

From: "ROOT" <root@sctimst.ac.in>
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Date: 02/12/2024 08:23 AM
Subject: Student CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sun, 1 Dec 2024 19:01:13 +0530
Subject: [EXTERNAL MAIL] Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **Dec 2, 2024** 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/aiimsrishikesh/j.php?MTID=m626f3bd54eb08054a6d01b366ee28863>

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

Meeting number: 2512 632 8049

Meeting password: 021224

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

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Name : XXXX	Age- 50 years	Gender-Female	CR No- 20230181602
DOA: 9/11/24		DOS: 11/11/24	DOD: 14/11/24
Clinician in-charge- Orthopedics Unit II – Prof. R.B Kalia		Clinical Discussant: Dr Danish V	
Address:		Bahadarpur Jatt , Rishikesh , UK	
History-			
Patient presented with complaint pain over right knee for 1 year			
<ul style="list-style-type: none">• Patient was apparently well 1 year back when she started having pain over the right knee, which was insidious in onset and gradually progressive, VAS – 8/10• No history of trauma• No other joint pain, morning stiffness			

- No history of discharge, fever/ evening rise of temperature
- Past history:
- No significant past history

Examination:

Built: Well built

Height– 152 cm

Weight – 72 kg

BMI- 31.2 kg/m²

Respiratory- B/L chest clear.

CVS - S1 S2 heard normally, no murmur present.

P/A- Soft, No palpable organomegaly, BS present.

CNS – intact higher mental function, GCS = E4V5M6 =15/15

Head to toe examination :

No pallor, xerostomia, skin changes, rheumatoid nodules, deformities over extremities

Gait: Bipedal unassisted gait with antalgic component

Attitude: B/L ASIS, patella and medial malleolus at the same level

Local Examination:

▪ **Inspection:**

- No obvious swelling / erythema / scar mark
- Varus deformity: 5 degrees

▪ **Palpation:**

- Temperature over B/L knee: comparable
- Tenderness presents over medial joint line
- Buggy swelling over suprapatellar pouch: Absent

Special tests:

- Patella grind test – negative
- Fluid displacement test – negative
- Tests for ligament laxity: negative
- Varus deformity: Correctable

Movements:

Knee rom	Right	Left
(Degree)		
Flexion	0-110	0-110

Extension 0-5 0-5

Measurements:

Right	Measurements (CM)	Left
83	True length	83
42	Femur length	42
41	Tibia length	41
107	Apparent length	107

Clinical diagnosis: Right knee osteoarthritis

Date	<u>08/11/24</u>	<u>11/11/24</u>
Hematology		
Hemoglobin (mg/dL)	11.8	10.2
TLC (cells per cumm)	7.09k	11.12k
Platelets (lakhs/cumm)	239k	240k
PT INR	10.7	
ESR	25	
CRPH	16	

Biochemistry	8/11/24	11/11/24
Blood Urea (mg/dL)	30	30
S. Creatinine (mg/dL)	0.88	0.88
S. Sodium (mmol/L)	138	138
S. Potassium (mmol/L)	4.3	4.3
Total Bilirubin	0.21	
Direct Bilirubin	0.08	
S.G.P.T. (U/L)	33	

S.G.O.T. (U/L)	37	
ALP (U/L)	157	
S. Total Protein (g/dL)	6.8	
S. Albumin (g/dL)	4.2	

Viral Markers	
HBsAg	Negative
Anti HCV antibodies	Non-Reactive
Anti HIV antibodies	Non-reactive
Chest X ray	WNL
X ray B/L Knee	S/o decreased joint space in medial compartment - right knee > lat compartment with sparing of patello-femoral joint . Presence of osteophytes posteriorly could be noticed
Intraop finding (`11.11.24)	Intra operatively apon arthrotomy , Abnormally hypertrophied synovium could be visualized .Contradicting from the usually spared synovium in Osteoarthritis , this suggested a definitive involvement of synovium by what so ever pathology have affected the knee . The plan for a unicondylar knee arthroplasty was deffered and the patient underwent a total knee arthroplasty
Course during hospital stay	<p>Patient was diagnosed for unicondylar knee arthritis on OPD basis and was admitted for medial condyle - unicondylar knee replacement on 9/11/24 . Patient was thoroughly worked up for any inflammatory/ infective etiology for the arthritis when it came to notice that her CRPH level along with RA factor and Anti CCP levels were raised , which made a diagnosis of atypical rheumatoid arthritis a differential. A rheumatology consultation was made and a diagnosis of ?</p> <p>Palindromic rheumatism was made and patient was called upon OPD basis for further evaluation and management .Intra op : Upon incision, we could identify that the synovium was pathological and was unusually hypertrophies with hypervascularity features . A biopsy of the same was taken which later proved to be rich in inflammatory infiltrates . Since a unicondylar knee arthroplasty is contra indicated in an uncontrolled Inflammatory arthritis , The plan was deferred , and a total knee arthroplasty was done for the patient</p>
Outcome	<ul style="list-style-type: none"> On day 14 follow up , patient is able to walk with out assistance ,with significant reduction in pain (VAS: 1/10) and is able to carry on with her daily activities