

Gender: Female

Age: 62

MRN: 818344

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Doctor: Hello, Shamim. How have you been feeling since your last visit?

Patient: I've been having some issues, Doctor. I started feeling anorexic, and recently, I noticed fresh blood in my stools after taking my medication, Levatinib. Also, I have developed rashes on my limbs after taking Levatinib for about 15 days now.

Doctor: I understand. Let's go over your health history to get a clearer picture. You've had diabetes and hypertension for a while, and this started four months ago when you began experiencing anorexia. You were diagnosed with Hepatocellular Carcinoma (HCC), and that's why you were referred to us for further management. You also have a history of Hepatitis C, diagnosed in 2016, and you successfully achieved Sustained Virologic Response (SVR). Your last HCV PCR on August 5th, 2024, was negative, which is great news.

Patient: Yes, that's right. The HCV was under control, and I've been following the treatment.

Doctor: Excellent. Now, let's review your current symptoms. You haven't experienced any hematemesis (vomiting blood), and there's no significant ascites or jaundice. Your weight loss has not been significant either, and you haven't needed any blood transfusions. Additionally, there have been no fevers or night sweats.

Patient: That's correct, Doctor.

Doctor: Great. As for your medical history, you've been managing diabetes and hypertension. There's no history of significant surgeries. However, I see you're allergic to contrast agents, so we'll need to avoid those during any imaging procedures.

Patient: Yes, I remember the reaction I had before.

Doctor: Understood. Now, let's talk about your current medications. You're currently on Levatinib 4 mg, Sitagliptin, Diabetron 60 mg, Tasmi 20 mg, Carvedilol 6.25 mg, and Omeprazole 40 mg. Have you noticed any other side effects or changes since starting Levatinib?

Patient: The blood in stools and rashes on my limbs are the most noticeable changes. No other issues so far.

Doctor: Alright, we'll need to address those concerns. I also see your family history is unremarkable for diabetes, hypertension, cancer, or other chronic diseases. You don't have any psychological issues, and you don't report feeling depressed or having any suicidal thoughts.

Patient: That's correct, Doctor.

Doctor: Let's take a look at your examination results. You appear conscious and oriented, with a GCS of 15/15, which is normal. Your cardiovascular exam showed normal heart sounds without murmurs, and your respiratory system is fine with bilateral normal vesicular breathing. Your abdomen is soft, non-tender, and non-distended.

Patient: That's reassuring.

Doctor: Let's move on to your investigations. Your most recent ultrasound on July 6th, 2024, showed

a cirrhotic liver, a solitary solid liver mass, mild splenomegaly, and cholelithiasis. The CT scan on August 27th, 2024, revealed a well-defined lesion in Segment IVB, likely cholangiocarcinoma or metastatic, along with a dilated portal vein and splenomegaly. We have a recent CT scan from October 3rd, 2024, but the report is still pending.

Patient: What does that mean for me, Doctor?

Doctor: Based on the imaging, we suspect an atypical case of Hepatocellular Carcinoma (HCC), possibly related to cholangiocarcinoma or metastasis. We're awaiting the final radiological opinion before finalizing your treatment plan.

Patient: I see. What about my lab results?

Doctor: Your recent labs show that your hemoglobin is 12.9, which is normal. Your white blood cell count is also within the normal range at 5.21. Platelets are slightly higher at 324, and your bilirubin levels are within the normal range, with a total bilirubin of 0.32 and direct bilirubin of 0.2. Your liver enzymes, ALT and AST, are normal, and your alkaline phosphatase has increased slightly to 113. Your albumin is at 4.04, which is good, and your creatinine is low at 0.47. Electrolytes like sodium and potassium are normal. Your AFP is still elevated at 26.5, and PIVKA II is quite high at 3844. CA 19-9 is elevated at 60.7, but CEA is normal at 0.97.

Patient: So, my AFP and PIVKA II are high. Does that mean the cancer is active?

