7/12/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: (Ethan@e_chiu17) **Case Discussants**: (Jas@JasBajwa18) & (David@davserantes)

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

Scribing (Seeme & Noor)

CC: 65 yr M with RUQ pain for 1 month

HPI:

Waxing and waning pain and 4kg weight loss , night sweats in past month, no diarrhea, melena or hematochezia or clay color stools.

ROS:

1 episode of coffee ground emesis just before he came to ER

Patient started to have malena and coffee ground emesis in hospital course

PMH:

HCC-Localized, post transarterial chemotherapy and resection, RFA [1 mo ago]

HTN

DM

Chronic hep c post treatment

BPH s/p prostate enucleation

Bladder tumor s/p TURBT

Meds:

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Fam Hx:

Not significant

Social Hx:

Lives in Brazil and moved to Taiwan

Health-Related Behaviors: drinks socially

Allergies: NKDA

Vitals: T: afebrile **HR**:88 **BP**: 155/83 **RR**:nl

Exam: Gen: mild scleral icterus

HEENT: mild conjunctival pallor

CV: wnl **Pulm**: wbl **Abd**: RUQ tenderness

Neuro: wnl **Extremities/skin**: no edema

Notable Labs & Imaging:

Hematology:

WBC: 14.9 Hgb:15.1→14.2→9 Plt: 207

Chemistry:

Na: 138 K: 4.4 Cr: 0.88 BUN:25.2 AST: 24

ALT: 91 Alk-P:219→257 Bili:0.6→1.2 → 4

CRP: 18.6 LDH: DB:3

RFA and echo: complete ablation with no complications

Imaging:

EGD: No varices, reflux esophagitis, erythematous gastritis

CT abdomen: Ileocaecal wall thickening, faeces in the colon, no contrast extravasation, no perforation, Liver s/p hepatectomy of left lobe, post RFA changes in s5 s7, s8, s/p cholecystectomy, dilated IHDs in s5, s8- no perforation in abdomen, R/O ileitis with ileus

Colonoscopy: Incomplete study dt tarry stool, no obvious bleeders

Capsule Endoscopy:Gastritis, small proximal bowel polyps, proximal small bowel angiodysplasia, small bowel lymphangiectasia,
Gastritis and polyps and angiodysplasia with food debris

ERCP:Dilated CBD and filling defects with dilatations

CTA: Active hepatic artery bleeding: contrast extravasation in Right liver lobe, consistent with hemobilia

Dx: Delayed Hemobilia d/t Iatrogenic Right Hepatic arterial Injury with arterio biliary fistula post RFA

Problem Representation:

A middle aged gentleman presents with subacute inflammation, triad of RUQ pain, jaundice and coffee ground emesis found to have developed Hemobilia post RF ablation.

Teaching Points (Varsha)

- **Subacute RUQ pain**
  - **Referred pain - Pleura, hepatobiliary system (GB), pancreas, atypical presentations (appendicitis in pregnancy)**
- **Radiation associated complications**
  - **Immunocompromised - Hepatic abscess, infected necrotic ablation cavity (tho no fever, but + night sweats)**
  - **Bile leaks, biloma**
  - **Quincke's triad : RUQ pain, upper GI bleed (coffee ground emesis +), Jaundice (scleral icterus +) → Hemobilia**
- **Travel History? → Brazil → maybe amoeba?**
- **Coffee ground emesis: slow bleed vs frank hematemesis**
  - **Esophageal Vs gastric lining erosion?**
    - **Peptic ulcer, h. Pylori, variceal bleed (cirrhosis? Portal HTN, space occupying lesion)**
- **Ileitis: Infection Vs Ischemia vs Infiltrative**
  - **Atypical infection: Yersinia (pseudo appendicitis)/ opportunistic, TB, amoeba, schistosoma**
  - **Malignancy - lymphoid origin**