



8/22/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Maddy(@) Case Discussants: Reza(@) and Rabih (@)
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Eugene)

CC: 47 yr M with **Left leg swelling**

HPI: **Left leg swelling- 2 days**, more severe in left groin. No trauma, no recent falls.

ROS: **unintentional weight loss- 2 months**, no chills, fevers, chest pain, SOB, no swelling or masses in groin area. Has tenesmus, mucus in stool, no blood or change in consistency

PMH: nl

Meds: nl

Fam Hx:

Social Hx: Lives in Denver, Born in Mexico

Health-Related Behaviors: No tobacco, 1 beer per day, one female sexual partner in last 3 months

Allergies: No allergies

Vitals: T: afebrile HR: wnl BP: RR: Sat: wnl BMI:

Exam:

Gen: thin man, no acute distress

CV, Pulm, Abd: unremarkable

Extremities/skin: **pitting edema of left leg from foot to thigh**, intact sensation, normal pulses.



Notable Labs & Imaging:

Hematology:

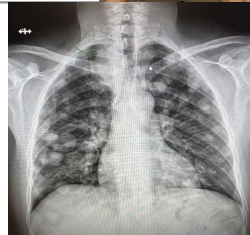
WBC: 5.8 Hgb: 9.9 Plt: 406 MCV: 83

Ferritin:125 Fe: 21 TIBC: 226

Chemistry:

Na: K: 3.2 (low) Cl: HCO3: Cr: 0.5->1.2 BUN: LFT: normal

ESR: CRP: LDH: 357 uric acid: 4.1 HCG: neg AFP: 10,000-> 18,000



Imaging:

Doppler Usg of left leg: No DVT

CXR: **numerous nodular opacities throughout lungs B/L. Asymmetric prominent soft tissue density over right paratracheal stripe**

CT lung: **Right apical necrotic mass, innumerable bilateral pulmonary metastasis**

CT Abdomen & Pelvis: **Aggressive large soft tissue mass in left hemipelvis with osseous erosions into left ischium/ acetabulum and left sacrum. Encasement of left iliac vein. Suspect DVT of external iliac vein. Left ureterohydronephrosis due to mass effect.**

USG of scrotum & testicles: Normal

CT guided biopsy of lung mass: poorly differentiated carcinoma (non-specific morphology)

> Started on Heparin drip for DVT

> Left nephrostomy tube placed

Dx: Metastatic Malignancy of Unknown Primary (Suspicion for GI origin)

Problem Representation: 47 year old with 2 months of unintentional weight loss, 2 days of left leg swelling and symptoms of proctitis. Labs indicate iron deficiency anemia and elevated AFP.

Teaching Points (Zakariyya G):

- Lower Limb Swelling**
- Proctitis**
 - Infection; Inflammation; Ischemia; Infiltration
- Weight Loss**
 - Caloric deficit = hyper-consumption vs hypo-intake
 - Localized vs Systemic causes
- Cannonball Lesions**
 - Round, large, peripheral nodules
 - Most often caused by hematogenous mets
- Cancer Related Pearls**
 - Compression vs Invasion
 - The decision to biopsy
 - Tumor Markers