From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 13/10/2025 12:04 PM
Subject: Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Oct 12, 2025, 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/aiimsrishikesh/j.php?MTID=m5e4f4ac151360a580b47f296924e08b9
Monday, Oct 12, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2519 958 6459
Meeting password: 121025

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

Summary: A Rare Abdominal Lump in a child – Diagnostic dilemma

DEPARTMENT OF PAEDIATRIC SURGERY

T NAME: Master R	AGE/GENDER: 2 YEARS/MALE	ADDRESS: Rampur , UTTAR PRADESH
JNIT=PAEDIATRIC RY		
		CONSULTANTS: DR INTEZAR AHMED

CHIEF COMPLAINTS-

- Abdominal lump x 2 years
- Failure to thrive x 2 years
- Abdominal pain x 1 year
- Feed intolerance x 1 year
- Fever x 15 days
- Laboured breathing x 7 days

History of Presenting Illness:

- Child was apparently well 2 years back, Since 2 month of age started developing swelling in upper abdomen, which was insidious in onset, progressively increasing in size.
- Initially it was not associated with pain, since 6 month of age dull aching pain continuous, relieved on its own, no aggravating or relieving factors
- H/o blackish discolouration of stool for 5 days
- Child had poor intake since 1 year and not able to tolerate adequate feed

- Easy fatigability and lethargy x 1 year associated with generalised paleness of body
- Fever x 15 days
  - Undocumented, low grade, on and off
  - Not associated with chills, rigor, rashes
  - Relieved on oral medication
- Laboured breathing x 7 days, Difficulty in breathing , increased respiratory efforts.
- Failure to thrive x 2 years, not able to gain weight and height as per age
- No h/o jaundice, constipation, urinary complaints, weight loss

Development History – No h/o of delay in milestone

Family history – no significant history

Belongs to Low socioeconomic status

Antenatal history

- No significant antenatal history

BIRTH HISTORY

- 2^{nd} born, Term child, NVD, 3.1 kg hospital born (1^{st} child was female 4y)
- CIAB, Passed urine and stool with in 24 hours
- No history of NICU stay

Postnatal

- Breast fed …..since 2 month of age he starting having excessive regurgitation of feed milk and upper abdominal distention
- History of blood clots in vomitus at 5 month of age
- Immunised as per age
- No Delay in development milestone

<u>Past-Treatment History</u>

- Child was admitted twice in 2023 and 2024 due to severe anemia and transfused twice PRBC by paediatrician in private hospital
- No significant long term drug intake history

<u>GENERAL AND PHYSICAL EXAMINATION</u>

No Dysmorphic Facies, Normal Body habitus

Child appears malnourished, lethargic with laboured breathing, periphery were cold on touch

Body weight – 8.8 kg, Severely underweight

Height – 82 cm, Severe stunting

Weight for height – Severe Wasting

Chronically malnourished

Vitals

- BP – 101/60 mmhg with in 50^{th} to 90^{th} centile
- Tachycardia – 156 bpm, (bounding high volume)
- Tachypnea - 44 per minute

Severe generalised pallor

No icterus, cyanosis, clubbing, LAN

Abdominal Examination –

Inspection

- Upper abdominal fullness more toward left half of abdomen
- Superficial dilated vein were visible
- Right MCL till Left MAL and xyphoid to 2 cm above umbilicus
- Umbilicus shifted downward

Palpation

- Normal temperature on touch
- Non tender
- Firm in consistency
- Smooth surface
- Ill defined margins
- Rt MCL to Lt MAL, horizontal dimension – 15 cm
- Vertically, from Subxyphoid till 2 cm above umbilicus
- Intraperitoneal, Non Ballotable, Bimanually palpable
- Not able to insinuate finger below left subcostal margin
- No hepatomegaly
- No shifting dullness, fluid thrill
- Hernial sites were normal
- Bilateral testis descended

Auscultation – no significant finding

Percussion – dull on percussion

DIFFERENTIAL DIAGNOSIS

- Left hydronephrosis
- Left Wilms tumor
- Liver tumor
- Liver Hydatid cyst
- Neuroblastoma
- Retroperitoneal tumor
- Splenic Cyst
- Gastric duplication

INVESTIGATIONS RECORD

	18/8/25	19/825	20/8/2525	23/8/2508/25	26/8/258/25
Hb	3.1	5.0	6.2	9.9	11.1
TLC	14.4k	11.24k	8.6k	7.3k	15.2k
Platlet	5.63	3.6 lakh	3.1 lakh	3.5 lakh	2.5 lakh
Urea / creat	22/0.19				
NA / K	130/4.4				
S.ca	8.1				
SGOT/SGPT	10/17				
TP/ALB	6.9/2				
DAT / IAT	Normal				

Reticulocyte	7.04%				
Iron / Ferritin	26/42				
Crph	86				

CECT Triple phase Abdomen and thorax (23rd Aug 2025)

Abdomen

- A large heterogeneously enhancing solid cystic lesion is seen in left Hypochondrium measuring 9.5x6.7x9.1 cm with internal areas of fat attenuation and calcification
- Ill defined fat planes with greater curvature of stomach
- Posteriorly displacing pancreas and small bowel loops inferiorly
- Right laterally it is having mass effect on left lobe of liver
- Posteriorly it is abutting splenic artery with maintained contrast opacification
- Liver is enlarged 13.8 cm

Thorax

- Multiple subcentimetric to enlarged mediastinal and right hilar lymph node are seen, largest measuring 1.1 cm in subcarinal station with peripheral calcification

Impression

- Heterogenously enhancing intraperitoneal lesion in left hypochondrium with relations and extent as described – likely Teratoma

Lap converted to open gastric teratoma excision 26/8/25

- 8x8x10 cm solid cystic mass.
- Mass was arising from anterior wall of stomach, extending in lumen and surrounding structure
- Dense adhesion present with spleen, left lobe of liver, stomach, transverse colon and diaphragm
- Foul smelling, pus present in the lesion
- Anterior wall of stomach excised and gastroplasty done

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