



**TO WHOM SO EVER IT MAY CONCERN**

I hereby give my consent letter for child VIKAS FOUNDATION (registered NGO) to raise donation for my child's emergency treatment cost. I am aware that they will push our child's details in their website and other media platforms to enable them to raise the required treatment cost.

I am the only earning member for the family belongs to economically weaker section. I will humbly accept the donation amount Child Vikas foundation gives to me.

I am also aware that donors may visit to hospital or to our residents to understand our child medical case.

**BRIEF MEDICAL DETAILS OF CHILD**

Name: master Navadep Reddy  
Age: 13 YRS.  
Gender: Male  
Diagnosis Details: LEFT FEMUR LOCALISED OSTEOSARCOMA.  
Suggested Treatment: CHEMOTHERAPY

**Healthcare Global Enterprises Limited**

**HCG Towers,**

**#8, P.Kalinga Rao Road,  
Sampangram Nagar**

**Chennai - 600 028**

Yours sincerely  
Mr. Chandraseker Reddy  
Gunthavaripalli.

*B. Chandraseker Reddy*  
*B. Chandraseker Reddy*  
Signature



## HOSPITAL RECOMMENDATION LETTER

TO,  
CHILD VIKAS FOUNDATION  
Bangalore,

Name of the child: Master Navadep Reddy  
Age: 13 yrs  
Medical Diagnosis: LEFT FEMUR LOCALISED OSTEOSARCOMA  
Suggested treatment: CHEMOTHERAPY  
Estimated cost of treatment: 9,000,00

Respected Sir/Madam,

This is certify that the above referred patient is diagnosed with LEFT FEMUR LOCALISED OSTEOSARCOMA .The child comes from economically weaker section and required support for medical treatment expense. We hear by recommended you this case for financial assistance. The above mentioned estimate is approximation for chemotherapy treatment and in the event of any complications the expense may exceed the estimate cost.

Healthcare Global Enterprises Limited  
HCG Towers,  
#8, P.Kalinga Rao Road,  
Sampangiram Nagar  
Bangalore - 560 027

Dr.Intezar Mehdi/Dr.Suma/Dr.Amit.G/Dr.Rubiya  
Consultant Paediatric Oncologist and Haematologist

  
Mr. Jithin Jolly  
Medical Social Worker (MSW)

Name of the child: Master Navdeep Reddy

Age:13 years

Gender: Male

Diagnosis: Osteosarcoma

Suggested treatment: Surgery & Chemotherapy

Dear Sir / Madam,

This is to inform you that Master Navdeep Reddy (155478) has successfully completed 3 rd cycle of chemotherapy. He has completed surgery on 24-01-2019

He will be continuing his treatment with dressing and few cycles of chemotherapy.

Regards

Feros

Manager-HCG Foundation





**DISCHARGE SUMMARY**  
**DEPARTMENT OF ORTHOPAEDIC ONCOLOGY**

<b>Name of the Patient:</b> Master Navadep Reddy	<b>Age/Sex:</b> [14 Yrs/M]
<b>KABHK.0000155478</b>	<b>BHKIP22334</b>
<b>Date of Admission:</b> 23.01.2019	<b>Director &amp; Head:</b> Dr. Pramod S Chinder
<b>Date of Surgery:</b> 24.01.2019	<b>Orthopaedic Onco Surgeon</b>
<b>Date of Discharge:</b> 28.01.2019	

**FINAL DIAGNOSIS:** LEFT DISTAL FEMUR OSTEOSARCOMA (POST NEOADJUVANT CHEMOTHERAPY – 3 CYCLES OF MAP REGIMEN).

**CURRENT ADMISSION:** For surgery.

**CHIEF COMPLAINT:** Pain and swelling in the left knee region since 6 months.

**HISTORY OF PRESENTING ILLNESS:**

May 2018 - History of fall, sustaining injury to the left knee, started on analgesics for the same (elsewhere).

