GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL. NEW DELHI
POST GRADUATE INSTITUTE AND MEDICAL EDUCATION AND RESEARCH

Date :- 12/02/19

To

The Director

Mission Hopp

Geeta Colony

Delhi

SUB :- Request for financial assistance to SSPE patient SANTOSH

Sir,

Santosh s/o Nahar singh 11yrs/male is suffering from life threatening disease SUBACUTE SCLEROSING PANENCEPHALITIS is under going treatment of Dr.Suchitra Sehgal in the department of PAEDIATRIC of this hospital vide central registration no.201892091. She has recommended TAB.ISOPRINOSINE (which costs 96,000/-) urgently for next 12 months by the doctor.

Kindly arrange the expenses of this medicine for the patient Santosh as his parents are poor and unable to afford the expenses . The permission has been taken by the Medical Superintendent for the support of the patient.

We are Looking forward for your support.

Thank you

12/02/19

(PUSHPLATA)

for MSSO

MISSION HOPP

H. No. 203, Gali No. 11,
Geeta Colony, Delhi-110031
Mob.: 8447716627
Website : www.missionhopp.org
E-mail : contact@missionhopp.org

Ref. No. .....

Date 12/Feb/2019

TO

The Medical Superintendent

Ram Manohar Lohia Hospital

Baba Kharak Singh Marg, Near Gurudwara Bangla Sahib, Connaught Place, Delhi- 110001

Through Medical Social Welfare, Ram Manohar Lohia Hospital

Subject:- Sponsorship request letter for SANTOSH

Dear ma'am,

I'm writing to you concerning that we would like to support patient SANTOSH s/o NAHAR SINGH, Age 11yrs/male child who is suffering from life threatening disease **Subacute sclerosing panencephalitis** is under the treatment of DR. SUCHITRA SEHGAL in the department of PAEDIATRIC of this hospital vide central registration no. 201892091. She has recommended **Tab. ISOPRINOSINE** urgently for next 12months.

Dear ma'am the cost of his Medicine which is 96,000/- for one year will be provide by MISSION HOPP.

We would be grateful if you could consider providing sponsorship for this patient who is suffering **Subacute sclerosing panencephalitis**. If you have any enquiry, we can be contacted at 011-45006398. Or via Email at: SUPPORT@MISSIONHOPP.ORG

Thank you for your attention we look forward to hearing from you soon.

MISSION HOPP

MISSION HOPP ANAND ANETTE

Forwarded to Mission HOPP
12/02/19

सेवा में

मिसनहोप्प
गीता कालोनी दिल्ली

विषय -

निवेदन यह है कि मेरा बेटा सन्तोष S/O नाहरसिंह जिसकी उम्र 11 वर्ष है। तथा उसकी दवाई के लिए सहायता प्रदान करें।

महोदय

निवेदन यह कि मैं नाहरसिंह गरीब परिवार से हूँ। तथा मजदूरी करके अपने परिवार का पालन पोषण करता हूँ। तथा मेरे पुत्र सन्तोष को तथा डॉक्टर ने बताया है कि प्रतिमाह 8000 कि दवा है। जो एक साल तक चलेगी जिस मे मेरे मे पूरी तरह असमर्थ हू कृपया करके मेरे बेटे के लिए सहायता प्रदान करें आपकी अति कृपा होगी।

धन्यवाद।

प्रार्थी
नाहरसिंह

MISSION HOPE

REQUEST ACCEPTED

2/Feb/2019

2nd Hosp
217

R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name .... कमरा/शय्या सं./Room/Bed No. ....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
17/1/19	To Social welfare Department Dr. R.M.L Hospital New Delhi Name - Santosh Age - 11y gender - male CR. No → 201892091 ward → C3F (Pediatric, unit-3) Respected Ma'am/Sir. This is with reference to patient Santosh yr old male child who has been suspected with 'Sub Acute Sclerosing Pan encephalitis' & needs to be put on a drug called Tab Inosiplex (500mg) 1 TDS. (ISOPRINOSINE) (generic name) which will cost him about Rs10000/- per month × 1yr. & needs to continued for approximately 1 yr. The parents of this patient are unable to afford this drug. Hence requesting you to kindly help them financia & make this drug available to them. Thanking you (Dr. Prajal Agarwal) Senior Resident, Dept. of Pediatrics, Dr. R.M.L Hospital	

