



# 4/23/20 Morning Report with @CPSolvers



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**CC:** Back pain

**HPI:** 50F presenting to ED after a fall (slipped on ice), back is hurting. Another fall in the recent past.

No prodrome prior to fall. Reports some dizziness.

**Vitals:** T: afebrile HR: 120 SBP: 90s RR: SpO<sub>2</sub>: normal

**Exam:**

**Gen:** unremarkable

**CV:** regular rate

**Pulm:** unremarkable

**Abd:** hepatomegaly (10 cm below costal margin)

**Neuro:** normal exam, lightheaded on ambulation

**Extremities/Skin:** hematoma on her back, bruising on forearms.

**Problem Representation:** 50 year old woman with alcohol use disorder presents after a fall with back pain, found to be tachycardic and hypotensive, with a hemolytic anemia and dx'ed with Zieve Syndrome.

**Teaching Points:**

When evaluating a patient with a **new mechanical fall** we have to ask **two questions:**

- **Why did they fall?** The DDx for a mechanical fall is the inverse of standing/walking
- Are symptoms post-fall a **complication of the fall or the cause of the fall?**

**PMH:**

Alcohol use disorder  
Liver cirrhosis  
Generalized anxiety disorder

**Meds:**

SSRI  
Benzos (occasional)  
Miralax

**Fam Hx:**

No family history of bleeding disorders, otherwise non-contributory

**Soc Hx:**

Lives alone  
Thin safety net

**Notable Labs & Imaging:**

**Hematology:** Hg 4 (baseline 6), Plt 58, WBC: 9  
Smear: echinocytes = "burr cells", no schistocytes, no macrocytic anemia.

**Chemistry:**  
LCT: AST 117, ALT: 21, TBili 4 (indirect predominant), INR 1.6  
LDH was elevated

**Imaging:**  
CT: hematoma without extravasation, *not suggestive of acute bleeding process.*

**EKG:** sinus tachycardia

**Hypotension in a Cirrhotic Patient:**

- **Bleeding** (e.g., variceal bleeds or increased risk of bleeding after trauma due to coagulopathy) &
- **Infection** (e.g., SBP or infection of any other organ system).

- **Thrombotic** complications as patients with cirrhosis are predisposed to both **bleeding** and clotting.

**Clinical Reasoning Pearl:** Anemia out of proportion to vital sign abnormalities suggest an acute on chronic process.

**4 Areas where we can lose large amounts of blood:** The retroperitoneum, the thighs, the lungs/thorax, the floor.

**Emergent Causes of a Hemolytic Anemia:** TTP, DIC, HUS (The MAHAs). Remember: No schistocytes on smear  $\neq$  No schistocytes in the blood.

**Zieve Syndrome:** Hemolysis + Jaundice + Transient Hyperlipidemia. Usually occurs after an acute episode of heavy drinking.