

Gender: Male

Age: 41

MRN: 767766

Diagnosis: Chronic viral hepatitis C

History and Physical:

Patient: Hi, Doctor, Im feeling a bit off today.

Doctor: Hello! How are you feeling overall?

Patient: Ive been having some epigastric discomfort and dizziness after meals.

Doctor: Alright, lets go through your details. You had a liver transplant (SP LDLT) due to HCV, HCC, and DCLD, with the surgery on July 10th, 2024, and you were discharged on July 29th, 2024. You're currently on POD (post-operative day) 5 months.

Doctor: I see your latest AFP (on November 4th, 2024) is 8.35, which is high. Let's take a look at your CT scan from the same date.

CT Scan: Transplanted liver shows smooth margins with normal enhancement. No focal lesion. Patent hepatic vasculature, including both hepatic arteries. Minimal intrahepatic biliary prominence is unchanged. The large air-containing collection has almost fully resolved with a small residual volume along the hepatic cut surface in the right sub-diaphragmatic region, measuring 2 x 5 x 1.2 cm, corresponding to a volume of 6 ml. No other collection or significant findings. Splenomegaly of 13.5 cm is noted without ascites or significant abdominal lymphadenopathy.

Doctor: Your wound looks healthy with no major concerns. Theres no active issue other than the epigastric discomfort after meals. Your medications and lab results are reviewed, and well continue with the same doses for tacrolimus and mycophenolate mofetil.

Doctor: I'd recommend a follow-up after 3 weeks. Also, please keep an eye on your diet, and feel free to contact me if anything changes. If you experience any new symptoms or issues, let me know immediately.

Patient: I've been feeling slightly better overall, but I still have some pain at the surgical site, especially on the right hypochondrial area. It's been bothering me for the past week.

Doctor: Noted. You were readmitted on August 22nd, 2024, for abdominal distention and pain. A CT scan showed a large collection along the cut surface, extending into the subhepatic region with a volume of about 512 ml. An IR-guided percutaneous catheter was inserted, and the fluid culture came back positive for *Klebsiella pneumoniae*. The antibiotics were adjusted accordingly. The collection has since reduced, and a follow-up scan on September 4th showed a tiny collection remaining, measuring about 2.5 x 1.2 x 1.5 cm with a corresponding volume of 2.5 ml.

Doctor: As for your treatment, we'll continue monitoring, and your latest plan includes:

Discontinuing Septran.

Discontinuing PCT.

Decreasing fluconazole to 50 mg daily.

Continuing with tacrolimus 2.5 mg twice daily and mycophenolate mofetil 500 mg twice daily.

Follow-up in 2 weeks.*

Patient: What should I be doing to avoid these collections and manage pain?

Doctor: Ensure you are following the prescribed medications, and continue monitoring for any new symptoms. A diet adjustment could help improve your overall condition. Ill also review your CT scans regularly to check for any changes. Pain management can be managed with Panadol 500 mg as needed.

Patient: Thanks, Doctor. Ill keep monitoring my condition and follow the treatment plan.

Doctor: Great, please do, and make sure to follow up after 2 weeks for your next appointment. Stay in touch if you have any concerns before then!