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KIMS-SAVEERA HOSPITAL

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MEDICAL TIMES

'A clinical knowledge sharing endeavour' by KIMS SAVEERA Hospital, Ananatapur .

"The greatest medicine of all is teaching people how not to need it."

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The Hidden Scars of Mining
A Case of Occupational Lung Disease

Occupational lung diseases remain an underrecognized yet devastating consequence of prolonged exposure to hazardous environments. One such case diagnosed at KIMS - Saveera Hospital highlights the importance of early detection, advanced interventions, and, in some cases, the ultimate life-saving procedure—lung transplantation.

Anantapuram, 01st Oct 2024 : A 48-year-old male with over 25 years of mining exposure presented to our hospital with a two-year history of worsening cough and breathlessness, ultimately leading to severe respiratory distress. Despite symptomatic management, his condition continued to decline, severely affecting his daily life and increasing oxygen dependence.

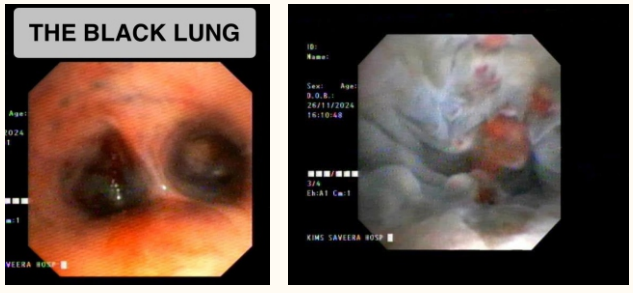
Dr Yashovardhan Mangisetty, Consultant Interventional Pulmonologist examined the case. A high-resolution CT (HRCT) scan of the chest revealed extensive fibrosis, raising strong suspicion of occupational lung disease. However, it was the bronchoscopy findings that provided a striking visual confirmation—his airway mucosa was black-tinged, a hallmark of pneumoconiosis.

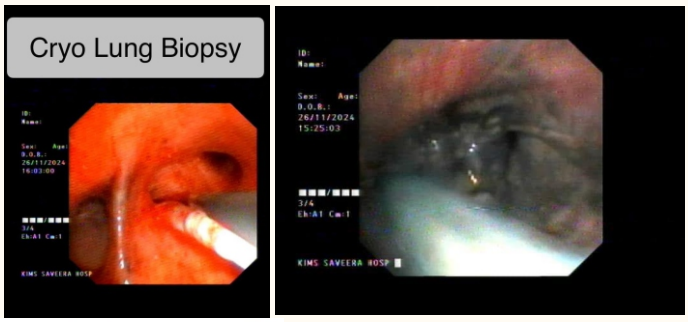
A cryo lung biopsy confirmed fibrosis with black pigmentation, clinching the diagnosis. Given the extensive lung damage and lack of effective medical treatment options, it became clear that lung transplantation was his only chance at survival.

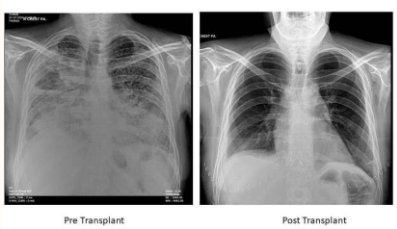
After detailed counselling, the patient and his family agreed to undergo bilateral lung transplantation, as medical management alone could no longer give any relief to him. He was referred to our transplant centre, where a lung transplant surgery was performed successfully, marking the beginning of a new chapter in his life.

Today, he breathes freely, unchained from the respiratory distress that once defined his daily existence. The quality of life has drastically improved, and he has returned to a functional, independent lifestyle—an inspiring testament to the life-saving potential of lung transplantation in end-stage occupational lung disease.

- Raising Awareness Matters – Educating workers about protective measures and routine screenings can reduce disease burden.
- Early Detection is Key – Timely identification of occupational lung disease can prevent progression.
- Medical Management Has Its Limits – In end-stage fibrosis, lung transplantation remains the only curative option.
- Interdisciplinary Approach Saves Lives – Collaboration between pulmonologists, transplant surgeons, and rehabilitation specialists ensures the best outcomes.







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Restoring Breath: Tumor Debulking & Lumen Recanalization in Central Airway Obstruction

Airway obstructions, particularly those caused by tumors, pose a life-threatening emergency that demands swift diagnosis and intervention. One such case at KIMS Saveera Hospital, Ananthapur highlights the critical role of interventional pulmonology in restoring airflow and saving lives.

Anantapuram, 02nd Oct 2024 : A 35-year-old male presented with a six-month history of worsening cough and progressive dyspnea. His condition had deteriorated to the point where even with high-flow oxygen (15 L/min), his SPO2 remained dangerously low.

A CT scan revealed central airway obstruction, necessitating an urgent bronchoscopic evaluation.

Bronchoscopy revealed a near complete blockage

Rigid bronchoscopy, showed that the tumour was found infiltrating the distal trachea, obstructing more than 90% of the lumen. This critical narrowing explained the patient's severe hypoxia and respiratory distress—he was on the verge of complete airway collapse.

Immediate tumour Debulking & Lumen Recanalization was considered in this case as a life saving procedure

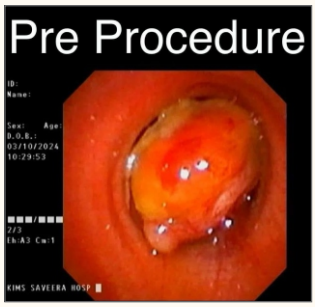
Through bronchoscopy the following procedure was performed:

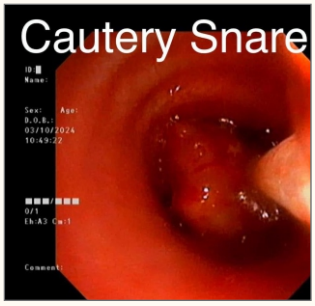
- Tumor Debulking – The obstructing tumor was meticulously resected to clear the airway.
- Lumen Recanalization – The tracheal lumen was restored, allowing adequate airflow and rapid improvement in oxygenation.

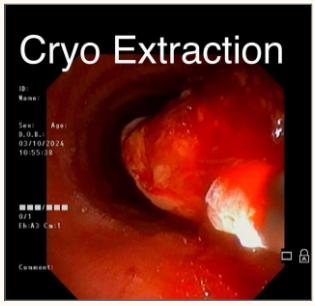
Post-procedure, the patient's oxygen levels improved dramatically, and he could be gradually weaned off high-flow oxygen support.

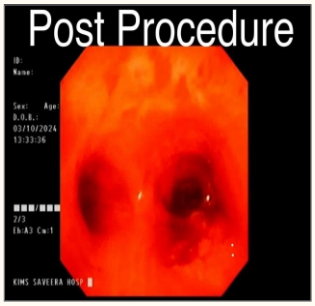
Central airway obstructions (CAO) can be fatal if not addressed promptly. While surgical resection is an option in some cases, bronchoscopic tumor debulking provides a minimally invasive, immediate, and effective solution for restoring airway patency.

This case reinforces the power of interventional pulmonology in treating airway emergencies. At KIMS Saveera hospital Ananthapur, we specialize in advanced bronchoscopic interventions to manage complex airway disorders, ensuring that patients with central airway obstruction get timely and life-saving care.









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A Case of Critical Intervention to Save Life. A Rare Case of Hyperkalemia Induced Complete Heart Block

Anantapuram, 08th Oct 2024 : Complete heart block also known as 3rd degree AV block is a condition in which the electrical signals originating from SA node in the atrium of heart are completely blocked from reaching the ventricles, which results in dissociation between atrial and ventricular contractions.

Treatment depends on diagnosing the underlying cause and timely intervention, which includes medication & pacemaker implantation.

74-year-old male was brought to ER with complaints of giddiness, chest pain associated with breathlessness since morning.

The patient was a known diabetic and hypertensive on regular medication for 2 years. He underwent PTCA in August 2023 and was on regular antiplatelet agents.

On arrival, the patient was drowsy but arousable.

BP was 130/90 mm Hg, SPO2 was 92% on room air, RR was 28 /min. His heart rate was 45/min

An ECG was done which confirmed the ventricular rate of 45 and complete heart block. 2D echo showed concentric LVH and there was no left ventricular regional wall motional abnormalities. He had normal LV function with EF of 55%

INVESTIGATIONS :

ABG showed pH of 7.365,
PCO2 of 30.5mmHg,
HCO3 – 17 mEq/L,
Lactates: 2.3mmol/L

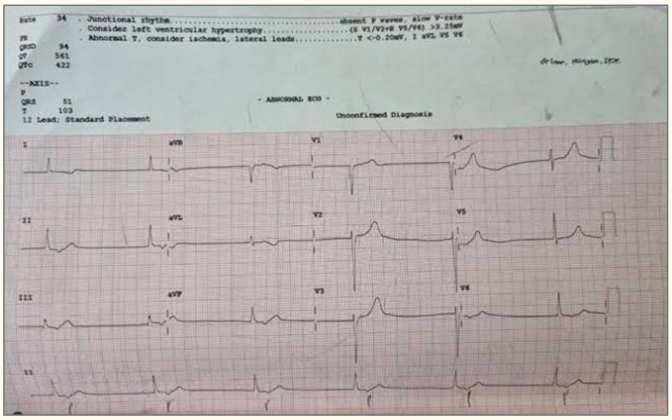
CBC showed Hb: 9.2 Gms%, RBC count of 3.17 millions/cu.mm, WBC: 14, 710/cu.mm, Platelet count was 1.88 laks/cu.mm

Trop – I test was negative. His Creatinine was 3.8 mg/100 ml, Urea was 93 mg/100 ml

Electrolytes showed Na+: 135 mEq/L, K+: 6.5 mEq/L and chlorides were 103 mEq/L

In view of the ECG showing complete AV block and potassium levels being 6.5 mEQ/L, it was diagnosed as a case of complete heart block because of hyperkalemia.

- Immediately right jugular transvenous pacing was done in ER to restore the heart rate.
- Hyperkalemia correction was done.
- ECG showed since rhythm and patient was shifted to ICU.
- Patient got discharged in stable condition after 4 days.



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Midgut Volvulus
Uncommon in This Age Group

Anantapuram, 08th Oct 2024 : An 11-year-old boy presented to Emergency Department with history of pain abdomen of 1 day duration. He had an episode of vomiting since morning. There was no history of fever. On examination he has tachycardia 102 bpm, and respiratory rate of 26/minute. On palpation he had diffuse abdominal tenderness. He was referred to Radiology for USG abdomen with a provisional diagnosis of acute abdomen.

Dr. Y Madhu Madhav & Dr T Harish Reddy, Consultant Radiologists at KIMS Saveera Hospital performed the imaging tests on this patient. Ultrasound abdomen revealed 'Superior mesenteric vein swirling around the superior mesenteric artery with adjacent bowel forming whirlpool'. Features were suggestive of midgut volvulus. Additional finding of ectopic left kidney in pelvis was noted.

