

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 28/09/2026 02:35 PM
Subject: Invitation to Join and For Circulation: AIIMS Rishikesh Tele-Education Series_Staff_CPC | 28 September 2026 | By Department Pulmonary Medicine, AIIMS Rishikesh

Respected Sir/Madam
Greetings from AIIMS, Rishikesh!!
The next **Student CPC (Clinico-Pathological Conference)** under the **AIIMS Rishikesh Tele-Education Series** is scheduled as follows:

Presenter: Dr. Rajat Agarwal Junior Resident
Presenting Department: Department of Pulmonary Medicine
Topic: Necrotising granulomatous disease- a diagnostic dilemma

Date: Monday, 28 September 2026
Time: 07:50 AM – 8:50 AM
Mode: Hybrid
Venue: CPD, Level-2, AIIMS Rishikesh
Online Platform: Zoom

Zoom Meeting ID: 844 4642 0382
Passcode: 271409
Join the session (Zoom) : <https://us06web.zoom.us/j/84446420382?pwd=kQagX3mxf0mJPgFnMxLANlUNcK2wol.1>

We also request you to kindly circulate the attached flyer among your students, residents, faculty, and professional networks to encourage wider participation in the session.
Join the Whatsapp Channel for upcoming sessions



AIIMS Rishikesh Tele-Education Series

<https://whatsapp.com/channel/0029Vb8iCotBKfi58pkQ2R3C>

All India Institute of Medical Sciences

Virbhadrā Road, Rishikesh, Uttarakhand, 249203		 http://www.aiinrshikesh.ac.in	
<u>CASE SUMMARY FOR STUDENT CPC (28.09.2026)</u>			
DEPARTMENT: PULMONARY MEDICINE			
Name: Mr. A	Age- 34years	Gender-Male	
Presenter: Dr Rajat Agarwal, Junior Resident		Clinical Discussant: Dr Nachiket, Senior Resident, DM (Pulmonary, critical care and sleep medicine)	
Address: Moradabad			

Case Discussion:

Presenting Problem

A 34-year-old male patient with history of clinico-radiologically diagnosed sputum negative pulmonary tuberculosis s/p 3 courses of ATT since 2023 to 2025, presented with complains of cough for 2 years, fever for 1.5 years, shortness of breath for 1.5 years and loss weight ~10Kg over 1 year. Patient presented to AIIMS in view of persistent symptoms despite multiple courses of ATT.

Background

Co-morbidities	None
Chief complaint	Cough for 2 years, Shortness of breath for 1.5 years and Fever for 1.5 years
Presenting findings	Spo2: 98% RA, HR: 110/min, RR:18. Chest x-ray s/o B/L lower zone nodular infiltrates with right middle zone thick-walled cavity
Initial evaluation	CBC,KFT, LFT where within normal limit, viral markers negative.

Key Investigations:

- . Aspergillus Specific IgG: 89.7
- . Serum ACE: 84
- . 24-hour urinary protein: 531
- . 24-hour urinary calcium: 19.2
- . CD4: 57
- . USG Abdomen + KUB: Raised cortical echogenicity of B/L kidneys
- . pANCA/cANCA: negative

PET-CT (27/10/2025): Will be discussed by Nuclear Medicine team

Histopathology: Will be discussed by Pathology team

Treatment course: Patient was admitted in ward in view of persistent fever and tachycardia along with detail workup. In view of past history of TB with cavitary lesion on radiology along with raised aspergillus specific IgG patient was started on supra-bioavailable itraconazole with a diagnosis of CPA. Patient had persistent symptoms hence a repeat BAL along with radial EBUS guided cryo-biopsy along with TBLB was done.