

DR. KSHITIJ CHAUDHARYMS Orth, DNB Orth, FACS (USA)
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www.kshitijchaudhary.com**HOSPITAL
CENTRE****National Health & Education Society)**400 016, INDIA
FAX : 2444 9151PD Hinduja Hospital and Medical Research Center
Veer Savarkar Marg, Mahim, Mumbai, 400 016
Sec: marylee.dsilva@hindujahospital.com, 022 2444 7427
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29/12/2021

Keya Hatkar

11 Y old, F

Current**Chief complaint**

Loss of sitting balance - Scoliosis

Past Medical

Neuromuscular scoliosis

History of Present IllnessProgressive scoliosis. Worsening in the recent months.
One episode of pneumonia 4 years of age**Physical Examination**Sitting imbalance.
Pelvic obliquity
Right thoracic prominence.
Correctible to some extent - enough to balance.Cooperative. Good at school.
Hand function is good.FFD both hips.
Hyperlordosis lumbar spine

Wheelchair bound. Has never walked.

Premenarchal.

Slight hint of breasts.

Surgical History

None

Family History

Non-contributory

Addictions

None

Investigations

Xrays right thoracic 70 and left lumbar 64. Pelvic obliquity. Thoracolumbar kyphosis.

Allergies

NKDA

Diagnosis

Neuromuscular scoliosis

Occupation**Treatment**

Requires surgery. (Risks of complications and potential benefits explained)

Preoperative fitness for surgery

Chest PT and limb PT to optimise. Learn incentive spirometry at home.

CBC

Total protein, albumin

Urine routine

PT, aPTT INR

Serum Vit D3 25-OH

PFT

BMD

2D Echo

Review with Dr Alaric Aroojis (for hip FFD)

Dr. Kshitij Chaudhary, MS, DNB
Consultant Spine Surgeon
Reg No 2002042043

Cell 8108000038, Email: drkshitijchaudhary@gmail.com

For Appointments: PD Hinduja Hospital, Mahim, Mumbai, Secretary 02224447427, Hospital 02267668181 / 02245108181



DR. AVI SHAH

MS Ortho . FPO (IND, USA,UK)
Consultant Pediatric Orthopedics

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SRCC CHILDREN'S HOSPITAL



Managed by Narayana Health

Paediatric and Adolescent Hip Preservation, Paediatric Trauma, Clubfoot,
Limp Reconstruction and Deformity Correction
Shah Clinic, Shop No 1, Ground Floor, Matru Mandir, Dadaji Javji Marg, Next To Central
Bank Of India, Opp. Bhatia Hospital, Mumbai, 400007, Contact No. 9820060138

Patient Name : Miss Keya Hatkar
Gender/Age/Dob : Female , 11 Years , 22/12/10
Patient Phone No : 9108052332
Patient Address : E-602, ALAUTI QUHID PARK, SAKINAKA,
Mumbai, Mumbai Suburban,
Maharashtra, India, -400072

Consultation Date : 03/01/2022 10:35 AM
Consultant : Dr. Avi Shah (PAEDIATRIC
ORTHOPAEDICS)
Consultation Type : OP , NEW VISIT



DIAGNOSIS

- Neuromuscular disorder, Primary, Final, 03/01/2022
- Remarks: Spinal muscle atrophy Type 2

MUSCULOSKELETAL EXAMINATION

- Child has not come for visit today
Know case of SMA type 2 under treatment
severe kyphoscoliosis , hip and knee contractures
Cobb 73 thoracic , lumbar 64 deg
traction: thoracic 65 , lumbar 50
no evidence of occult spinal dysraphism, tethering cord, diastematomyelia or syringomyelia
moderate to severe atrophy of post paraspinal muscles in cervical , dorsal and lumbar region rt>lt
right hip subluxation 50% secondary to pelvic tilt
child has knee contractures as well
pain when sitting down , generalized bony pain as per mother

ADVICE

- child needs scoliosis correction
may need contracture releases
to bring child at next visit

CONSULTANT DETAILS

Dr. Avi Shah , ASSOCIATE CONSULTANT , PAEDIATRIC ORTHOPAEDICS

Printed By: Dr. Avi Shah | Printed On: 03.01.2022 10:58

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Hospital Address: 1A, Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai 400034

Tel 022-7122 2222 | E-mail: info.srcc@narayanahealth.org | www.narayanahealth.org



Appointments
Page 1 of 2
1800-309-0309 (Toll Free)

Emergencies
022-71-222-333



Patient MRN :12520000127674
Patient Name :Miss Keya Hatkar
Gender/Age/Dob :Female , 11 Years , 22/12/10
Patient Phone No :9108052332
Patient Address :E-602,AKRUTI ORCHID PARK, ANDHERI-
KURLA ROAD, NEAR DILKAP MALL,
SAKINAKA-ANDHERI EAST,Mumbai,
Mumbai Suburban,Maharashtra,India,
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MUSCULOSKELETAL EXAMINATION

- Know case of SMA type 2 under treatment
plan to start medication for SMA under neurologist
Patient undergoing lung function and sleep study evaluation
Plan for Inj bisphosphonate

O/E

Child is a sitter wheel chair ambulator

Has a modified wheel chair

severe kyphoscoliosis with increased lumbar lordosis, hip and knee contractures

curve flexibility minimal

Pelvic obliquity +

Active shoulder abduction up to 40-50 degree, Passive full

Right shoulder higher with rib hump +

Increased chest in drawing on left side

On X-ray of spine in supine :-

Cobb 73 thoracic , lumbar 64 deg

traction: thoracic 65 , lumbar 50

Hip

B/L 15 degree FFD

CHAE - 100 CHAF - 130

Hip IRE - 50 degree FIR - 40 degree Bilaterally

ERE- 40 FER- 70 degree bilaterally

Bilateral knee FFD - Right - 30 degree Left - 40 degree with further flexion up to 120

No calf tightness

MRI S/O

no evidence of occult spinal dysraphism, tethering cord, diastematomyelia or syringomyelia

moderate to severe atrophy of post paraspinal muscles in cervical , dorsal and lumbar region rt>lt

X-ray Hip :-

right hip subluxation MI - 50% secondary to pelvic tilt is 10 degree

Hip reducible in abduction

acetabular dysplasia present but x-ray is in inlet view secondary to excessive lordosis which is not completely

correctible with hip flexion

ADVICE

- child will need scoliosis correction.
No Need for any contracture releases as child is just a sitter but we may consider it if she gets pain during therapy
Right hip does not need any procedure as of now as hip may become contained once pelvic tilt is corrected but there is a possibility that child may need hip surgery once the spine and pelvic tilt is corrected if subluxation continues.
Continue physiotherapy as abled
Chest therapy
wheel chair ambulation
Medication as advised by Team

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03/01/2022

Keya Hatkar

Patient not examined. Case file brought for discussion and advise.
SMA II, scoliosis, osteoporosis (spine), restrictive lung disease, ? renal calculi

Suggestions

Bisphosphonate infusion, vitamin D supplementation
Serum uric acid, serum calcium, lipid profile, serum creatinine, FT4, TSH, Urine
calcium/creatinine ratio prior to the same
Pulmonology reference, Polysomnography, VBG
Paediatric neurology follow up
Orthopaedic follow up

Best Regards,

Dr Abhishek Kulkarni MD

Consultant, Paediatric & Adolescent Endocrinologist
Department Coordinator & Post Doctoral Fellowship Program Director,
SRCC Children's Hospital, Mumbai
Honorary Consultant: P.D Hinduja & Sir HN Reliance Foundation Hospital, Mumbai





03/01/2022

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SMA II, scoliosis, osteoporosis (spine), restrictive lung disease, ? renal calculi

Suggestions

- Bisphosphonate infusion, vitamin D supplementation
- Serum uric acid, serum calcium, lipid profile, serum creatinine, FT4, TSH, Urine calcium/creatinine ratio prior to the same, *pending urine Tm report*
- Pulmonology reference, Polysomnography, VBG
- Paediatric neurology follow up
- Orthopaedic follow up

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Keya Hatkar (PNB)

03/01/2022

Suggestions in absentia:

- Inj. Zoledronic acid (4mg) 1.3 mg in 50 ml NS intravenous slowly over 1 hour via infusion pump.
- Tab. Pcm (500) $\frac{3}{4}$ th tablet orally just prior to starting infusion.
- Solution Aspirinol name (5ml/60K) 5ml one single dose orally.

