

Date: 31/10/2024

First Visit to PKLI

Doctor: Good morning. What brings you to the hospital today?

Patient: Good morning, doctor. I've been having pain in my right upper abdomen and jaundice. I've also lost a lot of weight in the last three months.

Doctor: I see. Can you describe the pain? When did it start?

Patient: The pain started about three months ago. It was sudden and quite severe. Along with that, I noticed my skin and eyes turning yellow.

Doctor: Have you experienced any other symptoms, such as nausea, vomiting, or fever?

Patient: No, just the pain, jaundice, and weight loss. I've lost around 20 kg and my appetite has decreased significantly.

Doctor: Have you ever had any liver-related complications before, such as ascites, variceal bleeding, or hepatic encephalopathy?

Patient: No, doctor, nothing like that before.

Doctor: Do you have any past medical or surgical history?

Patient: No, I have never had any major illnesses or surgeries.

Doctor: Are you taking any medications at home?

Patient: No, but recently I started taking Paracetamol, Tamsulosin, Spironolactone, Furosemide, and Pantoprazole.

Doctor: Do you smoke, drink alcohol, or use any drugs?

Patient: No, I don't drink or use drugs.

Doctor: Are you married? What do you do for a living?

Patient: Yes, I am married. I am retired now.

Doctor: Thank you for sharing this information. Let's do a physical examination.

(Physical Examination Performed)

General Examination: No pallor, jaundice present, no edema.

Gastrointestinal: Abdomen soft, non-tender, bowel sounds audible.

Respiratory & CNS: Normal.

Doctor: Well also need to run some blood tests and imaging studies. Here are your recent lab results:

Hemoglobin: 9.2 g/dL

Total Bilirubin: 2.82 mg/dL

ALT/AST: 76/218 U/L

ALP: 103 U/L

Albumin: 1.7 g/dL

Creatinine: 0.87 mg/dL

Na/K: 138/3.95

INR: 1.53

Hepatitis B & C: Negative

Your imaging results show a dilated common bile duct (CBD) with a narrowing near the ampulla, and signs of ascites.

Doctor: You had two ERCP attempts in August and September, both of which failed. Well need to do further investigations.

Plan:

Baseline Investigations

CT Scan of Abdomen

MRCP

Start Ciprofloxacin 500 mg BD

Tramadol 100 mg BD, Paracetamol 500 mg TDS

Reduce Aldactone to 50 mg OD and continue Furosemide 40 mg OD

Follow-up in 4 weeks

Date: 14/11/2024

Follow-Up Visit

Doctor: How are you feeling now?

Patient: The pain is still there, but I feel slightly better. The jaundice has improved a little.

Doctor: Thats good to hear. Your recent CT scan shows an ill-defined hypodense mass in the ampullary region, causing bile duct dilatation. We suspect a periampullary tumor. We need to perform an ERCP with a biopsy to confirm.

Patient: I understand. Will I need surgery?

Doctor: If the disease is localized and theres no metastasis, surgery might be possible. Well refer you to the hepatobiliary team to discuss further options.

Plan:

Refer to Hepatobiliary Surgery

If surgery not possible, refer to Interventional Radiology for PTBT

Discuss case in MDT (Multidisciplinary Team) meeting

Date: 09/12/2024

Hepatobiliary and Liver Transplant Clinic

Doctor: Your case has been reviewed, and you have a confirmed diagnosis of a Periampullary Tumor. You are a candidate for Whipples procedure.

Patient: What is that?

Doctor: Its a major surgical procedure where part of the pancreas, bile duct, and small intestine are removed. Its the best treatment for your condition.

Patients Son: What are the risks involved?

Doctor: The mortality risk is around 4-5%, and theres a 10-15% chance of complications. However, this is the only definitive treatment.

Patient: I understand. Whats the next step?

Doctor: We will discuss your case in our MDT meeting and then proceed with laparoscopic Whipples procedure. If there are complications, we may need to convert to open surgery.

Plan:

Proceed with Laparoscopic Whipples Surgery

Explain risks to patient and family

Refer to Financial Screening