THE MANY FACES OF CANCER
Fighting multiple forms of the dreaded disease

RAREST OF THE RARE
A watermelon-sized tumour removed to save woman’s Kidney & her life
Dear Readers,

We are at the cusp of winter and it is the time of the year that everyone looks forward to. However, this transitional period, is always the time for all of us to be extra careful towards our health. Earlier in the month, we had even treated many patients with respiratory complaints. Quite understandably, it could be attributed to the sudden spike in the pollution level in the national capital region.

Continuing our focus on Cancer, this issue carries two separate cases where a woman went through a breast saving surgery while an elderly gentleman with a family history of malignancies diagnosed with multiple cancers in his body underwent a successful surgery. These are the kind of stories that remind us to go for regular health-check ups.

Another case that you cannot miss is the rarest of the rare case of a 7 kg tumour, the size of a watermelon which was surgically removed by our doctors to salvage the patient’s Kidney and her life.

In continuation of our effort to build healthcare capacities for our esteemed international partners, we had invited team of specialists from Tanzania’s National Referral Hospital, Research Centre and University Teaching Hospital to attend observership and training courses on Kidney Transplant at our hospital for a period of 3 months.

I must also mention here that we value your words of encouragement that we have been receiving for our editorial team. You can reach us at: editorial@blkhospital.com with your feedback, suggestions and inputs that you think would make this newsletter a more enjoyable read.

FROM THE ED’s DESK
**THE CASE**

Kajal had been facing problems with her right Kidney for a long period of time. She consulted few doctors who advised on the removal of her Kidney. Kajal was gaining weight rapidly over a period of 6 months and she looked like an expectant mother. It was then she visited Dr. Bhatyal (Advisor & Sr. Consultant, Urology, Andrology and Renal Transplant, BLK Centre for Renal Sciences and Kidney Transplant) who planned her surgery strategically, removing the gigantic mass and saving part of the uninvolved Kidney. The problem was more complicated than it seemed. Even the slightest injury to the abdomen might have led to heavy internal bleeding and possible death.

**THE PROCEDURE**

In addition to the large tumour, there were three more small tumours (AML) in the lower part of the right Kidney. Upon complete evaluation, the team decided to perform a surgery known as Partial Nephrectomy, which is a meticulous and painstaking surgical procedure for removal of such a huge vascular mass. The other three small tumours were also removed to prevent similar kind of growth in the salvaged part of the Kidney. A 7 kg tumour was removed, giving Kajal a new lease of life.

**THE RESULT**

After a successful surgery, Kajal recovered quickly and within few days she was discharged from the hospital. Kajal is advised timely health check-ups so that she can lead an uneventful life for years to come.

**THE CASE**

Kamlesh, a 22-year-old daily wage-worker had an accident at work. His employer and colleagues wasted no time in rushing him to a local clinic when his wrist got stuck under the sheet cutting machine and was ripped off completely. The severed part was preserved in the ice bag immediately at a nearby clinic and the patient was then referred to BLK Super Speciality Hospital for immediate surgery.

**THE PROCEDURE**

After a very challenging 17-hours long surgery, the wrist was replanted by a team comprising of 7 experts and 2 surgeons led by Dr. Lokesh Kumar, Director & HOD, BLK Centre for Plastic & Cosmetic Surgery. The severed part had squashed arteries and nerves, the challenge was to precisely identify each and separate them. Arteries, nerves and tendons of the amputated part was fixed to the stump using K wires, which held the severed hand together in place before titanium plates were inserted to join the bones. Once the bone was fixed, the most important step was to start the blood flow to the severed part which was done by attaching the arteries and veins under the magnification of operating microscope. The last step was to join other structures like nerves and tendons which are important to bring function to the replanted hand.

**THE RESULT**

Kamlesh is doing well now and showing consistent improvement. He can move his fingers and has partial wrist movement. It took about 6 weeks to naturally regenerate his bone strength and muscle movement, saving him from a lifetime of disability.
Breast Conservation for Early Breast Cancer

Cosmesis beyond Cure!

Breast Conservation Surgery has been the standard of care for more than twenty years; with local control rates and overall survival being equivalent to Mastectomy. With recent advances in imaging techniques such as MR Mammography, Sentinel Node Biopsy and development of Breast Oncoplasty, the long term and cosmetic results of the procedure have improved.

THE CASE

A 46-year-old pre-menopausal female visited BLK Cancer Centre with a recently noticed lump in the left breast. On clinical examination, a 2x2 cm size well defined lump in upper outer quadrant of left breast was found with no significant palpable axillary lymphadenopathy. Upon further investigation with MR Mammography two other suspicious lesions were seen in close proximity to the main tumour. US guided biopsy of lump was infiltrating ductal carcinoma.

