5/1/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Kevin(@allein.zu.haus (IG))* ***Case Discussants****: Rabih(@rabihmgeha) & Reza(@RxDxEdu)*

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

Scribing (Lukas)

CC: 70 y o female selfpresented to the ED with severe abdominal pain for 7 days

Hasnt improved under analgesic medication

HPI:

Received Metamizol (non opioid) on demand,no effect; lower abdominal + flanks for a few weeks; constipation for 2 days, normal looking stool; reports half a year abd pain; 7 days ago orthopedics for lumbar spine pain, no pathology found;

Sees some people in the room

Legal guardian: abd symptoms for month

ROS (-): CP, fever, emesis, weight loss, night sweats

PMH:

Multiple Orthopedics surgeries: L4->L5 spondylodesis

HTN

COPD

Chronic pain syndrome

Paranoid schizophrenia

Meds:

Moxonidin

Dihydrocodein

Enalapril

Formoterol

Vitamin D

Budesonide

Venlafaxine

Pantoprazole

Fam Hx:

No Family history

Social Hx:

Lived alone, but has legal guardian

Health-Related Behaviors:

Smoking (py?)

Allergies:

Vitals: T: wnl **HR**: wnl **BP**: wnl **RR**: wnl **Sat**: wnl **BMI**:

Exam: Gen: obese, completely oriented

HEENT: wnl

CV: no heart murmurs

Pulm: wnl

Abd: positive murphy's sign , abdominal tenderness more in lower quadrant, no resistance, no guarding

Neuro: visual + acoustic hallucinations

Extremities/skin: secondary lymphedema, Mobile on high walker

Notable Labs & Imaging:

Hematology:

Initial labs: WBC: wnl Hgb: wnl Plt: wnl MCV: wnl

Chemistry:

Initial labs: Na: wnl K: wnl Cl: HCO3: wnl Cr: BUN: Glucose: wnl Ca: Mg: AST & ALT: wnl Alk-P: Bili: Albumin: wnl Total Protein: ESR: CRP: wnl LDH: lactate: 1.7 (< 1,6)

2nd labs: CRP: 0.66 (< 0.5)

Imaging:

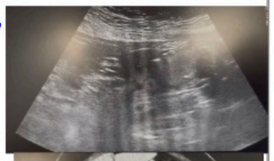
POCUS: no free fluid, kidneys normal, gallbladder normal. No urinary retention

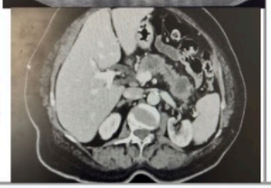
Capillary BGA: normal

EKG: wnl

Ultrasound: 10/10 pain while probe on epigastric area, pendulum peristalsis

CT with contrast: colonic stool impaction, no real occlusion; signs of pancreatic cancer in tail and corpus and adrenal masses, rip fractures without osteolysis





Dx: Pancreatic cancer with adrenal metastatic disease with colonic coprostasis

Problem Representation: 70 yo female presents to the ED with subacute recurrent lower abdominal and flank pain for 7 days with unremarkable labs while CT confirms colonic stool impaction with new discovered metastatic pancreatic cancer

Teaching Points (Glen)

-Abdo pain not resolving to Painkillers: Tx given to conditions that resolve spontaneously? But unlikely.

–Chronic Lower abdo pains: recent exacerbation of another cause? Functional cause (e.g porphyrias).

-No Bowel movements: obstruction? But unlikely with pain? Or pain limiting it? IBS?(constipation variant).

-Problem defining problem: list signs, new findings, collateral history(esp neuro findings), ask pt their ideal outcome from here?

-Difficult communicating with pt: If they can walk, eat and talk(try to minimise hospitalization).

-Hallucinations: Relapse of schizophrenia? Psych review?

-Imaging: Investigate more(with/without contrast) and different phases. Difficult to trust exam findings. R/o life threatening causes (ischemia, perforation) then look for stones, etc

-How the patient made it to the hospital: Can indicate how severe the problem is.

-Abdo USS(Contents moving backward). Obstruction? Dysmotility? Backed up by air fluid levels, Consequence of chronic constipation? Progress, laxatives?

-Abdo CT: High stool burden in the colon causing pain.