

Gender: Male

Age: 50

MRN: 899629

Diagnosis: Cholangiocarcinoma

History and Physical:

Date: 29-Jan-2025 | Clinic: HPB and LTX

Patient:

Doctor, Ive been having yellow discoloration of my eyes for about two months now. Along with that, my urine has turned dark, my stools are clay-colored, and I feel itchy most of the time. I also have nausea and Im not eating properly.

Doctor:

When did all this start exactly?

Patient:

It began about two months ago. Before that, I was fine. Then I was told I have something called a CBD stricture. I had a procedure called an ERCP on the 18th of December. After that, I developed mild pancreatitis. My amylase was 311. They managed it conservatively.

Doctor:

Have you lost any weight during this time?

Patient:

Yes, around 10 kilograms in the last two months.

Doctor:

Do you have hepatitis B or C?

Patient:

No, I was tested and found to be non-reactive for both.

Doctor:

Any history of fever or night sweats?

Patient:

No, none.

Doctor:

Have you had any previous medical or surgical conditions?

Patient:

No prior illnesses or surgeries.

Doctor:

Are you taking any medications at the moment?

Patient:

Not right now, but previously I was taking Ursodeoxycholic acid 250 mg twice a day and Omeprazole 40 mg once a day.

Doctor:

Any allergies?

Patient:

No allergies.

Doctor:

Do you have any financial concerns or religious/cultural needs for your care?

Patient:

Yes, I do have financial issues, but I don't have any special cultural or religious needs.

Doctor:

What's your occupation?

Patient:

I'm a bus driver.

Doctor:

Do you smoke, drink alcohol, or chew tobacco?

Patient:

I used to smoke 30 cigarettes a day but I quit a month ago.

Doctor:

Any family history of diabetes, high blood pressure, cancer, TB, or asthma?

Patient:

No, nothing like that.

Doctor:

Have you been feeling depressed or having any suicidal thoughts?

Patient:

No, nothing like that.

Doctor:

Can you see, speak, walk, and understand clearly?

Patient:

Yes, I dont have any impairments.

Doctor (Reviewing Physical Exam):

Youre conscious, alert, and oriented. GCS is 15/15. Your heart sounds are normal, lungs are clear bilaterally, and your abdomen is soft, non-tender, and not distended.

Doctor (Reviewing Imaging):

On 17th December, your ultrasound showed a dilated CBD up to 10 mm and intra/extrahepatic cholestasis, with an abrupt change in caliber at the porta hepatis likely due to a stricture or growth.

The ERCP on 18th December revealed a stricture at the mid-to-proximal CBD junction with upstream biliary dilation. A 10 Fr x 12 cm plastic stent was placed across the stricture, and a sphincterotomy was done.

A follow-up ultrasound on 21st December confirmed the stent placement and showed marked intrahepatic biliary dilation and early signs of pancreatitis.

Doctor (Reviewing CT from 27th December, CMH):

Your liver has cystic lesions, the largest being 2.2 x 2.1 cm in segment V, with hyperenhancement at the rim. There's evidence of interstitial edematous pancreatitis with fluid collections extending into the left Gerotas fascia and surrounding areas. You also have minimal pleural effusion and some lung changes.

Doctor (Lab Review):

Here are your labs from 18th and 24th December:

Hb: 16.7

WBC: 9.5

Platelets: 236

Total Bilirubin: 4.1 15.6

Direct Bilirubin: 13.8

ALT/AST: 84 49/74

Alkaline Phosphatase: 542 346

Albumin: 3.0

Creatinine: 1.1

IgG-4: 1160 mg/L

AFP: 2.7 (on 08-Jan-25)

CA19-9: 4.4 417

ECOG Performance Status: 01

BMI: 19.23

Blood Group: B+ve

Doctor:

Based on this, we need to get a fresh CT scan and lab results, especially CA19-9 levels. Once we have that, we'll finalize the treatment plan. Please follow up after the investigations.

Date: 06-Feb-2025 | Follow-Up

Doctor:

You were diagnosed with obstructive jaundice two months ago, and now your provisional diagnosis is cholangiocarcinoma. Let's review your fresh CT from 29-Jan-25.

Doctor (Reading):

Your scan shows moderate intrahepatic biliary dilatation, a CBD stent in place, and some pneumobilia. There's also wall thickening in the biliary channels suggesting cholangitis. Additionally, you have acute pancreatitis with a CT severity index of 4 (moderate).

Doctor (Lab Results on 29-Jan-25):

Hb: 11.9

WBC: 17.4

Platelets: 659

Total Bilirubin: 2.26

Direct Bilirubin: 1.81

ALT/AST: 130/100

Alkaline Phosphatase: 2145

Albumin: 3.64

Creatinine: 0.82

Na+: 132

K+: 4.32

INR: 1.05

CA19-9: now down to 279 from 417

ECOG: 0-1

Doctor:

Our assessment suggests hilar cholangiocarcinoma, possibly extending into the right hepatic ducts. Surgical plan includes a Right hepatectomy or Trisectionectomy with excision of the biliary tree, lymphadenectomy, and Roux-en-Y hepaticojejunostomy. Chemotherapy may follow, depending on histopathology. We'll now coordinate surgery scheduling.

Date: 07-Mar-2025 | 1st Post-op Follow-Up (POD 10)

Doctor:

You had surgery on 25-Feb-25: Central Partial Hepatectomy + Hepaticojejunostomy for Cholangiocarcinoma (T2N1Mx). How are you feeling?

Patient:

I'm okay. The right urostomy bag hasn't had any output for three days, but the left drain has outputted 210 mL on the first day, and 100 mL per day since.

Doctor (Examining):

Your wound is healing well. Clips are in place, and both drain sites look fine.

Doctor (Reviewing Histopathology):

Segment IVB and V show benign liver parenchyma with marked portal edema, inflammation, cholangitis, and periductal onion-skin fibrosis, consistent with secondary sclerosing cholangitis.

No tumor found.



Lymph nodes around hepatic artery, celiac axis, and common hepatic artery all showed fibrofatty tissue with no malignancy.

The caudate tissue also showed no tumor.