



07/16/21 Morning Report with @CPSolvers



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CC: 35 yo F with diffuse abdominal pain and headache.

HPI: A 35 yo F p/w 3 weeks of diffuse abdominal pain and headaches. She was d/c 2 months prior secondary to severe abdominal pain. She was found to have a SMA dissection, intramural thrombus with stenosis of 80%, had a stent placed with resolution of symptoms. The abd pain returned and then the HA developed. Also developed diffuse myalgias.

PMH:
C-sections x2 4 years prior

Meds: None

Fam Hx: None

Soc Hx: No smoking, recently divorced

Health-Related Behaviors:

Allergies: None

Vitals: T: 36.5 HR: 88 BP: 150/90 RR: SpO₂: 98

Exam:

Gen: Ill appearing with gen pain

HEENT: no icterus or adenopathy: Tortuosity of eye vessels

CV: no murmurs, diminished pulses

Pulm: CTAB

Abd: diffuse td without guarding, nml BS

Neuro: Nml

Extremities/Skin: no rash, purpura or petechiae

Notable Labs & Imaging:

Hematology:
WBC: 3.78 Hgb:9 Plt: 282 MCV: 88 MCH 29

Chemistry:
CMP WNL, Cr 0.61
Lactic 6.5 (<11 is N) LDH 183
HIV and Hep: Neg
CRP: 2.24 ESR 91
Vasculitis panel: All Negative: ANA, cANCA pANCA neg
Lupus Anticoagulant: mildly pos

Imaging:
CTA abd/pelvis: Dissection of iliac artery, dissection of right renal artery
CTA Neck/Head: bilateral vertebral artery dissections c3-c5, dissection of ICA and with an appearance of a string of beads
Copper: Nml
Neg panel for Ehlers-Danlos

Final diagnosis: Fibromuscular Dysplasia

Problem Representation: young woman presenting with abdominal pain and headache, with a previous history of SMA dissection and intramural thrombus, which is found to have the string of beads pattern on vertebral artery.

Teaching Points (Gabriela Pucci):

- Abdominal pain + headache: first, figure out which one is more specific for a diagnosis (for example, in this case, a systemic disease can trigger a headache) - the headache can be a noise!
- *Be careful and look for some hints that may indicate that the headache is not the "noise", like severe headache, presence of focal signs, skin rash on scalp.
- HPI indicates vasculopathy (SMA dissection, intramural thrombus) involving brain and abdominal vessels .
 - a. Vasculopathy: related or not to inflammation- usually associated with fever and leukocytosis. Older patients: vasculopathy is usually secondary to atherosclerosis; in a young patient you should look for secondary/ uncontrolled hypertension and vasculitis (inflammation)
 - b. For all vasculopathy: try to find out which are the vessels involved to try to look for the disease
- Hypertension in a young patient: acute X chronic hypertension.
- For acute hypertension, there most common are secondary to pain and anxiety. Besides that, there are 4 categories:
 - a. Neurologic disease: central (stroke) or peripheral disease (AIP)
 - b. Cardiac disease: like acute aortic dissection
 - c. Renal disease: glomerulonephritis and renovascular disease
 - d. Endocrine disease: hyperthyroidism and pheochromocytoma
- Severe hypertension: is the hypertension leading to vessel injury OR is there a primary vessel pathology leading to dissection and hypertension ?
- For vasculopathy: look for skin lesion OR imaging findings. Fibromuscular dysplasia / Ehlers-Danlos, NF1, ADPKD, Pseudoxanthoma elasticum, Degos disease. Think of SAM (Segmental Artery Mediolysis) -> think of this one if there is celiac artery dissection.