03/25/25 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter:** *Thabiso Glen* **Case Discussants:** *Alec (@ABRezMed) and David (@davserantes)*

Scribing (SEEME)

CC: 69 M presented with 3 day history of nausea and vomiting and one day history of confusion.

HPI: Vomited twice a day, non-bloody, non-bilious having food contents, associated with hiccups. Oriented to person but not place and time. Able to give history but sometimes inappropriate words.

ROS: Dark urine, no pale stools

PMH:
Last year admitted for epigastric pain
DM- diagnosed 2011(gastroparesis and erectile dysfunction)
HTN

Meds:
Short acting insulin+NPH
Amlodipine
PPI
Hydrochlorothiazide

Fam Hx:
None

Soc Hx:
No recent travel.non smoker,non alcoholic

Health-Related Behaviors:

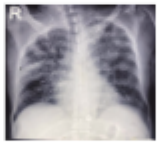
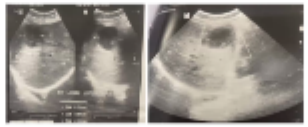
Allergies: no known allergies

Vitals: **T:** 37.5 **BP:** 155/83 **RR:**27 **HR:**138 **Sat:** 88 **BMI:**29
Exam: **Gen:** ill looking, jaundice, conjunctival pallor,mild resp distress
CV: no murmur
Pulm: no chest pains, no cough, tachypnea, resonant to percussion, decreased breath sounds on right more than left
Abd: jaundice, RUQ tenderness ,no murphy's sign, tympanic to percussion
Neuro:GCS 13/15
MSK: no bony pain, no muscle pain

Notable Labs & Imaging:

Hematology:
WBC: 28.9 (neutrophils predominant) Hgb: 8.5 (bl 10) Plt: 48 MCV: 88.9
HBA1c: 11%

Chemistry
Ph: 7.52, pCO2 :31, HCO3: 18
RBS: 308 mg/dl Na:140 K:3.9 Cr:1.1
AST: 47 ALT: high ALP: high GGT: high Bili: 3.06 (elevated)
Total protein 5.8 (low) albumin: low
INR 1.06
Blood CS and urine CS: negative
TB negative. RPR, HIV and HBV negative
Serology : amoeba negative, malaria antigen test negative

Imaging:
Abdominal CT: confirmed hepatic abscess
CT chest: septic emboli, RUL embolism

Dx : Hepatic abscess (secondary to cholecystitis) complicated by sepsis and septic emboli

Problem Representation:
A 69 year old male with history of diabetes presented with nausea, vomiting and confusion. Patient had prominent leukocytosis and RUQ pain, septic emboli in lung and hepatic abscess was found on CT.

Teaching Points (Patricia):

-Nausea & vomiting: usually nonspecific symptoms , but can be a clue for CNS pathology (meningitis , intracranial HTN) , toxic
Primary or secondary process ? Any associated symptoms (abdominal pain)?
- Confusion+AMS : MIST mnemonic(Metabolic , Infection , Sugar , Toxin)

DM+ Nausea & Vomiting : think DKA
High glucose : -Typically in type 1DM, but others condition like Starving , septic state , pancreatitis can cause an increase in glucose
-Hypoxia + Confusion : can be a sign of aspiration
Jaundice + AMS: exclude Severe liver failure first
From - Viral infection : HepA,
- ischemia: associated shock sx
- Cholangitis : high WBC
- Bacterial infection : Leptospirosis, ulcer from systemic infx
Anemia + Thrombocytopenia : usually seen in infection
Acute thoracic and Abdominal involvement : Q Fever , klebsiella , parasitic dx , endocarditis
Liver abscess are usually from abdominal source