



NEWSLETTER

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**GCS Medical College,
Hospital & Research Centre**



“

Celebrating **16 years** of transforming healthcare through excellence in patient care, education, and research. Together, we continue to build a healthier future with compassion, integrity, and innovation.

”

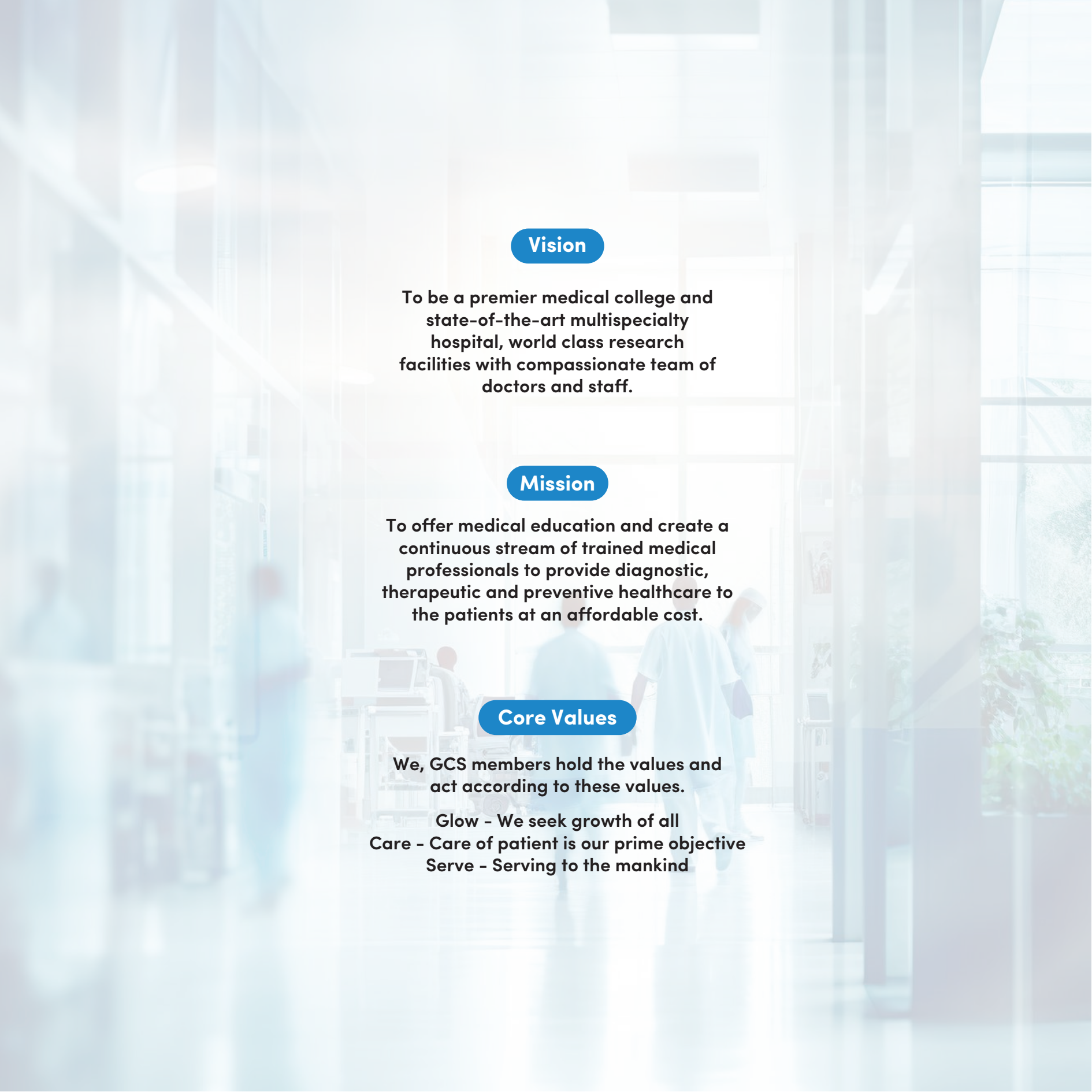


“

Over **6.5 million** lives have been touched through our commitment to compassionate, accessible, and quality healthcare. Every patient represents a story of hope, healing, and our unwavering dedication to making a meaningful difference.

”





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.

- Glow - We seek growth of all**
- Care - Care of patient is our prime objective**
- Serve - Serving to the mankind**

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“The GCS Foundation A Legacy of Healing, Education and Innovation,”

Established in 1961, GCS Foundation (formerly known as the Gujarat Cancer Society) is one of Gujarat's leading not-for-profit healthcare organizations dedicated to improving lives through excellence in patient care, medical education, research, and community service. For more than six decades, the Foundation has remained steadfast in its commitment to delivering accessible, affordable, and high-quality healthcare while continuously embracing innovation to address the evolving healthcare needs of society.

From its inception as an organization focused on strengthening cancer care, the Foundation has grown into a comprehensive healthcare ecosystem comprising three distinguished institutions—Gujarat Cancer & Research Institute (GCRI), Community Oncology Centre (COC), Vasna, and GCS Medical College, Hospital & Research Centre (GCSMC). Together, these institutions represent a seamless integration of specialized clinical

services, academic excellence, scientific research, and preventive healthcare initiatives, serving patients from Gujarat and across the country.

Over the years, GCS Foundation has continually invested in modern infrastructure, advanced medical technologies, and highly skilled healthcare professionals to ensure that patients receive world-class treatment closer to home. Equally significant is its commitment to nurturing the next generation of healthcare professionals through quality medical education, interdisciplinary learning, and research-driven clinical practice.

For more than six decades, GCS Foundation has been transforming lives by integrating compassionate patient care, medical education, research, and community outreach into one enduring mission of healthcare excellence.

Today, the Foundation's institutions collectively provide comprehensive healthcare services ranging from preventive screening and early diagnosis to complex tertiary and super-specialty treatments. Through community outreach programmes, health awareness campaigns, and patient-centred initiatives, GCS Foundation continues to extend quality healthcare beyond hospital walls, reinforcing its belief that healthcare should be both compassionate and inclusive.

As medicine continues to evolve, GCS Foundation remains committed to advancing clinical excellence through innovation, technology, and continuous learning. Guided by its enduring values of service, compassion, integrity, and excellence, the Foundation continues to build a healthier future while positively impacting countless lives every day.



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BUILDING A LEGACY OF COMPASSION, EXCELLENCE & COMMITMENT TO HEALTHCARE

Shri Pankaj R. Patel
Chairman





All great healthcare institutions are defined not only by their infrastructure and technology, but by the trust they build, the knowledge they advance and the lives they touch. This belief has guided the GCS Foundation throughout its journey.

The GCS Foundation was established with the aim of making quality healthcare accessible to all sections of the society. Over the years, it has continued to evolve while remaining anchored in compassion, integrity, academic excellence and social responsibility. Its initiatives reflect a commitment to healthcare, education, research, innovation and community engagement.

The GCS Medical College, Hospital & Research Centre (GCSMCH) brings these priorities together. It has developed into a multidisciplinary academic health ecosystem where patient care is supported by research, ethical practice and continuous learning. Doctors, nurses, researchers, educators, students and other healthcare professionals work together with a shared purpose: to improve health outcomes and enhance quality of life.

Rapid advancements and developments in medical science, digital technology, precision medicine, artificial intelligence, robotics and data-led care are reshaping the way patients are treated. At the same time, access, affordability, preventive care and public health preparedness remain critical. Our focus is therefore: To serve patients and ensure that compassionate and affordable care reaches those who need it the most.

Over the years, the institution has expanded its clinical capabilities, strengthened its academic programmes, encouraged multidisciplinary research and invested in technologies that support safer, more effective and evidence-based treatment. It has also remained focused on developing future healthcare professionals who combine clinical competence with empathy, ethics and a strong sense of patient care.

The achievements featured in this newsletter go beyond the institutional growth or operational milestones. They represent patients supported, lives improved, knowledge advanced, young professionals mentored and communities served. Each achievement has been made possible by the dedication of our faculty, clinicians, nurses, researchers, administrators, technical teams, students, volunteers and the support staff.

I extend my sincere appreciation to all our stakeholders as their trust and continued support have helped us pursue our mission with purpose.

As we move forward, our commitment remains clear: to respond to today's healthcare needs while helping shape the future of medicine through education, research, innovation and compassionate care. Together, we will continue building an ecosystem where every patient is treated with dignity, every learner is encouraged to excel, and every effort contributes to better health outcomes.



TRANSFORMING HEALTHCARE THROUGH INNOVATION, COLLABORATION AND EXCELLENCE

Shri Kshitish Madanmohan
Managing Director





Healthcare today is undergoing one of the most significant transformations in its history. Scientific discovery, technological innovation, digital integration, precision medicine, and patient-centred care are reshaping the way healthcare institutions function. In this dynamic environment, excellence demands more than clinical expertise—it requires adaptability, collaboration, continuous improvement, and an unwavering commitment to quality.

At GCS Medical College, Hospital & Research Centre, we view every challenge as an opportunity to strengthen our systems, enhance patient outcomes, and expand our contribution to society. Guided by the vision of GCS Foundation, our institution continues to evolve into a comprehensive academic healthcare ecosystem where clinical services, education, research, innovation, and community outreach function as interconnected pillars of excellence.

During the year, we continued our focused efforts towards strengthening healthcare delivery across multiple dimensions. Investments in advanced medical technologies, specialised clinical programmes, quality improvement initiatives, digital transformation, infrastructure development, patient safety systems, academic enrichment, and multidisciplinary collaboration have collectively enhanced our ability to deliver evidence-based, compassionate, and accessible healthcare.

Equally important has been our emphasis on creating a culture of continuous learning. Medical education today extends far beyond classrooms and laboratories. It demands critical thinking, scientific curiosity, ethical leadership, interdisciplinary collaboration, and lifelong professional development. Through our medical college, nursing institutions, allied health sciences, and research programmes, we remain committed to preparing healthcare professionals capable of addressing both present and future healthcare challenges with competence and compassion.

Research continues to serve as an essential driver of institutional excellence. Encouraging innovation, supporting scientific inquiry, promoting clinical research, and translating evidence into improved patient care remain integral components of our long-term strategy. By fostering collaborations across clinical specialties and academic disciplines, we aspire to contribute meaningfully to medical science while continuously improving healthcare outcomes.

Beyond institutional achievements, our greatest responsibility lies in serving the community. Preventive healthcare initiatives, health awareness programmes, outreach camps, early diagnosis, and equitable access to specialised services continue to strengthen our role as a socially accountable healthcare institution. Every patient interaction reinforces our belief that healthcare must remain humane, respectful, inclusive, and accessible.

The accomplishments highlighted throughout this report are not the achievements of individuals alone; they represent the collective dedication of an extraordinary team of clinicians, academicians, researchers, nurses, technical experts, administrators, students, and support professionals who work tirelessly with a shared commitment to excellence. Their professionalism, resilience, compassion, and pursuit of continuous improvement define the culture of our institution.

I express my sincere gratitude to our Board of Directors, leadership team, faculty members, employees, government authorities, academic partners, donors, collaborators, and every member of the GCS family whose trust and commitment continue to inspire our progress.

As we look towards the future, we remain committed to advancing healthcare through innovation, strengthening medical education through excellence, expanding research through scientific collaboration, and serving society through compassionate care. Together, we will continue building an institution that not only heals illness but also advances knowledge, inspires future generations, and contributes meaningfully to the health and well-being of our nation.



“A New Era of Comprehensive Cancer Care Begins,,

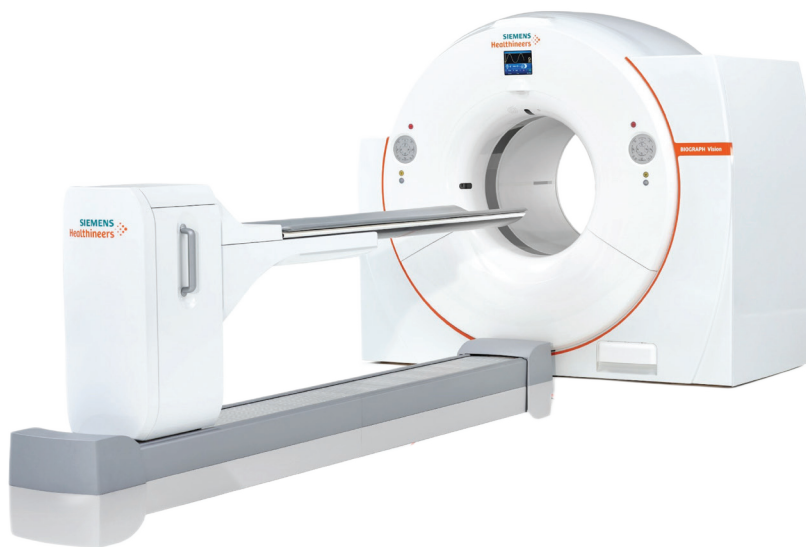
GCS Medical College, Hospital & Research Centre has marked a significant milestone with the inauguration of its Advanced Radiation Therapy & Nuclear Medicine Centre in East Ahmedabad. While the hospital has long provided comprehensive oncology services, including Medical Oncology, Chemotherapy, Cancer Surgery, Preventive Oncology, Day Care Chemotherapy, and Palliative Care, the addition of In-House PET-CT Imaging and Advanced Radiation Therapy with TrueBeam Technology now enables complete cancer diagnosis and treatment under one roof. Developed across a dedicated 5,400 sq. metre Cancer Care Campus, the centre offers integrated, patient-centric care through advanced technology, experienced specialists, and a multidisciplinary approach, reducing treatment delays and eliminating the need for patients to visit multiple centres. The centre is equipped with state-of-the-art PET-CT imaging for early cancer detection, accurate staging, treatment planning, and disease monitoring, along with the internationally advanced TrueBeam Radiation Therapy System for

highly precise, image-guided radiation treatment. Supporting advanced techniques such as IMRT, IGRT, VMAT, SRS, and SBRT, the technology enables effective treatment while minimizing radiation exposure to healthy tissues, improving precision, patient comfort, and clinical outcomes. Working through a multidisciplinary team of specialists, GCS Hospital now provides end-to-end cancer care, including PET-CT Imaging, Advanced Radiation Therapy, Chemotherapy, Cancer Surgery, Immunotherapy, Targeted Therapy, Hormonal Therapy, Palliative Care, Rehabilitation, and Follow-up Services within a single integrated centre. Eligible patients can also avail free cancer treatment under Ayushman Bharat – PMJAY, with additional cashless facilities available under various government schemes, insurance providers, and TPAs. This new centre reflects GCS Hospital's commitment to delivering advanced, accessible, and compassionate cancer care, bringing world-class oncology services closer to the people of Gujarat.





Advanced Cancer Care with Siemens Healthineers



PET CT Scan

Helping diagnose and plan
treatment with precision

Cutting-Edge Precision in Cancer Care with TrueBeam



Radiation Therapy

Precise, safe and effective cancer
treatment with faster recovery



Thank you for your generous support in helping GCS establish the new Radiation & Nuclear Medicine Centre, bringing advanced and affordable cancer care to thousands of patients.



RADIATION ONCOLOGY & NUCLEAR MEDICINE CENTRE

Supported by

Hansaben Pravinbhal Engineer (Astral Ltd.)

Shri Sanjaybhai Kanubhai Shah

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કેન્સર દર્દીઓને ધક્કા નહીં ખાવા પડે, એક જ છત હેઠળ સારવાર GCS હોસ્પિટલમાં PET-CTથી સર્જરી સુધી તમામ સુવિધા મળશે 'વન-સ્ટોપ કેન્સર કેર' સુવિધા શરૂ, મહિને 700થી વધુ દર્દીને લાભ

હેલ્થ રિપોર્ટર અમદાવાદ

અમદાવાદના પૂર્વ વિસ્તારમાં આવેલી જીસીએસ મેડિકલ કોલેજ સંલગ્ન હોસ્પિટલ અને રિસર્ચ સેન્ટરમાં કેન્સર દર્દી માટે નિદાનથી લઈને તમામ પ્રકારની અત્યાધુનિક સારવારની સુવિધા એક જ છત નીચે પ્રાપ્ત થાય તેવી વ્યવસ્થા કરી છે. જેથી હવે દર્દીને રોગનું નિદાન થયા બાદ એકથી બીજા હોસ્પિટલમાં રૂબરૂ પડશે નહીં.

હોસ્પિટલ સંચાલનનો દાવો છે કે, હોસ્પિટલમાં આયુષ્માન કાર્ડ ધરાવતાં દર્દી અને અને સામાન્ય દર્દીને સમાન દરના પેકેજ સાથે સમાન ગુણવત્તાની સારવાર

આયુષ્માન કાર્ડ અને કાર્ડ વિનાના દર્દીઓ માટે સમાન ગુણવત્તાની સારવાર આપવામાં આવશે

હોસ્પિટલમાં સારવાર માટે આવતાં દર્દીને આયુષ્માન યોજના હેઠળ પાત્ર દર્દીઓને સંપૂર્ણ મફત સારવાર અપાય છે. જ્યારે આયુષ્માન કાર્ડ ન ધરાવતા દર્દીઓને પણ સરકાર દ્વારા નક્કી કરેલા જે તે પેકેજના રેટ મુજબ સારવાર અપાવામાં આવશે. એટલે કે, કાર્ડ ન હોય તો પણ તમામ લોકોને સમાન ગુણવત્તાની સારવાર આપવામાં આવશે.

અપાવામાં આવશે. જીસીએસ હોસ્પિટલના ચીફ ઓપરેટિંગ ઓફિસર ડૉ. જગદીશ ખોયાણી અને રેડિયેશન ઓન્કોલોજિસ્ટ ડૉ. ચિન્મયકુમાર પ્રજાપતિએ જણાવ્યું હતું કે, હોસ્પિટલમાં દર મહિને અંદાજે 700થી વધુ કેન્સરના દર્દી સારવાર માટે આવે છે. અત્યાર સુધી કેન્સરનું નિદાન થયા બાદ

વિવિધ ટેસ્ટ અને સારવાર માટે ગુજરાત કેન્સર સોસાયટી સહિત અન્ય હોસ્પિટલમાં જવું પડતું હતું. પરંતુ, જીસીએસ હોસ્પિટલ અમદાવાદની એવી પ્રથમ ખાનગી મેડિકલ કોલેજ બની છે, જ્યાં એક કેમ્પસમાં જ પેટ સીટી (PET-CT) સ્કેન, અદ્યતન રેડિયેશન થેરાપી, તમામ પ્રકારની કેન્સર સર્જરી જેવી સુવિધાઓ ઉપલબ્ધ થઈ છે.

GCS begins integrated cancer care facilities

GCS Medical College, Hospital and Research Centre has started in-house PET-CT scan and radiation therapy facilities on its campus. According to hospital COO Dr Jagdish Khoyani and radiation oncologist Dr Chinmaykumar Prajapati, the hospital has become the only private medical college in Ahmedabad to have both PET-CT and advanced radiation therapy facilities within the same campus.

A dedicated cancer care unit spread across 5,400 square metres has been set up for specialised treatment.

A New Ray of Hope for Cancer Patients in Ahmedabad Launch of State-of-the-Art Radiation Therapy and PET Scan Center at GCS Hospital

Ahmedabad: GCS Medical College, Hospital, and Research Centre, located in the eastern part of Ahmedabad, has announced the city's most advanced destination for cancer treatment. According to GCS Hospital COO Dr. Jagdish Khoyani and Radiation Oncologist Dr. Chinmaykumar Prajapati, GCS Hospital has now become the only private medical college in Ahmedabad to house PET-CT scan and advanced radiation therapy facilities within its own campus.

At GCS, complete cancer care—from diagnosis to full treatment—is avail-

able under one roof. This includes PET-CT, CT scan, all types of cancer surgeries, chemotherapy, radiation therapy, immunotherapy, targeted therapy, and palliative care. For this purpose, a dedicated Cancer Care Campus spread over 5,400 square meters has been established, operating exclusively for the specialized care of cancer patients. The hospital features the cutting-edge 'TrueBeam' technology, which targets cancer cells with high precision, ensuring patient safety and rapid recovery. A team of expert doctors from various departments, including

Medical Oncology, Surgical Oncology, Radiation Oncology, and Nuclear Medicine, serves at this center.

In the interest of public welfare, all cancer treatments are provided completely free of charge to eligible patients under the Ayushman Bharat (PM-JAY) scheme. Importantly, patients who do not possess an Ayushman card will also be provided treatment at subsidized rates as per the PMJAY package rates, without any additional charges. Furthermore, cashless treatment facilities are also available under various TPAs and government schemes.

જીસીએસ હોસ્પિટલ ખાતે રેડિયેશન થેરાપી અને PET-CT સ્કેન સેન્ટરનો પ્રારંભ



જીસીએસ હવે એવી મેડિકલ કોલેજ બની છે જે પોતાના કેમ્પસમાં PET-CT સ્કેન અને એડવાન્સ રેડિયેશન થેરાપીની સુવિધા ધરાવે છે. જીસીએસ ખાતે કેન્સરના નિદાનથી લઈને સંપૂર્ણ સારવાર એક જ સ્થળે ઉપલબ્ધ છે. જેમાં પીઈટી-સીટી સ્કેન, તમામ પ્રકારની કેન્સર સર્જરી, કીમોથેરાપી, રેડિયેશન થેરાપી, ઇમ્યુનોથેરાપી, ટાર્ગેટેડ થેરાપી અને પેલિએટિવ કેરનો સમાવેશ થાય છે.



“Graduation Ceremony of MBBS Batch 2020 Celebrating the Next Generation of Healthcare Professionals”

The Graduation Ceremony of MBBS Batch 2020 marked a proud milestone in the academic journey of GCS Medical College, Hospital & Research Centre. The ceremony celebrated the dedication, perseverance, and achievements of the graduating students as they embarked on their professional journey to serve society with knowledge, compassion, and integrity.

The occasion was graced by **Chief Guest, Dr. Vikram Shah, Chairman & Managing Director, Shalby Hospitals, and Guest of Honour, Shri Pankaj Patel, Chairman, GCS Foundation**, whose inspiring addresses encouraged the graduates to uphold the highest standards of medical ethics and patient care.

The event was held in the esteemed presence of the leadership of GCS Foundation, including **Shri Kshitish Madanmohan, Shri Rajesh Jaykrishna, Shri Sandeep Engineer, Shri Deevyesh Radia, and Shri Kaushik Patel**, along with the institution's academic leadership comprising **Dr. Yogendra S. Modi (Dean), Dr. Viral Dave (Additional Dean), Dr. Kirti M. Patel (Director), and Dr. Jagdish Khoyani (Chief Operating Officer)**.

The ceremony celebrated not only the successful completion of medical education but also the beginning of a lifelong commitment to healing, innovation, and compassionate healthcare. As these young doctors step into the medical profession, they carry forward the values of excellence, service, and humanity nurtured at GCS Medical College.







Dr. Ronak Khojani

M.S. (General Surgery), M.Ch. (Cardiothoracic & Vascular Surgery)
Consultant – Cardiothoracic & Vascular Surgery (CTVS)

Dr. Ronak Khojani is a Consultant Cardiothoracic & Vascular Surgeon specializing in the surgical management of complex heart, lung, and vascular diseases. He is experienced in Coronary Artery Bypass Grafting (CABG), Minimally Invasive Cardiac Surgery (MICS), valve repair & replacement, aortic surgery, congenital heart surgery, thoracic surgery, and vascular procedures. With a patient-centric approach and surgical precision, he is committed to delivering advanced cardiac care with excellent clinical outcomes.



Dr. Nishi Patel

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

Dr. Nishi Patel is a Full-Time Consultant Nephrologist & Transplant Physician with expertise in the diagnosis and management of acute and chronic kidney diseases. She specializes in dialysis, renal biopsy, dialysis access procedures, kidney transplant care, and critical care nephrology. Committed to patient-centric care and clinical excellence, she provides comprehensive, evidence-based treatment for patients with kidney disorders.



Dr. Kavin Rawal

M.S. (General Surgery), M.Ch. (Surgical Oncology), Gold Medalist
Consultant – Surgical Oncology

Dr. Kavin Rawal is a Gold Medalist Surgical Oncologist specializing in the comprehensive surgical treatment of cancer. His expertise includes head & neck cancer surgery, gastrointestinal oncology, breast and soft tissue tumors, gynecologic oncology, and minimally invasive cancer surgery. With a focus on precision, evidence-based treatment, and multidisciplinary care, he is committed to delivering personalized cancer treatment with better clinical outcomes and quality of life.



Dr. Devender Sukhwai

M.D. (Internal Medicine), D.M. (Medical Oncology)
Consultant – Medical Oncology

Dr. Devender Sukhwai is a Consultant Medical Oncologist specializing in the treatment of solid tumors and hematological malignancies. His expertise includes chemotherapy, targeted therapy, immunotherapy, and personalized cancer treatment. He has extensive experience in managing breast, lung, gastrointestinal, head & neck, prostate, kidney cancers, leukemia, lymphoma, and multiple myeloma. With a patient-centred and evidence-based approach, he is committed to delivering advanced cancer care with improved treatment outcomes.



Dr. Nirja Patel

MD (Anaesthesiology), DrNB (Cardiac Anaesthesiology)
Consultant – Cardiac Anaesthetist

Dr. Nirja Patel is a Consultant Cardiac Anaesthesiologist with expertise in adult and pediatric cardiac anaesthesia, perioperative critical care, and advanced cardiac procedures. She is experienced in the anaesthetic management of CABG, valve surgeries, aortic and vascular procedures, congenital heart surgeries, TAVI, TEVAR, and Cath Lab interventions. With a strong focus on patient safety, precision, and evidence-based perioperative care, she is committed to ensuring optimal surgical outcomes for complex cardiac patients.



Dr. Milind Manvar

DrNB (Critical Care Medicine), M.D. (General Medicine)
Consultant – Critical Care

Dr. Milind Manvar is a Consultant Critical Care Specialist with expertise in managing sepsis, multi-organ failure, ARDS, poisoning, heart failure, and transplant patients. He is skilled in advanced airway management, mechanical ventilation, VA/VV ECMO, CRRT, SLED, bedside ultrasonography, echocardiography, fiberoptic bronchoscopy, and critical care procedures. With an evidence-based and patient-centred approach, he is committed to delivering advanced intensive care for improved patient outcomes.



Dr Rajen Tankshali

M.B.B.S., M.S. (General Surgery)
Professor – Onco Surgery

Dr. Rajen Tankshali is a Senior General & Onco Surgeon with 40+ years of clinical, academic, and surgical experience. His expertise includes general surgery, oncological surgery, and complex surgical procedures. A former Professor at G.C.R.I., Ahmedabad and author of eight national research publications, he is dedicated to evidence-based surgical care, academic excellence, and compassionate patient management.



Dr Prashant Mukadam

M.B.B.S., M.S. (General Surgery)
Professor – General Surgery

Dr. Prashant N. Mukadam is a Senior General Surgeon with 23+ years of clinical and academic experience. His expertise includes general surgery and the management of complex surgical conditions. A former Professor at N.H.L. Medical College, Ahmedabad, he has authored 14 national and 4 international research publications. With a strong focus on evidence-based practice and compassionate patient care, he is committed to delivering high-quality surgical treatment and advancing medical education.



Dr Umank B. Tripathi

MS, (General Surgery) MCh – (Surgical Oncology)
Asso. Professor – Surgical Oncology

Dr. Umank B. Tripathi is a Consultant Surgical Oncologist specializing in Head & Neck Oncology, Breast Surgery, and General Surgical Oncology. His expertise includes oral cancer management, complex tumor resection & reconstruction, laparoscopic oncologic surgery, and multidisciplinary cancer care. With a patient-centred and evidence-based approach, he is committed to delivering advanced surgical oncology care with the best possible clinical outcomes.



Dr Nupur Pandya

Asso. Professor – Medicine

ASSISTANT PROFESSORS

Dr Jaydeep K. Modh
 Medicine

Dr Yashika J Doshi
 Skin & VD

Dr Dhruvil B Sutariya
 General Surgery

Dr Divyesh V Patel
 Medicine

Dr Bhavana B M
 Community Medicine

Dr Divya Sharda
 Radiology

Dr Manthan D Solanki
 Medicine

Dr Rutul Patel
 Bio-Chemistry

Dr Akta K Vasani
 ENT

Dr Parth Prajapati
 Medicine

Dr Saumya M Majumdar
 OBGY

Dr Aashi N Surti
 Anaesthesia

Dr Jeta Y Buch
 Skin & VD

Dr Kruti A Bhalodia
 Anaesthesia

Dr Anjali N Sachdev
 Anaesthesia



“NABH Reaccreditation under 6th Edition Standards,,

Reaffirming Our Commitment to Quality & Patient Safety

GCS Medical College, Hospital & Research Centre proudly achieved NABH Reaccreditation under the 6th Edition Standards, reaffirming its commitment to delivering safe, ethical, patient-centred, and high-quality healthcare.

This prestigious recognition reflects excellence across clinical care, patient safety, infection prevention and control, quality management, risk management, and continuous quality improvement. Successfully meeting the enhanced NABH 6th Edition standards demonstrates a culture of excellence embedded across every department.

The achievement is the result of the collective efforts of clinicians, nursing professionals, allied health staff, administrators, and support teams who worked together to strengthen quality systems, standardize processes, enhance patient safety initiatives, and foster continuous learning.

More than an accreditation, this milestone represents an ongoing commitment to raising healthcare standards, embracing innovation, improving patient outcomes, and delivering compassionate care to every patient. It stands as a testament to the shared vision, dedication, and teamwork that continue to drive excellence in healthcare.





