

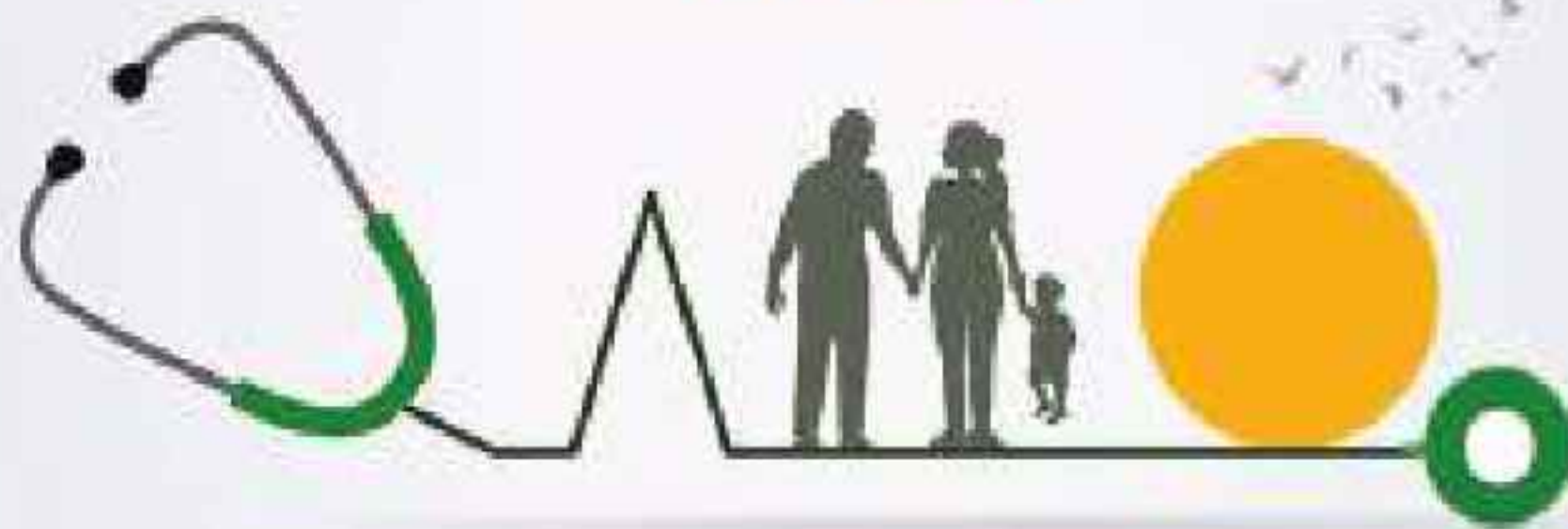


SRI RAMAKRISHNA
HOSPITAL

pulse

Happenings at Sri Ramakrishna...

World
Health Day
2026



Together for health.
Stand with science



As we step into April, we take pride in the collective strength of our institution that continues to deliver comprehensive and compassionate care to every patient who walks through our doors. Our hospital is not just a centre for treatment, but a place where healing is supported by empathy, teamwork, and a patient-first approach across all departments.

Our focus remains on strengthening the entire ecosystem of care—from clinical excellence and advanced infrastructure to seamless patient services and support systems. Every department, both medical and non-medical, plays a vital role in ensuring that patients and their families experience comfort, trust, and confidence during their time with us.

The month of April also brings important health observances such as World Health Day, World Hemophilia Day, and World Immunization Week. These occasions remind us of our responsibility as an institution to contribute beyond hospital walls by creating awareness and supporting preventive healthcare initiatives in the community.

I extend my sincere appreciation to our doctors, nurses, administrative teams, and support staff whose dedication keeps our institution moving forward. With continued trust from our patients and community, we remain committed to delivering holistic, high-quality care with compassion and integrity.



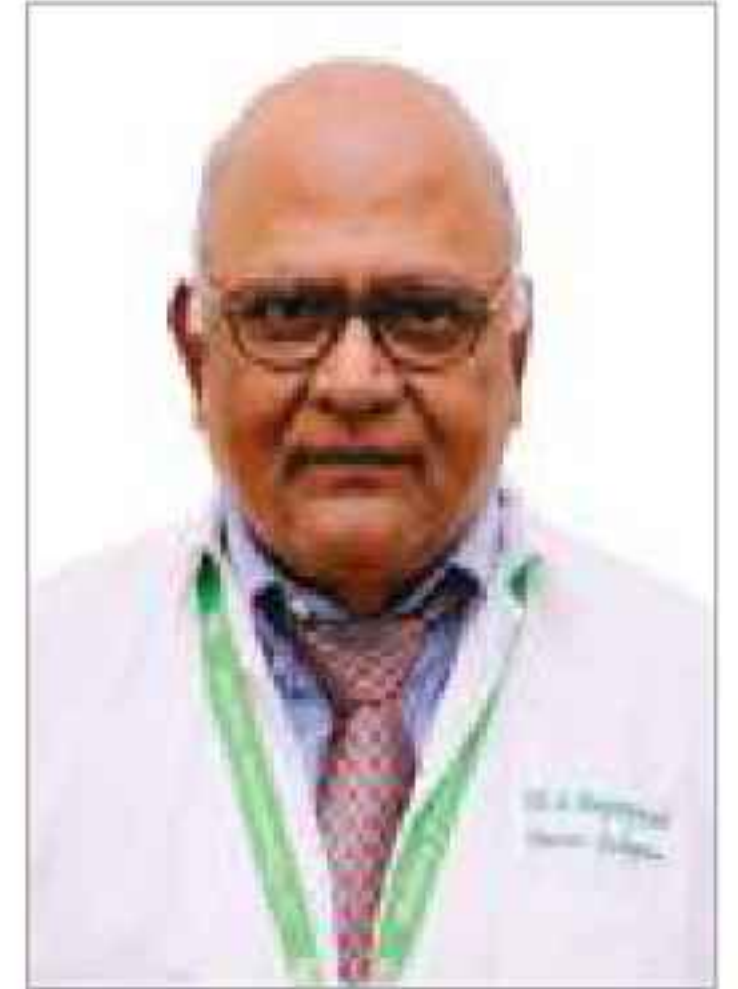
Dr. Sundar Ramakrishnan
Managing Trustee

