

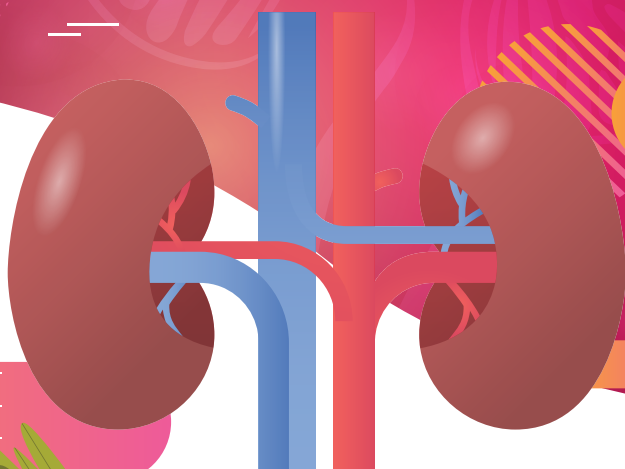
WOMEN IN NEPHROLOGY INDIA

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WINGS

WOMEN IN NEPHROLOGY GUP SHUP



Official newsletter of Women in Nephrology India



Tribute to **Dr. Vidya Acharya Madam**
First Women in Nephrology from India

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EDITORIAL

We spread our 'Wings', pledging to soar higher each time, pervading through clouds and beyond the horizons."

Women have been endowed with the sobriquet of 'caregiver' since time immemorial. She has been dutifully playing her part in nurturing humanity. Field of medicine, which demands care-giving as an inherent trait, has been aceed by women owing to their inherent aptitude for the same. History proudly mentions about Metrodora (c. 200–400 CE), a Greek physician and author of the oldest medical text written by a woman, on the 'Diseases and Cures of Women', which made significant contributions to the etiology and symptomology of diseases.

As far as renal medicine is concerned, the contributions made by many American women between 1918 and 1960 were not recognised until 1999; Marian Minor Crane, Anna Josephine Eisenman, Pauline Merritt Hald, Lois L. MacKay, Grace Medes, Gladys

Cameron, Alma Elizabeth Hiller, Phyllis Adele Bott, to mention a few. The International Society of Nephrology (ISN) had executed commendable measures to acknowledge and approbate the overlong legacy of women in nephrology. It is difficult to collate each and every admirable woman who has contributed to the development of the speciality from the history, which continues to present. But to honour few, its worth mentioning; Josephine Briggs, Saraladevi Naiker, Pricilla Kincaid-smith, M. Teresa D Ocon Asensi, Agnes Fogo, Vivette D gati, Gabriela Morono, Liz Lightstone, Sharon Moe, Teresa Adrago and Liza M Curtis, as leader in Nephrology.

In India, Dr. Vidya Acharya, was not only the first women nephrologists but also the founder member of ISN and ISOT. She has nurtured Nephrology like a child! and the legacy was continued by pioneers from all the four corners of the India, Dr Muthujayrama, Dr Kumud Mehta, Dr Anuradha, Dr

Neela Prasad, D Nandita Chaudari. Dr Urmila, second generation women nephrologist in India, with her vast experience and networking across the world is trying to pass on the baton from pioneers to the younger generation adding new dimension to WIN India.

WIN-India is a humble initiative with an intention to cohere all the woman nephrologists across the nation into one coterie. With the blessings of doyens, WIN- India aspires to disseminate academic updates among the female nephrologists thereby enriching their medical practice. Eyeing over the ulterior goal of quality patient care, WIN-India would ensure to organize monthly academic meetings where all relevant topics pertaining to nephrology would systematically be touched upon by the eminent speakers. The educational activities carried out by WIN-India would encompass research-work, provision for an e-library, mentor-mentee activities, and maintenance of clinical registries and imparting opportunities to improve community outreach.

WIN India news letter called " WINGS" (Women In Nephrology Gup Shup) would be the voice of women nephrologists across nation, to showcase the work of the youngsters, introduce pioneer of women nephrologists across the globe and a platform to network and learn. It would have various sections; Know your Frontiers- wo-men in Nephrology, Educorner, Residents column, Recreational zone, Events organised, Upcoming events and the Social media to make it more lively and inclusive. We take an opportunity to introduce WIN India and urge everyone to be associated with it. Quoting Michelle Obama in the concluding remarks, we would reiterate that, "There's no limit to what we, as women, can accomplish!"



