Sir Ganga Ram Hospital

newsletter

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Hon'ble President of India, Smt Droupadi Murmu inaugurates Sir Ganga Ram Hospital's State-of-the-Art Cancer Care Centre

Hon'ble President of India Smt Droupadi Murmu and other dignitaries

27 June 2025 – A historic day in Indian healthcare: Hon'ble President of India, Smt Droupadi Murmu inaugurates Sir Ganga Ram Hospital's state-of-the-art Cancer Care Centre.

In a monumental moment for India's healthcare sector, Smt Droupadi Murmu, Hon'ble President of India, formally inaugurated the Comprehensive Cancer Care Centre at Sir Ganga Ram Hospital, New Delhi. Joined by Shri V.K. Saxena, Hon'ble Lieutenant Governor of Delhi; Smt Anupriya Patel, Hon'ble Minister of State for Health and Family Welfare; and Ms Bansuri Swaraj, Hon'ble Member of Parliament, New Delhi; along with Dr D.S. Rana, Chairman, Sir Ganga Ram Trust Society; and Dr Ajay Swaroop, Chairman, Board of Management.

The President unveiled the ceremonial plaque and interacted with cancer patients during her visit, recognizing the hospital's unwavering commitment to Ethical, Affordable, and Compassionate care. Her esteemed presence, along with other distinguished dignitaries, marked a proud milestone in Sir Ganga Ram Hospital's rich legacy of over seven decades.

This newly inaugurated, cutting-edge facility brings together medical oncology, surgical oncology, radiation therapy, and day-care chemotherapy under one roof – creating a holistic, multi-disciplinary centre dedicated to providing Personalised, Precise, and Advanced care to every cancer patient.

Rooted in the 'Trust of Generations', the journey of SGRH began in 1951. It was formally inaugurated on 13 April 1954, coinciding with Sir Ganga Ram's birth anniversary. Since then, the hospital has grown into a premier healthcare institution, housing over 900 beds, 71 specialties, 100+ specialized clinics, and 35 advanced operating theatres.

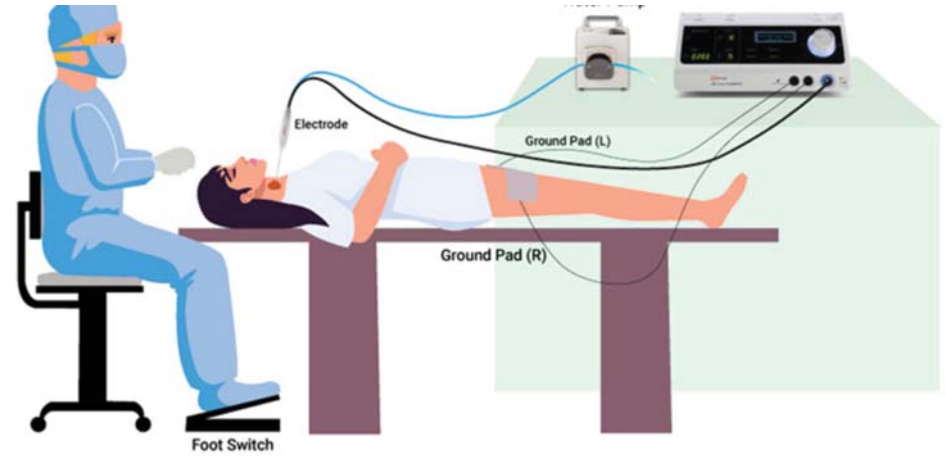
The newly launched Cancer Care Centre not only represents a technological and clinical leap forward but also reinforces the hospital's mission to serve with Equity, Empathy, and Excellence.

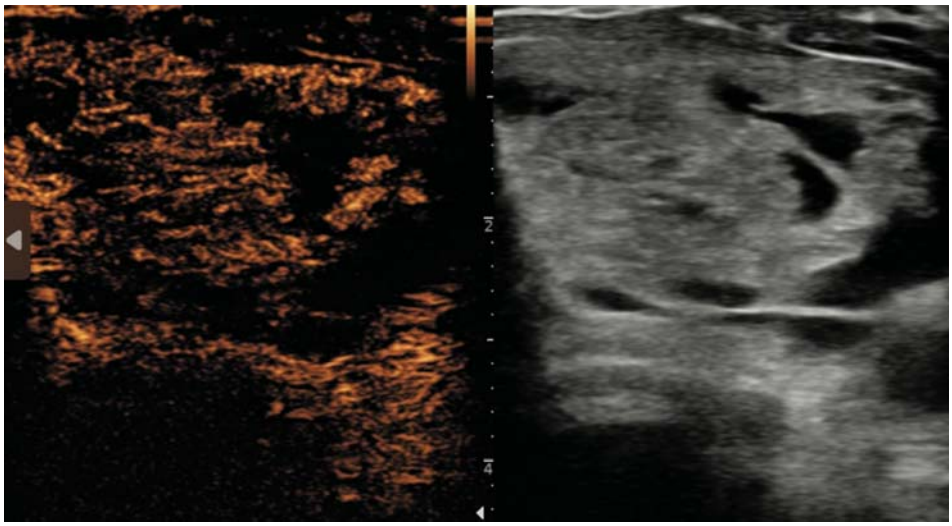
Dr D.S. Rana presenting a bouquet to the Hon'ble President of India

