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THE EXCHANGE

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A Knowledge Sharing Initiative by Medanta

Eastern India's First Robotic Head and Neck Cancer Surgery Performed at Medanta Patna

A Landmark Achievement in Minimally Invasive Cancer Care

Papillary carcinoma of the thyroid is the most common thyroid malignancy, typically presenting as a painless neck swelling. Conventional thyroidectomy through a neck incision remains the standard of care, but it can leave a visible scar and carries risks of nerve injury. The advent of robotic-assisted thyroidectomy has transformed this landscape, offering excellent oncological outcomes while avoiding a neck scar and enabling superior nerve preservation.

Case Study

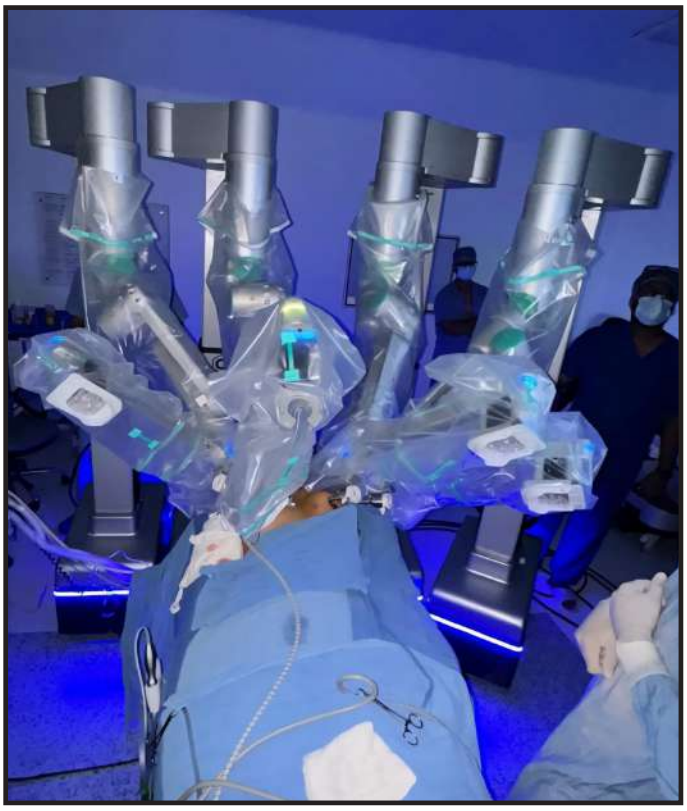
A 38-year-old woman presented with a gradually enlarging swelling in the lower front of her neck for six months, associated with mild discomfort while swallowing over the past two months. She also reported generalised body ache and lower limb swelling.

On clinical examination, a firm swelling was palpable in the thyroid region. Vital signs were stable (pulse 97 bpm, BP 120/89 mmHg, respiratory rate 20/min, SpO_2 96% on room air). Chest examination revealed bilateral air entry, cardiovascular examination showed normal S1 and S2, and the abdomen was soft with no organomegaly.

Radiological evaluation confirmed the presence of a thyroid nodule, and fine needle aspiration cytology (FNAC) was consistent with papillary carcinoma of the right thyroid lobe.

The patient was counselled regarding the need for surgery and the available options. Concerned about the cosmetic impact of a visible neck scar, she opted for a robotic thyroidectomy, which allows removal of the thyroid gland through remote incisions in the axilla and chest wall, leaving the neck scar-free.

On 15th July 2025, she underwent a Robotic Right Hemithyroidectomy via Bilateral Axillo-Breast Approach (BABA) under general anaesthesia. Ports were placed at the axillae and areola of breast individually, and a working tunnel was created to reach the thyroid gland. With robotic assistance, meticulous dissection was performed, preserving the recurrent laryngeal and external laryngeal nerves, and securing haemostasis. The right lobe of the thyroid with the tumour was excised successfully.



