Kamineni™

MEDICAL TIMES

A News Letter by Kamineni Institute of Medical Sciences

Quarter – 1 APR – JUN 2026

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CASE REPORT 1: COMMUNITY-BASED TERTIARY PREVENTION TRANSFORMING DISABILITY INTO FUNCTIONAL RECOVERY: A CASE REPORT FROM THE FAMILY ADOPTION PROGRAMME

Authors: *Dr. Shankar Vantepaka[1] | Dr. MMV Prasada Sarma[2] | Dr. Anil Kumar CH[3]*

Affiliations: *1 - Assistant Professor, Community Medicine | 2 - Professor & HOD, Community Medicine*

3 - Professor & HOD, Orthopedics.

Introduction

Cervical spinal cord disorders such as cervical disc prolapse and cervical spondylotic myelopathy are important causes of neurological disability. Delayed diagnosis, interrupted rehabilitation, and poor continuity of care may result in progressive motor impairment, contractures, and functional dependence. Tertiary prevention aims to reduce disability and maximize functional recovery among individuals with established disease. Community-based interventions can facilitate early identification of neglected cases, improve access to specialized care, and promote rehabilitation. This case report highlights the role of the Family Adoption Programme in enabling referral, definitive management, and functional recovery in a patient with chronic cervical myelopathy and severe disability.

Case Presentation

A 39-year-old male barber from Thondalvai village was apparently healthy until April 2021, when he developed progressive weakness of both hands, followed by weakness of both lower limbs. Initially, the symptoms were mild and ignored. By January 2022, he experienced worsening weakness, gait difficulty, neck pain, and impaired ability to perform his occupational activities. He sought treatment from a local unregistered practitioner and received symptomatic therapy without definitive evaluation.

In April 2022, evaluation at a tertiary care hospital revealed a diffuse disc bulge with central disc protrusion at the C3–C4 level causing severe cervical canal stenosis. He was diagnosed with C3–C4 prolapsed intervertebral disc with cervical canal stenosis resulting in quadriparesis. Owing to financial constraints, definitive treatment was delayed, and his condition worsened following a fall.

In July 2022, he underwent C3–C4 anterior cervical discectomy and fusion at a government super-speciality hospital. Postoperatively, he developed left hip dislocation with femoral head atrophy. Because of financial concerns and fear of additional treatment costs, further specialist consultation was not pursued. Physiotherapy was discontinued, and he gradually became wheelchair-bound.

Over the next two years, his condition progressively deteriorated. By January 2024, he was diagnosed with avascular necrosis of the left femoral head with persistent quadriparesis. Despite repeated advice for physiotherapy, no definitive intervention was undertaken. By January 2026, when identified during Family Adoption Programme activities, he had severe asymmetrical spastic

quadriparesis, multiple joint contractures, and acquired dysplasia of the left hip. He was dependent on family members for most activities of daily living, and his wife had become the sole earning member of the family.

Community-Based Intervention

During routine Family Adoption Programme visits, the patient was identified by field health workers. Repeated counselling sessions were conducted to address the family's apprehensions regarding treatment and expenditure.

Subsequently, specialists from the Department of Community Medicine evaluated the patient at home and recognized the possibility of persistent neurological pathology requiring further assessment. Through sustained motivation and facilitation by the healthcare team, the patient was referred to a nearby tertiary care hospital for comprehensive evaluation.

Investigations revealed Grade I retrolisthesis of C4 over C5, persistent cervical cord compression, and myelomalacia involving the C3–C5 levels. He was diagnosed with cervical spondylosis with significant C4–C5 cord compression, bilateral hip adductor contractures, and left knee flexion contracture.

Management and Outcome

The patient underwent C4–C6 posterior spinal fusion with C4 laminectomy, followed by bilateral adductor tenotomy and left hamstring release. Postoperatively, significant improvement was observed in upper limb function and right lower limb movements, with modest improvement in the left lower limb.

He regained greater independence in daily activities and required less assistance from family members. Although complete recovery was not achieved, the intervention substantially improved his functional status, quality of life, and psychological well-being.

Discussion

This case demonstrates how delayed diagnosis, financial constraints, interrupted rehabilitation, and poor continuity of care can transform a potentially treatable neurological condition into severe long-term disability. It also highlights the importance of community-based tertiary prevention in identifying neglected patients and facilitating access to specialized healthcare services. Through the Family Adoption Programme, timely referral, specialist evaluation, and rehabilitation were re-established, resulting in meaningful functional improvement. The case underscores the value of sustained community engagement in reducing disability and improving quality of life among individuals with chronic neurological disorders.

Conclusion

This case highlights the role of community-based tertiary prevention in reducing disability and restoring functional independence among individuals with chronic neurological disorders. Through the Family Adoption Programme, a neglected patient was identified, referred for specialist care, and successfully rehabilitated. Early identification, timely referral, and sustained follow-up can significantly improve outcomes and quality of life.

