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ARMY MAN GIVES LIFE IN DEATH, HIS HEART BEATS IN AN IAS ASPIRANT
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SHAH RUKH KHAN LAUNCHES NEW FACILITY
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Dear Readers,

Quite reflective of the spring season, momentous achievements and celebrations marked the past month.

A young IAS aspirant was the first patient to receive a Heart Transplant at BLK, Delhi. He shares his amazing story of getting a second chance at life and pursue his goals.

In Delhi, we also celebrated the World Kidney Day in the august presence of Shri Rajyavardhan Singh Rathore, Minister of State for Information and Broadcasting and many other dignitaries. At Nanavati, in Mumbai, the state-of-the-art Bone Marrow Transplant (BMT) and Birthing Centre were inaugurated, by none other than the bollywood megastar Shah Rukh Khan.

With the seamless transition of Radiant Pulse to its present form, we aim to bring more interesting stories and articles to you. Apart from the story of successful Heart Transplant, you will find other engaging pieces in this issue that include, how a 72 year old gentleman was saved by timely intervention with Bronchoscopy and how a Gold Implant on the upper eye lid cured a young man to regain the functioning of his eye. You will also find an informative piece on the latest development in the field of Genetics and how the developments are bridging the gap between scientific advances and clinical care.

Our editorial team would like to thank each one of you for sharing their inputs on our last issue of Radiant Pulse. The team would be more than happy to keep receiving your opinions and feedback. Needless to say, your contributed articles will always be welcomed at editorial@blkhospital.com.

Stay healthy, stay happy!

Naresh Kapoor
Executive Director
Radiant Life Care
An Eye-opening Surgery
To Close An Eye
Gold Implant of the eye

THE CASE
A 25-year-old was involved in a road accident leading to complete palsies of the 6th and 7th cranial nerves on the left side of his face. He was unable to close his eye in spite of recovery and he had excessive watering from the left eye. Ophthalmologists and Neurosurgeons advised surgery for eyelid closure.

THE PROCEDURE
The patient was brought to BLK Centre for Plastic and Cosmetic Surgery where a detailed examination revealed incomplete palsy of both the cranial nerves. The patient was taken up for implantation of gold weight in left upper lid. Gold weight plate 18mm x 3mm and 1 gram in weight was fixed to upper half of the lid through tarsal skin fold incision.

THE RESULT
After two weeks, edema of eyelid subsided and the patient was able to have complete closure of left eye even during sleep. His excessive watering from left eye subsided and the redness of the eye gradually disappeared.

DISCUSSION
Several techniques are available for management of lagophthalmos to overcome the unopposed action of the levator palpebrae superioris muscle in cases of facial nerve palsy. Because of inertness of 24-carat gold, lid loading with Gold Implant gives excellent aesthetic and functional results. It does so without any complications of donor site morbidity, unaesthetic bulge over orbital rim / zygomatic arch and unaesthetic appearance of lid aperture, associated with other procedures using autogenous tissues.

Scoliosis Corrective Surgery
Regaining Posture and Confidence

THE CASE
60-year old female with severe back pain radiating to both her lower limbs was experiencing difficulty in walking and standing. Her walking had gradually reduced to 5 mins at a stretch. On examination, it was observed that she had a tilt / bent in her posture which had increased in severity over the past 6 months. She was evaluated and diagnosed as a case of Degenerative Scoliosis from D5 – L5 vertebra.

THE PROCEDURE
A Scoliosis Corrective Surgery was advised to the patient. A computer software to quantify the deformity and identify the apex of the curve was used for pre-operative planning. Intra-operative neuro-monitoring is essential in such corrective surgeries to limit the incidence of any neural injury.

Corrective osteotomies were done at L2 – L5 levels and a posterior stabilisation spanning from D5 to L5 was done. A near normal spinal alignment at the end of a gruelling 5 hour surgery was achieved.

THE RESULT
Restoration of spine balance in both sagittal and coronal plane was achieved. Next day, the patient was made to sit in bed and out-of-bed mobilisation was started from the second day, post-surgery. She was discharged on the seventh day.
A Braveheart For The Aspiring
An epic maiden Heart Transplant done in BLK Super Speciality Hospital

The army jawans protect us and save our lives. In this heroic tale, an army jawan saved a life of a young IAS aspirant even in his death. Here’s a heart-rending case of life-in-death.

