Morning Report with @CPSolvers

CC: AMS

HPI: 66M p/w confusion

- Few mo's, gradual decline w/worse concentration, memory, mood
- More acute -> Suicidal ideation
- Found down, confused, incoherent

Vitals: 100.8 113 126/78 96%
Exam:
General: Awake no distress
HEENT: nl
CV: tachy, 2/6 sys murmur L sternal border
Resp/Abd: WNL
Ext: 1+ pitting edema
Skin: 1-5 mm nonpalpable/nonblanching rash, lower and upper extremities
Neuro: A&Ox2, word finding difficulty
Psych: depressed, no hallucination, poor insight

Problem Representation:

AMS + febrile rash + ? Heart
"brain + heart + skin + kidney"
AKI

Differential Diagnosis:

Encephalopathy (CNS or extra-CNS)
Glomerular injury
Endocarditis
TTP (vs HUS, DIC)

PMH:

HTN, HLD, TBI (remote), thyroidectomy

Meds:

Synthroid
Atorva
Flexeril
Gabapentin
APAP
diclofenac

Fam Hx:

Soc Hx:

No Tob, etoh, drugs

Not sexually active

Notable Labs & Imaging:

Cx's 2/2 GPC!! → E faecalis
WBC 10; Hgb 8.5 (MCV 82); Plt 90k Smear = RARE schistos
Na 128 K4.9 Cl 94 Bicarb23 BUN 46 Cr 3.95 (prior Cr 0.7)
UA:
3+ blood 1+ prot, Trace LE

Low c3, nl c4 LDH –elevated, hapto normal
ANCA/vasculitis panel neg, HIV neg
CT unchanged, MRI encephalomalacia
TTE mod->severe MR

Teaching Points:

- Importance of tempo of dz
- TTP pentad only in a minority (or as a late finding)
- "1 schisto in the right context is 1 schistocyte too many!"
- "don't think about uremia until you've looked at the med list" (i.e. increased tox i/s/o renal dysfunction)
- "Respect the LUG" -> staph lugdenensis (courtesy of Jack Penner)
- Chronic infections (like IE) as cause of immune-complex mediated GN