



4/16/20 Morning Report with @CPSolvers



Case Presenter: Harpreet Kaur Case Discussants: Lauren Johnson & Priyanka Athavale (@pri_athavale)

CC: 25 yo male presents to clinic with pain in the right shoulder for 3 days

HPI: Dull 5/10 pain, no trauma, radiation, or aggravating factors.

Does not report numbness or tingling. Now prefers to sleep on unaffected side. No associated weakness.

PMH: none

Meds: none

Fam Hx: not contributory

Soc Hx:
No IVDU,, not sexually active. Occasionally Plays basketball recreationally

Recent travel to India

Vitals: T: 99.4F → 100.3F, HR: 96, BP: 110/65, RR: 16
SpO₂: 99% on RA

Exam:
Gen: obese male, no acute distress
HEENT/CV/Pulm/Abd: normal
Neuro: no focal deficits
MSK: inspection - normal, no rashes, palpation: no tenderness. Normal range of motion (active & passive). All provocative exams negative.

Notable Labs & Imaging:
CBC: WBC 15.6 (66 PMN, 24 lymph, 6 eos, mono 2), Hg 15.4, Plt 260
CMP: Na 136, 3.8, Cl 102, HCO₃ 24, Cr 0.8, BUN 14
LCTs aka LFTs: AP 250, ALT 100, AST 95, Tbili 1.4, Dbili 0.3

Imaging:
RUQ U/S: 8 cm solitary hypoechoic lesion in the right hepatic lobe (felt to be parasitic abscess)

Serologies: positive for Entamoeba histolytica

Problem Representation: 25 year old man with acute, persistent right shoulder pain, a normal shoulder exam, found to have leukocytosis with eosinophilia and a hypoechoic lesion in the R. hepatic lobe diagnosed with *E. histolytica* parasitic liver abscess.

Teaching Points:

Shoulder pain can be from a process that is **in the shoulder** (i.e., muscle, tendon, joint) or a process that **refers pain to the shoulder** (e.g., RUQ inflammation)

In a **young patient, inflammation can hide:** mildly elevated vital signs can be a subtle signal for sinister disease.

Eosinophilia can be from a **primary process** (e.g., Eosinophilic leukemia or HES) or **more commonly a secondary process** (Allergy, Infection, Malignancy, Autoimmune, or Adrenal Insufficiency).

An approach to **liver lesions** includes:

- **Masses:** Benign lesions such as cysts or hemangiomas or malignant lesions like HCC, or metastatic disease:
- **Abscesses:** entamoeba, echinococcus, GNRs, or *Strep mileri*

Initial treatment for entamoeba abscesses includes metronidazole, with drainage as second option if the patient does not improve with antibiotic therapy.