TO WHOMSOEVER IT MAY CONCERN

04/12/2023

This is to certify that Mr. Chandramani Mishra R/o Rai Bareilly, Uttar Pradesh (holding Max id no: SKMS.441243 was suffering from CLD and his Liver Transplant surgery was done on 12/05/2016 and discharge in stable condition on 29/07/2016. At present he is in a stable condition and advised to follow up in every 2 months for evaluation of transplanted liver and medications under Dr. Subhah Gupta, Max Hospital, Saket, New Delhi.

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Date: 03.08.2016

TO WHOMEVER IT MAY CONCERN

This is to certify that, Mr. Chandra Mani Mishra was suffering from chronic liver disease. His liver transplant was done on 12.05.2016 and was discharged in a stable condition. After discharge he advice to take complete rest from 09/05/2016 to 03/08/2016. According to his current reports he needs to take rest for next 6 month. Also he is advised to take extra precaution on his mobility, which should be limited to slow pace with only light accompanying weights and avoiding any jerks. He has not allowing outside food. He has to be on medicines lifelong to prevent liver rejection.

Thanking you.

Dr. Shishir Pareek
MS (PGIMER)
Senior Consultant
Liver Transplant & Gastro Surgery
Indraprastha Apollo Hospital
New Delhi

Dr. Shishir Pareek
Senior Consultant-Liver Transplant & HPB Surgery
Indraprastha Apollo Hospital

प्रमाणित
12/8/16

Chief Medical Superintend
Distt, Hospital, AGRA

SP of Mr Chandra Mani Mishra

Chief Medical Superintendent
Distt. Hospital, AGRA

Hepatologists / Gastroenterologist

...tendra Garg

Transplant Surgeons

Dr Mohammed A. Nayeem
Dr. Neerav Goyal
Dr. Shaleen Agarwal
Dr. Shishir Pareek

Prof. Subash Gupta

Name	Chandra Mani mishra	**Date of Liver Transplant**	12/May/2016
Age/Sex	49 year(s) Male	**Date of Admission**	08/Jul/2016
UHID No	10610721	**Date of Discharge**	13/Jul/2016
IP No.	DELIP118287	**Blood Group**	O positive
CLBS No.	2016/R/00363		

Diagnosis : Post op case of LRLT
Cryptogenic CLD with decompensation

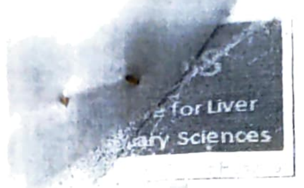
History

Mr Chandra Mani Mishra Patient underwent LRLT on 12.05.16. Modified right lobe graft. Single bile duct anastomosis. He developed respiratory discomfort same evening with transient loss of consciousness for which he was re-intubated. Following this he had an episode of seizures for which Plain CT head was done which was inconclusive; MRI brain was done, s/o gyral hyperintensity in right parietal region ? infarct/ ? encephalitis/ ? hypoxic. Neurologist opinion was taken and antiepileptics started as advised. Patient also developed AKI on POD-1 with low urine output and creatinine level of 4.1. Nephrologist opinion was taken and followed. Postoperative USG liver Doppler was satisfactory. Patient had low Hb levels for which 3 PRBC transfusion was done on POD-2 and 3. Patient was re-extubated on POD-3. Serum bilirubin had a very slow fall with a peak S. Bilirubin of 9 on POD 8. Patient developed B/L UL paresis (grade 4) which was managed by active and passive physiotherapy. Blood C/S showed budding yeast cells. CSF examination showed budding yeast cells with Cryptococcal Ag +ve at 1:256. CSF C/S also positive for Cryptococcus neoformans. Neurologist opinion was taken and patient was started on Inj Ambisome which was continued for 2 weeks followed by oral fluconazole 400mg twice daily. Patient gradually recovered with no recurrence of seizures, improved kidney function and improving UL power and function. Cellcept was started on POD-1 and Prograf on POD-3. Liver graft function was good. Immunosuppression was kept on hold from POD-8 to POD-12 in view of high blood TAC levels and features of sepsis. Immunosuppression restarted and dose modified according to LFT, KFT and TAC levels. He was discharged in stable condition and had been on f/u since then. He now presented to IAH with c/o nausea, vomiting, loss of appetite with raised creatinine level. He was admitted for further evaluation and management.

