08/19/21 Morning Report with @CPSolvers

***Case Presenter**: Ori Lieberman (@orilieberman) **Case Discussants**: Rabih Geha (@rabihmgeha) and CPS Family*

CC: Melena and BBPR

HPI:

46 yo F w/ acute exacerbation of her HFpEF. Melena and BBPR noted at hospital stay
No other symptoms
This is her first time episode of melena & BBPR.

PMH:
HBV congenital infection complicated w/ liver and kidney failure. 2x transplants. Last transplant 2000. Kidney transplant functioning fine.

Meds: SGLT-2 inhibitor, spironolactone, aspirin for a pericarditis.

Fam Hx:
None

Soc Hx: None

Health-Related Behaviors:
No -OH, tobacco

Allergies:
Contrast

Vitals: **T**: **nl** **HR**: 60s **BP**: 95/60 **SpO_2**: nl
Exam:
Gen: No acute distress, anxious
HEENT: Unremarkable
CV: unremarkable
Pulm: lungs clear to auscultation
Abd: no tenderness throughout, normal bowel sounds, scars from previous surgeries. No ascites, euvolemic. Rectal exam showed melena w/ streaks of bright red blood.

Notable Labs & Imaging:
Hematology:
WBC: Hgb: 9.5 (baseline 12) Plt: nl

Chemistry:
Na: K: Cl: CO2: BUN: 48 (baseline: 40s) Cr: 1.5-1.3 glucose: Ca: Phos: Mag:
AST: ALT: Alk-P: 500s T. Bili: Albumin:

Imaging:
EKG: Increased voltages of the QRS complexes
CXR: Normal
Liver biopsy: showed congestion hepatopathy
Clinical evolution: fluids and PPi were given, no octreotide. Then given more fluids.
Endoscopy: unremarkable, no source of bleeding noted
Colonoscopy: evidence of bright blood in the colon. A mass distal to the ileocecal valve was noted.
Colon tissue pathology: AL Amyloid deposition. **BMB:** unremarkable.
Endomyocardial biopsy: Negative for cardiac amyloidosis

Final diagnosis: systemic amyloidosis

Problem Representation: 46 yo F w/ a PMHx of congenital HBV infection complicated w/ kidney and liver failure, presented w/ melena and BBPR in her hospital stay for HFpEF exacerbation.

Teaching Points (Vale):
3 points by triage:

1. **Vitals are key:** Recognize significant hemorrhage vs mimickers (GU bleeding, Gyn bleeding, pigment-bismuth, iron, food)
   - Tachycardia: <15% blood loss.
   - Orthostatic hypotension: >15% blood loss
   - Hypotension at rest: 40% blood loss.
2. **Upper vs Lower GI bleed:** Hemodynamically instability and brisk onset is more common in Upper GI bleed.
   - Presence of melena and BUN/Cr >= 35:1 have high LRs for UGIB.
3. **History of cirrhosis** (octreotide, ceftriaxone and be careful with hydration) or **Aortoenteric fistula**

- **Heyde Syndrome:** Aortic Stenosis + GI bleed -> AVMs. Increased risk of AVM from cardiac conditions.
- **Fecal Occult Blood Test:** Not useful, because of high rate of false positives < Rectal exam.
- HR can be normal in patients with heart failure, even in the onset of GI bleed. Hb can be normal because of volume contraction.
- **UGIB:** Ulcers > Esophagogastric varices > Esophagitis.
- **Ileal Mass:** Infectious (TB, Histo, Paracocco) vs Malignancy (lymphoma) vs Sarcoid vs Amyloidosis.