

# 12/08/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Mark Heslin (Mark\_Heslin) Case Discussants: John and Yaz (@minheredia)

<p><b>CC:</b> 31 year old male with one month of abdominal pain and distension</p> <p><b>HPI:</b> Abdominal pain mainly in the epigastrum and occasionally radiates to chest. The main trigger is food. Describe it as stabbing. No diarrhea, blood, nausea/vomiting, fever, sweats. In the last weeks endorses some shortness of breath on exertion. On the day of presentation pain get worse. Has lost 10 pounds in last 6 months.</p>	<p><b>Vitals:</b> T: afebrile, BP: 114/79, HR: 97, Sat: 97% on RA</p> <p><b>Exam:</b> Gen: chronically ill, diffuse jaundice, no acute distress</p> <p>CV: RRR, systolic murmur on precordium</p> <p>Pulm: clear</p> <p>Abd: massively distended, tender to palpation in epigastric and RUQ, caput medusa, fluid wave+</p> <p>Neuro: awake, oriented x3, no asterixis</p> <p>MSK: extensive spider angiomas in anterior chest</p> <p>Extremities: 1+ pitting edema in LE</p>	<p><b>Problem Representation:</b> 31 yo M presents with 1 month of epigastric abdominal pain radiated to the chest, and distension triggered mainly by food. Paracentesis indicates probable ascites due to portal hypertension, and a TSAT &gt; 64% suggested an underlying possible hemochromatosis concomitant with alcoholic hepatitis.</p>
<p><b>PMH:</b></p> <p><b>Fam Hx:</b> father has liver disease, other siblings (sister and brother) has liver disease (unknown)</p> <p><b>Soc Hx:</b> Lives with his wife in Northern California</p> <p><b>Health-Related Behaviors:</b> Alcohol use for 9 years, since 24 year-old he drink 1 bottle of vodka/day, recently 10 beers/day in last years, but has quitted 6 weeks prior to admission. Doesn't smoke.</p> <p><b>Meds:</b> none</p> <p><b>Allergies:</b> none</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: 11.5 (neutrophilic, monocytosis), Hgb: 9.3, MCV 103, Plt: 103</p> <p><b>Chemistry:</b> Na: 134, K: 3.2, Cr: 1.3 (bl 0.8), BUN: 25, Ca 8.1, Mg: 1.8, Cl: 94, HCO3: 24 Bili 27 (direct &gt; 10), AST 229, ALT 71, AlkP 92, Albumin 2.6, protein 5.7, lipase normal. Ferritin 1303, TSAT &gt; 64%, INR 2.2</p> <p>Paracentesis: total protein 1.9, albumin 1.1, WBC 15 (70% MN), Gram -, culture pending -&gt; <b>SAAG: 1.5</b></p> <p>Hepatitis serologies all negative.</p> <p>Urine analysis: specific gravity 1040, Br +++, blood -, no protein, no nitrates, no RBC, no WBC. 3-5 casts. Urine sodium &lt; 20, urine Cr</p> <p><b>Imaging:</b> CXR: low lung volumes, bibasilar opacities, trace bilateral effusions CT: liver congestion, underlying fibrotic changes, portal HTN, splenomegaly, moderate ascites TTE: mildly dilated LV, EF 56%, RV mildly dilated with normal function, intrapulmonary shunt, trace pericardial effusion without tamponade physiology</p> <p><b>Liver workup:</b> Sm, AMA, ANA negative. IgA high, IgG high, alfa-1AT nl, urine drug screen negative, <b>HFE</b> + por homozygous H63D.</p> <p>The patient got steroids and did well.</p> <p><b>Dx:</b> alcohol hepatitis over cirrhosis due to 2 hits (alcohol + genetic predisposition)</p>	<p><b>Teaching Points (Gerardo):</b></p> <p><b>Abdominal pain + distention:</b> trauma, IBS, SBP, malabsorption, constipation, obstructive process, peritonitis, ascites (cirrhosis, malignancy, TB), hepatomegaly (alcohol, inflammation, mass).</p> <p><b>4 Fs of abdominal distention:</b> fat, fecal, fluid, fatal malignancy</p> <p><b>Abdominal pain worse with food:</b> stomach (gastritis, peptic ulcer), hepatobiliary (obstruction), ischemia, pancreatitis (alcohol)</p> <p><b>Hepatomegaly:</b> HBV/HCV/CMV/EBV, acute alcoholic hepatitis, HF</p> <p><b>Ascites + weight loss:</b> most likely malignancy and subacute inflammatory process (TB)</p> <p><b>Dyspnea in abdominal distention and liver disease:</b> could be hepatic hydrothorax vs hepatopulmonary syndrome vs portopulmonary hypertension vs right heart failure</p> <p><b>AST/ALT ratio &gt; 50% -&gt;</b> prioritize alcohol over liver disease</p> <p><b>Infection work-up:</b></p> <p><b>SAAG &gt;= 1.1:</b> portal hypertension (95% accuracy), <b>SAAG &lt; 1.1:</b> non-portal hypertensive ascitis</p> <p><b>Hemochromatosis HFE mutation:</b> has a varied penetrance</p> <p><b>Alcohol consumption + family history of liver disease + signs of liver dysfunction:</b> hemochromatosis, Wilson disease (2 hit hypothesis).</p>