

SPC-conference

Presenter: 劉孟綸

Date: 2016/10/22

Personal Data

- Name: 000
- Age: 76 years
- Gender: Male
- Marital status: married
- Occupation: Nil
- Chart number: XXXXXXXX
- Date of admission: 201x/xx/xx

Chief complaint

- Abdominal pain for 2 weeks

Present Illness

- intermittent abdo pain for 2 weeks
- LLQ region
- Dull aching in nature, 3-4/10
- No radiation
- Aggravated with moving
- No relieving factor
- Asso: with low grade fever 37.5-38°C
 - Poor appetite (+)
 - BWt loss ~5-6 kg in 1 month
- No diarrhea, no nausea, no vomiting
- No tarry nor bloody stool passage

Present Illness

Similar symptoms and episodes x 2 times

201x.03.16

Periumbilical pain with vomiting

PE: epigastric tenderness

CBC: 8500/12.7/282K, N: 75%

Cr: 1.02, ALT: 17, Lipase: 16

Na/K: 143/3.6

NPO

IV fluid

Evac enema



Present Illness

201x.03.16

Pain still persisted

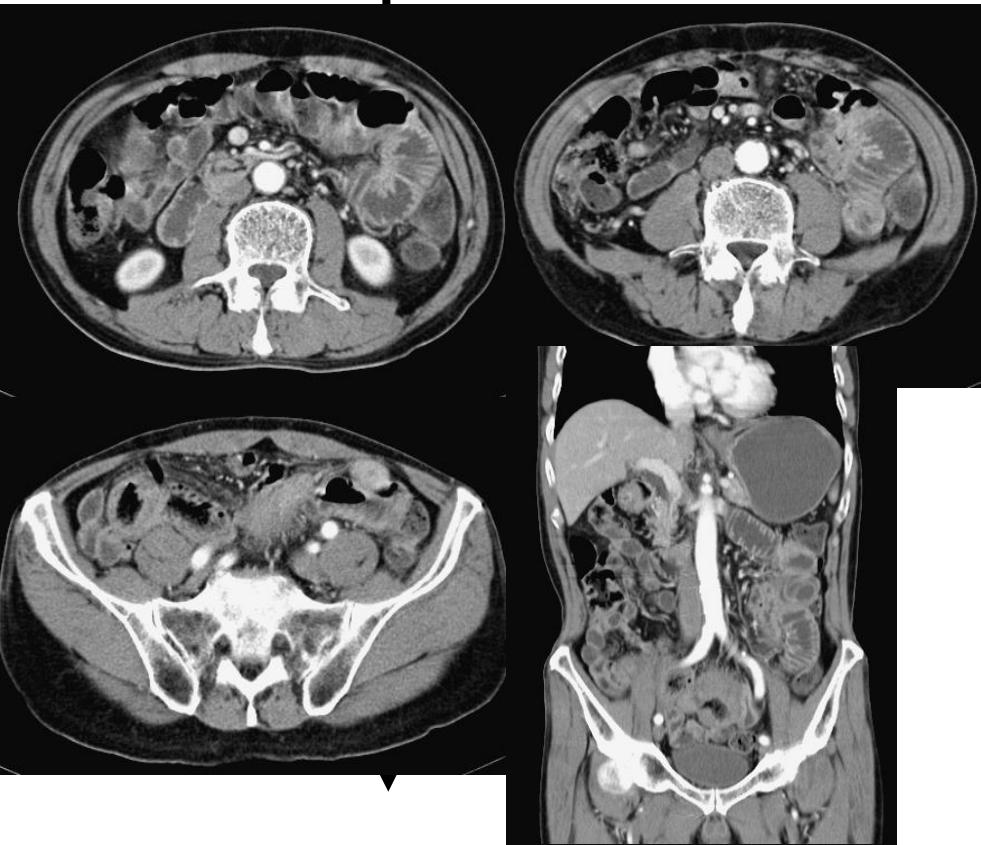
PE: epigastric tenderness
rebounding tenderness (+)

CT abdo:

Consult GS

Try oral contrast

KUB 4 hrs later



Present Illness

201x.03.16

Stool passage (+)
Gas passage (+)

MBD

Suggest GS OPD

2015.03.19
GS OPD



Gascon, MgO, Mopride

Present Illness

201x.07.01
2nd ER visit

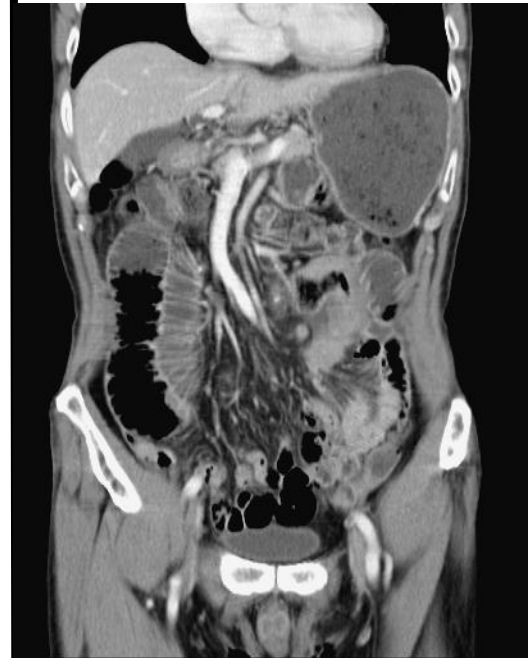
Abdo fullness, lower abdo pain
Diarrhea x 1 time

