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SRI RAMAKRISHNA HOSPITAL

pulse

Happenings at Sri Ramakrishna...



WORLD DIABETES DAY

14th NOVEMBER 2026

50 Years of Excellence

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Beyond Healthcare: Leading with Purpose, Building for Tomorrow.



Dr.Sundar Ramakrishnan
Managing Trustee

Healthcare leadership extends beyond infrastructure and clinical services. At Sri Ramakrishna Hospital, our vision is to build an institution founded on quality, ethical governance, compassion and social responsibility. Every decision must strengthen patient trust and create lasting value for the community. As healthcare evolves, management must focus on innovation, efficient resource utilisation and teamwork. Investing in technology, empowering employees and improving operational processes are essential to achieving sustainable growth. Every department contributes to our shared institutional vision.

November highlights important public health observances. National Cancer Awareness Day on 7 November and World Diabetes Day on 14 November emphasise early detection and prevention. World Antimicrobial Resistance Awareness Week, from 18–24 November, highlights responsible antibiotic use and institutional accountability.

Our success is measured not only by growth, but also by the lives we touch and the trust we earn. Let us continue working together to strengthen our institution and create a healthier future through purposeful leadership and continuous improvement.



Dr.S.Rajagopal
Medical Director

Clinical excellence begins with accurate diagnosis, evidence-based treatment and a commitment to patient safety. At Sri Ramakrishna Hospital, every clinical decision must prioritise individual patient needs, timely intervention and continuity of care.

Preventive medicine plays a vital role in reducing the burden of chronic diseases. Diabetes, cardiovascular disorders, cancer and respiratory conditions often progress silently. Regular screening, risk assessment and early intervention can improve treatment outcomes and quality of life.

November reinforces these clinical priorities. National Cancer Awareness Day on 7 November encourages awareness of early detection, while World Diabetes Day on 14 November highlights effective disease management. World Antimicrobial Resistance Awareness Week, from 18–24 November, reminds healthcare professionals to practise responsible antibiotic prescribing and infection prevention.

Sustained clinical improvement requires multidisciplinary collaboration, regular audits and continuous medical education. By following established protocols, monitoring outcomes and learning from clinical experience, we can strengthen patient safety and deliver consistent, compassionate, evidence-based healthcare.

Editorial Team

Dr.N.Loganathan Pulmonologist	**Dr.S.Prahadeeshwaran** General Manager - Public Relations	**Mr.Santhosh Vijayakumar** Head - Corporate Relations & International Affairs

Sri Ramakrishna Hospital - Stroke Symposium 2026



Sri Ramakrishna Hospital's Department of Neurology and Advanced Stroke Centre, in association with Gennova, organised the SRH Stroke Symposium 2026 on October 11, 2026, in Coimbatore. The symposium brought together medical experts to exchange knowledge on advancements in stroke prevention, diagnosis and treatment.

The occasion was graced by Dr. A. V. Srinivasan, eminent neurologist, researcher and former President of the Indian Academy of Neurology, Chennai, along with Dr. Sundar Ramakrishnan, Managing Trustee, and Shri S. Narendran, Joint Managing Trustee, SNR Sons Charitable Trust. The event was attended by Shri C. V. Ramkumar, Chief Executive Officer; Shri D. Mahesh Kumar, Chief Administrative Officer; Dr. S. Rajagopal, Medical Director; and Dr. S. Alagappan, Medical Superintendent, Sri Ramakrishna Hospital.Led by Dr. K. Asokan, HOD and Chief Neurologist, the scientific programme featured 11 speakers sharing clinical expertise and recent developments in stroke management. Sessions covered thrombolysis, mechanical thrombectomy, aneurysms, intracerebral haemorrhage, and young and paediatric stroke. The symposium reinforced the importance of early diagnosis, timely intervention, multidisciplinary collaboration and continuing medical education to improve patient outcomes.

