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Lilavati Hospital and Research Centre

More than Healthcare, Human Care

NABH Accredited Healthcare Provider

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Editorial

At the onset I would like to thank each one of you for the immense support extended for previous editions of Lilavati Hospital Medical Times (LHMT). With your participation we present to you yet another insightful issue of LHMT.

We all might agree that the level of Indian healthcare system varies from states and demographic segments within the population. Though this challenge is unique and complex it yet offers opportunity to all the healthcare professionals & institutes to largely contribute for better healthcare services across the country. This edition of LHMT offers insight into the new initiatives taken by our hospital and a variety of informative case reports presented by our experts in Chest Medicine, ENT, Gynaecology and Plastic Surgery.

Besides this we have shared our straight of the heart section that illustrates the appreciations received for our relentless efforts. We have also enclosed details of recent CMEs that are regularly conducted to spread information to the medicos who want to keep pace with the cutting edge technology and the latest medical techniques practiced.

I would be glad to receive any feedback from you which will help me in making LHMT event better. We all at Lilavati Hospital and Research Centre always strive to improve in all areas of life and I look forward for your involvement to a greater extend to broaden our reach to larger section of people and taking LHMT to the next possible level.

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Dr. Sanjeev Mehta Chief Editor

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Overview: Lilavati Hospital & Research Centre



Late Shri Kirtilal Mehta



Late Smt. Lilavati K. Mehta

Lilavati Kirtilal Mehta Medical Trust

Lilavati Hospital and Research Centre is run and managed by Public Charitable Trust - Lilavati Kirtilal Mehta Medical Trust which was formed in 1978. The Trust was started by late Shri Kirtilal Manilal Mehta. The Trust has engaged in innumerable charitable endeavors across India.

The Lilavati Kirtilal Mehta Medical Trust is being managed and administered by Board of Trustees:				
Shri Prabodh K. Mehta	Shri Nanik Rupani			
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Principal Advisor to the Board of Trustees and Lilavati Hospital & Research Centre				
Shiri S. Lakshinnarayanan, IAS (Kuu.)				

Lilavati Hospital And Research Centre

Late Shri Vijay Mehta wished to fulfill his parents desire to build a world-class hospital where everyone in need for relief from disease and suffering come in with a certainty to receive the best possible medical care. His passion, attention to details and perseverance resulted in iconic healthcare landmark called Lilavati Hospital.

Lilavati Hospital & Research Centre is a premier multispecialty tertiary care hospital located in the heart of Mumbai, close to the domestic and the international airport. It encompasses modern healthcare facilities and state of art technology dedicatedly supported by committed staff.

Lilavati Hospital has focused its operation on providing quality care with a human touch; which truly reflects the essence of its motto, "More than Healthcare, Human Care". Being a centre of medical excellence where technology meets international norms and standard, the hospital has got what it takes to be a pioneering quality healthcare institute that is also one of the most sought after and patient friendly hospital.

Mission: To provide affordable healthcare of international standard with human care **Motto:** *More than Healthcare, Human Care*

Highlights

- 323 bedded hospital including 77 intensive care beds
- 12 state-of-the-art well equipped operation theatres
- Full-fledged Dental & Dermo cosmetology clinic
- State of art PET SPECT CT department
- coronary bypass surgery.
- during various operative surgeries.

- withdrawn.
- More than 300 consultants and manpower of nearly 1,800.
- Hospital attends to around 400 In-patients and Out-patients daily.
- Modern Cathlabs having specialized SICU & ICCU with highly trained cardiac care medical staff

Lilavati Kirtilal Mehta Medical Trust Research Centre

The Lilavati Kirtilal Mehta Medical Trust Research Centre is a Scientific and Industrial Research Organization approved by Ministry of Science and Technology (Govt. of India). The Research Centre under guidelines of Dept. of Science & Technology works in close collaboration in evaluating and developing technologies for better healthcare to the sick people. The research centre has undertaken multidisciplinary researches in the fields of Cardiology, Radiology, Cerebrovascular Diseases (Stroke), Ophthalmology, Chest Medicine, Nuclear Medicine, Pathology, Oncology, Orthopedics etc., to cite a few. One of the important aim of the research centre is to establish community based epidemiological researches in cerebrovascular disease in stroke. As a policy, Drug and Device Trials are not undertaken at the Research Centre.

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• Lilavati Hospital is recently equipped with Coronary GRAFT Patency Flowmeter which is first of its kind in India. This imaging system is used in Cardiac surgery to assess GRAFT flow / perfusion in

• The hospital has added Intraoperative Nerve Monitoring system which enables surgeons to identify, confirm and monitor motor nerve function of the patients which helps to reduce the risk of nerve damage

• The hospital has upgraded its ENT department by adding a top-of-the line surgical operating microscope to carry out various microsurgeries under high magnification. The microscope electronics allows the surgeon to electronically control object focusing, magnification, illumination, surgical recording, etc.

• All days round the clock OPD Pathology and Radiology investigations without any Emergency charges.

• ICU Emergency charges after 8pm are kept at par with the day time and additional charges are

• Lilavati Kirtilal Mehta Medical trust is an approved research organization by Ministry of Science & Technology having all modern facilities necessary for conducting research

Lilavati Hospital Today

Lilavati Hospital is known for setting the trends for others to follow. Following few developments are testimony of this.



Objectives

- To standardize hypertension management
- Avoid misdiagnosis •
- Avoid under and over treatment of hypertension •
- Scientifically customize hypertension management •

We Standardise Hypertension Care with Global Guidelines

HYPERTENSION CLINIC Remember, treating high BP early saves life

Lilavati Hospital is proud to announce the installation of the state-of-the-art "Philips Azurion 7F20" in its Cath Lab. This is the first of its kind high end configuration system installed in India



The new system enables excellent imaging for Coronary, Cerebro and Peripheral Vascular Diseases.

