

Gender: Female

Age: 49

MRN: 819357

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Patient:

Doctor, I came in because I noticed a mass on the right side of my abdomen. It was found incidentally during an ultrasound that was done as part of my workup for GERD and APD.

Doctor:

Alright, let me take a look at your records. So, you've had a history of GERD and APD for the past eight years, correct? Also, I see that your Anti-HCV and HBsAg were negative three years ago, which is good.

Patient:

Yes, that's right. I haven't experienced any symptoms like hematemesis, ascites, jaundice, or melena. I also haven't had any significant weight loss or required blood transfusions. No fever or night sweats either.

Doctor:

That's helpful to know. I see you have a history of being diabetic and hypertensive, but you're compliant with your medications. You take Thyroxin, Amlodipine, Telmisartan, and Sitagliptin/Metformin. Is that correct?

Patient:

Yes, I've been taking those as prescribed. Also, I have no allergies.

Doctor:

Great, let's talk about your family history. I can see that your father had Ewing sarcoma and colorectal cancer. Do you have any other family members with significant health conditions?

Patient:

No, that's the only notable family history.

Doctor:

Alright. I see there are no psychological concerns, and you're not experiencing any cognitive or physical limitations. Your general health seems to be in good shape.

Patient:

Yes, I don't have any issues with language, speech, vision, or mobility.

Doctor:

Now, let's take a look at your lab results and imaging. Your ultrasound from August 12th showed a fatty liver with moderate hepatomegaly, and a solid mass measuring 10 x 9.8 cm, inseparable from the liver. The CT scan from August 16th shows a large exophytic mass arising from the inferior edge of segment VI extending into the subhepatic space. This feature suggests it could be a primary hepatocellular lesion of the fibrolamellar variety or possibly a neuroendocrine tumor. However, metastatic disease is unlikely.

Patient:

So, is it something malignant?

Doctor:

It could be, but the biopsy performed on August 28th didn't show any malignant cells. The biopsy

revealed unremarkable liver parenchyma with fibrosis and dilated vessels, so it's possible that the sample was taken from the perilesional area. There's also a chance that this mass could represent focal nodular hyperplasia.

Patient:

Thats a relief to hear. What are the next steps?

Doctor:

I agree, its encouraging, but we still need to be cautious. Well need to submit the CD of the CT scan done from outside for further analysis. The MRI liver dynamics will also be important for discussion in the multidisciplinary team (MDT) meeting. Based on the results, were planning for a wedge resection of the tumor.

Patient:

When can I expect to get more details?

Doctor:

Well follow up with the MDTs decision on Tuesday. Your brother has already been informed about your current disease status, and he was given detailed information. The next step will be based on that outcome.

(Follow-Up Visit - 19/09/24)

Patient:

Ive brought the CD of my CT scan as requested.

Doctor:

Lets take a look. The CT scan shows a large exophytic mass arising from the inferior edge of segment VI, extending into the subhepatic space. The size is approximately 11 x 9.9 x 9.8 cm. It still appears to be a primary hepatocellular lesion, potentially fibrolamellar, but we need to rule out other possibilities.

Patient:

What did the biopsy show?

Doctor:

The core biopsy from August 28th showed unremarkable liver parenchyma with fibrosis and dilated vessels. This suggests the biopsy was taken from the perilesional area, or it could indicate focal nodular hyperplasia, not malignancy.

Patient:

Whats next?

Doctor:

The next step will be to submit the CD of the CT scan done from outside. Well also be discussing the case in the MDT meeting and planning for a wedge resection of the tumor. Well also conduct an MRI liver dynamics study for further evaluation.

Patient:

What do you think the outcome will be?

Doctor:

Well have a clearer picture after the MDT discussion. The lesion could be benign, but we need to rule out other possibilities. Well proceed with the wedge resection if necessary.

(Follow-Up Call - 24/09/24)

Doctor:

Hello, this is the follow-up regarding your case. The MDT outcome was discussed, and the plan is to move forward with the wedge resection of the tumor. We'll need to schedule the surgery soon.

Patient:

Thank you for keeping me updated. What are the next steps for surgery?

Doctor:

We will review the MRI results, finalize the surgical plan, and prepare you for the wedge resection. I'll schedule the surgery after we review the MRI.

Lab Results:

Test 31/05/24 13/08/24

Hb 10.4 11.0

WBC 7.0 7.6

PLTS 338 349

Total-BILI 0.3 0.3

Direct-BILI 0.1 0.1

ALT/AST 36/28 36/28

Alk. Phos. 97 97

Albumin 4.3 4.3

Creatinine 0.6 0.6

Na+ - -

K+ - -

INR - -

AFP - -

MELD - -

CTP - -

TSH 4.44 4.82