KMCH Touch

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QUARTERLY NEWS JOURNAL OF KOVAI MEDICAL CENTER AND HOSPITAL

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Upcoming Events

UPDATE ON HEAD & NECK CANCERS
January 2016

ORTHOPAEDIC KNEE & SHOULDER CADAVERIC WORKSHOP
March 2016

EVERYTHING ABOUT SHOULDER
April 2016

KMCH Sulur Hospital, Sulur

Chairman's Desk

WISH YOU ALL HAPPY NEW YEAR AND PONGAL

December 1st, 2015 was a sad day for Tamil Nadu. Deluge of water poured over Chennai in one day and all of Chennai was paralyzed. Millions of people were affected by this great devastation. Now the Chennai is limping back with sick feeling of infrastructural and human tragedies. All people of Tamilnadu and India are trying their best to help Chennai, Cuddalore and other affected areas of Tamilnadu. KMCH is also extending its helping hand by sending a medical team and medical supplies to Chennai. We wish the flood savaged areas of Tamilnadu will be getting back to its heels very soon.

After the celebration of our hospital Silver Jubilee we are continuing our best medical care to the people of our country. To improve the services we have taken two additional initiatives in Coimbatore area. Our City center was demolished and we have built 30 bedded hospital. It is assigned for cardiac and day care surgery services. Good Cardiac cath labs with team of cardiologists are already functioning at "KMCH City Center". We took over RVS hospital at Sulur and completely renovated that hospital. It is now 100 bed hospital. It has started its function now. Trauma Care and other medical services will be main function at "KMCH Sulur Hospital".

KMCH institute of liver has now new Liver ICU. The transplant surgeries of liver and kidney are regularly happening at KMCH. Advanced cardiac and vascular works were done with the leadership of Dr. Prashant Vaijyanath and Dr. Mathew Cherian. All our consultants are doing their best to deliver good ethical health care services to our people of our nation.

The demand for water and electricity are increasing day by day. To meet the need of electricity, KMCH has initiated Solar Power Project near Karur. We may have to do similar effort for water also.

It is all happening because of our doctors, employees, friends and patients who are all with KMCH in good days and bad days.

Dr. Nalla G Palaniswami
Chairman

Editorial Board

"You are what you do,
not what you say you will do"
- C.G.Jung

In the service of health for the past two and half decades, KMCH has excelled in this part of Tamil Nadu and the service now extends further through the opening of KMCH Sulur center and KMCH city center with newer facilities and equipments to reach out to the people. The newly refurbished centers boast most modern technology on par with its main center.

In the past 3 months KMCH has brought in the right kind initiative such as the "aTTituDe", which is a club launched to support children and their family suffering from Type I diabetes mellitus. The "Rose day" in which actor Thiru. Sivakumar gave a motivational lecture for the cancer survivors and their kin.

KMCH also organized a few national level conferences in the last few months, "RESCARE 2015" which was critical care update, the "World Rhenium Congress 2015" by Nuclear Medicine Department, "ICON 2015" the 33rd national oncology conference by Oncology Department and the "2nd National Great Debates of Orthopaedics, by Orthopaedic Department.

We have a few articles from multiple specialties, some of which were published in the newspapers. Personalized care to the patients from multidisciplinary team is one of the main reasons for effective healthcare of KMCH. Dr.Ajit Shinto has published his article in an international journal of nuclear medicine and Dr.Dhiwakar has co-authored a chapter on head and neck surgery

The chairman and staff cordially welcome four new consultants to the KMCH family and wish them good luck in their careers. The editorial board joins hand in congratulating Dr. Karthik Natarajan, our Consultant in Critical Care, for having successfully got through his MRCEM (UK).

KMCH ICU UPDATE - RESCARE 2015

Dr. Thavamani D Palaniswami, Vice Chairman, KMCH, lighting the kuthuvilakku during the inaugural function of RESCARE 2015 in the presence of Dr. Nalla G Palaniswami, Chairman, KMCH, Chief Guest Dr. Anitha Shenoy, President, Indian Association of Respiratory Care, Dr. M.N.Sivakumar, Organising Chairman, RESCARE 2015 and other dignitaries.

KMCH has the distinction of organizing National level conference on "Critical Care Medicine" continuously for the past 8 years and this year is the 9th conference was conducted on 17th Oct at KMCH with Chief Guest Dr. Anitha Shenoy- President Indian Association of Respiratory care. KMCH ICU UPDATE is a theme based CME conducted annually by the Department of Critical Care Medicine. This year, along with Indian Association of Respiratory Care organized 9th National conference of Respiratory Care (RESCARE 2015). The goal of this programme is to review newer advances and therapies as well as to keep abreast of the developments in these areas. This included one day workshop on Mechanical Ventilation (16th October 2015) and two day conference (17th & 18th October 2015).

Respiratory therapists are paramedical people involved in holistic respiratory care of patients. Respiratory therapy is a young specialty in India and expanding substantially with multiple institutions providing training programme. Respiratory therapists are involved in initiation, maintenance and weaning of patients in invasive and non-invasive ventilation. They are also involved in various respiratory procedures like aerosol therapy, humidification, chest physiotherapy, transport of critically ill patients and in-hospital resuscitation. They assist pulmonologists in pulmonary function testing, bronchoscopy, sleep study, interventional procedures and pulmonary rehabilitations.

