01/31/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Samy (@samymady12) Case Discussants: Sharmin (@Sharminzi) and Jack

CC: 45 y/o M transient LOC in the setting of black stools

HPI: @Neighboring facility p/w 10 hrs of progressing black stools, girl friend heard him falling, regained consciousness soon after, short duration, no fecal/urinary incontinence. No neurological symptoms, tongue biting.
Denies prior stool complaints, hematemesis, epistaxis, abdominal pain, diarrhea, nausea, vomiting, B symptoms, no NSAID use.

PMH: None.

Meds: None.

Fam Hx: None.

Soc Hx:

Health-Related Behaviors: Occasional alcohol, non-smoker. No NSAID use.

Allergies: None.

Vitals: T: **HR:** 120 **BP:** 80/50 **RR:** 18 **SpO2:** 95% on RA
Exam:
Gen: Tired appearing.
HEENT: Pale conjunctiva, no jaundice.
CV, Pulm: Wnl.
Abd: soft, nontender, nondistended, no organomegaly or fluid wave.
Neuro: Alert oriented x4
Extremities/skin: no spider angioma, no gynecomastia, weak pulses & warm extremities, recap time <3s.
DRE: black stools c/w melena w/ typical smell (of oxidized blood).

Notable Labs & Imaging:
Hematology:
WBC: 16.5 (neutrophil dominant) Hgb:11 → Hgb: 7.2, MCV: 85 Plt: 335k
Chemistry:
Na: 140 K: 3.9 Cl: 105 HCO3: 24 BUN: 40 Cr: 0.98 Glucose: 140 AST, ALT, AP, Albumin wnl
Lactate: 1.6 aPTT: 30, INR: 1.1 (wnl)
→ Initial management: IVF, PPI IV and erythromycin administered.
Imaging:
EGD: Normal mucosa in esophagus, stomach & duodenum, no signs of bleeding.
Colonoscopy: completely normal → New melena follows. Hgb: 7.2, received pRBCs.
CT-A: suspicious for angiodysplasia of 1.7 cm in jejunum. Bleeding stopped spontaneously, did not get embolized. → Reduction in melena, increase in Hgb after transfusions.
Push enteroscopy: submucosal lesion w/ central indentation- concerning for GIST.
Pathology report: consistent w/ GIST.
Dx: Gastrointestinal stromal tumor (GIST)

Problem Representation: 45 y/o male w/ no past medical history, no NSAID use, and no significant health related behaviors presents with transient loss of consciousness w/ rapid recovery in the setting of black stools. Initial vitals are significant for HR of 120, BP of 80/50. Initial labs reveal Hgb of 11, BUN of 40, and Cr of 0.98.

Teaching Points (Noah):
TLOC - 4 S: Syncope, seizure, strategic stroke, sugar (hypoglycemia). Look for accompanying symptoms for clues regarding the etiology
➞ In the setting of **black stools** ➞ ?Melena ➞ ?UGIB ➞ ?Hypovolemia ➞ ?Syncope. **Don't anchor!**
Bismuth and iron can cause black stools
TLOC ➞ in the setting of going to the bathroom: vasovagal, orthostasis.
UGIB ➞ From the mucosa (ulcers, itis), from the piping (AVMs), from the blood (bleeding diathesis). Absence of usual risk factors for mucosal injury.
Hemorrhagic shock ➞ Why? Chronic blood loss (pale conjunctiva) + acute blood loss (history and vitals).
➞ Rx: Big diameter short IVs to give fluids and blood, collect studies ASAP, +/- IV PPI (PUD), octreotide (variceal bleed), either EGD or CTA +/- embolization
In acute bleeding, you lose whole blood so the Hb takes a while to dilute and fall down.
Normal EGD ➞ Blood loss that is hidden vs Hickam's dictum (another cause of instability)
➞ Hx +, PE +, labs + for UGIB ➞ must be 99.99% sure we are not missing it
➞ EGD negative UGIB: missed lesions from the mucosa (cameron's erosions, dieulafoy lesion, AVM), missed lesions because the lesion is bleeding **into** the GI tract (hemosuccus pancreaticus, hemobilia, aortoenteric fistula), lesion too far in (small bowel: **ulcers, masses, and AVMs** - hard to access - large bowel - colonoscopy).
Context of this patient ➞ Relatively young patient. Why does he have angiodysplasia? Does he only have it there or is this a more diffuse process?