Doctor: Elevated AFP and PIVKA II can be associated with liver cancer, which is why we need to monitor these levels closely. Based on your Child-Pugh score of A5 and your MELD score of 9, you're in a better condition than others with more advanced cirrhosis. We will have a clear plan once we receive the full report from the radiologist.

Patient: What happens next?

Doctor: We will stop Levatinib for now, as it may be contributing to your symptoms. We'll follow up after your CT report is reviewed by the radiologist. Then, we'll discuss the next steps based on that opinion.

Patient: Alright, Doctor. I'll wait for the report and follow your guidance.

Doctor: Thank you, Shamim. We will keep monitoring your condition closely and ensure you're getting the best possible care.

Patient: Doctor, I came for my follow-up visit. I'm still feeling some pain, especially around the incision site. It comes and goes, and I also have this burning sensation in my hands and feet.

Doctor: I understand. Let's go over everything. First, how are things in general since your surgery on October 31st? You were discharged on November 5th, and it's been a little over two months since then.

Patient: Yes, it's been a while. I've had some issues like a bit of pain near the incision, but nothing too severe.

Doctor: That's expected during the recovery process, but we'll monitor it. I'll also take a look at your histopathology report from the surgery. It shows that the mass removed from your liver was an exophytic mass, moderately to poorly differentiated hepatocellular carcinoma (HCC), 10.5 cm in size. It had necrosis present, and the tumor was very close to the liver margin, but there was no microvascular invasion.

Patient: So, what does that mean for me, Doctor? Is the cancer gone now?

Doctor: The fact that we removed the tumor is good news. However, you still have liver cirrhosis with chronic hepatitis and steatosis in the background. The gallbladder also showed chronic cholecystitis, but there's no malignancy in the gallbladder.

Patient: What about my liver? What's next for me now?

Doctor: We need to keep monitoring your liver closely, especially since you have cirrhosis. Your latest ultrasound from November 12th showed some mild ascites, which is common in cirrhosis, and there was no pleural effusion. We also found a small collection in the gallbladder fossa, which we'll keep an eye on.

Patient: Okay. How about my blood results? Are there any changes?

Doctor: Let's go over them. Your hemoglobin level went from 12.4 g/dL in August to 11.1 g/dL in November, and now it's back up to 12.6 g/dL. Your white blood cell count has increased from 4.9 to 6.04, which is still within normal range. Platelets have dropped from 324 to 171, which we will monitor. Your liver function tests, like ALT and AST, are normal, but your bilirubin level has increased slightly to 0.38 in January from 0.32 in October. Your albumin levels dropped a little but are still acceptable at 3.73 g/dL.

Patient: That doesn't sound too bad, right? What does this mean for my treatment?

Doctor: Overall, it's a mixed picture. Your liver function is stable, which is good. However, since your HCC was moderate to poorly differentiated, we need to start you on Sorafenib, 200 mg twice daily. It's an oral chemotherapy drug that can help slow the growth of cancer. We need to be aware of side

effects, which I will explain to you.

Patient: What should I expect from the treatment? How long will I need to take Sorafenib?

Doctor: You'll need to take Sorafenib for an extended period, but we'll monitor you closely. If your liver starts to fail within the next 8 months or if new tumors form or spread outside the liver, we may consider a liver transplant. However, if your liver stays stable, and there's no tumor growth or metastasis, we can continue with the medical management. If we see that the tumor is angioinvasive or has spread outside the liver, chemotherapy would be the next step.

Patient: That sounds complicated. Will I be okay?

Doctor: We will continue to monitor your condition carefully, and we'll adjust treatment as necessary. We'll do another follow-up in about 4 months, where we'll check your lab results, AFP levels, and an updated CT scan. I also want to make sure you're feeling okay on Sorafenib, so we'll check for side effects closely.

Patient: Alright, Doctor. Thank you for explaining everything. I'll keep up with the medications and follow-up appointments.

Doctor: You're welcome. Keep me updated if you notice any changes or new symptoms. Take care, and we'll see you in 4 months.