April marks another important phase in our ongoing commitment to delivering high-quality, patient-centred healthcare. Our clinical focus continues to be on accurate diagnosis, effective treatment, and improved patient outcomes, supported by evidence-based practices and advanced medical technologies.

As healthcare professionals, we recognize the importance of not only treating illness but also promoting prevention and early intervention. Observances such as World Health Day, World Hemophilia Day, and World Immunization Week highlight key areas of global health, reinforcing the need for awareness, timely screening, and vaccination in safeguarding public health.

Our medical teams are actively engaged in strengthening specialty care services, enhancing clinical protocols, and promoting interdisciplinary collaboration to ensure comprehensive treatment for every patient. Continuous learning and adaptation to evolving medical advancements remain central to our approach.

Moving forward, we remain dedicated to providing safe, effective, and compassionate care. With a strong emphasis on clinical excellence and patient well-being, we will continue to serve our community with commitment, responsibility, and professionalism.



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Celebrating Excellence: A Proud Recognition in Multispeciality Healthcare

We are proud to share a moment of immense recognition for Sri Ramakrishna Hospital, which has been honoured with the “Excellence in Multispeciality Healthcare – Tamil Nadu” award at the prestigious ET Now Business Conclave & Awards 2026. This recognition stands as a testament to our unwavering commitment to delivering high-quality, patient-centric healthcare services.

Organized by ET Now in association with leading industry partners, the conclave celebrates organizations that demonstrate excellence, innovation, and leadership across sectors. Being recognized on such a distinguished platform reinforces our position as a trusted healthcare provider not only in Tamil Nadu but across the region.

This achievement reflects the relentless dedication of our doctors, nurses, paramedical teams, and support staff who work tirelessly to ensure the highest standards of clinical care. Their expertise, compassion, and commitment have been the cornerstone of our hospital’s success and reputation over the years.

At Sri Ramakrishna Hospital, we continuously strive to integrate advanced technology with compassionate care, ensuring better outcomes and enhanced patient experiences. This award further motivates us to push boundaries, adopt innovations, and strengthen our multidisciplinary approach to healthcare delivery.

As we celebrate this milestone, we extend our heartfelt gratitude to our patients, well-wishers, and the community for their continued trust and support. This recognition inspires us to move forward with greater responsibility and dedication, reaffirming our mission to provide world-class healthcare with a human touch.



Recognizing Excellence in NICU Care



We are delighted to share a proud moment for Sri Ramakrishna Hospital, as our Neonatal Intensive Care Unit (NICU) has been recognized as the Leading NICU in the Coimbatore Region. Dr. Siddartha Buddhavarapu, Consultant Neonatologist & HOD, and Dr. G. Suja Mariam, Consultant Neonatologist, have also been honoured for their outstanding contribution to newborn care.

This recognition was presented at an award ceremony organized by Radio Mirchi 98.3 FM at Radisson Blu. The achievement reflects the dedication and excellence of our entire NICU team in delivering

compassionate, high-quality care. We are proud to have coordinated this initiative and to see our doctors receive this well-deserved recognition.



CARDIO - KIDNEY - METABOLIC SYNDROME

An emerging clinical framework linking metabolic disorders, cardiovascular disease, and kidney dysfunction.

Case Vignette: A 60-year-old woman with a 10-year history of hypertension and recently diagnosed type 2 diabetes mellitus presented for routine follow-up with complaints of mild exertional breathlessness and fatigue. She had central obesity with a body mass index of 30.5 kg/m² and blood pressure of 150/90 mmHg despite antihypertensive therapy. Laboratory evaluation showed HbA1c of 7.9%, LDL cholesterol of 148 mg/dL, and serum creatinine of 1.4 mg/dL with an estimated glomerular filtration rate (eGFR) of 43 ml/min/1.73 m². Urine examination revealed albuminuria with a urine albumin-creatinine ratio of 280 mg/g. Echocardiography demonstrated left ventricular diastolic dysfunction with adequate systolic function.

This patient illustrates the interconnected nature of metabolic, cardiovascular, and renal disease. The coexistence of obesity, diabetes, hypertension, dyslipidemia, chronic kidney disease with albuminuria, and early structural cardiac changes represents the spectrum of Cardio-Kidney-Metabolic (CKM) syndrome.

Understanding CKM Syndrome: Cardio-Kidney-Metabolic (CKM) syndrome is a recently recognized clinical concept that highlights the close and bidirectional relationship between metabolic disorders, cardiovascular disease (CVD), and chronic kidney disease (CKD). Traditionally, these conditions were managed independently; however, growing evidence shows that they share common risk factors and pathophysiological pathways. The increasing global prevalence of obesity, type 2 diabetes mellitus, hypertension, and dyslipidemia has significantly contributed to the rising burden of CKM syndrome.

