06/04/21 Morning Report with @CPSolvers

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CC: Abdominal pain

HPI: 50M comes to the ED w/ abdominal pain for 1 year. Pt reports 1 yr of colicky abd pain mod intensity localised upper abd, assoc diarrhea w/ foul smelling odor lasting 7-10 days, improved w/ antispasmodics

Asthenia, pallor, LE edema to knees, increased abdominal volume
Wt loss 11kg

No fever reported

PMH: Nothing significant

Meds: None

Fam Hx: Brother died due to pulm TB

Soc Hx: Lives in a rural area - does not have access to good sanitary conditions; Drinks socially, non smoker

Health-Related Behaviors: Due to financial conditions, he is not able to access healthy food

Vitals: **T**: **HR**: 80 **BP**: 110/80 **RR**: 16 **SpO_2**: 98% RA

Exam:
Gen:Oriented. cachetic
HEENT: pale mucosa (2/4)
CV: S1, S2 +, no murmurs/rubs/gallops
Pulm:Normal vesicular breath sounds, no added sounds
Abd: Distended abdomen w/ fluid wave, pain on deep palpation of upper abd, palpable hepatomegaly; normal bowel sounds
Extremities/Skin: b/l pitting edema up to knees

Notable Labs & Imaging:
Hematology:
WBC: 7.650 (Bands 2% Neutrophils 68% Eosinophils 2% Lymphocytes 27%) Hgb: 10.1 Plt: 100,000
Chemistry:
BUN:16 Cr:1.4
AST: 21 ALT: 16 Alk-P: 100 Albumin: 0.95
Globulin 2.62 Total Protein 3.57

Ascitic fluid: SAAG <1.1, eosinophilia

Stool exam : several filaria strongyloides stercoralis
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Dx: Disseminated Strongyloides

Problem Representation: A middle aged male who lives in a rural area p/w inflammatory syndrome w/ chronic abdominal pain, chronic diarrhea, anemia & eosinophilic ascites

Teaching Points (Rafa):

- **APPROACHING ABDOMINAL PAIN FOR ONE YEAR**
  Can exclude causes w/ severe pain like perforation or pancreatitis
  Pearl: with time, the probability of diagnosing an acute abdomen etiology w/ CT scan goes down
- **EDEMA + WEIGHT LOSS + DIARRHEA**
  You expect weight gain with edema - red flag!
  Chronic diarrhea: inflammatory (IBD, malignancy, radiation) or non-inflammatory (osmotic w/ SOG >50 or secretory SOG <50)
- **DISTENDED BELLY** - solid? Liquid? Gas?
  Edema on the legs - ascites! Most common cause: cirrhosis - however, this patient doesn't have stigmata of chronic liver dz ..
- **SAAG:** serum-to ascites albumin gradient
  ≥1.1: portal HTN :
  Presinusoidal - schistosomiasis/splenic or portal vein thrombosis
  Sinusoidal - cirrhosis
  Postsinusoidal - constrictive pericarditis, Budd-Chiari syndrome, RHF
  ≤1.1: Nephrotic syndrome, pancreatic ascites, TB, peritoneal carcinomatosis
- **HYPOALBUMINEMIA** - decreased production (cirrhosis/ malnutrition) / loss in urine (nephrotic syndrome)/ protein-losing enteropathy (lymphoma)
- **STRONGYLOIDES :** from asymptomatic eosinophilia to disseminated disease w/ septic shock.
  Hyperinfection syndrome: most commonly seen in patients w/ immunosuppression - parasite's filariform larvae carry the bacterial flora of the bowel to various sites: can result in PNA, meningitis, GN septicaemia and/or disseminated fungal infections.
- **EOSiNOPHILIC ASCITES**
  Parasitic causes: Strongyloides, Toxocara, and Schistosomiasis
  Other: Eosinophilic gastroenteritis and idiopathic HES - both treated with glucocorticoids.
  Pearl: It is necessary to exclude Strongyloides infection prior to the initiation of steroid treatment, which can precipitate Strongyloides hyperinfection.