

MEDICAL TIMES

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



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IF I AM HEALTHY
THEN I CAN BE WEALTHY

A 75-year-old man undergoes Minimally Invasive Coronary Bypass surgery

• Doctors at KIMS Saveera Hospital, Anantapuram perform the surgery

Anantapuram, 06th Oct 2022 : It is normal for some people who have a heart attack to under go bypass surgery due to clogged blood vessels in the heart. However, to do bypass surgery in heart, the sternum is cut in the middle and the thorax is opened up to access the heart and blood vessels. However, when a 75-year-old man in Anantapuram had a similar problem, he had a different surgery this time. The incision is not in the middle of the sternum, but on the side of the chest and much smaller in size. This type of surgery is called Minimally Invasive CABG. Doctors at KIMS Saveera Hospital performed this type of bypass surgery with a cut of just 5 centimetres. Dr. K. Sandeep Reddy, Cardiothoracic Surgeon of the hospital explained the details.

"A 75-year-old man from Anantapuram district suffered a heart attack. He was brought to KIMS Saveera Hospital. Immediately, he underwent an angiogram and it was found that there was a block in the main blood vessel. This could not be treated with stents and needed CABG..He was aged, and also had diabetes. As a result, cutting in the middle of the sternum not only increases the pain but also increases the time taken for the wound to heal and the risk of spreading infections. So, we decided to perform a bypass surgery in the 'Minimally Invasive' method. After doing all the necessary tests, and keeping diabetes under control, bypass surgery was performed on him. He recovered fully within three days and was discharged.

Generally, when there is a block in the blood vessels, bypass surgery is done. If done traditionally, the pain will be more intense and it will also take more time to recover. But because of the patient's age, we have chosen to do it in the Minimally invasive method for him. All these years, bypass surgeries were performed in a traditional sternal cut method. Only in a few metro cities, 'Minimally Invasive' methods are used. This is the first time that a bypass surgery of this type is being done in Anantapuram,"



Non Minimally Invasive



Dr. Sandeep Reddy .K

MBBS, MS, Mch, CTVS (NIMS)

Minimal Invasive Cardiac Surgeon

Senior Consultant - Cardiothoracic & Vascular Surgery

1st time Balloon Valvuloplasty done in Anantapur district

- Complex balloon valvuloplasty instead of valve replacement.
- Doctors at KIMS-Saveera Hospital perform the complex procedure.

Anantapur, 27th October 2022 : Doctors at KIMS Saveera Hospital in Anantapur have cured 5 patients who had defects in their heart valves by performing a complex balloon valvuloplasty without the need for any major surgery. These details are given by the hospital's Consultant Cardiologist Dr Moode Sandeep. Middle-aged patients, aged between 25 and 40 years, had come to the hospital at different times with severe fatigue, swelling in their legs and chest pain. A 2D echo test revealed that all of them had severely damaged heart valves and the valves became thinner. This resulted in poor blood supply to the heart and they developed fatigue and other problems. Generally, in such a situation, the solution is to replace the heart valves with artificial valves. Such replacement of valves requires major surgery and a prolonged stay in hospital. But with this new technique of balloon valvuloplasty, the problem is cured without surgery.

Why this disease?

When repeated Infections like colds and coughs in early age are not treated properly, the infection causes a reaction in the body which damages the heart valves. In more affordable conditions, when someone gets infections, they go to the doctors and use prescribed antibiotics. And, the infection is controlled. But in the lesser privileged societies, people usually don't consult doctors for such issues, and the infection gets repeated and such infections lead to the heart valves getting damaged. This is called Rheumatic Heart / Valvular Disease. This can lead to severe fatigue, pneumonia in the lungs, and swelling of the legs. In severe situations the patient may need ventilatory support. Such people will have to undergo valve replacement surgery where the valves are replaced by artificial ones. Instead, in this procedure, we send a balloon from the legs through a small wire without any major cuts and restore the narrowed valves to normal size and thus increasing the blood flow through the valve. Balloon valvuloplasty is usually performed in large medical colleges and institutions only. It is a very complex process requiring equipment and training. That's why most doctors suggest a valve replacement instead. For the first time, we brought all the necessary equipment to KIMS Saveera Hospital in Anantapur and performed this Valvuloplasty procedure on five people. Moreover, the entire process was done through Aarogyasri which made it possible to do it completely free of cost to the patients," explained Dr M. Sandeep.



