



# Lala Ram Sarup Institute of Tuberculosis and Respiratory Diseases

(Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

Sri Aurobindo Marg, New Delhi-110030



News Letter

VOL. II

No. 4

October-December 2008

## NEWS ROUNDUP

The Institute wishes all the readers a Happy & Prosperous New Year 2009.

During the year 76475 patients attended the OPD and 5304 were admitted as indoor patients. An Allergic Clinic and a Tobacco Cessation Clinic were started. 3347 thoracic surgeries both minor and major were performed during the year. 1995 patients were tested for HIV in the VCTC and 849 patients attended the ART center. The yoga center imparted training to 6797 subjects. 6996 sputum cultures and 1169 DST for Mycobacterium Tuberculosis were carried out. The department of Microbiology passed the proficiency test for culture and drug sensitivity test from the Supranational Reference Mycobacteriology Laboratory, Belgium. A RT-PCR machine was procured during the year for molecular biology work in the Institute. Construction



New Year Greetins from a Pediatrik Patient-Rubina

of BSL-III laboratory is completed and has started functioning during the year. The MGIT system became functional during this period. The Institute completed the construction of a state-of-the-art 40 bedded MDR TB Ward which is to be commissioned very soon. Both these facilities are the first of the kind in the country in the public sector having provision for round the clock power supply. A new research block was commissioned and having sections like Molecular biology, Drug Trial Unit, Research Cell, Pollution and Occupational Related Lung Diseases and DOTS-Plus Project sites. While the Institute was continuing its activities in South Delhi for the RNTCP and DOTS PLUS, now it has become a regular DOTS Plus site for the state of Delhi under the National program. The Institute is extending its services and activities to become one of the four DOTS-Plus sites under RNTCP that will cover nearly 40 lakh population of Delhi and the national reference laboratory of the Institute will extend logistic support for the culture and DST facilities for half of the population of Delhi to detect MDR TB patients. The Institute is being one of the NRLs is supervising the IRL activities over 9 states of India that includes areas in the North East. Under its guidance, the NDTB center was accredited as a IRL. The Institute is the principal investigating site for

the ARTI survey for the eastern zone of India and such a huge field work has been undertaken by the Institute for the first time in states like Bihar, West Bengal, Orissa and Assam. During this period, 28 intra institutional as well as extra mural collaborative research projects were initiated. The Institute has published 10 papers in International and National journals in 2008. The training division has trained 128 senior DTO/STOs over the year. A number of workshops and CMEs were also held in the Institute during the period. Experts from the Institute continued their support to the Central TB Division and the RNTCP program. The Institute got the approval to increase the seats for DNB students in Respiratory Medicine from 6 to 10 by the National Board of Examinations. Various dignitaries/delegations from the country as well as from abroad visited the Institute. The Institute completed the construction of 30 Type 1 quarters for its employees and the same has been allotted to them. The renovation work for the old houses was undertaken. A new gate complex, new operation theatre, parking shed and boundary wall were constructed during the period.

### Significant Events:

India and China, under the Kotinis collaborative effort between the two countries are promoting exchange visits of physicians. Under this exchange, senior level Doctors, Director, Professor and Associate Professors from various regions of China visited the Institute on 8<sup>th</sup> December 2008 with an objective to promote better health knowledge exchange and also to learn the developments in



Delegates from China with faculty members of LRS Institute

health science in India and China. Dr. Singla gave a brief presentation on the clear perspective of the health transition process and recapitulated the initiatives undertaken over the last decade in the light of the current situation. They were taken around various departments of the Hospital.

Delhi Society for Promotion of Rational Use of Drugs with the support of WHO India country office, organized International training course on



Inauguration of international training on Medication Management in hospitals

medication management in Hospitals and role of drug and the therapeutic committees in LRS institute on 8-12<sup>th</sup> December' 2008. Dr. Narottam Puri, the Chief Guest expressed the hope that this training will be able to bring about significant improvement in drug prescription, procurement, storage and dispensation practices.

On 4 November 2008, representatives from a range of TB-focused organizations participated in a meeting at the LRS Institute of Tuberculosis and Respiratory Diseases in New Delhi on the National multi-stakeholder partnership for TB care and control. The meeting was facilitated by the International Union Against Tuberculosis and Lung Disease (IUATLD) India Resource Center.

