ASSIGNMENT QUESTIONS

Note:

Write answers for these important essay questions and submit it on 05.06.2023.
It is compulsory for all the students.

Carbohydrates Metabolism:

1. Enumerate the steps of Glycolytic pathway with energetics and add a note on its regulation.
2. Define Gluconeogenesis. What are its substrates? Explain the various reactions involved in this process. Add a note on its regulation.
3. How is blood glucose level maintained in normal human body?
4. Describe in detail the synthesis and breakdown of glycogen. How is it regulated? Add a note on Glycogen storage diseases.
5. Describe the reactions of TCA cycle. Add a note on its energetics and amphibolic nature and mention the inhibitors of TCA cycle.

Lipid Metabolism:

1. Explain how palmitic acid is oxidized in our body. How is the pathway regulated? Add a note on its energetics.
2. Describe the synthesis and degradation of cholesterol. Add a note on its regulation. What are the important products formed from cholesterol.
3. How dietary triglycerides are absorbed and transported in the plasma?
4. Classify lipoprotein. Explain the role of lipoproteins in the transport of lipids
5. Explain the biosynthesis and utilization of Ketone bodies.

Protein Metabolism:

1. Give an account of metabolism of branched chain amino acid. Add note on abnormalities associated with their metabolism.
2. Describe the process of transdeamination and mention all the sources, transport and disposal of ammonia. Add a note on urea cycle disorders
3. Explain glycine metabolism under following headings
   a) Catabolism b) Formation of biologically important compounds
4. Explain the metabolism of tyrosine justifying that it is both glucogenic and ketogenic.
5. Which are the important products obtained from tyrosine? Explain two disorders of its metabolism.
6. Explain the metabolism of Methionine & transmethylation reactions. Add note on abnormalities associated with their metabolism.
7. Explain in detail about the inborn errors of Phenylalanine & tyrosine metabolism.

Heme Metabolism:

1. Describe the formation and fate of Bilirubin in the body. Add a note on congenital hyperbilirubinemias.
2. Describe the biosynthesis of Heme with suitable reactions. Add a note on its regulation.

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2) Introduction :-

Oesophagus is a narrow muscular tube, forming the food passage between the pharynx and stomach.

Extent :-

- It extends from the lower part of the neck to the upper part of the abdomen. (surface land marks)
- It descends infront of vertebral column through the superior and posterior parts of the mediastinum.
- It ends by opening into the stomach at its cardiac end at the level of eleventh thoracic vertebra.

Constrictions :-

(i) Begining → 15cm from the incisor teeth, where it is crossed by cricopharyngeus.

(ii) Where it is crossed by aorch arch, 22.5cm from incisor teeth.

(iii) Where it is ~~crossed by peir~~ crossed by left bronchus, 27.5cm from incisor teeth

(iv) Where it pierces the ~~diag~~ diaphram 37.5cm from the incisor teeth.

Relations :-

(i) Anteriorly →
- Trachea
- Left bronchus

(ii) Posteriorly →
- Vertebral column
- Azygous vein
- Thoracic aorta

(iii) To the right →
- Right lung and pleura
- The right vagus nerve

(iv) To the left →

- Thoracic duct
- Left lung and pleura
- Left recurrent laryngeal nerve

Blood supply :-

-> Inferior thoracic arteries → supply cervical part

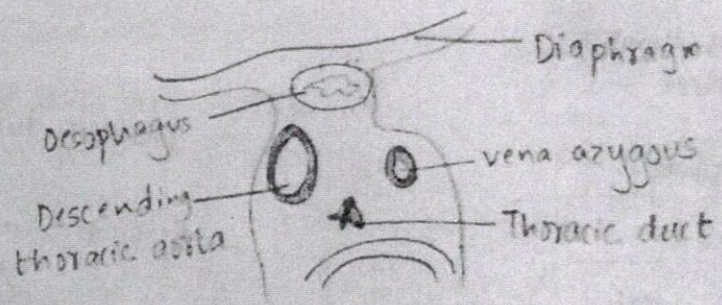
-> oesophageal branches of aorta → supply thoracic part

-> left gastric artery → supply abdominal part

Lymphatic Drainage :-

-> The cervical part drains to the deep cervical nodes,

-> the thoracic part of the posterior mediastinal nodes and the abdominal part of left gastric nodes.



3) Recesses of the pleura

- The regions where pleura reflects into the diaphragm and mediastinum, the space between the visceral pleura and parietal pleura is greatly expanded.
- These places are called recesses of pleura.
- They provide extra space for the expansion of lung during inspiration.
- So, these recesses are obvious only in expiration & not in deep inspiration

-> The recesses of pleura are

(1) Costodiaphragmatic recess :- It is located inferior

between the costal and diaphragmatic pleura
- They are the most dependent parts of the pleural cavities.

(ii) Costomediastinal recess :- It is located anteriorly between the costal and mediastinal pleura particularly in relation to the cardiac notch of left lung and lies anteriorly behind the sternum and coastal cartilages.
- It is larger on the left side than the right side.

Some other small recesses of the pleura include :-
(i) Right and left retro-oesophageal recessess
(ii) Infracardiac recess

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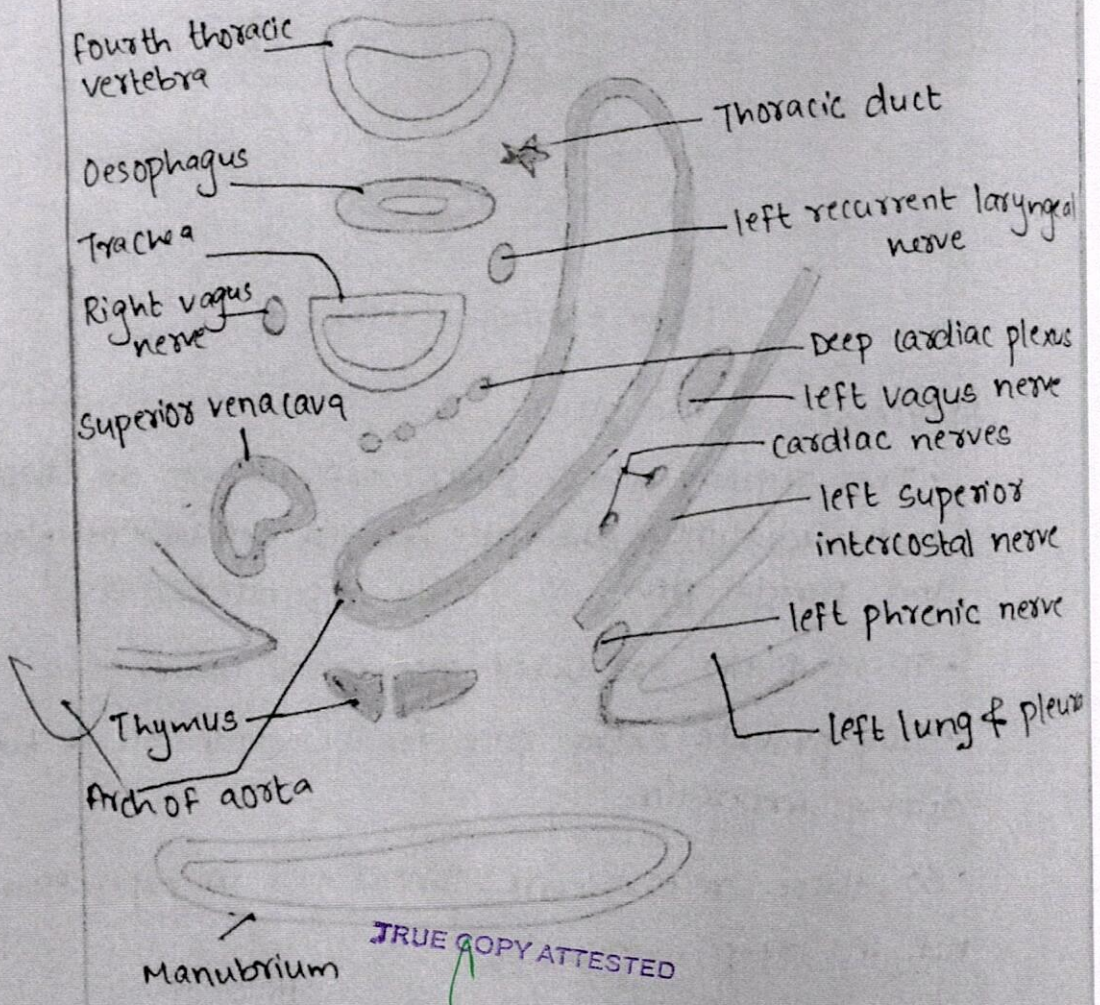
5) Transverse section at the level of T_4



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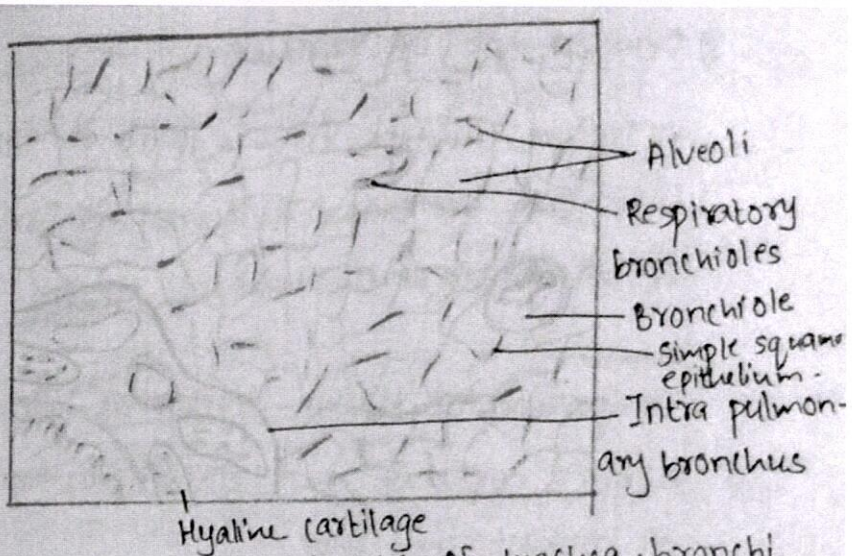

⇒ The respiratory tree consist of trachea, bronchi, bronchioles, terminal bronchioles, respiratory bronchioles and alveoli

⇒ Parts distal to respiratory bronchioles involved in gas exchange.

⇒ Thin walled alveoli lined by flat cells. Two types of cells lines the alveoli :-

- Type I pneumocytes - simple squamous cells
- Type II pneumocytes - surfactant producing.

⇒ Lumen also contain macrophages called as duct cells which phagocytose the dust particles.

⇒ Bronchus lined by pseudostratified columnar epithelium with goblet cells.

⇒ Irregular plates of hyaline cartilage present in the bronchial wall.

⇒ Bronchioles are smaller in size, 1mm or less

⇒ Blood gas barrier is formed by alveolar simple squamous epithelium with its basement membrane and capillary endothelium with its basement membrane.

8) Development of Trachea

⇒ Trachea develops from a part of laryngotracheal tube that lies between developing larynx and point of bifurcation of the tube.

~~⇒ lining~~
Components of trachea develop as follows :-

⇒ lining epithelium and glands develop from endoderm of laryngotracheal tube.

⇒ cartilages, connective tissue and trachealis muscle develop from splanchnopleuric mesoderm surrounding laryngotracheal tube.

⇒ Trachea is separated from oesophagus by a tracheoesophageal septum that is derived from tracheoesophageal folds.

Tracheoesophageal fistula (TEF)

⇒ It is an abnormal congenital communication between the trachea and oesophagus.

⇒ ~~cause~~ :-
Right and left tracheoesphageal folds on fusion form tracheoesophageal septum that separates the trachea from the esophagus.

⇒ failure of fusion of tracheoesophageal septum results in Tracheoesophageal fistula.

Clinical presentation :-

⇒ Esophageal atresia and subsequent inability to swallow amniotic fluid results in polyhydramnios.

⇒ TEF presents with coughing, vomiting, cyanosis in newborn with the onset of feeding.

Treatment :-

-> Emergency surgical repair is required to save the newborn.

-> It involves surgical resection of fistula and anastomosis of proximal and distal esophageal segments.

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1) a) Orgin of coronary arteries :-

-> Anterior aortic sinus of ascending aorta for right coronary artery

-> left posterior aortic sinus of ascending aorta for left coronary artery.

b) The blood vessels from the patient's body can be used for coronary artery bypass are :-

(i) In leg → saphenous vein

(ii) Inside chest → internal mammary artery

(iii) In arm → radial artery

c) venous drainage of the heart :-

-> Coronary sinus is the largest vein of the heart

-> It is situated in the left posterior coronary sulcus.

-> Coronary sinus receives the following tributeries :-

(i) The great cardiac vein

(ii) The middle cardiac vein

(iii) The small cardiac vein

(iv) The posterior vein of left ventricle

(v) The oblique vein of left atrium of Marshall

(vi) The right marginal vein

-> Anterior cardiac veins are three or four small veins that run parallel to one another on the anterior wall of right ventricle

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DEPARTMENT OF ANATOMY
NEURO ANATOMY

Summer Vacation Assignment

All students are instructed to write assignments on the following topics and the assignment papers to be submitted to the department on 05.06.2023 **without fail.** Dissection hall attendance on 05.06.2023 will be based on the submission of assignment papers.

1. Blood supply of spinal cord
2. Cross section of medulla –all the 3 sections, PONS–upper and lower level, MID BRAIN – Superior & Inferior Colliculus Level
3. Medullary Syndromes –Medial & lateral
4. Interpeduncular fossa
5. White fibres of cerebrum – corpus callosum, Internal capsule
6. Basal nuclei
7. Cerebellum - Nuclei, connection, micro anatomy, applied anatomy
8. Thalamic Nuclei and its functions
9. Supero lateral surface of cerebrum – sulci & gyri, functional areas & blood supply
10. Circle of Willis
11. Ventricles – lateral, third, & fourth ventricle
12. CSF circulation
13. Functional components of cranial nerve nuclei

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ANATOMY ASSIGNMENT

NAME: ASHIGA G S
ROLL NO: 18

1. Blood supply of spinal cord.

→ Spinal cord receives blood supply from three longitudinal arterial channels

i) Anterior spinal artery is present in relation to anterior median sulcus.

ii) Two posterior spinal artery run along the posterolateral sulcus on either side.

→ Spinal arteries receives blood mainly from the vertebral artery.

→ In addition to these channels, the pia mater covering the spinal cord has an arterial plexus called arteria vasocorona.

→ The spinal arteries receive blood through radicular arteries since blood from vertebral artery reaches only upto thoracic segment.

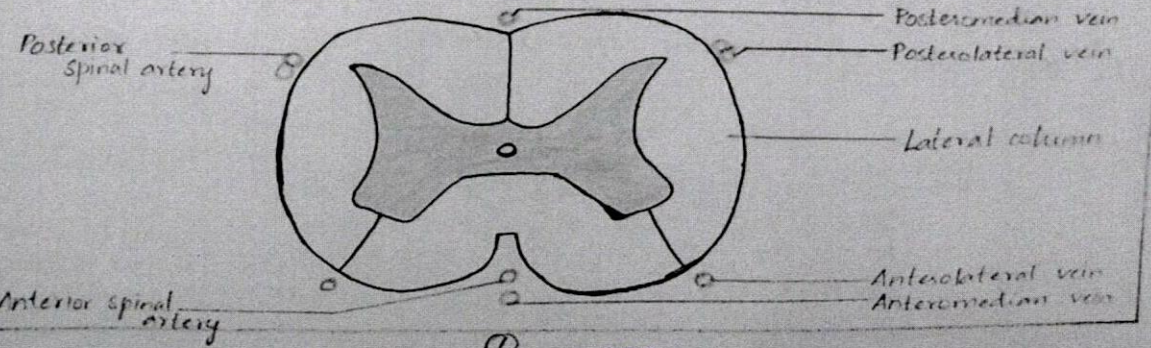
→ One of the anterior branch is very large and is called arteria radicularis magna.

→ The veins draining the spinal cord are arranged in the form of six longitudinal channels.

i) Anteromedian and posteromedian channels

ii) Paired anterolateral and posterolateral channels.

→ These veins opens into venous plexus lying between the dura and the vertebral canal.



White Matter

i) The trapezoid body or corpus trapezoideum is a transverse band of fibres lying just behind the ventral part of the pons.

ii) The lateral spinothalamic tract lies lateral to the medial lemniscus.

iii) The medial lemniscus form a transverse band on either side of the midline, just behind the trapezoid body.

iv) Winding of facial nerve around abducent nucleus cause a elevation called facial colliculus.

2) Upper Part Of Pons

Grey matter

i) The special features are the motor and superior sensory nuclei of the trigeminal nerve. The motor nucleus is medial to the superior sensory nucleus.