Ventilator management had its beginning during the Polio epidemic of 1952 at Copenhagen. Mechanical ventilation for respiratory failure is one of the common life support system provided in ICU, when patients were shifted to a common location for purpose of Ventilatory care. Though we are using mechanical ventilation for more than half a century, we are still in the process of learning and applying it safely. Preconference workshop focused on various basic issues like monitoring of patients on mechanical ventilation, Basic ventilatory settings, suctioning, humidification, aerosol therapy, nutrition and troubleshooting. The workshop also included an exclusive session on Basic life support and Advanced Cardiac Life Support. During the conference, main topics such as Approach to ventilator graphics, Infection control practices in respiratory therapy, Approach to difficult airway, Respiratory therapy beyond hospitals - home care were discussed. Interesting topics such as advanced modes of mechanical ventilation, Current approach to ARDS ventilation and the Use of Heliox and Nitric oxide were presented. *"Eminent professors from various teaching hospitals delivered lectures to about 400 delegates from various parts of India."*

World Rhenium Congress - 2015

Chief Guest Dr M R Srinivasan, Former Chairman, Indian Atomic Energy Commission, Govt. of India and Founder of Nuclear Power Corporation of India, lighting the kuthuvilakku during inaugural function of World Rhenium Congress 2015 in the presence of Dr Nalla G Palaniswami, Chairman, KMCH, Dr Thavamani D Palaniswami, Vice Chairman, KMCH, Dr Arun N Palaniswami, Director Quality Control, KMCH, Dr Mathew Cherian, Head of Interventional Radiology and Dr Kamaleswaram K K, Consultant Nuclear Medicine.

The first world Rhenium 188 Congress is organized by the Department of Nuclear Medicine, PET CT and Therapy, Kovai Medical Center & Hospital at the KMCH auditorium on 11th September, 2015. Padma Vibhushan Dr M R Srinivasan, former Chairman, Indian Atomic Energy Commission, Government of India and founder Chairman of Nuclear Power Corporation of India is the chief guest at the congress. Dr.Thavamani D Palaniswami, Vice Chairman, KMCH lighted the Kuthuvilakku and Dr Nalla G Palaniswami, Chairman, KMCH delivered the patron's message. Dr Mathew Cherian, Head of Interventional Radiology Department, KMCH launched the Rhenium Therapy programme in Kovai Medical Center & Hospital. Dr Arun N Palaniswami felicitated the international faculty on the occasion. Dr K K Kamaleshwaran proposed the vote of thanks.

Leading scientists and physicians working in this field for the past several years are participated in this training course as well as the congress and conducted workshops in collaboration with the doctors and scientists from KMCH and delivered lectures. Delegates from over 30 countries attended this training to learn more about this technology and possibly start off a similar programme in their home countries.

Radionuclide therapy using radio-conjugates have been used in the palliative treatment of inoperable liver cancer. However, the costs of commercially available radiopharmaceuticals like Iodine or Yttrium based agents are prohibitively high. As a result, hundreds of thousands of needy and deserving patients of HCC are deprived of this treatment option. A new therapeutic radiopharmaceutical has been developed and tested at several centers around the world including India.

Dr Ajit Shinto, who heads the Nuclear Medicine Department, is the Course director as well as congress Chairman has been the key person along with Dr Mathew Cherian, who heads the Interventional Radiology Dept at KMCH in the development of Rhenium 188 Lipiodol based therapy for advanced liver cancers. This has been a big step forward in meeting the demands for making available a low cost and effective radio-conjugate for therapy of inoperable liver cancer. Good tolerance of Re-188 Lipiodol therapy by the patients avoids a long hospitalization period and expensive care. It is much cheaper, but at the same time equally efficacious if not better than other available radio-conjugates as mentioned above.

Dr Ajit Shinto, Head of Nuclear Medicine Department, KMCH delivered the lecture during the conference.

Re-188 is available on-site from an in-house generator system, on demand; one generator system can be effectively used for over 6 months. The treatment procedure does not require patient isolation and finally the multimodality applications of Rhenium-188 ensures optimal utilization of the radionuclide in a variety of other clinical conditions like rheumatoid arthritis, haemophilic bleeding joints (Radiosynovectomy), metastatic bone pain, intravascular radionuclide therapy to prevent restenosis of coronary artery following revascularization, etc.

The department of Nuclear Medicine and therapy at Kovai Medical Center and Hospital, Coimbatore is taking a leading role in promoting the application of this therapeutic procedure around the world. Successful introduction of this radio-conjugate into routine clinical practice may provide effective palliative care to the patients suffering from Liver Cancer, which is one of the most dreaded and highly prevalent disease especially in the developing world.

2nd Great National Debates of Orthopaedics

Dr Nalla G Palaniswami addressing the inaugural function of 2nd National Great Debates of Orthopaedics

KMCH has been a pioneer in many areas of healthcare and national level conferences are no exception. The programme was conducted on 11th October, 2015 at KMCH and theme of this year's debate was Total Hip Replacement. It was attended by over 90 delegates from all over India. Various controversies of THR like the approach, bearing surface, bio material etc were discussed. There was a student quiz programme which was won by Dr.Sarangi, of Erode KMCH, who was presented with an Apple iPad mini.

Well renowned faculty, the likes of Prof Govardan, past President of IOA convened the debate and it was a grand success. Organising secretary, Dr.A.S.Thennavan, consultant orthopedic surgeon added that "this style of debating improves the interaction with delegates and hence, knowledge is shared far more successfully than didactic lectures." Chairman of KMCH, Dr.Nalla.G.Palaniswami graced his occasion, distributed the prices and the valedictory function.

ICON - 33rd Indian Co-operative Oncology Network

Dr Nalla G Palaniswami addressing the inaugural function of 33rd ICON 2015 conference.

The national conference 33rd ICON 2015 which is a connecting bridge between oncologists all over India and across the world got off to a successful start on 4th September, 2015.

The conference was inaugurated by Dr Nalla G Palaniswami, Chairman, Kovai Medical Center & Hospital. Dr Thavamani D Palaniswami, Vice Chairman, KMCH gracefully lighted the Kuthuvilakku, symbolizing the ray of hope. The Chairman rightly pointed out in his message to the need of evolving effective treatment modalities at affordable cost for needy patients. He wished the conference, a grand success, the first of its kind in this part of the country.

