

# Discharge summary

**PATIENT**        Berta Grinch (ID SYN240) born 07/02/1967  
**ADMITTED**     04/12/2025 08:35  
**DISCHARGED** 04/24/2025 11:20  
**LOS**            12 days  
**SERVICE**       Hepatobiliary Oncology

**Dx: Biliary stent occlusion with cholangitis in setting of NTRK+ NSCLC with liver metastases**

## ACTIVE PROBLEM LIST

- 1. Acute cholangitis secondary to biliary stent occlusion
- 2. NTRK fusion-positive non-small cell lung cancer
- 3. Stable liver metastases on targeted therapy (larotrectinib)
- 4. Chronic pain syndrome (controlled)
- 5. History of VTE on anticoagulation

## HOSPITAL COURSE

- 57F with NTRK+ NSCLC PD-L1 55% (dx 04/06/2022) on larotrectinib since 04/28/2022 with excellent response (near-complete resolution of lung & liver lesions)
- Prior biliary stent placed 06/2022 for malignant biliary obstruction
- Presented with RUQ pain, fever, jaundice → diagnosed with cholangitis due to stent occlusion
- **Key events during admission:**
  - Blood cultures ⊕ E. coli & Enterococcus faecalis
  - Started on piperacillin-tazobactam
  - MRCP confirmed biliary stent occlusion
  - ERCP (04/04): Removed occluded plastic stent + placed 10Fr metal stent
  - Larotrectinib continued throughout hospitalization without interruption
  - Significant clinical improvement following stent change
  - Transitioned to oral ciprofloxacin + metronidazole
  - Liver enzymes & bilirubin normalized
  - Tumor markers stable

## LABORATORY TRENDS

	ADMIT	PEAK/NADIR	DISCHARGE	REFERENCE
Total bilirubin	4.8 ↑	6.2 ↑	1.1	0.1-1.2 mg/dL
Direct bilirubin	3.9 ↑	5.1 ↑	0.6	0.0-0.3 mg/dL
AST	145 ↑	186 ↑	42	8-40 U/L
ALT	168 ↑	204 ↑	56	5-35 U/L

Alk Phos	442 ↑	486 ↑	138 ↑	40–120 U/L
WBC	14.2 ↑	16.8 ↑	8.4	4.0–11.0 K/ $\mu$ L
CRP	186 ↑	212 ↑	12	<5 mg/L
Procalcitonin	3.6 ↑	4.8 ↑	0.3	<0.5 ng/mL

## IMAGING FINDINGS

### MRCP (04/13/2025)

- Occluded plastic stent in common bile duct with proximal biliary dilation
- Pneumobilia
- Multiple hypodense liver lesions (unchanged from prior)
- No new lesions

### CT Chest/Abdomen/Pelvis (04/20/2025)

- Primary right lower lobe nodule decreased to 0.6 cm (from 3.4 cm at diagnosis)
- Multiple hypodense liver lesions decreased in size compared to diagnosis
- Largest liver lesion now 1.1 cm (from 4.8 cm at diagnosis)
- New metal biliary stent in good position
- Resolution of biliary dilation
- No new metastatic sites

## DISCHARGE MEDICATIONS

- Larotrectinib 100mg PO BID**
  - Continue without interruption
  - Last dose in hospital given 04/24/2025 09:00
- Ciprofloxacin 500mg PO BID × 7 more days**
  - Complete 14-day course
  - Take with full glass of water
  - Separate from antacids by  $\geq 2$  hours
- Metronidazole 500mg PO TID × 7 more days**
  - Complete 14-day course
  - Take with food
  - No alcohol
- Apixaban 5mg PO BID**
  - Continue indefinitely for history of VTE
  - Last dose in hospital given 04/24/2025 09:00
- Ursodiol 300mg PO BID**
  - Continue indefinitely
  - Beneficial for biliary flow
- Acetaminophen 650mg PO q6h PRN pain**
  - Max 3,000mg/day
  - For mild pain only
- Oxycodone 5mg PO q6h PRN moderate-severe pain**
  - Max 6 doses/24h
  - For breakthrough pain only

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## FOLLOW-UP PLAN

SPECIALTY	PROVIDER	DATE	FOCUS
Medical Oncology labs	Dr. Chen	04/28/2025	Review therapy,
Interventional Endoscopy	Dr. Patel	05/12/2025	Stent assessment
Infectious Disease antibiotics	Dr. Williams	04/21/2025	Complete

### ADDITIONAL MONITORING:

- Labs in 1 week: CBC, CMP, direct bilirubin
- MRCP in 6 weeks to confirm stent patency
- CT C/A/P in 3 months for disease assessment
- Continue current targeted therapy

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## RETURN PRECAUTIONS

Instruct patient to contact oncology team or go to emergency room for:

- Recurrent fever  $>38.0^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )
- Recurrent or worsening abdominal pain
- New or worsening jaundice (yellowing of skin/eyes)
- Clay-colored stools or dark urine
- Nausea/vomiting preventing oral intake
- Unusual bleeding or bruising

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## CONDITION AT DISCHARGE

Patient is afebrile and hemodynamically stable. Abdominal pain resolved. Laboratory values significantly improved. Tolerating regular diet. Ambulating independently. ECOG Performance Status 1 (baseline 0).

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*Electronically signed by:*

**David Chang, MD, PhD**  
Hepatobiliary Oncology  
04/24/2025 11:45