



Bharath

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed-to-be University under section 3 of UGC Act, 1956)
(Vide Notification No. F.9-5/2000 - U.3, Ministry of Human Resource Development, Govt. of India, dated 4th July 2002)



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173, Agaram Road, Selaiyur, Tambaram,
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Ref. No.SMS-2018-O-04

Date: 29.08.2019

TO

Ms. S.Latha
Assoc. Professor/Microbiology,
BIHER.



Thro: Concern Head of the Department

Greetings!!!

We are happy to announce that the Research Advisory Committee has approved your proposal for Seed Money Scheme-2018 which was presented by you. You are requested to complete the proposal and send the progress report to the Dean Research in the prescribed time period.

Title of the Project: To Study Post-Operative Pain, Duration of Hospital Stay and Time Required for Complete Healing Of Breast Abscess

Seed Money Amount: Rs.1, 00,000/- (Rupees One Lakh Only)

Approved on: 22.08.2019

Payment details:

Voucher No.59

Dated: 03.09.2019

With Regards

Dean-Research

Sharath University

SELAIYUR, CHENNAI - 600 073, TAMIL NADU, INDIA.

CASH / PAYMENT VOUCHER

Date 03/07/2019
V.No. 59

Debit _____ Amount _____

Rs. 1,00,000/-

PAID TO Dr. S. Letta

RUPEES One lakh only

TOWARDS Seed Money Scheme-2018



S. Letta

Payee's Signature

Cashier/Accountant

Finance Manager

Authorised by [Signature]

PROPOSAL SUBMISSION

1. Details of Principal Investigator

Name : Dr. S. Latha
Designation : Associate Professor
Highest Qualifications : Ph.D.
Department : Physiology
E-mail : lathaviji.kumar@gmail.com
Contact no : 9445451480
Date of Joining : 2.1.2014

2. Details of Principal Investigator

Name : Dr.R.Vijayakumar
Designation : Professor
Highest Qualifications : Ph.D.
Department : Physiology
E-mail : sivanviji@gmail.com
Contact no : 9445383846
Date of Joining : 02.01.2012

Technical details

1. Introduction:

A breast abscess is a localized collection of pus in the breast; usually occur in breastfeeding woman due to trauma and mastitis. Breast abscesses are most common in young lactating women. The incidence of abscesses in young women during their lactational period ranges from 0.4 to 11%. Mostly researchers reported *Staphylococcus aureus* is among the common cause for the infection. The human breast consists of parenchymal and stromal elements. The parenchyma forms a system of branching ducts eventually leading to secretory acini development and the stroma consists mainly of adipose tissue, providing the environment for development of the parenchyma (1-3). These building blocks of the breast are recognized as early as the embryonic stage of human development. The process of development of the ductal system and acini is termed branching morphogenesis and although it commences in the fetus, it halts in early childhood until puberty when hormonal stimulation triggers further differentiation (4). Breast abscess is the result of underlying inflammation (mastitis) in the breast skin. Injury may happen either during the lactation process from the infant or in the non-lactation state of the patient as a cracking in the breast skin. This injury accelerates the entry of the causative bacteria which by its role form the abscess.² In neglected cases, there may be necrosis in the abscess location leads to fibrosis, scarring and nipple retraction. The conventional treatment of breast abscess has been surgical incision and drainage. Drainage of breast abscess has undergone a gradual change from invasive to minimally invasive procedure in keeping with the current philosophy of surgery. The standard surgical approach (invasive) of incision and drainage (I and D), breaking of loculi and insertion of a drain under general anesthesia or daily gauze packing has yielded to minimally invasive approach of percutaneous placement of suction drain and aspiration of the abscess with ultrasound guidance. The present study intends to compare two methods- invasive method is conventional incision and drainage and minimally invasive procedure is percutaneous placement of suction drain in the treatment of breast abscess with reference to complications like post-operative pain, duration of hospital stay, time required for complete healing.

2. Review of status of Research and Development in the subject

Kale A, Athavale V, Deshpande N, Nirhale d, Culcuttawala M, Bhatia M. Comparative study of conventional incision and drainage verses incision And drainage and primary closure of wound in acute abscesses. Med J D.Y. Patil Univ. 2014. Vol-7, 744-7.

The established principle of surgical management of abscess has been incision and free drainage. This modality of treatment has been challenged with the introduction of antibiotics. Ellis taught that the wall prevented access of blood abscess cavity and that if this wall was curetted away the cavity could fill with antibiotic permitting safe primary

closure. The primary suction closure technique is supported by many surgeons who showed its effectiveness in the treatment of breast abscess. Advantages of closure technique are faster healing rate, less hospital stay and early return to work, no greater recurrence than the conventional method, better scar formation and naturally reduced cost of labor and material and may be recommended as an alternative treatment that is superior to the orthodox technique.

