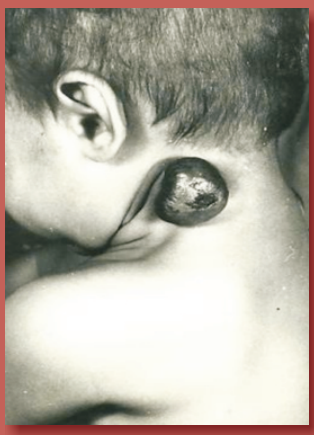
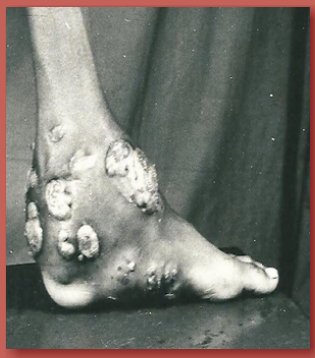
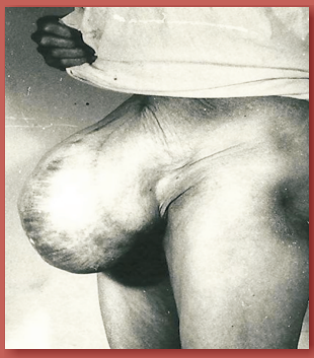
Atlas of Surgery

Shyam Parashar

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Dedication

This atlas is dedicated to all those patients and their memories, whose pictures appear in this atlas. They not only allowed me to photograph them willingly, but also gave me permission to use these pictures for teaching purposes, in the form of slides, projections and publications.

Acknowledgements

I wish to record my sincere thanks and appreciation to:

Professor Abdulmohsen Al-Mulhim, Chairman, Department of Surgery, who has been the prime mover in encouraging me to produce and publish this atlas.

Dr. Lalit Parida, Assistant Professor & Consultant, Paediatric Surgery in the Department of Surgery at University of Dammam, for organizing the format of this atlas and reviewing the presentation. His contributions have been extremely helpful in preparing the manuscript of this book.

The photographers at Goa medical college in India who helped me to compile these rare pictures of my patients.

My secretaries in my department of surgery in Saudi Arabia, who helped me in scanning the pictures and preparing the manuscripts.

Prof. Shyam Parashar

March 2013

Foreword

I am very happy that Prof. Shyam Parashar has decided to publish this atlas for the archives of the department of surgery. Prof. Parashar is an extremely admired and popular teacher and surgeon; and our university is very proud to have him as one of the faculty in the department of surgery. He has brought with him such a vast and varied clinical experience that has contributed to his popularity. This atlas is the proof of his achievements. Times have changed and thankfully we do not see such advanced cases of surgical pathologies. We hope that this atlas will serve as a reminder to every clinician that we should make every effort to diagnose early and never allow situations to develop to such an advanced stage.

The pictures are clear and self-explanatory. Some conditions are so rare that one may see them only rarely in one's lifetime.

I congratulate Prof. Parashar for so meticulously keeping the records of his past experience, and hope all clinicians will follow his example.

Prof. Abdulmohsen Almulhim

Chairman, Department of Surgery,
College of Medicine, University of
Dammam Saudi Arabia

March 2013

Preface

This album is a collection of vast magnitude of pathological conditions, which I have encountered in my practice in the early part of my career. Severity of the conditions is obvious in the pictures, making their management extremely challenging and at times very difficult and frustrating.

Many of these pictures are spot diagnosis; hence they are included in this album. A brief description and diagnosis for pictures is included where necessary. Most of this information was recorded at the back of the original photographs. These have again been reviewed with respect to accuracy of diagnosis and description.

Most of the pictures were taken in India in the decade of the seventies. All are black and white, partly due to lack of affordability of funds for colored pictures and partly for clarity and uniformity.

It is natural for the readers to wonder as to how lesions could reach such an advanced stage! The answer is simple.

In so-called third world countries, or better-called developing countries, priorities in life are different. For many, it is just a matter of survival. Attention to apparently harmless and symptomless lesions is probably the last priority; immediate need is to survive and sustain the family. Moreover, medical and health facilities for many are far away; physically as well as cost-wise.

Equally important is the ignorance of people and lack of health education. Result is that by the time patients are able to seek help, conditions are very advanced and at times beyond help, obviously to the utmost frustration of the treating doctors.

Surgical lesions, apart from trauma and severe infections, are not immediately fatal; hence they continue to grow and reach enormous proportions, as depicted in

the photographs of the album.

Most of the pictures in the album are forty years old. Things might have improved marginally; but those who can travel to the interiors of the developing countries of Asia, Africa, Latin America and the Middle East can still encounter such astonishingly advanced surgical conditions. One can only hope that we may never see such miseries ever in future in anybody's life!

It is my sincere hope that those who will visit this album will learn from the sufferings of those unfortunate patients who are the subjects of this album; and pray for the welfare of those who still might be living, and for peace in heaven for those who are no more. Amen!

Shyam Parashar

March 2013

Introduction

I am a General Surgeon. Therefore, it is important that first we define the term 'General Surgeon'.