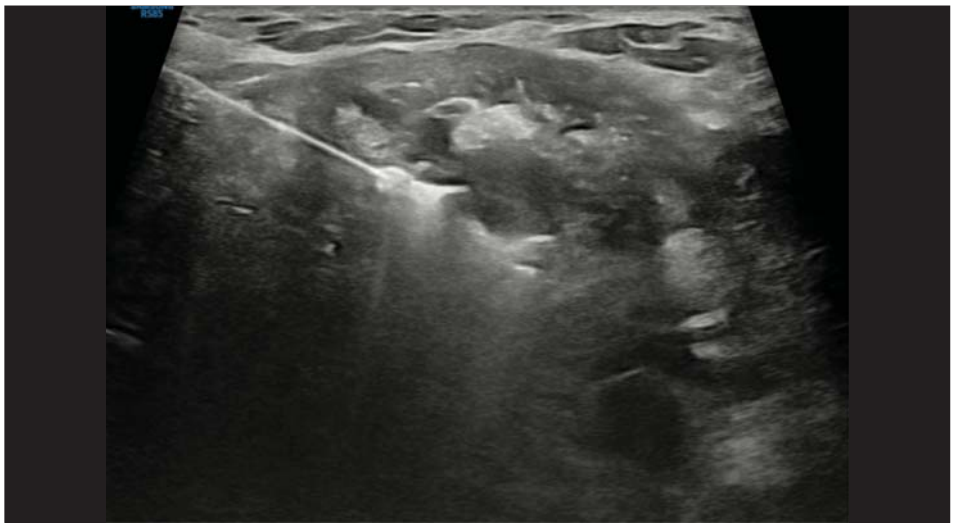
The President unveiling the ceremonial plaque

Thyroid nodules are a common finding, with a prevalence ranging from 20% to 76% in various population-based studies worldwide. While the majority of thyroid nodules are benign, a subset of these nodules may cause symptoms such as local pain, swallowing problems, foreign body sensation and feeling of lump in throat, symptoms such as breathing difficulties, dysphagia and dysphonia due to compression of adjacent structures such as trachea, oesophagus and recurrent laryngeal nerve, cosmetic concerns or anxiety about malignant change, necessitating intervention. Various treatment options are available for benign thyroid nodules including observation, percutaneous ethanol injection, radio-iodine therapy, surgery, and minimally invasive procedures such as laser ablation, high-intensity focused ultrasound (HIFU), radiofrequency ablation (RFA) and microwave ablation (MWA). Although surgery is mainstay of management in symptomatic benign thyroid nodules, it has various disadvantages such as permanent scar, iatrogenic hypothyroidism, iatrogenic hypoparathyroidism, need of general anaesthesia and chances of recurrent laryngeal nerve injury. Currently, minimally invasive thermal ablation procedures has emerged as alternative management option in treatment of benign thyroid nodules.

RFA is a minimally invasive procedure that uses heat generated from high-frequency alternating current produced by radiofrequency generator to destroy abnormal tissue. It is commonly used procedure for tumour ablation mainly liver lesions, osteoid osteoma, lung and renal tumours, varicose veins, or certain heart rhythm disorders. A specialized needle or electrode is guided to the target area during the procedure using imaging techniques such as ultrasound, CT or fluoroscopy. Once







in position, radiofrequency energy is delivered through the needle, heating and destroying the targeted tissue while minimizing damage to surrounding healthy tissue. RFA is typically performed in an outpatient setting and often provides effective pain relief with a shorter recovery time compared to traditional surgery.

MWA has gained increasing attention as a minimally invasive technique for the

treatment of benign thyroid nodules. Unlike RFA, which uses radiofrequency energy, MWA employs microwave energy to generate heat within the target tissue, resulting in coagulative necrosis and subsequent reduction in nodule volume. MWA offers several potential advantages over RFA, including a shorter procedure time, larger ablation zones, and decreased susceptibility to heat sink effects.

Microwave ablation is performed under local anaesthesia with strict aseptic precautions and under ultrasound guidance, patients lying in supine position with hyperextended neck with adequate preprocedural patient preparation. Hydro-dissection of thyroid lobe is done using normal saline creating liquid isolation region to avoid injury to adjacent structures. A trans-isthmic approach with moving shot technique and leverage of the isthmus is used in which microwave antenna is passed through isthmus into target nodule with downward and horizontal movement of microwave antenna lever to avoid injury to danger triangle, which is located posteriorly to thyroid lobe bounded by carotid space containing carotid vessels and recurrent laryngeal nerve.

Contributed by
Dr Arun Gupta, Chairperson
Department of Interventional Radiology

Workshop on Basic and Advanced Ultrasound-guided Regional Nerve Blocks

The Institute of Anaesthesiology, Pain and Perioperative Medicine (IAPPM), SGRH under the aegis of the Indian College of Anaesthesiologists (ICA) and patronage of Dr Jayashree Sood, Advisor, IAPPM and Vice-Chairperson, Board of Management (BoM), SGRH organized a 2-day Workshop on Basic and Advanced ultrasound-guided regional nerve blocks on 12–13 July 2025.

The workshop was inaugurated by Dr D.S. Rana, Chairman Sir Ganga Ram Hospital Trust Society; Dr Ajay Swaroop, Chairman, BoM, SGRH; and Dr Anil Bhalla, Honorary Secretary, BoM, SGRH. Dr Pradeep Jain, Chairman and Director Pain Medicine, IAPPM, SGRH was the organizing chairperson and Dr Rakesh Saxena, Co-Chairman, IAPPM, SGRH was the organizing secretary for the workshop. Dr Manish Kohli, Senior Consultant, IAPPM, SGRH was the workshop convener who also conceptualized the IDRA programme.

