2/6/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Hans (@) **Case Discussants**: Youssef (@saklawiMD) & AMK (@annkumfer)

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

Scribing (Krishna)

CC: 60M with abdominal pain and fever for 1 week

HPI:

Epigastric and RUQ pain, fever, headache and fatigue for 1 week

Diarrhea for 1 year Non-bloody, oily, 2-3 bowel movements a day. Worse with fatty meals, improves with low-fat diet.

ROS:

No weight loss, vomiting or anorexia

PMH:

Colonoscopy 5 y.o

Diverticulosis

Normal Biopsy

Meds:

No Meds

Fam Hx:

Unremarkable

Social Hx:

Unremarkable

Health-Related Behaviors: denies alcohol, smoking, coffee drinker

Allergies: none

Vitals: T: 102.2 **HR**: 110 **BP**: 100/70 **RR**: **Sat**: 98%

Exam: HEENT: Jaundice with yellowish discolouration was noted

CV, **Pulm**, **Neuro**: NAD

Abd: epigastric tenderness and Right hypochondrium tenderness. Negative murphy's sign

Extremities/skin: Decreased elasticity, mild LE edema

Notable Labs & Imaging:

Hematology:

WBC: 13000 Hgb: 9 Plt: 400 MCV:85

Chemistry: Normal Glucose: 90

AST: 110 ALT: 100 Alk-P: 400 T Bili: <0.3

GGT: 500 Amylase: 190 Lipase: 160 INR: 1.3

UA: WNL

Fecal Calprotectin: 40(N),

Anti-endomysial: 0.1 (N)

Stool: No occult blood, parasites



USG: Dilation of Biliary radicles, normal gallbladder walls,

→ Treated with Piperacillin- tazobactam and prep for ERCP

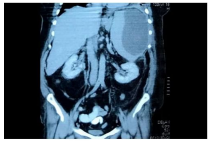
ERCP: Distal CBD stricture, Biliary sphincterotomy with stent

Fecal elastase: 90(low) Fecal Fat: 12(2-7g/dl)

→ severe tenderness and worsening Abd pain

CT A/P: Splenic hematoma with acute splenic vein thrombosis, signs of chronic pancreatitis, dilated pancreatic duct with no focal lesions

Dx: Exocrine pancreatic insufficiency with Superimposed acute cholangitis and splenic hematoma



Problem Representation: 60 y.o Male with Acute abdominal pain, Fever, Jaundice, malabsorptive diarrhea, with Cholestatic liver injury found to have chronic pancreatitis complicated by acute cholangitis, splenic vein thrombosis and hematoma.

Teaching Points (Seeme)

Approach to fever and abdominal pain:

-Fever is indicative of inflammatory state.

-We can think about VIPO (vascular, inflammation, perforation, obstruction)

-Abdominal pain may be radiating from thoracic structures or radiating from GU structures or due to inflammation of organs like pancreas, appendix or cholangitis. Fever and abdominal pain makes us think about possibility of abscess.

Approach to diarrhea and abdominal pain:

-Presence of diarrhea makes us think about lower GI tract and possibility of malabsorption (pancreas/ gallbladder)

-We can think about causes of pancreatitis or something infiltrating into pancreas.

Approach to PMH and exam findings:

-Colonoscopy can help rule out microscopic inflammatory states of colon.

-We can think about intrahepatic Vs extrahepatic causes of jaundice

- US<HIDA<MRCP<ERCP have this sequence of increasing sensitivity for biliary tree visualization.

Approach to Labs:

-low bilirubin makes us think about transient state or might be indicative more of pancreatic etiology.

-Lipase can be elevated in inflammatory conditions,

-Normal MCV takes us away from hemolysis causing anemia Anemia and can be indicative of malabsorption.AST>ALT seen in hemolysis

-CBD dilatation could be due to stones/ infiltrative cause.

Biliary strictures can be due to inflammation /malignancy

