

ANADOLU MEDICAL CENTER

Patient Nr : 162892 Visit ID : V-370082
Patient Name : IVAN PETROV STOYANOV Doctor : İ. HAKKI NECDET ÜSKENT
Date of Birth : 01/07/1985 Report Date: 28/09/2009

Outpatient Follow-up Notes

Date and Time : 28-09-2009 10:30

Patient Progress Notes : Mediastinal extragonadal non-seminomatous extragonadal germinal cell cancer. He had a mediastinal mass of 7x8 cm invading the chest wall and pulmonary artery. Cranial CT showed multiple metastases. He was diagnosed in 2004 in Bulgaria. He was treated with six cycles of BEP, followed by XRT, and later with VIP and PEI chemotherapy protocols. Transient partial responses were obtained. However he had recurrence in a short time. The last course of PEI was administered on 04.09.09. As his disease progressed with 1st and 2nd treatment protocols, he was taken to Paclitaxel 220 mg/m² + Carboplatin 400 mg/m² chemotherapy program. He is referred to Radiotherapy Clinic for cranial XRT.

Temperature : 36.1

Pulse : 84

Blood Pressure : 120/80

Prof. Dr. Necdet Üskent
Hematojloji / Onkoloji
Dip. Tescil No: 20678
Sizman Tescil No: 20703 - 20615
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ANADOLU MEDICAL CENTER

Patient Nr : 162892	Visit ID : V-371025
Patient Name : IVAN PETROV STOYANOV	Doctor : KAYIHAN ENGIN
Date of Birth : 01/07/1985	Report Date : 28/09/2009

Outpatient Follow-up Notes

Date and Tim : 28-09-2009 11:32

Patient Progress Notes : 24 year old male. In 2003, he had mediastinal extragonadal germinal cell tumor - Seminoma, treated with chemotherapy and radiotherapy and in 2004 he received 50 Gy. Later, he had progression of disease and received various chemotherapy. During the last week, he had severe headache, and blurred vision. Cranial CT done at AMC showed supratentorial metastases, the largest was in the right frontal lobe and measured 24x37 mm. New chemotherapy was planned by Prof. Dr. Necdet Üskent and steroid treatment was started. He is referred for total brain XRT. Cranial MRI is ordered. He is enrolled in palliative TBRT program and was informed about the treatment. 28 September 2009 - Prof. Dr. Kayihan Engin

ANADOLU EĞİTİM VE
SOSYAL YARDIM VAKFI
SAĞLIK TESİSLERİ
İKTİSADİ İŞLETMESİ

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Patient Nr: 162892	Date : 24.09.2009
Name : Ivan Petrov Stoyanov	Birth Date : 01.07.1985 (M)

Date and description of exam: 24.09.2009– Computerized tomography of brain
Referral from : Medical Oncology

CRANIAL CT

Technique: Using a 16 slice MDCT with 16 x 0.75 mm collimation, without and with i.v. contrast, spiral axial slices parallel to orbitomeatal line (T=8-16) were obtained and reconstructed at varying thickness.

Metastatic mass lesions are observed in the supratentorial area, the largest is localized in the right anterior frontal lobe, with largest dimensions of 24x37mm on transverse plane, and another at the basis of anterior frontal lobe at supraorbital gyrus, about 20 mm in size, with areas of edema and gliosis around them.

Secondary to mass effect of edem / gliosis in the right frontal lobe, right lateral ventricle frontal horn is compressed, midline structures are shifted to left. Moreover, small metastatic lesions of less than 1 cm in size are noted in left temporal lobe and anterior part of left frontal lobe.

Other parts of supratentorial neural parenchyma is normal.

Posterior fossa structures are normal.

Blood flow is noted in the major intracranial arteries. Dural venous sinuses are patent.

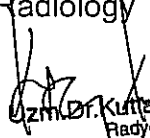
INTERPRETATION OF STUDY:

*Supratentorial intraaxial metastases, the largest measuring 24x37 mm in the right frontal lobe.

*Due to the mass effect of edema/gliosis around the right frontal lesion, compression of right lateral ventricle frontal horn and shift of midline structures to left.

