



**Patient Name:** Dr. TIWARI BHARATI UMESH

**MRD#:** 1012369

**Date of Birth:** 03/12/1947

**Sex:** Female

**Visit Code:** IP0024

**Created Date:** 09/12/2024

**Speciality:** PALLIATIVE CARE

**Ward/Bed No:** SS7C1-3736

**Consultant:** Dr.BHASME - SAHU SONALI (Regn No.:83892)

**Date of Admission:** 04/12/2024

**Date of Discharge:** 10-12-2024

**Blood Group:** B+

**FINAL DIAGNOSIS:**

Metastatic low Grade Endometrial stromal sarcoma.

Admitted for supportive care.

**HISTORY OF PRESENT ILLNESS**

77/F

DM/HTN

Baseline diagnosis - Nov 2019

c/o lower abdominal pain

USG abd and pelvis---13/11/2019--- large complex solid cystic mass lesion of approx size 18x 10x 15.3 cms

noted involving pelvis.

CT abdomen - 15 x 17 cm solid cystic mass in pelvis. Para-aortic/aortocaval and iliac LNs+.

Omental nodules and mesenteric fat stranding.

2 D ECHO--5/9/19--EF : 60%, MILD PULMONARY htn

UGI/colonoscopy - Normal

Received Chemotherapy Paclitaxel--Carboplatin 2 cycles under DR. DSK from 4/9/19

SX--- TAH + BSO +Omentectomy done by DR. Kelkar on 14/11/19

HPE - low grade ESS, invasion of more than half of myometrium , no LVE .Left ovary/ rt ovary / omentum---uninvolved.Stage 1b

IHC positive for ER/PR/Beta-catenin, CD10 and WT1. MIB 2%.

Developed DVT in October. Is on anti-coagulation.

seen by DR. Rege--Left L3-4 radiculopathy

PET --12/2/2021 - Multiple bilateral lung nodules, largest 1 cm SUV 0.89, Sclerosis with low grade FDG uptake in left femur...

Had COVID in april - mild disease

LL venous doppler--11/6/21---Residual thrombosis of left leg veins with patchy recanalisation.

PET CT -- 16/7/2021 - Bil pulmonary nodules increased to largest 1.6 cm,new pleural based nodules in both lungs largest 1 cm , RP and iliac LNS largest 3.5 cm , sclerosis with increase in FDG uptake in subcortical aspect of left femur intertrochantric region

FNAC from inguinal LN - spindle cell tumor deposits.

VIT D---17/7/21---30.2

PS-1

C/o pain in left groin, left LL swelling

Left Inguinal Lymphnode - Incisional Biopsy ---24/7/21----Metastatic Deposits of Low grade, Endometrial Stromal Sarcoma ( ESS )

IHC --24/7/21-----Positive for Vimentin ( strong ), WT-1 ( strong ), CD10 ( weak, focal, subset ),ER ( strong ) and PR ( strong ) and are negative for CK, PAX-8, SMA, Desmin, H-caldesmon,C-Kit ( CD117 ) and Cyclin D1

