

Gender: Female

Age: 5

MRN: 709356

Diagnosis: Budd-Chiari syndrome

History and Physical:

Patient: Doctor, my daughter has been suffering from abdominal distension, jaundice, fever, and decreased urine output for the last month.

Doctor: I see, thank you for the details. Lets go over some information. Based on the lab results from September 2022, I can see a few concerning findings. Her GGT was 54, albumin was 3.2, bilirubin was elevated at 2.4, and ALT was 485. These could be indicative of liver dysfunction. Her liver enzymes AST, ALT, and ALP are also elevated, which suggests that the liver is under stress.

Patient: Yes, shes been feeling unwell and has had a lot of discomfort. What else did the tests show?

Doctor: Her white blood cell count was 14.1, which could indicate an ongoing infection. The hemoglobin is 7.7, which is low, indicating that she is anemic. Also, the INR is 1.3, which suggests a slight clotting issue. Hepatitis A and C tests were negative, which is good, but her liver function is still a concern.

Patient: Shes been on some medications, but it doesnt seem like theyve helped much.

Doctor: I see that shes currently taking Aldactone and Lasoride. These medications help manage fluid retention and high blood pressure but might not be addressing the underlying cause of her condition. The ultrasound done in September showed a possible diagnosis of veno-occlusive syndrome, and the CT scan further confirmed a Budd-Chiari syndrome picture, which involves

hepatic vein obstruction.

Patient: Oh, I see. What does that mean for her?

Doctor: Budd-Chiari syndrome is a serious condition where the blood flow out of the liver is blocked. This causes pressure to build up in the liver, leading to symptoms like ascites, jaundice, and an enlarged liver. The treatment usually involves addressing the liver's function and preventing complications.

Patient: Whats the next step for her?

Doctor: Were planning a virtual clinic tomorrow for further monitoring and would like you to submit the CT scan CD for review. Well also continue her medications as discussed. She needs a liver biopsy and further workup, including an EGD (esophagogastroduodenoscopy) to check for varices.

Follow-up on 10-11-2022:

Patient: Doctor, I brought my daughter in for a follow-up. Shes still dealing with abdominal distension.

Doctor: Thank you for bringing her in. I reviewed her records, and based on her ultrasound, she still has hepatomegaly (enlarged liver) and a non-homogenous liver texture. Her condition has been diagnosed as Budd-Chiari syndrome. We will continue her current medications, including Aldactone and Ibert syrup.

Patient: Shes also been having trouble with her breathing and cough. Does that have anything to do with her condition?

Doctor: Yes, the cough could be a sign of fluid buildup in her lungs due to liver dysfunction. Her liver enlargement is causing pressure, which can lead to fluid accumulating in her abdomen and lungs.

Patient: Whats the plan moving forward?

Doctor: We will need to test for Hepatitis E and A again, and run additional tests like CBC, LFT, and RFT to monitor her liver and kidney function. Also, were considering giving her vitamin K injections once a week. Ill also recommend a course of Vermox syrup for three days and will continue her current medications. A follow-up in a month is necessary to assess her progress.

Follow-up on 19-01-2023:

Patient: Doctor, shes still having issues with her abdominal distension. Its been two months now.

Doctor: Ive reviewed her latest lab results from December 2022. Her bilirubin level is now 1.5, which is better, but still elevated. Her liver enzymes (ALT, AST) have decreased, which is a positive sign. However, her INR has risen to 1.8, so we need to be cautious about bleeding.

Patient: Should we change her medications?

Doctor: No major changes to her current regimen yet, but well increase the vitamin K to twice weekly, and shell continue with Maltofer syrup for iron supplementation. We will also start her on Inderal for blood pressure management and Lopin EC to help with the liver condition.

Follow-up on 18-09-2024:

Patient: Doctor, shes been having some new symptoms. Shes been vomiting blood in the last 24 hours, and her abdomen is distended.

Doctor: This is concerning. I see that her ascites has worsened, and she has developed Grade I encephalopathy, which could indicate worsening liver function. Her labs show a drop in hemoglobin to 10.3, which means shes losing blood. Her platelets are low, which can also be a sign of liver dysfunction. The CT scan from earlier this year still shows hepatomegaly and obliterated hepatic veins.

Patient: Whats the next step? What do we need to do?

Doctor: We need to admit her for urgent care, especially with her encephalopathy and bleeding episodes. A liver transplant remains the definitive treatment for her, but we need to optimize her condition first. Ill refer her to a specialized children's hospital for further management.

Patient: What else can we do in the meantime?

Doctor: Continue the current medications Spironolactone, Furosemide, Vitamin K, and others. But the main priority is to stabilize her condition, and once shes medically optimized, well proceed with the transplant discussion.

Follow-up on 18-11-2024:

Patient: Shes still dealing with some of the same symptoms, like ascites, jaundice, and edema.

Doctor: Yes, its been a challenging time for her. The EGD results show Grade IV varices, which means theres a high risk of bleeding. Weve started her on a beta-blocker (Propranolol) to manage

her portal hypertension and control bleeding risks. Her ascites has worsened, and were continuing her treatment with Spironolactone and Lasoride.

Patient: Is there anything else we should consider?

Doctor: Well continue with Vitamin K every 15 days, and Ive also prescribed Propanolol and Ora drops to manage her liver condition. As always, we need to keep monitoring her closely for any new symptoms or complications.

Patient: How long until shes stable enough for a transplant?

Doctor: Well need to focus on stabilizing her condition with medical management. Once we get the results of the financial screening and optimization, we can begin the discussion about the liver transplant.

Plan:

Continue monitoring liver function and manage complications

Liver transplant remains the long-term goal

Follow-up after financial screening