Intra-op image showing robotic thyroidectomy using multi-arm system

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Intra-op view showing patient positioning for transaxillary robotic thyroidectomy

Post-op image showing minimal scarring after robotic thyroidectomy

The surgery was uneventful, with minimal postoperative pain and no evidence of nerve injury. Importantly, there was no visible scar on the neck. The patient was mobilised early, tolerated a soft diet within 12 hours of surgery, and was discharged on postoperative day 2 (16th July 2025) in a stable condition.

Conclusion

This case represents a landmark achievement in surgical oncology — the first robotic head and neck cancer surgery in Eastern India, performed at Medanta - Patna.

By combining precision, safety, and scar-free outcomes, robotic surgery is redefining standards of thyroid and head and neck cancer care.

Robotic-assisted thyroidectomy provided clear benefits for the patient:

- High-definition magnification ensured safe preservation of vital nerves and perathyroids
- Minimal pain and faster recovery enabled early discharge
- Absence of a neck scar addressed cosmetic concerns
- The platform offers wider applicability in head and neck, thoracic, gastrointestinal, and gynaecological cancers

For the region, this milestone marks the arrival of cutting-edge cancer care that was previously unavailable in Bihar, Jharkhand, Purvanchal, and neighbouring countries like Nepal and Bangladesh. With this breakthrough, Medanta - Patna has set a new benchmark in minimally invasive cancer surgery, bringing advanced technologies closer to patients in Eastern India.

Dr. Sundeep Kumar
Associate Director - Surgical Oncology
Medanta - Patna

Medanta@Work

Unicondylar Knee Replacement for Medial Compartment OA in a 52-Year-Old Female

Scan to watch Dr. Saif N Shah explain the case in detail.

A 52-year-old female presented with a two-year history of gradually progressive pain in the right knee, with significant worsening over the last 12 months. The pain was localised to the medial aspect of the knee and was aggravated by activities such as prolonged walking, stair

climbing, and squatting. She reported intermittent night pain but denied any history of acute trauma, mechanical locking, or significant swelling. Over the preceding months, her symptoms had begun to limit daily activities, including household chores and outdoor mobility.

Initial conservative management, comprising supervised physiotherapy focused on quadriceps strengthening, activity modification, and courses of non-steroidal anti-inflammatory drugs (NSAIDs), provided only transient relief. The patient did not report any constitutional symptoms, morning stiffness, or features suggestive of systemic inflammatory arthropathy.

Clinical Examination

On examination, gait was antalgic. Inspection revealed no visible deformity or swelling. Palpation elicited tenderness along the medial joint line without effusion. Range of motion was preserved, with flexion up to 130° and full extension. Ligamentous stability tests for both cruciate and collateral ligaments were normal. Patellofemoral crepitus was absent.

Pre-op knee X-ray showing native joint with degenerative changes

Standard anteroposterior (AP) and lateral radiographs of the right knee demonstrated:

- Joint space narrowing confined to the medial compartment
- Subchondral sclerosis and marginal osteophyte formation along the medial tibial plateau and femoral condyle
- Preserved joint space and architecture in the lateral and patellofemoral compartments

MRI of the right knee confirmed isolated medial compartment chondral degeneration with intact anterior cruciate ligament (ACL) and posterior cruciate ligament (PCL). The lateral meniscus and cartilage were preserved, and there was no evidence of bone marrow oedema or synovitis.

Diagnosis and Surgical Indication

The diagnosis of isolated medial compartment osteoarthritis (OA) was established based on clinical and imaging findings. Given the preservation of cruciate ligaments, good range of motion, neutral limb alignment, and absence of inflammatory arthritis or multi-compartmental disease, the patient was considered an ideal candidate for unicondylar knee replacement (UKR).

