From: "ROOT" <root@sctimst.ac.in>
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Date: 27/10/2025 09:06 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Oct 27, 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=m620611cc224061066d13b47c82cf11c4

Monday, Oct 27, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2511 444 5735
Meeting password: 271025

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

Student CPC 27 Oct 2025

Age: 28year/Male	**Clinician in-charge &discussant** Dr Nishant Goyal/Dr Anand	**Pathology discussant:** Dr Ashok (faculty) Dr Gayathri (resident)
Ward: Neurosurgery	**Radiology discussant:** Dr Tripti Prajapat (faculty) Dr Garav (resident)	**Neurosurgery discussant:** Dr Nishant Goyal (faculty) Dr Ashwin Kumar (resident)
	GI Surgery discussant **Dr Anand Nagar** (faculty) **Dr Aman** (resident)	
DOA: 08/08/2025	**DOS 1:** 20/08/2025 **DOS 2:** 21/08/2025 DOS 3: 08/09/2024	**DOD:** 17/09/2025

PRESENTING COMPLAINTS

- Low back pain for 4 months

HISTORY OF PRESENTING ILLNESS

Low back pain, insidious in onset, gradually progressive, continuous, aching, radiating to both lower limbs (L1–L2 dermatomes).
Aggravated by standing, prolonged sitting, walking >100–200 m; relieved by lying down and rest.

Patient could not walk more than 200 m.
Associated with tingling and neurogenic claudication.
No numbness, weakness, or bladder/bowel symptoms.

CT-guided biopsy was attempted at Fortis Hospital, Delhi on 10.08.2025. However, the procedure was aborted due to ? severe anaphylaxis due to lignocaine sensitivity, resulting in transient loss of consciousness and breathlessness.

No other comorbidities.

PAST AND PERSONAL HISTORY

- No co-morbidities
- No addiction history

Neurological Examination:

Higher Mental Functions: Within normal limits (WNL)

Cranial Nerves (I–XII): Intact / WNL

Motor System Examination:

- Bulk: Normal and symmetrical in all limbs
- Tone: Normal in all limbs
- Power: 5/5 in all major muscle groups
- Deep Tendon Reflexes: 2+ and symmetrical across all joints
- Plantar Response: Bilateral flexor

Sensory System: No sensory deficit detected

Cerebellar Signs: Absent

Gait: Antalgic gait secondary to pain

RADIOLOGICAL INVESTIGATIONS

MRI shows a lesion in the L1 vertebral body and bilateral pedicles (~2 × 3.3 × 2.3 cm), T2 hyperintense, T1 hypointense with avid enhancement, containing non-enhancing cystic spaces and low-signal vertical striations. The lesion shows epidural extension from T12–L2, causing canal narrowing (9.8 mm) and crowding of cauda equina roots. There is tumoral extension into the IVC extending via the left paravertebral venous plexus (2.6 × 3.2 × 6.6 cm), causing near-complete luminal stenosis, extending 1.5 cm cranially into intrahepatic IVC and 2.4 cm caudally below the left renal confluence, with no renal vein involvement.

PATHOLOGICAL INVESTIGATIONS

1. DSA (20.08.2025)- Neurosurgery- No tumor feeders seen.
2. First Surgery (21.08.2025) — Gastro surgery. Procedure: IVC lesionectomy and tumor removal
   Specimen ID: S-S-5094/25
   Histopathology: Features suggestive of vertebral angiomatosis (benign vascular lesion)
3. Second Surgery (08.09.2025) — Neurosurgery; Procedure: Posterior spinal stabilization with pedicle screw and rod fixation followed by spinal cord decompression
   Histopathology:Benign vascular angiomatosis (confirming first specimen findings)

COURSE AND MANAGEMENT

The patient was admitted under the Neurosurgery department with a diagnosis of L1 vertebral body lesion with extension into the IVC. He was preoperatively optimized by a multidisciplinary team comprising Gastro surgery, Vascular Surgery, and Neuro-anesthesiology.

On 20.08.2025, spinal angiogram was done under GA, which did not reveal any tumor feeding vessels.

On 21.08.2025, Gastro surgery team removed the part of the tumor invading into the IVC.

Postoperatively, the patient was monitored in the ICU and managed with anticoagulation, antibiotics, and regular liver function surveillance.

Following clinical stabilization, on 08.09.2025, the Neurosurgery team performed a posterior decompression and instrumentation procedure for spinal stabilization alongwith excision of the spinal component.The postoperative course was uneventful, with improvement in back pain and ambulation, and the patient was discharged in stable condition on 17.09.2025.

TREATMENT PLAN

- Continue anticoagulation as per vascular team advice
- Physiotherapy for rehabilitation and gait training
- Regular follow-up with MRI spine and Doppler IVC surveillance
- Monitor for recurrence or progression of vascular lesion

LAST FOLLOW UP (AT 6 WEEKS FOLLOWING SECOND SURGERY)

Doing well, able to carry out activities of daily living, able to work.