







# Girraj Ji Children Hospital

## First Exclusive Pediatric Hospital in Gurugram

Opp. BSNL II Office, Car Market, Sector-12A, Gurugram - 122001 (Hr.)  
Tel.: 9871869863 | Email : girrajchildrenhospital@gmail.com



### CASE SUMMARY

Patient's Name	Baby of REENA BERRY	IPD No.	328
D/O	GOPAL BERRY	UHID	GIRRAJ/20/00 716
Address	B 802 ATRIUM SOCIETY RAM PRASTA SEC. 37 D GURUGAM	DOA	25-Aug-2020 09:12 PM
Age/Sex	59Days / Female	CASE SUMMARY Till 24/10/2020 03:30PM	
Consultant Name	DR. MOHIT		
Contact No.			
Department/Specialty	PEDIATRICIAN & NEONATOLOGIST		

### DIAGNOSIS

Esophageal Artesia with type 3 Fistula (Long Gap)  
Spontaneous Stomach perforation (Day 5)  
AKI (recovering)  
Sepsis with septic shock (culture No growth)  
Feed Intolerance (On Partial parental nutrition & 6ml/hrs feeds).

### PRESENTING COMPLAINTS

Delivered outside 25/08/2020 08:25PM. Baby was depressed at birth. Cried after stimulation. Nasogastric tube was not going beyond 10cms. TEF was suspected & referred to our center for further care.

### HISTORY OF PRESENTING ILLNESS

Delivered outside 25/08/2020 08:25PM. Baby was depressed at birth. Cried after stimulation. Nasogastric tube was not going beyond 10cms. TEF was suspected & referred to our center for further care.

### EXAMINATION FINDING

GC - Moderate RD  
CVS- Acrocynosis. Peripheries cold. HR 180/min.  
RS- RR 80/min. AEBE. Sub costal retractions. Spo2 - 85%. Silver man score 6.  
Abdo - Soft. Nasogastric tube was not going beyond 10cms.  
CNS- AF at level. Age appropriate.

### COURSE IN THE HOSPITAL

Admitted with above complain with clinical suspicion of TEF. NG tube not going beyond 10cms. X-ray confirms the finding of upper esophageal Artesia. Stomach gas also present hence confirms the finding of lower Fistula S/O type 3. Infantogram WNL. ECHO s/o PAH. Parents were updated & surgery planned on next day.  
Baby taken for surgical correction on 26/08/2020. Intraoperative it was found that, it is a long gap( more than 3 vertebra) TEF type 3. Disital fistula opening in right bronchus. Proximal pouch was high. Primary anastomosis not possible. Hence parents were updated immediately for same & discussed the plan. After getting consent of same Disital fistula closed. Cervical esophagostomy & gastrostomy done. Post operative baby kept NPO for 4 days. On day 4 small gastrostomy feeds were started. Feeds built up to 15ml/2hr on day 6. On day 7 mid night it was noticed that milk is coming out of suture (abdominal) line. Parents were updated & exploratory laprotomy done. Operative findings were s/o stomach perforation other than the site of gastrostomy with bile & milk leaking in to peritoneum from perforation. Toileting of peritoneum & repair of perforation done. Feeding jejunostomy was placed. After 2nd surgery baby developed severe sepsis with AKI. IV antibiotics were upgraded to Meropenam & vanchomysin. Baby also required inotropic support for 4 days. AKI managed conservatively with fluids restriction & doses modification according to creatine clearance. Gradually AKI improved over next 5 days. 6 days after exploratory laprotomy MEN started from feeding jejunostomy. Feeds gradually built up to 6ml/2hrs feed on day 17 of life. On day 18 it was noticed that feeds & bile regurgitating from feeding jejunostomy port. Gradually feeds built up to full feeds by day 53. Currently on full gestrojejunostomy feeds.  
BPD - Baby developed CLD . Currently highflow dependent for >4 weeks

### TREATMENT GIVEN

1st Surgery - Cervical esophagostomy +TE fistula ligation + Gastrostomy (26/08/2020).  
2nd Surgery - Exploratory laprotomy.  
Ventilatory support  
Inj Piptaz /Amikasin (stopped)  
Inj Meropenam (day 14)  
Inj Vanchomysin (Stopped)  
Inj Colistin (day 10)





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**Date 24/10/2020**

**To,  
Rebirth care trust**

**Sub- Help the poor baby (Baby of Reena Berry ID – Girraj/20/00716)**

Respected Sir/Madam,

This is to certify that Baby of Reena Berry is being treated at Girraj Ji Children Hospital since 25/08/2020. The expected stay of baby is for another 3 to 4 weeks.

