

SESIÓN CLÍNICA

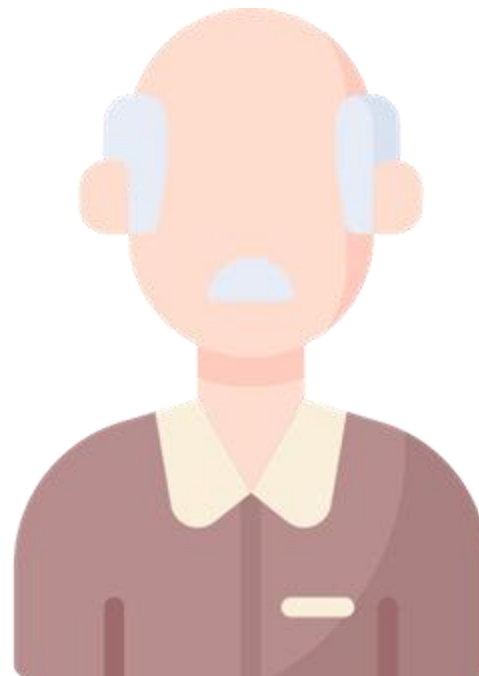
23 OCTUBRE 2024

Dr. David García Benítez - R1 MI.

Dr. Juan Carlos Borrego Galán - Adjunto MI.

ANTECEDENTES PERSONALES

- IABVD. Vive en domicilio.
- Sin alergias medicamentosas conocidas.
- Fumador de 1 paquete de cigarros/día hasta hace 4 meses que le diagnosticaron EPOC
- HTA desde hace 20 años
- Insuficiencia cardiaca con FEVI reducida desde hace más de 10 años
- Isquemia arterial crónica en EEII
- Hiperplasia benigna de próstata



79 años

TRATAMIENTO HABITUAL

- **AAS 100mg:** 1 comprimido cada 24h.
- **Furosemida 40mg:** 2 comprimidos al desayuno y 1 a la comida
- **Beloken 100:** $\frac{1}{2}$ comprimido cada 12h.
- **Duodart 0.4mg:** 1 comprimido cada 24h.
- **Spiolto 5mcg:** 2 pulsaciones cada 24h.





HISTORIA ACTUAL

Síndrome febril desde hace 5-6 días de **hasta 38°C** que mejoraba con paracetamol + disuria

Desde hace 24h **palpitaciones y dolor intenso en epigastrio** sin relación con la ingesta o esfuerzos

Vómito **“oscuro”**

EXPLORACIÓN FÍSICA

- COC. BEG. Bien hidratado y perfundido. No IY.
- Constantes: TA 110/50 mmHg, 100 lpm, T^a 38.2°C.
- AC: Rítmica a 100 lpm sin soplos audibles.
- AP: Murmullo vesicular conservado, alguna sibilancia.
- Abdomen: Blando, depresible, doloroso de manera difusa de **predominio en epigastrio** sin signos de irritación peritoneal.
- EEI: No edemas ni signos de TVP.



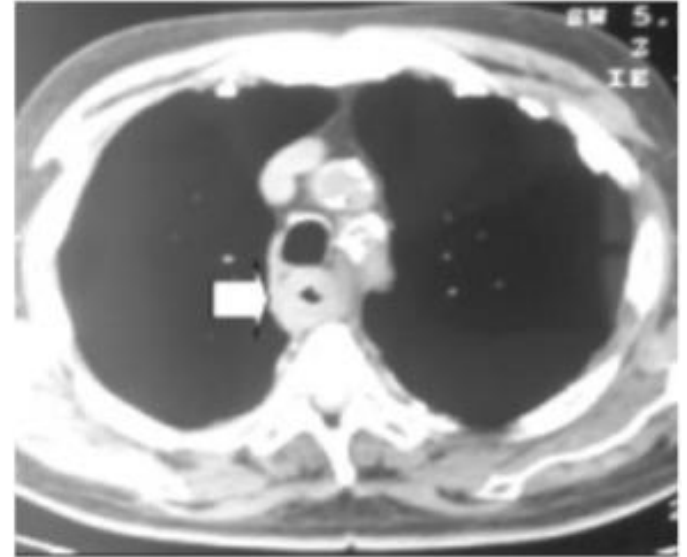
PRUEBAS COMPLEMENTARIAS

- **Bioquímica:** Glucosa, urea, creatinina, FG, pruebas de función hepática, LDH, CK, amilasa e iones normales. ProBNP 239, **PCR 89, PCT 4.5.**
- **Hemograma:** **Leucocitos 21.000 (4 cayados), Hb 10g/dl,** VCM 92fl, plaquetas 231.000.
- **Coagulación:** Normal.
- **Orina:** Piuria con leucocituria y hematuria. Nitritos positivos.
- **ECG:** Taquicardia sinusal a 100 lpm. No signos isquémicos actuales.