RNTCP Division of the institute conducted modular training programmed from 13<sup>th</sup> Oct to 25<sup>th</sup> October 2008. Participants from various states included mainly STOs, DTOs and faculty members.

Continuing Nursing Education programs were inaugurated in the Institute on 19<sup>th</sup> November with the first of these programs. On this occasion, the Director, Dr. Behera, Thoracic Surgeon, Dr.

Dewan, Chest Physicians, Dr.Singla and Dr. Jaisawal and Nursing Superintendent, Ms. Mary Thankappan expressed their views about the importance of CNE activities.

The sub committee on DOTS Plus guidelines was held at LRS institute on 20<sup>th</sup> December 2008 to discuss and recommend on various issues like Management of MDR TB in Pregnancy, Management of Drug Resistance Tuberculosis other than MDR.

**The Institute was honored as DR. D. BEHERA, the Director was elected:**

1. As the Vice Chair of the TB Section of the International Union against Tuberculosis and Lung Diseases
2. The President of the National College of Chest Physicians of India (NCCP) for the year 2010-11

**International Visits:**

1. Dr. D. Behera attended "International Thoracic Oncology Conference" in Dresden, Germany from 1-5<sup>th</sup> October 2008
2. Dr. D. Behera attended "39<sup>th</sup> Union World Conference on Lung Health of the International Union Against Tuberculosis and Lung Disease" in Paris, France from 16-20<sup>th</sup> October 2008
3. Dr. D. Behera attended "2<sup>nd</sup> SAARC Conference on Tuberculosis, HIV/AIDS and Respiratory Diseases" in Kathmandu, Nepal from 15-18<sup>th</sup> December 2008 as Keynote speaker on Indian Response to MDR/XDR TB, ii) chaired a session on free paper presentation
4. Dr. Rohit Sarin also attended the above meeting and spoke on the Infection Control in National Program.

**Presentations:**

1. Dr. D. Behera presented an invited Guest Lecture on "Epidemiological aspects of Lung Cancer" and "Lung Cancer and TB in the Indian context" at the 3<sup>rd</sup> Asia-Pacific Conference on Lung Cancer held in Hyderabad on 4-6<sup>th</sup> December 2008.
2. Dr. D. Behera attended "10<sup>th</sup> National conference on Pulmonary Diseases" at

Lucknow from 6-9<sup>th</sup> November 2008 and chaired a workshop on RNTCP, ii) chaired and spoke in symposium on Lung cancer and iii) delivered a Guest Lecture on MDR/XDR TB in India

3. Dr. D. Behera attended one day CME program on TB at SK institute of Medical Sciences, Soura, Jammu & Kashmir on 29<sup>th</sup> November and delivered a lecture on DOTS Plus guidelines
4. Dr. D. Behera and Dr. Rohit Sarin attended workshop for "Monitoring progress towards millennium development goals for TB in India supported by WHO-India" at NTI, Bangalore on 10-11<sup>th</sup> November
5. Dr. D. Behera addressed the session in CME at Thiruvananthapuram Medical College on 10<sup>th</sup> December' 2008 to sensitize the medical college faculty on DOTS Plus.
6. Dr. D. Behera delivered a Guest Lecture on "HIV & TB (Indian Scenario)" in XVIII National Conference (VIROCON 2008) at Chandigarh on 12<sup>th</sup> December' 2008.
7. Dr. D. Behera delivered a talk on "DOTS Plus" in State Level Conference on Tuberculosis & Chest Diseases organized by Tuberculosis Association of Kerala at Kozhikode on 14<sup>th</sup> December' 2008.
8. Dr. D. Behera conducted Technical Session on "RNTCP in Urban Settings" in a training programmed on Public Health Management at VMCC and Safdarjung Hospital on 15<sup>th</sup> December' 2008.
9. Dr. Rupak Singla delivered a lecture "Airborne Infection Control Measures for Healthcare Workers" in Ranbaxy Science Foundation's 22nd Round Table Conference "Challenges of MDR/XDR Tuberculosis in India" held on December 13, 2008 at India Habitat Centre, Lodhi Road, New Delhi.
10. Dr. Rupak Singla represented TB group in Indo US Health care summit held in Delhi on 3-4<sup>th</sup> January 2009.
11. Dr. Rupak Singla coordinator for MDR XDR subcommittee meeting for national DOTS Plus guidelines held at LRS institute on 20<sup>th</sup> December 2008.

