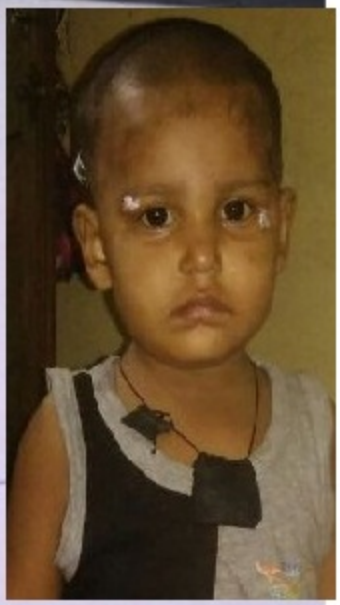

सेवा में,

श्रीमान अध्यक्ष

रिलीफ इन्डिया ट्रस्ट

डी-22, सेक्टर-3,

नोएडा, उ० प्र०

विषय- मेरी बेटी रिजा के इलाज हेतू प्रार्थना पत्र

महोदय,

सविनय निवेदन है कि मेरा नाम रमीमुद्दीन है। मैं कारपेन्टर का काम करता हूं मेरी बेटी रीजा जो की 2.5 वर्ष की है कैंसर से पीड़ित है जिसका इलाज दिल्ली के लोकनायक जय प्रकाश अस्पताल मे चल रहा है। जिसका खर्चा लगभग 2 लाख रुपये बताया गया है।

मै एक गरीब आदमी हूं और मेरी आर्थिक स्थिति बहुत ही खराब है। मै अपनी बेटी का इलाज कराने मे असमर्थ हूं

अतः आपसे अनुरोध है कि मुझे मेरी बेटी रिजा के इलाज हेतू आर्थिक सहायता प्रदान करने की कृपा करें।

प्रार्थी

रमीमुद्दीन

मा०नं० 336, गली नं० 2
गामड़ी, खजूरी गोल चक्कर
के नजदीक, नई दिल्ली

GOVT OF N.C.T OF DELHI

MAULANA AZAD MEDICAL COLLEGE AND L. N. HOSPITAL, NEW DELHI-110002

ELECTOCHEMILUMINISENCE BASED IMMUNOASSAY LAB

DEPARTMENT OF BIOCHEMISTRY

145

Patient's Name Riya Age & Sex 2Y/F Date 21/4/16

OPD/Ward Registration Number OCJ034026 Referred By Dr. YKL

Investigation Required:

Deptt. of Biochemistry MAMC
Please come on Date 21/4/16
Time 9-11 A.M. Room No. 204
Please come directly to Monach

AFP
induction?

Brief Clinical History: F/U c/o yolk sac tumor - completed treatment

Physical Examination: - to r/o recurrance

Last AFP (27/10/15)
2.9 ng/ml.

Results of Previous Investigations (if any):

Dr. Nitish K. Thakkar
Senior Resident
Department of Paediatric Surgery
LNJP Hospital, New Delhi
Govt. of NCT of Delhi

Signature with Stamp of Faculty member

L.N. HOSPITAL
21 APR 2015
REVISIT

s/B SR Paed Sx

Pt vitally stable.
PA = Soft
PR = NAD.

Adv

- α-FP. ✓
- F/U c above
- Plan - USG > 3 months

Mirali

Imp Undifferentiated high grade malignant tumor.

Histomorphologically indicative of a Sarcoma.

Dr. N. Khurana.
4/9/14

MAMC-Appendix No. 18-p
Annex -5

PATHOLOGY LABORATORY

व्याधिकी विभाग/DEPARTMENT OF PATHOLOGY

मौलाना आजाद मेडिकल कालेज एवं लोक नायक व गोविन्द वल्लभ पंत चिकित्सालय तथा गुरू नानक नेत्र केन्द्र, नई दिल्ली -110002.

MAULANA AZAD MEDICAL COLLEGE AND L. N. HOSPITAL & G. B. PANT AND GURU NANAK EYE CENTRE, NEW DELHI-110002.

प्रयोगशाला संदर्भ संख्या/Lab. ref. No. S 10368/14

नाम Name: Riza

आयु व लिंग Age & Sex: 10 mnth/F

वार्ड और पलंग संख्या Ward and Bed No.: 5A

केन्द्रीय पंजीकरण सं./ब. विभाग सं. CR/OPD NO.: 259735

चिकित्सक का नाम Refd. by: Ds Y K Sain

नमूना पाने की तिथि Date of receipt of specimen:

नमूना Specimen: Mass passed by child per vaginally

रिपोर्ट
REPORT

Sections examined from mass passed per vaginally shows hemorrhagic and necrotic tumor with interspersed sheets of viable cells. The cells are oval to short spindle showing moderate pleomorphism, hyperchromatic nuclei inconspicuous nucleoli and illdefined eosinophilic cytoplasm.