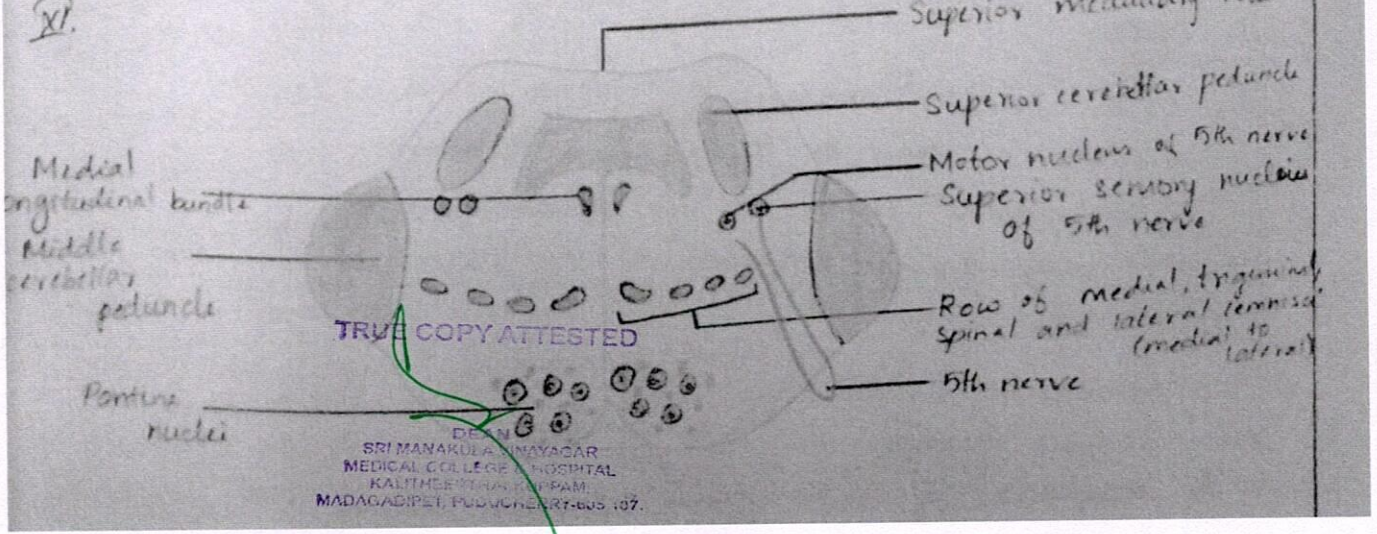
ii) Reticular formation contains pneumotaxic and apneustic centres in pons.

White Matter

i) Immediately behind the ventral part of the pons, bands of fibres made up of medial lemniscus, the trigeminal lemniscus, the spinal lemniscus and the lateral lemniscus (MTSL)

ii) The superior cerebellar peduncle lie dorsolateral to the fourth ventricle.

iii) The medial longitudinal bundle is made up of fibres that interconnect the nuclei of the cranial nerve III, IV, VI, VIII and the spinal root of XI.



ii) The nucleus ambiguus lies deep in the reticular formation of the medulla. It gives origin to motor fibres of the cranial nerves IX, X, and XI.

iii) The inferior olivary nuclei is the largest mass of grey matter seen at this level.

iv) The arcuate nucleus lies anteromedial to the pyramidal tract.

v) Visceral centres are placed deeply.

White Matter

i) The inferior cerebellar peduncle occupies the posterolateral part, lateral to the fourth ventricle.

ii) Various ascending tracts in the anterolateral part of medulla.

iii) Emerging fibres of IX, X, XI nerves.

Cross Section Of Pons:

1) Lower Part of Pons:

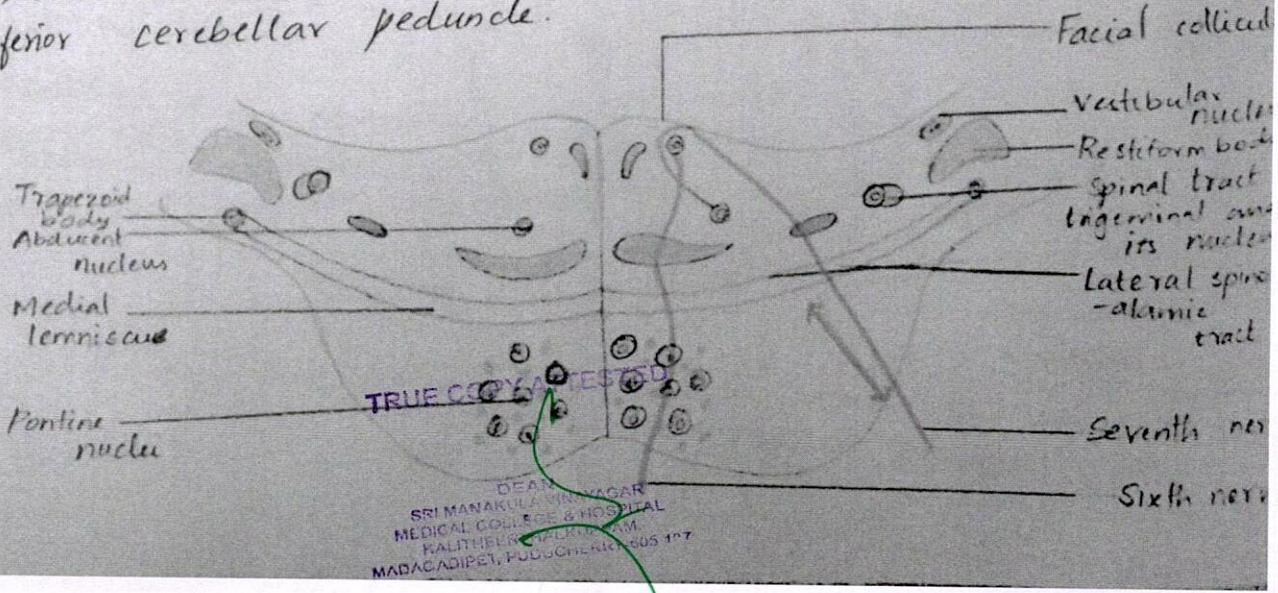
Grey Matter:

i) The sixth nerve nucleus lies beneath the facial colliculus.

ii) The seventh nerve nucleus lies in the reticular formation of the pons.

iii) The spinal nucleus of the trigeminal nerve lies in the trapezoid body.

iv) The vestibular and cochlear nuclei lie in relation to the inferior cerebellar peduncle.



Cross section of midbrain

1) At the level of inferior colliculus:

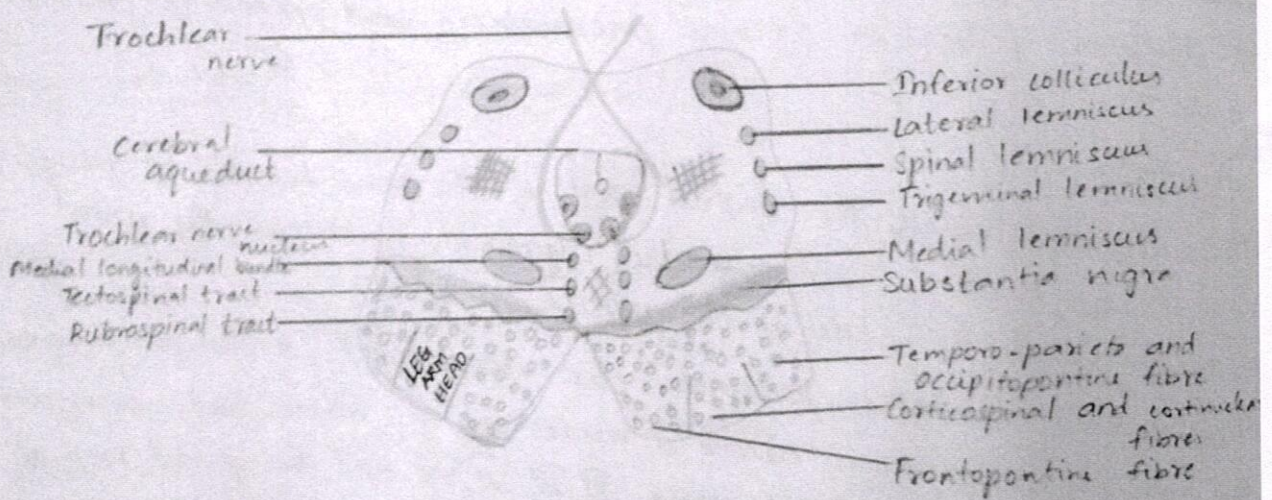
Grey matter

i) The central grey matter contains
   a) the nucleus of trochlear nerve in the ventromedial part
   b) The mesencephalic nucleus of the trigeminal nerve in the lateral part.

ii) The inferior colliculus receives afferents from the lateral lemniscus and gives efferents to the medial geniculate body.

iii) The substantia nigra is a lamina of grey matter made up of deeply pigmented nerve cells.

iv) Reticular formation also present.



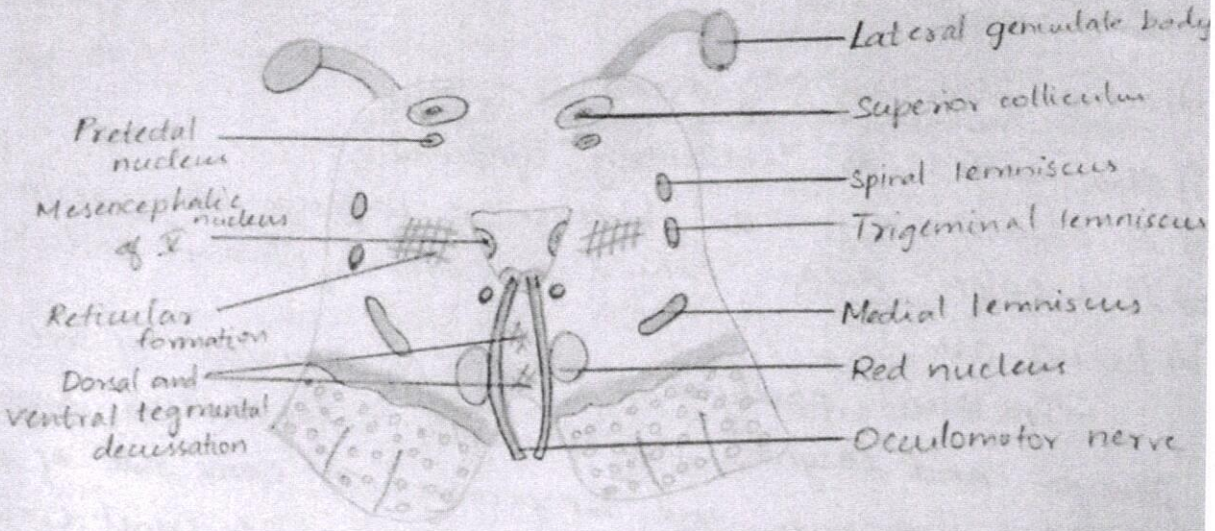
White matter

i) The crus cerebri contains
   a) corticospinal tract in the middle
   b) Frontopontine fibres in the medial one-sixth
   c) Temporopontine, parietopontine and occipitopontine fibres in the lateral one-sixth

ii) The tegmentum contains
   a) The lemnisci arranged in the form of band.
   b) The decussation of superior cerebellar peduncle.
   c) The medial longitudinal bundle.
   d) The tectospinal tract and rubrospinal tract

grey matter.

3) At the level of Superior Colliculi:



Grey Matter:

i) The central grey matter contains
   a) Nucleus of oculomotor nerve
   b) Mesencephalic nucleus of the trigeminal nerve in the lateral part.

ii) Superior colliculus receives afferents from the retina.

iii) Pretectal nucleus lies deep to the superolateral part of the superior colliculus.

iv) Red nucleus and substantia nigra is present.

White Matter

i) The tectum shows the posterior commissure connecting the two superior colliculi.

The tegmentum contains lemnisci and decussation of the tectospinal and rubrospinal tract.

Medullary Syndromes - Medial & Lateral

a) Medial Medullary Syndromes:

1) Also called as Dejerine syndrome.

2) It occurs due to blockage of anterior spinal artery.

3) [illegible]

• Fibres of Internal Capsule:

a) Motor fibres:

→ Corticopontine fibres lie in anterior limb, genu and posterior limb.

→ corticopontocerebellar fibres

→ Parietopontine and occipitopontine fibres lie in retrolentiform part.

→ Temporopontine fibres lie in sublentiform part.

b) Pyramidal fibres:

→ Corticonucleus fibres to nuclei 3, 4, 5, 6, 7, 12 and nucleus ambiguus of opposite side.

→ Corticospinal lies in genu (Head & neck)

→ Fibres for upper limb, trunk and lower limb lie in posterior limb of internal capsule.

c) Extra pyramidal fibres:

These fibres start from cerebral cortex as corticostriate and corticorubral fibres and reach corpus striatum and red nucleus.

d) Sensory fibres:

Thalamocortical fibres from the thalamic radiations.

Clinical:

Lesion in the genu would produce sensory and motor loss the contralateral side of the head.

asal Nuclei

Masses of grey matter forming important parts of the extrapyramidal system.

Caudate Striatum

Comprises the caudate nucleus and lentiform nucleus.

i) Caudate Nucleus

→ C-shaped nucleus which is surrounded by the lateral ventricle

→ The concavity encloses the thalamus and internal capsule.

→ The Nucleus has a head, a body and a tail.

Fibres of Corpus Callosum:

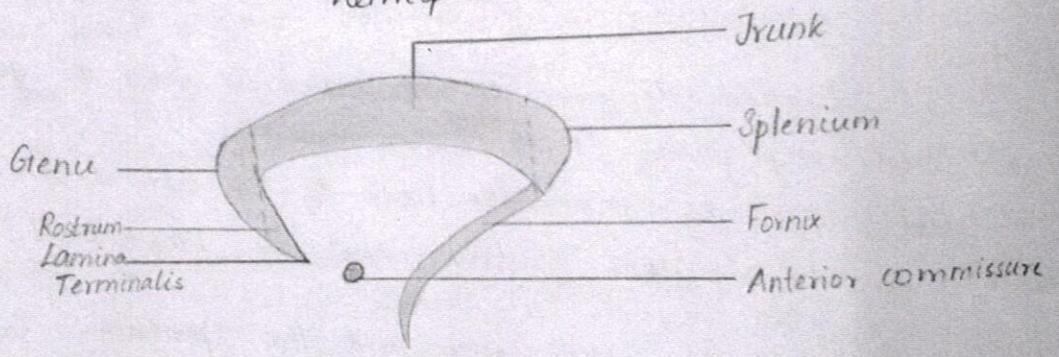
→ Rostrum connects the orbital ~~sinus~~ surface of [illegible]

→ Forceps minor is made up of fibres of genu that connect the two frontal lobes.

→ Forceps major is made up of fibres of splenium connecting the two occipital lobes.

→ The tapetum is formed by some fibres from the trunk and Splenium of the corpus collosum.

• Functional Significance: Helps in coordinating activities of two hemisphere.



B) Internal Capsule

→ Largest band of fibres, situated in the inferomedial part of each cerebral hemisphere.

→ It is V-shaped with concavity directed laterally, occupied by lentiform nucleus.

→ It contains fibres going to and coming from the cortex.

• Parts of Internal Capsule:

a) Anterior limb: between head of caudate and lentiform nucleus.

b) Genu: bend between anterior and posterior limbs

c) Posterior limb: between the thalamus and the lentiform nucleus

d) Sublentiform part: Lies below lentiform nucleus

e) Retrolentiform part: Lies behind lentiform nucleus

• Relations:

i) Medial – Head of caudate nucleus and thalamus

ii) Lateral – Lentiform nucleus

A) Corpus Callosum

→It is the largest commissure of the brain.

→It connects the two cerebral hemispheres.

Parts of Brain connected: Connects all parts of the cerebral cortex of the two sides, except the lower and anterior parts of the temporal lobes.

Parts of corpus callosum:

i) Genu:

→It is the anterior end and behind the frontal pole.

→Anteriorly related to anterior cerebral arteries.

→Posteriorly related to anterior horn of lateral ventricle.

ii) Rostrum:

→It is directed downwards and backwards from the genu.

→It ends by joining the lamina terminalis.

→Related superiorly to anterior horn of the lateral ventricle.

→Inferiorly to indusium griseum and the longitudinal striae.

iii) Body:

→Middle part between the genu and the splenium.

→Related to anterior cerebral arteries superiorly.

→Lower border related to falx cerebri.

→Inferior surface provide attachment to the septum pellucidum and the fornix.

