



**LONG BREATH**  
FOUNDATION



**LONG BREATH**

**F O U N D A T I O N**



अ० भा० आ० सं० अस्पताल / A  
बहिरंग रोगी विभाग / Out Pat  
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS



बाल चिकित्सा विभाग



UHID: 107078877  
ABHA: 0  
0  
Dept No.: 20230030030444

कमरा / Room

C-210  
Unit-III

Paediatric

बुध रविवार

Wed Sat  
03/02/2024

Queue: F28



Reporting: 02:43:58

कार्डिनो रजिस्ट्रेशन नं./O.P.D. N

ARUSHI

DIOPURAN SINGH

बाल चिकित्सा विभाग

Address: VILLAGE MILKIYA MANDAL, BINA, UTTAR  
PRADESH, Pin 244001, INDIA

Mob: 922041189 Follow Up Patient Gender: 0

निदान / Diagnosis

दिनांक / Date

18

12.5 kg

उपचार / Treatment

बाल चिकित्सा विभाग



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0  
Dept No.: 20230030030444

कमरा / Room

C-210  
Unit-III

Paediatric

बुध रविवार

Wed Sat  
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Reporting: 02:48:35

ARUSHI

DIOPURAN SINGH

बाल चिकित्सा विभाग

Address: VILLAGE MILKIYA MANDAL, BINA, UTTAR  
PRADESH, Pin 244001, INDIA

Mob: 922041189 Follow Up Patient Gender: 0

21.5

12.5 kg



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HID:	107078877	Reg Date :	15/10/2023 12:56 AM
atient Name :	Miss. ARUSHI		
ax :	Female	Age :	3 years 3 months 25 days
epartment :	Paediatrics	Unit Name :	Unit-III
nit Incharge :	Dr. S. K. KABRA	Sample Collection Date:	09/02/2024 09:41 AM
ib Name:	Lab Oncology	Lab Sub Centre:	Lab Oncology (IRCH)
mple Received Date:	10/02/2024 10:54 AM	Report Generated Date:	13/02/2024 03:26 PM
pt / IRCH No:	20230030030444	Recommended By:	Dr. Dilip SR Paeds
ib Reference No:	0549		
ard Name:	DAY CARE PEDS MCH GF		

mple Details : LOI-090224031-BP (Bone Marrow)

### BMA BMT PS

port: Cellular bone marrow aspirate smears were prepared from all sites.

ere is no evidence of any metastasis.

npheral smear is unremarkable.

vice : Correlation with bone marrow biopsy.

rior resident: Dr Rani Sahu

onsultant: Dr G Smeeta



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rtial reproduction of the report is not permitted.

Authorized Signatory



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
DEPARTMENT OF PEDIATRICS  
UNIT III DISCHARGE SUMMARY

Name: Arushi	Age/Sex: 4 ½ F	POC No:	UHID No: 107078877
Date of Admission: 26/6/2024	DOD : 25/7/2024		Bed: OPW 503
Diagnosis: High risk neuroblastoma – Metastatic for Autologous stem cell transplantation			
Consultants In-charge: Prof R Seth, Prof., SK Kabra, Dr. KR Jat , Dr JP Meena, Dr AK Gupta, Dr.Nitin			
Address: Badaun, Uttar Pradesh			Phone: 91 251 26588

# Long Breath Foundation

Arushi , a 4 year old female child – who was diagnosed as a case of HIGH RISK metastatic neuroblastoma , in October 2023 – started Chemotherapy in November 2023. At the end of 7 cycles she was in complete remission at metastatic sites and primary site. She underwent ASCT in July 2024 , and is being planned to be consolidated with RT and differentiating agents.

### INITIAL PRESENTATION –

October 2023 : Presented at 4 years of age with:

1. Fever for one and half months
2. Loss of appetite for one and half months
3. Abdominal distension for 10 days
4. Body pains for 10 days



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### BASELINE WORK UP –

- I. CBC – Anemia requiring transfusions
- II. CECT abdomen – Baseline done outside . Lost films and reports



भारत सरकार  
Government of India



आरुषी  
Arushi  
जन्म तिथि/DOB: 13/07/2020  
महिला/ FEMALE

Issue Date: 28/09/2022

Long Breath  
Foundation

9326 4631 7160  
VID : 9172 3372 2187 7105

मेरा आधार, मेरी पहचान

Department of Pediatric Oncology  
AIIMS, New Delhi

Neuroblastoma protocol

Name: AKRITI KUMARI (ARUSHI)

Age: 34

Gender: F

UHID: 107078877

POC: \_\_\_\_\_

Symptomatology

- |                              | Duration    |
|------------------------------|-------------|
| 1. c/o fever                 | x 1 1/2 mo. |
| 2. c/o abd dommed distension | x 10 day    |
| 3. c/o body pain             | x 10 day    |
| 4. Loss of appetite          | x 1 1/2 mo  |

Imaging with date and findings

1. 16th Aug 2023 USG abdomen liver enlarged
2. 21st Aug 2023 USG abdomen multiple
3. 21st Aug 2023 USG abdomen retroperitoneum

Biopsy (Site)

BMB / 2351702

Suprarenal Mass - 23584  
69

Image defined risk factors  Yes /  No

Histology

Favourable / Unfavourable / Not defined

MYCN amplified

11q aberration

Bone marrow aspirate

top

Metastases (+)

Urine VMA

FRIG PET/CT

Stage

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CBC at diagnosis

Renal function test

Liver function test

Serum ferritin

Serum LDH

2184

HBV

NR

HBsAg

NR

HCV

NR

CXR

(-)

Mantoux

Echocardiography

70% LVEF

Others

Vincristine	10.5mg/m2
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RADIOTHERAPY - NIL

SURGICAL INTERVENTION - NIL



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बहिरंग रोगी विभाग / Out Patient Department

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



मरीज का नाम

बाल विक्रिता विभाग

UHID: 107078877

कमरा / Room

C-210

एकक / U:

Queue / संख्या

F69

विभाग / D



Dept No: 20230030030444

Unit-III, Paediatric

OPR-6

ARUSHI

पंजीकृत सं०/O.P.D. Regn. No.

