5/26/20 Morning Report with @CPSolvers

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CC: Soft stools, abdominal pain

HPI: 22 y/o F presenting for 9 months of progressive soft stools, weight loss, and abdominal pain, acutely worsened 1 hour after eating
-9 months of intermittent abdominal pain, soft stools, and weight loss (subjective)
-Stools 4-5 x's/day, worsening over time
-Now with acute abdominal pain x 1 hr

ROS:
+fatigue, weight loss, night sweats, cold intolerance
- n/v rashes, mouth sores, CP, SOB

PMH:
Anorexia nervosa (remission)
IDA
No surgeries

Meds:
OCP

Fam Hx:
Cholecystitis @ 40 (mom and sister)
Colon CA

Soc Hx:
Graduate student

Health-Related Behaviors:
No tob, etoh, drugs
Not sexually active

Allergies: NDKA

Vitals: **T**: 36.8 **HR**:62 **BP**: 92/58 **RR**:12 **SpO_2**:100% RA
Exam:
Gen: thin young female, BMI 16.6
HEENT: unremarkable
CV: RRR, no MRG
Pulm: clear bilaterally
Abd: Mild TTP LLQ, no rebound / guarding, no HSM, neg Murphy's sign
Derm: no rashes

Notable Labs & Imaging:
Hematology:
WBC: 5.2 Hgb: 12.3 Plt: 240
Chemistry:
Na: 136 K:3.2 Cl:100 CO2: 20 BUN:17 Cr:0.9 Ca: 10.1
AST: 34 ALT: 40 Alk-P: 54 T. Bili: 0.4 Albumin: 4.6
Other:
Lipase 34
CRP 0.05
UA unremarkable
Stool studies neg for C Diff, O&P, cryptosporidium, giardia
Fecal fat 54g /24
Celiac neg
Vit D 30.9 (30-80)

Imaging:
-RUQ US: unremarkable
-Colonoscopy: 2 ileal erosions, bx with nonspecific active inflammation
-CT enterography: 2.3 cm luminal narrowing of the ileum
-Capsule endoscopy with ulcers, inflammation → **Crohn's**

Problem Representation:
22 y/o F with PMHx of anorexia nervosa presents with chronic diarrhea and abdominal pain associated with weight loss and night sweats, found to have evidence of fat malabsorption and ileal inflammation on endoscopy c/w a new diagnosis of Crohn's disease.

Teaching Points (Alex Horne):
- When evaluating **weight loss**, first ensure you verify true weight loss then determine if it is intentional
- **Abdominal pain** can often be thought of first from an anatomical basis (*though not perfect at localizing*) and associated features (eg, diarrhea, fever, GU symptoms,etc)
  - Postprandial pain localizes to the GI tract! (stomach, duodenum, pancreas, GB/biliary system, vessels)
  - Remember imaging (-) causes: metabolic (DKA, hyperCa, porphyria, AI), meds/toxins (anticholinergic, lead), functional (IBS, abdominal migraine), others (GI angioedema, zoster, eosinophilic gastroenteritis)

-**Chronic diarrhea** (>4 weeks): #1 question is to determine if this is inflammatory vs non-inflammatory
  - Inflammatory suggested by stool blood or pus, fevers, fecal WBC, or other signs of systemic inflammation (weight loss, night sweats, thrombocytosis, elevated ferritin, leukocytosis, low albumin, high ESR/CRP)

-**Chronic inflammatory diarrhea ddx**: infection (TB, aeromonas, E histolytica, Schisto, CMV, HSV), IBD (UC/Crohn's), malignancy (lymphoma, primary GI cancer), others (radiation, immunotherapy)
-Diarrhea pearl: if non-inflammatory diarrhea, calculate stool osms to narrow your ddx; if <50 this suggests a secretory cause vs if >50 this suggests osmotic (osmotic improves with fasting!)
-**Fecal fat**: Think about the pancreas first! Also consider celiac dz, Giardia, SIBO, increased bile salt loss (=ileal disease or resection)