→Roof of central part of the lateral ventricle is formed by body.

iv) Splenium:

→Posterior end and thickest part of corpus callosum

→It lies in front of the occipital pole.

→Inferior surface related to the tela choroidea, pineal body and tectum of midbrain.

→Superior surface is related to inferior sagittal sinus and falx cerebri.

→Posteriorly, related to great cerebral vein, the straight sinus and free margin of the tentorium cerebelli.

→Loss of sense of vibration and [illegible] to medial lemniscus.

→Paralysis of muscles of tongue on the same side due to injury to XII cranial nerve.

b) Lateral Medullary Syndrome:

i) Also called as Wallenberg syndrome.

ii) It occurs due to blockage of posterior inferior cerebellar artery.

iii) It supplies areas behind the inferior olivary nucleus.

iv) Features are

→Ipsilateral paralysis of most of muscles of soft palate, phasynx and larynx due to injury to nucleus ambiguus.

→Loss of pain and temperature on same side of face due to involvement of spinal nucleus and spinal tract of trigeminal nerve.

→Loss of pain and temperature on opposite site of the body due to involvement of lateral spinothalamic tract.

→Giddiness due to involvement of vestibular nuclei.

→Damage to inferior cerebellar peduncle, spinocerebellar tract and part of cerebellum results in loss of equilibrium.

→Horner's syndrome (Ptosis, enophthalmos, miosis, anhydrosis) due to damage to sympathetic fibres descend from hypothalamus to cells in lateral horn of spinal cord.

4. Interpeduncular fossa

It is a rhomboid shaped fossa when seen from the inferior surface of the base of the brain.

Boundary:

i) Anteriorly: Optic chiasma
ii) Anterolaterally: Optic tract
iii) Posterolaterally: Crus cerebri of midbrain
iv) Posteriorly: the upper part of pons.

Contents:

i) Mamillary body
ii) Posterior perforated substance
iii) Infundibulum
iv) Oculomotor nerve

→ Forms the floor of the anterior ... the medial wall of the anterior limb of internal capsule.
→ Band of grey matter connect it to Putamen.

*Body
→ Forms the floor of the central part of the lateral ventricle and lies medial to the posterior limb of the internal capsule.
→ It is separated from the thalamus by the stria terminalis and the thalamostriate vein.

*Tail
→ Forms the ~~floor~~ roof of the inferior horn of the lateral ventricle and ends by joining the amygdaloid nucleus.
→ Related medially to the stria terminalis, laterally to tapetum and superiorly to sublentiform and globus pallidus.

ii) Lentiform Nucleus
→ The large ~~lens~~ lens shaped nucleus forming the lateral boundary of the internal capsule.
→ The lentiform nucleus has three surfaces
• the lateral surface is convex. It is related to the external capsule and is grooved by the lateral striate arteries.
• the medial surface is more convex. It is related to the internal capsule - the caudate nucleus and the thalamus
• the inferior surface is related to the sublentiform part of the internal capsule.

Connections Of Corpus Striatum:
The caudate nucleus and putamen are afferent nuclei with the globus pallidus is the efferent nucleus of the corpus striatum.

Functions of Corpus Striatum:
→ Regulates muscle tone and ~~soothening~~ smoothening voluntary movements
→ Help cortex in execution of learned patterns of movements such
→ It influences the precise

anteriosuperior to the inferior ~~horn~~ horn of the

→ Afferents: From olfactory tract

Efferents: It gives rise to the stria terminalis

Functions: Emotional control and control smell related sexual behaviour.

) Claustrum

→ Situated between putamen and the insula

→ Inferiorly, it is thickest and continuous with the anterior erforated substance.

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rebellum - Nuclei, connection, microanatomy, applied anatomy.

Nuclei:

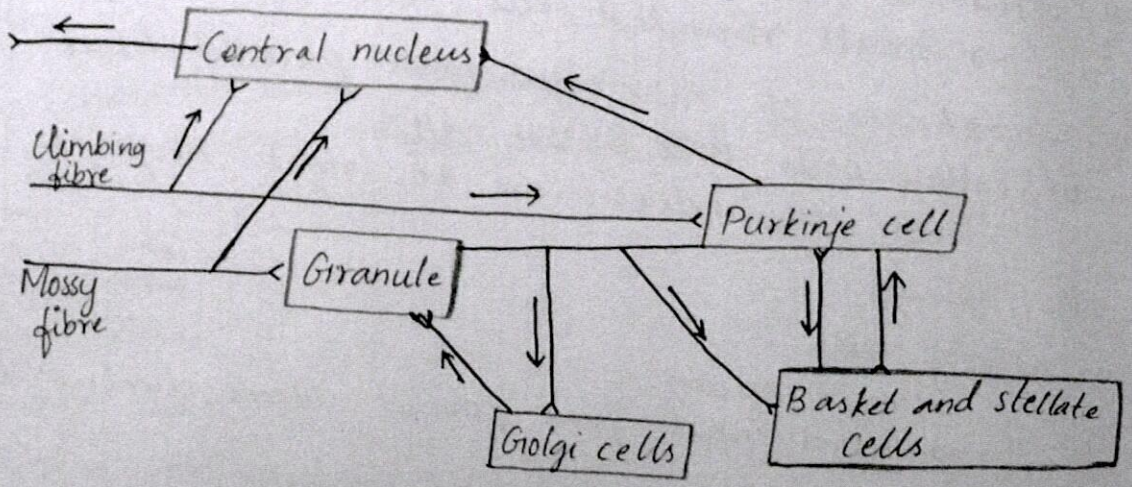
→ Nucleus dentatus is neocerebellar.

→ Nucleus globosus.

→ Nucleus Emboliformis is paleocerebellar.

→ Nucleus fastigii is archicerebellar.

Connection:



Applied Anatomy:

→ Lesion of anterior lobe causes gait ataxia.

→ Lesion of neocerebellum cause intention tremor, action tremor

→ Speech is also seen.

→ Thrombosis of one of six ~~arteries~~ arteries supplying cerebellum cause rebellum cognitive affective syndrome.

d) Microanatomy

Layers of cortex

1) Molecular layer
   → It consists of unmyelinated nerve fibres.
   → It also contains stellate and basket cells

2) Intermediate layer
   It contains single layer of all bodies of Purk... cells.

3) Inner layer
   Made up of cell bodies and dentrites of Granule ... golgi cells.

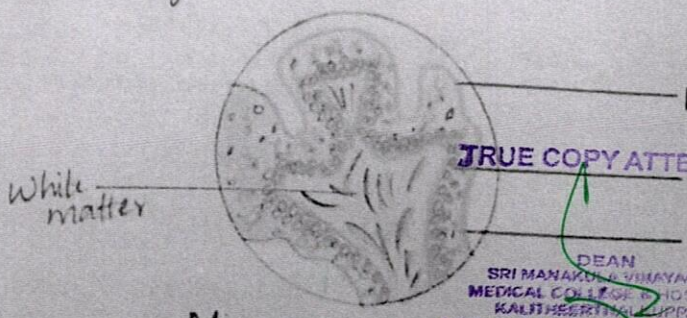
Neurons of Cerebellum:

i) Purkinje cells
   → It is large cells with flask shape.
   → Stimulated by climbing fibres from inferior olivary nucleus.
   → The main output is to cerebellar nuclei.

ii) Granule cells
   → Small rounded cells with dendrites.
   → Axons of these cells form parallel fibres.

iii) Stellate cells and basket cells
   Their cell bodies are at right angle to the long axis the folium.

iv) Golgi cells
   → Largest neuron
   → Receives input from parallel fibres, climbing fibres and mos... fibres.
   → Output to granule cells.



Microanatomy of cerebellum

Thalamic Nuclei and its function.

i) Anterior Nucleus
Relay station for hippocampal impulses for emotions and recent memory.

ii) Medial Nucleus
Relay station for visual impulses, integration of visual somatic olfactory impulses, related to emotions.

iii) Lateral Nucleus
correlative in function

iv) Ventral Anterior
Relay station for striatal impulses, activity of motor cortex influenced.

v) Ventral lateral
Relay station for cerebellar impulses, activity of motor cortex influenced.

vi) Ventral Posterolateral
Relay station for pain, temperature, touch and priprioceptive impulses.

ii) Venteroposteromedial -
Relay station for impulses from the face, head and taste impulses.

iii) Intralaminar, midline and reticular nuclei
Participate in arousal reactions, ascending reticular activating System.

x) Centromedian nucleus
Receives pain fibres

) Median geniculate body
Relay station for auditory impulses and nociceptive stimuli

i) Lateral geniculate body
Relay station for visual impulses

Superolateral Surface of Cerebrum - Sulci and gypi, functional areas and blood supply.

Sulci and Gypi:

1) The central Sulcus: The upper end of the sulcus extends for a short distance onto the medial surface.

ii) The lateral sulcus: begins on the inferior sulcus on lateral surface, it divides into three rami

iii) The frontal lobe:

a) The precentral sulcus runs parallel to central sulcus, a little in front. The precentral gyrus lies between two sulci.

b) The area in front of the precentral sulcus is divided into superior, middle and inferior frontal gyri by the superior and inferior frontal sulci.

c) Inferior frontal gyrus is divided into pars orbitalis, pars triangularis and pars opercularis by lateral sulcus.

iv) Parietal lobe:

a) Post central sulcus runs parallel to the central sulcus, a little behind it. The post central gyrus lies between the two sulci.

b) The area behind the post central gyrus is divided into superior and inferior parietal lobules by the intraparietal sulcus

c) The inferior parietal lobule is divided into anterior (supra-ginal gyrus), Middle (angular gyrus) and posterior parts.

v) Temporal lobe:

Lobe is divided into superior, middle and inferior temporal gyri by superior and inferior temporal sulci.

v) Occipital lobe:

a) The lateral occipital sulcus divides this lobe into the superior and inferior occipital gyri.

b) The lunate sulcus separates these gyri from the occipital pole.

c) The area around the parieto-occipital sulcus is the parieto-occipitalis. It is separated from the superior occipital gyrus by the transverse occipital sulcus.

d) Calcarine sulcus begins near the occipital lobe.

Blood

from

from

tem

functio

lobe

frontal

ietal

ipital

poral

Blood Supply:

→Mostly supplied by middle cerebral artery

→Areas not supplied by middle cerebral artery

a) A strip along the superomedial border extending from frontal pole to the parieto occipital sulcus by anterior cerebral artery.

b) Area of occipital lobe by posterior cerebral artery.

c) Inferior temporal gyrus excluding the part of the temporal pole is also supplied by posterior cerebral artery.

Functional Areas:

obe	Area	Area number	Function
ontal	Motor	4	Voluntary activities of the opposite side.
	Premotor	6	Mixed with pyramidal system.
	Frontal eye field	6, 8	Horizontal conjugate movements of eye.
	Motor speech (Broca's area)	44, 45	Controls the spoken speech.
	Prefrontal	9, 10, 11, 12	Controls emotions, concentration, attention, initiative and judgement.
tal	Sensory	3, 1, 2	Perception of exteroceptive and proprioceptive impulses.
	Sensory association (Wernicke's area)	5, 7 40	Sensory speech
ital	Visual sensory area	17	Reception, and perception of the isolated visual impressions.
	Visuopsychic area, parastriate and peristriate	18, 19	Correlation of visual impulses with past memory and recognition.
poral	Auditosensory	41, 42	Reception and perception of the isolated auditory impressions.
	Auditopsychic	22	Correlation of auditory impressions with past memory and identification.

Circle of Willis

→ Situated at the base of brain in the

→ Two anterior cerebral arteries are connected by anterior communicating artery.

→ The internal carotids and posterior cerebral arteries are united by posterior communicating artery.

• Formation

a) Anteriorly : Anterior communicating artery joining the two anterior cerebral arteries.

b) Anterolaterally : Anterior cerebral arteries

c) Laterally : Internal carotid arteries

d) Posterolaterally : Posterior communicating arteries

e) Posteriorly : Posterior cerebral arteries

• Branches

a) Cortical Branches

These branches arise from all three cerebral arteries, anterior cerebral, middle cerebral and posterior cerebral

b) Central Branches

1. Anterior group

→ Arise from both anterior cerebral and anterior communicating arteries.

→ Supply anterior part of lentiform nucleus and head of caudate nucleus.

2. Anterolateral group

→ Arise from each middle cerebral artery

→ Supply the corpus striatum and the internal capsule

→ Branches are called lateral striate arteries. Largest branch is called charcot's artery of cerebral haemorrhage.

3. Posteromedial group
→ Arise from posterior communicating and posterior cerebral arteries
→ Supply tuberoinfundibular and mamillary regions of hypothalamus, Sub-thalamus, anterior and medial parts of thalamus, medial part of tegmentum and crus cerebri of mid brain

4. Posterolateral group
→ Arise from lateral part of each posterior cerebral artery
→ Supply caudal part of thalamus

c) Choroidal Branches
→ The anterior choroidal is a branch of internal carotid artery supply choroid plexus of inferior horn of lateral ventricle.
→ Posterior choroidal artery arises from posterior cerebral to give branches for choroid plexus of rest of lateral ventricle including third ventricle.
→ Posterior inferior cerebellar artery supplies the choroid plexus of the fourth ventricle.

entricles - Lateral, third and fourth ventricle

) Lateral ventricle
→ Situated one in each cerebral hemisphere
→ It communicates with third ventricle through an nterventricular foramen (Foramen of Monro).

Parts of Ventricle

• Central Part
Extends from the interventricular foramen in front to the splenium of the corpus callosum behind.

onndaries:
→ Roof: Undersurface of the corpus callosum
→ Floor: lateral to medial

iii) Tela Choroidea : Double layered fold of pia matter.

iv) Choroidal plexus : Capillary plexus in the tela choroidea.

4. Floor

i) Median sulcus divides the floor into right and left halves.

ii) On either side of median sulcus there is a longitudinal elevation called median eminence.

iii) Median eminence is bound laterally by sulcus limitans.

iv) The lower end of sulcus limitans present a small depression called inferior fovea.

v) On either side of median eminence shows an oval swelling facial colliculus.

vi) Inferolateral margin of 4th ventricle is marked by narrow ridge : Taenia

vii) The taenia meet to form a fold called obex.

CSF Circulation

Passes from each lateral ventricle to the third ventricle through foramen of Monro.

From third ventricle, it passes to the fourth ventricle through cerebral aqueduct

From the 4th ventricle, passes to subarachnoid spaces of cerebrum and the vertebral column.

Forms in lateral ventricle

↓

Interventricular foramen

↓

Third ventricle

↓

iii) Infundibulum
iv) Mamillary body
v) Posterior perforated substance
vi) Tegmentum of the midbrain.

→ Lateral Wall
i) Medial surface of thalamus
ii) Hypothalamus

c) Fourth Ventricle
Tent like cavity in hind brain.

• Location
→ Posterior cranial fossa
→ Lined by ependyma filled with CSF

• Recess
→ Lateral recess
→ Dorsolateral recess
→ Dorsomedial recess

• Angles
→ It has four angles.
→ superior, inferior, 2 laterals
i) Superior - angle continues with cerebral aqueduct of midbrain.
ii) Inferior angle - angle continues with central canal of medulla.
iii) Lateral angle continuous with lateral recess

• Boundaries
1. Superolaterally - Superior cerebellar peduncle
2. Inferolaterally - Inferior cerebellar peduncle.
3. Roof
i) Upper part - Superior medullary velum between the two superior cerebral peduncle.
ii) Lower part - Inferior medullary velum between two inferior

Boundaries

→ Roof and lateral wall

i) Chiefly the tapetum

ii) Tail of caudate nucleus

iii) Stria terminalis

iv) Amygdaloid body

→ Floor

i) Collateral eminence raised by the collateral sulcus

ii) Hippocampus

B) Third Ventricle

Median cleft between the two thalami.

• Communications:

→ Anterosuperiorly, it communicates with lateral ventricle through foramen of Monro.

→ Posteroinferiorly, it communicates with the fourth ventricle through cerebral aqueduct.

Boundaries

→ Anterior Wall

i) Lamina terminalis

ii) Anterior commissure

iii) Anterior columns of fornix

→ Posterior Wall

i) Pineal body

ii) Posterior commissure

iii) Cerebral aqueduct

→ Roof

i) Formed by body of fornix

ii) Ependyma lining the under surface of the tela choroidea of the third ventricle

→ Floor

i) Optic chiasma

ii) Tuber cinereum

ii) Stria terminalis
iii) Thalamostriate vein
iv) Lateral portion of upper surface of the thalamus
v) choroid plexus

→ Medial Wall : Septum pellucidum and body of fornix

- Anterior Horn
  Lies in front of interventricular foramen and extends into the frontal lobe.

