

THE EXCHANGE

ISSUE 100 | JULY 2026

100TH
ISSUE

SHARED CLINICAL
EXPERIENCE
SINCE 2018

Reflecting
Medanta's commitment
to learning, innovation
and **clinical excellence**



COMPLEX CASES

Real-world
Clinical Insights



ADVANCED TECHNOLOGIES

Enabling Better
Outcomes



MULTIDISCIPLINARY EXPERTISE

Collaborative Care
Approaches



ACADEMIC ACHIEVEMENTS

Advancing Clinical
Excellence

Feature Story

Medanta

The Exchange at 100

A Journey of Clinical Excellence and Knowledge Sharing

“

As we publish the 100th issue of The Exchange, I would like to acknowledge all the clinicians, contributors and readers who have been associated with this publication over the years.

When The Exchange was launched in 2018, the objective was to create a platform for sharing clinical experiences, medical developments and learnings from practice across Medanta.

Over the years, The Exchange has expanded significantly in both scope and participation. Along with clinical experiences and learnings from practice, it now features complex case studies, multidisciplinary treatment approaches, technology and innovation updates, academic initiatives and institutional milestones from across the Medanta network. What began with contributions from a few departments has today evolved into a publication that reflects the collective expertise of our clinicians and the multidisciplinary culture across the Medanta network.

At Medanta, we have always believed that continuous learning and collaboration are essential to advancing healthcare. The Exchange has played an important role in fostering this culture by enabling clinicians to share knowledge, exchange perspectives and learn from one another's experiences in managing complex cases and improving patient outcomes.

I extend my sincere thanks to all our contributors for generously sharing their knowledge and experience over the years. I also invite clinicians across the wider medical fraternity to become a part of this knowledge-sharing effort by actively contributing to The Exchange. Every contribution enriches our collective understanding and helps strengthen the culture of collaborative learning that ultimately benefits patient care.

As medicine continues to evolve, the importance of sharing knowledge and learning from one another remains as relevant as ever. I look forward to seeing The Exchange continue to grow as a vibrant platform for clinical learning and professional exchange, and to bringing many more editions in the years ahead.

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Dr. Naresh Trehan

Chairman and Managing Director
Medanta

Case Study

Medanta - Gurugram

Giant Mesenteric Immature Teratoma in a Neonate

Successful Surgical Management of a Rare Intra-Abdominal Germ Cell Tumour

Mesenteric teratomas are rare paediatric germ cell tumours and may present significant diagnostic and surgical challenges due to their size and proximity to major abdominal structures. This case highlights the successful management of a giant neonatal mesenteric immature teratoma through meticulous preoperative planning and complete surgical excision.

Clinical Presentation

A 56-day-old male infant, weighing 5.51 kg, was referred to Medanta – Gurugram with a large abdominal mass that had been incidentally detected during the neonatal period. He was born at term by lower-segment caesarean section and had an uneventful postnatal course. A progressively enlarging abdominal lump was noted on the day 21 of life.

Evaluation and Diagnosis

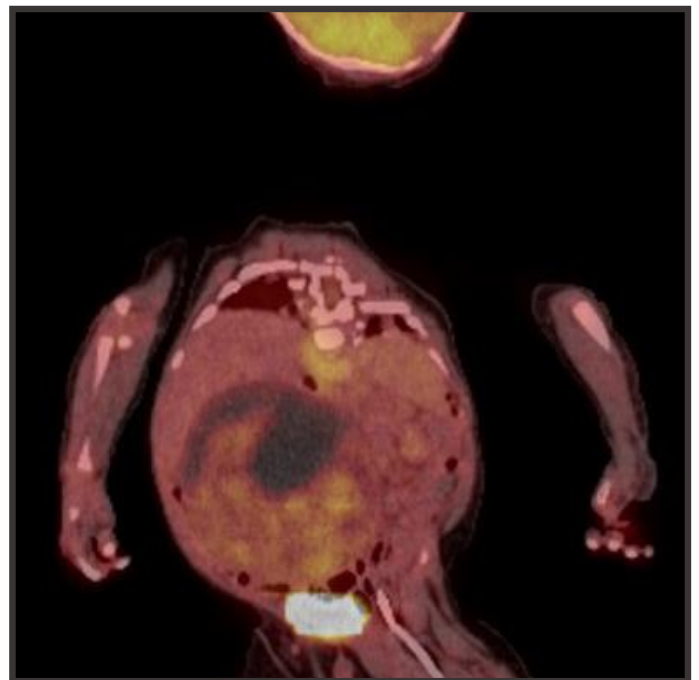
Contrast-enhanced CT of the abdomen revealed a large heterogeneous lobulated mass measuring approximately $10 \times 9.5 \times 7.8$ cm, occupying the midline and right side of the abdomen. The lesion demonstrated cystic degeneration, calcifications, necrotic areas, and fat density components suggestive of a teratomatous lesion. The mass displaced adjacent bowel loops and partially encased the common hepatic artery, although major mesenteric and renal vessels remained preserved.