Contrast enhanced CT abdomen was performed which confirmed the above findings. A 720° clockwise swirling of superior mesenteric vein around the superior mesenteric artery and also the artery on its own axis was noted. Engorged mesenteric veins with clumped mesenteric arteries were noted in the right hypochondrium, lumbar region and umbilicus. Duodenojejunal junction in the right side of abdomen with D3 not crossing the midline was noted. All these features were diagnostic of midgut malrotation complicated with volvulus.

He was taken to the operation theater and surgical exploration confirmed the radiological diagnosis. Surgical correction was done.

Midgut volvulus is a complication usually seen in neonates and infants. It can occur in elderly children, but it is very uncommon in this age group. More common presentation in this age group is usually with proximal small bowel obstruction and bilious vomiting. Without prompt treatment, there is a real and significant risk of small bowel ischemia causing significant morbidity and even death.

DEMOGRAPHICS:

·Midgut volvulus can potentially occur at any age.

·But about 75% of cases occur within a month of birth.

·Most of these are within the first 3 weeks of life, with 90% occurring in the under the age of 1 year.

RADIOLOGICAL FEATURES:

·On plain radiography: Normal features of bowel obstruction with pneumoperitoneum if bowel perforates. Complete obstruction can show double bubble sign.

Paediatric fluoroscopy: is the examination of choice when the diagnosis is suspected. Not only is it able to identify the volvulus, but even in instances where spontaneous reduction has occurred, the underlying intestinal-malrotation will be evident.

In the setting of volvulus findings include:

1) Corkscrew sign

2) Tapering or beaking of the bowel in complete obstruction

3) Mal-rotated bowel configuration

- On ultra sonography

1) Clockwise whirlpool sign

2) Abnormal superior mesenteric vessels like inverted SMA and SMV relationship.

3) Bowel obstruction and intra abdominal free fluid.

- On Computed tomography:

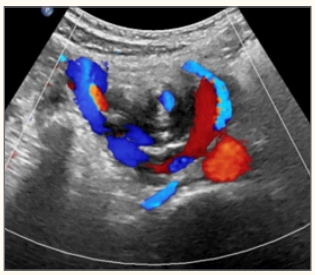
1) Whirlpool sign of twisted mesentery

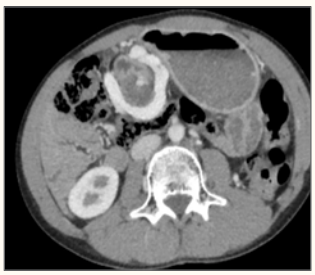
2) Mal-rotated bowel configuration

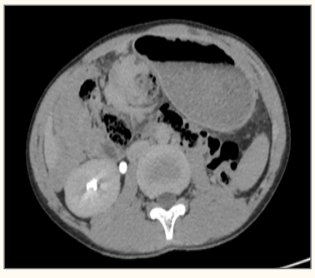
3) Inverted SMA and SMV relationship.

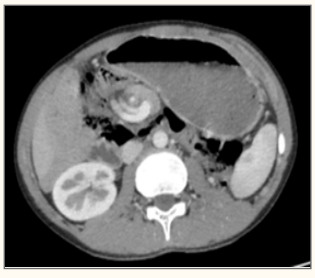
4) Bowel obstruction and intra abdominal free fluid.

Because of the timely and correct diagnosis of the condition in this patient, it was possible to treat and save the patient. KIMS Saveera hospital has the necessary equipment and expert radiologists available round the clock to render timely service to such patients









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A Rare Case of Herbicide - Indoxacarb Induced Methemoglobinemia Improved with Methylene Blue

Anantapuram, 14th Oct 2024 : A 24-year-old male presented to ER with history of consumption of indoxacarb at 150 ml on 14/09/2024, following which he had 3 episodes of vomiting.

O/E: Patient was drowsy and irritable.

HR: 110/min

BP: 110/70 mm Hg

SPO2: 60% at room air and improved to 78% with 15 litres O2/minute.

RR: 30/min

Airway was patent, breathing was normal.

Pupils were 3 mm reacting to light on both sides.

He had no signs of Organophosphorus compound toxicity.

SYSTEMIC EXAMINATION:

CNS: E3 V4 M5

ABG:

pH: 135

PCO2: 35

HCO3: 19

Serum lactate: 2.5 mmol/L

All other investigations were within normal limit.

In spite of ABG showing normal PO2 levels his SPO2 was continuously low, methemoglobinemia was suspected. A search into the literature showed that very few incidences of Indoxacarb causing methemoglobinemia.

He was immediately treated with Inj. Methylene blue 1 mg/kg body weight as an IV bolus dose. Inj. Ascorbic acid 1.5 G IV stat given.

The patient was admitted in ICU and was treated with Inj. Methylene blue 60 mg twice a day for 3 days.

Patient improved hemodynamically .

SPO2 improved 95% RA

After 3rd day patient was discharged from the hospital in a stable condition.

Indoxacarb is an insecticide primarily used to control pests in agriculture.

In humans it blocks sodium channels in nerve cells leading to paralysis & death

Other effects of Indoxacarb include skin allergies, methemoglobinemia and hemolytic anemia. Rare complications include neurotoxicosis, rhabdomyolysis with acute renal failure.

Even though there is potential for human toxicity following exposure, toxicity of this severity is rare & it is important to recognize the symptoms early & provide appropriate treatment. Early suspicion whenever there is dissociation in ABG and SPO2 Oxygen saturation it has to be suspected and in this case because of the right diagnosis and immediate treatment saved the patient

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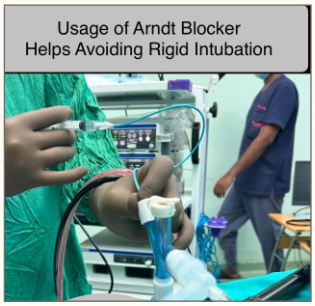
Simultaneous Diagnosis and Staging of Lung Cancer Using Cryo Biopsy via Radial and Linear EBUS

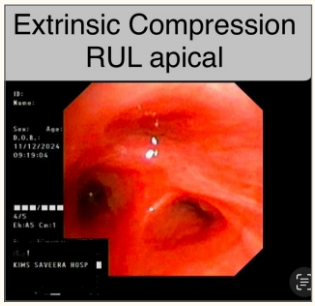
Anantapuram, 14th Oct 2024 : A 56-year-old male, an active smoker with over 20 pack-years, presented with a six-month history of chronic cough, loss of appetite, and weight loss. A CT scan revealed a mass lesion in right upper lobe (RUL) apical segment with mediastinal lymphadenopathy, raising suspicion of malignancy.

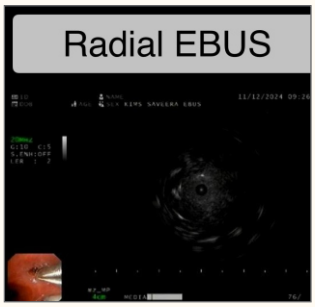
Given the imaging findings, the patient was taken for bronchoscopy with advanced interventional techniques to establish a definitive diagnosis and perform simultaneous staging.

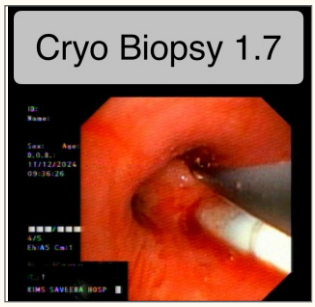
- Radial EBUS probe was used to locate the lesion in the RUL apical segment.
- A 1.7 mm Cryo probe was used to obtain large tissue samples.
- Rapid On-Site Evaluation (ROSE) suggested atypical cells, indicating malignancy.
- The procedure was immediately converted to staging using linear EBUS.
- Mediastinal lymph nodes were visualized at stations 4R, 7, and 10R.
- A 1.1 mm Cryo probe was used to obtain deep, high-quality lymph node samples for histopathological confirmation.
- Results and Diagnosis
- The lung biopsy confirmed adenocarcinoma, and
- Cryo lymph node biopsy confirmed N2 nodal involvement, staging the disease as locally advanced (Stage IIIA).
- Significance of Cryo Biopsy in EBUS
- Cryo biopsy provides significantly larger and better-preserved tissue samples compared to conventional forceps biopsy, allowing for detailed histopathological and molecular analysis.
- Simultaneous diagnosis and staging in a single session reduces the need for multiple procedures, expediting treatment planning.
- The use of ROSE helps guide real-time decision-making, ensuring adequate sample collection.

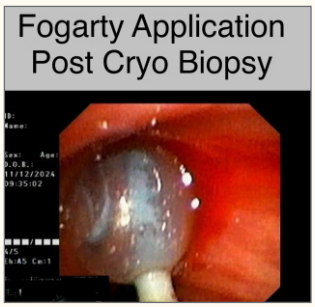
This case demonstrates the efficacy of combined Radial and Linear EBUS with Cryo biopsy in diagnosing and staging lung cancer in a single sitting, improving patient outcomes by facilitating early, precise, and comprehensive management.

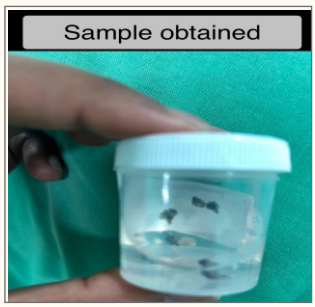












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TB Patient with Colon Cancer
Successful Surgical Resection Done for Cancer

Anantapur, 21st Oct 2024: A 50-year-old patient from Bukkapatnam village in Anantapur district, had been suffering from severe abdominal pain, loss of appetite, and weight loss for the past two months. He consulted doctors in Bengaluru, where he was diagnosed with colon cancer and Pulmonary tuberculosis (PTB). Seeking further treatment, he approached KIMS Saveera Hospital in Anantapur.

Dr. N. Mahammad Shahid, Consultant Surgical Gastroenterologist at KIMS Saveera examined the patient and evaluated the case further.

On detailed analysis of the patient and his condition, it was considered that due to the presence of colon cancer, surgery was necessary to remove the affected section of the large intestine. As the patient was also suffering from PTB, pulmonologist's opinion was taken. It was advised to go ahead with the surgery first and to treat TB later.

After stabilizing the patient a left hemicolectomy surgery was performed to remove the cancerous section of the colon. The remaining part of the intestine was then reconnected.

Post-surgery, the patient was kept in isolation room of the ICU due to his pulmonary TB. The post operative period was uneventful and anti tuberculous treatment started on 5th day following surgery.

Colorectal cancer is one of the most common cancers affecting the large intestine, though the location of the cancer in this patient (Splenic Flexure) is rare accounting for only 2-8% of all colon cancers. Splenic Flexure Cancer is often linked to certain cellular abnormalities, and delayed diagnosis can make treatment more challenging. However, with timely intervention and removal of the growth and all affected lymph nodes, the outcomes can be significantly improved.

