2025

infoKEM

#126

DECEMBER

KEM® Hospital PUNE

DELIVERING HEALTHCARE EXCELLENCE WITH CARE AND COMPASSION!

Centre of Excellence for Critical Care

Adult Critical Care Unit | Coronary Care Unit (CCU) | Neonatal Intensive Care Unit (NICU)
Nephrology Acute Care Unit (NACU) | Paediatric Intensive Care Unit (PICU)

Delivering Healthcare Excellence with Care and Compassion

KEM Hospital, Pune, truly reflects its shared motto of "Hospital with a Heart", where medicine and compassion coexist seamlessly

For more than a century, KEM Hospital, Pune, has stood as one of Maharashtra's most trusted names in healthcare. Established in 1912 with just 4 maternity beds, the hospital has evolved into a sprawling 550+ bed, multi-speciality tertiary care centre. Today, it serves thousands of patients across Pune and its surrounding districts, balancing advanced medical technology with a strong commitment to accessible, compassionate care.

Rooted in Legacy

Its growth trajectory was profoundly influenced by the iconic Dr Banoo Coyaji, appointed Chief Medical Officer in 1944. Her visionary leadership transformed the institution, laying the groundwork for numerous first-of-their-kind departments in the region. Honoured with both the Padma Bhushan and the Ramon Magsaysay Award, Dr Coyaji championed cutting-edge clinical services and pioneering initiatives in Critical Care, Diabetology, Nephrology and Dialysis, High-Risk Obstetrics, Neonatology, and Paediatric Rehabilitation.

Many of these departments remain "Centres of Excellence" today—hallmarks of KEM's enduring commitment to quality, boasting more than 100 years of superior ethical medical care.

Dr Kurus Coyaji, President of KEM Hospital Society, which runs KEM Hospital, guides with a strong focus on institution-building, community health, and continuity of the hospital's legacy. His leadership supports KEM Hospital's ongoing growth in patient care, teaching, and research, reinforcing its longstanding commitment to accessible, high-quality healthcare.

Shaping the Future of Healthcare

The hospital's academic prominence is equally noteworthy. As a key teaching institution KEM continues to shape future generations of healthcare professionals. Its training programmes encourage not only clinical skills but also inculcate ethical practice and empathy. Many of the finest doctors in Pune, some of them pioneers in their fields, are from KEM.

Research has long been a defining pillar of KEM Hospital's identity. Its sister organisation, the KEM Hospital Research Centre—established in 1973—has collaborated with globally respected bodies such as the Indian Council of Medical Research (ICMR), the World Health Organization (WHO), and the Population Council. From public health initiatives to epidemiological studies, the Research Centre has contributed significantly to the medical knowledge base in India. One of its landmark achievements was the establishment of the Rural Health Centre in Vadu Budruk in 1978, a model of integrated rural healthcare.

World-Class Healthcare Facilities

Today, KEM Hospital stands as a beacon of accessible, superior healthcare: a place where tradition meets innovation and where the needs of every patient remain at the heart of its mission.

Critical Care Services at KEM Hospital, Pune

Critical care medicine plays a pivotal role in the management of life-threatening conditions such as sepsis, multi-organ failure, major trauma, and complex post-operative cases. In the post-pandemic era, the need for advanced, well-equipped, and expertly managed intensive care services has become even more significant.

KEM Hospital, Pune provides comprehensive critical care supported by:

- 130+ dedicated ICU beds
- Specialized services for patients across all age groups—from neonates to geriatrics
- 24×7 care delivered by highly trained critical care specialists and multidisciplinary teams

The hospital's flagship 25-bed tertiary-quaternary care Intensive Care Unit (ICU) manages a wide spectrum of complex cases, including tropical infections, toxicology emergencies, obstetric crises, and critical care for geriatric and oncology patients. Staffed by over 125 highly trained professionals, the ICU is nationally and internationally recognised for its excellence in critical care ultrasound training under WINFOCUS and for its academic leadership. It played a key role in major clinical and vaccine trials and was honoured with the Shaurya Puraskar for exemplary COVID-19 care while providing 24×7 emergency support with outstanding outcomes.

The Coronary Care Unit (CCU) serves as a sanctuary of healing for critically ill patients, combining constant vigilance with advanced technology. A compassionate team of specialists delivers minute-to-minute, life-saving care, focusing not only on clinical excellence but also on empathy, reassurance, and the human aspects of recovery during stressful times.