LILAVATI HOSPITAL
MEDICAL TIMES

HYPERTENSION CLINIC

Key Highlights:

- Clarity IQ Technology
- High Quality 2K x 2K imaging chain
- Sophisticated interventional tools
 - Stent Boost Live
 - Dynamic Coronary Road Map
 - 3D Road Map
 - 3D Rotational Angiography
 - Xper CT Dual
 - 2D Perfusion
 - Integration with Volcano IVUS System
 - Vaso CT



same

For the solution of all the above problems, visit our

Bariatric Clinic

For Appointment Call: 022-26568050/51, 022-266666666



Walk-in to perform the test between 8 am to 4 pm For details contact OPD Counter: 022 2656 8050/51

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APPEARANCES CAN BE DECEIVING Time to find out what you are really made of ?

BODY COMPOSITION ANALYSIS

Body fat percentage & body fat mass

ARE YOU GETTING PAIN ON WALKING? "NOT ALL PAIN IS NEUROMUSCULAR"

GET YOUR CIRCULATION CHECKED @ **Rs. 500/-** only

ABI Value	Interpretation	Recommendation
Greater than 1.4	Calcification/ Vessel Hardening	Refer to vascular specialist
<mark>1.0</mark> - 1.4	Normal	None
0.9 - 1.0	Acceptable	None
0.8 - 0.9	Some Arterial Disease	Treat risk factors
0.5 - 0.8	Moderate Disease	Refer to vascular specialist
< 0.5	Severe Arterial Disease	Refer to vascular specialist

Walk-in to perform the test between 8 am to 4 pm For details contact OPD Counter: 022 2656 8050/51

OCT:

The department of Invasive cardiology has been upgraded with the addition of a High-Definition Optis Mobile OCT (Optical Coherence Tomography) system from St Jude/Abbott Labs. It has the latest configuration which gives better 3-Dimensional perspective of the coronary Artery before and after Stent deployment. The equipment is used for intravascular imaging to help Physicians make improved stenting decisions based on high-resolution and three dimensional OCT views of the coronary anatomy, while simultaneously mapping their exact location via the angiogram image. The equipment also integrates a Wireless FFR (Fractional Flow Reserve) measurement technology which offers Physicians detailed coronary hemodynamic (circulatory) information during PCI (Percutaneous Coronary Intervention) procedures.

Both our CathLabs have also been upgraded to accommodate this technology for registration & display.

Neuro/Spine Microscope:

A high-definition Surgical Operating microscope i.e Pentero 900 from Carl Zeiss GmBh has been installed in the operating room, along with a Carl Zeiss Trenion 3D imaging and recording system. This state-of-the-art operating microscope provides the surgeons with unmatched optical clarity in full HD, 3D HD and also in innovative Fluorescence imaging modes. The attached Trenion 3D imaging Cart is only the 3rd of its kind in the country.

The equipment also includes infrared and 560nm fluorescence imaging modes for specialized applications.

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Endoscopes:

The department of Gastroenterology has also upgraded its technology with the addition of the Olympus 190 series flexible endoscopes. These High-definition endoscopes are slimmer and boast of superior image quality via enhanced color reproduction and improved narrow band imaging (NBI) with significantly improved brightness.



2D/3D Laparoscopy Camera Systems:

2 complete high-definition camera system carts are added for use in minimally invasive laparoscopic surgery. These are a Karl Storz GmBH Image-1S 2D system and a Karl Storz TipCam-1S 3D- camera system commissioned for use in the operating rooms.

The 3D Laparoscopy Imaging system is being commissioned for use in the Gynecology Operating room. Laparoscopic surgery is currently the standard technique for increasing number of Gynaecological procedures and helps in faster recovery with shorter hospitalisation, improved cosmesis, decreased blood loss and less post-operative pain.Compared to



traditional 2 D, 3 D equipment allows surgeons to perform procedures with greater speed and accuracy especially for minimally invasive surgeries. This will help laparoscopic surgery more acceptable, safe and cost effective.

TAVR:

Introduction

Tran catheter Aortic Valve Replacement (TAVR) is considered to be a worthy option for open Aortic valve replacement surgery, especially in patients at increased risk for perioperative morbidity and mortality due to co-existing co-morbidities.

The use of this percutaneously implanted bioprosthetic valve has become more attractive due to its minimally invasive nature and speedy recovery.

Case Presentation

The patient, a 77 year old female, who is a known case of ischemic heart disease with history of repeated multivessel percutaneous coronary intervention, hypertension, diabetes mellitus, s/p mastectomy followed by chemotherapy received for treatment of CA breast, suspected interstitial lung disease and medical renal disease. The patient presented with complaints of giddiness and dyspnea on exertion for the past few months. On evaluation she was found to have moderate left ventricular systolic function with severely diseased aortic valve with an aortic valve area of 0.70cm2, annular size 2.1cm and Peak/ Mean systolic gradient of 68/40mm of Hg. and Coronary Angiogram s/o double vessel significant coronary artery stenosis

Opinion was taken from a Cardio Thoracic and Vascular Surgeon. After learning about the merits and demerits of the surgery, the patient was found to have a moderate to high risk (STS score > 8) of mortality for surgical coronary intervention and valve replacement surgery. The option of Transcatheter Aortic Valve replacement (TAVR) was therefore offered to the patient along with percutaneous coronary intervention. Coronary angioplasty performed 2 weeks before planned TAVR.

Peripheral access taken through right and left femoral arteries using a 14F delivery system. TAVR done using a Medtronic 29mm Evolute R Valve under general anaesthesia. The bioprosthetic valve was delivered at the aortic annulus under fluoroscopic guidance. Post deployment there was a significant reduction in peak velocity across the valve which was confirmed with transesophageal echocardiography. Patient was extubated on table and heparin reversed. A conventional 2D transthoracic Echocardiography done post procedure and 24 hours later in ICCU showed remarkable improvement with significant reduction of systolic gradient across the aortic valve with no paravalvular leak. The patient was stabilized in ICCU and discharged from hospital on day 4 post procedure.

