From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 23/09/2025 12:10 PM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!
The next CGR will be held on Sept 23, 2025, in the 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=m082c68a01c5eb0b209b21b67a6042a66

Tuesday, Sept 23, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 25109606835

Meeting password: 230925

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Summary: Bladder Exstrophy – Epispadias Complex

DEPARTMENT OF PAEDIATRIC SURGERY

NAME: Master V	**AGE/GENDER:** **3 YEARS/MALE**	**ADDRESS: PILIBHIT, UTTAR PRADESH**
UNIT=PAEDIATRIC		
		CONSULTANTS: Dr RAJAT PIPLANI

CHIEF COMPLAINTS-

- Continuous urine dribbling from a reddish-pink mass over the lower abdomen since birth;
- Abnormal looking phallus with ill-formed scrotum since birth

History of Presenting Illness:

History of continuous urinary leakage from a reddish-pink mass over the lower abdominal wall since birth.

Associated with an incompletely formed phallus and scrotum since birth.

No h/o any difficulty in walking or gait disturbances. No h/o any recurrent fever, pain abdomen, vomiting, pus or blood in urine. No h/o constipation or continuous fecal soiling.

No h/o prior surgery.

Antenatal History

- Para 1; Regular antenatal visits.
- 1st trimester: No history of fever, rash, drug exposure, radiation exposure, smoking or alcohol consumption
- 2nd & 3rd trimester: No history of GDM, GTN, eclampsia
- USG in second trimester (at 20 weeks POG) suggestive of ?*mass in lower abdomen* (Report NA).

Birth History

- History of Preterm rupture of membranes (PROM) at 35 weeks POG, followed by Emergency cesarean delivery of the fetus
- Birth weight **2500 grams**; Cried immediately after birth; No history of cyanosis or respiratory distress at birth; No history of NICU stay; Passed meconium within 24 hours of birth

Past-Treatment History

- Patient presented to KGMU Lucknow, immediately following birth, where he was planned for a single-staged repair of BEEC at a later date and taught care of the bladder plate.

Immunization History

- Immunized as per age. Last vaccine DPT booster received.

Developemental History

- Developmental milestones achieved for age. No delay.

GENERAL AND PHYSICAL EXAMINATION

Alert, active, playful

Gait: Normal

- PR:108/min
- BP:99/62 mm Hg
- RR:24/min

Weight: 14.3 kg (<50th centile); Height: 92cms (50th to 75th centile)

No pallor, icterus, clubbing, cyanosis, pedal edema & lymphadenopathy. Normal facies

SYSTEMIC EXAMINATION

Respiratory System- Normal vesicular breath sounds heard. No added sounds.

CNS- Speech, cranial nerves & higher mental function intact

CVS- S1 S2 heard, no added sounds.

Per abdomen & Local Examination-

Inspection: absent umbilicus, exposed bladder plate (plate width 5cms) with polypoidal mucosal growths, ureteric orifice could not be visualised, open urethral plate over the dorsum of phallus (11mm width), complete epispadiac phallus, ventral prepucial hood, no dorsal chordee, hemiscrotum with poorly developed rugal folds, no hernia bulge

Palpation: Soft, non-distended, non-tender, bladder plate width 5cms, open urethral plate 11mm width, phallus length 2.5cms, ventral prepucial hood no dorsal chordee, bilateral testis well palpable within hemiscrotum, pubic diastasis around 5cms, anal tone was normal.

INVESTIGATIONS RECORD

	26/08/25
Hb	11
TLC	4.25K
PLT	371K
PT/INR	14.6/1.28
B.U/ S.Cr	18/0.28
Na/K/Ca	141/4.2/9.9
BilirubinT/D	0.37/0.13
SGOT/ SGPT	29/17
ALP/GGT	
S. TP/ S. Alb	7.2/4.9
Viral markers	

USG Abdomen + Pelvis	Normal study
2D- ECHO	Normal study
Other investigations	Urine routine evaluation- Within normal limits Urine C/S: Sterile Bladder Plate Swab C/S: Sterile
HPE G-3184/25 (Biopsy of polypoidal bladder Mucosa) **(28/08/25)**	Urothelium lined tissue pieces with subepithelial tissue revealing marked congestion and sparse mononuclear monofiltrate. No e/o Malignancy in examined section.

SURGERY (28/08/25)	Staged repair of Exstrophy-Epispadias (Bladder Closure) + Bilateral Salter's Osteotomy & External Fixator Application done under GA+ Caudal Epidural Analgesia
INTRA-OP FINDINGS	• Bladder plate width 5cms. Bladder mucosa studded with fleshy polyps • Bilateral ureteric orifices catheterised with 6FrIFT • Bladder plate mobilised circumfererntially, caudally till bladder neck & proximal urethra. Bladder closed in a single layer using Vicryl 4-0 interuppted sutures. • Inter-symphyseal bands divided. • Bilateral Salter's osteotomy done. External Fixator pins applied and pelvic bones in-turned, aiding in abdomen closure without tension. • Rectus sheath mobilized and approximated in midline using Vicryl 3-0 sutures. • Bilateral ureteric stents (6FrIFT) and SPC (8Fr Foleys) brought out via the dome of the bladder and brought out till skin via right paramedian position. • 10Fr Suction drain placed above the rectus closure. Skin closed with Ethilon 3-0 interuppted mattress sutures.
COURSE DURING HOSPITAL STAY	Patient was admitted with above mentioned complaints in Paediatric Surgery Ward and was planned for surgery. Patient was taken up for surgery on 28/08/2025. In the post op period, patient was kept NPO and IV Antibiotics (Inj Piptaz and amikacin). Patient was allowed orally on POD 1. Both ureteric stents were draining well, although SPC output was nil initially. The pin-tract site soakage stopped by POD-2. Right Ureteric Catheter was removed on POD 16 and Left Ureter was removed on POD-18. SPC was removed on POD-19. Drain was removed on POD 23. Pt. is passing urine per urethrally from epispadiac phallus.