



8/31/22 Morning Report with @CPSolvers



Case Presenter: Madellena Conte (@MadellenaC) Case Discussants: Sharmin (@Sharminzi)

CC: Acute onset nausea and abdominal pain

HPI:

- 74yF in ED w/ acute onset Nausea, diffuse abdominal pain - both rapid, spontaneous, a few hours prior to admission (2-3h ago), constant, non-radiating, diffuse (10/10)
- 2d intermittent abdominal pain and distention
- 1 day prior: brief episode of tense discomfort, that resolved spontaneously
- Didn't pass any gas
- intense nausea w/ 2 episodes of vomiting; dizziness, chill,
- Denies: diarrhea, fever, joint pain, chest pain

PMH:
Constipation
No other conditions

Meds:
None

Fam Hx:
Neg

Soc Hx:
Uterine fibroids
2 DNC's

Health-Related Behaviors:
No alcohol, tobacco

Allergies:
None

Vitals: T:98.5°F HR:88 BP:150/78 RR:16 SpO₂: 98% in RA

Exam:

Gen: Fully alert and oriented. + Acute distress and fatigued

HEENT: normal oral mucosa

CV: wnl,

Pulm: wnl

Abd: diffuse abdominal tenderness to palpation, no rebound tenderness or guarding, swelling LLQ.

Neuro: wnl

Extremities/Skin: 2+ radial pulses, no rashes

Notable Labs & Imaging:

Hematology:

WBC: 10.3 Hgb:12.7 Plt:160

Chemistry:

Na: 137 K:3.8 Cl:100 CO2:26 BUN: 19 Cr:0.56 glucose:121

Ca: wnl Phos: Mag:

AST: ALT: Alk-P: T. Bili: Albumin:

Lactate 1.4

Imaging:

EKG: normal sinus rhythm

CXR:

CT Scan: Transverse colonic volvulus

Colonic wall thickening- concerning for ischemic colitis.

Final Dx: Colonic obstruction due to volvulus.

Problem Representation: 74 year old female presenting with acute onset abdominal pain and nausea with no passing of gas and abdominal distention on exam with findings on imaging of volvulus causing colonic obstruction.

Teaching Points (Debora):

Abdominal pain is the first symptom to take care.

VIPO: Vascular (ischemia, cardiac or diaphragm), Inflammation/Infection (appendicitis, diverticulitis, pancreatitis), Perforation and Qbstruction.

Women → ectopic pregnancy.

Don't forget to check the kidney.

Baseline BP → important to know if the patient normally has 99 of systolic and now is high or if the patient is hypertensive and this is the normal.

Swelling LLQ causes: Fluids, obstruction, diverticulitis, abdominal wall hernia, surgery in the past that disturb the tissue, subacute abscess and mesenteric ischemia. Look for the bowel but don't forget about the skin and the tissues.

Lab is normal but the patient is in pain and has discomfort. Check Troponin, ECG and see if the patient has risk for atherosclerosis disease. Plus: Order image of the abdominal and Calcium.

Patient Dx: Colonic obstruction due to volvulus treatment → hemicolectomy and anastomosis to close the abdominal wall.

Had no signs of perforation

Lactate 1.4 → pos op 7.2 is more along the lines of ischemia of tissue. The ischemia and reperfusion of the area that was necrotic can cause lactate elevation. Other cause of lactate elevation: Drugs, e.g. metformin.