

A photograph of a male doctor in a white lab coat and glasses, smiling and interacting with a family. The doctor is standing and has his hands raised in a playful gesture. A woman with curly hair, wearing a pink top, is sitting on a bed with a young boy in an orange shirt. They are all smiling and appear to be in a hospital room with light green walls and framed pictures.

# **ADVANCED PAEDIATRIC SERVICES AT MEDANTA**

---

A Centre of Excellence for  
Comprehensive Paediatric Care

# About Medanta

---

Medanta – The Medicity is one of India’s leading multi-specialty healthcare institutions, built on a commitment to deliver **evidence-based, world-class medical care with compassion**. Supported by advanced technology, globally trained specialists, and robust clinical protocols, Medanta serves patients from across India and over 50 countries focusing on safety, precision, and better outcomes.



# Advanced Paediatric Centre at Medanta

The **Advanced Paediatric Centre** at Medanta is designed as a comprehensive **tertiary and quaternary care institute** offering coordinated, multidisciplinary care for newborns, infants, children, and adolescents.



Subspecialty  
Expertise



Advanced  
Diagnostics



Specialised  
Surgery



Paediatric Critical  
Care Excellence

## Partnering with Referring Physicians

with the aim to support them in managing complex or high-risk paediatric conditions with confidence.



Seamless Referral  
Coordination



Transparent  
Communication



Shared Treatment  
Planning



Structured Follow-up  
Programs

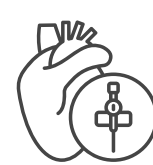


# Comprehensive Paediatric Specialties

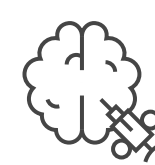
Medanta provides evidence-based care across a wide clinical spectrum through advanced paediatric specialties working in close collaboration.



Neonatology  
and NICU



Paediatric Cardiology  
and Cardiac Surgery



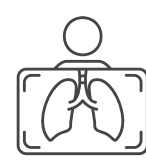
Paediatric Neurology  
and Neurosurgery



Paediatric  
Endocrinology



Paediatric Oncology  
and Haematology



Paediatric  
Pulmonology



Paediatric Gastroenterology  
and Hepatology



Paediatric  
Orthopaedics



Paediatric Nephrology  
and Urology



Paediatric Critical  
Care (PICU)

All services are supported by **child-focused diagnostics, paediatric anaesthesia, imaging, lab services, and sedation support.**

## Centres of Excellence

---

Our focused clinical programs are developed for managing complex, high-acuity paediatric conditions requiring multidisciplinary expertise and advanced care environments.

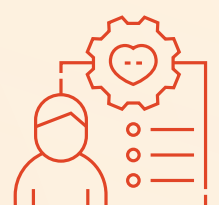
### Paediatric Liver Transplant and Hepatobiliary Sciences



Comprehensive transplant program for end-stage liver disease and complex hepatobiliary disorders



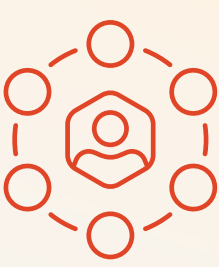
Expertise in congenital, metabolic, acute and chronic liver disease



Structured evaluation, peri-operative care and lifelong follow up

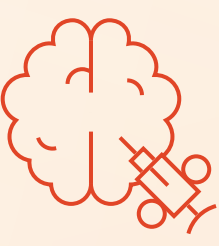


Integrated team of hepatology, transplant surgery, critical care, infectious disease and nutrition



Multidisciplinary coordination involving hepatology, transplant surgery, critical care, nutrition and rehabilitation teams

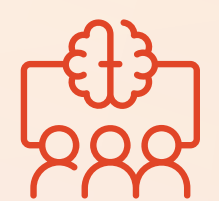
### Paediatric Neurology and Neurosciences



