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Date: 03/09/2025 03:42 PM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The next CGR will be held on Sept 2, 2025, 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=m0c3691fec536bb0a38bce8b06e0aa158>

Tuesday, Sept 2, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2515 101 2185

Meeting password: 020925

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh



All India Institute of Medical Sciences Rishikesh

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

CLINICAL GRAND ROUNDS

Department of Geriatric Medicine 02-09-2025

Name: Mr X	Age/Sex: 81 Y/M	Residence: • Uttar Pradesh • Saharanpur
UHID: 20250050930		
Case Presenter: Dr. Pankhuri Saxena	Consultant in charge Prof. (Dr.) Minakshi Dhar Head of Department,	

Junior Resident
Dr Kritartha Kashyap
Senior Resident

**Department of Geriatric Medicine,
AIIMS Rishikesh.**

Chief complaints-

- Pain in left hip × 4 months
- Inability to bear weight × 4 months

Brief History:

Mr. X, an 81-year-old male with hypertension, recently diagnosed type 2 diabetes mellitus, BPH and COAD, was apparently well 4 months ago when he developed pain in the left hip and was unable to bear weight. He was diagnosed with a fracture neck of femur for which he underwent bipolar hemiarthroplasty in February 2025. Subsequently, he developed dislocation requiring open reduction in March 2025 and later closed reduction in April 2025. He was referred to AIIMS Rishikesh for further management

General Examination

Vitals

PR: 110/min

RR: 20/min

BP: 140/90 mmHg

SpO2: 90% on room air.

Chest: bilateral expiratory wheeze.

CVS: normal S1, S2. CNS: GCS E4V5M6.

Abdomen: soft, non-tender.

CNS- no FNDs

MSK- revealed limb held in adduction and internal rotation, with apparent shortening and healed surgical scar. Anterior hip tenderness was present

Clinical Diagnosis –

Recurrent left hip dislocation in elsewhere operated case of left bipolar hemiarthroplasty planned for Implant removal with Girdle stone arthroplasty

Investigations-

1. Anemia (Hb 8.6 gm/dL)
2. Neutrophilic leukocytosis (11.2k; N82%L9%)
3. Hypoalbuminemia (Albumin 2.8 gm/dL)
4. Hyponatremia (S. Na 130)
5. Urine culture: *Escherichia coli*, sensitive to doxycycline, amikacin

COURSE IN HOSPITAL

Pre operative course- Patient was evaluated with multi-speciality consultations – Pulmonary medicine for COAD, Cardiology for cardiac clearance, Endocrinology for glycemic optimisation. Geriatric assessment revealed reduced intake, disorientation, anaemia, hyponatremia, hypoalbuminemia, and UTI (E. coli). He was diagnosed with multifactorial hyperactive delirium.

Surgical and postoperative- He underwent implant removal with Girdlestone arthroplasty on 05/05/25. Postoperatively, the patient developed altered mental sensorium and sepsis, and was comanaged by orthopaedics and geriatric medicine. The patient required ICU care and was shifted to Geriatric CCU, and was managed with culture-guided antibiotics, fluid resuscitation, inotropic support, delirium care, nutrition, and physiotherapy.

Outcome- During CCU stay, shock resolved, sepsis improved, and delirium subsided. He gradually shifted from RT feeds to oral diet, ADLs improved from 0/6 to 3/6, and he was mobilised with wheelchair support. He was discharged home in stable condition on 28/05/25 after 35 days of hospital stay.

Final Diagnosis

Hospital acquired Hyperactive Delirium under evaluation in a post operative case of recurrent left hip dislocations

Differentials – 1. Urinary tract infection

2. Hyponatremia

3. Dehydration

4. Drug induced

5. Secondary to pain