



02/6/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Bahea(@) Case Discussants: Rabih (@), Ibrahim (@)

CC: 62-year-old male patient complains of **fatigue** despite enough sleep, daytime somnolence, and **weight loss**.

HPI: He presented to the hospital with a **2-week** history of **pruritus**, especially at night and had noticed that his **stool** looked **pale** and abdominal pain.

His wife said that he complains of **bloating** after eating **fatty food**

ROS:

PMH:
Chronic gastritis type B.

Atopic Asthma.

Constipation.

Meds: n/a

Fam Hx: n/a

Soc Hx: retired, no recent travel

Health-Related Behaviors: no smoking, no alcohol, does not take any herbal supplements.

Allergies: nka

Vitals: T: afebrile BP: 120/80 RR: 18 HR: 72 Sat: 96

Exam: Gen: **icterus** (on 2nd visit)

HEENT, Neck, CV, Pulm: normal

Abd: **tenderness** in RUQ and LUQ.

Neuro: no deficit, some muscle wasting

MSK:

Notable Labs & Imaging:

Hematology:

WBC: 3140 Plt: 115K

Chemistry

AST: 59 ALT: wnl ALP: 210 Bili: 1.9 GGT: 442 Alb: wnl
Coag panel: wnl Cholesterol: High

Imaging:

US: hepatomegaly, Irregular liver contours, Increased Echogenicity, intrahepatic ducts are not dilated.
No stones in gallbladder.

Autoimmune panel: ANA AB negative, Liver and Kidney Microsome AB negative, smooth muscle AB negative, **Anti Mitochondrial AB positive.**

Dx Primary Biliary Cholangitis

Problem Representation:

62 y/o M complains of fatigue & weight loss, 2-wk pruritus, pale stools, abd pain. Exam showed icterus & tenderness in RUQ & LUQ. Pancytopenia, Elevated ALP, GGT, AMA Ab +ve.

Teaching Points(Sawsan):

- Fatigue and weight loss are both non specific complaints .
- Fatigue vs Weakness
- Mimickers of weakness> pain causing the patient to have asthenia.
- Predominant systemic presentation makes a diffuse problem more likely and diminishes a focal problem.
- Pruritus does not always indicate a dermatological problem , for ex: Lymphoma
- Pruritus +Abdominal pain + pale stool= look at the Liver
- Liver issue + AMS = Decompensated cirrhosis or Acute Liver failure.
- Pain in the RUQ (Liver)> stretching of the liver capsule either due to biliary /venous outflow obstruction or something infiltrating or a mass growing and distending the capsule.
- How can the physical exam findings help us know the tempo of the disease? The muscle wasting indicates that this has been brewing for a while (long standing).
- It's unlikely to have pruritus with hyperbilirubinemia if the Bili was <2.5.
- R factor can help us classify the type of Liver injury (cholestatic vs mixed vs hepatocellular)
- Most of the time patients with Extrahepatic disease process are not confused , Most intrahepatic disease process present with AMS and elevated AST .
- Anti-Mitochondrial AB are known to be seen with PBC and Autoimmune hepatitis .
- Biliary duct dilation indicates an Extrahepatic process and PBC is a disease of the intrahepatic bile ducts .
- Pancytopenia and Liver abnormalities > 1/ portal hypertension> consumptive process (the diseased and fibrosed bile duct is near the portal vein so it can compress it and cause a non cirrhotic portal Htn process .
- MCC of intrahepatic cholestatic process is by far PBC
- Severe Pruritus + high Alk + nl bili = PBC