

Clinical Reasoning Discussion

CC: Diarrhea and Abdominal Pain

- 22 yo male presents with 4 days of progressively worsening diarrhea and abdominal pain. Stool 6x/day with mucus initially, now with some blood. Roommate with nausea/vomiting last week but no other sick contacts. He also c/o intermittent fever x 2 days, nausea, and abdominal pain. Has been progressively feeling much weaker with decreased appetite over last 24 hrs prior to presentation and worsening abdominal pain across lower abdomen. Tried bismuth with no effect on symptoms. Also notes 10 lb weight loss over last few months since graduating college.

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PMH:

- Well controlled asthma
- Recent strep pharyngitis 1 mo ago, treated with clindamycin

SH:

- Recently graduated college, lives with roommate and looking for job
- Socially drinks on weekends, 3-4 drinks
- Sexually active with 1 female partner, uses condoms
- MEDS: Fluticasone inhaled, Albuterol prn
- Allergies: Penicillin

Physical Exam

- VS: T=100.7 BP: 105/67 P=120 RR:=20
- General: ill appearing, fatigued thin male
- HEENT: OP clear, dry mucous membranes
- CV: tachycardic, no murmurs
- Lungs: CTA bilaterally
- Abd: generalized tenderness, + guarding over lower abdomen, no rebound, hyperactive bowel sounds
- Ext: no edema, cap refill 3 sec

Diagnostic Studies

CBC: WBC: 17.2, Hgb: 15.4, Plt 450

BMP:

Na 133 Cl 100 BUN 35 Glu 73

K 3.2 Bicarb 13 Cr 1.3

Abd XR: Normal bowel gas pattern, colonic wall thickening, no free air

Processed Key Features

When processing key features, what patterns can we see?

Summary Statement

Epidemiology:

Time Course:

Key Features: