

**From:** "ROOT" <root@sctimst.ac.in>  
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**Date:** 21/02/2022 12:56 PM  
**Subject:** Invitation for CCR/CPC

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Sir/Madam,

Greetings from AIIMS SET Facility, New Delhi!!

The Live Clinical Combined Round/ Clinical Pathological Conference is scheduled to be held on 22.02.2022 in LT-I, AIIMS, New Delhi. The topic of Clinical Combined Round/Clinical Grand Round is as under:-

**CLINICAL COMBINED ROUND:**

**Date :** 22.02.2022  
**Venue :** LT-I, AIIMS  
**Time :** 2.30 PM to 3.30 PM

YouTube link:- CCR will be live transmitted on:

<https://www.youtube.com/channel/UCvvpOUWi5d08E7P5If0Blew/live>

	TOPIC OF CLINICAL COMBINED ROUND	PRESENTING DEPARTMENT
1.	"Geriatric Dystrophy: Myth or Mystery"	GERIATRIC MEDICINE
2	"CARVING A STONE - NOT A CHILD'S PLAY"	ORTHOPAEDICS (TC)

**CLINICAL PATHOLOGICAL CONFERENCE:**

**Date :** 22.02.2022  
**Venue :** LT-I, AIIMS  
**Time :** 4.00 PM to 5.00 PM

YouTube link:- CPC will be live transmitted

on: <https://www.youtube.com/channel/UCvvpOUWi5d08E7P5If0Blew/live>

CLINICOPATHOLOGY CONFERENCE

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Clinical Discussion: Prof. N. Nagarkar

Date: 22 February 2022

Pathology Discussion: Dr. Aanchal Kakkar

A 1-year, 4-month-old female child hailing from Delhi presented with complaints of nasal bleeding, proptosis of the right eye and right-sided facial swelling since July 2021.

The child was apparently well till July 2021 when she had episodic fresh nasal bleeding (1-2 episodes/month), which was spontaneous in onset, intermittent in nature, drop wise bleed (5-10 ml) predominantly from the right nostril. It stopped with digital pressure, was never profuse and did not ever require an emergency visit. There was no history of prior trauma to the nose, and no history of bleeding from any other site.

At around the same time, the parents also noticed bulging of the right eye, fullness of the cheek and widening of the bridge of the nose causing a facial deformity. There was suspicion that the child was neglecting objects on her right side indicating to decrease of vision. The parents initially took the child to a local clinic where nasal drops were advised, but it failed to control the nasal bleed. They visited a children's hospital, where clinical evaluation and CT scan revealed a mass in the nasal cavity, and the child was referred to another tertiary care center in the city. A nasal endoscopic biopsy was undertaken and repeated on two occasions (reports enclosed) but a clear histological diagnosis could not be established and the child was referred to AIIMS, New Delhi.

Course at AIIMS: Course at AIIMS: The patient was admitted under Paediatric Oncology (Sept 2021) and underwent evaluation. All the routine blood workup was done. PET CT was performed (provided). The child was given 1 cycle of cyclophosphamide-based chemotherapy, following which there was no improvement in the clinical condition. Hence, further chemotherapy was abandoned and the patient was referred to ENT for a biopsy (Oct 21)

Birth and developmental history: Born by full-term normal vaginal delivery; no genetic defects or syndromes associations at birth. Developmental milestones were achieved at a normal rate.

Examination findings at presentation (Oct 2021)

General physical examination:

- Child was conscious, alert, active and playful
- Respiratory rate: 30/min, no signs of airway distress
- Pulse rate: 90 bpm

Systemic examination:

- Chest clear; B/L NVBS heard, no added sounds
- S1 S2 heard, no murmurs heard

Local examination:

- Right Eye Abaxial proptosis (eye pushed inferolateral) with restricted EOM in medial, superior and inferior gaze
- Right cheek fullness, non-tender, firm to hard bony consistency on palpation
- Widened nasal dorsum along its upper 1/3rd
- Pupil dilated and non-reactive on the right side. Left normal
- Oral cavity: No bulge noted, no lesions in any subsites of the oral cavity
- Nasal cavity: Pink colored mass noted in the right nasal cavity, pushing the septum to the left side; near-complete nasal obstruction

A sub-labial biopsy was performed under GA (Oct 11<sup>th</sup>, 2021). The patient received 1 cycle of VAC chemotherapy after the biopsy. No significant reduction in swelling or proptosis was noted following the chemotherapy. The child however did not have any further nasal bleeding episodes. In the 3<sup>rd</sup> week of November, the child started to have difficulty in breathing characterized by excessive snoring in the supine position, noisy breathing at rest with chest retractions, and irritability. She presented to the Emergency with these complaints (1<sup>st</sup> December 2021)

Examination findings during Emergency admission( 1<sup>st</sup> Dec 2021):

General physical examination:

- Child was conscious, alert, and irritable
- Pulse rate: 118 bpm
- Respiratory rate: 48/min
- Gross stertor present, associated with intercostal, subcostal, suprasternal retractions
- Non-cyanotic, maintaining saturation of 95-99 % at room air

Local Examination:

No significant change with regard to proptosis/ facial swelling/ nasal examination. New bulge noted along the right side of soft palate pushing down, with Tonsil pushed infero-medially and causing narrowing of the oropharyngeal airway

Larynx: Normal on fiber optic laryngoscopy

An emergent tracheotomy was undertaken for the relief of airway obstruction.

#### Investigations

Biopsy 1: RML hospital, dated 24-7-2021

-foci of fragments of respiratory epithelium and tiny fragments of the fibromuscular stroma. Occasionally scattered atypical cells infiltrating the fibromuscular stroma cells show scant cytoplasm, hyperchromatic pleomorphic nuclei, and inconspicuous nucleoli.

Biopsy 2: RML hospital, dated 16-8-2021

Fragmented core which are ulcerated along with areas of hemorrhage and fibrin. Few cores show proliferation of spindled cells having elongated hyperchromatic nuclei and eosinophilic cytoplasm. These cells show strong cytoplasmic positivity for SMA and weak patchy positivity for desmin

Imp: Acute inflammatory granulation tissue.

A possibility of Rhabdomyosarcoma cannot be ruled out

Biopsy 3: RML hospital, dated 14-9-2021

Sections show blood clots and fragments of fibro collagenous tissue focally lined by respiratory epithelium with squamous metaplasia. The underlying tissue is composed of

granulation tissue in the form of proliferating capillaries chronic inflammatory infiltrate and fibroblastic proliferation. Small bony bits also included composed of trabecular bone and fibrosis in marrow space  
No neoplastic lesion was seen in the biopsy

Parameter	Values
CBC (Hb/ TLC/ P/c)	11.3/16850/4.74 lakhs
KFT (Urea/ Creat)	12/0.2
LFT (Bil/OT/PT/ALP)	0.48/13/33/164
Albumin	4.7
SE (Na/ K)	136/4.8
Chest X-ray	NAD

**Imaging:**

**CECT PNS and Brain (19-07-2021)**

**CEMRI BRAIN and PNS (25-08-2021)**

**PET CT (04-10-2021) images are provided**

**Kindly attend the CCR/CPC on the above-mentioned Date/Time/Venue.**

**Kindly attend the Live CCR/CPC on the above-mentioned Date/Time/YouTube Link.**

**Thanks & With Regards**

**Kamal Tiwari**

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