The Patient Doth Protest Too Much

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Disclosure of Financial Relationships

• None to disclose
History of Present Illness

• 17yo F with PMHx anxiety, depression, GERD, dysmenorrhea who presents with dizziness, abdominal pain and vomiting x 2 days
• PCP noted 13lb weight loss in past month and referred to ED
• Currently in outpatient psych program due to worsening anxiety, depression and aggression
• Hospitalized 1 month ago for abd pain and vomiting. Dx: cannabanoid hyperemesis syndrome

Review of Systems

Endorses
• Decreased PO
• Headache
• Leg weakness
• Nausea
• Vomiting
• Abdominal pain
• Dizziness
• Fatigue
• Weight loss

Denies
• Fever
• URI symptoms
• Increased urination
• Diarrhea
• Intentional weight loss
• Rash
Medications

- Celexa, Xanax, miralax

Social History

- Lives with mother and has significant separation anxiety.
- Expelled from 11th grade for fights at school. Currently in summer school but struggling
  - Sexually active with 1 female partner.
- > 1 year history of daily MJ use. No alcohol or other drugs.
- Denies SI, HI or hallucinations.
ED course

- Received NSB, compazine, benadryl and toradol due to nausea and headache.
- Pain and nausea resolved and able to tolerate PO
Physical Exam

Weight 41.3 kg, BMI 17.
VS: T 99F HR 140 Resp 18 BP 85/52 SpO2 98%
Gen: Thin appearing girl in NAD, Orthostatic by HR
HEENT: NCAT, EOMI, MMM, unusual tongue
CV, Tachycardic, NL S1/S2, No murmurs
Lungs: CTAB, No wheeze
Abd: Hyperactive BS, Soft, No distension, Diffuse upper abd tenderness, No guarding or rebound
MSK: No edema, FROM

Initial Differential Diagnosis?
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- Restrictive Eating Disease
- Functional abdominal pain
- Cannabinoid Hyperemesis syndrome
- Cyclic vomiting
- Abdominal migraine
- Adrenal insufficiency
- Hepatobiliary disease

Hospital Course

- Admitted to Restrictive Eating team
  - Patient required to eat whole meal provided
  - Daily blinded weight
  - Daily labs
- Continues to endorse abd pain and nausea
Clinical Course

• On HD 4, clinical status worsened
• Na 129, K 5.9, Ca 11.1.
• Endocrine team consulted
• VS reveals new info about diet

Diagnostic Pause

• Restrictive Eating Disease
• Functional abdominal pain
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• Restrictive Eating Disease
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• **Adrenal insufficiency**
• Hepatobiliary disease

Final Diagnosis: Addison’s Disease

• Lab work:
  • ACTH: 3156 pg/ml (9-57)
  • PM cortisol: 1.3 ug/dl (3.0-16) despite vomiting and tachycardia
  • AM cortisol: 49.3 ug/dl (5.5-20) after 12 hours of stress dose steroids.
• Started on stress dose steroids in hospital with rapid improvement in symptoms
• Discharged on hydrocortisone and fludrocortisone maintenance medication
Wrap Up

• Vague presentation: <30% of women and 50% of men are diagnosed with Addison’s within the first 6 months of symptom onset.¹

• Recognize cognitive bias.

• Review all the information

• Sometimes patients tell the truth


Thank you!