

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 01/04/2025 08:58 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The CGR will be held on April 1, 2025, in CPD Hall, AIIMS Rishikesh, from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:

<https://aiimsrishikesh.webex.com/j.php?MTID=mad403de4b81459e5a3847116e0895f72>

Tuesday, April 1, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2517 129 6359

Meeting password: 010425

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CLINICAL GRAND ROUNDS

Department of Burns and Plastic Surgery 01-04-2025

| | | |
|---|--|--|
| Name: Mrs x | Age/Sex: 39y /F | • Residence:Inayatpuri, Uttar Pradesh |
| UHID: 20230113536 | | |
| Case Presenter: Dr Smruti Srinivasan Senior Resident, tment of Burns & Plastic Surgery, AIIMS Rishikesh. | Consultant in charge- Dr. Neeraj Rao, Associate Professor Department of Burns & Plastic Surgery, AIIMS Rishikesh. | |
| | | |

Chief complaints-

- . Lump in the left breast since 1 year
- Lump in the right breast since 8 months

. **Brief History:**

Mrs X aged 39 years presented to Breast & Endocrine OPD with complaints of lump in the outer part of the left breast since 1 year, which was insidious in onset, gradually progressive in size, not associated with pain, with no c/o nipple discharge. There was no associated redness, ulceration over the skin.

She also noticed a lump in the right breast since 8 months, insidious in onset, gradually progressive in size, not associated with pain or nipple discharge. . She noticed the change in position of the nipple towards the outer quadrant after 5 months of noticing the lump

- . No h/o weight loss, loss of appetite
- . No h/o cough, hemoptysis, chest pain
- . No h/o pain abdomen, jaundice, abdomen distension
- . No h/o loss of consciousness, giddiness
- . No h/o backache
- . Biopsy taken from both the lump- proven to be malignancy
- . PET-CT was positive for skeletal metastasis
- . Started on chemotherapy (9 doses- Docetaxel + Trastuzumab).

Examination-

General Examination

- . Patient was conscious and oriented to time , place and person
- . Patient was moderately built and nourished , BMI- 21.1kg/m²
- . Vitals :
Temp -afebrile.
- . PR- 84 bpm
- . BP- 122/84 mmHg
- . Afebrile
- . RR- 16
- . SpO₂- 99% RA

- . No Pallor, icterus, clubbing, cyanosis, generalised lymphadenopathy, Edema.
- . Head to toe examination - unremarkable

Systemic examination

- . CNS: No focal neurological deficit, reflexes intact, power 5/5 in all four limbs, GCS 15/15.
- . Respiratory: Bilateral air entry present, NVBS, no added sounds.
- . CVS: S1 S2 heard, no murmurs heard.
- . Musculoskeletal: No skeletal deformity, no gait abnormality.
- . Abdomen- soft, non-tender , no organomegaly.

Local Examination

Right breast

There is a lump of 4x4 cm in size in the upper outer quadrant in the breast, hard in consistency, non-tender.

Nipple retraction +

Skin dimpling +, localized Peau d'orange appearance +

No lymph nodes palpable in the axilla

Left breast

2x2 cm lump , hard, non-tender palpable in the Left outer lower quadrant

- . Skin dimpling + ,
- . NAC appears normal
- . No lymph nodes palpable in the axilla

Clinical Diagnosis –

Carcinoma

Right Breast ycT4bN1M1 (ER +, PR+ Her-2 neu +)

Left Breast ycT2NoM1 (ER +, PR + Her-2 neu +)

Investigations-

| Parameters | Values |
|------------|--------|
|------------|--------|

| | |
|------------------------------|------------------------------|
| Hemoglobin | 9.9 g/dL |
| Total leucocyte count | 5.39 k/microlitre |
| Differential count | 73/13.4/5.5/7.1/0.4 |
| (N/L/M/E/B) | |
| Platelet count | 1.25 lakhs/microlitre |
| Urea | 33 mg/dL |
| Creatinine | 0.77 |
| Sodium | 145 mmol/dL |
| Potassium | 4.2 mmol/dL |
| Calcium | 8.4 mg/dL |
| Parameters | Values |
| Total bilirubin | 0.57 |
| Direct bilirubin | 0.19 |
| SGOT | 21 |
| SGPT | 28 |
| Total protein | 6.7 |
| Albumin | 4.4 |
| PT/INR | 13/1.12 |
| Viral markers | HbsAg non reactive |
| | HIV non reactive |
| | HCV non reactive |

Biopsy s/o invasive ductal carcinoma bilaterally

Treatment Procedure

Patient was given 9 cycles of neoadjuvant chemotherapy followed by surgical management.

Patient underwent Right side Modified Radical Mastectomy+ALND + Left side Nipple sparing mastectomy+ALND+immediate bilateral breast reconstruction with Deep Inferior Epigastric Artery Perforator flap under GA on 18/07/24

Summary-

39 year/F, with no known comorbidities, presented with 1 year history of lump in the left breast and 8 month history of lump in the right breast. She underwent evaluation of the lump by breast and endocrine team and was planned for surgical management. underwent Right side Modified Radical Mastectomy+ALND + Left side Nipple sparing mastectomy+ALND+immediate bilateral breast reconstruction with Deep Inferior Epigastric Artery Perforator flap under GA on 18/07/24. Postoperative period was uneventful and discharged on POD7.