



3/25/20 Morning Report with @CPSolvers



<p>CC: 20 F p/w 1 week of fever to 39.4 C</p> <p>HPI: Daily fever, no temporal pattern, + nasal congestion, green mucus, fatigue, chills, dry non-productive cough, mild RUQ tenderness, +n/v non-bloody, non-bilious. No diarrhea. No jaundice, pruritus ROS: 4/10 diffuse headache. No rash, arthralgias, myalgias, or phonophobia/photophobia.</p>		<p>Vitals: T 39 C, HR 115-135, RR 21, BP 120/80, SpO2 97-100% RA</p> <p>Exam: Mildly uncomfortable, dry cough HEENT: normal, dry mucus membrane, no exudates/erythema, no cervical LAD Cards: no murmur, Pulm: CTAB Abd: mild RUQ TTP, neg Murphy, normal bowel sounds, no HSM, no edema Faint lacy rash around wrist. No synovitis, nail changes. Non-focal neuro. No CVAT</p>	<p>Problem Representation: 20 yo F with a h/o liver transplant (2005, 2007), recently complicated by biliary stricture s/p ERCP, presenting with one week of fever, rash, pancytopenia and hepatocellular pattern of liver injury</p> <p>Differential Diagnosis: Localizing: hepatobiliary. Viral: HIV, EBV, CMV Tick: anaplasma, ehrlichia > lyme</p>
<p>PMH: Liver transplant for genetic disease in 2005, re-transplant in 2007 c/b biliary strictures Donor Neg for CMV/EBV</p> <p>Meds: Adherent, tacrolimus.</p>	<p>Fam Hx: n/a</p> <p>Soc Hx: College student W. NC, no smoke, drink, no IV drug use. Not sexually active. No tick bites, cat at home no recent scratches/bites</p>	<p>Notable Labs & Imaging: WBC 3.6 (1.7 ANC, 1.4 ALC), Hg 11.1, Plt 119 (CBC prev nl) BMP unremarkable, Cr 0.6 bl, Mg low AST/ALT: 221/199 (prev nl) Tbili 1.2 Alk Phos: wnl CXR: fluid R minor fissure. Peri-hilar prominence Flu, BCx, Histo, Parvo neg CT chest/abdomen: no LAD/masses, normal EBV PCR 4000, IgM/IgG positive</p>	<p>Teaching Points: Base rate location of infections: respiratory, urinary, skin, hepatobiliary, enterocolitis, bacteremia. Pancytopenia: Is it a intramedullary (intrinsic - stem cell vs. granulomatous vs. infiltrative vs. suppression vs. don't have enough raw materials/hormones) or extramedullary problem (exp: infection) Suspicious for mono but neg. monospot? Think CMV! Possible complications of EBV: PTLD, HLH</p>