

**From:** "ROOT" <root@sctimst.ac.in>  
**To:** "ROOT" <root@sctimst.ac.in>  
**Date:** 17/11/2025 07:47 AM  
**Subject:** Fwd: [EXTERNAL MAIL] Student CPC

---

**Greetings from AIIMS, Rishikesh!!**

The next student CPC is scheduled on **Nov 17, 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=ma8226fa14192db5ac8dd9f37761907b2>

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

Meeting number: 2512 096 5671

Meeting password: 17112025

*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 of Student CPC Presentation

Date: 17.11.2025

Presenter: Dr. Sushmita Supriya

Supervisor: Dr Kalyani Sridharan

Patient Name: Mrs. S	Age/Sex:  53 years / F	Clinician in-charge:  Dr Kalyani Sridharan  Dr Pragya Gupta
Residence: Moradabad, UP	UHID: 20240153611	Clinical discussant:  Dr Sushmita Supriya  Dr Aman Bansal  Radiology discussant: Dr Ekakshi  Pathology discussant: Dr Versha
Ward: Endocrinology / Surgical Gastroenterology		Clinical History:  53 year old female with a history of
DOA: 18.06.2025	DOS: 29.07.2025	
		DOD: 24.08.2025

recurrent loss of consciousness and abnormal body movements since 2 ½ years with documented multiple episodes of hypoglycemia was admitted for evaluation.

### Physical Examination

- General: Conscious, BMI 29.2 kg/m<sup>2</sup>. Vitals stable. Mild pallor without icterus, clubbing, cyanosis, edema or lymphadenopathy.
- Abdomen: soft, non tender, no organomegaly
- Systemic: RS, CVS normal.
- CNS : no focal deficit, MMSE 13/30

### Investigations

- Hb - 10.2 g/dl, TLC - 6.93/mm<sup>3</sup>, KFT - Urea / Creatinine – 19/0.6 LFT – WNL,.
- Critical sample - CBG - 44, RBG - 34, fasting c peptide - 8.81 ng/ml, fasting insulin - 28.1 mU/l, beta hydroxybutyrate - 0.02 nmol / L
- Serum cortisol - 12.6, TFT - WNL.
- Viral markers – non-reactive
- **CECT Whole Abdomen (23/06/25 ) - Well defined hypodense lesion with peripherally hyperenhancing wall in tail of pancreas. Possibilities include - 1. cystic NET 2. Other cystic lesion of pancreas**
- **MRI abdomen ( 02/07/25 ) - non enhancing T2 hyperintense lesion in uncinate process of pancreas - infected cyst / pseudocyst, well defined T2 hyperintense lesion in tail of pancreas - pancreatic cyst.**
- **EUS ( 23/07/25) - EUS showed hypoechoic lobulated mass lesion in uncinate process 15 \* 28 mm in dimension with well formed capsule, 3 mm away from MPD and all other major vessels and has internal vascularity. Another thick walled cystic lesion was noted in tail of pancreas and it was 2 cm from splenic hilum ( tip of tail). Cystic lesion has size 9 \* 10 mm and thick walled, anechoic content and it was also away from non dilated MPD.**
- **Management : Open Enucleation of pancreatic uncinate and tail insulinoma was done under GA + EA on 29/07/25**

**Outcome:** Patient was discharged on 24/08/25 and being followed up in OPD, currently euglycemic without OHAs.