CASE BRIEF

Name: [redacted]

Age: 31 years, female

Address: [redacted]

Contact no: [redacted]

Diagnosis: Extranodal Rosai-Dorfman disease, with H/O Medulloblastoma

Date of Diagnosis: 23/12/2022

Ref by: Dr. Somashekar S P

Surgery/Surgeons: Dr. Pramod S Chinder, Dr. Anto

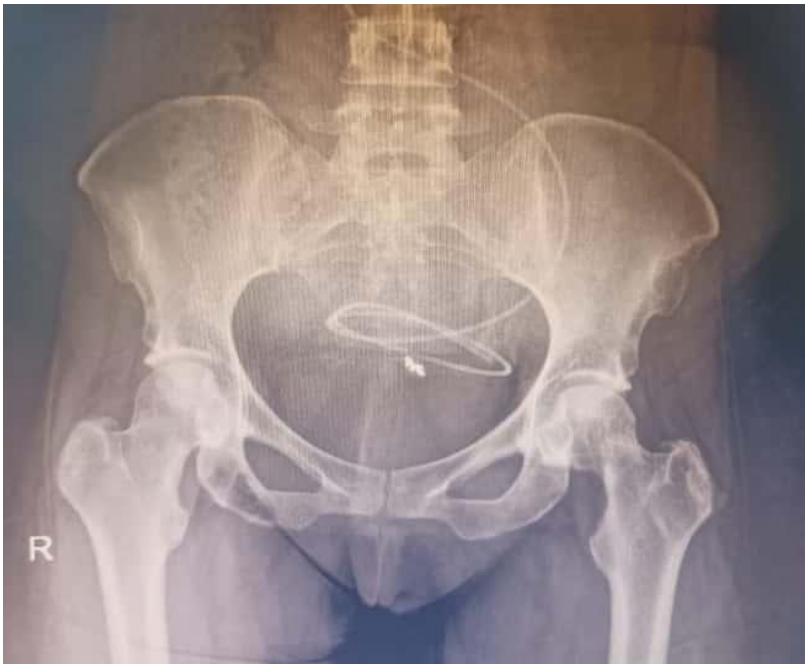
Date of Surgery: 11/01/2023

BRIEF SUMMARY OF THE EVENTS:

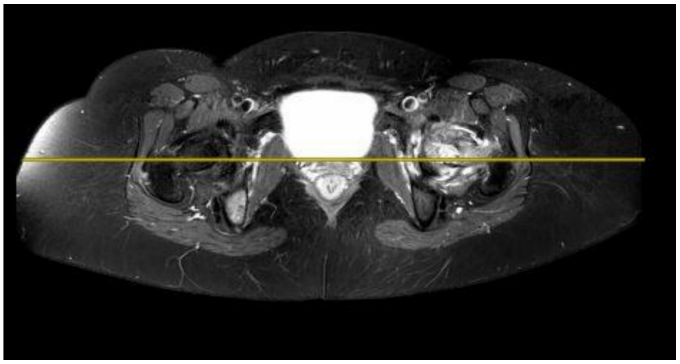
DATE	EVENTS	FINDINGS
April 2018	Post op, Post chemo, Post radiotherapy	Case of Medulloblastoma
May 2018	Surgery	Shunt Insertion -To relieve hydrocephalus.
June 2018	Surgery	Occipital craniotomy.
Aug-Sept 2018	Radiotherapy- 6 weeks	35 Gy/21# + 20 Gy/12 # of craniospinal radiotherapy.
Dec 2018- Nov 2019	Chemotherapy- 6 cycles	Cisplatin, Vincristine and lomustine chemo for medulloblastoma.
Presented to us with complaints of pain.		
Dec 2022	Pain over the B/L hip & LBA	Difficulty in walking. No history of trauma.
17th Dec 2022	PET CT Scan	Metastatic lesion-D7 vertebra, right ischium, cortical break-left femur.
19th Dec 2022	MRI of Pelvis	Metastatic lesion from known primary neoplasm.

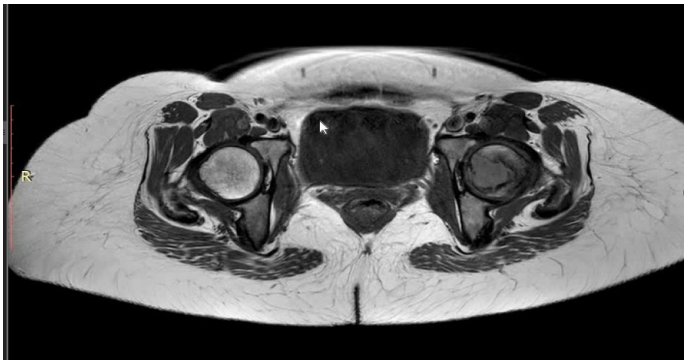
23rd Dec 2022	USG guided biopsy-D7 lesion	Benign histiocytosis, favouring Rosai Dorfman disease.
11th Jan 2023	Surgery	Excision of tumor and cemented modular bipolar hemiarthroplasty left hip.
6th Fe 2023	Post op HPE	Extranodal Rosai-Dorfman Disease.