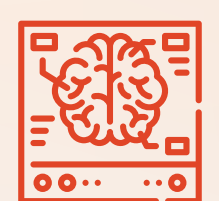
Management of epilepsy, neuromuscular disorders, neurodevelopmental conditions, movement disorders and structural brain abnormalities



Integrated medical and surgical care delivered through coordinated multidisciplinary pathways



Developmental assessment and early intervention programs for children with developmental delays and behavioural concerns



Access to counselling, behavioural therapy, and paediatric psychiatry support



Advanced neurodiagnostics including EEG and neuroimaging



## Paediatric Gastroenterology and Hepatology



Advanced care for gastrointestinal, hepatic, nutritional and pancreatic disorders



Expertise in inflammatory bowel disease, chronic liver conditions, malabsorption and feeding difficulties



Endoscopy and therapeutic intervention capabilities



Long-term disease management and nutritional support in collaboration with primary physicians

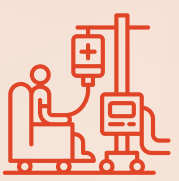
## Paediatric Oncology and Haematology



Comprehensive care for childhood cancers and complex blood disorders



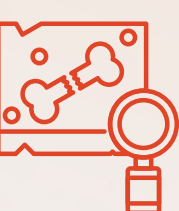
Advanced Paediatric Bone Marrow Transplant and Cellular Therapy Programme



Evidence-based chemotherapy protocols and supportive care pathways



Multidisciplinary care involving paediatric oncologists, haematologists, critical care specialists and infection control teams



Access to advanced diagnostics including bone marrow evaluation and molecular testing

## Paediatric Cardiology and Cardiac Surgery



Care for congenital and acquired heart diseases



Advanced cardiac imaging, echocardiography and catheterisation



Interventional and surgical treatment spectrum

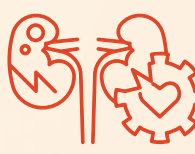


Continuum of care from infancy to adolescence

## Paediatric Surgery and Paediatric Urology



Comprehensive care for congenital and acquired urological conditions in children



Expertise in antenatal urology, congenital anomalies of the kidney and urinary tract, and voiding disorders



Advanced management of paediatric kidney, bladder and genital conditions



Minimally invasive and reconstructive paediatric urological surgeries



Multidisciplinary collaboration with paediatric nephrology, neonatology, radiology and critical care teams



Structured long-term follow-up focused on renal preservation, growth and quality of life

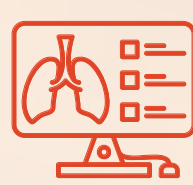




## Paediatric Pulmonology



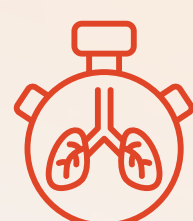
Comprehensive respiratory care for acute and chronic lung conditions



Advanced pulmonary diagnostics and bronchoscopy



Tailored ventilation strategies



Long-term respiratory care programs

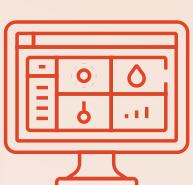
## Paediatric and Neonatal Critical Care



24×7 Paediatric Intensive Care with advanced life support



ECMO capability for severe respiratory and cardiac failure



High-end monitoring and ventilation technologies



Round-the-clock specialist supervision



Focus on timely intervention, safety, and optimal outcomes

# The Medanta Edge: Infrastructure and Technology

Designed exclusively for paediatric safety, precision and comfort.

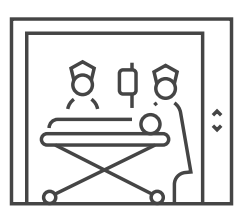
## Key Infrastructure



Dedicated NICU  
and PICU



Child-safe Operating  
Theatres



Specialised  
Procedure Rooms



Family-friendly Inpatient  
Environments

## Advanced Technology



ECMO and Advanced  
Ventilation



Paediatric Bronchoscopy  
(Rigid and Flexible)



EEG, EMG and  
Neurodiagnostics



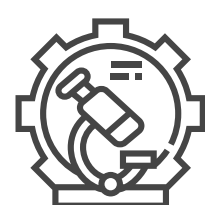
Advanced cardiac diagnostics  
and cath lab support



MRI, CT, Ultrasound and X-ray  
with Paediatric Sedation



Genetic and Molecular  
Diagnostics



Rapid Response  
Laboratory Services

All technology is supported  
by trained paediatric teams and  
safety-first protocols.

