4/19/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter**: Pranay (@)* ***Case Discussants**: Rahul (@RahulPottabath1) & David (@davserantes)*

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

Scribing (Gillian)

CC: 54 yo m w/ 3 weeks of abdominal pain and nausea.

HPI: Came to ED. Persistent, dull, aching abd pain in epigastric region. No vomiting. Worsening with PO food intake. Decreased PO intake. Intermittent chills and fever w/ no temperature taken. Frequency increasing for past 3 days. Subjective decrease in weight. Abdominal fullness

ROS: denies dysuria, hematemesis, chest pain, dyspnea, sick contacts

PMH: none

Meds: none

Fam Hx: insignificant

Social Hx: no pets/exposure

Health-Related Behaviors: 30 pack year stopped a month ago

Vitals: T: 98.3 **HR**: 88 **BP**: 119/76 **RR**: 18 **Sat**: 96% on RA **BMI**: 22

Exam: Gen: well appearing NAD

CV/Pulm: nl

Abd: soft, nontender, no rigidity, rebound

Extremities/skin: nl no edema, well perfused

Notable Labs & Imaging:

Hematology:

WBC: 22.5k neutrophils 90% Hgb: 11.1 Plt: 279k MCV: 87

Chemistry:

Na: 130 K: 5 Cl: 92 HCO3: 22 Cr: 0.9 BUN: 25

AST: 40 ALT: 34 Alk-P: 165 Albumin: 2.8 Lactate: 1.3 Trop: nl Lipase: nl

Blood cx: streptococcus intermedeus

Imaging:

EKG: nl sinus rhythm; Echo: EF nl, no vegetations

CXR: bl opacity in lung bases, atelectasis, left pleural effusion

RUQ US: CBD normal, gb sludge

CT abd pelvis w/ contrast: *Liver:* hypodense lesion in liver 21x19 mm lesion, 33x26mm.Lesion maybe complex fluid such as abscess. Indeterminate for neoplasm *Spleen:* enlarged, heterogeneous. Round areas of low attenuation largest 6x4.3 cm. splenic vein occluded

Pancreas: Distal pancreatic body and tail thickened, hypodense area adjacent to tail of pancras extend into splenic hilum 6.3x3.8x4.8 cm *Lymph nodes:* Gastrohepatic and paraortic lymph nodes likely reactive *Gastric wall:* 5.8 cmx2.9 cm thick wall cystic region in gastric wall.

Possible sequelae of pancreatitis; possible neoplasm or multifocal abscesses

MRI abd w/ contrast: 2 t2 rim enhancing lesions in liver, suspicious for abscess; loculated splenic and perisplenic collections ; borderline retroperitoneal lymph nodes; loculated pleural effusion in left lung

CT soft tissue neck: multiple dental caries and cysts; CT head: normal

Hospital Course: Pt admitted, started on abx, blood cx. Spiked temp of 101.3. IR guided drainage of abscess, thoracentesis for pleural effusion. Abdominal abscess grew strep intermedius. Pleural fluid w/ no growth.

Pt improved abx, took PO, started anticoagulant for splenic vein thrombosis, IGG4: found to be elevated at 300

Dx: IGG4 related autoimmune pancreatitis c/b streptococcus intermedeus intraabdominal abscess and pleural effusion.

Problem Representation: 54 yo M with 30 pack year smoking hx presents with 3 weeks of abdominal pain, nausea, decreased PO intake, and intermittent inflammatory symptoms was found to have multiple intra abdominal abscesses, pleural effusion, and strep intermedius bacteremia. IGG4 levels were elevated suggesting potential autoimmune pancreatitis c/ b multiple abscesses.

Teaching Points (Shriya)

_Abdominal pain associated with nausea could be indication to severity itself> any structural causes >r/o ACS or any ischemic component >keep in mind DKA, Adrenal insufficiency

-Nature of pain plays a great role: continuous or intermittent, duration (subacute vs acute), severity

-Epigastric pain: stomach, pancreas, transverse colon

-Postprandial abdominal pain: anything from outside compressing (HSM, Infiltrative disease like Amyloidosis , malignancy) to intraluminal (mass, PUD, vessels obstructed like SMA, celiac artery , gastric malignancy with weight loss)

-Pyogenic liver abscess: Biliary tract (cholestatis to cholangitis), Bacteremia or sepsis or endocarditis(seeding) or intrabdominal infections or IBD or colon cancer

-Colorectal ca can be associated with hypervirulent Klebsiella pneumoniae leading to multiple abscesses all over the body

-Streptococcus intermedius: risk factors could be dental carries (poor dental hygiene) , alcohol, diabetes ; tropism to liver, spleen , brain, lung causing multiple abscesses