



4/24/23 Morning Report with @CPSolvers



Case Presenter: Dr. Ashveen Saggu & Shanessa Fernandez Case Discussants: Dr. Lavanya Narayanan (@doclavanya)

CC: 35yM acute SOB & b/l upper+lower limb swelling for 1 day

HPI:

Prior to SOB+edema, 1 episode of low-grade fever 1 week prior a/w nasal congestion, resolved by day 3 of illness, day 4 vomiting, oral intake, blackish stool 3-4x (melena), no fresh rectal bleeding, day 6 resolving of bleeding; 1 day sudden mild SOB, fatigue, reduction of daily activities, b/l edema, generalized abdominal discomfort w/ distension; no prior weight loss; ROS: renal nl, no other bleeding tendencies, no upper GI sx, loss of appetite over past couple days

PMH:
No PSH, no chronic illness, Gastritis

Meds:
None, no OCM, no traditional meds

Fam Hx:
none
Soc Hx:
Security guard; dengue prone fogging area, no recent sick contacts or travel hx
Health-Related Behaviors:
3 packs/d for 10y cigarettes, alcohol 10y ago (stopped), methamphetamine use per inh. 2002, multiple tattoos 10y ago at home w/o proper equipment or sanitary measurement; no IV drugs or needle sharing

Vitals: T: 36.4°C HR: 88 BP: 112/56 RR: 18 SpO2: 99% RA

Gen: no jaundice

HEENT: conjunctival pallor + mild scleral icterus

CV: nl, **Pulm:** nl, **Neuro:** nl

Abd: distended, soft, pos. fluid wave, brownish stool

Extremities/skin: pedal edema up to mid shin

Notable Labs & Imaging:

Hematology:

WBC: 4.93 Hgb: 7.7 (29% Hct) Plt: 56k

Bicytopenia

Pro-Thrombin 18.6, INR+aPTT normal

Chemistry:

Electrolytes wnl, Renal function (incl. urea) wnl

AST: 188 ALT: 98 Alk-P: 240 T. Bili: wnl, Albumin: wnl

LDH 315 U/L, Dengue combo kit neg. , PCT 0.11 ng/ml

(high), Blood cultures: no growth, BGA: normal

Imaging:

EKG: nl sinusrhythm; US: Minimal pleural effusion R

sided, fluid perihepatic; Abdominal US: liver 11cm,

slightly irregular margin w/o focal lesions, splenomegaly

(5cm) w/o focal lesion, no free fluid besides R sided

pleural effusion

Dengue serology negative, Hepatitis + HIV serology: neg.,

Hep C serology positive

Final dx: Acute on chronic Hepatitis C

Problem Representation:

A 35yM w/ acute SOB & b/l UE & LE edema w/ a pior episode of 3 day low-grade fever one week prior, vomiting and melena. His hx is notable for multiple home-made tattoos. Labs+PE notable for bicytopenia and splenomegaly.

Teaching Points (Ibrahim):

- limb swelling and breathlessness → **progression**
 - related vs. isolated → concurrent think **acute + dynamic + systemic** [e.g. *pulmonary edema, pleural effusion*]
 - associated symptoms + prior hx → think **recurrence vs. new**
 - Prior **fever** → think **influenza + dengue if from endemic [severe dengue may be charac. by hemorrhage, usually would present earlier bc of severity → rapid kits EXIST but are only +ve 1-3 days [i.e. send for serology], antibodies if late presentation]** (also look into how the fever subsided), bleeding → prior hx of **variceal bleeds** could clue us into melena + use of **NSAIDs** → **PUD**, renal hx, **family hx** → genetic susceptibility, **social hx** → tattoos/high risk sexual activity [*think decompensation of viral hepatitis, so order a hepatitis panel + HIV*], smoking [if CHRONIC, think COPD/malignancy]
 - edema presenting **acutely** → always look for **allergy/anaphylaxis** 1st (absence of respiratory tract symptoms may r/o but also look into skin involvement)! + **anasarca** → look for ascites (etiologies may include: low oncotic pressure, inc. hydrostatic pressure, inc. capillary leakage) [*cardiac vs. renal [e.g. primary GN, SLE]l vs. hepatic [think alcohol consumption] vs. thrombosis*]
 - **bleed** → think fluid resuscitation
 - *physical exam* → **vitals** → look into trend [*lowering of pulse pressure = dengue, dec. Hg → bleed [e.g. in dengue]*], **jaundice** → think hepatic vs. hemolysis
- In such presentations, consider peritoneal tap if ascites, think about subacute on top of a chronic process, consider endoscopy for upper GI bleed, send off hematology workup for coagulopathy*
- +VE HCV: Correct coagulopathy, resuscitate if bleeding, peritoneal tap to exclude SBP