



KMCH Touch

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“2nd WORLD RHEUMUS CONGRESS CONFERENCE”

UPCOMING EVENTS

KMCH MEDI UPDATE
South Zone Series 1
January 6th 2018, Kanyakumari



Kovai Medical Center and Hospital
Received

“Best Asian Healthcare Brands” 2017
Award @ India UAE Strategic Conclave Dubai.

Chairman's Desk



Wish you all Happy New Year and Pongal !!!

2017- Year is a historic year for KMCH. After 1990 - establishment of KMCH, this year we are stepping into a new era. We have laid foundation stone for another 750 bedded new hospital on November 23, 2017, for a medical college. It is a really a great step for a new millennium. We are confident that we will make it. We need blessings from all of you and our customers and supporters for this new beginning.

Our aim is to provide updated medical care for our patients at affordable cost. With best of our expert doctors, infrastructures and equipments, we are in fore front in delivering best medical treatments for our patients. Our hospital has completed 27 years of services to our people of India. The infrastructure has to be modified according to the needs. We are slowly and steadily changing the old portions of the hospital into the new needs of the people.

We are now in a position to deliver new services other than conventional ones. Molecular biology, Genetic counselling separate Breast center and Fetal medicine are few of the new initiatives. New generation CT scan, new MRI of different version, different types of supersonic ultrasounds and echo machines are latest addition of our armamentarium of diagnostic tools.

Mobile CT Ambulance, India's first mobile stroke unit is one of its kinds available in India now at KMCH, Coimbatore. It is a great boon for stroke patients.

KMCH is always for fair, open and ethical practical oriented hospital. We will continuously committed to good medical practices all the time. With these commitments we expanded to Erode, Sulur and Ramnagar. They are all doing good services in these areas. Now we are going to add another center at Kovilpalayam, Sathy Road, Coimbatore in January 2018. We believe it will do its best services in that area.

On the Eves of Thanks giving day, we thank all of our doctors, employees, patients, supporters and well-wishers of KMCH for their continuous patronage.

With regards,

Dr. Nalla G Palaniswami

Chairman & Managing Director

Editorial Board



“Do Good; One Day It Will Come
Back To You When You Least Expect”
-Anonymous.

Advance Happy New year wishes to all. Year 2017 has whizzed through and it is difficult to believe that we are looking ahead to 2018.

2017 has been a great year for our Institution. Several landmarks have been crossed and glass ceilings broken. From Asia’s first heterotopic heart transplant to Asia’s first mobile Stroke unit, establishing the genome center, Robotic Surgery to starting fetal medicine unit to name a few, KMCH has been at the forefront of pushing boundaries in Medicine. We hope you enjoy this year end edition and as usual, send us any feedback to drkrishnanswaminathan@kmchhospitals.com.

We are excited for year 2018. On behalf of the editorial board, I extend my warm greetings for a Prosperous New Year 2018 to all.

2nd World Rhenium Congress Conference

Dr. Mathew Cherian, Chief of Radiology services & Consultant Interventional Radiologist,
Dr. Ajith Shinto, Head Nuclear Medicine & PET, **Dr. K.Kamaleshwaran** - Consultant Nuclear Medicine.



Honorable Deputy Minister for Health Mr. Faizal Cassim inaugurates the "2ND WORLD RHENIUM CONGRESS CONFERENCE" Along with Dr. Nalla G Palaniswami – Chairman KMCH, Dr.Thavamani D Palaniswami - Vice Chairman KMCH, Dr. Mohan S Gounder – Joint Managing Director KMCH, Dr. Mathew Cherian – Chief of Radiology services & Consultant Interventional Radiologist at KMCH, Dr.Ajith Shinto – Head Nuclear Medicine & PET, Dr.Kamaleshwaran – Consultant Nuclear Medicine & Shri. Dinesh Kumar Shukla – Atomic Energy Regulatory Board.

KMCH had organised “2nd WORLD RHENIUM CONGRESS CONFERENCE” on 14th Aug 2017. Advanced liver cancers, which cannot be cured, but need palliation for better quality of life, are being treated by radionuclide therapy using radio conjugates. Nuclear medicine specialists are doctors who help this kind of patients with this novel and advanced treatment option. Having said that, these options are very expensive and is thus out of reach of economically deprived patients in countries like India. To enable our patients to have these options, but at an affordable price, we need cheaper and better alternatives.

The Nuclear medicine department of Kovai Medical Center Hospital, in Coimbatore has done exactly that by being at the forefront of

making available a novel treatment option called “**Rhenium 188 Lipiodol**” which is used for liver cancer treatment. This radio conjugate is cheaper and equally effective if not better than other available options in treating advanced liver cancers. This department headed by nuclear medicine specialist Dr Ajit Shinto has been spearheading this treatment modalities since 2015 and is are now considered as one of the leading centers in the world that offers this treatment option.

To enable this technology (Rhenium 188 Lipiodol) to reach a wider group of patients around the world, KMCH had hosted the 2nd World Rhenium Congress on the 14th of Aug, 2017. This unique conference was a platform to aid training and foster research collaborations between faculty and participants from about 22 countries around the globe, making it as a one of its best kind of event. Speaking at the event, KMCH chairman, said that KMCH has always been ahead & stood forefront in embracing the novel treatment option that has been applied & adapted to treat a deadly cancer like Liver cancer. He reinstated that KMCH is proud to support any effort been taken to spread the availability of low cost, highly effective therapies such as Rhenium, as that is need of the hour in countries like ours.

Hon'ble Deputy Minister of Health, Srilanka Mr Faizal Cassim who was the chief guest, expressed his desire to make such advanced treatment facilities made available in his country and requested expertise, training and manpower from KMCH and its other institutions to help in his vision come true.

Mr DK Shukla, Executive Director AERB, expounded that with strong framework and regulations in the field of radio radionuclide therapy, an enormous volume of patient community could be benefited by setting up similar therapy facilities across the country. Dr Mathew Cherian, Chief of Radiology services & Consultant Interventional Radiologist at KMCH, stressed on the need to spread the technology to centers across India and the world so more and more patients would may be benefited. The conference was graced by about 250 nuclear medicine scientists and technologists from across the globe. By Organizing this International congress KMCH has again proved its existence in the Global market.

Immuno Adsorption method adopted by KMCH doctor's saved life of Kidney Transplant Patient

Dr. V. Mangalakumar, Consultant Nephrologist, Department of Nephrology.



*Dr. Nalla G Palaniswami – Chairman, KMCH addressing The Press Meet On “Immuno Adsorption method adopted by KMCH doctor's saved life of Kidney Transplant Patient”
Dr. Arun N Palaniswami, Executive Director, KMCH Dr. V. Mangalakumar – Nephrologist, KMCH Dr. V. Kumaran, Dean, KMCH Present in the Dias.*

Kovai Medical Center and Hospital is persistently making advances in treatment of complicated cases. This time the Nephrology department has been a pioneer in its out of box thinking that saved a life.

