12/12/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Eyron Cato)* ***Case Discussants****: Rabih@Rabihmgeha) & Alec@ABRezMed)*

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

Scribing (Glen)

CC: 10y old male with abdominal pain

HPI:1 day prior noted Gen abdo pain, worse in periumbilical area, initially dull, non-radiating, worse with movement and rated 6/10. Associated with low grade fevers, decreased appetite and multiple episodes of NBNB vomiting. Patient consulted at a local clinic and was given unrecalled medications which did not provide relief.

Pain progressed to 10/10 in severity, worse in the lower quadrants, R>L. Due to persistence of symptoms, patient went to seek consult at various hospitals, however, no beds were available until patient presented to our institution for workup.

ROS: Last BM 2 days ago due to low appetite

PMH:
Right inguinal hernia repair (2018)
Meds: none

Fam Hx:
unremarkable

Social Hx:
unremarkable

Health-Related Behaviors: none

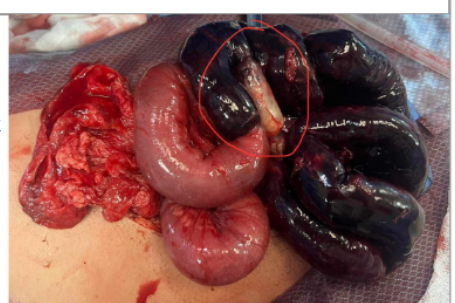
Allergies: none

Vitals: T: 38.1 **HR**: 135 **BP**: 116/80 **RR**: 24 **Sat**: 99%RA **BMI**:
Exam: Gen: Awake secondary to pain
HEENT: Dry lips and oral mucosa
CV: pulses(tachycardic, regular rhythm) **Pulm**: Good air entry Bilaterally
Abd: non-distended, generalized +rebound tenderness, + guarding, +rovsing sign
Neuro: no neurological deficits
Extremities/skin: no lesions

Notable Labs & Imaging:

Hematology:
WBC: 37k N66 L28 Hgb: 12.1 Plt: 495k

Chemistry:
Na: 129 K: 4.29 Cl: 98 HCO3: Cr: 0.71
Glucose: nl iCa: 1.11 iMg: 0.61
PT:nl INR: nl PTT:nl



Imaging:
CXR: minimal subsegmental atelectasis, left lower lobe
UA: Dark yellow, Ketones 2+, Blood 1+, WBC 6, RBC 1
ABDO X-RAY: no definite air-fluid levels, mild fecal stasis with focal ileus
CT A/P: Bowel wall thickening anteriorly, moderate amount of fluid perihepatic, perisplenic, paracolic, pelvic regions free fluid, no pneumoperitoneum, no LAD, minimal to moderate ascites.
EXP LAP: 300ML peritoneal fluid. Ischemic segment of distal ileum. Diverticulum from necrotic segment that strangulated the mesentery.
COURSE IN WARDS: WBC downtrending, fever persisted with hypotension. Patient expired on the 6th day.

Dx: PERITONITIS SECONDARY TO ISCHEMIC BOWEL SECONDARY TO MECKEL'S DIVERTICULUM

Problem Representation: 10/M with 1 day history of Gen abdo pain worse with movement.Later worse in RLL. Had fever, tachycardia, with positive guarding and rovsing sign on exam.Labs showed neutrophilic pred leukocytosis and CT A/P showed leaking fluid in abdomen. Ex lap and biopsy confirmed meckel's diverticulum.

Teaching Points (Krithika)

- **Timeline is important in abdominal pain-Acute, Subacute, Chronic**
- **Positional pain localised to surface- reassuring but needs caution- could be involvement of "inside of outside"-could be sinister.**
- **Primary peritonitis vs Secondary peritonitis(secondary to a focal lesion with micro/macro perforation or to a large vessel thrombosis causing mesenteric ischemia)**
- **Other Ddx- complication secondary to previous surgery(fibrosis,strangulation), infectious process causing intussusception**
- **Fluid in abdomen- could be due to portal hypertension, due to peritoneal inflammation,rare- Genitourinary cause with urine leak, angioedema secondary to ACE-use,etc**
- **Primary peritonitis- most likely to have some underlying autoimmune etiology with significant similar history in the past**