

Admission Date
Apr 25, 2012

Admission Type
Emergency

Discharge Date
Apr 30, 2012

Discharge Disposition
Home

Consult - Initial signed by Hu, Jethro L, MD at 4/27/2012 1:32 PM

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NEURO-ONCOLOGY CONSULT NOTE

PATIENT NAME
CONSULT DATE:
DATE OF ADMISSION 4/25/2012
REFERRING MD: Dr. Chirag Patil

REASON FOR CONSULTATION:

is a pleasant 28 yo RH woman s/p resection of a R frontal enhancing mass 4/25/12 by Dr. Chirag Patil. Final pathology = GBM. Consulted re: management.

HPI:

Pt began experiencing progressively worsening HAs beginning ~2 weeks before hosp. Also L arm weakness beginning ~1 week before hosp. Brought to ER 4/25 after being found down by boyfriend Nathan with urinary incontinence. ER notes also report pt had been having episodic LUE twitching. CT showed 4.5 cm R frontal mass with midline shift and transtentorial herniation. Urgent craniotomy performed 4/25 with gross total resection. Pathology = GBM, 20% cells positive for IDH1 mutation, <1% MGMT positive, PTEN retained.

Pt currently reports feeling well. No n/v. No szs since hosp. LUE strength significantly improved compared to pre-op. No language or cognitive deficits.

PMH:

-GBM
-seizure disorder
-h/o migraines

Allergies:

No Known Allergies

Current Medications:

Current facility-administered medications

Medication

- 0.9 % NaCl + potassium chloride 20 mEq/L continuous infusion
- Acetaminophen (TYLENOL) oral solution 650 mg
- acetaminophen (TYLENOL) suppository 650 mg
- bisacodyl (DULCOLAX) suppository 10 mg
- calcium gluconate IVPB 1 g
- D50W IV syringe 25 g
- dexamethasone (DECADRON) injection 10 mg
- dexamethasone (DECADRON) tablet 10 mg
- dexamethasone (DECADRON) tablet 2 mg
- dexamethasone (DECADRON) tablet 2 mg
- dexamethasone (DECADRON) tablet 4 mg
- dexamethasone (DECADRON) tablet 4 mg
- dexamethasone (DECADRON) tablet 4 mg
- dexamethasone (DECADRON) tablet 6 mg
- dexamethasone (DECADRON) tablet 8 mg
- glucagon (human recombinant) injection 1 mg
- Glucose chewable tablet 16 g

- heparin injection 5,000 Units
- hydrALAZINE (APRESOLINE) injection 10 mg
- HYDROcodone-acetaminophen 5-325 mg (NORCO) 1 Tab
- HYDROMorphone (DILAUDID) injection 0.25 mg
- insulin REGULAR (HumuLIN R; NovoLIN R) injection 1-12 Units
- LABEtalol (NORMODYNE) injection 10 mg
- levETIRAcetam (KEPPRA) tablet 1,000 mg
- Magnesium sulfate IVPB 1 g
- METOpolol (LOPRESSOR) tablet 25 mg
- niCARDipine (CARDENE) (0.2 mg/mL) 50 mg in 0.9% NaCl 250 mL infusion
- ondansetron (ZOFTRAN) injection 4 mg
- potassium chloride (K-DUR, KLOR-CON) tablet 20-60 mEq
- potassium chloride 10 % solution 20-60 mEq
- potassium chloride 10 mEq/100 mL IVPB 10 mEq
- potassium chloride 20 mEq/50 mL IVPB 20 mEq
- ranitidine (ZANTAC) tablet 150 mg
- sodium phosphate 15 mmol in D5W 250 mL IVPB
- sodium phosphate 30 mmol in D5W 250 mL IVPB
- trimethobenzamide (TIGAN) injection 200 mg

FH:

No h/o brain tumors.

SH:

Lives near Cedars, works as a personal trainer at nurse, at bedside.

I. From Seattle, mother is a med-surg

ROS: A 14 point review of systems was performed. Pertinent positives listed in HPI; all remaining systems negative in detail.

PHYSICAL EXAMINATION:

Vitals: BP 112/59 | Pulse 51 | Temp(Src) 99.4 °F (37.4 °C) (Axillary) | Resp 14 | Ht 5' 4.02" (1.626 m) | Wt 119 lb 14.9 oz (54.4 kg) | BMI 20.58 kg/m² | SpO₂ 98% | PF 45 L/min | Breastfeeding? Unknown.

Exam:

GENERAL: WNWD, NAD

HEENT: R periorbital ecchymoses, incision c/d/i

CV: RRR

PULM: CTAB

ABD: soft, NTND

EXT: no C/C/E

NEURO:

-alert, appropriate, fluent

-EOMI, symm face, VFFTC, PERRL, symm palate elev, tongue midline

-normal tone/bulk, RUE/RLE 5/5; LUE 4+ with slightly slower finger taps, LLE 5

-sens intact LT throughout

-nl FNF

STUDIES:

Personally reviewed post-op MRI 4/26/12. Shows interval resection of R frontal enhancing mass seen on pre-op CT 4/25/12.

Na 139, Cr 0.6

WBC 23.8, hct 26.7, plts 209

ASSESSMENT/PLAN:

In summary, _____ is a pleasant 28 yo RH woman s/p gross total resection of a R frontal enhancing mass 4/25/12 by Dr. Chirag Patil. She presented with HAs, LUE weakness, and a generalized seizure. Final pathology = GBM. 20% cells positive for IDH1 mutation, <1% MGMT positive, PTEN retained. She is recovering well at this time, with improvement in LUE strength after surgery.

Had initial discussion with pt and pt's mother re: diagnosis. Standard tx for newly dx'd GBM consists of involved field RT with concurrent temozolomide chemo followed by cycles of temozolomide chemo. Pt may also be a candidate for ICT-107, a phase 2 trial of dendritic cell vaccine vs placebo along with standard chemoradiation.

Recs:

- Will continue discussion of dx, prognosis, management options with pt and family.
- Consider Rad-Onc consult.
- Defer dex taper to NSurg.
- Cont Keppra.

Thank you for allowing me to participate in the care of your patient. I will continue to follow along.

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Electronically Signed By Hu, Jethro L., MD on 4/27/2012 1:32 PM