



09/22/21 Morning Report with @CPSolvers



Case Presenter: Ann Marie Kumfer (@AnnKumfer) Case Discussants: Hamza Khan (@Hamzakswati95) and Abdulaziz Hasan

CC: 32 yo male with an abdominal mass

HPI: Symptoms started 1 month prior to presentation with bloating, nausea, cramping when eating and constipation w/ occasional watery stools. Feels weak and noticed an abdominal mass. Has lost at least 20 lbs.

ROS: Denies weight loss, night sweats, shortness of breath, cough, hemoptysis, hematochezia, dysuria, hematuria, rashes, joint pain, muscle aches.

Returned from trip to Africa 1 month ago (visiting family). Noticed mass at end of the trip. No exposures, except being close to cattle and sheep. No antimicrobial prophylaxis.

PMH:
No PMH

Meds:
None

Fam Hx: -
Soc Hx: -

Health-Related Behaviors:
No tobacco, alcohol or drug use. Not sure about childhood vaccinations. No recent sexual activity.

Allergies: -

Vitals: T: 36.8 HR: 105 BP: 140/92 RR: 16 SpO₂: normal

Exam:
Gen: cachectic, no acute distress.
HEENT: no cervical LAD, hyperpigmented pinpoint macules on anterior tongue
CV: tachycardic, no rubs, gallops or murmurs. **Pulm:** clear to auscultation.
Abd: large, hard abdominal mass, some discomfort to palpation. No rebound or guarding. No fluid wave.
Extremities/Skin: no edema, no rashes. Peripheral pulses present.
Genital exam: Undescended R testicle.

Notable Labs & Imaging:
Hematology:
WBC: 4.7 (ANC 3.3, Lymphs 0.9, nI Eos) Hgb: 9.8 (MCV 75) Plt: 535
Chemistry:
Na: 136 K: 4.3 Cl: 97 CO₂: 31 BUN: 6 Cr: 0.5 glucose: 90 Ca: 9.2, Mag: nI, Albumin: 3.2
AST: 76 ALT: 43 Alk-P: 199 T. Bili: 0.5 protein 7.7
Thick and thin smear: Plasmodium falciparum (<1% RBC burden)
HIV (-), Quantiferon GOLD (+)
LDH: 2484. Ferritin: around 400-500. Uric acid: normal
AFP 26 000. hCG < 5

Imaging:
CT chest: unremarkable
CT Abd: large low density mass w/ peripheral solid areas. Measuring 11.7 x 19.7 x 20.3. Surrounding mesenteric lymph nodes. Organ of origin non identifiable.
Biopsy (of mass): Germ cell carcinoma of yolk cell origin.

Final Dx: Germ cell carcinoma

Problem Representation:
32 yo male with an abdominal mass + GI symptoms looking cachectic, an undescended testicle was found during Genital exam.

- Teaching Points (Franco):**
- **Weight loss:** Look for pathological weight loss vs non pathological, (High-five your patient rule)
 - **Mass:** growth speed, size, associated symptoms (weight loss, fever). Distinguish between malignant or not.
 - **Mimickers:** Infections (Abscess, parasites), lymphadenopathy due to non-specific inflammation, organomegaly, also look for exposures (travel, occupational, pets)
 - **Abdominal mass:** Localize, (GI tract /abdominal wall/other organs)
 - **Abdominal mass + anemia:** true GI loss vs anemia of chronic disease.
 - **Colonic adenocarcinomas:** usually take years to develop (Polyp to Adenocarcinoma natural history)
 - **Large solid tumors** can have tumor lysis sd (High tumor burden)
 - **Undescended Testicle:** is an important risk factor for cancer
 - **Tissue is the issue!**