

**From:** "ROOT" <root@sctimst.ac.in>  
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**Date:** 29/09/2025 08:22 AM  
**Subject:** Student CPC

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**Greetings from AIIMS, Rishikesh!!**

The next student CPC is scheduled on **Sept 29, 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=m0df4c995f0a756f5f18a0af978d96cc8>

Monday, Sept 29, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2518 637 9241

Meeting password: 290925

*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

**Summary of Student CPC Presentation**

Date: 29.09.2025

Presenter: Dr. Ajit Kumar

Supervisor: Prof. Amit Gupta

Patient Name: Ms. ABC	Age/Sex:  50 years / F	Clinician in-charge: Dr. Rahul Kumar
Residence: Meerut, UP	UHID: 20240150936	Clinical discussant : Dr Ajit Kumar  Radiology discussant: Dr Iknoor  Pathology discussant: Dr Vidushi Suryvansh
Ward: Surgical Oncology		
DOA: 04.09.2025	DOS:10.09.2025	DOD:19.09.2025

## Clinical History

A 50-year-old female, homemaker, presented with gradual abdominal distension and dull persistent abdominal pain for 3 months, associated with loss of appetite for 2 months. No nausea, vomiting, altered bowel or bladder habits, weight loss, jaundice, or respiratory symptoms were noted. Past history significant for ovarian carcinoma FIGO III diagnosed June 2023. She received 5 cycles of neoadjuvant Paclitaxel + Carboplatin, underwent interval cytoreductive surgery (TAH + BSO) in November 2023, and 3 cycles of adjuvant chemotherapy completed January 2024. She remained symptom-free for about 9 months. No family history of cancer.

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## Physical Examination

General: Conscious, alert, ECOG PS 2, BMI 19.3 kg/m<sup>2</sup>. Vitals stable. No pallor, icterus, clubbing, cyanosis, edema or lymphadenopathy.

Abdomen: Previous midline surgical scar, distension present. No palpable lump. Shifting dullness present suggesting free fluid. Liver palpable just below right costal cartilage, sharp border, non-tender. No other organomegaly.

Per rectal: Normal tone, fecal staining present. No mass or bleeding.

Systemic: CNS, RS, CVS normal.

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## Investigations

CBC: Hb 11.7 g/dl, TLC  $9.03 \times 10^3/\text{mm}^3$ , Platelets 237k.

KFT: Urea/Creatinine 18/0.59 mg/dl.

LFT: TB/DB 1.35/0.65, SGOT/SGPT 26/27, ALP 103, GGT 500, Total protein/Albumin 5.9/3.4, PT/INR 13.7/1.19.

BRCA 2 positive, CA-125- 212.

CECT 15.09.2024: Soft tissue mildly enhancing nodules (21.4x20.2x16 mm) in right lumbar area abutting abdominal wall, likely peritoneal implant, few enlarged mesenteric lymph nodes. Post-op uterus & ovary status., mild free fluid in peritoneal cavity

Reassessment scan 15.03.2025 confirmed disease progression.

## Management

Diagnosed as Recurrent Ca Ovary FIGO stage IIIC progressive disease, BRCA2 positive. Received 9 cycles of second line LIPODOX based chemotherapy with progressive disease. Planned for secondary cytoreductive surgery (CRS) + HIPEC.

On 10.09.2025 underwent Secondary Cytoreductive Surgery + HIPEC including anterior resection, segmental ileal resection with double barrel ileostomy, total completion omentectomy, bilateral parietal peritonectomy and bilateral pelvic lymph node dissection. Intraperitoneal chemotherapy with 100 mg Cisplatin at 41-43°C for 60 minutes was given.