From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 22/09/2025 07:55 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Sept 22, 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=m1bd9a8614bd011d3ae86be68813bbec4

Monday, Sept 22, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 25155228075
Meeting password: 220925

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

ame: XXXX	**Age-** 47 years	**Gende**r-Female	**CR No-** 20250075018
OA: 25 /06/2025		**DOS:** 09/07/2025, 15/07/2025	
linician in-charge- ENT **nit II** – Dr. Madhu Priya		**Clinical Discussant:** Dr Subrata Nag	
ddress:		Bijnor, Uttar Pradesh	

istory-

ıtient presented with complaint

Generalised body and joints pain X 15 years

- Insidious onset
- Gradually worsening
- Non remitting
- No diurnal variation
- No aggravating and relieving factors , not relieved on medications
- No h/o fever and rash
- No h/o limb weakness or joint deformity
- No h/o mouth ulcers/burning sensation in mouth

Anterior neck swelling X 1 month

- Insidious onset
- Non- progressive
- Painless
- No h/o sudden increase in size or swelling in other part of body
- No h/o radiation exposure
- No h/o heat/cold intolerance, significant weight loss/gain, palpitations, lethargy, sweating and diarrhea/constipation
- No h/o difficulty in swallowing / breathing or noisy breathing
- No Change in voice, nasal regurgitation or cough, blood-tinged sputum

ersonal history:-

- Mixed diet
- No h/o addiction

ast history:

- No significant past history

Examination:

Built: Well-built

Height– 155 cm

Weight – 55 kg

BMI- 22.8 kg/Cm2

Respiratory- B/L chest clear.

CVS - S1 S2 heard normally, no murmur present.

P/A- Soft, No palpable organomegaly, BS present.

CNS – intact higher mental function, GCS = E4V5M6 =15/15

General examination:

No pallor, icterus, clubbing, cyanosis, pedal edema or peripheral lymphadenopathy

Local Examination:

Inspection

- Diffuse fullness in anterior neck , however no obvious well/ill defined swelling noted in neck
- Overlying skin normal
- No engorged veins / scar

Palpation

- Inspectory findings confirmed
- No significant nodule or swelling palpable in neck
- local temperature not raised
- Non- tender , Overlying skin normal
- No cervical lymphadenopathy palpable
- Trachea midline

Ausculation

- No audible bruit

70-degree endoscopy:

- Bilateral mobile vocal cords with adequate glottic chink
- Supraglottis / sub glottis: normal
- Glottic chink normal.

Systemic examination

- **Ocular examination: N**ormal, no eye signs noted
- **CNS-** No focal neurological deficit or no tremors noted
- **RS-** air entry equal on both sides, bilateral normal vesicular breath sounds heard
- **CVS-** S1/2 heard, no murmur, apex beat in 5^{th} ICS
- **Abdomen-** Soft, non-tender, no rigidity, no palpable organomegaly
- **Musculo-skeletal**: No joints deformity, No joint tenderness, No signs of fracture. Muscle power in B/L upper adnd lower limb 5/5
- **Skin**: no signs of thyroid dermopathy

Clinical diagnosis:

Thyroid swelling under evaluation

- Autoimmune thyroiditis with arthritis
- Benign thyroid neoplasm
- Malignant thyroid neoplasm
  - Differentiated thyroid carcinoma- Follicular thyroid cancer

Parathyroid pathology

Osteoarthritis with Vitamin D deficiency

TEST	26/06/25	16/07/25		26/06/25	16/07/2025
HB	11	9.9	**SODIUM/ POTASSIUM**	132/4	136/5.7
TLC	7.08	7.63	**SGPT/SGOT**	37/33	18/21
PLT	179K	422K	**ALP/GGT**	314/79	332/72
V.M.	NR		**T. PROTEIN/ S. ALBUMIN**	6/3.8	6/3.2
PT/INR/APTT	13.1/1.14	13.8/1.20	**T.BILI/D.BILI**	0.5/0.09	0.5/0.13
UR/ CR	34/0.66	25/0.70	**iPTH**	1109	5.7
S. Calcium	14.8	8.8			

