6/8/23 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: John Claudio Romero *Case Discussants*: Rabih (@rabihmgeha) and Amanda (@amandabarretof2)

CC: 31 year old male experiencing nausea and vomiting along with hematemesis and dizziness

HPI: 2 days prior he was celebrating his kids birthday, and he drank more than usual.

1 day prior to admission he had a headache, and took OTC aspirin and stayed home and assumed it was a hangover. On the morning of admission, pt had a sharp increase in headache in bifrontal region, took tylenol at home.

Associated symptoms included dizziness, nausea, and vomiting. He had 3 days of vomiting, 2 episodes consisted of previously ingested food and last episode consisted of frank blood.

PMH: Rheumatic heart disease, AVR, Cardiomyopathy with preserved ejection fraction HF, hypertension

Meds: Warfarin 7.5mg once a day, (difficulty monitoring levels), Aspirin, Metoprolol, Spironolactone, Entresto

Fam Hx: None

Soc Hx: Occasional drinker 1-2 beers on weekends. Non-smoker, no drugs

Health-Related Behaviors: None

Allergies: None

Vitals: T: 36.7 **HR:** 56 **BP:** 131/77 **RR:** **SpO2** 98%
Exam:
Gen: Comfortable, no pallor, equal pupils and reactive
CV: Bradycardic
Pulm: Clear lungs on auscultation
Neuro: Oriented to time, person, place. Extraocular muscles intact, pupils reactive, no facial asymmetry, clear speech, finger-to-nose intact, no pronator drift, slight overshoot noted, can't perform heel to shin, left unilateral nystagmus present.

Notable Labs & Imaging:
Hematology:
WBC: 9.5 Hgb: 14 Plt: 165 Hct 38
MCV 85, Neutrophils 88.7

Chemistry:
Na: 144 K: 4.4 Cl: Cr: 0.9 glucose: 143
INR 3.7

Imaging:
CT: Bleed was below the base of the brain, acute parenchymal hematoma in the left cerebellar region, measuring 2.1 by 2.5, with mild mass effect on the inferior aspect of the 4th ventricle

During admission: Subcranial craniectomy. No findings on angiogram. Managed with stabilizing BP below SBP 140, anticoag reversed with Vitamin K and PCC, watched his ICP, glucose

Problem Representation: 31 yo M w/ rheumatic heart disease on warfarin presents with acute nausea and vomiting, headache and dizziness. PE reveals dysmetria, nystagmus and unsteady gait. CT showed cerebellar hematoma.

Teaching Points (David):

Hematemesis DDx:
+ **Rule out mimickers**: hemoptysis, ENT bleeding
+ **Cirrhosis**: variceal bleeding (esophageal, gastric), hypertensive gastropathy
+ **Non-cirrhosis**: PUD, Mallory-Weiss, esophagitis, gastritis, esophageal/gastric lesions (tumors…), aortoenteric fistula

*__Dizziness__ (lightheadedness vs vertigo) prioritizes hematemesis.
++ Translate dizziness into orthostasis or abnormal eye movements.

Immediate management: vitals, 2 large IV access, PPI, fluids, prepare blood products. Others
++ ¿Cirrhosis? Iv antibiotics (ceftri/erythro), octreotide/somatostatin
++ ¿On anticoagulation? Think of reverse agents (vit K, idarucizumab, andexanet, PCC)
++ ¿Massive transfusion protocol? Give prophylactic calcium

Headache + n/v + dizziness + unsteady gait + dysmetria + nystagmus -> think of **central vertigo** (acute cerebellar syndrome) -> CT +/- angioCT: ischemic stroke vs bleeding.
*Headache and bradycardia: clues to bleeding
*CT may be not 100% sensible to rule out posterior fossa bleeding
*Management: control BP (objective SBP 110-140 mmHg), glucose and Tª, reverse anticoagulation, ICH Rx (head elevation, hyperventilation, mannitol), consult Neurosurgery
*Think of causes: trauma, HTN, AV malformations, coagulopathies, hemorrhagic transformation of ischemic stroke, CAA…