



THE YELLOW RIBBON

MANFRINI & PHO INSTITUTE OF SARCOMA RESEARCH

Case Brief

Patient case dossier

Name	[REDACTED]
Age	12
Gender	Female
Phone Number	[REDACTED]
Diagnosis	Ewings sarcoma of left proximal femur with pathological fracture and multiple metastases
Date of Diagnosis	Thursday, June 20, 2024
Procedure	Wide local excision of left proximal femur and reconstruction using proximal femoral megaprosthesis with hemiarthroplasty of left hip and reconstruction of soft tissue using prolene mesh
Surgeon/s	Dr. Pramod S Chinder
Date of Surgery	Friday, September 20, 2024

Brief summary of events

Date	Events	Findings
20-04-2024	Pain started	She initially had complaints of pain in her left thigh, pain was insidious in nature aggravated with activity.
01-05-2024	Surgery at somewhere else	Evaluated elsewhere with diagnosis of septic arthritis was made and she underwent debridement elsewhere (whoops surgery)
09-05-2024	Postop Surgery elsewhere	Postoperative histopathology report was suggestive of round blue cell neoplasm
June 2024	Cytecure Hospital	1 cycle of neo-adjuvant chemotherapy
15-07-2024	HCG, Bengaluru	Underwent J needle biopsy of left proximal femur.
20-07-2024	MDT was done	After MDT she was planned for 4 cycles of IE regimen chemotherapy following which she was decided to taken up for the surgery
20-09-2024	Surgery, HCG	Wide local excision of left proximal femur and reconstruction using proximal femoral megaprosthesis with hemiarthroplasty of left hip and reconstruction of soft tissue using prolene mesh