Dr. SUCHITRA SEHGAL, Associate Professor (Paediatrics), Dr. R.M.L. Hospital

Forward to Mission HOPP
(Pushpanjali) 18/1/19

C.M.O. (SAG), HEAD. DEPT., R.M.L. HOSPITAL, DELHI

GMGPMRND-2404RML(S3)-28-6-2017-15000 x 100 LEAVES.

रा॰म॰लो॰अ॰-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name Santosh, 11y/m ..... कमरा/शय्या सं॰/Room/Bed No. .....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
21/12/18.	C/O fever x 5days 3 months back. abn body movement multiple episodes : 3m forgetfullness x 2m difficulty walking x 1m ↓ speech x 20 days. ↓ sensation ↓ perception ↓ memory HOPI – Pt was apparently alright 3months back when he developed fever – high grade undocumented not associated with chills relieved on med for which pt was admitted in pvt hospital for 5days where pt was treated & some investigations done (? Malaria). Following d/s the pt was afebrile & when he developed abn body movement in form of ↑tone & ↓ movement of b/l upper limbs f/b ~~walking~~ falling lasting for 5mins f/b	Informant – father Reliability – fair Resident – Vaibhav.

N/H/o
fever / loc / URTI / .

o/E: Ge- sick.
Afebrile.
PR @ /80/c.
HR = 102 / RR = 24
CVS/CS – Cl. non

CNS: $E_2 V_1 M_5$ =
Pupil B/L mid ustn RTL.
- TONE ↑ in All 4 Lim
- Power 3/5 / 3/5 / 3/5 4/5.

DTR B/L Knee Jerk → Exag
B/L Ankle → exaggerated

Plantar — ↑ Going.
Neck rigid +–.
His Risk ...

Adv
Admit & P2 B...
r/o – Or ...

? ADEM
? SSPE.
? TBM.

मुझे मेरे भाषा में समझा दिया गया है कि मेरे मरीज की हालत बहुत गंभीर है, और इसको PICU में bed की जरूरत है। PICU में bed खाली नहीं होने के कारण मैं इसको general ward में अपने Risk पर admit करवाना चाहता हूँ। ward में होने वाले ~~[illegible]~~ से नुकसान पर जिम्मेदारी लेता हूँ। (हस्ताक्षर) Father

PH.: 011-23404040, ...

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली – 110001
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

बाह्य पंजीकरण कार्ड
OPD Registration Card

299892

बा० रो० वि० पंजीकरण सं० / OPD Regd. No.: 1086495 — दिनांक/Date: 21/12/18 — के० स० स्वा० यो० कार्ड सं. / CGHS Token No.:

निदानशाला/Clinic: Casualty. — कमरा सं० /Room No.:

यूनिट/Unit: — दिन /Days.

रोगी का नाम / Patient Name: Santosh — आयु /Age: वर्ष /Years 11 Y — माह /Month — लिंग /Sex: M

निदान
Diagnosis:

11 yr old (M) child b/o 1st; Refred from Mathura hospital c/o.

- (?) Decreased school x since 5 months performance
- . Abnormal body movement in form Tonic - clonic Movements a/w c̄ whole of eyeball a/w frothing at mouth x M. episode x (?) 5 months ago last episode 1 month ago.
- . Altered Mental status c̄ inability to Talk/respond/ closing of eyes x since 20 days
- . Myoclonic jerks x since 2 mon

NH/o
TB Contact.
Headache.
Vomiting.
Fever
Chronic Cough.

