11/17/23 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Prashant Gyawali (@PgGyawali)* ***Case Discussants****: Rabih (@rabihmgeha) and Reza (@DxRxEdu)*

CC: syncope

HPI: 52M p/w single episode of syncope

Happened in the morning during breakfast, few brief seconds, regained consciousness, no head trauma, % generalized weakness since 2 days,
Denies: shortness of breath, chest pain, palpitations, preceding events or triggers, abnormal body movement, incontinence, tongue biting, numbness, motor/sensory symptoms, fever or weight loss
ROS: pos for lethargy, generalized weakness, occasional constipation

PMH:

HLD, T2DM, COPD,
Spinal stenosis w/
Claudication (s.p. laminectomy)

Meds:

Atorvastatin
Albuterol
Metformin
Glimepiride
Insulin
Dulaglutide
Benazepril
Morphine 60 mz (every 2h)
Oxycodone 10mz (every 8h)

Fam Hx:
/

Soc Hx:
/

Health-Related Behaviors:
smoker (20py)

Allergies:
NKDA

Vitals: T: afebrile **HR:** 95/min **BP:** 70/49 mmHg **RR:** 16/min, SpO2 100%, normal BMI

Exam:
Gen: well nourished, comfortable, NAD; **HEENT:** wnl, øLAD, neck supple; **CV:** normal r/r, ømurmur
Pulm: ødistress, CTAB, øcrackles or wheezes
Abd: tenderness RUQ/R flank pain, ørebound, soft, normal BS
Neuro: wnl; **Extremities/skin:** warm, dry, no peripheral edema, pulses nl

Notable Labs & Imaging:

Hematology:
WBC: 9,4 (n diff) Hgb: 13.4, Hkt 37.4 Plt: 234

Chemistry:
Na: 134 K: 4 Cl: 100 CO2 21 AG13 BUN: 19 Cr: 1.2 glucose: 194
AST: 17 ALT: 25 Alk-P: 78 Tbili 0.4 (direct 0.15)
Troponin: 95 (<40), Lactic acid 4.5 (<2)
T4 1.55, TSH 0.34, UA: wnl

Imaging:
EKG: nSR; CXR,
CT head/cervical spine: wnl
CT chest: neg. for PE
CT(A/P): dilated biliary system (CBD 1.6cm), nonobstructive right renal calculus, moderate colonic stool burden, liver wnl
IV fluids, antihypertensive meds held -> improvement
At night another hypotensive episode -> IV fluids and stabilized
BCx neg., lactic acid and trop decreased, Crea 1.2 -> 0.69 (24h)
MRCP: postobstructive dilatation of CBD by intraluminal nodule of 9mm (intrapancreatic portion), øgallstone disease
EUS: dilated CBD (9mm), øintraluminal bile duct pathology seen

Dx: Opioid induced CBD dilatation and constipation

Problem Representation: A 52yM w/ a single episode of syncope w/ PMH of T2DM, HLD & spinal stenosis being on oral antidiabetics and opioids. PE and labs notable for hypotension and tenderness on RUQ/R flank, hyperglycemia, elevated LA and troponin, slightly elevated Crea, low TSH. Imaging shows postobstructive CBD dilatation and mild colonic stool burden.

Teaching Points (Ayesha):

- CC: 1) is it true syncope or a mimicker? 2) Avoid a distraction that the story begins and ends within one episode.
- What happened before (could be years prior), during and after the episode.
- Transient loss of consciousness → 4 S's. think broadly such as about 1) **syncope** 2) **seizure**. Confusion after the event (prioritize seizure + jerking + tongue biting). **Psychogenic**/functional (not common) **4) Hypoglycemia (sugar)**
- **CORE:** 1) Cardiogenic (structural (AS, HOCM) and rhythm disturbances → fast or slow) Do ECG, 2) orthostatic and 3) reflex mediated (most common in the population).
- Duration: 2 days is nonspecific. Do physical exam to assess strength (if complain of weakness)
- HPI (when detailed): can possibly lock in a potential answer. Presence of generalized weakness → should we think of other possible etiologies?
- **S → Sleep/Fogginess**. Opiates meds can cause an accumulation causing toxicity causing patient to nod off. Medication intake can be a potential factor. *Common things being common!!!*
- Vitals: Hypotension → it may be a CV etiology. Ongoing condition due to → cardiac, hypovolemic, orthostatic. not ongoing → arrhythmia
- Pseudo Bradycardia: heart is going so fast, only a fraction of beats reach the pulse oximeter. Heard on stethoscope more commonly.
- Structural (less likely if unremarkable exam), volume (less likely if no overt signs of volume loss - diarrhea, diuretics) or a orthostatic/vessel (Low BP, high HR) - is there any meds causing this? 1) autonomic or 2) Adrenal insufficiency?.
- Common causes of hypotension → B-blocker, autonomic, or adrenal insufficiency.
- Labs: Adrenal insufficiency → eosinophil abnormality present in the context of hypotension.
- EKG and CT chest normal → rules out cardiovascular and structural/arrhythmogenic. Now think if it's something coming from outside the body.
- CT findings: 1) external compression from a pancreatic cancer 2) disease of the lumen in PSC 3) internal bleeding (stones). All have 3 falsely localized causes of CBD dilation → Age (e.g. 50 y/o should have a dilation of 5cm), history of cholecystectomy (removal of gall bladder no longer allows bile to be stores) and opiates --> give fluids and wait to see what occurs
- Recurrent episodic hypotension that is self-limited (Cardiogenic, distributive → sepsis).
- Neuroendocrine tumor discharging a product (Carcinoid in the small intestine) → releasing serotonin -> episodic disturbance to the Cardiovascular system. **Anaphylactoid reaction** from neuroendocrine tumor (country wise - parasitic disease?)
- Be aware of patients taking objects/substances within hospital
- EUS finding: migrating stone or a mimicker of opiate intake.