

**From:** "ROOT" <root@sctimst.ac.in>  
**To:** "ROOT" <root@sctimst.ac.in>  
**Date:** 11/03/2025 08:50 AM  
**Subject:** Invitation for CGR

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>  
To:  
Cc: Meenu Singh <meenusingh4@gmail.com>  
Date: Mon, 10 Mar 2025 21:28:39 +0530  
Subject: [EXTERNAL MAIL] Invitation for CGR

**Greetings from AIIMS, Rishikesh !!**

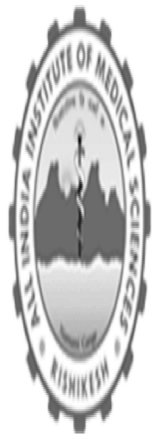
The CGR will be held on the **March 11, 2025** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:  
<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=me41ead2c9b2666af4f513855c9c4e630>

Tuesday, March 11, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2517 285 4838  
Meeting password: 110325

Thanks & Regards  
Regional Resource Centre  
Dept of Telemedicine  
AIIMS Rishikesh



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

**CGR**

**Department of Pediatric surgery, 11<sup>th</sup> March, 2025**

<b>Name: Mr. A</b>	<b>Age/Sex: 6/M</b>	<b>Residence: Muskipur, Saharanpur, Uttar Pradesh</b>
<b>Case Presenter-</b> <b>Dr. Deepak Kumar Garnaik. (SR)</b>	<b>Consultant in charge-</b> <b>Dr.Enono Yhosu</b>	

**Chief complaints-**

Inability to pass urine per-urethra post RTA for 4 months

### **Brief History:**

- The patient had a history of a RTA (run over by school bus) on July 19, 2024. He sustained pelvic fracture and had urethral injury. SOC was inserted and pelvic fracture was managed conservatively.
- He was referred to AIIMs for definitive management after 4 months of injury.
- Developmental history: The child has achieved all developmental milestones appropriate for their age and has demonstrated normal scholastic performance. Their immunization status is complete, following the National Immunization Schedule (NIS).

### **Examination-**

#### **General Examination**

- Patient is conscious, cooperative, oriented to time, place and person. GCS 15/15
- No Pallor, cyanosis, clubbing, lymphadenopathy, edema,
- TEMP: Afebrile BP:99/62 mm Hg RR:24/min PR: 108/bpm SPO2: 98% on RA.

#### **Systemic examination**

- **CNS:** Intact Higher mental function, GCS= E4, V5, M6 = 15/15
- **CVS:** S1S2, M0
- **R/S:** B/L NVBS, No added sounds
- **Abdominal Examination :** P/A: Soft, non-tender, non-distended, bowel sounds present, SPC- insitu - draining well. Bladder not palpable..
- 
- **Local examination:**

#### **Inspection**

- Meatus: Normal
- Prepuce: circumcised
- No BXO changes
- Glans and penile skin: normal
- No abnormal discharge per urethra or perineum
- **No swelling or scar at scrotum/perineum**

#### **Palpation**

- No local rise of temperature or tenderness at penile, scrotal or perineal region
- Both testes present in the scrotum
- Perineal sensations: intact

- **Diagnosis –** 6-year-old male child, with H/O RTA with inability to pass urine per urethra s/o **traumatic urethral stricture**

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- **Radiological Investigations:**

