8/19/25 Morning Report with @CPSolvers

*"One life, so many dreams" **Case Presenter**: Magnus (@) **Case Discussants**: Ravi (@) and John and Anmol(@)*

Scribing (Vini & Mary)

CC: 48-year-old woman with a chief concern of diffuse itching for 2 days.

HPI: 2 days of entire body itching, increasing, without rash or skin changes, or worsening/alleviating factors. H/A a few weeks ago. Joint pain in bilateral fingers and wrists without swelling or erythema, now resolved.
2 days later: itching, icterus, dark urine.

ROS: Negative for chest pain, SOB, abdominal pain, nausea, or vomiting. No fever, weight loss, or night sweats.

PMH: Hay fever for which she uses a nasal corticosteroid spray. Otherwise, no PMH

Meds:

Fam Hx: Not significant

Social Hx: Works in a kindergarten. 3 children. Rarely drinks alcohol. Non-smoker. No drugs. N recent travel. Monogamous with her husband

Allergies: Grass.

Vitals: T: 37.0 BP: 145/84 **HR:** 68 **RR:** 16 **Sat: 100%/RA BMI:**
Exam: Gen: NAD. Dry skin.Skin and sclera mildly jaundiced. Scratch marks on her arms, abdomen, thighs.
HEENT: Without lymphadenopathy
CV, Pulm: Unremarkable **Abd:** Soft, nontender **MSK:** nl

Notable Labs & Imaging:
Hematology:
WBC: 4.7 Hgb: 14.2 Plt: 224 MCV:
Chemistry
Na: nl K: nl Cr: nl
CRP: 0.4 LDH: 467 AST: 1203 ALT: 1690 ALP: 502 Bili total: 3.3 Bili direct: 2.2 Alb:3.5 INR: 1.1

Hep A, B and C Neg . ANA neg. Anti smooth, mitochondrial, SSP neg. ANCA serologies neg.
Imaging:
US liver and bile ducts: signs of biliary obstruction (no signs of dilation). Well-defined, homogeneously hyperechoic lesion in the right liver lobe, ~3 cm large, with no internal Doppler flow. Rest of the exam was unremarkable.

Hemangioma by radiology.

EBV serology: VCA IgM positive, VCA IgG positive, EBNA (nuclear antigen) IgG negative

Dx: EBV-associated hepatitis

Clinical course: Here liver enzymes down-trended spontaneously over the next couple of weeks and where completely normalized 6 weeks after. Her pruritus was effectively managed with cholestyramine.

Problem Representation: 48 yo F p w itching for 2 days associated w jaundice and coluria. On PE, high BP. Labs with hyperbili - direct, high LDH, AlkPhosp and LFTs. US liver: biliary obstruction homogeneous lesion 3 cm. EBV serologies positive.

Teaching Points (Julia Z):
Approach to itching:
- Called pruritus - produced by mast cells that release histamine. The pruritus is an inflammatory reaction to some driver
- Causes: allergy, anaphylactic reaction (food, shampoo, meds, skin products), hot water, gallbladder causes, mosquito bite, HIV infection, leukemia, renal failure, thyroid disease
- Important to look for the skin trying to find any rash

PMHx:
-Joint pain points toward a systemic cause of pruritus. Causes include virus, mosquito bite
-Pruritus without rash, headache: systemic condition (endocrine, renal)

PE:
- Jaundice: indirect hiperbilirrubinemia from hemolysis or conjugation issue x direct hiperbilirrubinemia from intrinsic liver disease or biliary obstruction
- Since the pathophysiologic probably is not driven by histamin, diphenhydramine will alleviate momentaneously

Labs/Image:
-Elevated LFTs: autoimmune, viral hepatitis, ischemic, drug-induced liver injury. Elevated LDH indicates acute liver injury.
-Viral hepatitis + mass = HCC?
-Having viral hepatitis ruled out, think about medication-induced hepatitis including antibiotics, oral contraceptive use, NSAIDs
-However, drugs will not explain the mass within the liver

EBV hepatitis - rare in immunocompetent adults, can be caused by another herpes viruses (CMV, HHV-6)