Specialist examination at Home as a part of the FAP (Family Adoption Programme)

Postoperative state of the patient, along with the Community Medicine staff

CASE REPORT 2:
VULVAL FIBROMYXOMA: AN EXTREMELY RARE CASE REPORT

Authors: ***Dr. Sunita Sudhir[1] | Dr. Gondi Ruth Brihitha[2]***

Affiliations: ***1 Prof & HOD, OBG | 2 Post Graduate, OBG***

Introduction

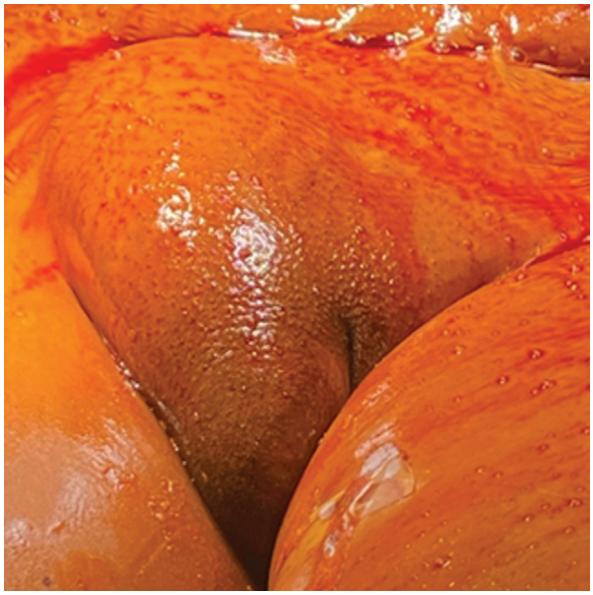
Fibromyxoma in the vulva has a peak incidence between the ages of 20 and 40 years. The lesion usually arises from the deeper fibrous tissue of the introitus, the perineal body or the round ligament. Although vulvar fibromyxoma's rarely exceed 8 cm in diameter, if large, they tend to become pedunculated. Fibromyxoma's in the vulva are treated with surgical resection, and patients generally have a good outcome.

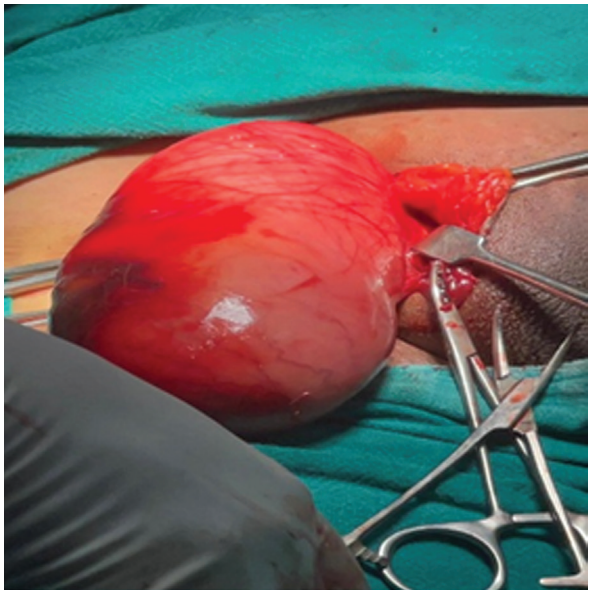
Case Details

A 33-year-old P3L3 tubectomised female, came with complaints of swelling over groin area since 5 to 6 months. On examination she had a 10 x 4 cm mass present in the right inguinal region, hard (firm to solid) consistency, mobile, non-tender with smooth surface, regular margins, irreducible, elongated mass covering right labia majora, upper border and lower border felt with no local rise of temperature, pus point, tenderness or engorged veins. Ultrasound and doppler scan showed a large mass on right side of inguinal region extending into vulva, immediately anterior to round ligament with heterogenous vascularity and faint central vascularity.

The studied woman signed an informed consent form and agreed for Excision of Vulval Fibroma. After the preoperative investigations, including Tru cut Biopsy from the mass is taken and sent for histopathologic examination which suggested as Vulval fibroma and after anesthesia consultation, she was taken up for surgery.

During Excision, an elongated vertically oval 13 x 15cms mass with partially firm, partially cystic mass was obtained and sent for histopathological examination which confirmed the diagnosis of Vulval Fibromyxoma.





Discussion

This report represents an extremely rare case of a vulval fibromyxoma which can occur at any reproductive age. Vulval fibroma is a sporadic benign tumor of the vulva with estimated incidence of 0.03%. Most of them are detected much earlier and are treated by surgical excision. Complete surgical excision is the only curative treatment of choice with minimal recurrence for incomplete excision.

Post-operative recovery with excellent cosmetic result can be attained after excision of mass. Features of myxoid fibroma can be confirmed after histopathologic examination of the mass was excised.

