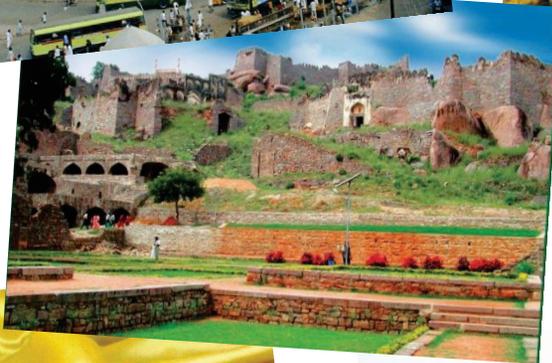
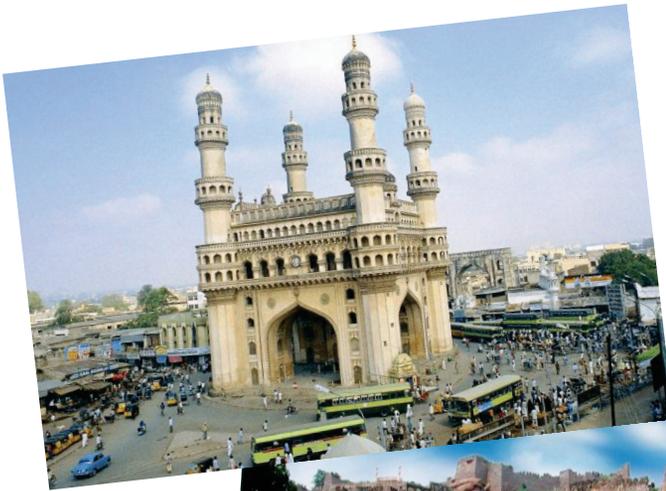




# SICOT

## Newsletter

### Hyderabad – The Convention Capital of India



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## The Published Paper – Is it sacred anymore?

**Shanmuganathan Rajasekaran**  
SICOT Treasurer – Coimbatore, India

The sacred phrase in medical practice today is 'Evidence based medicine'. To the scientific community, 'evidence' comes in the form of a published paper in a peer reviewed journal or a podium presentation abstract at an international meeting. The practicing surgeon bases his clinical decisions in day to day practice on a published paper. The published paper is also the basis on which academic debates are settled, new trends in practice are accepted and even government policies on health issues are made. It is also the basis on which selections are made to academic positions, promotions are decided and major research awards are granted. In fact, the number of published papers has become the basis on which the scientific worth of an individual or an institution is decided. The phrase 'Publish or Perish' coined by H.J. Coolidge in 1932<sup>1</sup> has now attained dictatorial proportions as one's ability to continuously publish has become the main criteria for survival and progress in the academic world. It is then no wonder that there is an avalanche of scientific publications in the last two decades. The year of 2006 saw the crossing of the landmark of 50 million scholarly publications in peer reviewed journals of which approximately 1.3 million was in the year of 2006 alone<sup>2</sup>. This impressive milestone calls for an introspection and evaluation of the usefulness of all this scientific activity.

### Explosion of science

The continuous increase in published papers raises the question if we are witnessing an explosion of scientific knowledge or just wasteful publishing. The acknowledgement of the true worth of a paper can be measured by how often it is cited and its citation index. It appears that most papers are 'published for publishing sake' without much scientific worth as nearly 55% of articles published are never cited even once in the first five years of being published<sup>3</sup>. Of the remaining, between 5 and 25% of all citations are self citations<sup>4</sup>. Many researchers augment their publishing by dubious practices such as salami slicing where a single research activity is split up into as many different publications as possible. The practice of the same material being published in different

journals and being presented in different podiums is still prevalent but can hardly be identified as they are presented with different captions, keywords and co-author variation. Perhaps more than half of publishing is purely for the benefit of padding up the author's curriculum vitae without being of any consequence to science.