This case highlights the importance of comprehensive care, combining surgical precision with tailored treatment for underlying conditions such as TB. His recovery stands as a testament to the multi specialty expertise available at KIMS Saveera Hospital.

టీబీ రోగికి పెద్దపేగు క్యాన్సర్

అత్యంత సమస్యాత్మకమైన పరిస్థితి - కిమ్స్ సవీరా ఆస్పత్రిలో విజయవంతంగా చికిత్స

అనంతపురం,అక్టోబర్ 20, మనంన్యూస్ : అనంతపురం జిల్లా బుక్కపట్నం గ్రామానికి చెందిన వ్యక్తి కుళాయప్ప అనే వ్యక్తి గత రెండు నెలలుగా తీవ్రమైన కడుపునొప్పి, ఆకలి లేకపోవడం, బరువు తగ్గడం లాంటి సమస్యలతో ఇబ్బంది పడుతున్నారు. బెంగళూరు లో చికిత్స కోసం అనంత పురంలోని కిమ్స్ సవీరా ఆస్పత్రికి వచ్చారు. ఇక్కడ అతడికి చికిత్స చేసిన కన్సల్టెంట్ సర్జికల్ గ్యాస్ట్రోఎంటరాలజిస్ట్ డాక్టర్ ఎన్. మహ్మద్ షాహిద్ ఇందుకు సంబంధించిన వివరాలు తెలిపారు. కుళాయప్పకు పెద్దపేగుల క్యాన్సర్ ఉండడంతో శస్త్రచికిత్స చేసి తొలగించాలి. కానీ, అతడికి టీబీ కూడా ఉండడం వల్ల ముందుగా పల్మనాలజిస్ట్ అభిప్రాయం తీసుకున్నాం. శస్త్రచికిత్స చేసిన తర్వాత ఏటీటీ మందులతో చికిత్స చేయాలని అయన సూచించారు. దాంతో ముందుగా రోగికి ఎడమవైపు హెమికోలెక్టమీ అనే శస్త్రచికిత్స చేశాం. ఇందులో పెద్దపేగులో క్యాన్సర్ ప్రభావితమైన భాగాన్ని పూర్తిగా తొలగించాం. మిగిలిన భాగాన్ని కలిపి కుట్టేశాం. రోగికి టీబీ ఉండడంతో శస్త్రచికిత్స చేసిన తర్వాత కొద్ది రోజులు ఐసోలేషన్ గదిలో ఉంచాం. శస్త్రచికిత్స చేసిన ఐదు రోజుల తర్వాత ఎలాంటి సమస్యలు లేకపోవడంతో ఏటీటీ మందులు వాడడం మొదలుపెట్టాం. కొలొరెక్టల్ క్యాన్సర్ అనేది పెద్దపేగులకు సంబంధించి వచ్చే క్యాన్సర్లలో చాలా తరుగా వస్తుంది. స్పీనిక్ ఫ్లెక్చర్ క్యాన్సర్‌నే కోలన్ క్యాన్సర్ అంటారు. ఇది అన్నిరకాల కోలన్ క్యాన్సర్లలో 2-8శాతం మాత్రమే ఉంటుంది. స్పీనిక్ ఫ్లెక్చర్ క్యాన్సర్‌కు అధిక మానకత రుగ్మత ప్రధాన కారణం. దీని నిర్ధారణ అలస్యం అయితే చికిత్స కూడా కొంత కష్టం అవుతుంది. అయితే, ఇతర కోలన్ క్యాన్సర్లతో పోలిస్తే ఇందులో కూడా జీవనప్రమాణంలో పెద్దగా మార్పు ఉండదని పరిశోధనల్లో తేలింది. దీనికి శస్త్రచికిత్స చేసేటప్పుడు ప్రభావితమైన లింఫ్ నోడ్లు అన్నింటినీ కూడా తొలగిస్తే ఫలితాలు మెరుగ్గా ఉంటాయి" అని డాక్టర్ మహ్మద్ షాహిద్ వివరించారు.

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Consultant - Surgical Gastroenterologist.

Bronchial Artery Embolization
A Rare Procedure to Stop Uncontrolled Hemoptysis

Ananthapuram, 30th Mar 2025 : A 62-year-old farmer from Dharmavaram, had been experiencing severe shortness of breath for the past three months, with recurrent hemoptysis (coughing up blood).

He had a history of coronary artery disease, tuberculosis, and Hepatitis B infection. He had undergone a partial lung removal (right upper and middle lobectomy) in June 2024 for Pulmonary tuberculosis.

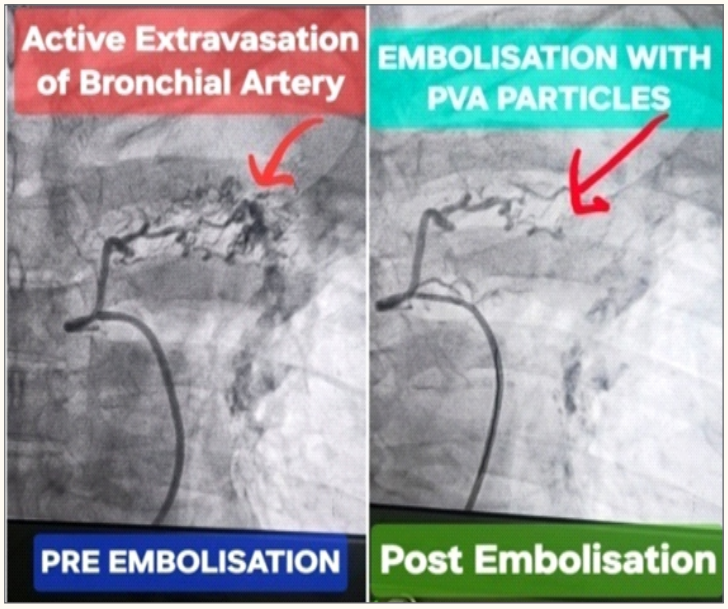
Further evaluation of the current episodes of hemoptysis was done by the team of doctors at KIMS Saveera Hospital. Consultant Cardiologist Dr Sandeep Moode and Interventional Pulmonologist Dr. Yashovardhan Mangishetti conducted further tests. CT scan of the chest and flexible Bronchoscopy were done, which revealed a ruptured blood vessel in the lungs. The doctors then performed a minimally invasive "Bronchial Artery Embolization", effectively sealing the damaged leaking vessel in just half an hour without the need for major surgical intervention on the lung.

Typically, such issues arise due to TB, bacterial infections, or smoking. In this patient's case, pre-existing tuberculosis of the lung led to the problem.

Whenever someone experiences severe coughing with blood, it might indicate a ruptured blood vessel in the diseased lungs. Without appropriate intervention, the bleeding could increase, potentially causing anemia, lung failure or even death. This is where bronchial artery embolization is a safe and an effective option.

In the past, patients with such issues were often referred to specialists in metros like Bengaluru or Hyderabad. Now, as KIMS Saveera's advanced Cardiac and Interventional Pulmonology Departments offer comprehensive cardiac and pulmonary care using state-of-the-art technology such life threatening conditions can be treated effectively.

పగిలిన రక్తనాళం అతికించిన వైద్యులు



Dr. Moode Sandeep
MBBS, MD, DM, FAPSC
Sr. Consultant - Interventional Cardiologist

Rare Case of Liver Stones Successfully Treated Complex Surgery Performed to Prevent Potential Cancer

Anantapur, 13th Dec 2024: A 50-year-old farmer from Tadipatri reported to KIMS Saveera hospital with fever, abdominal pain, and chills of two months duration.

He had suffered from bile duct stones 12 years ago, for which a stent was placed, and a bypass surgery was performed.

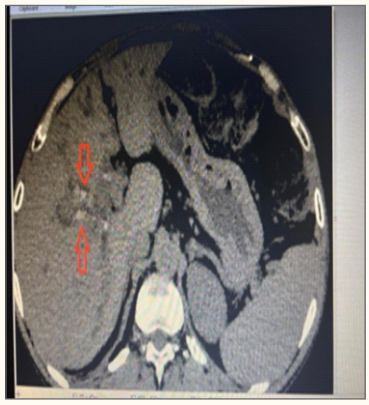
Dr Shahid, Consultant Surgical Gastroenterologist evaluated the patient. Investigations revealed multiple stones in the liver, an extremely rare occurrence. Stones are typically found in the kidneys or gall bladder, but in this case, the gall stones had migrated from the bile duct to the liver. Additionally, the small intestine had become significantly narrowed, compounding the patient's issues. If untreated, chronic stones in liver can progress to cancer, posing a severe threat to the patient's life

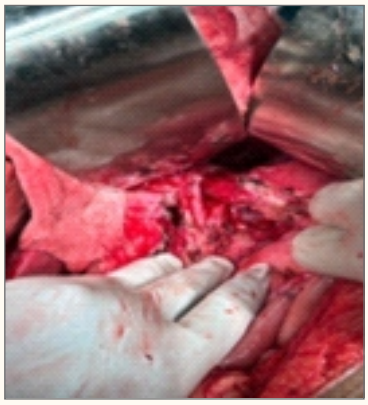
This patient required two critical procedures: first, the removal of all stones from the liver, and then he needed a bypass for the narrowed intestine. The complex surgery, which lasted for six hours, was performed by the team of doctors and anesthetists.

The patient recovered well and was discharged after ten days without complications. A follow-up after a week confirmed no recurrence of fever or pain.

This was a particularly challenging case for the team. A sick patient requiring six hours of anesthesia is in itself a challenge for the anesthetists. Liver stones, first identified in Hong Kong in 1930, are predominantly found in East and Southeast Asia, with about 30% prevalence in these regions. Cases are especially common in Taiwan, often linked to parasitic infections. This is a rare case in our country.

KIMS Saveera Hospital is equipped with advanced facilities for treating such rare conditions because of multidiscipline approach it can provide to such challenging rare cases.





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Diabetic Ketoacidosis DKA
A Golden Hour Treatment to Save Life

Anantapuram, 14th Jan 2025 : A 46-year-old female, with history of known diabetes came with the history of 6 – 8 episodes of vomiting, loss of appetite, abdominal discomfort and generalized weakness of 3 days duration. She was initially treated in a local hospital. Suddenly patient developed severe respiratory distress and was referred to KIMS Saveera Emergency room for further management.

On arrival to ER the patient was in severe respiratory distress with random blood sugars of 570 mg/dl. Her BP was 50/40 mm of Hg and SPO2 on room air was 84%.