PROLACTIN (28/07/2025): 11.26

ANTI TPO (10/06/25) 103.6

THYROGLOBULIN (14/06/25): 15.20

VITAMIN D (16/06/25) : 47.4

INTACT PTH (16/06/25): 1346.9

ALP (16/06/25): 334.0

DRAIN FLUID AMYLASE (05/08/2025): 186

USG Neck (09/06/2025)	Well defined solid cystic lesion of size 24*23*25 mm with peripheral vascularity at lower right thyroid lobe causing compression and anterior displacement. **IMP**: solid cystic lesion with peripheral vascularity. **DDS**: 1. Parathyroid adenoma, thyroid nodule (TIRADS 3) **Review (30/06/2025)** Large heteroechoic hypoechoic solid-cystic lesion with marked internal vascularity, showing lobulated surface Size: 41 × 23 × 23 mm **Likely right inferior parathyroid adenoma (benign lesion)** No other visible lesion at other parathyroid sites
USG W/A (19/06/2025)	Increased echogenicity in bilateral renal pyramids likely nephrocalcinosis.

<table>
<tr><td>Sestamibi (28/06/2025)</td><td>Tracer avid soft tissue lesion measuring 2.5 ap x 2.5 tr x 3.7 cc cm in posteroinferior aspect of lower pole of the right thyroid lobe - likely right inferior parathyroid adenoma.</td></tr>
<tr><td>Dexa scan (27/06/2025)</td><td><table>
<tr><th>SITE</th><th>T SCORE</th><th>Z SCORE</th></tr>
<tr><td>RADIUS + ULNA</td><td>-3.2</td><td>-2.6</td></tr>
<tr><td>LEFT NECK OF FEMUR</td><td>-1.2</td><td>-0.9</td></tr>
<tr><td>LUMBAR SPINE</td><td>-3.2</td><td>-2.7</td></tr>
</table></td></tr>
<tr><td>VIDEO FLUOROSCOPY (18/08/25)</td><td>Normal study</td></tr>
<tr><td>Histopathology

s-4062/25

(09/07/25)</td><td>Atypical parathyroid tumor. Ki67- 0-1 %

Right hemithyroidectomy and CCND shows features of lymphocytic thyroiditis.</td></tr>
<tr><td>Intra-op finding</td><td>1st surgery
4 x 3 x 2.5 cm mass arising mostly by right inferior parathyroid gland abutting right thyroid lobe (firm in consistency) identified.
Tumor was abutting with loss of planes: right RLN, right common carotid artery, esophagus and prevertebral fascia
2nd surgery
Salivary collection noted in post-operative bed
Right RLN, right common carotid artery, esophagus identified
No extravasation or leak site was found on betadine and methylene blue dye instillation. Oesophagoscopy done. 0.5*0.5 cm defect found in right posterolateral wall esophagus</td></tr>
<tr><td>Course during hospital stay</td><td>The patient mentioned above was initially admitted under endocrinology with symptomatic hypercalcemia and was diagnosed with a right inferior parathyroid adenoma. After stabilization, she was transferred to ent and underwent right inferior parathyroidectomy with right hemithyroidectomy + right CCND on 09-07-2025. Postoperatively, she developed hypocalcemic symptoms, managed with calcium supplementation and monitoring. Endocrine opinion has been taken I/V/O hypocalcemia and advice followed. Subsequently, she developed a leak from the neck wound on POD-4. She kept on strict rt feed, with nil per oral. She underwent neck exploration with rigid esophagoscopy + esophageal repair on</td></tr>
</table>

	15-07-2025, followed by regular bd dressings and calcium monitoring. Video fluoroscopy before discharge showed no leak from esophagus to post-op site. The patient is currently stable and is being discharged.
Condition at discharge	The patient's condition is satisfactory, vitals are within normal limits, neck suture in situ. With no signs of hypocalcemia and b/l vocal folds mobile.
Follow up	On oral feed with normal voice. All joints pain have resolved.