LAWNWOOD REGIONAL MEDICAL CENTER

ORDER OF RECORDING

1. Date and time of examination
2. State of positive findings noted previously
3. New signs and symptoms
4. Complications
5. Changes of impressions or diagnosis
6. Record of treatment given
7. Results of treatment
8. Signature of physician making observations

DISCAHRGE SUMMARY

Admitted: 9-30-87 Discharged: 10-3-87

FINAL DISCHARGE DIAGNOSIS: SEVERE ANEMIA SECONDARY TO GASTROINTESTINAL BLEEDING.
HYPROTEINEMIA.

CONSULTANT: Dr. Robert Norton.

PROCEDURES DONE: Packed red cell transfusions, six units.
Cryoprecipitate transfusion, fourteen units and nine units.
Upper GI Endoscopy.
Colonoscopy.
CT scan of the abdomen and pelvis.
Bleeding scan.

HISTORY: The patient is a 50 year old, white male, who is a minister by profession and has been visiting the United States from Scotland. The patient complained of having dark black, melanotic stools for the last 12-13 days. The patient is a known case of hemophilia and has required Factor VIII replacement only prior to undergoing a surgical procedure or a dental extraction. The patient has been followed at the University of Glasgow for his hematological problem. The patient was complaining of marked generalized weakness and lethargy. The patient had been staying here locally in Fort Pierce with his friends, Dr. Molina, who found him to be markedly pale, and obtained a CBC which showed hemoglobin to be 5.6 grams and a hematocrit of 16.6. PT was normal and APTT was prolonged to 47.

Physical examination at the time of admission revealed him to be alert, oriented, white male, who had marked pallor of the skin, conjunctivae and all the mucosa. Temperature was 98.4°F, pulse was 86 per minute and regular, respirations were 18 per minute and blood pressure was 110/70. Examination of the heart, lungs and abdomen was essentially unremarkable, except for mild hepatomegaly.

COURSE IN THE HOSPITAL: The patient was admitted to the Medical Floor. He was given packed red cell support and cryoprecipitates. The patient received four units of packed red cells and fourteen units of cryoprecipitate. Late in the evening of 9-30-87, the patient had a large melanotic loose bowel movement. Because of this, the patient was evaluated by Dr. Robert Norton in gastrointestinal surgical consultation. A CT scan of the abdomen was obtained as the patient complained of epigastric and vague abdominal paraumbilical discomfort. CT scan was reported by Dr. Richard Stern to be negative for retroperitoneal hematoma or any other intra-abdominal pathology.

"continued next page"

Name - Last	First	Middle	Hospital No.
BLACK, DAVID			1096507
Location in Hospital	Clinic or Service	Attending Physician	
209A		S. Walia, M.D.	

LAWNWOOD REGIONAL MEDICAL CENTER

ORDER OF RECORDING

1. Date and time of examination
2. State of positive findings noted previously
3. Signs and symptoms
4. Complications
5. Changes of impressions or diagnosis
6. Record of treatment given
7. Results of treatment
8. Signature of physician making observations

SUMMARY CONTINUED PAGE 2

The patient had an upper gi endoscopy done. The findings included Grade I esophageal varices. Dr. Norton also noticed duodenal leukoplakia. He took biopsies of the leukoplakic lesions and reported by the Pathologist to be a benign duodenal polyp. Dr. Norton did not appreciate any actively bleeding lesion. On 10-1-87, after four units of packed red cells, the patient had a hemoglobin of 9.4, hematocrit 28.3, with normal blood indices and platelet count of 134,000. The patient also had a bleeding scan done which was negative for any evidence of acute bleed. On 10-2-87, the patient had no more melanotic stools. A repeat CBC showed hemoglobin to be 9.3, hematocrit 27.7, MCV 97.5, MCH 32.7, with normal differential. A complete chemistry profile was also done which showed SGOT to be elevated to 66 and SGPT to be elevated to 71. Other significant abnormal findings included total protein of 4.5 grams, with an albumin of 2.5. Alkaline phosphatase was 90, which was normal. He also had low serum cholesterol of 89 mg/dl. A hepatitis profile and Factor VIII levels were drawn, the results of which are not available at the time of discharge since they have been sent out to a referral laboratory. The patient was given two more units of packed red cells and 9 units of cryoprecipitate on 10-2-87. On the morning of 10-3-87, the patient no longer had melena, he had normal light brown stools. Post-transfusion CBC on the morning of 10-3-87 showed hemoglobin to be 11.3, hematocrit of 33.1, WBC 4600 with normal differential. MCV 97.2, MCH 33.1, MCHC of 34.1, and a platelet count of 132,000. I should also mention that the patient also had a colonoscopic examination done on 10-2-87 which was reported to be completely normal study by Dr. Robert Norton. The patient was discharged home on 10-3-87 with the advice to have follow-up at the University of Glasgow for further diagnostic and therapeutic approach

S. Walia, M.D.

SW:vc #2
D: 10-3-87
T: 10-5-87
CC: Dr. Robert Norton
Dr. Vincent Molina

Name - Last	First	Middle	Hospital No.
BLACK, DAVID			1096507

Location in Hospital	Clinic or Service	Attending Physician
209A		S. Walia, M.D.