



12/03/21 Morning Report with @CPSolvers



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CC: Constipation and abdominal pain

HPI: 19yM w/1y of slowly progressive constipation. Initially constipation resolved w/ laxatives, over time needed stronger meds and over the past 3 weeks had very low frequency of evacuations and abdominal distension. Started experiencing stabbing, sudden onset diffuse abdominal pain. Pain was progressive, non radiating.

3d before: 2-3 episodes of brown, foul smelling vomit.

ROS: 7kg weight loss over past year, loss of appetite. No changes in diet. No diarrhea, urinary incontinence or dysphagia. No recent travels, trauma, surgeries.

PMH:
Childhood: chickenpox and pneumonia. EBV @15 y HAV @17y

Meds:
None.

Fam Hx:
Mother 55yo: T2DM
Father 58yo: T2DM.
Brother: Had an episode of fever, rash, vomiting in childhood. Resolved spontaneously.

Soc Hx: Originally from country side area N of Brazil. Moved to Rio w/mother and brother and hasn't been home since 2016.

Health-Related Behaviors:
Allergies:

Vitals: T:98.42 HR:90 BP:120/80 RR:20 SpO₂:98%

Exam:
Gen:no distress. Pale conjunctiva 2/4.
HEENT:
CV: normal, no murmurs.
Pulm: normal bilateral sounds.
Abd: distended w/highly reduced bowel sounds. Diffuse pain upon palpation, positive for guarding. No rebound tenderness. Hard stools found in rectal vault.
Neuro: alert, followed commands. Reflexes intact.
Extremities/Skin: no lesions or pallor.

Notable Labs & Imaging:
Hematology:
WBC:24,000 (N 80% M 2% Lymph 17% Eos 1% B 0%) Hgb: Plt:

Chemistry:
Na: K: 4.2 Cl: CO2: BUN: Cr: glucose: 88 Ca:9.3 LDH 7,000 Lactate 6.
ABG: pH 7.15 Bicarb? PaCO2 34
TSH: 2.7
HIV, RPR?: neg

Imaging:
Abdomen CT: bowel distension - megacolon, no obstruction seen.
Chagas serology (T. cruzi antigens): Positive.

Final Dx: Chagastic megacolon

Problem Representation: 19yM originally from Brazil's country-side p/w chronic progressive constipation and sudden onset stabbing abdominal pain. Workup revealed high WBC, elevated LDH, and lactic acidosis. Imaging revealed megacolon with no obstruction.

Teaching Points (Rafael):

- PROGRESSIVE CONSTIPATION AND ABDOMINAL PAIN**
What did the patient say first ? - have it on the foreground CONSTIPATION
 - Obstruction - fecalith, hernia, adhesion, volvulus, neoplasia
 - Impaired peristalsis - medications (opioid, diltiazem, antacids, anticholinergics), iron, electrolyte abnormalities (hypercalcemia, hypokalemia), infectious causes (chagas - megacolon), dyssynergic defecation (a/w neurological disorders - impaired pelvic muscle floor relaxation), lead toxicity
- HARD STOOLS FOUND IN THE RECTAL VAULT**
Stools are able to get there - probably impaired motility Unless there's an obstruction in the rectal vault itself
- DILATED BOWELS**
Obstruction / megacolon (C. diff, ileus, Chagas, Hirschsprung)
- ELEVATED LDH:**
Hemolysis? Ischemia? Neoplasia (lymphoma)
- CHAGAS**
Heart manifestation: Dilated cardiomyopathy w/ decreased EF/RBBB/arrhythmias
GI manifestations: Megacolon (slowly progressive constipation) / megaesophagus and achalasia