

# infoKEM 2024

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2024 NOVEMBER





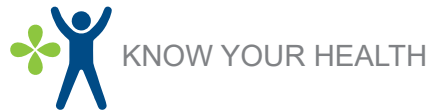
## Autoimmune Encephalitis New horizon of treatable seizures

During the past 2 decades, there has been a dramatic growth in the recognition of autoimmune encephalitis. The most common autoimmune encephalitis syndromes are associated with antibodies against

- Leucine-rich glioma inactivated protein 1 (LGI1),
- N Methyl D Aspartate ( NMDA) Receptor
- Contactin -associated protein like 2 (CASPR2),
- $\gamma$ -aminobutyric acid (GABA)<sub>A</sub> or GABAB receptors, and
- Myelin oligodendrocyte glycoprotein (MOG).

### Diagnostic Criteria for Possible Autoimmune Encephalitis

Diagnosis can be made when all three of the following criteria have been met



1. Subacute onset (rapid progression of less than 3 months) of working memory deficits (short-term memory loss), altered mental status or psychiatric symptoms.
2. At least one of the following
  - New focal central nervous system findings
  - Seizures not explained by a previously known seizure disorder
  - CSF pleocytosis (white blood cell count of more than five cells per mm<sup>3</sup>)
  - MRI features suggestive of encephalitis
3. Reasonable exclusion of alternative causes.

## 1) NMDA RECEPTOR ENCEPHALITIS

Antibodies against the excitatory NMDA receptor preferentially target the NR1 subunit of this heteromeric channel.

NMDA receptor encephalitis presents with a diffuse encephalopathy that predominantly affects females more than males (3:1) and approximately 50% of patients with this condition are younger than 18 years, including some younger than 1 year.

Ovarian teratomas are associated commonly in young females while malignant tumours are seen in elderly patients.

### PSYCHIATRIC FEATURES

The presentation includes core features of agitation, aggression, hallucinations, delusions, anxiety, mutism, and insomnia, with many patients exhibiting all or many of these features. These features which can often lead to patients initially presenting to psychiatric services and being misdiagnosed.

### NEUROLOGIC FEATURES

In particular, patients with this condition can develop seizures and cognitive dysfunction in the early days of their disorder.

Adults typically develop a movement disorder after approximately 1 or 2 weeks. This Usually is a highly complex movement disorder, often incorporating elements of chorea, stereotypies, and dystonia in individual patients.

### Investigations

The routine MRI is typically and surprisingly normal in most patients with NMDA receptor encephalitis, particularly given the severe clinical presentation. Other patients show typical limbic encephalitis involving medial temporal lobes.

However, functional imaging, including imaging of white matter tracts, shows substantial deficits. CSF usually shows lymphocytic pleocytosis, and EEG typically demonstrates slowing.



## 2) CASPR2 ANTIBODY DISEASE

CASPR2 antibodies are associated with one of the more common forms of autoimmune encephalitis. Patients with CASPR2 antibodies have two broad syndromes affecting the brain:

- (A) a limbic-predominant encephalopathy and
- (B) Morvan syndrome.

Both affect males far more than females.

### A) Limbic -predominant encephalopathy

Patients with a more limbic encephalopathy and CASPR2 antibodies have prominent disorientation, amnesia, seizures, usually no other coexistent antibodies, and low rates of an underlying neoplasm. A variety of movement disorders may be observed in patients with CASPR2 antibodies.

Most commonly these include ataxia, myoclonus, and tremor in addition to the otherwise unusual syndromes of paroxysmal ataxia and orthostatic leg myoclonus.

### B) Morvan syndrome

This is characterised by the presence of

- severe autonomic dysfunction (especially hyperhidrosis and cardiovascular instability);
- insomnia;
- peripheral nerve hyperexcitability (often neuromyotonia); and a behavioural syndrome,
- with few seizures but prominent psychiatric impairments including hallucinations, agitation, and delusions occurring at higher rates than in CASPR2 antibody-associated encephalopathy.

### Investigations

CSF and MRI are often normal in patients with CASPR2 antibody disease.

EEG will reflect the presence of encephalopathy in most patients.

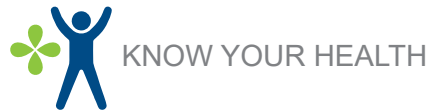
The detection of peripheral nerve hyperexcitability by needle EMG is a specific feature and markedly narrows the differential diagnosis.

CASPR2 antibodies have been reported as frequently positive in disease controls when commercially available kits are used; however, higher titres and their presence in CSF help mitigate this rate of false-positive serum results.

## 3) LGI 1 ENCEPHALITIS

Patients with LGI1 antibodies are more commonly male than female (2:1), and few patients younger than 50 years present with these antibodies. The median age of onset is approximately 65 years, and some patients present in their nineties. Usually associated with tumours, mostly thymomas and small cell lung carcinomas.

### Seizures



The hallmark of LGI1 encephalitis is the nature of the seizures.

These patients have among the highest frequencies of seizures in neurology, with some experiencing several hundred per day at their disease nadir.

