# 03/21/25 Morning Report with @CPSolvers

*"One life, so many dreams" Case Presenter: Bahae (@) Case Discussants: Rabih (@rabihmgeha) and Jas (@JasBajwa18)*

Scribing (Zakariyya)

**CC**: 48 yo female with a few months of epigastric discomfort and *postprandial fullness*.

**HPI**:Nausea but no vomiting. No melena or hematemesis. Decreased appetite and 3kg weight loss with anorexia.

**ROS:**

**PMH:** no liver disease, no GI bleed

**Meds:**

**Fam Hx:** Mother w/ peptic ulcer disease, H pylori (+)

**Soc Hx:**city hall

**Health-Related Behaviors:** no alcohol, denies smoking and NSAIDs

**Allergies:**

**Vitals: BP:** 130/135 **RR:** 16 **HR:**88 **Sat:** 96
**Exam: Gen:** fatigued
**Abdominal:** mild tenderness to palpation in the epigastric region , no rebound, no guarding, no hepatosplenomegaly
**Neuro:** normal
**Dermatologic:** no edema , no clubbing, no spider angioma

**Notable Labs & Imaging:**
**Hematology:** Platelets normal. Hb 10.5, MCV 78, MCH 24, Serum iron low, TIBC high, Ferritin Low.
**Chemistry**
**Liver enzymes** normal
**Imaging:**
**AUS:** normal - no ascites, no splenomegaly
**Endoscopy:** Erythematous gastric mucosa, mosaic pattern with Gastropathy
Non bleeding esophageal varices (grade 1)
**Micro:** H pylori stool Ag positive
**Doppler U/S:** No portal hypertension
**Gastric biopsy:** Antrum: H-pylori positive

**Final Diagnosis: Gastritis secondary to H-pylori**

**Problem Representation:** 48 yo female, prev well, now WITH subacute postprandial fullness and positive H.pylori on biopsy. EGD showed esophageal varices despite no evidence of Cirrhosis. *Vascular changes presumed to be secondary to chronic inflammation from H.Pylori.*

**Teaching Points (Minahil):**
**-Approach to postprandial fullness:**
DDx: PUD, functional dyspepsia, cholelithiasis, malignancy
***Characterizing discomfort:acute vs subacute,***
Acute:No dysfun at present, Subacute:may indicate underlying dysfun

**Weight loss:** calories out(malignancy/hypermetabolic state/chr infection) >calories in,postprandial pain/SBO affecting appetite

**H.pylori:**
- **I.GI manifestation:**dyspepsia/PUD/gastric malignancy(1.Adenocarcinoma 2.MALT) II.**Extraintestinal Association:**paraneoplastic phenomena, idiopathic thrombocytopenia
- **Labs**(preferred-anemia/hepatitis) vs **empiric Rx**(with follow up may be considered in high prevalence pop)
- **Testing for H.pylori:***Serologic Ab testing* (i.detect exposure ii.cannot diff active from past infection) vs *stool antigen,/urea breath test* (i.detect active infection ii.diagnosis and eradication confirmation))

**Imaging :**
- **CT scan**->evaluate structures beyond the lumen:
  i.extramural pathology(masses) ,
  ii. retroperitoneal involvement(malignancy extension)
- EGD->direct visualization of lumen:
  i.detecting mucosal lesion-ulcer/gastritis/malignancy
  ii.biopsy sampling