Clinico-Pathologic Conference: November 25th, 2025

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Chief Complaint: 18-year-old F presenting to urgent care with 3 days of cough, congestion, and sore throat

First Presentation: Urgent Care *Initial Visit*

- Difficulty sleeping due to congestion
- +Ear fullness, +sinus pressure, +postnasal drip
- Productive cough
- Fatigued
- ROS negative for fevers, difficulty breathing, voice changes, difficulty swallowing, trismus, n/v/d, weight loss, night sweats, other
- PMHx/PSHx: pulmonary artery stenosis s/p balloon valvuloplasty during infancy
- FHx: dad with HTN, mom with psoriasis, MGM and maternal aunt with breast cancer
- Social: No drug/EtOH use, not sexually active
- Meds: OCP daily
- Allergies: amoxicillin (rash)
- Fully immunized
- Vitals: afebrile, normal for age
- Exam: ill-appearing, bilateral bulging and erythematous TMs, +congestion and rhinorrhea, erythematous posterior OP w/ tonsillar exudate, otherwise benign (no LAD, no CV/resp/abd/MSK concerns)
- Dx with rhinosinusitis, Strep pharyngitis (not swabbed), bilateral AOM
- Dispo: d/c home with cefdinir BID x10d, pred daily x5d

Second Presentation: OSH ED *2 days later*

- Acute onset abdominal pain and coffee-ground emesis
- 14h abdominal pain, 8 episodes of emesis, 5 episodes of non-bloody diarrhea
- No fever, no reflux
- Further history: no NSAID use, no FHx IBD
- Vitals: afebrile, hypertensive for age
- Exam: normal HEENT exam, abdomen soft, nondistended, +TTP in epigastrium and RUQ, no guarding or rebound
- Labs:
  - CBC: **WBC 13.1, Hgb 16.5,** plt 270, **83% segs**
  - CMP: glucose 130, otherwise normal, normal lipase
  - UA: **spec grav >1.03, 2+ protein**, otherwise wnl, neg preg
- CT A/P w/ con: marked bowel wall thickening and edema, duodenum with surrounding inflammatory changes similar to proximal jejunum c/w nonspecific nonenteritis, most likely infectious in age group (less likely acute Crohn's, no pneumatosis, free air, other acute changes)
- Dispo: admit to HM

Second Presentation: HM *Continued*

- GI consulted, started on PPI + NPO on mIVF for EGD
- EGD: severe inflammation and purplish patchy discoloration of mucosa involving 1/2-1/3 of circumference suggestive of ischemia, no obstruction and otherwise normal, got biopsies
- Developed swelling of L arm with slightly elevated D-dimer
- CTA Abdomen to r/o ischemia 2/2 OCP: severe duodenitis of 3rd portion of duodenum with R retroperitoneal reactive inflammatory changes and reactive ascites
- LUE DVT US: normal
- Dx: ischemic duodenitis likely 2/2 OCPs
- Dispo: d/c home with plan for OBGYN/Heme f/u (hold OCP pending visit), GI (to f/u biopsies)

3rd Presentation: PMD *1 day post-discharge*

- Dark brown/red emesis, dark-colored loose stools w/o frank blood, abdominal pain, nausea
- Unable to tolerate solids, only Gatorade/water
- +Fatigue, breaks while walking
- Swollen R hand, R knee, and L ankle
- Vitals: afebrile, tachycardic for age (no other vitals)
- Exam: ill-appearing, normal HEENT exam except MM tacky, generalized abdominal TTP without guarding, rebound, or distension, swelling of aforementioned joints w/o erythema, warmth, pain
- Dispo: referred to ED d/t hematemesis and dehydration, sent to CCHMC per family preference

4th Presentation: CCHMC ED *From PMD*

- **CC:** persistent hematemesis and dehydration
- **ROS:** +decreased PO intake, +decreased UOP, +liquid/black stool, +fatigue, +L-sided back pain
- Remainder of history as above, no changes