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Staining with SMA has highlighted the marked tumor vascularity  
 Staining with Cyclin D1 is weak positive in a subset of tumor cells  
 ER ---strong positive  
 PR is strong positive  
 MIB-1 ( Ki-67 ) -- 8 to 10 %  
 2 D ECHO--24/07/2021--EF--60 %  
 Received Anastrozole x 2 months  
 ? increase in left inguinal LN  
 CXR--20/9/21---NORMAL  
 USG A+P--21/9/21---Left external iliac vein thrombosis ,left iliac LN 3.4x1.6 cm , left femoral /  
 pubic node 3.9x1.9 cm  
 Persistent left inguinal LN  
 left LL pain +  
 Received Inj. FULVENAT INJ 250MG Deep IM onon 21/9/21,5/10/21  
 PET SCAN--21/10/21--Bil pulmonary nodules largest 1.7 cm , pleural based noudules 1.1 cm ,  
 left iliac / inguino-femoral LN 3.8 cm , sclerosis with decrease in FDG uptake in subcortical  
 aspect of left femur intertrochantric region  
 Persistent left inguinal LN  
 Received inj Fulvenat 250 mg deep I/M on each buttocks on 22/10/21 and 19/11/21  
 Received Fulvenat 250 mg deep I/M on each buttocks on 17/12/21 and 17/01/22  
 left inguinal LN increased . Left lumbar region pain  
 CBC---9/2/22---11.6/9560/220, N--56.6  
 PET SCAN--10/02/22--Bil pulmonary nodules increased to 1.8 cm , pleural based nodules increased  
 to 1.5 cm , left iliac / inguino-femoral LN 5.6 cm , sclerosis with persistent in FDG uptake in  
 subcortical aspect of left femur intertrochantric region  
 LL VENOUS DOPPLER --11/02/2022 --Residual thrombosis in left iliac and common femoral vein  
 2 D ECHO -- 11/02/2022 --EF : 60% mod PH 54  
 Plan: Switch over to chemotherapy Gemcitabine + Docetaxel  
 Received chemotherapy cycle 1 Day 1 Gemcitabine on 12/02/2022  
 Received chemotherapy cycle 1 Day 8 Gemcitabine - Docetaxel on 19/02/2022  
 HIV, HBSAG, HCV--Negative  
 FERRITIN --128  
 VIT B12 -- 1153  
 Ref to Dr Sukrut purandare - Physician -- for DM management  
 Difficult venous access -- advised PORT insertion --  
 Seen by Dr Kelkar -- Plan port a cath insertion after one more cycle  
 Received chemotherapy cycle 2 Day 1 Gemcitabine on 5/03/2022  
 Received IV iron dose 1 st on 5/3/22  
 Admitted for chemotherapy cycle 2 D8 Gemcitabine -Docetaxel on 12/03/2022  
 Received IV iron dose 2nd on 12/3/22  
 in FDG uptake in subcortical aspect of left femur intertrochantric region  
 Plan:MSI testing  
 Options - Endace / CDK4/6I / PLD / Pazopanib  
 cabozantinib 40 mg started from 22/07/2022  
 left inguinal LN +  
 Left iliac region pain , constipation  
 Admitted with c/o fever, breathlessness and cough with mild expectoration on 29/03/2022  
 Chest X ray -- Bilateral non homogenous opacities  
 Started with symptomatic treatment and IV Antibiotics  
 Procal--0.11  
 2 D Echo-- EF--60%,mild pulmonary HTN.--30/03/2022  
 CT PA Scan--30/3/22--- No PE,extensive areas of centrilobular GGO ? infective, mediastinal LNS  
 largest 1.8cm, bil pulmonary pleural based nodules persistent and same in size and number.  
 Seen by Dr. Prayag -- Advised antibiotics  
 Received 1unit PCV--for low Hb  
 AEROBIC CULTURE (SPUTUM)--05/04/2022Organism(s) isolated--Klebsiella pneumoniae ssp  
 pneumoniae  
 Admitted on 11/04/2022  
 c/o Episode of ? Breathlessness / slurring of speech  
 Lab - Hypoglycemia  
 MRI BRAIN + Angio--11/4/22---Lacunar infarcts in right centrum semiovale,Short segment