PRUEBAS DE IMÁGEN

- **RX Tórax:** Moderada cardiomegalia, no condensaciones pulmonares ni derrame pleural.
- **RX Abdomen:** No signos de oclusión intestinal, no neumoperitoneo.
- **TC toraco-abdominal:** Cardiomegalia y leve engrosamiento circunferencial edematoso del tercio inferior del esófago sugerente de origen inflamatorio. No adenopatías, mediastinitis ni otra patología.

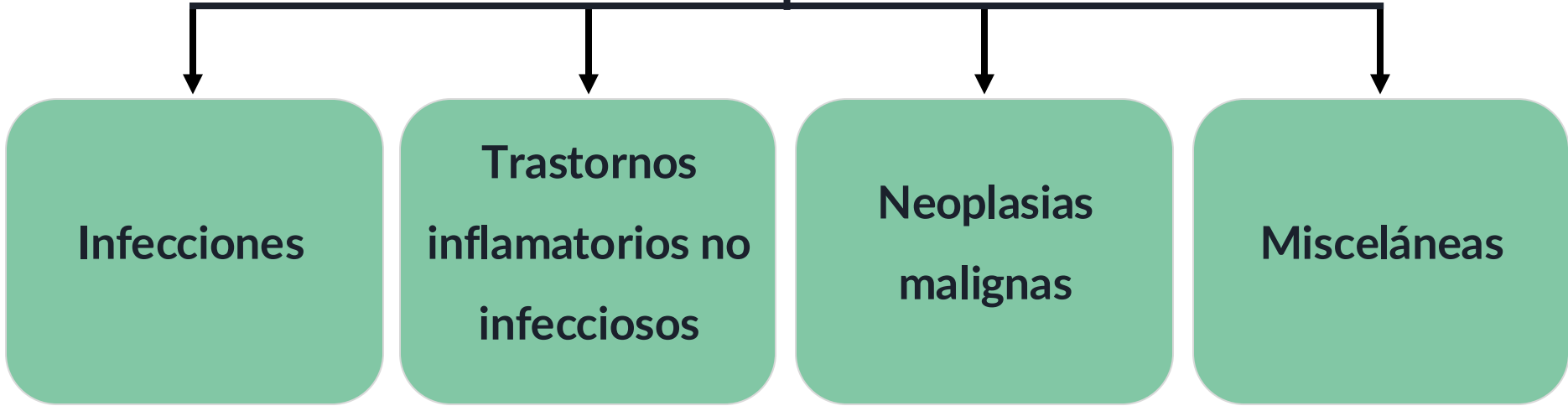


RESÚMEN

- Varón 79 años
- Exfumador
- HTA + ICC FEVI deprimida + EPOC + isquemia arterial crónica en EEII + HBP.
- Síndrome febril 38°C + disuria + palpitaciones + dolor en epigastrio y vómitos “oscuros”.
- PCR 89, PCT 4.5, leucocitos 21.000 (cayados 4). Piuria con leucocituria y hematuria. Nitritos positivos.
- Engrosamiento del tercio inferior del esófago sugerente de origen inflamatorio.



