

# CLINICAL CASE PRESENTATION

ESIM 2015

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ROMANIA

# COLȚEA CLINICAL HOSPITAL, BUCHAREST



Spitalul Coltea, 1860, foto C. P.de Szabó



# HISTORY



- Male, 65 y.o.
  - Previously healthy
  - No exposure to toxins
  - Non-smoker, consumes alcohol daily in small amounts
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- 3 months before this presentation he developed diarrhea
  - 5-7 watery stools daily; no blood or mucus
  - No fever, abdominal pain or any other symptom

# HISTORY



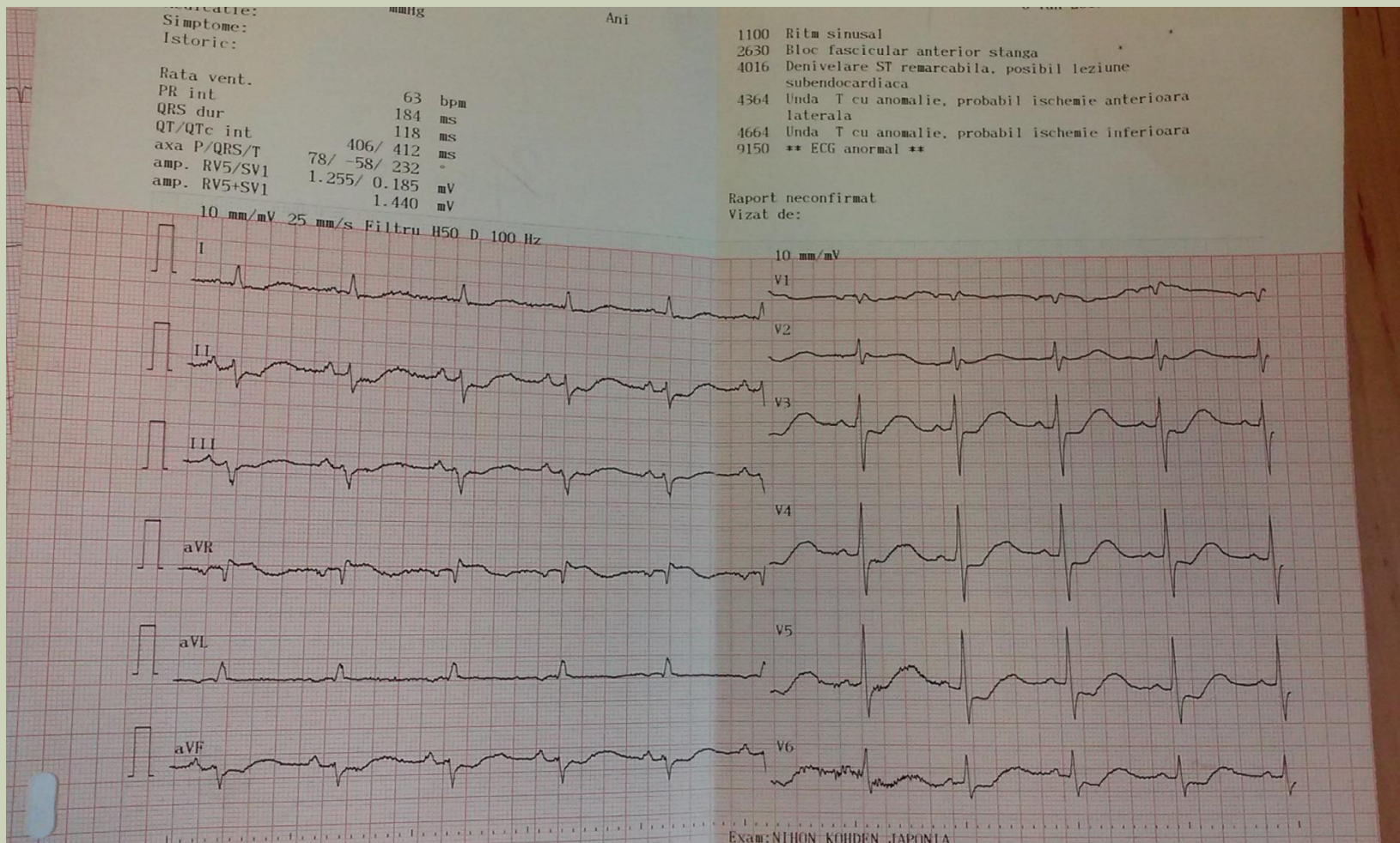
- 1 month after the initiation of symptoms:
  - Sudden onset of tetraparesis
  - Admitted in Neurology department
  - Investigations revealed a miopathic cause
  - Final diagnosis: **HYPOKALEMIC RHABDOMYOLYSIS**
  - Neurological signs resolved, but the K deficit persisted, as did the diarrhea
  - No investigation of the underlying cause... !!!!!
  - Medication: Potassium Aspartate, 6 tb daily

