# 07/28/21 Morning Report with @CPSolvers

***Case Presenter***: *Ann Marie Kumfer (@Annkumfer)* ***Case Discussants***: *Nilayan Sarkar (@nilayansarkar) & Franco(@FrancoMurilloCh)*

**CC**: Increased Ostomy output

**HPI**:36 year old male with PMH of Crohn s/p ileal resection and ileostomy.

Right upper lung mass evaluation, episodes of presyncope, lightheadedness, jerking episodes, CT of chest revealed right upper lobe mass, concerning for Malignancy. Tensing and jerking, high ostomy output (5-10 times/day, no bleeding). Denies post- ictal state, but endorses off balance. Weight loss (10 pounds). Denies hemoptysis or cough.

**PMH**: Crohns. Not on meds for 2 years, depression, opioid use disorder
**Meds**: Anti TNF-alpha, Clonazepam , Adderall, imodium, suboxone, trazodone, venlafaxine, PPI

**Fam Hx**:

**Soc Hx**:Smokes pack/daily for 15 years

**Health-Related Behaviors**:

**Allergies**:

**Vitals**: **T**:nl **HR**:120 **BP**:100/70 **RR**:18 **$SpO_2$**:nl
**Exam**:

**Gen**: No acute distress
**HEENT**: no lymphadenopathy
**CV**: nl
**Pulm**: Coarse sounds in rt upper lobe of lung
**Abd:** Ostomy- brown output, erythema, no purulence
**Neuro**: CN-nl, Strength-nl, DTR-nl, Cerebellar testing-nl
**Extremities/Skin**: well perfused

**Notable Labs & Imaging**:
**Hematology**:
WBC: 7.5 , lymphopenia (1.4), Hgb:13.2 Plt:337k

**Chemistry**:
Na: 136 K:4.1 Cl:93 CO2:31 BUN:24 Cr:2 (baseline-1) glucose: Ca:nl Phos:nl Mag: 0.7. LA-2.6, trops- negative, CK-neg, CRP-nl
AST: ALT: Alk-P: T. Bili: Albumin: 4.7, no gamma gap, HIV- negative , UA- 6 RBCs. Urine histo- neg, Fungal antibodies- neg, crypto-neg, ANCA- neg
**Imaging**:
CT- negative for PE, Cavitary Lung mass . PET- hypermetabolic foci in lung and ostomy site.
Biopsy- AFP-neg, Cul-neg,
Fibrosis, inflammation, multinucleated giant cells, immunostains for cancer-neg
MRI -nl
**Final dx- Pulmonary Crohn's and Necrobiosis of bowel**

**Problem Representation**: 36 year old with Crohn's disease presenting with increased ostomy output and cavitary lung lesion.

**Teaching Points (Kirtan)**:

- **Right upper lung mass and increased ostomy output**- Infections vs Malignancy. Need to consider the base rate of disease, medications, epidemiology, and PE findings. Complications of primary process- *Electrolyte disturbances, AKI*
- **Focusing on Lung mass and jerking episodes-** Malignancy (including *lymphoma)* and Infections (*TB, Fungi)*. *Vasculitis (GPA*), *Sarcoidosis*. Medication effects and withdrawal to be considered while evaluating jerking episodes.
- **Dealing with unremarkable labs**- Lymphopenia can be a pivot point. Possibilities include infections like HIV, TB, Fungal infections. Hematologic Malignancies like lymphoma warrants consideration.
- **Putting it all together-** Cavitary lung lesion + Relapse of Crohn's- After ruling out all the possible infections and malignancy, Pulmonary Crohn's is the most likely suspect. Can present as Bronchiectasis, Reticulonodular infiltrates, Cavitary lung lesions, and necrobiotic lung nodules.