D/O PURAN SINGH  
4Y 7M 6D / F(महिला)

VILLAGE MILKIYA MARAURI, BADAUN  
UTTAR PRADESH Pin: 243601 INDIA

Ph: 9528696598 General Rs: 0

Follow Up Patient

डॉ. सुषमा

आयु  
Age

पता / Address



Reporting 10:17:47  
07/09/2024

निदान / Diagnosis

दिनांक / Date

69

13 Kg  
20

उपचार / Treatment

A

N/V in OPD on 14/08/2024  
CBC RFT / FT

Shivani



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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)



My Hospital  
meraaspatal.nhp.gov.in



DEPARTMENT OF RADIO-DIAGNOSIS  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi

Patient Name: ARUSHI

Sex: F

Age: 41

UHID: 107076877

Report State

OPD / Ward:

EXAMINATION DESCRIPTION:

PERFORMED ON: 2024-02-05 CR No

Report:-

Indication: Left suprarenal neuroblastoma with mets and B/L pleural effusion (diagnosed earlier) after chemotherapy. For reassessment and to look for mets.

CECT Chest and Abdomen

Chest

Few areas of mosaic perfusion are seen in LUL.

Bilateral lung fields are normal.

Tracheobronchial tree is normal.

A lymph node in prevascular and aortopulmonary area with central hypoattenuation area, measuring 12 mm.

Cardiac chambers are normal.

No pleural or pericardial effusion.

Body thorax: Grossly unremarkable.

Abdomen

There is a well defined heterogeneously enhancing lesion in left suprarenal location with areas of chunky calcification, measuring 17 mm.

Another similar morphology lesion measuring 12 mm is seen just below the above lesion in suprarenal location.

Left adrenal is visualised separately. No evidence of vascular contact or encasement.

Another similar morphology lesion measuring 12 mm is seen just below the above lesion in suprarenal location.

Location discontinuous from the above lesion.

A lymph node measuring ~9 mm SAD is seen at the level of left renal artery.

Liver is normal in size and attenuation.

Gall bladder is normally distended. No evidence of cholelithiasis or cholecystitis.

CBV and portal vein are normal.

Pancreas is normal in bulk and attenuation.

Spleen is normal in size and attenuation. No focal lesion seen. MF is not dilated.

Bilateral kidneys are normal in size and attenuation. No calculi or hydronephrosis. No focal lesion seen.

Bilateral adrenals are normal.

Retroperitoneum and vessels are normal. No significant lymphadenopathy.

No free fluid in abdomen.

Urinary bladder is normally distended. No abnormal wall thickening or calculi seen.

No dilated bowel loops. No bowel wall thickening.

Visualised bony skeleton is normal. No evidence of any local bony lesions.

Impression

• A well defined heterogeneously enhancing lesion in left suprarenal location with areas of chunky calcification within and relations as described.

• Another similar morphology lesion just below the above lesion in suprarenal location, discontinuous with above lesion.

• A lymph node in left paravertebral location and two in the mediastinum.

F.S.O localised neuroblastoma (stage L1).

ADV: Compare with the previous scan before chemotherapy.

- III. PET CT – metabolically active left suprarenal mass with bilateral pleural effusion and pleural thickening. Multiple FDG avid lymph nodes in both sides of the diaphragm . Diffuse patchy marrow uptake present. FDG avid lytic destructive bone lesions with soft tissue component in the right scapula. Largest dimensions of the primary mass – 30\*39\*25 mm.
- IV. Staging – M
- V. HPE – small round blue cell tumor with rosettes. Positive for PHOX2B
- VI. VMA- **not available**
- VII. NMYC – amplified
- VIII. MIBG – mass as well as metastatic sites **non** MIBG avid
- IX. BMA/Biopsy – B/L Metastasis present

**Final diagnosis: Neuroblastoma with left suprarenal primary/Stage M/High risk/MYCN amplified**



**TREATMENT DETAILS –**

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- 11/11/2023- 12/11/2023 : Cycle #1 OPEC (75% dose)
- 2/12/2023 : Cycle # 2 OJEC (75% dose)
- 24/12/2023- 25/12/2023 : Cycle#3 OPEC
- 20/1/2024 : Cycle #4 OJEC
- 10/3/2024 : Cycle #5 OJEC
- 01/4/2024 – 2/4/2024 : Cycle #6 OPEC
- 9/6/2024 – 10/6/2024 : Cycle #7 OPEC

**Cumulative chemotherapy doses**

Agent	Cumulative dose
Cyclophosphamide	3.9 g/m <sup>2</sup>
Cisplatin	300 mg/m <sup>2</sup>
Carboplatin	1.37 g/m <sup>2</sup>
Etoposide	1.3 g/m <sup>2</sup>