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SCOUT

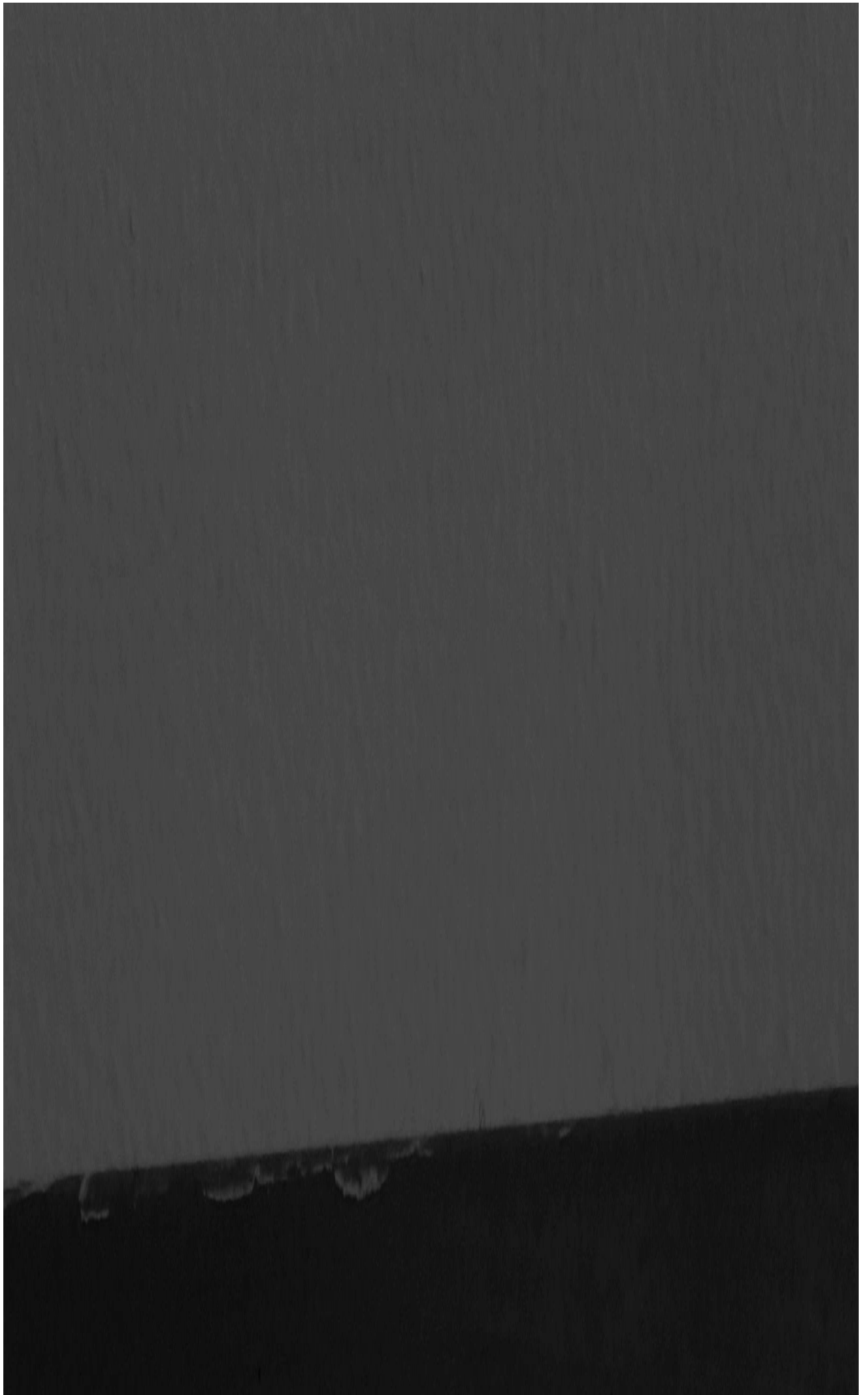