2.1. International Status:

Globally 422 million people living with diabetes during 2014, and the prevalence rate is 8.5 percentages (%). The prevalence of diabetes has been steadily increasing and most rapidly in low- and middle-income countries, and about 62% of people with diabetes were undiagnosed with the prevalence may still bound to increase several folds. China, India, and the USA are among the top three countries with a high number of the diabetic population.[2] In India, numbers climbed from 11.9 million in 1980 to 64.5 million during 2014. Prevalence of diabetes has more than doubled for men 3.7% (1980)–9.1 % (2014) and 80% (4.6%– 8.3%) among women population in India. It has been estimated that the globally annual expenditure cost for diabetes is more than USD 827 billion, which impose a large economic burden on the health-care system.[3]

2.2. National Status:

NIL

3. Progress/ achievement so far, if any

- a). Reference papers was collected.
- b). Literature survey was studied.
- c). Materials and methods were designed.

4. Work plan

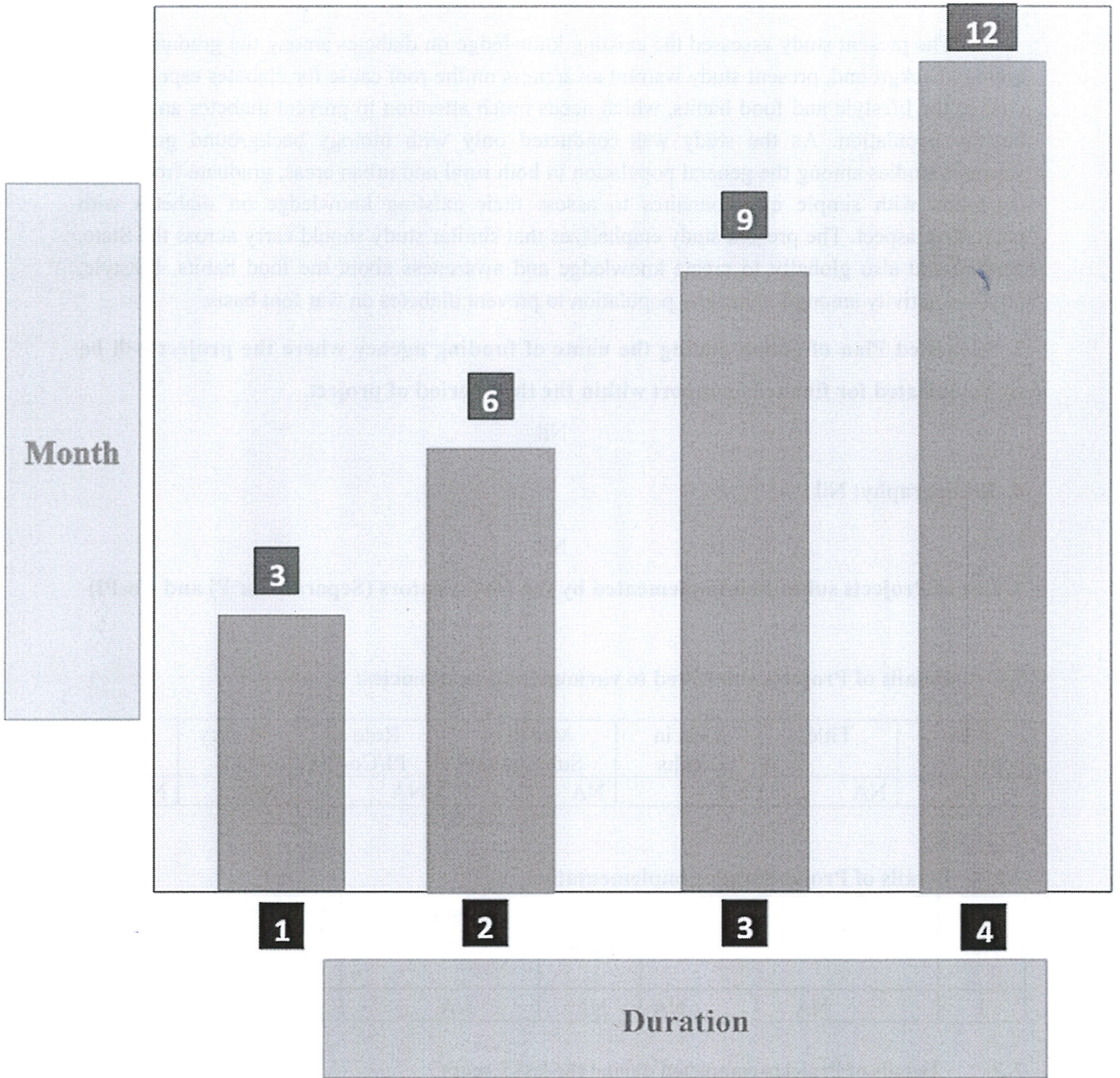
4.1 Methodology

The patients attending outpatient department & admitted to Sri Lakshmi Narayana institute of medical sciences, with diagnosis of breast abscess will be taken for this study By period sampling for the period September 2018 to September 2019. All cases coming to Sri Lakshmi Narayana institute of medical sciences with diagnosis of breast abscess during the study period in September 2018 to September 2019. Minimum of 60 cases will be taken up for study following inclusion and Exclusion criteria. By period sampling. The patients selected for this study are those who are with primary diagnosis of breast abscess. Based on detailed history, thorough clinical examination, the diagnosis of breast abscess will be made. These patients will

be subjected to the required preoperative investigations. Patients will be alternately undergoing incision drainage and percutaneous placement of suction drain. Each case will be analysed with reference to post-operative complications like post-operative pain (based on visual analogue scale), residual abscess, duration of hospital stays, time required for complete healing and appearance of scar and cost spent