Dr. Abhishek Kulkarni

MD (Gold Medalist), PDCC (Pediatric Endocrinology)
 Visiting Fellowship, RCPCH, London
 Consultant Pediatric & Adolescent Endocrinologist
 Head Clinical & Research Services: T2T Hormone Clinics India
 Registration No: MMC 2005/03/1906

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Consultation Date : 17/01/2022 11:13 AM
Consultant : Dr. Shruti Bansal (E.N.T)
Consultation Type : OP , NEW VISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- k/c/o SMA type 2 - worked up : referred in view of mouth breathing and drooling, no c/o recurrent URTI ; PATIENT for kyphoscoliosis surgery ADVISED BIPAP after sleep study done by DR Sagar

SYSTEMIC EXAMINATION

- Ear
Remarks: right : normal drum . left drum : DULL LOOKING
- Nose
Remarks: DNS TO RIGHT , RHINITIS + , AB REDUCED RIGHT SIDE
- Throat
Remarks: GRADE2 TONSILLAR HYPERTROPHY + ; *mildly bulky tongue*

INVESTIGATION ORDER

- XRAY NECK SOFT/TISSUE NASOPHARYNX - *lateral view for Adenoids .*

CONSULTANT DETAILS



Dr. Shruti Bansal , ASSOCIATE CONSULTANT , E.N.T

*↓
- grade 3 Adenoid hypertrophy*

ADV: Plan: Pt will benefit from

*Coblation Tonsillectomy ±
(Reduction Tonsillectomy)
Adenoidectomy ↓ GA as far
as sleep Apnoea is concerned*

Printed By: Dr. Shruti Bansal | Printed On: 17.01.2022 11:17



Dr Abhishek Kulkarni MD

Post-Doctoral Fellowship, Pediatric & Adolescent Endocrinology

Visiting Fellowship, RCPCH, London

Consultant Pediatric & Adolescent Endocrinologist

Department Coordinator & Post-Doctoral Fellowship Program In-charge: SRCC Children's Hospital, Mumbai

Honorary Consultant: Reliance Foundation Hospital, Mumbai & Apollo Hospital, Navi Mumbai

+91-22-26369090 @ drabhishekkulkarnimumbai@gmail.com

Keya Hattkar (11 1/2)

17/11/22

SMA ? Type II

~25.2kg

~121cm (with contractures / scoliosis)

Osteoporosis, Kyphoscoliosis, OSA, adenoidal hypertrophy

Suggestions:

- ~~Maintainance~~ Solution Asachitol -nano (5ml/60K) 5ml once a month x 3 months
- Syp. Shekal (5ml/250mg) 5ml daily x 2 months
- Repeat S. calcium 2-4 weeks
- FT4, TSH, uric acid, fasting lipid profile (TC 176, TG 77, LDL 125)
- Urine (spot) calcium: urine (spot) creatinine ratio ~~0.49~~ (0.49)
- Reassess with reports
- Pediatric neurology ~~same~~ follow up
- Optimisation of OSA under Ped. Pulmonologist
- Spine Surgical follow up, timing of PFT (to rule out restrictive lung disease secondary to long standing scoliosis)
- 24 hour urinary calcium levels & creatinine levels. *Same*

Subsequent Considerations:

- USG KUB for Nephrocalcinosis / renal calculi



Keya Hatkar (11 1/2)

17/1/22

- 1) S. Calcium 2-4 weeks
- 2) 24 hour urinary calcium & creatinine levels

1

cpedndc@gmail.com





03/01/2022

Keya Hatkar

Patient not examined. Case file brought for discussion and advise.
SMA II, scoliosis, osteoporosis (spine), restrictive lung disease, ? renal calculi

Suggestions

Bisphosphonate infusion, vitamin D supplementation
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S. Creat - 0.15
U. Ca²⁺/Creat - 0.49

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03/01/2022

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- Tab. Pcm (500) $\frac{3}{4}$ th tablet orally just prior to starting infusion.
- Solution Asachitol name (5ml/60K) 5ml one single dose orally.

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 Registration No: MMC 2005/03/1906

Received Teledronate (0.05 mg/kg)
 on 5/1/22.

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 8828058698
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DOB 22/10/2010

Stationery for Billing & Report Only

Keya Hatkar.

~ 25.2 kg (~ 11 1/2)

~ 121 cm



SRCC CHILDREN'S HOSPITAL



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17/1/22

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