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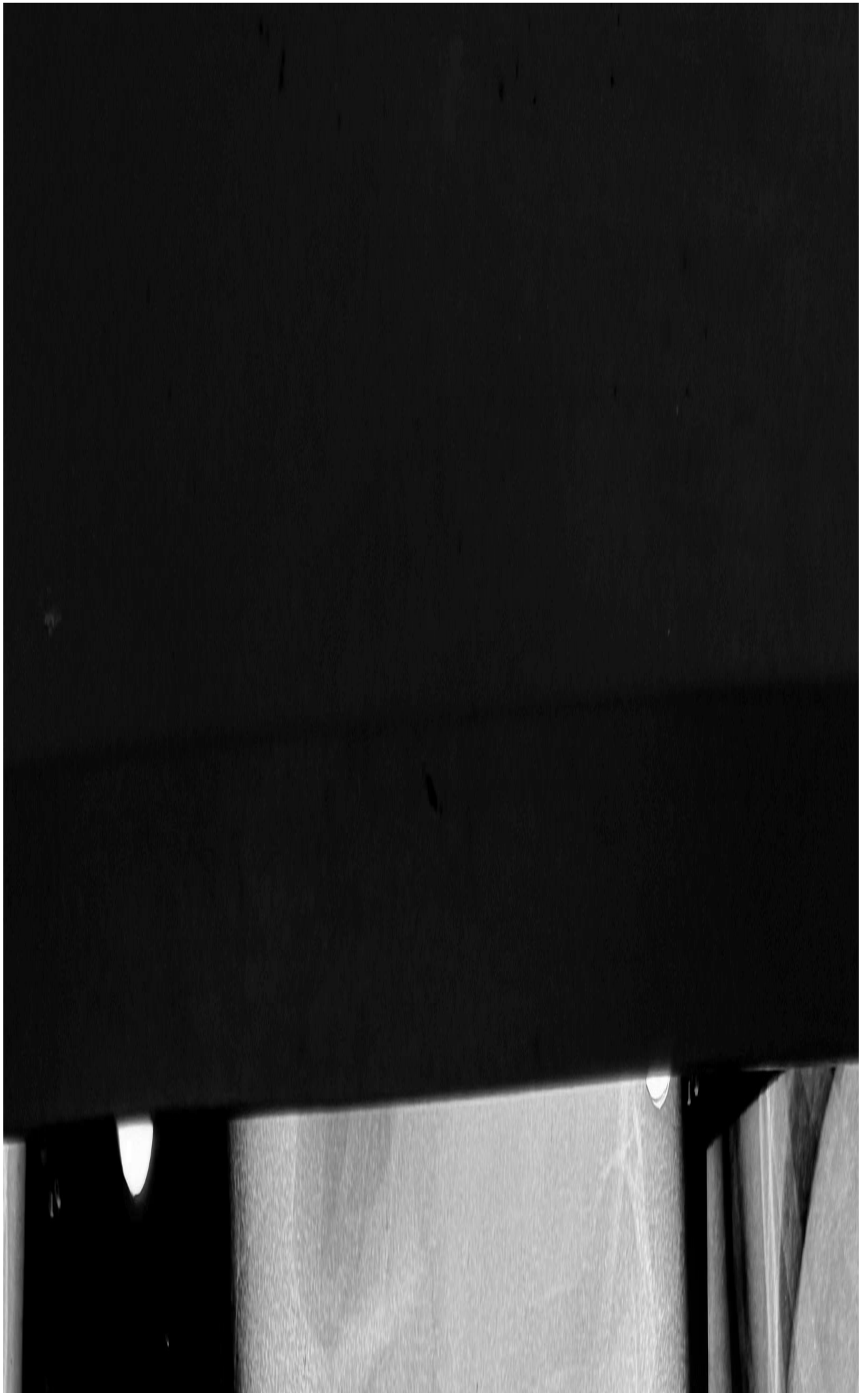




