



Tuesday, November 26, 2024

Case Brief

Patient case dossier

Name

[REDACTED]

Age

65

Gender

Female

Address

Bengaluru, Karnataka, 560011

Phone Number

[REDACTED]

Diagnosis

Painful pelvic mass with femoral nerve encasement and iliopsoas muscle involvement secondary to metastatic Endometrial Carcinoma.

Date of Diagnosis

Monday, December 12, 2022

Procedure

Wide local excision of tumour with neurolysis of femoral nervebundle and vascular dissection of iliac and femoral vasculature by Dr. Pramod S Chinder and team

Surgeon/s

Dr. Pramod S Chinder

Date of Surgery

Thursday, November 7, 2024

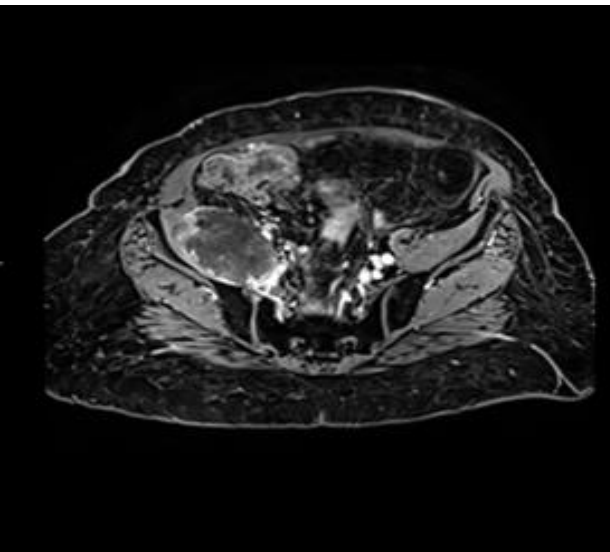
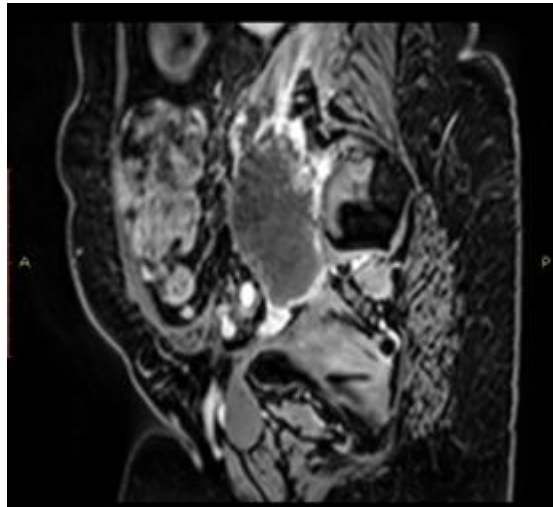
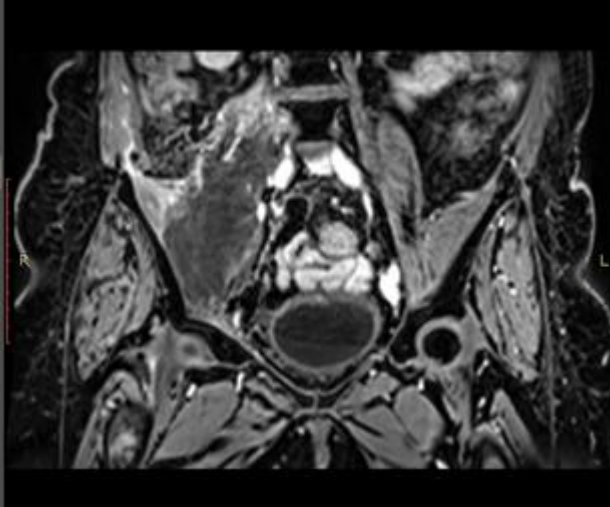
Brief summary of events

