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### VISION

To emerge as one of the premier pharmacy colleges in the country and produce pharmacy professional of global standards.

### MISSION

- To deliver quality academic programs in Pharmacy and empower the students to meet industrial standards.
- To build student community with high ethical standards to undertake R&D in thrust areas of national and international standards.
- To extend viable outreach programs for the health care need of the society.
- To develop industry institute interaction and foster entrepreneurial spirit among the graduates

## STUDY ON THE PREVALENCE OF DEPRESSION AMONG PATIENTS VISITING TERTIARY CARE

S Tharani & V Harika



### INTRODUCTION

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure feelings, occurs due to adverse life events. It may cause a negative effect on cognitive functioning, learning, thinking ability, driving and other normal daily activities of persons.

### AIM AND OBJECTIVES

The study was aimed to find the prevalence of depression among various patients of different age groups by estimated the strength of association of socio-demographic correlates such as age, marital status, education, financial status, personal history, family history, physical and mental factors with depression.

### METHODOLOGY:

Patients diagnosed with depression were taken up for study after the exclusion criteria were ruled out. Informed consent was obtained from every patient/patient relatives.

The study was carried out in 50 patients (13-66 years) randomly for a period of 3 months in a tertiary care hospital, Tirupati, using survey tools 1. Patient Health Questionnaire 9 depression scale includes irritable mood, insomnia/hypersomnia, loss of energy every day, feel of worthlessness/guilt, loss of concentration, suicidal ideation, food intake, confidence and agitation and 2. The socio-demographic details and determinants of depression were collected using a structured interview schedule. By using the above tools measured the patient's adherence and efficacy in interview schedule.

## RESULTS:

From the study it was reported that, the relative frequency of depression was more in females 78% than in males 22%. It was further observed that the tendency to commit suicide was more in the age group of 21-30 years in both males and females.

Majority of depression cases 64% were observed between the age group of 31-50 years, 70% of graduates (31- 40 years of age) and 56% of married in age group between 20-30 years.

## CONCLUSION:

Depression causes a large burden worldwide. More than 13% of total population is affected by major depressive disorder (MPD) globally. MDD ranked second in global ranking.

With this study it was concluded that depression was observed majority in the age group 20 to 50 years among students and married persons were more affected.

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## ACQUIRED PERFORATING DERMATOSIS: ASSOCIATED WITH DIABETES AND RENAL FAILURE

**B.Dayana\* and L.Divya (V Year Pharm.D)**



## INTRODUCTION

Perforating dermatoses are a group of conditions characterized by transepidermal elimination of dermal material like collagen, elastic tissue or necrotic connective tissue. Major perforating disorders include reactive perforating collagenosis-inherited disorder of collagen perforation, elastosis perforans serpiginosa-elastic tissue perforation associated with Down syndrome and Ehler–Danlos syndrome, perforating folliculitis-perforation of necrotic material secondary to local trauma, and acquired perforating dermatosis (APD). The differential diagnosis includes prurigo nodularis, folliculitis, arthropod bites, multiple keratoacanthomas, psoriasis and lichen planus.

Investigations include skin biopsy and a search for associated systemic diseases. Treatment may be directed at relieving pruritis, because perforating disorders can be exacerbated by koebnerization (lesions appearing at sites of minor trauma, as in psoriasis). Most treatment strategies are supported by anecdotal evidence and include oral or topical retinoids and topical or intralesional corticosteroids. Phototherapy (narrow-band or broad-band UVB, or psoralen plus UVA) may be helpful for pruritis. Other approaches include the use of antibiotics (e.g., doxycycline) and destructive methods such as cryotherapy, surgical debridement and laser therapy.

## CASE STUDY

A 67 years old female patient admitted to Nephrology department with complaints of breathlessness on exertion for 2 weeks initially NYHA-II, gradually progressed to NYHA-III. Patient was admitted in view of infective aetiology. Patient has a history of DM and HTN for 20 years and CRF for 4 years. At the time of admission, patient was conscious and oriented, BP was 134/89 mm of Hg, and pulse rate was 95 bpm. On general examination, mild pitting oedema was observed. Serum SGOT, creatinine, urea were elevated. Spinal CT showed cardiomegaly with bilateral peri hilar ground glass opacities, right pleural effusion, free fluid in peri hepatic space and sub segmental atelectasis with multiple calcific densities. Ultrasound showed right minimal pleural effusion minimal ascites bilateral RPD changes. Doppler test showed low flow volume in draining vein possibly due to tributaries. With the evidence of laboratory investigations, patient was diagnosed with 'Chronic Kidney Disease, and Acute pulmonary oedema II fluid overload.

## DISCUSSION

The perforating disorders classically have been divided into four types: elastosis perforans serpiginosa (EPS), reactive perforating collagenosis (RPC), perforating folliculitis (PF) and Kyrrel's disease (KD). Early reports described that the perforating disorders seen in association with these disease states as reactive perforating collagenosis. There is now a consensus that perforating disorders secondary to CRF, DM, or both, represent a separate dermatosis.