According to Dr N Sudhakar, the Organising Secretary of the conference, most of the advancements in technology are happening in the field of molecular oncology to find out the newer targets in the cancer cells, so that they can be targeted for effective cancer cell kill with minimum side effects. This conference is designed with the same theme 'TARGETED THERAPY – THE RAY OF HOPE'. To keep abreast with this knowledge this conference provides a platform for sharing knowledge across specialties. Dr Bharath Rangarajan, the Co-Organising Secretary, said the conference has attracted oncologist from Sri Nagar to Kanyakumari, Mumbai to Kolkata spanning the whole of India for the successful reach of this conference. Apart from the main theme, the conference also plans to share the oncological knowledge with the specialty consultants in this part of western Tamil Nadu with parallel sessions in Gynecology, Paediatrics and Pulmonology. We hope that this conference enlightens the minds of the delegates with empowered knowledge to fight this dreadful disease.

Medical Tourism

Dr Arun N Palaniswami, Director – Quality, KMCH, Anand V, Chief Marketing Officer, KMCH and Dr Ganesh Veerasekar, Manager- Hospital Services, KMCH along with Secretary, Ministry of Health from Bhutan.

Advantage Healthcare – India, 2015 organized by FICCI at New Delhi between 5th and 7th October, 2015. This Healthcare Exhibition was a national level event and KMCH participated, putting up a stall and interacted with several international guests to understand the medical need of the international customers.

More than 150 healthcare professionals came to our stall from 18 different countries. Dr Arun N Palaniswami, Director – Quality, KMCH led the team and elaborately explained the facilities of the hospital to all overseas guests.

For us the focus was on "Medical Tourism" in the area of transplantations, Cardiac complex procedures and critical ortho care.

This was a three days meet and KMCH was the only hospital participated from rest of Tamil Nadu and received promising response across different sections of the participants.

Rose Day - 2015

Thiraiulaga Markandeyan Actor Thiru. Siva Kumar addressing the Rose Day celebration.

Participants of Rose Day 2015

September 22nd of each year is observed as Rose Day in the memory of 12 year old Melinda Rose from Canada, who was diagnosed with Askin's Tumour, a rare form of Blood Cancer. Doctors predicted that she will not survive more than a couple of weeks, but she lived six months more. In the remaining six months of her life, she made each day meaningful, touched the lives of those who around her in a positive, unforgettable way. Rose day is observed to let all cancer patients aware that they can face the disease with strong will power and spirit. A positive attitude helps the patients response to treatment.

A diagnosis of cancer can agitate not only the patient but also the entire family. The mental trauma gives feeling of fear, uncertainty, confusion, shock, anxiety, disbelief, grief etc and concerns regarding the disease condition, financial arrangements, leading normal life, attending to work / business, side effects of treatment and life after treatment. But people have to be educated that science is developing and several advanced treatment options are available today, which were not available 10-15 years ago for treatment of cancer. Identifying the disease at an initial stage gives them a chance of cure. Even at an advanced stage treatment gives them a better quality of life.

The Comprehensive Cancer Center at Kovai Medical Center & Hospital (KMCH) has been celebrating Rose day every year and inviting the cancer patients and the caregivers to give hope and confidence. It is celebrated to show that there is life after cancer and it can be active, joyful, fulfilling and inspiring. It is also an opportunity to create awareness to increase the quality of life after cancer by addressing the physical, emotional, financial and social burdens faced by the cancer survivors.

Support group members shared their experiences and obtained support. There is a dedicated and active cancer support group called "Canserv" in KMCH. The cancer survivors in KMCH meet periodically in the hospital to share their treatment experience and to help and support each other. The support group members help other newly diagnosed patients and those under treatment to overcome the mental trauma and get more information and support.

The Comprehensive Cancer Center at Kovai Medical Center & Hospital is celebrating the Rose day to express love, support, care and concern for all the cancer patients. Quoting the Tamil proverb "**ஊக்கமது கைவிடேல்!**" patients were urged to cultivate a positive outlook on life. About 350 patients and their family members attended the function.

The involvement and participation from our patients in spreading the message that there is a life after cancer and it is a reality, is encouraging. We request all to spread this message. Cancer does not mean the end of life and the ultimate goal of KMCH is to see that the patients make a new beginning and turn a new leaf of life.

World Diabetes Day - 2015

Dr Krishnan Swaminathan delivered the awareness about diabetic during the launch of "aTTituDe" club

Participants of "aTTituDe" club

In India, close to 65 million people suffer from Diabetes. In that 11 out of every 100000 are Type 1 diabetics and predominantly children.

Physicians call diabetes is a "Mother of all Diseases" because, it is a "silent killer" and a serious long-term complications may damage the other parts of the body, including cardiovascular disease, stroke, chronic kidney failure, foot ulcers, and damage to the eyes. Especially, Type 1 diabetes traditionally termed as a "juvenile diabetes."

Children with Type 1 diabetes have very little or no insulin as the pancreatic cells that produce insulin are destroyed by their own blood. Such children need lifelong insulin. This is only available as injections or in an insulin pump.

Understanding Type 1 diabetes and dealing with that becomes a huge challenge for the child and the family, emotionally they are terribly disturbed and confused.

Further introducing the necessary lifestyle changes to improve their quality of life needs persistent counseling. The Type 1 diabetes in children needs consistent care, monitoring blood sugar and insulin delivery to overcome this condition.

Most doctors and institutions across India primarily focus on diabetes on the whole. When it comes to adults the understanding and adjusting their life style becomes lot more easier. Whereas the children suffer from Type 1 Diabetes condition need lot more attention and persistent special care throughout.

