

Gender: Male

Age: 52

MRN: 797724

Diagnosis: Cholangiocarcinoma

History and Physical:

Patient-Doctor Conversation (First Visit)

Patient: "I've been diagnosed with a pancreatic mass, and I'm experiencing jaundice and itching. I also have a history of ischemic heart disease and underwent a PCI four years ago."

Doctor: "I see. Let's review your recent diagnostic results. Your CT scan from July 31st shows dilated intrahepatic biliary channels and a dilated common bile duct (CBD) of 16mm. An MRCP from August 3rd reveals a 30 x 20mm mass in the region of the ampulla of Vater, causing significant proximal biliary dilatation, along with a dilated CBD and intrahepatic biliary channels."

Patient: "Yes, I've been having some discomfort in my abdomen too."

Doctor: "That's consistent with the findings. On August 9th, an ERCP was performed, but they couldn't cannulate the CBD. An EUS on August 10th identified a 2.1 x 2.5 cm hypoechoic mass in the pancreatic head, which is causing retrograde dilatation of the CBD. A biopsy was done, and it came back as moderately differentiated adenocarcinoma."

Patient: "That sounds serious. What should I expect next?"

Doctor: "Yes, it is serious. Based on the biopsy results, we have confirmed a periampullary carcinoma. I've reviewed your labs as well. Your hemoglobin is 13, white blood cells at 9.3, and platelets are at 313. Your total bilirubin is elevated at 21.8, which aligns with the jaundice. Liver

enzymes ALT and AST are both slightly elevated at 81 and 90, respectively, and your alkaline phosphatase is quite high at 390. Your creatinine is normal at 0.8, and electrolytes are within range."

Patient: "Im taking some medications for my heart condition as well. Can you explain what needs to be done?"

Doctor: "Youre on Omeprazole, Cetrizine, and medications for your ischemic heart disease. For now, we need to proceed with ERCP to attempt stenting of the CBD to relieve the obstruction. You will also be referred to hepatobiliary surgery for further management and to oncology for treatment planning. Ill arrange for a follow-up with Dr. Aujla to discuss the ERCP procedure."

Patient-Doctor Conversation (Follow-Up Visit)

Patient: "Im back for a follow-up visit. Im still struggling with the jaundice and itching. Has there been any progress?"

Doctor: "Yes, let's review everything. Your condition remains largely the same. The CT scan from July 31st showed the dilated biliary system, and the MRCP revealed the mass in the ampulla of Vater. The biopsy confirmed that you have moderately differentiated pancreatic adenocarcinoma. We attempted the ERCP on August 9th, but it was unsuccessful in cannulating the CBD. On August 10th, the EUS showed the mass in the pancreatic head causing biliary dilatation."

Patient: "What about my lab results? I know the bilirubin is high."

Doctor: "Correct. Your bilirubin was high at 21.8. Let me confirm that. On the most recent labs from August 7th, your hemoglobin was 13, and white blood cell count was 9.3. Your liver enzymes were elevated, with ALT at 81 and AST at 90, while alkaline phosphatase was at 390. Everything else,

like creatinine and albumin, was within normal ranges. Your viral markers, including HCV and HBsAg, were negative."

Patient: "Whats the next step in my treatment plan?"

Doctor: "For the next steps, were planning a multidisciplinary team discussion on Friday, September 19th, to review your case. Well also need some fresh lab work before that meeting. We are moving forward with your treatment and discussing the potential for a Whipples procedure, which will be your only curative option. We are aiming to proceed with the ERCP as previously planned on August 28th to help manage your bile duct obstruction."

Patient-Doctor Conversation (After ERCP and Further Discussion)

Patient: "I had the ERCP performed on August 30th. Can you explain what happened?"

Doctor: "Yes, we performed the ERCP on August 30th. The procedure revealed Situs inversus totalis, meaning that your internal organs are mirrored. We also found a bulky, infiltrative ampulla, so we did a limited sphincterotomy. The cholangiogram showed a rotational anatomy and a short distal CBD stricture. The CBD and intrahepatic biliary system were massively dilated. We placed a stent, and drainage was excellent."

Patient: "I still feel some discomfort. What does my lab work show after the procedure?"

Doctor: "Your recent labs show some improvement. Pre-ERCP, your total bilirubin was 36.18, but after the procedure, it has dropped to 10.8. Your direct bilirubin was 7.6 post-procedure. Your ALT and AST are now slightly elevated at 105 and 110, respectively, and alkaline phosphatase is 449. Your albumin level has dropped from 3.65 to 2.1, which we will monitor closely."

Patient: "Whats the plan going forward?"

Doctor: "We had an MDT discussion on August 29th and confirmed your diagnosis of pancreatic adenocarcinoma with Situs inversus totalis. The plan is to refer you for the Whipples procedure. We will start you on adjuvant chemotherapy a month after the surgery to help prevent recurrence."

Patient: "I understand. What are the risks of the surgery?"

Doctor: "The surgery carries a 5-10% risk of mortality and a 20% risk of morbidity. However, weve explained everything to you, and you seem to understand and are willing to proceed with the surgery. Ill have Mr. Asif, the coordinator, schedule your surgery for next week. You will be prepared for the procedure, and we will continue to monitor your progress."