3/16/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Sam B (@samkeenanbarry) **Case Discussants**: Youssef (@saklawiMD) & Magnus (@)

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

Scribing (Ram)

CC: 55 YO F presents with abdominal pain in the RUQ

HPI:

Abdominal pain started 1 day ago, sharp, nonradiating, associated with nausea, not relieved with tylenol and heat pad.

Initially tolerable but pain woke her up from sleep, was 9/10

No similar symptoms in the past.

ROS: negative for fever, chills, rigors, sick contacts, diarrhea, constipation, vomiting, urinary changes, skin changes, dizziness

PMH: HTN, HLD, hypothyroidism, vitamin D def, ? emphysema w/granulomas (potential dx sarcoidosis, follows with pulm), anxiety

No surgical hx

Meds:

levothyroxine

Lisinopril (restarted 1 month prior)

omeprazole

albuterol inhaler

fish oil

coenzyme q

turmeric

Fam Hx:

None

Social Hx:

None

Health-Related Behaviors:

no EtOH since teens, 40 pack years tobacco quit 1 year ago

Allergies:

Statin myalgias therefore previously on no meds for HTN

Vitals: **T:** Afebrile **HR:** 113 **BP:** 174/105 **RR:** 20 **Sat:** 97% RA

Exam: **Gen:** uncomfortable appearing, pleasant, no acute distress

HEENT: no scleral icterus, bilateral xanthelasmas over medial canthi, MMM

CV: tachycardic, no murmur/rub/gallop

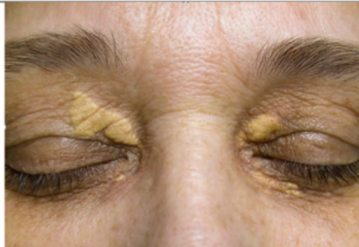
Pulm: CTAB, no distress

Abd: soft, nondistended, tenderness in RUQ, (-) murphy sign, no fluid wave

Neuro: no focal neurologic deficit, AAOx4

Extremities/skin: no jaundice, warm and well perfused, no rash

Notable Labs & Imaging:



Hematology:

CBC: within normal limits

Chemistry:

BMP: Within normal limits

Alk-P:116

Lipase: 181 (uln 60)

Lipid panel fasting: 237 total cholesterol, HDL 32, LDL 167, triglycerides 189

IgG subclasses all normal, TSH - normal, ANA - normal (2 m prior)

HbA1c: normal

Imaging:

CT Abd/Pelvis: **Mild peripancreatic fat stranding**, no ductal dilation or biliary obstruction. Possible hepatic steatosis. No other acute findings

RUQ US: **increased echogenicity of the liver c/w hepatic steatosis**. **Biliary sludge** with no evidence of cholecystitis. Normal caliber of extrahepatic bile ducts. Negative sonographic murphy.

Felt much improved after 2L fluids, toradol, dilaudid, zofran.

Rapidly improved over 24 hour admission and able to advance diet

Dx: ACUTE PANCREATITIS, LIKELY DUE TO ACE INHIBITOR

Problem Representation: 55 YO F with HTN, HLD, hypothyroidism on lisinopril, presents with 1 day history of abdominal pain in the right upper quadrant, with bilateral xanthelasmas and RUQ tenderness on exam, with elevated lipase and mild peripancreatic fat stranding on imaging

Teaching Points (Lera)

Abdominal pain = *time course x localization*

- ***Tempo***: *Hyperacute // acute // subacute // chronic*
  ⊕ ***variables*** [episodic vs. constant? Triggers?]
- ***Localization***: ***look up & down:***
  RUQ -> *abdomen* [hepatobiliary + RP] // *chest* [pulmonary -> pleuritic? **PE?** vs.cardiac -> **EKG!**] // *pelvic*
  ⊕ ***organ specific localization***
  [diarrhea? -> bowel, jaundice? -> hepatobiliary]
- Don't miss the life threatening causes -> **VIPO + GYN**
  Listening to bowel sounds is not reliable to r/o obstruction.

Stones: ***Background*** as important as *foreground* [*especially if recurrent*]

Xanthelasma pearls:

- Translate to *"long standing hyperlipidemia"*
- Eyes helping localize the belly issue? ***Pancreatitis!***

Pancreatitis:

- ***Why?*** Orient yourself in base rate -> **EtOH vs. Gallstones**
  Search for clues to look beyond.
  Pet scorpio? Xanthelasma -> *hyperTG? ACEi?*
  But those do not make you immune to other causes.
- ***How to Dx?*** *Imaging + lipase + classic abdominal pain* [2/3]
- ***How to Rx?*** *Fluids* [restrictive ~ liberal in outcome] + *early feeding is ok*
  ⊕ **cause specific.** If suspect hyperTG **+/- PLEX & insulin.**