Laguer, Benjamin

MRN: 4014163

Katherine D Brunner, MD
Resident
Gastroenterology

Progress Notes
Cosign Needed

Encounter Date: 6/26/2019

Cosign Needed

CENTER FOR DIGESTIVE DISORDERS
Office Visit

Patient name: Benjamin Laguer
Date of birth: 5/1/1963
MRN: 4014163
Primary gastroenterologist: David Nunes, MD
Prison healthcare contact: 978-630-6000 Jesse Hammond PA-C
Fax to: 978-630-6054, care of Jesse Hammond

Reason for visit: Follow up visit (last visit: 4/24/2019)

CHIEF COMPLAINT: HCC

HISTORY OF PRESENT ILLNESS:
Benjamin Laguer is a 56 y.o. male with PMH HCV Cirrhosis s/p Harvoni, HCC who presents in follow up.

Per last note of Dr. Hartshorn, pt was presented in tumor board and no evidence of HCC, so plan is to continue surveillance via AFP and MRI.

Rifaximin made him feel like his brain was on fire
Would rather take lactulose several times daily- moving bowels 6 times daily
Confusion lasting weeks
Can't string an email together
Still writing a little, but used to write more

Feeling tired

Belly and legs swollen
Dry skin

Last EGD 10/2018- Shattuck
Grade I esophageal varices, likely nodular GAVE changes

Meds: -reports same as last time except no rifaximin
Lasix 60 mg daily
Spironolactone 100 mg bid
Lactulose 60 mg bid
Propranolol 20 mg bid
Compazine 10 mg
Hydroxyzine pamoate 50 mg tid prn
Calcium carbonate
Pantoprazole 40 mg bid
Ondansetron 4 mg bid PRN nausea
Loperamide 2 mg PRN prior to trips
Ensure
Potassium 10 mg daily

Oxycodone 10 mg bid, 5 mg at bedtime prn pain

Patient Active Problem List

Diagnosis

- Hepatic cirrhosis due to chronic hepatitis C infection
- Cancer, hepatocellular
- Hospital Bundle
- Varices, esophageal
- Ascites
- Periumbilicall Rash
- Diarrhea
- Acute gastrointestinal bleeding
- AKI (acute kidney injury)
- Swollen wrist, left
- GERD (gastroesophageal reflux disease)
- Scrotal swelling
- Type 2 diabetes mellitus
- Pancytopenia
- Breast lump
- Encephalopathy, hepatic

Specialty Comments/IBD History

No specialty comments available.

Review of Systems:
Constitutional: Negative for fevers, chills, diaphoresis.
HEENT: Negative for headache, sore throat, runny nose.
Eyes: Negative for pain and redness.
Respiratory: Negative for shortness of breath, cough, and wheezing.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for nausea, vomiting, abdominal pain, diarrhea, and constipation.
Genitourinary: Negative for dysuria and hematuria.
Skin: Negative for rash.
Neurological: Negative for dizziness, weakness, and numbness.
Hematological: Does not bruise/bleed easily.
MSK: No new arthralgias or joint swelling

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history, problem list, recent labs and recent radiology.

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Past Medical History:

Diagnosis	Date
• Cirrhosis	
• Diabetes mellitus	
• GERD (gastroesophageal reflux disease)	
• Hepatocellular carcinoma	
• Hypertension	
• Infectious viral hepatitis	
• Inguinal hernia	
• Status post chemotherapy	

Past Surgical History:

Procedure	Laterality	Date
• INGUINAL HERNIA REPAIR		
• TONSILLECTOMY		
• UPPER GI ENDOSCOPY		

Family History

Problem	Relation	Age of Onset
• Breast cancer	Paternal Aunt	
• Cancer	Paternal Aunt	
• No Known Problems	Mother	
adopted, does not know much history		
• Kidney disease	Father	
• Anesthesia problems	Neg Hx	

Social History

Tobacco Use

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

Substance Use Topics

• Alcohol use:	No

Social History

Social History Narrative

Incarcerated at Gardener. Believes he got Hep C from unsterilized instruments at the dentist. Denies any history of IVDU or blood transfusions. He is from Puerto Rico originally and previously lived in NYC. He has some sisters that live in the area in the suburbs.

There is no immunization history on file for this patient.

Hepatitis Serologies:
Lab Results

Tab	mg total) by mouth 2 (two) times a day.
• spironolactone (ALDACTONE) 50 MG tablet	Take 2 tablets (100 mg total) by mouth 2 (two) times a day. one tab by mouth once per day

No current facility-administered medications for this visit.

Allergies

Allergen	Reactions
• Diphenhydramine	Other (See Comments)

Pt doesn't know how he is allergic to diphenhydramine. It was listed in his record.

Objective:
Vitals:
Vitals:

	06/26/19 1014
BP:	107/75
Pulse:	60
Temp:	97.3 °F (36.3 °C)
SpO2:	97%

Estimated body surface area is 1.97 meters squared as calculated from the following:
Height as of 4/3/19: 1.676 m (5' 5.98").
Weight as of this encounter: 83.5 kg (184 lb).