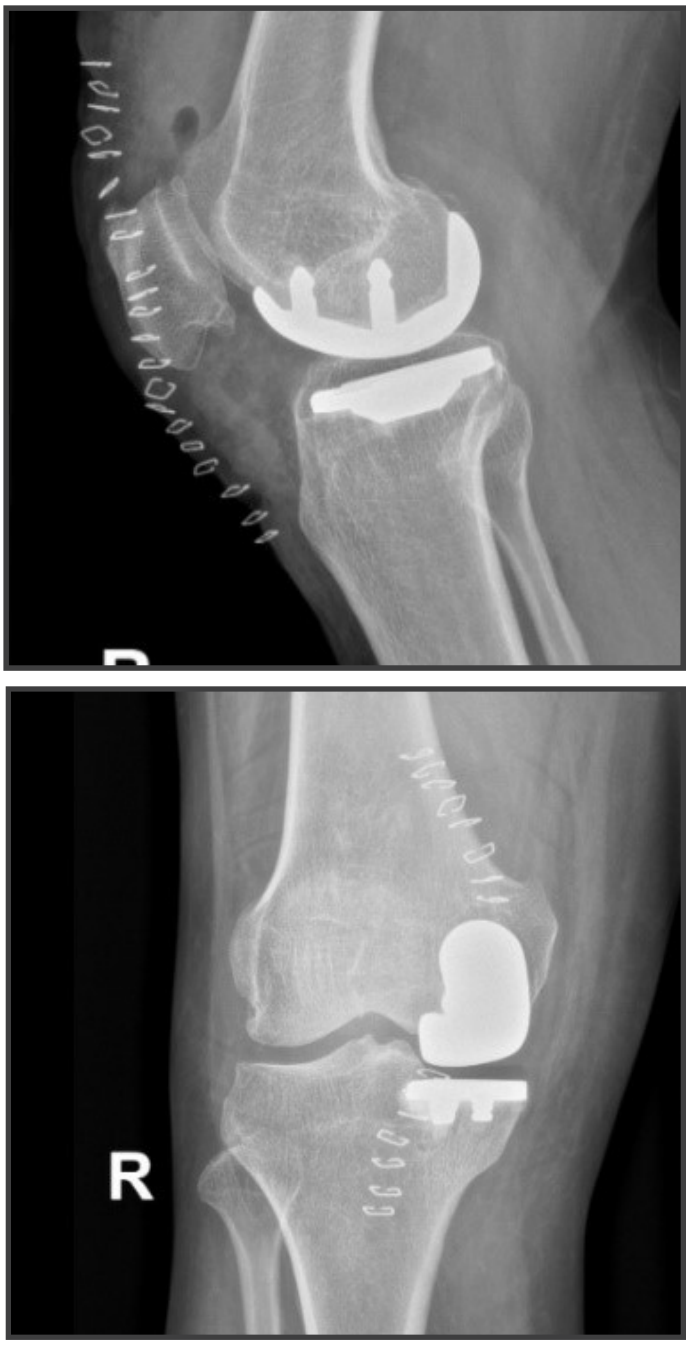
The surgery was performed under spinal anaesthesia with the patient in the supine position. A standard medial parapatellar approach was utilised. Following exposure, the medial compartment was inspected to confirm the extent of degenerative change and to ensure the lateral compartment cartilage was intact. Osteophytes were excised, and precise bone cuts were made to prepare the femoral and tibial surfaces.

A Depuy HP medial unicondylar knee prosthesis was selected based on intraoperative sizing. Trial components were inserted, and ligament balancing was verified through the full range of motion, ensuring stable mediolateral balance and optimal alignment. Once satisfactory trial reduction was achieved, the final components were implanted using bone cement. The wound was closed in layers after thorough lavage. No intraoperative complications occurred, and blood loss was minimal.

The immediate postoperative period was uneventful. The patient began mobilisation with the aid of a walker on the first postoperative day. A structured physiotherapy programme was initiated, focusing on quadriceps activation, progressive range-of-motion exercises, and gait training. Pain was effectively managed with multimodal analgesia. By the third postoperative day, the patient achieved independent transfers and ambulation with minimal assistance.

The surgical site healed well, with no signs of infection, thromboembolic events, or mechanical complications. The patient was discharged with instructions for home-based

exercises and scheduled follow-up for suture removal at two weeks. She is expected to regain near-complete function and return to pre-symptom activity levels within 6–8 weeks.



