Gender: Female

Age: 46

MRN: 744991

Diagnosis: Cholangiocarcinoma

History and Physical:

Initial Visit 11/08/23

Patient: Doctor, I've been having pain in my left flank for the past 9 months. It comes with nausea.

Doctor: Have you ever passed a stone?

Patient: No, I havent. But Ive had episodes of hematuria.

Doctor: Are you on any treatment right now?

Patient: I was given medical dissolution therapy.

Doctor: Any other health conditions or comorbidities?

Patient: No, nothing else.

Doctor: Ive reviewed your ultrasound (USG KUB). It shows you have a left renal calculus. Im going to order a few tests for further evaluation: CT KUB, Urine Culture and Routine Examination, and Serum Creatinine.

Follow-up 17/08/23 (Urology)

Doctor: You're following up for left flank pain, correct?

Patient: Yes, it's still there. I also experience hesitation while passing urine on and off, and the nausea continues.

Doctor: Your serum creatinine is 0.99, which is normal. Urine culture came back negative. I reviewed your CT KUB it shows a left staghorn calculus causing mild to moderate hydronephrosis. There are also additional calculi in the lower pole and interpolar regions.

Patient: Is that serious?

Doctor: It requires intervention. Also, your CT showed hypodense areas in segment IV and VIII of the liver. We need an ultrasound to correlate those liver findings. For the kidney stone, we will proceed with a PCNL (Percutaneous Nephrolithotomy). Anesthesia will evaluate you before surgery.

HPB & LTx Clinic 04/07/24

Doctor: Hello Anita. Youve come to us with lower back pain?

Patient: Yes, but I also wanted to follow up on the liver issue. I had PCNL for my left renal stones last year in August. But when I got a CT KUB in August 2023, they found hypodense areas in segment IV and VIII of my liver. Nothing was done at that time. Then in May 2024, I had an ultrasound again, and they said the liver lesion had grown.

Doctor: I see. And what did the biopsy show?

Patient: It turned out to be moderately differentiated adenocarcinoma.

Doctor: Any other symptoms like jaundice, weight loss, hematemesis, or fevers?

Patient: No, none of those. Also, my viral markers are negative. No history of blood transfusions or ascites.

Doctor: Any allergies?

Patient: Yes, Im allergic to contrast.

Doctor: Lets go through your investigation reports.

USG Abdomen (30.05.24) shows Grade I fatty liver and a focal liver defect (6.0 x 4.9 x 5.5 cm in caudate lobe). Left renal calculi are still present.

CT Scan (31.05.24) shows a necrotic liver lesion (6.81 x 6.07 cm in segment IV). No arterial phase enhancement or washout.

Liver Biopsy (12.06.24) confirms moderately differentiated adenocarcinoma. CK7 and CAM5.2 are positive. HepPar1 and CDX2 are negative.

OGD (28.06.24): Pangastritis, otherwise normal.

Colonoscopy (28.06.24): Two small rectal polyps, solitary rectal ulcer syndrome on biopsy.

Bilateral Mammography (01.07.24): BIRADS III in left breast with a 1.2 x 0.5 cm hypoechoic lesion.

PET Scan (04.07.24): Report awaited.

Lab Results (27.06.24):

Hemoglobin: 9.6

TLC: 8.1

Platelets: 272

T-BIL: 0.6

D-BIL: 0.2

ALT/AST: 36/25

ALP: 148

Albumin: 4.9

AFP: 7.57

CEA: <1.73

CA125: 10.0

CA19-9: 14.9

Doctor: Your viral markers (HBsAg, Anti-HCV) are negative. ECOG performance score is 0, BMI is 40.03, and your blood group is A positive. Do you have any history of addiction, depression, or

thoughts of self-harm?

Patient: No, none at all. I dont smoke or drink. Mentally, I feel fine.

