VOLUME 58 | ISSUE 1 | DECEMBER 2025

SRI RAMAKRISHNA
HOSPITAL (MULTI-SPECIALITY)

pulse

Happenings at Sri Ramakrishna...

50 Years of Excellence

Awareness is the best protection.
Together, we can end HIV.

WORLD AIDS DAY

1st DECEMBER 2025

www.sriramakrishnahospital.com

Shri.R.Sundar
Managing Trustee

December is a special month as it marks the end of the year. It gives us a moment to think about our journey, the work we have done, and the progress our hospital has made. I thank every staff member for your sincere efforts.

This month also brings important observances like World AIDS Day and the International Day of Persons with Disabilities. These days remind us to show kindness, create awareness, and support people with different health needs.

Our hospital has always worked toward providing quality care to all. Let us continue to keep our patients' well-being as our top priority and ensure that everyone who walks through our doors feels safe and supported.

As we look forward to the new year, I encourage everyone to continue working together with dedication. Your teamwork is what makes our institution strong and trusted. I wish each one of you a peaceful December and a wonderful year ahead.

Dr.S.Rajagopal
Medical Director

December gives us a chance to review our medical services and appreciate the efforts made by our teams. I am grateful to our doctors, nurses, and staff for their continuous hard work throughout the year.

This month, we observe World AIDS Day and the International Day of Persons with Disabilities. These days remind us of the importance of awareness, prevention, and giving equal care to every patient.

Our focus must continue to be on patient safety, timely treatment, and compassionate service. These simple but strong values help us maintain high standards of care.

As the year comes to an end, I encourage everyone to stay committed to learning, improving, and supporting each other. Together, we create a healthy and positive environment for our patients.

World Prematurity Day - 22.11.2025

Sri Ramakrishna Hospital Marks World Prematurity Day with Launch of First-of-its-Kind NICU Awareness Reels. Sri Ramakrishna Hospital celebrated World Prematurity Day on 22nd November 2025 at the SRH Auditorium, bringing together NICU graduates and their families. The event was graced by Shri.S.Narendran Joint Managing Trustee, Shri.C.V.Ramkumar Chief Executive Officer, Shri.D.MaheshKumar Chief Administrative Officer, Dr.S.Rajagopal Medical Director and Dr.S.Alagappan Medical Superintendent , who appreciated the Neonatology team for their exceptional care. A key highlight was the launch of a new digital NICU awareness platform, featuring expert-designed instructional videos to support parents of preterm babies after discharge. The platform offers round-the-clock guidance on essential newborn care, including feeding techniques, Kangaroo Mother Care, hygiene, and recognizing early warning signs.

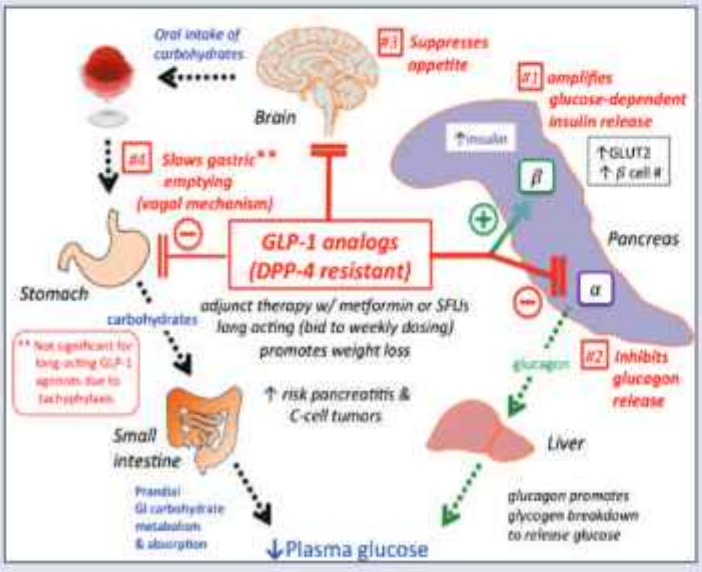
Dr. Siddartha Buddhavarapu, HOD & Neonatologist, said, "Our commitment extends beyond the NICU. This platform ensures families feel confident even at home." Dr. Suja Mariam, Consultant Neonatologist, added, "These awareness reels act as a 24/7 companion for parents." The celebration featured performances, a baby fashion show, a special video, cake cutting, and photo sessions—symbolizing the inspiring journey of every NICU graduate. The event concluded with a vote of thanks, reaffirming Sri Ramakrishna Hospital's dedication to holistic neonatal care, parent empowerment, and continuous family-centered support.