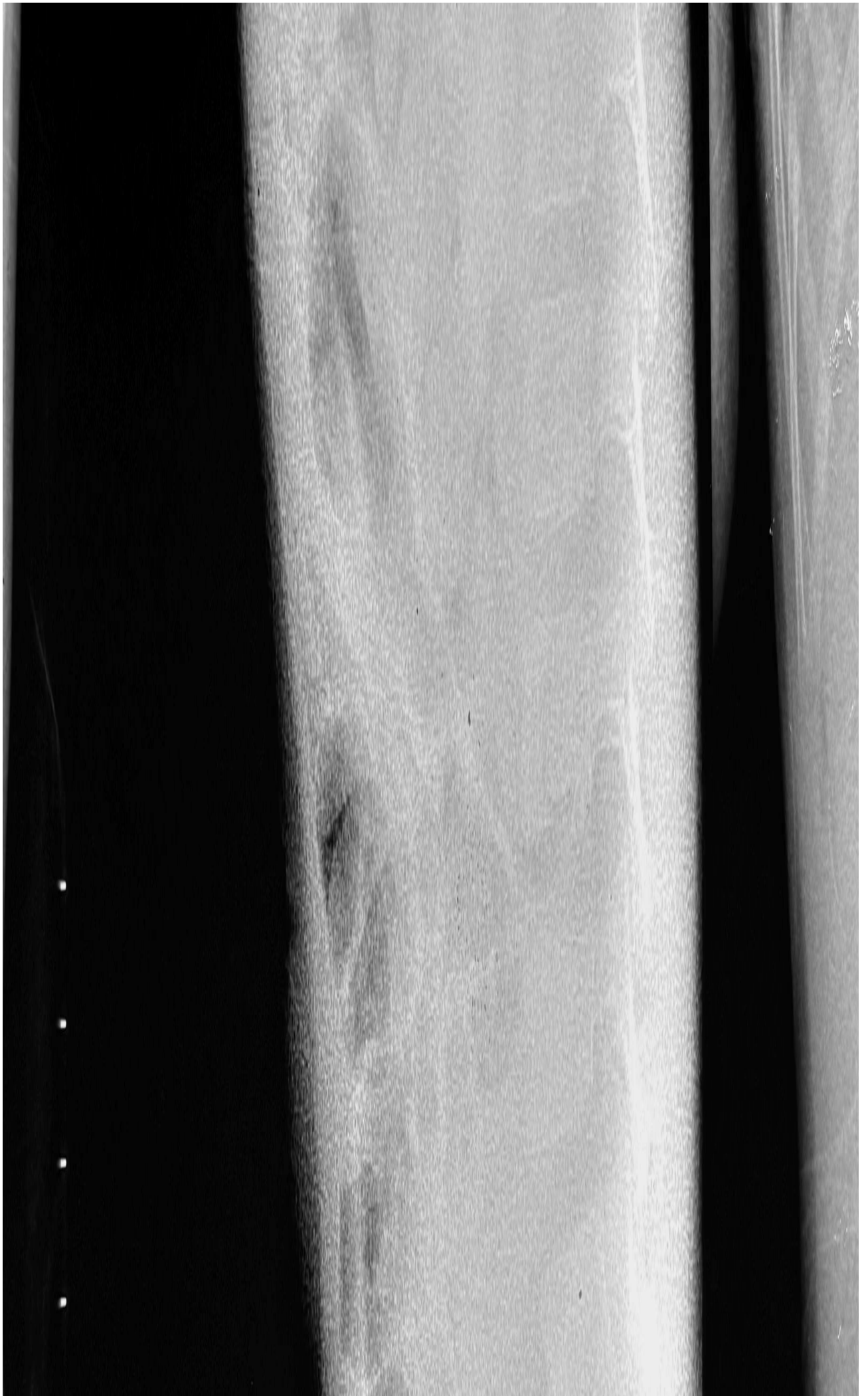














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1960 3.62 g/m  
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WV 2.06 D 1.70  
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ANAL. DECAHEDRAL ANOMALY IN THE  
EQUINOXIAL CORRELATION SCHEMATIC  
19.11.2014 19.11.2014  
4.11.2014

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ANAL. DECAHEDRAL  
EQUINOXIAL CORRELATION  
19.11.2014  
4.11.2014



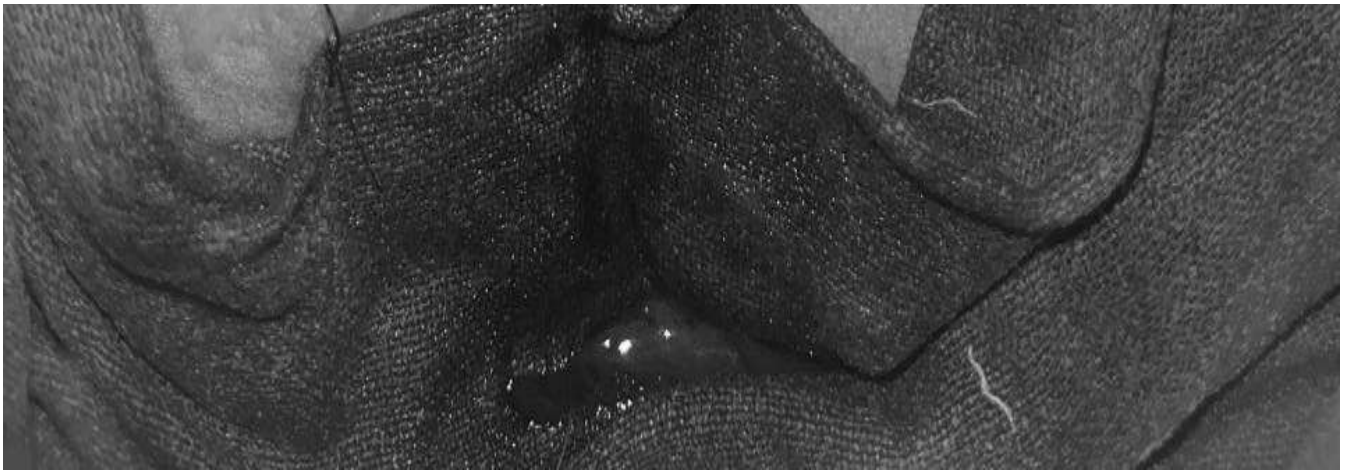
**RGU/MCU** s/o urethral stricture at the level of bulbo-membranous junction.

