



6/19/26 Morning Report with @CPSolvers



"One life, so many dreams" **Case Presenter:** Youssef Saklawi (@saklawiMD) **Case Discussants:** Rabih Geha (@rabihmgeha) & Dan Restrepo
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Lukas)
CC: 49 yo woman p/w several months of progressive upper/epigastric abdominal pain, nausea, vomiting and weight loss → limitation to oral intake, lost 40 pounds unintentionally
ROS (-): fevers, diarrhea, herbal supplement use

Vitals: T: wnl HR: wnl BP: wnl RR: wnl **Sat:** wnl **weight:** 38 kgs **Exam:** **Gen:** HEENT: poor dentition **Neuro:** 5/5 strength; feeling of imbalance/unable to stand, frequently falling back down shortly after attempting to stand, functional decline; **Extremities/skin:** pain in right knee and elbow

1st presentation:

Labs: AlkP: 1300 **Bilirubin:** 3 **AST:** 159 **ALT:** 106 → Admitted to hospital
US: cholelithiasis, no acute cholecystitis
MRCP: normal HIDA: acute cholecystitis without common bile duct obstruction
Course: CCE was done and patient got discharged

2nd presentation: Returns several months later with progression of symptoms; reports of sensation that food gets "stuck in her Chest"

Repeat labs: 1100 Bili: 3,9 **direct Bili:** 2 **AST:** 113 **ALT:** 81
MRCP: minimal intrahepatic biliary dilatation, otherwise normal

3rd presentation: severe dysphagia, affecting mostly solids, can still drink liquids; Vitals normal

Labs: Cr: 0,3 **Albumin:** 3 **Hb:** 10,8 **MCV:** 87 **INR:** 1 **AlkP:** 1.000 **tBili:** 3 **Aminotransferases:** 100
CT chest: biapical lung scarring and adjacent pleural thickening (susp. For old granulomatous disease, patchy esophagus ; **GI consult** →EGD wnl
CT Abdomen: mild intrahepatic biliary prominence (prob. reservoir effect post CCE vs hepatitis/cholangitis); no secondary findings suggestive of cholangitis
Hepatitis Serology: neg **Coeruloplasmin:** neg **LDH:** wnl **RPR:** wnl **TSH:** wnl **SPEP:** wnl **Kappa/lambda ratio:** neg **Quantiferon Gold:** neg **Alpha1-Antitrypsin:** neg **Ferritin:** low
ANA: 1:320 **Anti-mitochondrial AB:** positive
Zink: undetectable; **Vitamin D:** low **thiamine:** very low
IR consult → liver biopsy suggested ; No Hx of Raynauds; but intermittent joint pain ;**Autoimmune Panel:** **Anti-centromere AB:** pos **Rheum consult:** Scleroderma + PBC common association; Rash = salt and pepper appearance
HRCT: wnl **Neuro:** EMG outpatient
Dx: Reynolds Syndrome
→ **Rx:** Ursodeoxycholic acid ; Biopsy done but pathology still pending

Problem Representation: 49 yo woman with hx of progressive dysphagia, epigastric pain and significant weight loss over months presents multiple times with significant AlkP, Bili, ALT/AST elevations and a rash on her lower leg ultimately representing Reynolds Syndrome (PBC + Scleroderma)

Teaching Points (Anmolpreet)

- I] Chronic abdominal pain:** localisation to abdomen? Or elsewhere? Adrenal insufficiency- one of the thoughts.
- II] 50% of the biliary pain is epigastric, not RUQ**
- III] Elevated alkaline phosphatase (with near-normal liver enzymes):** think about infiltrative disorders - infectious disorders - granuloma → TB/endemic mycoses/sarcoidosis/amyloidosis; **check GGT** (to rule out bony involvement)!!!

Solving: muscle wasting with elevated ALP with dysphagia (is there a unifying diagnosis ?)

- IV] Normal EGD rules out mechanical etiologies for dysphagia;** thinking of motility disorders.
- V] Primary biliary cirrhosis (PBC):** AMA positivity; liver biopsy gold standard. There are documented cases of esophageal involvement with PBC such as systemic sclerosis.
- VI] Relation of vitamin-D deficiency with ALP elevation:** some of the elevation in ALP can be contributed by vitamin-D deficiency
- VII] Reynolds syndrome:** co-occurrence of PBC with scleroderma.
- VIII] Dysphagia can be the only presenting symptom for scleroderma.** This patient also presented with a "salt-and-pepper" rash.



PMH:
:
Med s: none
Fam Hx:
Social Hx: No significant travel hx Originally from Mexico Lives in US for 20 years
Health-Related Behaviors: No alcohol
Allergies: