

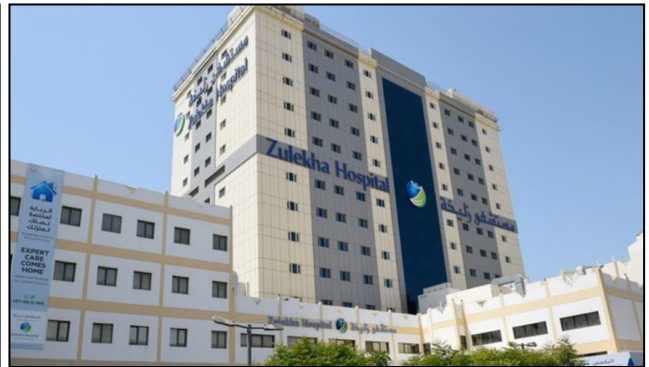


High-Risk and Unique Cases

Zulekha Hospital Dubai



Zulekha Hospital Sharjah



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44 year old Engineer who suffered life-threatening severe acute pancreatitis recovers completely.

Thanks to multidisciplinary intervention by the experts at Zulekha Hospital Dubai.



Santosh with his wife along with Dr Fathelrahman Mohammed

Santosh, a 44 year old Indian resident working as an engineer in UAE had been suffering from severe abdominal pain for over six weeks. He was treated for severe acute pancreatitis by Specialist Gastroenterologist Dr. Shareej at Zulekha Hospital Dubai. A few days later he experienced pain again with fever, nausea and vomiting. Investigations were carried out and a CT scan revealed an infected walled off necrosis (dead tissue due to lack of blood supply) after the acute pancreatitis with left sided pleural effusion (abnormal collection of fluid between the thin layers of tissue lining the lung and the wall of the chest cavity). The cyst measured 14.6x10.2x8.6 cm. He also had symptoms that indicated sepsis which could lead to life-threatening complications if unattended.

Dr. Fathelrahman Mohammed, Consultant General Surgery at the hospital advised him to undergo a minimal invasive drainage of the collection under ultrasound guidance with assistance from Dr. Anurag Ayachit, Specialist Radiology. His infection continued to progress and this emergency now required a multidisciplinary team of clinicians including general surgeons, gastroenterologists, radiologists, intensivists, anesthetists, a clinical dietician and nursing staff to help save him.

Without wasting time, a set of minimal invasive surgeries was carried out by Dr Fathelrahman along with Dr. Saajan Ignatius Pius, Specialist General Surgeon and Dr Ajay Patekar Consultant Anesthesiologist using advanced medical techniques. Santosh had to undergo multiple procedures to including a laparoscopic cystogastrostomy, laparoscopic pancreatic necrosectomy, laparoscopic drainage of collection (abscesses) and intercostal tube insertion for pleural effusion. The procedures helped in drainage of the fluid collection directly into the stomach to avoid fistula. The necrotic dead tissue was removed and then encysted pus collection drained. The chest tube helped to remove the fluid collection in the chest for investigation and to relieve the lung collapse.

Dr. Fathelrahman said, “The acute pancreatitis may have happened due to presence of high lipids in the blood. People should be watchful as acute pancreatitis can happen as a result of high lipids. Avoiding alcohol, fatty meals and checking for gall stones can be helpful. In situations such as these where the individual develops severe attacks with complication, they must choose the right hospital with multidisciplinary care for treatment.”

Acknowledging the life-saving care at the hospital Santosh said, “Their expertise and careful efforts in the intensive care unit led to the successful removal of the necrotic dead tissue and my life has been saved. I am extremely thankful to all the doctors and nursing staff at the hospital.” Santosh recovered within nine days and was discharged with advice on managing his health better.

11 Year Old Recovers from Brain Injury After an Urgent Neuro Surgery at Zulekha Hospital Sharjah.



Ibrahim with Dr Omar Abdulmohssen, Dr. Islam Essam Eldin Elkousy and Nursing team

11 year old Ibrahim was just out playing with friends when he had an accident and hit his head against a wall while running. Due to the trauma on his head, he suffered a hemorrhage in his brain. The parents had rushed the child to various hospitals where they could not get assured urgent treatment and then hurried him to Zulekha Hospital Sharjah's Paediatric emergency where he was attended. Within few minutes the child was getting unconscious and was not in a stable condition. Dr. Omar Abdulmohssen Specialist Neurosurgery and the emergency team assessed him without wasting any time. As Ibrahim was unconscious he was not responding and both pupils of his eyes dilated.

After an urgent CT scan of the brain Dr Omar diagnosed a large epidural hematoma (temporo-partial) right side. An epidural hematoma (EDH) is a collection of blood that forms between the skull and the dura mater, the outermost protective membrane covering your brain. The cause is usually an artery that gets torn by a skull fracture.

Dr. Omar immediately did an urgent Craniotomy procedure to remove the hematoma. The surgery lasted for about two hours supported by Dr. Islam Essam Eldin Elkousy, Specialist Critical Care Medicine and the nursing team. 24 hours later Ibrahim was getting normal without any complication. The parents were extremely grateful to the surgeon for his acceptance and urgent action on their child's situation. Appreciating the team's work the father said, "We were losing hope after visiting many hospitals and Dr. Omar and team at Zulekha Hospital took such quick action and did the surgery, and have ensured Ibrahim could live a normal life again. This is miraculous and we could not believe his fast recovery. Thanks to Almighty."

Dr. Omar says, "I advise parents and children to take care while playing and stay away from sharp and hard objects. Despite this if one still faces the trauma, please ensure you rush the child to emergency and look for a quick diagnosis of the symptoms and identification of the issue without wasting time. Such traumas require quick action, expertise and readiness of the medical team to operate urgently and save the life. We are happy we were able to help in time."

Some emergencies can be life-threatening, while others cause permanent or temporary disability. Zulekha Hospital Sharjah has a 24/7 adult and Paediatric emergency department which is equipped to manage emergencies such as sports injuries, sudden strokes, cardiac arrests, and Paediatric emergencies, and always ready to respond swiftly and efficiently, delivering the best care and support.