IHC done - Negative for LCA, SMA, cytokeratin, vimentin, desmin, myoglobin, myogenin, CD99 and

EXAMINED AND REPORTED BY .....

DATED ON .....

s/s SR Paed Sx

Pt vitally stable.
PA = Soft
PR = NAD.

Adv

- α-FP. ξ
- F/U c above
- Plan - USG > 3 months

Mirali

MAMC-Appendix No. 18-p
Annex -5

PATHOLOGY LABORATORY

विकृतिकी विभाग/DEPARTMENT OF PATHOLOGY

मौलाना आज़ाद मेडिकल कालेज एवं लोक नायक व गोविन्द बल्लभ पंत चिकित्सालय तथा
गुरु नानक नेत्र केन्द्र, नई दिल्ली -110002.

MAULANA AZAD MEDICAL COLLEGE AND L. N. HOSPITAL & G. B. PANT AND GURU NANAK EYE CENTRE, NEW DELHI-110002.

प्रयोगशाला संदर्भ संख्या/Lab. ref. No. S10368/14

नाम Name: Riza

आयु व लिंग Age & Sex: 10mnth/F

वार्ड और शैया संख्या Ward and Bed No: 5A

केन्द्रीय पंजीकरण सं./ब. विभाग सं. CR/OPD NO: 259735

चिकित्सक का नाम Refd. by: Dr Y K Sasin

नमूना पाने की तिथि Date of receipt of specimen:

नमूना Specimen: Mass passed by child per vaginally

रिपोर्ट
REPORT

Sections examined from mass passed per vaginally shows hemorrhagic and necrotic tumor with interspersed sheets of viable cells. The cells are oval to short spindle showing moderate pleomorphism, hyperchromatic nuclei inconspicuous nucleoli and illdefined eosinophilic cytoplasm.

IHC done - Negative for LCA, SMA, cytokeratin, vimentin, desmin, myoglobin, myogenin, CD99 and NSE

EXAMINED AND REPORTED BY .....

REPORTED ON .....

LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

नई दिल्ली - 110002

EPBX No. : 23233400, 23232400
Casualty No. : 23235152
M.S. Office Fax No. : 23232870
E-mail: lnhmsoffice@gmail.com
mslnh@nic.in

LNH

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

OUT PATIENT REGISTRATION CARD

Queue Token No. :

Deptt.	PAEDIATRICS SURGERY	DR. YOGESH KR. SARIN (MON-THU-SAT)	Room No.	519	OPD Regn. No.	[illegible]			
Name	RIZA(PID-1300323)	Sex	F	Age	2Y	Date	03 Oct 2015 8:28AM	Marital Status	
S / D / W of	D/O RAHIM	Area/ Location	KHURJA LONI GAZB UP	Referred to Deptt.	PAEDIATRICS SURGERY	Contact No.			
Religion	MUSLIM	Nationality		Occupation		APL	BPL	Monthly Income	
DOB		Birth Wt(Kg.)		Wt(Kg:)		HC (Cms.)		Ht (Cms.)	

Immunization	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Measles	MMR	Typhoid	Other

PROVISIONAL DIAGNOSIS :

Allergic to

INVESTIGATIONS	DATE	CLINICAL FINDINGS & REPORTS	TREATMENT
HEMATOLOGY Hb/ TLC / DLC ESR Platelet count BT / CT / PT PS **URINE EXAM** Sugar Alb Microscopy C / S **BIO-CHEMISTRY** CGI Bl. Sugar F/ PP/ R Glycosylated Hb. Bl. Urea S. Creatinine S. Uric Acid S. Electrolytes : Na / K S. Calcium S. Phosphorus Lipid Profile LFT Bilirubin / T / D / I SGOT (ALT) SGPT (AST) Alk. Phosp Protein Total Alb Globulin A/G Ratio Prothrombin Time / INR RADIOLOGY X-Ray Chest USG CT Scan / MRI **MICROBIOLOGY** HBsAg HIV HCV MP Widal Blood C / S **OTHERS** ABO Blood Group		for a Cervical YST Adv Wrench on f/u Both upper and lower limb multiple ulc - x 15 days. USG - Abdomen - [no obvious pelvic mass lesion. Cyclophosphamide induced cystitis.	Adv (1) AFP (2) Dermatology opinion. for B/L upper & lower limbs. crusting lesions.