**Management:**

- **Cystoscopy (antegrade and retrograde)** to delineate the site and length of stricture
- **Perineal urethrostomy** with inferior pubic wedge osteotomy.

**Intraop Findings-**



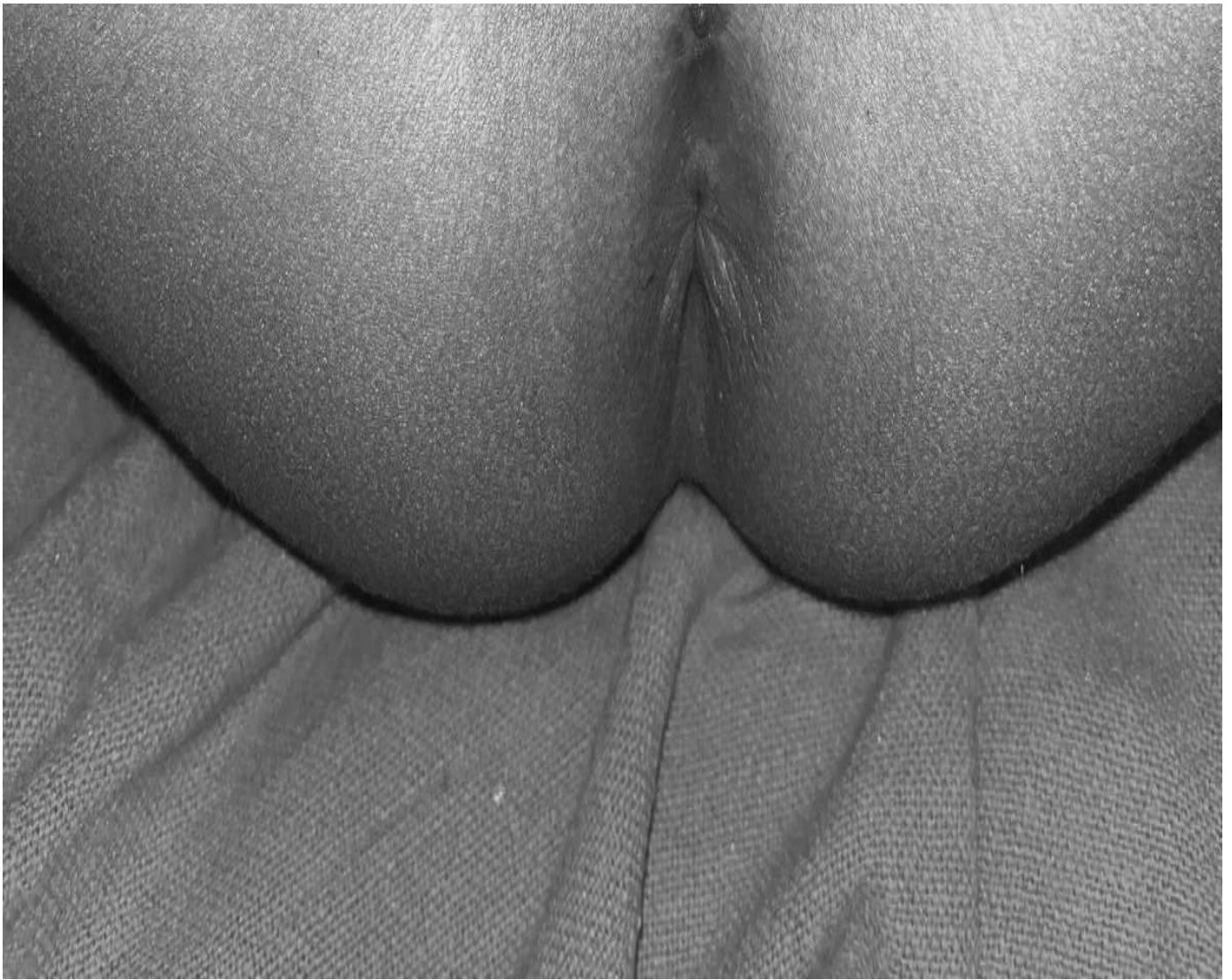


after end to end anastomosis of urethra.

**Post op :**







Wound healed. currently the child is on per urethral catheter (10Fr IFT) and supra pubic catheter (12 Fr). Plan to do 3weekly cystoscopy and assess.

**Attachments:**

File: [CGR\\_peds\\_surgery.docx](#) Size: 7595k Content Type: application/vnd.openxmlformats-officedocument.wordprocessingml.document

