

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 04/07/2024 12:21 PM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The next student CGR will be held on the **July 2 , 2024** 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/aiimsrishikesh/j.php?MTID=mb5fe8384dd192c28bccafc715faa6fd4>

Tuesday, July 2, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2515 034 6069

Meeting password: 020724

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

Thanks & Regards

Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Clinical Grand Rounds Department of Nuclear Medicine Patient Name: Mr X Age/Sex: 68 years / M Clinician in charge: Dr. Vandana K Dhingra Residence: Rishikesh UHID- 2023xxxxxxx Clinical discussant (resident): Dr. K Vidhya Presenter: Dr. K Vidhya OPD: Nuclear Medicine Date of admission: 05/04/2024 Date of surgery: 05/04/2024 Date of discharge: 05/04/2024 Informant – self

Patient presented to NM-OPD on 28/03/2024 K/C/O Carcinoma prostate with multiple skeletal metastasis Bony Pain at multiple sites throughout body x 8months No comorbidities, No significant family history Medication history: patient was on T. TRAMADOL 50mg + BUPRENORPHINE 10mg LA History of present illness: Patient was apparently asymptomatic 8months back when he started experiencing pain radiating to left leg associated with numbness and that multiple sites in the body including bilateral shoulders, low back and lower cervical neck region. The pain was gradual in onset and progressed over a period of 8 months,

increasing in intensity since last 4 months. This pain started from lower back, followed by lower cervical neck region and bilateral shoulder. It was initially moderate in intensity which gradually developed into severe intensity, sharp in nature, and was not associated with tingling/ pain radiation. Pain aggravated on standing and walking < 200m and didn't get relieved on sitting and lying down on bed. There was no relief of pain with antianalgesics and even opioids. There was no antecedent history of trauma. No history of diurnal variation in pain intensity or morning stiffness. No history of multiple joint pain, stiffness or skin changes. No history of fever, decreased appetite or unexplained significant weight loss. No history of discolouration of limb. PAST MEDICAL HISTORY: not significant FAMILY HISTORY: There was no history of any family history of similar complaints or any history of chronic illness in first degree relatives. Treatment history: Patient tried course of NSAIDS, adjuvant therapy and even opioids with no noticeable improvement of symptoms. Personal history: Normal bowel/Bladder habits. No history of smoking or alcohol consumption. General examination: (at the time of admission) :- Patient is conscious, oriented to time, place, person, E4V5M6. No Pallor, no cyanosis, clubbing, lymphadenopathy, oedema Vitals: PR-78/min RR-18/min; BP- 138/78 mmHg Systemic examination: No abnormality in CVS and RS Abdominal Examination: Soft, Non Distended, non-tender, No lump palpable, no organomegaly. Local examination: Straight leg raise test: left side: 50 degree ; right side: 60 degree FABER and FADIR negative, Mc Kenzie test decentralisation of pain towards left lower limb, Motor power 5/5, Sensory examination: no decrease in sensation over the involved dermatomes, reflexes were normal. Pain score 8/10 Karnofsky performance score 70 Investigations: X-ray Lateral, Flexion, extension – Normal, no spondylolisthesis 99m Tc MDP WHOLE BODY BONE SCINTIGRAPHY: multiple osteoblastic skeletal metastasis. Complete blood count- Hb-12, TLC-3890 cells/mm3, Platelets- 1.34 lakhs/mm3 Viral markers- Nonreactive PT/INR- WNL IMPRESSION: Metastatic adenocarcinoma prostrate with multiple bony metastasis and bony pain Course and management:- In the latest admission, patient was referred from Medical Oncology to Nuclear medicine ward for Lu177 EDTMP therapy for bone pain palliation for skeletal metastasis. • Post-therapy Course: Patient was vitally stable during injection and 2hr post injection period and was slowly relieved of all pain symptoms at sites of known metastasis and patients daily analgesic requirement has reduced significantly and patient's quality of life has significantly improved. Pain Score was reduced significantly (from 8/10 to 3/10). • Outcome: Patient was relieved symptomatically, and patients daily analgesic requirement has reduced significantly and patient's quality of life has significantly improved. Pain Score was reduced significantly (from 8/10 to 3/10).

Attachments:

File: [cgr_summary_final.pdf](#)

Size: 128k

Content Type: application/pdf