5/26/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: *Joshua Oommen(@)* **Case Discussants**: *Dr. Ravi Singh (@) & Kirtan Patolia(@)*

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

Scribing (Renzo & Eugene)

CC: 69 Y/O F with new onset anemia on D8 of hospitalization

HPI: C/C: Abdominal pain & fever s/p cholecystectomy & antibiotics started (ceftriaxone + metronidazole) –> broadened to cefepime and vancomycin.
Upon admission hypotensive, tachycardia,leukocytosis, normal hemoglobin.
Lab O/A: AST/ALT: 36/58 ALP- 119 Glu: 144, lactate:1.6

ROS: Endorses shortness of breath, abdominal pain, N/V, and fevers/chills. Denies chest pain, muscle aches, or dysuria.
No Transfusion until D8, denies viral illness/need for Oral Iron as teenager

PMH:
Barrett's w/ GERD/hiatal hernia, ventral hernias (incl. hepatic lobe herniation), diverticulitis s/p Hartmann's 12/2022 and reversal 2023, OSA, HTN, HLD, thyroid nodule.
PSH: Recent robotic CCY

Meds:

Fam Hx: -

Social Hx:
5 pack year smoking history.
She quit 6 years ago.
Denies alcohol use

Health-Related Behaviors: -

Allergies: -

On Day 8: **Vitals**: **T**: 97.4 **HR**: 107 **BP**: (93-125)/(40-92) Mean: 98/61
RR: 18 **Sat**: 93% **Weight**: 93kg
Exam: **Gen**: AAOx4,
HEENT: moist conjunctiva, mild scleral icterus, no lymphadenopathy, mucosal pallor
CV: No JVD, No murmur
Pulm: Unlaboured breathing pattern
Abd: Soft, non distended
Neuro: No focal deficits
Extremities/skin: no edema

Notable Labs & Imaging:

Imaging: CT upon admission : CT abdominal imaging showed that she has two intra-abdominal fluid collections (one at the inferior aspect of liver and oHCT- 14.2 MCV-90 MCH-33.1, RDW- 23.5 PLT-345ne in the GB fossa), suspecting these to be abscesses. HIDA scan without evidence of biliary leak.

Hematology:
Hgb 13.9 (D 1) –> 7.2 (D 5) –> 5.5 (D 8)
WBC 24.9 (D 1) –> 31.54 (D 5) –> 50.71 (D 8)
Hct 14.2 (L) MCV 90.4 MCH 33.1 CHC 36 RDW 22.5 Plts 345 nRBC, abs 16.3 ANC 29.2 (H) Total bilirubin: 2.4 Direct bilirubin: 0.7 Haptoglobin < 10
Retic % 11.1 (high) Retic # 0.1603 (H) Immature Retic Fraction 52.7 (H) Reticulocyte Hgb 36.2 (H)E-1964
Iron 259 (H) Ferritin 1964 (H) UIBC (Fe) - wnl TIBC (wnl) Iron Sat > 94
PT 12.2 INR 1.1 PTT 34.1

Chemistry:
Na 136 K 3.3 Cl 100 CO2 21 BUN 14 Creatinine 1.0 Ca 2.0 Phos 0.9 Mg 0.9
Tp: 6.6 Albumin 3.2 TP- 6.6 AST- 37 ALT- 21 alp- 119, LDH- 1263
PBS: spherocytes and smudge cell, no blasts or schistocytes
Direct Antiglobulin Test: + (IgG and C3)
Indirect Antiglobulin Test: +
Anti-M antibody present per Blood Bank
Flow Cytometry: shows no monotypic B cells and no pan T cell aberrancy
HCV ab - respiratory PCR panel - HIV - HBs - Heterophile antibody - EBV IgM/IgG - bld cx (-)

Dx: DAT-positive warm AIHA in the settings of Sepsis and cephalosporin exposure

Problem Representation: 69 y/o with recent cholecystectomy complicated by intra abdominal abscess treated with antibiotics (ceftriaxone, metronidazole cefepime, vancomycin) presents with worsened anemia and leukocytosis during hospitalization. Test revealed elevated reticulocytes/LDH, nRBCemia, low haptoglobin, a positive coomb test, indirect hyperbilirubinemia and normal flow cytometry findings consistent with aIHA.

Teaching Points (Glen)

-New Onset Anaemia: due to internal vulnerability? Due to multiple phlebectomy? Are other cell lines down? Due to serious illness?(inflammatory dx).

-Post cholecystectomy: Anaemia due to surgical bleed? And bleeding would cause reactive leukocytosis, Meds side effect? (hemolysis).

Abdominal fluid collections: Hematoma? Abscess? (dropped stone) perforation?
Elevated Lactate: Type A(low BPs).

-Normal Exam: less likely GI bleed. Bone marrow?
-Jaundice: Hemolysis?

-Hemolysis: low hapto, high indirect bili,high LDH. PBS, coombs would narrow diagnosis.

-Progressively high WBC: r/o infection spread(CT abdo pelvis, blood cultures). Neutrophilic (pyogenic bacterial infections, C.difficile). Ischemia? Bone marrow dx(leukemoid reaction, infiltration).

-High nucleated RBC: Can cause falsely high WBC.
-Warm AIHA: sepsis>cephalosporin.