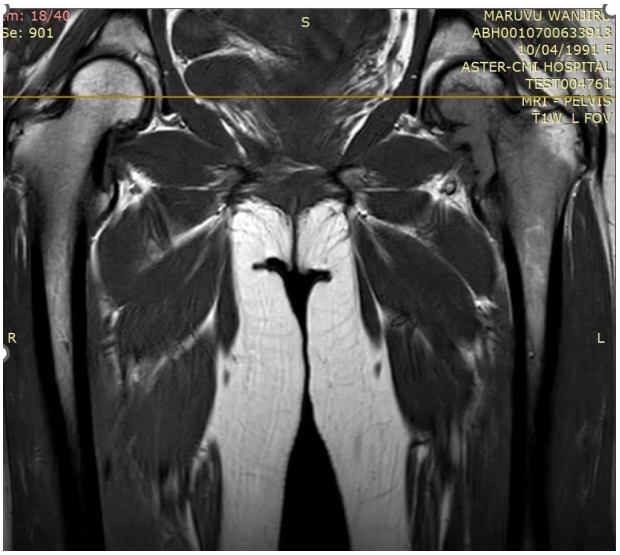
X-RAY IMAGES: 16/12/2022

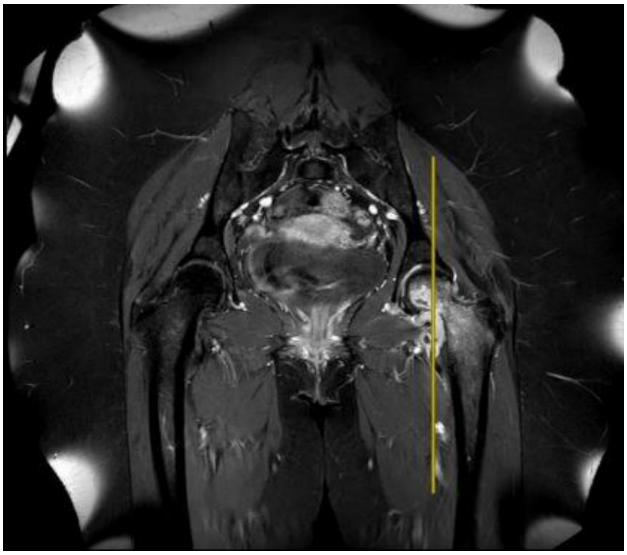


MRI IMAGES: 19/12/2022









Findings:

1	There is an ill-defined heterointense lesion demonstrating homogeneous enhancement measuring approximately 5.0 x 2.0 x 1.7cm involving the right ischial tuberosity entending to the proximal right inferior pubic ramus and the posterior aspect of the ischium. Lesion is causing destruction of the bone with cortical breach. There is associated marrow oedema.
2	A similar appearing heterointense lesion with soft tissue extension is noted involving the left femoral head, intertrochanteric region with associated marrow oedema. It measures approximately 5.5 x 3.8 x 3.2cm. There is cortical breach along the posterior aspect with adjacent soft tissue oedema.
3	Another smaller similar lesion with associated posterior cortical breach is noted involving the left greater trochanter.
Ill-defined heterointense lesion demonstrating homogeneous enhancement involving the pelvic bones and left femoral head- Features are in keeping with metastatic lesion from known primary neoplasm.	

PET CT: 17/12/2022

Findings:

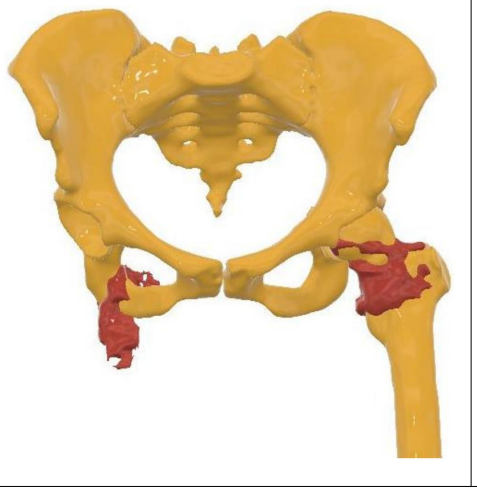
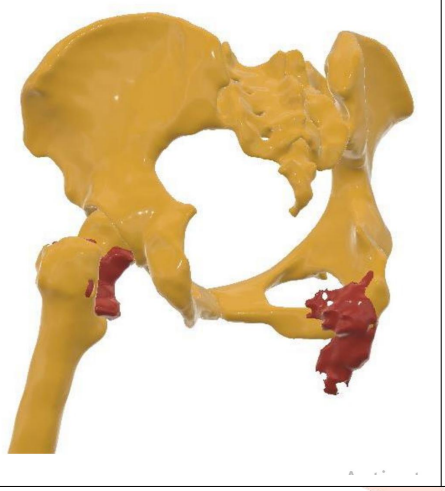
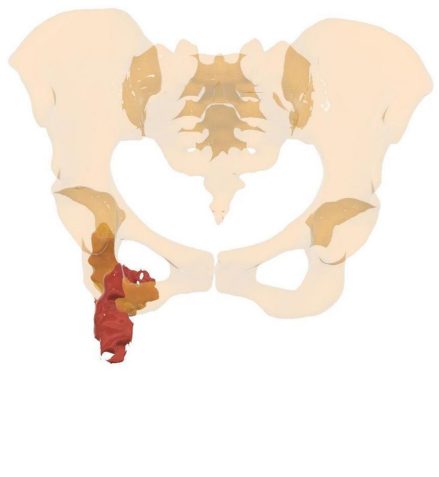
1	FDG uptake is seen in lytic lesions involving left transverse process of D7 vertebra (SUV max 25.73) right ischium, ischio -pubic ramus with cortical break (SUV max 35.04) head (SUV max 28.3) and trochanteric region of left femur.
2	Fracture of right 11th rib posteriorly noted. No osteolytic lesion in rest of the visualized bones.
Impression:	
1	Post occipital craniotomy status with bony defect noted. CT streak artefacts partially obscuring locoregional evaluation. No focal mass lesions/focal abnormal FDG uptake noted in the region of cerebellum to suggest recurrence/ residual disease.
2	Metabolic active soft tissue density lesion at the level of bifurcation of left common carotid artery ? neoplastic primary.
3	Metabolic active prevascular lymphnode, lytic skeletal lesions-metastasis. No abnormal metabolic active lesions elsewhere in the body.

