

Gender: Male

Age: 49

MRN: 751795

Diagnosis: Cholangiocarcinoma

History and Physical:

Patient:

Doctor, I've been dealing with jaundice for the last two months, along with some abdominal pain.

Doctor:

I see. Can you tell me more about your medical history? Do you have any conditions like diabetes or hypertension?

Patient:

No, I don't have diabetes or hypertension. I don't have any significant medical history, except for a past surgery on my left inguinal hernia about 20 years ago. Unfortunately, I don't have the records for that.

Doctor:

Understood. Have you experienced any other symptoms like fever, night sweats, or significant weight loss?

Patient:

No, I haven't had any fever or night sweats, and I haven't experienced any significant weight loss either.

Doctor:

What about any bleeding symptoms like hematemesis or melena?

Patient:

No, nothing like that.

Doctor:

Alright, based on your symptoms and previous examinations, we've been reviewing your CT scans. You had a CT scan on the 19th of September, which showed a mass involving the confluence of the hepatic ducts, along with some mild to moderate intrahepatic biliary stasis. This finding was suggestive of a possible neoplastic process, like cholangiocarcinoma. Have you been informed about the CT results?

Patient:

Yes, I was told about the CT results. They mentioned a mass near the porta hepatis measuring 4.2x5x3.8 cm, and there was some enlargement of the liver and spleen.

Doctor:

Correct. The mass appears to involve the segment 4 extending to segment 2, and there's hepatosplenomegaly with a mildly dilated portal vein. Your lab results from October 15th show elevated bilirubin levels: total bilirubin was 7.6 mg/dL and direct bilirubin was 7.2 mg/dL, indicating some liver dysfunction. Your liver enzymes, ALT and AST, are also elevated, but your albumin level was still relatively normal at 4.4.

Patient:

I see.

Doctor:

On November 1st, another CT scan was done, which further confirmed the presence of intrahepatic

cholangiocarcinoma. This mass is involving the left lobe of your liver and extending into the left hepatic duct and common hepatic duct. There's also moderate biliary dilatation.

Patient:

What does that mean for me?

Doctor:

It means the cancer is confined to the left lobe and hasn't spread to other parts like the right side of the liver, and there's no metastatic disease at this point. During a multidisciplinary team (MDT) discussion on November 2nd, we decided to proceed with a plan to treat it through surgery. The recommended procedure is a left hepatectomy, where the left side of the liver will be removed, along with the excision of the biliary tree, an extended lymphadenectomy, and a Roux-en-Y hepaticojejunostomy.

Patient:

What are the chances of success with this surgery?

Doctor:

This surgery carries a 5-10% risk of death due to complications, but it's the best option to remove the cancer. However, there are risks like infection, liver failure, or even the possibility of remaining cancer if the disease has spread to areas not visible yet. If we find metastatic spread during the surgery, we would stop the procedure, take a biopsy, and refer you to oncology for chemotherapy.

Patient:

What if the cancer has spread?

Doctor:

If the cancer has spread to the right hepatic duct, we would still proceed with the Roux-en-Y, but chemotherapy would be necessary after the surgery. As with any surgery for cancer, there's always a possibility of recurrence, even after removal.

Patient:

That sounds intense. Could I try ERCP with stenting instead?

Doctor:

ERCP with stenting may help temporarily relieve jaundice, but it's not a curative treatment. The cancer would remain, and it may not provide long-term relief. Given the seriousness of the condition, surgery is still the preferred option.

Patient:

I need some time to think about it.

Doctor:

Take all the time you need. It's a big decision, and I encourage you to discuss it with your family. Once you've made your decision, please come back for a follow-up.

Patient:

I will, thank you.

Doctor:

In the meantime, we will continue to manage your symptoms. I'll prescribe medication to help with the jaundice and manage your liver function. You'll take capurso 250 mg three times a day, ciproxin 500 mg twice a day for one week, and Peptamin powder. We'll also need to monitor your liver function with regular lab tests, and I've ordered a Fibroscan to check for liver fibrosis, as you have a

history of alcohol use.

Patient:

I understand. Thank you for explaining everything to me.

Doctor:

You're welcome. We'll continue monitoring your condition closely and adjust our plan as needed. If you have any questions in the meantime, don't hesitate to reach out.

Follow-up Visit (November 15, 2023)

Patient:

Doctor, I've been continuing the medications, but I'm still experiencing jaundice.

Doctor:

Yes, your CT scan shows the same findings as before. The mass is still confined to the left lobe and common bile ducts, with no metastatic spread. Your liver function tests have worsened a bit; your total bilirubin has risen to 2.0, and your albumin has dropped to 3.8, which indicates worsening liver function.

Patient:

What does this mean for my treatment plan?

Doctor:

We will proceed with the surgery as planned, but your liver function is something we need to address carefully. Your Fibroscan results show cirrhosis (F4) and severe steatosis (S3), indicating significant liver damage. This may affect your recovery, so we'll need to monitor your condition

closely during the surgery and after.

Patient:

Will the surgery still go ahead?

Doctor:

Yes, we are still planning for the surgery, but we will need to keep your liver function in mind. The surgery remains the best option to treat the cholangiocarcinoma, and we'll do our best to minimize any complications.

Patient:

Alright, I'll follow through with the plan.

Doctor:

Great. We'll make sure everything is in place before your surgery. If you have any more questions or concerns, don't hesitate to reach out.

Patient:

Thank you for all your help, Doctor.

Doctor:

You're welcome. We're here to support you through this.