



Patient Details :

Name : B/O SHALINI	Registration No. : MH00836186	Department : Paediatric Surgery
IP No : IP00257365	Date Of Admission: 29-11-2021	Date Of Discharge: 10-12-2021
Ward / Bed : 3B / 321	Age/Sex : 1 Months /Female	
Admission Time : 8.29.20PM	Discharge Time : 12.00.00AM	

Final Diagnosis:

BILIARY ATRESIA
RIGHT HYDRONEPHROSIS (? DUPLEX SYSTEM)

History of Present Illness:

MOTHER C/O BABY PASSING WHITE COLOURED STOOL X 2 WEEKS

K/C/O RIGHT HYDRONEPHROSIS

Physical Examination:

ALERT AND ACTIVE

VITALS- STABLE

P/A- SOFT, NON DISTENDED, NON TENDER
NO PALPABLE ORGANOMEGALY

INVESTIGATIONS-

USG ABDOMEN AND PELVIS (29/11/2021):
GROSSLY DILATED RIGHT URETER AND CONGENITAL MEGA URETER
MILD RIGHT RENAL PELVIS PROMINENCE

Procedures:

KASAI PORTOENTEROSTOMY UNDER GA ON 01/12/2021

INTRAOPERATIVE FINDINGS:

- ATRETIC GALL BLADDER AND EXTRAHEPATIC BILIARY TREE
-LIVER APPEARS HEALTHY

Brief Course of Admission:

PATIENT PRESENTED WITH THE ABOVE MENTIONED HISTORY. ALL RELEVANT INVESTIGATIONS WERE DONE.
PATIENT UNDERWENT KASAI PORTOENTEROSTOMY UNDER GA ON 01/12/2021. INTRAOPERATIVE FINDINGS AS MENTIONED ABOVE.
ATRETIC GB AND LIVER BIOPSY WERE SENT FOR HPE WHICH REVEALED FEATURES CONSISTENT WITH BILIARY ATRESIA (ISHAK - 4/6). POST OPERATIVELY PATIENT CONTINUES TO PASS PALE STOOL AND REPEAT LFT WAS FOUND TO SHOW ELEVATED BILIRUBIN LEVELS. PATIENT IS CURRENTLY STABLE, TOLERATING ORALLY AND WITH A HEALTHY WOUND AND IS HENCE BEING DISCHARGED AND ASKED TO FOLLOW UP ON AN OPD BASIS.

Condition at Discharge:

HEMODYNAMICALLY STABLE
TOLERATING WELL ORALLY

Advice:

-DBF

- SYP. TAXIM O (50MG/5ML) 2ML-0-2ML TO CONTINUE
- SYP.OMNACORTIL FORTE (15MG/5ML) 2 ML ONCE DAILY
- SYP.GARDENAL (20MG/5ML) 2ML-0-2ML
- TAB. UDILIV 1/3RD TABLET POWDERED - ONCE DAILY
- SYP.OSTOCALCIUM 2.5ML-0-2.5ML
- VI-SYNERAL DROPS - 8 DROPS PER DAY
- SYP.GELUSIL 1ML ONCE DAILY



DEPARTMENT OF RADIOLOGY & IMAGING
REPORT

NAME:	BABY OF SHALINI
AGE / SEX:	8 MONTHS / FEMALE
HOSPITAL NO. / UNIT:	836186 / OP
DATE:	02.06.2022
ULTRASOUND NO:	103979
REFERRED BY:	MSRMH

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: The liver measures 7.5 cms and is enlarged in size with normal echo texture. No focal lesion seen. Portal venous radicals are normal. The hepatic veins are normal. Portal vein is normal

PANCREAS: Head is visualized. Body and tail are obscured by bowel gas.

SPLEEN: The spleen measures 7.1 cms and is enlarged in size with normal echo texture. No focal lesion noted.

KIDNEYS: Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. **The right ureter is dilated, tortuous and measures 20 mm in diameter.** No calculus, no hydronephrosis on the left.

RIGHT KIDNEY: (bipolar / parenchyma): 46 / 7 mm

LEFT KIDNEY: (bipolar / parenchyma): 47 / 8 mm

PELVIC ORGANS: Urinary bladder is well distended and appears normal.

No free fluid in the abdomen and pelvis.

IMPRESSION:

1. HEPATOSPLENOMEGALY
2. RIGHT MEGAURETER

Dr. Bhagyalakshmi
Radiologist
KMC Reg. No. 99969
Bl / pv



Patient Details :

Name : B/O SHALINI
Registration No : MH00836186
Department : Paediatric Surgery
IP No : IP00260042
Date Of Admission: 22/01/2022
Date Of Discharge: 01/02/2022
Ward / Bed : NEOICU / NEO01
Age/Sex : 2 Months / Female
Admission Time : 07:44PM
Discharge Time : 04:56PM

Final Diagnosis:

Extra hepatic biliary atresia s/p Kasai procedure and adhesiolysis with Subacute intestinal obstruction

History of Present Illness:

- 1) 2 episodes of nonbilious vomiting X 1 day
- 2) Decreased activity X 1 day

Physical Examination:

O/E:-

Baby is active, alert and consolable by mother

Vitals:-

T - 37.2 C

HR - 140 bpm

RR - 40 cpm ; No retractions and grunt

CFT < 3s

SpO2- 99% RA

Icterus+

AF open - at level

S/E:-

PA- distended, non tender ;

Linear scar 6 cm+ extending over Right hypochondrium and epigastric regions

Palpable bowel loops +

CVS - S1, S2 + ; No murmurs

RS - B/L air entry equal ; B/L VBS +; No added sounds

CNS - No signs of encephalopathy

Procedures: Nil

Brief Course of Admission:

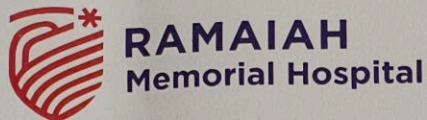
A 2 month old infant, k/c/o EHBA s/p Kasai procedure and adhesiolysis, presented with the above mentioned complaints. Examination showed abdominal distension with soft abdomen with visible bowel loops. No clinical feature of sepsis. Baby was admitted to the NICU, kept NPO, NG inserted and treated conservatively. Sepsis screen was negative and Xray abdomen showed no features of acute intestinal obstruction. Baby was kept NPO for 48 hours and slowly initiated on oral feeds. Baby passed stools regularly and tolerated feeds well. On D8 of admission, baby was noticed to pass loose stools and hence treated for the same. Currently baby is haemodynamically stable, on DBF - started on supplements (calories and vitamins); being discharged with the following advice.

Condition at Discharge:

Haemodynamically stable

Advice:

DISCHARGE SUMMARY



DISCHARGE SUMMARY

DATE

Patient Details :

Name : B/O SHALINI

Registration No : MH00836186

Department : Paediatric Surgery

IP No : IP00258086

Date Of Admission: 11-12-2021

Date Of Discharge: 25/12/2021

Ward / Bed : 3B / 322A

Age/Sex :

1 Months / Female

Admission Time : 9.19.36PM

Discharge Time : 11.31.53AM

Final Diagnosis:

K/C/O BILIARY ATRESIA S/P KASAI PROCEDURE; POST-OP INTESTINAL OBSTRUCTION - SECONDARY TO ADHESIONS

History of Present Illness:

PATIENT IS A K/C/O BILIARY ATRESIA S/P KASAI PROCEDURE ON 01/12/2021.
PATIENT NOW PRESENTS WITH C/O VOMITING, ABDOMINAL DISTENSION AND NOT FEEDING WELL.
PASSING WHITISH STOOLS

Physical Examination:

PATIENT IS ALERT, ACTIVE AND CRYING.; MILDLY DEHYDRATED
ICTERUS +

VITALS- STABLE

P/A- SOFT, DISTENDED
BOWEL LOOPS SEEN

Procedures:

EXPLORATORY LAPAROTOMY + ADHESIOLYSIS UNDER GA ON 15/12/2021.

Intra Operative Findings:

- INTERBOWEL ADHESIONS PRESENT
- SMALL LEAK NOTED AT PREVIOUS ROUX LOOP ANASTAMOSIS DURING ADHESIOLYSIS

Brief Course of Admission:

PATIENT PRESENTED WITH THE ABOVE MENTIONED HISTORY.
ALL RELEVANT INVESTIGATIONS WERE DONE, PATIENT UNDERWENT EXPLORATORY
LAPAROTOMY+ ADHESIOLYSIS AND BOWEL ANASTOMOSIS UNDER GA ON 15/12/2021. INTRA
OPERATIVE FINDINGS AS MENTIONED ABOVE.
PATIENT TOLERATED THE PROCEDURE WELL AND THE POST OPERATIVE PERIOD WAS
UNEVENTFUL.
PATIENT IS CURRENTLY STABLE , FEEDING WELL AND HENCE BEING DISCHARGED WITH THE
FOLLOWING ADVICE.

Condition at Discharge:

HAEMODYNAMICALLY STABLE; ICTERUS- STATUS QUO
TOLERATING FEEDS WELL AND PASSING STOOL
STOOLS STILL PALE, WHITISH

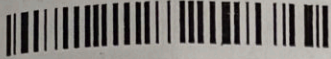
Advice:

- DBF ON 2ND HOURLY
- SYP. CMNACORTIL FORTE 2ML OD X 1MONTH
- SYP. GARDENAL 2ML BD X 1MONTH
- TAB. UDILIV 1/3RD TABLET WITH MILK X 1MONTH
- NOVAMOX DROPS 0.6ML 1-0-1 TO CONTINUE
- SIMYL MCT 1 ML QID WITH MILK X 1MONTH
- VISYNERAL DROPS 1ML OD X 1MONTH

Follow Up:

FOLLOW UP IN PAEDIATRIC SURGERY OPD AFTER 1 WEEK

DISCHARGE SUMMARY



Patient MRN : 10020001350027
Patient Name : Baby of Shalini
Gender/Age/DoB : Female , 9 Month 19 Days , 23/10 /21
Patient Phone No : 9731560967
Referred By : -
Admission No : INP-1002-2208000520
Admission Date : 08/08/2022 04:58 PM
Discharge Date : 11/08/2022 12:10 PM
Discharge Type : Normal Discharge
Admitting Consultant: Dr.Sahana Shankar(PAEDIATRIC GASTROENTEROLOGY)

FINAL DIAGNOSIS

BILIARY ATRESIA (POST KASAI) – END STAGE LIVER DISEASE WITH CHOLANGITIS / PERITONITIS

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

Child presented with complaints of

- Biliary Atretic 5/P
- Failed Kasai with ESLD
- Fever -2 days Intermittent , moderate grade, relieved after medication
- Biliary Atretic s/p failed
- Kasai with ESLD (Nov 2021)

After Birth at 2 weeks of life mother noticed pale color stool, so went to doctor and get blood test and scan done and advised for surgery and operated at 38 days of life at M.S Ramaiah Hospital and put medical treatment after 1 month of surgery there was again abdomen distention and vomiting. 2 nd surgery was done and put medical treatment after 1 month (at 3 months of age) again abdomen distension but managed medically. Baby was doing well.

Now came for complaints of fever

PAST MEDICAL HISTORY

Child was recently admitted in June 2022 for cholangitis and treated with IV antibiotics for 10 days

FAMILY HISTORY

No similar h/o in the family

PEDIATRIC HISTORY	
BIRTH HISTORY	Term / Birth weight 2.8kgs / AGA / LSCS (Ind: fetal movement) / No NICU stay
DEVELOPMENT HISTORY	Sitting with support Smile at mother and play

Patient Name	Shalini	Requested By	Dr. Sahana Shankar
MRN	10020001350027	Procedure DateTime	2022-08-09 14:42:41
Age/Sex	9M / Female	Hospital	Health City

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size (9.8 cm) and shows coarse echopattern. No obvious intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in course and caliber. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is not dilated.

Gallbladder is not visualized.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is enlarged in size (9.9 cm), normal in shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 6.0 cm in length & 3.0 cm in width), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 5.9 cm in length & 2.5 cm in width), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum - Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Pelvic organs are normal for age.

There is mild ascites. No pleural effusion.

IMPRESSION:

K/C/O biliary atresia with status post KASAI.

- Coarse echotexture of liver.
- Splenomegaly.
- Mild ascites.

Bangalore

31/05/2022

To

Dr. Sanjay Rao
Head, Department of Paediatric Surgery
Narayana Health City, Bangalore

Dear Sanjay,

Referring herewith B/O Shalini, 7months old girl child, a case of Biliary Atresia, s/p Kasai Portoenterostomy for your opinion regarding the need for Liver transplantation.

She was detected to have renal anomaly on antenatal scan, for which she was referred to us. During her visits here, she was found to have almost 'white stools' and on evaluation was found to have biliary atresia. She had Kasai procedure at the age of about 6weeks, in the 1st week of Dec 2021. She had a delayed onset of bile drainage post-op. Liver biopsy had shown features of early cirrhosis.

She has been on steroids (being weaned off now) along with antibiotic (prophylaxis dose), UDCA, Vitamin supplements

She had prolonged PT for the initial few months after surgery, but now the values are normal

She has h/o passing blood in stools on and off (onset of ?portal hypertension)

She had failure to thrive even before her surgery (no weight gain in the first 6weeks) and even at 7months she is hardly weighing 5kgs. She has not been fully evaluated for her renal issue though the urine cultures have been sterile (UTI r/o in view of her failure to thrive)

I have counselled the parents regarding the possible need for liver transplantation.

Kindly evaluate the baby and do the needful

Thanks and regards,

Padmalatha S. Kadamba

Dr. Padmalatha S Kadamba
Head, Department of Paediatric Surgery
Ramaiah Medical College and Hospital

Dr. Padmalatha S. Kadamba
Conslt. Paediatric Surgery
KMC Reg. No: 28521