Doctor: Thats good to hear. Based on the CT and biopsy findings, we suspect intrahepatic ductal cholangiocarcinoma. If your PET scan doesnt show disease elsewhere, we will plan a central hepatectomy. If other lesions are seen, well reassess our approach.

HPB & LTx Clinic Follow-up on 11/07/24

Doctor: Welcome back. Weve reviewed your PET scan. It shows a hypermetabolic hepatic mass and a hypermetabolic hepatic hilar lymph node, which is likely metastatic.

Patient: That sounds serious.

Doctor: It does indicate a poor prognostic factor, but the good news is the lymph node can be removed during surgery. We'll proceed with central hepatectomy.

Patient: Will I need any treatment after surgery?

Doctor: Yes, we will recommend adjuvant chemotherapy after the surgery to reduce recurrence risk. Youll also be under surveillance post-treatment for early detection if anything returns.

Patient: Alright, I understand.

Doctor: Were referring you to the coordinator to schedule your surgery. Youve been strong through this, and well do our best going forward.

Post-Surgical Follow-Up 13/08/24

Patient: Im here for follow-up after my central hepatectomy.

Doctor: Great to see you again. Lets review your recovery and any concerns in our next session. Well also evaluate your next steps with the oncology team. Service: HPB & Liver Transplant Unit

Surgery Performed: Central Hepatectomy with dual Roux-En-Y Hepaticojejunostomy, portal lymphadenectomy, entero-enterostomy

Date of Surgery (DOS): 31/07/2024

Date of Discharge (DOD): 20/08/2024

Post-Op Day (POD): 2 months and 22 days as of last follow-up (22/10/2024)

Indication: Moderately differentiated adenocarcinoma

Active Postoperative Issues

Persistent abdominal pain (notably at the drain site and left abdomen)

Intermittent fever spikes (up to 102°F)

Decreased appetite

Shortness of breath on exertion

Moderate right pleural effusion and mild-moderate abdominopelvic ascites

Residual intra-abdominal collections with air foci and septations

Persistent high Total Leukocyte Counts (TLC)

Low serum albumin levels

Lab Trends Summary

Parameter 11/08 15/08 26/08 03/09 11/09 18/09 21/10

T. Bilirubin 0.53 0.8 0.48 0.29 0.4 0.4

Direct Bilirubin 0.36 0.6 0.34 0.25 0.3 0.2

ALT / AST 27/25 70/166 13/12 17/33 6/16

ALP 282 433 231 277 211

GGT 112 163 88 71

Albumin 2.7 1.8 2.58 2.75 1.7

Hb 8.6 7.1 9.8 9.5 11.1 8.3

TLC 14.86 13.3 17 11.5 23.22 15.8

Platelets 560 565 616 671 650 366

Imaging Summary

03/09/24 (USG): Two communicating perihepatic collections totaling ~480 ml; no focal liver lesion

11/09/24 (USG): Slight increase in collection size, air foci noted; mild ascites and moderate pleural effusion

19/09/24 (USG @ PKLI): Interval reduction to ~160 ml; moderate ascites with thick septations; moderate right pleural effusion; incidental left renal stones

Drain & Infection Management

Initial PCT Drain Output (Sept): 125 ml 40 ml then increasing

IR Drain Revision: 13/09/24 due to persistent fever and collection

Revised Drain Output:

1314/09: ~300320 ml/day

17/09: Spike to 500 ml

19/09: 100 ml in 12 hrs

Antibiotics:

Ertapenem 1g IV OD (initially until 07/09, restarted on 19/09)

Linezolid 600 mg BD x7 days

Amikacin 1g IV (6 days prior to 19/09)

Fluid cultures sent

Management Plan (as of latest visit on 22/10/24)

Continue PCT Drain in situ

Plan non-contrast CT scan after 10 weeks (due to contrast allergy)

Advised high-protein diet (egg, fish, chicken, meat)

Follow-up with Infectious Disease and adjust antibiotics per culture reports

Monitor for improvement in collection size, TLC, and clinical symptoms