



1/28/26 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Youssef Aboulwafa (@) Case Discussants: Sharmin (@Sharminzi) & Prof Rez
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Lera)
CC:
24M w/ abdominal pain, diarrhea & vomiting.
HPI: Abdominal pain started 2 mo ago in LLQ, epigastrium, radiating -> flanks. 30 bowel movements per day, persistent with fasting. Vomiting containing food particles -> green.
1 y ago hospitalized -> Dx with perianal fistula.
ROS: Weight loss 40 kg in 2 mo. Low back pain and bl knee pain. No of uveitis / mouth ulcers.

PMH:
Hemorrhoids
Distended veins in LE
Meds: none

Fam Hx: no AI Hx
Social Hx:
Health-Related Behaviors: smoking
Allergies: none

Notable Labs & Imaging:
Hematology:
WBC: 3.3 Hgb: 10.3 Plt: 358
MCV: 71 MCHC: 30.9 MCH: 22
Chemistry:
AST: 7 ALT: 6 Bili: 0.22 [0.13 direct]
ESR: 57 CRP: 69
Calprotectin: 937
CMV serologies: IgM 0.2 IgG 241
EGD: esophageal candidiasis, pangastritis with *H. pylori* positivity
Colonoscopy: suggestive of TB / IBD.
TB & HIV: negative
Bx: suggestive of Crohn's
Dx: Crohn's disease

Problem Representation: A young gentleman with Hx of perianal fistula presented with subacute abdominal pain, inflammatory diarrhea, striking weight loss and vomiting. Found to have leukopenia with microcytic anemia. Dual scope revealed esophageal candidiasis and Crohn's disease.

Teaching Points (Glen)
-Abdo pain, diarrhea and vomiting separately non-specific but if occurring all most likely suggests GI problem.
-LLQ: Diverticulitis>IBD
-Diarrhea: inflammatory vs non-inflammatory(secretory vs non-secretory vs functional). Helpful to systemic features e.g fever.
-Vomiting: Problem around bile and less concerned about obstruction.
-Fistula: supports crohn's dx and IBD.
-Back and knee pain: can suggest reactive arthritis and ankylosing spondylitis esp considering age.
-BICYTOPENIA: get iron studies, vit B12 studies, PBS. Due to lack of malabsorption.

-Inflammatory diarrhea: high calprotectin. Progress with colonoscopy and endoscopy.
-Colonoscopy: Crohn's dx main 2 biopsy features: Transmural inflammation and non-caseating granuloma. TB also have granuloma. To differentiate, symptoms are localised in GIT and favors IBD. TB less likely causes a fistula. But imp to do TB tests like AFB, PPD.
-Candidiasis: Pt could be immunocompromised and could also explain H.pylori and fistula. Imp to get hiv test.