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Morning Report with @CPSolvers

Case Presenter: Preeti Agarwala Case Discussants: CPSolvers Family



CC: Abdominal pain

HPI: 72 woman w/ **crampy abdominal pain** for last 5 days. **Fever (101F)**, worse at night since 1 mo. **Fatigue + 2 mo**, w/ occasional **headache** 1mo, throughout the day.

Weight loss (10lb) in the last 3 months. **Cough w/ minimal sputum** since 2 mo. **No hemoptysis.**

No change in bowel and bladder movements. **No hematochezia/melena.**

Vitals: **T: 101 F HR: 92 BP: 130/65 RR: 20**

Exam:

Gen: Looking ill, distressed by abdominal pain

HEENT: No tenderness, **bruit R subclavian +**,

Funduscopy: **Pale optic disc, fluffy;** Visual acuity normal

CV: Normal

Pulm: Normal

Abd: **Diffuse tenderness**, no distension, no palpable organomegaly, **BS +**

Neuro: Normal

Extremities/Skin: Normal

Problem Representation:

ENG: Elderly female p/w multi-systemic inflammatory syndrome w/ chronic cough, headache and acute imaging negative abdominal pain w/ subclavian bruit, pale optic disc and isolated elevation in ALP

POR: Mulher de 72 se apresenta com quadro crônico de 3 meses de perda de peso, tosse e fadiga nos últimos 2 meses, febre e cefaleia no último mês. Ao exame, notado sopro na região de subclávia à direita e atrofia de disco óptico bilateral. Laboratoriais indicaram aumento de fosfatase alcalina e de VHS.

Past Medical History:
HTN - well controlled
No h/o TB

Meds:
HCTZ

Family History:
Nothing significant

Social History:
Lives in the United States

Health Related Behaviours:
Smokes - 5 PY
Active

Allergies:
No known allergies

Notable Labs & Imaging:

Hematology: Normal
Hgb: 13.4

Chemistry: Normal
Alk-P: 228
ESR 101 CRP 4.2

Imaging:
CXR: Normal
PPD: Normal
Colonoscopy: Normal
CT Abd & Chest: No pathology

Dx: Giant Cell arteritis

Teaching Points (Gurleen):

- **ABDOMINAL PAIN:** intra abdominal vs. referred (thorax - HF, pneumonia), Anatomic approach 3 G's: GI, GU, GYN
 - Life threatening: vascular, perforation (markers of inflammation), obstruction
 - Diagnoses w/o CT: metabolic (DKA), acute pancreatitis, hernia, Zoster, meds
 - **Collecting clues:** fever → IMADE (infection, malignancy, autoimmune, drugs, endocrinopathy), fatigue/weight loss : chronic → Time course is important
- **ABDOMINAL PAIN + INFLAMMATION**
 - Acute (prioritize infection, other: pancreatitis, portal vein thrombus) vs. chronic (infection: abscess or in macrophages - TB, autoimmune (vasculitis, IBD, serositis), cancer
 - Epidemiology, base rate for infection
 - If multifocal: metastatic (TB) or involves vasculature
- **HEADACHE:** Red flags: SNOOP (systemic signs, neurologic deficits, sudden onset, older age, positional aggravation).
- **OPTIC ATROPHY:** inflammation, ischemic, compression from high ICP, nutritional def.
 - Pearl: arteritic ischemic optic neuropathy: pale disc, vs. non-arteritis: hyperemia
- **BRUIT:** atherosclerosis vs. compression vs. vasculitis
- **VASCULITIS:** small, medium, large vessel (subclavian) → GCA, Takayasu (age<40); mimics: endocarditis, atrial myxoma, APLS, etc
- **GIANT CELL ARTERITIS:** vasculitic (fever, HA), jaw claudication, then later inflammatory optic neuritis. Pulmonary artery irritation (30% cough), mesenteric artery (abd pain), isolated AIP elevation