Sig. / Name / Designation of Doctor
Date & Time :

अस्पताल परिसर में बीड़ी, सिगरेट पीना (धुम्रपान) दण्डनीय अपराध है।

Date:
Page No.

5/11/14 VAC Cycle 3
(50% dose)

Day 1
Inj Cyclophosphamide 350 mg
Inj VCR 0.24 mg as per hydration schedule
Inj ADM 35 mg.

Sirali

12/11/14 Day - 8
[illegible] 50% dose
0.24 mg in std
followed by [illegible] NS.

Post-op febrile neutropenia S2, (1)

Counts (N) on 29/11/14.

Next chemo due on 13/12/14.
To come on 12/12/14.

Date:
Page No.

5/11/14 VAC Cycle 3
(50% dose)

Day 1
Inj Cyclophosphamide 350 mg
Inj VCR 0.24 mg as per hydration schedule
Inj ADM 350 mg.

Sirali

12/11/14 Day - 8
Inj [illegible] 50% dose
0.24 mg in std
followed by [illegible] NS.

Post-op febrile neutropenia S2, (1)

Counts (N) on 29/11/14.

Next chemo due on 13/12/14.
To come on 12/12/14.

Counts - on 7/9/14 → (N).

9/14 (5) 10/9/14

Date: → Page No.

ay - 8

by vincristine 0.35 mg 0.49 mg IV stat.

Sirali

Severe febrile neutropenia

→ Counts normalised on 21/9/14.

→ next cycle on. 5/10/14.

? reduced dose

Counts - on 7/9/14 → (N).

9/14 (5) 10/9/14

Date: → Page No.

ay - 8

by vincristine 0.35 mg 0.49 mg IV stat.

Sirati

Severe febrile neutropenia

→ Counts normalised on 21/9/14.

→ next cycle on. 5/10/14.

reduced dose

Date :
Page No.

HPE Report- (S-7783/15)

Multiple sections Examined reveals folded up vaginal epithelium. Tumour away from Vaginal resected end by 2mm 16/ We

Cervical resected end, ectocervix & endocervix are involved by tumor

Endometrium & myometrium are free from tumour involvement

Rt. Paracervical tissue is involved by tumor deposit

Left Paracervical tissue & Left Parametrial tissue are free from tumor involvement.

Rt Parametrium (report will follow)

B/L tubal segments show Mild decidua on chronic salpingitis free from tumor involvement separately lying soft tissue shows tumor deposits

IHC - CK & AFP (focal) - Positive Tumor cells

Final diagnosis: Possibility of Yolk sac Tumor is suggested

each examination (23)

- Clinical examination
- ∝FP
- USG (A+P)

Dusaj (Jagdish)

Pat. No.

Follow-up Schedule

~~28/9/15~~ →

28 सप्टेम्बर → 2015

30 ऑक्टबर → (2015) 7/11/2015 | AFP - 27 ng/ml (27/10/15)

28 नवेम्बर → (2015) 5/12/15 - USG Abdo (N) P/A soft NAD | P/A - Soft NAD. USG Abdom - NAD.

28 मार्च → (2016) ~~22/4/16~~ PA = Soft ~~Adv~~ PR = (N) AFP:

27 जून → (2016)

26 डिसेम्बर → (2016)

27 जून → (2017)

26 डिसेम्बर → (2017)

26 जून → (2018)

25 डिसेम्बर → (2018)

31 डिसेम्बर → (2019)

D8
18/2/15

Days
Inj. Vincristine (0.24mg) i/v Bolus

~~[illegible]~~

~~[illegible]~~

↓

Child had (R) forearm compartment synd

↓

March, 2015 (R) fasciotomy

↓

[illegible] → vaginal biopsy → biopsy from vaginal wall →

Section shows a cellular lesion revealing glandular, cribriform and focal pappilary arrangement lined by highly atypical cells with marked nuclear pleo-morphism, vesicular nuclear chromatin. prominent nucleoli high N:C ratio with indistinct cytoplasmic margins, 4-5 mitoses hpf are seen with presence of atypical mitosis. focal areas show congested blood vessels & areas of haemorrhage, No necrosis identified

Immunohistochemistry:- Positive with CK, EMA & Focal AFP. Negative with Desmin myoglobin and SMA.

Date :
Page No.

