From: "ROOT" <root@sctimst.ac.in>
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Date: 17/09/2024 12:37 PM
Subject: CPC Clinical Protocol 18.09.2024

Dear All,

Season's Greetings.

The next Wednesday CPC of the session will be held on **September 18, 2024** at 08.00 hours (IST) in **Lecture Theatre 1**, Nehru Hospital, PGIMER, Chandigarh.

The session will also be available on the Webex platform. Kindly follow the link below to join.
https://telemedicine.webex.com/telemedicine/j.php?MTID=mb8f5c93d0efe86e2ec7df721b3c21227

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. Seema Chopra, Department of Obs & Gynae.*** Radiology will be discussed by ***Dr. Nidhi Prabhakar.*** Autopsy pathology will be presented by ***Dr. Suvradeep Mitra.***

Yours sincerely,

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Regional Resource Centre, North
Department of Telemedicine
PGIMER, Chandigarh

STAFF CPC (18.9.2024) CLINICAL PROTOCOL

Name: Ms H Age:25 years Gender:F CR. NO.202205235107

Clinical Incharge: Prof Vanita Suri (OBGYN unit 3)

DOA:10/12/22 DOD :20/12/22 Stay- 10 days

Clinical discussant:Dr Seema Chopra Pathologist: Dr Suvradeep Mitra Radiologist: Dr Nidhi Prabhakar

Presenting complaints and history :Loss of appetite, weight loss(49to 36 kg)- one month. Pain abdomen, right suprapubic region-1 week. Sudden onset abdominal distension- 3 days. No associated cough, fever, vomiting. Occasional constipation.

With these complaints , she was admitted at **Level 2 facility(CH PKL)** for 2 days.(8/12-10/12). P/V -Fixed irregular mass in posterior fornix .**USG** -right adnexal poorly defined, thick-walled cystic mass 6.9x4.2x6.3 cm up to pouch of douglas. Significant free fluid. **CE MRI Pelvis** (on referral) 09/12/2022- Elongated T2 hyperintense cystic lesion 6.7 x 2.9x 4.3cm in right adnexa inseparable from right ovary containing internal mild intermediate density debris in posterior dependent aspect , relatively well defined hypointense wall .Right ovary is not seen separately and is abutting its distal end.T1wt- Hypointense signal with hyperintense in distal part, (Intermediate on T2wtimage). Small hemorrhagic content or mucin density content. No obvious septae/calcification/ fat . Mild contrast enhancement of wall of lesion with internal non enhancing cystic component POD- loculated fluid collection -5.2 x 3.4 cm with lobulated margins surrounding the right ovary. .Uterus, Cervix left adnexa – normal. Ascites present. Bowel loops, uterus, adnexa clumped together in pelvis **Opinion** Right TO mass/ Right ovarian cystic lesion/?hydrosalpinx-infective cause/ ? tubercular. CA-125-70.6 u/ml, bhCG-2.15miu/ml.**Ascitic fluid** Pale yellow, 1)Cytology-Inflammatory cells consisting of lymphocytes,macrophages,neutrophils along with reactive mesothelial cells in clusters -s/o exudative ascites. 2)CB NAAT-negative,, 3)Biochem – Protein 5.1g, sugar-111mg%, cholesterol-88mg%.

PGI referral-10/12/22-Past History- non contributory Family history- Mother -? gastric malignancy? Laryngeal malignancy

Obstetric history- P1001- 2021 uncomplicated pregnancy FTVD LB GIRL, A&W . Menstrual History- MC 3-4/28 d LMP-10/11/22

On examination. .Vitals stable. Oriented ,Afebrile,92/min ,120/80, 20/min . PICCLE- Negative .Systemic exam- NAD Per abdomen- Mild Distension, tenderness right lower abdomen. : P/S-NAD P/V- os closed, uterus NS, deviated to left. Right forniceal and POD fullness, POD- hard mass palpated. USG – Gross ascites. Right dilated tubular structure-?hydrosalpinx/ hematosalpinx. Provisional working diagnosis- TO mass - ? Tubercular ?? Malignant

Course in PGI :Her vitals remained stable, rapidly accumulating ascites requiring paracentesis on 10/12- Ascitic tap-Straw coloured sent for Cytology/ biocem, g stain, culture, TB work up . Tubercular work up was inconclusive. 12/12 CECT abdomen & Pelvis- Right adnexal cysytic lesion3.9x 4.2 cm Bilious 13/12- Tu markers* .Vomiting 15/12 onwards, symptomatic treatment.Ascitic fluid ADA -14, SAAG – Low . Not S/O TB, so planned for endoscopy to rule out malignancy .UGIE 18/ 12 s/o Ca stomach, colonoscopy – extrinsic bulge at rectosigmoid junction.Ascitic fluid cytology s/o metatstatic adenocarcinoma with mucin background, Stomach ulcer biopsy- poorly differentiated carcinoma, few signet ring cells. ,Metaboloic profile- Sugar- normal D3 Hyperkalemia - corrected, D 9 Hyponatremia-(volume overload) , RFT-Urea deranged D3 onwards. I/O maintained till 18/12. Urine output decreased on 19/12.

