

DISCHARGE SUMMARY

NAME : MASTER.ANKIT BISWASH **Age/Sex** : 3 Year(s) Male
UHID : APD1.0000807307 **IPNO** : 208812
Date of Admission : 22-Nov-2008 **Date of Discharge** : 01-Apr-2009
Room/Ward : 4159 (Recommended-Govt Of Delhi)

Consultants

1. Dr.A.K. Banerji
NEUROSURGEON
2. Dr.Varindera Paul Singh
NEUROSURGEON

Unit :NEUROSURGERY

DIAGNOSIS :

Posterior Third Ventricle Ependymoma
Hydrocephalus

HISTORY:-

Right side facial weakness - 1 month
Headache & vomiting - 20 days
Difficulty in walking & frequent falls - 15 days
CECT head revealed posterior third ventricle tumor with hydrocephalus

ON EXAMINATION

Child - sick
BP - 100/60 mm
Pupil - B/L 3 mm, reacting
Fundus - B/L mild papilloedema
Moving all four limbs

COURSE IN HOSPITAL:-

Pre-operatively was evaluated by Dr Nameet Jerath [Senior Consultant - Paediatric], and was taken up for surgery after his clearance.

OPERATIVE PROCEDURE:

Midline suboccipital craniectomy, infratentorial-supracerebellar approach and microsurgical

Contd ..2...

tumor decompression done under GA on 14.11.08.
Right parieto-occipital burrhole made and external ventricular drain inserted.

FINDINGS:

Soft mildly vascular greyish tumor in posterior third ventricle.

HISTOPATHOLOGY:

Ependymoma (WHO - Gr II, Tanycytic type)

POST-OPERATIVE HOSPITAL STAY:

Was electively ventilated post-operatively in Neuro ICU. Next day weaned off from ventilator & extubated. NCCT head done on 15.11.08 ruled out any operative site haematoma with surgical changes and decrease in mass effect. Developed seizure followed by cardiac arrest. Recovered after resuscitation & modification of anticonvulsant drugs. Kept on Midazolam infusion & gradually tapered off & shifted to Paed. ICU. NCCT head on 19.11.08, after removal of external ventricular drain revealed decrease in size of ventricles. Had copious throat secretions, so put on ventilatory support for 48 hour & then weaned off. Improve gradually & shifted out to Govt. ICU ward on 22.11.08. Dr. D.K.Mahajan [Senior Consultant - Dermatology] opinion taken for allergic skin lesion. Dr. S. Haldhar [Consultant -Radiation Oncology] opinion was taken for post operative adjuvant radiotherapy. Developed loose motion & fever, was managed with help of Paediatrician.

Contrast MRI brain done on 16.12.08 revealed surgical changes with persistent ventriculomegaly.

OPERATIVE PROCEDURE:

Right VP shunt [Medium Pressure - Pudenz] done under done under GA on 01.01.2009

FINDINGS:

Clear CSF came in moderate pressure.

POST-OPERATIVE HOSPITAL STAY

Had mild improvement in the tonic posturing after the shunt surgery. IMRT was started in consultation with Dr Shikha Haldhar (Consultant Radiation Oncology). Had recurrent seizures with respiratory distress which was managed in consultation with Dr. N.Jerath (Senior Consultant, Pediatrics) and Dr. V.B.Gupta(Senior Consultant, Pediatric Neurology). Follow up NCCT head and MRI brain done revealed residual tumour in the region of posterior third ventricle with decreased ventricular size with increase in the bilateral subdural collections with no significant compression. Subdural tap was done and around 150cc of fluid aspirated, no neurological improvement seen after the procedure. Had recurrent episodes of laryngeal stridor. Dr. G. Raheja (Senior Consultant, ENT) was consulted who did tracheostomy on 23.03.2009. Follow up NCCT head done on 23.03.2009 revealed no change in the subdural collection.

COMMENTS:

Long term prognosis guarded. Needs regular follow up and neurorehabilitation.

CONDITION OF THE PATIENT AT THE TIME OF DISCHARGE :-

BP - 100/60 mm

Contd ..3...

Afebrile
Improving gaze paresis
Opening eyes spontaneously,
Tonic posturing present.
Ryle's tube feed with oral supplement
Wound healthy, Sutures removed
On Tracheostomy

ADVICE ON DISCHARGE:-

DIET: Ryle's tube feeding 100 ml 2 hourly with oral supplement as tolerated

PHYSICAL ACTIVITY: Wheel chair mobilization

MEDICATIONS:

Syp Augmentin 5ml thrice daily X 1 week
Gardenal 60mgm twice daily X 1 month
Syp Tegrital (100mgm /5ml) 4ml thrice daily X 1 month
Frisium 5 mgm in morning and noon, and, 10mgm at bedtime X 1 month
Tizan 2mgm thrice daily X 2 weeks
Baclofen 7 mgm thrice daily X 2 weeks
Diamox 250mgm half tablet twice daily X 2 weeks
Rantac 25 mgm twice daily X 2 weeks
Syp Visyneral 5ml daily X 2 weeks
Asthalin and saline nebulization thrice daily X 1 month
Crocic 10 ml SOS for fever/ headache
Refresh eye drop both eye four hourly X 1 week

OTHERS:

Physiotherapy and mobilisation as advised
Care of Tracheostomy and Ryle's tube

FOLLOW-UP:

To follow up with Dr A K Banerji in Neurosciences OPD after 1 month
Kindly confirm your appointment before coming.
For appointments contact - 9910000409

For any medical problem contact Dr H S Sohal (9818535985)

Dr. A.K. Banerji
SR. CONSULTANT
NEUROSURGEON

Contd ..4...



Dr. Varindera Paul Singh
SR. CONSULTANT
NEUROSURGEON

Handwritten signature and date: 30/3/09

Registrar/Resident/C.M.O

Date : 30-Mar-2009 10:27 AM.

*HSS