Boundaries
⇒ Anterior : Posterior surface of genu and rostrum of corpus callosum.
⇒ Roof : Anterior part of the trunk of the corpus callosum
⇒ Floor : i) Head of the caudate nucleus
ii) Upper surface of the rostrum of the corpus callosum
⇒ Medial : septum pellucidum and column of fornix

- Posterior horn:
  Lies behind the splenium of the corpus callosum and extends into the occipital lobe.

Boundaries
⇒ Floor and medial wall
i) Bulb of the posterior horn raised by the forceps major.
ii) Calcar avis raised by the anterior part of the calcarine sulcus.
⇒ Roof and lateral wall
Tepetum fibres of Optic radiation

- Inferior Horn
  → But Largest Horn
  → begins at junction of the central part with posterior horn of lateral ventricle

→ Gen... efferent fibres arise from Edinger Westphal nucleus and terminate in the ciliary ganglion.

d) Trochlear nerve
→ Somatic efferent fibres from trochlear nucleus
→ Supplies superior oblique muscle

e) Trigeminal nerve
→ Special visceral efferent arising from motor nucleus and supply muscles of mastification.
→ General somatic afferent carry exteroceptive sensation from skin of face.

f) Abducent Nerve
Somatic efferent arise from abducent nucleus and supply lateral rectus muscle of eyeball.

g) Facial nerve
→ Special visceral efferent fibres begin from the motor nucleus.
→ General visceral efferent fibres arise from superior salivary nucleus.
→ Spinal visceral afferent fibres in geniculate ganglion of the nerve. They supply taste buds of anterior 2/3rd of tongue.
→ General Somatic afferent fibres are also from of geniculate ganglion. They innervate a part of the skin of the external ear.

) Vestibulocochlear Nerve
Both cochlear and vestibular divisions of this nerve are made up of special somatic afferent fibres.

) Glossopharyngeal nerve:
→ Special visceral efferent supplying the stylopharyngeus muscle
→ General visceral efferent supplying parotid gland.
→ General visceral afferent carry general sensation from

→ Special visceral afferent carry sensation of taste from posterior 1/3rd of tongue.

j) Vagus nerve:

→ Special visceral efferent supplying the stylopharyngeus muscle.

→ General visceral efferent supplying parotid gland.

→ General visceral afferent carry general sensation from the pharynx, larynx, trachea.

~~and posterior part of tongue.~~

→ Special visceral afferent carry sensation of taste from posterio most.

k) Accessory nerve

Special visceral efferent from pharynx, larynx

l) Hypoglossal nerve

→ Somatic efferent supplying muscles of the tongue

→ General somatic afferent carry proprioceptive impulses from muscles of tongue.

Dr. [signature] 6/6/23.

MANAKULA VINAYAGAR

DEPARTMENT OF PATHOLOGY

Circular

Date: 21.8.2023

The following topics have been allotted for make-up assignments.

1. Inflammation – Vascular and cellular events.
2. Pathogenesis of septic shock.
3. Paraneoplastic syndrome.

The students must finish the assignments and submit it to Dr.Thara on or before 19.9.2023

Professor & HOD

Department of Pathology

PROFESSOR & HE
DEPARTMENT OF PATHC
SMVMC & H
PUDUCHERR

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MADAGADIPET, PUDUCHERRY-605 107.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Department of General Surgery

Circular

Date: 08.09.2022

The students are instructed to write assignments in the following topics and submit it on 10.09.2022 to Dr.G.V.Manoharan.

Topic:

- Vascular (Arterial disorders, Venous disorder and Lymphatic disorders),
- Abdominal Wall
- Hernia

Prof & Head
Department of General Surgery

Dr. G.V. MANOHARAN, M.S.,
PROFESSOR & HOD
Regd. No. 46182
Department of General Surgery
Sri Manakula Vinayagar Medical College & Hospital
Madagadipet, Puducherry - 605107

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Sri MANAKULA VINAYAGAR

Medical college and Hospital

Department of General Surgery

Circular

Date: 15.09.2022

The students are instructed to write assignments in the following topics and submit it on 20.09.2022 to Dr.G.V.Manoharan.

Topic:

- **Burns**
- **Shock**
- **Blood Transfusion**

Prof & Head
Department of General Surgery

Dr. G.V. MANOHARAN, M.S.,
PROFESSOR & HOD
Regd. No. 46182
Department of General Surgery
Sri Manakula Vinayagar Medical College & Hospital
Madagadipet, Puducherry - 605107

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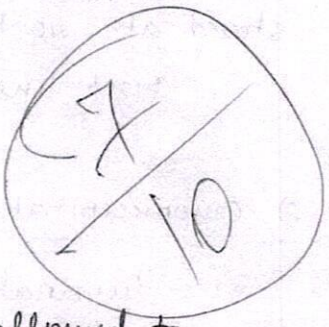
BLOOD TRANSFUSION

Kevin Rostron. F
Roll No: 61

Indications

Acute Blood loss - to replace circulating volume and maintain oxygen delivery

Perioperative anemia
Symptomatic chronic anemia
Following Burns



Patients with haemoglobin level of 6g/dL are allowed to undergo transfusion, provided that they do not

→ bleed actively
→ undergo major surgery

Donor criteria

Blood is collected from donors who have been previously screened before donating (Hepatitis B, Hepatitis C, HIV-1, HIV-2 and syphilis)

The ABO and rhesus D Blood groups are determined presence of irregular rd cell auto antibodies to be ruled out.
The Blood is then processed into subcomponents.

Subcomponents of Blood - used in transfusion

- packed rd cells
- Fresh frozen plasma
- cryoprecipitate
- platelets
- Prothrombin complex concentrates

1) Packed rd cells

Each unit contains approximately 330mL and has a haematocrit of 50-70%.

Packed cells are stored in SAG-M solution (saline - adenine - glucose - mannitol) to increase shelf life to 5 weeks at 2 to 6°C.

2) Fresh frozen plasma

Rich in coagulation factor, removed from fresh blood and stored at -40 to -50°c with 2 year shelf life.

First line therapy in treatment of coagulopathic haemorrhage.

3) Cryoprecipitate

Supernatant precipitate of FFP
Rich in factor VIII and fibrinogen
Stored at -30°c with 2 year shelf life
Given in low fibrinogen state / factor VIII deficiency

4) Platelets

Stored on a special agitator at 20-24°c
Shelf life of only 5 days
Given to patients with thrombocytopenia, platelet dysfunctions - who are bleeding / undergoing surgery
Patients on clopidogrel who are actively bleeding and undergoing major surgery may require almost continuous infusion of platelets during course of procedure.

5) Prothrombin complex concentrate

Highly purified concentrate prepared from pooled plasma. contain factors II, IX, X.

Indicated for emergency reversal of anticoagulant (warfarin) therapy in uncontrolled haemorrhage.

TRANSFUSION REACTIONS

If antibodies present in the recipient's serum are incompatible with the donor's cells, a transfusion reaction will result.

Usually takes form of an acute hemolytic reaction.

Severe immune related transfusion reactions due to

ABO incompatibility result in potentially fatal complement mediated intravascular hemolysis and multiple organ failure.

Febrile transfusion reactions

Non hemolytic

d/t Graft versus host response from leukocytes in transfused components

Associated with fever, chills and rigor

Transfusion to be stopped immediately

To prevent transfusion reactions, all transfusions are preceded by ABO and rhesus typing of both donor and recipient blood to ensure compatibility.

complications

From a single transfusion

From massive transfusion

1) From single transfusion

Febrile reaction
Allergic reaction
Infection
  Bacterial
  Hepatitis
  HIV
  malaria
Air embolism
Thrombophlebitis
Transfusion related acute lung injury

2) From massive transfusion

coagulopathy
hypocalcemia
hyperkalemia
hypokalemia
hypothermia

Citrate Toxicity
Acidosis

NO. ...../ SMVMCH/G.M/2022

Sri MANAKULA VINAYAGAR
Medical college and Hospital

DEPARTMENT OF GENERAL MEDICINE
UG- REMEDIAL CLASS 2018-23 BATCH
Topic: GIT, RHEUMATOLOGY, NEUROLOGY

The following faculty are posted for conducting special classes on the following topics, as a remedial measure to improve student's performance

Special class schedule- Topic discussion

S. No	Date	Time	Day	Topic	Faculty Incharge	Faculty Signature
1.	30.11.22	4.30 – 5.30 pm	Wed	Systemic lupus erythematosus, Rheumatoid Arthritis, Systemic sclerosis, Spondyloarthritides, Inflammatory Myopathies Epilepsy	Dr. Sadiqa Nasreen.	
2	01.12.22	4.30 – 5.30 pm	Thu	Anterior & Posterior Circulation Stroke,Parkinson's Disease, Motor Neuron Disease, Ataxia & related Disease, Multiple Sclerosis,	Dr. Ram Arvind	
3.	02.12.22	4.30 – 5.30 pm	Fri	Guillain Barre Syndrome, Myasthenia Gravis, Creutzfeldt- Jokob Disease,	Dr. Manomenane	

Assignment Assignment-1:

1. Discuss in detail about Classification & Etiology of Epilepsy; How will you manage a case of status Epilepticus
2. Discuss on the diagnostic criteria, Investigations and management of Rheumatoid arthritis. Discuss briefly on extra articular manifestation of Rheumatoid arthritis.
3. A 45 years old male presented with H/o haemetemesis and melena for the past 2 days. H/O distention of abdomen and B/L pedal edema present for the past 2 months Patient a chronic alcoholic for the past 20 years

What is the probable diagnosis: How will you evaluate this patient and discuss on the management of this patient

Last date for Submission: 04.012.2022

Professor & Head
Department of General Medicine

PROFESSOR & HEAD
Department of General Medicine
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthal Kuppam, Madagadipet,
Puducherry-605107.

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04/12/2022

M. Manoj Kumar

(82)

Medicine Assignment

① Epilepsy - Classification:-

Based on type of onset :-

* Generalised
* Focal

Generalised onset Seizure:-

Motor:-

* Tonic-clonic seizure
* Clonic seizure
* Tonic seizure
* Atonic seizure
* Myoclonic seizure
* Myoclonic tonic clonic seizure
* Myoclonic atonic seizure
* Epileptic spasms.

Non-motor:-

* Typical absence seizure
* Atypical absence seizure
* Myoclonic seizure
* Eyelid myoclonia.

Focal onset Seizure:-

Motor:-

* Automatisms
* Atonic
* clonic
* Epileptic spasms
* Hyperkinetic
* Myoclonic
* Tonic.

Non-motor:-

* Autonomic dysfunction
* Behavior arrest
* Cognitive dysfunction
* Emotional dysfunction
* Sensory dysfunction.

Focal to bilateral tonic clonic seizure:-

This occurs when a focal onset seizure spreads & activate the entire cerebrum bilaterally.

Etiology:-

* Idiopathic
* Birth trauma
* Cerebral anoxia
* Developmental abnormalities
* Neoplasms.
* Infection
* Toxins
* Head injury

Status epilepticus - Mx:-

* Airway
* Breathing
* Circulation
* Admit the patient in ICU
* Intubate the patient
* Insert Urinary Catheter.

Inj. Lorazepam 4mg slow IV (or) Inj. diazepam 10mg slow IV Seizure continue

↓

Inj phenytoin 20 mg/kg IV at 50mg/min Seizures continuing

↓

Inj. phenytoin (give additional 5-10 mg/kg slow IV)

Seizure continuing

↓

Inj. phenobarbitone 20mg/kg IV at 50-75 mg/kg wt

↓

Seizure continuing

↓

Inj. phenobarbitone (give additional 5-10 mg/kg)

Seizure continuing

↓

Anesthesia with midazolam / propofol

② Rheumatoid Arthritis:-

Diagnostic Criteria:-

Joint involvement		Score
1 Large joint	—	0
2-10 Large joint	—	1
1-3 small joint	—	2
4-10 small joint	—	3
>10 small joint	—	5

Serology:-

* Negative RF & negative anti-CCP → 0
* Low positive RF / Low positive anti CCP → 2
* High positive RF / High positive anti-CCP → 3

Acute phase reactants:-

* Normal CRP & normal ESR - 0
* Abnormal CRP & abnormal ESR - 1

Duration of symptoms:-

* < 6 wks - 0
* ≥ 6 wks - 1

Investigation:-

* Chronic normocytic, normochromic anemia
* ESR & CRP - elevated
* RF is present in more than 80% cases
* ACCP is more specific than RF for diagnosis of RA.
* ANA can be found in 40% cases
* Synovial fluid analysis.
* X-rays of hands, wrists & both feet shows peri-articular osteopenia & lesion

Management:-

Goal:-

1) Relief of pain
2) Reduction of inflammation
3) Protection of articular surfaces
4) Maintenance of function
5) Control of systemic involvement.

Pharmacological therapy:-

Analgesics:-

* Paracetomal & NSAIDs have both analgesics & anti-inflammatory properties
* Opioid analgesics - propoxyphene, tramadol

DMARD:-

* Methotrexate - once a week → 7.5 - 25mg per week
* Hydroxychloroquine → 200-400 mg daily.
* Sulfasalazine 1gm twice daily.

Steroids:-

→ Prednisolone

Biologic agents:-

* Anti-TNF agents - adalizumab, etanercept
* Non-TNF inhibitors - rituximab, tocilizumab

Immunosuppressive agents:-

* Cyclophosphamide & azathioprine

Surgery:-

* Synovectomy
* osteotomy, arthrodesis

Extra-articular manifestation - RA:-

Systemic features:-

→ low grade fever, wt. loss, fatigue, loss of appetite.

Musculoskeletal:-

→ Muscle wasting, osteoporosis

Eye:-

→ Episcleritis, Scleritis.

Respiratory:-

* Pleural effusion, bronchiolitis.

Cardiac:-

* Aortic regorgitation
* Pericarditis, Myocarditis, endocarditis

Hematological:-

* Normocytic normochromic anaemia, Thrombocytosis.

Neurological:-

* Cervical carotid compression, peripheral neuropathy.

Others:-

* Systemic vasculitis
* Amyloidosis

(3) Diagnosis → Decompensated Liver disease
Cirrhosis with portal hypertension.

Investigation:-

* Liver function test
  → Hyperbilirubinemia
  → Serum protein
  → ALP
* Serological markers - For hepatitis B & C
* Imaging - Ultrasound & CT scan.
* Endoscopy
* Liver biopsy
* Portal venography

Treatment :-

* Treatment of underlying disease
* Non-selective β-adrenergic blocking agents
* Non-selective β-blockers
* Nitrates.

Sri MANAKULA VINAYAGAR

Medical College and Hospital

Department of Physiology

Remedial measures

Assignment for VI – Internal exam- Special senses and GIT

Date	Questions
12.06.23	Describe the mechanism and regulation of HCl secretion
13.06.23	With the help of labelled diagram explain the visual pathway and effect of lesions at different levels
14.06.23	Explain the theories of color vision Describe the mechanism of hearing
15.06.23	Describe various phases of gastric juice secretion. Briefly explain the physiological basis of treatment of peptic ulcer.
16.06.23	Describe the function of bile salts. Discuss the composition and functions of pancreatic juice.

Faculty In-charge

HOD

PROFESSOR & HOD
PHYSIOLOGY.
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Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF Microbiology

Circular

Date: 06.05.2022

The following topics have been allotted for make-up assignments.

1) Syphilis- lab diagnosis
2) Pathogenesis of cholera
3) Lab diagnosis of enteric fever
4) Shigellosis
5) Pertussis

The students must finish the assignments and submit it to Dr. S. Radha on or before 13.05.2022.

Prof. & Head

Department of Microbiology

PROFESSOR & HEAD
DEPARTMENT OF MICROBIOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
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Medical college and Hospital

DEPARTMENT OF Microbiology

Circular

Date: 03.06.2022

The following topics have been allotted for make-up assignments.

1) Herpes simplex viruses
2) Varicella zoster virus
3) Viral interferons
4) Adenovirus
5) Ebstein- Barr virus.

The students must finish the assignments and submit it to Dr. S. Radha on or before 10.06.2022.

Prof. & Head

Department of Microbiology

PROFESSOR & HEAD
DEPARTMENT OF MICROBIOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
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DEPARTMENT OF PAEDIATRICS

CIRCULAR

The students are instructed to write assignments in the following topics and submit it on 22.12.2022 to the faculty Incharge.

Questions:

1. Define Febrile seizures. Differentiate febrile seizures and meningitis. Discuss management of febrile seizures
2. Describe the IMNCI management of diarrhea. Classify dehydration.
3. Discuss types, etiology, clinical features and management of urinary tract infections
4. Discuss the complications of nephrotic syndrome and acute glomerulonephritis
5. Discuss acute viral hepatitis

Faculty Incharge

(Dr.Preethi.T)

Prof & HOD

Dr. T. BHARATH KUMAR
Regd. No: 75119
PROFESSOR & HEAD
Department of Pediatrics
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,
Puducherry-605107.

