



11/15/23 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter:(@ximechm16) Case Discussants:(@Sharminzi) and Jack Penner

CC: A 65 yr female 3 days abdominal pain and lack of bowel movement.

HPI: Two weeks ago developed dyspnea, Decompressive paracentesis was done which relieved symptoms until 2 days ago when she developed diffuse abdominal pain and nausea, no bowel movt reported in past 2 days, fever with chills reported but recorded temperature not available.

PMH:
Cirrhosis 4 yrs ago
SBP 6 months ago
HTN

Meds:
Frusemide,
Propranolol,
Enalapril.

Fam Hx:

Soc Hx:

Health-Related Behaviors: No h/o alcohol and other substance use

Allergies: NA

Vitals: T: 38.4 HR: 79 BP:92/65 mmHG RR: 18, 89% SpO2 on RA

Exam:
Gen: Looks tired, Pupils equal
CV: Regular rhythm, No added sounds, **Pulm:** Unremarkable
Abd: Increased abdominal girth, palpable thrill noted, tender to palpation
Neuro: Alert oriented to time and place
Extremities/skin: Edema below knee bilaterally.

Notable Labs & Imaging:
Hematology:
WBC: 5.76K Neutrophils 80%, lymphocytes 8%, Hgb:12.5 with HCT 36, Plt:165K

Chemistry:
Na:135 K:3.41 Cl: BUN:15.5 Cr: 0.65 Glucose:100 Ca: 7.83 Mag:
AST:49 ALT: 49 GGT:48 Alk-P:125 Albumin:2.7 Bilirubin 2.31, Direct bilirubin: 1.58
PT 18 APTT 39.6 INR 1.64

Hepatitis Panel Serology: All normal
ESR 80, CRP 7.7

Imaging:
Abd US: Hepatomegaly, cirrhosis, NALD
Paracentesis: Neutrophil 350
Culture: S. aureus
CXR: Atelectasis

Dx: Secondary Bacterial Peritonitis d/t Staph. aureus (likely 2/2 decompressive paracentesis)

Problem Representation: A 65 yr old female with PMH of cirrhosis & NALD presented with abdominal pain, & lack of bowel movement that started 2 days post-decompressive paracentesis. Palpable abdominal thrill was noted with a normal neuro exam and ascitic fluid was found to have neutrophil of 350 which grew S. aureus in culture.

Teaching Points (@maryanamribeiro):
Patient requiring paracentesis: ascites (portal hypertension causes or non portal hypertension causes)

- Portal hypertension: cirrhosis, heart failure, schistosomiasis
- Pt w/ portal HTN and abdominal pain: SBP

Ddx: Obstruction, decreased motility, electrolyte abnormality, meds (opioid, anticholinergic), autonomic dysfunction, complications of the procedure (perforation?)
Patient is febrile, mild hypotensive and hypoxemic: atelectasis?
Increased diameter of the abdomen two days after therapeutic paracentesis: complications of prior paracentesis (rapid reaccumulation)
Tender to palpation: patients w/ ascites can have peritonitis with few signs in PE -
Spontaneous bacterial peritonitis x secondary bacterial peritonitis are the main ddx
Diagnostic paracentesis: color of the liquid can give some clues about the dx while you don't have the results
Signs of infections: start on ATB: ceftriaxone/ vancomycin (secondary bacterial peritonitis: cover staph/strep)
Where the hypoxia is coming from?

- Cirrhosis & hypoxia: portal pulmonar HNT (late complication, severe complication), pulmonary HTN in primary heart failure