The workshop was attended by 210 delegates from all over the country; 105 eminent faculty members from across the country discussed the various intricacies of ultrasound-guided nerve blocks and shared their rich experience with the delegates. A total of 25 high-precision ultrasound machines were procured for the workshop. In addition to hands-on practice sessions for the delegates, live demonstration of basic and advanced level

nerve blocks was also done from the operation theatre. Preceding the workshop, an intensive 2-month biweekly sessions of online didactic lectures were held for the delegates from 2 May to 29 Jun 2025.

The Indian Diploma in Regional Anaesthesia (IDRA) exit examination was also held during the course of the workshop. The regional anaesthesia training programme now in its fourth year of existence has gained immense popularity all over India and has brought laurels to our great institution. The ideology behind the programme is to spread awareness about Pain-Free hospital and Opioids-Free postoperative period.

Giant anterior mediastinal mass: A multidisciplinary approach

Introduction

Squamous cell carcinoma of the thymus is rare, with an incidence of 0.07–0.38 per 100,000 per year.[1] It accounts for about 5.6% of all solitary mediastinal masses. These tumours are typically large (>5 cm) often presenting with symptoms of mass effect on adjacent structures.[1] We are reporting a rare case of a giant thymic squamous cell carcinoma, never reported in the literature.

The case

A 35-year-old obese male with no known comorbidities presented with complaints of shortness of breath for the past seven days. Dyspnoea was aggravated in the supine position and relieved on sitting or leaning forward. On presentation to the casualty, clinical examination revealed a heart rate of 122 bpm, blood pressure of 138/72 mmHg, respiratory rate of 36 breaths/min with use of accessory muscles, deviation of the trachea to the right, and SpO_2 of 90% on 12 L/min oxygen. Arterial blood gas (ABG) analysis showed severe respiratory acidosis ($PaCO_2$: 112 mmHg). The patient was admitted to the ICU, and non-invasive ventilation (NIV) was initiated. Bedside chest X-ray (Fig. 1) revealed a giant mediastinal mass with distal tracheal and bilateral lung collapse.

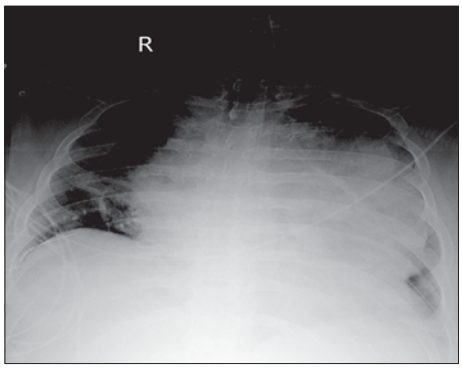


Fig. 1. *Initial chest X-ray; mediastinal mass with tracheal obliteration*

Difficult airway management

With difficult airway cart ready the patient was pre-oxygenated with 100% oxygen. With Cormack–Lehane (CL) grade II on direct laryngoscopy (DL) a successful intubation was done, and mechanical ventilation started with high PEEP to counter compressive airway effects. Bilateral air entry was present (reduced on the left). Despite adequate ventilation, there was persistent hypercapnia.

Diagnosis

Contrast-enhanced CT (CECT) thorax (Fig. 2) revealed a giant anterior mediastinal mass measuring 18.5 × 12 × 15.8 cm (TR × AP × CC), encasing the innominate veins, innominate artery, left common carotid artery, superior vena cava (SVC), and ascending aorta. The mass abutted the aortic arch, main pulmonary artery, both pulmonary arteries, and bilateral superior pulmonary veins. Posteriorly, it caused marked compression of the trachea and main bronchi, with near-total occlusion of the left bronchus (Fig. 2a, b, c). A CT-guided biopsy was performed. Histopathology revealed a B3 thymoma or thymic squamous cell carcinoma. Immunohistochemistry showed CK+, P40+, CD117+, and negative for CD5, synaptophysin, PD-L1, and TdT. Ki-67 proliferation index was 25%, indicating moderate proliferative activity.

Bedside bronchoscopy revealed extrinsic compression of the lower trachea

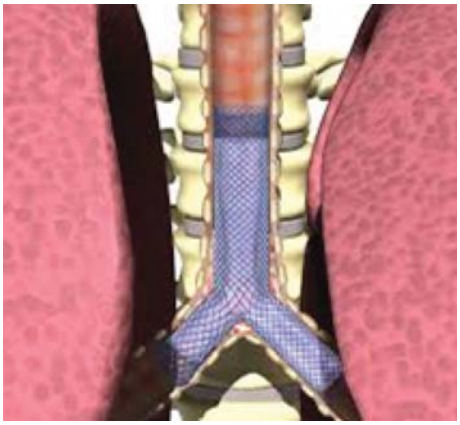


Fig. 3. *Schematic representation of the tracheal 'Y' stent*

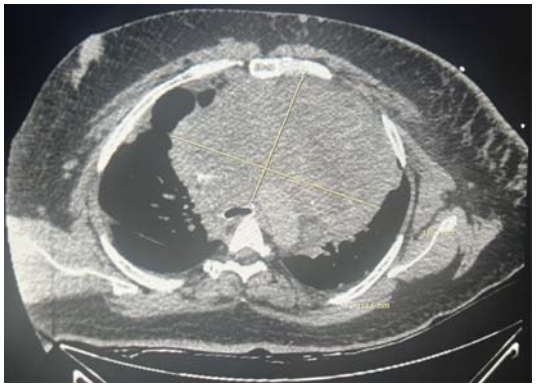


Fig. 2a. *Contrast-enhanced CT (CECT) thorax showing giant anterior mediastinal mass*

