





Department
CMBES

AIIMS
New Delhi
Telephone: 26104000-014

OPR-6

Regn. No. _____

Room/Address _____

REG. NO. 1744/22
DATE: 05/12/2022
NAME: RAJESH KUMAR
FACILITY: OPD



5/12/2022
Date/Treatment

C-1744/22

CSF cytospin smear shows infiltration by
blasts for Dr. Rakesh ~~Sharma~~ Sarda
(SA, Lab Oncology)

In copy. Ag.



07/12/22	24	0.3	137	3.6	1.3
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Date	Investigation	Report
1/12/22	CSF	Blast cells present.
8/12/22	BMA/MRD	Awaited.

Plan at Discharge

1. To start on UK-ALL R3 protocol for relapse with addition of Bortezomib.

Advice at discharge:

7. Pantop 20mg ^{OP}

1. Tab Dexamethasone 4mg 1 tab BD 0-0
2. Tab Diamox 250mg 1 tab PO TDS 0-0-0
3. Tab. PCM 250 mg PO TDS 0-0-0
4. Review in Pediatric Oncology Clinic Room no 14 Tomorrow 12.12.22 in Old RAK Pediatrics OPD.
5. To collect BMA reports.

Senior Resident *Aditya*
 Shivam/Dr Aditya/Dr.Dinesh

Junior Resident

2-3 years: 10 mg	
> 3 years: 12 mg	

es:

Mitoxantrone is the preferred anthracycline in induction. However, Idarubicin can be used if Mitoxantrone is not available

The timing of mitoxantrone/ idarubicin may be altered based on the clinical condition after induction.

Weekly intrathecal therapy is continued in CNS positive disease till two consecutive CSF are negative for blasts.

- Ensure adequate hydration and allopurinol if there is setting of tumour lysis syndrome
- Prophylaxis for PCP and antifungal prophylaxis are mandatory. Cotrimoxazole is the preferred agent for PCP prophylaxis.
- Liposomal Amphotericin B @ 1 mg/kg/day given thrice weekly may be the preferred antifungal agent.
- Ensure adequate nutritional support, early NG feeding is encouraged.
- Take RT consultation for CRT/ testicular RT

Definition of Time to relapse:

Time point	After primary diagnosis		After primary treatment completion
Very early	<18 months	And	<6 months
Early	≥18 months	And	<6 months
Late			≥6 months

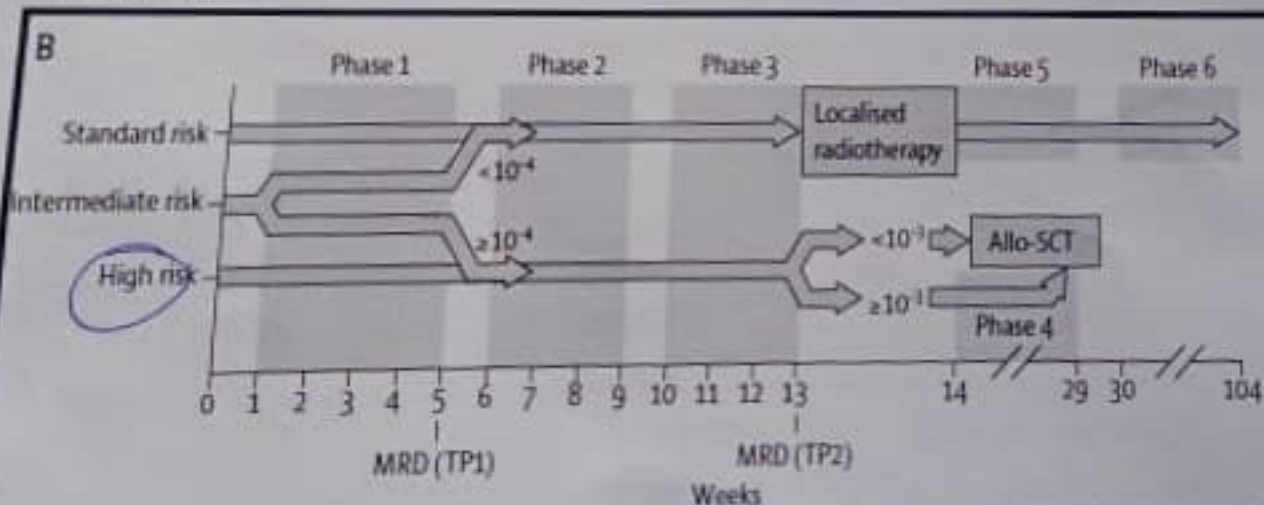
Sites of relapse

- Bone marrow: Morphology (N) Flow 0.5% blasts (7)
- CNS: Symptoms (+) Cytology Blasts (+)
Flow Blasts (+)
- Testis: Examination (N) USG
FNAC

