

A Man in His 60s With Circulatory Collapse



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A man in his 60s with a medical history of compensated cirrhosis secondary to chronic hepatitis C virus infection and diabetes mellitus presented to the ED complaining of 2 days of shortness of breath and substernal chest pain radiating to his back.

In the ED, the patient had a systolic BP of 60 mm Hg, a heart rate of 110 beats/min, and a respiratory rate of 16 breaths/min; he was afebrile. Results of the rest of the physical examination were normal. His BP improved after receiving 3 L of normal saline. The results of laboratory tests at admission are presented in Table 1. His chest roentgenogram (Fig 1), ECG (Fig 2), and cardiac enzyme test results were unremarkable. A CT angiogram of the chest, abdomen, and pelvis, performed in the ED to evaluate for pulmonary embolism and aortic dissection, demonstrated neither condition. There were scattered areas of bibasilar atelectasis (Fig 3). The patient was subsequently admitted to the inpatient medical ward for further evaluation.

The following day, the patient again became hypotensive and lethargic, and he was transferred to the medical ICU (MICU) for further care. In the MICU, he was intubated for airway protection, a norepinephrine drip was started, blood and urine culture specimens were obtained, and the patient was given broad-spectrum antibiotics. Results of blood tests revealed worsening leukocytosis,

TABLE 1] Laboratory Results at Admission and 24 h After Admission

Parameter	Laboratory Tests	
	At Admission	24 h After Admission
CBC count		
WBC	12.4 K/uL	30.5 K/uL
Hemoglobin	13.1 g/dL	13.5 g/dL
Hematocrit	36.9%	40.4%
Platelet count	60 K/uL	100 K/uL
Neutrophils	84%	
Band neutrophils	10%	
Basic metabolic panel		
Sodium	129 mmol/L	126 mmol/L
Potassium	5.5 mmol/L	Grossly hemolyzed
Chloride	97 mmol/L	95 mmol/L
CO ₂	22 mmol/L	14 mmol/L
BUN	30 mg/dL	50 mg/dL
Creatinine	0.87 mg/dL	2.25 mg/dL
Glucose	533 mg/dL	139 mg/dL
Liver function tests		
Total protein	5.6 g/dL	6.2 g/dL
Albumin	2.0 g/Dl	2.4 g/dL
Total bilirubin	5.4 mg/dL	8.2 mg/dL
AST	61 U/L	111 U/L
ALT	42 U/L	46 U/L
Alkaline phosphatase	386 U/L	227 U/L
pH	7.35 (venous)	7.25 (arterial)
Lactate	5.3 mmol/L (venous)	10.3 mmol/L (arterial)

ALT = alanine aminotransferase; AST = aspartate aminotransferase.

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acute kidney injury, transaminitis, and lactic acidosis (Table 1).

A focused, goal-directed ultrasound study was performed to further evaluate the patient's state of shock and to guide management. Institutional review board approval was not obtained for this case report because all patient data are anonymous and were obtained during routine patient care activities.

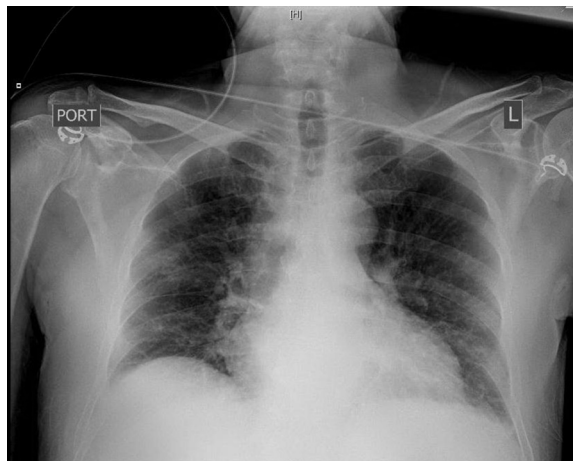


Figure 1 – Admission chest roentgenogram.

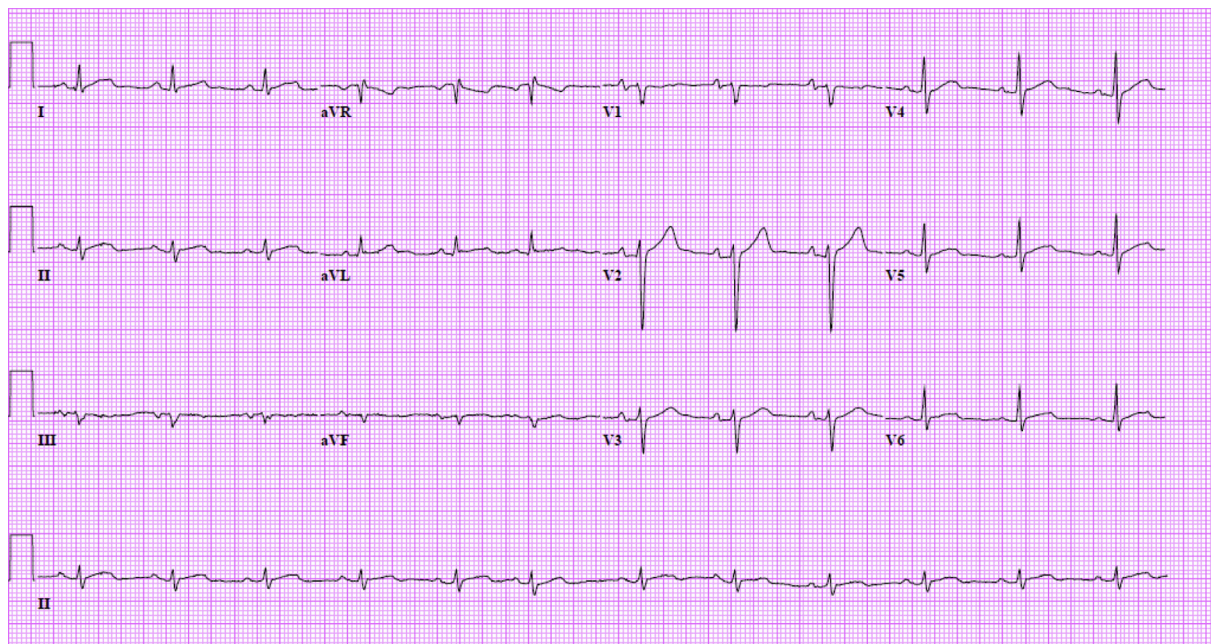


Figure 2 – Admission ECG.

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