

1. Medical Record Review - 1

---

## Medical Record Review - 1

---

### Medicine III

### Tufts School of Dental Medicine

(c) 2006, Kanchan Ganda. M.D.<sup>1</sup>

2. Patient Information/Chief Complaint &#8211; First visit

---

## Patient Information/Chief Complaint – First visit

- 71 YO male presents to Tufts-NEMC.
- Pt complains of epigastric pain with fever and chills for a duration of 3 weeks. Pt also reports hematuria.

---

(c) 2006, Kanchan Ganda. M.D.<sup>2</sup>

3.

## Vital Signs

---

### Vital Signs

- BP - 124/70
- Pulse - 120 beats/min

---

(c) 2006, Kanchan Ganda. M.D.<sup>3</sup>

4.

## Blood Workup

---

### Blood Workup

- Lab Values:
  - Serum Creatinine - 1.2 (0.6 - 1.2)
  - Alkaline Phos. - 279 (90) **HIGH**
  - ALT - 79 (30) **HIGH**
  - AST - 75 (40) **HIGH**
  - Amylase - 149 (110) **HIGH**
  - Hct - 36.4 (40 - 54) **LOW**

---

(c) 2006, Kanchan Ganda. M.D.<sup>4</sup>

5.

## Medical Exam

---

### Medical Exam

- Hematuria, anemia, and 3 weeks of epigastric pain with fever and chills
- Normal biliary tract work-up
- Intravenous Pyelogram (IVP) is suspicious (lump) but kidneys WNL as seen by CT imaging and biopsy
- Persistent increased ESR and LFT w/ hematuria
- Cytoscopy showed prostatic urethra with a mild obstruction, otherwise WNL

---

(c) 2006, Kanchan Ganda. M.D.<sup>5</sup>

6.

## Medical Exam, cont.

---

### Medical Exam, cont.

- Trigonal area of the bladder inflamed with petechiae - discovered via biopsy
- Presence of “Charcot’s Triad”; Epigastric pain, jaundice and fever.
  - *Highly* indicative of cholangitis
- Pt improved with Rx of ampicillin, tobramycin and clindamycin

---

(c) 2006, Kanchan Ganda. M.D.<sup>6</sup>

7.

## Second Visit

---

### Second Visit

- Pt's BP was measured as 155/97.
  - Rx written for:
    - Hydrochlorothiazide; 50mg qd
    - Atenolol; 100mg qd
  - No other tests were performed at this time

---

(c) 2006, Kanchan Ganda. M.D.<sup>7</sup>

8.

## Third Visit

---

### Third Visit

- Pt's BP was measured as 170/110.
  - Rx for Hydrochlorothiazide increased to 100mg qd

---

(c) 2006, Kanchan Ganda. M.D.<sup>8</sup>

9.

## Fourth Visit

---

### Fourth Visit

- Pt's BP measured as 115/69
  - Rx of Hydrochlorothiazide reduced back to 50 mg qd

---

(c) 2006, Kanchan Ganda. M.D.<sup>9</sup>

10.

## Fifth Visit

---

### Fifth Visit

- CT scan:
  - Decrease in size of right hepatic lobe, increase in size of left hepatic lobe
  - Thinning of pancreatic tail and body, with fatty infiltration
  - Right renal cyst
- BP measured at 170/110
  - No changes made to pt's Hydrochlorothiazide Rx

---

(c) 2006, Kanchan Ganda. M.D.<sup>10</sup>

11.

Fifth Visit, cont.

---

## Fifth Visit, cont.

- Based on CT imaging, radiologists confer a dx of cirrhosis of the liver, based on the enlargement and shrinkage of the right and left hepatic lobes, respectively

---

(c) 2006, Kanchan Ganda. M.D.<sup>11</sup>

12.

&#8220;Current&#8221; Medical Hx

---

## “Current” Medical Hx

- HTN (moderately controlled w/ meds);  
Check before procedure to be sure
- PPD test is positive (15mm at site of Tb antigen injection), but lung X-Ray is clear  
- no active infection
- Rales noted
  - No treatment initiated during any MD visit

---

(c) 2006, Kanchan Ganda. M.D.<sup>12</sup>



15. Rx Meds in Detail, cont.

---

## Rx Meds in Detail, cont.

- Hydrochlorothiazide
  - Thiazide Diuretic
  - NSAID's may decrease the efficacy of Hydrochlorothiazide by decreasing blood flow to the renal system, thus reducing the diuretic effect
  - Orthostatic hypotension is a concern

---

<sup>15</sup>  
(c) 2006, Kanchan Ganda. M.D.

16. Current Dental Management

---

## Current Dental Management

- Anesthetic: Propoxycaine
- Analgesic - No NSAID's! Acetaminophen (max 1-1.5 gms/day in divided doses) or acetaminophen #1 (7.5mg codeine)
- Antibiotics -
  - Penicillins (but not ampicillin)
  - Cephalosporins
  - Clindamycin and Doxycycline 50% dose reduction
- Note: A rubber dam and/or fastidious suction is **MANDATORY** to prevent hepatic encephalopathy!

---

<sup>16</sup>  
(c) 2006, Kanchan Ganda. M.D.