Post-op knee X-ray AP (top) and lateral (bottom) view showing right knee after partial knee replacement.

Discussion

Unicondylar knee replacement offers a bone- and ligament-sparing alternative to total knee replacement in carefully selected patients with isolated compartmental osteoarthritis. It preserves the native kinematics of the knee, providing a more natural feel postoperatively. The benefits include smaller incisions, reduced operative time, lower blood loss, faster recovery, and higher patient satisfaction. Studies have demonstrated excellent long-term survival rates of modern UKR implants when performed in appropriate candidates.

The success of the procedure hinges on accurate patient selection, excluding those with inflammatory arthritis, ligamentous instability, significant varus or valgus deformity, or multi-compartment disease. In this case, preoperative imaging confirmed the integrity of the lateral compartment and cruciate ligaments, fulfilling the standard criteria for UKR.

Conclusion

For this patient, UKR was the optimal surgical solution, offering pain relief, restoration of function, and a rapid return to daily activities. With adherence to postoperative rehabilitation and regular follow-up, long-term outcomes are expected to be highly favourable.

Dr. Saif N Shah
Director - Orthopaedics
Medanta - Lucknow

Dr. Hatif Qamar Siddiqui
Senior Consultant - Orthopaedics
Medanta - Lucknow

Paediatric Myoepithelial Sarcoma of the Left Masticatory Space

A Multidisciplinary Surgical Approach

Scan to watch Dr. Deepak Sarin explain the case in detail.

Myoepithelial sarcoma is a rare malignant neoplasm of myoepithelial cell origin, typically of low histological grade but with potential for aggressive local infiltration. Its occurrence in the paediatric population, especially in complex anatomical regions such as the head and neck,

poses significant diagnostic and therapeutic challenges. This case report describes the evaluation and successful surgical management of an extensive paediatric myoepithelial sarcoma of the left masticatory space through a coordinated, multidisciplinary approach.

Case Study

A 2-year-old male child from Iraq, previously diagnosed with a low-grade sarcoma suggestive of myofibroblastic origin, presented to Medanta – Gurugram for definitive surgical management. The swelling was first noted in December 2023 in the left parotid region and had progressively enlarged into a large fungating intraoral mass, resulting in the inability to chew solid food and dependence on liquids.

Pre-op image showing a large intraoral mass

The patient had previously received three cycles of chemotherapy in Iraq without clinical benefit. At our hospital, the case was jointly evaluated by the head and neck oncology and paediatric oncology teams, and subsequently discussed in the tumour board. Oral sirolimus was then initiated while awaiting histopathology review. Biopsy performed at Medanta confirmed a low-grade myofibroblastic sarcoma. PET-CT demonstrated a localised FDG-avid mass arising from the left masseter and parotid region with no evidence of distant metastases. MRI revealed a large lesion extending from the left parotid and masseteric region into the oral cavity, superiorly reaching the paranasal sinuses and posteriorly extending to the level of the epiglottis with high infra-temporal fossa involvement till pterygoid plates.

Post-chemotherapy image demonstrating reduction in intraoral mass size

On admission, the child was afebrile with a heart rate of 130/min, respiratory rate of 40/min, blood pressure of 90/60 mmHg, and oxygen saturation of 100% on room air. There was no pallor, icterus, cyanosis, clubbing, or oedema. Local examination revealed an irregular, bulky mass arising from the left buccal mucosa and occupying the left masticatory space, causing significant distortion of the oral cavity anatomy. Systemic examination was otherwise unremarkable.

Based on clinical, radiological, and histopathological findings, a diagnosis of paediatric low-grade myoepithelial sarcoma of the left masticatory space without metastatic spread was established. Given the extent of disease and inability to feed orally, definitive surgical excision with planned reconstruction was advised.

Surgical Management

The procedure was undertaken in a single operative sitting involving paediatric surgery, head and neck oncology, and plastic and reconstructive surgery teams. The paediatric surgery team commenced with a gastrostomy to secure long-term enteral access.