The American Heart Association recently introduced the CKM framework to emphasize the continuum through which metabolic abnormalities initiate and accelerate both cardiovascular and renal injury. Early identification of individuals at risk and timely intervention are therefore crucial to reduce morbidity and mortality associated with cardiovascular and kidney diseases.

The pathophysiology of CKM syndrome is multifactorial and involves complex interactions between metabolic dysregulation, inflammation, endothelial dysfunction, and neurohormonal activation. Insulin resistance plays a central

role and contributes to hyperglycemia, dyslipidemia, and hypertension. Excess adipose tissue, particularly visceral fat, functions as a metabolically active endocrine organ releasing inflammatory cytokines such as tumor necrosis factor-alpha, interleukin-6, and adipokines. These mediators promote systemic inflammation, oxidative stress, and endothelial dysfunction, which in turn accelerate atherosclerosis and microvascular injury. Activation of the renin-angiotensin-aldosterone system (RAAS) further contributes to hypertension, glomerular hyperfiltration, and progressive kidney damage. Over time, declining renal function worsens metabolic disturbances and increases cardiovascular risk, creating a vicious cycle linking the heart, kidneys, and metabolic system.

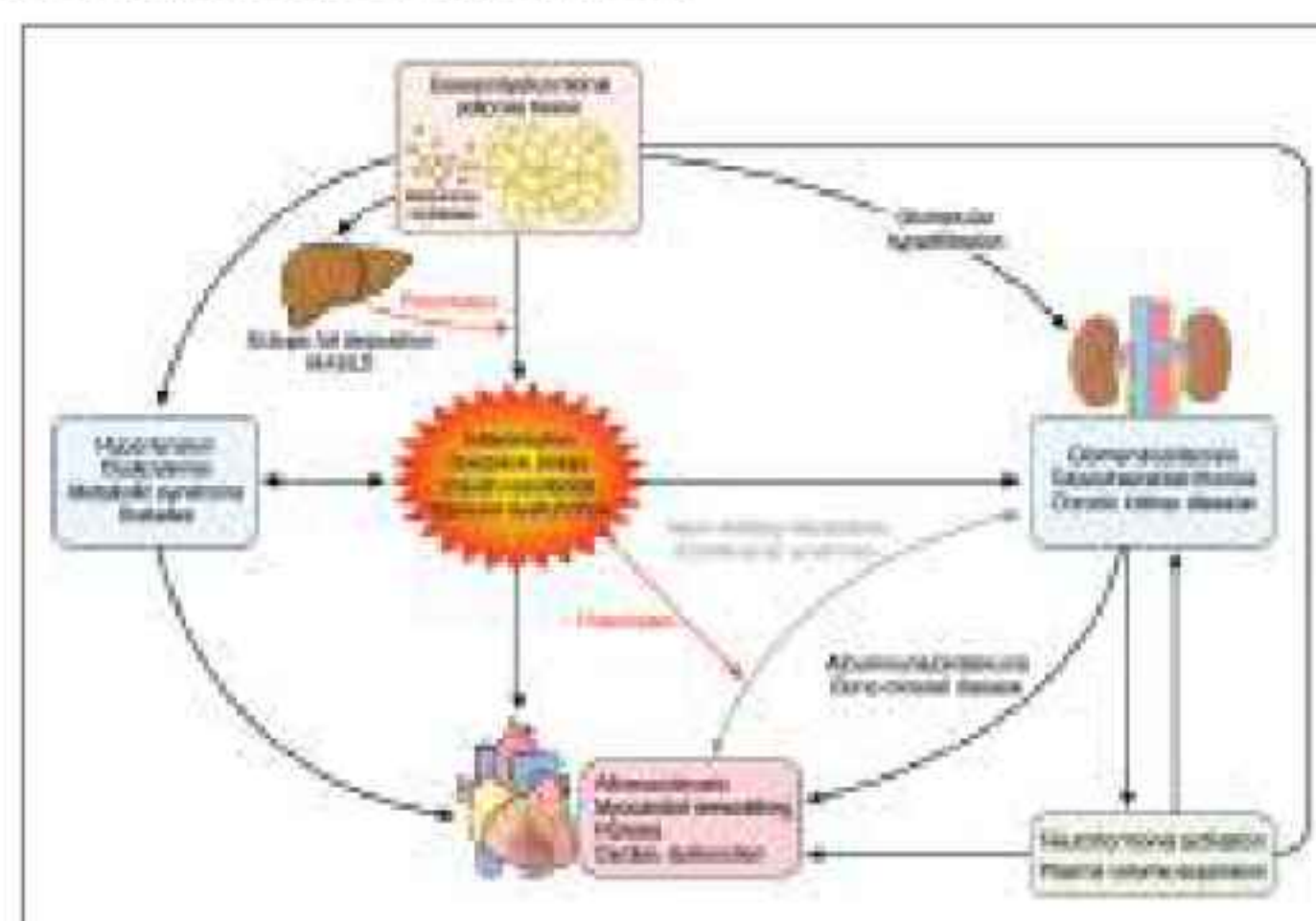


Fig 1: Pathophysiological mechanisms linking metabolic dysfunction, cardiovascular disease, and chronic kidney disease in CKM syndrome

Clinical Features and Evaluation: CKM syndrome often develops gradually over many years and may remain asymptomatic in the early stages. Patients frequently present with overlapping metabolic and cardiovascular risk factors such as obesity, central adiposity, hypertension, type 2 diabetes mellitus, and dyslipidemia.

