



8/27/20 Morning Report with @CPSolvers

Case Presenter: TJ La, Jr. (@tonjalr) Case Discussants: Han Nguyen (@flower_freeland) and Andressa Kuzma



CC: Spontaneous bleeding gum
HPI: 29 M p/ w spontaneous bleeding gums for last few months. Previous bleeding was mildly only with brushing in morning and nighttime. Patient bled significantly from brushing approx. 50 oz of blood. Tranexamic acid stopped bleeding.

Past month occasional nose bleeds but not today. Loose and black stools for several years. Less energy from work in past weeks. NO sick contacts, no trauma, no bleeding, fever, SOB, chest pain, choking, nausea, vomiting, constipation, hematuria

PMH: None	Fam Hx: Father: 1 episode of mild gum bleeding when young
Meds: None	Soc Hx: Landscaper. No occupational exposure
	Health-Related Behaviors: 6-7 beers a day. Last drink 12 days ago. 10 years started ETOH. Bad tremors. Snores cocaine (last use: last week). Fast food everyday and frozen food often
	Allergies: None

Vitals: T: 98.8 HR:102 BP:107 72 RR:21 SpO₂: 98
Exam:
Gen: Awake, alert, no distress
HEENT: Normal, Mucosa normal, no bleeding. Septum symmetrical, No active bleeding, no gingival hyperplasia, no lymphadenopathy
CV:Tachycardia 2+ peripheral pulses
Pulm Abd: Normal
Neuro: Hyperreflexic, no clonus, Mild dysmetria with left hand
Extremities/Skin:Full range of motion, 5/5 strength, normal joints, no tenderness. Petechiae and ecchymosis in arm and chest

Notable Labs & Imaging:
Hematology:
WBC:Normal Hgb: 10.5 - 9.3 - 8.8 Hct 31 - 28 - 26 Plt: 35
MCV: 103 RDW:39.5 MCH: 32.7
Chemistry:
Na:137 K: 3.9 BUN:N Cr: N
AST: 98 ALT: 40 Alk-P:127 Direct bilirubin: 0.6 Albumin: 3.5
LDH, fibrinogen, haptoglobin, folic acid, B12, cooper, ceruloplasmin, iron studies, tncb: normal
Total Protein: 9.4 PT: 18.6 PTT: 32 INR: 1.5
HIV, hepatitis panel: negative
Ascorbic acid: 0.8
Peripheral smear: unavailable result
Imaging:
CXR: Normal
Dx: Scurvy (Vitamin C deficiency)

Problem Representation:
29 M p/ w spontaneous bleeding gums for last few months. In presentation he bled 50 ox blood. Tranexamic acid stopped bleeding.
ROS: Tachycardia, hyperreflexic, petechiae and ecchymosis.
Final Dx: Scurvy

- Teaching Points (Reza's <3):**
- In a bleeding patient, prioritize airway, breathing and circulation, and then scan the list for the presence of anticoagulation medications to reverse.
 - Bleeding problems: platelet or von willebrand issue (clue: present with gum bleeding), coagulopathy problems (deeper bleeding) or issues with vessels (scurvy)
 - TENT - 12, 11, 9 (intrinsic coagulation pathway) → 10 (common pathway) vs extrinsic (factor 7)
 - Not all bleeding is pathologic - if you brush your teeth hard enough you will bleed!
 - In the face of epistaxis, melena may NOT be a different source of bleeding, but represent the passage of old blood from the nose
 - EtOH + bleeding = thrombocytopenia vs cirrhosis vs vitamin deficiency (scurvy)
 - Exam moves - Tachycardia → significant blood loss - Ecchymoses → systemic process
 - Dysmetria is suggest of cerebellar pathology, of which alcohol induced disease is common
 - Protein Gap: M(myeloma)A(autoimmune) S(sepsis)H(HIV and HCV)
 - Anemia + low platelet = MAHA until proven otherwise
 - Low plt: destruction (high immature fraction) and production