

Global Health Pvt Ltd
Medanta-The Medicity, Sec-38, Gurgaon
Medical Certificate

Patient Name	: Mr. Rajesh Kumar Mani	Patient UHID	: MM01554487
Age	: 49Y	Gender	: Male
Practitioner	: Emergency Team	Specialty	: Emergency and Trauma Services

Emergency Certificate Admission

This is to certify that Mr. Rajesh Kumar Mani S/D/W/O Mr/Mrs Bhagwanmani Tripathi Age 49Y Male UHID No MM01554487 attended the Emergency department of Medanta hospital on 30/09/2019 and was admitted at 30/09/2019 21:21 with complaints of black coloured stools, weakness and was advised for admission as an emergency case under gastro Team with diagnosis of melena with severe anemia under evaluation, CLD .

Admitting Consultant - Dr Randhir Sud
Signature -
Date - 30/09/2019

Authorized By	: Emergency Team	Signature	<i>S. Sud</i>
Last Modified By	: Emergency Team	Signature	
Print Date / Time	: 30/09/2019 23:13	Logged User	: EMERGENCY

Emergency Medical Officer
 Medanta-The Medicity
 Sector-38, Gurgaon-122001


 JCI certificate
 (CN 1683)

 Certificate No
 H-2011-0073

 Certificate No.
 MC-2346

Dr. Randhir Sud
 MD, DM, F.I.A.M.S.,
 Chairman - Hepatology
 Medanta Institute of Digestive
 & Hepatobiliary Sciences
 Medanta - The Medicity
 Sector-38, Gurgaon-122 001
 Regn. No. DMC - 2642

Medanta - The Medicity

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Corporate Identity Number - 56405992012019

30-09-2019



ilbs

INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

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Phone No: 011-46300000 Ext, 7055 & 7056, 011-26706700 - 02, 64703890

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Discharge Summary

Patient:	Mr RAJESH KUMAR MANI	UHID:	ILBS.0000213447
Age:	49 Year(s)	InpatientNo:	IPID.0058910
Gender:	Male	Admission Date	25 Nov 2019 03:05 PM
Ward:	General Ward B Second Floor	Discharge Date:	9/12/18 ✓
Speciality:	HPB Surgery	Bed No:	2010-01
Consultant:	Dr T K Chattopadhyay		

DIAGNOSIS:

1. Duodenal (D3-D4 junction) GIST with GI bleeding
2. Background - CLD-ethanol, decompensated with ascites/?HE, Child A, MELD Na_z 11, HVPG 6
3. Large incisional hernia S/P EL + colostomy for gunshot injury in 2002, S/P colostomy closure in 2002

CO-MORBIDITIES: Hypertension x 10 years, Hypothyroidism x 2 months (on Tab thyronorm 62.5 µg/ day)

PROCEDURES PERFORMED: Segmental duodenal resection (D3, D4) of GIST containing segment + Roux en Y gastrojejunostomy + duodenojejunostomy (D3 jejunum) + feeding jejunostomy + liver biopsy on 28/11/2019

INDICATION FOR ADMISSION: Surgery

HISTORY: Mr Rajesh, a 49yrs old male, presented to ILBS with complaints of malena 2 months back which persisted for a week, with 4-5 episodes per day. Patient took over the counter treatment for diarrhea mistaking malena for diarrhea. He developed severe dizziness following which he was evaluated and diagnosed with severe anemia and required blood transfusion. Further workup was s/o CLD. UGIE showed duodenal GIST and patient went to Medanta hospital for further management. At Medanta, he was transfused 4 units of PRBC following which he was intubated ?fluid overload. There was also doubtful h/o altered sensorium. He was evaluated with Imaging, UGIE+EUS which were s/o duodenal GIST (D3-D4) with stigmata of Bleed with early esophageal varices and CLD. Following this he came to ILBS for further management. He was evaluated on OPD basis and planned for surgery. In the interim he had dizziness and fall (? Low Hb) sustaining chest trauma. Patient was admitted on 07/11/2019 for evaluation and surgery but was discharged as patient wanted to obtain 2nd opinion regarding plan of management. Now the patient is being readmitted with complaints of malena for the past 5 days.

Chronic alcoholic x 6 years- 100 ml to 180ml/day

Last intake - in September 2019

H/o Tobacco chewing stopped after last admission.

No h/o UGI/ LGI bleeding.

