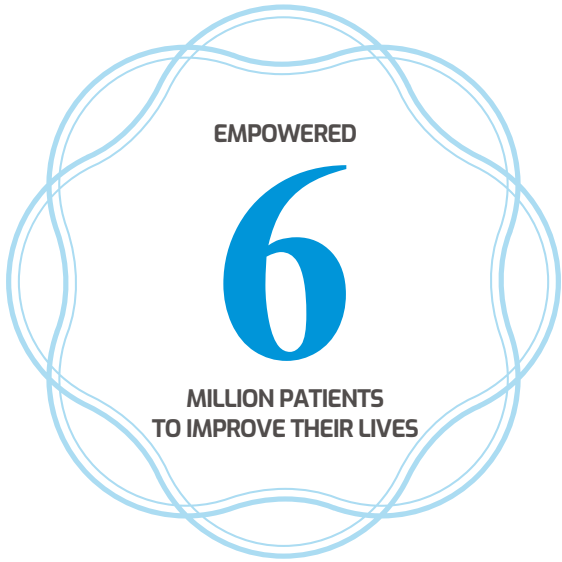
GCS Foundation

# NEWSLETTER

Issue:46 | July-Dec' 2025

## GCS Medical College, Hospital & Research Centre


GCS HOSPITAL
GCS MEDICAL COLLEGE
GCSMC HOSPITAL & RESEARCH CENTRE
GCS MULTISPECIALITY HOSPITAL


## Vision

To be a premier medical college and state-of-the-art multispecialty hospital, world class research facilities with compassionate team of doctors and staff.

## Mission

To offer medical education and create a continuous stream of trained medical professionals to provide diagnostic, therapeutic and preventive healthcare to the patients at an affordable cost.

## Core Values

We, GCS members hold the values and act according to these values.

**G**low - We seek growth of all
**C**are - Care of patient is our prime objective
**S**erve - Serving to the mankind

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# about
# GCS Foundation

## OUR PATRONS

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***We hear your feedback at communications@gcsmc.org***

The GCS Foundation, formerly known as the Gujarat Cancer Society, was established in 1961 with a vision to advance cancer care and healthcare services in Gujarat. Over the decades, the Foundation has developed three major institutions: Gujarat Cancer & Research Institute (GCRI) in 1971, Community Oncology Centre (COC) in 1988, and GCS Medical College, Hospital & Research Centre (GCSMC) in 2011. For more than six decades, the Foundation has played a significant role in strengthening cancer care, medical education, research, and community health services.

The Gujarat Cancer & Research Institute (GCRI), established in 1971 and managed by the GCS Foundation, is a premier cancer care institution recognized by the Government of India as a Regional Cancer Centre and recently upgraded to a State Cancer Institute. It is widely known for its comprehensive cancer treatment services, research activities, and patient-centric care.

The Community Oncology Centre (COC), Vasna, established in 1988, focuses on cancer prevention, early detection, hospice care, and home-based support, particularly for underserved communities. The Centre also conducts continuous cancer awareness and public education programs. A new Chemotherapy Unit is currently under construction, which will further strengthen day-care treatment and cancer support services.

The GCS Medical College, Hospital & Research Centre, established in 2011, is a key academic initiative of the Foundation. The institution offers 200 MBBS seats annually, along with 99 postgraduate (MD & MS), 6 super-specialty DNB, 40 GNM, 60 BSc Nursing, and 50 Physiotherapy seats.

The attached 1000-bed tertiary-care teaching hospital provides a wide range of specialty and super-specialty services, catering to 1,800–2,500 outpatients daily and offering valuable clinical exposure for students. Major expansions are currently underway, including new Radiotherapy and Nuclear Medicine departments, along with advanced technologies such as a Linear Accelerator, PET-CT, and Gamma Camera, further strengthening the institution's clinical and academic capabilities.

*All Donations are exempted from Income Tax Under IT Act 35(1) (ii), 80GGA (100%) & 80G (50%) CSR is accepted and approved vide Reg. No.: CSR00101651 Donations in foreign currencies accepted and approved vide Reg. No.: 041910257 Dated: 22-03-2001.*

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# EXPANDING ADVANCED CANCER CARE

# RADIATION & NUCLEAR MEDICINE

**Phase 1**

- Radiation Therapy
- PET Scan

**Phase 2**

- Brachytherapy
- High Dose Therapy
- Gamma Scan

# COMPREHENSIVE CANCER CARE

*Coming Soon

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# Healthcare

## *Insights*

July-Dec' 2025

| | Y-O-Y Growth |
|---|---|
| OPD | 12% |
| IPD | 12% |
| EMD | 5% |
| SURGERY | 75% |
| ENDOSCOPY | 6% |
| CATHLAB | 29% |
| DELIVERY | 16% |
| CHEMOTHERAPY | 22% |
| RADIOLOGY | 15% |
| LABORATORY | 11% |

**Outpatient Department (OPD)**
A strong 12% growth reflects expanding community reach, sustained patient trust, and increasing demand for specialty consultations.

**Inpatient Department (IPD)**
Admissions increased by 12%, highlighting improved clinical conversion, comprehensive treatment pathways, and growing reliance on inpatient facilities.

**Emergency Department (EMD)**
With a 5% rise, emergency services continue to deliver timely interventions and strengthen acute care responsiveness.

**Surgery**
An exceptional 75% growth marks Surgery as the highest-performing vertical, driven by advanced surgical techniques, expanded capacity, and rising referral confidence.

**Endoscopy Unit**
A steady 6% growth indicates increasing utilization of minimally invasive gastrointestinal diagnostic and therapeutic procedures, reflecting improved patient access to specialized digestive care.

**Cardiac Unit**
A significant 29% growth underscores strong momentum in interventional cardiology and increased demand for life-saving cardiac procedures.

**Maternity & Delivery**
Deliveries increased by 16%, reflecting growing trust in safe maternal care and positive neonatal outcomes.

**Chemotherapy Unit**
With a robust 22% growth, the unit continues to expand comprehensive oncology services and patient support systems.

**Radiology Services**
Radiology expanded by 15%, strengthening diagnostic precision and supporting multidisciplinary clinical decision-making.

**Laboratory Services**
A steady 11% growth in laboratory investigations reinforces the institution's strong diagnostic backbone and efficient clinical support.

**Conclusion**
The July–December 2025 performance showcases strong growth in Surgery, Cath Lab, and Oncology, along with steady expansion across key clinical and diagnostic services. These results reinforce the institution's continued commitment to quality care and patient-centered excellence.

# 4 Newbies onboard

## Dr. Sundara Krishna Chirala

***MBBS, MD, DRM, DNB | Gold Medalist (AIIMS, New Delhi)***
***Senior Consultant – Nuclear Medicine & Molecular Imaging***

Specializes in nuclear medicine, PET-CT imaging, and theranostics. Brings extensive experience in molecular imaging, advanced radiopharmaceutical therapies, and academic leadership.

## Dr. Harsh Mod

***Professor – Paediatrics***

Experienced in paediatric and neonatal intensive care with notable academic and research contributions in child healthcare.

## Dr. Nachiket Kaneria

***MD (Radiology), DM (Interventional Radiology)***
***Consultant – Interventional Radiologist***

Specializes in minimally invasive image-guided interventions, including vascular, neurointerventional, and tumor embolization procedures. Brings strong expertise in ultrasound- and CT-guided diagnostic and therapeutic techniques.

## Dr. Chinnmaykumar K. Prajapati

***MD (Radiation Oncology)***
***Consultant – Radiation Oncologist***

Specializes in advanced radiotherapy techniques including IMRT, IGRT, VMAT, SRS, SBRT, and brachytherapy, delivering precision-driven cancer treatment.

## Dr. Rujuta Parikh

***MD, DM (Cardiology)***
***Consultant – Interventional Cardiologist***

Skilled in complex coronary interventions, structural heart procedures, and cardiac device implants, with expertise in advanced interventional cardiology techniques.

## Dr. Surbhi Desai

***MCh Surgical Gastroenterology (Gold Medalist)***
***Consultant – HPB, Robotic & Laparoscopic Surgeon***

Specializes in complex HPB and GI surgeries, including liver, pancreas, and colorectal procedures. Brings expertise in robotic and minimally invasive techniques with strong perioperative and ICU care experience.

## Dr. Darshan Vithalani

***MD (Medicine), DrNB (Nephrology)***
***Consultant – Nephrologist & Transplant Physician***

Expert in acute and chronic kidney diseases, dialysis management, and kidney transplantation. Focused on advanced renal care and comprehensive transplant medicine.

## Dr. Harshil Trivedi

***MD (Internal Medicine), DrNB (Medical Gastroenterology)***
***Consultant – Gastroenterologist***

Specializes in diagnostic and therapeutic gastroenterology, including hepatology and pancreatobiliary disorders. Brings expertise in advanced endoscopic procedures such as endoscopic ultrasound and image-enhanced endoscopy.

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Reviews

# 4.6

★★★★★

6,342 Reviews

## Mr. Devendra Bhoraniya

We sincerely thank the IVF team of GCS Hospital, Ahmedabad, for their excellent treatment and outstanding care. Thanks to the doctors and supportive staff, we received a positive IVF result. Their professionalism, guidance, and emotional support are truly commendable. We highly recommend this hospital for IVF treatment. A special thanks to Shikha Ma'am for her dedicated support and care.

## Ms. Amita Chauhan

Good Experience at GCS Hospital. I would like to express my heartfelt gratitude to the entire team at GCS Hospital. From the doctors to the nurses and support staff, everyone made my experience smooth and comfortable. I had several complications during my pregnancy journey. In an emergency situation, my mother-in-law decided to bring me to GCS Hospital, as I was suffering from severe stomach pain and intestinal swelling. Despite many challenges, I delivered my baby boy in the eighth month. I have never seen God, but after meeting you and your wonderful team, I truly felt the presence of God. I do not have enough words to thank Dr. Jaishree Bamaniya Ma'am, Dr. Bhumi, Dr. Dhruva, Dr. Nida, Dr. Vincy, Dr. Priyanka, and Dr. Prutha. You were there for me 24/7, supporting and caring for me throughout. I will always remain grateful. For me, you are no less than God. Thank you so much to all the doctors and staff for your dedication and care.

## Mr. Shoorveer Singh

All the doctors here are very kind to patients. The treatment is excellent, and the cleanliness and overall facilities are very good.

## Mr. Bhavesh Somani

I have never seen God, but after meeting you, I truly felt the presence of God. I sincerely thank Dr. Manthan Patel Sir, Dr. Simaran Bhalla Ma'am, and the entire team — Dr. Akash, Dr. Nevil, Dr. Darshil, and Dr. Kush — for the countless hours and dedication you gave to ensure the best care for my father, Mr. Ramgopal G. Somani (Ward 7A, Bed No. 15). Your expertise, compassion, and commitment brought hope during a very difficult time. It is clear that healing is not just your profession — it is your calling. Thank you for saving my father's life and treating him with such kindness and care. I would also like to sincerely appreciate the Ward 7A nursing staff — Sujal Brother, Twinkle Sister, Drushti Sister, Pooja Sister, Shirali Sister, Meghal Sister, Mittal Sister, and Siddhi Sister — for their dedication, humility, and ever-smiling support. Special thanks as well to Jeetu Bhai, Sonal Ben, and Vinod Kaka from the cleaning team for maintaining a clean and hygienic environment. Once again, heartfelt thanks to the entire team for your exceptional service and humanity.

## Ms. Vaja Neeta

My father was admitted to the ICU-2 department at GCS Hospital. All the nursing staff, the nursing in-charge, and the doctors were extremely cooperative and helpful. They treated the patients like their own family members, which gave us great comfort during a difficult time. The hospital environment is also very pleasant and well-maintained. I would personally recommend their services to anyone in need of quality medical care.

# 6 Rare Oncosurgery Case

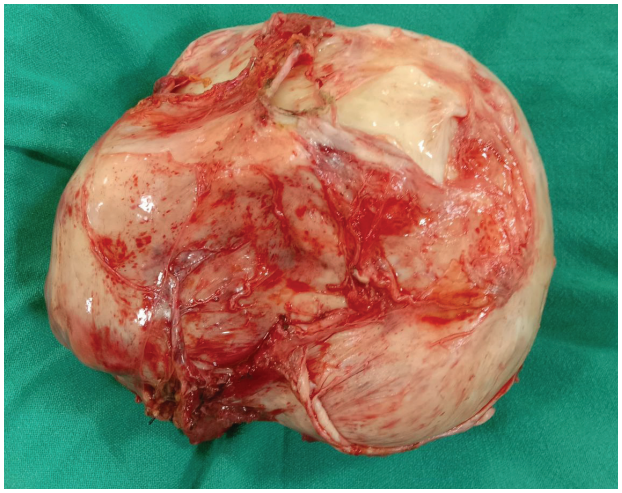
## Rare 2.75 kg Ovarian Tumor Successfully Removed at GCS Hospital

### Dr. Sanket Desai

Consultant – Surgical Oncologist

Successfully performed ***250+ cancer surgeries*** within 1.5 years, reflecting sustained clinical excellence in oncologic surgical care.

A 45-year-old married woman from Ahmedabad visited GCS Hospital with complaints of persistent abdominal pain, body swelling, and a gradually increasing heaviness of the abdomen. She consulted Dr. Sanket Desai, Consultant – Surgical Oncologist, following which detailed investigations including sonography and MRI revealed a large ovarian mass. The patient underwent surgery under the Ayushman Bharat Yojana, receiving completely free treatment. During the operation, doctors discovered that the ovarian tumor was adherent to the rectum, making the procedure complex and delicate; the surgical team successfully removed the exceptionally large ovarian tumor measuring 22.0 × 19.0 × 15.0 cm and weighing 2.75 kg without causing any damage to the rectum or surrounding organs, demonstrating expert surgical precision. Post-operative histopathology confirmed the diagnosis of a sex cord-stromal tumor of the ovary, specifically a fibrothecoma, a rare form of ovarian cancer. In India, while more than 40,000 women are diagnosed with ovarian cancer every year, sex cord-stromal tumors account for only about 3–5% of all ovarian cancers, and fibrothecomas represent approximately 10–25% of sex cord-stromal tumors, making such cases particularly uncommon—especially when presenting at this massive size. These tumors arise from the hormone-producing and supportive cells of the ovary and often grow silently with vague symptoms such as abdominal bloating, heaviness, pain, or unexplained weight gain, leading to delayed diagnosis. Following complete surgical removal, the patient made an excellent recovery, her abdominal swelling resolved fully, she was discharged within 12–13 days, and no chemotherapy was required; she is currently cancer-free and leading a normal life. Doctors at GCS Hospital emphasized that early detection of ovarian cancer is crucial for successful treatment. Women should seek medical advice if they experience persistent abdominal bloating, heaviness, lower abdominal pain, sudden increase in tummy size, difficulty eating, frequent urination, menstrual irregularities, or unexplained weight changes lasting more than two to three weeks. While there is no single screening test for ovarian cancer in the general population, pelvic examination, ultrasound (sonography), and blood tests such as CA-125 are commonly used when symptoms are present or in high-risk women, and MRI or CT scans are used for detailed assessment in selected cases. Women with a family history of ovarian or breast cancer, hormonal disorders, or long-standing ovarian or abdominal masses should undergo regular gynecological check-ups. Doctors advise that listening to one's body, timely consultation, and not delaying investigations are the most effective ways to detect ovarian cancer early and ensure successful treatment.



# GCSમાં જટિલ સર્જરીઃ અંડાશયના કેન્સરની 2.75 કિલોની ગાંઠ દૂર કરાઈ

**નવગુજરાત સમય** > અમદાવાદ

અમદાવાદની GCS હોસ્પિટલના નિષ્ણાત તબીબોએ તાજેતરમાં અંડાશયના કેન્સરની જટિલ સર્જરી કરી 2.75 કિલોની ગાંઠ કાઢીને મહિલાને ગંભીર જોખમમાંથી ઉગારીને સ્ત્રી-સ્વાસ્થ્ય જાગૃતિનું ઉત્તમ ઉદાહરણ પૂરું પાડ્યું છે.

