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4/27/1995 12:00:00 AM

1. PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA .

2. Unsigned

DIS

Report Status :

Unsigned

ADMISSION DATE :

4/27/95

DISCHARGE DATE :

5/2/95

PRINCIPAL DIAGNOSIS :

1. Primary central nervous system lymphoma .

2. Pancytopenia .

HISTORY OF PRESENT ILLNESS :

The patient is a 74 year old right hand dominant white female with a history of primary central nervous system lymphoma , diagnosed in March , 1994 , status post twelve cycles of high dose methotrexate , status post two cycles of high dose ARA-C chemotherapy , who was admitted with a chief complaint of rectal bleeding and decreasing platelet count .

In March 1994 patient developed 2-3 months of headaches , cognitive changes , dizziness and memory loss .

An MRI showed enhancing white marrow lesions at the bifrontal lobes on the right side , and rightsided basal ganglion in the right cerebral peduncle .

The patient underwent a biopsy which showed a primary CNS lymphoma .

The patient was initially treated with high-dose methotrexate for six cycles .

However , the patient developed left IIIrd nerve palsy and an MRI showed increasing lesion in the left _____ cerebral peduncle and the left mid brain .

The patient was reinduced with high dose methotrexate , 8 mg / meter sq. with some initial tumor response .

However , when the patient was started on 3.5 gm / meter sq. maintenance dose , the tumor progressed .

At that point , the patient was switched over to high-dose ARA-C (2.5 gm / meter sq) .

On the high-dose ARA-C chemotherapy , the patient developed bone marrow suppression requiring intermittent Neupogen (G-CSF) support .

The patient was recently discharged from the hospital after her second cycle of high-dose ARA-C chemotherapy .

The patient remained stable to the last few days prior to admission when she developed insidious rectal bleeding , probably from her external hemorrhoids , along with decreasing platelet count .

On the day of admission the patient's platelet count dropped to 28,000 and the patient was admitted for her platelet transfusions and further work up for her rectal bleeding .

The patient complained of chronic constipation and rectal bleeding after each bowel movement .

LABORATORY DATA :

CBC on 4/25/95 :

white blood count 5,000 , hematocrit 38 , platelet count 50,000 .

On April 26 , white blood count 2.5 , hematocrit 29 , platelet count 32,000 .

On April 27 , white blood count 1.6 , hematocrit 28.9 , platelet count 28,000 : 66 polys , 8 bands with ANC of 1056 .

Sodium 136 , potassium 3.3 , chloride 103 , bicarb 26 , BUN 24 , creatinine 0.7

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HOSPITAL COURSE :

The patient developed substernal chest pain without radiation on the night of admission .

An electrocardiogram showed flat ST change in lead III , otherwise unremarkable and the patient was given sublingual nitroglycerin without symptomatic improvement .

The patient was given 2 units of packed RBC along with the six units of platelet transfusion .

The patient 's symptoms improved with the above measures and the patient no longer complained of chest pain during the hospitalization .

The patient 's platelet count improved to 76,000 on the following morning ; however , her white blood count dropped to 900 with 58 polys with 8 bands .

Because of significant neutropenia , the patient was put on reverse isolation and started on GCSF injections .

The patient 's white blood count improved with the GCSF and her counts went up to 18.2 on the day of discharge .

The patient 's hemoglobin improved to 10.0 after the transfusion and her rectal bleeding apparently stopped .

A GI consultation was made and they felt that the rectal bleeding is most likely from the hemorrhoids and no further intervention was felt to be necessary .

After the transfusion the patient 's platelet count improved to 101,000 on May 2 .

The patient had a follow up MRI scan which showed no significant change of tumor mass .

However , in lieu of a persistent bone marrow suppression from chemotherapy , it was decided that she should undergo radiation therapy .

The patient was assimilated on the day of discharge and the patient will be started on radiation therapy in a few days .

MEDICATIONS ON DISCHARGE :

Decadron 6 mg po tid ; and she should continue Inderal , Synthroid and Zoloft at the present dose and frequency .

The patient was instructed to call us with any clinical or neurological symptoms .

The patient will have a follow up complete blood count with differential on April

[report_end]