STANDING TALL
Deformity Correction Surgery for Kyphoscoliosis

SOUND SLEEP
Overcoming Morbid Obesity with Obstructive Sleep Apnoea
The journey of ‘Pulse’ has gained momentum and the positive feedback is providing confidence to the team working behind it. We are already on our third issue before we could even realise. The encouragement and the appreciation, hasn’t stopped coming in from so many of our well-wishers. I take this opportunity to thank each and everyone of you, for your support and feedback.

Our main story in this issue is something we are proud of – helping a teenager stand tall. The girl who had to face hardships in her life due to deformity in her back since birth or what is termed in medical parlance as Congenital Kyphoscoliosis, went home smiling. All credit to Dr. Puneet Girdhar and his team who conducted a complex and successful operation. I am sure you will like reading this inspiring story.

BLK Super Speciality Hospital’s focus on partnering with like-minded organisations around the world for mutual benefit continues. We entered into a special pact with Republican Scientific Centre of Neurosurgery of Uzbekistan. Such partnerships go a long way in promoting cooperation and mutual understanding between the nations involved.

The editorial team, needless to say, will be delighted to receive your contribution every month. You can write to the team at: editorial@blkhospital.com

We continue to look forward for your suggestions to make BLK Pulse yet more innovative and interesting.

As always, wishing you all good health.
Solving a curious case of degenerated Saphenous Vein Graft (SVG)
Our country’s first reported case of a Redo CABG surgery for SVG Aneurysm

THE CASE

A 75 year old male patient with a history of coronary artery disease, post-CABG in 1987 and diabetes, was admitted in the Cardiology Department of BLK Super Speciality Hospital. The patient was investigated for shortness of breath and tiredness of 2 weeks duration. Echo examination revealed, normal chamber size and left ventricular function of 38-40%. A 4.85 cm cystic lesion was seen compressing the right atrium. A contrast computed tomography scan (CT) of the chest revealed a graft on the right side of the ascending aorta to PDA. In midcourse of the graft a large well-defined hypodense lesion was seen encasing the graft, with leak of contrast into this mass (6.6 x 6.1 x 5.2 cm) suggestive of pseudoaneurysm from the graft with large thrombus. Coronary Angiography of SVG to RCA graft showed a large aneurysm, which had a big thrombus in its mid portion. Other grafts were patent.

THE PROCEDURE

The patient was planned for elective surgery to prevent the rupture of aneurysm. A day later, however, he complained of sweating, uneasiness and dizziness. On examination, it was found that the patient was in respiratory distress and auscultation of the chest revealed bilateral scattered crepitations. The ECG showed changes of evolving inferior myocardial infarction. He went into cardiogenic shock and developed ventricular tachycardia which was treated. He was then taken up for emergency cardiac surgery with a very high mortality risk in view of the complex nature of the disease, acute MI situation with cardiogenic shock, age of the patient and need for redo Bypass surgery. Careful dissection revealed a large aneurysm with calcification and thrombus of the SVG to RCA. The aneurysm was opened and ligated proximally and a new SVG graft to RCA was also done.

THE RESULT

SVG Aneurysm are a rare late sequela of CABG. They may be present with non specific symptoms and can have life threatening complications due to rupture or infarction. The patient’s post-operative course was uncomplicated and he made a smooth recovery after the successful surgery.

Morbid Obesity with Obstructive Sleep Apnoea- A deadly combination

THE CASE

In a rare surgery conducted at the BLK Super Speciality Hospital, doctors operated upon a 180 kg man who faced breathing difficulty due to massive obesity. Mr. Munish Chadha was suffering from Obstructive Sleep Apnoea (OSA) when he was referred to BLK Super Speciality Hospital. He was having spells of apnoea along with loud snoring. When he was in deep sleep his breathing used to stop momentarily which surely is life threatening. He was advised admission for further management.

While the admission formalities were under process, the patient crashed and developed acute respiratory failure due to prolonged sleep apnoeic spell. He was immediately put on a ventilator to support his respiration.