### Questionable practices and research fraud

Fraudulent scientific behaviour and falsification of data can range from simple carelessness, unintentional bias, intentional adjusting of data to improve results, plagiarism and outright fraud. Scandals of plagiarism continue to rock the scientific community frequently as many authors believe in the principle 'if you steal from one author, it is plagiarism; if you steal from many, it is research'<sup>5</sup>. Adjusting data to suit the results is also unfortunately widely prevalent than commonly thought to be. In a sample of postdoctoral fellows at the University of California, San Francisco, 3-4% admitted to having modified data in the past and 17% would be willing to select or omit data to improve their results. In another study, 81% were willing to omit or cheat on data to win a big grant or publish a coveted paper. In another study, 33.7% admitted to different questionable research practices and even serious form of research misconduct<sup>6</sup>. This shows that the hazy boundary between right and wrong to achieve a desired outcome is being increasingly crossed by many researchers and this is a major cause for concern.

The problem may be much more in the scientific material presented in conferences as the rigour of peer review verification is considerably less here. Such material gets published as scientific abstracts in many journals and

*"Publish or Perish"*

*"...nearly 55% of articles published are never cited..."*

*"If you steal from one author, it is plagiarism; if you steal from many, it is research"*

*"...peer review cannot be a goal keeper of either scientific quality or integrity"*

indirectly gets the official sanctity of a scientific publication.

### **Peer-review – A failing process?**

The peer review process, on whose shoulders the responsibility for maintaining the standards of publication rests, is unfortunately breaking down in its efforts to maintain scientific integrity. Blinded reviewers cannot obviously police the honesty and good research practices of the authors. The increasing number of retractions of published papers stands testimony to this. In the past decade retractions have increased more than 15-fold and they also include articles in the most coveted journals such as *Science* and *Nature*<sup>7</sup>. The ever increasing number of journals have put the entire process of peer review under challenge as there are now too many journals chasing too few reviewers. Most reviewers do not have the time, the expertise or the training to provide quality reviews leading to poor quality reviews. Studies have exposed poor agreement of quality of the same manuscript between different reviewers<sup>8</sup>. Often, a manuscript assessed as excellent by one reviewer is rejected for publication by another. Manuscripts rejected by one journal can be published elsewhere as the ever increasing number of journals is running behind materials for publishing<sup>9</sup>. We now face the situation where the current system of peer review cannot be a goal keeper of either scientific quality or integrity.

### **Future – Is there a solution?**

The present scenario is shaking the very foundation of evidence based medicine. It is time that the elders in the profession, administrators of institutions and international organisations like SICOT take serious note of this trend and look into solutions. The current system of rewards must change so that the focus is on publishing high quality research rather than promoting the number game. Scientists must be evaluated on the basis of their best five papers rather than on the number of publications. This will encourage high quality research and focused publishing.

One has to question the need for the ever increasing number of journals which struggle to find adequate submissions and quality reviewers. We must also look at inculcating good research morals on sound methodologies in our younger colleagues and this is best done by elders teaching by example. Developing young investigators to appreciate good research morals as well as sound methodologies and to take pride in good research practices will, of course, provide a lasting solution.

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## Report on the 2012 NUH/SICOT Trauma Fellowship Award



**Mohammad Farooq Butt**  
*SICOT Associate Member – Jammu Tawi, India*

I had the honour of being awarded the 2012 NUH/SICOT Trauma Fellowship Award which gave me the opportunity to visit the National University Hospital, Singapore. I was delighted to receive the communication in this regard from Ms Linda Ridefjord. I thank her for her help and support.

I deeply thank SICOT for this wonderful experience and for giving me the opportunity to meet lively people who were so willing to teach and share their knowledge.

Singapore consists of 63 islands including the main island, which is a beautiful, highly urbanised 'Garden City' of South East Asia. It is one of the most popular tourist destinations and more than 10 million tourists visit this small island each year.

The National University Hospital (NUH), a member of the National University Health System (NUHS), is a modern tertiary care hospital, clinical training and research centre with all the latest resources and equipment for clinical and surgical practices. NUH was conferred the Joint Commission International Accreditation (JCI) in August 2004.