The lesions of APD associated with CRF, DM, or both, are 2 to 10 mm, firm, hyperkeratotic, often umbilicated papules usually occurring on the extremities, especially on the legs. The lesions are often pruritic, and Koebner's phenomenon may occur after scratching, rubbing, or trauma to the lesion. The pathogenesis of APD is unknown. In our patient, APD tended to be distributed on trauma-prone areas, the dorsum of the extremities, and was often associated with superficial trauma such as abrasions and scratches. Many researchers have suggested that APD represents a cutaneous response to superficial trauma. We regard the trauma as a specific reaction caused by scratching in association with DM. These superficial reactions appear to play a critical part in the pathogenesis of APD. In particular, DM patients report a high incidence of pruritus. A large number of APD patients also have DM, suggesting that diabetic vasculopathy is an underlying factor in this eruption. An alternative hypothesis is that the extrusion of dermal contents is a form of foreign-body reaction to some constituents of the dermis.

## CONCLUSION

In conclusion, the pathology is relatively common in dialysis units (prevalence varies between 4% and 10%). It is not always diagnosed and it is occasionally debilitating, due to the pruritis that it causes. In any case, it is a relatively unknown condition, and as such, new studies are necessary in order to better define this collagen abnormality.

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## REVIEW AND CASE REPORT ON LEIOMYOSARCOMA

**Khurun & Ravi Kishore (V Year Pharm.D)**



### INTRODUCTION:

The leiomyosarcoma is a rare type of soft cell sarcoma which occurs anywhere in the body associated with poor prognosis and accounts for about 1% to 4%. It can occur in any age group but most common in people around 40 years of age. The symptoms are nonspecific depending on the type of location. Primary leiomyosarcoma of vagina is an exceedingly rare diagnosis estimated about mere 0.062% of all malignant neoplasms in female genital tract. Leiomyosarcoma affects both male and female, and the exact cause is unknown. Current research suggests that abnormality in DNA which is carrier of body's genetic code would be the underlying cause of the malignancy, which would occur spontaneously for the unknown reasons or more rarely, may be inherited. The symptoms vary depending on exact location, size and spread of tumour, but usually asymptomatic at earlier stages. The general symptoms may include fatigue, fever weight loss, nausea, vomiting, pain in affected areas, swelling and mass are commonly detectable. The diagnostic procedures includes biopsy examination and various imagining techniques, but FNA is the confirmative technique. Ultrasound, MRI and CT are the specialized techniques for evaluating the size, placement and extension of the tumour. The surgical treatment is most chosen to reduce the chance of recurrence. Post operative Radiation therapy and Chemotherapy are other recommended standard therapies.

## **CASE STUDY:**

A 42 year old female was admitted in medical oncology department with complaints of vaginal bleeding associated with vaginal mass. At the time of admission patient revealed about the hysterectomy which was performed few months back. The laboratory investigations revealed normal values of WBC, Platelets, serum total bilirubin, conjugated bilirubin, AST/ALT and lower haemoglobin (11.5mg/dl). Patient was diagnosed with leiomyosarcoma with the help of procedures like biopsy, Immunohistochemistry and smooth muscle antigen test. Treatment was started with six cycles of Adriamycin (90mg/dl) and ifosfamide (7.5mg/dl) with other supportive care medications like appetitant, ondansetron, Dexamethasone.

## **DISCUSSION:**

A 42 year old female with vaginal mass and bleeding presented to Medical oncology department was diagnosed with vaginal Leiomyosarcoma. Treatment options for vaginal leiomyosarcoma varies depending upon the stage and degree of malignancy. Treatment options includes surgical resection, radiation therapy and Chemotherapy. Surgical resection is primarily chosen one to reduce the chance of future transformation and recurrence. Post operation Radiation therapy is other recommended standard treatment depending upon the tumour site, size and other factors. For some individuals with locally advanced metastatic or recurrent disease treatment with anticancer drugs may also be recommended, possibly in combination with surgical and radiation therapy. Due to the rarity of leiomyosarcoma no standard overall effective type of Chemotherapy or radiation therapy is identified. Considering the fact that the patient had undergone hysterectomy few months back, the chances of surgical removal of the tumour was turned down and anticancer drugs like adriamycin and ifosfamide were established.

## **CONCLUSION:**

Vaginal leiomyosarcoma is an aggressive course with high recurrence and has undetermined ideal treatment regimen. Patient had high grade spindle cell sarcoma of vagina which is not metastasized, so the patient has the survival rate of 81%. The optimal treatment options haven't been established due to the rarity of the tumour. Mostly surgical therapy is the mainstream treatment but here considering the patient optimal needs the systemic therapy is established.

## **REFERENCE:**

1.Sankareswari R, Geetha K, Vani S and Divya M. Spindle cell sarcoma of vagina-A case report. Journal of Evolution of medical and dental sciences, 2 (17); 29: 2013

## Departmental Activities February-2021:

No of Patients Screened	Drug Information Queries	Adverse Drug Reactions	Medication Errors	No of Prescriptions Audited
756	22	03	08	985

Perfect Click



Glimpses of Pharm D Graduation Day & Farewell



Fresher's Orientation Programme-2021 in College Campus