नोट : जब भी अस्पताल आएं इस कार्ड को अपने साथ अवश्य लाएं।
Note : Always bring this card with you when you come to Hospital.
धूम्रपान आपके एवं अन्यों के स्वास्थ्य के लिए हानिकारक है।
Smoking is Injurious To Your & Others Health.
निजी अस्पतालों में मुफ्त इलाज के लिए ई डब्ल्यू एस रोगियों को भेजने की सुविधा यहाँ उपलब्ध है।
The Facility of referral of EWS Patients to private hospital for free treatment is available here.
समतुल्य जेनेरिक दवाओं को भी जारी किया जा सकता है।
Equivalent generic Medicines can also be issued.

मच्छर पैदा न होने दें।
कूलरों को सप्ताह में एक बार साफ करके सुखाएं।
पानी की टंकियों व हौदियों के ढक्कन सही प्रकार से बंद रखें।
चिड़ियों के पानी पीने के बर्तन का पानी प्रतिदिन बदलें।
फेंगशुई पौधों/मनी प्लांट का पानी प्रति सप्ताह बदलें।
पुराने डिब्बों, टायरों, टूटे गमलों व कबाड़ आदि जिनमें बरसात का पानी रुक सकता है, खुले में न रखें।

0169038

18 BHT

pass

75 साल स्वास्थ्य सेवा में— 1933-2008
75 YEARS OF HEALTH CARE 1933-2008

भारत सरकार
GOVERNMENT OF INDIA

स्ना. चि. शि. अनु. सं.—डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
PGIMER – DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

जिन्दगी चुनें : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco

केस शीट / CASE SHEET

201892091

ECS 1st Floor Paed Department

AADHAR NO.....

(क) भर्ती संबंधी आँकड़े / Admission Data :

के. पं. संख्या / CR No.	P-2B (Fri)	वार्ड / Ward	No
यूनिट सं. Unit No.		क्या चिकित्सा विधिक मामला है / If MLC	नहीं (No) हाँ/नहीं Yes/No.
यूनिट अध्यक्ष Unit Head	Dr Alok Hemal	भेजने वाले का नाम Referred from	
भर्ती की तारीख एवं समय Date & Time of Admission	21/12/2018 04:38:35 PM	स्थानान्तरण Transfer to	

(ख) रोगी के संबंध में आँकड़े / Patient Data :

नाम / Name	SANTOSH	आयु एवं लिंग / Age & Sex	11 years/ Male
माता-पिता/पति का नाम Mother / Father / Husband's Name	NHAR SINGH	ब.रो.वि. / आपातकालीन विभाग संख्या / OPD / Emergency No.	201810864 95
पता / Address	VILL. TAHRA VRINDAVAN DISTT. MATHURA, UTTAR PRADESH, INDIA	के.स.स्वा.यो. टोकन सं. CGHS Token No.	
		दूरभाष / Phone Nos.	

(ग) नैदानिक आँकड़े / Clinical Data :

अंतिम निदान / Final Diagnosis	Hypotonic epilepsy ? SSPE	आईसीडी कोड / ICD Code	
अपनाई गई शल्यक्रिया Operative Procedure	? PHLS.	ऑपरेशन की तारीख Date of Operation	

(घ) छुट्टी / मृत्यु संबंधी आँकड़े / Discharge/Death Details :

छुट्टी/भेजे जाने/लामा/फरार/ मृत्यु होने की तारीख एवं समय Date & Time of Discharge Referral/LAMA/Abs/Death	17/1/19	अस्पताल में भर्ती रहने की अवधि / Hospital Stay	27 days
मृत्यु का कारण Cause of Death			

	कनिष्ठ रेजिडेन्ट Junior Resident	वरिष्ठ रेजिडेन्ट Senior Resident	चि. अधि./विशेषज्ञ/यूनिट अध्यक्ष M.O / Specialist / HOU
नाम / Name			
हस्ताक्षर / Signature	(PGII)		

drowsiness ; not a/w [illegible]
pt had multiple episodes of abn body movements
∴ last 2 months pt developed jerky movement of
(R) upper limb not a/w [illegible] / frothing / loc / involuntary
& defecation.