Sri Ramakrishna Hospital - Infection Prevention Week Celebration 2026



Sri Ramakrishna Hospital celebrated Infection Prevention Week on October 28, 2026, at Velumaniammal Hall, under the theme "Generations of Infection Prevention – Past, Present, Protected." The event highlighted the evolution of infection prevention practices and their importance in ensuring safer healthcare for future generations. The celebration was graced by Chief Guest Dr. N. Loganathan, Consultant and Interventional Pulmonologist and Sleep Specialist, along with Shri C. V. Ramkumar, Chief Executive Officer; Shri D. Mahesh Kumar, Chief Administrative Officer; Dr. S. Rajagopal, Medical Director; and Dr. S. Alagappan, Medical Superintendent, Sri Ramakrishna Hospital. Dr. C. Ashmi, Director of Microbiology and Molecular Biology, also participated in the programme. A specially prepared video showcased the journey of infection prevention from historical practices to modern innovations and future advancements, emphasising the role of healthcare professionals in maintaining patient safety. The celebration concluded with awards presented to various hospital teams, recognising their contributions to infection prevention and control. The programme reinforced the importance of teamwork, continuous learning and adherence to infection control practices in creating a safer healthcare environment.



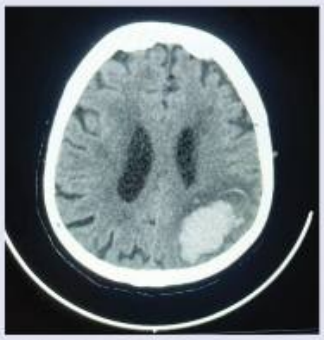
Advanced Endovascular Treatment of Aggressive Dural AV Fistula

Sequestrated Left Transverse and Sigmoid sinus dural AVF -Left parietal hemorrhage – Endovascular transverse and sigmoid sinus coiling and onyx embolization of feeding MMA branches done (dAVF borden type III)



On admission

The case under review involves an 83-year-old female presenting with a sudden onset headache, vomiting, right hemiparesis, and slurred speech. She had a recorded history of an old left femur fracture that had been surgically addressed three years prior and was known to be hypertensive, with her blood pressure measured at 110/80 mm Hg upon admission. A CT scan of the brain revealed an acute hemorrhage in left parietal lobe, along with early opacification of the left transverse sinus.



CT Scan Brain : Acute hemorrhage in Left parietal lobe





Angiogram: early opacification of the left transverse sinus.

Subsequent diagnostic imaging through Digital Subtraction Angiography (DSA) identified a sequestrated left transverse and sigmoid sinus dural arteriovenous fistula (dAVF), categorized as Borden type III. The procedure involved endovascular coiling of the affected left transverse and sigmoid sinuses. A Marathon microcatheter was adeptly navigated to the left middle meningeal artery (MMA) branches supplying the dural AVF, and an onyx embolization was performed to manage the vascular malformation. Notably, the patient was extubated while still on the operating table, indicating a successful immediate outcome from the surgical intervention.



DSA : Onyx embolization performed successfully



10 days
after procedure



2 months
after procedure

Dr.K.ASOKAN
MD, DM (Neuro), FCCP.,

HOD & Chief Neurologist



Sri Ramakrishna Hospital Observes World Stroke Day with Public Awareness Programme



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The Heart in the Brain
A Rare Presentation of Wernekink Commissure Syndrome

A clinical journey from diagnostic uncertainty to clinico-radiological clarity

The Presentation :

A 56-year-old Female a/k/c/o DM/HTN/DLP with a previous posterior circulation stroke, presented with acute-onset giddiness and inability to open both eyes of 2 days duration. Examination revealed complete bilateral ptosis, bilateral third cranial nerve palsy with pupillary involvement and near-complete ophthalmoplegia. Initial MRI brain (a)demonstrated diffusion restriction in the bilateral medial midbrain adjacent to the interpeduncular cistern with vascular pathology - demyelination and focal structural lesions were considered as differentials. During the hospital course, she developed progressive drowsiness, bilateral lower-limb predominant weakness, bilateral facial palsy and mild bulbar involvement. Repeat MRI brain (b) with whole - spine screening to rule out NMO demonstrated bilateral symmetrical T2/FLAIR hyperintensities with diffusion restriction involving the paramedian midbrain and anterior cerebral peduncles, without evidence of spinal cord lesions and diffuse basilar artery small calibre. Infarction versus demyelination remained the working diagnosis. CSF revealed mildly elevated protein. NCS later done showed demyelinating neuropathy with axonal changes. In view of the diagnostic uncertainty, she was managed for both possibilities with IV pulse methylprednisolone & dual antiplatelets. Follow up CT brain with DWI (c) showed no interval radiological progression, while there was no significant clinical response to steroids during the initial treatment period.

