CHRISTIAN MEDICAL COLLEGE
VELLORE - 632 004, TAMIL NADU, INDIA.

Out Patient Appointment

INDIAN-PATIENT

SCAN HERE TO VERIFY

Patient ID

205555P

INDIAN RESIDENT

Name	:	**SAKINA BATUL WARSI**
DOB / Age / Gender	:	**20 September 2021 / 3 - Female**
Mobile No	:	**9097861218**
Email ID	:	**NA**
Appointment Date	:	**24 April 2025**
Report Time	:	**Report to MRO at: 8:30 AM**
Clinic	:	**DEV PAEDIATRICS**
Location	:	**ISSCC BUILDING FIRST FLOOR 550 (Lift -3) CHRISTIAN MEDICAL COLLEGE, IDA SCUDDER ROAD,VELLORE - 632004, TAMIL NADU.**
Doctor	:	**Dr. SRINIVASA RAGHAVAN R**
Mode of Payment	:	**NET BANKING RECEIPT**
Invoice No	:	**W6396672**
Bill No	:	**A005266718**
Receipt No	:	**WEBAPV802644**
Paid on	:	**12/03/2025 10:57 PM**
Amount	:	**Rs. 840/-**
Address	:	**, HAZARIBAG, HAZARIBAG, JHARKHAND, INDIA, .**

Token No : _____

Room No : _____

General Instructions

1.If the patient requires in-patient admission a female attendant is mandatory.

2.Appointment booked online will not be refunded.

3.Change of Department /Unit not allowed.

4.Change in appointment date will be allowed only once. Date change should be done before 24hrs to the appointment date & time.

5.Appointment date change option is available online.

6.Please provide Government Related ID proof along with the appointment slip, when you present yourself at the Entrance/MRO counter.

7.If you are a new patient, after coming to the hospital kindly collect your Hospital Number Card: Main Campus contact – Counter no. 2,3,4 in ISSCC Building, Ground Floor. Ranipet Campus contact – Counter no. 1,2 in A Block, Ground Floor

8.Demand Drafts will only be accepted at cash counters, Not via post.

9.For any query mail to callcentre@cmcvellore.ac.in ; WhatsApp to : 9385285957

सामान्य निर्देश:

1. यदि रोगी का अस्पताल में प्रवेश की आवश्यकता है तो एक महिला परिचारक अनिवार्य है
2. ऑनलाइन माध्यम से बुक की गई अपॉइंटमेंट राशि वापस नहीं की जाएगी।
3. विभाग/यूनिट में परिवर्तन की अनुमति नहीं है।

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3. विभाग/यूनिट में परिवर्तन की अनुमति नहीं है।
4. नियुक्ति तिथि में परिवर्तन केवल एक बार ही किया जा सकेगा। नियुक्ति तिथि एवं समय में दिनांक परिवर्तन 24 घंटे से पहले किया जाना चाहिए।
5. नियुक्ति दिनांक परिवर्तन का विकल्प ऑनलाइन उपलब्ध है।
6. जब आप प्रवेश/एम-आर-ओ काउंटर पर उपस्थित हों तो कृपया नियुक्ति पर्ची के साथ सरकार से संबंधित आईडी प्रमाण प्रदान करें।
7. यदि आप नए मरीज हैं तो अस्पताल आने के बाद कृपया अपना अस्पताल नंबर कार्ड ले लें.
   मुख्य परिसर काउंटर : काउंटर नं. अंडरग्रेजुएट बिल्डिंग, ग्राउंड फ्लोर में 2, 3, 4
   रानीपेट कैम्पस काउंटर : काउंटर नं. ए ब्लॉक में 1, 2, ग्राउंड फ्लोर
8. डिमांड ड्राफ्ट केवल कैश काउंटर पर स्वीकार किए जाएंगे, डाक के माध्यम से नहीं।
9. किसी भी प्रश्न के लिए callcentre@cmcvellore.ac.in पर मेल करें, व्हाट्सएप करें: 9385285957