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July 2018 - MRI scan was performed for increased in size of swelling for the past 2 months. Open biopsy was performed elsewhere diagnosed with osteosarcoma of left distal femur and then the patient was referred to HCG for further management.

↓

July 2018 - The patient was admitted with the above-mentioned history to HCG and the case was discussed at the MDT and he was planned for Neoadjuvant Chemotherapy (MAP Regimen) following the confirmation of the diagnoses by slide review and was also planned for surgery after Neoadjuvant Chemotherapy.

↓

August 2018 to January 2019 - The patient was on 3 cycles of Neoadjuvant chemotherapy with MAP regimen.

↓

On 07.01.2019 - Repeat MRI performed and the patient was planned for surgery.

**PAST HISTORY:** Nothing significant.

**FAMILY HISTORY:** Nothing significant.

**ON EXAMINATION:** General Condition: Young male child, moderately built and nourished. Conscious, cooperative and well oriented to time, place and person. Vital signs are within normal limits. No pallor, icterus, edema, clubbing or cyanosis. CVS: S1 and S2 heard. RS: NVBS. PA: Soft.



**RELEVANT INTRAOPERATIVE FINDINGS:** Left distal femur and knee exposed via incision taken over the anteromedial aspect of the left distal thigh including the previous biopsy scar, the soft tissue mass along with left distal femur lesion was isolated and skeletonized following identification and isolation of the femoral neurovascular bundle. Transverse osteotomy was made around 18 cm from the left knee joint line on the femoral shaft and transepiphyseal resection of the left femur performed. The resected specimen was recycled in liquid nitrogen using standard 20-15-10 minute protocol. The recycled autograft was reconstructed using a 15-hole proximal tibia, lateral titanium plate and secured with screws. Knee was checked for ROM. Soft tissue was closed in layers over suction drain and compression dressing applied.

**COURSE IN THE HOSPITAL:** The patient was admitted with the above-mentioned history and complaints. He was evaluated clinically and radiologically and was planned for the mentioned procedure following preanesthetic check up and clearance and informed consent. The patient withstood the procedure well. Postoperatively, he was treated with IV fluids, analgesics, antibiotics and supportive care. 2 pints of PRBC was transfused in view of low hemoglobin. Foley's catheter and epidural catheter was removed on Postoperative Day 2. Wound drain was removed on POD 4. The patient was started on nonweightbearing mobilization with above-knee slab in situ on 2<sup>nd</sup> postoperative day. Gentle assisted passive knee bending up to 60 degrees was started on the 3<sup>rd</sup> Postoperative Day. The patient is currently ambulating, is tolerating orally and is fit for discharge. General condition was stable at the time of discharge.

**ADVICE ON DISCHARGE:**

**MEDICATIONS:**

INJ. MAGNEX FORTE 1 GM	1-0-1 X 1 WEEK.
TAB. DOLO 650 MG	½ -½ -½ X 1 WEEK (AFTER FOOD).
TAB ULTRACET	½-0-1/2 X 1 WEEK(AFTER FOOD).
TAB. PAN 40 MG	1-0-0 X 1 WEEK (½ HOUR BEFORE FOOD).
PRO BC POWDER 2 TSP	2 TIMES A DAY FOR 2 WEEKS.
SYP. HAEM-UP 2 TSP	2 TIMES A DAY FOR 2 WEEKS.

**PHYSIOTHERAPY (Home Care Program):**

- Nonweightbearing ambulation with a help of walker and above-knee slab.
- Encourage active toe and ankle mobilization.
- Gentle assisted passive knee bending up to 90 degrees for the first week and progress to 120 degrees by the end of 4 weeks.
- Chest physiotherapy, deep breathing exercises and incentive spirometry.
- Pelvic bridging exercises.
- Active ROM exercises of bilateral upper limb and right lower limb.



