Clinical Pathologic Conference 2014-11-14

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- **General Data of the Patient: (Admission Date: 2014/09/30)**
  Name:賴○○; Chart no.: 8728714; Age:64 y/o; Gender: male; Occupation: 無
- **Chief Complaint:** Low back pain for two months
- **Present Illness:**
  This 64-year-old man suffered from progressive low back pain for 2 months. It was localized without radiation. He denied lower limb numbness or weakness. Constipation also disturbed him for a long time. But he denied tarry stool, bloody stool, or change of bowel habits recently. He went to 天晟 hospital first, where high CEA level was noted (3238.2). CT and MRI showed bone metastasis over T-L spine and multiple liver tumors. He was transferred to our hospital under the impression of possible colon cancer with liver and bone metastases.
  Fever developed at ER. Urine culture revealed E.coli. Antibiotics for UTI were started. His low back pain relieved under pain control. Abdominal echo (9/24) showed parenchymal liver disease, multiple liver tumors, and GB stone. Tumor marker survey showed high CEA (3062.11) and PSA (49.756) level. He was admitted for further survey and treatment.
- **Past History:**
  1. One stroke episode last year, with sequela of left side weakness
  2. Asymptomatic gallstone
  3. Hypertension
  4. Operation history: 2007/03/05 EC-IC bypass, intra-op Doppler flow monitor and microscope use for right MCA stenosis
- **Personal History:** Smoking: quit for a year; Alcohol: quit for a year
- **Family History:** No cancer history
- **Review of Systems:**
  - Respiratory: Dyspnea:(no); Wheezing:(no); Cough:(no); Sputum:(no)
  - GI: Nausea/Vomiting:(no); Diarrhea:(no); Constipation:(yes)**; Abdominal pain:(no); Abdominal distention:(no)
- **Physical Examination: (20080929)**
  T: 36/℃ P: 80/min R: 16/min BP: 166/99mmHg
  BH: 156CM BW: 51KG BMI: 21.0
  General appearance: weak; Consciousness: clear, E4V5M6
  HEENT: Normal; Neck: supple, no lymphadenopathy
  Chest: Symmetrical expansion
  Breathing sound: Bilateral symmetric expansion
  Heart sound: Regular heart beats, no audible murmur
  Abdomen: Flat and soft; No tenderness, No Shifting dullness
  Liver / Spleen: Impalpable; Bowel sound: Normoactive
  Extremities: Bilateral freely movable, no pitting edema;
  **Muscle power (R/L): 4+/4-
  Back: no knocking pain over bilateral flank area and the thoracic area
  Skin: no palmar erythema or spider angioma

- **Laboratory Data:**

(Blood) 2008-09-19 at ER

WBC	9.0	1000/uL
Hemoglobin	13.0	g/dL
Platelets	245	1000/uL

(Biochemistry) 2008-09-19 at ER

Creatinine	0.55	mg/dL
Total Bili.	0.6	mg/dL
AST (GOT)	61	U/L
ALT (GPT)	43	U/L
ALK-P	169	U/L
Na	138	mEq/L
K	3.6	mEq/L

(Tumor markers) 2008-9-26

CA19-9	< 2	U/mL
CEA	3062.11	ng/mL
PSA	49.756	ng/mL

(Urine analysis) 2008-9-20 (ER)

Color	Pale yellow	**Ketone**	Negative
Turbidity	L.turbid	**Urobilinogen (EU/dL)**	0.1
SP.Gravity	1.010	**Bilirubin**	Negative
pH	7.0	**Blood**	4+
Leukocyte	2+	**Bacteria**	POSITIVE
Nitrite	Negative	**RBC (/uL)**	> 500
Protein (mg/dL)	Negative	**WBC (/uL)**	225
Glucose (g/dL)	Negative	**Epith-Cell (/uL)**	3

- **Image: To be presented**
- **Pathological findings: To be presented**
- **Clinical Course:**

After admission, we arranged colonofiberscope(10/01) which showed hemorrhoids without signs of malignancy. Port-A insertion was done on 10/02. CT-guide biopsy of liver tumor on 10/03 and pathology review showed small cell lung cancer. We consulted RTO for local pain relief and palliative radiotherapy. Due to elevated PSA, prostate biopsy was done and showed malacoplakia. We consulted infection department and were suggested to add Baktar and Bethanechol oral form for 6 weeks since 10/24. After discussing with the patient and his family, they refused palliative chemotherapy. So after completed spine RT and under relatively stable medical condition, the patient was discharged in 2008-10-25 and kept follow-up at OPD.

Discussion: To be presented