CHRISTIAN MEDICAL COLLEGE
VELLORE - 4
CHILD HEALTH UNIT I
PAEDIATRIC ENDOCRINOLOGY AND METABOLISM

DISCHARGE SUMMARY

Consultants
Dr. ANNA SIMON MD, DCH, FRCP(Edin).
Dr. LENI GRACE MATHEW MD, DCH, MRCPCH
Dr. SARAH MATHAI NEE ABRAHAM DCH, DNBE, PhD (Paed Endo)
Dr. URMI GHOSH MBBS, DCH, Dip. NB
Dr. RIKKI RORIMA JOHN DCH, DNB (Paed)
Dr. ARUL PREMANAND LIONEL B. DCH, DNB (Paed), Fellow (Paed. Gastro)

Email child1@cmcvellore.ac.in
Tel (0416) 2222102 Extn: 3350/3341
Fax/Web (0416) 2232035/2232103

Name : SAKINA BATUL WARSI
Hospital Number :205555P
Age : 3 **Sex :** Female **Ward :** q5s
Admitted On : 17/10/2024
MRDNo : 977413J
Discharged On: 22-Oct-2024
Address :
HAZARIBAG
HAZARIBAG JHARKHAND **Pincode :**

Diagnosis:
CONGENITAL HYPERINSULINEMIC HYPOGLYCEMIA - DIAZOXIDE UNRESPONSIVE (ABCC8/HOMOZYGOUS MUTATION/PATHOGENIC)
GLOBAL DEVELOPMENTAL DELAY
CEREBRAL VISUAL IMPAIRMENT- AUTISTIC TRAITS
HYPOGLYCEMIC AND UNPROVOKED SEIZURES (EUGLYCEMIC)- ON ANTIEPILEPTICS
FEEDING ISSUES - UNDER CONSIDERATION FOR FEEDING GASTROSTOMY
UNDERWEIGHT

Presenting Complaints

DOB-20.9.2021

A 3 years and one month old girl baby Sakina diagnosed with congenital hyperinsulinemic hypoglycemia (ABCC8 mutation/homozygous/Pathogenic) during neonatal period is currently admitted for multiple hypoglycemic episodes.

There was history of seizures 2 episodes in last 1 month. On 16/9/2024, had GTCS type of seizures, lasting for more than half an hour, no documented hypoglycemia, treated as status epilepticus at local hospital and increased doses of Leviteracetam.
On 3/10/2024, there was 1 episode of seizure lasting for few mins, precipitated by hypoglycemia (GRBS 24mg/dl).
There was history of abdominal distension on and off for last 1 month, associated with constipation, relieved after passing stools, there was poor appetite and poor feeding.
According to mother compliance to medications are good and attributes hypoglycemia to

Feeds and UCCS were optimised according to requirement.

FEEDING ISSUES

She had poor feeding due to abdominal distension on and off, secondary to constipation. She also had fussy eating attributable to her autistic triats. Hence, option of feeding gastrotomy was given to the parents. They were willing for the procedure but had economic constraints and wanted for have discussion among other family members. Hence they were insisted to follow up in Pediatric surgery on OPD basis for making further plan.

DEVELOPMENTAL DELAY WITH AUTISTIC TRAITS

She is on regular follow-up under Developmental Pediatrics - adviced for regular occupational and stimulation therapy as explained. Behavioral adjustment counselling was given to parents with advice follow up after 1 year.

HYPOGLYCEMIC AND EUGLYCEMIC SEIZURES

She had multiple episodes of seizures since infancy but had increased frequency in last 2 weeks. Out of two seizures in a week, one episode was precipitated by documented hypoglycemia and other was managed symptomically with AED optimisation. EEG was done on 11/101/2024 which was normal. It was planned for PNU consultation, parents want to consult during next follow up visit.

Her blood sugar levels were normal for last 48 hours, hence she was planned for discharge with following recommendations.

Condition At Discharge

Stable

Recommendations

- GRBS monitoring Q6H as advised.

- UCCS 12am 8tsp- 5am tsp - 11am 4tsp - 6tsp 6pm
- 1200 Kcal calorie dense diet as adviced.

- T.Sirolimus 2mg OD (12pm)
- Inj. Octreotide 5mcg PRN if GRBS < 50mg/dl

- Syp. Zincovit 5ml OD
- Cap. Maxepa 1 OD
- Syp. Levipil 2.5 ml BD
- CALCIROL GRANULES 20,000 ONCE A WEEK FOR 6 DOSES F/B ONCE A MONTH x 6 MONTHS
- Review in Pediatric surgery OPD with prior appointment.
- Review in PDEN OPD with reports and HBGM after 6 months.
- Review in Developmental Paediatrics OPD during next follow up visit.

Written By : Dr. SRI LAKSHMI CHORDIA M.

CHILD HEALTH UNIT I
PAEDIATRIC ENDOCRINOLOGY AND METABOLISM

Discharge Summary received by Shahnaz perween. Received on: 22/10/24

	changed just 2 days before)			
18/10/2024	T4 (TOTAL T4 AND FREE T4)	9.1	ug%	Adults 4.5
	T4	1.03	ng%	euthyroid
- 10.9				
	FTC	2.330	µIU/ml	0.3-4.5
0.89 - 1.76				
18/10/2024	TSH	137	m mol/L	135-145
18/10/2024	NA/K	4.2	m mol/L	3.5-5.0
	SODIUM			
	POTASSIUM			
16/10/2024	SIROLIMUS			
	Sirolimus Trough Conc.= 16.9 ng/ml			
10/10/2024	LFT			
	BILIRUBIN TOTAL	0.20	mg/dL	< 1.2
	DIRECT	0.10	mg%	
	PROTEIN TOTAL	6.8	g/dL	6.0-8.5
	ALBUMIN	4.4	g/dL	3.5-5.0
	AST (SGOT)	61	U/L	< 40
	ALT (SGPT)	76	U/L	< 41
	ALKALINE PHOSPHATASE	221	U/L	
Adult:40-125, Child<350, Adolescent:Upto 4 X Adult				
10/10/2024	CREATININE	0.32	mg%	0.5-1.4
10/10/2024	VITAMIN D(25 OH)	7.2	ng/ml	> 30
10/10/2024	HAEMOGLOBIN	10.1	GM%	
10/10/2024	PLATELET COUNT	273000	/ cumm	
1,50,000-4,50,000				
10/10/2024	WBC TOTAL	8700	/ cumm	
4,000-12,000				
10/10/2024	WBC DIFFERENTIAL		%	
	BLASTS		%	
	PROMYELOCYTES		%	
	MYELOCYTES		%	
	METAMYELOCYTES		%	
	BANDFORMS	36	%	
	NEUTROPHILS	2	%	
	EOSINOPHILS	0	%	
	BASOPHILS	54	%	
	LYMPHOCYTES	8	%	
	MONOCYTES	0.0	/100 WBC	
	NUCL RED CELLS			
10/10/2024	EEG TELEMETRY 1 HOUR			
09/10/2024	SIROLIMUS			
	Sirolimus Trough Conc.= 10.4 ng/ml			
09/10/2024	LIPID PROFILE - FASTING			
	CHOLESTEROL - TOTAL	170	mg%	< 200
	TRIGLYCERIDE SERUM	232	mg%	<150
	CHOLESTEROL - HDL	32	mg%	40-60
	CHOLESTEROL - LDL	95	mg%	<100
	GLUCOSE FASTING	77	mg/dL	70-99
09/10/2024	HBA1 C (GLYCOSYLATED Hb)	4.5	%	<5.7
09/10/2024				

Treatment Given

- UCCS 12am 8tsp- 5am tsp - 11am 4tsp - 6tsp 6pm
- T.Sirolimus 2mg OD (12pm)
- Inj. Octreotide 5mcg PRN if GRBS < 50mg/dl
- Syp. Zincovit 5ml OD
- Cap. Maxepa 1 OD
- Syp. Levipil 2.5 ml BD

Course In Hospital

Hyperinsulinemic hypoglycemia - diazoxide unresponsive

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3 years and one month old girl baby, Sakina diagnosed with congenital hyperinsulinemic hypoglycemia (ABCC8 mutation/ homozygous/Pathogenic) during neonatal period is currently admitted for multiple hypoglycemic episodes.
Doses of Sirolimus was adjusted based on trough level monitoring. Octreotide administration was adviced during hypoglycemic symptoms or when GRBS is less than 50mg/dl.

decreased oral intake secondary to abdominal distension related to constipation.
She has behavioral issues in form of hyperactivity and self mutilating behaviour.
There was history of delayed attainment of milestones in all domains since infancy.

ANTENATAL HISTORY:
She is the first born child of second degree consanguineously married parents/
Uneventful

BIRTH AND IMMEDIATE POSTNATAL HISTORY:
She was delivered at term (38 week+ 5) by LSCS(oligohydramnios) with a birth weight of 3.8 kg(LGA), documented to have had HIE-2, had hypoglycemic seizures since day 2 of life.

She was treated symptomatically and at 24 days of life, baby was transfered to Rani Hospital, Ranchi where she was diagnosed to have hyperinsulinemia hypoglycemia and discharged with Inj Octreotide (@ 9.5 mcg/kg/day) diazoxide (@ 12 mg/kg/day), nicardia (@ 0.6 mg/kg/day), sirolimus @ 1mg/m2/day.

FURTHER TREATMENT HISTORY:
She persisted to have multiple hypoglycemia seizures after discharge,
At 2 months of age, had active seizures on arrival to CMC, admitted as in-patient and doses were optimised.
Since she had diazoxide-resistant CHI, Diazoxide was tapered and stopped. In view of hypertriglyceridemia, she was started on Maxepa. Developmental pediatrics opinion was sought for motor delay. Oromotor dysfunction was also addressed. DOTA scan showed Focal uptake in head and body of pancreas, given an option of surgery, parents were not in favour of the same.

Currently she was on T.Sirolimus 2mg OD (12pm), Syp. Zincovit 5ml OD, Cap. Maxepa 1 OD, Syp. Levipil 2.5 ml BD, UCCS 12am 8tsp- 5am tsp - 11am 4tsp - 6tsp 6pm.

IMMUNIZATION HISTORY:
She has been vaccinated upto age.

FAMILY HISTORY:
There were no similar conditions in any other family members.

Salient Clinical Findings

General Examination:

She was febrile, awake and alert.
There was no Pallor, icterus, cyanosis, clubbing, or edema.
Peripheries were warm, all peripheral pulses were well felt. Hydration was adequate.

Vital Signs:

Temperature	: 98.4 deg F,
Heart Rate	: 108/min,
Blood Pressure	: 96/56mmHg,
Respiratory rate	: 26/min,
CRT	: < 2sec,
Saturation	: 100% room air

Anthropometry :
Weight- 12 kg (-1.24 SDS)
Height- 93 cm (-0.71 SDS)
HC - 46 cm

Systemic examination:
CVS: S1, S2 heard normally, No murmur.
R/S: Air entry bilaterally equal, no added sounds.
P/A: Flat, soft, No organonegaly.
CNS: GCS:15/15, No focal Neurological deficit.

Investigations

22/10/2024 SIROLIMUS
Sirolimus Trough Conc.= 10.4 ng/ml (Comment: Please note that patient has not achieved steady state as dose was