for treatment. Each patient will be followed up in the outpatient department at 1 week, 2 weeks, 3 and 4th weeks after discharge with regard to wound healing. A minimum of 60 cases with the following inclusion and exclusion criteria will be selected for the study and will be allocated alternatively to each of the comparative study groups.

4.2 Time Schedule of activities giving milestones through BAR diagram. (Maximum of 1/2 pages)

S. No	Activity/ mile stolen	1 st Year			
		1-3 month	4-6 month	7-9 month	10-12 month
1	Literature review				
2	Analysis of existing work	-			
3	Designing & work initiated	-	-		
4	Statistics & Discussion with results	-	-	-	



4.3 Expected outcome within the time period of See Money Scheme

The present study assessed the existing knowledge on diabetes among the graduates with biology background, present study warrant awareness on the root cause for diabetes especially to change the lifestyle and food habits, which needs much attention to prevent diabetes among the healthy population. As the study was conducted only with biology background graduates, warrants studies among the general population in both rural and urban areas, graduate from other discipline with simple questionnaires to assess their existing knowledge on diabetes with preventive aspect. The present study emphasizes that similar study should carry across the State, Nation, and also globally to create knowledge and awareness about the food habits, lifestyle, physical activity among the healthy population to prevent diabetes on war foot basis.

5. Suggested Plan of action stating the name of funding agency where the project will be communicated for financial support within the time period of project.

Nil

6. Bibliography: Nil

Nil

7. List of Projects submitted/implemented by the Investigators (Separate for Pi and Co-PI)

7.1 Details of Projects submitted to various funding agencies:

S.No	Title	Cost in Lakhs	Month of Submission	Role as PI/Co-PI	Agency	Status
1	NA	NA	NA	NA	NA	NA

7.2 Details of Projects under implementation

Sl. No.	Title	Cost in lakhs	Duration	Role as PI/ Co-PI	Agency
1	NA	NA	NA	NA	NA

7.3 Details of Projects completed during the last 5 years

Sl. No.	Title	Cost in lakhs	Duration	Role as PI/ Co-PI	Agency
1	NA	NA NA	NA	NA	NA

