6/23/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Lourenço(@lourenco_garcia) **Case Discussants**: John Black (@calicocapybara) & Kirtan (@KirtanPatolia)

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

Scribing (Sana)

CC: 63 y/o woman presenting with fatigue for 1 yr, worsened on exertion and sporadically associated with dizziness, referred for blood work

HPI: Denies chest pain, syncope, fever, night sweats, unintentional wt. loss, LL edema orthopnea, PND or visible blood loss.

PMH: HTN

Meds: Enalapril
Amlodipine

Fam Hx: -
Social Hx: born in São Tomé e Príncipe, started living in Portugal 6M prior to ED visit

Health-Related Behaviors:

Allergies: none

Vitals: T: Afebrile **HR**: 110 **BP**: 140/80 **RR**: **Sat**: 98% on RA **BMI**:
Exam: Gen: obese, overall well appearing
HEENT: Pale mucous membranes, no LAD or cheilitis, nl sized tongue, nl nails
CV: rhythmic and regular rate, no JVD, slight b/l ankle edema
Abd: Soft, non-tender, palpable splenomegaly upto RIF, no hepatomegaly
Pulm: wnl **Neuro**: wnl

Notable Labs & Imaging:
Hematology: WBC: 2500 (1500 N) Hgb: 5 Plt: 51000 MCV: 50 RPI: 0.5
Chemistry: AST: 33 ALT:19 Alk-P: 113 GGT: 42 Bili:T-1.44, d- 0.68 Albumin: 34.3
NT ProBNP: 100 hs-trop: 5 TFT, RFT: nl
ESR: 21 CRP: 6 LDH: 225 **Ferritin**: 3 INR: 1.25 TTPa: 31 Folic acid: 3.9 B12: 600
PS: Hypochromic and microcytic anemia, - malaria,
ID screen: HIV, HBV, HCV, RPR neg

Started on IV iron therapy -> ferritin normalized, Hb trending upwards (~10)

Imaging:
EKG: sinus tachy **CXR**: nl
US abd: dysmorphic liver, portal vein normal caliber, but dilated splenic vein. Splenomegaly w/ hyperechoic sclerocalcific foci. Extrahepatic and intrahepatic BD nl caliber.
CT C/A/P: Dysmorphic liver w/o focal lesions. Portal V dia 15mmm w/ small thrombus. Collateral circ. Adj. to stomach, esophagus and spleen. Homogeneous splenomegaly. Discreet amount of perisplenic fluid. Small LN along aorta and iliac vessels

Hb persisted at 10-11 on oral iron therapy, WBC and plt remained low

EGD: large varices originating from the proximal eso. Antrum w/ scattered erosions and some millimetric angiectasis
Liver Fibroscan: F1 fibrosis, no signs of steatosis
IGRA & Schistosoma serology -ve, Stool and urine screen for ova and parasites: -ve
JAK2 V617F test -ve
BM biopsy: hypercellular with delayed maturation of erythroid and megakaryocytic series, 2% myeloid blasts and mild fibrosis.
Rectal mucosal biopsy: calcified schistosoma eggs at submucosa. **Liver Biopsy**: calcified Schistosoma eggs

Treated w/ carvedilol, furosemide, spironolactone and praziquantel.

Dx: Non-cirrhotic portal hypertension 2/2 schistosomiasis

Problem Representation: 63 year old woman presenting with 1 month hx of exertional intolerance found to have splenomegaly, pancytopenia, and severe microcytic anemia with imaging findings consistent with non cirrhotic portal htn.

Teaching Points (Daniel)

When patient has chronic symptoms, ask why is the patient here now? Is there an acute component?

With non specific symptoms:
- Think broadly - are there more or less things in the blood?
- Important to ask the right questions that might point diagnosis in the right direction
  - -exposure?
  - -associated symptoms?

Splenomegaly found on physical exams might indicate significant size
What's causing it?
- portal htn (most common cause) vs non portal htn
- non portal htn - what's in the spleen?
- white blood cells vs malignant cells vs infections vs molecules

Mind the gradient when looking at objective findings
Severe microcytic anemia
- hemoglobin disorders?
- severe iron deficiency?
- bleed? GI or non GI
- hemolytic process

Pancytopenia
- infiltration
- marrow failure
- peripheral process

Imaging findings for cirrhosis are non specific, making it important to correlate with clinical symptoms

In the absence of cirrhosis symptoms and risk factors, think of pseudocirrhosis (other liver pathologies that might mimic cirrhosis imaging findings)

Clues pointing to significant portal htn, most likely non cirhrotic
Most common cause of non cirrhotic portal htn schistosomiasis
Important to consider limitations of test when pretest probability high