



3/28/23 Morning Report with @CPSolvers



Case Presenter: Mario Suito (@mariosuitofmd) Case Discussants: Ravi (@rav7ks) and Hans (@)

CC: 58 y/o female 15 days of constipation

HPI:

The patient was about to have a transplant. She had constipation before as a side effects of the medication but now is severe. Began after being discharge for the last chemo cycle. She was on ? but this time didnt help. 5 days before: Abdominal distension, 4 days before colicky abdominal pain and come to the ED.

PMH: Recently diagnosis of Multiple Myeloma

Meds: 5 cycles of VRD Bortezomib (Valcade), Lenalidomide (Revlimid), Dexamethasone

Fam Hx: Non-contributory

Soc Hx: Non contributory

Health-Related Behaviors: No drugs, alcohol

Allergies: Denied

Vitals: T: 36.4 HR: 80 BP:120/70 RR:18 SpO2 98%

Exam:

Gen: No acute distress, pale

HEENT:

CV: RRR, no murmur, gallops

Pulm: Decreased breath sounds in both bases, no rales

Abd: Distended, no tenderness, no ascites,

Neuro: Ax3, no focal deficits, absent babinski, paresthesia in both lower extremities.

Extremities/skin: No jaundice

Notable Labs & Imaging:

Hematology:

WBC: 5000 Hgb: 10 MCV 86 Plt: 220

Chemistry: Na:139 K:4.2 Cl:182 HCO3:24 BUN:22 Cr:0.8 glucose:

Ca: 9 Alk-P:110 T. Bili:1.8 Albumin:3.2

Imaging:

Abdominal X-Ray: Air fluid levels, left distended, obstruction.

Surgery: Didn't need to go to a OR Day 3 difficulty w/ urination. No pain, no dysuria. On same day weakness in the lower extremity ¾ reflexes, babinski positive in both legs.

MRI spine: Spinal cord hyperintense line, mass hypointense, vertebral body is collapsed.

Patient had a mild back pain.

Diagnosis w/ acute spinal compression, neurosurgery resected the mass. The mass was sent to the pathology → plasmacytoma

Dx: Acute medullary compression syndrome from a extramedullary plasmacytoma

Problem Representation: 58 y/o female w/ 15 days of constipation, abdominal distension and abdominal pain. With a recently diagnosis of Multiple Myeloma

Teaching Points (Promise):

Constipation: digestive intestinal - IBS/IBD, diet related or metabolic (ex. hyperCa or electrolytes abnl) or autonomic dysfunction (ex. DM, PD), obstruction, GU, meds

- Any associated sx (blood in stool? fever/n/v/ab pain?), PMH, medication hx
- Abdominal distention - mechanical obstruction? Feces impaction? Cancer?
- Steroids suppress inflammation response, may mask typical sx of colitis

Decreased BS b/l: atelectasis vs infx vs pleural effusion vs mechanical intestines pushing up against diaphragm

Ab exam: bowel sounds and passing gas? Unable to pass gas points to obstruction/ileus → surgical abdomen emergency

Paresthesia in BLE: autonomic vs electrolytes abnl vs vitamin def vs meds (peripheral neuropathy) vs amyloidosis

New onset urinary retention, BLE weakness and babinski suggest spinal cord/nerve compression.

- Next step: MRI spine bc surgical emergency for decompression

MM → vertebral body collapse injures spinal cord → spinal cord compression leading to constipation, urinary retention, paresthesia/weakness/hyperreflexia in BLE

Vertebral mass from extramedullary plasmacytoma

Recognize acute medullary compression → tx w/ steroids and neurosurg consult immediately!