



निवास- क्वार्टर नं. F-8, अस्पताल कैम्पस, टीकमगढ़ (म.प्र.)

EAR

Right Left

EXTERNAL EAR

EAC



TM

RINNES TEST
 WEBER TEST

COLD CALORI TEST

ROTATION TEST

ROMBERG'S TEST

NOSE

ANTERIOR RHINOSCOPY
 VESTIBULE SEPTUM
 POSTERIOR CHOANE

THROAT

NASOPHARYNX
 OROPHARYNX
 HYPOPHARYNX
 UVULA
 TONSIL

X-RAY

MASTOID
 PNS
 BLOOD EXAM.
 T&D
 HB%

नाम..... 21201 उम्र.....
 सेक्स..... F पता.....
 C/o.....

Rx

दिनांक.. 12.5.2016

Tale monocy - 0 - 1/2 0 - 0 x 7 d

Tale Exileon x 1/2 0 - 0 x 7 d

Tale Zirod m - 1/2 - 0 x 7 d / 21201

Syp - D to 2 smd

safra dex oil

cotton Bud

h
 A.K.K.

ID. NO.	VRC/CT/160705C
PATIENT'S NAME	MS. RASHMI
REFERRED BY	DR. V. P. NARVE

DATE	05/07/2016
AGE/SEX	10Y/F

HIGH RESOLUTION CT SCAN : TEMPORAL BONE

1 mm contiguous axial sections were obtained covering temporal bones followed by high spatial resolution, coronal and sagittal reconstructions.

There is evidence of soft tissue density component seen in right petromastoid air cells, middle ear and external acoustic canal extending into the attico-antral region encasing the ossicles and caused erosion of antero-inferior wall of the external acoustic canal. Sinus plate and tegmen tympani are intact.

External auditory canal is patent on left side.

Middle ear cavities are normal in shape. Middle ear ossicles are normally visualized. No obvious inflammatory pathology is seen on left either side.

Facial canals are normal on both the sides.

Mastoid air cells are normally aerated on left side, no obvious effusion, sclerosis or bony destruction is seen on left side.

Internal auditory canals, vestibulo cochlear apparatus and semi-circular canals are normally seen on both the sides.

Pterygoid plates and processes are normal on either side with normal pterygopalatine fossae.

Bilateral temporo-mandibular joints are normal.

Visualized brain parenchyma, especially posterior fossa contents including CP angles is normal. No focal lesion. No mass effect or midline shift.

IMPRESSION:

- CT scan revealed soft tissue density component in right petromastoid air cells, middle ear and external acoustic canal extending into the attico-antral region encasing the ossicles and caused erosion of antero-inferior wall of the external acoustic canal suggestive of inflammatory etiology.

Dr. ANIL KUMAR
M.D. (Radio-diagnosis)
Ex. S. R. PGI Chandigarh
Consultant Radiologist

Please correlate clinically.

Dr. DEEPTI BUNKAR
M.D. (Radio-diagnosis)
Ex. S. R. PGI Chandigarh Co
Consultant Radiologist

J.A. Group of Hospitals, G.R. Medical College Gwalior-474009(M.P.) Tel.: (0751) 2429350, 4062291, 4043151
Near St. Paul E.L. School, Opp. Scindia Kanya Vidhyalaya, Padav, Gwalior (M.P.) Tel.:4061292, 4036305, 4095356
Pawar Kothi, Divya Complex, Mandre Ki Mata Road, Near G.R. Medical College, Gwalior (M.P.) Tel.:4016333, 2436713
E-mail : vidyacentre@gmail.com, vidyamri@gmail.com, Mobile : 9977053251, 9977053261

RI व CT मरीजों हेतु 24 घण्टे जाँच सुविधा। एम.आर.आई व सी.टी. मरीजों को लाने व ले जाने हेतु फ्री एम्बुलेंस सुविधा उपलब्ध है।



DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India- 462020



IMPRESSION – in a post operative case of right temporal bone mass lesion, contrast MRI scan of brain and temporal region shows :-

- Relatively defined, large irregular mass lesion with enhancing soft tissue component in right temporal bone (predominantly petrous and tympanic part) completely encasing right petrous ICA with intra-cranial extension (in right middle cranial fossa and in right CP angle) and other morphological features and extensions as described above suggesting residual / recurrence disease.

Possibility of fibro-osseous lesion (? Aggressive ossifying fibroma) needs consideration over hemangioma/hemangioendothelioma of temporal bone. HPE correlation is advised.