“NABL Accreditation ISO 15189:2022 Standards,,

Strengthening Laboratory Excellence Through Quality & Precision

GCS Medical College Hospital & Research Centre proudly achieved NABL Accreditation for its Central Laboratory in accordance with ISO 15189:2022 – Medical Laboratories: Requirements for Quality and Competence. This prestigious recognition reflects our commitment to delivering accurate, reliable, and internationally benchmarked laboratory services.

NABL Accreditation signifies that our laboratory adheres to globally accepted standards for quality management, technical competence, patient safety, and continuous quality improvement. Every diagnostic test performed is supported by validated processes, advanced technology, stringent quality control measures, and highly qualified laboratory professionals.

This milestone is the result of the collective efforts of our laboratory scientists, pathologists, clinicians, nursing teams, and support staff who have worked tirelessly to establish standardized workflows, strengthen quality assurance systems, enhance staff competency, and ensure precision at every stage of laboratory testing.

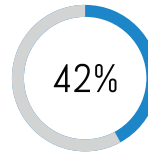
The accreditation further reinforces confidence in our diagnostic services by ensuring timely, accurate, and dependable laboratory reports that support informed clinical decision-making and improved patient outcomes. It also reflects our ongoing commitment to innovation, compliance with international standards, and excellence in healthcare delivery.





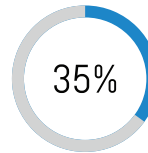
“Healthcare Y-O-Y Insights Jan to June'26,”

Healthcare Y-O-Y Insights



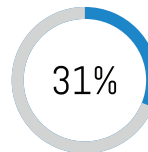
Chemotherapy

The highest growth among all major service lines, reflecting increased access to comprehensive cancer treatment, advanced chemotherapy protocols, and a stronger patient preference for specialized oncology care.



Maternity Services

A significant rise in deliveries highlights growing confidence in safe motherhood, high-quality obstetric care, and advanced neonatal services, ensuring the best possible outcomes for mothers and newborns.



Radiology Services

The increase in radiology services reflects greater utilization of advanced diagnostic imaging, enabling faster diagnosis, precise clinical decision-making, and improved treatment planning across specialties.





30%

Dialysis

Steady growth in dialysis services demonstrates expanding access to specialized renal care, supported by modern dialysis facilities, experienced nephrologists, and comprehensive patient management.

12%

Outpatient Services

The steady rise in outpatient visits reflects increasing patient trust, wider accessibility to healthcare services, and growing demand for multidisciplinary consultations and preventive care.

22%

Emergency Services

The Emergency Department continued to witness strong growth, reflecting enhanced emergency response capabilities, timely interventions, and efficient multidisciplinary management of critical patients.

17%

Inpatient Services

Growth in inpatient admissions signifies increasing demand for advanced medical and surgical care, supported by comprehensive treatment facilities, specialized clinical expertise, and improved patient outcomes.

Conclusion

The consistent year-on-year growth across all major service lines during January to June 2026 reflects the expanding reach and growing impact of GCS Hospital as one of Gujarat's leading tertiary care institutions. Increasing patient volumes across outpatient, inpatient, emergency, oncology, maternity, dialysis, and diagnostic services highlight the trust placed in the hospital's clinical expertise, advanced infrastructure, and patient-centric approach.

These milestones reinforce GCS Hospital's commitment to delivering accessible, affordable, and high-quality healthcare while continuously strengthening its capabilities to meet the evolving healthcare needs of the community. As the hospital continues to grow, it remains dedicated to advancing medical excellence, innovation, and compassionate care for every patient it serves.



Dr. Shashank Desai
Professor & Head - General Surgery

From Scalpel to Console: How Robotic Bariatric Surgery is Transforming Obesity Care in India

Obesity in India: A Growing Surgical Challenge

Once considered a last resort for severe obesity, bariatric surgery has evolved into a cornerstone of metabolic disease management. Today, it stands at the convergence of metabolic science, minimally invasive surgery, and robotic technology. Across India, an increasing number of weight-loss procedures are being performed using robotic-assisted platforms, where surgeons operate from a console with exceptional

precision. This transformation reflects not only remarkable technological advancement but also the urgent need to address India's rapidly growing burden of obesity and type 2 diabetes.

India is now home to one of the world's largest populations affected by obesity and diabetes. National surveys estimate that nearly 30% of adults aged 30–49 years are overweight or obese, with prevalence steadily increasing in both urban and semi-urban communities. As obesity-related conditions such as type 2 diabetes, hypertension, obstructive sleep apnoea, dyslipidaemia, and non-alcoholic fatty liver disease become more common, the demand for metabolic and bariatric surgery continues to rise.

Recognising the higher metabolic risk among South Asians, Indian bariatric guidelines recommend surgical intervention at lower BMI thresholds than those followed in many Western countries. Surgery is generally advised for individuals with a BMI $>32.5 \text{ kg/m}^2$ in the presence of obesity-related comorbidities or $>37.5 \text{ kg/m}^2$ without comorbidities, while carefully selected high-risk patients may also be considered at BMI $>30 \text{ kg/m}^2$.

A Surgical Revolution in Numbers

Bariatric surgery has witnessed remarkable growth in India over the past decade. According to the Obesity and Metabolic Surgery Society of India (OSSSI), more than 20,000 bariatric procedures were performed in 2018, representing an 86.7% increase compared with 2014. Sleeve gastrectomy has become the most frequently performed operation, while advanced metabolic procedures such as one-anastomosis gastric bypass continue to gain popularity.

The evolution has not been limited to procedural volume—it has fundamentally changed the way these surgeries are performed.

Why Robotic Surgery Matters

Laparoscopic surgery revolutionised bariatric care by replacing large incisions with minimally invasive techniques. Robotic surgery builds upon this foundation by providing three-dimensional high-definition visualisation, articulated wristed instruments, tremor filtration, enhanced dexterity, and superior surgeon ergonomics.



These advantages become particularly valuable in patients with severe obesity, thick abdominal walls, complex anatomy, or those requiring revisional bariatric procedures. Tasks such as intracorporeal suturing during gastric bypass, traditionally among the most technically demanding aspects of bariatric surgery, can be performed with greater precision and control using robotic systems. While robotic bariatric surgery was initially criticised for longer operative times and higher costs, improvements in technology and increasing surgical experience have significantly narrowed these differences. Emerging evidence suggests improved operative efficiency, reduced hospital stay, and lower complication rates in appropriately selected patients.

Does Robotic Surgery Improve Outcomes?

Current evidence suggests that robotic surgery should be viewed as an evolution rather than a replacement for laparoscopy. For routine primary sleeve gastrectomy, conventional laparoscopy continues to deliver excellent clinical outcomes and remains the preferred approach in many centres. However, robotic surgery demonstrates its greatest value in technically demanding situations, including:

- Revisional bariatric surgery
- Roux-en-Y gastric bypass
- Super-obese patients
- Redo procedures following previous bariatric surgery
- Cases requiring extensive intracorporeal suturing

Several contemporary studies have reported fewer conversions to open surgery and encouraging reductions in postoperative complications for these complex procedures. As surgical teams gain experience, operative times continue to improve and robotic outcomes increasingly parallel those of mature laparoscopic programmes.

India's Rapid Adoption of Robotic Bariatric Surgery

India has emerged as one of the fastest-growing markets for robotic-assisted surgery worldwide. Recent reports indicate that the country now has more than 180 installed da Vinci robotic systems and over 900 robotic-trained surgeons practising across leading public and private healthcare institutions. Dedicated robotic surgery training centres have been established in cities including Bengaluru, Mangaluru, and Kochi, while major healthcare networks have expanded robotic programmes across multiple locations. As

infrastructure and expertise continue to grow, robotic bariatric surgery is becoming increasingly accessible to patients throughout the country.

Beyond Weight Loss: Metabolic Surgery

Modern bariatric surgery is increasingly recognised as metabolic surgery because its benefits extend far beyond weight reduction. Patients frequently experience substantial improvement—or even remission—of type 2 diabetes, hypertension, dyslipidaemia, obstructive sleep apnoea, fatty liver disease, infertility, and other obesity-related disorders. Long-term real-world evidence also suggests that bariatric surgery achieves greater and more durable weight loss than currently available GLP-1 receptor agonist therapies when used alone. Rather than competing strategies, most experts now view pharmacotherapy and metabolic surgery as complementary approaches within a comprehensive obesity management programme.

Looking Ahead

The future of bariatric surgery extends beyond robotics itself. Artificial intelligence, advanced imaging, predictive analytics, and machine-learning algorithms are increasingly being integrated into surgical planning and patient selection. These innovations have the potential to personalise treatment, improve long-term outcomes, and further enhance surgical precision.

Indian bariatric conferences are already highlighting AI-assisted obesity management, remote robotic surgery concepts, and indigenous digital health innovations, underscoring India's growing contribution to the future of metabolic surgery.

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“Aneurysmal Bone Cyst (ABC) Rare Pediatric Spine Surgery Saves an 8-Year-Old from Permanent Paralysis,”

Dr. Keyur Akbari

Consultant Spine Surgeon

Specialized in Endoscopic Spine Surgery

Dr. Keyur K Akbari
Consultant Endoscopic
Spine Surgeon



For **8-year-old Ananya Mishra**, what began as occasional back pain rapidly progressed into a life-altering condition. Within a short span of time, she developed excruciating pain in her mid-back, was unable to sit or stand comfortably, and gradually began losing strength in both lower limbs. As her mobility deteriorated, her family sought expert medical care at **GCS Hospital**, where she came under the care of **Dr. Keyur Akbari, Consultant Endoscopic Spine Surgeon**.

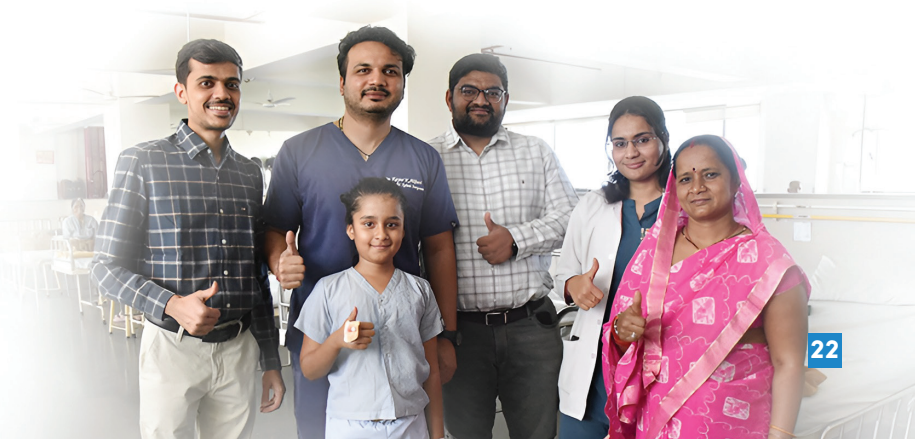
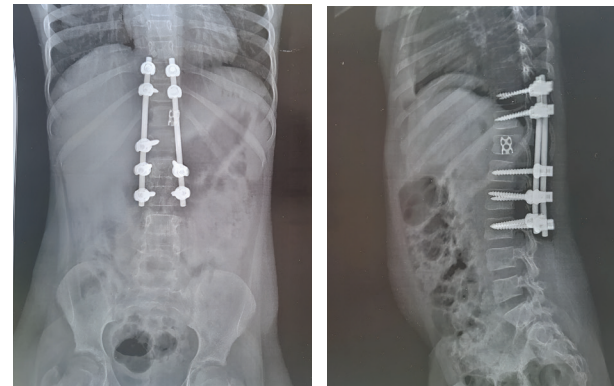
A comprehensive neurological examination followed by advanced imaging, including **MRI and PET-CT**, revealed an extremely rare and aggressive lesion involving the **D11–D12 vertebrae**. The findings strongly suggested an **Aneurysmal Bone Cyst (ABC)** of the spine—a rare benign but locally destructive bone tumour known for its rapid expansion and ability to compress the spinal cord. Although non-cancerous, spinal ABCs can cause severe neurological deficits and, if left untreated, may result in irreversible paralysis.

Aneurysmal Bone Cyst (ABC) is an uncommon skeletal tumour, accounting for only **1–2% of all primary bone tumours**, with spinal involvement seen in a small proportion of these cases. The condition is particularly rare in children and adolescents, making early diagnosis challenging because the initial symptoms often resemble routine muscular back pain. Delayed recognition may lead to progressive spinal instability, nerve compression, deformity, and permanent neurological impairment. Recognising the urgency of the condition and the increasing neurological weakness, the multidisciplinary spine team at GCS Hospital planned an emergency surgical intervention. Under the leadership of Dr. Keyur Akbari, a technically demanding spinal surgery was performed to completely decompress the spinal cord, excise the lesion, and stabilise the affected vertebral segment. The procedure required meticulous surgical planning and precision to safely remove the lesion while preserving neurological function and maintaining spinal stability in a growing child.

The surgery was completed successfully without neurological complications. Postoperatively, the child demonstrated significant improvement, with marked reduction in pain, gradual recovery of muscle strength in both lower limbs, and steady restoration of mobility through rehabilitation. Her recovery represents not only

a successful surgical outcome but also the prevention of lifelong disability through timely intervention. The successful management of this exceptionally rare Spinal Aneurysmal Bone Cyst (ABC) highlights GCS Hospital's capability to manage highly complex pediatric spine disorders using advanced diagnostic imaging, multidisciplinary expertise, and state-of-the-art spinal surgical techniques. The case stands among the few successfully managed pediatric spinal ABC surgeries in Ahmedabad and reflects the institution's commitment to delivering world-class spine care for even the rarest and most challenging conditions.

Speaking on the occasion, Dr. Keyur Akbari emphasised that **persistent back pain in children should never be ignored**, particularly when accompanied by weakness in the legs, difficulty in walking, changes in posture, or neurological symptoms. He stressed that early clinical evaluation, timely MRI, and prompt referral to a spine specialist are critical for preventing permanent disability. This case serves as a powerful reminder that what appears to be a simple backache can occasionally be the first sign of a rare yet serious spinal disorder—and that timely diagnosis and expert treatment can transform pain into hope and restore a child's future.





“Rare Giant Soft Tissue Tumour Successfully Removed Through Limb-Sparing Surgery,”

Dr. Sanket Desai
Consultant Surgical Oncologist



A **33-year-old male** presented to GCS Hospital with a progressively enlarging swelling over his **left thigh**, which he had first noticed nearly **four years earlier**. Initially painless, the swelling gradually increased in size until it began causing persistent pain, difficulty in walking, and significant restriction of daily activities. During the final four months, the tumour enlarged rapidly, raising strong clinical suspicion of an aggressive soft tissue malignancy and prompting immediate specialist evaluation.

The patient was evaluated by **Dr. Sanket Desai, Consultant Surgical Oncologist**, where comprehensive imaging was undertaken. **MRI demonstrated a massive multiloculated soft tissue tumour measuring approximately 26.5 × 20 cm**, occupying a large portion of the thigh musculature, while PET-CT confirmed a metabolically active lesion without evidence of distant metastasis. Cytological examination suggested a **myxoid soft tissue neoplasm**, requiring definitive surgical management.

Soft tissue sarcomas are among the rarest adult malignancies, accounting for **less than 1% of all adult cancers**, with only a few cases reported per 100,000 population annually. Although the thigh is the most common anatomical location, **giant tumours of this magnitude closely encasing major nerves are exceptionally uncommon** and are generally described only as isolated cases in medical literature. Such tumours present a unique surgical challenge because successful treatment requires complete tumour removal while preserving critical neurovascular structures essential for limb function. The greatest challenge in this case was the tumour's intimate relationship with the **sciatic nerve** and the **common peroneal nerve**, both of which are vital for normal walking and foot movement. Injury to either nerve could have resulted in **permanent foot drop, lifelong neurological disability, impaired mobility, and dependence on supportive orthotic devices**. In addition, the tumour possessed an extensive abnormal blood supply, making haemostasis difficult while simultaneously demanding adequate tumour-free margins to minimise the risk of recurrence. Recognising these complexities, Dr. Sanket Desai successfully performed a **complex limb-sparing wide local excision** using advanced nerve-preserving surgical techniques. Through meticulous dissection, the surgical team completely excised the giant tumour while preserving

both the sciatic and common peroneal nerves. The procedure achieved optimal oncological clearance without compromising lower-limb function, representing a significant accomplishment in modern surgical oncology.

Following surgery, the patient's recovery was excellent. He demonstrated healthy wound healing, intact neurological function, preserved muscle strength, and, most importantly, **no evidence of foot drop or sciatic nerve weakness**. The successful preservation of normal lower-limb function enabled the patient to regain independent mobility while maintaining an excellent quality of life. The excised tumour was subsequently sent for detailed histopathological evaluation to determine its exact subtype and guide any further treatment, if required.

This remarkable case underscores the strength of GCS Hospital's multidisciplinary cancer care programme, where advanced imaging, surgical oncology, anaesthesia, pathology, rehabilitation, and specialised postoperative care work together to deliver personalised treatment for highly complex oncological conditions. The successful management of this rare giant soft tissue tumour demonstrates the hospital's expertise in advanced limb-sparing oncological surgery, reaffirming its commitment to combining effective cancer control with preservation of function.

By successfully removing one of the largest and most technically challenging thigh tumours while safeguarding critical nerves, GCS Hospital once again demonstrated that modern cancer surgery is not only about curing disease but also about preserving mobility, independence, and the patient's quality of life.





“**Rare Pulmonary
Alveolar Proteinosis
Successfully
Treated with
Advanced Whole
Lung Lavage,**”

Dr. Rushi Patel

Professor & Pulmonologist
Respiratory Medicine Specialist



A **44-year-old female** was referred to GCS Hospital in critical respiratory distress with persistent cough, severe breathlessness, and progressively worsening oxygen deficiency. On arrival, she required high-concentration oxygen support through a **Non-Rebreather Mask (NRBM)** due to significant respiratory compromise. Recognizing the severity of her condition, the Respiratory Medicine team initiated an extensive diagnostic evaluation to identify the underlying cause of her rapidly deteriorating lung function.

Following comprehensive clinical assessment and advanced investigations, the patient was diagnosed with **Pulmonary Alveolar Proteinosis (PAP)**—an exceptionally rare lung disorder in which proteinaceous material accumulates within the air sacs (alveoli), preventing normal oxygen exchange. **Pulmonary Alveolar Proteinosis affects only about 6–7 individuals per million population worldwide (approximately 0.0006–0.0007%)**, making it one of the rarest pulmonary diseases encountered in clinical practice. If left untreated, the condition can progress to severe respiratory failure, recurrent infections, and life-threatening complications.

Under the expert leadership of **Dr. Rushi Patel, Professor and Pulmonologist**, the Respiratory Medicine team at GCS Hospital planned an advanced **Whole Lung Lavage (WLL)**—the internationally accepted gold-standard treatment for Pulmonary Alveolar Proteinosis. The procedure requires highly specialized infrastructure, advanced anaesthesia support, meticulous airway management, and seamless coordination between multiple clinical disciplines. This marked the first successful Whole Lung Lavage performed at GCS Hospital, establishing the institution among the few advanced tertiary care centres capable of delivering this highly specialised pulmonary intervention.

Whole Lung Lavage (WLL) is a sophisticated therapeutic procedure in which one lung is carefully ventilated while the other lung is repeatedly washed with warm sterile saline under controlled conditions. This process removes the accumulated proteinaceous material obstructing the alveoli, thereby restoring normal lung function and significantly improving oxygen exchange.

The procedure demands exceptional expertise from pulmonologists, anaesthesiologists, intensivists, and respiratory care teams to ensure patient safety throughout the intervention. The successful management of this rare case was made possible through the collaborative efforts of the **Department of Respiratory Medicine, Department of Anaesthesiology, Intensive Care Unit (ICU), Respiratory Therapists, Physiotherapy Department, and dedicated nursing teams at GCS Hospital**. Their coordinated multidisciplinary approach ensured the safe execution of this technically demanding procedure and comprehensive postoperative care.

Following the procedure, the patient demonstrated remarkable clinical improvement. Her oxygen requirement progressively reduced from high-flow NRBM support to simple nasal oxygen, reflecting significant recovery in lung function. Over the following days, her respiratory status continued to improve until she was completely liberated from oxygen support.

She regained the ability to breathe comfortably on room air, was shifted from critical care to the general ward, and was subsequently discharged in a stable condition with marked improvement in her quality of life.

The successful treatment of this exceptionally rare case highlights GCS Hospital's expertise in managing highly complex respiratory disorders using advanced evidence-based therapies. By successfully performing its first Whole Lung Lavage, GCS Hospital has demonstrated its capability to deliver world-class pulmonary care for rare and challenging diseases while reinforcing its commitment to providing comprehensive, multidisciplinary, and technologically advanced healthcare for patients with even the most uncommon medical conditions.





1 કરોડમાંથી 14-32 લોકોને ABC થાય છે 8 વર્ષની બાળકીની કરોડનું ઓપરેશન કરી ચાલતી કરી ડી-11, ડી-12 મણકામાં આ ગાંઠ થાય છે

હેલ્થ રિપોર્ટર | અમદાવાદ

શહેરના ચામુંડા ખાતેની જીસીએસ હોસ્પિટલના તબીબે જવલ્લે જ જોવા મળતી કરોડરજ્જુની બીમારીથી પથારીવશ થયેલી 8 વર્ષીય બાળકીની સફળ સર્જરી કરીને ફરી ચાલતી કરી છે. 'એન્યુરિઝમલ બોન સિસ્ટ' (એબીસી) નામે ઓળખાતી આ બીમારી દર 1 કરોડની વસ્તીમાં વર્ષે માત્ર 14થી 32 દર્દીમાં જ જોવા મળે છે. હોસ્પિટલે આયુષ્યમાન કાર્ડ અંતર્ગત બાળકીની નિઃશુલ્ક સર્જરી કરીને નવજીવન આપ્યું છે. જીસીએસ હોસ્પિટલના સ્પાઈન સર્જન ડૉ. કેયુર અકબરીએ જણાવ્યું હતું કે બાળકીની સઘન તપાસ અને પેટ-સિટી સ્કેનમાં જણાયું હતું કે બાળકીને ડી-11 અને ડી-12 મણકામાં જવલ્લે જ જોવા મળતી અને ઝડપથી વધતી ગાંઠ હતી. આ બીમારીને ત બી બી ભા ધા માં

'સ્પાઈનલ એન્યુરિઝમલ બોન સિસ્ટ' કહે છે. આ ગાંઠ કરોડરજ્જુની નસ પર દબાણ કરી રહી હતી. આથી બાળકીની નસને કાયમી નુકસાન થતું અટકાવવા અમે તાત્કાલિક જટિલ સર્જરી કરીને કરોડરજ્જુ પરનું દબાણ દૂર કર્યું હતું અને તેને સ્થિર કરી, જેનાથી બાળકી ફરી ચાલતી થઈ છે. આ સર્જરી અમે આયુષ્યમાન કાર્ડ અંતર્ગત નિશુલ્ક કરી છે. સ્પાઈન સર્જન ડૉ. કેયુર અકબરીએ કહ્યું હતું કે લોકોએ જાણવાની જરૂર છે કે આ એક દુર્લભ બીમારી છે, જેમાં હાડકાની ગાંઠોમાં એબીસીનું પ્રમાણ માત્ર 1થી 2 ટકા જેટલું જ હોય છે. જો બાળકને અચાનક સતત પીઠનો દુખાવો, શારીરિક દેખાવ કે શરીરના માળખામાં ફેરફાર થાય કે પછી પગમાં નબળાઈ આવે તો તેને સામાન્ય થાક ગણવાની ભૂલ ન કરવી. આ તકલીફ હોય તો વહેલીતકે નિદાન અને તાત્કાલિક સારવાર જ બાળકને મોટી આશ્વત્થી બચાવી શકે છે.

Eight-year-old operated on for spinal tumour: An eight-year-old girl underwent surgery at GCS Hospital for spinal aneurysmal bone cyst, or ABC, which is considered a rare benign but aggressive lesion that can grow rapidly and compress the spinal cord, leading to severe pain and weakness. Dr Keyur Akbari, spine surgeon at the hospital, said that the girl was in severe pain and could not sit or stand. She was successfully operated on to relieve the pressure and stabilize the spine, he added.

જીસીએસ હોસ્પિટલ દુર્લભ સર્જરી, યુવાનના

| અમદાવાદ |

અમદાવાદની GCS હોસ્પિટલના યુવાનના ડાબા સાથળમાં 20 સે.મી.ની કેન્સરચક્તિ સફળતાપૂર્વક દૂર કરાઈ છે. ચાર સામાન્ય સોજાથી શરૂ થયેલી આ અસહ્ય દુખાવો આપ્યો હતો અને મહિનામાં તે ઝડપથી મોટી થઈ અને પેટ સીટી સ્કેન દ્વારા 'મિક

New breath of life for woman with rare

Team of GCS medical college doctors carry out Whole Lung Lavage on 44-year-old

Ahmedabad Mirror Bureau
feedback@ahmedabadmirror.com

Posts @ahmedabadmirror

For weeks, 44-year-old Asha Thakor struggled to breathe properly. Even simple activities became difficult as persistent cough and severe breathlessness forced her condition to worsen. By the time she reached GCS Medical College, Hospital & Research Centre, she was on high oxygen support and admitted on a non-rebreather mask (NRBM).

Doctors later diagnosed her with Pulmonary Alveolar Proteinosis (PAP), an ultra-rare lung disease seen in only around six to seven persons per 10



lakh population worldwide. In this condition, thick protein-like material builds up inside the lungs, making it difficult for oxygen to reach the body. "If not treated in time, the disease can lead to serious respiratory complications," doctors said.

The respiratory medicine team,

under the supervision of Dr Rushi Patel, professor and pulmonologist, carried out a highly specialised procedure called Whole Lung Lavage (WLL), considered the gold-standard treatment for PAP. The treatment involves washing the lungs with sterile saline to clear the harmful depos-

its and improve breathing.

First successful performed at GCS

Hospital officials said the successful WLL performed at GCS Medical College. The procedure required close coordination between the pulmonology, ICU and physiotherapy teams.

Following the treatment, the patient's condition improved significantly. Her oxygen requirement decreased from high-flow support to nasal prongs, and she was shifted to the ward. Doctors said such cases are rare and require both timely diagnosis and advanced medical intervention.



ટલમાં સાથળમાં વિશાળ ગાંઠની યુવાન દર્દી અપંગતામાંથી બચ્યા

ટિશ્યુ નિયોપ્લાઝમ' (સારકોમા) કેન્સર હોવાનું નિદાન થયું હતું.

ટલમાં ૩૩
થી ૨૬.૫ હ
દુર્લભ ગાંઠ
૨ વર્ષ પહેલાં
ગાંઠ બે વર્ષમાં
છેલ્લા ચાર
હતી. MRI
સોઈડ સોફ્ટ

પુખ્ત વયના લોકોમાં સોફ્ટ ટિશ્યુ
સારકોમાનું પ્રમાણ ૧% કરતાં પણ ઓછું હોય
છે. મુખ્ય નસો સાથે ચોટેલી આ વિશાળ ગાંઠને
કારણે અપંગતાનું ભારે જોખમ હતું. જોકે,
તબીબોએ ક્લિનિકલ સ્પેરિંગક ટેકનિકથી મુખ્ય
નસો સુરક્ષિત રાખી પગ બચાવી લીધો છે અને
દર્દી હવે સામાન્ય હલનચલન કરી શકે છે.

૧૦ લાખમાંથી માત્ર ૬થી ૭ લોકોમાં PAPનો રોગ જોવા મળે છે શ્વાસ લેવામાં તકલીફ, ફેફસાંની અત્યંત દુર્લભ બીમારીની સારવાર

અમદાવાદ

નરોડા રોડ સ્થિત સરકારી જીસીએસ હોસ્પિટલમાં 'હોલ લંગ લેવેજ' પદ્ધતિથી ફેફસાના અત્યંત દુર્લભ રોગની સારવાર કરવામાં આવી છે. વસ્તીના ૦.૦૦૧% થી પણ ઓછા લોકોમાં થતા ફેફસાના અત્યંત દુર્લભ રોગ પદ્ધતિની એલ્વીઓલર પ્રોટીનોસિસ (PAP)ની સફળતાપૂર્વક સારવાર કરી છે. દર્દીને શ્વાસ લેવામાં ભારે તકલીફ થતી હતી. જોકે સારવાર બાદ સ્થિતિ સ્વસ્થ છે.

દુર્લભ સ્થિતિ છે જે વિશ્વભરમાં દર ૧૦ લાખની વસ્તીમાં માત્ર ૬ થી ૭ લોકોમાં જ જોવા મળે છે. આ બીમારીમાં ફેફસાંના વાયુકોષોમાં ઘટ્ટ, પ્રોટીન જેવો પદાર્થ જમા થાય છે, જે ઓક્સિજનની આપ-લેમાં અવરોધ ઊભો કરે છે અને શ્વાસ લેવામાં તકલીફ પેદા કરે છે. સમયસર સારવાર ન કરવામાં આવે તો જીવલેણ સાબિત થાય છે. પદ્ધતિનો લોજિસ્ટિક માર્ગદર્શન હેઠળ રેસ્પિરેટરી મેડિસિન ટીમે

ફેફસાંને
સેલાઈન વડે
ઘોઈ જમા
થયેલ પ્રોટીન
દૂર કરાયું

દર્દી આશાબેનને સતત ઉધરસ અને શ્વાસ લેવામાં ભારે તકલીફની ફરિયાદ સાથે જીસીએસમાં રિફર કરાયા હતા. સારવારમાં વધુ ઓક્સિજન સપોર્ટની જરૂર પડી હતી. તપાસ દરમિયાન પલ્મોનરી એલ્વીઓલર પ્રોટીનોસિસનું નિદાન થયું હતું. આ એક એવી અત્યંત

પ્રથમ હોલ લંગ લેવેજ પ્રક્રિયા હાથ ધરી હતી. હોલ લંગ લેવેજમાં ફેફસાંને નિયંત્રિત વાતાવરણમાં જંતુરહિત સેલાઈન વડે ધોવામાં આવે છે જેથી જમા થયેલ પ્રોટીન દૂર કરી શકાય, જેનાથી ફેફસાંની કાર્યક્ષમતા અને ઓક્સિજન લેવાની ક્ષમતામાં સુધારો થાય છે.

e lung disease

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GCS begins integrated
cancer cure facilities

GCS Medical College, Hospital and Research Centre has started in-house PET-CT scan and radiation therapy facilities on its campus. According to hospital COO Dr Jagdish Khoyani and radiation oncologist Dr Chinmaykumar Prajapati, the hospital has become the only private medical college in Ahmedabad to have both PET-CT and advanced radiation therapy facilities within the same campus.

