

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 01/09/2025 09:08 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Sept 1, 2025, in CPD Hall, AIIMS Rishikesh**, from **8:00 AM to 9:00 AM**.

You can also join online through the following Webex link:

Meeting link:

<https://aiimsrishikesh.webex.com/j.php?MTID=m4b4f1e5ed09ea692353d77ecb983d330>

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

Meeting number: 2512 199 3690

Meeting password: 010925

The Clinical handout of the case to be discussed is attached herewith.

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine and Biomedical Informatics
AIIMS Rishikesh

Summary of Student CPC Presentation

Date: 01.09.2025

Presenter: Dr. Vatsala Singh

Supervisor: Prof. Amit Gupta

Patient Name: Mr. ABC	Age/Sex: 59/M	Clinician In-charge: Dr. Amit Gupta
Residence:	Dehradun	
Ward:	General surgery (UNIT 2)	
D.O.A.: 20/06/25	D.O.S: 22/06/25	D.O.D.: 26/06/25

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Clinical History:

The patient is a gentleman aged 59 years, residing in Dehradun, Uttarakhand, labourer by occupation presented with history of lower back pain from 4 years, non-radiating not associated with lower limb weakness and no other complaints, a known diabetic for 3 years, controlled on OHA, and past surgical history of exploratory laparotomy for hollow viscus perforation at a private hospital 40 years ago, is also a chronic alcoholic for past 25- 30 years consuming country made liqueur 150-200 ml per day and last intake 1 day back. Notable there was no history of severe abdominal pain or other gastrointestinal symptoms or any motor and sensory symptoms of lower limb.

Physical Examination:

Systemic examination revealed a visible intraperitoneal spherical lump in epigastrium of 10 x 8cms extending into left hypochondrium with a midline healed scar of previous laparotomy. No palpable lump was firm in consistency, non-mobile organomegaly, no ascites, no other lump, no paraspinal tenderness. The central nervous system (CNS), respiratory system (RS) and cardiovascular system (CVS) were unremarkable.

Investigations:

Laboratory investigations revealed anemia (Hb 8.3g/dL) rest all blood investigations were in normal limit. Imaging studies included an outside ultrasound suggestive of a well-defined heterogenous solid cystic mass lesion of size 12 x 13.7 x 11.3 cm volume 977 cc in left hypochondrium. It is causing mass effect on adjacent organs. No obvious increased vascularity / calcification seen within. CECT was done in hospital which was Solid-cystic mass of size 10.9x11.2x14.7cm in greater sac with non-enhancing solid components and internal and peripheral calcifications.

Management:

Patient underwent exploratory laparotomy with excision of mass. Intraoperatively the mass was a well defined 15x10x10cms in lesser sac and was in well defined planes with surrounding tissue and organs with no adhesions.

Follow up:

Post operative period was uneventful. Histopathology was suggestive of globular firm specimen of 15cms in greatest dimension and weighing 450gms. With outer surface smooth and well encapsulated containing necrotic and haemorrhagic material and no hairlike/ cartilage or bone

Conclusion:

The diagnosis will be discussed in CPC.