

Gender: Male

Age: 44

MRN: 715245

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Patient:

Good morning, Doctor. I'm here for my follow-up.

Doctor:

Good morning. How have you been feeling lately? Any issues or changes since we last saw you?

Patient:

Well, I've been having some upper abdominal pain. It's been bothering me on and off. Also, I've been feeling a bit weak, and I've noticed some weight loss recently.

Doctor:

I see. Let's review your past medical history. You were diagnosed with Hepatitis C about 10 years ago, correct? You were treated with DAAs for six months and achieved a sustained virologic response. Your last PCR test was three years ago, and it came back negative.

Patient:

Yes, that's correct. I've been stable with no major issues.

Doctor:

That's good to hear. Let's look at your recent scans and labs. Your ultrasound from December 13, 2022, shows a slightly cirrhotic liver with multiple hyperechoic focal lesions, the largest measuring 6.4 x 5.1 cm. Mild splenomegaly was noted, but there was no ascites.

Patient:

Yes, I had that ultrasound done. What does it mean for me?

Doctor:

Based on the CT scan from December 21, 2022, which shows a slightly coarse liver with focal lesions in the right lobe, there's concern for a possible atypical hepatocellular carcinoma (HCC) or metastatic disease. The lesions show arterialization and relative washout, which raises concern. You also have patent portal veins, which is a positive sign.

Patient:

That sounds serious. What's the next step?

Doctor:

You're right to be concerned. We'll proceed with a treatment plan that includes transarterial chemoembolization (TACE), which targets the tumors. You'll also start taking Sorafenib, an oral medication to help manage the HCC. I've advised you to bring the CD of your CT scan and labs for further review.

Patient:

Okay, I'll bring those in. What about the treatment plan for Sorafenib?

Doctor:

You'll start with Sorafenib at 200 mg twice a day for 10 days, then we'll increase it to 400 mg twice a day if you tolerate it well. Also, we'll continue with Surbex Z once a day and Omeprazole 40 mg once a day.

Patient:

Got it. Ill follow those instructions.

Patient:

I had my next visit on January 4, 2023, for a review. My AFP levels were still high at 37,839. The doctors mentioned that my CT scan quality was poor, so theyve asked me to repeat it.

Doctor:

Yes, we reviewed the scan and noted the poor quality. We will repeat the CT scan to get clearer images. As for the treatment, well proceed with TACE and Sorafenib. Also, we will need to get a biopsy from the left liver lobe.

Patient:

Okay, Ill make sure to follow up on those.

Patient:

I was admitted in January for TACE and liver biopsy. The biopsy showed chronic hepatitis with mild steatosis and focal portal fibrous expansion.

Doctor:

Yes, Ive noted that. After the TACE procedure on January 28, 2023, you developed transaminitis, but your liver function tests are improving. You had fever spikes, but those seem to have settled now.

Patient:

Yes, I felt feverish for a while, but its better now.

Doctor:

Good. Your condition is stable. We'll continue with your medication, including Omeprazole, Paracetamol, and Tramadol for pain relief. You had an allergic reaction to Tanzo, so we switched you to Ceftriaxone, which has been well-tolerated.

Patient:

I remember that. The medication switch helped a lot.

Doctor:

Excellent. You'll continue with Omeprazole, Cefixime, and Lactulose after discharge. I also recommend taking Nuberol for pain as needed.

Patient:

I'll keep that in mind.

Doctor:

Follow-up is important. We'll need to chase the liver biopsy report and get cultures. After two weeks, I'll need fresh CBC and liver function tests. In four weeks, we'll reassess with baseline labs and an AFP test. A CT triphasic scan will also be done, and if the tumor remains, we may consider re-TACE or potential resection.

Patient:

Understood. I'll make sure to attend the follow-up and get the tests done.

Patient:

On March 14, 2023, I had another visit, and my labs showed an AFP of 37,839 again. The CT triphasic scan from March 1st showed some changes post-TACE, with dense peripheral lipiodol

indicating central necrosis and multiple air foci. The previous tumor thrombus in the right portal vein is no longer enhancing. There's no evidence of new HCC, but some small lymph nodes remain unchanged.

Doctor:

The CT scan results are reassuring in terms of the lack of progression of the tumor. The small lymph nodes and residual arterialized components will be monitored, but there's no sign of metastasis. We will continue with the same treatment plan: TACE and Sorafenib. We'll also need a follow-up in four weeks.

Patient:

That's a relief. I'll continue the treatment as advised.

Doctor:

I've noted that your latest labs from March 1st show a urea level of 12 and creatinine of 0.64. All other values are stable. We'll proceed with the MDT discussion for liver resection and continue monitoring your condition closely.

Patient:

Thank you for the update, Doctor.

Doctor:

You're welcome. We'll keep a close eye on your progress and adjust the treatment as needed. Make sure to stay on top of your follow-ups and lab tests.

Patient:

I haven't been answering calls from the clinic recently.

Doctor:

We've been trying to reach you. Please make sure to answer the follow-up calls so we can continue to track your progress.

Patient:

I'll do that. Thank you, Doctor.

Doctor:

Take care, and we'll speak soon.

Patient: Good morning, doctor. I'm here for my follow-up visit.

Doctor: Good morning! Let's go over your current status. I see that you've been dealing with HCV and angioinvasive hepatocellular carcinoma (HCC), with a transarterial chemoembolization (TACE) procedure done back in January. How are you feeling today?

Patient: I've been feeling weak and tired. I still have some cough at night, but I walk a kilometer daily. However, my overall energy levels are quite low.

Doctor: I see. It's good that you're staying active despite feeling weak. Let's go over your recent tests and imaging. You had a liver biopsy on 27th January, and the histology showed chronic hepatitis with mild steatosis and focal portal fibrosis. The fibrosis was F1/4, which indicates early-stage fibrosis.

Patient: Yes, I remember the biopsy results. What do they mean for my treatment plan?

Doctor: The biopsy result indicates that your liver is still in relatively early stages of fibrosis, which is

good. We can continue managing the condition with systemic therapies like sorafenib. As for the TACE procedure you had, I see the post-procedure CT scan shows that the treated lesion in the right liver lobe is responding. The dense peripheral lipiodol and the central necrosis suggest the treatment was effective, though there's still a small residual arterialized component. The previous tumor thrombus in your right portal vein isn't showing enhancement in the latest scan, which is a positive sign.

Patient: That's reassuring. But I know there was a complication with my HCC rupturing in the right lung parenchyma. How does that change things?

Doctor: Yes, the rupture of the HCC into the lung was an unexpected complication. Unfortunately, this meant that the planned right hepatectomy had to be canceled. However, we've switched to systemic therapy with sorafenib, and you're still on that treatment. I'll be closely monitoring your progress. Your last CT scan did not show any interval HCC in the rest of your liver parenchyma, and the small locoregional lymph nodes are unchanged.

Patient: That's good news, but what about my lab results? Are there any significant changes?

Doctor: Let's look at your labs from the past few months:

HB (Hemoglobin): It has stayed stable at around 14 to 15.6 g/dL, which is normal.

TLC (Total Leukocyte Count): It was slightly elevated at 7 on 29th December and 14th March, but it's now 5.5 on 6th June and 6.1 in September, indicating it's coming down.

Platelets (PLT): The platelets were quite high at 310 in March, but they're now at 158, which is a good improvement.

Bilirubin (T-BIL and D-BIL): Your total and direct bilirubin levels are within normal range now, with the latest values being 0.21 for T-BIL and 0.12 for D-BIL.

ALT/AST: These liver enzymes are within the normal range, though ALT was a bit higher at 59/58 in September.

ALP (Alkaline Phosphatase): This has decreased from 335 to 90, which is a positive change.

Albumin: It dropped from 4.6 to 3.3 in March but is now up to 4.04 in June and 4.2 in September, which is a sign of improving liver function.

Creatinine: It's stable at 0.6 to 0.67, which is normal for kidney function.

Na⁺ and K⁺: Sodium is stable at 128 to 137, and potassium is within range at 4.1 to 4.53.

AFP (Alpha-Fetoprotein): This is a critical marker for HCC. Your AFP dropped significantly from 37,839 in December to 2,783 in March, and its now down to 3.58 in June and 4.49 in September, which is an excellent sign.

Patient: So, the lab results seem to show some improvement. What about my medications?

Doctor: You're currently on sorafenib 200 mg twice daily. I see that you're also taking omeprazole, tramadol, and paracetamol, which are helping manage your symptoms. In addition, your recent prescriptions include Qalsan D, Surbex Z, and lactulose. Your current treatment plan looks good, and I recommend continuing with sorafenib.

Patient: That sounds like a plan. Are there any changes I should be aware of?

Doctor: We'll continue to monitor your condition closely. We plan to do a CT scan in three months and follow up with more lab work, including AFP. If you feel any new symptoms or changes, don't hesitate to reach out. We will discuss your case in the next MDT meeting, and I will see you again in three months.

Patient: Thank you, doctor. I'll continue with the treatment and follow-up plan as advised.

Doctor: You're welcome. Keep up with your medication, and stay in touch if anything changes. We'll continue to support you through this.

Current Medications:

Tab Sorafenib 200mg BD

Cap Omeprazole

Tab Paracetamol

Cap Tramadol

Tab Qalsan D

Tab Surbex Z

Cap Carvida 3.125mg BD

Syp Lactulose

Lab Results:

HB: 15.6 (Dec 15), 14 (Dec 29), 15.6 (Mar 14), 15.6 (Jun 6), 16.3 (Sep 18)

TLC: 5.1 (Dec 15), 7 (Dec 29), 7 (Mar 14), 5.5 (Jun 6), 6.1 (Sep 18)

PLT: 166 (Dec 15), 310 (Dec 29), 310 (Mar 14), 158 (Jun 6), 186 (Sep 18)

T-BIL: 0.5 (Dec 15), 0.6 (Dec 29), 0.6 (Mar 14), 0.21 (Jun 6), 0.34 (Sep 18)

D-BIL: 0.2 (Dec 15), 0.3 (Dec 29), 0.3 (Mar 14), 0.12 (Jun 6), 0.17 (Sep 18)

ALT/AST: 29/48 (Dec 15), 29/28 (Dec 29), 29/28 (Mar 14), 27/22 (Jun 6), 59/58 (Sep 18)

ALP: 335 (Dec 15), 95 (Dec 29), 95 (Mar 14), 142 (Jun 6), 90 (Sep 18)

Albumin: 4.6 (Dec 15), 3.3 (Dec 29), 3.3 (Mar 14), 4.04 (Jun 6), 4.2 (Sep 18)

Creatinine: 0.8 (Dec 15), 0.6 (Dec 29), 0.6 (Mar 14), 0.61 (Jun 6), 0.67 (Sep 18)

Na+: 134 (Dec 15), 128 (Dec 29), 128 (Mar 14), 137 (Jun 6), 137 (Sep 18)

K+: 4.53 (Dec 15), 4.1 (Dec 29), 4.1 (Mar 14), 4.31 (Jun 6), 3.9 (Sep 18)

INR: 1.01 (Dec 15), 0.96 (Dec 29), 0.96 (Mar 14), 1.01 (Jun 6), 0.98 (Sep 18)

AFP: 37,839 (Dec 15), 2,783 (Dec 29), 2,783 (Mar 14), 3.58 (Jun 6), 4.49 (Sep 18)