



MAX

Healthcare

CLINICAL FINDINGS AT THE TIME OF ADMISSION:

GC: fair
Pulse: 98/min Blood Pressure: 120/74 mmHg
Chest: B/L Air Entry (+), NVBS (+)
Local Examination:
Swelling over distal tibia approx 5 cm
Thickening of bone
Tenderness +

Resp. rate: 18/min

INVESTIGATIONS

He came with / underwent the following investigations:-

MRI SCAN OF LEG (03/05/2022): Altered signal intensity area is noted involving middle 1/3" shaft of tibia which is hyperintense on T2/STIR and hypointense on T1, approx. size measuring approx. 63 x 16mm with marrow edema with periosteal thickening with minimal adjacent inflammatory changes likely osteomyelitis.

X-RAY LEFT LEG AP/LAT VIEW (05/05/2022): A linear radio opaque area with periosteal thickening seen in shaft middle 1/3rd likely? Inflammatory pathology. Need further evaluation advised: MRI study.

CT Left Lower Extremities-(P) 10-MAY-2022: There is cortical thickening and expansion noted in the anterior aspect of tibia, at junction of upper 2/3rd and distal 1/3rd of the shaft, with underlying well defined lesion which appears relatively hypodense as compared to surrounding bone, measuring approximately 10 x 8 mm in cross section and extending for approximately 52 mm in length. No cortical disruption is seen. Overlying soft tissues appear normal. A well-defined intra cortical lesion is seen in distal tibial shaft with associated cortical thickening, mild expansion and sclerosis in the adjoining medullary cavity

TREATMENT GIVEN -

After admission he was evaluated by orthopaedic oncologist, anaesthesia team. After explaining to the patient and his attendants all the risks and complications of the procedure. An informed consent was taken before surgery.

He was optimized for surgery and **underwent Excision and curettage of the lesion of left lower 1/3rd tibia + stimulan beads application under GA 11/05/2022.**

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(CIN: U24239DL2002PLC113719)



MC 2004

H-2010-01-58
Oct 29, 19 07:19:23
Since 2017, 0110

Urology Consult

Patient Demography Details :

Name. : Sushant Rai SSN No. : 200423674 Mobile No. : 6386742427
DOB : 26 SEP, 2007 Age/Gender : 14 Years/MALE Consultant : Vivek Verma
DOA : 10 MAY, 2022 11:52 Ward : VSH-T2 8FLR IPD Att.Physician : Vivek Verma
Address : J-2 JUDGES COMPOUND SAMBHAL CHANDAUSI , , UTTAR PRADESH, 0

OPINION :

THANKS FOR REFERENCE
CASE OF URINARY RETENTION WITH TRIAL OF CATHETERISATION DONE AT NIGHT BUT
CATHETER COULD NOT BE PASSED (DIFFICULT CATHETERISATION)

PATIENT HAS PASSED URINE NOW WITH MILD HAEMATURIA

O/E

MILD BLOOD AT MEATUS
CLINICALLY BLADDER NOT PALPABLE

ADV:

PATIENT CAN PASS URINE
CATHETERISATION NOT REQUIRED AT PRESENT
TAB ALFUZOSIN 10 MG ONCE DAILY
WILL REVIEW

/es/ Vimal Dassi

Associate Director

Signed: 12 MAY, 2022 11:08

Entered Date : 12 MAY, 2022 11:0

Prepared By: Vimal Dassi

SUSHANT RAI
200423674 DOB: 26 SEP, 2007

MAX-VAISHALI

Printed: 13/05/20
Vis

This Is An Electronically Generated Document, Hence Does Not Require a Signature.

IMPORTANT OT PROCEDURE NOTES:

Under GA, tourniquet
 Vertical incision given along the marging of the swelling
 Dissection done
 Periosteum excised and sent for biopsy
 Intraop Findings:
 Dense sclerotic bone ??Nidus
 Drilling of the lesion done f/b excision with osteotomy
 High speed burring done and samples collected for biopsy histologyand microbiology
 Meduallary canal opened and curretted.
 Cavity filled with stimulan and gentamicin. wound closed in layers,dressing done -
 tourniquet released
 Slab applied
 Patient shifted to postop in stable condition

POST OPERATIVE COURSE:

He withstood the procedure well and shifted to the ward.. Post op patient had urinary retention for which general surgery and urology opinion was taken because he had difficult catheterization. Later patient passed urine and was managed conservatively. He was managed with supportive care in the form of iv fluids /antibiotics/ analgesics. He was seen by Onco rehabilitation unit and mobilized as per the protocol and his wound status was healthy.