Dr. M. Sandeep

MBBS, MD (General Medicine),

DM (Cardiology)

Consultant - interventional Cardiologist

Dr. Rajesh Natuva said percutaneous mitral balloon valvuloplasty is better than open heart surgery in selected patients. Valvuloplasty improves blood flow through the heart, reducing symptoms. After PBMV, 90% of patients remain asymptomatic for 10 years. "We are delighted to share with the public the amazing results obtained after valvotomy for five patients and the KIMS Saveera cardiology team has always been at the forefront of performing complex heart procedures" said the doctors from the KIMS-Saveera cardiology team, Dr Bala Kishore, Dr Rajesh Natua, Dr Sandeep, and Dr Spandana.



Balloon Venoplasty done for the 1st time in Anantapur district

- Young woman came with CKD on hemodialysis
- Doctors treated her vascular problem using state-of-the-art technique

Anantapur, 13th December 2022 : Dr Pradeep Krishna, Interventional Cardiologist at KIMS Saveera hospitals, Anantapur gave relief to a young woman by performing a Venoplasty for the first time in Anantapur district. Doctors at the hospital treated the young woman, who was suffering from chronic kidney disease at a young age and was on maintenance hemodialysis. She developed deep vein thrombosis of upper left extremity and was treated with state-of-the-art treatment. Dr Pradeep Krishna, Cardiologist gave the details in this regard.

"UpparaSwathi, a 24-year-old woman, is suffering from a chronic kidney problem and is on maintenance hemodialysis. She had undergone an AV fistula surgery in the past which was unsuccessful. She is undergoing hemodialysis treatment under the supervision of Dr Badrinath, Nephrologist at KIMS Saveera Hospital. She is a prospective renal transplant recipient in the next few months. When examined for health issues, she was diagnosed with acute left upper extremity deep vein thrombosis which progressed inspite of parenteral anticoagulation. She was taken up for catheter-directed thrombolysis under the Aarogyasri scheme. During the process of catheterization a check venogram was done which revealed left sub clavian vein stenosis. She was then treated with a high-pressure balloon which is used to dilate the venous stenosis. (percutaneous balloon venoplasty). It was a successful with good results. With this, the flow in upper extremity was reestablished. Usually, patients with kidney disease who are on long term dialysis are more likely to have these kinds of problems. The stenosis was successfully managed with balloon

venoplasty. She will not be able to have a stent until the kidneys are transplanted due to high risk of stent occlusion during pre-operative period when she is off blood thinners. Even after the kidney transplant, we will follow up with Doppler tests again and if necessary, we will do stent implantation, if restenosis occurs. There is a possibility that she may have recurrence again in the future. Doppler testing should be done once in 3 months during follow for regular monitoring.

Such Balloon Venoplasty procedures are performed only in cities like Bangalore, Chennai and Hyderabad. Now such state-of-the-art treatment is available in Anantapuram as well," he explained.



Dr. G. Pradeep Krishna

MBBS, MD (General Medicine)

DM (Cardiology)

Consultant - Interventional Cardiologist

Rare case of Hydatid Cyst

• Hydatid cyst in Kidney (not a common site) successfully operated at KIMS SAVEERA

Ananthapuram, 14th January 2023 : Hydatid cyst is one of the most important zoonotic diseases that is caused by *Echinococcus granulosus*. Infection is transferred through the oral-fecal pathway by eggs of the parasite and more by eating vegetables and food contaminated with dog stool containing eggs of the parasite. Hydatid cyst can be made in liver, lung and rarely in heart, breast, thyroid, soft tissue of neck and kidney. Hydatid cyst of the kidney (3 %) is a rare disease which may have no symptoms for years.

