From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 01/04/2025 02:51 PM
Subject: CPC Clinical Protocol 02.04.2025

Dear All,
The next Wednesday CPC of the session will be held tomorrow, **April 02, 2025** at **08.00 hours** (IST) in **Lecture Theatre 1**, Nehru Hospital, PGIMER, Chandigarh under the Chairmanship of **Prof. Sanjay Jain.**

The session will also be available on the Webex platform. Kindly follow the link below to join.

https://pgitelemed.webex.com/pgitelemed/j.php?MTID=md00288711fdbf94321a0819943e426a2

In case you join in thru WebEx, kindly **ensure that your microphone and camera are switched off** and **PLEASE DO NOT SHARE YOUR SCREEN**.

The Clinical handout of the case to be discussed is attached herewith.
The clinical protocol will be discussed by ***Dr. Suresh Kumar, Department of Pediatrics .*** Radiology will be presented by ***Dr. Anmol Bhatia***. Autopsy pathology will be presented by ***Dr. Uma Nahar.***

Yours sincerely,

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Regional Resource Centre, North
Department of Telemedicine
PGIMER, Chandigarh

Clinical Protocol, Pediatric CPC, 2nd April 2025

B/O Rano Rani, 1.5-month-male (DOB: 19th December 2023) R/O Barnala	**CR no:** 20240137740 **Adm no:** 2024009735	**Clinical discussant:** Dr Suresh Kumar
Unit: Pediatric Emergency	**DOA:** 5th February 2024, 9:30 PM **DOD:** 6th February 2025, 3:05 AM	**Radiology discussant:** Dr Anmol Bhatia
Clinician Incharge: Prof. Jayashree M	**Hospital stay:** 6 hours	**Pathology discussant:** Prof. Uma Nahar

Chief complaints:
Fever for 7 days.
Abdominal distension for 4 days.

History of present illness:
Fever, 102°F, intermittent.
Generalized progressive abdominal distension with scrotal swelling. H/O vomiting with blood-stained content for 6 hours.
No history: cough, distress, loose stools, constipation, jaundice, swelling, rash, decreased oral intake or urine output.

Treatment history:
Admitted in a Pvt. Hospital, Ludhiana for 5 days (1-5 February 2024). ***Fever, cough, and cold for 7 days****. Pallor, tachypnea, hepatosplenomegaly, hypoglycemia, pancytopenia, elevated CRP, and positive SARS-Co-V-2 IgG antibodies. Treatment included dextrose bolus, meropenem, amikacin. Referred in view of PICU need for respiratory distress.*

Antenatal and Birth History:
Antenatal period uneventful. Obstetric USG at 8 weeks, 12 weeks, 20 weeks, 34 weeks were normal. Level-II scan at 21 weeks and fetal echocardiography at 29 weeks were normal.
Born to non-consanguineous couple, G2P2L0 mother by normal vaginal delivery, cried at birth, birth weight 3.6 kgs, normal perinatal transition, received birth dose of vaccines.

Family history: Elder male sibling died at 3 months of age, pneumonia, congenital heart disease.

Examination:
Anthropometry: Weight: 5.5 Kgs (+0.53 Z).
Vitals: Afebrile, HR: 132/min, RR: 59/min, CP: ++, PP: +, cold peripheries CFT 3s, SpO2: NR, BP: 73/49 mmHg.
GPE: Pallor +, bleeding from nose and mouth.
Respiratory system: Tachypnea, bilateral air entry equal, no added sound.
Abdomen: Distended, prominent veins, liver 5-6 cm below RCM, firm-hard; spleen 6 cms below LCM, firm-hard.
Cardiovascular system: S1 S2 +, no murmur/gallop.
Central nervous system: GCS 13, pupils 2 mm RTL, normal and symmetrical activity, DTRs +.

Investigations:

	24/1/24	1/2/24	3/2/24	4/2/24	5/2/24
Hb	***9***	***9.7***	***8.9***	***8.2***	**5.4**
TLC	***8100***	***6300***	***3490***	***6020***	20800
Neutrophils	***60%***	***1.9%***	***18%***	***33%***	62%
Lymphocytes	***30%***	***87%***	***71%***	***57%***	24%
Monocytes	*6%*	*11%*	*10%*		13%
ANC	*4860*	***119***	***640***	*1970*	12896
ALC	***2430***	*5840*	***2500***	*3400*	4992
Plat	***124000***	***51000***	***45000***	***46000***	**18000**
MPV		*8.5*	*11.4*	*11.8*	
MCV		*64*		*72*	88
MCH		*23*		*23*	26
MCHC		36		*32*	30
RDW		18		*18*	21
PBF				*NC/NC*	

	1/2/24	4/2/24	5/2/24			5/2/24	6/2/24
Glucose			**28**, 98		**pH**	**6.72**	**6.76**
Sodium		*126*	**128**		**PaO2**	**60**	158
Potassium		*4.82*	**?7.2**		**PaCO2**	**35**	**21**
Chloride		*96*	99		**HCO3**	**4**	**2.8**
Urea		*36*	61		**BD**	**-20**	**-28**
Creatinine		*0.3*	0.48		**SaO2**		
OT	***84***		**?1803**		**Lactate**	**23**	**22**
PT	*42*		**257**		**iCa**	1.46	
TSB			**3.64**		**AG**	**20**	**15**
Cong			**2.55**		**Na**	**126**	**124**
TSP			**3.8**		**K**	**6.9**	**7.8**
Alb			**2.7**		**Glucose**	**16**	75
CRP	*22, 59*						

Urine RE (1/2/24): *No glucose, proteins, cells*
CXR (1/2/24): *Normal*
Blood culture (1/2/24)*: Sterile*
USG Abdomen (2/2/24): *Right hydrocele*
USG abdomen (4/2/24): *Splenomegaly, ascites*
USG abdomen (5/2/24): *Hepatosplenomegaly, thickened and edematous GB wall, minimal ascites*
ECHO (5/2/24): *Small PFO, No structural heart disease, normal BV functions*
COVID-19 IgG antibodies (5/2/24): *143 U/ml) (normal <0.8)*

Coagulation profile (5/2/24): Clotted
Blood culture (5/2/24): Sterile

Course and management:

Septic shock: NS boluses 10 ml/kg X 3. Adrenaline 0.1-0.3 ug/kg/min. Meropenem and vancomycin.

Active hematemesis and gasping respiration: Intubated and positive pressure ventilation.

Hyperkalemia: Calcium gluconate, sodium bicarbonate, insulin-dextrose.

Anemia and bleeding manifestations: Request sent for PRBC, FFP, and platelets; Transfusion medicine team contacted for urgent blood components.

Pre-terminal event: Deterioration in hemodynamic status. Cardiac arrest at 3:05 am, CPR, no ROSC, declared dead, autopsy done.

Unit's final diagnosis:

Septic shock, Multiple organ dysfunction syndrome (shock, disseminated intra-vascular coagulation)
? Familial hemophagocytic lymphohistiocytosis; ? Primary Immunodeficiency