I reached Singapore on 19 May 2012 and was received at the Changi airport by Agent Sue, who drove me to Clementi, where a great arrangement had been made for my accommodation. On 20 May, I met Dr Diarmuid Murphy, an unassuming gentleman with a charming smile always on his face. He introduced me to my new colleagues, showed me around the hospital and informed me about almost everything that I would need there. The very next day, I was given the opportunity to scrub up in the surgeries.

I attended the orthopaedic trauma grand rounds on Tuesdays, which were of a high standard and certainly increased my interest in research and academics. This involved a thorough discussion on cases admitted with the division, preoperative planning as well as the audit of cases operated in the previous week.



*With Drs Vinod, Yu Han Chee, and Diarmuid Murphy*



*With Dr Hitendra Doshi, SICOT National Delegate of Singapore*

I was able to attend the outpatient clinics with Dr Murphy where I had the opportunity to learn many useful pearls on outpatient management. Prof Joseph Thambiah was generous enough to let me disturb him in his busy spine clinic, and I learned many invaluable tips from him.

I was able to spend most of my time in operating rooms, scrubbing for different surgeries. I worked with Dr Murphy whenever he was operating and was able to learn many

new techniques of fracture fixation, bone grafting techniques, and the application and use of the latest instruments and implants. Dr Yu Han Chee was an excellent surgeon to work with. He is a civilised scientist, clever surgeon, meticulous in his approach and always keen to teach each step in the surgical procedure. I also had the opportunity to learn from Drs Chee, Fareed and Murphy about the Taylor Spatial Frame application in post-traumatic deformity.

My experience with pelvi-acetabular fracture fixation was exciting. I benefitted a lot from the awesome surgical skills of Prof Kong. He has mastered the technique of application of spring plate and braided cables in acetabular fractures.

I was fortunate to have the opportunity to scrub up frequently with Prof Thambiah, senior spine surgeon, who is excellent in decision-making, a reputed surgeon, and a great teacher. I had the privilege to assist him in a variety of minimally invasive spinal operations. I also benefitted greatly from the knowledge and surgical skills of Dr Vinod, senior registrar.

I was also able to attend the teaching rounds of the Division of Spine, supervised by Prof Wong Hee Kit and gained a great deal from the high-quality discussions on various spinal trauma cases.

I would like to thank all the staff members of the NUH Division of Trauma for their support during my fellowship and I would especially like to mention Drs Jonathan, Yaser, and Pang Huan. I will always remember the grand hospitality of Prof Thambiah and Dr Murphy's team throughout the period of my fellowship, and Dr Chee for the sumptuous dinner he invited me to along with his family. I would also like to thank Ms Chua Li Ping, the fellowship coordinator at the NUH, who was of great assistance to me from the very beginning, from paperwork, air tickets to accommodation.

I am grateful to Dr Hitendra K. Doshi, SICOT National Delegate of Singapore, from Tan Tock Seng Hospital, for his guidance and support during the entire duration of my fellowship. He took some time out of his busy schedule and arranged a meeting. We discussed the importance of fellowship programmes to enhance the outlook of the surgeon. It was heartening to learn that he has established another SICOT fellowship award for young surgeons, making Singapore a popular fellowship centre in the region.

Finally, I would like to appreciate the great opportunity provided to me by SICOT. This experience would not have been possible without its support. This is a great learning opportunity for any young orthopaedic surgeon and I would strongly recommend it to anyone desirous of honing his or her skills in orthopaedic trauma management.

Last but not least, my special thanks go to my teachers and friends at the Hospital for Bone & Joint Surgery in Barzallah, Srinagar, Kashmir, where I trained, learned orthopaedics and spent the best years of my life. To them I owe my heartfelt gratitude and to them I dedicate this academic endeavour.



