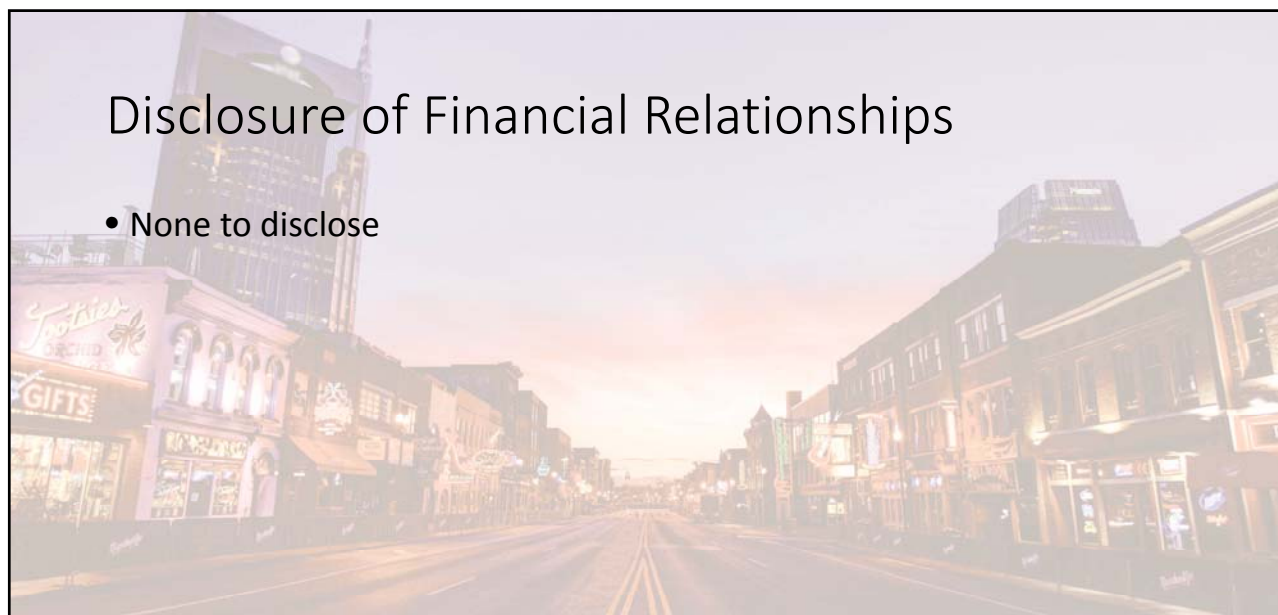







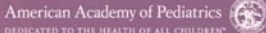


The Patient Doth Protest Too Much

Danielle Halpern
Med/Peds PGY2
Brown University



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: cannabinoid hyperemesis syndrome

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

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

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

Medications

- Celexa, Xanax, miralax

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

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.

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

ED course

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

130	98	20	82
3.8	17	0.76	

8.0	14.6	343
	44.3	

Mg++: 1.5	T.Bili: 0.6
Phos: 4.1	D.Bili: 0.1
Ca++: 10.4	Alb: 4.5
AST: 26	TSH: 3.813
ALT: 18	Utox : neg
Alk Phos: 67	VBG: 7.49/24/19/-5.0

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

ACADEMIC
PEDIATRIC
ASSOCIATION

Additional Questions?

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

ACADEMIC
PEDIATRIC
ASSOCIATION

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, NI 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



2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

Initial Differential Diagnosis?

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

Initial Differential Diagnosis

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

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

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

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

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

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

Diagnostic Pause

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

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

Diagnostic Pause

- Restrictive Eating Disease
- Functional abdominal pain
- Cannabinoid Hyperemesis syndrome
- Cyclic vomiting
- Abdominal migraine
- **Adrenal insufficiency**
- Hepatobiliary disease

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

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 fludricortisone maintenance medication

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ACADEMIC
PEDIATRIC
ASSOCIATION

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

¹Bleicken, BenjaminHahner, Stefanie et al. Delayed Diagnosis of Adrenal Insufficiency Is Common: A Cross-Sectional Study in 216 Patients. Am. J. Med. Sci. 339(6). 2010. Pp. 525 - 531

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

ACADEMIC
PEDIATRIC
ASSOCIATION

Thank you!

2017 PEDIATRIC
HOSPITAL
MEDICINE

shm
Society of Hospital Medicine

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

ACADEMIC
PEDIATRIC
ASSOCIATION