

The background of the image is a solid, warm orange-brown color. Overlaid on this background are several stylized, semi-transparent leaf patterns in a slightly darker shade of the background color. The leaves are scattered across the frame, with some showing prominent veins. The overall aesthetic is warm and autumnal.

welcome

CASE PRESENTATION :

By,
Dr. RATHOD
PhD Scholar
NIA, Jaipur

➤ **NAME** : Mrs. Vatsala Bhat

➤ **AGE** : 59 yrs

➤ **SEX** : Female

➤ **RELIGION** : Hindu

➤ **MARITAL STATUS** : Married

➤ **ADD** : Mangalore

➤ **OCUPATION** : Service

➤ **EDUCATIONAL STATUS** : Graduate

➤ **I.P.NO** : 52341

➤ **BED NO** : N. B. 307

➤ **D. O. A** : 13/01/09

➤ **D. O. Ex** : 14/01/09

CHIEF COMPLAINTS :

Breathlessness on moderate work – 1 month

a/w difficulty in speaking – 1 ½ yrs

gradual loss of weight – 2 yrs

HISTORY OF PRESENT ILLNESS :

A middle aged 59 yrs female, well nourished & built, NDM/ k/c/o HTN for the last 2 yrs on regular medication was apparently normal approximately 3 yrs back. One day she had a wound on the right lower leg, which did not get healed after some days. So she got consulted by a local physician who found pt as anaemic & as per pt words the Hb was 5.4%. Apart from this she was incidentally found to be having enlargement of the liver & spleen. After detail investigation she was been diagnosed to be suffering from Disseminated TB for which she was been admitted in Yenepoya Hospital, Mangalore. She was been given AKT - 4 for 6 months & Tab. Wysolone 10 in 2-1-0 dose. During this time the USG showed ascities as well as multiple cysts which when again reviewed on feb 06 showed resolving granuloma in spleen.

Then she consulted to Dr. Shenoy who advised endoscopy which revealed Hiatus hernia & gastric stasis. During this time the LFT was normal but she complained a swelling in the left upper chest, which after FNAC was found to be Tubercular Lymphadenitis.

As per the physicians advice the blood sample was been sent for PS which revealed AML so she was been referred to KMC, M'lore. There after necessary investigations the 4 cycles of chemotherapy was been given. After the chemothearpy pt felt difficulty in speaking.

Then onwards repeatedly they have undergone blood investigations & as per the need the platelet transfusion was been done. Presently pt got fed up with the medication & to seek better results got admitted in our hospital.

HISTORY OF PAST ILLNESS :

Pt. is k/c/o AML for the last 3 yrs

No Hx/o – DM/CVD/RF /RA/

Jaundice/Trauma/MI/ STD /Major surgery etc

Hx of Tubercular Lymphadenitis, HTN, Malaria,
Blood transfusions etc

No e/o – Chest pain/ Cough/Haemoptysis

Vomitting/Aneuria/ Hoarseness of
Voice/Joint pain/Loss of weight/
Wheeze etc.

FAMILY HISTORY :

Father, Mother expired due to age,
Husband , 1 M and 1 F child are said to be healthy.
Rest nothing significant.

Treatment History

chemotherapy – inj. Daunorubine

inj. Cytarabine on 6/12/06

PERSONAL HISTORY :

- Appetite – Good
- Bowel - 1 time /day ; normal colour
semisolid
- Urine - 5-6 times/day
1-2 times at night
- Sleep - sound

➤ Diet – Mixed

Break fast – tea, vada, idli, dosa, etc

Lunch – boiled rice, ganji, sambar, sar, vegetables,
non veg (fish) etc

Evening – tea, dosa, bonda, golibhaji etc

Dinner – non-veg, boiled rice, ganji. etc

GENERAL EXAMINATION :

- Appearance - Ill look
- Conscious - Orientd and co-operative
- Decubitus - normal supine position
- Orientation - well oriented
- Built - normosthenic
- Nourishment - poor
- Pallor - absent
- Cyanosis - absent
- JVP - not raised

- Lymphadenopathy – nil
- Nail - no clubbing, cyanosis
- Eye - dirty
- Skin - normal, lax
- Tongue - uncoated
- Height - 5 feet 5 inch
- Weight - 50 kg
- Oedema - absent at present

VITAL SIGNS :

- Temp - 98.4°F
- Pulse - Rate - 102/min
rhythm - sinus rhythm
- Respiratory rate – 20 /min
- B.P - 120/ 70 mm of Hg

SYSTEMIC EXAMINATION :

■ RESPIRATORY SYSTEM :

Inspection :

Shape -- normal
Movement -- Symmetrical
Intercostalspace -- ??
Type of Respiration -- Thoracoabdominal.

Palpation :

Trachea - confined to central
Chest Movements - equal on both sides.
Vocal Fremitus -- equal on both sides.
No swelling , tenderness present.

- Percussion :

Resonant sound heard .

- Auscultation :

Normal vesicular breath sounds heard .

Added sounds – absent

CNS

- CNS – Intact
- HMF – Intact
- Cranial nerve Examination – NAD
- Motor nerve Examination – NAD
 - Bulk of the muscle – equal on both side
 - Tone of the muscle – equal on both side
 - Power of muscle -- same in all four limbs
- Co-ordination – not effected
- Involuntary movements -- absent
- Gait -- not effected
- Reflexes – superficial and deep tendon reflexes are intact
- Sensory nerve examination – intact

LOCOMOTOR SYSTEM :

- Gait -- Normal .
- Pain -- Absent .
- Tenderness -- Absent .
- Redness -- Absent .
- Edema -- Absent
- Temperature-- Absent .
- Crepitus -- Absent .
- Deformity -- Absent .
- Movements -- Not affected .

CVS :

➤ Inspection :

No visible pericardial bulge .

No scar formation.

➤ Palpation :

Apex beat is located in the fifth intercoastal space.

Percussion :

No cardiac dullness found .

➤ Auscultation :

Tachycardia – 102/min

Hs - S1 S2 heard, no added sound

P/A :

- Inspection :
Shape of abdomen –Slightly distended .
No Visible Linear scars .
No dilated Veins .
- Palpation :
Superficial palpation – NAD
Deep palpation – mild splenomegaly
posteriorly - no renal angle tenderness .
- Percussion : resonant
- Auscultation :
Normal peristaltic sounds heard, 3-4/min.

INVESTIGATION :

31/12/05

ESR- 65 mm/hr

Ascitic fluid – fluid glucose – 96 mg/dl

protein – 5.7

chloride – 93

USG – enlarged liver with chronic parenchymal liver disease with multiple cysts, largest measuring 2.5 cm

- multiple focal ill defined hypoechoic lesions measuring 8- 10 mm in size
- Omental thickening with gross ascities
- Right renal calculus

1/2/06 – PPBS – 105 mg %

5/1/06 – Hb - 7.5 gm / dl

BT – 1.45 min

CT – 3.35 min

TC – 6,300

N – 75%

L – 20%

E – 5%

M – 0%

B – 0%

1/1/06 – NECT / CECT axial section of abd –
multiple well defined non enhancing hypodense lesions
seen in liver & spleen with gross ascities

- Multiple well defined non enhancing hypodense lesions seen in the b/l kidneys. s/o – simple cyst / inflammatory lesions
- Thickening noted along the greater curvature ---?
Omental / gastric wall thickening

2/1/06 – smear shows predominantly lymphocytes,
scattered macrophages & mesothelial cell against a
background of RBC

- No malignant cell seen in smear
- Smear for AFB - -ve

18/11/06 – Hb – 5.4 gm %

ESR – 158 mm/hr

TC – 6700/ cumm

N- 11 %

L – 82%

E - 6 %

M - 1 %

B – 0 %

23/11/06 - Real time USG abd –

- multiple simple cysts in the rt. lobe of kidney

RBC – normocytic normochromic polychromasia.

WBC – normal count

N – 3 %

L – 24%

B – 73%

Pl – reduced

IMP – acute leukemia

28/11/06 – Pl – 60000 cells/cumm

Bl.Urea – 19 mg/ dl

Uric acid – 4.7 mg/ dl

creatinine – 0.8 mg/dl

30/11/06 - AML (M1)

