

May 2023

# expressSO

The Monthly Newsletter from  
SSO Hospitals and Clinics



**SSO**  
**SPECIALTY**  
SURGICAL ONCOLOGY  
Precise and Personalized Care



## From The Editor's Desk

The second edition of newsletter of SSO hospital and Clinic 'expressSO' is here. May brings heat as well as holidays with everyone taking a backseat from work and going away on holiday to get out of the sweltering heat of Mumbai. But for SSO it has been an eventful month!

We successfully treated some unique cases this month. Among them was a young male patient with a known family history of cancer detected with multiple renal lesions - 5 on the right and 7 on the left. We also treated a 43-year-old lady with a Gastrointestinal Stromal Tumor of the stomach with multiple liver metastases. We welcomed three talented young doctors into the SSO family, We opened our first Stoma Care Clinic and had the privilege to organise and host the Medtronics-sponsored PACE program. The event gave us a chance to meet and exchange ideas with fellow surgeons from across India.

The doctor in focus for this month is the very talented Dr. Nilesh Chordiya, a Laparoscopic surgeon par excellence. You will also read about Dr. Amit Chakraborty of team SSO, who conducted a two-day camp at Nagpur for head and neck.

Happy reading, and don't forget to drop us a line with your valuable comments and suggestions so we can make this monthly newsletter more worthy.

## What's inside?

- **Editor in Chief**  
- Dr. Jayesh Gori
- **Case Studies**
- **Doctor in Focus**
- **Pace Program**
- **Stoma Care Clinic Opening**
- **Health Tips**
- **Published Paper**



**Dr. Jayesh Gori**

Editor-in-Chief, expressSO  
Consultant Surgical Oncologist  
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(Tata Memorial Hospital, Mumbai),  
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*C/I Bilateral Multiple Renal Tumor in Known Case of Von Hippel Lindau  
Surgeon - Dr. Sanket Mehta  
Assistant Surgeon - Dr. Jitesh Rajpurohit  
Anaesthetics - Dr. Nilesh Ghadge*

## Case Study 1:

A 36-year-old, father of one, with a known family history of Von Hippel Lindau syndrome and already operated on for méningioma of the frontal region. He was diagnosed with bilateral suspicious renal lesions on a routine check-up. C.T. scan revealed bilateral renal tumours - 5 lesions on the right side and 7 on the left. One of the lesions on the right side completely involved the pelvicalyceal system, precluding renal conservation on the right side.

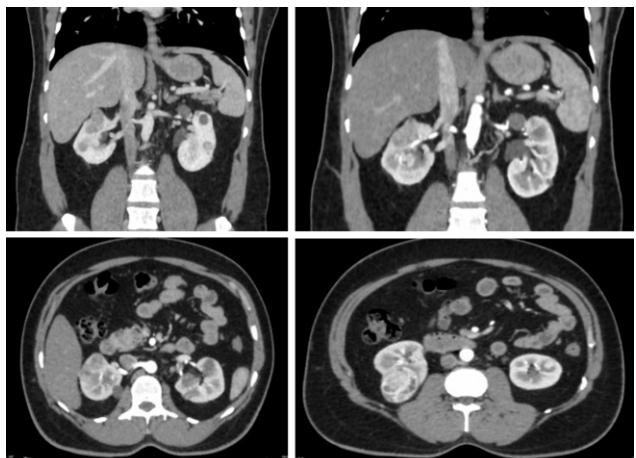
### ■ Challenges:

Renal conservation with so many lesions was a technical challenge in terms of the duration of renal ischaemia time. Intra-operative localisation of 7 lesions on the left side would only be possible with Intra-operative ultrasound (I.O.U.S.) guidance. Knowledge of using I.O.U.S., having a dedicated I.O.U.S. probe for lesion identification, resection under cold ischaemia, immaculate anaesthesia, and hemodynamic management were essential for a good outcome. Another challenge was the bilaterality.

### ■ Approach:

Based on pre-operative planning, we decided on a hybrid approach. The right nephrectomy was first performed laparoscopically.

Subsequently, the left kidney was exposed by the left flank approach. The lesions were identified using I.O.U.S., the vessels were clamped, crushed ice was used to induce hypothermia, and the lesions were excised, hémostases achieved, and complete resection confirmed on I.O.U.S. Throughout the surgery, the hemodynamics were maintained to ensure adequate renal perfusion.



*Bilateral Renal Tumor in VHL Patients*

### ■ Post Operative Recovery:

The patient had an uneventful postoperative recovery and was discharged on the eighth postoperative day.

### ■ Clinical Pearls:

Exhaustive pre-operative planning, good quality imaging, use of intraoperative ultrasound to localise and excise lesions, hybrid approach to fast-track recovery, and multidisciplinary management to ensure sound clinical outcomes.

