



**Sri Ramakrishna
Hospital (MultiSpeciality)**

pulse

Happenings at Sri Ramakrishna...





D Lakshminarayananaswamy
Managing Trustee

We stand committed in constantly raising the bar to deliver best-in-class healthcare. We recognise the vital role that technology plays in delivering superior healthcare services and endeavor to be at the forefront in procuring the best equipments to give the best treatment for patients.

Every year, in the month of October, many unite for the awareness-raising efforts, focusing on Breast Cancer, and in the same month 29th is observed as 'World Stroke Day' in order to spread awareness on stroke related diseases.

It is observed in order to raise awareness of the signs of stroke and the need for timely access to quality stroke treatment which has also been fixed as the theme of this year.



Dr P Sukumaran
Dean / Medical Director

Sri Ramakrishna hospital has always been a forerunner in conducting various academic programmes apart from regular clinical achievements. With increasing number of covid variants, it is always the rule of the land to adhere to the COVID SOP's such as wearing face masks, following hand hygiene practices and maintaining sufficient interpersonal distancing in order to avoid spreading the disease again. We had conducted interesting webinars on the following topics in this month: **Webinar-1:** Recognizing symptoms of stroke and Thrombolysis and Mechanical thrombectomy in acute stroke treatment **Webinar-2:** Subarachnoid Hemorrhage and Aneurysm Surgery at SRH and Interventional radiology in subarachnoid hemorrhage.

Editorial Team

Dr P Sukumaran
Dean / Medical Director

Dr N Loganathan
Pulmonologist

Dr S Prahadeeshwaran
Head - Public Relations

Mr Murali Kaliappan
Head - Marketing

WORLD BREAST CANCER AWARENESS MONTH 2022



Sri Ramakrishna Hospital, Sri Ramakrishna Institute of Oncology & Research (SRIOR) released Interactive Flipbook to spread Breast Cancer Awareness! In October, efforts were taken to educate those concerned about Breast Cancer woned take place along with other awareness and health check-up activities across the globe. This is done because breast cancer risks are very high in the country. Dr.P.Guhan said that this book was published both in Tamil and English. The book covers the topics like introduction to Breast Cancer, its Symptoms, its Risk Factors, Early Detection/Screening, Diagnostic Test, Treatment Options, Ways to prevent Breast Cancer, it has been presented in an interactive format.

Academics - Sri Ramakrishna Hospital, Coimbatore

Upcoming Events

Webinar - 1

Dr. G. KRISHNA SHANKAR
MBBS, MD(Gen Med), DM(Endo & Diab), MRCP(UK), SPCCERT(Endo & Diab)
Consultant in Diabetes, Thyroid and Endocrinology
Sri Ramakrishna Hospital, Coimbatore

Dr. V. SHOBI ANANDI
MD, DNB, Fellowship in Paediatric Endocrinology
Consultant Paediatrician and Paediatric Endocrinologist
Sri Ramakrishna Hospital, Coimbatore

Difficult Diabetes **Diabetes in Children**

Date : 12.11.22 (Saturday) Google Meet Time : 4.00 to 5.00 PM
<https://meet.google.com/syp-wjqe-kmk>

Webinar - 2

Dr. SIDDARTHA BUDDHAVARAPU
MD (Paed), Fellowship in Neonatal Perinatal Medicine
University of Calgary, Canada
Consultant Neonatologist & HD
Sri Ramakrishna Hospital, Coimbatore

Dr. SUJA MARIAM
MD (Paed), DM (Neonatology)
Consultant Neonatologist
Sri Ramakrishna Hospital, Coimbatore

Improving Outcomes in Extremely Preterm Infants **Perinatal asphyxia implication prevention and treatment**

Date : 26.11.22 (Saturday) Google Meet Time : 4.00 to 5.00 PM
<https://meet.google.com/tss-fxy-eou>

Organizing webinar's authorizes you as a healthcare professional to share your knowledge and expertise gained from the experiences in the healthcare field to a large audience. Sri Ramakrishna Hospital offers free healthcare webinars 2022, led by industry experts from our healthcare space.



