



09/1/21 Morning Report with @CPSolvers



Case Presenter: Franco Murillo (@FrancoMurilloCh) Case Discussants: Samuel Reyes (@samuelreyes68) and Ana Carolina Sudario (@anacasule)

CC: Fever and abdominal pain

HPI: 60 year-old-male with referral for UTI (E.coli) on meropenem (day 10). Previous history of salmonella septicemia (3 months back), . Active crohn's on steroids. Now presenting with fever for a week and acute diffuse abdominal pain (developed while doing physiotherapy)

ROS-Denies nausea and vomiting.

PMH: Avascular necrosis of left femoral head, T11-12 spondylitis (due to salmonella infection)

Fam Hx: None

Soc Hx: None

Health-Related Behaviors: Smoker

Allergies: None

Meds: Predn isone, Meropenem

Vitals: T: 38HR:120 BP:130/70 RR:18 SpO₂:98

Exam:

Gen: Looks alright

HEENT: normal

CV: normal. No murmurs, gallops

Pulm: normal. No

Abd: Distended abdomen, tenderness on left side, no guarding, rebound, organomegaly, bowel sounds present. Auscultation limited due to pain. No back tenderness

Neuro:

Extremities/Skin: normal.

Notable Labs & Imaging:

Hematology:
WBC: 15,740 (Polymorphs- 14,323 with toxic granulations)Hgb:8.3
Plt: 407,000

Chemistry:
Na: K: Cl: CO2: BUN: 17Cr:0.44 glucose: Ca: Phos: Mag:
AST: ALT: Alk-P: T. Bili: Albumin: CRP- 31 mg/dl
UA- Normal
HIV & HBV- negative

Imaging:
CT- Multiple collections in retroperitoneum. Infrarenal aortic and iliac vessel mycotic aneurysm.

Final dx- Mycotic aneurysms (Salmonella)

Problem Representation: 60M p/w 1 week history of fever and abdominal pain. His PMH is remarkable for Crohn's on chronic steroid use, UTI on meropenem tx and salmonella septicemia. On examination there was abdominal distension and left tenderness.

Teaching Points (Vale):

- **Abdominal Pain:** SOCRATES (Site, Onset, Characteristics, Radiation, Associated symptoms and signs, Timing, Exacerbating/Alleviating, Severity)
 - Don't forget extra abdominal causes (PNA, pleural effusion, Gyn and GU causes).
 - Most causes of abdominal pain need imaging.
 - **Imaging negative causes:** porphyria, adrenal insufficiency, hypercalcemia, DKA, uremia, zoster, meds.
- **Fever + Abdominal Pain:** IMADE. Tempo is queen -> Acute abdominal pain (-itis: cholecystitis, appendicitis, pancreatitis, hepatitis, colitis, gastroenteritis).
- **Antibiotic Failure:** Dx (Wrong drug for the bug, non-infectious cause), Tx (low dosis, spectrum, no source control), resistance, natural Hx.
- **Abdominal Tenderness/Pain out of proportion to exam findings:** Mesenteric angina, mesenteric venous thrombosis, colitis, zoster.
- **PMH of Crohn's -> risk of megacolon & perforation -> Perforation in the immunosuppressed:** Entamoeba histolytica, Ascaris lumbricoides, Histoplasma, CMV, Chagas, Typhlitis, Kaposi, microsporidia.
- **Salmonella:** Gastroenteritis, bacteremia and endovascular infections (immunocompromised pxs-HIV, use of steroids, sickle cell anemia).
 - **Aneurysm:** can affect large vessels (aorta) and small vessels. Risks include arterial qx and ICH.