

Gender: Male

Age: 62

MRN: 892479

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Patient:

I've been feeling feverish, with body aches and some weight loss recently. It's been concerning.

Doctor:

I understand. Let me go over your medical history and current condition. You have a history of diabetes, hypertension, and you've also had acute bacterial meningitis in the past, where you were admitted to the ICU. You're also dealing with jaundice, cough, and a history of fever, for which you're on IV antibiotics.

We've reviewed your recent CT scan, and it shows a large hepatic mass in the right lobe of the liver, which appears to be a malignant mass. There is also a thrombosis in the posterior division of the right portal vein. The biopsy results suggest that it could be a poorly differentiated hepatocellular carcinoma (HCC), cholangiocarcinoma, or a metastatic disease.

Patient:

That sounds serious. What about the lab results?

Doctor:

Here are your latest lab results from January 15, 2025:

Total Bilirubin: 10.6

Alkaline Phosphatase (ALP): 684

Albumin: 2.87

INR: 1.1

Platelets: 493

Hemoglobin: 10.2

AFP (Alpha-Fetoprotein): 540

Viral markers: Negative

ALT: 40

These results confirm some issues with your liver function, and we're monitoring closely for any further changes.

Patient:

What's the plan going forward?

Doctor:

We're referring you to the gastroenterology outpatient department today. I've discussed your case with Dr. Usman Aujla, and we're preparing for an ERCP to address any biliary obstructions. We've also planned for an HRCT and an anesthesia evaluation. We'll continue with the meropenem for now, along with Ursodeoxycholic acid for bile flow.

Patient:

I see. How will the ERCP help?

Doctor:

The ERCP will help assess the biliary system and check if there are any blockages. If necessary, we'll place a stent to help with bile drainage. We have explained the risks of the procedure to your daughter, including potential complications like bleeding, perforation, and infection.

Follow-Up Visit on February 10, 2025

Doctor:

You're back for a follow-up. How have you been feeling?

Patient:

I'm still having abdominal pain, fever, and a loss of appetite.

Doctor:

We reviewed your CT scan from January 24, 2025. It shows a large mass in segments VII, VIII, V, and VI, likely representing HCC, but there's a possibility of a mixed hepatocholangiocarcinoma. The liver surface is slightly undulating, but there's no sign of ascites or significant collateralization.

Your bilirubin levels are still elevated:

Total Bilirubin: 9.2

Direct Bilirubin: 8

ALT/AST: 31/125

ALP: 1743

Albumin: 2.6

There's no significant improvement in your jaundice despite the ERCP. We'll rebook you for another ERCP to assess and possibly change the stent.

Patient:

What about the pain and fever?

Doctor:

We'll manage your pain with Panadol, and I recommend continuing with the current antibiotics. The fever should subside once we get better control over your biliary system.

Follow-Up Visit on March 4, 2025

Doctor:

Let's review your latest results. We noticed that there's no significant improvement in your jaundice, even after the two ERCP procedures. We're still seeing the liver mass and thrombosis. The bilirubin level remains elevated.

Here's the comparison of the lab results from February 27 and March 4, 2025:

Total Bilirubin: 9.2 11.91

Direct Bilirubin: 8

ALT/AST: 31/125 22

ALP: 1743 582

Albumin: 2.6 2.1

Patient:

Thats worrying. Whats next?

Doctor:

Weve discussed your case with the multidisciplinary team. We plan to repeat imaging with a CT triphasic to better understand the disease extension and biliary invasion. Well follow up after a week. We also recommend considering an IR-guided biopsy if there's no improvement in your bilirubin.

Follow-Up Visit on March 18, 2025

Doctor:

The multidisciplinary team has reviewed your case again. Your liver mass remains stable, with no significant change since the last evaluation. Theres some mild ascites and a few stable nodules in your left lung. Theres also a new nodule in the right basal segment, which well need to follow up.

Well continue monitoring the liver lesion closely. If the bilirubin doesnt improve, we may consider another ERCP or an IR-guided biopsy of the liver lesion.

Patient:

Whats the current treatment plan?

Doctor:

We're continuing your Ursodeoxycholic acid and antibiotics. I've prescribed Lasix to help with fluid retention. We'll continue monitoring your appetite and overall health.

Hepatology Visit on March 25, 2025

Doctor (to daughter):

I see your father's condition remains concerning, with a total bilirubin of 13 mg/dL. His performance status is poor, and we're working on adjusting his medications.

We've reviewed the CT scan, and the liver mass still appears large, but stable. We've planned the following:

Ursodeoxycholic acid 500mg twice a day

Ciprofloxacin for 7 days

Follow-up LFTs in two weeks

We'll keep monitoring his condition closely.