Early Detection and Multidisciplinary Treatment Saves Indian Expat from Life Threatening Esophageal Ruptures

Thoracoscopy and Upper Endoscopy Performed by Experts at Zulekha Hospital Sharjah.



From Left: Dr. Khaldoon Abo Dakka - Specialist Thoracic Surgeon, Patient Mr. Shajimon and Dr. Mouhammed Mounier - Specialist Gastroenterologist

Esophageal ruptures are tears that penetrate the wall of the esophagus. Ruptures can be caused by surgical procedures, severe vomiting, or swallowing a large piece of food that chokes the esophagus, and some ruptures occur spontaneously. A rupture allows food or fluids to leak into the chest and cause severe lung problems. Common symptoms are difficulty swallowing or vomiting followed by severe chest pain, difficulty breathing and speaking, neck and shoulder pain, increase in upper or lower back pain discomfort when lying down flat, rapid breathing and heart rate, fever and in rare cases bloody vomit.

Mr. Shajimon, 47 years old expat from Kerala India, experienced left chest pain and shortness of breath with no clear history of gastric complaints. He immediately visited the Emergency department at Zulekha Hospital Sharjah. His treating doctor Dr. Khaldoon Abo Dakka – Specialist Thoracic Surgeon performed a Chest X-ray which confirmed Left Hydropneumothorax (an abnormal presence of air-fluid level in the chest). Dr. Khaldoon treated the condition by

urgent insertion of left chest tube in his left chest cavity to re-expand his collapsed lung and an additional sample of dark hazy fluid was collected for a culture test.

As further investigation continued, Esophago-Pleural fistula (abnormal connection between chest cavity and esophagus) was suspected due to a large output of pus from chest drain and confirmed by a Chest CT Scan due to spillage of the given oral contrast into the left chest cavity, which is a life-threatening situation. Signs of severe infection became prominent and wide spectrum antibiotics were increased as part of the ongoing treatment.

Dr. Khaldoon highlighted “This is a life-threatening case called Boerhaave Syndrome, a spontaneous Rupture of Lower Esophagus due to high intra-esophageal pressure caused by severe vomiting with high mortality rate, which happens when there is a delay in seeking urgent medical advice. As the patient had severe acute gastritis complicated by severe vomiting which lead to the esophageal tear, Dr. Mouhammed Mounier – Specialist Gastroenterologist supported the team in sealing the damaged area from inside and an Upper Endoscopy was done which shows a two cm tear in the lower esophagus. Dr. Mounier managed the situation by urgent insertion of covered metallic stent to seal the leakage of harmful gastro-esophageal contents into the chest cavity. Parenteral nutrition was started as oral feeding was completely on hold. After stabilization of the patient, Dr. Khaldoon did a Left Thoracoscopic debridement of multiple separated collections of thick infected deposits which had developed and prevented expansion of the left lung. The site of the leaking fistula was inspected and a special spiral drain was kept near it to guide any possible leakage outside the chest, until complete healing of the esophageal tear. Both procedures went up to a total of four and half hours. Patient has completely recovered and is back to his normal life with normal oral feeds. The stent was removed from the esophagus as well as the chest tubes. The recovery time was 27 days (two weeks on IV feeding, once week on clear liquid diet, and followed by semisolid diet).”

Risk factors includes high mortality rate if diagnosis has been missed when the patient first sees the doctor, especially as he hadn't given his history of vomiting, and severe uncontrollable chest infection due to the leaking contents. A primary surgical repair of the esophageal rupture would not be possible after 12 hours of onset. The respiratory complications pre and post the thoracic surgery procedure, displacement of the sealing stent, patient nutrition management would not have been possible and would result in a long hospital stay until complete healing of the tear.



Early clinical diagnosis and imaging is important for case management to achieve a good outcome. Zulekha Hospital provides complete care to such patients with multiple complications, using a multidisciplinary approach for evaluation and management of diseases, in cooperation with all relevant specialties and other correlated department.

Filipino Expat Norman Recovers after Successful Removal of 'LEIOMYOMA' - A Rare Esophageal Tumor with Minimally Invasive Video-assisted Thoracoscopic Excision



Norman with Dr. Khaldoon Abo Dakka and Dr Sameh Aboamer

A 40 year old Filipino expat Norman suffered with continuous chronic cough for six months, with the difficulty of swallowing increasing over the last four months. After several other hospital visits, he was referred to Dr. Khaldoon Abo Dakka Specialist Thoracic Surgery at Zulekha Hospital Dubai who explained, “His chest XRAY done in another hospital showed an abnormal shadow, then a chest CT scan confirmed the presence of large horse-shoe shaped tumor encircling the food-pipe (Esophagus). An endoscopy with biopsies also showed a rare benign tumor that had developed in the smooth muscles of mid-esophagus called “LEIOMYOMA” which is very rare, and constitutes less than 1% of esophageal tumors”.

The tumor has developed over few years and grown to a large size of 5.5 cm now producing symptoms. Such tumors can be treated only with surgical intervention the surgeon said. He added, “We did a Minimally Invasive Video-assisted Thoracoscopic Excision of the Esophageal Tumor with the primary repair of the esophageal muscles, with resection of lung air cysts that were discovered incidentally by the CT chest, all through a single-port entry of 4 cm.”

The procedure was a three hour long surgery assisted by Dr Sameh Aboamer Consultant Surgical Oncology. Dr. Khaldoon mentions, “The difficult part in surgery is the position of the tumor, and its relation to other vital structures of mediastinum around. During procedure it is crucial to take care while dissecting the tumor away of the esophageal lining mucosa (the internal layer of esophageal wall), to avoid any tear in it, since the missed tear might be catastrophic for patient causing a long hospitalization and complications.

Dr. Sameh Aboamer adds, “The surgery was a challenging one due to the tumor’s position and its relation to other vital organs and vessels around it; the lung, the heart and its surrounding tissues and significant nerves, the large vessels in the chest, the aorta and the lung vessels. This procedure needed meticulous, careful dissection of the tumor. We could successfully remove it without any complications and also preserved of all vital structures around the tumor intact.”

The minimally invasive VATS procedure is unique and reduces post-operative pain, and the patients return to normal lifestyle earlier and is scar less. The total hospital stay was only three days and as a precaution, Norman had to be on a soft diet after the procedure and then could gradually regain his normal diet. There was no risk of recurrence as it is benign tumor.