Dr. Swarnalatha Guditi

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Tribute to **Dr. Vidya Acharya Madam** First Women in Nephrology from India

The life of one we love is never lost. Its influence goes on through all the lives it ever touched.

– Christopher Holloway

Dr. Vidya Acharya, affectionately known all over the country as the “Mother of Nephrology”, The first lady nephrologist of India. She started her illustrious medical career, completing her undergraduate and postgraduate studies from the prestigious Seth G.S. Medical College and KEM Hospital. She dedicated herself completely to these institutions, where she joined as faculty and contributed immensely to the development of the Departments of Medicine and Nephrology.

She ventured into a male-dominated world and her entire journey was characterized by fearlessness and unflagging energy that ensured establishment of a department that was the cynosure of the world’s eyes.

She was responsible for establishment and development of the Nephrology Unit at the King Edward VII Memorial

Hospital, Mumbai. She was the very first to start Dialysis and Transplantation facilities in Western India. She has been one of the very few who helped the formation of Indian Society of Nephrology, Indian Society of Organ Transplantation and consistently worked for their progress having held the post of president of both societies. She was also a founder member and past President of Hypertension society of India. She was an active member of Education Committee, Hypertension and Kidney Disease Detection Committee of International Federation of Kidney Foundation [IFKF]. She was passionate about the importance of prevention of CKD.

Respectfully called “madam”, she was a popular teacher in Medicine and Science, having trained thousands of students at the M.B.B.S. level, hundreds of post graduates in M.D., more than

200 students in the specialty of Nephrology, and more than a dozen research students for M.Sc and Ph.D in the subject of 'Applied Biology' of Mumbai University.

Many of her students trained and nurtured under her, have achieved positions of prominence. All her students stand witness to the care, love and attention showered on them. For even those who were not fortunate enough to be counted among her immediate students, she always held out a helping hand, a comforting shoulder and a compassionate embrace. She has been a "grand teacher" to her student's students if I may say.

She contributed much to the development of Nephrology in the country. She developed the first dialysis and transplant facilities in western India and she was a vigorous advocate of deceased donor kidney transplant. She was also very active in prevention of kidney diseases for which she organized various educational and screening programs through National Kidney Foundation, India.

She was the founding member of Indian Society of Nephrology and Indian Society of Organ Transplant and served as the president of both societies. She established Maharashtra confederation for organ transplant (MCFOT) to initiate cadaver transplantation in the state of Maharashtra. She was instrumental in

bringing all renal health care professionals together by organizing first ever conference called "Conference of Renal Health Care Professionals (COREP)" in 2012. This conference was highly applauded by the International Federation of Kidney Foundation (IFKF)

She was a great academician and had more than 250 publications in various national and international journals. She was an invited speaker and a visiting professor to universities and medical schools both at home and abroad. She was instrumental in bringing Indian Nephrology on the world map.

Even after her retirement, she continued to remain a great teacher and a researcher and devoted herself wholeheartedly in training students of Nephrology and encouraging them to conduct research.

For all her contributions in the field of nephrology, she received numerous awards including Lifetime achievement award from Indian Society of Nephrology and South Asia region pioneer award from International Society of Nephrology. The Indian Society of Nephrology-West Zone chapter has instituted an Oration in her honor at its annual meeting

"Madam" will always be a guiding force and inspiration for a lot of women in India and abroad. I am sure she has touched the lives of many.

Journey from ISN to WIN India: A Narrative from Frontiers-women in Nephrology

Breaking Barriers

Born in nineteen forties, a era, when women are considered as second class citizens and educating a girl beyond school is unheard of, I could manage to become a nephrologist, by breaking many gender barriers. A big thanks to my teachers, but for them I would not even reached college. I topped the district in my school final exams, when my teachers came home with college application and scholarship to admit in college, the whole family (family means men, women had no say) have opposed it and brought in marriage proposals. Somehow my teachers convinced them. Education, hard work and the teachers unbiased attitude towards women students encouraged me to win awards, medals and a PG seat in MD (Internal Medicine); a break through' from the traditional choice of OG, to medicine. I was the only woman PG in Int. Medicine at JIPMER and the only lady candidate at the common exam center for the state at MMC. My passion was in cardiology, but my mentor, teacher, academician and a tough task master, Professor M. S. Amaresan dragged me into Nephrology and made me evolve as the first woman nephrologist of Tamil Nadu.

Pranams to you, Sir.