Regards,

Kutlay Karaman, MD
Radiology


Uzm. Dr. Kutlay Karaman
Radyoloji
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Patient Nr: 162892	Date : 24.09.2009
Name : Ivan Petrov Stoyanov	Birth Date : 01.07.1985 (M)

Date and description of exam: 24.09.2009– Computerized tomography of chest (MD or S)
Referral from : Medical Oncology

CHEST CT

Technique: Using a 2 slice MDCT with 2 x 1.5 mm collimation, and i.v. contrast, spiral slices (T=30) from thoracic inlet to the adrenal glands were obtained and reconstructed at varying thickness at axial-coronal planes using MIP-MPR algorithms.

A mass lesion malignant nature is observed in anterior mediastinum, the greatest dimensions measuring 7x8cm at, transverse plane, with lobular contours and nonuniform structure. The mass invades chest wall anteriorly, as well as the walls of arcus aorta, main pulmonary and left pulmonary arteries along its extension in the mediastinum. Areas of calcification and more solid components are observed within the mass.

At the anterior lateral neighborhood of the mass in the left hemithorax, there are pleural metastatic mass lesions on the left lateral and posterior superior and lower lobe pleural surfaces.

Next to the mass left lung shows atelectatic volume loss and elevation of left hemidiaphragm are observed as a consequence. Left lung shows fibrotic changes in upper and lower lobes secondary to radiotherapy, pleuroparenchymal sequel scar formations in the left lower lobe. Right lung appears normal.

Trachea and main airways are patent. Medicatinal main vascular stuctures and heart size are within physiologic limits, no CT pathology is observed in the cardiac .

No pericardial effusion is observed.

The upper abdominal slices are unremarkable.

IMPRESSION:

*A mass lesion malignant nature in anterior mediastinum, the greatest dimensions measuring 7x8cm at, transverse plane, with lobular contours and nonuniform structure, invasion of anterior chest wall, the walls of arcus aorta, main pulmonary and left pulmonary arteries along its extension in the mediastinum. Areas of calcification and more solid components are observed within the mass.

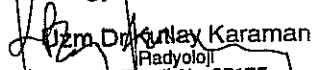
*At the anterior lateral neighborhood of the mass in the left hemithorax, pleural metastatic mass lesions on the left lateral and posterior superior and lower lobe pleural surfaces.

*Next to the mass left lung shows atelectatic volume loss and elevation of left hemidiaphragm are observed as a consequence.

*Fibrotic changes in left lung upper and lower lobes secondary to radiotherapy, pleuroparenchymal sequel scar formations in the left lower lobe.

Regards,

Kutlay Karaman, MD
Radiology


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Patient Nr: 162892	Date : 24.09.2009
Name : Ivan Petrov Stoyanov	Birth Date : 01.07.1985 (M)

Date and description of exam : 24.09.2009– Computed Tomography of the Whole Abdomen
CT (MD or S)
Referral from : Medical Oncology

WHOLE ABDOMEN CT

Technique: Using a 16 slice MDCT with 16 x 0.75-1.5 mm collimation, and arterial-portal phase oral - i.v.- rectal contrast, spiral slices (T=24-12) from xyphoid to the pelvic inlet at symphysis pubis were obtained and reconstructed at varying thickness at axial-coronal planes using MIP-MPR algorithms.

Liver has normal size and uniform parenchymal density. No pre or post-contrast space occupying lesion is detected.

Gallbladder and biliary tracts are observed with normal anatomic features.

Pancreas has normal size and uniform structure, no space occupying lesion or calcification is noted. Peripancreatic fatty planes are intact.

Spleen has normal size and uniform density.

Adrenal glands have normal size and no lesions are detected.

Both kidneys have normal size, parenchymal thickness and normal contours. Perirenal fasciae are intact, fatty planes are open, no pre-post contrast space occupying lesion is detected. Both kidneys have simultaneous and normal functions. No obstructive pathology is observed in either pelvicalyceal systems or ureters.

Bladder lumen and walls appear normal, perivesical fatty planes are intact.

Gastrointestinal system lumen shows normal filling with oral contrast, mesenteric fatty planes have uniform density. Abdominal aorta and other main vascular structures are normal.

No free fluid, mass, periportal, paraaortic, retrocaval lymph nodes of pathologic size are observed in the intraabdominal compartments.

Within the field of study, left hemidiaphragm appears elevated.

IMPRESSION:

- * Whole abdomen CT study is within normal limits.
- * Elevation of left hemidiaphragm.

Regards,

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