



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

अस्पताल / Outpatient / Premises

एक/Unit

विभाग/Dept.

नाम/Name

DR. B.R.A. IICHLAIIIMS NEW DELHI
Reg. Date: 01/01/2022
ICD Code No. 2022/1234
UHID: 101684781
Sex: Age: 7:00
Room: Ward Room (Ward Morning)
Address: B-3 NAGAR, AMBEDKAR NAGAR, LITTLAR PRADESH, P.O. S
JAFRA

Regn. No.

Sex: DOB/Date of Birth

रिपोर्ट/Diagnosis

दिनांक/Date

उपचार/Treatment

1/1/2022

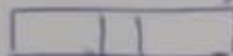
C/S/E Dr. H.K.P. sir 20/1/22

Poor prognosis of disease explained & taken

Plan: Radical RT 56 Gy / 2E# / 5.5 weeks - RT
(monitor closely during RT)

Edv.

① DFRT



Tue/Fri

Room 22

at-PCR for 20V 20V 20V

② CBC/LFT/KFT

③ T. Dexam - 4mg - PO - TDS x 3 days

↓
2mg - PO - TDS x 3 days

↓
1mg - PO - TDS x 3 days

↓
0.5mg - PO - TDS x 3 days

Then Stop

S. Glycoid - 2tef PO - TDS in 1/2 glass of lime juice/100

T. Ranitac - 150mg - PO - BD

④ Continue ongoing antiepileptics as advised

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बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

1038538
11/11/21

MRITGA / Short Adm -
25/11/21

PAC -

11 WITJ

CG-18/11/2024

Neurosurgery Admission Date

(Admn No.....)
 ASAFC (Red)..... Priority (Blue).....
 Routine (Green)..... DSA (Black).....
 Blood (No. Of Units).....
 Package Amount Fis.....
 Investigations: Hb, TLC, DLC, Blood Group, APTT, PT, Platelets, Na+, K+,
 Urea, Creatinine, FBS, ECG, CXR, Urine R/E

UO 33560

Ag J@K

LH2611210357 105684745

LG261121158-F 105684745

LC2611210696 105684745

PTC-261121076 105684745

LG261121261-P 105684745

ARPITA ARPITA

NS 2021/017/0009714 Neuro Surgery-I
 UHID: 105684745 Neuro Surgery
 Date 18/11/2021 Mon, Thu
 Name ARPITA Gen
 D/O RAVINDRA 9Y 1D / Female
 Consultant Room 15 Dr. PANKAJ KUMAR SINGH
 R Room:
 Registration Time: 8:30 AM - 12:30 AM Thursday Only: 12:30 PM - 2:30 PM

URM-271121003 105684745
 ARPITA ARPITA

ADW PRPKS
do low palsy & swimming of gait :-
1.5 months

6th nerve palsy

MRi: ? Brainstem glioma & HCP.

also gives history of juvenile seizures.
? Hypothalamic hamartoma

Adv

< CEMRI Brain & tractography

It might require GA - (18) / NS-3 ward
& short admission

वरिष्ठ रेजिडेंट / Senior Resident
तंत्रिका शास्त्र चिकित्सा / Deptt. of Neurosurgery
Nidhar
SPWJL

NS 2021/017/0009714

Neuro Surgery-I

Charges Rs. 10/-

UHID: 105684745

Neuro Surgery

Date 25/11/2021

Mon,Thu

Gen

Name ARPITA

9Y 8D /Female

D/O RAVINDRA



Consultant Room 20

Dr. Rajesh Meena Neuro

SR Room:

Surgeon

Registration Time: 8.30 AM - 10.30 AM

Thursday Only: 12.30 PM - 2.30 PM

दिनांक
Date

R15 (8)

22/11/21

~~25/11/21~~

~~25/11/21~~

△ - Intrinsic
Diffuse Pontine
Follicles (DIPG)

CDW - Proj. mms for

Advice

shunt Sx/H/RT

pale for Sx

log writing RT Explained

pacyl 5000 - (shunt)

Prize

(18)



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 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



