



# 6/13/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Shunya Hishinuma (@HishinumaShunya) Case Discussants: Alec Rezigh (@ABRezMed) and Austin Rezigh (@RezidentMD)

**CC:** 66 YO female brought to ER w/ abdominal pain for past couple of days

**HPI:** 66 YO female brought to ER w/ abdominal pain for past couple of days 4 days prior to presenting, dull, intermittent abdominal pain LUQ moving to epigastric, intensity 4/10 and worsening 8-9/10, can't sleep bc of pain, never experienced similar pain before, exacerbated by breathing

No vomiting/diarrhea, decreased PO intake since abdominal pain, normal intake of water, no recent fast food intake; melena a couple days before presentation, took pain killer(s), no loss of weight

**PMH:**  
Diabetes  
HTN  
No cancer history

**Meds:**  
Valsartan  
Sitagliptin

**Fam Hx:** Denied

**Soc Hx:** Denied

**Health-Related Behaviors:**  
Denied

**Allergies:** NKDA

**Vitals:** T: 36.3 HR: 90 BP: 96/63 (baseline sys RR 120-130) RR: 18 SpO2 99%

**Exam:**  
**Gen:** alert and oriented, anxious, no resp distress, pale  
**CV:** regular rate and rhythm, normal S1 and S2, no murmurs, rubs or gallops, capillary refill time less than 2s w/o cold extremities  
**Pulm:** clear to auscultation b/l, no wheezes or crackles  
**Abd:** tenderness to palpation of upper abdomen (epigastric) and both sides of upper quadrant areas, with guarding, no rigidity DRE: black tarry stools  
**Neuro:** nl  
**Extremities/skin:**

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: nl Hgb: nl Plt: nl  
**Chemistry:**  
Na: 130 K: 4 Cl: 93 pCO2: 47.6 BUN: 30.1 Cr: 1.28 (no baseline) glucose: 289 Ca: 9.5  
CRP: 5.46, Coag: nl  
Positive fecal occult blood

**Imaging:**  
EKG: nl  
Abdominal x-ray: nl

AP CT scan w/ contrast: free air under diaphragm

Referred to GS → wasn't able to undergo surgery due to small perforation  
Unclear reason for GI perforation

**Problem Representation:** 66 YO female PMH diabetes, HTN on valsartan and sitagliptin presents w/ severe, intermittent, epigastric abdominal pain for 4 days and melena, free air on CT scan, unable to undergo surgery and is now progressively improving on medical therapy w/o a clear diagnosis

**Teaching Points (Hui Ting):**

**Abdominal pain**  
Timeline of the presentation? Risk for ischemic disease w/ PMH, Signs of infection? Is it organ related? Is it nerve related? Electrolyte disturbances (Hypercalcemia)? Any other associated symptoms?

**Anatomical causes of LUQ pain** → spleen, stomach, left kidney, pancreas, upper part of large bowel, etc.

**Screening for cancer according geographic location** → Gastric CA is prevalent in Japan.

**Melena:** stool presentation started after medication use or not? Common cause: peptic ulcer disease

**Low BP:** concerning in a patient w/HTN and melena → Resuscitation is needed with fluids → stabilizing the patient is urgent matter!

**DDx:** upper GI tract bleed → esophageal varices, peptic ulcer disease, AVM, Mallory-Weiss Sx, cancer, etc.

**Abdominal X-ray:** diagnostic importance → upright or decubitus → only upright position will reveal free air due to viscus perforation. Normal X-ray does not rule out diagnosis of peptic ulcer disease w/perforation → CT scan should be performed.