

Gender: Female

Age: 27

MRN: 790418

Diagnosis: Cholangiocarcinoma

History and Physical:

Patient: "I am a 27-year-old female, and I was diagnosed with metastatic cholangiocarcinoma. Two weeks ago, I had an ERCP which led to pancreatitis, but it's resolving now. I was admitted for post-ERCP pancreatitis and have come in today for a follow-up to discuss my biopsy report."

Doctor: "Thank you for coming in today. Let's go over your symptoms. You mentioned having some fever, although it hasn't been documented, along with upper abdominal pain and vomiting since your admission. These symptoms persisted even after your discharge, correct?"

Patient: "Yes, that's right."

Doctor: "On examination, you are a young female with deep jaundice and noticeable pallor. Upon checking your abdomen, there is mild tenderness in the epigastric region, but everything else seems normal. Your breath sounds are positive, and your cardiovascular exam shows a normal S1, S2 with no abnormalities. Your respiratory examination is clear bilaterally. Your CNS examination is grossly intact."

Patient: "So, what does that mean for my condition?"

Doctor: "Given your history and the findings, we are concerned about advanced disease with possible cholangitis. You were previously on Cefixime at home for this. We need to manage this with further treatment."

Doctor: "Heres the plan: Im going to start you on Inj Tanz 4.5 g IV stat and Inj Provas 1g IV stat. Your brother (or cousin) has been counseled in detail about the situation. Ive also referred you to Dr. Osama for a detailed discussion of your underlying disease and to explore any possible management options. Youll need to continue with oral Ciprofloxacin 750mg once a day and Metronidazole 400mg three times a day."

Follow-up (03/09/24)

Patient: "I've been feeling really uncomfortable, with moderate to severe generalized abdominal pain. Theres also been on-and-off fever and some constipation."

Doctor: "Upon examination, I noticed you are jaundiced, your oral cavity is dry, and youre febrile to the touch. Theres generalized tenderness in your abdomen, and your cardiovascular exam shows normal S1 and S2 without any abnormalities. Your CNS exam is normal, with a score of 15/15."

Doctor: "We did some cytology testing on 27/08/24, and the results show smears and cytopsin preparations revealing scattered single cells, groups, and sheets of atypical epithelial cells with high N/C ratio, overlapping nuclei, and pleomorphic to hyperchromatic nuclei. There are also benign epithelial cells and a few inflammatory cells with bacterial colonies present."

Doctor: "We also performed a CT scan on 25/08/24. The scan showed an ill-defined, heterogeneously enhancing soft tissue mass near the neck of the gallbladder, which is infiltrating the hepatic parenchyma and part of the pancreas. Theres also a cut-off in the common hepatic duct with mild to moderate intrahepatic biliary dilatation. This mass is concerning for primary gallbladder malignancy or hilar cholangiocarcinoma, with possible metastasis to the liver, right adrenal gland, abdominal nodes, mediastinum, and lungs. There is no evidence of acute pancreatitis on the scan."

Doctor: "The plan now is to conduct a fresh ultrasound and chase labs for further clarification. You'll need to see Dr. Ahmad Karim after the labs for further evaluation and stabilization."

Patient: "Alright, I understand. What's the next step?"

Doctor: "We'll proceed with these tests, and then Dr. Ahmad Karim will assess the situation. He will decide on the next course of treatment based on the results. In the meantime, let's monitor your condition closely."