There were many ups and downs, in Govt. Service, ego clashes, gender biases thro' out the professional and academic life, shattering many dreams.

One such dream was to form a 'Forum for women in Nephrology' as a part of ISN to give more opportunities for academic women Nephrologists. Lot of women nephrologists, Dr. Kumud Mehta,

Dr. Anuradha, Dr. Urmila, and myself, tried many times with ISN, in the last decade, but not succeeded.

Two months ago, Dr. Urmila and me discussed about this, and came out with biggest break in the barrier. Dr. Urmila with her enthusiasm, contacts, and efforts made possible to form a separate association as 'WOMEN IN NEPHROLOGY – INDIA' which will be associated with 'International WIN' which is associated with American Society Of Nephrology. It's a great feat by next generation women nephrologists Dr. Urmila, Dr. Swarnaltha, Dr. Manjusha and others, thanks to you all for making our dream realized. We the seniors will be with you, blessing you and guiding you if needed. May this Association grow from strength to strength.



Prof. (Former) Mrs. MuthuJayaraman

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Down my Memory Lane

The Year 1978... a period, when many doctors were unaware of the speciality of Nephrology in India, a Government Posting by-chance, in Nephrology paved the way in me to pursue my career in Nephrology. My two years training in Nephrology in reputed CMC Hospital, Vellore from 1980-1982 and subsequent years in starting the department in Government hospital have been the best phases of my journey.

Establishing the department in a Government Hospital was not an easy task. With the availability of basic manually controlled dialysis machine, low efficiency, kill dialyser, improvised reusable P.D administration sets using rubber tubes and IV Sets, basic Vim Silverman needle for Renal biopsy and without even an ultrasound machine to access kidney size, evaluating and managing renal patients was extremely strenuous. Renal transplant was started in 1982 (only live related), immunosuppression being steroids and azathioprine only. Since then, we have come a long way with all latest diagnostic gadgets and therapeutic armamentarium available to take care of Renal patients.

On the Academic front, DM (Nephro) programme was Started in 1992, with just one seat for the entire AP, selection based purely on merit. I have trained around 20 Nephrology Fellows, who are all well established in their respective cities. The Nephrology department of Osmania emerged as one of the best centres for teaching and continued to be so even now.

It is heartening to note that from around 4-5 women Nephrologists in 1970's we are now 400 plus strong. Nephrology is a demanding

speciality requiring dedicated service and women nephrologists have the extra responsibility of balancing professional with personal life. The WIN-India society will give us an opportunity to discuss women centric issues and formulate effective strategies to address them. We have certainly grown in numbers but what is important is the quality of our services and with regular meetings in collaboration with the international group. I am sure we will be able to evolve strategies to make WIN-India a very strong and formidable society.

I wish all members of WIN-India all the best in their pursuit.



Dr. Anuradah Raman

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Journey into Nephrology

Looking back at my career as a Nephrologist, I am thankful to all those who shaped me and helped me attain what I am today.

Late Prof Dr. V C Mathew Roy taught me the fundamentals of medicine and laid down a good foundation to my medical profession. Later I joined Prof. S Krishna kumar who started the Nephrology Division in Trivandrum Medical College in 1981 along with Dr. G. Krishnakumar. We worked as a team and we could develop the division in a big way. My mentor for the DM course was Prof. M. A. Muthusethupathi who gave me excellent training.

Started as a Tutor in 1981 and retired as Vice-Principal in 2008, my tenure in Medical College was a truly satisfying one. The efforts to get the DM course in Nephrology in Calicut, Kottayam and Trivandrum recognized by MCI were fruitful with the help of colleagues. We could start the first Maintenance Hemodialysis in Govt Medical Colleges in Kerala in 1998 at Kottayam. With the training I got from USA, I could also start CRRT at Kottayam. Surely there were ups and downs, but I am grateful for all the wonderful experience I had with my colleagues and the institutions where I worked across Kerala.

Being the first lady Nephrologist in Kerala, is surely a matter of pride. But I feel more proud in that I could attract many lady doctors into this speciality. Kerala has the maximum number of women Nephrologists, to my knowledge. The training I got from Muthusethupathi sir enabled me to get the Best Teacher award instituted by KGMCTA.

When I started my career, there were only acute peritoneal dialysis, hemodialysis using kill membranes and biopsy using vim silvermann



needle. I remember the hardships which we had to face when the membrane rupture led to blood leaks, the formalin smell filling the dialysis room. Mortality was quite high those days.