Norman and his wife thanked Dr. Khaldoon and team at Zulekha Hospital Dubai for diagnosing the issue rightly and assured the treatment could be done successfully. Norman said, “I was in fear and broke down when I was told it is not possible to be treated in several other hospitals across Dubai and Abu Dhabi. Finally when I met Dr. Khaldoon, he gave me a new hope and new life. It was a miraculous treatment as I had thought I can never recover. I am happy and feel much healthier now”.

The doctors advise individuals to consult a physician at the earliest when symptoms start to appear and not to ignore any minor complaints such as cough or difficulty of swallowing, because small signs might become major if not diagnosed and treated on time.

Zulekha Hospital is equipped with a team of multidisciplinary specialists and consultants treating complex diseases and undertaking high-risk surgeries, giving hope to residents needing such treatments in time within UAE.

Infant swallows 3.5 cm pin & successfully recovers after surgical removal of the object at Zulekha Hospital Dubai



Baby Dewan with his mother, Dr. Suni Akbar and Dr. Khaldoon Abo Dakka

In the course of the hospital admission the child was diagnosed with Pneumonia which the doctors treated alongside. The medical team of doctors including Dr. Suni Akbar, Dr. Khaldoon Abo Dakka, Dr Ganesh Somasundram, Consultant Cardiac Anesthetist, Dr. Anurag Ayachit, Specialist Radiology and the nursing team worked together to ensure the investigations and procedure was carried out successfully and the child recovered without any difficulties.

Dr. Suni Akbar added, “Parents must keep a watch on their children, especially infants who always try to put objects into their mouth. Take care not to drop things on the floor, and avoid giving nuts and hard candies to them, and ensure grapes are always cut into smaller pieces and given to children below the age of four. Children must never be given coins or toys with magnets that can be removed easily. These foreign objects can go in and cause the child to choke that can even lead to death in certain cases.”

Mother of Dewan, Farheen profusely thanked the hospital and doctors saying, “I don’t know what would happen if this was not found in time. My child was saved by the prompt diagnosis

of the problem and the emergency procedure done to remove the pin. I am very thankful to the doctors for saving my child”.

Doctors call on parents to take precautions and keep a watchful eye on children, who can put themselves into such medical emergencies. Time may not always be favorable to even rush to a nearby medical facility or perform a procedure. Public is encouraged to raise awareness on this important subject of child safety.

Undetected chest infections in children may lead to severe life-threatening complications

Early detection and right diagnosis in time saves 1.4 year old girl child



Mariam and her father with the treating doctors - Dr. Hassan Said Othman Badr, Consultant Pediatrics, Dr Khaldoon Abo Dakka, Specialist Thoracic Surgery & Dr. Ahmed Nabil Specialist Pediatric Surgeon

Parents of Mariam, a 1.4 year old child rushed her to Zulekha Hospital Sharjah from another hospital due to severe respiratory problems and fever that were not responding to treatment.

After necessary investigations, the team of doctors including Dr. Hassan Said Othman Badr, Consultant Pediatrics, Dr Khaldoon Abo Dakka, Specialist Thoracic Surgery and Dr. Ahmed Nabil Specialist Paediatric Surgeon teamed up to start the step by step treatment. The child was diagnosed with septicemia, (blood infection with bacteria), necrotizing pneumonia which is a rare and severe complication of bacterial community-acquired pneumonia (CAP), further complicated with pneumothorax and bronchopleural fistula. Such conditions need urgent medical treatment.

Dr Hassan began treatment with wide spectrum antibiotics and oxygenation support with high flow in Paediatric Intensive Care Unit (PICU), and during this time he detected the life-threatening tension pneumothorax.

The team of doctors consulted each other and decided on the next immediate course of action, without wasting time. Dr. Ahmed did the emergency insertion of chest tube to release the tension pneumothorax. A pneumothorax occurs when air leaks into the space between the lung and chest wall. This air pushes on the outside of the lung and makes it collapse. A pneumothorax can be a complete lung collapse or a collapse of only a portion of the lung.

After seven days, once Mariam was stable with antibiotics, nebulization and respiratory physiotherapy, the surgical team including Dr Khaldoon and Dr Ahmed did the definitive chest procedure of “VATS Total Decortication of the left lung with partial resection and repair of the necrotized lung tissue” in order to manage and treat the bronchopleural fistula. The surgery was done on day seven after the team of doctors made sure the infection was completely under control.

During treatment she had an acute tubular necrosis (damage to the kidney) with renal impairment which was also treated successfully.

The child took 14 days to recover, was stable and completely recovered at discharge. Parents of Mariam were extremely thankful for the timely management and treatment of their daughter’s condition by the doctors at Zulekha Hospital Sharjah and expressed their heartfelt gratitude.

Doctors call on parents to take note of any chest problems a child is suffering from and have an early check-up done in order to avoid complications.

Young Expat Saved with an Emergency Procedure after Cardiac Arrest by Experts in Zulekha Hospital Dubai



Sandeep with Dr. Sameh Abdelhamid and Dr. Srinivasan Kandasamy

Sandeep, a young man was rushed to Zulekha Hospital Dubai in the late afternoon time due to a sudden cardiac arrest. His roommate has responded intelligently and called for the ambulance immediately. The emergency response team from Dubai Ambulance rushed to the spot and administered cardiopulmonary resuscitation (CPR) to Sandeep for 15 minutes in an attempt to revive him. They then brought him to Zulekha Hospital, where at the Emergency another round of CPR was given for 15 minutes and then immediately moved him to the cathlab.

Dr. Abdulla Al Hajiri, Consultant Interventional Cardiologist carried out the stenting procedure. He added, "Sandeep had a severe block and therefore needed to undergo a stenting procedure urgently, the team attended him without wasting any time".

Once transferred to the ICU, Dr. Sameh Hamdi Abdelhamid Ibrahim Seyam, Consultant Critical Care Medicine attended him. He says, “He was critical and had to be kept on ventilation. The team did our best for him and managed to wean him off the ventilator after two days. He is walking and talking normally now and fit to fly back home”.