PE: lower abdo tenderness (+)
rebounding tenderness (-)

CBC: 8900/13/234K, N: 78.3%
Cr: 0.98, Amylase: 98, CRP: 0.19
Na/K: 144/4.5

Consult GS

A: IO, R/O ischemic bowel



Present Illness

201x.07.01

NPO

MBD

201x.07.04

NG tube with decompression

IO, R/O ischemic bowel

IV fluid

Gascon, MgO, Mopride

IV primperan



2015.07.07

r/o intestinal obstruction

Gastro-Timelets

GS OPD

r/o malignancy

Progressive abdo pain intensity 6-7/10

ER

Past History

1. CAD SVD S/P PCI + stent to LAD (2012/12)
2. ? ischemic bowel and partial IO

OPD Medications

- Concor 1.25mg 1#QD
- Plavix 1#QD
- Silence 1#HS

Personal history

- Allergy: No known allergy
- Denied smoking, drinking or betel nuts
- Family history: not relevant
- Travel & contact history: Nil

PE

- Height: 162.1 cm, Weight: 52.9 kg, BMI: 20.1
- Cons: alert and mentality: clear
- T/P/R: 36.6°C/68/20, BP: 140/82 mmHg
- HEENT: **mild pallor**, anicterus
- **No** lymphadenopathy over neck, axillary, inguinal region
- Chest: symmetric expansion, clear BS & rales (-)
- Heart: regular heart beat, no significant murmur
- Extremities: no pitting edema, no skin rashes

PE

Abdomen:

ovoid shape

normoactive bowel sounds

soft

mass 5 X 5cm over LLQ

mobile, but **not** increase in size with coughing

smooth surface

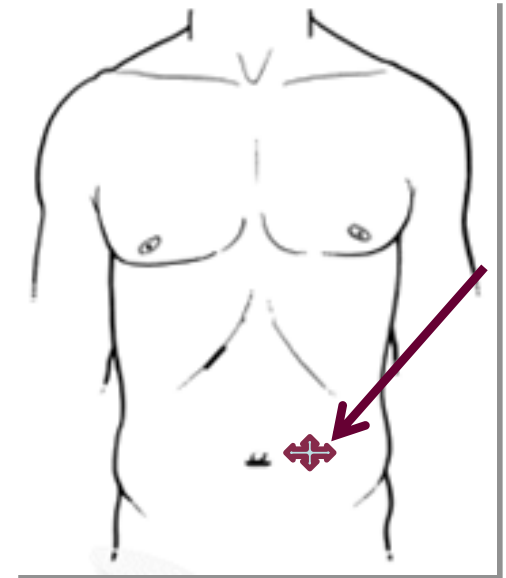
no pulsatile, **no** bruit, **no** thrill

firm in consistency

tenderness (+)

no rebounding tenderness

no hepatosplenomegaly

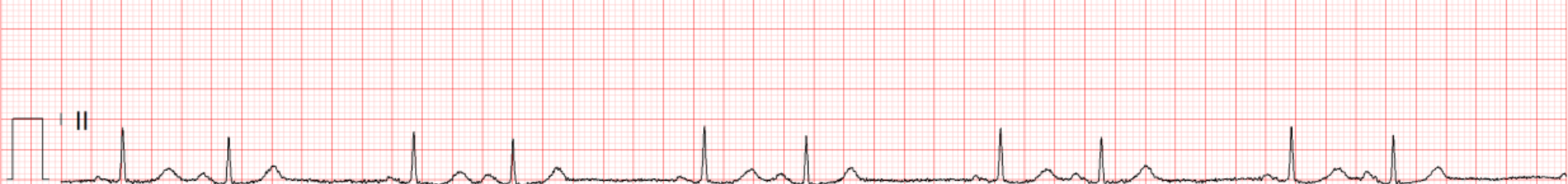


Digital Exam: No stool, no mass, normal anal tone, no blood stained on digital finger