### LOCAL EXAMINATION-

Left Distal Thigh and Knee:

A 1 x 8 cm scar present over the anteromedial aspect of the left distal thigh, healed by primary intention.

Diffuse swelling present over the left distal femoral region (circumferential swelling, more on the anteromedial aspect).

Knee ROM: 0 to 100 degrees (terminal movements painful).

No distal neurovascular deficits.

Active toe and ankle movements +.

### INVESTIGATIONS: Blood Counts and Biochemistry:

**On 12.01.2019:** PARTIAL THROMBOPLASTIN TIME (PTT/APTT) : 41.9 seconds , MNPTT : 33.4 , PROTHROMBIN TIME (PT) : 17.6 seconds , MNPT : 13.3, INR : 1.40 , Random Glucose : 94.0 mg/dL , Urea : 15.0 mg/dL , Blood Urea Nitrogen : 7.0 mg/dL , Creatinine : 0.4 mg/dL , Sodium : 139.0 mmol/L , Potassium : 4.6 mmol/L , Chloride : 98.0 mmol/L.

**LIVER PROFILE:** GGT (Gamma-glutamyl transpeptidase) : 76 U/L , Total Proteins : 7.6 g/dL , Albumin : 4.5 g/dL , Globulin : 3.1 g/dL , A/G Ratio : 1.5 , SGPT(ALT) : 27 U/L , SGOT(AST) : 24 U/L , Alkaline Phosphatase : 222 U/L , Total Bilirubin : 0.5 mg/dL , Conjugated Bilirubin : 0.01 mg/dL , T3 (Tri Iodothyronine) : 2.23 ng/mL , T4 (Thyroxine) : 16.2 µg/dL , TSH (Thyroid Stimulating Hormone) : 2.34 µIU/mL.

**On 25.01.2019:** Haemoglobin : 9.1 gm/dL , Red Blood Cells Count : 3.00 mill/cmm , Hematocrit (PCV) : 25.6 % , MCV : 85.3 fL , MCH : 30.3 pg , MCHC : 35.5 g/dL , RDW (Red Cell Distribution Width) : 15.3 % , Platelet Count : 217 x 10<sup>3</sup> /uL , Total White Blood Cell Count : 27.23 x 10<sup>9</sup> /L , Neutrophils : 90 % , Lymphocytes : 06 % , Monocytes : 02 % , Myelocytes : 01 % , Metamyelocytes : 01 % , Sodium : 137.0 mmol/L , Potassium : 4.4 mmol/L , Chloride : 104.0 mmol/L.

### On 07.01.2019: MRI OF THE LEFT FEMUR WITHOUT AND WITH CONTRAST (HCG):

- Marginal increase in the size of heterogeneous hyperintense, heterogeneously enhancing mass lesion involving the lower metadiaphysis of left femur. Interval increase of cystic component with hemorrhagic fluid level in the posterior medial aspect.

**SURGERY:** The patient underwent **RESECTION OF THE LEFT DISTAL FEMUR (TRANSEPIPHYSEAL) + RECYCLED AUTOGRAFT RECONSTRUCTION (FREE FREEZING LIQUID NITROGEN)** under GA by Dr. Pramod S Chinder, Dr. Srinath and Dr. Suraj on 24/01/2019.

**Final HPE report of the procedure: Awaited.**



**DO'S AND DON'TS:**

- Keep dressing clean and dry.
- Maintain above-knee slab till further advice.
- Avoid bearing weight on the left lower limb till further advice.
- High protein and calorie diet.

**PLAN:**

- The patient is planned for Adjuvant Chemotherapy following wound healing after discussing the case in the MDT with resected specimen biopsy report.

**FOLLOWUP:**

- To review on 01.02.2019 (Friday) with Dr. Pramod S. Chinder in Tower 3 OPD with prior appointment for wound examination and change of dressing.

