



inf+KEM

FEBRUARY
2022

Vol. 80



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Utility of Genetics in Reproductive Failure



Reproductive failure is a continuum, which can be defined by inability to conceive or carry the pregnancy to term. This umbrella term includes sub-fertility, implantation failures in IVF and/ or pregnancy losses

It is the most common clinical presentation in reproductive age group as:

- 10-15% couples present with sub-fertility
- 50-70% spontaneous conceptions never become clinically apparent
- 15-20% clinically apparent conceptions result in miscarriage/pregnancy loss
- 2-5% of couples face recurrent pregnancy losses
- 70% of embryos transferred during IVF fail to implant and it is estimated that 10-15% of couples undergoing IVF, face recurrent implantation failures

A clinical and genetic evaluation is important because:

- Family may have anxiety, guilt or fear of another pregnancy
- In case an etiological or contributing factor is identified, an appropriate counseling and management can be offered
- Etiological classification for all the subgroups of reproductive failure is overlapping and a genetic evaluation is essential in most of the cases because:
 - Upto 2-10% of couples with sub fertility have chromosomal abnormalities (mainly numerical sex chromosomal abnormality or a balanced chromosomal rearrangement)
 - 90% cases of implantation failures and 50-70% early pregnancy losses (<12 weeks) are due to chromosomal anomalies in the embryos/conceptus



- 2-5% of couples dealing with recurrent IVF implantation failures or recurrent pregnancy losses have balanced chromosomal rearrangement. These individuals are phenotypically normal, however may produce genetically imbalanced gametes

Key Genetic testing in reproductive failure:

- Karyotype of the couple must be done in every couple undergoing IVF to identify chromosomal aberrations
- Genetic testing of the conceptus in the case of spontaneous miscarriage should be considered to look for microscopic or submicroscopic chromosomal aberrations. Microarray is the method of choice in such cases
- Advanced genetic testing like exome sequencing or preimplantation genetic screening has limited utility in sub fertility/recurrent implantation failures or recurrent miscarriages and must be discussed with a medical geneticist

KEM Hospital is proud to help raise awareness for thyroid diseases and encourages everyone experiencing symptoms to ask for an evaluation.



Dr. Meenal Agarwal
Consultant, Medical Genetics



Musculoskeletal Oncology

As the name suggests it deals with both benign and malignant lesions of muscle and bone. Primary bone malignancy accounts for just 1% of all malignancies. Other lesions are in form of metastatic lesions and benign bone lesions which makes a large cohort of patients.

The common primary bone malignancies are:

- Osteosarcoma
- Ewings sarcoma or peripheral neuroectodermal tumours
- Chondrosarcoma

A special note of multiple myeloma, although it arises in bone and presents with bony symptoms it is classified into haematological malignancies. Most of these are a result of mutation and no causative factor has been identified.

Age distribution:

- Osteosarcoma usually presents between 7-25 and after 60 years of age
- Ewings presents between 10-20 yrs of age
- Chondrosarcoma presents late in adulthood after 40 years of life.

Symptoms:

- Pain and swelling in the affected area
- Difficulty in functioning
- Pathological fractures
- Common sites for Metastasis- lungs, skeletal metastatic, abdominal organs
- Brain metastasis in case of Ewings.



Dr. Prafulla Rawate
Associate Consultant,
Orthopaedic Oncology

The treatment involves surgery, chemotherapy and radiotherapy. The non -metastatic lesions have about 70 -80% of 5 year survival rate for osteosarcoma and Ewings sarcoma. Chondrosarcoma has about 60% 5year survival rate. But with metastatic lesion it reduces to 20-30%.

The mainstay of successful treatment is early and accurate diagnosis, staging of the disease and adherence to treatment.



DR. YASH SHAH

has been re-appointed as a Panel consultant- Orthopaedic Surgery.