Evaluation of CKM Syndrome	
DOMAIN	ASSESSMENT / TEST
Anthropometric Assessment	= BMI, waist circumference
Blood Pressure	= Office BP measurements / ambulatory BP (if needed)
Glycemic Evaluation	= Fasting blood glucose, HbA1c
Lipid Profile	= Total cholesterol, LDL, HDL, triglycerides
Renal Evaluation	= Serum creatinine, eGFR = Urine albumin-creatinine ratio (ACR)
Cardiovascular Evaluation	= ECG = Echocardiography
Vascular Assessment	= Carotid Doppler

STAGES OF CKM SYNDROME

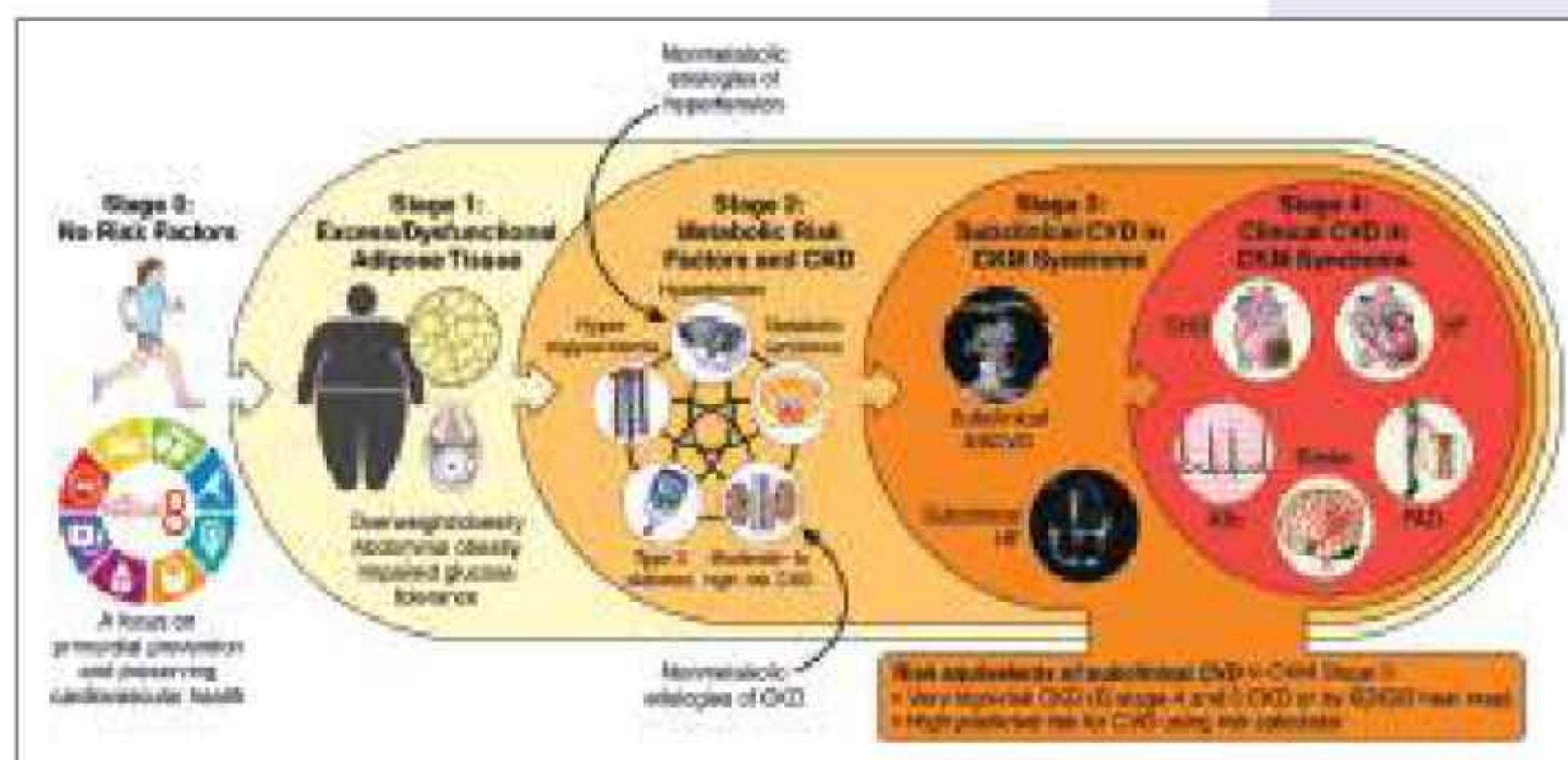


Fig 2: Stages of Cardio-Kidney-Metabolic syndrome showing progression from absence to risk factors to overt cardiovascular events in the setting of kidney disease.