An 18 year old boy presented to nephrologist team with severe body pain & vomiting. He was having difficulty in walking. On evaluation he was found to have a poor kidney function and very low calcium causing severe bone pain and weakness. Immediately he was taken up for dialysis. Doctors found out that his kidneys were shrunken and kidney transplantation was advised. His mother was investigated as she had the same blood group as his son. But she was found to have diabetes hence she could not donate her kidney. Then his father was

tested. Though he could donate his kidney his blood group did not match with the patient.

Although kidney transplantation can be done in spite of blood group mismatch, the conditioning regime before doing such transplantation is intensive. He will need multiple sessions of plasma exchange to remove harmful antibodies. Repeated plasma removal is associated with increased bleeding. Also there is increased risk of infections due to loss of protective immunoglobulins. Although doctors could replace immunoglobulins and plasma; that will increase the cost and associated with blood born infections.

The nephrology team advised him IMMUNO-ADSORPTION method to do blood group incompatible transplantation. That is a newer technology available in Europe, which will remove only the harmful antibodies and nothing else. There is no risk of bleeding or infection or replacement of blood products. After completing all the legal work doctors proceeded with one session of IMMUNOADSORPTION and that brought the laboratory parameters safe to proceed with transplantation. He underwent transplantation the next day. His transplanted kidney started working immediately. He is doing well with normal kidney function one month after the surgery. He is walking better with no pain and looking forward to go to college in 2 months' time.

KMCH Chairman Dr. Nalla G Palaniswami appreciates Dr. Mangalakumar, Consultant Nephrologist and the team for their perseverance. He added that comprehensive continuous education received by Medical and Paramedical team has helped them to adapt to latest technology making the conventional method's risk took obsolete and delivered a successful result.

Congratulations

Dr. Rajeswari S (Consultant Transfusion Medicine)

on the articles,

Role of Daratumumab in Transfusion Medicine - Brazilian Journal of Hematology

&

“Hemotherapy & Red cell alloimmunization in a multitransfused individual - APMIS”

Fetoscopy - A Leap Forward in Fetal Medicine

Dr. Pavithra M Vengetesh *M.S., DGO., DNB., Fellowship in Fetal Medicine, Consultant in Fetal Medicine, KMCH*



Intrauterine fetal procedures have evolved over time, initially started with diagnostic procedures and progressed towards interventions for fetal therapeutics- the fetoscopic procedures. Considered as the highest advancements in the field of fetal medicine, only a few centres in India perform fetoscopic interventions. We have made a giant leap forwards and introduced fetoscopy in KMCH, the first of its kind in Coimbatore.

Fetoscopy has gained popularity over just a decade. It is employed especially for tackling complications in monochorionic twin gestations. Multiple pregnancies are on an exponential rise in India owing to increased use of assisted reproductive techniques. Both dichorionic and monochorionic twin gestations are on the rise. The characteristic feature that differentiates them is the placenta: dichorionic twins have separate placentas, while monochorionic twins share the same placenta. The complex vascular communications in that single placenta are the root cause

for complications such as twin-to-twin transfusion (TTTS), twin anemia polycythemia sequence (TAPS) and twin reversed arterial perfusion (TRAP) – all are unique to monochorionic twins. The incidence of such complications is 15 -20%, but is associated with a very high perinatal mortality rate, if left untreated. Also, spontaneous death of one twin in a monochorionic pair puts the other also in danger of either death or severe neurological damage at an overall risk of 40%-50%. So, fetoscopic procedures are aimed at either targeting the pathology (by ablating the vascular communications in the placenta) or preventing death or morbidity of the healthy twin (by performing selective reduction of the affected co-twin).

Selective fetal reduction will be required in conditions where one fetus is discordant for an anomaly, severely compromised due to TTTS/ TAPS/ early onset fetal growth restriction. All these conditions will have an adverse effect on the healthy twin, if the other dies in utero. In monochorionic twins, selective fetal reduction requires interruption of blood flow to the affected twin by ablating the umbilical cord vessels to prevent back- bleed from the healthy co-twin. The ultimate goal is to save atleast one fetus and the quoted survival rate is about 80%.

Selective fetal reduction can be achieved by fetoscopic bipolar cord coagulation or fetoscopic interstitial laser coagulation of cord vessels. Fetoscopic bipolar cord coagulation is a minimally invasive fetal procedure. It is performed as a day-care surgery in OT settings under local/ short general anaesthesia.

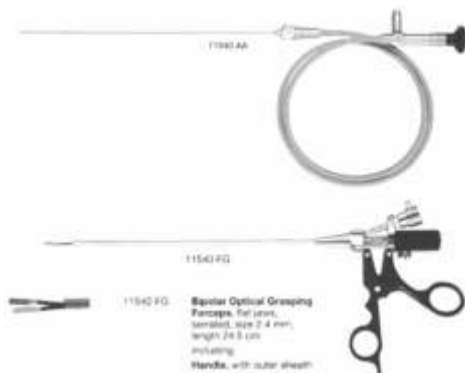
A miniature semirigid telescope of outer diameter 1.3 mm and a bipolar grasping forceps (Karl Storz, Germany) are used. A stab incision is given on the maternal abdomen and a 3.5 mm trocar & cannula are inserted into the amniotic cavity. The assembled instruments (telescope & forceps), attached to light source and camera are inserted into the operative sleeve. The cord is visualised, grasped and coagulated. A few years back, the procedure was completely performed under ultrasound guidance and was technically challenging. With the introduction of sophisticated instruments – the miniature fetoscopes, the procedure has been simplified.



Interstitial laser cord coagulation is also a fetoscopic assisted procedure, where Nd-YAG (neodymium-doped yttrium aluminium garnet) laser is employed for ablation of cord vessels at the fetal insertion site. Yet another technique for selective fetal reduction is the Radiofrequency ablation of the cord vessels, which is also available with us. It may also be useful for ablation of placental tumour-

chorioangioma. These procedures are not without risks. They carry a 10% risk of miscarriage, but can be managed with tocolytics. However, on considering the high risk and precious nature of monochorionic pregnancies, benefits of these procedures far outweigh the risks. Apart

from offering obstetric imaging services with the state of the art ultrasound machine – Voluson E10 (GE, Austria), have extended our wings for diagnostic and therapeutic fetal interventions, which are enlisted below.



- Prenatal invasive Diagnostics
- Amniocentesis, Chorionic villus sampling, Cordocentesis
- Multifetal reduction
- Intrauterine transfusion
- Fetoscopic bipolar cord coagulation
- Fetoscopic interstitial laser
- Radiofrequency ablation

KMCH Liver Series' 4 - Hands on Vascular Suturing and Liver Surgery

Dr. S. Vivekanandan, Head KMCH Liver Institute.



Dr. V. Kumaran - Dean, KMCH addressing the inaugural function of "Liver Series 4" in the presence of Dr. Sorabh Kapoor - Consultant Liver Transplant HPB & Robotic Surgery, KMCH. Dr. A. N. Murugan - Medical Director, KMCH. Dr. S. Vivekanandan - Head, KMCH Liver Institute, Dr. R. Rajeev Sinha - Consultant HPB & Liver Transplant Surgeon, KMCH.