DrRK Praveen Kumar
PG Resident

Dr Jitendra Sharma/Dr Shivya Parashar
Senior Resident

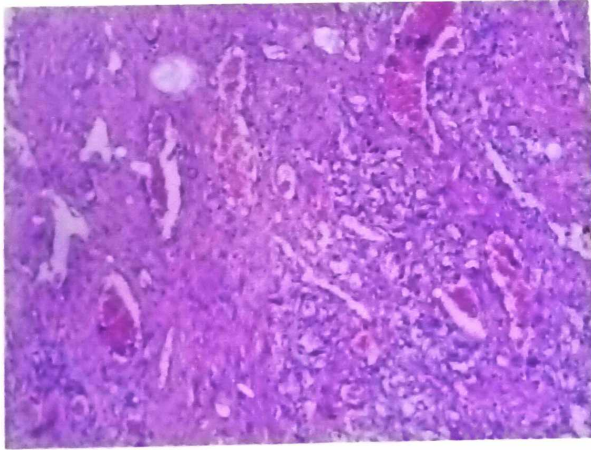
Dr Radha S Gupta
Associate Professor

LAB NO :	SR/619/2016	DATE :	13/8/16
Pt. NAME :	KU RASHMI	AGE :	10/Year
REFERENCE BY :	DR V.P.NARVE (MS)	SEX :	Female

REPORT OF HISTOPATHOLOGY

Specimen Received: - Tissue for HPE from ear.

Gross Examination:- Specimen received consisted of three ,irregular , greyish brown tissue pieces partially covered with mucosa measuring 1.5x1.0 c.m. Cut surface is greyish brown .



Microscopic Examination:-
Section shows focally acanthotic & mucosa ,sub mucosal tissue shows organized lobular masses of capillary vessels lined by endothelial cells separated by edematous stroma .Few large thick walled vessels are also seen .

Impression;- Histopathological features are suggestive of Benign Angiomatous Polypoidal Lesion /Hemangioma.



Note- 1. Slide / Block can be issued only on advice of the referring consultant after a minimum of 48 hours.
2. Gross specimen will be retained only for a period of 2 weeks after the date of reporting.

S/I Dr. V.P. Narve (MS) Prof

G. R. MEDICAL COLLEGE & J. A. GROUP OF HOSPITALS,
GWALIOR (M.P.)

DEPARTMENT OF ENT.....

DISCHARGE TICKET

C. Reg. No. 45457..... Unit

Ward CHENT.....

Consultant I/C. Dr. V.P. Narve..... Bed No.....
Overseer

Name Rashmi..... Age/Sex 11 y / F.....

S/o, W/o Sitararam.....

Address Tikamgarh.....

Occupation & income dependant.....

Date of Admission 9/10/18.....

Date of Discharge 26/10/18.....

Diagnosis (RP) com c aural mass.....

Condition on Discharge R/A.....


Dr. Signature



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel: +91-11-26588500/26588700, Fax: +91-11-26588500/26588700

Patient Name:	Rashmi Khangra	Acc. No:	1947501
F/H Name:	Sitaram Khangra	Hosp. Reg. No.:	104758621
Age/Sex:	13 Y/Female	UHID No.:	---
Clinic/Dept/Unit:	ENT/Unit 1	Consultant Incharge:	Dr. Arvind Kumar
Reg Date:	05-11-2019	Reporting Date:	15-11-2019

Histopathology Report

Report Findings:

Biopsy from right external auditory canal mass shows features of paraganglioma, immunopositive for chromogranin and synaptophysin.

Supplementary report will follow on Ki67 labelling index and SDHB.

Reporting Incharge: Dr. Aanchal Kakkar

Reporting SR: Dr. Prashant Mane

Verify By: Dr. Sharath



अ० भा० आ० सं० अस्पताल / A.I.M.S HOSPITAL

बहिरंग रोगी विभाग / Out Pat

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED



Follow up Patient
Dept Reg. 2019/009/0018165

ENT/Unit III
Name: Miss. RASHMI KHANGAR
D/O sitaram khangar 11Y बहिः/र
UNID : 104758621 Date: 24/10/2019

Room: 4111 ENT
Days : Mon, Thu
(संभ, बुध)

Ph. 6265029705



General/OPD

CH-0612191425



OPR-6

CH-0612191427

CYM-061219172



rashmika.HM-0612191599



104758621



104758621



104758621

निदान/Diagnosis 4110

दिनांक/Date

24/10/19

उपचार/Treatment

Rc discussion :

DD : fibrous dysplasia
chondroid tumors.