File Uploads

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

X-Ray Images





MRI Images

IMPRESSION:

- **Permeative destructive heterogeneously enhancing osseous lesion involving the head, neck, proximal shaft of left femur with extensive cortical erosions & extraosseous soft tissue component & subtle pathological fracture deformity as described above -Likely to represent Ewing's sarcoma. Recommended histopathological correlation.**
- **Multiple other heterogeneously enhancing lesions in the bilateral femur, bilateral iliac bones, sacrum and left acetabulum -Metastases.**
- **Enlarged left external iliac lymph nodes -Metastases.**
- **Other MRI findings as described above.**



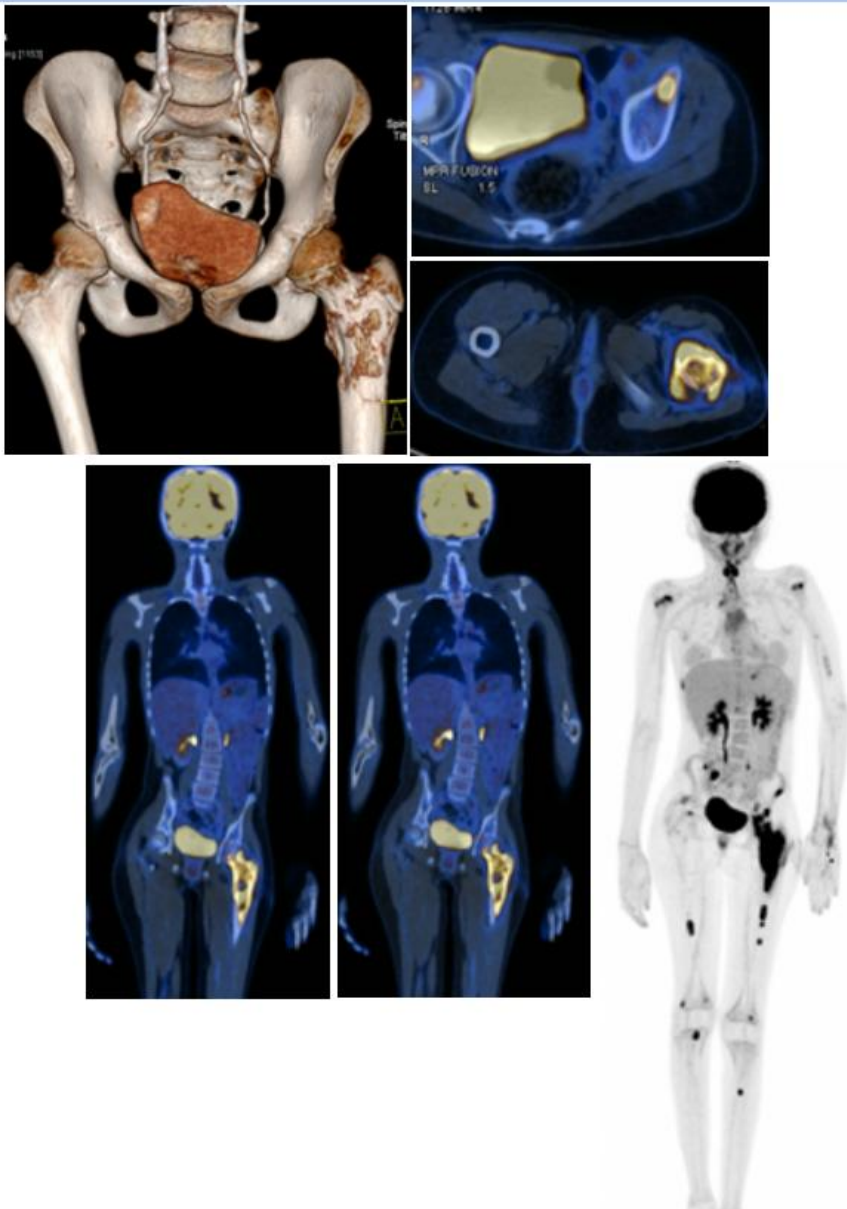
Date	Findings
28-06-2024	<p>IMPRESSION : Permeative destructive heterogeneously enhancing osseous lesion involving the head, neck, proximal shaft of left femur with extensive cortical erosions & extraosseous soft tissue component & subtle pathological fracture deformity as described above -Likely to represent Ewing's sarcoma.</p> <p>Recommended histopathological correlation.</p>
28-06-2024	<p>IMPRESSION : Multiple other heterogeneously enhancing lesions in the bilateral femur, bilateral iliac bones, sacrum and left acetabulum - Metastases.</p>
28-06-2024	<p>IMPRESSION : Enlarged left external iliac lymph nodes -Metastases.</p>