Management Of CKM Syndrome: Management focuses on early risk factor modification and prevention of organ damage. Lifestyle intervention remains the cornerstone of therapy and includes weight reduction, regular aerobic physical activity, healthy dietary patterns, and smoking cessation. Dietary approaches such as the Mediterranean diet or DASH diet have been shown to improve metabolic parameters and reduce cardiovascular risk. Effective control of hypertension, diabetes, and dyslipidemia is essential to prevent both cardiovascular and renal complications. Blood pressure control, preferably using RAAS-blocking agents such as angiotensin-converting enzyme inhibitors or angiotensin receptor blockers, plays a key role in reducing proteinuria and slowing CKD progression. With progression to subclinical cardiovascular disease, more intensive lifestyle interventions are required to reduce atherosclerotic burden and improve cardiac function. In advanced stages, the goal shifts to secondary prevention, aiming to reduce recurrent cardiovascular events through strict risk factor control and adherence to evidence-based therapies. Overall, a stage-based lifestyle-centered approach remains fundamental to preventing disease progression and improving long term outcomes in CKM syndrome. Recent advances in pharmacotherapy have significantly improved the management of CKM syndrome. Sodium-glucose cotransporter-2 (SGLT2) inhibitors have demonstrated substantial benefits in reducing the progression of chronic kidney disease, decreasing hospitalization for heart failure, and lowering cardiovascular mortality in both diabetic and non-diabetic populations. Glucagon-like peptide-1 receptor agonists not only improve glycemic control but also promote weight loss and provide cardiovascular protection. In addition, non-steroidal mineralocorticoid receptor antagonists such as finerenone have shown promising results in reducing both renal and cardiovascular outcomes in

patients with diabetic kidney disease. Lipid-lowering therapy with statins remains an essential component of cardiovascular risk reduction in CKM patients. Role of General Physicians and Multidisciplinary Team: Early recognition of CKM syndrome is critical in clinical practice, with general physicians playing a central and often first contact role in its identification and management. They are pivotal in early screening, risk stratification, and timely detection of metabolic risk factors such as obesity, hypertension, diabetes and dyslipidemia, thereby enabling early intervention and prevention of disease progression. General physicians also coordinate longitudinal care, initiate lifestyle and pharmacological management, and ensure appropriate referral to specialists. Nephrologists contribute by detecting early kidney injury and implementing renal-protective strategies, while cardiologists and endocrinologists assist in managing cardiovascular and metabolic complications. Given the multisystem nature of CKM syndrome, a multidisciplinary approach is essential, supported by patient education, improved access to preventive care, and community-based strategies targeting unhealthy lifestyles. Addressing social determinants of health, including healthcare access and healthy literacy, further enhances outcomes in patients at risk for CKM syndrome.

Conclusion: CKM syndrome represents an evolving clinical paradigm that emphasizes the interconnected relationship between metabolic disorders, cardiovascular disease, and kidney dysfunction. With the global rise in obesity and diabetes, CKM syndrome is expected to become an increasingly important contributor to cardiovascular and renal morbidity. Early identification of individuals at risk, aggressive risk factor modification, and the use of emerging cardio-renal protective therapies offer an opportunity to significantly reduce disease progression and improve patient outcomes. Integrating preventive strategies into routine clinical practice will be essential in addressing this growing public health challenge.



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UNOBSTRUSIVE DUO

Your Kidneys Are Quiet... But They Notice Everything You Do

Let me start with a simple question. When was the last time you thought about your kidneys? For most people, the honest answer is: NEVER. That is perfectly understandable. Kidneys are remarkably silent organs. They work 24 hours a day, filtering blood, balancing electrolytes, regulating blood pressure and quietly removing toxins – all without asking for attention. Unfortunately, when kidneys finally *do* ask for attention, it is usually because something has already gone wrong, possibly beyond repair.

As Nephrologists, we often meet patients only after the damage has already begun & in most cases, advanced. The truth is that the two biggest enemies of the kidney are very familiar to all of us: high blood pressure and diabetes. If these two conditions were people, Nephrologists would probably consider them repeat offenders.

Let us talk about blood pressure first. Your kidneys and your blood pressure have a very close relationship – sometimes a little too close. High blood pressure damages the delicate filtering units of the kidney, the glomeruli. Over time, these filters slowly scar and lose their ability to clean the blood effectively.

According to International guidelines such as KDIGO, tighter blood pressure control significantly slows kidney damage. In many patients, a systolic blood pressure target around 120 mmHg (when measured properly) can provide additional kidney protection. In simpler words: the numbers on your BP monitor actually matter more than you think.

Now let us discuss something most of us in India are very fond of – salt. If kidneys had a complaint department, excess salt would probably top the list. High salt intake increases blood pressure, promotes fluid retention, and makes hypertension much harder to control. Current recommendations suggest keeping sodium intake below about 2 grams per day (roughly 5 grams of salt). That does not mean food should be tasteless. It simply means that packaged snacks, pickles, and the enthusiastic extra pinch of salt in cooking should probably be reconsidered.

Diabetes is another major contributor to kidney disease worldwide. Persistently high blood glucose damages the tiny blood vessels in the kidney, gradually leading to diabetic kidney disease. The encouraging news is that diabetes treatment has improved dramatically in recent years. Modern medications such as SGLT2 inhibitors not only control blood sugar but also protect the kidneys and the heart. International KDIGO guidelines now strongly recommend these drugs in many patients with type 2 diabetes and chronic kidney disease because they slow disease progression in a meaningful way.

Despite all these advances, some patients unfortunately progress to advanced kidney failure. When kidneys can no longer perform their essential functions, dialysis becomes necessary. Dialysis is a life-saving therapy, whether performed as hemodialysis or peritoneal dialysis. However, if you ask any nephrologist – and certainly if you ask any patient – kidney transplantation remains the best long-term solution for eligible individuals, offering better quality of life and survival.

