8/29/24 Morning Report with @CPSolvers

"One life, so many dreams"* Case Presenter:Hans Jesper Del Mundo ()* **Case Discussants:***Rabih (@rabihmgeha) and Sohil (@sohilpatel23)*

CC: abdominal pain

HPI: 71yo M presents to the ED with sudden onset, dull abd pain

He reports 2 weeks of diarrhea.

On the day of presentation, developed sudden 6-7/10 abdominal pain, no triggers. Generalized. Dull. Last BM and flatus day prior. No N/V, no fevers, chills, no hematochezia, no chest pain, no dyspnea

PMH:
DM2
HTN
Paroxysmal AF
BPH
h/o nephrolithiasis s/p lithotripsy

Meds:
metformin
Metop succ
Tamsulosin
Warfarin

Fam Hx:
DM2
Heart disease

Soc Hx:
From philippines, moved to Hawaii in the last 6 months
Recent travel to Philippines

Health-Related Behaviors:
Never smoker
Occasional alcohol
No other substances

Allergies:
hydrocodone

Vitals: T: 37.1 HR: 76 **BP:** 142/78 **RR:** 25
Exam:
Gen: in bed, NAD **HEENT:** wnl **CV:** wnl **Pulm:** wnl
Abd: soft, distended abdomen, mild TTP in all quadrants, no rebound, no guarding, no masses. DRE w/ nml sphincter tone, prostate enlarged but no masses
Neuro: wnl **Extremities/skin:** wnl

Notable Labs & Imaging:
Hematology:
WBC: 10.2 Hgb: 11.7 Plt: 205

Chemistry:
Na: wnl K: Cl: HCO3: wnl BUN: wnl Cr: 0.9 glucose: 144 Ca: wnl
AST:26 ALT: 27 Alk-P: 67. T bili wnl
Lipase: wnl. Amylase: wnl
INR > 9
UA trace protein 0-5 RBCs, 0-5 WBCs, neg leuk esterase, neg nitrites
Fecal OBT: positive

Imaging:
EKG: NSR
CXR: no acute findings with borderline cardiomegaly, mild atherosclerotic, tortuous aorta
KUB: mild bowel distension up to 3-4 cm
CTA AP: small non-obstructing L kidney stone, mild colonic diverticulosis. Circumferential rectal wall thickening,w/ fat stranding. Mild intestinal dilation with proximal small bowel thickening, suggesting partial SBO. Unremarkable arterial system. No thrombus/occlusion in mesenteric arteries.

Exploratory lap findings: small bowel resection with an intramural hematoma.
Path: normal small bowel architecture with hemorrhage, no malignancy

Dx: SBO 2/2 intramural hematoma 2/2 supratherapeutic warfarin

Problem Representation:
71yo M w/ pAF on warfarin, DM, HTN p/w 2 wks of diarrhea, sudden onset, generalized abd pain fth supratherapeutic warfarin, partial SBO, and rectal wall thickening s/p ex lap w/ an intramural hematoma

Teaching Points(Julia):
Localisation: (sudden onset, diarrhea and diffuse poorly localised pain) -> **acute intestinal syndrome**
With sudden onset think about blockage / rupture
⟶ **VIPO** (obstruction(pseudodiarrhea in overflow incontinence)>>vascular, infection, perforation)

Approach: evaluate threshold for a CT: **EKG**, **urinary retention**, **labs**; are any alarm signs present => CT, unless pw/high Lipase and C2 abusus => *pancreatitis*
Acute mesenteric ischemia subtle changes -> mention your concern to your radiologist-friend (+check lactate)

Elevated INR + low Hb ⟶ intra-abdominal hemorrhage (intra-/extraintestinal or intramural hematoma(minimal bleeding)

iFOBT: microscopic bleed in the GI tract (CAVE: can distract you (e.g. 2/2 warfarin): do not miss a macroscopic bleed (intra-/retroperitoneal-> paralytic ileus)

Warfarin can cause both
hypercoagulable state (low protein c + s) state => ischemia &
hypocoagulable state (low Faktor VII) => increased bleeding risk

bowel wall thickening: (1) inflammation (IBD) (2) Infectious (diverticulitis) (3) ischemia (4) angioedema (check for ACE Inhibitor) (5) intramural hematoma (6) malignancy