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7/28/1994 12:00:00 AM

HEPATIC METASTASES FROM COLON CANCER .

Unsigned

DIS

Report Status :

Unsigned

ADMISSION DATE :

7-28-94

DISCHARGE DATE :

7-29-94

PRINCIPAL DIAGNOSIS :

Hepatic metastases from colon cancer .

ASSOCIATED DIAGNOSIS :

1. Colon cancer ,
2. disseminated intravascular coagulopathy .

SPECIAL PROCEDURES AND OPERATIONS :

1. On 7-28-94 , right trisegmentectomy ( hepatic resection ) .

ADDITIONAL PROCEDURES :

1. On 7-29-94 , exploratory laparotomy for bleeding ,
2. on 7-29-94 , exploratory right thoracoabdominal incision for bleeding .

HISTORY OF PRESENT ILLNESS :

The patient is a 42 year old female with known metastatic colon carcinoma , limited to the liver , who is referred to Dr. Duhenville for placement of an internal pump for hepatic arterial chemotherapy .

The patient initially presented in September of 1992 with bloody diarrhea .

She subsequently underwent a right colectomy in September of 1992 for a Duke &apos;s C-II moderately well differentiated adenocarcinoma of the hepatic flexure .

She subsequently recent adjuvant 5-FU and levamisole therapy but developed a right hepatic metastasis in September of 1993 .

In Thanksgiving of 1993 , the patient underwent a partial right hepatectomy .

Postoperatively , she did well , however she was noted to have a rising carcinoembryonic antigen level in February of 1994 , of 5.7 , and a 42.1 in April of 1994 .

A computerized tomography scan obtained in April of 1994 revealed hepatic metastases involving both lobes .

After two additional cycles of 5-FU and leucovorin , the patient had marked progression of her hepatic metastases associated with tumor fevers .

The computerized tomography scans continued to demonstrate disease confined to the liver .

HOSPITAL COURSE :

The patient was admitted to the Oaksgekesser/ Memorial Hospital on 7-28-94 for placement of an infused pump versus an exploratory laparotomy for liver resection .

Prior to surgery , the patient was taken to Vascular Radiology where she underwent superior mesenteric artery and celiac angiograms .

These demonstrated

1. portal vein patent ,
2. normal hepatic anatomy with normal right and left hepatic arteries ,
3. an enlarged liver with necrotic regions consistent with known colon metastatic tumors .

The patient was subsequently brought to the Operating Room where she underwent a hepatic right trisegmentectomy .

The operative findings were notable for a softball sized tumor in the right lobe of the liver , as well as multiple smaller tumor nodules .

The left lateral segment was grossly free of tumor .

The intraoperative course was notable for acute hypotension with a systolic blood pressure in the fifties .

The patient received 21 liters of lactated Ringers solution , 16 units of packed red blood cells , and 21 units of fresh frozen plasma , and 12 units of platelets .

There were 5300 cc given via the Cell saver .

The patient was returned to the Surgical Intensive Care Unit .

However , over the ensuing hours , the patient continued to have ongoing blood loss with hypotension .

The decision was made to return the patient to the operating room .

The patient was then returned to the operating room for an exploratory laparotomy for bleeding .

The operative findings were notable for bleeding from the inferior vena cava .

The patient was returned again to the Surgical Intensive Care Unit .

However , again the patient continued to demonstrate ongoing hypotension and transfusion requirements .

The patient required blood pressure support with pressors .

Due to output of approximately 950 cc on placement of a right chest tube , the decision was made to return to the operating room for exploration for bleeding .

The patient was therefore explored through a right thoracoabdominal incision .

The abdomen was again notable for bleeding from the inferior vena cava , a notable coagulopathy , and therefore , the abdomen was packed and the patient was returned to the Surgical Intensive Care Unit .

However , over the subsequent 8-10 hours , the patient continued to demonstrate declining blood pressure despite maximal support with pressor agents including phenylephrine , norepinephrine , epinephrine , and dopamine .

The patient continued to require transfusions .

The patient's oxygenation became increasingly difficult , as the chest X-rays demonstrated marked pulmonary edema .

The ventilator settings demonstrated elevating peak inspiratory pressures up to 75 millimeters .

The urine output dropped dramatically , and the patient was treated with Lasix and Mannitol for an attempt at forced diuresis .

As the patient's hemodynamic parameters demonstrated a narrow pulse pressure and rapidly elevated pulmonary artery pressures , the decision was made to perform echocardiogram to rule out potential pericardial tamponade .

The study was considered to be inadequate , and it was unable definitively rule out the presence of such tamponade .

Despite maximal support with pressor agents , mechanical ventilation , and ongoing transfusion with fresh frozen plasma and packed red blood cells , and a Protamine for treatment of the coagulopathy , the patient continued to demonstrate declining blood pressure , and subsequently expired with a cessation of heart rate and blood pressure at 11:20 p.m. on 7-29-94 .

At this point , the mechanical ventilator was turned off .

CONDITION ON DISCHARGE :

The patient expired .

RI MEDIA , M.D.

DICTATING FOR :

FEDE A. DUHENILE , M.D.

TR :

jf / bmot

DD :

7-29-94

TD :

07/31/94

CC :

[ report\_end ]