



# 11/12/24 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Dr. Neha Hippalgaonkar (@nehahipp) Case Discussants: Dr. Shikha Jain (@ShikhaJainMD)

## CC: Hypercalcemia

**HPI:** 63 yo gentleman with PMH of DM, HTN, HLD went to the ED after his PCP noticed he had a calcium of 14. Dealing with a cough the last couple of weeks, mild dyspnea. Later discover of decreased appetite and 10 pound weight loss.

**ROS:** Constipated. Last bowel movement a week ago.

**PMH:** DM 2, HTN, HLD.

**Meds:** Statin, vitamin D 1000 units daily, lisinopril, metformin.

**Fam Hx:** No significant fam hx of malignancy.

**Soc Hx:** Tobacco user ½ pack a day for last 40 years. Drinks a 6 pack daily. No episodes of alcohol withdrawal.

**Allergies:** None

**Vitals:** T: HR: 68 BP:174/72 RR: 16

### Exam:

**Gen:** Well developed, no cachectic looking.  
**HEENT:** Normocephalic, atraumatic, no scleral jaundice.  
**CV:** No JVD, no murmurs.  
**Pulm:** No respiratory distress, no abnormal sounds.  
**Abd:** Mildly distended, no organomegaly.  
**Neuro:** Alert and oriented. Poor memory recall.  
**Extremities/skin:** Warm, dry, good pulses.

### Notable Labs & Imaging:

#### Hematology:

WBC: 9.9 (normal diff) Hgb: 16.6 (MCV 88) Plt: 195

#### Chemistry:

Na: 128 K: 4.5 Cl: 89 HCO3: 27 BUN: 16 Cr: 1.4 glucose: 199  
Ca: 14 AST: 65 ALT: 53 Alk-P: 356 TB 0.9 DB 0.3 Albumin: 4.2  
GFR 99 lactate 3.8 LDH: normal. CA 19-9: 1691 AFP 31.7 CEA 3.

#### Imaging:

**CT Chest:** No PE, clear lungs. Multiple hypodense lesions in the hepatic lobe. Some abdominal lymphadenopathy.  
**CT Abdomen:** Extensive hepatic malignancy, mild hepatomegaly. Multifocal hepatocellular carcinoma vs metastatic disease. Periportal and celiac lymphadenopathy, intraperitoneal fluid, some loculated.  
**CT base liver w/ contrast:** 0.5 lung nodule at the R middle lobe. Heterogenous liver mass in the left segment. 10.8 x 9 cm. Adjacent scattered lesions to that mass.  
**Liver Biopsy:** Adenocarcinoma suggestive of pancreaticobiliary origin. GI origin could not be excluded at this time.  
Dx: GI oncology (probably pancreatic)

**Problem Representation:** Middle aged male with metabolic syndrome presenting with subacute weight loss, tobacco and alcohol use incidentally found to have HyperCa. Found to have liver lesions indicating adenocarcinoma of unclear primary.

### Teaching Points: (Yazmin)

#### Hypercalcemia of malignancy "Keep your ddx broad"

- Prioritize malignancy in a pt. With weight loss and newfound high Ca levels

#### Risk factors and history taking.

- Inquire on supplementation use, cigar/cigarette, other drugs
- In people with high alcohol consumption think about malnutrition and predisposition to certain types of CA > HCC
- Weight loss > make sure how much did the patient lose + over a period of what time.

#### Physical exam:

- In neuro exam > HyperCa can cause AMS > but we MUST expand the ddx to vascular disease, dementia, social background (low literacy, low understanding). In pulm exam > auscultation is key, inquire about SOB and pb exacerbation over time, orthopnea, looking for SVC sx symptoms.
- Female patient: Recent mammogram? Lumps?
- In Pancreas or Liver CA: Asterixis? Organomegaly? Ascites?
- Wide pulse pressure can be 2/2 to hyperdynamic states

#### Lab & Imaging: Multiple things may be happening at once

- Albumin within normal limits can reflect a stable nutritional status
- LFTs > look for obstructive pattern
- Concerns for lymphoma > Look at the LDH

**Tissue is the issue >** In heme/onc we don't start treating until we know what the problem is, unless there are acute issues > treat the hyperCa > **IV fluids, calcitonin, zoledronic acid**

**CA 19-9 >** Malignancy of pancreas, bile duct, mucinous ovarian CA  
**Before surgical intervention perform a thorough imaging study i.e. CT abd can be helpful to see the liver but perform a CT base liver w/contrast.**

**HCC:** Very vascular > A biopsy can be risky, but in certain cases it is needed to determine mets or not

**ECOG performance status >** 0 = best 4 = worse [to determine the tolerance to treatment]

**Main Q's in Cancer treatment:** 1) What is the site of origin?, 2) Type of cell?

Differentiated or not? 3) The extension of the CA > Mets

**Next gen sequencing:** Whether or not there is something actionable, i.e. MMR, PDL-1 looking for a target to treat.