01/21/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Patricia () Case Discussants: Ravi (@rav7ks), Yaz (@minheredia)

CC: 71M 2x episodes of vomiting bright red blood 4 hours ago.

HPI: over past 2 days, reported weakness, postprandial vomiting and foul-smelling watery diarrhea.

ROS (-): Fever, headache, dyspnea, confusion
ROS (+): Dark stools

IVF and PPI was initiated

PMH: angioplasty w/ stent placement 4 months ago after an arrhythmia + Diffuse atherosclerotic calcification.
No DM or HTN

Meds: aspirin, Rosuvastatin, clopidogrel

Fam Hx: -

Soc Hx:
Lives in Cameroon w/ wife
No alcohol, smoking

Health-Related Behaviors: -

Allergies:-

Vitals: T: 37.9°C **BP:** 110/67 **HR**: 106 **Sat:** 94%
Exam: Gen: weak, fatigue, dehydrated
HEENT: dark circles under eyes, no jaundice, pink conjunctiva
CV: RRR. Tachycardia. No murmurs or additional sounds.
Pulm: clear
Abd: soft, non-distended, no visible dilated veins
Neuro: intact **MSK:** unremarkable

Notable Labs & Imaging:
Hematology: WBC: 13.8k Hgb: 14.6 Plt: 156k

Chemistry
Cr: 0.62 BUN: 10.7 AST: 131 ALT: 26 TP/TCK 77%
HIV negative

Imaging:
Upper endoscopy: ulcerative and hemorrhagic esophagitis stage 3
Biopsy: negative for viruses
Abd US: nl

Course: developed fever, headache, chills and feeling cold.
WBC 8.4k ↓ **Hgb** 10.8 ↓ **Plt** 90k ↓ **CRP** 96
Thick and thin blood smears: positive for Malaria

Dx medication induced Esophagitis + Malaria

Improved on medication. Discharged 1 week later.

Problem Representation: 71 M presenting with two episodes of vomiting bright red blood, later develops fever and chills.

Teaching Points (Oumaima):
Hematemesis: Prioritize acute management : ABCDE (Protect airway - IV access +/- transfusion, resuscitation)
Upper vs lower GI bleed - Hx of liver disease
The Hx of vomiting: Esophageal Mallory-Weiss Tears
Hematemesis+Dark stools localize to Upper GI
Foul-smelling stools: UC - Crohn - Celiac disease - chronic pancreatitis - Melena
DAPT: can exacerbate bleedings particularly in the GIT- weigh the pros and cons of stopping DAPT
Think about iatrogenic causes with stent placement (esophageal fistula especially in the acute setting)
Hemoglobin can be initially normal in acute bleeds!!
Dark eyes: Fe deposition 2/2 disturbed microcirculation - amyloidosis
Hyperleukocytosis in acute GI bleed may be 2/2 BM compensation
AST is present in hepatocytes, myocytes, RBCs, cardiac myocytes
Ulcerative and hemorrhagic esophagitis: Infectious causes (CMV - candida) , malignancy- Medication induced (Clopidogrel)
New onset fever: Infection (Cath associated- disseminated from the ulcer - aspiration.)
Sudden drop in all 3 cell lines: MAHA - atypical HUS - Malaria - Babesiosis
Asymptomatic malaria is common in places where Malaria is prevalent - an acute illness can uncover it