8/5/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****:Renzo (@)* ***Case Discussants****:Steph, Zaven & Alec*

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

Scribing (Zachary):

CC: 34 y/o M presents with abdominal pain and subjective fevers for 2 weeks

HPI:

pt developed epigastric pain associated with nausea, decreased appetite, and a fever of 39 C (102.2 F) 2 weeks prior to presentation.

1 week prior to presentation, pt developed right sided pleuritic chest pain and worsening of existing symptoms

ROS:

Decreased appetite
Increased Sweating
Unquantified weight loss
Denied upper respiratory symptoms

PMH:
None

Meds:
None

Fam Hx: None

Social Hx:
- From Tumbes, Peru
- alcohol use socially, denies drug and tobacco use
- works as street vendor

Sexual History:
Married, multiple extramarital relationships, inconsistent usage of barrier contraception

Allergies: None

Vitals: T: 38 C (100.4 F) **HR**: 108 **BP**: 144/94 **RR**: 17 **Sat**: nl **BMI**:unknown

Exam: Gen: Well-appearing; no evidence of chronic illness.

HEENT: Unremarkable.

CV: Tachycardic, regular rhythm; no murmurs.

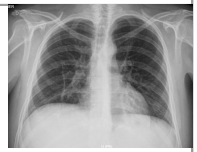
Pulm: Clear to auscultation bilaterally; no respiratory distress.

Abd: Epigastric tenderness. Tender hepatomegaly, with the liver edge palpable approximately 3 cm below the right costal margin.

Neuro: No focal neurologic deficits.

Extremities/skin: Mild pallor; no other significant findings.

Notable Labs & Imaging:



Hematology:

WBC: 27,600/µL (85% neutrophils) Hgb: *13.3g/dL* Plt: 415,000/µL

Chemistry:

Na: *134 mmol/L* Cr: 0.73mg/dL T. Billi: 2.9 mg/dL D.Billi:1.8 mg/dL
AST + ALT: Obtained, unknown values
ALP: 307 U/L Alb: 2.8g/dL CRP: 190 mg/L LDH: 422 U/L INR: *1.26*
HIV: Negative HTLV-1: Negative Hepatitis B Serology: c/w immunity
Blood Cultures Ordered

Imaging:

Ultrasound: hepatomegaly with heterogeneous hepatic parenchyma and a large, rounded, heterogeneous lesion measuring approximately 13 × 4 cm, with an estimated volume of 500 mL

CT Abdomen: Contrast-enhanced abdominal CT demonstrated a large heterogeneous lesion involving hepatic segments VI through VIII

CXR: performed

Diagnosis:

Serum Ab against *E. histolytica* markedly elevated ⇒ highly suggestive of active infection.
Antigen testing of the drainage fluid pos for E. histolytica Gal/GalNAc lectin.
Stool examination also demonstrated E. histolytica cysts.

Problem Representation: A 34 y/o previously healthy M presents with subacute fever, constitutional symptoms, upper abdominal pain and pleuritic chest pain. His evaluation is notable for tender hepatomegaly, significant neutrophilic leukocytosis, elevated CRP and ALP and a solitary large hepatic lesion on CT and Ultrasound

Teaching Points (Lera)

→ Fevers not responding to Abx: prioritize atypical infections > immunologic ds, neoplastic causes.
→ (upper) abd. pain + pleuritic CP: unifying pathology (consider proximity of structures) VS different causes (consider ptn vulnerability).
→ Image negative R shoulder pain -> early on consider referred pain from RUQ abdominal pathology
→ Liver injury pattern: hepatocellular [AST, ALT] // cholestatic [ALP + bili] // infiltrative [ALP > else]
→ Hepatomegaly -> imaging is key [focal // diffuse]
→ Focal lesion -> tissue is the issue -> drainage for both Rx & Dx
→ Inflammatory focal liver lesion:
ID (pyogenic [= liver abscess -> bacterial // amoebic] > parasites [Echinococcus: mass effect > inflammation], fungal >>> viral) + non-ID [malignancy with 2ry changes, eg necrosis / bleeding].
→ Liver abscess – where did it come from? Tubes going in [portal vein (polymicrobial), artery -> hematogenous (monomicrobial)] and out [bile ducts] of the liver.