8. List of publications published by the Investigators, if any:

a) Principal Investigator

S. No	Author names	Title of paper	Name of Journal	Vol (Issue)	Page No.	Year
1.	S. Latha 1, C. Naveen Kumar2, N. Kanagathara3, R. Vijayakumar1, R. Srikumar3*	Assessing the existing knowledge on diabetes to create awareness on its root cause: A preventive study	Drug Invention Today	11(12)	3320-3323	2019
2.	Sandhya Rani T, R Srikumar, E Prabhakar Reddy, S Latha , Naveen Kumar	Virulence Factors of Candida Species Isolated From Pulmonary Tuberculosis with Diabetes Mellitus.	Indian Journal of Public Health Research & Development	10(5)	10-15	2019
3.	V Shwetha, S Latha, Vineeth K Kumar	Assessment of Salivary Function and Prevalence of Candidal and Noncandidal Oral Soft Tissue Pathologies in Type 1 Diabetics: A Cross Sectional Study	Research journal of Pharmaceutical Biological and Chemical Sciences	7(5)	828-835	2016
4.	V Deepika, R Vijayakumar, S Latha , P Jayakumar	Analysis of Body Fat Composition Using Bioelectrical Impedance Method among Young Normotensives and Pre Hypertensive Individuals	Research journal of Pharmaceutical Biological and Chemical Sciences	7(2)	146-151	2016
5.	S. Latha , R. Venkataramanan, Ramasundaram Srikumar, R. Vijay Kumar	Effect of triphala on noise stress induced alteration in glucocorticoid and carbohydrate metabolism	International Journal of Pharma and Bio Sciences	6(2)	B655-B662	2015
6.	Deepika Veluswami, B Ambigai Meena, S Latha , I Gayathri Fathima, K Soundariya	A Study on Prevalence of Phenyl Thiocarbamide (PTC) Taste Blindness Among Obese Individuals	Journal of clinical and diagnostic Research	9(5)	CC04-CC06	2015
7.	S. Bhagavathy*1 and S.Latha 2	Anticarcinogenic effects of Cinnamomum verum on HL60 leukemia cell lines	Journal of Pharmacy Research	9(12)	650-661	2015

9. Budget

SI. No	Head	Amount (Rs.)
1	BP Apparatus, Stethoscopes, Body weight weighing machine, SPSS version 16 Chicago, IL, USA, ECG machine	45000
2	Consumables (gels bottles, cotton, sprit, testing charges, tools, etc.)	10000
3	Travel support for the purpose of research work.	10000
4	Contingency	25000
5	Others consumables	10000
	Total	1,00,000

*In case of any joint proposal for purchasing a same equipment, each of the associated PLs is also required to give separate budget (without any clubbing) to avoid any ambiguity, if all the associated projects are not awarded by committee.

10. Name of at least two subject experts from the Institute and one from the outside Institute with their contact details:


<p>1. Dr. Dr. Deepika Associate Professor in Physiology Sri Manakula Vinayagar Medical College and Hospital, Puducherry Mobile No: 9962279360 E-mail id: deepy843@gmail.com</p>	<p>2. Dr. B R Senthil Kumar Professor in Physiology, National Siddha College, Chennai Mobile No: 9962240516 E-mail id: senthikumarbr@gmail.com</p>
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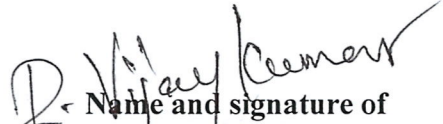
CERTIFICATE FROM THE INVESTIGATOR

Project Title: To study post operative pain, duration of hospital stay and time Required for complete healing of breast abscess

It is certified that


1. I do hereby agree to submit a complete proposal for financial support to the external funding agency within the time period of SMS-2018.
2. I undertake that spare time on equipment procured in the project will be made available to other users.
3. I agree to submit a certificate from Institutional Biosafety Committee, if the project involves the utilization of genetically engineered organisms. I also declare that while conducting experiments, the Biosafety Guidelines of Department of Biotechnology, Department of Health Research, GOI would be followed in to.
4. I agree to submit ethical clearance certificate from the concerned ethical committee, if the project involved field trails/experiments/exchange of specimens, human & animal materials etc.
5. I agree to abide by the terms and conditions of SMS-2018, BIHER, and Chennai.


Name and signature of
Principal Investigator



Name and signature of
Co-Principal Investigator

Date: 27.07.2019

Place: Puducherry

Forwarded by Head of the Department 

Signature of the Head


DEAN
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KODAPARKKAM POST,
PUDUCHERRY - 605 502

PROJECT EVALUATION FORMAT

Recommendation sheet

Name of the Principal Investigator	Dr. S. Latha
Name of the Co-Principal Investigator	Dr.R.Vijayakumar
Name of the Department	Physiology
Title of project	To study post operative pain, duration of hospital stay and time Required for complete healing of breast abscess
Recommendation of the evaluation committee (Recommended/Revision/Not Recommended)	Recommended -
Financial allocation recommended	Rs. 1,00,000/-

Sl. No.	Head	Amount
1	BP Apparatus, Stethoscopes, Body weight weighing machine, SPSS version 16 Chicago, IL, USA, ECG machine	45000
2	Consumables- Gel bottles, cotton, sprit, testing charges, tools, etc.	10000
3	Travel support for the purpose of research work.	10000
4	Contingency	25000
5	Others consumables	10000
	Total	1,00,000

Name and Signature of the Research Advisory Committee members with date



[Signature]
(Dr. G. Jayalakshmi)