IN THE HEART OF THE MATTER
How TAVR technique can alter lives

A STITCH IN TIME
Emergency response miraculously saves man
Dear Readers,

Come September and we all start enjoying the balanced fall weather. This month has a special significance as ‘World Heart Day’ is observed on the 29th of September. BLK Heart Centre, one of our Centres of Excellence, has conducted some of the most crucial heart surgeries and is amongst the most sought after centres in the region. This ‘World Heart Day’ special issue features a heart procedure involving the Transcatheter Aortic Valve Replacement (TAVR), an innovative technique of replacing the Aortic Valve of the heart through a small blood vessel in the leg.

In another classic case of a ‘stitch in time’, there is a gripping story of a middle-aged man who suffered a sudden heart attack at his workplace. Luckily, as you will find out, his colleagues’ presence of mind and our doctors at the Emergency made sure that the story had a happy ending.

Continuing our international collaboration, we entered into a strategic partnership with CARe Medical College Hospital, Bangladesh, under which both the hospitals shall be engaged in working together to strengthen each other’s capabilities.

I would like to thank those who have been providing us their candid feedbacks and suggestions. We would be happy to continue getting your valued feedback at editorial@blkhospital.com.

Stay Healthy! Stay Positive!

Blak Super Speciality Hospital
THE AGONY OF NEGLECTED HIP
BLK rectifies a case of faulty Hip Replacement Surgery done earlier

THE CASE
A 25-year-old, Iraqi lady came to India to find the right treatment for her Dysplastic Hip Joint. She had undergone an unsuccessful Hip Replacement Surgery in her country. Much to her dismay the surgeon was unable to identify the true socket and erroneously developed another socket in the iliac wing of the pelvis and implanted an acetabular cup much above the true acetabular socket. Accordingly, the femoral shaft was also shaped and shortened to match this cup and a total Hip Joint was constructed along the ilium. The Hip failed within no time with total disruption of the joint causing more misery to the Iraqi lady. She was bedridden for one year and later came to BLK Super Speciality Hospital, India to find the right cure.

THE PROCEDURE
The team at BLK was confronted with the task of salvaging the Hip and providing her a stable construct on which she would be able to walk again. A surgery was performed to remove the old acetabular cup with all its screws and debris. The index acetabulum was identified by imaging techniques. The dysplastic acetabulum was reamed and reconstructed with bone grafts and then a ‘Tripolar Acetabular Cup’ was implanted in correct version and inclination. The bigger challenge was yet to come with the high riding femoral head, which was about 4 to 5 cms above the newly constructed acetabular rim. There were severe muscle contractures and scarring from previous surgery that did not let the femoral head reduce in the acetabular socket. After wide soft tissue releases and stripping the soft tissue up to the mid shaft of femur, the reduction of the femoral head was accomplished and a stable construct was achieved, thus, salvaging a difficult situation.

THE RESULT
After the surgery the patient was very relieved and her discomfort was almost gone. The revision surgery gave her a new hope to lead a normal life. She is happy, healthy and all geared up to give a fresh start to her life.

FUTURE FERTILITY IS POSSIBLE
Remarkable advances in the treatment of Malignant Mixed Ovarian Germ Cell Tumours

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Malignant Mixed Germ Cell Tumours of Ovary are highly aggressive neoplasms consisting of two or more types of germ cell components. An early intervention and fertility sparing surgery can be performed for any adolescent girl with enlarged Ovarian mass. Hysterectomy should be avoided as these Tumours can be treated very well by a fertility preserving approach in young girls. Although, majority of patients come with ultrasound as the first diagnostic modality, but a definitive diagnosis can only be made after a contrast enhanced CT/MRI scan along with the Tumour markers.

THE CASE
A rare case of a 13-year-old teenage girl was presented at BLK Super Speciality Hospital. She had been suffering from pain in abdomen and had irregular bleeding—Polycythemia vera (PV). On examination her abdomen showed a huge mass with solid and cystic components. It was found that the Tumour markers i.e. Alpha-fetoprotein (AFP), Human Chorionic Gonadotropin (hCG), Lactate Dehydrogenate (LDH) and Ca-125 were significantly increased, raising a high suspicion of Germ Cell Tumour (GCT).