## Diagnostics and Procedures



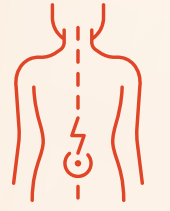
Echocardiography and Cardiac Catheterisation



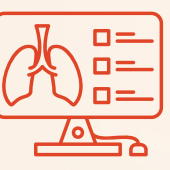
GI Endoscopy and Advanced Hepatology Diagnostics



Genetic Testing and Counselling



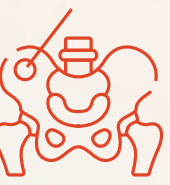
Lumbar Puncture and Neurological Diagnostics



Pulmonary Function Testing and Bronchoscopy



MRI, CT, Ultrasound, X-ray



Bone Marrow Biopsy

Every procedure follows **child-safe anaesthesia and sedation protocols.**

## Paediatric Emergency and Acute Care (24x7)



Dedicated Paediatric Emergency Triage



PALS-Driven Protocols



Rapid Escalation to PICU / OT / Cath Lab



Immediate Access to Paediatric Anaesthesia

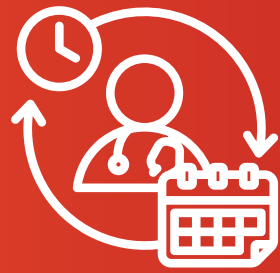


Structured Inter-hospital Transfer Support

Experienced in managing **medical, surgical, neurological, cardiac, gastrointestinal and trauma emergencies** in children.

# Our Commitment to Families

At Medanta, paediatric care goes beyond treatment. We prioritise holistic, family-centred care at every stage of a child's treatment journey.



Rehabilitation and  
Long-term  
Follow-up Care



Family  
Involvement  
in Care



Clear  
Communication  
and Counselling



Emotional and  
Psychological  
Support

Our goal is safer care, better outcomes, and reassurance for every family.

