

Gender: Male

Age: 47

MRN: 794125

Diagnosis: Cholangiocarcinoma

History and Physical:

Patient:

Doctor, Ive been feeling very unwell for the last 20 days. I have jaundice, loss of appetite, itching, and trouble sleeping. Ive also been losing weight about 5 to 6 kg in the past 20 days.

Doctor:

Im sorry to hear that. Lets go through your medical history. Youve been diagnosed with hepatitis C five years ago, and you were treated with interferon and DAAs for three months. You had sustained viral response, correct?

Patient:

Yes, thats right. I had treatment with interferon and DAAs for three months, and I achieved a sustained viral response. My last HCV PCR test was on 24th July 2024, and it came back detected.

Doctor:

Alright. Let's take a look at your current condition. You mentioned feeling nauseous, losing weight, and having jaundice, but no significant issues with hematemesis, ascites, or encephalopathy. Have you had any blood transfusions?

Patient:

No, I havent had any blood transfusions, and I havent been feeling feverish or having night sweats either.

Doctor:

Thank you for that information. Your current medications include Urso, Heparitum, Weepo, Jardin, and Itopride. You have no allergies, and your family medical history doesn't show any major conditions like diabetes, hypertension, cancer, or tuberculosis.

Patient:

Correct, no allergies or major medical history. I'm married with five children and work as a rickshaw driver. I don't smoke, drink, or have any addictions. I've also completed intermediate education.

Doctor:

Noted. On your physical examination, you were conscious and oriented with a Glasgow Coma Scale of 15/15. Your cardiovascular and respiratory systems were normal, and your abdomen was soft, non-tender, and non-distended.

Now, regarding your imaging tests, you had an endoscopy done on 5th August 2024, which showed erosive congestive gastropathy. Your ultrasound report from the same date showed an enlarged liver, thick-walled gallbladder, and dilated common bile duct with a soft tissue mass near the head of the pancreas. There were also enlarged lymph nodes around the porta hepatis and peripancreatic region, but your spleen, kidneys, and pancreas appeared normal.

Patient:

Yes, I was told about the mass near the pancreas.

Doctor:

You're correct. We're also waiting on the results of a CT scan, but it hasn't been reported yet.

Now, let's look at your lab results. Your hemoglobin is stable at 13.2, and your platelet count has

increased from 174 to 274. Your total bilirubin has gone up from 18.6 to 27.46, and your direct bilirubin from 15.2 to 24.17. Your ALT and AST are also slightly elevated, and your alkaline phosphatase level is down from 642 to 302.

Patient:

So, what does all of this mean?

Doctor:

The lab results, especially the rising bilirubin levels, suggest that there's ongoing obstruction of your bile ducts. Based on your ultrasound and lab results, we are concerned that this may be a malignant obstruction in your common bile duct (CBD).

Patient:

What happens next?

Doctor:

We will need to send fresh labs and do a triphasic CT scan to get a clearer picture. In the meantime, I've prescribed Fenargan for your itching. We'll also arrange for an ERCP (Endoscopic Retrograde Cholangiopancreatography) and stenting. If needed, we may discuss a Whipple procedure as a definitive treatment. We'll wait for the radiology report, and this will be discussed in a multidisciplinary team (MDT) meeting.

Patient:

I understand. Thank you, doctor.

Follow-up on 13th August 2024

Patient:

Doctor, Im here for a follow-up. My jaundice is still there, and Ive lost more weightanother 5-6 kg in the past few weeks. The itching hasnt improved much either.

Doctor:

Thank you for updating me. Your weight loss and jaundice are still significant concerns. Your recent CT scan from 12th August has shown a heterogeneously enhancing mass in your CBD, which is concerning for intrahepatic cholangiocarcinoma, with involvement of the left biliary system and some enlarged lymph nodes.

The possibility of biliary invasive hepatocellular carcinoma (HCC) is less likely but cannot be completely excluded. This needs further correlation with tumor markers and viral serology.

Patient:

What are the next steps?

Doctor:

Well proceed with a biopsy using endoscopic ultrasound to confirm the diagnosis. Since your CT scan indicates a mass, Ill refer you to oncology for further management. Unfortunately, based on these findings, it seems you are not a candidate for curative surgery at this time.

Patient:

What do you mean by not being a candidate for surgery?

Doctor:

The mass in your biliary system, along with the enlarged lymph nodes, suggests that this may be a metastatic cancer. Curative surgery would be difficult because of the extent of the disease.

However, we will continue to explore the best possible treatment options for you.

Patient:

Okay, thank you for explaining, doctor.

Follow-up on 4th September 2024

Patient:

Doctor, Im back for my follow-up. I still have jaundice, and the weight loss continues. The hemorrhoids are still troubling me too.

Doctor:

I see. Your ultrasound and CT scans confirm that the biliary obstruction is likely due to a mass in the CBD. The diagnosis is still pointing toward a cholangiocarcinoma, and based on your lab results, we can see that your bilirubin is down a little bit, but its still elevated. Your platelets and ALT/AST levels are stable.

Patient:

Is there anything new in my reports?

Doctor:

Yes, your lab results from the latest tests are mostly similar to before, with slight changes in your bilirubin levels. Your CT scan shows a large filling defect in the CBD, consistent with a mass causing narrowing and stricture in the biliary system. Well need to proceed with endoscopic ultrasound for biopsy and further analysis.

Patient:

Whats the next step for treatment?

Doctor:

Given that this seems to be a malignancy, were focusing on supportive care and symptom management at the moment. Youll need to see an oncologist for further treatment options, as surgery might not be an option due to the extent of the disease.

Patient:

Thank you for everything, doctor.