

Gender: Male

Age: 56

MRN: 742289

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Patient:

Hi, Doctor. Im here for my follow-up. Ive been experiencing some pain in my right upper quadrant for the past three weeks, along with a loss of appetite and trouble sleeping.

Doctor:

Hello, Mukhtar. Lets review your history. I see that you've been diagnosed with Hepatitis C in 2001, treated with interferon, and achieved a sustained virologic response (SVR). Unfortunately, you relapsed in 2015, but after treatment with DAAs, you achieved SVR again. Your last HCV PCR in 2019 showed no detection of the virus.

Patient:

Yes, that's right. The pain in my right upper abdomen has been bothering me a lot lately. It started about three weeks ago, and I also feel very tired and can't sleep well.

Doctor:

I understand. Let me quickly go through the investigations weve done so far. Your ultrasound from September 2022 showed chronic liver disease (CLD) with a focal lesion in the left lobe of your liver. Your CT scan in June 2023 showed a large hepatocellular carcinoma (HCC) at the junction of segments 2 and 3, measuring about 7.5 x 4.5 x 5.5 cm. There were also some nodules in your lungs and a few cysts in your right kidney, but there were no signs of portal lesions.

Patient:

Yes, I remember that CT scan. Is the tumor still growing?

Doctor:

The tumor is quite large, and since it's near the portal vein, we need to monitor it closely. We also performed a liver biopsy in July, which showed chronic hepatitis with focal bridging fibrosis, but no evidence of malignancy. The Metavir score showed significant activity (A3/A3), and fibrosis was scored at F2-3/F4.

Patient:

I see. So, what's the next step in my treatment?

Doctor:

We need to proceed with a follow-up CT scan and AFP test in the next few weeks. If the donor workup for a liver transplant is completed before that, we can do the scan sooner to reassess the tumor. Based on the size and location of the tumor, it's crucial to check for any changes. We are also working on the donor's evaluation.

Patient:

I understand. And in the meantime, what should I be doing?

Doctor:

You should continue with the rehabilitation process, take your prescribed medications, and manage symptoms as needed. There's no decompensation of your liver function right now, which is a good sign.

Patient:

Okay, I'll keep up with everything you've mentioned. Thanks for explaining everything, Doctor.

Doctor:

You're welcome, Mukhtar. Remember, you're not alone in this. We're here to support you through every step. Let's plan the next steps carefully and keep monitoring your health.

Follow-up Visit:

Doctor:

How have you been feeling since your last visit?

Patient:

I'm still having the same symptoms: pain in my right upper quadrant, loss of appetite, and difficulty sleeping.

Doctor:

Let me review your latest lab results and check the updates. Your hemoglobin is slightly improved at 10.6, but your white blood cell count has increased a bit to 9.3. Your platelets are elevated, which we'll need to keep an eye on. Liver enzymes have improved, with ALT at 30 and AST at 20. Your albumin levels are stable at 4.4, but your creatinine remains normal at 0.81. Your AFP is still low at 0.2, and your MELD score is still 7 points, which indicates moderate liver dysfunction.

Patient:

I'm relieved to hear the AFP is still low. Does this mean the tumor hasn't spread?

Doctor:

Yes, it's a positive sign for now, but we'll continue monitoring it closely. Based on the tumor's location, a repeat CT scan in a few weeks will help us evaluate its current state.

Patient:

Whats the next step in terms of treatment?

Doctor:

We'll proceed with the donor workup for a potential liver transplant. We'll also continue with the rehabilitation, and symptomatic treatment as needed. A follow-up CT scan after 3 weeks is essential to reassess the tumor, and we will do the AFP test again at that time.

Patient:

That sounds like a good plan. Thanks for the update, Doctor.

Doctor:

You're welcome. Stay on top of your medications, and we'll keep moving forward with the treatment plan. Keep me updated on how you're feeling. We'll see you for the next follow-up soon.

Discharge Summary (4th August 2023):

Doctor:

Mukhtar, you were admitted for TACE (Transarterial Chemoembolization) on August 3rd for the HCC in segments 2 and 3. The procedure went smoothly, and you tolerated it well. There were no immediate complications, and you're stable for discharge today.

Patient:

I feel much better. What medications will I need to take?

Doctor:

You'll continue on Omeprazole for the next two weeks, along with Cefixime for 5 days. If you experience any pain, you can take Tonflex-P. I'll also prescribe Lactulose to help with your digestive symptoms, and Onset for any vomiting.

Patient:

Got it. When should I follow up?

Doctor:

You'll follow up in 3 weeks with a fresh CBC and LFT, and we'll plan another CT scan and AFP test after 6 weeks to check for any changes in the tumor.

Patient:

Thanks, Doctor. I'll make sure to follow the plan.

Doctor:

You're welcome, Mukhtar. Stay in touch, and we'll see you soon.