NEWER DRUGS in DIABESITY & INSULIN RESISTANCE

The burden of obesity and Type 2 Diabetes in India is of pandemic proportions . Doctors and patients face challenges in tackling weight , glucose control even requiring more than 3 u/kg of insulin plus all oral antidiabetic agents , but in vain . The newer molecules GLP1 [Glucagon like peptide 1] Agonists , serve to handle the problem of insulin resistance ,obesity and cardiovascular protection . Developed from the venom of Gila monster lizard from North America , the molecule works via Incretin Pathway.

Gila Monster

Mechanism of action of glp1 analogue



Types of GLP1 Analogue in India and cost

ORAL : RYBLESUS (SEMAGLUTIDE) : 10000 rs / month

Injectable: WEGOVY / OZEMPIC: once a week: 15000 rs / month

Injectable: liraglutide daily once : 2000 rs / month

Injectable Dual: Tirzepatide: once a week 14000 rs / month

The benefits and actions are

- Reduces glucose at various levels and weight,
- Reduces insulin dosage,
- Low glycemic fluctuations,
- Renal and liver safe and cardiac protective.

Case examples

1] 70 y/ m , CKD 3 , admitted for Pneumonia , recovering, was on toujeo 10 units plus twice daily short acting insulin 15 units . Recurrent hypoglycemia was an issue. He was started on liraglutide 0.6 mg OD inj. Insulin was stopped .Requires only added short acting gliclazide and HBA1C 8 stable with no hypoglycemia.

2] 74 y /f living alone , Requires 300 units insulin per day with Severe diabetic neuropathy : requiring pregab 150 mg plus duloxetine 30mg plus tramadol and more. She had Metformin and dapa/empa intolerance . Was started onMounjaro [Tirzepatide] 2.5 mg inj once a week . Thereafter requiring Insulin only 80 units per day with No neuropathic pain

3] 86 / f , T2DM lives alone hba1c 9 She is on all four OADS And started on mixtard 10 twice daily . She ahd recurrent Hypoglycaemia and falls. She was put on Rybelsus 7mg per day . Now quality of life has improved and HBA1C 7.8

Problems are little expensive for average Indian income , some GI adverse events [less than 10 %], abuse potential in India and highly variable weight loss results.

Dr.G.KRISHNA SHANKAR
MBBS., MD(Gen Med)., DM(Endo & Diab)., MRCP(UK)., SP.CERT(Endo & Diab)
Consultant in Diabetes, Thyroid and Endocrinology

Department of Laboratory Services

WORLD QUALITY DAY 2025 CELEBRATION on 13th November 2025

Department of Laboratory Services organized "World Quality Day 2025" celebration on 13th November, Thursday. Mr. CV. Ramkumar, Chief Executive Director, Mr. D. Maheshkumar, Chief Administrative Director, Dr. S. Rajagopal, Medical Director, Dr. S. Alagappan, Medical Superintendent were felicitated the program. Various awards and prizes were given to the winners from laboratory department. Mr. R. Dorairaj, Administrative Director & Dr. P. Suseela, Director & Consultant Biochemist, Quality Director-Laboratory were organized the celebration. **"World Quality Day"** is an annual global observance held every year on the second Thursday of November and other related laboratory-focused days emphasize the critical importance of **quality assurance** in medical laboratories, as approximately 70% of medical decisions depend on laboratory results. It aims at recognizing and promoting the role of quality across various sectors. Quality in medical laboratories is defined as the accuracy, reliability, and timeliness of reported test results, which directly impacts patient care and safety.