FIEBRE



DD GENITOURINARIO

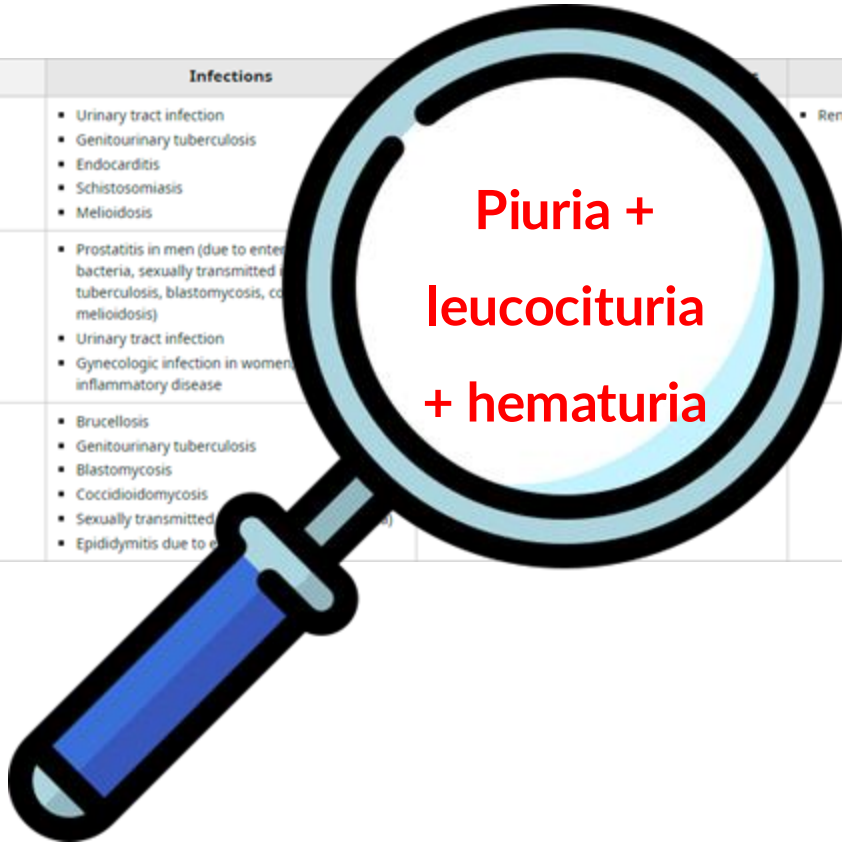
Genitourinary	Infections	Noninfectious inflammatory disorders	Malignancies	Miscellaneous
Hematuria and/or flank pain	<ul style="list-style-type: none"> Urinary tract infection Genitourinary tuberculosis Endocarditis Schistosomiasis Melioidosis 	<ul style="list-style-type: none"> ANCA-related vasculitis Anti-glomerular basement membrane disease Systemic lupus erythematosus 	<ul style="list-style-type: none"> Renal cell carcinoma 	<ul style="list-style-type: none"> Hemolytic-uremic syndrome Thrombotic thrombocytopenia purpura Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Pelvic pain	<ul style="list-style-type: none"> Prostatitis in men (due to enteric gram-negative bacteria, sexually transmitted infections, tuberculosis, blastomycosis, coccidioidomycosis, melioidosis) Urinary tract infection Gynecologic infection in women, including pelvic inflammatory disease 		<ul style="list-style-type: none"> Gynecologic, urologic, or colon cancer 	<ul style="list-style-type: none"> Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Testicular swelling or tenderness	<ul style="list-style-type: none"> Brucellosis Genitourinary tuberculosis Blastomycosis Coccidioidomycosis Sexually transmitted infections (eg, gonorrhea) Epididymitis due to enteric bacteria 	<ul style="list-style-type: none"> Polyarteritis nodosa Behçet syndrome (genital ulcers most common) Familial Mediterranean fever 		<ul style="list-style-type: none"> Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)

DD GENITOURINARIO

Genitourinary	Infections	Malignancies	Miscellaneous
Hematuria and/or flank pain	<ul style="list-style-type: none"> • Urinary tract infection • Genitourinary tuberculosis • Endocarditis • Schistosomiasis • Melioidosis 	<ul style="list-style-type: none"> • Renal cell carcinoma 	<ul style="list-style-type: none"> • Hemolytic-uremic syndrome • Thrombotic thrombocytopenia purpura • Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Pelvic pain	<ul style="list-style-type: none"> • Prostatitis in men (due to enteric bacteria, sexually transmitted bacteria, tuberculosis, blastomycosis, coccidioidomycosis, melioidosis) • Urinary tract infection • Gynecologic infection in women (e.g., pelvic inflammatory disease) 	<ul style="list-style-type: none"> • Gynecologic, urologic, or colon cancer 	<ul style="list-style-type: none"> • Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Testicular swelling or tenderness	<ul style="list-style-type: none"> • Brucellosis • Genitourinary tuberculosis • Blastomycosis • Coccidioidomycosis • Sexually transmitted infection • Epididymitis due to chlamydia 		<ul style="list-style-type: none"> • Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)



