

# BLK PULSE

NEWSLETTER OF BLK SUPER SPECIALITY HOSPITAL

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## 100 LIVER TRANSPLANTS AND COUNTING

BLK achieves another unique feat with a successful  
Liver Transplant on a 7 year old

## A NON-SURGICAL STRIKE TO SAVE A LIFE

Balloon Mitral Valvotomy to treat Mitral Stenosis in a high-risk patient



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## FROM THE ED'S DESK

Dear Readers,

This month has a special significance for us as we crossed yet another milestone of 100 successful Liver Transplants.

The cover story for this issue features a heartening case of a 7 year old boy who underwent a 12 hour long life-saving Liver Transplant surgery. Incidentally, this operation marks our 100th successful Liver Transplant, which makes this case even more special for us.

There are other equally engaging stories in this issue such as – a peculiar case of 50 year old man suffering from Renal Cell Carcinoma who was treated with Pulmonary Metastatectomy; you will also come across the case of a 65 year old obese lady with severe Mitral Stenosis who lived to tell her story after a non-surgical Balloon Mitral Valvotomy followed by Double Vessel Coronary Angioplasty. Article on Hip Joint Replacement surgery also makes for an enriching read.

It warms my heart to share with you that Heart Transplant surgery is now an important addition to our repertoire of complex cardiac procedures.

Encouraged by the response to our monthly Newsletter, we plan to bring an altogether NEW edition of Pulse from next month which will be an interesting amalgamation of successful case studies from BLK Super Speciality Hospital, New Delhi as well as Nanavati Super Speciality Hospital, Mumbai. We hope this will enhance the reading experience of our readers and provide them with more information and knowledge on the developments happening at both the hospitals.

All these achievements would not have been possible without the much-valued support of our patrons. Likewise, we always appreciate the words of encouragement we keep receiving from you all for every issue of BLK Pulse. Our editorial team will be more than happy to receive your feedback on this issue at: [editorial@blkhospital.com](mailto:editorial@blkhospital.com).

Stay happy, stay healthy!



**Naresh Kapoor**  
Executive Director  
BLK Super Speciality Hospital



**Dr. (Prof.) K. N. Srivastava**  
HOD & Sr. Consultant  
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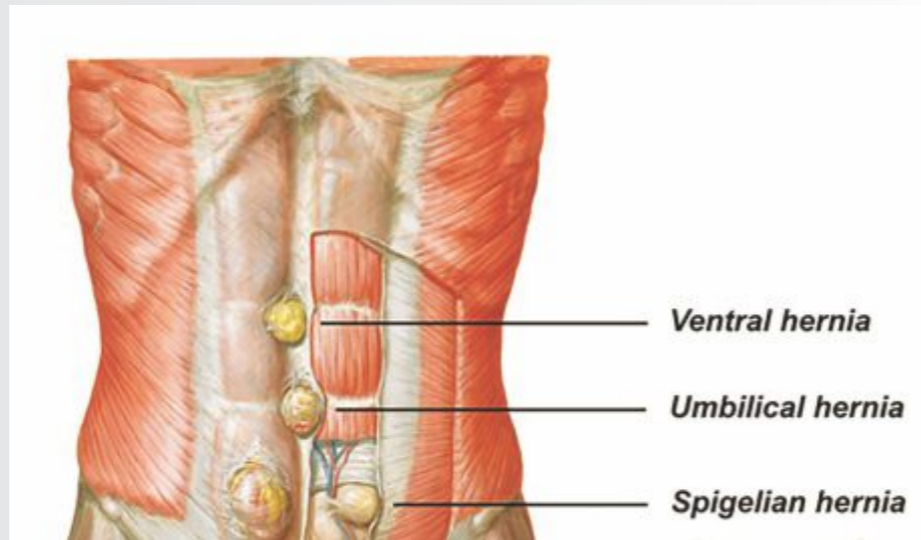
## A Rare Case Handled Well

### Spigelian Hernia Surgery

#### THE CASE

A 64 year old lady with a long history of Hypertension, was suffering from periodical pain in the lower abdomen, more on the right side.