The head and neck oncology team subsequently performed a tracheostomy (size 4 cuffed tube) to secure the airway, followed by a left selective neck dissection (levels I–II), meticulously preserving the spinal accessory nerve, sternocleidomastoid muscle, and internal jugular vein. Multiple small lymph nodes were excised.

Oncological resection revealed a large pedunculated mass measuring 6.5 × 6 cm, arising from the left buccal mucosa and occupying the left oral cavity. Resection included wide local excision of the left buccal mucosa, removal of all muscles of mastication, excision of the buccal fat pad, posterior segmental mandibulectomy, condylar resection, chip upper alveolectomy, and radical infratemporal fossa clearance. Dehiscence of the skull base was observed

without frank tumour invasion, and drilling of the skull base was performed. Frozen section from the deep lobe of the parotid gland confirmed negative margins.

Post-op image of the patient under critical care monitoring

The plastic surgery team harvested a right anterolateral thigh (ALT) free flap, isolated on a single perforator, with the pedicle dissected to the profunda femoris vessels. The flap was transferred to the oral defect, and microvascular anastomosis was performed between the arterial pedicle and the left facial artery, and between the venous pedicle and a tributary of the left internal jugular vein. Flap perfusion was excellent, and all wounds were closed in layers.

Postoperative Course

The patient was managed postoperatively in the paediatric intensive care unit (PICU) with ventilatory support, tracheostomy, and gastrostomy in situ. The early postoperative period was complicated by hypovolaemia, hypokalaemia, and hypoalbuminaemia, leading to third spacing, pleural effusion, and generalised oedema, which were successfully managed with intravenous fluids, albumin infusion, and diuretics under the expert guidance of the intensitivist team of PICU. By postoperative day (POD) 5–6, the patient was more alert and active. Swallow therapy was continued. Decannulation was successfully performed under controlled ICU conditions on POD 13, and oral trials were commenced. Over the following days, oral intake gradually improved, supplemented by gastrostomy feeding.

Outcome

By POD 17, the child was haemodynamically stable, tolerating clear liquids orally with supplemental gastrostomy feeds, and able to ambulate slowly with support. Surgical wounds were healthy, and the drain had been removed. The parents were counselled extensively on gastrostomy care, oral hygiene, and gradual dietary advancement.

Final histopathology revealed a low-grade myofibroblastic sarcoma (Grade I) with negative margins, absence of lymphovascular invasion, and no lymph node involvement (0/22). The bone specimen was free of tumour, and the overall pathological stage was ypT3N0. The multidisciplinary tumour board reviewed the findings and, considering the low-grade nature of the disease, clear surgical margins, and absence of metastasis, recommended no adjuvant therapy. The patient was therefore placed on a structured surveillance protocol and is presently recovering well with a healed surgical site and good oral intake.

Conclusion

This case illustrates the complexity of managing rare paediatric head and neck sarcomas and underscores the importance of meticulous multidisciplinary planning. The integration of paediatric surgery, head and neck oncology, and reconstructive microsurgery facilitated complete tumour excision with functional reconstruction, ensuring optimal oncological and functional outcomes in a high-risk paediatric patient.

Dr. Deepak Sarin
Chairman - Head and Neck Onco Surgery
Medanta - Gurugram

Dr. Sanjay Mahendru
Senior Director - Craniomaxillofacial and Onco Reconstrustive Surgery
Medanta - Gurugram

Dr. S P Yadav
Senior Director - Paediatric Haemato Oncology and Bone Marrow Transplant
Medanta - Gurugram

Dr. Praveen Khilnani
Chairman - Paediatrics, Paediatric Pulmonology and Paediatric Critical Care
Medanta - Gurugram

Dr. Shandip Kumar Sinha
Director - Paediatric Surgery and Paediatric Urology
Medanta - Gurugram

