



04/19/21 Morning Report with @CPSolvers



Case Presenter: Gabriel Talledo (@gabrielalledo) Case Discussants: Narjes Alamri (@AlamriNarjes) and Taylor Ingber

<p>CC: constipation and melena</p> <p>HPI: 55 year old M. 3 months ago - paresthesias in L foot; 2 months prior - paresthesias in R foot and needle sensation in both feet; 1 month prior - paresthesias in both arms, hyporexia; 2 weeks ago - muscle weakness of lower extremities, difficulty walking, colicky abdominal pain that improves w/ food; 1 week ago - melena, 3 days ago - constipation; 14kg weight loss in 2 months. No fever, chills, prior colonoscopy</p>	<p>Vitals: T: 37 HR: 80 BP: 110/70 RR: 19 SpO₂: 95%</p> <p>Exam: Gen: pale</p> <p>CV: Normal</p> <p>Pulm: Lungs clear</p> <p>Abd: soft, no guarding, mild tenderness in epigastric region, no masses noted</p> <p>Neuro: oriented, GCS 15, no meningeal signs, Babinski neg, 2+ reflexes on L, 1+ reflexes on R, hyperesthesia and pain in L side</p> <p>Extremities/Skin: edema bilaterally in lower extremities</p>	<p>Problem Representation: 55 year old M presents with subacute paresthesias and acute melena and constipation in the setting of recent weight loss; found to be hyporeflexic on R hemibody with labs showing anemia, thrombocytosis, glomerulonephritis and found to have duodenal ulcer and STEMI.</p>
<p>PMH: Arthritis Dengue Malaria 30 yrs ago</p> <p>Meds: None</p> <p>Fam Hx: N/A</p> <p>Soc Hx: 1 beer/day</p> <p>Health-Related Behaviors: N/A</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 19 (75% seg, 12% lymph, 1% eos) Hgb: 9.8 MCV 83 Plt: 780</p> <p>Chemistry: Electrolytes nl Cr: 1.4; Albumin: 2.4 ESR 40, HIV neg U/A: proteinuria, hematuria ANCA neg, C3 nl 128 ,</p> <p>Imaging: Endoscopy - posterior, bleeding duodenal ulcer STEMI during hospitalization</p> <p>Sural nerve biopsy - no necrosis, results consistent w/ polyarteritis nodosa</p> <p>Final Diagnosis: Polyarteritis Nodosa</p>	<p>Teaching Points (Rafa):</p> <ul style="list-style-type: none"> ● CONSTIPATION + MELENA <u>First</u> - is the patient stable? Look at the vital signs! Acute blood loss - tachycardia / decreased BP Medications to consider holding? Eg, aspirin, antiplatelets, anticoagulants Pearl: when to suspect upper GI bleeding - BUN/Cr >30 <u>Constipation</u> - lack of proper diet? Hypercalcemia? Neurological dysfunction (Parkinson)? Endometriosis? Hypothyroidism? IBS? Drugs (opioids)? <u>Melena</u> - black, tarry stool Upper GI bleeding (varices? Peptic ulcer? Any drugs like warfarin? Any prior colonoscopy?) Can also come from the a source in the small bowel or right colon. Usually don't go together - which one came first? ● PARESTHESIA Can be seen w/ alcohol abuse history, electrolyte abnormalities, vitamin deficiency, paraneoplastic syndrome , peripheral vascular disease , neuropathy (Lyme infection), chemotherapy-induced (eg, platine-based compounds) ● EDEMA: Heart (HF), liver (cirrhosis), kidneys(nephrotic syndrome), lymphatic obstruction (neoplasia) ● NEUTROPHILIC INFLAMMATION Infection / autoimmune (vasculitis, Stills, IBD) / drug (AGEP) / malignancy (solid > liquid - MPL) / endocrine (Cushing) / other (alcoholic hepatitis) ● THROMBOCYTOSIS - IDA? Inflammatory process (chronic autoimmune disease, malignancy?), past splenectomy ● POLYARTERITIS NODOSA - vasculitis - can affect any organ but usually spare the lungs - a/w hepatitis positive serology