



# 9/3/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Sawсан (@sawsan\_Hs) Case Discussants: Steph (@) and Zaven (@sargsyanz)  
<https://clinicalproblemsolving.com/present-a-case/>

<p><b>Scribing (Ravi)</b> <b>CC:</b> Progressive yellow discoloration of skin + Sclera X 1 week <b>HPI:</b> 30 y/o female with progressive yellow discoloration of skin + sclera X 1 week For the past week noticed abdominal distension, diffuse pain RUQ pain, nausea, and constipation.</p> <p>Seen in March: "LFTs not good"</p> <p><b>ROS:</b> No itchiness, No weight loss, + Fevers</p>	<p><b>Vitals:</b> T: 37.8 HR: 112 BP: 112/63 RR: 22 Sat:RA normal BMI: 20 <b>Exam:</b> Gen: Ill appearing, Fully Jaundiced HEENT, CV, Pulm, Neuro: unremarkable Abd: + Distended, Tenderness, Tense Extremities/skin: B/L pitting edema +2, No asterixis</p> <p><b>Notable Labs &amp; Imaging:</b> <b>Hematology:</b> WBC: 17.6 Neu Hgb: 9.6 Plt: 216 MCV: 101</p> <p><b>Chemistry:</b> Na: K: 3.1 Cr: 0.56 AST: 150 ALT: 48 Alk-P: Mildly elevated Billi: 23.9 Albumin: 2.3 INR: peaked at 2.1 Lipase: normal</p> <p><b>Imaging:</b> RUQ US: Ruled out obstruction. CT A/P: Cirrhotic morphology, Splenomegaly, Fat stranding, + Ascites</p> <p>Hepatitis panel, Autoimmune w/u, Wilson, Hemochromatosis: Neg Empiric TMNT: SBP abx During hospitalization- Fevers, Abx escalated to: Pip-Tazo Paracentesis: Cell count 48. No SBP EGD: 2 small varices w/o evidence of bleeding</p> <p><b>Dx:</b> Decompensated Liver Cirrhosis due to ETOH</p>	<p><b>Problem Representation:</b></p> <p><b>Teaching Points (Hans)</b> <b>Progressive discoloration of skin and sclera:</b> hyperbilirubinemia(mid 2's) itchy skin, abdominal pain, N?V think hepatobiliary, hemolysis (&gt;4)direct versus indirect bilirubin. <b>RUQ pain N/V distension (Gas liquid solid) localization:</b>liver gallbladder vs GI obstruction. (metabolic substance related vs infection vs autoimmune vs malignancy coagulable state portal HTN) oder US abdomen.</p> <p>Ascites w/ edema: risk factors in PMH: ETOH fatty liver can occur months past ETOH cessation, vigilant for infections! r/o hepatitis Acetaminophen overuse. Empiric Tx ETOH hepatitis): no emergency wait, get Dx., supportive care prevent infx. Diagnostic paracentesis ABX ceftriaxone; albumin (keep volume expansion in mind), high calorie high protein diets if tolerated, corticosteroids with caution for inflammation. Neutrophils elevated and aggravate inflammation in ETOH hepatitis.</p> <p>Decompensated liver cirrhosis 2/2 to ETOH hepatitis.</p>
<p><b>PMH:</b> Anxiety</p> <p><b>Meds:</b> None No herbal supplements</p>	<p><b>Fam Hx:</b> Mother: Hx of Fatty liver</p> <p><b>Social Hx:</b></p> <p><b>Health-Related Behaviors:</b> Severe ETOH use disorder. Last drink 1 day before</p> <p><b>Allergies:</b></p>	