

DISCHARGE SUMMARY
 DEPARTMENT OF SURGICAL GASTROENTEROLOGY

Mr. SELVARAJU.P

59 Y / MALE

32, vallalar nagar, vadavalli COIMBATORE

9578691521

Patient Type :
CORPORATE

Source Name : TAMIL NADU NEW HEALTH INSURANCE
SCHEME

Registration
Number: 10013664

IP Number: IP202003980

Admitted On: 26-09-2020 / 14:07

Discharged On: 10-11-2020 / 12:47

Bed No: 336

Ward Name: 3B

LEAD CONSULTANT

Dr. PALANIVELU C MBBS., MS., MCh., FACS., FRCS (ED), DS.C., Ph.D.,

CONSULTING DOCTOR :

Dr. NALANKILLI V P MBBS., MS., FMAS., FACS.,

Dr. ANAND VIJAI N MBBS., MS., DNB(SGE), Ph.D(MAS),

Dr. SENTHIL ANAND E MBBS., MS(GS), M.CH

Drug Allergy :

NO KNOWN DRUG ALLERGIES

Final Diagnosis :

1. RECURRENT CHOLANGITIS
2. MULTIPLE CHOLANGITIC ABSCESS
3. HILAR & DISTAL CBD INDERTIMINATE STRICTURES

Procedure Done :

1. ERCP + stenting of Left system stenting done on 8/10/2020.
2. USG guided Biopsy of hilar lesion done on 12/10/2020.
3. PTBD and Left ductal system stenting done on 14/10/2020.
4. ERCP AND RIGHT AND LEFT DUCTAL STENTING WITH COVERED METAL STENTS DONE ON 01/11/2020.

History of Present Illness :

This 58 years male was a suspected case of Overlap syndrome (Autoimmune hepatitis and PSC) came with complaints of fever with chills since 2-3 days & abdominal pain and myalgia. No h/o nausea, vomiting or loose stools. No h/o jaundice. No bladder or bowel disturbances.

BRIEF OUTLINE OF PATIENT'S MEDICAL HISTORY:

- 22/10/2018 1- Colonoscopy → 5mm polyp ascending colon. • Bx → Adenomatous polyp with LGD
- 30/10/2018 :- USG → Gall Stones dilated CBD → 8mm, LFT normal. 30/10/2018 → Lap chole
- 01/11/2018 → MRCP → s/o CD stones; ? Impacted calculus or stricture in distal CBD

• 02/11/2018 → ERCP + Stenting- 7mm calculus removed. Stent removed on 13/11/2018

Coloproctology ♦ Hepato Pancreato Biliary Surgery ♦ Endogynecology ♦ Preventive Gastro Care ♦ Digestive Cancer

Hernia Surgery ♦ Scarless Surgery ♦ Advanced Endoscopy ♦ Obesity & Diabetes ♦ Liver Clinic ♦ Urology

Mr.SELVARAJU.P

59 Y / MALE

- 02/04/2019 → Bilateral TEP
- 12/05/2020 → Jaundice ; Increased LFT with transaminitis ; CA 19.9-402.69. U
- 13/05/2020- CECT abdomen- Dilated IHBRD and CBD upto pancreas abdomen → IHBRD ; Distal CBD narrowing.
- 15/05/2020 → ERCP + Stenting. ERCP s/o short segment smooth distal CBD stricture. Bx → Neg. for malignancy. Chronic duodenitis
- 12/08/2020 → Persistent transaminitis, elevated ALP. USG guided Liver Bx → s/o mild cholestasis & Ishak stage 1 fibrosis. Diagnosed as overlap syndrome (AIH w/ PSC). ANA elevated. Started on steroids.
- 16/09/2020 → Admitted with cholangitis 18/9/2020 → ERCP & right system stenting done. Flakes of pus drained. Brush cytology taken- s/o regenerative atyp

Past Medical History :

No comorbidities.

Past Surgical History :

H/o Laparoscopic cholecystectomy on 30.10.2018
H/o ERCP done on 16.05.2020, 02.11.2018
H/o Laparoscopic bilateral TEP on 02.04.2019
H/o ERCP - S/P CBD stenting
H/o USG guided liver biopsy done on 12.08.2020

PHYSICAL EXAMINATION:

Temperature : Afebrile

PR : 102/min

RR : 20/min

BP : 100/60mmHg

CVS : S1, S2 present

RS : Bilateral air entry equal

CNS : Well oriented

P/A : Soft. Non tender, Bowel sounds heard. Free fluid present.

