From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 14/10/2024 08:43 AM
Subject: Student CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sun, 13 Oct 2024 16:32:59 +0530
Subject: [EXTERNAL MAIL] Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **Oct 14, 2024** 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=meb9a87b3679de5f36020a981288bca7d Monday, Oct 14, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2513 209 1351

Meeting password: 141024

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

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CPC Clinical Summary (12 OCTOBER 2024)

Pt. Age/sex: 11month/F	Clinician-in-Charge: Dr.Jitender Chaturvedi	
Dept : Neurosurgery	Date of admission: 25.7.24 Date of Surgery: 9.8.24	Pathology Discussant:Dr. Omkar Radiology Discussant: Dr. Samanyu

Chief Complaints:

H/o weakness of both lower limbs since 1 month.

C/o difficulty passing urine and stools since 1 month

History of present illness:

1st born child, NVD, institutional delivery, birth weight 3.4kg, no NICU stay, cried immediately after birth.

C/o inability to pass urine for 6-8 hours with difficulty in passingstools 1 month back for which she was taken to a local hospital Bareilly and was given symptomatic treatment.

Patient was initially able to walk with support and now having decreased spontaneous movements of both lower limbs, with patient now being able to sit without support but unable to walk.

Past medical history: No previous significant medical history

Past surgical History: No previous surgical history

Antenatal history: history of fever for mother 1-2 days before delivery, took calcium, folate, iron supplements in 1st, 2nd trimester.

Family history: No significant family history

Personal history: Homemaker, normal sleep, no addiction or allergy

Developmental history:

Fine motor- able to hold objects with hand, pincer grasp, unidextrous grasp.

Gross motor – able to sit without support, move bilateral lower limb occasionally.

Social – recognizes mother, stranger anxiety present.

Language – monosyllable sounds

Immunisation history – immunized as per schedule

General Physical examination: alert, playful

Pallor: absent; Icterus: Absent; Cyanosis: Absent; Clubbing: Absent Lymphadenopathy: Absent

Systemic Examination:

RS: Trachea central, bilateral air entry present, no adventitious sounds

CVS: JVP normal, S1 S2 heard, no murmurs

P/A: Soft, non-tender, no palpable organomegaly

CNS:

GCS- E4VcryMspontaneous

Pupils – Bilateral 2.5mm, RTL

Tone – decreased in bilateral lower limbs

Power – decreased bilateral lower limb spontaneous movements with 1/5 to touch stimuli.

Local examination: no neurocutaneous markers, no deformity, no tuft of hair, lipoma, sinus tract or swelling.

Investigations:

Date	**23.7.24**	**10.8.24**
Hemoglobin (g/dL)	9.9	10.5
TLC (thousand per cumm)	11.3	15.17
Platelets (thousand/cumm)	602	342
PT INR	10.2/0.88	
Blood Urea (mg/dL)	17	14
S. Creatinine (mg/dL)	0.51	0.38
S. Sodium (mmol/L)	140	143
S. Potassium (mmol/L)	4.7	3.77

Total Bilirubin	0.7	
Direct Bilirubin	0.1	
S.G.P.T. (U/L)	107	
S.G.O.T. (U/L)	90	
ALP (U/L)	34	
S. Total Protein (g/dL)	5.4	
S. Albumin (g/dL)	3.6	

CEMRI DORSOLUMBAR SPINE WITH WHOLE SPINE SCREENING (30/7/24):

IMPRESSION:

A well defined T 1 hyperintense T2/STIR heterogeneously hyperintense intradural extramedullary dumb bell shaped lesion is seen in the right half of spinal canal extending from D11-D12 to L1-2 IVD levels and measuring 1.2*1*2.5cms is showing avid post contrast enhancement. Mild diffusion restriction seen.

It is seen extending laterally from right neural foramina at D12-L1 and L1-2 IVD levels forming a lesion of size 2.1*1.4*3.1cms and elevating right crus of diaphragm and abutting the superior and interpolar region of right kidney.

The lesion is also protruding into the right D11-12 neural foramina. Lesion is extending posterolaterally elevating the right erector spinae muscles.

Medially, the lesion is displacing and compressing the conus medullaris and cauda equina nerve roots towards the left side with severe spinal canal stenosis. Resultant thecal sac diameter measures 8.4*6.6mm. mild T2/STIR hyperintense signal intensity is noted in the conus medullaris (compressive myelopathy).

Impression : well defined T1 hypointense T2/STIR hetrogenously hyperintense intradural extramedullary dumb bell shaped lesionin the right half of spinal canal extending from D11-D12 to L1-2 IVD levels with extension and relation as described- likely peripheral nerve sheath tumour (Schwannoma/Neurofibroma)

Intraoperative findings (9.8.24):

- Right supra umbilical transverse incision given, deepened.

- Hepatic flexure of colon retracted medially, minimal kocherisation of duodenum done, right kidney exposed within Gerota's fascia.
- Gerota's fascia reflected medially and renal hilum visualised, tumor not visualised from anterior aspect.
- Right kidney reflected and intraop findings noted.
- Right psoas muscle dissected to approach the tumour using blunt and sharp dissection.
- Tumour shaved off from next to the vertebral bodies (major part) and removed piece meal from next to the neural foramina along with the overlying psoas muscle belly.
- Skin closed in layers.

- Patient turned prone and midline vertical incision made.
- Dura was tense, tumour bulge noted and fungating near D11 dura.
- Tumour capsule separated from the thecal sac, which was coagulated and opened.
- Underlying tumour was adherent with the dura and over the D11 nerve root and foramen walls.
- D11 nerve root (right) was coagulated and sacrificed.
- Intracapsular resection of the tumour was done, both the intradural and foraminal part of the capsule was resected and part of it in foramen was left behind.

Postoperative course:

- She was extubated and shifted to PICU and then patient had subjective improvement in power of bilateral lower limbs, moving actively against gravity.
- Rest of the stay was uneventful.