અમદાવાદના રહેવાસી 45 વર્ષીય પરિણીત મહિલા સતત પેટમાં દુખાવો, શરીરમાં સોજા અને પેટમાં વધતા જતા ભારેપણુંની ફરિયાદ સાથે GCS હોસ્પિટલ ખાતે આવ્યા હતા. અહીં તેમણે કન્સલ્ટન્ટ સર્જિકલ ઓન્કોલોજિસ્ટ ડો. સંકેત દેસાઈનો સંપર્ક કર્યો હતો. સોનોગ્રાફી અને MRI સહિતની તપાસમાં જાણવા મળ્યું કે તેમના અંડાશય (Ovary)માં એક મોટી ગાંઠ છે. મહિલાની સારવાર આયુષ્માન ભારત યોજના હેઠળ સંપૂર્ણપણે વિનામૂલ્યે કરાઈ હતી. ઓપરેશન દરમિયાન જાણવા મળ્યું કે આ ગાંઠ મળાશય (Rectum) સાથે જોડાયેલી હતી, જેના કારણે સર્જરી અત્યંત જટિલ અને સંવેદનશીલ બની ગઈ હતી. જોકે, સર્જિકલ ટીમે નિપુણતા પૂર્વક મળાશય કે આસપાસના અન્ય અંગોને નુકસાન પહોંચાડ્યા વિના 2.75 કિલો વજનની વિશાળ ગાંઠને સફળતાપૂર્વક દૂર કરી હતી. ઓપરેશન બાદ હિસ્ટોપેથોલોજી રિપોર્ટમાં નિદાન થયું કે આ અંડાશયના કેન્સરનો એક દુર્લભ પ્રકાર 'સેક્સ કોર્ડ-સ્ટ્રોમલ ટ્યુમર' (Fibrothecoma) હતો. ભારતમાં દર વર્ષે 40,000થી વધુ મહિલાઓ ઓવરિયન કેન્સરથી પીડાય છે. આ કુલ કેન્સર પૈકી 'સેક્સ કોર્ડ-સ્ટ્રોમલ ટ્યુમર'ના કિસ્સા માત્ર 3-5% જ હોય છે. તેમાં પણ 'ફાઈબ્રોથેકોમા'નું આટલું મોટું કદ હોવું એ અત્યંત વિરલ બાબત છે.

GCS હોસ્પિટલના ડોક્ટરોએ ખાસ ભાર મૂકતા જણાવ્યું હતું કે, અંડાશયના કેન્સરની સફળ સારવાર માટે તેનું વહેલું નિદાન અત્યંત આવશ્યક છે. જો કોઈ મહિલાને નીચે મુજબના લક્ષણો બેથી ત્રણ અઠવાડિયા કરતા વધુ સમય માટે જણાય, તો તેમણે તાત્કાલિક તબીબી સલાહ લેવી જોઈએ. પેટમાં સતત ફૂલાવો કે ભારેપણું લાગવું, પેટના નીચેના ભાગમાં દુખાવો થવો, પેટના ઘેરાવામાં અચાનક વધારો થવો, ખોરાક લેવામાં મુશ્કેલી પડવી, વારંવાર પેશાબ જવાની ઈચ્છા થવી, માસિક ધર્મમાં અનિયમિતતા, વજનમાં અચાનક અને અકળ ફેરફાર થવા.

# જીસીએસમાં જ કેન્સરની ૨.૭૫

(એજન્સી) અ

અમદાવાદની જીએસસી હોસ્પિટલન તબીબોએ તાજેતરમાં અંડાશયના કેન્સરની જ કરી ૨.૭૫ કિલોની ગાંઠ કાઢીને મહીને ગંભીર ઉગારીને સ્ત્રી સ્વાસ્થ્ય જાગૃતિનું ઉત્તમ ઉદાહરણ છે. અમદાવાદના રહેવાસી ૪૫ વર્ષીય પરીણ સતત પેટમાં દુખાવો, શરીરમાં સોજા અને પે જતા ભારેપણુંની ફરીયાદ સાથે જીએસસી હો આવ્યા હતા. અહી તેમણે કન્સલ્ટન સર્જીકલ ઓ ડો. સંકેત દેસાઈનો સંપર્ક કર્યો હતો. સોનો એમઆરઆઈ સહીતની તપાસમાં જાણવા મ અંડાશયમાં એક મોટી ગાંઠ છે. મહીલાન આયુષ્યમાન ભારત યોજના હેઠળ સંપૂર્ણપણે કરાઈ હતી. ઓપરેશન દરમ્યાન જાણવા મળ્યું મળાશય સાથે જોડાયેલી હતી. જેન કારણે સ જટીલ અને સંવેદનશીલ બની ગઈ હતી. જો ટીમે નિપુણતા પુર્વક મળાશય કે આસપાસના અ

# ટીલ સર્જરી: અંડાશયના
# કિલોની ગાંઠ દૂર કરાઈ

**મદાવાદ,** ા નિષ્ણાત ટીલ સર્જરી જોખમમાંથી ા પુરું પાડયું ીત મહીલા ટમાં વધતા સ્પિટલ ખાતે ોન્કલોજીસ્ટ ાફી અને યું કે તેમના ી સારવાર વિનામુલ્યે ું કે આ ગાંઠ જરી અત્યંત કે સર્જીકલ ન્ય અંગોને

નુકશાન પહોચાડયા વિના ૨.૭૫ કિલો વજનની વિશાળ ગાંઠને સફળતાપુર્વક દુર કરી હતી. ઓપરેશન બાદ હિસ્ટોપેથોલોજી રીપોર્ટમાં નિદાન થયું છે. આ અંડાશયમાં કેન્સરનો એક દુર્લભ પ્રકાર સેક્સકોર્ડ સ્ટ્રોમલ ટયુમર હતો. ભારતમાં દર વર્ષે ૪૦,૦૦૦થી વધુ મહીલાઓ ઓવરીયન કેન્સરથી પીડાય છે. આ કુલ કેન્સર પૈકી સેક્સ કોર્ડ- સ્ટ્રોમલ ટયુમરના કિસ્સા માત્ર ૩.૫% જ હોય છે. તેમાં પણ ફાઈબ્રોથેકોમાનું આટલું મોટું કદ હોવું એ અત્યંત વિરલ બાબત છે. જીએસસી હોસ્પિટલના ડોકટરોએ ખાસ ભાર મુકતા જણાવ્યું હતુંકે, અંડાશયના કેન્સરની સફળ સારવાર માટે તેનું વહેલું નિદાન અત્યંત આવશ્યક છે. જોકોઈ મહીલાને નીચે મુજબના લક્ષણો બેથી ત્રણ અઠવાડીયા કરતા વધુ સમય માટે જણાય તો તેમણે તાત્કાલીક તબીબી સલાહ લેવી જોઈએ. પેટમાં સતત ફુલાવો કે ભારેપણું લાગવું પેટના નીચેના ભાગમાં થવો પેટના ઘેરાવામાં અચાનક વધારો થયો ખોરાક લેવામાં મુશ્કેલી પડવી વારંવાર પેશાબ જવાની ઈચ્છા થવી. માસિક ધર્મમાં અનિયમીતતા વજનમાં અચાનક અને અકળ ફેરફાર થયા.

## महिला की सर्जरी, पौने तीन किलो की कैंसर की गांठ निकाली

**अहमदाबाद@पत्रिका.** ओवरी (अंडाशय) का कैंसर महिलाओं में तेजी से बढ़ रहा है, लेकिन इसका एक दुर्लभ प्रकार फाइब्रोथेकोमा है जो कैंसर के केवल 3 से 5 प्रतिशत मरीजों में पाया जाता है। आमतौर पर इस तरह की गांठें छोटी होती हैं, पर अहमदाबाद के गुजरात कैंसर सोसाइटी संचालित (जीसीएस) अस्पताल में डॉक्टरों ने हाल ही में एक महिला के अंडाशय से पौने तीन किलो वजनी गांठ सफलतापूर्वक हटाई। इतने आकार की गांठ इस तरह के कैंसर में दुर्लभ होती है। अस्पताल के डा. संकेत देसाई के अनुसार 45 वर्षीय एक महिला लगातार पेट दर्द, सूजन और भारीपन की शिकायत लेकर अस्पताल पहुंची थी। जांच में अंडाशय में बड़ी गांठ का पता चला, जो रेक्टम से जुड़ी होने के कारण सर्जरी को बेहद जटिल बना रही थी। लेकिन विशेषज्ञ टीम ने बिना किसी अंग को नुकसान पहुंचाए गांठ को निकाल दिया। डा. देसाई ने बताया कि महिला का इलाज आयुष्मान भारत योजना के तहत पूरी तरह मुफ्त हुआ। हिस्टोपैथोलॉजी रिपोर्ट में पुष्टि हुई कि फाइब्रोथेकोमा है। ऑपरेशन के बाद महिला की हालत तेजी से सुधरी और 12 दिन में उन्हें छुट्टी दे दी गई। डॉक्टरों ने कहा कि ओवरी कैंसर की सफल उपचार के लिए समय रहते निदान जरूरी है। पेट फूलना, दर्द, मासिक धर्म में अनियमितता या अचानक वजन बदलना जैसे लक्षण दिखें तो तुरंत चिकित्सकीय सलाह लेनी चाहिए।

# 7 Global Connect
## Endoscopic Spine Surgery

## Live Endoscopic Spine Surgery by Global Expert at GCS Hospital

Internationally renowned endoscopic spine surgeon Dr John Choi, along with Dr Keyur Akbari, performed a live endoscopic spine surgery at GCS Hospital, demonstrating advanced minimally invasive techniques and sharing valuable surgical insights with young spine surgeons.

Ahmedabad witnessed an important milestone in minimally invasive spine surgery when internationally renowned endoscopic spine surgeon Dr John Choi visited GCS Hospital and performed a live endoscopic spine surgery along with Dr Keyur Akbari.

The event brought together spine surgeons and trainees who gathered to learn advanced surgical techniques from one of the pioneers of endoscopic spine surgery.

Dr John Choi is widely recognized in the global spine surgery community for his expertise in endoscopic spine procedures, which allow surgeons to treat spinal conditions through very small incisions with minimal tissue damage.

These advanced techniques help reduce post-operative pain, shorten hospital stay, and enable faster recovery compared to conventional spine surgeries.

During his visit, Dr Choi performed a live endoscopic spinal procedure demonstrating the precision and skill required for this highly specialized technique. The surgery was carried out in collaboration with Dr Keyur Akbari, who has been actively performing endoscopic spine surgeries at GCS Hospital and is among the few surgeons in Ahmedabad practicing this advanced minimally invasive method.

The operating theatre became a valuable learning platform as around ten young spine surgeons from Ahmedabad attended the procedure to observe and gain practical insights.

Throughout the surgery, Dr Choi shared important surgical tips, decision-making strategies, and technical nuances that are often learned only through extensive surgical experience.

The occasion also highlighted a meaningful mentorship journey. Earlier in his career, Dr Keyur Akbari had travelled to Melbourne to receive specialized training in endoscopic spine surgery under the mentorship of Dr John Choi. After returning to Ahmedabad, Dr Akbari introduced and gradually expanded endoscopic spine surgery services at GCS Hospital, helping bring advanced spine care closer to patients in the region.

Adding further significance, the surgery was live telecast, allowing spine surgeons from different parts of the world to observe the procedure remotely.

Such initiatives help promote knowledge sharing and encourage the adoption of advanced minimally invasive techniques among the wider surgical community.

Dr John Choi's visit represents an important step in strengthening the practice of endoscopic spine surgery in Ahmedabad, ensuring that patients have access to modern, minimally invasive spine treatment options with faster recovery and improved outcomes.

# 8 Doc's *Corner*

**Dr. Haresh Doshi**
MD, PhD, FICOG, Diploma (USG),
PGCML, PGDMLS, PGDCR, PGDHHM
**Professor & Head - ObGy**

## Caesarean section epidemic : Birthquake on earth !!

"Cesarean has been both the blessing and curse of modern medicine"
Currently cesarean section is the most common major surgery performed on females worldwide. With all modern facilities cesarean section has become a safe surgery. This has, albeit wrongly, emboldened obstetricians to perform more and more Caesarean sections with trivial indications. In 1985, WHO issued a consensus statement that ideal Caesarean Section rate is 10-15 % and there were no additional health benefits above this rate. But 30 years later in view of changed obstetric scenario 10-15 % rate no longer deemed appropriate as a universal benchmark and WHO issued a new statement in 2015 "Every effort should be made to provide cesarean sections to women in need, rather than striving to achieve a specific rate".
In India the CS rate has increased from 2.9 per cent of the childbirth in 1992-93 (NFHS-1) to 21.5 per cent in 2019-21(NFHS-5). There is vast variation across states and rural and urban areas as well as public & private facilities with CS rate ranging from 5-60 %. More than 50 lakhs cesarean sections happened in India in 2025.
This escalating CS rate is a major public health problem because cesarean section increases the health risk for mothers and babies as well as the cost of health care compared with normal deliveries. Caesarean section is associated with maternal postpartum morbidity, reduced fertility, chronic pelvic pain and placental complications (Placenta accreta syndrome - PAS disorders) in a subsequent pregnancy. Post partum morbidity include febrile morbidity, sepsis, hemorrhage, wound infection, thromboembolic complications and post operative adhesions. The risk to the woman grow exponentially with each subsequent C-section after the first or second one. The overall relative risk of mortality associated with cesarean section compared with vaginal delivery is 7. For the child, cesarean section is associated with respiratory distress syndrome, pulmonary hypertension, asthama, less breast feeding, symptomatic food allergies & obesity. There are many causes for the rising rates of Caesarean sections. Medical, legal, financial, psychosocial & Institutional factors play a contributing role. Number of elderly gravida, infertility treated cases, obesity & diabetes, all have increased in numbers and they lead to increased cesareans

which is justified. Cesareans now increasingly done for doctor's or patient's convenience, for astrological reasons and for commercial reasons are wrong and amounts to scientific fraud in clinical practice. Other reasons for increased cesareans include litigation pressures, increased inductions of labors , repeat cesarean section, cesarean section on demand, fear of painful natural birth and fear of pelvic dysfunction after vaginal delivery. Increased litigation in last few decades and also violence against doctors have caused them to err on the side of caution by performing cesareans. But it is interesting to note that during the years that defensive obstetrics has grown in numbers there has been no slow down on litigation. Thus performing CS does not make obstetrician immune to litigation. Induction of labour has risen to more than 30 % leading to increase the incidence of cesarean section for so called failed induction & fetal distress. One must assess the case thoroughly before induction of labour & ensure that it is justified. Repeat cesarean section is now becoming a major indication. Eventhough vaginal birth after cesarean section (VBAC) is successful in 60-80 % cases with only less than 1 % chance of uterine rupture, few obstetricians and patients are ready to take the risks of vaginal trial after previous cesarean section. TOLAC (Trial of labor after cesarean) is potentially underused procedure. The philosophy and practice of TOLAC has now largely remained with teaching hospitals. With decreasing incidence of VBAC old adage " once a cesarean section always a cesarean " has apparently made a comeback. Regarding cesarean section on demand FIGO ( Federation International of Gynecologists & Obstetricians) states that performing CS for nonmedical reason is ethically not justified. "Many celebrity moms all over the world are against cesareans". Due to their ignorance about childbirth pregnant women have fear of pain in natural birth, have worry that their vagina may be stretched or damaged by a normal delivery or mistakenly believe that cesarean is less risky or at least as safe as vaginal delivery. The women must be counseled that vaginal bypass approach is not as safe as they think. One must understand that pregnancy & delivery are normal physiological states in women and not illness. Deteriorating skill & inexperience in obstetric manouevers like operative vaginal delivery (forceps,vacuum) and external cephalic version for breech presentation are other causes for increased cesareans. Training of residents in obstetric manouevers is the need of the hour. "The art of obstetrics is being lost to the knife" Lastly fetal distress and failure of progress of labour requires mention. Technology boomed in last few decades especially in medical fields and ultrasonography and fetal monitors became obstetricians favorite necessities. These have lead to overdiagnosis of fetal distress and cesareans without much change in perinatal outcome. Implementation of standard labour management strategies and patience on the part of doctors, patients and relatives as well, can reduce primary cesarean section rate without compromising maternal & fetal safety. The WHO in 2017 recommended Robson classification (10 groups) system to Analyze, monitor and compare CS rates across health care facilities globally. It helps in identifying which group is responsible high CS rate and accordingly measures can be taken to decrease the rate. The cesarean epidemic is a reason for immediate concern and deserves serious international attention. It is high time to deal with this issue seriously otherwise in near future vaginal delivery will reduce to an alarming low level.