Looking into this need, the trio Diabetologists of KMCH Dr.Sivagnanam, Dr. Velayutham and Dr. Krishnan Swaminathan initiated the move and reached close to 60 families of such children in the region, then formed a group.

Now on this auspicious "Children's Day" and further commemorating the "World Diabetes Day" the exclusive club with the name "aTTituDe" was launched at KMCH on 14th Nov, in presence of Chairman KMCH, Dr. Nalla G Palaniswami.

During this inaugural function 45 Type 1 Diabetes Children along with their Family (close to 140 nos.) attended and got benefited listening to doctors.

The trio Diabetologists of KMCH were confident enough to take this initiative to much more larger group in and around Coimbatore region.

KMCH SULUR HOSPITAL & KMCH CITY CENTER

Glimpses of Inaugural Photos...

KMCH Sulur Hospital, Sulur

KMCH City Center, Ramnagar

KMCH SULUR HOSPITAL & KMCH CITY CENTER

Glimpses of Inaugural Photos...

KMCH Sulur Hospital & City Center- an endeavor to make advanced technology and experienced medical professionals accessible to the people living in rural , semi urban and Urban areas in and around Coimbatore

It has always been a passion of Dr.Nalla G Palaniswami the Chairman of KMCH and desire to make our expertise, experience and technology available to every individual in our country especially to the people of Kongu region. KMCH' commitment to make good healthcare available to everyone led to the birth of KMCH Sulur Hospital and City Center

We have a wide array of offerings apart from regular medical facilities including pharmacies to insurance services, which will now be available to those in semi-urban regions as a result of this initiative. KMCH Sulur Hospital and City Center has some of the best medical professionals across various specialties and they too can now be accessed by individuals in and around Sulur region and from the Coimbatore City. In case of a serious medical condition that requires a specialist's diagnosis or second opinion, patients have the option to choose the specialist from main KMCH at Avanashi Road.

KMCH Sulur Hospital will be 100 bed multispecialty trauma care hospital. The hospital has about 20 full time consultants on various medical and surgical specialities, 10 bed intensive care, four fully equipped Operation Theaters, 15 bed Emergency and Trauma care , 24 Services of CT, X-Ray, Laboratory and Pharmacy.

KMCH City Center will be a 50 bed Heart Care and Day Care surgery center. The hospital has full time Cardiologists, fully equipped state of the art Cathlab facility, Echo, TMT, 10 beds Intensive Care, two modern Operation Theaters and dental suits.

According to the Chairman of KMCH Dr Nalla G Palaniswami, "KMCH is in the process of establishing more facilities across the country. We look forward to expanding our reach in the years to come, till our dream of bringing quality healthcare within the reach of every individual becomes a reality".

World Hepatitis Day - 2015

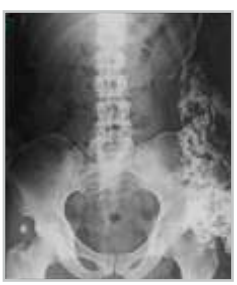
Hepatitis B & C tests done to police officials during the Hepatitis Screening Camp organized by KMCH at COP office.

To mark the World Hepatitis Day, which falls on July 28th every year, Kovai Medical Center & Hospital organized a free hepatitis screening camp, exclusively for the Coimbatore City Police personnel, on 28th July 2015. The camp was inaugurated by Mr A K Viswanathan, Commissioner of Police, Coimbatore city police, in the presence of Dr Nalla G Palaniswami, Chairman, Kovai Medical Center & Hospital.

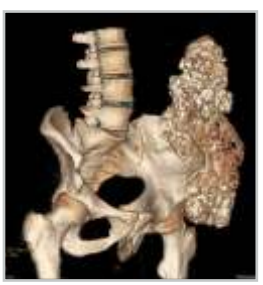
Dr.S.Vivekanandan, Head - Liver Institute, KMCH, delivered a lecture on "Healthy living - Know your liver" to create awareness on liver disease. Hepatitis B & C are the more dangerous variety and they cause chronic Liver disease and also can lead on to Liver Cancer. Hepatitis B & C are transmitted by blood and other body fluids while Hepatitis A & E is transmitted through unclean food and water. Testing for Hepatitis B & C only takes a few minutes to prevent it by getting yourself tested. It only takes a simple blood test to detect Hepatitis and it is completely curable in the initial stages. Every year one million Indians are at risk for hepatitis and about 100,000 die from the infection. Hepatitis B and C are both preventable- there is a vaccine and effective treatments for hepatitis B. Hepatitis C is curable for many people and with the rapidly improving landscape treatment. KMCH has higher scope to cure the same and planning to organize a series of talks and conduct free screening camps to detect hepatitis B & C.

Youth Gigantic Bone Tumour removed

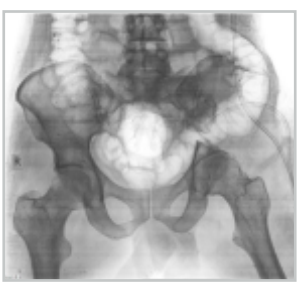
Dr Firoz Rajan *(Consultant Surgical Oncology)* **and team**



