JULY 2025

SISHU PARIPALAN

KKCTH NEWS MAGAZINE

Newsletter Highlights

CREATING A CULTURE OF INNOVATION "INSTITUTIONAL EXCELLENCE AWARD ” FOR KKCTH

Received by Dr.Janani Sankar, Medical Director, KKCTH & Dr.BalaRamachandran,HOD, PICU,KKCTH

On the occasion of ***International doctor's day*** on 1st July 2025, our hospital was conferred the "***Institutional Excellence award" by the Rotary International 3234***, in recognition of our outstanding contribution to pediatric health care.

AWARDS AND ACCOLADES

Dr N.Mahesh, Senior Consultant Neurologist, delivered the South Indian Epilepsy Academy Oration on 27th April 2025.

Dr Anirudh and Dr Ananda Narayanan, second year DNB postgraduates, won the first place in Grand Chennai Pediatric Allergy and Asthma Quiz organized by Institute of Child Health and Hospital for children, Egmore, under the aegis of IAP Respiratory Chapter - Tamilnadu branch, on May 20th 2025

PEDIATRIC TRAUMA CARE WORKSHOP AT KKCTH

Under the auspices of IAP PEM Chapter, "The Pediatric Trauma Care Workshop" organised by our ER team at KKCTH, was conducted by Dr.Debasis Adhikari, Head of Pediatric Emergency and Dr.Alan Koshy, Associate Professor Pediatric Emergency, CMC Vellore on 11th April 2025. Pediatricians and Pediatric super and subspeciality postgraduates were involved in hands on skills and simulation. Around 60 delegates participated in the workshop.

UPDATES FROM DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
DR.USHA V DR.SNEHA.S

We are very happy to announce that the Department of Obstetrics & Gynaecology has ***successfully completed over 50 major procedures including deliveries and gynaecological surgeries***. This is a huge feat to achieve within a span of 8 months from commencement of the department and more importantly without any morbidity to the patients.
We were able to help patients of different socio-economic strata with the same level of care and commitment, true to the motto of CHILDS Trust hospital.
Some of the cases handled were very challenging – We were able to help out a mother staying in dormitory for NICU care, who had delivered elsewhere and presented with abdominal distension. We diagnosed her to have a complex bladder injury and swiftly arranged for an exploratory laparotomy and repair of bladder rent. This was possible only because of the significant efforts put in by the staffs who stepped up for the occasion and the unwavering support by our MD, Dr. Janani.
Our hands were full with high risk Obstetric cases such as PPROM , twins with growth disorders and preterm deliveries. We are very glad to say that the mothers and babies are doing well. It is a significant point to be highlighted that such high risk deliveries could be undertaken here due to immense support and skills of our NICU team who ensure the best outcome for such babies.

Launching "Prim Trim Mom" an unique wellness clinic for antenatal women

We are excited for the coming months where we plan to launch the "Prim, Trim Mom" program during the Breast feeding week. This is a brain child of Dr. Usha Vishwanath, our Director and it focuses on providing an innovative hybrid classes on diet, physical activity and lactation for the antenatal and post-natal patients. We are eventually planning to expand the service to women of all age groups.

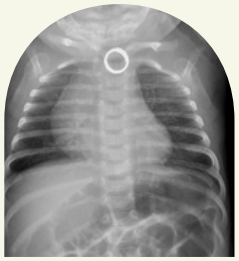
THE GOLDEN SWALLOW!-
FOREIGN BODY INGESTION IN CHILDREN
DR.S.SRINIVAS, DR.MONICA B, DEPT OF PEDIATRIC GASTROENTEROLOGY

Foreign body (FB) ingestion in children is most common between 6 months and 3 years of age. This is because of the following reasons:

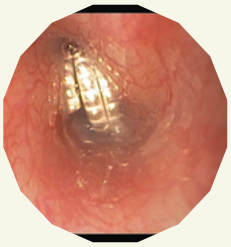
1. Children of this age group are often going through the developmental phase of oral exploration involving mouthing and tasting various objects.
2. They have poor fine motor skills for safely handling objects.
3. They do not have the cognitive ability to distinguish safe from unsafe objects.
4. They are often easily distractible and impulsive.

Commonly ingested items include coins, toys, batteries, and jewelry. Although most FBs in the gastrointestinal tract pass spontaneously without complications, endoscopic or surgical removal may be required in a few children. Optimal indications and/or timing of these procedures to be performed in children remain controversial. Thus, FB ingestion presents a significant clinical difficulty in pediatric gastroenterological practice.

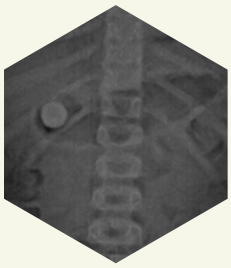
Case 1



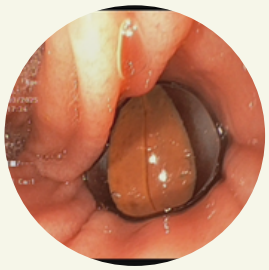
A 39-day-old infant was brought to the emergency department after accidental ingestion of a gold finger ring. The ring had been presented and worn on the infant's finger during a naming ceremony and the kid promptly swallowed the oversized, rather ill-fitting finger ring much to the chagrin of unwitting parents. X-ray revealed the ring lodged in the upper esophagus. The infant initially presented with drooling of saliva. The child was admitted for observation, kept nil by mouth. A repeat X-ray showed no progression. Endoscopic retrieval was performed using a rat-tooth forceps, and the ring was successfully removed. The infant resumed oral feeds within two hours, and was subsequently discharged. This represents the youngest patient at our institution to undergo endoscopic removal of an ingested foreign body. Globally, there are only a few documented cases of successful foreign body removal in infants under 2 months of age



