

03/27/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Sarah (@sarahkblaine) Case Discussants: Rabih (@rabihmgeha) and Hee Mun (@HeeMun8)



<p>Scribing (SEEME) CC: 41 year old man with abdominal pain and diarrhea HPI: Headache, blurred vision, 1 hour of sleep per night in the last month. One episode of emesis and 10 bowel movements per day and diarrhea. Abdominal pain spreading to chest and SOB. ROS: The patient also has knee pain, jaundice and scleral icterus. Dark urine</p>	<p>Vitals: T: 36.7 BP: 147/97 RR: 20 HR:76 Sat: 100% Exam: Gen: Jaundice, scleral icterus HEENT: normal Neck: normal CV: normal Pulm: no obvious bronchi Abd: soft, non-tender, lower quadrant tender without guarding Neuro: alert and oriented MSK: some scars on extremities, movements normal</p>	<p>Problem Representation: A 41 year old male with history of T2DM and migraines presents with abdominal pain and scleral icterus found to have hepatitis secondary to likely new diagnoses of HCV and HIV.</p>
<p>PMH: -Migraine -DM -HTN -Appendectomy -Chronic Knee Pain Meds: Metformin</p> <p>Fam Hx: -HIV in brother -CKD in sister Soc Hx: -Works at airport -Married and one partner -No drug use -Previously in army in North Carolina Health-Related Behaviors: -Regular STI testing Allergies: no known drug allergies</p>	<p>Notable Labs & Imaging: Hematology: WBC: 3.7 (2000 neutrophils, 1300 lymphocytes) Hgb:15.4 Plt:180 Hct: MCV:78 Chemistry Na:138 K:3.8 Cr:1.2 BUN: 13 Cl:103 LDH: 542 AST: 1162 ALT: 1156 ALP: 253 Billi: 23.3 (17.7 direct) PT 12.6 INR 1.1 PTT 30 UA: urobili + and +billi C diff PCR negative Ferritin high, other iron studies wnl HBV sAg: negative, HBV sAB: positive, HIV: positive, CMV IgG: positive, EBV IgG: 566, Haptoglobin < 30, HCV AB w/ reflex to RNA Quant: positive >100,000, CD4 count: 360 Mitochondrial Ab: negative, ANA: negative, Smooth muscle antibody positive 1:40 VZV : negative, HSV : negative Imaging: CT abdomen pelvis: no acute abnormalities RUQ US: patent vasculature, normal hepatic morphology CXR: normal Patient was started on Biktarvy and referred for outpatient ID follow up for HIV/HCV</p> <p>Final Diagnosis: Viral Hepatitis</p>	<p>Teaching Points (Zakariyya) Abdominal Complaints <i>Pain and diarrhea localization</i></p> <ul style="list-style-type: none"> • Pain-predominant: extraluminal. • Diarrhea predominant intraluminal. • Equally so? Look at the wall. <p>Jaundice</p> <ul style="list-style-type: none"> • Consider life-threatening causes first • Localization • Bilirubin levels prioritize subacute time course <p>Liver enzymes</p> <ul style="list-style-type: none"> • Degree of elevation helps localize! • Causes of marked elevations: Infection, Toxins, Ischemia • Ferritin/LDH often noisy in context of liver injury <p>Hepatitis C</p> <ul style="list-style-type: none"> • Most common cause of acute hepatitis in the US • Usually middle-aged patients with immune compromise • Usually has a relatively good prognosis <p>Mini-Illness Script: Emphysematous Hepatitis - life threatening infection of the liver due to gas-forming organisms, usually in patients with immunocompromising conditions like diabetes</p>