01/27/25 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter:** Olivia Liu (@) **Case Discussants:** Verity Shaye (@vschaye), Elena(@)*

CC: 32/M with diarrhea for 3 wks

HPI: H/o IBS was in usual state of health, started having occasional cramping and diarrhea 3 wks ago.

Had turkey sandwich three weeks ago and 2 days later started noticed having diarrhea, 4-5, loose, brown, malodorous bowel movements. Wakes from sleep 1-2 times due to diarrhea.

Diffuse constant abdominal pain. Continued for 2.5 wks and become worsened. Feeling nausea and weak with loss of appetite. Couldn't tolerate oral intake.
Felt feverish, and decided to go to the ED.
Reported 15 lbs unintentional weight loss over past 3 months.

ROS: Negative

PMH:
IBS 2021
Depression 2021

Meds:
Duloxetine

Fam Hx:
Not significant

Soc Hx: single. Traveling to Paris and London 2 months prior.

Health-Related Behaviors:
Never smoked or used illicit drugs
Allergies: ibuprofen

Vitals: T: afebrile BP: 108/80 mmHg **RR:** 18 **HR:** 84 **Sat: 98@RA**
Exam: Gen: tired appearing, not in acute distress
HEENT: dry mucous membranes
CV & Pulm: nl
Abd: no scars, BS+, diffusely tenderness on palpation. No Guarding rigidity
Neuro, MSK: nl

Notable Labs & Imaging:

Hematology:
WBC: 6.9, 22% bands

Chemistry
Na: 133K:3.3 Cr:1.1 Glu: 108
Hepatic panel & Lipase: Nl
Fecal calprotectin: nl

Imaging:

CT abdomen/pelvis with oral & IV contrast: mild colorectal wall thickening with mucosal hyperenhancement

GI PCR: Positive for campylobacter, EPEC, EIEC, Giardia lamblia, norovirus.

Stool culture: Neg for salmonella, shigella, ETEC, yersinia, aeromonas, vibrio, campylobacter.

Stool for Ova and parasite: positive for Giardia lamblia. Negative for cryptosporidium.

Received 1L LR , ceftriaxone 2g IV, PO metronidazole 500mg BID x 7 days. Bandemia and diarrhea resolved

Dx: Giardia with superimposed EPEC and norovirus.

Problem Representation: 32/M coming in with acute to subacute history of diarrhea with evidence of mild dehydration Dx as Giardia with superimposed EPEC and norovirus.

Teaching Points:(Masah)

Diarrhea for 3 weeks: is it subacute or acute on chronic?
Acute diarrhea: infection
Chronic diarrhea: inflammatory (IBD, infectious), **Noninflammatory:** ***Osmotic*** (pancreatic insufficient - postprandial) , ***Secretory*** (awakening from sleep can point to it)
Things to think of: Is it the beginning of a chronic illness? RF for HIV, travel hx, immune status of the patient?
Diarrhea Red flags: Dehydration status, systemic signs of inflammation
PPI: change in gut microbiome and bacterial overgrowth → risk of infection
Labs to look for: Electrolytes (looking for signs of dehydration), RFTs (dehydration → elevated Cr), stool studies (to r/o acute infections), Fecal calprotectin (differentiate IBD vs IBS)
Management: Can he take oral intake? If yes → oral rehydration solution. If no → IV NS or LR (depending on Acid base status, bicarb levels, degree of hyperNa)
Negative fecal calprotectin + colitis on CT → infectious colitis not inflammatory IBD
+ve PCR: could be past infections, Specific stool C&S can help us guide management
Positive Giardia: Does it fit with the clinical picture? Giardia can be a mimicker of IBS *(in this case the pretest probability is high)*