DR. VISHAL PATIL

has joined us as a Full-time Consultant, Cardiology



DR. SHIVANI JADHAV

has joined as a Full-time Dentist
OPD Timing:
Monday – Friday, 10.00 AM – 7.00 PM &
Saturday, 10.00 AM – 5.00 PM

Get your booster dose

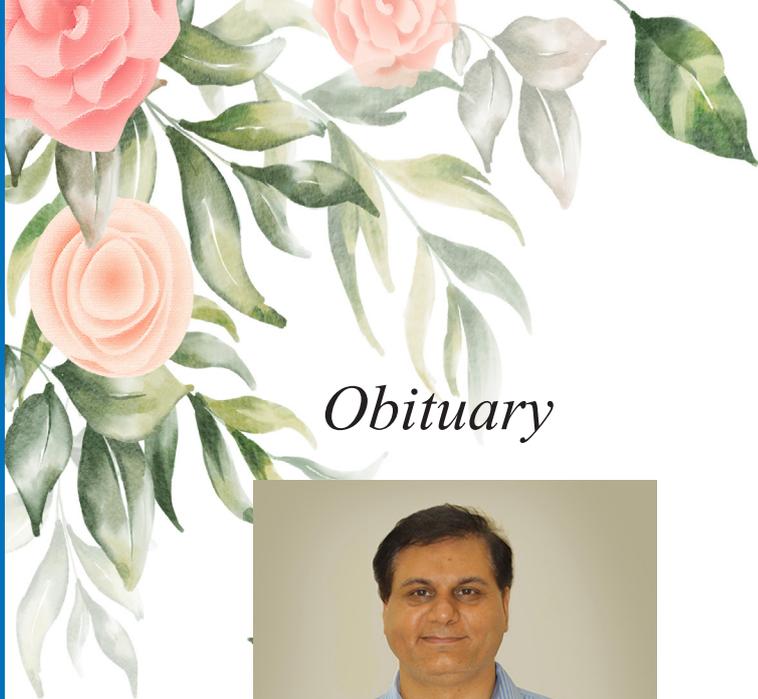
Bring the certificate of your second dose with you.

KEM Hospital PUNE
Quality and ethics in patient care

Beneficiaries aged 60+ who have completed 9 months after their 2nd dose of vaccination with Covishield or Covaxin can book a Precaution (Booster) dose of the same vaccine with the

KEM Vaccination Centre
KEM HOSPITAL PUNE
Gate 1
Opp. Diamond Jubilee Bldg.
489 Rasta Peth
Sardar Moodliar Road
Pune 411 011

To book your dose
please call **+020 6603 7544**



Obituary



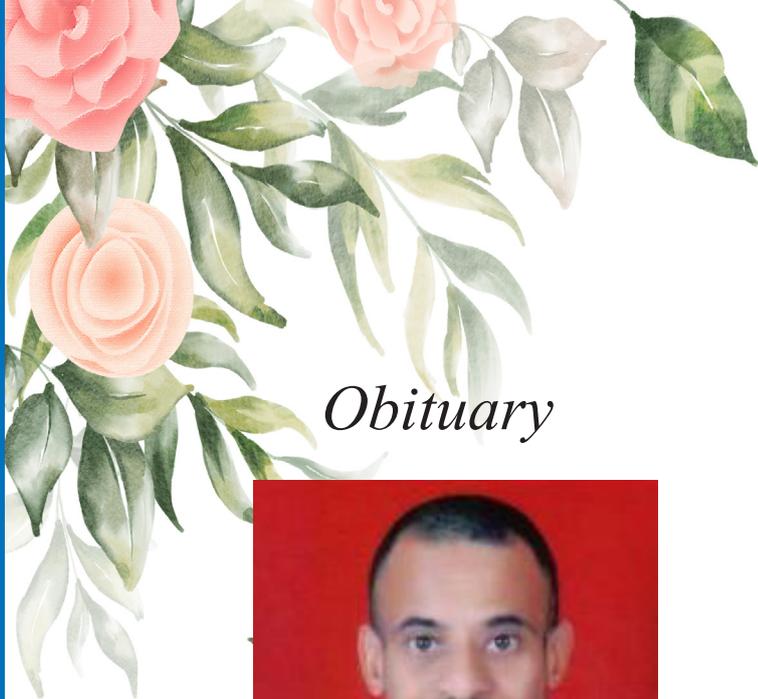
DR. SAJID TAMBE

It is with deep sadness that we mourn the tragic loss of our colleague Dr. Sajid Tambe.

