

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 30/04/2024 07:43 AM
Subject: Invitation for CGR

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Mon, 29 Apr 2024 16:43:04 +0530
Subject: [EXTERNAL MAIL] Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The next student CGR will be held on the **30th April , 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m6293b879475e0f0fe1a2c31992580449>

Meeting number:

2510 523 5946

Meeting password:

300424

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

Thanks & Regards

Regional Resource Centre

Dept of Telemedicine

AIIMS Rishikesh

Clinical Grand Round

(Department of Community and Family Medicine)

Patient Name: Miss X	Age/Sex: 10 years / F	Clinician in charge: Dr. Santosh Kumar
Residence: Doodhadhari Chowk, Haridwar	UHID- 20240042978	Clinical discussant (resident): Dr. Presenter: Dr. Teja
Filed area: CRHA Raiwala, AIIMS R: Family Medicine OPD		Informant –Mother, self

HISTORY TAKING

Patient was brought with complaints of –

Episodes of pain abdomen for 2 months

Weight loss for 1 month

Generalized weakness for 1 month

Episodes of vomiting for 3 days

History of present illness: Patient was apparently asymptomatic 2 months ago when she first presented with abdominal pain, which was insidious in onset. It was described as a mild dull aching, continuous pain, exacerbated by movements and coughing. She visited 2 local hospitals for the same, but her complaints did not relieve with medications. Additionally, she experienced generalized weakness and significant weight loss of around 3 kg in 1 month. She also had vomiting for 3 days, which was acute in onset, non-projectile, non-bilious, with 2-3 episodes per day, containing food particles. The patient visited CRHA Raiwala with the above complaints.

There were no associated symptoms of fever, constipation, loose stools, dysphagia, abdominal distension, hematemesis, melena, jaundice, cough, hemoptysis, chest discomfort.

PAST MEDICAL HISTORY: Not significant

FAMILY HISTORY: H/o Pulmonary TB February 2024 (neighbour) considered as a close contact, H/o pulmonary death in the family in 2022.

Personal history: Mixed diet, regular bowel habit.

Menstrual history: Menarche not attained

Immunisation history: Immunization status up to date

Housing & Environment: Overcrowding present, Inadequate ventilation, Dampness over walls

Socioeconomic status: Grade 4 (lower middle class) as per BG Prasad classification

Dietary history: Calorie and protein deficit in family and index case

EXAMINATION:

General examination: (at the time of OPD visit, CRHA Raiwala) :-

Conscious, well-oriented to time, place and person, sitting comfortably

Mild Pallor, no cyanosis, clubbing, lymphadenopathy, oedema

Vitals: PR-90/min RR-22/min; BP- 100/60 mmHg

Systemic examination: NAD

Abdominal Examination: Soft, Non-Distended, Tenderness in the periumbilical and right iliac fossa, No lump palpable, no organomegaly.

REFERRAL:

The patient was referred to the Family Medicine OPD, AIIMS Rishikesh (Split referral) due to the necessity of imaging techniques for diagnosis. The list of possible differential diagnoses includes abdominal tuberculosis, bowel obstruction, acute pancreatitis, gastric outlet obstruction, inflammatory bowel disease, acute gastroenteritis, acute-on-chronic malnutrition, and abdominal cancer. A three-stage assessment was conducted in the FM OPD, comprising individual, contextual, and clinical evaluations. Laboratory and imaging work-ups were performed in the FM OPD. Two collateral referrals were obtained, one from the Pediatric OPD and the other from the Pulmonology OPD.

INVESTIGATIONS:

1. CBC – HB 10 mg/dL; TLC: 10,460
2. Viral markers – Negative
3. LFT & KFT – WNL
4. Stool examination – Negative for blood, egg and parasites
5. Chest X-ray: Bronchovesicular markings raised, 2*2 cm Patch seen in Left lung – lower lobe
6. USG Abdomen - Multiple enlarged mesenteric lymph nodes are seen largest measuring ~1.2 cm; Bowel wall thickening in RIF ~ Infective aetiology?
7. CBNAAT - Gastric Lavage sample – MTB detected; No Rifampicin resistance detected

IMPRESSION:

Microbiologically confirmed Tuberculosis (Paediatric Abdominal TB; New Treatment regimen; Drug sensitive Tuberculosis)

COURSE AND MANAGEMENT:-

The child was evaluated in FM OPD with CBC, LFT, KFT and USG Abdomen (whole). USG Abdomen reveals multiple enlarged mesenteric lymph nodes seen largest measuring ~1.2 cm bowel and loops are distended with fluid and gases. Through a series of investigations, including imaging studies and microbiological tests, a diagnosis of Tuberculosis (TB) was established in CBNAAT Gastric lavage (13-04-2024). Collateral referrals were taken during the process of establishing TB from the Pulmonary Medicine and Paediatric departments. Then the patient was sent to the DOTS center for Nikshay ID & Anti Tubercular Therapy. However considering the patient's family feasibility and financial status, the case was transferred to a TB clinic in Haridwar.

INTERVENTIONS:

Individual:

- Monitoring child's treatment progress - Tele consultation in collaboration with TB Clinic Haridwar
- Ensured prompt diagnosis and initiation of treatment
- Ensured providing appropriate TB medication (weight band and child-friendly formulations)
- Psychosocial support to the child
- Conducted counseling and education for child and caregivers

Family level:

- Household contact screening for TB disease cases
- IGRA testing and TPT among HCCs
- Health education – TB transmission, prevention & treatment adherence
- Ensured DOTS provider
- Ensured DBT (Nikshay Poshan Yojana)
- Housing standards, malnutrition and socioeconomic factors

Community level:

- Community TB awareness and NTEP services promotion
- Distribution of IEC materials
- Initiated TPT services with STO, Uttarakhand in Raiwala
- Promoted awareness about TB preventive treatment
- Annual observation of World Tuberculosis Day
- Engaged in Jan Bhagidhari and Jan Andholan

- Strengthened collaboration between NTEP and other community programs

Attachments:

File:	Size:	Content Type:
CFM_2024_CGR_proforma.docx	22k	application/vnd.openxmlformats-officedocument.wordprocessingml.document