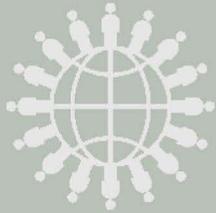


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 **Know Your Consultant****Dr. Vivek M. Sodhai**

Associate Consultant, Paediatric Orthopaedics

Dr. Vivek Sodhai is a Consultant Orthopaedic Surgeon, extremely passionate about Paediatric Orthopaedics. Born in Bhusawal (small town of Jalgaon), he studied at the St. Aloysius School and P. O. Nahata College. True to his interests, he completed his MBBS from Smt. Kashibai Navale Medical College in Pune and MS (Ortho) from renowned Sancheti Institute for Orthopaedics & Rehabilitation, Pune. He then worked as a Junior Consultant in Sancheti Hospital's Trauma Department for 2 years before perusing his Fellowship in Paediatric Orthopaedics.

He is an avid researcher and also a social media enthusiast. He enjoys teaching his residents and passing on the knowledge. During his free time, he likes travelling, trekking and playing cricket.

He is currently an Associate Consultant Paediatric Orthopaedics at KEM Hospital and strives to provide multidisciplinary and evidence-based treatment to his patients. He knows the importance of an early accurate diagnosis and time-sensitive intervention while dealing with orthopaedic problems in children. As taught by his teacher, he believes in the phrase 'The eye cannot see what the mind does not know' and keeps himself constantly updated in his field through CMEs and certified courses. He has published more than 15 research articles in various high-impact journals in the Orthopaedics.

He has significant experience in the field, having treated wide variety of children with fractures, neuromuscular conditions, congenital limb abnormalities, hip disorders, infections and bone tumors. Owing to multi-system involvement in children with congenital and neuromuscular conditions, most of these children need to be in touch with a wide variety of specialists including, but not limited to, paediatricians, neurologists, nephrologists, ophthalmologists, physiotherapists, occupational therapists, speech therapists and orthotists. Apart from working with various hospitals in Pune, he is also a Visiting Surgeon at his hometown of Bhusawal, where he visits twice a month.



## Monsoon Health

Who doesn't like rains, going out on a trek enjoying the greenery around or simply have a cup of Adrak-Chai and Kanda-bhaji? Monsoon is undoubtedly the best season of the year. But unfortunately this best season is also the season of many illnesses. As one can note, most of the hospitals have highest occupancy in monsoon season (and run nearly dry in winter!). Let's today learn what we can do to enjoy the season without actually getting affected by ill-effects of monsoon.

### What are the problems faced during monsoons?

Most important infectious illnesses related to monsoon are food-borne, water-borne or mosquito-borne

**1. The food-borne illnesses** include bacterial or viral diarrhoea, cholera, typhoid, etc. They are transmitted through contaminated food items. The poor hygiene followed at the time of preparation, storage or transport of food items lead to direct contamination through infected hands or indirect contamination through flies.



**3. Mosquitoes** are the commonest insects with very high nuisance value. Various diseases like malaria, dengue, and chikungunya are transmitted by mosquitoes. The mosquitoes require water to breed. In monsoon, water is easily accumulated near the houses in discarded tins, tyres, plastic containers, pots, or unused water tanks.



**2. The water-borne illnesses** occur due to contamination of water. Contamination of drinking water leads to diarrhoea, dysentery or gastro-enteritis. Even if the drinking water is uncontaminated, flooding of houses in low-lying areas, or roads may lead to prolonged contact with skin. This leads to transmission of diseases like leptospira and infestation with some worms. Also, prolonged exposure to water may lead to fungal infections, like athlete foot.



**4.** Apart from infections, monsoon poses the **risk of accidents due to slippery surfaces, poor visibility**, etc. Thunders often lead to accidents due to falling objects. Lightening have often led to fatal mishaps. Monsoon also increases the risk of insect bites, snake bites and scorpion stings. Lastly, fungal growth in poorly ventilated, humid room walls may cause exacerbation of asthma in few individuals.