Risk stratification

	Immunophenotype: Non T Cell ALL			T Cell ALL		
	Isolated Extra medullary	Combined Bone marrow	Isolated Bone marrow	Isolated Extra-medullary	Combined Bone marrow	Isolated Bone marrow
Very Early	High risk	High risk	High risk	High risk	High risk	High risk
Early	Intermediate risk	Intermediate risk	High risk	Intermediate risk	High risk	High risk
Late	Standard risk	Intermediate risk	Intermediate risk	Standard risk	High risk	High risk

Treatment Plan:



Bedside

एम.आर.- 9
M.R.- 9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	Md Alam	आयु Age	5 1/2 yr	लिंग Sex	M	वैवाहिक स्थिति Marital Status		यू.एच.आई.डी.सं. UHID No.	
सेवा Service		वार्ड Ward	D5	बिस्तर Bed	13	व्यवसाय Occupation		धर्म Religion	10544408
								स्थिति Status	

Referred by Dr.	SR Paeds Onco	to Dr.	SR RPC
	Requesting Doctor		Consultant & Specialty

Findings :

Date : 7/12/22

o T-ALL / Maintenance chemo
o Headache
vomiting x 6 days

Diagnosis or Impression :

CSF done earlier s/o relapse (CSF blasts +)

Sudden onset painless vision loss x 1hr

Kindly perform urgent fundus evaluation for papilloedema

commendations:

Consultant's Signature

Birth History: No h/o perinatal complication/ NICU stay. Smooth perinatal transition
Developmental history: Appropriate for age

Immunization History: Not Completed for his age as per NIS.

Family History: 4th born child, born from NCM couple. No h/o similar illness in the family. Other siblings- alive and healthy.

EXAMINATION AT ADMISSION: Child is alert, oriented, afebrile

Vitals:

Afebrile

HR - 88/min

RR - 24/min

BP - 94/64 mm Hg

Spo2 - 99 % under room air

CFT - 2 sec

Peripheries - warm

General Physical Examination:

Active, interacting with parents well.

No Pallor/Icterus /cyanosis/ Clubbing/ Lymphadenopathy / Edema.

No dysmorphism/neurocutaneous marker.

Anthropometry:

Parameters	Values	Z score
Weight	19	WFH-1.17
Height	106	HFA-0.85
BMI	16.9	1.19
BSA	0.75 m ²	

Systemic examination:

CVS: S1S2 normal, no added sounds

RS: B/L air entry equal, no added sounds

P/A: Soft non tender, no organomegaly,

CNS:

conscious, HMF-intact

No cranial nerve deficit

Motor examination:

Tone- Normal in b/l lower limbs.

Power:

	Upper limb	Lower limb
Right	5/5	5/5
Left	5/5	5/5

Reflex:

	Right	Left
Knee	2+	2+
Ankle	2+	2+
Bicep	2+	2+
Brachioradialis	2+	2+

Sensory system – Normal Sensation
No cerebellar/meningeal signs

HOSPITAL COURSE:

The child is k/c/o T-ALL under maintenance chemotherapy and presented at casualty with the above-mentioned complaints. In suspicion of raised ICP, head elevation was done at 30 degrees and mannitol was started. Fundus examination showed grade II papilledema. Inj dexamethasone was started. The child was symptomatically managed with Inj PCM and anti-emetics. The child was admitted to the ward. BMA was done and samples were sent for MRD, morphology and molecular workup. Headache and vomiting subsided post raised ICP measures and starting Dexamethasone. The child was shifted to oral steroid (dexamethasone) and acetazolamide for raised ICP. The child was afebrile throughout a hospital stay. In view of poor prognosis, the parents were counselled for the probable outcome – however are willing for further treatment. Currently, the child is hemodynamically stable and being discharged with plan to start Relapsed ALL protocol.