# CLINICAL EXAM



- Appears well
- Afebrile
- Normal weight
- Hemodynamically stable; normal BP and HR
- Respiratory rate **11**/min
- Abdomen: no tenderness, no masses
- No neurological signs

# ECG



# LAB WORK

Parameter	Value	Normal range
WBC	10.71 * 1000	4-9 * 1000
PLT	440 * 1000	150-450 * 1000
HGB	12.9	12 - 16 g/dl
Na	138	135 - 145 mmol/l
K	1.86	3.5 - 5 mmol/l
ESR	10	2 - 15 mm/h
INR	1.40	0.98 - 1.05

# LAB WORK



- No hepatic injury
  - Total protein and albumin levels - normal
  - Kidney function - normal
  - Pancreatic amylase and lipase - normal
  - No rhabdomyolysis
- 
- Abdominal ultrasound: normal



# DIFFERENTIAL DIAGNOSIS



Possible causes of

**MALABSORPTION SYNDROME / DIARRHEA / HYPOKALEMIA**

- Diverticulitis
- Pancreatitis
- Inadequate urinary K excretion
- Clostridium difficile infection
- Small bowel disease (?)

# MEANWHILE...



- The patient was started on i.v. and p.o. K supplementation
- Still, for the next week, the K level was under 2mmol/l
- Diarrhea persisted
  - 
  - 
  - 
  -
- On day 3 of hospitalization – sudden loss of movement in the right arm - **brachial monoparesis**
- Spontaneous remission in a few days
- CK – 3 x normal levels

# BACK TO DIAGNOSING

- Colonoscopy – normal
- Clostridium diff. antibodies – negative
- Urinary K excretion – normal
- Pancreatin substitution test – negative
- Upper endoscopy ?



*"The doctor isn't in right now. When you hear the beep, please leave your name, number and a short diagnosis."*

# GETTING CLOSER...



- On the 8<sup>th</sup> day of hospitalization:  
upper GI endoscopy  
+  
IgA anti-endomysium & IgA+IgG anti-tissue transglutaminase