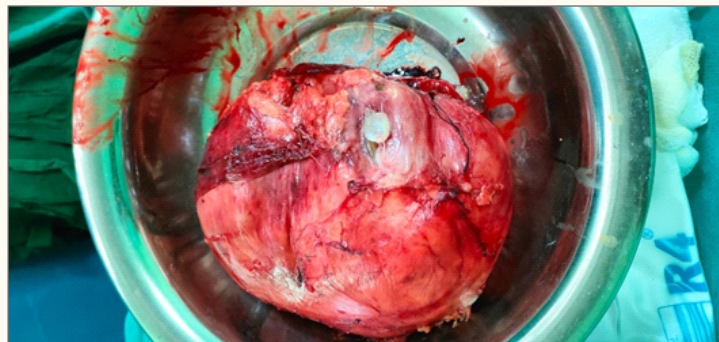
PATIENT DETAILS AND History

54 year old male patient had abdominal pain and decreased appetite from 1 year. Persistent vomiting from 3 months only responding to parenteral anti emetics. Patient has lost lot of weight in the last 6 months and on evaluation outside he had big swelling of right kidney. Patient was referred to our institute and on further evaluation patient had a big hydatid cyst of size 15 x 17.5cms occupying and compressing the entire right kidney. The cyst was densely adhered to the inferior surface of liver superiorly, inferior vena cava medially.

We took this challenging case and patient was started on albendazole 10mg / kg tablets to kill any live parasites. Patient was taken for laparotomy and the hydatid cyst was removed along with the kidney with great difficulty. Operative time was 4 hours. Post operatively patient recovered well by 3rd post operative day and discharged on 4th post operative day without any complications.

Biopsy confirmed it as hydatid cystic disease of kidney. Patient is under follow up from past 2 months and with tests conducted every 2 weeks like ultrasound, liver function test, urine analysis. no recurrence was observed.

Hydatid cyst of the kidney is a very rare condition with an incidence of one in 5 lakh population. The difficulty in tackling this case is that the surgery should be done meticulously and carefully without rupturing the hydatid cyst. If the cyst gets ruptured and contents spill it can lead to immediate anaphylaxis and patient can die on table. The surgery took 4 hours and with great care we could save the patient. Earlier these cases were restricted only to institutions. But as of today with available surgical expertise and infra structure we are able to do these difficult life saving surgeries at free of cost under aarogyasree.



Dr. Durga Prasad .G

MBBS, MS, Mch. (Urology)
Consultant - Urologist &
Renal Transplant Surgeon

Rare Disease of Rhinosporidiosis

- Surgery done in KIMS - SAVEERA successfully

Ananthapuram, 17th January 2023 : A 46 year old male patient was suffering from blocked nose. He reported to department of ENT of KIMS - SAVEERA Hospital for evaluation. Nasal Endoscopy was done and it was found that he had a big tumor growth inside the nasal cavity.

Surgery was done with latest endoscopic equipment in the hospital by Dr. Raghavendra Reddy. The tumor was removed carefully and sent for testing (Histopathology). The tumor was found to be Rhinosporidiosis. Surgery was done free of cost under arogyasree scheme by an endoscopic procedure, without any scar over the face or nose.

Rhinosporidiosis is a rare Disease which can affect parts of nose, eyes and mouth. It is generally found in people living in coastal areas where there is more humidity in the air, and in those whose nose is constantly exposed to water like swimming. It presents with bleeding from nose, and breathing difficulty.

This disease is rarely found in the areas of Rayalaseema Districts.

The growth can be removed by surgery. But it needs to be diagnosed and identified in early stages. After surgery patient needs long term Dapsone Therapy.