**Dr. Pramod S. Chinder**  
**Director and Head: Dept of Orthopaedic Oncology**  
**+919945106676 – drpramods@gmail.com**

**Associate Consultant:**  
Dr. Srinath: 9986764886

**Secretary: : Mrs.. Veena R**  
**9148663925**

**Medical Social worker: Ms. Kavya**  
**9632971901**

  
**Registrar: Dr. Srinath**  
**9880553398**  


**Physiotherapist:**  
**Ms. Swetha : 9886122602**

In case of emergency, fever (>99.5°F), cough, throat pain, breathing difficulty, oral Ulcer, bleeding from any site, loose stools, pain abdomen, vomiting, etc. contact 080 – 33669999/ 080 - 40206333.

For Emergency contact: 080 - 33669999 / 40206333.  
For Appointments contact: 080 – 4286 2277 / 6000 / 6001.  
For admission contact – 080 – 40206127 / 6071.

For any pending reports, contact dispatch counter functioning hours: 05: 00pm to 06: 00pm.

Discharge Summary has been explained by: \_\_\_\_\_  
Discharge Summary has been understood by: \_\_\_\_\_  
Discharge Summary Reports handed over by: \_\_\_\_\_  
Discharge Summary Reports handed over to: \_\_\_\_\_

**Discharge Summary**

**Dept. of Paediatric Oncology, Hematology and Bone Marrow Transplant**

Dr. Intezar Mehdi	DNB (Pediatrics), MRCPCH (UK)
Dr. Suma T L	DCH, DNB (Pediatrics)
Dr. Amit Galgali	MD (Pediatrics)
Dr. Rubiya Nadaf	Registrar Pediatrics Oncology

**Name: Master Navadep Reddy**  
**KABHK.0000155478**  
**Date of Admission: 30.11.2018**  
**Date of Discharge: 03.12.2018**

**Age/Sex: 13 Yrs/ Male**  
**BHKIP19541**

**Consultant in charge: Dr. Intezar Mehdi**  
**Pediatric Hematologist and Oncologist**

**DIAGNOSIS:**

- LEFT FEMUR LOCALISED OSTEOSARCOMA.
- Hickman line insertion on **31.07.2018**.
- Initiation of MAP 1 chemotherapy.
- S/P MAP 2 Week 1 Chemotherapy initiated on 14.09.2018.

**CURRENT ADMISSION:** For MAP cycle 3 Week 1 Chemotherapy.

**SUMMARY:** Master Navadep Reddy 13 years 11 months old male child presented with history of pain in the left leg, The child was initially taken to a local physician and then referred to an Orthopedician at Madanapalle, Andhra Pradesh. X-ray was taken and child was immediately referred to Bangalore, a higher center, for further management. In Bangalore, the child was admitted elsewhere and underwent MRI imaging in which it was diagnosed to have localized osteosarcoma of femur involving the lower 1/3<sup>rd</sup> of left femur. The child underwent open incisional biopsy outside and histopathology report was revealed to be osteosarcoma. After that the child was referred to HCG Hospital for further management. The child underwent PET CT scan in HCG Hospital which was revealed to be nonmetastatic. Hence, diagnosis of localized left femur osteosarcoma was made. Parents were counseled that the child will receive 2 cycles of MAP protocol based chemotherapy followed by which he will be assessed with a PET CT scan to see for any local progression or metastatic progression. If the interim PET Scan is favorable that means there is no localized progression or stable disease or there is good response and there is no metastatic disease in the lung, the child will be taken up for limb salvage surgery by the Orthopedic Oncological Team followed by which he will receive another 4 cycles of MAP. The child was referred to Dr. Pramod S. Chinder and Team for insertion of Hickman line and the child underwent Hickman line insertion on **31.07.2018**. Child was initiated on MAP Protocol Cycle 1 Week 1 chemotherapy. S/P MAP Cycle 1 Week 5 high dose METHOTREXATE. He is S/P MAP 2 Week 5 Chemotherapy.