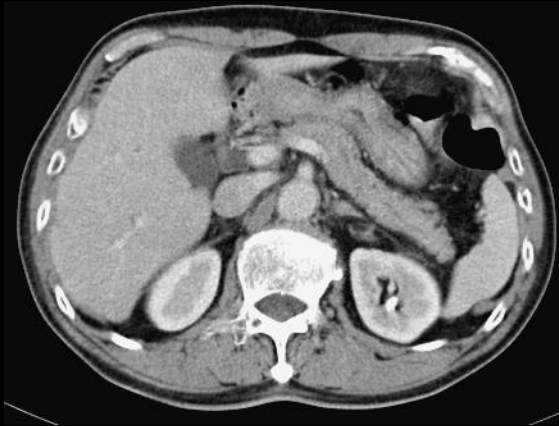
CBC			
WBC		6.6	10 ³ /uL
RBC		4.69	10 ⁶ /uL
HGB	L	11.8	g/dL
HCT	L	37.3	%
MCV	L	79.5	fL
MCH		25.2	pg
MCHC		31.6	g/dL
PLT		255	10 ³ /uL
DIFF			
NEUT%		68.4	%
LYMPH%		20.4	%
MONO%		9.4	%
EO%		1.5	%
BASO%		0.3	%

Glucose AC		92	mg/dL
Creatinine		0.86	mg/dL
eGFR		90	
備註：此公式估算GFR,對GFR≤60的病人較準確,當>60時易高估病患腎功能,須同時參考其他工具評估.			
ALT		9	IU/L
Lipase	L	21.9	U/L
Na		140	mmol/L
K		4.3	mmol/L





Abdo CT scan



Admitted to oncology ward

CRP-HS	H	3.20	mg/dL
PCT		0.33	ng/mL

BUN		14.6	mg/dL
Uric acid		6.0	mg/dL
Total protein	L	5.4	g/dL
Albumin	L	2.8	g/dL
A/G Ratio	L	1.1	
Globulin		2.6	g/dL
Total Bilirubin		0.50	mg/dL
AST		20	IU/L
LDH	H	213	IU/L
γ-GT		9	IU/L
Alkaliphosphatase		89	IU/L
Ca	L	8.2	mg/dL

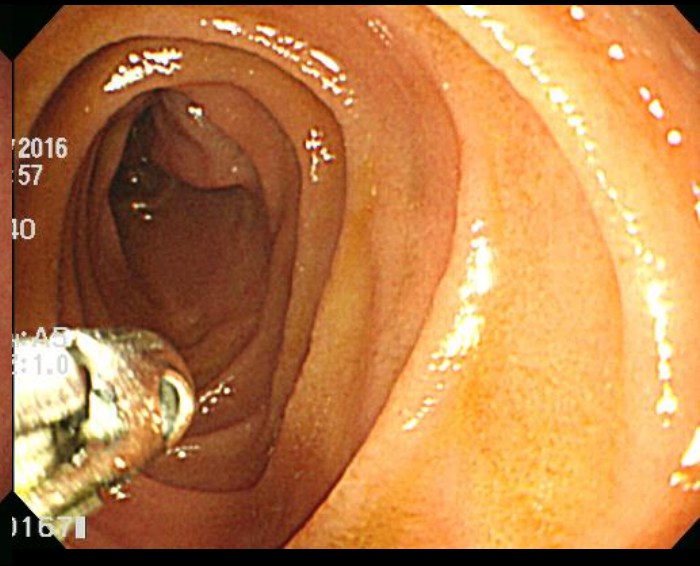
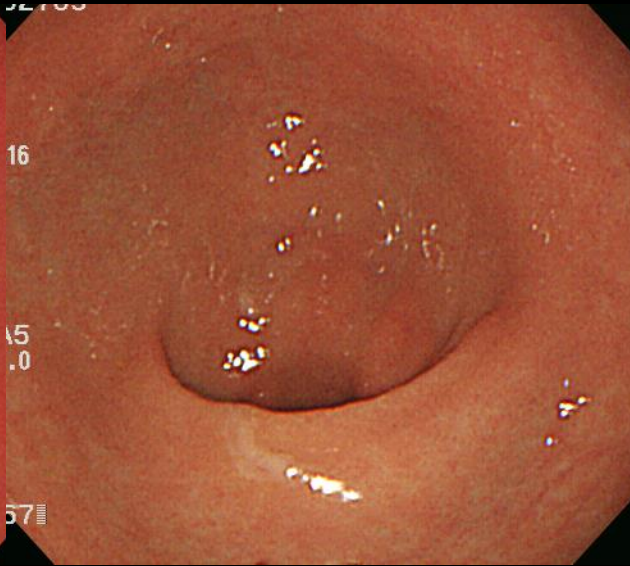
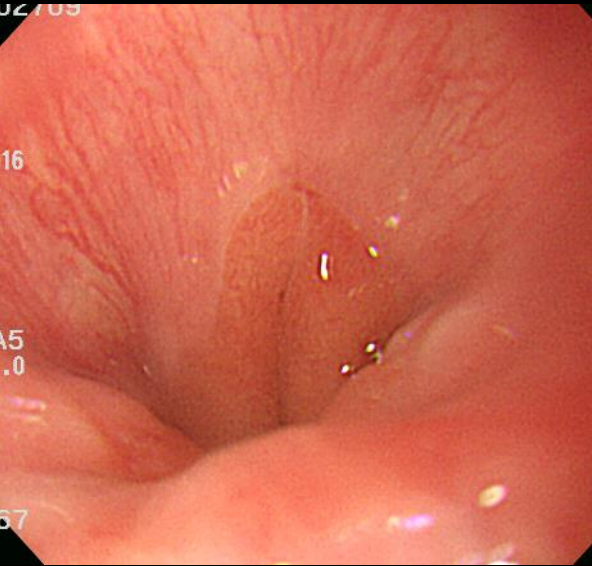
B2-Microglobulin		1848.0	ng/mL
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AFP		1.7	ng/mL
CEA		2.2	ng/mL
備註： Non-smokers(20-69歲) \leq 3.8 Non-smokers(40-69歲) \leq 5.0 Smokers(20-69歲) \leq 5.5 Smokers(40-69歲) \leq 6.5			
PSA		2.240	ng/mL
CA199		5.2	U/mL