severe stenosis of right CCA at carotid bulb and left proximal ICA  
 Seen by Dr. Sukrut Purandare - for DM management  
 Carotid Doppler--12/4/22--plaques in both distal CCA and proximal ICAs bilaterally -80% luminal narrowing on right side and 60% on left side. Increase in PSV in the right ICA.  
 Seen by Dr. Rahul Kulkarni -- Neurophysician -- adv to start statin and ecopsrin  
 symptomatically better  
 Received Chemotherapy cycle 3 day 1 gemcitabine on 14/04/2022  
 Received Chemotherapy cycle 3 day 8 gemcitabine + Docetaxel on 21/04/2022  
 PET SCAN--02/05/22--Bil pulmonary nodules reduced in size and no.largest 1.5 cm , pleural based nodules reduced to 1 cm , left iliac / inguino-femoral LN 6x3.8 cm (reduced SUV) , sclerosis with persistent in FDG uptake in subcortical aspect of left femur intertrochantric region  
 Plan -- Chemotherapy gemcitabine + Docetaxel, SOS PICC  
 Received Chemotherapy cycle 4 day 1 gemcitabine on 14/05/2022  
 Received Chemotherapy cycle 4 day 8 gemcitabine + Docetaxel on 21/5/2022  
 Has PR bleeding  
 Review with Dr Kelkar - Adv --ct laxative  
 LL Venous Doppler -- 23/5/22-- Residual thrombosis of left leg proximal veins involving iliac veins & common femoral vein  
 Received Chemotherapy cycle 5 day 1 gemcitabine on 4/6/2022  
 Received Chemotherapy cycle 5 day 8 gemcitabine + Docetaxel on 11 /6/2022  
 Received Chemotherapy cycle 6 day 1 gemcitabine on 25/6/2022  
 PCV Transfused for low HB  
 Received Chemotherapy cycle 6 day 8 gemcitabine + Docetaxel on 02/072022  
 cough, exertional breathlessness  
 LL venous doppler-13/7/22----Residual thrombosis in left iliac and common femoral vein  
 CBC---13/7/22---7.7/27410/89000, N--80.9  
 PET SCAN--14/07/22--Bil pulmonary nodules increased in size and no.largest 2.3 cm , pleural based nodules  
 increased to 1.4 cm , left iliac / inguino-femoral LN increased to 6.6x4.2 cm , sclerosis with persistent in FDG uptake in subcortical aspect of left femur intertrochantric region  
 Plan:MSI testing  
 Options - Endace / CDK4/6I / PLD / Pazopanib  
 cabozantinib 40 mg started from 22/07/2022  
 left inguinal LN +  
 Left iliac region pain , constipation  
 BP on higher side--reviewed by physician--SOS T.Stamlo advised  
 Reviewed by DR. Sonali Sahu  
 GR I Mucosites, High BP, Change of voice  
 USG A+P-25/8/22--Left iliac LN 7.6X6.7 cm , left external iliac vein thrombosis  
 Received palliative radiotherapy to the left iliac/inguinofemoral nodal region 05# from 01.09.22 to 06.09.22 under DR. Shende  
 CBC---25/10/22--10.4/3590/108, ANC---1670  
 PET SCAN--25/10/22--Bil pulmonary nodules reduced in size and no.largest 2 cm , pleural based nodules  
 reduced to 1.1 cm , left iliac / inguino-femoral LN reduced to 5x3 cm , sclerosis with persistent in FDG uptake in subcortical aspect of left femur intertrochantric region  
 ON T. cabozantinib 40 mg OD x 28/11/22  
 HFS Grade 2/3 -- Mucositis grade I  
 LL edema  
 BP on higher side  
 CBC 25/11/22 - 9.8/3750/120  
 Left leg pain +  
 CBC---21/1/23---9.9/4390/150, N--45  
 back pain, LL edema, change of voice  
 CBC---23/3/23--10.2/4400/135,N--47 %  
 PET SCAN--25/03/23--Bil pulmonary nodules increased in size and no.largest 2.2 cm , pleural based nodules  
 increased in size and no.1.3 cm , left iliac / inguino-femoral LN increased to 5.8x3.2 cm , sclerosis with  
 persistent in FDG uptake in subcortical aspect of left femur intertrochantric region  
 Switched over to Tamoxifene + Piciclib 125 mg ---11/4/23