Adult Critical Care Unit No 3 specialises in advanced interventions such as continuous haemodynamic monitoring, advanced ventilatory support, CRRT, plasmapheresis, and comprehensive liver care. It plays a vital role in managing severe sepsis, ARDS, post-cardiac surgery patients, complex cardiology conditions, and interventional neurology cases. Beyond technology, the unit emphasises dignity, clear communication, and compassionate family engagement.

The Pediatric Intensive Care Unit (PICU), established in 2000, is led by intensivists experienced in handling multisystem complex paediatric diseases and supported by multiple super-speciality services such as surgical, liver, kidney, lung, cardiac, and haematology available round the clock. Serving patients from across western Maharashtra, it provides high-quality, subsidised care to those in need.

With over four decades of legacy, the Neonatal Intensive Care Unit (NICU) exemplifies affordable, high-quality neonatal care, contributing significantly to training, innovation, and advancements in neonatology in India.

The Nephrology Acute Care Unit (NACU) offers specialised intensive care for critically ill renal and dialysis patients. Equipped with three self-contained cubicles fully equipped for intensive care, including ventilation, and each capable of full isolation, dialysis and related modalities such as CRRT, SLED-f, ECCO2R, and plasma exchange, it ensures the unit also provides safe, specialised care for vulnerable and immunosuppressed patients.

Together, these units embody KEM Hospital's enduring commitment to clinical excellence, compassion, and holistic healing.

Dr Xerxes Coyaji
Medical Director, KEM Hospital, Pune

"Sustainable healthcare is built on clinical rigour, innovation, and accountability. By combining advanced treatment modalities with committed multidisciplinary care, we deliver the latest treatments with integrity, empathy, and a clear focus on improving patient outcomes"

Shirin Wadia
CEO, KEM Hospital, Pune

"The future of healthcare lies in compassion, accessibility, and effectiveness. By nurturing value-driven leadership, we can inspire the next generation to transform care delivery and create meaningful impact for communities everywhere"

KEM Hospital Pune

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KNOW YOUR HEALTH

Exome Sequencing and The Irreplaceable Role of Clinical Judgment

Exome sequencing is not an answer to all questions, importance of clinical examination still exists!

A couple enters in my OPD with eyes full of tears and hopelessness with a document file with loads of papers. They had lost their baby at 6 days of his life due to neonatal hypotonia and difficulty to feed.

They had had an uneventful pregnancy with a spontaneous conception, normal NT scan, low risk dual marker test and non-invasive prenatal screening for aneuploidy and normal anomaly scan. Mild polyhydramnios was noted at 30 weeks of gestation. A male baby weighing 3 Kg was delivered at term by elective cesarian section, cried after birth but was extremely hypotonic with poor respiratory effort. He was immediately transferred to NICU but lost his life at day 6. Metabolic investigations were normal. Exome sequencing and microarray were sent as part of a genetic workup. Exome sequencing had detected a couple of variants which were classified as variants of uncertain significance and hence genetic diagnosis was inconclusive. The couple was extremely worried for their future pregnancy and was looking for answers.

While talking to them I noticed a little dull expression on lady's face which I initially disregarded and thought it might be due to recent loss of her baby. However, considering a prominent history of neonatal hypotonia, I checked with a simple clinical sign for grip myotonia by

KNOW YOUR HEALTH

handshaking with her. I could notice the mild evidence for myotonia [which was later confirmed by electromyography]. During extended examination I found out the presence of proximal and distal muscle weakness in lower limbs. She had also noticed loss of hair for past 2-3 years. These pieces in history and clinical examination were sufficient for me to make a presumptive diagnosis of Myotonic Dystrophy. Later, eye examination revealed bilateral posterior subcapsular cataract which was also part of spectrum. Echocardiography was normal.

Myotonic dystrophy type I is a specific class of genetic disorder caused by a “CTG” repeat expansion in DMPK gene and may affect almost every organ system in the body. Predominantly muscles, heart, eyes, endocrine systems are affected. Symptoms usually appears in second or third decade and slowly progressive. Based on the size of the “CTG” expansion the clinical features can be classified into mild, classical and severe neonatal.

This group of disorders are not diagnosable in routine genetic tests like karyotype, microarray or exome sequencing and a separate specific test [Triple Prime PCR] is required. Another unique characteristic of this condition is “anticipation”, which means when a mutation copy of a gene is transferred to future generation, expansion size may increase and becomes more severe with successive generation. DMPK gene repeat expansions particularly increases in size when transferred through oocyte [maternal inheritance].

