8/14/20 Morning Report with @CPSolvers

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CC: Constipation

HPI: 29F p/w 6 months of worsening constipation. Earlier 1-2 bowel mov, now passing small soft liquidy stool. She also complains of straining and incomplete evacuation. She complained of going 10 days without a bowel movement that did not improve with Miralax, finally requiring an enema in order to pass a bowel movement.
Denies nausea, vomiting, poor PO intake
Wt loss-- 5 pounds, no fever, chills
No BRB, sticky stools, flatus
Chronic pelvic pain assoc w/ menstrual cycle, dyspareunia → progressed over last months RLQ (? Endometriosis)

PMH:
Sensorineural hearing loss R ear, Hereditary spherocytosis -> cholecystectomy and splenectomy complicated by post op hematoma and abscess
SHx- tonsillectomy, suture granuloma removal
Meds:
OCPs, Cetirizine, Miralax, Last month - probiotic, Omeprazole, Ibuprofen

Fam Hx:
Endometriosis - mother, grandmother, cousins
Soc Hx:
Married, no children,
Health-Related Behaviors:
No alcohol use, drug use
No change in activity level

Vitals: **T**: 97.6 **HR**: **72** **BP**: 105/68 **RR**: **SpO$_2$**: 100% RA **BMI** 22
Exam:
Gen: No acute distress
HEENT: No scleral icterus, moist mucous membrane
CV: Normal
Pulm: Normal
Abd: Soft, mild tenderness RUQ, RLQ, no rebound tenderness, Dullness to percussion lower abdomen
Neuro:
Extremities/Skin: No edema, rash, LAD, multiple laparoscopic incision scars on abdomen
Rectal exam- no fissures, fistulas, no masses, no BRB, dark stools
Vaginal exam: no abnormal discharge, no masses, cervical tenderness

Notable Labs & Imaging:
Hematology:
WBC: 8.9 Hgb:13.7 Plt: 564
Chemistry:
Na: 136 K: 4.6 Cl: 103 CO2:22 BUN:13 Cr: 0.9 glucose: 79 Ca: 10.1 Phos: Mag:
AST: 20 ALT: 23 Alk-P: 52 T. Bili: 0.4 Albumin: 4.5
TSH: 1.7 T4: 1.58
Tissue Transglutaminase <2 Total IgA 88
Imaging:
CT abd and pelvis: mod amnt stool through colon to rectum, 6*9mm soft tissue nodule on lower peritoneal (non enlarging lymph node), no significant LAD
Transvaginal USG: No masses, Cyst
Diagnostic laparoscopy: extensive sup and deep endometriosis throughout pelvis, uterosacral lig, adhesions - sigmoid colon and rectum, RUQ liver and peritoneum. Adhesions and small splenule removed.

Problem Representation: 29 year woman w/ hereditary spherocytosis p/w chronic constipation and pelvic pain. Exam was notable for mild tenderness of the abdomen w/ dullness to percussion. Imaging was revealing of extensive superficial and deep endometriosis assoc w/ adhesions.

Teaching Points (Andrea):
- Constipation: Any cause for impaired motility of swallow structure.
  -Obstruction (large bowel adhesion, malignancy)
  -Impaired motility due to medication anticholinergic like opiates
  -Electrolytes like hypercalcemia and hypokalemia
  -Nerve issues Parkinson and DM2
  -Special Diseases like chagas amiloidosis
  -Muscle (like thyroid eosinofilia)
  -Dysenergistic coordination (most common in young adults)
  Study of rectal tone manual, and tonometry
- Cetirizine: low incidence of sedation and anticholinergic side effects
- Endometrial implants can be in Gi tract causing constipation
- Splenectomy: Encapsulated organism
- Sensory hearing loss and autonomic pathology
- RUQ: liver, gallbladder
- RLQ: appendix, GU
- Dullness: ascites
- Thrombocytosis: inflammation reactive peripheral process, also can be due to splenectomy (stablly high). Some pt retain remains of spleen and can cause constipation
- Severe constipation: Irritable Bowel Syndrome
- Worsening pelvic pain: Motility
- Gallstone can be causing the problem after complicated colestitomy