Discussion

There were multiple factors for considering TAVR in this patient. She is an elderly lady with poor physical conditioning, previous ischemic heart disese, poor respiratory function, chronic kidney disease and previous history of malignant disease. With optimal peri-procedural evaluation and good support system, TAVR is well on its way of becoming an alternative treatment modality in patients with aortic valve disease with severe co-morbidities which increases peri-oprative morbidities and complications.





LILAVATI HOSPITAL
MEDICAL TIMES



Corporate and Community Outreach Programs

In line with our Hospital's motto –"More than Healthcare Human Care" we organize various health screening camps periodically

No.	Month	Company / Society	Talk / Camp	Conducted by
1	April	Gen. Arunkumar Vaidya Nagar	Senior Citizen camp	Dr. Vijay Bang
		Rahivashi Sangh		Dr. Prakash Ballani
				Dr. Rekha Agrawal
				Dr. Cherry Shah
				Dr. Shrikant Shimpi
2	May	HPCL	Periodical Health Check up	Dr. P. V. Battalwar
3	May	CLP India	Lower Urinary Tract Dysfunction	Dr. B. K. Dastoor
4	June	Invesco India	First Aid Training for children	Dr. Anant Bangar
5	June	ICICI Lombard – Piramal Enterprises	Lifestyle Disease Management –	Dr. Vijay Bang
			Diabetes and Hypertension	
6	June	Aker Power Gas	First Aid Training & BLS Training	Sister. Gayatri & Sister. Rita
7	June	Indian Oil Corporation	No Tobacco	Dr. Suresh Rang
8	June	Itochu Ltd	Diet & Exercise for stress management	Dr. Veena Pai
			at work place	Ms. Dhanashree
				Mr. Babu
				Ms. Deepti
9	June	НСС	Women's Health At All Ages	Dr. Kiran Coelho
10	June	Chemours	Infectious Diseases	Dr. Vasant Nagvekar
11	June	Sysmex & DHS	Blood Donation camp	Marketing & Blood Bank
12	July	CLP India	Staying Healthy During Monsoons -	Dr. S. M. Bandukwala
			Prevention of Infectious Diseases	
13	August	For General Public	Prevent, Fight and Treat Obesity	Dr. Shashank Shah







Lifestyle Diseases Management - Diabetes & Hypertension by Dr. Vijay Bang, Consultant - Cardiology



Diet & Exercise for Stress Management at Work Place by Dr. Veena Pai - Senior Dietician and Physiotherapy Team

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First Aid and Basic Life Support Training by Sister. Rita and Sister. Gayatri



First Aid Training for Children by Dr. Anant Bangar, Consultant - Pediatrics







No Tobacco by Dr.Suresh Rang, Consultant - Chest Medicine





Women's Health At All Ages by Dr. Kiran Coelho, Consultant – Gynaecology





Staying Healthy During Monsoons - Prevention of Infectious Diseases by Dr. S. M. Bandukwala, Consultant - Internal Medicine







Our doctors share their intellectual capital and expertise with others through CMEs using means like workshops, seminars, conferences, live telecast of procedures and surgeries, which they are performing. Our hospital has been accredited by Maharashtra Medical Council for conducting CMEs.

No.	Торіс	Department
1	Current Concepts in Intravenous Fluid Therapy	Critical Care
2	CME cum Workshop on learning technology of Pedicle Screws Stabilization Of Spine	Neurosurgery
	(Lumbar, Thoracic, Cervical & Sacral)	
3	ABG, ARF and Electrolytes in Pulmonology	Chest Medicine
4	CME cum Workshop from Continous Renal Replacement Therapy (CRRT) to Multiorgan Support Therapy(MOST)	Critical Care
5	CME cum workshop on Acute Hypoxaemic Respiratory Failure [AHRF]	Critical Care & Chest Medicine
6	National Endoscopic Workshop in Spine (NEWS)	Spine Surgery
7	Elimination of Mother to Child transmission of HIV and Syphilis by 2020	Infectious Diseases
8	CME cum workshop on Cardiogenic Shock	Critical Care & Cardiology
9	Systemic Hypertension	Cardiology



▲ AHRF



▲ National Endoscopic Workshop in Spine





LILAVATI HOSPITAL MEDICAL TIMES





▲ From CRRT to MOST





▲ Spine Workshop

Case Report: Chest Medicine

Barium Swallow - A Caveat in Neuromuscular Disorders

Dr. Ruby Joseph K, MBBS, DNB Resident – Chest Medicine Dr. Saitheja Reddy, MBBS, DNB Resident – Chest Medicine Dr. Preethiraj Ballal, MBBS, DNB Resident - Chest Medicine Dr. Sanjeev Mehta, MD, FCCP, FAPSR

Introduction

In this era of advanced technologies, barium swallow remains the simplest and most common routine procedure in the examination of the oropharynx and oesophagus to evaluate dysphagia. Barium sulphate is a relatively insoluble salt of barium used as a radiographic contrast medium but aspiration of the medium has potential danger of pulmonary fibrosis as a late sequelae thereby causing permanent damage². Hence in patients with even slightest suspicion of a neurological condition causing dysphagia use of barium should be avoided, because the damage done is irreparable.

Case Report

A 23 yrs old female was admitted with complaints of dysphagia and bilateral upper and lower limb weakness and was diagnosed with Guillain Barre Syndrome (GBS). There were no respiratory symptoms. Chest X ray (Fig 1A, 1B) showed multiple fluffy pulmonary radioopacities in the right parahilar region, right mid zone, lower zone and few in the left parahilar region and left lower zones. CT chest (Fig 1C, 1D) showed tree in bud appearance and centrilobular discreet calcific nodules with areas of confluence more in lower lobe and dependent areas, predominantly on the right side. Various differential diagnoses were thought of. Her GBS was treated with intravenous immunoglobulin. Bronchoscopy was unrewarding. On review and insistence to see previous records it was revealed that patient had undergone barium swallow for evaluation of dysphagia previously (Fig 2 A, B) which was suggestive of aspiration of barium into the lung. This is case of barium aspiration. She improved and was discharged.





