#123

2025 infoKEM

SEPTEMBER

Pregnancy full of love !

In today's world where a pregnancy may be discontinued even with the slightest possibility of risk or minor/correctible structural anomaly in the fetus, this family showed me the alternative view.

A couple consulted me for the possibility of teratogenic effects of antiepileptic medications on the growing fetus if any. The lady herself was a software engineer, diagnosed with seizures, at the age of 12 years and was on medical treatment since then. She was experiencing seizure activity almost on a daily basis. On her face, some hypo and hyper pigmented spots were there, which could have otherwise been passed as normal acne. The presence of seizures with skin markers got me to think about a genetic condition - Tuberous sclerosis complex [TSC].

On taking further family history, it became apparent that her mother and her two siblings [one brother and sister] were having similar skin marks. However none of them were having

any seizure-like activity. I explained to them the possibility of TSC, and the couple agreed for genetic testing in the lady. Genetic test results revealed the presence of a deleterious variant in TSC2 gene, which confirmed my clinical suspicion.

This is an autosomal dominant condition associated with varying degrees of neurodevelopmental abnormalities, seizures and characteristic skin markings. There is a 50% chance of transmitting faulty gene copy to the current and all future pregnancies of hers. During the post-test genetic consultation session, I explained that, though in their family, none of them is having any serious concerns due to TSC, there is a possibility that even with the same genetic variant, the child may have serious outcomes in terms of neurodevelopmental phenotypes.

I discussed the option of invasive prenatal testing in the pregnancy and checking the TSC2 gene variant in the fetal sample. They understood that if the fetus was detected to harbor a faulty copy of the TSC2 gene, it can not be cured. The baby can be followed up after birth for any possible neurodevelopmental abnormalities and “managed” accordingly. They however have the option of discontinuing the present pregnancy if they wish so. They said they will think over it and come back with queries.

After a couple of days, the lady again came with her mother, who was having similar skin markings. After a brief discussion, the lady conveyed emotionally yet firmly, “We are thankful to you for providing us detailed information. However, I do not want to discontinue a pregnancy only because he/she is like me, my mother and my other siblings. My mother has given birth to all of us and I am going to give birth to my child and am ready to take any risk involved in this.” I was deeply touched by her love and commitment for her pregnancy.

This family highlights a very important take on nondirective genetic counseling, especially where reproductive /irreversible decisions are concerned, providing scientific facts in empathetic manner and still respecting family’s opinions and values.

DR MEENAL AGARWAL
Head, Medical Genetics
KEM Hospital, Pune

EVENTS AND ACTIVITIES

Multidisciplinary CME with IMA Pune

KEM Hospital Pune, in association with IMA Pune, successfully hosted a Multidisciplinary CME on Essentials & Recent Advances in Women's and Child Health, which received an enthusiastic response from the IMA Pune members.

Our team of experts shared their knowledge through insightful presentations, highlighting the latest advances in Obstetrics, Gynaecology, Fetal Medicine, Genetics, and Paediatrics.

This event truly reflected the legacy of KEM Hospital as a teaching hospital, where clinical expertise meets continuous learning and knowledge sharing.

A big thank you to all the participants for making this initiative a grand success!

EVENTS AND ACTIVITIES

infoKEM Newsletter SEPTEMBER 2025 Issue 123 from KEM Hospital, Pune

EVENTS AND ACTIVITIES

Celebration of World Physiotherpay Day

EVENTS AND ACTIVITIES

KEM Clinical Meet - First Session

We are pleased to share that the inaugural session of the 'KEM Clinical Meet' was successfully held on 25th September. The Clinical Meet is a new initiative designed to exchange knowledge, create awareness about the excellent work happening across departments, and foster interdisciplinary collaboration. Beyond academics, it aims to strengthen best practices through sharing and collective learning.

The first session set the tone for this platform by bringing together multiple departments to highlight their unique strengths and innovative approaches in clinical care and management. The interactive discussions and active participation reflected the enthusiasm of the KEM community towards building a culture of learning and collaboration.