A dedicated cancer care unit spread across 5,400 square metres has been set up for specialised treatment.

1 લાખે 1 વ્યક્તિમાં દેખાતી કેન્સરની ગાંઠની GCSમાં સફળ સર્જરી યુવાનની સાથળથી ઘૂંટણ સુધી 26.5 સેમીની તરબૂચ જેટલી ગાંઠ દૂર કરાઈ

હેલ્થ રિપોર્ટર | અમદાવાદ

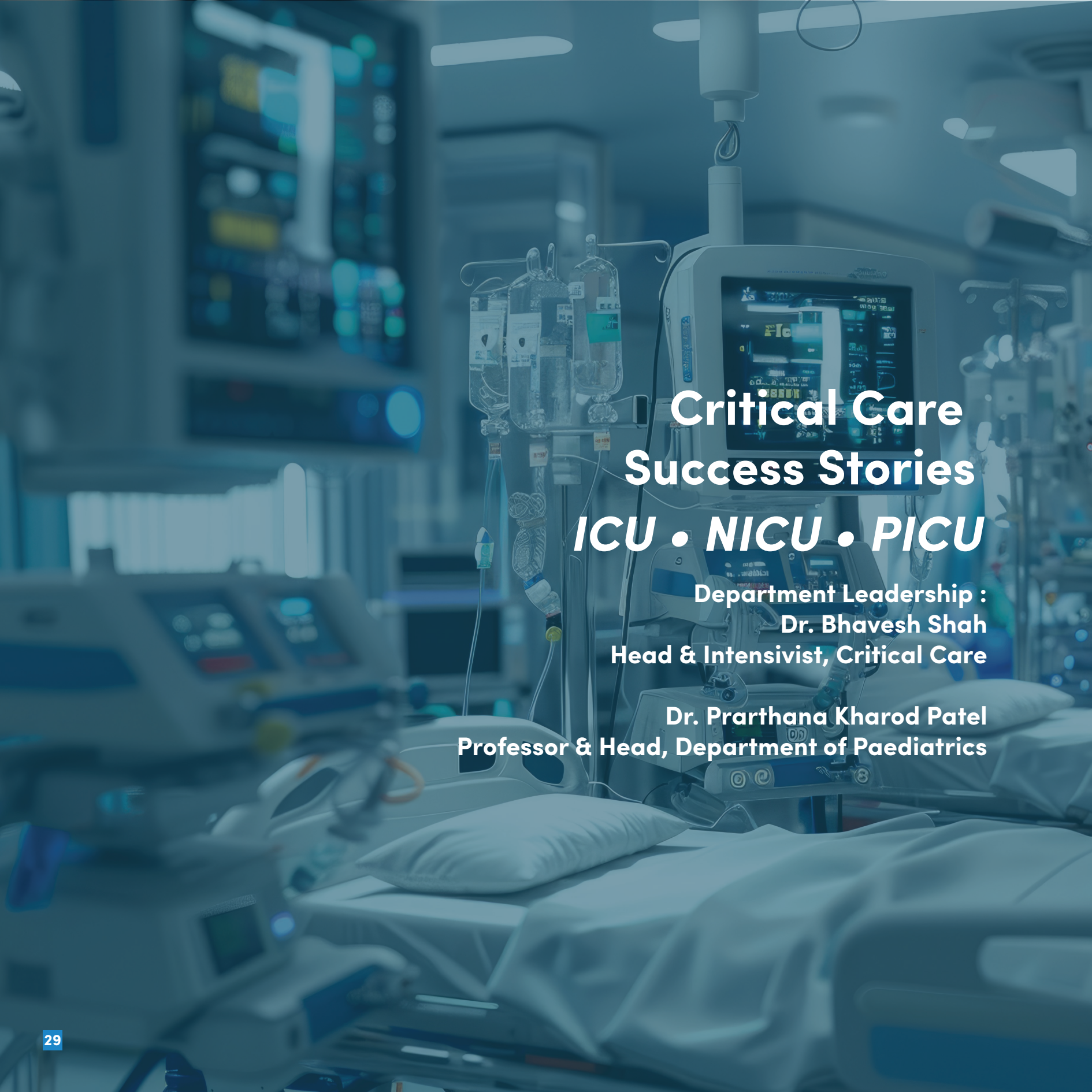
શહેરની જીસીએસ હોસ્પિટલમાં ૩૩ વર્ષીય યુવાને સાથળમાં થયેલી ગાંઠની ૪ વર્ષ સુધી દરકાર ન લેતાં ગાંઠ સાથળથી ઘૂંટણ સુધી ફેલાઈ હતી. ૨૬.૫ બાય ૨૦ સે.મીની તરબૂચના આકારની થતાં યુવાન ચાલી શકતો ન હતો. ૧ લાખે ૧ વ્યક્તિમાં જવલ્લે જોવા મળતી આ ગાંઠની સર્જને તાત્કાલિક દૂર કરીને

કાયમી અપંગતાથી બચાવ્યો છે. જીસીએસ હોસ્પિટલના ઓન્કો સર્જન ડૉ. સંકેત દેસાઈ જણાવે છે કે, દર્દીનો એમઆરઆઈ, પેટ સીટી સ્કેન અને સાયટોલોજી રિપોર્ટમાં મિક્સોઈડ સોફ્ટ ટિશ્યુ નિયોપ્લાઝમનું જણાતાં તાત્કાલિક સર્જરી કરવી અનિવાર્ય હતી. તરબૂચ જેટલી ગાંઠ દૂર કરવા સાથે દર્દીનો પગ બચાવવો સૌથી મોટી ચેલેન્જ હતી. મે અને મારી

ટીમે નર્વ-પ્રિઝર્વિંગ ટેક્નિકથી ટ્યુમરને સંપૂર્ણપણે દૂર કરી છે. દર્દીને ફૂટ ડ્રોપ જેવી કોઈ જટિલતા જોવા મળી નથી.

સર્જરી કેમ અત્યંત પડકારજનક હતી?

26.5 x 20 સેમીનું ટ્યુમરની સર્જરીમાં નાની ભુલથી દર્દી ફૂટ ડ્રોપ(પંજા પડી જવા), કાયમી અપંગતા, જીવનભર કેલિપર પહેરવા પડતાં. વધુ રક્તસ્રાવનો ભય હોવાથી ઓપરેશન અત્યંત જટિલ ગણાય છે.

A blue-tinted photograph of a hospital room. In the foreground, a patient bed is visible with white linens and a pillow. To the right, a medical monitor on a stand displays various data. To the left, an IV stand holds several clear fluid bags. The background shows more medical equipment and the structure of the hospital ward.

Critical Care Success Stories *ICU • NICU • PICU*

Department Leadership :
Dr. Bhavesh Shah
Head & Intensivist, Critical Care

Dr. Prarthana Kharod Patel
Professor & Head, Department of Paediatrics



At GCS Hospital, every critically ill patient represents a race against time, where rapid decision-making, advanced medical technology, and multidisciplinary expertise come together to save lives. Our Intensive Care Unit (ICU), Neonatal Intensive Care Unit (NICU), and Paediatric Intensive Care Unit (PICU) are dedicated to managing the most complex and life-threatening medical emergencies, providing round-the-clock, evidence-based care for adults, newborns, and children.

From severe respiratory emergencies and complex airway interventions to extreme prematurity, rare neonatal disorders, and critically ill children with multisystem complications, our critical care teams are equipped to deliver timely, compassionate, and highly specialized treatment. Every patient benefits from the collective expertise of intensivists, super-specialists, surgeons, anaesthesiologists, respiratory physicians, neonatologists, paediatricians, highly trained critical care nurses, and rehabilitation professionals, working seamlessly to achieve the best possible outcomes.

These remarkable success stories showcase the strength of early diagnosis, clinical excellence, advanced critical care technologies, and coordinated multidisciplinary teamwork. They reflect GCS Hospital's unwavering commitment to transforming life-threatening medical emergencies into stories of hope, healing, and recovery. Behind every successful discharge lies countless hours of dedicated monitoring, precision interventions, and compassionate care—reaffirming our mission to deliver world-class critical care when every second matters.

The following cases exemplify how expertise, innovation, and teamwork continue to make a meaningful difference in the lives of patients and their families, reinforcing GCS Hospital's position as a trusted destination for advanced critical care services.



Dr. Bhavesh Shah
Head - Critical Care



ICU Clinical Excellence I

Dr. Aneri Patel - ICU

“Emergency Bronchoscopic Tracheal Dilatation Restores Breathing in a Critically Ill Patient with Severe Tracheal Stenosis,”

A 45-year-old woman was rushed to the Department of Critical Care at GCS Hospital in an extremely critical condition with severe breathing difficulty that had rapidly progressed to altered sensorium.

She arrived in severe respiratory distress with worsening hypoxia and signs of impending respiratory failure. An immediate trial of Non-Invasive Ventilation (NIV) failed to improve her condition, making emergency endotracheal intubation essential.

However, securing the airway proved exceptionally challenging. Despite repeated attempts, only a 6.5 mm endotracheal tube could be inserted, and it could not be advanced beyond a fixed point, immediately raising suspicion of a critical airway obstruction.

The patient was immediately evaluated by Dr. Bhavesh Shah, Head, Department of Critical Care, along with the multidisciplinary critical care team. An urgent CT scan of the neck and chest revealed critical tracheal stenosis at the level of the D2 vertebra, accompanied by extensive bilateral pneumonia leading to severe respiratory failure.

Further evaluation revealed a history of tracheostomy performed one year earlier during a previous surgical procedure, making post-tracheostomy tracheal stenosis the underlying cause of the airway narrowing.

Tracheal stenosis is a rare but serious complication in which scar tissue progressively narrows the airway, restricting airflow to the lungs. When associated with severe pneumonia, it can rapidly progress to



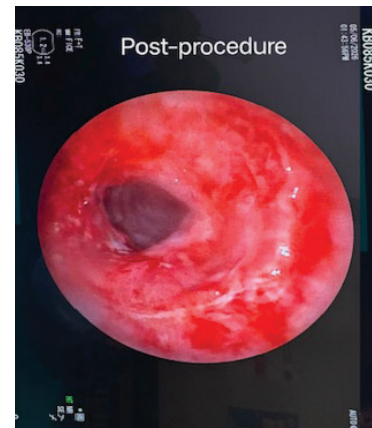
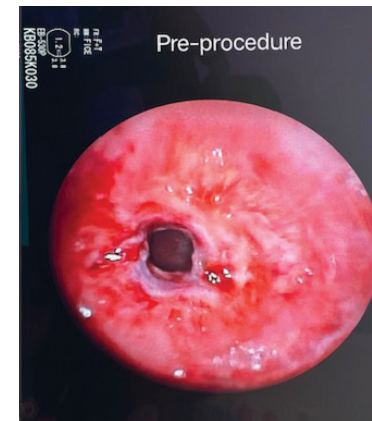
life-threatening respiratory failure, demanding immediate intervention.

Despite mechanical ventilation and maximum intensive care support, the patient's condition deteriorated dramatically. The critically narrowed airway prevented adequate ventilation, resulting in profound carbon dioxide retention, worsening oxygen level, and rapidly progressing circulatory instability.

Her arterial blood gas (ABG) revealed a pH of 6.80 and a PCO_2 of 249 mmHg, indicating extreme respiratory acidosis and one of the most severe forms of ventilatory failure encountered in critical care. Simultaneously, she developed severe hypoxia and hypotension, placing her at imminent risk of cardiac arrest and multi-organ failure. Conventional airway management options were no longer sufficient, and because the stenotic segment was located below the anticipated tracheostomy site, an emergency tracheostomy would not have relieved the obstruction.

Recognizing that every passing minute significantly reduced the patient's chances of survival, Dr. Bhavesh Shah, together with Dr. Rushi Patel from the Department of Respiratory Medicine, and the multidisciplinary ICU team made the critical decision to perform a high-risk bedside therapeutic bronchoscopy with tracheal dilatation within the Intensive Care Unit.

The procedure was carried out in highly controlled environment using advanced bronchoscopic techniques. The severely narrowed tracheal segment was successfully identified and carefully dilated, immediately restoring airway patency and allowing effective mechanical ventilation. As ventilation improved, the patient's carbon dioxide levels gradually normalized, oxygenation improved significantly, blood pressure stabilized, and her vital organ functions began to recover. Four days later, a follow-up bronchoscopy with repeat tracheal dilatation was performed to maintain adequate airway patency. With aggressive treatment of the underlying pneumonia, continuous intensive care support, and close monitoring, the patient's respiratory status steadily improved. She was gradually weaned off mechanical ventilation, successfully extubated, and subsequently transferred to the general ward in a stable condition without any respiratory compromise.



This remarkable case highlights the expertise of the Department of Critical Care along with respiratory Medicine Department at GCS Hospital in managing one of the most challenging airway emergencies through rapid clinical decision-making, advanced bronchoscopic intervention, and seamless multidisciplinary collaboration. It underscores the importance of early recognition of post-tracheostomy tracheal stenosis, where every minute can be critical to survival. By combining advanced airway management techniques with coordinated multidisciplinary care, the team successfully transformed an almost unsurvivable medical emergency into a remarkable recovery, reaffirming GCS Hospital's commitment to delivering world-class critical care when every second matters.



ICU Clinical Excellence II

Dr. Aneri Patel | Dr. Bhaumik Mehta - ICU

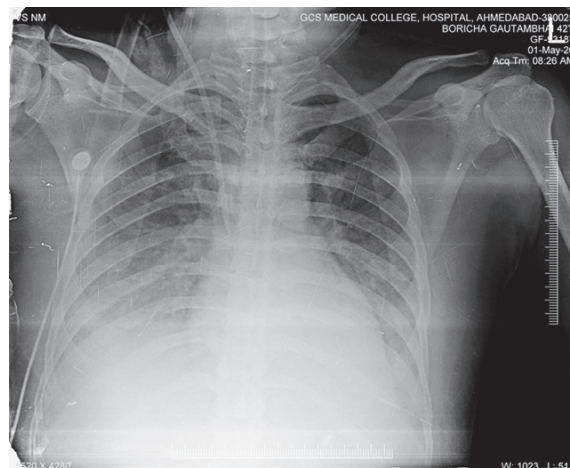
“Multidisciplinary Critical Care Saves Patient with Cardio-Renal Syndrome Following Cardiac Arrest and Complex Coronary Artery Disease,,

A 42-year-old man was referred to GCS Hospital from Bhavnagar on 23 April 2026 for urgent Coronary Artery Bypass Grafting (CABG) after being diagnosed with severe coronary artery disease. However, what initially appeared to be a straightforward surgical referral rapidly evolved into a highly complex, life-threatening medical emergency involving multiple organ systems. On admission, the patient was found to have Cardio-Renal Syndrome, with severely impaired kidney function reflected by a serum creatinine level of 8 mg/dL, significantly reduced cardiac function with an ejection fraction (EF) of 35%, newly diagnosed Diabetes Mellitus, bilateral pleural effusion, and severe chest infection. His condition was further complicated by repeated episodes of flash pulmonary oedema, causing acute respiratory distress that required continuous Non-Invasive Ventilation (NIV) support and Sustained Low-Efficiency Dialysis (SLED) to stabilize his deteriorating renal function.

Recognizing the critical nature of his condition, the multidisciplinary team prioritized stabilization before considering definitive cardiac surgery. Treating the acute kidney injury, controlling the chest infection, improving respiratory status, and optimizing cardiac function became the immediate focus, as proceeding directly with bypass surgery under such unstable conditions would have carried an exceptionally high risk. Despite intensive medical management, the patient's condition worsened, and on 30 April 2026, he suffered a cardiac arrest while undergoing treatment. The Critical Care team responded immediately, initiating advanced cardiopulmonary resuscitation and

successfully restoring spontaneous circulation.

Following successful revival, he was on full mechanical ventilatory support, while receiving broad-spectrum intravenous antibiotics, ongoing renal replacement therapy, and comprehensive intensive care monitoring. Over the following days, the multidisciplinary team worked relentlessly to stabilize every aspect of his condition. Through meticulous critical care management, continuous dialysis support, and aggressive treatment of the chest infection, the patient gradually began to recover. Remarkably, three days after the cardiac arrest, he was successfully extubated and continued to show steady clinical improvement. With valuable clinical inputs from Dr. Suvika Patel, Department of Nephrology, along with the Cardiology, Critical Care, and Cardiovascular & Thoracic Surgery (CVTS) teams, the patient's renal function, respiratory status, and overall hemodynamic condition progressively stabilized, allowing him to become fit for definitive surgical intervention. Once optimized, the patient successfully underwent Coronary Artery Bypass Grafting (CABG) on 12 May 2026, approximately 12 days after surviving cardiac arrest. The surgery was completed successfully, although his postoperative recovery continued to demand specialized multidisciplinary care. He required additional haemodialysis sessions along with intensive treatment for a persistent and difficult-to-treat chest infection.



Through continuous monitoring, advanced intensive care support, and coordinated management across multiple specialties, his condition steadily improved. His kidney function gradually recovered, respiratory infection resolved completely, and cardiac revascularization restored adequate blood supply to the



heart. The patient was eventually discharged in a stable condition with successful coronary revascularization, reversal of renal dysfunction, complete resolution of the chest infection, and significant overall clinical recovery.

This remarkable case demonstrates the strength of multidisciplinary critical care in managing patients with complex multi-organ dysfunction, where severe cardiac disease, kidney failure, respiratory infection, and cardiac arrest occur simultaneously. It highlights the expertise of the Department of Critical Care at GCS Hospital, working in close collaboration with the Departments of Nephrology, Cardiology, and Cardiovascular & Thoracic Surgery, to deliver timely, coordinated, and evidence-based care. Through rapid intervention, meticulous monitoring, and seamless teamwork, the team successfully transformed an extremely high-risk clinical scenario into a remarkable recovery, reaffirming GCS Hospital's commitment to delivering comprehensive critical care when patients need it the most.

ICU Clinical Excellence III

Dr. Rashmika Khatri | Dr. Lipi Barot - ICU

“Life Saved After Catastrophic Postpartum Hemorrhage and Multi-Organ Failure Through Advanced Multidisciplinary Critical Care,,

A 25-year-old woman (G2P1) at 38 weeks of gestation was admitted for delivery and underwent a normal vaginal delivery. Shortly after childbirth, she developed severe atonic postpartum hemorrhage (PPH)—one of the most life-threatening obstetric emergencies, where the uterus fails to contract adequately after delivery, leading to massive blood loss within minutes. Despite immediate administration of uterotonic medications and vaginal packing, the bleeding remained uncontrolled. Recognizing the rapidly deteriorating situation, the Obstetrics & Gynaecology team proceeded with an

emergency obstetric hysterectomy as a life-saving measure to control the hemorrhage.

Following surgery, the patient was transferred to the ICU at GCS Hospital in an extremely critical condition with ongoing blood loss and profound circulatory shock. On arrival in the Intensive Care Unit, her systolic blood pressure was approximately 60 mmHg, with a heart rate of 170 beats per minute, indicating severe hemorrhagic shock. She required immediate mechanical ventilation, high-dose inotropic support, and aggressive resuscitation. Laboratory investigations revealed a critically low hemoglobin level of 4.2 g/dL and thrombocytopenia (90,000/ μ L), accompanied by severe metabolic acidosis. Massive transfusion of blood and blood products was initiated without delay to restore circulating volume, correct coagulopathy, and stabilize her rapidly failing organ systems.

Despite of the hysterectomy to control the ongoing hemorrhage while avoiding further major surgery, the multidisciplinary team collaborated with the Interventional Radiology Department, where the patient underwent an emergency bilateral internal iliac artery embolization. The minimally invasive procedure was successfully performed, effectively controlling the bleeding and stabilizing the patient's hemodynamic condition. Although the immediate hemorrhage was controlled, the patient's clinical course became increasingly complex. She developed Disseminated Intravascular Coagulation (DIC), a severe disorder in which widespread activation of the clotting system simultaneously causes uncontrolled bleeding and dangerous blood clot formation. This was further complicated by Multi-Organ Dysfunction Syndrome (MODS) involving the kidneys, liver, cardiovascular system. She developed acute kidney injury requiring renal replacement therapy (dialysis), hepatic dysfunction, myocardial injury, and persistent thrombocytopenia. Throughout this period, the Critical Care team provided continuous organ support, advanced monitoring, targeted antimicrobial therapy, nutritional support, and meticulous correction of metabolic and coagulation abnormalities.

On the third postoperative day, the patient developed another devastating complication. She complained of worsening pain and discoloration of her right lower limb, and an urgent Doppler ultrasound confirmed acute thrombotic occlusion of the superficial femoral artery, resulting in critical limb ischemia. Emergency



catheter-directed thrombolysis, surgical thrombectomy, and fasciotomy were performed in an attempt to restore blood circulation and salvage the limb. However, despite these timely interventions, progressive tissue necrosis and irreversible ischemia developed. To prevent overwhelming sepsis and save the patient's life, the multidisciplinary team made the difficult but necessary decision to perform a right above-knee amputation on the seventh postoperative day. During her prolonged recovery, the patient required comprehensive multidisciplinary intensive care, including prolonged mechanical ventilation, repeated dialysis sessions, targeted antibiotics, nutritional rehabilitation, physiotherapy, and continuous organ support. Gradually, her condition began to improve. Renal function recovered completely, ventilatory support was successfully discontinued, and her cardiovascular status stabilized. After a 26-day hospital stay, including 16 days in the Intensive Care Unit, during which she received an extraordinary 62 units of blood and blood products, she was discharged in a stable condition with plans for comprehensive rehabilitation, prosthetic limb fitting, and long-term surgical and medical follow-up.

This extraordinary case demonstrates the exceptional capabilities of the Department of Critical Care at GCS Hospital in managing one of the most severe obstetric emergencies complicated by catastrophic hemorrhage, disseminated intravascular coagulation, multi-organ failure, acute limb ischemia, and limb amputation. Through the seamless collaboration of the Critical Care, Obstetrics & Gynaecology, Interventional Radiology, Nephrology, Pathology, Blood Bank, and Rehabilitation teams, the patient survived an exceptionally rare and life-threatening clinical course. The case underscores the importance of rapid recognition, advanced critical care, timely interventional procedures, and coordinated multidisciplinary teamwork in achieving successful outcomes even in the most complex medical emergencies, reaffirming GCS Hospital's commitment to delivering comprehensive, life-saving critical care.

ICU Clinical Excellence IV

Dr. Harsh Malkan - ICU

“Severe Varicella Pneumonia with ARDS in a Young Patient with Diabetic Ketoacidosis,,

A 17-year-old girl was admitted to GCS Hospital with high-grade fever, a generalized itchy vesicular rash, and mild breathlessness. Clinical evaluation confirmed Varicella Zoster (Chickenpox) infection. Further investigations also revealed newly diagnosed Type 1 Diabetes Mellitus presenting with Diabetic Ketoacidosis (DKA), a serious metabolic emergency that significantly compromises the body's immune response. Although chickenpox is generally considered a self-limiting childhood illness, it can become life-threatening in immunocompromised individuals and may rapidly progress to severe pulmonary complications.

Soon after admission, the patient's condition deteriorated rapidly. She developed severe tachypnoea, tachycardia, increasing drowsiness, profound hypoxia, carbon dioxide retention, and severe mixed metabolic and respiratory acidosis, indicating the onset of acute respiratory failure. Recognizing the severity of her condition, she was immediately shifted to the Department of Critical Care and managed in an isolation Intensive Care Unit to prevent transmission of the highly contagious viral infection.

An initial trial of Bi-level Positive Airway Pressure (BiPAP) was attempted; however, her respiratory status continued to worsen, necessitating emergency invasive mechanical ventilation. Chest imaging revealed bilateral diffuse pulmonary infiltrates, highly suggestive of severe Acute Respiratory Distress Syndrome (ARDS) secondary to Varicella Viral Pneumonia.



Mechanical ventilation became particularly challenging due to severely inflamed, non-compliant ("stiff") lungs, requiring meticulous lung-protective ventilation strategies and continuous critical care monitoring to prevent further lung injury while maintaining adequate oxygenation.



Critical care team initiated comprehensive treatment aimed at simultaneously addressing the viral infection, metabolic derangements, and respiratory failure. She received intravenous insulin infusion for diabetic ketoacidosis, carefully titrated fluid therapy using a restrictive strategy to avoid worsening pulmonary edema, intravenous acyclovir as targeted antiviral therapy, broad-spectrum antibiotics to prevent secondary bacterial infection, corticosteroids for severe ARDS, and advanced lung-protective ventilatory support. Endotracheal secretion cultures showed no bacterial growth, confirming the viral origin of the pneumonia and supporting continuation of focused antiviral management.



The patient's condition gradually began to improve from the third day of ICU admission. Oxygenation steadily improved, inflammatory changes in the lungs regressed, and her metabolic abnormalities normalized. After demonstrating sustained respiratory recovery, she was successfully extubated on the seventh day.

Over the following days, her vesicular skin lesions healed remarkably, repeat chest radiographs showed significant resolution of bilateral lung infiltrates, and her overall clinical condition continued to improve. She was subsequently transferred from the Intensive Care Unit to the general ward in a stable condition to continue diabetes education, rehabilitation, and further medical care.

This remarkable case highlights the expertise of the Department of Critical Care at GCS Hospital in managing a rare and life-threatening combination of disseminated Varicella infection, severe viral pneumonia, Acute Respiratory Distress Syndrome (ARDS), and Diabetic Ketoacidosis.

The successful outcome was made possible through the coordinated efforts of the Critical Care, General Medicine, Dermatology, and Respiratory Medicine teams, along with timely antiviral therapy, advanced ventilatory support, meticulous metabolic management, and comprehensive multidisciplinary care.

It reinforces the importance of early recognition, prompt ICU intervention, and coordinated teamwork in successfully managing complex viral infections with multi-system involvement, ultimately transforming a potentially fatal illness into a story of complete recovery.



NICU Clinical Excellence I

Dr. Kavya Menon

“Extreme Preterm Baby Successfully Discharged After 56 Days of Advanced NICU Care,,

A baby boy born to Mrs. Kinjal at just 26 weeks and 6 days of gestation was admitted immediately to the Neonatal Intensive Care Unit (NICU) at GCS Hospital with extreme prematurity and severe Respiratory Distress Syndrome (RDS). Born nearly three months before term, his lungs, brain, GI system, and immune system were still in the earliest stages of development, placing him amongst the most vulnerable newborns requiring highly specialized neonatal intensive care. From the very first moments of life, he required continuous monitoring, advanced respiratory support, and round-the-clock multidisciplinary management, marking the beginning of one of the most challenging yet inspiring neonatal journeys at GCS Hospital. Extreme prematurity remains one of the greatest challenges in neonatal medicine. Infants born before 28 weeks of gestation are at a significantly increased risk of respiratory failure, severe infections, intestinal complications, brain injury, visual impairment, anemia, feeding difficulties, and long-term developmental disabilities.

Their survival depends not only on advanced medical technology but also on meticulous monitoring, evidence-based neonatal care, precise nutritional support, and coordinated multidisciplinary management throughout their NICU stay.

Soon after birth, the baby developed Hyaline Membrane Disease, a severe lung condition caused by surfactant deficiency in immature lungs that makes breathing extremely difficult. The Neonatology team promptly administered life-saving intra-tracheal surfactant therapy, significantly improving lung function. Despite this, his immature lungs required five



Dr. Munjal Kapadia
Neonatologist, NICU In-Charge &
Assistant Professor





days of invasive mechanical ventilation, followed by seven days of non-invasive respiratory support, before gradually becoming strong enough to sustain spontaneous breathing. During his prolonged hospitalization, the baby encountered several serious complications commonly associated with extreme prematurity. He developed a right-sided pneumothorax, requiring emergency insertion of an Intercostal Drainage (ICD) tube for three days until complete lung expansion was achieved.

He was also treated successfully for Neonatal Sepsis, Neonatal Hyperbilirubinemia, Stage 2A Necrotizing Enterocolitis (NEC)—a potentially life-threatening intestinal disorder seen in premature infants and Anemia of Prematurity. Each complication required timely diagnosis, continuous monitoring, and individualized treatment, with every clinical decision carefully balancing the baby's fragile physiology while supporting healthy organ development.

Throughout his 56-day stay in the NICU, the newborn received comprehensive neonatal intensive care, including advanced respiratory support, infection control, nutritional support, developmental care, neurological surveillance, ophthalmological screening, and continuous growth monitoring. The dedicated NICU team worked tirelessly to support each milestone in his recovery while maintaining close communication with his family, providing emotional support and counselling throughout this challenging journey.

