

Clinical Pathologic Conference

04/03/2015

Name of the patient: 歐陽○

Resented by: 血液科 歐哲瑋醫師①12⑤10 GSM66084

Chart Number: 3912****

Discussed by: 感染科 黃景泰醫師 GSM68719

Date of admission: 2014-11-9

外傷急症外科 郭怡銘醫師③3 GSM65630

X光科 黃培青醫師②10 GSM65747

解剖病理科 莊文郁醫師④10 GSM65832

Moderator: 解剖病理科 孫建峰醫師 GSM65837

Chief complaint: Chronic diarrhea with progressive periumbilical pain for one week

Present illness:

The 44 year old male without history of systemic disease suffered from general malaise and chronic diarrhea for more than half a year. He also had dry cough without fever, chest pain, or dyspnea. He worked in Japan for several years and came back to Taiwan due to private reasons. He once went to Mainland China in 2014/2. After coming back to Taiwan, he had fever and persisted diarrhea. He went to emergency room of Kaohsiung Chang Gung Memorial Hospital and was discharged after subsidence of fever. However, he later suffered from progressive peri-umbilical pain for one week. He was brought to local hospital where serial examinations including panendoscopy, colonofiberscopy, and computed tomography were performed. Bowel obstruction due to ileo-ileal intussusception was found. There were multiple lung lesions and lymphadenopathy, which were suspicious for malignancy. He was transferred to our hospital. After explanation, he received surgical intervention as right hemicolectomy with side-to-side ileocolostomy and excision of mesenteric root lymph nodes on 2014/11/8. After operation, he was admitted for further management.

Personal and past history:

Chronic diarrhea for more than half an year

Worked in Japan for years, once went to Mainland China in 2014/2

No history of systemic disease

No history of operation

Denied smoking, drinking, or betelnut chewing

Physical Examination:

BT:36.8/°C PR:100/min RR:20/min BP:141/93/mmHg

BH: 173cm BW: 63.4kg

General appearance: ill-looking

Consciousness: E4V5M6, clear but slow response

HEENT: not icteric sclera, not pale conjunctiva

NECK: supple, no jugular vein engorgement, no trachea deviation,
no neck lymphadenopathy

CHEST: smooth respiratory pattern, bilateral symmetric expansion,
bilateral clear breathing sounds, no wheezing or crackles

HEART: regular heart beat without audible murmur, no audible S3 or S4, no heave

ABDOMEN: soft and flat, no superficial vein engorgement, mild tender without rebounding
pain, hypo- to normo-active bowel sounds, midline surgical wound

BACK: no knocking pain over bilateral flank area

EXTREMITIES: No joint deformity, no limited range of motion, no pitting edema

SKIN: no petechiae or ecchymoses, no skin rash

Laboratory:

CBC/DC:

Date	Hb	Hct	MCV	Plt	WBC	Seg	Lym	Mono	Eso	Baso	a-Lym
11/8	13.7	39.3	88.7	280	3900	63	14	18	4	0	1

Biochemistry

Date	BUN	Cr	AST	Amylase	Na	K	UA	Sugar
11/8	4.2	0.86	17	39	132	4.1	6.8	77

Image: To be presented

Pathology: To be presented

Course and Treatment: To be presented

Questions to be discussed:

1. AIDS-related lymphoma and management