

Patient:

Doctor, I was referred here for a liver transplant, but let me tell you more about my situation. About 3.5 months ago, I started having abdominal distension. I was initially treated in Vihari, and I was found to have low hemoglobin, so I was transfused with 3 PCVs. Later, I was referred to CHL, where they diagnosed me with Budd-Chiari syndrome based on a CT scan. Now I've been referred to PKLI for a liver transplant evaluation.

Doctor:

I see, that sounds quite serious. You mentioned abdominal distension and your hemoglobin being low. Have you had any other symptoms?

Patient:

Yes, I also have jaundice and ascites. Apart from that, nothing else really.

Doctor:

Okay, let's go over your medical history. Anything notable there?

Patient:

No, everything is normal. I was born via C-section at term, and everything went fine. I've had no major surgeries, and my family history is unremarkable. I am on a salt-free diet, and my vaccinations are up to date.

Doctor:

Good to hear. Now, I'll check your examination details. You are 148 cm tall and weigh 35 kg, which is above the 10th percentile for height but below the 5th percentile for weight. Your jaundice and pallor are visible. No edema though, which is good. Your liver is 7 cm below the costal margin, hard consistency, and your spleen is slightly enlarged. Your abdominal veins are dilated, and there's

shifting dullness.

Patient:

Yes, thats what I feel too.

Doctor:

Lets review your lab results. The bilirubin levels were 0.87 and now 1.6. Your hemoglobin has dropped from 9.8 to 4.62. Your platelet count was 201, and now its 115. Your sodium and potassium levels are somewhat low, and your albumin is at 3.2. Well need to follow up on these levels closely.

Patient:

Okay, doctor. I trust you. Whats the plan moving forward?

Doctor:

Were going to run a few more tests, including CBC, liver function tests, renal function tests, and viral serology. Well also test for protein C, protein S, anti-thrombin III, and check your blood group. Ill also order an ultrasound today and a CT triphasic on Monday, as well as an ultrasound shearwave if theres no ascites. Ill need to see you for a follow-up on Monday. Youll stay on your salt-free diet for now, and we may schedule an EGD on Tuesday if the lab results are normal.

Your current medications include:

ORA AD: 4 drops once daily

Spironolactone 25mg: 3 times daily

K-Lot injection 5mg: once weekly

Inderal 10mg: 3 times daily

Does that sound alright?

Patient:

Yes, thats fine. Thank you.

Patient Visit: 29.07.24 - Follow-up Visit in Paediatric Gastroenterology

Patient:

Doctor, Im here for my follow-up. Ive been doing okay, no major complaints right now.

Doctor:

Glad to hear that. Let me check your details again. Your height is still above the 10th percentile, but your weight remains below the 5th percentile. Jaundice and pallor are still present, but no edema. Your liver is now 6 cm below the costal margin, and the consistency is still hard. You still have dilated superficial veins, and your spleen is enlarged by 6 cm with shifting dullness.

Patient:

Yes, I noticed the same.

Doctor:

Weve reviewed your lab results. Your WBC is 6.69, hemoglobin has dropped further to 6.5, and your platelet count is 198. Your protein C, protein S, and anti-thrombin III levels are still low, with values of 67, 75, and 84, respectively. Well need to address these and monitor closely.

Patient:

What does that mean, doctor?

Doctor:

It means we need to keep monitoring your clotting factors and ensure we're addressing any issues there. I've also reviewed your CT triphasic and ultrasound results. The CT scan still shows features consistent with Budd-Chiari syndrome, with some mild to moderate ascites. Your ultrasound shows hepatosplenomegaly, altered liver parenchyma, and caudate lobe hypertrophy.

Patient:

It seems quite complicated.

Doctor:

Yes, it is, but we have a solid plan. We will consult with the anesthesia team before proceeding with any procedures. We'll also need to transfuse 300 ml of packed RBCs and administer furosemide during the transfusion. I'm also planning an ultrasound shearwave for you.

Patient:

That sounds good, doctor. I trust your plan.

Doctor:

You'll continue on the current medications:

ORA AD: 4 drops once daily

Spironolactone 25 mg: 3 times daily

K-Lot injection 5 mg: once weekly

Inderal 10 mg: 3 times daily

Omeprazole 30 mg: once daily

Evion 1 capsule: once daily

We'll also start furosemide 5 mg twice daily and continue with a salt-free diet.

Patient:

Thank you, doctor. I'll follow your instructions.

Patient Visit: 27.08.24 - Follow-up Visit in Paediatric Gastroenterology

Patient:

Doctor, I'm back for another follow-up. I feel okay, no major issues.

Doctor:

Good to hear. Let's check your details. Your height is still above the 10th percentile, but your weight is still below the 5th percentile. Your jaundice is mild, and your pallor is still present. There's no edema. Your liver is now 3-4 cm below the costal margin, with hard consistency. The spleen is 10 cm below the costal margin, and there's shifting dullness, with mild ascites.

Patient:

Yes, that's accurate.

Doctor:

Lets go over your lab results. Your hemoglobin is still low at 6.5, but your platelet count has remained stable at 198. The INR is 1.04, and the levels of protein C, protein S, and anti-thrombin III are still low.

Patient:

I see. What does this mean for me?

Doctor:

It means that we need to continue closely monitoring your clotting factors and anemia. Weve also reviewed your CT and ultrasound findings, and theyre still suggestive of Budd-Chiari syndrome. There's no focal hepatic lesion, but you still have moderate ascites.

Patient:

Whats the next step, doctor?

Doctor:

Well continue monitoring your condition with further tests. An EGD was done, and the results showed normal mucosa with grade 1 varices. Your current medications are:

ORA AD: 4 drops once daily

Spironolactone 50 mg: twice daily

K-Lot injection 5 mg: once weekly

Inderal 10 mg: 3 times daily

Omeprazole 30 mg: once daily

Evion 1 capsule: once daily

Furosemide 5 mg: twice daily

For now, we'll maintain this regimen, and I'd like to follow up with a USG shearwave today. We'll also discuss the possibility of starting Rivaroxaban, and you'll continue with your salt-free diet. Please come back in 3 months.

Patient:

Thank you so much, doctor. I will follow your advice.