



03/31/21 Morning Report with @CPSolvers



Case Presenter: Valeria Roldan (@ValeRoldan23) **Case Discussants:** Kirtan Patolia (@KirtanPatolia) + Anusha Chidharla (@Md_Anusha)

CC: Elevated transaminases from annual checkup

HPI: 45yF with a 2-3 month history of **petechiae** (multiple small red-purple lesions that didn't disappear with pressure) in lower extremities she associates with eating **greasy food** (fried chicken -she ate 2-3x a month). Lesions disappear after 2-3d without any treatment. Lesions associated with **tiredness, pain and myalgias**. In between episodes she had no symptoms.

ROS: No diarrhea, abdominal pain, hematuria. No pruritic history.

PMH: None	Fam Hx: None
Meds: None	Soc Hx: None
	Health-Related Behaviors: No alcohol consumption.
	Allergies:

Vitals: T: afebrile 36.5 **HR:**90 **BP:**100/75 **RR:**18 **SpO₂:**99% **RA**

Exam:

Gen: seemed healthy. No jaundice.

HEENT: No LAD, no neck or cervical masses.

CV: No murmurs.

Pulm: CTAB.

Abd: No hepatosplenomegaly or ascites. No cirrhotic signs - caput medusae...

Neuro: Normal. Oriented 3x.

Extremities/Skin: Skin hydrated w/ no skin lesions.

Notable Labs & Imaging:

Hematology:
WBC: 8,150 (NI differential) **Hgb:**11.8 MCV 80 **Plt:** 350,000
Coag: TP 12 TTP 37
Haptoglobin: nl. LDH nl.

Chemistry:
Na: K: Cl: CO₂: BUN: Cr: 0.7 glucose: 100 Ca: Phos: Mag:
AST: 111 ALT: 162 Alk-P: normal T. Bili: normal Albumin:4.25 Globulins 5.82 **TP: 10 (Gamma gap: 5.75 (nl <4))**

RF: neg. **ANCA** neg. **ANA** positive. **DsDNA** neg. **Anti-muscle antibody** neg. **ENA** panel neg.
UA: unremarkable.
HBV and HCV PCR + ELISA neg. **HIV:** neg.
SPEP: neg.

Imaging:
Abdominal **USG:** signs compatible with **non alcoholic fatty liver disease**.
Biopsy: **marked lymphocytic infiltrate** compatible w/ autoimmune hepatitis.

Final DX: Autoimmune hepatitis

Problem Representation: 45yF w/a subacute history of intermittent self-limiting episodes of petechiae, fatigue and myalgias; hepatocytic liver injury and an elevated gamma gap.

Teaching Points (Kiara):

- **Abnormal lab approach:** Ask about **chronicity, symptoms** associated and **pattern** (hepatocellular, cholestasis, mixed).
- **Elevated transaminases: Infection** (Hepatitis-from many virus, abscess), **metabolic, toxic, infiltrative**.
- **Petechiae: Blood, nutritional deficiency, vascular abnormality** (vasculitis e.g leukocytoclastic vasculitis, ANCAm IgA, cryoglobulinemic), **liver** (thrombocytopenia), **infection**.
- **Non blanchable lesion** → Autoimmune supported by pain and myalgias.
- **Association/Correlation with greasy food:** Cholestatic disease, malabsorption, allergy to a particular food.
- Leukocytoclastic vasculitis exacerbated by certain food
- **Isolated elevated ALT and AST:** Viral hepatitis (ALT > AST), vascular, celiac, non alcoholic fatty liver disease, Whipple, vascular.
- High Gamma gap → Electrophoresis (SPEP) → Monoclonal vs Polyclonal.
- **How to make progress?:** Lipid levels, lesion/liver biopsy, ANA panel, IgG levels and cryoglobulins.