The outcome was truly remarkable. After 56 days of advanced neonatal intensive care, the baby was successfully discharged in a healthy and stable condition. Most encouragingly, he showed no major complications commonly associated with extreme prematurity, including Bronchopulmonary Dysplasia (BPD), Intraventricular Hemorrhage (IVH), Periventricular Leukomalacia (PVL), or significant Retinopathy of Prematurity (ROP).

Serial cranial ultrasound examinations remained normal, ophthalmological evaluations were reassuring, and his neurological assessment demonstrated encouraging developmental progress, providing optimism for a neurologically intact outcome. This inspiring success story reflects the exceptional expertise of the Department of Neonatology and Neonatal

Intensive Care Unit (NICU) at GCS Hospital in managing the most fragile and critically ill newborns through advanced neonatal medicine, evidence-based intensive care, and compassionate multidisciplinary teamwork.

The seamless collaboration of Neonatologists, Paediatricians, NICU Nurses, Ophthalmologists, Radiologists, Laboratory Services, and Rehabilitation professionals played a pivotal role in overcoming multiple life-threatening challenges.

This remarkable recovery stands as a testament to GCS Hospital's unwavering commitment to providing world-class neonatal intensive care, giving even the smallest and most vulnerable babies the opportunity to survive, thrive, and begin life with hope and strength.

NICU Clinical Excellence II

“Very Preterm Baby Overcomes Birth Asphyxia and Multiple Neonatal Challenges,,

A baby boy born to Mrs. Unnatiben at just 29 weeks and 5 days of gestation entered the world much earlier than expected, weighing only 1.1 kg at birth. Delivered by Lower Segment Caesarean Section (LSCS), the newborn faced a life-threatening medical emergency immediately after birth due to severe birth asphyxia, a condition caused by asphyxia during delivery that can significantly affect the brain, heart, lungs, and other vital organs. His condition demanded immediate, highly specialized neonatal resuscitation, making the first few minutes of life crucial for survival.

The experienced Neonatal Intensive Care Unit (NICU) team at GCS Hospital initiated comprehensive advanced neonatal resuscitation without delay. The baby required endotracheal intubation to establish a secure airway, Umbilical Vein Catheter (UVC) insertion for rapid administration of emergency medications,



intravenous adrenaline, and chest compressions to successfully restore effective circulation and breathing. Following successful resuscitation and stabilization, he was immediately transferred to the NICU for continuous monitoring and advanced neonatal intensive care.

Premature babies born before 30 weeks of gestation have immature lungs, brain, GI system, and immune defenses, making them particularly vulnerable to life-threatening complications. Shortly after admission, the baby developed Hyaline Membrane Disease (Respiratory Distress Syndrome) due to inadequate surfactant production in his underdeveloped lungs.

To improve lung expansion and oxygen exchange, the neonatal team administered life-saving intra-tracheal surfactant therapy, followed by two days of invasive mechanical ventilation and five days of non-invasive respiratory support. Through meticulous ventilatory management and continuous monitoring, his respiratory condition gradually stabilized, allowing successful transition to spontaneous breathing.

During his NICU stay, the baby encountered several additional complications commonly associated with extreme prematurity. He required specialized treatment for Neonatal Jaundice, managed through appropriate phototherapy, Probable Neonatal Sepsis, which was treated promptly with targeted antimicrobial therapy, and Apnoea of Prematurity, a condition characterized by temporary pauses in breathing due to the immaturity of the respiratory control centres.

Each of these conditions required vigilant observation, timely intervention, and individualized neonatal care to prevent further complications while supporting healthy growth and development.

Alongside intensive medical treatment, the baby received comprehensive developmental care, nutritional support, meticulous infection prevention, and continuous monitoring of neurological, ophthalmological, and musculoskeletal development.

Serial cranial ultrasound examinations and neonatal screening were performed throughout his hospitalization to identify any complications associated with extreme prematurity. Encouragingly, he remained free from major prematurity-related morbidities, with

no evidence of Intraventricular Haemorrhage (IVH), Periventricular Leukomalacia (PVL), Osteopenia of Prematurity, or Retinopathy of Prematurity (ROP). All neurological and radiological assessments remained normal, offering excellent prospects for healthy long-term growth and neurodevelopment.

Over the course of 40 days of dedicated NICU care, the baby's condition steadily improved. His respiratory support was successfully discontinued, feeding tolerance progressively increased, and he transitioned to exclusive breastfeeding, an important milestone in his recovery.

He demonstrated consistent weight gain, increasing from 1.1 kg at birth to 1.560 kg by the time of discharge, while maintaining stable vital signs and normal clinical parameters.

The baby was eventually discharged home in a healthy and stable condition, marking the successful conclusion of an extraordinary journey from critical illness to recovery. His story stands as a powerful example of how timely neonatal resuscitation, advanced intensive care, and meticulous multidisciplinary management can overcome even the most complex challenges associated with extreme prematurity.

This remarkable success reflects the exceptional expertise of the Neonatal Intensive Care Unit at GCS Hospital, where advanced technology, evidence-based neonatal care, and compassionate family-centred treatment come together to give the smallest and most vulnerable newborns the best possible chance at life.





PICU Clinical Excellence I

Dr. Harsh Mod | Dr. Dhrumika Sheth

“Twice Revived, Successfully Discharged After Battling Guillain-Barré Syndrome,,

A 5-year-old child was admitted to the Paediatric Intensive Care Unit (PICU) at GCS Hospital with Guillain-Barré Syndrome (GBS) – Acute Motor Axonal Neuropathy (AMAN) variant, one of the most severe forms of this rare neurological disorder. The child had been referred to GCS Hospital after suffering an episode of cardiac arrest, requiring highly specialized paediatric intensive care.

On arrival, the child had rapidly progressive weakness, severe autonomic dysfunction, and life-threatening respiratory failure, necessitating immediate admission to the PICU. As paralysis continued to progress, the respiratory muscles became severely weakened, making spontaneous breathing impossible and requiring urgent mechanical ventilatory support. Guillain-Barré Syndrome is a rare autoimmune disorder in which the body's immune system mistakenly attacks the peripheral nerves, leading to rapidly progressive muscle weakness, paralysis, and, in severe cases, respiratory failure. The AMAN variant is particularly aggressive, often causing profound paralysis within a short period and requiring prolonged intensive care. Children with severe GBS may also develop dysautonomia, a dangerous condition affecting heart rate, blood pressure, and other involuntary body functions, significantly increasing the risk of life-threatening complications.

During the course of treatment, the child's condition became even more critical. Severe autonomic instability resulted in two episodes of cardiac arrest, placing the child at an extremely high risk of mortality. On both occasions, the PICU team immediately initiated advanced paediatric cardiopulmonary resuscitation (CPR) and successfully achieved Return of Spontaneous



Dr. Vrajana Parikh
PICU In-Charge & Assistant Professor





Circulation (ROSC), restoring the child's heartbeat and circulation. These timely interventions proved lifesaving and marked the beginning of a long and challenging recovery. The child's intensive care journey extended over more than two months, during which several serious complications developed. Prolonged mechanical ventilation led to severe pneumonia and ventilator-associated infections, while the episodes of cardiac arrest resulted in Hypoxic-Ischaemic Encephalopathy (HIE) due to temporary oxygen deprivation to the brain. Persistent autonomic dysfunction, prolonged ventilator dependence, and profound neuromuscular weakness further complicated the recovery, making this one of the most complex paediatric critical care cases managed at GCS Hospital. The multidisciplinary PICU team implemented a comprehensive treatment plan that included prolonged mechanical ventilation, inotropic support to maintain cardiovascular stability, tracheostomy for long-term airway management, targeted intravenous antibiotics, intensive neurological monitoring, nutritional rehabilitation, physiotherapy, and early neurorehabilitation.

Every stage of treatment required meticulous monitoring and coordinated decision-making to manage the multiple organ systems affected by the illness while preventing additional complications. Despite facing repeated life-threatening events, the child demonstrated extraordinary resilience and responded progressively to treatment. Gradually, cardiac function stabilized, respiratory status improved, and ventilatory support was successfully weaned. The tracheostomy was carefully managed as the child regained respiratory strength, while neurological recovery continued steadily with intensive rehabilitation. Over time, the child was able to transition back to oral feeding, participate actively in physiotherapy, and achieve progressive neurological improvement.

After more than two months of dedicated multidisciplinary intensive care, the child was successfully discharged from the hospital in a stable condition with good respiratory function, stable haemodynamics, and continuing neurological recovery. The remarkable outcome was made possible through timely interventions, advanced paediatric critical care, and relentless multidisciplinary teamwork, offering the child and family a renewed opportunity for recovery and

a healthier future. This inspiring success story reflects the exceptional expertise of the Paediatric Intensive Care Unit (PICU) at GCS Hospital in managing one of the most challenging neurological emergencies in children. The seamless collaboration between Dr. Vrajana Parikh, PICU Intensivist, PICU In-Charge & Assistant Professor; Dr. Harsh Mod, Professor & PICU In-Charge; Dr. Dhrumika Sheth, Assistant Professor; Dr. Prarthana Kharod Patel, Professor & Head, Department of Pediatrics; along with the dedicated PICU nurses, respiratory therapists, physiotherapists, nutrition specialists, neurologists, and rehabilitation teams, played a pivotal role in this extraordinary recovery.

This case stands as a testament to GCS Hospital's commitment to delivering world-class paediatric critical care, where advanced technology, clinical excellence, and compassionate teamwork come together to give even the most critically ill children a second chance at life.

PICU Clinical Excellence II

Dr. Jatin Jadav

“Multidisciplinary Triumph in a Life-Threatening Case of Disseminated Tuberculosis,,

A 16-year-old girl was admitted to GCS Hospital with severe abdominal pain, persistent vomiting, abdominal distension, and clinical features suggestive of acute intestinal obstruction. Although she initially presented with symptoms of an acute surgical abdomen, further investigations revealed a far more complex and life-threatening diagnosis. She was found to be suffering from Disseminated Tuberculosis, an aggressive form of tuberculosis involving multiple organs, including the abdomen, lungs, and central nervous system. Her condition was further complicated by raised intracranial pressure, intracranial



tuberculoma, Klebsiella peritonitis, septic shock, and Disseminated Intravascular Coagulation (DIC), placing her at imminent risk of multi-organ failure.

Disseminated tuberculosis occurs when the tuberculosis infection spreads through the bloodstream, affecting several organs simultaneously. In children and adolescents, this condition is uncommon but carries a high risk of mortality if diagnosis and treatment are delayed. The simultaneous involvement of the intestines, lungs, and brain, along with overwhelming infection and septic shock, made this one of the most challenging paediatric critical care cases managed at GCS Hospital.

Recognizing the urgency of the situation, the Paediatric Surgery team, led by Dr. Jatin Jadav, immediately performed an emergency exploratory laparotomy. During surgery, the team encountered gross pus peritonitis, a jejunal perforation, and multiple tubercular lesions involving the small intestine, confirming extensive abdominal tuberculosis. The perforation was successfully repaired, and a loop terminal ileostomy was created to divert the intestinal contents, allowing the damaged bowel to heal while controlling the ongoing abdominal infection. Following surgery, the patient was transferred to the Paediatric Intensive Care Unit (PICU) in an extremely critical condition. She developed septic shock, profound hypotension, and acute respiratory failure, requiring mechanical ventilation, high-dose inotropic support, and continuous intensive care monitoring.

Despite initial stabilization, her clinical course became increasingly complicated by thrombocytopenia, Disseminated Intravascular Coagulation (DIC), persistent sepsis, seizures, and progressively raised intracranial pressure due to central nervous system tuberculosis. Although she was initially weaned off the ventilator, her neurological status deteriorated unexpectedly, necessitating re-intubation and further aggressive neurocritical care. At this stage, her prognosis remained extremely guarded.

The multidisciplinary team implemented an intensive treatment strategy combining Anti-Tubercular Therapy (ATT), broad-spectrum intravenous antibiotics to treat Klebsiella peritonitis, corticosteroids to reduce cerebral inflammation, advanced ventilatory support, meticulous

intracranial pressure management, seizure control, nutritional rehabilitation, and comprehensive organ support. Continuous monitoring by the PICU team enabled timely recognition of evolving complications and rapid therapeutic interventions, preventing further deterioration and gradually stabilizing multiple organ systems.

Over the following weeks, the patient's condition steadily improved. Septic shock resolved, respiratory function recovered, neurological status showed remarkable improvement, and intracranial pressure gradually normalized. She was successfully weaned from ventilatory support and resumed oral nutrition while continuing intensive rehabilitation. Her laboratory parameters progressively normalized, and the abdominal infection resolved completely, allowing continued recovery without further major complications.

After a 25-day hospital stay, the patient was successfully discharged in a stable condition on oral anti-tubercular therapy, antibiotics, and corticosteroids, with plans for regular follow-up and continued neurological and surgical evaluation. She continues to recover well, reflecting the effectiveness of timely diagnosis, aggressive multidisciplinary management, and advanced paediatric critical care.

This extraordinary case highlights the exceptional expertise of GCS Hospital in managing one of the most complex presentations of disseminated tuberculosis involving multiple organ systems. The seamless collaboration between Dr. Jatin Jadav, Paediatric Surgeon; Dr. Vrajana Parikh, PICU Intensivist, PICU In-Charge & Assistant Professor; the Department of Paediatric Surgery; the PICU team; Anaesthesia; Paediatrics; Microbiology; Radiology; and Nursing Services played a pivotal role in saving the patient's life.

Their coordinated surgical expertise, advanced critical care, and unwavering commitment transformed an exceptionally high-risk medical emergency into a remarkable recovery, reaffirming GCS Hospital's commitment to delivering comprehensive, life-saving paediatric care even in the most challenging clinical situations.



4.6



6710

Total Google Reviews



Ajay Nanda

Local Guide · 67 reviews · 88 photos



★★★★★ 4 months ago

★★★★★ Review for GCS Hospital

My mother underwent breast cancer surgery at GCS Hospital two years ago, and today she is perfectly healthy and doing well. We are truly grateful for the excellent treatment and care provided by the hospital. The hospital is very well maintained. Cleanliness and hygiene standards are excellent. No one can judge that it is a government hospital — the facilities and staff service are just like a private hospital. I would especially like to appreciate Ms. Pinki Thakur. She understands patients and their families very well. During our difficult time, she supported and guided us in everything. She helped us even in work that was not part of her responsibility. She is truly a great member of GCS Hospital. Also, a big thanks to the Ayushman Card services team for their support. Thank you, GCS Hospital and Pinki Thakur, for helping us during such a critical time. We will always be grateful.



makwana minaxi

1 review



★★★★★ 2 months ago

All doctor, staff, and service are very good. Cleaning staff also working very hard sister and ground staff is always available and quick reply to patient. The tea, breakfast, lunch, dinner are always come regularly and timely. The all security and lift staff are also polite and helping nature. I admit my father for prostate operation and the doctor and all staff top to bottom are very helpful and polite to us.

Thanks for your kind support.
My father name is Dhanjibhai Makawana.
Our family is special thanks to Dr. Vipul Prajapati (Medical unit), Dr. Hardik Patel for very carrying support.



Hitesh Katariya

2 reviews · 1 photo



★★★★★ 2 months ago

I had a concern regarding the MRI/CT department, but it was handled very well by Miss Pooja Gandhi. She listened to the problem and ensured everything was sorted out. Thank you, Miss Pooja and GCS, for the positive response and for taking care of my concerns.



Santosh Chauhan

1 review



★★★★★ a month ago

Hospital. Service all good dr keyur akhbaari and dr anajlai and ward 9a ward sister and nurinag and ward 7a all nurinag. Staff all good work and behave. Gcs hospital good experience work. Staff good. attendance staff good work .. overall. Good work. Good hospital.

Thank u.



DEVENDRA BHORANIYA

3 reviews



★★★★★ 5 months ago

We sincerely thank the IVF team of GS 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. Highly recommended hospital for IVF treatment.
Special thabk to shikha,mem



Sona Pillai

1 review



★★★★★ a month ago

All the doctors and nurses and staffs all are very excellent and good in communication there is no complaints about anybody a very good hospital and management



Sagar Rahul

2 reviews



★★★★★ a month ago

Hospital. Service all good. dr and team also good. Dr shubham. Bhai uro doctor Dr Suvika Patel also good response and dr cardiology dr Rutuja good response. Nursing staff akos good. Thank u



Bhumika Tavde

4 reviews



★★★★★ 2 months ago

Very neat and clean hospital. Doctors and supporting staff are so helpful and caring. All Doctors and Nurses deals patient with so much patience and care.



Anjarul shaikh

2 reviews · 4 photos



★★★★★ a month ago

इलाज के लिए बहुत-बहुत धन्यवाद
Dr. Ashish Parikh

M.S., DNB (UROLOGY) बेहतरीन सर्जन हैं। उनके बात करने का तरीका और मरीजों के प्रति उनकी संवेदनशीलता काबिले तारीफ है। मेरा ऑपरेशन बहुत सफल रहा और रिकवरी भी अच्छी हो रही है। अगर आप एक अच्छे डॉक्टर की तलाश में हैं, तो मैं इन्हें पूरी तरह से रिकमेंड करता हूँ।"

Dr. Ashish Parikh

M.S., DNB (UROLOGY)

"शानदार अनुभव। डॉक्टर साहब ने मेरा ऑपरेशन बहुत ही पेशेवर और अच्छे तरीके से किया। उनके इलाज और व्यवहार से मैं बहुत खुश हूँ। धन्यवाद डॉक्टर Dr. Ashish Parikh

M.S., DNB (UROLOGY)



“Academic & Professional Excellence Across Departments,,

ENT Department

The Department of ENT continued to excel in academic and scientific activities. Dr. Suktara Sharma (Professor) served as Poster Presentation Judge and Quiz Master at the 47th Sushrut Annual State Conference (AOI-GSB Gujarat). Dr. Payal Tadvī (3rd Year PG Resident) secured Second Prize in the Resident Award Paper Presentation at Sushrut 2025, reflecting the department's strong academic performance.

Pathology Department

The Department of Pathology achieved significant milestones in academics, research, and community service. The department successfully organized the CME "Decoding Coagulation" attended by 125 delegates. Dr. Puja Jarwani (Associate Professor) completed advanced certification courses in Gastrointestinal Pathology and Hepatopathology, served as a Judge at AMCON 2026, and secured First Prize in Poster Presentation at the GAPM Conference. Dr. Anupama Dayal and Dr. Rupal Shah (Professor & HOD) served as judges at national conferences, while Dr. Rupal Shah also served as Organizing Secretary, delivered a scientific lecture, completed the NBEMS AI in Healthcare Certification

Programme, and judged poster presentations at CME-GAPM 2026. Under her guidance, Dr. Dhruvika Patel and Dr. Saloni Kansagra published an Embase-indexed APALM case series. Demonstrating its commitment to social responsibility, the department also organized four blood donation camps collecting 239 blood units, followed by a World Blood Donor Day Camp collecting 47 blood units.

Respiratory Medicine Department

The Department of Respiratory Medicine continued to strengthen its national academic presence. Dr. Rushi Patel (Professor) served as Faculty, Chairperson, and Speaker at ACPGCON, NAPCON 2025, and IMA NATCON 2025, coordinated the Legal Perspective seminar at GNLU, served as faculty at the JIC 2026 Rigid Bronchoscopy & Cryobiopsy Workshop, participated as an expert on DD Girnar, and was a panelist at the Sleep Symposium 2026. Dr. Jatin Nagar (Assistant Professor) also served as Faculty and Panelist at NAPCON 2025. Dr. Srimathi (1st Year PG Resident) secured First Prize in Poster Presentation at ACPGCON 2025, while Dr. Rushi Patel and Dr. Jatin Nagar contributed chapters to the Compendium of Respiratory Medicine.

Emergency Medicine Department

The Department of Emergency Medicine continued to contribute to academic excellence through national scientific participation. Dr. Prit Mordiya (1st Year Resident) presented a scientific poster at JIC India 2026. Dr. Rushi Patel served as Invited Faculty at the RESUS PEARLS CME, was Faculty and Panelist at KEMCON 2026, and received recognition as a Guinness World Record Holder for participation in the NBEMS AI in Healthcare Initiative.

Obstetrics & Gynaecology (OBGY) Department

The Department of Obstetrics & Gynaecology recorded remarkable national academic achievements during the year. Dr. Haresh Doshi (Professor & HOD) received multiple honours at AICOG 2026, including serving as Editor of EEER 2 – Birth, recognition as an ICOG Governing Council Member, invited lectures, panel discussions, publication of a book chapter, chairing



national webinars, and contribution to the FOGSI Good Clinical Practice Recommendations (TOLAC) as well as serving as a National Expert for the National Medical Commission (NMC). Dr. Pooja Singh completed the Certificate Course in Artificial Intelligence in Healthcare. The department successfully organized StreeCare – VIDWATA 2026, a simulation-based obstetric emergency workshop attended by over 60 delegates. Dr. Kanupriya Singh served as a panelist at national academic programmes, while Dr. Jayashree Bamaniya was recognized as National HPV Faculty for training 100 gynaecologists and 750 IMA physicians under the National Cervical Cancer Awareness & HPV Vaccination Project.

Radiodiagnosis Department

The Department of Radiodiagnosis strengthened its academic profile by successfully organizing a three-day Advanced Course in Fetal Radiology & Genetics in collaboration with the IRIA Gujarat State Chapter, bringing together nationally renowned experts and delegates from across India for advanced training in fetal imaging and prenatal diagnosis.

General Medicine Department

The Department of General Medicine continued to earn academic and professional recognition. Dr. Shreyansh Kathiriya and Dr. Tirth Patel (Third Year PG Residents) secured Second Rank in the JIC Conference Quiz, while Dr. Suvika Patel was featured in Femina Magazine on World Kidney Day. Dr. Parth Vaghela (MICS Cardiac Surgery) was also recognized for his outstanding academic contribution.

Orthopaedics Department

The Department of Orthopaedics reinforced postgraduate education by successfully hosting the First IOA Goa Combined Postgraduate Lecture Course (PGLC) at GCS Medical College under the leadership of Dr. Jyotish Patel (Professor & HOD). The programme brought together more than 100 postgraduate students from across Gujarat for advanced clinical discussions and expert academic sessions.

Anaesthesiology Department

The Department of Anaesthesiology continued to excel in academic leadership and national representation. Dr. Asmita Chaudhary organized a three-day Advanced Cardiac Life Support (ACLS) Workshop as an American Heart Association (AHA) Instructor and led the Integrated Anaesthesia Skills Workshop, besides organizing a guest lecture on Low Flow Anaesthesia. Dr. Heena Chhanwal (Medical Superintendent & Professor) delivered invited lectures, served as a panelist, was honoured as a Governing Council Member of the Indian Society of Anaesthesiologists (ISA), and served as Judge at YUVACON 2026. Dr. Carolin S. Kerketta, Dr. Ankita Patel, and Dr. Divya Kheskani actively contributed as chairperson, invited speakers, and academic judges. The department also secured academic recognition through awards won by Dr. Rucha Patel and Dr. Ruchi Bhatt.

General Surgery Department

The Department of General Surgery achieved significant milestones in research, academic leadership, and advanced surgical training. Dr. Shashank Desai (Professor & HOD) served as a Peer Reviewer for the Cureus Journal of Medical Science, participated as Chairperson and Panelist at national scientific meetings, and delivered invited lectures on Gastroesophageal Reflux Disease (GERD). Dr. Sneha S. Shah became the first recipient of the S.C. Kukreti Fellowship (ASI Gujarat Chapter), while Dr. Sneha S. Shah, Dr. Darshan Patel, and Dr. Abhi Patel were awarded the prestigious FALS (Fellowship in Advanced Laparoscopic Surgery) at IAGES ELSA 2026. Under the guidance of Dr. Shashank Desai, the department successfully organized the Johnson & Johnson Institute on Wheels Laparoscopic Training Programme and strengthened expertise in minimally invasive surgery through FMAS training at Meril Academy, Vapi.

Psychiatry Department

The Department of Psychiatry continued to make significant contributions in academics, faculty development, and mental health advocacy. Dr. Aalapi Prajapati (Assistant Professor) moderated the Indian Psychiatric Society West Zone Webinar on Women's



Mental Health, delivered invited lectures at Shakti 2026, AAPCON 2026, and Basera NGO. Dr. Aatman Parikh (Assistant Professor) delivered a CME on Varenicline, appeared as a Television Speaker on World Sleep Day, and conducted a round-table discussion on Endoxifen. The department also achieved notable success in national academic competitions, with Dr. Nidhi Rathod, Dr. Yagna Mehta, Dr. Bhavya Jogani, Dr. Yug Shah, and Dr. Ved Patel securing top positions in the Junior Jung Quiz and BJ-GCS Inter-college Psychiatry Debate Competition. The department further organized a World No Tobacco Day Awareness Programme, enrolling 24 patients into the Nicotine De-addiction Programme through counselling and Nicotine Replacement Therapy (NRT).

Physiology Department

The Department of Physiology achieved remarkable milestones in faculty development and academic leadership. Dr. Fairy D. Panchal (Assistant Professor) completed advanced training in Neurophysiology, Sleep Disorders, Electrodiagnosis, and Autonomic Disorders, becoming Gujarat's first certified clinician in the field. She also received recognition as a Guinness World Record Holder through the NBEMS AI in Healthcare Initiative, completed the NBEMS AI in Healthcare Certification Programme with 94%, served as a Guest Speaker at World Sleep Day and VIDWATA 2026, and represented the department at several national scientific forums. Dr. Akanksha Prajapati (MEU Coordinator) successfully coordinated activities under the Medical Education Unit (MEU).

Dermatology Department

The Department of Dermatology continued its academic excellence through national conference participation. Dr. Bela Shah and Dr. Nayan Patel served as Faculty at the IADVL Annual Conference 2026, while Dr. Nayan Patel secured First Prize for E-Poster Presentation, highlighting the department's continued contribution to dermatological research.

Pharmacology Department

The Department of Pharmacology continued to strengthen academic excellence through national faculty representation and professional development. Dr. Vipul Chaudhari delivered invited lectures and served as Faculty at national programmes, including workshops on Pharmacokinetics and Target Protein Degradation.

Dr. Vidhi Thaker completed the Advanced Course in Medical Education (ACME), while Dr. Harsh H. Patel earned the Certificate in Industrial Health (CIH). The department also organized a Medical Writing & Medical Affairs Workshop, a guest lecture on Journal Indexing & Research Metrics, and a Faculty Development Programme on Case-based Clinical Learning.

Microbiology Department

The Department of Microbiology continued to contribute actively to national academic forums. Dr. Neha Patel (Professor) served as an Invited Panelist at the Antimicrobial Stewardship Workshop (GAPM 2026), chaired a scientific session at SHIELD 2026, and delivered an invited lecture during Mega CME 2026. Dr. Falguni Patel (Associate Professor) served as a Judge at GAPM 2026 and SHIELD 2026, while Dr. Urvesh V. Shah (Professor & HOD) represented the department at the State Roundtable on AI in Medical & Nursing Education, organized by IIPHG and Jhpiego India.

Ophthalmology Department

The Department of Ophthalmology continued its academic contributions through national scientific participation. Dr. Ruchi Kabra presented a scientific paper on "Lacrimal Canalicular Tear Repair" at the AGOC Ahmedabad 2026 Conference, highlighting the department's expertise in advanced ophthalmic surgery and clinical research.

Biochemistry Department

The Department of Biochemistry continued to excel in academics and faculty development. Dr. Ramesh Pradhan (Professor & HOD) delivered invited lectures at



the AMBI Gujarat CME and Prachya AMBIICON 2026, moderated a national faculty debate on Medical Education, and participated in the 5th National Postgraduate Workshop & Conference. The department also organized Homeostasis 2026 – Gujarat State Biochemistry Quiz, attracting participation from 40 medical colleges across Gujarat. Dr. Hiral Solanki (R2) secured Second Prize in the Oral Paper Presentation at the conference.

Community Medicine Department

The Department of Community Medicine continued to strengthen its academic presence through national representation. Dr. Viral Dave (Additional Dean & Professor) was invited as Moderator for the panel discussion on "Public Health from the Perspective of Young Professionals" at PG Booster 2026, reflecting the department's contribution to public health education.

Paediatrics Department

The Department of Paediatrics continued to achieve excellence in faculty development, academics, and clinical education. Dr. Prarthana Kharod Patel (Professor & HOD) completed the Orientation to Life Skills and Life Skills Master Trainer programmes, served as a Guest Speaker, Resource Faculty, and Panelist at national academic platforms. Dr. Shruti Mistry (Senior Resident) also served as a panelist at the IAP Medical Education Webinar. Dr. Harsh Mod presented the successful long-term follow-up of two Extremely Low Birth Weight (ELBW) NICU graduates. The department further strengthened postgraduate training by organizing a Peritoneal Dialysis Workshop in collaboration with IKDRC and a World Asthma Day Spirometry Workshop, with Dr. Mitesh Kakkad conducting hands-on training in Pulmonary Function Testing (PFT).

Dentistry Department

The Department of Dentistry continued to receive national recognition through academic leadership. Dr. Gunjan Shah (Professor & HOD) was invited as Faculty for a Keynote Lecture and Cadaveric Dissection Workshop on Advanced Orthognathic Surgery at Government Dental College & Hospital, Ahmedabad. She also served as an Invited Speaker at Oral Cancer Odyssey, organized by

the IDA Baroda Branch, delivering a lecture on "Surgical Management of Oral Cancer."

IVF Department

The IVF Department continued its academic contributions in reproductive medicine. Dr. Shikha Jain (Associate Professor) presented a scientific paper on Infertility Epidemiology and served as a Session Chair at ISAR 2026, while Ms. Yagna Upadhyay (Embryologist) participated as an Invited Panelist on Optimising Cryopreservation to Improve Implantation Rates, reflecting the department's commitment to advancing assisted reproductive technology.