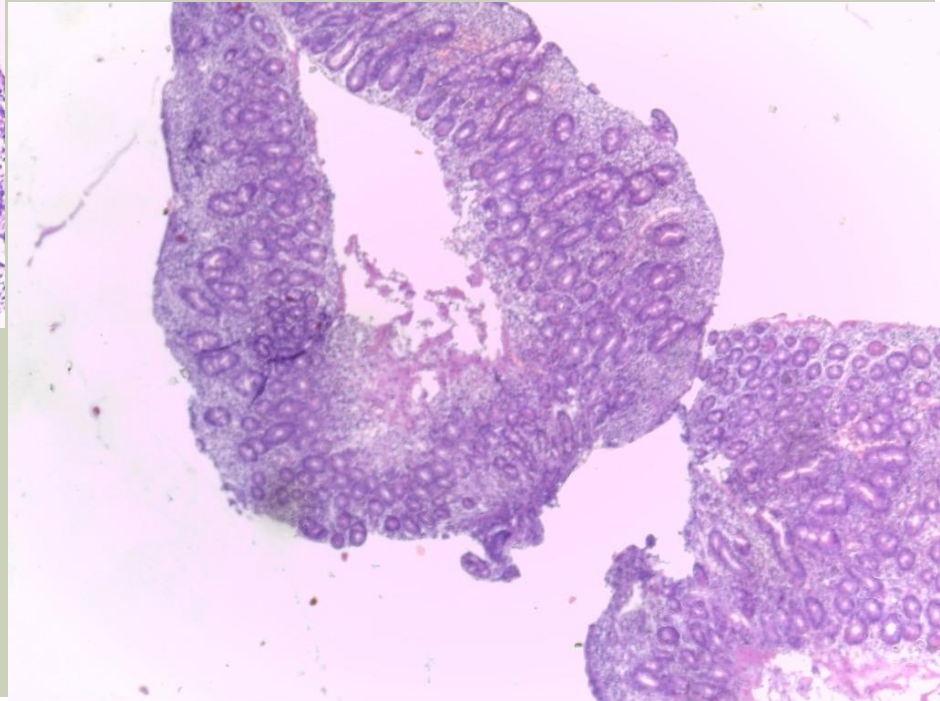
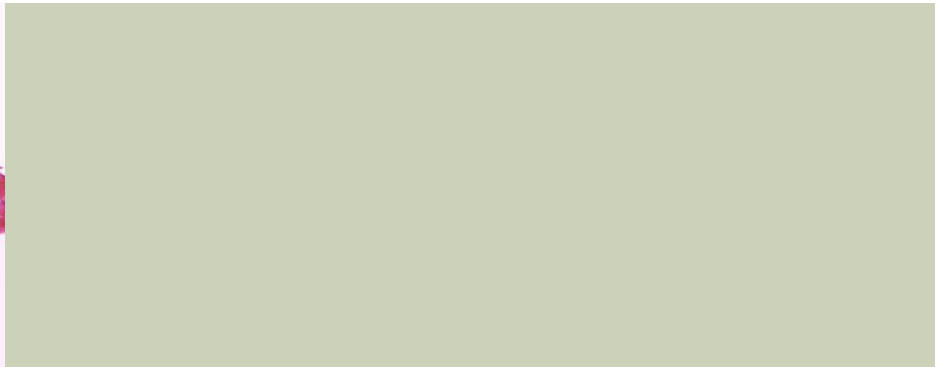
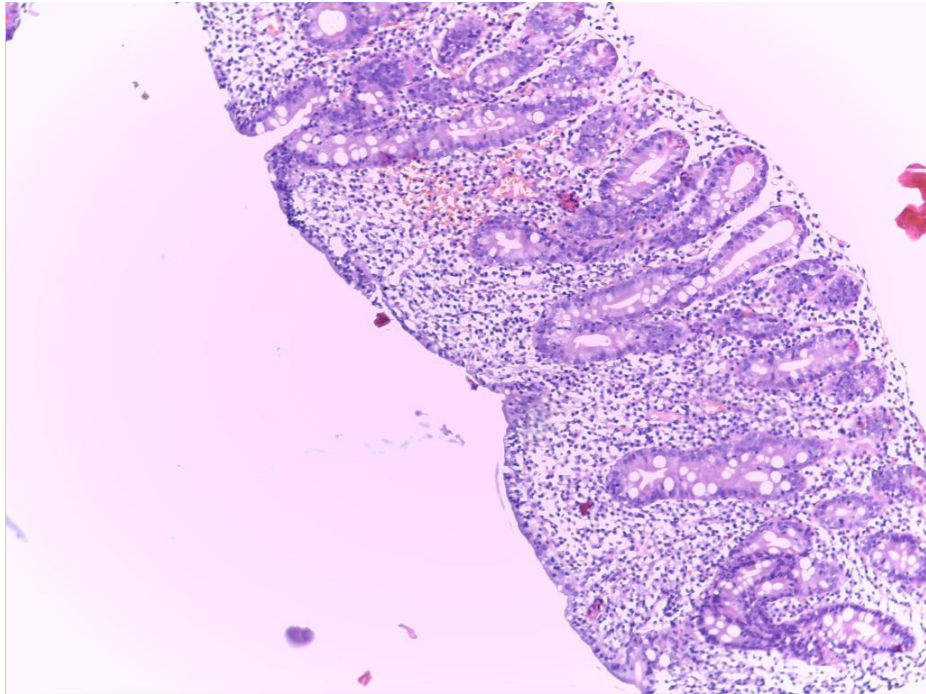
## Results:

‘Carpet-like thickening of the mucosa of the first two segments of the duodenum. First jejunal ansa – villi absent.’

Antibodies :



# CELIAC DISEASE



# TREATMENT

I had Celiac's disease before  
it became a trend.



I hope this is gluten free. Don't  
even know what  
that means but it  
seems to be the  
trend these days.



your  cards  
someecards.com

**IT'S BEEN DISCOVERED THAT 10% OF THE  
POPULATION IS ALLERGIC TO GLUTEN**

**AND 90% OF THE POPULATION IS SICK OF  
HEARING ABOUT IT**



# TAKE-HOME MESSAGES



- Celiac disease = Iceberg disease : ratio 1/20 diagnosed to undiagnosed cases
- The clinical characteristics may vary during a patient's life
- Diagnosis – any age! (although most common in children under 1 year and middle-aged adults)
- Hug a neurologist! 😊

■ [http://www.worldgastroenterology.org/assets/export/userfiles/2012\\_Celiac%20Disease\\_long\\_FINAL.pdf](http://www.worldgastroenterology.org/assets/export/userfiles/2012_Celiac%20Disease_long_FINAL.pdf)

# HAPPY-END

- The patient was discharged with a K level of 3.3 mmol/l
- At follow-up, 5 months later, he was adhering to his diet
- All the lab tests - normal