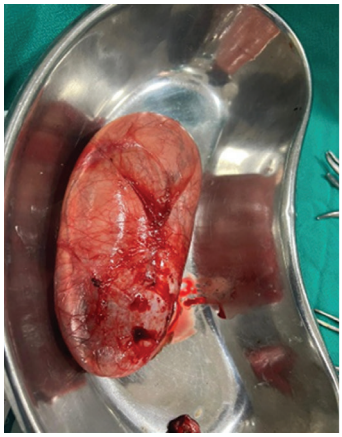
Histopathology Report

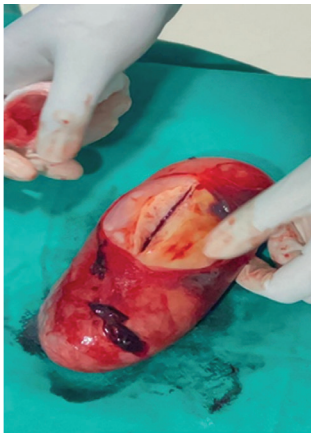
Gross Findings: Single, oval soft tissue mass measuring 13 x 7.5 x 4.5cms

Microscopic Findings:

- Tumor tissue arranged in fascicular pattern.
- Individual tumor cells showing bland cytological features having spindle to ovoid nucleus with pointed ends and scant eosinophilic cytoplasm.
- Also seen myxoid areas with stellate cells.
- Stroma is collagenous, congested and dilated blood vessels noted.

Impression: F/S/O FIBROMYXOMA





Conclusion

Clinicians should be aware of this rare disease, and it is to be differentiated from lipoma, inguinal hernia and fibro epithelioid tumors. Once diagnosed, complete excision of the mass is to be done to avoid recurrence.

References

1. Hoofman, et al 2008. "Benign Disorders of the Lower Reproductive tract." Williams Gynecology Chapter 4: McGraw Hill Professional.

CASE REPORT 3: PAROTITIS WITH SIALOLITHIASIS: A CASE REPORT

Authors: ***Dr. K. Satyanarayana Murthy[1] | Dr. S. Varun Reddy[2] | Dr. U. L. Lakshmi Narasamma[3]***
Dr. (Brig). P. Krishna Murthy[4] | Dr. K. Chandra Mohan[5] | Dr. S. Rajkumar[6]

Affiliations: ***1 Assistant Professor, General Surgery | 2 Postgraduate, General Surgery***
3,4 Professor, General Surgery | 5 Senior Resident, Urology | 6 Professor and HOD, General Surgery

Introduction

Parotitis is an inflammatory condition of the parotid gland commonly caused by infection or ductal obstruction. Sialolithiasis (salivary gland calculi) is a frequent cause leading to ductal dilatation and secondary infection. If untreated, it may progress to parotid abscess formation requiring surgical intervention.

Case Presentation

A 51-year-old male presented with swelling over the right side of the face for 25 days and pain over the swelling for 15 days. The swelling was initially small, approximately 1 × 1 cm, and gradually progressed to 6 × 7 cm. The pain was throbbing and continuous, aggravated on chewing, and relieved with medication. History of fever present. He was a known case of Type 2 Diabetes Mellitus for 8 years. No history of mumps or previous parotid swelling. He was a smoker and an occasional alcoholic.

Examination Findings

On examination, a solitary swelling measuring 6 × 7 cm was present in the right parotid region. The surface was smooth and the skin was normal. The swelling was tender and warm with a soft consistency. Fluctuation was present (Paget's test positive). No lymphadenopathy.

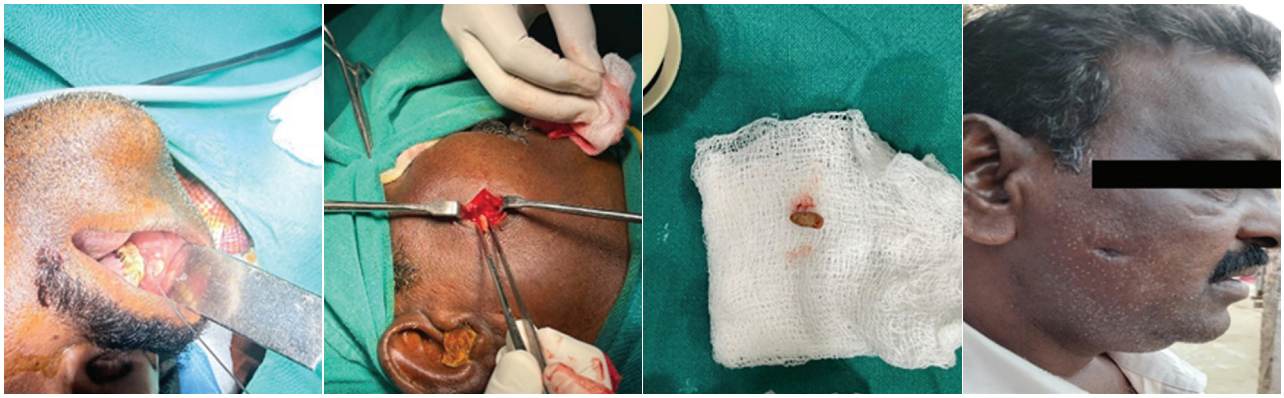
Oral cavity: Dental caries were present, there was no discharge from Stensen's duct.