Dr. R. Raghavendra Reddy

MBBS, MS
OTO - Rhino - Laryngology
Consultant - ENT surgeon
Cochlear Implant Surgeon &
Allergy Specialist

Dual Chamber Permanent Pacemaker insertion

- A case of Sick Sinus Syndrome

Ananthapuram, 13th March 2023 : 67 year old male, business man by occupation, had history of reeling sensation for about 5 years. He had regular physician consultations and was prescribed medication for the clinical problem. In the last 6 months frequency of reeling episodes increased and he had few episodes of falls while walking fast and climbing stairs. He used to recover spontaneously within a few minutes and would be normal for few days.

He visited OP department with the above complaints. He was evaluated with Holter monitor and was diagnosed as having sick sinus syndrome with a low heart rate of 35-40 / min.

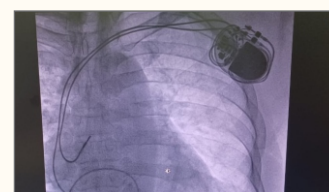
He was treated with dual chamber permanent pacemaker implantation and discharged after 5 days.

Post-pacemaker follow-up showed that his symptoms disappeared. Reeling episodes had subsided, and he was able to walk briskly without any difficulty.

Sick sinus syndrome is a disease of the SA node – with extremely low heart rates <40 , presenting clinically as

- 1) Reeling episodes.
- 2) Fatigue
- 3) Frequent falls
- 4) Syncopal attacks

DDDR is the treatment of choice for patients with sick sinus syndrome with syncope.



Dr. S. Bala Kishore

MBBS, MD, DM (Cardiology),
Consultant - Interventional Cardiologist

Poor woman gets Dual Chamber Pacemaker for free under aarogyasri scheme

- Heartbeat was 30 per minute at admission
- Treatment comes under Aarogyasri

Anantapur, 02nd February 2023: A poor woman, who was suffering from severe heart problems was treated with a Dual Chamber Pacemaker for free at KIMS Saveera hospital, which saved her life. Interventional cardiologist of the hospital, Dr. Moode Sandeep explained the details. "A 50-year-old lady from Anantapur came to the hospital with severe fatigue, heavy sweating, and non-recording of BP. Upon testing, her heartbeat was recorded only 30 times per minute. Usually, a healthy heart beats at least 60 to 72 times per minute. So, initially, we implanted a temporary pacemaker and restored her heartbeat. Her heart conduction system failed due to sick sinus syndrome, which led to such a condition.

We concluded that a single chamber pacemaker is of less use in this case, and for the first time in Anantapur, we have fixed a Dual chamber pacemaker on her. It costs around Rs.5 lakhs in cities like Hyderabad. But, as this treatment came under Aarogyasree this year only, we could make this completely free to the poor patient. As a part of it, we have placed electric nodes in two chambers of the heart. They are connected to an external battery. This system controls the heart beating speed. If the heart rate is down, it increases. And if the rate is more, it reduces. They have to live with this pacemaker for the rest of their life. Though the patient is so poor, and she even doesn't know what is the problem, we have given her a complete free treatment.

If any body has symptoms like excessive sweating, fatigue, weakness, or palpitations, they have to consult a doctor. Even a pulse oximeter or ECG can determine the heart beating rate. If it is less than 50, they should consult a cardiologist immediately. If so, they need not go to any hospital in a life-threatening condition. Single-chamber ventricular pacemakers are much more commonly used in practice and are fixed even in small centers. They are appropriate where conduction between the atria and ventricles is impaired. Dual-chamber devices are more expensive owing to the additional lead, more time involved in implantation, and higher risk of complications. But they are more useful in such cases. Observational studies suggest that dual-chamber pacing reduces the risk of atrial fibrillation, stroke, and death compared with single ventricular pacing" he explained.



