From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 18/03/2025 07:44 AM
Subject: Invitation for CGR

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Mon, 17 Mar 2025 22:45:28 +0530
Subject: [EXTERNAL MAIL] Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The CGR will be held on the **March 18, 2025** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM.** You can join online through the following link:

Meeting link:
https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=mec2db2b3ce8c370da1c4c650c927e12c
Tuesday, March 18, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2528 614 6741
Meeting password: 180325

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CLINICAL GRAND ROUNDS

Department of General Surgery, 18th march 2025

Name: Ms x	Age/Sex: 18 /F	• Residence:Moradabad, Uttar Pradesh
UHID: 2024021712		
Case Presenter: **Dr. Dipendra Singh,** **Junior Resident,** **Department of Surgery,** **AIIMS Rishikesh.**	**Consultant in charge-** **Prof Amit Gupta,** **Department of Surgery,** **Incharge of Department of Surgical oncology** **AIIMS Rishikesh.**	

Chief complaints-

- abdominal discomfort and heaviness in right upper quadrant for 6 months
- **Brief History:**

  Th A girl aged 18 years presented to Surgery OPD with complaints of abdominal discomfort and heaviness in right upper quadrant for 6 months, which was insidious in onset, gradually progressive and aggravated after food intake.

  No history of Altered bowel or bladder habits/ Bleeding per rectum/melena

  Abdominal distension

  Steatorrhea/Diarrhea/Polyurea/Polydipsia

  Fever/trauma

  Loss of weight/ Loss of appetite

  jaundice/hemoptysis/shortness of breath

Examination-

General Examination

- Patient was conscious and oriented to time , place and person
- Patient was Thin built and nourished , BMI- 18.3kg/m^2
- Vitals :

  Temp -afebrile.

  PR: 80/min;

  BP: 102/66 mmHg;

  RR: 20/min, Thoracoabdominal breathing

  SPO2- 98 % on room air,
- No Pallor, icterus, clubbing, cyanosis, generalised lymphadenopathy, Edema.
- Head to toe examination - unremarkable

Systemic examination

- CNS: No focal neurological deficit, reflexes intact, power 5/5 in all four limbs, GCS 15/15.

- Respiratory: Bilateral air entry present, NVBS, no added sounds.
- CVS: S1 S2 heard, no murmurs heard.
- Musculoskeletal: No skeletal deformity, no gait abnormality.

Abdominal examination

- Abdomen is non distended
- Umbilicus central and inverted
- All quadrants moving proportionately with respiration.
- Fullness in right hypochondrium and epigastric region, surface of the swelling appears to be smooth, with no overlying skin changes, non mobile on postural changes, not moving with respiration, becomes less prominent on leg raising test
- On abdominal palpation, no local rise of temperature and no tenderness present. A single hard non-tender mass of 10x8 cm size was present in the right hypochondrium and epigastric region, all margins were palpable and finger could be insinuated between superior surface and costal margin. Mass was not moving with respiration.
- On percussion dull note over the lump, tympanic note on rest of abdomen. Shifting dullness was absent.
- On auscultation, bowel sounds heard.
- DRE was unremarkable.

Clinical Diagnosis –

1. **Pancreatic Neuroendocrine Tumor (PNET)**
2. **Liposarcoma**
3. **SPEN**

Investigations-

Parameters	**Values**
Hemoglobin	**9.3 g/dL**
Total leucocyte count	**5.39 k/microlitre**
Differential count	**73/13.4/5.5/7.1/0.4**