Although these seizures can include common mesial temporal lobe features such as automatisms and epigastric rising sensations, there are more specific patterns, including

- piloerection,
- thermal sensations and
- paroxysmal dizzy spells, and
- the pathognomonic description of Facio brachial dystonic seizures.

The term Facio brachial dystonic seizures was coined to describe short-lived (typically <2 seconds) dystonic posturing of the arm (approximately 100%), face (approximately 90%), and sometimes leg (approximately 40%) that occurs tens to hundreds of times per day. The phenomenology of the motor aspect is especially key to recognise because it is slower and more dystonic than cortical myoclonus, it is not associated with the pain of tonic spasms.

### **Cognition**

In addition to seizures, amnesia is another key feature associated with LGI1 encephalitis.

Most patients develop dense anterograde amnesia, consistent with bilateral hippocampal involvement, and some retrograde gaps that do not follow a clear temporal gradient.

Also, alterations in personality, elated or depressed mood, and heightened emotionality are observed in the acute phase.

### **Investigations**

In patients with LGI1 encephalitis, investigations are often unremarkable.

CSF testing typically shows normal white blood cell counts and normal protein levels.

MRI can show hippocampal-amygdala hyperintensity on T2-weighted imaging and basal ganglia can be involved too, especially in patients with Facio brachial dystonic seizures.

EEG often shows clinical and subclinical seizure activity with mildly slowed background rhythms.

One additional feature of this condition is low serum sodium in approximately one-half of patients, which can be a very helpful clue.

### **4) GABA-B Receptor and AMPA Receptor Antibodies**

GABA-B receptor and  $\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazole propionic acid (AMPA) receptor antibodies are typically associated with classic forms of limbic encephalitis:

an acute-to-subacute onset of amnesia,  
seizures, and

MRI changes, typically with mesial temporal lobe swelling and T2 hyperintensity on T2-weighted and fluid-attenuated inversion recovery (FLAIR) MRI sequences.

### **5) GABA-A Receptor Antibodies**

GABA-A receptor antibody disorders present with a more diffuse, and less limbic centric,



encephalitis, consistent with the characteristic multifocal cortical and subcortical lesions observed on T2-weighted MRI sequences.

The MRI appearance of these lesions is very suggestive of the underlying antibody, providing a diagnostic feature with high specificity likely to be available before antibody testing results.

## 6) Glycine Receptor Antibodies

Patients with antibodies against the glycine receptor develop an encephalopathy typically associated with prominent auditory and tactile startle responses, spasms, stiffness, and myoclonus in addition to brainstem ocular motor and bulbar disturbances, pyramidal signs, and dysautonomia.

This disorder, sometimes termed progressive encephalomyelitis with rigidity and myoclonus, can affect patients from a wide range of ages spanning the very young to the very old and equally affects males and female.

## 7) DPPX Antibodies

Patients with antibodies to DPPX, a protein expressed in the enteric plexus in addition to the brain, often present with striking gastrointestinal features of diarrhoea, significant weight loss (median of 20 kg [44 lb]), and constipation.

These patients develop an encephalopathy, often with prominent myoclonus, seizures, brainstem features, and tremor, and many show marked improvements after immunotherapies. B-cell lymphoma is a recognised, albeit relatively uncommon, association.

## 8) MOG Antibodies

Antibodies against MOG were originally recognised in the setting of classic demyelinating features of optic neuritis and myelitis within the neuromyelitis optica spectrum, in addition to acute disseminated encephalomyelitis (ADEM).

Since this observation, it has become recognised that MOG antibodies can also be found in patients with more cortically restricted encephalitis (often termed cerebral cortical encephalitis).

ADEM -

is an encephalopathy that particularly affects children, who develop confusion and seizures. It shows white and deep gray matter imaging abnormalities and 50% of patients are now known to be MOG antibody positive.

the more cortical encephalitis-

associated with MOG antibodies is known as unilateral cortical FLAIR hyperintense lesions in anti-MOG-associated encephalitis with seizures (FLAMES) and is characterised by an encephalitis in the context of unilateral or bilateral cortical hyperintensities.



## SYNDROMES ASSOCIATED WITH ANTIBODIES TO INTRACELLULAR TARGETS

### 1)GFAP Antibodies

A commonly detected antibody in routine neurologic practice is directed against GFAP. GFAP antibodies are found in a wide spectrum of conditions encompassing various forms of encephalitis, meningitis, and myelitis.<sup>52</sup> One associated radiologic finding is the striking perivascular radial enhancement seen in around one-half of patients.

### 2)GAD65 Antibodies

Antibodies against GAD65, which are likely nonpathogenic, are another commonly detected antibody. GAD antibodies can help the diagnosis of a variety of neurologic syndromes like stiff person syndrome.

## TREATMENT

### A)Immunotherapy

Its mainstay of treatment.

#### 1)First-line Immunotherapies

##### a)High dose corticosteroids

Most patients are initially treated with high-dose corticosteroids, either intravenously or orally. In some forms of autoimmune encephalitis, the response to steroids can be dramatic. Steroids are often combined with either plasma exchange or intravenous immunoglobulin (IVIg); both are considered first-line agents.