DD GENITOURINARIO



Genitourinary	Infections	Malignancies	Miscellaneous
Hematuria and/or flank pain	<ul style="list-style-type: none"> • Urinary tract infection • Genitourinary tuberculosis • Endocarditis • Schistosomiasis • Melioidosis 	<ul style="list-style-type: none"> • Renal cell carcinoma 	<ul style="list-style-type: none"> • Hemolytic-uremic syndrome • Thrombotic thrombocytopenia purpura • Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Pelvic pain	<ul style="list-style-type: none"> • Prostatitis in men (due to enteric bacteria, sexually transmitted bacteria, tuberculosis, blastomycosis, coccidioidomycosis, melioidosis) • Urinary tract infection • Gynecologic infection in women (due to sexually transmitted bacteria, tuberculosis, melioidosis, inflammatory disease) 	<ul style="list-style-type: none"> • Gynecologic, urologic, or colon cancer 	<ul style="list-style-type: none"> • Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Testicular swelling or tenderness	<ul style="list-style-type: none"> • Brucellosis • Genitourinary tuberculosis • Blastomycosis • Coccidioidomycosis • Sexually transmitted bacteria • Epididymitis due to enteric bacteria 		<ul style="list-style-type: none"> • Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)

DD GENITOURINARIO

Genitourinary	Infections	Noninfectious inflammatory disorders	Malignancies	Miscellaneous
Hematuria and/or flank pain	<ul style="list-style-type: none"> Urinary tract infection Genitourinary tuberculosis Endocarditis Schistosomiasis Melioidosis 	<ul style="list-style-type: none"> ANCA-related vasculitis Anti-glomerular basement membrane disease Systemic lupus erythematosus 	<ul style="list-style-type: none"> Renal cell carcinoma 	<ul style="list-style-type: none"> Hemolytic-uremic syndrome Thrombotic thrombocytopenia purpura Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Pelvic pain	<ul style="list-style-type: none"> Prostatitis in men (due to enteric gram-negative bacteria, sexually transmitted infections, tuberculosis, blastomycosis, coccidioidomycosis, melioidosis) Urinary tract infection Gynecologic infection in women, including pelvic inflammatory disease 		<ul style="list-style-type: none"> Gynecologic, urologic, or colonic cancer 	<ul style="list-style-type: none"> Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)
Testicular swelling or tenderness	<ul style="list-style-type: none"> Brucellosis Genitourinary tuberculosis Blastomycosis Coccidioidomycosis Sexually transmitted infections (eg, gonorrhea) Epididymitis due to enteric bacteria 	<ul style="list-style-type: none"> Polyarteritis nodosa Behçet syndrome (genital ulcers most common) Familial Mediterranean fever 		<ul style="list-style-type: none"> Treatment of bladder cancer with intravesical bacillus Calmette-Guerin (BCG)



Piuria + leucocyturia + hematuria

DD GENITOURINARIO

Genitourinary	Infections
Hematuria and/or flank pain	<ul style="list-style-type: none">▪ Urinary tract infection▪ Genitourinary tuberculosis▪ Endocarditis▪ Schistosomiasis▪ Melioidosis
Pelvic pain	<ul style="list-style-type: none">▪ Prostatitis in men (due to enteric gram-negative bacteria, sexually transmitted infections, tuberculosis, blastomycosis, coccidioidomycosis, melioidosis)▪ Urinary tract infection▪ Gynecologic infection in women, including pelvic inflammatory disease
Testicular swelling or tenderness	<ul style="list-style-type: none">▪ Brucellosis▪ Genitourinary tuberculosis▪ Blastomycosis▪ Coccidioidomycosis▪ Sexually transmitted infections (eg, gonorrhea)▪ Epididymitis due to enteric bacteria



Piuria + leucocyturia + hematuria

DD GENITOURINARIO

Genitourinary	Infections
Hematuria and/or flank pain	<ul style="list-style-type: none"> ▪ Urinary tract infection ▪ Genitourinary tuberculosis ▪ Endocarditis ▪ Schistosomiasis ▪ Melioidosis
Pelvic pain	<ul style="list-style-type: none"> ▪ Prostatitis in men (due to enteric gram-negative bacteria, sexually transmitted infections, tuberculosis, blastomycosis, coccidioidomycosis, melioidosis) ▪ Urinary tract infection ▪ Gynecologic infection in women, including pelvic inflammatory disease
Testicular swelling or tenderness	<ul style="list-style-type: none"> ▪ Brucellosis ▪ Genitourinary tuberculosis ▪ Blastomycosis ▪ Coccidioidomycosis ▪ Sexually transmitted infections (eg, gonorrhea) ▪ Epididymitis due to enteric bacteria

