

**From:** "ROOT" <root@sctimst.ac.in>  
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**Date:** 09/02/2026 11:39 AM  
**Subject:** Student CPC

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**Greetings from AIIMS, Rishikesh!!**

The next student CPC is scheduled on **Feb 9, 2026, in the 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/j.php?MTID=m7fd0fce89ee7654ef78aad2a8fd07a71>

Monday, Feb 9, 2026 | 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2519 927 7836

Meeting password: 090226

*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

<b>Name : YF</b>	<b>Age- 30</b>	<b>Gender-Female</b>	<b>CR No- 20240020898</b>
<b>DOA: 14/11/2025</b>			<b>DOD: 23/11/25</b>
<b>Clinician in-charge- Dept. of Gastroenterology – Dr Rohit Gupta</b>		<b>Clinical Discussant: Dr Siddharth Panchal</b>	
<b>CPC DISCUSSION THEME</b>		Painless EHBO	
<b>Case Summary</b> <ul style="list-style-type: none"><li>• 30-year-old female with painless progressive cholestatic jaundice with cholangitis episode</li><li>• History of biliary intervention</li><li>• No h/s/o constitutional symptoms</li><li>• No h/s/o gastric outlet obstruction</li><li>• No h/s/o micro/macro nutrient deficiency</li><li>• ECOG PS 0</li></ul>			

**STUDENT CPC –9/2/2026 – Dept. of Gastroenterology, AIIMS RISHIKESH**

**Examination:**

**Built:** Well built

**Height–** 150 cm

**Weight** – 44 kg

**BMI**-19.6 kg/m<sup>2</sup>

**Respiratory**- B/L chest clear.

**CVS** - S1 S2 heard normally, no murmur present.

**P/A**- Soft, Hepatomegaly 3cm below Right costal margin,

**CNS** – intact higher mental function, GCS = E4V5M6 =15/15

**Blood investigations:**

	2/24	14/11/25	
<b>Hemoglobin</b>	11.1/10000/207	8.7	
<b>TLC</b>	100000	5.14	
<b>Platelets</b>	207 144.8/171	178	
<b>UREA</b>	20	16	
<b>CREATININE</b>	0.34	0.44	
<b>SODIUM</b>	134	135	
<b>POTASSIUM</b>	4.8	4	
<b>TB/DB</b>	5.2/2.95.2/5456/245.2	0.60/0.15	
<b>SGOT</b>	144.8	47	
<b>SGPT</b>	171	45	
<b>ALP/GGT</b>	1243	276/140	
<b>TP/ALB</b>	7.4/2.6	7.8/3.7	

5	Heterogeneously enhancing lesion at porta hepatis involving right hepatic duct, primary confluence and common hepatic duct as
	MRCP showed multiple intraductal enhancing lesions within the RHD, primary confluence, and CHD, producing bilobar IHBRD. The lesions were T2 hyperintense, T1 isointense with diffusion restriction. The RHD measured 1.5 cm, LHD 1.3 cm, and CBD 1.1 cm with smooth distal tapering. There was right-lobe atrophy with left-lobe hypertrophy
<b>Cholangioscopy</b>	EUS showed normal liver and there was dilated cbd and and dilated gb. pancreas was normal. there was hyperechoic polypoidal lesion inside the chd and extending into rhd w  there was floating substance inside the gall bladder. there was no cod wall thickening or any other nodes. ptbd catheter was noted inside the cbd.  contrast harmonic eus showed enhancement of the polypoidal lesion both in arterial as well as venous phase. there was no enhancement of floating lesion of gall bladder suggestive of mucin.

spyglass cholangioscopy showed polypoidal lesion in chd and rhd and also extending into lhd and just 1-2 cm distal to the left secondary confluence. there was mucin inside cbd. Biopsy was taken from the lesion

**uring hospital stay  
ome**

Post procedural course was uneventful and patient was discharged.