**From:** "ROOT" <root@sctimst.ac.in>
**To:** "ROOT" <root@sctimst.ac.in>
**Date:** 29/03/2022 01:34 PM
**Subject:** Invitation from AIIMS, New Delhi

**Sir/Madam,**
**Greetings from AIIMS SET Facility, New Delhi!!**

**The Live Clinical Combined Round/ Clinical** Pathological Conference **is scheduled to be held on 29.03.2022 in LT-I, AIIMS, New Delhi. The topic of Clinical Combined Round/Clinical Grand Round is as under:-**

**CLINICAL COMBINED ROUND:**
**Date : 29.03.2022**
**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. | "CROSS-FIELD VENTILATION FOR A LOW TRACHEAL STRICTURE" | ANAESTHESIOLOGY PAIN MEDICINE & CRITICAL CARE |
| 2 | "TARGETED STRIKE ON A MOVING MARK: A STORY OF MATSYA VEDH" | NEUROSURGERY-2 |

**CLINICAL** PATHOLOGICAL CONFERENCE:
**Date : 29.03.2022**
**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. Taru Garg** **Date:29th March 2022**

**Pathology Discussion: Dr. Shipra Agarwal**

A 67-year-old male patient presented to us in the casualty with multiple vesiculobullous lesions and crusted plaques over the face which progressed to involve the trunk and extremities over 6-8 weeks. There was a history of associated oral and conjunctival mucosal involvement with erosions, with mild difficulty in eating spicy food. Other mucosa were unaffected.
He also had a history of pain abdomen off and on for a month which did not correlate with food intake. There was a history of progressive loss of appetite over the last one month.
**Medical History:** The patient was a known case of DM and hypertension for the last 7 years, controlled on Metformin 1g OD and Telmisartan 40+ Amlodipine 5 mg OD, respectively.
**On Examination:** The patient's vitals were stable. He was afebrile; blood pressure was 124/88 mm Hg in the right arm in sitting position; pulse rate 98/min, and respiratory rate 16/min.
***Skin examination*** revealed generalized involvement (images provided). Vesiculobullous lesions and few target lesions were noted over the distal extremities, face and scalp. These bullae were tense over the face along with a few crusted erosions, while those over the trunk were mostly flaccid, containing clear to turbid fluid. There were multiple punched out ulcers over the groin, scrotum and penile shaft. Total body surface area of involvement was 25-30%. Both direct and indirect Nikolsky tests were negative.
The respiratory and cardiovascular system examinations were within normal limits (normal air entry over bilateral chest and S1, S2 normal) and abdominal examination revealed a soft abdomen without organomegaly, and with normal bowel sounds.
The patient was admitted in the Dermatology ward, and two of the lesions were biopsied at this time. On evaluation, he was noted to have asymptomatic hyponatremia. Later, over a week, there was evolution of these lesions into large, ulcerated plaques with hemorrhagic crusting, especially over the trunk and extremities. Another set of biopsies was done at this time.
He started on Wysolone 0.5 mg/kg without much improvement. IVIg was added on day 10 (cumulative dose 130 gm) but no improvement was noted. Wysolone was then increased to 1 mg/kg.
The patient developed tachypnea on day 15 of admission. An arterial blood-gas analysis was found to reveal compensated respiratory alkalosis. His hyponatremia worsened, accompanied by hyperkalemia. The patient collapsed in the washroom on day 22 and had to be intubated. He developed sepsis and had to be started on inotropes to maintain blood pressure as fluid resuscitation alone was insufficient. Blood culture revealed E. Coli growth. He subsequently developed septic encephalopathy and expired due to refractory septic shock on day 25.

**Investigations:**

| Parameter | Day 1 (14/08/19) | Day 8 (21/08/19) | Day 14 (27/08/19) | Day 21 (3/09/19) | Day (6/ |
|---|---|---|---|---|---|
| Hemoglobin (g%) | 14.5 | 12.2 | 11.2 | **10.4** | **8.8** |
| Total leukocyte count (/mm$^3$) | **15880** | **13960** | **13580** | **14820** | 445( |
| Differential leukocyte count (%) (Neutrophils/Lymphocytes/Eosinophils/Basophils/Monocytes) | 76/6/0.3/0.3/16.5 | 78/ 6.8/ 0.2/0.1/14.8 | 71/10/0.1/0.1/17.5 | 82/3/0.2/0.1/11 | 92/4 |
| Platelet count (/mm$^3$) | 5.02L | 4.35L | 3.56L | 4.10L | NA |
| Peripheral smear | Normocytic normochromic anemia, No atypical cells | | | | |
| Fasting blood sugar (mg/dL) | **274** | | | | |
| Urea/Creatinine (mg/dL) | 43/0.9 | 28/0.6 | 36/0.8 | 51/0.7 | 43/( |
| Sodium/ potassium (mEq/dL) | **124**/4.5 | **114**/4.19 | 137/3.7 | 135/4.1 | **155**/ |
| Calcium/Phosphate (mEq/dL) | **6.4**/4.4 | **6.3**/4.3 | **7.8**/3.3 | | **6.3**/ |
| Uric acid (mg/dL) | | | | | 3.7 |
| Total Bilirubin (mg/dL) | 0.6 | 0.6 | 0.3 | 0.2 | 0.2 |
| Aspartate aminotransferase/Alanine aminotransferase (IU/dL) | 22/33 | **62/68** | 23/17 | 23/21 | 55/4 |
| Total protein/albumin/globulin (g%) | 5.6/**2.7**/2.9 | 4.3/**2.1**/2.2 | 5.3//1.7 | 4.4/1.7/2.7 | 3.4/ |
| Procalcitonin (ng/mL) | | 0.21 | 0.31 | | 1.7 |
| Lactate dehydrogenase (Units/L) (upper limit 214) | | | **470** | | |
| C-reactive protein (mg/L) | 123 | | | | |
| Viral markers (HIV, HbsAg, anti-HCV) | Negative | | | | |
| Urine routine microscopy | Sugar +, trace | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | proteins, ketones, WBC 4-6/hpf, RBC 0-2/hpf. | | | | |
| Stool routine microscopy | E. histolytica +, occult blood present | | | | |
| Electrocardiogram | Normal sinus rhythm | | | | |
| Chest X ray | Normal study | | | | |
| Tzanck smear | Acantholytic cells | | | | |
| Urine osmolality (mOsm/kg $H_2O$) | 552 | | | | |
| Serum osmolality (mOsm/kg $H_2O$) | 276 | | | | |
| Urine spot sodium (mmol/l)/Creatinine(mg/dL) | | 97mmol/, 100mg/dL | | | |
| CECT chest and abdomen: | Normal study | | | | |
| Blood culture (day 27) | E. coli, sensitive to cefoperazone-sulbactam, colistin, imipenem, piperac tazobactam; Resistant to cefotaxime, ceftazidime, ciprofloxacin and merope | | | | |

[18] ***FDG Positron emission tomography (whole body) (day 13):*** Images 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 & Regards**
**Kamal tiwari**
**Content Developer**
**AIIMS, New Delh**i
**Mob :- 9871810543**