Date	Events	Findings
12-12-2022	CloudNine hospitals, Bengaluru	3 year history of spotting PV -diagnosed to have CA endometrium at cloudnine hospital
22-12-2022	CloudNine hospitals, Bengaluru	Bilateral Salpingo Oophorectomy with right external iliac Lymph node
03-05-2023	HCG, Bengaluru	Cryoablation - Right Pelvic lesion by Dr. Indushekar and team
27-04-2024 to 01-05-2024	HCG, Bengaluru	CT based stereotactic body radiation cyberknife dose of 30Gray in 5 fraction to metastatic lung lesion by Dr. Lohtih and team
09-10-2024	HCG, Bengaluru	PETCT shows recent increase in pelvic tumour mass.
25-10-2024	HCG, Bengaluru	Repeat MRI showed there is further mild interval increase in size of lobulated T2 hypointense peripherally enhancing necrotic lesion along the right lateral pelvic wall infiltrating the iliopsoas muscle , now measuring 7.5 X 5.0 X 13.5 cm, previously 7.3 X 4.2 X 11.5 cm.
07-11-2024	Surgery at HCG	Wide local excision of tumour with neurolysis of femoral nerve bundle and vascular dissection of iliac and femoral vasculature by Dr. Pramod S Chinder and team under general anaesthesia

File Uploads

PET-CT / CT / MRI / X-Ray / 3D / Planning Images

MRI Images (Dated : 25-10-2024)



IMPRESSION:

- Status post hysterectomy and oophorectomy. No recurrent mass at the stump.
- Mild interval increase in size of necrotic right lateral pelvic soft tissue deposit infiltrating the right iliopsoas muscle.
- Small enhancing peritoneal nodule in the left lateral pelvic wall - suspicious for metastasis.
- Stable benign chondroid lesion in the left superoinferior femoral head.
- Mild cervical and lumbar spondylotic changes.
- Other MRI findings as described above.

Dr. Revanth RB, MD, FRGUHS
Jr Consultant Radiologist

Dr. Avinash Kesari, DMRD, DNB, FRCR
Consultant Radiologist

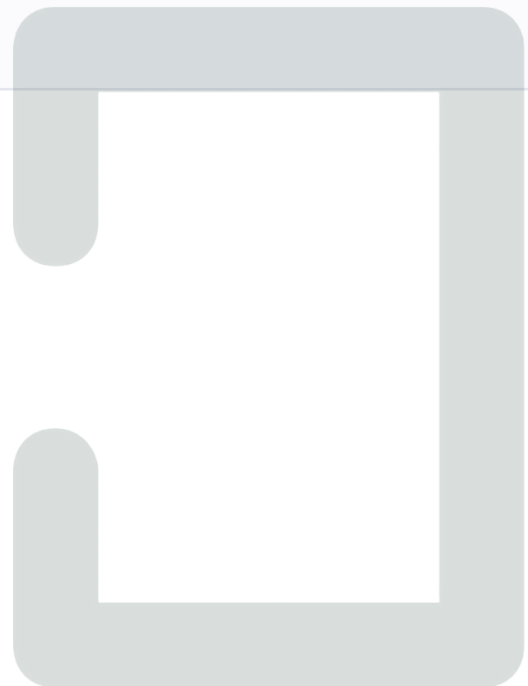
Date	Findings
25-10-2024	Status post hysterectomy and oophorectomy. Norecurrent mass at the stump.
25-10-2024	Mild interval increase in size of necrotic right lateral pelvic soft tissue deposit infiltrating the right iliopsoas muscle.
25-10-2024	Small enhancing peritoneal nodule in the left lateral pelvic wall - suspicious for metastasis.
25-10-2024	Stable benign chondroid lesion in the left superoinferior femoral head.
25-10-2024	Mild cervical and lumbar spondylotic changes.

PET-CT Images (Dated : 09-10-2024)