When Stroke Mimics Demyelination ?

The diagnostic picture was initially challenging. Initial MRI findings, Mildly elevated CSF protein and subsequent NCS showed demyelinating neuropathy with axonal changes added weight to an inflammatory/demyelinating possibility. The patient was therefore initially managed with IV pulse Methylprednisolone along with dual antiplatelet therapy. However, the subsequent course showed no significant clinical response to iv pulse corticosteroids, while follow-up CT brain with DWI demonstrated no interval radiological progression. The combination of the patient's vascular risk factors, previous posterior circulation stroke, characteristic diffusion restriction and the distribution of the lesions prompted a careful re- evaluation of the imaging.

The Imaging Clue: The "Heart of the Midbrain"

The bilateral paramedian midbrain lesions produced a characteristic "heart of the midbrain" or "V" appearance on MRI. This imaging pattern, together with the clinical manifestations of bilateral ophthalmoplegia, ptosis and weakness strongly supported bilateral medial midbrain infarction. This ultimately established the diagnosis of Wernekink Commissure Syndrome (WCS).

Diagnosis and Outcome :

Subsequent clinico-radiological correlation favored B/L medial midbrain infarction, following which antiplatelet therapy was continued along with physiotherapy. The patient demonstrated a very gradual and incomplete

neurological recovery, with mild improvement in B/L ptosis and ophthalmoplegia and discharged in a clinically stable condition, mobilizing with support.

Wernekink Commissure Syndrome (WCS):
Wernekink Commissure Syndrome (WCS) is a rare midbrain stroke syndrome resulting from infarction involving the decussation of the superior cerebellar peduncles in the caudal midbrain. It may present with bilateral ophthalmoplegia, ptosis, ataxia and other brainstem or cerebellar manifestations. Bilateral symmetrical midbrain lesions can mimic inflammatory demyelinating disorders, creating a diagnostic challenge.

Clinical Pearl: This case highlights the importance of careful clinico-radiological correlation and emphasizes that bilateral symmetrical brainstem lesions should not be presumed to be demyelinating, particularly when the course of disease is confusing and unclear.

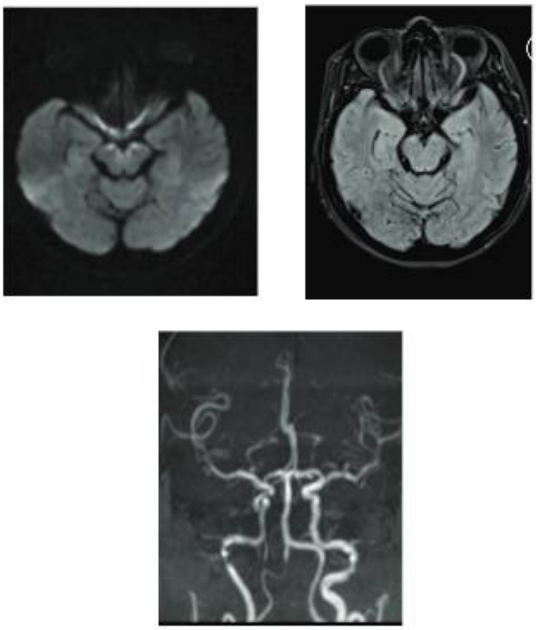


Fig (a) DWI, T2 Flair, MR angiography sequences showing B/L medial midbrain diffusion restriction with subtle flair hyperintensities and diffuse small caliber of right vertebral and basilar artery.

