8/24/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Nguyen Phan* ***Case Discussants****: Alec (@ABRezMed) & Austin (@RezidentMD)*

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

Scribing (Bayan):
CC: 60 yo male p/w abdominal pain
HPI: 1 week of generalised abdominal pain, eventually localised to RLQ.
Worsened by movement, lifting objects, doing sit ups.

ROS: No fever or constitutional symptoms.
No other GI symptoms.
No urinary symptoms, no back pain
Pepto-bismol provided partial relief

PMH: T2DM, HTN, DLP, Gout
No surgical history

Meds: metformin, glipizide, statin, colchicine, losartan, nebivolol, cosapent ethyl, empagliflozin

Fam Hx: -

Social Hx: smoker, 1/2 pack/day

Health-Related Behaviors:

Allergies:
None

Vitals: T: 96.6F **HR**: 92 **BP**: 155/90 **RR**: 20 **Sat:** 98 on RA **BMI**:
Exam: Gen: wnl
HEENT: wnl
CV: wnl
Pulm:w wnl
Abd: soft, non-distended, tender in the RLQ, no guarding or rebound
Neuro: wnl
Extremities/skin: wnl

Notable Labs & Imaging:

Hematology:
WBC: 13k (N 74%) Hgb: 16 Hct: 47.2 Plt: 158 MCV: 90

Chemistry:
Na: 137 K: 4.2 Cl: 101 HCO3: Ca: 9.2 Mg: 2 BUN: 12 Cr: 0.7 Glu: 249
CO2 29 Anion Gap: 11 Phosphorus 1.4
AST: 15 ALT: 18 ALP: 75 T. Bili: 1 T. protein: 7.6 Alb: 4.4
ESR: CRP: LDH:
Lipase 23

Imaging:
CTAP: multiple colonic diverticula arising from cecum, with focal thickening suspicious of right sided diverticulitis, small collection of gas adjacent suggestive of retroperitoneal micro-perforations without abscess formation. Secondary reactive appendiceal inflammation

Pt received pip-tazo and admitted for observation and continued management

Problem Representation: 60 year old male with significant cardiovascular risk factors and smoking history, presenting with 1 week of isolated abdominal pain.

Teaching Points (Magnus)

Acute abdominal pain in RLQ
Worsened by *movement* -> peritonitis?
Lack of *luminal* sx (n/v, diarrhea, constipation) -> think about extra-luminal disease (nerves, abdominal wall, referred)
Host with *cardiovascular risk factors* -> think of vasculature (ischemia)
Neutrophilic *leukocytosis* -> think of inflammation

Right-sided diverticulitis -> cecal micro-perforation -> secondary appendiceal inflammation