10/26/24 Residency VMR with @CPSolvers

***"One life, so many dreams" Case Presenter**: Jia Xing and Sinai Baltimore IMres (@SinaiBmoreIMRes) **Case Discussants**: Maddy, Paris and Mary*

CC: 77 yo F with PMH of diabetes and dyslipidemia, presents with vomiting and abd pain

HPI:
The pt arrived with abdominal pain for the past 5 days, bouts of vomiting, she doesn't report diarrhea.
Denies fever and chills.

PMH:
PUD
TD2
Dyslipidemia

Meds:
Metformin
Atorvastatin

Fam Hx:
Non significant

Soc Hx:
From Philippines and 4 mo ago she went to visit her daughter.

Health-Related Behaviors:
No drugs, no alcohol, no tobacco

Allergies: none

Vitals: T: 39.4 **HR:** 85 **BP:120/67 RR:18 Sat O2 97% on RA**
Exam:
Gen: Not in acute distress
HEENT: normocephalic, atraumatic
CV: RRR, no murmur
Pulm: CTA B/L, no wheezing, no rales
Abd: Mild epigastric tenderness on deep palpation, no guarding or rigidity.
Neuro: no focal deficits
Extremities/skin: no edema

Notable Labs & Imaging:
Hematology:
WBC: 18.5 neutrophil predominance on D1, elevated eos on D3 (5.4%)
Hgb: 13.8 Plt: 279
Chemistry:
Na:137 K:4.0 Cl:102 HCO3:23 BUN:17 Cr:1.3 glucose:190 Ca:8.7
AST:28 ALT:23 Alk-P:150 Albumin: Lipase: 177 Lactate 2.5
Tbili 1.1 Trop 8 // Lipid panel: **wnl** UA clear

Imaging: **EKG**: wnl **CXR:** wnl
CT: peripancreatic, gastric, duodenal inflammation
US: gallbladder wall thickening, no stones, echogenic lesion in portal hepatic, no dilatation
MRCP: Linear filling defects are seen within the intrahepatic and extrahepatic biliary tree with coiling of a linear defect seen in the common bile duct within the pancreatic head. No rounded stone is seen. peripancreatic edema consistent with pancreatitis.
ERCP:sphincterotomy and single worm removal from the biliary tree.

Dx: Ascariasis infection causing Pancreatitis

Problem Representation: 77 y/o F with pmhx of DM presents with acute fever and abdominal pain. Found to have leukocytosis/eosinophilia and elevated lipase.

Teaching Points: (Anmol)
I] Abdominal pain: rule out emergency causes → VIPO = *Vascular, Inflammation, Perforation, Obstruction;*
abdominal exam→ look for guarding and rebound tenderness; but in elderly these signs might be absent even in VIPO.
Causes not just limited to abdomen (CT negative causes)--> myocardial infarction & valvular disorders can present with epigastric discomfort too.
II] History of diabetes: neuropathy and gastroparesis to be considered as well. DKA and HHS can also be the culprits, or lactic acidosis in the setting of metformin (AKI).
III] History of PUD: increases the risk for perforation for which management>diagnosis.
IV] Tests : EKG, VBG, Lipase, CBC, BMP, LFTs
V] Faget sign: when the patient has a fever but slower heart rate, often seen in various infections.
VI] Acute pancreatitis: diagnostic criteria→ ⅔ of following:-
1. Epigastric abdominal pain
2. Lipase > 3 times limit of normal
3. Confirmatory imaging

Common causes: alcohol, gallstones, hypertriglyceridemia (>10,000)
I GET SMASHED: *Ischemia-**Idiopathic**, **Gallstones**, **Ethanol**, **Tumors***-pancreatic/ampullary/ mets-breast, lung, ***Surgery/Trauma*** (ERCP), ***Microbiologic** (Infections)* Coxsackie, EBV, CMV, Mycoplasma, TB, Candida, Toxoplasmosis, Cryptosporidiosis, ***Autoimmune***, ***Scorpion sting***, ***Hypertriglyceridemia***, ***Emboli****→Ischemia*, ***Drugs***
VII] Ascaris worms can invade the biliary system, causing **biliary/ choledochal ascariasis** which can have varied presentations.