Investigations: Ultrasonography showed a dilated parotid duct with a 4 mm calculus and abscess collection.
The total leukocyte count was 19,300 cells/mm3. C-reactive protein was elevated, and blood sugars were poorly controlled.

Treatment

The patient was treated with intravenous antibiotics consisting of Amoxicillin and Clavulanic acid, along with analgesics, supportive care, and glycemic control.

Ductal dilatation was performed and 5 ml of pus was drained. Incision and drainage were then carried out and 20 ml of pus was drained. A 4 mm calculus was removed.



Discussion

Sialolithiasis leads to obstruction of salivary flow, predisposing to infection and abscess formation. Diabetes Mellitus is an important risk factor due to impaired immunity. Early diagnosis using ultrasonography and prompt intervention with antibiotics and drainage are crucial. Surgical removal of calculi prevents recurrence.

Conclusion

Parotid swelling with pain should raise suspicion of obstructive parotitis, especially in diabetic patients, and Sialolithiasis occurs more commonly in the submandibular glands (80%) than in the parotid glands (15%) and sublingual glands (5%). Early imaging, timely drainage, and removal of calculi ensure good outcomes and prevent complications.

References

1. Williams NS et al. Bailey & Love's Short Practice of Surgery 28th ed, Boca Rato: CRC Press; 2022.
1. Townsend CM Jr et al, editors. Sabiston Textbook of Surgery. 21st ed.
3. Jameson JL et al, editors. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill Education; 2022.

"Where observation is concerned, chance favors only the prepared mind."

— Louis Pasteur

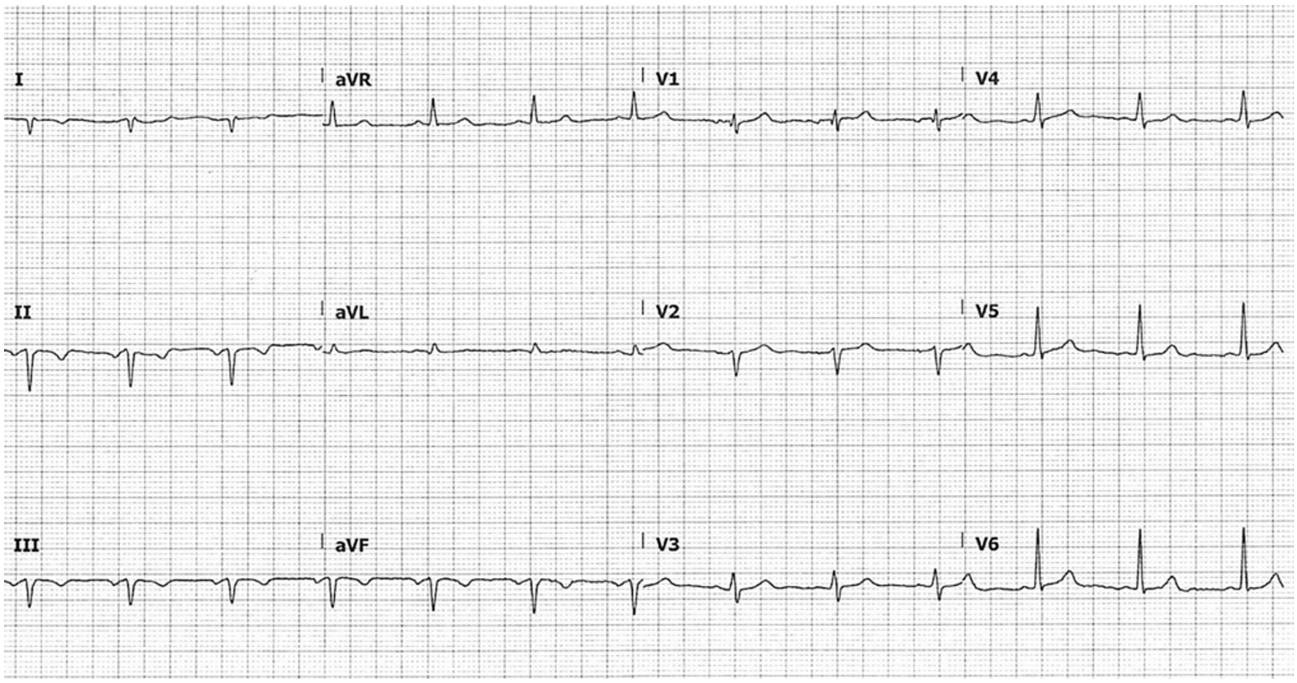
QUIZ

QUIZ 1:

A **47-year-old woman** presents with **four hours** of **right shoulder pain** and **diaphoresis.** HR 70 per minute & regular, BP 177/87mmHg, SpO2 95% RA(FiO2 0.21). An ECG is taken at triage.