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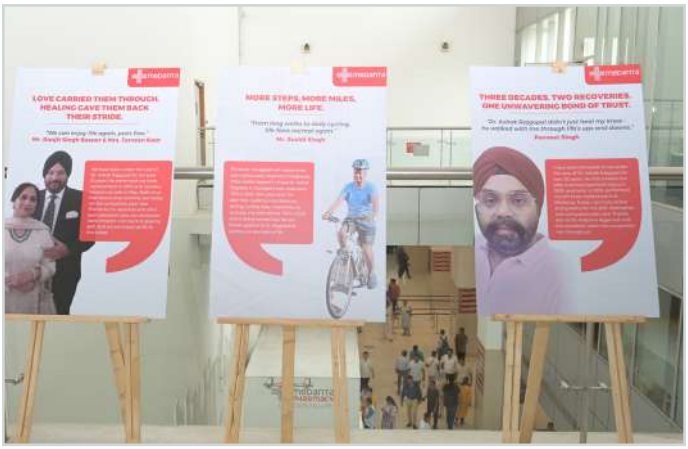
In Focus

Dr. Ashok Rajgopal Completes 40,000 Knee Replacements, Setting a Benchmark in Orthopaedic Care

Medanta - The Medicity marked a major milestone as Dr. Ashok Rajgopal, Group Chairman - Medanta Institute of Musculoskeletal Disorders and Orthopaedics, completed 40,000 knee replacement surgeries. This achievement reinforces Medanta's leadership in advanced orthopaedic care, blending clinical expertise, cutting-edge technology, and patient-focused treatment.

At a special event, Dr. Naresh Trehan, Chairman and Managing Director, and Mr. Pankaj Sahni, Group CEO, commended Dr Rajgopal's dedication, innovation, and transformative impact on knee replacement surgery. Patients shared inspiring stories of regaining mobility and independence, reflecting the life-changing outcomes of his work.

Dr. Rajgopal highlighted the rapid growth in orthopaedic care, noting, "More than 2.5 lakh knee replacements are performed annually in India — nearly 2.5 times more than five years ago. Our approach goes beyond surgery to include pre-operative assessment, patient education, and structured rehabilitation. With robotics, minimally invasive techniques, and advanced implants, we deliver personalised care, quicker recovery, and superior outcomes."



Key Surgical Achievements

1,600-1,700
Knee replacements performed annually

1,500+
Robotic-assisted procedures completed

9,500+
Revision surgeries managed

98%
Success rate consistently achieved

"Honouring Dr. Rajgopal on this occasion, we believe his achievements reflect Medanta's core philosophy of making world-class healthcare accessible and affordable. We remain committed to driving innovation, embracing advanced technologies, and delivering personalised, high-quality care to transform lives at scale."

Dr. Naresh Trehan
Chairman and Managing Director, Medanta

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Kudos

CONGRATULATIONS

Dr. Manish Bansal
Senior Director - Clinical and Preventive Cardiology
Heart Institute, Medanta - Gurugram

on getting the prestigious
Blackbuck Pioneer Researcher Award
for landmark contributions in Cardiology

CONGRATULATIONS

Dr. K. M. Sahu
Director - Nephrology
Kidney and Urology Institute, Medanta - Patna

Dr. Sundeep Kumar
Associate Director - Surgical Oncology
Cancer Institute, Medanta Patna

on being honoured with the
Health and Wellness Award 2025
by **Dainik Jagran** for their outstanding contributions to patient care and excellence in their respective fields.

Welcome Onboard

Dr. Debabrata Mukherjee
Senior Director - Nephrology and Kidney Transplant Medicine
Medanta - Gurugram

With over three decades of experience, Dr. Mukherjee is a pioneer in interventional nephrology and complex kidney transplantation. He has played a key role in shaping national kidney care guidelines and transplant policy, and specialises in advanced dialysis access, chronic kidney disease management and complex renal transplants, including cadaveric and ABO-incompatible cases.

Dr. Namita Kaul
Director - Neurology
Medanta - Noida

Dr. Kaul is a senior neurologist with over 11 years of experience, specialising in the management of epilepsy and seizure disorders, acute and chronic stroke, headaches and vertigo, dementias, neuroinfections, and demyelinating disorders.