పేద మహిళా రోగికి కిమ్స్ సవీరా ఆస్పత్రిలో ఉచితంగా

డ్యూయల్ ఛాంబర్ పేస్ మేకర్ అమలిక

- నిమిషానికి 30 సార్లే కొట్టుకుంటున్న గుండె
- ఆరోగ్యశీలో ఈ సంవత్సరమే చేరిన చికిత్స

సమస్త సీమాంధ్ర అనంతపురం, ఫిబ్రవరి 02, 2023: తీవ్రమైన గుండె వ్యాధితో బాధపడుతున్న ఓ మహిళకు అనంతపురంలోని కిమ్స్ సవీరా ఆస్పత్రి వైద్యులు ఉచితంగా డ్యూయల్ ఛాంబర్ పేస్ మేకర్ అమర్చి ప్రాణాలు కాపాడారు. ఇందుకు సంబంధించిన వివరాలను ఆస్పత్రికి చెందిన సీనియర్ కార్డియాలజిస్టు డాక్టర్ మూడే సందిష్ తెలిపారు. "అనంతపురానికి చెందిన సుమారు 50 ఏళ్ల మహిళ విపరీతంగా వెంటు పట్టడం, కళ్ల తిరుగుట, బీబీ అసలు రికార్డు కాకపోవడం లాంటి సమస్యలతో ఆస్పత్రికి వచ్చారు. అమె గుండె వేగం పరీక్షిస్తే నిమిషానికి 30 సార్లే కొట్టుకుంటోంది. సాధారణంగా 60 నుంచి 72 సార్లు ఉంటుంది. దాంతో ముందుగా గుండెలోపల వైర్లు పెట్టి, తాత్కాలిక పేస్ మేకర్ గుండె వేగాన్ని పునరుద్ధరించాం. అమెకు సిన్ స్ట్రోమ్ సిండ్రోమ్ అనే వ్యాధి వల్ల గుండెలోని కండక్టన్ సిస్టం దెబ్బతిందని వల్ల ఇలా జరిగినట్లు గుర్తించాం. కొంతమందిలో వయసు కారణంగా ఇలా జరుగుతుంది. ఈమెకు సింగిల్ ఛాంబర్ పేస్ మేకర్ వల్ల ఉపయోగం లేదని గుర్తించి, డ్యూయల్ ఛాంబర్ పేస్ మేకర్ అమర్చాం. సాధారణంగా మెట్రో సగలాల్లో అయితే రూ. 5 లక్షల వరకు అయ్యే ఈ చికిత్సను ఈ సంవత్సరమే కొత్తగా ఆరోగ్యశీలో చేర్చడంతో, అమెకు ఈ వధకు కించ పూర్తి ఉచితంగా ఈ పరిచర్యాన్ని అమర్చాం. ఇందులో భాగంగా డ్యూయల్ ఛాంబర్ పేస్ మేకర్ అమర్చాం. అది బాగుంటుంది."

వేగాన్ని నియంత్రిస్తుంది. వేగం తగ్గితే పెంచుతుంది, పెరిగితే తగ్గిస్తుంది. జీవితాంతం వాళ్లు దాంతోనే బతకాలి. అది లేకుండా జీవించలేరు. పేస్ మేకర్ కావడం, అసలు సమస్య ఏంటో కూడా తెలియని సమయంలో అమెకు ఉచితంగా ఇలాంటి పెద్ద చికిత్స అందించడం గమనార్హం. ఎవరికైనా చెబుతుంటే ఎక్కువగా పడుతూ, కళ్లు తిరుగుతూ, నీరుసంగా అనిపించి, గుండె వస్తే వెంటనే పరీక్ష చేయించుకోవాలి. పట్న ఆక్సిమీటర్ తో చూసిన ఈ సీతీ తీయించుకున్నా గుండె వేగం తెలుస్తుంది. ఒకవేళ అది 50 కంటక్కువగా ఉంటే వెంటనే గుండె వైర్లు నిపుణులను సంప్రదించాలి. ఆ అయితే అత్యవసరంగా, ప్రాణాపాయ పరిస్థితుల్లో ఆస్పత్రికి రావాల్సి ఉంటుంది. సింగిల్ ఛాంబర్ పేస్ మేకర్ ను ఎప్పుడైనా చికిత్స కోసం వచ్చినా అమెకు అమర్చుకున్నా. ఆట్రీయా, వెంట్రీకల్స్ మధ్య ఉన్న కండక్టర్ దెబ్బతిన్నప్పుడు మాత్రమే అది ఉపయోగపడతాయి. కానీ సమయం తీసుకుంటూ ఉన్నప్పుడు రెండు ఛాంబర్లలో కంట్రాక్టు పెట్టుకుని వల్ల డ్యూయల్ ఛాంబర్ పేస్ మేకర్ కు ఖరీదైనది, అది అమర్చడం కూడా సమస్య ఉంటుంది. కానీ వీటివల్ల ప్రయోజనం ఎక్కువ ఉంటుంది. ఇది పెట్టడం వల్ల ఆట్రీయల్ ఫైబ్రలేషన్, స్ట్రోక్ లాంటివాటివల్ల మరణ సంభవించే సందర్భం చాలా తరచుతుంది" అని డాక్టర్ మూడే సందిష్ తెలిపారు.



