of reconstruction options are now available from local flaps to regional flaps to microvascular free flaps where the part of mouth removed is reconstructed with skin , muscle, bone taken from other parts of body. This is done along with the surgery for cancer removal in single stage.

Radiation therapy

Radiation therapy involves aiming radiation beams at the tumor. It can be used after surgery or as primary treatment with or without chemotherapy. Latest techniques like IMRT, IGRT, Tomotherapy-H are available for better results with minimum side effects.

Chemotherapy

Chemotherapy is a treatment where a specific drug is injected or given orally in the body that kills cancer cells. It is given before surgery to shrink the disease or after surgery with radiation.

Rehabilitation

- Rehabilitation involves dentures, dental implants or specific facial prosthesis which is used to replace the missing teeth and tissues in the mouth or face. Artificial palate (obturators) is used to replace any missing tissue or teeth in upper jaw.
- Speech therapy & physiotherapy can be provided from the time you get out of surgery until you reach the maximum level of improvement.

Take home message:

- Tobacco is responsible for 95% of oral cancer cases
- Early detection and treatment is the key for better results
- Visit your doctor at least once a year if you consume tobacco in any form
- Self examination of oral cavity is very helpful
- Tobacco de-addiction programs should be promoted









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Printed and Published by **DR. BHARAT GADHAVI** on behalf of **HCG MEDI-SURGE HOSPITALS PRIVATE LIMITED** and Printed at Print Vision Private Limited., Print Vision House, Opp. Central Bank of India, Ambawadi, Ahmedabad – 380 006. Published at HCG MEDI-SURGE HOSPITALS PRIVATE LIMITED. Mithakhali, Ellisbridge, AHMEDABAD – 380 006. **Editor - DR. BHARAT GADHAVI**.

Place of Publication : HCG MEDI-SURGE HOSPITALS PRIVATE LIMITED, Mithakhali, Ellisbridge, Ahmedabad-380006 Please write us : info.ao@hcgel.com