Triple Prime PCR testing result in her sample showed the CTG repeat expansion in DMPK gene confirming the diagnosis of myotonic dystrophy. It is an autosomal dominant disorder with 50% chance of recurrence in each successive pregnancy. However now with an established genetic diagnosis, we can offer a definitive prenatal diagnosis with the hope of healthy pregnancy outcomes.

The case highlights the following points

1. Clinical acumen is still required even in advanced genomic diagnostic era.
2. Selection of right genetic test is extremely important which depends upon detailed history and relevant clinical examination.
3. Exome sequencing is not a one time solution to all genetic problem.s Interpretation of genome wide testing is an intricate art which should be best done be health care professionals trained in it.
4. Genetic testing may remain inconclusive in many families

Dr. Meenal Agarwal
Head, Medical Genetics

EVENTS AND ACTIVITIES

KEM Cricket League- Season 2

Every year, November 19th reminds us to acknowledge the contributions, challenges and unique experiences of men in our society, celebrated worldwide as International Men's Day. At KEM, this occasion has evolved into a cherished tradition through one of our most spirited and unifying events: The KEM Cricket League.

After last year's tremendous success, KEM Cricket League – Season 2 returned this December with even greater enthusiasm, fiercer competition, and twice the energy. What started as a simple idea to give our men a well-deserved break has now transformed into an annual celebration of sportsmanship, camaraderie, team bonding, and pure enjoyment.

In true "Why should ladies have all the fun?" fashion, this year too we aimed for maximum participation. And once again, cricket, the sport that brings the entire nation to a standstill, proved to be the perfect choice. Registrations opened on a first-come, first-served basis and the response was overwhelming.

This season featured nine dynamic teams battling for glory: RN Legends, KEM Masters, Path Devils, Healing Champion Supergiants, Billing Knight Riders, OT Cricket Warriors, Scorpion Kings, Facilities Warriors, and Surgical Strikers. To determine our final eight contenders for

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the quarter-finals, we kicked off the league with a high-intensity 2-over eliminator.

Once the top eight teams were locked in, the tournament moved into an exciting knockout format. The first four matches decided the semi-finalists, followed by two power-packed 5-over semis that led to an electrifying 7-over grand finale.

The final match truly lived up to the hype as KEM Masters faced off against the Healing Champion Supergiants in a thrilling showdown. After an intense battle, Healing Champion Supergiants emerged as the Season 2 Champions, while KEM Masters secured a well-deserved runners-up finish.

The prestigious “Man of the Series” title was awarded to Mr. Santosh Khandve from the Time Office team for his all-round excellence, including a remarkable 65 runs, the highest in the league. This year’s tournament was officiated with great professionalism by our respected umpires, Mr. Sunil Kore and Dr. Dharma Prakash Jha.

Season 2 was a resounding success, and the excitement it has sparked only fuels our anticipation for an even bigger, better, and more thrilling Season 3!

EVENTS AND ACTIVITIES

EVENTS AND ACTIVITIES

KEM Clinical Meet – Fourth Session

We are pleased to share that the fourth session of the 'KEM Clinical Meet' was successfully conducted on 18th December'26.

This initiative continues to serve as a strong platform for knowledge exchange, creating awareness about the excellent clinical work across departments, and fostering interdisciplinary collaboration. Beyond academics, it aims to strengthen best practices through shared learning and collective insights. Abstracts of both cases presented during this session:

Case 1: Novel Approach for management of Ectopic Pregnancies
Presenter: Dr. Mugdha Parasnis

An ectopic pregnancy is condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus. Ectopic pregnancies accounts for a small percentage of all pregnancies but remain a leading cause of first-trimester maternal morbidity and mortality. Although tubal ectopic pregnancies constitute majority of cases, non tubal ectopic pregnancies especially cesarean scar ectopic pregnancies are on the rise. Clinically, ectopic pregnancy may present with amenorrhea, abdominal pain, and vaginal bleeding, although early stages can be asymptomatic, underscoring the importance of vigilance in early pregnancy assessment. Early diagnosis and timely management will help in avoiding surgical interventions like laproscopy or laparotomy and further morbidities like uterine rupture , massive haemorrhage requiring blood transfusions.

The above procedure involves transvaginal ultrasound guided intrasac and perisac local injection of KCL or methotrexate with or without systemic injection to terminate the pregnancy in first trimester.