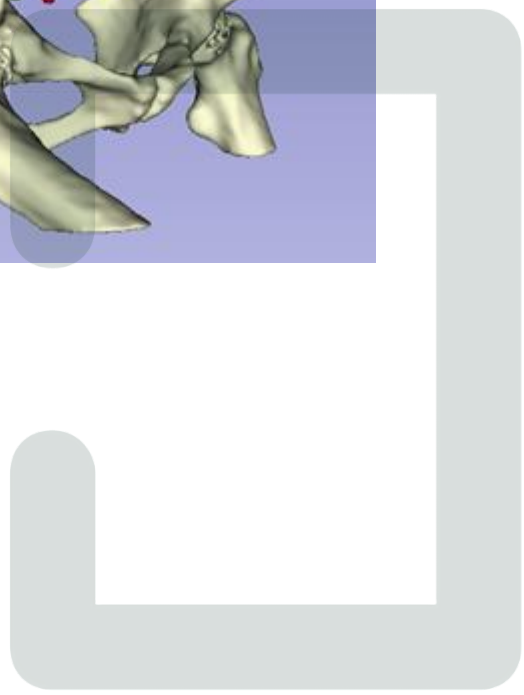
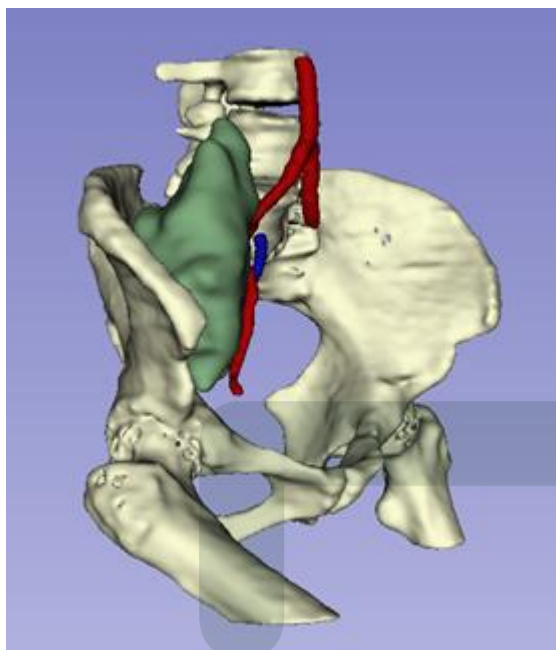
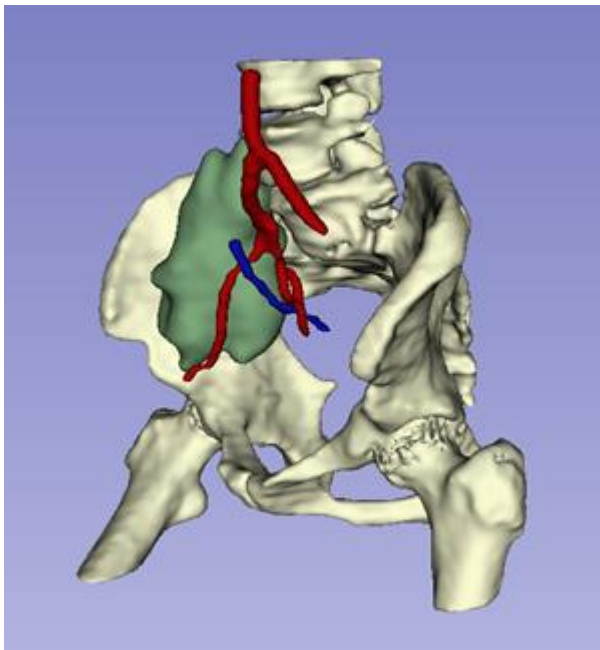
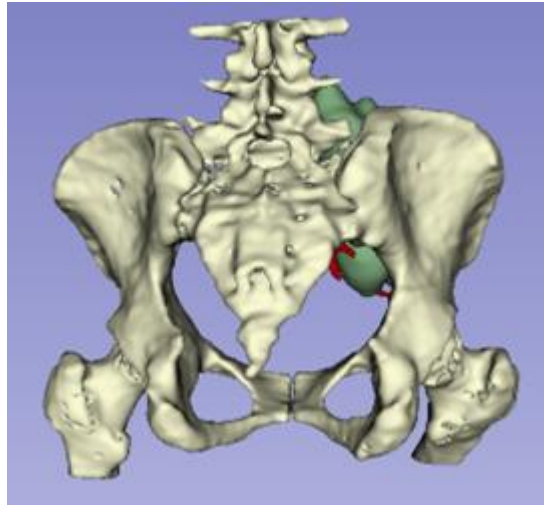
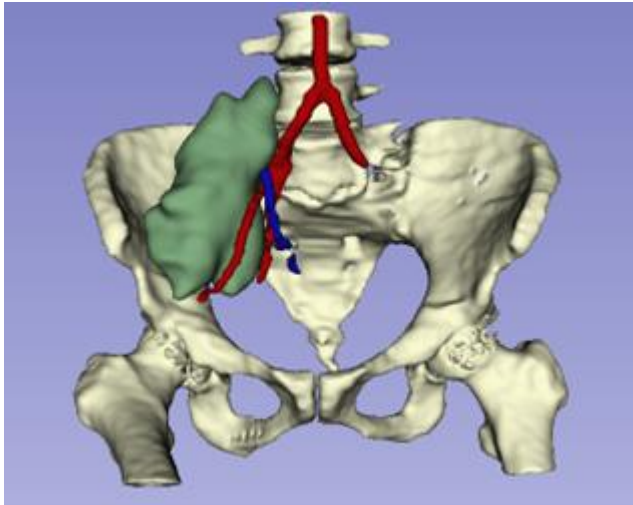
IMPRESSION: PETCT:

- Status post hysterectomy and oophorectomy.
- Further interval increase in size of necrotic right iliac lymph nodal mass - metabolically active.
- Further interval regression of retroperitoneal lymph nodes.
- Relatively stable previously noted small pulmonary nodules.
- Interval development few additional right lower lobe lung nodules - inflammatory / infectious etiology versus metastases.
- Persistent focal collapse consolidation of the lateral basal segment of left lower lobe.
- Interval development of peribronchial consolidation in the posterior basal segment of left lower lobe, patchy consolidation in the anterior segment of left upper lobe and ground glass opacities adjacent to the right minor fissure - inflammatory / infectious etiology. Recommended clinical correlation.
- Other CT findings as described above.

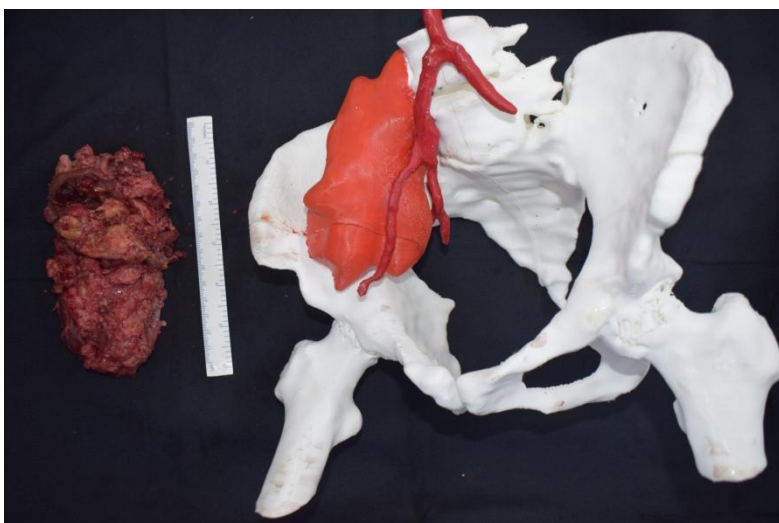
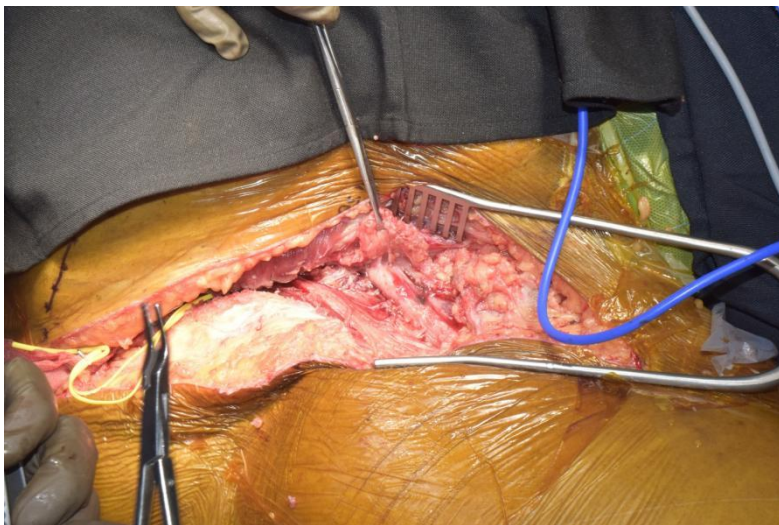
Date	Findings
09-10-2024	Status post hysterectomy and oophorectomy.
09-10-2024	Further interval increase in size of necrotic right iliac lymph nodal mass - metabolically active.
09-10-2024	Further interval regression of retroperitoneal lymph nodes.
09-10-2024	Relatively stable previously noted small pulmonary nodules.
09-10-2024	Interval development of few additional right lower lobe lung nodules - inflammatory / infectious etiology versus metastases.
09-10-2024	Persistent focal collapse consolidation of the lateral basal segment of left lower lobe.
09-10-2024	Interval development of peribronchial consolidation in the posterior basal segment of left lower lobe, patchy consolidation in the anterior segment of left upper lobe and ground glass opacities adjacent to the right minor fissure - inflammatory / infectious etiology. Recommended clinical correlation.

