ABDOMINAL PAIN AND WEIGHT LOSS IN 75 YEAR OLD MALE
**PMH:** 75 y.o. male with h/o HFrEF (EF 35%) + incessant vtach

9/10 post-prandial pain with early satiety and 60lb weight loss
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**PMH:** 75 y.o. male with h/o HFpEF (EF 35%) + incessant vtach

9/10 post-prandial pain with early satiety and 60lb weight loss

**Pertinent ROS:**

- nausea, vomiting, diarrhea, constipation, fatigue + SOB
- fever, chills, night sweats, hematochezia
VIT: BP 95/61 HR 76 Temp 37.1 (98.7) Resp 16 SpO2 95%

PE:

- **Heart**: soft heart sounds but RRR no MRG
- **Abdomen**: soft, tender to palpation RUQ, periumbilical and epigastric region w/o rebound tenderness
LABS AND IMAGING

Hgb 9.2 with MCV 90
ESR 70 | CRP 12.8
AST 80 | ALT 129

CT Angio Abd/Pel
- New pericardial effusion
- No evidence of colonic ischemia

Pericardiocentesis
- 374,000 RBC's
ASSESSMENT

75M with h/o HFrEF and VTach on CRT-D presents with severe post-prandial abdominal pain and weight loss

- food avoidance
- constipation
- bloody pericardial effusion
- normocytic anemia
- elevated ESR/CRP
75M with h/o HFrEF and VTach on CRT-D presents with severe post-prandial abdominal pain and **weight loss**

- food avoidance
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1. MALIGNANCY
Differential Diagnosis

75M with h/o HFrEF and VTach on CRT-D presents with severe post-prandial abdominal pain and weight loss

- Food avoidance
- Constipation
- Bloody pericardial effusion
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I. MALIGNANCY

- Intraluminal Vascular Disease (e.g. vasculitis)

II. COLONIC ISCHEMIA

- Hypotension
75M with h/o HFrEF and VTach on CRT-D presents with severe post-prandial abdominal pain and weight loss

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1. MALIGNANCY

2. COLONIC ISCHEMIA

- Intraluminal Vascular Disease (e.g. vasculitis)
- Hypotension

Intraluminal Vascular Disease (e.g. vasculitis)
Previous Imaging at OSH

Transverse Colon

Splenic Flexure

Normal colonic wall

Thickened, inflamed bowel
75M with h/o HFrEF and VTach on CRT-D presents with severe post-prandial abdominal pain and weight loss

- food avoidance
- constipation
- bloody pericardial effusion
- normocytic anemia
- elevated ESR/CRP

1. MALIGNANCY
2. COLONIC ISCHEMIA

Intraluminal Vascular Disease (e.g. vasculitis)
Intra-Ventricular Dyssynchrony

Synchronous

LVEF↓

Septal wall motion

Increased end-systolic volume
RV apical pacing

- Electrical Dyssynchrony
  - Ex: Left Bundle Branch Block

- Mechanical Dyssynchrony
  - Local LV Structural Abnormalities

Cardiac Dyssynchrony
Dual Chamber ICD Pacing

- RA lead
- RV lead

CRT

- LV lead
- Coronary sinus vein
Dual Chamber ICD Pacing

- RA lead
- RV lead

CRT

- Coronary sinus vein
- LV lead

>30% do not respond\(^7\)
CLINICAL COURSE

Diagnosis: Watershed ischemia 2/2 iatrogenic dyssynchrony
Symptoms improved on midodrine with goal SYS > 100
**CLINICAL COURSE**

- **Diagnosis:** Watershed ischemia 2/2 iatrogenic dyssynchrony
- Symptoms improved on **midodrine** with goal SYS > 100

- **3 month follow-up:**
  - Responding to CRT
  - Hypotension & symptoms resolved
  - Pericardial effusion resolved
SUMMARY

- Rare presentation of iatrogenic dyssynchrony as colonic ischemia

- CT negative: Follow clinical suspicion over imaging
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