Discussion

Our case highlights the following points-

• One should avoid contrast studies when suspecting a neurological condition because the damage done is permanent. The barium particles, if not eliminated by coughing and the mucocilliary apparatus accumulate in alveolar spaces and become phagocytosed by alveolar macrophages. Particles may also pass directly across the alveolar epithelium into the alveolar or peribronchial interstitial tissue leading to fibrosis^{1,2}. Barium studies should be banned in all cases of dysphagia due to neuromuscular disorders.





- silicosis and heavy metal pneumoconiosis.
- proper history taking.

Conclusion

Primum non nocere is a Latin phrase that means "first, do no harm." One must avoid use of such contrast agents when there is slightest suspicion of a neurological condition causing dysphagia because though patient may recover from neurological condition he/she would be scarred for life with pulmonary fibrosis which is unpardonable.

References

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Need to see previous records and anticipate complication of investigative procedures.

Differential diagnosis include alveolar microlithiasis, hypercalcemia with deposition of calcium within the lung due to chronic renal failure and secondary hyperparathyroidism, pulmonary ossifications, hemosiderosis, amiodarone toxicity,

In this era of advanced technology the diagnosis was clinched by age old, well tested and most important technique of a good

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CMYK | ϕ

Case Report: ENT

Incudostapedial joint dislocation with conductive hearing loss : A Case Report

Dr. Preeti Dhingra, Junior Consultant ENT Dr. A. G Pusalkar, MS, FAA (Germany)

Introduction

Tympanic membrane rupture and dislocation of the ossicular chain may occur after direct trauma as with an ear bud or by indirect trauma such as head injury. Injury of the temporal bone after head trauma is a common problem. The consequences of the temporal bone fracture are hearing loss (conductive, sensorineural or mixed), tinnitus, vertigo, facial nerve paralysis. Five types of ossicular dislocations seen are: incudostapedial joint dislocation, malleusincus joint dislocation, Incus dislocation, dislocation of the malleoincudal complex and stapediovestibular dislocation.

We are presenting a case of unilateral conductive hearing loss in a patient with the pre operative diagnosis of otosclerosis which intra-operative turned out to be incudostapedial joint dislocation with malleus fixation, successfully reconstructed with partial titanium implant.

Case Report

A 46 yrs old male presented with decreased hearing left ear. There was no h/o ringing in the ear, giddiness, discharge from the ear. There was past h/o head injury 8 years back with trauma to the left ear. Microscopic examination of the ear showed normal tympanic membrane. The Rinne test was negative on the left and Weber lateralized to the left ear. Audiogram was done which showed a conductive hearing loss of 45 dB (pure tone average of 500, 1K and 2Khz) and an air-bone gap of 33.34 dB across speech frequencies. Impedance audiometry revealed a type A curve with absent reflexes. So diagnosis was made of left ear otosclerosis with conductive hearing loss and patient was posted for left ear Stapedectomy with reconstruction under local anaesthesia.

Endaural incision made, tympanomeatal flap elevated and the ossicular chain was inspected. The incudostapedial joint was found to be dislocated. Stapes footplate was mobile. The long process of the incus was laterally displaced away from the stapes, toward the tympanic membrane and malleus was fixed. Incus was removed and malleus head nibbled. Reconstruction done with partial titanium implant which was placed directly over the stapes head and covered with tympanomeatal flap. Ear packed with gel foam. Postoperative audiogram was done after 3 months showing full airbone gap (ABG) closure .





DISCUSSION

Direct trauma (e.g ear bud) or indirect trauma (e.g head injury) may lead to traumatic rupture of the tympanic membrane and ossicular chain dislocation. Skull trauma from blow to the temporal, parietal, or occipital region (with or without fracture of the temporal bone) is the main cause of ossicular injury¹.

Trauma to the temporal bone is usually associated with conductive, sensorineural or mixed hearing loss, tinnitus and vertigo due to ossicular disruption or labyrinthine damage^{2, 4}. Other injuries include labyrinthine fractures, dural fistula, facial nerve paralysis and carotid canal injury⁵. Conductive hearing loss can be due to tympanic membrane laceration, hemotympanum or ossicular damage. Even after the resolution of the hemotympanum or healing of the tympanic membrane, if hearing deficit persists then ossicular dislocation or fracture is obvious³.

Fractures of the temporal bone can be categorized into three types (longitudinal, transverse, or mixed) on the basis of relationship between the fracture line and the long axis of the petrous portion of the temporal bone^{3,3}. Oblique fractures also called mixed or complex fractures are the most common types followed by longitudinal and transverse fractures⁵.

Traumatic ossicular lesion is usually associated with longitudinal fractures and is present in almost 20% of cases with head trauma. The most commonly affected ossicles are the incus, malleus and stapes being relatively more stable⁴.

Five types of ossicular dislocations seen are: incudostapedial joint dislocation, malleusincus joint dislocation, Incus dislocation, dislocation of the malleoincudal complex, stapediovestibular dislocation^{3,5}.

The most common defect is the incudostapedial joint dislocation⁴. The two main reasons for incudostapedial joint dislocation are 1) incus is the heaviest ossicle with no muscular anchor and has the weakest attachment of the ossicular chain between the malleus and stapes that are both firmly anchored and

2) the incudostapedial joint is only a fragile joint which is usually the first injured³.

Another theory is antagonist ossicular muscles simultaneous contraction. The stapedius muscle tendon attaches to the head of the stapes near the incudostapedial joint. The tendon of the tensor muscle fixes the neck of the malleus. Tetanic contraction of these tendons as a result of severe head injury causes medial thrust of the incus and simultaneous posterior puffing of the stapes head³.

Materials used for the reconstruction of ossicular dislocations are cartilage graft, cortical bone, temporalis fascia, silicone splint; however, the mass and shape of the ISJ is altered with these materials. Moreover tissue adhesives such as cyanoacrylates are also used to repair traumatic dislocation of the incudomalleolar joint but they cause significant tissue reaction.