Dr.K.C.SUGIRTHA
Neurology Resident,
Department of Neurology,



Fig(b) MRI Brain with DWI,ADC,T2 FLAIR imaging showing bilateral symmetrical T2/FLAIR hyperintensities with diffusion restriction involving the paramedian midbrain and anterior cerebral peduncles. Spine screening showed no cord lesions

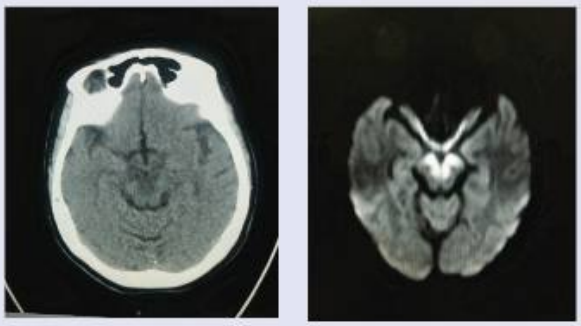


Fig (c)Follow up CT with DWI screening showed no interval progression

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Clinical Profile and Treatment Outcomes of Autoimmune Nodopathies

Abstract

Background: Autoimmune nodopathies are antibody-mediated peripheral nerve disorders targeting nodal and paranodal proteins. Their clinical and electrophysiological features may differ from those of chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), and recognition may influence therapeutic decisions.

Methods: We conducted a retrospective observational study of 17 patients with clinically compatible autoimmune nodopathy and nodal/paranodal antibody positivity at a tertiary neurology center. Demographic characteristics, clinical presentation, symptom duration, antibody profile, nerve conduction study (NCS) findings, and treatment outcomes were reviewed. Functional disability was assessed using the Inflammatory Neuropathy Cause and Treatment (INCAT) disability score before and after rituximab-based therapy. Paired scores were compared using the Wilcoxon signed-rank test.

Results: The mean age was 42.6 years, with a male-to-female ratio of 10:7. Pain was the most frequent presenting complaint (10/17; 58.8%), followed by ataxia (7/17; 41.2%) and weakness (6/17; 35.3%). Thirteen patients (76.5%) presented within three months of symptom onset. Neurofascin-140 (NF140) was the most frequently identified isolated antibody (7/17; 41.2%). NCS demonstrated a mixed sensorimotor axonal-demyelinating pattern in 10 patients (58.8%), whereas six (35.3%) had normal NCS findings. Following rituximab-based therapy, the mean INCAT score decreased from 2.82 to 1.06, representing a mean reduction of 1.76 points ($p < 0.001$).

Conclusion: Autoimmune nodopathies may present with prominent neuropathic pain, sensory ataxia, and weakness. Normal NCS findings do not exclude the diagnosis in an appropriate clinical and serological context. The observed improvement following rituximab-based therapy supports further prospective evaluation of targeted treatment strategies.

Keywords: Autoimmune nodopathy; neurofascin-140; neuropathic pain; nerve conduction study; rituximab; INCAT disability score.

Introduction: Autoimmune nodopathies are a distinct group of immune-mediated peripheral neuropathies characterized by antibodies targeting proteins involved in nodal and paranodal axoglial interactions. These include neurofascin isoforms, contactin-1, and contactin-associated protein 1 (Caspr1). Disruption of these interactions may impair nerve conduction and produce sensory ataxia, neuropathic pain, tremor, and motor weakness. Unlike classical CIDP, autoimmune nodopathies are recognized as a distinct disease category in the 2021 European Academy of Neurology/Peripheral Nerve Society guideline.[1,2].

Clinical recognition can be challenging because presentations and electrophysiological findings are heterogeneous. Antibody testing may provide important diagnostic evidence when clinical features are atypical or conventional investigations are inconclusive. B-cell-directed treatment, particularly rituximab, has shown promise in selected patients, although evidence remains largely observational.[2,3].

Coimbatore, India. Seventeen patients with compatible clinical presentations and positive nodal/paranodal antibodies were included. Demographic information, presenting symptoms, symptom duration, antibody profiles, NCS findings, previous immunotherapies, and treatment responses were extracted from medical records. Functional disability was assessed using the INCAT disability score at baseline and following treatment. Rituximab-based therapy was evaluated as the principal treatment exposure; corticosteroids and plasmapheresis were also used where indicated. The primary outcome was the change in INCAT score after treatment. Descriptive statistics were used for clinical and demographic variables, and paired pre-treatment and post-treatment INCAT scores were compared using the Wilcoxon signed-rank test. Statistical significance was set at $p < 0.05$.

