



10/14/21 Morning Report with @CPSolvers



Case Presenter: Catarina Costa Case Discussants: Sharmin Shekarchian (@Sharminzi) and Rabih Geha (@rabihmgeha)

CC: 66y lady presents with diarrhea for 1 year

HPI: 15 bowel movements/day, Bristol 7. No blood or mucus. Diarrhea persisted during night, no improvement with fasting. Associated with anorexia and 12 kg weight loss in the last year.

ROS: No abdominal pain, fever, night sweats, tenesmus

PMH:
HTN (well controlled)
Dislipidemia,
Degenerative OA disease

Meds:
Ramipril 10 mg qd
Bisoprolol 2 mg qd

Fam Hx:
Mother died of ovarian cancer (50 yo)

Soc Hx:
Non smoker, no alcohol, no drug use

Health-Related Behaviors:
No high risk sexual contacts

Allergies: none

Vitals: T: 36.6 HR:98 BP: 165/78 RR: SpO₂: 100% room air

Exam:
Gen: malnourished, 45kg, blue hue in malar region
Abd: distended, non tender. No visceromegaly
Neuro: normal
Extremities/Skin: bilateral symmetric leg edema

Notable Labs & Imaging:
Hematology:
WBC: 14 400 (79& PMN) Hgb: 11.8 (MCV 81.5) Plt: 536 000
Chemistry:
Na: nl K: 4.7 Cl: CO2: BUN: 45Cr: .77 glucose: 84 Ca: Phos: Mag: AST: 78 ALT: 34 Alk-P: 577 T. Bili: 0.98 Albumin: 2.1 CPR 200 mg/dL

Imaging:
CT: diffuse bilateral lung micronodules, bilateral small pleural effusions, hepatomegaly w/ multiple heterogeneous nodules consistent with nutmeg liver. 2 cm Nodule in terminal ileum

Colonoscopy: colonic mucosa congested, biopsy not possible.
5-HIAA: > 64 (nl: 6.9)
Chromogranin: high
Hepatic biopsy: Well differentiated grade 1 carcinoid tumor

Patient developed dyspnea, syncope
Cardiac Echo: Severe tricuspid valve regurgitation, dilatation RV, RA consistent with carcinoid heart disease

Final Dx: Carcinoid tumor with hepatic and cardiac dissemination
Good response to octreotide treatment!

Problem Representation: 66F p/w 1 year history of diarrhea, weight loss. Exam is remarkable for HTN, blue hue in malar region and b/l LE edema.

Teaching Points (Vale):

- **Chronic diarrhea:**
 - 1st: Confirm true diarrhea (loose stools) vs increased frequency (storage or systemic disease)
 - ▶ **Red flags:** Nocturnal, recent onset in an old px, painless, weight loss, blood on stools, large volume, anemia, hypoalbuminemia, elevated ESR.
 - ◆ + weight loss: inflammation or malabsorption.
 - **Inflammatory vs Non inflammatory** -> Secretory vs Osmotic (improves w/ fasting)
 - **Secretory:** Meds, bile acid excretion, thyroid hormone secretion (VIPoma, carcinoid, gastrinoma), protein losing enteropathy, villous adenoma, colitis.
 - **Inflammatory:** IBD, radiation/immunotherapy, infection, malignancy.
- ◆ Blue hue in malar region -> clue for Carcinoid.
- ◆ Painless AlkP elevation -> hepatic/cholestatic > bone

Great tumor markers:

- Chromogranin -> Neuroendocrine tumors.
- PSA