*Drs Diarmuid Murphy, Joseph Thambiah, Farooq Butt, Fareed Kagda, Yu Han Chee, Wu Pang Hong, Jonathan Tan, Khor Yuet Peng*



## Report of the “SICOT meets SICOT” Fellowship at the University of Ghent, Belgium

**Sarper Gursu**  
SICOT Associate Member – Istanbul, Turkey

Being a fellow at the University of Ghent was definitely one of the best experiences of my life. The University of Ghent was founded in 1817 and today it has a very important role in Belgium’s higher education system. The Orthopaedics and Traumatology Department of the University is a legitimate leading institution with its worldwide known surgeons in the different specialties of Orthopaedics.

During my fellowship, I was totally impressed with the hospitality and the warm attitude of the members of the department. Besides this, Belgium and the city of Ghent, in particular the old medieval city centre, were lovely places.

Being interested in mostly knee and hip surgery, I spent most of my time in Ghent with the Knee and Hip teams. I saw more than one hundred operations in 6 weeks. In the area of knee surgery, I saw many interesting ligament reconstruction procedures using different techniques and materials, arthroplasties with various indications, meniscal replacements, cartilage procedures and revisions of these operations, some of which were completely new to me. I had the opportunity to see very difficult cases of hip revision arthroplasties, among which primary cases and also some hip arthroscopy cases. One thing was certain: whatever the operation, the hands doing it were for sure very experienced and talented.

The department was a real centre of science and research. I enjoyed the staff meetings which were held once every week and were very useful for me. I also had the chance to exchange some ideas with professors and benefit a lot from their knowledge, experience and sometimes advice.

As the department was an attractive centre for Orthopaedic Surgeons, I met many other fellows from different countries such as Mexico, India, South Korea, and Taiwan, and the transaction between the fellows was also unforgettable.

I am very grateful to Prof Jan Victor, Head of the Orthopaedics Department in Ghent, and to Emeritus Prof

René Verdonk for their hospitality and kindness to me. I thank Prof Peter Verdonk, from whom I learnt various knee procedures, and Prof Fredrik Almqvist for his kindness to me. I also thank Prof Christophe Pattyn for allowing me into his team for some operations and Dr Emmanuel Audenaert for making this fellowship available to me. I personally would like to thank each and every resident in the Department as well as Mrs Christiaens and Mr Coucke for their priceless help and kindness to me.



With Prof René Verdonk and Prof Peter Verdonk

Above all, I would like to thank SICOT for making such an unforgettable experience available to me. I can definitely say that I have benefitted a lot from this fellowship and I learned a great deal in Ghent thanks to this wonderful programme. Without this programme, it would not have been possible for me to go to Belgium and have this fantastic experience which has helped improve my knowledge of knee and hip surgery.

I thank SICOT again for this fellowship.



## Orthopaedic Training in Hong Kong

**Chun Hoi Yan**  
SICOT Active Member – Hong Kong

The orthopaedic training system in Hong Kong shares a lot of similarity with the United Kingdom. It includes two years of basic surgical training and four years of higher orthopaedic training.

Medical students need to spend at least five years in the medical school. Afterwards, they will go through one year of internship, during which they will rotate through four different medical specialties, including internal medicine and surgery. After that, they are given their full license for practice.

House officers who have successfully met their training requirements will become residents. Each resident can choose to pursue one medical specialty according to one's interest. Currently, all the surgical subspecialties in Hong Kong share the same basic surgical training provided by the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC). This basic surgical training lasts for two years. A basic orthopaedic trainee needs to finish one year of training in general surgery and another year in orthopaedics and traumatology. One is required to pass an intermediate examination organised by the HKICBSC before one is admitted to the Hong Kong College of Orthopaedic Surgeons (HKCOS) as a higher orthopaedic trainee.

A higher orthopaedic trainee will spend another four years in training. The HKCOS has clear guidelines for training requirements: 18 months in orthopaedic trauma, 12 months in general orthopaedics, 3 months in paediatric orthopaedics, hand surgery and rehabilitation respectively, and another 9 months in other orthopaedic subspecialties (e.g. spine, sports, oncology, joint reconstruction, etc.). Throughout the training period, trainees must obtain satisfactory assessments from their trainers at intervals of no more than six months.