THE PROCEDURE
There are growing concerns over the possibility of future infertility in young girls undergoing surgery for malignant causes. Therefore, after detailed discussion with the patient’s parents, an Exploratory Laparotomy was performed. Only the involved Ovary and Tube were removed and sent for frozen section, which was reported as mixed Germ Cell Tumour. Thus, a fertility sparing staging procedure was done which included the sampling of Pelvic Lymph Nodes and random Peritoneal and Omental Biopsies preserving the Contralateral Ovary, Tube and Uterus.

THE RESULT
The patient had an uneventful postoperative period and received three cycles of BEP (bleomycin, etoposide, cisplatin) based Chemotherapy depending on her final Hospital Performance Report (HPR). She made a steady recovery and is now leading a distress free life.
Transcatheter Aortic Valve Replacement (TAVR) is an innovative technique of replacing the Aortic Valve of Heart through a small blood vessel of leg with the help of a catheter-based assembly. The technique is specially reserved for patients who have significant Aortic Valve Dysfunction requiring Aortic Valve Replacement, but are at a very high risk for conventional surgery.

THE CASE
A 62-year male was admitted to the BLK Heart Centre with severe Aortic Valve Dysfunction. He underwent detailed Echocardiography and was found to have severe Aortic Valve Stenosis with poor LV function and was severely symptomatic. The patient was a very poor candidate for conventional Aortic Valve Surgery along with the added risk of a reoperation. The patient had undergone Coronary Artery Bypass Surgery 4 years back. This patient would have been at a very high risk even if he had undergone conventional Aortic Valve Replacement through Minimally Invasive technique where the patient anyways had to go on extracorporeal circulation. Hence, after weighing all the options, we decided to perform TAVR procedure on him.

THE PROCEDURE
TAVR technique does not require any kind of anaesthesia or any special preparation. Pre-procedure CT scans delineating exact Aortic Outflow Anatomy was done to ensure proper sizing of the suitable valve. During the procedure the patient was awake and a small arterial puncture was made in the right leg artery through which the whole valve assembly was passed up to the Aortic Valve in the Heart. Then, very carefully the valve was placed in the Aortic Outflow under Fluoroscopic guidance. The valve was seated carefully and checked under Fluoroscopy. The whole procedure took 30 minutes and the patient was shifted to recovery for one-day observation.

THE RESULT
The best part of this technique is that immediately after the procedure (which hardly takes 30 minutes), the patient is kept under observation for 24 hours in recovery and can be discharged the very next day. In this case, the patient had a very smooth recovery and was discharged from the hospital on the 3rd day in satisfactory condition.
RESTORING LIFE

BLK doctors perform a live-saving surgery of a child suffering from a rare dancing-eye-and-feet syndrome

THE CASE

At just a tender age of one year, young Ayaan had to suffer a lot because of a rarest of rare medical condition - a dancing eye and feet syndrome that causes abnormal jerky movements of the eyes, head, trunk and extremities. With a rare occurrence of 1 in 10 million, this medical condition represents a serious problem with a Tumour near the Lung and Heart Arteries. The critical condition of their son left the parents immensely worried and clueless until they reached BLK Super Speciality Hospital in New Delhi. A team of doctors at the Hospital lost little time in diagnosing and performed a life-saving non-invasive surgery to give the child a new lease of life.

THE PROCEDURE

The initial assessment of the child revealed a neurological disorder, which appears to be the result of an autoimmune process involving the nervous system. A rare presentation of a Tumour originating from neural tissue (Neuroblastoma) was diagnosed. An MRI of the Chest and Spine revealed a well-defined moderately enhancing Tumour close to the side of the Spine. The Tumour was lying close to the major vessel (Aorta), however there were no signs of Tumour elsewhere. Doctors had to deal with the challenge of removing the Tumour completely without damaging the adjacent organs. After much deliberation, doctors decided for the minimally invasive surgery (Thoracoscopy), as the open surgery was fraught with risks and included long duration of hospitalisation.