## How can one prevent these “side effects” of our favourite monsoon?



Most of the food-borne and water-borne infections can be prevented by following basic rules of hygiene. Hand washing prior to having food and after using toilet is the most important step. One must avoid eating at a place where hygiene cannot be guaranteed. Preferably eat home-made food. If one cannot avoid eating outside food, choose a hygienic restaurant and prefer hot items which are freshly prepared.

Drinking water must be RO or mineral bottled water or if RO is not available, then it should be boiled and cooled water. Avoid drinking water at a public place where the source of water is likely to be contaminated. It is preferable to carry a bottle of RO water during travelling. If the source of drinking water at your house is public well or a public tap, then the area surrounding must be clean and free of human-waste. If you happen to live in a low-lying area which is likely to get flooded with water, avoid prolonged contact with contaminated water.

Mosquitoes breed in water. So, if the breeding places can be controlled, the population of mosquitoes is drastically reduced. For this we need to periodically check for stagnant water near the house or society premises. Special attention needs to be given to discarded containers, junks, flower pot plate, and discarded tyres. The rain gutters should be clean and free-flowing. Cover the sewers as far as possible and make sure that waste water is not stagnant. When water tanks need to be open, periodic checks should be performed to identify mosquito breeding. If the tank shows such signs, it should be drained, be allowed to dry over 3-4 days and then cleaned and reused. Water in fish ponds and swimming pools should be changed frequently. Use mosquito screens for windows and if possible, use mosquito nets for the beds. Avoid keeping door or windows open during evening hours- the time of mosquitoes entering in the house. In order to avoiding bites, use appropriate repellents especially when outdoors. Children playing in the open area should use repellent creams or drops.

Accidents like falls, slippage of vehicles need to be avoided with use of appropriate foot wares and avoiding walking on wet and slippery surfaces. Insect and snake bites and scorpion stings can be avoided by wearing shoes, protective clothes, and gloves while working in the wet field.

Accidents also happen due to thunderstorm and lightening. During the storm, one should avoid going out unless absolutely necessary. Those living in flats should take care that the loose objects in the balcony like pots, hanging pots, swings, etc. are moved to a safe place. While it is raining, one should not take shelter of a tree, especially a lone tree. Lightening is more likely to fall at such a place.

People at risk of asthma exacerbation due to wall moulds should take care that the walls are not wet due to leakage. Often good ventilation itself is sufficient to mitigate the problem of moulds. If the mould grows, it may be cleared with use of bleach solution followed by repainting the walls.



**Dr. Vipul Chakurkar**

Associate Consultant - Nephrology



## COVID-19 in Children

**A**s the COVID-19 pandemic completes over 1.5 years of global devastation and scare through two worsening waves, early footsteps of “Third Wave” are said to be perceptible in July 2021!

Since last three months, various predictions, media projections and unfounded discussions about the third COVID wave affecting children predominantly and seriously have haunted every Indian parent, resulting into a public panic wave.



Let us know and understand the relevant facts and scientific information to build confidence and get prepared to respond wisely & appropriately on individual, family and society levels to face the probabilities.

Firstly, basic prediction of the “Probable Third Wave of COVID” is not based on any robust scientific evidence. Experienced behavior of few human pandemics over last century, suggests waning of any pandemic by two years with about two-three waves of decreasing size & severity towards the end. This significant reduction in transmission may end or phase into persistent low level global circulation of Corona virus over next decade.

The second scary prediction of “Third wave” of COVID targeting our beloved children categorically; also fails to stand on test of science. The available experience and scientific evidence suggest significantly lesser risk of affliction and seriousness in children.

The overall risk of acquiring Corona infection is less than half of that in adults, documented as less than 3% due to natural protection. The risk of hospitalisation for serious COVID illness is estimated to be less than 1% (~1 in 48000) and death risk to be 1 in 500,000 only.

Another COVID complication of Multisystem Inflammatory Syndrome in Children or Paediatric Multisystem Inflammatory Syndrome Temporally associated with SARS-CoV-2 PIMS-TS a rare inflammatory syndrome peculiar to childhood has to an absolute risk of just 1 in 39000. Most of these MISC cases, though likely to be more serious, survive with timely and appropriate ICU care.

The latest scientific studies thus show that the risks of severe illness or death from SARS- COV-2 infection are “EXTREMELY LOW” in children and young people as compared to adults. The healthcare providing fronts have also promptly considered, aptly and adequately prepared at all levels to deal effectively with such possible threat to child health.

We at KEM Hospital, Pune, are fully prepared to care for every child with COVID and family, backed by advanced facilities, caring vigilant fully trained ICU specialty staff and our most experienced, competent pediatric specialists leading from the front assuring personal care.

So let us break the shackles of the negativity, unfounded, undue fear and be watchful and meticulous in practicing COVID Appropriate Behavior and immunization in this receding phase of Corona pandemic. We are here 24 X 7 with you to confidently and appropriately tackle any childhood COVID query & adversity!



**Dr. Pramod Kulkarni**  
Consultant - Paediatrics

# Fulfilling Aspirations, Bringing Smiles

*Helping families turn their dreams into reality with IVF technology*

## Counselling

For patients to seek solutions and provide information about psychological, social & legal implications of IVF treatment.



## Ultrasound

We offer ultrasound for

- 3D USG
- Follicular Monitoring
- Follicular & endometrial Doppler
- Sonosalpinography for tubal block detection
- Sonohysterography for endometrial pathologies



## IUI (Intrauterine Insemination)

A type of artificial insemination in which washed & concentrated sperms are placed directly into the uterus around the time the ovary releases one or more eggs to be fertilised.



## Oocyte Retrieval

It's a primary technique for removal of oocyte/eggs from ovaries of a woman to enable fertilisation outside the body.



## ICSI (Intracytoplasmic Sperm Injection)

It is a type of IVF process in which a single healthy motile sperm is injected directly into a single oocyte/egg. The embryo, thus obtained is transferred to the mother's uterus.



## Cryopreservation

It is a process of freezing or storing oocyte/embryos. The quality of oocyte/ embryos is not compromised.



## TESA (Testicular Sperm Aspiration)

It is a surgical procedure of removing live sperms from testicular tissue under anaesthesia in patient with azoospermia (No sperms in semen).



## Our Team



We found ourselves at the IVF centre in 2019/20, because well, life is what it is.

There were questions, there was fear, there were inhibitions, there was worry. All the sentiments one might normally experience in such a situation!

What helped however, was the person guiding us through it, and her entire team. Her patience, her compassion, and her understanding helped us through this. As did her team's support and cooperation.

As I look at it in retrospect, it doesn't matter how we had the baby, for he is a blessing either way. And we have him thanks to Dr. Mugdha and her team.

I would recommend the IVF centre to people who've their set of difficulties. It is after all the right people that make the journey a good one!



## Procedures in Focus

# Intravascular Imaging



**O**ptical Coherence Tomography (OCT) in coronary intervention.

Coronary angiography is the standard modality of assessment of coronary artery disease, but it is a 2-dimensional representation of the lumen. This limitation led to the development of new intravascular imaging techniques which can directly visualise atherosclerotic plaques & stents.

Intravascular ultrasound (IVUS) and optical coherence tomography (OCT) are the two commercially available and commonly used intravascular imaging technologies in India.

Intravascular imaging guidance improves outcomes by adequately informing clinicians of the actual vessel size, the landing zones to guide stent length selection, the plaque morphology to guide debulking strategies, identify PCI complications (edge dissection, stent malapposition) and mechanisms of stent failure (stent thrombosis/ under expansion/ fracture, neointimal hyperplasia or neoatherosclerosis).

### What is OCT?

Optical Coherence Tomography (OCT) is an imaging modality that uses near-infrared light (USES LIGHT, NOT SOUND) to provide high-definition images.

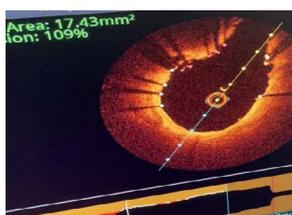
Image acquisition is fast; images acquired are sharp, detailed and easy to interpret.