C/O Fatigue, exertional breathlessness  
 LL edema  
 CBC---7/5/23---6/1760/25000, N--21  
 Admitted with c/o C/O Fatigue, exertional breathlessness , LL edema on 9/5/23  
 lab s/o pancytopenia  
 started GCSF and PCV transfused for low HB  
 pro BNP-1618  
 Breathlessness Persistent -- Orthopnea present  
 Chest X ray - Bilateral upper and midzone infiltrates  
 ECG - Sinus rhythm, Poor R wave V1 - V3  
 2 D ECHO --10/5/23 -- EF : 60%  
 Ref DR. Mishra ( cardiology ) -- ADV diuretics  
 symptomatically better --hence discharged  
 HBA1C---18/5/23---5.4  
 IRON---91, TIBC---234,  
 CBC---8.6/6890/120, N---59  
 Plan:  
 Restart Tab Ecosprin 75 0--0---1 and T. Rivatop 10 mg 0--1--0  
 T Tamoxifene 20 mg OD and T Piciclib 75 mg OD  
 started Piciclib 75 mg OD X 21 days from 20/5/23  
 Admitted with c/o Fatigue on 28/5/23  
 CBC --27/5/23---7.4/2860/130,N--63  
 PCV transfused --better --  
 ? Breathlessness in supine position  
 LL edema  
 Oral ulcers  
 Gum swelling  
 CBC---15/6/23---7.9/1990/58000, ANC---913  
 CREAT---1.14  
 ELECTRO--137, 4.12  
 LFT--0.52, PT---6, OT---10.8, TP--5.65, A---3.16, G---2.49  
 cycle 3 plan--3 weeks on and 2 weeks off--Piciclib 75 mg OD from 24/6/23  
 Palbo WH X 8/7/23 - low Hb / platelet  
 Left inguinal LN increased  
 Left LL edema  
 C/O breathlessness  
 CBC---27/7/23---7.7/3330/131, N--61.1  
 CREAT---1.09  
 LFT---0.49, PT---7.7, OT--6.7, TP--5.66, A---3.22  
 ELECTRO--134, 3.85  
 PET SCAN--31/07/23--Bil pulmonary nodules increased in size and no.largest 3.2 cm ,  
 pleural based nodules.increased in size and no.1.8 cm , left iliac / inguino-femoral  
 LN increased to 6.4x4.2 cm , sclerosis with persistent in FDG uptake in subcortical aspect  
 of left femur intertrochantric region, left femoral vein thrombosis .  
 LL venous Doppler-28/7/23--Chronic thrombosis  
 Plan:  
 Options  
 1. Palliative care  
 2. SA PLD - Alternative therapy  
 3. NGS for CGP  
 Received chemotherapy cycle 1 SA PLD on 03/08/2023  
 Received blood transfusion on 04/08/2023  
 Seen by Dr. Sahu  
 Inguinofemoral LN Bx done -  
 HPR -Metastatic low grade endometrial stromal sarcoma  
 Admitted for chemotherapy cycle 2 SA PLD on 31/08/2023  
 NGS for CGP - 17/08/2023--awaited  
 Ref to Dr Sahu for review .  
 Admitted on 29/09/2023  
 c/o rt iliac fossa pain, tenderness  
 USg A+P --29/9/23--USG A +P --lesion along the dome of urinary bladder 2.8 x 1.6 cm

deposit (new). Persistent thrombosis in left external iliac vein. right adnexa lesion -4.1 x 3.1 cm  
CT A+P--29/9/23--Rt adnexal lesion-4.2 x 3.9 cm ,left external iliac, left femoral and left  
inguinal region. Largest 6.2 x 5.6 cm. Right lumbar region deposit - 3.5 x 2.5 cm.  
with peritoneal thickening and enhancement.B/L Lung nodules - 3.5 x 3.0 cm,  
UB lesion 2.1 x 2.5 cm.IVC thrombosis ,left external iliac vein thrombosis - tumour thrombosis  
D/w relatives  
Plan - Palliative care only

**COMORBIDITIES:**

DM, HTN

**MEDICATIONS ON ADMISSION:**

SIGNOFLAM TAB1-0-1.

DUPHALAC SYP 30ML1-1-0.

ADDNOK TAB 0.2MG1-0-1.

MONOCEF INJ 2GM~0-0-1.

DOMSTAL TAB 10MG1-1-1.

BUDECORT RESPULE 0.5MG1-1-1.

ASTHALIN RESPULE 2.5ML1-1-1.

SODAMINT TAB1-1-1.

BUVALOR 10 PATCHOnce a week.

