12/30/21 Morning Report with @CPSolvers

Case Presenter: *Ravi Singh (@rav7ks)* ***Case Discussants***: *Rabih Geha (@rabihmgeha)*

CC: 50 yo F, PMH rectal cancer, w/ nausea, vomiting, epigastric ab pain

HPI: Worst postprandially. Acutely started 3-5 days ago. Back in 2010 had rectal cancer s/p chemo and radiation. Decreased oral intake over past 15 years from pain with associated weight loss of 15* lbs over past year. No fevers, chills, diarrhea, constipation.

PMH:
Rectal cancer s/p chemo and radiation

Surgical resection of rectal neoplasm (2010)

Meds:
Symbicort

Fam Hx:

Soc Hx:

Health-Related Behaviors:
Smoker 45 pk year

Allergies:
none

Vitals: **T**: **37** **HR**: **85** **BP**: 130/70 **RR**: **SpO$_2$**: 99% RA
Exam:
Gen: cachectic appearing BMI 17 kg/m2 with severe temporal muscle wasting
HEENT:
CV: normal
Pulm: normal
Abd: soft, mildly distended in epigastric region, nontender, normal bowel sounds, no evidence of peritonitis, no rebound tenderness or guarding
Neuro:
Extremities/Skin: no edema, warm and dry skin

Notable Labs & Imaging:
Hematology:
WBC: 6.21 Hgb: 13.8 Hct 43.2 Plt: 457

Chemistry:
Na: 140 K: 4.3 Cl: 99 CO2: 33.7 BUN: 21 Cr: 0.74 glucose: 113 Ca: 10.7 Phos: Mag:
AST: 29 wnl ALT: 37 wnl Alk-P: 149 T. Bili: 0.30 Albumin: 5.3 Total protein 9.4
Lactate 2.6

Imaging:
EKG: normal sinus rhythm
CXR:
Upper GI Series: abnormal delayed passage of barium through third portion of duodenum suggesting SMA syndrome

Problem Representation:
A 50 yo F with PMH of rectal cancer s/p chemo and radiation presents w/ nausea, vomiting, epigastric ab pain, and weight loss

Teaching Points (Dania):

- Nausea, vomiting and epigastric pain: Think of pathologies inside the GI tract, outside of the GI tract and complications of any chronic illness.
- Where does the lesion/ problem lie if epigastric pain? May be in the stomach, duodenum, vasculature or in the biliary tree. All causes except biliary causes may have a chronic history associated with it.
- Stomach and duodenum may have ulcers, Vasculature-> Chronic mesenteric ischemia
- Acute on chronic vs chronic presentation. Ulcers and pancreatitis may have an acute presentation while Chronic mesenteric ischemia and biliary causes may have a delayed course of illness
- Pain occurring at juncture of two location→ tricky. Epigastric pain may be a thoracic or upper abdominal pathology, Shoulder pain may point toward a shoulder or biliary condition
- Vascular causes usually present with pain OUT OF PROPORTION while biliary causes may have a milder intensity of pain
- Weight loss/ BMI: Caloric deficit (intake) vs excessive loss of energy.
- Weight loss may be a complication of the disease process but CAN also be a CAUSE of the patient's symptoms.
- SMA syndrome-> Occurs as a result of excessive weight loss leading to compression of the duodenum between aorta and SMA due to loss of fat pad– similar pathophysiology to the Nutcracker syndrome where the renal vein is compressed between the aorta and SMA
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