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Case Report: Gynaecology

Scar Ectopic Pregnancy: A Rare Case

Dr. Isha Jain, DNB Resident, Obstetrics and Gynaecology **Dr. Shruti Sabnis, DNB, MD** Obstetrics and Gynaecology **Dr. Pooja Monteiro**, DNB Obstetrics and Gynaecology Dr. Kiran Coelho, MD Obstetrics and Gynaecology, DGO, DFP, Microsurgery, Ultrasonography(USA)

Introduction

Scar ectopic pregnancy is the rarest form of ectopic pregnancy and has been increasingly diagnosed all over the world. This is a life-threatening form of abnormal implantation of embryo within the myometrium and fibrous tissues in a previous scar on the uterus, especially following caesarean section. The incidence of CS ectopic pregnancy varies from 1:1800 to 2216 pregnancies with rate of 0.15 % in women with previous caesarean section and 6.1 % of all ectopic pregnancies^{1,2}.

We describe a case of cesarean scar pregnancy that presented with continuous spotting per vaginum and successfully treated by USG aided dilatation and curettage under laparoscopic guidance without any blood transfusion.

Case Report

A 27yrs old female G2P1L1 at 10wk 3 days of gestation based on first day of last menstrual period came with complaints of spotting per vaginum on- off since 2 weeks, not associated with pain in abdomen. She has one male child delivered by LSCS 4 1/2 vrs back i/v/o of gestational diabetes. She was vitally stable. Per speculum examination revealed no active bleeding. On per vaginum examination uterus was bulky, 10-12 wk size, fornices were non-tender. Her haemoglobin was 12.6g/dl; TLC-7,600;Platelets -188,000;TSH- 2.3;FBS-90;Bhcg-21,684

Sonography revealed normal sized retroverted uterus, 40x20mm complex lesion in region of caesarean scare with thick hyperechoic rim with prominent venous lakes, central irregular cystic area with small irregular sacs and membranes. Florid vascularity was seen around the lesion. Bilateral adnexa was normal. There was minimal free fluid in pelvis.

Management

For this patient we did USG aided dilatation and curettage under laparoscope guidance. Products of conception were removed with utmost care of scar. Patient started bleeding per vaginum. Foley's catheter was put inside uterine cavity and inflated up to 40cc. 20cc was deflated later in recovery room. Patient was shifted to cath lab and bilateral uterine artery embolisation was done. Foley's bulb was deflated - no bleeding per vaginum noted.



USG image of gestational sac at scar site



Laparoscope picture of intact scar



Discussion

The incidence of scar ectopic pregnancy is on the rise because of rise in cesarean section rates. The mechanism for implantation in this location is believed to be migration of the embryo through either the wedge defect in the lower uterine segment or a microscopic fistula within the scar. The clinical presentation ranges from vaginal bleeding with or without pain to uterine rupture and hypovolemic shock. Early diagnosis should be made for better management. Magnetic resonance imaging should be done if the USG results are equivocal or inconclusive. Differential diagnosis includes cervical ectopic pregnancy and placenta accreta.

Several types of conservative treatment have been used such as dilatation and curettage, excision of trophoblastic tissues (laparotomy or laparoscopy)³, local and/or systemic administration of methotrexate⁴, bilateral hypogastric artery ligation associated with trophoblastic evacuation and selective uterine artery embolization combined with curettage and/or MTX administration^{5,6}

Laparotomy followed by wedge resection of the lesion (hysterotomy) should be considered in women who do not respond to conservative medical and/or surgical treatments or present too late. Because of the risk of uterine rupture and uncontrollable bleeding, hysterectomy is the last resort.

The immediate complications of cesarean scar pregnancy are uterine rupture, severe bleeding, need for hysterectomy, and maternal morbidity. In this patient, not only was hysterectomy prevented but also blood transfusion was not given.

Conclusion

If it is diagnosed early, treatment options are capable of preserving the uterus and subsequent fertility. However, a delay in either diagnosis or treatment can lead to uterine rupture, hysterectomy and significant maternal morbidity.

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Intra-operative pictures-b/l adnexa clear

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СМҮК

Case Report: Plastic Surgery

Soft tissue defects of digits: Current Trends

Dr. Leena Jain, MCh - Plastic Surgery Dr. Samir Kumta, MCh - Plastic Surgery Dr. Shrirang Purohit, MCh - Plastic Surgery

Soft tissue defects of digits are common injuries but functionally very important. The principles for a good cover for these defects include:

- Supple soft tissue cover providing like with like
- Adequate thickness of skin for palmar and dorsal surfaces
- Sensate cover for contact surfaces of fingers
- Scars place appropriately so as to prevent future scar contractures

Further soft tissue defects may be associated with bone, tendon, vessel and /or nerve injury. Prerequisites to provide cover include:

- Optimal skeletal stabilization
- Adequate and meticulous debridement under tourniquet control using magnification
- Tagging of tendon and nerve ends
- Check availability of donor sites for graft/flap
- Consider using spare parts when available for reconstruction

Table 1: Site of soft tissue loss and ideal cover

Type of Tissue Loss	Skin loss alone		Compor	ient loss
Area of Defect	Non-vital areas Vital areas		Skin With Soft Tissue/	
	Dorsal surface of fingers/hand	Contact surfaces of fingers and thumb	Tendon/bone/nerve Flap Local Flaps Regional Flaps Distant Flaps	
	Palmar surfaces of fingers/ hand not crossing joint lines	Ulnar border of hand		
	Non contact surfaces	Palmar surfaces across joints		
Reconstruction Option	Skin Graft	Glabrous Skin Flaps	Pedicled Flaps	Free Flaps

Current trends in resurfacing soft tissue defects of digits include the use of perforator flaps and homodigital reconstruction. The former describes the vascular basis of flaps while the latter indicates the donor site of flap. Perforator flaps depend on the intricate digital vascular supply and provides a great variety of options for cover. Homodigital flaps stress on harvesting flaps from the same digit to provide like and sensate tissue match in a single stage. Below are described various options available for homodigital reconstruction.