Pt also developed c/o forgetfullness ∴ last 2m
pt developed ↓ speech & difficulty walking ∴
↓ movement of (R) ul & ll.
no h/o ↓ vision / drooling of saliva / deviation of c of mouth /
no h/o vomiting / photophobia / dog bite / trauma to head or spine /
recent vaccination / no h/o ↓ sensation
loss of [illegible] & bladder control. (no ulcers)
no h/o TB contact

Past history - No h/o admission / BT / similar episodes in past.

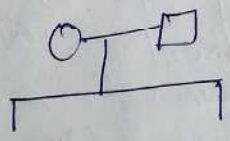
Birth hist - T / NVD / Home delivery / cries

Antenatal history uneventful.

Immunization hist - Incomplete immunization.

Developmental hist - NO h/o/o developmental delay

Family history -
non consanguineous.
no h/o TB contact



SE hist - Not significant.

लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... कमरा/शय्या सं॰/Room/Bed No. .....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet

O/E.

GC- stable.

PR- 80/min

PP (+)

peripheries warm

regular, no RR/RF delay.

RR- 20/min.

Regular, abdo, NO retract?

HC =

BP =

SpO_2 = 100% RA

P+/I-/Cy-/U/L-/E-

no Nemocat markers/

Spine (N).

CNS- conscious

not oriented to time/place/person.

$E_3 V_1 M_4$.

pupil B/L NS NR.

doll's eye (+)

no facial duviation.

Neck stiffness (-)

meningeal sign (-).

Sensory (NE)

22/12/18

C/S/B. Dr. Alok Homal — Santosh / 11 yrs / M

? SSPE

O/E

GC - Sick
PR - 84/min
RR - 24/min
PP - well palpable
CRT < 3 sec
Ext - warm
P⁻ | Ict⁻ | Cy⁻ | Club⁻ | PE⁻ | LAP⁻
Chest - B/L AEE
no added sound
CVS - $S_1 S_2$ (+)
no murmur
P/A - Soft, NT
L, S — NP
CNS - $E_4 V_2 M_4$
B/L Pupils - NSNR.
Myoclonic Jerks (+)
Tone — UL: ↑ | ↑ ; LL: ↑ | ↑ — (R) > (L)
Reflex — K: — — ; A: — —
Power — UL: 2/5 | 2/5 ; LL: 3/5 | 3/5
B/L Plantar ↑ ↑
Neck rigidity (+).

Admitted c/o fever for 6 days
3 months back
↓
Onset of GTCS 7-8 days after fever
Multiple episodes in past
1½ month
↓ F/b
Decline in memory
↓ F/b.
Frequent falls
↓ F/b
Myoclonic jerks × 1½ mo.
↓
Not able walk c out support × 20-25 days.
Not able to speak × 20 days.

Increase in frequency of Myoclonic jerks

H/o measles at 9 years of age.
Not immunised for measles.

M.L.H.-11

2/18

Santosh / 11y/m

SSPE?

- myoclonic Jerks persisting
- No other complaints.

O/E

GC- fair
PR- 84/min
BP- (N)
RR- 20/min.
Warm periphery

CNS:

$E_4 V_2 M_4$

Tone → U/L ↑ / ↑, L/L ↑ / ↑

Reflex B/L ↑ (+)

Power → U/L 2/5 / 2/5, L/L 2/5 / 2/5

Babinski ? ↑ / ↑.

Chest

B/L AEE (+)
No added sound

CVS

S1 S2 (+)
No murmurs

P/A

Soft, BS (+)
< 3 > NP.

C/R

measles antibody.

