10/13/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Kris* ***Case Discussants****: (@) Ravi & (@)Deb*

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

Scribing (Ramaswamy):
CC: 52 year old female presenting with **jaundice for 2 days**
HPI: 2-day history of sudden-onset **jaundice and tea-colored urine**. She reported taking herbal medications for 2 months and has been experiencing decreased appetite over the past 2 weeks.
ROS:
Jaundice and sclera is yellow
Poor appetite(+) in past two weeks,
Vomiting, Abdominal fullness(+), Tea colored urine

PMH:
No PMH

Meds:
Herbal medications (details unknown)

Fam Hx:
NA
Social Hx:
NA

Health-Related Behaviors:
NA
Allergies:
No known allergies

Vitals: T: 36.9 **HR**: 99 **BP**: 158/87 **RR**: 18 **Sat**: 98% RA **BMI**: 160cm/58kg
Exam: Gen: fair Mental status (Alert)
HEENT: Sclera - yellow
CV: nl **Pulm**: nl
Abd: Percussion: Tympanic(+), with much bowel gas);
shifting dullness (-) Hepatomegaly(-); Splenomegaly(-);
Neuro: NA **Extremities/skin**: NA

Notable Labs & Imaging:
Hematology: WBC:6190 (N: 65.9, L: 23.3, M: 8.7) Hgb:14.6 Plt:239000 MCV: 89.1
Chemistry: Cr: 0.55 Glu: 98, CK MB - 0.7, CK - 39 **AST: 656 -> 141 ; ALT: 787 -> 262; ALP: 153; T. Bili: 9.30 (DB - 5.40, Ind- 3.9) -> 5.7 ;GGT: 267**
IgM Nephelometry:152 (normal), HBsAg(-), Anti-HAV IgM(-), Anti-HCV(-)
anti-HBc IgM(-), HCV RNA (-), anti-HBs (+ve), and anti-HBc (-ve)
ANA: +, 1:2560, Anti dsDNA: 627.69; RNP - 20.27, AFP - 15.9, RF - 28.6,
IgG Nephelometry - 2630.0, IgA Neph - 378.0;ASMA, SSB, SSA, AMA, ANCA, Anti cardiolipin, Anti Beta2, Lupus anticoagulant (-); CMV, EBV IgM (-); C3 - 110.0, C4 - 31.8
Patient received ursodeoxycholic acid, Vit K1, HCQs, Solumedrol; LFTs downtrended
Imaging:
USG Abd: revealed parenchymal liver disease without biliary tract dilation.
CT Abd: Periportal edema, Gallbladder wall thickening, Lymphadenopathy in hepatic hilum and paraaortic region - suspect acute hepatitis

Liver biopsy: Chronic hepatitis; Micro - marked plasmacytic infiltrate and intracellular cholestasis; Immunohistochemical stain - CD138 +, IgG4 (-)
S/o - Autoimmune hepatitis but primary biliary cirrhosis should be suspected clinically

Dx: AUTOIMMUNE HEPATITIS/ PRIMARY BILIARY CIRRHOSIS

Problem Representation: 52 Y F with recent herbal medication use, presents with jaundice and dark urine preceding two weeks of anorexia, found to have scleral icterus, hepatomegaly, transaminitis and conjugated hyperbilirubinemia with elevated IgG and positive ANA without biliary ductal dilation on imaging

Teaching Points (Sudharshan)

Jaundice: pre-hepatic, hepatic, post-hepatic
Younger pt: consider Gilbert syndrome in pre-hepatic (m/c/c)

Medications: DILI
Common causes: augmentin, acetaminophen, herbal supplements, drugs iso G6PD deficiency

Exam: Icterus seen at ~4 mg/dl

Acute transaminitis: viral hepatitis, autoimmune hepatitis, supplements/toxins/DILI, ischemic hepatitis, alcohol
Jaundice labs: unconjugated/indirect hyperbili vs conjugated/direct hyperbili
AST>>ALT: hemolysis
ALT more specific to liver
ALP: PBC, PSC
Enz elevations: >1000, 300-900,<300

LAD: consider malignancy/lymphoma, infection, autoimmune

ANA: 1:320 practical cutoff (1:40), anti-dsDNA: specific for SLE
Rx: HCQ firstline, steroids

Rheum space is non-specific!