No FR cardiacos relevantes

No eosinofilia, no viajes a zonas endémicas

No viajes a zonas endémicas

No orquitis ni exposición epidemiológica

No viajes a zonas endémicas

No viajes a zonas endémicas

No contactos sexuales de riesgo

DD GENITOURINARIO

1°

Infección del tracto urinario

- No complicada
 - Cistitis
- Complicada
 - Pielonefritis
 - Prostatitis

2°

Tuberculosis genitourinaria

DD GENITOURINARIO

1°

Infección del tracto urinario

- No complicada
 - Cistitis
- Complicada
 - Pielonefritis
 - Prostatitis



2°

Tuberculosis genitourinaria



DD GENITOURINARIO

Our approach to categorizing UTI in adults and adolescents

Acute simple cystitis⁴	<ul style="list-style-type: none">▪ Acute UTI that is confined to the bladder; typical symptoms include:<ul style="list-style-type: none">• Dysuria• Urinary frequency• Urinary urgency• Suprapubic pain▪ There are no signs or symptoms that suggest an upper tract or systemic infection (refer to below)
Acute complicated UTI	<ul style="list-style-type: none">▪ Acute UTI accompanied by features that suggest extension beyond the bladder:<ul style="list-style-type: none">• Fever (>99.9°F/37.7°C)⁴• Chills, rigors, significant fatigue or malaise beyond baseline, or other features of systemic illness• Flank pain• Costovertebral angle tenderness• Pelvic or perineal pain in males▪ Symptoms of cystitis (as above) may or may not be present

PIELONEFRITIS

- Síntomas urinarios (disuria, urgencia urinaria y/o frecuencia urinaria) junto con fiebre ($>37,7^{\circ}\text{C}$), piuria y bacteriuria.
 - PCR, PCT y leucocitos elevados en sangre.
-
- Ausencia de dolor en flanco y/o sensibilidad en el ángulo costovertebral.
 - Ausencia de hallazgos típicos en el TAC (baja atenuación que se extiende a la cápsula renal)



PROSTATITIS

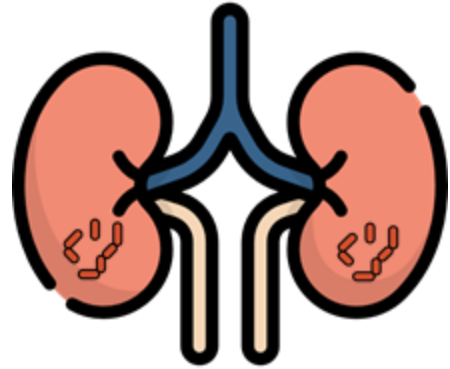
- Síntomas urinarios (disuria, urgencia urinaria y/o frecuencia urinaria) junto con fiebre ($>37,7^{\circ}\text{C}$), piuria y bacteriuria.
 - PCR, PCT y leucocitos elevados en sangre.
-
- Ausencia de examen prostático (próstata firme, edematosa y extremadamente dolorosa).
 - Ausencia de PSA elevado en analítica.



TUBERCULOSIS GENITOURINARIA

- Síntomas urinarios (disuria, urgencia urinaria y/o frecuencia urinaria) junto con fiebre ($>37,7^{\circ}\text{C}$), piuria y bacteriuria.
- PCR, PCT y leucocitos elevados en sangre.

- No antecedentes de infección o enfermedad tuberculosa previa.
- No urocultivos persistentemente negativos.





DD DOLOR EPIGÁSTRICO

Causes of epigastric abdominal pain

Epigastric
Acute myocardial infarction
Acute pancreatitis
Chronic pancreatitis
Peptic ulcer disease
Gastroesophageal reflux disease
Gastritis/gastropathy
Functional dyspepsia
Gastroparesis

DD DOLOR EPIGÁSTRICO

Causes of epigastric abdominal pain

Epigastric
Acute myocardial infarction
Acute pancreatitis
Chronic pancreatitis
Peptic ulcer disease
Gastroesophageal reflux disease
Gastritis/gastropathy
Functional dyspepsia
Gastroparesis

ECG sin signos isquémicos. No troponinas elevadas.

Amilasa normal. TC sin alteraciones.

No esteatorrea. Amilasa normal. TC sin alteraciones.

Diagnóstico de exclusión.

Diagnóstico de exclusión.



AMPLIACIÓN DEL ESTUDIO

- Comprobar y comparar con Hb previas
- Analítica sanguínea completa
 - Función tiroidea
 - Perfil férrico
 - PSA
- Hemocultivos
- Urocultivos
- Gastroscopia + toma de biopsia
- Tinción gram + PCR M. Tuberculosis si cultivos negativos

¡MUCHAS GRACIAS!