Critical Care (ICU) Department

The Department of Critical Care continued to demonstrate national academic leadership. Dr. Bhavesh Shah (Head, ICU) served as Senior Advisor to the Organizing Committee of ICSA 2026 and chaired a panel discussion on Extensively Drug-Resistant (XDR) Gram-negative Sepsis, highlighting the department's expertise in critical care and infection management.

Anatomy Department

The Department of Anatomy continued its contribution to academic excellence through national scientific participation. Dr. Ritesh Shah (Professor & HOD) participated in SOCACON 2026 and served as Chairperson for a scientific session, reflecting the department's continued leadership in anatomical education and professional development.



Clinical Excellence

Where Expertise
Transforms Lives

At GCS Medical College, Hospital & Research Centre, clinical excellence is reflected in every patient whose life is transformed through timely diagnosis, advanced medical expertise, and a multidisciplinary approach to care. From managing rare and complex diseases to performing technically demanding surgeries and high-risk interventions, our specialists are committed to delivering evidence-based treatment with precision, compassion, and outstanding clinical outcomes.

Across General and Super Speciality departments, each challenging case represents the combined expertise of experienced physicians, surgeons, intensivists, anaesthesiologists, radiologists, pathologists, rehabilitation specialists, and dedicated nursing teams. Supported by state-of-the-art technology and advanced diagnostic capabilities, our teams collaborate seamlessly to provide personalised treatment for conditions that often require rapid decision-making and highly specialised care.

The remarkable cases featured in this section demonstrate our ability to successfully manage uncommon diseases, complex surgical conditions, critical medical emergencies, and multidisciplinary treatment pathways that restore health and improve quality of life. These success stories are not only a testament to medical innovation and clinical expertise but also reflect our unwavering commitment to patient-centred care.

Each case highlights the power of collaboration, innovation, and compassionate healthcare—reinforcing GCS Hospital's position as a trusted tertiary care centre where clinical excellence continues to redefine possibilities and deliver hope to patients and their families every day.



Dr. Asmita Chaudhary
Professor - Anaesthesia

“Epidural Blood Patch Successfully Treats Symptomatic Dural Ectasia with CSF Leak in a 24-Year-Old Woman,,

A 24-year-old female with a suspected diagnosis of Marfan Syndrome presented to GCS Hospital with severe low back pain, bilateral radicular pain, intermittent giddiness for nearly one year, and progressively worsening occipital headache aggravated by neck movements and walking over the preceding seven days. Despite prolonged conservative treatment, her symptoms continued to worsen, significantly affecting her mobility, daily activities, and overall quality of life.

The patient was evaluated by Dr. Asmita Chaudhary, Professor, Department of Anaesthesia, where comprehensive clinical assessment and advanced imaging were undertaken. CT Myelography revealed a 3 × 2 mm dural tear along the right anterolateral aspect of the L5 dural sac, resulting in persistent cerebrospinal fluid (CSF) leakage into the anterior epidural space. Additional dural defects involving bilateral S1–S2 perineural cysts confirmed the diagnosis of symptomatic dural ectasia with persistent CSF leak, a rare but clinically significant complication associated with Marfan Syndrome.

Dural ectasia is a recognised spinal manifestation of Marfan Syndrome, resulting from progressive weakening and ballooning of the dural sac surrounding the spinal cord. Persistent CSF leakage may produce debilitating postural headaches, chronic back pain, radiculopathy, dizziness, and progressive neurological symptoms due to intracranial hypotension.

Although dural ectasia is relatively common among patients with Marfan Syndrome, symptomatic CSF leaks requiring interventional treatment remain uncommon and often pose significant diagnostic and therapeutic challenges because their symptoms frequently mimic more common spinal disorders.

Following detailed counselling and informed consent, the Anaesthesia team planned an Epidural Blood Patch (EBP)—a minimally invasive procedure recognised as the gold-standard treatment for persistent symptomatic CSF leaks. Under strict aseptic precautions in the operating theatre, autologous venous blood was carefully injected into the L4–L5 lumbar epidural space using the standard loss-of-resistance technique. The injected blood formed a biological seal over the dural



defect, restoring normal cerebrospinal fluid dynamics and relieving intracranial hypotension responsible for the patient's symptoms.

The procedure was completed successfully without any intraoperative complications, and the patient remained haemodynamically stable throughout. Following the intervention, she experienced marked improvement in occipital headache, low back pain, bilateral radicular symptoms, and intermittent giddiness, with significant restoration of comfort, mobility, and functional independence. The successful outcome eliminated the need for more invasive surgical intervention and allowed the patient to resume her daily activities with substantial symptomatic relief.

This remarkable case highlights GCS Hospital's expertise in managing rare spinal disorders and complex cerebrospinal fluid leak syndromes using advanced minimally invasive interventional pain techniques.

It demonstrates the importance of early diagnosis, precision image-guided procedures, and multidisciplinary collaboration in delivering effective treatment for rare connective tissue disorders while minimising patient morbidity and improving long-term quality of life.

Expert Perspective

Persistent headaches, chronic back pain, dizziness, and radicular symptoms are among the most frequently encountered complaints in clinical practice. However, in selected patients—particularly those with connective tissue disorders such as Marfan Syndrome—these seemingly common symptoms may be the manifestation of a much rarer condition, namely cerebrospinal fluid (CSF) leakage secondary to dural ectasia. Because the clinical presentation closely resembles more common spinal disorders, diagnosis is often delayed unless clinicians maintain a high degree of suspicion and utilise appropriate advanced imaging techniques.

Dural ectasia weakens the protective membrane surrounding the spinal cord, predisposing patients to spontaneous dural tears and continuous leakage of

cerebrospinal fluid. The resulting intracranial hypotension can lead to severe postural headaches, persistent back pain, neurological symptoms, impaired mobility, and significant deterioration in quality of life. Timely recognition of these warning signs is essential, as prolonged CSF leakage may result in chronic disability and unnecessary investigations or treatments.

The Epidural Blood Patch (EBP) has emerged as the treatment of choice for symptomatic CSF leaks that do not respond to conservative therapy. By introducing the patient's own blood into the epidural space, the procedure creates a natural biological seal over the dural defect, restores normal cerebrospinal fluid pressure, and provides rapid symptomatic relief.

It is a highly effective, minimally invasive intervention that avoids the need for more extensive spinal surgery in the majority of appropriately selected patients.

The successful management of such complex cases extends well beyond the procedure itself. It requires accurate diagnosis, careful interpretation of advanced imaging, meticulous procedural planning, and close collaboration between anaesthesiologists, radiologists, neurologists, neurosurgeons, pain specialists, and rehabilitation teams. This multidisciplinary approach ensures not only procedural success but also sustained functional recovery and long-term patient well-being.

At GCS Hospital, our Department of Anaesthesia is committed to delivering advanced interventional pain management using evidence-based techniques supported by modern imaging, specialised expertise, and collaborative clinical care.

This case demonstrates how timely diagnosis, precision-guided intervention, and multidisciplinary teamwork can successfully treat even the rarest spinal disorders, transforming debilitating symptoms into lasting recovery. Our ultimate goal is not only to relieve pain but also to restore confidence, mobility, and an improved quality of life for every patient entrusted to our care.



Dr. Ronak Khojani

Consultant - Cardiothoracic & Vascular Surgeon

“Complex Ascending Aortic Replacement & CABG Successfully Performed in a 70-Year-Old Male,”

A 70-year-old male presented to GCS Hospital with a life-threatening Ascending Aortic Aneurysm associated with Coronary Artery Disease (CAD)—a rare and highly complex cardiovascular condition carrying an imminent risk of aortic rupture, acute heart attack, aortic dissection, and sudden cardiac death if left untreated. The coexistence of a significantly dilated ascending aorta with severe coronary artery blockages posed a unique therapeutic challenge, necessitating urgent evaluation and highly specialised surgical intervention.

Following detailed cardiovascular assessment, including advanced echocardiography, CT angiography, and coronary angiography, the patient was found to have a markedly enlarged ascending aorta along with critical coronary artery disease compromising myocardial blood supply.

After comprehensive multidisciplinary discussion involving the Cardiothoracic & Vascular Surgery, Cardiology, Cardiac Anaesthesia, and Critical Care teams, it was decided to undertake a combined surgical approach consisting of Supra-Coronary Ascending

Aorta Replacement together with Coronary Artery Bypass Grafting (CABG), enabling definitive treatment of both life-threatening conditions during a single operation.

Ascending Aortic Aneurysm is a potentially fatal disorder characterised by abnormal dilatation and weakening of the ascending aorta—the largest artery carrying oxygenated blood from the heart to the rest of the body. As the aneurysm enlarges, the risk of catastrophic aortic rupture or acute aortic dissection increases dramatically, both of which are associated with extremely high mortality if emergency treatment is not immediately available.

When accompanied by significant Coronary Artery Disease, surgical management becomes considerably more complex because it requires simultaneous restoration of adequate blood flow to the heart while reconstructing the diseased portion of the aorta. Such combined procedures are performed only in specialised tertiary cardiac centres with advanced surgical expertise and comprehensive perioperative support.



The surgery demanded meticulous preoperative planning, precise operative execution, and seamless multidisciplinary coordination. Under the leadership of Dr. Ronak Khojani, MCh (CVTS), Consultant Cardiothoracic & Vascular Surgeon, the surgical team successfully performed a Supra-Coronary Ascending Aorta Replacement using a prosthetic vascular graft, followed by Coronary Artery Bypass Grafting (CABG) to restore adequate myocardial perfusion.

The procedure required establishment of cardiopulmonary bypass, meticulous myocardial protection, safe excision of the diseased aortic segment, precise vascular reconstruction, and technically demanding coronary grafting—all while maintaining optimal organ perfusion and minimising perioperative risk.

The complexity of the surgery extended beyond the operative procedure itself. Continuous haemodynamic monitoring, advanced anaesthetic management, perfusion support, and meticulous postoperative intensive care played a crucial role in ensuring a successful outcome. Close collaboration among cardiac surgeons, anaesthesiologists, perfusionists, intensivists, nursing professionals, and rehabilitation specialists ensured comprehensive care throughout the patient's surgical journey.

Following surgery, the patient remained haemodynamically stable with excellent cardiac function and progressive clinical recovery. He was closely monitored in the Cardiac Intensive Care Unit (CICU), where his postoperative course remained uneventful.

With structured cardiac rehabilitation, optimisation of medical therapy, and coordinated multidisciplinary care, he recovered steadily and was discharged in a satisfactory condition with restored cardiovascular stability and an excellent functional outcome.

This successful case exemplifies GCS Hospital's capability in managing high-risk combined cardiac and aortic surgeries using advanced surgical techniques, state-of-the-art infrastructure, and a multidisciplinary treatment approach. It reinforces the institution's commitment to delivering world-class cardiovascular care for some of the most challenging and life-threatening cardiac conditions, while achieving

outstanding clinical outcomes through precision surgery and comprehensive patient-centred care.

Expert Perspective

Ascending Aortic Aneurysm is often referred to as a 'silent killer' because it may remain completely asymptomatic until a catastrophic event such as rupture or acute aortic dissection occurs. By the time symptoms become apparent, the condition may already have progressed to a stage where immediate intervention is essential to prevent a potentially fatal outcome.

Early diagnosis through appropriate imaging and timely referral to a specialised cardiac centre can significantly improve survival and long-term outcomes.

The coexistence of an ascending aortic aneurysm with significant coronary artery disease presents one of the most demanding scenarios in cardiovascular surgery.

Treating both conditions during a single operation requires meticulous surgical planning, advanced operative expertise, and seamless collaboration between cardiac surgeons, anaesthesiologists, perfusionists, intensivists, and rehabilitation specialists. Every stage of care—from preoperative assessment to postoperative recovery—plays a critical role in achieving a successful outcome.

Modern cardiovascular surgery has evolved remarkably over the past decade, allowing surgeons to undertake highly complex combined procedures with greater precision, improved safety, and superior long-term results. At GCS Hospital, we are committed to delivering evidence-based, technologically advanced cardiac care tailored to each patient's individual needs.

Our objective extends beyond performing a successful operation—we strive to restore heart health, preserve quality of life, and enable every patient to return to an active and fulfilling future with renewed confidence.



Dr. Parth Vaghela

Consultant - Cardiothoracic & Vascular Surgeon

“Beyond Sternotomy: Advanced Mitral Valve Replacement Through a 3-Inch Mini-Thoracotomy,”

A 28-year-old woman with Rheumatic Heart Disease and severe Mitral Regurgitation was evaluated at GCS Hospital for advanced cardiac surgical management. Preoperative echocardiography revealed a thickened, doming and calcified rheumatic mitral valve, a dilated left atrium, severe mitral regurgitation, and a left ventricular ejection fraction (LVEF) of approximately 50%. Considering the extent of valve damage and the patient's suitability for a minimally invasive approach, Dr. Parth Vaghela, Department of Cardiovascular & Thoracic Surgery (CTVS), planned a Minimally Invasive Mitral Valve Replacement (MICS MVR).

Rheumatic Heart Disease can progressively damage the mitral valve, causing thickening, scarring, and deformity of the valve leaflets. When the valve fails to close effectively, blood flows backwards into the left atrium with every heartbeat—a condition known as Mitral Regurgitation. If severe and left untreated, it can progressively increase the workload on the heart and eventually contribute to worsening cardiac function and heart failure.

Conventionally, mitral valve replacement is performed through a median sternotomy, where the breastbone is divided to provide direct access to the heart. In this case, however, the entire open-heart procedure was successfully performed through an approximately 3-inch right mini-thoracotomy beneath the breast crease, completely avoiding median sternotomy while maintaining the fundamental principles and safety of conventional cardiac surgery.

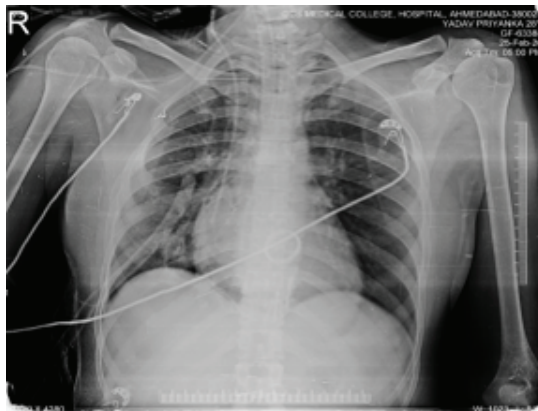
Under general anaesthesia, a small right anterolateral incision was made and the chest was entered through the fourth intercostal space. Cardiopulmonary bypass was established following systemic heparinisation, the aorta was cross-clamped, and cardioplegic myocardial protection was administered. The left atrium was then opened to expose the diseased rheumatic mitral valve.

The damaged valve was carefully replaced with a 27-mm bileaflet mechanical prosthetic valve. After satisfactory implantation, the left atrium was closed, cardiac activity was restored, and the patient was gradually and safely separated from cardiopulmonary

bypass. Temporary pacing wires and appropriate chest drainage were placed, haemostasis was confirmed, and the small thoracic incision was closed in layers.

The procedure was successfully performed by Dr. Parth Vaghela (M.Ch. CTVS) with multidisciplinary support from the cardiac anaesthesia team, perfusionists, operating-room team, postoperative critical-care specialists, and nursing staff. The smooth conduct of cardiopulmonary bypass, accurate valve implantation, safe separation from bypass, and postoperative recovery reflected the importance of seamless coordination across the entire cardiac surgical team.

Postoperative echocardiography demonstrated a normally functioning mechanical prosthetic mitral valve, with no residual mitral regurgitation, no significant pulmonary arterial hypertension, normal right-sided cardiac chambers, and no evidence of clot or vegetation. The prosthetic valve gradient was 7/3 mmHg, while the postoperative LVEF was approximately 55%. The patient recovered well with stable vital parameters and a healthy surgical wound and was subsequently discharged on appropriate anticoagulation, cardiac medications, dietary advice, and regular follow-up.



POST OP

The minimally invasive approach can offer several advantages in appropriately selected patients, including avoidance of breastbone division, a substantially smaller and less visible incision, reduced access trauma, earlier mobility, avoidance of sternal wound complications, and potentially faster recovery. However,

performing major cardiac surgery through such limited access requires specialised surgical expertise, advanced instrumentation, precise perfusion management, experienced cardiac anaesthesia, and meticulous postoperative care.

This successful procedure represents another important advancement for the Department of Cardiovascular & Thoracic Surgery at GCS Hospital, demonstrating the continuing adoption of modern cardiac surgical techniques that combine definitive treatment with reduced surgical access trauma. Under the expertise of Dr. Parth Vaghela and the multidisciplinary cardiac team, complex mitral valve surgery was successfully accomplished through a small incision while achieving an excellent postoperative cardiac outcome.

Expert Perspective

Minimally Invasive Mitral Valve Replacement is an advanced surgical approach that allows major open-heart valve surgery to be performed without conventional division of the breastbone. While the incision is considerably smaller, the complexity of the intracardiac procedure remains significant and requires the same meticulous standards of cardiac protection, cardiopulmonary bypass, valve implantation, and patient safety.

Careful patient selection, detailed preoperative assessment, specialised surgical expertise, advanced cardiac anaesthesia, perfusion support, and coordinated postoperative critical care are therefore essential for successful outcomes. This case demonstrates how modern minimally invasive cardiac surgery can combine precision, safety, and reduced access trauma while providing definitive treatment for severe mitral valve disease.



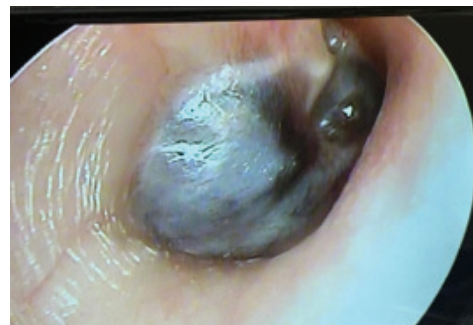
Dr. Vishal Dave
Head & Professor - ENT

“Rare Middle Ear Cholesterol Granuloma Successfully Treated with Hearing Reconstruction in an 18-Year-Old Patient,”

An 18-year-old male presented to GCS Hospital with progressively worsening hearing loss in the right ear for nearly five to six years. Although the symptoms had gradually progressed over time, there was no history suggestive of active ear discharge or acute infection. Clinical examination revealed a distinctive bluish hue behind the intact right tympanic membrane, an uncommon finding that raised suspicion for an underlying middle ear pathology requiring detailed evaluation.

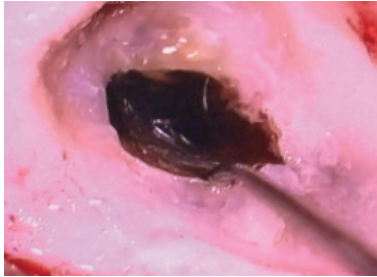
The patient was evaluated by Dr. Vishal Dave, Professor & Head, and Dr. Suktara Sharma, Professor, from the Department of ENT. A comprehensive otological examination was performed, followed by advanced imaging. High-Resolution Computed Tomography (HRCT) of the temporal bone demonstrated extensive soft tissue density involving the right middle ear and mastoid cavity with cortical erosion, initially raising suspicion for inactive squamous chronic otitis media with proteinaceous or fatty fluid collection. MRI Brain with angiography was subsequently performed to exclude vascular malformations and confirmed a non-vascular lesion involving the middle ear and

mastoid. Pure Tone Audiometry revealed mild conductive hearing loss, and based on the clinical and radiological findings, surgical management was planned.

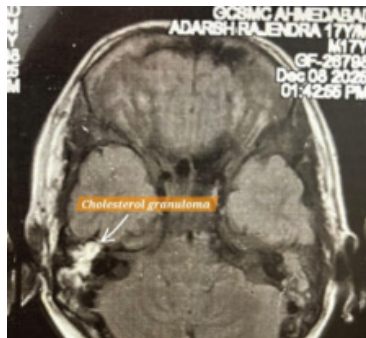


Cholesterol Granuloma is a rare benign inflammatory lesion of the temporal bone that develops due to chronic Eustachian tube dysfunction, prolonged negative middle ear pressure, and repeated microscopic bleeding within poorly ventilated air cells. Breakdown of stagnant blood products results in cholesterol crystal deposition, triggering a chronic fibrovascular inflammatory reaction. Although cholesterol

granulomas are most frequently found in the petrous apex, their occurrence within the middle ear and mastoid cavity is extremely uncommon and often mimics chronic ear disease, making diagnosis particularly challenging.



Following detailed counselling and informed consent, the patient underwent Right Tympanoplasty with Cortical Mastoidectomy. During surgery, a large dark brown fluid-filled cyst occupying the mastoid antrum and middle ear was encountered. Characteristic shimmering yellowish-brown fluid along with cholesterol crystal-laden granulation tissue confirmed the diagnosis of Middle Ear Cholesterol Granuloma. The lesion had extensively involved the middle ear and mastoid cavity, causing partial erosion of the handle of the malleus and the long process of the incus, thereby affecting the normal sound-conducting mechanism of the ear. Complete excision of the lesion was meticulously performed while preserving the surrounding vital structures. Following disease clearance, ossicular chain reconstruction was successfully carried out using Glass Ionomer Bone Cement, and the tympanic membrane was reinforced with a conchal cartilage graft to restore middle ear integrity and improve hearing outcomes. Histopathological examination subsequently confirmed the diagnosis of Cholesterol Granuloma, validating the intraoperative findings.



The surgery was completed successfully without complications, and the patient recovered well with preservation of middle ear function. This remarkable case highlights GCS Hospital's expertise in diagnosing and managing rare otological disorders using advanced imaging, precision microscopic ear surgery, and modern hearing reconstruction techniques. It also emphasizes the importance of early recognition and timely intervention in preventing progressive hearing loss and irreversible damage to the delicate middle ear structures.

Expert Perspective

A bluish hue behind an intact tympanic membrane, commonly referred to as a "Blue Drum", is an uncommon but important clinical finding that requires careful evaluation. Although rare, Middle Ear Cholesterol Granuloma should always be considered among the differential diagnoses, as it may closely resemble chronic middle ear disease or even vascular lesions. Accurate diagnosis relies on detailed otological examination combined with HRCT of the temporal bone and MRI, which are essential for excluding vascular abnormalities and defining the full extent of disease before surgery.

Despite being a benign lesion, cholesterol granulomas can behave aggressively by causing progressive bone destruction and ossicular erosion, resulting in conductive hearing loss and, if left untreated, potentially leading to serious intratemporal or intracranial complications. Timely diagnosis, meticulous microsurgical excision, and appropriate hearing reconstruction are therefore essential for achieving optimal long-term outcomes.

At GCS Hospital, Dr. Vishal Dave, Professor & Head, and Dr. Suktara Sharma, Professor, Department of ENT, are committed to delivering advanced, evidence-based ear surgery using modern imaging, precision microscopic techniques, and comprehensive reconstructive procedures. This case demonstrates how early diagnosis and expert surgical management can successfully restore hearing while preventing long-term complications in patients with rare middle ear disorders.



Dr. Roopesh Singhal
Professor & Head - Interventional Cardiology

“Persistent Hoarseness Uncovers a Rare Thoracic Aortic Aneurysm Treated with Minimally Invasive TEVAR,”

A 56-year-old gentleman presented to GCS Hospital with a history of persistent hoarseness of voice for nearly three months. Although he did not initially experience chest pain or other typical cardiovascular symptoms, the continuous change in his voice raised concern and prompted further medical evaluation.

He first consulted a pulmonologist, who advised a High-Resolution CT (HRCT) Chest to identify the underlying cause. Unexpectedly, the investigation revealed a large descending thoracic aortic aneurysm, following which he was referred to GCS Hospital for specialized cardiovascular evaluation and definitive treatment.

The patient was evaluated by Dr. Roopesh Singhal, Professor & Head, Department of Interventional Cardiology, where a comprehensive cardiovascular assessment and advanced imaging were undertaken.

A CT Aortogram precisely defined the anatomy of the aneurysm, demonstrating a large descending thoracic aortic aneurysm arising just distal to the left subclavian

artery. The aneurysm was also compressing the left pulmonary artery, indicating the complexity of the disease and the potential risk of life-threatening complications such as rupture or dissection if left untreated. Further evaluation by laryngoscopy revealed a fixed left vocal cord, confirming compression of the left recurrent laryngeal nerve by the aneurysm as the cause of his persistent hoarseness—a rare clinical presentation known as Ortner's Syndrome (Cardiovocal Syndrome).

A Thoracic Aortic Aneurysm is an abnormal dilatation of the thoracic aorta caused by progressive weakening of the vessel wall. Most aneurysms remain asymptomatic until they enlarge significantly or rupture, making early diagnosis particularly challenging.

In rare instances, an enlarging aneurysm may compress nearby structures, including the recurrent laryngeal nerve, leading to persistent hoarseness of voice. Such atypical presentations can easily be mistaken for ENT or respiratory disorders, delaying diagnosis and increasing the risk of catastrophic complications.



Recognizing the complexity of the condition, a multidisciplinary Heart Team comprising specialists from Interventional Cardiology, Cardiovascular & Thoracic Surgery (CVTS), Cardiac Anaesthesia, Radiology, and Critical Care carefully reviewed the patient's imaging and formulated an individualized treatment plan.

Considering the size and location of the aneurysm, the team recommended Thoracic Endovascular Aortic Repair (TEVAR), a minimally invasive alternative to conventional open thoracic aortic surgery that offers faster recovery and lower procedural risk in appropriately selected patients.

After detailed counselling and informed consent, the patient underwent TEVAR through a right femoral artery cut-down. Under fluoroscopic guidance, a thoracic stent graft was precisely positioned across the diseased segment of the descending thoracic aorta, completely excluding the aneurysm from the circulation while preserving blood flow through the normal aorta.

Completion angiography confirmed excellent stent graft positioning with complete exclusion of the aneurysm, an adequate proximal and distal seal, and no evidence of residual endoleak.

The patient tolerated the procedure well and had an uneventful postoperative recovery. He was discharged in stable condition with regular follow-up. By successfully excluding the aneurysm from the circulation, the procedure eliminated the immediate risk of rupture while addressing the rare cardiovascular cause of his persistent hoarseness.

The case highlights the remarkable benefits of minimally invasive endovascular therapy in treating complex thoracic aortic diseases with excellent clinical outcomes.

This remarkable case reflects the expertise of the Department of Interventional Cardiology at GCS Hospital in managing complex aortic disorders using advanced imaging, precision endovascular techniques, and coordinated multidisciplinary care.

It also emphasizes the importance of investigating persistent unexplained symptoms, as seemingly simple complaints such as hoarseness of voice may occasionally indicate a serious underlying cardiovascular condition requiring urgent intervention.

Expert Perspective

Persistent hoarseness of voice is commonly attributed to infections, vocal cord disorders, or ENT conditions. However, in rare cases, it may be the first manifestation of serious cardiovascular diseases such as a thoracic aortic aneurysm, where compression of the left recurrent laryngeal nerve results in Cardiovascular (Ortner's) Syndrome.

Early recognition of this uncommon presentation and timely imaging are essential, as delayed diagnosis may allow the aneurysm to enlarge and significantly increase the risk of rupture, dissection, or other life-threatening complications.

Thoracic Endovascular Aortic Repair (TEVAR) has transformed the management of descending thoracic aortic aneurysms by providing a safe and minimally invasive alternative to open surgery. With accurate pre-procedural planning, advanced imaging, and meticulous endovascular technique, TEVAR offers excellent procedural success while reducing surgical trauma, hospital stay, and recovery time.

At GCS Hospital, Dr. Roopesh Singhal and the Department of Interventional Cardiology, in close collaboration with the Cardiovascular & Thoracic Surgery (CVTS) team, are committed to delivering advanced structural and endovascular cardiac care through evidence-based practice, state-of-the-art technology, and multidisciplinary expertise.

This case demonstrates how early diagnosis, precision-guided intervention, and seamless teamwork can successfully treat complex aortic disease, prevent life-threatening complications, and restore patients to healthy, active lives.



Dr. Zeeshan Mansuri
Professor- Interventional Cardiology

“Successful Balloon Mitral Valvotomy During High-Risk Pregnancy Saves Mother and Baby,”

A 28-year-old pregnant woman, expecting her fourth child, presented to the Department of Cardiology at GCS Hospital during the 16th week of pregnancy with progressively worsening breathlessness, nocturnal palpitations, easy fatigability, and recurrent episodes of uneasiness. Unlike her previous three pregnancies, which had been completely uneventful, she was now experiencing symptoms that significantly affected her daily activities and raised concerns regarding both maternal and fetal well-being.

As pregnancy advances, the cardiovascular system undergoes major physiological changes, making prompt diagnosis and expert management essential to ensure the safety of both mother and baby.

The patient was evaluated by Dr. Zeeshan Mansuri, Consultant Cardiologist, Department of Cardiology, where comprehensive clinical examination and advanced 2D Echocardiography revealed severe rheumatic Mitral Stenosis with a critically reduced Mitral Valve Area (MVA) of only 0.9 cm². She was classified as New York Heart Association (NYHA)

Functional Class II, indicating symptomatic limitation due to severe narrowing of the mitral valve. Pregnancy naturally increases circulating blood volume and cardiac output by nearly 40–50%, placing enormous stress on a diseased mitral valve.

In such patients, untreated severe mitral stenosis carries a high risk of heart failure, pulmonary edema, atrial arrhythmias, maternal complications, fetal growth restriction, preterm delivery, and even maternal mortality if not managed appropriately.

Mitral Stenosis is one of the most common long-term complications of Rheumatic Heart Disease, where chronic inflammation progressively scars and narrows the mitral valve, obstructing normal blood flow from the left atrium to the left ventricle.