Sleep and breathing disorders, including Obstructive Sleep Apnoea (OSA) are extremely common among obese people. Morbidly obese patients are at increased risk for developing overt respiratory failure. Obesity Hypoventilation Syndrome, which is usually seen in severe obesity, is characterised by day time hypercapnia, an impaired central respiratory drive and nocturnal hypoventilation. Such people often develop pulmonary hypertension and respiratory failure.

THE PROCEDURE

After Mr. Chadha was admitted, the attendants were counselled about the high risk of Obstructive Sleep Apnoea (OSA) and the hope of cure by Bariatric Surgery. Subsequently, a three hour long Bariatric Surgery using Laparoscopic Sleeve Gastrectomy was conducted. A Tracheostomy was done for anticipated prolonged ventilator requirement.

THE RESULT

Post surgery, the patient’s Sleep Apnoea condition started improving. The response to Bariatric Surgery was remarkable and within two weeks the patient had lost 20 kg. His ventilator came off and he started walking on his own.

Mr. Chadha’s breathing problems were cured and more importantly his health and overall well being improved due to his impressive weight loss. He expressed his gratitude to the team of doctors at BLK.
STANDING TALL

Deformity Correction Surgery for Kyphoscoliosis

Dr. Puneet Girdhar
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Kyphoscoliosis is a combination of Kyphosis and Scoliosis characterised by an abnormal curvature of the spine in both the coronal and sagittal plane. It is a musculoskeletal disorder that usually restricts the patients’ day-to-day activities. Restriction in movement on an everyday basis not only stems anxiety but also psychological issues of acceptance in the society and amongst peers. Ms. Adaa (name changed) had the misfortune of being born with Kyphoscoliosis, due to a defect in her spine (Hemivertebra D 12). Her case was more complicated due to the fact that she was referred very late at BLK Super Speciality Hospital. Ideally, if such cases are tackled at an early age of 4-5 years, the surgery could have been much smaller and uncomplicated. The story here covers how she overcame it against all odds, thanks to the team of doctors led from the front by Dr. Puneet Girdhar.

THE CASE

A 16 year old female patient had a deformity in her back since birth. The deformity was progressively increasing and the patient complained of frequent back pains for the past few months. The right shoulder of the patient was higher than the left one. Also, her right scapula was more prominent than that of the left, while her right spinoscapular distance was less than that of the left side. Her arm trunk distance was also more on the left side.

The neurology of the patient was intact. There were no associated stigmata of spina bifida or diastematomyelia. The patient didn’t have any discrepancy in the length of her limb.

Some of the key challenges faced during her surgery were:
- High degree of stiff curve
- TL Cobb’s Angle: 95 degrees
- Lumbar Cobb’s Angle: 40 degrees
- Thoracic Kyphosis: 80 degrees
- Coronal and Sagittal imbalance
- Hypoplasia of chest left rib cage
- Thoracic hump right side

THE PROCEDURE

A team of doctors at BLK Centre for Orthopaedics, Joint Reconstruction & Spine Surgery led by Dr. Puneet Girdhar, conducted the deformity correction surgery (Posterior Instrumentation, Vertebral Column Resection (VCR) D12 and Thoracoplasty 11th & 12th ribs right side) for Kyphoscoliosis under neuro monitoring. In post-operative period, neurology was intact.

THE RESULT

The deformity correction surgery was successful and the patient recovered well, post operatively. She was ambulated on day 2 and discharged without any complications on day 5 only. After few weeks, Ms. Adaa could stand upright and walk freely, and, more importantly, with confidence. Presently, she is leading a normal life with her family with no further difficulty in her back.
How to successfully deal with mesh related infections in Hernia Surgery

**THE CASE**

A 62 year old diabetic male had complaints of high grade fever along with chills and rigours. He had severe pain and swelling in the right inguinal region. The patient had undergone Bilateral Laparoscopic Inguinal Hernia Repair (B/L TAPP) 6 months ago. The adverse symptoms started 3 months after the surgery.

