

DFASM3 – FollowUp 01 *Weight Loss* Transcript

Based on <http://www.slideshare.net/drandreyst-p/clinical-cases-from-infection-diseases-hospital>

*Michael Foray, in his second foundation year at St George's is talking with 28 year-old Jonathan Gary in the **GI** department.*

MICHAEL FORAY: Hello, Jonathan, I am Dr Foray.

JONATHAN GARY: Hello doctor.

MICHAEL FORAY: As a starting point, it's my understanding that you were **referred** here by a **GP**?

JONATHAN GARY: Yes, that's right.

MICHAEL FORAY: What was it that your GP was concerned about?

JONATHAN GARY: Weight loss and bloody **diarrhoea**.

MICHAEL FORAY: I see. How long has the bloody diarrhoea been lasting?

JONATHAN GARY: I don't know, I hadn't noticed it, it was the doctor who saw it through the lab results, I had to give a **stool sample**.

MICHAEL FORAY: Alright and can you tell me how much weight you lost?

JONATHAN GARY: About 3 or 4 **stones**. In 3 months.

MICHAEL FORAY: Well that's quite a **weight loss**. Can you tell me how much you **weighed** before while you step on those **scales** please?

JONATHAN GARY: About 12 stones. And apparently I'm 53 kilos now, whatever that means!

MICHAEL FORAY: That would be just over 8 stones. Have you felt any different since you started losing weight?

JONATHAN GARY: Weaker, and I'm constantly **knackered**. I haven't been able to **pull my weight** at home since I came back. It **drives** my brother **nuts**.

MICHAEL FORAY: And you are not trying to lose weight?

JONATHAN GARY: No, I don't think I eat any differently and I was fine with my weight. I look **scrawny** and **unhealthy** now.

MICHAEL FORAY: You mentioned coming back from somewhere, what did you mean by that, have you been travelling?

JONATHAN GARY: I was in India.

MICHAEL FORAY: Was it a long stay?

JONATHAN GARY: Four months.

MICHAEL FORAY: And your loss of weight occurred after your trip?

JONATHAN GARY: That's right.

MICHAEL FORAY: So you returned from India 3 months ago and you had left 7 months ago. Had you been **vaccinated** or taken any preventive medication before travelling?

JONATHAN GARY: No, nothing like that.

MICHAEL FORAY: Have you had any fever?

JONATHAN GARY: Maybe a **tad** on and off, nothing that got me worried.

MICHAEL FORAY: Is your brother well?

JONATHAN GARY: **Alive and kicking**... while my **body's gone to pot**.

MICHAEL FORAY: Does anyone around you have symptoms that might be similar to yours, with the diarrhoea and weight loss?

JONATHAN GARY: No, no. It's just me.

MICHAEL FORAY: Do you feel any pain?

JONATHAN GARY: Yes, in the **stomach**. It's been there for some weeks. Probably as long as the diarrhoea but I'm not sure.

MICHAEL FORAY: So you do not remember when it started?

JONATHAN GARY: Not really no, it wasn't very **noticeable** at first, it came on **gradually** and it's been a while now. I wasn't too worried about it to begin with and now I am used to it I guess.

MICHAEL FORAY: Right, so it got worse with time. Have you been taking anything that makes it better or **worse**?

JONATHAN GARY: Well I tried Maalox because we had some around the house but it didn't help.

MICHAEL FORAY: When do you get the stomach aches? At all times? During exercise?

JONATHAN GARY: It's just there. I think **pretty much** all the time.

MICHAEL FORAY: Does anything **relieve** it? For example does eating food calm the pain down -- or maybe makes it worse? Or a specific body position?

JONATHAN GARY: No, not that I've noticed. It's just always there.

MICHAEL FORAY: And it hasn't affected your appetite at all?

JONATHAN GARY: No, like I said, I've been eating pretty normally.