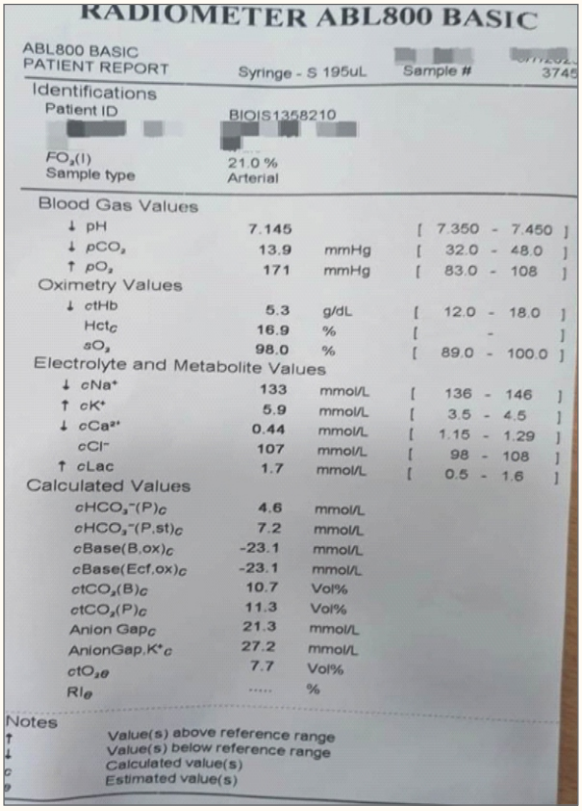
Immediately IV fluids started, and bedside sample was sent for ABG. Bed side USG showed collapsing IVC. ABG showed severe metabolic acidosis.

A diagnosis of severe Diabetic Ketoacidosis was made in ER itself, and the patient was initially treated with O2 support, fluid resuscitation, insulin infusion, nebulization and antibiotics. Patient's respiratory distress was reduced within one hour and BP started improving.

Patient was then shifted to ICU for one further observation and discharged within 4 days in hemodynamically stable condition.

DKA is an acute, major life-threatening complication of diabetes, a medical emergency that should be known by every diabetic patient. This happens as a result of the patient skipping medications prescribed for diabetes.

In this case because of the timely intervention by the ER doctors in KIMS Saveera hospital, the patient's life was saved..



RADIOMETER ABL800 BASIC

ABL800 BASIC
PATIENT REPORT — Syringe - S 195uL — Sample # 3745

Identifications
Patient ID [redacted] BIOIS1358210
FO_2(I) 21.0 %
Sample type Arterial

Blood Gas Values			
↓ pH	7.145		[7.350 - 7.450]
↓ pCO_2	13.9	mmHg	[32.0 - 48.0]
↑ pO_2	171	mmHg	[83.0 - 108]
Oximetry Values			
↓ ctHb	5.3	g/dL	[12.0 - 18.0]
Hct_c	16.9	%	[-]
sO_2	98.0	%	[89.0 - 100.0]
Electrolyte and Metabolite Values			
↓ cNa^+	133	mmol/L	[136 - 146]
↑ cK^+	5.9	mmol/L	[3.5 - 4.5]
↓ cCa^{2+}	0.44	mmol/L	[1.15 - 1.29]
cCl^-	107	mmol/L	[98 - 108]
↑ cLac	1.7	mmol/L	[0.5 - 1.6]
Calculated Values			
$cHCO_3^-(P)_c$	4.6	mmol/L	
$cHCO_3^-(P,st)_c$	7.2	mmol/L	
$cBase(B,ox)_c$	-23.1	mmol/L	
$cBase(Ecf,ox)_c$	-23.1	mmol/L	
$ctCO_2(B)_c$	10.7	Vol%	
$ctCO_2(P)_c$	11.3	Vol%	
Anion Gap_c	21.3	mmol/L	
$AnionGap,K^+{}_c$	27.2	mmol/L	
$ctO_{2\theta}$	7.7	Vol%	
RI_θ	.....	%	

Notes
↑ Value(s) above reference range
↓ Value(s) below reference range
c Calculated value(s)
θ Estimated value(s)

Dr. R. Amarnath
MBBS, MEM (Emergency Medicine)
Consultant - Emergency Medicine

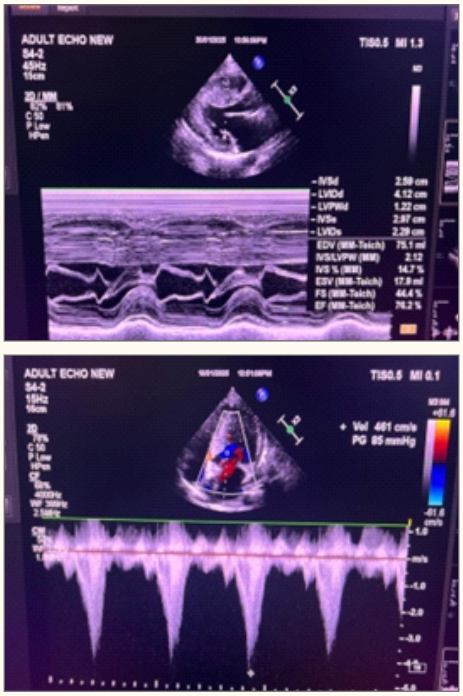
Dr. P. Kalyan Ram
MBBS, MD (Emergency Medicine)
Consultant - Emergency Medicine

Dr. J.V. Durga Prasad
MBBS, MD (Emergency Medicine)
Consultant - Emergency Medicine

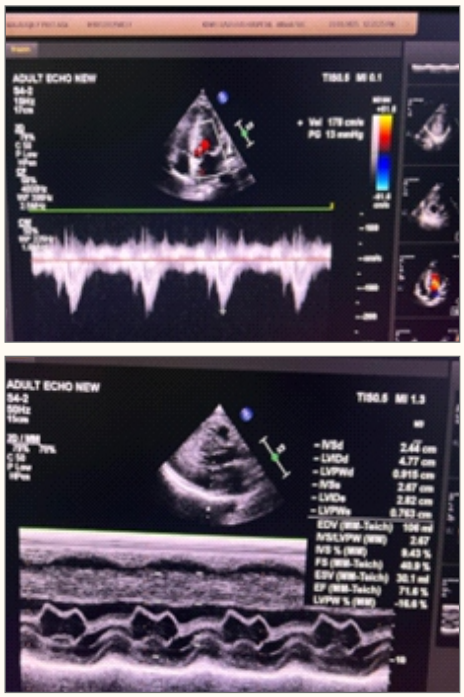
A Rare Case of Hypertrophic Obstructive Cardiomyopathy (HOCM) with Severe Left Ventricular Outflow Tract (LVOT) Obstruction & Stage IV Heart Failure, Treated with Alcoholic Septal Ablation (ASA)

Anantapuram, 28th Jan 2025 : 40- year-old male, farmer by occupation, was diagnosed has HOCM with refractory heart failure. His symptoms did not improve despite optimal medical therapy.

On evaluation, 2d Echo showed resting gradient of 110 mm Hg, He was taken up for angiogram, which revealed multiple septal perforators. Alcoholic septal ablation was planned in this case for treatment of LVOT. Before the procedure Myocardial contrast echo was performed, which clearly isolated major septal perforator supplying basal hypertrophic portion causing obstruction. Alcoholic septal ablation under TPI support was done. After 48 hrs. the gradient dropped to 16 mmHg. He completed 3 months follow-up, which has been uneventful



Pre-procedure echo showing Systolic anterior motion of Mitral Valve (SAM) with severe LVOT gradient.



Post procedure & 8 weeks follow-up showing reduced gradient and absence of SAM

Dr. G Pradeep Krishna
MBBS, MD (Gen Med), DM (Cardiology)
Consultant - Interventional Cardiologist

Prostrate Artery Embolization
Alternate Non- Surgical treatment for Enlarged Prostate (BPH) in patients with high surgical risk

Ananthapuram, 30th Jan 2025 : A 75-year-old male presented to Urology department with difficulty in urinating, urinary urgency, and frequent urination. He had history of cardiomyopathy with severe heart failure and ill controlled Diabetes.

Further examination and evaluation led to the diagnosis of symptomatic Benign Prostatic Hyperplasia. BPH is a common condition in almost all elderly men where the prostate grows constricts the urethra leading to a variety of symptoms like frequency of urination, lack of control or total obstruction leading to retention of urine. Symptomatic enlarged prostate is seen in about 50% of men aged 51 to 60, up to 70% of men aged 70 to 79, and 80% of men over age 80.

Normally such enlargement of prostrate is treated by surgery. Gold standard is TURP/ laser enucleation of prostrate. But in this case, his comorbidities put him in a very high-risk category for surgery. He was not willing to accept the high risk. Considering all the alternatives, prostate artery embolization (PAE), which is a minimally invasive medical procedure, was preferred.

Prostatic artery embolisation is a rare and is a type of salvage surgery done in cases like this the procedure involved multidisciplinary approach. Localization of prostrate artery was done through imaging techniques by Dr Y Madhu Madhav Reddy Radiologist.

Tiny particles were then injected into the arteries that supply blood to the prostate gland, causing the blood vessels to get blocked/narrowed, thus effectively reducing the blood flow to the gland. This causes the prostate tissue to shrink and relieves the symptoms of BPH.

PAE is typically performed by an interventional cardiologist in Cath lab. It is a safe and effective alternative to traditional surgical treatments for high-risk patients who cannot withstand the standard surgery for BPH. This procedure was done successfully by Dr Moode Sandeep, Interventional Cardiologist.

Overall, PAE is a safe and effective alternative to conventional treatments for BPH. It can provide long-lasting relief of BPH symptoms with minimal risk of complications and a shorter recovery time.

Dr. Moode Sandeep
MBBS, MD, DM, FAPSC
Sr. Consultant - Interventional Cardiologist

Benefits of PAE:

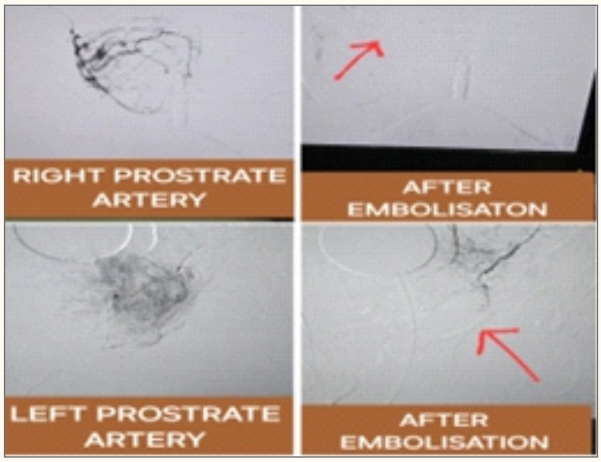
Non-Surgical: minimizes risks associated with comorbidities, has quick wound healing time, and low infection.

Reduced Complications: PAE requires only local anesthesia, lowering the risks of bleeding and associated complications typically seen in surgical interventions.

Quick Recovery: Patients typically require a brief hospital stay and can quickly resume their routine activities.

Preservation of Function: Compared to surgery, PAE is associated with lower risks of sexual dysfunction, making it a favorable choice for many patients.

Such procedures require multidisciplinary approach and KIMS Saveera Hospital has got all the super specialists under one roof and is ideal center for treatment of cases like this where, a team of Urologist Dr Durga Prasad , Radiologist Dr Madhu Madhav Reddy, and Interventional Cardiologist Dr Moode Sandeep performed this rare procedure for the first time in this region.