# Our Specialists

## Paediatrics | Paediatric Pulmonology and Critical Care



**Dr. Praveen Khilnani**  
Chairman

Paediatrics, Pediatric Pulmonology  
and Paediatric Critical Care



**Dr. Rajiv Uttam**  
Director & HOD

Paediatrics, PICU and Paediatric ER



**Dr. Vikas Sharma**  
Associate Consultant

Paediatric Critical Care



**Dr. Kuchibhotla Srivatsa**  
Associate Consultant

Paediatrics, PICU and Paediatric ER



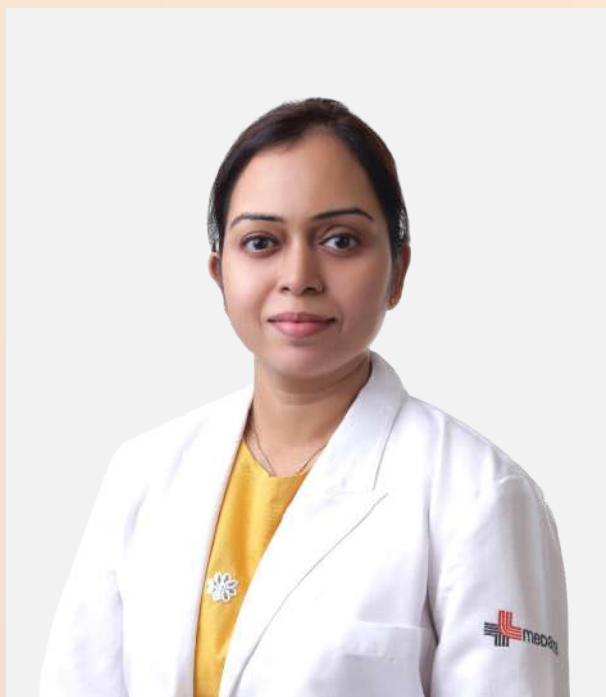
**Dr. Swati Kalra**  
Senior Consultant

Paediatrics



**Dr. Ankush Singh**  
Consultant

Paediatric Neurology



**Dr. Deep Shikha**  
Consultant

Paediatrics



**Dr. Mona Kulpati**  
Senior Consultant

Paediatrics



# Our Specialists

## Neonatology



**Dr. Antony Joseph Thekkinedath**  
Director & HOD

Neonatology and NICU



**Dr. Ankit Gupta**  
Consultant

Neonatology



**Dr. Romel Anant Akole**  
Consultant

Neonatology



**Dr. Ruchi Dhall**  
Consultant

Neonatology



**Dr. Sneha Bhatia**  
Consultant

Neonatology



**Dr. Ramya Kaganur**  
Associate Consultant

Neonatology



**Dr. Shachi Bhanuda**  
Associate Consultant

Neonatology

# Our Specialists

## Paediatric Surgery and Paediatric Urology



**Dr. Shandip K Sinha**  
Director

Paediatric Surgery and Paediatric Urology



**Dr. Praney Gupta**  
Senior Consultant

Paediatric Surgery and Paediatric Urology



**Dr. Rahul Dey**  
Associate Consultant

Paediatric Surgery

## Paediatric Cardiology and Cardiac Surgery



**Dr. Amit Misri**  
Associate Director

Paediatric Cardiology



**Dr. Pankaj Bajpai**  
Associate Director

Paediatric Cardiology



**Dr. Razia Ahmad**  
Consultant

Paediatric and Adult Cardiac Surgery



**Dr. Reena J**  
Associate Consultant

Paediatric and Adult Cardiac Surgery

# Our Specialists

---

## Paediatric Gastroenterology and Hepatology



**Dr. Neelam Mohan**  
Senior Director

Paediatric Gastroenterology  
and Hepatology

## Paediatric Hemato Oncology and Bone Marrow Transplant



**Dr. Satya Prakash Yadav**  
Senior Director

Paediatric Hemato Oncology and  
Bone Marrow Transplant



**Dr. Neha Rastogi**  
Senior Consultant

Paediatric Hemato Oncology and  
Bone Marrow Transplant



**Dr. Dhwaneeshardul Thakkar**  
Consultant

Paediatric Hemato Oncology and  
Bone Marrow Transplant



# Clinical Excellence in Action

---



# Subdural Empyema in an Extremely Premature Neonate

## Case Presentation

An extremely premature male neonate, born at 26 weeks 3 days gestation weighing 900 g, required immediate resuscitation, intubation, and surfactant for respiratory distress syndrome (RDS). He stabilized initially but deteriorated on day 47 of life with severe respiratory distress, hypotension, feed intolerance, and intractable seizures by day 55, despite multiple antibiotics and antifungals. Referred on day 66 to Medanta Gurugram's Neonatology Department in critical condition (lethargic, poor reflexes, active seizures, weak respiratory efforts).

## Diagnostic Findings

Lumbar puncture revealed bacterial meningitis: glucose <20 mg/dL, protein 740 mg/dL, lactate 5.7 mmol/L, 214 WBCs (54% neutrophils). CSF culture grew *Serratia marcescens*. MRI brain showed diffuse leptomeningeal enhancement and left fronto-temporal subdural collection, confirming subdural empyema.

## Management and Outcome

Multidisciplinary team (Neonatology, Neurosurgery, Infectious Diseases) performed urgent bedside burr hole evacuation of pus. Prolonged IV antibiotics were given per sensitivity. Seizures resolved, anticonvulsants tapered off. Repeat MRI showed reduced leptomeningeal enhancement and resolved empyema. Bronchopulmonary dysplasia required prolonged support, weaned to HFNC then off by day 98. Bilateral retinopathy of prematurity needed laser therapy twice. Discharged on day 102 at 2650 g, active, with good reflexes, tone, and oral feeds. Follow-up monitors for hydrocephalus progression (may need shunt).

