



02/24/21 Morning Report with @CPSolvers



Case Presenter: Kiara Camacho (@kiaracamacho96) a case from Anand Kaji from HDx **Case Discussants:** Azeem Rathore (@AzeemRathore_) and Mario Suito (@mariosuitofmd)

<p>CC: Blood in vomitus</p> <p>HPI: 35M p/w blood in vomitus 2 days prior. He reports retching prior to developing blood in vomitus - bright red color. He also complains of dark red stools.</p> <p>No complaints of epigastric pain.</p> <p>-</p>	<p>Vitals: T: afebrile HR: 120 BP: 80/40 RR: SpO₂:</p> <p>Exam:</p> <p>Gen:</p> <p>HEENT: No conjunctival icterus</p> <p>CV: Normal</p> <p>Pulm: Normal</p> <p>Abd: No Hepatosplenomegaly</p> <p>Neuro: Normal</p> <p>Extremities/Skin: No spider angiomas</p> <p>No signs of chronic liver disease</p>	<p>Problem Representation: Middle-age men w/ PMHx of alcohol abuse presents with upper GI bleeding w/o liver disease stigma. Endoscopy revealed esophageal mucosal tear.</p> <p>Teaching Points (Kiara):</p> <ul style="list-style-type: none"> ● Bleeding, where does it come from? Melena vs hematochezia for differentiation upper vs lower GI source. Possibilities: NSAIDS, ulcer, anatomic lesion, dieulafoy lx. ● Time course: retching → bleeding, separate cause, bleeding → retching. ● Retching: N/V, GI illness, intoxication, CNS problems. ● First vitals (Patient is unstable) and restore with IV fluids/blood, then check the source (Chronic liver disease-tend to be bradycardia, or acute cause). ● Probably couple of days of blood loss, because when hyperacute, blood components tend to compensate and → hemoconcentration. ● Lack of icterus/spiders/hepatomegaly: Acute liver disease or increase in portal HTN or not liver disease. ● Fluoroquinolone/ Cipro may be necessary for probability of aspiration pneumonia. ● Chest pain CPS schema 4 (cardiac)+2 (pulmonary)+ 2 (esophageal) ● Look for coagulopathy, thrombocytopenia, electrolyte abnormalities after stabilization due to alcohol use.
<p>PMH: No h/ o ingestion of sharp/ caustic substances</p> <p>No history of liver disease</p> <p>Meds: None</p>	<p>Fam Hx: Unknown</p> <p>Soc Hx: Lives in the States</p> <p>Health-Related Behaviors: 6 beers/ day - 8 years</p> <p>Allergies: No known allergies</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: Hgb: 7.5 Plt:</p> <p>Chemistry: Normal</p> <p>Imaging: Endoscopy: Esophageal mucosal tear, no evidence of varices</p> <p>Dx: Mallory-Weiss syndrome</p>