From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 03/08/2026 08:20 AM
Subject: Student CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To: undisclosed-recipients:;
Date: Sun, 02 Aug 2026 13:43:13 +0530
Subject: [EXTERNAL MAIL] Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Aug 3, 2026, in the 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=ma4d5995469fa805e523663a900881752
Monday, Aug 3, 2026 | 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2516 844 4667
Meeting password: 030826

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

Name : Mrs. M	**Age-** 33	**Gender**-Female	**CR No-** 20240086800
DOA: 9/12/2024	**DOS: 10/12/24**		**DOD: 14/12/2024**
Clinician in-charge : Orthopedics Unit I – Dr Pradeep Kumar Meena		**Clinical Discussant: Dr Sanchit Gupta**	
CPC DISCUSSION THEME		An unusual presentation of Achilles tendinopathy	

History-

- Gradually progressive, bilateral posterior heel swellings for 3 years
- Associated with pain and difficulty in walking, more on the right side
- No history of trauma, fever, weight loss, decreased appetite, small joint pain or morning stiffness.

STUDENT CPC – 3/8/2026 – DEPARTMENT OF ORTHOPEDICS, AIIMS RISHIKESH

Examination:

Built: Well built

Height– 150 cm

Weight – 55 kg

BMI- 24.4 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 abnormalities noted

Gait: Bipedal unassisted gait with equal swing and stance phase

Local Examination:

Inspection:

Bilateral, diffuse swellings over the posterior aspect of the ankles at the Achilles tendon insertion, more prominent on the right side. Overlying skin was normal with no discoloration, ulceration, or dilated veins.

Palpation:

Swellings were firm to hard in consistency, non-reducible, non-translucent, and fixed to the underlying tendon. The overlying skin was pinchable. Tenderness was present on the right side; no local rise of temperature was noted.

Size:

Approximately 8 * 6 cm on the right and 6 * 4 cm on the left.

Range of Motion:

Ankle range of motion was preserved bilaterally, with no restriction of dorsiflexion, plantarflexion, inversion, or eversion.

Special Tests:

Thompson squeeze test, O'Brien test were negative, indicating intact Achilles tendon continuity.

Neurovascular Status:

Distal neurovascular examination was normal, with no sensory or motor deficits.

Clinical diagnosis: Bilateral tendoachilles tendon benign swelling under evaluation

Blood investigations:

Complete blood count, erythrocyte sedimentation rate, C-reactive protein level and thyroid profile were all within normal limits. Viral markers were negative. Lipid profile and liver function tests of the patient was as follows:

Test	Result(mg/dL)	Normal Range (mg/dL)
HDL cholesterol	63.0	40 – 60
LDL cholesterol	120.0	100 – 130
S.TG	253.0	50 – 150

Total cholesterol	252.0	123 - 200
TB/DB	3.6/0.4	
SGPT/SGOT	21/17	
ALP	107	

bilateral leg with	No bony abnormalities but showed thickened, noncalcified soft tissue shadows in the region of the Achilles tendon in the both legs .
bilateral leg with	The Achilles tendon showed marked diffuse symmetric thickening and increased signal intensity with loss of concavity of the anterior margin. AP diameter of right side 3.1 cm and left side 2.3 cm
lure and Intraop g (10.12.2024)	**Procedure – Enblock excision and tendoachilles tendon reconstruction** **Steps-** • Prone positioning with tourniquet application • Midline incision over Achilles tendon swelling • Complete excision of xanthoma from tendon insertion • Approximately 10 cm Achilles tendon defect noted • Gastrosoleus central slip turn-down flap fashioned and anchored to calcaneum • FiberWire used for augmentation • Layered closure performed • Anterior slab applied with ankle in full plantar flexion **Findings of resected mass:** • Diffuse fusiform enlargement of the Achilles tendon • Tendon appeared yellowish to pale brown in color • Loss of normal fibrillar tendon architecture • Firm, lobulated mass inseparable from tendon substance
e during hospital stay	Patient postoperative stay was uneventful. Patient advised immobilization below knee slab until suture removal followed ankle ROM exercises. POD 2 and 4 days wound inspection performed – surgical wound clean. patient discharged on the 4TH post operative day.
me	One-year post-surgery, she was completely independent when walking with ability to stand on toes without discomfort and was able to wear shoes without discomfort