INVESTIGATIONS

Date	Hb	TLC	DLC	ANC	Platelet count
07/12/22	14.7	4480	N64 L20 M13	2900	3.6 L
Date	U	Cr	Na	K	lac

C-T

D/w Dr. Venkatesh
(SR Radio)

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Md Alem Age/Sex: 5⁸/_y/M Ref. Deptt./Unit: Pedo III Date: 7/12/22

Room (Bed No.) / Outdoor / Casualty: D5/14 UHID No.: 105444408 LMP:

Examination Required: 7-ACC / V. Early CNS relapse

Clinical History and Examination: Raised ICP
Papilledema (+) (1mm/kg)

U = 24
Creat = 0.3

Clinical / Working Diagnosis: Adv CECT Head

Signature of Referring Physician / Date: [Signature]

Consent: I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

Appointment is on: _____ Room No.: _____
Time Slot: 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

Payment No.: _____ Size / No. of Films

Kvp/mAS:

Signature of Radiographer: _____ P.T.O.



D.S. Discharge

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
DEPARTMENT OF PEDIATRICS
UNIT III DISCHARGE SUMMARY

NAME: MD ALAM	AGE: 5yr	SEX: Male	UHID No: 105444408
DATE OF ADMISSION: 07/12/2022	DATE OF DISCHARGE: 11/12/22	Bed: D5/13	
DIAGNOSIS: T-ALL /Very early CNS relapse/Raised intracranial pressure			
Consultants In-charge: Prof SK Kabra/ Prof R Seth/ Dr K Jat/ Dr A Gupta/ Dr JP Meena			

Child is a known case of T-ALL /Very early CNS relapse/under maintenance chemotherapy presented with:

C/o

1. Headache for 5 days
2. Vomiting for 5 days
3. Blurring of vision from yesterday

HOPI:

The child is K/C/O T-ALL under maintenance chemotherapy and was apparently well 5 days back when the baby developed a headache, diffuse, mild to moderate intensity, and progressive in nature.

The child had vomiting for multiple episodes for the last 5 days, projectile, non-bilious, not associated with food intake.

The child had a blurring of vision from yesterday.

Bowel/ bladder normal.

No h/o fever/rash/ oral ulcers

No h/o bleeding manifestation

No testicular enlargement.

No h/o abnormal movements/ loss of consciousness/ focal neurological deficit

No h/o facial asymmetry

No h/o pain abdomen/ jaundice/ loose stool or abdominal distension

No h/o cough/ coryza/ chest pain

Past History:

Date of diagnosis of leukemia: June 2021

Started on Induction: 17/06/21

Post induction:

D8 PS- No blast, D8 CSF: Acellular

End of induction: BM- CR, MRD- negative

End of consolidation: BM-CR, MRD- Negative, No mediastinal mass

Treated for TB- ATT for 6 month

Maintenance started on: 25/05/22

M1 ITM done on 11/06/22- CSF report not available (lost to follow-up)

M2 ITM done on 02/09/22- CSF report collected on 05/12/22 which showed numerous blast cells.

5/9/22 T. ALL / M2

10.8 $\times \frac{4250}{3190} = 1.62L$

No complaints
O/E - stable

wt - 19 kg
ht - 110 cm
BSA - 0.76 m²

apexia
No LAP/HSM
tests - (N)

Rx: - T. 6 MP (50) 1 OD

- T. MTX (15) 1/wk
- Spyr section 6me BD on sat dinner
- Rpt CBC after 2 wks \rightarrow help line
- FU on 5/12/22
E RBC, RFT, LFT

CSF (2/9)
 \downarrow
reports awaited
 \downarrow
send on help line

/B Dietitian
05/09/2022

Current Intake :- 980 / 295g
Recommended Intake :- 1500ml / 465g

Diet Plan -

40 Constipation. High fiber foods include
Counseling done

To ensure good hydration

Presc Pantone BN 1/2 scoop in
200 ml milk 10

[Signature]
5/12/22

bedside

पं. अर. - 9
M.R. - 9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	उम्र Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.एन.डी. नं. UHID No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	कॉन्टैक्ट नं. 10544440
				धर्म Religion
				स्थिति Status

Referred by Dr. SR Paeds Onco
Requesting Doctor

to Dr. SR RPC
Consultant & Specialty

Findings :