**THE PROCEDURE**

Initial ultrasound showed a purulent collection in relation to the right sided mesh. Aspiration of about 50ml of pus was done by the primary surgeon. Despite being put on parenteral antibiotics including Amikacin and third generation Cephalosporin the fever and pain persisted. The patient had 101.5 F° fever and his abdomen was soft with no organomegaly. There were multiple tender indurated lumps in the right inguinal region reaching upto the right anterior superior iliac supine.

A large abscess cavity containing about 100ml pus in the sub cutaneous plane in the supra-pubic region was found. Another abscess cavity in the right inguinal region beneath the external oblique aponeurosis, containing about 20ml pus and a third cavity containing about 50ml pus in the retro pubic area along with the mesh were also present. Almost 90% of the right sided mesh was infected and free floating. This un-incorporated mesh was removed. Only 10% of the mesh densely incorporated in the tissues on the medial most part was left behind and the wound was left open.

**THE RESULT**

The patient had to undergo daily dressings with I/V antibiotics followed by long-term oral antibiotics. The overall healing was slow and it took 4 months for the wound to heal completely. At the end, there was no residual sinus and no recurrence till one year of the procedure. At present, the patient is healthy and is happily leading a normal life. The surgery saved him from a serious long-term morbidity which could have been worse if he would not have opted for Mesh Removal Surgery at the right time.

Relieving the pain of a young mother

A challenging surgery of a 27 year old suffering from anomalous tumour of head neck

**THE CASE**

A 27 year old lady from Oman had been suffering from a rapid protrusion of the right eyeball (proptosis) over the past 3 months. The swelling was first noticed on the right side of nose which progressed towards the orbit causing her eyeball to bulge. She started having symptoms of double vision, constant watering of the eye, repeated redness and pain. She was in the last month of her pregnancy when this swelling had appeared. Doctors at Oman attributed this to be a brain disease with clotting of large venous sinuses. It was then, she was referred to the Surgical Oncology Department of BLK Super Speciality Hospital.

**THE PROCEDURE**

Radiological evaluation like the MRI / CT scans were done which revealed a large well-defined space occupying lesion with bony destruction in right maxillary antrum, anterior, posterior ethmoid air cells, nasal cavity and extending laterally into right orbit in extracranial compartment causing proptosis giving a characteristic “soap bubble” appearance.

A provisional diagnosis of Aneurysmal Bone Cyst or Osteosarcoma was made. Later, Endoscopy and Biopsy was done from the nose which indicated a highly vascular tumour with a benign histology. The tumour had completely destroyed the bones of orbit at most of the places. The eyeball and the muscles that move it were move it were carefully preserved as the tumour was removed in totality.

**THE RESULT**

The patient had an uneventful, rapid recovery with dramatic restoration of normal contour of eyeball, nose and correction of double vision to normal. The final biopsy of the tumour revealed its true nature as Aneurysmal Bone Cyst (ABC). The patient is now relieved and is leading a happy life with her toddler.
BLK Super Speciality Hospital inks pact with Republican Scientific Centre of Neurosurgery, Uzbekistan

The MoU was signed by Prof. Gayrat Kariev, Director, Republican Scientific Centre of Neurosurgery of Uzbekistan and Mr. Naresh Kapoor, Executive Director, BLK Super Speciality Hospital, New Delhi.

This is part of the ongoing campaign for BLK Super Speciality Hospital to enter into partnership with like-minded institutions and organisations around the world to promote excellence through mutually beneficial collaboration.

BLK's take on the MoU

Speaking on the partnership Mr. Naresh Kapoor, Executive Director, BLK Super Speciality Hospital said, “We are indeed happy to join this partnership. We shall promote exchange of professors for educational and scientific research programs, besides organising development of joint international projects and conducting research on areas of common interest. We shall also collaboratively work on conferences, seminars, symposiums, round tables and master classes which are mutually beneficial to both the institutions.”