ED Physical Exam

Vitals: T 36 C, HR 134, BP 136/99, RR 24, SpO2 98%

- **Resp**: Easy respirations. Adequate air entry bilaterally. CTAT. No wheeze, stridor, or crackles.
- **CV**: **Tachycardic**. Regular rhythm. Normal S1, S2. No m/r/g. 2+ distal pulses in all extremities.
- **Abd**: **+TTP of LUQ and epigastric regions.** Non-distended, +BS, no HSM, no rebound, **+voluntary guarding.**
- **Ext**: Normal bulk. Cap refill 3-4s. **Swelling of R hand, lateral R knee, posteromedial L ankle. Erythema present over R hand as well. Limited ROM of fingers of R hand but with cap refill and intact sensation.**
- **Neuro**: Awake, and alert. Cranial nerves II-XII grossly intact. Normal tone. No tremor noted. Moves all four extremities spontaneously. No meningeal signs.

Skin: Warm and dry to touch. No rashes or lesions.

ED Work-up

	15.9	
24.31		255
	45.2	

136	98	16	108
4.0	28	0.70	

Segs: **87.8%**
Lymphs: **6.0%**
ANC: **21.3**
ALC: 1.47

UA: Concentrated, no infection
Upreg: Negative

Calcium: 9.2

AST/ALT: 19/14
Total Bili: 0.5
Direct Bili: 0.2
Alk Phos: 77
Alb: **3.3**
Lipase: **145**

ESR: **23**
CRP: **9.0**

INR: 1.04
PT: 11.6
PTT: **24(L)**

ED Interventions

- IVFB & mIVF initiation
- GI consulted in ED, recommended Protonix + CT abd
- CT Abd: Duodenitis and proximal jejunitis with dilation of the more proximal duodenum compatible with associated obstruction.

ED Disposition

Admit to HM for abdominal pain and hematemesis of unclear etiology, ddx including infectious vs. inflammatory vs. ischemic

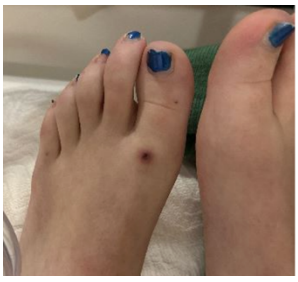
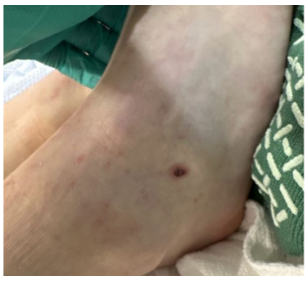
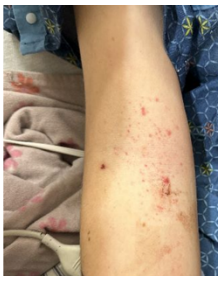
Hospital Course

Initial Consults

- ID: Possible infectious etiologies, including endocarditis or tick-borne illnesses
- GI: Ischemic duodenitis. Awaiting OSH biopsy results
- Cardiology: Given history of pulmonary artery stenosis s/p balloon valvuloplasty, consulted for endocarditis
- Rheum: Autoimmune etiology of systemic symptoms; atypical presentation of serum sickness like reaction
- Surgery: Management of possible obstruction

Clinical Progression

- Developed worsening swelling and pain of right wrist, left foot cooler than right with cap refill of 4s vs. 2s on right foot
  - Orthopedics consulted given progression of right joint swelling and pain
- Developed scattered maculopapular rash located in the right antecubital fossa, bilateral ankles, left foot, and left knee; lesions on the right malleolus and left great toe with hemorrhagic crusting
  - Dermatology consulted for biopsy consideration

What is your final diagnosis and what finding(s) supported the diagnosis?

Please submit your answers via the QR code shown below.

CLINICO-PATHOLOGIC CASE GRAND ROUNDS
November 25th, 2025

Name: _____

Level of Training/Current Position: _____

What test confirmed the diagnosis? _____

What is your final diagnosis? _____

I had prior knowledge about this case (circle one): Yes No