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Date: 09/09/2025 08:10 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The next CGR will be held on Sept 9, 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=m15ff18785053defe865701c0ef0c27ff>

Tuesday, Sept 9, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2516 334 0793

Meeting password: 090925

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh



All India Institute of Medical Sciences Rishikesh
अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

CLINICAL GRAND ROUNDS

Department of Neurosurgery 09-09-2025

Name: Mr X	Age/Sex: 40 Y/M	Residence: • Haridwar, Uttarakhand •
UHID: 20240146139		
Case Presenter: Dr. Laxmi Prasanna Senior Resident	Consultant in charge Dr Rahul Ray Assistant Professor, Department of Neurosurgery, AIIMS Rishikesh.	

Chief complaints-

- C/o blurring of vision right eye since 1month
- History of seizure 2 weeks back, with right facial twitching without involvement of upper and lower limbs.

Brief History:

- Patient presented with the C/o blurring of vision right eye noticed since 1month, not associated with headache, or eye pain, non-progressive. No diplopia or features of raised intracranial pressure.
- History of seizure 2 weeks back, with right facial twitching, involuntary, not associated with facial pain or headache, no abnormal movements of upper and lower limbs.
- No history of difficulty in speech, comprehension, language,
- No history of other cranial nerve involvement, no other motor, sensory deficits, no issues with coordination, no history of autonomic instability, no bladder, bowel disturbances.
- No history suggestive of any chronic systemic involvement.
- No relevant family history.
- K/C/o HTN on medication since 2months.

No history of previous surgeries.

General Examination

Vitals

PR: 91/min

RR: 14/min

BP: 130/90 mmHg

SpO2: 100% on room air.

Chest: WNL.

Abdomen: soft, non-tender

CVS: normal S1, S2.

CNS: conscious, oriented,

MMSE 28/30.

CN II: right inferior quadrantanopia

Clinical Diagnosis –

Left Parieto temporal lesion ELOQUENT Location

Investigations-

1. CEMRI brain, functional MRI, under neuronavigation protocol
2. Routine blood investigations- CBC/PT INR, KFT, LFT, Viral markers, Blood grouping, ECG, Chest X ray

COURSE IN HOSPITAL

Pre operative course- Patient was evaluated thoroughly, including neurological examination, formal visual assessment, and radiological investigations including functional MRI and MRI under neuronavigation protocol.

Surgical and postoperative- Due to a lesion involving eloquent areas of brain, surgical procedure was tailored to preserve functional status of the patient. An awake craniotomy was performed under neuronavigation and the lesion was excised using intraoperative neuromonitoring. Intraoperatively, the resection was stopped, when he, under continuous monitoring, showed signs of affection of his language function. During, the immediate post-operative period, he had focal seizures with secondary generalisation, which required escalation of antiepileptic's. However, the seizures persisted, for which patient was electively intubated & managed with help of neurology team. Patient had no further episodes of seizures and was extubated on POD 6. Patient's condition gradually improved with patient being able to utter a few words. Now, his functional status is good. The case highlights multidisciplinary care for preservation of neurological function using advance techniques.

Outcome- On further follow up patient's speech gradually recovered, and now able to speak normally. No further episodes of seizures were reported.

Differential Diagnosis

1. Neurocysticercosis/ tuberculoma
2. Glioma/ Meningioma
3. AVM/ cavernoma
4. Multiple sclerosis/Neurosarcoidosis

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