Abstract of both cases which were presented during this session:

CASE 1

Name of the Department: Renal Unit
Category of Presentation: Case Presentation
Case Presenter: Dr. Natasha David
Case Study: Hidden Strangler

Abstract
Bilateral ureteric obstruction is a rare but important cause of anuric acute kidney injury (AKI). We report a 60-year-old woman who presented with rapidly progressive anuric AKI and bilateral hydroureteronephrosis. She required two hemodialysis sessions, after which renal function improved following bilateral DJ stenting. Gynecological evaluation excluded malignancy. Non- constrast CT abdomen revealed an ill-defined retroperitoneal mass encasing both ureters, while PET showed weak metabolic activity with additional involvement of major vessels. Laparoscopic biopsy demonstrated fibro-fatty tissue infiltrated by lymphocytes and plasma cells. Serum IgG4 levels and inflammatory markers were elevated, with normal LDH. A diagnosis of retroperitoneal fibrosis secondary to IgG4-related disease was established.

EVENTS AND ACTIVITIES

The patient was commenced on oral prednisolone, resulting in resolution of AKI, decline in inflammatory markers, and clinical improvement.

Learning Point

IgG4-related retroperitoneal fibrosis should be considered in patients with obstructive AKI and retroperitoneal masses, for early diagnosis and treatment. The disease requires a multidisciplinary approach as in this case.

CASE 2

Name of the Department: Orthopaedic Department
Category of Presentation: Case Presentation
Case Presenter: Dr. Vishwajeet Chavan
Case Study: Complex Knee Joint
Patient Information : Age 65 years, Female, Height 4 feet 5 inches

Clinical History :

- 65 yr old female presented with pain in both knee joints and difficulty in walking
- Since last 3 three years was not able to walk even with support for a few steps.
- Patient had waddling gait with support.
- She had bilateral 15* degree varus deformity.

EVENTS AND ACTIVITIES

- k/c/o DM and on medication.
- No other comorbidity.
- Extension lag of 10 *
- Flexion 110 *
- Right side 5 degrees of hyper laxity left side 3 degrees
- Lateral collateral ligament laxity with 5 * of correction in varus stress on both sides.
- Right knee was more lax than the left knee.
- Motor power 5/5 sensory 100 % on both sides.
- No spinal abnormality.

Surgical Plan

For Right side - Tibial long stem or hinge knee primary for TKR.
For Left Side - Primary TKR With Posterior Cruciate Substitute.

Conclusion & Key Learning Points

- This case highlights the complexity of managing severe knee osteoarthritis when combined with significant deformity and ligamentous instability.
- Thorough pre-operative clinical examination is critical to identify instability, which may not be apparent on static X-rays.
- Choosing the appropriate level of implant constraint is key to a successful and stable outcome in such challenging cases.
- In patients with significant laxity, surgeons must be prepared to use more constrained implants (like a CCK) to ensure a stable joint post-arthroplasty

EVENTS AND ACTIVITIES

Kidney Disease Screening Camp

As a part of our community outreach programme, the Renal Unit conducted a Kidney Disease Screening Camp for teachers and staff of St. Anne's School, Pune on 27th September 2025. The Camp was held to mark Teacher's Day which was celebrated on the 5th of this month.

It consisted of taking history for risk-factors for and symptoms of kidney disease, physical examination, including Blood Pressure, and laboratory tests for serum creatinine, blood sugar, hemoglobin and urine test for proteins. The teachers and staff were guided about recognizing symptoms of kidney disease and about avoiding kidney disease in general.

It was attended by 60 teachers and support staff of the school.After the Camp, the doctors from the Renal Unit reviewed all the reports and the affected participants were advised appropriately.

Renal Unit regularly conducts such camps at various locations including schools, colleges, corporates, factories and religious institutions. This was 6th such activity by the Unit in last 2 years

EVENTS AND ACTIVITIES

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.

