09/17/21 Morning Report with @CPSolvers

Case Presenter:*David Hernandez* ***Case Discussants***: *Global VMR community*

CC: Abdominal pain + Diarrhea for 3 days

HPI: 50yo F p/w 3 days of non bloody diarrhea a/w severe abdominal pain. No fever, SOB, chest pain, N/V.
No recent contacts.

Past Medical History:
H pylori apparently non treated GERD

Completed UTI treatment 3 days prior to onset of symptoms, treated with Keflex

Meds:
Omeprazol

Family History: Non contributory
Social History:
No alcohol
No smoking
Health Related Behaviours:
Recent travel to NYC + recent ingestion of traditional Ecuadorian food (coconut, fish, milk)
Allergies:
none

Vitals: **T**: 36,6 **HR**: 84 **BP**:126/82 **RR**:20 **SpO_2**: 97%
Exam:
Gen: non toxic, non diaphoretic **HEENT**: normal
CV: normal **Pulm**: normal
Abd: lower abdominal tenderness, active bowel sounds
Neuro: normal
Extremities/Skin: skin warm and dry, no edema

Notable Labs & Imaging:
On admission
Hematology:
WBC: 7.8 (lymph 0.8 monocytes 1.1)Hgb: 12.6 Plt: 241.000
Chemistry:
Na: 135 BUN: 7 Cr: 0.62:
CRP: 5.5 ESR: 23
C.diff negative
Stool: Shiga toxin + and enteroaggregative E coli
Imaging:
Abdominal CT: undetermined pancolitis

Follow up test during hospitalization
Hematology:
WB: 11.1 Hb: 5.9 Plt: 35.000
Chemistry:
Na: 124 BUN: 88 **Cr:** 8.4
LDH: 1712 Haptoglobin: < 8 D-dimer 1198
Peripheral smear: schistocytes
C3: 122 C4: 16
ADAMTS13: 70%

Final Dx: Typical HUS

Problem Representation:
ENG: 50 yo female with non bloody diarrhea with severe abdominal pain. No nausea or vomiting. Found to have on lab findings microangiopathic hemolytic anemia.
ESP: Mujer de 50 años presenta diarrea no sanguinolenta y dolor abdominal severo de curso agudo. En analítica se evidenció anemia hemolítica microangiopática
POR:Paciente de 50 anos apresentando diarréia não sanguinolenta acompanhado de dor abdominal intensa. Nega febre e dor no peito. Exames laboratoriais demonstraram anemia hemolítica microangiopática.

Teaching Points (Rafa):

- **ABDOMINAL PAIN**
  Few causes identified by the physical exam (zoster) or labs (DKA)
  Most diagnoses rely on a CT exam
  +DIARRHEA - infectious enterocolitis, irritable bowel disease (bloody - UC), lactose intolerance, drug induced colitis, pancreatitis, appendicitis, psychological causes, UTI
  Omeprazol + recent antibiotic use - C difficile colitis - bloody diarrhea can be seen in toxic megacolon which can be seen with C diff and IBD
- **BLOODY DIARRHEA**
  Anal fissure, GI bleeding, bowel ischemia, IBD, colon cancer, infectious causes (Shigella), angiodysplasia, intussusception (intraluminal mass/tumor)
- **MAHA :** anemia + thrombocytopenia
  Rule out splenomegaly, bleeding, infection (Malaria, Babesia)
  Microangiopathic hemolytic anemia - low Hb (increased LDH / low haptoglobin)+ low platelets (consumption) - blood smear w/ schistocytes
  Shiga-like toxin (HUS), TTP (ADAMTS13 dysfunction), HELLP, DIC (prolonged PT/PTT - deficiency in clotting factors)
- **HUS**
  Hemolytic uremic syndrome - commonly caused by the shiga-like toxin from Enterohemorrhagic E. coli. (serotype 0157:H7). The atypical form is due to decreased complement clearance from complement gene mutations or autoimmune response