Dr. M. Sandeep

MBBS, MD (General Medicine),

DM (Cardiology)

Consultant - interventional Cardiologist

Scorpion Sting in child with Toxic Myocarditis

• Management poses greater challenges in children than in adults

Anantapur, 23rd February 2023 : A 18 years old male patient child was brought to KIMS SAVEERA emergency dept with alleged history of scorpion bite at his home at about 2.30 am. He was immediately taken to the nearby hospital, where he was given INJ Hydrocortisone 100mg and kept under observation. The patient slowly started becoming breathless and drowsy. He was referred to KIMS SAVEERA hospital in view of progressive worsening of symptoms. During transport the patient was kept on oxygen support and complained of chest pain and palpitations, and had profuse sweating. On arrival at our emergency room , patient was in gasping state , his blood pressure was not recordable, he had sinus tachycardia (heart rate of 160/min , and his pulse was feeble. He was attended to immediately by the ER/ICU team, intubated and kept on mechanical ventilator support with high FIO2. He was started on blood pressure medication, volume-controlled ventilation with high O2. His initial investigations were:- Chest x ray showed bilateral opacities extending laterally from each hilum suggestive of ? Pulmonary oedema , Arterial blood gas analysis showed severe lactic acidosis, low PaO2 / Fio2 ratios, screening 2D echo showed severe LV dysfunction, with mild MR/TR/PAH. His blood investigations including CBC, RFT, LFT, Serum electrolytes were normal.

The patient was shifted to the advanced critical care unit and kept on ventilator support. Invasive hemodynamic monitoring (Rt Femoral arterial access) was done with continuous monitoring of blood pressure, as the patient required very high doses of blood pressure medication to maintain the blood pressure and inotropic support in view of severe LV dysfunction. He was continued on antibiotic support, nebulisations, DVT prophylaxis, RT feeds, and physiotherapy. The patient gradually improved, vasopressors and inotropes were weaned gradually, and he was extubated. Follow up with bedside lung ultrasound showed complete resolution of the pulmonary edema. The patient was able to breath with simple oxygen mask and maintained oxygen saturation levels, Over the next 2 days the patient was clinically better with stable blood pressure. 2D echo (on day 7) showed improved heart function (LVEF -60%,no MR/TR/PAH). He was discharged in stable condition on day 8 and was followed up at Critical care unit OPD after 5 days with his happy family and to the satisfaction of the entire Intensive care unit of KIMS SAVEERA hospital.