The clinicians of KMCH liver institute not only focus on treating liver related diseases and transplantation of liver but also closely get involved in doing many outreach programs for general and specialized surgeons across the nation.

One such initiative was mooted two years ago at KMCH named "KMCH Liver Series". Through this initiative the KMCH liver institute has decided to impart specialized knowledge to practicing clinicians and General Surgeons at large. In continuation to that activity, KMCH liver institute hosted the 4th such program – Workshop on vascular surgery and liver surgery on 23rd & 24th September, 2017 at KMCH, Avanashi Road, Coimbatore.

Suturing of blood vessels and liver resection techniques have always been Achilles heel for every surgeon. Hence the liver team has thought they will introduce aspiring surgeons to the various techniques available for them to take these special skills forward, says Course Director Dr. S. Vivekanandan, Head of KMCH Liver Institute. The course is aimed at Gastro Intestinal Surgeons with special interest in Liver surgery or who wish to pursue a career in Liver transplantation. The participants will be taught on animal tissues on various techniques and they will be mentored by a very experienced faculty, who come from all over India.

The course is aimed at M.Ch Post graduates and surgeons with special interest in Liver surgery. This is a course certified by Ethicon. Dr. Thavamani D Palaniswami, Vice Chairman KMCH addressed the gathering and appreciated the Liver Institute Team Dr. S. Vivekanandan, Dr. R. Rajeev Sinha and Dr. Sorabh Kapoor for having initiated this meaningful platform for the young surgeons across the geographies. Further the Vice Chairman KMCH emphasized that, KMCH as an institution always focused on educating upcoming talents by way of organizing regular workshops and clinical sessions.

A Multifaceted Disease

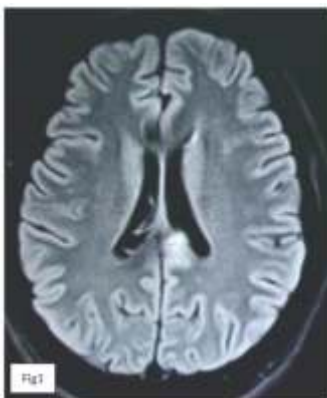
Dr. B. Prakash, Consultant Neurologist & **Dr. Rama Prabahari**, Consultant Haematologist

Introduction: Diseases causing multi-organ dysfunction like connective tissue disorders, autoimmune illnesses, Vasculitis, Granuloma may initially present with isolated symptoms. Systemic lupus Erythematosus(SLE) is a chronic autoimmune disease affecting multiple organ systems and presents with highly variable clinical picture, and an alternating course of remissions and exacerbations. A careful clinical approach and choosy investigations, will lead to correct diagnosis, at the earliest.

Case Report: 31 years Mrs.VL developed chest pain and heaviness during June, 2012. She had two days of evening rise of temperature prior to this and was admitted elsewhere with Tachycardia and Tachypnea. She gave history of constipation, indigestion, tiredness, weightloss etc., She did not have hypertension, diabetes mellitus, or cerebrovascular disease. Her general physical examination was unremarkable. The JVP was found to be elevated.

Her basic investigation showed low Hb (9.7gm/dl), elevated ESR (80 mm/hr) with a total count of 4300 cells/cmm. Dengue antibodies and HIV were negative. The USG abdomen did not reveal any abnormality except for pleural effusion. Her ECHO showed pericardial effusion and by pericardio-centesis, 650ml of fluid was removed on 30th June, 2017, which was suggestive of tuberculosis (1000 cells with 39% polymorphs and 60% lymphocytes with a sugar value of 70mg/dl, the protein being 4gm/dl and LDH 2905U/L and ADA of 65U/L);hence she was started on ATT. Her ANA and dS-DNA were negative. Repeat ECHO after 1 week was normal. Uric acid was found to be elevated to 8.3mg/dl. She rapidly improved and was discharged within a week. Six month later at review, she was asymptomatic with normal LFT and her ESR became 10mm/hr. The repeat echo was normal. She remained healthy at subsequent follow ups.

On 18th August, 2017, she presented to the same hospital with headache for which MRI done which showed 1.2 x 0.8 x 0.9cm, ovoid, hyper-intense lesion by T2 and FLAIR in the left side of isthmus of Corpus callosum with diffusion restriction; reported as possible lymphoma / tuberculoma. She was incidentally found to have bilateral axillary and abdominal lymphadenopathy by MRI. A left iliac lymph-node biopsy turned out to be chronic non-specific lymphadenitis. Her ACE level was normal (39 U/L) on 22nd Aug, 2017, with elevated ESR, and she was discharged AMA.



She presented to us on 7th September, 2017 due to severe, global, continuous and aching headache with burning feet. Clinical examination revealed anaemia, mild neck stiffness and bilateral papilledema with no other focal neurological deficit. Her BP was very high throughout the stay requiring two anti-hypertensives. MRI showed focal lesion in the posterior body and splenium of corpus callosum favouring demyelination (Fig.1). Differential diagnosis of the lesion was ischemia related to vasculitis. She was started on ATT, steroids, vitamins and mannitol. Echo did not reveal any pleural or pericardial effusion. She was found to have low platelet counts (39,000/ Lit), hence lumbar puncture was deferred and haematologist's opinion was sought.

She was started on Methylprednisolone (MP) 1gm/day, which was reduced due to gastritis. The burning feet and legs were extremely severe even with increasing dose of membrane stabilizers which could only lead to drowsiness. MP has to be stopped in view of severe gastritis and switched over to azathioprine. Prophylactic antifungals were given. Platelet count was variable likely due to drug induced bicytopenia, hence ATT were stopped. The platelets increased on 5 to 7 days of starting steroids. Bonemarrow analysis was done. ANA and dS-DNA became positive at this visit. Anti dS-DNA was 244.27 U/ml (< 16). Her NCS showed non-stimulatable right posterior tibial nerve, but other nerves were normal favouring severe Mononeuropathy. Direct coombs test

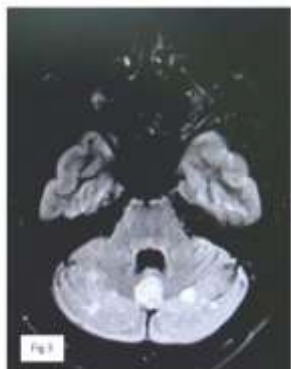
was positive and bone marrow aspiration smear showed trilineage hyperplasia peripheral cytopenia suggestive of peripheral destruction. RA factor was 7IU/ml, dengue IgG being negative. TB-gene Xpert from bone marrow was negative and culture sensitivity being awaited.



During later part of hospital stay, patient had bilateral hand grip weakness and rashes over the sole. Hence repeat MRI brain and screening of whole cord done which revealed multiple new onset hyperintensities with micro haemorrhages in bilateral cerebral and cerebellar hemispheres (Fig 2,3). Diffusion restriction in bilateral fornices and in corpus callosum lesion remained the same as that of prior scan with mild leptomeningeal and vascular enhancement. MRA showed smooth wall thickening and enhancement of right ICA, suggestive of vasculitis. USG abdomen during hospital stay did not reveal any gross abnormality.

