

Case 4

A 61-year-old male live in Bangkok.

CC: Abdominal pain and hepatomegaly for 18 months

PI: 18 months ago, he presented with weight loss of 14 kilograms in 1 year in conjunction with abdominal pain and hepatomegaly. He underwent an upper abdominal CT scan which revealed an enhancing huge hepatic mass involving both hepatic lobes. Liver biopsy pathology was consistent with hepatocellular carcinoma, moderately differentiated.

12 months ago, the patient reported watery diarrhea 10 times a day. He later developed severe dehydration due to the diarrhea and was admitted to Thammasat University Hospital various times.

PH: Hepatocellular carcinoma, intermediate stage, old pulmonary TB (10 year ago with complete treatment protocol)

Personal history: smoking 1 pack per day x 50 years, alcohol 5 drinks per day x 3 years.

PE: V/S: BT 36.7, BP 100/65mmHg, HR 74bpm, RR 20/min, O2 Sat 100% on RA

GA: An elderly-aged Thai male, cachexia

HEENT: Mild pale conjunctiva, anicteric sclera, loss of temporal fat pads.

Dry lips, no oral thrush

CVS: Pulse full and regular. Normal S1, S2, no murmurs, no loud P2

RS: Lungs clear with good air entry bilaterally. No adventitious sounds

Abdomen: No spider nevi, no gynecomastia. Moderate abdominal distension with superficial vein dilatation. Bowel sounds normoactive. soft, non-tender, no guarding, no rebound, Murphy's negative. Marked hepatomegaly liver span 25 cm, irregular,. Spleen cannot be palpated. Shifting dullness negative.

LN: Cervical, supraclavicular, axillary, and inguinal lymph nodes could not be palpated

Lab: CBC Hb 7 g/dL, Hct 21.1%, MCV 85 fL, WBC 9400 /uL, platelet 370000 /uL

LFT: TP 6.51 g/dL, Albumin 3.15 g/dL, AST 34 U/L, ALT 14 U/L, ALP 265 U/L, TB 0.65 mg/dL DB 0.17 mg/dL

BUN 43 mg/dL Cr 1.78 mg/dL Na 129 mmol/L K 5.0 mmol/L Cl 103 mmol/L HCO₃ 13 mmol/L