Adv: Repeat Biopsy from sleeper EAC mass (including bone)
if Negative CT guided Biopsy.

c/d/w Dr. Rabie (SRSM)

28/10/19

10:06/9 AM

Adv:

D/F Repeat Biopsy from (including bone) 4/06 mon/Thu @ 9 AM



CLEAN AND GREEN AIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

मेरा अस्पताल



CECT Temporal Bone

Name - Rashmi Khangar

Age/Sex - 11Y/F

Reg No. 20190147192

Date - 3/8/2019

Clinical Details: postop mastoidectomy, HPE- Benign angiomatous polypoidal lesion/hemangioma

OBSERVATIONS

Postoperative changes (cortical mastoidectomy) seen in form of bony defect in right mastoid. Patchy sclerosis of residual mastoid air cells. no visualization of ossicular chains (? Erosion/? Postop).

- Diffuse sclerotic changes with areas of bony erosions are seen in right temporal bone (petrous tympanic part - middle ear cavity, bony otic capsule, basal turn of cochlea), temporal articulation surface of right tempo-mandibular joint.
- There is associated enhancing soft tissue, noted involving right temporal bone with extent described
 - Enhancing soft tissue is noted in right infra-temporal region invading pterygoid muscles.
 - Intracranial extension of soft tissue in right middle cranial is noted. (possibility intraparenchymal invasion should be ruled out).
 - Mild widening of right bony carotid canal is noted with hypoenhancing soft tissue in bony carotid canal.
 - Mild extension into right jugular fossa is noted however no e/o extension into sigmoid sinus IJV is noted.
- Few subcentimetric lymph nodes are noted involving right level II, III. No clinically significant lymphadenopathy is noted.
- Rest of the Visualised bilateral cerebral hemispheres showing normal parenchymal attenuation. No differentiation of the gray & white matter of bilateral cerebral hemisphere is seen.

IMPRESSION - in a k/c/o right postop mastoidectomy, HPE- Benign angiomatous polypoidal lesion/hemangioma CECT Temporal Bone reveals -

- Postoperative changes in right mastoid and middle ear cavity as described.
- Diffuse sclerotic changes with areas of bony erosions with associated enhancing soft tissue involving right temporal bone with morphology and extensions as described above - Possibility of Recurrence residual with soft tissue component should be considered

Dr. Annamalai

Junior Resident

Dr. Shivya Parashar/ Dr. Arfan

Senior Resident

Mon / For IRCH - 58



DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY (ENT)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, ANSARI NAGAR, DELHI-29

Head Neck Clinic 'B' Check List

Name: *Rashmi*

Age/Sex: *13y/F* UHID: *104758621*

First OPD visit date:

IRCH referral date: *06/3/2020*

Comorbidities:

ECOG Status: *1*

Case type: Primary/Recurrence/Second primary

1) Clinical:

Tumour site-Subsite	Neck node	Zero degree Endoscopy	90 degree Endoscopy/FOL	Triple endoscopy
<i>(R) Temp. bone</i>	<i>Multiple</i>		<i>WNL</i>	

2) Histology: *small LN.*

HPE/FNAC	AIIMS	AIIMS Slide review	Outside government institution	Outside private institution
<i>HPE- 1947501</i>	<i>→ Paraganglioma.</i>			
<i>FNAC-</i>				

3) Radiology:

Locoregional assessment		Distant metastasis assessment	
<i>CECT Face and Neck</i>	<i>→ Fisch (R) Glomus Jugulo tympanicum.</i>	<i>CXR PA</i>	
<i>MRI Face and Neck</i>		<i>CECT Chest</i>	
<i>PET-CT Distance scan</i>	<i>→ Multiple neck mets + (R) CBT</i>	<i>PET-CT</i>	

4) TNM Stage:

Fisch IV Glomus Jugulo tympanicum + Shamblin - CBT (R) side

likely metastases

Kindly Register this case for today's discuss → PRIORITY

Referring doctor Sign

Dr Sheeraj

M.Ch. candidate Sign

IRCH, Room - 3 Dr Shapla



CONSULTING ROOM NO : 44

CLINIC Radiotherapy TOKEN NO: 8

DAYS MON,WED,FRI,SAT

VISIT NO: 11

LAST VISIT DATE: 11/02/2021

OUT PATIENT RECORD



EHID ID:2019010107453045

Name: MISS. RASHMI KHANGAR
Department: Radiotherapy
Dept No: 2021/093/0000269
Date of Registration: 12-02-2021 09:32:34 AM
Unit: RADIOTHERAPY
Borrow tag: BPL CARD NO- 28575172/40/022300
Mobile No: *****705
Address: BADAGAAV, TIKAMGARH, MADHYA PRADESH, INDIA

REVISIT

Sex: F

Age: 12Y 0M 25D

Occupation: OTHER

Patent Type: NON MCI

Prepared By: Ms. Saranya Pagar

radiation		
t-	35-7	mmHg
t-	150	bpm
temperature-		f

40 mass in \odot ear (CAC) in 2016.
operated case of \odot MRM / Polypotony / neoplasty - 13/08/16
Revision MRM \odot ear - 13/10/18
Cryoapplication of \odot ear granulation - 15/12/18.

