1/13/22 Morning Report with @CPSolvers

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CC: Pain in RLQ

HPI:
46-year-old woman presented to the ED with sudden onset of RLQ constant pain 8/10. No precipitant factors Only took acet Fever 38.5
astenia and anorexia all in one day
ROS: no other complaints, no diarrhea, no GU symptoms, no chest pain
Menarchia: 10 y
Regular Periods that last 3 days, LMP: 3 days ago. Pregnant twice. 10 years ago, she got c-section

PMH:
SLE, pleural serositis, photosensitive malar rash, leucopenia, secondary Sjogren's dx 15 years ago. Treated with Rituximab. Missed last dose.
dsDNA rising

Meds:
Vit D, Rituximab

Fam Hx: Irrelevant

Soc Hx:
No drugs
Health-Related Behaviors:
Sex with Husband with protection.
Sedentary

Allergies: None

Vitals: **T**: 36.2 **RR**: 16 **BP**: 125 /89 **HR**: 92 **SpO_2**: 98%
Exam:
Gen:Well appearing
HEENT: Normal
CV: Clear
Pulm: Clear
Abd: Soft, tender to palpation in RLQ, no rebound pain, a little bit of guarding
Neuro: Normal
Extremities/Skin: Normal
Gynecological exam: normal

Notable Labs & Imaging:
Negative pregnancy test
Hematology:
WBC:3 Lymphopenia 0.8 Hgb:12.7
Chemistry:
Na:139 K: 3.6 Cl: 103 CO2: BUN:16 Cr: 0.6 glucose: 100
AST:22 ALT: 28 Alk-P: 91 T. Bili: Albumin:
CK: 18 CRP: 216
Imaging:
Abd US: Fatty liver, normal appendix
Pelvic US: Normal, empty bladder
Endocavitary: No other findings
CT: Tubular structure from VC to RLQ. Consistent with Thrombosis of Right ovarian vein
Blood cultures: Sterile
Anticoagulated Lovenox. Fever and pain resolved. Transitioned to warfarin because she had antiphospholipid antibody syndrome (APLS)

Problem Representation:40 Y Woman presented with sudden onset of RLQ pain (8/10) and fever. PMH is relevant for lupus.

Teaching Points (Promise):

- **Hyperacute vs acute, scan or not scan**
- **Vascular, -itis (cholecystitis, appendicitis, diverticulitis) ectopic pregnancy (pelvic exam)**
- **Sudden development - what ruptured/obstructed (GI perforation, torsion of gyn)**
- **Lupus - is it involved? Lupus and GI → lupus enteritis, medium-vessel vasculitis, peritonitis**
- **Infectious causes: lupus patients have complement deficiency, susceptible to disseminated Neisseria gonorrhoeae**
- **Higher rate of PID shortly after menstrual period**
- **Lupus lab patten: drop in WBC and complement lvls. Elevated CRP against lupus except lupus serositis**
- **Thrombosis - PUS (dilated vessels assoc w pregnancy) or lupus flare**
- **Septic thrombophlebitis - thrombosis in a vein associated with inflammation and infection**
- **Antiphospholipid syndrome is an acquired thrombosis disorder that causes clots in both venous and arterial systems.**
- **APLS can be secondary to SLE and can cause ovarian vein thrombosis.**
- **Thrombus leads to increased inflammatory cytokines → fever (systemic response).**