

Gender: Male

Age: 14

MRN: 629161

Diagnosis: Hepatic fibrosis

History and Physical:

Doctor:

Hello, how are you feeling today? What brings you in?

Patient:

I've had hematemesis and melena for the last two months, about 3-4 episodes. I was admitted in Peshawar where they did an OGD and applied 4 bands.

Doctor:

I see. What medications were you prescribed after that?

Patient:

I was started on Inderal 2 tabs twice daily and Spiromide 20 mg once daily.

Doctor:

Thank you for sharing that. We also did a CT scan, which showed a suspicion of Caroli disease. We performed an ultrasound of the abdomen, which showed a normal caliber portal vein and CBD. How are you feeling now?

Patient:

Im actually asymptomatic for the past two months. No issues with jaundice, abdominal distension, peripheral edema, petechiae, or bruises.

Doctor:

Good to hear. On examination, I noticed the liver is enlarged by 5 cm, and the spleen is enlarged by 2 cm. The left lobe of the liver is palpable.

Patient:

Okay.

Doctor:

Lets proceed with some tests to investigate further. Well do a CBC, LFTs, PT/INR, RFTs, Hepatitis B, Anti-HCV, ANA, IGA, IGG, IGM, Ceruloplasmin, and a slit-lamp examination. Id also like to get a CT triphasic, ultrasound of the abdomen, EGD, and possibly a liver biopsy.

Patient:

Sounds good. What should I do in the meantime?

Doctor:

You should follow a salt restriction diet and eat egg whites. Continue your current medications for now. After we get the lab results, we will plan for the EGD and liver biopsy.

Doctor:

Your slit-lamp eye examination for Kayser-Fleischer rings was negative. We can now proceed with scheduling your EGD and liver biopsy.

Patient:

Thank you.

Doctor:

On your follow-up visit, you mentioned no active complaints. There has been no hematemesis or melena, and you're not experiencing any fever or jaundice, correct?

Patient:

Yes, that's right.

Doctor:

Good. You're still taking your usual medications: Inderal 20 mg twice daily, Spiromide 20/50 mg once daily, and Risek sachets for two weeks. During your examination, I noted no jaundice or pallor. Your left lobe of the liver is still palpable, and the spleen is 3 cm palpable. Your chest sounds clear bilaterally, and there's no ascites.

Patient:

Okay.

Doctor:

Here are your lab results:

WBC: 4.9

Hb: 12

Platelets: 138

Total Bilirubin: 1.23

ALT: 31

AST: 43

ALP: 285

GGT: 65

Albumin: 4.29

Urea: 16

Creatinine: 0.5

Na: 139

K: 4

Cl: 99

PT: 14.8

INR: 1.14

The CT triphasic results suggest primary biliary cholangitis or primary sclerosing cholangitis. There is also a small soft tissue nodule in the periampullary region, possibly a polyp. Further evaluation with MRCP and ERCP, with possible tissue sampling, is recommended.

Patient:

Whats the next step?

Doctor:

We'll proceed with an EGD tomorrow and also consult regarding a liver transplant. We'll perform further tests, including CBC, LFTs, RFTs, PT/INR, and COVID-19 testing. We will also need to cross-match your blood.

Patient:

Okay, I understand.

Doctor:

On your next follow-up, you were admitted for surveillance and an EGD procedure. You're still taking your medications as usual. Your blood pressure was 106/60, and your heart rate was 117.

Patient:

Yes, that's correct.

Doctor:

The plan includes MRCP tomorrow, along with CBC, INR, LFTs, RFTs, SE, and COVID-19 antigen tests. You will be seen by Dr. Iqtidar, Dr. Seerat, and Dr. Ali tomorrow.

Doctor:

Your follow-up visit on 27th September showed no active complaints. The EGD was completed earlier this year, and you've been prescribed the following:

Inderal 10 mg twice daily

Spiromide 50/20 mg once-half tablet twice daily

Indrop D injection once every two months

For today, you're scheduled for surveillance endoscopy. The anesthesia consult is arranged, and your lab work will include CBC, LFTs, RFTs, S/E, PT/INR, and an abdominal ultrasound.

Patient:

Got it.

Doctor:

After the endoscopy, we'll optimize your medication as follows:

Inderal 30 mg twice daily

Spiromide 50/20 mg once-half tablet twice daily

We'll schedule your next follow-up for endoscopy in 6 weeks.

Patient:

Okay, thank you.