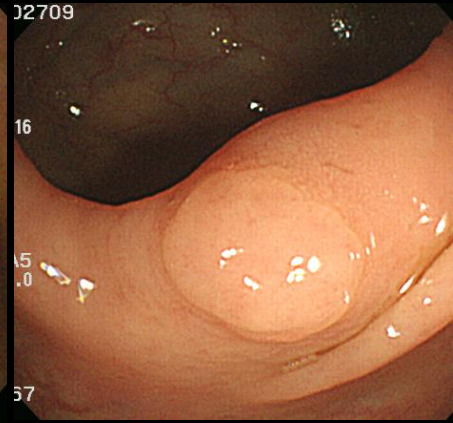
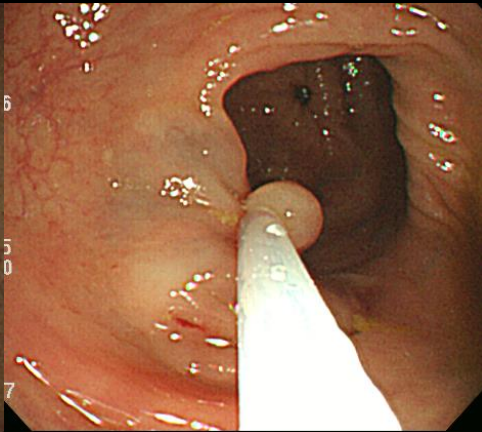
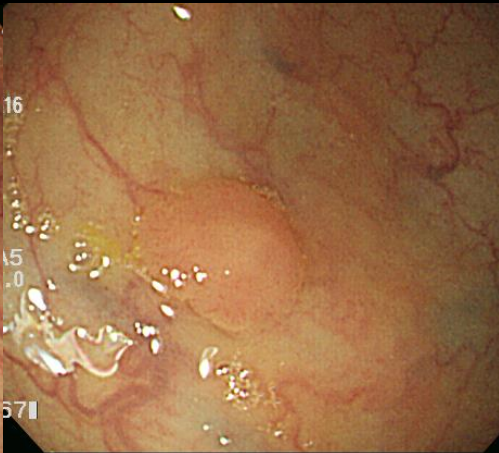
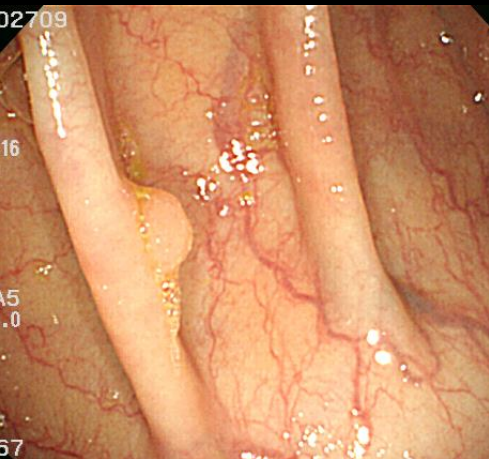
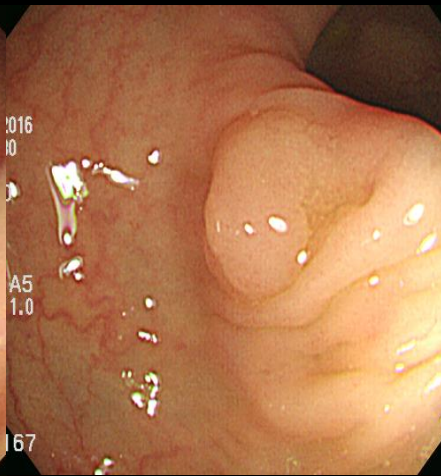
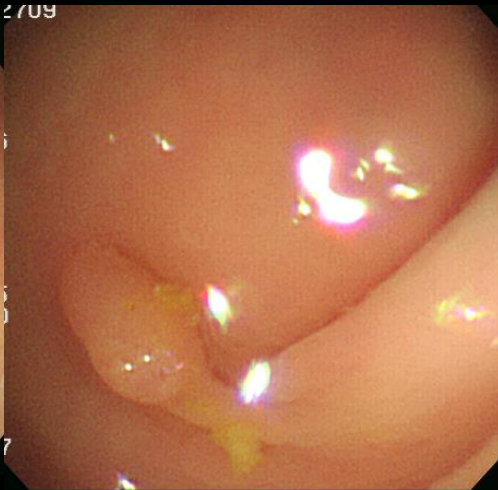
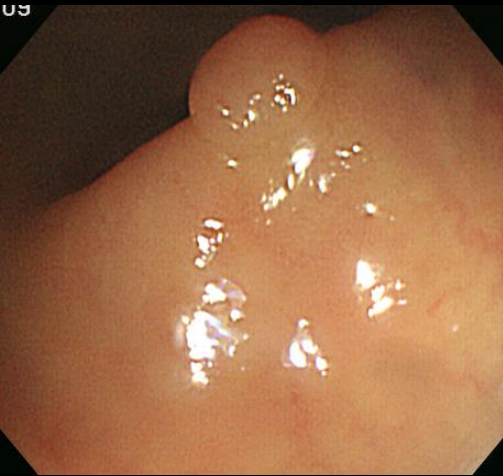
Stool Routine