The pain was mild in nature accompanied by constipation with occasional urinary discomfort. She was previously treated by private practitioners and had undergone abdominal ultrasound twice which revealed no abnormality. However, when the patient visited BLK hospital, she was advised CECT abdomen which revealed the presence of a hernial defect in the right anterolateral abdomino-pelvic wall with presence of intra-abdominal omental fat in the inter muscular plane. Patient was diagnosed as a case of Spigelian Hernia which is a rare form of Abdominal Wall Hernia.



*“A Spigelian Hernia (or Lateral Ventral Hernia) is a Hernia through the speigelian fascia, which is the aponeurotic layer between the rectus abdominis muscle medially, and the semilunar line laterally.”*

#### THE PROCEDURE

The patient underwent Laparoscopic Hernia Repair. Intra-operative, a defect of 3 x 3 cm was detected at the right lumbar area consistent with a Spigelian Hernia. Laparoscopic intra-peritoneal onlay mesh repair was done using a Parietex mesh and Protack absorbable takers. The Hernia measured 10.4 x 4 cm.

#### THE RESULT

The procedure was uneventful and the patient is recovering well. Her pain has reduced gradually. She was discharged soon after the surgery. Apart from routine check ups, she is relatively free of any pain or other symptoms.

## How One Thing Led to the Other but was Stopped in Time

### A peculiar case of Pulmonary Metastatectomy



**Dr. Ashish Goel**  
Senior Consultant  
Surgical Oncology  
BLK Cancer Centre  
BLK Super Speciality Hospital

The lung is the most common site of metastases in certain solid tumour. For patients with solitary or limited metastases to lung, there is a definite role of Metastatectomy i.e., surgical removal of metastatic nodules especially using Video Assisted Thoracoscopic surgery.

#### THE CASE

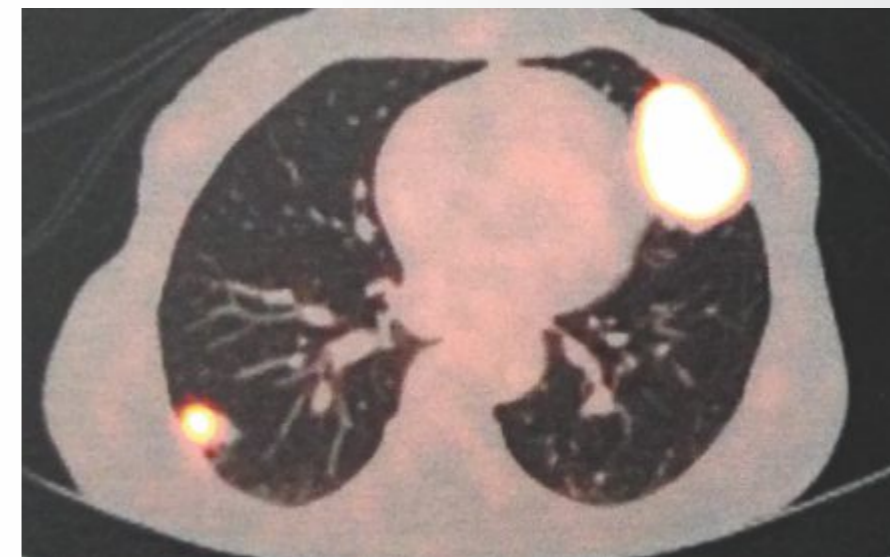
A 50-year-old gentleman, a follow-up case of right-sided Renal Cell Carcinoma was admitted to BLK. He underwent right Radical Nephrectomy four years ago. Post-operative, histopathology suggested stage II Renal Cell Carcinoma with sarcomatoid features. The patient was investigated for complaint of backache. His CT Chest suggested bilateral pulmonary metastasis and PET CT showed single lesion in the right lung lower lobe, one lesion each in left upper lobe and lingular lobe. There was no evidence of metastasis elsewhere.