The trainees need to keep a logbook of all the operations they have participated in. The HKCOS has a list of index operations that a trainee either should be able to perform or have at least assisted in. The trainees must fulfil the

requirement of the index operation list before they are eligible to be conferred as fellows of the college.

Various HKCOS-accredited training activities are organised all year round including tutorials, seminars, workshops and conferences which the trainees need to attend. Points are given for these training activities. Trainees must acquire at least 80 training points (for basic trainees) and 90 training points (for higher trainees) in each calendar year. The trainees must submit a summary of their training points at six-month intervals with their assessment form and operation logbook to the HKCOS.

During the four years of higher orthopaedic training, the trainee must complete at least one research project and be the first author of an orthopaedic-related article published in a peer-reviewed journal. On top of that, the trainee must deliver at least one oral presentation at an orthopaedic conference.

After fulfilling all the above requirements, a higher orthopaedic trainee is eligible to sit for the annual fellowship examination organised by the HKCOS and the Royal College of Surgeons of Edinburgh (RCSEd). The examination comprises of three parts: written paper, clinical examination and viva examination.

The written paper comprises short essay questions and multiple choice questions. The clinical examination consists of a long and short cases session. The candidates are asked to examine patients, give the correct diagnoses and discuss the management plans. The viva exam has four stations: basic science, orthopaedic trauma, hand surgery & paediatric orthopaedics, and general orthopaedics. Each candidate will spend 30 minutes in each station to answer various questions from the examiners.

Candidates who pass all three parts of the examination will be granted fellowships of both the HKCOS and the RCSEd. Their success will be celebrated in the college annual fellowship conferment dinner.

## 19<sup>th</sup> SICOT Trainee Day at the EOA Annual Meeting



**Maher Halawa**  
SICOT National Delegate of Egypt – Cairo, Egypt

This was the second SICOT Trainee Day of 2012. It was held at the Intercontinental Hotel, Cairo, Egypt on 17 December 2012. The first one took place in Russia. It was thought that it would be a good idea to ask the young surgeons to present their research work and face the audience. This would give them the courage and ability to communicate with other orthopaedic surgeons.

A call for papers was advertised with the guidelines for presentation and a two-week deadline for acceptance of papers. The criteria for marking the papers were sent with the advert, and three prizes (EGP 1,000 each) were offered to the three best papers sponsored by Prof Galal Zaki Said, Dr Maher Halawa and Prof Khaled Emara. Twenty-three papers were accepted (two no shows) in addition to four lectures (one in each session) by:

- Dr Maher Halawa - The history of SICOT both in the world and in Egypt.
- Prof Khaled Emara spoke about the road to becoming a good doctor, showing his involvement in helping regions in need of emergency orthopaedic care, with the latest being Syria.
- Dr Hatem Galal Said gave an impressive talk on how to present a good lecture or presentation.
- Lastly, Dr Ahmed Abdel-Azeem delivered a talk on the experience he had during his travelling fellowships, in addition to an overview of the current SICOT fellowships available for trainees.

The research work included all aspects of orthopaedic surgery, including surgery of the foot, shoulder

arthroscopy, minimally invasive reconstruction of ligaments of the knee, pelvic and acetabular fractures, total hip replacement in acetabular fractures, surgery of scoliosis, Ponseti technique in CTEV, survey in infection of wounds in Nigeria, non-union of tibial fractures, Ilizarov techniques in ununited fractures of the tibia and the use of minimally invasive locked recon. plates in reduction and fixation of tibial fractures.

