04/17/24 Morning Report with @CPSolvers

***"One life, so many dreams"* Case Presenter**:Ethan Chiu (@e_chiu17) **Case Discussants**: Sharmin(@) and Jack (@)

CC: 85 Y/O F coming for jaundice .

HPI: In the past 2 weeks, the patient has complained of mild intermittent abdominal pain, nausea, loss of appetite, and weight loss. Five days prior to consultation, the family noted yellowing of the eyes and skin, along with cola-colored urine. Four weeks ago, the patient was admitted for hypotension with coffee ground emesis. EGD showed two non-bleeding ulcers with gastritis. Two weeks after discharge, a repeated EGD was unremarkable

PMH:
HTN
T2DM
HF
Glaucoma
hyperlipidemia

Meds:
Amlodipine
Hydralazine
Latanoprost
sucralfate
Senna
Rosuvastatin

Fam Hx:

Soc Hx:

Health-Related Behaviors:

Allergies: Nil

Vitals: T:afebrile HR:98 BP:114/70 RR:

Exam:

Gen: stable not in distress ,
HEENT: scleral Icterus
CV: Nl
Pulm:Nl
Abd:
Neuro:
Extremities/skin: yellowish

Notable Labs & Imaging:

Hematology:
WBC:10.7 Hgb: 9.2 MCV: 91Plt: 371
INR 1.5 RDW 19.4

Chemistry:
Na:128 K:3 Cl: HCO3: BUN: Cr:0.47
AST:426 ALT: 117 , Alk-P: 621 , (T)B 20.8, (D).B : >15 ,LDH: 328
ANA(-) Anti smooth Ab(-).
Urine +blood Cx negative .

Imaging:
CT: Contracted bladder with no pericholecystic fluid
Day 3: 1 episode of AMS improved spontaneously
CT - Chronic persistent mastoiditis
Liver Bx :Portal chronic inflammation with lobular activity ,lobular cholestasis ,Foci hepatocyte necrosis and increased periportal fibrosis - non specific but compatible with drug induced Liver injury !
(After review of recent medications ,patient said that she had taken Augmentin for sinusitis)

Dx: Augmentin induced Liver injury

Problem Representation:
An 85-year-old female presenting with jaundice for the past 2 weeks, accompanied by intermittent abdominal pain, nausea, and loss of appetite. Previous history includes coffee ground emesis. EGD revealed a non-bleeding ulcer with gastritis. Further labs showed a cholestatic pattern of liver injury.

Teaching Points (Vijay):
Jaundice= Hyperbilirubinemia, but also carotenemia
-Direct vs Indirect. Never miss diagnosis : Cholangitis, Hemolysis
- Direct= Intrabdominal, Indirect = Systemic causes
Extrahepatic(Pancreatic), Intrahepatic
Exam clue to direct(Intrahepatic= Portal HTN)
Ulcers(Location) + Jaundice= NET/Alcohol vs 2 separate pathologies
T2DM : Recent diagnosis clues to pancreatic neoplasm(Paraneoplastic induced insulin resistance)
Exam to look for: Abdomen, Mental status, Hyperestrogenism
Hemolysis: Delayed reactions, advanced cirrhosis

- Step1: Lab evidence for hemolysis: Indirect Bili+LDH, ↓Haptoglobin, ↑Reticulocyte
- Step 2: Look for cause: DCT, PS

AST>ALT: Rhabdomyolysis, hemolysis
Cholestatic Pattern: Intrahepatic: Imaging(-)= Passed stone
Viral hepatitides, Shock liver, Toxin/Drugs
Infiltrative diseases: Sarcoid,TB, amyloid(*Missed by MRCP)*
Drugs can trigger Autoimmune hepatitis & treated with steroids
Zieve: Alcohol + Hemolysis + Hyperlipidemia
Drugs history: Review upto 3 months