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Ramya. E

(108)

1. **FEBRILE SEIZURES:**

* Seizures during fever occurring between 6 months and 5yrs of age in the absence of CNS infection in a neurologically normal child.

Differentiation from meningitis:

* Infections of CNS (meningitis / encephalitis) → causes of convulsion associated with fever ⇒ confused with simple febrile seizure.

* LP → performed in 1st episode of febrile seizure in infants below 1 yr who are not immunised with Hib and pneumococcal vaccine / if immunisation status is not known and where meningitis is suspected.

* In all patients with febrile convulsion, LP is not required routinely

Treatment:

* prompt reduction of temperature with antipyretics or hydrotherapy

* Maintenance of airway, breathing and circulation should be ensured.

* Injection Midazolam / Diazepam (0.2 - 0.3mg/kg/dose)

2) **IMNCI MANAGEMENT OF DIARRHEA:**

Does the young infant have diarrhea?

If Yes, ask: * For how long?

* Is there blood in the stool?

Look and feel:

* Look at the young infant's general condition.

Is the infant:

* Lethargic / unconscious
* Restless and irritable.
* Look for sunken eyes
* Pinch the skin of the abdomen

Does it go back: - Very slowly (longer than 2 sec.)
- Slowly

CLASSIFY DIARRHEA

FOR DEHYDRATION

If diarrhea ≥ 14 days → SEVERE PERSISTENT DIARRHEA

Blood in stool → SEVERE DYSENTERY

* Give 1st dose of Intramuscular Ampicillin and Gentamicin if the young infant has low weight, dehydration or another severe classification
* Treat to prevent low blood sugar
* Advise how to keep infant warm on the way to the hospital.
* Refer to hospital.

DEHYDRATION

CONDITION	NO DEHYDRATION	SOME DEHYDRATION	SEVERE DEHYDRATION
	Well alert	Restless, irritable	Lethargic / unconscious
EYES	Normal	Sunken	Very sunken, dry
TEARS	Present	Absent	Absent
MOUTH TONGUE	Moist	Dry	Very dry

THIRST	Drinks normally not thirsty	Thirsty, drinks eagerly	Drinks poorly/ not able to drink
SKIN PINCH	Goes back quickly	Goes back slowly	Goes back very slowly.
	* Give fluids to treat diarrhea at home (Plan A) * Advise mother when to return immediately * Follow up in 5 days if not improving.	* Give 1st dose of Intramuscular Ampicillin and Gentamicin * If infant also has low weight or another severe classification - Refer urgently to hospital with mother giving frequent sips of ORS on the way. - Advise mother to continue breastfeeding & how to keep the young infant warm on the way to the hospital.	

SEVERE DEHYDRATION:

* If the infant does not have low weight/any other severe classification:

- Give fluids for severe dehydration (Plan C) and then refer to hospital after rehydration.

3) URINARY TRACT INFECTION:

CAUSES:

* E. coli → peri-urethral flora
* Klebsiella, Enterobacter, Staph. epidermidis
* Proteus, pseudomonas → following obstruction/instrumentation
* Candida → immunocompromised children/ after prolonged antimicrobial therapy

CLINICAL FEATURES:

* Neonates → fever, vomiting, diarrhea, jaundice, poor weight gain, lethargy.
* Older infant → unexplained fever, frequent micturition, occasionally convulsion.
* urinary obstruction → crying or straining during micturition, dribbling, weak or abnormal urine stream and palpable bladder.
* SIMPLE UTI → low grade fever, dysuria, frequency and urgency, absence of symptoms of complicated UTI
* COMPLICATED UTI → high fever (>39°c), systemic toxicity, persistent vomiting, dehydration, renal angle tenderness, raised creatinine.

DIAGNOSIS:

* Significant bacteriuria → colony count of $>10^5$/ml of a single species in a clean catch sample
* Asymptomatic bacteriuria → significant bacteriuria in absence of symptoms.
* Any colonies on suprapubic aspiration and > 50000/ml on urethral catheterization → significant.
* >10 leukocytes/mm^3 in fresh uncentrifuged sample / >5 leukocytes/hpf in centrifuged sample → screening

TREATMENT:

* Infants below 3 months of age and children with complicated UTI → parenteral antibiotics ⇒ x 10-14 day (Ceftriaxone, Cefotaxime, Amikacin, Gentamicin, Coamoxiclav)

COMPLICATION:

* Acute liver failure
* Aplastic anemia
* Pancreatitis
* Serum sickness, vasculitis like reaction
* Hemolysis with renal failure in patient with glucose 6-phosphate dehydrogenase deficiency.
* Chronic liver disease.

MANAGEMENT:

* maintain adequate oral intake
* Intravenous fluids → persistent vomiting, dehydration
* No specific dietary modification
* Monitor for complication like encephalopathy

PREVENTION:

* Public health measures → sanitation, safe drinking water supply, hand washing, proper food hygiene.
* Proper screening of blood and blood products and safe injection practices.
* universal immunisation against hepatitis B.

5) ACUTE VIRAL HEPATITIS:

* Virus can affect the liver → Hepatitis A, B, C, E; CMV; EBV; Herpes simplex virus

* In Indian children, Hepatitis A is the commonest cause of acute viral hepatitis followed by Hepatitis E & B

* HAV, HEV are transmitted by feco-oral route

* HBV, HCV are transmitted by parenteral/vertical route.

CLINICAL FEATURES:

* Low grade fever, malaise, anorexia, vomiting, appearance of jaundice.

* O/E: Icterus, hepatomegaly, splenomegaly.

* Over the next few weeks, appetite improves, jaundice resolves and the child gets better.

DIFFERENTIAL DIAGNOSIS:

* Enteric fever
* Falciparum malaria
* Leptospirosis
* Viral hemorrhagic fever.
* Drug induced hepatitis
* Acute presentation of autoimmune liver disease/wilson disease.

INVESTIGATION:

* Elevated ALT/AST
* Normal albumin and prothrombin time.
* Mild leukopenia with relative lymphocytosis
* Ultrasound → mildly enlarged liver with increased echogenicity and edema of gall bladder wall.

* varicella → oral acyclovir × 7 days
* Serious illness → IV acyclovir administration
* Immunisation with pneumococcal and varicella vaccines

iii) THROMBOTIC COMPLICATION:-

* Aggressive use of diuretics, venepuncture of deep veins, hypovolemia → low molecular weight heparin followed by oral anticoagulants.
↓
Increase the risk.

iv) STEROID TOXICITY:

Repeated and prolonged course of steroids
↓
Significant toxicity.
↓
Cushingoid features, short stature, hypertension, osteoporosis, subcapsular cataract.
↓
Steroid sparing agents (Levamisole, alkylating agents, cyclosporin)

v) HYPOVOLEMIA:

* occur during severe disease relapse / following administration of diuretics (in children with poor oral intake, diarrhea and vomiting)
* C/F → Abdominal pain, lethargy, dizziness, leg cramps, tachycardia, hypotension, delayed capillary refill, low volume pulse and clammy distal extremities
* Discontinue treatment with diuretics
* Rapid infusion of normal saline (10-20ml/kg) over 20-30 min
↓ No response
Infusion of ≤ 1. albumin (10-15ml/kg)
(or) 20-1. albumin (0.5-1g/kg)

* Initial choice of antibiotics → empiric and is modified once the culture result is available.

* Older infants, patients with simple UTI → oral antibiotic for 7-10 days. (cefixime, Coamoxiclav, Cipro/ofloxacin, cephalexin)

* Adolescents with cystitis → shorter duration of antibiotics (lasting 72 hrs)

* Encourage to take enough fluids and empty the bladder frequently to prevent stasis of urine.

* With appropriate therapy, fever and systemic toxicity reduce and urine culture is sterile within 24-36 hr

↓ failure

Lack of bacterial sensitivity to the medication / presence of an underlying anomaly of the urinary tract.

4) COMPLICATIONS IN NEPHROTIC SYNDROME:

i) EDEMA:

* controlled with salt restriction and oral hydrochlorothiazide / furosemide for a few days

* Massive edema → Furosemide + spironolactone

* Intractable cases → sr. albumin will be low ↓ Infusion of albumin

Poor renal perfusion, oliguria

ii) INFECTION:

* Infection with S. pneumoniae, varicella, gram negative organism → common.

* Children presents with serious infections eg. peritonitis, cellulitis, pneumonia, meningitis

* Peritonitis → low grade fever, diarrhea, abdominal discomfort

Sri MANAKULA VINAYAGAR

Medical college and Hospital

CIRCULAR

Date : 04.11.22

The students are instructed to write assignment on the following topics and submit to Mrs. R. Sudha on on or before 11.11.2022.

Topics :

1. Arches of foot
2. Median nerve
3. Hip joint
4. Anastomosis around the elbow
5. Palmar spaces
6. Ligaments of knee joint
7. Serratus anterior
8. Lymphatic drainage of mammary gland
9. Soleus
10. Adductor canal

Dr.K.V.P.Suriyakumari
Professor & Head,
Department of Anatomy

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Defective arch :-

Medial longitudinal arch.

Parts of bone

1st B metatarsal

cuneiform bone

Navicular bone

~~Tarsal~~

Talus

Calcaneum.

Ends

ANTERIOR :-

heads of 1st 3 metatarsal bones.

POSTERIOR :-

medial tubercle of calcaneum

Pillars

ANTERIOR :-

shaft of 1st 3 metatarsal bones

cuneiform bone

Navicular

Talus.

1 Median Nerve

Median nerve is involved

Root Value :- C5 Ventral rami of C5, C6, C7, C8, T1

Course & relation

Median nerve arise from the lateral and medial cord of brachial plexus

It runs downward in the lateral side of the brachial artery & enter into the arm

In the middle of the arm, it crosses the brachial artery from lateral to medial side

Runs to the cubital fossa medial to brachial artery

It leaves the cubital fossa as a ~~later~~ medial content & enter into the front of arm

It pierce the pronator teres, it runs below the flexor digitorum superficialis and

It runs into each flexor retinaculum and through content of carpel tunnel.

Branches → muscular branch → cutaneous branch

In Arm

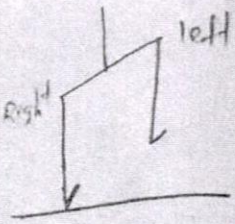
It give branch to Pronator teres

In fore arm.

It supply all the muscles in the fore arm except flexor carpi ulnaris and medial half of flexor Digitorum Profunda.

C5 C6 C7 C8 T1

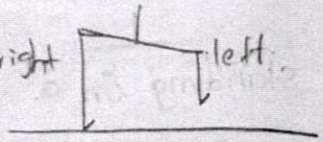
- flexor carpi radialis longus.
- Flexor digitorum longus
- pronator teres
- Flexor carpi palmaris longus



If person standing on right leg.

Pelvis of right side moves upward

Pelvis of left side moves downward.



If muscles of the left side. glateus minimus & medius is paralysed

4) Mid palmar space.

Shape :- Triangular

Position :- under surface of the middle area of the palm

Extend :- ~~Anterior~~ :-

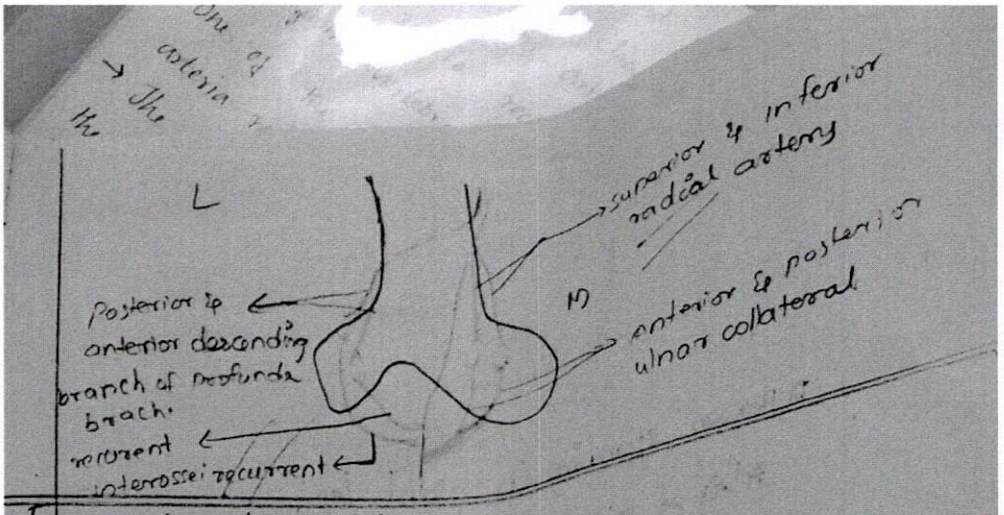
Proximal :- flexor retinacular

Distal :- base of 3rd, 4th, metacarpel.

Communidation.

Proximal :- forearm from the space of Parona.

Distal :-



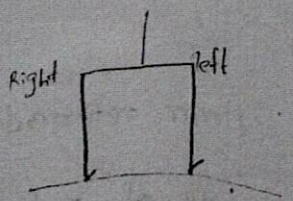
5) Trendelenburg sign

Nerve involved :- superior gluteal nerve

When a person standing on a ground both the pelvis are in same position, if a person stand with one leg, opposite side pelvis move upward, if any deviation occur in this position. cause Indicate trendelenberg sign positive

Muscles involved :- ~~A~~ gluteus medius
Glutecus minimus

A Person standing in the ground both the pelvis in same position.



A person standing on right leg, ~~Pelvis~~ pelvis of right :- moves down ward
pelvis of left :- moves upward &

APPLIED

Pain in the muscle can be relieved by walking, jocking etc.,

Anastomoses around elbow

In front of lateral condyle

Anterior descending branch of Profunda brachii anastomoses with recurrent radial artery

In back of Medial condyle

Posterior descending branch of Profunda brachii anastomoses with Interossi reccurent branch of Interosseous artery

In front of Medial condyle

Inferior brach of radial artery anastomoses with anterior ulnar collateral artery

In behind of medial condyle

Superior branch of radial artery anastomoses with posterior ulnar collateral artery.

Short answers.

6 soleus muscle.

It is the superficial muscle of back of the leg

ORIGIN

Fibula : head of the posterior side of the fibular, $^{m}/_{4}$th of the shaft of the posterior surface of fibula

Tibia :- Posterior surface of the $^{1}/_{3}$rd of the shaft of tibia

INSERTION

middle part of the posterior surface of calcaneum

NERVE SUPPLY

sciatic nerve
Tibial

ACTION

planter flexion.
Also help in flexion of knee
helps in walking, running
Provide stability

Boundaries

Anterior :- Palmar aponeurosis
2nd, 3rd, 4th lumbricals
tendons of FDL, FDP

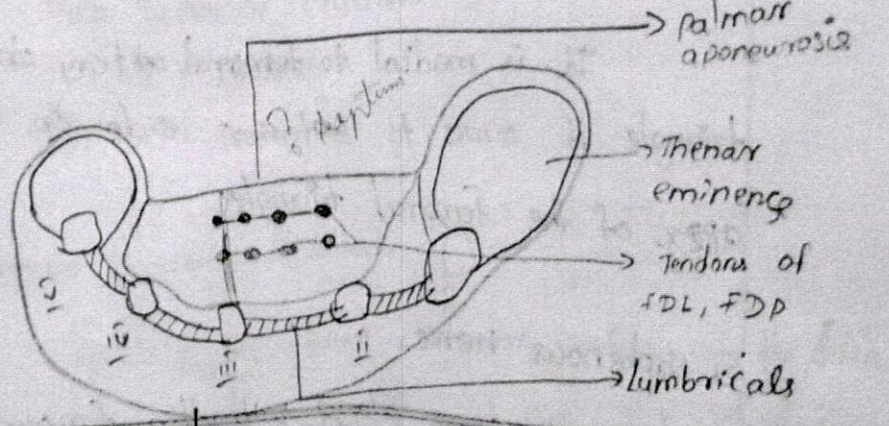
Posterior :- 2nd & 3rd interossei

Medial :- Medial septum

Lateral :- Inter muscular septum.

Incision :-

3rd & 4th web space.



8) Adductor canal

It is also called as Hunter's canal.

Extent :-

It extend from apex of femoral triangle to Adductor hiatus

Location :- Inside the Sartorius.

Boundaries

→ Roof or medial side :- sartorius

→ Antero lateral :- Vastus medialis

→ postero lateral :- adductor longus, in above adductor magnus below

Subsartorial plexes are seen below the sartorius muscle

Content

1) femoral artery

branches of femoral artery are divided in the femoral triangle. It enter into the canal and continues as popliteal artery.

