10/12/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Sarah B (@@sarahkblaine)* ***Case Discussants****: David (@davserantes) & Maddy (@MadellenaC)*

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

Scribing (Praveen):

CC: 30 F New Asymptomatic LFT abnormality after normal labs 6 months ago (Med Consult)

HPI:

Admitted for treatment of psychiatric illness with increased tactile hallucinations and paranoia.

Investigations ordered for starting clozapine showed elevated AST/ALT. She had not yet started clozapine at this time. AST 20s/ALT 30s (6 months prior). AST 80s-> 100s and ALT->100s->110s. Notably her exposure history is negative for supplements, alcohol, IVDU, and she is taking all medications as prescribed.

ROS:

No nausea, vomiting, diarrhea, abdominal pain. Admits worsening psychiatric symptoms.

PMH:

Hirsutism

Psychiatric illness

Meds:

Since a year

Acetaminophen for pain

Aripiprazole

Divalproex

Lithium

Risperidone (Long Acting)

Clozapine (Recently Started)

Fam Hx:

Non–contributory

Social Hx:

No IVDU

No alcohol use

No recent sexual partners

Health-Related Behaviors:

Vaccinated for Hep B

Allergies:

NKDA

Vitals: T: 36.1 **HR**: 95 **BP**: 135/82 **RR**: 20 **Sat**: 96% **BMI**:

Exam: Gen: Well appearing

HEENT:

CV: wnl

Pulm: wnl

Abd: No signs of asterixis, no signs of jaundice, No organomegaly

Neuro: wnl

Extremities/skin: Hirsutism +

Notable Labs & Imaging:

Hematology:

CBC : wnl

Chemistry:

Electrolytes : wnl

AST: 84-> 98 ALT: 102->131 T. protein: nl Alb: nl

TGL : 198 TSH : nl PT/INR : nl

Ammonia : 75

Hep B, Hep C, Smooth Muscle Ab, LKA Ab - Negative

Imaging:

USG: Liver - Patent vasculature with hepatic steatosis without fibrosis

Hospitalization Course:

Divalproex was stopped and monitored, with Psych and GI consults. Three days after being off of Divalproex, LFTs trended towards normal limits.

Dx : Hepatocellular injury due to Divalproex

Problem Representation: 30 year old female admitted for hallucinations and paranoia is consulted for elevated LFTs and Serum Ammonia prior to initiating clozapine.

Teaching Points (Kaleem)

There are two types of test for liver

Hepatocellular injury (ast,alt,alp)

Liver function tests (albumin,pt ,apt)

We check about Pattern of Test results as well as severity

Causes of mild liver injuries : drugs like mostly antibiotics as well antipsychotics

So first go through list of medications patient is taking

If patient is taking multiple hepatotoxic medication: We select through 3 ways ..

Which drugs has more potency of causing liver injury

Which drug is least important for patient at that time

Pattern of liver injury with respect to Drugs