

From: "ROOT" <root@sctimst.ac.in>
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Date: 11/08/2025 08:59 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Aug 11, 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=m5e04112eb6f9a67fb6579fd3f0d71a41>

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

Meeting number: 2519 776 7366

Meeting password: 110825

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

Student CPC (11.08.2025)

Department of Radiation Oncology

Patient Age/Gender: 3.5 years/M	Clinician in-charge: Dr Sweety Gupta	Radiology discussant: Dr Ajit (JR)
Residence: Rampur, UP	Clinical discussant: Dr Harpreet Kaur (JR)	Pathology discussant: Dr Omkar (JR)
UHID: 20250018757		Neurosurgery discussant: Dr Prasanna (SR)

Presenting Complaints:- Headache and vomiting since 5 days

History of present illness:

3.5-years male presents with Acute-onset frontal headache, moderate-severe intensity, partially relieved with analgesics, occurring 3–4 times per day (lasting ~1 hour each) with early morning predominance. Associated symptoms include multiple episodes of non-nauseous vomiting (2–3/day) containing food particles. There was no history of visual disturbances, seizures, gait abnormalities, loss of consciousness, focal deficits, fever, neck stiffness, photophobia, nasal discharge, trauma, or abdominal pain.

Past History: No similar history, no h/o any comorbidities

Birth history: Full term NVD, 2.7kg weight, First born child

Development history: Achieved age specific milestones appropriately

Immunization History: Fully immunized till date according to NIS

Nutrition History: Adequate calories and protein intake till date

Family History: nothing significant

General examination:

Pulse Rate-62/min

Blood Pressure- 108/72mm Hg

Respiratory rate- 18/min

SpO₂-99 % on room air

No pallor, icterus, clubbing, cyanosis, pedal edema or lymphadenopathy

Local examination: Examination revealed lethargic child with inconsolable cry with GCS: E2V3M5 (10/15), with normal head circumference, symmetric motor function, extensor plantar responses, and no cerebellar signs

Systemic examination

- . RS- Bilateral normal vesicular breath sounds heard
- . CVS- S1/2 heard, no murmur
- . Per Abdomen- Soft, non-tender, no rigidity
- . No spine /bony tenderness present

Investigations:

- . Hb -10.8 g/dl
- . TLC - 8.66/mm³
- . KFT - WNL
- . LFT - WNL

NCCT Head (13.02.25): left cerebellar mass with obstructive hydrocephalus

CE-MRI-15.02.2025: Large heterogenous mass in the left cerebellar hemisphere with moderate perifocal edema & mass effect. Heterogenous contrast enhancement with persistent hydrocephalus (shunt in situ)

Treatment: 3.5-year child presented with acute-onset frontal headache, projectile vomiting, and lethargy. NCCT brain showed a left cerebellar mass with obstructive hydrocephalus, for which emergency VP shunting was done. CE-MRI brain revealed a large heterogenous left cerebellar mass with edema, mass effect, and persistent hydrocephalus (shunt in situ). The child underwent surgery and further management based on histopathology.