#### THE PROCEDURE

In view of patient's sarcomatoid histology and limited lung disease, he was planned for Bilateral Pulmonary Metastatectomy. The patient was optimised with Echocardiography, Pulmonary Function Test and counselled regarding staged resection of bilateral lung lesions. Left posterolateral thoracotomy with excision of both lung lesions were done in one sitting. Four weeks later, Video Assisted Metastatectomy of right lower lobe lesion was done. Final histopathology revealed Metastatic Renal Cell Carcinoma with sarcomatoid features.

#### THE RESULT

The patient recovered well from surgery. He is advised for follow-up check ups to ensure there are no further complications. He is up and about like a normal fifty-year-old.



*“Surgical resection of metastasis to lung from Renal Cancer either alone or in combination with Immunotherapy / Targeted Therapy has shown to be curative or demonstrate better survival advantage compared to patients treated with Systemic Therapy alone. The benefit of surgery is most appropriate in select patients with long disease free interval after primary treatment and metastatic presentation with limited / oligometastatic disease where complete resection is feasible.”*

*Video Assisted Thoracoscopic Metastatectomy (VATS) offers the advantage of Minimal Invasive surgery for removal of lung metastasis with short hospital stay, less post-operative pain and early recovery.”*

**Dr. Kapil Kumar**  
Director- BLK Cancer Centre,  
HOD- Surgical Oncology  
BLK Super Speciality Hospital



**Dr. (Prof.) Sanjay Singh Negi**  
Director & Sr. Consultant  
HPB Surgery & Liver  
Transplantation  
BLK Centre for Digestive and  
Liver Diseases  
BLK Super Speciality Hospital

## Tragedy at Young Age Averted

How a mother went the extra mile to save her son

### THE CASE

A young boy of just 7 years with Fulminant Hepatic Failure was transferred from another tertiary care hospital in the NCR region. On arrival at BLK Super Speciality Hospital, he was deeply jaundiced with severe Coagulopathy and Grade III Encephalopathy. Patient was on mechanical ventilation in view of Encephalopathy, however, his cardiac, respiratory and renal functions were intact. His ammonia level was 287 mcg/dl but his papillary reaction was intact. The patient had a previous history of relapsing jaundice for 3 months but extensive etiological work-up done both outside and at BLK centre failed to show up the offending cause. In fact, up to 50% cases of Fulminant Hepatic Failure may be Cryptogenic and the survival rate is very poor without emergent Liver Transplant. Timely and urgent transplant is of essence to prevent development of cerebral edema with herniation leading to irreversible brain damage.



*“This monumental task was accomplished by the dedicated team of HPB Surgery & Liver Transplantation within a short span of less than 24 hrs from decision to transplant to being shifted back to ICU after a successful transplant.”*



### THE PROCEDURE

The patient, who happens to be the only son of his parents, was in the state of coma. Besides, his mother also had to undergo a major Hepatectomy to donate her liver to save his life. The donor (mother) underwent a battery of investigations and consultations to determine her fitness to undergo the procedure. Documentation and committee clearance as per government guidelines were performed on an urgent basis. The patient underwent an emergency living donor Liver Transplant. The team performed a left Hepatectomy (Segment II, III, IV) on the mother to retrieve a liver graft which was eventually implanted into the boy. The graft was first attached to the ostia of the LHV-MHV to establish an outflow from the graft. Portal vein was attached next to established inflow to the graft liver. After establishing the portal anastomosis, the liver was reperused by removing the clamps. After a good 10-12 hours of intense work in the operation theatre the patient and mother were shifted to the organ transplant ICU in the wee hours of the morning. The graft liver immediately turned pink and supple which is a good sign for a well-functioning graft. Arterial and Biliary Anastomosis were then performed.

### THE RESULT

After a stormy course in the post-operative period in which the patient was admitted in the ICU for 21 days under the vigilant eyes of Dr. Amit Singhal, Associate Director, HPB Surgery & Liver Transplantation, Anaesthesia & Critical Care and his team, the patient was eventually discharged on 31st day post-operatively. Post-operative management of such patient is full of ups and downs akin to a roller-coaster ride considering huge fluid shifts, immunosuppression and infections; but our team of dedicated specialists and staff were up to it. Currently, after three months, the boy is on regular follow-up and medications with adequate growth and weight gain. He can now look forward to living a healthy and fulfilling life.