LOCAL FLAPS Table 2: Homodigital reconstruction of finger injuries

HOMODIGITAL RECONSTRUCTION	
VOLAR SURFACE	DORSAL SURFACE
Atasoy-volar V-y Advancement Flap	Lateral Transposition Flap
Kutler Lateral V-y Advancement Flap	Reverse Dorsal Metacarpal Artery Flap
Furlows' Cup Flap-volar V-y	Dorsal Metacarpal Artery Perofrator Flap quaba Flap
Venkatswamy's Triangular Oblique Flap	
Moberg's Advancement Flap	
Arterialised Island Flap	
Reverse Arterialised Island Flap	

A - Dorsal metacarpal artery - DMCA B - Perforating branches from DMCA C - Proximal dorsopalmar anastomosis D - Distal dorsopalmar anastomosis



FH



Figure 2: Middle finger tip transverse amputation ; v- y Furlow's flap marked on the volar surface of finger; flap elevated and inset into the defect.

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- G Metacarpal perforating arteries
- H Superficial palmar arch
- I Common digital artery
- J Proper digital artery
- K Dorsal branches from digital artery

Figure 1: Vascular network of Digit





Figure 3: Dorsal proximal phalangeal defect with exposed bone. Cadaveric dissection show communicating perforator between the dorsal and palmar metacarpal arteries. Flap harvested with dorsal metacarpal artery being intact and flap inset into the defect.



Figure 4: volar thumb defect, flap marked with marking of perforators. Flap elevated with dorsal metacarpal artery as can be seen in the flap. Flap inset into defect and donor site closed primarily.

I would like to highlight three flaps which are optimal for finger defect reconstruction.

Case 1: Transverse amputation of distal phalanx of middle finger following bike accident with exposed bone in a young adult was covered with a Furlow's V-Y cup flap- based on both neurovascular bundles providing like and sensate skin in a single stage. The cup shaped distal part of flap gives a good contour to the finger tip like the other normal fingers (figure 2).

Case 2: Dorsum of proximal phalanx of index finger defect following electrical burns with loss of extensor tendon in a middle aged male patient was resurfaced with second dorsal metacarpal artery perforator flap. Primary closure of donor site was done while providing good match for the finger (figure 3).

Case 3: Volar surface of middle of thumb defect following drainage of thumb tenosynovitis. The defect was covered reverse dorsal metacarpal artery flap in a single stage. This flap does not provide ideal tissue match to volar skin but for the size and site of the defect, there were no other homodigital single staged procedures (figure 4).

Conclusion:

Finger defect reconstruction restores the shape, sensation and function of the finger. Providing a single staged procedure reduces morbidity and provides faster return to work. The three cases presented above match the principles laid down while considering finger defect reconstruction.

Straight from the Heart - Patient Testimonials

The way healthcheckup customer care supervisors & other support staff members organised their meticulous & seamless planning & their execution of all tests & procedure for several patients on a day with good numbers is really laudable and highly appreciable. Keep it up! TSB Arunkumar

My 95 yrs old father was admitted with acute gastro being old tired and weak, you can only fall short of understanding how cribbing and rude he was with the staff but the staff assigned Brother Sebi, Brother Vijay. Sister Susan, Sister Kiran, Sister Monica were unbelievable. The brothers had the worst of him but gave him their best and finally their goodness rubbed on dad who ended up not only hail but hearty as well. I cannot say enough about how jinder the watchful eyes of Sister Rinki and her team of leaders, Brother Sebi and Brother Vijay would stand by his bedside just to listen to him grumble and then with hand on dad's knee talk to him like he was their father and this I noticed them do with all other patients assigned to them as well even with us relatives they were so polite and kept updating us time and again on dads progress.

It really touched me to see how they at all times kept dad's privacy and dignity in mind ever so vigilant and happy despite all their chores. I would like the management to please share my story. Seldom do relatives say our family got better because of the staff but this I must say dad has returned home well because of the care and love he received from the ICU unit. I remain grateful and touched.

Ms. Cindy D'lima

My 10grs old son recently underwent Kidney Transplant surgery with this mother being the donor at Lilavati Hospital. I intend to place on records my admiration & satisfaction towards the great culture of patient care and exemplary commitment levels of your entire staff, what has indeed made us feel grateful to the hospital. Every staff of your hospital is ever willing to walk the extra mile to ensure comfort and happiness of the patient and the family. Your entire nursing staff is a great team of care givers, fully aligned to patient comfort & support, and ever ready to go beyond their duties to display supreme service orientation. You run a great hospital with an extremely committed & expert team of doctors & nursing staff. Truly admirable is the basic DNA of care, service, and strong execution which you have could create at Lilavati Hospital. Thank you, and all the best

Mr.Bhaskar Gupta

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LILAVATI HOSPITAL MEDICAL TIMES

Coming to Lilavati Hospital is like my second home! We will never forget the kind service and affection received by everyone in this hospital! May god bless all of you!

Suchita Dangui

I like the way nurses and staff takes care. Cowrtesy, politeness, soft spoken attitude and friendly care from everyone!. Awesome service!