## Case of the month

*C/o Gastrointestinal Stromal Tumor of the Stomach with multiple Liver Metastasis*  
*Surgeon - Dr. Jayesh Gori, Dr. Sanket Mehta*  
*Anaesthetics - Dr. Nilesh Ghadge*

### Case Study 2:

A 43-year lady present with right upper abdominal pain and early satiety under evaluation by C.E.C.T. Thorax, Abdomen and Pelvis were found to have large greater curvature of the stomach mass involving the tail of the pancreas and splenic hilum with multiple liver metastases. On Upper G.I. scopy evaluation, there was submucosal bulging present. C.T. guided biopsy and with I.H.C. s/o gastrointestinal Stromal tumour. In view of a large tumour involving multiple organs and with liver metastasis.

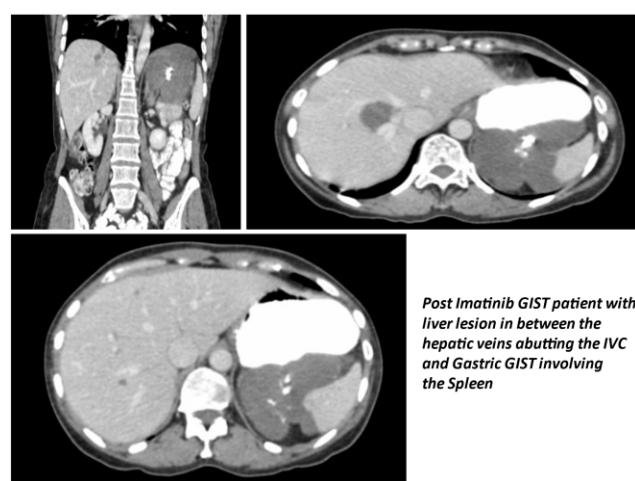
It was planned to receive neoadjuvant therapy. The patient received 5 months of neoadjuvant Imatinib. On response evaluation, the primary tumor decreased by 50 % with no F.D.G. uptake in Liver metastasis; many liver lesions were burnout or disappeared. The patient planned for simultaneous resection of the liver and primary tumour. A midline laparotomy was carried out. Exploratory laparotomy with the greater curvature of the stomach wedge with splenectomy with left adrenalectomy with parenchymal sparing under U.S.G. guided liver segments VIII excisions and VI (wedge) excision done. Intraoperative U.S. guided liver segment VIII excisions with liver wedge excision done. I.C.G. confirmed the good vascularity of liver remnant parenchyma.



*Wedge of Greater curvature of stomach, spleen, left adrenal gland*



*Liver Segment VIII*



#### ■ Post Operative Course:

It was uneventful. The patient was discharged on P.O.D. 7 with a smiling face. Since she was very nervous and scared of drainage pipes, she was cheered and managed well by the entire hospital staff.

Final Histopathology s/o residual disease of Greater Curvature of the stomach involving the spleen and residual disease in the liver segment and liver wedge. All margins were free. She received about 1 month of antibiotics (as she underwent Splenectomy need prophylaxis) and Vaccination on postoperative day 14. She is at present on adjuvant Imatinib Therapy and doing well.

#### ■ Important Points:

A good team approach and proper planning helped tremendously. The use Of Intraoperative U.S.G. and I.C.G. machines and well-trained, humble staff is mandatory for great results.



**Dr. Nilesh Chordiya** is a highly experienced and reputed cancer surgeon, having performed over 6,000 cancer surgeries and counting. He is trained at the Tata Memorial Cancer Centre, Mumbai. Following this, he received his fellowship training in laparoscopic cancer surgery from St. Catholic University, Seoul, South Korea. His area of interest and expertise is in minimal access cancer surgeries, laparoscopic colorectal and G.I. cancer surgery, laparoscopic gynae cancer surgery, pancreatic cancer surgery and cytoreductive surgery.

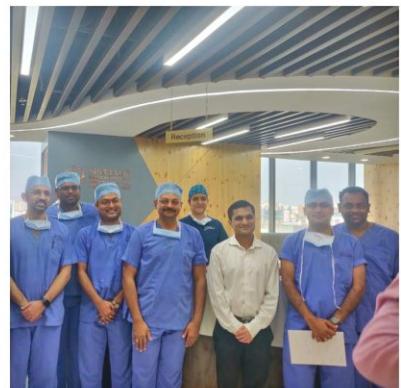
*Highly skilled, versatile, adaptive, and ever-eager to help other surgeons in an emergency, Dr. Chordiya always has many complex cases in his kitty. Ranging from Esophagectomy, Gastrectomy, Colectomy, Rectal surgeries, Complex Pancreatico biliary Surgeries, Whipple procedures, advanced gynaecological procedures (Wertheim's hysterectomy, Cytoreductive surgeries for ovaries*

