04//25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Seeme Rukh(@) Case Discussants: Ravi (@) and John (@)

Scribing (Vijay)
CC: Persistent Hyperkalemia in a 40yr F
HPI:Admitted in surgical service post TAH Complicated by Colon injury with numerous reoperations.
Persistent **Hyperkalemia 5.5-5.8** for 11 days
Baseline normal. Medicine consulted for persistent hyperkalemia

Adequate Output. No improvement with diuretics. Denies supplement use or high drink potassium content. **Enoxaparin, metoprolol stopped**

ROS:
Asthma, Fibroids
PSH: TAH, COlostomy, Percut drains for pelvic & intra-abdominal abscesses.

Meds:
Enoxoparin, oxycodone, aspirin, duloxetine, acetaminophen, ondansetron, metoprolol

Fam Hx:

PSH:

Health-Related Behaviors:

Allergies:

V112itals: T: afebrile **BP:** 112/72mmHg **RR:**18 **HR**:94 **Sat:98% RA BMI:**
Exam: Gen: Comfortable, well oriented
CV: Regular rate rhythm. No murmur
Pulm: No crackles. Equal chest rise
Abd: soft. No guarding rigidity
Neuro: WNL
MSK: No rashes/visible bruise

Notable Labs & Imaging:
Hematology:
WBC: 9.1 Hb 10 **Plt: 1389(150-400)**

Chemistry
Na: 138 K: 5.8(5.5 -5.8) (<5)Cr: 0.7(Baseline for this patient) HCO3: 30 AG:
Hemolysis labs negative
8am cortisol 20ug/dl
K(D1 - 3.8 → 5.8 D10), PLT(D1 775→ 1389 D10)
Plasma Potassium: 4.1

Imaging:
EKG: Normal

Dx : Pseudohyperkalemia 2/2 Marked Thrombocytosis

Problem Representation:

Teaching Points (Ethan):
- Hyperkalemia: **first make sure it is real, if the story fits (have suspicion especially in patient with normal renal function) ->** renal dysfunction (Cr), transcellular shift (look for meds, metabolic acidosis), cell lysis (eg, hemolysis); also important to look for cardiac symptoms
- Post-surgery hyperkalemia: meds, acid-base disturbance, transfusion, adrenal insufficiency

- Pseudohyperkalemia in severe thrombocytosis - during clotting in the tube, platelets release potassium (this potassium is not present in vivo)

- Thrombocytosis: primary (MPN) vs reactive (IDA, infection, non-infectious inflammation, post-splenectomy)

- Check plasma potassium (reflects the real potassium circulating in the body and is not contaminated by potassium release from cells that happens during clotting) to make sure we are solving the right problem