From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 29/10/2026 09:10 AM
Subject: Invitation to Join and For Circulation: AIIMS Rishikesh Tele-Education Series_Staff CPC | 28 October 2026 | Department of Neurosurgery, AIIMS Rishikesh

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Respected Sir/Madam Greetings from AIIMS, Rishikesh!!

The next **Staff CPC (Clinico-Pathological Conference)** under the **AIIMS Rishikesh Tele-Education Series** is scheduled as follows:

Presenter: Dr. Jitender Chaturvedi
Presenting Department: Department of Neurosurgery
Topic: Surgical Management of Drug Resistant Temporal Lobe Epilepsy

Date: Wednesday, 28 October 2026
Time: 7:50 AM – 8:50 AM
Mode: Hybrid
Venue: CPD, Level-2, AIIMS Rishikesh

Online Platform: Zoom**Meeting ID : 883 4635 4286**

Passcode : 267216
Join the session (Zoom): https://us06web.zoom.us/j/88346354286?pwd=6TPIgeC1zFoGkkcMIY5OM89OBdm505.1

The clinical handout for the case to be discussed is attached for your reference.
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



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

PPT Format:
Please use the PowerPoint template for CPC CGR available at the following link:
https://www.aiimsrishikeshdigitalacademy.com/downloads

Kind Regards
Dr. Vivek Singh Malik
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Clinical Case Summary of Staff CPC

Department of Neurosurgery

Date: 28/10/2026

Name: Mr X	**Age / Sex:** **61 years/M**	**Clinical Case Presenter: Dr Jitender Chaturvedi** **Pathology Discussant: Dr Ashok Singh** **Radiology Discussant: Dr Sonal Saran**
DOA-24/6/2026	**DOD-01/7/2026**	
Residence: Bareilly, Uttar Pradesh		

Chief Complaints:

- Progressive weakness of left lower and upper limb since 1 year
- Difficulty in micturition (retention, straining to void) for 6 months
- Constipation (stools once in 8–10 days) for 1.5 months
- Weakness of right upper and lower limb with numbness of all four limbs after RTA on 18/02/2026

History of presenting illness:

A 61-year-old man from Bareilly, Uttar Pradesh, presented with gradually progressive weakness of the left lower limb followed by the left upper limb since 1 year, associated with a burning sensation. For the last 6 months he had incomplete voiding of urine, needing to strain for micturition, and for 1.5 months constipation with passage of stools once in 8–10 days. On 18/02/2026 he sustained a road traffic accident (two-wheeler rider hit by a four-wheeler), after which he developed weakness of the right upper and lower limbs. History of slippage of slippers from both feet, numbness of all four limbs, and weakness of hand grip bilaterally with inability to hold objects.

Negative history: No history of loss of smell, blurring of vision or difficulty in chewing food; no hearing loss, hoarseness of voice or nasal regurgitation of food. No fever, night sweats, weight loss, loss of appetite or breathlessness; no history of TB contact.

No other comorbidities.

Family History: No relevant family history

Examination

General Physical Examination

- Conscious, oriented, follows commands; GCS E4V5M6. Pallor, icterus, cyanosis, clubbing and lymphadenopathy absent.

Vitals

- Pulse: 80/min · BP: 126/76 mmHg · SpO_2: 100% RA · RR: 18/min · Afebrile

Systemic Examination

Respiratory system: Trachea central, bilateral air entry present, no adventitious sounds, no use of accessory muscles at rest.

CVS: S1, S2 heard normally; no murmur.

Abdomen: Soft; no palpable organomegaly; bowel sounds present.

CNS:

- **Cranial nerves:** Intact
- **Tone:**

	Right	Left
UL	1+	2
LL	1+	2

- **Power (Right / Left):**

	RIGHT	LEFT
UPPER LIMB		
C5	3/5	3/5
C6	3/5	3/5
C7	3/5	3/5
C8	3/5	2/5
T1	3/5	2/5
Handgrip	60%	10%
LOWER LIMB		
L2	4/5	3/5
L3	4/5	3/5
L4	4/5	3/5
L5	4/5	3/5
S1	3/5	2/5

- **Reflexes:**

	Biceps	Triceps	Supinator	Knee	Ankle	Plantar
RIGHT	2+	2+	2+	2+	2+	extensor
LEFT	2+	2+	2+	3+	3+	extensor

Superficial abdominal and cremasteric reflexes absent.

- **Sensory:** Proprioception/ Vibration: intact;

  Temperature sensation- absent in right upper and lower limbs.

- **Sacral:** Voluntary anal contraction, perianal sensation and deep anal pressure present; anal tone normal.

Investigations:

Laboratory Investigations

Investigation	**Value**
Hemogram	Hb 12.8 g/dL; TLC 8.75 ×10³/µL; Platelets 251 ×10³/µL
Coagulation	PT/INR: 11.9/1.04
Renal function / Electrolytes	Blood urea 27 mg/dL; S. creatinine 0.60 mg/dL; S. sodium 136 mmol/L; S. potassium 3.8 mmol/L
Liver function	Total/direct bilirubin: 2.03/0.54; SGOT/SGPT: 25/37 U/L; ALP 81 U/L
Viral markers	HBsAg negative; Anti-HCV non-reactive; Anti-HIV non-reactive
Chest X-ray	Within normal limits

Imaging

CE-MRI cervical spine (24/6/26): Oval intramedullary exophytic mass at C3–C4, isointense on T1 and hyperintense on long-TR images, with heterogeneous enhancement; cord thinning with altered signal due to mass effect.

To be discussed by Dept of Radiology

Provisional Diagnosis

C3–C4 intramedullary exophytic lesion.

Surgery:

Procedure (25/06/2026):

C2–C3 laminectomy with C4 partial laminectomy and excision of lesion.

Intraoperative findings

- Dural bulge at C3–C4 over the left side; dura opened in the midline and cord retracted to the right.
- Bluish-purple lesion arising from the ventral surface of the cord, with tortuous draining veins; lesion shrank on coagulation of the veins.
- Attachment to the ventral cord surface coagulated and cut; remnant densely adherent to the ventral pia with infiltration into the cord substance.
- Excision with cord preservation; C3 and C4 roots preserved.
- Dura closed in watertight fashion

Hospital course:

Managed postoperatively with analgesics and antibiotics. Rest of the course was uneventful. At discharge: afebrile, conscious, oriented, tolerating oral feeds, wound healthy, Foley catheter in situ, Power right UL 3/5, LL 4/5; left UL 1/5, LL 3/5.

Histopathology:

Histomorphological features are consistent with **cavernous malformation (cavernoma)**.

To be discussed by Dept of Pathology

Final Diagnosis

Cervical (C3–C4) intramedullary cavernoma with ventral exophytic growth

Follow-up:

At ~3 months: conscious, oriented, accepting orally, wound healthy.

Power right UL 3/5, LL 4/5; left UL 3/5, LL 4/5 (improved on left side compared to preop)

Postop imaging- to be discussed by Dept of radiology