EVENTS AND ACTIVITIES

Over the last 2 ½ years KEM- IVF Department has been doing this procedure for carefully selected cases with good success rates not only in managing ectopic gestations to avoid surgical interventions and reduce the morbidity and mortality but also preserve future fertility.

Case 2: Malignant hyperthermia
Presenter: Dr. Rashmi Walimbe

A nightmare for everyone involved, a catastrophe for the patient, anaesthesiologist, surgeon, relatives and the hospital. It is the only fatality directly associated with general anaesthesia. For an anaesthesiologist general anaesthesia is always a last back up plan. If all regional anaesthesia methods fail general anaesthesia is always there. So what do we do when we no longer have this option.

Malignant hyperthermia (MH) is a hereditary disorder of skeletal muscle that classically presents as a hypermetabolic response to halogenated anesthetic gasses (halothane, isoflurane, sevoflurane) and/or the depolarizing muscle relaxant succinylcholine. It is an autosomal dominantly inherited disorder. The uncontrolled release of calcium from the skeletal muscle sarcoplasmic reticulum leads to sustained muscle contraction. The sustained muscle contraction produces a depletion of adenosine triphosphate (ATP) and dramatically increases oxygen consumption, carbon dioxide production, and heat. Signs and symptoms include tachycardia, tachypnea, hypoxemia, hypercarbia, metabolic and respiratory acidosis,

EVENTS AND ACTIVITIES

hyperkalemia, cardiac dysrhythmias, hypotension, skeletal muscle rigidity, and hyperthermia. Diagnosis of malignant hyperthermia is the caffeine halothane contracture test and genetic testing for mutations of the RYR1 or other associated genetic variants associated with malignant hyperthermia. Testing can be expensive and is only available in certain centers. Differential diagnosis can include neuroleptic malignant syndrome, pheochromocytoma, sepsis, thyroid storm, serotonin syndrome, or iatrogenic overheating.

The only definitive treatment includes the drug Dantrolene given IV in the dose of 2.5 mg/kg until reaction subsides upto maximum of 10/mg/kg followed by 1 mg/kg every 4 hours for 48 hours more. If not given soon it is usually fatal. The complications even after treatment may range from multi organ failure to muscle degeneration to brain death to death.

We recently had the opportunity to brush our shoulders with this dreaded problem. Our patient a 11 year old female had a fall while doing physiotherapy and fractured her right femur. She came to us in severe pain, was given emergency care and was posted for femur nailing. Now the catch was that 4 years back she had prolonged lower respiratory tract infection and had to be tracheostomised. She underwent genetic testing at that time and was diagnosed as central core myopathy. Central core myopathy, or Central Core Disease (CCD), is a congenital, non-progressive muscle disorder causing mild to severe weakness, particularly in shoulders, hips and upper legs due to genetic mutations, often in the RYR1 gene. Key features include muscle stiffness, exercise intolerance, and skeletal issues like scoliosis, with microscopic examination revealing abnormal “central cores” within muscle fibres. A significant association with malignant hyperthermia is found in these patients.

Our patient had a tracheostomy in situ, was conscious, irritable, vitally stable. She had difficulty in standing up, could walk without support but with a limp before her fall. She had a speech valve in her tracheostomy so could talk and communicate. She used BIPAP intermittently as advised by paediatrician.

Her chest was clear and heart function was normal. Her laboratory investigations were all within normal limits. Chest X-ray was a rotated film but lung fields were clear. ECG and 2D ECHO were normal. Hence we decided to go ahead with the surgery.

Dr Sameer Desai (Surgeon) and I (Anaesthesiologist) had a detailed discussion about the pros and cons about the management. I informed him in detail about the anaesthesia options and risks. The parents were counselled a day prior to surgery about the risk of malignant hyperthermia, the drug and the cost involved. They were also assured that other anaesthesia techniques will be used which do not trigger this. Inspite of detailed counselling the patients still had doubts about dantrolene , its cost and availability. I involved Dr Poonam Deshmukh (asst. medical administrator) and she stepped in with all her support. She and Dr Suyash (Anaesthesia Resident), our resident spent another few minutes in the evening counselling the patient about the same. Just a few months back all anaesthesiologists from Pune as a

part of the Society of Anaesthesiologists, Pune had contributed and procured Dantrolene under the guidance of SAP President Dr Shalini Sardesai and Dr H K Sale President SAMS. This is kept stored at Smt Kashibai Nawale Hospital. I informed her about the patient and she was ready to dispense the drug if needed as soon as possible. So after suggestion from Dr Poonam Deshmukh, we kept an ambulance standby at Nawale hospital on the day of surgery so that there is no delay should the drug be required.