A corroborative diagnosis of Systemic Lupus Erythematosus leading to pericarditis, pericardial effusion, headache, painful peripheral neuropathy, mononeuropathy of right PTN, severe HTN, bicytopenia of bone marrow, multi cerebral parenchymal vasculitis with edema while on steroids. A course of a single rituximab was given on 22nd September, 2017 and the steroid was tapered as well the azathioprine was stopped.

The patient presented with two episodes of illnesses among which the first one expressed like tuberculousserositis. Though not proven histo-pathologically, it responded well to ATT, and made the patient symptom free for several years. During the second time, the tests of tuberculosis turned out to be negative, but the symptoms as well the tests of vasculitis which were negative in the first time became positive, as well she improved with immuno suppressants.



Conclusion: The debate that whether this patient had two illnesses or both are the expressions of same possible vasculitis makes it an interesting one. The Bone marrow culture for tuberculosis is awaited. Careful clinical assessment and bone marrow analysis should be done in all cases with this type of presentation. The take home message being both tuberculosis and SLE can affect multiple organs and may present with multivariate symptoms. A high degree of suspicion should be there and one has to consider the differential

diagnosis of both the illnesses while coming across such cases.

Did You Know?



Bidhan Chandra Roy MRCP, FRCS; (1 July 1882 – 1 July 1962) was the second Chief Minister of West Bengal in India. He remained in his post for 14 years as an Indian National Congress candidate, from 1948 until his death in 1962. He was a highly respected physician and a renowned freedom fighter. Bidhan Roy is often considered the great architect of West Bengal, who founded five eminent cities, Durgapur, Kalyani, Bidhannagar, Ashokenagar, and Habra. He was an alumnus of the Medical College Calcutta of the University of Calcutta.

Bidhan sailed for England with only Rs. 1,200 in February 1909 intending to enroll himself at St Bartholomew's Hospital to further his education. The Dean, reluctant to accept a student from Asia, rejected Bidhan's application. Dr. Roy did not lose heart. Again and again he submitted his application until finally the Dean, after 30 admission requests, accepted Bidhan to the college. Within two years and three months. He is one of the few people in history who was able to complete his F.R.C.S. and M.R.C.P degrees simultaneously (within only two years and three months).

In India, the National Doctors' Day is celebrated on the date of his birth (and death) 1 July every year. Dr. Bidhan Chandra Roy constituted a trust for his properties at Patna for social service and made eminent nationalist Ganga Sharan Singh (Sinha) the trustee. He was awarded Bharat Ratna on 4 February 1961, India's highest civilian honour. He was also the member of the BrahmoSamaj

A Pre-conference workshop on Emergency Preparedness for School

Dr. K. Rajendran - HOD, Dept. of Pediatrics, KMCH. **Dr. Ashwath**, Paediatrician & Neonatologist, KMCH.



Mr. T. Ganeshamoorthy - Chief Educational Officer, Coimbatore & Dr. Nalla G Palaniswami - Chairman, Kmch Inaugurated The Workshop on Emergency Preparedness for school teachers by lighting the lamp. Along With Dr. Mohan S Gounder - Joint Managing Director, Dr. Arun N Palaniswami - Executive Director, KMCH Dr. Thavamani D Palaniswami - Vice Chairman, KMCH Dr. V. Kumaran - Dean, KMCH Dr. D. Ashwath - Consultant Pediatrics, KMCH Dr. K. Rajendran - Hod, Dept. Of Pediatrics, KMCH.

Children's health is Nation's wealth. This area has always been a priority for KMCH.

Student and staff spend almost 8 - 10 hours per day in a closed environment called "School". Providing a safe, thriving environment for students to learn and staff to work is the foremost goal of any school setup. Creating a safe environment that facilitates learning can be a challenging task. School administrators and emergency managers work together to create healthy school climates, effective intervention and manage crisis plans that prepare staff and students for emergencies. School emergency planning directs staff and students in preparedness and in rapid response. Knowing how to respond during a crisis helps everyone remain calm, understand their role, and act as safely and efficiently as possible. Emergency planning included all risks, crises and do's and don'ts elaborately.

KMCH Paediatric department planned an "Emergency preparedness for school" teachers within the city through continuing medical education programme. A pre-conference workshop was organised by Kovai Medical Center and Hospital along with Education Department of Tamilnadu for the School teachers to handle Emergency situation at school. As a part of this event, 42nd annual conference of Indian Academy of Paediatrics, Kongu Pedicon - 2017 was held on 10th of this September 2017 at KMCH.

The function was inaugurated by Dr. Nalla G Palaniswami, Chairman, KMCH. Mr. Ganesh Moorthy, Chief Educational Officer, CBE District, was honoured as the chief guest of the event. Dr. Rajendran, HOD of paediatrics welcomed the gathering. This was followed by, the paediatricians of the hospital who explained the emergency preparedness on various occasions such as asthma, convulsions, gastrointestinal problems, behavioural issues, ENT related issues, etc. Paediatric surgeon discussed about the common injuries in and around the school environment and the first aid management.

"Basic life support" performed by bystanders improves outcomes in cardiorespiratory arrest, yet less than 1% of population can perform CPR (Cardio Pulmonary Resuscitation) effectively. It has been estimated that if 15-20% of the population could perform basic life support, this could reduce mortality out of the hospital significantly. The most effective way of achieving this is to teach "CPR" in schools, making it as a life skill. Knowledge of first aid enables to deal with emergencies which could be life threatening. Teachers were explained about Basic life support and were taught how to setup first aid room in school by Paediatric intensivists of KMCH. Dr Ashwath, Paediatrician & Neonatologist, KMCH concluded with vote of thanks. About 250 teachers participated in this workshop to gain knowledge about the emergency preparations.

Our Chairman Dr. Nalla G Palaniswami said that the children are future backbone of our country. Maintaining Children's general health and saving their life during sickness is of paramount importance. It needs great support and awareness from parents, care givers, teachers and health care workers from the society to keep the younger generation safe and healthy.

Emergency Neurological Life Support Course (ENLS)

Dr. T. Gopinathan, Consultant Intensivist, KMCH.



Dr. Thavamani D Palaniswami, Vice Chairman - KMCH lighting the Kuthuvilakku during the inauguration of KMCH "EMERGENCY NEUROLOGICAL LIFE SUPPORT (ENLS) COURSE" in the presence of (Left to Right) Dr. T. Gopinathan, Consultant Intensivist, KMCH. Dr. Wiley Hall, University of Massachusetts, USA. Dr. Arun N Palaniswami, Executive Director, KMCH. Dr. Raghunath A. GGSM Hospital, Mysore. Dr. Indranil Ghosh, Institute of Neuro Sciences, Kolkata. Dr. SaraswathiSekar, University of Massachusetts, USA. Dr. ShaheenShaikh, University of Massachusetts, USA.

