

**From:** "ROOT" <root@sctimst.ac.in>  
**To:** "ROOT" <root@sctimst.ac.in>  
**Date:** 08/09/2025 08:02 AM  
**Subject:** Student CPC

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**Greetings from AIIMS, Rishikesh!!**

The next student CPC is scheduled on **Sept 8, 2025, 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=m9c9d5a520818999b762d5f5477e8ced9>

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

Meeting number: 2517 426 9595  
Meeting password: 080925

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

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

**CPC**

**Department of Obstetrics and Gynaecology 08-09-2025**

<b>Name:</b>  <b>Mrs G</b>	<b>Age/Sex:</b>  <b>32 Y/F</b>	<b>Residence:</b>  <b>Chandpur, Uttar Pradesh</b>
<b>UHID: 2024011974</b>		

<b>Case Presenter:</b> <b>Dr. Devika J Kamat</b>	<b>Consultant in Charge-</b> <b>Prof. Anupama Bahadur</b>

. **CASE**

. **Chief complaints-**

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Mrs G aged 32 years,P3 L2 with previous 3 LSCS presented to Gynecology OPD with complaints of lower abdominal pain x 10 months.

**Examination-**

**General Examination**

- . Patient was conscious and oriented to time , place and person
- . Patient was well built and nourished
- . Vitals :

- . Temp -97.6 F
- . PR- 70 bpm
- . BP- 104/66 mmHg
- . RR- 18/min
- . SpO2- 98% RA
- . No pallor, icterus, clubbing, cyanosis, generalised lymphadenopathy, pedal edema.
- . Thyroid examination – NAD
- . Breast examination – NAD

### **Systemic examination**

- . Respiratory: Bilateral air entry present, NVBS, no added sounds.
- . CVS: S1 S2 heard, no murmurs heard.
- . Musculoskeletal: No skeletal deformity, no gait abnormality.
- . CNS: NAD

### **Gynecology Examination**

**P/A:** no organomegaly, two previous infraumbilical midline vertical scars and one Pfannenstiel scar present.

**L/E:** External genitalia healthy

**P/S:** Cervix healthy, os mid-position, vaginal healthy, no discharge.

**P/V:** A hard mass ~8 x 8 cm palpable in left fornix, fixed laterally to pelvic wall and uterus could not be felt separately. Right fornix free

**P/V/R:** Rectovaginal septum normal

**P/R:** Same mass felt 5 cm above anal verge in left parametrium up to lateral pelvic wall, hard and fixed.  
POD free, rectal mucosa free

### **Clinical Diagnosis –**

32 years old P3L2 previous three caesareans, presented with pain in lower abdomen, no comorbidities, with large pelvic mass

### **Investigations-**

CE-MRI Abdo-Pelvis (21/10/24): 7.4X3.2X8.6cm lesion in left hemipelvis with ill-defined fat planes with lower uterine segment encasing left ureter with upstream hydroureteronephrosis

FDG PET CT Whole body (08/11/24): FDG avid heterogenous mass with SUV max 3.1

CT angiography: The lesion was supplied by branches of left internal iliac artery and left external iliac artery was encased by the lesion

### **Treatment Procedure**

After preoperative preparedness with a multidisciplinary approach, the patient underwent exploratory laparotomy with postoperative successful interventions for vascular complications and is on subsequent follow-up.

### **SUMMARY-**

32 years female, P3L2 with previous 3 LSCS, presented to the Gynecology OPD with complaints of lower abdominal pain for 10 months. She underwent exploratory laparotomy and extensive surgery was performed. She had postoperative life threatening vascular complications which were managed successfully and patient is currently on regular symptom free follow-up.

