**From:** "ROOT" <root@sctimst.ac.in>
**To:** "ROOT" <root@sctimst.ac.in>
**Date:** 15/04/2024 07:42 AM
**Subject:** Invitation for CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sun, 14 Apr 2024 19:51:56 +0530
Subject: [EXTERNAL MAIL] Invitation for CPC

**Greetings from AIIMS, Rishikesh !!**

The next student CPC will be held on the **15th April, 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=m4246989963d284b4f6761c3d5ebd5956

Meeting number:

2515 270 4261

Meeting password:

150424

Thanks & Regards

Regional Resource Centre

Dept of Telemedicine

AIIMS Rishikesh

# Summary- A RARE SPACE OCCUPYING LESION (SOL) OF LIVER

**DEPARTMENT OF SURGICAL GASTROENTEROLOGY**

| | | |
|---|---|---|
| NAME: XXX | AGE/GENDER:<br>34 YEARS/MALE | ADDRESS: Darmola, uttarakhand |
| NIT= G I SURGERY | | |
| | | CONSULTANTS: Dr. Nirjhar Raj ,<br>Dr. Lokesh Arora,<br>Dr. Sunita Suman |

**CHIEF COMPLAINTS-**

- Fever since 3 months
- Right upper abdomen pain for 2 months

**BRIEF HISTORY:**

- Diagnosed as liver abscess & referred from outside hospital for further management.
- Intermittent fever spikes associated with dull aching right upper abdominal pain requiring multiple oral analgesics.
- No similar episodes in the past.
- No history of loose stools / trauma/ previous surgeries

**GENERAL AND PHYSICAL EXAMINATION**

Consciousness: patient is conscious, cooperative and well oriented to time place & person.

- PR-96 bpm, regular
- BP- 110 /76mm hg
- RR- 16/min
- Spo2- 98% at room air

**SYSTEMIC EXAMINATION**

**ABDOMEN –**

Inspection - Umbilicus is central, all quadrants move equally with respiration, no scars or sinuses.

Palpation - soft, nontender, no hepato-splenomegaly, no free fluid &

Auscultation - normal bowel sounds

**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:**

| INVESTIGATION | 14/12/23 |
|---|---|
| HB | 11.1 |
| TLC | 13.96 (eosinophils – 30%) |
| | |

| | |
|---|---|
| PLATELET COUNT | 2.7 LAKH |
| PT/INR | 12.1/1.15 |
| HIV/HBSAG/HCV | NON-REACTIVE |
| BLOOD UREA (MG/DL) | 24 |
| S. CREATININE (MG/DL) | 0.83 |
| S. SODIUM (MMOL/L) | 139 |
| S. POTASSIUM (MMOL/L) | 4.5 |
| TOTAL BILIRUBIN | 0.52 |
| DIRECT BILIRUBIN | 0.14 |
| S.G.P.T. (U/L) | 43 |
| S.G.O.T. (U/L) | 21 |
| ALP (U/L) | 328 |
| GGT ( U/L) | 183 |
| S. TOTAL PROTEIN (G/DL) | 7.6 |
| S. ALBUMIN (G/DL) | 3.5 |

| | |
|---|---|
| **CECT**<br>**18/11/23** | Large, lobulated, ill-defined round to oval lesion measuring 6.9 x 4.9 x 7.3 cm in the right lobe of the liver, spanning Segments VI and VII with arterial phase enhancement with washout in Porto venous phase and peripheral enhancing capsule in delayed phase- **1. Hepatic adenoma 2. FNH 3. Fibrolamellar HCC.** |
| **CEMRI**<br>**30/11/23** | A well-defined arterial phase hyper enhancing lesion with washout on subsequent phases in right lobe of Liver as mentioned, **Possibility of hepatocellular carcinoma/FNH** |
| **USG**<br>**14/12/23** | A well-defined hypoechoic lesion of size 6.1 x 4.8 x 6 cms is seen in segment VI, VII of liver with internal vascularity |
| **PETCT**<br>**24/01/24** | FDG avid ill-defined heterogeneously enhancing hypodense lesion in segment VII/VI of liver; 3.4 cm x 3.1 cm x 6.6 cm; suspicious mitotic lesion |
| **Liver SOL – (outside) biopsy**<br>**19/12/23** | **malignant mesenchymal tumor with spindle cells and hyperchromatic cells with eosinophilic cytoplasm** |
| **UGIE**<br>**22/12/23** | Normal study till D2 |
| **Liver SOL – biopsy**<br>**26/12/23** | 1. **Inflammatory Myo fibroblastic tumor**<br>2. **Intermediate grade vascular malformation** |
| | |

| | |
|---|---|
| **COURSE DURING HOSPITAL STAY** | patient admitted with above mentioned complaints. Imaging was discussed in gastro radio meet regarding nature of lesion & possibility of malignant etiology. In the course the patient had fever spikes with eosinophilic leukocytosis. Hematology opinion taken- suspected eosinophilic variant of CML, PERIPHERAL BCR – ABL test negative. Was on antibiotic for fever spikes empirically. No source identified for fever. Fever subsided gradually.<br><br>Liver biopsy report (outside) – malignant mesenchymal tumor with spindle cells and hyperchromatic cells with eosinophilic cytoplasm.<br><br>PET CT - FDG avid ill-defined heterogeneously enhancing hypodense lesion in segment VII/VI of liver; 3.4 cm x 3.1 cm x 6.6 cm; suspicious mitotic lesion. (size of lesion reduced compared to previous imaging)<br><br>patient was prepared for surgery and operated for **Robotic right posterior sectionectomy (RHV resecting).** Post operatively patient was managed with iv antibiotics and analgesics. Drain removed on POD 5 & discharged in hemodynamically stable condition on POD7. |
| **Final HPE report** | S-760/24 - features are in favor of reactive inflammatory lesion however in view of large RS like cells a possibility of Hodgkin's lymphoma has to be ruled out |

**Attachments:**

| | | |
|---|---|---|
| File: CPC 15-04-24.docx | Size: 61k | Content Type: application/vnd.openxmlformats-officedocument.wordprocessingml.document |