Pre op X ray



Pre op 3 D CT reconstruction

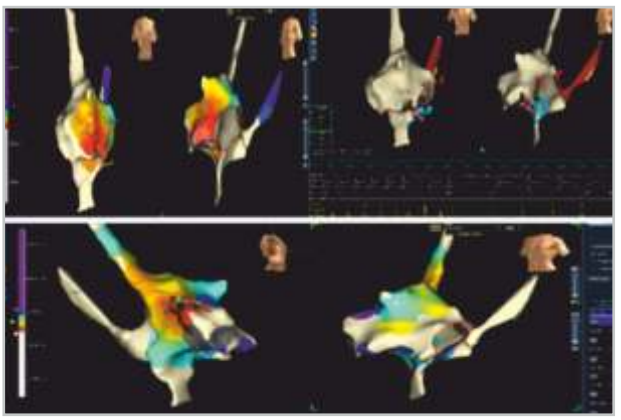


Post op X ray

In a rare surgery, a gigantic tumour measuring 30 cm and weighing 2.2 kg., which had formed in the pelvic bone of a youth in his 30s, was successfully removed. Fortunately, the gigantic bone turned out to be a non-cancerous giant osteochondroma and a surgery called Type 1 Internal hemipelvectomy. Dr Firoz Rajan, Surgical Oncologist at KMCH performed this rare surgery which involved removal of a major portion of the hip bone from the lower part of the back bone (spine) without causing any damage to the hip joint. Osteochondromas are one of the most common non-cancerous bone tumours (up to 50 %) and they usually present around the knee joint area. Usually they are asymptomatic or with minimal pain and are easily picked up on an x ray. Sometimes they arise from multiple areas and can have other members in the family developing the same disease due to genetic transmission. Rarely below 10 % of the osteochondromas can undergo cancerous change and become tumours called chondrosarcomas. Surgical removal is the common treatment for these osteochondromas. It was uncommon for osteochondromas to reach such a size as in the case of this patient and by this surgery, a major amputation of the patient was avoided and allowing the patient to walk on his own legs, said Dr Firoz Rajan.

Radio Frequency Ablation - A Medical Marvel

Dr Lawrance Jesuraj *(Electrophysiologist)* **and team**



3D Image during the procedure

A 46 year woman came to Kovai Medical Center & Hospital with the history of multiple episodes of palpitations (faster heart rates).

She has undergone surgery for a hole in her heart some 10 -15 years ago. For this symptom of palpitations, she has already undergone testing and found to have multiple extra conducting systems in the heart which could not be removed elsewhere and was put on drugs, but still was not settling. She was brought to KMCH hospitals as her symptoms were getting worse even on drugs and her pumping function of the heart was going down.

Dr Lawrance Jesuraj, Electrophysiologist, a specialist in treating heart rhythm related diseases, said that although having faster heart rate due to extra electrical system is not rare, if a patient has undergone surgery it can produce multiple scars in the heart and thereby the patient can have multiple extra circuits. This requires longer procedural time and expertise.

Considering patients condition she was taken up for the surgery. Dr Lawrance Jesuraj performed the procedure which lasted more than five hours. During the procedure it was noticed that the patient had more than five active circuits and they were removed one by one using radiofrequency energy without damaging the normal conduction system.

Dr Lawrance added that this procedure was possible only because of the availability of advanced three dimensional mapping system (ENSITE VELOCITY), a state-of-the-art system and KMCH is the only hospital to have this advanced mapping system in rest of Tamil Nadu. This is a boon to these patients with complex heart rhythm diseases as they completely cured of this disease for the rest of their life. Now the patient can resume her normal life with no need of drugs or further treatment. The patient was discharged within 2 days after the procedure.

Flood Relief Medical Camp

A team of medical and para medical professionals along with flood relief materials were flagged off by Chairman Dr. Nalla G Palaniswami on 07.12.2015 to the flood affected areas in Chennai.

Post Pneumonectomy Bronchopleural Fistula

Dr Devender Singh *(Cardiothoracic Surgeon),* **Dr A Manohar** *(Plastic & Reconstruction Surgeon),* **Dr Paulvanan** *(Gastrointestinal Surgeon),* **Dr G Shegu** *(Cardiothoracic Surgeon),* **Dr M.K Sivakumar** *(Cardiac Anaesthesia)* & **Dr. Srinivasan** *(Cardiac Anaesthesia)*

Screening Image

Introduction : Post - pneumonectomy empyema(PNE) is a severe complication of thoracic surgery, and most cases are associated with bronchopleural fistula(BPF). The incidence of postpneumonectomy empyema(PNE) is approximately 5% of pneumonectomy patients, and the occurrence of bronchopleural fistula (BPF) is > 80% in these cases. The mortality of PNE with a BPF has been reported to be 11 to 13%. Persistent BPFs often are associated with multiple operations and prolonged hospitalization.

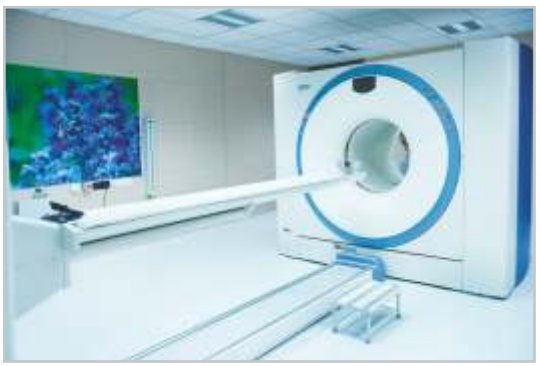
Case Report : A 32 yr cachectic old man presented to us with h/o chronic cough with expectoration since eight months. He gave h/o difficulty on lying down right side up. He had undergone pneumonectomy for bronchiectasis right lung ten months back. Two months post surgery, he started having cough with expectoration specially lying on left side. There was no h/o fever. Bronchoscopy showed right lower lobe stump dehiscence & culture of bronchial secretions showed growth of klebsiella pneumonia. Chest X ray showed minimal right pleural collection. A computerised tomography of chest (CECT)demonstrated a BPF from the right lower bronchial stump site & empyema. He was treated with culture specific antibiotics for two weeks prior to the planned surgery.

