



# 8/3/20 Morning Report with @CPSolvers



Case Presenter: Robert Centor (@medrants) Case Discussants: Robert Flick (@rflick) and Kiara Camacho (@kiaracamacho96)

CC: vomiting

HPI: 19 yo F (college student)

- Emesis x10 in past 24 hours
- Started 1 day prior after eating rice & chicken (others also ate this)
- Dysuria, urinary frequency, one day of retrosternal chest discomfort last week
- No abdominal pain, sick contacts, recent travel, no NSAIDs, fevers
- Currently on period
- ROS: + palpitations, leg weakness

Vitals: T: 99.2 HR: 96 BP: 122/75 RR: 19 SpO<sub>2</sub>: 100% RA

Exam:

Gen: NAD

HEENT: wnl

CV: tachycardia, no m/r/g

Pulm: wnl

Abd: normal bowel sounds, non-tender

Neuro: wnl

Extremities/Skin: warm and well-perfused

Notable Labs & Imaging:

Hematology:

WBC: 13.2 Hgb: 13.4 Plt: 251

Chemistry:

Na: 134 K: 4.2 Cl: 105 CO<sub>2</sub>: 20 BUN: 7 Cr: 0.8 glucose:

112 Ca: 15.3 Phos: 2

AST: 17 ALT: 11 Alk-P: 328 T. Bili: 0.4 Albumin: 4.3

Protein: 7.2 PTH 510

Neg pregnancy test

UA: spec grav 1.014, pH 7, +nitrites, 27 WBC, 84 RBCs, large bacteria

Imaging:

Parathyroid adenoma

Problem Representation:

19 yo woman without PMHx presenting with acute onset of isolated nausea and vomiting, found to have hypercalcemia, hypophosphatemia and elevated PTH with imaging revealing parathyroid adenoma.

Teaching Points (Andrea):

- Nausea and vomiting: pregnancy, metabolic cause (ketoacidosis), toxicology (alcohol), GI ( proximal obstruction, infection, appendicitis, pancreatitis), thoracic diseases (myocardial infarction) elevated cranial pressure (usually with headache)
- Dysuria: UTI, gynecological causes,
- ETS: HIV, syphilis, gonorrhea, chlamydia
- Beta hcG: induce hyperthyroidism and cause and palpitation
- During menstruation increases the risk of pelvic inflammatory disease
- Vomiting is compensated with high bicarbonate production. If the patient is tachypneic maybe dual acid base disorder
- Bleeding: Period, spontaneous abortion
- Hypercalcemia: myeloproliferative disease, granulomatous diseases
- Alk phosphatase increased in osteoblastic lesions like mets of prostate cancer
- MM causes osteolytic lesions
- Primary hyperparathyroidism: Autonomous overproduction of PTH by abnormal parathyroid glands and characterized by hypercalcemia without appropriate suppression of plasma parathyroid hormone levels; it is the most common cause of hyperparathyroidism and of hypercalcemia. Most cases are caused by a single gland adenoma

PMH:

None

Fam Hx:

No FHx GI pathology  
Aunt- breast cancer

Meds:

No OTC  
supplements

Soc Hx:

College Student, lives with a  
friend

No NSAIDs

Health-Related Behaviors:

No drug, alcohol, tobacco  
use  
Sexually active with 6  
partners

Allergies:

None