



# 9/17/20 Morning Report with @CPSolvers



Case Presenter: Austin Rezigh (@RezidentMD) Case Discussants: Andrea Anapama Guzman (@andreaanampag) and Sharada Narayan

**CC:** Fatigue  
**HPI:** 55 M reports 4 months of progressive fatigue, mainly notices during doing chores, and while exercising. No fever, chills, wt loss.  
**ROS:** Normal

Course: Tx Iron supplementation Oral -> IV unresponsive, 3 months later 1 episode of melena

**PMH:** None  
**Fam Hx:** None  
**Soc Hx:** Lives in rural Wyoming. Works in a medical lab  
**Meds:** None  
**Health-Related Behaviors:** No alcohol, drugs, recent sexual activity, supplements  
**Allergies:** None

**Vitals:** T: 37.2 C HR: 90 BP: 110/60 RR: 16 SpO<sub>2</sub>: 98% RA  
**Exam:**  
**Gen:** No distress, appeared comfortable  
**HEENT:** Moist mucous membranes, no scleral icterus  
**CV:** Regular rate and rhythm, 2/6 holosystolic murmur best heard over right upper sternal border, no JVD  
**Pulm, Neuro:** Normal  
**Abd:** No tenderness, distension, rebound or guarding  
**Extremities/Skin:** 1+ pitting edema in lower extremities

**Notable Labs & Imaging:**  
**Hematology:** WBC: 7 (Normal diff) Hgb: 10 Plt: 270  
**Chemistry:** Normal TSH 1.8, Ferritin <10  
**Imaging:** EKG, CXR: Normal ECHO: No valvular abnormalities EGD, capsule endoscopy, CT scan, meckel's scan showed no abnormalities --> follow up Hb 5, Coags normal EGD unrevealing, Tagged RBC scan small bowel bleeding -> angiography normal Balloon enteroscopy jejunal AVM Tx cautery Laparoscopic bowel enteroscopy - multiple angiodysplasia in jejunum and ileum Factor 8 - Low, acquired vWF deficiency (Ag+ cofactor assay low, pro-peptide Ag high) w/ workup revealing MGUS  
**Dx:** Acquired vWF deficiency secondary to MGUS

**Problem Representation:** Middle aged male with chronic exercise intolerance, iron deficiency and GI bleeding. Work-up revealed multiple small bowel angiodysplastic lesions w/ acquired vWF deficiency secondary to MGUS.

- Teaching Points (Andrea):**
- Fatigue: Ask about specific symptoms. It can be lack of energy, weakness, drowsiness. Causes: infection, malignancy,
  - Flow murmur: Upper sternal border murmur. Anemia, hyperthyroidism, fever, and pregnancy
  - Aortic stenosis: Typical crescendo-decrescendo systolic murmur
  - Try to look for associated symptom to fatigue
  - Chronic disease: First patient develops fatigue
  - Fatigue+Iron deficiency Anemia : GI loss, GU tract, menses, absorption issue like celiac
  - Anemia: Skin bleeding, Gynecological bleeding, malabsorption, malignancy
  - Cryptic GI Bleeding: mostly small bowel bleeding
  - Jejunal arteriovenous malformation (AVM): When there is one is likely to be more
  - Monoclonal gammopathy of undetermined significance (MGUS) is a clonal plasma cell disorder defined by the presence of a monoclonal protein (M protein) in the serum or urine of an individual with no evidence of multiple myeloma or other lymphoplasmacytic malignancy.