PET-CT Images

IMPRESSION: PETCT:

- **Permeative destructive metabolically active osseous lesion involving the head and neck of left femur with enhancing extra osseous soft tissue component. This is also associated with pathological fracture deformity. This could suggest Ewing's / undifferentiated sarcoma. Correlate with histopathology.**
- **Multiple other metabolically active lytic skeletal lesions and also marrow deposits as described above.**
- **Other CT findings as described above.**

29.06.2024



Date	Findings
29-06-2024	IMPRESSION : Permeative destructive metabolically active osseous lesion involving the head and neck of left femur with enhancing extra osseous soft tissue component. This is also associated with pathological fracture deformity. This could suggest Ewing's / undifferentiated sarcoma. Correlate with histopathology.
29-06-2024	IMPRESSION : Multiple other metabolically active lytic skeletal lesions and also marrow deposits as described above.

3D Images

Code No: CD2

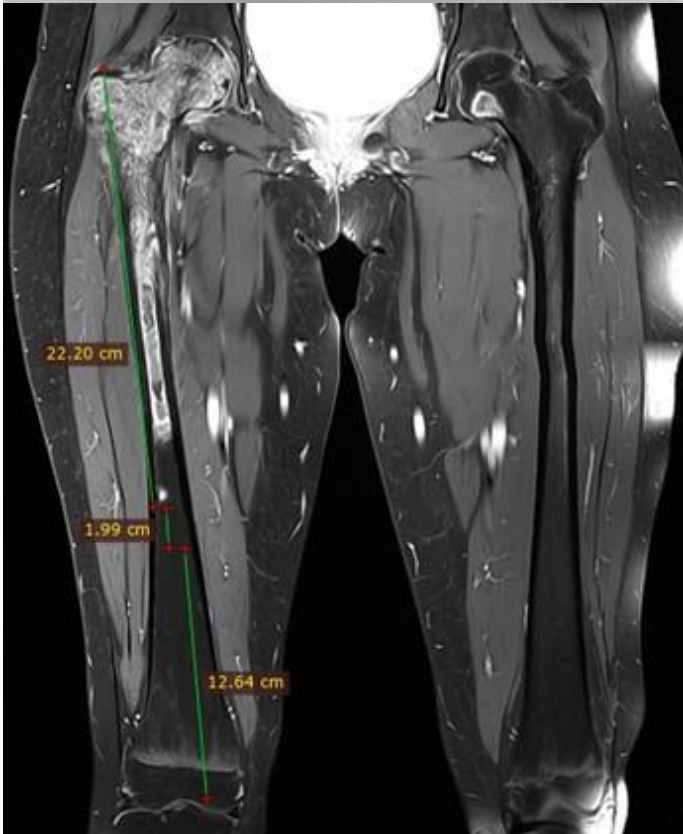
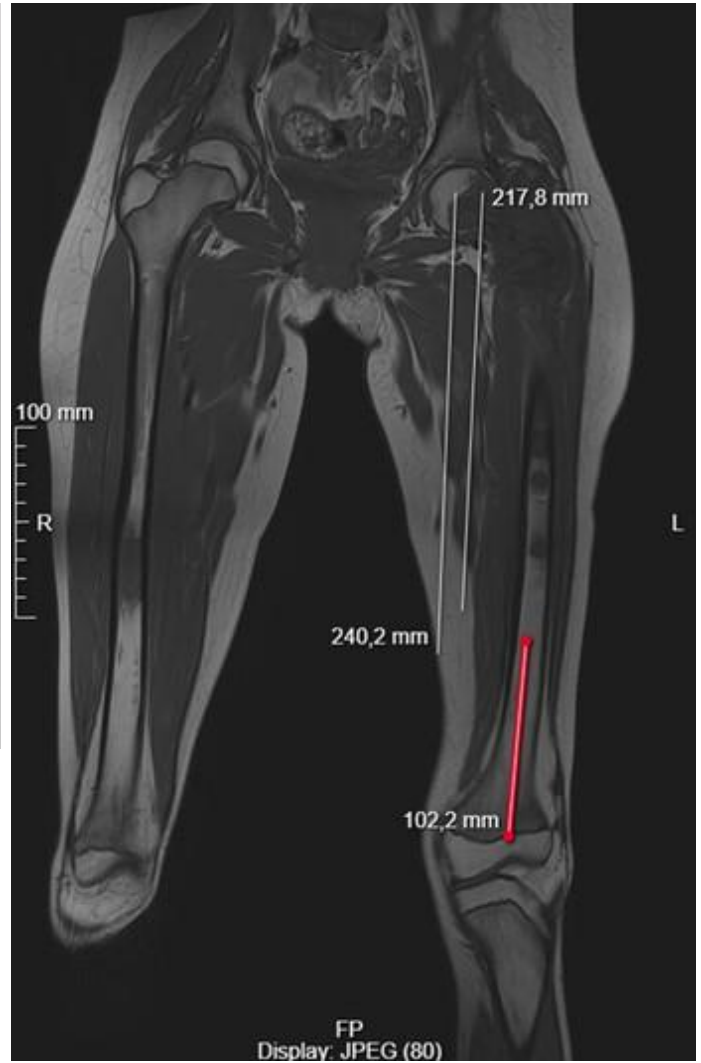
Date: 5/9/2024
CUSTOM MADE MEDICAL DEVICE
CUSTOM MEGA PROSTHESIS®
PROXIMAL FEMUR PROSTHESIS WITH BIPOLAR SOCKET

Patient Name: Ghousiya (KASHE.0000289711)
Gender: MALE/FEMALE Age: 12 yrs
Region: LEFT/RIGHT
Material: TITANIUM ALLOY / STAINLESS STEEL ALLOY
Doctor's Name: Dr. Pramod S. Chintan
Hospital: HCL Hospital, Bangalore