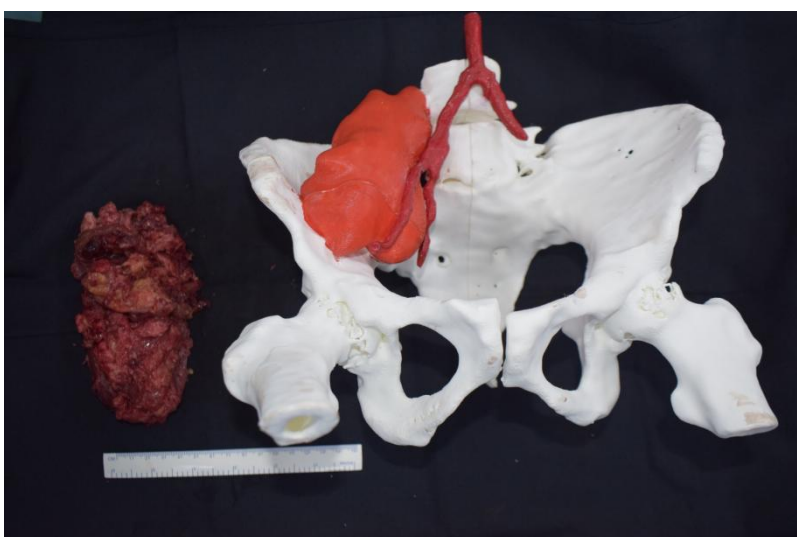
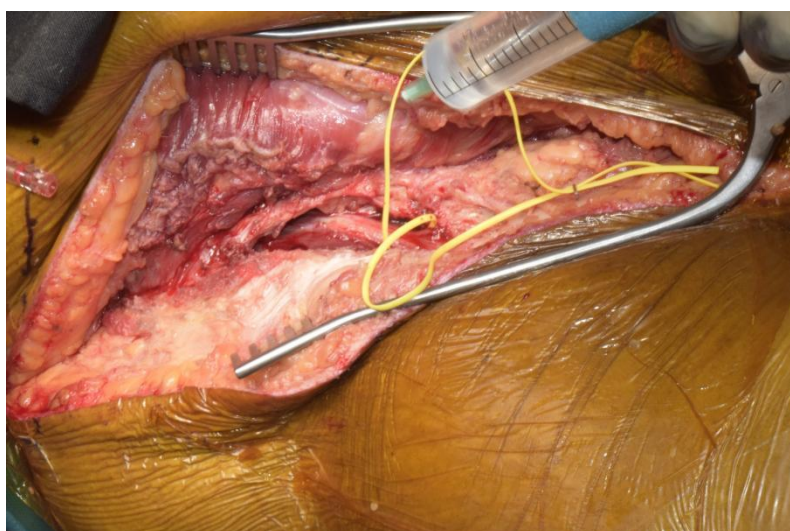
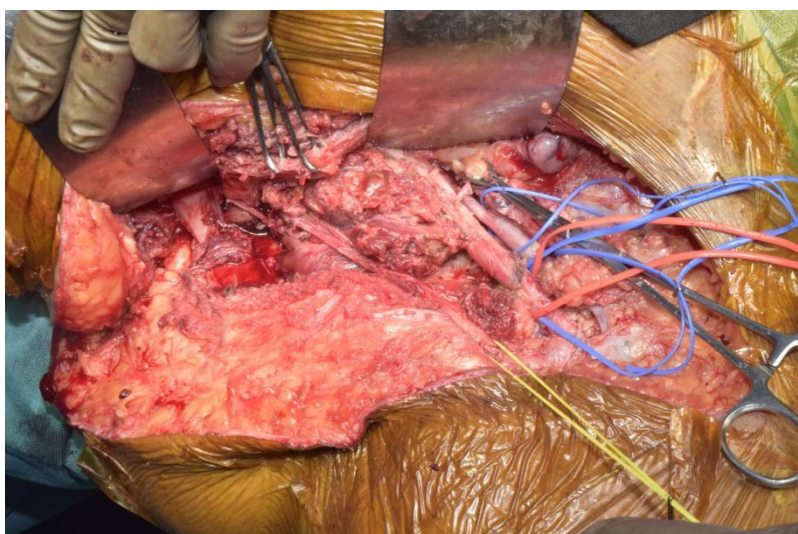


