

15-08-2024: First Visit in PKLi Executive Clinic

Patient:

Doctor, I have HCV and I was treated for it. However, I haven't achieved SVR.

Doctor:

I see. You don't have diabetes or hypertension, but you do have decompensated cirrhosis with ascites, portal-systemic encephalopathy (PSE), and jaundice. We'll need to monitor and manage this closely.

Doctor:

You are classified as Child-Pugh Class C (10). Unfortunately, a donor is not available yet, so we'll continue with your treatment for acute kidney injury (AKI) and hepatorenal syndrome (HRS).

Plan:

Send Child-Pugh score labs

AFP test

MRI liver dynamic when creatinine is  $< 2.0$

Continue medical optimization at Shalimar Hospital

The family was informed about the need for a liver transplant after medical optimization and ECOG improvement.

The patient will come tomorrow with a donor.

Doctor:

I'll be following up on this, and we'll discuss the transplant process more when we see the donor.

23-08-2024: Initial Nephrology Visit

Patient:

Doctor, I came today for your opinion on the triphasic CT scan. My creatinine is 1.8.

Doctor:

It looks like we can proceed with the CT scan, but you'll need IV hydration first. You should get 100 ml normal saline in one hour before the contrast, followed by 100 ml per hour for the next 4 hours.

Doctor:

After the CT, we'll repeat your creatinine levels in 3 days.

03-09-2024: HPB & LTX Clinic

Patient:

Doctor, I've been having abdominal distension and orthopnea. I've had these symptoms for a while now.

Doctor:

I see, you were diagnosed with HCV in 2006 and treated with DAAs for 6 months. You've achieved SVR. From July 2024, your ascites became diuretic-resistant, and you had an ascitic tap for relief. Now you're seeking a liver transplant opinion.

Doctor:

Youve had two episodes of portal-systemic encephalopathy (PSE) and no significant jaundice or hematemesis. Your last ascitic tap was on 02-09-2024, and we took 2L of fluid.

Doctor:

Youve also had significant weight loss, but no blood transfusions, fever, or night sweats.

Review of Medical History:

Hypertension

No prior surgeries

On current medications including rifaxamine, aminoliban powder, lactulose syrup, and carvedilol.

The family history includes diabetes in your older brother and hypertension in your younger brother.

Examination:

Conscious, well-oriented, GCS 15/15.

Abdomen: Soft, non-tender, distended.

Investigations:

Ultrasound (26-06-24): Chronic liver changes, splenomegaly, severe ascites, cholelithiasis.

CT Scan (26-08-24): No HCC, moderate ascites, pleural effusion, and concerns about lung infection.

Labs:

Hb: 8.8

Creatinine: 1.7

Albumin: 2.14

CTP: 10C

MELD Na: 18

Diagnosis:

HCV-related decompensated liver disease.

Liver transplant is the definitive treatment option.

Discussed donor criteria and associated risks including mortality, morbidity, and post-transplant complications.

Plan:

Continue medications and optimize the patient for transplant.

Family was informed about the risks of living donor liver transplant, including potential complications and the need for lifelong immunosuppressants.

26-09-2024: Gynaecology Clinic

Patient:

Im here for a follow-up regarding my liver transplant candidacy.

Doctor:

We reviewed your medical history. You're post-menopausal, and your ultrasound shows no significant pelvic pathology.

Doctor:

Your liver transplant candidacy is still under review, and we're considering your cardiovascular status as well.

03-10-2024: Right Heart Catheterization

Patient:

I had the heart catheterization today. What are the results?

Doctor:

The catheterization and coronary angiogram came back normal. You're at low risk for major adverse cardiovascular events during elective non-cardiac surgery, so we're clear to proceed with liver transplant surgery after optimizing your thyroid levels.

Plan:

Continue with the liver transplant evaluation and treatment optimization.

15-10-2024: Follow-up Visit

Patient:

I've been testing positive for COVID-19, so my liver transplant evaluation was delayed.

Doctor:

Yes, we've postponed your transplant evaluation for now. Your workup is completed, but we'll need to re-evaluate your condition once your COVID status clears.

Plan:

Continue monitoring your symptoms and complete your evaluation once you're cleared.