DAYANAND MEDICAL COLLEGE & HOSPITAL: LUDHIANA

Ref.No. DMCH/P10/832 Dated: 29/09/2010

All Heads of the Departments
DMC & Hospital
Ludhiana

Sub: PG Students Clinico-Pathological Conference (CPC)

PG students Clinico-Pathological Conference will be held on **Wednesday, 6th Oct 2010** at **8.30 am** in Lecture Theatre 1, Dumra Auditorium.

The protocol of the case is enclosed herewith.

The following will be the schedule of the meeting:

a. Clinical case discussion — **Dr. Ajesh Bansal**, DM Resident, Department of Gastroenterology

b. Discussion & Comments from Audience

c. Description of the Pathology: — **Dr. Maninderbir Kaur**, P.G. Resident, Department of Pathology

d. Final discussion

The session is open for Faculty members, Sr. Residents, PG Residents and interns. All are requested to attend the session on time.

Dr. Rajoo Singh Chhina
Dean Academics

Dr. Daljit Singh
Principal

Copy to: The Secretary, DMCH Mg. Society
Vice Principal/MS
All Heads of the departments/Units/I/C ICUs
for circulation in the department please
Chief Cardiologist & Coordinator, HDHI
COSD/AO/CFO/CSO/PRO/Corporate Cell/ Dy. Administrator, HDHI
Mr. M. L. Sharma/All Notice Boards

*KW

Clinical History for CPC

70 yrs old male admitted to the hospital with Chief Complaint of blood in stools & blood in vomiting since one day.

Patient had H/O passage of blood in stools, 5-6 episodes (fresh blood), stools are

loose in consistency

H/O loss of appetite

H/O loss of weight (lost ≈ 20 Kg in last one year)

Before this admission he was admitted in Fortis Hospital Mohali, details of which are not known.

GENERAL PHYSICAL EXAMINATION

Pallor +, No cyanosis, No jaundice, No clubbing, No edema, No lymphadenopathy

Vitals – Temperature – afebrile, B.P – 90/Pulse, Pulse rate – 96/min

SYSTEMIC EXAMINATION

CNS – Patient well oriented to time, place & person

CVS - S1 S2 normal

Respiratory system – Chest bilaterally symmetrical, bilateral air entry present.

Abdomen- Soft, nontender, nondistended, no organomegaly.

PAST HISTORY

- Known case of diabetes mellitus since last 3 years.
- Hypertension with sick sinus syndrome (post PPI 2008) with Mitral valve prolapse
- Hypothyroidism with prostatomegaly (grade II) & cholelithiasis.
- On permanent pacemaker since last 2 yrs.
- Patient had 2 endoscopies done previously which were reported as normal. However biopsy was undertaken to rule out H pylori. Report of which is not available.

PERSONAL HISTORY

Known alcoholic since 50yrs, 2-3 drinks / day.

COURSE IN THE HOSPITAL

- On arrival in emergency patient had cardiac arrest, from which he was revived.
- Given treatment in form of antacids, antibiotics, ecosporin, whole blood, ionotrops, eltroxin & ventilatory support.
- After stabilization an upper GI endoscopy was done, report attached.
- As the patient was bleeding actively a high risk concent for laprotomy was taken & pyloroduodenostomy with gastroduodenal artery ligation was done.
- Post surgery patient was kept on ventilatory & ionotropic support, developed ARF. Had another arrest on 4th day from date of admission, from which he could not be revived. Post- mortem liver biopsy was done.

UNIT DIAGNOSIS

DM with HT with hypothyroidism with alcoholic liver disease with chronic kidney disease with sick sinus syndrome with MVP with ARF with upper GI bleed.

Upper GI endoscopy

Oesophagus & gastro-esophageal junction – normal

Stomach – Ulcers with adherent clots in antrum & pylorus (Injection adrenaline 1: 10,000 injected)

Duodenum – 1st part – Large deep ulcer with adherent clot (Injection Adrenaline 1 :10,000 injected)

ECG Findings

1st day Atrial fibrillation, varied V rate mean 101
Nonspecific IVCD with LAD inferior infarct, age indeterminate
Borderline R wave progression , anterior leads

2nd day Sinus/ ectopic atrial tachycardia rate 113
Right axis deviation
Probable inferior infarct, age indeterminate
Borderline & wave progression, anterior leads.

ECHOCARDIOGRAPHY

Concentric LVH

Normal LV systolic function, LVEF 50%

MVP, moderate mitral regurgitation

Mild tricuspid regurgitation with PASP = 40 mm Hg

ULTRASOUND ABDOMEN

LIVER – 18.1 cm with coarse echotexture

GB - Echogenic calculi

SPLEEN – 8.9 cm

RIGHT & LEFT KIDNEY – Increased bilateral echogenicity , no calculus or back pressure changes.

Bilateral pleural effusion

Other investigations

1st day Hb – 9.3, TLC – 12.6, Platelets – 222, PT – 42.4, INR – 3.20
Urea – 176, Cr – 4.0, Na – 118, K – 5-3, Cl – 79
Bilirubin (T) – 1.02, D - 0.5, SGOT – 34, SGPT – 19, ALP – 212, Total proteins – 4.1,
Albumin – 2.1

2nd day Hb – 9, PCV – 28.5
Urea – 169, Cr – 3.9, Na – 129, K – 4-3, Cl – 94

3rd day Hb – 9.8, TLC – 24.02, DLC – P -89, L – 7, M – 3, E- 1Platelets – 93 ,
PCV – 28.3, PT – 40.6, INR – 3.22
Urea – 189, Cr – 4.5, Na – 133, K – 4.7, Cl – 95, Ca – 6.6, Mg – 1.6

4th day PT – 40.6, INR – 3.22
Urea – 178, Cr – 4.7 Na – 128, K – 5.9, Cl – 93
HIV, HCV, HBs Ag – Non reactive
FT3 – 2.31 pmol/l
FT4 – 6.7 pmol/l
TSH – 6.11µIU/ ml