KEM Staff: Neha Pathan

KEM Staff: Swati Shelke

KEM Staff: Sonali Mudgun

BMI Camp

KEM Hospital successfully conducted a Free Body Mass Index (BMI) Camp from 15th Sept to 27th Sept which aimed at promoting awareness about healthy weight and lifestyle among the community.

Obituary

Dr. Anita Maria Borges

(19 November 1947 – 18 September 2025)

With a very sad note, we pay our tribute to Dr. Anita Borges whose sudden demise has left the entire medical fraternity in shock and despair. Dr. Borges dedicated her life to Surgical Pathology and is the most illustrious oncopathologist in the country. Her reports were undisputed, provide clarity amidst confusion and have been the final word in Pathology in our country.

She was a beacon, source of inspiration and a compassionate teacher who shaped the lives of students and saved the lives of patients. She is hailed as the 'Queen of Histopathology' and has left thousands of onco-pathologists and oncologists with an irreplaceable void.

With over five decades of experience in histopathology, her legacy of dedication, innovation, and passion for pathology was unmatched and her mentorship has inspired generations of pathologists. She often said, 'Work like a pathologist, but think like a clinician'. She has elevated our country to International pathology standards and she has defined several new entities in onco pathology, and contributed to several chapters in the 'World Health Organisation' classification of tumours, which is known as the 'blue book'. Globally, not just the pathology community but the entire oncology community mourns her death with deep sorrow.

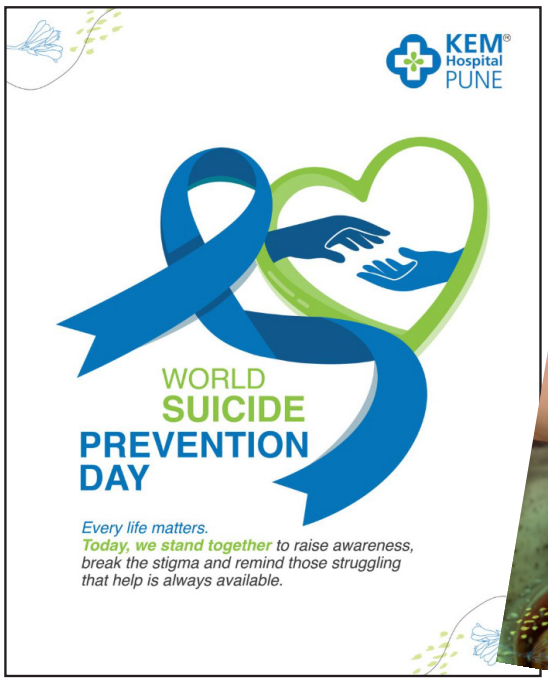
She had been to KEM hospital for the interactive lymphoma workshop in March 2025. She acknowledged the hard work, appreciated the efforts and dedication of the organising team and acclaimed the work done by Pathology department at KEM hospital. Teaching has been her passion, and she launched several initiatives like the Travelling school of Oncopathology and an online post graduate training programme, reaching to smaller cities across the world. Even in her final moments, she was doing what she loved the most – Sharing her knowledge, inspiring minds and shaping the future of pathology.

