

花蓮慈濟醫院影像診療研討會

日期：2022年11月25日
時間：08:00 - 09:00
地點：花蓮慈濟醫院大愛七樓 702 教室

時間	題目	主講人
08:00-09:00	個案討論	呂佳欣

Patient profile

- Gender: Male
- Age: 77 y/o
- Admission date: 110.02.03

Chief Complaint

- Poor intake noted for 1 month.

Present illness

- 2021/01/14: HCC (DDx: ICC) with IVC and RA thrombi, lung metastasis and mediastinal metastatic lymphadenopathy, cT4N0M1
- 01/20: self-pay target therapy
- Right massive pleural effusion, and liver failure progressed, and AKI.
- Preferred and accepted palliative treatment.

Past history

- Past history
 - 1.Hypertension
 - 2.Diabetes Mellitus
 - 3.Parkinson's disease
 - 4.Renal stone s/p ESWL
 - 5.T12 compression fracture, s/p Vertebroplasty

Social history

- A(-)
- B(-)
- C(-)

Review of system

- **01. Systemic:** fever (-), BW loss (-), change of appetite (+)

- **02. Skin:** petechiae (-), purpura (-), skin rash (-), jaundice (-)
- **03. HEENT:** vertigo (-), nasal stiffness (-), nasal discharge (-),
glossitis (-), sorethroat (-)
- **04. Cardiovascular:** exertional chest tightness (-), PND (-), orthopnea (-), syncope (-),
palpitation (-)
- **05. Respiratory:** dyspnea (-), cough (-), hemoptysis (-)
- **06. GI:** anorexia(+), nausea(-), vomiting(-), dysphagia(+), heartburn(-), melena (-)
- **07. Urogenital:** urinary frequency (-), urgency (-), dysuria (-),
- **08. Musculoskeletal:** bone pain (-), weakness (+)

Physical examination

- **General appearance:** fatigue.
- Height:168 cm, BW:65 kg, BMI: 23.030
- **Vital sign:**
- BT:36.4 Celsius, Pulse: 114/min, RR:18/min, BP:110/65 mmHg
- **Consciousness:** E4V5M6
- **Lymphadenopathy:** Neck (-), Axilla(-), Groin (-)
- **HEENT:**
- Head: grossly normal
- Eyes: conjunctiva: pink, sclera: anicteric, normal light reflex. +/+
- Throat: normal
- Thyroid: not palpable
- **Chest:** bilateral vesicular sound (base), symmetric expansion
- **Heart:** regular heart beats, no heart murmur
- **Abdomen:**
- Inspection: soft and flat, tenderness(+)
- Auscultation: 3-4 sounds/min, normoactive bowel sounds
- Palpation: soft, no tenderness, no muscle guarding
- **Extremities:** no pitting edema, freely movable
- **Peripheral pulse:**

	radial	brachial	femoral	popliteal	pedal
R`t	++	++	++	++	++
L`t	++	++	++	++	++

Blood		HBs Ag		
	1100108	HBs Ag	Reactive	
		S / CO	5077.40	
		Anti HBs		
	1100108	Anti HBs	Nonreactive	
		value	<2.00	mIU/mL
		Anti HCV		
	1100108	Anti HCV	Nonreactive	
		S / CO	0.17	

2021/01/08 CBC and PLT

Blood		CBC & PLT		
	1100108	WBC	8.71	*10 ³ /ul
		RBC	3.79	*10 ⁶ /ul
		Hb	10.8	g/dL
		Ht	32.2	%
		MCV	85.0	fL
		MCH	28.5	pg
		MCHC	33.5	%
		PLT	363	*10 ³ /ul
		RDW-CV	15.9	%
		PDW	8.7	fL
		MPV	9.2	fL
		P-LCR	17.8	%

2021/01/08 Liver and Kidney Function

Blood		PT		sec.
	1100108	PT	11.4	sec.
		Control	10.6	sec.
		INR	1.08	
Blood	1100108	AST (GOT)	50	U/L
		ALT (GPT)	21	U/L
		TBI	0.9	mg/dL
		DBI	0.4	mg/dL
		T P	6.3	g/dL
		ALB-BCG	2.5	g/dL
		GLO	3.8	g/dL
		A / G ratio	0.7	
		BUN	32	mg/dL
		CRE		
	1100108	CRE	0.85	mg/dL
		eGFR	92.65	mL/min
		GGT	194	U/L
		Na	130	mmol/L
		K	4.1	mmol/L
		Ca	2.30	mmol/L

2021/01/20 Pathology of pleural effusion

- Pleural effusion: Neutrophil predominant infiltration

病理報告		病理號	N2021-00139	
檢驗名稱	Pleural effusion			
器官部位名稱	開立醫師	陳彥良	簽收時間	01/18 17:59
	報告醫師	許永祥	報告時間	01/20 16:07
檢驗前診斷名稱	Neoplasm of unspecified nature of digestive system;			
檢驗後診斷名稱	Neutrophil predominant infiltration.			

Problem List

- HCC, cT4N0M1 with IVC&RA thrombosis, lung and mediastinal LN mets, progression with AKI and hepatic encephalopathy
- HTN
- DM
- Parkinson disease

Clinical course

- HBV DNA (pending data), HBe Ag (Non-reactive), Anti HBe B (Reactive), Anti HBc B (Reactive)
- Adjust pain(DC tramacet) control to morphine
- Arrange hospice combine care

Clinical course 01/16

- CXR showed right massive pleural effusion, tapping right 433ml to examine, no pneumonia sign or leukocytosis, but given empirical antibiotics as Tapimycin
- Poor intake add Clinimix N9G15E + Addaven solution + Lyo-Povigent and stop use Clinimix.
- Noticed AKI, stopped use lasix.

Clinical course 01/19

- Use targeted therapy (Lenvatinib, self pay)
- 2021/01/20: combine hospice care and transfer to Hematology Oncology ward

Clinical course 01/19

- Lab tests: progression of liver failure and AKI
- Relief of symptoms: right thoracentesis

Clinical course 01/26

- Discontinued all oral medication including lenvatinib
- Further deterioration of hepatic failure with jaundice was noted
- 02/03 transferred to Hospice ward

Clinical course 02/03

- Pain control: Morphine 3mg Q4H, then Q6H, then Q8H
- Poor intake: Suntose
- 02/09: loss response and asystole