



04/10/21



Morning Report with @CPSolvers

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CC: Abdominal pain /Dor abdominal/Dolor abdominal/Wiksa nana

HPI: 8 year-old male comes to ED with his mom, with a chief complaint of abdominal pain. He reports diffuse abdominal pain that started 2 days ago and has been worsening since then. In the last 2 days he also has polydipsia and polyuria. 2 episodes of vomiting without mucus/blood/pus last night. He denies fever, coriza, or any infection symptoms or diarrhea. His mother is not sure if he lost weight in the last couple days.

Past Medical History: none.

Meds: none.

Family History: Father and mother are healthy
Grandmother: diabetes

Social History: none

Health Related Behaviours: none

Allergies: none.

Vitals: T: 36 HR: 108 BP: 100x80 RR: 35 SpO₂: 79%

Exam:
Gen: normal
HEENT: normal
CV: normal
Pulm: tachypneic, normal breath sounds without crackles or wheezing.
Abd: flat abdomen, decreased bowel sounds, diffuse pain in deep palpation
Neuro: normal
Extremities/Skin: normal

Notable Labs & Imaging:
Hematology:
WBC: 12,000 (Rods 3%, Neutr 70 %, Lymph 20% Hgb: 12,2 MVC 81,7 MCH 28,5 Plt: 200.000 RBC 4,59

Chemistry:
Na: 131 K: 5.5 Cl: 95 CO₂: Urea 70: / BUN 32 Cr: 1,3 glucose: 595
Venous pH 7,09 pO₂ 56 pCO₂ 19 HCO₃ 9
EAS: glucose 3+ and ketone 3+

Imaging:
EKG: Not available.
CXR: Not available.

Final diagnosis: Diabetic Ketoacidosis

Problem Representation:
ENG: 8-year-old boy without significant history presents with diffuse abdominal pain, polydipsia, polyuria, found to be markedly hypoxic on exam.
ESP: Niño de 8 años, sin antecedentes significativos, con historia de dolor abdominal, polidipsia, poliuria, con desaturación severa y taquipnea.
POR: Menino de 8 anos previamente hígido se apresenta com dor abdominal e vômitos por 2 dias, associado a vômitos, e ao exame apresenta-se com dor abdominal difusa e com dessaturação (79%).
QUECHUA: Qari wawa 8 watayuq, wiksa nanachkan, wischuchichkan ñataq Yakuta ispachkan, achka upyachkan. Manam antecedentetam kachkanchu.

- Teaching Points (Kiara):**
- Almost all abdominal pain require imaging: 2 definitive with exam (hernia, zoster), 2 bedside (EKG, post void residue), 2 labs (hyperglycemia, pancreatitis)
 - **Polyurea: Osmotic cause** (Increased glucose/urea), **non osmotic** (Diabetes Insipidus). Also drinking too much water. Also distinct with urinary frequency.
 - **Abdominal pain + respiratory problems:** Probably DKA.
 - **Acute crisis = DKA** (No Insulin → Ketones) vs **HHS** (Still insulin → Glucose keeps getting higher and presents later, look for **7I as triggers**).
 - In kids, the most common etiology is Type 1 DM, in adults, the differential for new hyperglycemia is broad.
 - **High anion gap metabolic acidosis:** Ketones, lactates, uremia. Get creatinine and CK. If Osmolar gap (exogenous causes: Alcohol, glucagonoma).