

DISCHARGE SUMMARY

(PER-PD 302)

1. NAME SITI ZURAIDAH BINTI HAMID	2. R/N HRPZ822541	3. I/C NO 820219036096 (New IC)	4. DATE OF BIRTH 19/02/1982
5. ADDRESS PT 1373, TAMAN SRI KALONG, KOK LANAS, 16450 KETEREH, KELANTAN	6. SEX FEMALE	7. DATE OF ADMISSION 12/06/2020 18:21	8. DATE OF DISCHARGE 24/06/2020 14:16
9. FINAL DIAGNOSIS - Sarcoidosis with pulmonary involvement, dilated cardiomyopathy and hepatosplenomegaly - Bilateral cardiomyopathy with mitral regurgitation - Mediastinal lymphadenopathy with lung parenchymal involvement - Beta thalassemia trait			
10. SUMMARY (Including history, physical signs, relevant investigations, clinical course, treatment, medical leave, disability etc. Please use appendix if necessary)			
<p>Allergy and Adverse :</p> <p>Clinical Summary :</p> <p>38 YO/MALAY/LADY single on smoker</p> <p>ul: multiple mediastinal lymphadenopathy with lung parenchyma involvement</p> <p>previously treat as PTB smear negative, started on anti tb 10/9/2019 till 28/1/20 (day 85) stopped U/w/o no improvement</p> <p>ct thorax 3/9/2019: features of active lung infection, pulmonary tuberculosis likely</p> <p>ct thorax 15/1/20: no significant changes of the previously seen mediastinal nodes and lung finding</p> <p>ddx: lymphoma</p> <p>done bronchoscopy and biopsy (06/02/2020): cytology-smear show benign cells admixed with some mature squamous cells are seen</p> <p>ZN stain negative for acid fast bacilli</p> <p>cell block show benign bronchial epithelial cells</p> <p>transtracheal needle aspiration of lung mass (06/02/2020): suboptimal sampling, suggestive of benign lymphoepithelial lesion</p> <p>tissue dissolved</p> <p>TB pcr and gene expert negative</p> <p>2. dilated cardiomyopathy with moderate mr</p> <p>echo 33% global hypokinesia</p> <p>thin inferior wall, moderate MR</p> <p>p/w epigastric pain 2/7</p> <p>sob</p> <p>pnd/orthopnea</p> <p>LOA/LOW</p> <p>cough on off</p> <p>lung reduce breath sound at RT MZ</p> <p>cvs s1a2</p> <p>p/a soft, hepatosplenomegaly (liver 2FB palpable)</p> <p>blood ix:</p> <p>twc 10</p> <p>LDH 407</p> <p>CTD w/up negative tumour marker (3/9/2019)</p> <p>Ca 125: 129 (0-35)</p> <p>CEA 1.8</p> <p>AFP 1.7</p> <p>cxr paratracheal mass increase in size</p> <p>homogenous opacity</p> <p>elevated rt hemidiaphragmatic</p> <p>lung parenchymal look similar with previous cxr</p> <p>ct thorax 15/06/2020: Case of mediastinal lymphadenopathies of undetermined cause. Current CT shows:</p> <ol style="list-style-type: none"> 1. Stable mediastinal lymph nodes. 2. Worsening right pleural effusion and lung consolidation. <p>proceed with piroscopy on 18/6/2020</p> <p>noted hypervascular parietal pleural with multiple irregular mucosal scattered</p> <p>biopsy taken</p> <p>HPE: granulomatous inflammation</p> <p>ultrasound abdomen 23/06/2020:</p> <p>No significant abnormality seen.</p> <p>Assessment :</p> <ol style="list-style-type: none"> 1. Probable sarcoidosis with - pulmonary involvement - dilated cardiomyopathy - hepatosplenomegaly <p>Plan:</p> <ol style="list-style-type: none"> 1. Allow discharge 2. Discharge with - T. prednisolone 50mg OD x3/52 - T. Frusemide 20mg OD x3/52 - T. omeprazole 20mg OD x3/52 - T. CaCo3 500mg OD x3/52 - T. alfacalcidol 0.5mg OD x3/52 3. For CT abdomen/pelvis on 25/08/2020 4. For cardiac MRI at HUSM (Dr. Amirah will call patient directly when date available) 5. TCA at ophthal clinic on 05/08/2020 for eye assessment 6. TCA RC x2/52 (08/07/2020) under Dr. Suzila 7. To repeat echo in 6/52 (to review echo during RC TCA) 8. To trace serum ACE from Gribble lab <p>Relevant Investigation :</p> <p>Medication :</p> <ul style="list-style-type: none"> - Prednisolone 5 mg Tablet (50 mg/Once daily (OD)) Start from : 24/06/2020 14:00. Duration : 3 Week(s) - Alfacalcidol 0.25 mcg Cap (0.5 Microgram/Once daily (OD)) Start from : 24/06/2020 14:00. Duration : 3 Week(s) - Calcium Carbonate 500mg Tab (500 mg/Once daily (OD)) Start from : 24/06/2020 14:00. Duration : 3 Week(s) - Omeprazole 20 mg Capsule (20 mg/Once daily (OD)) Start from : 24/06/2020 14:00. Duration : 3 Week(s) - Frusemide 40 mg Tablet (20 mg/Once daily (OD)) Start from : 24/06/2020 14:00. Duration : 3 Week(s) <p>Procedures :</p> <p>Ultra Sound (U/Sound)</p> <p>Pleuroscopy</p> <p>CT thorax</p>			

Plan of Care :

IV cannulation
CBD

Plan:

1. Allow discharge
2. Discharge with
 - T.prednisolone 50mg OD x3/52
 - T.Frusemide 20mg OD x3/52
 - T.omeprazole 20mg OD x3/52
 - T.CaCo3 500mg OD x3/52
 - T.alfacacidol 0.5mg OD x3/52
3. For CT abdomen pelvis on 25/08/2020
4. For cardiac MRI at HUSM (Dr.Amirah will call patient directly when date available)
5. TCA at ophthal clinic on 05/08/2020
for eye assessment
6. TCA RC x2/52 (08/07/2020) under Dr.Suzila
7. TCA cardio clinic on 1/11/2020 to review cardiac MRI, with echo on TCA
8. To trace serum ACE from Gribble lab
9. Restriction of fluid 800ml

Specialist Name :

11	NAME OF MEDICAL OFFICER	DR NURFARHANA BT MOHAMAD NASIR (MMC: 81176)	12 SIGNATURE
	ID		13 DATE 25/06/2020 17:39:
14	OFFICIAL CHOP	15 CERTIFIED BY	

1. Dilekatkan pada Rekod Perubatan

2. Dilekatkan pada Kad Pesakit Luar