New Patient
 Dept Reg. 2021/003/0014416
 Paediatrics/Paediatric /Unit-III
 नाम: अर्पिता
 Name: Miss ARPITA
 पिता: रविंद्रा
 D/O RAVINDRA
 General/र 10
 कमरा/Room: 10
 Days: Wed, Sat (बुध, शनि)
 Queue No: NS
 SY महिला/F
 UHID: 105684745
 Date: 17/11/2021

OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____
 आयु Age _____
 पता/Address _____

निदान/Diagnosis

? Craniopharyngioma / Brain Stem Glioma / Hypothalamic Hamartomas

दिनांक/Date

उपचार/Treatment

(16) 22.5 kg

Co → Diplopia & Blurring of vision X 2m
 → Difficulty in walking in form of frequent falls, clumsiness while walking X 2m
 → Excessive watering from eyes X 2m
 → Change in voice (Hoarseness of voice) X 1 month

⇒ H/O Inappropriate laughter during night time X 2 months
 at around 11pm or day time during sleep

NO H/O fever, vomiting, seizures, unconsciousness. (? Electric sensory)

→ vertigo ⊕

v/v
 - Pulse - 110/min
 - RR - 24/min
 - NO signs of Resp Distress

CNS → [BL Lateral Rectus Palsy ⊕
 Diplopia ⊕, BL Pupil - Normal size, Reacts
 Hoarseness of voice ⊕⊕
 NO e/o other CN deficit]

⇒ NO H/O suggestive of precocious puberty.

⇒ NO H/O neurodegeneration

Mom → 5/5 | 8/8
 (Power) 7/6 | 5/5

⇒ No involvement of CN VIII, IX, VI, X

Tone → (N) in all 4 limbs

Reflexes → DTR (N)

no sensory loss.

Clinically



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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- Cerebellar signs (+)
- Vest system - NML

CDI - Dr. JP Meena Sr.

Adv

- Fundus (red. casualty) →
- Neuro Surgery opinion (~~Dr. P.S.~~) (after MRI done) in casualty
- To start decompressive measures.
- Discuss MDR in R/C.
- Tab Lanzole Jr (15) - 1 tab ORAC
- R/C Cephalosporine

→ further plan post MDR discussion

hashu
subdon

MRI brain: →

? Bilateral lateral ventricles & 4th ventricle dilated due to mass effect, ~~of~~ it arises from body of 4th ventricle & involving middle cerebellar peduncles
(Mass arising from Mid brain & Pons)

12/11/24

Patient came for fundus examination

OP

OS

CDR 0.4:1

CDR 0.4:1

AVR 2:3

AVR 2:3

FR (+)

FR (+)

NRR healthy

NRR healthy

media - clear

media - clear

No peripheral treatable

No peripheral treatable

lesio

lesio

Q

⇒ MRI Brain (Discussed in Dr. Manisha Madan)

Sp. Brain stem glioma (Mass arising from Pons and compressing Cerebellar peduncles)

⇒ Cause of igeleastic sense → Compression of stalk:

⇒ CN involvement → Pontine compressing mass.

Plan

① → RT Referral (Dr. Alhitap)

② → neuro Sp referral (Pons)

→ To see in Pons on Saturday (20)

hashu
subdon



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बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाद्यं खलु घर्मसाधनम्

एकक / Unit

विभाग / Dept.

नाम / N

Follow Up Patient
Dept Reg. 2021/003/0014416

General/१०
Paediatrics/Paediatric /Unit-III
कमरा/Room: 10
नाम: अर्पिता
Days :
Name: Miss ARPITA
Wed, Sat (बुध, शनि)
पिता : रविंद्रा
Queue No : F11
D/O RAVINDRA
9Y महिला/F

UHID : 105684745 Date: 20/11/2021

OPR-6

Poc 299/21

सं/O.P.D. Regn. No.