Dr. Srinivasan Kandasamy, Specialist Cardiologist, who guided the initial resuscitation and post procedure follow up says, “Out-of-hospital cardiac arrest carries very poor prognosis with high mortality rate of 65%. Timely resuscitation and intervention can save a life as per the saying “time is muscle”.

Without much delay he was given CPR and taken up for procedure. His recovery was very fast so that we could discharge him within five days which is never expected in this condition. The end to end process and team methodology incorporated to manage such cardiac arrest patients is imperative for the success of such procedures”.

Dr. Sameh added, “This patient we have seen has no past history of hypertension, diabetes or other co-morbidities as informed by his family. The cardiac arrest could be due to stress he was undergoing. The immediate response by his roommate and the emergency attenders in giving him the CPR has saved his life. This life saving technique must be known to everyone to be able to act in time.”

Sandeep shared his appreciation for the doctors saying, “I did not know what happened, I suddenly felt intense pain and I was very stressed. I am thankful for the doctors at Zulekha Hospital who attended me urgently and did everything they could to save me. I have no family here but I did not lose my life as my roommate rushed me to medical aid. I am grateful to him as well.”

Doctors recommend every individual takes care of their heart health and takes a regular check and follow up to ensure good heart health. Emergencies can happen anytime and symptoms may vary from one to another. Adequate sleep, a balanced diet and active lifestyle is essential to good heart health.

Young woman with Renal Transplantation History Successfully undergoes Life Saving Surgery for Cervical Cancer at Zulekha Hospital Dubai.

Emphasize on Regular Screening and Vaccination at Early Age to Prevent Cervical Cancer



Jane with Dr. Sameh Aboamer

37 year old Jane Mendoza was diagnosed with invasive cervix uteri cancer. She was experiencing severe pain in her cervix with bleeding and anemia for four months. She consulted Dr. Sameh Aboamer- Consultant Surgical Oncology in Zulekha Hospital Dubai when the pain became unbearable.

With the complexity of having had a kidney transplant just two years ago, she was immunosuppressed. Her renal conditions prevented a proper MRI with contrast for tumor local staging. Due to Jane being on immunosuppressive drugs and cytotoxic drugs to suppress the immune system, and to avoid kidney rejection, her surgery was complex and her body was very weak to be able to fight any post-operative consequences.

On observation it was found Jane had two masses in the cervix which lead to a very advanced mass penetrating the colon and her rectal wall. Dr Sameh said, "Considering her complexities it was a major risk, yet we were successfully able to carry out multiple procedures at the same

time with tact. Over five hours, she underwent multiple procedures including a Liver resection, surgical removal of posterior pelvic organs; type IV Wertheim's Radical Hysterectomy, with right ovarian preservation, Low Anterior Resection (resection of her Rectum), Colo-Anal Anastomosis (procedure to restore the continuity of her intestine and her bowel functions), and Bilateral Pelvic Lymph Nodes Dissection."

The surgical team including Dr. Ajay Raj Gupta, Specialist Anaesthetist supported the complex procedure. "It was challenging also to do the lymph nodes dissection, working on the vessels of the transplanted kidney, which needed a very meticulous dissection on this precious pelvic kidney which was in the operative area. We had to be extra cautious in the management of this immunosuppressed patient with very low healing power." added Dr. Sameh.

He also mentions, "In Jane's case it was required to radically resect her cancer with all the organs involved, with safety of her transplanted pelvic kidney and its vessels and ureter. Also we had to ensure her right ovarian preservation to maintain the hormonal functions in her young premenopausal age."



Young Expat Undergoes Two Complex Surgeries at Zulekha Hospital Dubai Helping Him Recover from Widespread Cancer



Yousuf with Dr. Sameh Aboamer

An Indian expat living in Dubai Yousuf, aged 31 was diagnosed with an intensely spread intestinal malignant mass in the pelvis, spread to the small bowel, the pelvic colon and rectum, urinary bladder and seminal vesicles. He was first diagnosed with this disease in February 2022 and had started on chemotherapy. Due to the intensity of the disease, his pain increased and he experienced constipation, abdominal swelling and pain during urination. After visiting many hospitals he consulted Dr. Sameh Aboamer, Consultant Surgical Oncology at Zulekha Hospital Dubai who evaluated the situation and accepted to operate despite the complexity.

Dr. Sameh says, “Despite the complexity, we were confident we could help him and we went ahead after the family understood the issue and procedures that needed to be done. They have been very co-operative and this is important for a patient’s recovery. In Yusuf’s case multiple procedures extending up to seven to eight hours each including an appendectomy had to be done in two stages. The complexity was high as most of the pelvic organs had been affected by

the disease and had to be resected to avoid the recurrence and spread of the disease. This was including resection of the tumor mass with all pelvic organs including the colon, rectum and the small bowel segment. The small bowel cut ends were re-connected and distal lower anal canal cut end was re-joined to the descending colon to ensure undisturbed bowel continuity and function. The procedures also included resection of the seminal vesicles and a urinary bladder posterior wall resection and reconstruction to ensure normal urinary function during and after recovery. A diversion ileostomy was also done where an opening in the abdominal wall was made, along with an opening of the small bowel segment through it to allow passage of stools and protect the other multiple bowel connections and ensure safe healing. The challenging part of such a complex surgery was to identify and preserve the ureters and dissect the tumor mass from the major pelvic blood vessels, protecting them and avoiding any blood loss.”

These procedures were required because of the intensely huge pelvic mass that spanned the entire pelvic area, entering the small intestinal loops, lower sigmoid, connected to the distal rectum, entering seminal vesicles, damaging the posterior wall of the urinary bladder as well.

Many hospitals which saw Yousuf have rejected operating on him due to its complex nature. The second surgery was done at Zulekha Hospital Dubai two months later to close the ileostomy opening, repair the small intestines and restore the intestinal continuity. Yousuf has now recovered and leading a normal life, taking care of himself

Dr. Sameh adds, “There is no specific cause for such malignancy, but it is important to be aware of any health problems and seek medical advice with specialists when any abnormality develops, or even when mild symptoms are seen in order to treat this at an early stage when less complex procedures can carry high cure rates. The key is to be aware, detect it early and work towards prevention of such diseases, which can eventually save lives.”

