12/26/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter:Mark Heslin (@Mark_Heslin) Case Discussants: Rabih (@rabihmgeha), Kuchal (@AgadiKuchal)

CC: 67 y F presented with fever and abdominal pain for 10 days & cough and dyspnea for 1 week.

HPI:
Presented in the ED flying back from Vietnam and presenting with 10 days of non-radiating pain in epigastric region and RUQ (could not describe quality of pain), dyspnea on exertion and dry cough.

ROS: negative for PND, orthopnea

PMH:
HTN
HLD
Pneumonia 10 y ago

Meds: none

Fam Hx:
No pulmonary/GI issues in family
Soc Hx: from Vietnam (visits 2 times per year)
Health-Related Behaviors: no animal/pet/water/Tb exposure. No Tobacco or illicit drugs.
Allergies: None

Vitals: T: 38.1°C **BP:**131/46 **RR:**18 **HR:**87 **Sat:** 94% RA
Exam: Gen: well appearing, no acute distress
HEENT: unremarkable
CV: no murmurs; **Pulm:** no wheezing , crackles in LL of Rt side
Abd: soft, mildly tender at RUQ and epigastric region, non distended
Neuro: AxOx4, no FND, **MSK:** no rashes, warm, no edema

Notable Labs & Imaging:
Hematology:
WBC: 23.1 (neutrophil predominant), Hgb: 9.2 (MCV: 88), Plt: 463
PTT and INR : nl

Chemistry
Na:137 K: 5.2 Cr: 0.43 BUN: 8 Ca:7.6 Cl:106 HCO3: 21
LFTs: AST 93, ALT 51, Alk-Phos 413, Albumin 2.5, Total-Protein 6.6, TBili 0.5
Trop: nl (x2, VBG: 7.41, pCO2 40
ID workup: HIV non reactive, pulm Tb (3x sputum, M.Tb PCR neg x3), Stool OxP neg, E.histolytica + Echinococcus neg

Imaging:
CT-PA: multifocal pneumonia in RUL , no PE, mild pleural effusions R>
CT abd: 2 liver abscesses (L > middle, subcapsular predom), intrahepatic biliary stricture, no extrahepatic biliary dilation or stones, mild fluid overload + mild ascites, some gallbladder wall edema, small pancreatic cystic lesion
MRCP: enhancement of common bile duct + intrahepatic bile duct, gallbladder wall thickened
Abscess drainage + Blood cultures: growth of Hypervirulent *Klebsiella pneumoniae (HvKp)*

Dx: Klebsiella pneumoniae invasive syndrome 2/2 HvKp

Problem Representation:A 67 year old female,frequent traveler to Vietnam, presented with 10 days of fever,abdominal pain,dry cough and dyspnea on exertion.Imaging revealed multifocal pneumonia,liver abscesses and intrahepatic biliary changes.

Teaching Points:
Abdominal pain cough+dyspnea- MI: EKG, trop,O2 with travel H: PE
With cough -dry(pulm edema) vs wet
With abdominal pain- site can reveal the etiology: cholecystitis, hepatitis, pancreatitis
With travel H- consider a PE
With Fever- viral/bact, esp Pt returning from Vietnam -consider prevalence of endemic diseases- malaria, salmonella- ask about rashes(rose spots-salmonella, petechiae rickettsia) , tick bites, contact with others with sim illness - look for pattern of fever
Parasitic infections with a/c sx: **H**emat parasites(malaria), **H**epatic parasites(Entamoeba histolytica) **H**oppers(Migratory flukes-fasciola) - also look for ass.wheezing without h/o asthma
ABD +THORAC = unusual
1.Thoracic radiating to abdomen(irritation of diaphragm or emboli from heart into abd)
2.Abdomen rad into thorax (Here liver enzymes elevation : ABD is source)
3.Or systemic disease affecting both (more MORBID: so we ask yourself: why a 67 year old would have a systemic disease of this intensity: H/o cancer with chemo/ H/o lupus on immunosuppression/ unusual infection exposure
(**multiple compartments - best to assume the worst case scenario**)
Consider time course: Hb, albumin - Here pt has cholangitis(cholestatic liver pattern,neutrophilic white count and fever)- Rx:2 blood cultures, antibiotic, imaging: extrahepatic bile duct dilation(stones, bil flukes).
Liver abscess: from GI tract(portal vein), Systemic(hepatic artery, biliary tree(here biliary stricturing - better viewed on MRCP and ERCP, ERCP with EUS if ascaris)
Other diff: Entam histolytica(young men) and Echinococcus
Lung and liver: Strep and Hyper Mucopurulent Klebsiella: send a blood culture, Melioidosis
No miss dx: Cholangiocarcinoma
Recurrent pyogenic cholangitis: from bil flukes with c/c anemia
Hyper Mucopurulent Klebsiella Rx: Metronidazole +Cefepime