

Case 1

68 year old african american male (AAM) is admitted to the hospital with chief complaint (CC):

- 1) Emesis of bright red blood. Patient reports that he was shopping when he began throwing up blood at the store.
- 2) He denies any associated pain, melena, hematochezia, liver disease, or prior episodes.
- 3) Patient reports some lightheadedness with standing, denies CP (chest pain), SOB (shortness of breath), visual disturbances.

Recent admission 3 months ago for evaluation of occult bleed with colonoscopy and endoscopy which did not show ulcers or active bleeding.

Patient denies abdominal pain, chest pain, cough and diarrhea.

Past Medical History (PMH):

Gout, HTN (hypertension), anemia

He had a gout flare up while in the hospital 3 months ago and was discharged home with a steroid taper. He was prescribed Indomethacin 50 mg po q (every) 8 hr prn (as needed) pain but he was taking it daily for the last month.

Stomach biopsy done during the EGD (Esophagogastroduodenoscopy) 3 months ago showed acute and chronic inflammation, and a Giemsa stain showed occasional bacteria consistent with Helicobacter. A PAS/Alcian blue stain showed no evidence of intestinal metaplasia. No neoplasm was identified.

Patient missed his follow up appointment and was never treated with antibiotics for Helicobacter pylori.

Medications:

Prevacid, indomethacin (gout treatment)

Family Medical History:

Brother died from GI bleed last year

Physical examination:

VS (vital signs) with orthostatic changes

Eyes: conjunctiva pale, no icterus

Chest: CTA (CT Angiography) (B)

CVS (Cardiovascular System): Clear S1S2 (heart sounds)

Abdomen: Soft, NT (non-tender), ND (non-distended), +BS (positive bowel sounds)

Rectal: no stool

What do you think is going on?

What would you do next?

Final diagnosis?