**Patient**: Julia Wilson (DOB 1982-09-13)

**MRN**: 715943

**Admission**: 2025-03-10 **Discharge**: 2025-03-22

**Physicians**: Dr. A. Kim (Hem/Onc-BMT), Dr. M. Patel (GI), Dr. T. Nguyen (ID)

**Discharge Diagnosis: AML with Grade III Acute Colonic GVHD**

**1. Oncological Diagnosis**

* **Primary**: AML with FLT3-ITD (ratio 0.65) and NPM1 Mutations
* **Diagnosis**: 2024-05-20
* **Risk**: ELN 2022 Intermediate risk
* **Pathology**: 72% blasts, CD34+/CD33+/CD13+/HLA-DR+/CD117+/MPO+
* **Genetics**: Normal karyotype (46,XX[20]), FLT3-ITD+, NPM1+, CEBPA WT

**2. Current Admission**

* **GVHD Presentation**: Day +90 post-transplant profuse watery diarrhea (>1500 mL/day)
* **Assessment**: Grade III acute GVHD (stage 3 GI)
* **Diagnostics**: Colonoscopy (3/12): Diffuse erythema, erosions, ulcerations
* **Biopsy**: Apoptotic crypt destruction, lymphocytic infiltration
* **Management**:
  + Methylprednisolone 2 mg/kg/day IV → 1.5 mg/kg → oral prednisolone
  + Tacrolimus maintained at 8-12 ng/mL
  + Budesonide 9 mg daily
  + TPN → low-residue diet
* **Response**: Significant reduction in diarrhea (2-3 loose stools daily)

**3. Treatment History**

* **Induction**: 7+3 + midostaurin (5/24-6/24) → CR
* **Consolidation**: 2 cycles HiDAC + midostaurin (7/24-9/24)
* **BMT (12/5/24)**:
  + Conditioning: Bu/Cy
  + Donor: MUD 10/10
  + GVHD prophylaxis: Tacrolimus + MTX
  + Engraftment: ANC d+14, platelets d+17
  + Chimerism: d+30 (98%), d+60 (99%)
* **Prior GVHD**: Skin (d+20, Grade I) - resolved with topical steroids

**4. Comorbidities**

* Hypothyroidism
* Hypertension
* Anxiety disorder
* CKD stage G2 (eGFR 65)
* Osteopenia
* Iron overload (ferritin 1850)
* CMV reactivation (d+45) - treated, now undetectable
* Peripheral neuropathy (post-chemo)

**5. Discharge Medications**

* Prednisolone 60 mg daily with taper:
  + 60 mg × 7d → 50 mg × 7d → 40 mg × 7d → ↓5 mg weekly to 10 mg
* Tacrolimus 1 mg BID
* Budesonide 9 mg daily
* Loperamide 2 mg after each loose stool (max 16 mg/day)
* Valgancyclovir 900 mg daily
* Posaconazole 300 mg daily
* Atovaquone 1500 mg daily
* Pantoprazole 40 mg daily
* Levothyroxine 112 mcg daily
* Amlodipine 5 mg daily
* Ca/Vit D 600 mg/400 IU daily
* Mg oxide 400 mg daily
* PRN: Oxycodone 5 mg q6h, Ondansetron 8 mg q8h, Lorazepam 0.5 mg daily

**6. Follow-up Plan**

* **BMT**: Dr. Kim on 3/24, then weekly × 2, then biweekly
  + Review BM molecular genetics and chimerism results
  + GVHD assessment at each visit
  + Monitor prednisolone taper
* **ID**: Dr. Nguyen in 3 weeks (4/12)
  + Weekly CMV PCR
* **Nutritionist**: 3/29 (low-residue diet, 2000 kcal/day, 1.5 g protein/kg/day)
* **Labs**: CBC, CMP, Mg, tacrolimus level weekly

**7. Lab Values (Admission → Discharge)**

* WBC: 5.2 → 6.8
* ANC: 3.8 → 5.2
* Lymphocytes: 0.9 → 1.1
* Blasts: 0 → 0
* Hemoglobin: 10.2 → 9.8
* Platelets: 145 → 168
* Na: 134 → 137
* K: 3.2 → 3.9
* HCO3: 18 → 24
* BUN: 28 → 18
* Creatinine: 1.3 → 1.2
* Albumin: 3.1 → 3.3
* Mg: 1.6 → 2.0
* ALT: 32 → 45
* AST: 28 → 38
* Alk Phos: 110 → 98
* Tacrolimus: 9.5 → 10.2
* CRP: 4.2 → 1.8
* CMV PCR: <137 copies/mL (undetectable)

**Electronically Signed**:

Dr. A. Kim (Hem/Onc-BMT) - 3/22/25 15:30

Dr. M. Patel (GI) - 3/22/25 14:15