The surgery involved three well demarcated procedures. First, initial debridement of the pleural cavity and washing with normal saline was done. This was followed by excision & debridement of the bronchial stump. The stump site was closed in a double layer fashion with interrupted polypropylene(Centenial sutures, India) sutures. The second stage, performed by GI surgeon, involved laproscopic mobilisation of omentum & its placement in the right pleural space. The third stage, performed by plastic surgeon, consisted of harvesting pectoralis major(PM) flap with vascular pedicle & rotating & placing it in right pleural cavity. The BPF repair was reinforced with omentum & the residual cavity was filled up with PM flap. This was followed by thoracoplasty to reduce the rigid space.The patient was extubated after 4hrs & was discharged on postop day 10. IV antibiotics were given for 7 days. Followup is limited to 6 months. He did not show any evidence of recurrent BPF.

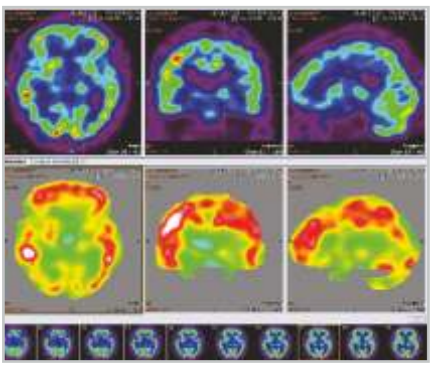
Discussion : Various systemic factors and therapeutic interventions often contribute to the risk of PNE and BPF, including advanced age in men (>70 years), preoperative radiation, malnutrition, and prolonged steroid therapy. In addition, technical factors such as prior lung resection, infection at a long bronchial stump site and residual sepsis in the pleural space may further contribute to the development of this complication. The treatment strategy for Empyema with BPF, consists of, closure of the fistula and obliteration of the Empyema cavity with one of a choice of fillings. Radical surgery can be accomplished by two procedures: single stage closure, or obliteration after open window thoracotomy(OWT). For obliteration of the Empyema cavity following OWT, the materials used are usually omentum and local chest wall muscles overlying the cavity, abdominal wall muscles, or other vascularized muscles. Overall, PNE and BPF are best prevented by minimization of perioperative sepsis, careful closure of the bronchial stump, and the use of vascularized flaps to reinforce the bronchial stump. Patients with known preoperative infections should have appropriate culture tests and antibiotic therapy prior to operative procedures. Some non-surgical procedures for closure of BPF have been reported, including the use of Cyanoacrylate compounds, fibrin or tissue glue & gel foam.

Nuclear Psychiatry

Dr B Paranthaman Sethupathi *(Consultant Psychiatrist)*



FDG (fluoro de-oxy glucose) Functional Scan



Functional Image

Psychiatry has come leaps and bounds in the last few decades from its rudimentary past. Societies have moved on and acceptance has improved remarkably. Still, there are no investigations like in conventional medicine to do, and show the patient to make them understand their illness. OR, Is there something now??

Functional imaging from the department of nuclear medicine seems to have some answers. The FDG (fluoro de-oxy glucose) functional scan gives a snap shot of the brain's function at that time and thereby giving some insight into understanding the intensity of activity at that time and hence the possible illness also. One of the typical snap shots in this picture shows the typical ring of fire pattern which is seen in case of Bipolar Mania. Here,we can see the grossly increased activity levels throughout the cortex. Over time, researchers have understood the patterns after analyzing them and they have a very good data set of patterns for a variety diagnosis.

Convincing patients and their relatives is easier than before as there is visual evidence of the problem and compliance can be ensured. From being a research tool, nuclear medicine has found its way in psychiatry in diagnosis. We in KMCH are amongst the first people in South India outside metros to use this cutting edge investigatory modality for diagnosis of various psychiatric illnesses. However, it has its limitations and to achieve a very high degree of diagnostic specificity, much longer period study is needed.

Congratulations

Dr. Ajit Shinto

MBBS., DRM., DNB (Nuclear Medicine), MNAMS., PGDHA/HM

Consultant and Head of Nuclear Medicine Department

Published in the International Journal of Nuclear Medicine Research

Differentiating Schizophrenia from Bipolar Illness on 18 F FDG PET CT Based on white Matter Metabolism; an under-Utilised Parameter

&

18F-FDG PET/CT Evaluation of Regional Cerebral Metabolic Activities in Childhood Onset Schizophrenia

Huge Kidney Cysts removed from 46-year Old Man

Dr Devdas Madhavan *(Consultant Urologist and Transplant Surgeon)* **and team**

Dr. Devdas Madhavan, Consultant Urologist and Transplant Surgeon, Dr. Vivek Pathak, Consultant Nephrologist and Dr. N. Selvarajan, Consultant Anaesthetist who removed giant size cysts from kidneys of 46 year old man at KMCH.

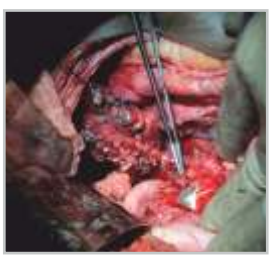
Dr Devdas Madhavan, consultant urologist and transplant surgeon, assisted by a team of doctors at Kovai Medical Center & Hospital successfully removed the kidneys of a 46 year old man after performing a complicated and challenging surgical procedure.Mr. Vinod (Name changed), a native of Nagerkoil, had been kept on dialysis following the failure of his kidneys. The kidneys had to be removed on account of the huge size and unbearable weight. Both the kidneys weighed 11.8 kgs. The surgery was performed by a team of Urologist, Nephrologist and Anaesthetist. Dr. Devdas Madhavan, Consultant Urologist and Transplant Surgeon, Dr. Vivek Pathak, Nephrologist and the Anaesthetists Dr. N. Selvarajan and Dr.Shantini.

Dr Devdas Madhavan said: "The kidneys developed cysts due to a hereditary disorder and the kidney is replaced by multiple cysts or bubbles. They gradually enlarge and replace the entire kidney, leading to kidney failure and are diagnosed only later in life. Mr. Vinod will undergo a kidney transplant after about two months. Incidentally his mother underwent a similar surgical procedure 10 years ago for removal of both kidneys and followed by a transplant. Now the woman has been doing well and is looking after her son.