No H/o jaundice

No h/o loss of appetite, loss of weight

No h/o urinary complaints

H/o exploratory laparotomy with colostomy for gunshot injury in 2002

k/c/o large incisional hernia since 2005

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ON EXAMINATION:

Conscious, oriented

Afebrile, PR-80/min, BP-110/70 mm Hg, RR-16/min

Pallor present

No Icterus/ cyanosis/ Clubbing/ LNP/ Edema

RS: Air entry bilateral equal

P/A: Soft, Non tender, no lump, no organomegaly, no free fluid, large incisional hernia present with distorted abdominal contour more towards left side. Midline scar mark of exploratory laparotomy, BS +ve

P/R- grade III hemorrhoids

SYSTEMATIC REVIEW:

USG Abdomen (25/11/2019): K/c/o GIST in duodenum, present ultrasound shows : Chronic liver disease with findings suggestive of portal hypertension (splenomegaly with prominent splenoportal axis). Large hernia seen in left lower abdomen with bowel loops and mesentric fat as content. No free fluid in peritoneal cavity.

PET CT (16/10/2019): Metabolically active exoenteric soft tissue mass arising from the fourth part of duodenum suggestive of primary malignant pathology (likely GIST). Advised HPE for confirmation.
 2. Metabolically active enlarged right lower paratracheal and subcarinal lymph nodes likely infective (granulomatous) in etiology. However FNAC may be worthwhile to exclude remote possibility of metastases.
 3. CLD with non-metabolic LR-3 lesion (likely atypical hemangioma) in segment VII with features of PHT (splenomegaly with mild ascites and bilateral pleural effusion).

CECT Abdomen (Outside, 1/10/2019): cirrhotic liver morphology. Endoexophytic lesion with transmural extension from D3-D4 with abutment of proximal jejunal loops. 3.9 x 3.4 x 3.9cm in size

Upper GI endoscopy (outside): early esophageal varices, GIST of D3.

HVPG (15/11/2019): No clinically significant portal hypertension. HVPG - 6 mm hg

Fibroscan(9/10/2019)

CAP_MED 269

CAP_IQR 13

E MED 70.6

E IQR 5.2

E IQR MED 7%

HPE (04/12/2019, H-5425/19): Duodenal D4 segment with tumor Gastrointestinal stromal tumor (GIST), spindled cell type, Low grade.

Tumor site- Duodenum.

Tumor size- 6 x 3 x 2.5cm.

Tumor Focality- unifocal

Mitotic Rate- 0-1/25HPF

Necrosis- not seen

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Histologic Grade G1:Low grade;mitotic rate 5/5 mm²

Resection margins- Resection margins (duodenal) are free of tumor.

Lymphovascular invasion not seen

Perineural invasion- not seen

Liver biopsy (H- 5426/19, 29/11/2019): Liver (Trucut) biopsy- Steatohepatitis with Cirrhosis

OPERATIVE FINDINGS:

Liver nodular. No ascites. No peritoneal nodules. No significant collaterals

Flimsy adhesions interbowel and bowel to pariety.

Omental and bowel adhesions to right side of liver, gall bladder and parietal wall and liver to wall adhesions

Large incisional hernia on left side. Content: small bowel and sigmoid colon

Tumour of size 4 x 5 cm involving D3-D4 part of duodenum.

10 cm segment of bowel resected from distal D3 to 5 cm beyond DJ flexure.

Root of mesentery fused with mesocolon due to post-operative adhesions

Roux en Y gastrojejunostomy done (retrocolic, posterior, isoperistaltic).

Nasogastric tube positioned in duodenum.

Side to side duodeno(D3)-jejunal anastomosis performed in 2 layers with the same roux en y loop 45 cm distal to GJ.