An ultrasound-guided biopsy performed at the referring centre initially suggested mature teratoma. However, histopathological review identified immature elements within the tumour. PET-CT further demonstrated a heterogeneous lesion with patchy FDG uptake and no evidence of distant metabolically active disease.

Tumour markers showed persistently elevated alpha-fetoprotein levels for age, while beta-human chorionic gonadotropin levels were within normal limits. Additional investigations, including renal and liver function tests,

echocardiography, and urinary vanillylmandelic acid levels, were unremarkable.

Following multidisciplinary tumour board discussion, the child was planned for definitive surgical excision.



Contrast-enhanced CT demonstrating a large heterogeneous intra-abdominal mass with calcifications, cystic areas, and fat components suggestive of teratoma

Surgical Management

Exploratory laparotomy was performed under general anaesthesia with invasive haemodynamic monitoring. Intraoperatively, the tumour occupied a large part of the right abdomen, displacing the small bowel and ascending colon. The lesion was found arising from the mesentery and receiving its blood supply from a branch of the superior mesenteric artery.

Careful dissection enabled separation of the tumour from the transverse mesocolon and surrounding structures. Feeding vessels were ligated, and complete excision of the mass was achieved without tumour rupture or spillage. The excised specimen weighed 768 grams, accounting for approximately 15% of the patient's body weight.

Recovery and Outcome

The patient was shifted to the paediatric intensive care unit for postoperative monitoring. Recovery was uneventful, and enteral feeding was gradually initiated on postoperative day four. The infant tolerated feeds well and remained haemodynamically stable throughout recovery.

He was discharged in stable condition on postoperative day six.

Histopathological examination confirmed an immature teratoma containing approximately 20% immature neuroepithelial tissue with rosette formation and choroid plexus-like structures, consistent with Grade 3 immature teratoma. Immunohistochemistry was negative for SALL4, AFP, Glypican-3, CDX2, and estrogen receptor, excluding malignant yolk sac differentiation. Complete excision without residual disease corresponded to Children's Oncology Group Stage I disease.

Serial postoperative alpha-fetoprotein levels demonstrated a steady decline towards normal values, and follow-up imaging showed no evidence of recurrence during follow-up.



Excised specimen of giant mesenteric immature teratoma following complete surgical resection

Discussion

Mesenteric teratomas are exceptionally rare in neonates and infants, with only 14 cases reported in the literature worldwide to date. Differentiation from retroperitoneal tumours may be challenging preoperatively. In this case, imaging demonstrated a large heterogeneous lesion with calcifications, cystic degeneration, and fat components suggestive of teratoma; however, the exact site of origin was confirmed intraoperatively by identifying vascular supply from a branch of the superior mesenteric artery.

Complete surgical excision remains the cornerstone of treatment and is associated with excellent outcomes when achieved without tumour spillage. Although histopathology demonstrated Grade 3 immature teratoma, the absence of malignant yolk sac elements and complete resection allowed the patient to be managed with surveillance alone.