Wt Readings from Last 3 Encounters:

06/26/19	83.5 kg (184 lb)
04/24/19	74.8 kg (165 lb)
04/03/19	75.1 kg (165 lb 9.6 oz)

Physical Exam:
GEN: AAOx3 in NAD, appears stated age
HEENT: NC/AT, MMM, no oral exudate/lesions
NECK: supple, no LAD
CV: RR, s1+s2, no m/r/g
PULM: CTA b/l, no w/r/r, speaking in full sentences, no labored breathing
ABD: Umbilical hernia,
MSK: no clubbing, cyanosis, 2+ pitting edema to the thighs bilaterally
SKIN: no rashes or lesions
NEURO: no sensory or motor deficits noted
PSYCH: mood appropriate, good eye contact, normal interaction

Lab Review:
Lab Results

Component	Value	Date
WBC	2.7	06/26/2019
Hemoglobin	7.7	06/26/2019
Hematocrit	25.5	06/26/2019
MCV	76	06/26/2019
Platelet	81	06/26/2019
Urea Nitrogen (BUN)	7	06/26/2019

Creatinine	0.95	06/26/2019
Protein, Total	7.0	06/26/2019
Albumin	2.5	06/26/2019
ALT(SGPT)	22	06/26/2019
AST(SGOT)	43	06/26/2019
Bilirubin, Total	1.9	06/26/2019
Alkaline Phosphatase, Total	121	06/26/2019
Ferritin	52	04/03/2019
Vitamin B 12	>2,000	06/26/2019

Assessment/Plan:

Problem List Items Addressed This Visit

- **Hepatic cirrhosis due to chronic hepatitis C infection**

  Current Assessment & Plan

  Mr. Laguer has cirrhosis with ascites from Hep C, s/p treatment with Harvoni.

  Overall, his prognosis remains guarded, with significantly impaired liver function and HCC.

  -Ascites-
  - Medium-volume ascites on exam today, with umbilical hernia. Does not meet indication for paracentesis.
  - switch to 40 mg torsemide daily
  - spironolactone 100 mg bid
  -On K 10 mg supplement
  - check lytes today

  -Varices-
  Last EGD 10/2018- Shattuck
  Grade I esophageal varices, likely nodular GAVE changes

  -Hep A, B:
  -Hep A immune
  -Consider Hep B booster- patient said he will get this at prison facility with Jesse Hammond

  Relevant Orders
  Comprehensive Metabolic Panel (Completed)
  CBC and differential (Completed)
  Sodium, urine
  Vitamin B12 (Completed)

- **Cancer, hepatocellular**

  Overview
  Patient with HCC s/p ablation x 2, TACE x 2, previously on sorafenib from 6/

  PMH is significant for: HCV s/p Harvoni, liver cirrhosis, portal HTN w/ ascites and esophageal varices, DM2, GERD.

Oncology history goes back to July 2014 when he was found to have a small 6/7 lesion, follow-up MRI scan in 12/2014 confirmed HCC. Attempt was made to RFA this lesion but it could not be located under US or CT guidance and therefore plan switched to TACE. On 7/1/15 patient had TACE including lipiodol. Lesion in segment 7 not well visualized and did not have clear tumor blush. MRI 10/12/15 showed reduction in size of the lesion to 1.1cm with no central enhancement but mild peripheral enhancement. MRI 3/10/16 showed similar findings with no evidence of progression however AFP rose to 314 as of February 2016. Case was discussed in liver tumor board, MRI of March 2016 was again felt to be showing no change in the liver lesion that was treatedand no additional lesions. As AFP was still increasing, consensus was to proceed with lipiodol labeling of the tumor to improve visualization and then microwave ablation. This was performed on 4/7/16. Initial post treatment MRI done May 19, 2016 showed no residual tumor and good post treatment effect but AFP remained elevated. MRI done Jan 12, 2017 showed no evidence of tumor recurrence despite AFP >800 in December 2016, however it did show new non-occlusive thrombus in portal vein and SMV. Repeat MRI May 2017 was limited quality due to central artifact caused by ascites, but did not show clear enhancing lesions in liver. In June 2017 Bx of enlarged lymph node performed at BIDMC during transplant evaluation was positive for HCC, excluding transplant unfortunately. CT CAP with liver mass protocol done July 12, 2017 showed area of nodular enhancement c/w recurrence at edge of previously treated lesion, no other liver lesions, severe cirrhosis with right pleural effusion and extensive varices. Patient was started on treatment with sorafenib on the 06/28/17. Bland embolization of segment 7 lesion done 8/16/17. Now s/p 50 Gy in 5 fx SBRT to periaortic lymph node involvement completed on 12/11. CT 1/9 shows decreased size of node from 3 to 2.3 cm. Stable pleural effusion, ascites and SMV thrombosis. Admitted with GI bleed EGD 1/12/18 small non bleeding varices and portal hypertensive gastopathy.
MRI done 4/12/18 showing: "two new arterially enhancing lesion with washout in hepatic segment 5 and caudate lobe measuring 1.6 cm and 2.7 cm consistent with HCC." The lymph node continued to shrink on this MRI. Attempt at TACE on 7/3/18 had to be stopped due to spasm of vessels feeding the tumor. Repeat TACE 8/15/18 successful.

Current Assessment & Plan
Next MRI 7/3/19 per Dr. Hartshorn. Follow with imaging and AFP.

- **Varices, esophageal**

Overview
Pt has h/o esophageal varices s/p banding on propranolol for ppx. Will continue home regimen.

Current Assessment & Plan
Grade I Esophageal varices on EGD 10/2018 at Shattuck. Repeat EGD q2-3 years.

- **Encephalopathy, hepatic**

Current Assessment & Plan
Mr. Laguer reports worse confusion on rifaximin. He would rather take lactulose. Currently having 6 BMs daily on lactulose. Explained that we often use the combination of these medications (lactulose, rifaximin) on patients for confusion.

Concerned that he could have a splenorenal shunt that could be contributing to confusion. Will review next MRI with radiology (getting MRI 7/3/19).

-Continue lactulose

Orders Placed This Encounter
Procedures
- Comprehensive Metabolic Panel
- CBC and differential
- Sodium, urine
- Vitamin B12
- Bilirubin, direct

RTC in 3 months.

Katherine D Brunner, MD

Office Visit on
6/26/2019