Plan

EEG

Adv

* Inj. valperin 230 mg IV BD
* wf Seizures

EEG No:-002/19

ELECTROPHYSIOLOGY LAB
DEPARTMENT OF NEUROLOGY
PGIMER & DR. RML HOSPITAL
ROOM NO. 16. OLD BUILDING
NEW DELHI

EEG REPORT
PATIENT INFORMATION

Name: SANTOSH
Previous EEG: Not done
History: Multiple episodes x 1.5 months , myoclonic jerks , ? SSPE
Age: 11 yrs
Sex: Male
Examination date: Tuesday, January 1, 2019

TEST INFORMATION

Referring Doctor: DR Deeepak Sachan
Test Location: EEG Lab
Reason for Test: ? SSPE
State Of Consciousness/HV Effort: Awakw stage /
Tech. Comments: Pt was not proper verbal instructions
Reporting Doctor: DR Deeepak Sachan
Type Of EEG/Photic : Urgent / done
Sedation during test: Not given
Technologist: SUNITA

INTERPRETATION

Background activity in postero-central leads consists of alpha activity, 9-10Hz, 40-70 µV, posterior dominant, bilaterally symmetrical, attenuating on eye opening.

Fronto-temporal leads show low amplitude beta activity.

Hyperventilation and Photic stimulation were non-contributory.

THERE are generalised burst of sharp and slow epileptiform discharges seen f/b electrodecremental response. there are very frequent sharp and slow wave post.dominant seen from left hemisphere. theta activity seen preceding generalized discharges.

IMPRESSION

Abnormal awake record s/o Generalized discharges with left sided localisation.

Neurologist Signature

रा.म.लो.अ.-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name ..... कमरा/शय्या सं/Room/Bed No. .....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet

To
The D.O.D
Ophthalmology
Deptt
Dr RML Hospital
New Delhi

Respected Sir / Mam

Santosh
11y/ Male
92091
E3f/P3
+ Dr. D. Sachan

Above Mention Patient is admitted
& Dx is Progressive Myoclonic
Epilepsy ? SSPE ?? to R/O MERR
(Mitochondrial disease)
in E3f/P3 unit

Please kindly consider the patient
for fundus examination for Red ragged
fibers to R/O Mitochondrial disease
& give your expert opinion

Kindly give
Dosage if not
Notable

Thanking
you
Yours Faithfully

4 PM

(51) ~~Dilate~~ (BE) noting.
(54) Fundus

Rom'a Lomi

3/1/19

9.30 AM Patient was told to be dilated & was informed that he will be reviewed but call has n't seen attended till now kindly review the patient & done reg. presence of eyes abnormality coarse raffed red fibres as we are suspecting MS PRF in pt (mitochondrial disorder)

Adv

VN

EOM } Patient unable to co-operate (as not able to understand)

(57) Dilate BE

(54) fundus BE

Pupil } NSNR

Redglow ✓

media clear

DISC - WNL, HNRP

CDR 0.2:1

AVR 2:3

PRP

M

GOVERNMENT OF INDIA (Duplicate)

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI Done on 2/1/19

BIOCHEMISTRY—LAB REPORT

Name : Santosh	Age/Sex :	Date : 3/1/19
CR/REGD. No. : 92091	CGHS No. :	OPD/Wd : C3F
Clinical Diagnosis :		
Dr. Incharge :	Signature :	

1. **B. Sugar :**
   - F : .....mg/dl (70–110)
   - PP : .....mg/dl (90–160)
   - R : .....mg/dl (70–140)

2. **Kidney Function Test :**
   - Urea : .....mg/dl (15–45)
   - Creatinine : .....mg/dl (0.6–1.2)
   - Uric Acid : .....mg/dl (2.5–6.0)

3. **Liver Function Test :**
   - Total Bil : .....mg/dl (0.2–1.2)
   - Direct Bil : .....mg/dl (0.1–0.3)
   - In. D. Bil : .....mg/dl (0.2–1.1)
   - SGOT : .....U/L (15–50)
   - SGPT : .....U/L (15–50)
   - Alk.Phos : .....U/L (50–130)
   - GGT : .....U/L (8–61M; 5–36F)