The important message here is reassuring: a large proportion of kidney disease can be prevented or delayed. Regular checkups, monitoring blood pressure, screening urine for protein, and maintaining good diabetes control can make a profound difference. Lifestyle choices also matter more than we often admit – sensible diet, maintaining a healthy weight, regular physical activity, and avoiding smoking are all powerful kidney-protective tools.

So the next time you check your blood pressure, think about how much salt goes into your food, or review your diabetes medications, remember that your kidneys are quietly watching. They may not complain loudly, but they certainly appreciate good decisions.

And if you still feel tempted to ignore them – do remember that kidneys are very forgiving, but not infinitely patient.

Dr. G. MADHU SHANKAR

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MYSTERY SOLVED - A Rare case of PENILE ARTERY MALFORMATION - A CASE REPORT

Introduction

This case report describes the management of acute urinary retention in a 40-year-old male, Mr. XYZ, through angioembolization of the vascular malformation of right cavernosal artery led by Dr. KATHAMUTHU [UROLOGIST] at Sri Ramakrishna Hospital, Coimbatore

Case Details

Mr. XYZ 40 years old Male presented to the emergency department with a painful erection, haematuria and acute urinary retention. Past Medical History includes Circumcision in 2017 and No known history of diabetes mellitus, hypertension, CAD, COPD, or seizure disorder. Clinically bladder was distended. External genitalia normal. Bladder catheterised and blood stained urine drained.

Investigations done to find the cause for haematuria and urinary retention.

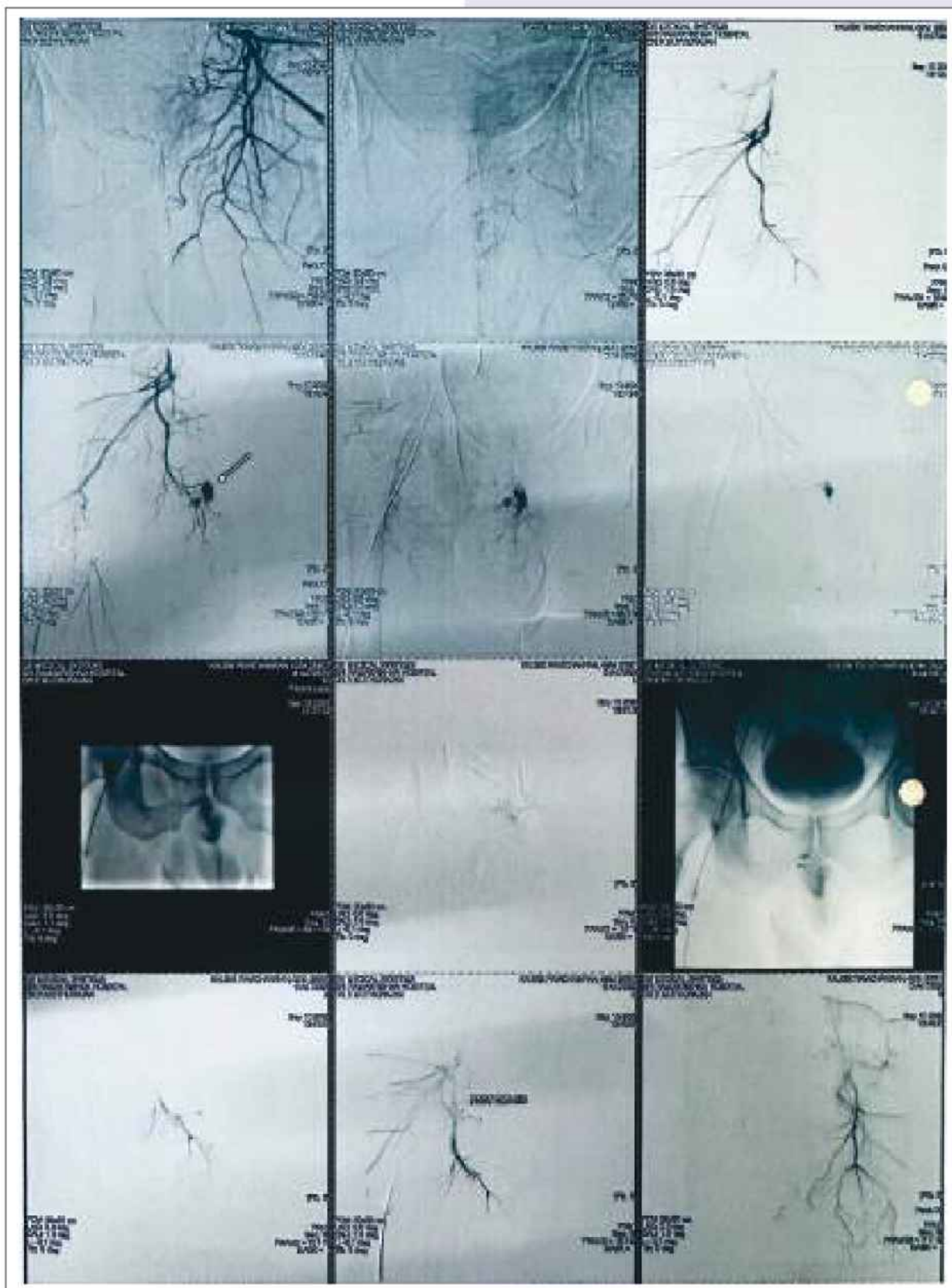
CT KUB with urogram done which was normal.