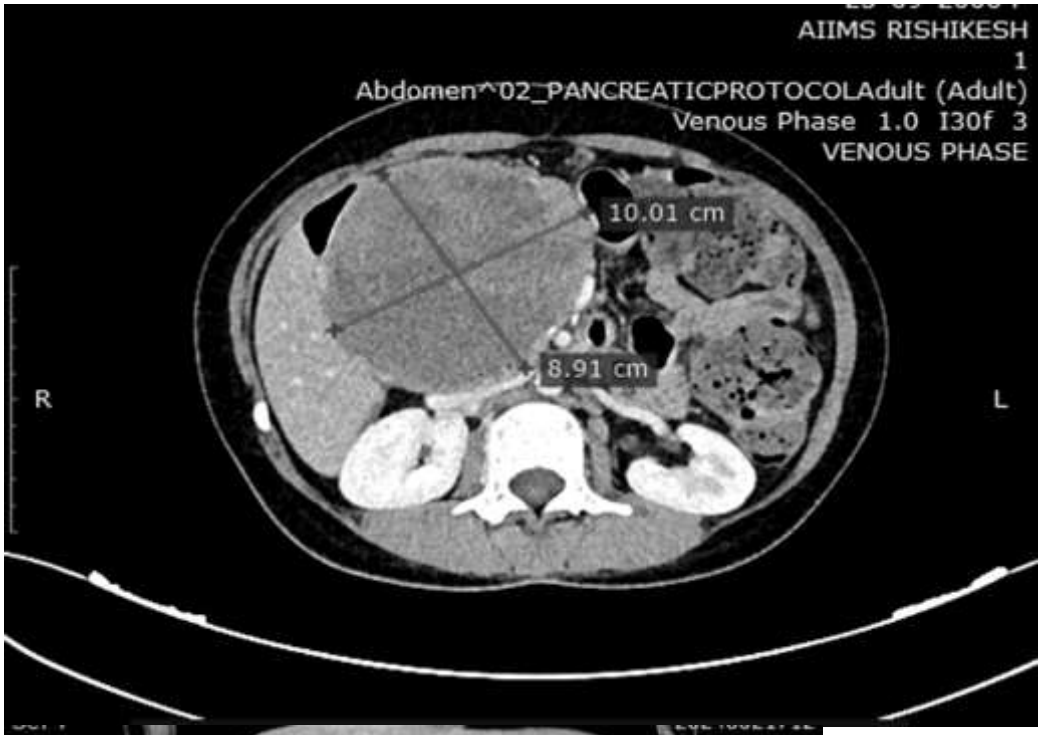
(N/L/M/E/B)	
Platelet count	1.25 lakhs/microlitre
Urea	31 mg/dL
Creatinine	0.68
Sodium	135 mmol/dL
Potassium	4.4 mmol/dL
Calcium	10 mg/dL
Phosphorus	3.3 mg/dL
Uric acid	3.7 mg/dL
Parameters	Values
Total bilirubin	0.87
Direct bilirubin	0.19
SGOT	40
SGPT	29
ALP	109
GGT	27
Total protein	7.7
Albumin	4.4
PT/INR	13/1.12
Viral markers	HbsAg non reactive
	HIV non reactive
	HCV non reactive

