



12/23/24 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Ramaswamy (@) Case Discussants: Alec (@ABRezMed), Austin(@RezidentMd)

CC: 25Y/M with 2 wks of diffuse pruritus and 15 pounds weight loss. Reported clay-colored stools over the same period

HPI: pruritus oted over the two weeks. Pt reports weight loss over 4 weeks

ROS: No abdominal pain, nausea, vomiting, diarrhea, hematochezia, melena

Outside clinic abnormal LFT's AST: 514, ALT: 1022, ALP: 354, T bilirubin: 2.8, GGT: 25, LDH: 353.

PMH: NA

Meds: Carnitine supplement once 3 months ago, takes Nitric oxide from 4 years

Fam Hx: None

Soc Hx: occasional marijuna use

Health-Related Behaviors: None

Allergies: None

Vitals: T: NI BP:110/70 mmHg RR: HR:76 Sat: 98@RA

Exam: Gen: Normal

HEENT: Normal

CV: RRR, no murmurs

Pulm: B/L aientry normal

Abd: soft, nontender, no organomegaly, BS: Normal, Non distended

Neuro:

Skin : nl

Notable Labs & Imaging:

Hematology:
WBC: 6.5 Hgb: 14.4 Plt: 226: Hct: MCV: PT: 11.3,aPTT:33.8,INR: 1.0

Chemistry:
Na: 141,K: 4.7Cr: 1.15,BUN:15 Ca: 9.9,Ph: Mg: 2.5, Glu: 101,Cl:102
AST: 427ALT: 942ALP: 343,Bili:3.2, T.protein:7.1, Albumin: 4.2, LDH: 353
Viral hepatitis: NR, Ceruloplasmin: normal, ANA, anti mitochondrial: Neg

Imaging:
USG abdomen: Portal and Hepatic flow is patent.
CT abdomen and pelvis: biliary and pancreatic dilation with transition points at the pancreatic head.
MRI: pancreatic head mass upto 2.2 cm causing upstream pancreaticobiliary dilation, atrophic pancreatic body and tail, concerning for pancreatic adenocarcinoma
MRCP: Moderate intra and extrahepatic bile duct dilatation with abrupt cutoff at the level of intrahepatic portion of the CBD. Intrahepatic biliary duct- 0.7 cm, CBD: 1.1 cm, cystic duct: 0.5cm.
Gallbladder: distended, no stones, normal wall thickness
Pancreas: Subtle pancreatic head mass measuring 2.2* 1.5 cm.
PET CT: FDG uptake in the pancreatic head and a small local lymph node
ERCP: biliary dilation, EUS: mild echogenicity of the pancreatic head

DX: Diffuse large B-cell Lymphoma of the pancreas (FNAC)

Problem Representation: 25Y/M % two weeks of diffuse pruritus and 15 pounds weight loss with associated clay-colored stools, abnormal LFTs. Imaging showed pancreatic head mass with pancreatic and bile duct dilation diagnosed as Diffuse large B-cell lymphoma.

Teaching Points(Parisa):

Pruritus → skin (rash, Dry skin itchy skin xerosis cutis) vs systemic How to differentiate → PMH (bilirubin Alkp CKD ESRD HIV), accompanying sx (clay stool, weight loss, jaundice), medication.

About subjective chief complaint we need to frame tempo.

Liver injury → R factor could differentiate between hepatocellular and cholestatic → Normal GGT shows ALkp not coming from liver → confirmatory test like 5'-nucleotidase can help determine if ALP is truly hepatic.

Extremely high elevated liver enzyme: Medication(supplements); shock; budd chiari; AI hepatitis ALT>>AST: viral hepatitis HAV(GI component); AI (subacute); stone dx (abdominal pain); substance (acute)

ALT has longer half life, Enzyme trends, with ALT decreasing and bilirubin rising, suggests resolving hepatocellular injury.

Look for rashes or joint issues for extrahepatic manifestation of liver disease viral or autoimmune.

The absence of thrombocytopenia (sensitive marker for portal hypertension) points away from advanced liver dx.

Imaging: US (structural liver dx); MRCP (intrahepatic); ERCP (biliary obstruction) ; doppler (portal clots)

AI hepatitis: ANA; AMA; IgG; Anti LKM; Test: HIV/EBV/CMV/HSV/

A **mass in the head of pancreas** can impede bile flow → biliary dilation; presence of pancreatic atrophy distal to obstruction suggest long standing pathology like cancer → papillary mucinous neoplasm; pancreatic/GI lymphoma; AI IgG4 related dx; benign (recurrent episodes of pancreatitis) → ERCP

Pancreatic cancer typically cause liver metastasis, does not result in significant transaminase elevation.

Pancreatic adenocarcinoma affect older individuals unless there is genetic predisposition.

GI lymphoma: second site of presentation; responds well to chemotherapy.