



# 03/02/23 Morning Report with @CPSolvers



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<p><b>CC:</b> <b>Dizziness</b> and <b>jaundice</b></p> <p><b>HPI:</b> 81-year-old M patient that came in as he started to show jaundice - no toxic appearance.</p> <p>A month prior to the admission, right toe looked infected -&gt; augmentin intake</p> <p>-</p>	<p><b>Vitals:</b> T: 36°C HR:88 BP: 130/60 RR:14 SpO<sub>2</sub>:</p> <p><b>Exam:</b></p> <p><b>Gen:</b> Conversational</p> <p><b>Abd:</b> Not distended</p> <p><b>Extremities/Skin:</b> Jaundice (face, chest, less in the extremities)</p>	<p><b>Problem Representation:</b> 81 M w/ dizziness and jaundice found to have Augmentin-induced liver injury (mixed hepatocellular and cholestatic)</p>
<p><b>PMH:</b> peripheral arterial disease, aortic valve replacement, hypertension</p> <p><b>Meds:</b> Augmentin (a month prior to the admission)</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: Normal Hgb:14.3 Plt: 201 INR 1.2</p> <p><b>Chemistry:</b> ALT: 1132 AST: 600 AP: 749 Total bili: 27.3 Direct: 22.9 Indirect: mildly elevated Cr :1.35 (baseline 1.06) <i>A day after:</i> AL: 1048 AST: 571 Total bili: 20.7 Na: 125 K: 5.2 Cl: 89 SOsm: 280 FeNa: consistent w/ prerenal state Amylase: normal lipase: normal TSAT:94% Ferritin: elevated</p> <p><b>Imaging:</b> CT abdomen/pelvis:normal, but contracted bladder. Evidence of diverticulitis Viral panel: HBV, EBV: negative Covid: positive</p> <p><b>Dx:</b> Augmentin-induced liver injury and pseudohyponatremia</p>	<p><b>Teaching Points (Lea):</b></p> <p><b>Dizziness</b> - clarify what patient means. Syncope, Vestibular, cerebellar, psychogenic.</p> <p><b>Jaundice:</b> heme or hepatic issue (pre/intra/post). Bili, direct/indirect, Hemolysis: LDH, Haptoglobin, Hb.</p> <p><b>Big 6 of Hepatitis</b> (high LFTs): Viral, ischemic/congestive, Wilson, AIH, intoxication, DILI</p> <p>CT normal -&gt; intrahepatic &gt; extrahepatic (biliary dilation)</p> <p><b>LFTs Pattern:</b></p> <ul style="list-style-type: none"> <li>&gt;Hepatocellular: AST, ALT (ALT =liver specific).</li> <li>&gt; cholestatic: AP</li> </ul> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>&gt;Hepatocellular: Ingestion, viral infections</li> <li>&gt;Pure intrahepatic cholestatic dz: 1° drugs, 2° PSC, PBC</li> <li>&gt;Marked mixed hepatocellular and cholestatic -&gt; MEDICATION</li> </ul> <p><b>Time course of heavy metal overload hepatopathies:</b></p> <ul style="list-style-type: none"> <li>&gt;Wilson: acute on chronic</li> <li>&gt;Hemochromatosis: chronic, progressive</li> </ul> <p><b>DILI:</b> A) dose dependent B) idiosyncratic e.g., Augmentin</p> <p>Cholestasis -&gt;impaired <b>Lipoprotein X</b> excretion -&gt;<b>PseudohypoNa+</b></p>