2/05/22 Morning Report with @CPSolvers

***Case Presenter**: Francisca Rivera from Universidad Concepción en Hospital Las Higueras*

CC: Constipation, anorexia and cloudy urine

HPI: 76 year old man p/w 8 days of constipation, cloudy urine and anorexia. Was in his usual state of health when started with constipation a week ago. 2 days later anorexia appeared, somnolence, foul smelling and cloudy urine.

Past Medical History:
10 years ago-prostate cancer tx w/ qx and radiation.
DM, AFib w/o anticoagulation. In a study on dementia. 3 hospitalizations in the last year due to pyelonephritis 2/2 to stones.

Meds: Sertraline, Risperidone, Tamsulosin, Decapeptyl

Family History: None

Social History: Lives in an elderly house.

Health Related Behaviours: None

Allergies: None

Vitals: **T**: 37.5 **HR**: 111 **BP**: 84/60 **RR**: 22 **SpO_2**: 92

Exam:
Gen: Disoriented, lethargic, dehydrated and malnourished.
HEENT:
CV: Tachycardia. **Pulm**: Normal.
Abd: Distended abdomen, painful to palpation. Normal abdominal sounds and no peritoneal signs.
Neuro: Disoriented. **Extremities/Skin**: Normal.

Notable Labs & Imaging:
Hematology: WBC: 17.4 Hgb: 11.9 Plt: nl

Chemistry:Na: 150 K: 4.2 Cl: 122 CO2: BUN: Cr: 1.45
AST: ALT: Alk-P: T. Bili: Albumin: Glucose: nl
ABG pH 7.28 low HCO3
Procalcitonin: 0.29CRP: 6
UA: >100 WBC, Pus. Prostate antigen was normal.

Imaging:
Abdominal CT: B/l hydronephrosis with b/l lithiasis, perirenal edema and rectal fecaloma.

Tx w/ sepsis protocol and px was stabilized. Constipation persisted and corrected Ca:13. Low P. PTH 549, Vit D: 12, Ph 1.2, hypercalciuria.

Final Dx: Primary hyperparathyroidsm

Problem Representation:
ENG: 76yM w/Hx of Prostate Ca and previous episodes of pyelo currently in septic shock w/pyuria, hypernatremia and elevated Cr (Dhruv Srinivasachar)
ESP: Adulto mayor de 76a, fragil, con aparentemente múltiples factores de riesgo CV, DM, Ca de Prostata ya tratado. Ingresa por cuadro de compromiso de conciencia secundario a un choque séptico por una infección urinaria complicada (Mitchel Manterola)
POR: Homem 75a, apresenta-se com 8d de constipação, anorexia e urina turva.Historico de CA de prostata, DM, FA e piolenefrite de repetição., Exame físico com alteração dos sinais vitais, sugestivo de sepse. (MarcelLa Araujo)
DEU: 76 Jähriger mit vorherig gutem AZ vorstellig mit seit 8 Tagen bestehender Obstipation, trübem Urin und Anorexie. Pt. is somnolent.(Seyma Yildirim)
Egyptian ARB: (Ala Yasser) رجل ٧٦ سنة جاي ب إمساك وبول معكر وفقدان في الشهية. الإمساك بدأ من أسبوع. من يومين فقد الشهية والبول بقى معكر وذو رائحة كريهة

Teaching Points (CPS-family<3):
- **Radiotherapy** can weaken walls leading to fistulae. Colovesicular fistula is common esp. in patients with h/o CRC that underwent adjuvant radiation after surgery.
- **When to image for UTIs in adults? -> CT & Ultrasound**
  - **1)** Urosepsis or shock, **2)** Urine pH >= 7, **3)** Renal insufficiency, **4)** Male sex (sp. Elderly pxs), **5)** PMH of renal stones, **6)** Not clinical improvement after >72 hrs, **7)** Recurrent UTIs.
- **Nephrolithiasis+constipation+weakness:** Consider hypercalcemia and its most common cause - primary hyperparathyroidism (HP). (CAVE: Calcium is not high in secondary HP).
  - BUT: Combination of CKD+Primary HP is also possible!
- **Hypercalcemia causes:** obstipation, nephrogenic DI (polyuria, polydipsia).
- **Hypercalcemia** is rare in prostate cancer, if it does happen, it is often related to PTH-rP.
- **High Calcium+High PTH** -> always **primary HP** (adenoma 95%, 3-4% multiglandular hyperplasia [~50% MEN-related!], 1% carcinoma; ectopic glands (residuals of Thyroglossal duct?)
- **3 A rule for hypernatremia causes:** AMS, Lack of Access to hydration and Adipsia.
- Constipation can trigger UTI, esp. in kids.