Introduction:

Welcome to CUGH’s bi-weekly clinical case-series, “Reasoning without Resources,” by Prof. Gerald Paccione of the Albert Einstein College of Medicine. These teaching cases are based on Prof. Paccione’s decades of teaching experience on the medical wards of Kisoro District Hospital in Uganda. They are designed for those practicing in low resource settings, Medicine and Family Medicine residents, and senior medical students interested in clinical global health. Each case is presented in two parts. First comes a case vignette (presenting symptoms, history, basic lab and physical exam findings) along with 6-10 discussion questions that direct clinical reasoning and/or highlight diagnostic issues. Two weeks later CUGH will post detailed instructors notes for the case along with a new case vignette. For a more detailed overview to this case-series and the teaching philosophy behind it, see Introduction to “Reasoning without Resources”. Comments or question may be sent to Prof. Paccione at: gpaccion@montefiore.org

Note: If you would like to be notified when a new case is posted (along with instructor notes for the previous one), send your e-mail to Jillian Morgan at jmorgan@CUGH.org.

About the Author:

Dr. Gerald Paccione is a Professor of Clinical Medicine at the Albert Einstein College of Medicine in the Bronx, New York. His career has centered on medical education for the past 35 years – as a residency Program Director in Primary Care and Social Internal Medicine at Montefiore Hospital, and director of the Global Health Education Alliance at the school. He has served on the Boards of Directors of Doctors for Global Health, Doctors of the World USA, and the Global Health Education Consortium. Dr. Paccione spends about 3 months a year in Uganda working on the Medicine wards of Kisoro District Hospital where he draws examples for the case studies.

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CASE 21 – RIGHT ABDOMINAL PAIN AND FEVER

A 29 year old man presents to the hospital with increasing right upper quadrant (RUQ) abdominal pain for 3 weeks.

A farmer who also raises goats and sheep, he was previously in good health living with his wife and 5 children until about a month ago when he began losing his appetite and having intermittent fever and sweats at night. About a week later, he began feeling increasing pain in his right upper abdomen. Over the past week the pain has gotten significantly worse, even with inspiration, and is also felt in the right shoulder. He has had a dry cough without sputum for 2 days which worsens the pain. There have been no myalgias, rash, jaundice, vomiting or diarrhea; he does not own dogs or other pets, is exposed only to goats and sheep, and has no history of liver disease, travel, medications, change in color of urine or stool, or prior pain like this.

**PE:** Appears uncomfortable, apprehensive, holding his belly but no acute distress

<table>
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<tr>
<th>BP 110/80</th>
<th>RR 24 shallow</th>
<th>T 101.5 p.o.</th>
<th>HR 95</th>
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mouth/throat: without thrush, petechiae, or masses
conjunetivae: non-icteric, no petechiae
neck: no lymphadenopathy, jugular venous pulsations or hepato-jugular reflux
lungs: occasional crackle at the right base; dullness to percussion on right lower 1/3 lung field with egophony above;
heart: PMI in 5<sup>th</sup> intercostal space; normal S1, S2 without murmurs or gullups
abdomen: liver span 15 cm, tender medially > laterally to light percussion/palpation over a vague area of hepatic “fullness” from right of xyphoid to mid-clavicular line that descends with inspiration, tenderness to palpation in right-sided intercostal spaces, no spleen or other masses felt
rectal: brown, guaiac negative stool
extremities: normal strength
neurologic exam: normal cranial nerves, motor, sensory, cerebellum, reflexes and gait

Urinalysis by dipstick: s.g. 1.025, (-) for heme, protein, leukocyte esterase, nitrites; +1 bilirubin

1. What is the “frame” of the case (i.e. the key clinical features that the final diagnosis must be consistent with)?
   What does each feature suggest about the disease process?

2. What is the differential diagnosis?
   What are the “pros and cons” for each disease mentioned and what is the most likely diagnosis clinically?

3. What tests can verify the diagnosis? In rural Africa?

4. How would you empirically treat this patient?