



8/17/23 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Gerardo (@gerarlunap) Case Discussants: Rabih (@rabihmgeha) and Maddy (@MadellenaC)

CC: 80 yo F with jaundice and abdominal pain

HPI: Her daughter reports that the patient has a mass on the lower part of the face, no interference with daily activities. In the last 15 days, mother complained of abdominal pain and she noticed the skin color change. In the last 10 days bowel habits change from once daily to once every 3 days.

PMH: Hypertension

Meds: Losartan

Fam Hx: None

Soc Hx: No alcohol, drugs, caffeine, tobacco or tea consumption

Allergies: NKDA

Vitals: T: 37 HR: 96 BP: 120/70 RR: 20 SpO2: 95%

Exam:

Gen: Somnolent, ill appearing, evident jaundice and globular abdomen

HEENT: Scleral icterus. Mass ~ 6 cm in diameter in the right angle of mandible, rubbery, no signs of inflammation.

CV: JVD +

Pulm: Dullness to percussion left lower hemithorax, decreased tactile fremitus, faint breath sounds

Abd: Diffuse increase in abdominal consistency, specially in the RUQ with a discrete palpable mass. Liver span 9cm, no palpable spleen. Increase dullness in upper quadrants, no ascites.

Neuro: Sleepy but oriented to person, time and place.

Notable Labs & Imaging:

Hematology:

WBC: 16,750 Hgb: 8.8 MCV: 78.9 MCH 27.7 MCHC: 35.1 Plt: 163k Anisocytosis 2+ Target cells 2+

Chemistry:

Na: 138 K: 3.59 Cl: 97.6 BUN: 166 Cr: 1.83

AST: 331 ALT: 179 GGT: 1044 T. Bili: 11.92 Direct Bili: 11.4 Albumin: 1.86 T Prot: 4.43

DHL: 510 Uric Ac: 7.67 Amylase: 79 Lipase: 67.4 Total Chol: 180 HDL: 14 LDL: 28 TG: 224

INR: 0.97 HCV, HBV, HIV, HTVL, VDRL negative B2 microglobulin: 11.27 CRP: 20

CT-scan: Pleural effusion. Gallbladder hydrups. Distention of intrahepatic and extrahepatic ducts. No obvious mass compressing structures.

Biopsy of right parotid gland: tissue suggesting malignancy. Lymphoid population with presence of giant cells.

Diagnosis: Lymphoma

Problem Representation: 80 y/o female w/ subacute jaundice, abd pain, and facial mass. She was found to have pleural effusion, biliary duct distention and gallbladder hydrups with no evident mass. Biopsy revealed lymphoma.

Teaching Points (Francisco):

- **Jaundice** (bil 4-5 - scleral icterus):

1) pre, intra or post-hepatic

2) heme (severe hemolysis, shortness of breath, chest pain) vs. hepatic (likely if abdominal pain + look for signs of liver failure)

- Liver failure -> inability to excrete toxins (ammonia) -> neurologic symptoms

- **Rule of thumb:** silent -> extrahepatic / more complex -> hepatic

- Various systems affected -> **systemic disease:**

1) **Mass** forming disease process - cancer -> Imaging

a) Extrahepatic that metastasizes to other parts

b) Different mass that metastasizes to the liver

2) **radiographically negative** - anemia, lymphoma -> Labs

- Acute constipation think about **hypercalcemia**

- **Exclude** supplements and meds that could cause liver injury -> acknowledge the negative parts of the history

- Masses: infectious, malignancy, autoimmune (IgG4 and histiocytosis, but rare)

- Mass + JVP elevation (sign of RVD) -> malignant pericarditis

- Going back and forth in the reasoning is useful

- Clinical history + Imaging + Labs all provide important clues

- Take a biopsy of the mass to establish diagnosis