From: "ROOT" <root@sctimst.ac.in>
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Date: 08/04/2024 08:42 AM
Subject: Invitation for CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sun, 7 Apr 2024 17:37:35 +0530
Subject: [EXTERNAL MAIL] Invitation for CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC will be held on the **8th April, 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=ma3898064f4cf7f0a9118e6927ef729e1

Meeting number:

2515 006 2114

Meeting password:

080424

Thanks & Regards

Regional Resource Centre

Dept of Telemedicine

AIIMS Rishikesh

Summary- An unusual case of fixed flexion deformity of knee

DEPARTMENT OF ORTHOPAEDICS

PATIENT NAME: XXX	AGE/GENDER: 10YEARS/MALE	ADDRESS: BIJNOR, UP
WARD (UNIT= ORTHOPAEDICS		
		CONSULTANT: DR VIVEK SINGH

CHIEF COMPLAINTS-

- Progressive deformity over left knee x 5 years
- Limp with backward bending of knee x 5 years
- Feeling tightness of soft tissues

BRIEF HISTORY:

- Past history – Acute onset fever 5 years back
- Hospital admission with IV drug administration
- Following this episode child developed insidious onset,gradually progressive flexion deformity of left knee,associated with difficulty in walking and shortening of the limb.

GENERAL AND PHYSICAL EXAMINATION

Consciousness: patient is conscious, cooperative and well oriented to time place & person.

- PR-90 bpm, regular
- BP- 98/64mm hg
- RR- 18/min
- Spo2- 99% at room air

SYSTEMIC EXAMINATION

CNS- speech, cranial nerves & higher mental function intact
CVS - S1 S2 heard, no added sounds
RESPIRATORY – B/L chest clear, no added sounds
ABDOMEN - soft, non tender, no palpable organomegaly, bowel sounds heard

INVESTIGATION RECORD:

INVESTIGATION	6/8/23
HB	11.1
TLC	5.97
PLATELET COUNT	2.7 LAKH
PT/INR	12.1/1.15
HIV/HBSAG/HCV	NON REACTIVE
BLOOD UREA (MG/DL)	28
S. CREATININE (MG/DL)	0.30
S. SODIUM (MMOL/L)	139
S. POTASSIUM (MMOL/L)	4.5
TOTAL BILIRUBIN	0.20
DIRECT BILIRUBIN	0.06
S.G.P.T. (U/L)	22
S.G.O.T. (U/L)	28
ALP (U/L)	120
S. TOTAL PROTEIN (G/DL)	7.5
S. ALBUMIN (G/DL)	3.9

Examination: Patient examined in standing and lying down position from front and back

ATTITUDE: Patient lying in supine position-
- B/L ASIS at same level
- Left hip in 45° fixed flexion deformity
- left knee in 90° fixed flexion deformity
- Left MM lying higher than right side
- Left ankle in dorsiflexion

GAIT : Unipedal- hopping gait

INSPECTION
- Left quadriceps and calf wasting
- Prominent bony landmarks-left lower limb
- Apparent shortening of left lower limb
- No open wound/sinus

PALPATION:
- Inspectory finding comfirmed on palpation
- No local rise of temperature
- Deformity not passively corectable
- Patella palpated laterally outside the trochlear groove lateral to lateral femoral and tibial condyle and was found regid
- TT palpable- left patellar tendon atrophied compared to other side
- Palpable fibrous quadriceps present on Left thigh (lateral>medial)
- Distal pulses palpable

HIP ROM	Right	Left
Flexion	0-130°	90-130°
Extension	0-10°	Nil
Abduction	0-45°	0-20°
Adduction	0-20°	Nil
ER	0-45°	0-45°
IR	0-30°	Nil

Knee ROM	Right	Left
Flexion	0-130°	90-130°

Ankle ROM	Right	Left
Dorsiflexion	0-20°	15-20°
Plantar flexion	0-45°	0-45°
Inversion	0-45°	0-10°
Eversion	0-20°	nil

Measurements	Right	Left
Apparent length	75	55
Femur length	37	33
Tibia length	32.5	29
Thigh circumference	26	23
Calf circumference	19	18.5

XRAY PELVIS WITH B/L HIP, KNEE	Linear and curvilinear hyperostosis extending varying distances along endosteal and periosteal surfaces. (Candle wax appearance)
CT lower limb	
MRI	Low signal on MRI – cortical hyperostosis Enhancing soft tissue masses
COURSE DURING HOSPITAL STAY	Patient with above mentioned complaints was admitted and diagnosed fixed flexion contracture left knee secondary to melerrheostosis/ osteopoikilosis and was planned for staged correction of deformity- 1)soft tissue release+ 2) Ilizarov correction Soft tissue release- Lateral retinaculum Release plus IT band Z lengthening, medial plication, Roux Goldwait hemi-transfer of patellar tendon with Insall proximal tube alignment with quadriceps pie crusting (4 in 1 procedure) left side done on 08/09/23 intraoperatively muscles found to be atrophic, and patella subluxated and fixed laterally. The wound was allowed to heal. Ilizarov application done on 28/10/24. Gradual correction was achieved by distraction.

Attachments:

File: Student CPC.docx	Size: 63k	Content Type: application/vnd.openxmlformats-officedocument.wordprocessingml.document