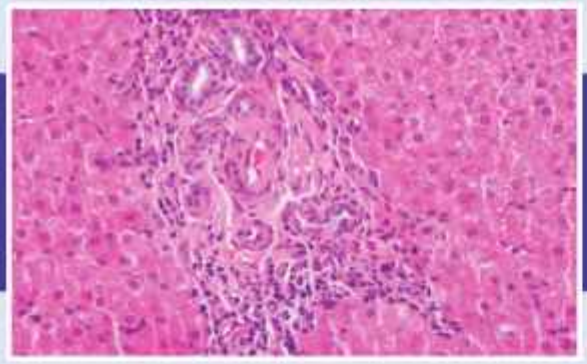
Department of Information Technology

CIO CROWN 2025

Our hospital has been honored at the CIO CROWN – Healthcare Honors 2025, curated by CORE Media, for our exceptional achievements in EMR Optimization at the event held in Mumbai. This prestigious recognition reflects our dedication to transforming healthcare through smarter digital workflows, improved documentation processes, and enhanced patient information management. It reinforces our ongoing journey towards delivering safer, faster, and more connected care.

NABH Accreditation - Digital Health Standards (GOLD Level)

Our hospital is proud to announce the successful achievement of the GOLD Level - NABH Digital Health Standards accreditation. This milestone reflects our ongoing commitment to strengthening digital systems, ensuring secure management of patient data, and enhancing overall efficiency in healthcare delivery. By meeting these national standards, we continue to advance toward a safer, smarter, and more patient-centric digital ecosystem.



A RARE CAUSE FOR NEONATAL CHOLESTASIS: ABERNETHYMALFORMATION- A CASE OF CONGENITALPORTOSYSTEMIC SHUNT

Clinical history:

B/O A was born to a second gravida mother by vaccum assisted vaginal delivery. The pregnancy was Uncomplicatedexcept for Absent Ductus Venosus in antenatal anomaly scan. Absent ductus venosus is a known soft marker for chromosomal anomalies and hence the mother had underwent NIPT at 24 weeks which was normal.

The baby had delayed transition and hence was shifted to NICIU for respiratory support. A screening 2D-ECHO was done which was normal. After 24 hours the newborn was shifted back to mother side. At 72 hours of life, she developed jaundice which showed a high conjugated bilirubin of 15.5mg/dl and unconjugated of 2.9 mg/dL. Baby was neurologically normal, was passing pigmented stools and was otherwise normal. Evaluation was started for early onset neonatal cholestasis. Liver function tests showed grossly elevated intrahepatic enzymes like SGOT and SGPT with relatively normal ALP, GGT and prothrombin time (Table 1). Initial Ultrasound abdomen was normal and showed normal gall bladder and hepatobiliary radicles, and extrahepatic umbilical vein directly draining into IVC due to absent ductus venosus. Thyroid function tests and TMS for IEMs were normal, GALT assay for galactosemia, Toxoplasma, rubella serology, sepsis markers were negative. There was no associated cataract. By next 24 hours baby developed oxygen desaturations and was started on nasal prong oxygen. All this time he was neurologically normal and was on breastfeeding.

TABLE 1	
Total serum bilirubin	18.7 mg/dL
Conjugated bilirubin	15.5 mg/dL
Unconjugated bilirubin	2.9 mg/dL
SGPT	285 U/L
SGOT	470 U/L
ALP	405 U/L
GGT	68U/L
PT	17.8
aPTT	30.8

A repeat ECHO showed new onset pulmonary hypertension with no major structural malformations. Chest x-ray was normal. The presence of unexplained pulmonary hypertension and severe early onset neonatal cholestasis raised a suspicion of possible portosystemic shunting and so a repeat USG abdomen focusing on the portal veins was done. This revealed a probable congenital portosystemic shunt between the left branch of portal vein and renal vein.

A CT imaging showed a collateral connecting the left branch of portal vein and the splenic to the renal vein creating a Type 2 extra hepatic port systemic shunt- the "Abernathy malformation" (Figure 1). The right lobe of the liver was small as

the right portal vein was absent and left lobe of the liver was enlarged. The baby improved with supportive measures and is now on multivitamins, Vitamin K injection, ursodeoxycholic acid and discharged home on breast feeding. If there is no spontaneous closure of the shunt, a device closure is planned at around 6 months of age.