It was difficult to choose the three best papers, but after discussion the conclusion was unanimous:

- 1<sup>st</sup>: Dr Nariman Abol Oyon (Assiut University, Egypt), for the work on treating and following up more than 400 CTEV feet from all over upper Egypt until achieving full correction.  
 2<sup>nd</sup>: Dr Abdalla Hamad (Alexandria University, Egypt), on prospective trial on comparison between the ilioinguinal approach and modified Stoppa approach in accuracy of reduction of complex acetabular fractures.  
 3<sup>rd</sup>: Dr Ahmed Aboul Soud (Cairo University, Egypt), on total hip replacement for fresh and neglected acetabular fractures, problems and results.  
 Joint 3<sup>rd</sup>: Dr Olaniran O. Orekha (Nigeria), the aim of this study was to determine the treatment costs directly attributable to medical care resulting from early post-operative wound infections in our hospital and to identify the infection rate, prevailing organisms and significant risk factors.

The Trainee Day was well attended throughout all presentations, and it was a great opportunity for trainees to share their research in addition to practicing their presentation skills.



Organising Committee:  
Maher Halawa,  
Khaled Emara,  
Hatem G. Said,  
Ahmed Abdel-Azeem

## History of Orthopaedics in Hong Kong



**Peter Yau**

*Young Surgeons Committee Member – Hong Kong*

Before the Second World War, the orthopaedic care in Hong Kong could only be described as primitive. General surgeons were responsible for treating all the orthopaedic cases, with predominant emphasis on trauma. Advances in orthopaedic technology were virtually non-existent.

The first academic orthopaedic discipline was introduced in Hong Kong in 1951. The Orthopaedic and Trauma Unit was established within the Department of Surgery at the University of Hong Kong. Dr Arthur Ralph Hodgson was recruited from United Kingdom as the head of the unit.



*Prof A.R. Hodgson*

Under the leadership of Dr A.R. Hodgson, the newly established Orthopaedic and Trauma Unit started to train local orthopaedic surgeons and provided service to the citizens in Hong Kong. In view of the prevalence of spinal tuberculosis cases at that time, a unique surgical expertise on management of TB spine by performing radical debridement and anterior spinal fusion, which was later known as the “Hong Kong Operation”, was developed.

The Department of Orthopaedic Surgery was formerly established at the University of Hong Kong in 1961. Prof A.R. Hodgson was appointed as the first orthopaedic professor in Hong Kong and the first chairman of the department. From then onwards, orthopaedic surgery started to flourish in the territory.

With the increasing number of orthopaedic surgeons in Hong Kong, the Hong Kong Orthopaedic Association (HKOA) was formed in 1965. Prof A.R. Hodgson was elected as the first president. The function of HKOA at that time was to arrange both academic and social functions for the orthopaedic fraternity in Hong Kong. In 1983, the Board of Orthopaedic Surgery was set up under the auspices of the Hong Kong Orthopaedic Association. The first local FRACS examination was conducted in 1985.

In 1987, the Hong Kong College of Orthopaedic Surgeons (HKCOS) was set up for better organisation of the training of the orthopaedic specialist in Hong Kong. It was one of the earliest specialty colleges to be formed in Hong Kong and later became one of the twelve colleges forming the Hong Kong Academy of Medicine (HKAM). In 1993, the HKAM inauguration was officiated by Governor Chris Patten. At that time, 116 orthopaedic surgeons were admitted as the foundation fellows.

The formal training system of orthopaedic specialists in Hong Kong is established by HKCOS. The trainees are required to pass an Exit examination at the end of the training before they are recognised as qualified orthopaedic specialists. The first local orthopaedic specialist examination was organised by HKCOS in 1994. Prof Sean Hughes and Mr Souter from the Royal College of Surgeons of Edinburgh (RCSEd) were invited as the external examiners at that time.

Recognising the high standard of training of orthopaedic surgeons in Hong Kong, the first conjoint examination of HKCOS with RCSEd was held in Hong Kong in 1997. From then onwards, successful candidates of the local HKCOS orthopaedic examination were awarded the diplomas of both the HKCOS and Edinburgh College.

