12/22/21 Morning Report with @CPSolvers

***Case Presenter**: Kelly Tran (@kellytran95) **Case Discussants**: Jack Penner @jackpenner) and CPS family*

CC: 80 M w/ lightheadedness, diarrhea, and weight loss

HPI: **3 weeks of worsening NB diarrhea** and **30 lb weight loss** over 1 year.
Intermittent watery diarrhea over 6 months
Freq and volume has increased over 3 wks. Cramping, non radiating epigastric pain. Decreased oral intake. Lightheaded on standing sent him to ED
ROS: no fevers, night sweats, no chest pain, no dysuria

PMH:
CAD, CKD 3a, MGUS Dx 2016, erythrodermic psoriasis, RCA stent 2005

Meds: ASA 81, amlodipine 5, carvedilol 25 BIG, atorvastatin, protonix, tamsulosin

Fam Hx:
Paternal: HTN, CHF,
Maternal: HTN

Soc Hx: no tobacco, etoh, or drug use. No recent travel or illnesses. Retired mech engineer

Health-Related Behaviors:

Vitals: **T**: 36.8 **CHR**: 75 **BP**: 112/75 **RR**: 18 **SpO_2**: 99% room air
Exam:
Gen: NAD, conversant
HEENT: PERLA, no thyromegaly or nodules, normal dentition, no oral ulcers
CV: RRR, no MRG, no lower extremity edema.
Pulm: clear to auscultation BL
Abd: soft, non-tender to palpation, non distended. Bowel sounds present in all 4 quadrants.
MSK: normal ROM, ⅘ strength diffuse but equal
Extremities/Skin: **Pruritic, plaque-like rash on extensor surfaces of BL upper and lower extremities and thoracic back**

Notable Labs & Imaging:
Hematology:
WBC: 10 Hgb: **12.5**(nml 12.8) Plt: 215k
Chemistry:
Na: 135 K: **3.3** Cl: 106 HCO3 **18** BUN: 23 **Cr: 2.78** glucose: 104 Ca: 9
AST: 20 ALT: 35 Alk-P: **130** T. Bili: 11 **Albumin**: **2.8** total protein: **6.2** (nml > 6.4)
UA: negative; Lactic acid: 1.7, CRP 4, **ESR 70**, TSH 2.12
Imaging:
CT AP w/ and w/o: diffuse fluid and gas-filled small and large bowel loops concerning for enteritis
Addtnl Labs: C. diff pcr -, HIV pcr -, ANA -, 2 sets of blood cultures -, fecal leukocyte stain, ova and parasite, salmonella, shigella, campylobacter, crypto ag -, pancreatic elastase-1 -, fecal pH 8.0 (alkaline) w/ **osmolality 404 (high)**, no stool osm gap, fecal fat -, urine 5-HIAA -, anti-centromere -, anti-SSA/SSB -, anti-Scl70 -, chromogranin A -, VIP -, calprotectin not done

Tissue transglutaminase IgG nml, **IgA 103 (positive)**, **EGD**: widely patent schatzki ring, gastritis with hemorrhage, and erythematous duodenopathy.
Duodenal biopsy path: intraepithelial lymphocytosis, villous atrophy, and mild acute inflammation

Problem Representation:
82M with hx MGUS and psoriasis p/w chronic weight loss and nonbloody diarrhea with benign exam and evidence of enteritis on CT

Teaching Points (Franco):

- **Diarrhea + adjective:** tempo (chronic vs acute) / inflammatory vs non-inflammatory / meds exposure (PPI C diff)
- **Chronic Diarrhea:** inflammatory vs non inflammatory

  Never miss: alarm signs: nocturnal, age of onset, pathologic weight loss
- **Non inflammatory + chronic:** BIG 3 (Secretory, osmotic, fatty)
- **Diarrhea + rash:** Celiac, pellagra, colon cancer zinc def, HTLV, HIV
- **Inflammatory + chronic:** Infections-indolent (whipple, TB, parasitic, viral CMV, HSV) Radiation, microscopic colitis. If longer syndrome more likely IBD Malignancy (colon cancer, lymphoma, neuroendocrine).
- **Inflammatory 2.0:** ischemic, other autoimmune process infiltration (amyloidosis)
- **Tip of the iceberg:** Base rate of disease can be more wide than expected.