05/31/21 Morning Report with @CPSolvers

***Case Presenter**: Gurbani Kaur **Case Discussants**: Dhruv Srinivasachar (@TheRealDSrini) and Rafa Medina (@rafameed)*

CC: Hematochezia

HPI: 86 year old man presented to the ER with streaks of blood in his stool, shortness of breath and chest pain. Recently had a colonoscopy notable for advanced polyps, during the procedure had them removed. Procedure was complicated with a perforation and immediate endoscopic repair. Bleeding was addressed. No light headedness. Episode of bright red blood per rectum at the ER.

PMH:
Coronary artery disease, PCI and stents in anterior descending and circumflex arteries 10 yrs ago. Renal artery stenosis, AAA, stents placed 10 yrs ago. Stage 2 Colon cancer, 2 yrs ago had a right hemicolectomy. HTN.

Meds: Aspirin, metoprolol, tamsulosin.

Fam Hx: No contributory

Soc Hx: None.

Health-Related Behaviors: Remote smoking history. Decades ago stopped. No EtOH or drugs.

Allergies: None.

Vitals: After episode of bright red blood per rectum **BP**: Hypotensive.
Exam:
Gen: Well appearing
HEENT: No conjunctival pallor or icterus.
CV: Chest pain had self resolved.
Pulm: Clear lungs b/l.
Abd: Mildly tender to palpation.
Neuro: Baseline resting tremor.
Extremities/Skin: Skin dry, well perfused and warm.

Notable Labs & Imaging:
Hematology:
WBC: 4.78 Hgb: 12.1 → 9.6 (after episode of bright red blood per rectum) Hct 29.6 Plt: 149

Chemistry:
Na: 141 K: 3.7 Cl: 102 CO2: 29 BUN: 9 Cr: 0.81 glucose: Ca:8.6 Phos: Mag: 2
AST: ALT: Alk-P: T. Bili: Albumin: 3.8
ABG pH 7.3
PT 13.2 INR 1.0
Imaging:
EKG: No ischemic changes.
CXR:
CT Abdomen-Pelvis w/o contrast: No evidence of free air or colonic perforation. Active arterial bleeding in the transverse colon, middle colic artery, at the site of the past polypectomy.
Was stabilized with transfusion of blood and blood products.

Final Dx: Residual bleed from past polypectomy.

Problem Representation: 86yM with extensive CV PMHx and right colon cancer 2y ago p/w hematochezia after a recent polypectomy, chest pain and SOB.

Teaching Points (Maria):

- **Lower GI Bleed:**
  - Define: Rectorrhagia (not associated with defecation) vs hematochezia (associated with defecation)
  - Localize: Local disease (hemorrhoids/fissures) vs upper rectum/colon (diverticulosis/cancer/angiodysplasia/IBD/ischemia) vs fast upper GI bleed
  - Don't rule out Upper Gi bleed when: pt is unstable, BUN/Cr> 36.
  - Check if pt has adequate hemostasis system: PMHx, drugs, labs.
  - Always triage patient: With unstable patients tx>dx. After acute bleeding Hb might be lower than seen on labs. *Develop an instinct to worry when needed!*
  - Do the right image tests: don't be afraid of contrast. If negative initial imaging, check lumen (endoscopy/colonoscopy), check vessels (angioCT).
- **Chest Pain + SOB**: characterize, characterize, characterize!
  - Chest Pain: localization, radiation, onset, exertion.
    - Check morbid and mortal first: 7 deadly causes of chest pain: MI, dissecting aortic aneurysm, pericarditis w/tamponade, tension pneumothorax, pneumonia, Boerhave sx, PE.
  - SOB: exertion, associated symptoms.
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