



Case Presenter: Rabih Geha (@rabihmgeha) Case Discussants: CPSolvers family <3

CC: 33yr old M with abundant noisy vomiting
HPI: Patient came to ER with voluminous persistent vomiting. Epigastric pain (continuous). Clear vomit, has been passing stools, no chest pain. Had a drink 30 min before coming to ER

Vitals: T: nl HR:130 BP: 110/70 RR:30 SpO₂: 98% RA
Exam:
Gen: Acutely uncomfortable, frequent vomiting
CV: nl
Abd: significant tenderness in epigastrium
Neuro: nl
Extremities/Skin: no edema, good pedal pulses
 No hernias, pulsatile masses, nor zoster

Notable Labs & Imaging:

Hematology: WBC: nl Hgb: nl Plt: nl
Chemistry:
 Na: nl K: nl Cl: nl CO₂: nl BUN: nl Cr: nl glucose: nl Ca: nl
 Phos: nl Mag: nl
 AST: 80 ALT: 55 Alk-P: nl T. Bili: nl Albumin: nl
 Lipase: 3.200
Imaging: EKG: Sinus tachycardia, QTc>600
 Bladder scan: nl
Not final Dx: Pancreatitis

Patient presented with tremors, hallucinations, needed ICU care

Final Dx: Alcohol Withdrawal + Pancreatitis

Past Medical History:
 PTSD
 Alcohol use disorder
Meds:
 Was on a PPI
Family History: -
Social History: -
Health Related Behaviours:
 Alcohol use
Allergies: -

Problem Representation:

ENG: A 33yM w/ persistent vomiting and continuous epigastric pain and a PMH of alcohol use disorder. Vitals are notable for tachycardia, tachypnea and hypotension. Labs notable for Lipase >3000 and mild elevations of transaminases.
GER: Ein 33 Jähriger Mann mit persistierendem Erbrechen und epigastrischen Schmerzen bei bekanntem Alkoholabusus. Tachykard und hypotension mit Lipasen >3000.
POR: Paciente de 33 anos masculino apresentando-se com vômitos persistentes associado com dor epigástrica. Aos exames laboratoriais, constata-se uma lipase de 3200. **ESP:** Hombre de 33 años con dolor en epigastrico y vomitos. Con antecedentes de alcoholismo. Examen fídico: FC y FR aumentados, hipotension, dolor epigastrico. Aumento de la lipasa pancreatica.

Teaching Points (Seyma):

- **Persistent vomiting:** toxins (food, drugs, chemotherapy,), occlusion/obstruction, direct irritation of GI (infection, toxins like alcohol, esophageal rupture), psychological (stress)
 - **Anatomical approach:** CN, Area postrema (e.g. NMOSD), Vestibular, GI
- **Tachycardia+Hypotension:** Place two large bore IVS in order to give IV fluids, pre-order vasopressors, antiemetics (MCP, Ondansetron, Bromopride) + PPI. Monitoring of vitals + EKG.
 - **Long QTc:** you don't have to avoid any of these antiemetics (rate of adverse effects very low!)
 - **Which fluids:** A) **Saline** (habit, cost, stocking; give when expecting alkalosis; a/w NAGMA acidosis or AKI) , B) **Balanced crystalloids** (e.g. lactated-Ringer's or plasma-lyte), C) **Colloids** like albumin (SE: cerebral edema); avoid colloids in most situations
- **Alcohol use disorder:** Portal HTN in liver failure, Mallory Weiss or Boerhaave
- **Abdominal pain + alcohol:** pancreatitis, liver dz, alcoholic ketoacidosis (CT-neg abdominal pain), triggering: AIP, thiamine-def.,
- **Scan before labs?** → **Most dx in belly answered with imaging!**
- **Abd pain def diagnosed by labs:** pancreatitis, alc ketoacidosis, Zoster, pregnancy, adrenal crisis, porphyria
 - Dx before Imaging: Zoster, Hernia, Pulsatile mass
 - POC Dx: EKG, Bladder scan
 - Lipase, Ketone, β-HCG, ascitic TAP (SBP)
- **Pancreatitis:** "I GET SMASHED": Idiopathic, Alcohol, Gall stones, Autoimmune (IGG4), Scorpio bites, Hypertriglyceridemia, Hypercalcemia,
- **Pancreatitis complications:**
 - Acute systemic: vascular leak (hemoconcentration, AKI), abdominal compartment, shock), hypocalcemia, fat embolism, ARDS
 - Acute Local : Ileus, inflammation in vessels causing thrombosis;
 - Chronic: necrosis, pseudocysts, exocrine and endocrine dysfunction
- **Dx of pancreatitis:** abdominal pain, Lipase 3x upper limit, abnormal imaging (CT-neg in focal pancreatitis; 80% just pain+ scan positive) → 2 of 3 have to be positive
- **Get an ultrasound when ALT>>AST** → **profound predictor for gallstone pancreatitis**
- **an acute esophageal lesion rather leads to dysphagia than vomiting**
- **Prevention of withdrawal:** Librium (Chlordiazepoxid), Chlometiazol