Big Lemon-Sized Tumor in the Brain
1st-of-Its-Kind Tumor Removal in Anantapur District

Anantapur, 31st Jan 2025: A 58-year-old woman from Pulivendula of YSR Kadapa district reported to the Neurosurgery Department with history of severe headaches, dizziness, and difficulty in walking for the past year. She was unable to perform her routine household tasks for a year due to the above symptoms.

After a detailed history and examination she was subjected to an MRI scan, which showed a large brain tumor of about 6 cm diameter. The tumor was located in a highly complex and deep region of the brain. It was diagnosed as tentorial meningioma.

After detailed evaluation of the patient, Dr Anil and Dr Murali Consultant Neuro Surgeons at KIMS Saveera Hospital, planned for surgical intervention for the condition. Removing such tumours is extremely challenging due to their location deep inside the brain surrounded by critical blood vessels.

With the availability of advanced neuro ICU facilities and state-of-the-art neurosurgery equipment, the team took up the challenge.

A high-risk, complex brain surgery that lasted for about five hours was performed to successfully remove the deep-seated tumor. This was possible because of the excellent anaesthesia and post operative support given by Dr Ravishankar, Consultant Anaesthetist and his team. Post-surgery, the patient recovered very well and was relieved of all her symptoms. She was able to walk normally, and she resumed her daily activities. This is the first time in Anantapur district that such a large tumor, located in a highly delicate area of the brain, has been successfully removed. This rare feat was possible because of the equipment and expertise in Neuro Surgery, Anesthesia and post operative care available in KIMS Saveera Hospital. The hospital provides world-class treatments for brain and spinal conditions, ensuring the highest level of care with state of the art technology.

Dr. C. Anil
MBBS, DNB (Neuro Surgery)
Consultant - Neuro Surgeon

Dr. N. Murali Krishna
MBBS, DNB (General Surgery)
Mch (Neuro Surgery)
Consultant - Neuro Surgeon

1st-Ever Intra Cranial Pressure Monitoring System Introduced in KIMS Saveera hospital

Anantapur, 02nd FEB 2025: KIMS-Saveera has introduced a major prognostic method in the treatment of head injuries, successfully implementing intracranial pressure (ICP)monitoring for the first time in the district. This advanced technology allows close monitoring of pressure inside the brain, providing critical insights in to a patient's condition and enabling timely interventions to prevent further damage.

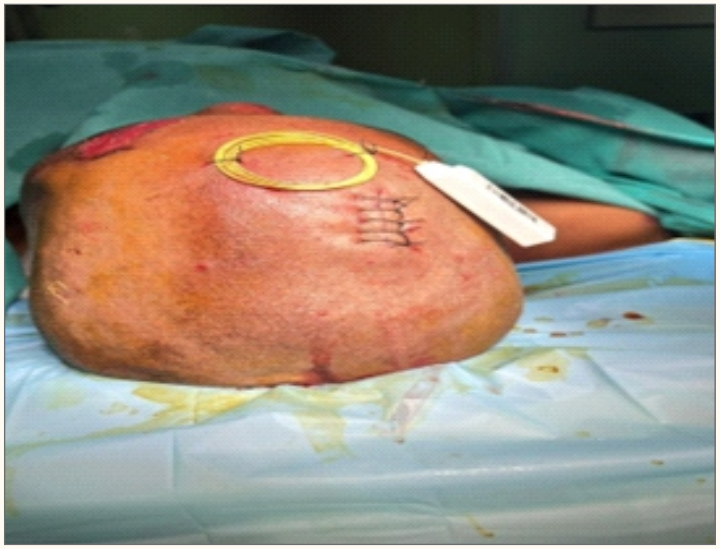
A team of Neuro Surgeons consisting of Dr Anil & Dr Murali, did this procedure

Its availability here at KIMS Saveera hospital, Anantapur will undoubtedly improve patient outcomes and save lives.

The successful implementation of ICP monitoring allows the doctors to provide personalized care and aids in taking critical decisions in time.

KIMS Saveera is committed to providing the highest quality care to its patients and investing in the latest technologies to improve outcomes. The introduction of ICP monitoring is a testament to this commitment and a significant step forward in the treatment of head injuries in the district.

With this method we can continuously monitor the pressure inside the cranium in real time and take decisions regarding further course of action whenever necessary. This continuous monitoring will also reduce the necessity of repeated CT scans to monitor the progress of intracranial lesions.



Dr. C. Anil
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Consultant - Neuro Surgeon

Dr. N. Murali Krishna
MBBS, DNB (General Surgery)
Mch (Neuro Surgery)
Consultant - Neuro Surgeon

Breakthrough Technology for Blood Clot Removal in the Heart vessels
1st-ever Use of Penumbra CAT RX in Rayalaseema region

Anantapuram, 12th Feb 2025 : KIMS Saveera Hospital has successfully saved the lives of two patients suffering from completely blocked coronary arteries due to heavy clot burden which doesn't respond to traditional angioplasty and stenting.

Both patients arrived at the hospital more than 24 hours after suffering from a heart attack. Using advanced and innovative technology, Dr Pradeep Krishna Consultant Cardiologist at KIMS Saveera Hospital performed a groundbreaking procedure, marking the first-ever use of Penumbra CAT RX in Rayalaseema region.

Two 45-year-old male patients from Guntakal and Tadipatri came to KIMS Saveera hospital with Acute Myocardial Infarction in the month of February 2025. One patient had a history of heavy smoking, while the other had a family history of heart disease. Their angiograms revealed that both patients had completely blocked coronary arteries due to heavy clots. In such cases conventional angioplasty treatment will give sub optimal results. Therefore it was considered to use the state-of-the-art mechanical thrombectomy Penumbra CAT RX device to remove the clots from coronary arteries. For one patient, this procedure cleared the clot completely, avoiding stenting. However, for the other patient, after clot removal, a 70% blockage of the coronary artery still remained which required stenting. Both patients have fully recovered and have been discharged in very good condition

There have been no adverse events in the follow-up period.

The use of such advanced medical technology is rare in this region. While similar treatments have been performed for other organs, this is the first time such a procedure has been used for coronary artery blockages with heavy clot burden in Rayalaseema region. Until now, Penumbra CAT RX has only been available in major cities like Bengaluru and Hyderabad. With this breakthrough, patients in Rayalaseema no longer need to travel to distant cities for such advanced cardiac care. KIMS Saveera Hospital has necessary infrastructure and qualified experienced specialists for such treatment.

సరికొత్త పరిజ్ఞానంతో గుండెలో బ్లడ్ క్లాట్స్ తొలగింపు

రాయలసీమలో తొలిసారిగా పెనంబ్రా కాట్ ఆర్ఎక్స్ వినియోగం

45 ఏళ్ల వయసున్న ఇద్దరు రోగులకు నయం చేసిన కిమ్స్ సవీరా వైద్యులు

పూర్తిగా రక్తపు గడ్డలతో పూడుకుపోయిన స్థితిలో ఆస్పత్రికి వచ్చిన రోగులు

అనంతపురం అర్బన్ ప్రతినిధి (ఆంధ్రప్రభ): గుండె రక్తనాళాలు పూర్తిగా రక్తపు గడ్డలతో పూడుకుపోయి, గుండెపోటు వచ్చిన 24 గంటల తర్వాత వచ్చిన ఇద్దరు రోగులకు కిమ్స్ సవీరా ఆస్పత్రి వైద్యులు సరికొత్త, అత్యాధునిక పరిజ్ఞానంతో ప్రాణదానం చేశారు. రాయలసీమతో ఈ సరికొత్త పరిజ్ఞానాన్ని ఉపయోగించి చికిత్స చేయడం ఇదే మొదటిసారి. ఇందుకు సంబంధించిన వివరాలను ఆస్పత్రికి చెందిన కన్సల్టెంట్ ఇంటర్వెన్షనల్ కార్డియాలజిస్టు డాక్టర్ జి.ప్రదీప్ కృష్ణ తెలిపారు. గుంతకల్లు, తాడిపత్రి ప్రాంతాలకు చెందిన ఇద్దరు 45 సంవత్సరాల పురుషులు ఇటీవల మా ఆస్పత్రికి వచ్చారు. వారిలో ఒకరికి విపరీతంగా పొగ తాగే అలవాటు ఉండగా, మరొకరికి కుటుంబంలో గుండెపోట్లు వచ్చిన చరిత్ర ఉంది. వారికి ఇద్దరికీ ముందుగా యాంజియోగ్రామ్ పరీక్ష చేసి చూశాం.

ఇద్దరికీ కూడా గుండె రక్తనాళాలు పూర్తిగా రక్తపు గడ్డలతో పూడుకుపోయాయి. వాటికి సంప్రదాయ పద్ధతులలో చికిత్స చేయడం అస్సలు కుదరదు. దాంతో మేం పెనంబ్రా కాట్ ఆర్ఎక్స్ అనే సరికొత్త, అత్యాధునిక పరిజ్ఞానాన్ని ఉపయోగించి చికిత్స చేశాం. ఇలా చేయడం ద్వారా ఒక రోగికి రక్తపు గడ్డలు తొలగించిన తర్వాత అసలు స్టెంట్ కూడా వేయాల్సిన అవసరం రాలేదు. ఆయనకు రక్తనాళంలో ఉన్న పూడిక పూర్తిగా తొలగిపోయింది. మరొక రోగికి మాత్రం రక్తపు గడ్డలు తొలగించిన తర్వాత 70శాతం బ్లాక్ ఉండడం వల్ల స్టెంట్ వేయాల్సి వచ్చింది. ఇద్దరూ పూర్తిగా కోలుకోవ డంతో వారిని డిశ్చార్జి చేశాం. సాధారణంగా ఇలాంటి అత్యాధునిక పరికరాలను ఉపయోగించడం ఈ ప్రాంతంలో చాలా అరుదుగా ఉంటోంది. గతంలో వేరే అవయవాలకు సంబంధించి ఇలాంటి చికిత్సలు చేసినా, గుండె రక్తనాళాల పూడికకు చేయడం రాయలసీమలోనే ఇదే మొదటిసారి. పెనంబ్రా కాట్ ఆర్ఎక్స్ పరికరాన్ని ఉపయోగించి చికిత్స చేయడం ఇప్పటివరకు బెంగళూరు, హైదరాబాద్ లాంటి పెద్దపెద్ద నగరాల్లోనే ఉంది. రాయలసీమ వాసులు ఇప్పుడు ఇలాంటి సమస్యలకు అక్కడివరకు వెళ్లాల్సిన అవసరం లేకుండా కిమ్స్ సవీరా ఆస్పత్రికే వచ్చి, ఖర్చుతున్న నిపుణులసాయంతో అత్యాధునికవైద్యం పొందొచ్చు అని కన్సల్టెంట్ ఇంటర్వెన్షనల్ కార్డియాలజిస్టు డాక్టర్ జి.ప్రదీప్ కృష్ణ వివరించారు.

