

25- Years-Old man with abdominal Pain, Nausea, and fatigue.

1. A 25- years- old man presented at our clinic with a two-month history of abdominal pain, bloating, nausea, and occasional vomiting, including an episode of hematemesis. He described the abdominal pain as dull and crampy, mild to moderate in intensity, and localized to the epigastric region. The abdominal pain was not associated with positional changes, eating, bowel movement, or other factors. The patient also had severe fatigue and daily headaches that were diffuse and worse in the morning. A review of systems negative for fever, diarrhea, blood per rectum, substantial weight loss, animal exposures, recent travel, head injury, or neck stiffness. His medical and family histories non- contributory. The patient had been taking ibuprophen, which provided only temporary relief of his headaches. He had previously consulted his primary physician and received a diagnosis of depression. Antidepressant medications were advised but not initiated. The patient presented at our institution for further evaluation.
2. On physical examination, the patient was afebrile. His blood pressure was 122/74 mn Hg, and his pulse was 74 bpm. He appeared fatigued but in no acute distress. Head and neck examination revealed to neck stiffness. Abdominal examination yielded epigastric tenderness, but his abdomen was otherwise soft with normal bowel sounds and no indication of organomegaly or masses. Results of the remainder of the complete multisystem examination were unremarkable.
3. Colonoscopy would be the least appropriate test because the patient had no lower gastrointestinal symptoms, change in bowel habits, rectal bleeding, or weight loss. Furthermore, screening colonoscopy, or even surveillance colonoscopy in the context of a family history of adenocacinoma of the colon, would not be indicated in a patient of this age. Headaches, nausea conditions such as brain tumor. Moreover, our patient's nausea and vomiting were worse in the morning, further raisin gour suspicion of brain tumor. Therefore CT of the head was justified to rule out intracranial pathology. Serum electrolyte disturbances, such as hyponatremia and hypokalemia, may cause nausea and vomiting. Conversely, protracted vomiting may cause intravascular volume and serum electrolyte depletion and prerenal azotemia. For these reasons, a serum electrolyte panel and creatinine measurement should be obtained. Our patient reported an episode of hematemesis and was at increased risk of gastrointestinal bleeding due to the use of nonsteroidal anti-inflammatory drugs (NSAINDs). Therefore, his haemoglobin and plate counts should be assessed with a complete blood cell count. Finally, the patient reported an episode of hematemesis and protracted nausea and vomiting; these are indications for performing.

Esophagogastroduodenoscopy.

Vocabulary

- **Bowel movement (GB):** The act of passing and evacuating fecal matter.

Bowel motions (US)

Bowel habits intestinal

Bowel sounds (= bruits intestinaux)

- **Headaches:** pain in any part of the head
- **Head injury:** an injury usually resulting from a blow to the head and often associated with brain damage.
- **Pulse:** The rhythmical pulsation of arteries, especially as palpated at the wrist or neck.
- **Distress:** Serious pathological situation characterised by failure of one or more body systems.
- **Tenderness:** sensitivity or pain felt as a result of pressure or contact (during a physical exam).
- **Soft :** not hard or firm to the touch
- **Organomegaly:** visual examination of the inner surface of the colon by means of a colonoscope
- **Screening:** testing people for disease
- **Hyponatremia:** (abnormally) low concentration of sodium (in the blood)
- **Hypokalemia:** (abnormally) low concentration of potassium (in the blood)
- **Protracted :** prolonged, longer than expected
- **Depletion:** excessive loss of an essential bodily substance
- **Assess:** to examine or test something in order to judge or evaluate it.

Complete blood cell count (CBC) = (full blood cell count FBC): a series of tests to measure the quantity each type of blood cell in a sample of blood.

Reading Comprehension Questions

A. Vocabulary in Context

1. What does *hematemesis* mean?
2. What is meant by *epigastric tenderness*?
3. Define *NSAIDs*.
4. What is *prerenal azotemia*?

B. General Understanding

5. Why did the patient decide to visit this institution despite having already seen a primary physician?
6. What initial diagnosis did the primary physician give him?
7. Which major symptoms motivated further evaluation?

C. Detail Questions

8. How long has the patient been experiencing abdominal pain?
9. Where exactly is the abdominal pain localized?
10. What time of day are the headaches worse?
11. What medication had the patient been taking, and for what reason?
12. Why is colonoscopy, considered the **least appropriate test**?
13. Which symptom increased the suspicion of a brain tumour?
14. Why should a serum electrolyte panel be obtained?
15. Why is esophagogastroduodenoscopy indicated in this patient?

D. True / False

16. The patient has recently travelled abroad.
17. The abdominal pain gets worse when he eats.
18. The patient appeared extremely ill on examination.
19. His abdomen showed epigastric tenderness but no masses.
20. Colonoscopy is recommended for a 25-year-old with no GI symptoms.

E. Short Answer

21. List three symptoms described by the patient.
22. Name two risk factors that may explain the episode of hematemesis.
23. What are the vital signs recorded during the physical exam?
24. What diagnostic tests are justified according to the passage?
25. What was the result of the multisystem examination?

F. Critical Thinking

26. Why is morning worsening of nausea and headache clinically significant?
27. How can the use of NSAIDs contribute to gastrointestinal complications?
28. If you were the evaluating physician, which test would you request *first*, and why?