

Gender: Male

Age: 66

MRN: 797552

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Patient: Doctor, Ive been experiencing severe pain in my right upper quadrant (RUQ) and itching all over my body for the past three weeks. Its been really bothering me, along with some diarrhea.

Doctor: I understand. Let me ask you some more details. You've had hepatitis B (HBV) for many years, is that correct?

Patient: Yes, Ive had HBV since 2008, and Ive been treated with DAAs. However, the last time I had a PCR test for hepatitis B, it came back positive. The result from August 6, 2024, showed a viral load of 216,811 IU/mL.

Doctor: Okay, thank you for sharing that. Regarding your symptoms of RUQ pain and itching, well need to look into your condition closely. Have you experienced any of the following symptoms recentlyvomiting blood, swelling in your abdomen, jaundice, or black stools?

Patient: No, none of those. I havent had any bleeding, and my weight loss is not documented. I havent had any fevers or night sweats either.

Doctor: I see. And do you have any history of blood transfusions or any previous surgeries?

Patient: No, I dont have any history of blood transfusions or surgeries.

Doctor: Alright. And do you know if youre allergic to any medications?

Patient: Im allergic to some medications, but Im not sure exactly which ones.

Doctor: Noted. I see you're currently taking Entecavir 0.5mg once daily. Is that correct?

Patient: Yes, thats correct.

Doctor: Lets also take a look at your general health. Do you have any financial strains or cultural needs I should be aware of for your care?

Patient: Yes, I have some financial issues, and I am uneducated. I work as a farmer and Im married with three children. I used to use Naswaar for 20 years but have stopped using it for the past 20 years.

Doctor: Thank you for sharing that. It seems your family history is unremarkable, and there are no significant psychological concerns, is that right?

Patient: Yes, thats correct. No depression or suicidal thoughts, and no history of self-harm.

Doctor: Good to know. Lets move on to your physical exam. You seem well-oriented and conscious, with no issues in speech, cognition, or mobility. Your physical exam shows a soft, non-tender, non-distended abdomen, and normal lung and heart sounds.

Patient: Yes, that sounds right.

Doctor: Ive reviewed your recent investigations, including your CT scan from August 12, 2024. The scan shows an arterially enhancing lesion in the right hepatic lobe with washout on subsequent

phases, which suggests hepatocellular carcinoma (HCC). There's also a right renal cortical cyst, but no evidence of cirrhosis.

Patient: That's concerning. What does this mean for me?

Doctor: The diagnosis of HCC is concerning, but we're not seeing any vascular invasion in your liver. We'll need to consider treatment options. A possible treatment is Radiofrequency Ablation (RFA), and we'll discuss with interventional radiology if this is suitable for you. I'll also continue your Entecavir for hepatitis B, but we'll adjust the treatment plan after we complete the ablation or resection.

Patient: I understand. What's the plan for now?

Doctor: We need to repeat some investigations. I recommend getting a fresh CT scan and performing the remaining baseline tests. Once we have those results, we'll plan the next steps, including possible surgery or RFA. Let's follow up after these investigations.

Follow-up Visit (20-08-24)

Patient: Doctor, I'm back for my follow-up. The pain in my RUQ is still troubling me, and I've had some nausea and diarrhea as well. I've been on Entecavir as per the last plan.

Doctor: It's good to see you again. From what I understand, you've been on Entecavir for your HBV, and we had discussed a possible procedure for the HCC. The CT scan you had on August 12 showed a lesion in your liver. It was confirmed as HCC, and we're now considering RFA. Did you have any significant changes since the last visit?

Patient: I havent noticed anything new, except for the ongoing pain and some discomfort from the itching.

Doctor: Alright, we will refer you to interventional radiology for the RFA procedure, and I want to ensure we manage the pain effectively. Ill add pain relief medication as well, including Tramadol 50mg twice daily, and well continue monitoring your liver function.

Patient: Thank you, Doctor.

Doctor: You're welcome. We'll continue the Entecavir, and after RFA, we'll reassess the hepatitis treatment. Lets also plan a follow-up in about four weeks to check on your progress and repeat some lab tests, including your AFP levels and a new HBV PCR.

Follow-up Visit (11-09-24)

Doctor: How have you been feeling since your last visit?

Patient: The pain is still there, but Ive been managing it with the medication. My liver function tests were high last time, but now theyve improved.

Doctor: Good to hear. Your latest tests from August 19 show improvements in your liver function, but the AFP levels are still elevated at 220. Were still looking at the 3.5 cm HCC without vascular invasion. The microwave ablation procedure was delayed due to high liver enzymes, but it seems were moving forward now.

Patient: Yes, Im hoping the procedure will help with the pain.

Doctor: Absolutely, we'll monitor you closely after the procedure. The liver function is improving, and we'll reassess your CT scan and AFP levels soon. In the meantime, continue with your medications, and follow-up in a month.

Follow-up Visit (25-10-24)

Patient: I'm here for my follow-up visit. The pain has improved, but I'm still concerned about the HCC.

Doctor: I understand your concern. You've had your microwave ablation on September 26, and your liver function tests have improved since then. Your AFP remains elevated at 220, but your liver function tests are showing positive changes.

Patient: Yes, I noticed some improvement, but the pain is still lingering.

Doctor: That's expected, but we will continue monitoring. Your CT scan from September 19 confirmed the 3.5 cm HCC with no vascular invasion. No extrahepatic metastasis was found. The next steps are to follow up with another AFP test and a PCR for HBV in three months. We'll also repeat a CT scan in two weeks to monitor the situation.

Patient: Thank you, Doctor. I appreciate your help.

Doctor: You're welcome. Continue your Entecavir, and let's touch base in a month for your next follow-up. We'll adjust the plan as necessary.

Consultant Addendum (25-10-24)

Doctor: I've reviewed the care plan and agree with the steps we've taken so far. Keep up with your

medications and follow-up as scheduled.

Follow-up Visit (20-12-24)

Doctor: I see you're here for your reports. How have you been feeling since your last visit?

Patient: The pain has decreased, but I still have some discomfort. I've been on Entecavir, and the microwave ablation was done in September.

Doctor: Your HCC was treated with microwave ablation, and your liver function is improving. The AFP remains at 220, and we're awaiting the results of your next AFP test. We'll also repeat the HBV PCR in three months. The plan is to follow up after two weeks with another CT scan and further blood work to assess the situation.

Patient: I'll continue with the medications and follow-up as instructed.

Doctor: That's the best approach. We'll keep monitoring your progress closely. Let's meet again in two weeks for the follow-up on the CT and AFP levels.