



4/7/20 Morning Report with @CPSolvers



Case Presenter: Imran Nizamuddin (@INizamuddinMD) **Discussants:** Dhruv Srinivasachar (@TheRealDSrini) & Beth Gay (@BethGay45)

<p>CC: Fever in a returning traveler HPI: 20M presenting with fevers as high as 104F.</p> <p>He spent two months abroad in India and was in his usual state of health until the fevers started 3-4 days after returning.</p> <p>Other symptoms include abdominal pain, initial constipation that progressed to watery diarrhea (3-4 BMs/day), and nausea.</p> <p>He was vaccinated for typhoid, HepA, and Yellow Fever. He traveled to Nepal, UAE, and Thailand, most recently. He was unsure of potential mosquito or other animal exposures.</p>	<p>Vitals: T: 98.9F HR: 83 BP: 109/64 SaO2: 96% RA Exam:</p> <p>Gen: No acute distress HEENT: No LAD, normal conjunctiva, anicteric sclera CV: Normal Pulm: Normal</p> <p>Abd: Slightly hyperactive bowel sounds Skin: Blanching erythema of the upper back</p> <p>Neuro: Unremarkable.</p>	<p>Problem Representation: Young healthy man p/w fever, abdominal pain, watery diarrhea, 3-4 days s/p 2 mo travel to India/Nepal/Thailand/UAE found to have blanching erythematous rash, leukopenia, e/o rhabdo, PCR revealing a diagnosis of dengue</p>	
<p>PMH: None</p> <p>Meds: None</p>	<p>Fam Hx: n/a</p> <p>Soc Hx: No tobacco or other recreational drug use. He consumed 1-2 beers/day while traveling. He was not sexually active.</p>	<p>Notable Labs & Imaging: CBC: WBC 2.3 (NI Diff), Hgb 13.6, Plt: 118 BMP: Na: 136, K: 3.9, Cl: 99, CO2: 30 BUN: 9, Cr: 1.1, Gluc: 88 LFTs: AST: 147, ALT: 101, T. Bili: 0.4, Alk Phos: 74 Lactate: 1.0 CK: 2,347 UA: + Protein, moderate blood, no RBCs HIV: Neg, EBV, CMV, Hepatitis Panel, Stool Cx and O&P unremarkable. Pending studies: Thick and thin smears negative. leptospirosis studies negative. Dengue virus PCR positive.</p>	<p>Teaching Points: Fever in returning traveler:</p> <ul style="list-style-type: none"> - Timeline/incubation period (longer, less likely a typical bacterial infection) - Locations/exposures (water, food, sex, animals) - Host (vaccination, prophylaxis, immunocompromised status) <p>Clinical reasoning: absence of a history of exposure does not rule out potential exposures! S. paratyphi not covered by typhoid vaccine AST > ALT:, consider extra-hepatic source (exp: muscle). Clue: mod blood, no RBCs on UA Rhabdo: HIV, Flu, Cocksackie, Lepto, Legionella. Signal: invasive helminths (trichinella) Leukopenia: sepsis, measles, flaviviruses (dengue, Zika, WNV, Japanese encephalitis virus). Tickborne, typhoid. Other DDX: autoimmunity (SLE). Kikuchi Fujimoto Dengue: Usually has incubation < 21 days Resources: CDC, NEJM Fever in returning traveler, CPSolvers schema!</p>