Awarded as The Best Hospital of the Year 2022 - in Kongu Region



Stroke Treatment

Stroke Treatment

- Stroke is a medical emergency
- Time is brain
- 2 million neurons die every minute after stroke
- Try to reach our emergency room soon after stroke onset
- Two options in acute stroke treatment
 - IVT – Intravenous Thrombolysis
 - EVT – Endovascular treatment, that is mechanical thrombectomy, Angioplasty and Stenting
- Thrombolysis is to be done within 4½ hours of stroke onset
- Mechanical thrombectomy is to be done within 24 hours of stroke onset
- Without these treatment the stroke patients will end up with permanent disability or destined to high mortality
- So BE FAST and ACT FAST to reach emergency room after stroke onset.

Case 1: Post Thrombolysis

- A 61 year old male admitted with sudden onset of weakness of Rt. arm and leg with slurring of speech since 2 ½ hours
- Had Diabetic and hypertensive
- Blood sugar was 180mg/dl and BP was 150/100 at the time of admission
- He did not have anticoagulants
- He presented within 2 ½ hours of stroke onset, within window period
- So Thrombolysed was done Tenecteplase 0.25mg/kg
- He improved well and walked perfecter without any support in 5 days



Pic 1

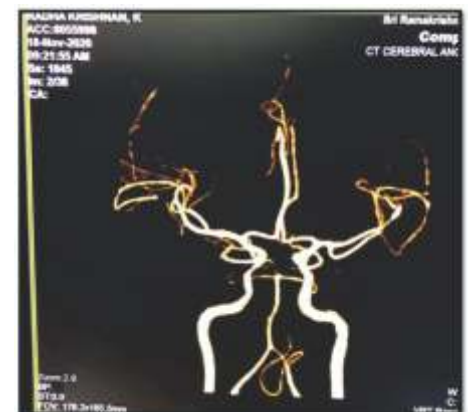
Core Volume 8ml NIHSS 7



Pic 2



Pic 3



Pic 4



5 days after IVT, walking well without support

Pic 5



Case 2: Post Mechanical Thrombectomy (direct)

- A 46yr old male admitted with sudden onset Lt.hemiparesis, slurred speech and Lt.UMN facial palsy (Presented 9 hours after stroke onset)
- He had hypertensive on treatment
- Was an Alcoholic / a smoker
- Had BP 140/90mm Hg
- NIHSS 7.Core volume 35ml
- He presented 9 hours after stroke onset, out of window period
- So direct mechanical thrombectomy was done for him and clots retrieved from Rt. MCA
- He improved well and walked well without any support



Pic 1



Pic 2



Pic 3



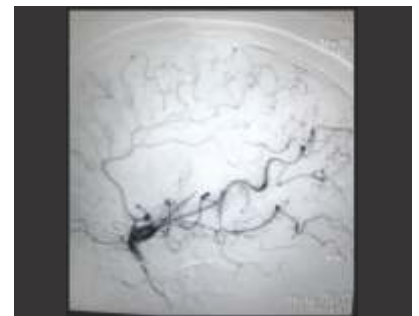
Pic 4



Pic 5



Pic 6



Pic 7



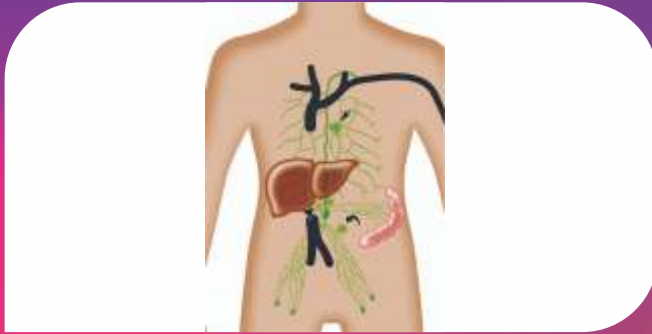
Pic 8



He improved well & discharged in 5 days. Walked well without support
Pic 9

Dr. K. ASOKAN
MD, DM (Neuro), FCCP
HOD & Chief Neurologist





Chylous Leak and Lymphatic Interventions

CHYLOUS LEAK AND LYMPHATIC INTERVENTIONS

Introduction

Chylous effusion or chylous ascites, either traumatic or more often after major surgery can result in electrolyte imbalance, protein malnutrition and immune suppression which may ultimately lead to death.