##### b) Intravenous Immunoglobulin

Although the effect of IVIg was superior to that of placebo, both in terms of seizure cessation and improvement in cognition, the magnitude of the effect was relatively disappointing, suggesting that corticosteroids are still the preferred treatment.

##### c) Plasma Exchange

Plasma exchange is a proven intervention in diseases of the peripheral nervous system, but its value in central nervous system antibody-mediated diseases is perhaps less intuitive.

##### d) Tumour removal

Although only an option in a small proportion of patients with autoimmune encephalitis, effective tumour removal can help remove a key generator of autoantigen-reactive lymphocytes, hence





terminating a potential driver of the condition.

### **B) Second- and Third-line Immunotherapies**

The key second-line immunotherapies are rituximab and cyclophosphamide.

### **C) Third-line immunotherapies,**

including tocilizumab and bortezomib, have also been discussed in the literature, particularly in patients with NMDA receptor and seronegative forms of autoimmune encephalitis

In this clinical context, patients who are refractory to first- and second-line therapies may be administered another set of agents.

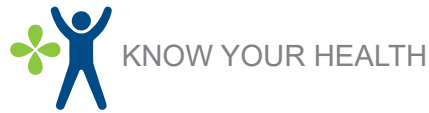
Of course, this theoretically puts patients at high risk of infection and combinatorial immunotherapy complications.

However, it may be necessary in some of the patients with more refractory autoimmune encephalitis.



**Dr. Dhairyashil Saste**

Associate Consultant - Neurology



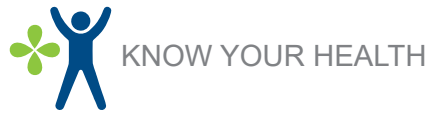
## Bipolar cord occlusion helps save a baby in a complicated case of Monoamniotic twins

Doctors at KEM Hospital, Pune perform one of the rarest procedures in India

A 'Bipolar cord occlusion procedure' performed by a team of doctors at KEM Hospital, Pune helped reduce ongoing complications in the pregnancy of Monoamniotic twins. A team of doctors treating this case comprised of Dr. Manikandan Krishnan, fetal surgeon and fetal medicine consultant at KEM Hospital, Pune, Dr. Shweta Gugale, Fetal Medicine Expert along with Gynaecologist Dr. Xerxes Coyaji, Medical Director, KEM Hospital and Dr. Shreepad Karhade HOD & Associate Consultant - Fetal Medicine at KEM Hospital.

Dr. Shweta Gugale, Fetal Medicine Expert at KEM Hospital, Pune said that the expectant mother, a nurse from peripheral areas in Satara District was diagnosed with Monoamniotic twins with one baby which was severely growth restricted and abnormal doppleron ultrasound imaging in the 21st week of pregnancy.

Monoamniotic twins is a rare and complicated situation where both the babies are at a risk of fatality. Fetal intervention procedure can help save the normally developing baby. In this both foetuses occupy the same sac and share a single placenta. The diagnosis is made by



ultrasound imaging. Due to one placenta, these babies have a vascular connection which are called anastomosis and blood flows from one baby to another and vice-versa. Dr Gugale added that in this case, one baby was small while the other baby was developing normally. The small one had a depleting blood supply which would eventually stop. But due to the vascular connection, the normally developing baby would start giving its blood to the other one. But this would also eventually stop ultimately leading to total pregnancy loss. The cord entanglement worsens the situation. The normally developing baby is also at a high risk. and if Bipolar cord occlusion procedure is not performed on the non-viable twin, then the chances of survival of the normal twin becomes very low. In such a situation, experts coagulate the cord near the abdomen (stop the blood supply to the small baby) with bipolar forceps and cut the cord to avoid further entanglement with fetoscopic laser procedure.

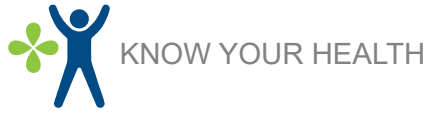
The clinical management of these pregnancies is challenging, there is high risk of unexpected fetal death (up to 15–20%) and or a high risk of brain injury in the surviving co twin. Dr. Gugale added that the option of therapeutic intervention was discussed with the family. The procedure (Bipolar cord occlusion with laser transection of umbilical cord of abnormal twin ) was done in two stages, the first involved coagulation of umbilical cord of the abnormal twin until cessation of blood flow and second involved Fetoscopy guided laser cord transection which is performed in a spot between the two coagulated areas. This results in sacrifice of the abnormal twin and hence increasing the chances of survival of co-twin.

The first 24 hours are extremely crucial for the co-twin. A doppler post 24-hour observation was normal. The mother was called in the next week and the neuro, heart scan and doppler of the baby was normal and the normal healthy pregnancy continues.

Dr. Shreepad Karhade HOD & Associate Consultant - Fetal Medicine at KEM Hospital said that addressing such rare and complicated cases require tertiary setup with multidisciplinary approach. The team in this case included experts from Obstetrics and Neonatal Departments and with the prime role of Fetal Medicine Department.

