3/30/22 Morning Report with @CPSolvers

***Case Presenter**: Rafael Medina(@Rafameed) **Case Discussants**: Ramla N. Kasozi (@RamlaKasoziMD) and CPS-family*

CC: headache and back pain

HPI: 38F uncomfortable, pw HA, which begun today, around forehead, no visual symptoms, back pain and pelvic pain
ROS: no fever, N/V, abd. pain, vaginal discharge, no dysuria or urinary urgency
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PMH:gest. HT, G5P4 Delivery notable for a cord avulsion which required manual placental extraction, received cefoxitin x1

Meds:
Cefoxitin x1

Fam Hx:
Non contributory

Soc Hx:
Non contributory

Health-Related Behaviors:

Allergies: none

Vitals: **T**: **100.2 F, HR**: **104 BP**: **130/68 RR**: **12/min SpO_2**:98% on RA
Exam:
Gen: tearful due to pain
CV: tc, rhythmic, regular
Pulm: clear to auscultation bilaterally
Abd: tender to palpation in epigastric, RUQ, suprapubic area
blt. CVA tenderness L>R, no spinal midline tenderness

Extremities/Skin: no edema, rashes,
Pelvic examination was declined

Notable Labs & Imaging:
Hematology:
WBC: 13.2 Hgb: wnl Plt: wnl
Chemistry:
BMP and LFTs normal

Urine culture: pos. for S. aureus

Imaging:
CT: left ovarian vein thrombosis extending from the left adnexa to the left renal vein
Mild bilateral ureteral enhancement
TTE negative

Final Dx: Staph aureus bacteremia due to septic pelvic infection

Problem Representation: 38 yo F (G5P4) with PMH of gest. HTN p/w headache and back pain. PE remarkable for TTP in the suprapubic area and CVA tenderness. Found to have positive S. aureus urine culture.

Teaching Points (Samy):

- HA in pregnancy: think migraine, hypertensive crisis, acute vascular event (cerebral sinus venous thrombosis)
- Gestational HT: after 20 weeks of gestation
  - Concern for HELLP (hemolysis, elevated liver enzymes, low platelets) , pre-eclampsia (new onset HT + proteinuria) and eclampsia (+seizures)
- Chronic HT: onset before 20 weeks of gestation
- Infection in pregnancy: prioritize UTI (predisposition) Explains the need for UA in the beginning of gestation - can increase the risk of pre-term delivery
- Asymptomatic bacteriuria is treated only in pregnancy and patients that need to go GU procedures.
- Pregnancy predisposes to hypercoagulability (DVT, PAE) and shifts organs (pain vaguely localizable). Other common causes include neoplasia, nephrotic syndrome, OCP use.
- Ovarian vein thrombosis: most often in the peri- and postpartum phase, 80% occur on the right side; acute right sided lower/upper abdominal pain.
- It is important to keep GU causes in the DDx of abdominal pain/CVA tenderness!