Meeting an unfortunate death while on vacation in his hometown of Saharanpur, the jawan was rushed to a Delhi based hospital where he was declared brain dead. The family, keeping his courage in mind, agreed to donate his organs. On the other side was a young man suffering with an end-stage heart disease, fighting the odds and on the verge of giving up.

THE CASE
The 28-year-old recipient, Harmender was admitted to BLK Super Speciality Hospital on 5th March, 2017 with complaints of difficulty in performing routine daily activities described as heart failure stage D. Post investigations, it was diagnosed that he had severe left ventricular dysfunction, both of his valves aortic and mitral were incompetent and leaking. His heart was highly dilated with very poor pumping and the only option for survival was a Heart Transplant.

THE PROCEDURE
The heart (of the deceased army man) was transported from a city based hospital to BLK Super Speciality Hospital in a record 8 minutes after Delhi Traffic Police yet again created a green corridor for the same. The family of the deceased had given consent for a cadaver donation after the man was declared brain dead on arrival in the hospital. Timely information from NOTTO helped save the young man in first attempt after he applied for Heart Transplant.

THE RESULT
With a tiger-heart pumping inside him, Harmender has now recovered well and hopes to fulfill his dream of becoming a civil servant. He aspires to accomplish a lot of things in the years to come. However, one of the most important task for him at the moment is to spend quality-time with his 18-month-old son.

The 4 hour long surgery started at around 2.35 am and lasted till 6.30 am. Dr. Ajay Kaul supported by his team - Dr. Sushant Srivastava in CTVS, Dr. Subhash Chandra and Dr. Neeraj Bhalla, Dr. Dheeraj Gandotra, in Cardiology, Dr. Jasbir Khanna, Dr. Sameer Saurabh Arora, Dr. Gagan Pal Singh in Cardiac Anaesthesia, Kanwalpreet Kaur, Transplant Coordinator and Gaurav Sharma, Manager- BLK Heart Centre, helped perform the mammoth Heart Transplant surgery successfully.

Dr. Ajay Kaul with the recipient post the surgery

“The 28 year old IAS aspirant was admitted with complaints of difficulty in performing daily routine activities. The donor was a perfect match for the recipient as their age, body built and haemo-dynamics were the same.”

Dr. Sushant Srivastava
Director & Sr. Consultant
Cardio Thoracic and Vascular Surgery (CTVS)
BLK Heart Centre
Getting Down To Curing A Headache
Deciphering a headache and surgical removal of a tumour inside the brain

THE CASE
A 15-year-old boy was presented with complaints of sudden onset of severe headache, on and off episodes of vomiting for the past 1.5 months which was also increasing in frequency. The headache was bi-frontal in location and not associated with postural changes. There was no history of seizure, loss of consciousness, altered sensorium or weakness in the limbs. The detailed neurological examination revealed no sensory or motor deficits.

THE PROCEDURE
The MRI report revealed a large well-defined lesion in the region of the third ventricle. It was isointense on T1, hyperintense on T2 and did not suppress on FLAIR. There were few foci of blooming noted in the periphery of the lesion which corresponded to the foci of calcification on screening CT. Contrast enhanced MRI showed mild enhancement of the wall of the lesion with few foci of nodular enhancement in the periphery. In addition to obstructive hydrocephalus, there was superior displacement of the body of corpus callosum and prominent periorbital spaces suggesting increased intracranial tension. The imaging findings on MRI did not distinguish an intraventricular craniopharyngioma from an atypical colloid cyst.

The tumour was surgically removed by a right parasagittal, pericoronal craniotomy via an interhemispheric, interforniceal approach with excision of the third ventricle. The tumour was found to be expanding the third ventricle and was stuck to its floor. Histopathology revealed a cystic lesion lined by stratified squamous epithelium with lymphocytic inflammatory infiltrate and cholesterol clefts within the wall suggesting adamantinomatous subtype of craniopharyngioma.

THE RESULT
The Patient has recovered well post surgery and is doing extremely fine.

DISCUSSION
Craniopharyngiomas are benign neoplasms arising from the craniopharyngeal duct. Their location is determined by the embryological events in the suprasellar region. Rare ectopic locations include third ventricle, nasopharynx, pineal gland, splenoid sinus and clivus. Our case was an entirely intrinsic intraventricular craniopharyngioma arising from the floor of the third ventricle extending into the foramen of monroe. The tumour was largely indistinguishable from an atypical colloid cyst. Other differentials include ependymal cyst, arachnoid cyst and neurocysticercosis of 3rd ventricle. Intraventricular craniopharyngiomas present with manifestations of raised intracranial pressure as was present in our case.