He added that KEM Hospital, Pune has state-of-the-art facilities at the Tata Centre for Reproductive Health which includes ART, Fetal Medicine, speciality twin unit and genetics all under one roof and has given benefits to lot of patients . Till date we have done around 25 fetal interventions in complicated cases with good results which demonstrate the expertise of handling high risk cases like intra uterine fetal blood transfusion, radio frequency ablation, interstitial laser ablation, fetoscopic laser ablation of blood vessel anastomosis, fetoscopic bipolar cord occlusion and cord transection, intrauterine partial exchange transfusion, fetal reduction etc

Dr Shweta Gugale said that apart from the procedure itself, the most challenging part is counselling the family. To our knowledge and according to published medical literature, this is probably the third case in India involving intervention in Monoamniotic twins.



### About Tata ART Centre at KEM Hospital, Pune

The Assisted Reproductive Technology (ART) / In-Vitro Fertility (IVF) Centre at KEM Hospital provides advanced comprehensive fertility treatment with cutting edge technologies. This department has helped countless couples achieve their dreams of becoming parents.

A team of best fertility experts, embryologists, endoscopy consultants and other experts ensure best outcomes and help patients achieve healthy and successful pregnancies.

The IVF department is a part of Tata Centre for Reproductive Health at KEM Hospital, Pune which offers comprehensive healthcare services for women in the reproductive age group. It encompasses IVF, Fetal Medicine and Medical Genetics.

Patient centric and compassionate care, renowned experts, state-of -the- art infrastructure, affordable prices and easy access of other multispecialty units makes it convenient for couples seeking ART treatments for infertility.

**तारुण भारत**  
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epaper.mahamtb.com

### बायपोलर कॉर्ड ऑक्लुजन यशस्वी

पुणे : केईएम रुग्णालय पुणे येथील फीटल मेडिसिन शाखाच्या टीमने बायपोलर कॉर्ड ऑक्लुजन प्रक्रिया आणि त्यानंतर इनयुटरो कॉर्ड ट्रान्सेक्शन प्रक्रिया यशस्वीरित्या करत मोनोमिनीऑटिक ट्विन्स ही स्थिती असलेल्या प्रसूतीमधील सुरु असलेली गुंतागुंत कमी करण्यात यश मिळविले आहे. प्रख्यात फीटल सर्जन व केईएम रुग्णालयामधील फीटल मेडिसिन कन्सल्टंट डॉ. मनीकंदन के. यांसह फीटल मेडिसिनतज्ञ डॉ. बेता गुगले, केईएम रुग्णालयामधील वैद्यकीय संचालक व स्त्रीरोगतज्ञ डॉ. सोहेल कोयाजी, फीटल मेडिसिन विभागाचे प्रमुख डॉ. श्रीपाद कऱ्हाडे तसेच केईएम रुग्णालयामधील सहयोगी सर्जगार डॉ. आशिनी जायभाये आणि डॉ. पूजा पाबळे यांचा समावेश होता. डॉ. बेता गुगले म्हणाल्या की, "रुग्णाला गर्भधारणेच्या २५व्या आठवड्यात अल्ट्रा साउंड चाचणीमध्ये मोनोमिनीऑटिक ट्विन्स या स्थितीचे निदान झाले."

### In rare surgery, doctors deploy laser to remove 'parasitic twin'

Steffy.Thevar  
@timesofindia.com

Pune: Doctors at the King Edward Memorial Hospital (KEM) in Pune performed a rare surgery recently, using lasers to cut off blood supply to a weaker foetus that was feeding off the healthier one. The beams were directed at the blood supply cord inside the uterus to ensure the healthy baby survived, the doctors said. The mother is a nurse from Satara district who was found carrying monoamniotic twins in an ultrasound taken during the 21st week of pregnancy. The scan showed that one baby was severely "growth-restricted" with an abnormal blood supply. "Since both babies were sharing an amniotic sac, most doctors would've recommended termination of pregnancy to prevent harm during delivery. But she didn't want to because this was her first pregnancy. So she came to us at 23 weeks," said Dr. Shweta Gugale, foetal medicine expert at KEM. "Monoamniotic twins are rare and

### WHAT ARE 'MONOAMNIOTIC TWINS'?

- > Simply put, monoamniotic twins are identical twins that share one amniotic sac, which is the fluid-filled pouch in the mother during pregnancy.
- > Such twins share a complicated situation in which both are at risk of death. Usually, identical twins each have their own amniotic sac.
- > Monoamniotic twins are rare, found in only 1% of identical twin pregnancies.



Since both babies were in one sac, most doctors would've recommended termination. But the mother didn't want to as this was her first pregnancy — Dr Shweta Gugale | KEM HOSPITAL, PUNE

ses occupy the same sac and share a single placenta. Due to one placenta, such babies have a vascular connection called anastomosis and blood flows from one baby to another and vice-versa. Dr Gugale said there have been only three such cases in the country in which specialists used lasers and bipolar cautery to save one foetus and 'reduce' the other. "The second foetus will naturally shrink and come out as a membrane during delivery of the healthy fetus," Dr Gugale said.

yaji, KEM's medical director, said their surgery was indeed a rare one. He said: "It had two stages. The first involved coagulation of the umbilical cord of the abnormal twin until cessation of blood flow and the second involved laser cord transection, which is performed in a spot between the two coagulated areas. This results in a sort of sacrifice of the abnormal twin, for the co-twin's survival."

