



12/28/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Kevin Müller Case Discussants: Kuchal & Lea
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Eyron)

CC: Patient presents with abdominal distension and pain

HPI:

30 y/o female with abdominal distension and pain x 3 days. Pain is in the RLQ and worse with palpation, rated 3/10. Also with stool irregularities (high frequency, some obstipation) and frequent urination without pain. Pain is sharp and has been increasing the last 3 days. Saw her GP and did an ultrasound and was sent to the ED for further evaluation.

ROS:

No dysuria, B symptoms, CP, palpitations, leg swelling, headache, hemoptysis, melena.

PMH: None

Meds: None

Fam Hx: NC

Social Hx: NC

Allergies: NC

Vitals: wnl **Exam:** Gen: wnl

CV: no murmurs

Pulm: vesicular breath sounds

Abd: distended, firm, (+)TTP in the RLQ, palpable firm mass in the periumbilical region

Notable Labs & Imaging:

Hematology: CBC wnl

Chemistry:

CMP wnl | LFTs wnl

CRP: wnl | Lipase: nl

UA WBC 13 Bacteria 150 Squamous Epithelium 15

Pregnancy Test neg

Imaging:

US: 16 cm x 8 cm retroperitoneal mass with multiple necrotic areas, right kidney hydronephrosis grade 1-2; left kidney grade 1 hydronephrosis

CT: Multiple well-demarcated masses in the pelvis with inhomogeneous vascularization, the largest extending into the mid-abdomen. Largest lesion is pedunculated and shows partially necrotic areas

Bx: Consistent w/ Leiomyoma

Dx: Multiple uterine myomas (intramural, subserous)

Problem Representation:

30 y/o healthy female presenting with abdominal pain and distension, noted with a palpable firm mass in the periumbilical region. US and CT noted with a 16 x 8 cm retroperitoneal mass. Biopsy was consistent with leiomyoma.

Teaching Points (Shriya)

-**Abdominal distension and pain:** which came first > hollow viscous pathology causing pain > **VIPO**

-**5Fs** (fat, flatus, feces, fluid and fetus)

-**RLQ pain:** appendix, colon, ovaries, fallopian tubes, bladder

-Rule out ectopic pregnancy and obs/gyn patho in young female

-Abdominal distension, stool irregularities and polyuria could be indicative of abd mass compressing bowel and bladder

-Palpable periumbilical mass: rule out AAA ; just mesenteric thickening or real mass

-**Squamous epithelium in urine:** could be due to contamination or poor catch vs UTI vs something causing bladder irritation

-Mixed echogenic mass could be malignancy

-**Retroperitoneal mass**—think of

kidney, aorta, ureter, lymphoma, iliopsoas

-Necrotic component > how fast the mass is growing > compromising blood supply