Lata Mangeshkar Medical Foundation's
Deenanath Mangeshkar Hospital & Research Center
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H-2019-0663
Since Sep 24, 2019

Printed Date:27/11/2024 19:40:02

Patient Name: Mr. DEOGAONKAR MANISH RAMESH
MRD#: 1346494
Date of Birth: 23/10/1969
Sex: Male
Visit Code: IP0009
Created Date: 26/11/2024
Speciality: ONCOLOGY
Ward/Bed No: SS7D-3754
Consultant: Dr. DESHMUKH CHETAN
Date of Admission: 26/11/2024
Date of Discharge: 26-11-2024
Blood Group: A+
Discharging Status: FOLLOW UP DISCHARGE SUMMARY

DIAGNOSIS:
Epithelioid glioblastoma

MEDICATION ON ADMISSION:
Inj.Bevacizumab (ADVAMAB) 400 mg
Inj.Irinotecan 200 mg

HISTORY OF PRESENT ILLNESS:
Presented with sudden onset word finding difficulties.in 2023
Dysarthria and ataxic right paresis since 6 00 pm ?No h/o chest pain, fever, breathlessness or headache
(31.10.23) MRI Brain Ill defined abnormal signal intensity area involving left insular cortex , external capsule, anterior temporal
lobe and medial temporal lobe. It approximately measures 4.4 x 2.4 x 3.5 cm.
MR Spectroscopy reveals: mildly elevated choline and lactate peak with normal NAA and increased Cho/Cr is
1.6.
(20.11.23) PET CT--No evidence of any abnormal metabolically active disease noted to suggest infective/ neoplastic etiology.
No metabolically active lesion seen elsewhere
(12.12.23) MRI Brain---No significant interval change in ill defined abnormal signal intensity area involving left insular cortex , external capsule, anterior temporal lobe and medial temporal lobe. It approximately still measures 4.4 x 2.4 x
3.5 cm .
(30.01.24) MRI Brain
lesion in left insula extending to adjecent bifrontal lobe and antero medial temporal lobe reaching upto left hippocampus 52X29X50 mm
(06.02.24) Left fronto temporo parietal craniotomy and tumor excision
High grade diffuse glioma, NOS, CNS WHO grade 4.
Favor diagnosis of epithelioid glioblastoma over anaplastic pleomorphic xanthoastrocytoma
Olifg2: Positive
IDH1 R132H: Negative
ATRX: Retained
p53: Positive in 10% cells
S100 & synaptophysin: Positive
CD34: Focal positive
MIB-1: 25-30% in hotspots
has received PORT with rapidarc on 6MV to a total dose 5960cGy/33#/40days from 26.02.2024 to 11.04.2024
with CCT tab. Temozolamide (140mg). Temozolomide stopped from 30.03.2024 due to thrombocytopenia

Received 1st cycle SA Bevacizumab on 19/8/2024 Ref given to Dr.Anushree Prabhkaran (Heamtologist)for persistent thrombocytopenia--Continue chemo till platelet more than 75000
If platelet less than 50000- Inj Romy 250mcg sub cut weekly
Now admitted for 2nd cycle SA Bevacizumab on 9/9/2024 --HOLD d/t deranged LFTS
S/B dr.Gadhikar for deranged LFTs
HbsAg--Negative,HCV--negative
Now admitted for 2nd cycle SA Bevacizumab on 24/9/2024--HOLD d/t fever

Received cycle 2 SA Bevacizumab on 01/10/2024
Received cycle 3 SA Bevacizumab on 15/10/2024
Admitted for cycle 4 SA Bevacizumab on 05/11/2024

MRI spectro 19/11/2024 -- Mild interval increase in size and enhancement of ill defined abnormal signal intensity area involving left insular cortex , external capsule, anterior temporal lobe and medial temporal lobe.
It shows thick rim of peripheral heterogeneous enhancement with centrally non enhancing areas of necrosis. It
appears hypointense on T1, hyperintense on T2/FLAIR. Few areas of blooming on SWI within- suggestive of
hemorrhagic foci. There is restriction on DWI seen. It has also extended into the left basal ganglia. The enhancing component now measures 3.4 x 4.8 x 3.7 cm (AP x ML x SI) as against 6.3 x 3.5 x 4.6 cm (AP x TR
x CC) in the last CT scan. New similar lesion of approx. size 4.0 x 6.9 x 3.5 cm is seen in left frontal lobe crossing midline involving genu of corpus callosum and extending into the adjacent right frontal lobe. Significant interval increase in perilesional edema is seen. There is significant mass effect with effacement of
adjacent sulcal spaces and left lateral ventricle with subfalcine herniation & midline shift of 1.0 cm to the right
and left uncal herniation. It is also causing mass effect over the left cerebral peduncle. MR Perfusion reveals:
Areas of hyperperfusion in the enhancing components of the lesion.MR spectroscopy shows a lactate peak in
the central areas of non enhancement. Choline peak is seen in the peripheral areas of heterogeneous enhancement with Cho/Cr ratio of 2.6.
c/o -- aphasia + constipation

Plan: discussed with Dr Dindorkar
To offer Irinotecan + Bev

Admitted for Cycle 5th BEV+Irinotecan on 26/11/24

INVESTIGATIONS:

COURSE IN THE HOSPITAL AND DISCUSSION:
Tolerated chemotherapy well
Discharge in stable condition.

PLAN ON DISCHARGE:
To follow up with physician to optimize the BP

CBC ,BUL,Screat,SGOT,SGPT,S. bil urine routine on 8/12/2024 and inform on WhatsApp on 8999536998
Next chemo on 10/12/2024 under Dr Chetan Deshmukh

Monitor BP at home

DISCHARGE PRESCRIPTION:
Inj.Neukine 300 mcg s/c 1---0--0x 3 days from 28/11/2024
Tb.Pan 40 mg 1---0--0x 5 days if nausea, vomiting
Tb.Domstal 10 mg 1---0---1x 5 days if nausea, vomiting
TAB LEVIPIL 500 MG 1--0--1 X to be continued .
TAB ASOMEX 2.5 MG 1--0--0 x to be continued
Tb.Selvita Gold 1---0----1x 1 month

liq.Duphalac 30 ml at night if constipation

ADVICE ON DISCHARGE:
Inform immediately if any emergency like fever / nausea / vomiting etc and kindly approach Deenanath Mangeshkar Hospital CASUALTY or any nearby hospital.

CONTACT DETAILS:
For any assistance or to share patient reports WhatsApp on 8999536998 in between 9.00 am - 4.30 pm on working days only (Monday to Saturday) with following details
MRD Number Patient Name Consultant Name

Dept. E-mail: dmhmedoncology@gmail.com, oncology@dmhospital.org

For Appointments: - 020 40 15 11 00 , Hospital Contact: 020 40151000 / 020 49153000

OPD Days and Timings (By Appointment only): Dr. Chetan Deshmukh (Tuesday and Thursday 10am to 5pm)

DIET RECOMMENDATIONS:
. Normal diet, . Avoid hot and spicy food

SPECIAL NEEDS:

Oral mucositis prevention care:
. Use mouth wash after every meal, . Clogen lozenges to be chewed after meals

Neutropenia and infection prevention care:

. Maintain personal hygiene, . Consume plenty of boiled/filtered water. or green leafy vegetables.Use fruits cleaned with water and after peeling.

Fever while on chemotherapy - instructions:

Report immediately to oncology team or family physician or MD physician or nearby hospital.

SIGNED BY: Dr. DESHMUKH CHETAN

PREPARED BY: DR.DESHMUKH CHETAN