From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 17/03/2025 11:51 AM
Subject: Student CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sat, 15 Mar 2025 17:12:18 +0530
Subject: [EXTERNAL MAIL] Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **March 17, 2025** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM.**

You can also join online through the following Webex link:
, in CPD Hall, AIIMS Rishikesh,
Meeting link:
https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=mf4b8c0b79504cbb545c5529efabe3b53

Monday, March 17, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2515 418 0743
Meeting password: 150325

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

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Student CPC Presentation

Date: 17.03.2025

Presenter: Dr. Vivek Sanjekar

Supervisor: Prof. Amit Gupta

Patient Name: Mr ABC	Age/Sex: 62 years / M	Clinician in-charge: Dr. Amit Gupta
Residence: Kotdwar	UHID: 20240150936	Clinical discussant : Dr Vivek Sanjekar Radiology discussant: Dr Samanyu Pathology discussant: Dr Shridevi
Ward: Surgical Oncology		
DOA: 22/10/2024	DOS:11/11/2024	DOD:27/11/2024

Clinical History

The patient is a 62-year-old male from Kotdwar, Uttarakhand, who presented with a 3-month history of intermittent fever, loss of appetite, and significant unintentional weight loss (8-10 kg). He has a past medical history of Type 2 Diabetes Mellitus (T2DM), hypertension, and hypothyroidism. His surgical history includes multiple surgical procedures done in the past. Notably, there was no history of jaundice, abdominal pain, or other gastrointestinal symptoms.

Physical Examination

Systemic examination revealed a soft, non-tender abdomen with no organomegaly or signs of ascites. The central nervous system (CNS), respiratory system (RS), and cardiovascular system (CVS) examinations were unremarkable.

Investigations

Laboratory tests revealed elevated CA19-9 levels (137.4 U/ml), deranged liver function tests (ALP: 827 U/L, GGT: 500 U/L), and anemia (Hb: 8.3 g/dl). Imaging studies included an ultrasound abdomen, which showed a dilated common bile duct (CBD) of 17 mm with echogenic content in the distal CBD. Contrast-enhanced computed tomography (CECT) of the abdomen confirmed a heterogeneously enhancing lesion (1.5 x 1.8 cm) in the distal CBD. There was no evidence of distant metastasis. Based on the clinical presentation, laboratory findings, and imaging studies, the patient was diagnosed with biliary tract malignancy. Pre-operatively, the tumor was staged as II-B (cT2N1M0), but intra-operatively, it was upgraded to Stage III (cT4N1M0) due to portal vein invasion.

Management

The patient underwent Whipple's pancreaticoduodenectomy with longitudinal portal venorrhaphy. Intra-operative findings included tumor infiltration of the main portal vein and periportal lymphadenopathy. The post-operative course was complicated by a biochemical pancreaticojejunal (PJ) leak and surgical site infection (SSI), both of which were managed conservatively. The patient was discharged in stable condition on post-operative day 15.

Histopathology examination corroborated the preoperative diagnosis.