



# Kanchi Kamakoti CHILDS Trust Hospital

(Recognised by the Nation Board of Examinations)

12A, Nageswara Road, Nungambakkam, Chennai - 600 034

Tel : 044 - 4200 1800

E-mail : kkcth@kkcth.org Website : www.kkcth.org



Date: 21/11/2023

## TO WHOMSOEVER IT MAY CONCERN

Name: Nila

Age / Sex: 5 Month / Female

Diagnosis: Posterior FOSSA Arachnoid Cyst

Surgery: Craniotomy and Re-Exploration

Date of Admission: 17/12/2023

Child may require another 15 days of hospital stay for the recovery

Estimated Cost: Rs.7,00,000/- (Approximate) Cost of the surgery, PICU stay, hospital stay Including Medicine and Investigation

Father is a daily wager and his monthly income is Rs. 15,000/- and seeking financial assistance for the treatment from well-wishers.

Please note that the estimated Length of Stay and Cost is subject to change based on any change in the medical condition of the child / in the treatment plan for the child.

We and the parents will be extremely grateful if you could help this needy family

Kanchi Kamakoti Childs Trust Hospital  
12-A, Nageswara Road, Nungambakkam,  
Chennai-600 034.  
Phone: 4200 1800, Fax: 2825 9633.  
Hosp. Reg:- 8900080204430.

Dr.Chidambaram.B  
Pediatric Neuro Surgeon

Kindly contact the Hospital Personnel for any additional information / clarifications

Patient Medical Record No.	864081		
Father name	Mr. Nithyanandam		
Address	No-SB2, RR nagar, 3 <sup>rd</sup> street, Iyappanthangal., Chennai-58		
Contacts at Hospital	Mrs. Sandhya Rao (DM-HA(PRO))	Mobile: +91 99412 10574	Email: pro@kkcth.org
	Mr. P.Santhosh Kumar (Social Worker-Roving Ambassador & Bone Marrow Transplant Coordinator)	Mobile: +91 97899 08788	Email: social.worker@kkcth.org





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### PICU - INTERIM SUMMARY

Name: NILA

Age: 5 Months

MRD.No: 864081

Sex: Female

Primary Consultant

: Dr. B. CHIDAMBARAM

PICU Consultant

: Dr. BALA RAMACHANDRAN

Date of admission to KKCTH

: 17/12/2023

Date of admission to PICU

: 18/12/2023

Admitted from: KKCTH, 2<sup>nd</sup> Floor Operation theatre.

Weight: 5.8 Kgs

Current problems/Diagnosis: 1. POSTERIOR FOSSA CYST WITH TRIVENTRICULAR HYDROCEPHALUS / POST RIGHT SIDED VP SHUNT  
2. STATUS POST CARDIAC ARREST / ACINETOBACTER MENINGITIS / SEPSIS - EVD INSERTED

Background/Past medical history: Nila is a 5-month-old female child with history of antenatally diagnosed posterior cyst and hydrocephalus. These were confirmed postnatally. Imaging revealed the cyst and the hydrocephalus. MRI Brain (11.11.2023) - Large posterior fossa arachnoid cyst (follows CSF signal on both T1 and T2) noted on right side causing mass effect upon the cerebellum and brain stem compressing the 4<sup>th</sup> ventricle with subsequent obstructive supratentorial hydrocephalus.

On 01.12.2023, under GA, right VP shunt was placed (low pressure Chhabra). Post operative period was uneventful. Child recovered well and was discharged. MRI Brain (08.12.2023) - Large posterior fossa arachnoid cyst with mass effect and moderate triventricular hydrocephalus. No significant interval changes in arachnoid cyst and hydrocephalus compared to previous scan dated 11.11.2023. She was taken up for cyst wall excision on 18.12.23. Intra Op she had severe haemorrhage and developed cardiac arrest, she received 25 minutes of CPR, adrenaline, multiple blood transfusions after which ROSC was established. Surgical site (posterior midline neck incision) was sutured, haemostasis was achieved, and child was shifted to PICU for further management.

Presentation and initial PICU Course: At PICU, she was continued on mechanical ventilation and inotropic support.



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MR no: 864081

Name: NILA

**Respiratory:** She was continued on mechanical ventilation, initially he was requiring high ventilatory requirements, which later came down after diuresis. She was extubated to room air on 22.12.2023. She is comfortable in room air.

**Cardiovascular:** She had transient inotropic requirement on the day of shifting to PICU. She had hypertension which was controlled with SNP infusion and later changed to oral medications. Anti hypertensives were stopped as blood pressures stabilised.

**GI / Feeds / Fluids:** Child was started on NG feeds and tolerating feeds well. She had a transient period of feed intolerance which improved gradually, and child is tolerating ND continuous feeds well.

**Neurology:** At the time of admission to PICU, she had dilated and fixed pupils and had no spontaneous respiratory efforts. Later the same day pupils started reacting and she started having spontaneous breaths. She was started on sedation and continued till the duration of ventilation. After extubation, she had withdrawal symptoms for which clonidine was continued. Left EVD insertion was done on 26/12/23 for drainage of CSF as there was CSF leak at wound site. EVD was being drained at the rate of 10-15 ml/hour. She had minimal soakage from her wound site in the occiput for which paediatric surgeons were involved and the site was sutured.

**Sepsis / Microbiology / Virology:** She was initially started on Inj. Meropenem, Vancomycin empirically. She had intermittent fever, for which repeat blood cultures were sent. As her Blood cultures sent grew MDR Acinetobacter and Klebsiella, polymyxin was added & meropenem was continued. CSF Cultures sent on 26/12/2023 also grew Acinetobacter SPP, sensitive to Tigecycline and intermediate to Colistin hence ID opinion was taken, and child was being given Intraventricular Polymyxin B and systemic Tigecycline. Meropenem was stopped. Repeat CSF cultures sent on 31/12/2023 showed growth of MDR Acinetobacter, blood cultures were sterile.

At present, child is responding to parents and follows toys. She is on continuous ND feeds and is tolerating feeds well. Hemodynamics are stable & antibiotics are being continued.

**Parents/Carers/Family:** Parents were counselled regarding the child's condition and the need for prolonged ICU stay & hospitalisation.

**Plan:** To continue Intra-ventricular polymyxin B & IV polymyxin B. Remove EVD & re-insert a new EVD.

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