CXR-NAD, urine c/s -sterile, Cx swab-BGNS, TFT-WNL,

Ascitic fluid	9/12	11/12	***Biomarker**	9/12	13/12	N range
ADA		14.0	CA 125	70	95.66	0-35 IU/ml
CB NAAT	NEG	neg	Beta Hcg	2.15		<5 miu/ml
G.stain/culture(12/12) AFB smear(13/12)		NEG	Alpha feto protein		1.65	0-5.8 IU/ml
Pr/sugar		5g/85	CA – 15-3		16.9	0-25 IU/ml
SAAG		<1g/dl	CA-19-9		11.43	0-27 IU/ml
Cells N/L 10/12/22 RBC		4143/67/32 5710	CEA		0.44	0-4-7 ng/ml

Sr. No.	**Investigation**	**9/12/2022**	**10/12/2022**	**13/12/2022**	**15/12/2022**	**19.12.2022**
1	Hb g/dl	11.8	11.3	11.8	11.5	10.6
2	TLC 10^9/L	12.4	12.2	16.9	10.3	24.4
3	DLC		88/7/0.1/11/0.1	84/5/0.1/9/0.1	84/6/0/10/0	96/2/0/1/0
4	PLT 10^9/L		679	978	1065	991
7	PT sec		16		16	
8	INR		1.19		1.15	
9	PTI %		84%		86%	
10	APTT sec		29			
11	NA + mmol/L		135	137.5	129.2	117
12	K+ mmol/L		5.44	6.25	5.16	3.7
13	CL mmol/L		101	89.2	81.7	64
14	UREA mg/dl		27	60.5	52.9	
15	CREAT mg/dl		0.53	0.77	0.64	
16	Pr (t) g/dl		6.3	6.71	6.35	
17	Alb g/dl		3.26	3.70	3.57	
18	Bil (T) mg/dl		0.64	0.51	0.36	
19	Bil (C) mg/dl		0.11	0.14	0.20	
20	SGOT U/L		13	34.9	17	
21	SGPT U/L		32	12.0	13.2	

:**USG 11.12.2022 (106824)** Gross ascites. A well defined soft tissue lesion 5x3.5 cm with central cystic area with echogenic debris ?necrotic, in right adnexa. Right ovary not seen separately. C/I right TO ass ? Neoplastic

CECT ABDOMEN (PGI) E-59873/22 dtd 12/12/22 Gross ascites .Smooth peritoneal thickening and enhancement.Few ileal loops in pelvis show mild symmetric mural thickening. Few subcentrimetric lymph nodes, largest 6 mm . Cystic lesion 3.9 x 2.4 cm in right adnexa with minimal eccentric soft tissue .Uterus , left Adnexa. Liver, GB, Spleen, Pancreas,,Kidneys,UB, Adrenals, Major Vessels, B/L lungs : normal

Ascitic fluid – 10177 LBC (12/12/22,) 10187 (15/12/22), 10280 (19/12/22) Reactive mesothelial cells, lymphocytes polymorphs, macrophages **few atypical** cells with coarse chromatin and moderate vacuolated cytoplasm. Few singly scattered and small clusters of tumor cells with irregular nuclear contour, coarse chromatin, prominent nucleoli and moderate amount of vacuolated cytoplasm. Background – Fluidy and **MUCIN** admixed with neutrophils, lymphocytes and few mesothelial cells **.CYTO DIAGNOSIS- METASTATIC ADENOCARCINOMA**

18/12/2022 (Day 8) UGIE - Eso- N.Stomach- F- Filled with dark coloured fluid-500 ml aspirated. B-1.5x 2 cm deep ulcer , friable on biopsy. Multiple biopsies taken. A –Normal. D and J (upto 10 cm) sfilled with solid faecal matter. ?Ca stomach. **COLONOSCOPY-** rectum filled with solid stool, extrinsic compression at RS jx with a sharp bend. Scope not negotiable.

Biopsy - S-35238/2022 Stomach ulcer edge- Tumour arranged in sheets predominantly and vague glands. Tumor cells show moderate nuclear pleomorphism, coarse chromatin, conspicuous nucleoli , scant cytoplasm. FEW SCATTERED SIGNET RING CELLS :**DIAGNOSIS: P**oorly differentiated carcinoma

Anticoagulation withheld in view of risk of GI bleed after UGIE biopsy.

19/12/22 (Day 9) Sudden, SOB, Tachycardia and tachypnoea, fall in O_2 saturation. ECG- Global T wave inversion, SOB test s/o PE. CXR NAD **- CXR-NAD, Ascitic tap-2.2 L, ECG, SOB test -PE.7 pm 134/min, 92/60, 24, 96% RA ,8.50pm- 127, 90/54, 20, 97%**

20/12/22(day 10)12 am-Found Unresponsive

ABG	11/12 1.25 pm	14.12. 1:30 pm	15.12. 9:35am	17.12 9:17 AM	19.12 1:pm
PH	7.37	7.48	7.48	7.49	7.58
PCO2	45.8	40.3	33	39.6	29.2
PO2	54.4	74.7	43	83.5	102.5
HCO3	26.1	29.5	24.9	29.9	26.8
BE (B)	0.5	5.7	1.8	6.2	5.3
O2 Sat	87.3	95.9	83	97	98.4
Sodium	131.1	145	126	115	107
Pottasium	3.85	3.4	4.05	2.27	3.3.

S.O.B test 19/12/22-1.40 pm

CK MB-6.4 (0-4.3)ng/ml

Myo- >500 (0-107)ng/ml

BNP- 9.8 (0-10) pg/ml

D dimer 1980 (0-500)

Immediate cause of death ?PE

Antecedent cause- Malignancy-

Primary Gastric carcinoma with peritoneal carcinomatosis ?Secondary ovarian malignancy ?Secondary Appendicular Tumour

?? POSCC Primary ovarian signet cell carcinoma

??HDGC- Hereditary Diffuse Gastric Carcinoma

[The attachment CPC Clinical Protocol 18.09.2024.pdf was manually removed: Tue, 17-Sep-2024 07:16:36 GMT]