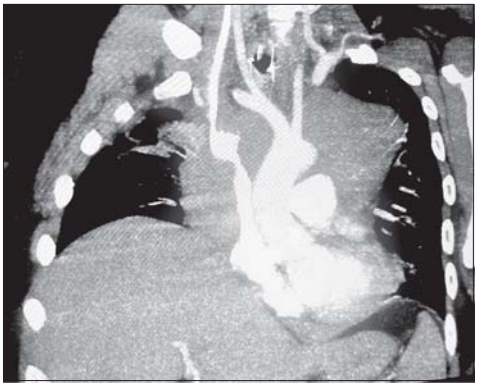


Fig. 2b. *Coronal; mass encasing major vessels*

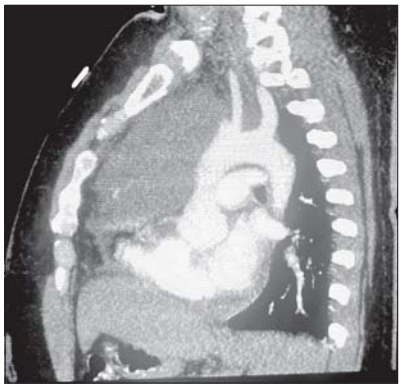


Fig. 2c. *Sagittal; mass encasing major vessels*

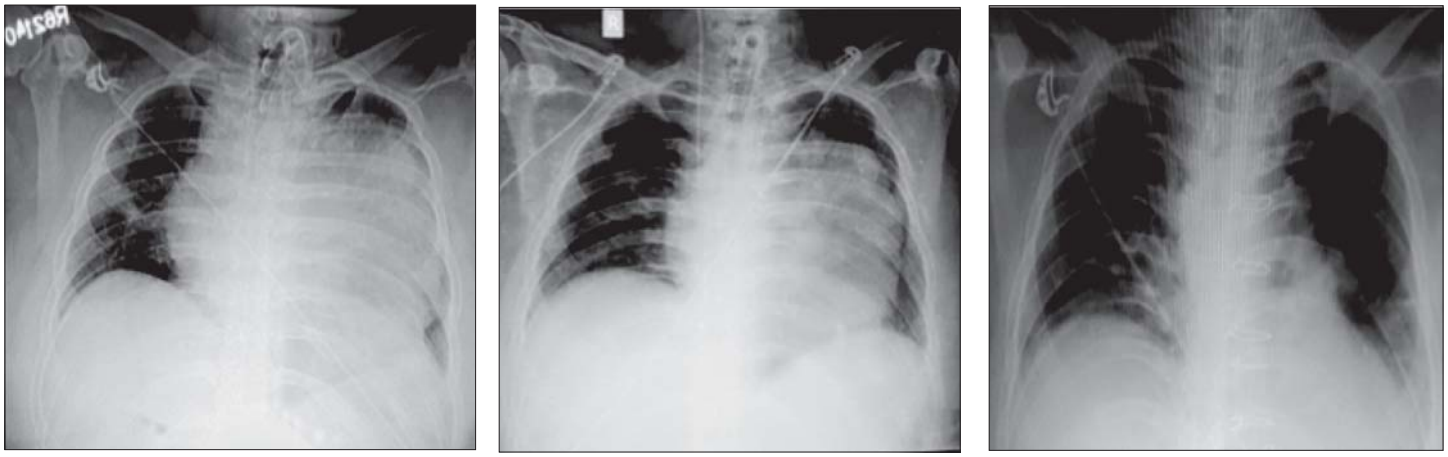


Fig. 4. *Chest X-ray comparison post-chemotherapy, radiotherapy and post-surgical resection*

and both main bronchi (left > right), with significant distal tracheal narrowing. A bronchoscopy-guided Y-tracheal stent (Fig. 3) was placed under general anaesthesia in an attempt to relieve obstruction. Due to prolonged ventilator requirement, an elective tracheostomy was performed. A long-length tracheostomy tube with adjustable flange was used to bypass tracheal collapse between the tracheostomy tube and stent.

Chemotherapy and radiotherapy

The tumour was deemed unresectable. Neoadjuvant chemotherapy with paclitaxel and carboplatin failed to reduce the tumour size despite three cycles. A multidisciplinary team discussion led to the initiation of neoadjuvant radiotherapy. He received a total of ten sessions of external beam radiotherapy, following which there was significant tumour shrinkage.

Surgical debulking

Radical thymectomy (tumour debulking) was performed. The mass was densely adherent to the pericardium, bilateral phrenic nerves, and SVC–brachiocephalic junction.

The tumour was excised in piecemeal and pericardial resection done. Post-operatively he was electively ventilated.

Postoperative recovery

The postoperative course was complicated by sternotomy site infection and difficult weaning from ventilator. Tracheal stent removal was performed at bedside. The patient became haemodynamically stable, tolerated oral intake, engaged in physio-therapy, and was ambulatory. He was discharged with home ventilator-BIPAP support and wound care instructions. He was on a regular follow-up. Sternal wound healed well, and the patient was decannulated.

Discussion

Thymic squamous cell carcinoma is a rare, aggressive neoplasm. These tumours are typically large (5.4–8.7 cm on average) and infiltrative, often presenting with symptoms from mass effect on adjacent structures. Most patients present late.

To the best of our knowledge, this is the first case report of such a large tumour. The largest mass reported in the anterior mediastinum, measured 13.9 cm × 9.2 cm.[2] Surgical resection remains the cornerstone with chemotherapy and radiotherapy serving as adjuncts. Prognosis varies depending on the stage of disease at the time of diagnosis and feasibility of surgical resection.

