

6/25/22 Morning Report with @CPSolvers

Case Presenter: Rabih Geha (@rabihmgeha) Case Discussants: CPS chat <3

<p>CC: "my legs are swollen"</p> <p>HPI: 56yo M presented 3 weeks after elective hernia repair "Doc, my legs are massively swollen". Started to swell 2 weeks ago and is progressively getting worse a/w first-time hematuria Patient denies burning and dysuria</p>	<p>Vitals: unremarkable Exam: Gen: cachetic HEENT: CV: nl Pulm: nl Abd: nl Neuro: Extremities/Skin: 3+ pitting edema to the thighs</p>	<p>Problem Representation: 56yoM w/ 35 year smoking history presenting 3 weeks post elective hernia repair with 2 weeks of bilateral peripheral edema and hematuria found to have heme and RBC-positive urine w/ clots and RCC compressing IVC.</p>
<p>PMH: HTN AF</p> <p>Meds: Apixaban</p>	<p>Notable Labs & Imaging: Hematology: WBC:nl Hgb:nl Plt:nl INR nl</p> <p>Further work-up Positive heme with over 180 RBCs Post-void residual volume - 700cc A foley was inserted - urine with blood and clots Bilateral DVT US - nl CT scan - 15cm R-sided RCC compressing IVC (<3mm adjacent to his kidney)</p> <p>Final dx: RCC compressing IVC</p>	<p>Teaching Points (Madellena): Peripheral edema: https://clinicalproblemsolving.com/peripheral-edema/ Branchpoint based on pathophysiology: increase capillary hydrostatic pressure vs. decreased capillary oncotic pressure vs. increase capillary permeability. Approach to peripheral edema: - First pass (systemic): heart, liver kidney (nephrotic, GN, Page Kidney, thrombotic microangiopathy) - Second pass (systemic): meds, endo - Third pass (extension of abdomen): protein-losing enteropathy, venous/lymphatic disease - 4th pass (local): venous stasis > lymphedema - 5th pass (systemic): rare systemic disease</p> <p>Hematuria: https://clinicalproblemsolving.com/dark-urine-2/ Work-up: Get UA and post-void residual bladder scan! Step 1: Is it real hematuria? Get UA and see if heme positive or negative - If heme pos (globin molecule present): check to see if RBC pos or neg. Heme pos, RBC neg > either myoglobinuria or hemoglobinuria Step 2: Painful or painless? - Painful: Stones or infection (UTI) - Painless: think 3 Cs for macroscopic hematuria! Cancer, Casts (glomerulonephritis), Clots (can cause urinary obstruction/retention)</p> <p>Hematuria + lower extremity edema: Examples include Page kidney (external compression of kidney by subcapsular hematoma > decrease renal hypoperfusion > RAAS activation > HTN), RCC compressing IVC</p>