



Memorial Sloan Kettering
Cancer Center

Memorial Hospital for Cancer and Allied Diseases

Discharge Summary

Attending: Kurtis, Heather

Service:

- Gastrointestinal.

Admission Diagnosis:

- Metastatic rectosigmoid adenocarcinoma.

Admission Date:

- 01/03/2020.

Discharge Date:

- 01/07/2020.

Reason for Admission:

- Admitted through UCC for the management of bleeding from ostomy site.

Brief History:

• The patient is a 52 year old male diagnosed with rectal adenocarcinoma via rectum biopsy initially in 6/2017. Pathology slides were reviewed at MSKCC on 7/5/2017; which confirmed the diagnosis. The patient was started on chemotherapy with FOLFOX in 7/2017 and completed in 10/2017. The patient completed radiation therapy to pelvis and rectum on 12/14/2017. The patient underwent robotic low anterior resection with coloanal anastomosis and temporary ileostomy on 02/14/2018. CT chest was done on 03/08/2018 which showed increasing lung nodule, new liver lesion, concerning for metastatic disease. The patient was treated with FOLFIRI (Fluorouracil, Leucovorin, Oxaliplatin and Irinotecan) started on 3/16/2018. CT abdomen and chest was done on 9/10/2018 which showed increasing lung nodule and liver metastasis. The patient was treated with FOLFIRINOX on 9/18/2018. Oxaliplatin was discontinued in 01/2019 and continue FOLFIRI (Fluorouracil, Leucovorin, Oxaliplatin and Irinotecan). PET/CT was done on 04/12/2019 which showed FDG avid lesion in the distal rectum probably adherent to left perirectal fascia, probably recurrent disease. The patient was started treatment with Bevacizumab in 04/2019. The patient underwent Yttrium-90 radioembolization to the right anterior to include the segment 2 and 5 on 04/16/2019. The patient underwent right liver biopsy on 05/16/2019; pathology showed metastatic adenocarcinoma consistent with rectosigmoid primary. The patient underwent Yttrium-90 radioembolization to the right anterior to include the segment 5 lesion on 05/16/2019. The patient was treated with Bevacizumab last on last 9/25/2019. The patient was admitted on 12/21/2019 for the management of bleeding at ostomy site likely due to ulcerations around the ostomy site. On 12/24/2019, the patient underwent mesenteric vein angiography. The patient treated conservatively and discharged home on 12/25/2019. The patient presented to clinic on 1/3/2020 for the evaluation of chemotherapy (Fluorouracil, Leucovorin, Oxaliplatin and Irinotecan) treatment. Where, the patient complaints of bleeding from ostomy site. In clinic, bag was removed and direct pressure was applied, then bleeding stopped. The patient was noted to be low hemoglobin level 7.5.

The patient presented to UCC on 1/3/2020 with complaints of bleeding from ostomy site. In UCC, CBC monitoring was started. The patient was admitted for further management.

The patient has a medical history of hypertension, liver cirrhosis, gastritis, duodenal ulcers and peripheral neuropathy.

ALLERGIES:

- Dairy-ALL: Diarrhea
- Rag Weed -> itching eyes, sneezing: Other, Rag Weed -> itching eyes, sneezing

Significant Findings Upon Admission:

- Physical Examination: Within normal limits except Ostomy in place, Mediport in place.
- Laboratory Data Values: Within normal limits except Anion Gap (Calc): 01/04/2020 6(L), Abs Lymph: 01/04/2020 0.3(L), HCT: 01/04/2020 27.6(L), HGB: 01/04/2020 8.3(L), Lymph: 01/04/2020 6.0(L), Mean Corpuscular Hemoglobin Conc (MCHC): 01/04/2020 30.1(L), Mono: 01/04/2020 12.9(H), Neutrophil: 01/04/2020 76.5(H), Calcium, Plasma: 01/04/2020 7.7(L), Glucose, Plasma: 01/04/2020 154(H), PT: 01/03/2020 15.1(H), INR: 01/03/2020 1.25(H), RBC: 01/04/2020 2.91(L), Red Blood Cell Distribution Width (RDW): 01/04/2020 16.1(H).
- Other Medical Imaging: 1/3/2020: CT abdomen and pelvis with triphasic liver: Study was not dedicated to evaluate for gastrointestinal bleed, increased moderate ascites with unchanged edematous small bowel loops was probably reactive, increased moderate left pleural effusion, no other changes in the short-term follow-up.

Diagnostic/Therapeutic Procedures:

- Procedure: 1/7/2020: Interventional radiology service performed direct contrast injection into peristomal varices demonstrates innumerable collateral vessels with a dominant vein arising as a branch from the superior mesenteric vein, glue embolization of two peristomal varices.

Other Significant Results:

- Radiology: 1/5/2020: CXR: No new focal consolidation, small left pleural effusion.

Course and Other Treatment:

- On admission, CBC monitoring was continued. Ostomy care was rendered.

On 1/3/2020; CT abdomen and pelvis with triphasic liver was done for intra-abdominal evaluation which showed study was not dedicated to evaluate for gastrointestinal bleed, increased moderate ascites with unchanged edematous small bowel loops was probably reactive, increased moderate left pleural effusion.

Interventional radiology service consulted for the management of intermittent gastrointestinal bleeding; Embolization was recommended.

On 1/4/2020, 1 unit PRBC was transfused for anemia, CBC monitoring was continued. Post-transfusion, the patient noted to have hemoglobin level was: 8.3.

Lisinopril (hypertensive medicine) was discontinued due to cough and Propranolol was initiated as per primary service. Guaifenesin syrup was started for cough.

On 1/6/2019, the patient was found to have hemoglobin level was: 9.3.

The patient was kept on NPO status. On 1/7/2020; Interventional radiology service performed direct contrast injection into peristomal varices demonstrates innumerable collateral vessels with a dominant vein arising as a branch from the superior mesenteric vein, glue embolization of two peristomal varices. Post-procedure care was rendered.

Diet was advanced as tolerated. The patient was discharged home in stable condition.

Consultations:

- Interventional radiology service.

Discharge Status:

- Patient Condition: Stable.
- Medications: As prescribed.
- Diet: As instructed.
- Physical Activity: As instructed.
- Other: Report: fever, chills, pain, bleeding, nausea/vomiting, constipation/diarrhea, inability to take PO and decreased urine output.
- Follow up with primary physician: Dr. Jia Li, Camacho Vasquez, Juan C.

Discharge Diagnosis:

- Metastatic rectosigmoid adenocarcinoma

Bleeding from ostomy site status post parastomal varices embolization on 1/7/2019 by Interventional radiology service

Low hemoglobin level, anemia due to blood loss

Cough likely due to Lisinopril

Hypertension

Peripheral neuropathy

History of liver cirrhosis

History of gastritis

History of duodenal ulcers.

Electronic Signatures:

Joseph, Mercy (CIC) (Signed 01/16/2020 01:12)

Authored: Department/Service, Admission Diagnosis, Admission Date, Discharge Date, Reason for Admission, Brief History, Allergies, Significant Findings Upon Admission, Procedures, Course and Other Treatment, Consultations, Discharge Status, Discharge Diagnosis

Kurtis, Heather (DO Attending) (Signed 05/06/2020 17:12)

Entered: Department/Service, Admission Date, Discharge Date, Discharge Diagnosis, Attending Statement

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Last Updated: 05/06/2020 17:12 by Kurtis, Heather (DO Attending)