

Outeniqua Oncology Centre

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2025/03/28

Patient: MR JAN-MARTEN DALING, 8305145088089 Date: 2025/03/27 07:51:3
Med Aid No.: 255751841 Age: 41 yr
Medical Aid Scheme: _____ Gender: Male
Address: 192 OLIFANTSHOEK ROAD GEORGE 6538
Home Tel Number: n/a Mobile Phone Number: 0825578133 (DISCOV-ICON)

This patient currently has no medical warnings

Casebook Note

Charleen Muller, Dr

Dr Immink, Dr J Fulton

History

Dear Ignatius

Presenting Complaint

Thank you for the kind referral of this 41 yr old gent who had presented with a short history over a 2 month period of what seemed like mild flu like symptoms and muscular discomfort in ant upper left chest and shoulder but progressed to significant fatigue and morbidity. He has been admitted since the 21st of March with significant chest pain and imaging revealed a large anterior mediastinal mass with additional metastatic lesion along the left pleural surface and the right lung field.

Past Medical History

He is extremely fit and healthy.

Past Surgical History

Nil of note

Social and habits

nil of note

Drug Allergy

ex-smoker but stopped > 5yrs ago

Examination

nil known

Special Investigations

no visible cachexia
no ln
decreased AE LHS
no hepatosplenomegaly
CNS grossly intact

Bloods: bHCG 70 481
LDH 216
AFP normal
CUE NAD

21/03/2025: CXR

Date Printed 2025/03/28

Page 1 of 2

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Charleen Muller, Dr

left pleural effusion and left parahilar opacity. CT advised

21/3/25: CT chest
anterior mediastinal mass 11.4 x 7 x 7.8cm
left pleural effusion
left pleural disease
multiple bilat intrapulmonary nodules
left-sided chest wall invasion
visible liver shosw no mets

Biopsy: poorly differentiated carcinoma-?NUT/Thymic carcinoma?

Staging:

metastatic poorly differentiated carcinoma

Assessment

phenotype fits in with anterior mediastinal extranodal germinoma
radiology: metastatic vascular tumour with early necrosis indicative of rapid growth
biochemistry: raised bHCG and LDH
pathology: poorly diff carcinoma

3 possible diagnoses: ant mediastinal seminoma/thymic carcinoma/NUT midline carcinoma

I have discussed these diagnoses with Mr Daling, partner and his parents extensively and explained that all 3 are very aggressive tumours. With the latter 2 the prognosis is dismal regardless of treatment offered but the seminoma is still potentially treatable and curable as it is extremely chemo-sensitive.

With the options of treatment for the 3 tumour possibilities being: Carboplatin and etoposide for all 3 with the addition of bleomycin for the seminoma I have suggested to them to err on the side of optimism and opt to treat as a seminoma which has best prognosis. If it is not chemo sensitive with no response in bHCG after 1 cycle of treatment then we know it is one of the other 2.

They have opted to consider all options first and decide once they are comfortable on the way forward.

Management plan

I have informed and prepared our unit for emergency carboplatin and etoposide chemotherapy if required and have done a provisional chemotherapy request but will not charge or administer the treatment until he consents for the treatment. I am just ensuring that all is in readiness for him. I have explained that he is stable and we would be happy to manage him if he chooses to do so but I am discharging him from my side for now

Kind regards
Charleen

Signed 2025/03/28 by Charleen Muller, Dr

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Page 2 of 2