Date : 7/12/22

o/o T-ALL / Maintenance chemo

o/o Headache
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Recommendations:

Consultant's Signature

D/w Dr. Venkatesh
(SR Radio)

विकिरण नैदानिक विभाग

अ० मा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Md Alem Age/Sex: 5²/₄ M Ref. Deptt./Unit: Peds III Date: 7/12/22

Indoor (Bed No.) / Outdoor / Casualty: D5/14
UHID No.: 105444408 LMP:

Examination Required:
Clinical History and Examination:

T-ALL / N. Early CNS relapse

U = 24
Creat = 0.3

Raised ICP

Papilledema (+)

(1ml/kg)

Clinical / Working Diagnosis:

Blood Urea / S. Creatinine:
Any h / o allergy or asthma:
(for IVU patients only):

Adv

CECT Head

Signature of Referring Physician / Date: NCCP

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

Your appointment is on: _____ Room No.: _____

Time Slot: 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No.: _____ Size / No. of Films

Date: _____ Kvp/mAS: _____

Sign. of Radiographer:

P.T.O.



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना **PROHIBITED** IS PROHIBITED IN HOSPITAL PREMISES



रोगी/Unit
Dien/Dept.
रोगी/Name

AIIMS Pharmacy
आर्य समाज
आर्य समाज
आर्य समाज

Barcode

AIIMS Pharmacy
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आर्य समाज
आर्य समाज

Barcode

OPR-4

रोगी No.

रोगी/Address

10544408
paedia

रोग/Diagnosis

दिनांक/Date

WS
13

रोग/Treatment

- refer ⁽²⁷⁾ CBT, RFT, LEFT
- N/V on 5/12/22

Rx: (A) G-MP (50) OD
MTX (15) 1/wk
Gyp section 5ml BD
- sat 6am } x3mo

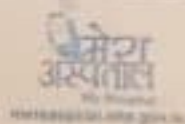
C-1345

RESIDENT
Department of Paediatrics
All India Institute of Medical Sciences
Anand Nagar, New Delhi-110029

PROHIBITED IN HOSPITAL PREMISES
DATE: 5/12/22
SIGN: (27)



CLEAN AND GREEN AIIMS / एक ही श्वास, स्वच्छता से स्वस्थ बनना
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbu.org Helpline - 1960 (24 hrs service)





DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029

Dated: 14/9/21

Treatment Estimate Certificate
To Whom It May Concern

This is to certify that Shri/Smt./Kam md Alam
D/W of md Shakir AK Aged 4 year Sex male
IPD/Clinic/CR No 10544408 is suffering
from T- Acute lymphoblastic leukemia

She is getting treatment for his/her illness in Pediatrics department (Ward/OPD)

child is receiving treatment at Pediatric
oncology division, Department of Pediatrics
AIIMS, New Delhi

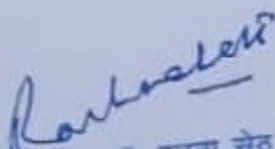

Estimated cost for treatment is Rs. 2,50,000/-

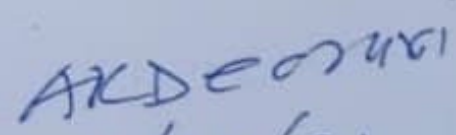

Two lakh fifty thousand only

(Chemotherapy, supportive care, Investigation, activity)

The cost of treatment includes medicines and disposable items. The cheque or demand draft
to be issued in favour of "ALL.I.M.S. PATIENT TREATMENT ACCOUNT". The said estimate
is valid and applicable for beneficiaries in patient of National Illness Assistance Fund, State
Illness Assistance Fund, Prime Minister Relief Fund, M.P. Local Area Development Fund, Prime
Minister Relief Fund and fund from other sources. This is also applicable for government
employees, PSU's employees and beneficiaries of ESI.

Personal Cheque, Personal Demand Draft (Cash) is not acceptable.


 डॉ. रचना सेठ
Dr. RACHNA SETH
आचार्य/Professor
बालरोग चिकित्सा विभाग/Department of Pediatrics
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-29


 डॉ. अशोक कु. देवरारी
Dr. Ashok K. Deorari, MD, FAMS
आचार्य एवं विभागाध्यक्ष / Professor & Head
बालरोग चिकित्सा विभाग / Department of Pediatrics
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-110029