

Sir/Madam,

Greetings from AIIMS SET Facility, New Delhi!!

The Live Clinical Combined Round/Clinical Grand Round is scheduled to be held on 28.09.2021 in LT-I, AIIMS, New Delhi. The topic of Clinical Combined Round/Clinical Grand Round is as under:-

CLINICAL COMBINED ROUND:

Date : 28.09.2021

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.	"TUBERCULOSIS: the cutting edge"	PULMONARY MEDICINE
2	"A tale of two institutes achieving excellence- story of successful bilateral leg transplantation"	PLASTIC SURGERY

CLINICAL PATHOLOGICAL CONFERENCE:

Date : 28.09.2021

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>

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

CLINICOPATHOLOGICAL CONFERENCE

Clinical Discussant : Prof. Sanjay Gupta

Date: 28th September 2021

Pathology Discussant: Dr. Prasenjit Das

The patient, a 54-year-old lady, resident of Assam, presented with chief complaints of recurrent abdominal pain for six months. She was apparently well six months back when she started having colicky abdominal pain. It started in the central abdomen, radiating to the right iliac fossa. It was sudden in onset, moderate to severe in intensity, associated with abdominal distension and bilious vomiting, lasting 2-3 hours with exacerbation on and off. The pain relieved by medication/vomiting. The patient had several episodes of abdominal pain during the last six months and visited hospital for the same three times during these 6 months and was treated on an out-patient basis. She had no history of constipation, obstipation, haematochezia, or melena. She had no loss of weight/appetite/evening rise of temperature. She had no other significant complaints.

Past medical history:

She was a known case of hypothyroidism on treatment - controlled.

She had no previous history of tuberculosis, bronchial asthma, epilepsy, diabetes mellitus, or hypertension.

No previous history of surgery or hospitalization.

Family history: There was no other contributory family history.

General Examination:

Patient was conscious, co-operative and oriented in relation to time, place and person. She was well built and nourished. Her vitals were normal.

Abdominal Examination:

On inspection, the abdomen was not distended; umbilicus was central in position; all quadrants were moving equally with respiration. There were no scar marks, sinuses or distended veins. The hernial sites were free.

On palpation, the abdomen was soft and non-tender. An intra-abdominal lump of size 4x3 cm was palpable in the right iliac fossa. The margins were well defined. The lump was firm in consistency and was mobile in both horizontal and vertical planes.

Bowel sounds were heard and were normal.

Other System Examination :Normal

Serological Investigations:

Hb: 11.4 g/dL, HCT: 35.3 %, Platelet: 120 $10^3/\mu\text{L}$.

T.L.C: 7.85 $10^3/\mu\text{L}$; Neutro: 74.2 % Lympho: 16.9 % Mono: 7.6 % Eosino: 0.9 % Baso: 0.4

Urea 30 mg/dL, Creatinine - 0.7 mg/dL, Uric Acid 5.3 mg/dL

Calcium - 9.2 mg/dL, Sodium - 141 mmol/L, Potassium 4.1 mmol/L

Bilirubin (T) 1.31 mg/dL, Bilirubin (D) 0.42 mg/dL, Bilirubin (I) 0.89 mg/dL

ALT 15 U/L, AST 20 U/L, ALP 102 U/L

Total protein 7.7 g/dL Albumin 4.5 g/dL.

(PT): 12.200 sec INR: 1.045

TSH: 4.07 $\mu\text{IU/mL}$, T3: 105 ng/dL, T4: 7.6 $\mu\text{g/dL}$.

Radiographic investigations:

USG whole abdomen (pvt): Reported normal

CECT Abdomen performed as a part of work up: Imaging provided.

Colonoscopy (done twice):

Edematous and infiltrated mucosa with luminal narrowing in terminal ileum. ?Polypoidal lesion/Prolapsed mucosa seen just proximal to IC valve. IC valve is edematous. Biopsies taken

Surgical procedure: Diagnostic laparoscopy followed by Right hemicolectomy and mesenteric lymph node biopsy.

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

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Thanks & Regards

Kamal tiwari

Content Developer

AIIMS, New Delhi

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