Experience In Pancreatic Trauma At A Tertiary Referal Centre In India

Dr S Paulvannan *(Consultant Surgical Gastroenterologist)* **and team**

Surgery Photo 1



Surgery Photo 2

Introduction: Pancreatic injury is rare with an Increased incidence in the last 2 decades. Correct diagnosis is challenging, particularly in blunt trauma patients with associated abdominal and non abdominal injuries. If undiagnosed or diagnosed late, it can result in significant morbidity and mortality. The optimal management of pancreatic injury is also not well established.

Aim of the Study: To analyse the management of pancreatic trauma at a specialist unit in a tertiary referral center in India between 2008 and 2015.

Results: There were 11 patients with the age ranging between 4-46 yrs and a M:F ratio of 10:1. The duration of symptoms prior to diagnosis ranged between 1hr and 14 days. The mean duration of hospital stay was 18 days (range 10 -60 days). Mode of presentation includes, perotinitis, traumatic pancreatitis, haemorrhagic shock & perotinitis and abdominal pain. Definitive Investigation were CECT Abdomen in all and 1 patient needed additional MRI scan. Surgeries performed were emergency Whipples operation, Middle segment Panceratectomy, distal pancreatectomy with splenectomy, spleen preserving distal pancreatectomy (SPDP), Warshaw procedure, on table ERCP with Pancreatic stenting, peritoneal wash out and drainage and EUS guided cystogastrostomy. The mortality was 10% (1 patient died of abdominal sepsis) and the morbidity was seen in 40%. Morbidity includes ISGPF grade B fistula, ISGPF grade A fistula and duodenal leak.

Discussion: Injuries to pancreas (3.1%) are relatively uncommon despite increase in the number of blunt injury abdomen1. Deceleration injury and direct blunt injury are the usual mechanisms. Significant force is needed to injure the deeply located pancreas, the neck of the pancreas transects against the vertebra being the common site. It is usually associated with other organ injuries. Diagnosis is made by clinical suspicion, serum amylase and CECT Abdomen. MRCP is done in selected cases. ERCP is done in selected cases for therapeutic rather than diagnostic reasons as in one of our cases. Diagnosis can be missed during the initial assesment including an early CT scan.

Frey and WardeII Classification of pancreatic Injury

Pancreatic Injury

Class I Capsular damage, minor gland damage (P1)

Class II Body /tail pancreatic duct transection, partial or complete (P2)

Class III Major duct injury to head of pancreas or intrapancreatic CBD (P3)

Duodenal Injury

Class I Contusion, haematoma or partial thickness injury (D1)

Class II Full thickness duodenal injury (D2)

Class III Full thickness injury with >75% circumference injury or full thickness duodenal injury with injury to extrahepatic CBD (D3)

Combined pancreatico - duodenal injuries

Type I - P1D1, P2D1, D2P1 | Type II - D2P2 | Type III - D3P1-2 or P3D1-2 | Type IV - D3P3

Assessment of pancreatic injury is similar to any serious abdominal injury as per ATLS guidelines. Once the diagnosis is made, intervention should not be delayed as it leads to high morbidity and mortality. Associated vascular and bowel injuries might also warrant immediate surgery. The main stay of treatment of pancreatic injury is operative. In our series, there were 3 colonic perforations requiring resection and 1 patient with active bleeding from GDA requiring emergency Angio embolisation prior to DP. Out of the 2 duodenal perforations , one was treated with primary repair and the other one needed Whipples operation. The complications of pancreatic injury include pancreatitis, pseudocyst formation, infected pancreatic necrosis, pancreatic abscess and fistula. Most of the complications in our series are due to pancreatic fistula. The principles of management of complications are similar to treating post pancreatitis or elective pancreatic surgery complications.

Conclusions: Pancreatic injuries following injury to abdomen can be associated with bowel and vascular injuries. The diagnosis can be difficult and the resultant delay in the diagnosis can lead to increased morbidity and mortality. The optimal treatment of pancreatic injuries should be taken by a multi disciplinary approach headed by an experienced pancreatic surgeon. As there are no clear guidelines, the type of management should be tailored to individual case.

Congratulations

Dr.Karthik Natarajan

MBBS., F.A.E.M (CMC VELLORE)., DFM., MRCEM (UK)

Consultant in the Department of Emergency Medicine

Has passed The Membership in

Royal College of Emergency Medicine, United Kingdom

Dr M Dhiwakar

MS(ENT)(AIIMS)., MRCS., FRCS (ORL-HNS)., CCT (UK).,

Head & Neck Surgical Oncology Fellowship., SIU, USA

Consultant Head and Neck Surgeon

Has co-authored the chapter on Neck Dissection in the recently published American textbook Sataloff's Otolaryngology- Head & Neck Surgery.

Juvenile Dermatomyositis (JDM) - A Case Report

Dr K Rajendran *(HOD, Dept of Paediatrics)* **and Dr Mahesh Krishnan** *(DNB PG Paediatrics)*

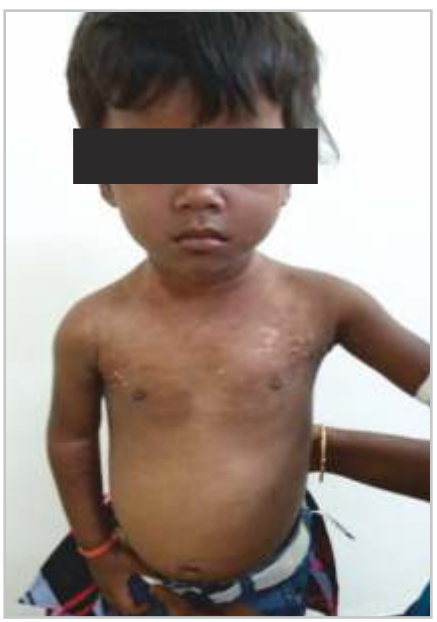
Introduction: Juvenile dermatomyositis (JDM) is the most common inflammatory myositis in children, distinguished by proximal muscle weakness and a characteristic rash. Inflammatory cell infiltrates result in vascular inflammation. Etiology of JDM is multifactorial, based on genetic predisposition and an unknown environmental trigger. The incidence of JDM is approximately 3 cases/1 million children/yr. Peak age of onset is between 4 and 10 yr.

