

**DEPARTMENT OF NEUROSURGERY**  
**DISCHARGE SUMMARY**

PATIENT'S NAME : BABY AMBE PRASHANSHA      UID: 12295924  
AGE : 3 YEARS      IPID: 36419/23/1111  
GENDER : FEMALE      DATE OF ADMISSION: 15.02.2023  
BED NO : 440      DATE OF DISCHARGE: 02.03.2023  
ADDRESS : PRANPUR BALIYA PANCHFORA KHURD BALIA  
TELEPHONE NUMBER: 8544426749

PRIMARY CONSULTANT: NEUROSURGERY TEAM - 1.

**DIAGNOSIS:**

4<sup>th</sup> Ventricle SOL: Ependymoma with Global loss of H3K27me3, CNS WHO grade 3

**CHIEF COMPLAINTS:**

- Headache x 5-6 days
- Gait ataxia x 3 days
- Increased irritation x 3 days

**HISTORY OF PRESENT ILLNESS:** Child was apparently asymptomatic 6 days back when she developed headache for 5-6 days. Child also had complaints of gait ataxia and increased irritation for 3 days. There was no history of fever, drooping of eye lids, deviation of mouth, trauma, difficulty in swallowing or seizure. The child was brought to FMRI and admitted for further management.

**FAMILY HISTORY:** Nothing significant

**PAST HISTORY:** Nothing significant.

**EXAMINATION ON ADMISSION:**

Weight: 12 kg  
Temp: 98.4 °F  
Heart Rate: 112 /min  
Respiratory Rate: 28 /min  
BP: 103/45 mmHg  
SpO2: 98% at room air.  
No pallor, icterus, clubbing, cyanosis, lymphadenopathy or edema.  
Oral Cavity and Throat:  
Respiratory System: Bilateral vesicular breath sounds. No adventitious sound.  
Cardiovascular System: S<sub>1</sub>S<sub>2</sub> normal, no murmur  
Abdomen: Not distended, soft, no tenderness, no organomegaly, bowel sounds heard.  
Central Nervous System: No focal neurological deficit.

*Self Attested*  
*[Signature]*



**INVESTIGATION:** All investigations were handed over to the patient.

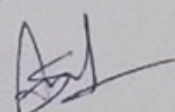
**PROCEDURE:** MLSOC + Tumour excision was done under GA on 17.02.2023

**COURSE IN THE HOSPITAL:** Child was admitted and evaluated in detail. Relevant investigations were done. Child was started on IV fluids, IV antibiotics, nebulization and other supportive measures. CBC showed Hb: 14.2, TLC 13.28, PLT 355, SGOT 33, SGPT 9, GGT 10, total bilirubin <0.15, ALP 252, BUN 14, creatinine 0.44, sodium 137, potassium 3.51 and chloride 107, PT 12.5, INR 1.10 and APTT 28.5, RBS 88, hepatitis B and C were negative. MRI brain with whole spine screening done which showed evidence of mass lesion in the 4th ventricle, measuring 3.3 x 4.2 x 4.9cm. It appears heterogeneously hyperintense on T2/FLAIR images and hypointense on T1W images. On DWI, focal area of diffusion restriction is noted within the lesion. Focal area of susceptibility changes is noted within the lesion to suggest microvasculature. The lesion is seen to extend to the right CP angle and the IAC through the foramina of Iuschka on both sides (right > left). It is also seen encircling the medulla and upper cervical cord on the right side and pushing the tonsil inferiorly. On post contrast study shows heterogeneous enhancement. It is causing obstruction to the ventricular system with upstream dilatation of the 3rd and lateral ventricles with periventricular ooze. Neurosurgery consultation was taken and advice followed.

**DISCUSSION:** Attendants were explained about the management options, and the prognosis of the condition. Attendants were informed regarding the nature of disease, close proximity of the tumor to critical neurovascular structures, risk of permanent neurological deficit, risk of post-operative prolonged ventilation, need for tracheostomy were discussed with the patient's attendants. After understanding the pros and cons of surgery, she underwent MLSOC +tumour excision under GA on 17.02.2023. She tolerated the procedure well. Post procedure she was shifted to PICU for further care. On POD 5 she was shifted to ward for further care. Postoperatively patient developed irritable, cry and mutism which is now gradually resolving. Patient has developed tongue paresis which is resolving, patient is able to swallow small bits of food. Her vitals, input and output were closely monitored. MABGIS team consultation was taken for constipation, and advice followed. CVP line was removed on 27.02.2023. Multiple sessions of physiotherapy were given. The child is being discharged in stable condition. patient requires radiation therapy for further management of the tumour. Patient is referred to center of attendants choice (SGPGI Lucknow) for further adjuvant radiotherapy.