### बायपोलर कॉर्ड ऑक्लुजन ही भारतातील दुर्मिळ प्रक्रिया यशस्वी

केईएम रुग्णालय पुणे येथील फीटल मेडिसिन शाखाच्या टीमने बायपोलर कॉर्ड ऑक्लुजन प्रक्रिया आणि त्यानंतर इनयुटरो कॉर्ड ट्रान्सेक्शन प्रक्रिया यशस्वीरित्या करत मोनोमिनीऑटिक ट्विन्स ही स्थिती असलेल्या प्रसूतीमधील गुंतागुंत कमी करण्यात यश मिळविले आहे. प्रख्यात फीटल सर्जन व केईएम रुग्णालयामधील फीटल मेडिसिन कन्सल्टंट डॉ. मनीकंदन के. यांसह फीटल मेडिसिनतज्ञ डॉ. बेता गुगले, केईएम रुग्णालयामधील वैद्यकीय संचालक व स्त्रीरोगतज्ञ डॉ. सोहेल कोयाजी, फीटल मेडिसिन विभागाचे प्रमुख डॉ. श्रीपाद कऱ्हाडे तसेच केईएम रुग्णालयामधील सहयोगी सर्जगार डॉ. आशिनी जायभाये आणि डॉ. पूजा पाबळे यांचा समावेश होता. डॉ. बेता गुगले म्हणाल्या की, "रुग्णाला गर्भधारणेच्या २५व्या आठवड्यात अल्ट्रा साउंड चाचणीमध्ये मोनोमिनीऑटिक ट्विन्स या स्थितीचे निदान झाले."



# केईएम हॉस्पिटल में दुर्लभ सर्जरी के चलते बची स्वस्थ भ्रूण की जान

## लेजर से ब्लड सप्लाय कॉर्ड काटकर सुरक्षित किया; महिला मोनोअम्नियोटिक ट्विन्स का कर रही थी सामना

पुणे, 3 दिसंबर (भा.प.) - मात के दिन दुर्घटने से निपटारना अचिंतित (केसल) के डॉक्टरों ने हाल ही में एक दुर्लभ सर्जरी की, जिसमें लेजर का उपयोग करके एक कन्या भ्रूण की अरुण सर्जरी को कराया गया, ताकि स्वस्थ भ्रूण की जान बचाया जा सके. यह सर्जरी मोनोअम्नियोटिक ट्विन्स का सामना करती है जो एक ही गर्भाशय में एक ही गर्भ, लेकिन अलग-अलग ब्लड कोरों के साथ होती है.



भ्रूण की मृत्यु का जोखिम 20 प्रतिशत तक बढ़ने के विचारों के बाद डॉ. जैमिनी कोटाणी ने यह निर्णय लिया कि वे एक दो-सर्जरी करवाएंगे जो 'दुर्लभ सर्जरी' के रूप में जानी जाती है। डॉ. कोटाणी को यह पता चला कि एक भ्रूण को लेजर से काटकर मृत कर दिया जा सकता है, जो दूसरे भ्रूण को सुरक्षित रखेगा। डॉ. कोटाणी ने यह निर्णय लिया कि वे एक दो-सर्जरी करवाएंगे जो 'दुर्लभ सर्जरी' के रूप में जानी जाती है।

मातृगर्भ के विकसित हो जाने के बाद ही डॉ. कोटाणी ने यह निर्णय लिया कि वे एक दो-सर्जरी करवाएंगे जो 'दुर्लभ सर्जरी' के रूप में जानी जाती है।

यह सर्जरी एक नए तरीके का है, जो साधारण रूप से एक निरवधि गर्भ-अनुसंधान में उपयोग की जाती है।



**City hospo saves a baby in monoamniotic twin**  
A rare procedure, is the third such case in India; doctors perform a bipolar cord occlusion, in-utero cord transection

जिन किंग और जिन लेजर से ब्लड सप्लाय कॉर्ड काटकर सुरक्षित किया गया भ्रूण और जिंदा रहने में सक्षम है।

मोनोअम्नियोटिक ट्विन्स का सामना करने वाली महिलाओं में से एक डॉ. कोटाणी ने कहा कि यह सर्जरी एक नए तरीके का है, जो साधारण रूप से एक निरवधि गर्भ-अनुसंधान में उपयोग की जाती है।



