

GOING INTERNATIONAL

Consultation Report

by Nicola Hermann

Consultation to Hematology/Oncology, Date 1/24/14

From: Medicine/Hospitalist Service

Reason: Metastatic carcinoma, possible rectal primary

Subjective

Chief Complaint: Weakness in left arm and possible seizure

History of present illness (HPI): 41 year old lady with medical history of schizophrenia, active drug use (crack, cocaine), presented to other hospital with weakness in left arm and possible seizure (twitching of left arm and left side of the face on 1/19/14), urinary frequency starting on 1/19/14.

CT Thorax/Abdomen showed extensive metastatic disease involving brain, lung, potentially liver with suspected rectal primary.

Review of Systems (ROS): No fever, weight loss, chills, shortness of breath, dizziness. Denied melena, change in bowel habits, tenesmas.

Past medical history (PMH): 1) Schizophrenia 2) Mixed stress and urinary incontinence 3) Arthritis of big toe – including bunion 4) Rectal cancer (1/21/2014)

Past surgical history (PSH): none, no prior colonoscopy

Family History (FH): Patient denied history of colon cancer or any other cancers

Social History: Alcohol on occasions 1-2x per year; 0.3 packs of smoking for 3 years >> 0.9 PY; Lives in shelter

Allergies: No known allergies

Objective

Vitals: BP: 118/78 – Pulse: 72 – Temperature: 97.5°F (36.4°C) – Respiratory Rate: 12/min – O2 Sat: ?

Examination: Obese female seen, appeared comfortable, no respiratory distress; Mucosal membranes: Pink and moist, anicteric, acyanotic - Cardiovascular: Normal S1 and S2, regular, no murmurs – Respiratory: Breath sounds: Vesicular, no wheeze or crackles – Abdomen: appeared obese, soft, non-tender, without hepatomegaly or splenomegaly, bowel sounds were present

Rectal exam: deferred and declined

CNS exam: left-sided facial asymmetry, extremities: Grade 3/5 in left shoulder abduction, Grade 4/5 power in left elbow extension, otherwise 5/5 power.

Labs: CBC - White Blood count 14.9 (Diff: Segs: 59, Bands 1%, Lymphocytes 25%, Monocytes 12%); Hemoglobin 14.2; Hematocrit 42.9; Thrombocytes 374; Chemistry: Na 133, K 3.5, Cl 103, Bicarb 24, BUN 10, Crea 0.64, Glucose 105, AST 16, ALT 11, ALK Phos 65, Total Bili 0.5

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Radiology:

CT Head: Multiple bilateral cerebral hemorrhagic lesions most consistent with metastases
CT Thorax/Abdomen: multiple (> 30) pulmonary nodules and masses consistent with metastatic disease lobulated soft tissue density with extension into the mesorectum, several adjacent metastatic lymph nodes, liver: several subcentimeter indeterminate hypodensities too small to characterize

Assessment

41-year old female with history of schizophrenia who presents with symptomatic metastatic disease involving the brain, lungs, possibly liver, potential primary of rectal carcinoma for further evaluation

Plan

- 1) Will need biopsy for histopathology analysis
- 2) Would recommend checking CEA levels, CA 19-9
- 3) IF Patient is agreeable, treatment would be chemotherapy, in the setting of multiple brain metastases would recommend Glucocorticoids (Decatron)
- 4) Keppra for seizure control, check with Neurology