Dr. G Pradeep Krishna
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Consultant - Interventional Cardiologist

Secondary Chondrosarcoma
Rare Cancer of the Bone Spreading to Other Areas

Anantapuram, 12th Feb 2025 : A 49-year-old female presented to orthopedic OPD of KIMS Saveera hospital with pain in the left hip of 1 month duration. On initial examination restriction of movement of the left hip joint was noted. She was referred to radiology department for x ray pelvis.

X ray pelvis revealed calcific dense lesion in soft tissues of left proximal thigh overlying left inferior pubic ramus and proximal shaft of left femur. Provisional diagnosis of soft tissue mass with suggestion to rule out bone tumor was made in the radiology department

MRI pelvis was done, which revealed a well defined lobulated soft tissue mass, arising from the lesser trochanter of left femur with the base of lesion being continuous with the underlying bone. The mass measured 7.3 x 7.6 x 6.6 cm with surrounding minimal edema. The lesion contained multiple chunky curvilinear calcifications and fat. The mass was heterogeneously hyperintense on T1 / T2 with no rich water content. The lesion was interpreted as predominantly from inter / intramuscular plane of adductor and obturator muscles and hence a diagnosis of a secondary chondrosarcoma was made.

Chondrosarcomas are a heterogeneous group of malignant cartilaginous tumors most commonly found in older patients. They can arise de novo or secondary to an existing benign cartilaginous neoplasm. On imaging, these tumors have ring and arc chondroid matrix mineralization with aggressive features such as lytic pattern, deep endosteal scalloping, and soft-tissue extension. Secondary chondrosarcomas: A cartilage cap thickness exceeding 1.5-2 cm is generally considered key indicator signifying malignant transformation of pre existing cartilaginous lesion like an osteochondroma.

Incidence:

Chondrosarcomas occur rarely. But of all the bone tumors they account for 20-25% of all malignant tumors and are the third most common malignant bone tumor after myeloma and osteosarcoma. In patients aged >75 years, chondrosarcomas are the most common primary bone tumours.

Incidence of femur involvement is 20-35%.

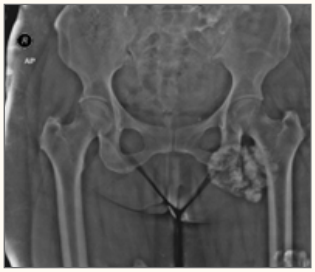
RADIOLOGICAL FEATURES:

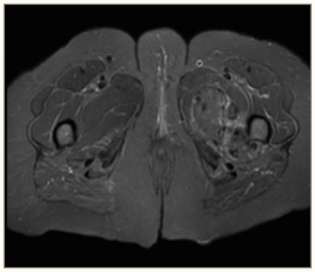
- On plain radiography: Lytic, intralesional calcifications, endosteal scalloping, moth eaten appearance, cortical remodeling, thickening and periosteal reaction.
- On Computed tomography: Matrix calcifications, endosteal scalloping, cortical breach, soft tissue mass, heterogenous contrast enhancement.
- Bone scintigraphy: Increased uptake.
- On MRI:

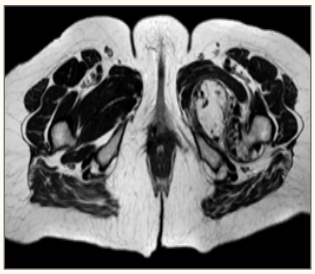
T1W : Low to intermediate signal, iso to slightly hyperintense to muscle.

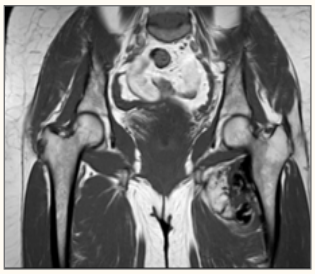
T2W : Very high intensity on non mineralized / calcified portions.

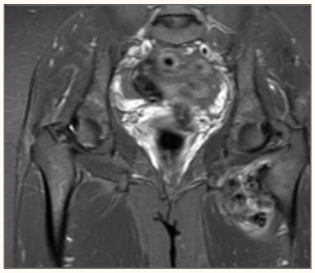
T1 C+ : Most of them demonstrate heterogenous moderate to intense contrast enhancement. Ring or arc enhancement pattern.









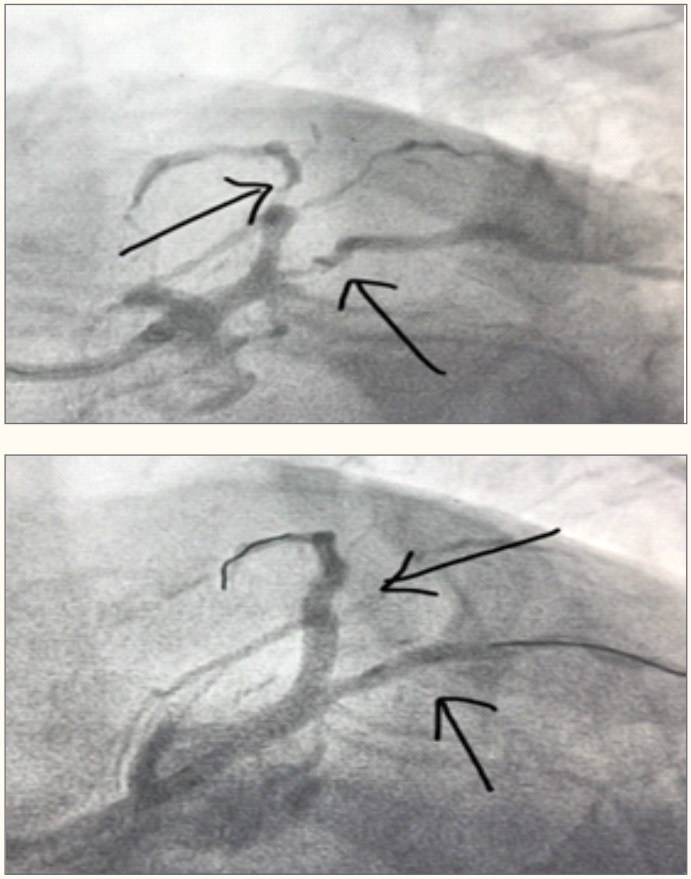


Dr. Y. Madhu Madhav Reddy
MBBS, MD (Radiolodiagnosis)
Consultant - Radiologist

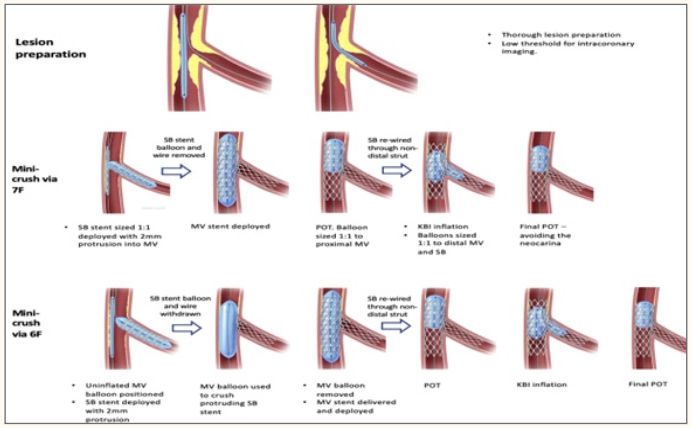
Challenging Case of Unprotected LMCA Bifurcation in Patient With Severe LV Dysfunction

Anantapuram, 26th Feb 2025 : 60-year-old male with type 2 Diabetes Mellites was came with AWMI. He was thrombolyzed with tenectaplase outside. He came to KIMS Svaeera hospital with acute pulmonary edema on NIV support.

CAG showed LAD Ostio-proximal 90% with Ramus ostio-proximal 90% stenosis. Initial plan was urgent CABG, but surgery was deferred in view of poor outcome. The patient continued to have pain and hence was taken up for Unprotected LeftMain bifurcation PCI with anaesthesia backup. During the procedure, patient had drop in oxygen saturation with flash pulmonary edema. Therefore, he was intubated and procedure was completed without any adverse event. He was successfully extubated after 24 hrs. Patient recovered well and was discharged after 48 hrs in hemodynamically stable condition. He completed 2 months of follow-up which was uneventful.



Pre and post procedure angiogram showing Left Main bifurcation stenting



Dr. G Pradeep Krishna
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Consultant - Interventional Cardiologist

Rare Case of Hirschsprung Disease

Anantapur, 01st Mar 2025: 1-month-old baby came to Emergency Department of KIMS Saveera Hospital with complaints of dull activity and not accepting feeds since 1 day. The baby was and not thriving well since birth. The baby was admitted in Neo-natal ICU and was further evaluated by Dr Mahesh A, Consultant Pediatrician.

During the stay the baby developed seizures. Necessary and relevant investigations were done. It was found that the bay had brain infection. Patient was started on intravenous antibiotics and was kept under close observation. Next day the baby started developing abdominal distension with vomiting. Abdominal x ray was done which showed absent rectal gas shadow leading to the suspicion of HIRSCHSPRUNG disease (a congenital condition where nerves are not developed in the intestine). Barium studies confirmed the same. Pediatric surgeon's opinion was taken. Colostomy was advised for the patient. Post operatively baby developed features of peritonitis, abdominal drain and IV antibiotics were continued. Baby responded slowly but steadily and after a long stay of 28 days in NICU was discharged in a stable condition with breast feeding and normal activity.

Hirschsprung disease is a rare disease, where in the nerves in the large intestine are not well developed and so the intestines do not move well, leading to difficulty in defecation which in turn leads to distention of abdomen, vomiting, poor feeding and retarded growth. Timely diagnosis and surgery will help heal

Dr. A. Mahesh
MBBS, DCH, DNB (Paediatrics)
Consultant - Paediatrician

Dr. Manohar Gandhi .C
MBBS, MD (Paediatrics), IDPCCM
Consultant - Paediatric Intensivist

Young Man's Pancreas Filled with Stones Rare Surgery Performed

Anantapur, 03rd Mar 2025: A 23-year-old student from Hindupur had been suffering from severe abdominal pain for the past six months. After seeking treatment elsewhere, he was diagnosed with chronic calcific pancreatitis (pancreas filled with stones). Despite undergoing medication, he found no relief and approached KIMS Saveera Hospital.

At KIMS Saveera, Consultant Surgical Gastroenterologist Dr. N. Mohammad Shahid performed a highly complex surgery and successfully removed all the stones. Due to the pancreas' location and its delicate structure, such procedures are extremely challenging. Suturing the pancreas is also a difficult task, as any leakage can pose a significant risk to other organs. If left untreated, this condition could have been life-threatening.