This case highlights the importance of careful preoperative planning and meticulous surgical dissection in managing large neonatal intra-abdominal tumours closely related to major abdominal vessels and bowel.

Dr. Shandip Kumar Sinha

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Senior Director - Paediatric Hemato-oncology and Bone Marrow Transplant

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Dr. Pranay Gupta

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Medanta - Gurugram



Case Study

Medanta - Lucknow

Penile Gangrene Requiring Partial Penectomy

Meatal Reconstruction for Functional Preservation

Penile gangrene is an uncommon urological emergency that requires prompt diagnosis and timely surgical intervention to prevent progressive tissue loss and systemic complications. Management is particularly challenging when preservation of urinary function and reconstruction of the urethral outlet are required following excision of non-viable tissue.

Clinical Presentation

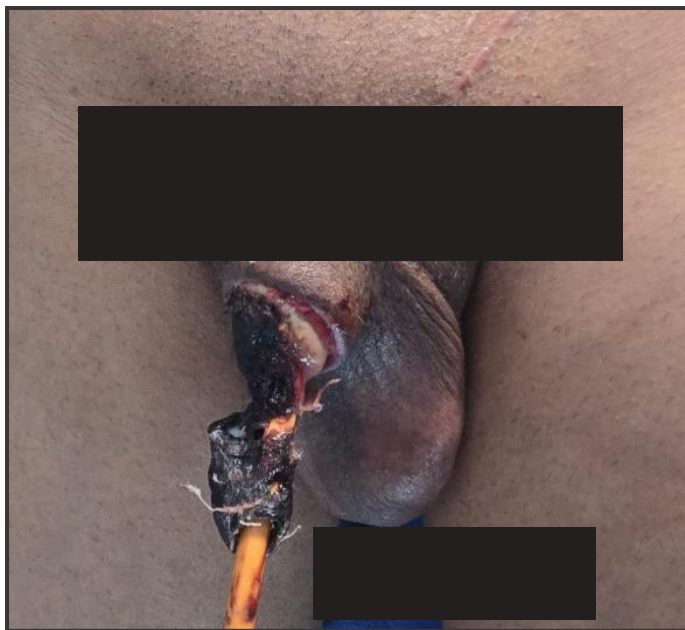
A 29-year-old male presented with progressive tissue necrosis involving the mid and distal penile shaft, requiring urgent urological evaluation and management.

The patient had previously undergone endoscopic urethral dilatation at another hospital, following which he developed bleeding per urethra requiring a repeat endoscopic procedure. Although the exact procedural details were unclear, cautery-induced devascularisation of the penis was considered the likely underlying mechanism for subsequent gangrene.

Evaluation and Diagnosis

Clinical examination demonstrated dry gangrene involving the mid and distal penile shaft with glans involvement. A clear line of demarcation was identified along the proximal penile shaft skin, suggesting non-viable distal tissue with preserved proximal vascularity.

In view of progressive tissue necrosis and the risk of further local and systemic complications, the patient was planned for urgent surgical intervention.



Clinical image demonstrating dry gangrene involving the distal penile shaft and glans

Surgical Management

Following comprehensive preoperative evaluation, the patient underwent partial penectomy under spinal anaesthesia.

Intraoperatively, the proximal urethra was carefully identified and preserved. Gangrenous and non-viable tissue was excised with appropriate surgical margins until healthy viable tissue was reached. Meatal reconstruction was subsequently performed to preserve urinary drainage and facilitate functional recovery following excision of gangrenous tissue. A urethral catheter was placed following reconstruction.

The procedure was completed successfully, and the excised tissue was sent for histopathological examination.



Postoperative appearance following partial penectomy and meatal reconstruction

Recovery and Outcome

The postoperative recovery was uneventful. The patient remained haemodynamically stable throughout the hospital stay, tolerated oral feeds well, and was voiding satisfactorily.

He was discharged in stable condition with planned follow-up.

Histopathological examination demonstrated extensive infarction necrosis with inflammatory infiltrates and bacterial colonies, consistent with gangrene. No evidence of granuloma or malignancy was identified.

