Episode 5

This week's episode the CPSers focused on one of Reza's favorite clinical problems - Jaundice!

Problem Representation
A 74-year-old man who presented with subacute pruritis, abdominal pain, and jaundice, was found to have direct hyperbilirubinemia and a negative CT abdomen/pelvis.

Schemas
We first divided jaundice into direct and indirect hyprebilirubinemia.

Once we learned the patient had direct hyperbilirubinemia, Reza then taught us to divide this into extrahepatic and intrahepatic cholestasis.

Diagnosis
We zeroed in on a cause of intrahepatic cholestasis when a CT abdomen pelvis was negative.

Viral serologies were diagnostic of acute infection with **Hepatitis A.**

Teaching points

- There are **3** potentially **life-threatening** etiologies of jaundice - cholangitis, acute liver failure, & hemolysis
- Imaging studies (e.g., CT) can help delineate *intra*- vs *extra*-hepatic causes of direct hyperbilirubinemias
- **Acute liver failure** requires evidence of acute liver injury, encephalopathy, and synthetic dysfunction (INR >1.5) and prompts emergent liver transplant evaluation.

Clinical Reasoning Pearl

When approaching a patient with multiple vague symptoms, **choose the finding with the most definite and narrow differential** to serve as the "anchor" for your problem representation (PR).

For example:
In a patient with malaise, pruritis, and jaundice - malaise and pruritis are nonspecific and are likely to be explained by the diagnosis leading to jaundice.