THE PROCEDURE

The patient was subjected to Breast Scintigraphy on the day of surgery after injecting radioactive Tc99 nano colloid in retroareolar region of left breast. Gamma scan was performed after 2.5 hours of injection; which showed uptake in two lymph nodes along anterior axillary fold. She was then shifted to the operation theatre. The sentinel lymph nodes were dissected by axillary incision, the radioactivity was confirmed using handheld gamma probe and all hot nodes were sent for frozen section biopsy of lump was infiltrating ductal carcinoma.

THE RESULT

The surgery was successful and the patient went home the next day. The defect created after removal of lump was reconstructed by Breast Oncoplasty with transposition and suturing of adjacent breast parenchyma into the defect.

The many faces of Cancer

A peculiar case of fighting multiple forms of the dreaded disease

Certain types of Cancer seem to run in some families owing to certain risk factors in common, such as smoking and obesity. But in some cases, an abnormal gene that is being passed along from generation to generation causes the Cancer. Although, this is often referred to an inherited Cancer, what is actually inherited is the abnormal gene that can lead to Cancer.

THE CASE

A 62-year-old gentleman without any co-morbidities was brought to the Surgical Oncology OPD with complaints of generalised weakness. He had come for regular follow-up and evaluation for anaemia (6 gms %). He was first diagnosed as a case of Adeno Carcinoma Rectum treated in April 2008 with Neo Adjuvant Chemotherapy, Radiotherapy and Low Anterior Resection. He was diagnosed with second malignancy – Adeno Carcinoma Transverse Colon in 2011 for which he underwent surgery, received Adjuvant Chemotherapy but didn’t complete the course.

He had a very significant family history of malignancies with his elder brother having Carcinoma Oesophagus at the age of 65, and younger brother having Carcinoma Stomach at the age of 56. Further evaluation with UGI Endoscopy & HPE revealed Adeno Carcinoma Stomach Cardia and PET revealed a localised disease.

THE PROCEDURE

He was optimised, 6 units of PRBSs was transfused and prepared for surgery. He underwent Radical Total Gastrectomy with Distal Pancreatectomy, Splenectomy, D2 Lymphadenectomy, Roux-En-Y Esophagojejunostomy and Feeding Jejunostomy under General Anaesthesia.

THE RESULT

Postoperative period was uneventful. The patient was advised further Chemotherapy. His family members have also been suggested for Genetic Counselling.

When Should One Worry?

When many cases of Cancer occur in a family, it is most often due to chance or because family members have been exposed to a common toxin, such as cigarette smoking etc. Less often, they may be caused by an inherited gene mutation causing Family Cancer Syndromes such as:

- Many cases of an uncommon or rare type of Cancer (like Kidney Cancer); Cancers occurring at younger ages than usual (like Colon Cancer in a 20 year old); more than one type of Cancer in a single person (Breast and Ovarian Cancer); Cancers occurring in both pair of organs (both Kidneys, Breasts); more than one childhood Cancer in a set of siblings (like Sarcoma in both brother and sister); Cancer occurring in the sex not usually affected (like Breast Cancer in a man).

People with a strong family history of Cancer may want to find out about their genetic make-up. This knowledge may help the person or other family members in planning their future healthcare. Since inherited mutations affect all cells of a person’s body, they can often be identified by genetic testing that is done on blood samples. Genetic counselling and testing may be recommended for some people with a strong family history of Cancer.
The perfect Joint effort
A Uniknee Replacement Surgery by Dr. Pradeep Sharma and team

THE CASE
A 50-year-old housewife had recently visited Orthopaediac OPD with complaint of Unicompartmental Osteoarthritis. She had good quality bones and her anatomy and alignment were well preserved. She had a painful walk and typical waddling gait due to medial joint disease. Her walking distance was significantly reduced and she had trouble doing her day-to-day chores. She was too young for Total Joint Replacement as the disease was limited only to the medial compartment of the Knee.

THE PROCEDURE
Dr. Pradeep Sharma, Director & Head - Centre for Orthopaedics, Joint Reconstruction & Spine Surgery and team performed the surgery using bilateral unicompartmental oxford mobile bearing Knee. The joint was exposed through a medial parapatellar incision. The diseased condylar surfaces were excised and after adequate preparations a unicondylar femoral and tibial component were fixed.

THE RESULT
Post operation, the patient started weight bearing and assisted-walking, the very next day. After 4 days, she could independently walk approximately fifty metres. Over the days, her pain was significantly reduced.

The perfect Joint effort
A Uniknee Replacement Surgery by Dr. Pradeep Sharma and team

Getting freedom from pain in lower limbs
A little boy found solace after expert doctors’ intervention

THE CASE
A 7 year old boy from Uzbekistan, weighing 21 kg was admitted with pain and discomfort in both lower limbs. The boy was experiencing fatigueability for a long time while walking. Transthoracic Echocardiography showed severe Coarctation of Aorta (COA) with pandiastolic spill with moderate sized outlet muscular Ventricular Septal Defect (VSD) shunting left to right.

