

Gender: Male

Age: 40

MRN: 848650

Diagnosis: Cholangiocarcinoma

History and Physical:

1 November 2024 HPB and LTX Clinic

Doctor: Hello. What brings you in today?

Patient: Actually, I dont have any active complaints at the moment.

Doctor: Thats good to hear. Lets go over your medical history and recent concerns. You developed yellowing of the eyesscleral icterusabout three months ago, right?

Patient: Yes. I went to Liaquat National Hospital in Karachi. They did an ERCP and placed a stent. After that, the jaundice resolved.

Doctor: Alright. We also have records from the Sindh Institute of Urology and Transplantation showing you had post-ERCP pancreatitis. Another ERCP was done, and it suggested a Klatskin tumor. Is that right?

Patient: Yes, thats correct. They also did a spyglass biopsy, but I havent been able to get the report.

Doctor: Understood. A liver resection was planned but couldnt be performed because the surgeon wasnt available?

Patient: Yes, unfortunately.

Doctor: You also had cholelithiasis diagnosed accidentally about three years ago, but you remained symptom-free until recently?

Patient: Thats right. I didnt have any symptoms until about three months ago.

Doctor: Do you have any history of Hepatitis C or B?

Patient: No history of either.

Doctor: Alright, lets review some other symptoms. Any episodes of vomiting blood, abdominal swelling requiring diuretics, confusion, jaundice, or black tarry stools?

Patient: None of those.

Doctor: Any weight loss, fevers, or night sweats?

Patient: No, none.

Doctor: Have you ever had any serious illnesses, surgeries, or blood transfusions?

Patient: No, nothing like that.

Doctor: Are you allergic to any medications?

Patient: No allergies.

Doctor: What medications are you currently taking?

Patient: Just Ursodeoxycholic acid, 250 mg, three times a day.

Doctor: Got it. Lets talk a bit about your social background. Are you currently working?

Patient: Yes, I work in a scrapyard.

Doctor: And your highest level of education?

Patient: I completed intermediate level.

Doctor: Any financial strain you're dealing with?

Patient: Yes, I do have financial issues.

Doctor: Married?

Patient: Yes, I have a wife and three children.

Doctor: Any addictions?

Patient: Ive been chewing betel nut for about seven years.

Doctor: Family history of any major illnessesdiabetes, hypertension, cancer, TB?

Patient: No, family history is unremarkable.

Doctor: Any psychological concerns feeling low, suicidal thoughts, anything like that?

Patient: No, I feel fine mentally.

Doctor: Any difficulty with speech, vision, understanding, or movement?

Patient: No, I'm fine in all those areas.

Doctor: On examination, your central nervous system is functioning normally, GCS is 15/15, heart sounds are normal, lungs are clear, and your abdomen is soft and non-tender.

Lets go through the investigations.

Doctor: ERCP on 30 July 2024 showed a tight stricture at the common hepatic duct involving the confluence. The left intrahepatic duct was moderately dilated, and the right duct had a normal caliber but couldn't be accessed with a guide wire. A sphincterotomy was extended, sludge was removed, and a plastic stent was placed.

We will need to repeat some labs and get a CT scan with triphasic contrast. We'll also need to check CA 19-9 and possibly do a repeat spyglass biopsy. Based on the current CT and MRCP, there's a suspicion of gallbladder malignancy, hilar cholangiocarcinoma, or chronic cholecystitis. We'll need to assess resectability. I'll also refer you to financial screening due to the cost implications.

4 November 2024 HPB and LTX Clinic

Doctor: Welcome back. We advised labs and a CT scan on your last visit. Lets review the updates.

Any new complaints?

Patient: No, Im just here for the follow-up as advised.

Doctor: Lets re-confirm the history. You had scleral icterus, underwent ERCP at Liaquat National, and the jaundice resolved. Then, you had post-ERCP pancreatitis and a repeat ERCP. A stent was placed again, and the findings pointed toward a Klatskin tumor. Spyglass biopsy was done, but report is missing.

