

Gender: Male

Age: 70

MRN: 786333

Diagnosis: Cholangiocarcinoma

History and Physical:

29/7/24

14;30 h

first visit at PKLI

k/c/o of asthma , HTN, DM presented e history painless jaundice since 1 month , associated e itching , weight loss & anorexia

MRCP done outside suggestive of bismuth type 3a/b stricture

A/C ;

jaundice

itching

weight loss

anorexia

o/e :

jaundice , scratch marks

abd ; soft non tender

inx : 25/7/24

bil 5

alp 824

ggt 2206

alt/ast 144/68

tlc 14

hb 11

plt 409

ca 19/9 101

mrcp : e suggestive of bismuth type 3a/b stricture

assessment :

klatskin tumor ?

plan :

triphasic CT

rfts

ercp date

f/u on thursday for CT review

dr sohail / dr ahmad karim

PSB Dr Ahmad Karim Malik

2-8-2024

MRN ;786333 Age / Gender:70 y/M

Name ;Muhammad.Asghar Ali Examined On: 02 /08/2024.

Referred By: Dr Usman Aujla Assistant: Wiliam/ Saleem/ Usman

Endoscopist: Dr Usman Aujla

Fellow: Dr Imran Syed/ Dr Osama Butt

Procedure Name:

Indications:

Nurse: Aasia Julian

Medications: General anesthesia

Report content: A consent was obtained prior to procedure. The patient was placed in the prone position. The scope was introduced in the mouth and advanced under direct vision into oesophagus, stomach and duodenum. Vital signs and oxygen saturations were monitored. Patient was deep sedative with no immediate complications. Endoscopy Report is given below.

ERCP Findings: Hanging bulky ampulla. Challenging pancreatic duct cannulation achieved. 5 Fr 7 cm PD stent was placed. CBD cannulation achieved after precut papillotomy and extended sphincterotomy. Cholangiogram revealed proximal CBD/ CHD stricture with dilated IHDs. Guide wires placed in RAHD. Brush cytology obtained from the strictured area (40 passes made) followed by stricture dilation with 10 Fr soehendra dilator. A single PBS 10Fr x 12cm placed with good drainage.

Plan:

Keep NPO for 4 hours.

Vitals monitoring as per PACU protocol.

Inj Ringer lactate 500ml iv over 4 hours.

Discharge home when vitally stable.

Tab Ciproxin 500 mg twice daily for 5 days

jaundice , scratch marks

abd ; soft non tender

inx : 25/7/24

bil 5

alp 824

ggt 2206

alt/ast 144/68

tlc 14

hb 11

plt 409

ca 19/9 101

mrCP : e suggestive of bismuth type 3a/b stricture

Fresh labs

18/8/24

hb 10.4

wbc 7

bili 4.37

alt 40

ast 46

alp 196

ggt 166

Ct 30/7/24

Lobulated enhancing mass at porta hepatis almost completely encasing CHD and CBD up till before head of pancreas, inseparable from adjacent contracted gallbladder with adjacent locoregional involved enlarged lymph nodes, possible differentials include primary gallbladder malignancy or

cholangiocarcinoma (sparing hilar ductal confluence). Further evaluation with CA19-9, ERCP with tissue sampling is suggested.

Indeterminate hypodense lesion at junction of caudate with left lobe closely abutting IVC, possibility of this being a metastatic deposit appears very less likely, this could represent a hepatic cyst with internal debrinous / proteinaceous content.

cytology

positive for malignant cell

Ercp 2/8/24

ERCP Findings: Hanging bulky ampulla. Challenging pancreatic duct cannulation achieved. 5 Fr 7 cm PD stent was placed. CBD cannulation achieved after precut papillotomy and extended sphincterotomy. Cholangiogram revealed proximal CBD/ CHD stricture with dilated IHDs. Guide wires placed in RAHD. Brush cytology obtained from the strictured area (40 passes made) followed by stricture dilation with 10 Fr soehendra dilator. A single PBS 10Fr x 12cm placed with good drainage.

assessment :

obstructive jaundiced 2 to klatskin tumor

S/p ercp with stenting

post ercp lfts improved

Plan

Dr usman aujla

MDT

Family counseling done regarding nature of disease and possible outcome