The median overall survival is 5.6–8.4 years, with a 5-year survival rate between 52% and 64%.

Conclusion

This case involved multiple clinical challenges. Successful management was made possible through a coordinated multidisciplinary effort highlighting the importance of teamwork in complex oncological cases.

References

1. Roden AC, Ahmad U, Cardillo G, Girard N, Jain D, Marom EM, *et al*. Thymic carcinomas – A concise multidisciplinary update on recent developments from the Thymic Carcinoma Working Group of the International Thymic Malignancy Interest Group. *J Thoracic Oncol* 2022;**17:**637–50.
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Contributed by
Dr Diksha Gaur
Dr Prakash Shastri
Dr B.K. Rao
Institute of Critical Care Medicine

Artificial Intelligence in Orthopaedics

Transforming the Future of Musculoskeletal Care

Artificial intelligence (AI) is revolutionizing medicine, and orthopaedics is no exception. Once a purely hands-on specialty, orthopaedics is now at the forefront of adopting AI technologies to improve diagnostics, treatment planning, surgical outcomes, and patient care. From image analysis to robotic-assisted surgeries and predictive analytics, AI is reshaping how orthopaedic conditions are managed.

1. AI in orthopaedic imaging and diagnostics

Orthopaedics relies heavily on imaging modalities such as X-rays, CT scans and MRIs. AI, particularly deep learning algorithms, can analyse these images with remarkable accuracy and speed. Trained on thousands of labelled images, AI models can detect fractures, joint abnormalities, osteoarthritis, and even subtle patterns that may elude the human eye.

For example:

- **Fracture detection:** AI tools can assist emergency physicians and radiologists by flagging fractures in X-rays, especially in complex anatomical regions.
- **Osteoarthritis grading:** Algorithms can provide objective grading of joint degeneration, helping standardize assessments and track disease progression.

These tools not only improve diagnostic accuracy but also reduce the radiologist's workload and enable faster clinical decision-making.

2. Surgical planning and robotic assistance

AI-powered tools are enhancing preoperative planning by simulating surgical outcomes, optimizing implant selection, and predicting potential complications. When integrated with augmented reality (AI/AR) and robotic arm, AI ensures greater precision in procedures such as:

- Total hip arthroplasty (THA)
- Total knee arthroplasty (TKA)
- Spine surgeries.

AR systems, guided by AI, can map patient-specific anatomy and guide pre-planned bone cuts or implant placements with sub-millimetre accuracy, reducing intraoperative errors and improving postoperative outcomes.

3. Predictive analytics and patient outcomes

AI models can process vast datasets – including electronic health records (EHRs), wearable device data, and genetic information – to predict:

- Risk of postoperative complications (e.g. infection, DVT)
- Probability of implant failure or revision surgery
- Recovery timelines and rehabilitation needs

These predictive tools support personalized medicine, allowing orthopaedic surgeons to tailor treatments based on individual risk profiles and expected outcomes.

4. Rehabilitation and patient engagement

AI-enabled mobile apps and wearable sensors are revolutionizing postoperative care. These tools monitor patient activity, range of motion, and adherence to physiotherapy protocols in real time. AI can analyse this data to:

- Provide feedback and alerts to patients and clinicians
- Adapt rehabilitation programmes based on patient progress
- Predict and prevent complications from poor compliance or delayed healing.

5. Research and education

AI is also facilitating large-scale data analysis in orthopaedic research. Machine learning models can identify trends and associations in clinical registries, biomechanics data, and surgical outcomes that were previously difficult to uncover. Additionally,

AI/AR in total knee arthroplasty

AI/AR in total hip arthroplasty

AI-driven simulations and virtual reality environments are being used in orthopaedic education and surgical training.

6. Augmented reality (AR): The emerging visualizer

AR is a newer entrant to the arthroplasty scene. Instead of a physical robotic arm, AR uses a head-mounted display (e.g. Microsoft HoloLens) or smart glasses to overlay digital images – such as surgical plans, instrument trajectories, and anatomical landmarks – directly onto the surgeon's view of the patient.

The process involves:

1. **Pre-operative planning:** Open-ended (can be done during surgery) or similar to robotic-assisted surgery (a 3D model is created from CT or MRI scans).
2. **Registration:** The patient's anatomy is registered to the virtual model using optical tracking or anatomical landmarks.
3. **Execution:** The surgeon views the real-world surgical field through a transparent display, seeing critical navigational data and planning information superimposed onto the patient's body. This acts as an 'X-ray vision' guide throughout the procedure.

AR seeks to enhance the surgeon's innate skills by providing intuitive, *in situ* visual guidance without the need for large, fixed capital equipment.

The future is augmented: The next evolution of AR in arthroplasty

While currently emerging, AR's potential extends far beyond its current capabilities. The future of AR in the operating room is poised to be transformative:

1. **AI-powered real-time analytics:** Future AR systems will integrate artificial intelligence to analyse live data from intra-operative sensors. The surgeon's view could display predictive analytics on soft-tissue balance, joint stability, and range of motion during the procedure, allowing for on-the-fly adjustments to the surgical plan.
2. **Holographic guidance and remote mentorship:** An expert surgeon located anywhere in the world could project their hands as holograms into the operating surgeon's AR view, providing real-time guidance and mentorship. This 'tele-mentoring' could democratize access to expert surgical techniques.
3. **Advanced registration and tracking:** The challenge of accurate registration will be solved by AI-driven computer vision that automatically recognizes anatomical structures without the need for manual pointer-based registration, drastically reducing setup time and improving accuracy.
4. **Seamless integration with surgical robotics:** The line between AR and robotics will blur. Surgeons may use an AR interface to plan and visualize the procedure, and then command a robotic system to execute specific tasks, all within the same immersive environment.
5. **Patient-specific instrumentation via AR:** AR could eliminate the need for physical patient-specific jigs (PSI). Instead of a 3D-printed plastic guide, a digital guide would be projected directly onto the bone, showing exactly where to make cuts or place implants.

