From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 21/04/2025 08:42 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **April 21, 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=mfdfa2309b186fc4b8448ed11f0268410
Monday, April 21, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2514 071 5523
Meeting password: 210425

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

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Student CPC

(Department of Pediatric surgery)

Patient Name: Mr K	**Age/Sex: 16** years/ M	**Clinician in charge:** Dr. Intezar Ahmed/ Dr N K Bhatt
Residence: Udham SinghNagar, Uttarakhand, India	**UHID - 20240105481**	**Clinical discussant (resident):** Dr. Deepak Kumar Garnaik
Ward: Pediatric Surgery		**Pathology discussant :**Dr Saurabh Gautam

Presenting Complaints: -

Abdominal pain X 4 years

History of present illness:

Patient was apparently well 4 years back when he complained of abdominal pain over the epigastric area , insidious on onset, on and off , radiating to back, exacerbated on intake of food and relieved on leaning forward recurring every 2 weeks and each episode lasting for 2-3 days, increasing in frequency and severity since last 2 months. There is also history of decreased appetite and passage of semi solid stools since past 2 months.

No history of weight loss, early satiety, joint pain, haematuria, yellowish discoloration of body, abdominal distension, rashes.

No history of trauma, melena, abnormal body movements.

Past/Treatment /Addiction /drug history :

Past history- : For the above complaints he was taken to other establishments with total 3 admissions. History of laparoscopic cholecystectomy in 2023 iv view of gall stone associated pain.

History of H pylori gastritis in Feb 2024: taken appropriate eradication treatment for the same.

CECT abdomen done outside for the current complaints was suggesting chronic calcific pancreatitis.

Family history: H/o joint laxity in elder male brother and female sibling. No h/o TB contact .

Developmental history: as per age.

Immunisation history: Immunization done as per age

Personal history: Non -Vegetarian. Normal bowel/Bladder habits.

General examination: (at the time of admission) :-

conscious and oriented to time, place & person, GC fair, slightly marfanoid habitus (thin, asthenic, arm span 178 cm, wrist sign present and thumb sign equivocal)

Joint laxity present in thumb, big toe, knee

NO Pallor /icterus/ Cyanosis/clubbing/lymphadenopathy/edema/ dehydration.

ANTHROPOMETRY: Weight: 57 kg(mean-2 to to -3 SD) Height- 175 cms(mean to -1 SD)

Vitals: PR:76 /min; Temp: Afebrile; RR:16/min ; BP:122/72 mmHg ; Spo2-99% RA

P/A: soft, , non distended, tenderness present over epigastric region, scar present, no organomegaly

CVS: S1 S2 normal, no murmur.

R/S: B/L NVBS present, no added sound

CNS:E4V5M6 no FND, tone / power/ reflexes – normal.

Investigations:

te	29/07/24	05/08/24	06/08/24	09/08/24	13/08/24	26/08/24
moglobin		14.1				12.3
C		5940				5.42k
C(N/L)		N33/L57				
ATELET COUNT		2.63				251k
ea/creatinine		15/0.78		14/0.86	14/0.86	10/1.02
/K/Ca		135/4.5/12	Ca-11.8	148/4.5/11	148//4.5/11	138/4.5/11
/PO4		6/4.7				
/DB		1.86/0.37				
OT/SGPT		24/22				
P/GGT		249/17				
tal otein/Albumin		7.8/4.8				

/INR				13.8/1.2		
PH	0.38					
H				0.878		
			1.55	1.58		
			3.31	3.17		
ıylase	42					
ase	19					
H	214		147.2			104.8
holesterol	109					
S	77					

Vitamin D(06/08)— 13.1

S. Vit D (09/08/24) – 12.0

Phosphorus (09/08/24)- 3.5

Urinary calcium creatinine ratio : 0.35 (n:< 0.2)

UREME- Normal

27/07 : CECT- Acute on chronic pancreatitis CTSI-4/10

Echocardiogram (09/08)

MRCP(07/08/2024)—CBD is mildly prominent , measures 6.8 mm. No IHBD. The pancreas head is mildly enlarged measures 2.2 cm in AP dimension with T2 heterogenously hyperintense signal with high SI on DWI.The pancreatic duct is mildly dilated with few areas of irregularity – 3mm. Few of the side branches are dilated . Focal cystic lesion in the distal body of size- 17.6 x 15 mm in size-likely pseudocyst / WON. Body and tail of pancreas is mildly atrophic. Features of acute on chronic pancreatitis.

Sestamibi Scan (10/08/24): soft tissue lesion with increased tracer uptake noted in Superior mediastinum region ? ectopic Parathyroid adenoma/? Lymph node

CECT Neck and Thorax(15/08/24): a well defined homogenous hypodense lesion (compared to thyroid gland) seen in the prevascular station of mediastinum measuring ~4 x 5x 9 mm at the level of D1-D2 IVD. The lesion is showing arterial phase enhancement with persistent enhancement on venous delayed phase imaging and lesion is hypoenhancing on all phases compared to thyroid. Fat planes with brachiocephalic artery & left brachiocephalic vein, left common carotid artery is maintained. It is abutting the sternohyoid/ sternothyroid muscles with maintained planes.

* Both lobes of thyroid and isthmus are normal in morphology and enhancement. Note is made of well defined soft tissue measuring ~ 11 x 8 mm seen arising from the posterior aspect right lobe of thyroid showing attenuation similar to the thyroid tissue in all the phases- normal variant

IMPRESSION: In a suspected case of ectopic parathyroid present scan shows-

* A well defined oval homogenous hypodense hypoenhancing lesion in the anterior mediastinum with relations as described.

2d echo - normal

Opthal evaluation - normal

- Unit's final diagnosis: Pancreatitis secondary to hypercalcaemia due to hyperparathyroidism due to ectopic parathyroid adenoma.

- Course and management:-

- The child was diagnosed a case of ectopic parathyroid adenoma. He was taken up for surgery and ectopic parathyroid was excised with part of thymus.
- Intra-op findings:
    - Thyroid gland- normal in position and shape
    - Parathyroid mass present- ectopic location- site confirmed using gamma probe after injecting 10mCu sistamibi pre-operatively.
    - Supra sternal location, 1x1cm in size.
    - Removed in toto with part of thymus- sent for biopsy of tumor.
    - PTH : Pre OP- 80, Intra Op after removal of tumor- 15
- HPE: s/o parathyroid adenoma.

- Outcome: Th e child recovered well. Post op iPTH and serum calcium levels were within normal limits. Currently child is experiencing ocassional pain abdomen secondary to chronic pancreatitis.