4/8/20 Morning Report with @CPSolvers

Case Presenter: *Anand Patel (@Anand_88_Patel)* ***Case Discussants:*** *Vlad Fomin (@Doc_Fomin) and Claire Bouchard (@AZClaire)*

CC: 71 woman presents to the ED w/ 2 weeks of poor PO intake

HPI:
Hospitalized 4 weeks ago for CAP, new diagnosis of HTN, discharged on 1 week course of levoflox.

Since discharge. Poor PO intake, +nausea, no vomiting.

ROS: 3-4 mo of bilateral lower extremity edema, 1 mo dark urine

PMH:
HTN (new)
hypothyroidism

Meds:
HCTZ
clonidine (oral)
Metop
levothyroxine

Fam Hx:
non-contributory

Soc Hx:
non-contributory

Vitals: afebrile, HR: 74 BP: 184/86 RR: 18 SpO_2 97%
Exam:
Gen: no acute distress
CV/Pulm/HEENT: normal
Abd: soft, NTND
Neuro: mentating well, CN normal
Extremities/Skin: 2+ pitting edema bilaterally

Notable Labs & Imaging:
CBC: WBC 5.9 (PMN), Hg 10.0 MCV 88, platelets 292
CMP: Na: 141, K: 2.3, Cl: 95, Bicarb: 38, BUN 15, Cr: 1.3, anion gap: 8, LFTs normal
UA: specific gravity 1.018, dipstick protein > 300, large blood, > 100 WBC, 51-100 RBC, both granular and WBC casts
24h urine: 3.6 grams protein
TTE: normal
U/S renal: parenchymal disease only
Negative: HIV, syphilis, hepatitis, ASO, ANCA, anti-BM Ab, cryoglobulins, 24-metanephrines.
Aldo:renin 4 (both suppressed)
ANA: > 1:1280, low C3, low C4
dsDNA: positive
renal biopsy: diffuse proliferative GN c/w class 4 SLE nephritis

Problem Representation: 71W presenting with a subacute course of lower extremity edema followed by reduced PO intake found to have nephrotic range proteinuria and acute GN with renal biopsy showing Stage IV Lupus Nephritis.

Teaching Points:
CR Pearl #1: Question historical clinical diagnoses when a patient's course doesn't follow the expected trajectory.
CR Pearl #2: It's only a bias if you're wrong.
Lower Extremity Edema: Prioritize the heart, the liver, and the kidneys as leading causes and then... look up to see which organs might be affected (e.g., ascites → Liver, neck veins → HF, nl exam → Kidneys)
Acute Secondary HTN: GN, Pheochromocytoma, or acute Vascular disease (Scleroderma or Vasculitis).
Nephrotic Syndrome vs. Nephrotic Range Proteinuria: NS is a specific clinical syndrome while many causes of glomerular disease can cause nephrotic range proteinuria.
Glomerulopathy vs. Glomerulonephritis: Trend your UA like you trend troponin. RBCs = GN. WBC casts = Interstitial Nephritis.
Mixed Nephritic/Nephrotic: IgA, SLE, Cryos, Sjogren's, IgG4 Disease
Lupus Nephritis: Both a GN and an interstitial nephritis.