Fast forward to 2021, the scenario has changed. Hemodialysis is a very safe procedure, CAPD is a viable alternate option, biopsies are no longer a nightmare and renal transplant has been almost complete replacement.



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Women in Nephrology

Up until 1980 I was a woman interested in Paediatric Nephrology and a member of Indian Society of Nephrology (ISN) and IAP chapter in Nephrology. She joined Dr. R. N. Srivatsava (New Delhi, AIMS) and Dr. B. R. Nammalwar (Child Trust Hospital-Mehta group of Hospitals, Chennai) to start Pediatrics Nephrology Speciality in Indian in 1978. With aims and objectives of improving the lives of school going children suffering from a common kidney disease namely relapsing Nephrotic Syndrome sitting with a sample of urine to test for proteinuria missing school and all the fun, sports activates of childhood in depressing, long queue of similar children in general paediatric follow up OPD'S to be told to, and ask to continue oral prednisolone treatment till next weekly visit

I made a decision to end this by asking permission to do follow up OPD's and introducing quick tests like chemical/dipstick end the use of boiling/cooling of urine method.

It was my compassion for these children and passion to take a speciality after my appointment as Asst. Professor and Honorary Consultant Paediatrician under my teacher and mentor Dr. S. M. Merchant. HoD, Pediatrics at famous B. J. Wadia Hospital for children affiliated to KEM Hospital with post graduate training in Mumbai.

My friend and mentor in Nephrology was Dr. Vidya Acharya already Professor and HoD, Adult Nephrology at KEM Hospital, asked me to join her mission in trying to provide affordable diagnostic and therapeutic modalities of treatment to patients suffering from all types of kidney diseases, many starting from childhood to continue in adulthood

A marathon job for two women, however we decided to prepare ourselves to face challenges and my task was very difficult because of low resources at our hospital for this paediatric speciality compared with Neonatology or Haematology etc.

Under Indian Academy of paediatrics (IAP) Chapters speciality branches had started and women paediatrics selected their choices. However paediatric Nephrology was not very popular till few of us ventured into International arena (International Paediatric



Nephrology Association –IPNA). We were welcomed and supported for all academic and scientific programmes by IPNA because the main aim and objectives of IPNA was to reach all children suffering from kidney diseases so that they are given systematic and appropriate treatment by their own doctors so that many young trainers in Pediatric Nephrology could go to nearby countries to do short courses to update their knowledge and skills. Women in Ped. Nephrology from Northern states (Dr. Aditi Sinha,) from Eastern states (Dr. Sushmita Banerji), from South (Dr. Indira Agarwal and West India (Dr. Uma Ali), are some of examples of these successful collaborations that benefitted our patients.

A group of women Paediatricians decided continue their interested in Ped. Nephrology & started Kidney Foundation for Children (NGO) in 2014 KFC aimed at reaching Kidney patients in smaller cities and semirural areas of western India to save children from acute Kidney Injury by timely treatment with Peritoneal dialysis till they are stabilised and then if required can be sent for tertiary care in metropolis cities.

Role of Women in Paediatric Nephrology as seen in these photographs are more eloquent a words.

Some women have done extra ordinary work in other fields.

One such example is Dr. Madhuri Kanitkar, in administration as dean of AFMC Pune and then, medicals education vice chancellor MUHS

She has reached highest post in army that woman can achieve hearty congratulation to this WIN.



Dr. Kumud Pravin Mehta

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My Journey into Nephrology

I first got introduced to this great speciality, Nephrology at All India Institute of Medical Sciences, New Delhi under the headship of Prof. K. K. Malhotra. I gained an insight into the services of Nephrology. Later I got more trained and gained lot of knowledge at Christian Medical College Hospital, Vellore, under the headship of Prof. J.C.M. Shastry. It was Prof. Kakarla Subba Raogaru who wanted superspeciality Nephrology at Nizam'Institute of Medical Sciences and I was selected for the same.

Initially I was attached to the Dept of General Medicine headed by Prof.V. Shanta Ram. He asked me to look after all diabetic patients and this gave me the greatest exposure to the study of Diabetic Kidney Disease. I acquired dialysis machines and started the first Nephrology Department at NIMS. The Dialysis Unit was blessed and inaugurated by Sri. N.T. Rama Rao garu, then Chief Minister of AP. We employed Dialysis Residents to give better patient monitoring during dialysis. We extended our dialysis services to Intensive Care Units and Emergency areas by doing bedside Dialysis. Our achievements include Intra Operative HD for patients with renal failure undergoing surgery .We acquired special Machines like CRRT machines for continuous dialysis support in seriously ill and MOF patients and MARS dialysis for severe Hepatitis patients. We also gave dialysis support to children with paediatric sets.