2) femoral Vein

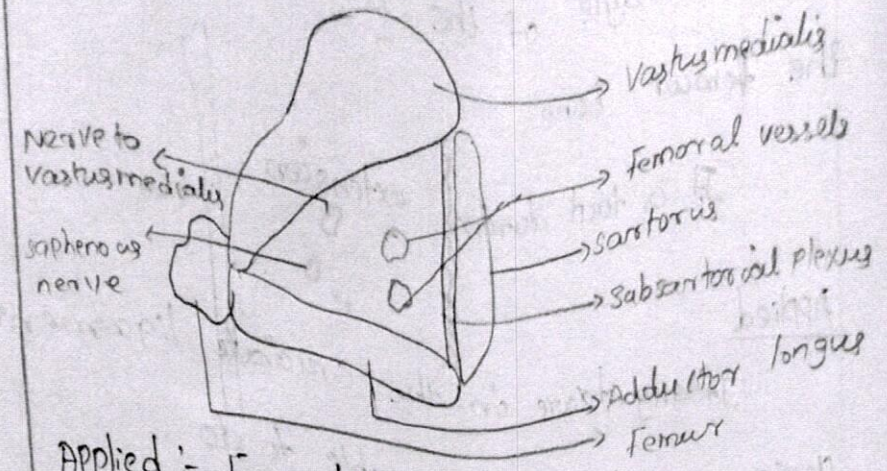
It is medial to femoral artery in femoral triangle it comes to posterior side in the apex of the femoral triangle

3) Saphenous nerve.

It comes along with the femoral artery & runs along the saphenous vein.

4) Nerve to Vastus medialis

It supply the vastus medialis muscle



Applied :- Femoral artery ligated during surgery

9) Cruciate ligaments of knee joint

Ant.
Cruciate ligament connect the femus and Tibia of the bone.

It is Present inside the knee joint.

Two types of cruciate ligament

- Anterior
- Posterior

Anterior Cruciate ligament.

It starts from anterior surface of the tibia moves backward, upward and join lateral side of the posterior surface of the femur bone

It is taut during flexion.

Posterior Cruciate ligament

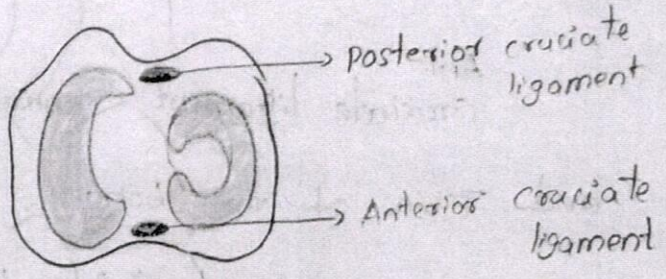
It starts from posterior surface of the tibia moves forward, upward & join the

medial condyle of the anterior surface of the femur bone

It is taut during extension

Applied

If any tear on the cruciate ligament flexion & extension is unable to do.



CRUCIATE LIGAMENT

3 Hip joint

Type:- Synovial joint, Ball & Socket joint

Articular surface :- Head of femur
acetabular notch

Ligaments

Caspule.
Acetabular labrum
Transverse ligament of head of femur

Iliofemoral ligament
Ischio femoral ligament
Pubofemoral ligament

9) Lymphatic drainage of mammary gland.

Lymph node.

- Axillary lymph node :- Anterior, posterior, central, & lateral
- Intra thoracic lymph node
- Supclavicular & apical lymph node.

Lymphatic Vessle.

1) Superficial lymphatic vessel :-

It drains dymph from all the 4 quadrant of the breast except nipple & areola.

2) Deep lymphatic vessel.

It drains lymph from the breast & nipple & areola of the breast.

→ 75% of the lymph drain by axillary lymph node.

15% by Intra thoracic lymph node & 5% by apical lymph node.

→ Axillary lymph node moves to ~~int~~ intra thoracic and intra peritoneal region.

APPLIED

Breast carcinoma can be spread to the ovary also.

1. Serratus anterior.

Origin

8 muscles arise from the ribs of the mid axillary plane.

1st 4 muscle arise from the posterior triangle of the neck.

Insertion

It is inserted into the upper 8 ribs of

Nerve supply

1st & 2nd – C5 nerve.

3rd & 4th – C6 nerve.

5th – 8th – C7 nerve.

Action

Lifting of weight

Helps in flexion & extension also

If this muscles paralysed: winging of scapula occur.

Movements

1) flexion & Extension

Hip joint helps in flexion & extions of the hip joint

2) Adduction and Abduction

Adduction movement of leg towards body the medial side

Abduction movement of leg away from the body

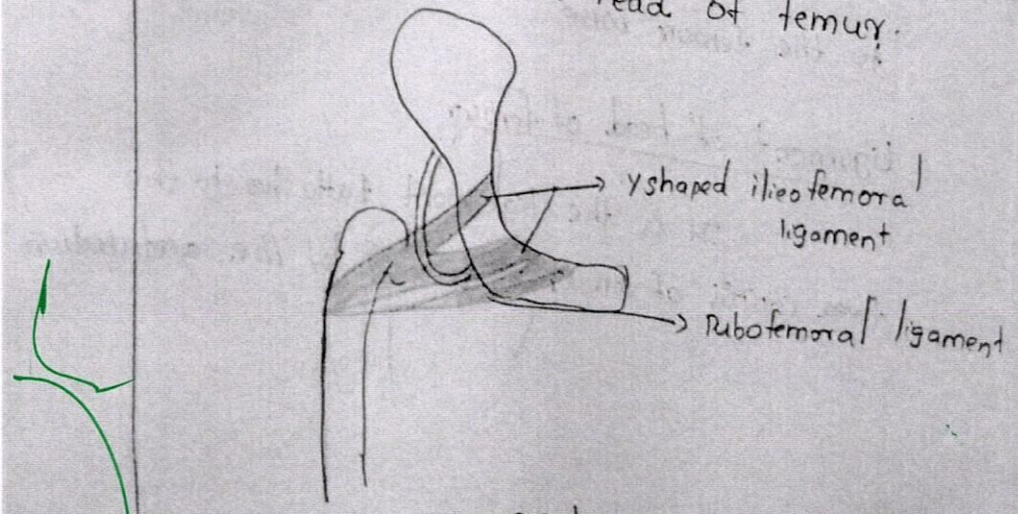
3) Medial rotation & Lateral rotation

4) Circumduction

Applied :-

Necrosis of the head of femur.

Dislocation of the head of femur.



Hip joint

CAPSULE

It covers the whole hip joint. It provide the protective covering for the other ligaments present inside

Iliofemoral ligament

It is the 'Y' shaped ligament.

connect the ilieum and femur bone

It Prevent the hyper extension of hip joint

Ischio femoral

It atlaches the ischium of the pelvic bone to the femur bone

pubo femoral

It atlaches the pubis of the pelvic bone to the femur bone

Ligament of head of femur

It is the ligament attaches to the fovea capitis of femur and fossa of the acetabulum.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF BIOCHEMISTRY

Assignment Circular – I MBBS (2022-23)

Date: 04.06.2023

Topics :

1. Carbohydrate metabolism
2. Lipid metabolism
3. Protein metabolism
4. Heme metabolism

Submission Date : 05.06.2023

Time : 04:30 P.M

S.V. Kulkarni

Prof & Head

Department of Biochemistry

Professor & Head
Biochemistry Department
SMVMCH, Kalitheerthalkuppam,
Puducherry.

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1. Dean Office
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3. HOD Physiology
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DEPARTMENT OF PATHOLOGY

Circular

Date: 13.10.2022

The following topics have been allotted for make-up assignments.

1. Alcoholic liver disease
2. Gastric Carcinoma

The students must finish the assignments and submit it to Dr.Thara on or before 19.10.2022.

Professor & HOD

Department of Pathology

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
SMVMC & H
PUDUCHERRY

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18.10.2022

45/male presented with hematemesis and disorientation got admitted on medical ICU He is a chronic alcoholic for past 20 years c/c jaundice + abdominal distension + dilated veins in both flanks and wasted extremities seen

labtests: serum amino transferases - elevated
total protein decreased
total bilirubin increased coagulation profile altered

clinical finding → jaundice +++, free fluid in abdomen

endoscopy revealed hemorrhagic areas seen in esophageal/stomach mucosa

USG showed multiple small/large nodules seen over liver surface which appear shrunken

1) Diagnosis? reason
2) gross appearance of the organ?
3) complications?

A) 1) Alcoholic liver disease
2) enlarged liver, greasy, yellow tinged appearance
3) portal HTN, liver cancer, liver failure.

18.10.2022

50/M presented with abdominal pain, anorexia & coffee ground vomiting, anaemia & weight loss O/E left supra clavicular lymph node enlargement and Periumbilical subcutaneous nodule was present Barium meal reveals gastric outlet obstruction Endoscopy shows a growth in the lesser curvature. Partial gastrectomy done.

Discussion

1) Diagnosis ? Reasons ?
2) Gross features ?
3) risk factors for the condition ?

A) 1) CA stomach

2) Gross → proliferative mass at lesser curvature areas of necrosis

(A)

leather bottle appearance of stomach - Linitus plastica

3) smoking, alcohol, Hpylori, smoked foods, β catenin mutation

Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF ANATOMY

Circular

Remedial Assignment for Slow Achievers

The above mention students are instructed to submit the assignment on the following topics to Dr.R.Sudha on or before 20.07.2023.

1. Mediastinal surface of right and left lung
2. Broncho pulmonary segment of right and left lung
3. Blood supply of heart
4. Interior of right atrium
5. Thoracic duct
6. Azygos vein

KVP

Dr.K.V.P. Suriyakumari
Professor & Head
Department of Anatomy

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Remedial Classes

Remedial special classes and clinical postings are planned even after the working hours (4.30 – 5.30 PM) to facilitate learning (However no tagging is publicized)

Dr. KAGNE. R N
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Special class for Slow achievers

Attendance sheet

Roll No.	Name	19.07.23	20.07.23	21.07.23
1	A NAVEEN	✓	A	✓
3	AFRIN HASEENA M	✓	✓	✓
8	AKSHAY SHIBU	✓	✓	✓
9	AKSHAYA S K	✓	✓	✓
11	ALDRIN VINCIE V	✓	✓	✓
14	AMIRTHA C	✓	✓	✓
15	ANIIRUTH S	✓	✓	✓
17	ARUN KUMAR M	✓	✓	✓
21	BALA RITHVIK A S	✓	✓	✓
22	BATHRI NARYANAN R	✓	✓	✓
24	CHARU RITHIKA R	✓	✓	✓
25	D SRINIDHI	✓	✓	✓
26	DEEPAK V	✓	✓	✓
33	DURGADEVI R	✓	✓	✓
37	GAYATHRI S	✓	✓	✓
65	MANOJ J	A	A	✓
71	MONESHWAR RAM S	✓	✓	✓
77	NISHANTHINI	✓	✓	✓
78	NITHIN RAJ A	A	✓	✓
82	POOJA A	✓	✓	✓
87	PUTHIN KUMAR P	✓	✓	✓
88	R HABINANTH	✓	✓	✓
90	RAGHUL C S	✓	✓	✓
91	RAJAGE SHARAD BHAGVAN	✓	✓	✓
94	RAJENDIRA PRASAD V	✓	✓	A
97	RAMANAN V	✓	✓	✓
105	SALVINE ALANRAJ J K	✓	✓	✓
111	SARASWATHY R	✓	✓	✓
118	SHANMUGAPRIYA T S	✓	✓	✓
120	SHEHANAS S	✓	✓	✓
129	STEFFANI LV	✓	✓	✓
134	SURIYA PRAKASH V	✓	✓	✓
141	URMELA S	✓	✓	✓
146	VINCIYA R	A	✓	✓
147	VISHALINISRILAKSHMI M	✓	A	✓
148	VISHNU S B	✓	✓	✓

KVP

Dr. K.V.P. Suriyakumari
Professor & Head
Department of Anatomy

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DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Circular

Date: 11.11.2022

Special class will be conducted from 4.30-5.30 pm on 14.11.2022 & 15.11.2022 by Dr. Ilamathi. S

Topics to be discussed:

1. Urinary problems in gynaecology
2. Breech presentation
3. Hormonal contraception
4. IUCD
5. HIV in pregnancy
6. Malposition – occipito posterior

Prof. & Head
Dept. of Obstetrics & Gynaecology

Dr. M.JAYASREE, D.N.B.,MRCOG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College
Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

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Medical college and Hospital

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Circular

Date: 09.12.2022

Special class will be conducted from 4.30-5.30 pm on 12.12.2022 & 13.12.2022 by Dr. Ilamathi. S

Topics to be discussed:

1. Abortions / MTP
2. Obstructed labour / Rupture uterus
3. Post caesarean pregnancy
4. GDM
5. Anemia in pregnancy
6. AUB

Prof. & Head
Dept. of Obstetrics & Gynaecology

Dr. M.JAYASREE, D.N.B.,MRCOG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,Puducherry-605 107

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Medical college and Hospital

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

IV year Final MBBS (Batch 2018 - 23)

Attendance for Special class

Sl.No.	Roll No	Name	10.10.22	11.10.22	14.11.22	15.11.22	12.12.22	13.12.22
1	32	DHANVAANTH HARRAN. MS	P	P	P	A	P	P
2	13	ANNAMPALLI YUVA SREE	P	P	P	P	P	P
3	109	RANJITHKUMAR. B	P	P	P	P	P	P
4	45	JAI SARABESH. R	A	P	P	P	P	P
5	7	AJAY RAJ. N	P	P	P	A	P	P
6	127	SRINITHI. S	P	P	P	P	P	P
7	107	RAMALAKSHMI RAMYA. R.D	P	P	P	P	P	P
8	103	RAGHAVI VIJAYAN	P	P	P	P	P	P
9	42	GURUPRASANTH. S.P	P	P	P	P	P	P
10	10	AKSHAYA. C R	P	P	P	P	P	P
11	21	BALAKUMARAN. S	P	A	P	P	P	P
12	82	MANOJ KUMAR. M	P	P	P	P	P	P
13	47	JANANI. V	P	P	P	P	P	P
14	99	PRASHANNA. R S	P	P	A	P	P	P
15	28	CHEKKA MRUDULASRI	P	P	P	P	P	P
16	66	KUMARAN. P	P	P	P	P	P	P
17	67	LAJVANTHI. J	P	A	P	P	P	P
18	74	M. JASHWANTH	P	P	P	P	P	P

Professor & HOD
Dept. of Obstetrics & Gynaecology

Dr. M.JAYA... D.N.B.,MRCOG
PROF... & HEAD
Department of ... Gynaecology
Sri Manakula ... College & Hospital
Kalitheerthalkuppam, ... Puducherry-605 107.

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Sri MANAKULA VINAYAGAR
Medical college and Hospital

DEPARTMENT OF GENERAL SURGERY

VII Semester (2018 -23) Batch

ATTENDANCE LIST

S. No.	Roll No.	Name of the Students	12.09.22	15.09.22	19.09.22	22.09.22
1	13	ANNAMPALLI YUVA SREE	P	P	A	P
2	77	MALIKA SINHA	P	P	P	P
3	42	GURUPRASANT H. S.P	P	A	P	P
4	32	DHANVAANTH HARRAN. MS	P	P	P	P
5	61	KEVIN ROSHAN. F	P	P	P	A
6	108	RAMYA. E	P	P	P	P

Prof & Head
Department of General Surgery

Dr. G.V. MANOHARAN, M.S.,
PROFESSOR & HOD
Regd. No. 46182
Department of General Surgery
Sri Manakula Vinayagar Medical College & Hospital
Madagadipet, Puducherry - 605107

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MADAGADIPET, PUDUCHERRY-605 107.

Dr. Soundariya. K		A		B					A		B					
S.No	Student Name	24.8	25.8	25.8	26.8	28.8	29.8	30.8	31.8	1.9	1.9	4.9	5.9	6.9.22	7/9	8/9
1	A NAVEEN	/	/	|	/	OD	/	A	/	/	|	/	/	/	/	/
3	AFRIN HASEENA M	/	/	|	/	/	/		/	/	|	/	/	/	/	/
6	AJAIKUMAR K	/	/	|	/	/	/	A	/	A	|	/	/	/	/	/
8	AKSHAY SHIBU	/	/	|	/	A	A	A	A	A	|	/	/	/	/	/
11	ALDRIN VINCIE V	/	/	|	/	/	/		/	/	|	/	/	/	A	/
14	AMIRTHA C	A	/	|	/	/	/	A	/	/	|	/	/	/	/	/
15	ANIIRUTH S	/	/	|	/	/	/		/	/	|	/	/	/	/	/
19	AYSHA BINAN NOUSHAD	/	/	|	A	/	/	A	A	/	|	/	A	/	/	/
21	BALA RITHVIK A S	/	/	|	/	/	/		/	/	|	A	A	/	/	/
22	BATHRI NARAYANAN R	/	/	|	/	/	/		/	/	|	/	/	/	/	/
25	D SRINIDHI	/	/	|	/	/	/		/	/	|	/	/	/	/	/
26	DEEPAK V	/	/	|	/	/	/		OD	/	|	/	/	/	/	/
33	DURGADEVI R	/	/	|	/	/	A		/	/	|	A	/	/	/	/
37	GAYATHRI S	/	/	|	/	/	/		/	/	|	/	/	/	/	/
65	MANOJ J	/	/	|	A	/	/	A	/	/	|	/	/	/	/	/
66	MARAN V	/	/	|	/	OD	/	A	/	/	|	/	/	/	/	/
68	MEGATHARANI K	A	/	|	A	/	A		A	/	|	/	/	A	/	/
71	MONESHWAR RAM S	/	/	|	/	OD	OD	A	/	/	|	/	/	/	/	/
78	NITHIN RAJ A	|	/	/	/	/	/	A	|	/	/	/	/	/	/	/
87	PUTHIN KUMAR P	|	/	A	A	/	/	A	|	/	/	/	/	/	/	/
91	RAJAGE SHARAD BHAGVAN	|	/	/	/	OD	OD	A	|	/	/	/	/	/	/	/
95	RAKSHITHA A	|	/	/	/	/	OD	A	|	/	/	/	/	/	/	/
97	RAMANAN V	|	/	/	/	/	/		|	/	/	/	/	/	/	/
105	SALVINE ALANRAJ J K	|	/	/	/	/	/		|	/	/	/	/	/	/	/
118	SHANMUGAPRIYA T S	|	/	/	/	/	/	A	|	/	/	/	/	/	/	/
120	SHEHANAS S	|	/	/	/	/	/		|	/	/	/	/	/	/	/
145	VIGNESHWAR D	|	/	/	A	/	/		|	/	/	/	/	/	/	/
146	VINCIYA R	|	/	/	/	/	/		|	/	/	/	/	/	/	/
147	VISHALINISRILAKSHMI M	|	/	/	/	/	/		|	/	/	/	/	/	/	/
148	VISHNU S B	|	/	/	A	A	A	A	|	/	/	/	/	/	/	/

PROFESSOR & HOD,
ASSISTANT PROFESSOR,
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET,
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Sri MANAKULA VINAYAGAR

Medical college and Hospital

Department of Microbiology

Special class schedule

Date: 06.05.22

S.No	Date	Time	Day	Topic	Faculty Incharge
1	10.05.22	4:30-5:30pm	Tue	Salmonella, Shigella	Dr. S. Radha
2	11.05.22	4:30-5:30pm	Wed	Vibrio, Treponema	Dr. S. Radha

Prof. & Head

Department of Microbiology

PROFESSOR & HEAD
DEPARTMENT OF MICROBIOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
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Medical college and Hospital

Department of Microbiology

Special class schedule

Date: 03.06.22

S.No	Date	Time	Day	Topic	Faculty Incharge
1	07.06.22	4:30-5:30pm	Tue	General virology, HSV	Dr. S. Radha
2	08.06.22	4:30-5:30pm	Wed	VZV, EBV, CMV and Adenovirus	Dr. S. Radha

Prof. & Head

Department of Microbiology

PROFESSOR & HEAD
DEPARTMENT OF MICROBIOLOGY
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Medical college and Hospital

II REMEDIAL TEST

ABDOMEN DATE: 08.08.2022

WRITTEN MARKS

Sl.No.	Roll no.	Name	Total - 50	%
1	14	Aravinthsamy B	18	36
2	23	Dharanidharan	34	68
3	50	Karthikraja.M	18	36
4	52	Kavinilavu B	26	52
5	56	A.kulasekaravairamuthu	22	44
6	60	Lavanya L R	26	52
7	73	Nandhini	34	68
8	94	Kalyan Shravan	14	28
9	102	Sarathkumar	38	76
10	115	Sipi Erai Anbu.B	12	24
11	122	Sowndharya.S	32	64

KVP

DR.K.VP.Suriyakumari
Professor & Head
Department of Anatomy

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Sri Manakula Vinayagar Medical College and Hospital

Department of BiochemistryI MBBS (2022-2023) Slow Learners Attendance

Sl.No	Rl.No	Name	9/8	16/8	18/8	21/8	23/8	24/8	25/8								
1	1	A NAVEEN	P	P	P	P	P	P	P								
2	3	AFRIN HASEENA M	P	A	P	P	P	A	P								
3	8	AKSHAY SHIBU	P	A	A	P	P	P	P								
4	11	ALDRIN VINCIE V	A	A	P	A	P	P	P								
5	14	AMIRTHA C	P	A	A	A	P	A	P								
6	15	ANIIRUTH S	P	P	P	P	P	P	P								
7	17	ARUN KUMAR M	P	/	P	P	P	P	A								
8	21	BALA RITHVIK A S	P	P	P	P	P	P	P								
9	22	BATHRI NARYANAN R	A	A	A	A	P	A	P								
10	25	D SRINIDHI	P	P	P	P	P	P	A								
11	26	DEEPAK V	P	P	P	A	P	P	A								
12	33	DURGADEVI R	P	P	A	A	A	A	A								
13	37	GAYATHRI S	P	P	P	A	P	P	A								
14	64	MANISHAA E		P	P	P	P	P	A								
15	65	MANOJ J	P	P	P	P	P	P	P								
16	66	MARAN V	P	P	P	P	P	A	A								
17	68	MEGATHARANI K	A	P	A	A	A	A	A								
18	71	MONESHWAR RAM S	P	P	P	P	P	A	A								
19	78	NITHIN RAJ A	P	P	P	P	P	P	A								
20	80	NIVETHA S	P	P	P	P	P	P	A								
21	82	POOJA A	P	P	A	P	A	A	A								
22	87	PUTHIN KUMAR P	A	A	A	A	A	A	A								
23	88	R HABINANTH	P	P	P	P	P	P	P								
24	90	RAGHUL C S	P	P	P	P	P	P	A								
25	91	RAJAGE SHARAD BHAGVAN	P	P	P	P	P	P	A								

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			9/8	10/8	15/8	21/8	23/8	23/8	24/8							
26	94	RAJENDIRA PRASAD V	P	P	P		P	P	P							
27	97	RAMANAN V	P	P	P	P	P	P	A							
28	105	SALVINE ALANRAJ J K	P	P	P	P	P	A	A							
29	111	SARASWATHY R	P	P	A	A	A	A	A							
30	118	SHANMUGAPRIYA T S	A	A	A	P	A	P	P							
31	120	SHEHANAS S	A	A	A	A	A	A	A							
32	145	VIGNESHWAR D	A	A	P	P	A	A	A							
33	146	VINCIYA R	P	A	A	P	P	P	A							
34	147	VISHALINISRILAKSHMI M	P	A	A	P	P	P	A							
35	148	VISHNU S B	A	P	A	P	P	A	A							

S. V. Kalaivani

Prof &HOD

Biochemistry Department

Professor & Head
Biochemistry Department
SMVMCH, Kalitheerthalkuppam,
Puducherry.

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Medical college and Hospital

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Circular

Date: 12.11.2021

Topic: Ovarian tumours, Infertility, Hormonal contraception & IUCD.

Special class will be conducted from 4.30-5.30 pm on 16.11.2021 & 17.11.2021 by Dr. Ilamathi. S

Topics to be discussed:

1. Ovarian tumours
2. Infertility
3. Hormonal contraception
4. IUCD

Prof. & Head
Dept. of Obstetrics & Gynaecology

Dr. M.JAYASREE, D.N.B.,MRCOG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,Puducherry-605 107.

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Sri
MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Circular

Date: 06.10.2021

Topic: Hypertension in Pregnancy, Ectopic Pregnancy, Molar Pregnancy & GTN

Special class will be conducted from 4.30-5.30 pm on 11.10.2021 & 12.10.2021 by Dr. Ilamathi. S

Topics to be discussed:

1. Hypertension in Pregnancy
2. Ectopic Pregnancy
3. Molar Pregnancy
4. GTN

Prof. & Head
Dept. of Obstetrics & Gynaecology

Dr. M.JAYASREE, D.N.B.,MRCOG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,Puducherry-605 107.

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Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

VIII - semester (Batch 2017 - 22)

List of students for Special class

Sl. No	Roll No	Name	11.10.21	12.10.21	16.11.21	17.11.21	14.12.21	15.12.21		
1	3	ABINESH. P	P	P	P	A	P	P		
2	16	ASWANTH. K	P	A	P	P	P	P		
3	136	THEJAVIKHO PUNYU	A	P	P	P	P	P		
4	141	VASEEGAR THAVASU	P	P	P	P	P	P		
5	102	PRARDHAN AASISH. J	P	P	A	A	P	P		
6	4	AGILAN. R	P	P	P	P	P	P		
7	119	SIVA RAMA KRISHNA TOTA	P	P	P	P	P	P		
8	47	JAYAVISHHWA. B	P	P	P	P	P	P		
9	15	ASPANA JEBA. J	P	P	P	P	P	P		
10	105	RAGUL. S	P	P	P	P	P	P		
11	103	PREETHY	P	P	P	P	P	P		
12	116	SHRIRAM SANKAR. V	P	P	P	P	P	P		
13	138	VAIBHAV VASUDEVAN. V	P	P	P	P	P	P		

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MADAGADIPET, PUDUCHERRY-605 107.

Prof. & Head
Dept. of Obstetrics & Gynaecology

Dr. M.JAYASREE, D.N.B.,MRCOG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

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Department of Pathology
Attendance of slow leaners
Batch 2020 (Course period: 2021-2022)

Roll. No.	NAMES	5.10.22	6.10.22	12.10.22	13.10.22	19.10.22	20.10.22	26.10.22	27.10.22	2.11.22	4.11.22	9.11.22	11.11.22	16.11.22	18.11.22	23.11.22	25.11.22	30.11.22	02.12.22	7.12.22	9.12.22	14.12.22	16.12.22
9	Ananya N	P	P	P	P	P	A	P	P	P	A	P	P	P	P	P	A	P	P	P	P	P	P
17	Bhuvanesh S	P	P	P	P	A	P	P	A	P	P	P	P	P	P	A	A	P	P	P	P	P	P
34	Gorrela Samir Nanda	P	P	P	P	P	A	P	P	A	P	P	P	P	A	P	P	P	P	P	P	P	P
50	J N Nishwin	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
51	Jagath Ratchagan M	P	P	A	P	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
56	Joel Jojo Edattel	P	P	A	P	P	P	P	P	A	P	P	P	P	A	P	P	P	P	A	P	P	P
57	Joshua J	P	A	P	P	P	P	P	P	P	A	P	P	P	P	P	A	P	P	P	P	P	P
58	Joshua Raja Kumaran	P	P	A	P	P	A	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P	P
65	Krishna Khanth V	P	P	P	P	A	A	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P
68	Lidan Prasal R M	P	P	P	P	A	P	P	P	A	P	P	P	P	A	P	P	P	P	P	P	P	P
69	Logeshwaran M	P	P	P	P	P	A	P	P	P	A	P	P	P	A	P	P	P	P	P	P	P	P
72	Mahashree Mylapore	P	P	P	P	A	P	P	P	A	P	P	P	P	P	P	A	P	P	P	P	P	P
79	Monica P	P	P	P	P	P	A	P	P	P	A	P	P	P	A	P	P	P	P	A	P	P	P
85	Naveed Ahmed M S	P	P	P	A	P	P	P	A	P	P	P	A	P	P	P	A	P	A	P	P	P	P
95	R Kamatchi	P	P	P	P	A	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P
98	Rakhavi N	P	P	A	P	P	A	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P
105	S K Pradhyun	P	P	P	A	P	P	P	P	P	A	P	P	P	P	P	P	P	P	P	P	P	P
133	Suhasini P	P	P	P	A	P	P	A	P	P	P	A	P	P	A	P	P	A	P	P	P	P	P
135	Surya B	P	P	P	A	P	P	P	A	P	P	P	A	P	P	P	P	P	P	P	P	P	P
137	Sushma S	P	P	P	P	A	P	P	P	P	A	P	P	P	A	P	P	P	A	P	P	P	P
138	Suvangi Chanda	P	P	A	P	P	P	A	P	P	A	P	P	P	P	A	P	P	P	P	P	P	P
143	V Bhaarath	P	P	P	A	P	P	P	A	P	P	P	A	P	P	P	P	P	P	P	P	P	P
145	Vadla Chihnitha	P	P	A	A	A	P	P		P	P	P	P	P	P	P	P	P	P	P	P	P	P

Prof & Head

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
SMVMC & H
PUDUCHERRY

Revision Classes

Revision classes/Postings are planned after the completion of the syllabus in order to facilitate the learning process

Dr. KAGNE. R N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF BIOCHEMISTRY

Revision Schedule - 28th July to August 2023

I-MBBS (2022 – 2023 Batch)

S.No	Day	Date	Time	Topic	Faculty Name
1.	Fri	28/07/23	8.30 –10..30 am	Cell Biology & Enzymes	All faculties
2.	Sat	29/07/23	8.30 – 9.30 am	Enzymes	All faculties
3.			2.30-4.30 pm	Quantitative Analysis Exam	All faculties
4.	Mon	31/07/23	10.30-01.30 pm	Fat &Water soluble Vitamins	All faculties
5	Tues	1/8/23	2.30 – 3.30 pm	Electron transport chain	All faculties
6.			3.30 – 4.30 pm	Carbohydrate Chemistry	All faculties
7.	Thurs	03/08/23	8.30 – 10.30 am	Carbohydrate metabolism	All faculties
8.	Fri	04/08/23	8.30 – 10.30 am	**Revision test – 1** (Cell Biology & Enzymes, Fat &Water soluble Vitamins ETC, Carbohydrate Chemistry)	All faculties
9	Sat	05/08/23	8.30 – 9.30 am	Carbohydrate metabolism	All faculties
10	Tues	08/08/23	2.30 – 4.30 pm	Lipid chemistry & metabolism	All faculties
11	Thurs	10/08/23	8.30 – 10.30 am	Lipid metabolism	All faculties
12	Fri	11/08/23	8.30 – 9.30 am	Lipid metabolism	All faculties
13			9.30 – 10.30 am	Protein chemistry	All faculties
14	Thurs	17/08/23	8.30 – 10.30 am	Protein metabolism	All faculties
15	Fri	18/08/23	8..30 – 10.30 am	**Revision test – 2** (Carbohydrate metabolism ,Lipid chemistry & Metabolism, Protein chemistry)	All faculties
16	Sat	19/08/23	8.30 – 9.30 am	Protein metabolism	All faculties
17	Mon	21/08/23	10.40 -12.40 pm	Protein metabolism	All faculties
18	Tue	22/08/23	2.30 – 3.30 pm	Hemoglobin chemistry	All faculties
19			3.30 – 4.30 pm	Hemoglobin metabolism	All faculties
20	Thurs	24/08/23	8.30 – 10.30 am	Hemoglobin metabolism & Nucleic acid chemistry	All faculties
21	Fri	25/08/23	8.30 – 10.30 am	Nucleic acid metabolism	All faculties
22	Sat	26/08/23	8.30 – 9.30 am	Molecular Biology	All faculties
23			2.30 – 4.30 pm	Molecular Biology	All faculties
24	Mon	28/08/23	10.40 -12.40 pm	Molecular Biology	All faculties
25	Tue	29/08/23	2.30 – 4.30 pm	Minerals	All faculties
26	Thurs	31/8/23	8.30 – 10.30 am	Minerals/Nutrition	All faculties

S.V. Kulkarni

Professor & Head
Department of Biochemistry
SMVMCH

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE &HOSPITAL

DEPARTMENT OF ANATOMY

Revision schedule (BATCH: 2022-2023)

Sl.No	DAY	DATE	TIME	TOPIC	FACULTY
166	Friday	1.9.23	10.40 -11.40 AM 2.30-4.30 PM	Radial Nerve, Radio-ulnar joint, Hand Osteology upper limb revision	All Teachers
167	Monday	4.9.23	8.30-10.30 AM 10.40 -11.40 AM	**Revision Test–V- Upper limb** General histology revision	All Teachers
168	Tuesday	5.9.23	10.40 -1.30 PM	Batch B-UL specimens,General embryology models, General histology slides, OSPE, Surface marking, radiology in Upper limb	All Teachers
169	Wednesday	6.9.23	10.40 -1.30 PM	General histology revision	All Teachers
170	Thursday	7.9.23	10.40 -1.30 PM 2.30-4.30 PM	General anatomy revision General anatomy revision	All Teachers
171	Friday	8.9.23	10.40 -11.40 AM 2.30-4.30 PM	General anatomy revision General anatomy revision	All Teachers
172	Saturday	9.9.23	10.40 -1.30 PM	General anatomy revision	All Teachers

