10/15/21 Morning Report with @CPSolvers

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CC: Diffuse abdominal pain and hematemesis

HPI: 26 M with diffuse abdominal pain and hematemesis. Presented with history of intermittent diffuse abdominal pain for 2-3 weeks with occasional nausea but no vomits. Day prior of admission, he had an episode of hematemesis (half cup). The day of admission he had 2-3 cups of hematemesis, near syncope and general malaise.

PMH:
He was dx with Evans syndrome at 15 Refractory to steroids and IgG.
Complicated Splenectomy at 16

Meds:
None

Fam Hx:
Mother died of lung cancer

Soc Hx:

Health-Related Behaviors:

Allergies:

Vitals: **T:** 36.5 **HR**: 120 **BP**:90/60 **SpO_2**: 98
Exam:
Gen: Ill appearance, general pallor
HEENT: No adenopathy
CV: Tachycardia, RRR
Pulm: Clear Bilaterally
Abd: Mild diffuse tenderness. No rebound no masses no organomegaly scar of splenectomy
Neuro: Normal
Extremities/Skin: No rash, no petechiae. Patchy areas of both hands and thorax consistent with vitiligo

Notable Labs & Imaging:
Hematology:
WBC: 7370 Hgb: 8.7 MMCV 84 MCH: 29 Plt:15,000 INR: 1.21 TTP:NV
Chemistry:
BMP: Unremarkable
AST: 279 ALT: 365 T. Bili: 2.3 Albumin: 3.45
HIV, CMV, EBV ,COVID: negative
Haptoglobin less than 10, B2 microglobulin: 2.7 CRP: 1.53 LDH:380
Positive direct and indirect coombs
ANCA, ANA negative, Thrombophilia panel: negative,
Antiphospholipids panel: negative
Imaging:
Emergency endoscopy: multiple esophageal and gastric varices
Fibroscan: No cirrhosis
Abdominal CT: Chronic portal and superior mesenteric veins thrombosis.

He did not have a vein to derive the flow. Patient died in another bleeding

Problem Representation: 26 M with Evans syndrome with diffuse abdominal pain and hematemesis.Patient had multiple esophageal and gastric varices. Dx: Thrombosis at portal vein and superior mesenteric vein

Teaching Points (Laura <3**)**:

- **Hematemesis**
  Cirrhosis, peptic ulcer dz, aortoenteric fistula
  - Management:
  Check platelets, PT, PTT
  Protect their airway (aspiration), large IVs
- **Diffuse abdominal pain**
  Gastritis, hernia, herpes zoster, pancreatitis, urinary retention
  Extra abdominal cause - pelvic disease
  Vascular (arterial/venous clots), perforation, obstruction
- **Evans syndrome**
  Autoimmune mediated thrombocytopenia and hemolytic anemia. 50% idiopathic. Triggers: Lupus, hepatitis B, hepatitis C, HIV, CVID
- **Thrombocytopenia + bleeding**
  Plt:
  <50.000 trauma/surgery can cause bleeding
  <20.000 minor trauma can lead to bleeding
  <10.000 spontaneous **intracranial** bleeding
- Rapid bleeding shouldn't change the hgb immediately.
  Chronic hemolysis + extra sensible to trauma explains low hgb.
- **COOMBS**
  Direct coombs: patient's blood + healthy serum = agglutination (IgG pattern)
  Indirect coombs: patient's plasma + healthy RBC = agglutination (C3 pattern)
- Non cirrhotic portal HTN (10%): chronic portal vein thrombosis