A liver resection was planned but couldnt be done due to lack of an available surgeon.

Cholelithiasis was incidentally diagnosed three years ago, but you had no symptoms until recently. Still no history of hepatitis B or C, and no weight loss or decompensations?

Patient: Thats correct.

Doctor: Great. Youre continuing ursodeoxycholic acid?

Patient: Yes, 250 mg thrice daily.

Lets review the ERCP findings again:

ERCP (30/07/24): Tight stricture at common hepatic duct involving confluence. Left IHD moderately dilated; right IHD normal calibre but guidewire could not pass. Sphincterotomy extended, sludge removed, plastic stent placed.

Doctor: Your CT Scan (4/11/24) from PKLI shows mild to moderate wall thickening of the gallbladder neck, part of the body, and cystic duct. Theres enhancement abutting the common hepatic duct and mild intrahepatic biliary dilatation. These findings suggest chronic cholecystitis, although gallbladder

malignancy or segmental adenomyomatosis cant be ruled out completely.

Doctor: Now let's look at the labs:

Test 8/8/24 1/11/24

Hemoglobin 14.2

WBC 6.5

Platelets 320

Total Bilirubin 0.36

Direct Bilirubin 0.17

ALT/AST 35 / 19

Alkaline Phosphatase 106

Albumin 4.66

Creatinine 0.8

Sodium 142

Potassium 4.55

INR 0.89

CA 19-9 84.2 18.48

ECOG 0

BMI 25.01

Blood Group A+ve

Doctor: Based on this, your condition has been discussed in the MDT (Multidisciplinary Team).

Weve explained the current situation to you and your wife.

Here are the next steps:

We'll either remove the stent and observe to determine if the stricture is benign or malignant, or

Proceed with curative surgery if necessary.

18 November 2024 HPB and LTX Clinic

Doctor: Welcome back. You're here for follow-up after the MDT discussion, correct?

Patient: Yes, that's right. I don't have any current complaints.

Doctor: Let's summarize again. You developed scleral icterus three months ago and underwent ERCP with stent placement at Liaquat National Hospital. You had post-ERCP pancreatitis, and the jaundice returned after about 15 days. A repeat ERCP was done, the stent was changed, and Klatskin tumor was suspected.

You've also had a spyglass biopsy report not available and a planned liver resection that couldn't proceed due to surgeon unavailability. Cholelithiasis was found incidentally three years ago.

You've had no history of hepatitis, no weight loss, and you're continuing ursodeoxycholic acid?

Patient: That's all correct.

Doctor: Let's now go through the imaging studies:

ERCP (30/07/24): Tight stricture at the common hepatic duct confluence. Left IHD moderately dilated. Right IHD normal, but guide wire couldn't pass. Sludge removed, stent placed.

MRCP (03/10/24 SIUT): Shows cholelithiasis without cholecystitis, and a partial stricture of the common hepatic duct with mild CBD dilatation and stent in place.

CT Triphasic (04/11/24): Wall thickening of the gallbladder neck, part of body, and cystic duct. Enhancement seen near the common hepatic duct. Mild intrahepatic biliary dilatation. Appears to be chronic cholecystitis, but gallbladder malignancy or adenomyomatosis cannot be ruled out.

Doctor: Lab values remain stable and unremarkable:

Test 8/8/24 1/11/24

Hemoglobin 14.2

WBC 6.5

Platelets 320

Total Bilirubin 0.36

Direct Bilirubin 0.17

ALT/AST 35 / 19

Alkaline Phosphatase 106

Albumin 4.66

Creatinine 0.8

Sodium 142

Potassium 4.55

INR 0.89

CA 19-9 84.2 18.48

ECOG 0

BMI 25.01

Blood Group A+ve

Doctor: The MDT discussion was held on 7/11/24. The current plan is to calculate the left lobe liver volume and proceed based on the resectability. We will continue monitoring and possibly schedule surgery if needed.