PETALS OF NALINI

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WHY THIS CONVERSATION MATTERS ?



Dr. Vivek Salunke

For many women, pain has become something they are expected to simply live with Painful periods. Pain that returns every month. Pelvic discomfort that is brushed aside. Symptoms that gradually become part of everyday life.

But when pain begins to interfere with work, relationships, daily activities or the way a woman lives her life, it deserves to be understood.

*At Nalini Speciality Hospital, we believe that better care begins with **listening, understanding and recognising the signs**.*



Dr. Shinjini Pande

This newsletter is our way of creating a space for that conversation. In this first issue, we look at two very different presentations of endometriosis. One case reminds us that endometriosis can sometimes appear in an unexpected location, while the other reminds how extensive the disease can become when multiple organs are involved.

These are not just medical case studies. Behind every diagnosis is a woman whose symptoms have affected her life and whose journey has led her to seek answers.

Regards,

Kaumudi Titus Passanha.

Welcome to the first issue of PETALS OF NALINI.

CASE STUDY - 01

WHEN ENDOMETRIOSIS AFFECTS MORE THAN ONE PLACE.

A complex case of deep infiltrating endometriosis

A young woman came to Nalini Speciality Hospital with **severe period pain (10/10)** and chronic pelvic pain (8/10). She also experienced intermittent constipation and pain around an umbilical nodule.

Her menstrual cycles were regular, but menstruation was consistently painful.

The investigation revealed a deeper picture

MRI showed extensive fibrotic changes within the pelvis, with significant tethering of the uterus, cervix, adnexa and upper rectum. Cystic changes in both ovaries and a lesion in the left adnexa also raised suspicion of endometriosis.

Further evaluation revealed that the disease was not confined to one area.

During laparoscopic surgery, extensive endometriotic disease was found involving multiple sites, including:

- **Both ovaries and fallopian tubes**
- **The bowel and rectum**
- **The bladder**
- **The uterosacral ligaments and pelvic tissues**
- **The appendix**
- **The diaphragm**
- **The umbilical nodule**

A multidisciplinary approach

Because of the extent and location of the disease, the procedure involved a ***multidisciplinary surgical team***, with ***Dr. Vivek Salunke as the primary surgeon*** along with specialists in bowel surgery and plastic surgery.

The surgery included excision of deep endometriotic disease, treatment of bowel and bladder involvement, removal of affected tubes and appendix, treatment of diaphragmatic lesions, and excision and reconstruction of the umbilical nodule.

The patient recovered smoothly and was discharged after postoperative care.

WHY THIS CASE MATTERS ?

Endometriosis is not always limited to the uterus or ovaries.

In some women, endometriosis can involve **multiple pelvic structures and, in certain cases, areas outside the pelvis**. Dense adhesions and deep disease can also alter the normal anatomy of surrounding organs.

Persistent pelvic pain, severe menstrual pain, bowel or bladder symptoms, or unusual cyclical pain should not simply be dismissed as “normal period pain.”

Recognising the pattern of symptoms is often an important first step towards finding the right diagnosis and care.

Every patient's presentation and treatment plan is different. This case is presented for educational and awareness purposes. Diagnosis and treatment should be determined by the treating medical team.

CASE STUDY- 02

WHEN PERIOD PAIN POINTS TO SOMETHING MORE.

A case of abdominal wall endometriosis

For some women, period pain is not limited to the pelvis.

In this case, a woman with a history of two pregnancies and a previous Caesarean delivery had been experiencing severe, recurring abdominal pain for nearly three years. The pain was accompanied by backache radiating to both legs and followed a distinct menstrual pattern — becoming significantly worse in the days leading up to her period and continuing during menstruation.

What made the symptoms particularly significant was the cyclical pain felt around the previous Caesarean-section scar.

An MRI of the pelvis and abdominal wall helped identify the cause.

While the uterus and ovaries appeared largely unremarkable, imaging revealed a small endometriotic nodule embedded within the right rectus muscle of the anterior abdominal wall, close to the previous surgical scar.

This is known as abdominal wall endometriosis — a form of endometriosis in which endometrial-like tissue is found within the abdominal wall, sometimes developing in or around a previous surgical scar.

From scan to surgery

The finding was correlated with the clinical symptoms and surgical exploration.

The abnormal tissue was carefully identified within the abdominal wall and removed through wide local excision. The surgical specimen showed dense fibrotic tissue with characteristic dark, altered blood products — findings consistent with the diagnosis.

Dr. Shinjini Pande was the surgeon involved with her team.

WHY THIS CASE MATTERS ?

Endometriosis does not always present in the same way.

When pain is cyclical, severe, localized, or repeatedly associated with a previous surgical scar, it deserves attention and appropriate medical evaluation.

Individual symptoms and treatment needs can vary. Diagnosis and treatment should always be guided by a qualified medical professional.

Every patient's presentation and treatment plan is different. This case is presented for educational and awareness purposes. Diagnosis and treatment should be determined by the treating medical team.

SOMETHING INTERESTING

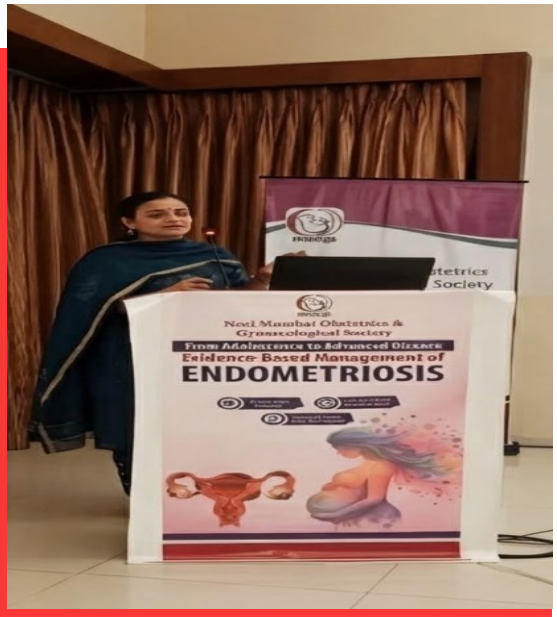
NALINI'S HEALTHCARE IMPACT REPORT

Healing with Excellence. Caring with Responsibility.

Nalini Speciality Hospital has taken a step towards documenting its impact beyond clinical care through its **Healthcare Impact, Quality & Sustainability Report 2025–26**.

The report brings together key aspects of Nalini's work across **environmental responsibility, people, clinical excellence, community engagement and governance**, reflecting the hospital's ongoing commitment to responsible and sustainable healthcare.





DR. SHINJINI PANDE at NMOGS 2026

Dr. Shinjini Pande was invited to speak at NMOGS 2026, where she delivered an informative session focused on endometriosis. Her participation provided an opportunity to share clinical perspectives and contribute to professional discussions around understanding and managing this complex condition.

Her continued engagement in medical forums reflects Nalini Speciality Hospital's commitment to advancing awareness and knowledge in endometriosis and women's health.

Scan the QR Code to Connect via WhatsApp

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