

First Visit in PKLI

Doctor:

Good morning. How can I assist you today?

Patient:

I've been having black stool for about a year now. It was intermittent, but for the past three months, it's been continuous.

Doctor:

I see. Have you been hospitalized recently for this issue?

Patient (Attendant):

Yes, she was admitted at Faisalabad Institute of Cardiology for deranged INR. She was referred to us for an evaluation regarding capsule endoscopy.

Doctor:

Thank you for the information. Do you have any recent blood test reports?

Patient (Attendant):

Her hemoglobin is 6 according to us, but we don't have a recent report available.

Doctor:

Understood. Let's go over your medical history to get a better picture.

Do you have any history of hypertension or other conditions?

Patient:

Yes, I have hypertension. I also had hemorrhoids in the past.

In 2008, I underwent a dual valve replacement, and I was diagnosed with HCV in 2008, but I have never received treatment for it.

I've had episodes of decompensation, including the black stool and hepatic encephalopathy (PSE).

Doctor:

Thank you for sharing that. Let's review your liver-related decompensation history:

Ascites: Any swelling in the abdomen?

Patient: No.

Jaundice: Have you noticed yellowing of your skin or eyes?

Patient: No.

Variceal bleed: Any bleeding from the esophagus or stomach?

Patient: Yes, I required multiple transfusions for variceal bleed.

Hepatic encephalopathy: Have you experienced confusion or changes in mental status?

Patient: Yes, Ive had hepatic encephalopathy before.

Doctor:

Thank you for the details. Now, lets proceed with your past medical and surgical history.

You mentioned hypertension. Any other medical issues?

Patient:

Only the history of HTN.

Doctor:

Any surgeries in the past?

Patient:

Yes, I had a C-section 23 years ago, and I underwent DVR in 2008.

Doctor:

Thank you for sharing. Are there any known allergies?

Patient:

No allergies.

Doctor:

Lets discuss your current medications. What are you taking at the moment?

Patient (Attendant):

She is currently on the following medications:

Aspirin 75mg once daily (stopped 1 year ago)

Spiromide 40mg once daily

Warfarin 13.75mg (one and a half tablets) once daily

Digoxin 0.25mg once daily

Syrup Ulsanic (two spoons twice daily)

Doctor:

Got it. Now, moving on to your psychosocial history. Are there any concerns about your lifestyle or limitations?

Patient:

No, no limitations, and no issues with language barriers.

I am married but do not have an occupation.

Doctor:

Thank you for clarifying. Any family history of significant illnesses?

Patient:

Yes, my sister is diabetic.

Doctor:

Now, lets proceed with your physical examination.

On examination:

You are an elderly female, appearing thin and frail.

CNS: Your Glasgow Coma Scale (GCS) is 15/15, so no signs of acute neurological issues.

GIT: Your abdomen is soft, and there is no tenderness.

Doctor:

We also reviewed your recent investigations:

EGD (Endoscopy): Three times, last on 6-12-24, with small erosions in the duodenal bulb.

Ultrasound Abdomen (6-12-24): Coarse liver with splenomegaly.

Doctor:

Here are your lab results from 4-12-24:

Hemoglobin: 9.3

TLC: 6.3

Platelets: 177

Sodium: 104

Potassium: 3.97

Chloride: 75.5

Total Bilirubin: 0.97

Direct Bilirubin: 0.58

ALT: 50.8

ALP: 92.4

AFP: 3.57

INR: 2.17

Doctor:

Your HCV antibody test is reactive. Based on all this information, I believe you have HCV-related decompensated cirrhosis (DCLD), with ongoing issues of black stool and encephalopathy.

Your hypertension is poorly controlled, and your dual valve replacement from 2008 is important to consider in your treatment.

Doctor:

Regarding your medications, we will continue warfarin due to your DVR, but we need to adjust your anticoagulation therapy for your upcoming colonoscopy.

Plan:

Admit you for management of melena (black stool), low hemoglobin, and to arrange a colonoscopy.

We will need to switch your anticoagulation therapy temporarily for the procedure.

Doctor:

I have also provided you with patient education on your condition.

Diagnosis:

HCV-related DCLD

Decompensated with black stool and encephalopathy

Hypertension (poorly controlled)

Dual valve replacement (DVR) in 2008