10/14/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Ravi **Case Discussants**: Sharmin & Jas

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

Scribing (Eyron):

HPI:
22/F came to hospital with abdominal distension and pain in the RUQ, jaundice, and itching x 3 weeks, worse in the last week

ROS:
No chills, n/v/d or other bowel sx, no sob, cp, urinary sx

PMH:
Graves disease dx 2-3 years ago

Meds:
Methimazole - non-adherent

Fam Hx:
None

Social Hx:
1-2 pack per week smoker, frequent EtOH use - beer, IVDU - heroin mixed with cocaine/?fentanyl with hx of overdose

Health-Related Behaviors:
Homeless

Vitals: **T**: 98.6F **HR**: 161 **BP**: 180/73 **RR**: 21 **Sat**: 98%
Exam: **Gen**: Diaphoretic, shaking visibly
HEENT: Exophthalmos, scleral icterus, thyroid not enlarged
CV: No murmurs, irregularly irregular, S1, S2 | **Pulm**: Clear
Abd: Slightly distended, tympanic to percussion, no hepatosplenomegaly, BS wnl
Neuro: No focal deficits, strength/sensation wnl in all extremities
Extremities/skin: No bruising, no signs of liver disease, (+) track marks on upper and lower extremities; (+) peripheral edema to knees

Notable Labs & Imaging:
Hematology:
WBC: 15k Hgb: 10 Plt: 130 MCV:
Chemistry:
AST: 330 ALT: 232 ALP: 513 T. Bili: 5 D. Bili 3.5 Alb: 1.8 | PT/PTT wnl
Pregnancy test negative | UA: no albumin | UDS: (+) cocaine, fentanyl, opioids
TSH <0.006 **FT4** 6.19 **T3** 15.9
HIV, Hepatitis, EBV, CMV negative
ANA wnl, AMA wnl, anti-smooth muscle negative, serum IgG 1272
Ceruloplasmin 35 (wnl) | Ferritin 320
Imaging:
EKG: AF with RVR, 150s-160s | TTE: wnl
US: Normal liver, pancreas, no dilated intra or extrahepatic bile ducts
CT: No dilation of intra/extrahepatic bile ducts, no enlarged LNs or LAD
MRCP: Pancreas and CBD wnl, slightly enlarged nodular liver c/f cirrhosis

Started on methimazole and esmolol in the ICU
Course in the ICU: ALP -> 1000s, Bili -> 10s, GGT elevated

Liver Bx: Chronic cholestasis and ductopenia, small portal tracts c/w vanishing bile duct syndrome, evidence of bridging fibrosis

Dx: Vanishing Bile Duct Syndrome

Problem Representation: 22/F with hx of Graves disease, non-adherent to tx, p/w abdominal distension, RUQ pain, and jaundice. PE and workup c/f thyrotoxicosis. Imaging revealed no dilation of the intra and extrahepatic bile ducts. After tx of thyrotoxicosis, noted worsening ALP and bilirubin. Liver biopsy ultimately noted ductopenia and bridging fibrosis.

Teaching Points (Hans)

Youg patient: genes, bad behaviour, bad luck. Do pregnancy test in a 22 y/o f pt (cholestasis of pregnancy itching, jaundice from bile acid build up)
Abd. distension: fluid, solid, gas
Jaundice: pre-hepatic, hepatic, post hepatic. Is the liver involved (ascitis?)

Untreated graves dz: Thyroid storm Bp is high HR is high
Homeless and IV drug use: Hepatitis, infection, substance unprotected sex, STIs, get BCx
Fluid retention: ascitis, LE edema Heart, liver, kidney. Do Liver doppler, TTE. management: withhold beta-blockers Pt has AFIB w/ RVR (graves driver? Vs sepsis)

LFts: cholestatic picture w/ hepatocellular injury, Alb:1.8 get Ptt, Pt, INR
Protein losing enteropathy vs nephrotic?
Thyrotoxicosis and cholestatic jaundice with elevated LFTs a rare complication.(high T4,T3 increase hepatic O2 demand w/ centrilobular relative hypoxia)

R/O all other causes of liver failure, colestasis HF, Nephrotix sx.. Does Tx of hyperthyroidism resolve her problem. Caution Thioamides can cause jaundice. Tx treated thyroid storm but LFts, bilirubin increased w/ Alk Phos >1000.
(background pt with substance abuse, DILI)
Biopsy liver: vanishing bile duct syndrome.

Beautify this slide