Dr. Tambe worked at KEM Pune for over 20 years with dedication and loyalty. Apart from his core area of Radiology, he was of tremendous help to colleagues across departments in so many other ways.

It is hard to imagine that one will no longer see Sajid in the corridors of the hospital.

The ever present smile that defined him will be sorely missed by all of us.



Obituary



MANOJ POPHALE

We are deeply saddened by the tragic and untimely death of Manoj Pophale.

Manoj joined KEM in August 2006 and was working as a Ward Assistant in the Paediatric Ward.

Despite his end stage kidney disease, Manoj was determined to continue working - something that all of us respected and admired.

We lost Manoj on the 16th of February to a massive heart attack while he was at work.

His loss continues to be keenly felt.

 ACHIEVEMENTS



Congratulations to DR. ANAND ALURKAR who is elected as President-Elect of Indian Stroke Association (ISA). Glimpses of a small celebration for his achievement:



We are proud to share that **DR. NIVEDITA PANDE**, Senior Resident in Paediatric Nephrology, Renal Unit, has successfully completed The International Society of Nephrology-American Nephrologists of Indian Origin Basic Clinical Nephropathology Certificate Programme.



EVENTS AND ACTIVITIES

Programme for Cancer Affected Children & Families



Academy of Paediatrics & KEM Hospital in association with Lions Club International District 3234 D2had arranged activities for cancer-affected kids & families.

Dr. Pramod Kulkarni, Executive committee member Maharashtra IAP, Dr Lalitkumar Dhoka, District Chairperson Childhood Cancer Lions International District 3234D2 & Joint Treasurer IAP, Pune Branch & Ln Vijay Rode graced this occasion.

Dr. Madhur Rao (Sr. Dy. Medical Administrator), Dr. Anand Pandit (Director & Consultant, Paediatrics & TDH Centre), Dr. Madhumati Otiv (HOD & Consultant, PICU), Dr. Sudha Chaudhari (Consultant, Paediatrics), Dr. Kannan Subramanian (Associate Consultant, Haematology), Dr. Sarita Kokane, (Consultant, Paediatric Haemato – Oncology) and Medical Social Worker, Ms. Jyoti Pillay were also present for the event.

Around 35 children participated in a drawing competition. Parents also shared their experiences through essays and few parents also personally shared their experiences during the event. Best drawings & essays were given appreciation prizes.

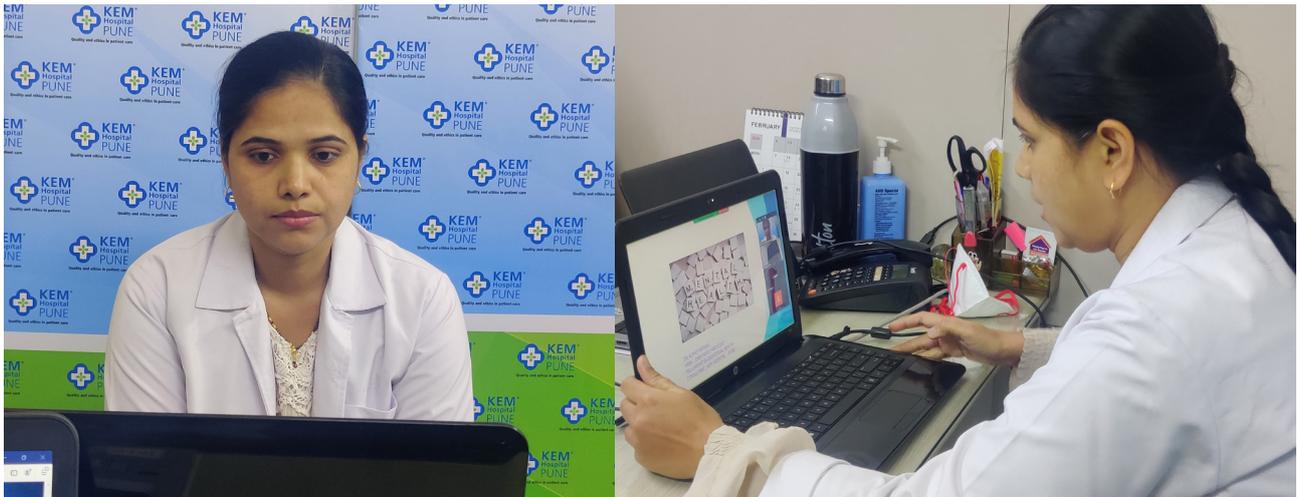
Some excellent portraits of extraordinary talented cancer warrior kids were also showcased. Outstanding drawings & essays were given appreciation prizes. All kids and parents were given goodwill gifts.

The aim of the programme was to send a positive message to all the cancer affected families.



Webinar on Mental Health and Healthy Diet

A webinar was conducted on 19 Feb 2022, on Mental health and Healthy diet for a corporate employees of Visista Insurance Broking Services Pvt. Ltd. Highlighting the causes and early signs of mental abnormalities, types of mental disorders and measures to overcome them in early phases. Special emphasis on the need for a balanced diet and tips on healthy lifestyle were explained by Dr Almas Pathan.



Blood Donation Camp

On 8th February, KEM Blood Bank in association with Shree Shankar Maharaj Trust, Satara Road, Dhankawadi, Pune had arranged the blood donation camp. It was initiated by Mrs. Sivakamasundari Balsubramanian with the help of Mr. Pratap Bhosale, Mr. Ram Bangad. Around 80 donors donated the blood.



मंगळवार, १५ फेब्रुवारी २०२२

पुढागी ७

रक्ताचा कर्करोग मुलांमध्ये जास्त

वेळेत उपचार केल्यास बरा होण्याचे प्रमाणही ९० टक्के

ज्ञानेश्वर भोंडे

पुणे : लहान मुलांमध्ये इतर अवयवांच्या कर्करोगांपेक्षा रक्ताच्या कर्करोगाचे (कॅन्सर) प्रमाण जास्त दिसून येत असल्याचे कर्करोगतज्ज्ञांचे निरीक्षण आहे. मात्र, वेळीच उपचार घेतले तर तो बरे होण्याचा दरही ९० टक्के इतका असल्याचे त्यांचे मत आहे.

बालकांमधील कॅन्सरबाबत जनजागृती करण्यासाठी दरवर्षी १५ फेब्रुवारी हा जागतिक बालकर्करोग दिन म्हणून पाळला जातो. बालकर्करोग ही सर्वसामान्य समस्या आहे. मात्र, कॅन्सर झाला म्हणजे तो बरा होईल की नाही, याबाबत सर्वसामान्य नागरिकांमध्ये संभ्रम असतो. बदललेले औषधोपचार, निदानपद्धती यामुळे हा कर्करोग लवकर बरा होतो, अशी माहिती बालकांवर उपचार करणारे कॅन्सरतज्ज्ञ देतात.

याबाबत अधिक माहिती देताना बालकांचे कॅन्सरतज्ज्ञ डॉ. समीर मेलीनकेरी म्हणाले, 'मुलांमध्ये प्रामुख्याने रक्ताचा कॅन्सर दिसून येतो. गेल्या काही वर्षांत या प्रकारच्या बालरुग्णांमध्ये वाढ होत असल्याचे



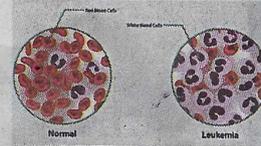
दिसून येत नाही. मात्र, या प्रकारच्या कॅन्सरवर केमोथेरपी हा उपचार प्रभावी आहे. त्याचबरोबर आता प्रगत आणि आधुनिक उपचार उपलब्ध झाले आहेत. प्रभावी औषधेही आली आहेत. त्यामुळे ल्युकेमियाचे ९० टक्के, तर लिम्फोमाचे

७० ते ८० टक्के रुग्ण बरे होताना दिसून येतात. मुलांना ताप, थकवा येणे, नाकातून-तोंडातून-संडासावाटे रक्तस्राव होणे, शरीरात गाठी येणे ही कॅन्सरची लक्षणे असू शकतात.'

