

# 1/11/23 Morning Report with @CPSolvers

**Case Presenter:** Seyma (@seymss15) **Case Discussants:** Jack Penner (@ ) and Yazmin (@minheredia)

**CC:** 39yF p/w R lower ab pain, n/v, fever, chills 7d after spontaneous vaginal delivery

**HPI:**

- 2 days of feeling unwell, generalized ab pain, loss of appetite, unable to eat
- 4 epi of loose watery stools, lethargy, mild dry cough, sore throat
- Uneventful vaginal delivery

**PMH:**

Pregnancy c/b HTN, ges DM

**Meds:**

Labetalol, metformin



**Vitals:** T: 37.1C HR: 130 BP: 129/69 RR: 20 SpO<sub>2</sub>: 99% on RA

**Exam:**

**Abd:** ab tenderness R ilioypoas, rovsing +  
**GU:** uterine subinvolution of 20wk size, small amts of lochia  
**Extremities/Skin:** no tenderness or swelling in legs

**Notable Labs & Imaging:**

**Hematology:**

WBC: normal Hgb: Plt:

**Chemistry:**

Na: K: Cl: CO<sub>2</sub>: BUN: Cr: glucose: Ca: Phos: Mag:  
 AST: ALT: Alk-P: T. Bili: Albumin:  
 Lactate 2.5ml, APTT prolonged 40.5s, Fibrinogen 5.18 (upper limit 4), Thrombin 17.5, INR 1.25

AKI, did not get d-dimer,

**Imaging:**

U/S Ab/Pelvis: intramural fibroids, appendix ovaries not visualized

CT w/ ivc: tubular like structure extending from pelvis to ab, mass 11x3cm in size, fat stranding reaching to renal lvl, nl appendix, thrombosed R ovarian vein

Blood cx + GAS

**Final dx:** thrombophlebitis, postpartum ovarian vein thrombosis mimicking acute appendicitis

**Problem Representation:** 39 y/o female present w/ ab pain, n/v, fever 7 days after spontaneous vaginal delivery. On exam ab tenderness R ilioypoas, rovsing + and uterine subinvolution of 20wk size, small amts of lochia. CT w/ivc : tubular like structure extending from pelvis to ab, mass 11x3cm in size, fat stranding reaching to renal lvl, nl appendix, thrombosed R ovarian vein. Blood cx + GAS

**Teaching Points (Debora):**

- **Lower abdominal pain in women** → Ectopic pregnancy. Gynecology causes: Ascending infection, placenta previa, inverted uterus, remnants from the delivery. Priority is postpartum complications. Ask the cause and the consequence (e.g. Hemorrhage, infection)
  - **GI:** Appendicitis, diverticulitis, infection
  - **How is the pain:** Irradiated, intensity, severity., other symptoms, and which organs can be involved. The systemic symptoms can be related to a systemic syndrome? E.g. viral infection. Infection, vascular or perforation and obstruction.
  - **Prolonged APTT:** SLE (order the antibodies), Disseminated intravascular coagulation. Think about autoimmune or coagulopathy. Systemic complications: Bleeding or clotting. In this case more chance of clotting and would be more difficult to control.
  - **Acute abdominal pain:** VIPO : Vascular, Itis (inflammation, infection), Perforación, Obstrucción. Ovarian vein thrombosis, infection in the uterus (endometritis), septic tromboflebitis.
  - Can you see infection without fever? Yes. Without leukocytosis? Yes. Don't discard the chance of a infection!
  - Intramural fibroid: Myoma → Many women don't know that they have) Grow during pregnancy, can cause pain.
  - **Epiptic appendagitis:** are fat- filled, serosa, covered pedunculated peritoneal structures extending into the peritoneal pouch from the outer bowel wall and they contain branches both artery and vein. It's an unusual cause of acute pain in the abdomen, determined by a benign, self-limiting inflammatory or ischemic process affecting the epiploic appendages  
 Can be:
    - Primary is characterized by ischemic or hemorrhagic infarction of the epiploic appendages, due to the torsion of their pedicles or to the spontaneous central venous drainage thrombosis. These processes result in vascular occlusion and local inflammation.
    - Secondary to other local inflammatory processes affecting adjacent organs, particularly in case of diverticulitis, appendicitis, pancreatitis, or cholecystitis
- Tube- ovarian abscess: Postpartum uterus infection can cause abscess.