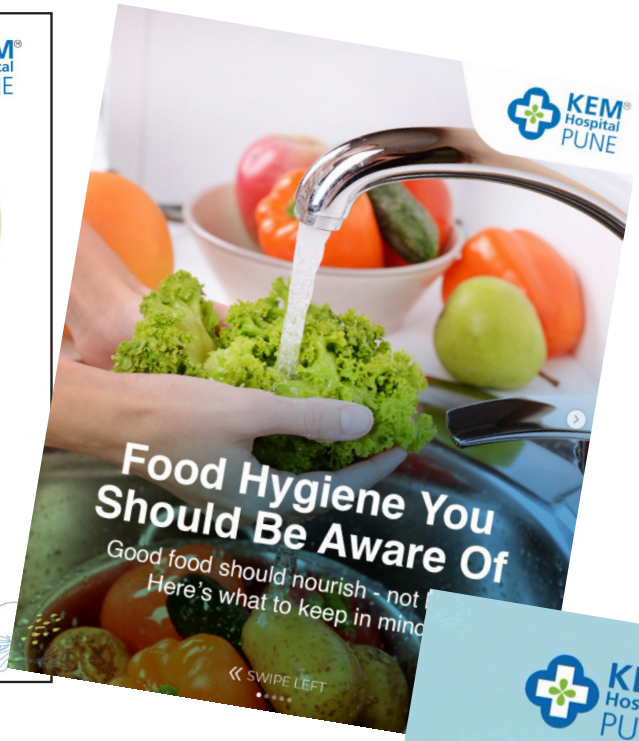
ACHIEVEMENTS

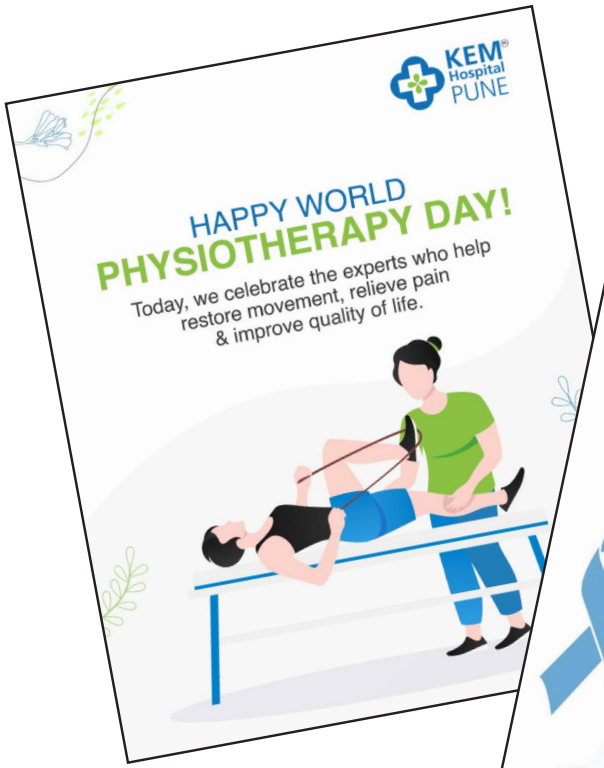
Congratulations

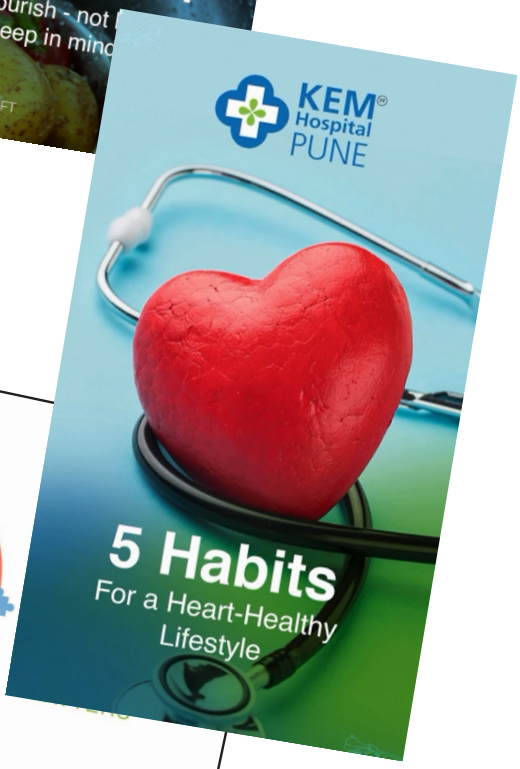
CONGRATULATIONS DR. PARAG KHATAVKAR FOR YOUR ACHIEVEMENT!!