कॅन्सरचे उपचार महागडे असले, तरी बहुतेक खासगी रुग्णालयांत महात्मा फुले जन आरोग्य योजना उपलब्ध आहे. त्याद्वारे मोफतही उपचार होऊ शकतात. पुणे जिल्ह्यात भारती हॉस्पिटल, कर्वे रस्त्यावरील गॅलेक्सी हॉस्पिटल, पिंपरीचे डॉ. डी. वाय. पाटील हॉस्पिटल, सरकारीमध्ये ससून हॉस्पिटल येथे या बालरुग्णांवर मोफत किंवा अत्यल्प दरात उपचार होऊ शकतात.

लहान मुलांमध्ये रक्ताचा कॅन्सर असला, तरी तो बरा होण्याचा दरही तितकाच चांगला आहे. याबरोबरच मुलांमध्ये मेंदू, किडनी, हाडे अशा वेगवेगळ्या अवयवांमध्ये कॅन्सर असल्याचे रुग्ण दिसून येतात. मुलांचे कॅन्सर उपचार जेथे उपलब्ध आहेत, तेथे केलेले अधिक चांगले. कारण, मोठ्यांसारखी उपचारपद्धती येथे चालत नाही. प्रत्येक उपचारांची पद्धत वेगळी, प्रकार वेगळे असतात.

- डॉ. शैलेश कानविंदे, लहान मुलांचे कॅन्सरतज्ज्ञ, दीनानाथ मंगेशकर हॉस्पिटल



ही आहेत रक्ताच्या कॅन्सरची लक्षणे

- हिमोग्लोबीन, पांढऱ्या रक्तपेशी व प्लेटलेट कमी होणे
- वारंवार ताप येणे व नेहमीच्या औषधांनी बरा न होणे
- तोंड, नाकातून रक्त येणे, मानेत- काखेत गाठी येणे
- महिनाभरात लक्षणे दिसतात

मुलांमध्ये ८५ टक्के रक्ताचा कॅन्सर असतो. १० टक्के नेहमीचा, तर ५ टक्के दुर्मिळ कॅन्सर असतो. पंधरा वर्षांपूर्वी मुलांमधील कॅन्सर बरा होण्याचे प्रमाण २० टक्के होते ते आता तब्बल ९० टक्क्यांवर आले आहे. पहिले सहा महिने सलग उपचार व पुढे उपचारांची तीव्रता कमी होत जाते. कॅन्सर बरा झाल्यानंतर पाच वर्षांपर्यंत परत होण्याची शक्यता (रिलॅप्स) असते. पाच वर्षांनंतर पूर्ण धोका जातो. ब्लड उपचारांचा खर्च ५ लाखांपर्यंत (पाच वर्षांमध्ये टप्प्याटप्प्याने) येतो. त्यासाठी विविध योजना आहेत.

- डॉ. सारिका कोकणे, मुलांच्या कर्करोगतज्ज्ञ, केईएम हॉस्पिटल, पुणे

जागतिक बाल कर्करोग दिन विशेष



**UNDERSTANDING
EPILEPSY**



 For more information call **020 6603 7460**
020 2621 7460

Quality and ethics in patient care



<https://fb.watch/bIZdDG2HPN/>

 World Cancer Day
4 February

**Let us
Close the care
gap**



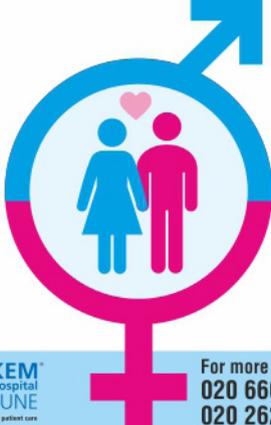
 For more information call **020 6603 7460**
020 2621 7460

Quality and ethics in patient care



<https://fb.watch/bIM2hGFSAb/>

**Good sexual and reproductive health
can improve the quality of your life**



 For more information call **020 6603 7460**
020 2621 7460

Quality and ethics in patient care