“I highly recommend for all to modify their lifestyle in terms of eating healthy food, exercising and adjusting sleeping habits.”

Resecting and reconstructing multiple organs, ensuring other functionalities were not impacted was in fact very risky, yet the operating team’s expertise, the nursing care, family’s cooperation and trust enabled this successful outcome for Yousuf.

Yousuf and his wife expressed their gratitude to Dr. Sameh and team for giving him a second chance to life. They said that the complexity of the situation was worrying them each day until they met Dr. Sameh and regained hope to recover.



As a best practice the case was also taken up for discussion by a tumor board of expert physicians in Zulekha Hospital Dubai that suggested him to be on a course of chemotherapy to minimize the risk of recurrence. Yousuf was discharged seven days after his surgery and is leading a normal life. He will be on close follow up with clinical examinations and relevant imaging for a while.

Successful cardiac procedure saves a 36-year-old cancer patient from life threatening emergency at Zulekha Hospital Dubai



Gazala and her father pose with the doctors.

36 year old Ghazala Hayat was admitted with a massive pulmonary embolism which is a life threatening condition. She had developed a large clot that obstructed both arteries that supply the lungs. The block was interrupting the blood flow to the lungs, impaired breathing, and caused a huge overload to the heart resulting in a shock state.

Responding quickly to her critical condition, the expert team of doctors at Zulekha Hospital Dubai including Consultant Interventional Cardiology Dr. Hussien Hishmat, Dr. Specialist Medical Oncology Bharadwaj Ponnada who is her treating specialist, and Dr. Sameh Seyam Consultant Critical Care Medicine teamed up to save Ghazala's life and with utmost care decided to carry out an emergency cardiac procedure which involves dissolving a clot with a special ultrasound equipment (EKOS).

Speaking of the cardiac procedure, Dr. Hussien Hishmat says, "Ghazala's case was a very high-risk one as she is being treated for an advanced, recurrent, aggressive form of cancer that has spread to her lungs, bone and orbit.

Given our multidisciplinary expertise under one roof at Zulekha Hospital, we were able to save her from this life-threatening condition. Such clots develop suddenly. They can originate from veins of the leg or veins of the abdomen then migrate to the heart and finally hit the lungs. This was the first time she experienced this problem. Patients with cancer are more likely to get clots because of several derangements in the blood vessels and blood coagulation factors."

He explained, "When patients have a clot in the lung vessels, they must be treated promptly with blood thinners or with clot-dissolving infusion for 24 hours.

In her situation, the clot was large and she became hypotensive, with the background of cancer, so we had to go for a faster, more targeted solution that does not pose a bleeding risk. We chose to go directly into the clot through a tiny puncture in the groin, insert a catheter that emits ultrasound (EKOS) waves to fragment the clot and infuse the clot-dissolving infusion in a much smaller dose for only 12 hours."

Dr. Bharadwaj adds, "Ghazala has been undergoing treatment at Zulekha Hospital for Extra-skeletal Ewing sarcoma which is a type of cancer arising from soft tissues of the body. She has also undergone two surgeries previously and we are glad she has been very strong and endured these successfully. She is also receiving chemotherapy in view of stage IV disease and has good symptomatic relief after 4 cycles of chemotherapy."

The procedure was done under local anesthesia and took less than one hour. After this, the infusion continued in the ICU for 12 hours under the supervision of Consultant Critical Care Medicine Dr. Sameh Seyam. He said, "While we prepare and stabilize the patient pre-procedure, our critical role in ICU was to closely watch over the patient after the procedure as well, treat and follow the necessary investigations. Fortunately, everything was taken care of seamlessly."

Ghazala responded marvelously to the treatment, her blood pressure and oxygen levels improved. She was out of the ICU after 48 hours and went home, fully functional, in 72 hours. Ghazala has been advised to take an oral blood thinner for at least six months to prevent recurrence of clots in addition to adequate hydration with some physical activity that can be mild to moderate as much as she can sustain.

Her family has been extremely thankful to the team of doctors for saving Ghazala's life and said it was so important for them to be treated at Zulekha Hospital itself understanding her past history was known to her treating doctors.

Dr. Hussien stressed on the importance of the availability of the right expertise, infrastructure and equipment for such critical lifesaving treatments and that choosing a healthcare facility that has all allied specialties right from the start of your diagnosis is vital.

Emergency Cardiac Surgery Saves the Life of a Filipino Expat in UAE



41- year-old Ranil Alvarico Espina was gifted a new lease of life by a team of experts at Zulekha Hospital Sharjah. Ranil was experiencing severe pain in his chest that developed just prior to traveling from his home country Manila to the UAE where he lives. He sought medical advice and was prescribed analgesics to relieve the pain. Despite the medications, his pain did not subside and after arriving in Dubai, he immediately visited a hospital.

Following an echocardiography and a CT Aortogram examination, an Acute Aortic dissection type A with severe aortic regurgitation and dissection of the right coronary artery was revealed. An Aortic dissection is a serious condition in which the Aorta the largest artery in the body originating from the heart that supplies blood through branches to the body develops a tear that separates the lining of the Aortic wall into two layers and two lumens, a true and a false one .The Aortic tear if left untreated immediately may lead to rupture of the Aorta and sudden death.

Dr. Mohamed Ahmed Helmy, Consultant Cardiac Surgeon commented: “Ranil was referred to our hospital due to our previous successful management and experience in treating such critical cases. Due to the urgent nature of his condition, we decided to go ahead and perform a cardiac surgery by replacement of the Aortic valve and ascending aorta and a bypass to the right

coronary artery using a saphenous vein graft with interruption of the circulation and cooling down the patient's body temperature to 22°C to reduce the body metabolism and protect the brain during the surgery. Such cases require emergency intervention as the mortality increases with delays in treatment."

The patient recovered well at the end of surgery and regained consciousness after four hours. The patient was extubated seven hours later with no neurological complications which is common after this type of surgeries.

Dr. Helmy added: "The mortality and complications of such type of diseases may reach 20 percent including conditions like neurological stroke or coma and bleeding. A fully experienced dedicated team including nurses, cardiac anesthetists, intensive care doctors and a cardiac surgery team were available to provide the patient with the best medical care and practice. "

"I would like to thank Zulekha Hospital for the exceptional service, and for taking such good care of me. The team reassured me to treat my condition well so that I can regain a healthy life. That has made all the difference." said Ranil.