Dr Chandrasekhar T.S, Senior Consultant Critical Care says that Scorpion bite is one of the common occurrences in this region of Rayalaseema. Scorpion venom is a water soluble antigenic complex mixture of neurotoxin, cardiotoxin, nephrotoxin, hemolysins, phosphodiesterases, phospholipase, hyaluronidases, histamine, and other chemicals. The primary target of scorpion venom is voltage dependent ion channels. The venom produces both local as well as systemic reactions. Local reactions consist of itching, edema, and ecchymoses with burning pain. The cardiovascular manifestations comprise of giddiness, bradycardia, a fall of body temperature, restlessness and cardiac pump failure resulting in pulmonary edema. The venom can cause myocardial damage by several pathogenetic mechanisms. The amount of venom being the same in children or in adults, a child having a scorpion sting gets more toxins proportionate to his weight and so the effects are more serious in children than in adults.

Dr Sai Suraj. K, Consultant Critical Care mentioned about severe anaphylactic reactions that can also ultimately lead to severe multi organ failure. If we can provide timely and appropriate intervention with round the clock ICU care, we can save the lives.

Maintenance of the fluid requirements, cardiac functions, blood pressure, acid base balances, and countering all the toxic effects of the venom requires a dedicated team of specialist doctors, necessary equipment and a dedicated teamwork of all paramedical staff in ICU. We at KIMS Saveera are able to provide such combination of doctors, staff and equipment at Anantapur.



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Peripheral Angioplasty

- Management poses challenge in elderly, diabetics, and smokers

Anantapur, 04th March 2023: A 65 years old male farmer by occupation chronic smoker, diabetic, and hypertensive, developed sudden onset of pain in left thigh radiating to entire limb, while he was working in the field. He could not walk by himself due to severe agonizing pain and was rushed to emergency department.

On examination he was found to be in severe agony, crying with intense pain. Left thigh, leg and feet were cold and he was sweating profusely. His pulses in lower limb were not felt at all.

A provisional diagnosis of peripheral arterial thrombosis was made based on the clinical condition and history.

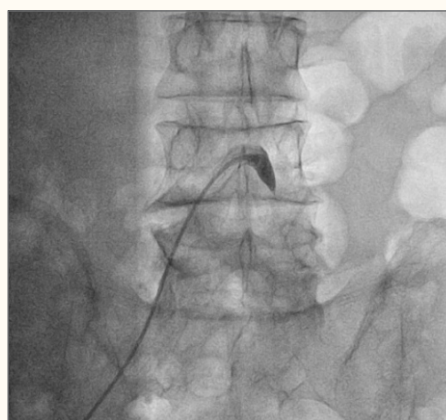
He was taken up for immediate peripheral angiogram and it was found that the left common iliac artery that supplies blood to the entire left lower limb was blocked.

There was need for emergency Intervention to clear blockage of the artery and angioplasty was done and an 8 mm X 120 mm stent was implanted in left common Iliac artery. The blockage was thus cleared by the procedure.

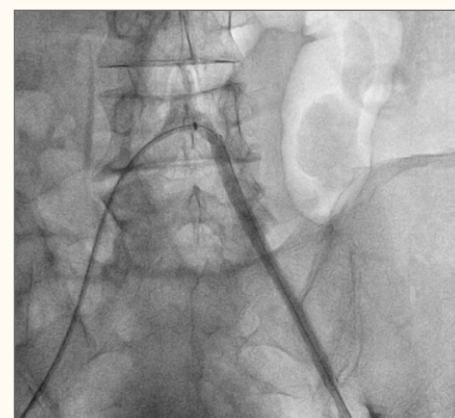
In the next few hours, the patient was completely relieved of pain. The limb became warm and he was having good movements of limb.

Blockage of arteries supplying thigh and legs in a common medical emergency. Timely intervention will salvage the limb and delay in diagnosis and treatment will result in loss of blood supply leading to amputation of the limb.

Clearing of obstruction in peripheral arteries is not usually done in all centers. Even in Cath Labs where routine CAG and stenting are done, peripheral angioplasties are not done routinely. Such procedures require expertise and special stents and equipment. KIMS-Saveera Hospital has started doing peripheral angioplasties regularly now.