OMEZ CAP 20MG 10`S~1-0-0.

RESTYL TAB 0.5MG~If Required.

SERENACE TAB 0.5MGIf Required.

CROCIN DS SUSPENSION

**COURSE IN HOSPITAL AND DISCUSSION:**

Metastatic low Grade Endometrial stromal sarcoma

Known DM, HTN

Admitted for supportive care

Conscious oriented

Came with the complaints of

Breathlessness

Hematuria

Constipation with blackish hard stools

- started on O2 inhalation with 6lit/min.

- Overall poor prognosis, limitations of management explained in detail.

- Low GC AND consent given by relatives.

- Lab showed leucocytosis, hyperkalemia, Hyponatremia, low HB

- Planned for PCV transfusion, transfused 2PCV on 4/12/24 and 5/12/24.

- started on potassium correction with k bind

And Nebulization.

- Had fever spike during PCV transfusion, started on Monocef 2gm OD.

- patient complained of excessive sleep and pain, was on gabapin, started on Buvalor 10mcg patch for 7day.

- Physiotherapy reference given for deep breathing exercises.

- At present stable Discharging patient for supportive management.

**Psychosocial status:**

**ADVICE ON DISCHARGE:**

1) Arrange oxygen concentrator at home, monitor oxygen level at home.

2) Hold oral medicines if patient is drowsy/sleeping.

3) Phone follow up with Dr Sonali Sahu as per patients need.

**MEDICATION DURING DISCHARGE:**

SIGNOFLAM TAB1-0-1. × 15days

DUPHALAC SYP 30ML at 8am-4pm x 15 days

DOMSTAL TAB 10MGAt 6am-12pm-6pm x 15days

BUDECORT RESPULE 0.5MG at 8am-2pm-10pm x 15days

ASTHALIN RESPULE 2.5MLat 9am-4pm-11pm x 15 days

SODAMINT TABat 8am-2pm-10pm x 5days

BUVALOR 10 PATCHchange every Monday x 3patch

OMEZ CAP 20MG at 6am x 15 days  
K bind satche 1-1-1 x 5days  
RESTYL TAB 0.5MG~If Required.  
SERENACE TAB 0.5MGIf Required.  
TAB GABAPENTINE 100MG IF REQUIRED X 10 TABS  
TAB ADDNOK 0.2MG IF REQUIRED X 10 TABS  
CROCIN DS SUSPENSION 12ml if required

**Nursing Care:**

**Diet Recommendations:**

Diet to be continued as per Hospital Dietition.

**IN CASE OF EMERGENCY:**

In case of emergency please come to DMH ER 1 (Emergency Room).

It is open 24 hours a day. Phone no.: 020-4015-1027 / 1065.

For Nursing Home Care & Medical Assistance, please contact DMH Reception.

If you are previously on Diabetes, blood pressure, Heart disease, Thyroid or any other medicines please take it as per your Physician's advice.

Please contact your nearest Physician or Local Doctor in case of new symptoms.

Please call Palliative Care doctor before using SOS or if required medicines.

Avoid oral medication when patient is drowsy / sleepy.

Ask doctor before restarting medicines.

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**Please call: SOS medication**

<b>Drug Name</b>	<b>Indication</b>	<b>Dose</b>	<b>Route (Oral/Sublingual)</b>	<b>Frequency/ Special Instructions</b>
Tab Addnok 0.2,mg	If required	1 Tab	Sublingually	Please call Doctor before giving medicine
Tab Gabapentine 100mg	If required	1 Tab	Oral	Please call Doctor before giving medicine
Tab Serenace,0.5mg	If required	1 Tab	Oral	Please call Doctor before giving medicine
Syp Crocin DS	If required	5ml	Oral	Please call Doctor before giving medicine

**Contact No.:** DMH Reception 020-40151000/49153000 \*\* Ambulance 020-40151540 \*\* OPD  
Appointment: 020-40151100

**For e.g. Stent removal or OPD consultation or Dressing etc.**

**PREPARED BY:** DR.SAGAR ATUL RAVINDRA