# Healing Stories

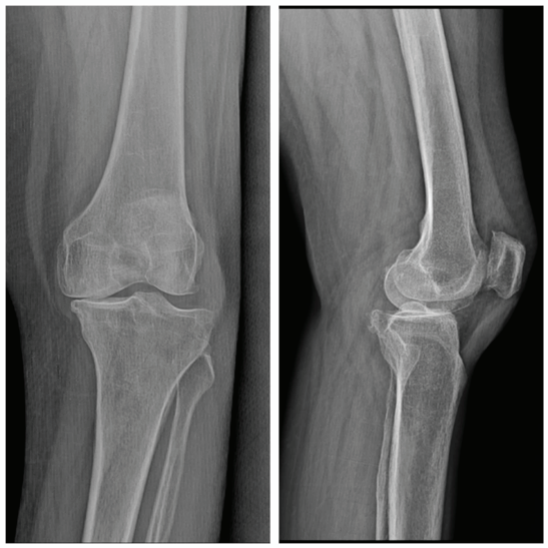
# RESTORING MOBILITY THROUGH PRECISION SURGERY: MEDIAL UNICONDYLAR KNEE REPLACEMENT

**Dr. Jyotish Patel**
**Professor & Head - Orthopedics**

The Department of Orthopaedics successfully managed a 52-year-old female presenting with chronic left knee pain and restricted range of movement, significantly affecting her daily activities and walking capacity. The patient, a known case of hypertension on medication and chronic tobacco use, reported dull, aching pain predominantly over the medial aspect of the left knee. She was unable to walk beyond 500 meters due to severe pain. Previous conservative management including medications and physiotherapy at multiple centers failed to provide sustained relief.

On examination, there were bony crepitations, 5-degree fixed flexion deformity, varus alignment of the left knee, and medial joint line tenderness. Radiographs revealed isolated medial condyle osteoarthritis of the left knee, with preserved lateral compartment and patellofemoral joint.

After detailed clinical and radiological evaluation, the patient was counselled regarding treatment options, and Medial Unicondylar Knee Replacement (UKR) was considered.

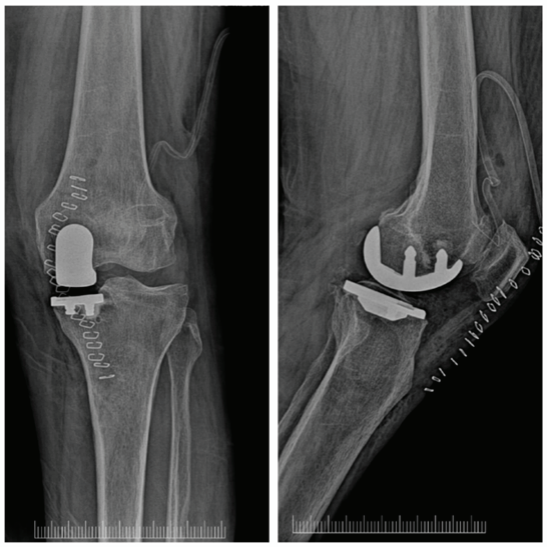


She underwent thorough screening for indications and contraindications including age, BMI, absence of systemic inflammatory arthritis, no significant ligament laxity on MRI, and no excessive varus/valgus opening — all parameters

confirming her suitability for UKR.

The patient underwent Left Medial Unicondylar Knee Replacement using a Depuy implant under the expertise of Dr. Jyotish Patel. The postoperative period was uneventful. Early mobilization was initiated on the same day with in-bed knee flexion exercises.

On postoperative day one, bedside knee exercises and full weight-bearing ambulation with walker support were started. The surgical wound remained healthy, physiotherapy protocols were taught, and the patient was discharged on POD-3.



**Follow-up outcomes were highly encouraging:**

**1 Week:** Significant pain reduction and improved range of motion. Walking short distances without support.

**1 Month:** Further improvement in mobility and sustained pain relief.

**3 Months:** Walking nearly 1 kilometre without support, minimal pain, and complete functional satisfaction.

The patient expressed high satisfaction with the outcome and reported restoration of confidence in daily mobility.

## Clinical Insight: Targeted Joint Preservation in Early Compartmental Osteoarthritis

Unicondylar Knee Replacement is an advanced, joint-preserving surgical modality designed for patients with isolated compartmental osteoarthritis and intact ligaments.

Compared to Total Knee Replacement, UKR offers advantages including smaller incision, preservation of native knee kinematics, faster recovery, reduced blood loss, and improved functional outcomes in appropriately selected patients.

Careful patient selection, detailed imaging assessment, and precise surgical technique are critical for long-term success. In relatively younger and active patients with single-compartment involvement, UKR provides an effective and durable alternative to total knee replacement.

# PUSHING THE BOUNDARIES OF MINIMALLY INVASIVE VALVE THERAPY: TAVR IN AN EXTREMELY SMALL AORTIC ANNULUS

**Dr. Roopesh Singhal**
**Professor & Head**
**Interventional Cardiology**

The Heart Team recently managed a critically ill 69-year-old frail woman weighing only 38 kg who presented with progressively worsening breathlessness due to severe calcific aortic stenosis. Despite preserved left ventricular systolic function, her overall physiological status was profoundly compromised.

She was severely anemic (hemoglobin 6.2 g/dL) and in acute renal failure (creatinine 7.2 mg/dL), requiring urgent blood transfusions and three sessions of dialysis prior to definitive intervention. Her frailty, low body mass, and multi-organ involvement placed her in a very high-risk category.

Conventional surgical aortic valve replacement was deemed extremely high risk, with a predicted operative mortality of 21%. In view of her comorbidities and fragile clinical state, the multidisciplinary Heart Team carefully evaluated all therapeutic options. After comprehensive imaging, risk stratification, and detailed discussion with the family, Transcatheter Aortic Valve Replacement (TAVR) was chosen as the most feasible and life-saving alternative.

Pre-procedural CT angiography revealed extraordinarily challenging anatomy. The aortic annulus measured only 183.7 $mm^2$ — among the smallest annular dimensions documented for successful TAVR. The left ventricular outflow tract was narrow and funnel-shaped, increasing the risk of suboptimal valve expansion and elevated residual gradients.

Additionally, the iliofemoral access posed significant technical difficulty: the femoral artery measured just 5.4 mm in diameter and was heavily calcified, raising concerns regarding vascular complications. Meticulous procedural planning was undertaken. A self-expanding TAVR valve was selected to optimize radial force, conformability, and hemodynamic perfor

mance in the context of small annulus anatomy. Deployment was performed with exceptional precision, maintaining 2 mm depth control to reduce the risk of conduction disturbances and need for pacemaker implantation.

Intra-procedural hemodynamic assessment showed dramatic improvement, with the transvalvular gradient decreasing from 48 mmHg pre-procedure to 6 mmHg post-implantation, indicating excellent valve performance.

The patient's recovery was notable. Breathlessness improved significantly, renal parameters stabilized, and there were no major conduction abnormalities or vascular complications.

Early mobilization was achieved, and she was discharged home on the fourth postoperative day — an impressive recovery given her initial critical presentation.

This case exemplifies the expanding frontiers of structural heart intervention. Performing TAVR in an annulus below 200 $mm^2$ is rarely reported globally due to the heightened procedural complexity and risk.

In populations such as India, where smaller body size often correlates with smaller annular dimensions, expertise in managing small annulus anatomy becomes particularly relevant. Through advanced CT-based planning, careful valve selection, and precise implantation technique, even the most challenging anatomies can now be treated successfully — redefining what is achievable in minimally invasive valve therapy.

## Clinical Insight: TAVR in a Small Aortic Annulus – Expanding the Limits of Structural Heart Intervention

TAVR is a minimally invasive procedure in which a bioprosthetic valve is delivered via catheter — usually through the femoral artery — and implanted within the diseased aortic valve, avoiding open-heart surgery. While highly effective in elderly and high-risk patients, performing TAVR in a small aortic annulus (generally <430 $mm^2$, and particularly <200 $mm^2$) presents significant technical challenges. These include risk of incomplete valve expansion, higher residual gradients, conduction disturbances requiring pacemaker implantation, and potential valve malposition.

Annular dimensions below 200 $mm^2$ are rarely reported globally due to the increased procedural complexity. With an annular area of 183.7 $mm^2$, this case represents one of the smallest anatomies successfully treated with TAVR. Such anatomy is particularly relevant in the Indian population, where smaller body habitus often translates to smaller valve dimensions.

This case highlights how meticulous CT-based planning, appropriate valve selection, and precise implantation technique can safely extend minimally invasive valve therapy even to extremely small and high-risk anatomies — redefining what is achievable in contemporary structural heart intervention.

# A REMARKABLE RECOVERY: DEFEATING A RARE LUNG FUNGAL DISEASE THROUGH ADVANCED SURGERY

**Dr. Parth Vaghela**
Consultant Cardiothoracic & Vascular Surgeon

In a remarkable example of advanced thoracic surgical expertise, a rare and complex lung condition known as Pulmonary Aspergilloma was successfully treated by Dr. Parth Vaghela, Cardiovascular and Thoracic Surgeon, at GCS Hospital. The surgery brought immense relief to Mrs. Poniben Marwadi, who had been suffering from severe respiratory symptoms for several months.

The patient presented with persistent respiratory complaints including chronic cough, breathlessness, fatigue, and recurrent episodes of hemoptysis (coughing up blood), which had significantly affected her daily life. Despite receiving treatment earlier, her symptoms continued to worsen, prompting further medical evaluation and specialized care.

Detailed clinical assessment and diagnostic investigations revealed the presence of Pulmonary Aspergilloma, a rare fungal condition often described as a “fungal ball in the lung.” This condition develops when the fungus Aspergillus colonizes a pre-existing cavity within the lung. Such cavities are commonly formed after previous lung diseases such as tuberculosis, chronic infections, or structural lung damage, which create an environment where fungal growth can occur.

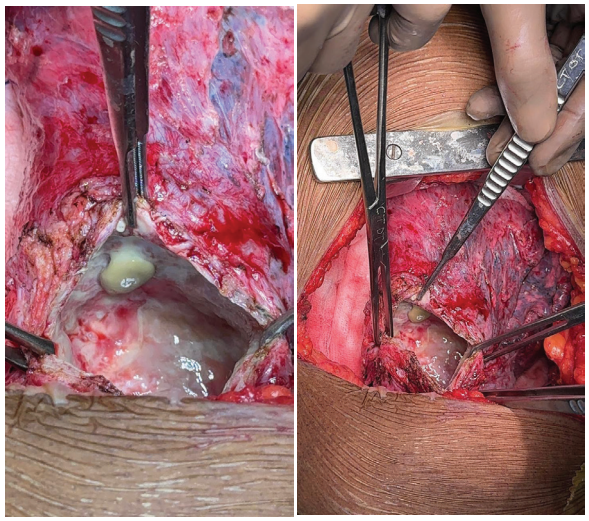
In symptomatic cases like this, surgical intervention becomes essential to prevent complications such as massive hemoptysis and progressive lung damage. Thoracic surgery for aspergilloma is considered technically demanding, as the surrounding lung tissue is often inflamed, fragile, and prone to bleeding during the procedure.

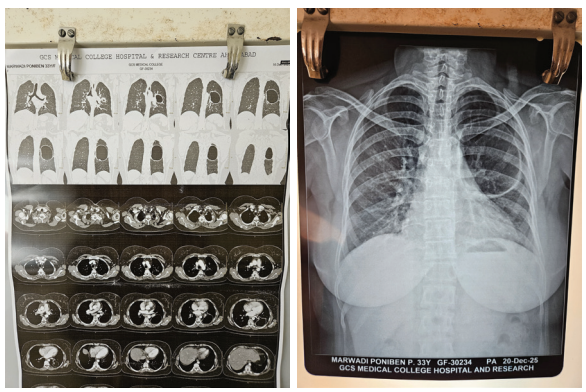
Despite these challenges, the surgical team led by Dr. Parth Vaghela successfully performed the procedure, carefully removing the fungal mass along with the affected portion of the

lung. The surgery was completed successfully with meticulous surgical planning and expert intraoperative management.

Following the procedure, Mrs. Marwadi showed significant improvement in breathing and overall health, with relief from her previous symptoms. Her recovery highlights the importance of timely diagnosis, specialized surgical care, and multidisciplinary management in treating rare and complex lung diseases.

This successful outcome reflects the advanced thoracic surgical capabilities and patient-centered care available at GCS Hospital, where expertise and timely intervention continue to transform challenging medical conditions into stories of recovery and hope.






## Clinical Insight: Pulmonary Aspergilloma

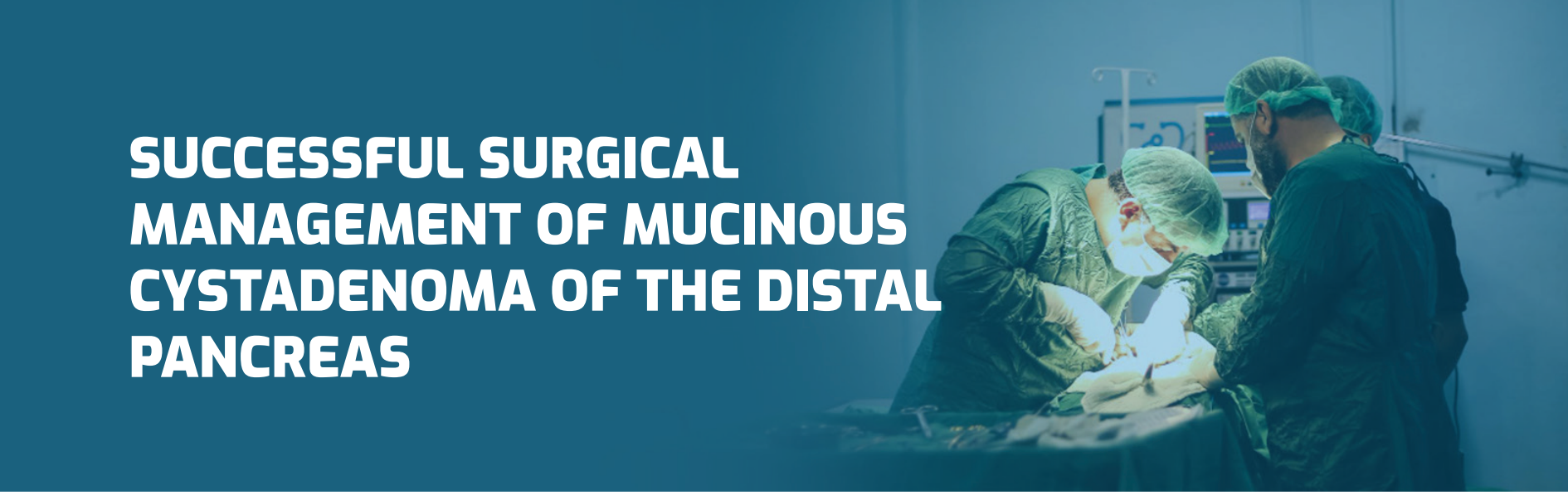
Pulmonary aspergilloma develops when the fungus Aspergillus colonizes a pre-existing lung cavity, forming a dense fungal mass often described as a “fungal ball.” These cavities usually arise due to conditions such as tuberculosis, sarcoidosis, chronic infections, or emphysema.

As fungal filaments, mucus, and cellular debris accumulate within the cavity, the mass can irritate surrounding lung tissues and blood vessels. This may lead to symptoms such as persistent cough, chest pain, breathlessness, fatigue, and hemoptysis. In severe cases, bleeding from the lungs can become life-threatening.