MICHAEL FORAY: I'm sorry I'm just trying to be **thorough**; your weight loss is indeed remarkable so I need to make sure it's not linked to your **behaviour**. Can you describe the pain? What is it like?

JONATHAN GARY: It's **dull I guess**, and constant

MICHAEL FORAY: Does it **radiate** anywhere? I mean do you feel like the pain travels through your body?

JONATHAN GARY: Hu no, I don't think so.

MICHAEL FORAY: Ok and how bad is it on a **scale** from 1 to 10?

JONATHAN GARY: I'd say a 5.

MICHAEL FORAY: Have you been feeling **nauseated** or **been sick**?

JONATHAN GARY: No.

MICHAEL FORAY: You said your GP mentioned blood in the **stool**, and you didn't notice. I'm going to have to ask a potentially unpleasant question. Have you by any chance noticed what colour your stool is?

JONATHAN GARY: It's been a regular colour I think. I haven't really been paying attention or taking a close look!

MICHAEL FORAY: Can you tell me how many drinks you usually have a week?

JONATHAN GARY: Just the occasional **pint** on Friday nights, sometimes Thursdays so maybe 4 a week but I've been feeling too – I don't know – **worn out** lately to even go out to the pub and we don't keep **booze** around the house.

MICHAEL FORAY: Is there anything else you have been feeling? Anything else that has been **bothering** you? You haven't had a cold for example or any health complaints?

JONATHAN GARY: I can't think about anything else, no.

MICHAEL FORAY: Did your GP give you any sense of what he was thinking might be going on?

JONATHAN GARY: He said he thought it might be linked to my trip and that I needed tests done.

MICHAEL FORAY: What about you? Do you have any idea?

JONATHAN GARY: Well it all started *after* I came back so I don't know that it was the trip that did it. I didn't even have **Delhi belly**! But my aunt had cancer and she lost a lot of weight before she died so I've been wondering if it could be that. And I've been feeling really tired, so I was thinking, could it be AIDS?

MICHAEL FORAY: So you have been quite worried about the whole experience, understandably so. I am not **concerned** about AIDS given the symptoms you describe and although I cannot completely **exclude** it at this stage, cancer is **unlikely** at your age. I would be quite surprised if that was what's been going on. We will run tests to **rule it out** however, especially given your family history.

JONATHAN GARY: Well that's reassuring, thank you.

MICHAEL FORAY: If it's alright with you I'll proceed to examining you now. Would you mind lying down on the **couch**? I'll gently **prod** your abdomen and you can tell me where it is **tender**.

Michael Foray is now talking with GI consultant Chiara Goodwin.

CHIARA GOODWIN: Ah Michael, you said you had a case you wished to discuss?

MICHAEL FORAY: Yes, thank you for seeing me so quickly. I have a 28-year old male who presented with bloody diarrhoea for about 8 weeks accompanied by **fatigue**, a fever of 38°C and **severe** weight loss. He has lost 23 kilos over 10 weeks and now weighs 53 kilos for 182 cm – which puts him at a **BMI** of 16. He returned from a 4-month trip to India three months ago, just before the **onset** of the weight loss. He was pale and **complained** of right upper-quadrant abdominal pain. Abdominal examination revealed diffuse tenderness. His liver was 8cm below the **costal margin** and slightly painful on **palpation**. There was no **ascites** or oedema. The rest of the examination was unremarkable.

CHIARA GOODWIN: And have you run any tests yet?

MICHAEL FORAY: He had tests done by his GP. His electrolytes (sodium chloride, potassium, Blood Urea Nitrogen and creatinine) were at baseline. His haemoglobin was at 10.5, his white blood count is 12.6 and his **ESR** is elevated at 50. His hepatitis markers were negative: his **ALT** are at 35, his **AST** at 60. His **HCV** and **HAV** markers were also run and were negative. Bilirubin was at 14. A stool sample was analyzed and contained 40 white blood count and 1-2 **RBC** per view but his stool culture was negative for **bacteria**.

