



save a child foundation



save a child foundation

cough x 2 hrs
sed in intensity
no danger signs/symptoms

CXR
P-A view
[abnormal] → @ lower zone

Advise

- ① To give oral antibiotics for total 10 days
- ② TIC oral septan
- ③ Report @ ER if any danger signs.

Nikita

Reviewed in day 6

30/11

→ cough ⊕ Persistent wet cough

* no fever / no chest / vomiting / loose stools

left: occasional
2
48
to left by

Print
of the used weight
of the used equipment

taken today via Augment

ADU

1. ADU (200/200)
unit 00
x 5 days

2. ADU (200/200)
unit 00
x 5 days

3. ADU (200/200)

unit 00

unit 00 2/12/24

@ 2 pm

Per work

ADU (200/200)
unit 00

ADU

4/12/24
classroom (Com 2)
Completed

on Sept 20
216 last
PET - CR

save a child foundation



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान करना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रजिस्ट्रार विभाग
UHID: 107554220
ABHA
prince17.20201@abha
Dept No: 20240040022995

कमरा / Room
A-338

OPR-6

Queue / संख्या
N189
Unit-I, Skin.

ते.वि. पंजीकृत सं. / O.P.D. Regn. No.

पता / Address

Prince

अयु
Age

~~SKIN OPD, AIIMS~~
~~SENIOR RESIDENT~~
ROOM NO. 305

S/O NIRAJ JHA
4Y 1M 28D / M (पुंरा)
H.NO- 239 SARAI PIPE THALLA, PUNJABI
GALI ADARSH NAGAR, NEW DELHI, DELHI
General Rt. 0

FRI 08/07/2024 10:47:32



Reporting: 10:47:32
23/07/2024

New Patient

निदान / Diagnosis

Multisystemic LCH

Dr. NEHA TANDIA
Assistant Professor (Dermatology)
From 10:30 AM
Tuesday & Thursday

दिनांक / Date

23/7/24

उपचार / Treatment

Adherent yellowish brown crusty out Erythematous base.
Over the trunk, scalp, forehead. x 3 areas.

Skin biopsy

ED shows marked
clustering, spongiosis
with neutrophilic
formation.

Uo - dense band like
infiltrate of @, @, @
e few polymorphs a/w
edema.

IMC - CD1a (+)
F1s10 - LCH.

- Lytic - sclerotic lesion in Pelvic bone inferius.

- skin biopsy -> LCH (confirmed on IMC).

PET CT - low of skin, bone, LN, lungs, t. ↑ uptake of.
spleen, Ovi, pancreas & bowel loops, ↑ patchy uptake in
marrow.

- Absence of pituitary bright spot - Central OI

Hypothyroidism - TSH ↑ 13/14 - ↓ - ? Thyroid inflammation

Adv

Review on Thursday

(330) - Suture removal

25/7/24

Adv

- Mometasone LA HS

① ② Tacrolimus 0.03% LA BD

- Vaseline lotion 2-3hr.

- Syst. Leg. & analgesic

SM

RIA 1 month

[for Dr. Neetu]

low
wholes
retake

Good health
No gaps

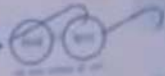
CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



Room No: 107554220
Patient Name: Prince
Nurse Name: ...
Attending Physician: ...



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बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर प्रवेशन बना है / Entry is prohibited in hospital premises

रोगी चिकित्सा विभाग
UHID: 107554220
ABHA
Printed: 202011@abha
Dept No: 20240040022995

कमरा / Room
A-338
Queue / संख्या
N189
Unit: Skin.

OPR-6

Prince

S/O NIRAJ JHA
4Y 1M 28D / (म/पुंर)।
HNO- 239 SARAI PIPEL THALLA, PUNJABI
GALI ADARSH NAGAR NEW DELHI, DELHI
General. Rt. D

FRI मोरारजी देव गुरु मठ



हे.वि. पंजीकृत सं. / O.P.D. Regn. No.

पता / Address

उम्र / Age

SKIN OPD AIIMS
GENERAL RESIDENT
ROOM NO. 305

New Patient

निदान / Diagnosis

Multisystemic LCH

Dr. NEHA TAMBIA
Assistant Professor (Dermatology)
Room No. 402
Tuesday & Thursday

दिनांक / Date

23/7/24

उपचार / Treatment

Asymptomatic yellowish brown clustering over erythematous base.
Over the trunk, scalp, forehead. x 3 years.

Skin biopsy

ED shows marked
clustering, spongiosis &
with neutrophilic abscess
formation.
w/ dense band like
infiltrate of $\text{CD}4^+$, $\text{CD}45^+$, $\text{CD}117^+$
c few polymorphs w/
edema.
IHC - CD1a $^+$
F110-LCH.

- Lytic - sclerotic lesion in Pelvic bone & femur.

- Skin biopsy \rightarrow LCH (Confirmed on IHC).

PET CT - Inv of skin, bone, LN, lung, t. \uparrow uptake of.
spleen, liver, pancreas & bowel loops, \uparrow patchy uptake in
marrow.
- Absence of pituitary bright spot - Central or
Hypohypoadism - TSH \uparrow $13/14$ - \downarrow - ? Thyroid inflammation
Adv

(330) - Suture removal

Review on Thursday

low
shells
retire

Adv
- Monate cream LA HS
- Triclotimus 0.03% LA BS
- Vaseline lotion 2-3hr.
- Syst Lec 2 samples

(For Dr. Neha)

RIA 1 month

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 28588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraspatal.riho.gov.in

ALL I
107554220
HNO-239
Secretary Typ
Room No
3rd Name
Recommen

up! Print
of the word length
of typical arguments

start on 10 days ago Aug 2023

ADU

1. ADU Authorization (2007/2008)

2007/08
x 5 days

2. ADU Authorization (2008/2009)

2008/09
x 5 days

3. ADU Authorization (2009/2010)

4. ADU Authorization

ADU on 2/12/24

2 pm

Per work

ADU on 2/12/24
ADU on 2/12/24

ADU

4/12/24

classroom (Com 2)
Completed

on Sept 20
2-16 Oct 20
PE7 - CR

save a child foundation

4/12/24

MS-LCH

RO +ve.
end organ dysfunction +
Hypothyroidism +.

STRATUM III

Initial therapy
course 1 and course 2

↓
AD-Better.

↓
Part 1 continuation therapy

↓
PET done 3/12:

Impression → to be discussed.

Plan:

1. if NAD → Part 2,3 continuation therapy
if AD/Better → Repeat Part 1.
if anything less → to discuss.

2. R/w on 11/12/24 ✓ CBC/RFT/USG

18/11/24

Rince

ASIS: MS - hCH — RO ⊕ —̄ ayon / dysfunction
 |
 CNS
 risk lesions

Stream (III) —————> AD —————> part (I)
 Post 2 course better continuatn
 of ADAC ⊕ cladribine therapy —̄

(2) courses of
 cladribine completed
 on 11/12/24

planned for response ~ PEX CT dated
 assessment on 31/12/24

and @ 3 weeks gap ↓

to start —̄ continuatn therapy
 part (2)

[VDL ⊕ RDW ⊕ bMP for 24 weeks
 mtx
 44]

• Hepatomegaly ⊕
 [3cm BCM]
 albumin - 4.1 g/dL
 [16/11]

splenomegaly
 skin lesions (see)
 ↓
 (only depigmentation ⊕)

• Thyroid profile
 TSH 5.01
 FT4 1.0
 [16/11]
 [post oral
 supplementation]

→ present today
 on
 10/11 after
 emergent from
 medicine

counts
 (16/11) 11.1 } 2340 } 1.63/20
 920

Advice

① TIC oral septan/thyroxine
 50mg daily

② follow on next OPD visit on 4/11/20
 10:30 AM

and to start continuous
 therapy ②

Nikita

wt ~ 12.5 kg
BSA ~ 0.56 m²

Advised

① TIC protocol from daycare

② Inj. [5mg/m²]

CHLORBUKINE 7 mg in 100ml NS
IV over 2 hrs

ankids
kindly
assist

Once daily x 3 days
[17/10/24 - 19/10/24]

Inj. G-CSF @ 65 µg SC once daily
x 5 days [20/10 - 24/10/24]

③ Plan to follow up after completion of 2nd CDA course ~ 2 continuous therapy / part 2 for 24 weeks

Response evaluation to be done after completion of 2nd CDA course.

Plan on 30/10/24 ~ CBC/SEKPT/PT


14/10/24

- 21. Betaclim gargle
- Site tests
- On Septan AD
- No fresh complains.
- Last chemo on 7/9/24
- Photocopy pending (PET-CT / Protocol)

Clinically no active virus

- Skin - healed lesions

• ^{gen} tip distended



- No polynia

4/10

$Cr = 0.2$

$PO_4^{-3} = 6.2$

$AST/ALT = 35/33$

$Alb = 4.1$

$\Gamma B/CB = 0.48/0.17$

CBC → awaited

MS LCH / RO+ / CNS risk lesion (+)

Post Statum I 12 weeks

↓
 AD intermedi
 RO worsened → liver/Bro

Statum III

2 courses of ARA-cladribin completed 29/9/24

PET CT done - 8/10/24

official report → PMK discussion awaited

Tabs

① Septan

② Elixin 50ug in ~~2~~ 2 divided doses

③

save a child foundation

plan

① PET-CT discussion

If NO active ds → maintenance

if AD Better / Intermediat → 3rd course ARA-C Cladribin

② T/C CBC 38; T/C septan / Elixin

③ N/V 16/10/24 at Sam. OPD

Shruti
in rec.

16/10/24
MS - LCH - RO ⊕ & organ dysfunction | exam
Disis / CNS sick lesions ⊕
 Post (2) course of Ara-C ⊕ cladribine

clinically ~ splenomegaly palpable
 skin lesions resolved

Hepatosplenomegaly ⊕ lab. (4.1)

cytopenias (w) 10.0 > 10,500 < 2.291
 [14/10/24] 4630

VE + CT
 [21/10/24]

as discussed in conference ~ A.O. Bett

as per LCH. 10
 KNOB COL

proceed to port ⊕
 cDA @ 5mg/m²
 x 2 courses
 int.



भारत सरकार

Government of India



नीरज कुमार झा
Niraj Kumar Jha

जन्म तारीख / DOB : 10/03/1994

पुरुष / Male



4174 1747 7804

आधार - सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

पत्ता वडिलाचे/आईचे नांव: शिवशंकर
झा, रूम नो.10 मूर्गन चाळ, एस.वी.
रोड, नेहरू नगर विलेपार्ले वेस्ट, मुंबई,
विलेपार्ले (वेस्ट), महाराष्ट्र, 400056

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