Conclusion

Artificial intelligence is poised to significantly enhance orthopaedic care by improving diagnostics, personalizing treatments, optimizing surgical precision, and supporting patient recovery. While challenges remain, the integration of AI into orthopaedics offers exciting possibilities for safer, more efficient, and patient-centred musculoskeletal care.

Contributed by
Dr Anant Kumar Tiwari, Chairperson
Joint Replacement Centre

Dr Bobby Bhalotra, Senior Consultant, Department of Chest Medicine, SGRH received the award of 'Inspiring Chest Specialist of India' at the Doctors Day Conclave organized by TIMES NOW on 28 June 2025.

On the occasion of National Doctor's Day, Dr D.S. Rana, Chairman, Board of Trustees, Sir Ganga Ram Hospital (SGRH) and Dr Ashwani Mehta, Senior Consultant, Department of Cardiology, SGRH were awarded the 'वरिष्ठ चिकित्सक रत्न पुरस्कार' by the honourable chief minister of Delhi Smt Rekha Gupta at a function organized by the Delhi Medical Forum on 1 July 2025.

Interventional Nephrology for India: The AVATAR 2025 Story

The Second AVATAR India Interventional Nephrology Congress brought three days of focused learning and hands-on training to Hotel Pullman, Aerocity, New Delhi, on 22–24 August 2025. AVATAR's core objective is to promote interventional nephrology nationwide through immersive training, evidence-based guidance, and team-based learning, thereby improving the safety, efficiency, and outcomes of dialysis access and related procedures. The meeting also carried Delhi Medical Council accreditation, underscoring its emphasis on high-quality continuing medical education.

The first day set the tone with an intensive line-up of live, practical workshops that filled labs and training rooms from morning to evening. AVATAR's training philosophy is simple: learn by doing, with expert supervision and immediate feedback. Delegates observed live procedures including tunnelled haemodialysis catheter insertion, peritoneal dialysis catheter insertion, and point-of-care ultrasound for access and procedures. These are the core skills that shorten waiting times, reduce procedure-related complications, and make services more patient-centric in busy Indian centres. The workshops drew 150 delegates, a strong indicator that hands-on sessions are the heartbeat of this congress and a clear response to the national demand for practical interventional nephrology training.

Sessions on imaging in interventional nephrology and USG-guided kidney biopsy highlighted best practices, tips to avoid complications, and pathway-based approaches that clinicians can take home and use the very next day. The programme reflected AVATAR's broader mission – to encourage and advance knowledge in vascular and peritoneal access, promote clinical and experimental research, and bring together nephrologists, radiologists, and allied professionals to build a consistent national standard.

Dr A.K. Bhalla taking over as president of Avatar India Society 2025–26.

Dr D.S. Rana was honoured by starting an oration in his name in annual conference from this year onwards.
Dr A.K. Bhalla was awarded the first oration.

More than 600 delegates attended each day. The goal was to reduce differences in practice by sharing clear protocols, checklists, and decision trees that fit local settings. Many delegates said they could use these ideas right away in their own units, whether in a large referral centre or a district hospital building interventional services. This real-world focus is what makes the AVATAR format work.

The final day's national quiz brought young doctors to the front of the room. Fifty students from across India participated, answering rapid-fire questions that moved from core principles to complex clinical scenarios. It was not only a test of knowledge but also a showcase of how far interventional nephrology has come in medical training. The quiz format encouraged teamwork and quick clinical reasoning, and the audience joined in with live polls and case-based voting. The atmosphere was friendly but competitive, and it ended with a sense that the next wave of interventional nephrologists is ready to push standards even higher.

Throughout the meeting, the feedback was consistent: the event was highly appreciated by all. Delegates praised the smooth logistics, the helpful faculty, and the way sessions flowed from lecture to demonstration to discussion. Industry partners supported simulator-based learning, and the exhibition allowed clinicians to compare devices and troubleshoot with engineers, which is an important bridge between practice and product that improves outcomes on the ground. The presence of senior national leaders alongside early-career nephrologists created mentoring moments in corridors and over coffee, which often matter as much as what happens on stage.

AVATAR's approach is not just to hold a conference but to strengthen a community of practice. By gathering diverse teams including nephrologists, interventional radiologists, surgeons, dialysis nurses, and technicians, the congress helps align the entire access pathway, from planning and placement to surveillance and salvage. That alignment saves procedures, preserves veins, and protects patients from avoidable delays. The society's stated objectives to advance knowledge, promote research, and hold meetings and study circles that raise standards, were fully visible in the design and delivery of this year's meeting.

Contributed by
Dr (Prof) A.K. Bhalla
Chairperson
Department of Nephrology

Lifetime Achievement Award for Dr B.K. Rao

Dr B.K. Rao joined Sir Ganga Ram Hospital in 1983 when the hospital offered him a career in anaesthesia, but his real dream was Critical Care Medicine. Soon after joining the hospital, his journey in Critical Care began and is still continuing as an emeritus consultant after having served the department as its chairman for the last four decades. This journey was marked by appreciation, awards and honours and, above all, the sheer joy of working in a great institution.

