



11/13/21



Morning Report with @CPSolvers



Case Presenter: UMMC Midtown Residents (@ummidtownim) Case Discussants: CPS Family <3

<p>CC: Abdominal Pain and hypercalcemia</p> <p>HPI: 50yM w/ PMHx of DM p/w abdominal symptoms and is found to have DKA and severe hypercalcemia.</p> <p>1 week of nausea vomiting. Emesis non bilious, non bloody. Also refers fatigue abdominal pain and increased urination.</p> <p>No weight loss, confusion.</p>	<p>Vitals: T: 36.2 HR:130 BP: 87/47 RR: 18 SpO₂: 99</p> <p>Exam:</p> <p>Gen: Dry mucous membranes.</p> <p>HEENT:</p> <p>CV:</p> <p>Pulm:</p> <p>Abd: No tenderness, guarding, rigidity. No hepatosplenomegaly.</p> <p>Neuro: Oriented.</p> <p>Extremities/Skin:</p>	<p>Problem Representation:</p> <p>ENG: 50yM w/ PMHx of DM p/w abdominal symptoms and is found to have DKA and severe hypercalcemia.</p> <p>ESP: Hombre de 50 años con Diabetes Mellitus se presenta con con síntomas abdominales, Cetoacidosis Diabética e hipercalcemia.</p>	
<p>Past Medical History: Insulin dependent DM dx at 43 years old. Follow up testing was normal for antibodies. Stayed off insulin for several years and used Metformin. 3 years ago started insulin again.</p> <p>Meds: Insulin. Metformin x2 daily.</p>	<p>Family History: Aunt and grandmother had DM.</p> <p>Social History:</p> <p>Health Related Behaviours: No EtOH or drugs. Ex smoker</p> <p>Allergies:</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 24.7 Hgb: 19 Plt: 169</p> <p>Chemistry: Na: 127 K: 3.8 Cl: 80 CO2: 20 Anion Gap: 27 BUN:22 Cr: 1.8 glucose: 235 Ca Total: 17.3 Phos: Mag: AST: ALT: 24 Alk-P: T. Bili: 2 Albumin: 4.7 TP 7 Lactate 2.3 A1c 11% PTH 5 (nl 8-54) PTHrp <2 1, 25-Vit D & 25-Vit D: 10 (low) Glutamic 150 Beta islets antibodies: Elevated Urine Ca: 17.8 Protein electrophoresis: Normal.</p> <p>Imaging: CT chest and abdomen: No evidence of malignancy.</p> <p>Admitted to ICU. Aggressive IV hydration and acid. Serum Ca levels improved and he was discharged. Later he admitted to ingest large amounts of calcium over the counter medications for dyspepsia.</p> <p>Final Dx: Milk-Alkali Syndrome</p>	<p>Teaching Points (Vale):</p> <ul style="list-style-type: none"> ● Hypercalcemia: PTH dependent vs independent (malignancy, granulomatous, meds) <ul style="list-style-type: none"> ○ Is it ionized Ca or total Ca high? -> Correct for albumin. ○ Comorbidities: In case of acidosis we can expect high Ca. ○ Rule out effect of volume depletion. ● Common things being common: Rule out primary hyperparathyroidism. ● Polyuria: DM mellitus and insipidus. ● Always ask for over the counter medications, supplements, herbal or alternative meds...you never know if you are missing the culprit! <p>💎 Crabs cakes are the best!!</p>