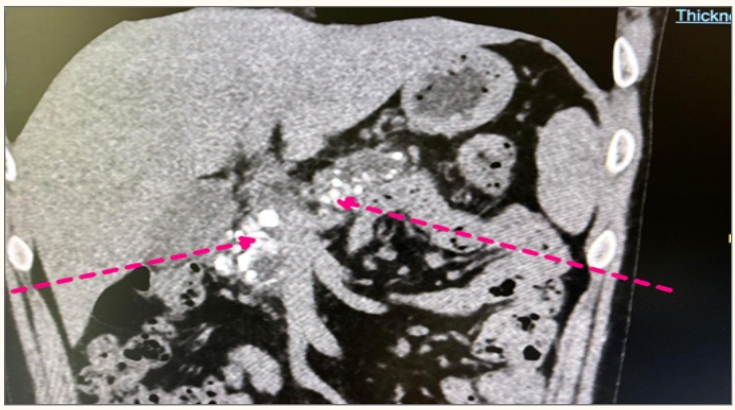
Understanding Chronic Calcific Pancreatitis Dr. Shahid explained that this condition is more commonly seen in men aged 30-40 and incidence in this group being 50%. Among those diagnosed, 25-80% develop Type 3c diabetes, which affects blood sugar regulation and digestive enzyme production. Stones in the pancreas form over time within pancreatic tissues and obstruct pancreatic ducts, leading to severe pain and improper digestion. As time passes, the condition worsens, impairing pancreatic function. Since the pancreas plays a crucial role in digestion and blood sugar regulation, its dysfunction results in severe nutritional deficiencies and other complications.

Causes of Pancreatic Stones: Excessive alcohol consumption, Cancer or traumatic injuries, Genetic factors, Chemotherapy, Autoimmune diseases like lupus, High calcium levels in the blood, High blood lipid levels.

Symptoms: Pancreatic stones lead to various symptoms, affecting both digestive functions and metabolism. Patients may experience fatty stools, significant weight loss, and, in severe cases, complete pancreatic dysfunction. In 85% of cases, the pancreas loses more than 90% of its function. Additionally, the inability to produce insulin results in Type 3c diabetes.

Treatment Approaches: The primary approach includes lifestyle modifications, pain management, pancreatic enzyme supplements, and insulin therapy when necessary. In some cases, endoscopic procedures are used to remove stones or insert stents. However, when stones are large or numerous, surgery becomes essential. Since pancreatic surgery is highly complex, it is performed only when necessary.

"Fortunately, this patient faced no complications during surgery, and we were able to discharge him on the seventh day after the procedure," Dr. Shahid stated.



Dr. N. Mohammed Shahid
MBBS, DNB (Gen. Surgery)
DrNB (Surgical Gastro - AIG Hyd)
MRCS (Edinburgh) FISCP, FIAGES, FLBS
Fellow in Robotic Surgery (NH Bangalore).
Consultant - Surgical Gastroenterologist.

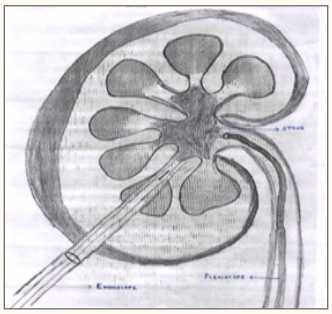
Endoscopic Combined Intra Renal Surgery (ECIRS) for a Big Stone of 6x6 cm in a Solitary Kidney 1st of its Kind Procedure in Entire Rayalaseema Area

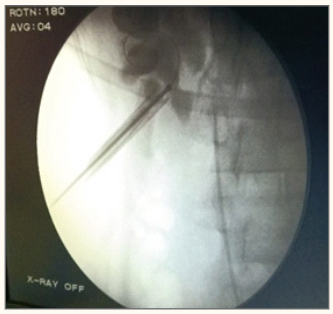
Ananthapuram, 06th Mar 2025 : 24-year-old male was diagnosed with a staghorn calculus of 6 x 6 cm size in his right kidney

He had lost his left kidney in a trauma some time ago. He had grade 5 injury to the left kidney in trauma and the kidney had to be removed to save the life at that time. So he had only one kidney. Unfortunately, he developed a huge stone in this kidney.

Dr DurgaPrasad, Consultant Urologist, KIMS Saveera Hospital examined the patient and after thorough assessment of his condition, planned an ECIRS (Endoscopic combined intra renal surgery) for the removal of the stone in this solitary kidney.

It was a challenging case as the patient had only one remaining functional kidney and this had to be saved at any cost. Surgery lasted for 3 hours, and complete stone clearance was achieved. Patient was discharged on second post operative day successfully without any complications. Only few centers in metropolitan cities do this procedure.





Conventional PCNL needs two or three punctures to achieve complete stone clearance with added risk of bleeding and losing the only functional kidney in torrential cases.

So it was decided to proceed with ECIRS technique. Here a single small puncture is made to the kidney and also an additional approach is made from below through the urethra and ureter. With laser beams, the kidney stones are fragmented and retrieved through the small renal puncture. Complete stone clearance could be achieved in this case after 3 hours. Patient recovered uneventfully and got discharged without any complications. This procedure is an absolute indication for this young patient with a huge stone in the solitary functional kidney. This is first of its kind case in entire Rayalaseema

Dr. Durga Prasad .G
MBBS, MS, Mch. (Urology)
Consultant - Urologist &
Renal Transplant Surgeon

Dr. Siraj .S.B
MBBS, MS, Mch (Urology)
Consultant - Urologist

Eclampsia with PRESS with Multiorgan Dysfunction A Case of Near miss Maternal Mortality

Anantapur, 08th Mar 2025: A Primigravida with 37 weeks of gestation was brought to Emergency Department on 8th March 2025, in a drowsy and highly irritable state, with complaints of 5 episodes of seizures and hematuria since morning. She was initially taken to a local hospital with the above complaints and with high BP (190/120 mm of Hg) readings from where she was referred to KIMS Saveera hospital for further care. After the initial assessment, she was given a loading dose of Inj. Magnesium Sulphate, Inj. Labetalol, and Inj. Levipril She had regular antenatal checkups at local hospital. There was no history of epilepsy or pregnancy induced hypertension.

On further evaluation, her USG abdomen showed single live intrauterine fetus in cephalic presentation with low liquor, her Bishop score was poor. NST was non-reactive. Team of doctors led by Dr. Udayani, Consultant Gynecologist, Emergency Consultant Dr. Kalyan Ram, and Anesthesiologist Dr Praveen explained to the attendants regarding patient's condition and prognosis. She was intubated in Emergency Department and was shifted immediately for emergency caesarean under general anesthesia. A live female baby was delivered with poor APGAR score. Baby was intubated and shifted to Neo-natal ICU.

MRI Brain was done immediately after surgery, which revealed PRES with atypical presentation involving, bilateral cerebellar, cerebral cortex, pons, and bilateral thalami. Consultant Neurologist Dr. Kedar's opinion was taken, and she was started on triple antiepileptics. Patient continued to be on ventilator. She was given additional doses of second line antihypertensives to bring down the blood pressure. She developed severe LV dysfunction for which cardiologist's opinion was taken. During the course she also developed acute kidney injury which was managed conservatively. She developed jaundice, thrombocytopenia and deranged Liver enzymes which gradually improved by medical management.

The ICU team lead by Dr. Chandrasekhar & Dr. Ravi Shankar treated her by protocol based continuous monitoring and appropriate timely intervention.

She was extubated on 3rd post operative day and was discharged after 6 days in a stable condition.

The newborn was kept under constant observation in Neo-natal ICU and was discharged along with the mother.

Successful treatment of such an emergency and post-surgery complications was possible because of integrated efforts by consultants from multiple specialties. Such treatment is possible only in a multispecialty hospital with good infrastructure. KIMS Saveera hospital has got state of the art equipment and trained dedicated team of doctors in all specialties and super-specialties in Anesthesiology, Critical care, Gynecology, Cardiology & Neurology. Expert Pediatricians with good Neo-natal ICU setup were able to take care of the baby.

Dr. M. Udayani
MBBS, DNB, (OBG)
Reproductive Medicine (ICOG)
Consultant - Gynaecologist &
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Dr. N. Geetha Rani
MBBS, DGO,
Consultant - Obstetrics &
Gynaecologist

Dr. P. Sruthi
MBBS, MS, (OBG)
Consultant - Obstetrics &
Gynaecologist

Supra Ventricular Tachycardia (SVT) Racing Heart is a Medical Emergency

Anantapuram, 08th Mar 2025 : A 55-year-old female was brought to Emergency Department with complaints of palpitations associated with chest discomfort of 6 – 8 hours duration. Patient's heart rate was 184 bpm and her BP was not recordable. ECG showed Supraventricular tachycardia.

Immediately patient was treated with Inj. Adenosine 12 mg IV. Patient's heart rate came down to 80 bpm and sinus rhythm was restored. Her BP improved to 130/90, chest discomfort reduced, and patient started feeling better.

Patient was shifted to Cardiology for observation and was discharged within 48 hours in stable condition.

DISCUSSION :

Supra Ventricular Tachycardia (SVT)

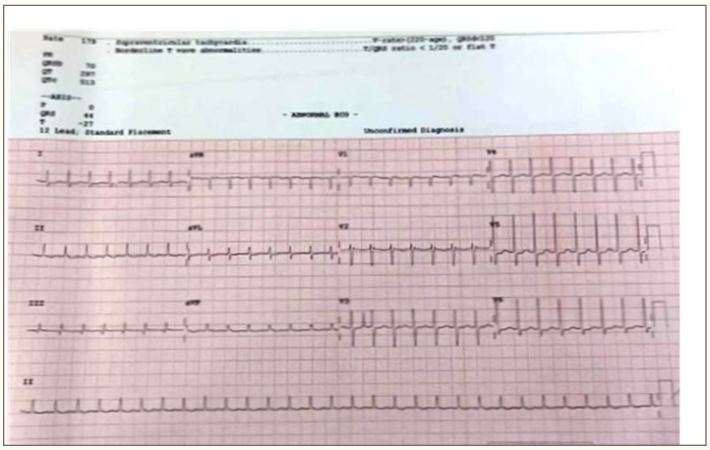
SVT is a type of irregular heartbeat, also called arrhythmia.. The normal heart rate of 70-75 beats per minute is important and gives heart enough time to refill and pump blood. At very fast rates like 180/min heart will not have time to relax and refill and pump enough blood into vital organs. So, it needs immediate medical management to revert the rates to normal levels to save the life.

SYMPTOMS:

- Pounding (or) fluttering feeling on the chest/palpitation.
- Chest pain.
- Fainting.
- Shortness of breath.
- Sweating.

CONCLUSION:

“Racing heart is a medical emergency, if diagnosed and treated early to achieve normal heart rate, it will save the life”.



Dr. R. Amarnath
MBBS, MEM (Emergency Medicine)
Consultant - Emergency Medicine

Dr. P. Kalyan Ram
MBBS, MD (Emergency Medicine)
Consultant - Emergency Medicine

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Overcoming the Unexpected: An Innovative Posterior Approach in Thoracoscopy for Loculated Pleural Effusion

Anantapuram, 08th Mar 2025 : A 20-year-old male presented to our outpatient department with complaints of shortness of breath, cough, and right-sided chest pain aggravated on coughing for the past one month. Clinical examination revealed decreased breath sounds over the right infrascapular region. Routine laboratory investigations were sent, and an HRCT chest showed moderate right-sided pleural effusion with underlying subsegmental atelectasis.