As a part of continuous education program KMCH Critical Care Department has Organised Emergency Neurological Life Support Course (ENLS) exclusively for practitioners who are involved in the early management of neurological emergencies.

Treating physicians come across variety of neurologically ill patients, particularly Head injury, stroke, meningio-encephalitis etc. Road-traffic accidents and stroke besides being associated with significant mortality, are also cause of chronic adult disability. India loses approx 2-2.5% of its GDP to only Road Traffic Injuries. Timely and appropriate early interventions without wasting time can reduce the morbidity and mortality associated with these injuries. Many organized societies like AHA, American College of Surgeons have successfully established resuscitation protocols

like ACLS & ATLS which are well validated and time tested. Emergency Neurological Life Support (ENLS) was created upon the principle that efficient and appropriate management of the early stages of a neurologic emergency has substantial impact on patient outcome.

Emergency Neurological Life Support (ENLS) is an educational program, sponsored by the NeuroCritical Care Society of USA. The course is designed to provide practitioners advisory instructions regarding management of first few hours of neurological emergencies. The course is appropriate for those practitioners who are involved in the early management of neurological emergencies. The topics that are covered under ENLS includes traumatic brain injury, spinal cord injury, acute ischemic stroke, acute non traumatic weakness, intracerebral hemorrhage, approach to comatose patient, Meningitis, encephalitis, subarachnoid hemorrhage, spinal cord compression, status-epilepticus, resuscitation following cardiac arrest etc.

The course is conducted as a one day program by the department of Critical Care medicine, KMCH as a part of third annual south zone critical care conference on 15/9/2017. Course faculties are Dr. ShaheenShaikh, Dr. SaraswathiShekar, Dr. Wiley Hall from USA, Dr. Indranil Ghosh, Kolkata, Dr. A. Raghunath, Mysore and Dr. T. Gopinathan. The course will make a huge impact in the practice pattern of physicians of Southern India who are involved in the early care of these neurological emergencies. Appreciating the effort taken by ICU team Vice Chairman Dr. Thavamani D Palaniswami conveyed that such kind of exposure towards International and National program for the ICU practitioners would definitely enrich their knowledge. She has also recommended the team to apply the conceived knowledge and technology in their day to day practice.



**Successfully Completed
IDCCM - Indian Diploma
in Critical Care Medicine**



Dr. S. Sabarish
DA., DNB., IDCCM.,
Senior Registrar



Dr. V. Vasanthakumar
MD., DNB., MNAMS., IDCCM.,
Senior Registrar



Dr. T. Nandini
PDCCM, IDCCM.,
Senior Registrar

Robotic Ureteric Reimplantation

Dr. NagaKumaran, Consultant Pediatric Surgeon & **Dr.N.Vinod Kumar**, the Anaesthesiologist.



*Patient 8year Old Boy with his Parents, along with
Dr .Nalla G Palaniswami – Chairman, KMCH
Dr. Nagakumaran - Paediatric Surgeon*

KMCH has again proved its leadership in technology by performing a “Robotic Ureteric Reimplantation” on a 8 year old boy for the first time in Tamilnadu at Avanashi Road Centre recently. KMCH has used its Davinci to correct a congenital obstructive megaureter for an 8 year old boy.

The boy had a condition called congenital obstructive megaureter. There was a blockage at the junction of the ureter (tube carrying urine from kidney) where it joins the urinary bladder. This was causing a partial dysfunction of the kidney for the patient all these years. This was successfully corrected through a Robotic operation by Dr. NagaKumaran, Consultant Pediatric Surgeon and by Dr.N.Vinod

Kumar , the Anaesthesiologist. This is the first time in western Tamil Nadu, that has been performed on a child. The boy's surgical recovery was smooth and parents thanked the institution for the same. The operation involved excising obstructive part of the ureter (urine pipe), and reattach it to the bladder and addition to that an anti-reflux procedure been done. The rejoining and antireflux involve's usage of fine suturing. The magnification provided by the robotic console offers the benefit of precision of open surgery and quick recovery of laparoscopic surgery, been combined in one. Dr. Nalla G Palaniswami, Chairman of KMCH group of hospitals, informed that the addition of Robotics (Da Vinci) to our system has been a boon to the clinical practice in KMCH. The benefits can also be extended to children for selected operations like pyeloplasty, achalasia cardia, choledochal cyst and other pelvic operations.

Single Incision Video Assisted Thoroscopic Surgery

Dr. Devender Singh, Dr. Shegu Gilbert, Dr. MK. Sivakumar & Dr. Vivek Pathak

Department of Cardiothoracic & Vascular Surgery, Cardiac Anesthesia and Nephrology

Case Report: A 57 years old male patient who is a village administrator from Nepal was admitted with complaints of hemoptysis for a duration of 3 months. His symptoms worsened in the last one month. He had around 30ml of blood loss per day due to hemotypsis. He also had lost weight significantly in the last three months. He had history of pulmonary tuberculosis for which he had completed treatment 2 years back. He had underwent renal transplant in the year 2008 and he is on regular immunosuppressant medications since then. He also has diabetes mellitus and hypertension for which he is taking regular medications. Routine blood investigations were done. Hemoglobin was 10.3 mg/ dL. Total leucocyte count was 19100 cell/ccum. Random blood sugar was 161mg/dL. Sputum for acid fast bacilli was negative. Chest reterogram posetro anterior view showed fibrosis in the right upper lobe. High resolution computed tomography of the lungs revealed a cavity with residual consolidation and fibrosis in the posterior segments of the right upper lobe with mucus plugging. Enlarged lymph nodes were seen in the right para tracheal and aortopulmonary region. He underwent uniportal VATS (Video assisted thoracoscopic surgery) non anatomical segmental resection of the right upper lobe mass. Informed consent was obtained after explaining the risks and benefits of the procedure. The operation was performed under general anesthesia through a double lumen endotracheal tube. Single lung ventilation was used. Patient was placed in left lateral decubitus position. A 5cm incision was made in the region of right 4th intercostal space at the mid axillary line. Right pleural cavity was entered. Right upper lobe adhesions to the chest wall was noted. Adhesions were released using endoscopic suction tip electrocautery. Finger palpation of the upper lobe revealed a 5X5 cm mass (firm in consistency) in the posterior segment. Multiple endo GIA staples straight (60mm) were used for non anatomical segmental resection of the lung with the mass.

Hemostasis and pneumostasis was achieved. Two right intercostal drainage tubes were placed. Pericostal sutures were taken for approximation of the ribs and subcutaneous tissue was sutured with 1- polyglactin sutures and skin approximation was done with skin staplers.

Patient was extubated on table. Post operative period was uneventful. In the post operative period patient was administered prophylactic antibiotics for five days (Injection Cefotaxim 1 Gm). Intravenous 8th hourly and intravenous analgesics like paracetamol 1gm and transdermal fentanyl patch and nebulizers. Histopathological examination of the lung specimen section showed a cavity lined by metaplastic stratified squamous epithelium, which is ulcerated in many areas with granulation tissue having fibrin, blood capillaries, neutrophils and lymphoplasmacytes. The cavity contains of septate, slender, branching hyphae. Surrounding lung parenchyma show ectatic bronchioles some of which also contain fungal colonies surrounded by lymphoplasmocytic aggregated and ectatic vascular spaces with areas of interstitial fibrosis. These findings were consistent with aspergilloma. Chest roentogram posteroanterior view revealed a well expanded right upper lobe. Patient was symptom free. Intercostal drain tubes were removed on the 3rd post operative day. Patient was discharged to home on the 5th operative day.