Parents are poor & unable to bare the expanses.

Expected expanses are Rs150,000/- to Rs 200,000/-.

Please help the poor baby financially & oblige them. That shall be a great help for the parents.

Thanks

**Dr Mohit Kumar Agrawal**

**Head NICU/PICU**

**Girraj Ji Children Hospital**

**Sector 12A Gurgaon**







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Contact No.			
Department/Speciality	PEDIATRICIAN & NEONATOLOGIST		

### INVESTIGATION RESULT

25-08-2020 CBC PROFILE TLC 22,100 /Cu mm, 25-08-2020 CBC PROFILE HEAMOGLOBIN 20.6 gm%, 25-08-2020 CBC PROFILE DIFFERENTIAL LEUCOCYTE COUNT, 25-08-2020 CBC PROFILE Neutrophils 50 %, 25-08-2020 CBC PROFILE Lymphocytes 47 %, 25-08-2020 CBC PROFILE Eosinophils 00 %, 25-08-2020 CBC PROFILE Monocytes 03 %, 25-08-2020 CBC PROFILE Basophils 00 %, 25-08-2020 CBC PROFILE R.B.C. Count 5.78 million/cu m, 25-08-2020 CBC PROFILE P.C.V./HAEMATOCRIT 60.9 %, 25-08-2020 CBC PROFILE MCV 105.4 fL, 25-08-2020 CBC PROFILE MCH 35.6 pg, 25-08-2020 CBC PROFILE MCHC 33.8 g/dl, 25-08-2020 CBC PROFILE PLATELET COUNT 2.38 lacs/cumm, 25-08-2020 CBC PROFILE DIFFERENTIAL LEUCOCYTE COUNT, 25-08-2020 crp quantitative CRP QUANTITATIVE 3.61 mg/l, 25-08-2020 BLOOD GROUP \*BLOOD GROUP A, 25-08-2020 BLOOD GROUP RH FACTOR NEGATIVE, 25-08-2020 CBC PROFILE TLC 5100 /Cu mm, 25-08-2020 CBC PROFILE HEAMOGLOBIN 15.8 gm%, 25-08-2020 CBC PROFILE DIFFERENTIAL LEUCOCYTE COUNT, 25-08-2020 CBC PROFILE Neutrophils 62 %, 25-08-20

### PATIENT CONDITION

Current status:-

GC - Sick

On Ventilatory support (SIMV/PIP 20/Peep 6/Fio2@ 30%/Rate 40/Ti 0.4/ Spo2- 90 to 92%)

Developing Ventilator dependency is developing.

Feeding jejunostomy in place.

Regurgitation of bile & feeds from jejunostomy port (Bile excretion- increasing).

Feeds @ 6ml/2hrs (as continuous infusion over 1 hrs). (More than 6 ml feed causes abdominal distension)

Urine output > 2ml/kg/hrs.

Hemodynamically stable.

Clinically intact neurologically.

Baby may need 3 to 4 weeks more stay in hospital.

Treating Consultant / Authorized Team Doctor	Name / Signature	
Patient / Attendant	Name / Signature	
	Mobile No.	





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Contact Number

9873814701

9899466740

## R.K. DIAGNOSTIC LAB

UHID No : 716	IPD No. 328	Age/Sex : 2 M / Female
Patient Name : Babyof REENA BERRY		
Rep. By : DR MOHIT		Coll. Date : 24-Oct-2020 06:30 PM
Lab No : 224		Rep. Date : 24-Oct-2020 7:05 PM

Description	Result	Unit	Ref.Range
CRP QUANTITATIVE	4.50	mg/l	0 - 6

NEGATIVE

### HAEMATOLOGY

Description	Result	Unit	Ref.Range
TLC	17400	/Cu mm	4000 - 11000
HEAMOGLOBIN	11.2	gm%	11.5 - 16.5
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	46	%	50 - 70
Lymphocytes	43	%	25 - 40
Eosinophils	04	%	1 - 6
Monocytes	07	%	1 - 8
Basophils	00	%	0 - 1
R.B.C. Count	4.18	million/cu m	3.2 - 6.2
P.C.V./HAEMATOCRIT	36.8	%	26 - 50
MCV	88.0	fL	80 - 94
MCH	26.8	pg	23 - 31
MCHC	30.4	g/dl	30 - 35
PLATELET COUNT	5.54	lacs/cumm	1.5 - 4.0