Conclusion

Penile gangrene is a rare but serious urological emergency requiring timely surgical intervention to prevent progressive tissue loss and systemic complications. Careful assessment of tissue viability, preservation of the proximal urethra, and appropriate reconstructive techniques are critical for maintaining urinary function and achieving favourable outcomes.

This case highlights the importance of prompt surgical

management and meticulous reconstruction in achieving successful functional recovery, even in complex cases of penile gangrene.

Dr. Rakesh Kapoor

Medical Director and
Director - Urology and Kidney Transplant Surgery
Medanta - Lucknow



Dr. Rohit Kapoor

Senior Consultant - Urology and
Kidney Transplant Surgery
Medanta - Lucknow



Case Study

Medanta - Noida

Missed Airway Foreign Body Causing Acute Respiratory Failure

Cryotherapy-Assisted Bronchoscopic Removal in an Elderly Patient

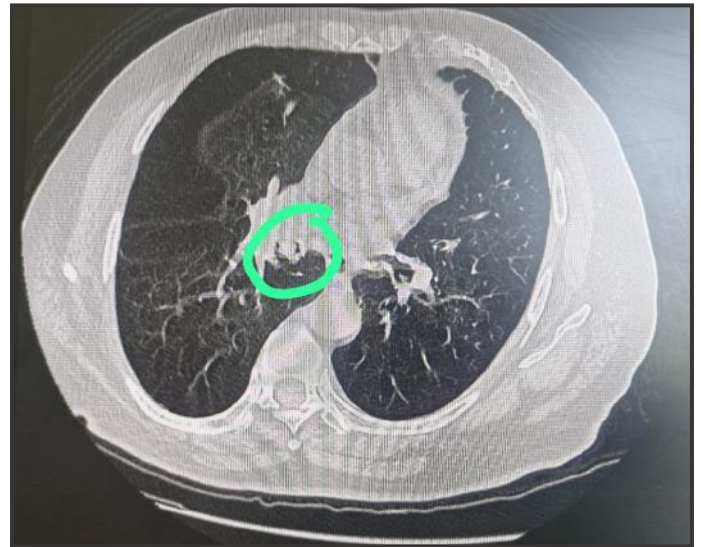
Foreign body aspiration in adults is uncommon and may be easily overlooked, particularly in elderly patients presenting with non-specific respiratory symptoms. Delayed diagnosis can result in progressive airway obstruction, respiratory failure, and potentially life-threatening complications. This case highlights the importance of timely bronchoscopic evaluation and advanced airway intervention in a critically ill elderly patient with a missed airway foreign body.

Clinical Presentation

A 77-year-old gentleman presented with severe breathing difficulty, persistent cough, and rapidly worsening respiratory distress. He developed progressive hypoxaemia requiring non-invasive ventilatory support (NIV).

A CT scan performed earlier at another hospital had failed to identify the underlying cause of airway compromise. Despite supportive management, the patient's respiratory status continued to deteriorate.

On detailed reassessment, the pulmonary team suspected a hidden airway obstruction contributing to the patient's worsening respiratory distress.



CT scan highlighting a foreign object in the right main bronchus

Clinical Management

In view of persistent respiratory compromise and suspected airway obstruction, the pulmonary team planned an emergency bronchoscopy while the patient remained on non-invasive ventilatory support, a highly challenging and high-risk clinical situation.

Bronchoscopic evaluation revealed a pea lodged in the right main bronchus, significantly obstructing airflow to the lung. Using cryotherapy-assisted bronchoscopy, the foreign body was carefully extracted, resulting in immediate restoration of airway patency and improved ventilation.

The procedure was completed uneventfully.



Extracted pea foreign body following bronchoscopic removal

Recovery and Outcome

The patient demonstrated immediate clinical improvement following the procedure. Breathing became significantly easier, oxygen saturation improved rapidly, and ventilatory support was gradually reduced.

He recovered well during hospital stay without further respiratory compromise.

The patient was discharged home in stable condition with restoration of normal breathing.

