8/19/22 Morning Report with @CPSolvers

Case Presenter: *Adam Tapley (@AdamTapley)* ***Case Discussants***: *Rabih Geha (@rabihmgeha)*

CC: 68 y/o female w/ Abdominal pain

HPI:
68 y/o portuguese speaking women
She reported worsening abdominal pain 2, 3 days ago.
Located in the epigastric pain and radiated to the back. Feels like burn.
Pain 5/10 w/ nausea, vomiting, watery diarrhea and poor intake
She ate expired eggs few days ago
Denied fever, chills, increase thurstm.
Drowsiness

PMH:
DM
HTN
HLD

Meds:
Coagulation
Aspirin
Atorvastatin
HCTZ
Metformin

Fam Hx:
Brother w/ diabetes

Soc Hx
Housecleaner

Health-Related Behaviors:
(former) Smoker for 10 year

Allergies:
None

Vitals: **T**: nl **HR**: 67 **BP**: 117/63 **RR**: 18 **SpO_2**: 97%
Exam:
Gen: ill, moaning a bit, anxious
HEENT: pupils round, symmetric, dry mucous membranes
CV: regular heart sounds, no murmurs
Pulm: clear, some increase in the diaphragma
Abd: TTP over the epigastrium no CVA tenderness, foley noted in place draining yellow urine.
Neuro: Oriented to self
Extremities/Skin: no edema, warm, well perfused extremities, Recap fill normal

Notable Labs & Imaging:
Hematology:
WBC: 10.3 Hgb: 10.8 Plt: 239
Chemistry:
Na: 128 K:5.1 Cl:95 CO2:9 BUN:133 Cr:14 glucose: n Ca: Phos: 10.1
Mag: 2.6 AST: 20 ALT: 19 Alk-P:87 T. Bili:0.3 Albumin:
AG: 34 TSH 0.498 Lipase 2000 CK 119 Lactate 14
Utox: acetaminophen 5
ABG: pH 6.8, pCO2 15
UA: protein, occult blood, coarse brown cast, U Na 117, U Crea 17

Imaging:
EKG: Normal sinus rhythm QTC 507
Abd ultrasound: Non obstructive gallstone
CT abdomen pelvis w/o contrast: pancreas normal, no signs of pancreatitis, kidneys unremarkable

Dx: Metformin-induced lactic acidosis (MILA)

Problem Representation: 68yoF w/ CV risk on Metformin, p/w acute abd pains a/w acute diarrhea, vomiting, poor intake and drowsiness; objective findings are notable for clinical hypovolemia, epigastric tenderness, significant renal insufficiency, HAGMA and high lipase.

Teaching Points (Promise):
- Ab pain reasoning: what is the rate limiting step for most pts w ab pain? CT scan
- **1) answer needed today based on H&P?** Hernia and zoster can stop after H&P
- **2) few lab tests to get ans** (Lipase DKA UA w cystitis urine preg test tap for spon peritonitis in pts w cirrhosis)
- PMH of CV risk factors + ab pain: Make sure to consider thoracic cause of ab pain (MI, ACS)
- Ab pain radiating to back: think retroperitoneum causes (duo, pancreas, rectum), aortic/renal/GU problem
- **Metformin + kidney dysfxn** → risk for pancreatitis
- Encephalopathy → think MIST
- **AG MA top causes**: ketones, lactate, uremia, ingested anions - alcohol (methanol/ethanol)l, salicylates, chronic tylenol tox (older women who took high amts tylenol chronically)
- Causes of lactic acidosis: 1st assume hypoxic tissue; metformin
- Indications for dialysis: AEIOU - acidosis, electrolytes, ingestion, vol overload, uremia
- Ab pain + elevated lactate think mesenteric ischemia!
- 2 most common causes of pancreatitis: alc and gallstones
- Metformin-induced lactic acidosis - metformin inhibits GNG → lactate builds up in blood. Pts with renal insufficiency susceptible.
- Severe lactic elevation: Make sure pt not seizing, thiamine def, med (metformin)/toxin (cyanide/alcohol)