Discussion: Indication for uniportal VATS are:-

Same as that for conventional VATS. Procedures that can be performed through uniportal VATS are staples lung biopsy, lobectomy, non anatomical segmental resection, resection of peripheral pulmonary nodule, bullectomy, decortication and thoracic trauma and impalement injuries, malignant tumours.

Absolute: Hemodynamically unstable patients, extensive lung adhesion, prior talc pleurodesis.

Relative: Incomplete lung isolation and contraindications to double lumen endotracheal tube insertion, Previous thoracotomies, Coagulopathy prior radiation to the chest wall Uniportal VATS is a newer technical; development in thoracic surgery over the last few years. It was initially introduced as a minimally invasive technique for minor thoracic procedures. Over time its indications have grown to encompass more major procedures. Uniportal VATS was first introduced in 1995 and was pioneered by Dr. Gaetano Rocco and by Dr. Diego Gonzalez. Rivas reported his experience on major lung resection with lymphadenectomy for their patient with non small cell lung cancer.

Conventional VATS is performed using three incision (ports) including a access incision port. In uniportal VATS only a single incision (5cm) is made and all endoscopic instruments are passed through this single incision.

There is no rib spreading. This results in less thoracic pain, reduced morbidity, improved post operative lung function and aids in speedy recovery of the patients and reduces hospital stay and cost requiring therapy when needed without delay.

Uniportal VATS is accepted worldwide and the numbers are on the rise. The variety of procedures being performed have also increased. Uniportal VATS is performed using regular endoscopic and conventional instruments. Use of special instruments with precision and distal articulation allows for smaller incision and reduces instrument fencing.

Limitations of uniportal VATS are that it requires a longer learning curve as it is a new technique, as all instruments are inserted through a single port there is limited range of motion and cluttering and instrument fencing resulting in increased operation time. Limited and restricted incision might not allow for satisfactory finger palpation of the mass which can result in incomplete surgery.

Retrieval of excised specimen can be difficult through the small incisions associated with danger of spillage of infective material and tumor into the pleural cavity.

Official launch of Division of Cardiac Pacing and Interventional Electrophysiology

Dr.Thomas Alexander, Senior Consultant & Interventional Cardiologist,
Dr.M.Lawrance Jesuraj, Consultant Interventional Cardiologist & Electrophysiologist



Dr.Nalla G Palaniswami - Chairman, KMCH, Left to Right Dr.Thomas Alexander - Senior Consultant & Interventional Cardiologist, KMCH, Dr.P.B. Jayagopal- Lakshmi Hospital, Palakkad. Dr.N.Sivakadaksham, Chennai. Dr.A.N.Murugan- Medical Director, KMCH. Dr.M.Lawrance Jesuraj - Consultant Interventional Cardiologist & Electrophysiologist, KMCH. Dr.J K Periasamy Chairman, JKP Medical Centre.

Cardiac Electrophysiology is a separate branch in Cardiology, which deals with disorders of heart's electrical system (arrhythmias). This disease can be present either as slow heart rate or as faster heart rate, which could be of life threatening. If left untreated, some of these abnormal heart rhythms can cause fainting, shortness of breath, and even fatal. These diseases are commonly called as “arrhythmias” or “heart rhythm disorders” enlisted as serious heart diseases. Nowadays heart rhythm disorders are increasing at a rapid pace with the fast life.

This is the reason KMCH Heart Institute has started a separate segment for these diseases, a first of its kind in Tamil Nadu. At KMCH, Heart Institute team, comprises of dedicated medical and paramedical staff who attend patient's need on “tailor based” manner. At an Exclusive fully equipped Electrophysiology Lab handle patients with slow heart rates who has to undergo Permanent Pacemaker Implantations, (including new generation MRI compatible pace makers). Patients with faster heart rates has to undergo Radiofrequency Ablations with state of art dimensional mapping system. Electrophysiology Department with 3D electroanatomic mapping facility that deals with all rhythm disturbances including most complex diseases. Our center performs one of the highest numbers of complex ablations, and implantations of heart failure devices in Tamil Nadu. Dr. Nalla G Palaniswami explains the service rendered by electrophysiology department which serves as the “need for the moment”. The whole citizen life is being ruled by “life style diseases”, there lies the responsibility of the KMCH to deliver the patient requirement according to their need. All diseases need not be a high risk surgical cases, some can be of noninvasive and some can be of balancing the rhythm. There exists the electrophysiology department at KMCH to serve the needy at right time.



Successfully Completed EDIC - European Diploma in Critical Care Medicine



Dr. R.KARTHIK, DA., MD., IDCCM., EDIC
 Senior Registrar

KMCH Partial Knee Replacement Course

Dr.S.G. Thirumalaisamy, Head of the Department of Orthopaedics.



Dr. Sachin Tapasvi - Pune, Dr. Nalla G Palaniswami - Chairman, KMCH, Dr. Thavamani D Palaniswami - Vice Chairman KMCH. During the inauguration of KMCH "PARTIAL KNEE REPLACEMENT COURSE" in the presence of Dr. V. Kumaran - Dean, KMCH, Dr. Vijay C Bose - Chennai. Dr. S. G. Thirumalaisamy - HoD Orthopaedics, KMCH, Dr. A.S. Thennavan - Orthopaedic Surgeon, KMCH.

KMCH is a pioneer in the field of Joint replacement since 1990. Osteoarthritis or wear and tear of the knee joint is a common condition affecting millions of people in India. When these diseases are in advanced stage, drugs, physiotherapy and other non-surgical modalities will not give long lasting relief. Rather total knee replacement surgery is the only option available earlier.

In total knee replacement, worn out part of the bones are removed and replaced with metal and special plastics. This successful operation has some restrictions in the post-operative period like limiting the knee bending, avoiding minor sports etc. In a proportion of patients replacing half of the knee (Partial Knee replacement) is enough to get rid of the pain and improve function as well as

preserving bone stock. Dr S G Thirumalaisamy has organized a unique and focused seminar on PARTIAL KNEE REPLACEMENT COURSE which is an important surgery inviting leading surgeons across the country. Aspiring young surgeons will have one to one interaction with the faculty during lectures, workshops and Live surgery. KMCH has started doing partial knee replacement surgery for the past two years, Dr.S.G Thirumalaisamy, Head of the Department of Orthopaedics and Joint replacement surgery conveyed that, Patients who had undergone this surgery are delighted as this partial knee replacement surgery involves small surgical scar, short hospital stay and unlimited activities after surgery. At least 15 - 20% of Total knee replacement patients could undergo this partial knee replacement if the surgeon is trained and the hospital is equipped to do this special surgery.