The patient's recovery took about eight days and Ranil was able to return to his normal life. He has been advised to maintain a healthy lifestyle by following a nutritious diet, incorporating regular exercise, avoiding stress and having adequate rest.

Life-saving Tracheal Tumor Surgery Saves 48 year old Filipino Expat at Zulekha Hospital Dubai



Joel with Dr. Khaldoon Abo Dakka, Dr Sameh Aboamer and Dr Sarwesh Kumar

48 year old Joel Portillo Mapilis consulted Dr. Khaldoon Abo Dakka Specialist Thoracic Surgery at Zulekha Hospital Dubai with asthma symptoms he was experiencing since last three years including wheezing, shortness of breath, and cough which had begun during COVID times in 2020. He is a non-smoker and had not experienced any type of allergies earlier. He was under typical asthma treatment with inhalers and nebulization without much relief from his symptoms. Nine months before his surgery, he started worsening and had blood-stained sputum on coughing (hemoptysis), a husky sound, and progressive difficulty of breathing.

Dr. Khaldoon explained, "A CT chest scan revealed a 3*2 CM cylindrical-shaped tumor in the mid of his trachea at the level of his chest-inlet behind the upper part of breast bone. A pulmonologist in another facility had done a bronchoscopy to find a large slow-growing rare primary malignant tumor of trachea, invading the wall of his windpipe and blocking the main

airway lumen by 80%. Biopsies confirmed a very rare malignant tumor arose in the sub-mucosal glands of mid-Trachea called ‘Adenoid Cystic Carcinoma’.

The disease seemed to have developed over few years to cause a mechanical airway obstruction and produce fake symptoms like that of an asthma disease. While there is no specific cause, doctors warn individuals not to ignore any minor complaints such as cough or blood-stained sputum, as small issues become major if not diagnosed and treated on time.

Dr. Khaldoon says, “Healthcare workers must note this. Absence of allergy or smoking history for patient with uncontrolled new symptoms of asthma does urge us to do further investigations and even invasive procedures as endoscopy to rule out rare unexpected airway diseases.”

“Tracheal neoplasms occur infrequently at a rate of two new cases per million people per year, accounting for less than 1% of all malignancies. In this case, early diagnosis was the most important factor affecting overall survival and the complete surgical resection was the only hope as curative treatment, even with a high peri-operative mortality rate up to ten percent.”

At Zulekha Hospital Dubai the team of surgeons including Thoracic Onco-surgeon Dr Khaldoon Abo Dakka, Dr Sameh Aboamer Consultant Surgical Oncology, and Specialist Anesthetist Dr Sarwesh Kumar performed the surgery for about six hours to remove the airway obstruction and re-establish the airway continuity. The procedures included a Segmental Resection of the mid-third of Trachea involved by the tracheal tumor (total are eight tracheal rings = 4 cms length, which account for nearly 40% of the whole trachea), and Tracheal Reconstruction was done by end-to-end anastomosis (Tracheoplasty) Trans Collar Neck Incision.

Speaking of the high risks during the surgery, Dr Sarwesh stated, “Making sure the patient’s airway and ventilation was secure through the procedure, we could only use a narrow lumen tube through the trachea to intubate the patient under guidance of a flexible bronchoscope as the large tumor blocked majority of the airway. In addition, special care was taken at the end of procedure to ensure safe extubation (removal) of anesthesia tube, so we could avoid perilous re-intubation”

Dr Khaldoon illustrated, “Further the deep position of the tumor in the mid segment of trachea into the Thoracic Inlet (inside the entrance of chest-cavity), had to be taken care during tracheoplasty to avoid sewing of his patient’s breast bone. Any damage to key vital structures close to the back wall of trachea, like food-pipe and sounding nerves, was avoided to ensure there were no post-operative complications. We took extreme care to preserve enough length of trachea to avoid any tension on the suturing line of the adjoining connections.”

Dr Sameh added, “A complete dissection of the central lymph nodes of neck surrounding the trachea was accomplished to confirm the tumor has not spread to regional lymph nodes. Bronchoscopy was being done through the procedure to highlight the excision edges and to ensure lungs and airway passages were clear. The patient had to avoid head hyper-extension so his chin was fixed to chest for seven days until complete healing of trachea.”

Experiencing his satisfaction, Joel thanks the team of doctors for the right diagnosis and treatment done and said, “I have not been breathing completely for a long time and now I feel my breath is clear and there is no obstruction in my throat and no change in my voice tone”. His total hospital stay was for eight days. Joel has been advised to follow up regularly over the next five to ten years with CT scans and bronchoscopies. Joel maintained a soft diet for some time and regained his normal diet.

Known for its multidisciplinary approach to patient treatments, Zulekha Hospital has always been at the forefront of accepting and successfully treating high-risk diseases. The presence of experienced multidisciplinary experts enables the most complex procedures to be done in the interest of the patient’s wellbeing at the facilities.



Zulekha Hospital Sharjah Saves Expat with Critical Heart Condition by performing an Urgent Complex Heart Surgery
Experts' advice to watch neglected Hypertension and High Cholesterol levels



Lawrence with Dr. Mohamed Ahmed Helmy

Zulekha Hospital Sharjah recently saved an expat, Laurence Anthony, a 42-year Filipino who rushed to a hospital in Fujairah with chest pains and was diagnosed with recent onset

myocardial infarction NSTEMI, where he was transferred immediately to the CATH lab and was diagnosed with three critical issues and each required immediate surgical intervention.

He was diagnosed as having a critical coronary left main disease, a total block of the left anterior descending Artery and diagonal and circumflex branches. The Ascending Aorta showed a huge dilatation and a tear in the aortic wall that divides the normal single lumen into 2 channels (a true and a false one) and this makes the Aortic wall liable for rupture at any moment (Aneurysm and Chronic Aortic Dissection).