OCT allows direct imaging of tissue with high precision allowing assessment of the lesion characteristics and plaque morphology for coronary artery disease. It provides an automated and accurate measurement to help guide stent selection, placement, and deployment.

### The main applications of the OCT system are:

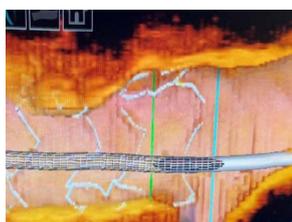
**Atherosclerotic plaque assessment-** to visualise a thin fibrous cap atheroma (rupture of thin fibrous cap atheroma is the cause of myocardial infarction in majority of the young population), calcium, plaque rupture, dissection of artery and intramural coronary hematoma.





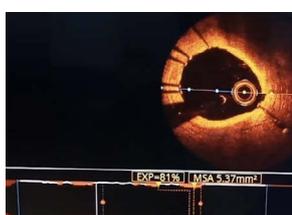
**OCT image showing an atherosclerotic plaque**

**Stent struts coverage and apposition assessment, and in-stent restenosis evaluation-** in case of restenosis of the stent, OCT guidance helps to approximately size the vessel & to know an under-expanded stent beforehand.



**OCT image showing the well-approximated stent struts**

PCI guide and optimisation



**3 D OCT image of well opposed stent**

OCT is commonly used in Left main artery & in bifurcation PCIs. In both Left main artery & bifurcation PCIs OCT helps in accurate stent sizing and positioning, in re-crossing the wire through stent struts in bifurcation PCIs and to visualise the neocarina formation.

**OCT image showing a well-approximated stent with a good neocarina formation in bifurcation angioplasty.**

**Strengths and Limitations of Optical Coherence Tomography**

Strengths	Limitations
High resolution (axial 10–20 μm, lateral 20–40 μm).	Low tissue penetration (approximately 2 mm)
Reliable evaluation of coronary anatomy, lumen area and lesion severity.	The need for contrast injection.
Detailed assessment of plaque composition and distribution.	Risk of SB dissection (if vessel is small).
Improved planning of the appropriate revascularisation strategy.	Difficult evaluation of large vessels (improved by 3D OCT).
A valuable guide for SB rewiring.	Difficult evaluation of SB Ostium.
Accurate detection of stent under-expansion, stent strut malapposition and stent edge dissection.	The need for specific training.
	High cost.



**Dr. Ashish Trivedi**

Associate Consultant - Cardiology

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for  
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6 days (follow up)

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- Cancer Rehabilitation
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- Post Covid Rehabilitation
- Electrotherapy
- Urological Rehabilitation
- Geriatric Rehabilitation
- Gynaecological(ANC, PNC)  
& Obstetric Rehabilitation
- Dermatological Conditions & Burns



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(Mon-Sat 8.00 AM-8.00 PM)



## Spotlight

### Eight month old suffering from rare spinal deformity undergoes successful surgery at KEM Hospital, Pune

A team of doctors under the leadership of senior neurosurgeon Dr. Nitin Londhe successfully conducted a complicated surgery on an eight month old baby (female) suffering from **Lehmann syndrome or Lateral Meningocele Syndrome**.

This is an extremely rare hereditary connective tissue disorder. The surgery was conducted simultaneously on the spine as well as the abdomen to correct the problem. The team of treating doctors included by Paediatric Surgeon Dr. Abhijit Benare, Paediatric Neurologist, Dr. Abhijeet Botre and Anaesthetist Dr. Shailendra Kanade along with Dr. Nitin Londhe.

Explaining the case, Dr. Nitin Londhe, Senior Neurosurgeon, KEM Hospital, Pune said that **Lehmann syndrome or Lateral meningocele syndrome** is an extremely rare hereditary condition which affects the growth of spine and nerves. Lateral meningoceles are protrusions of the membranes surrounding the spinal cord (known as the meninges) through gaps in the bones of the spine. Most of the times the deformity is seen on the back, but in this case it was inside of the back and also in the abdomen. This can be diagnosed only with proper tests. The child was suffering with visible weakness in one of her legs. An MRI suggested that the child was suffering from this rare syndrome. This is a mechanical deformity and can't be cured with medicines. Surgery was the only way forward. Some children with such deformities are affected at an early age, while others may be affected when they turn 10-12 yrs of age. We conducted a reconstruction and repair surgery on the child.