Patient was shifted with her BIPAP machine to OT. I had informed the OT staff about the involved risks. It was not advisable to use the anaesthesia workstations for ventilating the patient without flushing properly so I decided to use patient's BIPAP machine with Oxygen supplementation and Oxygen cylinder with new Bain's circuit if needed. Inside the OT, we attached pulse oximeter, ECG, NIBP, Skin temperature probe. I took 1 more good iv line, sedated the patient using 25 mcg fentanyl and 30 mg Propofol followed by propofol infusion to keep the patient calm and allow me to insert an epidural and give spinal anaesthesia. I also gave a right femoral block so that patient does not have pain while positioning for neuraxial block. These patients already have central muscle weakness so it is not advisable to use nondepolarising muscle relaxants without neuromuscular monitoring. Then we turned the patient to left lateral position. I gave combined spinal with epidural anaesthesia. Procedure was completed in 3 hours. I stopped propofol infusion at the end of surgery, started epidural infusion for postoperative analgesia and shifted the patient to paediatric acute care ward. Patient was vitally stable throughout, not much blood loss, comfortable and sleeping in the OT and painfree in the postoperative period.

Parents were also happy in the end that we could achieve stable and uneventful anaesthesia with painfree recovery and she can gain her functional rehabilitation after fixing her fractured femur.

I am grateful to the hospital administration and Dr Poonam Deshmukhv for her active participation and immense support in patient care. This encourages us doctors to continue best possible patient care and stresses our vision as the hospital with a heart.

EVENTS AND ACTIVITIES

KEM Connect Round Table Meeting:
Advancing Collaborative Learning in Reproductive Health

KEM Hospital successfully hosted the KEM Connect Round Table Meeting, a focused knowledge-sharing forum designed to strengthen collaboration with general practitioners and enhance early, informed care in reproductive health.

The session brought together clinicians for insightful discussions on key aspects of infertility management, with an emphasis on practical guidance for primary care. The round table format encouraged open dialogue, experience sharing, and clarity on referral pathways, reinforcing KEM Hospital's commitment to integrated and patient-centric care.

This meeting included expert-led sessions on infertility, with valuable insights shared by Dr. Mugdha Parasnis, Dr. Archana Mishra, and Dr. Arti Wagale. Participants actively engaged in discussions, raising relevant clinical questions and sharing real-world experiences, making the session both interactive and impactful.

The KEM Connect Round Table Meeting reaffirmed KEM Hospital's role as a trusted academic partner for the medical community and its ongoing efforts to bridge primary and tertiary care through continuous learning and collaboration.

EVENTS AND ACTIVITIES

Guest Lecture for Physiotherapy Team

KEM Hospital Pune successfully conducted a Guest Lecture on Recent Developments in Evidence-Based Musculoskeletal Physiotherapy, organised by the Physiotherapy Department. The session was delivered by Dr. Sarang Kale (PT), who shared valuable insights drawn from his academic training and clinical experience in the UK healthcare system. The lecture provided participants with updated perspectives on evidence-based clinical practice and encouraged interactive discussion, making it a meaningful learning experience for attendees. Such academic engagements reflect KEM Hospital's continued commitment to professional development, knowledge sharing, and excellence in patient-centred care.

Field Visit by College of Nursing, AFMC Pune

KEM Hospital was pleased to welcome 39 third-year B.Sc. Nursing students from the College of Nursing, Armed Forces Medical College (AFMC), on 23rd December 2025 as part of their academic field visit. The purpose of the visit was to help students gain practical exposure to the functioning of a civilian hospital environment and understand how care is delivered outside the military healthcare system.

EVENTS AND ACTIVITIES

The visit began with an introductory session, where the students were introduced to KEM Hospital's history, legacy, and journey over the years, along with an overview of the hospital's key specialties and services. The session also highlighted the hospital's approach to patient care and its ongoing efforts towards maintaining quality and excellence.

This was followed by an open and engaging discussion, during which the students asked questions related to staffing structures, day-to-day hospital operations, and quality initiatives. The interaction allowed for meaningful exchange, with the hospital nursing leadership team and the Quality Head addressing their queries and sharing practical insights from real-world experience.

