From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 14/07/2025 08:04 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **July 14, 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=m3322f525cc2568ad19d7dcc6ff230bd3Monday, July 14, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2514 865 4063
Meeting password: 140725

The Clinical handout of the case to be discussed is attached herewith.

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

DIAGNOSTIC DILEMMA OF MULTIPLE LIVER CYSTS WITH IHBRD

DEPARTMENT OF SURGICAL GASTROENTEROLOGY

NAME: XXX	**AGE/GENDER:** **60 YRS/FEMALE**	**ADDRESS: MANOHARPUR,MORADABAD, UP**
IT= **L GASTROENTEROLOGY**		
24	**DOS-19.11.24**	**DOD-25.11.24**
ANTS: Dr. Lokesh Arora, **Dr. Sunita Suman**		**Clinical discussant-Dr Minakshi Dhar**

CHIEF COMPLAINTS-

- Right upper quadrant pain on and off x 2 years

BRIEF HISTORY:

- Right upper abdomen pain since 2 years, on and off, mild in intensity, dull aching type, not radiating to back ,lasting for 2 hrs and resolved on oral analgesics
- No history of nausea/vomiting
- No history of Jaundice /Pruritis
- No history of hematemesis/malena/bleeding per rectum
- No history of loose stool
- No history of loss of appetite or unintentional weight loss
- No similar episodes in the past
- No addictions
- Type-2 diabetes mellitus for last 2 years on irregular medication
- Systemic hypertension for last 2 years on irregular medication
- H/O Transvaginal Hysterectomy 15 years back ?Leiomyoma

GENERAL AND PHYSICAL EXAMINATION

Conscious, Co-operative, Oriented to Time, Place And Person.

No Pallor, Icterus , Cyanosis, Clubbing, Pedal edema, or lymphadenopathy

Moderately built and well nourished , BMI: 27.45kg/m2

Performance status: WHO PS1

No signs of dehydration

Vitals:

PR-70/min RR-16/min; BP- 140/90 mmHg

SYSTEMIC EXAMINATION

ABDOMEN –

Inspection:

Abdomen is flat, umbilicus is central in position, inverted

All quadrants moving equally with respiration

No sinuses/peristalsis/skin nodule/engorged veins

Hernial orifices: no visible cough impulse

Palpation:

Right hypochondrial tenderness present, rest abdomen soft

Liver or spleen not palpable, no other palpable mass

Hernial site : no palpable cough impulse

Auscultation:

Normal bowel sounds

DRE: Perianal skin: normal, normal mucosa and sphincter tone , no palpable growth

CNS- speech, cranial nerves & higher mental function intact

CVS - S1 S2 heard, no added sounds.

RESPIRATORY – B/L chest clear, no added sounds

INVESTIGATION RECORD:

Date	14/11/24	20/11/24 **POD1**	22/11/24 **POD3**	24/11/24 **POD5**
Hb	9.9	8.4	7.247	9.2
TLC	9.3	11.32	7.86	10.75
Platelets	154	145	169	258
PT/INR	15.7/1.37	15.7/1.37		
Bilirubin (T/D)	0.6/0.1	0.75/0.37	0.3/0.2	0.69/0.29
SGOT	91	569	101	120
SGPT	77	411	175	168
ALP	112	64	93	223
T. Protein	6	3.9	4	5
Albumin	3.6	2.7	2.4	2.9
Globulin				
Urea/Creat	41/1.06	31/0.9		13/0.65
Na/K	135/4.3	132/3.8	133/3.7	135/3.3
HIV/HBV/HCV	NR			
CEA	1.67			
CA19.9	16.2			

