



3/30/20 Morning Report with @CPSolvers



<p>CC: 71 F p/w 2 weeks fatigue & poor PO intake HPI: Trouble w/ ADL, progressive, anorexia. Prandial +nausea, no emesis. No belly pain. No fevers, chills, night sweats. No headache, no visual changes, no vertiginous sx No stool changes, no melena, hematochezia Dark urine</p>		<p>Vitals: T 36.5, HR 96, BP 122/78, RR 18, Spo2 99% on RA Exam: Gen: malnourished, temporal wasting CV: unremarkable, Pulm: CTAB Abd: NTND, no ascites, no organomegaly Ext: warm/well perfused. + jaundice, no edema Neuro: intact</p>	<p>Problem Representation: Older woman w/ metastatic Ca on immunotherapy p/w subacute fatigue & anorexia found to have jaundice, hyperbilirubinemia, & AST/ALT elevation with liver biopsy c/f DILI 2/2 pazopanib</p> <p>Differential Diagnosis: Acute Liver Dz: Parenchyma vs. Biliary vs. Hepatic Vein vs. Hepatic Artery</p>
<p>PMH: Metastatic soft tissue sarcoma (2015) s/p gemcitabine, adriamycin, ipi+nivo. Recent: pazopanib. Also s/p partial nephrectomy oophorectomy GERD PE i/s/o cancer</p> <p>Meds: NKDA Compasine, Albuterol PPI, Apixaban</p>	<p>Fam Hx: CAD (mom) No autoimmune, liver, Cancer Fhx</p> <p>Soc Hx: No smoking, IVDU, EtOH use</p>	<p>Notable Labs & Imaging: CBC: Hg 12.8 (MCV 88), WBC 4.5, Plt 133 CMP: Na: 140, K: 3.8, Cl: 105, Bicarb 26, BUN 8, Cr 0.87, gluc 102 Ca: 8.9 LFT: Tbili 3.1 → 10, Direct 1.5, Albumin 3, TP 5.8, AP 235 AST 776, ALT 922, INR 1.57, PT 17, PTT 95</p> <p>CT A/P: known stable panc head mass, no ductal dilatation. U/S: hepatic steatosis, no thrombus Hepatitis panel: negative EBV, CMV, Parvo, HIV neg Neg ANA, neg smooth muscle Ab Liver biopsy: hepatocyte dropout, bile-duct injury c/w DILI</p>	<p>Teaching Points: Prandial: think organs involved in digestion: stomach, duodenum, pancreas, mesenteric vessels, hepatobiliary Jaundice: bili typically > 3</p> <ul style="list-style-type: none"> - Indirect: impaired uptake, impaired conjugation, increased cell turnover - Direct: intrahepatic vs. extrahepatic <p>ALT/AST: also found in RBC and muscle cells (look for AST ~2X ALT) Hy's Law: DILI, If drug causes 1) AST/ALT > 3X ULN, 2) Tbili > 2X ULN, 3) no other cause identified → ~75% required transplant or died</p>