During pregnancy, these physiological changes further increase left atrial pressure and pulmonary congestion, making symptomatic patients particularly vulnerable during the second half of pregnancy and around the time of delivery. Careful timing of intervention is



therefore critical to optimize maternal safety while minimizing risks to the developing fetus.

Recognizing the complexity of structural heart disease during pregnancy, a multidisciplinary Heart Team comprising cardiologists, obstetricians, fetal medicine specialists, anaesthesiologists, intensivists, and neonatal specialists carefully formulated an individualized treatment strategy.

Since intervention during early pregnancy carries a relatively higher risk to fetal organ development, the patient was initially managed conservatively with diuretics, beta-blockers, lifestyle modification, and close outpatient follow-up. Regular clinical assessments, serial echocardiographic evaluations, and continuous fetal monitoring were performed while carefully observing progression of symptoms.

As the patient approached 28 weeks of gestation, the physiological burden on the heart was expected to increase substantially, significantly elevating the risk of heart failure during the third trimester and around labour. After extensive counselling regarding maternal and fetal risks and obtaining informed consent, the multidisciplinary team proceeded with Percutaneous Balloon Mitral Valvotomy (PBMV), a minimally invasive structural heart intervention performed through the right femoral vein under fluoroscopic guidance.

Every precaution was taken to minimize fetal radiation exposure, including lead shielding over the lower abdomen, meticulous procedural planning, and strict reduction of fluoroscopy time.

The procedure was completed successfully without complications. Balloon dilatation of the stenotic mitral valve increased the Mitral Valve Area from 0.9 cm² to 1.8 cm², resulting in a significant improvement in blood flow across the valve and a marked reduction in left atrial pressure. Following the intervention, the patient experienced remarkable symptomatic relief, with complete resolution of nocturnal palpitations and episodes of uneasiness, along with significant improvement in breathlessness and exercise tolerance. She continued her pregnancy under close joint follow-up by the Cardiology and Obstetrics Departments, with both maternal and fetal health remaining stable throughout the remainder of pregnancy.

This remarkable case highlights the expertise of the Department of Cardiology at GCS Hospital in managing complex structural heart disease during pregnancy through advanced minimally invasive cardiac interventions, meticulous planning, and seamless multidisciplinary collaboration. It demonstrates that with timely diagnosis, individualized treatment planning, and appropriately timed intervention, even high-risk pregnancies complicated by severe rheumatic mitral stenosis can be successfully managed, ensuring a safe pregnancy journey and favourable outcomes for both mother and baby.

Expert Perspective

Pregnancy places tremendous physiological demands on the heart, making severe rheumatic mitral stenosis one of the most challenging cardiac conditions encountered during pregnancy. As blood volume and cardiac output increase, patients with severe valve narrowing are at significantly higher risk of heart failure, pulmonary edema, atrial fibrillation, maternal complications, and adverse fetal outcomes, particularly during the later stages of pregnancy and around delivery. Early recognition of symptoms and timely referral to a specialized cardiac centre are therefore essential.

For appropriately selected patients, Percutaneous Balloon Mitral Valvotomy (PBMV) is the preferred treatment during pregnancy, offering effective relief of valve obstruction without the need for open-heart surgery. When performed at the appropriate gestational age with meticulous procedural planning and comprehensive fetal protection, PBMV significantly improves maternal symptoms while allowing pregnancy to continue safely.

At GCS Hospital, Dr. Zeeshan Mansuri and the Department of Cardiology are committed to delivering advanced structural heart interventions through modern technology, evidence-based practice, and multidisciplinary maternal cardiac care. This case exemplifies how precise diagnosis, timely intervention, and collaborative expertise can successfully transform a potentially life-threatening pregnancy into a safe journey, ensuring the health and well-being of both mother and child.



Dr. Shikha Jain
Consultant - IVF Specialist

“Biological Parenthood Achieved Despite Severe Male and Female Infertility Through Advanced IVF Treatment,”

A 32-year-old couple visited the IVF Department at GCS Hospital after experiencing eight years of primary infertility. Despite years of trying to conceive naturally and undergoing multiple evaluations, they had been unable to achieve pregnancy. The prolonged struggle with infertility had caused significant emotional and psychological distress, prompting them to seek advanced fertility care at GCS Hospital with the hope of fulfilling their dream of becoming biological parents.

The couple was evaluated by Dr. Shikha Jain, Consultant, IVF Department, where a comprehensive fertility assessment was undertaken. Detailed investigations revealed significant infertility factors in both partners. The female partner was diagnosed with Diminished Ovarian Reserve, with a Serum Anti-Müllerian Hormone (AMH) level of just 0.6 ng/ml, indicating a markedly reduced ovarian reserve and a limited number of eggs available for fertilization.

Simultaneously, evaluation of the male partner revealed Azoospermia, a condition characterized by the complete absence of sperm in the semen. Further hormonal evaluation, karyotyping, scrotal

ultrasonography, and CT imaging confirmed the presence of Zinner Syndrome, an exceptionally rare congenital urogenital anomaly responsible for obstructive male infertility.

Zinner Syndrome is a rare congenital condition characterized by the triad of unilateral renal agenesis (absence of one kidney), seminal vesicle cyst, and ejaculatory duct obstruction. Although sperm production within the testes remains normal, obstruction of the ejaculatory duct prevents sperm from reaching the semen, resulting in azoospermia.

When this rare condition coexists with diminished ovarian reserve in the female partner, the possibility of natural conception becomes extremely low. Such dual-factor infertility presents one of the most challenging scenarios in reproductive medicine and requires highly individualized treatment using advanced assisted reproductive technologies.

After detailed counselling regarding the available treatment options, expected success rates, and potential challenges, the couple opted for Intracytoplasmic



Sperm Injection (ICSI) combined with Testicular Sperm Aspiration (TESA). An individualized ovarian stimulation protocol was carefully designed considering the patient's low ovarian reserve. Despite the limited ovarian response, three mature oocytes were successfully retrieved. On the same day, TESA was performed, and three morphologically healthy sperm were successfully retrieved directly from the testicular tissue.

Using advanced embryology techniques, ICSI was performed by injecting a single healthy sperm into each mature egg under high-precision microscopic guidance. The procedure resulted in the formation of two good-quality Day-3 embryos.



Following careful endometrial preparation, a fresh embryo transfer was successfully performed under ultrasound guidance. The treatment resulted in a positive Serum β -hCG level of 1180 IU/L, confirming successful implantation and pregnancy.

The pregnancy was closely monitored by the IVF team throughout the antenatal period and progressed uneventfully. At 36 weeks of gestation, the patient went into preterm labour and underwent an emergency Lower Segment Caesarean Section (LSCS).

The couple was blessed with a healthy baby boy weighing 2.1 kilograms. Both mother and baby recovered well after delivery and were discharged in stable condition, bringing an end to their eight-year journey of infertility with the joy of biological parenthood.

This remarkable case highlights the expertise of the IVF Department at GCS Hospital in successfully managing highly complex infertility through individualized

treatment planning, advanced assisted reproductive technologies, precision embryology, and compassionate multidisciplinary care.

It demonstrates that even in the presence of severe male and female infertility factors, modern reproductive medicine can overcome significant biological challenges and successfully help couples achieve the dream of having their own child.

Expert Perspective

Infertility involving significant factors in both partners is among the most challenging situations encountered in reproductive medicine, particularly when diminished ovarian reserve is combined with azoospermia caused by rare congenital conditions such as Zinner Syndrome. Such couples have an extremely low likelihood of natural conception and require a comprehensive diagnostic evaluation along with personalized treatment planning to maximize the chances of success.

Advances in assisted reproductive technologies, including Testicular Sperm Aspiration (TESA) and Intracytoplasmic Sperm Injection (ICSI), have revolutionized fertility care by making biological parenthood possible even in cases once considered untreatable.

Careful ovarian stimulation, advanced embryology techniques, precise embryo transfer, and close pregnancy monitoring significantly improve clinical outcomes, even when only a limited number of eggs and sperm are available.

At the IVF Department, GCS Hospital, Dr. Shikha Jain and the fertility team are committed to delivering evidence-based reproductive care through advanced technology, individualized treatment protocols, and compassionate patient support. This case exemplifies how accurate diagnosis, scientific innovation, and multidisciplinary expertise can successfully overcome even the most complex infertility challenges, transforming years of uncertainty into the joy of parenthood and helping couples realize their dream of building a family.



Dr. Meet Raval
Consultant - Neurology

“Rare Bulbar-Onset Myasthenia Gravis Successfully Diagnosed and Treated, Restoring Speech and Swallowing in a 60-Year-Old Patient,,

A 60-year-old gentleman, Mr. Priyadarshi, a known case of Diabetes Mellitus, Hypertension, Ischemic Heart Disease with Left Ventricular Dysfunction, and status post Percutaneous Transluminal Coronary Angioplasty (PTCA) in 2021, presented to GCS Hospital with progressively worsening difficulty in speaking and swallowing. His symptoms had initially begun with hoarseness of voice, reduced loudness of speech, pain while swallowing, and difficulty swallowing liquids, but gradually progressed over several months.

Eventually, his condition deteriorated to the point where he was unable to swallow even liquids, unable to consume food orally, and unable to speak a single word for nearly six months. He also developed cough with expectoration for approximately twenty days, further complicating his clinical condition and significantly affecting his nutrition, communication, and overall quality of life.

Before arriving at GCS Hospital, the patient had undergone extensive evaluation at multiple healthcare

centres. Initial investigations revealed acute kidney injury, electrolyte imbalance, and anemia, requiring medical management. He was evaluated by several specialists, including ENT and Gastroenterology teams. Direct laryngoscopic examination demonstrated reduced vocal cord movements, while Barium Swallow Study, Upper Gastrointestinal Endoscopy, and Contrast-Enhanced CT scans of the neck and chest failed to identify any structural abnormality that could explain his progressively worsening symptoms.

Despite multiple investigations and prolonged treatment, the underlying cause remained undiagnosed, and the patient eventually required Ryle's tube feeding because of severe swallowing difficulty.

Following admission to GCS Hospital, the patient was evaluated by Dr. Meet Raval, Consultant Neurologist, who performed a detailed neurological examination and suspected an underlying neuromuscular disorder. MRI Brain did not reveal any significant abnormality, and Electromyography (EMG) was also essentially

normal. However, Repetitive Nerve Stimulation (RNS) demonstrated postsynaptic neuromuscular junction dysfunction, raising strong suspicion of Myasthenia Gravis. The diagnosis was conclusively established when Acetylcholine Receptor (AChR) Antibody testing returned positive, confirming the presence of Bulbar-Onset Myasthenia Gravis, a rare clinical presentation in which the disease predominantly affects the muscles responsible for speech, swallowing, and occasionally breathing.

Myasthenia Gravis is a chronic autoimmune neuromuscular disorder in which antibodies attack the acetylcholine receptors located at the neuromuscular junction, impairing communication between nerves and muscles. Although most patients initially present with drooping eyelids, double vision, or limb weakness, Bulbar-Onset Myasthenia Gravis is relatively uncommon and can present primarily with progressive speech and swallowing difficulties.

Because these symptoms closely resemble those of stroke, ENT disorders, or gastrointestinal diseases, diagnosis is often delayed, increasing the risk of aspiration, severe malnutrition, respiratory compromise, and prolonged disability.

Following confirmation of the diagnosis, the Neurology team promptly initiated treatment with Intravenous Immunoglobulin (IVIG), Acetylcholinesterase Inhibitors, and comprehensive supportive care under the supervision of Dr. Meet Raval. The patient demonstrated remarkable clinical improvement within a short period. His swallowing function gradually recovered, allowing him to resume oral feeding, while his speech improved significantly with restoration of normal voice volume.

He was successfully liberated from Ryle's tube feeding, regained his ability to communicate effectively, and returned to independent daily activities with a markedly improved quality of life.

This remarkable case highlights GCS Hospital's expertise in diagnosing and managing rare neurological disorders through advanced neurophysiological testing, evidence-based treatment, and multidisciplinary care. It also emphasizes the importance of considering uncommon neurological disorders such as Bulbar-Onset Myasthenia Gravis in patients presenting with

unexplained swallowing and speech difficulties, particularly when routine investigations remain inconclusive. Early recognition and timely intervention can dramatically alter the course of the disease, prevent life-threatening complications, and restore normal function.

Expert Perspective

Persistent difficulty in speaking, swallowing, hoarseness of voice, or unexplained choking episodes are often attributed to ENT disorders, stroke, or gastrointestinal diseases. However, in selected patients, these symptoms may represent Bulbar-Onset Myasthenia Gravis, a rare autoimmune neuromuscular disorder that primarily affects the muscles responsible for speech, swallowing, and breathing.

Since routine imaging such as MRI Brain or CT scans may remain normal, diagnosis requires a high degree of clinical suspicion along with specialised investigations including Repetitive Nerve Stimulation (RNS) and Acetylcholine Receptor Antibody testing.

Timely diagnosis is crucial, as untreated patients are at risk of severe malnutrition, aspiration pneumonia, respiratory failure, and myasthenic crisis. Early initiation of Intravenous Immunoglobulin (IVIG), Acetylcholinesterase Inhibitors, and comprehensive supportive care can produce dramatic clinical improvement and restore normal neurological function.

At GCS Hospital, Dr. Meet Raval and the Department of Neurology are committed to delivering advanced, evidence-based neurological care through specialised neurophysiological evaluation, precision diagnosis, and multidisciplinary management.

This case demonstrates how early recognition, appropriate investigations, and timely treatment can successfully reverse even severe neurological disability, enabling patients to regain their speech, swallowing ability, independence, and quality of life.



Dr. Kashyap Vyas
Consultant - Neurosurgeon

“Advanced Microsurgical Excision of a Rare Brain Arteriovenous Malformation in an 18-Year-Old Patient,”

An 18-year-old patient was brought to GCS Hospital following the rupture of a Brain Arteriovenous Malformation (AVM)—a rare and potentially life-threatening vascular abnormality that can result in catastrophic brain hemorrhage, permanent neurological disability, or even sudden death. Given the patient's young age and the complexity of the lesion, the case demanded immediate evaluation and highly specialized neurosurgical care to prevent further neurological damage.

The patient was evaluated by Dr. Kashyap Vyas, Consultant Neurosurgeon, where detailed neurological assessment and advanced cerebrovascular imaging were undertaken. CT Angiography of the brain revealed a Right Medial Temporal Arteriovenous Malformation measuring approximately 4.5 × 3.5 × 3 cm, classified as Spetzler-Martin Grade III.

The lesion was located deep within the medial temporal region of the brain—one of the most delicate and surgically challenging areas responsible for critical neurological functions including memory, vision, and higher cognitive processing. The AVM had already

ruptured, significantly increasing the risk of recurrent bleeding and making timely intervention essential.

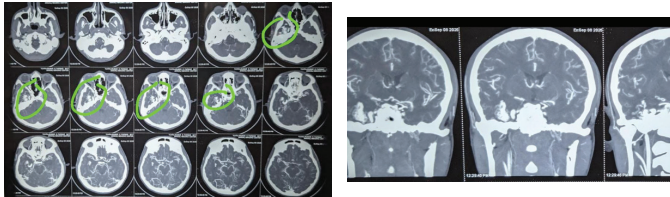
A Brain Arteriovenous Malformation (AVM) is a rare congenital vascular disorder in which arteries connect directly to veins without the normal intervening capillary network. This abnormal high-flow connection exposes fragile blood vessels to excessive pressure, predisposing them to rupture and intracranial hemorrhage. Although AVMs may remain asymptomatic for years, rupture can occur without warning and often presents with severe headache, seizures, neurological deficits, or life-threatening brain bleeding. Surgical treatment becomes particularly challenging when the malformation is deeply located near eloquent areas of the brain that control essential neurological functions.

The complexity of this case was further increased by the presence of multiple arterial feeders arising from the anterior, middle, and posterior temporal arteries, additional supply from deep perforating vessels, and an unusual venous drainage into the cavernous sinus. Furthermore, previous hemorrhage had rendered the surrounding brain tissue more fragile, substantially

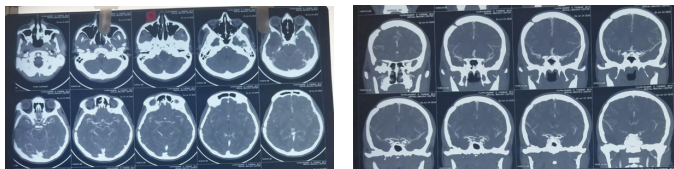


increasing the technical difficulty and operative risk. Every stage of surgical planning required meticulous analysis of the patient's unique cerebrovascular anatomy to achieve complete removal of the malformation while preserving normal neurological function.

Following comprehensive preoperative planning, Dr. Kashyap Vyas and the Neurosurgery team successfully performed an advanced microsurgical excision of the AVM. The surgery required careful exposure of the deep-seated lesion, sequential identification and disconnection of multiple arterial feeders, meticulous preservation of surrounding eloquent brain tissue, and safe management of the complex venous drainage system. Throughout the procedure, the primary objective was not only complete excision of the AVM but also preservation of every possible neurological function, thereby minimizing the risk of long-term disability.



PRE OP



POST OP

The surgery was completed successfully without major complications. The patient's postoperative recovery was smooth, with no neurological deficits, no limb weakness, no speech impairment, and no visual deficits. He regained full functional independence and was discharged in stable condition. At the six-month follow-up, repeat CT Angiography confirmed complete obliteration of the arteriovenous malformation, with no residual lesion or recurrence, representing a durable cure. Today, the young patient has returned to normal

life, reflecting the success of timely intervention, advanced microsurgical expertise, and comprehensive multidisciplinary care.

This remarkable case highlights GCS Hospital's expertise in managing highly complex cerebrovascular disorders using advanced neuroimaging, precision microsurgery, and coordinated multidisciplinary care. It demonstrates how meticulous planning, surgical excellence, and evidence-based decision-making can successfully treat life-threatening brain vascular malformations while preserving neurological function and significantly improving long-term quality of life.

Expert Perspective

Brain Arteriovenous Malformations (AVMs) are among the most complex vascular disorders encountered in neurosurgery. While some remain silent for years, rupture can result in devastating intracranial hemorrhage, permanent neurological disability, or sudden death. Deep-seated AVMs located within eloquent regions of the brain present an even greater challenge because surgery must achieve complete removal of the malformation while preserving critical neurological functions such as speech, memory, vision, and movement.

Successful management begins with meticulous evaluation using advanced cerebrovascular imaging, followed by individualized surgical planning based on the size, location, vascular anatomy, and rupture status of the lesion. Modern microsurgical techniques, combined with detailed anatomical knowledge and multidisciplinary perioperative care, allow safe treatment of even highly complex AVMs with excellent neurological outcomes.

At GCS Hospital, Dr. Kashyap Vyas and the Department of Neurosurgery are committed to delivering advanced, evidence-based care for patients with complex brain and spinal disorders through precision microsurgery, state-of-the-art imaging, and collaborative multidisciplinary management. This case demonstrates how surgical expertise, modern technology, and seamless teamwork can transform a life-threatening neurological emergency into a story of complete recovery, restored independence, and renewed hope.



Dr. Jyotish Patel
Professor & Head - Orthopedics

“Reverse Shoulder Arthroplasty Restores Pain-Free Shoulder Function in a 64-Year-Old Woman,”

A 64-year-old female, a known case of Obstructive Sleep Apnoea (OSA) on CPAP therapy and Type 2 Diabetes Mellitus, presented to GCS Hospital with severe pain in her right shoulder and progressive restriction of movement for nearly 4–5 years. The persistent pain had significantly affected her ability to perform routine daily activities such as dressing, combing her hair, lifting objects, and carrying out household tasks, resulting in a considerable decline in her quality of life.

The patient was evaluated by Dr. Jyotish Patel, Professor & Head, Department of Orthopedics, who performed a detailed clinical assessment. Examination revealed marked restriction of shoulder mobility, with active abduction limited to only 10–20 degrees, accompanied by severely restricted internal and external rotation. Radiological evaluation confirmed advanced degenerative arthritis of the right shoulder joint associated with rotator cuff degeneration, making conventional joint replacement unlikely to provide satisfactory functional recovery.

Shoulder arthritis, particularly when associated with irreparable rotator cuff degeneration, is a debilitating condition that causes chronic pain, stiffness, and progressive loss of shoulder function. In such complex cases, Reverse Shoulder Arthroplasty (RSA) has emerged as the gold-standard surgical treatment. Unlike conventional shoulder replacement, Reverse Shoulder Arthroplasty alters the biomechanics of the shoulder joint, allowing the deltoid muscle to compensate for the deficient rotator cuff, thereby restoring shoulder movement and significantly improving function.

Considering the patient's multiple medical comorbidities, including diabetes and obstructive sleep apnoea, she underwent comprehensive preoperative optimisation in collaboration with the anaesthesia team to minimise perioperative risk. Following successful medical stabilisation, Dr. Jyotish Patel and the Orthopedic team performed a Reverse Shoulder Arthroplasty, replacing the diseased joint with an advanced prosthetic implant designed specifically for patients with severe rotator cuff deficiency and end-stage shoulder arthritis.

The procedure was completed successfully, achieving excellent implant positioning and restoration of joint stability. Particular attention was given to meticulous soft tissue handling, precise implant alignment, and infection prevention, especially considering the patient's diabetic status, where wound healing requires close monitoring.

Following surgery, the patient's recovery progressed smoothly. At 20 days postoperatively, all sutures were removed successfully with no evidence of wound infection or postoperative complications. During the initial postoperative period, she was supported with a functional shoulder brace for one month while performing only elbow flexion and extension exercises to protect the surgical repair. After completing the immobilisation phase, a structured rehabilitation programme was initiated, including pendulum exercises followed by gradual shoulder flexion and extension, facilitating progressive restoration of mobility and strength.

This successful outcome highlights GCS Hospital's expertise in managing complex joint replacement procedures through comprehensive multidisciplinary care, advanced surgical techniques, and evidence-based rehabilitation protocols. The case demonstrates the hospital's commitment to delivering personalised orthopedic care that not only relieves chronic pain but also restores independence, mobility, and quality of life for patients suffering from advanced degenerative joint disorders.

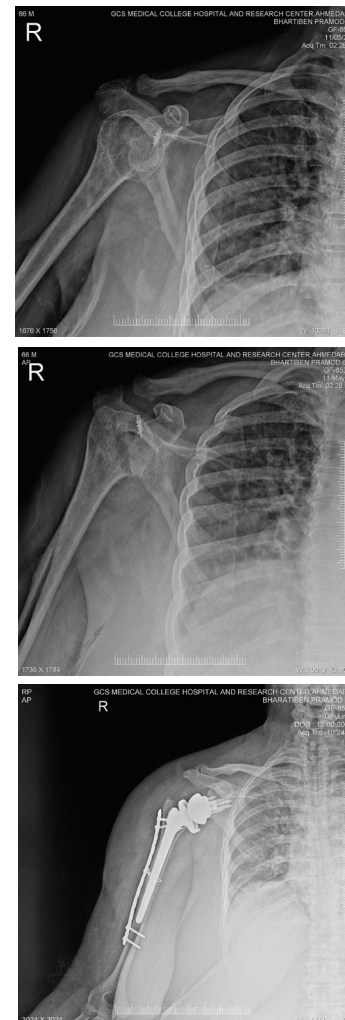
Expert Perspective

Many patients believe that persistent shoulder pain is simply a part of ageing and continue to live with restricted movement for years. Unfortunately, delaying treatment can lead to irreversible joint damage, muscle wasting, and significant loss of independence. Early clinical evaluation is essential to determine whether the pain is due to arthritis, rotator cuff disease, or another underlying condition.

Reverse Shoulder Arthroplasty has revolutionised the treatment of complex shoulder disorders, particularly in patients with severe arthritis associated with

irreparable rotator cuff tears. Unlike conventional shoulder replacement, this procedure restores shoulder function by allowing the deltoid muscle to compensate for the damaged rotator cuff, enabling patients to regain pain-free movement and perform daily activities with confidence.

Successful outcomes depend not only on surgical precision but also on comprehensive patient assessment, meticulous perioperative care, and a structured rehabilitation programme. At GCS Hospital, our focus extends beyond replacing a damaged joint—we strive to restore independence, improve quality of life, and help every patient return to an active and fulfilling lifestyle.



PRE OP

POST OP



Dr. Dhaval Patel

Consultant - Surgical Gastroenterologist

“Multidisciplinary Success in Treating a Rare Paraesophageal Bronchogenic Cyst,”

A 20-year-old man presented to GCS Hospital with persistent symptoms of gastroesophageal reflux disease (GERD), including recurrent acid reflux, regurgitation, and a chronic cough that had progressively affected his daily life and overall quality of life. Despite prolonged medical therapy, his symptoms continued to worsen, raising suspicion of an underlying structural abnormality rather than uncomplicated reflux disease. The patient was evaluated by Dr. Dhaval Patel, Surgical Gastroenterologist, who initiated a comprehensive diagnostic work-up to identify the exact cause of his persistent symptoms.

Detailed investigations revealed several unusual findings. Upper Gastrointestinal Endoscopy demonstrated a lax Lower Esophageal Sphincter (LES) with a Hill Grade IV gastroesophageal valve, consistent with severe gastroesophageal reflux. More importantly, a small communication between the esophageal lumen and an adjacent cystic cavity, located approximately 6 cm above the gastroesophageal junction, was identified. A CT Thorax further revealed a right-sided paraesophageal cystic lesion, while a Barium Swallow study confirmed direct communication between the

esophagus and the cyst. To exclude any associated motility disorder, High-Resolution Esophageal Manometry (HRM) was performed, which demonstrated normal esophageal motility.

A Bronchogenic Cyst is a rare congenital anomaly that develops during fetal life due to abnormal budding of the primitive foregut. Although these cysts are typically found within the chest, a paraesophageal bronchogenic cyst communicating directly with the esophagus is exceptionally rare. Patients may present with persistent acid reflux, chronic cough, recurrent respiratory infections, difficulty swallowing, or chest discomfort, often leading to delayed diagnosis because the symptoms resemble those of common gastrointestinal disorders. If left untreated, these cysts may become infected, enlarge, or compress nearby structures, making definitive surgical excision the treatment of choice. The complexity of this case was further heightened by the patient's previous surgical history. He had undergone an attempted Video-Assisted Thoracoscopic Surgery (VATS) at another centre for cyst removal. However, because of extensive adhesions and difficult anatomy, the minimally invasive procedure had



to be converted into an open right thoracotomy, and even then the cyst could not be safely excised. The previous surgery left significant scar tissue, making this a technically demanding redo operation with an increased risk of complications.

After detailed multidisciplinary discussion involving Dr. Dhaval Patel (Surgical Gastroenterologist), Dr. Parth Vaghela (CTVS Surgeon), and Dr. Harshil Trivedi (Medical Gastroenterologist), a carefully planned combined surgical approach was formulated to address both the patient's severe reflux disease and the rare paraesophageal cyst.

The procedure commenced with laparoscopic mobilisation of the lower esophagus. However, intraoperative findings revealed that the cyst was densely adherent to surrounding mediastinal structures, making safe laparoscopic excision impossible. To effectively manage the patient's reflux symptoms, the surgical team performed a Laparoscopic Toupet Fundoplication, restoring the anti-reflux barrier while preserving normal swallowing function.

The second stage involved a right-sided Video-Assisted Thoracoscopic Surgery (VATS) for definitive cyst excision. Once again, dense pleural adhesions resulting from the previous surgery made thoracoscopic dissection unsafe. Demonstrating excellent surgical judgement and adaptability, the team converted the procedure to an open right thoracotomy through the previous surgical scar, allowing meticulous dissection and complete excision of the paraesophageal cyst while preserving the surrounding vital mediastinal structures.

The patient recovered remarkably well following surgery. His reflux symptoms and chronic cough resolved significantly, he resumed oral intake without difficulty, and his postoperative recovery remained uneventful. Histopathological Examination (HPE) confirmed the diagnosis of a Bronchogenic Cyst, validating the clinical and radiological findings. He was discharged in a stable condition and continues to do well on follow-up with complete relief from his presenting symptoms. This rare and challenging case exemplifies GCS Hospital's expertise in managing highly complex gastrointestinal and thoracic disorders through advanced diagnostics, meticulous surgical planning, and multidisciplinary collaboration. Led by Dr. Dhaval

Patel, with the valuable expertise of Dr. Parth Vaghela, Dr. Harshil Trivedi, the Departments of Anaesthesia, Radiology, Endoscopy, Critical Care, and dedicated Nursing teams, the successful outcome reflects the hospital's commitment to delivering safe, evidence-based, and patient-centred care. Their collaborative approach transformed a technically demanding redo surgery into a remarkable success, restoring the patient's health and significantly improving his quality of life.

Expert Perspective

Persistent acid reflux and chronic cough are among the most common complaints encountered in gastroenterology clinics and are usually attributed to routine Gastroesophageal Reflux Disease (GERD). However, in rare instances, these symptoms may indicate an underlying congenital abnormality such as a Bronchogenic Cyst communicating with the esophagus. Because these lesions are exceptionally uncommon, diagnosis often requires a high index of suspicion supported by specialised investigations including endoscopy, CT imaging, barium swallow studies, and esophageal manometry.

Complete surgical removal remains the definitive treatment, particularly when symptoms persist or anatomical communication with the esophagus is present. Successful management requires meticulous preoperative planning and close collaboration between gastroenterologists, gastrointestinal surgeons, cardiothoracic surgeons, radiologists, anaesthesiologists, and critical care specialists. Previous surgeries and dense adhesions can further increase surgical complexity, making multidisciplinary expertise essential for achieving optimal outcomes.

