

**PRESS NOTE**  
**CURE OF ALMOST “INCURABLE” LUNG INFECTION – PATIENTS OWN**  
**BLOOD HELPED TO SEAL HOLES IN LUNG**

**Example of great Team work and miracle of modern medicine for treating sick children.**

Hyderabad, 17th, December, 2015: Three year old girl Aqsa Maryam was admitted in a hospital at Nanded (Maharashtra) for five days for treatment of severe lung infection (pneumonia). In spite of the best efforts by the doctors at Nanded, her condition was not improving and breathing difficulty was worsening, hence Rainbow Children's Hospital's Hyderabad team was called for help. Our emergency team of Doctors and nurses, which specializes in transporting sick children, went to Nanded and brought the child on transport ventilator (a machine which maintains artificial breathing while travelling in the ambulance) on 11<sup>th</sup> November, 2015.

After arriving in Hyderabad, she was admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital Banjara Hills. The PICU is designed and equipped to manage very sick children with specialized equipment, highly trained team of doctors and nurses. Aqsa was managed on ventilator and medication to treat her lung infection and maintain her blood pressures in normal range. Her lungs were severely damaged due to H1N1 virus and hence she was in need of high concentration of Oxygen at high pressures. In spite of the best efforts, her condition was not improving, hence she was placed on a highly specialized machine for ventilation called “High Frequency Oscillator”, which delivers very high pressures to the lungs at high rates (150-250 breaths in one minute). She also received special gas called “Nitric Oxide” to reduce the pressures in the blood vessels of her lungs. She was on ventilator support for 16 days.

Her lung infection started improving over two week period however she developed leakage of air in her chest. As her lungs were infected, they started leaking air leading to this condition called “Air leak” or pneumothorax. The leaked air was removed by inserting a tube in the chest. However the problem of air leaks started to occur in both lungs repeatedly. Chest tubes were placed on multiple occasions to drain the leaked air. There was a time when she had five tubes in her chest to drain air from both the lungs from various sites. The doctors were not able to remove tubes from chest as air was re accumulating causing worsening of breathing problems. Parents wanted to go back to Nanded, but no hospital in Nanded was ready to take the child for further treatment due to the complex nature of her illness. The child continued to have tubes in chest for nearly 1 month. It is at that stage in consultation with thoracic surgeon we planned a procedure called “Autologous Blood Patching”. In this procedure the patient's own blood is taken out and pushed in the chest via the chest tubes and the tubes are blocked for some time. Patient's blood works like a glue and seals all the areas on the lungs from where the air was leaking. This procedure is novel, and not yet used in India in children with repeated air leaks from the lungs. We performed the procedure on the child on both lungs and kept her under observation for four days.

The child remained stable after the procedure with no further episode of new air leaks from the lungs. She is comfortable, and we have removed all her chest tubes. We shall be discharging her soon and she will be going back to Nanded and live a normal life like any other child.

This case is an example of excellent team work and demonstrates how modern technology and treatment modalities can help a child with almost incurable lung infection.

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