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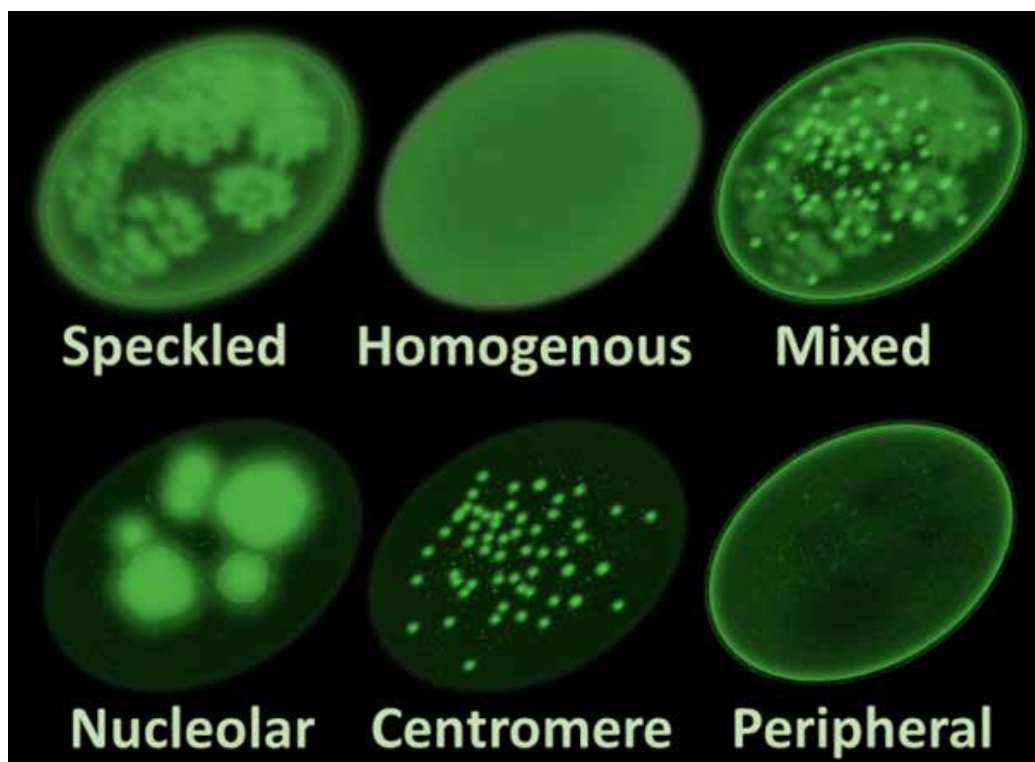


## ANA diagnostics using Indirect Immunofluorescence Assay (IFA)

Anti-nuclear autoantibodies are directed against antigens of the cell nucleus. These autoantigens are named after their biochemical characteristics (DNA, histones, ribonucleoproteins: RNP), the disease associated with the corresponding autoantibody (SS-A, SS-B: Sjögren's syndrome, antigens A and B; PM-Scl: polymyositis, progressive systemic sclerosis) or, occasionally, after the patient in whom the corresponding antibody was first detected (Sm, Ro, La).

Due to its high sensitivity, the indirect immunofluorescence test using human epithelial cells (HEp-2) and primate liver is the gold standard for the screening of anti-nuclear autoantibodies (ANA). Each bound autoantibody causes a typical fluorescence pattern, depending on the location of the corresponding autoantigen. If the analysis result is positive, test substrates with defined single antigens (ELISA, western blot, line blot) are used for confirmation.

Department of Histopathology has now started the screening test (ANA by IFA) for all our patients, in-house. The test will be carried out in two batches in a week depending on the number of samples and the expected TAT is 2-3 days. Kindly contact Department of Histopathology (0206603-7376/7314) for information regarding sample collection. The confirmatory test is also carried out in our laboratory (Endocrinology department) using Enzyme Immuno-Assay (EIA).





## EVENTS AND ACTIVITIES



## Kid(ne)y steps to go green

Catch them young they say...and that's what we tried. By the sheer chronic nature of their illnesses, children who attend the Paediatric Nephrology OPD, develop a friendly familiarity with us; they present a natural group of receptive kids when they are not severely sick. We decided to make this year's pre-Diwali 'no-cracker campaign' more emphatic.

Dr. Vishakha Naik wrote the script, Dr. Pushpa Yadav gave it a meaningful illustration and the result is here for you to see. Each child who visited the OPD during the week before Diwali was told about crackers causing pollution and happier ways of celebrating Diwali. We were also able to give away little kaleidoscopes acquired through a generous donor, providing a healthy distraction.



Perhaps we saved the Earth from a few wisps of smoke, and may be saved from clouds as these children grow!

**Paediatric Nephrology Service**



## Celebration of World Prematurity Day





EVENTS AND ACTIVITIES

## Skin Health Check Up Camp

Department of Dermatology, KEM Hospital, Pune conducted a free skin health check-up camp on 17th November 2024. All the consultants along with Dr Chandani, Dr Shruti and Dr Rutuja took active part in the activity.

A total of 346 patients were given the treatment and medications were provided for the needy. We could offer some dermato surgery procedures to those needed. The procedures will be performed at 15% concessional rate over a period of next 15 days.



The camp helped the Department to increase the awareness of the facilities available. Messaging through WhatsApp to the entire database was a unique feature and we felt a noticeable difference in the registrations.