Hemofilters for CAVH and Volume controlled HD machines were obtained for fluid overload patients. We soon started our CAPD programme which helped many patients with good survival. Our transplant services reached the greatest heights by reaching Cadaver Transplantation phase. Our Transplant programme also achieved good patient survival and patient goals. We helped our transplant patients to attain parenthood and women fulfilled their dreams of motherhood.

We did Peadiatric Renal transplants to the greatest joy of parents seeing their beloved ones back to life. We started PG programme and many students showed keen interest to study Nephrology as a Speciality. We started special sessions of Renal Pathology, Radiology and Nuclear Studies for our students.

We started a Certificate Course for Dialysis Technicians and trained many youngsters. I did special scientific studies on renal problems with Depts of Biochemistry, Microbiology and Pathology. I was co-guide for thesis topics in Pathology and Microbiology. I presented several scientific papers at Singapore, Hongkong, Bangkok, Philippines, Italy and Sweden with our results and studies only. Finally I see a bright future to the fascinating Nephrology Services at NIMS. My journey continues with the message Manava Seva is Madhava Seva



Dr. Neela Prasad

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The journey and birth of WIN-India

When I started my nephrology practice in the last years of the last century, there were very few women nephrologists in India. And many in my family and in my profession expressed surprise of the choice of my calling. It took me a few months to realize, why I was discouraged to take up this “manly” subspecialty. From this realization, the very idea of developing support systems for young women nephrologists came to my mind. The first idea that we start a “Women in Nephrology “was from Prof Vidya Acharya, the pioneer women nephrologist in the beginning of this century and the first step in that direction was a small meeting in Bangalore. However, that was not followed with anything concrete.

This made me realize that we need to go beyond tokenism. The next push was actually from Dr Swarnalatha Guditi, my colleague in Hyderabad who came up with ideas as to what we should be doing to help support young women nephrologist professionally and personally. We both invited a few nephrologists and we then had some follow up meetings. We also had a woman only session in our national conference in 2017. After that we had some activities in fits and starts (virtual meeting with Drs Arpita Chowdhury, Sonal Dalal and Manjusha Yadla).

The initiative actually got impetus from Dr Muthu Jayaraman, a very senior colleague who called me to explore the possibility of reinventing the wheel from a different perspective. That is when, I approached Prof Liz Lightstone who took our message to Dr Lisa Curtis (President WIN). I was pleasantly surprised at the promptness and alacrity with which they took up our cause. I have been

constantly encouraged by Dr Valerie Luyckx and her advocacy for those who don't have a voice have always struck a chord.

With their support and some financial support, we are now a new born baby named WIN -India.

This baby needs nurturing by all young and senior colleagues of mine.

Hope we sustain this initiative and knowing many of my Indian colleagues I am sure of its success.



Urmila Anandh

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CASE STUDY



Vaccine Induced Thrombotic Thrombocytopenia as a Deceased Donor

Dr. Swarnalatha Guditi

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A 18-year old female presented to hospital with complaints of headache and fever of three days duration, vomiting, unsteady gait and an episode of seizure on the day of presentation. She received 1st dose of COVID 19 vaccine (AstraZeneca, University of Oxford, and Serum Institute of India) 10 days prior to presentation. She had no previous co-morbidities like hypertension, diabetes, coagulation abnormality and features suggestive of connective tissue disorder and never received any medications. Examination at presentation showed GCS of 3, hence was immediately intubated and connected to mechanical ventilator. Neuroimaging

studies showed extensive cerebral venous thrombosis with right frontal hemorrhage with surrounding perilesional edema and mass effect with midline shift and intraventricular extension of hemorrhage.

