



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2020403833 **Name:** Mohd Asad Ansari 30/ Y/M **Department:** Surgical Gastroenterology
Unit: UNIT-2 **Ward/Bed:** 3703 Surgical Gastroenterology Wing-A06(GEN) / GEN / 1
Admission No: ADM-202128396 **Admitted on:** 17-10-2021 17:32 **Discharged on:** Oct 29, 2021 12:44 PM
Patient Type: Priority **Consultant:** ASHOK KUMAR **Discharge Type:**
Correspond. Address: ,Medniganj **Distt.** **State** Uttar Pradesh **Pin No.** 230131 **Phone No** +91-

Diagnosis – Symptomatic cholelithiasis with renal calculi in a f/c/o left adrenal pheochromocytoma st left adrenalectomy

Mrs Md Asad Ansari, 30yrs/ male, r/o Pratapgadh, software engineer, No MRF, No ATT, h/o prev. open transperitoneal left adrenalectomy on 29/9/2020 for left adrenal pheochromocytoma, no h/o blood transfusions, no addictions/allergies

Chief complaints:

Dull aching pain in epigastrium and RHC since 6m

HPI :

Patient was apparently alright 6m back when he developed severe dull aching pain in rhc and epigastric region which was insidious, no radiation to back, non referred in nature, no relation with posture, aggravated on eating heavy fatty meals and relieved on taking iv analgesics. Initial episode associated with vomitings and fever subsided with oral antibiotics. Last episode of pain was 2months back, mild in intensity, subsided with oral analgesic and antacids, not ass.with nausea/vomiting had h/o urinary stone passage preceded by pain abdomen 1month back
Not associated with bloating and dyspepsia or heartburn
Not a/w jaundice high coloured urine pruritus or clay coloured stools
No loss of appetite or loss of weight
No h/o pancreatitis features
No h/o altered bowel bladder habits. Sleep appetite normal.

Past h/o not contributory.

Personal h/o – sleep normal, appetite – adequate, b/b habits – normal, no addiction, Indian mixed diet

Family H/o – no h/o similar complaints in family.

Treatment history – he underwent open transperitoneal left adrenalectomy in sept 2020 **FOR PHEOCHROMOCYTOMA**

Procedure : Open Transperitoneal Left Adrenalectomy on 29/9/21

Operative Findings : e/o 10x7 x 12cm well encapsulated tumor involving left adrenal with a rim of normal adrenal medially . multiple overlying tortuous vessels & flimsy adhesions to tail of pancreas & adjacent small bowel loops+ .e/o multiple left adrenal veins . no Ascites. Grossing : Size:10x7x12cm Weight : 312 gms C/S : Fleshy ,pink with greyish white areas & areas of necrosis. POST-OP COURSE WAS UNEVENTFUL.

postoperatively he became normotensive and was evaluated with PTH which was normal and urology consultation for renal calculi, as he was asymptomatic he was advised conservative management as of that time:

For the above complaints the patient was evaluated with an ultrasound abdomen and pelvis on 16/8/21

ON EXAMINATION :

G/E –conscious, oriented to time place and person with **BMI – 27 kg/m2** , **ECOG- 0** Vitals stable , no Pallor/ Icterus/ Lymphadenopathy/ Edema.

BED HAS NOT BEEN VACATED FROM SYSTEM



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p/a – fatty distention present. Umbilicus normal. A healthy primarily healed left subcostal incision extending medially 4cm beyond midline onto right side, another drain site scar present in left lumbar region, no incisional hernia, No sinuses, engorged veins. soft, non tender. No organomegaly.

Gb not palpable.

Percussion- normal tympanic note heard on percussion.

Auscultation- normal bowel sounds heard.

Chest – b/l clear

other systems normal.

Evaluation- blood investigations and ultrasound.

X-ray KUB (19/7/21): 2.4x0.9cm calculus in Right kidney and 2.2x0.9cm calculus in left kidney.

USG w/a (16/8/21) – liver-15cm, grade 1 fatty changes, no sol/ihbrdl, Gb a calculus of 9mm in neck region, CBD-couldn't be traced.

Pv/hv/ivc normal, pancreas normal, kidneys, spleen normal. Impression –cholelithiasis

USG abdomen (18/10/21): a 9.3mm calculus seen at GB neck. CBD-normal, no e/o calculi, pancreas obscured by bowel shadows.

Operative Procedure: laparoscopic cholecystectomy done under GA on 28/10/2021

Operative Finding: liver normal, GB distended. Cystic artery 2mm clipped and divided between IT 200 and cystic duct 3mm clipped and divided between LT 300.minimal bile spill /No stone spill. c/s:GB thin walled walled,mucosa normal. Single cholesterol stone of approx 1x1 cm present

Course in hospital: Patient admitted with above complaints and was evaluated with USG a bdomen. He underwent the above said procedure. Post-procedure he was allowed orally after 6hrs and tolerated well, full oral diet started on next day morning he tolerated well. Vitally stable. He was evaluated for MEN syndrome by endocrinology, his BMD, USG neck were pending in evaluation, he was planned to followup in endocrinology opd.

PLAN : HPE report of GB specimen awaited, next course of action accordingly. For MEN syndrome evaluation endocrinology follow up.

Condition at discharge: vitally stable, sutures insitu.

ADVICE ON DISCHARGE:

Normal diet, Plenty of oral fluids

Incentive Spirometry

Regular wound care and dressing

Steam inhalation TDS

To get sutures removed after 10days in any nearby hospital/SGE opd

Tab Dolo 650 mg TDS * 3days and thereafter s.o.s. if pain

Tab Emeset 8mg sos for vomitings

Tab Pantop 40 OD *7days

To follow up in endocrinology opd for MEN syndrome evalauation.

To Follow up s.o.s if there is severe pain abdomen, jaundice, vomiting, fever

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To follow up in SGE OPD SGPGI after 2weeks under Dr. Ashok kumar on Wednesday/Saturday with prior appointment, Histopathology report and Covid report.

Signature of Consultant

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