History: Master X 3 yr boy 1 st born to 3 rd degree consanguineous parents brought with complaint of high grade fever for past 2 months, swelling around both eyes for 20 days and swelling of feet for last 10 days. He has been treated outside with multiple antibiotics and oral steroids for 3 weeks.

Physical Examination: He was conscious, lethargic, pale and had multiple, non-tender, discrete, mobile lymphnodes in the occipital, cervical and inguinal area. He also had hyper and hypopigmented patches over face, chest and hypopigmented patches over proximal and distal inter phalangeal joints. Abdominal examination showed firm non tender hepatosplenomegaly. Neurological examination showed grade 4power in all 4 limbs.

Lymphnode biopsy was suggestive of dermatopathic lymphadenopathy. Bone marrow was hypercellular with myeloid hyperplasia and mild eosinophilia. His RF, ANA, P ANCA and C ANCA were negative with borderline elevation of CPK. Muscle and skin biopsy showed perifascicular atrophy of muscle and interface dermatis suggestive of dermatomyositis.

He was treated with pulse therapy with methyl prednisolone and discharged on oral prednisone. On review after 10 days, he had fever, pain and swelling in neck and axilla suggestive of poor response to oral steroids. Methotrexate of weekly dose started in addition to steroid, with good response.



Patient During Examination

Diagnostic Criteria for Juvenile Dermatomyositis:

Classic Rash - Heliotrope rash of the eyelids; Gottron papules

Plus three of the following: Weakness; Symmetric & Proximal

Muscle enzyme elevation (≥ 1) - Creatine kinase, Aspartate aminotransferase, Lactate dehydrogenase, Aldolase

Electromyographic changes - Myopathy, Denervation

Muscle biopsy - Necrosis, Inflammation

Treatment: Corticosteroids are the main stay of treatment which alters the course of disease and lowering morbidity and mortality. Methotrexate -Decreases the length of treatment with corticosteroids and reducing morbidity from steroid toxicity. Intravenous gammaglobulin also used in treatment as an adjunct for treatment of severe disease. Complications are mainly related to prolonged weakness.

KMCH Welcomes...

Dr Rajeev R Sinha
MS., MD (USA)., FACS (USA).,

Dr. Rajeev R Sinha, completed his MBBS at Grant Medical College and Sir J. J. Group of Hospitals, Mumbai, MS (General Surgery) from B J Medical College and Sassoon General Hospitals, Pune. He went on to do his MD from USA, where he completed his American Society of Transplant Surgeons (ASTS) certified Multi-Organ Transplant Fellowship, at the prestigious Thomas Jefferson University, Philadelphia, USA. He has worked in many number of transplant centers both India and abroad. His special areas of interest are end stage liver disease, liver & bile duct cancer, living donor liver transplantation, Multi-organ transplantation, pancreatic diseases and robotic liver resections.

Dr P Karthikeyan
MBBS., D.M (Gastroenterology)

Dr Karthikeyan completed his MBBS from Coimbatore Medical College and Internal Medicine (M.D.) and Gastroenterology training (D.M.) from the prestigious Madras Medical College Chennai with distinction and gold medal. Underwent advanced training in Hepatology at All India Institute of Medical Sciences, New Delhi and GI physiology training at Sanjay Gandhi Post Graduate Institute, Lucknow. He served at GEM Hospital and research center as Chief and Head of the department of Medical Gastroenterology for 8 years. His special areas of interest are clinical gastroenterology, hepatology and LT, advanced endoscopy and therapeutics, pediatric gastroenterology and research in gastroenterology.

Dr Arulraj Ramakrishnan
MBBS., MRCP., CCT
(Gastroenterology/Hepatology/Medicine)

Dr Arulraj completed his MBBS in Chennai and MRCP from Royal College of Physicians, UK. He did his specialist Registrar training in General Medicine/Gastroenterology/Hepatology in Birmingham, UK and obtained his Completion of Certified Specialist Training (CCST) in all 3 specialties. After completion of CCST, he did a year of fellowship at the transplant unit in Queen Elizabeth Hospital, Birmingham, UK. He got trained in Hepatology and Gastroenterology for more than 7 years in various hospitals in UK and 4 years as Consultant in University. His special areas of interest are portal hypertension, acute and chronic liver failure and transplant Hepatology.

Dr Sujatha Chinnappan
MBBS., DCH., MRCPCH., CCT (Paediatrics)

Dr Sujatha completed her MBBS from Stanley Medical College. She completed her post graduate Paediatric training in Cambridge and Newcastle and obtained her MRCPCH, DCH from Royal College of Paediatrics and Child Health, UK. She got trained in General Paediatrics and Paediatric epilepsy in various hospitals in UK over 7 years. Her experience of managing Paediatric epilepsy in various University teaching hospitals in UK has given her specialist experience in an area of much wanted need - Paediatric epilepsy. Her special area of interest is Paediatric epilepsy.

KMCH PERFORMS ALL TYPES OF TRANSPLANT SURGERIES IN SOUTHERN INDIA

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Non Metro South India category
India Healthcare Awards

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India Healthcare Awards 2014
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