**Patient**: E.M. (DOB 1969-01-19)  
**MRN**: 527391  
**Admission**: 2025-03-18 | **Discharge**: 2025-03-23  
**Physicians**: Dr. L. Zhang (Oncology), Dr. M. Patel (GI), Dr. S. Kim (Nephrology)

**DISCHARGE DIAGNOSIS**

HER2-/CLDN18.2+ Metastatic Gastric Adenocarcinoma with Clostridium difficile infection

**ONCOLOGICAL DIAGNOSIS**

* **Primary**: Gastric Adenocarcinoma, intestinal type, CLDN18.2 positive (3+ expression in >75% of tumor cells), HER2 negative
* **Diagnosed**: December 12, 2024 (endoscopic biopsy)
* **Staging**: cT3N2M1, Stage IV (AJCC 8th)
* **Metastases**: Multiple hepatic lesions (segments II, IV, VI, VII, largest 3.2 cm), peritoneal implants
* **Histology**: Moderately to poorly differentiated intestinal-type adenocarcinoma
* **Molecular/Genomic**:
  + CLDN18.2: Highly positive (3+ in >75% of cells)
  + HER2: Negative (0 by IHC)
  + PD-L1 CPS: 5 (low positive)
  + MSS (stable)
  + NGS: KRAS wild-type, PIK3CA wild-type, FGFR2 amplification, TP53 mutation (c.817C>T; p.Arg273Cys)
  + DPD: Gene activity score 2

**CURRENT TREATMENT**

* C. difficile infection: Vancomycin PO started 2025-03-21
* IV fluid replenishment
* Electrolyte substitution

**ONCOLOGICAL TREATMENT HISTORY**

* **Surgical**: None (unresectable)
* **Systemic Therapy**: FOLFOX + Zolbetuximab (SPOTLIGHT trial-based)
  + Zolbetuximab 800 mg/m² IV Day 1, 8, 15
  + Oxaliplatin 85 mg/m² IV Day 1
  + Leucovorin 400 mg/m² IV Day 1
  + 5-Fluorouracil 400 mg/m² IV bolus Day 1, then 2400 mg/m² continuous IV over 46h
* **Cycles**:
  + Cycle 1 (Jan 31, 2025): Grade 2 nausea/vomiting, Grade 1 neuropathy
  + Cycle 2 (Feb 21, 2025): Grade 2 nausea, Grade 1 diarrhea, Grade 1 neuropathy, Grade 1 infusion reaction
  + Cycle 3: Administered March 16, 2025 (2 days pre-admission)
* **Imaging**:
  + Initial CT (Dec 2024): 5.6 cm primary gastric lesion, perigastric lymphadenopathy, hepatic metastases, peritoneal implants
  + PET/CT (Dec 2024): FDG-avid primary (SUV 8.5), nodes (SUV 5.2-6.8), liver (SUV 4.8-7.2)
  + Surveillance CT (Mar 10, 2025): Stable disease (RECIST 1.1) after 2 cycles; primary lesion 5.3 cm (from 5.6 cm), hepatic lesions 6.8 cm (from 7.1 cm)

**COMORBIDITIES**

* Hypertension (2018, controlled)
* Type 2 Diabetes (2019, HbA1c 7.2%)
* Hypothyroidism (2015, controlled on levothyroxine)
* Mild COPD (former smoker, 25 pack-years, quit 2019)
* Osteoarthritis (bilateral knees)

**HOSPITAL COURSE SUMMARY**

56-year-old female with CLDN18.2+ metastatic gastric adenocarcinoma admitted after Cycle 3 of FOLFOX + zolbetuximab with severe diarrhea. Presented with hypotension (92/58 mmHg), tachycardia, severe diarrhea (7-8 loose stools/12h), and abdominal pain. Labs showed AKI (Cr 1.9 mg/dL from baseline 0.9), electrolyte abnormalities, and elevated CRP (87 mg/L).

Initial management included IV fluid resuscitation, electrolyte repletion, and 5-FU pump disconnection. Stool tested positive for C. difficile toxin B by PCR. Blood cultures remained negative. Oral vancomycin initiated and increased to 250 mg QID due to symptom severity.

Nephrology consulted for AKI attributed to volume depletion and pre-renal factors; renal function improved with hydration (discharge Cr 1.2 mg/dL). Gastroenterology recommended 14-day vancomycin course.

By discharge: hemodynamically stable, afebrile >48h, improved renal function and diarrhea (reduced to 2-3 stools/day). Multidisciplinary decision to continue planned FOLFOX + zolbetuximab after full recovery from infection.

**DISCHARGE MEDICATIONS**

* Vancomycin 250 mg PO QID x 11 more days (14 days total)
* Ondansetron 8 mg PO Q8H PRN nausea
* Acetaminophen 650 mg PO Q6H PRN pain/fever
* Pantoprazole 40 mg PO daily
* Amlodipine 5 mg PO daily
* Metformin 500 mg PO BID
* Levothyroxine 88 mcg PO daily
* Tiotropium 18 mcg inhalation daily
* Magnesium oxide 400 mg PO BID x 7 days
* Potassium chloride 20 mEq PO daily x 5 days

**FOLLOW-UP PLAN**

* **Oncology**: Dr. Zhang in 1 week (03/30/2025); next treatment cycle tentatively 04/07/2025, pending C. difficile resolution. Consider dose reduction.
* **Labs**: CBC, CMP, Mg, Phosphate in 3-4 days, then at oncology visit
* **Imaging**: CT after 2 additional cycles (mid-May 2025)
* **Supportive Care**:
  + Nutrition consult within 2 weeks
  + Palliative Care referral (04/03/2025)
  + Infection control education provided

**PATIENT EDUCATION**

* Report recurrent fever, worsening diarrhea (>4 stools/day), hydration issues immediately
* Maintain oral hydration (2-3L daily) and electrolytes
* Follow dietary guidelines for C. difficile recovery
* Proper hand hygiene and infection control at home

**KEY LAB VALUES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Admission** | **Discharge** | **Reference** |
| WBC | 3.8 | 5.2 | 4.0-11.0 x10^9/L |
| ANC | 2.1 | 3.6 | 2.0-7.0 x10^9/L |
| Hgb | 10.2 | 9.8 | 12.0-16.0 g/dL (F) |
| Plt | 132 | 145 | 150-400 x10^9/L |
| Cr | 1.9 | 1.2 | 0.6-1.1 mg/dL (F) |
| K+ | 3.6 | 3.8 | 3.5-5.0 mEq/L |
| Mg | 1.4 | 1.8 | 1.7-2.2 mg/dL |
| Phos | 2.2 | 2.8 | 2.5-4.5 mg/dL |
| CRP | 87 | 24 | < 5 mg/L |
| eGFR | 32 | 52 | >60 mL/min/1.73m² |
| C. diff | Positive | - | Negative |

**Electronically Signed**:  
Dr. L. Zhang (Medical Oncology), Dr. M. Patel (Gastroenterology), Dr. S. Kim (Nephrology)  
Date: 2025-03-23