Past History : Underwent LRLT on 12/05/2016

Medication : Post Transplant immunosuppression

Addiction / Habituation : No



hysical examination at admission

Vitals : Blood pressure – 130/100, Pulse – 66, RR – 20, Temperature – 98.4°, Pain score – 0/10

CMS : Normal

CVS : Normal

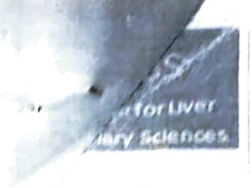
Chest : Normal

Abdomen : Previous surgery scar present

Gentio Urinary : Normal

Lab Investigations

	At Admission 08/Jul/2016	At Discharge 13/Jul/2016
[illegible] (gm/dl)	9.80	10.90
HCT (%)	29.10	32.90
TLC (/cumm)	6,730.00	6,530.00
PLT (/cumm)	65,000.00	71,000.00
Urea (mg/dl)	51.00	50.0
Creatinine (mg/dl)	2.80	1.70
Na (meq/dl)	120.00	129.0
K (meq/dl)	5.50	5.9
Posphate (mg/dl)		
Ca (mg/dl)		
Mg (mg/dl)		
T. Bil (mg/dl)	1.70	1.60
S. GOT (mg/dl)	42.00	1.5
GPT (mg/dl)	64.00	28
[illegible]	392.00	49
		358
GGT (mg/dl)		
T. Protein (mg/dl)		
ALB (mg/dl)	3.60	
PT (seconds)		
INR		
APTT (seconds)		
Fibrinogen		



ospital Course

He was admitted with the above history and started on IV fluids and on anti emetics. Nephrology opinion taken for raised creatinine (2.8mg/dl) and followed. In blood investigation there was low serum sodium for which physician reff done which advice spot sodium, serum osmolality and urine osmolality which was 61 mmol/L,0.246 osmol/kg and 0.291osmol/kg respectively. For past neurological event neurology opinion was taken. Advice for CT brain plain and Lumber Puncture for CSF study. CT S/O hypodense gliotic area in right superior frontal region. Rest other area normal. His CSF study revealed WBC 10, CSF was positive for Cryptococcus antigen test, india ink positive and titre was 1/64. He was further managed conservatively till his condition improved. He is now being discharged in a heamodynamically stable condition with creatinine of (..1.7..) the following advice.

dvice at Discharge

High protein normal diet,
Normal activity at home

Tab Wysolone 10 mg per orally in morning and 5 mg in evening
Tab Cellcept 1 gm per orally twice a day
Tab Prograf 0.5 mg per orally twice a day

Tab Rantac 150mg per orally twice a day
Tab Septran 1 Tab per orally once a day
Tab Syscan 400 mg per orally twice a day
~~Cap Zevit 1 cap per orally once a day~~
Tab Magnical 1 tab per orally twice a day

Syp Cremaffin 20 ml per orally twice a day
Cap Salt capsules 1 cap per orally twice a day
Salsol Nebulisation thrice a day
Laxopeg sachet 1 sachet per orally sos
K Bind sachet 2 sachet per orally thrice a day
Tab Sodamint 1 tab per orally thrice a day
Tab Levipil 500 mg per orally twice a day
Tab Folvite 10 mg per orally once a day
Tab Methylcobalamin 500 mg per orally QID

Inj Lantus 14 IU sub cutaneous at bed time(10 pm)

Blood sugar and BP monitoring.

Blood sugar monitoring Before breakfast, Before lunch, Before dinner.
For patients who are not on fixed dose of insulin, then inj novorapid with novopen according to this sliding scale:

141-180	4 units
181-240	8 units
241-280	12 units
281-320	20 units

<140 no insulin

Tac level 9.45 Am 5 ml Blood EDTA vial

Na+ K+
S. Creatinine
Tac level
CBC
LFT
Urine R/M
7 days

Repeat CBC, PT, INR, Special Liver Transplant profile, after 3 days and review results with Dr Subash Gupta

Prof.Subash Gupta
Senior Consultant / Transplant Surgeon
CLBS, Indraprastha Apollo Hospital
New Delhi, India.

Dr Raj
Rajgopal
Transplant Fellow

Contacts: Email

Emergency contact number - Duty doctor contact Numbers -9717792027
For appointment with liver unit please contact Mr. Tabrej – 7838660172
Mr Nitesh – 9891052970, Ms Jaya Jeena – 8527166415, Mr Evan Ranjan - 9958261307
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DISCHARGE SUMMARY