With the development in the past 70 years, the orthopaedic society in Hong Kong has evolved to a centre of excellence capable of providing high standard service in various subspecialties at the international level. There are now more than 350 orthopaedic surgeons registered as specialists in orthopaedic surgery in the Hong Kong Medical Council. Some of them work in the public hospital and some work in the private sector. More than 100 young doctors dedicate themselves to the field of orthopaedics and are registered in the Hong Kong College of Orthopaedic Surgeons as trainees in this specialty. Together they serve not only the seven million people in Hong Kong, but also those from nearby areas, including Macau and Mainland China.

## Early results of a remotely-operated magnetic growth rod in early-onset scoliosis

Z. Dannawi, F. Altaf, N.S. Harshavardhana, H. El Sebaie, H. Noordeen. *Bone Joint J* 2013;95-B:75–80. (Formally *JBJS Br*).

Comment written by Tracy Sorkin (edited by Bassel El-Osta)

### Abstract

*“Conventional growing rods are the most commonly used distraction-based devices in the treatment of progressive early-onset scoliosis. This technique requires repeated lengthenings with the patient anaesthetised in the operating theatre. We describe the outcomes and complications of using a non-invasive magnetically controlled growing rod (MCGR) in children with early-onset scoliosis. Lengthening is performed on an outpatient basis using an external remote control with the patient awake.*

*Between November 2009 and March 2011, 34 children with a mean age of eight years (5 to 12) underwent treatment. The mean length of follow-up was 15 months (12 to 18). In total, 22 children were treated with dual rod constructs and 12 with a single rod. The mean number of distractions per patient was 4.8 (3 to 6). The mean pre-operative Cobb angle was 69° (46° to 108°); this was corrected to a mean 47° (28° to 91°) post-operatively. The mean Cobb angle at final review was 41° (27° to 86°). The mean pre-operative distance from T1 to S1 was 304 mm (243 to 380) and increased to 335 mm (253 to 400) in the immediate post-operative period. At final review the mean distance from T1 to S1 had increased to 348 mm (260 to 420).*

*Two patients developed a superficial wound infection and a further two patients in the single rod group developed a loss of distraction. In the dual rod group, one patient had pull-out of a hook and one developed prominent metalwork. Two patients had a rod breakage; one patient in the single rod group and one patient in the dual rod group. Our early results show that the MCGR is safe and effective in the treatment of progressive early-onset scoliosis with the avoidance of repeated surgical lengthenings.”*

### Comment

EOS is a challenging condition to manage, with the prospect of children undergoing repeated surgeries and the risk this brings. Application of technology already used in endoprostheses for lower limb reconstruction following surgery for paediatric bone tumours could create an elegant solution, allowing lengthening to be performed in an out-patient setting.

This paper succinctly describes a series of 34 patients treated with MCGR, clearly presenting the methodology and statistical analysis. There are several limitations the authors themselves recognise. It is a small study with a short follow-up period. There is also a lot of variation between the patients: different causes for scoliosis and types of curve, varying number of post-operative distractions and time to achieve correction. It is also not clear upon the confounding effects of single or double rod, or how the number of rods was objectively selected for the patients. Direct comparison with existing treatment modalities is also lacking. Despite this, it serves its purpose of sharing these early findings and in due course should herald a more comprehensive study.

## Chronic Ankle Pain

**Syah Bahari & John McKenna**  
Sport Surgery Clinic, Dublin, Ireland

### History

A 53-year-old female referred by her GP to our foot clinic complaining of pain in her left foot and ankle. She twisted her left ankle 2 months prior but never sought medical attention at the time.

On examination, she was able to full weight-bear. Examination was unremarkable except for a non-tender, focally palpable swelling over the lateral aspect of the ankle and foot extending from the distal fibula to the lateral aspect of the foot. The lesion was firm, non-transilluminating, not mobile, not moving with ankle or foot movement and non-adhering to the skin.

The ankle was stable on examination but the subtalar joint ROM was limited.