Appearance		Formed
Mucus		-
Color		Brown
Occult blood(化學法)	*	3+

PES

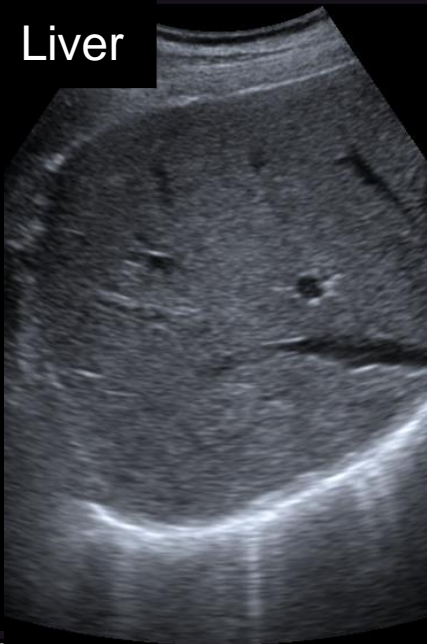


Colonoscopy

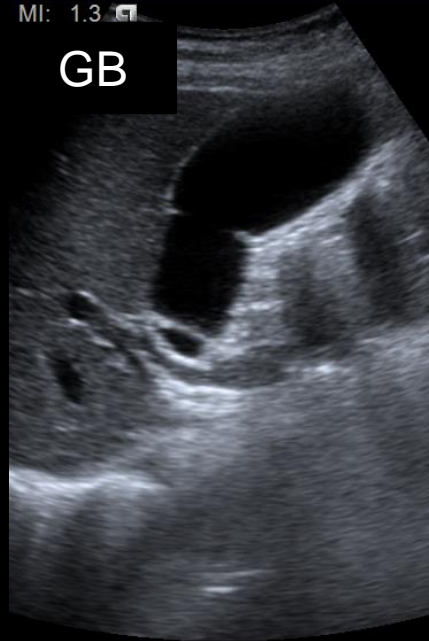


Abdo sono

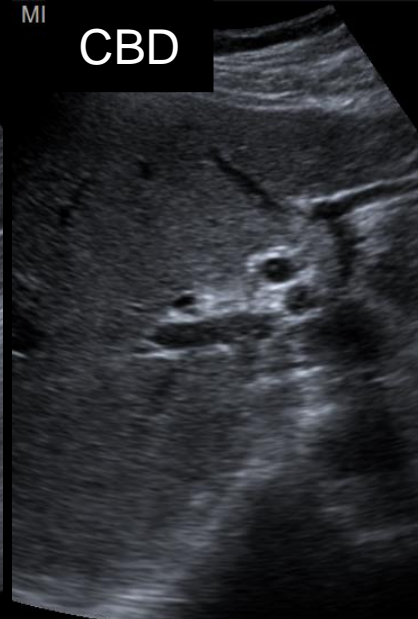
Liver



MI: 1.3
GB



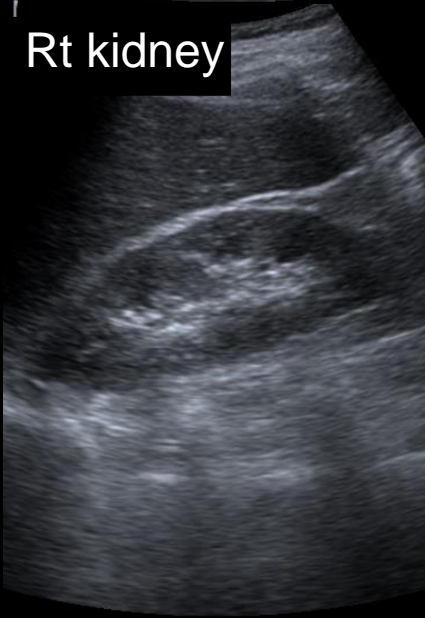
MI
CBD



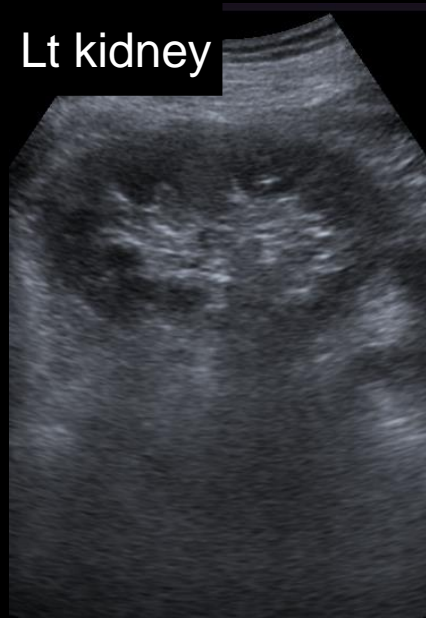
MI:
Pancreas



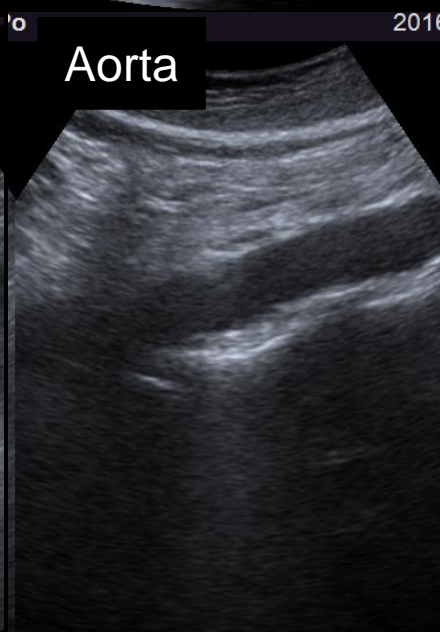
Rt kidney



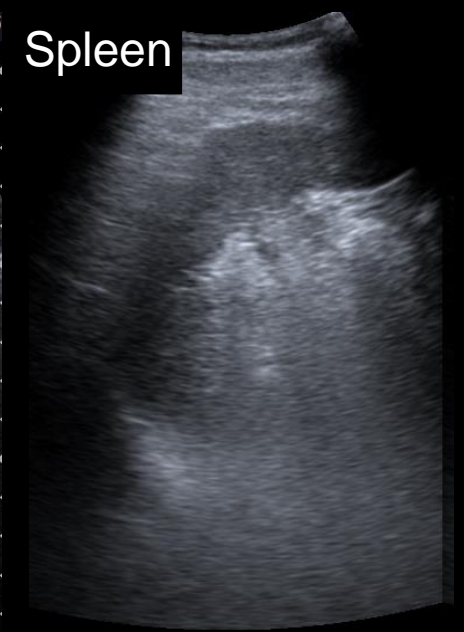
Lt kidney



Aorta

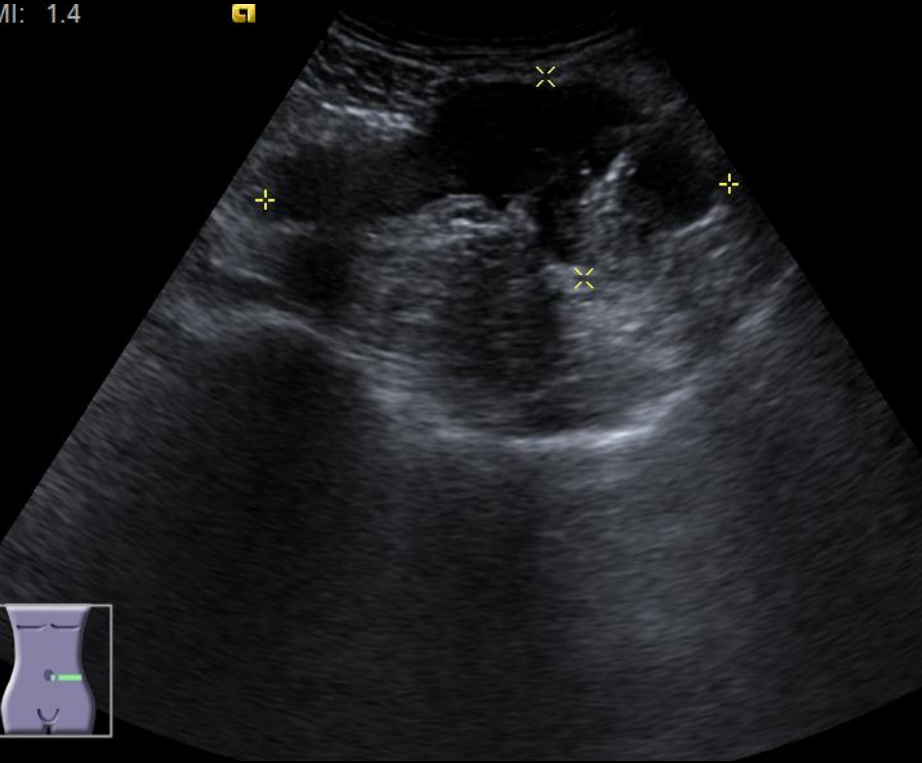


Spleen

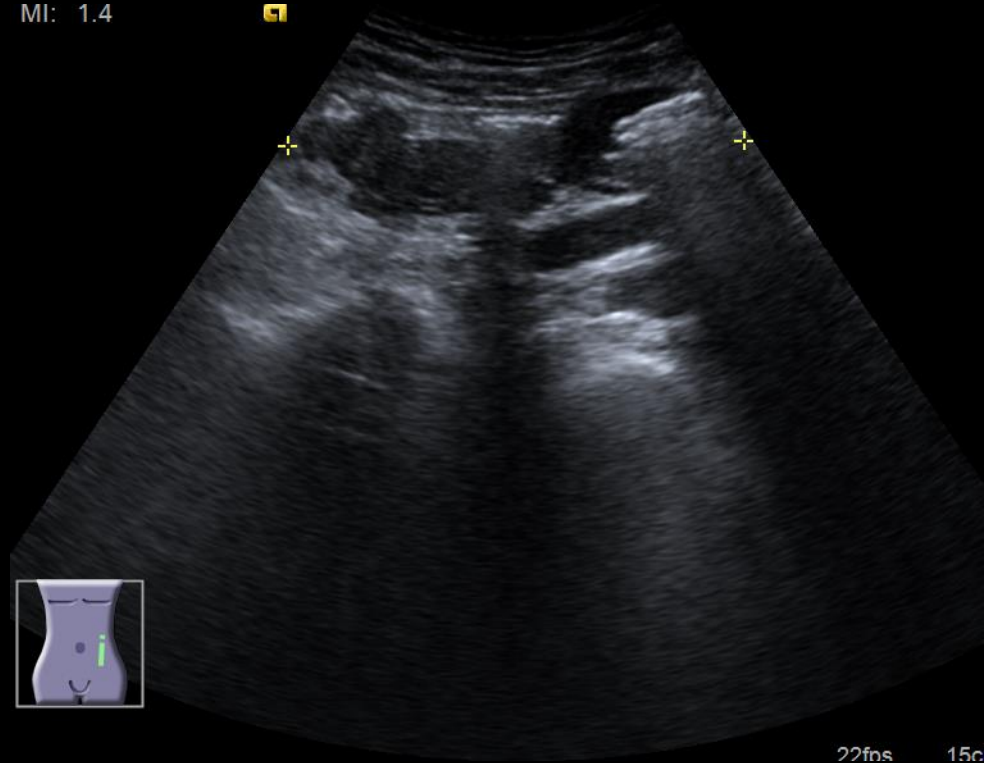


Abdo sono

MI: 1.4



MI: 1.4



22fns

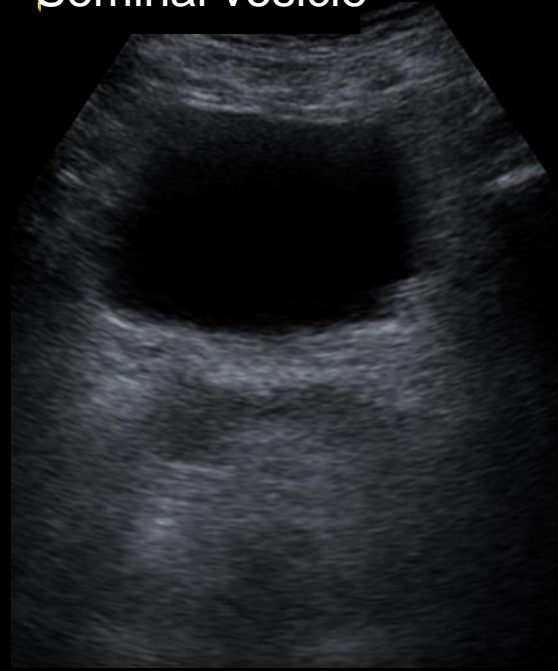
15c

Bladder sono

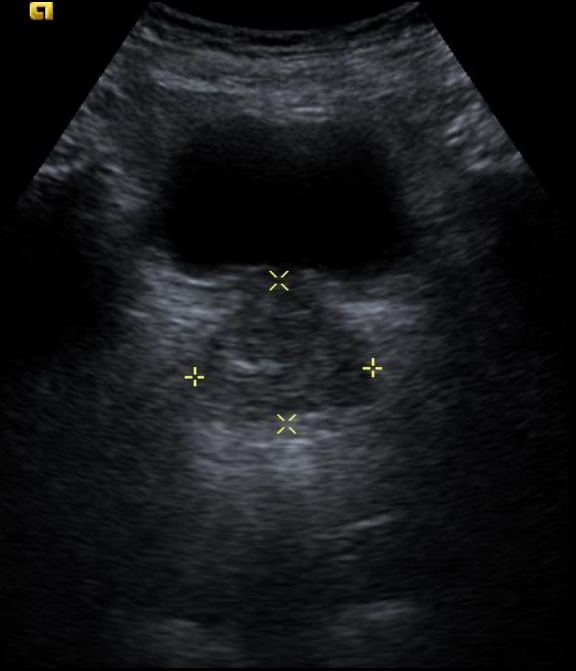
Bladder



Seminal vesicle



Prostate



UGI & small bowel series



- MBD on 2016.05.25 as patient wants to discuss operation among family members

2016.06.01 - 2016.06.17
admit to GS ward

Surgery



Exp lap with segmental bowel resection and primary anastomosis

Jejunal tumor 7x6x4 cm with white color over, 80 cm distal to Treitz ligament.

About 60 cm of bowel with tumor was resected. Mesenteric LN enlargement (+) (max: 4cm)