HISTOPATHOLOGY IMAGES (USG Guided Biopsy) 23/12/2022

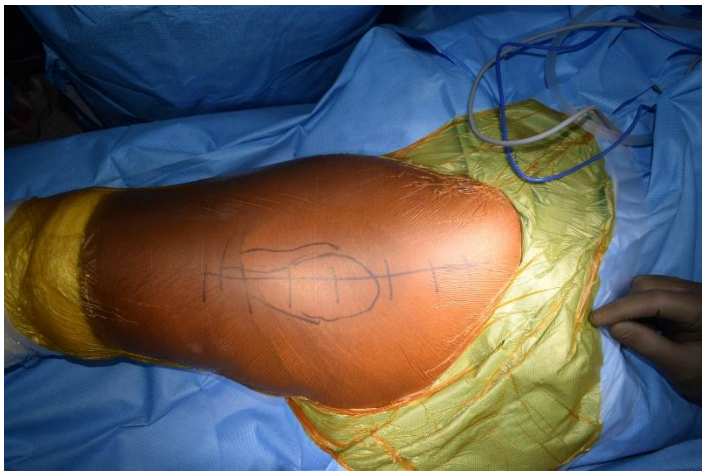
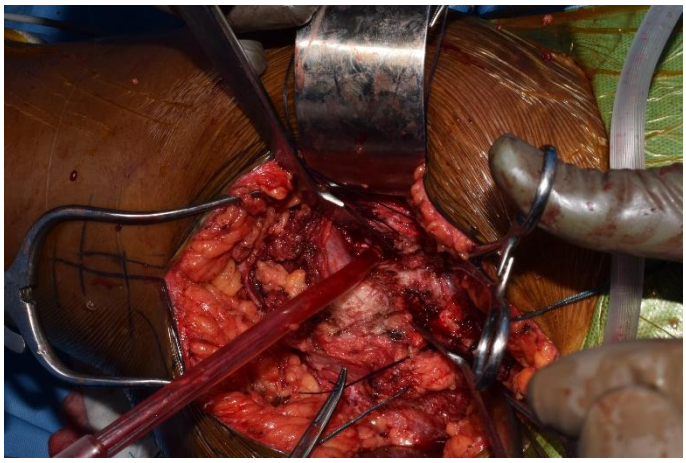
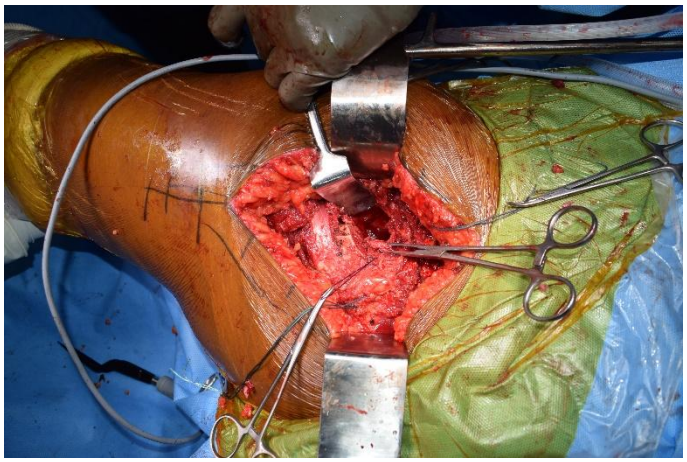
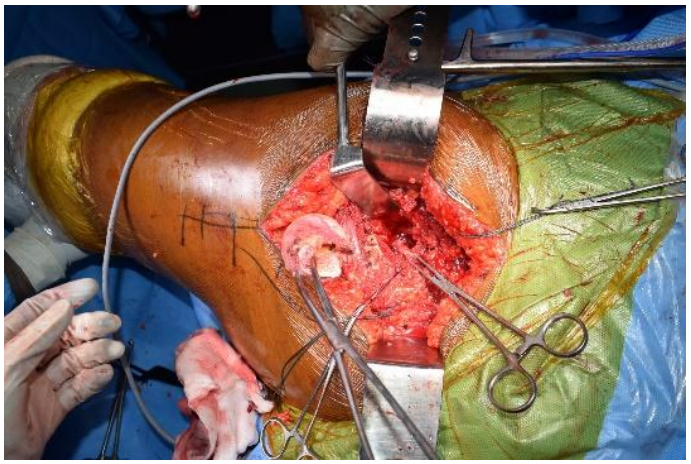
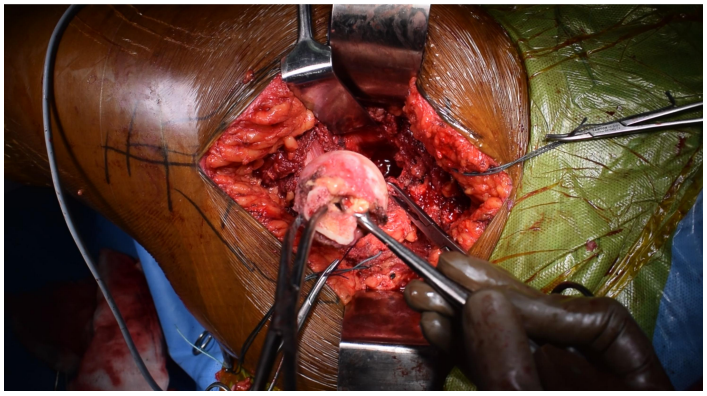
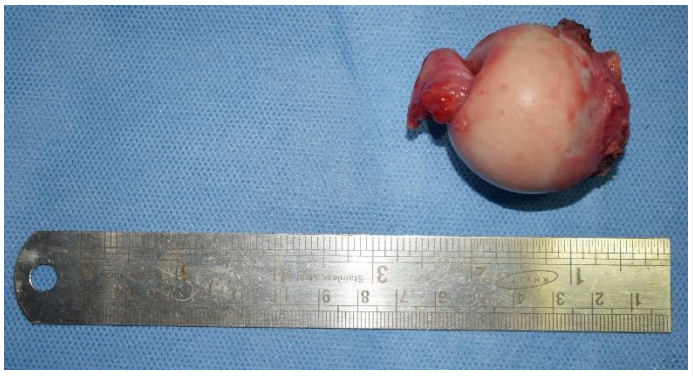
Findings:

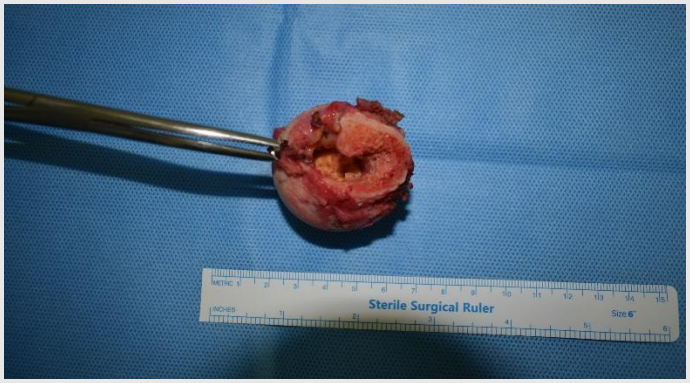
1	Benign histiocytosis, Favouring Rosai Dorfman disease.