Family was counselled regarding treatment options either surgically or by intervention methods. As patient weight was not suitable for stenting of Coarctation of Aorta so ballooning of COA along with device closure of VSD was planned.

THE PROCEDURE
Procedure was done in conscious sedation. Right femoral Vein and Artery was taken and secured with 6F and 5F shorts sheaths respectively. Pre balloon COA pressure gradient was 40 mm Hg. Ballooning of COA segment was done with Tyshak II 8*40 mm followed by 10*40 mm balloons.

There was a significant step up in saturation from SVC to Pulmonary Artery. LV Angiogram was done which showed 4.9 mm outlet muscular VSD with good separation from aortic valve. VSD device closure was done with Amplatzer Duct Occlude II (6*4 mm) from retrograde route (Femoral Artery) under fluoroscopic guidance. Device position was confirmed on Echocardiography and then released.

THE RESULT
Post ballooning of COA segment, there was an insignificant pressure gradient along with well opened COA segment. Post VSD device closure, there was no residual shunt across the device with no aortic regurgitation and the cardiac rhythm was normal in ECG. Patient was discharged after 48 hours in haemodynamically stable state.

Dr. Pradeep Sharma
Director & Head - BLK Centre for Orthopaedics, Joint Reconstruction & Spine Surgery
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Dr. Rajesh Verma
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Consultant - BLK Centre for Orthopaedics, Joint Reconstruction & Spine Surgery
BLK Super Speciality Hospital

The Unicompartmental Knee is used in Osteoarthritic Knees under specific conditions like:

1. Adequate motion is present in the Knee preoperatively
2. Less than 10 degree pre-operative flexion contracture is present
3. Varus or valgus malalignment is passively correctable under anaesthesia and the varus deformity does not exceed 10 degree
4. The opposite (lateral) compartment is confirmed to the normal or near normal at the time of operation
5. The anterior cruciate ligament is intact
6. The patellofemoral joint is normal or near normal

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Dr. Gaurav Agrawal
Associate Consultant
Paediatric Cardiology
BLK Super Speciality Hospital

“The COA was of severe degree and there was significant step up in pulmonary artery so both COA & VSD had to be addressed simultaneously and treated immediately. Complication rate is less with intervention as compared to surgery.”

Pre-operative
Post-operative
Awards & Awareness

Recognising the best team members

The winners of the BLK HR Employee Recognition Award for October were recently commemorated by Mr. Naresh Kapoor, Executive Director, BLK Super Speciality Hospital.

L-R: GDA of the month - Ms. Shobha (Shine & Standard); Employee of the month - Dr. Ashwani Kumar (Assistant Manager - Billing-TPA); Nurse of the month - Mr. Rijo Chako (Ward In-charge Nursing) and Contractual Worker of the month - Mr. Ajay Sharma (Senior Carpenter-Alpha Integrated); Doctor of the month - Dr. Payal Sen Halder (Medical Officer - Internal Medicine) who couldn’t be there for the award ceremony.

Book Launch

It was a proud moment for us when ‘Chronicles of a Gynaecologist’ a book by our Senior Consultant, Dr. Tripti Saran, was unveiled in a grand ceremony held at the India Habitat Centre in the august presence of our chairperson, Mrs. Rita Choudhrie; noted author and doctor, Dr. Ashok Prasad and founder secretary of women health and work initiative, Mrs Amita Sahaya.

‘Chronicles of a Gynaecologist’ is a powerful women centric book, a treatise where the fictionalised narratives inspired from real life experiences, explore a myriad of issues experienced during pregnancies, myths and superstitions surrounding them, to emotionally wrenching situations like post partum depression. These compelling stories also touch upon topics that society tries to hide under the carpet, such as domestic violence, perversions, altered sexual orientation, rape and incest. They try to decipher the conundrum of women’s lives at every step and alongside give a much broader perspective of the factors that interplay in the professional career of a dedicated doctor. Every story raises a curtain and promises to be a revelation.

Event of the month

BLK Super Speciality Hospital had the privilege of hosting the Annual Conference of the Association of Surgeons of India, Delhi State Chapter, titled Surgicon 2016. The theme of the conference was Abdominal Wall Hernia Repair: Where We Stand Today. Dr. (Prof.) K. N. Srivastava, Sr. Consultant & HOD, General & Minimal Access Surgery was the Organising Chairman of SURGICON-2016 which was attended by close to 350 delegates. The event was held at Hotel Jaypee Siddarth from 11 to 13 November, 2016.