



10/16/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Magnus Bock(@) Case Discussants: Rabih Geha (@rabihmgeha) and Saketh Vinjamuri (@saketh_vini)
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Kritika)
CC: 83 year old man presenting with **fatigue and falls at home.**
HPI:
The patient **fell from a chair and was unable to get up.** He called for help and eventually brought to the ED.
No pain, trauma, syncope, LOC.
Over 6 months **progressive fatigue, gait impairment, needs walker; left sided facial droop during a period of heavy alcohol use.**
Unintentional weight loss of approx 10 kg, **progressive abdominal distention and progressive bilateral lower extremity swelling.**
2 weeks ago while visiting family in Middle east **hospitalised and received blood transfusions but cause of anemia unknown.**
ROS: **no chest pain or SOB , no dysuria or diarrhea, melena or hematochezia, no hematuria or changes in urinary frequency.**

Vitals: T: Afeb HR: 69 bpm BP: **162/75 mm Hg** RR: 15cpm Sat: 100% @RA
Exam:
Gen: **ill appearing, no acute distress, no jaundice**
CV: nl; Pulm: nl
Abd: **distended, non tender to palpation**
Neuro: **Left central facial palsy, other cranial nerves intact**
Appeared fatigued with unsteady balance and gait but with no asymmetry noted on motor or sensory exam.
Extremities/skin: **Bilateral pitting edema till knees**

Notable Labs & Imaging:
Hematology:
WBC: 10.2(N -8) Hgb: 10.8 Plt: 503 MCV: 82
Chemistry:
Na: 145 K: 3.3 Cr: 0.9 AST: 11 ALT: 17 Alk-P: 77 Bili: 0.35 Albumin: 2.9
INR- 1.1 Ferritin 142 TSAT 12% CRP: 21 LDH: 257 UACR- 460mg/g
Imaging:
Paracentesis- Yellow non bloody ascitic fluid
Alb-2.35, SAAG- 0.55, TP-5, LDH-205, Cell count- 289 nucleated cells/micL(20% neutrophils, 80% lymphocytes), Amylase and triglycerides normal, Culture- no growth, Cytology- no malignant cells
EKG: Paced rhythm, rate- 70 bpm; Blood cultures- no growth; HBV, HCV- Negative; Brain CT with contrast- right hemispheric parenchymal volume loss consistent with sequelae of an old infarct, no contrast enhancing lesions.
CT Chest/abdomen/pelvis- Large tumor conglomerate at the right colonic flexure with invasion into gallbladder, multiple liver metastases, suspicious of peritoneal carcinomatosis.
Biopsy- revealed Adenocarcinoma
Dx: **Colon cancer with peritoneal carcinomatosis**

Problem Representation: 83 year old male with history of alcohol use presented with history of fatigue and falls and associated past history of facial droop, weight loss, abdominal distention and bilateral lower extremity swelling.

Teaching Points (Anmolpreet)
I] Fatigue: nonspecific; time-course is important! Acute:- cardiovascular, infections; Chronic:- systemic disorders
Neurologic sensation - more often an issue with blood bathing the brain.
II] Falls: *mechanical falls* (proprioception) vs *syncope* (loss of consciousness) - intrinsic neurologic issue vs issue with vascular supply of nervous system (usually neuro)
III] Cannot get up: consequence of fall (fracture) vs vulnerability to fall - GCS examination is important!
IV] Weight loss with fluid filling up spaces (ascites, LEE)--> systemic inflammatory disease with increased loss of body mass.
V] LEE: heart vs liver vs kidney → chronic overdose of alcohol raises concerns for cirrhosis → imaging and exam of abdomen! --> but BP is low in decompensated cirrhosis because of hyperdynamic circulation.
VI] Distended abdomen: solid vs liquid vs gas → liquid: SAAG ratio: evaluate if fluid coming from peritoneum or portal vein
VII] Left central facial palsy: brainstem vs contralateral hemisphere; absence of other brainstem signs.
Subacute peritoneal disease! - multifocal metastatic process
VIII] In face of a systemic disease, we tend to localise stroke as hematogenous dissemination vs leptomeningeal spread.
IX] Low SAAG, high protein ascites: peritoneal carcinomatosis, peritoneal tuberculosis. [Infection, granulomatous, cancer] - peritoneal biopsy or imaging to biopsy targetable lesions.

PMH:
T2DM
Pacemaker for 3rd degree AV Block
BPH
Hypertension

MedS:
Metformin
Insulin- Long acting (Tresiba)
Furosemide (Furix)
Amlodipine
Losartan

Fam Hx: Not significant

Social Hx:
Lives alone, from middle east, in Denmark for 20 yrs
Health-Related Behaviors: Alcohol use (12 drinks/day for many years), stopped 6m ago
Smoker- 20 pack year

Allergies: None