



01/28/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Pranay (@) Case Discussants: Ravi (@rav7ks) and Debora (@deboracloureiro)

CC: 44 YOM with progressive abdominal pain for 2 months

HPI: P/w continuous, dull, nonradiating 5/10 abdominal pain w/o aggravating and relieving factors. Started as R flank pain, progressing to generalized. +N/V watery, nonbloody for 7-10 days. Loss of appetite and weight loss of 20 lbs in past 2 months.

CTAP 2 wks before was unremarkable. 4 days before, repeat CTAP showed pancolitis w/ obstruction and moderate free fluid. Labs showed mild leukocytosis and hypokalemia. All other labs and vitals were stable. At that time, tolerating oral intake. Discharged on metro and cipro for 5 days. Took meds for 2 days, but sxns did not improve so came here.

PMH:
Asthma, albuterol PRN (no recent exacerbation)

Meds:
Lumbosacral radiculopathy s/p spinal surgery MVC 20 yrs ago → L leg surgery, splenectomy, and b/shoulder repair

Fam Hx:
Mother: MI
Father: heart disease

Soc Hx:
Married w/ 2 child. Works in real estate

Health-Related Behaviors:
No smoking, drinks 1-2 beers/week, no substance use. No hx of travel/recent sick contact

Allergies:
Tramadol

Vitals: T: 98.6 BP: 109/73 RR: 20 HR: 90
Exam: Gen: Mild distress, otherwise normal
CV: normal
Pulm: normal
Abd: generalized tenderness, more with pressure. Moderate distension. No R or L guarding or rebound tenderness
Neuro: normal
MSK: No joint tenderness or edema
Skin: normal

Notable Labs & Imaging:

Hematology:
WBC: 12.3 normal dif Hgb: 8.9 (bl ~10) Plt: 578k MCV: 80
Lactate: 1.1

Chemistry
Na: 135 K: 3.6 Cr: 0.8 BUN: 9 Cl: 104 HCO3: 21
LFTs: normal
CRP/ESR: normal
UA: dark, yellow urine. Glucosuria, moderate bilirubin, ketonuria, trace LE

Imaging:
EKG: Incomplete RBBB
U/S abdomen: heterogeneous hepatic echotexture. Mildly dilated CBD 7 mm. Sludge in gallbladder. No e/o cholecystitis. Portal veins normal. Decreased phasicity of R, middle, and L hepatic veins. Small amount of ascites. Normal IVC and hepatic artery
Addendum: post-splenectomy. Splenic artery and vein were in close proximity and sizable. If concern for portal HTN, consider splenic arteriovenous fistula.

USG paracentesis: 2-3 L of serous fluid. WBC 255. Neutrophil 26. Albumin <1. Glucose 118. LDH 104. Protein <2. SAAG > 1.1

CTA abdomen: splenic arteriovenous fistula with ascites

Dx: Portal HTN 2/2 splenic AV fistula from splenectomy

Problem Representation: 44M w/ history of splenectomy p/w 2-months progressive abdominal pain with imaging showing pancolitis, ascites, and splenic AV fistula f/t/h portal HTN

Teaching Points(Patricia):

Approach to abdominal pain

VIPO: Vascular - Infarct - Perforation _ Obstruction

Why now ? Characteristics of the pain :

- localisation , intensity , history (nutritional intake, activities, associated symptoms , prior medical attention , medication) , exam (abdominal distention , guarding , tenderness)

Red flags : loss of appetite, weight loss

Pancolitis Etiology

- infection (bact, viral, parasitic) ,
- autoimmune (vasculitis , eosinophilic gastritis, celiac dx) ,
- ischemia ,
- drugs & toxins ,
- malignancy ,
- inflammatory dx (UC, crohn's) , Extrahepatic dx

What to look for ? : CBC, (Sign of inflammation , anemia , thrombocytopenia) ESR, CRP , Histopathology , colonoscopy, fecal calprotectin , tissue transaminase

- High ferritin in anemia of chronic dx vs iron deficiency
- Abd pain + nausea and vomiting in diabetic patient :

gastroparesis

SAAG > 1 +

- protein < 2 : cirrhosis, budd chia ri , portal vein thrombosis , splenic AV fistula (left gastric vein - splenic vein anastomosis)
- Protein > 2.5 : CHF