Pulmonary aspergilloma is considered a manifestation of Chronic Pulmonary Aspergillosis (CPA) and is relatively uncommon in healthy individuals. Globally, it is estimated that 1.2–3 million people suffer from chronic pulmonary aspergillosis. In countries with a high tuberculosis burden, the condition is more common, as approximately 22% of patients with post-tuberculosis lung cavities may develop chronic pulmonary aspergillosis.

For symptomatic patients, surgical removal of the affected lung portion often remains the most effective treatment, particularly when there is a risk of recurrent or severe hemoptysis.

# SUCCESSFUL SURGICAL MANAGEMENT OF MUCINOUS CYSTADENOMA OF THE DISTAL PANCREAS

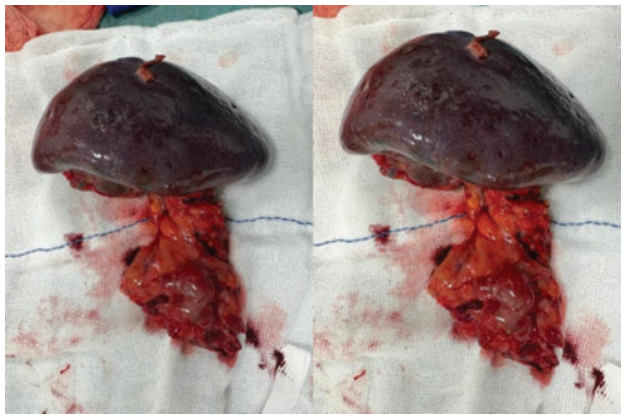


**Dr. Shashank Desai**
**Professor & Head**
**General Surgery**

The Department of General Surgery at GCS Hospital successfully managed a rare case of mucinous cystadenoma involving the distal body and tail of the pancreas in a 70-year-old female patient.

The patient presented with complaints of generalized abdominal pain associated with nausea for approximately one month. She was a known case of hypertension and hypothyroidism for eight years and had type-2 diabetes mellitus for five years. There was no history of previous abdominal surgery or similar complaints in the past.

On clinical examination, the abdomen was soft and non-tender with no palpable mass or dilated veins. Ultrasonography of the whole abdomen revealed a well-defined fluid-density lesion measuring approximately 29 × 32 mm involving the distal body and tail of the pancreas, suggesting a cystic neoplasm, most likely mucinous in nature.

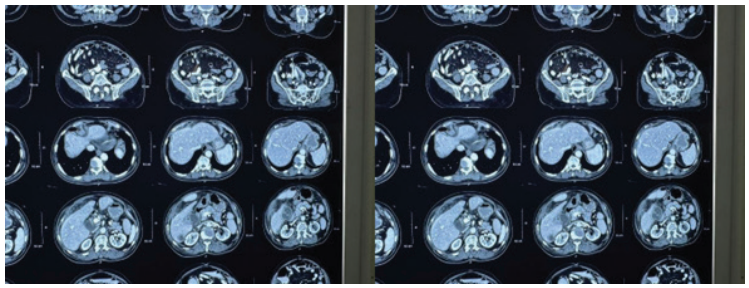


For further evaluation, a contrast-enhanced CT (CECT) scan of the abdomen was performed. Imaging confirmed the presence of a well-defined lobulated cystic lesion measuring 29 × 26 × 23 mm in the distal body of the pancreas, showing peripheral enhancement with internal septations and focal calcifications in the septa and peripheral wall.

The lesion was seen abutting the stomach anteriorly with focal loss of fat planes, while posteromedially it abutted the splenic vein with focal narrowing but without definitive thrombosis. The splenic artery was also in close proximity without evidence of intraluminal invasion.

Laboratory investigations were within acceptable limits. Tumor marker CEA was 1.26 ng/ml, bilirubin levels were normal (0.25/0.12/0.13 mg/dl), SGPT was mildly elevated (147 U/L), ALP was 120 U/L, serum amylase was 45 U/L, and serum lipase was 89 U/L.

After multidisciplinary discussion and surgical planning, the patient underwent distal pancreatectomy with splenectomy. Intraoperatively, a cystic lesion measuring approximately 3 × 2 cm was identified in the distal body of the pancreas without adhesions or infiltration into surrounding structures. The stomach was found to be free from the lesion. The pancreas was transected approximately 3–4 cm proximal to the lesion using an 80-blue linear GI stapler, and the entire specimen including the distal pancreas and spleen was excised and sent for histopathological examination.



Histopathological examination confirmed the diagnosis of mucinous cystadenoma of the pancreas, with associated congestive splenomegaly. The patient had an uneventful postoperative recovery. She tolerated a full diet, passed stool and flatus regularly, and the surgical wound healed well.

She was discharged on postoperative day 14 in stable condition with all sutures removed.

## Clinical Insight: Importance of Early Detection and Surgical Management of Pancreatic Cystic Neoplasms

Mucinous cystadenoma is a relatively rare cystic tumor of the pancreas that predominantly occurs in elderly females and most commonly involves the body and tail of the pancreas. Although benign, these lesions carry a potential risk for malignant transformation if left untreated.

Imaging modalities such as ultrasound and contrast-enhanced CT play a crucial role in identifying characteristic features including septations, calcifications, and cyst wall enhancement. Surgical resection remains the treatment of choice for mucinous cystic neoplasms due to their malignant potential.

Timely diagnosis and definitive surgical management, as demonstrated in this case, can provide excellent outcomes and prevent progression to invasive pancreatic cancer.

# OVERCOMING COMPLEX FIBROID CHALLENGES THROUGH INDIVIDUALISED SURGICAL CARE.

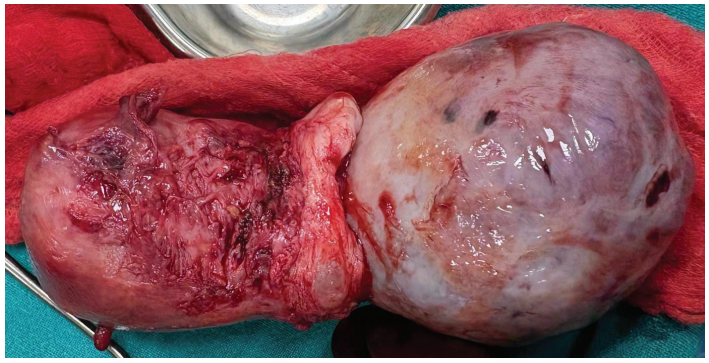
**Dr. Haresh Doshi**
**Professor & Head - ObGy**

### Case 1: Fibroid Polyp Mimicking Malignancy

A 43-year-old female from Uttar Pradesh was referred with a large vaginal mass, abnormal uterine bleeding, and severe anemia. Clinically, the mass raised suspicion of malignancy.

However, detailed imaging with ultrasound and MRI ruled out cancer and confirmed a large benign fibroid polyp measuring 7.3 × 6.5 × 6 cm.

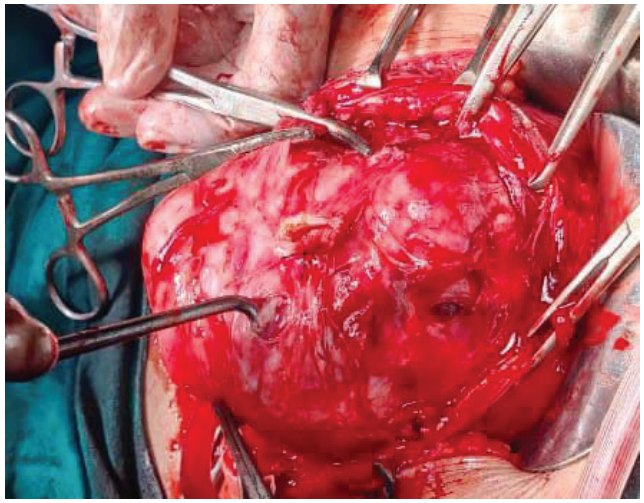
The patient's hemoglobin was critically low, requiring transfusion of 3 PCVs prior to surgery. Due to difficulty in vaginal accessibility, an abdominal panhysterectomy was planned. Intraoperatively, the uterus with fibroid mass was removed en bloc, demonstrating a classic "Lantern on Dome" appearance. The patient recovered well with satisfactory wound healing and was discharged in stable condition.



### Case 2: Fertility-Preserving Myomectomy in a Large Fibroid

A 45-year-old woman from Rajkot presented with infertility and a large fibroid measuring 11.8 × 10.4 × 9.2 cm. She had previously been advised hysterectomy elsewhere. However, considering her strong desire for uterine preservation in her second marriage, a conservative approach was planned.

Preoperative shrinkage was achieved with three monthly doses of Inj. Leuprolide (3.75 mg). Subsequently, abdominal myomectomy with partial



morcellation was performed successfully, preserving the uterus. The procedure was technically demanding due to size and vascularity, but meticulous surgical technique ensured minimal blood loss and optimal recovery. She was discharged with good postoperative healing.

**Case 3: Giant Long-Standing Fibroid with Comorbid Diabetes**

A 43-year-old staff nurse with a 13-year history of heavy menstrual bleeding presented with a massive fibroid measuring 17 × 15 × 11 cm. She was a known diabetic on medical management, increasing perioperative risk.

After medical optimization and transfusion of 2 PCVs, an abdominal panhysterectomy was performed. Despite the fibroid's size and metabolic comorbidity, the surgery was completed safely without complications. Postoperative recovery was smooth, and the patient was discharged in stable condition.

## Clinical Insight: Managing Complex and High-Risk Fibroid Uterus: Three Challenging Surgical Experiences

These three cases underscore the importance of thorough clinical evaluation, advanced imaging, and individualized surgical planning in the management of complex fibroid uterus. Large fibroids may clinically mimic malignancy, cause severe anemia, or present unique fertility challenges, requiring careful differentiation and patient-centered decision-making. Preoperative optimization, including correction of anemia and hormonal therapy for size reduction, plays a crucial role in improving surgical safety and outcomes.

Furthermore, balancing definitive surgery with fertility preservation demands not only technical expertise but also empathetic counselling aligned with patient expectations. With meticulous planning and multidisciplinary care, even giant or long-standing fibroids with comorbidities can be managed safely, ensuring excellent recovery and improved quality of life.

# MANAGING RARE ADNEXAL AND EXTERNAL AUDITORY CANAL TUMOURS: DIAGNOSTIC PRECISION IN ENT PRACTICE

**Dr. Vishal Dave**
**Professor & Head - ENT**

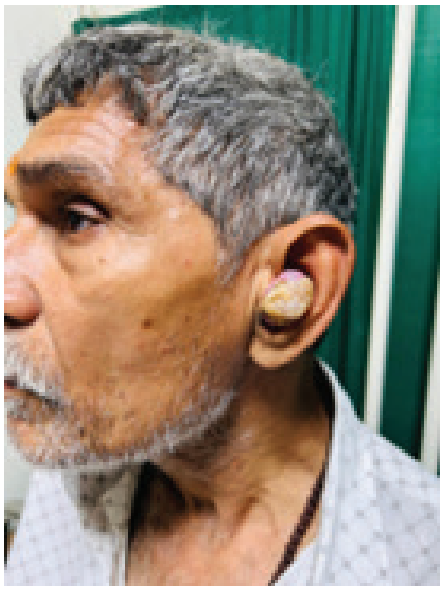
**Case 1: Benign Adnexal Tumour – Trichilemmoma**

A 37-year-old male presented with a painless, progressively enlarging 2 × 2 cm pedunculated swelling over the left preauricular region of six months duration. The lesion was firm, non-tender, ulcerative, and prone to bleeding on touch. Given its appearance, differential diagnoses included basal cell carcinoma, eccrine poroma, trichilemmal carcinoma, and squamous cell carcinoma.

Punch biopsy demonstrated hyperkeratosis, parakeratosis, and acanthosis without evidence of malignancy. Complete excision biopsy confirmed a benign adnexal tumour consistent with Trichilemmoma — a rare tumour arising from the outer root sheath of pilosebaceous follicles. Although benign, Trichilemmoma holds clinical significance due to its association with Cowden disease, an autosomal dominant condition linked to PTEN mutation and increased risk of thyroid and breast malignancies. The patient recovered well post-excision.

### Case 2: Epidermoid Cyst of the External Auditory Canal

A 54-year-old male presented with an eight-month history of painless, progressively enlarging swelling from the left external auditory meatus, associated with hearing loss. There was no history of trauma or infection. Examination revealed a 3 × 2 cm firm, mobile mass within the external auditory canal.



HRCT of the temporal bone showed a 24 × 36 × 27 mm peripherally enhancing hypodense lesion confined to the canal without bony erosion. Complete surgical excision was performed. Histopathological examination confirmed a cyst lined by keratinized stratified squamous epithelium without atypia, consistent with an Epidermoid Cyst. The postoperative course was uneventful.

### Clinical Insight: Importance of Histopathological Confirmation in Unusual ENT Masses

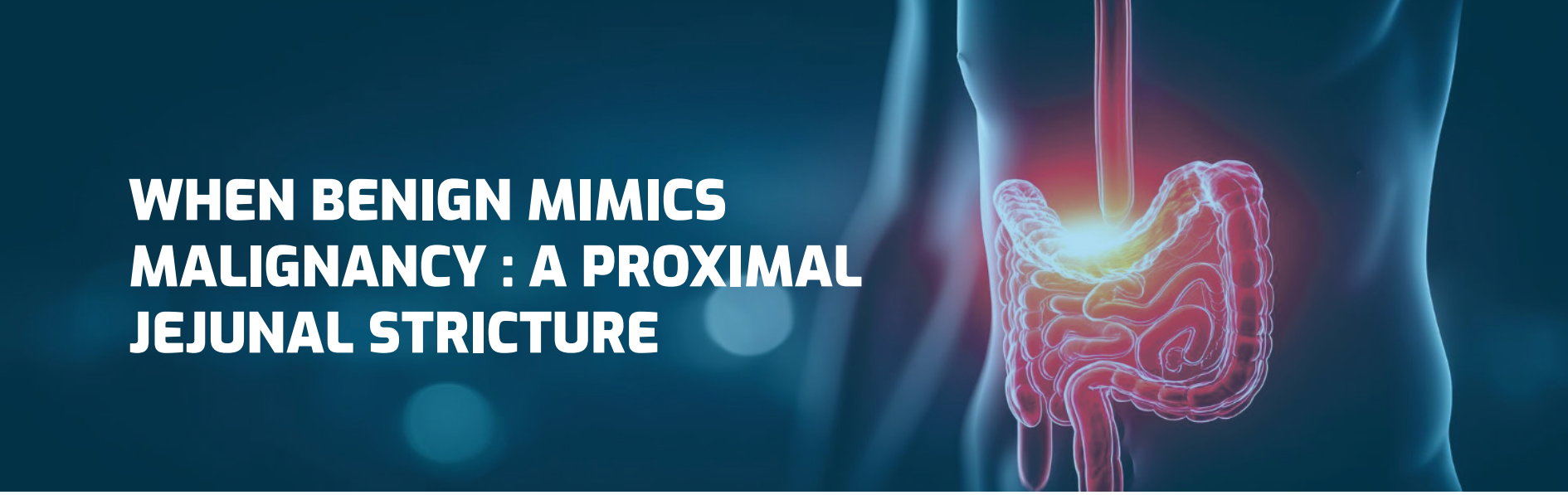
Rare adnexal tumours and external auditory canal masses often present with features that clinically resemble malignant lesions, making careful evaluation essential.

These cases highlight the importance of maintaining a broad differential diagnosis, utilizing appropriate imaging such as HRCT for anatomical assessment, and confirming the diagnosis through histopathology.

Surgical excision serves both diagnostic and therapeutic purposes, preventing complications and recurrence. Furthermore, awareness of syndromic associations, such as the link between Trichilemmoma and Cowden disease, is crucial for comprehensive patient evaluation and long-term surveillance.

Early identification and precise management ensure optimal outcomes even in uncommon ENT presentations.