Results: Seventeen patients were included, with a mean age of 42.6 years and a male predominance (10 males and seven females). Pain was the most common presenting symptom, reported in 10 patients (58.8%), varied presentation of pain like bilateral cluneal, glove and stocking and low back pain followed by ataxia in seven (41.2%) and weakness in six (35.3%). Numbness was documented in four patients (23.5%). The clinical course was predominantly subacute, with 13 patients (76.5%) presenting within three months of symptom onset.

Nf140 was the most frequently identified isolated antibody, detected in seven patients (41.2%). Other reported antibody profiles included Caspr1 and NF186, as well as combinations of nodal/paranodal antibodies. NCS revealed a mixed sensorimotor axonal-demyelinating pattern in 10 patients (58.8%), while six (35.3%) had normal studies. One patient had a predominantly demyelinating pattern.

The mean INCAT disability score decreased from 2.82 before treatment to 1.06 following rituximab-based therapy after 4 months, among which 2 patient underwent plasmapharesis and had corresponding mean reduction of 1.76 points. This within-patient change was statistically significant ($p < 0.001$).

Discussion: This series highlights three clinically relevant findings. First, neuropathic pain was the predominant presenting complaint varying from bilateral cluneal pain, low back pain and glove ans stocking kind of pain with sensory ataxia and weakness also occurring frequently. These manifestations are consistent with the recognized clinical spectrum of autoimmune nodopathies, although individual phenotypes vary according to the antibody involved.[2,3].

Second, six patients had normal NCS findings despite compatible clinical and serological features. This observation emphasizes the importance of interpreting electrophysiological studies in the broader clinical context rather than using a normal NCS result as the sole basis for exclusion. The underlying mechanisms of symptoms in these patients cannot be determined from the present dataset, and normal studies should prompt careful clinical reassessment and consideration of alternative diagnoses where appropriate.

Third, functional disability improved following rituximab-based treatment. The reduction in mean INCAT score suggests a potentially meaningful clinical signal and is consistent with observational reports supporting B-cell-directed therapy in selected autoimmune nodopathies.[3] Nevertheless, causality cannot be established. The retrospective design, small sample size, absence of an untreated or active comparator group, and potential effects of concomitant therapies limit interpretation. The findings should therefore be regarded as hypothesis-generating rather than definitive evidence of efficacy.

Conclusion: In this 17-patient series, autoimmune nodopathies predominantly presented with pain,