Biopsy report

PATHOLOGICAL DIAGNOSIS:

Intestine, small, jejunum, exploratory laparotomy and resection,
follicular lymphoma, Gr 1-2

GROSS:

The specimen submitted is a segment of jejunum measuring 50 cm in length and fixed in formalin.

Grossly, there is a **white flesh infiltrating tumor** in the center of the specimen and measures **7.5x5.5x3.0 cm** in size. The tumor has infiltrated from the mucosa through the muscular layer and extended to the mesentery.

A **white mesenteric infiltrating tumor** measuring **5.0x4.0x3.0 cm** is also found nearby the main tumor.

Microscopically,

it shows monotonous atypical lymphocytic cells infiltration from the intestinal mucosa, through the submucosa, muscular layer to the serosa and mesentery.

The atypical lymphocytes is mainly composed of small cleaved follicular center like cells admixed with some large lymphocytes. Immunohistochemical staining shows these atypical lymphocytes are diffusely reactive to **CD20** and negative to CD3 and CD56. A **mature B-cell lymphoma** is compatible.

Further IHC study reveals these atypical B-lymphocytes are reactive to **Bcl-2 and Bcl-6** but negative to CD23, CD5 and Cyclin-D1. Thus a **follicular center cell origin** is confirmed.

Frequent follicular structures, some have irregular shape, are also seen and they are easily high lighted by CD21 staining.

The above immunophenotype suggesting a follicular lymphoma of the small intestine.

Further **Ki-67 staining** suggesting it is a **low grade (Gr. 1-2) follicular lymphoma**.

Final diagnosis

1. Follicular lymphoma Gr.1-2 over jejunum stage IIEB or stage IV ? (? duodenum tumor) with partial intestinal obstruction s/p Exp. lap with segmental bowel resection and primary anastomosis
2. Chronic atrophic gastritis over antrum
3. GERD LA grade C
4. s/p colonoscopic polypectomy for Tubular adenoma
5. CAD with SVD s/p PCI + stent to LAD

Bone scan



BM
A+B

BM examination		
Reticulum cell	L	0.00
Blasts	L	0.00
Promyelocyte	L	0.00
Metamyelocyte Neut.		5.00
Band form Neutro.		13.66
Band form Eosin.	H	10.33
Segment Form Neutro.		18.33
Lymphocyte (total)		12.33
Plasma Cell		0.00
Megakaryocyte Number		0.66
Megakaryocyte Morph.		nor
Pronomoblast		0.00
Normoblast Baso.	L	0.66
Normoblast Polychro.	H	17.33
Normoblast Orthochr.		11.00
Mitosis		+
M/E ratio		2.2 : 1
Location		Rt. post. iliac crest
Unit		2+
Cellularity		normocellular
Other		No other abnormal cellular elements was found except mild eosinophilia.
Interpretation		Non-diagnostic marrow finding,

BM Bx

PATHOLOGICAL DIAGNOSIS:

Bone marrow, iliac crest, core biopsy, no lymphoma involvement

GROSS FINDING

The specimen is a bone marrow fragment, about 0.7 cm long, received from core biopsy. Submitted in total, one cassette.

MICROSCOPIC FINDING

The bone marrow shows nearly normal cellularity with hematopoietic components accounting for about 35 % of the marrow spaces, and normal M/E ratio .

The morphology, maturation process and distribution of the three lineages are within normal limits.

Immunohistochemical staining for CD79a, Bcl-2, Bcl-6 and CD10

shows scanty plasmalymphocytic

B-cell infiltrating in the interstitia but they are not enough to diagnose lymphoma involvement.

CT with R-CVP (completed 3 rd cycle)

Rituximab

Cyclophosphamide

Vincristine

Prednisolone

Thank You