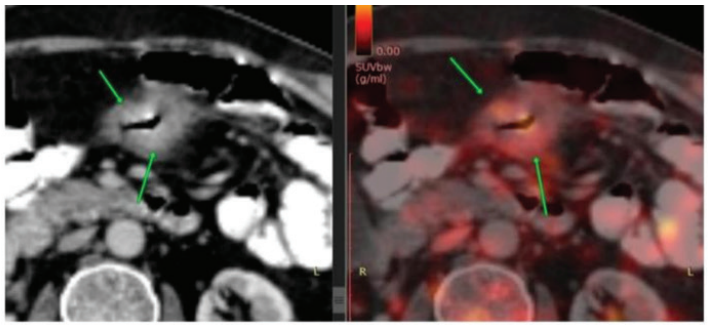
# WHEN BENIGN MIMICS MALIGNANCY : A PROXIMAL JEJUNAL STRICTURE



**Dr. Surbhi Desai**
**Consultant – HPB, Robotic & Laparoscopic Surgeon**

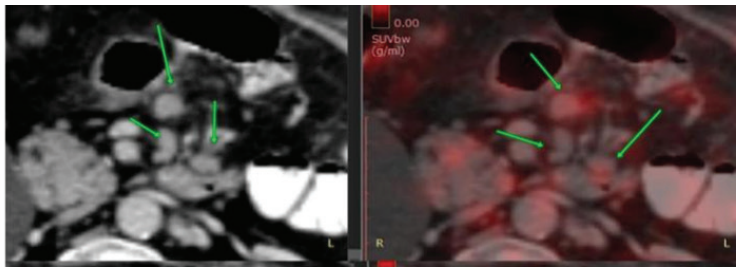
A 73-year-old gentleman presented with complaints of left upper quadrant and epigastric pain, associated with intolerance to solid food and recurrent vomiting after meals. His medical history included ischemic heart disease for the past 10 years, and he had defaulted on his cardiac medications, making him a high-risk candidate for surgical intervention. Considering his age, symptoms, and comorbidities, a cautious diagnostic approach was adopted.

A contrast-enhanced CT scan of the abdomen revealed a partial proximal jejunal stricture approximately 10 cm distal to the duodenojejunal (DJ) flexure, along with regional lymphadenopathy. Based on clinical and imaging findings, the differential diagnosis included malignancy, lymphoma, tuberculosis, Crohn's disease, and ischemic stricture. However, vascular evaluation showed relatively preserved mesenteric vessels with only mild age-related atherosclerosis, making ischemic etiology unlikely.



Further evaluation with PET scan reduced the likelihood of malignancy but raised suspicion for lymphoma or tuberculosis. As the lesion was located in the proximal jejunum, endoscopic access was expected to be difficult. Despite this challenge, the medical gastroenterology team successfully performed upper gastrointestinal endoscopy and obtained biopsy from the stricture site, an important step as both lymphoma and tuberculosis can often be treated medically.

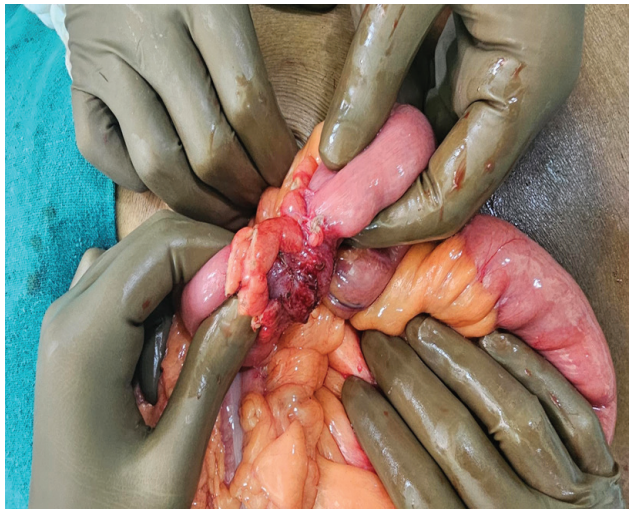
However, the biopsy revealed an infective inflammatory stricture, and with persistent obstructive symptoms, surgical intervention was planned.




Intraoperatively, a proximal jejunal stricture located about 10–15 cm distal to the DJ flexure was identified with adherent mesentery and mild proximal bowel edema. Multiple small diverticula were also noted along segments of the small intestine. After careful adhesiolysis and examination of the bowel to rule out additional strictures, the diseased segment was resected and a hand-sewn anastomosis was performed approximately 5 cm distal to the DJ flexure. The mesenteric defect was closed and a drain was placed.

The patient recovered well postoperatively, except for transient elevation of cardiac markers, which was managed with cardiology support. Bowel function resumed by postoperative day three, oral intake was gradually initiated, and the patient was discharged on postoperative day eight in stable condition.

Final histopathology confirmed a chronic inflammatory jejunal stricture with infective etiology, though the exact cause could not be identified.



## Clinical Insight: Multidisciplinary Approach in Uncommon Jejunal Strictures

Jejunal strictures are uncommon and often present a significant diagnostic challenge. The differential diagnosis includes malignancy, lymphoma, tuberculosis, Crohn's disease, ischemic injury, and chronic inflammatory conditions. Strictures located close to the duodenojejunal flexure are particularly difficult to evaluate due to limited endoscopic access and overlapping radiological features.

This case highlights the importance of multidisciplinary evaluation involving surgeons, gastroenterologists, radiologists, and cardiologists, especially in elderly patients with multiple comorbidities. When medical causes are excluded and obstruction persists, surgical resection provides both definitive diagnosis and therapeutic relief.

# OVERCOMING MULTIPLE INFERTILITY CHALLENGES THROUGH INDIVIDUALISED IVF CARE.

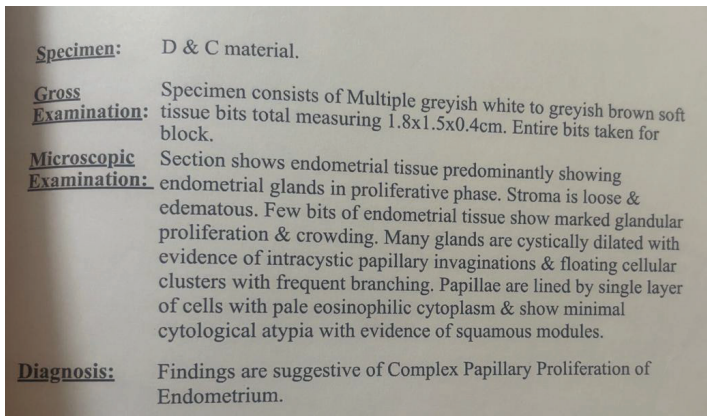
**Dr. Shikha Jain**
Consultant – IVF Specialist

A 31-year-old woman and her 33-year-old husband presented to the IVF Department after seven years of marriage and repeated unsuccessful attempts at conception.

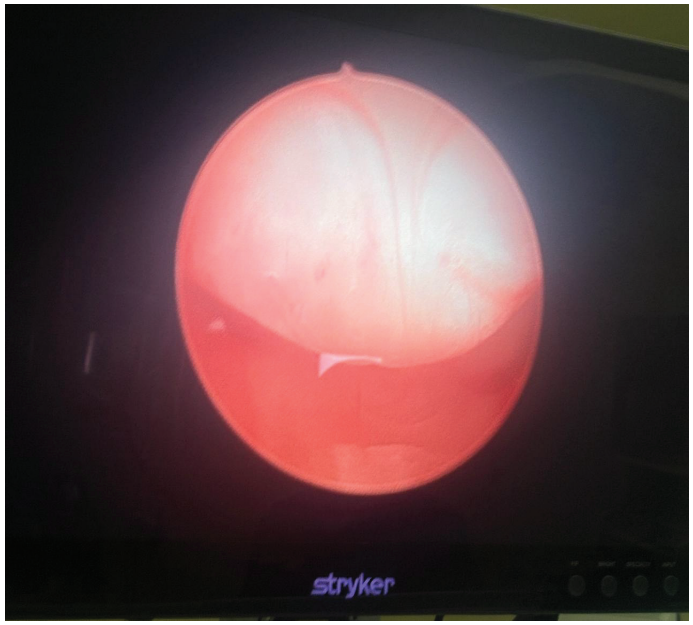
The couple had undergone multiple failed IUI cycles elsewhere and were emotionally and physically exhausted by the time they sought further consultation.Initial evaluation revealed several unfavorable prognostic factors. The female partner had obesity (BMI 33.6) and a low ovarian reserve with serum AMH of 1.2. The male partner was diagnosed with oligoasthenoteratozoospermia, with a sperm count of 6 million/ml, 20% active motility, and only 1% normal morphology.

Given these findings, the couple was counselled in detail, and an individualized ICSI protocol was planned. Ovarian stimulation was initiated, and a good-quality Day 3 embryo was successfully created and cryopreserved. However, during preparation for embryo transfer, transvaginal sonography revealed an endometrial polyp. Diagnostic hysteroscopy confirmed a 2×2 cm anterior wall growth.

Histopathology reported complex papillary proliferation of the endometrium with atypia. MRI of the abdomen and pelvis was normal, and the couple was counselled regarding medical management.



| | |
|---|---|
| **Specimen:** | D & C material. |
| **Gross Examination:** | Specimen consists of Multiple greyish white to greyish brown soft tissue bits total measuring 1.8x1.5x0.4cm. Entire bits taken for block. |
| **Microscopic Examination:** | Section shows endometrial tissue predominantly showing endometrial glands in proliferative phase. Stroma is loose & edematous. Few bits of endometrial tissue show marked glandular proliferation & crowding. Many glands are cystically dilated with evidence of intracystic papillary invaginations & floating cellular clusters with frequent branching. Papillae are lined by single layer of cells with pale eosinophilic cytoplasm & show minimal cytological atypia with evidence of squamous modules. |
| **Diagnosis:** | Findings are suggestive of Complex Papillary Proliferation of Endometrium. |




The patient received progesterone therapy for three months, followed by repeat hysteroscopic-guided biopsy. Re-evaluation showed no residual growth, and the endometrium demonstrated proliferative changes without atypia. With the uterine environment optimized, a frozen embryo transfer was performed using a single Day 3 embryo. Serum β-HCG was positive, marking the beginning of a closely monitored pregnancy.

During the eighth month, the patient developed pregnancy-induced hypertension, which was promptly managed. At 37 weeks, an elective lower segment cesarean section was performed, resulting in the birth of a healthy male baby weighing 3.2 kg.

Both mother and child recovered well and were discharged in stable condition. This case highlights how individualized, carefully staged IVF–ICSI treatment can overcome multiple complex challenges — including low ovarian reserve, severe male factor infertility, obesity, and endometrial pathology with atypia — to achieve a successful pregnancy outcome.

It stands as a testament to structured clinical planning, multidisciplinary coordination, and patient-centric reproductive care.

## Clinical Insight: Managing IVF in the Presence of Endometrial Atypia – A Rare & Challenging Scenario

Managing IVF in the presence of complex endometrial pathology with atypia is both uncommon and clinically challenging, as it requires careful exclusion of malignancy, hormonal optimization, and strategic delay of embryo transfer to ensure a receptive uterine environment. In this case, the coexistence of low ovarian reserve, severe male factor infertility, obesity, and endometrial atypia significantly reduced the chances of successful implantation. A freeze-all strategy was adopted, followed by progesterone therapy and repeat hysteroscopic evaluation before proceeding with frozen embryo transfer.

This staged, individualized approach highlights the importance of uterine optimization, multidisciplinary planning, and personalized IVF protocols in achieving successful pregnancy outcomes even in rare and high-risk reproductive scenarios.

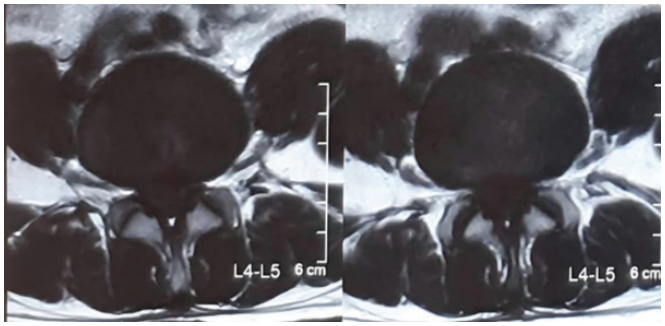
# RAPID RECOVERY WITH ENDOSCOPIC SPINE SURGERY: SUCCESSFUL UBE DECOMPRESSION FOR L4–L5 DISC PROLAPSE

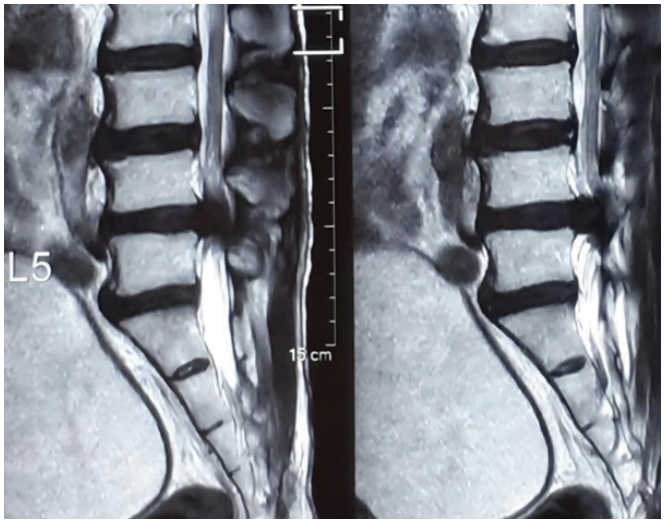
**Dr. Keyur Akbari**
**Consultant - Spine Surgeon**

A 43-year-old male presented with complaints of severe low back pain radiating to both lower limbs, which had progressively worsened over time and significantly affected his quality of life. The pain was intense and persistent, limiting his ability to perform routine daily activities. The patient reported difficulty in walking for more than five minutes and inability to stand for more than five minutes due to severe pain, resulting in marked functional limitation. The condition had progressed to the extent that he was unable to carry out his normal occupational and daily activities comfortably.

On clinical examination, findings suggested lumbar nerve root compression, and the patient underwent detailed radiological evaluation. Imaging studies confirmed the diagnosis of L4–L5 intervertebral disc prolapse, which was causing significant compression of the adjacent nerve roots and correlating with his symptoms of radicular pain and functional disability.

Considering the severity of symptoms and failure of conservative management, the patient was planned for Unilateral Biportal Endoscopic (UBE) spine surgery, an advanced minimally invasive technique designed to decompress affected spinal nerves while minimizing damage to surrounding muscles and soft tissues. The surgery was performed successfully using the UBE endoscopic approach, which utilizes two small portals—one for the endoscopic camera and the other for surgical instruments. This technique allows surgeons to achieve precise decompression of the affected nerve roots while maintaining excellent visualization of the surgical field. The minimally invasive nature of this approach helps reduce muscle trauma, postoperative pain, and recovery time compared to conventional open spine surgery. Following the procedure, the patient experienced remarkable improvement in symptoms.





He reported complete relief from the severe radiating pain on the same day of surgery. Early mobilization was encouraged, and the patient was able to stand and walk comfortably within a few hours after the procedure. Due to the smooth postoperative course and minimally invasive nature of the surgery, he was discharged from the hospital the following day.

The patient continued to show excellent recovery during the postoperative period. He gradually resumed normal daily activities and was able to return to his professional work within 10 days after surgery, reflecting rapid functional recovery. At the two-week follow-up, the patient reported significant improvement in overall mobility and endurance. He was able to walk and stand comfortably for more than 30 minutes, compared to only five minutes prior to surgery.

The patient expressed high satisfaction with the outcome of the surgery, particularly appreciating the rapid pain relief, minimal hospital stay, and quick return to daily life.

## Clinical Insight: Advantages of Unilateral Biportal Endoscopic Spine Surgery

Unilateral Biportal Endoscopic (UBE) spine surgery is an advanced minimally invasive technique for treating lumbar disc prolapse and nerve compression. Unlike conventional open spine surgery, UBE utilizes two small portals—one for visualization and one for surgical instruments—allowing precise decompression while minimizing muscle and tissue damage.

This technique offers several advantages including rapid pain relief, minimal tissue trauma, early mobilization, shorter hospital stay, and faster return to work. With improved visualization and surgical precision, UBE has emerged as an effective and patient-friendly option for the management of lumbar disc prolapse.