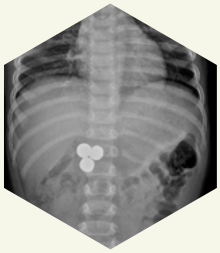
Case 2



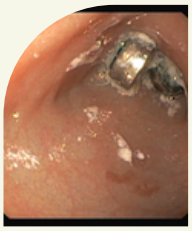
A 4-year-old boy was brought following accidental ingestion of a glass marble. X-ray abdomen showed the marble in the stomach. As the child remained asymptomatic, he was reassured and sent for observation at home. Four days later, he presented to the emergency department with colicky abdominal pain and vomiting. A repeat abdominal X-ray revealed the marble positioned to the right of the spine. He was admitted, kept nil by mouth. Keeping in mind, a marble is generally not expected to cause symptoms and typically pass spontaneously, the kid was evaluated for other causes of abdominal pain. Blood investigations and abdominal ultrasonography were unremarkable. However, a follow-up fluoroscopy the next morning confirmed non-progression of the foreign body, raising suspicion of pyloric obstruction. An upper GI endoscopy revealed the marble impacted at the pylorus, causing partial gastric outlet obstruction. It was removed using a Roth net. On measurement, the marble was found to have an unusually large diameter of 2.5 cm, which likely accounted for its inability to traverse the pyloric channel.



Case 3



A 2-year-old child was brought to the emergency department with a history of accidentally swallowing button batteries. The child was asymptomatic at presentation. X-ray revealed the presence of three button batteries in the stomach. Ingestion of multiple button batteries is associated with a significantly higher risk of complications compared to ingestion of a single, small-sized battery - particularly those lesser than 20 mm in diameter. Given the potential for mucosal injury, an upper gastrointestinal endoscopy was promptly performed. The batteries were successfully retrieved using a Roth net. Endoscopic examination revealed corrosive injury to the gastric mucosa, including ulcerations and patchy areas of necrosis. The child was discharged on acid-suppressive therapy.



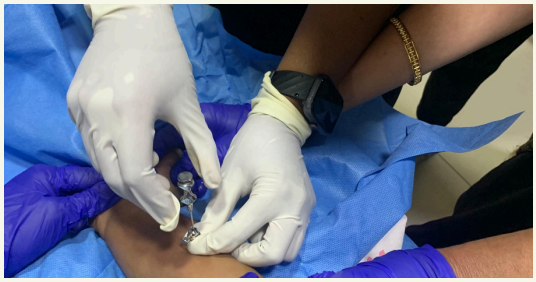
Take-Home Message

The cases presented above emphasize the importance of early imaging and prompt endoscopic removal to avoid adverse outcomes and surgery. Prevention remains the best treatment modality and relies heavily on educating parents as well as enforcing strict regulations on toy part sizes and packaging safety standards.

SPOTLIGHT-E ROOM KKCTH

HERE'S HOW WE'RE MAKING AN IMPACT!

Emergencies in children are best handled in an organized pediatric emergency care facility as both time and expertise is important.
The Pediatric emergency department of Kanchi Kamakoiti CHILDS Trust Hospital is one of the oldest and largest in the country dedicated to providing urgent and emergency care to children who are experiencing acute illnesses or injuries The facility caters exclusively to children up to 18 years of experience.



ED with at least one physician available 24 hours a day, 7 days a week (24/7), with specialty services, and with ancillary services such as radiology,
laboratory, and pharmacy staffed at all times.

Updated protocols, state of art equipments,USG for POCUS

Around 15 candidates
have been trained in the fellowship programme in Pediatric emergency medicine since 2011 .

One of first centers to be accredited for Fellowship of the National board in Pediatric Emergency which will commence in 2026

Mighty save!-Intraosseous access

4 months old previously well and developmentally normal infant developed short febrile illness followed by lethargy and poor oral intake for which he was hospitalized elsewhere. He was diagnosed to have dengue fever and in view of difficulty in peripheral venous cannulation, he was referred to another tertiary care children hospital . As a vascular access could not be obtained again, parents brought the baby to the Emergency Room (ER) of Kanchi Kamakoti CHILDS Trust Hospital .
On arrival infant was unresponsive, had gasping respiration with pale extremities and was identified to be in cardiorespiratory failure. He was started on assisted ventilation with bag and mask with 100% oxygen with improvement in heart rate. The resuscitation team attempted peripheral venous access but could not secure an access . In 60 seconds a tibial Interosseous (IO) access was secured and Infant was resuscitated with fluid boluses through IO access in view of hypotensive shock . Subsequently external jugular vein was cannulated in the ER.
VBG was pH - 6.87/ pCO2 - 94/ pO2- 64.8/HCO3 - 17/ Lactate- 11.7. He was intubated in view of hemodynamic instability and shifted to our Pediatric Intensive Care Unit for mechanical ventilation and for other symptomatic management for Multi Organ Dysfunction Syndrome associated with Expanded Dengue Syndrome which included AKI/ALI/Encephalopathy and coagulopathy. His clinical condition improved and he was discharged within a week of hospitalization with intact neurological status.

Fellowship of the National board in Pediatric Emergency will commence in 2026