10/15/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Ravi (@rav7ks) Case Discussants: Sharmin (@Sharminzi) and Kuchal (@AgadiKuchal)

https://clinicalproblemsolving.com/present-a-case/

Scribing (Gillian)

CC: 18 yo female presented with withdrawal symptoms due to not taking methadone for several days.

HPI:

On admission, ulcerations of skin on the legs + withdrawal symptoms.

On admission day 2, patient had 2 episodes of hematemesis and 2 melanotic BMs

PMH: htn, bipolar disorder

Social Hx:

Injects heroin, cocaine, and crack into her legs

No travel hx

Health-Related Behaviors:

Allergies:

none

Vitals: T: 37.5 **HR:** 129 **BP:** 133/79 **RR:** 10 **Sat:** 98% on 2L nasal cannula **BMI:**

Exam: Gen: drowsy appearing, lethargic, stains of dry blood on gown

HEENT: dry mucosa

Neuro: drowsy

Extremities/skin: pale

Notable Labs & Imaging:

Hematology:

WBC: 24k Hgb: 6.1 Plt: nl MCV:

Chemistry:

Na: 147 K: Cl: HCO3: Cr: 3.44 (improved after fluid) BUN: 173 Glucose: Ca: Mg:

AST: 87 ALT: 54 Alk-P: 137 Bili: nl Albumin: 2.7 Total Protein:

ESR: CRP: LDH:

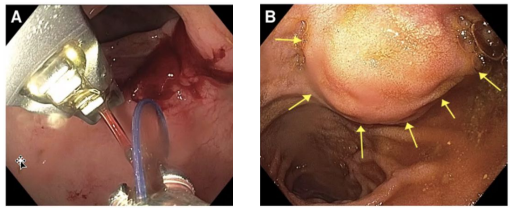
Urine toxicology:

Positive for cocaine, opioids, methadone, xylazine, buprenorphine

Imaging:

Brisk GI bleed prior to EGD, CT GI negative

EGD: two ulcers in the stomach, circumferential black discoloration throughout entire neck of esophagus consistent with necrotizing esophagitis



Dx: Esophageal necrosis due to ischemia from cocaine use

Problem Representation: 18-year-old female with PMHx of intravenous drug abuse, hypertension, bipolar disorder who was admitted for withdrawal-like symptoms develops melena and hematemesis on hospital day 2.

Teaching Points (Hans)

Make sure patient is stable (here blood loss conern)

Methadone withdrawal: tired lethargic, lacrimation rhinorrhea, piloerection insomnia, autonomic hyperactivity.

Blood in stool(melena) and hematemesis: gastric ulcer,(H. Pylori, ETOH abuse, AVM, fistula, splenic artery) esophageal tears, management: fluids, blood group and match for transfusion, PPIs.

Ulcers at injection site:drug related,trauma, infection, endocarditis.

Cr:3.44: kidney damage from drug abuse e.g. cocaine, pre-renal from volume loss (bleeding), xylazine (hypotension)
Leucocytosis: stress, infection r/o endocarditis
Bp; artificially normal 133/80 from cocaine.

Necrosis of esophageal mucosa: severe stress, trauma malnutrition, diabetic ketoacidosis, drug abuse (cocaine hypoperfusion), caustic injury, Post radiation.