

Clinical pathologic conference

Nov. 1 2016

Patient profile :

年齡：37 y/o

性別：女

國籍：台灣

種族：外省

婚姻：已婚

職業：家管

Presented by : 實習醫學生

Discussed by : 直腸肛門科

胃腸肝膽科

影像診療科

解剖病理科

Moderator : 解剖病理科

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呂沛庭(4)、江敬謙(5)、林怡廷、曾上宸、
曾美齡、楊沛璇、劉宣好。

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薛純 教授

Chief complaint :

Abdominal pain for several months

Present illness :

This is a 37-year-old female with a past history of peptic ulcer and chronic hepatitis. According to the patient's statement, she had diffuse abdominal pain with constipation and occasional bloody stool for several months. The pain was dull and intermittent, and could occur multiple times a day. There was no fever, dyspnea, body weight loss, or decreased appetite. She recently visited to our gastroenterology outpatient clinic for help. Hemogram showed normal Hb level (15.0), and pan-endoscopy revealed erosive gastritis and duodenitis. Since the medical treatment was in vain, double contrast LGI series was arranged and showed suspicious proximal transverse colon cancer and a rectal polyp. The patient was therefore referred to colorectal surgery outpatient clinic. Abdominal CT scan was performed, and the result was compatible with ascending colon cancer with tentative stage T2N0M0. Under the clinical diagnosis of transverse colon cancer, she was admitted for further evaluation and treatment.

Past history :

1. Chronic hepatitis with HCV(+)

2. Peptic ulcer

Personal history :

No food or drug allergy history, smoking (-), alcohol (-), betel nuts (-)

Family history :

Colon cancer (-)

The patient's mother has diabetes mellitus and hypertension.

Physical examination finding :

Vital sign: T: 36°C P: 96/min R:15/min BP:129/89/mmHg

Height: 152.1CM (20140216) BW:69.3KG BMI:29.9

GENERAL APPEARANCE: Fair looking

ABDOMEN: LLQ tenderness; No rebounding pain or muscle guarding

Bowel sound: normoactive

Lab data : (02/16)

檢驗項目(單位)	檢驗值	檢驗項目(單位)	檢驗值
Hb (g/dL)	14.8	Cr (mg/dL)	0.57
Hct (%)	42.0	BUN (mg/dL)	10.2
MCV (fL)	88.1	ALT (u/L)	123
RDW(%)	13.4	AST (u/L)	106
Platelet (1000/uL)	262	ALK (u/L)	65
WBC (/uL)	10800	Bili-T(mg/dL)	0.6
Segment (%)	76.9	Albumin (gm/dL)	4.29
Lymphocyte (%)	13.1	Total protein (g/dL)	6.8
Monocyte (%)	2.4	T-Choleste (mg/dL)	193
Eosinophil (%)	7.2	Ca(Calcium) (mg/dL)	9.6
Basophil	0.4	Na(Sodium) (mEq/L)	139

	K(Potassium) (mEq/L)	4.0
	Cl(Chloride) (mEq/L)	104
	Uric Acid (mg/dL)	6.0
	CEA (ng/mL)	2.39
	HBsAg	0.47
	Anti-HBs (IU/L)	<2.00
	Anti-HBc	0.006

Image and pathology study : To be presented

Clinical course :

The patient received subtotal colectomy on Feb. 18th, and the procedure was smooth. The wound has been clean without dehiscence, and there were no symptoms nor signs of infection. However, patient felt severe abdominal wound tenderness, so Demerol and morphine were prescribed to alleviate the pain.

Acute pyelonephritis was noted on post-operative day 7, with fever up to 38 degree Celsius and flank pain. Urine culture revealed E. coli, and KUB showed suspected renal stone. Ceftriaxone had been administered and the condition improved by degrees. Pathologic examination of the surgical specimen confirmed the diagnosis of ganglioneuroma. Intermittent fever subsided on post-operative day 11. Since there was no abdominal pain and the general condition had been well, the patient was discharged on Mar. 1st.

Lab data : (02/25)

Blood test

檢驗項目(單位)	檢驗值
Hb (g/dL)	9.1
Hct (%)	27.1
MCV (fL)	87.1
RDW(%)	13.7
Platelet (1000/uL)	300
WBC (/uL)	16400
Segment (%)	83.0
Lymphocyte (%)	9.0
Monocyte (%)	7.0
Eosinophil (%)	1.0
Basophil(%)	0.0
CRP(mg/L)	28.45

Urine test

檢驗項目(單位)	檢驗值
Color	Yellow
Turbidity	Cloudy
SP.Gravity	1.005
Ph	6.5
Leukocyte	3+
Nitrite (mg/dL)	Negative
Protein (mg/dL)	Negative
Glucose (mg/dL)	Negative
Ketone (mg/dL)	Negative
Urobilinogen (EU/dL)	0.1
Bilirubin (mg/dL)	Negative
Blood	1+
Bacteria	Positive
RBC (/uL)	3
WBC (/uL)	420
Epith-Cell (/uL)	16

Issue to be discussed :

1. What are the differences of clinical manifestations between ganglioneuroma and colon cancer?
2. Is ganglioneuroma sporadic or familial?
3. Is biopsy necessary in the management of patients with suspected colorectal cancer?

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