Lymphangiogram and thoracic duct embolization is a minimally invasive procedure having important diagnostic and therapeutic value. Here we report two different patients who presented with major chyle leak.

Case Report 1:

A 57 year old was admitted with breathing difficulty and was admitted in ICU. He accidentally had taken tablet foil and developed lower esophageal perforation followed by esophagopleural fistula and mediastinitis. He was managed with endoscopic clipping, pigtail drainage for left pleural effusion. He later underwent cervical esophagostomy, feeding jejunostomy and left lung decortication.



Later, the Patient was discharged and electively admitted and underwent transthoracic esophagectomy and gastric pull through. Patient ICD drain was around 500ml /day. He later developed chylous leak from the abdominal wound and chylous ascites for which pigtail was inserted. He was managed conservatively with TPN, MCT diet and IV octreotide but the patient had persistent abdominal pigtail drain of around >2litres/day. Hence, we planned for lymphangiogram and thoracic duct embolization.



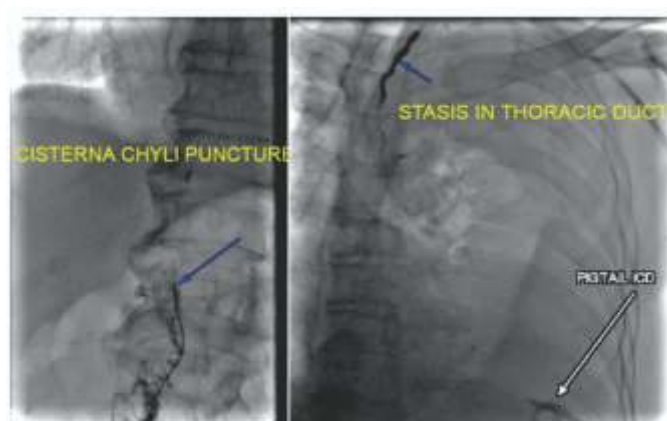
Lymphangiogram through inguinal node was performed which showed thoracic duct injury and chylous leak in the upper thoracic level. Under fluoro guidance, cisterna chyli at L1 vertebral level was punctured and thoracic duct was embolized with coil followed by NBCA glue. Within 2 days, the patient had no drainage through pigtail and there was no free fluid in abdomen on USG.



Case Report 2:

A 67 year patient was referred from an outside hospital as a case of persistent chyle leak from post operative wound drain on the left side of neck . Patient had left buccal mucosa carcinoma for which he underwent local excision followed by left MRND and Omohyoid muscle patch. During the post op period, patient developed high output chyle leak of around >2litre/day through left side neck drain. Patient underwent thoracic duct ligation, which also failed to stop chyle leak. Hence patient was referred to SRH for thoracic duct embolization.

Lymphangiogram through right inguinal lymphnode showed chyle leakage at the left side neck region. Since the cisterna chyli was a small tubular variant, we couldn't cannulate it with guidewire. Hence, instead of embolization, multiple fenestrations were made in the cisterna chyli. Post fenestration lipiodol was stagnating in the thoracic duct. Within few days after the procedure chyle leak had stopped.



Discussion:

Postoperative chylothorax or chylous ascites is a rare but serious complication of the thoracic and esophageal surgical procedure. The rapid loss of chyle is associated with hypovolemia and respiratory difficulty. Patients may experience malnutrition and electrolyte imbalance. Further, significant loss of immunoglobulins, T lymphocytes, and proteins into the pleural cavity results in immunosuppression.

Chylous leak can be divided into low output (<1litre/day) or high output (>1litre/day) one. Low output chyle leak can be managed conservatively with total parenteral nutrition, fat free diet and IV octreotide. Those patients with high output chyle leak will require minimally invasive percutaneous interventions to stop chyle leak.

Lymphatic interventions for chylous effusion or ascites are very rare. Even diagnostic lymphangiogram can stop lymphatic leak in 50% of patients due to the lipiodol induced selective blockage of the pathological lymph ducts by its inflammatory reactions.

Chyle leaks can occur anywhere in the body and are mainly due to iatrogenic causes. Lymphangiography and lymphatic intervention in the form of embolization are safe and effective in the management of these patients.

Dr. P. MUTHURAJAN

DMRD, DNB, FNVIR.,

Consultant Neuro and Vascular
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