

From: "ROOT" <root@sctimst.ac.in>
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Date: 07/10/2025 08:46 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The next CGR will be held on Oct 7, 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=ma76f7b37ae75b856e56026f8797d5b92>

Tuesday, Oct 7, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2514 445 8992

Meeting password: 071025

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

SUMMARY: ATLANTO-AXIAL DISLOCATION SECONDARY TO RA

DEPARTMENT OF ORTHOPAEDICS

Patient Name	Ms. M
Age / Gender	33 years / Female
Hospital No.	202 50028240
Ward / Unit	Spine Surgery
Consultants	Prof. Pankaj Kandwal, Dr. Kaustubh Ahuja

CHIEF COMPLAINTS

- Weakness in bilateral upper & lower limbs × 1 month (Left > Right)

HISTORY OF PRESENTING ILLNESS

- Known case of Rheumatoid Arthritis (on treatment × 5 years)
- Progressive weakness UL & LL (L > R) for 1 month
- Numbness on contact with clothes
- Morning stiffness, small joint pain, deformities in fingers & feet
- No history of night cries, weight loss, anorexia, evening rise of temperature
- No bowel/bladder involvement, difficulty in swallowing, change in voice, bleeding, or swellings elsewhere

PAST HISTORY

- K/C/O Rheumatoid Arthritis (5 years, on medication)
- No H/O TB or contact
- No family history of similar illness

PERSONAL HISTORY

- Sleep: Normal
- Appetite: Normal

- Bowel/Bladder: Intact
- ADL: Restricted

GENERAL & PHYSICAL EXAMINATION

- Gait, Romberg, Tandem walking: Could not be assessed
- Facies: Normal

SPINE EXAMINATION

Inspection	Overlying skin intact, head centered, no paraspinal fullness, no scar/sinus/abnormal skin changes
Palpation	No local rise of temperature, no tenderness, no deformity
Neurology	HMF & cranial nerves intact; bulk comparable UL & LL; tone UL hypotonia , LL hypertonia (MAG2)
Power (Upper Limb)	C5 (Shoulder abduction): 2/5; C6 (Elbow flexion/Wrist extension): 2/5; C7 (Elbow extension/Wrist flexion): 1/5; C8 (Finger flexion): 1/5; T1 (Finger abduction/adduction): 1/5
Power (Lower Limb)	Left side; L2 (Hip flexion): 2/5; L3 (Knee extension): 2/5; L4 (Ankle dorsiflexion): 1/5; L5 (Great toe extension): 1/5; S1 (Ankle plantarflexion): 1/5 Right side L2-S1: 3/5
Reflexes	UL; Exaggerated DTR with positive hoffman's reflex LL; Exaggerated DTR with extensor plantar reflex Abdominal reflex absent all quadrants;
Sensation	Graded hypoesthesia below C5
Bladder and Bowel	Bladder & bowel intact; Perianal sensation present, PAS present; VAC present
VAS Neck	5/10
NDI	44/50

CLINICAL DIAGNOSIS

- Extradural compressive cervical myelopathy (Nurick Grade 5) at in K/C/O RA
- ?Inflammatory / ?Spondylodiscitis / ?Metastatic

INVESTIGATIONS

Hb	10.4
TLC	9.34K
PLT	275K
PT/INR	14.6/1.12
B.U/ S.Cr	34/0.97
Na/K/Ca	142/3.75/8.3
BilirubinT/D	0.95/0.34
SGOT/ SGPT	34.2/33.1
ESR	75
CrPH	22
RAF	Positive (176)
Anti-CCP	Positive (16.7)

S. TP/ S. Alb	6.9/4.0
X Ray	S/o C1 subluxation over C2
NCCT	C1 subluxation over C2 with aadi: 13.9mm padi: 7.3mm
MRI	A soft tissue mass posterior to the anterior arch of C1, hypointense on T1, hyperintense on T2 with cord compression at C1-C2 level with T2 hyperintensity changes noted over cord.

SURGERY

- Procedure: Atlantoaxial Fixation and Fusion +with Iliac Crest Autograft
- Date: 12-03-2025

POST-OPERATIVE STATUS

- Neurology:

Power	C5-C7: 4/5 (Upper Limb)
	L3-L5: 3/5 (Lower Limb)

Subjective sensory improvement noted

Bladder/Bowel: Normal

Post-op imaging (X-ray, CT): Satisfactory Reduction and Stable Fixation with well positioned graft and maintained C1-C2 alignment