12/19/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Zakariyya Gardee* ***Case Discussants****: Rabih (@rabihmgeha) & Reza (@RxDxEdu)*

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

Scribing (Glen)

CC: 32/M with recurrent **GI bleed and recurrent pancytopenia**

HPI: Started in 2016, with multiple admissions for anaemia and thrombocytopenia. Reported (vomiting blood, melena and hematochezia)

ROS: No fevers or weight loss. No epistaxis, gum bleeding, easy bruising.

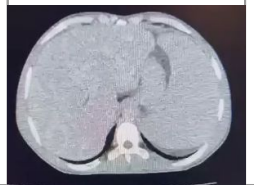
PMH: none

Meds: iron and folate supplementation

Fam Hx: unremarkable

Social Hx: unremarkable

Health-Related Behaviors: no EtOH, smoking or drug use



Vitals: T: nl **HR**: nl **BP**: nl **RR**: nl **Sat**: nl **BMI**: nl

Exam: Gen: pale, no cirrhosis stigmata

HEENT: no LAD **CV & Pulm**: nl

Abd: soft, distended, non-tender, **massive HSM** [spleen > liver]

Notable Labs & Imaging:

Hematology:

WBC: 0.8-1.8 [low N and L] **Hgb**: < 8 **Plt**: < 50 **MCV**: persistently low

Chemistry:

Iron studies: Ferritin: 5-16 Serum iron: low TSAT: 3-5% **Retic Index:** <1

PBS: no sphero / schisto, occasional teardrop cells

BM Bx: markedly hypercellular, no iron stores, no dysplasia or blasts. No malignant infiltrates

B12: mildly high INR and PTT: nl **Albumin**: 2-3 [persistent]

Cr: nl AST: nl ALT: nl Alk-P: nl Bili: mildly high

ESR / CRP: mild episodic elevation

AI workup: ANA: neg Coombs: neg

UPCR: borderline high Mild 1 hypothyroidism found **CT:** massive SM

EGD: portal hypertensive gastropathy **Colonoscopy**: varices [reportedly]

Hepatitis panel: neg HIV: neg Tumor markers; nl

Schistosomiasis IgG; pos

LIVER BIOPSY: no cirrhosis, portal-based fibrosis with ductal plate malformation, abn branching of intrahepatic portal veins, liver parenchyma divided by thin fibrous septae

Dx: Congenital hepatic fibrosis

Problem Representation: 32/M with GI bleed and pancytopenia. Pale with hepatosplenomegaly on exam. Labs show pancytopenia, PBS shown teardrop cells and biopsy markedly hypercellular. Had elevated albumin and positive for schistosomiasis IgG. Liver Biopsy concluded the diagnosis of Congenital hepatic fibrosis.

Teaching Points (Eugene)

GI Bleed: -source difficult to diagnose unless seen on endoscopy. Noise or flavor?
-melena suggests UGIB-> suggests portal HTN

Pancytopenia:
- More certain. Contributory to GI bleed or nah?
-One cell count down: loss or destruction
-3 cell count down: consider marrow underproduction or splenic sequestration
-2 cell count : either / or.

Pallor +++/ anemia:
-severe pallor speaks to the degree of anemia. Supports process in spleen worsened by GI blood loss.
-Also supports chronicity of symptoms.
-Chronicity favors hypersplenism/underproduction vrs acute loss
-lack of stigmata for cirrhosis on abdominal exams doesn't rule out portal HTN

Unifying symptoms?- GI bleed, pancytopenia, hepatosplenomegaly :
-Approach organomegaly by first considering homogeneous enlargement vrs focal mass
-Two enlarged organs supports homogeneous enlargement. Cause: think congestion(base rate thinking-e.g. Fluid from portal circulation) vrs infiltration (WBC, RBC, microscopic protein accumulation)
-With massive spleen and liver enlargement- congestion etiology likely prehepatic/ intrahepatic. To make progress, do POCUS. Fluid in peritoneum may suggest congestion. Imaging to R/O focal mass.
-What may support infiltration: lymphadenopathy at the surface or in mediastinum.

Previous Bone marrow biopsy
-Hypercellularity suggest bone marrow compensation
-Tear drop cells may speak to infiltrative process. Repeat Bone marrow biopsy

Unifying hypothesis :
-prehepatic / intrahepatic noncirrhotic portal HTN should be separated from a ? myelofibrosis.
-Investigate cause of non-cirrhotic portal HTN (Ddx schisto, portal vein thrombosis, age- genetic cause etc)