12. Dr. Rupak Singla participated as panelist in Panel discussion "Management of MDR/XDR TB" in NAPCON 2008 held on 7<sup>th</sup> November 2008 at, Lucknow.
13. Dr. Rohit Sarin also participated in the NAPCON 2008 held on 7<sup>th</sup> November 2008 and spoke in the RNTCP Workshop.
14. Dr. Rupak Singla organised a preconference workshop as faculty on "RNTCP" in NAPCON 2008 held on 6<sup>th</sup> November 2008 at, Lucknow.
15. Dr. Rupak Singla presented a talk "MDR-TB case series from LRS Institute" in National CME Program organized by National Task Force for the involvement of Medical Colleges in RNTCP at AIIMS on 21<sup>st</sup> October 2008 at Delhi.
16. Dr. Rupak Singla, Dr. Rohit Sarin & Dr. D. Behera participated in workshop of National Task Force for the involvement of Medical Colleges in RNTCP 2007 at AIIMS on 30-31 October 2007 at Delhi.
17. Dr. Sangeeta Sharma, Pediatrician participated as a panelist in a panel discussion on "MDR infections" at the 11<sup>th</sup> National conference on Pediatric infectious Diseases held at Varanasi on 22-24<sup>th</sup> November 2008
18. Dr. R.K. Dewan , Thoracic Surgeon presented a poster paper on "Experience of surgical resection for Lung Cancer at LRS Institute" at the 3<sup>rd</sup> Asia-Pacific Conference on Lung Cancer held in Hyderabad on 4-6<sup>th</sup> December 2008.
19. Dr. Sweta Gupta won the first prize in poster presentation at NAPCON 2008 for poster titled "Co-relation of reasons for default from ATT with socio-economic and demographic factors"

#### Clinical activities:

In thoracic surgery department, 112 major surgeries and 38 minor cases were performed during this trimester. This included 14 lung resections and one gastric pull through operation. A total of 23,302 patients visited in the outpatient department in these three months, out of which 416 patients were registered under RNTCP.

#### TITLE: Surgery for pulmonary tuberculosis: LRS Experience

Surgery for pulmonary tuberculosis has become rather limited. However, it is still required for some sequel and complications. It is a 14 year retrospective study of cases operated upon for pulmonary tuberculosis in a center

A total of 2718 cases were operated upon for various complications of pulmonary tuberculosis over a 14 year long period. 86 were operated for persistent sputum positive status, 642 for recurrent massive hemoptysis or chest infections, 1974 for empyema and 18 for diagnostic reasons. Procedures were 720 lung resections, 12 primary thoracoplasties, 286 space reducing thoracoplasties, 138 decortications, 713 open window thoracoplasties and 837 tube thoracotomies alone.

There were 17 early deaths and 37 late deaths. The cause of death was hemorrhage in 6 cases and respiratory failure in 9 cases and septicemia in 2 cases. Late deaths were mostly because of progressive tubercular disease. There was significant morbidity in terms of BPF in 89 cases, persistent sinus in 37 cases. Milder complications like pneumonia, fever, and wound sepsis were noticed in some cases but definite records were not available. BPF was managed by tube drainage followed by either window thoracostomy or thoracoplasty. In MDR cases, persistent documented sputum negativity was achieved in 52 cases out of 86 cases. Results were better in hemoptysis and chest infection group where the desired result was achieved in 602 cases.

Conclusion: Surgery in pulmonary tuberculosis is still relevant in many cases and yields a very gratifying result. It is a challenging surgery and this one is a very large series.

### EDITORIAL BOARD

#### *Editor-in Chief*

Dr. R.K. Dewan

#### *Members*

Dr. Sushil Munjal

Dr. S.B. Singh

Dr. Amitabh

Ms. Sheema John