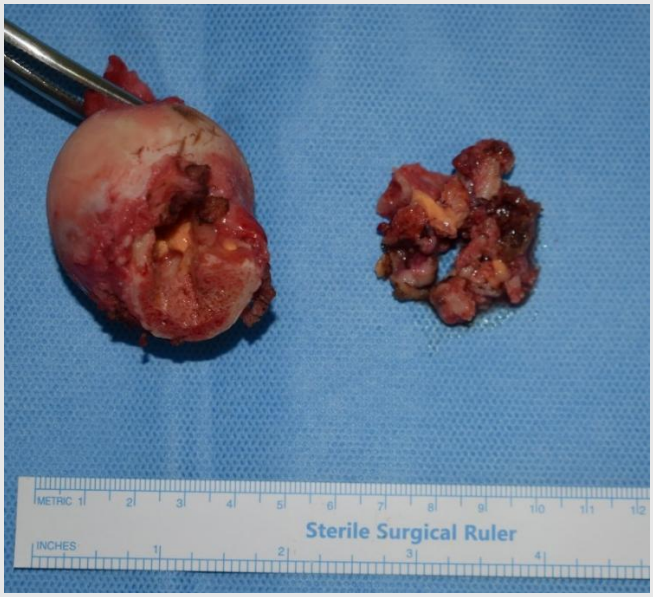
3D PLANNING SEGMENTED MODEL

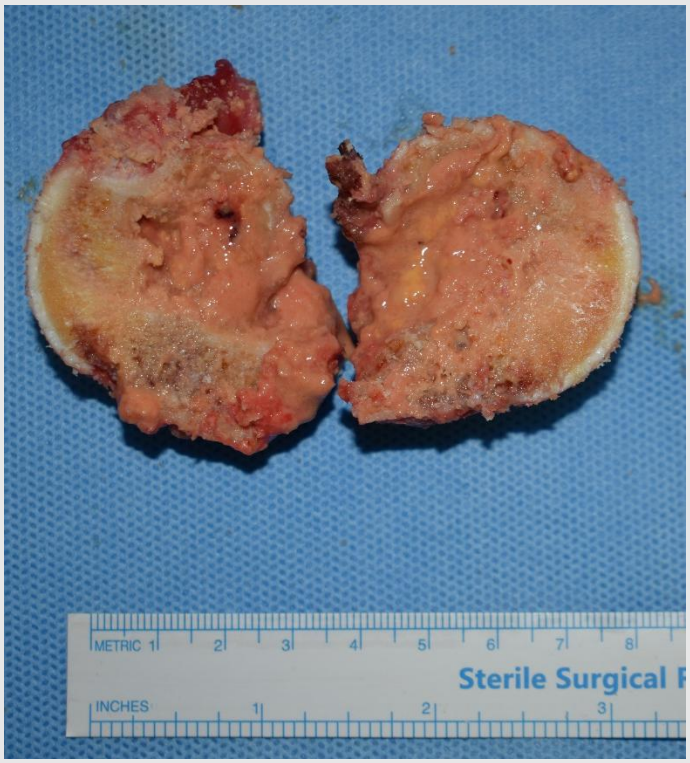




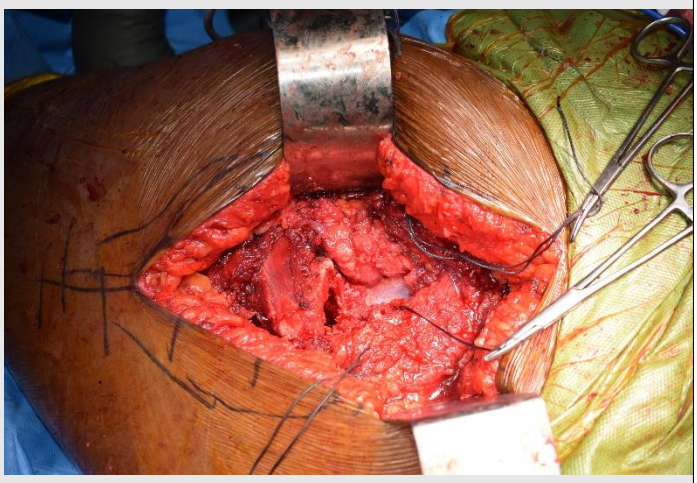
OPERATIVE IMAGES: 11/01/2023

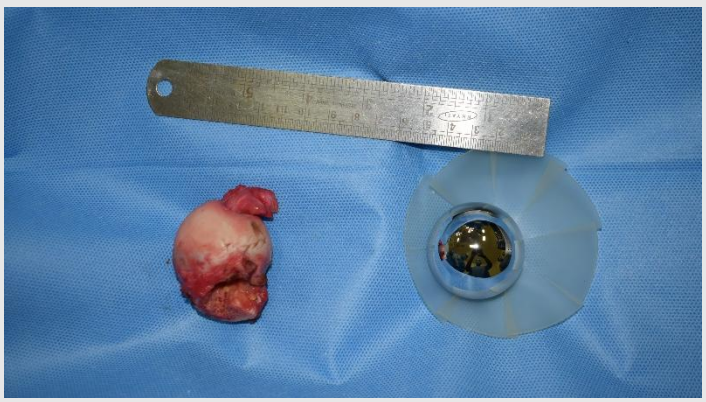







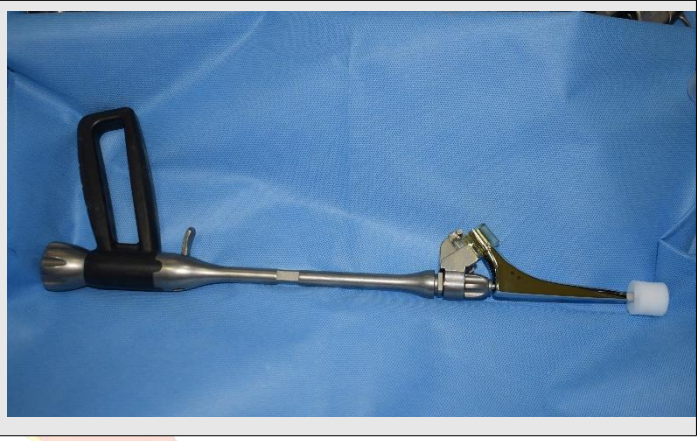