At GCS Hospital, advanced minimally invasive surgical techniques are combined with multidisciplinary clinical excellence to manage even the rarest foregut anomalies. This case demonstrates how accurate diagnosis, thoughtful surgical planning, and coordinated teamwork can successfully overcome complex surgical challenges, ensuring safe recovery while restoring long-term health and quality of life.



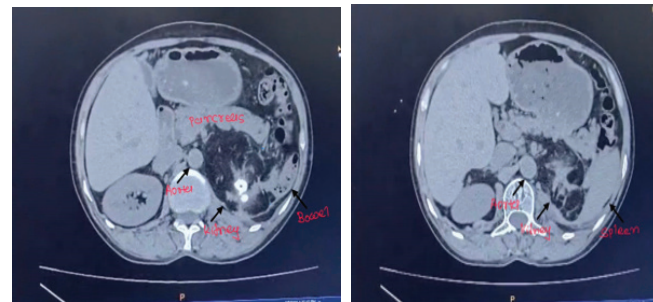
Dr. Hardik Patel
Consultant - Urology

“Rare Renocolic Fistula Successfully Managed with Radical Nephrectomy and Colon Resection in a 54-Year-Old Man,,

A 54-year-old man presented to GCS Hospital with complaints of intermittent dull aching pain in the left flank for nearly one year, associated with recurrent fever, generalized weakness, anorexia, and progressive weight loss. Despite experiencing persistent symptoms, he had no history of diabetes mellitus, hypertension, pulmonary tuberculosis, previous renal surgery, hematuria, or lower urinary tract symptoms. Routine laboratory investigations, including complete blood counts and renal function tests, were within normal limits, making the diagnosis particularly challenging.

The patient was evaluated by Dr. Hardik Patel, Consultant Urologist, where a comprehensive clinical assessment and advanced radiological evaluation were undertaken. Contrast-enhanced CT scan revealed an enlarged non-functioning left kidney containing a large staghorn renal calculus, extensive destruction of the renal parenchyma with multiple low-attenuation inflammatory collections, marked perinephric inflammatory fat stranding, and involvement of the left iliopsoas muscle with an air-containing collection. These characteristic findings strongly suggested Xanthogranulomatous Pyelonephritis (XGP)

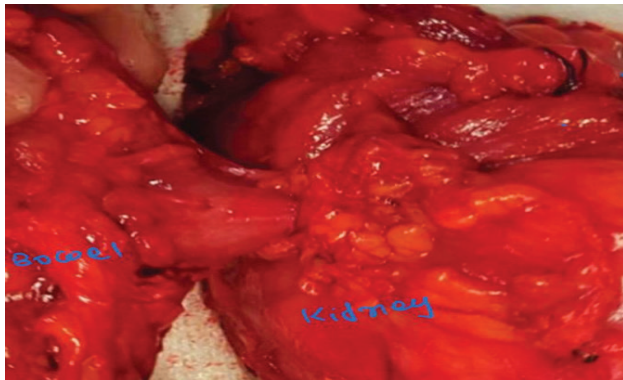
complicated by an incidental Renocolic Fistula, an exceptionally rare but surgically demanding condition.



Xanthogranulomatous Pyelonephritis (XGP) is an uncommon chronic inflammatory disease of the kidney caused by longstanding urinary tract obstruction and recurrent bacterial infection. The persistent inflammatory process progressively destroys normal renal tissue and replaces it with granulomatous inflammatory tissue, ultimately rendering the kidney non-functional. In advanced stages, inflammation may extend beyond the kidney into surrounding retroperitoneal structures, creating dense adhesions that significantly complicate surgical management.



One of the rarest complications of diffuse XGP is the development of a Renocolic Fistula—an abnormal communication between the kidney and the descending colon. Owing to the close anatomical relationship between the left kidney and colon, chronic inflammation, abscess formation, persistent infection, pressure necrosis caused by large staghorn calculi, and progressive tissue destruction may eventually result in fistula formation. Such cases are uncommon and often mimic locally advanced renal malignancy both clinically and radiologically, making accurate preoperative diagnosis extremely challenging.



Following detailed counselling and informed consent, the Urology team planned definitive surgical management. During exploration, dense inflammatory adhesions involving the left kidney, descending colon, spleen, and psoas muscle were encountered.

Careful dissection identified a fistulous communication between the lower pole of the kidney and the descending colon. Owing to the severity of inflammation and inability to safely separate the involved organs, the patient underwent Left Radical Nephrectomy with Segmental Resection of the Descending Colon, Colo-colic Anastomosis, and Protective Loop Ileostomy.

The surgery was technically demanding because chronic inflammation had completely distorted normal anatomical planes, increasing the risk of bowel and major vascular injury.

Through meticulous surgical planning, careful intraoperative dissection, and a multidisciplinary approach, the diseased kidney, fistulous tract, and involved bowel segment were successfully removed while preserving surrounding vital structures. The

procedure was completed successfully without major intraoperative complications, providing definitive treatment for this rare condition.

This remarkable case highlights GCS Hospital's expertise in managing rare and highly complex urological diseases requiring advanced multidisciplinary surgical care. It demonstrates the importance of early diagnosis, meticulous interpretation of advanced imaging, comprehensive operative planning, and collaborative surgical expertise in successfully treating uncommon complications of chronic renal infection while minimizing patient morbidity and improving long-term clinical outcomes.

Expert Perspective

Persistent flank pain, recurrent fever, unexplained weight loss, and recurrent urinary tract infections may occasionally indicate Xanthogranulomatous Pyelonephritis (XGP), a rare but aggressive inflammatory kidney disease. Because it often mimics locally advanced renal cancer, early diagnosis requires a high index of suspicion and careful interpretation of contrast-enhanced CT imaging.

In advanced cases, XGP may extend beyond the kidney, leading to rare complications such as Renocolic Fistula, which significantly increases surgical complexity. Successful management requires timely diagnosis, meticulous surgical planning, and a multidisciplinary approach involving urologists, colorectal surgeons, radiologists, anaesthesiologists, and perioperative teams to achieve the best possible outcomes.

At GCS Hospital, Dr. Hardik Patel and the Department of Urology are committed to delivering advanced, evidence-based urological care through precision surgery and collaborative clinical expertise. This case highlights how early recognition, comprehensive planning, and multidisciplinary teamwork can successfully treat even the most complex urological conditions while restoring patients' health and quality of life.



Histopathological Study of Central Nervous System Lesions

Madhur Y. Modi, Jay R. Patel,
Suhani S. Agrawal, Swapan S. Goswami

Medical Journal of Dr. D.Y. Patil Vidyapeeth

DOI: 10.4103/mjdrdypu.mjdrdypu_9_25

Background:

Central nervous system (CNS) tumors are distinct due to their origin from specialized tissues and the unique anatomical features of the CNS. Squash smears, frozen sections, and paraffin sections are utilized for histopathological diagnoses. This study aims to analyze the histopathological spectrum of CNS tumors and their clinical profiles.

Objectives:

To analyze the pathology of CNS tumors based on age, sex, location, incidence, gross and microscopic findings, and characteristic features for differentiation.

Materials and Methods:

This retrospective study at SBKS Medical Institute and Research Centre, Vadodara, analyzed 50 CNS tumor cases from May 2012 to October 2014, using demographic data, tumor site, histopathological features, and WHO 2016 classification.

Results:

Among 50 CNS tumor cases, 41 were intracranial and 9 were intraspinal. The male-to-female ratio was 1.17:1, with the highest incidence observed in the fourth decade. Meningiomas were the most common tumors, followed by astrocytic tumors.

Conclusion:

This study provides valuable data on the epidemiology and histopathological characteristics of CNS tumors. Despite the advancements in neuroimaging techniques, histological examination remains the gold standard for diagnosing various CNS lesions.





Adult Progression of Congenital Inflammatory Linear Verrucous Epidermal Nevus with Bilateral Acral Involvement

Puja Jarwani, Keval Patel, Aishani Tiwari

Current Medical Issues

DOI: 10.4103/cmi.cmi_128_25

Inflammatory linear verrucous epidermal nevus (ILVEN) is a rare variant of epidermal nevus, typically presenting during infancy or early childhood, and is characterized by unilateral, erythematous, hyperkeratotic, and verrucous plaques that follow the Blaschko lines. ILVEN is classically pruritic, with lesions that are often refractory to standard treatments.

We report a 38-year-old woman with congenital, asymptomatic ILVEN confined to the leg. After decades of quiescence, rapid adult progression with bilateral hand lesions occurred. Histology revealed psoriasiform epidermal hyperplasia with alternating vertical tiers of parakeratosis and orthokeratosis.

The parakeratotic zones were overlaid by areas of diminished or absent granular layer (hypogranulosis), while the orthokeratotic zones demonstrated retained hypergranulosis. Findings were consistent with ILVEN. Given the widespread lesions and absence of disabling symptoms, conservative management with acitretin was initiated.

This case illustrates the clinical variability and mosaic inflammatory nature of ILVEN, highlighting atypical features such as adult onset, bilateral acral distribution, and lack of systemic manifestations. This unusual course expands ILVEN spectrum and supports molecular evaluation in atypical cases. Future studies on the genetic basis of ILVEN may guide targeted therapies and improve management of extensive or refractory cases.





An Observational Study To Evaluate Knowledge, Attitude, And Practice Of Pharmacovigilance Among The Healthcare Professionals And Undergraduate Medical Students

Jaydeep Patel, Vipul Chaudhari, Vidhi Thaker

International Journal of Current Pharmaceutical

DOI: <https://doi.org/10.22159/ijcpr.2026v18i1.8043>

Objective

The importance of pharmacovigilance (Pv) is to ensure the safe and rational use of medicines. Targeting healthcare professionals (HCPs) and undergraduate (UG) medical students (visiting hospitals) for sensitization towards pharmacovigilance is the key to implementing the practice of adverse drug reaction (ADR) reporting in clinical practice. Education and training are the most recognized means of improving ADR reporting. The objective was to evaluate the knowledge, attitude, and practices (KAP) of pharmacovigilance among HCPs and UG medical students.

Methods:

This was a cross-sectional, observational, questionnaire-based study carried out for a period of four months (September to December 2023). The case record form includes demographic characteristics and a KAP questionnaire that focuses on the reporting of adverse drug reactions (ADRs). A KAP survey was analyzed question-wise, and statistical analysis was performed using Microsoft Excel Office 365.

Results:

The results indicated that HCPs demonstrated a higher level of knowledge (78.14%) compared to UG medical students (70.2%). Both groups demonstrated an equally positive attitude towards pharmacovigilance, with a mean score of 93%. However, a significant difference was observed in the practice domain, where HCPs scored 70.9%, which was markedly higher than the 41.68% recorded among UG medical students.

Conclusion:

The study reveals that more sensitization programs on pharmacovigilance practice are required in tertiary care hospitals to ensure ADR reporting to the pharmacovigilance centre, which will strengthen the health care setup.





A Randomized, Controlled, Assessor Blind, Comparative Study to Evaluate Efficacy and Safety of Polmacoxib and Ibuprofen+ Paracetamol in Endodontic Pain

Dr. Pooja Thakar, Dr. Vidhi Thaker, Dr. Mosam Thakar, Dr. Vipul Chaudhari, Dr. Jolly Pandit, Dr. Mitul Mistry
International Journal Of Medical And Pharmaceutical Research

Abstract:

Background: NSAIDs are effective in endodontic pain, but they have many gastrointestinal adverse effects. Polmacoxib is a novel COX-2 inhibitor with carbonic anhydrase inhibitory activity that has potential benefits.

Objectives:

The primary objective was to compare the analgesic efficacy, and the secondary objective was to compare the safety of Polmacoxib with the combination of Ibuprofen and Paracetamol.

Methods:

This was a prospective, randomized, assessor-blind, parallel-group, active-controlled study conducted in adult patients with endodontic pain. Eligible patients (n=221) were allocated in a 1:1 ratio to either Polmacoxib 2 mg once daily (Group A; n=109) or a combination of Ibuprofen and Paracetamol 400/325 mg three times daily (Group B; n=109) for two days. Patients who adhered to the protocol were analyzed (Group A: n=105; Group B: n=105). The primary endpoint was to evaluate the changes in the Visual Analogue Scale (VAS) and Numerical Rating Scale (NRS) at 6, 12, 24, and 42 hours from baseline 0 hours. The secondary endpoint was evaluating the number of treatment emergent adverse event (TEAE).

Results:

Pain scores expressed as mean and standard deviation were comparable between groups at baseline 0 hours (Group A= NRS: 4.57 ± 2.05 , VAS: 4.08 ± 2.06 ; Group B= NRS: 4.53 ± 2.21 , VAS: 4.06 ± 2.40). Analysis of variance (ANOVA) showed a statistically significant reduction in NRS and VAS scores over time in both groups [Group A= NRS: 38.39 (p-value < 0.0001), VAS: 36.80, (p-value < 0.0001); Group B= NRS: 51.98, (p-value < 0.0001), VAS: 50.50, (p-value < 0.0001)]. However, no statistically significant differences were observed between groups at any time point [independent t-test value for NRS at 6 hours: 0.12 (p-value=0.89), 12 hours: 0.28 (p-value=0.77), 24 hours: 0.48 (p-value=0.62), 42 hours: 0.10 (p-value=0.91); independent t-test value for VAS at 6 hours: 0.6 (p-value=0.95), 12 hours: 0.22 (p-value=0.82), 24 hours: 0.49 (p-value=0.69), 42 hours: 0.16 (p-value=0.87)]. The TEAE were 11.4% in Group A and 14.3% in Group B, with gastrointestinal events being the most common. No serious adverse events were reported.

Conclusion:

Polmacoxib and the combination of Ibuprofen and Paracetamol demonstrated comparable efficacy and safety in the short-term management of endodontic pain.





A Drug Compendium based analysis of Selective Serotonin Reuptake Inhibitors (SSRIs) Drugs available in Indian market

Dr. Om Raval, Dr. Aakanksha Prajapati, Dr. Harsh Patel, Dr. Vipul Chaudhari

International Journal Of Medical And Pharmaceutical Research

DOI : 10.5281/zenodo.18813983

Abstract:

Background: Depression is a prevalent mental health disorder requiring lifelong pharmacological treatment. Selective Serotonin Reuptake Inhibitors (SSRIs) are widely prescribed due to their favourable safety and efficacy profiles. In India, the presence of multiple brands with varied pricing calls for an evaluation to guide rational prescribing.

Aim:

To evaluate different brands of Selective Serotonin Reuptake Inhibitors (SSRIs) available in the Indian market.

Objectives:

To assess the spectrum of brands, explore available formulations and strengths, determine the cost variation among different SSRIs, and identify key factors influencing pricing differences.

Materials and Methods: An observational study was conducted at GCS Medical College and Hospital. Data were sourced from the latest edition of the Indian Drug Review (IDR), Issue 3, 2024. Analysis included brand names, formulations, strength variations, and maximum and minimum costs, excluding incomplete entries.

Results:

Wide cost variations were observed among SSRIs. The maximum variation was seen with Paroxetine 20 mg (229%), followed by Sertraline 50 mg (211.42%), and Escitalopram 5 mg (174.28%). Fluoxetine showed the highest formulation variety (tablets, capsules, suspension, syrup), while Paroxetine demonstrated the broadest range of strengths (10 mg to 40 mg). Among Fixed Dose Combinations (FDCs), Fluoxetine 20 mg + Olanzapine 5 mg had the highest cost variation (69.14%), and Escitalopram combined with Clonazepam was the most common FDC observed.

Conclusion:

Significant cost disparities among SSRIs underline the need for cost-conscious prescribing practices to enhance treatment adherence and reduce economic burden on patients.



An Epidemiological Assessment Of Effect Of Tobacco Consumption Amongst School-going Adolescents With Emphasis On Physicalgrowth Impact At Ahmedabad City

Khushi Patel, Kamlesh Kumar Jain, Kush Alkeshkumar Patel, Vasu G. Rathod, Margi Sheth, Aryan Mehul Panchal

International Journal of Medicine and Public Health

DOI: 10.70034/ijmedph.2026.1.401

Background:

Today, adolescent tobacco use and its health problems are worrisome. About 90% of oral cancers in South East Asia are related to chewing or smoking tobacco. This study tries to find out how common tobacco use is, explain how it's used, and learn what things are related to it among students in Ahmedabad, Gujarat. The objective is to assess the prevalence, epidemiological pattern, and factors associated with tobacco consumption among the adolescents and to compare the nutritional status among the adolescents consuming the tobacco with those who are not consuming tobacco.

Materials and Methods:

A sample size of 240 adolescents was determined based on an estimated tobacco use prevalence of 18% from previous studies in Gujarat. Using the standard formula ($4pq/l^2$) with a 5% margin of error, the minimum required sample was calculated to be 236. To account for potential non response and ensure adequate representation the sample size was rounded to 240. Therefore a cross sectional study was conducted among 240 adolescents aged 14-19 years in selected Ahmedabad Municipal Corporation (AMC) schools. Sampling Technique: A multi stage sampling technique was employed to select study participants: Zone selection: Ahmedabad Municipal Corporation (AMC) comprises seven administrative zones. Three zones were randomly selected using a lottery method. Ward Selection: within each selected zone, one ward was chosen at random. School selection: Two schools from each selected ward were randomly selected. Participant Selection: In each selected school students from classes 9 to 12 were included using probability proportionate sampling. Within classes, simple random sampling was used based on the master attendance list to achieve the targeted sample size. Henceforth, a pre tested questionnaire was used to collect data on socio demographics, tobacco use patterns and awareness. Anthropometric measurements were taken to determine nutritional status based on Body Mass Index (BMI). Statistical analysis was performed using descriptive statistics and the Chi-square test to assess associations.

Results:

The overall prevalence of tobacco consumption was 12.1%. The mean age of initiation was 14.3 years. Chewable tobacco was the most common form used. Tobacco use was significantly associated with gender, with 17.2% (n=25 out of 145) males using tobacco compared to 4.2% (n=4 out of 95) females (p value=0.002, $X^2=9.17$). Adolescent with at least one parent who used tobacco were more likely to be users themselves (p value=0.0001). Awareness of health impacts was also significantly higher among non users (p value=0.0001). No statistically significant association was found between tobacco use and the adolescents nutritional status (p value <0.0001).

Conclusion:

In summary, this study shows that tobacco use among students in Ahmedabad is still a serious public health problem. About 12.1% said they had tried tobacco, mostly in smokeless forms. Being male and having parents who use tobacco were strong factors, but there was no clear link between tobacco use and nutrition. Because kids are starting to use tobacco early and are influenced by family and friends, it's important to have thorough prevention and education plans in schools and families. These plans should start in early adolescence to stop young people from starting to use tobacco.





Antibiotic Sensitivity Trends in Salmonella Blood Isolates: A Microbiological Perspective

Shruti Shah, Leena Leuva, Sagar Thummar

Acta Medica International

<https://doi.org/10.21276/amit.2026.v13.i2.635>

Background:

Enteric fever caused by *Salmonella enterica* serovars Typhi and Paratyphi remains a significant public health concern in endemic regions. The emergence of antimicrobial resistance, particularly to fluoroquinolones, has complicated treatment strategies and underscores the need for continuous regional surveillance to guide empirical therapy.

Material and Methods:

A laboratory-based retrospective study was conducted in the Department of Microbiology, Gujarat Cancer Society Medical College, Hospital and Research Centre (GCSMCH & RC), Ahmedabad, from January 2024 to August 2025. A total of 298 non-duplicate *Salmonella* isolates recovered from positive blood cultures were included. Identification was performed using standard biochemical methods and serological confirmation. Antimicrobial susceptibility testing was carried out using the Kirby–Bauer disc diffusion method on Mueller–Hinton agar in accordance with CLSI 2024 guidelines.

Results:

Among the 298 isolates, *Salmonella* Typhi was predominant (250; 83.89%), followed by *Salmonella* Paratyphi A (46; 15.43%) and *Salmonella* Paratyphi B (2; 0.67%). High susceptibility was observed to ceftriaxone (99.6%), cefotaxime (99.6%), ceftazidime (99.6%), cefixime (99.6%), cefepime (100%), cefoperazone–sulbactam (100%), and azithromycin (100%). Ciprofloxacin and levofloxacin demonstrated reduced susceptibility, with resistance rates of 4.69% respectively.

Conclusion: The study highlights significant fluoroquinolone resistance among *Salmonella* blood isolates, limiting their role in empirical therapy. Sustained susceptibility to cephalosporins, β -lactam/ β -lactamase inhibitor combinations, and azithromycin supports their continued use. Periodic antimicrobial surveillance is essential for optimizing treatment strategies for enteric fever.



“Community Medicine Updates,,

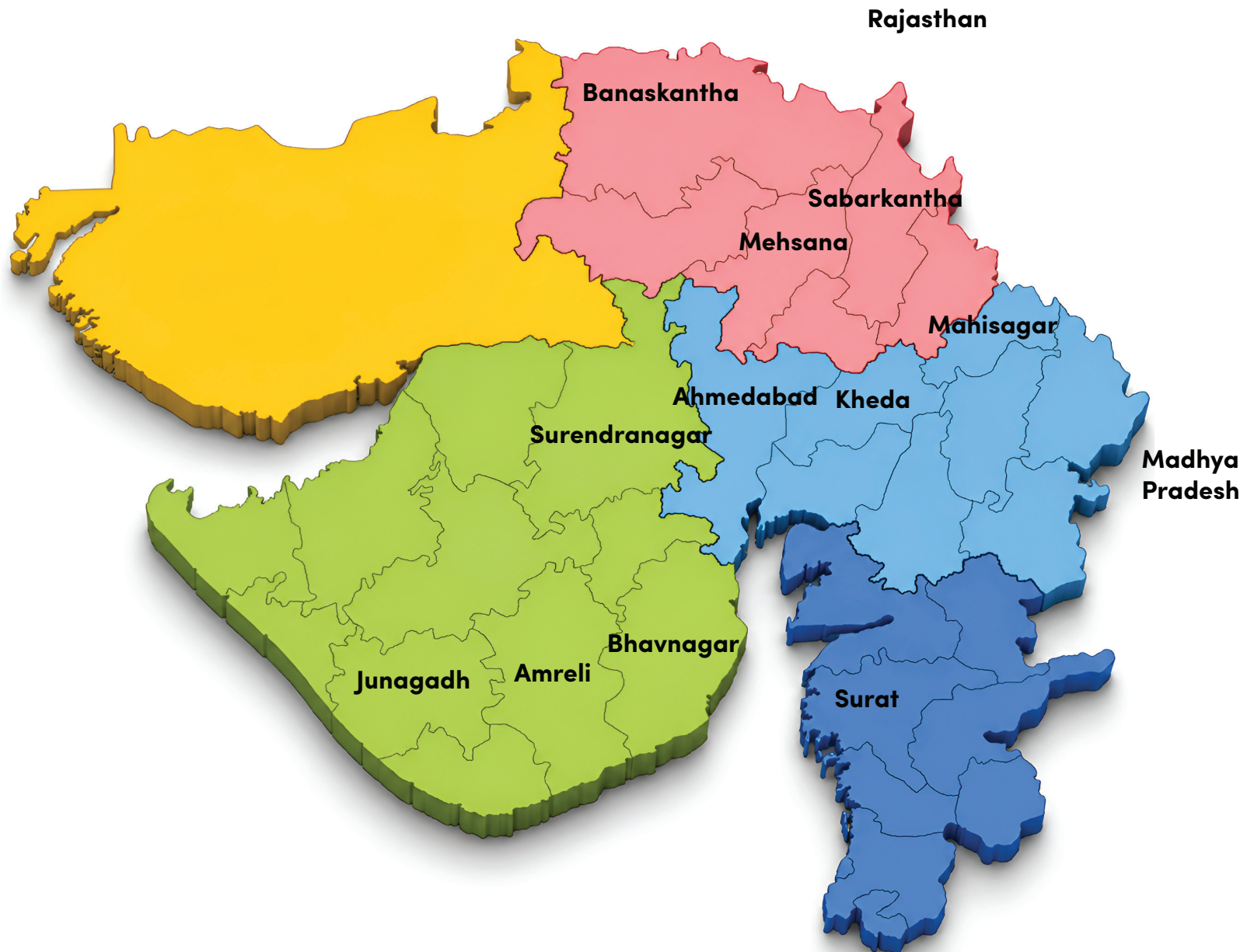
Community Health Education & Medical Outreach

The Department of Community Medicine continued to play a pivotal role in strengthening community healthcare through an extensive network of health education programmes and multi-specialty medical camps conducted across the Urban Health Training Centre (UHTC), Rural Health Training Centre (RHTC), Family Adoption Programme (FAP), and Health Education Unit. These outreach activities addressed key public health priorities, including maternal and child health, immunization, nutrition, communicable and non-communicable diseases, adolescent health, sanitation, environmental health, vector-borne disease prevention, and lifestyle modification. Community members benefited from health screening, medical consultations, preventive counselling, early diagnosis, referral services, and primary healthcare, ensuring timely access to quality healthcare, particularly in underserved urban and rural communities. The programmes also served as an important platform for experiential learning, enabling undergraduate and postgraduate students to actively participate in community-oriented healthcare delivery while promoting preventive medicine and public health awareness.

40	Medical Camps
37	Health Education Sessions
3,022	Medical Camp Beneficiaries
1,805	Health Education Beneficiaries

Public Health Awareness Initiatives

As part of its commitment to preventive and promotive healthcare, the Department organized a series of public health awareness programmes to commemorate major national and international health observances, including World Obesity Day, World Tuberculosis Day, National Vaccination Day, National Deworming Day, World Cancer Day, World Immunization Week, World Malaria Day, and World No Tobacco Day. Special awareness sessions on Heatwave Preparedness and Pre-Monsoon Vector-Borne Disease Prevention equipped students and community members with practical knowledge on seasonal health risks, climate-related illnesses, and preventive measures. To encourage active community participation, the department also organized interactive role-play activities on World No Tobacco Day, effectively communicating the harmful effects of tobacco use and promoting healthy behavioural change. Through these educational initiatives, the department reinforced the importance of health promotion, disease prevention, early intervention, and community participation, contributing to improved public health awareness and healthier communities.





“Free Multi-Specialty Health Camps Across Gujarat, Rajasthan & Madhya Pradesh,”

349

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)

28,100

Patients Treated

Demonstrating its commitment to accessible and inclusive healthcare, the organization successfully conducted 349 Free Multi-Specialty Health Camps, benefiting over 28,100 individuals across Gujarat, Rajasthan, and Madhya Pradesh, including major cities such as Ahmedabad, Surat, Gandhinagar, and surrounding rural and semi-urban regions. Organized in collaboration with community organizations, educational institutions, industries, NGOs, and local governing bodies, these outreach initiatives brought quality healthcare directly to underserved communities.

The camps offered comprehensive consultations and health screening across a broad range of specialties, including General Medicine, Pediatrics, General Surgery, Obstetrics & Gynecology, Orthopaedics, Ophthalmology, ENT, Dermatology, Dentistry, Psychiatry, Pulmonology, Cardiology, Neurology, Urology, Nephrology, Gastroenterology, Surgical Oncology, Medical Oncology, Radiation Oncology, Physiotherapy, Nutrition & Dietetics, and Preventive &

Community Medicine. Depending on the camp requirements, participants also received basic diagnostic investigations, blood pressure and blood sugar screening, ECG, laboratory tests, mammography screening, cancer screening, health risk assessment, free medicines, specialist referrals, and follow-up guidance.

Beyond clinical services, the outreach programmes included health awareness sessions, cancer prevention education, lifestyle disease counselling, women's and child health awareness, tobacco cessation campaigns, CPR & First Aid training, outreach OPD services, and preventive health education. By combining preventive, promotive, diagnostic, and curative healthcare services under one platform, these initiatives significantly strengthened community health awareness, encouraged early disease detection, and ensured timely access to specialized medical care for thousands of beneficiaries.



“GCS Sahayak Assisting Every Patient, Every Step of the Way,”

To enhance patient experience and ensure seamless access to healthcare services, GCS Hospital has introduced the GCS Sahayak initiative—a dedicated patient assistance programme designed to support patients and their families throughout their hospital journey. Trained GCS Sahayaks provide compassionate guidance and personalized assistance, particularly for senior citizens, differently-abled individuals, visually impaired patients, patients travelling alone, and those requiring additional support while navigating hospital services.

From the moment a patient enters the hospital, GCS Sahayaks assist with registration, appointment guidance, OPD navigation, diagnostic services, admission procedures, inter-departmental coordination, pharmacy assistance, billing support, discharge formalities, and hospital wayfinding, ensuring a smooth and stress-free experience. The team also provides wheelchair assistance, escorts patients to various departments, facilitates communication with hospital staff, and helps patients understand service locations and care processes.

By reducing confusion, minimizing waiting-related difficulties, and offering timely assistance, the GCS Sahayak initiative strengthens patient convenience, improves accessibility, and reinforces GCS Hospital's commitment to patient-centred, compassionate, and inclusive healthcare.





“371 Units of Blood Collected Through Voluntary Blood Donation Drives,,

Voluntary Blood Donation Programme

The Department continued its commitment to strengthening transfusion services and ensuring the uninterrupted availability of safe blood through a series of voluntary blood donation drives organized during the reporting period. These initiatives were conducted in collaboration with educational institutions, industries, corporate organizations, community groups, NGOs, and voluntary blood donors, encouraging active public participation in this life-saving cause. Through the collective efforts of donors and partner organizations, a total of 371 units of blood were collected, significantly contributing to the hospital's blood bank inventory and supporting the timely availability of blood and blood components for patients in need. The collected blood was utilized for the management of emergency and trauma cases, major surgical procedures, cancer treatment, obstetric emergencies, pediatric patients, critically ill individuals, and patients requiring regular transfusion support. Alongside blood collection, awareness activities emphasized the importance of regular voluntary blood donation, safe donation practices, and community responsibility, inspiring more individuals to become repeat donors. The programme reflects the institution's unwavering commitment to ensuring a safe, adequate, and readily available blood supply while fostering a culture of voluntary blood donation and community service.