पता / Address

निदान / Diagnosis

CKid-57281 D Brain stem glioma

दिनांक / Date

22-5-16

उपचार / Treatment

C gelastic seizure

Adv

o Neuro Surgery OPD $\left. \begin{matrix} \text{MON} \\ \text{TUE} \end{matrix} \right\} 2\text{PM}$ Row (15)

o IRCU \rightarrow $\left. \begin{matrix} \text{FUG} \\ \text{RM} \end{matrix} \right\} 9\text{AM}$ Row (5) / 6
Dr. Ahtangi Biswal
Date for RS

o Poc file / 22-11-2021, 2PM / Monday / 7:15A

Danges sigs explained

o CEMRI Brain Can kids please help



डॉ. जगदीश प्रसाद मीना
Dr. Jagdish Prasad Meena
सह-आचार्य / Associate Professor
बालरोग चिकित्सा विभाग / Department of Pediatrics
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-110029



Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
प्रधानमंत्री जन आरोग्य योजना
(pmjay.gov.in)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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mera hospital
My Hospital
meraasptal.nhp.gov.in

Plan

① Tab Eptoin 50mg 1 tab B.D.

② Tab Dexamethasone ~~20mg~~ 10mg @ stat

↓
4mg QID
5ml TDS

③ Syrup Glycerol

④ Tab Acetazolamide 250mg TDS

⑤ Tab Emset 4mg 1 tab TDS

⑥ Syrup Tab Tramadol 40mg 1/2 tab TDS

⑦ Flu on Monday, 2PM, 22/11/21
POC

~~⑧ Tab E.~~

⑧ CAN KIDS registration

⑨ Tab Pantop 40mg 1/2 tab QD

Gang
Sh

22/11/21

Vitals:

HR: 112/m

RR: 18/m

BP: 190/70 mmHg

SRT < 3

e/o Brain stem glioma

↑ dysuria

↑ speech ab(N)

↑ gut ab(N)

} in past 2 days

C/S & Dr. Radhina Sethi marm

①

Refer to Emergency

↓

Urgent Neurosurgery consult.

②

To get repeat MRI qm
as adv by NeuroSx (NAD to help)

③

Tab Eptevon 50 mg 1 tab BD

④

Tab Dexam 4 mg ~~2~~ QID

⑤

Syrp glycerol 5ml TDS

⑥

Tab Acetaminol 250 mg TDS

⑦

Tab Emset 4 mg TDS

⑧

Tab Tramadol 40 mg 1/2 TDS

Dr
SR



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अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाहं खलु धर्मसाधनम्

एकक/Unit

विभाग/Dept.

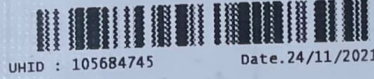
नाम/Name

Follow Up Patient
Dept Reg. 2021/003/0014689
General/र 0
Paediatrics/Paediatric /Unit-III
कमरा/Room: 10
Days :
नाम: अर्पिता Wed, Sat (बुध, शनि)
Name: Miss ARPITA Queue No : F15
पिता : रविंद्रा 9Y महिला/F
D/O RAVINDRA

OPR-6

P.D. Regn. No.

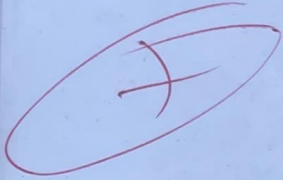
पता/Address



निदान/Diagnosis

? Brain stem glioma \uparrow ncp / gelasthe
उपचार/Treatment सर्जरी

दिनांक/Date



seen by SR neuro surgery on 22/11/2021
in pediatric emergency \rightarrow advised to
go other govt hospital no non-availability
of beds.

poor prognosis
explained

- symptomatically child is better
- speech abnormality (+)
- ataxia (+)
- Appetite - ~~good~~ Avg.
- occ vomiting

my Brain (23/11/2021) \rightarrow
Large expansile minimally enhanced mass
lesion in the lower midbrain, pons and upper
medulla (35x40x40mm) \rightarrow ? Brain stem glioma



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक / Unit

विभाग / Dept.