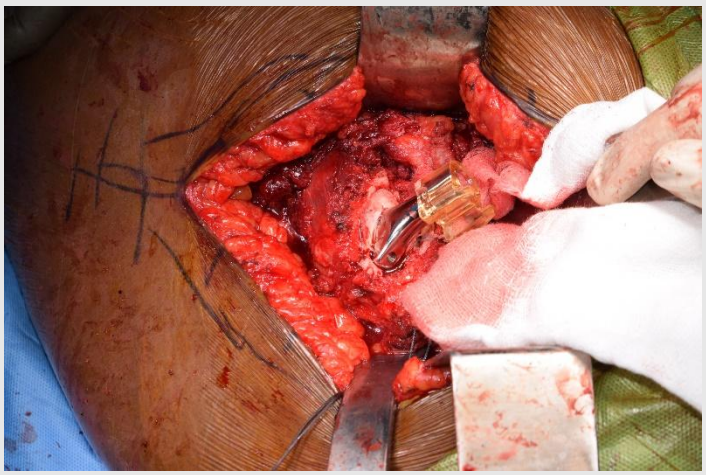


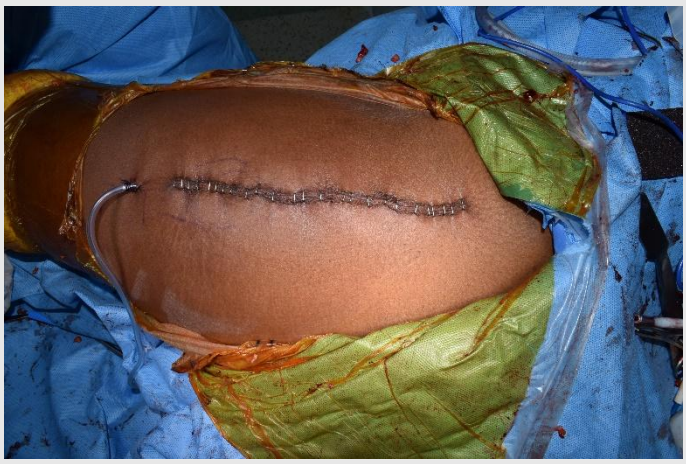








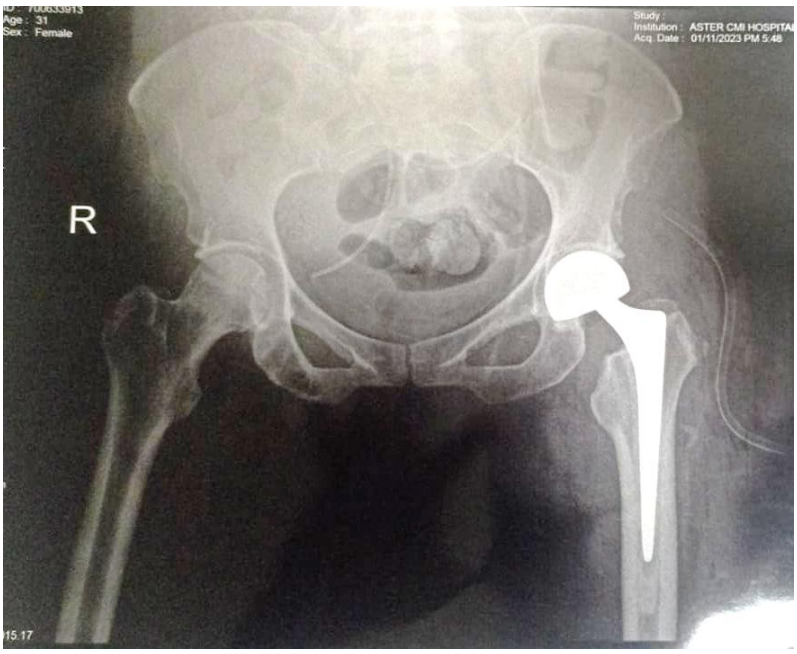




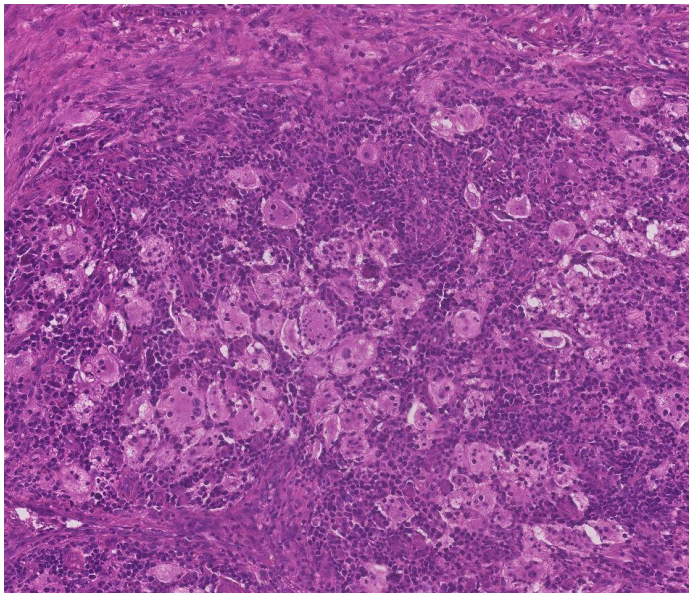
Procedure: Left hip cemented modular hemiarthroplasty (Smith & Nephew, Exeter)

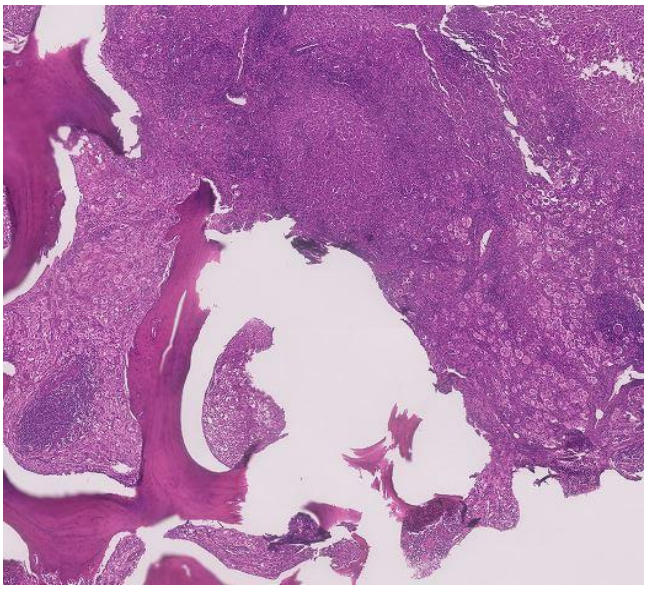
Rationale for surgery	In V/O pain due to femoral head lesion and high risk of pathological fracture of left femoral neck which might cause severe functional impairment, Hemiarthroplasty was considered.
Findings:	Osteolytic lesion over left femoral neck and intertrochanteric region

