



5/6/22 Morning Report with @CPSolvers

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CC: Fever, jaundice, abdominal pain

HPI: 35yoF presents to ED from airport post travel to Mexico. 6 days fatigue, jaundice, neck pain, epigastric and RUQ abdominal pain. In Mexico, reported fever, fatigue, non-bloody emesis, maculopapular rash on thighs, jaundice, epigastric and RUQ abd pain, LE edema and HA. In Mexico, was delirious, wandering streets, went to clinic > received 2 unknown abx b/c WBC 14.5. Now back to US.

Day 1: Arrive to Mexico
 Day 2: fever, fatigue, non-bloody emesis, LE edema
 Day 4: rash & ankle pain, epigastric/RUQ pain
 Day 5: delirious

PMH: Depression	Fam Hx, Soc Hx: None
Meds: none	Health-Related Behaviors: None, no known alcohol use
	Allergies: none

Vitals: T: 37 HR: 110 BP: 110/80 RR: 18 SpO₂: 99%

Exam: 8 days post return to US

Gen: distress, jaundice

HEENT: scleral icterus

CV: wnl

Pulm: wnl

Abd: epigastric and RUQ tenderness

Neuro: wnl

Extremities/Skin: trace pitting edema in lower extremities, no rash, (+) pain in joints w/ no swelling

Notable Labs & Imaging:

Hematology: WBC:11 Hg: 8 Plt 150, MCV wnl

Chemistry: Na: 135 K: 3.5 BUN: 20 Cr: 1.5 glucose: 120 AST: 600, ALT: 2813, Direct bilirubin: 3.5, Lipase: 3234

Imaging:
CT a/p w/ contrast: diffuse hepatosteatorosis, large edematous pancreas, small volume ascites. Bile duct wnl

Infectious work-up: Negative: Hep A, B (core and surface antigen), C, E, CMV, EBV (pos IgG), HIV, Cocksackie A & B, dengue, malaria, toxo, leptospirosis, mumps, HSV

Additional labs:
 Negative: ANA, AMA, anti-smooth muscle, IgG4, stool h pylori
 Acetaminophen level wnl

Chikungunya IgM positive

Final Diagnosis: Chikungunya infection

Problem Representation: 35yoF w/ recent travel to Mexico p/w subacute liver injury, polyarthralgia, and maculopapular rash.

Teaching Points (Seyma+Debora):

- Acute inflammation equals infection** (commensal bacteria e.g. staph aureus, multisystem: exogenous, depending on epidemiology or exposure like water, animals, sexual contacts etc.)
- Jaundice + inflammation:** rule out cholangitis!
 - RUQ tenderness:** involvement of liver or hepatobiliary system likely & prioritize direct hyperbilirubinemia in an inflammatory state;
 - Cholestasis: Is it intra- or extrahepatic? -> e.g. hepatic abscess
 - Imaging of abdomen (CT, US, MRI) crucial
 - Joint pain can be a bystander in acute inflammation!
- Fever in a returning traveler** (Link: <https://clinicalproblemsolving.com/%20dx-schema-fever-in-a-returning-traveler/>) Patient returns Central America: Incubation <10days: bacterial (typhoid fever, leptospirosis), viral (vector-transmitted: Dengue, Zika, Chikungunya), Parasite (Malaria) Vs Incubation >10days: Bacterial (Tb, Typhoid fever, Q-Fever), Viral (HIV), Fungal (Histo), Parasite (Malaria)
- Vector transmitted diseases** more prevalent in tropical zones (joint pain: Chikungunya; Maculopapular rash: Zika-Virus, Not any of those: Dengue)
- Infections can cause pancreatitis because of the inflammation. Causes: Hepatitis B, Salmonella, Liver fluids.
- AST or ALT above 1000** → think of a **severe acute liver injury** (Viral (Hep, HIV, EBV, CMV, HSV, VZV), toxins, ischemic hepatitis, gallstone disease, Budd Chiari)
- MRCP is better to evaluate gallstone disease;
- Leptospirosis:** fever, maculopapular rash, interstitial nephritis
- Differential diagnosis:** infections (the patient is immunocompromised), obstruction and pancreatitis.
- Rickettsia:** heptocellular pattern > cholestatic pattern
- Fever, Myalgia, Rash, **severe polyarthralgia**, tropical zone → Think of Chikungunya