Dr. Mohamed Ahmed Helmy, Professor and Consultant Cardiac Surgery shared, “Operating upon such a patient involves very high risk with 20 percent mortality and morbidity according to the STS American risk score, and the complex procedure required the patient to be transferred to a super specialty hospital. Our CTVS team at Zulekha Hospital Sharjah is well experienced in dealing with similar cases and hence the patient was transferred by ambulance to our hospital ICU with prompt preparation and preoperative investigations in the form of laboratory and radiologically multislice CT angio.” “Mr Laurence is married and has one daughter and as a breadwinner, it was imperative to get him back on his feet.” he added.

Dr. Helmy planned for the replacement of the Ascending Aorta and Aortic valve replacement and CABG 3 bypass using LIMA to LAD (internal thoracic Artery to the Left Anterior Descending artery) CABG 3 bypass. The surgery was successfully performed with smooth weaning from the cardiopulmonary bypass. Due to the complexity of the pathology and previous intake of antiplatelet drugs before performing the Coronary angiogram, Hemostasis (stopping the blood flow) was not an easy part of the operation.

The patient was then transferred to the ICU and the first 24 hours was the most critical period after which the patient was weaned from the ventilator and the inotropes and discharged from the hospital on the 8th postoperative day.

The operation was performed by Dr Helmy, alongside his cardiovascular team including Dr Abhijit Sen Specialist Anethetist, Dr Ganesh Somasundaram, two perfusionists, Jysna and Prajetha, Specialist Cardiovascular Surgeons Dr Wael Lutfi Al Richane and Dr Hasan Al Shaiah,

and the ICU team including Specialist Critical Care Medicine Dr Islam Essam Eldin Elkousy and Consultant ICU Dr. Maged Abdulmagd who played a crucial role.

Lawrence extended his gratitude to the team at the hospital, saying “My heartfelt thanks to all the doctors and team for having sensitively managed my entire criticality. I have a new life by God’s grace.”

The major cause of this complex disease is neglected Hypertension and Hypercholestermia (high blood cholesterol level).

Dr. Helmy advices, “Every one must check their blood pressure and blood cholesterol regularly in patients above 40 years and in diabetic patients, and check earlier for those who have a positive family history.”

Kudos to the expert team on being able to successfully manage this complex case.



Young Nigerian expat undergoes successful laparoscopic removal of 1.2 kilogram fibroid at Zulekha Hospital Dubai



Dr. Laxmi Yaliwal, Dr Bindu Pillai and Sister Mary

A 26 year old Nigerian expat consulted Dr. Sunita Dilip Ghike, Specialist Obstetrics and Gynecology at Zulekha Hospital Dubai, complaining of a huge mass in her abdomen that was gradually increasing in size over six to eight months. On investigations, a huge size fibroid as big as a 28 weeks size of pregnant uterus was found. The uterus was enlarged due to the large fibroid. She also had another moderate sized fibroid. Dr Sunita investigated the patient and counseled her for surgery (laparoscopic/open) and informed her of possible complications if surgery was not performed.

After further investigations Dr. Laxmi Yaliwal, Specialist Obstetrics and Gynecology planned a laparoscopic myomectomy that was carried out successfully for removal of the fibroids. She shares – “The challenge in removal of such large fibroids is the limitation of the space for the surgery. They also carry risk of torrential bleeding. The possibility of conversion to laparotomy would be high in such cases due to inoperability or due to excessive bleeding. Despite all odds, the team of doctors successfully removed the fibroids.”

Specialist Anesthetist Dr Bindu Pillai highlights, “There are numerous challenges in managing such a procedure successfully and we have been able to do so as a team. These include the physiological changes induced by pneumoperitoneum (the presence of air or gas in the abdominal (peritoneal) cavity) with the large 28 week size uterus, positioning of the patient for surgery while maintaining a balance between the surgeon’s comfort and patient cardio respiratory mechanics, possibility of severe bleeding which requires the team’s readiness to manage it, maintaining adequate renal and hepatic perfusion with raised intra-abdominal pressure due to large size of tumor.”

Doctors advise that women must watch out for early symptoms. They must keep watch on the menstrual cycle and if they experience heavy flow with clots or severe pain or feel any mass or lump in the abdomen, they must see the gynecologist immediately.

If such fibroids are untreated there is a risk of complications resulting in degenerative changes, and can compress the ureter, lead to menstrual problems with heavy and prolonged flow, heaviness and pain in abdomen, infertility, and very rarely cancer. A heavy menstrual flow can cause anemia, urinary problems if there is excess pressure on bladder.

While women may wean off any discussions on such topics considered to be extremely sensitive, it is imperative that they are educated, aware and act early to be able to lead a happy and healthy life.

Post-surgery the patient is very content and satisfied to have undergone the procedure and her recovery has been good. The team of doctors including Dr Laxmi Yaliwal, Dr Sunita Ghike, Dr Bindu Pillai and nursing staff Sister Mary, is highly skilled in managing high-risk laparoscopic surgeries.



Successful Laparoscopic Myomectomy procedure saves Expat with Massive Fibroids

Effectively Removing Fibroids while Preserving the Uterus



Dr. Humera Bint Raees Laparoscopic Gynae Surgeon and Obstetrician

Fibroids are non-cancerous growths that develop in or around the womb (uterus). These growths are made up of muscle and fibrous tissue, and vary in size. Many women are unaware they have fibroids because they do not have any symptoms. About 20 to 80 percent of women develop fibroids by the time they reach age 50 and most common in women in their 30s and early 50s. It may affect daily life as they cause problems such as pelvic pain or pressure, heavy menstrual bleeding, urinary frequency, or incontinence.

Mrs. Munira, 37 years old from Pakistan has experienced pressure symptoms such pressure on the bladder, causing frequent urination, lower back pain and abdominal pain. She consulted her clinic doctor and eventually was advised to see Dr. Humera Bint Raees – Laparoscopic

Gynaecology Surgeon and Obstetrics at Zulekha Hospital Sharjah for a second opinion. After carrying out the required investigations, examination results revealed she has massive Fibroids.

Dr. Humera said “It was huge fibroid about 13x13 cm growing in her uterus and her abdomen appeared as though she was 20 weeks pregnant. If it was not removed she would have had more exaggerated pressure due to growing fibroid which would further press the other internal organs. To avoid any complications a Laparoscopic Myomectomy was successfully done. She is doing well, relieved from pressure symptoms, pain free and carrying out her normal activities”.

