

Gender: Male

Age: 65

MRN: 771711

Diagnosis: Cholangiocarcinoma

History and Physical:

Date: 4th June 2024

Department: HPB & Liver Transplant (LTx)

Doctor: Hello, what brings you in today?

Patient: I've been having pain in the right upper part of my abdomen for the past two months. And I developed jaundice about a month ago.

Doctor: I see. Any past medical conditions?

Patient: I was diagnosed with Hepatitis C back in 2008. I took treatment with direct-acting antivirals, and I achieved SVR. My last HCV PCR was done on 28th January 2023, and it was negative.

Doctor: Okay. Let me ask a few questions to assess your general condition. Have you had any vomiting of blood, or signs of decompensation like fluid accumulation?

Patient: No hematemesis or ascites. But I did have black stools around two months ago.

Doctor: Any signs of confusion or forgetfulness?

Patient: No, nothing like that.

Doctor: Any weight changes recently?

Patient: Yes, Ive lost about 3 kilograms in the past three months.

Doctor: Fever? Night sweats?

Patient: No.

Doctor: Any previous surgeries or allergies?

Patient: No surgeries, and no known allergies.

Doctor: What medications are you taking currently?

Patient: None at the moment.

Doctor: Okay. Any family history of diabetes, hypertension, cancer, TB, or asthma?

Patient: Nothing significant.

Doctor: Whats your current lifestyle like?

Patient: I stay at home. Ive been smoking hookah and cigarettes for around 40 years.

Doctor: Financially, is everything okay?

Patient: There are some financial strains, but we manage.

Doctor: Any mental health concerns? Feeling low or depressed?

Patient: No, I'm mentally okay. No suicidal thoughts or self-harm history.

Doctor: Do you have any spiritual or cultural preferences we should be aware of during your care?

Patient: No, nothing specific.

Doctor: Any issues with language, speech, vision, memory, or mobility?

Patient: None.

Systemic Examination:

CNS: Patient is conscious and well oriented. GCS is 15/15.

CVS: S1 and S2 heart sounds are present, no added sounds.

GIT: Abdomen is soft, non-tender, and non-distended.

Investigations:

CT Scan (08-Apr-24):

Hepatomegaly

Ill-defined isodense lesion (1.9 x 2.3 cm) at the confluence of hepatic ducts

Abrupt narrowing of right and left hepatic ducts

Intrahepatic biliary dilatation

Another hypodense lesion (3.1 x 2.5 cm) in segment VI

MRI Liver (27-May-24):

Lesion at CHD (1.5 x 1.4 x 2.08 cm), extending into segments IV.b, VI, VII

Another lesion (0.87 x 1.01 cm) in segment V

Lab Results (26-May-24):

Hemoglobin: 14.4

TLC: 5.9

Platelets: 170

Total Bilirubin: 4.6

ALT/AST: 157

Albumin: 4.3

Creatinine: 0.83

Sodium: 137

Potassium: 3.8

INR: 1

Child-Turcotte-Pugh (CTP): B7

MELD-Na Score: 12

CA 19-9: 22

CEA: 2.6

AFP (4-Apr-24): 155

ECOG performance status: 0

BMI: 18.5

Diagnosis:

Klatskin tumor with extension into segments IV.b, VI, VII

Plan:

Repeat CT scan to assess resectability

Repeat labs

Quit smoking and perform spirometry

Liver biopsy of left lobe (refer to IR)

Counselling regarding risks (resectability, mortality, morbidity)

Referral to financial support

Follow-Up Visit

Date: 24th June 2024

Doctor: Welcome back. How are you feeling since the last visit?

Patient: I still have the pain in my right side, jaundice is persistent, and now I feel generally weak.

Doctor: Okay. Lets revisit your background. You had HCV diagnosed in 2008, were treated and achieved SVR, correct?

Patient: Yes.

Doctor: Any new symptoms or issues since the last visit?

Patient: No new symptoms. Still no fever, night sweats, or any bleeding. My weight is still down by 3 kg.

Doctor: Lets go through your investigations.

Updated Imaging:

Triphasic CT Scan (20-Jun-24):

Progressively enhancing intraluminal growth involving CHD

Involvement of ductal confluence, right posterior duct system up to subsegmental branches

Proximal segment IV duct also involved

Vascular encasement and retrograde bilobar biliary dilatation

Arterially enhancing segment V focus with washout (suggestive of HCC lesion)

Mild hepatic cirrhosis

Suspicious porta hepatis nodes

Liver Biopsy (04-Jun-24):

Marked portal mixed acute and chronic inflammation

Acute cholangitis and fibrous portal expansion

Ductular proliferation, hepatocyte cholestasis, bile infarcts

Focal lobular inflammation

No steatosis, granuloma, or malignancy

METAVIR Score: A3/F2

Updated Lab Results (22-Jun-24):

Total Bilirubin: 13.9 (from 4.6)

ALT/AST: 137 / 192

ALP: 660

(Other labs unchanged from previous)

Assessment:

Hilar Cholangiocarcinoma with extension into segment IV

Management Plan:

Proceed with ERCP and drainage of left ductal system

Consider right liver lobe resection if feasible

If ERCP not successful, perform PTBD for left ductal system

Discuss case in Multidisciplinary Team (MDT) for staging and plan

Decision between resection vs. TACE + Chemotherapy after MDT



Patient and family counselled in detail about both options

Prescriptions:

Tab Motilium

Syp Mosegar

Surbex-Z

Next Visit

Date: 3rd July 2024

Department: Hepatology

Doctor: Dr. Ahmad

(To be continued...)