16/6/15 Week ① Day ① - Cycle 1

Inj. Etoposide (32 mg)

Inj Cisplatinum (27 mg)

Ashwini
SR Path

Cisplatin Schedule

0-2½ hrs	DNS	200 ml
over next 15 min	Mannitol (12.5%)	21 ml
over next 45 mins	Cisplatinum + NS	27 mg 100 ml
3½ to 6 hrs	DNS	800 ml
6 to 24 hrs	Isolyte-P	800 ml

Ash
SR Path

Date :
Page No.

16/1/15 Patient was referred to AIIMS for brachytherapy

↓

Has returned back saying No Role of Brachytherapy i/v/o young age c/d/w Dr. Sameer Bakshi.

Adv: Further chemo at primary treating hospital.

↓

c/d/w Dr. Y.K. Sarin

Plan: EUA + Vaginoscopy on 20/1/15

Date :
Page No.

Week (4) BEP regime - Cycle 2

7/7/15 Day (1)

- Inj. Etoposide (32mg)
- Inj. Cisplatinum (27mg) } IVH

8/7/15 Day (2)

Inj Etoposide (32mg)
Inj Bleomycin (4mg) } IVH

9/7/15 Day (3)

Inj. Etoposide (32mg) - IVH

13/7/15 Day (7) counts -

13/7/15 c/d/w Dr. K. S. Singh.

case will be discussed with Pathology dept (Dr. P. Arora) and then further treatment will be planned. To come to OPD on Friday.

Date:
Page No.

13/12/14 VAC cycle - 4 (50% Reduction dose)

Day - I 13/12/14

Inj cyclophosphamide 350mg as per hydration schedule

- Inj Vcr 0.24mg

- Inj AMD 350 mg

Day - 8 - 20/12/14

Inj Vincristin 0.24mg iv bolus push followed by 10 ml NS

Date :
Page No.

HPE Report- (S-7783/15)

Multiple sections Examined reveals folded up vaginal epithelium. Tumour away from Vaginal resected end by 2mm 16/ We

Cervical resected end, ectocervix & endocervix are involved by tumor

Endometrium & myometrium are free from tumour involvement

Rt. Paracervical tissue is involved by tumor deposit

Lft Paracer tissue & Left Parametrial tissue are free from tumor involvement.

Rt Parametriums (report will follow)

B/L tubal segments show Mild dent e on chronic salpingitis free from tumor involvement separately lying soft tissue shows tumor deposits

IHC - CK & AFP (focal) - Positive Tumor cells

Final diagnosis: Possibility of yolk sac Tumor is suggested

Date :
Page No.

HPE Report - (S-7783/15)

Multiple sections Examined reveals folded up vaginal epithelium. Tumour away from Vaginal resected end by 2mm

Cervical resected end, ectocervix & endocervix are involved by tumor.

Endometrium & myometrium are free from tumour involvement.

Rt. Paracervical tissue is involved by tumor deposit

Left Paracer tissue & left Parametrial tissue are free from tumor involvement.

Rt Parametrium (report will follow)

B/L tubal segments show Mild dent on chronic salpingitis free from tumor involvement separately lying soft tissue shows tumor deposits

IHC - CK & AFP (focal) - Positive Tumor cells

VAC - cycle - 5

21/1/15 Day-1

Inj cyclophosphamide 350mg as per hydration

Inj vincristine 0.24mg iv bolus

Inj Actinomycin D 350 mg iv bolus.

28/1/15 Day-8

Inj. Vincristine 0.24mg i/v Bolus

Dic count - 31/1/15

HB - 16.2 PLT - 2.07 lac

TLC - 26100 HCT - 48.3.

Poly 67 M2 E1

Next cycle on 11/2/15

VAC - Cycle 6

11/2/15 Day1 Inj Cyclophosphamide 350mg as per dilution

Inj VCR 0.2mg iv bolus

Inj Actinomycin D 350mg iv bolus.

20/1/15 Cystoscopy done
by Dr Y.K. Sain
- Nodule seen on left
wall of vagina
↓
4 more cycle of chemotherapy
↓
Counsel pt's parent about
possible need for vaginectomy
& reconstruction

Abhishek
Intern

Date :
Page No.

4/8/15 CECT (Abdomen)

→ reveals circumferential mural thickening in urinary bladder s/o cystitis. Likely Cyclophosphamide induced.

→ No obvious residual / recurrent mass seen.

Date:
Page No.