In view of unresolved effusion and persistent symptoms, the patient was taken up for medical thoracoscopy.

The traditional approach, although ideal in many cases, was insufficient in this scenario due to the posterior location of the pathology and dense pleural adhesions which limited visualization and access.

Recognizing the need for better access, we adopted a posterior thoracoscopic entry — a technique rarely used due to anatomical and ergonomic constraints. Under real-time ultrasound guidance, a posterior port was carefully created, which enabled direct access to the loculated posterior pleural space.

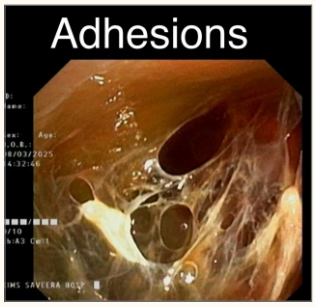
Using this unorthodox yet targeted approach, extensive adhesiolysis was performed under vision, carefully freeing the entrapped lung segments. Once adhesions were released, satisfactory lung re-expansion was achieved.

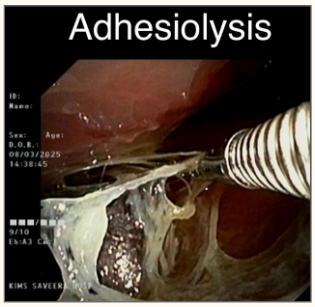
The patient tolerated the procedure well and demonstrated significant symptomatic improvement post-operatively. Follow-up imaging confirmed full lung expansion with resolution of the effusion.

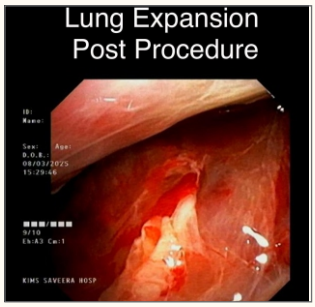
This case highlights the importance of flexibility and innovation in interventional procedures. While the infraaxillary approach remains the standard in thoracoscopy, it is crucial to adapt to the anatomical realities of each case. In this scenario, the posterior approach — though untraditional — proved to be the key to successful management.

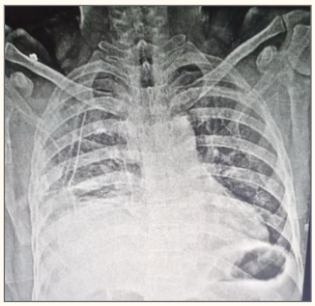
Conclusion:

Pleural diseases can often present in unpredictable ways. Ability to think beyond standard protocols and tailored approach to individual patients can significantly impact outcomes. Ultrasound-guided posterior thoracoscopic entry, though less commonly employed, can be a game-changer in cases of loculated, posteriorly situated effusions. Dr Yashovardhan Mangisetty, consultant pulmonologist at KIMS - Saveera Hospital was able to achieve good result in this case by adapting one such innovative tailored approach.









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Emergency Peripartum Hysterectomy Saved Young Mother's Life

Anantapuram, 12th Mar 2025 : Primigravida with term gestation with no history of any comorbidities went to the local hospital in labor pains for delivery. The doctors there induced a trial labor. When the labor was not progressing well the case was taken for emergency LSCS and a live female child with good Apgar was delivered. In immediate post OP period the patient developed severe hypotension. Hence patient was referred to us for further management.

On arrival at our Emergency Department, patient was in shock. Her pulses were not felt and blood pressure was not recordable.

She was intubated immediately by emergency team of doctors, central line insertion done and fluid bolus was give and she was started on nor-adrenaline drip.

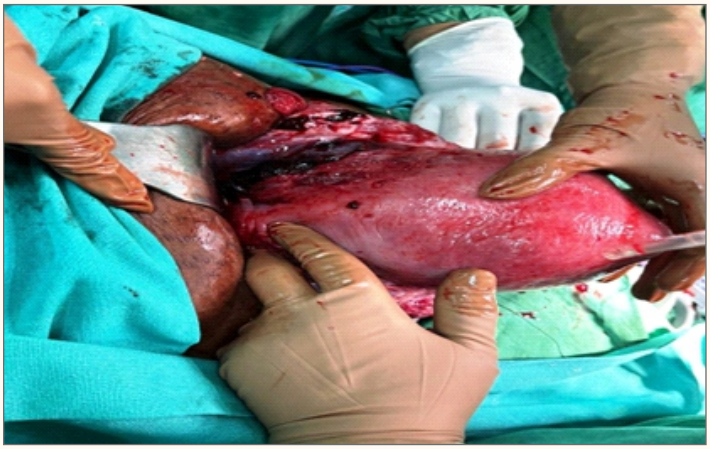
Cause for hypotension was evaluated. She had severe anemia with a hemoglobin level of 4 Gm/dl.

Her 2D echo revealed ejection fraction of 35%. An ultrasound abdomen/pelvis showed moderate hemoperitoneum and 8 x 6 cm sized hematoma on left broad ligament. Immediate hysterectomy was necessary to save the patient's life and the same was explained to the attendants. After arranging blood, patient was taken for emergency hysterectomy. A team of Surgeons and Gynecologists lead by Dr Abeeb Raja , Dr Geetha Rani, Dr Udayani and Dr Shruthi performed the surgery.

Preoperative cystoscopy showed edematous bladder and large broad ligament hematoma pressing the bladder from above. Left DJ stenting was done to preserve ureteric patency by Urologist Dr. Durga Prasad. At laparotomy around 1 ½ - 2 liters blood was drained. Left side broad ligament hematoma was extending on to uterus. Uterus and surrounding tissues were severely edematous. Hematoma was incised and drained, bleeders identified and ligated. Emergency hysterectomy was performed.

Post surgery, patient treated under critical care team lead by Dr Chandrasekhar & Dr Ravishankar, with blood transfusions, albumin, antibiotics and vasopressors support. Gradually, patient improved clinically, and her cardiac status got stabilized. Electrolyte imbalance was constantly monitored and corrected. Patient was discharged in stable condition.

This complicated case required the attention of Gynecologists, General Surgeons, Urologists, Anesthetists and Intensive Care Specialists. The results was possible because of the multidisciplinary speciality teams being available in KIMS Saveera Hospital.



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Unstable Massive Pulmonary Thromboembolism A Silent Threat to Life

Anantapuram, 20th MAR 2025 : A 52-year-old male presented to ER with complaints of shortness of breath of 3 days duration, associated with swelling of both lower limbs.

He has no fever, cough or chest pain.

Patient had past history of right leg DVT (in 2014).

Patient is a smoker, has no history of diabetes or hypertension.

On examination :

Conscious and oriented with GCS: 15/15

On examination :

SPO2: 80% on room air which improved to 95% with 85% with 4 LPM O2.

HR: 120/min regular

BP: 200/130 mm Hg

RR: 36/min

ECG showed sinus tachycardia with S1 Q3 T3 pattern.

2D echo showed RA, RV dilated right atrium and right ventricle, Tricuspid regurgitation, McConnell's sign was (+).

INVESTIGATIONS :

D–dimer was elevated to 7000 ng/ml.

CT pulmonary angiography showed dilated right and left pulmonary arteries with partial, acute thrombus in both the pulmonary arteries. The thrombus was extending into lobar segmental branches on both sides. His BP dropped to 80/50 mm of Hg as he was being brought back from the Radiology department after CTPA.

In view of hypotension and massive PE, thrombolysis done in ER with Inj. Tenecteplase 40 mg IV bolus and Inj. Heparin 5000 units IV stat was given.

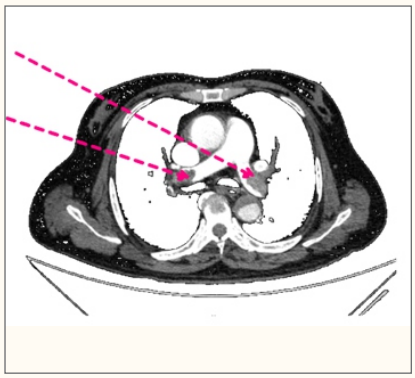
After thrombolysis Inj. Nor adrenaline infusion was started and gradually his BP improved to 140/90 mm Hg.

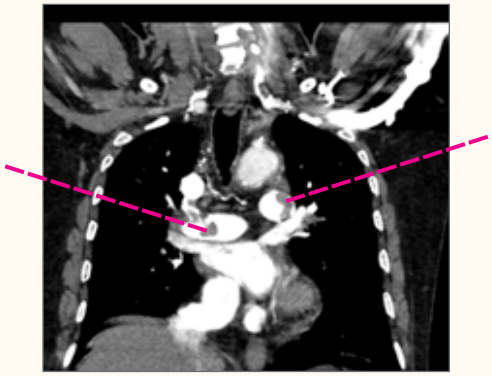
After stabilization, the patient was shifted to CICU managed and was continued on IV anticoagulants. He became stable in about 24 hours with an SPO2 of 96% on RA.

Patient was discharged from hospital with oral anticoagulants in a stable condition.

Pulmonary thromboembolism is a condition characterized by obstruction of a pulmonary artery or one of its branches by a thrombus.

It is a life-threatening condition & is considered a serious complication of venous thromboembolism, hence it is important to administer thrombolytics in a case of massive pulmonary thromboembolism with hemodynamic instability to dissolve the clot.





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KIMS-SAVEERA HOSPITAL

Academics / Training Programs for Doctors :

- DrNB Cardiology - 1 Seat
- DNB Radiology – 2 Seats
- DNB Anaesthesia – 3 Seats
- DNB Emergency Medicine - 2 Seats
- IDCCM- Indian Diploma of Critical Care Medicine (ISCCM) - 2 Seats
- FCCCM - Fellow of College of Critical Care Medicine (CCEF) – 4 Seats
- Fellowship in Critical Care Medicine (Medversity) - 4 Seats
- Fellowship in Clinical Cardiology (Medversity) - 4 Seats
- Fellowship in Emergency Medicine (Medversity) (FEM) – 4 Seats

Diploma Courses in Paramedical Subjects :

- Bsc. Nursing - 50 Seats
- Diploma in Cardiology Technician (DCARDIO) – 2 Seats
- Diploma in Cath lab Technician (DCLT) - 2 Seat
- Diploma in Medical Imaging Technician (DMIT) – 5 Seats
- Diploma in Anesthesia Technician (DANS) - 10 Seats
- Diploma in Medical Lab Technology (DMLT) - 10 Seat
- Diploma in Perfusion Technician (DPFT)- 3 Seats
- Diploma in Medical Sterilization Management & OT (DMST) - 10 Seats
- Diploma in Ophthalmic Assistant (DOA) – 5 Seats

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