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857990
7/7/1992 12:00:00 AM
Discharge Summary
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Admission Date :
07/07/1992
Report Status :
Signed
Discharge Date :
07/26/1992
DISCHARGE DIAGNOSIS :
Metastatic endometrial cancer .
OTHER DIAGNOSES :
1. Intractable left hip pain .
2. Clostrium difficile diarrhea .
3. Urinary tract infection .
HISTORY :
The patient is a 67-year-old gravida 7 , para 7 with metastatic endometrial canc er , now admitted for increasing left hip pain and anemia .
The patient first presented on 12/30/06-5:26-PM 12/30/06-5:26-PM with postmenopa usal bleeding .
No history of hormone replacement therapy .
On 12/30/06-5:26-PM 12/30/06-5:26-PM , she had a D and C which showed an adenoca rcinoma of the endometrium , grade III .
Then on 03-92 , she had a TAH , BSO and a bilateral lymph node dissection and om ental biopsy and peritoneal washings .
Pathology showed grade III adenocarcinoma 50% invasive metastatic to endocervica l mucosa , no sternal invasion .
Negative nodes , negative omentum , negative Pap , negative washings making her a stage 2A .
She was treated with pelvic radiation from 02-92 to 03-92 .
She received 5000 CGY .
On 01-92 , she developed left hip pain and stayed to fall on 03-92 .
She was found to have metastatic disesae to the left ischium , met to left butto cks and small bilateral pleural effusions .
Orthopedics felt that these were lytic lesion to the left ischium .
She was treated with daily XRT complicated by discrimination of gluteal skin and Candida infection and vaginal bleeding .
Therefore , this was discontinued .
She was sent to Usoak Rinix Hospital for further rehabil-itation but she was una ble to tolerate any weight on the left hip secondary to increasing left hip pain .
She is now admitted for pain management and anemia .
PAST MEDICAL HISTORY :
Hypertension , borderline diabetes , anal fissure .
SURGERY :
Bilateral breast biopsy on 08-91 , left mucolectomy for basal cell cancer .
OBSTETRICAL HISTORY :
Normal spontaneous vaginal delivery times six , C-section times one .
MEDICATIONS :
Atenolol 100 mg p.o. q. day ; MS Contin 90 mg p.o. q.i.d. ; Nyquil three to four times a day ; Senokot 2 p.o. b.i.d. ; Dulcolax ; Tylenol and Ativan p.r.n.
ALLERGIES :
None .
PHYSICAL EXAMINATION :
An ill-appearing white female in no apparent distress .

VITAL SIGNS :
Blood pressure 112/70 .
Temperature 99.8 .
Pulse 108 .
Respiratory rate 20 .
SKIN :
Within normal limits .
No lymphadenopathy or cervical nodes .
Left groin with large nondistinctive node .
HEENT :
Within normal limits .
BREASTS :
Soft , no masses with left nipplectomy .
LUNGS :
Clear to auscultation .
No CVA tenderness .
HEART :
Regular rate and rhythm , no murmurs .
ABDOMEN :
Well-healed midline scar , firmness in lower abdomen , labia and erythmatous fro
m the left labia .
White discharge .
Mucosa , scant .
Bloody vaginal discharge , indwelling Foley .
BUTTOCKS :
Light erythema .
EXTREMITIES :
Right leg no edema , nontender .
Left leg , edema from ankle to thigh , no point tenderness .
Nonpitting edema .
LABORATORY DATA :
Hematocrit of 24.3 , white count 16.6 , platelet count 560 , electrolytes within
 normal limits .
LFT's are within normal limits .
LDH of 754 .
Albumin of 2 .
HOSPITAL COURSE :
The patient is a 67-year-old gravida 7 , para 7 white female with metastatic end
ometrial carcinoma who presented with increasing left lower extremity pain for p
ain management , anemia , diarrhea .
For her anemia , she received two units of packed red blood cells and tolerated
this well .
Hematocrit was 29-30 after her two units of packed red blood cells .
For her increasing left lower extremity pain , she received a pain service consu
lt .
Deep venous thrombosis was ruled out , negative lower extremity noninvasive test
s .
The Pain Service started her on MSR Contin and Amitriptyline .
After a few days , she found great relief from her left hip pain .
She still , however , was unable to move it adequately with the aid of Physical
Therapy .
She began having some hallucinations which she felt were real .
Psychiatry was consulted and they suggested stopping her Amitriptyline which was
 done and adding Haldol 1 mg at night and b.i.d. as needed .
Because she had increasing tremors and hallucinations .
Neurology felt that her hallucinations were also most likely due to pain medicat
ion and her tremors were enhanced physiological tremor and they suggested trying
 Mescaline at low doses .
It was felt that the MS Contin should be stopped and that she should be started
on a PCA .

She was therefore started on a PCA with constant infusion of 0.3 mg / hour and a rescue dose of 0.1 mg every ten minutes times three doses / hour .
She was also started on Mescaline 60 mg p.o. q. day for her tremor .
Also , while in the hospital , the patient developed a Klebsiella pneumonia UTI for which she received seven days of Ancef because she continues to require an indwelling Foley , she was started on Bactrim double strength one p.o. q. day as prophylaxis .
The patient 's cultures from her stool returned positive for C-difficile toxin .
She was , therefore , started on 7-15-91 on Vancomycin 250 mg p.o. q.i.d.
She will continue on this until 7-25-91 .
Her diarrhea has resolved on this medication .
The patient also underwent chemotherapy treatment during this hospital visit .
She first had a Hickman line placed for chemotherapy on 7-17-92 .
She tolerated this procedure well and the Hickman line has continued to function well .
She had a 24-hour urine which had a creatinine clearance of 57 and a normal RBG with a left ventricular ejection fraction of 63% .
Her chemotherapy was not started until 7-19-92 because the treatment had been started for her C-difficile .
By 7-20 , her diarrhea had resolved and she was started on chemotherapy .
She received Adriamycin 54 mg times two and 200 mg / meter squared of Carbo .
She tolerated this chemotherapy well .
She will get biweekly laboratory results followed .
She also was found to have Candida UTI and was treated for two days with Ampicillin , bladder irritation and follow-up culture was negative .
DISPOSITION :
It was felt that the patient required care facility placement and she will be continued on PCA for her pain management .
Therefore , appropriate chronic care facilities were investigated .
DISCHARGE MEDICATIONS :
Triacetate 750 mg p.o. t.i.d. ; Atenolol 100 mg p.o. q. day ; Dulcolax one p.o. q. day ; Aquaphor Cream to buttocks p.r.n. ; Senokot one p.o. q. day ; Vancomycin 25 mg p.o. q. 6 hours until 1-20 ; Bactrim double strength one p.o. q. day ; Haldol 1 mg p.o. q. h.s. ; PCA allotted 0.3 mg / hour , rescue dose 0.1 mg every ten minutes three times an hour ; Mysoline 50 mg p.o. q. h.s.
A CBC and SMA-20 should be checked weekly and the results will be followed by the chemotherapy nurse treating .
She will be followed by Dr. Beceneigh .
Dictated By :
GRAMCLAEYS , M.D. HX266/7014 SAUNDTAM S. BECENEIGH , M.D. WC90
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