Underwent a Penile Doppler ultrasound and findings show: Both cavernosal arteries have normal flow. Dorsal arteries of the penis have normal flow. No abnormal flow in the periurethral region. Corpus spongiosum and corpora cavernosa appear normal. No sonographic evidence of penile arteriovenous malformation

(AVM) and a URODYNAMIC STUDY Key findings include: Normal bladder capacity with no detrusor overactivity, reduced compliance, and normal sensation.

A CYSTOSCOPY was performed and it showed blood clots in the bladder, otherwise normal anterior and prostatic urethra, normal bladder neck. No evidence of chronic obstructive changes. Since there was no clue from the investigations and the patient had no further episode of haematuria and voided urine well with alfa blocker, the patient was discharged to home. The patient was readmitted within a week with the same complaints of urinary retention associated with erection and hematuria, Patient advised to undergo angiogram.

The patient underwent a selective angiogram of the internal pudendal artery which revealed malformation of the right cavernosal artery. Angioembolisation of right cavernosal artery malformation done with pushable fibrefibre nester coils. Angiogram of the left side cavernosal artery does not reveal any malformation. Angiogram and angioembolisation was successfully done by Dr. Muthurajan and team. The patient recovered well with no further episodes of haematuria and urinary retention in the past 9 months post procedure.



Findings: Angiography revealed abnormal hypervascularity in the proximal corpus spongiosal region supplied by the cavernosal artery. Embolization was performed using pushable fiber Nester coils.

Discussion: Penile artery vascular malformation is a rare entity that too associated with urinary retention posed diagnostic challenges and diverted us from the focus. Multidisciplinary approach with open mindedness helped us to arrive at the diagnosis and treatment. Ultimately the patient benefitted the most.

Dr. P. KATHAMUTHU

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LEUKEMIA CUTIS

CASE REPORT

Introduction: Chronic lymphocytic leukemia (CLL) is the most common type of leukemia affecting the adult population in the developed countries.

It is characterized by the proliferation of mature but dysfunctional Cd5+, CD19+, CD20+, CD23+, and CD10 - clonal lymphocytes. The disease primarily affects the peripheral blood, bone marrow, lymph nodes, and spleen in the majority of the cases. Extramedullary and extranodal involvement can rarely be seen in these patients at the time of diagnosis.

Leukemia cutis, an uncommon presentation of CLL, is characterized by any type of cutaneous infiltration by the leukemic cells, including the infiltration of the genitourinary skin. Penile manifestation of CLL is rarely reported, and globally, only 30 such cases have been reported to date, with the first being reported in 1953.

In this report, we describe a patient with solitary lesion of CLL in the penile skin

Case Details: A 53 year old male came with acute retention of urine.

On examination he was found to have a deformed meatus of penis with a growth blocking the



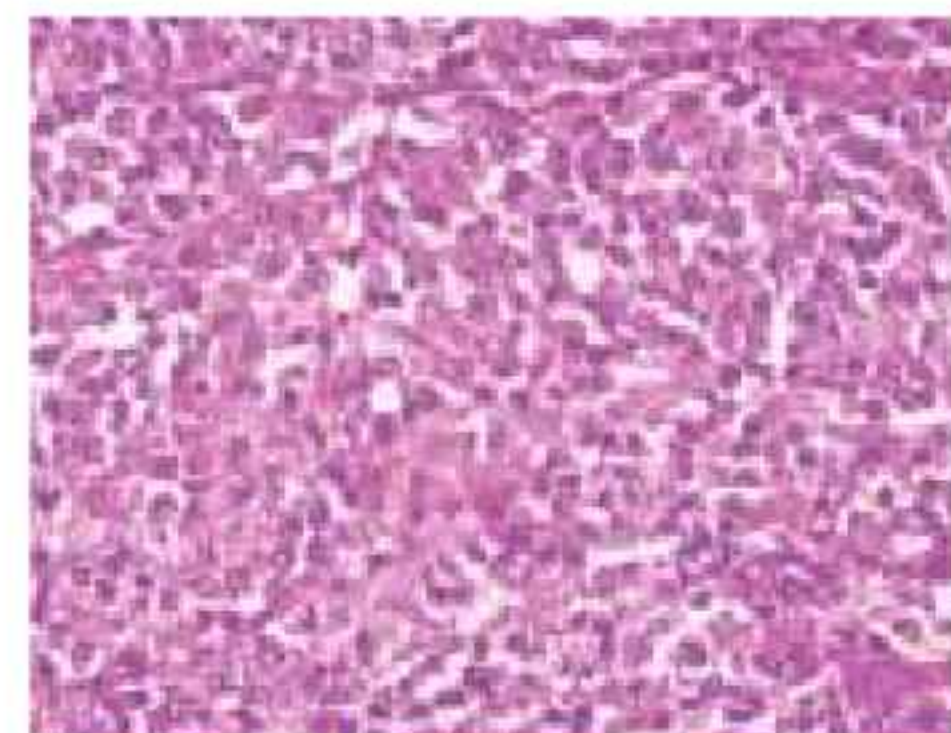
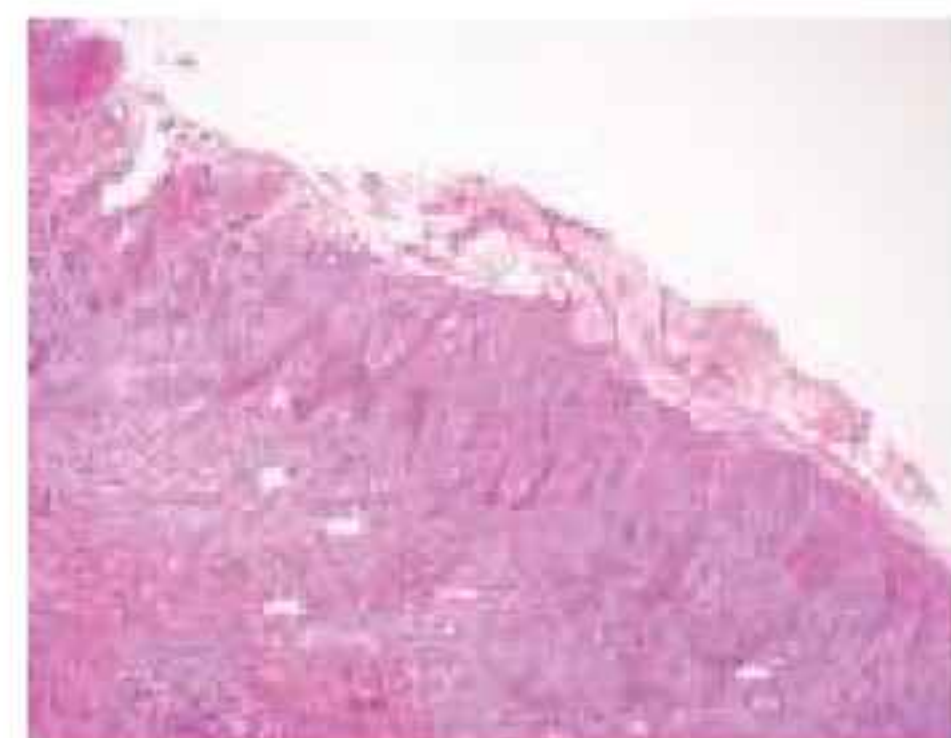
opening completely.

