

HPI:

TY is a 25 y/o female with PMH of IBS and migraine who presents to clinic complaining of dull aching abdominal pain for the past 5 days. At first she attributed it to her IBS, but then she noticed her appetite decreased and whenever she did eat she experienced a sour taste in her mouth afterwards. She admits that she has been eating mostly fast food recently because she has been busy with midterms. She also notes that her constipation has gotten worse and has only had one disappointing bowel movement in the past week despite taking her fiber supplements and Miralax. She wants to know if there is anything stronger to help her get some "fast relief."

PMH:

- IBS (6 years)
- Migraine without aura (4 years)

SH:

- Single
- EtOH: "on the weekends"
- Tobacco: ½ ppd x 3 years
- IVDU: (-)

Allergies: Penicillin (anaphylaxis)

Medications:

- Metamucil 30g PO daily
- Miralax 17g PO prn no BM x 2 days
- Azithromycin 250mg PO daily x 5 days for recent infection, completed course last week
- Advil 200mg 1 to 2 tablets PO prn migraines
- Sumatriptan 25mg PO at onset of migraine
- Calcium carbonate 750mg PO prn heartburn

Gen:

VS: BP 117/79 HR 62 T 37C Wt 142 lbs Ht 5'9" RR 16

HEENT: PERRLA

Gu: Deferred

COR: no gallops, no murmurs

Rect: Normal

Chest: Deferred

Ext: Normal

ABD: Normal

Neuro: A&O x 3

LABS:

Na 141 mEq/L	Hct 45%	Ast 28 IU/L	Glu 96 mg/dL
K 4.2 mEq/L	Hgb 10.3 g/dL	Alt 26 IU/L	Ca 10.1 mg/dL
Cl 100 mEq/L	WBC 8.0 K/mcL	T. Bili 0.2 mg/dL	PO4 3.5 mg/dL
HCO3 26 mEq/L	Plts 200k/mm3	Alb 4.0 g/dL	Mg 1.9 mg/dL
BUN 19 mg/dL	SCr 1.1 mg/dL	Lactate 0.9 mmol/L	HbA1C 6.2%

Procedures:

Urease tests: (+)

Problem List: 1) PUD 2) IBS 3) Migraine (do not SOAP)

1) List two contributing factors to TY's PUD?

H. Pylori infection, NSAID use, alcohol use, smoking, possible stress

2) Come up with an appropriate regimen to treat TY's PUD (drugs, dose, route, frequency, duration).

- Important considerations: recent macrolide in the last week (3 months is appropriate cut-off for 'recent'), serious penicillin allergy → avoid regimens containing macrolides and penicillins
- Goal: eradicate H. pylori
- Regimen: 10 to 14 days duration
 - Bismuth Subsalicylate 525 mg PO QID
 - Metronidazole 250 mg PO QID
 - Tetracycline 500 mg PO QID
 - Omeprazole 20 mg PO daily or ranitidine 150 mg PO BID

3) List three important counseling points for TY on her PUD regimen (besides importance of adherence).

Many possibilities:

- separate tetracycline from calcium carbonate, or do not take calcium carbonate while on regimen (she will be on PPI or H2RA anyway)
- tetracycline may cause sun sensitivity, use a sunscreen when outside
- tetracycline should not be used during pregnancy, check pregnant status and recommend contraception
- bismuth subsalicylate may cause gray-black stool (harmless)
- take omeprazole on an empty stomach 30 mins to an hour before breakfast
- metronidazole may have a metallic taste
- avoid alcohol w/ metronidazole as it can cause flushing, increase heart rate, and shortness of breath
- all may result in further GI upset