Discussion: Congenital portosystemic shunts can be intrahepatic or extrahepatic. Extrahepatic portosystemic shunts otherwise called "Abernethy malformations" can be classified into two types: type I- where there is complete atresia of portal vein and portal blood directly drains into IVC or the type 2- where there is partial atresia of intrahepatic portal vein segment and there is partial side-side portosystemic shunting between portal vein and inferior vena cava (Figure 2). The main pathophysiology of the symptoms are the altered hemodynamic of these shunting. The atresia of portal veins causes upregulation of hepatic artery flow which causes fatty liver and myriads of hepatic tumours in later period. Pulmonary hypertension is due to repeated microthrombi from mesenteric circulation reaching the pulmonary vessels and Porto pulmonary syndrome is due to the presence of mesenteric vasodilators in the pulmonary circulation.

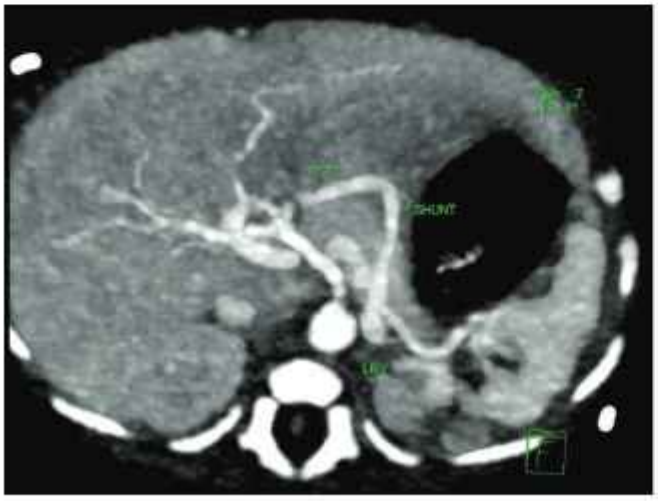


Figure 1

The singularity of our case was the age of presentation. Usually, Abernethy malformations present at in early or late childhood with manifestations that of galactosemia with cholestasis, failure to thrive and developmental delay. Sometimes it presents with fatty liver and abdominal pain. Pulmonary hypertension usually presents in the early adolescent period. Our neonate developed pulmonary hypertension and hepatitis even by 72 hours. To our knowledge this is the youngest newborn to present with symptomatic Abernethy malformations(excluding the antenatal diagnosed asymptomatic cases). The elevated liver enzymes are maybe due to the dysregulated hepatic circulation. The mainstay of treatment is either catheter directed device occlusion of the shunt or a liver transplant depending on the degree of intrahepatic portal vein atresia. For our neonate careful and close monitoring is planned and intervention at around 6 months of age.

Conclusion: Abernethy malformation is a rare entity causing cholestasis with pulmonary hypertension. Radiologists and neonatologists must be aware of this entity and the radiological features for early diagnosis and management.

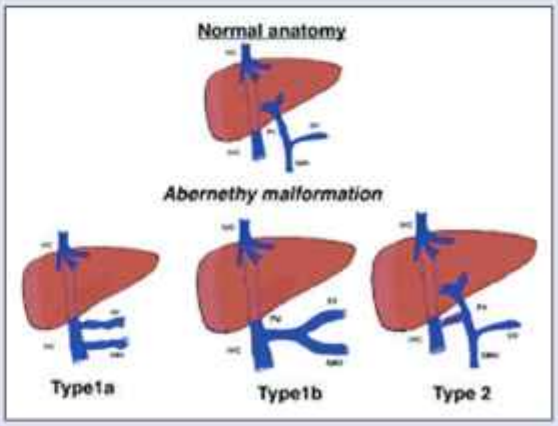


Figure 2

Dr.G.SUJA MARIAM
MD (Paed), DM (Neonatology).
Consultant Neonatologist

360° Health Care

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