**From:** "ROOT" <root@sctimst.ac.in>
**To:** "ROOT" <root@sctimst.ac.in>
**Date:** 02/09/2026 08:06 AM
**Subject:** Staff CPC

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**Greetings from AIIMS, Rishikesh !!**

The next staff CPC will be held on Sept 2, 2026, in the 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=mf26b071c5e8f777f9a072494de680b00Wednesday, Sept 2, 2026, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2514 538 6004
Meeting password: 020926

Thanks & Regards,
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

## Summary of Staff CPC Presentation

Date: 02/09/2026

Presenter: Dr Deepak Sundriyal

Department of Medical Oncology Hematology

| | | |
|---|---|---|
| Name: Mr JK | Age / Sex: 72/M | Radiation Oncology Presenter: Dr Navaudhayam R |
| Residence: UP<br>Occupation : Farmer | | Nuclear Medicine Discussant: Dr Manishi<br>Pathology Discussant: Dr Neha Singh<br>Radiology Discussant: Dr Sonal Saran |

**Chief Complaints:**

- lower urinary tract symptoms (LUTS) × 3 months
- Acute urinary retention (AUR) 2 weeks prior to presentation, requiring urethral catheterization
- Body aches

**History of presenting illness:**

A 72-year-old man presented in the deparment of Urology with a **3-month history of progressively worsening lower urinary tract symptoms**, characterized by poor urinary stream culminating in **acute urinary retention**, which required urethral catheterization. Associated history of back ache and diffuse pelvic region pain present. Addiction included 30 pack years history of smoking. He had no significant medical comorbidities.

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**Past history:** Unremarkable

**Family History** revealed brother dying of suspected ca prostate.

**Examination**

**General Physical Examination**

- ECOG – 2 Performace status
- Conscious, oriented
- **Pallor – mild** , No - icterus, cyanosis, clubbing, edema

**Vitals**

- Pulse:90/min · BP: 130/80 mmHg
- · RR: 20/min · Temperature: Afebrile

**Local Examination: Enlarged hard, nodular prostate gland palpable**

**Systemic Examination**

- Unremarkable

**Investigations:**

**Laboratory Investigations**

| Investigation | Value |
|---|---|
| Blood parameters (CBC/RFT/LFT) | Anemia ( 9 gm%), Thrombocytopenia (99000/mm3) |
| Biochemistry | ALP 348 U/L , rest normal |
| S PSA | 2377 ng/mL |
| Viral markers | Negative |

**Imaging**

**MRI pelvis** : showed near-complete replacement of the prostate by a **T2-hyperintense mass** measuring **4.3 × 4.6 × 4.3 cm**, with bilateral extracapsular extension and invasion of the neurovascular bundles, seminal vesicles, urinary bladder, vesicorectal junction, and rectum, consistent with **locally advanced disease.**

**Bone scan : Extensive osteoblastic skeletal metastases**.

**12 Core Prostatic biopsy: Adenocarcinoma prostate Gleason (5+5), Grade group 5.**

Revisited the department of medical oncology with 4–5 days history of worsening body aches - most

marked over the back, gluteal region and lower limbs, profound weakness & breathlessness (at rest) – (bed-bound), Marked loss of appetite and unintentional weight loss , yellowish discoloration of eyes.

**On examination**

**ECOG PS 4, Dyspneic at rest,** Severe pallor, Jaundice, Mild Hepatomegaly

| Investigation | Value |
|---|---|

| | |
|---|---|
| Blood parameters (CBC/RFT/LFT) | Anemia ( 5.9 gm%), Thrombocytopenia (24000/mm3) |
| Biochemistry | Cholestatic pattern of jaundice |

?? How to evaluate and manage further : To be discussed

**Histopathology ( Marrow aspiration and biopsy) :** To be discussed by Department of Pathology

**Imaging:** To be discussed by Department of Radiology and nuclear medicine.

**Further clinical course & management:** Will be discussed in Staff CPC presentation