



## **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](mailto: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](mailto: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 24 – ABDOMINAL PAIN AND SWELLING**

A 28 year old woman presents with increasing abdominal pain and swelling of 2 months duration. The patient farms, is married and the mother of 6 children. Her husband also lives in Kisoro full time now after many years of migrant farming around Kampala 4-6 months a year.

She was well before belly pain began 2 months ago, coming on gradually, experienced as a vague discomfort in the left lower quadrant, and then after 1-2 weeks diffusely over the abdomen. It was cramping at first with some diarrhea, and then of low intensity and constant throughout the day and night. Her loose stools have become infrequent and harder, with bowel movements 2-3 times/week for the past 3 weeks. She's noticed loss of appetite, intermittent "hot/cold" sensations, and progressive weight loss. About a month ago her abdomen began to distend, and was tender when she pressed on it. She drinks about a liter of local matoke brew every night, and has had no jaundice or dark urine in the past.

She feels increasingly fatigued, but without shortness of breath, orthopnea, PND, chest pain, cough, or signs of abnormal bleeding (hematochezia, melena, hemoptysis, or vaginal bleed).

### **Physical Exam:**

In no acute distress, sitting upright, with temporal wasting obvious

B/P 110/60    HR 100    R 20    T 100.1 oral

Conjunctiva: non-icteric; fundi: benign

skin: no spiders, palmer erythema or jaundice

mouth: ⊕ thrush;

neck: no lymphadenopathy; no JVP/HJR;

lungs; left base ?intermittent crackle, otherwise clear; no dullness;

cor: PMI 5<sup>th</sup> ICS, mid-clavicular line; S<sub>1</sub>, S<sub>2</sub> normal, no murmurs, rubs

abd: no venous pattern visible

distended with shifting dullness;

tender to deep palpation and percussion diffusely; no rebound;

no hepato-splenomegaly

no edema

neuro: alert and oriented; no asterixis; no focality; reflexes + 2

**1. What is the “frame” in this case (i.e. key clinical variables the final diagnosis must be consistent with)?**

**What is the clinical significance of each of the features of the “frame”?**

**2. What are the 3 most common causes of ascites in East Africa?**

**3. a) How does the patient’s belly pain and tenderness influence the differential diagnosis?**

**b) What is the significance of pain *preceding* the development of ascites?**

**4. What is the differential diagnosis in this patient and the “pros and cons” of each possibility?**

**What is the most likely diagnosis on clinical grounds? Explain.**

**5. Which tests, available in a district hospital, can aid diagnosis in this patient?**

**How accurate are they for the diagnoses under consideration?**

**What is the most definitive “test” for this disease in actual practice in rural Africa?**