Impression: findings are suggestive of Adenocarcinoma. Kindly investigate for AFP levels & USG ovary to rule out the possibility of Yolk Sac Tumor (YST)

CECT Abd: (26/5/18): An ill defined heterogeneously enhancing lesion noted in c/x & lower uterine body (~ 1.9 x 1.5 x 2 cm) Finding appear (4).
lesion is abutting UB anteriorly & rectum posteriorly & maintained intervening fat planes. No evidence of any infiltration.
- Multiple s/c Mesenteric LN seen.

Plan

Sx :- Hysterectomy - salpingectomy.

Findings :- hand gaining palpable in lower uterine body & cervix.
: Uterus & PT removed
ovaries preserved.

c/d/w Dr. Y.K Sahu

Plan- To start BEP regime.

BSA - 0.4

BEP regime (2/3rd reduced Dose)

16/6/15
Week (1) → Day (1) → ① Inj. Etoposide = 32 mg
(120 mg/m²) × 2/3
in 100 ml NS over 45 mins

② Inj. Cisplatinum = 27 mg
(100 mg/m²) × 2/3
as per schedule

Day (2) → Inj. Etoposide = 32 mg
in 100 ml NS over 45 mins

→ ② Inj. Bleomycin = 4 mg
(15 mg/m²) × 2/3
in 20 ml NS slowly over 30 mins

Day (3) → Inj. Etoposide = 32 mg

To be repeated in
Week (4) ; (7) ; (10) ; (13)

Plan- To start BEP regime.

BSA - 0.4

BEP regime (2/3rd reduced Dose)

16/6/15
Week (1) - Day (1) → Inj. Etoposide = 32 mg
(120 mg/m²) × 2/3
In 100 ml NS over 45 mins

→ Inj. Cisplatinum = 27 mg
(100 mg/m²) × 2/3
as per schedule

Day (2) → Inj. Etoposide = 32 mg
in 100 ml NS over 45 mins

→ Inj Bleomycin = 4 mg.
(15 mg/m²) × 2/3
in 20 ml NS slowly over 30 mins

Day (3) → Inj. Etoposide = 32 mg

To be repeated in
Week (4) ; (7) ; (10) ; (13)

S.No.	Parameter	Results	Reference range
1	TSH	mIU/L	0.5-4.7 mIU/L
2	T_3(free)	pmol/L	3.1-6.8 pmol/L
3	T_4 (free)	pmol/L	12-22 pmol/L
4	Anti TPO	IU/ml	<34 IU/ml
5	FSH	mIU/ml	M: 1.5-12.4 mIU/ml F: 3.5-12.5 mIU/ml (Follicular phase)
6	LH	mIU/ml	M: 1.7-8.6 mIU/ml F: 2.4-12.6 mIU/ml (Follicular phase)
7	Prolactin	µIU/ml	M: 86-324 µIU/ml F: 102-496 µIU/ml (Non-pregnant)
8	E_2	pg/ml	F: 12.5-166 pg/ml (Follicular phase) 85.8-498 pg/ml (ovulation phase) 43.8-211 pg/ml (luteal phase)
9	Progesterone	ng/ml	M: 0.2-1.4 ng/ml F: 0.2-1.5 ng/ml (follicular phase) 0.8-3.0 ng/ml (ovulation phase) 1.7-27 ng/ml (luteal phase)
10	DHEA-S	µg/dl	M: (25-34 yrs) 160-449 µg/dl F: (25-34 yrs) 98.8-340 µg/dl
11	Testosterone	ng/ml	M: 2.8-8 ng/ml, F: 0.06-0.82 ng/ ml
12	Total PTH	pg/ml	15-65 pg/ml
13	Insulin	µIU/ml	2.6-24.9 µIU/ml
14	Cortisol	nmol/L	138-690 nmol/L (8am-noon)
15	Ferritin	ng/ml	M: 30-400 ng/ml, F:13-150 ng/ml
16	Total PSA	ng/ml	0-4 ng/ml
17	CA 15-3	U/ml	0-30U/ml
18	CEA	ng/ml	0-3.4ng/ml
19	CA 125	U/ml	0-35U/ml
20	βhCG	mIU/ml	F: < 1 mIU/ml (Premenopausal) < 7 mIU/ml (Postmenopausal) M: < 2mIU/ml
21	A-FP	1.6 ng/ml	< 7ng/ml
22	Vitamin B_{12}	pg/ml	>250 pg/ml
23	Vit D_3 (25-OH)	ng/ml	15-80ng/ml
24	Folate	ng/ml	2-17ng/ml

Signature of Senior Resident
Department of Bio-Chemistry

Signature of Consu
Department of Bio-Chem