# Subdural Empyema in an Extremely Premature Neonate

## Discussion

Neonatal bacterial meningitis carries high mortality (8–13% term, 14–25% preterm) and frequent neurodevelopmental sequelae. Subdural empyema, seen in ~18% of cases, arises from suppurative collection between dura and arachnoid, often due to pathogens like Gram-negative bacilli (e.g., *Serratia*). Diagnosis may delay under antibiotics; high suspicion and neuroimaging are essential. Risks include seizures, hydrocephalus, infarction, and impairment.

## Treatment Approach

Aggressive management combines prolonged targeted antibiotics and surgical drainage (e.g., burr hole) when indicated. Multidisciplinary care in advanced NICUs optimizes outcomes in complex preterm cases.

## Conclusion

Subdural empyema, though uncommon, complicates neonatal meningitis without markedly increasing mortality if recognized early. Prompt surgical intervention, extended antibiotics, and continuous monitoring are key to favourable neurological recovery. This case highlights the value of specialized, multidisciplinary facilities in salvaging extremely preterm infants with severe complications, enabling remarkable improvement and discharge in good condition.



# Clinical Excellence in Action

---



# Chylothorax: A Rare Presentation of Tuberculosis

## Case Presentation

A 13-year-old boy presented with 2 months of fever, loss of appetite, and 10 kg weight loss, plus 1 week of cough and severe respiratory distress (SpO<sub>2</sub> 88%, RR 65/min, tachycardia, retractions). Chest X-ray showed right-sided consolidation with pleural effusion. Urgent pleural tap revealed milky fluid; intercostal drain (ICD) yielded 700 mL chylous fluid.

## Diagnostic Findings

Pleural fluid analysis: 3500 cells (96% lymphocytes), triglycerides 1815 mg/dL, chylomicrons present - confirming chylothorax. Pleural fluid GeneXpert for TB was negative, but induced sputum GeneXpert was positive for Rifampicin-sensitive *Mycobacterium tuberculosis*. CT chest revealed cavitory lesions suggestive of infection. Blood and pleural fluid cultures were sterile.

## Management and Outcome

The child improved rapidly after ICD drainage and supportive care (off oxygen within 48 hours; ICD removed on day 3). First-line anti-tubercular therapy (with pyridoxine) was initiated. He is doing well on follow-up with good weight gain.

## Discussion

Tubercular pleural effusions are typically straw-coloured due to inflammatory response. Chylothorax is a rare presentation, caused by thoracic duct obstruction or disruption from inflamed/necrotising lymph nodes, leading to chyle leakage into the pleural space. The milky appearance results from high triglyceride content. Symptoms arise mainly from volume and pressure effects.

# Chylothorax: A Rare Presentation of Tuberculosis

## Treatment Approach

Therapy focuses on treating the underlying tuberculosis. Supportive measures include therapeutic drainage, low-fat/MCT-based diet, and occasionally octreotide to reduce chyle flow. Refractory cases may require thoracic duct embolization. Nutritional support is important due to ongoing loss of proteins, fats, and lymphocytes.

## Conclusion

Tuberculous chylothorax, though uncommon, is fully curable with prompt anti-TB treatment. Clinicians should consider TB in chylous effusions, especially in endemic areas, and pursue aggressive microbiological confirmation (e.g., sputum testing when pleural fluid is negative) to ensure timely diagnosis and excellent outcomes.





**24x7**  
Emergency No. **1068**

  **88-0000-1068**

Medanta - The Medicity,  
Sector 38, Gurugram, Haryana



SCAN TO KNOW MORE  
[www.medanta.org](http://www.medanta.org)

**Medanta Network:** Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida