

CK-76618



# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

उपचार विभाग  
UHID: 106751495  
Dept No: 20230030015028

कमरा / Room  
14  
Unit-I  
PCSC PAEDS  
Queue No: N4  
01/06/2023

रोगी का नाम  
DRAKSHYA MAHESHWARI  
BY 6M 13D / M (पुरुष)  
S/O SITA RAM  
Add: BANSIBARAULIA BADAUN, UTTAR  
PRADESH. Pin 243633, INDIA  
Mob: 9760792585 New Patient General I/O Reporting: 1:30 PM

ब०रो०वि० पंजीय  
आयु  
Age

CVM-010623091 106751495  
MY-GL-010623037 106751495  
RPB-010623386 106751495  
CG-0106231045 106751495  
LH-0106231322 106751495  
DRAKSHYAMA HESHWARI

निदान / Diagnosis ? AML ? MDS paed

दिनांक / Date

उपचार / Treatment

30

13.15

106751495

6.5 } 5990 } 29,000

Myel 2 N 27

? Blast 25%

<https://childhelpinghand.org/>

PS: (IRCH) 4% blasts with Auer rods

Adv: Collect PB-flow (50)

- Bone marrow { Aspirate, Flow, Cytogenetics, Molecular } MCB-Day Care.

2. Viral markers, CBE/RFT/LFT/LDH } (27)
3. S-PCT, S. galactomannan.
4. Date for CECT chest & PNS.



CLEAN AND GREEN AIIMS / एस का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



OPR-6

बाल चिकित्सा विभाग  
UHID: 106751495  
Dept No: 20230030014501

कमरा / Room

जीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

द्रक्षया महेश्वरी  
DRAKSHYA MAHESHWARI  
6Y 6M 29D / म (पुत्रक)  
S/O SITA RAM  
Add: BANSIBARAULIA BADAUN, UTTAR  
PRADESH, Pin 243633, INDIA  
Mob: 9760792595 Follow Up... General F 0 Reporting: 8 00  
AM-9 00 AM

C-209  
Unit-III  
Paediatric  
Queue No: F10  
17/08/2023

बुध, रविवार  
Wed, Sat (बुध, रविवार)



यु  
e

पता / Address

निदान / Diagnosis

उपचार / Treatment

दिनांक / Date

(26)

W-5K

C/O

MDS  $\bar{c}$  excess of blast.

MDS - EB 2.

- Required 20 PRBC.

- Transfusion independent for 3 months.

- No fever

O/E

Liver 1cm

Spleen NP.

No LNP.

Doc file  
→ 26/6/23  
→ 1:30 PM  
(Room 14)  
Photocopy

• BMA exam<sup>n</sup> - Hemodilution.  $\bar{c}$  Dyserythro. poless 8-10% blast, Azuer rods  $\oplus$

MDS - EB 2.

• Flow cytometry - 12% CD45 dim blasts, positive for CD34/117/DR/13/B3/38.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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• cytogenetics - (M)

• Latest CBC:

7.6 → 5190 (1.50 @)  
N14 L 70 MG

Plan: (Murder ARG)

- POC file on Monday. So ~~Bodie~~ Sr Tracy plz.
- BMA to be sent for NGS. (Arrange funds)
- If no funds then will try via ~~cont~~ NGO. <sup>CIAA</sup>
- F/U on 24/6/23 E CBC on 22/6/23

Hel  
sr pro.

~~MDS~~

<https://childhelpinghand.org/>

Another cytogenetics

79 delet<sup>n</sup>/3 or more  
cytogenetics

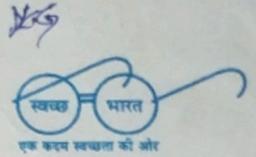


शरीरमाद्य खलु धर्मसाधनम्

एकक/Unit  
विभाग/Dept.  
नाम/Name

26/6/23 2023061919442  
1:30 PM Reads POC

# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department



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उपचार/Room  
UHIID: 106751495  
Dept No: 20230030016212

OPR-6

14  
Unit-I  
POC  
Queue No: F10  
19/06/2023

पता/Address

द्रक्ष्या महेश्वरी  
DRAKSHYA MAHESHWARI  
BY TM 1D / M (पुरुष)  
SICHITA RAM  
Add: BANSBARAULIA BADAUN, UTTAR  
PRADESH, Pin 243633, INDIA  
Mob: 9750792555 Follow Up... General: 10 Reporting: 1:30 PM



LH2406230407 106751495  
DRAKSHYAMAHESHWARI

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

11

13.6.23

C/O  
MDS E EB 2.

BMA - 10% blast in morphology.

<https://childhelpinghand.org/>  
12% blast in flow cytometry.  
Dyserythropoiesis.

PIS - A7. blast. karyotype - (N)  
~~Revised~~  
Blood 2018. (As per R/W).

- Repeat BMA to confirm diagnosis of MDS.
- Rule out recurrent of genetic aberration.

No survival advantage of pre HSEI chemotherapy (NOT clear in peds).

- Decitabine + MAG may be used for bridge to HSEI.



प्रधानमंत्री जन आरोग्य योजना PM-JAY

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मेरा अस्पताल My Hospital meraaspatal.nhp.gov.in

D/W Dr. AKG. Sr.

- Repeat B/L BMA + BMB. - dated 27th.
- Molecular (NGS) via project requested.
- If MDS-AML related event, then go for HSCT.
- Decitabine - MAG as bridge therapy.
- Till then FIVE weekly CBC.
- POC file on <https://childhelpinghand.org/> 26/6/23 E CBC.

Rel  
son

plz do Bilateral BMA



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बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL

LH0706231548 106751495



DRAKSHYAMAHESHWARI

एकक/Unit

विभाग/Dept.

नाम

बाल चिकित्सा विभाग  
UHID: 106751495  
Dept No: 20230030015029

कमरा / Room

C-209

Queue No: F2

03/06/2023

बुध, रविवार  
Wed, Sat (होप रविवार)

द्रक्ष्या महेश्वरी  
DRAKSHYAMAHESHWARI  
BY BM 15D / मधुसूदन  
SUCSITA RAM  
Age: BANBARAJUA BADAUN UTTAR  
PRADESH, Pin 243673 INDIA



Mob: 9760782585 Follow Up: General: F0 Reporting: 10:00 AM-11:00 AM

पता सं/O.P.D. Reg.

पता/Address

paed  
106751495

निदान/Diagnosis

AML

दिनांक/Date

उपचार/Treatment

AIIMS FREE GENERIC PHARMACY  
MEDICINE RECEIVED

(13KGS)

1. Bone marrow dated 5/6/23
2. PICC line insertion - MCB daycare. date please.
3. CECT - <https://childhelpinghand.org/> to expediate.
4. T. Allopurinol 100mg 1/2 — 0 — 1/2
5. T. Seftran DS 1/2 tab alternate day.
6. T. Voriconazole 200mg 1 — 0 — 1/2
7. Accomodation — NGO please.
8. Blood bank (main) — kindly accept donations for this child a case of AML
9. Next OPD 05/06/23 2pm for POC file.



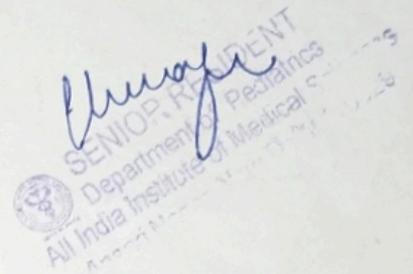
CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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meraaspatal.nhp.gov.in

Review in OPD (Peds Unit 3) on  
Wednesday 9 AM in C-209.  
7/6/23



07/06/23 Seen w/o doli.

Plan: → CT chest & PNS doli to be taken

→ To consult <https://childhelpinghand.org/>

→ Echo to be done:

- BM pending

Plan: - (LBC) today Pno 27 → show report  
done in MCR days.

- R/W 12/05/23 2pm POC

nom 14  
w



Tab ~~Septin~~ (COTRIMOXAZOLE) DS 1 tablet  
day

OR  
Syrup COTRIMOXAZOLE  
40/5ml 10ml  
daily.



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 बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एकक / Unit  
 विभाग / Dept.

उपनाम / Name  
 UHID: 106751495  
 Dept No: 20230030014501

कमरा / Room

7  
 Unit-III  
 Paediatric  
 Queue No: F4  
 31/05/2023

द्राक्ष्या महेश्वरी  
 DRAKSHYA MAHESHWARI  
 BY 6M 13D / M (पुरुष)  
 S/O SITA RAM  
 Add: BANSIBARAULIA, BADAUN, UTTAR  
 PRADESH, Pin: 243633, INDIA  
 Mob: 9760792585 Follow Up... General PC Reporting: 10:00 AM-11:00 AM



LH3105230993 106751495

LC3105231415 106751495

DRAKSHYAMAHEHWARI

निदान / Diagnosis

D-? Acute Leukemia  
2 MDS  
 उपचार / Treatment

दिनांक / Date

12.7.23

24

29/5  
 6.3 → 6460 → 1.5

WBC = NCT to macrocytic  
 - target cells, Polychromatophilic  
 spherocytes, nRBC = 455/100WBC  
 multiple platelet clumps.  $\uparrow$  PT and  
 aPTT and  $\uparrow$  WBC  
Blast/Atypical cells = 12%

Dysplastic cells seen in  
 myeloid lineage

Hb = 15.8

B12 = 67.6 pmol/L

fenofibrate  
 7w  
 PRBC  
 40 Bx - PRBC  
 (once)  
 (4/5/23)

PRBC  
 clear

HA - soft  
 L3 in SPT

WBC - Objective lymphocytic  
 WBC - APLB  
 MPR @

Adv

- Elective Pt PRBC transfusion in form  
 MCB-DC

- to donate blood



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
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→ PB - flow cytometry

← Hemat → P/S

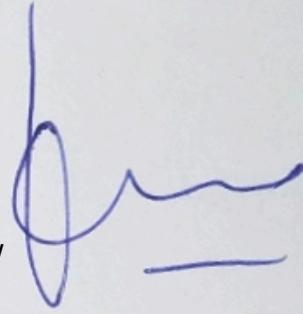
- ~~APV~~

- to bring blocks (BM) for R/V

- RFT / UFT / CBC - (27)

- N/V PLSC on 1/6/23 @ 2pm

14/34



<https://childhelpinghand.org/>

ISSUE / COMPATIBILITY LABEL	
Sample No.: 2023-S03856	
Patient: PRAKSHYA MAHESHWARI	
Patient's Blood Group: A Pos	UHID: 106751495
Hosp-Dr: AIIMS Hospital - BSC	
Pt. Hosp. Req. No.: 2023125955	
Wd-Bed No.: DAY CARE PEDS MCH GF	
Product: PRBC	Issue No.: 4247
Blood Group: A Pos	Issue Dt: 03/Jun/2023 02:12 PM
Bag ID: 2023-B16545	Colln. Dt: 16/May/2023
XMatching Report: Compatible	Exp. Dt: 27/Jun/2023
A-matched By: Chetar	Issued By: Chetan
Blood storage centre, Surgical block, Masjid Moth, AIIMS, New Delhi	
Pin-110029. Approval no - S(0051)/BSC/22	
Lic.No. S(0051)/BSC/22	



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी का नाम / Patient Name  
UJID: 106751495  
Dept No: 20230030014501

कक्षा / Room

11  
Unit-III  
Paediatric  
Queue No: N12  
27/05/2023

रोगी का नाम / Patient Name  
DRAKSHYA MAHESHWARI  
BY BM 9D / M (कुछ)  
SUSITA RAM  
Age: BANSIBARAILIA BADAUN, UTTAR  
PRADESH, Pin 243633, INDIA  
Mob: 9760792565 New Patient General I.B.O Reporting: 10.00  
AM-11.00 AM



RPB-290523363 106751495



LH2905231356 106751495

ब०रो०वि० पंजीकृत

आयु  
Age

DRAKSHYAMAHESHWARI

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

13

13.3/6

Child c/o fever for 1.5 months.

- No significant wt loss, appetite loss.
- No splenomegaly, easy bruising
- No h/o headache, seizure.
- progressively increasing pallor.
- h/o 1 ⊙ PRBC transfusion

<https://childhelpinghand.org/>

O/E

Vitals

PR = 110/min  
RR = 22/min  
CFT < 3 sec

Afebrile

S/E

Respi

→ B/L NVBS ⊕  
No crept, wheeze.

Abd

- Soft, Non-tender
- ~~Splenomegaly~~ No splenomegaly
- Liver 1cm below RCM

CNS → (N)

CVS → S1S2 ⊕  
? ESM - in Mitral & Triangular area  
Murmur 1  
S1 S2



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



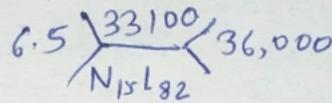
Investigations

PBS

- Normo-Normochromic
- Basophilic stippling
- Cabot Ring
- Howell-Jolly Bodies.

- WBC: 6% Blastoid cells
- DLG: N 55 L 37 M2 E0 B<sup>0</sup>

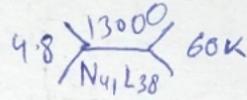
23/5/23



4/5/23 LDH 2191

P/S

- 16% blasts
- ↳ large round to oval nucleus, open chromatin, nucleoli & finely granular cytoplasm



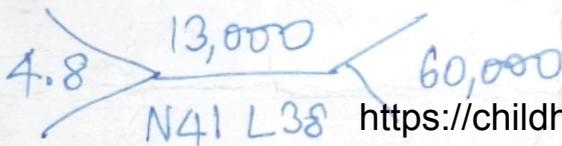
BMA

Marked erythroid hyperplasia → normoblastic & severe dyserythropoiesis (>50%)  
 nuclear budding, bridging, binucleation & nuclear irregularity.  
 preponderance of late normoblasts.

Myeloid precursors decreased.  
 No megakaryocytes

- Imp.
- ? Acute leukemia
  - ? MDS
  - ? Congenital dyserythropoietic anemia.

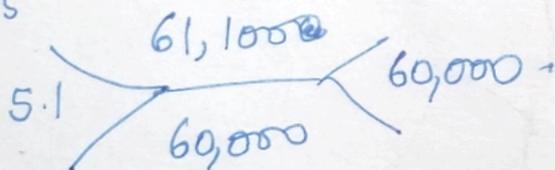
3/5/23



<https://childhelpinghand.org/>

Adv.

2/5



1. PS, Flow

2. Vit B<sub>12</sub> level

LDH-2191

Review with reports

POC 14A → 29/5/23 2pm (rd).

31/5/23 9am

BMA - N47L40M1B8 Mye 3%

MCV - 101 MCH - 32, MCHC - 31.7

Room no 7

Microb  
Sr.

23-30301 P



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अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

आर्य विज्ञान विभाग  
UHID: 106751495  
Dept No: 20230030016212

कक्षा / Room

OPR-6

रोगी का नाम  
DRAKSHYA MAHESHWARI  
BY 8M 24D / M (पुरुष)  
SINISTA RAM  
Add: BANSBARALLA BADAUN, UTTAR  
PRADESH, Pin 243633, INDIA  
Mob: 9760792585 New Patient General B-0 Reporting: 1 30 PM

14  
Unit-I  
POC  
Queue No: N1  
12/06/2023

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

आयु  
Age

पता / Address

निदान / Diagnosis ? AML / ? MDS ↓ evaluation

दिनांक / Date

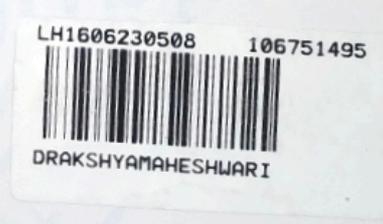
उपचार / Treatment

22  
7/6/23  
7.9 → 3000 ← 22,000  
↓  
106/29.6/19.3  
last transfused  
ROPβ on 3/6/23

12-6/23  
- came with BMA reports  
5/6/2023  
BMA Morphology: predominantly late erythroid cells (~75%). Marked dyserythropoiesis noted. Blasts constitute 8-10% of total cellularity. Over red noted. s/o MDS EB2, AML-M6 cannot be ruled out.  
Flowcytometry: 12% CD45 dim blasts  
pos.ve. neg.ve.  
CD34 (heterogeneous) CD11b  
CD117 CD7  
HLA-DR CD56  
CD13 CD19  
CD33 CD123  
CD38 CD14,16  
CD36,64  
Blasts are of myeloid lineage

PS  
leucopenia  
6000 RBCs / 100 WBC  
10% blasts

\* no new complaints  
afebrile since past 5 days  
no bleeding manifestations  
O/E - pallor ⊕  
liver 2cm ↓ RCM, spleen not palpable



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अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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Rdv

- 1) Hematopath conference discussion
- ⇒ 2) Rd Emergency — CBC,  
NO RDP transfusion if  
Platelet  $\leq 20000$ .
- 3) c/p BMA cytogenetics, molecular  
report
- 4) CBC on 16/6/23 from (27)
- 5) F/U in Rd 3 OPD on 17/6/23 with  
report

K. Kalma Sagarika  
s/p Rd 3

Height : 102 cm

<https://childhelpinghand.org/>

# Diagnostic Work UP & Risk Stratification

PS - pancytopenia, spherocytosis, polychromatophils  
MBC = 435/100 cells, multiple platelet clumps  
12% atypical cells, dyserythropoiesis

BMD - 8-10% blasts  $\bar{c}$  dyserythropoiesis  $\bar{c}$  late erythroid  
cell predominance  
? MDS-EB2

Flow Cyt 12% CD45 dim blast  $\left\{ \begin{array}{l} \oplus CD34, 117, HLA-DR, 33, 13, 30 \\ \ominus 11b, 7, 56, 123, K, 16, 36, 64 \end{array} \right.$

<https://childhelpinghand.org/>

Clonal markers - NR.

20 Schw - 60-65% WBC

S. WBC: 2191

Mt.  $\ominus$

Name of treatment protocol

26/6/23

Δ: MDS i E12

Plan

- Repeat BMA to be done - dated for 27/6/23
- Decitabine MAs as bridge therapy
- Molecular studies (NGS).
- If MDS-AML related  $\Rightarrow$  HSCT.
- CBC repeat
- RFT/LFT.
- Dietary Assessment  
L Antibi

for 27/6/23

PG 2/6

<https://childhelpinghand.org/>

Update

Dietary Assessment done

Wt:- 12kg.

Recommended Intake:- 1300 kcal & 40g f

Advice:-

Essential BM 1 cup in 100ml milk  
3 times.

Chee 3 tsp/day

Kabuli 2/day

15

5

Jfb  
includes

- Flv in OPD on 28/6/23 / Wednesday

Disease

28/06/23 hypoxia

had fever on augmentin PCM.

Rev on Saturday 1/7/23

Aditya Gupta

01/07/23

5.8 / 8.8 / 21

NGS has been sent  
=> awaited.

- PS - Blast = 18%
- fragmented RBC
- n RBC 350/100

2nd BMA

<https://childhelpinghand.org/>

BMA - 12%

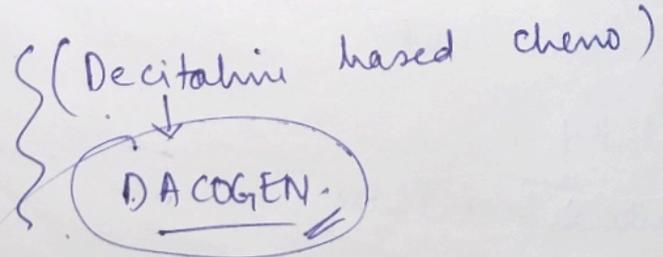
Cytogenetics - WNL

2nd BMA - 12% blasts

Fits MDS EB2:

PRBC transfusion + Platelet transfusion

HLA typing  
(Depth Transplant Immunogen)



Aditya Gupta

1/21/23

Seen in Day Care

Δ: MDS & EB2

- had reaction to RDP in the form of rash over face & neck post transfusion

↓

Inj Ant & hydromor given

wt = 13kg

- 9/2 -

Adls

Wtabs stable

HL = 84/u

PL = 287/r

PP/CP +1+

MS BRASS ⊕  
no added sounds

Rest 4/5 mm

<https://childhelpinghand.org/>

① - Spp. PLM (125/5) 8ml EOS  
② - Spp. L22 (500/500) 2ml MS

③ - catamenial iron LA RD

balgusdng

Rev on 5/7/23

Activity lyph

5/7/23

2nd BMA report ⇒ M:E = 1:4.5  
(27/6/23)

Blasts = 12% , some showing Aer red

Flow → 13% CD45 dim blasts

- ⊕ for CD34, 117, HLA-DR, 33, 13, 38, 123
- ⊖ for CD7/56/11b/14/61/36/235a/71

- CBC/RFT/UA - (28)

- N/V on 01/11/23 & reports in U<sub>3</sub> OPD

for

31/10/23

Child seen in MCH-DC

FN review

10.6 } 3.40 }  
          } 0.56 } 47

Child afebrile x 3 days

on D<sub>12</sub> PIPTAZ

D<sub>5</sub> TEICoplanin

No of loose stools / vomiting /  
cough / wheeze

Clinically well

<https://childhelpinghand.org/>

of

stable  
chest - clear

P/A - soft

CVS / WNL  
CNS /

Blood <sup>C</sup> - not available

omit

Adv  
IV antibiotics

- N/V on  
01/11/23 in U<sub>3</sub> OPD Herode

- ct. T. VORICONAZOLE 200mg  
1/2 TAB po q 12H to  
continue

Herode  
SR

Dict Notes

Gain in wt

Ht - 103.5 cm  
Wt - 14 kg  
MUAC - 14.2 cm  
(Moderate Thinness)

Current Intake - 1210 kcal and 32g P  
Resumed Intake - 1400 kcal and 42g P  
Fenofibrate 1.5 scoop in 150 ml milk  
BD

Counselling Done

JH  
01/11/23

1/11/23

MDS-EB2 | Post 2# Decitabine Ida Asac

(last 6/9 - 13/9/23)  
FN resolved

3/1/10  
10.4 } 3440 } 2.4L  
          } 970 }

HLA typing date not taken yet

MSCT funds applied <https://childhelpinghand.org/>

Not clear if BM was done for response assessment or not

Last ECHO (26/10/22) -> (N) study, LVEF = 55-60%.