USG ABDOMEN (25/01/23) (Elsewhere)	**Liver:** Enlarged in size measuring 17cm and shows increased parenchymal echotexture with smooth outline Multiple anechoic cystic spaces/channels are seen in left lobe of liver, Largest cyst in segment V of approximate size 6.0x4.5 cm. **C.B.D**. & portal vein are normal in calibre Gall bladder : distended and lumen echo free Pancreas & spleen are normal in shape, size and echo pattern No evidence of free fluid in peritoneal cavity IMPRESSION: Hepatomegaly associated with fatty changes & multiple anechoic cystic spaces or channels in left lobe of liver? dilated intrahepatic left biliary radicles? liver cysts
MRCP 22/3/24	A large wall defined unilocular thin walled cystic lesion is seen in the right lobe of the liver predominantly involving segment V of liver with Ti hypointense, T2 hyperintense signal. It measures 6.7x7.3x11.3 cmNo internal septations within. No areas of diffusion restriction seen. No solid component/perilesional edemalsurrounding liver parenchymal signal alteration seen, Biliary duct of segment V is communicating with this lesion. Inferiorly it is reaching up to the subcapsular location. it is abutting gall bladder with maintained fat planes Anteriorly, it is abutting anterior abdominal wall with maintained fat planes Gross fusiform dilatation of intrahepatic biliary radicles in left lobe of liver with abrupt cut off near hilum in LHD likely stricture in LHD. Maximum diameter of LHD in axial plane 4.2 cms. T2 hypointense debris noted in dependent portions of the dilated ducts. No enhancing soft tissues thickening noted at the point of cut off in LHD/hilum. No abnormal enhancement along the walls the dilated left sided cholangitis. LPV is compressed and stretched by the dilated IHBR. * Liver is enlarged and measuring-21.5 cm. Tiny wet defined 12 hyperintense cyst in segment VII of liver benign The gall bladder is and distended No defect noted. There is no wall thickening or pericholecystic. Quid collection. The cystic duct appears normal The pancreas appears normal Nis focal lesion is seen in the pancreatic parenchyma. The pancreatic duct is normal in size No obvious ling defect is noticed within the duct. The peripancreatic fat planes are normal. The spleen is normal in size and does not reveal army obvious local lesions Both the kidney's are normal in size Tiny 12 hypenntanse cyst in upper pole of right kidney No significant lymphadenopathy detected No ascites detected IMPRESSION Well defined non enhancing fluid attenuation lesion in right lobe of liver communicating with segmental biliary duct as described-Likely biliary cystadenoma. fusiform dilatation of intrahepatić biliary radicles in left lobe of liver with abrupt cut off near hitum in LHD with associated mild sludge likely due to stricture in LHD.
Cect triple phase 13/11/24	Centriacinar emphysematous changes are seen in bilateral lungs with background mosaic attenuation Few well defined soft tissue density nodules are seen in lateral segment of right middle lobe, postero basal segment of right lower lobe largest measuring ~6x7 mm in lateral segment of right middle lobe with adjacent fibrotic band likely fibrotic nodule. Another tiny soft tissue nodule seen in superior segment of right lower lobe-benign

	Few pleura parenchymal bands are seen in bilateral lung apices No bilateral pleural effusion noted. The anatomical configuration of the structures in the mediastinum and both hila appear normal. Trachea and mainstem bronchi appear normal. No lymphadenopathy is seen. Both diaphragms are normal. Visualised upper abdominal structures do not show any significant abnormality. Visualised vertebrae do not show any focal lytic/sclerotic lesion. ABDOMEN The liver is enlarged (18.8 cm)in size. There is mild fissural widening with lobulated contour of liver. A well defined non enhancing hypodense cystic lesion measuring -8x7.8x10.1 (TRXAPXCC) cm is seen involving segment V, VIII of liver. No adjacent edema in liver parenchyma... It is abutting Right main portal vein and its anterior branch with maintained fat planes. Posteriorly it is focally abutting the right hepatic artery with maintained contrast opacification Inferomedially it is abutting gall bladder. Anteriorly it is reaching upto anterior abdominal wall with maintained fat planes. Abrupt cut off of LHD is seen at porta just proximal to the primary confluence -likely stricture with upstream Left sided moderate central and peripheral IHBRD .LHD measures -24 mm. No enhancing thickening seen along LHD, CHD, CBD. * The common bile duct and CHD are not dilated. Right sided biliary system is not dilated The gall bladder is normal and reveals no intrinsic abnormality. Wall thickness appears normal. No pericholecystic collection noted. The pancreas is normal in size and shape. No focal lesion is seen within it. The peripancreatic fat-planes are normal. Pancreatic duct is not dilated. The spleen is normal in size and does not show any focal abnormality. Both the adrenal glands are normal. Both kidneys are normal in size and shape. No focal lesion or calculus is seen within them. No hydronephrosis or hydroureter noted bilaterally. There is no ascites. Oesophago gastric junction normal. Note made of a diverticulum arising from Dz segment of duodenum measuring-1.4x1.6 lleocecal junction is normal. cm Duodeno jejunal junction appears normal. Visualised small and large bowel loops do not show any obvious mass lesion or wall thickening Urinary bladder is partially distended. Visualised major abdominal vessels do not show any significant abnormality. Visualised vertebrae show diffuse osteopenic changes with mild degenerative changes IMPRESSION: Hypodense lesion in right lobe of liver - biliary cystadenoma Left sided moderate IHBRD with cut off of LHD at hilum - likely benign stricture
Procedure **(19.11.24)**	**Left Hepatectomy with Right Hepatic Cyst Enucleation under GA+ EA**
Intra-op Findings- **(19.11.24)**	**Liver surface normal** **Right lobe cyst of size 10 x 10 cm having communication with segement 5 duct which was tied- Fluid aspirate color- clear** **Segment 3 cyst seen on surface of left liver- Fluid aspirate color – bile tinged**

Outcome (On 6 months follow up)	**Patient doing well** **Tolerating normal diet with regular bowel bladder habit** **No loss of appetite** **No loss of weight**

Attachments:

File: CPC -SGE-14.07.25.docx	Size: 67k	Content Type: application/vnd.openxmlformats-officedocument.wordprocessingml.document