## International Men's Day celebrated with KEM Cricket League

Every year, November 19th serves as a thoughtful reminder to recognize the contributions, challenges, and unique experiences of men in our society also popularly known as International Men's Day! On November 17, 2024, a remarkable tradition was born at KEM on the occasion of International Men's Day: The KEM Cricket League! What began as a trial cricket tournament turned into a resounding success, filled with sportsmanship, camaraderie, music, food, and boundless fun.

This initiative aimed to celebrate the men of KEM, giving them a well-deserved break from their busy schedules and personal commitments. Inspired by the question, "Why should ladies have all the fun?", the idea of creating an event that maximized participation took shape. And what better choice than cricket—the sport that unites an entire nation! We announced the league through a flyer and adopted a first-come, first-served system for team selection. The response was overwhelming!

The eight teams that competed this year were the Spartans, KEM Thunder Strikers, KEM Surgical Strikers, Renal Unit, KEM Masters, Scorpion Kings, Facilities Warriors and Path 11. The tournament followed a knockout format, with the first four games determining the semi-finalists. Each semi-final match was played over five overs, while the final was an exciting seven-over showdown.

The grand finale saw KEM Masters face off against the Renal Unit team in an exhilarating match. In the end, KEM Masters emerged victorious, taking home the inaugural KEM Cricket League Trophy, while the Renal Unit team finished as runners-up. The "Man of the Series"



## EVENTS AND ACTIVITIES



was a prestigious award conferred upon Mr. Sanket Dengale from the Renal Unit team, recognizing his exceptional performance. He earned this honour by being the only player to score a remarkable total of 97 runs during the league. The trophies were handed over to the winners by Dr. F. F. Wadia and Ms. Shirin Wadia.

No cricket match is complete without its umpires and commentators, and we were honoured to have Dr. Sadanand Naik and Dr. Dharma Prakash Jha as umpires, with Mr. Ardeshir Baria serving as the third umpire for the final match. The live commentary added to the excitement, with Mr. Janak Nabar

taking the first half and Dr. Pradeep D'Costa adding flair in the second. This year, we had the privilege of having Ms. Ananya Biswas as our photographer, and her exceptional skills truly left us in awe. Her talent and creativity have shone through in every shot, and we're thrilled to announce her as the "Unofficial" Official Photographer!

All participating players were presented with KEM Cricket T-shirts and white KEM caps as tokens of appreciation for their enthusiasm and sportsmanship. This season was undoubtedly a success, but it was only a preview of the grander league we envision for next year. And lastly a big shoutout to the KEM HR team for their hard work and dedication while also specially appreciating the Purchase team for their seamless efforts in arranging the merchandise, and of course, recognition to everyone involved for their collective dedication and enthusiasm in making this a truly memorable experience!

Congratulations to all the winners and participants for making this event unforgettable! Get ready to bring your A-game next year as we take the KEM Cricket League to even greater heights!





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES

# Epilepsy Camp





## EVENTS AND ACTIVITIES





## EVENTS AND ACTIVITIES

# Celebration of Diabetes Day

To mark the occasion of Diabetes Day, a special programme was organised in the Diabetes Unit on 16th November 2024. Children with Type 1 Diabetes and their families participated in this programme.

The event began with lively games that brought smiles and joy to everyone involved. Following the games, children with diabetes and their parents shared their personal experiences and reflections. They explored a unique question: Does diabetes feel like a friend, an opportunity, a teacher, a challenge, or an enemy? This heartfelt discussion highlighted both the ups and downs of living with childhood diabetes.

Experts from the Diabetes Department joined in for an informal chat, providing insights about the significance of Diabetes Day and the current status of diabetes in India.

The programme concluded on a warm note, with participants receiving small gifts and enjoying tasty snacks.





## EVENTS AND ACTIVITIES



**Poem Written by  
our Nutritionist,  
diabetes educator  
Dr. Tejas Limaye**

मधुमेह आपला गोड मित्र,  
सांगतो जगण्याचे नवे सूत्र!

करू नका त्याचा त्रागा,  
फक्त त्याच्याशी प्रेमाने वागा!

उत्तम आहार, खेळ - व्यायाम,  
आवश्यक औषधे, पुरेसा आराम!

नियमित तपासणी हे तर रिपोर्ट कार्ड,  
सुधारणेला त्याचाच आधार!

शंका येताच डायल करा नंबर,  
तज्ञांची टीम मदतीला तत्पर!

स्पर्धा, करिअर, गाठू उंच ध्येय,  
मधुमेह सांभाळून सगळे आहे शक्य!

भरपूर हिंदू फिरू जग बघू  
हसत खेळत मजेत जगू!!

सर्वांना मधुमेह दिनाच्या  
हार्दिक शुभेच्छा!!





EVENTS AND ACTIVITIES

## Celebration of Childrens Day

Children's Day was celebrated on 14th November 2024 in TDH Morris Child Development Centre. More than 40 children and their parents Participated in the event. Children enjoyed the hand painting activity. All the children received interesting gifts in order to celebrate the occasion. The activity was well received and enjoyed by the Therapists and Staff of TDH.