Sharmila Khan

Fun Time

What is the only bone in the body which is not attached to another bone?

a) Clavicle b) Pelvis c) Hyoid

2

What is the largest bone in body?

a) Scapula b) Femur c) Tarsal

3

How many bones do babies have when they are born?

a) Between 100-150 b) Between 150-270 c) Between 270-350 (Answer)

4

6

What is the only part of the body which cant heal or repair on its own?

a) Heart b) Tooth c) Earlobe

5 How many taste buds does an average human tongue have? a) 10,000 b) 1,00,000 c) 10,00,000

Which bone is missing when babies are born?

a) Knee cap b) Collar bone c) Ankle

Kindly email us your answers on medicaltimes@lilavatihospital.com

Answer to previous quiz



Congratulations Dr.Vijayalakshmi & Dr. Bharat Heble

Services Available

MEDICAL

Anesthesiology Audiology and Speech Therapy Cardiology Chest Medicine Chronic Pain Management Dental Dermo Cosmetology Diabetology & Endocrinology Gastroenterology Diagnostics & Therapeutic Endoscopy Haematology Hair Transplant Head and Migraine Clinic Internal Medicine Infectious Diseases Lactation Medical Oncology Chemotherapy Nephrology Neurology Psychiatry / Psychology / Neuropsychology Physiotherapy Pediatrics Rheumatology Sleep Medicine SURGICAL **Bariatric Surgery** Cardiothoracic Surgery Colorectal Surgery ENT and Head & Neck Surgery Gastro Intestinal Surgery General Surgery Gynecology, Obstetrics & IVF Minimal Invasive Surgery (Laproscopic Surgery) Neuro Surgery Onco Surgery Ophthalmology Orthopedics, Sports Medicine Pediatric Surgery Plastic & Reconstruction Surgery Spine Surgery Transplant: Cardiac, Corneal, Kidney & Liver Urology, Andrology Vascular Surgery

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24 HRS IMAGING

CT Scan Interventional Radiology MRI Non-invasive Cardiology CATH Lab Sonography X-Ray

CRITICAL CARE

Intensive Care Unit (ICU) Intensive Cardiac Unit (ICCU) Neo-Natal Intensive Care Unit (NICU) Paediatric Intensive Care Unit (PICU) Paralysis & Stroke Unit Surgical Intensive Care Unit (SICU) DIAGNOSTICS

Audiometry EEG / EMG Health Check-up BMD Mammography Nuclear Medicine PET & SPECT CT Scan Urodynamics 24 HRS LABORATORY SERVICES Blood Bank Histopathology Microbiology

OTHER 24 HRS SERVICES Ambulance Emergency Pharmacy Roshni Eye Bank

Pathology





Benevolence

The social service wing of the hospital - SEWA serves to the health requirements of needy people. This department seeks to bridge the gap between the needy patients and the fast evolving medical technology. Various social activities such as free OPD, services to senior citizen, sending mobile vans to Adivasi areas to organize free health check-up camps, free camps are undertaken as an on-going process. The Roshni Eye Bank managed by Lilavati hospital is a well-equipped comprehensive centre for cornea removal, processing, storing, supplying and corneal transplantation.

Under this service Lilavati Hospital & Research Centre offers:

- 1. Free OPD
- Health Check up Camps at Nana Nani Parks 2.
- Mobile Clinic 3.
- Roshni Eye Bank 4.

BENEFICIARIES for F.Y 2017-2018			
Free OPD	14,140		
Mobile Clinic	20,712		

455 inmates of Arthur Road jail were screened for ENT, Dental ,Opthal, Ortho, General Medicine issues and distributed free medicines





Important Telephone Numbers

Emergency / Casualty Admission Department AKD Counter Ambulance **Billing - Inpatient Billing - OPD Blood Bank Blood Bank Medical Social Worker** Cardiology Cath Lab Chemist **CT Scan Department** Dental Dermatology EMG / EEG Endoscopy **ENT / Audiometry Health Check-up Department Hospital Board Line Hospital Fax** IVF Medical Social Worker (SEWA) MRD **MRI Department** Nuclear Medicine / PET & SPECT CT **OPD** Appointment **Ophthalmology** Physiotherapy **Central Report Dispatch Counter Sample Collection Room, Ground Floor TPA Cell TPA Fax Transplant Co-ordinator Urodynamics Visa Section** X-Ray, Sonography Department

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LILAVATI HOSPITAL MEDICAL TIMES

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+91 22 2656 8080 / 2656 8081 / 2656 8082
+91 22 2656 8650 / 2656 8651
+91 97692 50010
+91 22 2675 1586
+91 22 2656 8052
+91 22 2656 8215
+91 22 2656 8214
+91 22 2656 8236
+91 22 2656 8137
+91 22 2675 1579 / 2675 1578
+91 22 2656 8044
+91 22 2656 8019 / 2656 8078
+91 22 2656 8020
+91 22 2656 8249
+91 22 2656 8057
+91 22 2656 8232
+91 22 2656 8354 / 2656 8355
+91 22 2666 6666 / 2675 1000 / 2656 8000
+91 22 2640 7655
+91 22 2656 8226
+91 22 2656 8361
+91 22 2656 8358 / 2656 8359
+91 22 2656 8066 / 2656 8067
+91 22 2656 8092
+91 22 2656 8050 / 2656 8051
+91 22 2656 8229
+91 22 2675 1536
+91 22 2675 1620
+91 22 2656 8030
+91 22 2656 8089
+91 22 2640 5119
+91 22 2656 8362
+91 22 2656 8021
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Latest Feathers in Cap

THANK YOU

Patrons for posing faith in your Trusted Healthcare Partner & all our Doctors and Staff for making Lilavati Hospital the preferred Healthcare Destination

BOARD OF TRUSTEES & SENIOR MANAGEMENT



Winner of the prestigious CNBC-TV18's INDIA HEALTHCARE & WELLNESS AWARDS presented by ICICI Lombard under the category "CENTRE OF EXCELLENCE - ENDOCRINOLOGY"



Trusted Hospital 2017 by Readers Digest



Amongst the Top 10 Multispecialty Hospitals of India "Times of India - All India Multispecialty Hospital Ranking Survey 2017"



No.1 Single Location Multispecialty Hospital in Mumbai



"Patient Safety Hospital of the Year" by Six Sigma Healthcare Excellence Awards-2017



Best Multispeciality Hospital of the Year 2017 by Prime Time Global Healthcare **Excellence Awards 2017**



Ranked amongst Top 15 Hospitals Nationally in all the Specialities All India Critical Care Hospital Ranking Survey 2018