नाम / Name

New Patient
Clinic No. 259/2021
Dept Reg. 2021/003/0014689

General / क०

Paediatrics/POC/Unit-I कमरा/Room: 14
नाम: अर्पिता Days :
Name: Miss ARPITA Queue No : N8
पिता : रविंद्रा 9Y महिला/F
D/O RAVINDRA

D. Regn. No.

पता / Address



UHID : 105684745

Date. 22/11/2021

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

20

vital

HR : 112/M

RR : 18/M

BP : 100/70mmHg

CRF L35

urgent M/Surgery
→ consultation
→ MRI report as at 11/13
accommodate tomorrow
me n go by

on conservative measure

- last MRI due on 11/21
with family

SIBB only to
be follow

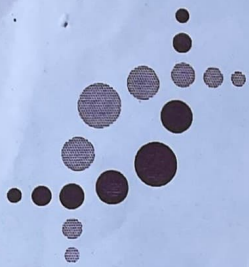
Dex
phystin
Demos
glyperol

Use



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Pratap Diagnostic Centre

A complete diagnostic centre

CIVIL LINE, AZAMGARH: Ph.: 05462 247094, 247095, M-8726038000 Email: pratapdiagnosticazm@gmail.com

I.D. NO	/MR/1942	DATE	11/11/2021
PATIENT'S NAME	ARPITA	AGE/SEX	16Y / F
REFERRED BY	DR.S.R.VISHWAKARMA		

MRI : BRAIN

IMAGING SEQUENCES (NCMR)

AXIAL : DIFF, T1, FLAIR & TSE T2 Wis. ; SAGITTAL : TSE T2 Wis.; CORONAL : FLAIR Wis.

Diffuse enlargement of mid brain and pons is seen. Large sized altered signal intensity lesion is seen involving mid brain and pons measuring approx. 39 x 37 x 45 mm. The lesion is showing T1 hypointensity and T2/FLAIR hyperintensity. The lesion is extending in the right middle cerebellar peduncle. The lesion is producing mass effect over 4th ventricle with its partial effacement. The basilar artery is abutting the lesion and is displaced anteriorly by the lesion. Prepontine cistern is effaced.

Mild dilatation of supratentorial ventricular system is seen.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen. Supratentorial sulcal and cisternal spaces are normally visualized.

Rest of the cerebellar hemispheres are showing normal morphology, signal intensity and outline.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

IMPRESSION:-

Large altered signal intensity lesion involving mid brain and pons with compression of 4th ventricle and supratentorial mild hydrocephalus suggestive of neoplastic etiology - likely brain stem glioma.

Please correlate clinically.

DR CHANDAN MOURYA
MD, PDCC
Consultant Radiologist



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Rajesh Kapur
MD, DNB (Radio Diagnosis)

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

23.11.2021

MS. ARPITA, 9YRS / F **UID: 11.21.872**

M.R. OF THE CRANIUM WITH CONTRAST

Axial T1, FLAIR & FSE T2 weighted scans of the brain were studied and these were correlated with coronal and sagittal FSE T2 weighted scans. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No adverse contrast reaction was noted till 30 minutes after the contrast injection.

Large expansile mass lesion is seen in the lower midbrain, pons and upper medulla measuring 35 x 40 x 40mm. There is obliteration of the prepontine cistern with encasement of the basilar artery. Posteriorly, there is indentation on the 4th ventricle. Bilateral lateral ventricles are mildly prominent. No periventricular ooze is seen. Lesion shows hypointense signal on T1 and hyperintense signal on T2 weighted images. There is subtle enhancement following administration of contrast. Findings are suggestive of ?brainstem glioma.

Cerebral and cerebellar parenchyma is otherwise unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

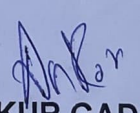
The corpus callosum, sellar and suprasellar regions, and skull base are normal. No midline shift. No acute intracerebral hemorrhage.

Visualized portions of the orbits and paranasal sinuses are unremarkable.

IMPRESSION:

- Large expansile minimally enhancing mass lesion in the lower midbrain, pons and upper medulla (35 x 40 x 40mm). Findings are suggestive of ?brainstem glioma.

Clinical and histopathological correlation is necessary


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