“Women's Health Awareness Programme,,

Empowering Women Through Health Awareness

To commemorate International Women's Day 2026, GCS Medical College, Hospital & Research Centre organized a large-scale Women's Health Awareness Programme, bringing together over 800 women from urban and rural communities. The event witnessed enthusiastic participation from Anganwadi workers, ASHA workers, NGO representatives, women entrepreneurs, self-help groups, and community members, creating a vibrant platform for health education, preventive healthcare, and women's empowerment. A series of interactive health education stalls were established by various departments of GCS Hospital, covering key areas such as women's health, antenatal and postnatal care, child health, nutrition, physiotherapy, infertility, addiction awareness, CPR and Basic Life Support (BLS) training, and preventive healthcare. Participants received expert guidance on early disease detection, healthy lifestyle practices, regular health screening, and available healthcare services. To encourage timely medical consultation, complimentary health check-up coupons were distributed to all participants. The programme was further enriched by the presence of renowned Radio Jockey Viraj, who served as the special guest and host, engaging participants through interactive sessions and motivational activities. The celebration concluded with Garba performances, cultural activities, and community engagement programmes, creating a joyful atmosphere while reinforcing the message of women's health, wellness, and social empowerment.





“International Women's Day 2026,,

Celebrating Women, Inspiring Excellence

To celebrate International Women's Day 2026, GCS Medical College, Hospital & Research Centre organized a special programme dedicated to honouring the invaluable contributions of its women employees, including doctors, nurses, faculty members, administrative staff, and support personnel. The celebration served as a tribute to the dedication, strength, leadership, and compassion demonstrated by women across every department of the institution. The event featured a vibrant lineup of cultural performances, group dances, musical presentations, fun-filled games, interactive competitions, and recreational activities, creating an atmosphere of joy, unity, and appreciation. Women employees enthusiastically participated in the celebrations, showcasing their talents, creativity, confidence, and team spirit beyond their professional responsibilities. The programme encouraged bonding among colleagues while recognizing the important role women play in healthcare, education, administration, and community service. Hospital leadership extended their appreciation to all women staff members for their unwavering commitment, resilience, and excellence in patient care and institutional development. The celebration concluded with prize distribution, felicitation, refreshments, and memorable moments of togetherness, reaffirming GCS Hospital's commitment to promoting gender equality, workplace inclusivity, employee well-being, and women's empowerment.





“International Yoga Day 2026,,

Yoga for Wellness, Wellness for Life

To commemorate International Yoga Day 2026, GCS Medical College, Hospital & Research Centre, Ahmedabad, organized a special Yoga Session for employees and students with the objective of promoting physical fitness, mental well-being, and a healthy lifestyle. The session was conducted under the guidance of Dr. Karuna Jain, Senior Coach, Gujarat State Yoga Board, and Ms. Rashmi K. Pandya, Authorised Yoga Instructor, who demonstrated various yoga postures, breathing techniques (Pranayama), and relaxation practices beneficial for overall health. Participants enthusiastically performed yoga exercises designed to improve flexibility, posture, respiratory health, concentration, stress management, and emotional well-being. The instructors also highlighted the importance of incorporating yoga into daily life as a preventive healthcare practice for maintaining physical, mental, and emotional balance. The programme witnessed active participation from faculty members, healthcare professionals, administrative staff, students, and hospital employees, reflecting the institution's commitment to promoting wellness and preventive healthcare. The session concluded with a vote of thanks, encouraging participants to adopt yoga as a lifelong habit for healthier living. Refreshments were served following the event.



“International Nurses Day 2026,,

Celebrating Compassion, Care & Commitment

To commemorate International Nurses Day 2026, GCS Medical College, Hospital & Research Centre organized a vibrant celebration to recognize the invaluable contributions of its nursing professionals in delivering compassionate, patient-centered healthcare. The programme brought together nursing officers, nursing faculty, students, hospital administrators, and healthcare professionals in an atmosphere of appreciation, unity, and celebration. The event featured a variety of cultural performances, including group dances, solo performances, musical presentations, skits, and a vibrant fashion show, showcasing the confidence, creativity, and talents of the nursing fraternity beyond their clinical responsibilities. These performances reflected teamwork, professionalism, cultural diversity, and the spirit of nursing while providing an opportunity for staff to celebrate together outside the clinical environment. The celebration also included felicitation of outstanding nursing professionals in recognition of their dedication, clinical excellence, compassionate patient care, and commitment to quality healthcare. Inspirational addresses by hospital leadership acknowledged the indispensable role of nurses as the backbone of the healthcare system and appreciated their unwavering service, resilience, and professionalism.



“GCS Physiotherapy College Updates,,

Academic Excellence & Professional Development

The College of Physiotherapy organized a Seminar on "Introduction to Biomechanics and Kinesiology" and a Hands-on Workshop on "Kinesiology and Biomechanics of the Shoulder and Arm Complex" by Dr. Intima Patel (PT), Former Principal, College of Physiotherapy, SSG Hospital. The sessions enhanced students' and faculty members' clinical knowledge and practical skills in shoulder biomechanics and evidence-based physiotherapy.

Cardiac Rehabilitation Week & Community Awareness

The department celebrated Cardiac Rehabilitation Week through awareness drives across OPDs, wards, and the GCS Hospital campus. BPT students prepared educational posters and pamphlets, conducted awareness sessions on cardiac rehabilitation, heart-healthy nutrition, lifestyle modification, and cardiovascular disease prevention, and presented a street play promoting heart health, early mobilization, regular exercise, and risk factor reduction among patients, caregivers, healthcare professionals, and visitors.

Clinical Outreach & Women's Health

Physiotherapy faculty actively participated in the Women's Day Health Camp, creating awareness about the role of physiotherapy in antenatal and postnatal care. The department also demonstrated multidisciplinary expertise by contributing to the successful management of a Total Lung Lavage procedure.

Student Achievements & Participation

Students and faculty actively participated in GCS Sports Week and the Blood Donation Awareness Competition organized by the Department of Pathology, where the department secured prize-winning positions, reflecting excellence in extracurricular participation alongside academics and clinical training.





“GCS School/ College of Nursing Updates,,

Training & Continuing Nursing Education (CNE)

The GCS School/College of Nursing organized a series of Continuing Nursing Education (CNE) programmes covering Professional Communication, Stress Management, Leadership & Time Management, Research & Evidence-Based Practice, Scientific Writing, and Career Development, strengthening students' clinical, academic, and professional competencies.

Professional Ceremonies

The Candle Lighting & Oath Ceremony for GNM and B.Sc. Nursing students was held in the presence of Shri Kshitish Madanmohan, Managing Director, GCS Foundation, inspiring students to uphold professional ethics and compassionate patient care. The Graduation Ceremony for GNM and B.Sc. Nursing graduates was graced by Shri Kshitish Madanmohan as Chief Guest and Dr. Pragnaben Dabhi, Registrar, Gujarat Nursing Council, as Guest of Honour, celebrating students' successful transition into the nursing profession.

Community Health & Public Health

Students actively participated in the Pulse Polio Immunization Programme and Third-Year B.Sc. Nursing Community Posting, gaining practical experience through immunization activities, home visits, health

assessments, and community health education, reinforcing preventive and promotive healthcare.

Mental Health & Community Outreach

Students demonstrated their commitment to community awareness through Role Plays on Alcohol De-addiction (Third-Year B.Sc. Nursing) and Depression (Second-Year GNM) during Mental Hospital postings, while Third-Year GNM students conducted a Substance Abuse Awareness Rally at Dabhoda Village, promoting healthy lifestyle practices.

Educational & Student Development Activities

An Educational Visit to the Family Planning Association of India (FPAI) and a Cyber Crime Awareness Programme provided students with practical exposure to reproductive health services, cyber safety, and responsible digital practices. The institution also celebrated Sports Day, promoting teamwork, discipline, leadership, and physical fitness among students.





“Community Oncology Centre Outreach & Preventive Healthcare Updates,,

Community Health Check-up Camps

The Community Oncology Centre organized an extensive series of community health check-up camps in collaboration with The Gujarat Institute of Civil Engineers and Architects Association, Khadayita Samaj, Abhishek Apartment, Jiva Clinic (New Vasna), Vinayak Physiotherapy & Spine Clinic (Bareja), Movement Team Physiotherapy Centre (Naranpura and Maninagar), Shree Dental Clinic (Shyamal), Shyam Villa-3 (Nikol), Saath Charitable Trust, Kutchhi Patel Samaj, and Indira Nagar Awas Yojana (Odhav).

These outreach initiatives were aimed at strengthening preventive healthcare and improving community access to quality medical services. The camps provided general health screening, physician consultations, specialist referrals, health counselling, and preventive care guidance, enabling early identification of common medical conditions and chronic diseases.

Cancer awareness sessions conducted alongside the camps educated participants about cancer symptoms,

risk factors, early diagnosis, timely treatment, and the importance of regular health check-ups. The programmes received enthusiastic community participation and reinforced the Centre's commitment to delivering accessible, affordable, and community-based healthcare.

Cancer Awareness & Community Outreach

The Community Oncology Centre conducted a wide range of cancer awareness programmes across corporate organizations, educational institutions, and rural communities in collaboration with N Scope Pvt. Ltd., Apollo International School, National Service Scheme (NSS), R. J. Tibrewal Commerce College, and Intas Foundation Apna Ghar. Dr. Drishti Kansara, Administrator, Community Oncology Centre, delivered expert sessions on cancer prevention, early diagnosis, women's cancers, available treatment options, palliative care, healthy lifestyle practices, nutrition during cancer treatment, and tobacco cessation.

Interactive lectures, exhibitions, awareness talks, question-answer sessions, and street plays effectively engaged students, employees, and community members. These initiatives promoted timely screening, improved awareness regarding common warning signs of cancer, and encouraged individuals to adopt healthier lifestyles while reducing fear and misconceptions associated with the disease.

Cervical Cancer Prevention Initiative

As part of its commitment to preventive oncology, the Community Oncology Centre, in collaboration with Saath Charitable Trust, organized a Cervical Cancer Prevention Programme by providing free HPV vaccination to eligible school-going girls from Shiv Primary School. The initiative focused on creating awareness regarding cervical cancer, the role of HPV vaccination, and the importance of early prevention among adolescent girls.

Participants and their guardians were also educated about women's health, personal hygiene, vaccination schedules, and the significance of regular health screening. The programme represented an important step towards reducing the future burden of cervical cancer through preventive healthcare interventions.

World Cancer Day Celebration

The Community Oncology Centre celebrated World Cancer Day through a series of educational, cultural, and patient engagement activities in collaboration with Intas Foundation Apna Ghar, Apollo International School, and Silver Oak College of Nursing.

The programme featured the "United by Unique" themed cancer awareness exhibition, interactive awareness sessions, recreational activities, and a theatrical performance designed to inspire hope and emotional well-being among cancer patients. Dr. Drishti Kansara provided comprehensive guidance on cancer prevention, early diagnosis, nutritional care during treatment, healthy lifestyle practices, and emotional support, while interactive discussions encouraged active participation from patients, caregivers, students, and the community.

The celebration successfully combined education with emotional support, reinforcing the message that cancer can be detected early, treated effectively, and overcome with timely medical care.



Women's Health & Preventive Oncology

To commemorate International Women's Day, the Community Oncology Centre, in collaboration with Little Genius School, organized a dedicated Women's Health and Cancer Awareness Programme highlighting the importance of preventive healthcare for women. Dr. Drishti Kansara conducted informative sessions on breast cancer, cervical cancer, early warning signs, risk factors, self-awareness, screening methods, and preventive strategies, encouraging women to prioritize regular health check-ups.

A Gynecology Consultation Camp conducted by specialist gynecologists offered expert consultation, counselling, and guidance on reproductive health and common gynecological concerns. The programme empowered women with knowledge and emphasized the value of early diagnosis in improving treatment outcomes.



Pediatric Health & School Outreach

The Community Oncology Centre, in partnership with H3 International School, organized a Pediatric Health Camp



to promote preventive healthcare among children. Specialist pediatricians conducted general health examinations, nutritional assessments, growth monitoring, height and weight evaluation, and screening for common childhood illnesses, while providing appropriate treatment and medical advice wherever required.

Parents were counselled on balanced nutrition, immunization, hygiene practices, child development, and preventive healthcare, enabling them to make informed decisions regarding their children's health.

The initiative highlighted the Centre's commitment to promoting healthy childhood development through community-based preventive healthcare programmes.

Integrated Medical & Physiotherapy Consultation Camps

The Community Oncology Centre organized multidisciplinary Medical and Physiotherapy Consultation Camps in collaboration with Ronak Nagar Anganwadi, providing comprehensive healthcare services under one platform. Dr. Drishti Kansara offered consultations for general medical conditions and preventive healthcare, while Dr. Vaibhavi Ghodashiya (Physiotherapist) evaluated orthopedic and musculoskeletal disorders, providing physiotherapy consultations, rehabilitation advice, and treatment recommendations.

Patients also received essential medicines, counselling, and referrals for further treatment wherever necessary. These camps strengthened community healthcare by integrating preventive medicine, physiotherapy, and patient education into a single outreach initiative.

Healthcare Professional Education (CME)

The Community Oncology Centre organized a Continuing Medical Education (CME) Programme on "Beyond Screening: The Value of Health Checkups at the COC Centre," attended by nearly 55 healthcare professionals.

The scientific session was delivered by Dr. Venil Shah (MD Medicine), who emphasized the role of preventive medicine, comprehensive health check-ups, lifestyle modification, and early disease detection in improving patient outcomes. The programme encouraged scientific discussions, exchange of clinical experiences, and adoption of evidence-based practices, thereby promoting continuous professional development and strengthening the quality of healthcare services.

Training & Capacity Building

A specialized Cancer Awareness Training Programme was organized in collaboration with Sath Suicidal Prevention Trust and the Indian Red Cross Society for Health Programme students.

Dr. Drishti Kansara delivered interactive sessions on early warning signs of cancer, risk factors, preventive strategies, screening methods, and community awareness techniques, enabling participants to effectively educate communities on cancer prevention.

The programme strengthened the knowledge and communication skills of future healthcare professionals, creating a network of informed volunteers capable of promoting cancer awareness at the grassroots level.

Patient Support & Community Engagement

The Community Oncology Centre continued its long-standing tradition of celebrating Uttarayan (Kite Festival) with children undergoing cancer treatment, providing them with a memorable and joyful experience beyond clinical care. The celebration included kite flying, games, music, recreational activities, nutritious meals, and cultural interaction, fostering emotional well-being among young patients and their families.

Mr. Iqbalbhai Bahlm, who has supported this initiative for nearly three decades, distributed awareness kites carrying the message "Cancer Can Be Cured," spreading hope while encouraging early diagnosis, timely treatment, and greater public awareness regarding cancer.

Creative Awareness & Public Engagement

To promote health education through creativity, the Community Oncology Centre organized a Cancer Awareness Drawing Competition for children on the theme "Cancer Awareness." Through their artwork, participants creatively highlighted messages on healthy lifestyles, tobacco-free living, cleanliness, early cancer detection, and disease prevention.

A free medical camp conducted alongside the event provided health check-ups and medical guidance to children and their parents, combining education with preventive healthcare. Certificates and prizes were presented to outstanding participants, encouraging creativity while strengthening community engagement in cancer awareness initiatives.

Fire & Safety Preparedness

A comprehensive Fire Safety Training Programme was organized for staff members to enhance institutional safety and emergency preparedness. The training included detailed sessions on fire prevention measures, emergency evacuation procedures, disaster response, safe handling of firefighting equipment, and practical demonstrations of fire safety protocols.

The programme strengthened staff readiness to respond effectively during emergencies while reinforcing the Community Oncology Centre's commitment to providing a safe, secure, and patient-friendly healthcare environment.





“GCRI Academic, Clinical & Institutional Updates,,

NABH 6th Edition Accreditation

The Gujarat Cancer & Research Institute (GCRI) successfully completed the NABH 6th Edition Final Assessment and was awarded NABH 6th Edition Accreditation, reaffirming the institute's commitment to delivering high-quality, safe, and patient-centric healthcare services.

This significant achievement reflects GCRI's sustained adherence to national quality standards, robust clinical governance, continuous quality improvement initiatives, and excellence in patient safety across all clinical and support services.

Personal Notable Achievements of Staff, Residents & Research Personnel

The faculty, residents, and research personnel of GCRI received several prestigious recognitions for their academic and research excellence. During the Dr. T. B. Patel Young Scientist Research Medal Competition held

as part of the GCRI Hospital Week Celebration, Dr. Savan Kukadia (Palliative Medicine) received the Gold Medal, Dr. Komal Rai (Gynaecologic Oncology) the Silver Medal, and Dr. Vidushi Gupta (Gynaecologic Oncology) the Bronze Medal in the Clinical Department category.

In the Cancer Biology category, Ms. Rutu Shah (Molecular Diagnostics & Research Laboratory-I) received the Gold Medal, Ms. Krupali Shah (Molecular Diagnostics & Research Laboratory-III) the Silver Medal, and Ms. Nidhi Patel (Cytogenetics Laboratory) the Bronze Medal. Dr. Anand Shah, Associate Professor, Department of Community Oncology, represented GCRI at the IARC@60 International Scientific Conference: Cancer Research into Action, organized by the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO) in Lyon, France, where he presented a scientific poster showcasing the department's research on an international platform.

Dr. Mohit N. Makwana, Assistant Professor, Department of Community Oncology, received the Presidential Appreciation Award at IAPSMCON 2026 for his contributions to preventive and community health, academic excellence, and cancer prevention.

He was also honoured with a Certificate of Appreciation by Civil Hospital, Ahmedabad, for his contribution to developing the Government of Gujarat Cancer Screening Training Module, strengthening capacity building and population-based cancer screening services across the state.

Hospital Week Celebration

The Gujarat Cancer & Research Institute (GCRI) celebrated Hospital Week with a series of academic, cultural, and recognition programmes, including scientific awards, prestigious oration lectures, competitions, and cultural performances. The inaugural function was graced by Dr. (Ms.) Ratankanvar H. Gadhavicharan, IAS, Commissioner of Health (Rural) & Mission Director, National Health Mission, Government of Gujarat, as the Chief Guest.

Prestigious institutional honours included the Dr. T. B. Patel Oration Award to Dr. Kailash Sharma (Tata Memorial Centre, Mumbai); the Shri Ramniklal J. Kinarivala Cancer Research Award to Dr. Rajiv Sarin (Tata Memorial Centre, Mumbai); the Shri Madanmohan Ramanlal GCRI Luminary Oration Award to Dr.

Prabhudas Patel; the Dr. Shilin Shukla Medical Oncology Oration Award to Dr. Palanki Satya Dattatreya (Renova-KIMS Cancer Institute, Secunderabad); and the Dr. Bhavana Janakbhai Dave Cancer Biology Oration Award to Dr. Subhasis Haldar (S.N. Bose National Centre for Basic Sciences, Kolkata).

The Helping Hand Appreciation Award, instituted by the Shashiben Surendrabhai Shah Family, was presented to Shri Kshitishbhai Madanmohan, Director, GCS Foundation, for his dedicated community service and to Shri Kamal Sir for his longstanding commitment to educating underprivileged children through the Footpath School initiative.

For research excellence, the Vimla Agrawal Rotating Trophy was awarded to the Department of Community Oncology, with Surgical Oncology as Runner-up among Clinical Departments. In the Cancer Biology category, Molecular Diagnostics & Research Laboratory-III received the Rotating Trophy, while the Cytogenetics Laboratory was awarded the Runner-up Trophy.

The Dr. T. B. Patel Young Scientist Research Medal Competition also recognized outstanding young researchers, with Dr. Savan Kukadia, Dr. Komal Rai, Dr. Vidushi Gupta, Ms. Rutu Shah, Ms. Krupali Shah, and Ms. Nidhi Patel receiving Gold, Silver, and Bronze medals in the Clinical and Cancer Biology categories, respectively.

Comprehensive Cancer Care

The Department of Palliative Medicine continued its commitment to capacity building through two Essential Narcotic Drugs (END) Training Programmes, training 29 doctors from GCRI and across Gujarat in the safe use of essential narcotic drugs for pain management.

The department also conducted the Foundation Course in Essentials of Palliative Care under the Indian Association of Palliative Care (IAPC), attended by 4 doctors and 1 nursing professional from across the state, strengthening palliative care expertise and supportive care services.

The Department of Gynaecologic Oncology achieved a significant academic milestone with the increase in MCh seats from four to six, making it one of the largest Gynaecologic Oncology training programmes in India. The department organized a State-Level CME on





"Preinvasive Lesions of Cervix: Know, Prevent and Protect," a Robotic Surgery Workshop led by Dr. Kaustav Basu, Senior Consultant & Clinical Lead, Gynaecological Oncology and Robotic Surgery, Narayana Super Speciality Hospital, Howrah, Kolkata, and an institutional CME on "Deciphering the Molecular Jargon of Endometrial Cancer," further strengthening evidence-based learning and advanced clinical practice.

The Department of Medical Oncology organized a series of multidisciplinary Continuing Medical Education (CME) programmes on advances in thoracic oncology, gastrointestinal oncology, and cancer immunotherapy. Academic sessions included "Emerging Trends in Lung Oncology," "Redefining Per-Operative Care in Resectable GC/GEJC," delivered by Prof.

Sylvie Lorenzen, and "The ASTRUM Study: Novel Immunotherapeutics in SCLC & Beyond," delivered by Dr. Anil Rajani (MBBS, MD – Pharmacology, JIPMER; Deputy General Manager, Medical Affairs, Intas Pharmaceuticals Ltd.).

Bringing together faculty from medical, surgical, radiation, gynaecologic, and pathology oncology disciplines, these programmes were coordinated by Dr. Harsha Panchal, Professor & Head, Department of Medical Oncology, under the guidance of Dr. Shashank Pandya, Director, GCRI, promoting multidisciplinary collaboration and adoption of global best practices.

In collaboration with CanKids, the Department of Paediatric Oncology organized monthly birthday celebrations for paediatric cancer patients, creating moments of joy and normalcy during treatment.

The department also celebrated Holi and Eid with children, parents, caregivers, and volunteers through festive activities, creative engagements, and the distribution of sweets and meals. During Retinoblastoma Awareness Week, an educational session was conducted by Dr. Dale Jude, Paediatric Oncologist, highlighting the importance of early diagnosis and treatment of retinoblastoma.

The department further organized a Parent Support Group (PSG) Forum on the theme "Expressing Creativity and Fun," strengthening psychosocial support and family-centred cancer care. The Department of

Community Oncology continued to strengthen cancer awareness, preventive oncology, and capacity building through several flagship initiatives.

On World Cancer Day, GCRI organized a Cancer Awareness and Cancer Heroes Felicitation Programme attended by Smt. Darshanaben M. Vaghela, Hon'ble Minister of State – Urban Development and Urban Housing, Government of Gujarat, Dr. Ratankanvar H. Gadhavicharan, Commissioner of Health (Rural) & Ex-officio Mission Director, National Health Mission, Dr. Shashank Pandya, Director, GCRI, Dr. Priti Sanghavi, Deputy Director, GCRI, faculty members, healthcare professionals, and more than 500 Cancer Heroes with their families.

Cancer survivors shared inspiring stories, reinforcing the importance of early diagnosis, timely treatment, regular screening, tobacco-free living, healthy lifestyles, and HPV vaccination.

In collaboration with the National Health Mission (NHM), Government of Gujarat, the department conducted State-wide Training of Trainers (ToT) Programmes on Common Cancer Screening and Early Detection, training approximately 120 Master Trainers representing all 33 districts and 8 Municipal Corporations of Gujarat.

The standardized training module developed by the department, with technical support from SHSRC, SIHFW, and TSU Shreshtha Gujarat, strengthened competencies in oral, breast, and cervical cancer screening, referral pathways, patient counselling, and reporting systems, further enhancing population-based cancer screening services across the state.

The department also organized ONCOR – A Hands-on Oncology Workshop for undergraduate medical students, providing theoretical and practical training in oral visual examination, clinical breast examination, cervical cancer screening using simulation models, patient counselling, infection prevention, referral pathways, and standardized screening protocols, reinforcing preventive oncology and early cancer detection in routine clinical practice.



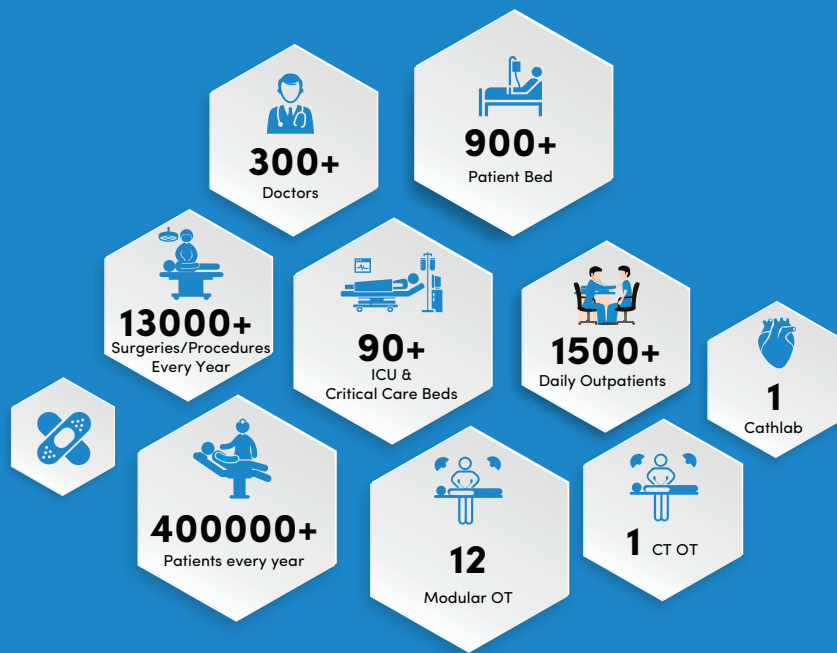
Blood Bank

The Department of Blood Bank commemorated World Blood Donor Day by organizing four voluntary blood donation camps (three in-house and one community camp at Gota, Ahmedabad), collecting 65 units of whole blood, including donations from 28 GCRI staff members. Regular voluntary blood donors were felicitated, awareness posters and educational materials were displayed across the institute, and Mr. Rajesh Rajvanshi, a Blood Centre staff member, was honoured for achieving the remarkable milestone of his 100th voluntary blood donation, reflecting exceptional dedication to voluntary blood donation and saving lives.

Health Awareness & Wellness Initiatives

The Gujarat Cancer & Research Institute (GCRI) celebrated International Nurses Day and International Yoga Day through programmes promoting professional excellence and holistic well-being. International Nurses Day featured an inspirational session by Mr. Suresh Patel on "Excel and Enjoy," attended by more than 100 nursing staff members, fostering motivation, teamwork, and professional development. Under the theme "Yoga for Healthy Ageing," International Yoga Day included a yoga and dietary guidance session led by Yoga Coach Shri Yogeshbhai Jansari for patients and caregivers, encouraging healthy lifestyles and promoting physical, mental, and emotional well-being.





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- Paediatrics
- Psychiatry
- TB & Respiratory

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- Cardiothoracic Surgery
- Critical Care
- Endocrinology
- Gastroenterology
- Gastrointestinal Surgery
- Interventional Radiology
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- Nephrology & Kidney Transplant
- Neurology & Neuro Surgery
- Ortho-Dentistry
- Paediatric Dentistry
- Paediatric Neurology
- Paediatric Surgery
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- Spine Surgery
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- Vascular Surgery
- Nuclear Medicine
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CRITICAL CARE	Dr. Bhavesh Shah
GASTROENTEROLOGY	Dr. Harshil Trivedi Dr. Dhaval Gupta Dr. Nilesh Pandav
GASTROINTESTINAL SURGERY	Dr. Dhaval Patel Dr. Surbhi Desai
HEMATO-ONCOLOGY	Dr. Akanksha Garg
INTERVENTIONAL CARDIOLOGY	Dr. Roopesh Singhal Dr. Zeeshan Mansuri Dr. Rujuta Parikh
INTERVENTIONAL RADIOLOGY	Dr. Nachiket Kaneria
NEPHROLOGY	Dr. Saurin Dalal Dr. Suvika Patel Dr. Darshan Vithlani Dr. Nishi Patel
NEUROLOGY	Dr. Aparna Kothiala Dr. Meet Raval
NEUROSURGERY	Dr. Manthan Patel Dr. Kashyap Vyas
NUCLEAR MEDICINE	Dr. Sundara Krishna Chirala
ONCOLOGY	Dr. Kirti Patel Dr. Devender Sukhwil Dr. Nahush Tahiliani Dr. Manohar Chari Dr. Anupa Joshipura
ONCO SURGERY	Dr. Sanket Desai Dr. Kavin Rawal Dr. Umank Tripathi Dr. Rajen A. Tankshali
PAEDIATRIC NEUROLOGY	Dr. Harsh Patel
PAEDIATRIC SURGERY	Dr. Jatin Jadav
PLASTIC SURGERY	Dr. Pramod Menon
RADIATION ONCOLOGY	Dr. Chinmaykumar Prajapati
RHEUMATOLOGY	Dr. Sanket Shah Dr. Taral Parikh
SPINE SURGERY	Dr. Keyur Akbari
UROLOGY	Dr. Ashish Parikh Dr. Hardik Patel Dr. Ravi Jain Dr. Vivek Kothari

GENERAL SPECIALITY

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