Dr. Urender Singh

M.B.B.S, MD

DR. URENDER SINGH

MBBS, MD

(BIOCHEMIST)

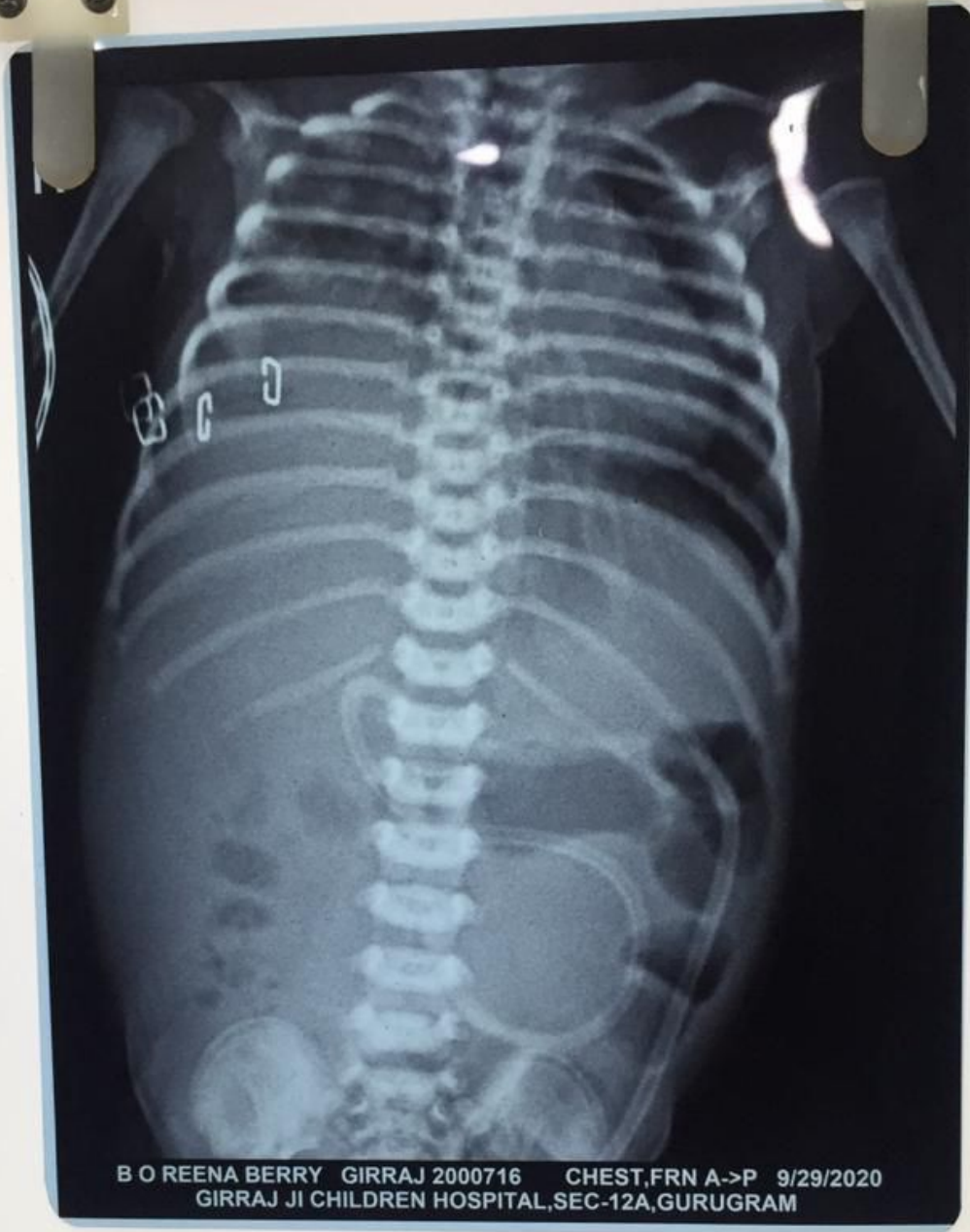
R.K Diagnostic Lab & Medical Services

M.: 9899466740, 9873814701 | Email : r.kdiagnostic3191@gmail.com

Main Branch : Girraji Children Hospital, Sector-12A, Unit -1 : Vedanta Children Clinic, Sector-51,

Unit 2 : Homeopathic store, Civil Line, Gurgaon





B O REENA BERRY GIRRAJ 2000716 CHEST,FRN A->P 9/29/2020  
GIRRAJ JI CHILDREN HOSPITAL, SEC-12A, GURUGRAM