Sign. with Seal: *Pramod S. Chintan*
Suzen - 1 Nain - 1 Pramod

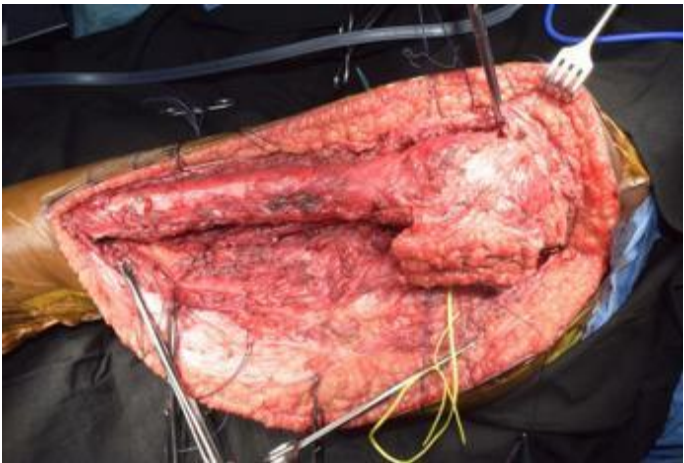
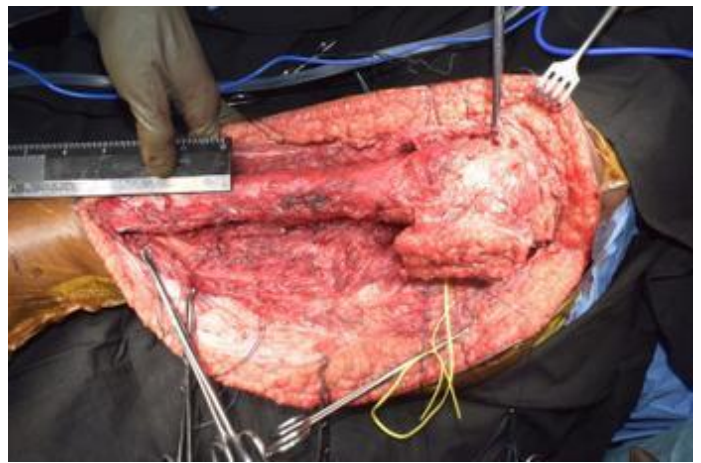
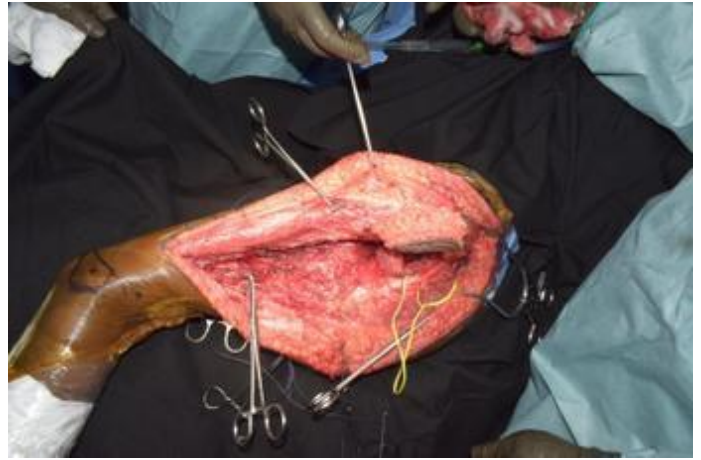
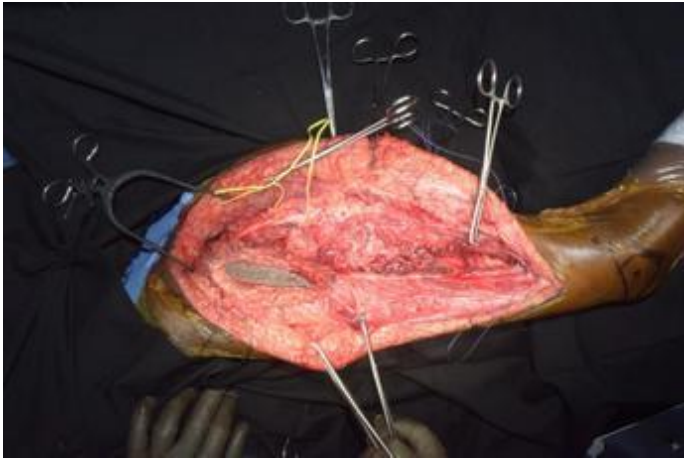
for Eagle Osstem Technologies use
Date Received: Received Through:
Revision No.: Revision Date:

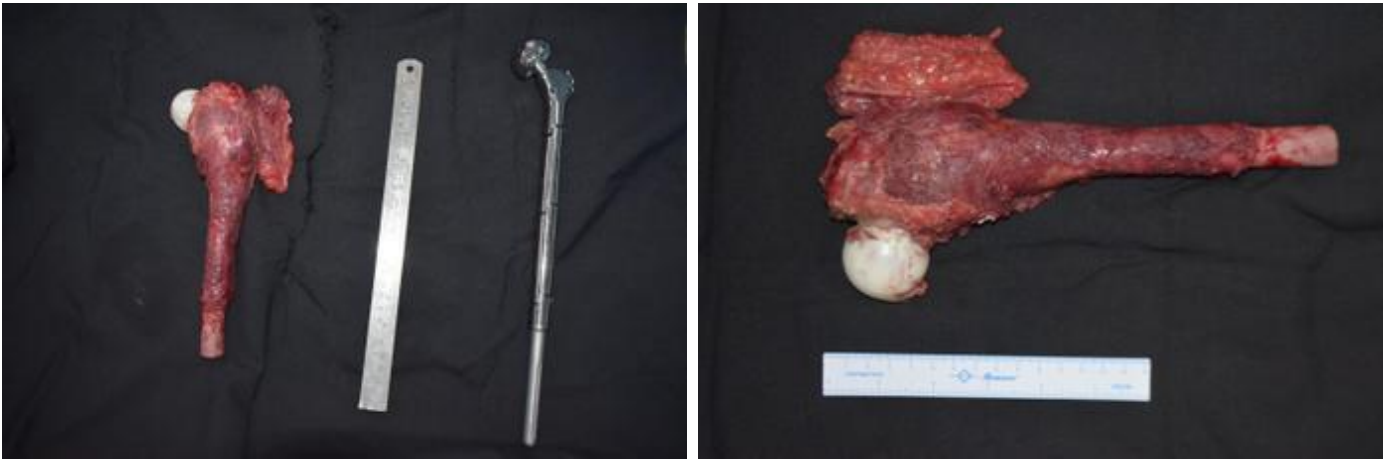
ANTERIOR VIEW





Operative Images





Post-Op Images (MRI/CT/PETCT/X-ray/Histopathology)

Impression:	Features are of residual viable Ewing sarcoma of right proximal femur with free resection margin. Pathologic stage (8th AJCC Staging system): ypT2Nx
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Date	Findings
20-09-2024	IMPRESSION: Features are of residual viable Ewing sarcoma of right proximal femur with free resection margin. Pathologic stage (8th AJCC Staging system): ypT2Nx
20-09-2024	IMPRESSION: Normocellular to mildly hypocellular bone marrow with trilineage hematopoiesis

HEMATOLOGY REPORT

Bone Marrow Aspiration Report(Microscopy) , Bone Marrow
BMA-720/24

Clinical Information: ? Ewing sarcoma of left proximal femur

Material Received:

BMA: 03 samples in 03 EDTA tubes
03 samples in 03 heparin tubes
Smears prepared

MICROSCOPY**BONE MARROW ASPIRATION**

Cellularity : Particulate and normocellular to mildly hypocellular for age
Erythropoiesis : Adequate with normoblastic maturation
M:E ratio : 3.7:1
Leukopoiesis : Sequential maturation and differentiation
Lymphoid and plasma cells : Within normal limits
Megakaryocytes : Megakaryocytes are seen. Adequacy and morphology will be assessed on trephine biopsy.
Others : No clusters of malignant small round blue cells are noted

Differential count (500 cells):

Myelocytes 14%	Metamyelocytes 08%
Neutrophils 50%	Lymphocytes 06%
Monocytes 02%	Erythroid series 20%

Cytochemistry:

Perls' stain: Grade 3 (Normal iron stores)

Impression: Normocellular to mildly hypocellular bone marrow with trilineage hematopoiesis

Proposed recommendations as discussed in Multi-Disciplinary Sarcoma Tumor board

Sl. no.	Findings
01.	After MDT discussion, she was planned for 4 cycles of IE Regimen chemotherapy following which she was decided to be taken up for surgery.

Physiotherapy Protocol

Bedside sitting with hip abduction. Knee range of motion exercises. Ankle pump exercises, Quadriceps strengthening exercise, Upper limb strengthening exercises. Core strengthening exercises. Deep breathing exercises. Plan for ambulation , full weight bearing once the brace is ready.

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. Suma	Pediatric Oncologist
Dr. Veena	Onco Pathologist
Dr. Premitha	Radiation Oncologist

Vetted By :

Tejas B R
Engineer

Shraddha Jagadish
Medical Design Engineer

Checked By :

Dr. Nithin Teja Asadi
Orthopaedic Oncosurgeon

Dr. Abrar Mapkar
Orthopaedic Oncosurgeon

Dr. Arjun V H
Orthopaedic Oncosurgeon

Signed By :

Dr. Pramod S Chinder
Consultant Orthopaedic Oncosurgeon