

From: "ROOT" <root@sctimst.ac.in>
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Date: 28/10/2024 07:46 AM
Subject: Student CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sun, 27 Oct 2024 22:52:15 +0530
Subject: [EXTERNAL MAIL] Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **Oct 28, 2024** in **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=mf14711c558e846c4bd3743b472b7b802>

Monday, Oct 28, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2516 203 3435

Meeting password:281024

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

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CPC Clinical Summary (28th October 2024)

UHID : 20240098701	Dept : Ophthalmology	Clinician-in-Charge: Dr. Ramanuj Samanta
		Clinical discussant: Dr Aarshi

Age/ Gender : 60 y/ Male	Date of admission: 29.8.24	Pathology Discussant : Dr. Gaurav
Residence: Garhwal, Uttarakhand	Date of Surgery: 2.9.24	Radiology Discussant: Dr. Nishant/ Dr Ekakshi

Chief Complaints:

- Diminution of vision in left eye x 1 month

History of present illness:

- Patient was apparently alright 1 month back following which he had sudden diminution of vision in the left eye (LE). It was associated with pain and redness in the LE.
- No history of ocular discharge/ pain or limitation of extraocular movements / trauma/ similar episode in the past / headache.
- H/o weight loss since last 2 months.
- No other comorbid diseases.

Past history: Past medical or surgical history is unremarkable.

Family history: No significant family history.

Personal history: Normal sleep, no addiction or allergy.

Examination:

General Physical examination: Conscious and well oriented. No pallor, edema, icterus, cyanosis, clubbing, lymphadenopathy

Systemic Examination: WNL

Ocular examination:	Right eye	Left eye
Best corrected visual acuity	6/6	Denied light perception (10/10 times)
Intra-ocular pressure (mmHg by non-contact tonometry)	9	38
Pupil	NSNR	RAPD
Extra ocular movements	Full and free in all gazes	Full and free in all gazes
Anterior segment	Nuclear Sclerosis Grade1 cataract. Rest unremarkable.	Diffuse Conjunctival congestion, Epithelial corneal edema, Irregular and shallow anterior chamber, nuclear sclerosis grade-IV cataract
Posterior segment	Media grade1, Cup disc ratio 0.3:1, Neuro retinal rim healthy, foveal reflex present.	View partially obscured due to cataract. Appearance of dark

		elevated subretinal mass lesion pushing the lens –iris diaphragm in nasal half.
Ocular ultrasound	Unremarkable	Lens echoes noted. A large mass lesion in vitreous cavity with moderate reflectivity. Overlying retinal detachment present. Suspicious of Choroidal melanoma.
Ocular Diagnosis	RE nuclear sclerosis grade -1 cataract	Left eye choroidal mass lesion with exudative retinal detachment with secondary angle closure glaucoma with nuclear sclerosis grade IV cataract.

Investigations :

CBC (Hb/ TLC/ PLT)	15.5gm /dl; 8,380/ cu mm; 3.33 lakhs/ cu mm
RBS	98 mg/dl
LFT (Tot Bil/Dir Bil/SGOT/SGPT)	1.06 mg/dl; 0.18mg/dl; 19U/L; 31U/L
KFT (Urea/ Creatinine)	36 mg/dl; 1.09 mg/dl
Viral markers	Non-reactive
PT-INR	14.6/ 1.16
CEMRI Brain + Orbit (23/07/2024)	Intra-ocular lesion of left eyeball completely filling the posterior chamber likely uveal melanoma and brain metastasis
CECT Thorax (9/08/2024)	S/o neoplastic lesion involving the inferior lingual segment of left upper lobe with multiple nodules in both lungs.

Course during hospital stay:

Patient was admitted on 29.08.2024 and provisionally diagnosed as left eye choroidal melanoma with lung and brain metastasis.

Surgery: Left eye myo-conjunctival enucleation with orbital ball implantation was performed under nil visual prognosis under general anaesthesia on 2.09.2024 and the enucleated eye was sent for histopathological examination (HPE).

CT-guided lung biopsy was done on 4.09.2024 by interventional radiology team and the sample was sent for HPE and immunohistochemistry (IHC).

Post-operative course was uneventful; patient was discharged in a haemodynamically stable condition and clean enucleated socket (left) on 6.09.2024.

Histopathology report with immunohistochemistry (IHC) markers	
Specimen	Impression/IHC
Left eyeball	Features are suggestive of poorly differentiated carcinoma. PanCK-positive/ BerEP4-positive/ CK-19-positive/ EMA-positive;

	CK-7/CK-20/Melan-A/ HMB-45 /P63/ SOX 10/ 34betaE12/AR/P63/CD 79a/Vimentin/CD3/NUT-1/GFAP: Negative
Lung biopsy	<p>Features are suggestive of poorly differentiated carcinoma.</p> <p>PanCK/ EMA : Focal cytoplasmic possibility</p> <p>Melan -A/ HMB / P40/ SOX 10/ CD 79a/Napsin A/TTFI/CK7/CK20 : Negative</p>

Further treatment: Patient underwent palliative whole brain radiation therapy with 3DCRT, 20G/5# (7.10.2024 – 11.10.2024). Patient is further planned for daycare chemotherapy under medical oncology team.