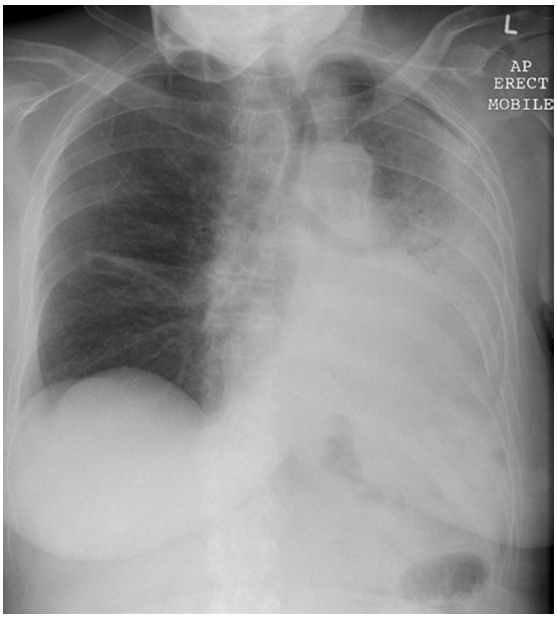
The computer reads **"inferior ischaemia"** – **do you agree?**

Q. If the answer is YES or NO, please give the complete diagnosis and treatment principles of the management.



QUIZ 2:

A 69-yr old lady presents with a fall, productive cough, fever and dyspnoea



Q1. List **all the abnormal findings** of this **CXR** and give **complete** rationalized diagnosis.

Q2. Please **suggest** the **principles** of management or **complete treatment** for this patient.

Previous Quiz Winner

Dr. RAKESH, Final Year PG

in Emergency Medicine and Critical Care Unit at Kamineni Institute of Medical Sciences, Narketpally.

Complete answers to be communicated to
kims.bulletin.journal@gmail.com
before **25.07.2026.**
The names of students who answer the quiz correctly will be published in the next issue of the Medical Times, and a certificate will be provided at the clinical meeting on Thursday.

EVENTS, SERVICE ACTIVITIES AT KIMS, NARKETPALLY

GRADUATION DAY

The Kamineni Institute of Medical Sciences (KIMS) celebrated its Convocation Ceremony for the Batch of 2020 on Monday, 27th April 2026, at the Kamineni Giridhar Auditorium in Narketpally. The event marked a momentous milestone as graduates gathered to receive their certificates, take the sacred Hippocratic Oath, and transition into their professional medical journeys

Dr. P. Raghu Ram OBE, Padma Shri & Dr B.C. Roy National Awardee and Founding Director of KIMS-USHALAKSHMI Centre for Breast Diseases, addressed the audience as the Chief Guest during the Convocation Ceremony of the Batch of 2020. Held at the Kamineni Giridhar Auditorium on 27th April 2026, the ceremony highlighted academic speeches, student reflections, the presentation of the Best Outgoing Student Award, and parental feedback.

Best Outgoing Student Dr. Karthik

Chief Guest Dr.Raghuram, Founding Director of Krishna Institute of Medical Sciences And Usha Laxmi Center for Breast Diseases

Feedback from Parents on the Graduation Day

FACULTY ACHIEVEMENTS

DR. APJ ABDUL KALAM WOMEN EMPOWERMENT EXCELLENCE AWARD – 2026. Dr. P. Navaneetha Reddy is honoured for Excellence in Dermatology, Advancing Skin Health, Academic Leadership, Compassionate Care, and Inspiring Women in Medicine on 22nd March, 2026, at Hitex, Hyderabad

On the occasion of **National Doctor's Day**, Prof. Dr. MMV. Prasada Sarma MD (Community Medicine) received Vidya Ratna 2026 award from Sri Shiv Pratap Shukla Honorable Governor of Telangana State for outstanding and path-breaking contributions to the field of Medicine.

STUDENTS ACHIEVEMENTS

KIMS, Narketpally OBG PGs Dr. Poojasree, Dr. Likitha, Dr. Ruth Brihitha Dr. Keerthika, Dr. Shyamala got first prize in OG quiz 2026 at **SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH**, Chennai

Dr. Gajula Sai Karthik was awarded Gold medal by the Telangana Medical Council and certificate of appreciation for scoring the highest marks in Final MBBS part 1 and 2 at KIMS, Narketpally in the year 2025, conducted by KNRUHS Warangal.