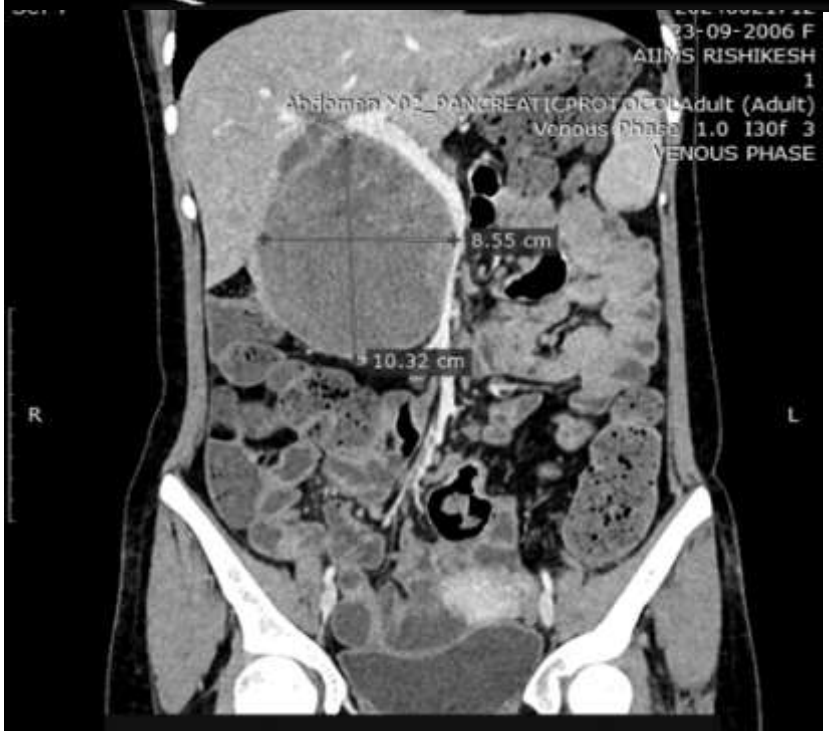
UGI

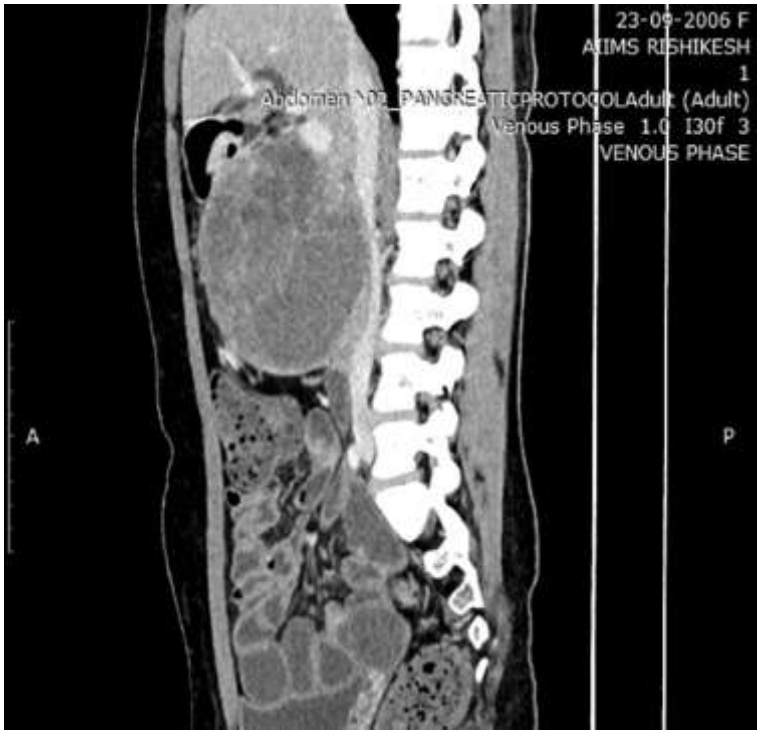
- Extrinsic compression at D2 with luminal narrowing, no growth ulcer or tumor infiltration could be made out macroscopically

CECT Abdomen + Pelvis

- A triple phase contrast enhanced computed tomography of the whole abdomen was suggestive of well-defined large heterogeneously enhancing mass lesion of size ~8.6X9.5X10.6cm. significant seen epicentered in head of pancreas. Few foci of calcification are noted in periphery of lesion. Anteriorly it is abutting the antro-pyloric region for stomach with loss of fat planes. Head and uncinate process are not visualized separately. Body and tail of pancreas show marked atrophy. Superiorly it is abutting gall bladder, right lobe inferior surface of liver. It is causing widening of C loop of duodenum.
- Laterally it is abutting hepatic flexure of colon with focal loss of fat planes. Medially it is displacing SMV and portal vain with mild luminal attenuation and maintained contrast opacification. CHD measures ~1 3cm. Distal CHD and CBD not visualized likely compressed. Mild central and left lobar IHBRD is noted. Posteriorly it is causing focal compression of IVC however contrast opacification is maintained. Multiple subcentimetric gastrohepatic, mesenteric and retroperitoneal nodes are noted largest ◦ measuring ~7.5mm(SAD).


AIIMS RISHIKESH
1
Abdomen^02_PANCREATICPROTOCOLAdult (Adult)
Venous Phase 1.0 I30f 3
VENOUS PHASE
10.01 cm
8.91 cm
R
L


AIIMS RISHIKESH
1
Venous Phase 1.0 I30f 3
VENOUS PHASE
8.55 cm
10.32 cm
R
L



Treatment Procedure

Patient underwent Whipple's Procedure under GA + EA on 21/10/24

Intraop Findings-

A hard mass of 10x12 cm size arising from head and uncinate process of pancreas. Mass is displacing Portal vein and Superior mesenteric vein medially and compressing Inferior venacava posteriorly. Body and tail are atrophic and soft. No gross distant metastasis, no free fluid.

- Rest of the visualised viscera and bowel loops appears to be normal

Histopathology

Histopathological analysis of the excised specimen revealed cell arrangements in sheets, nests, and a pseudopapillary pattern. These cells exhibited eosinophilic cytoplasm, oval nuclei with fine chromatin, and nucleoli grooving, which are characteristic features of SPEN.

- Cellular smears were composed of small to medium-sized cells found as singly, loosely cohesive sheets, and small clusters. The cells had a plasmacytoid appearance with round to oval nuclei, inconspicuous nucleoli, occasional nuclear grooves, and granular cytoplasm. Cell blocks displayed cells with round to oval nuclei and mild anisonucleosis adjacent to amorphous myxoid and hyaline material.
- .

Summary-

18 year Girl, with no known comorbidities, Student presented with 6 months history of abdominal discomfort and heaviness in right upper quadrant without gastrointestinal symptoms.

- On examination a single hard non-tender mass of 10x8 cm size was present in the right hypochondrium and epigastric region, all margins were palpable and finger could be insinuated between superior surface and costal margin. Mass was not moving with respiration.