HEALTHCARE AWARENESS



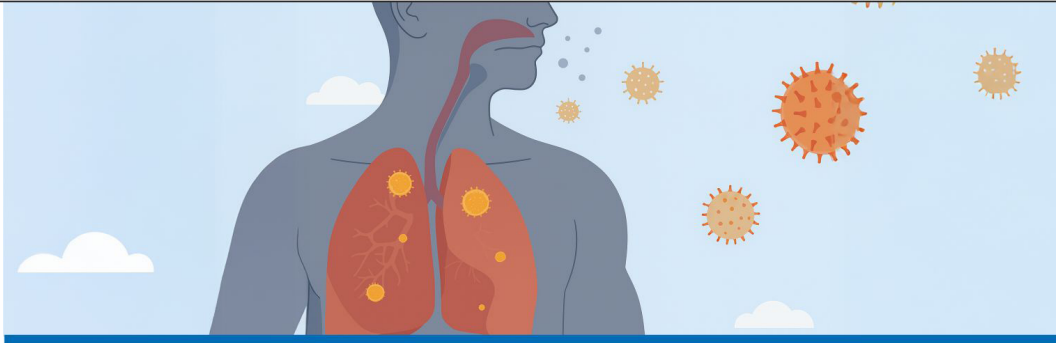






KEM Hospital PUNE

Quality and ethics in patient care



LIVING WITH COPD

1. TAKE YOUR MEDICINES ON TIME

- Take your medicines every day as prescribed.
- Always carry your inhaler with you.
- Rinse your mouth after using steroid inhalers.
- Never skip or stop medicines without asking your doctor.

2. INHALER: USE IT THE RIGHT WAY

- Shake the inhaler well.
- Breathe out, then place the inhaler in your mouth.
- Press the inhaler and breathe in deeply at the same time.
- Hold your breath for 10 seconds, then breathe out slowly.
- Use a spacer if advised.

3. DO BREATHING EXERCISES DAILY

- Pursed-lip breathing: Inhale through your nose, exhale slowly through pursed lips.
- Belly breathing: Breathe deeply so your stomach rises.
- Do 10 minutes, 2–3 times a day. It helps reduce breathlessness.

4. AVOID HARMFUL TRIGGERS

- No smoking – not even one puff!
- Avoid dust, smoke, strong perfumes, incense, and chemicals.
- Use a mask when outdoors or cleaning.
- Avoid sudden changes in temperature (hot to cold).

5. EAT HEALTHY TO BREATHE BETTER

- Eat small meals more frequently.
- Choose high-protein food like milk, eggs, dal, and vegetables.
- Drink plenty of water unless your doctor limits it.
- Avoid oily, fried, spicy, and gas-producing foods.

6. STAY ACTIVE, BUT PACE YOURSELF

- Do light activity like walking or stretching.
- Avoid overexertion – rest when needed.
- Use oxygen therapy if prescribed during activity.

7. MAKE YOUR HOME COPD-FRIENDLY

- Keep your room clean and well-ventilated.
- No mosquito coils, incense sticks, or room sprays.
- Avoid exposure to kitchen smoke – use an exhaust fan if needed.

8. STAY PROTECTED WITH VACCINES

- Get a flu shot every year.
- Take the pneumococcal vaccine as advised to prevent pneumonia.

9. WHEN TO GO TO THE HOSPITAL

Go immediately if you have:

- Worsening breathlessness or wheezing
- Cough with yellow or green mucus
- Fever, chills, or chest pain
- Blue lips or fingers
- Confusion, extreme tiredness, or drowsiness
- Low oxygen levels (below your safe limit)

10. FOLLOW-UP CARE IS IMPORTANT

- Visit your doctor regularly.
- Keep a diary of your symptoms and oxygen levels.
- Bring your medicines and reports for every follow-up.

QUICK CHECKLIST

- Take medicines on time
- Use your inhaler correctly
- Practice breathing daily
- Avoid smoke and pollution
- Eat healthy and stay active
- Do regular follow-ups

Call 020 6603 7460 / 020 2621 7460