Emergency right frontotemporal decompressive craniotomy was done on the day of admission. Blood investigation revealed anemia (8.6 g/dl), leukocytosis (17,940/mm³), thrombocytopenia (50,000 /mm³) and elevated D Dimer (14360 ng/ml). PT, INR, plasma fibrinogen levels, Liver function tests and renal function tests were normal. Autoimmune work up for SLE and infection workup for malaria, dengue, viral markers, scrub typhus, leptospira, chikungunya and

COVID-19 RTPCR. HITT test was negative. There was no improvement in the level of sensorium and she gradually went into shock. She was treated with inotropic support, single donor platelet transfusions, PRBC transfusions, anticoagulants, antiepileptics, antiedema measures and antibiotics. In view of thrombocytopenia, increased D Dimer and thrombotic complication with history of recent COVID vaccine a possibility of vaccine induced thrombotic thrombocytopenia (VITT) was considered. Antibody against PF4 was negative. After 10 days of hospital stay patient developed brain death. Apnea test was performed to confirm the diagnosis of brain death. Parents were counseled regarding the organ donation and they readily agreed. After thorough consultation with the state/ central vaccination and organ transplant regulatory authorities, appropriate documentation was done with respect to adverse events following immunization and the legal formalities including post mortem examination by Forensic Department from Government Hospital before organ donation process. Five allografts; Heart (1), Lungs(1), Liver (1), and kidneys(2) were retrieved and transplanted to 4 recipients; combined heart and lungs, liver and two kidney recipients. All the recipients had uneventful post operative period without any hematological complications except for liver recipient who had transient thrombocytopenia to lowest value of 60,00/cumm on day

7th post operative day and D Dimer elevation to maximum of 3182 ng/dl on day 8. She received Inj Arixtra 2.5 mg for a week followed by Tab ecosprin 75 mg a day. There was no change in immunosuppression protocol of any of the recipient. Graft and patient survival were good at the end of 8 weeks.

Discussion

There is increasing reports of thrombotic complication following various COVID 19 vaccine 1-4 1,ever since the 1st case was report in January 2021.5 The incidence of VITT, is estimated, to be 1 case per 100,000 exposures.4 The major sites of thromboses were cerebral venous sinus thrombosis, splancnic thrombosis and rarely pulmonary embolism.4

Approximately 40% of these patients died and common cause of death being ischemic brain injury, superimposed hemorrhage, or both conditions, often after anticoagulation with a possibility o brain death and organ donation. We report successful organ donation from a case of VITT, following COVID 19 vaccination with AstraZeneca Oxford (Serum Institute of India) in an 18 year old girl who presented with cerebral venous thrombosis superimposed with right frontal hemorrhage evolving into brain death. To our knowledge, this is first case being reported UK reported 18 deceased donors with proven or probable VITT, donated 46 allografts

to 45 recipients; kidney (30), simultaneous pancreas & kidney (1), liver (9), lung (1), islet (1), and heart (3) transplants.⁶ US experience showed 13 consented deceased organ donors, with VITT, following first dose of ChAdOx1 nCoV-19 vaccine. Ten donors proceeded to donate 27 allografts to 26 recipients. After a median follow-up of 19 days, 21 of 27 (78%) allografts had satisfactory function, 5 graft loss, and one death. There were seven major thrombotic or hemorrhagic complications (three bleeds and four venous or arterial allograft thromboses) with in 9 post-operative days, in six recipients, resulting in the loss of three transplants. ⁷

Despite sparse literature, VITT following COVID 19 vaccine, can be accepted as a deceased donor, on following reasons; 1. Increasing Organ shortage, particularly in developing countries where deceased donation is miniscule. 2. The mortality rate on waiting list has increased during COVID Pandemic and 3. Possibility of more brain death being encountered due VITT following COVID 19 vaccine, with ongoing massive vaccination programme across the world. However, necessary precaution should be taken before considering VITT as deceased donor. All the required documentation should be done with respect to ADFI in addition to legal documentation of brain death and informed consent. A thorough evaluation of the organ status should be done, at the time of donor optimization and during retrieval

process. Heparin as an anticoagulant should be avoided during organ retrieval as it can trigger anti platelet factor 4 antibodies. Post mortem examination/ autopsy should be conducted by the concerned authority at the time of organ retrieval in donor hospital to not to miss any of the finding which could interfere with the diagnosis of cause of death. Informed consent should be taken by the prospective recipients for the possibility of hematological complications in the recipients causing graft thrombosis and graft loss. The activated B lymphocytes in the donor are passively transferred into the recipient's circulation through the donor organ and can produce antibodies and VITT in recipient called passenger leukocyte syndrome. Its most often seem Liver, lung, small bowel and pancreas. Patients with prior risk of hemorrhagic or thrombotic complications and patients vaccinated against COVID 19, 4 weeks prior should not be considered for transplantation. After transplantation all the recipients should be closely monitored with platelets, D Dimer, coagulation profile and anti PF4 antibodies. Heparin can be safely used in recipient unless anti PF4 antibodies are positive or suspecting VITT in recipient. No change in the immunosuppression protocol is required.

