

📅 COMMUNITY REGIONAL CANCER CENTER 📱 MOBILE DOCUMENTATION SYSTEM
v3.2 📅 APRIL 14, 2025

🔍 PATIENT SNAPSHOT 👤 Clarissa McEwen (MRN: SYN180 (📅 12/28/1961 📧
04/08/2025 📅 04/14/2025 🏥 Interventional Radiology/Oncology

🩺 DIAGNOSIS Liver abscess post-TACE in patient with hepatic metastases from NSCLC

📝 CASE SUMMARY • 63F with NSCLC (dx 10/2021) • High PD-L1 (80%) • No driver mutations • Liver mets at diagnosis • On pembrolizumab since 10/10/2021 • Good systemic response but single progressing liver lesion (segment V) • Underwent TACE to isolated progressing lesion on 04/06/2025 • Admitted with post-TACE abscess

🌿 LABS ON ADMISSION WBC: $18.4 \times 10^3/\mu\text{L}$ ⬆️ Neutrophils: 85% ⬆️ Bands: 8% ⬆️ Hgb: 11.2 g/dL ⬇️ Platelets: $268 \times 10^3/\mu\text{L}$ CRP: 124 mg/L ⬆️ Procalcitonin: 3.8 ng/mL ⬆️ ALT: 168 U/L ⬆️ AST: 145 U/L ⬆️ ALP: 210 U/L ⬆️ T.Bili: 1.4 mg/dL ⬆️ INR: 1.2 Blood cultures: *Klebsiella pneumoniae*

🌿 LABS AT DISCHARGE WBC: $8.6 \times 10^3/\mu\text{L}$ Neutrophils: 68% Bands: 0% Hgb: 10.8 g/dL ⬇️ Platelets: $315 \times 10^3/\mu\text{L}$ CRP: 22 mg/L ⬆️ ALT: 64 U/L ⬆️ AST: 48 U/L ALP: 142 U/L ⬆️ T.Bili: 0.8 mg/dL INR: 1.1

📊 IMAGING STUDIES

🔍 CT ABDOMEN (04/08/2025) • 4.8×3.9 cm rim-enhancing fluid collection in segment V at TACE site • Gas bubbles within collection • Perilesional edema • Multiple other smaller hypodense lesions throughout liver (stable from prior)


🔍 CT ABDOMEN (04/13/2025) • Abscess decreased to 3.2×2.5 cm • Resolution of gas bubbles • Drainage catheter in good position • No new collections

🔍 CHEST CT (04/09/2025) • Primary RML tumor stable (1.2 cm) • No lymphadenopathy • No new pulmonary nodules

📅 INTERVENTIONS • US-guided percutaneous drainage of abscess (04/08) • Culture-directed antibiotics (meropenem) • Daily catheter check/flush • Catheter removed prior to discharge

💊 DISCHARGE MEDICATIONS • Ertapenem 1g IV daily \times 10 more days (PICC) • Pembrolizumab resumed on 04/28/2025 • Acetaminophen 650mg q6h PRN pain • Pantoprazole 40mg daily

📅 FOLLOW-UP PLAN • ID follow-up 04/21/2025 • Oncology visit 04/28/2025 • PICC line removal after antibiotics complete • CT abdomen in 4 weeks • Resume pembrolizumab in 2 weeks if well.

 RESPONSE TO THERAPY • Defervescence after 72hrs • Resolution of RUQ pain • Normalization of WBC • Decreasing liver enzymes • 33% decrease in abscess size

 RESPONSIBLE PROVIDER Dr. Wilson Oncology/IR 4/14/2025 15:35