Fragmentation of the practice of surgery started in the last century with the developments of specialties, sub-specialties and super-specialties. This has been a welcome change and was based on demand as well as advances in biomedical industry. In spite of this, there is a dark side to this change; specialists can handle only the conditions that belong to them, and feel helpless when faced with cases beyond their practice, either due to lack of competence and/or experience, and for medico-legal consequences.

There was a time, however when a general surgeon could handle any surgical case with reasonable competence; not by choice but due to the compulsion that no other option was available. These surgeons could explore any cavity in an emergency, be it cranial, thoracic or peritoneal; could fix any broken bone, remove stones, glands like thyroid, prostate, breast and so on. They could repair congenital or acquired defects and deal with vascular problems in the limbs. Many a great surgeons of the past historically belong to this broad category of 'General surgeons'. They might have concentrated their practice and developed extra competence in their field of choice by mere practice and hands on training. Still, they all were called 'General surgeons'.

Fortunately I too belong to this elite category since my hands on training in India and England in the early sixties had made me capable to deal with nearly all types of surgical situations. My training as surgical registrar took me through rotations in accident and emergency, thoracic surgery, even ENT. I even learnt to remove tonsils and adenoids. As registrar in accident and emergency, I learnt to put screws, pin and plate for accidental fractures in ER operating room only. As registrar in

thoracic surgery, I learnt to perform lung and resections, and oesophagectomies with colon replacements.

Endosurgery was limited to TUR. Most of the endoscopes were of the rigid type, flexible were yet to come. Radiology was limited to plain and contrast studies, scans were late to appear. Ultrasound was basically used by obstetricians and gynaecologists only. Laparoscopy was also used by them only for diagnostic purposes.

As a consequence when I became a faculty and a consultant surgeon in Goa medical college in India, the spectrum of my surgical work included major operations for head and neck cancers with reconstruction and repair of oro-facial defects. I was able to perform thyroid and breast resections. Thoracotomy was followed by pleural and pulmonary resections, and even pericardiectomies. Abdominal surgery included all types of gastrointestinal conditions, common being appendectomies and cholecystectomies, vagotomies and gastric drainage procedures. Intestinal surgery mainly was for obstructions and occasionally for tuberculosis and tumours. Urological procedures involved retrograde catheterizations, stone removals, nephrectomies, cystectomies with ureteric transplantations or ileal pouch reconstructions, prostatectomies, hydroceles and of course all types of hernias. Lumbar sympathectomy was accepted procedure for Buerger's disease, which was quite common. Vascular surgery was limited to varicose veins, and arterial surgery in emergencies only. Tropical surgery involved drainage of hepatic amoebic abscesses, ascarial obstructions, and filarial manifestations.

Although I was fascinated by cardiac surgery procedures, both closed and open-heart types when I worked as a registrar in London Chest Hospital, in Goa I could only venture up to pericardiectomy for constrictive pericarditis and placement of pacemakers for cardiac arrhythmias. In cranial trauma cases, I was obliged to perform burr holes to control middle meningeal hemorrhages.

It is obvious therefore that my training and surgical practice involved almost everything from head to toe. It was very fascinating and extremely satisfying. I did not indulge in any adventurous surgery; I restricted myself to deal with conditions for which I was trained and I was comfortable to deal with as a truly 'General surgeon'.

While working at Goa medical college, I was fascinated by the wide spectrum of surgical conditions, which I encountered. Unfortunately, most were in a very advanced stage. This challenged my capabilities to the extreme and many times I got depressed for my inability to help such suffering and poor patients. My frustration had no limit; still I tried to do the best I could.

However, I did not lose the opportunity to record and document these conditions. I photographed whatever I could and preserved them in my archives for posterity. Most of the photographs were black and white, since I or my hospital could not afford costly colored films. I was extremely grateful to my patients who willingly allowed me to photograph them and to use them for teaching purposes.

This collection forms the genesis of this atlas.

All this experience came very handy when I joined King Faisal University and its King Fahd Teaching Hospital in Saudi Arabia as faculty [Professor of Surgery] and a consultant surgeon in January, 1981. University teaching hospital was commissioned in 1982. The department of surgery in those days included, in addition to general surgery, paediatric surgery, plastic surgery, urology, thoracic, and vascular surgery. I performed many surgical procedures in all these specialties in the early years until they became independent divisions/departments. This was in the first few years of the nineteen eighties. Some examples of specialty procedures I performed at KFHU are lobectomies for lung tumours and hydatid cysts, pleural decortications, placement of cardiac pacemakers, pericardial decompressions, nephrectomies and prostatectomies, repair of congenital as well

as acquired diaphragmatic hernias, vascular embolectomies etc.

Photographing patients in Saudi Arabia was extremely restricted, let alone their publication. Hence this album contains my collection prior to coming to Saudi Arabia.

My intention to publish this album is to document and share my surgical experience, to use it for teaching purposes and to add to the archives of the department of surgery, in Goa as well as in Saudi Arabia.

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