A Transformation of Life Changing Kind
How a lady achieved mobility after years of fused knees after TKR

Total Knee Replacement (TKR) can change people’s life who have been immobile for years. Here is a classic case of an international patient who was able to walk after being bed-ridden for many years.

THE CASE
41 year old Arun Mala Kumari, a native of Republic of Fiji, had been living with a medical condition that rendered her totally immobile. Both her knees have been severely damaged due to an auto-immune disease, Rheumatoid Arthritis. Due to the disease her knees had fused resulting in zero movement in the knee joints. Most of the time, she would be bed-ridden or would need a wheelchair for mobilisation. Her crippling disease made her dependent on others for her daily needs. She took treatment in Fiji but nothing worked. She consulted Dr. Mrinal Sharma at BLK who suggested that she would benefit from a bilateral Total Knee Replacement (TKR) surgery.

THE PROCEDURE
The surgery was complex and had to be meticulously and extensively planned. The bone was osteoporotic and there was a high risk of fracturing while trying to dislocate the knee. Dr. Sharma had to put extension rods in the tibial tray so that it would not sink in the osteoporotic bone.

THE RESULT
Post-operatively she has good range of motion and is mobile without any pain. She is happy to see her knee bend beyond 90 degrees after a period of several years. She is undergoing physiotherapy in the department, waiting to go back to her country. Post-operative X-rays of knee joints show well placed implant and complete correction of deformity.

DISCUSSION
Craniopharyngiomas are benign neoplasms arising from the craniopharyngeal duct. Their location is determined by the embryological events in the suprasellar region. Rare ectopic locations include third ventricle, nasopharynx, pineal gland, splenoid sinus and clivus. Our case was an entirely intrinsic intraventricular craniopharyngioma arising from the floor of the third ventricle extending into the foramen of monroe. The tumour was largely indistinguishable from an atypical colloid cyst. Other differentials include ependymal cyst, arachnoid cyst and neurocysticercosis of 3rd ventricle. Intraventricular craniopharyngiomas present with manifestations of raised intracranial pressure as was present in our case.

Dr. Deepak Patkar
Director - Medical Services
Head, Department of Imaging
Nanavati Super Speciality Hospital, Mumbai

Dr. Mitusha Verma
Consultant - Imaging Services
Nanavati Super Speciality Hospital, Mumbai

“It is important to be aware of the ectopic location of craniopharyngioma so that timely diagnosis is made and further complications during surgery due to tumour adherence are avoided.”

Dr. Mrinal Sharma
Consultant
Joint Replacement Specialist
BLK Centre for Orthopaedics, Joint Reconstruction & Spine Surgery
BLK Super Speciality Hospital, New Delhi

How a lady achieved mobility after years of fused knees after TKR

Before Surgery

After Surgery

MRI Scan

Radiant Life Care | Newsletter April 2017

A Transformation of Life Changing Kind
How a lady achieved mobility after years of fused knees after TKR

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A Step Ahead With Genetics
Bridging gaps between scientific advances and clinical care

Genetics is at the forefront of medicine with a wide spectrum right from Foetal Medicine, Perinatology, Paediatrics, Adult Medicine to Oncology.

Even as we realise the importance of these advances, their applications to patient care have been limited by lack of awareness, cost and unavailability of this facility in hospitals. Realising the need to address these gaps, the clinic will address queries related to genetic disorders, focussing on evaluation and management of patients, tailored to clinical presentation and care. It also intends to take further, the care of thalassemia patients and their families to betterment through genetic diagnosis and management aided by new facility of Bone Marrow Transplant.

Working with genetic patients requires a multidisciplinary approach which includes confirmation of diagnosis, management of patients in the light of prognosis, involvement of family members, counselling, rehabilitation. Cytogenetics (study of chromosomes), Biochemical genetics (study of metabolic defects, enzyme deficiencies), Molecular genetics (study of genetic diseases with DNA mutations, epigenetics etc.) are some of the specialities. The clinical presentation of a genetic disease varies from severe congenital malformations, metabolic diseases from mild to moderate presentations which could well span to teenage and adulthood. As we gather more evidence, genetic basis of diseases involving Neurology, Oncology, Cardiology, Endocrinology, Skeletal Dysplasias, Neuropsychiatry and Dermatology is becoming clear. Recently, therapies have emerged for some disorders but many therapies for complete cure are still being evaluated like stem cells, gene therapy which may change complete outlook towards therapeutics in medicine.