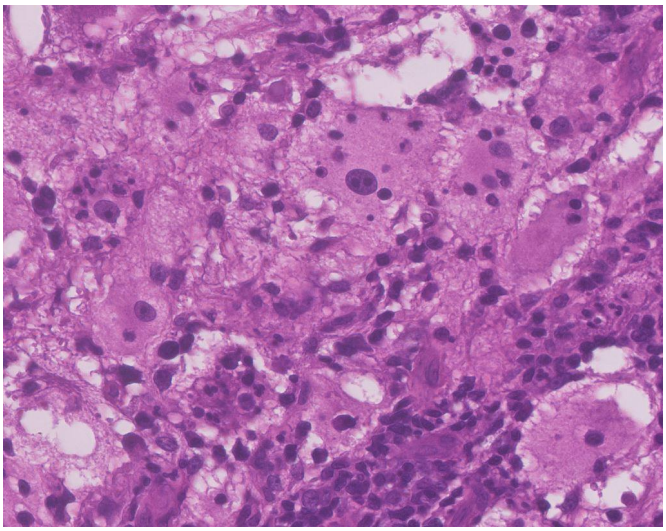
POST-OP X-Ray: 11/01/2023

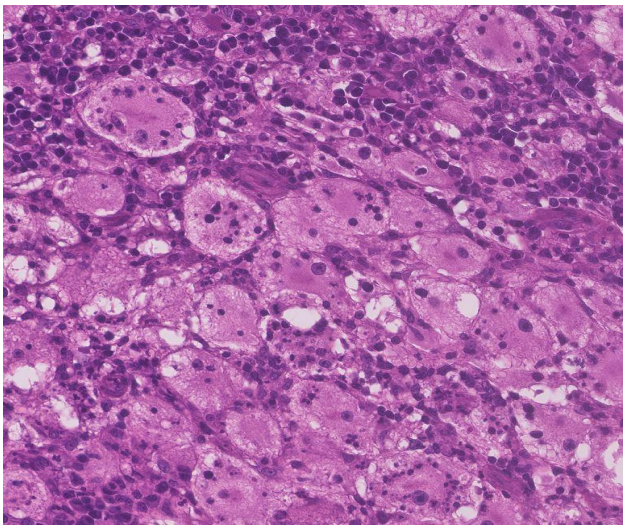


HISTOPATHOLOGY IMAGES-11/01/2023:









Findings:

1	Femoral head and soft tissue specimen: Features are of extranodal Rosai Dorfman disease.
2	Distal resection margin curettage: Features are of extranodal Rosai Dorfman disease.

PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR BOARD:

1	To start Systemic therapy: Cladarabine based Chemotherapy.
2	No role of adjuvant Radiotherapy at present.
3	No need of surgical intervention for other bone lesions at present.
4	Close follow-up in view of extensive systemic disease and H/O Medulloblastoma.
5	To review once in 3 months for every 2 years and for every 6 months for next 3 years.

PHYSIOTHERAPY PROTOCOL:

Week 6-8:

Continue walking with single elbow crutch

Partial weight bearing in stair case climbing

Exercises- to be done

Ankle pumps

Quadriceps Straight leg raising and isometrics

Hams isometric and hams curl in standing (hip in neutral)

Hip Abd- Add in supine -gradually increase Range of movements.

Gluteal isometrics to be done.

Active Knee Range of movements in high sitting (hold for 10 counts)

Week 8-12:

Active Straight leg raising upto 45 degree

Active hip abduction with pillow in between the legs in supine lying.

Continue all the other exercises same as week 6-8.

Week 12- 16:

Continue all exercises.

Half squats to be gradually started.

Post 16 weeks gradually wean of elbow crutch.

Note:

Regular follow ups with the physiotherapist.

OUR MDT TEAM MEMBERS:

NAME	DESIGNATION
Dr.Pramod Chinder	Consultant Orthopaedic Onco surgeon
Dr Suraj H P	Orthopaedic Onco surgeon
Dr. Anto	Clinical fellow- Orthopaedic Oncology
Dr. Amar	Clinical fellow- Orthopaedic Oncology
Dr. Rakshith	Clinical fellow- Orthopaedic Oncology
Dr. Narendra	Clinical fellow- Orthopaedic Oncology
Dr. Somashekar	Consultant Surgical Oncologist
Dr. C N Patil	Consultant Medical Oncologist
Dr. Shivakumar	Consultant Radiologist
Dr. Kumaraswamy	Consultant Radiation Oncologist
Dr. Vikram Maiya	Consultant Radiation Oncologist
Dr. Vijay Agarwal	Consultant Medical Oncologist

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Dr.Suraj H P	Orthopaedic Oncosurgeon	
Dr. Anto	Fellow- Orthopaedic Oncology	
Dr. Amar	Fellow- Orthopaedic Oncology	
Mr. Roofus Mohan	Nurse Practitioner	8197859696
Mr. Aasim Mohammed	Nurse Practitioner	9060178007
Ms. Tejashvini Anchan	Secretary	9535832969 – **7996907996**

Mrs. Kavya	MSW	9632971901
Mrs. Veena	Coordinator	9148663925
Ms. Neeti	Physiotherapist	9741109314

Prepared by: Tejashvini.

Checked by: Dr.Pramod.S.Chinder