

From: "ROOT" <root@sctimst.ac.in>
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Date: 19/11/2024 08:16 AM
Subject: Invitation for CGR

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To: undisclosed-recipients;;
Date: Mon, 18 Nov 2024 18:13:24 +0530
Subject: [EXTERNAL MAIL] Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The CGR will be held on the **Nov 19, 2024** 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=m4fce5575a0e8305114e88349cfb1839d>
Tuesday, Nov 19, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2514 646 3169

Meeting password: 191124

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CGR- Dept of Medical Gastroenterology

Name: Mr PK(Case 1) Mrs AS (Case 2)	Age/Sex: 42/M (Case 1) 54/F (Case 2)	Clinician in-charge: Dr. Itish Patnaik
Resi: Kalagad (Case 1) Burkot,UK (Case 2)	UHID: 20240025926(Case 1) 20240040672(Case 2)	Clinical discussant: Dr Rahul Yadav (SR) Dr Sahil Gupta (SR)
Ward: Medical gastroenterology (Case 1) Surgical gastroenterology (Case 2)	Moderator in-charge: Dr Rohit Gupta (HOD and Professor)	

Case 1

Presenting Complaints:

- Pain abdomen since 27/2/24
- Abdominal distention since 29/2/24
- Shortness of breath since 29/2/24

HOPH

- 42/M, presented with Pain abdomens since 27/2/24 which was epigastric, continuous, severe, radiating to back, relieved with analgesics
- Abdominal distention since 29/2/24 which was diffuse, symmetric, not associated with orthopnea, pedal edema, decreased urine output or obstipation
- Shortness of breath 29/2/24 which was present at rest, not associated with cough or expectoration
- Nil comorbidities
- **Personal history**
 - Chronic ethanol consumer
 - 60-80 gm/day for last 10 years
 - Last alcohol intake on 25/2/24

Examination-

- GPE- patient conscious, oriented to time ,place and person
- Vitals- BP: 103/70 PR: 100/min
- Pallor present, icterus/ clubbing/lymphadenopathy/edema absent
- Systemic examination:
 - Per abdomen: Distended, Soft, non tender, shifting dullness present with no palpable lump
 - Respiratory system: B/L infrascapular breath sounds reduced
 - CNS and CVS WNL

Investigations and Management - to be discussed

Case 2

Presenting Complaints:

Pain abdomen for 8 months

HOPH

- Pain abdomen for 8months which was epigastric with radiation to back, VAS 4/10 without any nausea and vomiting. Patient was requiring occasional analgesic support. For last two months the intensity of pain abdomen requiring frequent analgesic support. There was also post prandial fullness of abdomen
- There was loss of appetite without significant loss of weight.
- No history of fever, jaundice, vomiting, loose stools, black stools, abdominal distension

Family History : No h/o similar complaints in family

Examination-

- GC: fair
- No pallor/ icterus/ cyanosis/ clubbing/ lymphadenopathy
- PR: 80/min, RR: 14/min, SPO2: 98%, BP:124/78
- P/A: abdomen soft with pain in epigastric region on deep palpation. No organomegaly
- Respiratory: WNL
- CVS : WNL
- CNS- WNL

Investigations and Management - to be discussed