Appreciating Dr.S.G Thirumalaisamy, Head of the Department of Orthopaedics, KMCH Chairman Dr.Nalla G Palaniswami said that "KMCH doctors don't stop their treatment once their surgery has been completed. They also find solution to overcome the post-operative difficulties involved in completed surgery. Our Orthopedicians kept patient's post-surgery difficulties in their mind and adapted to Patient friendly procedures like Partial Knee replacement which would definitely make our patient more relieved from their post-operative discomforts. Also he appreciated the department's initiative in "spearding the knowledge" to its fellow people across the country".

First Pace Maker Implantation in KMCH City Center

Dr. Sivabalan, Interventional Cardiologist & Team



A 77 Years old female Mrs.Chinnammal, from The Nilgiris got admitted in KMCH City Center for breathlessness. She was found to have complete heart block with heart rate of 30bpm. After daignosis, Dr.Sivabalan— Interventional Cardiologist and his team decided to implant a state of the art, cardio ASTRA—XT DDDR Permanent Pacemaker in her on 09/09/2017 and sucessfully completed the procedure.

Her heart rate had improved and she was discharged to home in a stable conditions. ASTRA – XT DDDR is the latest MRI compitable dual chamber pacemaker with battery type of 15 years. While pacemaker implantation is not a rare procedure, we have shown that this can be done safely in smaller centres with the right expertise that benefits the common man.

Fetal MRI - A Problem Solving Tool

Dr. Sumathi Natarajan, Consultant of Fetal medicine division of Radiology Department

Imaging of the fetus with ultrasound has become an integral part of antenatal care. Ultrasound has its own limitations. Inter observer variability, poor image quality in obese individuals, position of the fetus to image its various organs and oligohydramnios have been a major setback. Fetal MRI helps to overcome these problems. Whenever anomalies are diagnosed, the decision to terminate the pregnancy or to do fetal interventions based on one modality has always been an issue. Fetal MRI has emerged as a problem-solving tool in such situations.

MRI being non-ionizing, is a suitable cross-sectional imaging modality for the fetus. The fetus in continuous motion has always been a challenge. Now with the advanced technology and development of faster sequences, MRI has emerged as a problem-solving tool for evaluation of fetal anomalies. Sequences which can be completed in less than 1 min are available with the advanced scanners. Sequences with interleaved images which are unaffected by fetal movement are also possible. Slices as thin as 2 mm can be obtained. KMCH now has a state of the art 1.5 T MRI machine with a wide bore, which allows the pregnant mother to comfortably lie within the machine at ease either on her back or onto one side. The room ambience and Inbore experience of the new machine will keep the mother relaxed and to cooperate for the examination.

Dr. Sumathi Natarajan, the Lead Consultant of Fetal medicine division of Radiology department, KMCH was at Vienna to attend the 27th World congress of ISUOG, 2017. The highlight of the conference was the certified fetal MRI workshop. After a decade of research on various applications of MRI in evaluation of the fetus, novel clinical applications have been approved by ISUOG this year. ISUOG (International Society of Ultrasound in Obstetrics and Gynecology) has set guidelines for indications of fetal MRI. Most relevant of those are:

1. Isolated ventriculomegaly, Corpus callosal agenesis, Absent cavum septum pellucidum
2. Posterior fossa anomalies, microcephaly
3. Neural tube defects
4. Diaphragmatic hernia, lung anomalies
5. Multiple malformations
6. Complicated monochorionic twins

Evaluation of fetal brain is the most common and important of all. With its inherent soft tissue characterization, MRI can delineate the different layers of the developing brain. This helps in recognizing abnormalities like Lissencephaly and organization disorders. Sulcation abnormalities are very clearly depicted with MRI. Special sequences like Susceptibility weighted images (SWI) can pick up tiny foci of hemorrhage or calcification.

Another significant role of MRI is evaluation of fetal lungs in cases of Congenital diaphragmatic hernia. MRI clearly differentiates between the fluid filled bowel loops and the lung parenchyma which is compressed. Ratio of the volume of the opposite lung to the fetal head circumference (LHR) is a very specific prognostic marker, in timing the delivery and for the need for ECMO immediately after the delivery.

In cases of lung anomalies like CPAM (Congenital pulmonary airway malformation), MRI helps in delineating the diseased lung segments from the normal lung and hence in prognostication. Meconium in the bowel loops appear hyperintense on T1W images and its absence indicates bowel abnormalities. MRI can be used also for evaluation of the placenta and maternal conditions like ovarian and adnexal pathologies. In case of monochorionic twin gestation, MRI helps in evaluating the vasculature of the placenta and the fetal brain for ischemia after fetoscopic laser guided placental dichorionisation. MRI also helps in confirming equivocal findings in ultrasound, especially in cases of inter-observer discrepancies.

Case of left sided diaphragmatic hernia; diagnosed with USG at 20 weeks anomaly scan. USG was not able to differentiate between the compressed lung and the herniating bowel loops. MRI clearly delineated the fluid filled T2 hyperintense bowel loops (arrow) from the lung. The fetus had a poor prognostic index and hence was terminated.

Case of Congenital pulmonary airway malformation of right lung lower lobe which appears hyperintense on T2 weighted images. Coronal T2 W HASTE images of a 32 weeks normal fetal brain. MRI clearly depicts the layers of cerebral cortex and brain sulcation.

KMCH Events & Camp Photos:



KMCH Executive Director Dr. Arun N Palaniswami with Hon'ble Ambassador to India at Oman, Mr. Indramani Pandey in the Middle and KMCH COO Dr.Sivakumaran J the Left and Dr. Ganesh in the Right.



"Breast Cancer" - Signature Campaign an awareness Program at Prozone Mall.



KMCH Doctor Arun N Palaniswami, Executive Director, Kovai Medical Center and Hospitals receives the award at the INDIA UAE STRATEGIC CONCLAVE, Dubai

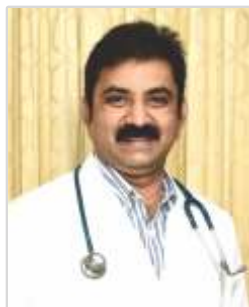


Dr.S.Vivekanandan, Head of KMCH Liver Institute, KMCH best transplant experts. He was awarded this by the Honorable Chief Minister of Tamilnadu Mr.Edappadi K. Palaniswami. In Presence of O.Panneerselvam.



(Middle) Dr.Nalla G Palaniswami, Chairman KMCH. Left to Right Dr.Jayamohan Unnithan - Kovai Respiratory Care and Research Center, CBE. Dr.S.Santha kumar-Consultant Interventional Pulmonologist, KMCH. Dr.Arun N Palaniswami - Director, KMCH. Dr.Prashant Chhajed - Fortis Hiranandai Hospital and Lilavati Hospital, Mumbai. Dr.V.Kumaran-Dean, KMCH. Dr.J.Venugopal-Consultant Interventional Pulmonologist, KMCH. Dr. Thavamani D Palaniswami - Vice Chairman, KMCH.