Dr. Londhe was joined by KEM's paediatric surgeon Dr. Abhijit Benare. The protrusion in the spine was about 5x5 cm while in the abdomen it was 5cm x2cm. While Dr. Londhe operated on the spine and Dr. Benare removed the protrusion present inside the abdomen.

This was a complex surgery that lasted for about five hours.

Since the child was very small, any excess amount of bleeding would have been a grave risk. Also while making the incision, utmost care was taken not to disturb the surrounding organs which are very fragile at this age to mitigate the possible risk, technical assistance of microscope was taken. Also monitoring was done during the surgery.

Dr. Londhe added that with age, later deformities may need corrective surgeries. In this case currently we feel we have removed all the deformities, but taking into account the possibilities in future, we would ask the parents to come for periodic follow up. We are happy that the baby is playing on her mother's lap and is ready to go home.

"It is the timely diagnosis and treatment of such deformities which is left untreated can result in damage of nerves that control the lower part of the body", said Dr. Londhe. According to the available scientific literature or peer reviewed journals, **Lehmann Syndrome or Lateral Meningocele Syndrome** is a very rare condition and in India, this has been reported only about 12 times before this.



## Congratulations!

**Kalyani Salve, Priyanka Endal, Nandini Dave Maingji and Dr. Neelam Vaid**

as your article entitled "**Adaptation and validation of the common object token test to the marathi language and its applicability to paediatric cochlear implant recipients has been published in**" Journal of Indian Speech Language and Hearing Association.

[Link for the publication](https://www.jisha.org/text.asp?2021/35/1/8/319519)

<https://www.jisha.org/text.asp?2021/35/1/8/319519>



**Dr. Samrat Shah, MD-Internal Medicine, has joined us as a full time Junior Consultant Physician.**



Dr. M.A. Parasnis is an excellent consultant as always. All the Nursing Home 3<sup>rd</sup> floor sisters especially Amolik Sister, Sheela Sister are very helpful. All Mama and Mavshi's especially Narayan Mama are very helpful and co-operative.

**- A patient from Nursing Home, 3<sup>rd</sup> Floor**



## Video Gallery



Listen to our Child Psychologist, Mrs. Bindu Patni, on what KEM has to offer parents and children to help them achieve better mental health, and provide effective parenting tips. This #WorldLiverDay let's take a pledge to take care of our liver and adopt a healthy lifestyle.



Listen to him talk about his journey and experiences, and his views on the current pandemic.



Listen to him talk about his journey and experiences, and his views on the current pandemic.



Listen to him talk about his journey and experiences, and his views on the current pandemic.

 **Health Awareness Communication**

World Population Day

**WORLD POPULATION DAY**  
Family planning programmes support the availability of contraceptives and dismantle barriers to services, thus empowering women to govern their own bodies.  
**The solution to shifting fertility rates lies in prioritising the reproductive health and rights of all people, especially women.**



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Quality and ethics in patient care

World IVF Day

**Delivering Happiness** The IVF Centre at KEM Hospital, Pune makes your journey to parenthood easier

**Infertility Evaluation**  
Assessment and counselling  
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3-D Ultrasound  
**Andrology Services**  
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Sperm DNA fragmentation test  
IUI / Donor IUI  
Semen freezing  
Electro-ejaculation  
PESA / TESA / TESE

Oocyte / Embryo freezing  
IVF / ICSI / PICSI  
Blastocyst transfer  
ERA / PRP

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020- 6603 7385  
Mon to Sat 9.00AM - 5.00PM



**WORLD IVF DAY**  
25<sup>th</sup> July 2021

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Quality and ethics in patient care

World Hepatitis Day

**The Hepatitis B vaccine can prevent your child from liver diseases later in life**



**HEP CAN'T WAIT!**  
World Hepatitis Day  
28<sup>th</sup> July 2021

Always complete the full series of 3 shots of Hepatitis B for maximum potency

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