CLBS CENTRE FOR LIVER AND BILIARY SCIENCES

Indraprastha Apollo Hospital, New Delhi, India

Hepatologists / Gastroenterologist

Dr. Hitendra Garg

Transplant Surgeons

Dr Mohammed A. Nayeem

Dr. Neerav Goyal

Dr. Shaleen Agarwal

Dr. Shishir Pareek

Prof. Subash Gupta

Name	Chandra Mani mishra	**Date of Admission**	10/May/2016
Age/Sex	49 year(s) Male	**Date of Operation**	12/May/2016
UHID No	10610721	**Date of Discharge**	08/Jun/2016
IP No.	DELIP110070	**Blood Group**	O positive
Height	1.72 m	**Weight**	83 Kg
MELD Score	22	**CTP Score / Child Status**	10/C
CLBS No.	2016/R/00256/01		
Email Id	chandramanimishra795@gmail.com	**Phone No**	9415895036, 9412751853
Referred By	NA		

Donor Name	Surya Mani Mishra	**Age/Sex**	52 yrs. / Male
Relation	Brother	**Blood Group**	O positive

Diagnosis : **Cryptogenic CLD with decompensation**

Operation : **Living related liver transplant**

Mr Chandra Mani Mishra was apparently asymptomatic 6 months back when he developed abdominal distension, which was associated with pedal edema and jaundice. Patient was evaluated for these complaints. TBil. was 6.9; Viral markers were negative; USG Abdomen showed f/o CLD with Portal HTN. UGIE was s/o grade 3 esophageal varices for which prophylactic EVL was advised; however it was refused by patient, so patient was started on Tab Ciplar. LVP was done for symptomatic ascites. No e/o SBP. Patient was managed with albumin and diuretics and patient improved. Patient was further evaluated and was advised liver transplantation. Now presented to IAH for the same. No h/o SBP, HE.

Past History : CLD 10 years

Medication : No

Addiction / Habituation : No

Physical examination at admission

Physical Examination : Patient was conscious, oriented, No pallor, icterus, cyanosis, clubbing, edema, lymphadenopathy.

Vitals : Blood pressure – 110/70, Pulse – 82, RR – 22, Temperature – 98.2, Pain score – 0/10

CNS : Normal

CVS : Normal

Chest : Normal

Abdomen : Normal

Genito Urinary : Normal

Pre Transplant Assessment (11/May/2016)

Hematology

HB (gm/dl)	HCT (%)	TLC (/cumm)	PLT (/cumm)	FDP	
10.80	31.90	4,200.00	27,000.00	5.10	
PT (seconds)	**INR**	**APTT (seconds)**	**Fibrinogen**	**D-Dimmer**	**HBA1C**
24.60	2.20	41.60	180.00	0.30	4.20

Biochemistry

T. Bil (mg/dl)	S. GOT (IU/L)	S. GPT (IU/L)	ALP (IU/L)	GGT (IU/L)	T. Protein (gm/dl)	ALB (gm/dl)
6.70	70.00	41.00	109.00	22.00	6.90	2.60
Urea (mg/dl)	**Creatinine (mg/dl)**	**Na (meq/dl)**	**K (meq/dl)**	**Posphate (mg/dl)**	**Ca (mg/dl)**	**Mg (mg/dl)**
17.00	0.80	130.00	4.40	2.50	7.80	1.80

...unction tests — Done

...(µu/ml)	0.75		
..3 (pg/ml)	61.39	T4 (ng/ml)	4.12

Lipid Profile — Not-Done

LDL (mg/dl)		Sr Cholesterol (mg/dl)	
TGL (mg/dl)		HDL (mg/dl)	

Viral Markers — Done

HBsAg	Non Reactive	HBcAb	
HBeAb		HBV DNA	
Anti HCV ab	Non Reactive	HCV RNA (quantitative)	
HCV Genotype		HIV I	Non-Reactive
HIV II	Non-Reactive	VZV IgG	Non Reactive
CMV Ig G	Reactive	EBV (for pediatric	

..utoimmune Markers — Done

ANA	Reactive	AMA	
ASMA	Non Reactive	LKM	
ANCA			

UGIE — Done

Eso vx	Yes	Grade	3.00	No of columns	4.00
Gastric Vx	No	Grade			
PGP	Yes	Ectopic Vx			

Tumor Markers — Done

AFP (IU/ml)	3.87	CEA (ng/ml)	4.60
CA 19-9 (IU/ml)	62.70	CA 125 (female patients)	

Copper Studies — Done

Sr Ceruloplasmin (..ng/dl)	27.00	24 hrs Urinary copper	

Iron Studies — Done

G6PD Level	196	Sr Ferritin (ng/ml)	304.40
Sr Iron (ug/dl)	140.00	TIBC (ug/dl)	207.00

Liver bx — Not-Done

Liver bx findings

Urine Studies — Done

Urine R/M	WNL	Urine spot Na (meg/L)	5.00
Urine Protein / Creatinine ratio	0.17	Peak Creatinine Level	

24 hours urinary studies — Not-Done