Conclusion

Considering organ shortage, suspected or proven VITT following COVID vaccination, can be considered as a deceased donor with proper evaluation & optimization, and meticulous selection, informed consent and close monitoring of the recipients for recurrence for hematological complications.

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RESIDENT'S COLUMN

QUIZ

A 16-year-old girl was brought to the emergency room (ER) unconscious at midnight by her parents. Symptoms started with nausea and abdominal pain in the evening, four hours before presentation to the ER. Her symptoms gradually progressed to vomiting, headache, and lethargy over the next two hours. The parents brought her to the hospital after she became unable to communicate and gradually lost her consciousness. Early physical examination revealed an unconscious patient with a Glasgow Coma Scale score of 5/15. Her vital signs showed a respiratory rate of 26/min, blood pressure 170/106 mmHg, and pulse 114/min. There was no associated pallor, jaundice, bleeding, lymphadenopathy, hepatosplenomegaly, cyanosis, or external physical injury signs. The patient was immediately resuscitated with intravenous fluids while securing the airway and breathing. Random blood sugar testing revealed 84 g/dl, Serum electrolytes revealed concentrations of sodium 143 mmol/l; potassium 3.2 mmol/l, chloride 102 mmol/l, calcium 8 mg/dl, BUN 14 mg/dl, creatinine 1.02 mg/dl. Other blood tests like complete blood count, liver function tests, lipid profile, C-reactive protein were normal. Urine examination showed no WBC, RBC, albumin, sugar or ketones. Blood sugars were normal throughout hte hospital course. The computed tomography (CT) scan of the abdomen revealed no significant abnormality, and head

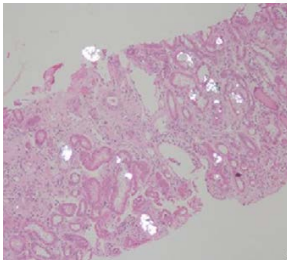
CT was negative for stroke. Workup for infections including blood and urine cultures was normal. Arterial blood gas analysis revealed the following: PH 7.1, carbon-dioxide 44 mm of Hg, and bicarbonate 10 mmol/L. On 3rd day of mechanical ventilation patient suffered cardiac arrest and expired. Urine microscopy and Post mortem kidney biopsy are shown below.

Questions

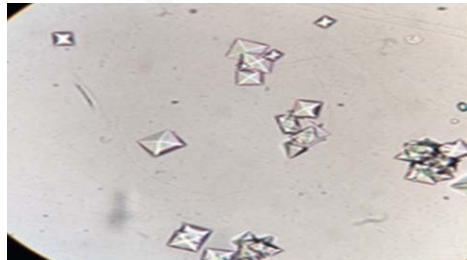
1. What is the urine microscopy finding?
2. What are the Kidney biopsy findings?
3. What is your diagnosis?
4. How can you confirm the diagnosis?

Please send your answers to saigalmegha@gmail.com and info@winindia.com

Post mortem Kidney biopsy



Urine microscopy



Dr. Megha sehgal

Senior Resident, Dept of Nephrology
NIMS, Hyderabad, Telangana

Recreational Zone

THE PHOENIX-Post COVID-19 Scenario

When God created the life,
He blessed man as the wisest of all.
Man had his turns of ups and downs
But humanity always stood tall.

There's something about the human
race,
The way with hurdles it copes.
It breathes in all the struggles,
It breathes out credence and hopes

A nanoscale Corona virus,
brought down the world on its knees.
From a small market of one country,
It set out on vandalization sprees.

A formidable virus, that it is,
Took birth on the land of Red Dragon.
Resilient, brutal, shape– shifter
The progeny of Echidna and Typhon

A miniscule creature who knew,
could unleash colossal disaster.
Within no time enslaved mankind
Perishing many – a wreckless master!

It spread its wings and took a flight
to all nooks and corners of the globe
How it came, why it arose
Mysteries to solve, issues to probe.

We have been hearing that
Man proposes and God disposes.
A new drama by the Supreme Creator

What would happen when the curtain closes ?

Tell us, God, the ulterior plan
Guide us through this, we implore.
They say the world would change for all
It won't be the same place as before.

