

Doctor: Good afternoon. How are you feeling today?

Patient: Ive been experiencing some episodes of melena and hematemesis again, between 12th and 13th of October. Ive also been feeling generally weak and sometimes I get fever off and on.

Doctor: I see. Can you tell me a little more about what happened before these recent episodes? When did you last have these symptoms?

Patient: I was in my usual health six months ago, but back in July, I had about 5-6 episodes of upper GI bleeding, with hematemesis and melena. My hemoglobin dropped, and I had to get two blood transfusions. Since then, I havent experienced any more bleeding episodes until the ones this month.

Doctor: Understood. Well look at your recent lab results and past medical history to get a better picture. Are you currently on any medications?

Patient: Yes, Im on Carvedilol 3.125 mg twice a day, Spironolactone 100 mg once daily, Lactulose syrup 30 ml once daily, Furosemide 40 mg once daily, and Albumin 100 ml IV once a week.

Doctor: Thanks for sharing that. Lets go over the results of your investigations. Your latest endoscopy from October 1st shows esophageal varices with red signs, and band ligation was performed with six bands applied. Your recent ultrasound from October 21st showed coarse liver texture, splenomegaly, and moderate ascites. Additionally, your CT scan and MRI from earlier this year also showed cirrhotic liver with splenomegaly and ascites. How have you been managing your symptoms?

Patient: Ive been dealing with occasional abdominal distension, and Ive had some issues with

constipation as well. Other than that, I haven't had any significant weight loss or fevers.

Doctor: It seems like your liver condition has remained stable, but we need to continue monitoring things closely. Based on your recent labs, your liver function is stable, though there are signs of decompensation, as indicated by your ascites and portal hypertension. For now, we don't need to consider a liver transplant immediately, but we will continue with medical management and surveillance.

Patient: Is there a need for a transplant now, or should I wait?

Doctor: At this stage, liver transplant surgery is not urgently required. Your liver function is still compensated, but it's important to keep an eye on any changes. We will do regular follow-up exams, including repeat ultrasound, AFP tests, and blood work in three months. If you notice any worsening of symptoms before then, don't hesitate to come in for a visit.

Patient: Thank you, doctor. I'll make sure to follow the plan and return for my follow-up.

Doctor: You're welcome. I'll also keep you informed about the potential for a liver transplant if the condition progresses, but for now, let's focus on surveillance and managing the current symptoms. We'll continue to work on your medications and follow-up tests.