At the time of discharge Mr. Sushant Rai is doing well. His wound is healthy He is able to accept normal diet and is fully ambulatory.

PENDING LABORATORY TESTS:

Please collect your **histopathology** reports from the report collection counter after 10 days and meet your treating doctor with the same at the next appointment.

ADVICE AT DISCHARGE:

- ❖ **DIET:** (AS PER DIETICIAN'S INSTRUCTIONS)
- NORMAL DIET

S.No	TYPE & NAME OF THE MEDICINE	TIMING	DAYS
1)	ANTIBIOTICS: TAB. CEFTUM 500MG TWICE DAILY TAB LEVOFLOX 750 MG ONCE A DAY	M M	N X 7 DAYS



2)	Healthcare	TAB. PAN 40 ONCE DAILY BEFORE BREAKFAST	M			X 7 DAYS
3)	ANALGESICS:	CAP. ULTRACET THRICE DAILY (AFTER FOOD)	M		N	X 7 DAYS
		TAB. CHYMORAL FORTE 1 TAB THRICE DAILY				X 7 DAYS
5)	UROLOGIST ADVICE	TAB. ALFUZOCIN 10MG 1 TAB ONCE DAILY AT BED TIME				X 7 DAYS
6)	MULTIVITAMIN	CAP. A TO Z ONCE DAILY AFTER BREAKFAST				X 3 WEEK

* M=MORNING, A=AFTERNOON, E=EVENING, N=NIGHT

SPECIFIC INSTRUCTION:

Keep limb elevated and abducted
Mobilization with walker allowed - non weightbearing

FOLLOW UP APPOINTMENT

- REVIEW IN SURGICAL ONCOLOGY OPD WITH DR. VIVEK VERMA ON 22/05/2022 BY PRIOR APPOINTMENT.

PROPOSED PLAN:

Patient may follow-up in OPD at the advised timings by prior appointment. Please bring your pending laboratory reports (If Any) along with your current medical records which will be discussed and further plan of treatment shall be advised.

(Kindly take an appointment for your next visit).

PATIENT INFORMATION REGARDING COVID-19

In the wake of the recent COVID-19 Pandemic, we advise you to follow all the instructions mentioned below:

- Avoid public places and stay at home as much as possible and avoid gathering in groups of more than 3 people
- Avoid visitors
- Encourage your family members to work from home whenever possible
- If you have a family member who is a healthcare worker practice safe distancing at home
- Wash your hands frequently with soap and water for at least 20 seconds because it's one of the best ways to kill germs on your hands and prevent the spread of germs to others. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

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DISCHARGE SUMMARY

DEPARTMENT OF MUSCULOSKELETAL (SURGICAL) ONCOLOGY

Name: Mr. Sushant Rai

Age: 15yrs

Sex: Male

Max ID No.: VSLI.423674 IP No.: 190591

Consultant Incharge: Dr. Vivek Verma

Bed No : 2816

Date of Admission: 10/05/2022 Date of Discharge: 13/05/2022

Patient Address: J-2 Judges compound Sambhal, Chandausi, Sambhal, U.P

Tel. No: 6386742427

Admitting Consultant: Dr. Vivek Verma

Operating Team: Dr. Vivek Verma, Dr Ayush Bhatnagar, Dr Ozair

Principal Diagnosis: suspected Osteomyelitis / Osteoid Osteoma Left distal tibia ??

Principal Procedure: Excision and curettage + antibiotic cement left lower 1/3rd tibia done under GA 11/05/2022.

BRIEF HISTORY

Mr. Sushant Rai is a pleasant 15 years old child who presented to us with complaints of pain in left lower leg since 3 weeks, symptoms increased since last 7 days. Initial evaluation with MRI was done elsewhere which shows thickening of cortex with intramedullary component and was suspicious of osteomyelitis versus osteoid osteoma.

PAST SURGICAL & MEDICAL HISTORY:

Nothing significant.

TUMOR BOARD OPINION: The case was discussed with a team of orthopaedic oncologist, surgical oncologist, radiologist and pathology team. Provisional diagnosis of osteomyelitis versus osteoid osteoma was made. The decision was taken to perform a diagnostic and therapeutic intervention in the same sitting to treat on the lines of osteomyelitis. This was explained to the patient and his attendants explaining all the risks and complications of the procedure.

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MC-2004 H-2010-0058
 Oct 28, 19 - Oct 28, 22
 Since Oct 29, 2010

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