



05/20/21 Morning Report with @CPSolvers



Case Presenter: Rafa Medina (@Rafameed) Case Discussants: Sukriti Banthiya (@sukritibanthiya) and Kirtan Patolia (@KirtanPatolia)

CC: abdominal pain & weight loss

HPI: 55 yr old M with progressive, colicky, poorly localized, abdominal pain w/ radiation to lumbar region (8/10) and weight loss of 17kg. Denies relation of pain to meals. Has nausea & anorexia.

Fluctuating constipation for 5-6 days, denies blood, pus, mucus in stools, or changes in stool shape. No urinary symptoms. 4 days prior had feverish sensation. Intermittent distal numbness of both hands & feet in last 1 month. Skin darkening in face for 1 month. Dark spots in hands

PMH: None

Fam Hx: N/A

Soc Hx: Works as taxi driver
No recent travel

Health-Related Behaviors: No alcohol, tobacco use, infrequent marijuana use

Allergies: NKDA

Meds: None

Vitals: T: 36.7 HR: 78 BP: 115/60 RR: 22 SpO₂: 97% on RA

Exam:

Gen: chronically ill-appearing, pale 2/4, alert and oriented

HEENT: Normal

CV: regular rhythm, 3/6 systolic murmur at Erb's point (left lower sternal border)

Pulm: CTAB

Abd: bowel sounds present, tender to hypogastric and flank palpation, no peritoneal signs

Neuro: Normal

Extremities/Skin: Hyperpigmentation of the hands and feet

Notable Labs & Imaging:

Hematology: WBC: 2.83 (55% lymph, 2.5% E) Hgb: 6.8 MCV: 112 Plt: 56

Chemistry: Na:133 K:4.5 BUN: 20 Cr: 0.98 Cal: 8.7 AST: 81 ALT: 37 Alk-P: 38 GGT 12 T. Bili: 1.43 Indirect 1.24 Albumin: 4.3 INR 1.11 PTT 10 CRP 2.7, HIV/VDRL neg LDH 3403, haptoglobin <10, direct antiglobulin (Coombs) neg B12 50 (L), folate 26.8 (nl), TSH 2.85 (nl), T4 1.16 (nl) H.pylori neg, endomysial Ab neg, gastrin 614 (H) Anti-parietal cell Ab positive AM Cortisol: low

Imaging: CT A/P: no acute findings, no hepatosplenomegaly, no enlarged lymph nodes EGD: chronic gastritis, glandular atrophy in stomach body absent in enterum

Final Diagnosis: Addison's disease due to autoimmune adrenalitis w/ pernicious anemia. Polyglandular autoimmune syndrome type II

Problem Representation: 55 yr old M presents w/ abdominal pain, weight loss, neuropathy, & skin hyperpigmentation; labs significant for pancytopenia, low B12 levels, and low AM cortisol.

Teaching Points (Rafa):

- WEIGHT LOSS AND ABDOMINAL PAIN**
Rule out emergencies - perforation (PUD) / obstruction (hernia) / vascular (mesenteric ischemia)/ ectopic pregnancy / inflammation (appendicitis)
Any comorbidities? Eg, atrial fibrillation - acute mesenteric / patient with CV factors - chronic ischemia - patient avoids eating d/t pain - weight loss)
Outside of the abdomen - ACS, PNA, PE, pelvic pathology (ovarian torsion/cyst/cancer, PID, endometriosis), kidney (pyelonephritis / stone)
- CONSTIPATION**
Obstruction: (neoplasia/volvulus/small bowel obstruction from adhesions, incarcerated hernias)
Neuro dysfunction: autonomic neuropathy
- MACROCYTOSIS** - MCV >100
Vitamin B12/B9 deficiency, copper, liver disease, orotic aciduria, alcoholism, medications (5-FU, methotrexate), reticulocytosis, multiple myeloma
- AUTOIMMUNE GASTRITIS - pernicious anemia**
Antiparietal antibody positivity - decreased vitamin b12 absorption
Loss of intrinsic factor - required for B12 uptake in terminal ileum
- ADRENAL INSUFFICIENCY**
Hyperpigmentation (MSH stimulation), abdominal pain
- AI + PERNICIOUS ANEMIA** - polyglandular autoimmune syndrome, particularly type II