This procedure was a definitive forward move in this domain of medical science and is still being studied carefully worldwide.

THE RESULT

After a challenging surgery, the Tumour was successfully removed by gently separating it from the Aorta. The biopsy of the Tumour and genetic testing confirmed pre-operative diagnosis of Neuroblastoma. The child was shifted in the Paediatric Intensive Care unit for monitoring. He was discharged after two days but was advised to be on regular follow-up with a Paediatric Oncologist. Recently, Ayaan visited the hospital for his follow-up and is doing perfectly fine.

A STITCH IN TIME

Swift emergency response miraculously saves sinking heart of a 41-year-old man

THE CASE

This is a classic case of how timely intervention can save precious lives, in the wake of much-dreaded Heart Attack. Rajesh Kumar and Santosh Singh were nervous, and shivering when they brought their friend Pankaj Malhotra to the emergency ward. Pankaj had collapsed suddenly while at work, and as luck would have it, their office was just few minutes away from BLK Super Speciality Hospital. Doctors were equally concerned as Pankaj’s ECG monitor displayed a straight line for about 3 minutes. However, a team of experts at the emergency ward put all their might to resuscitate him, and succeeded.

THE PROCEDURE

When Pankaj was brought to BLK Super Speciality Hospital, his condition was extremely critical. The team at BLK immediately put him on ECG monitor. It was an intense situation as the monitor reading displayed a straight line for a good 3 minutes. This implies that his condition had worsened a bit too much and it was a situation from where many patients slip into extreme danger. On examination, it was found that the level of oxygen to his brain was very low, had he not been revived in a few more seconds he could have been brain dead or not been able to survive. He had 99% blockage and an Angioplasty was performed post Angiography.

THE RESULT

The patient is out of danger and has shown steady signs of recovery. He is thankful to his friends- Rajesh, Santosh and the team of Doctors at BLK for saving his life. His friends are now waiting for him to recover and resume work.

“I salute the judgement of the two friends of Pankaj who wasted no time in bringing him to us. It was also the instantaneous coordination and swift action of experts in the emergency department that ensured all necessary interventions were in place without any loss of time.”
BLK expands its Horizon

Bangladesh CARe enters into strategic agreement with BLK Super Speciality Hospital

BANGLADESH

BLK Super Speciality Hospital has recently inked a strategic pact with CARe Medical College Hospital (CAReMCH) in Dhaka, Bangladesh. The pact aims to help CAReMCH become a leading healthcare destination for its people through educational, scientific and medical cooperation between the two institutions.

The agreement will further provide assistance to CAReMCH in capacity building for its healthcare professionals, knowledge and skill transfer through its highly specialised pool of eminent doctors and world-class infrastructure. In keeping pace with the rapid changes in healthcare, assistance would also be provided to CAReMCH for enhancing their capacities in latest Radiotherapy Treatment, Bone Marrow Transplant, Cardiac Sciences, Renal Transplants, Laparoscopic Surgeries, Medical Oncology, Orthopaedics, Neurology, among other specialities for a period of two years.

“We are extremely happy to enter into this strategic partnership with CARe Medical College Hospital, Bangladesh. For next two years, both the hospitals shall be engaged in working together to strengthen each other’s capabilities. We plan to provide highly qualified medical experts, facilitate students’ exchange program and assist medical staff to keep them abreast with latest developments in medical science.”

Mr. Naresh Kapoor
Executive Director, BLK Super Specialty Hospital

“This MoU will pave the way for further cooperation and mutual understanding between the two countries for improving healthcare facilities for people of Bangladesh. I am certain that the pact will help in increasing intellectual and innovative resources between the two countries making our hospital a leading healthcare centre in Bangladesh.”

Dr. Praveen Fatima
Chairman, Governing Body, CAReMCH