“I was really scared when I came to know that I have developed Fibroid but Dr. Humera explained to me the required procedure clearly. I really appreciated Dr. Humera and her team efforts in relieving my pain and stress with a successful surgery. I feel healthier now.” Mrs. Munira stated.

Laparoscopic Myomectomy is a surgical procedure of removing fibroids through key-hole incisions. Laparoscopic Myomectomy is suggested and advised for those who experience problems due to fibroids. This procedure is usually recommended when the woman wants the fibroids to be removed but preserve the uterus.

Our gynecologists perform many types of procedures to treat both common and rare gynecologic conditions, working with other specialists to provide the most appropriate care for patients. They provide minimally invasive treatment whenever possible to reduce patient discomfort and promote more rapid healing.



Two Consecutive Emergency Cardiac Surgeries Save the Life of A 46 Year Old Indian Expat



Dr. Mohamed Ahmed Helmy

Consultant Cardiac Surgeon



Dr. Hassan Al Shaiah

Specialist Cardiothoracic surgeon



Dr. Abhijith S

Specialist Anesthetist



Dr. Ganesh Somasundaran

Consultant Cardiac Anesthesia

Globally, heart disease is the leading cause of death and studies have revealed that, people in the region die of heart attacks almost 20 years earlier than the rest of the world, due to various factors.

When a person undergoes an angioplasty to treat his cardio vascular disease, he assures himself that the worst is over and that he is now in good health. Little did the 46 years old Indian expat know that he his ordeal had only started.

After having had a successful angioplasty performed by Dr. Jayachandran Thejus – Specialist Interventional Cardiologist in Zulekha Hospital Sharjah, patient was under medication – Antiplatelets (Antiplatelet are a group of medicines that stop blood cells (called platelets) from sticking together and forming a blood clot), for a period of six months until he rushed himself to the emergency department at Zulekha Hospital Sharjah complaining of severe chest pain and was diagnosed with NSTEMI inferior Myocardial infarction and elevated markers for infarction.

An emergency coronary angiogram performed by Dr. Jayachandran revealed a critical left main disease with more than 90 percent stenosis of the Right coronary artery. Since the patient was receiving dual antiplatelet, it could increase the incidence of postoperative bleeding, and his cardiac enzymes were markedly elevated while his chest pain was not easing all through.

Upon taking a collective opinion with the in-house Cardiac team, Dr. Mohamed Helmy – Consultant Cardiac Surgeon took the decision to perform a CABG on the patient on an emergency basis. It was a six hours long critical surgery carefully performed by the doctor, considering the condition and the recent history of the patient. The patient received three bypass grafts and was transferred to the ICU with good hemodynamics and normal blood pressure.

Three hours later the patient's hemodynamics suddenly deteriorated from sever vasodilatation due to the acute myocardial inflammation by the recent infarction, and by the presence of myocardial stunning and Oedema (fluid retention) and Hypovolemia (decrease in the volume of blood in the body), the patient was almost near next to a cardiac arrest. Thus an immediate Restornotomy was performed using an intra-aortic balloon pump by Dr Hassan Al Shaiah – Specialist Cardiothoracic Surgeon.

While the team along with Dr Abhijit Sen – Specialist Anesthetist and Dr. Ganesh Somasundaram – Consultant Cardiac Anesthesiologist, championed by Dr. Mohamed Helmy, were capable of stabilizing the patient for an hour, just then the patient's right ventricle started to show impaired contractility. The immediate decision to perform the second coronary bypass grafts to the distal LAD and the Posterolateral branch of the right coronary was made in time which resulted in a success.

Weaning off by pass with the help of average inotropic support, the patient was transferred to the ICU; his Echo report showed normal LV function. On the second day the intra-aortic balloon was removed and the patient was taken off the ventilator.



Kudos to the comprehensive approach and the expertise of our Cardiac Surgery team, the patient was discharged safely from hospital on the eighth postoperative day and now he is on short leave to his home country to see his family, after having gifted a 'New lease of life'.

Medical Miracle Saves Expat in Unconscious State - "An acute stroke resuscitated based on clinical diagnosis alone without any supportive imaging evidence"

Real-time decision making is the key to save lives in Neurology treatments



Mr. Sajjid Mulla with his wife and Dr. Shyam Babu

Sajjid Mulla, a young Dubai resident who arrived at the emergency room in an unconscious state after experiencing dizziness at home was miraculously resuscitated within 30 minutes of his arrival, by Dr. Shyam Babu Chandran, Consultant Neurologist and Movement Disorder Specialist at Zulekha Hospital Dubai. The doctor took this very critical decision to proceed urgently with the thrombolysis, based on subtle clinical findings despite no evidences from all investigations, including CT and MRI Brain after taking consent from the family.

Dr. Shyam commented: “Though thrombolysis is a regular procedure, this is a rare case in many years where a patient came to us in an unconscious state and was treated based on clinical suspicion alone in this emergency. As a result, he was thrombolysed with IV rt PA. Despite no supportive evidence Sajjid was brought back to life, and a clinical follow up showed minimal deficits. The CT Brain revealed changes on the right side of brain, which further validated the medical decision taken by the clinical team.” Sajjid would have been left with permanent damage to the brain if this decision wasn’t taken promptly as there was no investigation supporting this at that crucial time.

Doctors advise that individuals should always rush to the emergency in case of any symptoms and undergo a medical examination to avoid fatal consequences. Strokes can recur, and it is essential to exercise and monitor diabetes, lipids, and high blood pressure.

Sajjid had recovered well and been on few weeks of physiotherapy to regain his muscle strength on this left arm. Expressing gratitude to the doctor, he says, “I have no previous diseases and was always considering myself fit and fine. When this has happened we panicked and rushed to the hospital. I was lucky to be revived by an experienced medical team who knew what had to be done.”

This successful management of a rare medical case is a testament to the medical expertise of the clinical team who made a critical clinical decision to save a life. Zulekha Hospital is known to accept and successfully treat high-risk cases from many other healthcare facilities in UAE. Thanks to the multidisciplinary teams and advanced infrastructure at the hospital that enables quality critical care for its patrons.