Dr. Yashpal Singh Bundela
Director - Neurosurgery
Medanta - Noida

Dr. Bundela is a senior neurosurgeon with over 25 years of experience, specialising in minimally invasive spine surgery for conditions like slipped discs, spondylosis, scoliosis, and spinal tumours; microsurgery for brain tumours; neuroendovascular procedures; and functional neurosurgery for Parkinson's disease and epilepsy.

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Dr. Manish Kumar Marda

Director - Neuroanaesthesia and Neurocritical Care

Medanta - Noida

Dr. Marda is a senior consultant with over 20 years of experience in neuroanaesthesia, neurocritical care, and interventional pain medicine. He specialises in intraoperative neuromonitoring, complex neurological case management, and pain procedures for trigeminal neuralgia, sciatica, and complex regional pain syndromes.

Dr. Girish Rajpal

Director - Neurointervention and Stroke

Medanta - Noida

Dr. Rajpal is a senior neuroendovascular surgeon with over 15 years of experience in neurosurgery and neurointervention. He specialises in acute stroke management, complex aneurysms, arteriovenous malformations, and carotid interventions, offering both open and endovascular treatment options for complex cerebrovascular conditions.

Dr. Kapil Kumar Singhal

Director - Neurology

Medanta - Noida

Dr. Singhal is a senior neurologist with nearly 15 years of experience, specialising in stroke, Parkinson's disease, complex headaches, and multiple sclerosis. He pioneered the first Deep Brain Stimulation (DBS) programme in Noida and manages neurological conditions including epilepsy, neuropathy, myasthenia gravis, and other rare disorders.

Dr. Manish Vaish

Director and HOD - Neurosciences

Medanta - Noida

Dr. Vaish is a senior neurosurgeon with over 20 years of experience in advanced brain and spine surgery. He specialises in minimally invasive spine surgery, complex cranial procedures, endoscopic skull base surgery, brain and spine tumours, and head injury management.

Dr. Atul Gupta

Associate Director – Aviation Medicine and Administration

Medanta - Gurugram

Dr. Gupta is an expert in aerospace medicine with extensive experience in aeromedical standards, aircrew medical support, flight safety, aircraft accident investigation, and aeromedical planning for disaster response and casualty evacuation.

Dr. Tarun Durga

Associate Director – Medical Oncology

Medanta - Noida

Dr. Durga is a senior medical oncologist with over 25 years of experience, including 20 years in the UK. His expertise spans systemic therapies, immunotherapy, targeted therapy, chemotherapy and the management of oncologic emergencies.

Dr. Satya Sadhan Sarangi

Senior Consultant - Medical Oncology

Medanta - Noida

Dr. Sarangi is a medical oncologist specialising in solid and blood cancers, with expertise in chemotherapy, immunotherapy, targeted and cellular therapies.

Dr. Neshar Md. Ansari

Senior Consultant - Spine Surgery

Medanta - Patna

Dr. Ansari, the first board-certified FNB spine surgeon from Bihar and Jharkhand, specialises in minimally invasive, navigation- and robotic-assisted spine surgery, treating tumours, deformities, disc herniations, instability and craniovertebral anomalies.

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Dr. Maya

Senior Consultant - Internal Medicine

Medanta - Patna

Dr. Maya is an internal medicine specialist with expertise in diabetes, hypertension, infectious diseases, renal failure, rheumatology, critical care, and non-interventional cardiology.

Dr. Nikita Tripathi

Consultant - Paediatric Critical Care

Medanta - Lucknow

Dr. Tripathi is a paediatric intensivist with expertise in managing critically ill children. She specialises in advanced ventilatory support, bedside ultrasound and life-saving procedures in paediatric and neonatal intensive care.

Dr. Santosh Pandey

Consultant - Emergency Medicine

Medanta - Noida

Dr. Pandey is an emergency physician specialising in polytrauma, critical care, difficult airway management, sepsis, shock, and point-of-care ultrasound-guided procedures.