The Lifetime Achievement Award recognized the foresight and decades of perseverance of Dr Rao in bringing about a transformative change in the practice, education and research in Critical Care Medicine in India and also for his enthusiasm in promoting Artificial Intelligence (AI) in Critical Care Medicine.

Urology Update 2025

The Department of Urology successfully organized the SGRH Annual Urology Update 2025 on 13 September 2025 as a single-theme BPH Update, combined with a memorable SGRH Urology Alumni Meet. Over 50 alumni from across the globe sent their best wishes with 30+ attending in person. The update saw active participation from Delhi-NCR urologists, with distinguished external faculty from across India, leading debates, deliberations, and panel discussions on the latest nuances in BPH management, including minimally invasive surgical therapies (MISTs) such as UroLIFT, REZUM and iTIND. There was also involvement from the Department of Interventional Radiology regarding prostate artery embolization. Dr Sudhir Khanna, Senior Consultant, Department of Urology, was conferred the Life-time Achievement award for a long and glorious contribution to the department for over 35 years. This update was organized under the leadership of Dr Sudhir Chadha Organizing Chairman and Chairman Department of Urology, Vice-Chairman Dr Manu Gupta and Dr Amrender Pathak, Unit Chiefs Dr Ajay Sharma, Dr Sudhir Khanna and Adviser, Dr P.N. Dogra, Department of Urology. Dr Vipin Tyagi, Senior Consultant, and Dr Ashwin Mallya, Consultant, Department of Urology were the Organizing Secretaries for the update.

Myeloma Workshop 2025

The Department of Haematology, SGRH, under the aegis of the Cytometry Society India, recently hosted a comprehensive Myeloma Workshop on 29 August 2025. The workshop was organized under the leadership of Dr Jyoti Kotwal (organizing chairperson) Chairperson, Department of Haematology, SGRH and Dr Sabina Langer (organizing secretary) Senior Consultant, SGRH. The workshop was graced by the presence of esteemed dignitaries, Dr D.S. Rana, Chairman, Board of Trustees, SGRH; Dr A.K. Bhalla, Director Laboratory Services and Honorary Treasurer, Board of Management (BoM); Dr Jayshree Sood, Vice-Chairperson, Board of Management, SGRH and Dr Ganguly, Chairman, Department of Biotechnology and Research, SGRH who inaugurated the proceedings.

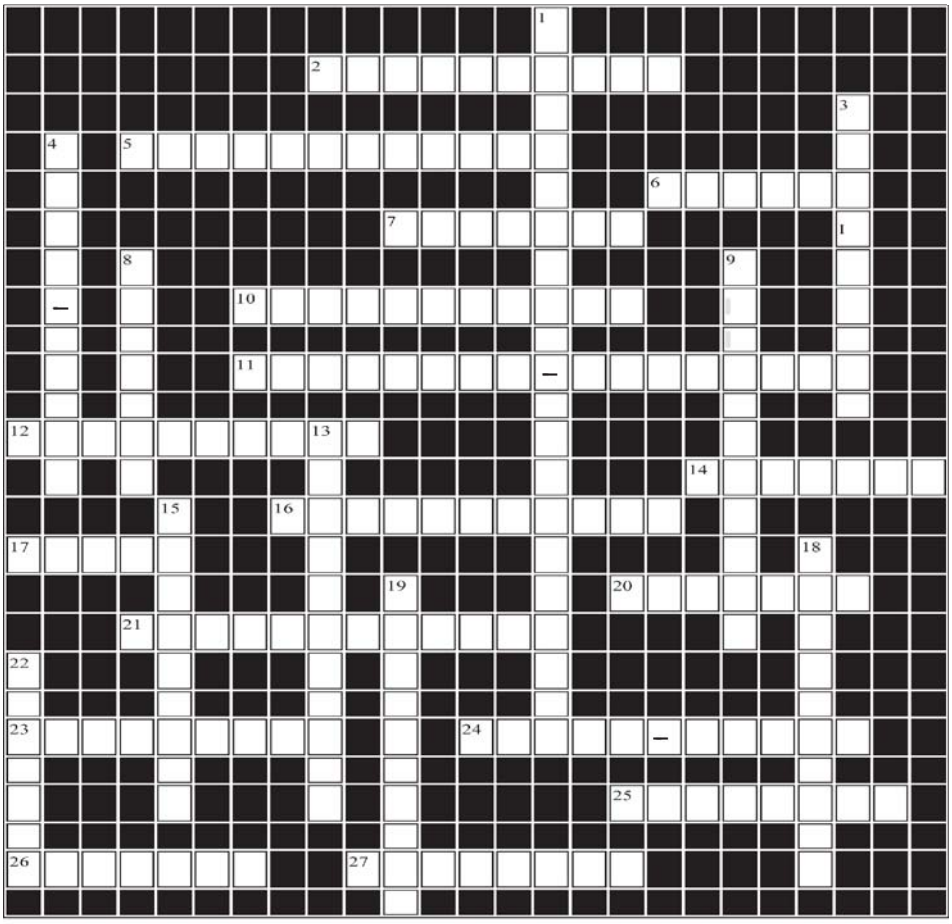
The event featured esteemed guest speakers Dr Man Updesh Singh from the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, and Dr Ritu Gupta, Head of the Department at All India Institute of Medical Sciences (AIIMS), New Delhi. Dr Singh and Dr Gupta delivered informative sessions, covering various aspects of myeloma diagnosis, treatment and management.

The faculty from SGRH who contributed to the workshop included Dr Amrita Saraf, Dr Pallavi Paralkar, and Dr Surbhi Dahiya, who shared their expertise and insights with the attendees.