8/12/06– Hb – 9.2 gm%

TC – 500 cells/ cumm

PL – 69000 cell/cumm

13/12/06 – Hb – 7.8 gm%

TC – 400 cells / cumm

Pl – 64000 cells/ cumm

5/12/06 – AML panel – Specimen – Bone Marrow

Blasts - 80%

immunophenotypic markers -

CD 45 – 80%

Myeloid markers – CD 13 – 47%

CD 15 – 2 %

CD 33 – 98 %

CD 17 – 30 %

Monocytic markers – CD14 - 1%

Erythroid markers – Glycophorin A – 0 %

Megakaryocytic marker – CD41 – 0 %

CD 61 – 1 %

T – lymphoid marker – CD 7 – 3 %

B – Lymphoid marker – CD 19 – 2%

Non lineage specific markers

CD 34 – 58%

HLA DR – 74%

IMP – AML

18/12/06 – Hb – 9.1 gm %

TC – 400 cells / cumm

PI – 18000 cells / cumm

20/12/06 – Hb – 8.1 gm %

TC – 520 cells / cumm

PI – 24000 cells/ cumm

25/ 12/ 06 – Hb – 9.29 gm%

TC – 2000 cells/ cumm

PI – 86000 cells/ cumm

3/1/07 - RBC – Normocytic normochromic

WBC – count raised

N – 87 %

L- 13 %

Pl – adequate

Imp – neutrophilic leuckocytosis

5/1/07 - Bone marrow is in remission

14/1/07 – Pl – 143000 cell/cumm

18/1/07 – TC – 300 Cells/cumm

Pl – 6000 cell/ cumm

20/1/07 - TC – 600 cells/cumm

Pl – 42000 cells / cumm

23/ 1/ 07 – TC – 4500 cells/cumm

Pl – 6000 cells/ cumm

2/2/07 – bone marrow in remission with regenerative changes

12/2/07 – TC – 500 cells/cumm

pl – 12000 cells/ cumm

14/2/07 – TC – 200 cells/ cumm

Pl – 12000 cells/cumm

16/2/07 – malaria - + ve

17/2/07 – TC – 3100 cells/ cumm

Pl – 24000 cells/cumm

21/8/08 – USG – a multilocular lesion in the sub diaphragmatic region of the rt. Lobe of the liver. Another cystic lesion in the left lobe of the liver likely to begin.

Fatty changes in the liver.

16/12/08 – RBC - normocytic normochromic few macrocytes seen

polychromania - + occasionally nRBCs seen

Imp - features of acute leukemia

7/12/08 – pl – 6000 cells/ cumm

9/1/09 – pl - 12000 cells/cumm

14/1/09 – occult blood - - ve

NIDANA :

Not specific

POORVA ROOP :

- Avykta

ROOP :

- Arohana Ayasa , Balahani, Jawra , Klama,
Asyavairasya

UPASHYA

Rest

Anupashya

Vyayama, vidhahi annapana, atilavana sevana
Shrama etc

ASHTA STHANA PAREEKSHA :

- NADI : Vata Pitta pradhan
- MALA : Prakruta
- MUTRA : Prakruta,
- JIHWA : Alipta
- SHABDA : Prakruta
- SPARSH : Prakruta
- DRIK : Prakruta
- AAKRUTI : Madhyam

DASHAVIDHA PARIKSHA :

- PRAKRUTI : Vatakaphaja
- VIKRITI : Hetu- ?
:Dosha- Pitta, Kapha
:Dushya- Rakta , ambu,
- SARA : madhyam
- SAMHANANA : madhyam
- PRAMANA : madhyam
- SATMYA : madhyam
- SATWA : madhyam
- AAHAR SHAKTI : Abhyavarana shakti- madhyam
: Jarana shakti -madhyam
- VYAYAM SHAKTI : avara
- VAYA PARIKSHA : madhyam

SAMPRAPTI GHATAKAS :

- DOSHA : Pitta Kapha
- DOOSHYA : Rakta, Ambu
- SROTASA : raktavaha, Udakavaha
- SROTODUSHTI : Vimargaman, Sanga
- AGNI : Jatharagni
- AAMA : saam
- UTBHAVA STHANA : aamashaya
- SANCHAR STHANA : sarva sharir
- ADHISTHANA : Yakruta Pleeha
- VYAKTASTHANA : sarva shareera
- ROGA MARGA : Madhyma
- SADHYASADHYATA : yapya

DIFFERENTIAL DIGNOSIS :

- Aplastic anaemia
- AML
- ALL
- AEM
- CML
- CLL
- Hodgkin's disease
- Banti's disease
- Gaucher's disease
- Pernicious anaemia
- Megaloblastic anaemia
- Kala - Azar
- Felty's syndrome
- osteosclerosis
- myelofibrosis

VYADHI VYAVACHEDA :

1. Raktapitta
2. Phleehodara
3. Phleeha
4. Pandu

FINAL DIGNOSIS :

- AML (M1) relapse with pancytopenia / HTN
/ Phleehodara

TREATMENT GIVEN :

1. **Pippali 2 gm + madhuyasti 2 gm + milk 50 ml**
2. **Cap. Cruel 1 od**

- platelet transfusion

Tab. Amloguard 5 mg 1 hs

Tab. Aten 50 mg 1 od

Inj. Dexa 4 mg iv tid

Tab. Clotrimazole 1 tid

Tab. Septran 1 bd

Tab. Ducadak 4 mg 1 tid

चिकित्सा सूत्र

- पातव्यो युक्तिः क्षारः क्षीरेणोदधिशुक्तिजः ।
तथा दुग्धेन पातव्याः पिप्पल्यः प्लीहशान्तये ॥ – भा. प्र.

PATHYA

- Yava
- Godhum
- RaktaShali
- Jangal rasa
- Mudga
- Masur,
- Purana guda

APATHYA

- Vegadharana
- Tikta Kashya rasapradhana dravya
- Shrama
- Pittakar aahar
- Maithun
- Krodha
- Adhva

The background features a pattern of stylized autumn leaves in various shades of orange and yellow, set against a darker orange gradient. The leaves are scattered across the frame, with some showing detailed vein structures.

THANKS