Adv

To visit on 4/11/23 = all BM reports

To acc plan for BM assessment for remission status & give another cycle chemo as bridge therapy

Expedite MSCT funds

4/11/23

BM assess<sup>n</sup> done before starting chemo.

NO BMA done after receiving chemo.

d/p/w Prof R. Seltz

To check for remission status - BMA + Fluorocytosine

d/t 7/11/23

NPO daycare  
8am.

To review for other options of bridging therapy → devoid of anthracycline

~~ELMO = (N)  
(26/10)~~

N/V - 11/11/23 = CBC  
& BMA reports.

<https://childhelpinghand.org/>

11/11/23

Δ, MDS-EB2 / Post 2# labax /

9.6 )  $\frac{3230}{1190}$  ( 3.23labs

BMA - PS - 90 3% blasts & no significant abnormalities  
feels new

18/10/23

No funds ready for HSCT

Hematopath dis'n ~~of~~

↳ BMA MRD ⊖ (LAIP not seen in current BMA)

17/11

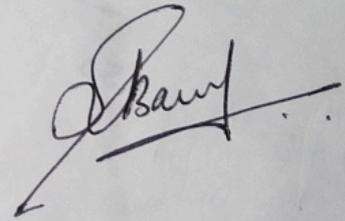
9.9 →  $\frac{3480}{740}$  ← 1.5L

LF1/RF1 ⊖

slw N/v - 20/11/23 POC 2pm to decide on the next chemo cycle as bridge therapy & counsel the family to expedite funds for HSCT.

No HLA matching done yet

<https://childhelpinghand.org/>



20/11/23

counseling done:-

- betadine gargle 2%
- sitz bath
- personal hygiene
- No fresh complain
- On Septem AD

Δ: MDS - EB

- no acute complaints
- no c/o cold/cough/fever
- HLA matching not done yet

Cumulative Doses

Dauno - 1 } equivalent.  
Ida - 0.3 }

↓  
Ida = 36 mg/m<sup>2</sup>  
= 180 mg/m<sup>2</sup>  
↳ Dauno equivalent

• currently, funds not arranged for NSC.

Plan  
- to decide for next cycle of chemotherapy

- to expedite funds for NSC

- to review regarding alternative options as hedge to NSC.

- M - 22/11/23

Satyendra  
SN

22 / 11 / 2023

Child mell.

9.9 | 3.48 | 150.  
N = 33

Last chemo:

<https://childhelpinghand.org/>

Decitabine  
Ida  
Ara-c

} 2 cycles  
last in Sep '2023

Plan 1 cycle without Ida.

To meet  
Dr  
Mamun

✓ 1mg Decitabine ( $20 \text{ mg/m}^2$ ) =  $12.4 \text{ mg} \times 3 \text{ doses}$

~~22/11~~ (D1) (D2) (D3) Aug 25/11

✓ 1mg Ara-c. 15.5mg IV BD x 5 days (D4 → D8).

Aug 28/11

No GCSF  
No Idamubicin

29/11 20/11

Next visit  
6/12/23

✓ Septrin to continue  
stop Voriconazole

22  
32

Diet Notes

Wt - 15kg  
Ht - 107cm  
MURC - 15cm  
BMI: - 13.05 kg/m<sup>2</sup>  
(Moderate Thin)

Current intake - 1000 kcal L 33gP  
Recommended intake - 1400 kcal L 39gP

Admission - Essential L 2.5  
1 scoop in 100ml  
milk BD

Theftin 3/day  
Diet Plan revised

<https://childhelpinghand.org/>

JH  
13/12/15



भारत सरकार

Government of India



सीता राम

Seeta Ram

जन्म तिथि / DOB : 01/01/1980

पुरुष / Male



2217 5217 9028

आधार - आम आदमी का अधिकार

<https://childhelpinghand.org/>



भारत सरकार

Government of India



द्रक्ष्य माहेश्वरी

Drakshya Maheshwari

जन्म तिथि/DOB: 18/11/2016

पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

9628 2250 8641



बाल आधार

मेरा आधार, मेरी पहचान