Conclusion

Foreign body aspiration in elderly patients may present with non-specific respiratory symptoms and can occasionally remain undiagnosed despite prior imaging. Persistent respiratory distress or unexplained airway compromise should prompt consideration of bronchoscopic evaluation, particularly when clinical deterioration continues despite standard treatment.

This case highlights the value of expert pulmonary assessment and advanced bronchoscopy in managing difficult airway emergencies. Timely recognition and intervention enabled rapid reversal of respiratory failure and prevented potentially life-threatening complications.

Dr. Manu Madan

Senior Consultant - Respiratory and Sleep Medicine
Medanta - Noida



Kudos

CONGRATULATIONS



Dr. Raghav Shrotriya

Senior Consultant
Aesthetic, Plastic and Reconstructive Surgery
Medanta - Gurugram

on successfully clearing the **European Board of Hand Surgery (EBHS) Diploma Examination**, one of the most prestigious internationally recognised qualifications in hand surgery. This achievement places him among a select group of surgeons globally with advanced expertise in hand and upper extremity surgery, including trauma, nerve injuries, reconstructive procedures, brachial plexus disorders and congenital anomalies, further strengthening Medanta's specialised hand surgery capabilities.

Welcome Onboard



Dr. Shasanka Sekhar Das

Senior Consultant - Medical Oncology
Medanta - Lucknow

Dr. Das specialises in medical oncology with expertise in solid organ and haematolymphoid malignancies. He is experienced in chemotherapy, immunotherapy, targeted therapy, and precision oncology.





Dr. Rakesh Lal

Consultant - Internal Medicine
Medanta - Ranchi

Dr. Lal specialises in internal medicine, including diabetes, hypertension, thyroid disorders, and infectious diseases, with a focus on comprehensive adult care.



Dr. Neeraj Makar

Associate Consultant - Emergency and Trauma Care
Medanta - Gurugram

Dr. Makkar specialises in managing complex medical emergencies, critically ill patients, and conditions such as diabetes, hypertension, and infectious diseases.



Dr. Navneet Kumar Bakhla

Associate Consultant - Cardiology
Medanta - Ranchi

Dr. Bakhla specialises in cardiology, including coronary interventions, heart failure and arrhythmia management, and structural heart procedures.



Dr. Rupesh Pakrasi

Associate Consultant - Emergency and Trauma Surgery
Medanta - Patna

Dr. Pakrasi specialises in trauma surgery and critical care, including management of polytrauma, vascular and thoracic injuries, and complex trauma cases.



IN CASE OF **EMERGENCY** DIAL **1068**

Medanta Network

Hospitals

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Medanta - Lucknow

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Amar Shaheed Path, Lucknow | Tel: 0522 4505 050

Medanta - Patna

Jay Prabha Medanta Super-Speciality Hospital,
Kankarbagh Main Road, Kankarbagh Colony, Patna
Tel: 0612 350 5050

Medanta - Ranchi

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Medanta - Hospital, Ranchi
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Medanta - Indore

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AB Road, Indore | Tel: 0731 4747 000

Medanta - Noida

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Gautam Buddha Nagar, U.P. | Tel: 0120 3141 414

Mediclinics

Defence Colony

E - 18, Defence Colony, New Delhi | Tel: 011 4411 4411

Cybercity

UG 15/16, DLF Building 10 C, DLF Cyber City,
Phase II, Gurugram | Tel: 0124 4141 472

Subhash Chowk

Plot No. 743P, Sector - 38, Subhash Chowk,
Gurugram | Tel: 0124 4834 547

Cyber Park

Shop No. 16 and 17, Tower B, Ground Floor,
DLF Cyber Park, Plot No. 405B, Sector-20, Udyog
Vihar, Gurugram | Tel: 93541 41472

Golf Course Road

562 SP, Sector 27, Golf Course Road,
Gurugram | Tel: 0124 6930 099

Ranchi

Shah Corporate, Kutchary Road, Opp. Atal Smriti
Vendor Market, Ranchi | Tel: 1800 891 3100

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