From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 29/04/2024 09:00 AM
Subject: Invitation for CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC will be held on the **29th April, 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=m14e6cc0cbefcf28dc9aa349b83df9b87

Meeting number:

2510 883 5707

Meeting password:

280424

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

Thanks & Regards

Regional Resource Centre

Dept of Telemedicine

AIIMS Rishikesh

Summary-MYSTERY OF MULTIPLICITY A RARE CASE OF BILATERAL LUNG MASSES

DEPARTMENT OF PULMONARY MEDICINE

NAME: XXX	**AGE/GENDER:**	**ADDRESS: Dehradun, Uttarakhand**

	61 YEARS/MALE	
IT=PULMONARY		
		CONSULTANTS: Dr Mayank Mishra **Dr Lokesh Saini**

CHIEF COMPLAINTS-

- Dyspnea on exertion x 2 years, increased since 1.5 months.
- Cough with expectoration× 2 years, increased since 1.5 months.
- 1 episode of streaky hemoptysis 1 month back
- Loss of appetite, loss of weight × 1 month

BRIEF HISTORY:

- 61year male, Reformed smoker, SI of 875, No history of comorbidities in the past, presents with 2-year history of dyspnea, cough, expectoration, a single episode of streaky hemoptysis, with no other contributory history.
- On examination: Occasional rhonchi, and grade 2 clubbing

GENERAL AND PHYSICAL EXAMINATION

Consciousness: the patient is conscious, cooperative and well oriented to time, place & person.

- PR-82 bpm, regular
- BP- 118 /80 mm Hg
- RR- 16/min
- Spo2- 98% at room air
- Temperature-Afebrile

SYSTEMIC EXAMINATION

Respiratory System –

Inspection - Bilateral chest expanding equally with respiration. Upper respiratory tract unremarkable. No obvious chest deformity, no prominent veins. Shape - Elliptical, Symmetry – bilaterally symmetrical. Trachea appears to be central. No shoulder drooping, no spinal deformity. Posteriorly - bilateral spino-scapular distance appears equal. No use of accessory muscles of respiration. Apical impulse visualized in 5th ICS, medial to mid clavicular line.

Palpation - Inspiratory finding confirmed on palpation. Trachea central, chest movements bilaterally equal and comparable. Apex beat localised - 5th intercostal space,1 cm medial to midclavicular line. Tactile vocal fremitus B/L equal and comparable. No local raise of temperature, non-tender, No subcutaneous emphysema

Percussion - Bilaterally resonant. Kronigs isthmus- resonant bilateralllly. Liver dullness present in right 5th intercostal space. Tidal percussion - normal. Left cardiac border could not be appreciated. Traube's space - dull on percussion.

Auscultation - Bilateral biphasic, polyphonic rhonchi heard. No other adventitious sounds heard.

CNS- speech, cranial nerves & higher mental function intact

CVS - S1 S2 heard, no added sounds.

Per abdomen - soft, non-distended, non-tender, no palpable lump.

No organomegaly, normal bowel sounds present.

INVESTIGATION RECORD:

Parameter	**Value (SI unit)**
Hemoglobin	13.9 (gm%) Hct- 38.2
Total Leucocyte Count	8610/ul
Platelet count	3.45laks/ul
Differential Count (in %) (N/L/M/E/B)	75/21.8/1.8/0.7/0.0
Fasting Blood Glucose	85
Blood Urea	24
Serum Creatinine	0.84
Serum. Na+	139
Serum K+	4.4
Serum Cl-	98
Serum Ca2+	9.7
Parameter	**Value (SI unit)**
HIV/HBsAg/HCV antibodies	Negative
HBA1c	5.5
Total Bilirubin	0.96
Direct Bilirubin	0.18
SGPT	19.7
SGOT	28
ALP	115
GGT	22
Total Protein	8.29
Serum Albumin	4.26
Serum Globulin	4.03
Procalcitonin	0.01

CECT thorax plus abdomen **03/03/2023**	Multiple (atleast 7) well defined nonenhancing hyperdense (Hu -60) lesions are seen in bilateral lung parenchyma largest measuring -6.2x4.5x5.3cm in superior segment of right lower lobe. Most of the lesions show peripheral calcification. Centriacinar and paraseptal emphysematous changes are seen in parenchyma of bilateral lung. A non-enhancing hypodense cyst 10.7×10 mm in segment 7 of liver, simple cyst. Few Bosniac cysts are seen in bilateral kidneys largest measuring.

	20x24 mm in upper pole of left kidney
USG abdomen +pelvis **10/3/23**	Normal study
2D- ECHO **13/3/2023**	normal LV function, mild TR, mild PH and all chambers normal.
Other investigations	Hydatid serology – Negative Peripheral smear - Normal Urine routine evaluation- normal Urine c/s and blood c/s sterile. S. IgG4 – 0.98mg/dl S.PSA- normal ANCA, RA factor - normal
Biopsy 1 (3/4/2024)	Sections examined show fibro collagenous tissue bits infiltrated by dense chronic inflammatory infiltrate comprising of lymphocytes and histiocytes. Carbon laden macrophages also was seen. Sections also show lung parenchyma with alveolar septa showing basal cell hyperplasia along with mild inflammatory infiltrate. No atypical cell/dysplasia/granuloma/malignancy noted.
Biopsy 2 (29/07/2023)	Presence of dense hyalinized collagen and chronic inflammation suggest the possibility of pulmonary hyalinizing granuloma in the appropriate clinical and radiological settings. (Case has been discussed with clinician) Fibro collagenous tissue with foamy histiocytes and chronic inflammatory cells No evidence of granuloma or malignancy
COURSE DURING HOSPITAL STAY	61year male, Reformed smoker presented to the AIIMS Rishikesh pulmonary medicine OPD with the above-mentioned complaints. Xray done was suggestive of bilateral hyperinflated lung fields, bbilateral well defined, mass lesions (total 5 in number, smooth walled) No evidence of pleural effusion or consolidation in other parts of the lung parenchyma. CECT thorax was done, and lung lesions were biopsied. Histopathology showed presence of dense hyalinized collagen and chronic inflammation suggesting the possibility of pulmonary hyalinizing granuloma in the appropriate clinical and radiological settings. Since the patient was not symptomatic from the lung lesions per se, he was managed as a case of COPD and was not treated with steroids. Patient is being followed up in pulmonary medicine OPD with serial chest X-rays which showed that the clinico radiological profile of the patient is static.

Attachments:

File: CPC 2942024 pulmonary med.docx	Size: 66k	Content Type: application/vnd.openxmlformats-officedocument.wordprocessingml.document