



ISTANBUL
FLORENCE NIGHTINGALE HOSPITAL

EPICRISIS

Name Surname: Alexandrina Cozma
Liliana

Diagnosis :

Age	: 49	1.C24. Malignant neoplasm of biliary duct and of other undefined areas
PROTOKOL NO	: 20405479	2.
RAPOR TARİHİ	: 06-06-2016	3.
YATIŞ TARİHİ	: 12-05-2016	4.
ÇIKIŞ TARİHİ	: 03-06-2016	5.
ADRES	:	
TELEFON NO	:	

Complaint : Stomach ache

History : The patient who was diagnosed with cholangiocarcinoma by a hospital she went in her country was admitted for surgery.

Medical history : Underwent appendectomy appendectomy in 1989.

Family History : Nothing of note

Physical Examination : General condition is good, vital signs are stable. Cooperative and oriented

No defence rebound is present in the physical examination. Epigastric and sensitivity in the left upper quadrant are present and palpable masses were present.

Laboratory : May 31, 2016: Blood Count (12-20 Parameters): Erythrocyte count:3.67 Hematocrit:33.7 Hemoglobin:11.1 MCV:91.8 MCH:30.2 MCHC:32.9 Leukocyte Count: 12.27 Platelet Count:464 P-LCR:25.0 RDW-CV:14.4 MPV:9.9 PCT:0.46 PDW:11.0 RDW-SD:46.1 Peripheral Smear: Neutrophil:78.2:9.60 Lymphocyte:7.3:0.89 Monocytes: 11.8:1.45 Eosinophil:2.4:0.29 Basophil:0.3:0.04
May 31, 2016: Fasting Blood Glucose: 103 BUN (blood urea nitrogen):7 Creatinine:0.5 Uric acid:2.70 ALP (alkaline phosphatase): 151 AST (GOT) Aspartate aminotransferase: 102 ALT (SGPT) Alanine aminotransferase:255 GGT (gamma-glutamyltransferase):226 Bilirubin (total): 1.39 Bilirubin (direct):0.90 Sodium: 137 Potassium:4.5 Magnesium:2.1 Albumin:3.6 Protein (total):6.5 CRP, Turbidimetric:6.76
May 29, 2016: Blood Count (12-20 Parameters): Erythrocyte count:3.47 Hematocrit:31.6 Hemoglobin: 10.6 MCV:91.1 MCH:30.5 MCHC:33.5 Leukocyte Count: 11.35 Platelet Count:483 P-LCR:23.5 RDW-CV: 14.4 MPV:9.8 PCT:0.47 PDW:11.0 RDW-SD:45.8 Peripheral Smear: Neutrophil:74.4:8.45 Lymphocytes: 10.7: 1.21 Monocytes: 10.5:1.19 Eosinophils3.9:0.44 Basophil:0.5:0.06
May 12, 2015: Blood Count (12-20 Parameters): Erythrocyte count:4.27 Hematocrit:38.8 Hemoglobin: 13.5 MCV:90.9 MCH:31.6 MCHC:34.8 Leukocyte Count: 13.10 Platelet Count:285 P-LCR:24.3 RDW-CV:12.7 MPV:9.9 PCT:0.28 PDW:11.3 RDW-SD:41.0 Peripheral Smear: Neutrophil:80.4:10.52 Lymphocyte:7.6:1.00 Monocyte:9.6:1.26 Eosinophils2.1:0.28 Basophil:0.3:0.04 CT:

Indication: (please explain)

Clinical Course: Patient was admitted with the diagnosis of cholangiocarcinoma and cardiology pulmonary consultation was made. Fluid replacement was started due to the high calcium level in the routine examinations. Patient underwent surgery on May 16, extended left hepatectomy was performed and patient stayed in the intensive care unit on the post-op 1st day. Her daily intake and biochemical parameters were controlled. On the post-op 3rd day, bile started coming from her drain measuring nearly 400-500 cc. On the post-op 5th day, the patient has no fever and CRP was normal therefore her antibiotic was stopped. On the post-op 7th day, right abdomen drain and central catheter were removed. On the post-op 10th day, cholangio was performed, no remarkable leakage was present. Treatment of the patient who was taking Sulperazone was arranged and patient was discharged on June 2.

Surgical Operation: The abdomen was entered with Mercedes incision. Thompson retractors were placed by dividing the falciform ligament. Left triangular ligament and coronary ligaments were divided and the left lobe of the liver was freed. Once the gastrohepatic ligament was divided, the hilar dissection was done. Left hepatic artery and left portal vein branches were dissected and pegged. Middle hepatic artery was originating from the left hepatic artery. Cystic duct and cystic artery were ligated and divided. Cholecystectomy was completed with antegrade dissection of the gallbladder from the liver bed. Caudate lobe branches were dissected along the left side of the IVC and caudate lobe was transected to stay with graft.

Preparations were made for liver hanging maneuver with a penrose drain passed from bare area? from hilus to right-middle hepatic vein space. Left hepatic artery and left portal vein were closed with vascular clamps, and right-left lobe margins of the liver were marked from the gallbladder bed to the junction of the right-middle hepatic vein junction. Parenchyma was divided along the demarkation line in company with CUSA. Left-middle hepatic vein was pegged. The probable left biliary duct transection line was marked and cystic cholangiography was performed and the left biliary duct was transected. 1000 heparin was administered and left hepatic artery was ligated and divided. Left portal vein was clamped and divided. Left-middle hepatic veins were divided with TA 30 vascular clamp and left hepatectomy was completed. Portal vein stump was closed with 6-0 Prolene. Biliary duct aperture was closed with 6-0 Prolene and biliary leakages were checked with Methylene blue administered from cystic duct. One left subphrenic drain and 3 Winslow drain were placed.

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was placed. Counts were completed and fascias were closed up in-block with No.1 PDS. Marcaine infiltration was administered along the fascia under the skin. Skin was closed with 3/0 Monocryl. The patient was extubated and taken to the surgical intensive care unit.

Type of Anesthesia: **General**

Recommendations: Polyclinic follow-up after 5 days.

Treatment: Contramal Retard tb 2x1

Panto tb 2 x 1

Minoset 3 x 1

Ursosalk tb 2 x 1

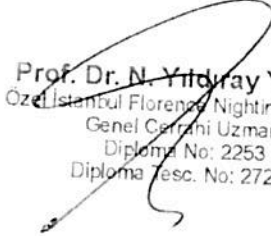
Discharge status: 2 -Discharged in stable condition

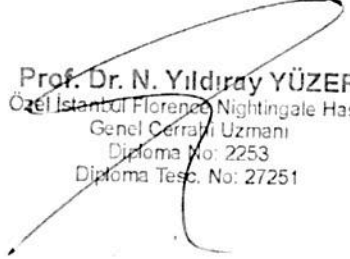
Date of first Follow-up Examination: **June 6, 2015** 2nd Follow-up Examination:

Yıldırım Yüzer, M.D., Professor

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Bozdağ


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