*“Recipient and donor surgery were aligned as clockwork to minimise the warm and cold ischemia time, which can be very detrimental to graft.”*



**Dr. Ishwar Bohra**  
Sr. Consultant - BLK Centre for Orthopaedics, Joint Reconstruction & Spine Surgery  
BLK Super Speciality Hospital

## Making Hip Pain Disappear for Good

All about Total Hip Replacement surgery

Hip Replacement surgery has seen a significant leap with the launch of India's first Dual Mobility Hip System MDM X3. The first-of-its-kind Hip System is designed to relieve pain, enhance stability and improve the range of motion for patients suffering from severe hip joint disorder.

Dr. Ishwar Bohra, Sr. Joint Replacement Surgeon at BLK Super Speciality Hospital in Delhi is amongst the first few surgeons in India to have successfully performed surgery with MDM X3.

MDM X3 addresses the limitations of stability faced by conventional Hip Replacement Systems. The dual mobility system with screws utilises dual points of articulation that accommodates multi-directional movement, enhancing patient's active range of motion and reducing wear. The large head also allows a greater, more than normal range of motion than standard implants.

In this unique design, the movement occurs between the head and the high tech plastic mobile liner (X3). The mobile liner in turn moves against a highly polished metal cup which is fixed to the pelvis with screws making it a rigid and stable construct. This design is called Dual Mobility cup. In the earlier version, the cup could not be fixed to the pelvis making dual mobility hips highly prone to cup failures. Because of the large plastic head, this hip system makes the joint extremely stable so that active patients can engage in recreational and other sports activities.



Pre-operative



Post-operative

*“Hip Replacement surgery is a procedure in which a doctor surgically removes a painful hip joint with arthritis and replaces it with an artificial joint often made from metal and plastic components. It is usually done when all other treatment options have failed to provide adequate pain relief.”*

## The Perfect Heart Interventions to Save a Life

A series of complicated procedures at one sitting

### THE CASE

A 65-year-old obese lady visited BLK emergency due to difficulty in breathing. She was diagnosed with Pulmonary Edema and was virtually drowned in her own secretions, thus unable to breathe. A prompt Emergency department team along with the Cardiology team quickly intubated her and resuscitated her back to life. Historically, she was a known case of Rheumatic Mitral Stenosis. Echo evaluation revealed that she had Critical Mitral Stenosis with mitral valve area of 0.6 cm<sup>2</sup>. Her valve seemed suitable for Balloon Mitral Valvotomy (BMV) - a non-surgical method to treat such high-risk patients.

### THE PROCEDURE

Her management after stabilisation hinged around the extent of underlying coronary artery disease, whether she needed Combined Open Heart surgery for Mitral Valve Replacement and Coronary Artery Bypass Graft surgery or an alternative non-surgical modalities to treat her morbidities. While she was still on ventilator, her Coronary Angiography revealed double vessel, critical disease, amenable to Coronary Angioplasty and Stenting. Another dilemma was the sequence of Balloon Mitral Valvotomy and Coronary Angioplasty. High levels of anticoagulation required during Angioplasty made Balloon Mitral Valvotomy as a default first strategy as trans septal puncture during Balloon Mitral Valvotomy is done in non-coagulated state to avoid the catastrophe of pericardial tamponade. Hence, Balloon Mitral Valvotomy was successfully done first, followed by Double Vessel Coronary Angioplasty under full dose anticoagulation at the same sitting.

### THE RESULT

She was extubated the same day and discharged within the next two days of hospitalisation. This was a rare feat involving usage of combined coronary and structural – heart interventions in a very sick patient to avoid Open Heart surgery and the consequent risks involved.



**Dr. Subhash Chandra**  
Chairman & HOD - Cardiology  
BLK Heart Centre  
BLK Super Speciality Hospital

*“A Balloon Valvotomy is the preferred treatment for Mitral Valve Stenosis. It is a procedure that widens the mitral valve so that blood flows more easily through the heart.”*