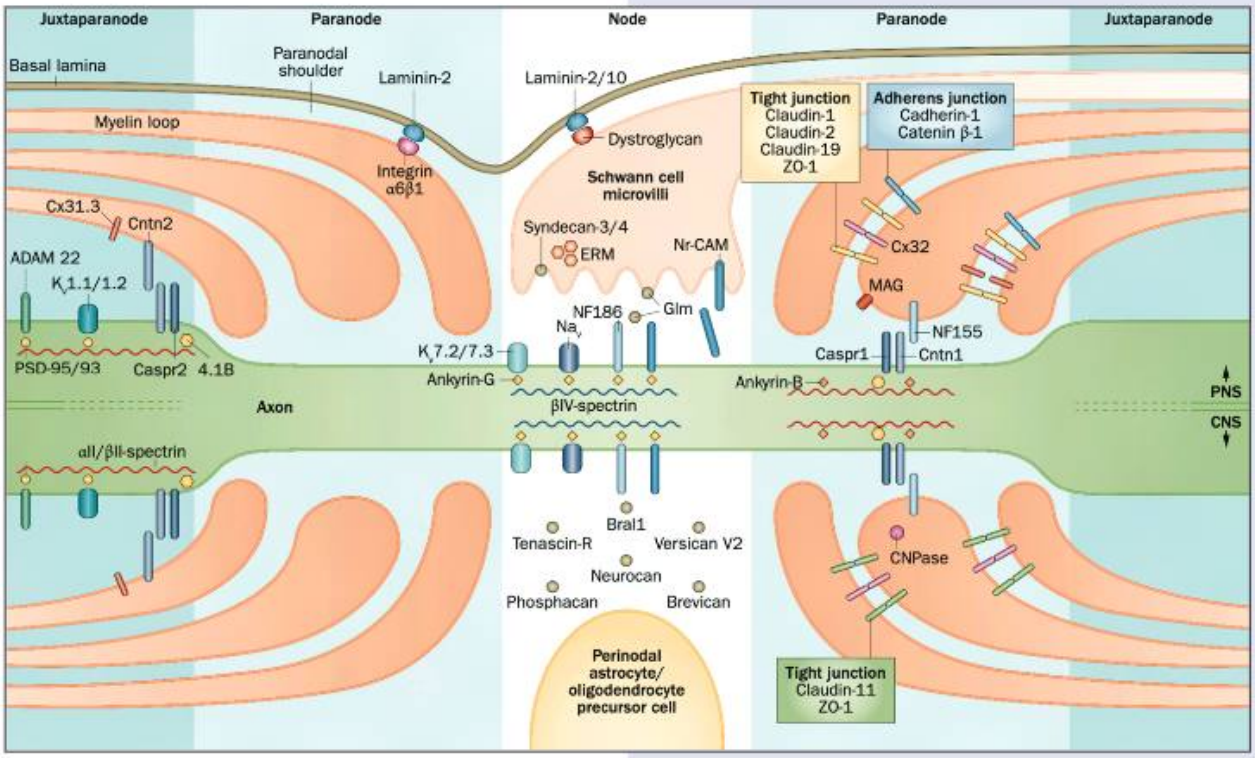
sensory ataxia, and weakness, with NF140 representing the most frequent isolated antibody. Varied presentation of pain should prompt suspicion of autoimmune nodopathies. Normal NCS findings were observed in approximately one-third of patients. Rituximab-based treatment was associated with a significant reduction in INCAT disability scores. Larger prospective studies with standardized assessments and longer follow-up are required to clarify electrophysiological phenotypes, predictors of treatment response, and long-term outcomes.

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Sri Ramakrishna Hospital
Wins Healthcare Award for Predictive Analytics & AI Recognition at the CORE Media HHH Awards in Mumbai



CORE Media - Centre of Recognition & Excellence - is a specialised media and marketing company that connects ICT organisations, technology leaders, CIOs and start-ups through industry events and recognition programmes. Its platforms encourage knowledge sharing, professional networking and technology innovation.

Sri Ramakrishna Hospital received the Healthcare Award for **"Predictive Analytics & AI"** at the CORE Media **HHH** Awards in Mumbai. The award acknowledges the hospital's effective application of data analytics and artificial intelligence in its digital healthcare initiatives.

This achievement marks a significant step in the hospital's digital transformation and reflects its commitment to using technology to improve healthcare delivery and patient experience.

Sri Ramakrishna Hospital's
Head of IT Honoured with CIO Accelerator X Award 2026



Sri Ramakrishna Hospital takes pride in announcing that Mr. Viswanath Dhanaraj, Head – Information Technology, has been honoured with the CIO Accelerator X Award 2026 – Healthcare, presented by Enterprise IT World at the prestigious CIO 500 Awards, held on 18th September 2026 at Vivanta, Coimbatore.

The award recognises outstanding IT leadership, digital innovation, and contributions to technology-driven transformation in the healthcare sector. This recognition highlights Sri Ramakrishna Hospital's continued commitment to digital excellence, cybersecurity, and the adoption of innovative technologies to enhance operational efficiency and patient care.

Mr. Viswanath Dhanaraj expressed his gratitude to the hospital management, senior leadership, departmental heads, and especially the dedicated IT team for their unwavering support and teamwork.

This achievement reflects the collective efforts of Team Sri Ramakrishna Hospital in driving digital transformation and advancing excellence in healthcare through technology.

360° Health Care



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