

# **Doxsify AI - Clinical Case Analysis Report**

## **Case 1: Vitamin D Toxicity in a 65-Year-Old Male**

A 65-year-old male presented with vomiting, confusion, and hypercalcemia due to excessive vitamin D supplementation.

He developed acute kidney injury. Management included IV hydration, calcitonin, and glucocorticoids. Prognosis depended on renal recovery.

## **Case 2: Pediatric Ocular Injury and Endophthalmitis**

A 9-month-old boy sustained a sewing needle eye injury. Subconjunctival hemorrhage, corneal opacity, and hypopyon suggested acute endophthalmitis.

Intravitreal antibiotics, topical meds, and systemic coverage led to full recovery at 3 months.

## **Case 3: Teen with Supplement-Induced Vitamin D Toxicity**

A 16-year-old boy developed severe hypercalcemia and AKI after consuming a creatine supplement contaminated with 425,000 IU of vitamin D.

Discontinuation, fluids, calcitonin, and pamidronate resolved the symptoms.

## **Case 4: Adult Male with High-Dose Injectable Vitamin D Toxicity**

A 28-year-old bodybuilder self-injected vitamin D, leading to toxicity, hypercalcemia (14.5 mg/dL), and AKI.

Managed with IV fluids, loop diuretics, and bisphosphonates. Residual kidney damage was noted.

## **Case 5: Supplement-Linked Hypercalcemia in a Healthy Adult**

A healthy male experienced fatigue, nausea, and hypercalcemia due to excessive vitamin D in a supplement.

Stopping the supplement and administering fluids and medications improved his condition.