The patient was due for surgery, but due to financial reasons, the surgery has been deferred. So, he was started on MAP cycle 3 week 1 chemotherapy. He received chemotherapeutic agent uneventfully. Presently, he is hemodynamically stable and is being discharged with the following advice.



**ADVICE ON DISCHARGE:**

- TAB. CALCIUM 1-0-1 X 15 DAYS.
- TAB. SEPTRAN PEDIATRIC 1-0-1 ON SATURDAY AND SUNDAY.
- CHLORHEXIDINE MOUTH WASH 4 TIMES A DAY.
- CANDID MOUTH PAINT 4 TIMES A DAY.
- TAB. DOMSTAL 10 MG 1 TABLET SOS FOR VOMITING (BEFORE FOOD).
- TAB. PAN 20 MG 1 TABLET SOS FOR ABDOMINAL PAIN (BEFORE FOOD).
- IN CASE OF FEVER THAT IS TEMPERATURE MORE THAN 100<sup>0</sup> F ATTEND TO HOSPITAL CASUALTY IMMEDIATELY FOR MEDICAL ATTENTION.

**FOLLOWUP:**

- Review on 10.12.2018 with CBC in Pediatric Oncology OPD with Dr. Intezar Mehdi.

In case of emergency, fever (>99.5°F), cough, throat pain, breathing difficulty, oral ulcers, bleeding from any site, loose stools, pain abdomen, vomiting, etc. contact 080 40206000.

**Dr. Intezar Mehdi**  
Director and Head of the Department

**Dr. Suma T.L**  
Junior Consultant

**Dr. Amit Galgali**  
Registrar

**M. Rafeeq**  
Nurse Practitioner  
Ph. No: 9964819712

**Ms. Archana**  
Medical Social Worker (MSW)  
Ph. No: 9663612548

Department of Pediatric Hematology, Oncology and Bone Marrow Transplant, HCG, Bangalore.

For admission contact 08042862268 / 08040206005 / 6006 prior) (For appointment contact 08040206161 – consultation only with prior appointment)

For emergency contact – 080 – 40206000.

For any pending reports, contact dispatch counter functioning hours: 05:00 pm to 06:00 pm.

Discharge Summary has been explained by: \_\_\_\_\_  
Discharge Summary has been understood by: \_\_\_\_\_  
Discharge Summary Reports handed over by: \_\_\_\_\_  
Discharge Summary Reports handed over to: \_\_\_\_\_

## INVESTIGATIONS:

**On 30.11.2018:** Haemoglobin : 13.4 gm/dL, Red Blood Cells Count : 4.62 mill/cmm, Hematocrit (PCV) : 40.1 %, MCV : 86.8 fL, MCH : 29.0 pg, MCHC : 33.4 g/dL, RDW (Red Cell Distribution Width) : 12.5 %, Platelet Count : 236 x 10<sup>3</sup> /uL, Total White Blood Cell Count : 8.22 x 10<sup>9</sup> /L, Neutrophils : 58.9 %, Lymphocytes : 32.4 %, Monocytes : 5.5 %, Eosinophils : 3.0 %, Basophils : 0.2 %, Serum Urea : 19.3 mg/dL, Blood Urea Nitrogen : 9.0 mg/dL, Creatinine : 0.4 mg/dL, Sodium : 131.0 mmol/L, Potassium : 3.9 mmol/L.

**LIVER PROFILE:** GGT (Gamma-glutamyl transpeptidase) : 28 U/L, Total Proteins : 6.5 g/dL, Albumin : 3.9 g/dL Globulin : 2.6 g/dL, A/G Ratio : 1.5, SGPT(ALT) : 28 U/L, SGOT(AST) : 33 U/L, Alkaline Phosphatase : 287 U/L, Total Bilirubin : 0.40 mg/dL, Conjugated Bilirubin : 0.01 mg/dL.

Dr. Intezar Mehdi Rubiya

**HealthCare Global Enterprises Ltd.**

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