This case highlights how modern endoscopic spine surgery can significantly improve patient outcomes while enabling quicker recovery and early return to normal daily activities.

# MONOCLONAL GAMMOPATHY OF CLINICAL SIGNIFICANCE PRESENTING AS CRYOGLOBULINEMIC VASCULITIS WITH PROGRESSIVE TOE NECROSIS

**Dr. Nayan Patel**
Professor & Head - Skin &VD

Monoclonal gammopathies represent a spectrum of plasma cell disorders ranging from benign conditions to overt malignancies such as multiple myeloma. A distinct subgroup of patients develops organ damage due to monoclonal immunoglobulins without fulfilling criteria for malignancy. This condition is known as Monoclonal Gammopathy of Clinical Significance (MGCS).

An 82-year-old male, a known case of hypertension and diabetes mellitus, presented with painful lesions over both feet that had been present for nearly two years but had worsened significantly over the previous three months. The lesions initially appeared as discoloration of the toes and gradually progressed into painful necrotic areas involving multiple toes and extending over the dorsum of both feet. There was no history of fever or systemic illness.

On clinical examination, necrotic ulceration with crusting over multiple toes and surrounding hyperpigmented macules over both feet were noted. Peripheral pulses were palpable and symmetrical. There was no evidence of lymphadenopathy or splenomegaly, and neurological examination was unremarkable.

Further diagnostic evaluation was undertaken to determine the underlying cause. Hematological investigations revealed mildly hypercellular bone marrow for age with an increased reticulocyte count, while other parameters including hemoglobin, leukocyte count, and platelet count were within acceptable ranges. Infection screening including HIV and hepatitis B tests were negative.

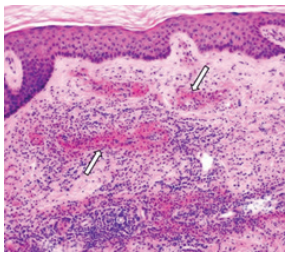
Serum protein electrophoresis demonstrated a monoclonal protein band measuring 0.90 g/dL, and free light chain assay revealed elevated free kappa light chains. These findings suggested an underlying plasma cell disorder. A skin biopsy from the necrotic lesion revealed fibri

noid necrosis of vessel walls with inflammatory infiltrate, consistent with necrotizing vasculitis. Further testing confirmed the presence of serum cryoglobulins, supporting the diagnosis of Type I cryoglobulinemic vasculitis.

Importantly, the patient did not meet the CRAB criteria (hypercalcemia, renal dysfunction, anemia, or bone lesions) required for a diagnosis of multiple myeloma. The presence of monoclonal protein along with organ damage in the absence of malignancy confirmed the diagnosis of Monoclonal Gammopathy of Clinical Significance (MGCS) presenting as Type I cryoglobulinemic vasculitis.

The patient was treated with systemic corticosteroid therapy along with supportive management. Over the following weeks, a significant clinical improvement was observed, with gradual healing of the necrotic lesions and reduction in inflammation. Within one month of treatment, the patient demonstrated marked improvement in skin lesions and overall clinical status.





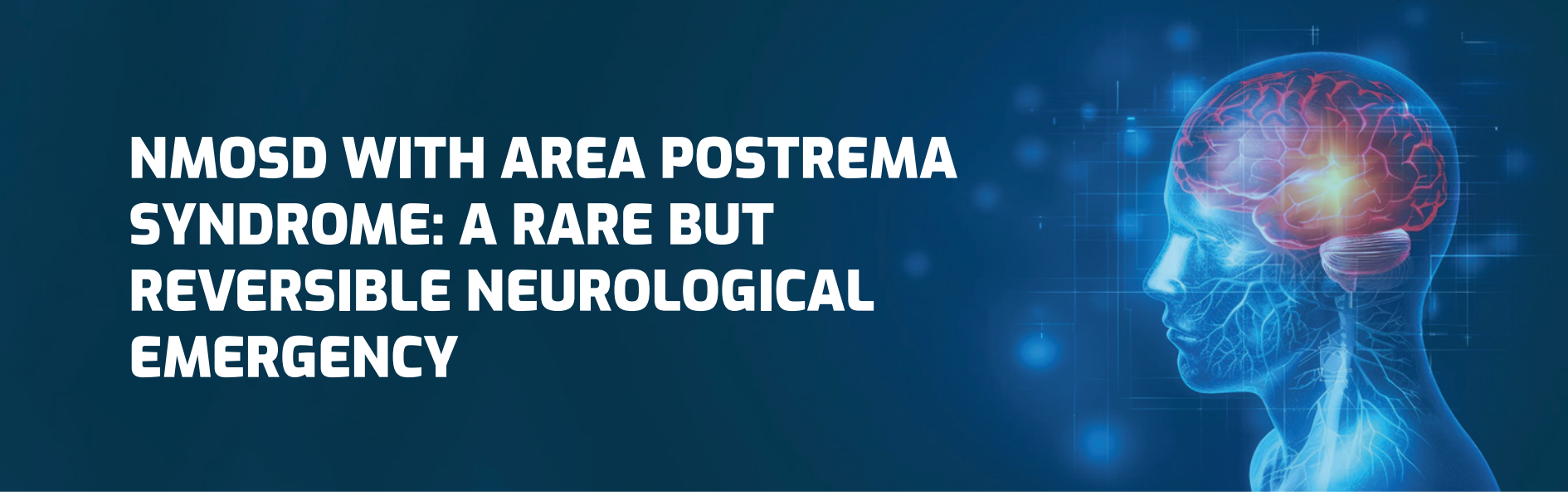
## Clinical Insight: Recognizing MGCS in Patients with Unexplained Cutaneous Necrosis

Monoclonal gammopathy of clinical significance is increasingly recognized as a distinct clinical entity in which monoclonal immunoglobulins produced by plasma cells cause organ damage despite the absence of overt malignancy. One of the rare manifestations of this condition is Type I cryoglobulinemic vasculitis, in which monoclonal immunoglobulins precipitate in small- and medium-sized blood vessels, leading to vascular occlusion, ischemia, and tissue necrosis.

Patients may present with purpura, ulcers, Raynaud phenomenon, livedo reticularis, or digital gangrene, and the skin is often the most frequently affected organ. However, these manifestations are frequently mistaken for vascular disease, thromboembolic disorders, or connective tissue diseases, which may delay diagnosis.

This case highlights the importance of early recognition of cryoglobulinemia and screening for monoclonal proteins in patients presenting with unexplained distal necrosis, particularly in elderly individuals. Prompt diagnosis and appropriate therapy targeting the underlying immune process can significantly reduce morbidity and prevent progression of tissue damage.

# NMOSD WITH AREA POSTREMA SYNDROME: A RARE BUT REVERSIBLE NEUROLOGICAL EMERGENCY



**Dr. Apara Kothiyala**
**Consultant - Neurology**

A 21-year-old female from Himmatnagar, Gujarat presented with a one-month history of persistent vomiting and intractable hiccoughs. She had initially received symptomatic treatment locally; however, her symptoms did not resolve. On 1st November 2025, her condition deteriorated further when she developed progressive bilateral lower limb weakness accompanied by urinary retention, indicating evolving spinal cord involvement. Despite receiving injectable medications at another center, there was no clinical improvement, and she was subsequently referred to GCS Hospital for comprehensive neurological evaluation and management.

Given the progression of symptoms and emerging neurological deficits, urgent MRI of the brain and spine was performed. Imaging revealed demyelinating lesions involving the medulla oblongata, consistent with Area Postrema Syndrome, along with a long-segment intramedullary lesion extending from D10 to L3 — indicative of longitudinally extensive transverse myelitis. These findings raised strong suspicion for an autoimmune demyelinating disorder.

Serological testing confirmed the presence of Aquaporin-4 IgG antibodies, establishing the diagnosis of Neuromyelitis Optica Spectrum Disorder (NMOSD).

NMOSD is a rare autoimmune astrocytopathy characterized by immune-mediated inflammation targeting astrocytes, primarily affecting the optic nerves, spinal cord, and certain brainstem regions. The disease is strongly associated with Aquaporin-4 antibodies, which attack water channel proteins on astrocytes, leading to demyelination and severe neurological deficits.

It predominantly affects young females and carries an estimated incidence of approximately 1.09 per lakh population.

The coexistence of Area Postrema Syndrome — presenting as persistent vomiting and hiccoughs — with long-segment myelitis is particularly rare and represents a more aggressive and disabling disease phenotype. Early recognition of such atypical gastrointestinal symptoms is critical, as delayed diagnosis can result in irreversible neurological damage.

In view of the severity of spinal cord involvement and antibody positivity, a multidisciplinary team led by Dr. Apara Kothiala (Consultant Neurology) and Dr. Vipul Prajapati (Consultant Physician) initiated aggressive immunomodulatory therapy.

The patient underwent seven cycles of plasmapheresis to remove circulating pathogenic antibodies and halt ongoing immune-mediated damage.

Close monitoring and supportive management were provided throughout her hospitalization.

The patient demonstrated gradual and sustained neurological improvement. Motor strength in the lower limbs improved progressively, bladder function recovered, and her intractable vomiting resolved.

By the time of discharge, she had regained significant mobility and functional independence.

She continues to recover without complications on follow-up, reflecting the effectiveness of timely diagnosis and prompt immunotherapy.

This case underscores the importance of maintaining a high index of suspicion for autoimmune demyelinating disorders in young females presenting with unexplained persistent vomiting and neurological deficits. Early MRI evaluation, antibody testing, and aggressive immunotherapy can significantly alter disease trajectory and prevent long-term disability.

## Clinical Insight: Neuromyelitis Optica Spectrum Disorder (NMOSD)

Neuromyelitis Optica Spectrum Disorder is a rare but potentially devastating autoimmune neurological condition that can rapidly progress if not identified early. Persistent vomiting and hiccoughs due to Area Postrema involvement may precede spinal cord symptoms, often leading to delayed diagnosis. Prompt MRI evaluation and Aquaporin-4 antibody testing are crucial for early confirmation.

Long-segment myelitis combined with brainstem involvement indicates severe disease activity and warrants immediate immunomodulatory therapy. Plasmapheresis plays a vital role in acute management by removing pathogenic antibodies and preventing irreversible neurological damage. This case highlights the importance of early clinical suspicion, multidisciplinary coordination, and timely intervention in achieving favorable neurological outcomes in rare autoimmune disorders.

# PRESERVING THE PANCREAS: PRECISION SURGERY FOR A RARE PANCREATIC TUMOR

**Dr. Dhaval Patel**
**Consultant – Surgical Gastroenterologist**

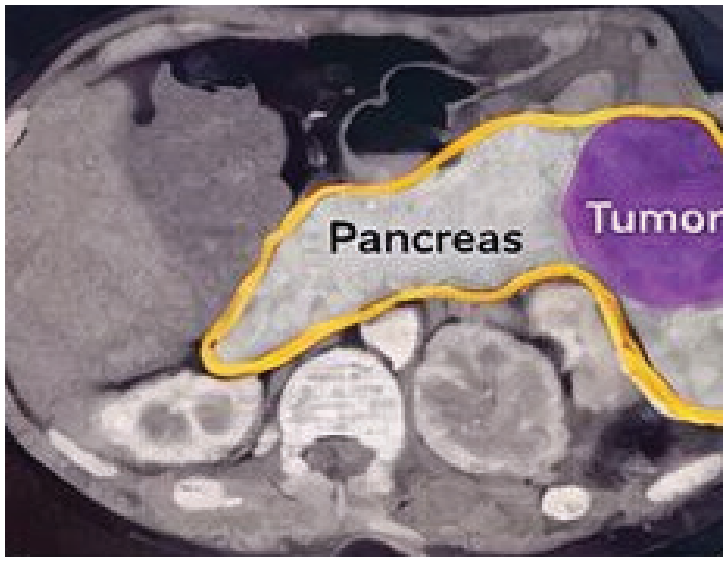
A 30-year-old female presented with complaints of recurrent upper abdominal pain. Considering the persistence of symptoms, detailed evaluation was performed.

Contrast-enhanced CT (CECT) scan of the abdomen revealed a well-defined lesion located in the proximal body of the pancreas.

The tumor was located in a central position between the pancreatic head and tail, making surgical planning particularly challenging. In such situations, complete removal of the distal pancreas is often considered; however, this can lead to loss of pancreatic function.

Therefore, careful planning was undertaken to ensure both oncological clearance and preservation of pancreatic function.

Further evaluation with Endoscopic Ultrasound (EUS)-guided biopsy was performed. Histopathological examination along with immunohistochemistry confirmed the diagnosis of Solid Pseudopapillary Neoplasm (SPEN) – a rare, low-grade pancreatic tumor that is most commonly seen in young women.

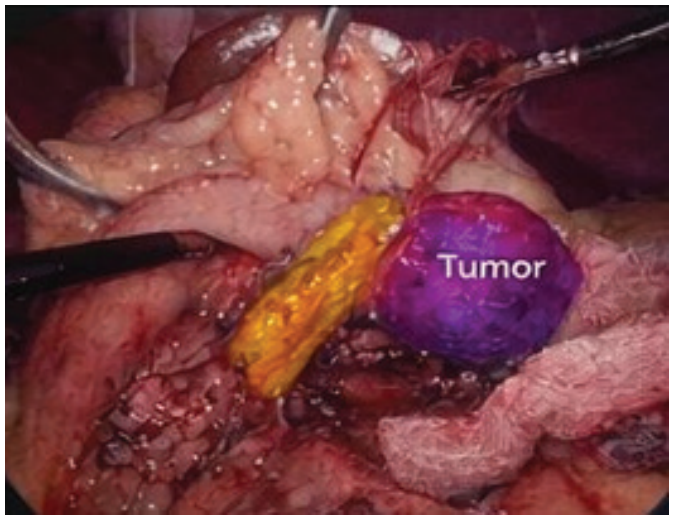



Considering the tumor's location and biological behavior, the surgical team opted for a laparo-

scopic-assisted central pancreatectomy, a pancreas-preserving surgical approach.

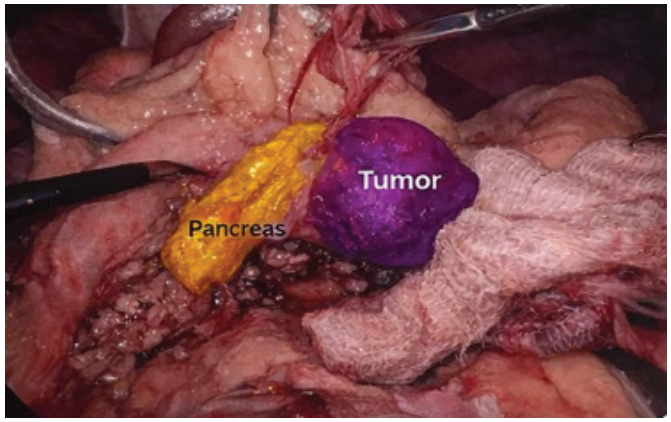
Instead of removing the entire distal pancreas, only the tumor-bearing central segment of the pancreas was excised, allowing preservation of both the pancreatic head and tail.

Reconstruction was performed using open pancreaticogastrostomy, ensuring restoration of pancreatic drainage while maintaining long-term endocrine and exocrine pancreatic function.




The surgery was completed successfully with clear surgical margins (R0 resection). The patient had a smooth postoperative recovery with no clinically significant pancreatic fistula and no new-onset diabetes.

She recovered well and was discharged in stable condition. Final histopathological examination confirmed low-grade Solid Pseudopapillary Neoplasm (SPEN).




## Clinical Insight: Organ-Preserving Surgery in Pancreatic Tumors

Solid pseudopapillary neoplasm is a rare pancreatic tumor that typically affects young women and usually has a favorable prognosis when treated appropriately. When tumors occur in the central portion of the pancreas, traditional surgery may require removal of a large portion of the gland, potentially affecting pancreatic function.

Central pancreatectomy is an advanced pancreas-preserving surgical technique designed to remove only the tumor-bearing segment while preserving the pancreatic head and tail. This approach helps maintain long-term endocrine and exocrine pancreatic function, reducing the risk of diabetes and digestive complications.

