



06/18/24 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Hee Mun (@HeeMun8) Case Discussants: Alec Rezigh(@ABRezMed) and Mengyu Zhou(@zhoumy07)

CC: painless jaundice

HPI: 75 year old woman presented with 1 week of painless jaundice, weight loss of 20 pounds. She also reported 3 days of abdominal distension, nausea and vomiting. Had dark urine and clay-colored stool. No fever, chills, SOB, abdominal pain, constipation, GI bleed. Has altered sleep rhythm but no confusion or memory loss. Denies alcohol use, prior hepatitis, blood transfusion. No recent travel.

PMH:

Ocular surgery
Afib

Meds:
Apixaban

Fam Hx:

Soc Hx:
No alcohol, smoking
House wife
Lives in Utah

Health-Related Behaviors:

Allergies:

Vitals: T:37.1 HR: 70 BP: 130/90 RR: 20 SPO2 97%

Exam:

Gen: No acute distress

HEENT: Scleral icterus present

CV: RR, S1S2, warm ext. No peripheral edema

Pulm: NI

Abd: Distended, palpable hepatomegaly, no tenderness, no splenomegaly, shifting dullness

Extremities/skin: Diffusely jaundice most on chest and back, muscle wasting, no spider nevi

Neuro: No apraxia, no asterixis, no decreased cognition

Notable Labs & Imaging:

Hematology:

WBC:17,700 Hgb: 10 MCV : 82 Plt: 150K

Chemistry:

Na: 128 K:4 BUN: 9 Cr: 0.89 glucose: Ca:9

AST:110 ALT:70 Alk-P: 622 Albumin: 3 Lipase: 85 GGT 421

PT: 17.9, INR:1.7, direct bilirubin 23.3

Procal 1.9

Iron level, transferrin nl, ferritin elevated, LDH 294

AFP,CEA NI, CA19-9 106, CA 125 140

Imaging:

Ultrasound paracentesis: removed 1.3 L, hepatomegaly, no stone, no bile duct dilation → started on antibiotics

CT: enlarged liver (22 cm), irregular nodular growths (3.8 cm) scattered across the right lobe, heterogeneous hepatic attenuation suggesting passive venous congestion, 3.1 cm cystic lesion in the tail of the pancreas, identified as intraductal papillary mucinous neoplasms

MRI: multiple nodules with hyperintense T1 and hypointense T2

Biopsy: positive HMB45, SOX10, MART-1. S100 was focally positive, cytokeratin AE1/3 was negative

Dx: Metastatic melanoma

Problem Representation:

75 year old female with painless jaundice who was found to have metastatic melanoma.

Teaching Points (Elena):

1. **Jaundice** = Hyperbilirubinemia > 4 (direct/intra-abdominal or indirect/hemolysis) → abd. distension (intra-abdominal process)

- **Abd. distension:** Solid (stool, mass), liquid (ascites, blood), gas (perforation)
- Clues to **direct** hyperbilirubinemia: Acholic stool, dark urine → requires assessment for cholestasis (absence of pain → mass)

2. **Chronicity:** Subacute/chronic - Jaundice and weight loss develop over a certain amount of time

3. Altered sleep rhythm → sleep disturbances are known in cirrhosis but hepatic encephalopathy has to be ruled out

4. **Clinical exam** did not reveal signs of cirrhosis but likely ascites (cirrhotic and non-cirrhotic causes of ascites/portal hypertension esp. peritoneal processes)

5. Cholestatic **lab** picture with direct hyperbilirubinemia → imaging (intra- versus post hepatic pathology)

6. **Tumor markers:** low specificity, but great for monitoring patients that already have the diagnosis of cancer

7. **SAAG > 1.1:** indicates that the patient has portal hypertension with 97% accuracy (cirrhosis, heart failure, hepatic metastasis, etc. low SAAG typically found in peritoneal processes and pancreatitis)

8. **Management:** Indications for abdominal paracentesis (new onset ascites, each admission to hospital, signs of infection, etc.)

9. Multiple liver nodules → metastasis - **Chat GPT:** Melanoma