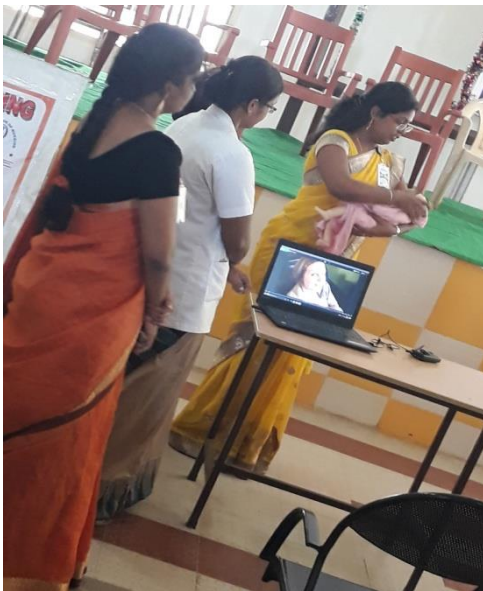


BREAST FEEDING WEEK CELEBRATION – 2019



BREAST FEEDING WEEK CELEBRATION – 2018



BREAST FEEDING WEEK CELEBRATION – 2017



Zoom Meeting Participant ID: 804229

You are viewing Narayana Live Class Nursing Col...s screen

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Participants (17)

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SD Smitha, Deepa... (Me, participant ID: 804229)

NL Narayana Live Cla... (Host)

S 585019

KR Kanakalakshmi R

KK KATARI KANTHA

MM Mounika Mouni

NN N. Navya

RH Rajeswari Hemanathan

S Sireesha

TL T. Lalitha Kumari

UK usha kiran

VL Vijaya lakshmi

VA vijji alex

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DV Dr V Kumari

You can now send non-verbal feedback ("Yes", "slow down", etc.) from "Reactions" on the toolbar.

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ENG 14:53

LIMITATIONS:

Craniopharyngioma diagnosis is suspected:
 - Clinical symptoms, puberty/growth parameters and
 - Scans (better: suprasellar solid cystic mass with calcifications)

- Baseline endocrine evaluation
 - Baseline visual assessment
 - Multidisciplinary discussion

Acute intervention is needed (life or function threatening hydrocephalus or mass effects)?
 - Surgical cyst decompression/omomya
 - shunt insertion
 - biopsy

Not urgent, evaluate your resources:
 - Neurosurgical expertise/Equipment
 - Pediatric intensive care unit
 - Availability of radiotherapy
 - Possibility of long term follow up/care
 - Multidisciplinary team discussions

Age < 5 years:
 - Maximum "safe" resection/hypothalamic sparing if possible
 - If cystic mass, insert catheter + intracystic interferon
 - Try to avoid radiotherapy

Age > 5 years:
 - Maximum "safe" resection/hypothalamic sparing if possible
 - If cystic mass, insert catheter + intracystic interferon
 - Help consider focal radiotherapy without solid mass progression after initial resection

Follow up

Follow up

FDP Conducted on 08/05/2021



FDP Conducted on 20/03/2020



FDP Conducted on 01/04/2019



FDP Conducted on 04/05/2019