This case demonstrates how precise surgical planning and minimally invasive techniques can achieve oncological safety while preserving organ function, representing an important advancement in modern HPB and minimally invasive gastrointestinal surgery.

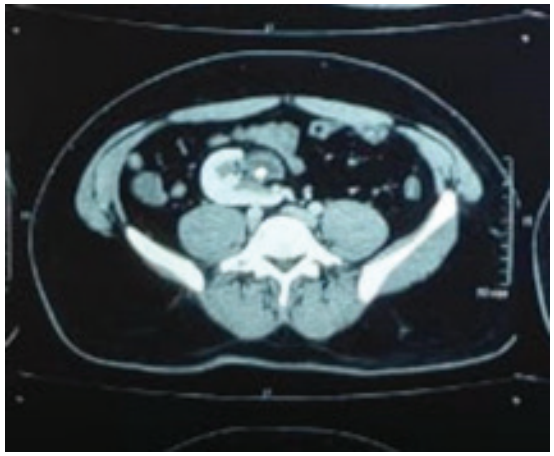
# FLEXIBLE URETEROSCOPY FOR STONE IN ECTOPIC PELVIC KIDNEY: A SAFE MINIMALLY INVASIVE ALTERNATIVE

**Dr. Hardik Patel**
**Consultant - Urology**

The Department of Urology at GCS Hospital successfully managed a complex case of renal calculus in an ectopic pelvic kidney using Retrograde Intrarenal Surgery (RIRS) with flexible ureteroscopy and thulium fiber laser lithotripsy.

This case highlights the effectiveness of modern endourological techniques in managing stones even in challenging anatomical variations.

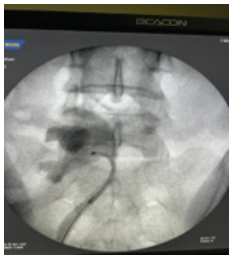
A 32-year-old male presented to the urology clinic with complaints of intermittent right flank pain for approximately six months. The pain was dull and aching in nature and occurred intermittently. There was no associated history of fever, chills, hematuria, or vomiting. The patient's medical history was otherwise unremarkable. Routine laboratory investigations, including complete blood counts and renal function tests, were within normal limits.

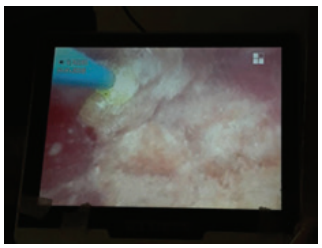


Radiological evaluation revealed a 10 mm pelvic calculus located in the right ectopic pelvic kidney. An ectopic pelvic kidney is a congenital anatomical variation in which the kidney fails to ascend to its usual position during development and remains located in the pelvis.

Such abnormal positioning alters the normal orientation of the ureter and renal pelvis, making conventional surgical approaches technically more difficult. After thorough clinical

evaluation and discussion of treatment options, the patient was planned for Retrograde Intrarenal Surgery (RIRS). The procedure was performed using a flexible ureteroscope along with thulium fiber laser lithotripsy, which allowed precise fragmentation of the stone.





Despite the challenging anatomy associated with the ectopic pelvic kidney, the procedure was completed successfully with effective stone fragmentation and without intraoperative complications. The patient tolerated the procedure well. The postoperative course was uneventful, and early mobilization was achieved. He was discharged on postoperative day two in stable condition.

Follow-up imaging with X-ray KUB after three weeks confirmed complete stone clearance, and the DJ stent was subsequently removed. The patient remained symptom-free and showed excellent recovery.

## Clinical Insight: RIRS as a Safer Approach in Ectopic Pelvic Kidney Stones

Management of renal calculi in ectopic pelvic kidneys presents unique surgical challenges due to altered anatomy, abnormal ureteral course, and proximity to surrounding structures. Traditionally, Percutaneous Nephrolithotomy (PCNL) has been used for such cases but carries increased risks including bowel injury, major vascular injury, and technical difficulty in tract planning. In many instances, PCNL may require laparoscopic or CT-guided assistance.

Retrograde Intrarenal Surgery (RIRS) using flexible ureteroscopy offers a safer minimally invasive alternative. This technique avoids renal puncture and significantly reduces the risk of bowel injury and bleeding. The procedure is performed through the natural urinary tract, resulting in shorter hospital stay and faster recovery.

However, performing RIRS in an ectopic pelvic kidney also presents technical challenges such as a short and tortuous ureter, acute ureteropelvic junction angulation, difficulty in ureteral access sheath placement, and limited maneuverability of the scope, particularly when accessing the lower pole. Despite these challenges, with advanced endoscopic equipment and experienced surgical expertise, RIRS can achieve excellent outcomes. This case highlights the evolving role of flexible ureteroscopy and laser lithotripsy as a safe and effective treatment option for renal stones in complex anatomical situations such as ectopic pelvic kidney.

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# Clinical *Journal*

## Effort-reward imbalance, subjective sleep quality, and inflammation in female nurses at a tertiary hospital: a pilot study

**DOI :** https://doi.org/10.1038/s41598-025-17717-4

***Gyanendra Singh, Ankit Viramgami, Bela Makwana, Sukhdev Mishra, Tejal Padhariya, Viral Dave & Soundarya Soundararajan***

Job stress by effort-reward imbalance (ERI) is a predictor of burnout. It is associated with inflammation and is a forerunner of distal outcomes, including mortality. Sleep quality, an important association between job stress and inflammation, has not been extensively studied. A cross-sectional study was conducted to examine the relationship between job stress, subjective sleep quality, and inflammation among female nurses. As the primary outcome measure, a composite inflammation score was constructed from five interleukins (IL-6, 8, 10, 1 β, TNF-α). Among fifty participants (mean age 32 ± 7 years, work experience 105 ± 8 months), there was poor sleep quality among the high ERI group ($p = 0.021$). Overcommitment (OC), an intrinsic component of the ERI, was related to poor sleep quality ($\beta = 0.21$, $p = 0.025$). High OC ($\beta = 2.4$, $p = 0.025$) and increased sleep latency ($\beta = 8.3$, $p = 0.027$) were associated with elevated inflammation. There was a significant interaction between ERI and OC on inflammation ($\beta = 5.186$, $p = 0.017$) and conditional effects of ERI on OC to inflammation only in the high ERI group ($p = 0.002$), not in the low ERI group ($p = 0.839$). Composite inflammation scores from inflammatory markers may be potential indicators of adverse outcomes in burnout studies among healthcare workers.

## Epidemiological Analysis of Hepatitis A Virus (HAV) Infections at Tertiary Care Hospital, Ahmedabad, Gujarat

**DOI :** https://doi.org/10.21276/SSR-IIJLS.2025.11.4.46

***Leena Leuva, Shruti Shah, Falguni Patel, Urvesh Shah***

Background: Viral hepatitis is a major public health problem seen in both developing and developed countries. This study aims to analyze the epidemiological pattern of Hepatitis A virus infection in patients attending GCSMCH & RC (Gujarat Cancer Society Medical College, Hospital and Research Centre), Ahmedabad. Methods: A retrospective observational study was conducted at GCS Medical College, Hospital & Research Centre (GCSMCH & RC), Ahmedabad, analyzing data from July to December 2024. A total of 445 patients were tested for anti-HAV IgM antibodies. Demographic details, including age and gender, along with the monthly distribution of cases, were collected. Statistical analyses were performed using chi-square tests, with p21 years. Gender-wise, 63 males (62.4%) and 38 females (37.6%) were affected; however, this difference was not statistically significant (p=0.103). Conclusion: The study indicates a notable prevalence of HAV infections among adults, particularly those over 21 years old, with a peak in cases during the post-monsoon month of September. These findings underscore the need for targeted public health strategies, including improved sanitation, awareness campaigns, and consideration of adult vaccination programs to mitigate HAV transmission.

## A Snapshot Investigation on Assessment of Role of Dietary Diversity in Healthy Ageing among Elderly Living at Ahmedabad City, India

**DOI :** 10.15167/2421-4248/jpmh2025.66.2.3568

***Viral R Dave , Kalgi A Patel***

Background: Dietary Diversity (DD) is one of the crucial determinants to address Healthy ageing among elderly people.
Objectives: To estimate prevalence with concerned determinants of Dietary Diversity, to assess intake-pattern of various nutrients and correlation of dietary diversity with healthy ageing among study participants.
Methodology: A cross-sectional study was conducted among 192 Elderly people (≥ 60 years of age) residing at Ahmedabad city, India, selected by two-stage Cluster sampling [As per Rapid Assessment Method for Older People (RAM-OP) survey sampling technique]. A pretested, semi-structured questionnaire including Socio-Demographic and Dietary-Diversity related details was utilised as survey-instrument. Healthy ageing was assessed with selected General Health status using two domains of total five; namely general Activity of Daily Living and Instrumental Activity of Daily Living (IADL) were applied to collect relevant data.
Results: Prevalence of Dietary-Diversity was 44.27% among study-participants. Various determinants such as living alone, socio-economic-class, co-morbidities, type of diet, oral health and meal-frequency revealed statistically significant association with Dietary Diversity. Cereals (96.9%), roots and tubers (91.7%), and condiments and mushrooms (90.1%) were the most common food-groups consumed by study

participants. Of 85 participants with positive dietary diversity, more than two-thirds (67, 78.82%) were able to manage activities of daily living independently whereas approximately three-fifth (66, 61.68%) of sub-cohort of counterpart could manage the same independently. Predictors of IADL like use of telephone, practice of taking medications and managing their own money showed statistically significant association with presence of dietary-diversity.

Conclusion: Dietary diversity was prevalent among less than half of study-participants. A diverse diet showed statistical significant role in ensuring independence in general activities of daily living while gender-specific variations for instrumental activities of daily living.

## Consequences of olfactory and gustatory dysfunction and its recovery in COVID-19 patients

**DOI :** https://doi.org/10.1186/s43162-025-00548-0

***Dr.Fairy Panchal, Dr.Vilaschandra Patel, Dr.Priyank Rathod***

Background Loss of smell and taste has been identified as one of the symptoms of COVID-19 during its pandemic. This study aims to determine the prevalence of olfactory and gustatory dysfunction and its recovery in laboratory confirmed asymptomatic and symptomatic COVID-19 patients. Results The mean age was 32.0 ± 12.6 years. The most common symptoms seen were weakness (84.5%), fever (73.5%) and cough (63.5%). Females had olfactory dysfunction more as compared to males. Overall, individuals represented olfactory dysfunction and gustatory dysfunction in the 3rd decade of life more and 66.5% and 62.5% of prevalence respectively with variable intensities; out of which, 40% cases recovered within first 2 weeks. Along with these, otolaryngological complaints of sore throat (53%), nasal obstruction (48%), rhinorrhoea (32%), and post-nasal drip (30.5%) were seen more in affected individuals. Conclusion Recognition of olfactory and gustatory dysfunction may help in diagnosis; further, it may help in restricting the disease transmission and progression to severe form.

## A Cross-sectional Study on Knowledge and Attitude about Human Papillomavirus Vaccine and Its Uptake among Nursing Students in Ahmedabad City, Gujarat

**DOI :** https://doi.org/10.4103/JNMO.JNMO_66_25

***Harsh Ziba, Arpit Prajapati, Sahilkumari Chaudhari, Himadri Patel***

Introduction Cervical cancer stands second most common cancer among women in India. Two high-risk types, human papillomavirus (HPV) 16 and HPV, 18 are responsible for more than 76.7% of cervical cancer in India. The HPV vaccine has become a crucial preventive measure against cervical cancer. Designing successful public health initiatives requires an understanding of the factors influencing nursing students' knowledge and use of the HPV vaccine. Objective (1) To assess the knowledge and attitude about the HPV vaccine and (2) to study the association between sociodemographic factors and knowledge of the HPV vaccine. Materials

and Methods This cross-sectional study assesses the knowledge, attitude and uptake of the HPV vaccine among nursing students in Ahmedabad city. A total of 260 students were selected through a multistage sampling process, involving random selection of five nursing colleges and proportional representation from each academic year. Results Among the total of 260 participants, there were 14.6% of males and 85.4% of females. The mean age of patients was 20.59 ± 1.60 years. Most were Hindus (95.77%). HPV vaccination uptake was 28%, with 58% receiving Gardasil and 42% Cervarix. Information sources included healthcare providers (34.2%) and schools (30.8%), whereas lack of awareness (40.3%) and safety concerns (29.2%) were key barriers. A statistically significant association was observed between knowledge and age groups ( P = 0.0005). Conclusion Only 28% of nursing students reported receiving the HPV vaccine, with 40.26% citing lack of awareness as the main barrier. Of the vaccinated, 58% received Gardasil (quadrivalent).

## Medico-Social Problems among Geriatric Population Living at Old Age Homes in Ahmedabad

**DOI :** https://doi.org/10.61336/cmejgm/2025-03-12

***Parth M. Thakar, Venu Shah, Tejas Shah***

Background: With India's elderly population growing rapidly, institutional care through old age homes has become increasingly relevant. However, little is known about the comprehensive health and psychosocial challenges faced by this population. This study aimed to assess the socio-demographic characteristics, morbidity patterns, and quality of life of elderly individuals residing in old age homes in Ahmedabad district. Objectives: To study the medical and social problems among elderly individuals residing in selected old age homes and to assess the factors associated with poor quality of life. Methods: A cross-sectional study was conducted among 410 elderly residents across 19 registered old age homes in Ahmedabad district. Data were collected using a pre-tested semi-structured questionnaire covering socio-demographics, morbidity profile, psychosocial factors, and WHOQOL-BREF scale. Statistical analysis included chi-square tests and multiple logistic regression to identify factors associated with poor quality of life. Results: Hypertension (43.1%), musculoskeletal disorders (41.4%), and visual impairment (39.3%) were the most common morbidities. Nearly half of the participants (46.6%) reported poor quality of life. Factors significantly associated with poor quality of life included age ≥75 years, female gender, rural residence, presence of multiple morbidities, lack of family contact, non-working status, and lower socioeconomic class ($p<0.05$). Conclusion: Elderly residents of old age homes face a high burden of chronic illnesses and psychosocial challenges, contributing to poor quality of life. Targeted interventions focusing on medical care, mental health support, family involvement, and caregiver training are essential to improve their overall well-being.

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# Academic *Updates*

## Academic Excellence & Awards

Dr. Ruchi Bhatt & Dr. Bhavya Jain received Excellence Awards for international research (Anaesthesia). Dr. Aashay Shah honored with Young Achievers Award – IAP. Dr. Asutosh N. Dave awarded Best Teacher & Mentor – IRIA. Dr. Bhavya Jogani, Dr. Yug Shah, and Psychiatry residents secured state/zonal quiz distinctions. Dr. Krishna Parmar & Dr. Niranjan Kamath won award paper & poster prizes at CUTICON (Dermatology).

## Research &Academic Contributions

Dr. Suktara Sharma & team published two PubMed-indexed ENT research papers. Dr. Niharika Vadodariya presented award paper at ACRSICON under guidance of Dr. Shashank Desai & Dr. Rashesh Solanki. Dr. Anupama Dayal, Dr. Rupal Shah, Dr. Puja Jarwani, Dr. Suhani Agrawal led national Pathology/Dermatopathology academic initiatives. Dr. Jatin Nagar completed Harvard certification (Respiratory Medicine). Dr. Fairy Panchal completed national Sleep & Neuropsychology certifications.

# National & State Leadership Roles

Dr. Shashank Desai invited as President – Gujarat State Surgeons Association; National Faculty at ASICON. Dr. Heena Chhanwal recognized as ISA Governing Council Member & NABH Principal Assessor. Dr. H. U. Doshi invited speaker & chairperson at OBGY state/international conferences. Dr. Shikha Jain served as IVF Fellowship Examiner. Dr. Vipul elected Member – Academic Board, National Pharmacology Association. Dr. Nimesh Parikh (EC Coordinator – West Zone IPS); Dr. Aalapi Prajapati (Women's Mental Health Subcommittee – IPS).