Leak test done with methylene blue: Negative

FJ done 20 cm distal to DJ

COURSE IN THE HOSPITAL: Mr Rajesh was admitted with the above mentioned history at ILBS. Patient was anemic (Hb 5.1) at presentation. 5 unit PRBC were transfused after which his Hb stabilized at 9.6. Patient and his relatives were explained in detail regarding disease, its treatment options and complication and risk associated with surgery. Also he was explained in detail about risk of mortality i/v/o CLD. After obtaining due consent, he underwent Segmental duodenal resection (D3, D4) of GIST containing segment + Roux en Y gastrojejunostomy + duodenojejunosotomy (D3 jejunum) + feeding jejunostomy + liver biopsy on 28/11/2019. He tolerated the procedure well, was extubated on table and shifted to SICU for monitoring. He was managed with IV fluids, IV antibiotics, parenteral analgesics, and inj albumin. He was started on TPN from POD2 for nutrition as FJ output was persistently high. FJ test feed was given on POD4 which he tolerated well. He passed flatus and motion on POD4. He was shifted to the ward on POD4 and allowed oral sips of water as tolerated. A CECT thorax and abdomen with oral contrast was done on POD5 (3/11/2019) to check for any anastomotic leaks which was s/o no leak and passage of contrast in small bowel and he was allowed oral clear liquids as tolerated on POD5. Foleys catheter was clamped and removed on same day. He was gradually advanced to soft diet with diuretics from POD6 and FJ was clamped. Normal diet was allowed on POD7. Drain output gradually decreased and pelvic drain was removed on POD8 and left sided ADK was removed on POD11. Medical oncology opinion was sought and no further treatment was required (low risk GIST). He is pain free, afebrile and tolerating normal diet, hemodynamically stable.

CONDITION AT DISCHARGE: He is pain free, afebrile and tolerating normal diet, hemodynamically stable and fit for discharge.

ADVICE AT DISCHARGE


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High protein high calorie diet
 Absolute abstinence from alcohol and tobacco
 Incentive Spirometry
 Tab Lasilactone 20/50 1 BD x 3 days then stop . . .
 Tab Cardivas 3.125 mg OD to continue .
 Tab Thyronorm 62.5 mg OD .
 Tab Shelcal M 1 tab TDS x 1 month
 Tab Crocin pain relief SOS
 Tab Pantocid 40 mg OD x 1 week . G A M
 Cap A- Z 1 OD x 1 week .
 Tab Zinconia OD x 1 week .
 FJ site care as advised
 Daily drain output measurement (Left side)
 To follow up in HPB surgery on Monday for clip removal.
 To follow up in hepatology OPD for management of CLD
 To follow up in Medical Oncology OPD for need of adjuvant treatment.

CT 6117 - [Dr. Ranvijay Singh
 Scribe or: Dr. .
 Panchajanya
 Ashish Jain

WHEN TO OBTAIN URGENT CARE:
 Severe nausea, vomiting, abdominal pain, fever, jaundice

Senior Resident: 
 Sign of Senior Resident 
 Name of Senior Resident

Treating Faculty:
 Sign of Treating Faculty
 Name of Treating Faculty

Senior Resident:

Dr. Shashwat Sarin	Dr. Brahmatt Pattnaik	Dr. Devi Singh	Dr. Sahil Gupta	Dr. Dinesh	Dr. Venkatesh	Dr. Vivek R	Dr. Tharun	Dr. Sanyam
7835056139	8437201202	9873415878	9873291642	8561907161	8838299325	8800984217	9953778947	8448884099

Treating Faculty:

Dr. T.K Chattopadhyay	Dr. Viniyendra Pamecha	Dr Senthil Kumar	Dr Shridhar V Sasturkar	Dr Piyush Kumar Sinha	Dr Nihar Mohapatra	Dr Nilesh S Patil	Dr Ragini Kilambi	Dr Rup Goswami
Sr. Consultant	Professor	Additional Professor	Associate Professor	Assistant Professor	Assistant Professor	Assistant Professor	Assistant Professor	Consultant

In case of Emergency Contact - 011-46300000 Ext. 7049 | Hepatology - 9540947080 | HPB Surgery - 9540947081 | Liver Helpline No. - 1-800-115354

INVESTIGATIONS: Reports enclosed

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Dr. Satyam



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Out Patient Consultation Record

UHID	ILBS.0000213447	Date	12-Nov-2020 1:23 pm	/ Sr. Resident
Patient Name	Mr RAJESH KUMAR MANI	Doctor Name	S. K. SARIN	
Age/ Gender	50 Year(s) / Male	Designation	Sr. Professor	
Address	A-5 GOVINDPUR		Hepatology Unit 1	
City and State	ALLAHABAD, UTTAR PRADESH			

ILBS.0000213447

BP (mmHg)	122/76	Pulse (per min)	92	Waist (cm)	
Height (cm)	164	Weight (kgs)	76.1	BMI (kg/m ²)	28.2
Allergies : <i>Spa 98y</i>					

