ST. MARY'S HOSPITAL AND MEDICAL CENTER
450 STANYAN • SAN FRANCISCO, CA 94117 • 415 668-1000

KENNETT, Teresa M.

Drs. [redacted]
MR# 50 92 93

DISCHARGE SUMMARY

DATE OF ADMISSION: 7/17/84
DATE OF DISCHARGE: 7/23/84

HISTORY: The patient is a 35 year old white female who was admitted for exploratory laparotomy. The patient noted a lump in her abdomen approximately two to three weeks after the delivery of her first child. She was seen by me for this in the office and I was unclear of its etiology. It was a freely movable, almost pedunculated feeling, epigastric mass. The patient was referred to Dr. John Clarke for a second opinion and he too was unclear of its etiology and an ultrasound was obtained at that time. The ultrasound was nondiagnostic and the patient was followed as an outpatient.

The patient was seen in followup by Dr. Clarke and then scheduled for an ultrasound of her abdomen. This second ultrasound was done on 7/16/84 and showed what appeared to be an intra-abdominal lymphoma. It was followed by a CT scan which confirmed that diagnostic impression. At that time, the examination had changed markedly and she then had a hard, fixed, epigastric mass which had increased in size. She was admitted for exploratory laparotomy and lymph node biopsy.

The patient denies any fever, night sweats or weight loss. She has been fully active and able to work and fully functional with no disability. The remainder of her history and physical was unremarkable.

On examination on admission the patient appeared well. BP 108/68, pulse 80, temp 98. The skin was free of rashes or other lesions. HEENT were unremarkable. Nodes: There was no cervical, axillary, supraclavicular, epitrochlear or inguinal significant adenopathy. Her spleen was not palpable nor was her liver. Heart and lung exams were negative. The epigastric mass as described.

A chest x-ray done 7/16 was negative for adenopathy or abnormality.

HOSPITAL COURSE: The patient was see by Dr. Ken Yamamoto for oncology consultation.

On 7/18/84 the patient underwent exploratory laparotomy. At surgery, she was found to have paracaval, para-aortic, and left iliac node involvement. There was extensive involvement of the small bowel mesentery and the paraduodenal and porta hepatis nodes were involved. The liver and spleen grossly were uninvolved. Biopsies were obtained of the left iliac crest, anterior superior aspect for bone marrow, and needle and wedge biopsies of the liver were obtained. Of course, lymph nodes were sent for biopsy.

The patient did quite well postoperatively and was rapidly elevated to a full diet and did very well. Pathology report indicated a definite lymphoma of a follicular nature, predominantly small cleaved cell type. The accessory spleen removed at surgery showed definite involvement. The liver was fee of involvement. A bone marrow biopsy will be available some time this afternoon and has not yet been seen.

FINAL DIAGNOSIS:
1. Indolent lymphoma, nodular, small well cleaved type.
2. Status post exploratory laparotomy.

FOLLOWUP: If the bone marrow biopsy is negative, the patient will have a second biopsy on the opposite side and a chest CT scan. If the biopsy is positive, no further diagnostic intervention is indicated.

The patient will be referred to Stanford University Hospital for an opinion regarding whether chemotherapy vs. radiation therapy is indicated if it is Stage III disease and for inclusion in the protocol for this type lymphoma should she be Stage IV or should Stanford recommend chemo nonetheless.

[redacted] M.D.

JS/pt
D: 7/23/84
T: 7/24/84

cc: Dr. K. [redacted]
2 cc: Dr. J. [redacted]