4. **S. Proteins :**
   - T. Prot : .....gm/dl (6.0–8.0)
   - Albumin : .....gm/dl (3.5–5.5)
   - Globulin : .....gm/dl (1.5–3.5)

5. **Lipid Profile :**
   - T. Cholesterol : .....gm/dl (130–230)
   - HDL Chol. : .....gm/dl (30–65)
   - LDL Chol. : .....gm/dl (50–150)
   - VLDL Chol. : .....gm/dl (upto 40)
   - Triglyceride : .....gm/dl (50–200)

6. **S. Electrolytes :**
   - Sodium : .....mmol/L (130–150)
   - Potassium : .....mmol/L (3.5–5.5)
   - Chloride : .....mol/L (95–110)
   - Calcium : .....mg/dl (8.5–10.5)
   - Phosphorus : .....mg/dl (2.5–5.5)

7. **Cardiac Profile :**
   - CPK : .....U/L (50–200)
   - CK-MB : .....U/L (upto 25)
   - LDH : .....U/L (240–440)
   - SGOT : .....U/L (15–50)

8. **Iron Profile :**
   - T. Iron : .....ug/dl (60–150)
   - TIBS : .....ug/dl (250–400)
   - UIBC : .....ug/dl (150–250)
   - Saturation : .....% (20–35)

9. **Others :**
   - S. Amylase : .....U/L (30–110)
   - S. Lipase : .....U/L (23–300)
   - S. Magnesium : .....mg/dl (1.6–2.3)

CSF Lactate → 1.0 * (1.0)

Ammonia (NH_3) X .....umol/L (9-30)

Lactate 1.4 .....mmol/L (0.7-2.1) (1.4)

BIOCHEMIST

3/1/19

OICGIPRBND - 165RMLH/ 2016 (10,000 PadsX100 Leaves)

VIROLOGY LABORATORY, MICROBIOLOGY DIVISION
NATIONAL CENTER FOR DISEASE CONTROL
(DIRECTORATE GENERAL OF HEALTH SERVICE)
22, SHAM NATH MARG, DELHI-110054
(All Tests Are Done Free Of Cost)
TEST REPORT

Government of India

Lab No. MS-44/18 Date & time of receipt 31-12-2018 Date of Report 2-1-2019

Name of patient Santosh Age/Sex 11yrs/M Reg. No.

Referred from Dr RML Hospital Clinical history

Sample: Serum/~~CSF/Others~~

Test Done		Report					
		B_1	B_2	B_3	B_4	B_5	B_6
Microneutralization Test For Coxsackie B_1-B_6 viruses	1st sample						
	2nd sample						
Microneutralization Test For EV-71	Serum I						
	Serum II						
	CSF						
Measles –ELISA IgG	Serum			Positive /Negative			
	CSF			Positive /Negative			
Measles –ELISA IgM Serum				~~Positive~~/Negative			
Mumps-ELISA / IgM Serum				Positive /Negative			
Rubella-ELISA / IgM Serum				Positive /Negative			
Chicken pox-ELISA/IgM Serum				Positive/Negative			
Parvovirus ELISA /IgM Serum				Positive/Negative			
Ebstein Bar Virus ELISA/ IgM Serum				Positive/Negative			
Virus Isolation Stool	1st sample						
	2nd sample						
	Urine						
	Throat Swab						

Remarks:

Report prepared by: Chandra

3/1/2019

Laboratory Incharge

Addl. Director
Head Virology

रा॰म॰लो॰अ॰-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name: Santosh

कमरा/शय्या सं॰/Room/Bed No. ....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा Daily Notes and Treatment	आहार/Diet
16/1/19	Dx - ~~[illegible]~~ SSPE ē myoclonic jerks. Issues - No fresh complaints O/E ac fai PR - 94/min RR - 20/min PP/PV - + (N) CRT < 3s Afebrile CNS - E4 V1 M4 Cr. Nv Intact Motor - Bulk - (N) tone - ↑ | N ; ↑ | N Power - >3/5 | >2/5 ; >3/5 | >3/5 DTR - BL + + Plantar - BL ↑ ↑ C/S/B Dr. V. Kesavan Plan D/S tomorrow U/R of MRI Social welfare referral Adv Orally allowed - T. Igretal (100 mg) ~~BD~~ 2 - 1 - 1½ tab - T. Clobazam 5mg 1 tab BD - Syp B. Complex 5 ml PO OD - Syp Calcimax 5 ml BD - ~~Syp~~ Tab Pacitane 1 tab OD - T. Isoprinosine (500mg) 1 tab BD	

भारत सरकार / Government of India

स्ना.चि.शि.अ.सं.–डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
PGIMER–Dr. Ram Manohar Lohia Hospital, New Delhi-110001

छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

Ph:011-23404040/23365525

केंद्रीय पंजीकरण संख्या CR No. 20/89 2901	विभाग/इकाई प्रभारी का नाम– Deptt./Name of HOU– Dr. D.K. Yadav. E 3F 3rd floor.	वार्ड/रोगीकक्ष सं. Ward No. C3F 3rd floor
नाम Name Santosh	आयु/लिंग Age/Sex 11y/M	एम.एल.सी. सं. MLC No.
सी.जी.एच.एस. सं. CGHS No.	भर्ती की तारीख Date of Admission 21/12/2018	छुट्टी/मृत्यु की तारीख एवं समय– Date & Time of Discharge/Death 17/1/2019

छुट्टी/मृत्यु का निदान–
Diagnosis on Discharge/Cause of Death: Myoclonic epilepsy – ? SSPE

मामले का संक्षिप्त सारांश–
Brief Summary of Case History

Pt admitted with c/o fever for 6 days 3 maths back onset of GTCS 4-8 days after fever. Multiple episodes of in past 1½ month, followed by Diffuse in Memory followed by Myo clonic jerks 1½ mon Not able to walk C out support 20-25 days Not able to speak since 20 days increase in frequency of myoclonic jerks H/o Measles at age of Age Not immunized for Measles.

CNS – E4 V2 M4
DR Pupil – NSNR
Myoclonic jerks (+)
Neck Rigidity (-)
CVS – S1 S2 (N) Nml.

Tone – ↑/↑ (R) (L) Power – 3/5 / 3/5
Reflex – K + / – ; A + / –
P/A Soft NT
B/L Planter ↑
SJNP.

Outside
CSF Rbc – 2.41↑
Prot – 0.26
CSF Cs – Negative
S. IgM – Negative

EEG → Overall abnormal s/o Generalized discharges c/w Faded localization

CSF – Lactate – 1.0
S. Lactate – 1.4

NH3/Lactate – 37/25
Hb – 11.4
TLC – 7400
P 74 L 24 / Eo 2
Plat – 211 lakh

CSF → S – 81
Lp – 28

Cytology – ? HPE
Activated lymphocytes.

Continued...

Transfer Summary

29/12/18

11yr male child c/o CSPE admitted c/o:

→ fever for 6 days 3 months back
↓
GTCS 7–8 after fever
↓
Declining in memory
↓
↑ freq of falls
↓
myoclonic jerks × 1½ months
↓
not able to speak & stand × 20 days

H/O Measles @ 9yrs of age

Plan
EEG

O/E

PR - 86/' Reg ⊙ vol
RR - 24/'
CP/PP+
warm (P)
BP = 92/60 mmHg

R/S
CVS
CNS / WNL

CNS: E4 V2 M4
tone → ↑/↑ ↑/↑
Power 2/5 3/5 3/5 3/5
DTRs (–)
Plantars: B/L ↑↑

Patient on following t/t:

- T. Tegretal (100) 1 – ½ – 1 @ 10mg/kg/day
- Inj Valporin to stop
- Syp Calcimax 5ml BD
- Syp B Complex 5ml OD

& RUT • Physiotherapy

रा०म०लो०अ०-11
R.M.L.H.-11

12/1/19

लगातार चार्ट / CONTINUATION CHART

नाम/Name Santosh | 12y | M .... कमरा/शय्या सं०/Room/Bed No. ....