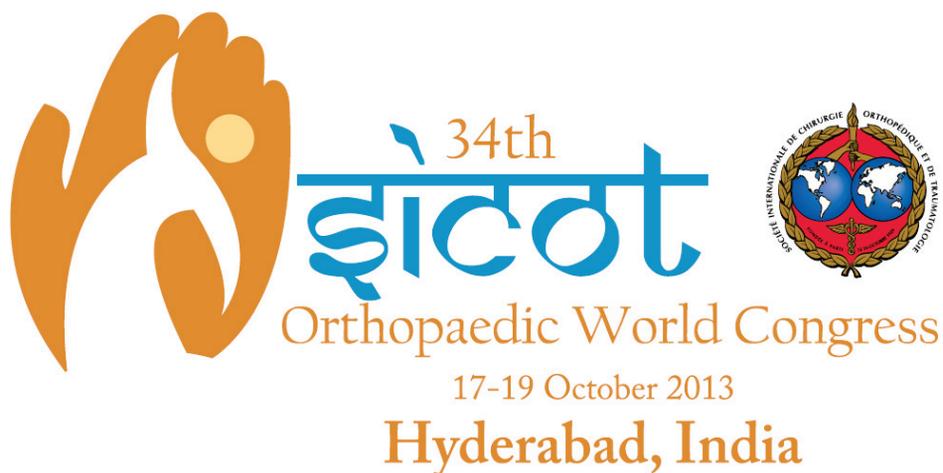
Neurovascular examination was normal.

A radiograph of the ankle was performed.

Q. What are your thoughts on the findings of the foot radiograph? And what is your differential diagnosis?

To read more, please go to the SICOT website (accessible to SICOT members only and login is required): [www.sicot.org/?id\\_page=677](http://www.sicot.org/?id_page=677)





## Hyderabad – The Convention Capital of India

The capital of Andhra Pradesh, Hyderabad, is the fifth largest metropolis of India, known for its rich history and culture with monuments, mosques, temples, a rich and varied heritage in arts, crafts and dance. The city is over 400 years old and is noted for its natural beauty, mosques and minarets, bazaars and bridges, hills and lakes. It is perched on the top of the Deccan Plateau, 1,776 feet above sea level, sprawls over an area of 260 square kilometres and is home to more than 6 million people. A multitude of influences have shaped the character of the city. Its palaces and buildings, houses and tenements, gardens and streets have a history and an architectural individuality of their own, which makes Hyderabad a city of enchantment. Modern-day Hyderabad comprises the tri-cities of Hyderabad, Cyberabad (the cyber city located to its west) and Secunderabad.

Hyderabad had a humble beginning in a mud fortress built by the Kakatiyas of Warangal on the hill of Golconda, in the 11<sup>th</sup> century AD. In the 14<sup>th</sup> century, Golconda went to the Bahamani kings. From the 15<sup>th</sup> century onwards, and till the time the province of Hyderabad was surrendered to the British Empire, Hyderabad was under the rule of different Muslim kingdoms, the Qutab Shahi kings, King

Aurangzeb's empire and Nizam II of the Asaf Jahi kingdom. The city was brought into the Indian union after the country's independence and, in 1956, it became the capital of Andhra Pradesh.

The strong influence of Muslim culture and civilisation is visible in the city's many beautiful mosques, minarets and gardens. The city is also famous for its Hyderabadi cuisine, popularised under the rule of Nizam II, its handicrafts and textiles, and its gems and jewellery, especially pearls.

Hyderabad exemplifies progressive and committed governance, with the successive state governments demonstrating successful public and private partnerships in a variety of sectors.HITEC City, HITECH, Genome Valley, ICICI Knowledge Park, the Hyderabad International Convention Centre, a state-of-the-art International Airport, and the Outer Ring Road demonstrate the state's commitment to create world-class infrastructure. The city's success in attracting the best companies from across the world is testimony to the arrival of Hyderabad as an important destination for technology. This has positioned Hyderabad as amongst the stronger MICE destinations in India.

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