Currently, genetic evaluation needs careful application of diagnostics to clinical presentation. It helps in preventive medicine as in prenatal, pre-implantation diagnosis as well as predicting risk to family. Genetic counselling involves a process of providing information about disease and its management, testing, risk to family members in non-directive manner.

THE CASE
A 72 year old diabetic man on insulin with a history of CABG done 3 years ago was admitted with complaints of increasing breathlessness, cough and high fever for the past 7 days. He was prescribed antibiotics by Physicians but there was no response. On admission, his X-ray chest showed right lower lobe partial collapse with right middle lobe consolidation. There was eventration of left dome of diaphragm. WBC counts were 26000 with neutrophilia. Patient was admitted in ICU in view of the respiratory distress and saturation of 81%. Immediately injectable cephalosporins and clarithromycin were given. With no clinical improvement inspite of nebulisation, antibiotics and non invasive ventilation, a diagnostic and therapeutic Bronchoscopy was planned on the basis of the clinical findings of partial collapse and inability to expectorate. Considering patient’s age, cardiac status and respiratory distress, it was a high risk procedure.

THE PROCEDURE
Bronchoscopy revealed right lower lobe bronchus partially blocked with food material. There were thick pus plugs along the right middle lobe / lower lobe segments. The foreign material was removed with help of Bronchoscopy forceps and basket. Therapeutic saline wash was given with suctioning. On detailed examination, the food material removed by Bronchoscopy revealed walnut shells and pieces. Retrospective history from the relatives proved that 2 days prior to the fever and cough the patient had a severe bout of cough while chewing and swallowing walnuts. The cough bout was so severe that it lead to vomiting. Subsequently, for 2 days the patient was fine until he developed symptoms of fever and breathlessness.

THE RESULT
Post Bronchoscopy the patient showed marked clinical improvement with complete clearance of the partial obstruction and pus. WBC count came to near normal. The patient was then shifted to ward. After 24 hours, saturation improved more than 91%. The patient was discharged in a week and was advised nebulisation and chest Physiotherapy.
EVENTS AND ACTIVITIES

BLK Celebrates World Kidney Day

The World Kidney Day event was successfully organised at the India Habitat Centre on 8th March, 2017. Hon’ble Minister of State for Information and Broadcasting Shri Rajyavardhan Singh Rathore was the Chief Guest of the event. Other eminent guests included Shri Rajiv Pratap Rudy, Dr. Bhola Singh, Shri Rajiv Shukla and Shri Mohammad Kaif. Donor families were felicitated by the Guests of Honour. Dr. Sunil Prakash (Sr. Consultant & Director, BLK Centre for Renal Sciences & Kidney Transplant, BLK Super Speciality Hospital, New Delhi) and Dr. Deep Goel (Director, Minimal Access, Bariatric & Surgical Gastroenterology, BLK Centre for Digestive and Liver Diseases) co-ordinated and held the event together on stage from start to finish.

Launch of New Facilities at Nanavati

Nanavati Super Speciality Hospital launched its Bone Marrow Transplant Centre - a 6 bedded state-of-the-art unit, one of the biggest and one-of-its kind in the city of Mumbai. From left to right - Mr. Abhay Soi, Ms. Gouri Soi, Dr. Dharma Choudhary, Mr. Shah Rukh Khan and Dr. Ali Irani during the inauguration.

Awards & Accolades

Left to Right
GDA of the Month - Mr. Krishna Murari Jha, Employee of the Month - Mr. Rohit Dhingra, Mr. Naresh Kapoor (Executive Director), Doctor of the Month-Dr. Kirti, Nurse of the Month - Mr. Vishnu V Nair (Ms. Manju took the award on his behalf ), Contractual Worker of the Month- Mr. Rahul Haldwal

Inauguration of New Birthing Centre

Bollywood megastar Shah Rukh Khan inaugurated state-of-the-art Birthing Centre at Nanavati Super Speciality Hospital. Our newly developed centre has separate Operation Theatres, Labour Rooms and Recovery Rooms and is well equipped to handle high risk pregnancies. Mr. Khan mentioned that he was amazed to see how our services have evolved over the years to a world class level.
BLK & NSSH in NEWS