CHIARA GOODWIN: And what do you think could be causing his symptoms and test results?

MICHAEL FORAY: His history is most suggestive of an infection that he picked up while travelling. Given his long-standing diarrhoea, weight loss, **anaemia** and elevated ESR as well as

the presence of both red and white blood cells in the stools, I would say the organisms are non-haemorrhagic pathogens, which probably rules out e-coli and salmonellosis.

CHIARA GOODWIN: I would agree, yes. And do you have other theories that should be **looked into** at this stage?

MICHAEL FORAY: It's probably not pyogenic hepatic abscesses as AST and ALT would be far higher. It could be Chron's disease, or ulcerative colitis, which is more likely with the blood in the stools and the inflammation. It could be some sort of GI cancer but the patient is quite young.

CHIARA GOODWIN: What tests would you like to **put in an order for**?

MICHAEL FORAY: I think we should perform a CT scan to rule out abdominal abscesses and cancer, an ultrasound of the liver which is quite enlarged, and a colonoscopy with biopsy to check for Chron's. I am thinking of a blood culture and another stool culture to check for bacteria.

CHIARA GOODWIN: Yes, I think these tests are **indicated** here but you should also run a **differential blood count**. Let us see what the results of the tests are and go from there.

Michael Foray returns with the results of tests.

CHIARA GOODWIN: So, Michael, have the results arrived?

MICHAEL FORAY: Yes, I have them all. The colonoscopy showed an ulcer in the rectum, contact bleeding and **oedema** of the mucous membranes. The rest of the colon did not have any inflammatory lesions, ruling out Chron's and ulcerative colitis. The ultrasound revealed a 14cm cavity with fluid in the left lobe of the liver and the CT scan confirmed it. There is no **evidence** of a tumour. The **white blood cell count differential** was at its baseline.

CHIARA GOODWIN: So you seem to have been right, it is probably an infection **though** we cannot be sure which. Given the patient's recent travelling history his symptoms and the fact that about 10% of travellers returning from developing countries with diarrhoea are found to have amoebiasis, I would recommend treatment with metronidazole in combination with chloroquine as the infection is also extra-intestinal and has **affected** the liver, as well as broad-spectrum antibiotics, such as doxycycline.

MICHAEL FORAY: Should we not **drain** the liver abscess surgically?

CHIARA GOODWIN: If there is no response to treatment, it will be necessary. But as draining the liver can lead to complications it is wise to give a chance to the medication first.

Michael Foray reports their findings to Jonathan Gary.

MICHAEL FORAY: Hello M. Gary. We ran the tests and they are normal except for the presence of infection in the liver and rectum. The tests also show you have less blood than you should. Our best bet is amoebiasis, a parasitic infection. We will treat you with metronidazole in combination with chloroquine as well as doxycycline. As they are all oral drugs, you can return home but we should schedule a follow-up visit in a few weeks. Do you have any questions about all this?

JONATHAN GARY: No, no thank you. I just hope I'll get better soon.

Three weeks later, Jonathan Gary has returned to the hospital and undergone surgical drainage of the abscess, which resulted in the removal of 300ml of fluid.

MICHAEL FORAY: Hello Mr Gary, how are you today?

JONATHAN GARY: Hello Dr Foray. I'm still feeling **under the weather** but I am a bit better. I was very worried by the **drainage** but I seem to be **recovering** just fine.

MICHAEL FORAY: Well I have some good news: we were able to perform a culture of your liver abscess **aspirates** after the drainage, which confirmed our diagnosis. You *did* catch a parasite in India and **contract** an infection called amoebiasis. Sometimes, it can exit the intestines and provoke abscesses. Now that we have reduced the **parasitic load** by draining the abscess – taken away a bunch of parasites **if you will**, – the medications we are giving you will be even more efficient. So you will continue to feel improvements.

JONATHAN GARY: That's a **relief**. I hope I can put all this behind me soon. Thank you, doctor.