**MEDICATIONS GIVEN:**

- Inj. Supacef
- Tab. Lanzol Junior
- Syp. Levera
- Zytee Ointment
- Syp. Ibugesic Plus
- Inj. Emeset
- Inj. Dexa
- Syp. Cremaffin
- Dulcolex Suppository
- Tab. Dexa
- Tab. Emeset
- Tab. Diamox

*Self Attested*  




- Nasoclear Drops
- Syp. Domstal

**CONDITION AT THE TIME OF DISCHARGE:**

- Child is stable, alert, recognises faces, taking feed by RT

**MEDICATION ON DISCHARGE:**

- 100mg - Tab Lanzol JR 15 mg once a day x 5 days 1-0-0 40ml
- 100mg - 100mg - Syp. Levera 1.5 ml twice a day x 3 weeks 1-0-1 5ml
- Syp. Ibuprofen 1 tsf twice a day x 3 days then as and when required for pain 1-1-1 10ml
- 6.8, 10mg - Tab. Dexam 1 mg twice a day for 3 days then once a day for 2 weeks 1-0-1 2 tab (10ml)
- Tab. Diamox 125 mg thrice a day x 2 weeks 1/2 1-1-1 10ml
- Nasoclear drops 4 hourly x 5 days then as and when required for nasal congestion
- Syp. Domstal 1.2 ml as and when required nausea and vomiting 10ml water

**FOLLOW UP ADVICE:**

- Follow up in SGPGI Lucknow for further management
- Follow up with Dr. Krishan Chugh OPD after 2 days with prior appointment in between 12 to 2 PM.
- Follow up in neurosurgery OPD with a prior appointment (9811199793)  
(Timing 10 a.m. to 7 p.m.)

**WHEN TO OBTAIN URGENT CARE:** In case of high fever, poor oral intake and decrease urinary output.

**IN CASE OF EMERGENCY PLEASE CONTACT ASSOCIATE CONSULTANT NEUROSURGERY ON 8377806265**

**FOR OPD FOLLOW UP WITH DR. UTKARSH BHAGAT (CONSULTANT NEUROSURGERY, ROOM NO 9, LG FLOOR, MONDAY TO FRIDAY 5:00 -7:00 PM) CONTACT + 91 124 4962200**

**IN CASE OF EMERGENCY PLEASE CONTACT DR. MANBACHAN ON 856887975**

TREATING UNIT  
NEUROSURGERY TEAM - 1

CHECKED BY: DR MANBACHAN SINGH BEDI

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**OPERATION NOTES**

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PRIMARY CONSULTANT: NEUROSURGERY TEAM - 1.

**DIAGNOSIS:**

- 4<sup>th</sup> Ventricle SOL ? Ependymoma

PROCEDURE: MLSOC + Tumour excision was done under GA on 17.02.2023

POSITION: Prone

**OPERATIVE FINDINGS:**

- Patient was positioned prone, head was fixed with no 3 pin head holder.
- Posterior vertical midline incision made frominion to C2
- Suboccipital bone and C1 vertebra were delineated
- Craniotomy performed and C1 laminectomy was done
- Y shaped Dural opening done
- CSF was released form the Cerebellomedullary cistern and the 4<sup>th</sup> ventricle
- Tumor Was Soft Suckable extraaxial lesion in the 4<sup>th</sup> ventricle reaching the right and left CP angles
- Moderately vascular , greyish yellow lesion
- Gross total excision of tumour done
- Aqueduct was seen and free flow of CSF seen
- 4<sup>th</sup> ventricle flow was free of tumour
- Dura was closed with local fascial graft and augmented with tisseal glue
- Skin And muscle were closed in layers

TREATING CONSULTANT  
DR. RANA PATIR / DR MANBACHAN SINGH BEDI

Self Attested  
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Department of Radiotherapy  
Regional Cancer Centre  
Sanjay Gandhi Post Graduate Institute  
of Medical Sciences

Raibareli Road, Lucknow - 226 014

**Follow-Up Booklet**

Name : Prasansha

Age 03 Gender CF

CR No 2023189860

RT - No. 549 / 2023

Date of Registration : 15 / 03 / 2023

Renewal Valid till : 11 / 03 / 2024

Consultant Dr. Shaleen KUMAR

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[Signature]

**OPD DAYS**

Monday / Tuesday / Wednesday / Thursday / Friday



FOLLOW UP REPORT

Date

Investigation Period

12/05/2023 | Received 209 6.6.9/2023  
1.3.3

- No specific complaints
- Tolerating well

~~Adv.~~ 2 Adv. = Continue RT

2.6  
12/05/23

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# FOLLOW UP BOOKLET

Date	Treatment Prescribed
2/7/2023	<ul style="list-style-type: none"><li>- MRI Brain (TLC)</li><li>- Report - WPT after 1 month to see trend.</li></ul>
no	4/6/2023
	<p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;"><u>Self Attested</u> S/L</p>