The second Advanced Trauma Life Support Course was successfully conducted by the Department of Emergency Medicine at SGRH on 16 July 2025.

The Institute of Anaestheiology, Pain and Perioperative Medicine, SGRH successfully conducted an update on Chronic Neck Pain on 23 August 2025. Live demonstration of nerve block techniques for neck pain relief was done from the operation theatre in addition to hands-on practice sessions for the delegates. Lectures and a panel discussion was included in the update.

Newsletter Crossword



Across

2. A genus of filarial worms that cause elephantiasis (10)
5. Hair that are naturally straight and smooth (12)
6. Means thin strip of wood; however, it is used to immobilize injured parts (6)
7. A new Latin name, it converts air pressure changes from sound waves into vibrations (7)
10. A protein that is formed from two identical simpler molecules (monomeric) (11)
11. A saw-toothed shaped muscle (8-8)
12. Wound created by tearing (10)
14. A syndrome of postpartum blood loss leading to hypopuitarism, cold intolerance and weight gain (7)
16. A gene or allele that shows partial loss of normal function but not a complete elimination of it (11)
17. Supportive device to strengthen a body part; scoring two consecutive goals (5)
20. As much as desired at one's pleasure (7)
21. Minimally invasive procedure, uses a 3-dimensional system to precisely locate targets (12)
23. Diamond-shaped muscle at the back (9)
24. A syndrome where head banging, hair pulling, renal calculi, involuntary movements are some features (5-5)
25. Tool collection to automate web browser interactions for software testing also a trace element that protects cells from damage (8)
26. A bacterial fever, red rash, sore throat, often affecting children (7)
27. HEXB gene mutation, lipid storage disorder (8)

Down

1. Adapting mechanoreceptors in the dermal papillae of hairless skin parts as in palm, soles (9-10)
3. Metabolite of disulfiram, chelates metals, inhibits tumour growth, has immununomodulatory effects (9)
4. Hip bones or innominate bones (4-5)
8. Also known as pro-enzyme, that becomes active only after a specific biochemical change (7)
9. See small objects and become anxious (11)
13. Nail plate separates from the nail bed, no pain (11)
15. Initial phase of prophase 1 of meiosis where duplicated chromosomes condense into thin thread-like strands (9)
18. A naturally occurring phosphate mineral, in bones and teeth, used as bone grafting material (10)
19. A branch of this nerve supplies lateral pterygoid muscle (10)
22. A narrow band that connects two larger parts (7)

Created by Dr P.K. Pruthi, Institute of Child Health

Dr V.K. Khanna, Director, Institute of Child Health, SGRH was felicitated for his life-time of work on Thalassemia by the Pediatric Hematology Oncology Chapter of the Indian Academy of Pediatrics at the 10th Paediatric Haematology and Oncology CME held in Noida from 31 July to 3 August 2025.

Pearls of Wisdom

The PAST is history,
the FUTURE is mystery and
the PRESENT is the gift of life and that is why it is called PRESENT.
Live this PRESENT fully, mindfully, happily and usefully.
It's useful not only for self but also for others!

Dr P.S. Gupta, Emeritus Consultant, Medicine

NEW ENTRANTS

Dr Aditya Mahrotra *Anaesthesiology, Pain & Perioperative Medicine* *Associate Consultant* *02.07.2025*

Dr Anadi Gupta *Interventional Radiology* *Associate Consultant (Ad hoc)* *14.07.2025*

Dr Avanish Kant Malhotra *Paediatric Cardiac Sciences* *Associate Consultant* *01.09.2025*

PROMOTIONS

Dr Prasoon Gupta *Critical Care & Emergency Medicine* *Honorary Consultant* *08.07.2025*

Dr Aditya Sarin *Medical Oncology* *Honorary Consultant* *08.07.2025*

Dr Ajit Kumar Yadav *Interventional Radiology* *Senior Consultant* *08.08.2025*

Dr Soumya Tandon *Psychiatry & Behavioural Sciences* *Honorary Consultant* *08.08.2025*

Dr Uday Monga *E.N.T.* *Honorary Consultant* *08.08.2025*

Dr Daksh Sethi *Minimal Access & Bariatric Surgery* *Honorary Consultant* *08.08.2025*

Dr Subhashish Das *Surgical Gastroenterology, GI & HPB Onco-Surgery and Liver Transplantation* *Honorary Consultant* *08.08.2025*

Dr Sangeet Kumar Agarwal *E.N.T. (Head & Neck Oncology)* *Senior Consultant* *21.08.2025*

Dr Anmol Ahuja *Laparoscopic, Laser & General Surgery* *Honorary Consultant* *21.08.2025*

Dr Shivam Khare *Liver Gastroenterology & Pancreatico Billiary Sciences* *Honorary Consultant* *21.08.2025*

CROSSWORD ANSWERS

ACROSS: 2. Wuchereria 5. Leiotrichous 6. Splint 7. Myringa 10. Homodimeric 11. Serratus-Anterior 12. Laceration 14. Sheehan 16. Hypomorphic 17. Brace 20. Libitum 21. Stereotactic 23. Trapezius 24. Lesch-Nyhan 25. Selenium 26. Scarlet 27. Sandhoff

DOWN: 1. Meissners-Corpuscles 3. Ditiocarb 4. Ossa-Coxae 8. Zymogen 9. Microphobia 13. Onycholysis 15. Leptonema 18. Durapatite 19. Mandibular 22. Isthmus

We welcome your comments. Please send us your feedback at 'sgrhnewsletter@sgrh.com'

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