# Clinical Advancements & Skill Development

Initiation of Endovascular Laser Ablation (Surgery team). VATS Tissue-Based Workshop (first in Gujarat) led by Dr. Shashank Desai. Advanced Anaesthesia Workshops including USG-Guided Regional Block led by Dr. Heena Chhanwal, Dr. Asmita Chaudhary, Dr. Kinjal Sanghavi. Dr. Ekta Dalal served as FBNC faculty; Dr. Prarthana Kharod Patel led Developmental Pediatric initiatives.

# Quality, Safety & Public Health Initiatives

NABH Quality Exhibition (MOM & IPC) covering 1,700+ staff. CPR Awareness Week – 1,235 laypersons trained under leadership of Anaesthesia, Medicine, Respiratory Medicine & EMD teams. Dr. Urvesh Shah, Dr. Neha Patel, Dr. Falguni Patel contributed to national disease surveillance & AMR initiatives. Pharmacovigilance & AMR Awareness programs led by Dr. Vipul & Dr. Akanksha Prajapati.

# Community & Institutional Outreach

World Breastfeeding Week academic programs led by Dr. Prarthana Kharod Patel & team. Cancer Awareness media participation by Dr. Venu Shah. Mental Health Week awareness initiatives led by Psychiatry faculty. Multidisciplinary academic collaborations across departments.

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# Community Medicine *Updates*

## Reaching the Community. Changing Lives.

During July–December 2025, the Department of Community Medicine strengthened its outreach through structured medical camps, preventive health education, and academic-public health collaborations. Under the Family Adoption Programme, two multi-specialty camps at Dabhoda village served 321 beneficiaries, alongside student-led environmental initiatives. The UHTC – Madhupura conducted 24 medical camps benefiting 2,059 individuals and organized 12 awareness sessions aligned with national health priorities. The RHTC – Kanij conducted 4 camps serving 454 beneficiaries and 17 educational sessions reaching 906 individuals on maternal health, nutrition, hygiene, and seasonal illnesses. Faculty actively contributed to State Review Missions and surveillance initiatives, while postgraduate academic enrichment included expert lectures and media outreach. The department also led a comprehensive One Health Programme (180 student participants) and observed Anti-Ragging Week through awareness activities and student engagement. Through consistent field presence and academic leadership, the department continues to bridge community service and medical education.

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# Nursing College *Updates*

## Continuing Nursing Education

Regular training programs for faculty and students on AI-driven healthcare technologies, digital health tools, electronic health records, telemedicine, and clinical decision-support systems, strengthening modern nursing practice and patient care.

## Community Health Outreach

B.Sc. Nursing and GNM students conducted puppet shows, rallies, and health awareness programs on anemia prevention, vaccination, tuberculosis, and school health. Exhibitions on vector-borne diseases were organized at Saijpur Bogha UHC and PHC Dabhoda.

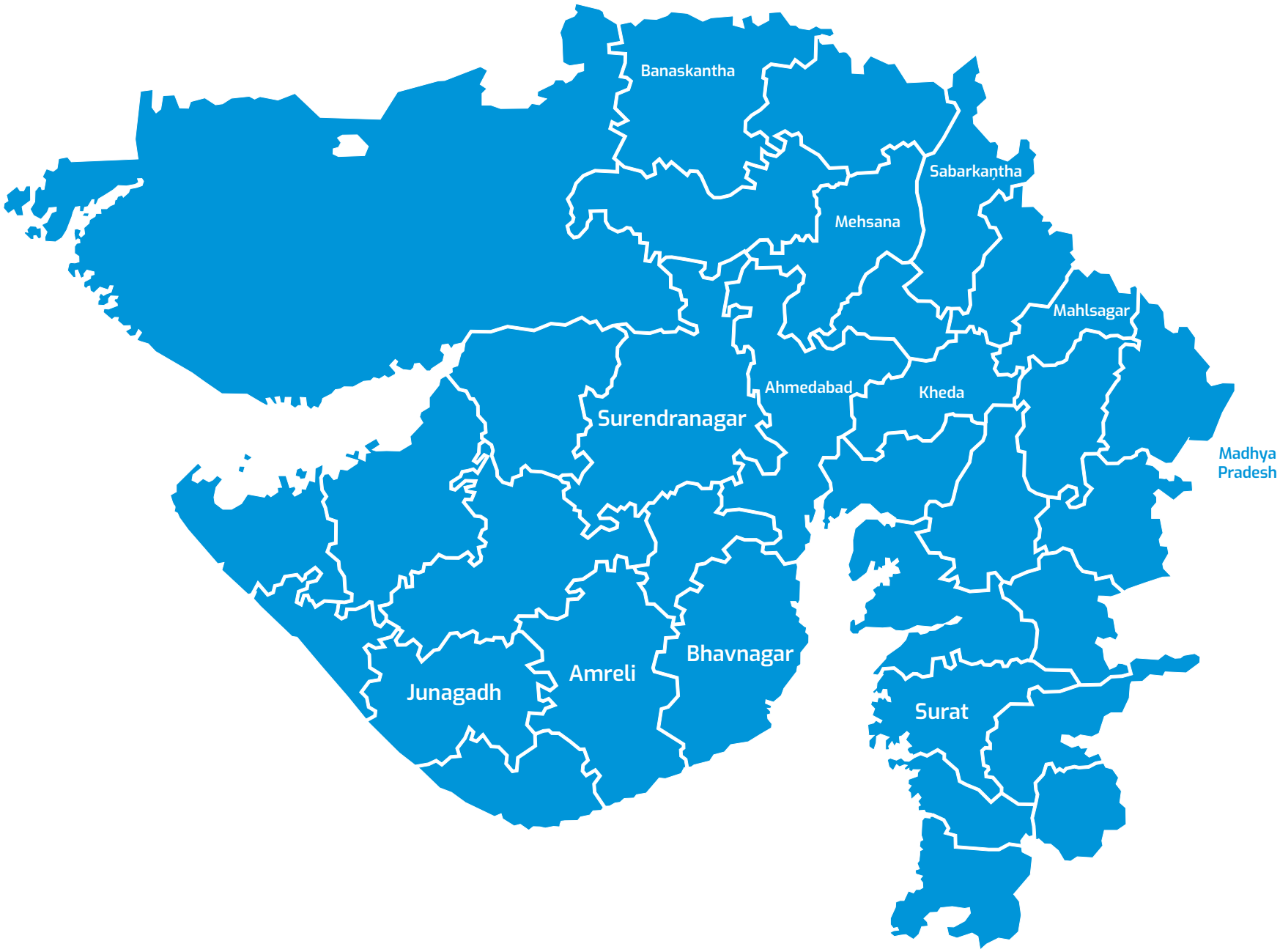
## Field Training & National Programs

Students completed community postings at Saijpur Bogha UHC and Dabhoda PHC, conducting family surveys, school health programs, health education, and minor illness management, while also participating in the National Pulse Polio Program.

## Nutrition & Student Activities

Students organized cookery demonstrations promoting balanced diets and nutrition awareness, along with cultural activities such as Diwali and Christmas celebrations, encouraging teamwork and community engagement.

# 14 Camp Updates



# Bringing Healthcare Closer to Communities Across **Gujarat, Rajasthan & Madhya Pradesh**

Through a series of free multi-specialty health camps conducted across Gujarat, Rajasthan, and Madhya Pradesh—including cities such as Ahmedabad, Surat, and Gandhinagar—our team continues to extend essential healthcare services to communities in need. These camps offer expert consultations, basic diagnostic tests, free medicines, and appropriate referrals when required. A wide range of specialties, including General Medicine, Pediatrics, Gynecology, Ophthalmology, and Dermatology, are covered to address diverse healthcare needs. In addition to clinical services, the camps also feature health awareness sessions, CPR and first aid training, outreach OPD services, mammography screening camps, and on-site health check-ups. By reaching both urban centers and peripheral regions, these initiatives strengthen preventive and curative healthcare access, encouraging individuals and families to prioritize their health and overall well-being.

**560**

Free Multi-Specialty Health Camps Across Gujarat, Rajasthan & Madhya Pradesh
(Camps, Awareness Sessions, CPR & First Aid Training, Outreach OPDs, Mammography & On-site Health Check-ups)

**38,896**

Patient

15

# COC *Updates*

## Screening & Medical Camps

Conducted multiple free medical camps across Ahmedabad and surrounding areas including Vasna, Juhapura, Sanand, PHCs and Urban Health Centers. Activities included general check-ups, women's health screening, mammography, Pap smear testing, CBC screening and HPV vaccination. Collectively benefited 1,000+ individuals, with 250+ women screened for cervical cancer.

## Community Awareness & Patient Support

Organized cancer awareness programs in collaboration with NGOs, community trusts and Urban Health Centers covering breast, cervical and oral cancers, early detection and prevention. Conducted counseling sessions for cancer patients and families. Exhibition stalls, walkathons and Breast Cancer Awareness Month programs strengthened public engagement.

## Capacity Building & Professional Training

Conducted cancer screening training for NGO workers, ASHA workers and Civil Defence personnel. Organized Training of Trainers (ToT) for 123 healthcare professionals and hands-on early detection workshops to strengthen district-level screening services.

## Palliative & Psychosocial Care Initiatives

Observed World Hospice & Palliative Care Day. Organized hospice celebrations, music programs, Garba events and blanket distribution drives to provide emotional and psychosocial support to terminal-stage patients.

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# GCRI *Updates*

## Academic Excellence

CMEs on Breast Cancer, Gyn Oncology & Lymphoma Updates conducted. ISACON Research Workshop organized by Dr. Nita Gosai & Dr. Rekha Solanki with national faculty Dr. Rakesh Garg (AIIMS). International academic participation including Dr. Yashoda Natkunam (Stanford University).

## Awards & Recognitions

Dr. Sarah Giri – Best Oral Paper (IASO NATCON). Dr. Arunsrinivas – Best Video Presentation. Dr. Vidushi Gupta – National Poster Award (AOGIN). Ms. Dhruva Trivedi – 1st Rank Poster (TYAcon 2025). Dr. Rekha Solanki – National President's Special Appreciation Award & multiple ISACON National Awards.

## Research & Innovation

National Lymphoma Update Conference (150+ delegates). Dr. Vinamrata Soni – 1st Prize Poster. Dr. Beena Brahmbhatt – Organizing Secretary. Multiple national-level paper presentations & scientific recognitions across departments.

## Community Outreach & Public Health

Pink Parade Breast Cancer Walkathon led by Community Oncology team. Cancer Screening Training for CSPC & CINI staff (35 participants). World Hospice & Palliative Care Day observed. Strengthened district-level early detection services.

## Training & Capacity Building

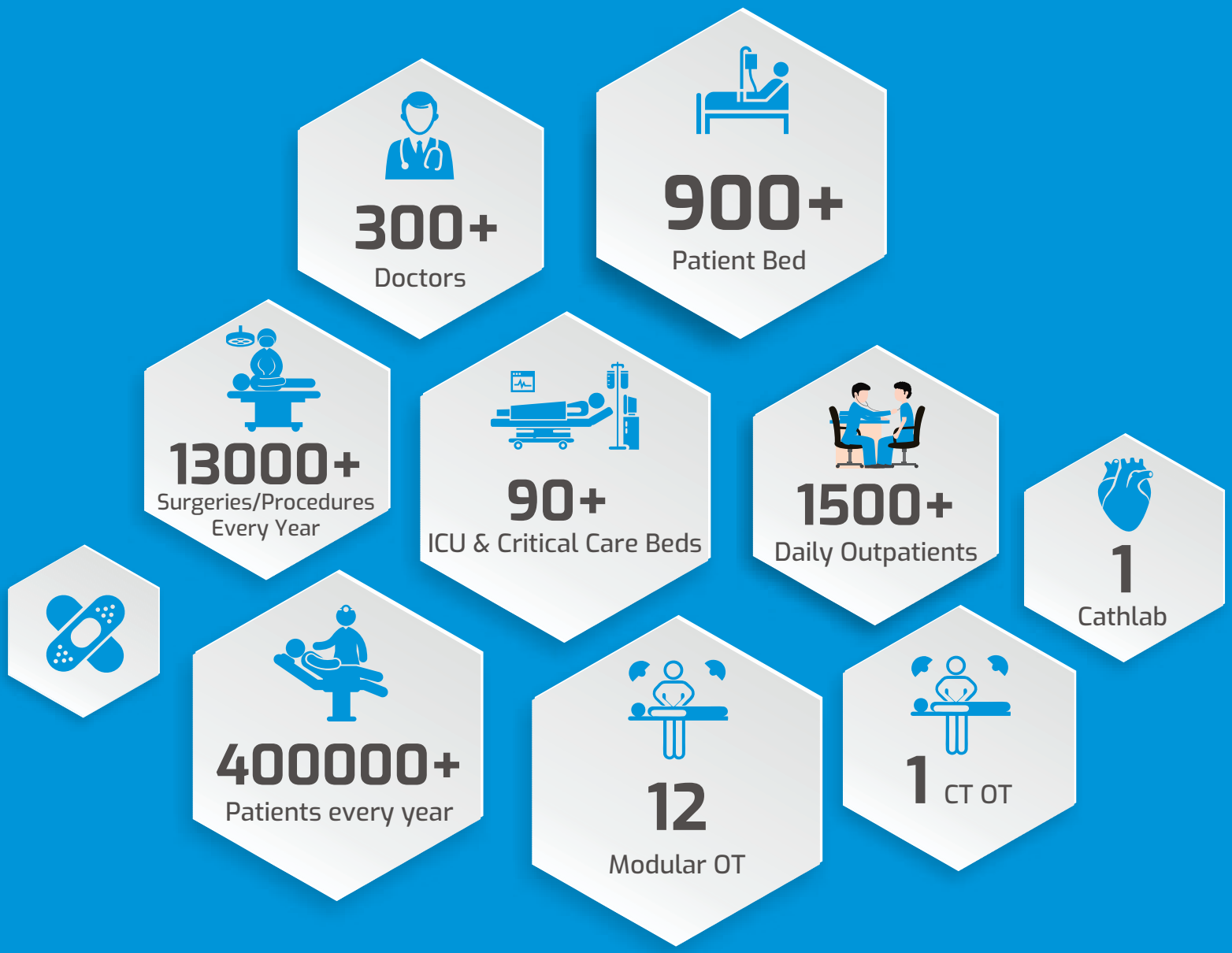
National Lymphoma Update Conference (150+ delegates). Dr. Vinamrata Soni – 1st Prize Poster. Dr. Beena Brahmbhatt – Organizing Secretary. Multiple national-level paper presentations & scientific recognitions across departments.

**Dedicated Medical Experts**

**Advance Healthcare Facilities**

**Patient-Centric Care & Services**

**Quality & Affordable Healthcare**



## GENERAL SPECIALITIES:

- Anesthesia
- Dentistry
- Dermatology (Skin & V.D)
- Emergency Medicine
- Ear, Nose & Throat (ENT)
- General Medicine
- General Surgery
- Gynaecology & Obstetrics
- Maxillo-Facial Surgery
- Ophthalmology
- Orthopaedics & Joint Replacement
- Paediatrics
- Psychiatry
- TB & Respiratory

## SUPER SPECIALITIES:

- Cardiology
- Cardiothoracic Surgery
- Endocrinology
- Gastroenterology
- Gastrointestinal Surgery
- Interventional Radiology
- Medical & Surgical Oncology
- Nephrology & Kidney Transplant
- Neurology & Neuro Surgery
- Ortho-Dentistry
- Paediatric Dentistry
- Paediatric Neurology
- Paediatric Surgery
- Plastic, Cosmetic & Reconstructive Surgery
- Rheumatology
- Spine Surgery
- Urology
- Vascular Surgery

## CLINICAL SERVICES

- Intensive Care Unit - PICU NICU, ICCU, SICU
- Endoscopy
- Dialysis
- Cathlab
- Physiotherapy
- Dietetics
- Health Check-up
- IVF

## 24X7 SERVICES

- Emergency
- Ambulance
- Radiology Services
- Laboratory Services
- Blood Centre
- Indoor Pharmacy

***Empanelled with Ayushman Bharat PM-JAY Yojana for Free treatment to beneficiaries.***
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