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K.V.P. Suriyakumari
Professor & Head
Department of Anatomy

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Medical college and Hospital

No. 759 / SMVMCH/Gen.Med/ UG Sche./2022

Date: 24.11.22

DEPARTMENT OF GENERAL MEDICINE

UG – IX SEMESTER CLINICAL POSTING FOR THE MONTH OF NOVEMBER, DECEMBER 2022

REVISION CLASS - **2018-23 BATCH-C (28.11.2022 TO 25.12.2022)**

Day	Date	10.30am 1.30 pm /Clinical class (Long & short case discussion)	2.00 pm 2.30 pm	2.30 pm 4.00 pm Student activity	Teaching Learning Method	Faculty
		Faculty	Discussion (Faculty)	Topic		
Mon	28.11.22	Dr. G.Premkumar	Mitral Valve disease- Mitral Regurgitation	Atrial fibrillation	Problem based learning (Participatory Learning)	Dr. Manomenane,
Tue	29.11.22	Dr.M.K.Uthaya Sankar	Aortic valve disease – Aortic stenosis	Inflammatory bowel disease, Viral hepatitis B & C	Fish Bowl technique (Participatory Learning)	Dr. Ram Arvind
wed	30.11.22	Dr.S.Girija	Mitral Valve disease - Mitral stenosis	Rheumatic fever, Infective endocarditis	Group Learning cross over group (Participatory Learning)	Dr. Sadiqa Nasreen
Thu	01.12.22	Dr.C.Manokaran	Aortic valve disease – Aortic regurgitation	Pancreatitis	Buzz activity (Participatory Learning)	Dr.J.Sathiyanarayanan
Fri	02.12.22	Dr.A.K.Bădrinath	Nephrotic Syndrome, AGN	HHS, DKA	Concept mapping (Participatory Learning)	Dr. S.Girija
Sat	03.12.22	Dr.J.Sathiyanaryanan	--	--	--	--
Mon	05.12.22	Dr.Premkumar.G	Cavity / fibrosis , Bronchiectasis	Pneumonia	Fish Bowl technique (Participatory Learning)	Dr. I.S.S.Suman Babu
Tue	06.12.22	Dr.M.K.Uthaya Sankar	Hepatosplenomegaly, Ascites	Acute myocardial infarction & ACS	Problem based learning (Experiential Learning)	Dr.J.Sathiyanarayanan
Wed	07.12.22	Dr.S.Girija	CNS- Cranial Nerves,	Adrenal insufficiency	Just in time teaching	Dr. Sadiqa Nasreen
Thu	08.12.22	Dr.C.Manokaran	CNS- Stroke	OPC poisoning	Pear led learning (Participatory Learning)	Dr.Manomenane
Fri	09.12.22	Dr.A.K.Badrinath	Leprosy, Psoriasis	Viral hepatitis A & E	Presentation (group seminar, group activity) (Participatory Learning)	Dr. Sadiqa Nasreen
Sat	10.12.22	Dr.Premkumar.G	--	--	--	--
Mon	12.12.22	Dr.Premkumar.G	Dengue fever, ITP	Gullian Barre syndrome,	Brain storming (Participatory Learning)	Dr. Madhan Kumar

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Tue	13.12.22	Dr.M.K.Uthaya Sankar	Plant Poisons	Ethics in Medicine	Role Play (Participatory Learning)	Dr.S.Girija
Wed	14.12.22	Dr.S.Girija	CML / AML		Brain storming (Participatory Learning)	Dr. G.Premkumar
Thu	15.12.22	Dr.C.Manokaran	OSCE (Abdomen) – Demonstration & Practice			Dr. Ram Arvind Dr. Jayasuriya
Fri	16.12.22	Dr.A.K.Badrinath	OSCE (Cardio Vascular System & Respiratory System)			Dr. I.S.S.Suman Babu Dr. Nivethini
Sat	17.12.22	Dr.C.Manokaran	--			-
Mon	19.12.22	Dr.Premkumar.G	OSCE (CNS-1) – Demonstration & Practice			Dr. Manomenane, Dr. Pravin Coumar
Tue	20.12.22	Dr.M.K.Uthaya Sankar	OSCE (CNS-2) – Demonstration & Practice			Dr. Madhan Kumar Dr. Pooja
Wed	21.12.22	Dr.S.Girija	Spotters (Group Activity: Pair, share, present)			Dr. Madhan Kumar
Thu	22.12.22	Ward leaving 1		Batch-C1		All faculty
Fri	23.12.22	Ward leaving 2		Batch-C2		All faculty
Sat	24.12.22	HAART	HIV / Clinical manifestations	SDL		Dr. V. Ram Arvind

Surgery CME Program

Professor & Head
Department of General Medicine

PROFESSOR & HEAD
Department of General Medicine
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,
Puducherry-605107.

Copy to:
The Deputy Director cum Dean/The Dean (Academic)/Notice Board and File

OSCE Questions –List (As suggested by University)

Respiratory
Chest AP/Transverse diameter
Chest expansion
Palpation of chest movements,
Percussion of lung areas
Shifting dullness
Tidal percussion, Auscultation of lung areas.

Abdomen
Splenomegaly -palpation,
Splenomegaly –percussion.
Liver palpation.
Liver span.
Free fluid abdomen.
Shifting dullness.

Nervous system -1
Cranial nerve palsy (2,3, 4,5 6,7,11, 12),
Power grading of any limb, Tone
Reflexes (DTRs; Plantar; Abdominal reflex; Cremasteric reflex)
Wartenburg test , Hoffman sign

Nervous system -2
Cerebellar signs
Joint position sense
Romberg's test /Glabellar tap
Cog wheel rigidity
Meningeal sign (Kernig/Brudzinski).

Cardio vascular system
Areas of Auscultation
Apical Impulse,Parasternal heave

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Medical College and Hospital

Department of Physiology

1st MBBS - 2022-23

Theory Revision Schedule (20.07.23 to 15.09.23)

Date	Day	Timings	Comp No	Topic
20.07.23	Thu	02:30-4:30	PY1	General Physiology (Homeostasis, Body fluid, Bioelectric potential, Intercellular junctions)
21.07.23	Fri	11:40-1:30	PY2	General Physiology (Active & Passive Transport)
		02:30-4:30	PY1	General Physiology (Homeostasis, Body fluid, Bioelectric potential, Intercellular junctions)
22.07.23	Sat	09:30-10:30	PY1	Blood- Erythropoiesis & Anemia
24.07.23	Mon	02:30-4:30	PY2	Blood- WBC & Immunity
25.07.23	Tue	08:30-10:30	PY2	Blood-Platelets, Anticoagulants & blood groups
26.07.23	**Wed**	**8:30-10:30**	**PY 1 & 2**	**Revision Exam I (GP & Blood)**
		02:30-4:30	PY4	GIT (Saliva, stomach)
27.07.23	Thu	02:30-4:30	PY4	GIT (Liver and Pancreas)
28.07.23	Fri	11:40-12:30	PY4	GIT motility & applied
		02:30-4:30	PY4	GIT (Liver and Pancreas)
31.07.23	Mon	02:30-04:30	PY7	Renal (Urine formation & Counter current mechanism)
01.02.23	Tue	08:30-10:30	PY7	Renal (Micturition & applied)
02.08.23	**Wed**	**8:30-10:30**	**PY4 & 7**	**Revision Exam II (GIT, Renal)**
		02:30-4:30	PY8	Endocrine (Ant, Post Pituitary, GH, Thyroid)
03.08.23	Thu	02:30-04:30	PY8	Glucose & Calcium Homeostasis
04.08.23	Fri	11:40-01:30	PY8	Adrenal cortex and Medulla
		02:30-04:30	PY8	Glucose & Calcium Homeostasis
07.08.23	Mon	02:30-04:30	PY9	Male Reproductive Physiology
08.08.23	Tue	08:30-10:30	PY9	Female Reproductive Physiology
09.08.23	**Wed**	**8:30-10:30**	**PY 8 & 9**	**Revision Exam III (Endocrine & Repro Physiology)**
		02:30-4:30	PY5	CVS- Properties & Conduction
10.08.23	Thu	02:30-4:30	PY5	Cardiac cycle & ECG
11.08.23	Fri	11:40-01:30	PY5	BP & its regulation
		02:30-04:30	PY5	Cardiac cycle & ECG
12.08.23	Sat	09:30-11:30	PY5	Shock, Heart failure & applied
14.08.23	Mon	10:40-12:30	PY5	Cardiac Output, regional circulation
		02:30-04:30	PY6	Mechanics & spirogram

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19/8 Mon Schedule

17.08.23	Thu	02:30-4:30	PY6	Transport of gases- O2 & CO2
18.08.23	Fri	11:40-01:30	PY6	Regulation of respiration & hypoxia
		02:30-04:30	PY6	Transport of gases- O2 & CO2
21.08.23	Mon	02:30-04:30	PY6	High altitude & Deep-Sea physiology
22.08.23	Tue	8:30-10:30	PY6, PY11	Integrative Physiology & AETCOM
23.08.23	**Wed**	**8:30-10:30**	**PY5, 6 & 11**	**Revision Exam IV (CVS, RS & IP)**
		02:30-4:30	PY10	Synapse, Receptors, Thalamus
24.08.23	Thu	2:30-04:30	PY10	Ascending tracts & Pain
25.08.23	Fri	11:40-01:30	PY10	Descending tract- Pyramidal tract
		02:30-04:30	PY10	Ascending tracts & Pain
26.08.23	Sat	09:30-10:30	PY10	Hypothalamus & Basal Ganglia
28.08.23	Mon	02:30-04:30	PY10	Cerebellum & muscle tone regulation
29.08.23	Tue	8:30-10:30	PY10	Reflex and Applied aspects
30.08.23	**Wed**	**8:30-10:30**	**PY10**	**Revision Exam V (CNS- I)**
		02:30-4:30	PY10	ANS, Reticular formation, Sleep & EEG
31.08.23	Thu	2:30-04:30	PY10	Learning, Memory & Speech
01.09.23	Fri	11:40-1:30	PY10	Cerebral cortex & vestibular apparatus
		02:30-4:30	PY10	Learning, Memory & Speech
04.09.23	Mon	02:30-4:30	PY10	CSF, BBB, Cerebral circulation
05.09.23	Tue	08:30-10:30	PY10	Applied and MCQ discussion-CNS
06.09.23	**Wed**	**9:30-10:30**	**PY10**	**Revision Exam VI (CNS-II)**
		02:30-4:30	PY3	Nerve physiology
07.09.23	Thu	02:30-04:30	PY3	Muscle Physiology
08.09.23	Fri	11:40-01:30	PY10	Eye- Visual pathway and reflexes
		02:30-04:30	PY3	Muscle Physiology
09.09.23	Sat	09:30-11:30	PY10	Eye- errors of refraction, adaptation, color vision
		10:40-12:30	PY10	Middle ear, organ of corti, pathway, hearing mechanism
11.09.23	Mon	02:30-04:30	PY10	Taste & Smell
12.09.23	Tue	08:30-10:30	PY10	MCQ discussion- NMP & SS
13.09.23	**Wed**	**8:30-10:30**	**PY3 & 10**	**Revision Exam VII (SS & NMP)**
		2:30-04:30		MCQ discussion & AETCOM
14.09.23	Thu	2:30-04:30		Previous year question paper discussion
15.09.23	Fri	11:40-12:30		MCQ discussion & AETCOM
		02:30-04:30		Previous year question paper discussion

Faculty Incharge

Dr. Deepika

HOD

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Department of Microbiology

Phase-II MBBS REVISION CLASS SCHEDULE – November 2022

S. No	Date	Day	Time	Small group discussion-Topics	Faculty
1.	16.11.22	Wed	10.30-1.30	**Cardiovascular infections-1** Inf.endocarditis, Salmonella, Rickettsia, Leptospira, Brucella	All
			2.30-4.30	**Cardiovascular infections-2:** HIV, Dengue, VHF, Candida, Malaria, Leishmania, Filaria	
2.	17.11.22	Thur	8.30-10.30	TEST- **Cardiovascular infections**	All
3.	21.11.22	Mon	10.30-1.30	**GI& hepatobiliary infections-1** Food poisoning, Shigella, Vibrio, Rotavirus, Hepatitis viruses (A-E), Entamoeba, Giardia, Cryptosporidium,	All
4.	23.11.22	Wed	10.30-1.30	**GI& hepatobiliary infections-2:** T.solium, H.nana, Echinococcus Liver flukes, Ascaris, Hookworm, Strongyloides, Enterobius	All
			2.30-4.30	TEST- **GI & hepato-biliary infections**	
5.	24.11.22	Thur	8.30-10.30	**Skin and soft tissue infections-1** Staph, Strept, Clostridium, Anthrax, Leprosy, HSV, VZV, Measles, Larva migrans, Guinea worm	All
6.	26.11.22	Sat	2.30-3.30	**Skin and soft tissue infections-2:** T.versicolor, Dermatophyte, Mycetoma, Rhinosporidium, Sporotrichosis	All
			3.30-4.30	TEST- **Skin and soft tissue infections**	
7.	28.11.22	Mon	10.30-1.30	**CNS infections-1:** N.meningitidis, Listeria, Polio, Rabies, JE, NIpah	All
8.	30.11.22	Wed	10.30-12.00	**CNS infections-2:** Crytococcus, Free living amoeba, Toxoplasma	All
			12.00-1.30	TEST- **CNS infections**	
			2.30-4.30	**Genitourinary infections:** UTI-Enterobacteriaceae, Schistosoma, Syphilis, Gonorrhoea & NGU, Trichomonas	
9.	01.12.22	Thur	8.30-10.30	TEST- **Genitourinary infections:**	All

Dr. R. Gopal

Professor and Head

Department of Microbiology

Phase-II MBBS REVISION CLASS SCHEDULE – DECEMBER 2022

S. No	Date	Day	Time	Small group discussion-Topics	Faculty
1.	10.12.22	Sat	2.00-3.30	**SSTI:** Staphylococcus aureus, Streptococcus pyogenes,Clostridium perfringens,Mycobacterium leprae, Bacillus anthracis Herpes simplex virus, Chicken pox, Measles, Rubella Dermatophyte, Mycetoma Larva migrans, Guineaworm	MK SS/SR US
			3.30-4.00	**MCQ test- SSTI**	All
2.	12.12.22	Mon	10.30-12.30	**RS:** Diphtheria, Pneumococcus, H.influenzae, Mycobacterium tuberculosis Influenza, COVID-19 Aspergillosis, Mucormycosis, PCP Lung fluke	MK SS/SR US
			12.30-1.30	**MCQ test- RS**	All
3.	14.12.22	Wed	10.30-1.30	**CNS:** Neisseria, Group B Streptococcus, Listeria, Tetanus Polio Rabies Free living Amoeba Toxoplasma Cryptococcus **GENITOURINARY:** Enterobacteriaceae Syphilis, Chancroid, Chlamydia, Gonorrhoea and NGU Schistosoma , Trichomoniasis	MK SS/SR US
			2.00-4.00	THEORY REVISION TEST: CNS, Genitourinary	
4.	15.12.22	Thur	8.30-10.30	**University Practical Exercises- Revision**	MK SS/SR US

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Dr. R. Gopal
Professor and Head

Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF OTORHINOLARYNGOLOGY

Teaching Schedule CBME (2019 -24) Batch

November - 2022

Date	Day		Competency and Objectives	Topic	Faculty
03.11.2022	Thursday	3.00 – 4.00pm	EN4.39, 4.40	Revision - Anatomy and Physiology of Larynx	Dr. Priyangha
04.11.2022	Friday	2.00 – 3.00pm	EN 4.47	Revision - Anatomy of Nose & PNS	Dr. Anbarasan
10.11.2022	Thursday	3.00 – 4.00pm	EN 4.46	Revision - Acute and chronic Rhinosinusitis	Dr. Aarthi
11.11.2022	Friday	2.00 – 3.00pm	EN 4.44	Revision - Describe the clinical features, investigations and principles of management of Tumors of Maxilla	Dr. Mariappan Rajagopal
17.11.2022	Thursday	3.00 – 4.00pm	EN 4.45	Revision	Dr. Anbarasan
18.11.2022	Friday	2.00 – 3.00pm	EN 4.41	Revsion - Anatomy of deep neck space and Deep neck space infection	Dr. Jaise Jacob
24.11.2022	Thursday	3.00 – 4.00pm	EN 4.38	Dysphagia	Dr. Priyangha
25.11.2022	Friday	2.00 – 3.00pm	SU 2.21	Revision	Dr. Aarthi

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Professor & HOD
Dept. of Oto-Rhino-Laryngology
Dr.MARIAPPAN RAJAGOPAL, MBBS,DLO,MS,
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