

MEDICAL GRAND ROUNDS

PARKLAND MEMORIAL HOSPITAL

September 28, 1961

55-year-old [redacted] male

1st [redacted] admission [redacted] to [redacted]/60

History of alcoholism. Entered with upper GI bleeding. Physical examination: no jaundice, few spider angiomas, palmar erythema. Liver down 4 fingers - firm, non-tender, not nodular. No spleen or ascites.

GI series negative. Esophagoscopy: varices lower 1/3 of esophagus.

Bleeding stopped spontaneously; patient received no iron or transfusions.

Discharge diagnoses: Laennec's cirrhosis, portal hypertension, esophageal varices with hemorrhage, alcoholism.

2nd [redacted] admission [redacted] to [redacted]/60

Upper GI bleeding. Physical examination: essentially as before. No testicular atrophy.

GI series: esophageal varices, no ulcer. Splenic pressure 430 mm. saline.

Splenoportogram - 1 film - patent splenic and portal vein.

End-to-side portacaval shunt. No description of liver.

Tissue removed - a lymph node revealed massive hemosiderosis.

Received Fergon 300 mg. 2x/day for one week.

Lost 2-3000 cc. blood. Received no transfusions.

3rd [redacted] admission [redacted] to [redacted]/60, for treatment of wound infection.

4th [redacted] admission [redacted]/61 to present

Patient continued work as a cook. Food intake has been poor. Continued to imbibe, claims only 1-2 cans of beer per day. For 2 months, complained of weakness, dyspnea on exertion and progressive swelling of his legs. Received 5 different medicines from local physician - identity still not known. For a week prior to admission, he experienced increasing somnolence. He became irrational, incontinent, and was admitted to the hospital.

Physical examination: Disoriented. No fetor hepaticus described. Skin appeared gray. No icterus. Spider angiomas on shoulders. No palmar erythema, gynecomastia or clubbing. Fundi normal. Bilateral basilar rales. Heart border 2 cm. lateral to left midclavicular line, RSR, $A_2 > P_2$, no murmurs or gallop. Abdomen: liver down 4 fingers, ? spleen or left lobe of liver. Testes normal size and consistency. Bilateral edema of lower extremities to mid-thigh.

Coincident with neomycin, protein restriction, supportive care, rapidly became alert, edema has decreased.

Liver biopsy: portal cirrhosis, extensive iron deposition in parenchymal, Kupffer, bile duct cells and in macrophages in portal connective tissue.

Bone marrow: increased iron.

Laboratory Data

	Portacaval Shunt							
	1960							1961
Hemoglobin	12	11.4		12.4		12.5	11.9	7.7-9.8
Platelets				70-130,000			160,000	110,000
FBS								134, 96
Bilirubin, total	4.2	2.8	1.9	0.8		1.1	1.2	1.0, 0.6
Ceph. Flocc.	2+	1+	3+					4+
Thymol Turbidity		2.4	6.4					9.7
Alk. Phase	8.0	13.7	2.9	5.0		13.3	6.7	6.4-9.8
SGOT								53-77
BSP		38	32					
Total Protein	6.4			5.2				5.0-5.8
Albumin	3.9			3.3				1.9-2.1
Globulin	2.5			2.0				3.9-2.0
Prothrombin, %	100	100		100				100

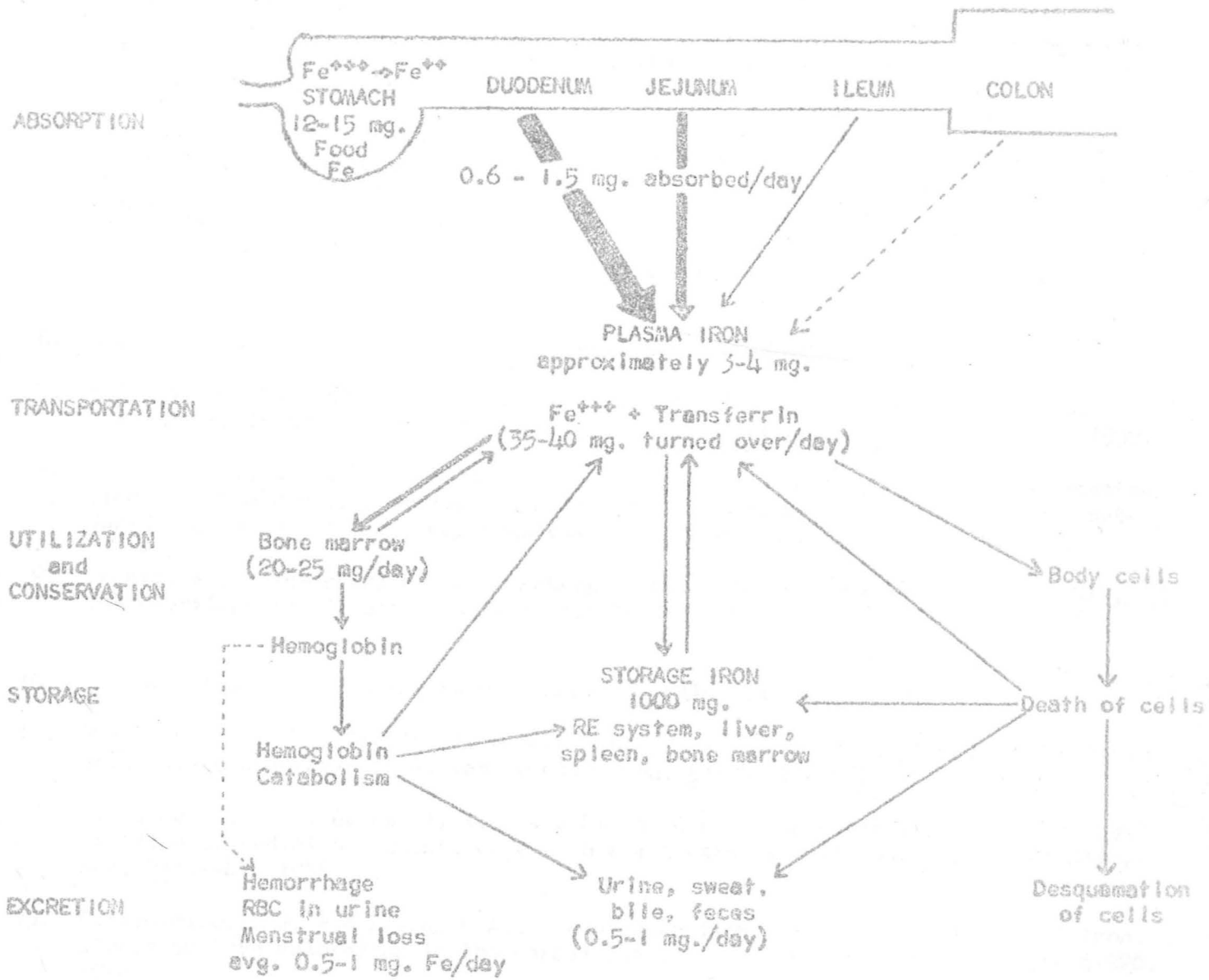
Serum Iron 106 µg.%

EKG normal

Circulation time 18 sec.

Venous pressure 24 cm. saline

HIGHLIGHTS OF IRON METABOLISM



Reviews and Comprehensive Articles

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Manifestations, Differential Diagnosis

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