Amongst Top 10 Hospitals in India by THE WEEK NIELSEN Best Hospitals Survey 2017



Lilavati Hospital and Research Centre receives the appreciation for valuable contribution towards Organ Donation Programme by Zonal Transplant Coordination Centre (ZTCC), Mumbai. Our Intensive Care Unit and Transplant Co-ordinator Dept were also acknowledged for their relentless efforts in promoting Organ Donation Programme

Dr. Sanjeev Mehta, Consultant – Chest Medicine was awarded with ACCP Presidential Honour 2018

No.	Name	Year	Title	Co-authors	Туре
1	Anand Vardhan	NAPCON 2017	Fortuitous passage of a dangerous	Ruby Joseph K, Kiran Shekhade	Poster
			sharp foreign body in the lung	Sanjeev Mehta	
2	Ruby Joseph K	NAPCON 2017	A rare case of ARDS due to	Anand Vardhan, Smit Modi	Poster
			infective endocarditis	Sanjeev Mehta	
3	Anand Vardhan	NAPCON 2017	Bilateral pneumothorax in	Ruby Joseph K, Abha Pandey,	Poster
			Sjogrens syndrome – A rare presentation	Sanjeev Mehta	
4	Smit Modi	NAPCON 2017	Interesting accompaniments of	Anand Vardhan, Abha Pandey,	Poster
			drug resistant tuberculosis:	Pralhad Prabhudesai,	
			learning curve or cautious journey	Vasant Nagvekar,	
5	Ruby Joseph K	NAPCON 2017	Barrium Swallow- A caveat in	Preethiraj Ballal,	Poster
			neuromuscular disorders	Saitheja Reddy, Sanjeev Mehta	

List of Publications in International Journals for F.Y 2017-2018

No.	Topics	Dept.	Author	Published in
1	An outcome analysis of	GI Surgery	Dattaraj B., Gunjan D.,	Submitted for Publication
	videoscopic assisted retroperitoneal		Prasad P., Rajvilas N.,	to Indian Journal of
	debridement in infected pancreatic		Prasad W., Paresh V.,	Gastroenterology.
	necrosis: A single centre experience.			
2	Roux-en-Y Fistulojejunostomy in the	GI Surgery	Gunjan D. Rajvilas N. Prasad P.,	Submitted for Publication
	management of persistent external		D. R. Kulkarni, Paresh V.,	to Turkish Journal
	pancreatic fistula– Is it olde worlde?		Hitesh M.	of Surgery.
3	"What influences Forgotten	Orthopedics	Dr. Rajesh N. Maniar	Submitted for Publication
	Joint Score? What is its Correlation			Knee Society Score
	to New Knee Society Score?"			(Australia).
4	Rare case of transverse	Paed. Surgery	Vinod Raj,	International Journal of
	testicular ectopia – Case report and		Rajeev Gurunath Redkar,	Surgery Case Reports.
	review ofliterature		Swathi Krishna, Shruti Tewari	41 (2017) 407–410
5	Management of Primary Hyperhidrosis	Chronic Pain Medicine	Nitin A Menon,	Indian Journal of Physical
	with Sympathetic Block		Dwarkadas K Baheti,	Medicine and Rehabilitation,
			3Nitin N Dange	October-December 2017;28(4):1-3
6	High degree atrioventricular block	Cardiology	Anender Kaur Dhariwal a,*,	Indian heart Journal
	with ventricular asystole		Prakash S. Sanzgiri b,	68 (2016) s 194 – s 197
	in a case of dengue fever		Vasant Nagvekar	
7	Microscopic varicocelectomy as a	Urology	Chirag Gupta, Arun Chinchole,	Investigative and Clinical
	treatment option for patients		Rupin Shah, Hemant Pathak,	Urology IC Urology
	with severe oligospermia		Deepa Talreja, Ankit Kayal	Posted online 2018.4.6
8	Trends in diagnosis of	Oncosurgery	Jagannath Palepu, Shailesh S.,	Indian Journal of
	Gastroenteropancreatic		Debanshu B., Rajiv Shah,	Gastroenterology
	neuroendocrine tumors (GEP-NETs)		Bhawana S., Verushka Chabra,	19th February, 2018
	in India: A report of multicenter data		Puneet Dhar, Regulagedda S.,	
	from a web-based registry		Sadiq S.,	

Achievements

List of Publications / Presentations in National Conferences by the Department of Chest Medicine

Doctors Associated with Lilavati Hospital

Andrology

Dr. Shah Rupin S.

Anaesthesiology Dr. Baxi Vaibhavi Dr. Budhakar Shashank Dr. Gandhi Nisha Dr. Gaiwal Sucheta Dr. Gawankar Prakash Dr. Kharwadkar Madhuri Dr. Khatri Bhimsen Dr. Kulkarni Satish K. Dr. Mahajan Anjula Dr. Mascarenhas Oswald Dr. Kothari Namrata Dr. Patil Prajakta Dr. Shah Falguni Dr. Waradkar Samidha

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Colorectal Surgery Dr. Chulani H. L.

Cosmetic Surgery

Dr. Doshi Milan

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Diabetology Dr. Panikar Vijay

Diabetology & Endocrinology

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Dr. Shah Rajiv C.	Daar
Ophthalmology	Dr K
Dr. Agrawal Vinay	Dr. S
Dr. D'souza Ryan	D1. 5
Dr. Mehta Salil	Paec
Dr. Mehta Himanshu	Dr. A
Dr. Nagvekar Sandip S.	Paec
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Dr. Shah Sushmita	Dr. B
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Dr. Archik Shreedhar	ם, ות ח∗ ח
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Dr. Desai Sanjay S.	Dr. U
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Sheikh Minhaj Ahmed

diatric Haematology / Oncology Kanakia Swati R.

diatric Neurosurgery Andar Uday

diatric Neurology Kulkarni Shilpa Shah Krishnakumar N.

diatrics Nephrology li Uma

diatric Opthalmology Doshi Ashish

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Sleep Study Specialist

Dr. Samtani Anil

Spine Surgery

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- Dr. Raina Shailesh
- Dr. Raja Dilip
- Dr. Sanghvi Nayan Dr. Shah Sharad R.
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