



# 1/5/23 Morning Report with @CPSolvers



Case Presenter: Oumaima Outani (@OOutani) Case Discussants: Rabih Geha (@rabihmgeha) and Lea (@xLea\_B)

<p><b>CC:</b> jaundice and confusion</p> <p><b>HPI:</b> 37yo M brought to ED with jaundice starting 1 week ago, after which he became confused. Fever 1 week ago; he took acetaminophen (after jaundice started)</p>		<p><b>Vitals:</b> T: 36.4°C, HR: 128 bpm, BP: 140/90 mmHg, SpO<sub>2</sub>: 99% RA</p> <p><b>Exam:</b></p> <p><b>Gen:</b> uncomfortable, confused, jaundiced</p> <p><b>CV:</b> tachycardic, wnl</p> <p><b>Pulm:</b> wnl</p> <p><b>Abd:</b> no RUQ tenderness</p> <p><b>Neuro:</b> not oriented in any domain, unable to follow commands</p> <p><b>Extremities/Skin:</b> no rashes</p>	<p><b>Problem Representation:</b> 37yo previously healthy M presents w/ acute confusion and jaundice. Labs reveal hemolytic anemia with schistocytes, thrombocytopenia and AKI. Anti-ADAMTS-13 Ab +.</p>								
<table border="0"> <tr> <td data-bbox="21 630 136 776"><b>PMH:</b> none</td> <td data-bbox="136 630 415 776"><b>Fam Hx:</b> hypertension in his mom</td> </tr> <tr> <td data-bbox="21 776 136 987"><b>Meds:</b> none</td> <td data-bbox="136 776 415 987"><b>Soc Hx:</b></td> </tr> <tr> <td></td> <td data-bbox="136 987 415 1117"><b>Health-Related Behaviors:</b></td> </tr> <tr> <td></td> <td data-bbox="136 1117 415 1182"><b>Allergies:</b> none</td> </tr> </table>		<b>PMH:</b> none	<b>Fam Hx:</b> hypertension in his mom	<b>Meds:</b> none	<b>Soc Hx:</b>		<b>Health-Related Behaviors:</b>		<b>Allergies:</b> none	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: 20.000, Hgb: 4.9, Plt: 6.000</p> <p><b>Chemistry:</b> Na: nl K: 5.7, Cr: 1.9, glucose: 147, AST: 50, ALT: 50, T. Bili: 8.1 (direct 3.7), LDH 3000, haptoglobin 7,</p> <p><b>Smear:</b> no blasts, schistocytes</p> <p><b>Anti-ADAMTS-13 Ab:</b> 1/120.</p> <p><b>Final Dx:</b> thrombotic thrombocytopenic purpura (TTP)</p> <p>Patient underwent plasmapheresis.</p>	<p><b>Teaching Points (Laura 🧐):</b></p> <ul style="list-style-type: none"> <li>● <b>Jaundice + time course (acute/subacute):</b> PMH? Medication induced liver injury? Cholestatic or hepatocellular? Direct or indirect: indirect would be assoc. w/ hemolysis (appear acutely ill - cardiopulmonary deficiency)</li> <li>● <b>Confusion:</b> encephalopathy related to liver injury?</li> <li>● <b>Importance of physical exam:</b> evidences of chronicity - abdominal distention, hepatomegaly, caput medusae</li> <li>● <b>Severe tachycardia:</b> Extrahepatic disease complicated by cholangitis. Why? Intraparenchymal disease usually has no systemic involvement.</li> <li>● Non-hemolytic cause of <b>indirect hyperbilirubinemia:</b> Thyroid storm</li> <li>● <b>Acute anemia (tachycardia) + thrombocytopenia:</b> Causing each other? <ul style="list-style-type: none"> <li>- Environment and blood (microangiopathic hemolytic anemia)</li> <li>- Attacked by antibodies (autoimmune hemolytic anemia)</li> <li>- Bone marrow issue</li> </ul> </li> <li>● Schistocytes: MAHA</li> <li>● <b>Jaundice + confusion:</b> also think of TTP</li> </ul>
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