04/03/21 Morning Report with @CPSolvers

***Case Presenter**: Andressa Kuzma (andressa_k) **Case Discussants**: CPS fam <3*

CC: Abdominal pain + fever
HPI: 20M
Morning: Fever and malaise
Lunch: Abdominal pain (middle of the belly)
Afternoon: Pain in RLQ, then nausea and lost his appetite.

01 episode of diarrhea (liquid, no blood) and vomiting. After that he went to the physician.

Past Medical History:
None

Meds: None

Family History:
None

Social History:
Drinks w/ friends on weekends.

Health Related Behaviours:

Allergies:None

Vitals: **T**: Not known **HR**: 80 **BP**: 80/60 **RR**: 16 **SpO_2**:
Exam:
Gen: Well appearing
HEENT:
CV and Pulm: Nl
Abd: Painful to palpation RLQ with rebound tenderness (Blumberg sign). No masses

Notable Labs & Imaging:

Hematology:
WBC: 5500 (B:16% N: 60%, L: 9%, M:10%, Eo: 3%) Hgb: 9.6, Htc 30, MCV 78 RDW 10.8 Plt: 232,000

Chemistry:
Na: 140 K: 4.5 BUN: 10 Cr: .83 CRP 8 (Ref: <0.5)

Undergo appendectomy: Necrosis + Acid fast bacilli + +ve for VDRL, Hep B and HIV
-ve for Hep C

Final Dx: Disseminated TBC

Problem Representation:
ENG: Young male w/o relevant PMH presents w/acute abdominal pain and signs for peritonitis. Labs showed left shift deviation and pathology revealed caseous necrosis w/ acid fast bacilli and a positive HIV test.
ESP: Adulto joven sin antecedentes de relevancia se presenta con dolor abdominal agudo con peritonitis, fiebre e hipotensión sin taquicardia, y un diagnóstico nuevo de VIH. Patología de apendicitis revela necrosis caseosa con bacilos ácido alcohol resistentes.
POR: Homem de 20 anos sem comorbidades se apresenta com dor abdominal de início agudo associada a febre, um episódio de diarreia e hipotensão sem taquicardia, e ao exame físico tem sinais de peritonite. Exames mostraram HIV+ e resultado da apendicectomia evidenciou necrose caseosa com BAAR +.
ARABIC: سنة شاب يشتكي من الم حاد في البطن وارتفاع في درجة الحرارة ٣٠ .

Teaching Points (Rafa):

- **ABDOMINAL PAIN AND FEVER IN A YOUNG MALE PATIENT**
  Most causes we rely on image to diagnose
  Few exceptions: pancreatitis (↑ lipase), hernia, zoster (rash following a dermatome), urinary retention), DKA (↑ ketones, AGMA, hyperglycemia,)
  First rule out - Infectious causes: GI, GU, GYN
  Appendicitis - periumbilical pain (T10 - visceral peritoneal pain) migrating to the RLQ (parietal peritoneum pain) a/w N/V, anorexia / Gastroenteritis / TB / hepatobiliary infections
  Autommunune: IBD, SLE, vasculitis like PAN / malignancy: lymphoma
- **ACUTE ABDOMINAL PAIN A/W RAPID WORSENING PATIENT'S CONDITION**
  Bleeding, GI perforation acute pancreatitis, acute liver failure
- **BRADYCARDIA + HYPOTENSION:**
  Beta blocker use, adrenal insufficiency, autonomy disease
- **GRANULOMATOUS INFECTIONS -** pattern of chronic inflammation - induced by persistent T-cell response
  Caseous - Mycobacterium, Nocardia, fungal infections / non-caseous: Chron, sarcoidosis