Before



After



Dr. S. Bala Kishore

MBBS, MD, DM (Cardiology),
Consultant - Interventional Cardiologist

Case of Super Vasmol Poisoning in a 24 week pregnant lady

OCT-MAR | 2022-23

• Pregnancy poses more problem in treating poisoning cases

Anantapur, 06th March 2023: A 25year old patient of 6months pregnancy, was noticed by her parents lying unconscious at home with blackish stains on her fingers and empty bottle of supervasmol hair dye by her side. She was taken to nearby hospital where gastric lavage was done and immediately transported to KIMS SAVEERA hospital in view of anticipated respiratory failure and sudden cardiac events. On arrival to our hospital, she had severe facial oedema that extended to her neck, chemosis, respiratory distress with RR 42 / Min, heart rate of-160 / min, and BP of 80/40mm of Hg. She was attended to immediately and the critical care team of doctors performed percutaneous tracheostomy after counselling the attendants about impending respiratory failure and possibility of sudden cardiac arrest. She was noticed to have dark cola coloured urine which further supports the consumption of supervasmol poisoning. She was resuscitated with 30ml/kg of 0.9% normal saline, steroids and was then admitted to advanced critical care unit.

In the Advanced critical care unit, the patient was kept on the ventilator, monitored according to the latest ICU standards. Her initial investigations revealed high creatinine phosphokinase, deranged RFT with serum creatinine of 1.8 mg%, and blood urea 80mg/dl. Her 2D Echo and liver function tests were within normal range. The patient was started on empirical antibiotics in view of aspiration. She was managed with anti-oedema measures for laryngeal oedema, kidney protection medication and fluid management to prevent further kidney damage, in view of extensive rhabdomyolysis. The team kept a serial monitoring of lung ultrasound, bed side 2D echo to monitor any myocarditis secondary to toxin. Acute Kidney injury was managed conservatively, without dialysis, with proper fluid management and kidney protective measures. The biggest challenge the team faced was saving the mother as well as the fetus, adequate precautions to the extent possible were taken to prevent any medication induced side effects in the fetus and fetal monitoring done bed side with USG and cardiotocography. The patient improved gradually with normalising renal parameters, and the facial edema subsiding. She was changed from ventilator on to thermavent support and finally decannulated on the 5th day of admission. Psychiatry opinion was taken and she was counselled and started on antipsychotic medication. She was subsequently discharged on day 8, much to the delight of the entire ACCU TEAM and nursing staff whose continuous round the clock efforts helped the young pregnant lady get discharged safely.

Dr. Ravi Shankar .C Senior Consultant, Critical Care emphasized the importance of early intervention in cases of supervasmol poisoning. He further said that supervasmol trade name hair dye comes in 100ml container which contains parapheny lenediamine (PPD) as one of its components, which can lead to significant side effects like laryngeal odema within 6 to 12hrs, acute renal failure due to myoglobinuria and toxic damage like acute tubular necrosis(identified as most frequent finding in renal biopsy. Less frequently observed, but related with increased mortality in case of hair dye poisoning are myocardial injury and myocarditis due to toxins. There is no specific antidote for PPD poisoning and the Government has taken several regulatory measures to ban the use of PPD in hair dye. However, in spite of several strict measures, supervasmol continues to be accessible. Dr. Sudheer .K, Jr. Consultant Critical care emphasised the importance of mental health, improvement in daily habits, exercise and stress management as such kinds of incidents can easily devastate a family. He mentioned that emergency airway management like cricothyroidotomy and percutaneous tracheotomy are life saving measures in such cases and with good fluid management we can prevent acute renal failure. The management of such cases requires all necessary equipment, trained personnel, dedicated paramedical team and hard work.

The intensive care unit of KIMS Saveera consisting of Dr. Ravi Shankar, Dr. Chandrasekhar, Dr Suraj, Dr. Sudheer, Dr. Manoj and the entire nursing and supporting staff of the advanced critical care unit have been able to manage such complicated cases in Anantapur itself giving great relief to the population of this region.



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Academics / Training Programs :

- DNB Cardiology - 1 Seat
- 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

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