

**From:** "ROOT" <root@sctimst.ac.in>  
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**Date:** 18/11/2024 08:08 AM  
**Subject:** Student CPC

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From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>  
To:  
Cc: Meenu Singh <meenusingh4@gmail.com>  
Date: Sun, 17 Nov 2024 18:11:00 +0530  
Subject: [EXTERNAL MAIL] Student CPC

**Greetings from AIIMS, Rishikesh !!**

The next student CPC is scheduled on **Nov 18, 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=m1062395336dea8bfa5ce98c3e8444c40>  
Monday, Nov 18, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi  
  
Meeting number: 2512 892 4274  
Meeting password: 181124

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

Thanks & Regards  
Regional Resource Centre  
Dept of Telemedicine  
AIIMS Rishikesh

Age: XXXX		Age-44 years		Gender-female		CR No-20240042626	
11.04.24				DOS: 12.04.24		DOD: 13.04.24	
In-charge- Dr Pradeep Kumar Meena				Clinical Discussant: Dr RohitGupta			
Address:				Haridwar, Uttarakhand			
History-							
Patient presented with complains of Pain over right knee x 2 years and restricted ROM right knee x 6 months							

- Patient was apparently well 2 years back. To start with she developed pain in her right knee which was insidious in onset and gradually progressive in nature, Aggravated by activity and relieves with rest and oral analgesics. Gradually she developed decrease in ROM in her right knee. Currently she is unable to extend her knee fully.
- No h/o significant trauma
- No h/o other joint pain, morning stiffness
- No h/o constitutional symptoms
- TB contact - no
- Past history:
- No known comorbidities
- No previous surgery

### **Examination:**

- **Built: Average built**
  - Height: 155 cm
  - Weight: 57 kg
  - BMI: 23.75 kg/m<sup>2</sup>
- **Systemic Examination:**
  - CNS: Intact Higher mental function, GCS= E4,V5, M6 = 15/15
  - CVS: S1S2, no murmurs
  - R/S: B/L NVBS, No added sounds
  - P/A: Soft, Non-tender, No Organomegaly

### **Muskuloskeletal examination:**

- **Gait:**
  - bipedal unassisted antalgic gait right side
- **Attitude:**
  - B/L ASIS at same level
  - Right Patella and MM - higher than left side
  - Apparent shortening of right lower limb
  - Right hip and knee in flexion
- **Inspection:**
  - Diffuse swelling present over right knee
  - No scar/sinus/ulcer
  - No visible wasting of muscles
  - Active ankle and toe movements present
- **Palpation:**
  - Tenderness - medial aspect of right knee
  - 10° flexion deformity.
  - Patellar mobilization decreased - Right side
  - Palpable crepitus on knee ROM
  - DNVS intact
- **Range of motion:**
  - FFD of 10 deg
- **Measurements:**
  - No true LLD

Date	<b><u>2/3/23</u></b>
<b>Hematology</b>	
Hemoglobin (mg/dL)	11.6
TLC (cells per cumm)	6.79
Platelets (lakhs/cumm)	124
PT INR	1.12
ESR	18
CRPH	1.5

<b>Biochemistry</b>	
Blood Urea (mg/dL)	24
S. Creatinine (mg/dL)	0.62
S. Sodium (mmol/L)	143
S. Potassium (mmol/L)	3.8
Total Bilirubin	0.30
Direct Bilirubin	
S.G.P.T. (U/L)	25
S.G.O.T. (U/L)	14
ALP (U/L)	
S. Total Protein (g/dL)	6.4
S. Albumin (g/dL)	3.3

<b>Viral Markers</b>	
HBsAg	Negative
Anti HCV antibodies	Non-Reactive
Anti HIV antibodies	Non-reactive

<b>Chest X ray</b>	WNL
<b>ECG</b>	WNL
<b>Xray right knee</b>	Mild reduction in joint space, variable sized loose bodies intraarticularly without significant erosion
<b>MRI RIGHT KNEE (10/03/2024)</b>	<ul style="list-style-type: none"> <li>• Joint effusion with distended joint capsule</li> <li>• Numerous similar sized intra-articular loose bodies of variable signal intensity</li> <li>• Some showing intermediate to high intensity that is of cartilage</li> <li>• Others with low signal intensity at the periphery, representing ossifications</li> <li>• No significant degenerative changes</li> </ul>
<b>Intraop finding (12.4.24)</b>	<p>Under universal aseptic precautions, painting and draping done. Antero lateral port was made and arthroscope was introduced followed by anteromedial port under vision through the scope.</p> <p>The hypertrophied synovial tissue was identified along with the calcified and cartilaginous loose bodies which were then removed using electrocautery. Followed by removal of the loose bodies, synovectomy was performed.</p> <p>Intraop range of motion of the knee was checked and full extension along with 110 degrees of flexion was achieved. Wound closed and ASD done.</p>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• On 7 month follow up, patient does not have any restriction in extension and can flex knee upto 100 degrees</li> <li>• The pain is greatly decreased, able to do day to day activities without restriction</li> </ul>