Anti-Drug Awareness Activities

ANTI-DRUG AWARENESS ACTIVITIES on 26.06.2026 on **International Day Against Drug Abuse and Illicit Trafficking** (By Dept. of Psychiatry, in guidance with EAGLE Force, Govt. of Telangana)

S.NO	NAME	ADM. NO	PRIZE
QUIZ COMPETITION (Team participation)			
1.	Dhanvi Agarwal	2261118	First
2.	B. Bramhini	2262093	
3.	K Madhu Sree	2262057	Second
4.	M Bhavani	2261004	
5.	Rehan Fazal	2162041	Third
6.	Shoeb	2162103	
DEBATE COMPETITION			
1.	G. Rishika	2261062	First
2.	Uditi Agarwal	2263006	Second
3.	Sri Vaishnavi	2262078	Third

Praja Palan – Pragathi Pranalika

Organized as part of **"Drug Control and Regulatory Strengthening Day,"** observed on 11th April 2026, held at KIMS, Narketpally, in accordance with the KNRUHS directive, with the theme "Say No to Drugs, Yes to Life" & "Break the Chain of Antimicrobial Resistance: Protect Our Medicines, Protect Our Future"

S. No	REGN NO.	NAME OF THE STUDENT	PRIZE
QUIZ COMPETITION			
1.	2401006016	Anwesha Rout	1st Prize
2.	2201006170	Shaik Afsha	2nd Prize
3.	2201006020	Banala Hemanth Naidu	2nd Prize
ESSAY COMPETITION			
1.	2001006193	V Meghashyam	1st Prize
2.	2301006045	Devarakonda Anagha	2nd Prize
3.	2401006117	Mohit Neemkar	3rd Prize
WALL/CANVAS PAINTING COMPETITION			
1	2401006177	T.Manogya Priya	1st Prize
2	2401006067	Haasini Jaya Thummalapenta	2nd Prize
3	2001006173	Sri Ananya Aleti Goud	3rd Prize
ELOCUTION COMPETITION			
1	2201006044	Chithaluri Satvisri	1st Prize
2	2201006163	Rima Roy	2nd Prize
3	2201006164	Rudrangi Omkar	3rd Prize

ACCREDITATIONS AND INSPECTIONS

NABL Inspection

National Accreditation Board for Testing and Calibration Laboratories

NABL

CERTIFICATE OF ACCREDITATION

KAMINENI INSTITUTE OF MEDICAL SCIENCES
DIAGNOSTIC LABORATORY

has been assessed and accredited in accordance with the standard

ISO 15189:2022

"Medical laboratories - Requirements for quality and competence"

for its facilities at

KAMINENI INSTITUTE OF MEDICAL SCIENCES HOSPITAL, SREEPURAM, NARKATPALLY, NALGONDA, TELANGANA, INDIA

in the field of

Medical Testing

Certificate Number: MC-8068

Issue Date: 30/04/2026 Valid Until: 29/04/2030

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued satisfactory compliance to the above standard & the relevant requirements of NABL.
(To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Entity: KAMINENI EDUCATIONAL SOCIETY

Signed for and on behalf of NABL

Pankaj Johri
Director

Dr. Ramanand N. Shukla
Chief Executive Officer

ISO 15189:2022 **NABL Inspection** was done on 28th and 29th March 2026; NABL assessors: Dr.Ranjana Pankanti (Lead assessor) Dr. Rajesh Bendre(Pathology) Dr.Girish (Microbiology) Dr Madhavi (Biochemistry)

Mental Health Care Act Inspection

*State Mental Health board (SMHB) conducted a physical inspection of **"Kamineni Institute of Medical Sciences Hospitals"** on June 1, 2026 for registration of our mental health establishment. The inspection team consists of three deputed employees: Dr. T. Ramchandra (Associate Professor, Community Medicine), Dr. Anil Vainala (Assistant Professor, Psychiatry), and Ch Lingaswamy (Psychology Counselor, Social Worker)*

Medical Times Bulletin Release

Kamineni Institute of Medical Sciences (KIMS), Narketpally, officially launched and released its premier bulletin titled "MEDICAL TIMES" on April 16, 2026, at 10:00 AM in the Clinical Lecture Hall. The event was graced by the Dr. Gayathri, Mrs. Sri Pooja, Dr. Baba Saheb Laxman Singh Kudagi, Principal KIMS, Director (Col) Dr.M.E Luther, Committee Chairperson Dr.P.V Sai Sathya Narayana, and other dignitaries. All faculty members, postgraduates, and interns gathered together to witness this significant academic milestone, marking a new chapter of knowledge-sharing and excellence for the institution

ICH-GCP Training for Professors

Advancing Clinical Research Excellence: KIMS Professors Undergo Intensive ICH-GCP Training!