*etc.), Retroperitoneal sarcomas and more. Within the SSO family, it is often discussed that Dr. Chordiya is 'Surgeon who does not panic nor does he get tired'.*

## PACE Colorectal Surgery Workshop

With the aid of Medtronic, a live surgery workshop was conducted by a dedicated organ-specific, highly skilled team of SSO (Dr. Sanket Mehta, Dr. Nilesh Chordiya, Dr. Praveen Kammer) with 6 dedicated surgeons attending the program from different parts of India on 4th and 5th of May 2023 at SSO Hospital Ghatkopar. As part of the workshop, there were dedicated lectures and four surgeries: Laparoscopic Anterior Resection, laparoscopic Abdominal perineal resection, Cytoreductive surgeries and H.I.P.E.C. and P.I.P.A.C.

All Participants had the opportunity to communicate directly with the consultant, allowing one-to-one learning, making the workshop successful.



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We warmly welcome **Dr. Sanmit Joshi**, an exceptional Head and Neck Surgeon, **Dr. Ujjwal Yeole**, an accomplished NeuroOnco Surgeon, and **Dr. Zeeba Usufi**, a proficient G.I. and Gynec Oncosurgeon.

With their diverse expertise and unwavering dedication to patient well-being, our team is now even better equipped to provide the highest level of medical care, all under one roof.



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## Stoma Care Clinic

At SSO, we believe that a holistic approach to cancer treatment and after-surgery care is a big part of what contributes to good outcomes. Stoma care is a big lacuna in the private sector, and SSO care clinic is a small initiative to address this issue.

Most importantly, it is in keeping with our patient-centric ethos, as it is a fact that having a surgeon and a stoma nurse involved in decision-making and training will always give better results. The clinic was inaugurated by the most deserving guests of honour - the three senior-most SSO nurses involved in post-operative care at SSO. A big thank you to Coloplast for supporting this initiative.



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## Health Tips



*The ten World Cancer Research Fund cancer prevention recommendations.  
(This material has been reproduced from the World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer)*

\$ Kerschbaum E, Nüssler V. Cancer Prevention with Nutrition and Lifestyle. *Visc Med.* 2019 Aug;35(4):204-209. doi: 10.1159/000501776. Epub 2019 Jul 23. P.M.I.D.: 31602380; P.M.C.I.D.: PMC6738231.

## Cancer Screening camp reaching the community level

Attended By Dr. Niharika Garach, Dr. Jitesh Rajpurohit. Head and Neck cancer screening camp by Dr. Amit Chakraborty.

## SSO's Continued Commitment to Cancer Research

- 1 Kammar, P., Garach, N., Bhatt, A. et al. High-Risk Peritoneal Mesothelioma: Does Metronomic Chemotherapy Have a Role?. *Indian J Surg Oncol* (2023).  
<https://doi.org/10.1007/s13193-022-01691-8>
- 2 Kammar, Praveen & Garach, Niharika. (2023). Robotic versus laparoscopic surgery for middle and low rectal cancer. *The Lancet Gastroenterology & Hepatology*. 8. 11-12. 10.1016/S2468-1253(22)00379-X.
- 3 Kazi M, Gori J et al. Incidence and treatment outcomes of recto-vaginal fistula after rectal cancer resection. *Female Pelvic Medicine & Reconstructive Surgery*. Feb 2021
- 4 Gori J, Rohila J, Sukumar V et al., Laparoscopic Complete Mesocolic Excision of Left colonic lesion-A video vignette. *Colorectal Disease Journal*.
- 5 Incidence and Treatment Outcomes of Rectovaginal Fistula After Rectal Cancer Resection. Kazi, Mufaddal ; Gori, Jayesh et al. *Female Pelvic Medicine & Reconstructive Surgery*: May 10, 2021 - Volume - Issue - doi:10.1097/SPV.0000000000001063.
- 6 Gori, Jayesh J. M.Ch.; Sukumar, Vivek M.S., M.Ch., M.R.C.S.; et al, Laparoscopic dominoperineal Resection With Bilateral Seminal Vesicle Excision: Video Presentation. *Diseases of the Colon & Rectum* 66(2):p e49, February 2023. | DOI: 10.1097/DCR.0000000000002449.  
<https://link.springer.com/article/10.1007/s13193-023-01745-5>

Your feedback and comments are welcome at **feedback@ssohospitals.com**, so that we can continue improving and raising the bar for cancer care. - Team expreSSO.

For more information check out -

[www.ssohospitals.com](http://www.ssohospitals.com)