तिथि/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
	Δsis - Progressive Myoclonic epilapsy	
	O/E Afebrile G.C - Stable HR - 90/m RR - 20/m PV - Good Peup - warm CRT < 3sec	- Myoclonic jerk present (+) - No focal complain
	Chest - B/L air entry equal & clear P/A - soft & non ten CVS - S1 S2 (+) NO M CNS - E4 V5 M4 Tone Rt ↑↑ / N, Lt ↑↑ / N DTR - + / + , ++ / ++ plantar ↑/↑	Wt 22kg Rx - orally allowed - Tab Tegrital (100mg) 1 tab 1 tab - 1 tab - 1½ tab - Tab Clobazam 5mg 1 tab BD - Syp B complex 5ml PO OD - Syp Calcimax 5ml BD - Tab Pantocid (20mg) 1 tab OD
	C/S 1B Dr. V. K. Sharma Regarding to possibility of SSPE restart Isoprinosine	

LAB REPORT

Dr.Remedies Labs
Diagnostics Redefined...
(A Unit of Dr.Remedies Health Care India Pvt Ltd.)

Name	: Mr.SANTOSH	UHID No/Visit ID	: DLD036.00000365/DLD036.365
Age/Gender	: 11 Y 0 M 0 D /M	Collected	: 24/Dec/2018 04:42PM
Ref Doctor	: SELF	Received	: 24/Dec/2018 05:03PM
Ref.Cust	: DR. REMEDIES DIAGNOSTICS CENTER	Reported	: 25/Dec/2018 03:05PM
Client Code	: DLD036	Barcode	: 1552275

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
Measles (Rubeola) Antibody IgG , *NA*				
Measles IgG Antibody	192.2		Negative: <= 15 IU/ml	ELISA

INTERPRETATION:

Measles, also known as Rubeola, causes fever, irritability, respiratory illness, and the characteristic skin rash. Immunization has greatly diminished the incidence of measles. The presence of IgG is consistent with immunity or prior exposure. IgM is consistent with current or recent infection. IgM tests can generate false positive results and low levels of IgM can persist for longer than 12 months.

COMMENTS:

- The Border line samples should be retested with a fresh sample.
- The test results must be interpreted in conjunction with the patient clinical information and other laboratory results.

Sample Processed at :DRL-NEW DELHI
Printed On :28-Dec-2018 01:27 PM

This report supersedes the earlier report issued to the patient Mr.SANTOSH with the barcode number 1552275 on 25/12/2018

Measles (Rubeola) Antibody IgM , *NA*			
Measles (Rubeola) Antibody IgM	1.73		Negative: <= 15 IU/ml

Sample Processed at :DRL-NEW DELHI
Printed On :28-Dec-2018 01:27 PM

This report supersedes the earlier report issued to the patient Mr.SANTOSH with the barcode number 1552275 on 25/12/2018

***** End Of Report *****

Verified by
Mr. Rohit Sharma (Biochemist)

Dr. Vipin k
MD. Pathology

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FOR LAB USE ONLY

CULTURE AND SENSITIVITY

Organism Grown	Cloxacillin	Ampicillin	Chloromycetine	Tetracycline	Erythromycin	Cephalexin	Norfloxacin	Furadantin	Gentamycin	Nalidixic Acid	Furazolidine	Ciprofloxacin	Cotrimoxazole	Amikacin	Netumicin	Cefotaxime	Cetriaxone	Ceftazidime	Ofloxacin	Lomesfloxacin	Tobramycin	Vancomycin	Piperacillin
1.																							
2.																							
3.																							

S Sensitive

Signature

R Resistant

Seal

MGIPMRND—4507RML—21.03.2018—1000 Pags of 100 leaves in each