The Office of the Principal at Kamineni Institute of Medical Sciences (KIMS), Narketpally, successfully conducted an intensive ***"Training Program on ICH - GCP, New Clinical Trials Rules 2019 & ICMR Guidelines 2017"*** *on April 11, 2026, at the Hospital Council Hall. Inaugurated by KIMS Principal Dr. B. L. Kudagi, the specialized program brought together 40 senior professors and Institutional Ethics Committee (IEC) members across multiple medical departments to strengthen clinical research standards. The program featured masterclasses from prominent scientific leaders, including Dr. A.B. Pant from CSIR-IITR Lucknow on Good Clinical Practice, Dr. Sumeet Roy from DiabetOmics Medical Hyderabad on New Drug and Clinical Trials Rules, and Dr. P. Uday Kumar from ICMR-NIN Hyderabad on updated research ethics guidelines. This vital institutional initiative highlights KIMS's unwavering dedication to regulatory compliance, ethical scientific discovery, and global clinical excellence.*

CENTRAL ACADEMIC ACTIVITIES

Dept. of Psychiatry have organised a guest lecture by Dr. Sai Krishna Tikka, Additional Professor & HOD of the Department of Psychiatry at AIIMS Bibinagar, Telangana on

"INNOVATION IN PSYCHIATRY PRACTICE – NEUROMODULATION TECHNIQUES"

The event took place on 15.04.2026, at KIMS, Narketpally.

The Department of DVL with association of TSIADVL, successfully organized an enriching **CPD Programme** under the theme **"Mind, Skin and Scalpel"**. Held on April 7, 2026, at KIMS, Narketpally The intensive schedule featured comprehensive scientific sessions spanning basics in dermatosurgery, bedside diagnostic tests, an introduction to advanced medical lasers, and the complex cross-section of psychiatric dermatoses, culminating in an engaging dermatology.

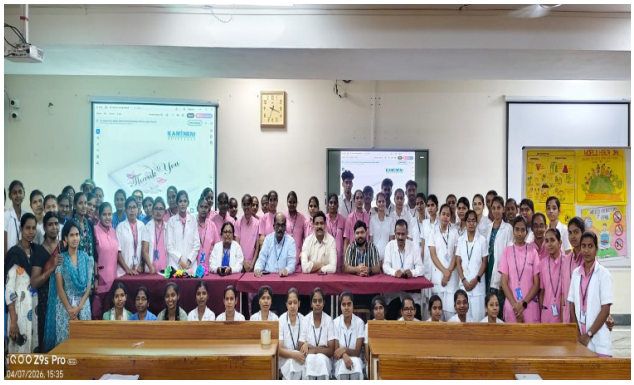
The Department of General Surgery at Kamineni Institute of Medical Sciences, Narketpally, successfully organized a Continuing Professional Development (CPD) programme on **"Ablation in General Surgery" on Saturday, 20th June 2026,** the event centered around the theme **"Modern Surgical Solutions, Minimal Downtime,"** focusing on advanced, minimally invasive surgical procedures. The comprehensive schedule featured expert scientific sessions on medical lasers, indocyanine green usage, and microwave ablation.

Dept. of Pathology Organised a Guest Lecture on **"Tumor Markers in Modern Medicine: From Diagnosis to Prognosis"**. The session was delivered by Dr. Murari Apuroopa, Professor & HOD, Department of Pathology, Mamatha Medical College, Khammam, Telangana, On 23-06-2026.

The Department of Pediatrics at Kamineni Institute of Medical Sciences, Narketpally, successfully organised a **Continuing Professional Development (CPD) programme** on **"Screen, Sleep, Stress and Study: The 4S crisis in School children"** on 27th June 2026. The CPD focused on various reasons that can contribute to an unhealthy child and tips to improve our child's environmental condition. Speakers were from various institutes within Telangana and faculty from various departments, teachers from SVP and parents have attended the session.

International Nurses day celebrated on April 12, 2026, with theme of **Our Nurses, Our future – Empowered Nurses, Save Lives**. Chief guest Smt. N.Manjula Raani, Principal, Kurnool College of Nursing, and Honorable Principal Dr. B.L Kudagi and Honaroble Medical Superintendent Dr.P.V Rama Mohan and other dignitaries have attended the event.

The **World Day for Safety and Health at Work** is observed globally every year on April 28. Established by the International Labour Organisation (ILO), this international awareness day focuses on the prevention of workplace accidents, occupational diseases.