- Laboratory Tests**
- Amylase / Lipase / LDH
 - ANA / ASMA / Anti-LKM (1:80)
 - AMA (1:40) / AMA-M2
 - CBC / Hmg / Retic Count / DCT / Iron Studies
 - Glucose (F / PP) / GTT
 - HbA1C / Serum Insulin
 - HIV I / II / HIV RNA
 - Kidney Function Test
 - Liver Function Test
 - Lipid Profile
 - PT/INR
 - AFP / AFP-L3 / PIVKA II
 - T3 / T4 / TSH
 - Total IgG / IgG4
 - Urine R / M / C / S
 - Vitamin B12 / D3 / RBC Folate
 - Hepatitis Panel**
 - HBsAg / HBsAg(Q) / AntiHBs
 - HBeAg / AntiHBe / Anti HBe(T)
 - HBV DNA(Q) / Genotype / Resistance
 - Anti HCV / HCV RNA(Q) / HCV Genotype
 - IgM Anti HAV / IgM Anti HEV / HBe
 - Radiology and Imaging**
 - X-ray Chest(PA) / Abdo / KUB
 - USG Upper / Whole Abdo / Pelvis / Doppler
 - CT Upper / Whole Abdo (Cont / Non-Cont)
 - MRI Upper Abdo / Whole Abdo / MRCP (Contrast / Non Contrast)
 - Dexa Hip and Spine / Whole Body
 - Miscellaneous**
 - Ascitic fluid Analysis (Cytology / Cell count / SAAG / Total Protein / Amylase / Triglycerides / ADA / PCR TB)
 - Fibroscan
 - Nutritional**
 - Body Composition Analysis
 - Endoscopy**
 - UGIE (Antral / D2 Bx) / Sig / Colonoscopy
 - Enteroscopy (Antegrade / Retrograde)
 - ERCP
 - EUS

P. HCV (neg), small low viru ESO Vp Hvp9 - (Commonly)

CEO - Ethanol related (L2 - ~~Sept 2019~~) 1 month back)

Compensated - currently Compensated

Duodenal Cyst (D3 - D4 Seg) 3x per year.

Sp low x eny G5/D5 E feeding jejunostomy

Post op decompression with. Asubs @

Co-mo - ~~CD~~ ~~Acute~~ ~~ATM~~.

Hypothyroidism to 5% ~~rate~~ ~~disturbance~~

- pain abdomen - 1 week back.

E abdominal bloating

- E% nausea & vomiting - food particle 2-4hr after nyst

- inability to pass stool & flatus x 2 day.



Follow up with Consultant / SR after: days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / Sat

India's First NABH Accredited Autonomous Super Speciality Hospital | Liver help line - 1-800-11-5354

"Healthy Liver, Healthy India" | 24-hr Emergency services | On Panel :- CGHS | DGEHS | Alankit | E-Meditel | Genins India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt.. | CONCOR | CCI | Paramount | NHPC | TRAI | INSA | NSIC | Star Health | Max Bupa | Indian Oil | MMTC | Air India | IGNOU | Jamia Millia Univ. | Manipur Govt. | Sikkim Govt. | West Bengal Govt.

0/6-

P 2 c c L2-

7B-1.09

DB-0.28

AST-67

ALT-69

STP-92.9

GGT-214

TP/Alb-6.8/4.20

Cr 0.88

Urea-54.9

Na-135.9

K-4.45

?AOR-0.44

Hb-13.9

TU--8.9

DL-127

TS4 6.60

CS- Hepatomegaly
no SOL/PTP

- Deep incisional
hernia

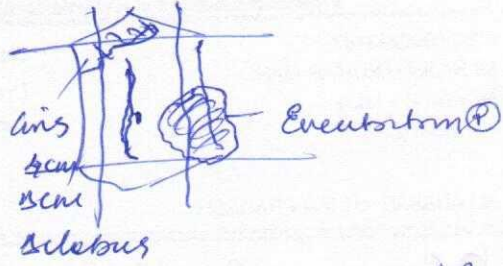
- no dilated bowel
loops

- mild thickening of jejunum
- jejunojejunals ⊕

POB - Soft

Oluse

non Tendu



non Tenduq manus i Respirata

myuliz meym

Spur 7 14cm

Adv: Stop Alcohol

low salt diet

low nephrop diet.

1200 kcal + sogjd prota A

1. T. Thyronasm 0.62.5mg OD
1-0-0

2. T. Coqdivas 3.125mg BD
1-0-1

3. S. Ripegut 550mg 1 BD

4. C. Harnent 1 OD

5. E. Bifylar 1 comp OD

6. Lap

Q