Investigations:

MDCT abdomen on 29.09.2020 - Subtle enhancing lesion in the confluence of right and left hepatic ducts causing dilatation of intrahepatic biliary with multiple peripheral enhancing lesions in both lobes of liver.

HPE report on 12.10.2020 - Liver biopsy with lobular cholestasis with no evidence of malignancy.

Mr. SELVARAJU.P

59 Y / MALE

Registration Number: 10013664
IP Number: IP202003980

Procedure :

ERCP DONE ON 08.10.2020 - Under GA side viewing scope passed previously placed stent visualized. Guide wire passed into left ductal system. 7F X7cm double pig tail stent deployed, with stent pig tail coiling just above the confluence. Free flow of bile seen.

ERCP DONE ON 02.11.2020 - Side Viewing scope passed, previously placed short stent removed using biopsy forceps. Right duct cannulated, restively left duct cannulated antegrade through PTBD catheter. 8cm fully wound SEMS positioned in to right and left ductal system and under and under fluoroscopy guidance. 2 Fully covered biliary SEMS deployed.

Course In Hospital :

Patient was a suspected case of Overlap syndrome (AIH and PSC) admitted with above mentioned complaints. Patient was diagnosed with recurrent cholangitis and was put on IV antibiotics and other supportive treatment. Patient persistently had fevr after the procedure and therefore underwent CECT abdomen on 29.09.2020 which showed a hilar lesion/ stricture with multiple lesions in liver- ? cholangitic abscess. patient was continued on higher antibiotics. Recurrent episodes of fever persisted. Patient underwent ERCP + stenting of Left system stenting on 8/10/2020. Patient underwent USG guided Biopsy of hilar lesion on 12/10/2020 which was negative for malignancy. As the patient continued to have recurrent fever and as the left duct system was being properly drained, PTBD stenting was done on 14.10.2020. Patient was symptomatically better after this for 4 days and then again had fever. After giving a trial to manage with antibiotics as per sensitivity reports, as the fever was recurring, decision was made to put metal stents and patient underwent ERCP and stenting of Left and Right hepatic duct with covered metallic stents on 01.11.2020. Patient has been asymptomatic since then. Patient was on antibiotics based on blood and bile culture and sensitivity reports. Patient is better at the time of discharge.

ANTIBIOTICS GIVEN:

INJ PIPTAZ 4.5GM IV TDS X 3 DAYS
INJ. LEVOFLOX 500MG IV OD X 10 DAYS
INJ. MERO 1G IV TDS X 12 DAYS + 8 DAYS
INJ TIGICYCLINE 50MG IV BD X 8 DAYS
INJ. AMIKACIN 750MG IV OD X 11 DAYS
INJ. AMIKACIN 500MG IV OD X 5 DAYS
INJ. CETIL 1.5GM IV BD X 5 DAYS

Mr.SELVARAJU.P

59 Y / MALE

Registration Number: 10013664
IP Number: IP202003980

INJ. ENCLARE FORTE 1.5GM IV BD X 11 DAYS
INJ. SYSCAN 400MG IV OD X 9 DAYS
TAB. SYSCAN 400MG OD X 5 DAYS
TAB. LINEZOLID 600MG BD X 9 DAYS

When To Obtain Urgent Care :

1. Fever with Chills
2. Vomiting
3. Abdominal Pain / Discomfort
4. Loose Stools

Advice On Discharge :

Food and drug interaction explained to the patient.

1. To take normal diet
2. To come for review after 1 week at MGE OPD & SGE III OPD (WEDNESDAY SATURDAY)
3. To take following medicines.

Medications :

1. INJ. AMIKACIN 500MG 1-0-0 X 2 DAYS
2. TAB. DUONEM-ER 300MG 1-0-1 X 7 DAYS
3. TAB. NEXPRO 20MG 1-0-0 X 10 DAYS
4. TAB. ZINCOVIT 0-0-1 X 10 DAYS
5. TAB. UDILIV 150MG 1-0-1 X 10 DAYS
6. TAB. ULTRACET SOS IF PAIN
7. TAB. DOLO 650 SOS
8. SYP. LOOZ 15ML 0-0-1 X 7 DAYS
9. PROTEIN POWDER 2 SCOOPS 1-1-1

Investigations : Report Enclosed

Review Date : 18.11.2020

CHECKED BY: DR. KHAN / DR. SRIDHAR / DR.SENTHIL ANAND