



Case Report

Enhancing quality of care through personalized patient connections: A case report

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Abstract

Background: This case study examines how strong caregiver involvement and personalized patient-provider communication significantly improved the quality of clinical care for a 39-year-old male with complex multi-system conditions including congenital acyanotic heart disease, recurrent thalamic lesions, and steroid-induced complications. Though admitted for atrial septal defect (ASD) device closure, deeper clinical insights were uncovered through active patient-caregiver engagement during rounds. The patient's wife served as an essential clinical historian, offering accurate and comprehensive details that guided decision-making in situations where formal documentation was unavailable. Her emotional stability, medical understanding, and continuous involvement strengthened the therapeutic alliance, supported holistic assessment, and enabled shared decision-making. This case emphasizes the vital role of personalized patient connections in ensuring continuity, clarity, and compassionate care in complex clinical scenarios.

Keywords: Clinical pharmacist; Avascular Necrosis (AVN); Moderna Mrna; Multidisciplinary care; Patient-caregiver communication; Shared – Decision making.

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1. Introduction

Effective clinical care extends beyond medical interventions—it thrives on communication, empathy, and strong patient-caregiver partnerships. This case highlights how a well-informed and emotionally supportive caregiver significantly enhanced clinical decision-making and continuity of care for a patient with complex multi-system involvement. The interaction underscores the vital role of personalized patient connections in improving quality of care.

2. Case Presentation

A 39-year-old male patient with congenital acyanotic heart disease was admitted for atrial septal defect device closure. Although this was the initial picture of the patient in Heart City, the actual scenario became evident only during our clinical pharmacist-patient interaction during rounds.

“During rounds, we came across a middle-aged Muslim couple at Heart City. They were very pleasant, articulate, and exceptionally well informed. The patient, a driver working in Brunei Darussalam, was accompanied by his wife, who was equally knowledgeable about each of his medical concerns. What was particularly remarkable was their detailed understanding of the medical issues and their consistently positive and optimistic outlook throughout the interaction.”

2.1. Initial Neurological Presentation: 2022

On June 2022, Patient noticed giddiness, right facial weakness, dysphasia and right upper and lower limb weakness. Cerebral imaging at Brunei suggested left brain tumour. Patient was not willing to continue the treatment since the costs at Brunei were unaffordable. He came back to his hometown, Pudukkottai for further treatment. From there he was referred to Kauvery hospital. MRI revealed a multiloculated mass of, mixed intensity in left thalamus and midbrain, with areas of haemorrhage within, and a possibility to be a Cavernoma. He was prescribed a Tab. Levipil 500mg BD for 15 days. On 30th July 2022, he was also diagnosed as OS ASD L-R shunt with mild PAH. He was planned for device closure 6 months after completing neuro surgery. On 2nd August 2022, patient was admitted with right side tooth ache, h/o two episodes of bleed and reduced of vision in the right eye. He underwent LASIK+ for the same, but it not resolved completely. He did not have a history of diabetes, hypertension, Tb or Bronchial Asthma. Multi slice CT brain on 3rd August 2022 showed haemorrhagic contusion in left ganglio capsular region with extension into adjacent third ventricle. Patient underwent surgery for Glioma through Supracerebellar infra tentorial approach and biopsy of tumour on 3/8/2022 at Kauvery hospital, Cantonment. Biopsy revealed a benign mass. He received radiation therapy, for which corticosteroids were prescribed. His condition at the time of Discharge: GCS: E4 V5 M6 and right hemiparesis 4+/5.

2.2. Post- Radiation Complications: 2023

During his treatment with radiation therapy and corticosteroids, patient developed Avascular necrosis (AVN). Clinicians suspected it to be either because of Moderna mRNA Covid vaccine or due to corticosteroid therapy. Though AVN can occur after chronic steroid usage associated with management of brain tumour, the patient felt that symptoms began after Moderna mRNA Covid vaccine, given at Brunei. He underwent core decompression in left femur on 29th august 2023. During his routine review, MRI showed mass reaction with areas of haemorrhage, and patchy areas of contrast enhancement in left thalamus. Small left medial temporal neuroglial reaction was seen. Size of the lesion minimally reduced when compared with MRI taken on 13th July 2022. After 10 days, patient again came with complaints of fatigue. With regard to his congenital acyanotic heart disease, cardiologist suggested to wait for 3 to 6 months for ASD device closure.

2.3. Recurrent Symptoms and ASD Closure: 2025

On 10th July 2025, patient came with complaints of weakness on the right side. CT was reported as hyper dense lesion in left thalamus, with suspicion of recurrent lesion. MRI showed post-operative bony defect in left occipital region with adjacent parenchymal changes.

Echo revealed 22MM fenestrated ASD with L-R shunt, mild PAH, good LV function (EF 60%). He was planned for ASD device closure. ASD device closure done on 2/12/2025 at Heart city. Patient was discharged in stable condition.

3. Discussion

This case highlights the importance of effective communication and multidisciplinary collaboration in a patient with complex multi-system conditions. The patient had a recurrent left thalamic lesion, postoperative neurological deficits, corticosteroid exposure during radiation therapy, concerns about Moderna vaccine-associated complications and subsequently developed avascular necrosis (AVN) requiring core decompression. His congenital acyanotic heart disease with a fenestrated ASD further added to clinical complexity. During clinical pharmacist rounds, direct interaction with the patient and his wife provided a complete and reliable medical history that was not available in the case records. This helped clarify the sequence of neurological events, the possible link between steroid therapy and AVN, and guided safe medication decisions before ASD device closure. The wife's clear understanding of his condition and her emotional stability supported shared decision-making and improved continuity of care. Overall, this case demonstrates how clinical pharmacist involvement and strong caregiver participation can enhance clarity, safety, and quality of care in complex clinical scenarios.

4. Conclusion

This case demonstrates that personalized patient connections and caregiver involvement are powerful contributors to quality healthcare. Through clinical pharmacist-led rounds, meaningful communication uncovered crucial clinical information that reshaped the treatment pathway. The patient's wife, with her exceptional understanding and emotional stability, further strengthened continuity of care. Together, these interactions showcase how collaborative engagement between patients, caregivers, clinicians, and clinical pharmacists enhances therapeutic outcomes, supports safer decision-making, and contributes to compassionate, patient-centred care.