Welcome to KMCH Family



Dr. Senthilnathan T.A., MD., DNB EDIC., – Consultant Intensivist, KMCH

Has completed MBBS in 1995 from Coimbatore Medical College then procured his MD (Anaesthesiology) from Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, Haryana in 2002. Subsequently he joined Senior Residency at All India Institute of Medical Sciences, New Delhi and completed in 2005. Further he worked as Junior Consultant at Max Super Speciality Hospital, New Delhi before relocating to State of Kuwait in 2006. He continued his career as a Senior Specialist in Department of Anaesthesiology and Intensive Care at Al Jahra Hospital under Ministry of Health, Kuwait. During his tenure in Kuwait he has acquired European Diploma in Intensive Care from Belgium in 2014 and ECFMG certification from USA in 2016. He has been an active Advanced Trauma Life Support (ATLS) Instructor since 2012. He was a tutor in Kuwait Institute of Medical Sciences for post graduate students.



Dr. Vidhya, MBBS., MRCP (Gen.Med.), MRCP (Diabetes & Endocrinology), – Consultant in Diabetes & Endocrinology, KMCH

Has completed her MBBS at PSG Institute of medical Science during 2003, and then completed her MRCP (General Internal Medicine) in 2009 and MRCP (Diabetes & Endocrinology) during 2014 at UK. Worked at various hospitals in UK including Birmingham Heartlands Hospital (Diabetes & Weight Management Center), Queen Elizabeth University Hospital (Metabolic Bone Disease, Thyroid, Pituitary & Adrenal Disorders). Worked as a consultant in Diabetes and Endocrinology at University hospital Coventry, UK. Joined KMCH as a Consultant Endocrinology.



Dr. T. Sathesh Kumar, MBBS., MS., FRCS, FRCS(Upper GI/HPB), Fellow-HPB, CCST., – Consultant in General & Laparoscopic Surgery, KMCH

Has graduated from Coimbatore Medical College (1987-93), did his post-graduation (M.S.Gen.Surgery) in Stanley Medical College. (1994-97). He pursued his further Specialist Surgical Training in England. He trained in various hospitals in Cambridge, Manchester, Newcastle & Wales Regions. He obtained his Fellowship in Royal College of Surgeons. (FRCS (Glas) & FRCS (Intercollegiate)). He was trained in Bariatric Surgery for more than 2 years at the East Anglian Regional center for Bariatric Surgery at Luton (UK). He did Liver & Pancreatic Surgery Fellowship at Memorial Sloan Kettering Hospital in New York, USA. After obtaining his certification in Surgical Specialist Training (CCST), he worked as a Consultant Surgeon for more than 3 years in Norfolk & Norwich University Hospital, Norwich & Queen Elizabeth Hospital, Kings Lynn, before returning to India. Having more than 20 years of surgical experience, he specializes in Laparoscopic Gastro-enter ology, Gastro-Intestinal Cancer-Surgery (with special interest in Liver & Pancreas), Hernia & Bariatric Surgery. Joined KMCH as a Consultant in General & Laparoscopic Surgery.



Dr. Mullai Baalaaji A.R., M.B.B.S., M.D.(Paed.), DNB., IDPCCM., DM (Paed. Crit. Care), – Consultant Peadiatric Intensivist, KMCH

Has graduated from Madras Medical College in 2008. Did his post-graduate in Pediatrics at the Institute of Child Health and Hospital for Children, Chennai from 2008 to 2011. After working as Registrar, Pediatrics and PICU at Dr.Mehta's Hospitals Private Limited, Chennai for a year, joined as Senior Resident, Pediatrics at PGIMER, Chandigarh. Completed Super-Speciality training in Pediatric Critical Care from Post-Graduate Institute of Medical Education and Research, Chandigarh, obtained his fellowship training in 2013 and DM training in 2016. Worked as Assistant Professor, Pediatric Critical Care, SRMC & RI, Chennai before joining as Consultant at KMCH.

Welcome to KMCH Family



Dr. Babu Krishnamurthy, MBBS., MS (Gen.Surg)., FRCS (Edin)., – Consultant in General & Laparoscopic Surgery, KMCH
Dr. Babu Krishnamurthy has completed M.B.B.S., 1989 at Jawaharlal Institute of Post-Graduate Medical Education and Research, Pondicherry, then did his Master of Surgery in General Surgery, 1993 Jawaharlal Institute of Post-Graduate Medical Education and Research Pondicherry University, then pursued Post-Graduate Diploma in Human Resource Management 1997 and finally completed Fellow of the Royal College of Surgeons of Edinburgh – Clinical Surgery in general at 1998, Royal College of Surgeons of Edinburgh, Edinburgh, UK. Worked as Consultant and HOD in General Surgery, Endoscopy & Laparoscopic Surgery May 2001 – May 2006 at Image Hospitals Hyderabad. Senior Consultant – Head Of Division Ii of General Surgery & Laparoscopy. Yashoda Hospital Secunderabad. Consultant in General Surgery & Trauma Care 1997- 2001 at Kovai Medical Center & Hospital Coimbatore & Perundurai. Joined KMCH as Consultant in General & Laparoscopic Surgery.



Dr. Hari Pavithran, MDS – Consultant Dentist & FACIO Maxillary Surgery, Oral Implantologist, KMCH City Center
Has completed his undergraduate training in 2010 & MDS – Oral & Maxillofacial Surgery in 2014 at Vinayaka Mission Dental College. Undergone Nobel Bio care Implant training at 2015. Worked as Consultant at Shanthi Social Services, Singanallur from 2017 to 2017. Now Joined KMCH City Center as Consultant Dental, Oral & Maxillo Facial Surgeon.



Dr. V. Vimal Kumar – MBBS., MS (Ortho), MRCS., (Surgeons) MRCS (Surgery), Consultant Joint Replacement and Arthroscopic Surgery
Has completed his MBBS degree from PSG Institute of Medical Sciences and Research, Coimbatore in 2000. He subsequently underwent MS (Ortho) training in SRMC, Chennai between 2002 to 2005 under the guidance of Prof. Marthandam and Prof. C. Subramanian. He was awarded Gold Medal for best outgoing student in MS (Ortho). He moved to UK in 2005 and acquired Membership of Royal College of Surgeons (MRCS) in 2008 and Fellow of Royal College of Surgeons (FRCS) in 2016. Further Fellowship training in Shoulder and Elbow surgeries in 2017. Now Joined KMCH Erode as Consultant Joint Replacement and Arthroscopic Surgeon.

Congratulations

Dr. K.K. Kamaleshwaran (Consultant Department of Nuclear Medicine)

on articles published on

“Faciobrachial Dystonic Seizures result from fronto-temporo-basal ganglial network involvement & Image Findings of a Rare Case of Neuroendocrine Tumor Metastatic to Orbital Extraocular Muscle in Gallium-68 DOTANOC Positron Emission Tomography/Computed Tomography and Therapy with Lutetium-177 DOTATATE. in Pubnet.gode@US National Library of Medicine National Institutes of Health

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