

From: "ROOT" <root@sctimst.ac.in>
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Date: 04/11/2024 08:22 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **Nov 4, 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=m26c5d362f1895bcb4e4a9ffda9b1be85>

Monday, Nov 4, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2510 178 0062

Meeting password: 041124

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

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Student CPC

(Department of Radiation Oncology)

Patient Name: Mr. D	Age/Sex: 60 years/M	Clinician in-charge: Prof. Manoj Gupta / Dr Sweety Gupta
Residence: Muzaffarnagar, UP	UHID: 20240040059	Clinical discussant: Dr Mayank Soni (JR)
Pathology discussant: Dr Akansha (JR)	Radiology discussant: Dr Amogh (SR)	Nuclear Medicine discussant: Dr Ramya (JR)

Presenting Complaints:- Swelling over left upper back for three months

History of present illness:

60 year, male patient presented in radiation oncology OPD with complaints of swelling in the left side of upper back, which was gradually progressive in size, it was painless initially but associated with dull aching pain since two months. Pain was mild-moderate in intensity, non-radiating and aggravated on movement.

Past History: no similar history, no h/o any comorbidities

Family History: nothing significant

Personal history: mixed diet. Normal bowel/Bladder habits.

General examination: -

Pulse Rate- 92/min

Blood Pressure- 128/76 mm Hg

Respiratory rate- 18/min

SpO₂-99 % on room air

No pallor, icterus, clubbing, cyanosis, pedal edema or lymphadenopathy

Local examination

Inspection:

- Swelling of size about 6 x 6 cm over left scapular region
- Extending cranially to caudally from spine of scapula to lower- scapular region
- Medially to laterally extending from left scapular region to posterior axillary line
- Overlying skin was normal (Non stretched, no colour change, no ulceration, no dilated veins, and no discharge)

Palpation:

- Inspectory finding confirmed
- Bony hard in consistency
- Immobile, Smooth surface
- Restricted shoulder mobility due to pain
- Skin was pinchable

Systemic examination

- CNS-No focal neurological deficit
- RS- Bilateral normal vesicular breath sounds heard
- CVS- S1/2 heard, no murmur

- Per Abdomen- Soft, non-tender, no rigidity
- No spine /bony tenderness present

Investigations:

- Hb -13.8 g/dl
- TLC - 8.66/mm³
- KFT - Urea / Creatinine – 20/0.92mg/dl
- LFT - WNL
- TFT - WNL
- 2D Echocardiography - Normal study
- Viral markers – non reactive

CT Thorax (30/03/2024, outside):

- Large lytic area with associated soft tissue measuring 5.8 x 4.6 cm in the inferior body of left scapula, along with another lytic area in the posterior shaft of the right sixth rib with extraosseous soft tissue component measuring 3.2 x 2.2 cm
- Note made of a hypodense lesion in the thyroid gland

USG Neck (03.04.2024, AIIMS)

- Thyroid gland - Right lobe: 2.1*1.9 cm, multiple spongiform nodules; Left lobe: 2.7*2.1 cm, a well-defined solid hypoechoic nodule of size 22*20 mm, taller than wider with macrocalcification within, extending beyond CCA
- TIRADS 5, - left lobe of thyroid

FNAC from scapular swelling (Slide review 4.4.24, C-0S-20/23, AIIMS):

- Features are of poorly differentiated malignant tumour

USG guided FNAC from thyroid nodule (C-1945/24, 20.4.24, AIIMS):

- Negative for Malignancy

Biopsy from Scapular lesion (S-2358/24, 2.5.24, AIIMS)

- Carcinoma with papillary architecture
- IHC = PanCK, Glypican 3, Arginase – positive; BRAF, Thyroglobulin, TTF 1, AMACR, CA IX, CK 7, PSA, SALL4, PAX 8, Synaptophysin – negative

18-FDG PET CT (06.06.2024, outside)

- Metabolically active FDG avid hypodense lesion noted at segment VI of liver (measuring 2.8 x 2.3 cm) with multiple abdominal and mediastinal lymph nodes, and lytic lesions with soft tissue component at C6, C7, D9, D10, L3 vertebrae, left scapula, right 6th-8th ribs, bilateral iliac bones and right acetabulum, along with mildly FDG avid hypodense lesion with calcification noted in left lobe of thyroid as well.

TREATMENT:

Palliative Radiotherapy to Bone Metastases and Targeted therapy