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES

## Mannotsava 2024

In association with Foundation for Medical Research FMR, team from KEM Hospital Pune conducted an interactive hands-on workshop at Mannotsava 2024 : National Mental Health Festival 2024, organised by National Institute of Mental Health and Neuro Sciences (NIMHANS), India, National Centre for Biological Sciences (NCBS), and Rohini Nilekani Philanthropies.

Mannotsava 2024 was a first-of-its-kind event that brought together the public, healthcare professionals, artists, researchers and advocates of mental health. Various individuals, NGOs and institutions had participated enthusiastically in the organisation of informative stands and installations, conducting expert-led discussions and workshops. It was heart-warming to see such diverse and holistic collaborations championing mental health conversations and enhancing mental health literacy in India.



Dr. Vasudeo Paralikar, KEMH HOD Psychiatry Unit, and Dr. Shalika Chatorikar, Senior Resident Psychiatry Unit KEMH were key members of the team conducting the

workshop titled “KYC : Know your casework : Understand how sociocultural contexts influence diagnosis and treatment”, held on 27 October 2024 at the NIMHANS Convention Centre, Bengaluru. The purpose of this workshop was to introduce the concept of Socio-Cultural Formulation (SCF), to learn its clinical application using case vignettes, to highlight the importance of social and cultural factors in psychiatric cases, and thus to shed light on ways to improve the provision of mental health services. Definitely an initiative with potential to expand horizons





## Blood Donation Camp



## Celebrating New Beginnings A Special Gift to parents at KEM! An HR initiative

At KEM, we believe in celebrating the milestones that shape our lives. As a token of our appreciation and support, we are thrilled to present our amazing new parents with a special gift. This initiative is our way of honouring the incredible journey of our employees and sharing with them the happiness as they begin a new journey with their little bundle of joy.





## ACHIEVEMENTS



**Congratulations to Dr. Suhas Wagle, Dr. Ashish Kale Dr. K.G. Kiruthiga** on the publication of your paper in the International Journal of Gastrointestinal Intervention\*.

Link for the paper:

<https://acrobat.adobe.com/id/urn:aaid:sc:AP:f9c3a679-01ae-405e-b9d2-c8e7ebabc83d>



## Kishore Pansare's tryst with the Transplant Games



Having undergone a successful related donor renal transplant in 25th May 2023 with a kidney donated by his older sister, 31 yrs old Kishore's story is nothing short of remarkable!

Born and brought up in a poor farming family from Junnar, Kishore was brought to the Renal OPD in his father's arms. Unable to even hold his neck up, walking was a distant dream for him. He had severe peripheral neuropathy' renal rickets and a bad bladder as a result of PU valves. Over the next several years till it was time for him to be put on Maintenance Hemodialysis, Kishore underwent a regime of regular, systematic and appropriate OPD based medical treatment enabling him to ultimately stand with support with the help of physiotherapy aided by a walker.

He completed college with much help garnered from generous and thoughtful donors who also paid his college fees. In the meantime he was being trained to become a dialysis Technician during all college vacations and on weekends under the careful and equally systematic tutelage of Dr. Valentine Lobo . For a short period Kishore worked in a centre in Narayangaon while availing of free dialysis there and also dialysed other patients. His transport costs during his training visits to KEM were also taken care of by the same donor.



The donor sister who gave Kishore her kidney

When an opening in our Critical Care Unit presented itself, Kishore applied and landed a job in KEM much to his delight and a lot of persuasion from the Renal Team canvassing his case with the Management. He soon improved his dialysis skills becoming the most sought after technician in the Renal Unit. All this while, his otherwise quiet family



## ACHIEVEMENTS



began toying with the idea of renal transplantation and much to everyone's delight his older sister became motivated enough to donate a kidney to him. She had having spoken to other successfully transplanted patients and their family

donors decided Kishore can lead a normal life only if he got transplanted. The rest is history!

We are proud to state that Kishore has become a spokesperson for the transplant community and the Renal Unit's lucky mascot. He is also a living example of what a proper follow-up can achieve, in addition to serving as trainer for other patients with bladder problems needing CIC, Needless to say many of the current transplanted patients took heart and got transplanted after watching Kishore and his active life.

On 17th Nov Kishore participated in the KEM Hospital organised Cricket match enabling the Renal Unit Team to win the Runners Up Trophy!

Recently Kishore participated in the 17th National Transplant Games 2024 organised by the Narmada Kidney Foundation in association with Indian Society of Organ Transplantation (ISOT) in Ghatkoper, Mumbai. He ran the 50 & 100 mtrs race, participated in Box Cricket, Pickeball, Badminton, Balloon darts, fling games and Basket Ball Throw.

He is truly an inspiration for achieving all round rehabilitation and not giving up when times got challenging.

**Rohini Sahasrabudhe**  
**Administrator & Transplant**  
**Coordinator, Renal Unit.**



**STAR PERFORMER**

**Ms. Sangeeta Joshi -ANM Nurse (OPD)**

First employee to get a star for empathetic and considerate care provided



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020 2621 7460

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**Happy Men's Day to the men who stand tall with integrity, compassion, and strength. Your influence is invaluable**

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