

Gender: Male

Age: 61

MRN: 821085

Diagnosis: Cholangiocarcinoma

History and Physical:

Patient Visit 1 - 30/09/2024

Patient: "Doctor, I've been experiencing abdominal pain and itching for the past four days. I've also noticed that I've lost my appetite."

Doctor: "I see. How long has this been going on?"

Patient: "The itching and pain started four days ago, but I've had jaundice for about a month now. I was admitted to Gondal Hospital, where they told me I might have cholangiocarcinoma."

Doctor: "I understand. So, you've been dealing with jaundice for a while. Have you had any other issues like variceal bleeding, ascites, or encephalopathy?"

Patient: "No, none of those."

Doctor: "Alright. Let's take a look at your medical history. Any past surgeries or allergies?"

Patient: "No, nothing significant. No allergies either."

Doctor: "What medications are you currently on?"

Patient: "None at the moment."

Doctor: "I see. And where are you from?"

Patient: "I'm from Gujranwala. I work as a taxi driver."

Doctor: "Do you smoke?"

Patient: "Yes, I do."

Doctor: "Okay, I will review your investigation results. Your CT scan from September 10th shows cholangiocarcinoma with Bismuth type 3, and there is also porta hepatis lymphadenopathy. The lab results from the same day show the following:

Hemoglobin (HB): 11.3

Total Leukocyte Count (TLC): 15.7

Platelets: 165

Total Bilirubin (T.bili): 36.0

ALT: 134

AST: 143

Alkaline Phosphatase (ALP): 1424

Albumin: 3.0

Urea: 41

Creatinine: 1.2

Sodium: 138

Potassium: 3.52

Hepatitis B and C markers were non-reactive. Based on these results, the diagnosis seems to align with cholangiocarcinoma."

Plan:

We'll proceed with an ERCP.

Please submit your CD for reporting.

You'll start the following medications:

Nuberol, 2 tablets TDS.

Tramal, 100mg BD.

Motilium, 10mg TDS.

Omeprazole, 40mg OD.

Id like to see you again in 4 weeks for a follow-up.

Follow-Up Visit 2 - 07/10/2024

Patient: "Doctor, Ive had a follow-up visit, and I still feel pain. My symptoms are the same as before."

Doctor: "Let's go over the CT scan findings and your lab results. Your CT scan from October 3rd shows moderate intrahepatic biliary dilatation due to an enhancing mass lesion, consistent with a Bismuth IIIb classification. The lesion is at the confluence of the right and left hepatic ducts, extending proximally and distally into the mid CBD. It seems the segment IV hepatic artery is partially encased by the tumor. Theres also some hypodensity in the caudate lobe, and prominent abdominal lymphadenopathy, likely metastatic.

Your lab results from September 10th are as follows:

Hemoglobin (HB): 11.3

Total Leukocyte Count (TLC): 15.7

Platelets: 165

Random Sugar: 9

Total Bilirubin (T.bili): 36.0

ALT: 134

AST: 143

ALP: 1424

Albumin: 3.0

Urea: 41

Creatinine: 1.2

Sodium: 138

Potassium: 3.52

Were planning for an ERCP and biopsy. Ive educated you on the possible complications of ERCP, such as pancreatitis and cholangitis."

Plan:

ERCP planning and biopsy.

Continue the medications as prescribed.

Follow-Up Visit 3 - 21/10/2024

Patient: "I had the ERCP procedure, and it seems like Im still dealing with pain. The symptoms havent improved much."

Doctor: "I see. The ERCP results from October 11th show a normal-looking ampulla, and we performed a pancreatic papillotomy. We achieved cannulation of the common bile duct with a double guidewire technique and passed it into the left hepatic duct. A sphincterotomy was performed, and we placed a 5 French 5 cm pancreatic stent. After this, we placed biliary stents in both the right and left hepatic systems with excellent drainage. Histopathology from the CBD brushings came back negative for malignant cells."

Patient: "What does that mean for my condition, doctor?"

Doctor: "It means that while we didn't find malignant cells in the brushing, your cholangiocarcinoma diagnosis remains. We are focusing on supportive care at this stage. Your liver function tests and liver biopsy will help us assess the next steps."

Plan:

Continue with Ursodeoxycholic acid 250 mg TDS and Omeprazole 40 mg OD.

Begin Cefixime 400 mg once daily for 7 days.

Follow-up in one month.

Follow-Up Visit 4 - 22/11/2024

Patient: "I've been feeling more pain, especially around the PTC drain site. I'm also vomiting quite a bit."

Doctor: "It seems you're dealing with some complications related to the cholangiocarcinoma and your PTC drain. Your recent lab results show some changes:

Hemoglobin (HB): 8.6

Platelets: 291

Total Leukocyte Count (WBC): 18

Total Bilirubin (T.bili): 6.41

ALT: 62

AST: 118

ALP: 1414

Albumin: 2.67

Your CT scan from October 3rd remains consistent with what weve discussed earlier. Im referring you to the IR department to check the patency of your PTC drain. In the meantime, Ill adjust your medications and continue monitoring your condition."

Plan:

Refer to IR for PTC drain patency check.

Continue the following:

Omeprazole 40mg OD

Nuberol 2 BD

Tramadol 100mg BD

Follow up in 6 weeks.

Follow-Up Visit 5 - 13/12/2024

Patient: "I had to come in on a wheelchair today. Im feeling a lot of pain, especially in my thighs."

Doctor: "I'm sorry to hear that. It seems like youre in the terminal stages of metastatic cholangiocarcinoma. Your lab results from November 5th show signs of further deterioration:

Hemoglobin (HB): 8.6

Platelets: 291

WBC: 18

Total Bilirubin (T.bili): 6.41

ALT: 62

AST: 118

ALP: 1414



Creatinine: 1.02

Albumin: 2.67

Given your condition, we're now focusing on supportive care."

Plan:

Continue with the following medications:

Topento IR BD

Gabica 75mg BD

Neubrol Forte BD

Omeprazole 40mg OD

Ciprofloxacin 500mg BD

Ondansetron TDS

Motilium 10mg TDS