Economy, education, social framework
Thoughts, lifestyle, all would be changed.
Some chaotic will rearrange,
Some orderly would get deranged.

The deadly disease is here not to please
There's redundancy of the 'Giant Leap'!
The nature's ordinance is the strongest;
The course of correction so steep.

As the pandemic would progress, we would
witness
Hollow claims of economies being amenable.
The rich is dying, the poor is crying;
What's the point if they can't help the
vulnerable!

All eras, epochs, periods
have taught co–existence since ages.
Its humans who have ignored the pointillist
past
and is now living in cages.

But as I said, man is so pliant,
He will deal with the ordeal.
As always has been happening in the world,
He will fight through with courage and zeal.

The rivers, already, are pouring clearer water
The air is unadulterated.
Mother Nature was trapped in snare of human
vices,
She breathes now, more liberated.
Pseudo sciences and quackery would fail;
Doctors would get their share of respect.
Innovations would rise in e-commerce,
E-learning has its own prospect.

“What doesn’t kill you makes you stronger”
Man might have been an age-old sinner!
but in this scuffle with COVID-19,
humanity will emerge as the winner.

As the progression stymies, cases decline
And bluer are the skies.
Let’s pray together, it stays so forever
No one suffers with COVID-19, and dies.



Dr. Isha Tiwari Arora

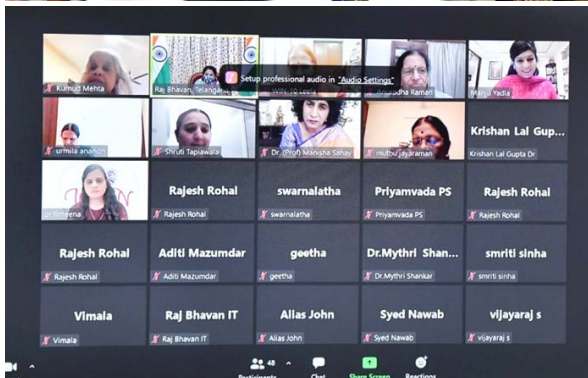
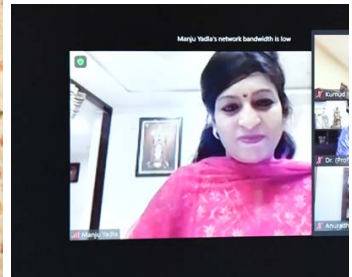
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Awarded 1st prize for English Poem on COVID 19 Pandemic by
Dr Tamilisai Sondararajan MBBS, DGO(Gynaecology).
Honorable Governer, State of of Telangana

Event Organized Inaugural Function



Upcoming Events

10th Sep 2021

Quiz - by **Dr. Sonal Dalal**

30th Oct 2021

Research and scientific writing

by **Dr. Arpana Iyengar** and **Dr. Priyamvada**



Public Education Activities



Public Education Programs



Screening programs for HTN, DM, CKD





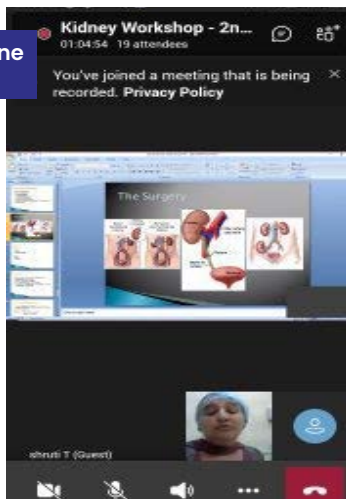
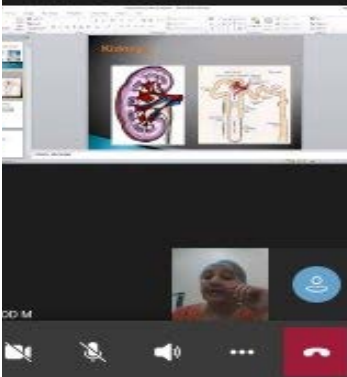
Women in Nephrology - INDIA
MEET THE SOCIAL MEDIA TEAM

Four social media team members are introduced with their names and social media handles:

- DIVYA BAJPAI** @divyas24
- PRITI MEENA** @priti899
- KRITHIKA MOHAN** @krithicom
- NAMRATA PARIKH** @namrataparikh




The logo for Women in Nephrology - India is also displayed.

Kidney workshop- weekly online patient education activity





www.winindia.org

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