13/8/16 - NPE \rightarrow 5% benign Angiomatous polypoidal lesion / Hemangioma

3/8/19 - ECT Temporal Bone

\hookrightarrow diffuse sclerotic areas of bony trabeculae & assoc. soft tissue involving \odot temporal bone possibility of recurrence.

15/11/2019 - Paraganglioma

PET-CT (10.01.2020)

All defined lesion in jugular foramen extending into mastoid air cells & tympanic cavity extending inf. along the internal carotid A. (Glomus jugulotympanicum)
enlarged \odot pharyngeal, \odot cervical level II CN. (largest 1.5x0.9cm) in \odot level II. Nodular lesion in carotid bifurcation - ~~Glomus jugulotympanicum~~
 \hookrightarrow carotid body tumor

14/02/2020 - Glomus jugulotympanicum (NPE-AIIMS Delhi) Fisch stage 4.

1st

no bleeding from \odot ear x 1 month.
Dx - \odot Glomus jugulotympanicum

1. CBC, LFT, RFT

2. COVID-19 testing

3. MRI - Brain + Neck

4. CXR - P/A view

5. Tab Amoxy-clav. 375mg TDS x 5 days
6. Tab Paracetamol 325mg 1 tab TDS x 5 days

of mass in \odot ear, polypoidal, pale, no active bleeding.

mass palpable in \odot upper jugular

1 \rightarrow 2x1cm, hard,

2 \rightarrow 1x1cm, hard, mobile

\odot side neck - upper jugular 1x1cm

Post op scar over the \odot mastoid area.



UJID:20190147192

Dr. Vile Gupta Sir

Case Summary

Case of Mass in (R) Ear in 2016. Operated @ MRM + Polypectomy in 13/8/2018 → F/B. Revision Ex in 13/10/18
Gwalior GRMC Gwalior GRMC

Cryosurgery of (R) Ear - 15/12/2018.

Post St - Pt developed → Facial Nerve Palsy → Presbycusis & Postauricular
Pt was admitted in AIIMS Bhopal - 31/08/19 → 14/9/2019 → Evaluated with
with imaging & was referred to AIIMS Delhi in/v/o Ageless lesion &
also h/o Multiple Previous Surgery. possibility of fibroma

In AIIMS Delhi → Pt was Dx as Glomus Tympanicum + Schwannoma - I CBT
Fisch (8) - 10

It was Planned for Radiotherapy / Leuteneuron therapy + coilage if

Then Pt referred back sent back to AIIMS Bhopal for taking Radiotherapy ^{11/11/20} Pseudotumor
in/v/o ^{Cost-effective} ^{Coaxially to Pt} ^{Surgical resection was not possible}

Pt was seen in AIIMS Bhopal Radiotherapy dept → & was admitted
for Tumor clinic discussion in 4/3/2021

↓
Pt lost to follow up.

Now - Presbycusis Complaints of (R) Ear discharge / Postauricular sinus
Past 2-3 days Postauricular abscess → Aggravation done
on 27/8/22



DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India- 462020



MRI brain and right temporal region (1.5T + 3T)

NAME - RASHMI KHANGAR
REG. NO. - 20190147192

AGE/SEX - 11 Y/F
Date - 09/09/2019

CLINICAL NOTE- Right temporal bone mass lesion (underwent mastoidectomy for removal of some mass, HPE showed angiomatoid polypoidal lesion/ hemangioma)