On investigations he was found to have a very high WBC count 84000 /cu mm (predominantly with lymphocytes) with very low platelet count 3000/cu mm.

After undergoing blood transfusion with Single donor platelets and getting a hematologist opinion he underwent Supra pubic catheterisation

Histopathology Findings: Histopathology results demonstrated diffuse deep atypical lymphoproliferative infiltrates consistent with low grade small cell lymphoma.

Immunohistochemistry was strongly positive for CD20, CD5, and bcl-2, moderately positive for Cd23.



Immunohistochemistry was strongly positive for Cd20, CD5, and bcl-2, moderately positive for Cd23.



Figure 2 CD 20 +VE

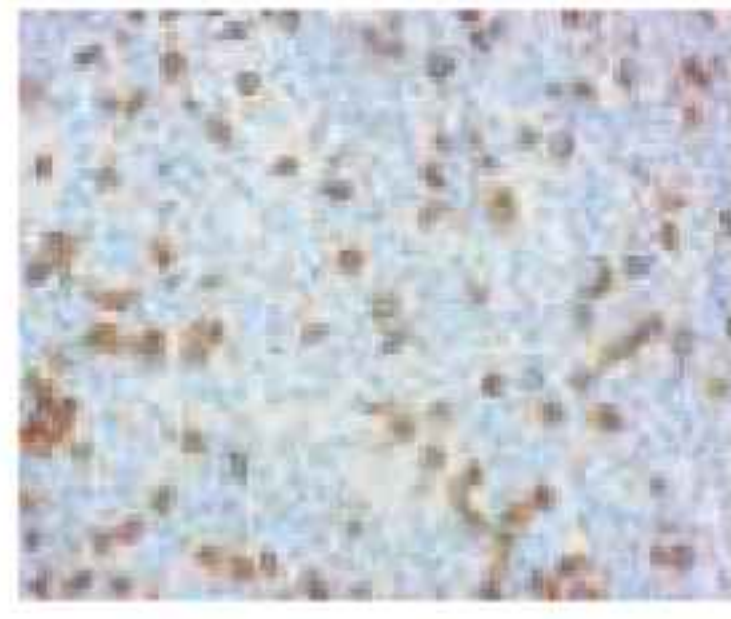


Figure 3 CD 3 +ve



Figure 4 Bcl 2 + ve

Chronic Lymphocytic Leukemia

Treatment:

After the patient was started on Tyrosine Kinase inhibitors and Steroids there was a dramatic response in 2 weeks time with complete remission of the lesion.



Discussion:

- Leukemia cutis (LC), by definition, is the cutaneous infiltration of neoplastic leukocytes or precursors. The infiltrated locations may include epidermis, dermis, or hypodermis.
- The other term “leukemid” is not related to leukemic cell infiltration but rather manifests as a cutaneous paraneoplastic disorder.
- Aleukemic leukemia cutis (ALC) is a rare condition where leukemic cells infiltrate the skin before appearing in peripheral blood or bone marrow, potentially preceding a systemic leukemia diagnosis.

Conclusion: Leukemia Cutis is generally an uncommon presentation in patients with CLL and there is little in the literature to suggest any prognostic significance. Given the variability of the cutaneous features, immunohistology confirmation is strongly advised to not only exclude common causes of skin lesions such as infection but also to rule out phenomenon such as Richter syndrome (Cutaneous Lymphoma) that implies a graver prognosis and more aggressive treatment.



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