To provide on-ground exposure, the students were taken on a guided walk through the hospital campus. They were divided into four groups, each accompanied by a dedicated staff member who explained processes, workflows, and best practices across different areas of the facility. The groups were guided by Dr. Akshata Ammangi (Care Manager), Ms. Jayashri Gopale (Sister In-Charge – NHFF), Ms. Sarita Khaire (Infection Control Nurse), and Ms. Rakhee Dolas (Infection Control Nurse), who ensured that all questions raised during the visit were patiently and clearly addressed.

The visit was a valuable learning experience for the students and provided them with a realistic understanding of civilian hospital operations, teamwork, and quality-focused care delivery. KEM Hospital values such academic engagements and remains committed to supporting the learning and development of future healthcare professionals through meaningful knowledge-sharing initiatives.

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TEAM KEM

We are pleased to announce that
DR. PRANAV HAVLE M.S.
Otorhinolaryngology
has joined our hospital as
Junior Consultant ENT Surgeon.
OPD Timing:
Wednesday - 9:00 AM to 11:00 AM
Monday to Saturday - 2:00 PM to 4:00 PM

ACHIEVEMENTS

Congratulations

Dr. Kiruthiga KG on the publication titled *"Immune Checkpoint Molecule Indoleamine 2,3- Dioxygenase 1 (IDO1) Is Expressed in Lymphoma Subtypes With and Without Epstein-Barr Virus"*, a work carried out in collaboration with Stanford University.

Congratulations

Dr. Mayuri Swamy on winning the Third prize in poster presentation in the Hematocon 2025 held at Lucknow.

Congratulations

Dr. Jayashree Todkar on the remarkable milestone of successfully completing 300 bariatric surgeries. This achievement reflects exceptional surgical expertise, dedication, and an unwavering commitment to transforming patients' lives. An inspiring achievement—here's to many more!

HEALTHCARE AWARENESS

ORTHOPAEDIC DISABILITIES CAMP

For examination and treatment of Children of age group 0-18 years

KEM Hospital PUNE

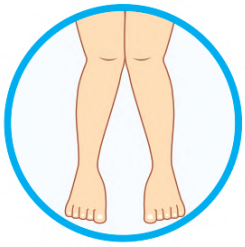
Quality and ethics in patient care

DATE	TIME	LOCATION
14th Feb 2026, Saturday	9 :00 AM to 4:00 PM	KEM Hospital, Pune

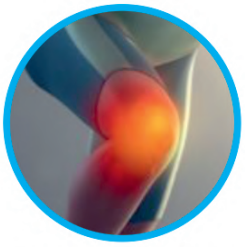
Conditions that will be treated

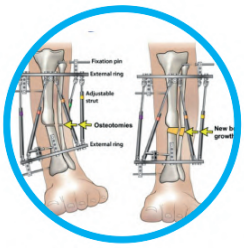

Clubfoot


Knock knee

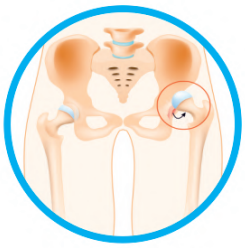

Bow legs


Toe walking

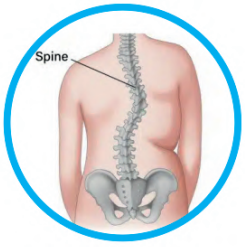

Sports injuries


Limb lengthening

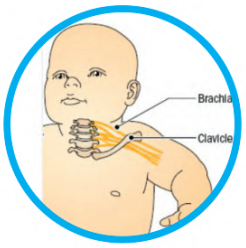

Torticollis


Congenital hip dislocation


Flat feet and other complex foot problems



Spinal problems like scoliosis, kyphosis etc



Brachial plexus palsy


Hand and finger congenital anomalies


Cerebral palsy, Botulinum Toxin injection and surgery

All Mediclaims are available

20% concession on X-ray and Lab investigation

CONSULTANTS

Paediatric Orthopaedic Surgeon
Dr. Sameer Desai

Hand Surgeon
Dr. Nilesh Darawade

Spine Surgeon
Dr. Shardul Soman
Dr. Alok Gadkari

Occupational therapy / Physiotherapy
Dr. Bharati Patil and team

Orthotics
Mr. Mahavir Jain

Registration free but compulsory. Contact: 020 6603 7460 or 8378980021

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