9/11/20 Morning Report with @CPSolvers

Case Presenter: *Mathew O´Donnell* ***Case Discussants***: *Rabih Geha (@rabihmgeha) and Daniel Minter (@dminter89)*

CC: Scleral icterus + abdominal pain

HPI: 27yo male w/abdominal pain and yellowing of his eyes. Symptom onset start 10 days prior to admission. He's a seasonal farm worker from Mexico traveling to Oregon. Feeling ill 1 day prior to leaving Mexico with flu -like symptoms (chill, night sweats, nausea, vomiting, diarrhea). He came to the ER instead of going w/uncle.

PMH:
NA

Meds:
NA

Fam Hx:
NA

Soc Hx:
Seasonal farm worker from mountain region in Mexico. Used to live in a village, and drink from streams in mountains. Worked in a farm in Mexico. Was living in truck while traveling to Oregon to live w/uncle.

Health-Related Behaviors:
No EtOH, IV IN drugs, smoking. No sick contacts.

Vitals: **T**: 102.9 **HR**: 118 **BP**:108/55 **RR**:22 **SpO$_2$**: 98

Exam:
Gen: Resting in bed. Minimal eye contact. Jaundice
HEENT: Scleral icterus.
CV: Tachycardic, no murmurs.
Abd: Diffuse abdominal tenderness specially in RUQ and LUQ. Neg Murphy sign. Liver edge palpable just beneath costal margin.
Extremities/Skin: No rashes, edema or ecchymosis. Good perfusion.

Notable Labs & Imaging:

Hematology:
WBC: 14.7 (N predominance)Hgb:13.4 HTC: 39.4 Plt: 46

Chemistry:
Na: 127 K:3.7 Cl:91 CO2:25 BUN:15 Cr: 0.84 glucose:107 Ca: Phos: Mag:
AST: 118 ALT:108 Alk-P:148 T. Bili: 13.7 D. Bili: 9.2 GGT 345 Albumin: 2.8 TP:5.8
INR1.57 PTT 48 Fibrinogen: 595 Lactate: 3 Lipase: 6

Hep A IgG: positive. Hep serology: neg.
HIV: neg, AFN neg. LDH and haptoglobin neg. C diff. Neg. Stool ova neg. Stool culture PCR Campylobacter +.
Blood culture + E. Coli and Strep anginosus.

Imaging:
CT: Dilated fluid filled appendix with inflammatory changes. Occluded mesenteric vein. Heterogeneous liver with periportal edema. Non occlusive portal vein thrombosis.
MRCP: Finding consistent with right sided colitis with Mesenteric Vein and Portal Vein thrombosis.
CT: Appendiceal inflammation associated with right sided colitis.

APL: neg. Lupus anticoagulant: neg. Anti beta 2 glycoprotein positive. Diagnosis consistent with Antiphospholipid syndrome.

Problem Representation: 27yo male originally from Mexico presents to the ER with fever, abdominal pain and scleral icterus; exams consistent with hyperbilirubinemia of hepatic origin and a CT with portal vein thrombosis. Further findings of a positive anti beta 2 glycoprotein makes diagnosis consistent of antiphospholipid syndrome.

Teaching Points (Andrea):

- Frame focusing on Jaundice + Abdominal pain
- Jaundice: in relationship to the liver:
  - Pre: hemolisis, release of hemoglobin: Unconj Bi
  - Intrah: Hepatocyte damage, metabolic causes.
  - Post hepatic: More common, obstruccion post biliary tree like compression, stones
- Life treating: colangitis has both abdominal pain and jaundice. Infection in biliary tree.
- Recall inflammation and possibility of infection. Viral hepatitis Primary hepatic infection vs systemic
- Hepatitis A: hepatocytes dysfunction, hiperbilirubinemia. Intrahepatic cholestasis
- Pat with alcohol use disorder tend to minimize use
- Patients with cirrhosis do not tend to have fever. Due to immunocompromised state
- Splenomegaly: stuff in there? Water, cell, not cellular. Likewise liver: cellular or deposition disease
- Trombocitopenia: bad cell or cell in bad world. Splenic sequestration, destruction, extracellular: immune, rickettsial disease
- Persistent elevated LFT is a strong clue of hepatic lesion. It can be hepatocyte itself or micro vessel . Common causes: hepatitis viruses
- More arbovirus disease due to global warming: dengue (leukopenia, trombocitopenia), zika, leptospirosis (spirochete, water for urine of rats)
- Strep anginosus: Forms liver abscess (like staph)
- Strongyloides: life cycle in host. Pierce mucosal barrier, bacteremia. Vulnerable mucosa: cancer, infection, foregin body, Chronic colonic ischemia
- Mesenteric Venous Thrombosis is reported to account for < 5% Acute Mesenteric Ischemia cases. It can be caused by thrombophilias, intra-abdominal issues such as cirrhosis , inflammatory bowel disease , postoperative state , congenital venous anomaly, intestinal volvulus, intra-abdominal infection, pancreatitis, trauma, prior surgery involving portal venous system and portal hypertension