3D Images



Operative Images (Dated : 07-11-2024)







Post-Op Images (MRI - Dated : 11-11-2024 /CT/PETCT/X-ray/Histopathology - Dated : 19-11-2024)

Patient Name : Mrs. SHEILA SANTHAKUMAR	Collected : 07/Nov/2024 05:12PM
Age/Gender : 65 Years/F	Received : 07/Nov/2024 06:12PM
UHID/MR No : KABHK.0000225770	Reported : 19/Nov/2024 06:42PM
Visit ID : 2957771	Status : Final Report
Ref Doctor : Dr. Pramod Chinder	Client Name : HCG KR
Case Id : H-25183/24	Ward Name : T3 2ND ICU - 32005

HISTOPATHOLOGY REPORT

Biopsy - Large Specimen With IHC Panel

Impression:	Immunohistochemistry features are suggestive of Metastatic Dedifferentiated Endometrioid carcinoma The previous slides are reviewed and no sarcomatous areas are identified.
Comments:	Case will be discussed in MDT for clinical and imaging correlation. Note: <ul style="list-style-type: none"> · The internal and/or external controls have been found to be satisfactory · For samples/ FFPE blocks received for IHC from outside, nature of fixative and fixation time are not available · This test has not been validated on decalcified tissues/ alcohol fixed tissue. · This report is based on tissue / block submitted. · Slides (H&E) and FFPE block will be issued after 2 days of release of report. · Reporting is done on Digital pathology images (WSI) & / or Microscopy. · Digital slide images are available on request. <p>Details on CLONES will be available on request.</p>

IMPRESSION:

- **Interval excision of necrotic right lateral pelvic soft tissue deposit infiltrating the right iliopsoas muscle with acute post operative inflammatory changes.**
- **3.2 x 3.1 cm residual soft tissue along the right inferolateral pelvic wall.**
- **Stable small enhancing left pelvic peritoneal nodule.**
- **Status post hysterectomy and oophorectomy. No recurrent mass at the stump.**
- **Other MRI findings as described above.**

***Dr. Avinash Kesari, DMRD, DNB, FRCR
Consultant Radiologist***

Date	Findings
11-11-2024	Interval excision of necrotic right lateral pelvic soft tissue deposit infiltrating the right iliopsoas muscle with acute postoperative inflammatory changes.
11-11-2024	3.2 x 3.1 cm residual soft tissue along the right inferolateral pelvic wall.
11-11-2024	Stable small enhancing left pelvic peritoneal nodule.
11-11-2024	Status post hysterectomy and oophorectomy. No recurrent mass at the stump.
19-11-2024	Immunohistochemistry features are suggestive of Metastatic Dedifferentiated Endometrioid carcinoma

Proposed recommendations as discussed in Multi-Disciplinary Sarcoma Board

Sl. no.	Findings
01.	To be followed up in close interval
02.	Genetic testing on HPE sample to be done

Physiotherapy Protocol

Walker assisted ambulation passive and active lower limb ROM exercises.

MDT Members

Name	Designation
Dr. Pramod S Chinder	Consultant Orthopaedic Oncosurgeon
Dr. Nithin Teja Asadi	Orthopaedic Oncosurgeon
Dr. Abrar Mapkar	Orthopaedic Oncosurgeon
Dr. Arjun V H	Orthopaedic Oncosurgeon
Dr. Abhilasha	Gynec Oncosurgeon
Dr. Murali	Vascular Surgeon
Dr. Shivaprakash	Radiologist
Dr. Veena	Onco Pathologist
Dr. Premitha	Radiation Oncologist
Dr. Sreenivas	Medical Oncologist
Dr. Amritlal	Spine Surgeon
Dr. Prabhu	Surgical Gastroentero-oncosurgeon

Prepared By :

Technical Assessment By :

Tejas B R
Engineer

Shraddha Jagadish
Medical Design Engineer

Vetted By :

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Orthopaedic
Oncosurgeon

Dr. Abrar Mapkari
Orthopaedic
Oncosurgeon

Dr. Arjun V H
Orthopaedic
Oncosurgeon

Approved By :

Dr. Pramod S Chinder
Consultant Orthopaedic
Oncosurgeon