Dr. Aniket Agarwal

Consultant – Radiology

Medanta - Noida

Dr. Agarwal is a radiologist specialising in musculoskeletal, thoracic, gastrointestinal, and neuroimaging, with proficiency in ultrasound, Doppler, CT, and MRI.

Dr. Anjali Jain

Consultant - Gynaecology and Gynaeoncology

Medanta - Gurugram

Dr. Jain is a gynaecologic oncologist specialising in laparoscopic and robotic surgeries. Her expertise includes cervical, endometrial and ovarian cancers, along with advanced procedures such as HIPEC and cytoreductive surgery.

Dr. Anuja Dubey

Consultant - Radiology

Medanta - Noida

Dr. Dubey is a radiologist with expertise in musculoskeletal radiology, neuroradiology, spine, and chest imaging. She specialises in high-resolution MSK imaging and collaborative diagnostic care.

Dr. Ashutosh Jaiswal

Consultant – Medical Oncology

Medanta - Noida

Dr. Jaiswal is a medical oncologist with expertise in chemotherapy, immunotherapy, targeted therapy, and management of breast, lung, gastrointestinal, genitourinary cancers, lymphoma and myeloma.

Dr. Mallika Dhanda

Consultant - Breast and Endocrine Surgery

Medanta - Noida

Dr. Dhanda specialises in breast cancer surgery along with thyroid, parathyroid, adrenal and endocrine pancreas surgery, with training in robotic and oncoplastic techniques.

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Dr. Nandeesh Jain

Consultant - Critical Care Medicine and Anaesthesiology

Medanta - Noida

Dr. Jain is a specialist in critical care and anaesthesiology, skilled in advanced ICU procedures, mechanical ventilation, haemodynamic monitoring, point-of-care ultrasound, ECMO, and the management of sepsis and multi-organ failure.

Dr. Rohan Khadtare

Associate Consultant - Interventional Radiology

Medanta - Lucknow

Dr. Khadtare is an interventional radiologist specialising in minimally invasive, image-guided procedures, with expertise in endovascular treatments, tumour ablation and embolisation.

Dr. Manasi Gupta

Associate Consultant - BMT and Haematology

Medanta - Noida

Dr. Gupta is a clinical haematologist with expertise in thalassaemia, leukaemia, aplastic anaemia and bone marrow transplantation in both adults and children.

Dr. Ajay Kumar

Associate Consultant - Paediatric Surgery

Medanta - Patna

Dr. Kumar is a paediatric surgeon with expertise in neonatal surgery, congenital anomalies, paediatric urology, and oncology. He is skilled in performing complex and emergency surgeries in children.

Dr. Vinay Kumar Verma

Associate Consultant – Critical Care

Medanta - Lucknow

Dr. Verma is a critical care specialist with expertise in infectious diseases, sepsis, multi-organ dysfunction, mechanical ventilation, and renal replacement therapy.

Dr. Deepali Agarwal

Associate Consultant - Nephrology and Kidney Transplant Medicine

Medanta - Noida

Dr. Agarwal is a nephrologist specialising in chronic kidney disease, end-stage renal disease, and acute kidney injury. She is an expert in haemodialysis, kidney transplant care, and complex renal disorders.

Dr. Deepak Jain

Consultant - Cardiology

Medanta - Noida

Dr. Jain is a non-invasive cardiologist specialising in cardiac intensive care and diagnostic cardiology. His expertise includes coronary artery disease, acute coronary syndromes, heart failure, arrhythmias, and lifestyle risk factor management.

Dr. Prerna Dogra

Associate Consultant - Neurology

Medanta - Noida

Dr. Dogra is a neurologist with expertise in stroke, paediatric neurology, movement disorders and neuroimmunology.

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Dr. Harsha Yadav
Associate Consultant - ENT
Medanta - Noida

Dr. Harsha Yadav is an ENT specialist with expertise in rhinoplasty, thyroid and parotid surgery, skull base and ear surgery, dizziness and vertigo management.

IN CASE OF **EMERGENCY** DIAL **1068**

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