OBSERVATIONS -

- There is evidence of a heterogeneous mass lesion noted in right temporal bone with following morphology and extensions :-
 - The mass is showing heterogeneous hypointense signals on T2WI and iso to intermediate signals on T1WI. On correlation with CT, there is diffuse homogeneous ground glass density of involved areas of right temporal bone with significant bone expansion and multiple Exophytic bony growths. Post contrast scan shows heterogeneous enhancement in form of intense enhancement at peripheral soft tissue part and mild to moderate enhancement of central osseous component.
 - The lesion is primarily involving the petrous part of right temporal bone, and also seen extending in tympanic part and minimally in mastoid part. The lesion is grossly infiltrating in petrosu ICA canal and completely encasing proximal petrous ICA (which is not separately seen from mass); rest of the visualized intra-extra cranial course of right ICA also showed relatively smaller caliber.
 - Anteriorly, the mass is grossly bulging in right middle cranial fossa and causing buckling of right temporal lobe without however the lesion remains extra-axial with no parenchymal infiltration or altered parenchymal signal changes.
 - Postero-Medially, the mass is grossly infiltrating tympanic part of temporal bone with evidence of enhancing soft tissue seen extending into internal auditory canal and bulging into right CP angle cistern. The right 7th -8th nerve complex are not separately seen from mass.
 - Inferiorly, the mass is also seen extending in infra-temporal fossa and right TMJ.
- Bilateral cerebral hemispheres are showing normal parenchymal signal intensity.
- Cerebral sulci, fissures and cisternal spaces appear normal.
- Bilateral lateral, third and fourth ventricles appear normal.
- Basal ganglia and thalami appear normal.
- Sella, suprasellar and parasellar regions appear normal.
- Bilateral cerebellar hemispheres, vermis and brain stem are showing normal parenchymal signal intensity.

P-0

S/I Dr. V.P. Narve (MS) Prof

G. R. MEDICAL COLLEGE & J. A. GROUP OF HOSPITALS,
GWALIOR (M.P.)

DEPARTMENT OF ENT.....

DISCHARGE TICKET

C. Reg. No. 45457..... Unit

Ward CHENT.....

Consultant I/C. Dr. V.P. Narve..... Bed No.....
Overseer

Name Rashmi..... Age/Sex 11 y / F.....

S/o, W/o Sitararam.....

Address Tikamgarh.....

Occupation & income dependant.....

Date of Admission 9/10/18.....

Date of Discharge 26/10/18.....

Diagnosis (RP) com c aural mass.....

Condition on Discharge R/A.....


Dr. Signature

Cloduchogc on soft foam (R) ear x 6 months
 H/O ear impaired hearing x 6 months
 H/O ear pain (con loss), recurrent URTI (+)
 Past H/O mastoidectomy & meatoplasty done
 GA on 13/8/16

Complaints =
 Temporal bone ST 1/6 - soft tissue density, compact (R) petromastoid
 air cells, middle ear, EAC extend anteriorly & superiorly.
 Erosion of anterior-superior wall EAC so inflammatory etiology.
 13/8/16 SPE s/o benign osteomyelitis, polypoid debris/foreign body.

Examinations =
 EAK (P) (R) - bridge/dorsum of ala - NAD
 Leptum = middle
 Turbinate: D/L ITH (+)
 mym = pink moist
 S/C = clear
 PDNNA post auricular NAD
 SCON mark (+)
 EAC pinkish polypoid mass @ whole EAC clear
 doesn't bleed on touch
 touch = pink cap
 pass all freely

Investigations =
 Tm Natseen - sweet
 TFF - (P) (R)
 ABC - (P) (R)
 WBC - (P) (R)
 Dip/Gum/Kem - NAD
 Dip/SPP/PW - NAD
 Kessel = B/Graed
 S/m to eye = pink moist

Treatment given =
 - 1g ceftriaxone 1000 IV
 - 1g pantoprazole 15 mg (R) 15 mg
 - 1g piperacillin 1amp/1m (R) 15 mg
 - 1 MV 10D
 - 1 cefixime 10mg RL
 - 2/0 antibiotic 1:1:1 (R) con

Pathology =
 HPE s/o inflammatory disease
 with plenty of chronic inflammatory cell with foamy macrophages consistent with granulomatous osteomyelitis - heterogeneously enhancing soft tissue filling the mastoid part of (R) temporal bone, (R) external auditory canal, middle ear, inner ear cavity extending into middle cranial fossa with mild "orbital" of petrous part - of temporal bone & ear ossicles finally s/o recurrent of previously operated mast.

Nature of operation =
 X Exploratory of (R) mastoid done & GA ON 13/10/18.
 Soft tissue mass in HPE.

Treatment Advised =
 Rx
 - Std Antibiotic + Acetic acid drops 1:1:1
 - T. Amoxycloav 375 of 8D
 - T. mlu 100
 - 1. cefixime 10 of 1/2 HS
 - T. pantop 20mg OD 83C
 - 1. PCM (KOP) SOS
 Review SOS
 XA

Handwritten signature