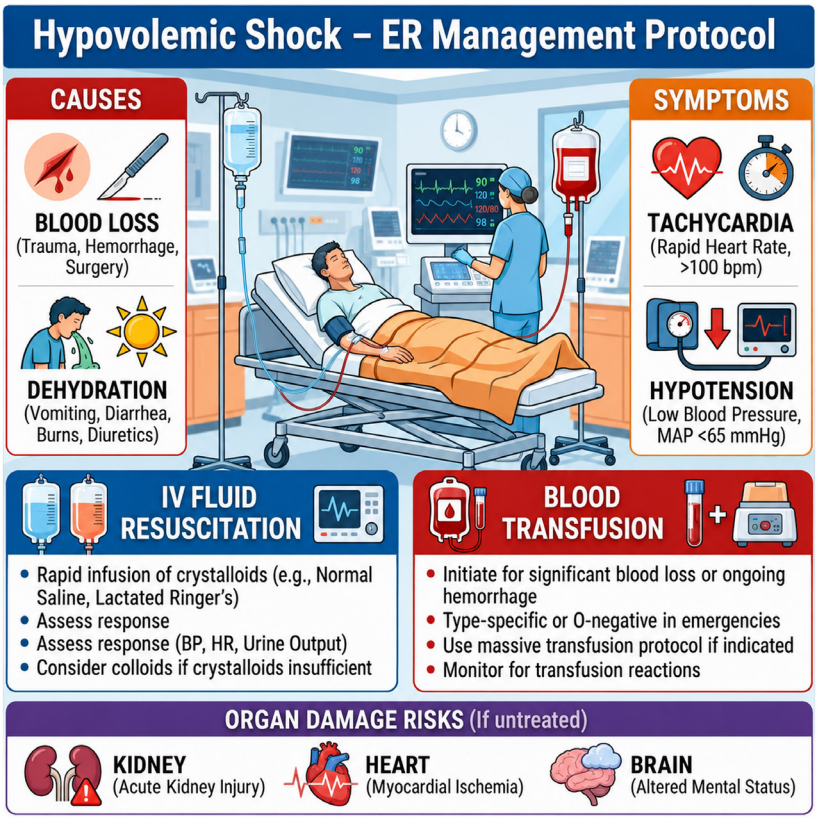


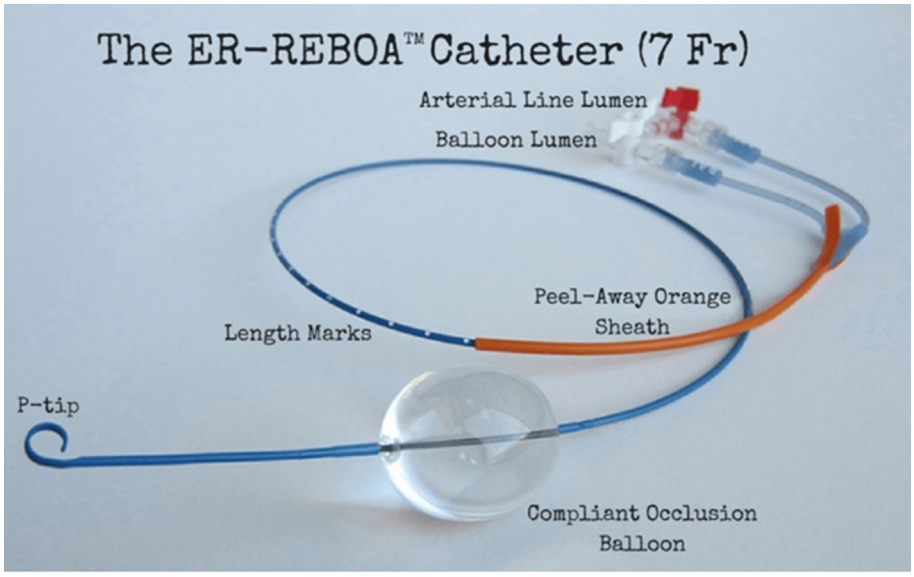
World Health Day Observed on April 7th, 2026, with theme of "**Together for Health, Stand with Science".**

KIMS Narketpally Celebrates **International Day of Yoga on June 21, 2026.** The event featured yoga asanas performed by Yoga Teacher Mr. Rudrarapu Mallesh. All the students of the 2022-23 batch, along with other interested students and faculty members, gathered in their sportswear at the Mini Auditorium Hall from 7:30 AM to 8:30 AM and actively participated in the session.

SERVICE ACTIVITIES BY KIMS NARKETPALLY

RECENT ADVANCES: REBOA





REBOA stands for

Resuscitative
Endovascular
Balloon
Occlusion of the
Aorta.

It is a minimally invasive, life-saving procedure used in emergency medicine and trauma surgery to temporarily block major blood flow in the aorta. It essentially acts as an internal tourniquet to control severe bleeding in the torso or pelvis.

How It Works

- Access: A catheter equipped with an inflatable balloon is inserted into the femoral artery (in the groin) and routed up into the aorta.
- Placement: The balloon is inflated in either the descending thoracic aorta (Zone 1) or the lower abdominal aorta (Zone 3).
- Effect: Inflation stops the flow of blood downstream (stanching hemorrhages) while significantly increasing blood pressure to the heart and brain to keep the patient alive.

KAMINENI EDUCATION SOCIETY

CREDENCE DIAGNOSTIC CENTRE
ASSOCIATE OF KAMINENI HOSPITALS

KAMINENI ACADEMY OF MEDICAL SCIENCES AND RESEARCH CENTRE • KAMSRC •

KAMINENI HOSPITALS LB NAGAR

KAMINENI HOSPITALS KING KOTI

KAMINENI HOSPITALS VIJAYAWADA

KAMINENI CANCER CENTRE

GEMCARE KAMINENI HOSPITALS KURNOOL

kamineni LIFE SCIENCES

Kamineni Fertility
Life Begins Here...

KIMS

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